



The Delaware State Health Improvement Plan

Annual Report 2015

The Delaware Public Health Institute



The Delaware State Health Improvement Plan Annual Report 2015

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Prepared by

The Delaware Public Health Institute (DPHI)

Co-Authors/Contributors

Laurel Jones, DPHI
Francine Axler, DPHI

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A Message from the Delaware Public Health Institute

The Delaware Public Health Institute (DPHI) is pleased to provide this annual report to the community which describes our history, and current and future activities. The purpose of this report is to document the work of the Delaware community, the Delaware Division of Public Health (DPH), the Delaware Public Health Institute, and stakeholders in conducting Delaware's first state health improvement plan.

DPHI was founded in 2013 through a partnership between Public Health Management Corporation's Public Health Institute (PHI) and the University of Delaware, College of Health Science (CHS). DPHI currently houses Delaware's State Health Improvement Plan (**DE SHIP**), and oversees all ongoing population health planning activities in partnership with the Delaware Division of Public Health (DPH).SHIP was designed to fill the need for a comprehensive statewide health improvement plan and increase coordination and communication across organization "silos" while addressing core issues identified for action by the community.

DPHI has a number of other programs and initiatives and has developed and launched Delaware's first local population health survey: The 2015 **Delaware Household Health Survey (DE HHS)**. The Delaware survey is being conducted in over 2,500 households across the state and we look forward to analyzing the data at the sub-county level to help local health care providers identify unmet health needs, conduct community health needs assessments in the communities that they serve as part of the Affordable Care Act, and to create community health improvement plans based on actual needs. DPHI will be exploring ways to integrate the data into the upcoming **DE SHIP assessment process**, planned for 2016.

We hope that you find this Delaware State Health Improvement Plan annual report useful and are excited to be working with so many local organizations and agencies in Delaware to improve the public health for all Delawareans.

Yours in public health,

Francine Axler
Executive Director

The Delaware Public Health Institute

The Delaware Public Health Institute was founded in 2013 through a partnership between Public Health Management Corporation's Public Health Institute (PHI) and the University of Delaware, College of Health Science (CHS). Public Health Management Corporation has become one of the largest and most comprehensive public health organizations in the nation, and its alignment with other agencies serves as a model for the growth of multi-sector partnerships in the development of PHIs.



DPHI was recently recognized by the National Network of Public Health Institutes (NNPHI) as the first institute of its kind, due to the unique partnership between PHMC, an existing public health institute, and CHS, a local leader. DPHI currently houses the **DE SHIP**, and oversees all ongoing population health planning activities in partnership with the Delaware Division of Public Health (DPH). DPHI has a number of other programs and initiatives including coordinating and developing the 2014, 2015 and upcoming 2016 **County Health Rankings** (CHR) Conference in Delaware and implementing *Tools for Health and Resilience in Vulnerable Communities* (**THRIVE**). Through a partnership with the Nemours Foundation, DPHI promotes health equity in healthcare and assessment. DPHI has also launched Delaware's first local population health survey: The 2015 **Delaware Household Health Survey (DE HHS)**.

*Through their mission, DPHI
strengthens and supports public
health services in Delaware
through creative solutions and
collaborations.*

For more information about the Delaware Public Health Institute, or are interested in collaborating on future projects, please visit www.delawarephi.org.

About SHIP

The goal of Delaware's first State Health Improvement Plan was to provide an ongoing, systematic, coordinated, quality improvement process in the state. To accomplish this goal, the DE SHIP utilizes a collaborative planning process bolstered by a strategic planning framework that incorporated the perspectives, resources, accountability, structure and direction to the process.

Mission

To *continually* address core health issues in the state of Delaware through a *collaborative* network of stakeholders dedicated to shared visions for the *improvement* of population health.

A framework was needed to move efficiently through the state health improvement initiative. The nationally recognized Mobilizing for Action through Planning and Partnership, or MAPP, process developed by the National Association of County and City Health Officials was selected to facilitate the initiative.

The MAPP framework divides the health improvement process into six phases (Figure 1) which align with deliverables for the Delaware SHIP (Table 1). Each phase builds on the information gathered in the previous phases. The three steps of Plan, Implement, and Evaluate can be performed repeatedly in a continuous quality improvement model.

Figure 1: The MAPP Process

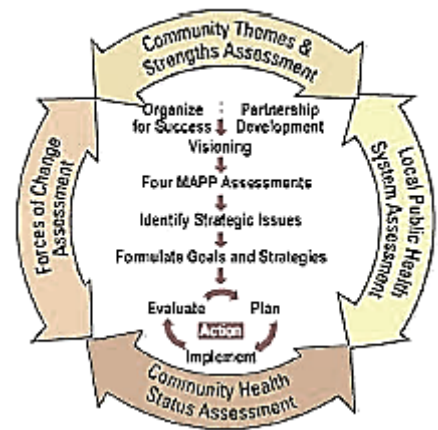


Table 1. SHIP Deliverables and Corresponding MAPP Phases.

SHIP Deliverables		MAPP Phases
Community Health Improvement Process Report	Community Health Assessment	1. Organizing
		2. Visioning
	Community Health Profile	3. MAPP Assessments
		4. Strategic Issues
	Community Health Improvement Plan	5. Goals/Strategies
		6. Action Cycle

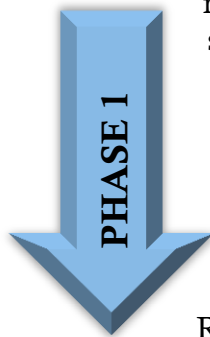
History of SHIP

The process of developing a statewide SHIP began in 2011-2012. The purpose of the process was to assess the health status of Delawareans in a systematic, organized, and collaborative manner and increase coordination and communication across organizational silos, while addressing core issues identified for action by the community.

ORGANIZING

Phase 1 was a preparatory stage, during which the project tone and direction were established and the foundation for the involvement of stakeholders in future phases was created (December 2011- March 2012).

Stakeholders were identified for the SHIP process who represented a range of health-related expertise, including education, business, government, social services, environmental agencies, and non-profits. Stakeholder group membership was fluid, allowing new stakeholders to be invited as key perspectives were needed.

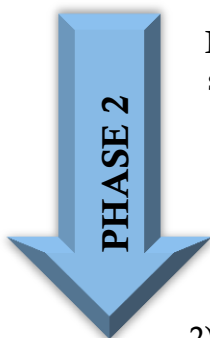


Planning and Preparation: Initial decisions were made by DPH regarding project timelines, meeting dates and agendas, roles and responsibilities, project budget, and project deliverables.

Readiness Assessment: After completing the above, a formal readiness assessment was conducted that confirmed that these initial critical elements were organized and in place.

VISIONING

Stakeholders became a driving force behind the SHIP process. First, with a kick-off survey, information was gathered from stakeholders about their organizations and the issues important to their clients.



During an inaugural stakeholder meeting on April 4, 2012, 33 stakeholders representing 22 organizations built a vision statement (PG. 7) for the SHIP initiative. The visioning phase resulted in a formal vision statement that guided stakeholders through the remainder of the SHIP process (Table 2).

According to stakeholders, the top five public health issues faced were:

- 1) Access to clinical services;
- 2) Chronic Disease Prevention and Control;
- 3) Health Education/ Health Promotion;
- 4) Mental Health; and
- 5) Community Health

Table 2. SHIP Vision Statements

Delaware will be a state that:	
1.	Emphasizes a comprehensive, holistic definition of health for individuals, families, and communities.
2.	Puts in place policies which allow Delawareans to have the easiest choices be the healthiest choices.
3.	Values the well-being of the individual with shared goals of prevention, patient-centered care, and a healthy and safe environment.
4.	Informs and educates individuals so they have the knowledge and information to make informed decisions about their health and health behaviors.
5.	Promotes healthy behavior change through providers, education, and supportive policies and systems.
6.	Achieves optimal health by ensuring that everyone receives primary and specialty care in medical homes that are integrated within the community.
7.	Eliminates barriers to achieving optimal health such as accessibility, transportation, disparities, and lack of insurance coverage.
8.	Maximizes resources by increased collaboration between providers and with community resources to reduce duplicity of services and contain costs.
9.	Removes stigma and fears associated with accessing physical and behavioral health services.
10.	Provides equitable, integrated access to care throughout the lifespan.
11.	Ensures people have full access to comprehensive, high-quality, culturally-competent health care services.
12.	Links all healthcare providers through utilization of an integrated health information technology, to optimize health care services.

MAP HEALTH ASSESSMENTS

After creating a collective vision for the Delaware State Public Health System in Phase 2, data was collected about health and health perceptions in the State of Delaware. Three interrelated assessments were developed that created a comprehensive account of the health of Delawareans. The three assessments were performed concurrently from July through September 2012.

Once completed, the assessments provided baseline data to inform the subsequent states of the SHIP process and future state health improvement efforts.

