



The Delaware State Health Improvement Plan

Final Report: Cycle 1 2017

The Delaware Public Health Institute



The Delaware State Health Improvement Plan Final Report: Cycle 1 2017

Report period

January 2017 - December 2017

Submission date

December 30, 2017

Prepared by

The Delaware Public Health Institute (DPHI)

Co-Authors/Contributors

Laurel Jones, DPHI
Francine Axler, DPHI

Published with funding provided by

Delaware Health and Social Services,
Division of Public Health (DPH)

Table of Contents

A Message from the Delaware Public Health Institute	3
The Delaware Public Health Institute	4
About SHIP	5
History of SHIP: Cycle 1	6
Health Assessment: Cycle 1	8
Action Cycle	12
Acomplishments: Goal 1	14
Accomplishments: Goal 2	19
Infrastructure Accomplishments	288
Conclusion.....	34
Appendix A: Delaware SHIP Strategy Leaders	355
Appendix B: Delaware SHIP Strategy Work Plans	36
Appendix C: Delaware SHIP Governing Rules/Bylaws	68

A Message from the Delaware Public Health Institute

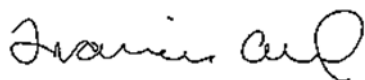
The Delaware Public Health Institute (DPHI) is pleased to provide this final report to the community which describes our history and current and future activities. The purpose of this report is to document the work of the Delaware community, the Division of Public Health (DPH), DPHI, and stakeholders in implementing 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 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 developed and fielded Delaware's first local population health survey: The 2015 **Delaware Household Health Survey (DE HHS)**. The Delaware survey is conducted in over 2,600 households across the state. Data can be analyzed at low levels of geography 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 integrated the data into the most recent **DE SHIP SHNA**, which will be released in early 2018.

We hope that you find this DE SHIP annual report useful and are excited to be working with so many local organizations and agencies to improve the public health for all Delawareans.

Yours in public health,

A handwritten signature in black ink, appearing to read 'Francine Axler'.

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 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 houses the **DE SHIP**, and oversees all ongoing population health planning activities in partnership with the Division of Public Health (DPH). DPHI has a number of other programs and initiatives, including coordinating and developing the 2014, 2015, 2016, and 2017 **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 health care and assessment. DPHI 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 to collaborate on future projects, 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 (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

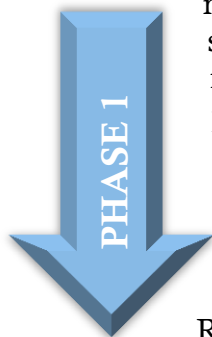
History of SHIP: Cycle 1

The process of developing the first SHIP began in 2011. 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 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
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 health care providers through utilization of an integrated health information technology, to optimize health care services.

MAPP HEALTH ASSESSMENTS: Cycle 1

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.

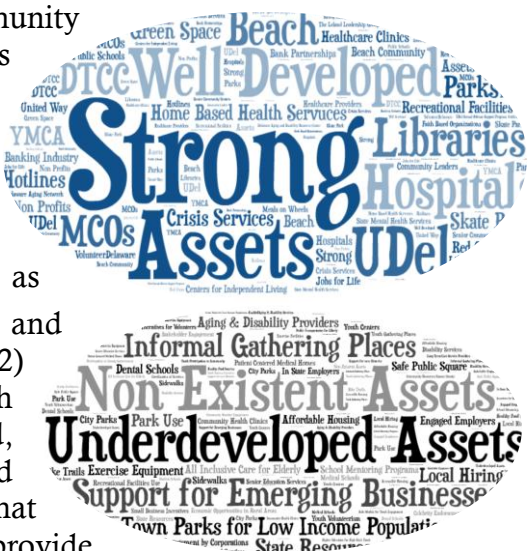
The information that follows is a summary. Further detail is provided in companion documents which can be found on the DPH website (<http://www.dhss.delaware.gov/dhss/dph>) or by calling 302-744-4700.

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 that 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

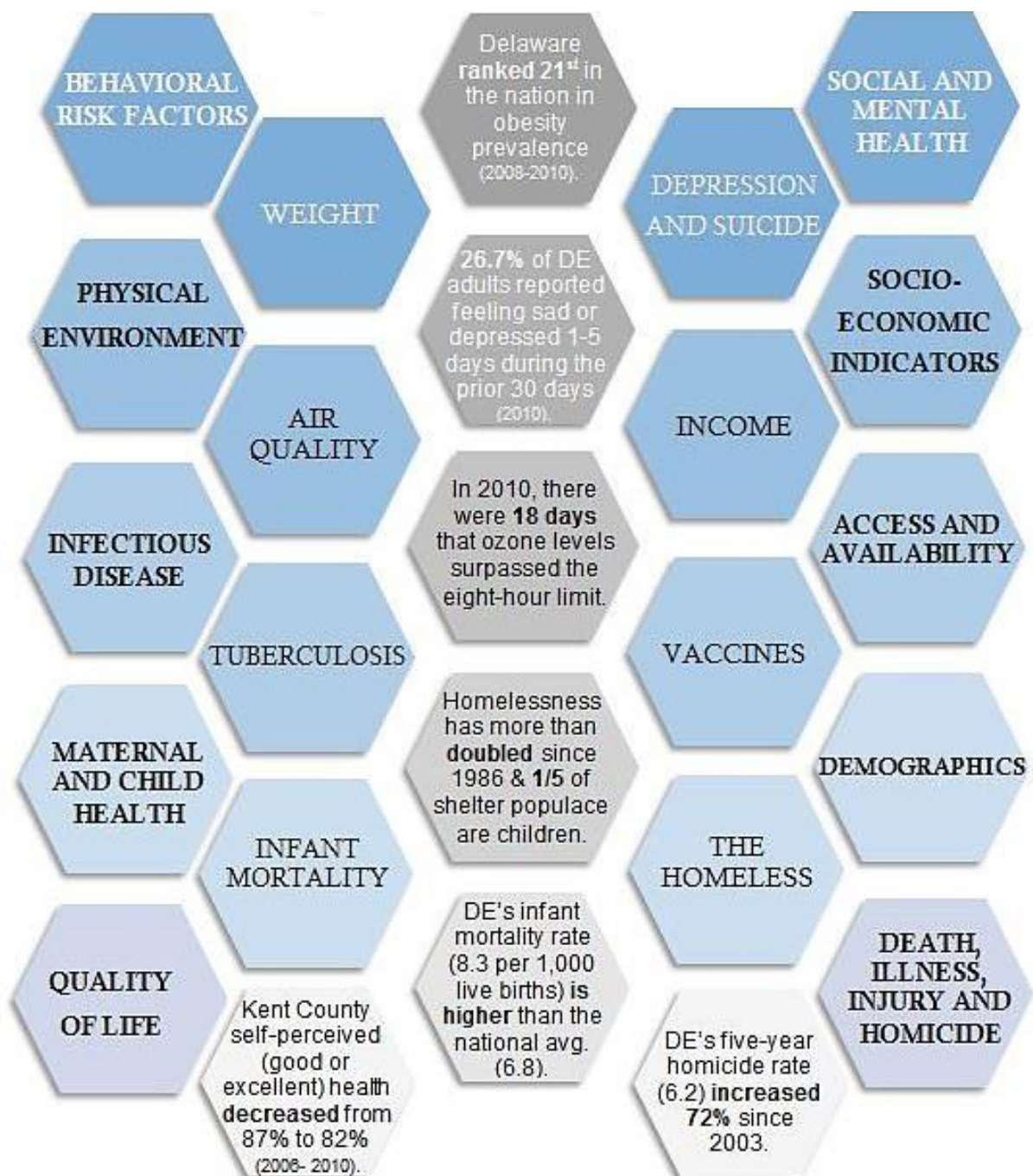
Using the results of the web-based Community Health Survey as a foundation, stakeholders met in July 2012 for an **asset mapping activity** by compiling a list of existing assets, or resources, whose utilization can strengthen the community by improving health and quality of life (Figure 2). These included (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 social, 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 forces and corresponding opportunities that laid the groundwork for the development of ‘Goals and Strategies’ in Phase 5.

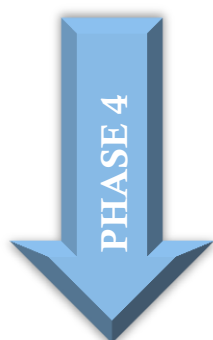
Table 3. Forces and Opportunities

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

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

The State Health Assessment *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, including: (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 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.

