



### Supporting Documents

Document	Title
01	OCSHCN Access to Care Plan (SPM #3)
02	OCSHCN Data Action Plan (SPM #4)
03	Health Care Process Measurement Tool (NPM #12)
04	Clinic Survey Questions (Parent Version)
05	OCSHCN Clinic Survey Results – FY2018
06	La Casita Center Sample Report
07	OCSHCN Regional Office Map
09	OCSHCN Organizational Chart

### OCSHCN Access to Care Plan (SPM #3)

The Office for Children with Special Health Care Needs (OCSHCN), Kentucky's Title V CYSHCN agency, has identified increasing the access to care and services as a state priority for 2016-2020. Access to Care and Services is defined in this context as including (a) access to medical and specialty care, (b) assuring the availability of provider networks to reach CYSHCN, and (c) the development and promotion of an easy to access system of supports and resources for CYSHCN and their families. The plan to address this priority includes several steps in each of the three (3) areas listed above.

<u>Page</u>	<u>Plans</u>	<u>Score</u>
<b>Access to Medical and Specialty Care</b>		
01	Based on available data and in conjunction with SPM #4, study feasibility of expansion of eligibility criteria to new disciplines to ensure more CYSHCN needing specialty care receive services by assessing underserved areas and programs (such as asthma and diabetes); and expanding eligibility and/or formalizing processes for existing programs	2
02	Enhance clinics for Autism Spectrum Disorder (ASD), by increasing enrollment and offering additional services	2
03	Decrease wait time by improving OCSHCN clinic flow	3
04	Continue teleneurology and expand service to other disciplines	2
05	Targeted outreach to educate communities and providers about services provided through OCSHCN	3
06	Ensure insurance coverage as per strategies identified in SPM #5, such as serving as navigators and administering premium assistance programs	3
<b>Availability of Providers</b>		
07	Education of pediatric residents regarding CYSHCN and maternal and child health in Kentucky	3
08	Funding of University of Louisville pediatric neurology resident	3
09	Increase university partnerships with providers to serve disciplines outside OCSHCN medical eligibility through hybrid clinic model	3
10	Continue provision of hearing screening training to First Steps early intervention points of entry	3
11	Continue to provide gap-filling and direct care services	3
12	Continued OCSHCN participation in health information exchange	3
13	In-service training to provide quality ASD services	3
14	Studying feasibility of increasing regional ASD assessment centers within OCSHCN offices	3
<b>Development and Promotion of an Easy to Access System of Supports &amp; Resources</b>		
15	Partnering with DCBS to offer Foster Care Support programs to assure services for medically fragile youth in foster care as well as population in or at risk of placement outside the home	3
16	Developing and implementing a transitions component to the Hemophilia & Sickle Cell programs, in addition to other transitions efforts in conjunction with NPM #12	3
17	Developing metrics as per SPM #3 to measure the perception of ease of use among both OCSHCN-enrolled and non-enrolled CYSHCN	2
18	Replicating the Una Mano Amiga program (non-English speaking support group) outside of the Louisville area	3
19	Continuing efforts toward reducing "loss to follow-up" by referring those at risk to qualified audiology assessment centers	3
20	Continuing EHDI partnership initiative with Early Start and Head Start	3
21	Administering F2F program to assist with navigation of services	3
22	Care coordination and enabling services such as social work, therapies, etc.	3
23	Use of social media to alert families of CYSHCN to services, events, resources, etc.	3
24	Implementation of mini-grant program to fund projects which develop comprehensive systems of care and support among health care and other child services	3
25	Provide ASD screening services for families and providers to increase availability of services statewide	3

**Total Score, 6/20/19: 71/75 = 94.6%**

### OCSHCN Data Action Plan (SPM #4)

Scoring will be based on a total score (maximum=90), and will be measured yearly for increase or decrease from prior year. Scoring: 0: not started/no effort; 1: initial activity/minimal progress; 2: moderate activity/progress; 3: completed or sustaining level progress. (NOTE: N/A on item 10 scored as "3")

The Office for Children with Special Health Care Needs (OCSHCN), Kentucky's Title V CYSHCN agency, has identified increasing the capacity to make data driven decisions as a state priority for 2016-2020. The plan to address this priority includes several steps in each of the five (5) areas listed below. Particular emphasis is placed on identifying and better understanding the needs of CYSHCN not already being served by OCSHCN, and locating gaps in service for CYSHCN with specific diagnoses or conditions within the state.

