

Collaborative Resilience



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Objectives

- Understand the impact of the CHW role and lived experience on multidisciplinary teams
- Understand and promote the role of CHWs which enables collaboration among entities
- Recognize the four main types of collaboration
- Learn about a local example of community resilience and apply that example to a personal community-based project

Collaborative Resilience

How to work with other professionals, play an active role in meetings and share your insights (even when personal) in a collaborative way.



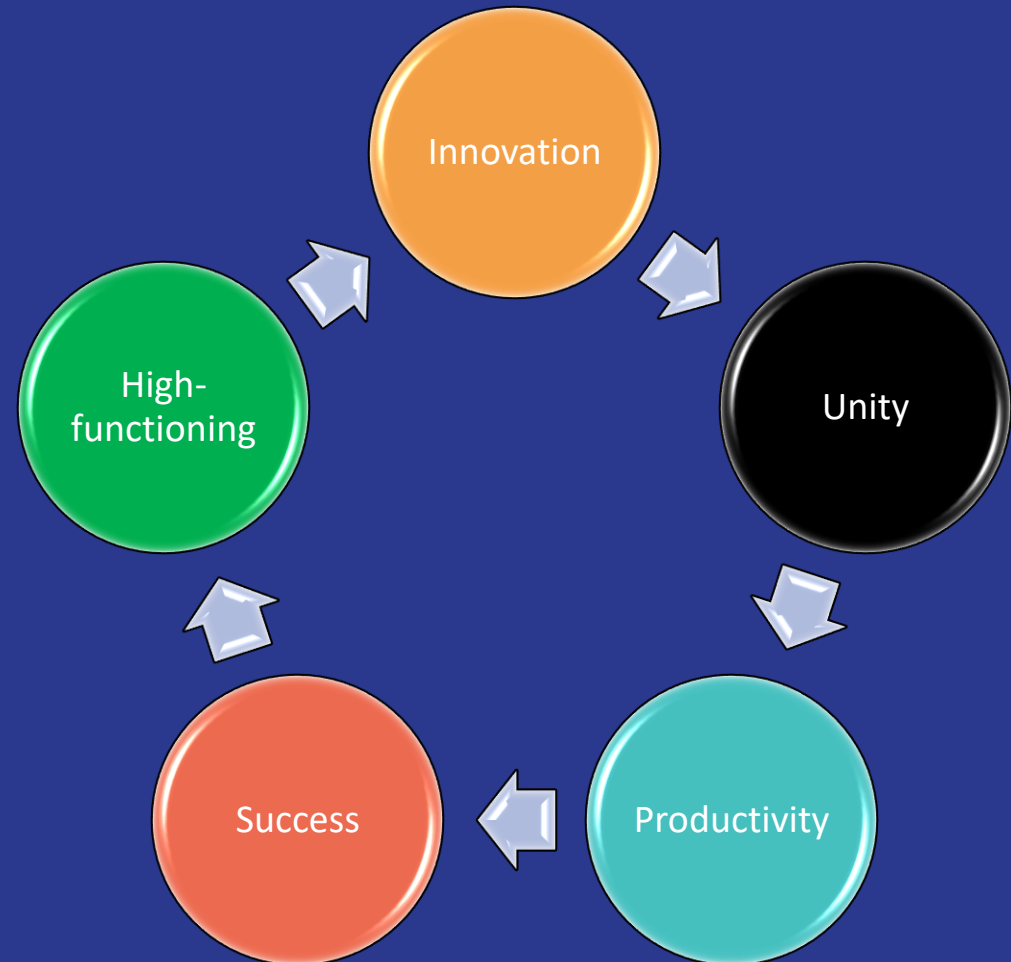
Four Types of Collaboration

- Communication-oriented collaboration
- Task-oriented collaboration
- Network-oriented collaboration
- Community-oriented collaboration



Effective Collaboration

- Key to a high-functioning team
- Fosters innovation
- Improves productivity
- Cultivates a sense of unity and camaraderie
- Successful collaboration leads to success



Together Team 8/22/23

The Power of Collaboration

The following is a Ted Talk hosted by [Dr. Shelle VanEtten de Sanchez](#), covering the Five Tenets of Collaboration



Click [here](#) to link to the video on YouTube

The Six Tenets of Collaboration

1. Let go my ego
2. Practice makes perfect (Learn, learn, learn)
3. Share and share alike
4. Holding tight is very safe and very small
5. Teamwork does not equal collaboration
6. Be an EQUAL



Collaborative Decision-Making Process

Information gathered from RIPON College



QUESTIONS

Why are we, as CHWs, important?

