

South FloridaHATS Strategic Planning Meeting Minutes April 3, 2014

In attendance: Claudia Leary, Dade Schools; Deborah Chin, Center for Autism and Related Disabilities; Jean Sherman, FFAST – Florida Alliance for Assistive Svcs & Technology; Jose Rosa-Olivares, MD, Pediatric Care Center, Miami Children’s Hospital; Wilma Steiner, Dade Schools; Yana Blaise, Broward Community Health

1. Welcome provided by Dr. Jose Rosa-Olivares

Dr. Rosa-Olivares introduced the results of a survey of the 13 Children’s Hospitals in Florida who are members of the Florida Association of Children’s Hospitals (FACH), looking at health care transition services. The survey results showed that the majority of Florida Children’s Hospitals cut off services after a youth reaches adulthood and only half have transition care planning. The survey serves to further support the need to address health care transition services for youth and young adults in Florida.

2. Introductions

During previous conversations the group identified a need to know what other associated groups are working on. Therefore, introductions included announcements from other work groups. Announcements:

- a. Mt Sinai Chief Medical Officer is stated to be in talks to create a segregated clinic for people with autism and potentially other people with complex medical needs. This clinic will possibly be an outpatient clinic for adults. The clinic is looking for training and this might make a good partnership for this taskforce (to train the clinic staff on health care transition challenges)

3. Health care Transition System Assessment / GAP Analysis

- a. What is the gap between the theme identified and the vision (example: although some kids have continuity of care not all do- where is the Gap?)

- i. GAP between list for ADVOCACY and Vision

1. ‘no missed opportunity’ to talk with people about health care transition
2. Why youth with complex medical needs deserve the same consideration
3. Advocacy towards the general community to break down biases
4. Discussion surrounding getting a local news journalist to champion to assist in breaking down stereotypes
5. College professors and administrators
6. Schools (example of integration in schools didn’t happen until educators were educated)
7. Home associations
8. Health department campaigns (involve school nurses)
9. Federally qualified Centers
10. PSAs
11. Parents are most powerful in school advocacy
12. Family counsel
13. ID the medical home providers and highlight them
14. Best Buddies
15. Big Brother
16. Churches

17. ACGME training at all levels
18. Special Olympics is increasing their visibility by providing health in communities

- ii. GAP between list for EDUCATION and Vision
 1. Speech and language professionals
 2. Assistive technology
 3. Lighthouse (ie what people can do)
 4. Resource clearing house (of local resources)- potentially a website
- iii. GAP between COMMUNICATION and Vision
 1. Webinars are available (increasing traffic to those webinars)
 2. HATS materials are great resources- how do we increase dissemination
 3. County to use HATS website
 4. Switchboard Miami to link
 - a. 211 Broward has a special needs help desk. Palm Beach County is in the process of creating one
 5. Umbrella site with thumbnail sketch of all available resources
- b. The GAP analysis identified the biases that impact services. Biases and negative stereotypes impact every aspect of service. Including:
 - i. Bus services to assist people in getting to drs appointments (drivers are not always on time and are often impolite to patients)
 - ii. Associations who provide training for health care providers

4. Forces of Change

- a. What has occurred recently that may affect our local health transition system or Y/YA with disabilities and chronic medical conditions? / What are the treats and opportunities to each? (each item was seen as a potential threat and opportunity)
 - i. Self advocates
 - ii. Increased visibility (example- para Olympics)
 - iii. Age of each individual patient (taking into account emotional and social support needs)
 - iv. Accessibility more common in places and awareness is increasing
 - v. Now the expectations that college will have programs for students with disabilities
 - vi. City budgets get cut and services for people with complex medical needs get cut (attitude is generally 'you should be happy with what you have')
 1. Community disadvantaged transportation coalition is one example
 - vii. Upcoming election
 - viii. Lack of Medicaid expansion
 - ix. Wait list with developmental disabilities (20,000 on list)
 - x. Diversity and ever changing community (example Haitian nurses association)
 - xi. Managed care uncertainty
 - xii. Potential federal level / reimbursement issues
- b. Vote on top 3 issues

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- i. What prioritizes these in our estimation of forces of change
 - 1. Promoting and assisting self advocates in stepping forward
 - 2. The wait list for individuals with developmental disabilities
 - 3. Two items collapsed into one
 - a. Increased visibility and increased awareness / making accessibility more common place
- 5. Wrap up
 - a. Next meeting is May 9th at 1pm
 - i. Identifying strategic issues
 - ii. Formulating Goals and Objectives