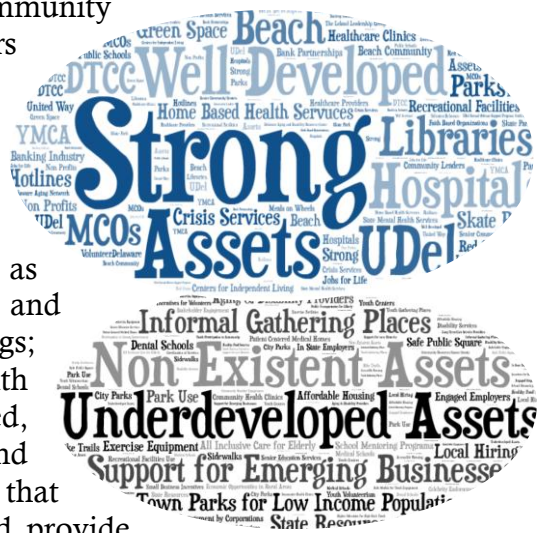
The information that follows is a summary. Further detail is provided in companion documents which can be found on the DPH website (<http://www.dhss.delaware.gov/dhss/dph>) or by calling **(302) 744-4700**.

The Community Themes and Strengths Assessment (CTSA) consisted of the **Delaware Community Health Survey** and an **asset mapping activity** conducted at a stakeholder meeting on July 18, 2012. Through these activities, the perspectives of stakeholders, both as providers and as community members, became clear regarding state and regional (1) quality of life; (2) health issues; (3) risky behaviors; and (4) assets that support a healthy community.

The Delaware Community Health Survey was a web-based survey, which consisted of 25 questions about stakeholders' perceptions. Thirty-seven (37) stakeholders responded to the survey for a response rate of 35 percent. The majority of respondents were from New Castle County (16 percent), and the City of Wilmington (14 percent).

Figure 2. Asset Map

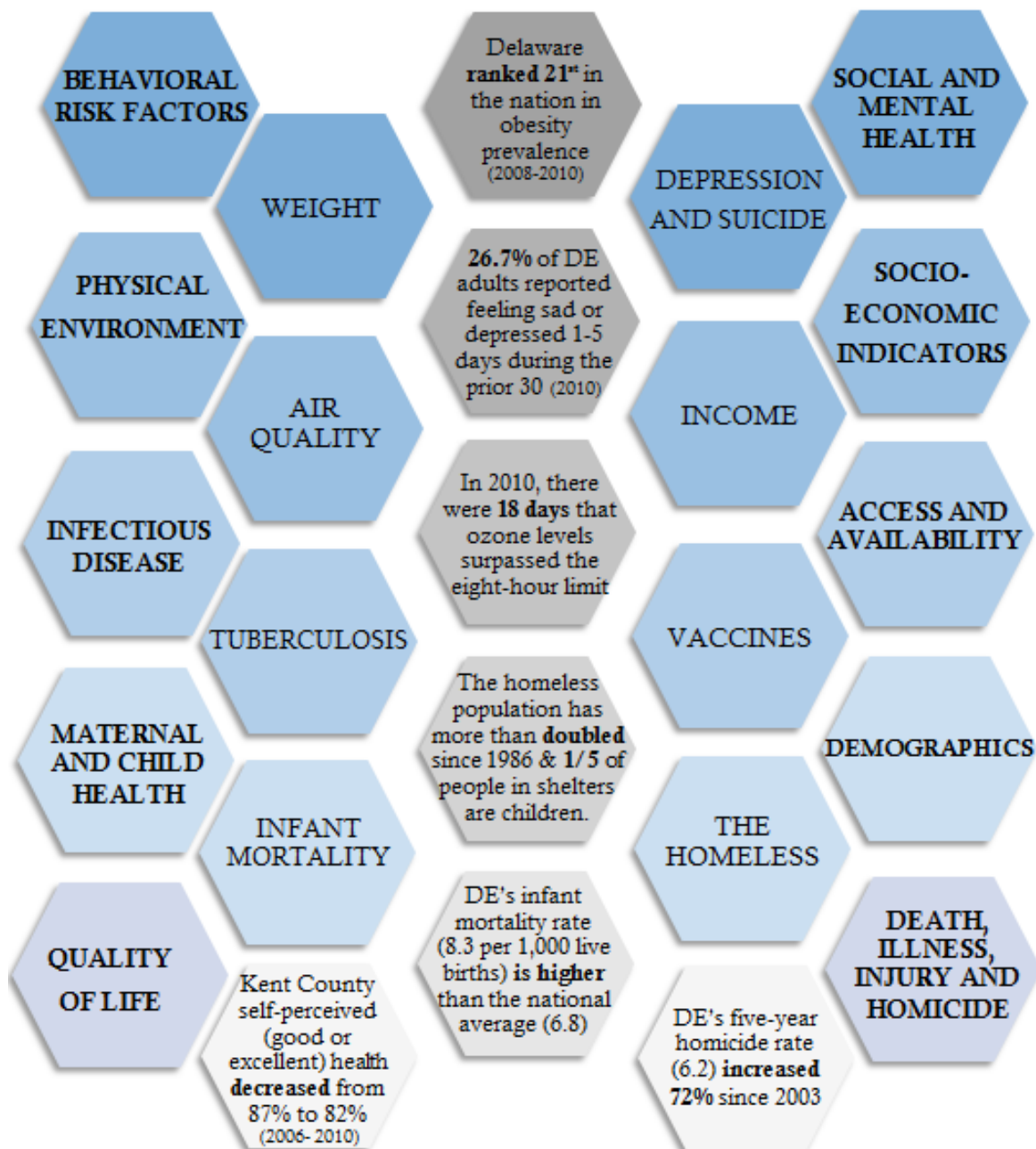
Using the results of the web-based Community Health Survey as a foundation, stakeholders met in July 2012 for an **asset mapping activity** by compiling a list of existing assets, or resources, whose utilization can strengthen the community by improving health and quality of life (Figure 2). These included (1) **Physical locations** such as schools, hospitals, parks, and other formal and informal places for community gatherings; (2) **Community Resources** such as health clinics, social services, faith-based, recreational, and civic groups and organizations; (3) **Institutions/Businesses** that supply jobs, strengthen the economy, and provide services; and (4) **People** who routinely volunteer, mentor, and share their expertise in the community.



The **Community Health Status Assessment**, the second of the three MAPP assessments, added a wealth of quantitative health data on key indicators of health, including socioeconomic characteristics, health status, health risk factors, and quality of life. A profile and analysis that examined trends, existing disparities, and growing health concerns was created based on this data.

Figure 3 outlines some key findings from the **Community Health Status Assessment** for each of the core indicators and respective health measures. These data are presented in greater detail on the DPH website.

Figure 3. Community Health Status Assessment Key Findings



The **Forces of Change Assessment** focused on external factors and events that contribute to the health of Delawareans. For this assessment, stakeholders listed forces of change, threats posed to public health by those forces, and opportunities created by those forces. When considered with the results from the *Community Themes and Strengths Assessment* and the *Community Health Status Assessment*, the Forces of Change Assessment provided substantial qualitative and quantitative data to identify the strategic issues in Phase 4. Stakeholders then ranked their top three forces of change in each category.

The top three categories of **forces of change** identified were (1) social; (2) economic; and (3) legal/political.

Social Forces	Economic Forces	Legal/Political Forces
<ul style="list-style-type: none"> •Socio-economic disparity •Aging population •Education and health workforce training •Safe communities and mental health services 	<ul style="list-style-type: none"> •Weak economy 	<ul style="list-style-type: none"> •Legislative health care reform •Political elections 2012 •Reduced funding for social services and state programs

Table 3 is a condensed list of the top categories of forces and opportunities created that provided the foundation for the development of “Goals and Strategies” in Phase 5.

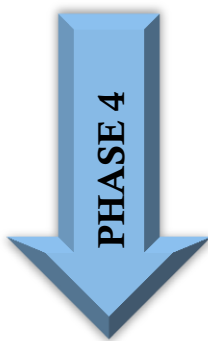
Table 3. Forces and Opportunities

Socio-Economic Disparity	Form partnerships to offer more opportunities to underserved and under resourced communities.
	Improve systems to equitably distribute resources and services.
Aging Population	Improve collaboration of services.
	Coordinate Medicare and social services.
	Improve palliative and end-of-life-care.
Education and Health Workforce Training	Partner with nearby out-of-state professional health schools.
	Strengthen in-state undergraduate health workforce training.
	Improve health education services to lay population.
Safe Communities and Mental Health Services	Increase community safety coalitions.
	Improve access/availability of mental health services.
Weak Economy	Motivation for entrepreneurship.
	Improve resource allocation.
	Increase partnerships and collaborations.
	Increase innovative, low cost social supports.
Legislative Health Care Reform	Collaborate to comply with requirements of Electronic Health Records.
	Increase access to care for more people.
	Improve the quality of care.
	Create more efficient/equitable system.
Political Elections 2012	Changes in foreign relations, social policies, and health care.
	Shift responsibility of some programs to private sector or non-profit agencies.
Reduced Funding for Social Services and State Programs	Increased incentive to collaborate between offices and programs.
	Streamline services and decrease wasteful spending.
	Create new systems to reach more clients efficiently.