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 believed 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
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

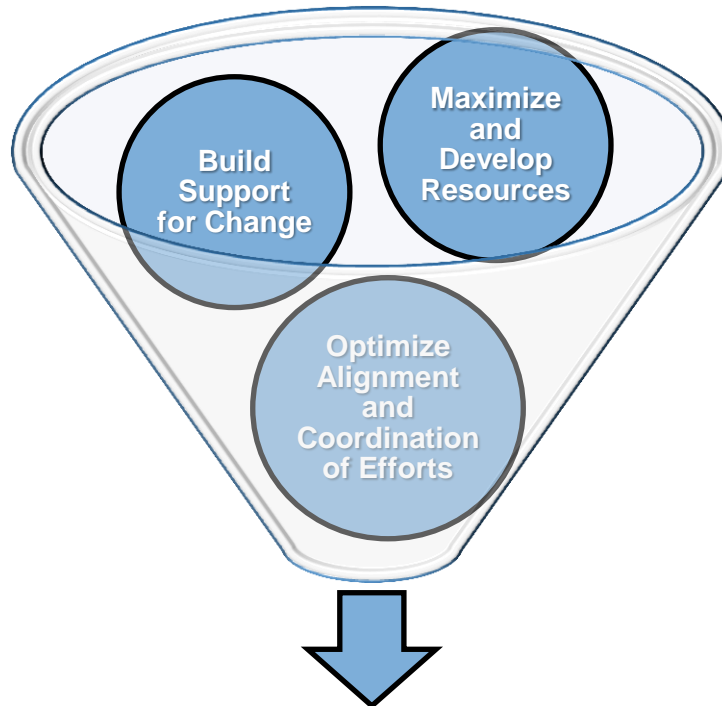
Strategy 1: Maximize and Develop Resources.	Strategy 2: Build Support for Change.	Strategy 3: Optimize Alignment and Coordination of Efforts.
Objective 1.1: Leverage public and private resources.	Objective 2.1: Advocate with decision makers.	Objective 3.1: Facilitate the coordination of plans and actions.

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: Improve early detection, screening and early intervention, and 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 the adoption of healthier behaviors. The primary focus of this strategy is to develop a funding and sustainability plan for Motivate the First State (www.motivatethefirststate.com), a 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 – into something meaningful. Every time someone is active and healthier, it benefits their well-being and supports a well-deserved Delaware charitable organization.

To support this, the Governor's Council on Health Promotion and Disease Prevention's Bikeable and Walkable Community Committee identified prospective private, public, philanthropic, and non-profit funders, secured funding from these

sources, and established a fiscal mechanism to receive and disburse funds. These tasks were successfully accomplished and an initial investment of \$80,000 was secured to launch the campaign on June 1, 2015.

CHANGE

(2015) With these results, it is easy to conclude that the very focused pilot campaign was successful in catalyzing active and healthier behaviors, such as reducing sugar sweetened beverage consumption, eating five or more fruits and vegetables daily, and getting adequate sleep.

Initial analysis of the incentive-based fundraising tool (Plus3Network) to track participation and move contributions showed that over \$25,000 was 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) indicated there was significant potential in using the Plus3Network platform as part of an overarching health campaign to leverage resources, behavior change, and a very engaged group of partners led by the Governor's Council and the State Chamber of Commerce.

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

(2016) The Motivate the First State Campaign was able to partner with Christiana Care Health System, securing another \$25,000 to improve the resource base for programs that impact the adoption of healthy behaviors. Money will be used for outreach to capture new participants enrolling and tracking healthy behaviors on the Plus-3 Network. Quarterly reports submitted through Plus-3 indicate a 10 percent monthly increase in activities logged which translated into more than \$50,000 moved to statewide health promoting charities.

To date, more than \$100,000 was moved to statewide health promoting charities.

(2017) As on December 2017, there are over 3,600 users and over \$100,000 has been moved to state charities.

(*See Appendix B for an updated tracking form that details work group activities and accomplishments.)

STRATEGY 2: BUILD SUPPORT FOR CHANGE

Strategy Leader Contribution: Laura Saperstein, Program Administrator, Physical Activity, Nutrition, and 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

(2015) Key settings were chosen to reach large groups within the state population and 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 DPH's Health Promotion and Disease Prevention Section support this coalition through meeting facilitation and other administrative functions.

CHANGE

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.

(2016) The MTFS Campaign engaged *four* new faith-based partners in 2016: Young Life, Siegel JCC, Urban Promise, and Fellowship Christian Athletes. These partners are engaging their participants and extended networks to improve their knowledge and behaviors around walking, biking, and healthy nutritional choices, and getting them to

From June-August, 2017, former Delaware Governor and healthy-living advocate Jack Markell rode his bicycle 3,680 miles across America under the banner of Motivate The First State.

log onto the Plus 3 network platform to track these behaviors. Their successes, along with the three original partners (Special Olympics, YMCA of Delaware, and Boys and Girls Clubs of Delaware) have increased participation in MTFS by 25 percent over 2015.

As of September 30, 2016, the clubhouse retained 3,126 participants who performed 166,514 health activities in over 101,839 hours, 65 percent of which were identified as

“Fitness & Movement” activities, equating to over 377,000 miles walking, running, and biking... 864,461,813 steps!

(2017) Public-Private partnerships went a long way in 2017. From June-August, 2017, former Delaware Governor and healthy-living advocate Jack Markell rode his bicycle 3,680 miles across America under the banner of Motivate The First State. With every pedal stroke, Jack moved money to select Delaware nonprofits and challenged Delawareans to join him with the "Keeping Up With Jack Across America Challenge," presented by Chase. Community members from every county made healthy activities count for charity. In the process, Jack and thousands of other people moved thousands of dollars to healthy programming for youth and their families within the state of Delaware.

(*See Appendix B for an updated tracking form that 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 coordinating and aligning 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.

OPPORTUNITY

SHIP efforts were combined with the current 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

(2015) A planning team reviewed state plans (Delaware Partners to Promote Healthy Eating and Active Living's *Physical Activity, Nutrition, & Obesity Prevention Comprehensive Plan*, The Governor's Council on Health Promotion and Disease Prevention Recommendations: *Building a Healthier Future*, and the *Delaware Comprehensive Cancer Control 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 and reviewed recommendations provided to the planning team to select at least one intervention in each health behavior area to track.

The team utilized the selection process from a document published by the National Association of County and City Health Officers (NACCHO) about prioritizing health

problems. The Implementation Team selected the following interventions that pertain to the SHIP goals:

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

(2016) The DPH Planning Team submitted two new recommendations for the Implementation team to review. The IMPACT Tobacco Prevention and Control

The “Don’t be an E-Cig Guinea Pig” campaign was selected to counter marketing and promotion of e-cigarettes.

Coalition met and one of recommendations has become prominent in their planning and implementation is already underway. The second recommendation is also under consideration by DPH and

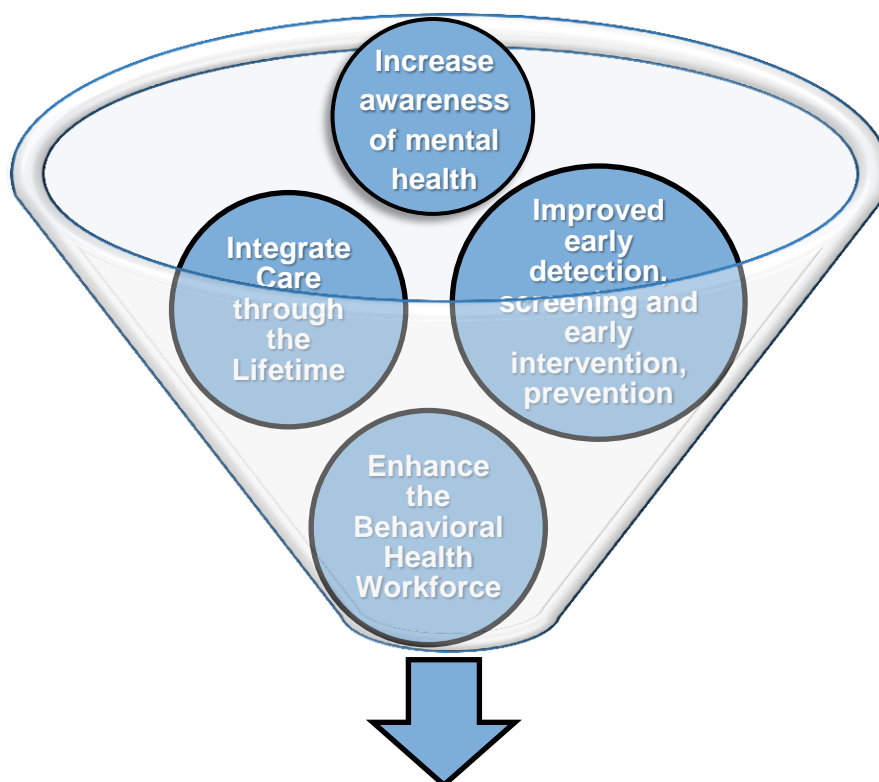
several partners. Those recommendations are:

1. Develop effective and innovative multimedia campaigns targeting tobacco prevention and misinformation about e-cigarettes and emerging products.
2. Increase the number of students who received 150 minutes of physical education per school week (elementary) and 225 minutes per week (middle and high school).

(2017) In 2017, two objectives were selected. Both objectives were focused on youth prevention issues- one tobacco prevention and the other on physical activity. Due to the drastic increase in youth use of e-cigarettes, an objective was selected to develop a campaign to counter their marketing and promotion. Focus groups of youth were conducted to select a campaign message to use. The “Don’t be an E-Cig Guinea Pig” was selected. [Materials were developed and the marketing campaign was launched.](#) The physical activity objective centered on developing plans to increase the time spent in schools on physical activity and physical education.

(*See Appendix B for an updated tracking form that 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 Contribution: Emily Vera, 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 (DHA), the Delaware Health Information Network, and the Delaware Department of Insurance were leveraged for collaborative action and workgroup allocation.

