**Community Health Team Program Development Committee**

**Vision:** Rhode Islanders with complex needs will have easy access to a system of care that addresses their physical, behavioral health, and social needs to improve their health, well-being, and patterns of utilization. Providers will know their patients and patients’ families and have access to readily available resources that address their individual needs.

**Charge**: To develop a statewide strategy for the development and spread, implementation, and evaluation of community health teams. Efforts of the Community Health Team Program Development Committee will be geared towards identifying a population that not only has high medical costs, but also has high-level of medical, behavioral and/or social needs, and can be impacted by engagement with a multi-disciplinary community health team. The Committee will identify standardized processes, templates, and workflows for community health team interventions, identify gaps in resources and trainings, and improve coordination with primary care offices to address the social determinants of health and meet the full spectrum of physical, behavioral and social needs of Rhode Islanders.

**Duties, Functions and Responsibilities:**

1. Create systematized, data-driven approaches to
	* Identifying populations for intervention
	* CHT team member roles and responsibilities
	* Coordinating with primary care team
	* Outreach and engagement with member
	* Assessment and care plan development
	* Connection with community resources
	* Data and information sharing between providers
	* Discharge of member from high touch engagement with CHT
2. Identify training needs of CHT staff and work with CTC Care Manager/Coordinator Best Practice Committee, CTC Practice Transformation Committee, CTC Integrated Behavioral Health Committee to meet training needs
3. Share evaluation data of programs, lessons learned, and ongoing best practice sharing of program development and implementation
4. Make recommendations to the State on the expansion of community health teams
5. Explore financial models for sustainability of community health teams

**Membership**

* Co-Chair
* South County CHT Program Manager
* Pawtucket CHT Program Manager
* Thundermist Program Manager
* Health plan Program Manager
* Cedar Program Manager
* Medicaid CHT Program Manager
* Department of Health-Health Equity Zones Program Manager
* CHT Staff
	+ RN
	+ LICSW
	+ CHW

**Work Processes**

* Meets once monthly for 1 hour (fourth Friday of every month from 9:30-10:30)
* Structured agenda
* Reports committee work to CTC Steering Committee
* Brings recommendations to CTC Board of Directors for Approval
* Collaborates with CTC Care Manager/Coordinator Best Practice Sharing Committee, CTC Practice Transformation Committee, and CTC Integrated Behavioral Health Committee to provide training opportunities for CHT staff
* Coordinate with State Innovation Model Steering Committee, OHIC and EOHHS to inform statewide expansion of community health models