

# San Luis Obispo County Care Coordination Coalition

## Meeting Minutes

**Date:** Friday, August 19, 2019

**Time:** 12:00 p.m. – 2:00 p.m.

**Attendees:**

Michelle Shoresman	Grace McIntosh	Esmeralda Garcia	Miriam Vargas
Courtney Warren	Laurel Weir	Anne Robin	Lucy Glaze
Amelia Grover	Penny Borenstein	Caitlin Maye (phone)	Rod Younquist
Citlaly Santos	David Duke	Mark Lemoire	Thomas Keifer
Lucy Glaze	Nicole Holst	Joyce Ellen Lipman (phone)	Claire Hermann

**Recorder:** Michelle Shoresman, Health Care Services Division Manager, County of San Luis Obispo  
 Claire Hermann, Accreditation Coordinator, County of San Luis Obispo

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

Topic	Discussion	Action
1. <b>Agenda Item:</b> Welcome/Introductions (Facilitator: Michelle Shoresman)	The meeting for the San Luis Obispo County Care Coordination Coalition was called to order at 12:05 p.m. by Michelle Shoresman, Division Manager, Health Care Services, County of San Luis Obispo.  <b>Introductions:</b> Everyone went around the room and introduced themselves and their organizations.	No
2. <b>Agenda Item:</b> Review Minutes – May 17, 2019 Meeting	Minutes were approved as written.	No
3. <b>Agenda Item:</b> A Shared Purpose and Call to Action	Michelle introduced this item as a discussion with a reference to the purpose outlined in the SLO County Care Coordination Charter (see agenda). She also described two efforts to increase care coordination among county partners (the SLO-HUB grant and the Care Coordination Coalition) that have been meeting on the same days, with consecutive meeting times.  Representatives of both groups (Grace, Anne, Amelia and Theresa, and Michelle) met recently and decided the overall goals of the two groups were similar enough, we should try and merge the two groups. Henceforth, we will try combining two meetings into one, 2-hour meeting every-other-month, from 12-2. This is the first meeting attempting this “merger.”  Separately ITUP has been traveling the state conducting regional meetings around care coordination. Several of this group’s participants attended their Central Coast Regional Meeting in SLO. Link to the discussion guide provided at the meeting with a good definition of “Care Coordination” at the bottom of page 2 and an interesting figure outlining barriers to collaboration on page 6: <a href="http://www.itup.org/wp-content/uploads/2019/07/ITUP_DiscussionGuide_Final.pdf">http://www.itup.org/wp-content/uploads/2019/07/ITUP_DiscussionGuide_Final.pdf</a>  Grace also introduced Caitlin May (by phone), who provides direct patient care with CHC at 40 Prado and would like to get involved with the group. Grace also shared an example of recent collaboration between her and Caitlin and Dignity, TMHA, CenCal, and CAPSLO with a high end user last week.	Yes

	<p>Caitlin reiterated the importance of this coordinated effort. And extended an invitation to all to connect with those at Prado. Come over and say hi, or send your social workers. Those kind of personal relationships are really helpful.</p> <p>Grace further mentioned the growing group of older patients they are seeing at the shelter and the need to get them access to same-day care. She mentioned that 40% of adults at 40 Prado are &gt; 55 yrs old; 20% are &gt; 65 yrs old.</p> <p>Grace also provided an update to the group on the SLO HUB grant objectives. The #1 goal of the SAMHSA 5-year grant is to improve systems integration for dually diagnosed individuals.</p>	
<p>4. <b>Agenda Item:</b> <i>Multi-Disciplinary Teams – System Improvement</i></p>	<p>Michelle introduced Amelia to discuss this topic.</p> <p>Amelia noted that in her recent experience, relationships with other providers have been critical to organizing care, on the fly, for people. Different partners have been coming together in an ad-hoc fashion when they note a patient in crisis that is touching each of their organizations. So far they've been able to quickly come together for an immediate solution. It's been fairly effective, but curious as to how to make it most sustainable?</p> <p>Many ideas were discussed to make communication happen quickly and make sure that the right releases are in place (if the important players are other than health care providers covered by HIPAA). Some suggestions included:</p> <ul style="list-style-type: none"> <li>• Having APS facilitate ad-hoc multi-disciplinary team (MDT) meetings – This gives a little more flexibility for Behavioral Health to share “need to know” information.</li> <li>• One agency could trigger an MDT with a group text message, as this is the quickest way to reach key people. Then, a location and time could be established by APS.</li> <li>• Some liked the idea of regularly scheduled MDT meetings, but allowing for the possible need for ad-hoc meetings in between.</li> <li>• CenCal Health has set up a conference line that can be available for ad-hoc or regular use. Would need to find another entity to host a conference call if CenCal was not a needed participant in the MDT.</li> <li>• Penny noted that at the last CA health officers meeting, SF or Marin presented their SWOT team approach. Had something like the 815 signed (with all the partners included) and an MOU. Will reach out to see how they do it.</li> </ul> <p>Anne asked Esmeralda if she believed there'd be leadership support for this. Esmeralda believed so. Anne therefore proposed that DSS be the MDT convener. Amelia suggested that the person who wanted the MDT called, would go directly to Esmeralda with the appropriate partners to involve. Then, Esmeralda would set up call.</p> <p>Group decided to:</p> <ul style="list-style-type: none"> <li>• Maintain status quo set-up for now (contact each other as needed)</li> <li>• Obtain support from DSS leadership to have APS convene ad-hoc MDTs</li> <li>• Future: Schedule regular, weekly check-ins; can discuss general details if don't have signed 815 form</li> <li>• Future: identify point person from each agency (and back up person as needed)</li> </ul> <p>Esmeralda will let Michelle know when she has approval to act as convener and Michelle will share with the group.</p>	<p>Michelle: Discuss with Marin, SF, or other counties where staff are working successfully in Care Coordination?</p> <p>Esmeralda: Check with DSS Leadership about APS ability to lead ad-hoc interagency MDT meetings and let Michelle know if approved.</p> <p>All: After approval described above, when needing an MDT, provide appropriate partners to Esmeralda for including and convene ad hoc MDT meetings as needed.</p> <p>Future: Schedule regular meeting times and identify point person from each agency (and back up person as needed)</p>
<p>4. <b>Agenda Item:</b> Whole Person Care</p>	<p>Michelle shared a DHCS presentation on the Whole Person Care Medi-Cal Waiver pilot program created for the 2016 initiation of program:  <a href="https://www.dhcs.ca.gov/provgovpart/Documents/WPCProgramOverview.pdf">https://www.dhcs.ca.gov/provgovpart/Documents/WPCProgramOverview.pdf</a></p>	