<u>Page</u>	<u>Plans</u>	<u>Score</u>
<b>OCSHCN Data Collection and Support</b>		
01	Summer 2016 GSEP placement to review current data collection efforts and propose new content and process for collecting comment card information	3
02	Implement new methods as proposed	3
03	Continuous monitoring and refinement of data collection efforts post-implementation	2
04	Explore feasibility of hiring OCSHCN epidemiologist and/or negotiating interagency epidemiology support	2
05	Committee or subcommittee to meet at least biannually to review data and make recommendations	1
<b>Family to Family Health Information Centers (F2F)</b>		
06	Develop list of research questions	3
07	Examine most common needs by OCSHCN region	1
08	Assistance/support for database to add categories	3
09	Develop and disseminate 1-page data document regarding services provided by F2F	3
<b>Kentucky Birth Surveillance Registry (KBSR)</b>		
10	Determine what can be obtained pre-MOU (diagnoses – not patient-specific), based on KBSR	3 NA
11	Complete Memorandum of Understanding between OCSHCN and DPH	3
12	Develop referral process for OCSHCN	3
13	Create list of OCSHCN counties in each district, communicate with DPH to develop regional data maps	3
14	Receive patient-specific data from KBSR	3
15	Compare to those seen by OCSHCN, outreach to families as appropriate	2
16	Compile enrollment outcomes quarterly, report to KBSR	0
<b>Medicaid Data</b>		
17	Convene working group to develop research questions	3
18	Create variable list and define variables	3
19	Submit research questions to Medicaid and request claims data	3
20	Analyze data with assistance of UofL (and/or UK)	3
21	Report findings	3
22	Request provider list data from Medicaid	3
23	Compare provider data to OCSHCN enrollees	1
24	Develop provider outreach strategies	0
<b>Office of Health Policy (OHP) Data</b>		
25	Review data dictionary on OHP website	3
26	Convene working group to develop research questions	3
27	Submit research questions to OHP and request discharge and service data	3
28	Develop maps of regional prevalence of qualifying OCSHCN conditions/diagnoses	3
29	Develop maps of prevention quality indicators for CYSHCN population in Kentucky	0
30	Consider how data can be supplemented with Area Resource Files or other public external data to establish need	0

**Total Score, 06/20/2019: 69/90 = 75.6%**

Scoring will be based on a total score (maximum=90), and will be measured yearly for increase or decrease from prior year. Scoring: 0: not started/no effort; 1: initial activity/minimal progress; 2: moderate activity/progress; 3: completed or sustaining level progress. (NOTE: N/A on item 10 scored as "3")

# Health Care Process Measurement Tool (NPM #12)



## Health Care Transition Process Measurement Tool for Transitioning Youth to Adult Health Care Providers Six Core Elements of Health Care Transition 2.0

### Introduction

Got Transition has developed two different measurement approaches, described below, to assess the extent to which the *Six Core Elements of Health Care Transition 2.0* are being incorporated into clinical processes. Both are aligned with the AAP/AAP/ACP's Clinical Report on Transition and the *Six Core Elements*. These instruments are available at [www.GotTransition.org](http://www.GotTransition.org).

### Current Assessment of Health Care Transition Activities

This is a qualitative self-assessment method that allows individual providers, practices, or networks to determine the level of health care transition support currently available to youth and families transitioning from pediatric to adult health care. It is intended to provide a current snapshot of how far along a practice is in implementing the *Six Core Elements*.

### Health Care Transition Process Measurement Tool

This is an objective scoring method, with documentation specifications, that allows a practice or network to assess progress in implementing the *Six Core Elements* and, eventually, dissemination to all youth ages 12 and over. It is intended to be conducted at the start of a transition improvement initiative as a baseline measure and then repeated periodically to assess progress.

### Instructions for completing the Health Care Transition Process Measurement Tool

Each of the *Six Core Elements* can be scored according to whether some or all of the implementation steps has been completed. Scores for each step vary depending on complexity or importance. For example, developing a written transition policy has a score of 4; that is, if this step is completed, a practice or network would receive a score of 4. If it is not completed, the score is 0. Posting the transition policy has a score of 2, and similarly, not posting it would be a 0.

In addition to evaluating implementation and youth and family engagement, this measurement tool assesses dissemination to all eligible youth, ages 12 and older, within a practice or network. That is, if a practice or plan starts with a subset of youth with special needs, they would likely be reaching 10% or less of eligible patients for a score of 1 point. If they are implementing the *Six Core Elements* for all eligible youth with and without chronic conditions, they would score at the maximum level of 5 points.

A table to total implementation, family engagement, and dissemination scores is available on the final page of this tool. Practices and plans may elect to just score implementation and family engagement at the outset of a transition quality improvement initiative and score dissemination after the *Six Core Elements* have been incorporated into ongoing clinical processes.

# Health Care Process Measurement Tool (NPM #12)



## Health Care Transition Process Measurement Tool for Transitioning Youth to Adult Health Care Providers (continued) Six Core Elements of Health Care Transition 2.0

