



**General Membership Meeting  
February 2, 2017**

**9:33 a.m. – 10:42 a.m.**

Southcoast Center for Women's Health, 300 B Faunce Corner Road, North Dartmouth, MA

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**Members present (21):** Barbara Acksen, Jamie Berberena, Arthur Briggs, Rachel Collins, Kyler Colon, Lori Dakin, Helena DaSilva-Hughes, Jean DeCoffe, Darlene Dymysza, Maritza Irizarry, Jay Kenney, Don Lonergan, Anne Lynch, Kerry Mello, Shirley Rodrigues, Claudia Sanha, Amy Sylvia, Owen Tidwell, Christina Trongone, Gloria Villalobo, Kathleen Wilbur. *If your name does not appear on this list and you attended the meeting, please contact [gnballies@gmail.com](mailto:gnballies@gmail.com).*

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**Minutes**

**Call to Order**

The meeting was called to order at 9:33 a.m. by Chair, Barbara Acksen, who welcomed round table introductions of those in attendance.

**Presentation: *CHART Program: Linking Clinical Care in the Community* (Lori Dakin)**

Lori Dakin, Executive Director of Behavioral Health at Southcoast Health, gave a presentation on the CHART program at her organization. Ms. Dakin said that in October 2014 the three nonprofit community hospitals of Southcoast Health (Charlton Memorial Hospital in Fall River, St. Luke's Hospital in New Bedford and Tobey Hospital in Wareham) were collectively awarded an \$8 million grant from the Massachusetts Health Policy Commission (HPC) as part of Phase 2 of the Community Hospital Acceleration, Revitalization, and Transformation Investments grant program (CHART). She said Southcoast Health was identified through an application process that included 30 eligible community hospitals from across the Commonwealth and they received the largest amount in the state.

Through the grant, Southcoast Health set a goal of reducing 30-day readmissions by 20% over a two-year period for patients with a personal history of recurrent inpatient utilization, as well as reducing 30-day Emergency Department (ED) revisits by 20% for patients with a personal history of recurrent ED utilization. Ms. Dakin said a number of multidisciplinary care teams were deployed across the three hospitals to achieve this goal. These teams provided intensive medical and behavioral health services, linkages to outpatient treatment providers, and assistance accessing social support services.



Since this was a voluntary program, Ms. Dakin said it was difficult to engage patients to work with them. However, she said a number of determined people were hired who weren't scared away easily. She said they kept trying until the patient decided it was time to talk to them and take advantage of the services they provided.

In addition to those who were hired, Ms. Dakin said they had a wonderful group of community health workers who did amazing things for their patients, such as getting them transportation vouchers, bus passes, food stamps, and other things. To make people aware of their services, she said they partnered with various community groups to get patients into treatment, therapy, detox, etc. She said these were the things that patients needed and wanted the most.

While Ms. Dakin acknowledged they weren't 100% successful at everything, she said they were always "determined and consistent," which is "what it takes to work with this complex population." She said the success stories came from individual patients, and cited an example of a patient with frequent utilization of the ED who averaged approximately 5 ED visits per month. After several phone calls and in-person meetings with a community health worker, the patient was connected with more appropriate services to meet his needs. As a result, the patient's ED utilization decreased dramatically. She also credited the ED's electronic recording system for notifying her staff of patients with a personal history of recurrent ED utilization.

Following Ms. Dakin's presentation, Kerry Mello added that the CHART grant is a "demonstration grant" and the successes should be modeled or expanded after the two-year period is over. In the long run, she said it's a better way of taking care of patients.

## Meeting Business

### Meeting minutes – approval

**January 5, 2017** – Owen Tidwell moved to approve the report, Helena DaSilva-Hughes seconded, with no discussion all members present approved the September minutes.

### Treasurer's Report – approval

- Bank balance 12/31/2016: \$200,238.56
- Total Encumbered Funds: \$158,206.33
- Unrestricted net assets: \$47,953.45

Helena DaSilva-Hughes moved to approve the Treasurer's report, Arthur Briggs seconded, with no discussion all members present approved the report.

## Standing Committee reports



**Health Access** – Darlene Dymysza reported that the Health Access Committee met last month with the Mother Woman Committee. At this meeting, they reviewed some of their highlights and what they have been doing the past year. She said she wasn't sure if the Mother Woman Committee would continue to provide support in the future and it was almost a wrap up of the grant. However, she said the Health Access Committee would continue to try to impact the community and try to organize new groups in the area.

Barbara Acksen added that the Health Access Committee has been working on this issue for almost 10 years before Mother Woman existed. She said they had previously received a grant that was funded by the state but that money wasn't voted in this year's state budget. She said their committee never received any cash from the grant but training and support services. Dr. Acksen also said that Lisa Beaudry, the head of maternity services at Southcoast Health, has joined the Health Access Committee and will help the group implement a number of things.

**Health Equity** – Kerry Mello reported that the Health Equity Committee will meet on Thursday, February 9, 2017, at 9 a.m. at the Immigrants' Assistance Center in New Bedford.

### Member Announcements

Members are always welcome to provide handouts for others and to share upcoming events.

- Don Lonergan distributed a February 2017 calendar and flyers for upcoming events the Southeast Recovery and Learning Community (SERLC) is hosting that month. Mr. Lonergan said the SERLC is an organization that is entirely run by peers dedicated to providing support, education and advocacy to other peers (age 18 and older) and their loved ones. The organization offers healing communities for individuals to find their own paths toward mental health and addiction recovery. He said that no health insurance, membership dues or fees of any kind are required to join. They meet at various locations in New Bedford, Dartmouth and Fall River. For more information, visit [www.southeastrlc.org](http://www.southeastrlc.org).
- Helena DaSilva-Hughes noted that the Immigrants Assistance Center (IAC) will host an Immigration Community Forum entitled "Know Your Rights" on Saturday, February 25, from 10 a.m. to noon on the second floor. The IAC is located at 58 Crapo Street in New Bedford, MA.
- Anne Lynch noted that at the Kennedy-Donovan Center all the staff will be trained in Parent Interaction with Infants (a.k.a. Pee Wee) the first Monday of April. The focus is on the relationship between parent child and then they will implement it.

### Adjournment

Arthur Briggs moved to adjourn the meeting, Jean DeCoffe seconded, with no discussion all members present approved to adjourn the meeting at 10:42 a.m.



## **Next Meeting**

The next meeting will take place on March 2, 2017 @ 9:30 a.m. at Southcoast Center for Women's Health, located at 300 B Faunce Corner Road in North Dartmouth, Massachusetts.