

General Assembly Meeting

Date and Time

Thursday, June 16th, 2016, from 12:00 pm to 1:00 pm

Location

Manchester Community Resource Center, 434 Lake Ave, 4th floor, Manchester, NH 03103

Attendees

Andrea Chrisstoffels	Ashley Kitchell	Cathy Kuhn	Cheryl Hunt	Dan Ward
Debbie Wheeler	Dick Webster	Emily Reisine	Erin Kelly	Holly Bilodeau
Julie Darling	Julie Morris	Kevin Kintner	Laurel Redden	Lauren Collins
Mark Stokes	Mary Sliney	Matthew Bouchie	Nicole Clark	Rich Doyle
Maria Sillari				

12:00 Meeting begins

Community Care Teams (CCTs)

- I. Our general assembly was joined by Maria Sillari, from the Seacoast Coalition to End Homelessness, who gave a presentation on Community Care Teams. The seacoast has already implemented four CCTs which are working to address high needs individuals who access the ER much more than the average person would.
- II. Maria gave a background on how these efforts got started. Before starting their CCT, they noted three problems they wanted to improve upon: a lack of integration between physical and mental health work, how they could coordinated/collaborate better, and how to increase housing options in the area.
 - a. 4 hospitals within the area agreed to work with these teams. These collaborate with shelters, mental health outreach workers, advocates, and others. 35 to 40% of CCT reviews address the homeless or unstably housed.
 - b. As Maria pointed out, while their CCTs are hospital based, there are different ways to operate. Best practice is to build around the CCT's champion, so for example, if a housing agency took the lead on this project in Manchester, it could be more housing centered than the teams in the seacoast.
- III. In the seacoast, the theory didn't work out quite the same way it did when put into practice.
 - a. The theory was that organizations set a data point (perhaps 4 ER visits/month) and then flag the records of higher users. ER nurses and outreach workers could then approach these individuals with releases, offer them help, outreach.
 - b. In practice, none of the hospitals have electronic records that are flaggable. That makes the CCT process more of a reactive one, where the frequent ER users are already known and staff works with patients to get the release signed.
 - c. In Connecticut, the teams meet weekly, but they have a community health worker dedicated to this initiative. The Seacoast region meets monthly, as this is more conducive to their arrangement at this time. So far both teams have seen about 12 to 16 people.
 - d. The teams address: complex patients in hospitals, those that are tough to discharge, high ER users, and others as needed.

- IV. So far, there have been some small successes. This system works best when there is someone championing the cause.
- V. Maria recommended that in forming these CCTs we have representatives from: the ER, behavioral health units, mental health centers, community centers, NH Healthy Families, Wellsense, shelters and soup kitchens, Bureau of Elderly and Adults, veteran representatives, and Service Link. Soup kitchens are particularly helpful in keeping in contact with the individuals being reviewed as they typically see these people, even when other organizations lose contact.
- a. When inviting people to the table, groups should keep in mind: 1) Who has the contacts/connections/relationships with people? And 2) Who has the resources to help them?
- VI. CCTs have highlighted the need for respite beds, especially to build a foundation within the system.
- VII. Maria found that teams are most successful when a lead agency is assigned for each individual, ensuring that follow-up care is provided.
- VIII. Hospitals can be encouraged to be involved by highlighting the “cost avoidance” of these teams, but also benefit by making staff feel like they are less alone when dealing with these difficult cases.

Summer MCoC Planning

- I. We will not be meeting for general assembly meetings in July or August.
- II. Our new meeting time will be announced in the fall, so please remember to keep reading the emails sent out.
- III. Subcommittees will continue to meet unless chairs decided otherwise.

Other Business

- I. Cheryl shared some news on recent legislation regarding the Rape Shield Act. This has direct bearing on the population we serve.
- II. Laundry and shower facilities are open at 1269 Café by appointment. Contact Craig Chevalier.

1:00 Meeting Concludes

Minutes Prepared By

Nicole Clark

Manchester Continuum of Care Coordinator, VISTA