A) Implementation in Practice/Network	Yes or No	Possible	Actual	Possible Documentation
<b>1. Transition Policy</b>				
Developed a written transition policy/statement that describes the practice's approach to transition		Yes = 4		Transition policy
Included information about privacy and consent at age 18 in transition policy/statement		Yes = 2		Transition policy
Posted policy/statement (public clinic spaces, practice website etc.)		Yes = 2		Photo
Educated staff about transition policy/statement and their role in transition process		Yes = 2		Date(s) of program
Designated practice staff to incorporate <i>Six Core Elements</i> into clinical processes		Yes = 4		Job description
Transition Policy Subtotal:		14		
<b>2. Transition Tracking and Monitoring</b>				
Established criteria and process for identifying transitioning target population and entering into individual transition flow sheet or registry		Yes = 3		Screenshot or copy of registry/list
Incorporated transition core elements into clinical processes (e.g. EHR templates, progress notes, care plans)		Yes = 4		Screenshot or copy of chart
Tracking and Monitoring Subtotal:		7		
<b>3. Transition Readiness</b>				
Adopted transition readiness assessment tool for use in practice		Yes = 4		Readiness assessment
Incorporated transition readiness assessment into clinical processes		Yes = 3		Clinical process flow sheet
Transition Readiness Subtotal:		7		
<b>4. Transition Planning</b>				
Developed a plan of care template that incorporates transition readiness assessment findings, goals, and prioritized actions		Yes = 4		Sample plan of care
Established clinical process to assess need for decision-making support before age 18		Yes = 2		Practice policy
Developed a medical summary and emergency care plan		Yes = 4		Portable medical summary
Made available list of community support resources		Yes = 2		List of resources
Established process to match and communicate with selected adult provider		Yes = 2		Practice policy
Transition Planning Subtotal:		14		
<b>5. Transfer of Care</b>				
Adopted a self-care assessment tool for use in practice		Yes = 4		Transfer package checklist
Developed a medical summary and emergency care plan templates		Yes = 2		Transfer letter
Transfer of Care Subtotal:		6		
<b>6. Transfer Completion</b>				
Have mechanism to systematically obtain feedback from young adult about transition process		Yes = 3		Survey or interview questions
Transfer Completion Subtotal:		3		

Continued »

# Health Care Process Measurement Tool (NPM #12)



## Health Care Transition Process Measurement Tool for Transitioning Youth to Adult Health Care Providers (continued) Six Core Elements of Health Care Transition 2.0

B) Youth and Family Feedback and Leadership	Yes or No	Possible	Actual
Included youth and families in developing policy		Yes = 2	
Included youth and families in developing or reviewing health care transition feedback survey		Yes = 2	
Involved youth and families in transition staff education		Yes = 2	
Included youth and families as active members of transition quality improvement team		Yes = 3	
Youth and Family Engagement Subtotal:		9	

C) Dissemination in Practice/Network						Possible	Actual
Percent of Patients in Practice Receiving Transition Elements:	1–10%	11–25%	26–50%	51–75%	76–100%		
Score Points:	1	2	3	4	5		
<b>1. Transition Policy</b>							
Sharing policy with families and youth ages 12–21 (letter or visit)						0 to 5	
Transition Policy Subtotal:						5	
<b>2. Transition Tracking and Monitoring</b>							
Percentage of youth, ages 12–21, in practice tracked with individual transition flow sheet or registry						0 to 5	
Transition Tracking and Monitoring Subtotal:						5	
<b>3. Transition Readiness</b>							
Administering transition readiness assessment tool periodically to patients ages 14–21						0 to 5	
Transition Readiness Subtotal:						5	
<b>4. Transition Planning</b>							
Updating and sharing medical summary and emergency care plan regularly						0 to 5	
Updating and sharing plan of care including readiness assessment findings, goals, and prioritized actions regularly						0 to 5	
Transition Planning Subtotal:						10	
<b>5. Transfer of Care</b>							
Preparing and sending a transfer package for transferring youth						0 to 5	
Transfer of Care Subtotal:						5	
<b>6. Transfer Completion</b>							
Contacting transitioned young adults for feedback						0 to 5	
Communicating with adult providers to confirm transfer and offer consultation 3 to 6 months following last pediatric visit						0 to 5	
Transfer Completion Subtotal:						10	

Continued »

## Health Care Process Measurement Tool (NPM #12)



### Health Care Transition Process Measurement Tool for Transitioning Youth to Adult Health Care Providers (continued) Six Core Elements of Health Care Transition 2.0

The table below can be used to total the number of points that your practice obtained in Implementation of the *Six Core Elements*, youth and family engagement, and dissemination.

	1. Transition Policy		2. Tracking & Monitoring		3. Transition Readiness		4. Transition Planning		5. Transfer of Care		6. Transfer Completion		Total Score	
	Possible	Score	Possible	Score	Possible	Score	Possible	Score	Possible	Score	Possible	Score	Possible	Score
Implementation in Practice/Network	14		7		7		14		6		3		51	
Youth and Family Feedback and Leadership	—	—	—	—	—	—	—	—	—	—	—	—	9	
Dissemination in Practice/Network	5		5		5		10		5		10		40	
<b>Total</b>	<b>19</b>		<b>12</b>		<b>12</b>		<b>24</b>		<b>11</b>		<b>13</b>		<b>100</b>	

Clinic Survey Questions  
(Parent Version)

Kentucky's Office for Children with Special Health Care Needs (OCSHCN) is conducting a survey of families of children and youth with special health care needs.

This survey will allow us to improve the care offered in your community. The information you chose to provide is vital to that effort.

The survey should take no more than 5 minutes of your time and your contribution will be greatly appreciated. Your participation is both voluntary and anonymous.