CHANGE

(2015) A website was designed to educate Delawareans about informed decisions 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 videos on shortcomings of current patient experience when interacting with health systems. A communications firm (Aloysius Butler & Clark) was engaged for media development, and media messaging was prepared for production at the end of 2015.

(2016) The Delaware Health Care Commission (DHCC) and the Delaware Health Information Network assisted with providing incentives for providers to adopt electronic health records (EHRs) and report to the DHIN, thus allowing for more integrated care. The Delaware Center for Health Innovation and partners developed a consensus paper on the integration of behavioral health and primary care early this year, and established a subcommittee that is working towards implementing integrated care throughout the state. Finally, a patient and consumer advisory committee was established to ensure that *consumers will be better able to make informed choices about their health care decisions*, particularly in regards to behavioral health care as the health care system moves toward more integrated models of care.

A patient and consumer advisory committee was established to ensure that consumers will be better able to make informed choices about their healthcare decisions, particularly in regards to behavioral health care as the healthcare system moves toward more integrated models of care.

(2017) The Delaware Healthcare Commission and the Delaware Health Information Network assisted with providing incentives for providers to adopt Electronic Health Records and report to the DHIN, thus allowing for more integrated care. *Over 96% of providers currently practicing in Delaware are now enrolled in the DHIN.* The Delaware Center for Health Innovation along with partners developed a consensus paper on integration of behavioral health and primary care early this year, and established a subcommittee that has been working towards implementation of integrated care throughout the state. *Approximately 37% of providers are currently involved in practice transformation towards this end.* Finally, a patient and consumer advisory committee was established to ensure that consumers will be better able to make informed choices about their healthcare decisions, particularly in regards to behavioral health care as the healthcare system moves toward more integrated models of care. The group has developed 9 strategies to reach consumers based on best practice research.

(*See Appendix B for an updated tracking form that details work group activities and accomplishments.)

STRATEGY 2: ENHANCE THE BEHAVIORAL HEALTH WORKFORCE

Strategy Leader Contribution: Carol Kuprevich, Director of Community Planning, Program Development and Training, Division of Substance Abuse and Mental Health, Delaware Health and Social Services

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, four-year college programs, and graduate and post-graduate disciplines. All of these continue to be addressed in detail as the SHIP has evolved.

The initial plan was intended to be a feasible ‘fledgling step’ toward collaborative efforts that may not have occurred before in Delaware. It represented 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. Screening, Brief Intervention, and Referral to Treatment (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 Division of Substance Abuse and Mental Health (DSAMH) to leverage as existing resources for needs assessments.

The information was refined to reflect findings. Of interest, training on “counseling skills,” especially basic counseling skills, was the most commonly-cited area of need in workforce development. The other commonly-cited training needs are: education and integration (2), SUD training (3), and trauma-informed care or services for specific populations (4).

Training on skill proficiency related to service delivery to individuals with criminal justice involvement was commonly referenced. Ethics training was requested and the demand was strong enough to support an evening track of ethics being offered at DSAMH’s Summer Institute for several years. Clinical supervision was a critical need cited by local key informants, which indicated priority. Educational offerings should be eligible for continuing education credits (CEUs). Suicide prevention was not mentioned commonly by survey or workshop respondents, but it was deemed 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, although SBIRT was infrequently mentioned, it is an important area for skill development, and an awareness of its importance need to be addressed.

CHANGE

(2015) DSAMH collected both local and national sources of information to support a plan of action.

Local sources of information included an on-line survey conducted in March, 2015, with 470 respondents; and an analysis of responses from 672 participant reaction sheets from workshops held between January 2014 and February 2015. A third source was 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 health care by working with the Medical Society of Delaware in partnership with Christiana Care to provide SUD training to the community.

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 two-day conference on alcohol and other drugs (AOD) was held in December, 2015 that included CEUs.

(2016) In accordance with Objective 2, to increase access to training resources related to behavioral health care throughout the State, the following accomplishments were attained:

1. The Delaware Learning Center (DLC) was implemented in January 2016.
2. The DHSS and DSAMH portal of the DLC is now available to external persons interested in continuing education within behavioral health care.
3. DSAMH now offers CEU workshops in all three counties.
4. A Progressive Conference with 54 workshops was offered throughout the State over a three-month period with approximately 2,000 participants.
 - a. The workshops were considered for college credit by Wilmington University, which added 'stackable credentials' throughout their campuses.

To increase the number of middle and high school students interested in careers in behavioral health (Objective 3), the following accomplishments were achieved:

1. HOSA – Future Health Professionals in Delaware high schools selected the National Association of Mental Illness for their two-year national service project.
2. September 2016 resulted in 446 high school students taking 'Health Promotion' for three college credits. The curriculum includes behavioral health components.

3. High school students who complete Allied Health programs receive nine college credits: four are with DTCC and five are dual credit (meaning students can achieve 14 college credits before college).
4. A Certified Nursing Assistants state model program of study in Delaware high schools (a three-course program) was released for applications in the Fall of 2016 (two high schools have applied).

Finally, Wilmington University plans to apply for a Post-Graduate Psychiatric Mental Health Nurse Practitioner Certificate (PMHNP). The application is completed and the application will be made in early 2017.

(2017) Delaware has at least three (3) schools that are taking on the Public & Community Health program of study (Milford, Appoquinimink, and Middletown). This will impact early preparation of students for careers in behavioral health and substance abuse.

Additionally, in partial response to the Delaware opioid epidemic, three community information events have been held throughout each of the counties. Several dozen providers have participated to assist hundreds of citizens in learning about opioids and how to find services.

The Division of Substance Abuse and Mental Health has also provided several

Over fifty students representing at least twenty-five different college and university programs have completed or are currently working in behavioral health related internships and psychiatric residencies.

hundred mental health and substance abuse related workshop topics for thousands of professionals who work in behavioral healthcare in our state. Over fifty students representing at least twenty-five different college and university programs have

completed or are currently working in behavioral health related internships and psychiatric residencies with the Division.

An initiative between DSAMH and The Beck Institute with Drs. Aaron and Judith Beck in Philadelphia, to provide Cognitive Behavioral Training on depression, anxiety, PTSD, and other disease states was initiated in 2017 and thus far, **over four hundred non-unique practitioners have received instruction on the use of cognitive behavioral strategies.** Mental health first aid (MHFA), a basic introductory 8-hour curriculum on behavioral health for citizens, has been provided in all three Delaware counties. Over 300 citizens have received this instruction and more sessions are scheduled for 2018. Additionally, in partnership with Global Investment Foundation for Tomorrow (GIFT), mindfulness has been offered throughout the state during the day and in the evenings. Both MHFA and Mindfulness workshops are provided to the citizenry at no cost. To date over five hundred persons have participated in Mindfulness training and more are scheduled for 2018.

Delaware colleges and universities continue to expand their programs in psychology, behavioral health, and nursing and several are now offering certificates. For example, Wilmington University has added a certificate in trauma informed care and added a mental health focus for nurse practitioners. Delaware Technical and Community College has added mindfulness to support their faculty and offered a Mindfulness Summit on a Saturday that was attended by over 150 persons. The Veterans Administration in Elsmere is conducting mindfulness groups for veterans and the Boys and Girls Club have plans to offer mindfulness to its entire staff in the upcoming year.

(*See Appendix B for an updated tracking form that details work group activities and accomplishments.)

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

Strategy Leader: Emily Vera, Executive Director, Mental Health Association (MHA) in Delaware

FORCE

The purpose of Strategy 3 is to align screening and systematic processes across multiple sectors of the health care 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, 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 health care settings.

OPPORTUNITY

Former strategy leader Jim Lafferty was a member of an advisory group for the Community Outreach, Referral, and Early Intervention Program (CORE). This program screens and attempts to detect signs and symptoms that suggest an individual may be at higher risk for their first psychotic break. In other words, this program can prevent the onset of schizophrenia. Jim was also the executive director of MHA, which 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. Jim has since passed on these duties to the new strategy leader, Emily Vera (October 2016). These accessible resources, shared knowledge, and content expertise serve as a catalyst for action in Strategy 3.

CHANGE

(2015) The first training for CORE was held in May 2015. Referrals were accepted starting in July 2015 and as of November 2015, and 11 individuals were referred for screening.

The Behavioral Health Works screening program in primary care physician (PCP) offices was first implemented 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 completed training and 12 medical facilities in Kent and Sussex counties were identified for potential use of the behavioral health screening tool.

The Delaware Center for Health Innovation has a payment subcommittee that is continuing to work with physicians and insurers to determine how services for behavioral screenings in primary care health settings may be reimbursed.

(2016) Improving early detection, screening, and early intervention for mental health conditions was accomplished through two specific youth-focused programs: Project CORE) and the Behavioral Health Works screening program.

CORE is focused on finding at-risk youth for psychotic disorders before or at the time of their first psychotic break, in order to provide treatment and family support that can prevent a psychotic disorder from developing. Since inception, roughly 100 individuals were screened, over 40 were admitted into the program, and three multi-family groups were established.

Behavioral Health Works is a screening tool developed for use in emergency departments, primary care offices, and other settings where young people may be identified for disorders. The screen covers 13 domains including suicide, depression, psychosis, anxiety, and others. Over 1,000 patients were screened and over 100 were referred directly for current suicide ideation since the screening tool was developed.

To date, over 130 individuals were screened, over 50 were admitted into the CORE program, and three multi-family groups were established.