Across all of the categories of forces of change, the need to strengthen and build upon existing improvement efforts and enhance collaboration to initiate new efforts was emphasized by recurring words such as “coalition”, “coordinate”, and “collaborate.”

IDENTIFYING STRATEGIC ISSUES

During Phase 4, items from a list of strategic issues were ranked by stakeholders, which, during Phase 5, were connected to actionable goals and strategies. The areas on which the SHIP would focus during the Action Cycle of Phase 6, were clarified by using information from previous phases.



To identify strategic public health issues, participants reviewed the vision statements developed in Phase 2 and the needs, strengths, and challenges identified in the three assessments of Phase 3.

The strategic issues were then evaluated against criteria recommended by the MAPP framework. According to MAPP, strategic issues should: (1) Represent a fundamental choice to be made by the community and public health leaders; (2) Center around a tension or a conflict to be resolved; (3) Be able to be addressed in many ways; (4) Be addressable by the public health system; and (5) Be related to data from more than one of the three MAPP assessments.

GOALS AND STRATEGIES

A Goals and Strategies Report summarized the work completed by the end of Phase 5 and listed prioritized goals and strategies that could address the top nine strategic issues.



The report provided several categories of information to give context for each issue, include: (1) Rationale- data from the assessments; (2) Potential stakeholders-organizations that are already working on the issue or who might become key partners; (3) Goals/Strategies-preliminary list of modes to address the strategic issue; and (4) In some cases, ancillary issues, and strengths.

The Goals and Strategies Report was publicized to stakeholders via email and to the general public via a media release and by posting the report on the DPH website.

Between September and December 2012, interested parties submitted comments via the website regarding the content of the report. The final version of the Goals and Strategies Report, completed in April 2013, reflected these comments.

Phase 6: The Action Cycle

It is during this phase that the efforts of the previous phases began to produce results as the Delaware public health system developed an action plan for addressing priority goals and objectives.

One of the first steps of the Action Cycle was to look for opportunities to increase collaboration with other state efforts. The Steering Committee felt it was especially important to review the goals contained in the Delaware Health Care Commission's Transforming Delaware's Health: A Model for State Health Care System Innovation, and compare them with the SHIP goals.

Of 159 SHIP goals, 155 overlapped with those of the Health Innovation Plan.

A review of the strategic issues was conducted, which were then selected, along with accompanying goals, to develop an action plan. The final product included seven prioritized goals:

1. Reduce obesity by promoting healthy diet and exercise;
2. Increase access to healthy foods;
3. Reduce tobacco and tobacco substitute use;
4. Reduce substance misuse;
5. Improve the built environment to promote walking, biking, etc.;
6. Increase transportation to healthcare and behavioral health services; and
7. Improve access to behavioral/mental health services

TWO GOALS SELECTED

Two goals, Healthy Lifestyles and Access to Mental Health, were selected as the focus of the action plan. Two workgroups were then formed.



GOAL 1: ASSURE AN INFRASTRUCTURE NECESSARY TO INCREASE THE ADOPTION OF HEALTHY EATING AND ACTIVE LIVING

Workgroup: Healthy Lifestyles

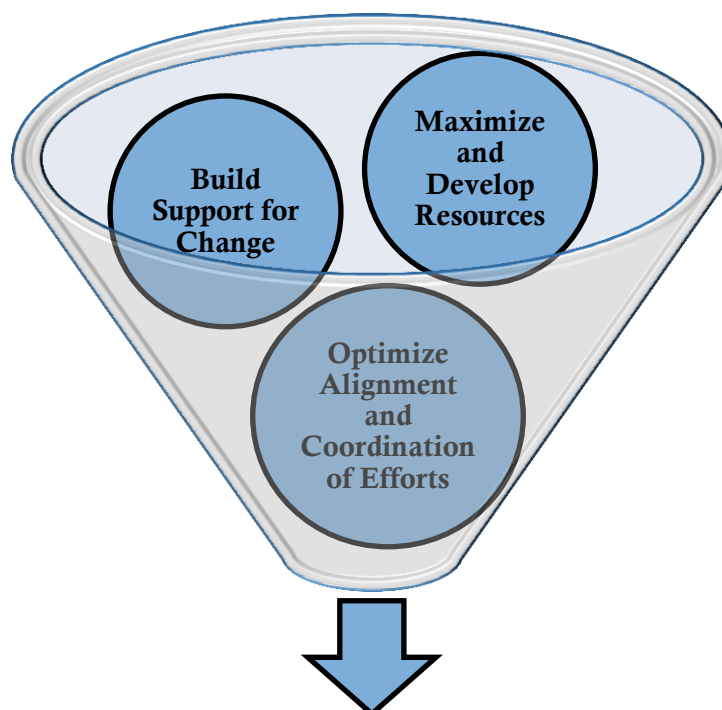
Strategy 1: Maximize and Develop Resources.	Strategy 2: Build Support for Change.	Strategy 3: Optimize Alignment and Coordination of Efforts.
Objective 1.1: Leverage public and private resources.	Objective 2.1: Advocate with decision makers.	Objective 3.1: Facilitate the coordination of plans and actions.

GOAL 2: IMPROVE ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES AND SUPPORTS, INCLUDING PREVENTION, EARLY INTERVENTION, AND TREATMENT FOR ALL DELAWAREANS.

Workgroup: Access to Mental Health

Strategy 1: Integrate care through the lifetime.	Strategy 2: Enhance the mental health workforce.	Strategy 3: Improved early detection, screening and early intervention, prevention.	Strategy 4: Increase awareness of mental health issues.
Objective 1.1: Develop continuity of care across the lifespan.	Objective 2.1: Increase access to qualified mental health providers. Objective 2.2.: Enhance the skills of current mental health providers.	Objective 3.1: Implement well-researched screening instruments and integrated systemic processes across multiple sectors that assist in the detection, management and prevention of emotional or behavioral problems across the lifespan. Objective 3.2: Train first-level interventionists, community members and providers to recognize, assist, and link individuals to mental health services and resources.	Objective 4.1: Create a public awareness campaign.

Accomplishments: Goal 1



Assure an Infrastructure Necessary to Increase the Adoption of Health Eating and Active Living

STRATEGY 1: MAXIMIZE AND DEVELOP RESOURCES

Strategy Leader Contribution: Richard Killingsworth, Chief, Health Promotion and Disease Prevention Section, DPH

FORCE

The purpose of this strategy is to improve the resource base for programs that impact upon the adoption of healthier behaviors. The primary focus of this strategy is to develop funding and sustainability plan for Motivate the First State (www.motivatethefirststate.com), pilot health promotion campaign that puts the power of healthier behaviors to work for the greater good of Delaware families and communities.

OPPORTUNITY

The campaign was developed in collaboration with the Governor's Council on Health Promotion and Disease Prevention and Plus3.com. This new program helps Delaware residents turn their activities, whether it's jogging or cycling, drinking water or eating fruits and vegetables, or doing countless other eligible healthier pursuits, every time someone is active and healthier it not only benefits their well-being it also supports a well-deserved Delaware charitable organization.

To support this campaign, the Governor's Council on Health Promotion and Disease Prevention – Bikeable and Walkable Community Committee successfully accomplished several tasks including identifying prospective private, public,

philanthropic and non-profit funders, securing funding from these sources, and establishing a fiscal mechanism to receive and disburse funds. All of these tasks were successfully accomplished and an initial investment of \$80K was secured to launch the campaign on June 1st.

CHANGE

“To date, over 5,500 participants have enrolled in Motivate the First State with over 50,000 activities, nearly 100,000 miles, over 25,000 hours of activity logged, nearly 90 million steps taken, and nearly 15 million calories burned.”

With these results, it is easy to conclude that the very focused pilot campaign was successful in catalyzing active and healthier behavior including other behaviors such as reducing sugar sweetened beverage consumption, eating

five or more fruits and vegetables each day, getting adequate sleep, and many others.

Initial analysis of the incentive based fund raising tool (Plus3Network) to track participation and move contributions showed the over ***\$25K has been moved to three charitable organizations*** – YMCA of Delaware, Boys and Girls Club of Delaware, and the Delaware Special Olympics. These outcomes (behavioral and resource development) indicate that there is significant potential in using the Plus3Network platform as part of an overarching health campaign could leverage resources, behavior change and a very engaged group of partners lead by the Governor’s Council and the State Chamber of Commerce.

Partners include: YMCA of Delaware, The Longwood Foundation; Sussex County Government; Healthy Sussex Coalition; Delaware State Chamber of Commerce; Bayhealth; Beebe Medical Center; Nanticoke Hospital; Bike Delaware; and Delaware Department of Health and Social Services.

