



Combined Chronic Disease and Transitional Care Work Group Meeting

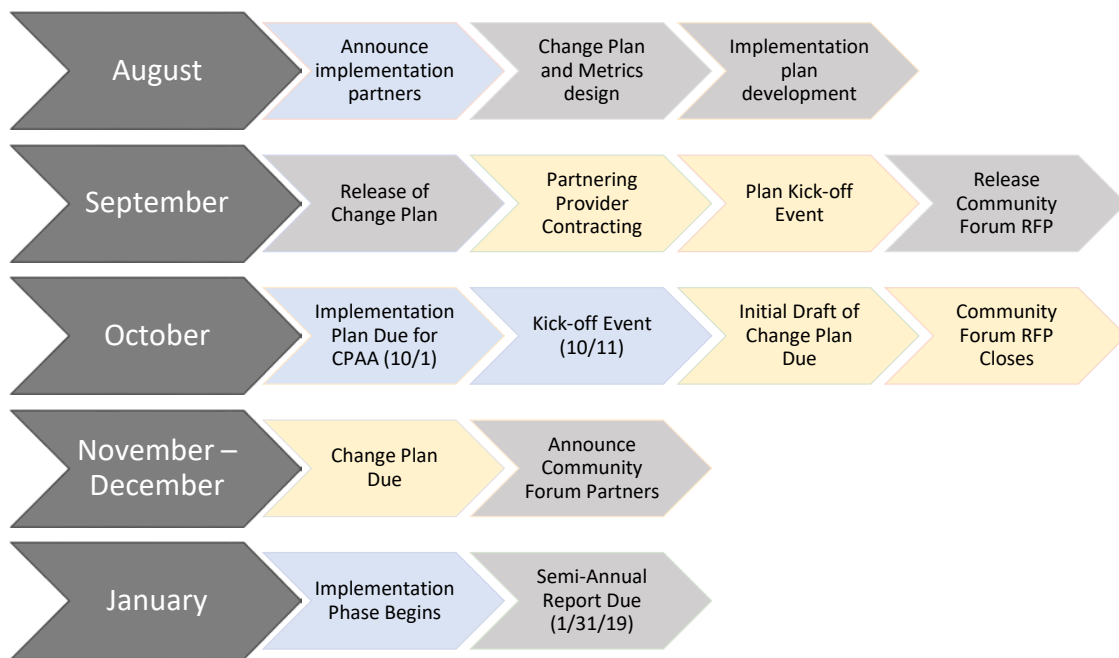
Meeting Summary: 9/25/2018

Support and Backbone Staff: Alexandra Toney – CHOICE, Abby Schroff- CHOICE, Madi Tanbara – CHOICE
In Attendance: Mandy Herreid- United Health Care, Julie Nye- Child and Adolescent Clinic, Phyllis Cavens- Child and Adolescent Clinic, Robyn Hansen- PSWIPA, Cheryl Moses-PSWIPA, Terri Gushee- Mason General, Vicky Brown – Morton General, Pam Hedglin – Morton General, Jen Houk – Providence, Melissa Taylor- Lower Columbia CAPS, Davis Stipe – Qualis, Jennifer luna- Seamar, Anna Wong- Grays Harbor Community Hospital, Phil Owens – SideWalk, Maddie– SideWalk, Nicole– SideWalk

I. Welcome, Introductions & Pre-Meeting Updates

- 51 Implementation Partners were selected
 - 16 Organizations selected 2C: Transitional Care
 - 15 Organizations selected 3D: Chronic Disease Prevention and Control
- Change Plans and contracts were released September 21st, 2018. There will be a Q&A session on October 8th. Please use the following information to join
 - <https://zoom.us/j/648613795>
 - US: +1 669 900 6833
 - Meeting ID: 648 613 795
- Implementation Plan Kick Off party October 11th before the council meeting
 - Please RSVP to schroffa@chnr.org

CPAA Internal Timeline Draft





II. SideWalk – Phil Owens

SideWalk is a local organization on a mission to end homelessness in Thurston County, WA. They use a new method to resolve homelessness called rapid rehousing. Rapid rehousing offers time-limited, small rental subsidies to assist homeless people quickly move into housing, followed by intensive case management to ensure stability. Support services can be extremely expensive to provide within these populations. It can cost up to \$76,000 to end homelessness for one person, but through rapid rehousing the cost is substantially less. The average cost SideWalk per client for rapid rehousing is only around \$800 per person.

Back logs prevent people from moving forward with services, and requires a series of transitional care. A lot of requirements can be put on people who are going through this system and it can be overwhelming even for folks that have high functioning life skills. Generally, people think that the solution to end homelessness is to build bigger houses with more beds, but SideWalks works on moving more people out of the system rather than through it.

In 2014, SideWalk introduced shelter diversion, which includes an interview process to learn about any external social supports homeless people have. Homeless people often have high social supports but have burned out their financial resources. Generally, people are able to re-stabilize on their own, with a onetime payment. SideWalk operates with Low barrier policies which stops trying to control people, and their decisions. They have rules about safety and impact but do not require sobriety, jobs, access of mental health services etc. They have found that they get better outcomes when the services provided are optional. When housing priorities are taken care of first, people are then able to focus on their other needs.

Current housing opportunities are found on craigslist, through friends, or word of mouth. There is no landlord outreach process in place currently, however an outreach project is being considered as demand grows. It has been challenging to find housing options for severe mentally and behaviorally affected participants. As soon as rapid rehousing takes place, healthcare and mental health resources are made available and offered. Vacancy rates in Thurston County are tightening and spots are being held by other low-wage workers and the influx of people moving here.

SideWalk generally meets with all participants at the Providence Community Care Center, which is a partnership of housing, healthcare, and behavioral health providers. They hold weekly case conferences to discuss those at the top of the most vulnerable list. Even with all of the services offered in one place, it can still be challenging to align services for one person with complex needs. They are looking at tools to assess for self-efficacy and PRISM scores to align more tightly with a clinical settings. Data sharing will continue to be an additional barrier as care continues to move across systems.



III. Change plan

- Any dates listed are internal dates for CPAA.
- Each intervention will have a corresponding SMART goal. These are self-created and specific to your organization
- The Development form is an additional document created by CPAA that is intended to serve as feedback that organizations can consider while filling out their change plan. This is just considered guidance to help streamline some of the project interventions.
- There will be Biannual reporting for the change plan metrics
- Milestones reporting will be yes/no options

IV. Chronic Disease Self-Management Program

CHOICE Regional Health Network recently received funding from DSHS for Chronic Disease Self-Management Program (CDMP) delivery for 2018. These funds will cover the cost of licensing and training for several partnering organization. This will have a quick turn around, as the two trainings will be in November and December of this year.

The trainings will first be available to MTP Partners who selected CDSMP in their RFP, we will then open the leftover seats to Tribes and then to CPAA partners. If you are interested in this opportunity please send Alexandra and email at toneya@crhn.org

V. Next Steps & Closing

- Next meeting will be **December 5, 2018** from 10:45am – 12:15pm at Fairfield Marriott in Rochester
 - Call in information will be sent out with a calendar invitation
- Submit any requested work topics or collaboration meetings to: toneya@crhn.org
- Next work group will remain combined (Chronic Disease and Transitional Care)