(2017) Since inception, 134 individuals have been screened, over 56 were admitted into the program, and 3 multi-family groups were established. Behavioral Health Works is a screening tool developed for use in

Emergency Departments, primary care offices, and other settings where young people may be identified for disorders. The screen covers 13 domains including suicide, depression, psychosis, anxiety and others. **Over 3,000 patients were screened, of which 968 indicated suicide risk, with 266 having current suicide ideation.**

(*See Appendix B for an updated tracking form that 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 (NAMI) 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 focuses on two main objectives: The first is raising awareness through education and marketing efforts around the CORE program. The second major focus is the HelpIsHereDE.com website designed to raise awareness about prevention, recovery, and treatment resources for substance use issues.

OPPORTUNITY

Tracking educational events and exhibiting events can determine the level of awareness being raised regarding psychosis and CORE. By tracking the website access information on a quarterly basis, reviewers can determine the community impact and awareness of this effort.

CHANGE

(2015) After careful consideration, the Strategy 4 work group revised their strategic plan in June of 2015. 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, and mental health providers) was implemented. These interventionists raised awareness of psychotic illness and resources for intervention. In addition, the work group met with the Department of Services for Children, Youth and their Families, Division of Prevention and Behavioral Health; and the Department of Health and Social Services in November 2015 to discuss obtaining tracking information for their outcome reports.

(2016) This year brought increased progress on reporting in the identified areas that contribute to behavioral health awareness. Although there continues to be some lag time in obtaining reporting data, the work group developed good contacts and improved communication with representatives in the identified tracking areas.

The Crisis Intervention Team (CIT) program and training officers in Delaware are seeing great progress. There was good representation at the NAMI Delaware state conference in October 2016 where there was a significant focus on criminal justice issues and law enforcement response to mental health crisis situations. Major Sam Cochran (ret.) from the Memphis Police Department, considered the founder of CIT, provided the keynote address and two break-out sessions that focused on helping Delaware learn how to build a strong and effective CIT program. The CIT class produced 35 graduates.

Looking ahead, the work group anticipates seeing a number of exciting developments. They predict more individuals showing early signs of psychosis receiving treatment and intervention from the CORE Team professionals, thanks to the outreach efforts and awareness activities. Additionally, CIT program components will be launched. The CIT Program is prioritizing a 16-hour training program for telecommunication professionals who receive 911/crisis calls for law enforcement responders and dispatch first responders to better understand mental health crises.

A Veterans Response Team (VRT) program will also launch in 2017. This 16-hour training program is designed for law enforcement officers who complete the 40-hour CIT training and identify as veterans of the U.S. Armed Forces. Once they complete the VRT training, these officers will respond as "peers" to veterans in the community who are in crisis. Officers who are also veterans are positioned to identify with

The Veterans Response Team (VRT) training was launched in September 2017 with an inaugural class of 18 officers. These officers were provided with veteran specific resources to assist our veterans in crisis.

veterans in crisis and be better prepared to develop effective rapport. These exciting programs will help raise awareness about crucial behavioral health concerns in our community.

(2017) In 2017 there was still strong utilization by members of the community in accessing the Addiction treatment website helpsherede.com

that helps connected people with resources and information related to addiction. The website was revised and relaunched in May of 2017 and a digital marketing campaign was also completed in 2017 which helped drive strong utilization of the website.

The CORE Program is in its third year and while awareness activities continue, it is not at the higher rates seen after the initial launch of the program. One significant development to help strengthen the program and increase awareness are the current efforts to launch a youth advisory committee for the program. The final year end numbers for outreach and awareness activities are expected after publication of this report.

The Crisis Intervention Team (CIT) training program for law enforcement continues to have strong interest from the law enforcement community and the providers interested in highlighting the resources available to assist those in need of mental health care and support. The Veterans Response Team (VRT) Training was launched in September 2017 with the inaugural class having 18 officers graduating. These officers were provided with veteran specific resources to assist our veterans in crisis.

It is clear all three of the programs tracked for the purposes of this strategy group saw success in reaching members of our community and showcasing important educational information and resources.

(*See Appendix B for an updated tracking form that 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 contributed to laying strong foundations for the work of the coalition. DPHI remains dedicated to the work of improving the health of Delawareans. DPHI activities are detailed below.

ESTABLISH AND MAINTAIN A SHIP COALITION

Maintain membership information

DPHI received initial membership information from DPH and maintained and organized this information. Additionally, DPHI gathered information for other potential coalition members. DPHI imported contact information into a 'Mailchimp' newsletter account, which allows DPHI to connect with a diverse range of coalition members as often as is necessary and without complication. To date, 186 members make up this list.

In 2016, DPHI adopted a new platform called 'EventBright' to manage semi-annual events and meetings with members. EventBright is synced to the SHIP MailChimp account and bolsters communication by providing easy event registration, information sharing, calendar reminders, location maps, and directions.

Develop a mission and vision

DPHI developed a mission and vision, and has worked with key stakeholders (including DPH 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 February 2015 for review, and input from various individuals was incorporated. The SHIP Subcommittee approved the mission on May 6, 2015.

Establish regular communication with coalition members

DPHI sends monthly e-mail newsletters that include news, updates, and information on meetings and events. These updates have also included accomplishments being made toward the various objectives during the first action cycle. As always, strategy leaders and the coalition are reminded to visit the SHIP webpage, which houses materials from SHIP events, assessment meetings, strategy documents, and provides an additional forum for announcements and general information.

Establish by-laws

DPHI developed governing bylaws for the SHIP Coalition and sent them to members of the DPHI SHIP subcommittee in February 2015 for review. Input from various committee members was incorporated. The SHIP Subcommittee approved the bylaws on May 6, 2015. (Appendix C)

Hold a semi-annual membership meeting

In 2017, DPHI held two semi-annual coalition membership meetings in accordance with SHIP objectives. Summaries of each event are outlined below.

SHIP Semi-Annual Coalition Membership Meeting – April 26, 2017

Location: Maple Dale County Club, Dover, Delaware

All of the strategy leaders, the majority of their work groups, and new potential coalition members were in attendance. This event reinforced the progress of the first SHIP, reiterated the assessment and revision process, allowed strategy leaders to present on milestones, and offered an information session for attendees interested in learning more about the SHIP revision committee.

At the conclusion of the information session, attendees were given the opportunity to sign-up for the committee – and 15 new participants joined. The decision to extend invites to members of the community in addition to the coalition has continued to steadily increase attendance numbers, with a total of 48 out of 60 possible registration slots filled.

SHIP Semi-Annual Coalition Membership Meeting – November 28, 2017 Location: Maple Dale County Club, Dover, Delaware

The last event of cycle 1 proved to be a success, with thirty coalition members were in attendance, along with several strategy leaders from cycle 1 of SHIP.

This event reinforced the progress of the first SHIP, reiterated the assessment and revision process, featured a panel of 4 strategy leaders discussing successes and lessons learned with the group, and collected key data from attendees regarding new strategic issues via a readiness and feasibility assessment. This information will be used in the final recommendations report.

All materials can be found on the SHIP resources webpage at www.delawarephi.org.

DEVELOP AND IMPLEMENT A PROCESS TO CONDUCT A STATE HEALTH ASSESSMENT EVERY THREE 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.

This plan was reviewed by the SHIP Subcommittee and finalized for action. DPHI held an assessment kick-off meeting on January 19, 2016. Coalition members were invited to review the 2015 annual report and MAPP process, discuss current DE SHIP strengths and weaknesses, define measurements for assessment, complete a brief survey to help shape a new SHIP vision, and establish next steps. On March 1, 2016, DPHI held a follow-up conference call with attendees to discuss a management plan and timeline. As a result of collective efforts from the group, a finalized vision statement and resource database were developed.

DPHI integrated this data to further support and promote SHIP's work. Delaware vital statistics 5-year averages were used for the Community Health Status Assessment (CHSA) alongside other quantitative data such as Census from the American Community Survey, the Nemours Delaware Survey of Children's Health (DSCH), and the 2015 Delaware Household Health Survey. DPHI launched the Delaware Household Health Survey in September 2015, to collect information concerning demographics and certain health issues at local levels.

Qualitative data was collected similarly to how it was collected for the cycle 1 – through various stakeholder surveys and community meeting discussions. On April 19, 2016, DPHI conducted a Forces of Change (FOC) Assessment brainstorming activity at the coalition-wide meeting. It helped shape the FOC community follow-up survey, which was fielded in the months following. In addition, DPHI partnered with Nemours to survey coalition members as part of an initiative Nemours was already working on and can complement to the Public Health Systems Assessment for SHIP.

In September 2016, DPHI conducted 16 key informant interviews for the Local Public Health Assessment (LPHA). Information was analyzed for important themes to be added to the SHNA report.

Two community meetings were held in accordance with the Community Themes and Strengths Assessment (CTSA) on October 27, 2016 (New Castle County: Bear-Glasgow YMCA), and October 28, 2016 (Kent County: Eden Hill Medical Center). Registration turnout was as expected and conducive of a community meeting discussion format. DPHI transcribed the information and summarized results in the final assessment report which will be made available in early 2018.

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

DPHI 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
3. Designation of individuals and organizations that have accepted responsibility for implementing strategies outlined in the SHIP
4. A process to track actions taken to implement strategies in the SHIP.