(*See Appendix C for updated tracking form the details work group activities and accomplishments)

STRATEGY 2: BUILD SUPPORT FOR CHANGE

Strategy Leader Contribution: Laura Saperstein, Program Administrator, Physical Activity, Nutrition & Obesity Prevention, DPH

FORCE

Strategy 2 is designed to create behavior change in support of healthier lifestyle choices among Delawareans (increased nutrition, increased daily physical activity, and decreased obesity). It is a measure of the added awareness, promotion, and advocacy among key stakeholders. It enables Delawareans to have increased access to these environments that promote healthy behaviors, thus making the right choice the easy choice. This means promoting the desired behaviors, and educating stakeholder groups on access and availability. These stakeholders will, in turn, promote these behaviors and venues within their communities.

OPPORTUNITY

Key settings were chosen as a means of reaching not only large groups within the state population, but also those where change could easily be facilitated among targeted

populations or those with health disparities. Evidence-based research suggests promoting healthy behavior change where populations live, work, pray, and play will have the largest impact. Community organizations, worksites and youth-serving organizations were among settings chosen to begin building support for change. The Governor's Council on Health Promotion and Disease Prevention is a coalition of elected officials, state agency leadership, and advocacy organization members rightly positioned to disseminate key messages and information. Staff members within the Delaware Division of Public Health's Health Promotion and Disease Prevention Section support this coalition through meeting facilitation and other administrative functions.

CHANGE

A public-private partnership was established to create a statewide health promotion platform, Motivate the First State.

Through this platform, Delawareans are being moved toward opportunities that increase daily participation in physical activity while turning these activities into charitable contributions for three statewide health-promoting nonprofit organizations.

(*See Appendix C for updated tracking form the details work group activities and accomplishments)

STRATEGY 3: OPTIMIZE ALIGNMENT AND COORDINATION OF EFFORTS

Strategy Leader Contribution: Fred Gatto, Chief, Bureau of Health Promotion, DPH

FORCE

The state of Delaware has a need for coordination and alignment of efforts that are traditionally siloed, and as a result, exhaust resources on duplicative programs and initiatives. The focus of strategy 3 is to conduct an environmental scan of current efforts, analyze the data obtained and provide recommendations that manage Healthy Eating and Active Living efforts in Delaware.

OPPORTUNITY

SHIP efforts were combined with the current Division of Public Health (DPH) strategic plan. The DPH strategic plan includes Healthy Eating and Active Living which is directly related to the SHIP goal to assure an infrastructure necessary to increase the adoption of healthy eating and active living. The DPH strategic plan also includes tobacco free living and self-care which contribute to healthy behaviors

CHANGE

A planning team reviewed state plans (DE HEAL Plan, The Governor's Council on Health Promotion and Disease Prevention Recommendations, and the Delaware Cancer Plan) and compared them to the National Prevention Strategy Recommendations. Based on analysis of gaps in interventions, the planning team developed a list of recommended interventions and forwarded them to the Implementation Team. Strategy 3 leader, Fred Gatto, served as the coordinator of the Implementation Team. As the coordinator, Gatto reviewed recommendations

provided to the Planning team to select at least one intervention in each health behavior area to track.

The Implementation Team developed criteria to select recommended interventions based on feasibility and need.

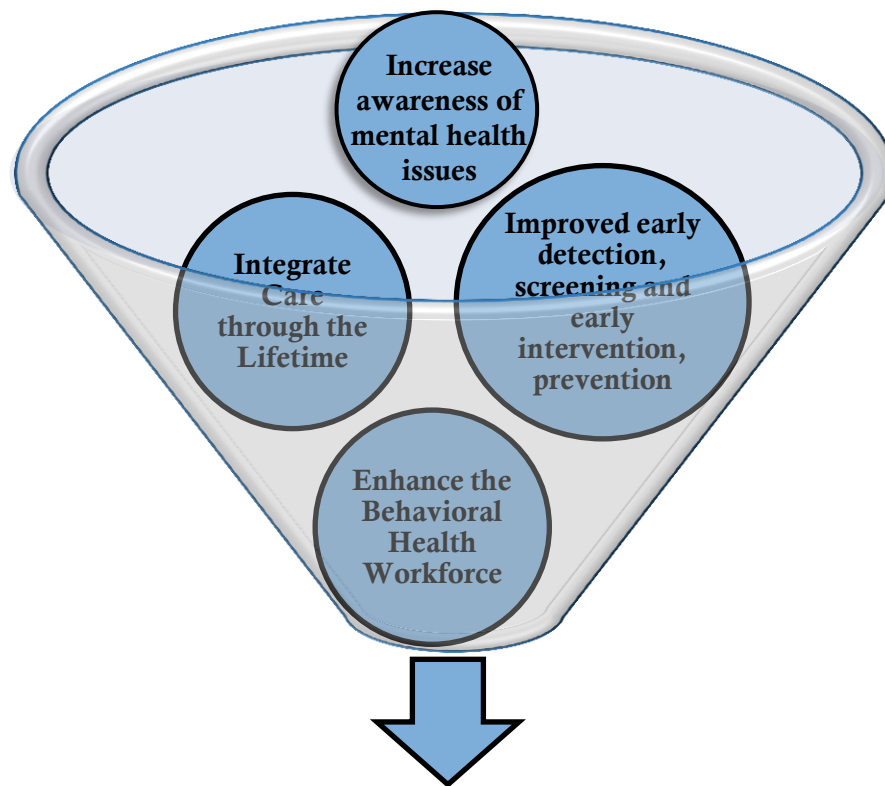
The team utilized the selection process from a document from the National Association of County and City Health Officers (NACCCCHO) about prioritizing health problems. The

implementation Team selected the follow interventions that pertain to the SHIP goals:

1. (Health Eating): Expand Farmers' Markets into low income and/or food desert areas;
2. (Healthy Eating): Develop and implement sustainable community gardens in public schools; and
3. (Active Living): Improve city, county and state parks to include safe walking trails and other equipment to promote physical activity.

(*See Appendix C for updated tracking form the details work group activities and accomplishments)

Accomplishments: Goal 2



Improve Access to Mental Health and Substance Abuse Services and Supports, Including Prevention, Early Intervention, and Treatment for All Delawareans

STRATEGY 1: INTEGRATE CARE THROUGHOUT THE LIFETIME

Strategy Leader: Jim Lafferty, Executive Director, Mental Health Association in Delaware

FORCE

Strategy 1 is designed to fill gaps in mental and behavioral health care by assisting with provider incentive identification, supporting information network expansion, and promoting care coordination throughout the lifetime.

OPPORTUNITY

Partnerships with The Delaware Center for Health Innovation (DCHI), Medical Society of Delaware, the Delaware Health Care Association, the Delaware Health Information Network, and the Delaware Department of Insurance were leveraged for collaborative action and workgroup allocation.

CHANGE

A website is being designed to educate Delawareans about informed decision making in health care and behavioral health services. The Patient Consumer Subcommittee for

the DCHI provided feedback to the communications team on possible content and structure for a DCHI web site. In addition, the workgroup reviewed animated tools and videos as a method to engage patients, and viewed video on shortcomings of current patient experience when interacting with health systems. A communications firm (AB&C) has been engaged for media development, and media messaging is

In 2015, The DCHI clinical committee behavioral health working group was established to assist with promoting a model of care coordination that includes better integration with behavioral health providers. The work group had its first meeting in October, 2015.

getting ready for production.

(*See Appendix C for updated tracking form the details work group activities and accomplishments)

STRATEGY 2: ENHANCE THE BEHAVIORAL HEALTH WORKFORCE

Strategy Leader Contribution (quarterly report): Carol Kuprevich, Division of Substance Abuse and Mental Health

FORCE

Workforce development is an ongoing initiative and consists of two broad categories including: (1) Continuing education of those providing behavioral health related services; and (2) Preparatory education for individuals interested in working within behavioral health at all levels inclusive of middle and high school career and technical education (CTE) health science programs, associate degree programs at community college, 4-year college programs, graduate and post-graduate disciplines. All of these will be addressed in detail as the State Health Improvement Plan (SHIP) evolves. This initial plan is intended to be a feasible „fledgling step“ toward collaborative efforts that may not have occurred before in Delaware; thus, this plan represents an exciting opportunity toward long-term and sustaining enhancement of the behavioral health workforce.

OPPORTUNITY

In 2014 Strategy 2 committee members accessed multiple SHIP plans from throughout the U.S. Some of the ideas garnered through those plans are informing Delaware practices, e.g. SBIRT initiatives are in progress. Convenience samples from persons who attend substance use disorder (SUD) workshops, and local, regional, and national data sources are available to the Delaware Division of Substance Abuse and Mental Health (DSAMH) to leverage as existing resources for needs assessment.

The information was refined to reflect findings. Of interest, training on “counselling skills,” especially basic counselling skills, was the most commonly- cited area of need in workforce development. Education and integration (2nd), SUD training (3rd), and trauma-informed care or services for specific populations (4th) were other commonly-cited training needs that followed.

