

*This plan was first developed in 2010 and was most recently updated September 2017. Items in red type were identified by coalition members as 2017-18 priority tasks.

HillsboroughHATS Coalition Action Plan

Vision

The HillsboroughHATS Regional Coalition works toward improving the transition process for youth and young adults with chronic-complex healthcare needs in the 21st century. Through enhanced patient and family-centered goals, the coalition will work to support a continuum of care, while improving accessibility, throughout the patient's life span. With the use of education and training, adequate funding and advanced technology, it is our goal to enhance the patient's and family's quality of life for many years to come.

Strategies and Action Steps

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.

Activity/Action Step	Responsibility	Resources/Partners Needed	Status to Date
1.1.1 Identify existing facilities and providers such as community health centers, health departments, academic centers, subspecialty centers, through interviews with key informants.	Services and Cross-System Relationship Building workgroup	Statewide web-based service directory operational in Dec 2010. Individuals to conduct interviews and compile information.	Health Services Directory for Young Adults launched on www.FloridaHATS.org in Dec 2010; new listings can be updated directly by Children's Medical Services (CMS) staff, or submitted online by providers and other stakeholders. The directory was updated in the Spring of 2014. 56 new listings from USF CARD and 10 TGH Family Care Centers were added. The description of service section was expanded and fields added including languages spoken, whether the practice takes Medicaid, age range and populations served.
1.1.2 Identify community support services such as voc rehab, respite care providers, metro charities, CMS support at work, subspecialty centers.	Services and Cross-System Relationship Building workgroup	Individuals to compile information; Self Reliance Center for Independent Living	Identified multiple local and statewide resources: 2-1-1, Project 10 Directory, Special Olympics Directory, APD, VR, etc. Information on accessing support services is provided on the website. Individuals from these support agencies are regularly invited

			to be part of the coalition; they often bring HHATS materials to community events. We have been represented on the Children's Board Community Alliance and other associated community groups.
1.1.3 Develop community-wide system to provide information and guidance to providers about available services	Services and Cross-System Relationship Building workgroup	CMS	A detailed material dissemination plan was developed in 2012. The workgroup created a database of over 500 providers and conducted outreach via mailings and phone calls. An email with links to the website and other resources has been sent on multiple occasions from 2010-2015 to the Pediatric Society and key peds practices in the county.

Objective 1.2: Identify gaps in health transition education tools for providers and patient families prior to providing a comprehensive education plan.

Activity/Action Step	Responsibility	Resources/Partners Needed	Status to Date
1.2.1 Identify existing knowledge-based tools for education of patients and families.	Community-Based Education and Advocacy	J. Reiss, J.Hess 2009 Legislative Report (matrix) FloridaHATS web site, brochure	FloridaHATS web site is updated regularly with new materials and links to educational resources. Transition information is included in the Shriner's handout entitled <i>Preparing for Your Individualized Education Program (IEP) Meeting</i> .
1.2.2 Recommend revisions, additions to tools and models for local implementation.	Community-Based Education and Advocacy		Developed a HillsboroughHATS postcard with local contact information. Distributed over 2,500 cards to date.
1.2.3. Develop education plan.	Community-Based Education and Advocacy	Coalition members/partners to attend community events	Developed a Community Outreach Plan. Created an online calendar to identify outreach opportunities. Developed a presenter tip sheet with pertinent information for representing HHATS at meetings and events. <i>*Note: Joane White, CMS Family Health Partner, has very generously attended many events on behalf of HHATS.</i>

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

Activity/Action Step	Responsibility	Resources/Partners Needed	Status to Date
1.3.1 Identify what adult providers need in order to accept transitioning patients through literature review and/or survey.	Services and Cross-System Relationship Building workgroup		Have contacted adult providers by phone and email.
1.3.2 Identify tools pediatricians are currently using/need.	To be determined	Area Health Education Center	Tools are on the website (e.g., check lists, care plans, etc.). The Toolbox was updated in the Spring of 2016 to include Coding & Reimbursement Tip Sheet, and are currently looking at ways to effectively share with providers. Provider package drafted in Spring of 2017; currently seeking feedback from physicians and identifying effective avenues for distribution.
1.3.3 Conduct education and outreach activities through association meetings and special events	To be determined	Hospital Education Depts, FQHC Presentations	We participate in outreach activities whenever possible. Have presented at Grand Rounds and meetings at the Children's Board Community Alliance, University Community Hospital, St. Joseph's Hospital, USF College of Medicine, FHCQs, HC Pediatric Society, and other professional groups.

Objective 1.4 Develop a method to enhance communication (clinical tools) between primary care, pediatric care, and adult care providers.

