

South Florida Health and Transition Services (HATS) Taskforce Meeting Minutes

Friday May 20th, 2016
1pm-3pm

Present: Michelle Barone, Joe DiMaggio Children's Hospital; Lisa Math Family/ Community Member; Juliette Fabien, Children's Trust; Elisa Jones, Joe DiMaggio Children's Hospital, Patient & Family Care; Holland Mann-Pittman, Joe DiMaggio community member; Vivien del Campo, Care Coordinator, Nicklaus Children's; Aimee Richardson, Nicklaus Children's Hospital; Susan Churchill, Clinical Director Pediatric Care Center, Nicklaus Children's; Lydia Stoutenburg

I. Introductions

II. 'Community Introductions'

- a. Lisa Math- behavioral health "one community partnership" population 0-14 and developed wrap around (initial grant). Now the transitional population needs the same type of concept. SAMHSA approved it. 4 year (1 community partnership 2)14-21 population. Housing education and employment. (along with MH). TIP model (Transition to Independence Process). Youth Centered. Monitored and followed for all 4 years to evaluate overall grant.

III. Update from the Mailman Center's Lifespan IPC

- a. HATS was agenda (but they ran out of time). They are working on: family navigator, two people helping families to navigate the system. Primarily bi-lingual families. First introduction to families (of navigators) was last week. Genetic Clinic and Cleft Palate Clinic are the start
- b. Family navigator advisory council (different people from the community, experts including families/parents).
- c. Transition board. Focus was bio-medical issues. Including emotional and behavioral and community. Social worker to take the lead in the process.
- d. Needs assessment amongst providers re transition phase. Discussion to modify the questions to gain a larger perspective.

I. Health Care Transitions- Partners In Policy Making Position Paper – Lydia Ocasio-Stoutenburg

a. Update on progress

- i. Positive response. But the nuts & bolts becomes a big challenge (getting into meetings and get voices from all meetings).
- ii. Collect perspectives.
- iii. Decision to create a consensus of questions so that many people can collect information.

b. To do

- i. Create survey
- ii. Send out survey for response
- iii. Collect responses
- iv. Codify responses



- v. Vetting draft
- vi. Introduction to process / talking points
- c. Timeline
 - i. Calls to HATS taskforce to ask them to talk to the groups / taskforces they participate in
 - 1. Each taskforce member will be given a list of talking points for each person to take to their meetings
 - 2. Timeline:
 - a. Talking points by May 27th
 - b. Calls by June 1st
 - c. Survey to go out congruently (June 3rd)
 - d. Close survey July 15th
 - e. July 21st draft – being drafted
 - f. 21st-1st to send out draft for feedback
 - d. Additional discussion points
 - i. educate families as to how to advocate
 - ii. Forum to include individual / family panel as part of the forum (to create dialogue back and forth)
 - iii. Clarification – emotional and behavioral health is also a part of this
 - iv. Marginalized for many reasons someone comes into the emergency room for broken bone and has emotional health needs. They can't be separated (they are a part of one person)
 - v. Forum idea (best practice ideas)
 - vi. Understanding triggers – to help find best practice
 - 1. Time needed (advocate to the nurse since they spend the most time with the patient and to prepare the doctor)
- e.

II. Announcements

- a. Upcoming events?
 - i. Tuesday May 24th Association of agencies meeting
- b. June meeting will be virtual
 - i. Kristen to send out link
- c. Going into the new Fiscal year
 - i. Kristen will be rotating out of the role of facilitator. CMS Nurse Navigator will take on role of facilitator. Kristen will continue to provide support to through development of the white paper
 - ii. Mailman Center Lifespan IPC to take on Health Care Transition as a forum topic for physicians in October 2017

III. Adjournment