MHIT Meeting
February 7, 2017

In-person attendees: Becky Burns, Amy D'Addario, Shannon Drake-Buhr, Sharon Fleischfresser, Anne Harris, Peggy Helm-Quest, Lynn Hrabik, Barbara Katz, Arianna Keil, Naomi Kowald, Colleen Lane, Leah Ludlum, Leslie McAllister, Gina Salazar, Maia Stitt, Lora Wiggins.
By phone attendees: Sharon Barkley, Becky Birchmeier, Jacqueline Brown, Brigit Frank, Penny Funk, Brad Holman, Kia LaBracke, Molly Martzke, Robin Mathea, Barbara McPeak, Mary Mundt-Reckase, Jon Peacock, Tracey Ratzburg, Julia Stavran, Samantha Wilson.

Welcome and Overview

- Introductions
- History

For the benefit of new members a brief history was offered. This initiative began in 2014 with grant funding from the Health Resource & Services Administration (HRSA) to the Wisconsin Department of Health Services (DHS) Maternal Child Health (MCH) Children & Youth with Special Health Care Needs (CYSHCN) Program who contracted with the Wisconsin Medical Home Initiative at Children's Health Alliance of Wisconsin (CHAW). Wisconsin is one of 16 states funded for this program. The focus of the program is to increase the number of CYSHCN served within a medical home. To meet this goal, this group brought together a broad cross-sector of professionals to generate The *Wisconsin State Plan to Serve More Children and Youth within Medical Homes Including Those with Special Health Care Needs*.

There are three focus areas:

1. Understanding & Promotion
2. Performance & Quality
3. Financing (especially for Care Coordination)

Objectives to Focus on:
Common Messages & Tools
Care Coordination Mapping (state of the state regarding Care Coordination)

All states involved in this program must:

1. Implement Shared Plans of Care
2. Integrate care for children with special healthcare needs
3. Develop a shared resource (we chose to focus on pediatric behavioral health resources)

National Academy for State Health Policy strategy team updates:
Shared Plan of Care
There were four teams on 2016. There will be four teams in 2017 with three returning teams and one new team. Each returning team will develop 20 shared plans of care, while the new team will develop 15 shared plans of care.

Integration
Wisconsin DHS CYSHCN has entered into a Memorandum of Understanding (MOU) with the Wisconsin Early Intervention/ Birth to 3 Program to complete collaborative activities, for example outreach to primary care clinicians through the Wisconsin Medical Home Initiative will include information about the state approved Referral to Wisconsin Birth to 3 Program form. The Birth to 3 Program will promote use of the form to county Birth to 3 Program.

There was a desire to develop an electronic tracking system to track developmental screening, referral to Birth to 3 Program, and follow up communication. However, that has not been developed.

The Joint Release of Information form has been updated, so there is a need to promote the most updated version. This document was modeled after a similar form in Oregon and has been approved by DHS legal department. The form is both HIPPA and FERPA compliant.

There was a conversation related to improvement in use of the Joint Release of Information form. Strategies discussed included MOU's between primary care clinics and county Birth to 3 Programs, improved understanding of FERPA and reasons that Birth to 3 Programs are not able to provide follow up information, and possible use of a similar form across other systems offering developmental screening.

Shared Resource
Presentation will be shared later in the meeting.

Parent Leadership
Although parent leadership is not a requirement of this program, it has been a priority of this group. The group has used Leading Together as a platform for building family leadership. Leading Together is a cross-system endeavor. The focus areas include:

1. Resource mapping of Family Leadership activities
2. Cultural Competence interviews (28 organizations in Leading Together)
3. Family & organizational competencies (What is needed to support families?)

Family Leadership is a part of a continuum ranging from Family Engagement to Family Leadership. It ranges from families beginning to advocate for their child to families advocating for children beyond their own.

Early Evaluation of the Care Coordination Curriculum
Lynn Hrabik offered information related to the initial evaluation of the Family Voices Care Coordination Curriculum (CCC). This curriculum is based on the Care Coordination materials from Boston Medical Center/Dr. Antonelli. The version being piloted in Wisconsin has three modules:

- Medical Home 101: What is a Medical Home
- Medical Home 102: Creating a Shared Plan of Care

- Medical Home 103: Maintaining a Child's Plan of Care

The curriculum is in a pilot phase and will soon be piloted with Regional Centers for CYSHCN.

Discussion had about collecting information related to ethnicity/race, socioeconomic status, and education. This was purposefully left out of the evaluation to keep the evaluation short and to encourage the most participants possible. Historically, individuals tend to not participate in evaluations that include these questions. There may be value in collecting this information in the future to ensure that the CCC is appropriate for targeted populations. There was a suggestion to pilot use of the curriculum in a program such as Home Visiting.

Care Coordination mapping
Lynn Hrabik offered information related to care coordination mapping was done to have baseline data. This group felt it would be impossible to determine improvement without knowing the current state of care coordination across Wisconsin or how care coordination is defined. This exercise looked at:

- What and how is care coordination being implemented?
- What assets exist and how can we build on them?
- What gaps exist and how can we address them?

From July 2015-present, a total of 40 interviews at system, provider, and family levels have been conducted.

Key Findings:
- Systems found value in care coordination
- Identified several barriers including: capacity, technology, & policy change
- There was limited quantitative data to show value of care coordination, but there was qualitative data shared.
- Families felt included in their child's care and felt able to provide feedback.
- There was a feeling that many care coordination tasks were not done for families, but this was something families were interested in.
- Families were able to locate services through other families.
- There was a desire for family members to become leaders and connect with other families.
- Although the interviews were focused on medical care, there were numerous educational concerns expressed.

Shared Resources/ Care Coordination Innovation Series
Mary Mundt Reckase, Director of WI First Step, offered information related to Shared Resources (refer to PowerPoint).

Shared Resources includes Maternal Child Health Hotline and Wisconsin First Step online resource. Presentation will focus on Wisconsin First Step online resource. This group decided to focus on pediatric behavioral health resources. The resources were considered and improved through a Shared Resource

Group that met monthly. The resources were divided into six categories. The shared resource group continues to send monthly surveys to partners across the state to include additional resources in all categories.

Wrap up and next steps

Next meeting scheduled May 2, 2017 from 10-11:30 a.m.