



**Community Partners Meeting
August 17, 2011**

MINUTES

IN ATTENDANCE: Lynda Kuehni, Maria Romeo, Jason Summerville, Ill Manuel, Betty Ogbueneke, Elisa Bailey, Sheila Owens, Brian Carney, Carol Horowitz, Leanne Vaccaro, Cindy Greer, Emily Jones, Rampi Hijazin, Katie Kutcher, Gayla Woody, Debora Sparks, Beth Lopez, Ashley Alden, Jo Bobbitt, Julia Sain, Denise Bordeman, Talicia Arline, Jackie Hayward, June Leath, Julie Adams, Jill Stewart, Ken Greenberg, Maarten Pennink, Catherine Martin

CALL TO ORDER 12:05am

Welcome and Introductions

- Talicia welcomed everyone to the meeting. Talicia noted that we heard the suggestion last month of adding the meeting information to the agenda, but forgot to add this next month; next meeting is scheduled for Sept 21st.
- Carol pointed out that there is conflict with the Falls Prevention Expo next month. Denise said we can check into moving our date for next month to the second or fourth Wednesday; she will check into this.
- Talcia said we would entertain another date if we could find a location that would work for everyone; Talicia solicited ideas of locations to hold our meeting. Fining a place that is large enough has been our challenge; we need a space that could hold 100.

Update on Referral Tool

- Denise announced that the referral tool launched this morning.
- There is a list on the back of the agenda that identifies those partners who are currently not in the tool for one of two reasons (or both). The first reason is that they have not had any representatives trained to use the tool, therefore they can't use the tool to access the referrals. The second reason is that they have not submitted a checklist yet, so that we will know what services they provide. There are a few partners who are not in the tool for both of these reasons. Denise asked everyone to please tell these people (some who haven't been attending meetings recently) that they are not in our tool and we are launching without them.

- Denise shared that the state is looking at our tool to consider possibly using it statewide. Their second meeting on this topic is Friday in Raleigh; Denise is going to try to attend.
- Because there are many partners who have not had training for the tool yet, we are going to hold one more training on September 14 from 1:30-3pm. Denise stressed that the person at each agency that will be using the tool must have the training to be assigned a user ID. This will be at Disability Rights & Resources (5801 Executive Center Drive, Ste 101). If you need to attend this training, Denise asked that you email her so she can get you on the list. There is limited space for this training.
- Talicia asked those partners who have been attending that haven't completed the checklist yet to please get that done so we can have a more comprehensive tool for the CRC to benefit from.
- Maarten asked that the partners please advertise for the CRC by word-of-mouth so we can increase our numbers. Talicia emphasized the need for the partners to help with advertising.

Care Transitions & Leadership Update

- Gayla reiterated that the CRC is part of a national initiative. Part of this national initiative is to focus on Care Transitions. On the national level, the goal is to do what we do better and more financially efficient. Through the CRC, we have gotten connected with the Care Transition in our area.
- Gayla reminded everyone that we held an event in March on Community Care Transitions. From this event, we had three top solutions to focus on – communication and collaboration with providers and consumers; transition coach/transitional care; hospital discharge partnership with those in our community. There was a lot of conversation at the tables at that event.
- After the event, the care transitions team came back together to talk about what we wanted out of this effort. We had planned a follow-up event at Council on Aging conference, but when the conference was postponed, we came back to the table and developed 2 taskforces that could address and support our care transitions efforts. These two committees would be Hospital Discharge Planning and Transition Settings. The handout provides detail on how these taskforces would look. This was discussed in May. Since then, we've learned several things:
 - (1) Building and maintaining a relationship with the hospitals has been challenging because the effort was generated outside of our community (this was written into the CRC grant). This was done with clear guidelines, goals, etc. Right now we are taking a step back; we need to identify our goals and what the needs of our community are.
 - (2) We need buy in from the hospitals and Community Care Network (CCPGM). The CRC can't take the lead in transitions; we play a critical role, but our role is more supportive. Those who have the responsibility in hospital transitions need to take the lead.
 - (3) We need to focus on helping to lower readmissions to the hospitals. The hospitals are getting a lot of incentives to reduce readmissions, and we can assist with this.

- (4) We need to speak the same language so when we are talking to our medical background partners, we can communicate in a way that is effective.
 - (5) We need to provide more education to our hospitals and discharge planners.
- We also asked what the hospitals need from the CRC, and they responded with the following things:
 - (1) They need help keeping up with program funding – what programs have waiting lists, which have funding available?
 - (2) Find creative ways to meet gaps.
 - (3) Consider ways to meet the needs of newly discharged patients; possibly provide community services in a package deal.
- Gayla reported that we had a great Care Transitions meeting on Friday; all care transitions partners were at the table. We spent about three hours and started with our Care Transitions Power Point and worked to where we are now.
 - Two really good things that came out of the meeting are that we talked about what we already have for care transitions – we have CCPGM. They are currently accepting Medicaid, dually eligible, and down the road, possibly Medicare.
- As we were talking with the care transitions partners, somehow the referral tool came up, and they were very excited by this. They felt like this is exactly what they need in order make referrals to the community.
- We are talking about a demonstration project, targeting a small population. We are considering diabetics, but will have to define this population more before we go forward. We must also figure out how we can get some key services implemented quickly for newly diagnosed diabetics.
- There is currently a program through DSS that allows in home meals to be delivered to people recently discharged from the hospital. We also talked about offering a Diabetes Self Management class to this population, and possibly some services like transportation and in-home services. We have to think through this to see how we can make this happen.
- While sometimes it seems like we aren't accomplishing much, we actually have made some progress since March; we are taking baby steps and moving forward.
- Lynda asked if the classes are set up so that it's ongoing so people can track their progress. Gayla shared that the classes are six weeks in length. This allows people to develop relationships with people who are similar to themselves.
- Someone asked who is fining the hospitals for readmissions. Beth explained that Medicare is not paying for the same diagnosis within 30 days; this is national.
- Someone asked who makes up the care transition team. Gayla explained that the team includes the four core partners (DRR, DSS, CoA, AAA), CCPGM, and the two hospitals.
- Gayla shared the demonstration project we are considering for diabetics is similar to a nationally recognized best practice from Atlanta, which has packaged transportation, meals, and in-home services. This is the model we are thinking about; this package of services would be a tool for the discharge planner. We are working on analyzing some data on this population right now. Lynda asked how long the project has been in place in Atlanta. Gayla is unaware of the answer to this; nationally the Atlanta project has been promoted for about nine months now.