A state health assessment plan was reviewed by the SHIP Subcommittee and finalized for action. DPHI held an assessment kick-off meeting on January 19th, 2016. Members of the coalition were invited to review the 2015 annual report and MAPP process, discuss current DE SHIP strengths and weaknesses, define measurements for assessment, complete a brief survey to help shape a new SHIP vision, and establish next steps. On March 1, 2016 DPHI held a follow-up conference call with attendees to discuss a management plan and timeline. As a result of collective efforts from the group, a finalized vision statement and resource database has been developed to be used for the assessment(s).

DPHI incorporated existing initiatives and assessments (particularly as identified by the coalition) to reduce duplication of efforts. Qualitative data was collected similarly to how it was collected for the current SHIP – through various stakeholder surveys and community meeting discussions. On April 19th, 2016 DPHI conducted a Forces of Change (FOC) brainstorming activity at the coalition-wide meeting that helped shape a follow-up FOC community assessment via ‘SurveyMonkey’. These results have been analyzed and are included in the SHNA.

In September 2016, DPHI conducted 16 key informant interviews for the Local Public Health Assessment (LPHA). Information was evaluated and important themes were summarized in the SHNA report. Two community meetings were held in accordance with the Community Themes and Strengths Assessment (CTSA) on October 27th 2016 (New Castle County: Bear-Glasgow YMCA), and October 28th 2016 (Kent County: Eden Hill Medical Center). Registration turnout was as expected and conducive of a community meeting discussion format. DPHI transcribed the information and has included key findings in the SHNA.

DPHI launched the Delaware Household Health Survey in September of 2015, which collects information concerning demographics and certain health issues at local levels. DPHI has included this quantitative data in the assessment. DPHI obtained vital statistics 5-year averages from DPH that were used for the Community Health Status Assessment (CHSA) alongside other quantitative

data such as Census from the American Community Survey and the Nemours Delaware Survey of Children's Health (DSCH).

The product of these efforts produced a comprehensive assessment report. The report is over 200 pages in length, includes detailed analysis at the local level using nationally recognized benchmarks such as Healthy People 2020 to identify key social determinants of health, poor health outcomes and their contributing factors, and health inequities of special populations/ communities.

The assessment underwent an extensive review process. Part of the MAPP process requires each SHIP plan to be based on findings from the state health needs assessment. To this end, the draft report (not for distribution) was made available to the SHIP revision committee following approval from DPH. Key findings and recommendations from DPHI staff were incorporated into planning discussions.

DPHI developed a revision committee that met several times from July – November 2017 to identify and prioritize strategic issues, develop goals and strategies, and review current action plans to validate their applicability. Due to scheduling conflicts, the original June meetings were postponed. At meeting 1, committee members were asked to participate in a candid and open discussion of current gaps/needs across the state. The focus group format of the meeting generated a great deal of meaningful information. These areas of need were applied to the committee's review of the State Health Needs Assessment over one month's time in preparation to discuss what the evidence supports or refutes in meeting 2.

During meeting 2, it was determined that the data in the report needed to be simplified in order to provide a clearer direction for planning efforts moving forward. To this end, DPHI conducted an in-depth analysis of assessment results and drafted a template that included the top 4 priority areas the bubbled to the top as well as their contributing factors. This information was accompanied by specific questions that solicited feedback on current strategic plans, actionable objectives, and evidence-based practices that are related to the top 4 priority areas. After receiving approval from DPH, DPHI sent out the template to the revision committee on September 18, 2017. The committee had one month to complete the forms. Results were analysed and presented at meeting 3 in November, where the revision committee came up with a list of top-level goals that reflect the work done up until that point.

DPHI adapted an evidence-based readiness and feasibility assessment that included new top-level goals. This assessment was distributed at the second semi-annual coalition meeting on November 28, 2017. The result of these planning efforts will be a new SHIP that includes state wide health goals, and evidence-based practices. DPHI will also recommend policy changes needed to accomplish new goals and objectives. The final recommendation report is being submitted to DPH on December 30th, 2017, and will be used in the coming year to shape efforts moving forward.

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 are dedicated to supporting the actions being taken on the SHIP priorities. They are documented in this report.

Ongoing review and revision, as necessary of the SHIP

DPHI sees the SHIP as an iterative process and has built in improvements to the process based on results, experience, and stakeholder feedback. In 2018, DPHI will ensure the ongoing review and revision of SHIP goals and strategies based on experiences of this initial process.

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 work groups 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 five years of work, from 2012 to 2017.

Participation and opinions of a diverse group of stakeholders was pivotal to the conceptualization of the State Health Improvement Plan (SHIP) 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 SHIP revision 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 will undoubtedly sustain and enhance improvements made by this first Delaware SHIP.

DPHI conducted the second iteration of the statewide health needs assessment from April to November 2016. The results from this assessment updates findings from the 2012 assessment outlined in this report, and will continue to inform the next round of SHIP set to commence in January 2018.

The first SHIP set the stage for future iterations of SHIP that truly reflect Delaware's growing and changing health landscape.

Appendix A: Delaware SHIP Strategy Leaders

Goal 1

Strategy 1

Richard E. Killingsworth, MPH
Chief, Health Promotion and Disease Prevention
Division of Public Health (DPH)
Delaware Health and Social Services

Strategy 2

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

Strategy 3

Ferdinando A. Gatto
Chief, Health Promotion Bureau
Division of Public Health (DPH)

Goal 2

Strategy 1 & 3

Emily Vera, LCSW
Executive Director, Mental Health Association in Delaware

Strategy 2

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

Strategy 4

Joshua Thomas, PhD
Executive Director
National Alliance on Mental Illness in Delaware (NAMI Delaware)

Appendix B: 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

Priority: ☐ Mental Health ☒ I Healthy Behaviors

Strategy: Maximize and Develop Resources

Description: The purpose of this strategy is to improve the resource base for programs that impact upon the adoption of healthy behaviors.

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"> Identify prospective funders. Engage prospects through individual and group meetings. Secure funding from at least one foundation. Set up fiscal mechanism to receive and disburse funds. 	<p>Governor's Council on Health Promotion and Disease Prevention: Sustainability Committee DPH through Administrative contract for facilitator</p> <p>Governor's Council on Health Promotion and Disease Prevention:</p>	<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>May 7 – Launch Plus3-Network</p>	<p>Number of entities providing funding.</p> <p>Amount of financial contribution.</p> <p>Website launch</p> <p>Funding obtained for charitable 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. \$25K secured from Christiana Care Health Systems <p>Through contract with State Chamber of Contract, Plus3 engaged and mockup of website developed</p> <ul style="list-style-type: none"> Additional funding for
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 	<ul style="list-style-type: none"> • Walkable/Bikeable Committee • Delaware Chamber of Commerce • Bike Delaware 	web-based system June 1 – begin enrolling Plus3 participants Sep 30 – pilot study ends	<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>engaging partners and participants secured through DPH- PHHSBG</p> <ul style="list-style-type: none"> • Quarterly reports submitted by Plus3 Network indicate annual increase in participation is 10% per quarter • Participation in activities logged remains level following initial pilot • As of December 2017, over \$100,000 has been moved to charity
--	---	--	--	---	--

GOAL 1

STRATEGY 2: BUILD SUPPORT FOR CHANGE

Priority: ☐ Mental Health ☒ Healthy Behaviors

Strategy: Build Support for Change

Description: This strategy addresses the need to generate a climate in which Delawareans are knowledgeable about and support efforts to improve healthy behavior. Support for such changes can come from elected officials, community leaders, the business community, and others who are in a position to influence public opinion.

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) DPH Leadership	January – February 2015	1.1 # of priority settings identified and communicated by CHPDP steering committee	1.1 (4) Priority setting chosen: schools, faith-based organizations, worksites, non-profit organizations impacting health/physical activity behaviors. 1.1: FY16 Funding will focus on Faith-based organizations, and facilitation of outreach to [their] community; <u>COMPLETE</u> : 4 FB convening organizations identified
		1.2 Governor Council on		1.2 # of key	1.2 Key Informants/Champions chosen

2.0 Create a strategy for stakeholder advocacy	1.2 Identify key informants within priority settings.	Health Promotion and Disease Prevention (Steering Committee) 1.2 (b): MTFS/DPH Leadership	February – March 2015	informants/champions engaged by initiating mini-grant process to define the scope of work 1.2(b): # of faith-based organization engaged through MTFS facilitation	based on mini-grant review; 6 champion organizations were selected. 1.2(b): Four organizations identified; Key informants chosen based on MTFS outreach
			1.2(b): October 2015-September 2016		
	2.1 Convene stakeholders for strategy development and training	2.1 DPH – (Health Promotion and Disease Prevention Section) 2.1(b): MTFS facilitator (contractor)	March – May 2015	2.1 # of champions trained(attendance lists includes individuals and organizations represented; data and location of specific trainings; training facilitator(s)) No Updates	2.1 First meeting held on March 25, 2015 with 5 of 6 organizations represented. Group decided to focus on a walkable, bikable Delaware MTFS re-launch 4/22/16 5/12/16: 2 of 4 organizations convened with DPH & MTFS Campaign Director; bring awareness of project/campaign; assign next-steps Campaign Director and partners meet on regular basis to discuss program progress, challenges and opportunities.
			October 2015-June 2016 July-September, 2016	2.2 # of stakeholder advocacy strategies identified	

