

From: [Albert Lucas](#)
To: [Billie Jo Wilson](#)
Subject: this will be a communication
Date: Tuesday, January 27, 2026 1:21:06 PM

From: Brian Davis <bdavis@mdhealthpathways.com>
Sent: Monday, January 26, 2026 13:59
To: Albert Lucas <alucas@newhavenct.gov>
Subject: Referred by Alder Honda Smith

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Dear President Walker Myers,

At a recent National League of Cities Conference in Salt Lake City, I was able to share with Alder Smith and Alder Hamilton how nearly 20 cities throughout the country are providing EVERY CITIZEN with instant access to a doctor, every day of the year, from 7 am to 10 pm.

The impact of this program has been stunning. EMS dispatch and transport had dropped by nearly 20% in participating cities.

Citizens are getting prescription drugs for less than \$10.

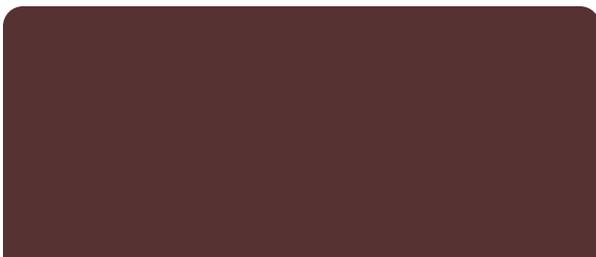
Kids are getting back to school days earlier.

As I shared the program with your colleagues, it was suggested that this be placed on a workshop for the Alders to review/consider.

I have written a brief synopsis below that explains how we can create a Community Health Improvement Program in New Haven that will, no doubt, lead to healthy families and residents for years to come.

Check out the public response this past week in a North Texas city. Citizens simply don't show up to meetings to say thank you and we had around 15 people do just that!

I hope we get the opportunity to visit.





Kind regards,

Brian Davis
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TAP - Text a Physician
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City of New Haven, Connecticut

Community Health Improvement Program (CHIP)

Executive Summary

The City of New Haven's Community Health Improvement Program (CHIP), in partnership with Pathways Physicians of Texas (PPTX) is a structured, locally governed initiative designed to:

- Expand affordable, instant access to licensed physicians for all residents
- Reduce avoidable emergency department utilization and EMS strain
- Strengthen behavioral health response and crisis intervention
- Advance health equity across neighborhoods disproportionately impacted by chronic disease, housing instability, and limited access to care
- Align city-level action with Greater New Haven Community Health Needs Assessment (CHNA) priorities, including chronic disease, mental & behavioral health, preventive care, health equity, and data-driven public health practice

The CHIP is intentionally designed as health infrastructure, not a one-off program — creating a consistent, trusted front door to care for residents before conditions escalate into emergencies.

The end goal is create a true "Pre-Claim Infrastructure" for acute health care for the

residents and small businesses of New Haven.

Program Funding Framework

The program is funded through a locally controlled, opt-out model designed to maximize participation while protecting residents and businesses:

1. Optional Community Health Improvement Fee placed on city services bills (residential and commercial).
2. A separate monthly escrow contribution from a committed healthcare, technology, or philanthropic partner to support implementation, stabilization, and innovation.

This structure ensures:

- Predictable funding
- Transparency and council oversight
- Protection against revenue volatility
- Capacity for pilot programs and rapid response initiatives

Five Core Initiatives

1. Instant Access to Care & Preventive Health

(Foundational Access Layer)

Goal:

Provide every New Haven resident and business with affordable, instant access to a physician — creating a “doctor in your pocket” model that serves as the front door to the entire healthcare system.

This initiative directly supports Greater New Haven CHNA priorities related to:

- Chronic disease management
- Preventive care access
- Maternal & child health
- Health equity and access gaps

Program Components

- 7 a.m. – 10 p.m. Physician Access (Every Day):

On-demand access via text, phone, or video to licensed physicians and advanced practitioners for:

- Acute concerns (cold/flu, infections, minor injuries)
- Chronic disease support (asthma, diabetes, hypertension)
- Preventive counseling and medication management
- Preventive Outreach & Follow-Ups:
Proactive engagement with higher-risk residents, including:

- Asthma and COPD patients
- Residents with uncontrolled hypertension or diabetes
- Postpartum mothers and pediatric populations
- Care Navigation & Warm Referrals:
Seamless coordination with:
 - Yale New Haven Health
 - Community Health Centers / FQHCs
 - Local primary care and specialty providers
 when in-person evaluation, imaging, or specialty care is required.
- Discounted Diagnostics:
Access to deeply discounted imaging and lab services for residents to reduce cost-related care delays.

Why this is Initiative #1:

Affordable, instant physician access reduces pressure on every other system — EMS, emergency rooms, behavioral health response, schools, and social services — making all other CHIP initiatives more effective.

2. Behavioral Health Crisis Response & Community Outreach

Goal:

Strengthen New Haven’s response to behavioral health crises, substance use, and homelessness through coordinated, non-law-enforcement-first interventions.

Program Components

- Sustainable Crisis Response Funding:
Dedicated CHIP resources to support:
 - Behavioral health clinicians
 - Co-response models with EMS
 - Follow-up visits after crisis encounters
- “No Wrong Door” Behavioral Health Model:
Residents can enter care through:
 - 911 or non-emergency lines
 - Telehealth access
 - Community organizations, schools, or faith partners and still reach appropriate services.
- Homelessness & Housing Navigation:
Coordination with:
 - City housing initiatives
 - Regional shelter systems
 - Continuum of Care partners
 to reduce repeat crisis encounters and stabilize high-utilization individuals.

3. Healthy New Haven: Active Living, Nutrition & Mental Wellness

Purpose:

Serve as the preventive backbone of the CHIP by expanding access to programs that support physical activity, nutrition, mental wellness, and social connection.

Core Pillars

1. Active Living – Accessible recreation and fitness opportunities for all ages
2. Healthy Eating – Nutrition education and improved food access
3. Mental Wellness – Stress reduction, social connection, and resilience
4. Community Engagement – Neighborhood-based programming and partnerships

Program Components

- Low-cost or free fitness and recreation programming
- Partnerships with schools, nonprofits, and food access organizations
- Mental wellness workshops and peer-support initiatives
- Integration with physician access and behavioral health services for escalation when needed

4. Extreme Weather & Public Health Resilience

Goal:

Protect vulnerable populations during extreme heat, cold, and public health emergencies.

Program Components

- Designated Cooling & Warming Centers:
Libraries, community centers, and partner facilities activated during extreme weather events.
- Proactive Outreach:
Coordination with outreach teams and community partners to identify and assist high-risk individuals.
- On-Site Medical Triage:
Telehealth access points at major centers to address:
 - Heat-related illness
 - Respiratory issues
 - Medication concerns

5. Data-Driven Health Equity & Community Partnerships

Goal:

Make New Haven a model city for transparent, data-driven public health decision-making.

Program Components

- Shared CHNA & City Health Dashboards:

Track outcomes such as:

- Avoidable ER utilization
- Telehealth usage by neighborhood
- Behavioral health encounters
- Participation in preventive programs

- Health Equity Metrics:

Focus resources where disparities are greatest.

- Community Voice & Accountability:

Regular listening sessions with residents, neighborhood leaders, and community organizations.

In Closing

This CHIP positions New Haven not as a payer of healthcare, but as a builder of access — ensuring that when a resident asks, “*What should I do when I become ill?*”, the city has already provided the answer.

Sent from my iPhone