- Gayla shared that anyone can sign up for the Diabetes Self Mgmt course through Centralina AAA. Participants are not charged for this class. Classes are offered throughout Centralina's 9 county region.
- Gayla explained that there is a federal grant that will pay for care transitions projects. Once we come to an agreement about what we want to do, the grant may provide us some funding to fill gaps. We aren't to the point that we could apply for this yet; there is still a lot of data research and planning to do first.

CRC Celebratory Event Discussion

- Talicia explained that Denise sent out an email earlier this week asking for help in planning an event for next year, celebrating our successes and the launch of the referral tool. When we launched in August of last year, we had an event to celebrate that milestone. We decided to wait a little later so that we would actually have something to celebrate and have some feedback on how the tool is working.
- We have a tentative date of March 22, 2011, and we are looking for three additional members from the CRC to help us with this. We have a very limited budget to work with for this event. If you are interested in helping out, we are going to meet for about 15 minutes to try to arrange a time that we could work on this task.
- Maarten added that the committee hasn't come to a conclusion yet, but they are thinking that this event will not only be for partners, but potential partners as well. There needs to be lots of enthusiasm. Maarten admires the efforts of the partners on the CRC.
- Talicia added the event will be for everyone in the community. The committee will keep everyone informed as we plan this event; we have a few ideas of what we'd like for it to look like, but we need help in accomplishing our goals.
- Talicia believes it's important to celebrate our successes. During our board meetings we talk a lot about how much progress we have made as a CRC in Mecklenburg, but we don't talk a lot about this at our larger meetings. The tool is a great example of this.
- Gayla added that it is going to be crucial for us to commit to using the tool so that we can document our referrals and the stories that could influence elected officials.
- Emily suggested it would be helpful to have a list of areas where there are gaps in services so that partners could reach out to people they know in these areas. Talicia suggested it would be helpful if all the partners looked at the website at our list of partners to see where they see gaps, so that we analyze this list from many different perspectives.
- If you look at this list and come up with things that aren't covered by the CRC, you could send this information to Denise and she will forward this to Ken, the Outreach Committee Chair. If you have stories to share, you can also send this to Denise.
- In bringing people to the table, we need to remember they need to be quality partners. Not everyone is cut out for partnership; they must meet requirements to be a partner. We need people that will do a great job and follow-up.
- Julia said we need stories of people who have benefited from CRC services. When making referrals in the future, talk to the person who benefited and ask if they would be willing to come to the event and talk about the CRC service they received. This is a piece elected officials always like to hear.

Marketing – Budget & Logo Usage

- Denise reminded the group that in the agreement they signed, they agreed to put the CRC logo on their marketing materials. She explained that the Marketing Budget is very small this year, and the funds that we do have really need to be targeted for getting some brochures printed. In the past we have put ads in All About Seniors, but this year our budget will not allow us to do this. The Governance Team is asking all partners who have ads in *any* publication, to please include the CRC logo so that the CRC is still “seen.” Talicia echoed that the partners have agreed to do this when they signed the agreement.
- Gayla said there is a way you can link to pages on your facebook; all partner agencies need to do this for our website www.mecklenburgcrc.org if they have a business page on facebook.
- Maria suggested targeting a non-profit to submit an ad to the Charlotte Observer. Non-profits can get a lower rate for putting ads in the paper.
- The Governance Team will discuss the wording for a supportive logo for partner usage in publications and on websites.
- Lynda reminded the group that there is a disclaimer that is required (by the state) to be on any marketing materials.

Governance Team Elections

- Talicia explained that because of the way the governance team is set up (so that all terms will not expire at the same time), there are five members who’s terms are up. These people could potentially serve two full terms (four more years). A slate was approved at the meeting, nominating Betty Ogbunke, Rick Griffiths, Vivian Lee, Kenneth Greenberg, and Ethel Ward for re-election. Elections will be made at our next meeting.

Meeting Adjourned 1:25

Partner Training – Referral Tool Overview and Changes

MEETING REMINDERS:

NEXT PARTNERS MEETING: September 21, 2011 - Vocational Rehabilitation 5501 Executive Ctr Dr. Ste 104 Charlotte, NC 28212. Orientation 11:30-11:55; Meeting 12-1:25; Partner Training 1:30-2pm

NEXT GOVERNANCE TEAM MTG: September 9, 2011 1-3pm

NEXT CARE TRANSITIONS MTG: September 9, 2011 10-12pm