

# Commonwealth of Massachusetts Department of Public Health

*Proposed Revision of the Determination of Need  
Regulation 105 CMR 100.000*



*Sub-Regulatory Guidance Listening Session for  
Public Health Value, Health Priorities and  
Community Engagement*

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**Worcester and Northampton, October 13<sup>th</sup>, 2016**

**Plymouth, October 20<sup>th</sup>, 2016**

**Boston, October 27<sup>th</sup>, 2016**



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## Presentation Overview

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- ❑ **Historical Overview of Determination of Need (DoN)**
  
- ❑ **Framing Determination of Need as an opportunity for advancing Public Health**
  
- ❑ **Sub-Regulatory Guidance Presentation and Questions for:**
  1. Community Engagement Standards for the DoN process
  2. Health Priorities and Community Health Initiatives
  3. Measuring Public Health Value of the DoN project
  
- ❑ **Next Steps**



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## Listening Session Process

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- DPH staff will present and there will be breaks for comments between each of the three main sections (**Community Engagement Standards**, **Health Priorities** and **Public Health Value**).
- DPH staff invite listening session participants to ask clarifying questions and to provide comments and input in response to the presentation.
- DPH staff may ask follow-up questions of participants to better understand comments received.

### **Please note:**

The following presentation represents a **draft, directional programmatic framework**. DPH staff is seeking valued input prior to final promulgation in order to better reflect community input – both at the provider and community level.



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## Method of review and information gathering to inform Sub-Regulatory Guidance

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- ❑ The following draft framework reflects multiple levels of input, review, and analysis, including:
  - Utilization of recommendations and information gathering from DPH's Community Health Initiative Health Impact Assessment conducted with significant provider and community input in 2014.
  - Comprehensive national literature and best practices review of over 100 peer-reviewed articles and dozens of grey-literature best practice website, including:
    - County Health Rankings: Roadmaps to Health
    - Community Toolbox
    - Mobilizing For Action through Planning and Partnerships (MAPP)
    - CDC Community Health Improvement Navigator
    - Quality Forum's Improving Population Health by Working with Communities: Action Guide 3.0
  - Statewide review of Community Health Needs Assessments (CHA)
  - Stakeholder Interviews over 20 people representing over 15 organizations
  - DPH-wide survey of content experts to assess current and future evidence-based programmatic opportunities at the community level



# Historical Overview of Determination of Need

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## Historical Overview of Determination of Need

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- ❑ **The mission of the Massachusetts Department of Public Health (DPH) is to**
  - ✓ prevent illness, injury, and premature death;
  - ✓ assure access to high quality public health and health care services; and,
  - ✓ promote wellness and health equity for all people within the Commonwealth.
  
- ❑ **This mission has historically been interpreted to direct DPH to play an active role in**
  - ✓ measuring population health and wellness, including identification and understanding of the underlying social determinants of health; and
  - ✓ delivery system policy and design.
  
- ❑ **Consistent with this interpretation, the Massachusetts General Court established the Determination of Need (DoN) Program within DPH in 1971.**
  - ✓ Intended to provide state government with a regulatory mechanism to ensure resources were allocated so “*a minimum expectation of health care services*” would be available to all residents at the lowest reasonable aggregate cost.



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## DoN is Outdated and Outmoded

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- ❑ **Problem Statement: Massachusetts' DoN regulation has been outpaced by a rapidly evolving healthcare market and currently does not align with DPH's core mission.**
- ❑ **1971: DoN established.**
  - ✓ **Providers:** Care largely provided in standalone, not-for-profit hospitals or small group practices.
  - ✓ **Payment:** Fee-for-service or cost-based reimbursement. Rate setting commission set public rates.
  - ✓ **DON:** Played a critical role in protecting MA from state overspending on new technologies and duplicative services. Goal was to prevent saturation through non-duplication of services.
- ❑ **2016: Post-Chapter 224 and ACA health reform.**
  - ✓ **Providers:** Significant provider consolidation. Complex health systems that closely control patient referral patterns. Increased reliance on innovation through technologies and services.
  - ✓ **Payment:** Systems taking on increased risk and no government rate setting.
  - ✓ **DON:** Objective has been the non-duplication of services, rather than incentivizing competition on basis of value. Increasingly out of alignment with DPH mission (*i.e.* population health) and state goals for delivery system transformation.
- ❑ **Result: Despite these substantial changes in health care over the past 45-years, due to regulatory stagnation, DoN has become outdated and outmoded.**
  - ✓ However, DoN represents a significant executive branch tool that can be realigned to advance the state's public health and health care reform goals.



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## What does the revised DoN regulation accomplish?

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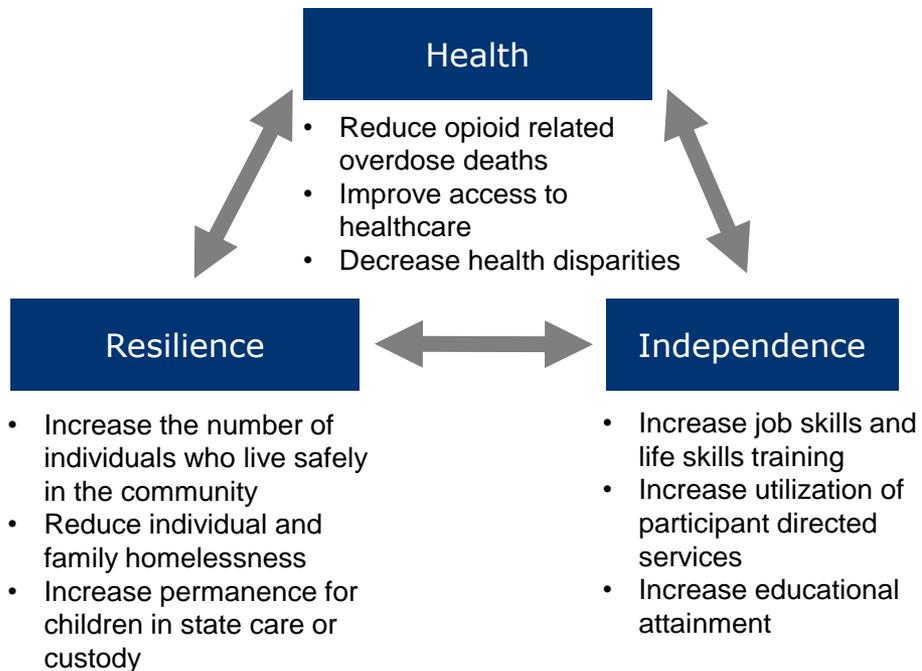
- ❑ **Significantly streamlines and simplifies DoN regulations**, reduces administrative burdens, makes common-sense reforms, and enhances cross-agency collaboration and coordination
- ❑ **Modernizes DoN** to reflect today's health care market by incentivizing value-based, population health-driven competition
- ❑ **Increases transparency and objectivity** by insisting on real community engagement
- ❑ **Adds true accountability** by requiring post-approval reporting on public promises made by DoN applicants
- ❑ **Aligns community investments with actual data-driven needs**
- ❑ **Levels the playing field**, supporting critical community assets
- ❑ **Meaningfully infuses public health into DoN**, supporting successful health care reform and provider transitions to greater risk



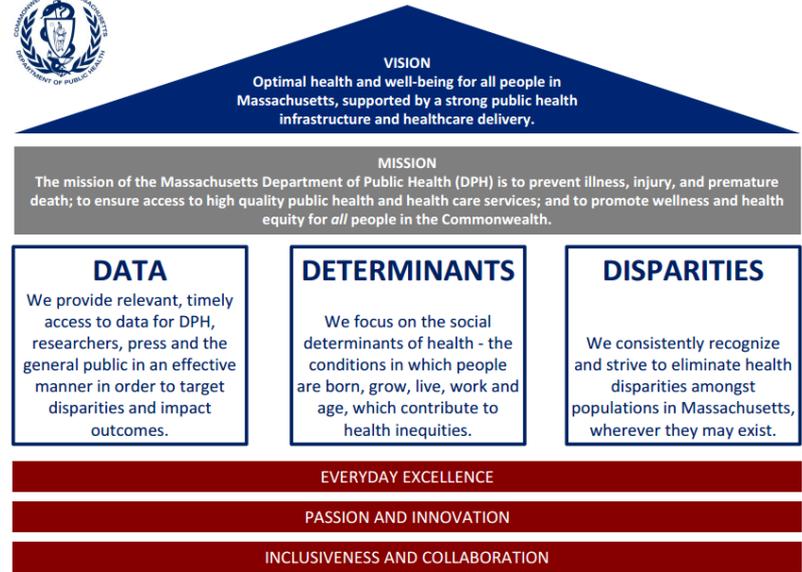
## How do we accomplish these goals?

This is accomplished by addressing executive branch and local priorities through the Community Health Initiative.