**DURING THE PAST 12 MONTHS, have you (or your child) received services at the Office for Children with Special Health Care Needs (OCSHCN)?**

Yes

No



Clinic Survey Questions  
(Parent Version)

**What County do you live in?**

Adair	Elliott	Laurel	Owen
Allen	Estill	Lawrence	Owsley
Anderson	Fayette	Lee	Pendleton
Ballard	Fleming	Leslie	Perry
Barren	Floyd	Letcher	Pike
Bath	Franklin	Lewis	Powell
Bell	Fulton	Lincoln	Pulaski
Boone	Gallatin	Livingston	Robertson
Bourbon	Garrard	Logan	Rockcastle
Boyd	Grant	Lyon	Rowan
Boyle	Graves	Madison	Russell
Bracken	Grayson	Magoffin	Scott
Breathitt	Green	Marion	Shelby
Breckinridge	Greenup	Marshall	Simpson
Bullitt	Hancock	Martin	Spencer
Butler	Hardin	Mason	Taylor
Caldwell	Harlan	McCracken	Todd
Calloway	Harrison	McCreary	Trigg
Campbell	Hart	McLean	Trimble
Carlisle	Henderson	Meade	Union
Carroll	Henry	Menifee	Warren
Carter	Hickman	Mercer	Washington
Casey	Hopkins	Metcalfe	Wayne
Christian	Jackson	Monroe	Webster
Clark	Jefferson	Montgomery	Whitley
Clay	Jessamine	Morgan	Wolfe
Clinton	Johnson	Muhlenberg	Woodford
Crittenden	Kenton	Nelson	Not a Resident of Kentucky
Cumberland	Knott	Nicholas	
Daviess	Knox	Ohio	
Edmonson	LaRue	Oldham	

**Who is filling out this questionnaire?**

Child/Youth  
Parent/Guardian

Clinic Survey Questions  
(Parent Version)

**How old is your child (years)?**

Less than a year

1	8	15
2	9	16
3	10	17
4	11	18
5	12	19
6	13	20
7	14	21

**Is your child Hispanic, Latino, or Spanish?**

Yes

No

**What is your child's race? Mark one or more boxes**

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or Pacific Islander

Other

**What is your child's sex?**

Male

Female

Clinic Survey Questions  
(Parent Version)

**Does your child currently:**

Yes    No

Need or use medicine prescribed by a doctor, other than vitamins?

Need or use more medical care, mental health, or educational services than is usual for most people your child's age?

Have limitations or is anything preventing your ability to do the things most people your child's age can do?

Need special therapy, such as physical, occupational, or speech therapy?

Need treatment or counseling for any kind of emotional, developmental, or behavioral problem?

**DURING THE PAST 12 MONTHS, was there any time when your child needed health care but it was NOT received? (By health care, we mean medical care as well as other kinds of care like dental care, vision care, and mental health services.)**

Yes

No

**Which types of care were NOT received? (Mark all that apply)**

Medical Care

Dental Care

Vision Care

Hearing Care

Mental Health Services

Other, Please Specify

**Which of the following contributed to your child NOT receiving needed health services:**

Yes    No

Not eligible for the services

Services were not available in your area

Problems getting an appointment when you needed one

Transportation or child care problems

Clinic/doctor's office wasn't open when you needed care

Cost

Clinic Survey Questions  
(Parent Version)

**Is your child CURRENTLY covered by ANY kind of health insurance or health coverage plan?**

Yes  
No

**How often does your child's health insurance cover the services that your child needs?**

Always  
Usually  
Sometimes  
Never

**How often does your child's health insurance allow your child to see the health care providers your child needs?**

Always  
Usually  
Sometimes  
Never

**DURING THE PAST 12 MONTHS, how often did your child's doctors or other health care providers:**

Always, Usually, Sometimes, Never  
Spend enough time with you or your child?  
Listen carefully to you or your child?  
Show sensitivity to your family's values and customs?  
Provide the information you or your child needed?  
Help you feel like a partner in your child's care?

Clinic Survey Questions  
(Parent Version)

**What OCSHCN service(s) does your child receive?**

Autism Spectrum Disorders Clinic	Neurology/Epilepsy Clinic	Hearing Aid Services
Cardiology Clinic	Orthopedic Clinic	Nutritional Services
Cerebral Palsy Clinic	Otology Clinic	Occupational Therapy Services
Cleft Lip and Palate Clinic	Scoliosis Clinic	Physical Therapy Services
Craniofacial Anomalies Clinic	Audiology Services	Social Services
Diabetes Clinic	Case Management Services	Speech Therapy Services
	Family to Family Services	Telehealth Services

**How satisfied are you with:**

Very Satisfied, Satisfied, Somewhat Satisfied, Not Satisfied  
the care you received most recently at OCSHCN?  
the doctor(s) you saw most recently at OCSHCN?

**How satisfied are you with:**

Very Satisfied, Satisfied, Somewhat Satisfied, Not Satisfied  
the care your child received most recently at OCSHCN?  
the doctor(s) your child saw most recently at OCSHCN?

**Please provide any comments (good or bad) you would like to share about your experience with OCSHCN.**

**Has your child's doctor or other health care provider (e.g. nurses or social workers) actively worked with your child to: Think about a plan for the future? (for example, discussing future plans about education, work, relationships, and development of independent living skills)**

Yes  
No  
Don't Know

Clinic Survey Questions  
(Parent Version)

**Has your child's doctor or other health care provider (e.g. nurses or social workers) actively worked with your child to: Make positive choices about your child's health? (for example, by eating healthy, getting regular exercise, not using tobacco, alcohol, or other drugs or delaying sexual activity)**

Yes  
No  
Don't Know

**Has your child's doctor or other health care provider (e.g. nurses or social workers) actively worked with your child to: Gain skills to manage your child's health and health care? (for example, by understanding current health needs, knowing what to do in a medical emergency, or taking medications you might need)**

