



Minutes of Board of Directors Meeting June 12th 2:00pm ET

ATTENDEES

- Matt Swanson
- Cindy Bo (phone)
- Traci Bolander
- Kent Evans
- Nancy Fan (phone)
- Alan Greenglass
- Kathy Janvier
- Stephen Kushner
- Rita Landgraf
- Jan Lee
- Lolita Lopez
- Nicholas Moriello
- Julane Armbrister (phone)

AGENDA

- Call to Order
- Board Business
- Guest Speaker: Elizabeth Romero Presents DSAMH Strategy and START Initiative (BHI Integration)
- DCHI Strategic Focus
- Committee Updates
- Public Comment

RESOLUTIONS

- May minutes approval postponed until July for pending edits.
- Board unanimously approved Clinical Committee charter edits with acronym expansion.
- Board unanimously approved the new DCHI Organizational Chart with small edits to policy initiatives and innovative promotion.

SUMMARY OF DISCUSSION

Guest Speaker: Elizabeth Romero Presents DSAMH Strategy and START Initiative (BHI Integration)

Elizabeth Romero presented the DSAMH Strategy and START Initiative to the Board for information, discussion and future consideration of opportunities to foster engagement, awareness, and the advancement of BHI. Presentation highlights included:

- the statistics on substance use and abuse in Delaware.
- the relationship between behavioral health and chronic disease.
- Delaware's treatment program.
- DTRN
 - Instantly connects people in crisis with the help that they need.
 - Provides near real time bed and walk-in appointments.
 - Patient is given an identified level of care.
- overdose system of care
 - 20 points of entry throughout the state.
- case management / peer support care models
 - designed to address fragmented connections between health care and community / social services.
- mental health and substance use disorder (SUD) treatment services
- social service supports and other social determinants of health – jobs, housing, etc.
- re-entry to community with ongoing care at resource hub centers and satellite centers.
- the Well-Being in the Nation (WIN) Measurement Framework
 - offers a set of common measures to assess and improve population and community health and well-being sectors.
- outcomes measures
 - decreased deaths from opioid overdose in overall and equity populations.
 - years of potential life gained.

Discussion Points:

- Discussed the risks of marijuana use due to lacing within fentanyl. DSAMH would like to pursue social marketing around this issue and partner with DCHI on this work.
- Discussion of the low numbers of heroin usage. Elizabeth gave the reminder that this data is from 11th graders who are primarily accessing what is available to them in their household.
- Reiteration of issue that current payment models and access are huge barriers to why individuals aren't being treated for their behavioral health comorbidities and need to address BHI payment as part of overall payment reform.

- Need to involve employment groups and use of their communication systems/ resources to the process. Employers don't know the behavioral health comorbidity data.
- Discussion of the benefits of telehealth for behavioral health care and need to continue to promote the benefits.
- Need to be careful to promote primary care and behavioral health integration. Urgent or emergency care should not be promoted in lieu of primary care for BHI.
- Efforts to create a protocol around how to handle those patients who are denied referral were reviewed.
- Data points that include what has happened to those who declined referrals should be available. It is available, but it would have to be pulled in a different way.
- [Unite Us](#) is a platform being used by CCHS and United Way / 2-1-1 to address social determinants of health.
- Shatter Proof provider ratings discussed.
- The Delaware START program was recognized by the Addition Action Policy Forum for its best practices.
- Measurement of initiative discussed. It is important to maintain flexibility in measures.
- The START RFP should have been resubmitted.
- Any primary care provider interested in behavioral health integration should contact Elizabeth Romero.

Next Steps:

- **DCHI will disseminate START RFP once posted.**
- **Elizabeth Romero will send slides for dissemination through DCHI.**
- **DCHI and DSAMH should continue to explore opportunities to promote BHI**

DCHI Strategic Focus

Organizational Changes

Matt discussed the new Operations Manager role and asked Board members to share them throughout their networks. Anyone interested in volunteering for the Search Committee should let Matt know. Holding off to do one big by-law vote rather than several smaller changes and votes.

Matt reviewed the new organizational chart and announced that Tom Brown will soon be retiring. Discussions for filling his role will come.

