PanhandleHATS Action Plan

The PanhandleHATS (Health and Transition Services) Coalition met five times between January and May, 2010 in Panama City. The coalition was facilitated by a consultant with the Big Bend Health Council, using a modified version of the MAPP (Mobilizing for Action through Planning and Partnership) process.

Together, the Coalition:

- Reviewed data
- Developed a vision
- Identified community themes
- Assessed forces of change
- Identified strategic issues

Objectives and action steps were then developed by the Coalition to serve as a road map for future action in the Panhandle region around improving health care transition for youth and young adults with chronic or complex medical needs. The Coalition membership included approximately 20 health care, education, and social service providers as well as consumers and family members, primarily from the Panama City area. A key recommendation from the group was to expand membership to include more physicians and more representation from other parts of the Panhandle region.

The vision of PanhandleHATS developed by the Coalition is as follows:

"To assure continuity of health care in order to provide a seamless transition from pediatric to adult life in the Florida Panhandle with a primary focus on those with disabilities or special health care needs."

The mission is:

"Creating successful partnerships at the family, community, state and federal levels to remove current barriers to a seamless transition from pediatric to adult-based health care in Florida's Panhandle region, with a primary focus on those with disabilities or special health care needs."

The following pages outline the action plan drafted by the Coalition. As the Coalition expands its membership and reconvenes in the coming months to begin implementation, it is suggested that members review the objectives and activities to ensure they reflect the consensus and resources of the full group.

PanhandleHATS Coalition Action Plan
DRAFT

Strategic Issue 1: What is needed to ensure successful health care transition for Y/YA with complex health and medical needs as they move from a pediatric to adult system of care?

Objective 1: Identify all potential health care and support service resources related to transition and assets that serve young adults with disabilities or health care needs as a first priority.

Activity/Action Step	Responsible Party	Resources/Other Partners Needed	Time line
1.1.1 Identify existing organizations within the Panhandle region	Subcommittee	CMS, DCF, Medicaid, individuals with subcommittee can conduct interviews and compile information, Bay County Resource guide	Month 1-3
1.1.2 Identify facilities and providers	CMS providers and DCF PanhandleHATS members, Dr. Hunt, Dr. Blanchard	Florida Pediatric Society, medical reimbursements, financial support for CMS for partnerships, Bay County Resource Guide	Month 1-3

Objective 1-2: Identify gaps in health care transition education tools for providers and patient families prior to providing a comprehensive education plan.

Activity/Action Step	Responsible Party	Resources/Other Partners Needed	Time line
1.2.1 Create Admission Process, Transition Liaison	Subcommittee	Sacred Heart, Community Health Centers, Medicaid reps, CMS, DCF, Dr. John Reiss	Month 1-3
1.2.2 Sign up for comprehensive case manager	Parents/Patients, Caregivers	Admission Liaison	Month 1-3
1.2.3 Needs Assessment Survey		Janet Hess	Month 9-12

Objective 1-3: Encourage Pediatricians/Providers in-network to adopt health transition policies in their practices.

Activity/Action Step	Responsible Party	Resources/Other Partners Needed	Time line
1.3.1 Identify how to get more adult providers participating in the community of transitioning patients that have complex medical needs.	Subcommittee, Transition Liaison	Sacred Heart, Community Health Centers, Bay County Resource Guide Providers listed	Month 1-3
1.3.2 Expand Bay County Resource Guide to include larger Panhandle region	Transition Liaison	Sacred Heart, Community Health Centers, Network through Bay County Resource Guide Providers listed	Month 3-6

Objective 1-4: Streamline the admission process of a special needs patient and capture the largest percentage of Y/YA with complex medical needs.

Activity/Action Step	Responsible Party	Resources/Other Partners Needed	Time line
1.4.1. Develop network of comprehensive Case Mangers	Subcommittee, Transition Liaison	Medical Providers, Lobbyists, Parental Support, Independent Living Coordinators	Month 3-6
1.4.2 Establish region-wide check points for universal admission	PanhandleHATS Representative	DOH, Community Health Centers, CMS, DCF	Month 1-3
1.4.3 Establish graduation criteria for transition services patients	Subcommittee	DOH, Community Health Centers, CMS, DCF, Independent Living Coordinators	Month 3-6
1.4.4 Create a universal education program on conditions/Life Skills that applies to providers and case managers	Subcommittee	Sacred Heart Hospital, CMS, Parental Support, DCF, Independent Living Coordinators	Month 1-3

Strategic Issue 2: What is needed to create a preventative care management resource so that urgent care is not the only line of defense for Y/YA with special health care needs?