Yes  
No  
Don't Know

**Has your child's doctor or other health care provider (e.g. nurses or social workers) actively worked with you or your child to: Understand the changes in health care that happen at 18? (for example, by understanding changes in privacy, consent, access to information, or decision-making)**

Yes  
No  
Don't Know

**Is there anything else you would like to share?**

# OCSHCN Clinic Survey Results – FY2018

How old is your child (years)?		
QID25	Count	Percent
Less than a year	86	12.20
1	24	3.40
2	24	3.40
3	29	4.11
4	14	1.99
5	15	2.13
6	247	35.04
7	18	2.55
8	22	3.12
9	23	3.26
10	31	4.40
11	15	2.13
12	17	2.41
13	17	2.41
14	13	1.84
15	71	10.07
16	13	1.84
17	6	0.85
18	9	1.28
19	5	0.71
20	5	0.71
21	1	0.14
Frequency Missing = 2		

Is your child Hispanic, Latino, or Spanish?		
QID26	Count	Percent
No	672	95.45
Yes	32	4.55
Frequency Missing = 3		

# OCSHCN Clinic Survey Results – FY2018

What is your child's race? Mark one or more boxes		
QID27	Count	Percent
Asian	5	0.71
Black or African American	19	2.71
Black or African American, Other	1	0.14
Native Hawaiian or Pacific Islander	1	0.14
Other	18	2.57
White	642	91.58
White, American Indian or Alaska Native	4	0.57
White, Black or African American	7	1.00
White, Other	4	0.57
Frequency Missing = 6		

What is your child's sex?		
QID33	Count	Percent
Female	177	25.11
Male	528	74.89
Frequency Missing = 2		

Does your child currently: - Need or use medicine prescribed by a doctor, other than vitamins?		
QID35_1	Count	Percent
No	470	67.14
Yes	230	32.86
Frequency Missing = 7		

Does your child currently: - Need or use more medical care, mental health, or educational services than is usual for most people your child's age?		
QID35_2	Count	Percent
No	484	69.44
Yes	213	30.56
Frequency Missing = 10		



# OCSHCN Clinic Survey Results – FY2018

Does your child currently: - Have limitations or is anything preventing your ability to do the things most people your child's age can do?		
QID35_3	Count	Percent
No	511	73.21
Yes	187	26.79
Frequency Missing = 9		

Does your child currently: - Need special therapy, such as physical, occupational, or speech therapy?		
QID35_4	Count	Percent
No	474	67.81
Yes	225	32.19
Frequency Missing = 8		

Does your child currently: - Need treatment or counseling for any kind of emotional, developmental, or behavioral problem?		
QID35_5	Count	Percent
No	602	86.49
Yes	94	13.51
Frequency Missing = 11		

Which types of care were NOT received? (Mark all that apply) - Selected Choice		
QID37	Count	Percent
Dental Care	1	33.33
Medical Care	1	33.33
Medical Care, Dental Care, Vision Care, Hearing Care, Mental Health Services	1	33.33
Frequency Missing = 704		

Which of the following contributed to your child NOT receiving needed health services: - Not eligible for the services		
QID38_1	Count	Percent
No	1	50.00
Yes	1	50.00
Frequency Missing = 705		

# OCSHCN Clinic Survey Results – FY2018

Which of the following contributed to your child NOT receiving needed health services: - Services were not available in your area		
QID38_2	Count	Percent
No	1	50.00
Yes	1	50.00
Frequency Missing = 705		

Which of the following contributed to your child NOT receiving needed health services: - Problems getting an appointment when you needed one		
QID38_3	Count	Percent
No	1	33.33
Yes	2	66.67
Frequency Missing = 704		

Which of the following contributed to your child NOT receiving needed health services: - Transportation or child care problems		
QID38_4	Count	Percent
No	1	50.00
Yes	1	50.00
Frequency Missing = 705		

Which of the following contributed to your child NOT receiving needed health services: - Clinic/doctor's office wasn't open when you needed care		
QID38_5	Count	Percent
No	1	50.00
Yes	1	50.00
Frequency Missing = 705		

Which of the following contributed to your child NOT receiving needed health services: - Cost		
QID38_6	Count	Percent
No	1	33.33
Yes	2	66.67
Frequency Missing = 704		

# OCSHCN Clinic Survey Results – FY2018

Is your child CURRENTLY covered by ANY kind of health insurance or health coverage plan?		
QID39	Count	Percent
3	4	0.57
No	20	2.86
Yes	675	96.57
Frequency Missing = 8		

How often does your child's health insurance cover the services that your child needs?		
QID41	Count	Percent
Always	531	79.85
Sometimes	13	1.95
Usually	113	16.99
Frequency Missing = 42		

How often does your child's health insurance allow your child to see the health care providers your child needs?		
QID42	Count	Percent
Always	338	50.52
Never	1	0.15
Sometimes	8	1.20
Usually	320	47.83
Frequency Missing = 38		

DURING THE PAST 12 MONTHS, how often did your child's doctors or other health care providers: - Spend enough time with you or your child?		
QID43_1	Count	Percent
Always	361	51.72
Sometimes	9	1.29
Usually	328	46.99
Frequency Missing = 9		

