

## Stakeholder Prioritization Criteria for Title V CCS Needs Assessment Process 2015-2020

### 1. Does addressing the issue positively affect families, providers, and the program?

**Weight: 3**

**Definition/Concept:** Addressing the issue would increase satisfaction for one or more of these groups – families, providers, and programs. For example, improving access to specialists would increase satisfaction for families; reducing paper work burdens would improve providers work satisfaction; improving wrap-around services would increase program satisfaction.

#### **Rating Scale**

- 0 = Addressing the issue WOULD NOT positively affect any group (families, providers or the program)
- 1 = Addressing the issue would positively affect ONE group (families OR providers OR the program)
- 2 = Addressing the issue would positively affect providers AND the program
- 3 = Addressing the issue would positively affect families AND one other group (providers OR the program)
- 4 = Addressing the issue would positively affect ALL THREE groups

### 2. Does addressing the issue reduce disparities in health outcomes?

**Definition/Concept:** One or more population subgroups as defined by race/ethnicity, income, insurance status, gender, geography, or diagnosis are more impacted than the general group or have poorer outcomes and that addressing the problem would reduce unequal impacts.

**Weight: 2**

#### **Rating Scale**

- 0 = No group is disproportionately affected by the issue
- 1 = One or more groups is disproportionately affected by the problem, but the differences are not statistically different.
- 2 = Statistically significant differences exist in one group
- 3 = Statistically significant differences exist in more than one group
- 4 = Statistically significant differences exist in one or more groups and impacts a large portion of the affected population

### 3. Does addressing the issue enhance the continuity and coordination of care?

**Definition/Concept:** Enhancing continuity and coordination of care could mean making it easier for CCS children to regularly see the same provider, better coordinating of referrals among needed providers, making it easier for different providers to access and share a child's health record, facilitating authorization and reauthorization of services; providing resources to help coordinate care and referrals.

**Weight: 3**

#### **Rating Scale**

- 0 = Addressing the issue does not enhance continuity and coordination of care
- 1 = Addressing the issue provides some enhancement to continuity and coordination of care
- 2 = Addressing the issue enhances continuity and coordination of care for a small part of the population

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- 3 = Addressing the issue enhances continuity and coordination of care for more than half of the population
- 4 = Addressing the issues assures continuity and coordination of care for all CCS clients

#### 4. Does addressing the issue increase the administrative timeliness and efficiency of providing care to CCS families to promote the quality of care and adherence to CCS standards?

**Definition/Concept:** Increasing timeliness and efficiency can mean many things, including reducing the cost of care, more effectively deploying staff and other resources to save money and/or increase productivity, making it easier for families to navigate the system across counties and payers; and making it easier to administer the program.

**Weight: 1**

**Rating Scale:**

- 0 = Addressing the issue will not improve the timeliness and efficiency of providing care
- 1 = Addressing the issue improves the timeliness and/or efficiency of providing care for ONE group (families OR providers OR the program)
- 2 = Addressing the issue improves the timeliness and/or efficiency of providing care for providers AND the program
- 3 = Addressing the issue improves the timeliness and/or efficiency of providing care for families AND one other group (providers OR the program)
- 4 = Addressing the issue improves the timeliness and/or efficiency of providing care for ALL THREE groups (families, providers, and the program)

#### 5. Does addressing the issue enhance family-centered care?

**Definition/Concept:** Family-centered care is a standard of practice in which families are respected as equal partners by health professionals. Families and providers work together to create a care plan and families' needs are incorporated into the delivery of health care services. Families also receive timely, complete and accurate information in order to participate in shared decision-making. Family-centered care is based on the understanding that the family is at the center of the child's health and well-being and emphasizes the strengths, cultures, traditions, and expertise that each individual brings to the relationship.

**Weight: 3**

**Rating Scale:**

- 0 = Addressing the issue does not enhance family-centered care.
- 1 = Addressing the issue partially enhances family-centered care in
- 2 = Addressing the issue enhances family-centered care for less than half of the family population of the family population.
- 3 = Addressing the issue enhances family-centered care for more than half of the family population.
- 4 = Addressing the issue provides enhancements for the entire population.

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### **6. Are there evidence-based/best practices to address the issue that will improve the health outcomes of the child enrolled in CCS?**

**Definition/Concept:** Health outcomes include physical and mental health as well as the overall quality of life for the child, their family, and their community. Evidence based means support in research/evaluation literature. Best practices have not been formally validated but are recommended by experts or by informal evaluations of local, state or national programs. Additionally expanding enrollment of CCS-eligible children may improve outcomes by providing access to needed care.

**Weight:** 3

**Rating Scale:**

0 = There are no evidence-based/best practices available.

1 = There is/are best practice(s) that have been shown to have a limited impact on health outcomes of the CCS-enrolled child.

2 = There is/are evidence-based intervention(s) that has/have a limited impact.

3 = There is/are best practices that has/have a broad impact.

4 = There is/are evidence-based intervention(s) that have a broad impact.