

San Luis Obispo County Care Coordination Coalition

Meeting Minutes

Date: Friday, November 16, 2018

Time: 1:30 p.m. – 2:30 p.m.

Attendees:

Theresa Scott	Jessica Guajardo	Michelle Shoresman
Sarah Lindeman	Isabel Chavez	Amelia Grover
Ariel Calderon	Sarah Burkhardt	Dr. David Duke
Donna Hayes	Daisy Ilano	Laura Jamieson
Joyce Ellen Lipman	Terry Ann Murphy	Scott Clark
Brad Zimmer	Rod Youngquist	Michelle Oliver
Sauna Day	Jana Nichols	Citlaly Santos

Recorder: Citlaly Santos, Community Outreach Coordinator for CenCal Health

Location: Community Action Partnership san Luis Obispo (CAPSLO), 1030 Southwood Drive, San Luis Obispo, Ca 93401

Topic	Discussion	Action
<p>1. Agenda Item: Welcome/Introductions/ Updates (Facilitator: Theresa Scott)</p>	<p>The meeting for the San Luis Obispo County Care Coordination Coalition was called to order at 1:30 p.m. by Theresa Scott, Community Relations and Program Development Manager for CenCal Health.</p> <p>Introductions: Theresa Scott introduced herself and the rest of the attendees around the room proceeded to introduce themselves.</p> <p>Updates: There were no announcements.</p>	<p>No</p>
<p>2. Agenda Item: <i>Senate Bill 1152- Hospital discharge patient process for homeless patients (Shauna Day, Regional Vice President for the Central Valley and Central Coast Hospital Council)</i></p>	<p>Theresa introduced Shauna Day who is the Regional Vice President for the Central Valley and Central Coast Hospital Council. Due to Shauna’s busy schedule, her discussion on Senate Bill 1152 was moved forward on the agenda, ahead of reviewing the meeting minutes.</p> <p><u>Available upon Request</u></p> <ul style="list-style-type: none"> Prior to providing her overview, Shauna mentioned that in early January, she plans to convene with the 51/50 work group and some of the discussions will be on SB 1152. If anyone present was interested in attending that work group meeting, they could reach out to Theresa Scott. Shauna can send Theresa the <i>Homeless Patient Discharge Planning Worksheet</i> that was created by the California Hospital Association (CHA). The worksheet can supplement the current discharge policy for hospitals. Also available upon request is the link to a recorded webinar hosted by CHA on November 1 that discusses SB 1152. <p>Shauna’s presentation regarding SB 1152:</p> <ul style="list-style-type: none"> Governor Jerry Brown signed Senate Bill 1152 into law. The bill requires hospitals to create and implement a homeless patient discharge planning policy. SB 1152 was created to address the growing problem of homeless patients who are discharged from hospitals but have nowhere to go afterwards. The intent is to help prepare the homeless patients for their return to the 	<p>Yes</p>