What do we bring to the table?

How does our knowledge base differ from others on multidisciplinary teams?

CCT ROI for Behavioral Health Form

South County Health Community Care Team ROI for Behavioral Health

Name of Patient: _____ DOB: ____/____/____

I hereby authorize: Community Care Team (CCT) member organization – South County Hospital Healthcare System (South County Health)
100 Kenyon Ave
Wakefield, RI 02879

To allow my CCT to discuss my diagnosis and treatment history to make treatment recommendations and for coordination of my care between all of my treating providers, including, but not limited to social workers and others who are part of my CCT. CCT members include the following:

The purpose of the discussion and/or disclosure:

To discuss and/or disclose all of my medical information and medical records with respect to my diagnosis and treatment, including, but not limited to, information relating to my diagnosis or treatment for mental illness, behavioral health, drug or alcohol use disorder(s), HIV/AIDS testing, genetic testing/sickle cell disease and/or sexually transmitted disease(s)/family planning.

AdCare Rhode Island, Addiction Treatment Services	Parent Support Network RI
Anchor ED/The Providence Center, A Care New England affiliate	Rhode Island Department of Corrections
Butler Hospital, A Care New England affiliate	RICARES
Care New England	RIPIN
Coastal Medical	South County Health
CODAC	South Kingstown Emergency Medical Services
Galilee Mission	The Welcome House
Gateway Healthcare, a Lifespan affiliate	Thundermist Health Center
The Jonnycake Center for Hope	Town of South Kingstown
Narragansett Police	Town of Westerly
Narragansett Fire and Rescue	Tri-County Community Action Agency
Neighborhood Health Plan of Rhode Island	United Health Care Community Plan, Rhode Island
North Kingstown Police	Westerly Police Department
OASIS Wellness and Recovery Center	Wood River Health Services
PACE Adult Day Cater	

The description of the information to be discussed or disclosed:

Any and all information related to my treatment at South County Hospital, and any and all follow-up services provided by one of the CCT members.

I understand that South County Health and the member organizations will not condition my treatment, payment, enrollment or eligibility for benefits on my signing this Authorization. I acknowledge that I am signing this Authorization freely, and no one has coerced or pressured me to sign this Authorization.

I understand that I may revoke this Authorization at any time by providing written notice to South County Health or by calling Liz Fortin, Director of Community Health at 401.788.2310. I understand that I may not be able to revoke this Authorization if South County Health or members of my CCT have taken action in reliance on this Authorization, or if this Authorization was obtained as a condition of obtaining insurance coverage.

I understand that the protected health information disclosed under this Authorization may be subject to re-disclosure by the recipient and no longer protected by the Federal and/or state privacy laws or regulations.

If my medical records contain information involving treatment for substance use disorder(s), such records are also protected under federal regulations, 42 CFR Part 2, and any disclosure of such information shall include a notification that the recipient of the substance use disorder information may not re-disclose my substance use disorder treatment records without my consent. I understand that I am also entitled to receive a List of Disclosures of my substance use disorder information within the past two years if I request such List of Disclosures in writing.

Unless otherwise revoked, this Authorization will expire on the following date, event or condition: _____

If I fail to specify an expiration date, event or condition, this Authorization will expire in one (1) year from the date below.

