Crosswalk of MCHB 6 Core Indicators and the *Blueprint for Change*

	Core Indicator #1: Children and youth are screened early and continuously	**Core Indictor #2**: CYSHCN receive a medical home model of care that is patient-centered, coordinated, comprehensive, and ongoing	**Core Indicator #3**: Community-based services are organized so families can use them easily	**Core Indicator #4**: CYSHCN receive services necessary to make transitions to adult life, including healthcare	**Core Indicator #5**: Families have adequate insurance and funding to pay for services they need	**Core Indicator #6**: Families of CYSHCN are partners in decision-making at all levels of care, from direct care to the organizations that serve them
health equity						
quality of life and well-being						
access to services						
financing of services						