

GREATER SEACOAST COMMUNITY HEALTH



SEACOAST PUBLIC
HEALTH NETWORK

Community Care Team Responsibilities and Expectations

APPROVED: 02/02/2024

Charter

Purpose

The purpose of the Seacoast and Strafford County Public Health Networks' Community Care Teams (CCT) is to provide person-centered care and improve outcomes for the most vulnerable members of our community by developing wrap-around services through multi-agency partnership and care coordination.

Structure

The CCT is comprised of three regional Community Care Teams comprised of health and human service organizations serving Strafford and eastern Rockingham Counties.

Responsibilities

- Identify the highest need participants as indicated by their patterns of utilization of crisis/emergency services, hospital admissions or other compelling indicators of vulnerability.
- Each regional CCT shall meet an average of once each month.
- CCT Member Organizations and all CCT meeting participants have a legal and ethical responsibility to protect the privacy of individuals and families referred to the CCT and to protect the confidentiality of their health information.

Guiding Principles

Shall conduct all business in a transparent manner.

Shall practice open communication with all patients/clients and CCT Member Organizations.

Shall utilize person-first centered language

Shall protect the privacy of individuals and families referred to the CCT and protect the confidentiality of their health information.

Shall strive to reduce duplication and increase coordination, collaboration, and integration of services.

Responsibilities & Expectations

Purpose/Vision

The purpose of the Seacoast and Strafford County Community Care Teams is to optimize the availability of services to patient/clients through an integrated and synchronous patient-centered care delivery through multi-agency partnership and care planning.

Confidentiality

- Each member of the CCT meetings is required to sign the CCT Confidentiality Statement and Responsibilities & Expectations Acknowledgement before attending a meeting. Though several members from one agency may participate, each member is required to sign a separate statement. The signed statements will be kept on file with the Seacoast and Strafford County Public Health Networks. (See Appendix A for Confidentiality Agreement and Responsibilities and Expectations Acknowledgment)
- Pursuant to New Hampshire RSA 151:13-a, CCT members are required to maintain confidentiality of all protected health information (PHI) and not disclose any such PHI to anyone not authorized. By signing the CCT Confidentiality Agreement and Responsibilities and Expectations Acknowledgement, you attest that you have read, understand, and agree to comply with this requirement.

CCT Membership

- The Community Care Team is comprised of health and human service organizations serving eastern Rockingham and Strafford Counties. For operational purposes, the CCT is split into three teams serving Portsmouth, Exeter, and Strafford County regions.

Release of Information (ROI) Form

- Any member of any agency listed on the ROI can facilitate a patient/client signing the ROI. (See Appendix B for Release of Information)
- The CCT member assisting the patient/client will educate the patient/client as to the CCT purpose and revocation process reinforcing the email address on the ROI if the patient seeks to revoke the release.
- Original ROIs are maintained by the originating CCT member organization and Seacoast and Strafford County Public Health Networks must receive a copy of each ROI. A CCT member organization may request and keep a copy of a signed ROI for their records. **Please send a copy of each ROI to the [Drop-Box Link](#) which can also be found on [SCPHN.org](#) and [SeacoastPHN.org](#)**

- Each CCT member organization is responsible for retaining a copy of ROIs originating from their organization and developing and providing employee CCT education and information on CCT operations at their organization.

Revocation

- A patient/client may revoke their CCT Release of Information at any time by informing any CCT member or by notifying Seacoast and/or Strafford County Public Health Networks. Contact information is included on the release.
- When a patient/client revokes their release, the member receiving the notice must confirm the identity of the patient/client using their name and date of birth.
- Once the identity of the patient/client is confirmed, the patient should be requested to sign the ROI below the authorizing signature section confirming their revocation, if the patient is present. If not present, the member receiving the revocation should document the date of revocation and the name of the member and organization receiving it in the designated section on the release.
- If the CCT member receiving the revocation is not the member with whom the release originated, the receiving member should notify the originating member of the revocation by phone or e-mail. Phone or e-mail messages should convey only the patient's name and request, e.g., "Patient/client name is revoking their release. Please contact me for more details."
- NHHRC should be notified immediately via email (SCPHN@GoodwinCH.org and Info@seacoastpphn.org) of any revocation.
- Each monthly CCT meeting will have a standing agenda item at the beginning of the meeting to review any revocations that need to be recorded.

Case presentations

- CCT members may present a case for discussion at any CCT meeting if they have obtained a signed ROI. Seacoast and Strafford County Public Health Networks must have a copy of the ROI before the meeting. In an urgent situation where a member is not able to send proof of the ROI before a meeting, the member must produce the signed ROI at the meeting (either on camera or in person) before discussing the case.
- The case presentation at the meeting should be concise, presenting only known, relevant information.

- Case presentation and discussions will utilize a strength's-based perspective and identify patient/client's goals as well as shared priorities for support.

Communication/PHI

- The ROI is for discussion of information only, not sharing of medical records, agency documentation, or other written private health information.
- Seacoast and Strafford County Public Health Networks will maintain a secure/encrypted email server for the purposes of meeting facilitation only.
- CCT members are responsible for directly addressing any disclosures of PHI that may occur outside of a regularly scheduled CCT meeting facilitated by Seacoast and Strafford County Public Health Networks. CCT members are responsible for following their agency guidelines regarding any PHI disclosures.