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**Subject:** [EXTERNAL] : SDOH System Transformation Investment Strategy Feedback

Hello Libby and Amy,

I enjoyed the presentation to the CTC Board and Community Health Team Oversight Committee last month. I applaud your efforts to craft a vision to assist RI to more adequately and comprehensively address Social Determinants of Health (SDOH). Thank you for the opportunity to offer feedback on this presentation. Some of my comments were made in the meeting, and I have taken the liberty of summarizing these thoughts and making additional observations.

1. It is great to see the ideas of substance and relevance put together in a cohesive document.
2. Placing the HEZ work prominent in the strategy is important.
3. I highly recommend you obtain feedback from RIHCA to gain the FQHC perspective. I do not believe you can just rely on the AE organizations for feedback as it pertains to RI's FQHCs. While PCHC and BVCHC are stand-alone AEs, IHP represents 6 independent FQHCs and 3 independent CMHCs. Only obtaining AE feedback on such important work and not directly obtaining feedback from the individual FQHCs will diminish the impact of the sustainability strategy as well as the full implementation of the approach.
4. The framework for upstream, midstream, and downstream make the system transformation you articulated very understandable. Explaining these concepts to a broad audience using this model will make the approach more viable and consistent with other healthcare transformation approaches. I encourage you to also see Rishi Manchanda's work that might make it easy to bring others onboard with these concepts- (<https://healthbegins.org/> [[healthbegins.org](https://healthbegins.org/)]; <http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Rishi-WhatIsAnUpstreamist.aspx> [[ihl.org](http://www.ihl.org/)]).

Most of my other comments can be aligned with the 5 strategies you have outlined in your approach.

- 1) Rhode to Equity – Midstream and Upstream
  - (a) This is an important lens for this initiative.

(b) Equity is not only about race and ethnicity. Individuals with myriad disabilities have faced inequity for decades. Specifically, individuals and families struggling with mental health and substance use disorders have face inequality and stigma in all aspects of our society.

2) Sustain Community Health Teams – Midstream

(a) To build sustainable funding in a systemic approach, the course taken needs to have multisector engagement.

(b) EOHHS consists of RIDOH, DCYF, BHDDH and DHS. Families interfacing with one branch of EOHHS are very likely to be involved with other branches of EOHHS. The vision statement that frames SDOH as an EOHHS and RIDOH vision is not as comprehensive and encompassing as is needed.

(c) BHDDH and other EOHHS departments need to be shoulder to shoulder with you in this work, and their voices need to be evident in the document (plan).

(d) To create a sustainable future state, the broad coalition building you engage in today will help strengthen the feasibility of a future that moves beyond short-term HSTP funding.

3) Invest in IT Systems to Support Coordination: Community Information and Referral Platform (CIRP) – Midstream

(a) Referrals – engage those doing the work, not just the planners.

(b) There are many bright and experienced referrals coordinators who can tell you the “boots on the ground” challenges and barriers to a more coordinated and valuable referral platform.

(c) The “sales force” at an IT company will promise the world. When it comes to implementation, the staff doing the work to refer, and coordinate services will be extremely valuable as part of the design team.

4) Accountable Entity Engagement with Health Equity Zones – Upstream

(a) Each of the HEZ initiatives in the state have their own cultures of operation and some are more community engaged than others. All have deep roots in their local communities that understand the challenges,

frustrations, and strengths within their respective communities. Their role in this initiative is going to prove extremely valuable.

(b) However, they are not the only entities within local communities with a commitment to improve the health and well being of their community's residents.

5) Participatory Budgeting – Upstream

(a) RIDE has many of the same families engaged. How are they involved?

(b) Primary consumer feedback is tricky. It is imperative that you move beyond token engagement to obtain genuine feedback and participation in the planning as well as the implementation of the system of care.

(c) There are numerous perspectives and strategies to engage local residents and recipients of services. One model does not fit all.

(d) A single advisory panel approach is only a token approach.

(e) The needs of single adults living in Providence differ from families with a single parent with 3 children under the age of 7. Rural challenges in Pascoag and Hope Valley will differ from those living in the urban core, such as Central Falls or the eastern part of Cranston. And so on...

In closing, this is a strong approach that can be enhanced. The press of time, the short timeline of HSTP funding, and the massive undertaking to transform a system of care to address the SDOH challenges that have been around for decades can move planners and policy makers to take a simpler and more manageable approach. I encourage you to think boldly and to take time to build a broader coordinated planning structure to really lay out a sustainable course of action so this does not fulfill the skeptics' voices that the waiver and HSTP initiative is merely a federal money-grab. I believe it can and should be more.

*Regards,*  
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