### Massachusetts EOHHS Priorities



### Department of Public Health Priorities





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## What is the process of updating the DoN Regulation?

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### Started with a revision to the DoN Regulation

- August 23 - October 7, 2016:** Public Written Comment Period
- September 21, 2016:** Public Hearing, 1:30PM (Boston, MA)
- September 26, 2016:** Public Hearing, 1:00PM (Northampton, MA)
- Expected Winter 2016/17:** DPH to come back before PHC to review public comments and request approval of proposed amendments, as well as accompanying sub-regulatory guidelines. Following final approval, the revised regulation will be filed with the Secretary of State.

### Today we are seeking your input on Sub-Regulatory Guidance for:

- Community Engagement Standards for the DoN process
- Health Priorities and Community Health Initiatives
- Measuring Public Health Value of the DoN project

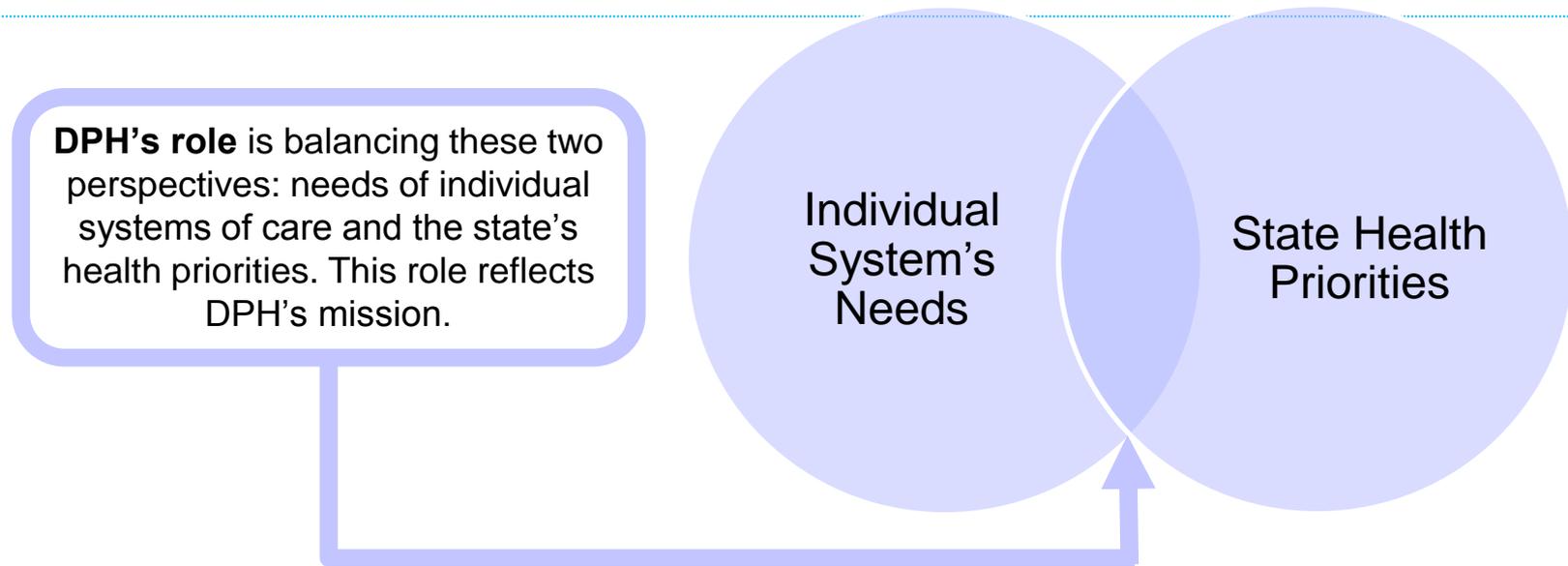


# Framing DoN as an opportunity to advance Public Health

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## What is Public Health's role in DoN?



- ❑ **Individual System's Needs:** Applicants can best demonstrate the *Triple Aim* (IHI model) 1) need within their system, 2) value-based competition, and 3) demonstrable “public health value” (as described on Slide 43).
- ❑ **Health Priorities:** With state agency and community partners, DPH establishes “Health Priorities” to tackle the common community-level/underlying social determinants of health.
- ❑ **DoN Role:** The question for DON becomes how proposed projects address and balance both a system's needs and health priorities.



## How do we build a bridge between health care and public health through DoN?

### DoN Today:

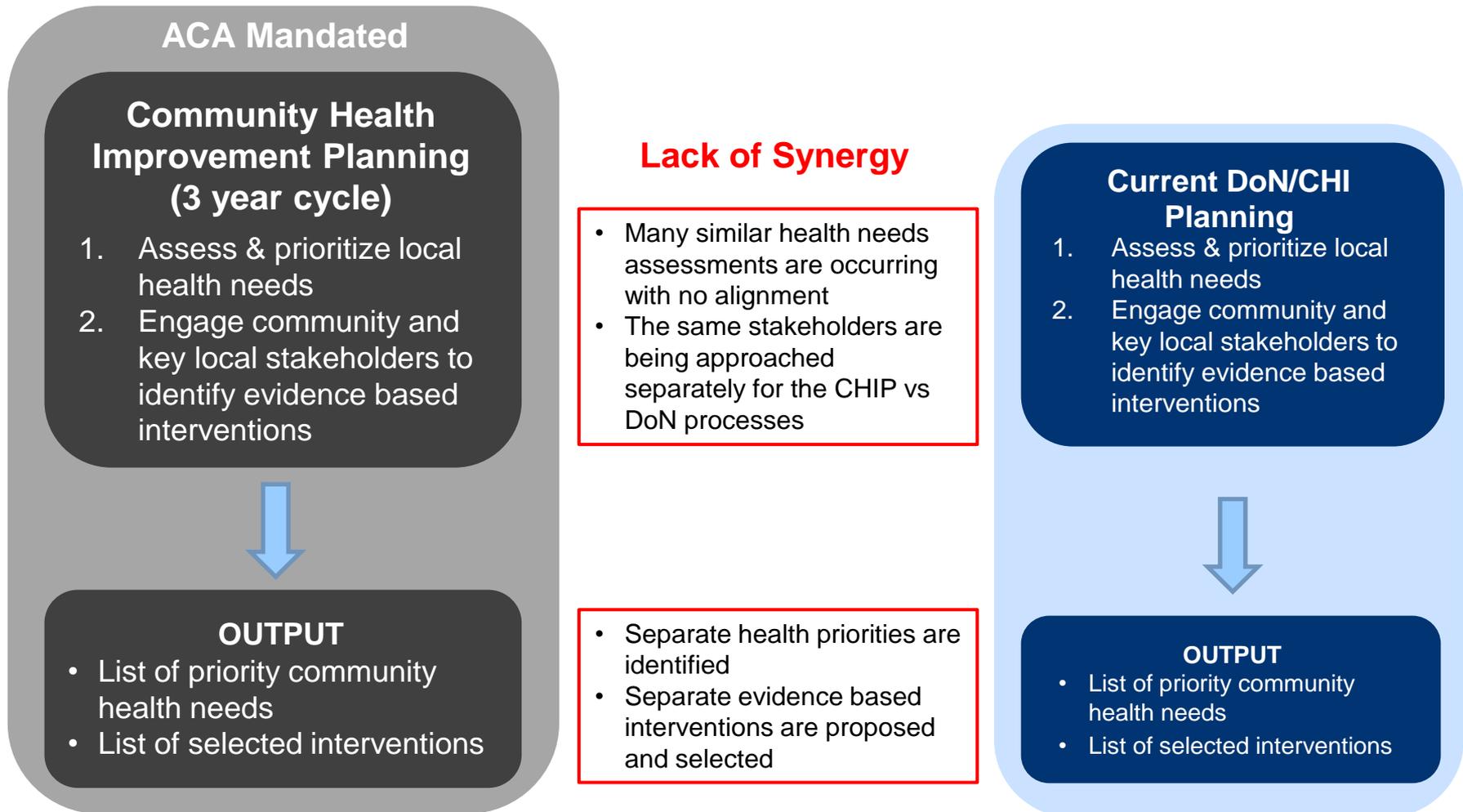
- ❑ No coordinated disbursement of the more than \$170M in CHI investments committed between FY06 through FY17 to-date;
- ❑ Funds not documented to ensure spending directly contributes to increased health outcomes and lowered THCE;
- ❑ Not publicly planned or competitively procured with unclear DPH role;
- ❑ Flexible community engagement standards;
- ❑ Often small, uncoordinated investments across many issue areas;
- ❑ Does not fully leveraged DPH's ability to build population health expertise across health care system, failing to incentivize providers adoption of population health strategies *both* at the patient panel level and community level needed in order to take on desired risk.