Date

Signature of Patient or Person granting Authorization on behalf of patient

Name and Relationship of Individual signing Authorization on behalf of patient

10/24/2023
16906023

CCT Case Review Form Example

Community Care Team Case Review Form

DEMOGRAPHICS	Patient Name	Jane Smithfield
	Initiation of review	1 st - June 13, 2024 2 nd ROI Exp. 6/2/2025
	MRN	DOB 1/12/1946
	Insurance	Insurance: Medicare Dual PCP Dr. Wellesly
	Housing Address	1 River Street Wakefield, RI 02879
	Behavioral Health Provider	Patient declines mental health treatment at this time.
S SITUATION	Include ED visits and other utilization	
Briefly identify the current situation and give a description of the purpose for this communication.		Patient is an elderly female of 78 years of age. She lives alone, with no close family relationships. Her ADLs are poor and she has difficulty with day to day tasks. Patient has fallen, and continues to be a fall risk due to worsening arthritis in her knees. She exhibits hoarding behavior, with flammable items kept near the stove. She will not remove them. Patient attends the local senior center, but her needs far outweigh what they can provide at this point. Patient is also experiencing progressive dementia and this interferes with her ability to fully care for herself (self-neglect?). Patient has had a recent ED visit for headache and disorientation. Patient was found to have a significant level of Tylenol in her system at that time. Patient is at risk for housing as she failed her last inspection.
B BACKGROUND		
Pertinent information which provides context to current situation and provides information on interaction with partnering organizations	History contributing to current situation <ul style="list-style-type: none"> Past trauma Dx/tx success Patient Experience with <ul style="list-style-type: none"> First responders Medical providers/staff Links to post-discharge clinical support/treatment Community/System Barriers the Patient is Experiencing e.g. <ul style="list-style-type: none"> housing transportation employment social/peer supports safety food 	Patient has significant trauma in her past which has resulted in family schism, so she currently has no ties with her family. She has declined mental health treatment. Patient has no history of substance use. During a recent fall, she came into contact with the town rescue and police department. She has also exhibited questionable behavior within her housing development (wandering and going through trash looking for items she believed she had lost). She sees her PCP every three months (and prn). Patient requires care coordination and assistance with these appointments. Westerly police intervention when she was found wandering through the senior housing development in which she lives PCP – would like to prescribe for her arthritic pain, but patient will not take anything stronger than aspirin and declines medical treatment by an orthopedic provider because she will not consent to surgery. Senior Center provides support on a M-F basis for lunches /transportation to the senior center and have eyes on her. The Director works hand in hand with CHW. No social/peer support

Community Care Team Case Review Form

	language access etc.	Southern RI Volunteers provides transportation to lunch at the Senior Center. They have offered to help to do light cleaning, but pt declines. No food insecurity as she eats a nutritious noon meal at the Senior Center, has SNAP and she is within walking distance of a local market. Safety continues to be a concern in regard to being a fall risk (arthritic knees/no emergency safety method in place). Her inability to remember things short-term can lead to confusion. Social/peer support – Poor family support. Financial – Pays bills and rent with assistance Insurance – Now enrolled in dual plan. Transportation – Cannot use MTM. Patient cannot remember to go and meet MTM driver. Patient is accompanied to PO Box every other week.
A ASSESSMENT Information on pt. strengths, barriers, protective factors, etc		Barriers Patient is experiencing worsening arthritis in knees and walks with a cane or by holding onto objects or wall walking. Cognitively patient would benefit from ALF but needs her support animal to accompany her. Patient's dementia is progressing quickly. Strengths/protective factors Sociability Patient is social and demonstrates caring and helping others. However, she can be suspicious of others, and often displays a moderate level of paranoia. She views this as a protective factor. She most often pays her rent independently with a gentle reminder. Education and work history. Patient has a significant work history which is varied and which she recalls fondly. She revisits those memories often and they comfort her. Patient has a support animal which gives her purpose
R - RECOMMENDATIONS	Input from community partners and next steps	*The Care team recommended that CHW investigate the use of the Mobile Integrated Health Team to support patient.* *Investigate the possibility of using PACE program * Use an emergency response system (such as Safe Alert) * Investigate possible ALFs which allow pets (Charlesgate) * Possible neuropsych exam * Guardianship? *OHA Intervention – file report

Collaborative Project Work Grid

Problem	Issue	Partners	Action
Lack of low income housing	Seniors are becoming unhoused in record numbers	<ol style="list-style-type: none"> 1. South Kingstown/Westerly Housing Authorities 2. Speaker Shekarchi (District 23) 3. June Speakman (Chair of the Commission to Study the Low & Moderate Income Housing Act) 4. Town zoning boards 5. Town Police departments 6. PACE program 7. Welcome House/WARM 8. Jonnycake Center 9. Thundermist Health Ctr 	<ol style="list-style-type: none"> 1. Educate the public on new housing legislation 2. Attend all zoning board meetings to encourage compliance 3. Use available resources to support seniors in remaining in their own homes 4. Development of encampment programs with local authorities

Survivor

Your team is stranded on a deserted island. You are allowed to bring only five of the items listed to ensure your survival. As a team, you must come to a consensus about which items to choose and then justify your choices.



- Handful of seeds
- Pocket knife
- 50 feet of rope
- A bedsheet
- A bucket
- A flint
- A first aid kit
- A fishing pole
- A tarp
- Water purifying tablets
- Canteen/water bottle
- Blankets

“If you want to go fast, go alone.
If you want to go far, go together.”

- African Proverb

