

Welcome



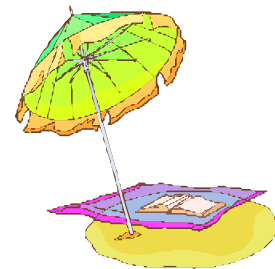
Think Spring!

Why Are We Here...

- To formalize the relationship between PLUK, Family Voices & CSHS
- To teach and learn from one another
- To eat (note: Barb always says this.)
- To get to know one another
- Most of all, to expand the network of support for all children with special health care needs . (CSHCN)

Introductions CSHS

- Barbara Smith, CSHS Supervisor
- BJ Archambault, RN Consultant
- Corliss Scott, Outreach Coordinator
- Mary Noel, Bureau Chief
- Marylynn Donnelly, RN Consultant



Who are you?

What brings you here?

Training Goals

- Provide you with an understanding of the role that CSHS plays in assuring services for CSHCN.
- Establish a basic knowledge of health care financing and what that means to a CSHCN.
- Understand the medical home concept.
- Talk about & identify resources.
- Take time for yourselves.

CSHCN? Who are they?

- “Children with special health care needs are those who have or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type and amount beyond that required by children generally”.
 - ALL or nearly all children with more severe or complex conditions such as cerebral palsy, cystic fibrosis, muscular dystrophy, rare metabolic disorders, mental retardation, autism, sickle cell, diabetes, etc.
 - ONLY those children whose asthma, ADHD, allergies, etc. result in a elevated service need

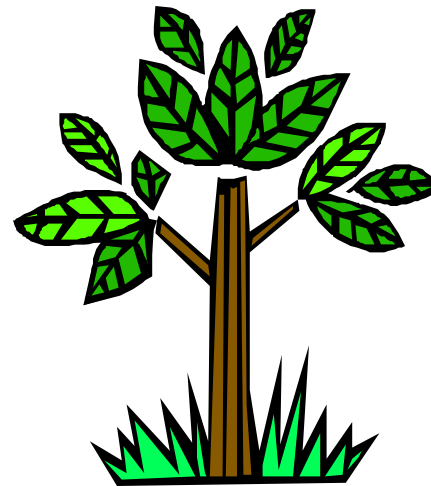
Definition has nothing to do with disability status.

Identification of CSHCN

- Success depends on our ability to identify CSHCN and to plan accordingly.
- Doesn't matter which agency, program, provider group you represent, CSHCN need to be identified.
- If we can't identify CSHCN, we can't assure that MT has services for them.

Identification of Gaps

- Missing medical services
- Lack of comprehensive care coordination
- Rate of uninsured and under insured CSHCN.



Summary



- CSHCN need to be identified to enable public & private providers to meet the medical and social needs of these families.
- Programs for CSHCN need to work together on common issues of achieving comprehensive, coordinated, family centered care.