**Columbia County Community Healthcare Consortium, Inc.**

**Executive Committee**

**Notes from the meeting of July 3, 2019**

**Attending Committee Members:** Art Proper, Beth Schuster, Jack Mabb, Robin Andrews

**Staff Members:** Claire Parde, Lisa Thomas, Ashling Kelly

**CALL TO ORDER**

*The meeting was called to order at 9:08 a.m.*

**Executive Director’s Report**

**Program Updates**

*New Tobacco and Navigator contracts*

Claire reported that both the Tobacco and Navigator contracts have been executed, and are effective July 1st and August 1st, respectively. Wage adjustments are typically tied to the start of the contract period. Program staff at the lower end of the pay scale usually receive a 3% increase per year, while those at the higher end generally receive 2%. Claire expressed her interest in raising wages year after year, but foresees that becoming more complicated as people approach the appropriate salary ceiling for a particular position. A committee member remarked, and others agreed, that not all organizations offer wage increases annually.

*Helpers for Health Project*

Claire shared details about the Helpers for Health (HFH) Project’s early successes. A flyer, script, and interagency referral plan were created to facilitate referrals from the Navigators, who track each time they speak to a client and make a referral to HFH. Lisa Thomas pointed out this is a benefit of the agency’s programs working closely together. All were excited when referrals started coming in. The Navigators understand that the HFH Project makes their jobs easier; while the Navigators have always taken time to explain the details of insurance plans and terminology to their clients, those ‘extra’ tasks are now being addressed by the Helpers. Claire explained that the Project is building towards its next phase, which will include goal setting, health planning, and health coaching. Clients will determine their personal health focus, and the Helpers will assist them in achieving those goals.

At this time, Kelly McGiffert is providing all of the service delivery. It will take a long time for the other two Helpers, Jackie and Maria, to develop the necessary skills; in the meantime, they are focusing on outreach, and will be doing a Health Fair at Bliss Towers in August. The Helpers worked with Michelle Hughes, Co-Manager and Director of Development for Rolling Grocer 19 in Hudson, to conduct targeted outreach in Bliss Towers. First, the Helpers made a site visit to Rolling Grocer 19 to learn about what it offers and its pricing system and then they distributed new customer coupons at Bliss Towers. The Tobacco-Free Action program has also enlisted the Helpers to get surveys completed at Bliss Towers. Tobacco purchased Roller Grocer 19 coupons, which the Helpers will distribute at Bliss as an incentive to complete the survey. Finally, the Helpers will assist the new outreach person with the Cancer Services Program of the Greater Capital Region to conduct local outreach. Claire suggested that the committee members think about whether they have organizations or groups that could benefit from the work of the HFH.

The Committee was gratified to hear about this project and suggested that a presentation be made to the Entire Board at its August meeting. Lisa will prepare.

*Coordinating with Greener Pathways*

Beth Schuster requested that Claire or Lisa reach out to Lori Torgersen, Director of the Greener Pathways Project at TCRS, about the Navigator program. Lisa agreed to invite Lori to a team meeting which takes place immediately following the monthly staff meeting. All agreed that developing relationships is an effective way to strengthen knowledge and awareness of specific programs.

*Transportation*

Claire reported that the social research arm of the University of Chicago, NORC, interviewed her and Jim Funk about the Consortium’s Transportation Program; NORC is creating a guidebook to aid communities in improving transportation to healthcare services; it is hoped that CARTS will be included in the guidebook.

*Community Health Planning*

Claire spoke briefly about her contracted work for CMH on Community Health Planning. This is the ‘prime time’ for engaging in the planning work, and she has found the level of coordination between CMH and the Departments of Health in Columbia and Greene Counties to be excellent. While each county, and CMH, is required to submit a document at the end of the planning process in October, there has been discussion about creating a single unified document that each would submit. Claire noted that, if asked to do the Community Health Plan in the future, she would request a higher fee because of the time required and scope of work involved.

