

KLG CONSULTING SERVICES, LLC

South Florida HATS Action Plan and Final Report

Strategic Planning Process

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Executive Summary

Following the success of the Health and Transition Services (HATS) taskforces in Jacksonville and Hillsborough, South Florida began to develop a similar taskforce in December 2013. Between December 2013 and February 2014, the steering committee of the South Florida HATS drafted an invitation list to engage the community in the strategic plan process. Invitations to participate in the strategic planning process began going out in January, while invitees were still being added to the list. The steering committee held three preparatory meetings and the first strategic planning meeting was held in February, with the taskforce invitees.

From the beginning of the first meeting, it was clear that we had a group of individuals who were dedicated to the topic and this process overall. During our first meeting, the group's name became South Florida HATS, an evolution from its original name, Florida HATS Miami Coalition. The name change is representative of the reality of people with complex medical needs living in the Miami / Broward area, who often have specialists in either county. From the first taskforce meeting representation from community partners in Broward remained involved.

The South Florida HATS taskforce continued to meet monthly, during 5 consecutive meetings to complete the process. The overall strategic planning process followed the Strategic Planning Guide for Regional Coalitions. The completed strategic planning process on June 5, 2014 with an action plan highlighting the 4 main goals the group would like obtain within the first year. Those four goals are:

1. Increase education to create more advocates among youth, young adults, families and providers
2. Increase the number of adult care providers open to referrals
3. Increase and develop access to electronic resources
4. Empower families and youth to be involved and act as co-management

Overview of Strategic Planning Meetings

1. South Florida HATS strategic Planning Meeting February 13, 2014. South Florida HATS reviewed the overall FL HATS plan and discussed the uniqueness of South Florida. Undertook a visioning exercise to look at roadblocks and opportunities. Developed our vision statement. Group decided to name itself South Florida HATS. *All youth and young adults in South Florida, including those with Disabilities and special health care needs will successfully transition into adult health care.*
2. South Florida HATS strategic Planning Meeting March 13, 2014. South Florida HATS looked at Community Strengths and Themes. Voted on our top three= Education, Advocacy and Communication. Prior to the meeting the following survey was sent out, for consideration and discussion to take place at the meeting.
3. South Florida HATS Strategic Planning Meeting April 3, 2014. South Florida HATS conducted a GAP analysis looking at our themes from the March 13th discussion and the gap between that and our vision statement.
4. South Florida HATS Strategic Planning Meeting May 9, 2014. Conducted a strategic prioritization process and used the PEACH method to identify our Strategic Priorities.
5. South Florida HATS Strategic Planning Meeting June 5, 2015. South Florida HATS used those priorities to create objectives and plan out how to obtain these priorities / goals South Florida HATS Strategic Planning Meeting

Next Steps

Following the completion of the action plan, the group decided to create smaller sub-committees to advance each individual goal. Individual taskforce members were identified as the lead

on each task and each agreed to begin pulling together a sub-committee. The larger group agreed to meet quarterly in a mixed media format, at a rotating location. The quarterly meetings will be held in person in locations rotating from Broward, to North Miami to South Miami. Each live meeting will also have the option of participating via webinar. Due to scheduling conflicts, the taskforce wanted the option of attending a live meeting through an online platform, but only as a last resort. The taskforce agreed to try to attend the meetings in person, because live attendance would allow each of them the opportunity to network with one another. Our first taskforce meeting will be the week of September 8th, 2014

Lessons Learned

There were two lessons learned from this process: 1) Increasing participant pool during steering committee process; 2) Start with 'next steps'.

Increased participation was desired, participants recognized limited participation as a potential barrier. In order to address this barrier, each goal in our action plan includes outreach to agencies and individuals. In addition, our next steps include rotation meeting locations and offering a mixed media option to decrease barriers to participation.

In order to overcome this barrier in the beginning, future taskforces may want to consider asking steering committee members to contribute not only names of potential invitees but names of similar coalitions, taskforces and community groups. With that information, outreach for greater participation could have been targeted to these groups.