### DoN Tomorrow:

- ❑ Standardizes CHI investments with enhanced coordination, accountability, and reporting, ensuring critical dollars are contributing to the improvement of community health;
- ❑ Strong community involvement with funds disbursed through a transparent process from provider organizations with final DPH approval;
- ❑ Clear community engagement expectations that set "gold standard" for community-based planning;
- ❑ Larger and/or coordinated approaches to CHI investments that ensures targeted investments with high-value returns across a community;
- ❑ Establishes a public health framework that will allow DPH to support a social determinant of health and health equity approach to community health investments. This approach will balance investments in both state "Health Priorities" as well as targeting resources towards responding to individual Community Health Needs Assessments and identified local health disparities.

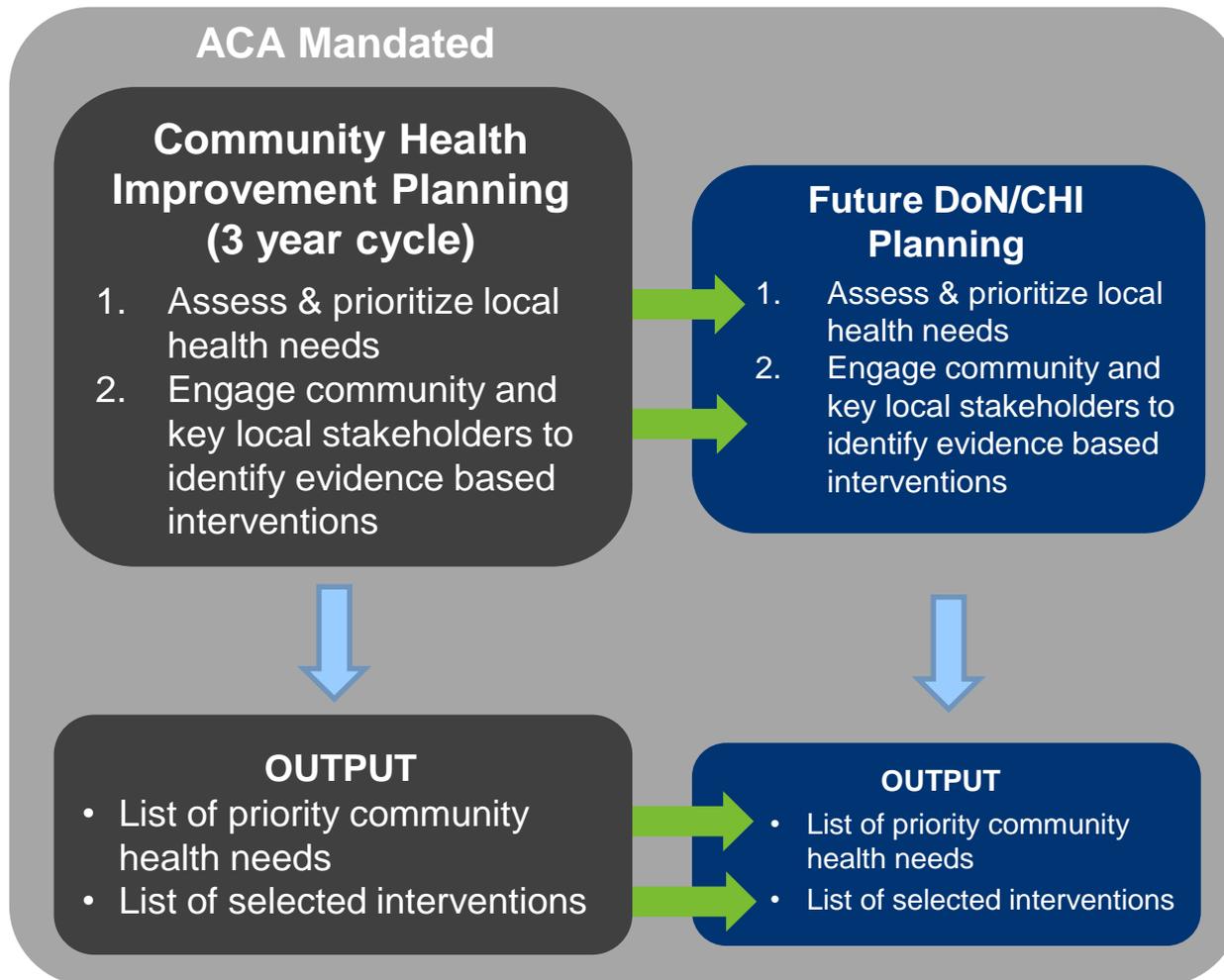


## Future DoN: Encourages (but does not require) alignment of CHI planning with ACA mandated community health improvement planning processes





## Future DoN: Encouraging collaboration and alignment between ongoing ACA mandated community health improvement planning processes and DoN will:



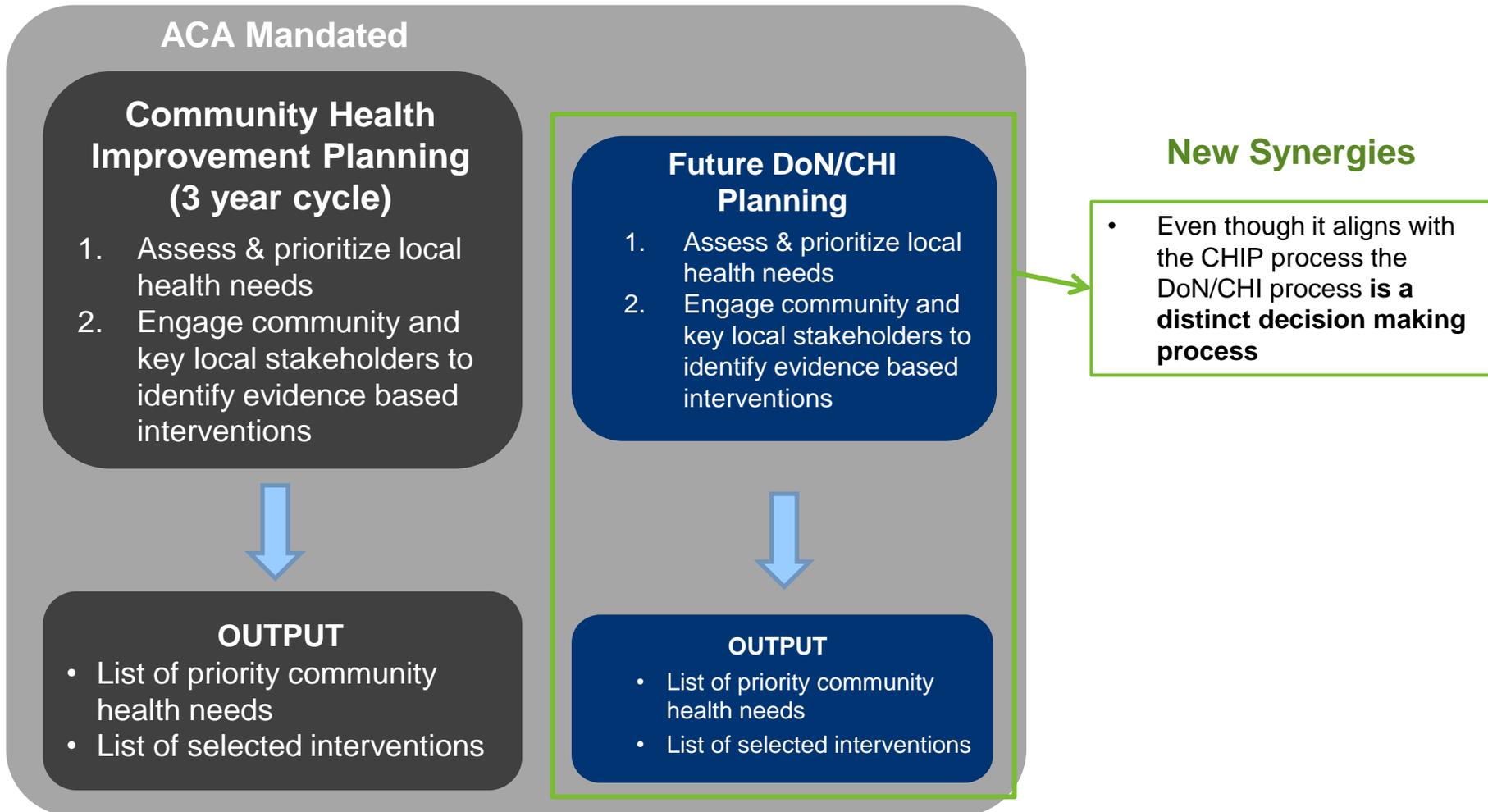
### New Synergies

- Provide opportunities to leverage existing community needs assessments
- Minimize duplication of stakeholder engagement efforts
- Standardize definitions, approaches, and evaluation of community engagement

- Identify potential alignment of priority health needs
- Select similar, or complimentary interventions
- Leverage joint resources for larger community impact



## Future DoN: Encouraging collaboration and alignment between ongoing ACA mandated community health improvement planning processes and DoN will:





## Example Community Health Initiative Process: Before PHC Decision

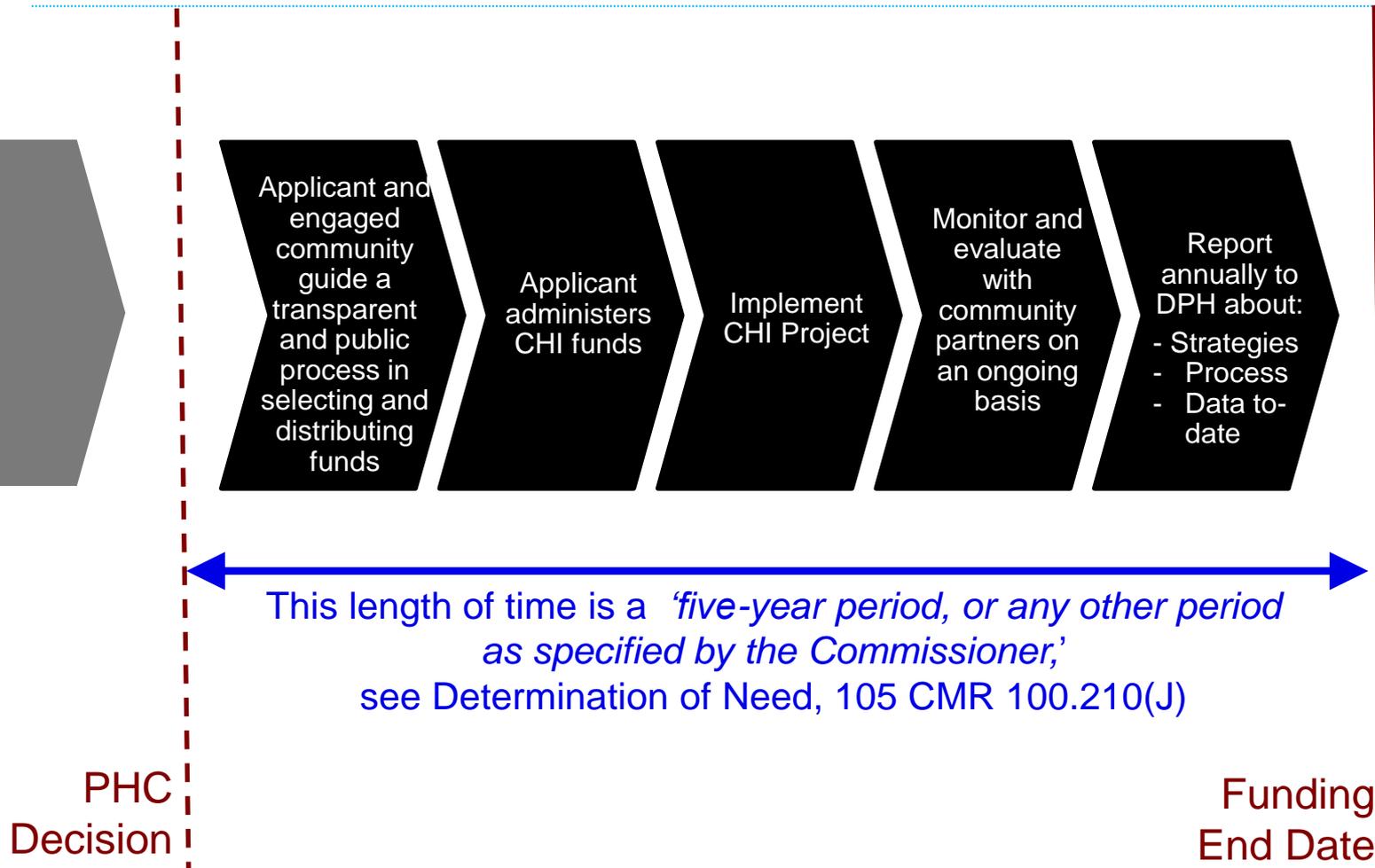


*This is an example timeline of the CHI Process that occurs as a part of the Determination of Need application process.*

PHC  
Decision



## Example Community Health Initiative Process: Post PHC Decision





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## Key proposed changes to the Community Health Initiative Process

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- ❑ There will be a standard timeframe for when DoN resources are made available that is anticipated to be within 3-6 months post Public Health Council approval.
- ❑ This will require the Applicant to formally document community engagement process in selecting Health Priorities prior to submission of DoN application.
- ❑ Following PHC approval, the applicant, working with the engaged community, will be required to release CHI dollars through a transparent and public process.



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## Remaining Agenda

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### **Today we are seeking your input on Sub-Regulatory Guidance for:**

1. Community Engagement Standards for the DoN process
2. Health Priorities and Community Health Initiatives
3. Measuring Public Health Value of the DoN project



# Community Engagement Standards

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## Community Engagement: Part of Healthcare Delivery and Public Health

Upon applying for the DoN, the applicant must provide “*evidence of sound community engagement and consultation throughout the development of the Proposed Project, including documentation of the Applicant's efforts to ensure engagement of community coalitions statistically representative of the Applicant's existing Patient Panel. Representation should consider age, gender and sexual identity, race, ethnicity, disability status, as well as socioeconomic and health status,*” see Determination of Need, 105 CMR 100.210(A)

### Engagement in Healthcare Delivery

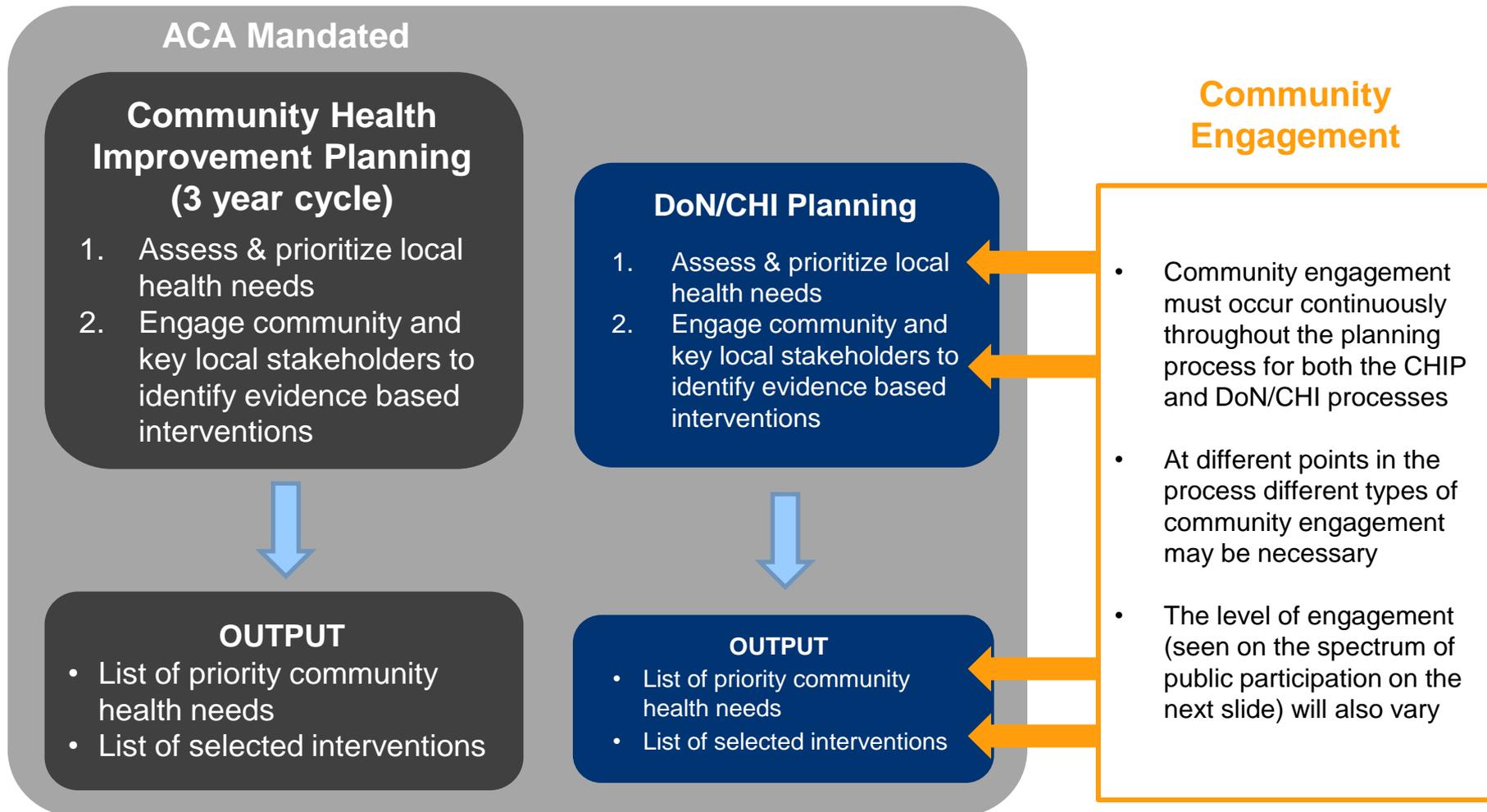
- ACA mandates representation from “*the broad interests of the community*” in community health needs assessments and improvement planning processes
- Massachusetts Attorney General outlines “members of the community involved in the process of developing Community Benefits Mission Statement, plan and programs”

### Engagement in Public Health

- Public health innately requires “public” participation to plan, develop and implement strategies
- Social Determinants of Health require broad sectors’ expertise
- A collective impact must be employed to address broad sweeping health disparities
- DPH proposed Community Engagement standards supported by CDC guidelines



# Community Engagement: A Continuous Process





## Community Engagement: Spectrum of Public Participation

Throughout the process, levels of engagement will vary. Based on the International Association's Public Participation's spectrum of engagement, below is a DPH adaptation of this spectrum. Each applicant will use this tool to identify at what level they are engaging.

