

The Florida Senate
PROFESSIONAL STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: Children, Families, and Elder Affairs Committee

BILL: CS/SB 394
 INTRODUCER: Senator Wise
 SUBJECT: Transitional Services for Young Adults
 DATE: March 28, 2007 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Garner	Wilson	HP	Wilson
2.	Toman	Jameson	CF	Fav/CS
3.				
4.				
5.				
6.				

I. Summary:

The bill establishes a Health and Transition Services Program for the purpose of assisting adolescents and young adults, aged 14 through 26, who have chronic special health care needs, as they transition into the adult health care system and employment. The program is to be located in the Children’s Medical Services (CMS) program in the Department of Health (DOH) for administrative purposes. The bill authorizes DOH to enter into contracts with up to 11 local programs that meet the requirements of the section, subject to appropriation.

The bill specifies the elements which should be in place in order to ensure the success of local programs, and identifies the services that should be offered to enrollees.

The bill requires the local programs to be directed by a medical director with the assistance of a project coordinator. The bill requires the programs to be evaluated and states that such evaluation should be used to improve and replicate the program statewide.

This bill creates one undesignated section of law.

II. Present Situation:

Health Care Transition

Transitioning into adulthood is a difficult process for all adolescents, but the transition presents additional challenges for young people with special health care needs.

The term “health care transition” is defined as the “purposeful, planned movement of adolescents and young adults with chronic physical and medical conditions from [a] child-centered to [an] adult-oriented healthcare system.”¹ Among the factors that have a significant impact on the health care transition process are service needs (such as a young adult’s desire for developmentally appropriate services that address changing and maturing needs), structural issues (such as insurance policies that preclude reimbursement for certain services over a particular age, the licensing and practice limitations of practitioners, and the stated mission of particular facilities e.g. children’s hospitals) and personal preferences (such as a young person’s desire for privacy that may not be available in a pediatric unit, even though pediatric care is required).²

Also contributing to the problem of transition, children and adolescents with special health care needs demonstrate high utilization of medical services relative to other adults. For example, according to a survey by Brandeis University and Family Voices of parents with children with special health care needs, parents reported that in the preceding year, their children needed the following services:

- 82 percent needed specialty medical doctors;
- 49 percent needed speech therapy;
- 48 percent needed physical therapy;
- 48 percent needed occupational therapy;
- 29 percent needed home health services; and
- 20 percent needed mental health services.³

The challenge of transitioning from pediatric to adult health care is to insure that at every age every person receives uninterrupted health care that is developmentally appropriate.⁴

In Florida, some initiatives have been undertaken to conduct research and provide information to patients and their families on how to transition children and adolescents into the non-pediatric health care system. For example:

- The Health Care Transition Initiative at the University of Florida is a multi-disciplinary effort whose activities include research, product development and networking with the goal of increasing awareness and promoting cooperative efforts to improve the process of transitioning from child-centered (pediatric) to adult oriented health care.⁵
- The Jacksonville Health and Transition Services (JaxHATS) program was created in 2005 to establish a “medical home” for youths and young adults with chronic medical illness or a disability in Northeast Florida. The program is based at the University of Florida Shands-

¹ J. Reiss, Health Care Transition: Destinations Unknown, *Pediatrics* 110:6 (December 2002)

² *Id.*

³ The Consortium for Children and Youth with Disabilities and Special Health Care Needs, *Children with Special Health Care Needs and Access to Health and Rehabilitative Services: A Fact Sheet on Findings*, May 2002. Found at <http://www3.georgetown.edu/research/gucchd/consortium/documents/brief1.pdf> (last visited on March 6, 2007).

⁴ *A Consensus Statement on Health Care Transitions for Young Adults with Special Health Care Needs*, *Pediatrics* 2002;110:1304-1306.

⁵ <http://hctransitions.ichp.edu/> (last visited on March 6, 2007).