The second barrier was the anxiety in the room about what would happen after the plan was created. Participants provided feedback explaining that each of them were participating in groups that work with youth with complex medical needs, although none of those groups look specifically at health.

Many of these groups have gone through similar steps to develop an action plan, however once the action plan had been created it appeared that they were never followed through on. The process was fatiguing, and participants were concerned that the same thing would happen with this action plan. Once this feedback was shared, the group discussed ways that information from this action plan could be implemented in partnership with other groups, to avoid duplication and to make implementation achievable. Future taskforces may want to consider having an initial conversation about next steps during the first meeting, so participants felt comfortable from the beginning.

Action Plan

<i>Goal</i>	<i>Objective</i>	<i>Who will take lead</i>	<i>Timeline</i>	<i>Evaluation method</i>
Increase education to create more advocates among youth, young adults, families and providers	<ul style="list-style-type: none"> • Create a workgroup with linkages to target audiences within the community, can include people outside of the taskforce <ul style="list-style-type: none"> ○ Create talking points ○ Develop outreach plan ○ Develop a speakers bureau • Identify appropriate materials <ul style="list-style-type: none"> ○ Create subgroups (of family, youth and young adults, schools and providers to assist in the identification of materials and speakers) ○ Create 'champions' customize materials ○ Develop a coalition for each group 	Deborah Chin and Isabel Garcia	<p>Create workgroup by 8/1/14</p> <p>Form subgroups by 9/15/14</p> <p>Create talking points, start identifying outreach events, and volunteers by 12/15/14</p> <p>Implement plan between Jan- June 2015</p>	Group will participate in 2-3 outreach events between January – June 2015
increase # adult care providers to refer people to	<ul style="list-style-type: none"> • Educate pediatricians about tools, mechanisms, and protocols, along with the need to move information over to adult providers <ul style="list-style-type: none"> ○ Outreach to local chapter of AAP, Medical residents, Nurse practitioners, CMS staff, FQHC providers ○ Promote Florida HATS provider directory • Suggest that peds providers pair up with adult providers / develop relationship with adult providers act as consultants or a resource to new 	Dr. Rosa-Olivares and Jean Sherman were volunteered	<p>Create talking points, start identifying outreach events, and volunteers by 12/15/14</p> <p>Implement plan between Jan- June 2015</p>	Group will participate in 2-3 outreach events between January – June 2015

	<p>adult providers)</p> <ul style="list-style-type: none"> • Talk with Federally qualified Health Care Providers to find ways to help them build capacity and meet their mandate of working with youth and young adults with special health care needs. 			
Increase and develop access to electronic resources	<ul style="list-style-type: none"> • Determine what electronic resources currently exist including tele-medicine, apps, etc. • Identify gaps & determine if resources need to be developed • Identify host /portal and create marketing / social media strategy <ul style="list-style-type: none"> ○ Look to Broward 211 and CMS for guidance 	Cindy (from Epilepsy Foundation), Kristen Guskovict, and Jose Pinto	Develop survey and facilitate conversations with different stakeholders about what resources they currently look for by September 30 th	<p>List / matrix assessing availability of resource (including resource accessibility) by domain (youth, provider, etc) will be developed to identify gaps.</p> <p>List will grow by 10% in the second, third and fourth quarters of the year.</p>
Empower families and youth to be involved and act as co-management	<ul style="list-style-type: none"> • Identify what trainings / curriculums exist and who provides them. <ul style="list-style-type: none"> ○ Can HATS collaborate with FMD, SALT, CMS, etc to provide these trainings / curriculums • Create training / curriculum as needed to fill gaps and weave current resources to unify what is available • Schedule face to face trainings and peer led support opportunities for families and youth 	Cindy (from Epilepsy Foundation) and Jose Pinto Lisa Friedman-Chavez	Develop survey, in collaboration with Goal 3 and facilitate conversations with different stakeholders about what resources they currently look for by September 30 th	<p>In collaboration with goal 3, List / matrix assessing availability of resource (including resource accessibility) by domain (youth, provider, etc) will be developed to identify gaps.</p> <p>List will grow by 10% in the second, third and fourth quarters of the year.</p>