	Inform	Consult	Involve	Collaborate	Delegate	Community Driven / -led
Community Participation Goal	To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	To obtain community feedback on analysis, alternatives, and/or solutions	To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	To partner with the community in each aspect of the decision including the development of alternatives and identification of the preferred solution	To place the decision-making in the hands of the community	To support the actions of community initiated, driven and/or led processes
Promise to the community	We will keep you informed	We will keep you informed, listen to and acknowledge concerns, aspirations, and provide feedback on how community input influenced decisions	We will work with you to ensure that your concerns & aspirations are directly reflected in the alternatives developed and provide feedback on how that input influenced decisions	We will look to you for advice & innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible	We will implement what you decide, or follow your lead generally on the way forward	We will provide support to see your ideas succeed
Examples	<ul style="list-style-type: none"> <li>•Fact sheets</li> <li>•Web sites</li> <li>•Open Houses</li> </ul>	<ul style="list-style-type: none"> <li>•Public comments</li> <li>•Focus groups</li> <li>•Surveys</li> <li>•Community meetings</li> </ul>	<ul style="list-style-type: none"> <li>•Workshops</li> <li>•Deliberative polling</li> <li>•Advisory groups</li> </ul>	<ul style="list-style-type: none"> <li>•Advisory groups</li> <li>•Consensus building</li> <li>•Participatory decision making</li> </ul>	<ul style="list-style-type: none"> <li>•Advisor groups</li> <li>•Volunteers/ stipended</li> <li>•Ballots</li> <li>•Delegated decision</li> </ul>	<ul style="list-style-type: none"> <li>•Community-based processes</li> <li>•Stipended roles for community</li> <li>•Advisory groups</li> </ul>



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## Operationalizing Community Engagement

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Leveraging existing national standards and guidelines, DoN applicants will be required to operationalize those standards by utilizing the following documents to describe the community engagement process they are implementing:

### **1. Community Engagement Best Practices Guide**

- Outlines frameworks, tools and strategies
- Glossary of Terms
- Provides guidance for filling out associated self assessments

### **2. Hospital Self Assessment of Community Engagement Form**

- Form to be submitted with DoN Application
- Outlines level of community engagement at different points in the process
- Identifies community representatives who are engaged

### **3. Community Engagement Involvement Form**

- Form to be submitted with DoN Application
- Completed by community member/ representative



## Feedback Exercise:

What is the minimum level of engagement at different points in the process?



Using the Community Engagement Spectrum and the Process diagram, please provide feedback about what level of community engagement is the absolute minimum at each of the stages in the DoN CHI process.

**Community Engagement: Spectrum of Public Participation**

Throughout the process, levels of engagement will vary. Below is the spectrum of engagement each applicant will use to identify at what level they are engaging.

	Inform	Consult	Involve	Collaborate	Delegate	Community Driven / -led
<b>Community Participation Goal</b>	To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	To obtain community feedback on analysis, alternatives, and/or solutions	To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	To partner with the community in each aspect of the decision making including the development of alternatives and identification of the preferred solution	To place the decision-making in the hands of the community	To support the actions of community initiated, driven and/or led processes
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<b>Examples</b>	-Fact sheets -Web sites -Open Houses	-Public comments -Focus groups -Surveys -Community meetings	-Workshops -Deliberative polling -Advisory bodies	-Advisory groups -Consensus building -Participatory decision making	-Advisor bodies -Volunteer/steering committees -Ballots -Delegated decision	-Community supported processes -Advisory bodies -Steered roles for community

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# Community Engagement Standards Comments?

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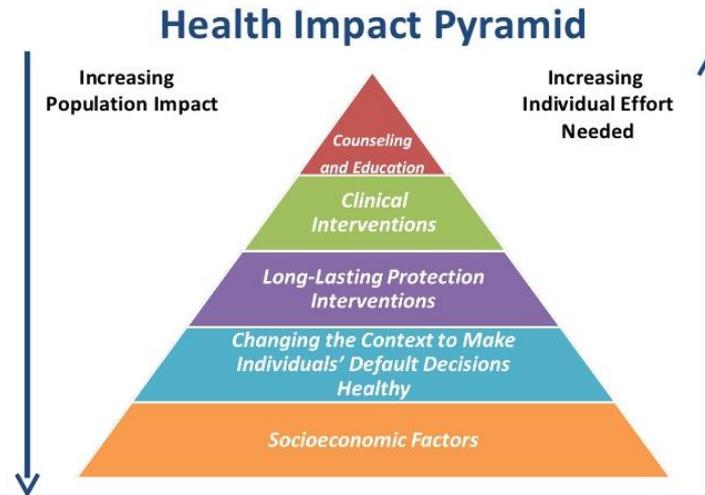


# Health Priorities and Community Health Initiative Funding

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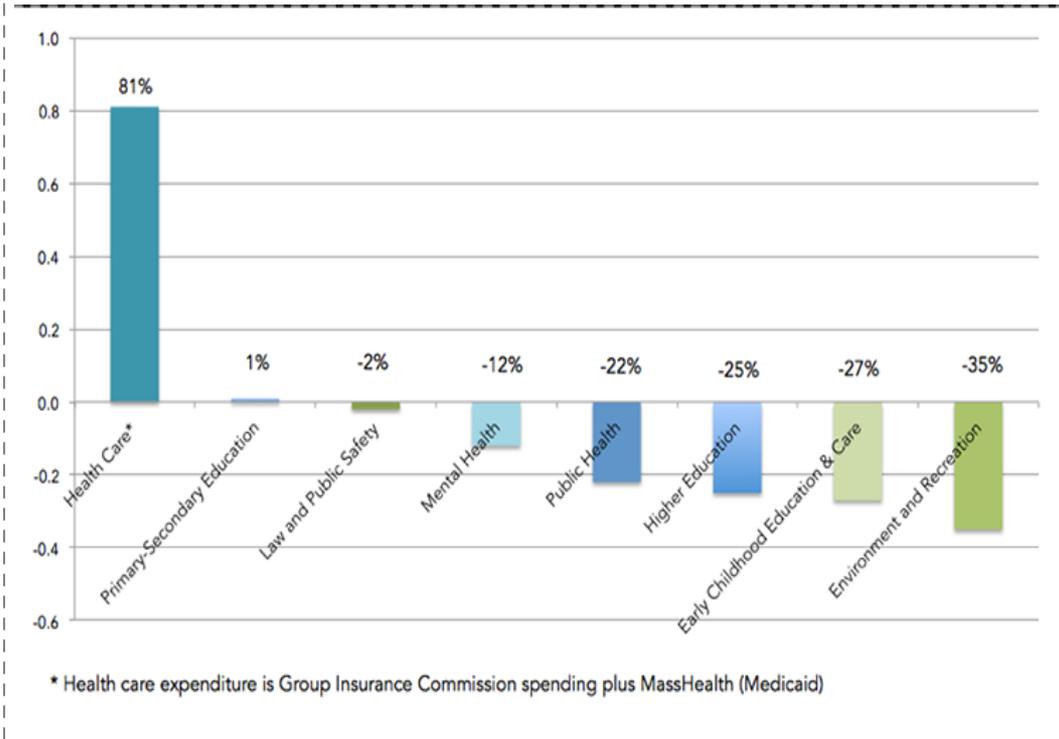
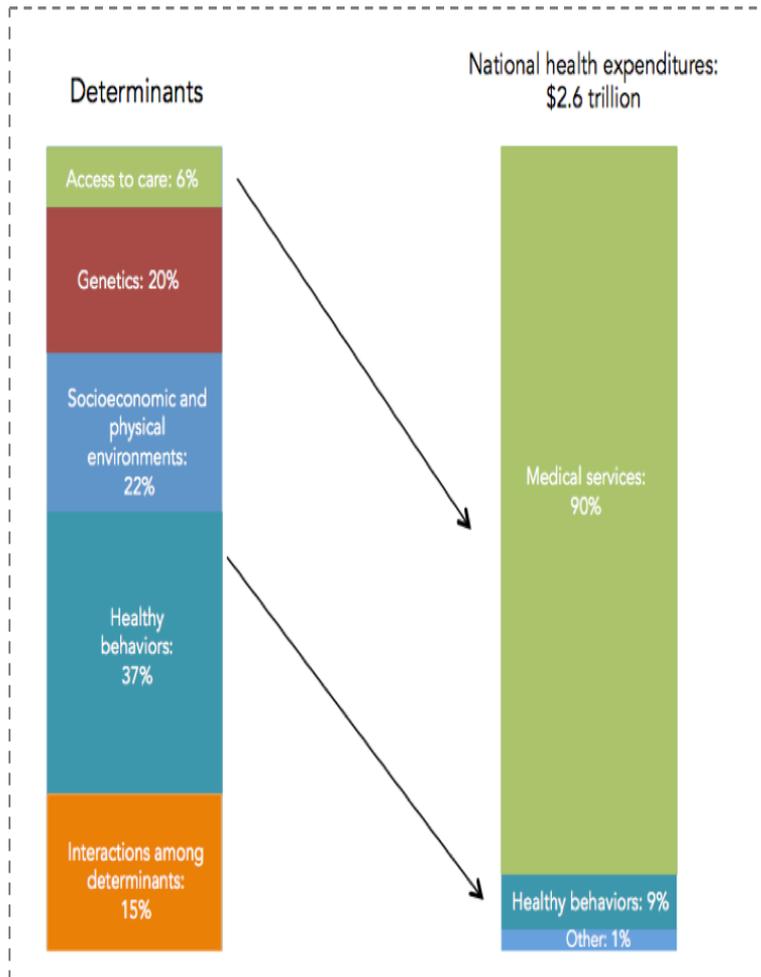
## DoN Health Priorities: *Impacting the Social Determinants of Health*



