**Minutes**

1. **Welcome and Introductions/Roll Call**

Ms. Spurlin began call at 10:00 a.m. and welcomed participants

**Meeting Attendees**

***Members: Representing:***

Ms. Bridget Marburger & Ms. Tammy Stanfield Huntsville Memorial Hospital

Mr. Bill Kelly MHMR Authority of Brazos Valley

Ms. Ade Moronkeji Montgomery County Public Health District Mr. Michael Smith Conroe Regional Medical Center Mr. Tim Ottinger St Joseph’s Regional Health Center Mr. Ken Zieren St. Luke’s The Woodlands Hospital Dr. Carly McCord Texas A&M Health Science Center Ms. Karla Blaine Texas A&M Physicians

Ms. Cynthia Peterson Tri-County Services Ms. Jeannie McGuire Project Unity

1. **Raise Performance – Focus Area and Open Discussion** 
   1. **February Spotlight:** Collaborating with Community Partners and Identifying Community Resources

Recent cohort activities have focused on identifying and collaborating with community partners to utilize available resources and the associated challenges. Ms. Jeannie McGuire is the founder and president of Project unity, a local non-profit located in Bryan, TX. Project Unity is an organization that both accepts referred patients and utilizes other referral sources to provide a wide range of services to the community. Project Unity has been a key part of the referral system in the Bryan/College station are for over 20 years and collaborates with over 80 health and human services providers.

* 1. **Innovator Agent(s):** Sharing of information related to community collaborations and identification of local resources that can be utilized to expand, enhance, and help make the provision of patient care and services more efficient and accessible
     + - * **Community Partner Presenter: Jeannie McGuire, Founder & President**

**Project Unity- Bryan, Texas**

Project Unity is a ‘no wrong door’ organization, meaning that regardless of how patients get referred to Project Unity, Project unity will work with them to fulfill all of their health or human services needs. Ms. McGuire has built relationships with local community needs organizations and healthcare providers to create a referral network in the Bryan/College Station area. Project Unity provides patient navigation and direct patient work. Project unity accepts referrals from these partners and uses them as referral sources. Ms. McGuire identified that while the large network of referral sources are helpful, a barrier to patient follow through with the referrals is duplication of intake paperwork. Each resource requires the patient to complete paperwork before they can access that resource. To combat this barrier, Ms. McGuire suggested to establish a network of critical referrals and design a common intake form that the patient only has to complete once and is accessible to all referred service providers. She did however note that there was some administrative resistance to the common intake form relating to HIPAA compliance and data sharing. Ms. McGuire identified another barrier to successful coordinated patient care as misinformation. An organizations’ website may have a list of provided services and a phone number, but the website has not been updated and the service is no longer provided. Also, a service directory that simply lists a phone number does not provide enough information to accurately direct patients to access the service.

Ms. McGuire sought to remedy these barriers by starting a round table meeting with critical referral services. The round table group met four times a year, for 4-5 hours, to discuss the breadth of what each program actually does and the intake process. This collaboration allows Project Unity to accurately guide patients to resources, instead of simply giving them a phone number that may or may not get them access to the resources they need. The group created a common intake form and has created a database through which all partners could access medical records and services rendered to each patient, but has continued to experience resistance from administration and each level of state compliance. Ms. McGuire highlighted that a critical part of successful collaboration between organizations, is to build relationships through face-to-face interactions.

* 1. **Open Discussion:**

**Ms. Spurlin asked Ms. McGuire how a ‘no wrong door’ organization like Project unity could partner with the local, robust United Way in a way that did not duplicate efforts.**

Ms. McGuire, again stressed the common intake form as a way to accentuate all partners ability to leverage community resources, but the United Way was not able to adopt the Intake1 database that was created due to compliance and HIPAA concerns. Ms. McGuire also stressed that she has established a relationship with the director of the local United Way through face-to-face meetings, so that even though the United Way was unable to adopt the common intake, Project Unity and the United Way are both aware of the services that the other provides

**Ms. Spurlin asked Ms. McGuire if Project Unity has collaborated with local hospitals for discharge planning.**

Ms. McGuire indicated that Project Unity is in direct contact with Marie Claire at St. Joseph’s for discharge planning, especially for a HIV+ population. Project Unity is able to directly provide services, so hospitals are able to directly refer patients to Project Unity at discharge to preserve the continuum of care.

**Ms. Moronkeji asked Ms. McGuire how Project unity went about providing housing services to patients discharged from the hospital as housing is a resource gap in Montgomery County.**

Ms. McGuire also indicated that housing was a resource gap in Bryan/College Station. Project Unity provides temporary housing but also has created a relationship with local hotels, and landlords that may let a person stay in unoccupied rooms or properties to cover the housing gap.

**Ms. Peterson asked Ms. McGuire if Project Unity was associated with the Homeless Management Information System (HMIS) and the Homeless Coalition.**

Ms. McGuire affirmed that Project Unity is affiliated with HMIS and the Homeless Coalition, to provide services to the homeless population. Ms. Mcguire indicated that each population, the homeless or the HIV + population have their own separate management information system, which can create care silos. To create a true continuum of care, all the needs of the entire family need to be addressed simultaneously.

**Mr. Ottinger asked Ms. McGuire how healthcare providers and hospitals can improve the referral process to Project Unity.**

Ms. McGuire again stressed that accurately conveying what resources the provider actually provides, rather than an elevator speech, would allow Project Unity to seamlessly coordinate care for patients.

**Ms. Spurlin asked Ms. McGuire if Project unity has an internal guide that Project Unity case managers utilize to coordinate care.**

Ms. McGuire indicated that Project unity does not currently have an internal guide but expressed interest in the idea.

1. **Learning Collaborative Recap & Upcoming Events**
   1. Cohort Group Update

Both the Care Transitions & Navigation cohort group and the Primary Care & Behavioral Health have held development meetings. The Care Transitions & Navigation group is working to create multiple resource guides, while the Primary Care & Behavioral Health cohort group is currently working to identify internal resources and increase communication.

* 1. Upcoming Peer Opportunities
* The Care Transitions & Navigation cohort group call will be held on February 18th from 1:30pm – 2:30pm
* The Primary Care & Behavioral Health meeting will be held in the Huntsville Memorial Hospital boardroom on February 27th from 10 am – 12pm.
* RHP 8 is hosting a Learning Collaborative event in Round Rock on February 19th from 1 pm to 4pm.
* Specific dates and details of Learning Collaborative events in Dallas and San Antonio are listed on the google calendar on the RHP 17 website.
* A statewide Rural Learning Collaborative will be held on March 6th in Austin.

1. **Next Steps & Adjourn** 
   1. Next call scheduled for Thursday, March 12, 2015 at 10 a.m.

***Have an idea/suggestion to share or topic to recommend for future Learning Collaborative calls, articles, or upcoming events? We want to know!*** *Email the Anchor Team at* [*rhp17@tamhsc.edu*](mailto:rhp17@tamhsc.edu)*.*