3.0 Mobilize a network of stakeholders to advocate	2.2 Develop strategies based on policy related issues. 3.1 Create messaging materials.	2.2 DPH – (Health Promotion and Disease Prevention Section); CHPDP Walkable/Bikeable Committee No updates	May 2015	No Updates 3.1 # of materials developed; # materials disseminated 2016 Launch Guidebook	2.2 Meeting held May 7, 2015 with 200+ participants among cross-cutting diverse representation of statewide organizations No Updates
		3.1 DPH (Health Promotion and Disease Prevention Section); DSCC; Plus-3 Network	June 2015		3.1 Shiny Agency – a full service advertising, branding & digital agency – developed MTFS brand and messaging. A press kit included multiple resources and was released and disseminated to all partners. 3.1(b):Dover, YMCA; 50+ Guidebook disseminated among all public/private/non-profit in attendance
			April, 2016	3.2 # of participants engaged;	3.2 DPH will conduct (12) trainings throughout September 2015 for a potential reach of 689 new users.
		3.2 Mini-grant partner organizations 3.2(b): 2016 Faith-based		3.3 # of movement activities contributed; # resources leveraged as a result of activity	September launch of (4) new faith-based community partners

		organizations			to their networks. . \$39,948 moved to (3) recipient charities for health-based programming: Special Olympics = <i>Healthy Athletes</i> ; B&GC of DE = <i>Smart Moves</i> ; YMCA of DE = <i>Healthy Weight & Your Child</i> ; 2,648 participants joined; 202,463 miles of activity logged; 63,087 hours of activity logged; 40 teams created AS of September 30, 2016: 3,126 participants; 166,514 healthy behaviors performed over 101,839 hours of which 65% were “fitness & Movement” activities equating to over 377K miles of walking, running or biking (or 864,461,813 steps).
	3.2 Engage participants to improve their knowledge and behaviors around walking and biking, and healthy nutritional choices	3.3 DPH (Health Promotion and Disease Prevention Section)	June - October 2015		
			July-Sept, 2016		
			November 2015		
	3.3 Convene and survey champions.		April 2016		As of November 30, 2017: 3600+ participants; 1M miles of activity logged; \$100K+ earned for local charities to improve healthy eating and active living.

GOAL 1

STRATEGY 3: OPTIMIZE ALIGNMENT AND COORDINATION OF EFFORTS

Priority: ☐ Mental Health ☐ Healthy Behaviors

Strategy: Optimize Alignment and Coordination of Efforts Involving Healthy Eating and Active Living in Delaware.

Description: Coordinate and align efforts promoting Healthy Eating and Active Living by conducting an environmental scan of current efforts, analyze the data obtained and provide recommendations to DPHI.

NOTE: This revision is due to the DPH Health Behavior Strategy Map Team taking over as the objective owner from DE HEAL.

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.	<ol style="list-style-type: none"> Develop data and info collection tool. Collect data (goals and objectives) from state coalitions and agencies 	DPH Health Behavior Strategy Map Planning Team	<ol style="list-style-type: none"> Jan 2015 Create collection tool April 2015 Collect data 	<ol style="list-style-type: none"> tool created data collected 	The Planning team developed a spreadsheet with National Prevention Strategy Recommendations (NPSR) listed for Healthy Eating and Active Living as well as other health behavior measures for Tobacco Prevention and Self-Care. The planning team reviewed statewide plans which included among others the DE HEAL Plan, The Governor's Council on

<p>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.</p>	<p>1. Review data collection tool and identify gaps between National Prevention Strategy Recommendations (NPSR) and reviewed plans. 2. Provide a list of recommendations to the Implementation Team for review and selection</p>	<p>DPH Health Behavior Strategy Map Planning Team</p>	<p>April 2015 review data May Provide recommendations</p>	<p>1. Data analyzed 2. Recommendations provide to Implementation Team</p>	<p>Health Promotion and Disease Prevention Recommendations, and the Delaware Cancer Plan.</p>
<p>By 31 June 2015 the Implementation Team reviews the recommendations and selects at least one (1) strategy for each health behavior.</p>	<p>1. Develop selection criteria 2. Select recommendations</p>	<p>DPH Health Behavior Strategy Map Planning Team</p>	<p>June 2015 develop selection criteria and make selections</p>	<p>1. Selection criteria determined 2. Recommendations selected.</p>	<p>The Planning Team provided four (4) recommendations for each health behavior to the Implementation Team.</p>
			<p>May 2016: Provide recommendations for year two.</p>		<p>The Implementation Team met twice and determined selection criteria and made selections for all health behaviors.</p>
					<p>June 2016 Update: The DPH Planning team met in May 2016 and selected two additional</p>

<p>By 31 May 2016, analyze the data to identify gaps and make recommendations to provide to the DPH Health Behaviors Strategy Map Implementation team.</p> <p>By 31 August 2016 the Implementation team reviews the recommendations and make selection(s)</p>			<p>31 August 2016 to review and make recommendations.</p>		<p>recommendations to move forward to the Implementation team.</p> <p>A face-to-face or conference call will be set up.</p> <p>DEC 16 UPDATE: This year the IMPACT Tobacco Prevention Coalition met to draft a new 5 year plan. One of the recommendations provided from the Planning team was prominently discussed and will be implemented. Actions to implement the other recommendation are taking place internally and with partners. A conference call was not needed after all.</p>
		DPH	<p>August 2015 provide findings to DPHI</p>	<p>Findings provide to DPHI</p>	<p>The DPH Leadership Team met on Sept. 17th to approve selected recommendations of the Implementation and</p>

By 31 August DPH Leadership Team review the selected recommendations and provide to DPHI.	<ol style="list-style-type: none"> 1. DPH Leadership conducts review and approval 2. Provide recommendations to DPHI 	Leadership			
By 30 June 17 Develop effective and innovative multi-media campaigns targeting tobacco prevention and misinformation about e-cigarettes and emerging products	<ol style="list-style-type: none"> 1. Conduct focus groups 2. Select campaign based on focus group comments 3. Run campaign 	DPH Tobacco Prevention and Control Program and their social marketing vendor	Run campaign by the end of the fiscal year	<ol style="list-style-type: none"> 1. Focus groups report 2. Number of views from various venues (internet hits, TV spots...) 	A campaign theme was selected using the focus groups comments. The campaign was run and evaluation results are forthcoming.
By 30 August 17 Increase the number of students who receive 150 minutes of physical education (PE) per school week (elementary), 225 minutes of PE/week (middle & high school.	Provide training and technical assistance to school district wellness committees to improve district wellness policies by adopting comprehensive physical activity programs in schools.	DPH Physical Activity, Nutrition & Obesity Program through contracts and consultants	Complete by August 30, 2017	<p># of PD/TA opportunities provided to Local Education Agencies (LEAs)</p> <p># LEA Wellness policies implementing the adoption of comprehensive PA/PE programs</p>	<p>- Consultants provided (4) professional development opportunities for physical education and health teachers, school nurses, and administrators encompassing Whole School, Whole Child,</p>

					<p>Whole Community (WSCC) strategies</p> <p>-Consultants offered monthly technical assistance to 7 LEAs assessing current policies and working to align with model policies developed by national resources</p> <p>-DPH PANO developed the “Activate Achievement” toolkit with accompanying video and PowerPoint presentation for school administrators with resources and direction on implementing comprehensive PA/PE programs, policies and practices.</p>
--	--	--	--	--	--

GOAL 2

STRATEGY 1: INTEGRATE CARE THROUGHOUT THE LIFETIME

Priority: ☒ Mental Health ☐ Healthy Behaviors

Strategy: Integrate care throughout the lifetime.

Description: Integrate medical care with specialty care; particularly behavioral healthcare for all patients throughout their lifespan.

Objective SMART format	Activities	Responsible Person or Agency	Timeline	Evaluation Measures	Accomplishments
1: Actively engage in the implementation of Delaware's State Healthcare Innovation Plan	1.1: Assist with the identification of behavioral health provider incentives to adopt Electronic Medical Records	Delaware Center for Health Innovation-Payment Model Monitoring Committee	April 2016	% of providers who use EHR	Delaware Health Care Commission has funds to assist Behavioral Health Providers implement EHR's According to the DHIN, over 96% of providers currently practicing in DE use EHRs.
	1.2 Support the expansion of the Delaware Health Information Network (DHIN)	Delaware Health Information Network	Ongoing	% of providers who report to the DHIN	DHIN has funds to help providers implement Direct Secure Messaging for Provider to Provider transfer of medical information. Direct is an industry standard. Over 96% of providers currently practicing in DE are enrolled in the DHIN.