- ❑ The environments in which we live, work, learn, and play have an enormous impact on our health. Re-shaping people’s physical, social, economic, and service environments can help ensure opportunities for health and encourage healthy behaviors but we allocate the fewest resources to influencing these factors.
- ❑ As providers take on increased risk, addressing the social determinants of health of patient populations and the larger community will be critically important for managing risk and improving outcomes.
- ❑ Focusing on the social determinants of health **ensures that advancing health equity is the cornerstone of future DoN investments.**



# DoN Health Priorities and Community Health Initiatives: Flipping the impact and cost equation





## DoN Health Priorities: *Impacting the Social Determinants of Health*

Recognizing that access to care alone is not sufficient, DPH conducted a thorough review of the social determinants of health (SDH) to identify the DoN Health Priorities. This review was based on:

- A review of local community health improvement priorities
- A review of current EOHHS issue priorities
- Identification of high impact existing programs/initiatives at DPH that impact the SDH where capacity exists to provide support and assistance for implementation
- A review of whether or not high impact strategies exist to address these determinants

Based on the comprehensive review process, the following DoN Health Priorities were selected\*. These Health Priorities 1) support successful transition to greater risk; 2) support the state's health and human services priorities; 3) allow for greater collaboration and synchronization of investments regionally/statewide; and 4) encompass critical, ongoing community-based work:

- Socio-Cultural Environment**
- Built/Physical Environment**
- Housing**
- Violence and Trauma**



## DoN Health Priorities: *How will the DoN Health Priorities impact the Social Determinants of Health?*





## DoN Health Priorities: Future DoN investments will remain consistent with the current DoN focus on community-based strategies

 Patient Approaches	 Innovative Community-Clinical Linkages	 Policy/Environmental and/or Community Wide Strategies
<p>Asthma NEAPP Guidelines-Based Care</p> <ul style="list-style-type: none"> <li>• Establish an Asthma Registry</li> <li>• Access asthma severity for all asthma patients</li> <li>• Provide an Asthma Action Plan for all asthma patients</li> <li>• Appropriately prescribe inhaled corticosteroids for all patients with persistent asthma</li> <li>• Encourage all asthma patients to get a flu vaccine</li> <li>• Assess all asthma patients for tobacco smoke exposure and refer to cessation services as needed</li> <li>• Assess asthma control for all asthma patients</li> <li>• Review medications, technique, and adherence at each follow-up visit</li> <li>• Recommend ways to control exposures to allergens, irritants, and pollutants that make asthma worse</li> </ul>	<ul style="list-style-type: none"> <li>• Provide asthma self-management education in the clinic</li> <li>• Provide CHW-led multi-trigger, multi-component asthma home visiting for high-risk patients which address both asthma management and environmental trigger remediation.</li> <li>• Provide low-cost supplies that reduce asthma triggers in the home (e.g, HEPA vacuum cleaners, mattress covers) and educate families on how to use supplies</li> <li>• Provide comprehensive school and Head Start-based asthma programs which address asthma education, case management and environmental/indoor air quality issues</li> </ul> 	<ul style="list-style-type: none"> <li>• Implement strategies to improve asthma control from the Strategic Plan for Asthma in Massachusetts 2015 – 2020</li> <li>• Provide support to private and public housing landlords and property managers interested in adopting a smoke-free rule in multi-unit housing</li> <li>• Enforce anti-idling and school IPM laws</li> <li>• Promote school Indoor Air Quality through the Promoting Policies for Asthma in Local Communities (PALC) Schools initiative</li> <li>• Promote Integrated Pest Management through the PALC IPM initiative</li> </ul> 



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## **DoN Health Priorities: *How will specific strategies be identified?***

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The goal of identifying specific strategies/initiatives is to align state and local priorities and to roll-up these up into a central funding framework that allows DPH to better evaluate and apply standards for how Applicants invest DoN resources.

### A 5 step process of review is underway:

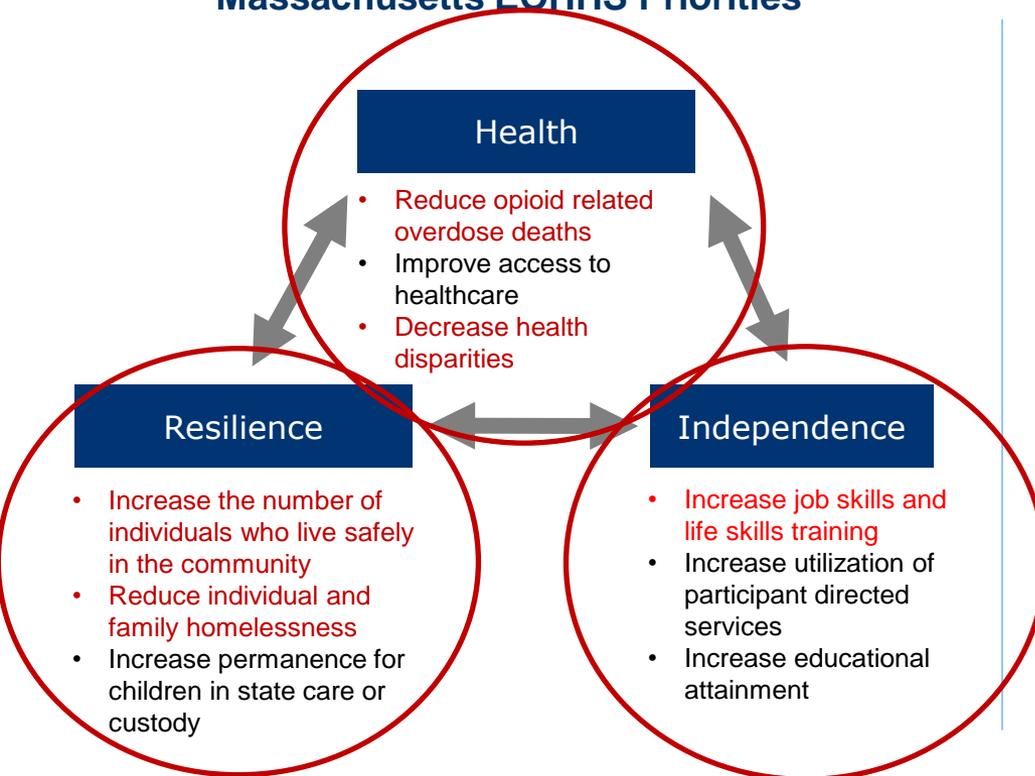
1. Development of criteria based on relevancy to one or more of the priority Social Determinants of Health, level of strategy impact (e.g. community/clinical linkage and community-wide) and evidence base of the strategy.
2. Review of DPH/EOHHS programs and initiatives to identify alignment opportunities with potential opportunities for technical assistance supports to the Applicant and communities.
3. Review priorities/strategies from local community health improvement planning processes.
4. Review the literature for innovative, high impact strategies.
5. Review sister agency initiatives to identify opportunities for leveraged impact.