Jacksonville campus and has collaborative agreements with other providers such as the Nemours Children's Clinic, the C.B. McIntosh Sickle Cell Center, and the Institute for Health Policy. For FY 2005-06 and FY 2006-07, the program was funded through Children's Medical Services in the Department of Health. JaxHATS staff estimate as many as 134,600 adolescents and young adults in Florida have chronic medical or developmental conditions, as well as special needs in education. As of March 2007, JaxHATS serves approximately 160 individuals in its transition program.⁶

Educational and Vocational Transitioning

Many children with special health care needs also have developmental or mental disabilities, and face significant obstacles as they age out of traditional educational and service arrangements. According to the National Organization on Disability's Harris Survey of Americans with Disabilities:

- Young people with disabilities drop out of high school at twice the rate of their peers.
- As many as 90 percent of young people with disabilities are living at poverty level three years after graduation.
- 80 percent of people with significant disabilities are not employed.
- Only one out of ten persons with a developmental disability will achieve integrated, competitive employment, and most will earn less than \$2.40 an hour in a sheltered workshop.⁷

There are some initiatives in Florida focused on identifying the challenges faced by young adults with disabilities as they transition from high school to adult life and developing strategies to create an effective transition system:

- Partners in Transition is a broad-based partnership working to identify issues and barriers faced by Florida's youth as they make the transition from high school to adulthood. Entities involved in this partnership include the Agency for Persons with Disabilities, the Department of Children and Families, the Department of Education, the Department of Health, and the Department of Juvenile Justice, the Able Trust, the ADA Working Group, the Florida Developmental Disabilities Council and the Florida Rehabilitation Council.⁸
- The Transition Center, located at the University of Florida in Gainesville, serves as a catalyst for coordination of research, education, and services relating to adolescents and adults, especially those with disabilities, as they make and act upon transition choices. The center is also a resource for family members and professionals.⁹

⁶ <http://jaxhats.ufl.edu/about.php>

⁷ 2004 National Organization on Disability/Harris Survey of Americans with Disabilities. Summarized at <http://partnersintransition.org/pit2005final> reports (last visited on March 7, 2007).

⁸ <http://partnersintransition.org> (last visited March 7, 2007).

⁹ <http://www.thetransitioncenter.org> (last visited on March 6, 2007).

III. Effect of Proposed Changes:

The bill establishes a Health and Transition Services Program for the purpose of assisting adolescents and young adults (aged 14 through 26) who have special health care needs, as they make the transition from the child health care and educational systems into the adult health care system and employment. The program is to be located in the Children's Medical Services (CMS) program in the Department of Health (DOH) for administrative purposes.

Subject to appropriation, the bill authorizes DOH to enter into contracts with up to 11 local health and transition services programs across the state, all of which are to be organized in a manner substantially similar to the JaxHATS program.

The bill specifies elements which should be in place in order to ensure the success of the local programs including:

- A consultative partnership between adult and pediatric health care providers in a major medical health care organization or academic medical setting for the purpose of training or transferring adolescents and young adults to adult health care services;
- A primary care clinic established in a major medical health care organization for the purpose of fostering the partnership between adult and pediatric health care providers;
- Agreements between community-based health care organizations and a major medical health care organization or an academic medical center for the purpose of providing consultation concerning the management of special health care needs; and
- Community-based support organizations that can provide assistance with services, such as supported living and employment, to maintain the young adult in the community.

The bill suggests that local programs offer enrolled individuals the following:

- An assessment of health needs, educational and vocational status and needs, and health insurance status;
- A plan for transition which includes adult health services, education, habilitative services, independent living, and employment, and health insurance;
- A medical home; and
- Disease self-management programs.

The bill also requires the local programs to be directed by a medical director with the assistance of a project coordinator.

The bill requires that the local programs be evaluated by an organization or university with expertise in evaluating healthcare programs, and that the results of the evaluations may be used to improve and replicate the program statewide.

The effective date of the bill is July 1, 2007.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

The provisions of this bill have no impact on municipalities or counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

It is unclear how the private sector might be impacted. The bill calls for cooperative efforts which should benefit those served.

C. Government Sector Impact:

There will be a fiscal impact on the Department of Health, however, there is no appropriation provided for the program. CMS will be required to contract with outside entities for development and provision of the required services and evaluation of the program. The language in the bill regarding staffing for the program is vague; therefore, it is not possible to determine the fiscal impact at this time. However, there could be a significant fiscal impact depending on further clarification of the requirements in the bill.

According to the office of the sponsor, a \$300,000 appropriation will be requested for the JaxHATS program for FY 2007-2008.

VI. Technical Deficiencies:

None.

VII. Related Issues:

It is unclear if this bill is intended to or will be able to enhance existing interagency activities relating to the transition of youth with developmental disabilities from school to employment.

This Senate staff analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

VIII. Summary of Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
