Coordinating Action on shared goals to improve the health of ALL people in South Carolina

October 27, 2015 - General Meeting
Agenda

9:30-10:00.: Networking time

10:00-10:15: Welcome, introductions and updates

10:15-10:35: Board Retreat Update

10:35-10:45: Alliance Website

10:45-11:00: Policy and Advocacy Team Recommendations for Alignment around Behavioral Health

11:00-11:35: Aligning our efforts

11:35-11:40: Elections

11:40-12:00: What do we want to see at our next Alliance meeting?

12:00-12:30: Networking time
### Membership survey

#### Needs and actions

<table>
<thead>
<tr>
<th>Needs</th>
<th>Actions</th>
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<tbody>
<tr>
<td>Clarify Alliance’s purpose</td>
<td>New Membership Commitment with clearer mission and role of the Alliance</td>
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<tr>
<td>Concrete follow-up from meetings</td>
<td>Re-structured charge for the Operations Team</td>
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<td>Agreed upon, aligned, measurable deliverables</td>
<td>New dashboard easily accessible and updated in website</td>
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<td>Provide straight-forward information about actions and outcomes</td>
<td>New meeting design with time for members to share how they are aligning</td>
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<td>Implement concrete projects to raise awareness/reach priority audiences</td>
<td>Clarified “Role of the Alliance” and “Gold Standard of Membership”</td>
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<td>Alliance “projects” will be on the Policy &amp; Advocacy, Health Equity, Alignment, and Communications front.</td>
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<tr>
<td>Clarify how the Alliance’s recommendations will be used</td>
<td>New meeting design</td>
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<tr>
<td>Positive change. Movement</td>
<td>“Role of the Alliance” “Gold Standard of membership” “New leadership structure with distributed leadership.”</td>
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</table>
Be the change you want to see in the world

-Mahatma Gandhi
Focused action

• Clarity of mission

• Emphasis on leadership
  – The Alliance is a collection of leaders, not a formal organization with corporate-style governance

• Using our meetings most effectively

• Communicating for Impact
Clearer Mission

Coordinating Action on shared goals to improve the health of ALL people in South Carolina

Read and sign the new Member Commitment
We, as senior leaders of our organizations are at the core of making change happen.

*Leadership Team* (former Board) will support strategic coordination.

*Operations Team* will support tactical coordination.

*Acceleration Teams* as meaningful opportunities for staff to participate of making change happen
- Policy & Advocacy
- Health Equity
- Development
- Communications
Using our meetings for impact

– Strong focus on Policy/Systems change and alignment to accelerate improvement towards Alliance Goals

– Fully prepared and moderated by Alliance Senior Leaders

– Each member will be expected to share how they enhancing their current work as a result of the Alliance goals, Alliance Meetings, or Alliance partners once a year.
Communicating for Impact

• New Website Launched today!

• Tools for Senior Leaders
  – Customizable presentation packets (1, 5, 20, 60 min)
  – Business cards
  – Talking points

• Tools for Member’s staff
  – Communications Toolkit
  – Briefs and case-studies
  – Links to coalitions, reports, etc
Coordinating action on shared goals to improve the health of ALL people in South Carolina
As an Alliance, we want to make sure that every person in our state has the best chance to be psychologically well (i.e. controlled mental and substance use disorders), and we have selected three indicators to track success: depression medication adherence, primary care preventable length of stay at acute care hospitals for people with behavioral health conditions, and number of days feeling mentally unwell in the past month for people with low household incomes.

Scroll down to find information about these indicators, potential partners, and resources for improvement.

Help improve the psychological health of people in South Carolina today

Connect with others

Track Progress

- Strategies
- Who is working on it?
- Resources
Coordinating action on shared goals to improve the health of ALL people in South Carolina
Mission, elevator speech

About us

Our picture & Organization link

Members

Meet and email the Leadership Team

Leadership Team

Teams and Staff

Dashboard & Call To Action

Guiding Framework

Team information

Join the Teams

Results and Equity Action Steps

Triple Aim Collective Impact
Funding this work

• The Development Team will work to keep share of expenses at current level in 2016 ($2000ish) by encouraging larger contributions from some organizations
  – Larger contribution does NOT give additional voice or vote

• All of us are encouraged to give more if we can.
Policy and Advocacy Team
High-priority alignment recommendations
Behavioral Health 2015-2015

Prioritized Prescription Drug Recommendations
(Gov. Taskforce):
A. Support use of SCRIPTs (South Carolina Reporting & Identification Prescription Tracking System) by providers.
B. Support use of medication assisted treatment (MAT) for opioid addiction, especially during pregnancy.
C. Support expansion of unused prescription drug drop-off sites

Prioritized Behavioral Health Recommendations
(IMPH taskforce)
D. Create short-stay crisis stabilization facilities across the state for patients experiencing a behavioral health emergency.
E. Support the expansion of access to outpatient behavioral health services around the state.
F. Develop a network of Mobile Crisis Units