# DoN Health Priorities: *Current Issue Focus*

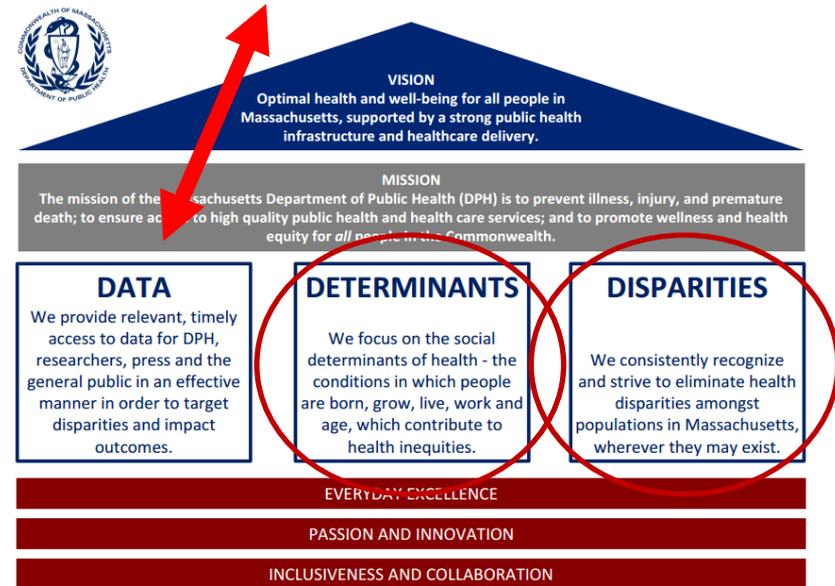
- ❑ DPH considers the four (4) Health Priorities as the structural framework within which specific evidence-informed strategies live and evolve based on funding decisions made by health care systems and their partners through an analysis of current trends, issues, and opportunities for alignment across state and local initiatives.
- ❑ As DPH looks to launch the first iteration of this new approach, strategies to impact and address the Health Priorities will include but not be limited to strategies that directly align and emphasize EOHHS goals of:

## Massachusetts EOHHS Priorities



## Department of Public Health Priorities

DPH will support DoN Applicants and community partners with new data tools





# Health Priority Descriptions and Examples

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## DoN Health Priority: Built/Physical Environment

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- ❑ **What:** Physical parts of where we live, work, travel and play including transportation, buildings, streets, open spaces
- ❑ **Why:** Impacts available resources and services across neighborhoods and communities
- ❑ **How:** Dimensions of health such as obesity, diabetes, heart disease, stroke, and other chronic health conditions are influenced by the built environment
  - ✓ Physical activity levels – (e.g., availability of sidewalks, bike lanes)
    - 81% of African-American neighborhoods lack recreational facilities compared to 38% of white neighborhoods.
    - 48% of MA adults do not meet recommended physical activity levels (20 min+ a day)\*
    - 60% of MA adults are overweight or obese\*
  - ✓ Healthy diet – (e.g., access to nutritious and affordable foods)
    - Only 20% consume 5 or more fruits/vegetables per day
    - 11% food insecure
  - ✓ Respiratory problems – (e.g., pollution)
    - 12.4% asthma prevalence among K-8 students



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## Example Strategy

### Built Environment In Action: Expansion of Public Transit Options (a CDC HI-5 Initiative)\*

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- ❑ **What:** Increases use of and access to public transit
  - ✓ Make it easier to access existing public transportation options
  - ✓ Introduce new public transit options
  
- ❑ **How:** Increased use of public transit is associated with increased levels of physical activity (transit users take 30% more steps/day\*\*), reduced exposure to air pollution and reduced levels of unintentional injury.
  
- ❑ **Examples:**
  - ✓ Implementing a complete streets policy that improves the safety and use of walking and biking networks to public transit locations
  - ✓ Implement new zoning rules that encourage mixed-use development that includes transit stops



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## DoN Health Priority: Safe, Affordable, Healthy Housing

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- ❑ **What:** Safe, quality, affordable housing - and the supports necessary to maintain that housing
  
- ❑ **Why:** Homelessness or unstable housing can exacerbate chronic medical conditions or lead to development of new health problems
  
- ❑ **How:** Increasing access to reliable and affordable housing enables vulnerable populations to dedicate available resources and attention to meeting another primary need (e.g., accessing food, healthcare, etc.).
  - ✓ 21,135 people in MA experiencing homelessness (2015)
  - ✓ 19% MA households have “severe housing problems” (i.e., overcrowding, high housing costs, or lack of kitchen or plumbing facilities)



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## Example Strategy

### Housing In Action: Supportive Housing (a RWJ “What Works for Health” Strategy\*)

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- ❑ **What:** Combines permanent affordable housing with comprehensive and flexible support services for homeless and other extremely vulnerable populations
  - ✓ Quality permanent and affordable housing
  - ✓ Comprehensive, person-centered services
  - ✓ Community Integration
- ❑ **How:** Reduces homelessness, hospital utilization, and use of shelters and prisons; improves mental health/wellbeing and quality of life; increases treatment for substance abuse/addiction
- ❑ **Example:** Housing First model which involves rapid access to permanent housing with voluntary access to a variety of services that focus on housing retention



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## Health Priority: Social Environment

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- ❑ **What:** Social and community context and support as perceived by its members
  - ✓ Includes elements such as social integration, support systems, community engagement, trust, discrimination and cultural dynamics
- ❑ **Why:** Poor support and community involvement are linked with increased morbidity and early mortality.
- ❑ **How:** Social support, cohesiveness, capital-rich communities, or a lack thereof, impact physical and mental health outcomes as well as behaviors and choices
  - ✓ 9.5 social associations per 10,000 MA residents (e.g., membership, civic, sports, professional organizations)\*
  - ✓ 64 on residential segregation (black/white) index in MA (0 indicates complete integration; 100 complete segregation)\*\*



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## Example Strategy

### Social Environment In Action: MA Overdose Prevention Collaboratives (MOPCs)

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- ❑ **What:** Mobilizing local leadership and cross-discipline expertise to successfully tackle the current opioid epidemic locally and regionally, building a unified and focused local attention, while allowing for important discussions about Substance Use Disorders (SUD), addressing societal stigma.
- ❑ **How:** Increase social capital and social cohesion in tackling the current opioid epidemic.
- ❑ **Example:**
  - ❑ Creation and funding of additional Massachusetts Overdose Prevention Collaboratives (MOPCs), bringing together a wide-array of local leaders to identify, discuss and implement local policies, practices, systems and environmental change to prevent the use/abuse of opioids, prevent/reduce fatal and non-fatal opioid overdoses, and increase both the number and capacity of municipalities across the Commonwealth in addressing these issues.



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## Health Priority: Violence and Trauma

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- ❑ **What:** Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community. Includes disturbances and/or more violent acts in neighborhoods, communities and in intimate settings.
- ❑ **Why:** Safer communities are linked with better health outcomes; fear and violence exacerbate existing illness and increase risk for onset of disease
- ❑ **How:** Influences physical health, mental, and emotional health
  - ✓ Violent crime including murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault
    - 434 per 100,000 population in MA (range 203-901 across counties)\*
  - ✓ Chronic stress, anxiety, depression and substance use disorders
    - 12% of MA residents in “frequent mental distress”\*\*