Objective 2-1: Identify gaps in providing comprehensive coverage.

Activity/Action Step	Responsible Party	Resources/Other Partners Needed	Time line
2.1.1 Review existing process on urgent care admission/condition process	Local hospitals, providers, PanhandleHATS liaison	Dr. Blanchard, Sacred Heart Hospital, Community Health Clinics, AMS Case Mgr	Months 1-3
2.1.2 Establish a team of community players to make services available during highest time of need.	Subcommittee	Sacred Heart Hospital, CMS, Parental Support, DCF, Independent Living Coordinators, AMS Case Mgr	Months 1-3
2.1.3 Funding for continuity of care	Lobbyists	Medicare, CMS, United Way, DOH, DCF	Months 9-12

Strategic Issue 3: What is needed to find a home for Y/YA with special needs, e.g., Safe Harbor design?

Objective 3-1: Determine appropriate Independent Living Coordinator/mentor/advocate model for transition services in Panhandle region. .

Activity/Action Step	Responsible Party	Resources/Other Partners Needed	Time line
3.1.1 Review and define network of AMS advocates	Subcommittee	AMS network, JaxHATS liaison for successful model, DCF	Months 1-3
3.1.2 Review what is currently in place	Subcommittee	Bay County Resource Guide, DCF,2-1-1	Months 1-3

Objective 3-2: Create a Safe-Harbor business plan for the Panhandle region.

Activity/Action Step	Responsible Party	Resources/Other Partners Needed	Time line
3.2.1 Establish fund raising committee for Land, housing	Subcommittee	Lobbyists, Community Health Clinics, Parent support, Independent Living Coordinators	Months 1-3
3.2.2 Recruit Life Skills team	Subcommittee	AMS Advocates, community leaders, DCF (18-25)	

Strategic Issue 4: What is needed for a successful 211 program in the Panhandle region?

Objective 4-1: Create a partnership for the network to be established.

Activity/Action Step	Responsible Party	Resources/Other Partners Needed	Time line
4.1.1 Establish fund raising committee printing and public affairs events	Subcommittee	United Way, Community Health Clinics, Parent support, pediatricians, primary care physicians	Months 9-12
4.1.2 State financial support for 211 program	Subcommittee	FloridaHATS	Month 9-12
4.1.3 Educate legislators about transition services	Subcommittee	FloridaHATS, patient/family advocates	Month 9-12

Objective 4-2: Ensure better communication and collaboration among the various systems (education, juvenile justice, child welfare) in developing a transition system for the Panhandle region.

Activity/Action Step	Responsible Party	Resources/Other Partners Needed	Time line
4.2.1 Develop a uniformed presentation on PanhandleHATS	FloridaHATS		Months 1-3
4.2.2 Identify action steps for outcomes that benefit various groups for transition support	FloridaHATS, subcommittee		Month 1-3
4.2.3 Maintain a current 211 program	PanhandleHATS Liaison		Month 9-12

Strategic Issue 5: How do we establish a coordinated transportation system to meet the health care needs of Y/YA with special needs living in rural areas of the Panhandle region?

Objective 5-1: Establish reliable partnerships of transportation.

Activity/Action Step	Responsible Party	Resources/Other Partners Needed	Time line
5.1.1 Leverage working relationship with PANCARE, Trolley rates for HATS members and ambulatory services	Subcommittee	United Way, Community Health Clinics, Parent support, PANCARE, Bay Medical Center, Sacred Heart Hospital	Months 1-3
5.1.2 Create a fund-raising event	Subcommittee	United Way, AMS Foundation, community leaders/supporters, Bay Medical Center, Gulf Coast Medical Center	Month 3-6
5.1.3 State program, Ride-On system designed for medically needy patients	Subcommittee	FloridaHATS, patient/family advocates	Month 9-12