	<p>Activity 1.3: Promote a model of care coordination that includes better integration with behavioral health providers</p>	<p>Delaware Center for Health Innovation – Clinical Committee</p>		<p>% of providers who utilize a model that integrates medical and behavioral health care</p>	<p>Consensus paper on integration of behavioral health and primary care approved by DCHI Board January 2016</p>
	<p>Activity 1.4: Educate Delawareans about informed decision making about health care including</p>	<p>Medical Society of DE</p> <p>DE Health Care Association</p> <p>Delaware Center for Health Innovation</p>		<p># of consumers reached through targeted educational communications</p>	<p>Implementation subcommittee established April 2016</p> <p>37% of providers involved in Practice Transformation according to the DCHI Clinical committee.</p> <p>Developed 9 key patient engagement strategies based on best practices research – Dec 2017</p> <p>http://www.dehealthinnovation.org /Patient-Consumer-Advisory</p>

	behavioral health	Workforce – Patient and Consumer Advisory Committee	2015 TBD 2016 50% 2017 75% 2018 90%		
--	-------------------	---	--	--	--

GOAL 2

STRATEGY 2: ENHANCE THE BEHAVIORAL HEALTH WORKFORCE

Priority: X ☐ Mental Health ☐ Healthy Behaviors

Strategy: Enhance the behavioral health workforce

Description: 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.

It is critical to note that longer term objectives are developed from a broader perspective and may require longer time and more resources to achieve. The shorter term objectives have been culled with great deliberation by the committee to realistic and achievable components.

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 (target: current and future workforce)	Study the current Delaware workforce using models from West Virginia, Colorado, Texas, and others, as examples, to determine the current state of services, gaps in service, gaps in knowledge, barriers, and opportunities which exist in behavioral health and substance abuse.	SHIP DHSS	2018	Data detailing the system's Strengths, Weaknesses, Opportunities, and Barriers for further development	In 2015 DSAMH T.O. conducted a needs assessment using a convenience sample. Findings were distributed at prior SHIP mtg. Another needs assessment is in planning stages for DSAMH to be conducted statewide in CY 2017 and the data will be added to the

					<p>ongoing needs assessment data that is collected at each workshop.</p> <p>Needs assessment data collected throughout 2016 and early 2017 using participant feedback, meeting content, special initiatives, and other convenience sampling. Results compiled and shared with SHIP 4/2017.</p>
<p>Objective Two: Increase access to training resources related to behavioral healthcare; main focus on Alcohol and other Drug (AOD) related topics due to severity of substance use issues in DE and reports for a need of certified providers as well as providers who are using Evidence Based</p>	<p>Study the features of similar entities that have been created throughout the US – other SHIPs</p> <p>Assess continuing education offerings and other workforce development initiatives within DE agencies, in other DE statewide health related plans and</p>	<p>Strategy #2 members</p> <p>Strategy #2 committee started this through discussion; to be continued by SHIP committees</p>	<p>December 2014 for preliminary data and ongoing from subsequent strategy committees</p> <p>2015 and ongoing</p>	<p>List of workforce development ideas garnered from other SHIPs and integrated into DE strategies</p> <p>Initiatives are listed through SHIP and SHIP partners contribute regularly through SHIP meetings and eventually through electronic repository</p>	<p>Completed.</p> <p>Completed and reported on in previous updates and annual reports.</p>

<p>Practices (EBPs) and/or Evidence Informed Practices and who are aware of newer treatment approaches; provide access to training in models of integrated behavioral and physical health care consistent with SHIP and Affordable Care Act (ACA)</p> <p>(target: current workforce)</p>	<p>forums, colleges and universities, and professional associations to (1) develop consistency of behavioral health related training and (2) share/maximize resources while avoiding duplication, and (3) coordinate efforts</p>				
	<p>Map locations of offerings to assess geographical gaps to include representation in all three (3) counties including east and west Sussex County</p> <p>Assess offerings via other sources that could provide continuing education, certificates or college credits, e.g., Massive Open Online Courses (MOOCs)</p>	<p>SHIP Committee initially and through electronic repository eventually</p> <p>SHIP</p>	<p>2015 and ongoing</p> <p>2015 and ongoing</p>	<p>Identified training resources are available proportionate to provider populations in all three (3) counties.</p> <p>Initiatives are listed through SHIP and SHIP partners contribute regularly through SHIP meetings and eventually through electronic repository</p>	<p>DSAMH is offering CEU workshops in all three DE counties and are accessible to everyone as described above through the DLC.</p> <p>WU and DTTC continue to develop partnerships for Continuing Education, certificates, and college credits. In October, November and December of 2016. A progressive conference</p>

					<p>offered by DSAMH Training Office provides 54 workshops that WU is also offering college credits for completion. Executive summary provided to SHIP participants in 4/2017 including over 2,000 participant attendees.</p>
	<p>Create a central electronic repository for information about mental and behavioral healthcare training, Clearinghouse development, and/or website links.</p> <p>Obtain and disseminate evidence-based and/or</p>	SHIP as it develops and as SHIP garners funding	2018	<p>Electronic repository is available, accessible by all Delawareans, and all training is posted by entities who are offering educational opportunities</p> <p>Guidelines are developed and disseminated</p>	<p>While this is not complete, the initiation of the DLC is a step in the right direction toward completion. The challenge is that not everyone has joined the DLC.</p> <p>New initiative between DSAMH and The Beck Institute to provide Cognitive Behavioral</p>

	<p>evidence-informed guidelines for behavioral health disease management, specifically depression to begin with, to primary care providers to improve early diagnostic evaluation, treatment, care coordination, and follow-up support of individuals</p> <p>Coordinate with Medical Society of Delaware (MSD) and other organizations to create and implement continuing education on depression for physicians, nurses, and other health professionals</p> <p>Create learning opportunities (MOOCs, webinars, etc.) on the Business of Health Care, which covers the aspects of health care</p>	<p>SHIP as it develops and garners funding</p> <p>Add Medical Society of Delaware to SHIP structure and include in electronic repository</p>	<p>2018</p> <p>2018 for electronic repository</p> <p>2015 & ongoing for initial coordination of efforts</p>	<p>MSD is part of electronic repository</p> <p>MSD is integral part of SHIP</p> <p>Learning opportunities</p>	<p>Training on depression and other disease states.</p> <p>Completed and reported in other updates and annual report.</p> <p>Christiana Care</p>
--	---	--	---	---	--

	financing, managed care, Accountable Care Organizations (ACOs) etc.	DHHS (Medicaid) MSD or Managed Care Organizations (MCOs) Insurance Commission Licensing boards IHEs	2015 and ongoing	are available # of enrollees	continues to partner with other entities to provide educational opportunities that address this.
	Implement Smart Moves/Smart Choices Prescription Drug Abuse Prevention Program in K-12 Delaware schools.				
	Train health educators and school nurses in Smart Moves/Smart Choices	Division of Public Health (DPH), Department of Education (DOE)	Ongoing	Pre and Post Evaluations	
	Implement state-wide Project Extension for Community Healthcare Outcomes (Project ECHO) which is an online professional learning community that will improve the chronic pain expertise	DPH DOE	2015 and ongoing	Number of health educators trained Number of school nurses trained Pre and post test evaluations	

	<p>among primary care providers and stimulate collaboration among a multidisciplinary team.</p> <p>Advocate change with state licensing boards (psychology, social work, counseling, etc.) to require providers to participate in training on integrated care.</p>	<p>DHSS Medical Society of Delaware (MSD) Prescription Drug Action Committee (PDAC)</p>	<p>2015 and ongoing. New cohort will start in March 2015</p>		
	<p>Partner with Central East Addiction Technology Transfer Center (CE-ATTC) to bring addiction training on Medication Assisted Treatment, HIV/Psychiatry, and other Alcohol and other Drug (AOD) topics to Delaware programs. Create a Summer Seminar and other series for mental health professionals that address skills and knowledge based</p>	<p>SHIP Delaware Board of Professional Regulations Independent Licensing Certification Boards e.g. Delaware Certification Board</p> <p>CE-ATTC SHIP DHSS MSD PA/Mid-Atlantic HIV Consortium at</p>	<p>2018</p> <p>2015 and ongoing</p>	<p>Requirement developed and enforced for license renewal and for certifications, as applicable</p> <p>Partnerships established</p> <p>Number of training programs offered</p> <p>Number of participants in programs</p>	<p>Completed and reported on</p> <p>A Progressive Conference Held with many of these partners; executive summary with number of programs and participants included provided to SHIP in</p>

	training in common core subject areas in the field of mental health.	<p>Christiana Care</p> <p>Delaware Professional Counselors Association</p> <p>Wilmington University Clinical Mental Health Counseling program</p> <p>NAMI</p> <p>DSAMH</p> <p>Mental Health Association</p> <p>Veterans Administration</p>	2015	<p>Number of professionals attending</p> <p>Evaluation of workshops</p> <p>Credentialing of presenters</p>	<p>4/2017.</p> <p>A Mini Institute: Ethics and Treatment Strategies planned for June 2017. Anticipate over 500 participant attendees at over 20 skill based workshops throughout the day and evenings.</p>
<p>Objective Three:</p> <p>Increase number of middle and high school students interested in careers in mental and behavioral health.</p> <p>(target: future</p>	Develop Public Health and Allied Health Programs of Study (POS) to include comprehensive middle and high schools that include behavioral	<p>Participating middle and high schools</p> <p>Institutions of Higher Education (IHEs)</p> <p>Business and industry leaders</p> <p>Department of</p>	Pilot 2015-2016 school year and ongoing	Number of partnerships with Institutions of Higher Education (IHE) and employers from business and industry offering early work and college	Six (6) high schools applied and received approval for the state-model Allied Health Program of Study to begin for the 2016-2017 school year.