Activity/Action Step	Responsibility	Resources/Other Partners Needed	Status to Date
1.4.1 Review CMS transition summary forms and care notebook format.	Services and Cross -System Relationship Building workgroup		These forms are being used and are on our website.
1.4.2 Develop and adopt a template for use among health care professionals.	Services and Cross-System Relationship Building workgroup		Completed and available on the website.
1.4.3 Educate professionals about the communication tools and resources available.	To be determined		Resources have been sent out via email to key pediatric practices in HC as well as to the three graduate schools of nursing. In 2016-2017, we will explore scheduling face-to-face presentations and mini-

			trainings with large group practices, such as PHCA, HealthPoint, Tampa Family Health Centers (FQHC network), TGH Family Care Centers. Also exploring outreach via medical society newsletters
1.4.4. Develop HATS presentation and identify potential organizations to collaborate with (Ex. Developmental Disabilities Nursing Association); promote web-based 4-hour training module available for free CME/CEs through Gulfcoast North AHEC	Services and Cross-System Relationship Building workgroup	USF Med/Peds	Met with USF Med Peds program and Tampa Family Health Centers (FQHCs) in 2012 as potential collaborative partners in adult medical home. Submitted funding proposal to American Board of Internal Medicine for pilot program but was not awarded funding.
1.4.5 Utilize AHEC to provide linkages to healthcare providers for awareness, education and outreach.	To be determined	Cheryl Reed, AHEC	They have lost much of their funding but they may still be interested in working with HHATS. Anna Maynard is the current director. Need to discuss moving forward.
1.4.6 Explore matching grant opportunities through AHEC.	To be determined	AHEC	They will be invited to our next coalition meeting where we can explore this further.

Objective 1.5: Establish transition guideline algorithms for patients and/or their caretakers.

Activity/Action Step	Responsibility	Resources/Partners Needed	Status to Date
1.5.1 Review existing models and extract best practices for providers, patients and families.	Community-Based Education and Advocacy workgroup		Adapted Transition Template from the University of Washington; created age-specific checklists to remind the provider to address specific issues during each visit. Received state level review by members of the Medical Advisory Work Group for Health Care Transition. Disseminated report from American Academy of Pediatrics (AAP) published in July 2011.
1.5.2 Develop and adopt template for use in Hillsborough County with HATS logo.	Community-Based Education and Advocacy		All materials have the HATS logo.
1.5.3 Educate users and distribute.	Community-Based Education and Advocacy		Materials are available on the website and through CMS providers.

Strategic Issue 2: How can we affect policies of payer sources and educate them to recognize the issues around health transitions?

Objective 2.1: Identify advocacy/policy change activities currently in process.

Activity/Action Step	Responsibility	Resources/Partners Needed	Status to Date
2.1.1 Review existing information on public funding sources and insurance coverage.	Community-Based Education and Advocacy	Agency for Health Care Administration rep, referral coordinators, HMOs	Ongoing review through statewide efforts, 411 insurance guide.
2.1.2 Identify existing advocacy/policy activities and groups and their positions on relevant issues.	Community-Based Education and Advocacy	Local and State experts, medical directors	Hillsborough County Children's Board adopted health care transition as a legislative priority for 2011.
2.1.3 Identify services/issues (care coordination, durable medical equipment (DME), medical home, CMS model replication) to focus on, short and long-term	Community-Based Education and Advocacy	Patients and families	State legislation introduced in 2011 and 2012 to extend CMS authority to age 26 but was unsuccessful.
2.1.4 Identify self-advocates to talk to key legislators about issues	Community-Based Education and Advocacy	Patient/family advocates	There initially was interest from one self-advocate but we were unable to identify a mentor to work with him and assist with bringing in other self-advocates. Of note, Special Olympics has an Athlete Leadership Training & Global Messenger Programs that teach athletes public speaking and policy dialogue.
2.1.5 Train advocates on messages and how to schedule and conduct visits.	To Be Determined	Engage parents	Educational materials are available on our website. In 2016, coordinate with national efforts (Got Transition, AAP) to reimburse providers for transition services, and advocate locally with MMA plans.

Objective 2.2: Review and define the levels of service in Medicaid Managed Care plans in regards to reimbursement (how are the services being provided and funded?)

Activity/Action Step	Responsibility	Resources/Partners Needed	Status to Date
2.2.1 Identify HMOs/MMA plans in Hillsborough County and identify their leadership.	To Be Determined		Activity currently on hold pending further conversations at the state level.

2.2.2 Schedule meetings with the HMO/MMA leadership to determine which services/benefits they offer to children and young adults with special health care needs (and identify differences in children vs adult benefit packages), so that we can better advocate for consumer enrollment in plans that provide appropriate and adequate services.	To Be Determined	Form small groups of HHATS Coalition Members to meet with the leadership.	To be completed once 2.2.1 is complete.
2.2.3 Identify the financial structure and reimbursement policies of the HMO/MMAs so that we can better advocate for consumer enrollment in plans that are best suited to their circumstances.	To Be Determined		To be done in conjunction with 2.2.2.

Strategic Issue 3: How can we ensure better communication and collaboration among multiple systems (education, juvenile justice, child welfare) in developing a transition system?

Objective 3.1: Engage representatives from stakeholders (children's committee, project connect, etc.) in the transition process.