Follow-up
Bob, DAODAS
John, DMH
Kester, IMPH
Open discussion

• How have we aligned our individual goals with the Alliance goals as a result of
  – Knowing the goals and metrics
  – Information shared at Alliance meetings
  – Information shared in the weekly newsletter
  – Networking with other Alliance members or staff

• What do we want to see at our next Alliance meeting?
Leadership team 2015-2018
Slate 2015 rotations

- Thornton Kirby – CEO SC Hospital Association
  (2nd term)

- John Magill – Director SC Dpt. Mental Health
  (1st term – Currently fulfilling Catherine Templeton’s term)

- Lisa Wear-Ellington – CEO SC Business Coalition on Health
  (1st term)

- Shawn Stinson – CMO BlueCross BlueShield
  (1st term – currently fulfilling Jim Deyling’s term)
2016 Meetings

Main member representatives:

“Alliance Meetings”

• 1st month of each quarter
• 4th Tuesdays
• 10am – 12pm

January 26
April 26
July 26
October 25

Staff of any member organization

Policy and Advocacy Team

• 2nd month of each quarter
• 3rd Tuesdays
• 10am – 12pm

Health Equity Team

• 3rd month of each quarter
• 1st Tuesdays
• 1am – 3pm
Rotating slides:
Logistical details

Remember to call-in:
- 1-888-289-4573
- Access code: 4398724

Please introduce yourself in the chat-box

If issues arise:
- *If you have issues hearing*, please use the chat-box to let Lois Garba know.
- *If the phone-line disconnects*, please let us know by chat or text (803-348-3284). Stay on the line. We will troubleshoot and send an announcement by email and chat-box when the line is back on.
<table>
<thead>
<tr>
<th>Alliance Objectives</th>
<th>Count</th>
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<tbody>
<tr>
<td>Outstanding improvement (above goal)</td>
<td>1</td>
</tr>
<tr>
<td>Improving</td>
<td>7</td>
</tr>
<tr>
<td>Worsening</td>
<td>5</td>
</tr>
<tr>
<td>Baseline recently established</td>
<td>2</td>
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Healthy Babies Dashboard

**Infant Mortality 2013**

In 2013, 389 babies died before their first birthday (This is 6.86 infant deaths per 1000 live births)

**Racial Disparity in Low-Birthweight 2014**

In 2014, 14.3% of all non-Hispanic Black newborns weighed too little at birth (Low birth-weight: less than 2500g). This proportion is 98% higher than the low-birthweight rate of non-Hispanic-White babies.

**Economic Disparity in Low-Birthweight 2014**

In 2014, 11.3% of low-income newborns weighed too little at birth. This proportion is 51% higher than the Low-birthweight rate of higher income babies.

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In 2014, the proportion of low-income children 3-6 years old that received their annual well-child check-up was 52.9%.

In 2014, the proportion of South Carolina 3rd graders not reading at grade level was 21.1%.

In 2014, the proportion of low-income children not reading at grade level in third grade was 241% higher than the proportion of other income children not reading at grade level in 3rd grade.
Healthy Minds Dashboard

% people with depression who used prescribed anti-depressants the minimum recommended time - 2014

Days behaviorally ill patients spent at the hospital due to primary care preventable conditions - 2014

% of low-income adults who spent 8 days or more feeling mentally ill last month - 2013

In 2014, only 40.5% people with depression who needed and received an anti-depressant prescription used it for the minimum recommended time. (Based on Medicaid data)

In 2014, people with mental health and substance abuse issues spent an average of 2.76 days in the hospital for reasons related to their unmet primary care needs.

In 2013, 28.8% of adults with incomes below 15K per year spent more than a week feeling mentally ill.

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Healthy Bodies Dashboard

Healthcare access

% people who couldn't see a doctor due to cost - 2013

In 2013, 19.1% of adults in South Carolina couldn't see a doctor due to cost.

Preventable hospitalizations per 1000 people - 2014

In 2014, there were 13.4 primary care preventable hospitalizations per 1000 people.

Racial Disparity in Preventable Emergency Department visits - 2014

In 2014, African Americans had to rely on ED care twice as much (103% more) as Whites for primary care preventable conditions such as diabetes, hypertension, etc.

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Healthy Bodies Dashboard

Healthcare outcomes

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**% people with Diabetes Type 2 whose A1C is above 9% - 2014**

- Outstanding improvement: 17.9%
- Improving: 19.3%
- Worsening: 20.8%

In 2014, 19% of people with diagnosed Diabetes Type 2 had their A1C levels above 9% (Normal is 7.5%).

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**% hypertensive patients with clinically controlled hypertension - 2015:1-4**

- Outstanding improvement: 58%
- Improving: 66%
- Worsening: 70%

In 2015 (January to April) 64.21% of patients diagnosed with hypertension had their blood pressure clinically controlled. (Based on Care Coordination Institute Database)

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**% children with appropriate balance between control and rescue medication for their asthma - 2014**

- Outstanding improvement: 58%
- Improving: 64%
- Worsening: 70%

In 2014, 75% of children with Asthma had the recommended balance between control and rescue medication. (Based on Medicaid data)

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