# OCSHCN Clinic Survey Results – FY2018

DURING THE PAST 12 MONTHS, how often did your child's doctors or other health care providers: - Listen carefully to you or your child?		
QID43_2	Count	Percent
Always	372	53.30
Sometimes	4	0.57
Usually	322	46.13
Frequency Missing = 9		

DURING THE PAST 12 MONTHS, how often did your child's doctors or other health care providers: - Show sensitivity to your family's values and customs?		
QID43_3	Count	Percent
Always	371	53.15
Sometimes	9	1.29
Usually	318	45.56
Frequency Missing = 9		

DURING THE PAST 12 MONTHS, how often did your child's doctors or other health care providers: - Provide the information you or your child needed?		
QID43_4	Count	Percent
Always	374	53.89
Sometimes	5	0.72
Usually	315	45.39
Frequency Missing = 13		

DURING THE PAST 12 MONTHS, how often did your child's doctors or other health care providers: - Help you feel like a partner in your child's care?		
QID43_5	Count	Percent
Always	375	53.96
Sometimes	6	0.86
Usually	314	45.18
Frequency Missing = 12		

# OCSHCN Clinic Survey Results – FY2018

What OCSHCN service(s) does your child receive?		
QID44	Count	Percent
Audiology Services	301	52.08
Audiology Services, Family to Family Services	1	0.17
Audiology Services, Hearing Aid Services	20	3.46
Audiology Services, Hearing Aid Services, Speech Therapy Services	1	0.17
Audiology Services, Occupational Therapy Services, Speech Therapy Services	1	0.17
Audiology Services, Speech Therapy Services	1	0.17
Autism Spectrum Disorders Clinic	10	1.73
Autism Spectrum Disorders Clinic, Audiology Services	1	0.17
Autism Spectrum Disorders Clinic, Cardiology Clinic	1	0.17
Autism Spectrum Disorders Clinic, Cardiology Clinic, Cerebral Palsy Clinic, Neurology/Epilepsy Clinic, Orthopedic Clinic, Audiology Services, Physical Therapy Services	1	0.17
Autism Spectrum Disorders Clinic, Cleft Lip and Palate Clinic	1	0.17
Autism Spectrum Disorders Clinic, Neurology/Epilepsy Clinic	2	0.35
Autism Spectrum Disorders Clinic, Neurology/Epilepsy Clinic, Audiology Services	1	0.17
Autism Spectrum Disorders Clinic, Neurology/Epilepsy Clinic, Case Management Services, Occupational Therapy Services	1	0.17
Cardiology Clinic	57	9.86
Cardiology Clinic, Neurology/Epilepsy Clinic, Audiology Services	1	0.17
Cardiology Clinic, Neurology/Epilepsy Clinic, Orthopedic Clinic	2	0.35
Cardiology Clinic, Otology Clinic	1	0.17
Case Management Services	1	0.17
Case Management Services, Occupational Therapy Services, Physical Therapy Services, Speech Therapy Services	1	0.17
Case Management Services, Social Services	1	0.17
Cerebral Palsy Clinic	2	0.35
Cerebral Palsy Clinic, Neurology/Epilepsy Clinic	2	0.35
Cerebral Palsy Clinic, Neurology/Epilepsy Clinic, Orthopedic Clinic, Otology Clinic	1	0.17
Cerebral Palsy Clinic, Occupational Therapy Services, Physical Therapy Services, Speech Therapy Services	1	0.17
Cerebral Palsy Clinic, Orthopedic Clinic	1	0.17
Cleft Lip and Palate Clinic	5	0.87
Cleft Lip and Palate Clinic, Audiology Services	1	0.17

# OCSHCN Clinic Survey Results – FY2018

What OCSHCN service(s) does your child receive?		
QID44	Count	Percent
Cleft Lip and Palate Clinic, Craniofacial Anomalies Clinic, Audiology Services, Speech Therapy Services	1	0.17
Cleft Lip and Palate Clinic, Craniofacial Anomalies Clinic, Otology Clinic, Audiology Services, Speech Therapy Services	1	0.17
Cleft Lip and Palate Clinic, Hearing Aid Services	1	0.17
Cleft Lip and Palate Clinic, Orthopedic Clinic	1	0.17
Cleft Lip and Palate Clinic, Otology Clinic	1	0.17
Craniofacial Anomalies Clinic	1	0.17
Craniofacial Anomalies Clinic, Neurology/Epilepsy Clinic, Orthopedic Clinic, Otology Clinic	1	0.17
Craniofacial Anomalies Clinic, Nutritional Services, Social Services, Speech Therapy Services	1	0.17
Hearing Aid Services	24	4.15
Hearing Aid Services, Occupational Therapy Services, Physical Therapy Services	1	0.17
Hearing Aid Services, Speech Therapy Services	1	0.17
Neurology/Epilepsy Clinic	52	9.00
Neurology/Epilepsy Clinic, Audiology Services	1	0.17
Neurology/Epilepsy Clinic, Audiology Services, Nutritional Services, Occupational Therapy Services, Physical Therapy Services, Speech Therapy Services	1	0.17
Neurology/Epilepsy Clinic, Occupational Therapy Services, Physical Therapy Services, Speech Therapy Services	1	0.17
Neurology/Epilepsy Clinic, Orthopedic Clinic	10	1.73
Neurology/Epilepsy Clinic, Orthopedic Clinic, Case Management Services, Speech Therapy Services	1	0.17
Neurology/Epilepsy Clinic, Orthopedic Clinic, Occupational Therapy Services, Speech Therapy Services	1	0.17
Neurology/Epilepsy Clinic, Orthopedic Clinic, Otology Clinic	1	0.17
Neurology/Epilepsy Clinic, Orthopedic Clinic, Otology Clinic, Occupational Therapy Services, Physical Therapy Services	1	0.17
Neurology/Epilepsy Clinic, Otology Clinic, Audiology Services	3	0.52
Neurology/Epilepsy Clinic, Otology Clinic, Speech Therapy Services	1	0.17
Neurology/Epilepsy Clinic, Physical Therapy Services	1	0.17
Neurology/Epilepsy Clinic, Physical Therapy Services, Speech Therapy Services	1	0.17
Neurology/Epilepsy Clinic, Social Services	2	0.35
Neurology/Epilepsy Clinic, Telehealth Services	3	0.52

