

## **CRISS: Looking Back Over 20 Years**

- 1994** CCS Medi-Cal managed care carve-out established: SB 1371 (Bergeson)
- 1996** CRISS established as 10-county collaborative, the only multi-disciplinary regional organization in CA focused on CCS. By end of year, split into two entities:
- “Greater Bay Area Regional CCS Managed Care Pilot” (four counties)
  - CRISS (10 counties) governed by Council, meeting bimonthly
- 1997** Received 4-year federal MCHB grant to support CRISS
- 1998** Established precursor to Family-Centered Care Work Group (formal WG established in 1999)
- 1999** Strategic planning process created Steering Committee and developed consensus voting process
- Established Medical Eligibility Work Group (MEWG)
- 2000** Established Claims Work Group
- 2000** Initiated meetings with state CCS (with Family Voices of CA and LA CCS Work Group) to discuss how to make CCS more family-friendly
- 2001** Received grant from California HealthCare Foundation to support CRISS till dues funding structure in place
- 2001** Finalized CRISS regional inter-agency transfer guidelines (later adapted by state and issued as CCS Numbered Letter)
- 2001** Held Transition Forum and made recommendations to state CCS for transition policy
- Began tradition of CRISS conferences, with subsequent topics including sexuality and youth with disabilities; the Affordable Care Act, Covered California and children with special health care needs; best practices for children/youth with special needs; managing diabetes in youth; mental health and children with special health care needs; effective collaboration with families; Medical Therapy Program best practices; best practice and opportunities for CCS redesign.
- 2002** Implemented CRISS dues structure
- 2002-03** Organized and loaded State CCS Numbered Letters on computer disks; product submitted to state with recommendation that state distribute NLs electronically and put on state website
- 2004** Established Medical Therapy Program Work Group
- 2005-06** Conducted statewide survey of county CCS programs regarding their family-centered care activities

<b>2005</b>	MEWG initiated Medical Eligibility Matters, capturing consensus on interpreting state medical eligibility and benefits policy for implementation in CRISS region
<b>2006</b>	Established CRISS website
<b>2007</b>	Conducted first survey of DME access and barriers in CRISS region (subsequent surveys in 2008 and 2015)
<b>2007</b>	Organized regional workshop on implementing innovative care coordination strategies for children with special health care needs in collaboration with county mental health, regional centers, special education, family resource centers, First 5 groups and others
<b>2008-09</b>	Worked with State CCS, with Family Voices of CA and LA CCS Work Group, to develop medical home concept for CCS enrollees, including draft Numbered Letter
<b>2009</b>	With grant from Sierra Health Foundation expanded CRISS membership to 11 rural counties
<b>2009-10</b>	Participated in state CCS Technical Work Group focused on redesign and pilot projects
<b>2011</b>	Developed and distributed information on rights of CCS-enrolled children as children in disability-related aid codes (SPDs) were required to enroll in Medi-Cal managed care
<b>2012</b>	Helped to launch and provided staffing for CCS Medical Advisory Committee, statewide group of CCS medical consultants
<b>2013</b>	Developed and distributed fact sheet for rural county CCS programs clarifying the status of CCS in those counties as Medi-Cal managed care rolled out
<b>2014</b>	Developed CRISS Principles for Health Care Delivery to Children and Youth with Special Health Care Needs to assist in approaching CCS redesign
<b>2014</b>	Conducted survey of rural counties regarding implementation of Medi-Cal managed care expansion (with follow-up survey in 2015)
<b>2014-15</b>	Participated in Bay Area Regional Stakeholder Group for CCS redesign
<b>2015</b>	Participated in State Redesign Stakeholder Advisory Board (RSAB)
<b>2016</b>	Currently participating in State CCS Advisory Group and other CCS-related activities to protect access to appropriate pediatric care for children with special health care needs
<b>TODAY</b>	<p>CRISS membership includes 27 county programs, 10 pediatric hospitals/pediatric provider organizations, Family Voices of California and 14 local family resource centers</p> <p>CRISS region includes approximately 60,000 CCS enrollees</p>

*CRISS is still the only multi-disciplinary, multi-county organization in the state focused on improving the CCS program*

## **CRISS Mission and Goals 1997**

The goals of the Regional Service System are to:

1. Assure that all CCS-eligible children in the region can obtain appropriate care (i.e. care that continues to meet current state CCS program standards) at any appropriate provider site within the region;
2. Provide for coordinated, collaborative service delivery to CCS eligible children across the project region;
3. Provide for delivery of CCS services within the region in a cost-effective and efficient manner;
4. Protect CCS service dollars from erosion by inflated administrative costs.

This system will include a series of components that address problems expressed by counties, providers, and CCS clients for years:

- We will create and maintain a network of county CCS programs and local providers within the project region that can undertake to identify and solve inter-county problems through mechanisms such as issue-specific task forces.
- We will create standardized eligibility criteria and eligibility determination and authorization processes within the context of a region-wide information system. Standardizing those systems can end such problems as children with the same physical condition being CCS-eligible in one county but ineligible in the neighboring county, or cases requiring formal closing in one county and formal re-opening in another if the child's family moves.
- We will design and implement a regional information system so that eligibility, case status, and case management information can be shared on a regional basis.
- We will consider mechanisms to centralize billing, freeing up CCS staff for more client case management, and easing the burden of multiple billing procedures for providers.

## **CRISS Mission and Goals 2016**

CRISS Mission: To build and maintain a seamless, integrated, cost-effective, efficient and family-centered regional service system that improves service delivery and coordination of care for children with special health care needs and coordinates with the state CMS program.

CRISS Goals:

- Maintain a regional vehicle for coordination, collaboration, and pilot testing of innovative models in CRISS region
- Bring together stakeholders to identify problems and generate recommendations for systems organization and other program improvement strategies
- Provide forum for regional information sharing and data collection and analysis, with capacity to compile, share and use data including information on best practices and quality standards
- Promote family-centered care for children in the CCS program