

ACTION PLAN STRATEGIC ISSUE 1: THE SYSTEM OF CARE FOR ADOLESCENTS AND YOUNG ADULTS WITH DISABILITIES, CHRONIC HEALTH CONDITIONS, OR OTHER SPECIAL HEALTH CARE NEEDS IS FRAGMENTED AND HAS MULTIPLE BARRIERS TO SUCCESSFUL TRANSITION FROM PEDIATRIC TO ADULT-ORIENTED SYSTEMS.

Strategic Issue 1: The system of care for adolescents and young adults with disabilities, chronic health conditions, or other special health care needs is fragmented and has multiple barriers to successful transition from pediatric to adult-oriented systems.

Objective 1.1: Form an ongoing coalition to advocate for an improved system of care.

| Activity/Action Step | Lead Responsibility | Resources/Other Partners Needed | Begin Activity |
|--|---------------------|---------------------------------|----------------|
| 1.1.1. Coordinate individuals to establish a formal structure for a health care transition Coalition and working sub-committees. | Dr. David Wood | | In progress |
| 1.1.2. Adopt the mission, vision and goals developed by the Coalition's strategic planning Task Force. | JaxHATS Coalition | | In progress |
| 1.1.3. Prioritize activities to be addressed by the Coalition and subcommittees. | JaxHATS Coalition | | Complete |

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Objective 1.2: Develop materials and a resource directory to identify Health Care Transition services

| Activity/Action Step | Lead Responsibility | Resources/Other Partners Needed | Begin Activity |
|---|------------------------------------|---------------------------------|---|
| 1.2.1. Work in coordination with Florida HATS to identify and compile health care resources, including electronic sources and search engines accessed by medical specialty area. Resources should be appropriate for medical providers, families, and caregivers, and youth (e.g., equipment, supplies, medications, insurance, education, vocational, social support, advocacy). | JaxHATS - RN and Social Work staff | FloridaHATS, CHC | Complete (Toolkit and FloridaHATS) |
| 1.2.2. Identify, link, and/or develop practical educational guides/materials to assist transition-aged youth and families. | JaxHATS - RN and Social Work staff | | Complete (see JaxHATS and FloridaHATS website) |
| 1.2.3. Distribute resource guides and promote the JaxHATS website (i.e., FloridaHATS site with JaxHATS page) information to patients, families and providers. | JaxHATS staff | Nemours Outreach; | Always in progress. Info is distributed at various transition fairs, in clinics, and community round- |

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Objective 1.3: Assess assets and gaps in HCT services.

| Activity/Action Step | Lead Responsibility | Resources/Other Partners Needed | Begin Activity |
|--|-----------------------|--|------------------|
| 1.3.1. Review literature for common themes and best practices for health care transition, as it relates to YSHCN, families, and health care providers. | Dr. Wood, Janet Hess | FloridaHATS web site | In progress |
| 1.3.2. Conduct a comprehensive needs assessment of providers, YSHCN and families concerning knowledge, attitudes, behaviors, policies & practices related to health care transition (e.g., surveys to identify service gaps) | NEFLHATS Subcommittee | JCCI, Health Planning Council | To be determined |
| 1.3.3. Identify other community organizations to partner with in the assessment process (e.g., Health Planning Council, UNF, others). | NEFLHATS Subcommittee | JCCI, Project 10, Health Planning Council, UNF College of Health | To be determined |

ACTION PLAN OBJECTIVE 1

Strategic Issue 2: Pediatric and adult health & mental health providers would benefit from additional training to address the special health care and other needs of youth & young adults with disabilities & special needs.