## OCSHCN Clinic Survey Results – FY2018

What OCSHCN service(s) does your child receive?		
QID44	Count	Percent
Nutritional Services	1	0.17
Occupational Therapy Services, Physical Therapy Services	1	0.17
Occupational Therapy Services, Physical Therapy Services, Speech Therapy Services	3	0.52
Occupational Therapy Services, Speech Therapy Services	2	0.35
Orthopedic Clinic	5	0.87
Orthopedic Clinic, Audiology Services	1	0.17
Otology Clinic	13	2.25
Otology Clinic, Audiology Services	4	0.69
Otology Clinic, Audiology Services, Hearing Aid Services	3	0.52
Otology Clinic, Audiology Services, Hearing Aid Services, Occupational Therapy Services, Physical Therapy Services, Social Services	1	0.17
Otology Clinic, Hearing Aid Services	2	0.35
Otology Clinic, Scoliosis Clinic, Social Services	1	0.17
Otology Clinic, Speech Therapy Services	1	0.17
Speech Therapy Services	5	0.87
Telehealth Services	1	0.17
Frequency Missing = 129		

How satisfied are you with: - the care your child received most recently at OCSHCN?		
QID45_1	Count	Percent
Satisfied	27	4.52
Somewhat Satisfied	3	0.50
Very Satisfied	567	94.97
Frequency Missing = 110		

How satisfied are you with: - the doctor(s) your child saw most recently at OCSHCN?		
QID45_2	Count	Percent
Satisfied	32	5.41
Somewhat Satisfied	1	0.17
Very Satisfied	558	94.42
Frequency Missing = 116		

## OCSHCN Clinic Survey Results – FY2018

Please provide any comments (good or bad) you would like to share about your experience with OCSHCN.	
QID19_TEXT	Count
5 stars	1
Always good to us. There anytime.	1
Always satisfied Always satisfied	1
Always very friendly and caring	1
Amazing services, highly recommended	1
Angela was very kind and patient with us and our 3 month old.	1
Awesome staff Awesome staff	1
Best place and people who deal with my sons needs I couldn't ask for any better care	1
Doctor was awesome, she made everything clear and an easy process!	1
Dr. **** & **** are always so sweet to us!	1
Everyone here are extra nice and helpful. **** really likes **** **** and that is a plus!	1
Everyone in this office is incredible!!! While observing my child I could hear everyone in the room laughing and having fun with him and I was in the lobby! Each person greeted him and parted with him by name. The Dr's & staff here definitely have a passion for what they do and it eases my anxiety as a confused mother!!!!	1
Everyone is so friendly & welcoming. It is refreshing and so appreciated. Makes for such a better experience than a lot of other doctors offices we go to. Thank you.	1
Excellent staff	1
For the most part I am very grateful for the services provided by the staff and doctors.	1
Good	3
Great	2
Great experience! Very nice and thorough.	1
H	1
I am really glad I chose to come here to get services for my son. I did not have to wait long to get an appointment.	1
I appreciate Ccshcn so much for providing care for my child and helping me to have a plan for her care	1
I feel the we always have the best doctors for my child when we come here. I trust the advice to the fullest. I believe my child's best interest comes first always. And with all her special needs, and all the doctors here is part of the reason my child is a walking, talking success story.	1
I love this clinic and all those that provide services here. I wish we had the same experiences with other doctors and nurses.	1
I love this clinic it's really great with my son and **** is always there when I have a question	1
I love this place	1



# OCSHCN Clinic Survey Results – FY2018

Please provide any comments (good or bad) you would like to share about your experience with OCSHCN.	
QID19_TEXT	Count
I'm very grateful for the Commission. Without them I wouldn't have been able to know as much as I do to I'm grateful for the Commission. Without them I wouldn't know as much as I do about my child's hearing loss nor be able to advocate for his educational needs.	1
It was a very pleasant visit! I would recommend this place to everyone.	1
Long wait	1
Long wait time	1
Love ****	1
Love it here	1
Love the staff	1
Love you all	1
My provider is very kind and good	1
Nice place, very happy overall	1
No comments	1
None	1
Our Doctor provided good feedback and informed us everything that was going on.	1
She was very nice and gentle	1
Staff are awesome; I wouldn't change anything!	1
Staff was nice. Explained everything	1
Tgood	1
The	1
The commission has always been very helpful	1
The commission has been good to our family, we will miss you.	1
The services here are very professional but they make you feel welcome	1
The staff are amazing!!! Always nice and helpful	1
They are very help full	1
They explained things very well. They were great with patient. Took time to listen and to him	1
They take us on time. They were very kind with us. The help of the interpreter was very important.	1
This clinic is a Godsend to my child, they have made a world of difference in his life.	1
This is an awesome clinic that provides great care. This is an awesome clinic that provides great care.	1
Very calm environment	1
Very friendly and quick	1

