

## **HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING**

### **Building Blocks for Promising Practice Models**

October 14 - 17, 2007

### **State Medical Home Promising Practice Models: Partners in the Medical Home for Children and Youth with Special Health Care Needs (CYSHCN) in Pennsylvania and Florida**

PHYLLIS SLOYER: Thanks. My job is easy, as you can tell from David. He does the right thing. He's following the public health model. They did a needs assessment, they determined who the key stakeholders were. They determined what their plan of action would be based on the needs assessment and now they've developed a model that fits for that particular area. And they are evaluating the model.

So my job is really very easy. My job is a policy job in this case. We want to support Jack's Hats, because we think it is a unique model for medical home for young adults, and we do it primarily through the legislative arena in Florida. The reason for that is that we think this is such an important systems element that we want to see it codified in law, so that it's there and it says, you shall develop a system of transition for youth and young adults in the State of Florida that will look like X, Y, and Z.

David was actually instrumental in starting this process because he has a relationship with a local senator, who has an extraordinary interest in people with disabilities. And that was very, very important. And he had meetings with him and said, "Gee, you know, we'd

like to move this along." We had provided support money to David, seed money to get this going, plus David sits on the Developmental Disabilities Planning Counsel and is now chair of the healthcare task force of that planning counsel, and I do the same with David.

And for us, it is imperative, it is one of our six goals, that we have a statewide system for transition for young adults. And I will smile and tell you that up until 1998, we had a law on the books and an appropriation that allowed us to serve young adults with cystic fibrosis past the age of 21. And I forget if we had \$2 million or \$3 million to do that, but some very wise legislator said, "You're pediatric. You go to 21," and they not only eliminated the legislation, they took the money away, too. So, interesting climate.

So, we had the right atmosphere. We had a champion. We had somebody who was very knowledgeable about this particular arena, but this is what happens in state government. And those of you who work in state government understand it and what we do is appreciate baby steps. So I'm going to talk about the baby steps, because we are going to get to our long-term goal.

We did have the champions, we had the right climate, but we've had years of reduced revenue, and point in fact, just took a billion dollar cut a couple of weeks ago because of a shortfall in our state.

There was a lot of inclination, even though we had reduced revenue to provide what they call pilot money or non-recurring dollars for particular programs, and that's actually how

David is being supported year by year at this point in time. And it was sort of a let's wait and see posture and see what the revenue looks like.

So we managed through some advocacy to get those pilot dollars, and then a piece of legislation was created, and in my role I can't lobby, but I can help provide advice to the bill drafters of the legislation. We can help provide information. So legislation was created. We had a champion in the Senate and the House and we had advocacy support for the legislation including very critical support from the Developmental Disabilities Planning Council. And I would encourage those of you who are not active with your Development Disabilities Planning Council to become active with them, because they really are champions for the transition arena, and I would really look to them. And we wanted them to help us create that legislation and that ongoing funding source for the statewide program. However, wouldn't you know it, the bill was drafted, it was introduced in the Senate and the House the same year that the legislature decided that we needed to reform our Medicaid program. It was too big, it was costing too much money. They also felt that we needed to insure more children through our state Title XXI program, and education had just passed a constitutional amendment that said you have to reduce your class sizes and pay your teachers more. All of that while we have a piece of legislation that's going through the House and the Senate that has a relatively small fiscal load on it, it was less than \$3 million, compared to some of the billions of dollars we are talking about here.

So what happened? And this is something that all of you have experienced who have worked in the legislative process and worked at the policy level. When you introduce a bill like this, people who are a little bit leery to spend more money because of the competing demands will begin to ask a lot of questions about the language. And that's indeed what happened. Was it a little bit too prescriptive? Was this placing a mandate on the State that would say you need to have future funding? We are not sure if you can do it. And then there was some question about the models. Was this something that would work only in an urban area? What about a rural area? What about a suburban area? And of course the revenue picture changed dramatically. And I have to say that in spite of having a good piece of legislation and a lot of discussion about it, you could tell that the revenue picture was driving this. We still got non-recurring dollars. And that's considered a success when you've got the kind of picture that we had.

We are working this year, instead of trying to put language in about models, and actually start with your foot in the door with a strategic plan that would outline the models and then go for the second phase which would be longer term legislation and funding for it. And obviously we want to continue to advocate for the funding. He is funded year by year for this particular model, and we want to make sure that we can keep that and replicate it.

So I wanted to do a real quick 101 at what we at the State level did to support this particular kind of transition model. We do it with all of our major policy initiatives. Again, we feel it's critically important that we take major policy and put it into law, because when I'm gone and when other people are gone, that law is still on the books and somebody

else can pick it up and it, you know, doesn't necessarily get deleted or the money taken away. And with that, we'll turn it over for questions.

(End of segment.)