	<p>community, by connecting them with safe and supportive resources/ services available upon their return.</p> <ul style="list-style-type: none"> • Resources can include but are not limited to treatment, shelter and other supportive services • There are <u>two effective dates</u> for the law. Most of the provisions of the law go into effect on <u>January 1, 2019</u>. Two additional provisions go into effect <u>July 1, 2019</u>- requirement for a written plan to coordinate with community partners for referrals of homeless patients, and the maintenance of a homeless patient log. • <u>Effective January 1, 2019</u>: each hospital is required to incorporate a specific and individualized homeless patient discharge planning policy. This policy can be incorporated into the current hospital discharge policy, as specified. • <u>Effective January 1, 2019</u> Services that must be offered to homeless patient prior to discharge: <ul style="list-style-type: none"> * Physical exam * Determination of stability for discharge * Referral for follow-up care, whether that is medical care, behavioral care or both * If behavioral care is necessary, the hospital must contact the health plan or the patient's primary care provider. * Offer a meal that the patient may take with him/her after being discharged (the meal can be what's being served in the cafeteria or a bagged lunch) * Weather appropriate clothing * Appropriate supply of discharge medications if the hospital has an outpatient retail pharmacy * Infectious disease screening depending on the requirements and/or needs of the Public Health Department. * Transportation to discharge destination (30 miles or 30 minutes) * Vaccinations appropriate to the patient's medical condition * Screen and/or enroll in affordable health coverage, if there is coverage available * A discharge destination needs to be identified. The law specifically states that this must be a social service agency, non-profit social service provider, or government services provider that has agreed to accept the patient. * If the discharge destination is one where space is limited, the law requires that the hospital staff call the destination ahead of time to inquire about space/availability and secure a spot for the patient if possible, this must be documented. • <u>Effective July 1, 2019</u>: A log of homeless patients must be adopted by hospitals. The log will include a count of how many homeless patients have been seen, who they are and the destinations to which they were discharged. • <u>Effective July 1, 2019</u>: Hospitals must implement a written plan for coordinating services with different agencies and community partners. Hospitals need to do this with their county behavioral health agency/department, public health department, health care and social services agencies in the region, other providers and non-profit social services providers. The plan must be written before it can be implemented, that is the reason for the delay in implementation. <i>Plan must include:</i> <ul style="list-style-type: none"> * A list of the local homeless shelters, as well as information relevant to each shelter (i.e. hours of operation, admission procedures, populations served, and the contact information for the intake coordinator). * What the hospital's specific referral procedures are * Training protocols for any new discharge planning staff coming onboard. 	
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	<ul style="list-style-type: none"> Enforcement of the law will be through the California Department of Public Health. Surveyors may go to the hospitals to ensure compliance after both dates that pertain to this law (Jan. 1 & July 1). 	
3. Discussion of SB 1152	<ul style="list-style-type: none"> Shauna mentioned that the coordination with community partners depends on the resources that are available in each region/ county. If anyone knows of community-based organizations and resources that local hospitals in San Luis Obispo County can benefit from, they can send that information to Theresa or Shauna. Shauna can compile a running list of resources for the different regions. Amelia Grover, who is a social work supervisor for Dignity Health stated that several local organizations and community partners in SLO County already have comprehensive lists of resources. She suggested sending those materials to Shauna. Suggestions: Lists compiled by 211 & The Drug & Alcohol Services Division Amelia stated that one of the challenges that could come with SB 1152 is an attempt to standardize the law across the state, but every community is very different. In addition interpretation of the law could be different across the state because people interpret regulations differently. Amelia added that local hospitals and community partners already work closely together. The relationships can facilitate the requirements of SB 1152. Nonetheless, the law offers an opportunity to make programs more robust. Rod Youngquist from Sierra Vista Hospital added that the hospital is already supplying discharged patients with weather appropriate clothing when necessary. Rod added that Sierra Vista encounters folks who normally do not want to go to the homeless shelter; it will be interesting to see how SB 1152 could change that. Amelia stated that the law does not require securing a shelter bed for a discharged homeless patient, if the shelters nearby have lottery systems where beds are not always obtained. However, it does require that the hospitals make an attempt to find a safe shelter for the person. This process will require making phone calls to the various shelters and creating strong connections with them. Amelia brought up a topic of concern that requires further discussion- patients who require behavioral health follow-up appointments. Appointments can be challenging to schedule, especially during after-hours, and depending on the patient's level of impairment. None of the hospitals in SLO County have outpatient retail pharmacies, therefore the requirement of supplying an appropriate amount of discharge medication might not apply to the hospitals locally. It is unknown how or if local hospitals w/o retail pharmacies will have to comply with the medication requirement. 	
4. Agenda Item: <i>Review Minutes- Dual County Meeting June 21, 2018</i>	No questions or concerns about the last Dual County Care Coordination Coalition meeting were brought up and the minutes were accepted.	Yes
5. Agenda Item: <i>Elder Needs Assessment Report- Joyce Ellen Lippman, Director for Area Agency on Aging</i>	Theresa introduced Joyce Ellen Lipman, who is the director for the Central Coast Commission for Senior Citizens, Area Agency on Aging (AAA). San Luis Obispo County Senior Needs Assessment Project Objective:	No

The Central Coast Commission for Senior Citizens is required to periodically (every 4 years) conduct an assessment of its population. In late 2017, a survey was conducted in San Luis Obispo and Santa Barbara Counties. The survey was designed to learn about the needs of seniors and family caregivers in our community today and in the future.