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## Example Strategy

### Community Violence In Action: Youth Development (a proven, evidenced-based strategy)

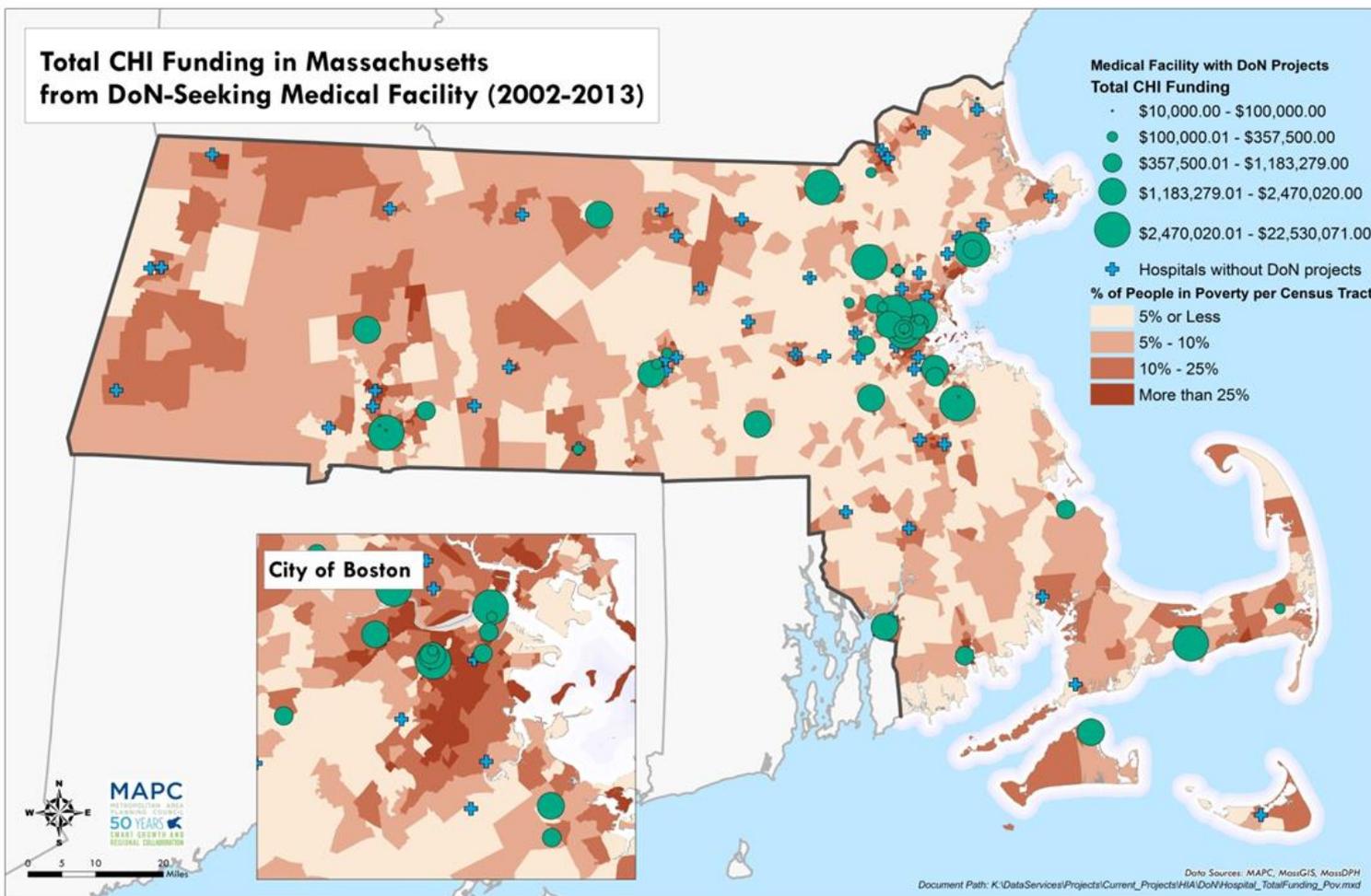
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- ❑ **What:** Violence Prevention through Positive Youth development involves innovative community–clinical linkages among Community Based Organizations and Trauma Informed Care Service Providers/Institutions as a way to increase protective factors and eliminate risk factors for youth and broad upstream interventions such as leadership and workforce development.
- ❑ **How:** Reducing risk factors and increasing protective factors decreases violence, gang involvement, drop-out rates, retaliation, bullying, homicides, teen dating/domestic violence, self injury, substance abuse
- ❑ **Example:**
  - ✓ Support for outreach workers in neighborhoods with high incidents of violence
  - ✓ Diversion programs
  - ✓ Job readiness/life skills/employment programs



# Why Statewide Investments?

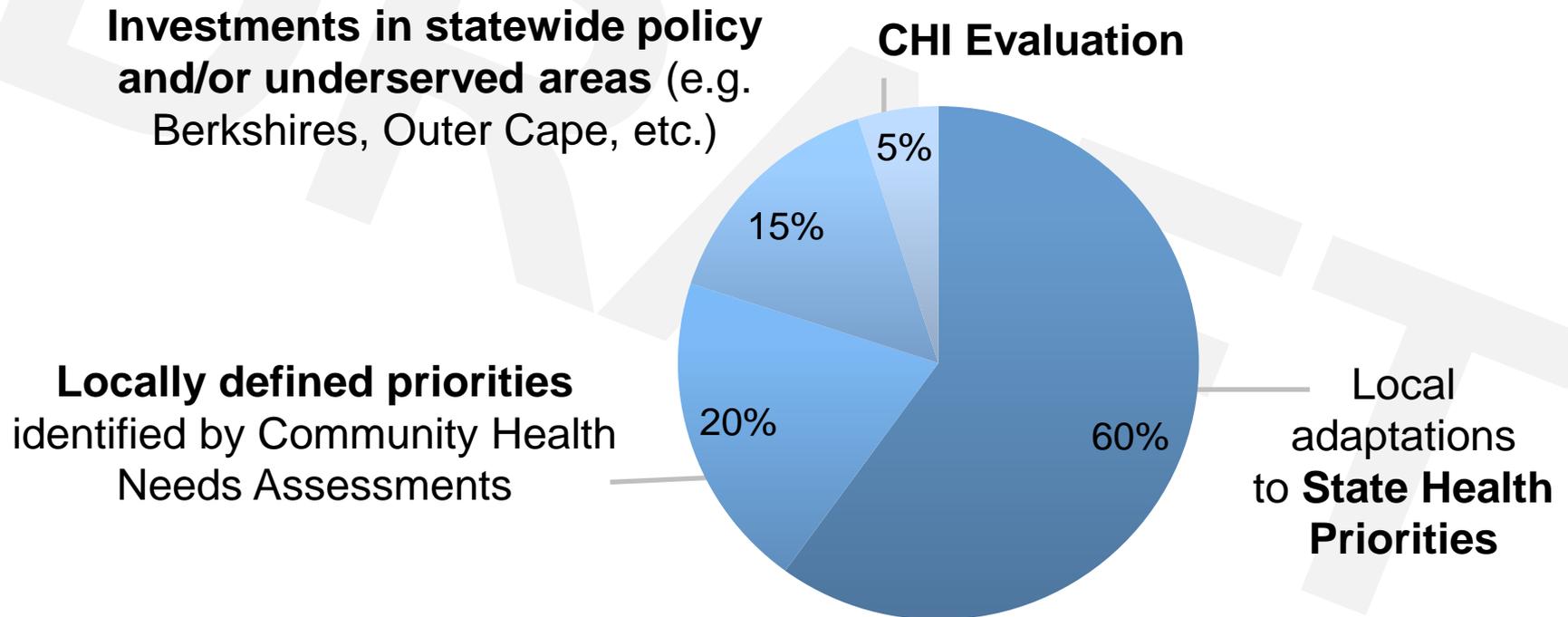
## *Unequal Distribution and Availability of Resources*





## **PROPOSED DRAFT: Proportional investments for Community Health Initiatives**

While the exact funding formula will be fully answered with stakeholder feedback, DPH staff are proposing a proportional system for investing in Community Health Initiatives:





# Health Priorities Comments?

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# Measuring Public Health Value of the DoN Project

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## Defining the Public Health Value of the DoN Project

- ❑ 100.210: Determination of Need Factors
  
  - ❑ (A)(1)(b) The Applicant has demonstrated that the Proposed Project will add measurable public health value in terms of improved health outcomes and quality of life of the Applicant's existing patient panel, while providing reasonable assurances of health equity; and,
- ❑ The concept of Public Health Value is based on, and similar to, healthcare based measures of quality.
  - ❑ Quality of Care is defined by the Institute of Medicine as:
    - ❑ "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."
  - ❑ Public Health Value builds on this definition and other quality measures described by the National Quality Measures Clearinghouse\*\* to establish four groupings of questions that the DoN project will be required to answer.



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## Defining Public Health Value of the DoN Project

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How will the DoN applicant demonstrate the proposed project adds Public Health Value? See *'Defining Public Health Value'* document for more detail

- ❑ **Is the project Need-Based?** What is the health based need (prevalence of disease, inequities in outcomes/access) that can be described in an objective measure?
- ❑ **Is the project Evidence-Based?** What evidence is there that the proposed project impacts the described need?
- ❑ **Is the project Outcome-Oriented?** What measures will be used to track the success of the project in meeting that need?
- ❑ **Is the project Health Equity Focused?** What measures will be used to demonstrate inequities in outcomes/access are reduced?



# Public Health Value Comments?

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# DoN Application and Timing

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## How is DPH updating Determination of Need?

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### Started with a revision to the DoN Regulation

- August 23 - October 7, 2016:** Public Written Comment Period
- September 21, 2016:** Public Hearing, 1:30PM (Boston, MA)
- September 26, 2016:** Public Hearing, 1:00PM (Northampton, MA)
- Expected Winter 2016/17:** DPH to come back before PHC to review public comments and request approval of proposed amendments, as well as accompanying sub-regulatory guidelines. Following final approval, the revised regulation will be filed with the Secretary of State.

### Today we are seeking your input on Sub-Regulations for:

- Community Engagement Standards for the DoN process
- Health Priorities and Community Health Initiatives
- Measuring Public Health Value of the DoN project

### Next Steps:

- Review input from listening sessions and further develop guidance documents



# Commonwealth of Massachusetts Department of Public Health

*Proposed Revision of the Determination of  
Need Regulation 105 CMR 100.000*

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*Questions?*