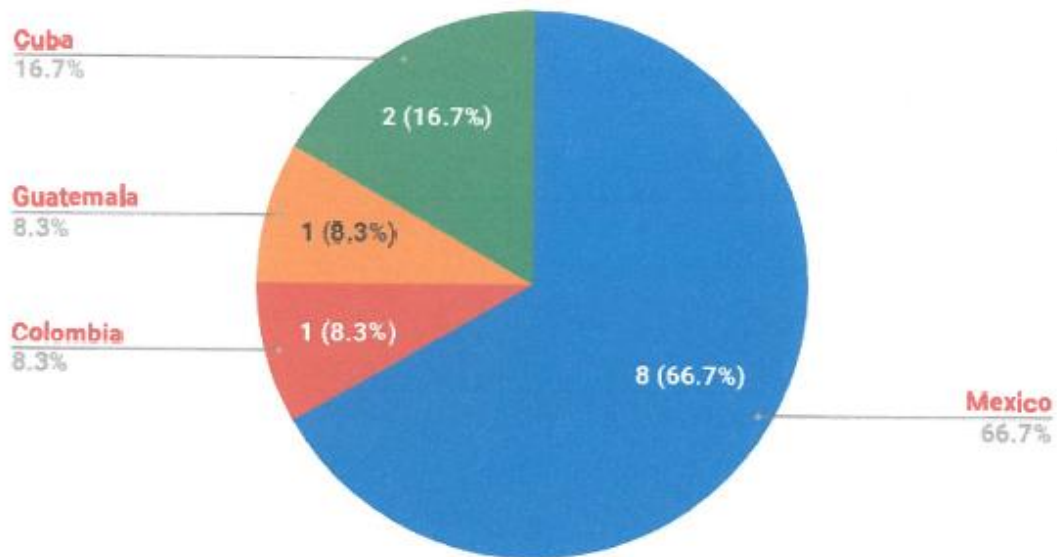
# OCSHCN Clinic Survey Results – FY2018

Please provide any comments (good or bad) you would like to share about your experience with OCSHCN.	
QID19_TEXT	Count
Very good	1
Very great people working here	1
Very happy	1
Very satisfied	1
Very satisfied. Caring	1
We have always been super happy with our services here at CSHCN	1
We like coming here. Everyone is so nice.	1
We love Dr ****	1
We love ****	1
We love ****!	1
We love ****.	1
We love it!!	1
We love our "family" at the commission!	1
Wonderful with my child very understanding of the age that she is and didn't get frustrated with her movement	1
Frequency Missing = 636	

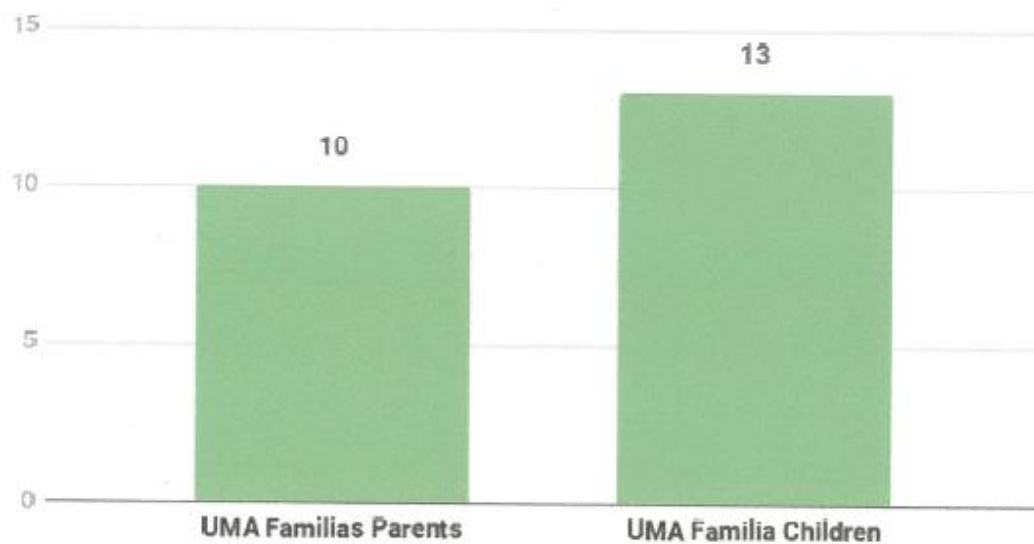


## UMA April 2018 Report

### Country of Origin of UMA Madres Participants



### Attendance of UMA Familias Group



# OCSHCN Regional Office Map

## Office for Children with Special Health Care Needs

### Regional Offices

### Satellite Clinics



# OCSHCN Organizational Chart