Matt reviewed the strategic priority areas of focus for 2019-2020 and the sphere of influence or involvement for DCHI to pursue, based on the consolidated input and feedback DCHI has received from stakeholders and board members to date. The top strategic areas of focus in which DCHI should employ a leadership role are: employer engagement, behavioral health integration, payment reform, and patient / consumers engagement. Matt also discussed DCHI's continued interest in and potential influencer

role in the work of Healthy Communities Delaware & Population Health and Workforce Development. The work of the clinical committee in supporting advancement of primary care in DE is an area whereby DCHI may best serve in the role of influencer or communicator. The areas of policy and innovation are critical areas for enhanced stakeholder engagement. Discussion ensued confirming the need for DCHI to enhance its role as a communicator in these areas to foster greater awareness, education and collaboration.

Discussion Points:

- It is critical to communicate the organizational changes and strategic areas of focus and related strategic roles to all stakeholders to convey direction and use of resources.
- Further discussion is needed to hone the course ahead and the anticipated outcomes and measurable impact.
- Executive Board team members will contact other Board members to determine their interest in and future level of involvement in one or more of the identified priority areas.
- Suggest policy initiatives and innovation promotion should not be under the purview of a workgroup but cross cutting priorities.

Next Steps:

- **Matt will update the chart below to reflect the discussion and further input of the Board**
- **TAPP will post the new chart on the website with context, as an update to stakeholders about the continued course for DCHI.**

Strategic Areas of Focus and Strategic Role for DCHI to promote greater stakeholder engagement and involvement.

Priority Area	LEADER	INFLUENCER	COMMUNICATOR
Patient and Consumer	X		
Payment Reform		X	
BHI	X		

Priority Area	LEADER	INFLUENCER	COMMUNICATOR
Healthy Communities DE		X	
Clinical		X	
Policy			X
Employer Engagement	X		
Workforce Committee		X	
Innovation			X

Committee Updates

Patient and Consumer Committee

- The committee is developing a survey to assess current levels of awareness among patients and consumers about health care transformation in DE and its impact.
- Dimensions of the survey may include demographics, knowledge, awareness and/or involvement in healthcare transformation efforts, health care concerns, access, care received and levels of satisfaction, and interest or engagement in the transformation efforts underway.
- The committee plans to finalize the survey over the summer and pilot it with a sampling of cohorts. Once survey questions are confirmed, the committee will draft a narrative about why they are collecting this information and how the data will be used. Partner organizations will be asked to send the email and survey to their respective networks to solicit consumers/patients to complete the survey and to help ensure a successful response rate.

The next Patient and Consumer Committee meeting is scheduled for June 17th in Dover, however pending the status of the development of the survey and summer attendance, it may be cancelled.

Clinical Committee

- Primary Care Collaborative Report
 - Nancy drafted a response to the PCC report based on the Clinical Committee recommendations.
 - Pending final review and response of the clinical committee to the draft, the letter will be disseminated to DCHI Board members for review/comment/ and approval for submission. Pending Board approval, the letter will be submitted on behalf of DCHI.
- Discussed CMS Primary Care First (PCF) and a possible forum intended to educate consumers about the PCF models
 - The Clinical Committee and Payment Work Group have discussed co-hosting a forum to share information on the CMS Primary Care First Model for interested stakeholders. Pending a decision to proceed with the forum, a plan will be presented to the Board. The committees are considering a timeframe of either July 16 or in September. Details are pending decision of timing of the forum and will be communicated via email to the board if necessary.
 - Julane, with Committee Co-chairs, will seek partners to help support the event, specifically to provide space and refreshments. Partners will also be asked to recommend and help secure speakers for the forum.

Discussion Points:

- The Primary Care Bill is waiting to go to vote in the House, likely on Tuesday.
- The response letter should be sent prior to that date.
- Suggest that we start proactively identifying specific legislation for response and action, in early January to give ample time to solicit input, areas of consensus and recommendations.
- Recommendation and discussion on holding off on CMS Primary Care First Model Options Forum.

Next Steps:

- **Share the PCC Draft Letter with the Board Members for response ASAP.**

Public Comment

Introduction of two UD students attending.

Next Meeting

- July 10, 2019
- Time: 2:00pm ET – 4:00pm ET
- Location: 15 Innovation Way; Newark, DE 19716