Objective 2.1: Educate providers about preparing patients and their families for health transition.

| Activity/Action Step | Lead Responsibility | Resources/Other Partners Needed | Begin Activity |
|--|--|--|--------------------|
| 2.1.1. Identify, adapt and distribute educational materials on HCT to adult and pediatric providers. | FloridaHATS | NEFLHATS, Wolfson HCT working group | Always In progress |
| 2.1.2. Host professional education seminars for adult providers on specific health conditions that arise in childhood, including developmental disabilities. | FloridaHATS | Academic institutions, Duval County Health Department, Wolfson | In progress |
| 2.1.3. Educate CMS and other care coordinators on the transition process and system. | FloridaHATS | Duval County Medical Society, CMS, The Partnership for Child | In progress |
| 2.1.4. Reach out to adult primary and specialty providers to increase the number that actively accept special needs young adult patients. | Subcommittee | Duval County Medical Society, WE CARE, Partnership for Children, Wolfson Children's Hospital | In progress |
| 2.1.5. Educate pediatric providers on how to prepare families and youth for HCT, and how to support families and youth throughout HCT. | Partnership for Child Health, NEFLHATS | Duval County & NE FL Medical Society, Partnership for Child Health | In progress |

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Objective 2.1: Educate providers about preparing patients and their families for health transition.

| Activity/Action Step | Lead Responsibility | Resources/Other Partners Needed | Begin Activity |
|---|---------------------------------|---|--|
| 1.1.1. Collaborate with the Duval's Project 10 committee to better integrate HCT with transition education planning and the Individualized Education Plan (IEP). | NEFLHATS Subcommittee | School Board, Project 10 | In Progress |
| 1.1.2. Promote communication and awareness between pediatric & adult health care providers (e.g., implement transition plans, coordinate referrals between pediatric and adult care, etc.) | NEFLHATS Subcommittee | Duval County & NE FL Medical Society, Wolfson Children's Hospital, Baptist Health System | In Progress (Lead Force Proposal) |
| 1.1.3. Engage the Medical-Legal and Managed Care provider partnership to provide legal services for families and youth who have tortfeasance, SSD or who have other legal issues. | NEFLHATS Subcommittee | JaxHATS program | Complete |
| 1.1.4. Expand funding for the JaxHATS Coalition to support additional outreach education, information and care coordination services to. | NEFLHATS Subcommittee | FloridaHATS | Complete one team funding in 2014 |
| 1.1.5. Establish training for the Medical Home for both child and adult health providers that is focused on transition, including promoting adoption of transition policies and supports in the Medical Home. | Partnership for Child Health | Duval County & NE FL Medical Society, Children's Medical Services, The Partnership for Child | In Progress |
| 1.1.6. Promote adoption of transition policies and processes within Nemours and UF specialty pediatric programs, and supports within Baptist, Memorial, St. Vincent's and UF & Shands Health Care Systems. | NEFLHATS Subcommittee | Duval County & NE FL Medical Society, Nemours, Baptist Health System, Shands, Wolfson HCT working group | In Progress (task force and Wolfson Proposal) |
| 1.1.7. Create a FQHC-based Medical Home for youth and young adults with special health care needs. | Dr. Wood, JaxHATS | UF, JaxHATS program | To be determined |
| 1.1.8. Create JaxHATS services for YWA - special populations such as those aging out of foster care, at-risk homeless/youth justice system, and abuse and homeless. | Dr. Wood, JaxHATS, SAMHSA grant | DCF (abuse/care), Du | In progress |
| 1.1.9. Conduct outcome studies of youth with various chronic health conditions after transition to | Dr. Wood, JaxHATS, SAMHSA grant | School district records | In progress with JaxHATS evaluation and QI project |

ACTION PLAN STRATEGIC ISSUE 2: PEDIATRIC AND ADULT HEALTH & MENTAL HEALTH PROVIDERS WOULD BENEFIT FROM ADDITIONAL TRAINING TO ADDRESS THE SPECIAL HEALTH CARE AND OTHER NEEDS OF YOUTH & YOUNG ADULTS WITH DISABILITIES & SPECIAL NEEDS.