	<p>Highlights of the discussion:</p> <ul style="list-style-type: none"> <li>• Focuses on a smaller cohort than the full Medi-Cal population. It can be used for non-Medi-Cal population, but services to non-Medi-Cal folks can't be billed for the Medi-Cal federal match.</li> <li>• In next round of funding, it is promised that the funding will be less complex. Currently VERY convoluted.</li> <li>• WPD can pay for things like housing and skilled nursing. Might be good to increase recuperative care and 70 Now Programs.</li> <li>• Governor's current budget proposes \$20 million for new counties to join in. No details were included, but team will be keeping an eye on that.</li> <li>• When there has been savings of these funds, they can and have been re-invested in a flexible housing pool.</li> </ul>	<p>Penny and Anne will keep group informed as more information comes from the Governor's Office</p>
<p>5. <b>Agenda Item:</b> Octavia – A Coordination Tool</p>	<p>Dr. David Duke introduced a software that the group has discussed briefly before, Octavia, as a potential coordination tool for the partners involved in this collaborative.</p> <p>Dr. Duke created Octavia, first as an Excel spreadsheet with different columns for each type of service a discharging patient may need, so that hospital staff could track completion of tasks and referrals and coordinate care.</p> <p>This Excel spreadsheet turned into Octavia, a company which was launched in 2018, and now houses the data for all 3 Dignity hospitals in the county. It has great data collecting capabilities and is housed on dedicated server space at Dignity. Security is already built.</p> <p>It's been working well for the hospital's internal coordination, but now hoping to create a community module. Investors would like to see that the community is interested. No money needed, just documented interest through a letter, or letters.</p> <p>Group discussed:</p> <ul style="list-style-type: none"> <li>• How does this work with HMIS?</li> <li>• What's the difference between HIE and Octavia?</li> <li>• Laurel mentioned this would be really useful for client prioritization, like the kind being discussed if this group entered into the Whole Person Care project, mentioned earlier.</li> </ul> <p>Anne mentioned that she thinks the Health Agency would be very interested in supporting. CenCal has also discussed and seems interested.</p> <p>Moving forward: Folks to take draft letter back to their Leadership. Can edit and tailor language as needed. If anyone has questions, direct them to David or Michelle. Shoot for an 8/15 deadline to have these completed.</p>	<p>Get signed letters from each interested partner organization to Dr. Duke or Michelle by 8/15.</p>
<p>6. <b>Agenda Item:</b> Announcements/Future Agenda Items</p>	<p>A few final announcements were discussed:</p> <ul style="list-style-type: none"> <li>• Michelle announced upcoming Dual County Coordination Meeting and SLO County Care Coordination Meetings on Sept 19 and 20.</li> <li>• Penny announced a HEAL SLO Healthcare Workforce Forum coming up in October, 10/16, with a speaker coming in from UC Berkeley. The discussion will focus on increasing the number of physicians, mid level professionals, and community health workers.</li> <li>• Laurel announced that Supervisor Gibson has requested that HSOC create an ad hoc committee on homeless encampments and their impacts on health, infectious disease. She asked if this group would like to get involved. Michelle said she would forward along the details.</li> </ul>	

	<ul style="list-style-type: none"> <li>Penny passed around a list of advisory bodies, work groups and committees. This was pulled together for another health entity that was curious about the groups working around health in the county. Most are open to attend by anyone. Name and email of the lead contact are also included.</li> <li>Penny also mentioned the braided funding table that she'd like to put together, with a spreadsheet of all grant funded programs working in the same issue areas for the same population. Hopes it might allow for better coordination of the same work. Group requested adding this to the next agenda and "workshopping" it there.</li> </ul> <p><u>Upcoming Meeting Agenda Items:</u>  SLO-HUB Grant Report  Braided Funding Table – Review/Revise  List of Coalitions – Review/Revise</p>	
7. <b>Agenda Item:</b> <i>Next Dual Care Coordination Coalition Meeting</i>	September 20, 2019 12:00 p.m. – 2:00 p.m. Community Action Partnership, 1030 Southwood Drive, San Luis Obispo, CA 93401	
6. Adjourn	Approximately 2pm.	No