Training on skill proficiency related to service delivery to individuals with criminal justice involvement was commonly referenced. Ethics training was requested and the

demand has been strong enough to support an evening track of ethics being offered at the Summer Institute for a number of years. Clinical supervision is critical need that has been cited by local key informants, so this need should get some attention. Educational offerings should be eligible for continuing education credits or CEU's. Suicide prevention was not mentioned commonly by survey or workshop respondents, but is a vital area for training.

While both survey respondents and workshop participants occasionally cited the subject of tobacco use within the behavioral health community, there was not a significant call for training in this area. However, nationally there has been a fair amount of efforts and attention to this issue. Finally, screening, brief intervention and referral to treatment (SBIRT) was infrequently mentioned, it is an important area for skill development, and an awareness of its importance need to be addressed.

CHANGE

In 2015, DSAMH T.O. collected both local and national sources of information to inform a plan of action.

Local sources of information included an on-line survey conducted in March, 2015, with 470 respondents, an analysis of responses from 672 participant reaction sheets from workshops held between 01/2014 and 02/2015, and through discussions with key informants done in meetings with state and national organizations such as the Central East Addiction Technology Transfer Center, the National Association of Case Managers, Attention Deficit Disorder Association, Autism Delaware, etc.

Based on the information acquired in the needs assessments, various calls to action were implemented in 2015. In June 2015, workgroups began increasing access to training resources related to behavioral healthcare by working with the Medical Society of Delaware in partnership with Christiana Care to provide SUD training to the community.

DSAMH re-established a partnership with Central East Addiction Technology Transfer Center (CE-ATTC) to bring addiction training on Medication Assisted Treatment, HIV/Psychiatry, and other Drug (AOD) topics to Delaware Programs.

In the summer of 2015, Delaware Professional Counselors (DPCA) and Wilmington University offered training on substance use disorders.

Through this partnership with CE-ATTC, a free 2 –day conference on AOD is being held in December, 2015 that includes CEUs.

(*See Appendix C for updated tracking form the details work group activities and accomplishments)

STRATEGY 3: IMPROVED EARLY DETECTION, SCREENING AND EARLY INTERVENTION, PREVENTION

Strategy Leader: Jim Lafferty

FORCE

The purpose of strategy 3 is to align screening and systematic processes across multiple sectors of the healthcare system to bolster detection, management, and prevention of emotional or behavioral health problems across the lifespan. Key objectives were chosen for strategy 3 during the planning stages of the action cycle, they are as follows: (1) Implement well-researched screening instruments and integrated systemic processes across multiple sectors that assist in the detection, management and prevention of emotional or behavioral problems across the lifespan and train first level interventionists, community members (children youth and older adults) to recognize, assist and link individuals to mental health services and resources; and (2) Develop a payment model that reimburses for behavioral health screening in primary healthcare settings.

OPPORTUNITY

Strategy leader, Jim Lafferty, is a member of an advisory group for CORE, the community outreach referral and early intervention program. This program screens and attempts to detect signs and symptoms that suggest an individual may be at a higher risk for their first psychotic break. In other words, this program can prevent the onset of schizophrenia. Jim is also the executive director of the mental health association in Delaware (MHA) and MHA is involved in the implementation of the Behavioral Health Works screening program for primary care physicians' offices. This program screens for mood and anxiety disorders, substance use disorders and suicide risk. This is part of a five year federal suicide prevention grant provided to the Division of Prevention and Behavioral Health for children. These accessible resources, shared knowledge, and content expertise serve as a catalyst for action in strategy 3.

CHANGE

The first training for Community Outreach, Referral and Identification (CORE) screeners was held in May of 2015. Referrals were accepted starting in July of 2015 and as of November 2015, 11 individuals have been referred for screening.

Implementation of Behavioral Health Works screening program in primary care physician (PCP) offices began in 2015. In June 2015, 50 family crisis therapists were trained in the use of the Behavioral Health Works screening tool. Delaware Guidance Services is actively using the tool. The La Red federally qualified health center located in Georgetown, DE, has completed training and 12 medical facilities in Kent and Sussex counties have been identified for potential use of the behavioral health screening tool.

"Thus far 78 individuals have been screened and 26 have been referred. Of the 78 individuals screened, 46 screens were done by two pediatric practices in Sussex County."

The Delaware center for health innovation has a payment subcommittee that is working with physicians and insurers to determine how services for behavioral screenings in primary care health settings may be reimbursed.

(*See Appendix C for updated tracking form the details work group activities and accomplishments)

STRATEGY 4: INCREASE AWARENESS OF MENTAL HEALTH ISSUES

Strategy Leader Contribution: Joshua Thomas, Executive Director, National Alliance on Mental Illness in Delaware

FORCE

The purpose of strategy 4 is to implement awareness initiatives that focus specifically on raising awareness about resources available to the public for mental health and substance use issues. The (awareness) work group is focused on two main objectives. The first is raising awareness through education and marketing efforts around the Community Outreach Referral and Early Intervention (CORE) program. The second major focus is the HelpIsHereDE.com website designed to help raise awareness about prevention, recovery and treatment resources for substance use issues.

OPPORTUNITY

Tracking educational events, exhibiting events and website access can determine the level awareness being raised regarding psychosis and this new program for early identification and intervention.

By tracking the website access information on quarterly basis the community impact and awareness of this effort can be determined.

CHANGE

After careful consideration, the strategy 4 workgroup revised their strategic plan in June of 2015, due to time and resources. A new, more feasible plan was finalized in August of 2015 and submitted to DPHI.

In the months following, the group worked toward key action strategies for the upcoming year. Training of first level interventionists (educators, community members, MH providers) has commenced. These interventionists will be utilized to raise awareness of psychotic illness and resources for intervention. In addition, the work group met with the Division of Prevention and Behavioral Health and the Department of Health and Social Services in November to discuss obtaining tracking information for their outcome reports. Quarterly data tracking and reporting will begin in 2016.

(*See Appendix C for updated tracking form the details work group activities and accomplishments)

Infrastructure Accomplishments

Since DPHI became a facilitator of SHIP, DPHI has performed a number of diverse functions, all of which have contributed to laying strong foundations for the work of the coalition. Details of DPHI's activities are outlined below, in accordance with the agreed upon deliverables. DPHI remains dedicated to the work of improving the health of Delawareans.

ESTABLISH AND MAINTAIN A SHIP COALITION

Maintain membership information

DPHI was given initial membership information from the Division of Public Health and has maintained and organized this information. Additionally, DPHI has gathered information for other potential coalition members. DPHI has imported all contact information into a 'Mailchimp' newsletter account, which allows DPHI to be in touch with a diverse range of coalition members in an organized manner as often as is necessary and without complication

Develop a mission and vision

DPHI developed a mission and vision, and has worked with key stakeholders (including the Division of Public Health and members of the SHIP subcommittee of the DPHI Board [formerly the SHIP steering Committee]) to finalize the mission. The mission was sent to members of this committee in mid-February for review, and input from various individuals has been incorporated. DPHI finalized the mission on May 6th, 2015 upon receiving the approval of the SHIP Subcommittee.

Establish regular communication with coalition members

Monthly e-mail newsletters that include news, updates, and information on meetings and events were drafted and disseminated by DPHI. These monthly updates also include accomplishments being made toward various objectives

Establish by-laws

Governing bylaws for the SHIP Coalition were developed by DPHI, and were sent to members of the DPHI SHIP subcommittee in mid-February for review. Input from various members of the above mentioned committee was incorporated. DPHI finalized the bylaws on May 6th, 2015 upon receiving the approval of the SHIP Subcommittee (Appendix _)

Hold a semi-annual membership meeting

In 2015, DPHI held a total of 2 semi-annual coalition membership meetings in accordance with SHIP objectives. Summaries of each event are outlined below.

SHIP Semi-Annual Coalition Membership Meeting- March 11, 2015

Location: Wesley College, Dover, Delaware

This event re-introduced coalition members to the SHIP, laid the foundation for the work of the coalition, and allowed strategy leaders to present and share their plans for the current action phase of SHIP.

There were over 40 registered attendees at the March event, representing a wide range of health sectors in all three counties. Every strategy leader, along with a significant number of coalition members, was present.

SHIP Semi-Annual Coalition Membership Meeting- October 15, 2015

Location: Maple Dale County Club, Dover, Delaware

The event's theme, "Driven by Health: Road Maps to Navigate Progress", helped navigate the desired meeting outcomes and identify detours that strategically maneuver around the roadblocks encountered on the journey to health improvement throughout Delaware. The event also provided a venue for strategy leaders and work groups to highlight achievements and incorporate lessons learned. These collective efforts have provided road maps for success as the coalition continued to maintain momentum through the end of the year.