Objective 2.1: Educate individuals & their families about transition issues in culturally and linguistically appropriate ways.

| Activity/Action Step | Lead Responsibility | Resources/Other Partners Needed | Begin Activity |
|--|---|--------------------------------------|--|
| 2.2.1 Adapt a HCT curriculum and work to incorporate it into existing health programs within the school system. | FloridaHATS | School board Project 40, FloridaHATS | Not yet initiated |
| 2.2.2 Assure that HCT information is available and distributed in different languages and different formats (large print, sign language, Braille, etc.). | FloridaHATS | NEFLHATS | In progress |
| 2.2.3 Assure that Y/YA receive a health care plan that is specific to their individual health needs, and care coordinators to assist them throughout the process ensuring that education and information is provided such as navigating the transportation system, financial resources, and other critical components. | CMS, JaxHATS, Partnership for Child Health, Nemours, UF Specialty | JaxHATS | In progress-with medical home OI project |

STRATEGIC ISSUE 3: PUBLIC POLICY SHOULD SUPPORT BETTER SERVICES FOR YOUTH AND YOUNG ADULTS WITH DISABILITIES & SPECIAL HEALTH CARE NEEDS DURING TRANSITION.

Objective 3.1: Educate legislators and the community at large on the health care transition process.

| Activity/Action Step | Lead Responsibility | Resources/Other Partners Needed | Begin Activity |
|--|---------------------|------------------------------------|----------------|
| 3.2.1. Identify self-advocates to talk to key legislators about issues. | FloridaHATS | NEFLHATS, Patient/family advocates | In progress |
| 3.2.2. Identify health care champions to talk to key legislators about issues. | FloridaHATS | NEFLHATS, Patient/family advocates | In progress |
| 3.2.3 Train advocates and champions on messages and how to schedule and conduct visits. | FloridaHATS | NEFLHATS, Patient/family advocates | To be started |
| 3.2.4 Organize and conduct visits to legislators' offices beginning in the fall of 2014 and ongoing to support existing legislation initiatives related to transition. | FloridaHATS | NEFLHATS, Patient/family advocates | In progress |

TOOLKIT ANALYTICS

- From launch 2/1/13 – today 4/28/14
- Toolkit landing page – unique page views - 815
- Toolkit registration page – unique page views - 183
- # signups *excluding* any of "our" accounts – 133. This excludes anyone in the jax.ufl.edu domain and our personal accounts as well.
- Registered medical providers that have filled out their toolkit - 69 out of 82 - 84%
- User types breakdown (%s include rounding):
 - Case Manager - 24 total - 18%
 - Medical Provider - 82 total - 62%
 - Teacher - 14 total - 10%
 - Youth and Caregiver - 13 total - 10%

BANNER

MAILCHIMP

- 67 Recipients on the NEFLHATS Coalition List Serve
- Send out quarterly updates and meeting invites
- People can sign up for list serve via JaxHATS Toolkit web page or by signing in at a coalition meeting


ADVERTISING CAMPAIGN

- Visit at least 4 offices of general and specialty pediatricians in order to increase awareness of HCT and NEFLHATS among pediatric practices; provide nurses and office managers with HATS educational materials.
 - March 11, sent out advertising message offering to give 30 minute presentation via the to all local pediatricians on their list serve
 - May 1, is date of first presentation
 - Second presentation is pending

CHALLENGES & RECOMMENDATIONS

- Finding an optimal time to meet
- Engaging coalition members
- Revisit strategic plan, maybe revise some of the action items
- Consider webinar meetings or conference calls

The End



PanhandleHATS Coalition Action Plan
Updated September 23, 2013

Vision

The PanhandleHATS Regional Coalition's vision is 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.

Strategies and action steps

Strategic Issue: 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 1.1: 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 | Responsibility | Resources/Partners Needed | Status to Date |
|---|--|---|------------------------------|
| 1.1.1 Identify existing organizations within the Panhandle region to expand Coalition and when appropriate, to invite them to become Coalition members. | HATs Coordinator and Coalition members. | CMS, Medicaid, Nemours, Faith-based clinics and non-profit agencies. | In Progress. 3 to 6 months. |
| 1.1.2 Identify existing facilities and potential new providers. | HATs Coordinator and Coalition members. | To be determined. | In Progress. 1 to 6 months. |
| 1.1.3 Reevaluate existing facilities and potential new providers in the Bay County region. | HATs Coordinator and create a subcommittee of Coalition members. | Bay County CMS, Bay County Health Department, PanCare FQHC, 2-1-1, and others to be determined. | In Progress. 6 to 12 months. |
| 1.1.4 Reevaluate to maintain a seamless Health Navigation Model for CMS Transition Clients to FQHC(s). | HATs Coordinator, CMS RNs/BSWs and FQHC(s) intake RN/BSW. | 2-1-1 and others to be determined. | In Progress. 1 to 3 months. |