Background on surveys:

- Answered by seniors ages 60 and above in San Luis Obispo and Santa Barbara Counties
- Distributed and completed from September 2017 – January 2018
- Total surveys used for the assessment: 1,027 (606 from San Luis Obispo County)
- Typical respondent was 73 years of age

Things Seniors Need Help with Now and in the Future:

- Today, respondents most need help with home repair, understanding Medicare & Finding friends
- In the future, they will most need help with available transportation, shopping and errands and homemaker, chore and personal care
- A key finding is that mental health counseling, as well as finding friends and social activities went up on the lists.

TOP 8 Things I Need Help With NOW		Top 10 Things I Need Help With IN THE FUTURE	
1	Home Repair & Yard Maintenance (13%)	1	Available transportation (33%)
2	Understanding Medicare (10%)	2	Homemaker, chore & personal care (31%)
3	Finding friends & Social activities (10%)	3	Care for a parent or family member (27%)
4	Available transportation (8%)	4	Home & Yard Maintenance (22%)
4	Affordable Housing (8%)	5	Meals/Food (26%)
6	Homemaker, chore ,personal care (7%)	5	Information & Referral (26%)
7	Counseling (6%)	6	Eating, Bathing & Dressing (25%)
7	Meals/Food (6%)	7	Home & Yard Maintenance (24%)
		8	Legal affairs/advance care planning (23%)
		9	Senior Center (22%)

Things That Concern Seniors Now and in the Future:

- Today, respondents are most concerned about staying physically fit, affordable health care and accidents in and out of the home
- In the future, they are most concerned with Alzheimer’s/dementia, dependence on others and available transportation
- Due to recent local natural disasters, such as fires and the mudslides, more seniors are thinking about disaster preparedness
- Nursing home placement has once again become a concern for local citizens. This topic had not made the list in more than a decade according to Joyce.

TOP 10 Things That Concern Me NOW		Top 10 Things That Concern Me IN THE FUTURE	
1	Staying physically fit (32%)	1	Alzheimer’s/Dementia (43%)
2	Affordable health care (17%)	2	Dependence upon others (34%)
3	Accidents in/out of home (falling) (17%)	3	Nursing home placement (34%)
4	Disaster Preparedness (15%)	4	Available transportation (30%)
5	Financial security/money to live on (14%)	5	Affordable health care (29%)
6	Transportation (14%)	5	Accidents in/out of home (falling) (29%)
6	Crime/fraud/abuse (13%)	5	Financial security/money to live on (29%)
6	Dependence upon others (13%)	8	Staying Physically Fit (28%)
9	Alzheimer’s/Dementia (12%)	9	Affording staying at home (25%)
10	Social isolation/loneliness (10%)	10	Social isolation/loneliness (23%)

Things That Make it Difficult to get Help:

- The top things that make it difficult for seniors to get help are: don't know who to ask, can't afford and don't qualify
- Seniors perhaps don't know the right questions to ask and therefore that could make it difficult to get the right help
- Education and outreach to organizations, agencies and groups that interact with seniors could be lacking, therefore seniors don't know who to ask for help or what resources are available

Top 8 Things that Make it Difficult to Get Help	
1	Don't know who to ask (26%)
2	Can't Afford (17%)
3	Don't qualify (15%)
4	Waiting Lists (12%)
5	Transportation is difficult (11%)
6	Service is not available where I live (8%)
7	Previous bad experiences (7%)
8	Prefer not to ask for help (6%)

Support Services Seniors Already Use:

- The top support services that seniors already use are Senior Center services, meals/food and information and referral services
- Meals/food is the top service used among the more economically vulnerable sub-populations
- There was a decrease in the participation of people surveyed who use support services, compared to the previous survey project that took place four years ago.

Top 6 Support Services I Already Use	
1	Housekeeping (10%)
2	Meals/food (10%)
3	Affordable housing (8%)
4	Home repair (8%)
5	Transportation (7%)
6	Subsidized housing (7%)

Key Takeaways/ Concerns:

- Less than 10% of seniors in the region are receiving services
- Approximately 40% of the seniors in San Luis Obispo County community are economically insecure. This means that certain unexpected situations such as car repairs will set seniors over the edge in terms of their finances.
- Increase in costs could make it difficult

6. Discussion of Elder Needs Assessment Report

- Joyce asked attendees what they believe the AAA should be doing, given the results of the surveys.
- Dr. David Duke, who represents Dignity Health, suggested that future surveys should include questions about whether or not people feel that they're doing well. It would be helpful to include a denominator of seniors who are satisfied with their living situations. Otherwise, the survey results could be misleading because it will appear that every senior in the county is experiencing a problem.
- Joyce mentioned that one aspect of the report which surprised her was that seniors are having a difficult time finding affordable housing in the community. In addition, the LGBT community that responded did not have different needs than the rest of the population, which was good to know according to Joyce. Also, there is an increase in the recognition of seniors needing mental health services.