workforce)	health curricula (“Break the Silence”, suicide prevention and Mental Health First Aid certification), early work and college options.	Education CTE-Health Sciences National Alliance for Mental Illness (NAMI) Mental Health First Aid Certified Instructors National Council on Behavioral Healthcare		<p>options for students</p> <p>Number of Local Education Agencies (LEAs) successfully implementing Allied Health and Public Health pathways</p> <p>Number of students enrolled in Allied Health/Public Health pathways</p> <p>Number of HOSA chapters/students raising awareness and funds NAMI-National Service Project</p> <p>LEA success in pathway compliance monitoring</p> <p>Number of students successfully completing early work and college options</p>	<p>The CNA state-model program of study (3-course program for comprehensive high schools) was released for applications in the Fall 2016 for which two (2) high schools have applied for the POS.</p> <p>The Public & Community Health state-model program of study will be released for applications in the fall 2017 and is schedule to enroll students in 2017-2018 school year.</p> <p>HOSA-Future Health Professionals selected NAMI as the 2-year National Service Project.</p> <p>Wilmington University has plans to offer a Public Health Certificate for</p>
------------	---	--	--	---	---

				<p>Number of students completing Mental Health First Aid certification</p>	<p>undergraduate students. The certificate will provide general education in public and population health, epidemiology and health policy.</p> <p>September 2016 resulted in 446 students taking Health Promotion, AP honors course, for 3 college credits.</p> <p>Plans are being made to offer TOT for MHFA in late 201</p> <p>Students who complete Allied Health programs of study receive nine college credits. Four credits are articulated with DTCC, and five credits are dual-credit. Students can take DTCC A&PII (BIO 121) in the summer following the 12th grade</p>
--	--	--	--	--	---

	<p>Develop career fairs on behavioral health (mental health, physical health, etc.) at middle and high school levels</p> <p>Increase partnerships with Institutes of Higher Education to offer dual enrollment for high school students, e.g. Introduction to Psychology, Medical Terminology, A & P. Partner with Nemours Health & Prevention Services (NHPS) and DOE to expand their Health Literacy curriculum to be available in all DE high school and middle school health</p>	<p>Individual schools consider kick-off for pathways program combined with career fairs</p> <p>Develop partnership between the following: Department of Education High schools Charter schools Technical schools Universities Community colleges NHPS and DOE</p>	<p>2016 and ongoing</p> <p>Implementation in 2015 and 2016; state- wide 2017</p> <p>2015 and ongoing</p>	<p>Analyze Department of Labor data relative to number of persons employed in behavioral health and demographics</p> <p>Number of schools providing career fairs</p> <p>Number of Delaware high school students who graduate with completed college credits</p> <p>Number of high schools and middle schools with the Health Literacy curriculum offered to students</p> <p>Number of students who complete the</p>	<p>year for an additional five credits. In total, students can achieve 14 college credits before the fall semester of freshman college year.</p>
--	--	--	--	---	--

	curriculum.			Health Literacy Curriculum	
Objective Four: Increase number of college undergraduates who are interested in and prepared for a career in the behavioral healthcare field. (target: future workforce)	Encourage implementation of “Stop Out” (Jeffreys, 2004) at all programs to increase the number of students who complete degrees	All IHEs in Delaware	2015 and ongoing	Number of students participating in “Stop-Out option.”	
	Develop career fairs on mental and behavioral health for all post-secondary institutions	IHE and SHIP to partner with behavioral health providers	2015 and ongoing	Number of Institutes of Higher Education programs of study that implement “Stop Out” Number of schools providing career fairs Number of participants attending Number of providers participating	
	Create opportunities for informational interviews in behavioral health and incorporate as part of a curricula or pre-internship assignments.	All IHEs	2015 and expand to additional IHE ongoing	Schools track number of information interviews.	
	Identify opportunities for experiential learning such as internships and	IHEs Providers of behavioral	2015 and ongoing	Track number of	

	<p>Co-ops in mental health</p> <p>Assess current course offerings in mental and behavioral health (e.g., health psychology, addictive behaviors, crisis intervention AND the basic sciences for persons entering behavioral health to include but not be limited to: Microbiology, Chemistry, Biology, Anatomy and Physiology, Pharmacology, Genetics, Neurobiology)</p> <p>Develop new courses and programs and expand programs currently offered</p>	<p>healthcare</p> <p>IHEs SHIP when funding available</p> <p>SHIP partners IHEs</p>	<p>2015 and ongoing</p> <p>2015 and ongoing</p>	<p>students in IHEs in Delaware successfully completing experiential learning, e.g., co-ops, and internships</p> <p>Survey or assessment findings available</p> <p>Strategy team identified to develop objectives and identify responsible parties</p> <p>Number new courses offered</p> <p>Number of programs</p>	<p>Completed and reported previously and new ones in progress.</p>
--	--	---	---	--	--

	Review articulation agreements between Delaware IHEs to ensure seamless transition for students with credits in behavioral health courses between IHEs	IHEs	2015 and ongoing	Number of articulation agreements	Completed as reported previously and new ones in progress.
Objective Five: Influence graduate schools curriculum to reflect SHIP initiatives and current needs based on data (target: current and future workforce)	Identify current graduate programs/curriculum and assess for gaps and current state of practice in DE	IHEs and SHIP when funding available	2018	Findings available Assessment completed New strategy committee established to create a plan and identify responsible parties	Many objectives are accomplished and reported on previously.
	Include integrated care in curricula	IHEs	2018	Integrated care is part of all behavioral health curricula for Delaware IHE's	
	Promote certifications and other learning opportunities to prepare behavioral health	SHIP IHEs for certification programs National Association of	2015 and ongoing	Number of professional staff certified in the provision of integrated care	

	professionals for the Patient Centered Medical Home model and other areas of integrated care.	Social Workers, Delaware Certification Board American Psychological Association, etc. Division of Professional Regulations including but not limited to: Delaware Board of Nursing Psychology Licensed Practitioners of Mental Health, etc.			
Objective Six: Promote the need for and the development of a Delaware medical school. (target: future workforce)	Support the negotiations and discussions amongst the Delaware Health Science Alliance (DHSA) members about the creation of a Delaware-based medical school	DHSA, SHIP	2018	Medical school for Delaware implemented	Not accomplished.

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

Strategy: Improved Early Detection, Screening and Early Intervention, Prevention

Delaware Public Health Institute
Delaware State Health Improvement Plan

	Behavioral Health Works screening program in Primary Care Physicians offices	and Behavioral Health Services Mental Health Association in Delaware		screened # referred for current suicide ideation	3245 screened, 968 indicated suicide risk, 266 current risk	December 2017
--	---	--	--	---	--	------------------

GOAL 2

STRATEGY 4: INCREASE AWARENESS OF MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES

Priority: X Mental Health ☐ Healthy Behaviors

Strategy: Group 4 – Increase Awareness of mental health and substance use issues.

Description: Implement awareness initiatives that focus specifically on raising awareness about resources available to the public for mental health and substance use issues.

Objective SMART format	Activities	Responsible Person or Agency	Timeline	Evaluation Measures	Accomplishments
Objective 4.1	Utilize CORE (Community Outreach, Referral and Early Intervention) to raise awareness among providers and the broader community.	Division of Prevention and Behavioral Health Services for Children Division of Substance Abuse and Mental Health	2015-2017	Track number of awareness presentations and number of participants to providers and community stakeholder organizations.	With 2017 being the 3 rd Program Year for the CORE Program, the number of awareness activities are decreasing in frequency. Their statistical report will be disseminated after this tracking document is distributed.

Objective 4.2	Utilize HelpIsHereDE.org online resource to raise awareness of substance use and addictions assessment and treatment resources. The “Help is Here DE” website was developed to provide comprehensive resources and support for people seeking assistance with addiction related concerns.	Division of Substance Abuse and Mental Health Division of Public Health	2016-2017	Quarterly reporting on number of times the website was accessed and specific pages were accessed.	The website was accessed 26,961 times between January 1 and Dec 13, 2017. The top pages accessed were: Prevention: 5,897 Recovery: 4,983 Addiction: 4,682 Treatment: 4,062 Intro: 3,785 Healthcare Providers: 2,831
	Utilize marketing resources, radio spots, and billboards to raise awareness regarding the existence of the Help Is Here DE website and the resources available through this comprehensive resource guide.	Division of Substance Abuse and Mental Health Division of Public Health	2015-2017	Quarterly reporting of marketing efforts, number of exhibits, and social media posts. Data related to the number of times each marketing effort was utilized.	Digital Media Campaign – 5.4 million reached, contributing to over 8,000 people coming to the website.

Objective 4.3	Utilize Crisis Intervention Team (CIT) Training program for law enforcement to measure awareness efforts.	National Alliance on Mental Illness in Delaware (NAMI Delaware), Division of Substance Abuse and Mental Health, multiple community stakeholder organizations, multiple law enforcement agencies.	2015-2019	Quarterly reporting of mental health community resource awareness for law enforcement through the Crisis Intervention Team (CIT) trainings "Community Resource Fair." Note: 40 Hour CIT Classes are held typically in the 1 st and 4th quarters of the year.	<p>2 CIT Classes were held in 2017 (March & Oct). 17 community resources exhibited and 80 law enforcement officers participated.</p> <p>The new Veterans Response Team (VRT) 16 hour advanced training was launched. 8 veteran specific resources were presented to 18 officers who participated.</p>
---------------	---	--	-----------	---	---

Appendix C: 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.