

Minutes
**Statewide Health Care Transition Services Task Force
for Youth and Young Adults with Disabilities**

**Education & Training Subcommittee
Teleconference Call
September 5, 2008**

ATTENDEES:

John Reiss, Ph.D., Subcommittee Chair, Institute for Child Health Policy at UF
Diane Straub, MD, MPH, Division of Adolescent Medicine, USF
Bambi Lockman, Department of Education
Laurie Blades, MA, BCBA, Department of Children & Families
Judy Rosenberg, RN, Ph.D., Services for Students with Disabilities, USF
Bill Palmer, Division of Vocational Rehabilitation
Kirk Hall, Division of Vocational Rehabilitation
Susan Corse Adams, Down Syndrome Association, Jacksonville
Kristi Chapman, Florida Independent Living Council
Nancy Sawyer, Special Olympics of Florida
Susan Redmon, RN, MPH, Children's Medical Services
Patti Parisian, MPH, CHES, FSU College of Medicine
Susan Havercamp, Ph.D., Florida Center for Inclusive Communities, USF
Janet Hess, MPH, CHES, Project Facilitator, Early Childhood Council

CALL TO ORDER:

John Reiss called the meeting to order at 10:05 AM.

OVERVIEW:

Dr. Reiss asked participants to review education and training materials and resources that are available or in development:

- Dr. Havercamp described a CDC-funded project awarded to the Florida Office on Disability and Health that has 2 components: (1) evaluation of the USF medical school curriculum that is required for all 3rd year medical students, and (2) development of a web-based training module on disability that will be offered for CEU/CME credit to physicians, nurses, mental health clinicians, and other health care providers. The initial module will be 1-hour long and focus on adults with sensory and/or physical disabilities; future plans are to develop additional topic-specific modules. The training will be offered through Suncoast AHECs with a projected start date in February, 2009.
- Dr. Reiss described several CMS-funded projects, including an online training for CMS care coordinators, materials targeted to middle school and high school YSHCN, and a series of videos. He also described a web-based training module for youth and families funded by FDDC.
- Ms. Hess described a school-based curriculum for ESE students piloted in Hillsborough County in 2005. Ms. Lockman requested that Ms. Hess forward the curriculum and evaluation to her office for further review by FDOE.
- Ms. Redmon recommended a new high-quality video produced at ICHP entitled "Talking to Your Doctor." She also referenced the "4-1-1 on Disability Disclosure" from the National Collaborative on Workforce and Disability as a great resource for both youth and professionals.

- Ms. Lockman said she asked her staff to prepare information on how the school system supports health care transition, and hopes to provide data on those programs and activities to the Task Force shortly. She also mentioned that Project 10 is willing to develop a health care transition section on their new Web site, as well as to house hard copies of materials at the Project 10 Center in St. Petersburg. Jordan Knab will provide more information to the Task Force in upcoming calls.
- Ms. Hess referenced the Transitions module of the AAP Medical Home Training as an existing curriculum that is available to physicians. Dr. Reiss noted that efforts in Florida to implement the training (including Dr. David Wood's work in Jacksonville) have not been very successful.

Dr. Reiss asked participants about the need for education materials at their respective agencies/ programs:

- Mr. Palmer described recent changes at VR that will impact access to services (i.e., "order of selection" creates a wait list and gives priority to individuals with the most significant disabilities, and some clients are required to participate financially) but will not impact the outreach efforts of VR counselors in educating students and their families about the VR process. He would like to see VR outreach efforts targeted to younger students so that they are better prepared by the time they graduate and become eligible for VR services. He also would like to see a policy change at the federal level that would give transitioning students priority in the order of selection.
- Mr. Hall identified a need for students with disabilities to be more cognizant about how their particular condition may impact future employment. In particular, he would like educational materials provided to students at an earlier age, and to address how health conditions - including mental health issues that may not impact education - can affect employability.
- Ms. Sawyer described how the Special Olympics Healthy Athletes program recruits and trains health screening volunteers. They typically provide a 1-day training that addresses MR/DD sensitivity as well as screening-specific protocol. Special Olympics is a strong advocate for providing disability training in medical school and other allied health education programs. It currently has relationships with several universities, including USF (audiology), FSU (communications), Nova Southeastern (ophthalmology), and UF (dental school). They currently are looking at ways to improve follow-up to their screening events, such as developing community-based provider referral networks and mechanisms to help their athletes navigate the healthcare system.
- Ms. Parisian recommended that the Task Force consider identifying a youth spokesperson for health care transition as a way of engaging YSHCN. She referenced Nick Jonas, the youngest member of the Jonas Brothers Band and a diabetic, as a great example of a potential spokesperson. Dr. Rosenberg mentioned that several of her USF students have expressed an interest in participating on the Task Force. Ms. Hess will follow up with Dr. Rosenberg in getting project information to those students.
- Ms. Lockman mentioned that she will meet soon with Student Services, ESE Directors and University Special Ed Deans at the statewide Transition Expo, and asked for a short PowerPoint about this initiative that she can present. Ms. Hess will forward a 3-4 slide presentation to Ms. Lockman.
- Dr. Reiss suggested that we consider advocating for disability and/or health care transition training to be a requirement for medical licensure, similar to licensing requirements for HIV AIDS training. Dr. Straub felt that it is good timing to pursue that type of legislative strategy, as well as infusing health care transition curricula into pediatric residency programs.

- Ms. Chapman noted that the medical community needs more education and training around physical accessibility for individuals with disabilities. The group agreed that issues concerning accessible equipment/ facilities as well as CPT codes/reimbursement rates are both education and financing issues, and should be coordinated with the Financing & Structure Subcommittee.
- Ms. Blades described the “family-driven, youth-guided” concept used in the mental health system, and referenced the TIP approach as an effective research-based transition planning model. Preparation for transition is particularly important with respect to mental health because many youth in the children’s mental health system are not found eligible (at least immediately) for adult mental health services.
- Dr. Reiss reiterated that the integration of physical and mental healthcare can be very difficult, e.g., many youth with mental health conditions have difficulty finding a primary care provider who is willing/able to provide good physical care, and youth with developmental disabilities have difficulty finding mental health providers who can address their mental health issues. The group agreed that the Final Report should include identification of, and strategies for, these particularly high-risk populations.
- Dr. Straub asked for some clarification about the new VR “order of selection” criteria. The group agreed that that it would be helpful to include a short web-based tutorial on the VR process as part of the CME/CEU disability module offered thru AHEC.

Dr. Reiss asked participants to think about promising practices that may exist in other states and communities for the next teleconference call.

- **ADJOURNMENT:**

The meeting was adjourned at 11:50 AM.