There were over 40 registered attendees at the October event, representing a wide range of sectors in all three counties. All by one strategy leader was present at the event, along with a significant number of coalition members. Invites were extended to potential new stakeholders throughout the state to encourage coalition building, resource allocation, and partnerships. New coalition members representing innovative fields, such as the education sector, contributed to the continuous efforts of DE SHIP to approach the health of the state of Delaware in the most comprehensive way.

All materials, including agendas, breakout session activities, and strategy leader presentations can be found on the SHIP resources webpage at www.delawarephi.org.

DEVELOP AND IMPLEMENT A PROCESS TO CONDUCT A STATE HEALTH ASSESSMENT EVERY 3 YEARS

DPHI created an assessment plan that integrates qualitative and quantitative data, primary and secondary data, and includes: (1) A description of the demographics of the population; (2) A description of the health issues in the state and their distribution; (3) A discussion of the contributing causes of the health challenges; (4) A listing or description of state assets and resources that can be mobilized and employed to address health issues; and (5) Distribution of the preliminary assessment (for input) and the final assessment to the public and stakeholders.

The plan was reviewed by the SHIP Subcommittee and finalized for action. The process will commence at the end of 2015. DPHI will incorporate existing initiatives and assessments (particularly as identified by the coalition) to reduce duplication of efforts. Additionally, DPHI launched the Delaware Household Health Survey in September of 2015, which collects information concerning demographics and certain health issues at local levels. DPHI is currently exploring ways to integrate and use this data to further support and promote the work of SHIP. Qualitative data will be collected similarly to how it was

collected for the current SHIP – through various stakeholder surveys and group discussions.

DEVELOP, DOCUMENT AND IMPLEMENT A PROCESS TO ISSUE A REVISED STATE HEALTH IMPROVEMENT PLAN (SHIP) EVERY 3 YEARS

DPHI has created a plan for the revised SHIP process that addresses social determinants of health, causes of higher health risks and poorer health outcomes of specific populations, health inequities and the following: (1) State wide health priorities, measurable objectives, improvement strategies and activities with the time-framed targets; (2) Policy changes needed to accomplish the identified health objectives; and (3) Designation of individuals and organizations that have accepted responsibility for implementing strategies outlined in the SHIP.

The revised SHIP will be planned for release in 2017 and the timeline reflected this. This plan has been approved by the SHIP subcommittee. DPHI will administer the next SHIP process in the context of our experience with the first SHIP and work to strengthen and improve the process in subsequent cycles.

DEVELOP, DOCUMENT AND IMPLEMENT A PROCESS TO TRACK ACTIONS TAKEN TO IMPLEMENT STRATEGIES IN THE SHIP

Ongoing tracking of progress made

As DPHI began facilitating SHIP during its first action cycle, many of the current efforts have been dedicated to establishing and supporting the actions to be taken on the priorities identified by the SHIP. In 2015, DPHI has:

1. Convened a meeting of strategy leaders to establish expectations and goals moving forward;
2. Convened a meeting of strategy leaders and their workgroups to reiterate SHIP goals and allow work groups to bring action plan efforts;
3. Maintained ongoing communication with all strategy leaders to ensure progress was being made on draft plans, action steps, and event presentations;
4. Developed a webpage to house SHIP materials and share accomplishments/opportunities relating to the various objectives;
5. Offered technical assistance to work groups and provided help as it was needed;
6. Convened two coalition wide conferences to share and discuss the various SHIP strategies and progress in action;
7. Convened meetings with strategy leaders and the SHIP subcommittee to develop and approve processes for the next iteration of SHIP; and
8. Collected quarterly updates on the progress of the seven SHIP strategies in accordance with the June and September reporting dates.

DPHI will continue to reach out to the strategy leaders to make sure that they follow through on their commitments to the various actionable objectives, and track progress on those objectives. DPHI will also continue to maintain open communications with the Division of Public Health about the status of these plans. Tracking of all efforts and the status of each are being kept on file, in addition to being published on the webpage. This will give coalition members ready access to the progress of the SHIP between the semi-annual events.

Ongoing review and revision, as necessary of the SHIP

DPHI will ensure the ongoing review and revision of SHIP goals and strategies based on experiences of this initial process. DPHI sees the SHIP as an iterative process and will build in improvements to the process based on results, experienced, and stakeholder feedback.

Conclusion

This report documents the work of the state of Delaware, in partnership with the Delaware Public Health Institute, in conducting a statewide health improvement plan. The process filled the need for a comprehensive statewide strategy and subsequent calls to action to improve the health of Delawareans by increasing coordination and communication across organizations and institutions, while addressing core public health issues. With the selection of two workgroups and formation of the initial goals and strategies, Delaware was well-positioned to begin a cyclic state health quality improvement process. Outcomes from the first action cycle – particularly the progress in action of all seven strategy groups– represent the culmination of approximately four years of work, from 2011 to 2015.

Participation and opinions of a diverse group of stakeholders was pivotal to the conceptualization of the state health improvement plan and the selection and execution of its action goals. Ongoing communication with coalition members through semi-annual coalition events and monthly newsletters facilitated alignment of efforts. Stakeholder input was captured in the vision statements, assessment process, the development of a mission and vision, establishment of governing bylaws, and approval of the state health assessment and revised SHIP plan.

Through this process, a foundation was established upon which stakeholders can collaborate to efficiently and effectively improve the health of Delawareans. The Delaware SHIP marks an essential first step toward a healthier community. Future cycles of this process will undoubtedly sustain and enhance improvements made by this first Delaware SHIP.

Appendix A: Delaware SHIP Steering Committee Members

Gerard Gallucci, MD, MHS, Delaware Health and Social Services

Mary Kate Mouser, Nemours Health and Prevention Services

Karyl Rattay, MD, MS, Delaware Division of Public Health

Jill Rogers, Delaware Health Care Commission

Lisa Schieffert, Delaware Healthcare Association

Paul Silverman, DrPH, Delaware Division of Public Health

Michelle Taylor, United Way of Delaware

Appendix B: Delaware SHIP Strategy Leaders

Goal 1

Strategy 1

Richard E. Killingsworth, M.P.H.
Chief, Health Promotion and Disease Prevention
Division of Public Health
Delaware Health and Social Services

Strategy 2

Laura Saperstein, MS, MBA
Program Administrator, Physical Activity, Nutrition & Obesity Prevention
Division of Public Health

Strategy 3

Ferdinando A. Gatto
Chief, Health Promotion Bureau
Delaware Division of Public Health

Goal 2

Strategy 1 & 3

James Lafferty
Executive Director, Mental Health Association in Delaware

Strategy 2

Carol Kuprevich, Ed. D.
Director of Community Planning, Program Development and Training
Delaware Division of Substance Abuse and Mental Health (DSAMH)
Delaware Health and Social Services

Strategy 4

Joshua Thomas, Ph.D.
Executive Director
National Alliance on Mental Illness in Delaware (NAMI Delaware)

Appendix C: Delaware SHIP Strategy Work Plans

Detailed quarterly reports can also be viewed and downloaded on the DE SHIP resources page at www.delawarephi.org.

Goal 1 Strategy 1: Maximize and Develop Resources					
Objective SMART format	Activities	Responsible Person or Agency	Timeline	Evaluation Measures	Accomplishments
Develop funding plan for Motivate the First State pilot physical activity initiative	<ol style="list-style-type: none"> 1. Identify prospective funders. 2. Engage prospects through individual and group meetings. 3. Secure funding from at least one foundation. 4. Set up fiscal mechanism to receive and disburse funds. 	Governor's Council on Health Promotion and Disease Prevention: Sustainability Committee	<p>April 15 – plan adopted May 30 – engage primary prospects for support - outreach materials Sep 30 – Setup fiscal mechanism Oct 15 – Convene meetings for prospective donors – actual recruitment for funding</p>	<p>Number of entities providing funding.</p> <p>Amount of financial contribution.</p>	<ul style="list-style-type: none"> • 5,000 participants enrolled • Completed (\$25,000 grant from Longwood) • Application submitted to Highmark • \$80K additional funding has been secured partners • \$20K has been moved to charity.
Identify and implement an incentive based fund raising tool (e.g. Plus3Network) to track participation and move contributions.	<ol style="list-style-type: none"> 1. Secure initial funding 2. Enroll on website 3. Enroll participants 4. Leverage additional funding using initial success 	<p>Governor's Council on Health Promotion and Disease Prevention:</p> <ul style="list-style-type: none"> • Walkable/ Bikeable Committee • Delaware Chamber of Commerce • Bike Delaware 	<p>May 7 – Launch Plus3-Network web-based system June 1 – begin enrolling Plus3 participants Sep 30 – pilot study ends</p>	<p>Website launch</p> <p>Funding obtained for charitable contribution</p> <p>Participant enrollment</p> <p>Participant frequency in logging into the system</p> <p>Participant activity</p> <p>Amount of contributions participants are able to move to charity</p>	<p>Through contract with State Chamber of Contract, Plus3 engaged and mockup of website developed</p>