Strategic Issue: 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 1.2: Encourage Pediatricians/Adult Providers in-network to adopt health transition policies in their practices.

| Activity/Action Step | Responsibility | Resources/Partners Needed | Status to Date |
|--|---|--|------------------------------|
| 1.2.1 Identify how to get more adult providers participating in the community of transitioning patients that have complex medical needs. | HATs Coordinator and Coalition members. | Sacred Heart's Children's Leadership Committee, Escambia/Santa Rosa Medical Society, Bay County Medical Society, Physician Grand Rounds. | In Progress. 1 to 12 months. |
| 1.2.2 Create varied education program(s) on transition steps and barriers that affect providers and case managers. Examples of solutions would be brochures, web-based content, AHEC Pediatric Transition online courses, etc. | HATs Coordinator and create an Education subcommittee of Coalition members. | Adult Medicine Physician(s) to serve as Chairman of the Education subcommittee, AHEC, FL HATS Coordinator, regional 2.1.1. | In Progress. 1 to 3 months. |

Strategic Issue: 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 1.3: Identify and affect current policies of payer sources and educate them to recognize the specific issues around health transitions for the Y/YA population.

| Activity/Action Step | Responsibility | Resources/Partners Needed | Status to Date |
|--|--|---|------------------------------|
| 1.3.1 Review existing information and expand awareness of new public, State, and National funding sources and insurance coverage(s). | HATs Coordinator and create a subcommittee of Coalition members. (Chaired by CMS representative) | Sacred Heart Children's Leadership committee, Nemours and Florida HATS Coordinator. | In Progress. 6 to 12 months. |

Barriers, Challenges and Progress

- June 2013 flood (FQHC and Esc. Health Dept.)
- State funding uncertainty for CMS
- CMS staffing transition process
- April 2014 flood (4 county impact)
 - Presidential Disaster Declaration - May 6, 2014
 - Ongoing recovery and operational displacement
- 2013 Action Plan updated for 2014/2015



HillsboroughHATS
Health and Transition Services
Coalition Update - June 2014

Action Plan

- Convened the Steering Committee to review the Action Plan.
- The majority of the objectives were already completed or in process.
- Some were redundant and were collapsed into each other, particularly around physician/ community outreach and education.
- One Objective was eliminated - *Objective 1.3: Determine appropriate mentor/advocate model for transition services in Hillsborough County.* Due to budget cuts this is no longer feasible.

Action Plan

The newly revised plan was presented to the full coalition. The coalition decided that there were 2 objectives that should be focused on.

Both fall under **Strategic Issue 1: What is needed to ensure a successful healthcare transition for Y/YA with complex health and behavioral health needs as they transition from a pediatric to adult system of care?**

Objective 1.1: 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.

Objective 1.3 Encourage pediatricians including those working in hospital settings to adopt health transition policies in their practices.

Service Directory Updates

- Expanded “services description” section
- Added fields
 - **Age range** of population served
 - **Special populations** (e.g., DD)
 - Services provided in which **languages?**
 - Does practice accept **Medicaid?**
- Asked via email for current providers to suggest other programs/resources to be included in the directory

