

Meeting Minutes
Statewide Health Care Transition Services Task Force
For Youth and Young Adults with Disabilities

Services & Models of Delivery Subcommittee
Teleconference Call
October 16, 2008

ATTENDEES:

David Wood, MD, MPH, UF Department of Pediatrics; Subcommittee Chair
Lanetta Jordan, MD, MPH, Sickle Cell Services, Memorial Regional Hospital
Eleanor Cofer, RN, CMS
Jorge Sallent, MD, Pediatric Pulmonologist
Janet Hess, MPH, CHES, Project Facilitator, Early Childhood Council
Laurie Blades, MA, BCBA, Florida Department of Children & Families
Judy Rosenberg, RN, PhD, USF Students with Disabilities Services
Susan Corse Adams, Down Syndrome Association, Jacksonville
Catherine Health, Department of Children & Families
Laurie Woodard, MD, USF College of Medicine

CALL TO ORDER

Dr. Wood called the meeting to order at 8:05 AM.

APPROVAL OF MINUTES FROM LAST MEETING

A motion was made by Ms. Corse Adams to accept teleconference meeting minutes from October 1 and seconded by Dr. Jordan. The minutes were unanimously adopted.

DISCUSSION

Dr. Wood reviewed issues from the last meeting:

- Regarding AHECs and local Health Planning Councils (HPCs), there appears to be considerable variation in the amount of activity in different HPC offices around the state. Our idea to involve AHECs and HPCs should be explored, but there likely will be little support for housing a proposed state health care transition office within one of those DOH divisions.
- In a separate discussion, Dr. Sloyer and Dr. Chiaro were in agreement with our proposal to establish a statewide, centralized office. They feel it should reside in CMS and that we should look at other agencies within and outside of DOH as potential partners. Dr. Chiaro believes that the CMS primary care program could assume responsibility for the health care transition project since 14 out of 17 CMS areas have a primary care program, and that particular division helps address systems of care for children and youth with special needs. Given such a structure, we could align CMS areas with regional health care transition planning coalitions.
- Dr. Wood suggested that the new Project 10 might influence project structure.
 - There will be 5 geographic regions that focus on education and vocation.
 - FDOE and Jordan Knab, Director for Project 10, appear to be committed to increasing the visibility of health care transition within the education landscape. They are developing a web site that will have a section on health care transition. In November, they will conduct local needs assessments to find out what the issues are in each of the 5 districts, and have agreed to include questions on health care transition.

- Dr. Wood believes this will help get our health care transition message out to schools, and give our regional coalitions a contact and liaison to schools.
- Ms. Cofer reported that, according to Janet Adams at FDOE, the Office of Interagency Programs no longer exists, i.e., the interagency “agreement” is no longer in effect. However, there is a lot going on with transition at the local level among school nurses.
- Questions were raised about the organization and structure of local coalitions, whether there would be (or could be) legislatively mandated local activities, and how the funding will be funneled to support local initiatives, e.g., how will we get coalitions operational and what kind of financial support will be required? Dr. Wood suggested the group try to identify minimal staffing needs at the state and local levels.
 - There was a recommendation to gather data on prevalence and severity of disease or disability among YSHCN by region in order to determine local levels of service needs.
 - Ms. Hess reported that Dr. Sloyer and Dr. Chiaro asked that models presented in our report be flexible so that local groups can adapt them according to their own resources and needs. Dr. Chiaro believes that family advocates should be engaged locally and that they could be a driving force in making things happen.
 - It was suggested to ask Patti Hackett from HRTW whether there have been models in other states that were implemented at the local level, and whether they were funded with Title V money and/or other funds.
 - Dr. Wood said there should be dedicated staffing and funding to pay for services. He feels we should have a staffing model and budget attached to the proposal.
 - Dr. Sallent proposed that, in order to have sustainability and longevity, there should be state funding for the core office to ensure that services and structures exist in local areas. Actual delivery of services at the local level can tap local resources – which is where family advocates can be very effective. But the core needs sustainable funding that is not dependent on local variability from year to year. Local expansion would depend on how much funding local community/ local leaders can secure.
- Ms. Hess raised the issue of health care transition among the Juvenile Justice population. A large percentage of these youth are on medication as they exit the system, and it appears that there is no “hand-off” or transition like there is in the child welfare system. Ms. Blades will try to gather some figures on the DJJ and foster care populations using standard criteria such as age (ages 14 or 16 to 26), gender, type of disability/health condition, above average use of health care services, and use of medication.
- Dr. Rosenberg also would like to look at the number of students in college who have disabilities and experience health care transition issues.
- Ms. Hess will work with Dr. Wood to get some data – including information about special populations – that the subcommittee can use to develop staffing and funding recommendations.

Adjournment

- Call was adjourned at 8:53 a.m. The next meeting is scheduled on Wednesday, November 5 at 8 am.