Goal 1 Strategy 2: Build Support for Change					
Objective SMART format	Activities	Responsible Person or Agency	Timeline	Evaluation Measures	Accomplishments
1.0 Identify key stakeholders and decision makers within priority settings (e.g. business, academia, etc.).	1.1 Identify priority settings	1.1 Governor Council on Health Promotion and Disease Prevention (Steering Committee)	January – February 2015	1.1 # of priority settings identified & communicated by CHPDP steering committee	1.1 (4) Priority setting chosen: schools, faith-based organizations, worksites, non-profit organizations impacting health/physical activity behaviors.
	1.2 Identify key informants within priority settings.	1.2 Governor Council on Health Promotion and Disease Prevention (Steering Committee)	February – March 2015	1.2 # of key informants/champions engaged by initiating mini-grant process to define the scope of work	1.2 Key Informants/Champions chosen based on mini-grant review; 6 champion organizations were selected.
	2.1 Convene stakeholders for strategy development and training	2.1 DPH – (Health Promotion and Disease Prevention Section)	March – May 2015	2.1 # of champions trained (attendance lists includes individuals & organizations represented; data & location of specific trainings; training facilitator(s))	2.1 First meeting held on March 25, 2015 with 5 of 6 organizations represented. Group decided to focus on a walkable, bikable Delaware
	2.2 Develop strategies based on policy related issues.	2.2 DPH – (Health Promotion and Disease Prevention Section); CHPDP Walkable/Bikeable Committee	May 2015	2.2 # of stakeholder advocacy strategies identified	2.2 Meeting held May 7, 2015 with 200+ participants among cross-cutting diverse representation of statewide organizations
2.0 Create a strategy for stakeholder advocacy	3.1 Create messaging materials.	3.1 DPH (Health Promotion & Disease Prevention Section); DSCC; Plus-3 Network	June 2015	3.1 # of materials developed; # materials disseminated	3.1 Shiny Agency (a full service advertising, branding & digital agency) developed MTFS brand & messaging. Press kit included multiple resources & was released/ disseminated to partners.
	3.2 Engage participants to improve their knowledge & behaviors around walking, biking & healthy nutrition	3.2 Mini-grant partner organizations	June - October 2015	3.2 # of participants engaged;	3.2 DPH will conduct (12) trainings throughout September 2015 for a potential reach of 689 new users.
	3.3 Convene & survey champions.	3.3 DPH (Health Promotion and Disease Prevention Section)	November 2015	3.3 # of movement activities contributed; # resources leveraged as a result of activity	
3.0 Mobilize a network of stakeholders to advocate					

Goal 1					
Strategy 3: Optimize Alignment and Coordination of Efforts Involving Healthy Eating and Active Living in Delaware					
Objective SMART format	Activities	Responsible Person or Agency	Timeline	Evaluation Measures	Accomplishments
By 31 May 2015, identify efforts involving healthy eating and active living in Delaware.	1. Develop data and info collection tool. 2. Collect data (goals and objectives) from state coalitions and agencies	DPH Health Behavior Strategy Map Planning Team	1. Jan 2015 Create collection tool 2. April 2015 Collect data	1. tool created 2. data collected	Planning team developed a spreadsheet w/ (NPSR) listed for health behavior measures. The planning team reviewed statewide plans (DE HEAL Plan, The Governor's Council on Health Promotion & Disease Prevention Recommendations, the DE Cancer Plan)
By 31 May 2015, analyze the data to identify gaps and make recommendations for each subject area to provide to the DPH Health Behaviors Strategy Map Implementation team.	1. Review data collection tool & identify gaps between NPSR and reviewed plans. 2. Provide a list of recommendations to the Implementation Team for review and selection	DPH Health Behavior Strategy Map Planning Team	April 2015 review data May Provide recommendations	1. Data analyzed 2. Recommendations provide to Implementation Team	The Planning Team provided four (4) recommendations for each health behavior to the Implementation Team.
By 31 June 2015 the Implementation Team reviews the recommendations and selects at least one (1) strategy for each health behavior.	1. Develop selection criteria 2. Select recommendations	DPH Health Behavior Strategy Map Planning Team	June 2015 develop selection criteria and make selections	1. Selection criteria determined 2. Recommendations selected.	The Implementation Team met twice and determined selection criteria and made selections for all health behaviors.
By 31 August DPH Leadership Team review the selected recommendations and provide to DPHI.	1. DPH Leadership conducts review and approval 2. Provide recommendations to DPHI	DPH Leadership	August 2015 provide findings to DPHI	Findings provide to DPHI	The DPH Leadership Team met on Sept. 17 th to approve selected recommendations of the Implementation and Planning Teams

Goal 2 Strategy 1: Integrate care throughout the lifetime						
Objective SMART format	Activities	Responsible Person or Agency	Timeline	Evaluation Measures	Accomplishments	
Objective 1: Actively engage in the implementation of Delaware's State Health Care Innovation Plan	Activity 1.1: Assist w/ the identification of behavioral health provider incentives to adopt Electronic Medical Records (EMR).	Delaware Center for Health Innovation		<i>Outcome 1.1: % of behavioral health providers who use Electronic Medical Records</i>	Delaware Center for Health Innovation (DCHI) Clinical Committee Behavioral Health Working Group established.	9/2015
	Activity 1.2: Support the expansion of the Delaware Health Information Network (DHIN) so that providers and consumers of behavioral health services can access health information from any place and any time.	Medical Society of Delaware Delaware Health Care Association FQHC's Delaware Health Information Network		<i>Outcome 1.2: % of behavioral health providers who submit data to the DHIN</i>	Patient and Consumer subcommittee for the DCHI provided communications team feedback on possible content and structure for DCHI website	
	Activity 1.3: Promote a model of care coordination that includes better integration with behavioral health providers.	Delaware Department of Insurance		<i>Outcome 1.3: % of behavioral health providers who are employed by a hospital or health system</i>	Reviewed animated tools / videos as a method to engage patients	8/2015
	Activity 1.4: Educate Delawareans about informed decision making about health care including behavioral health services.			<i>Outcome 1.4: # of target communications developed</i> <i>Outcome 1.4: # of consumers reached through social media and other outlets.</i>	Viewed video on shortcomings of current patient experience when interacting with health systems Media messages being developed and AB&C engaged for media development.	

<p align="center">Goal 2 Strategy 2: Enhance the behavioral health workforce</p>					
Objective SMART format	Activities	Responsible Person or Agency	Timeline	Evaluation Measures	Accomplishments
Objective One: Conduct a needs assessment of current behavioral health/mental health and substance abuse providers in Delaware	Study the current DE workforce using models from WV, CO, TX, etc. to determine the current state of services, gaps in service, gaps in knowledge, barriers, & opportunities that exist	SHIP DHSS	2018	Data detailing Strengths, Weaknesses, Opportunities, Barriers for further development	In 2015 DSAMH T.O. conducted a partial needs assessment using a convenience sample from persons who attend SUD workshops.
Objective Two: Increase access to training resources related to behavioral healthcare; provide access to training in models of integrated behavioral and physical health care consistent with SHIP and Affordable Care Act (ACA)	Study the features of similar entities that have been created throughout the US – other SHIPs	Strategy #2 members	December 2014 for preliminary data & ongoing subsequent strategy committees	List of workforce development ideas garnered from other SHIPs and integrated into DE strategies	In 2014 Strategy #2 committee members accessed multiple SHIP plans from throughout the U.S. as indicated in the reference section of this document. Some of the ideas garnered through those plans are informing Delaware practices, e.g. SBIRT initiatives are in progress
	Assess continuing education offerings and other workforce development initiatives within DE agencies, in other DE statewide health related plans and forums, colleges and universities, and professional associations	Strategy #2 committee; to be continued by SHIP committees	2015 and ongoing	Initiatives are listed through SHIP partners contribute regularly through SHIP meetings and eventually through electronic repository	
		SHIP Committee & electronic repository	2015 and ongoing		
	Map locations of offerings to assess geographical gaps	SHIP	2015 and ongoing		
	Assess offerings via other sources	SHIP as it develops and gains funding	2018	Identified training resources are available proportionate	

(*See SHIP Resources page at www.delawarePHI.org for remaining Goal 2, Strategy 2 work plan)

