**Minutes for the meeting**

**Meeting Attendees/members on the call included:**

Ade Maronkeji –Montgomery County Public Health District

Karla Blaine –TAMP/Brazos Valley Care Coordination Program

Tim Ottinger – St. Joseph Regional Health Center

Robert Reed – MHMR of the Brazos Valley

Liz Dickey – Health For All

Doris Howell – Texas A&M Health Science Center-School of Public Health

Dr. LeAnn Ray – Texas A&M Health Science Center-College of Medicine

Angie Alaniz - Texas A&M Health Science Center

Shayna Spurlin – Texas A&M Health Science Center

Avery Schulze – Texas A&M Health Science Center

1. **Call to Order and Welcome**

The meeting was called to order at approximately 13:30, with a roll call taken

1. **Review Cohort Charter and Finalize Purpose of Cohort**

After discussion within the group, members present on the call agreed upon the following Purpose statement for the Cohort charter: The Cohort will identify resources within our areas of operation relevant to care transition & navigation and encourage their active utilization.

1. **Update on Behavioral Health and Primary Care Cohort Goals and Aims**

*Shayna Spurlin, TAMHSC RHP 17 Anchor Team*

Discussion was held regarding the Goals and Aims of the BH & PC cohort group, identifying that they have a similar aim to identify navigation resources for the region. The group members discussed the option to work with them on this aim in an effort not to duplicate efforts. Our group will take on creation of the resource list and share this with the BH/PC group.

1. **Review Cohort Members’ Top 10 Referral Needs**

**Determine the Gaps and Challenges Related to Referrals**

Group members shared their lists of resources frequently used as well as those needed, the list included: housing/utilities, transportation, food, medications, Primary care including pediatric care, Mental Health/counseling, clothing, child care, services after clinic hours, dental care, vision care, medical follow-up care (mammograms, labs, other testing). Discussion was held on how to use the information for assessing resources available and resources not available but still needed for navigation of clients. Group members also discussed challenges with use of resources; reporting resources are often limited in funding, limited in the populations they will serve such as only children or the elderly, finding some resources information is outdated or the resource is no longer available, some resources not willing to give out information on the referral process-only requesting the client visit them directly. This can be problematic if client transportation is an issue.

1. **Determine Content for Resource Guide(s)**

Determine Audience(s) for Resource Guide, Format for Guide and Distribution

Discussion held on use of the resources list, creating a brief and specific list that would be of use for our referral sources such as ED staff or other community partners-those who send clients for navigation services. As well as a more comprehensive list of resources that would be used to provide the specific services to our clients. Important to have lists dated and updated at least annually to maintain accuracy.

The group discussed a simple format for the list that would go to the ED staff/community partners; making it a one page sheet (laminated) that could be passed out for use. It was also discussed making it a “pocket” style resource for easy use by nurses. This would easily allow direction for referrals to the navigation programs, and then the specific navigation program would carry out the remainder of the needed referrals needed by the client. This second resource guide used by the navigation teams would be more comprehensive and specific to the individual referrals. After further discussion is was agreed upon to look at an electronic format guide that could easily be updated. It was noted by members that the guides should be dated in order to monitor for current/accurate information and the guide should be updated at least annually.

1. **Wrap-Up and Action Steps**

**Action Items – Care Transition & Navigation Cohort Meeting (2.18.15)**

|  |  |  |
| --- | --- | --- |
| **Task** | **Person Assigned Task** | **Status** |
| Share template with co-facilitators | Liz Dickey | Due 2/18/15 |
| Doodle Survey to set date/time for next meeting | Ade Moronkeji | Due 2/19/15 |
| Provide cohort referral template to group w/sample information and instructions | Karla Blaine | Due 2/23/15 |
| **Complete Doodle Survey and commit to meeting date/time** | **All** | **Due 2/25/15** |
| **Complete spreadsheet with requested referral/resource information** | **All** | **Due 3/2/15** |
| Draft meeting minutes and share with group | Karla and Ade | Pending |
| Consolidate spreadsheets for the group and share prior to next meeting | Karla Blaine | Pending |

***Please be prepared to actively listen and contribute to development of this group involving providers and community partners in the region who seek to impact care transitions & navigation on from multiple perspectives across the spectrum of healthcare.***