Activity/Action Step	Responsibility	Resources/Partners Needed	Status to Date
3.1.1 Develop presentation on HATS; utilize educational materials developed at state level (FloridaHATS brochure)	Community-Based Education and Advocacy	J.Hess (for PP presentation)	Developed and available on the FloridaHATS website.
3.1.2 Identify common issues with particular groups or audiences and schedule presentations with assistance from coalition members	Community-Based Education and Advocacy		Presentations/activities to-date include KIDDS Transition Community Fair (hosted by Hillsborough Public Schools), Hillsborough County Pediatric Society, HCMA meeting, Grand Rounds at St. Joseph's and Tampa General Hospitals, Family Café, Pediatric Healthcare Alliance (PHCA) physician meeting, listing in 2-1-1 directory, USF COPH graduate students, University of Tampa nursing students, Circuit 13 JJ Board, and Project Connect. Yes F.A.I.R., Tampa Housing Health Fair, Back to School Events, Florida Asthma Coalition, "I am Too Good for Drugs" Walk and Kidfest, Hillsborough

		Healthy Teen Network, FDLRS Fair and SHAC meeting, and others. CMS mailed the FloridaHATS brochure and HillsboroughHATS postcard to CMS providers through the CMS provider liaison.
3.1.3 Provide tools including insurance guide that various groups can use.	Community-Based Education and Advocacy	Distributed HATS Insurance Guide, brochure, 10 Steps insert, and postcard.
3.1.4 Identify action steps and mutually beneficial outcomes for various groups.	Community-Based Education and Advocacy	Individuals from organizations have been invited to become part of the core coalition.
3.1.5 Leverage different stakeholders to educate consumers about health care transition	Community-Based Education and Advocacy	See 3.1.2 above

Objective 3.2: Explore options to coordinate with the IEP process with Health Transition process.

Activity/Action Step	Responsibility	Resources/Partners Needed	Status to Date
3.2.1 Coordinate with and engage Project Connect to address inclusion of HCT goals in IEP, development of Health Plans for ESE students with medical conditions.	Community-Based Education and Advocacy	Project 10 CMS/FloridaHATS educator training module will be available in early 2017	Presented about HillsboroughHATS to Project Connect, School Health Advisory Council and school system employees (school nurses, ESE transition liaisons, etc. Transition information was included in the Shriner's handout entitled <i>Preparing for Your IEP Meeting</i> .
3.2.2 Explore provision of classroom instruction and health care self-management skills.	Community-Based Education and Advocacy	School board representative	"My Health Care," a health literacy and communication curriculum sponsored by FDDC, has been posted on the FLDOE's CPALMS web site and is available effective May 2016 as a teaching resource for all Florida teachers." What's Health Got to Do with Transition?", initially developed in 2005 by FDDC and updated in 2009, is available to Florida teachers through the FDOE/Project 10 web site. From 2016-2020, this curriculum will be updated, re-formatted as a web-based curriculum, and re-introduced by the University of Nebraska-Lincoln through a grant from the US Department of Education.

Background

The HillsboroughHATS (Health and Transition Services) Coalition met five times between January and May, 2010. The coalition was facilitated by staff from the Health Council of West Central Florida following a modified version of the MAPP (Mobilizing for Action through Planning and Partnership) process.

Together, the Coalition:

- Reviewed data
- Developed a vision
- Identified community themes
- Assessed forces of change
- Identified strategic issues

The PEACH (Popular Empirical Assessment of Community Health) process was used to prioritize the many issues identified and provided focus for the development of the action plan.

Objectives and action steps were then developed by the Coalition to serve as a road map for future action in Hillsborough County around improving health care transition for youth and young adults with chronic or complex medical needs.

The Coalition membership included pediatric and adult medical providers, as well as consumers and family members. Additional representatives from a variety of agencies and disciplines participated in the process, including: Hillsborough County Government, The Children's Board of Hillsborough County, Children's Medical Services (CMS), Agency for Health Care Administration (AHCA), Hillsborough County Health Department, The University of South Florida, behavioral health providers, hospitals and clinics, education, and social services.

In late 2010, workgroups were formed to begin plan implementation. Listed below are the workgroups and their respective Coalition members:

Services and Cross-System Relationship Building

Co-Chairs: Joanne Angel, open position

Group Members: Robert Buzzeo, Gene Earley, Janet Hess, Doug Holt, Kris Millrose, Julie Perez, Liz Perkins, Daniel Plasencia, Cheryl Reed, Judy Rosenberg, Bruce Schnapf, Laurie Woodard

Community Education and Advocacy

Co-Chairs: Joane White, open position

Group Members: Nila Benito, Richard Chapman, Janet Hess, Karalee Kulek-Luzey, John Mayo, Julie Perez, Danny Plasencia, Henry Rodriguez, Judy Rosenberg, Bruce Schnapf, Laura Smith, Diane Straub,

The workgroups were dissolved in 2013; they have been left in the plan to maintain a history. Current objectives are the responsibility of the coalition as a whole, with smaller groups formed when needed to accomplish a particular task.