Goal 2							
Strategy 3: Improved early detection, screening and early intervention, prevention							
Objective SMART format	Activities	Responsible Person or Agency	Timeline	Evaluation Measures		Accomplishments	
Objective 3.1	Implement CORE (Community Outreach, Referral and Early Intervention) (CORE)	Division of Prevention and Behavioral Health Services for Children. Division of Substance Abuse and Mental Health	2015 - 2019	# of individuals identified & referred w/prodromal symptoms of a psychotic disorder – prevent 1st psychotic episode	# of individuals engaged in treatment	Treatment team contract awarded contract First Training held for screeners Educational material being developed Referrals Accepted 12 CORE team members trained	9/2014 5/2015 6/2015 7/2015 5/2015
	Train first level interventionists, community members, providers to recognize, assist, and link individuals to mental health services and resources as part of CORE project	Division of Prevention and Behavioral Health Services	2015	# trained & actively assisting with CORE screenings		4 individuals referred for Screening 50 Family Crisis Therapists trained in use of tool Delaware Guidance Services using tool	9/2015 6/2015
	Implement Behavioral Health Works screening program in Primary Care Physicians Offices and Universities	Mental Health Association in Delaware	1/2015	# of individuals screened for behavioral health conditions and referred for treatment		La Red FQHC completed training 12 medical facilities in Kent/Sussex identified for potential use of Behavioral Health Screening tool 78 individuals screened. 26 referred. (46 screens done by 2 pediatric practices)	9/2015
	Develop a payment model that reimburses for behavioral health screening in primary healthcare settings	Delaware Center for Health Innovation Payment Model Subcommittee		# of individuals engaged in treatment		Delaware Center for Health Innovation meeting monthly to develop payment model.	6/2015

Goal 2 Strategy 4: Increase Awareness of mental health and substance use issues.					
Objective SMART format	Activities	Responsible Person or Agency	Timeline	Evaluation Measures	Accomplishments
Objective 4.1	Utilize CORE to raise awareness about signs and symptoms of psychotic disorders and available treatment resources.	Division of Prevention and Behavioral Health Services for Children; DSAMH	2015-2019	Track # of inquiries & referrals for eval. & services for individuals identified w/potential early symptoms of psychotic illnesses.	
	Utilize the trained first level interventionists to raise awareness of psychotic illnesses & the resources available to individuals & families to intervene & treat these illnesses.	Division of Prevention and Behavioral Health Services for Children; DSAMH	2015-2019	Track # of inquiries & referrals for evaluation and services by category of first level interventionist.	
	Utilize marketing resources & social media to raise awareness of the CORE program & resources for individuals & families.	Division of Prevention and Behavioral Health Services for Children; DSAMH	2016-2019	Track referral source for all inquiries to CORE program w/specific breakdown as to which method raised awareness of program for those referred to it & the DE county it's from.	
	Utilize HelpIsHereDE.org online resource to raise awareness of substance use & addictions assessment & treatment resources. The "Help is Here DE" website was developed to provide comprehensive resources & support for people seeking assistance w/addiction related concerns.	Division of Prevention and Behavioral Health Services for Children; DSAMH	2015-2019	Quarterly reporting on # of times the website is accessed by the public.	
Objective 4.2	Utilize marketing resources, social media, and exhibiting opportunities to raise awareness regarding the existence of the Help Is Here DE website and the resources available through this comprehensive resource guide.	Division of Prevention and Behavioral Health Services for Children; DSAMH	2015-2019	Quarterly reporting of marketing efforts, number of exhibits, and social media posts. Data related to the number of times each marketing effort as cited how awareness was raised for users of the website or how they learned of the website.	

Appendix D: Delaware SHIP Governing Rules/Bylaws

ARTICLE I – Name and Membership

Name:

Section 1-1. The name of this coalition shall be the *State Health Improvement Plan Coalition*. Herein, this will be referred to as the *SHIP Coalition*.

Membership:

Section 1-2. Membership in the SHIP Coalition is open to any organization or individual with a vested interest, directly or indirectly, in Delaware's health. Members of the coalition shall serve in this capacity until the completion of a final report on the activities and accomplishments of Delaware's State Health Improvement Plan at the close of the action phase.

ARTICLE II – Mission

Mission:

Section 2-1. The mission of the SHIP Coalition is to continually address core mental and physical health issues in the state of Delaware through a collaborative network of stakeholders dedicated to shared visions for the improvement of population health.

Section 2-2. The SHIP Coalition will address two overarching goals; to assure an infrastructure necessary to increase the adoption of healthy eating and active living, and to improve access to mental health and substance abuse services and supports, including prevention, early intervention, and treatment for all Delawareans.

ARTICLE III – Structure & Governance

Section 3-1. Delaware's State Health Improvement Plan is an initiative of the Delaware Department of Health and Social Services' Division of Public Health.

Section 3-2. On behalf of the Division of Public Health, the Delaware Public Health Institute will act as the primary facilitator for the work of the State Health

Improvement Plan and the SHIP Coalition. In this capacity, the Delaware Public Health Institute will be responsible for administrative activities and coalition governance through a Delaware Public Health Institute board State Health Improvement Plan subcommittee, along with various support staff.

Section 3-3. The two overarching goals of the State Health Improvement Plan are comprised of subsidiary strategies of a more narrow scope. Each strategy shall have a dedicated workgroup of voluntary stakeholders who shall be responsible for defining the objectives of each strategy, as well as aid in the implementation of the aforementioned objectives.

Section 3-4. Each strategy workgroup shall elect a strategy leader by majority vote to manage the activities and objectives of the workgroups. Strategy leaders shall be responsible for holding and facilitating quarterly workgroup meetings and submitting reports to the Delaware Public Health Institute on changes in strategy, accomplishments, and any activities associated with the implementation of the State Health Improvement Plan.

Section 3-5. In the event that a strategy leader is unable to organize or attend quarterly workgroup meetings there shall exist a deputy strategy leader to perform such duties in their absence. The deputy strategy leader will have the responsibilities of chairing whenever the strategy leader is not present. The deputy strategy leader will also assist in other responsibilities of the strategy leader. Each workgroup shall elect a deputy strategy leader for this purpose.

Section 3-6. In the event of a strategy leader who fails to perform his/her duties, the Delaware Public Health Institute will determine if action needs to be taken including, but not limited to, replacing the strategy leader. In the event that the strategy leader fails to meet his/her obligations, the deputy strategy leader will perform the duties of the strategy leader including those mentioned above.

Section 3-7. In the event that a strategy leader withdraws or fails to adequately perform his/her duties, and the deputy strategy leader is unable to take on such responsibilities, the Delaware Public Health Institute board subcommittee or support staff shall appoint an acting strategy leader until such time as the workgroup is able to meet to elect a new strategy leader.

ARTICLE IV – Meetings

Section 4-1. Meetings of the broad coalition shall be held every six months. It shall be the responsibility of the Delaware Public Health Institute to give notices of the location, date and time of such meetings to each member of the SHIP Coalition at least one month prior to each of these meetings. The Delaware Public Health Institute shall prepare an agenda of business scheduled for deliberation prior to each meeting. The approval of minutes from the previous meeting shall be included on each agenda. The agenda shall be distributed to the members of the SHIP Coalition one week prior to a scheduled meeting. In addition to providing a forum for stakeholders to share ideas and communicate opportunities with other coalition members, these meetings will be held to track the progress of the State Health Improvement Plan, consider new data sources, review newly collected data, consider changing assets and resources and to conduct additional data analysis.

Section 4-2. Workgroup meetings will be held on a quarterly basis, and it shall be the responsibility of the respective strategy leaders to organize and facilitate such meetings. The strategy leader shall prepare an agenda of business scheduled for deliberation prior to each meeting. The approval of minutes from the previous meeting shall be included on each agenda. The agenda shall be distributed to the members of the workgroup and the Delaware Public Health Institute one week prior to a scheduled meeting. These meetings will be held to provide workgroups with the opportunity to coordinate efforts, evaluate strategy, and share accomplishments. The Delaware Public Health Institute shall exercise oversight over the organization of workgroup meetings.

Section 4-3. Special meetings may be called or requested by the Delaware Public Health Institute board subcommittee or support staff as they become necessary. It shall be the responsibility of the Delaware Public Health Institute to give notice of the location, date and time of such meetings to each SHIP Coalition member whose presence is requested at least two weeks prior to such meetings.

Section 4-4. Minutes of coalition meetings shall be kept by the support staff of the Delaware Public Health Institute, and shared with the coalition subsequent to all meetings.

Section 4-5. Minutes of workgroup meetings shall be kept by a group member designated by the strategy leader, and shall be shared with the workgroup in addition to the support staff of the Delaware Public Health Institute subsequent to all meetings.

ARTICLE V – Support

Section 5-1. The Delaware Public Health Institute shall maintain membership information of the SHIP Coalition. This shall occur in conjunction with monthly communications to the SHIP Coalition updating members on all State Health Improvement Plan activities.

Section 5-2. The Delaware Public Health Institute shall develop, document, and implement a process to conduct a state health assessment, followed by a revised State Health Improvement Plan, every (3) years.

Section 5-3. The Delaware Public Health Institute shall issue an annual report that addresses all progress made by the SHIP Coalition and all State Health Improvement Plan activities to date.

ARTICLE VI – Governing Bylaws

Section 6-1. The adoption or amendment of these bylaws shall require a majority vote of the Delaware Public Health Institute board State Health Improvement Plan subcommittee. Amendments to the bylaws should be submitted at such meetings for consideration and shall be voted upon in the meeting immediately subsequent to the one at which the amendment was submitted.