No

	<ul style="list-style-type: none"> Michelle Shoresman, Division Manager for Health Care Services at County of San Luis Obispo Health Agency, mentioned that there is an interesting contradiction in the survey results between the increased concern of loneliness/ isolation, and people who don't want to go and live in senior communal housing. Joyce added that seniors often do not want to live in retirement homes because they're concerned about being comfortable, yet their children are concerned about the seniors' safety and security. Dr. Duke added that seniors could also be concerned about leaving their pets behind if they have to live in communal housing, some locations do not allow pets. He suggested that the survey include a question about what seniors do not want to leave behind. Theresa suggested that there should be greater advocacy for policies that will increase psychiatric services/ behavioral health services for seniors. The Medi-Care benefit is not enough for them. Theresa added that there could be more outreach on the Home Share program for seniors who have a difficulty with affordable housing. Janna Nichols, executive director for 5 Cities Homeless Coalition, suggested that in the future the survey data should be broken down by sub-populations because they could have different needs. Also, research should be done on what action is taking place in the community and what potential collaborations could arise. Laura Jaimeson, who does healthcare navigation for the San Luis Obispo County Public Health Department, stated that there could be better outreach as far as Medi-Care services for seniors. 	
<p>7. Agenda Item: <i>Planning for Health in SLO County/ Drafting Charter (Michelle Shoresman)</i></p>	<p><u>Drafting a Charter</u></p> <ul style="list-style-type: none"> Theresa stated that the San Luis Obispo County Care Coordination Coalition is a work group, not just a meeting for reporting out. The group should be project based, therefore a group charter is being developed. Michelle noted that over time one of the issues the group has kept coming back to is identification of problems and successes. She will be in charge of drafting a charter, which will identify a set of goals and objectives. The charter will help keep the group moving forward in a positive direction that is constructive. Examples of goals for the group: improve communications and collaboration; improve number of physicians participating in health information exchange; development of regeneration for the work group with a regular meetings schedule; develop a charter with a purpose that helps keep the group focused; develop ways to improve consumer navigation of healthcare and improve access to resources such as 211; and improve healthcare delivery system. Michelle suggested that with a clearly defined charter, the group could take on projects based on all of the needs identified. Also, the group may find ways to solve problems in the community based on the collective resources. There is also the possibility of applying for grants to help fund solutions for the problems identified. A draft of the charter will be emailed to the group in a word document with edits in tracking mode so that people may add their input. The draft charter will also be addressed at a future meeting. <p><u>Health in SLO County</u></p> <ul style="list-style-type: none"> Michelle mentioned that a few months ago, the Public Health Department held a meeting with community leaders and stakeholders of San Luis Obispo County and they discussed a needs assessment as part of a Community Health Improvement Plan (CHIP). The plan is part of the 	

	<p>department's accreditation process and it outlines a few key health priorities that the San Luis Obispo Public Health Department and community partners will work on together to improve upon over the next 5 years.</p> <ul style="list-style-type: none"> Public comments for CHIP are accepted and must be submitted by Friday, November 30. Citlaly will send the group a link to provide comments. <p>Link: http://www.slohealthcounts.org/tiles/index/display?alias=CHIPfeedback</p> <ul style="list-style-type: none"> CHIP can also serve as a reference for creating the group charter. 	
8. Agenda Item: <i>Next Dual Care Coordination Coalition Meeting</i>	<p>January 17, 2019 2:30 p.m. – 4:00 p.m. Marian Regional Medical Center: Conference Room B, 1400 E. Church Street, Santa Maria, Ca 93454</p>	No
9. Adjourn	There being no further business, Theresa adjourned the meeting at 4:30 p.m.	No