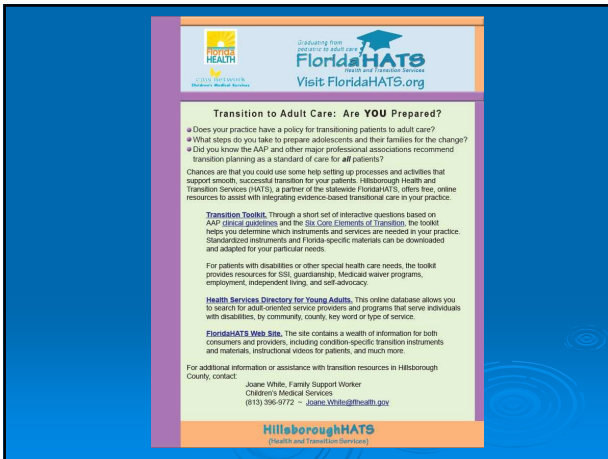
Service Directory Updates

- 280 records in the directory
 - 90 updated
 - 19 deleted (practice closed, retired, deceased)
- New listings:
 - 56 Providers from USF CARD (Center for Autism & Related Disabilities)
 - 10 TGH Family Care Centers
- 40 hours total

Focus on Pediatric Providers

Developed a 1 page flyer to be emailed and mailed to Pediatric Practices

Flyer highlights:
 FloridaHATS website
 Services Directory
 Transition Toolkit
 Joane White/CMS for more information



Focus on Pediatric Providers

- Hillsborough County Pediatric Society
- Health Point Medical Group
- Pediatric Health Care Alliance
- NAPNAP
- Graduate Schools of Nursing:
 University of South Florida
 South University
 University of Tampa

Community Outreach

- Developed HHATS presentation and presented to numerous community and school groups
- CMS distributes the FloridaHATS brochure and HillsboroughHATS postcard to their providers
- Dr. Hess will present to school nurses in August
- Considering sending a representative to the Community Alliance Committee
- Many community organizations are part of the Coalition

Challenges

- Finding a convenient time & location for meetings
- Engaging coalition members (budget cuts, many are taking on more responsibility)
- Getting adult providers to take on Y/YA with complex needs due to low reimbursement rates

Future Plans

We are exploring the idea of forming a group of advocates and providers to meet with local MMA plan administrators to discuss the needs of medically complex patients, and address the plans' responsibility in making sure these patients receive an appropriate level of care.

South FloridaHATS Coalition

Strategic Planning 2014

The Process

- Use of the Regional Strategic Planning Guide
- Steering Committee Preparation
 - 3 Meetings to prepare
- Development of invitee list and invitations went out in January & February

Strategic Planning Process

- February 13, 2014
 - Name Changed
 - Vision Statement Developed
 - all youth and young adults in South Florida, including those with Disabilities and special health care needs will successfully transition into adult health care.
- March 13, 2014
 - Established top 3 community strengths and themes: Education, Advocacy, Communication
- April 3, 2014
 - GAP analysis
- May 9, 2014
 - Strategic Prioritization
- June 5, 2015
 - Plan

Action Plan

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

Action Plan: Goal 1

Increase education to create more advocates among youth, young adults, families and providers

- Objectives
 - Create a workgroup with linkages to target audiences within the community, can include people outside of the taskforce
 - Identify appropriate materials
- Evaluation method
 - Group will participate in 2-3 outreach events between January – June 2015

Action Plan: Goal 2

Increase the number of adult care providers open to referrals

- Objectives
 - Educate pediatricians about tools, mechanisms, and protocols, along with the need to move information over to adult providers
 - Suggest that peds providers pair up with adult providers / develop relationship with adult providers act as consultants or a resource to new adult providers)
 - 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.
- Evaluation Method
 - Group will participate in 2-3 outreach events between January – June 2015

Action Plan Goal 3

Increase and develop access to electronic resources

- Objectives
 - 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
- Evaluation method
 - List / matrix assessing availability of resource (including resource accessibility) by domain (youth, provider, etc) will be developed to identify gaps.
 - List will grow by 10% in the second, third and fourth quarters of the year.

Action Plan Goal 4

Empower families and youth to be involved and act as co-management

- Objectives
 - Identify what trainings / curriculums exist and who provides them.
 - 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
- Evaluation Method
 - 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.
 - List will grow by 10% in the second, third and fourth quarters of the year.

Lessons Learned

- Increasing Participation
- Decreasing anxiety

Next Steps

- Quarterly mixed media meetings, at rotating locations
 - Increasing Participation
 - Sub-committees to move forward
 - Decreasing anxiety