**Resource Development**

The Dyson Foundation has invited the Consortium to submit an application for two years of Operating Support. This represents great support for the Consortium’s work.

**Advocacy**

Claire reported on her participation, as part of the NYSARH delegation, in the May 31st NYS Assembly Hearing on Rural Health. NYSARH’s advocacy positions included concerns about Healthcare Workforce, Rural EMS, Rate Adequacy and Regulatory Relief. Claire reinforced the importance of these issues at the first meeting of Congressman Delgado’s Healthcare Advisory Committee on July 1st. That meeting was not well-attended, likely because it was scheduled without much notice.

**Other work**

In June, Claire attended the second meeting of the Primary Care Quality Ratings Stakeholder Workgroup in NYC. While composite ratings have been used for hospitals and nursing homes and Beth noted that a rating system is currently in development for addiction treatment services, the Workgroup ultimately decided that it would not pursue a composite rating for primary care offices.

Finally, Claire mentioned that she has been working with the Columbia-Greene Addiction Coalition (CGAC) on their development of a website, and commented that the partners have been gracious about publicly acknowledging the Consortium’s contributions.

**Strategic Planning Discussion**

Claire distributed the Strategic Planning document entitled, “*Getting from Here to There: Thoughts on Operationalizing Our Strategic Plan”* (attached), which outlines her proposal for next steps in the planning process. She asked the committee to consider whether the document makes sense and if anything is missing from it. The group commented that the document is an organized road map, and provides clear direction. It was agreed that Board engagement is important, and regular reporting to the Board is a way to maintain that engagement. Claire recommended that the strategic plan be a standing agenda item for both Executive committee meetings and full Board meetings; at the latter meetings there would be a quick 3-slide “plan refresher” and progress report. It was also suggested that when Claire reports on her work she should reference how it relates to the strategic plan; as an example, her role on Congressman Delgado’s Healthcare Advisory Committee is one of advocacy and advances objectives in the Tell Our Story Pillar.

There was some discussion about who should present the strategic planning updates to the Board; it was agreed that it makes sense for the Board Chair to report, but there can be flexibility in that as needed.

Time-limited ad hoc committees may be formed to address specific items on the strategic plan; this provides a multiplicity of opinions, and draws upon the experience and expertise of board members. For example, such a committee could be formed when considering fundraising or having discussions about investment.

It was agreed that there would be value in reconvening the strategic planning committee for input, perhaps in response to the next wave of work Claire does, a proposal for how to prioritize the work, with a corresponding rationale and timeline. This meeting will occur in late August or early September, with the goal of providing an in-depth report on implementation of the strategic plan to the Entire Board at its October meeting.

**ADJOURNMENT**

The meeting was adjourned at 9:59 a.m.

The next Executive Committee meeting is scheduled for **September 4, 2019**

*Notes respectfully prepared and submitted by Ashling Kelly on 07/05/2019*

**Columbia County Community Healthcare Consortium, Inc.**

**Executive Director’s Report to the Executive Committee, July 3, 2019**

**Program Updates**

**New contract updates**

Both the new Tobacco and Navigator contracts are now fully executed. The new Tobacco contract started Monday, July 1, and the new Navigator contract will start on Thursday, August 1st. As usual, wage adjustments for program staff are tied to the new contract year, and will be felt in the next payroll.

**New project update**

The Helpers for Health Project, which began on April 1st, is going well. Service delivery was initiated on May 15th. In the half month until May 31st, the Helpers reported the following:

* Navigators spoke to 103 clients about the service and 23 completed a referral form
* A total of 24 new referrals were received by the Helpers, 23 through the form and one by email.
* Of those 24…
  + 8 received help finding provider(s) in May (3 for optometrist, 3 for dentist, 1 for a PCP and 1 for transgender services); 2 of those 8 clients also received the number for Medicaid transportation; of those 8, 7 were helped over the phone, 1 came into the office
* Of the remaining 16…
  + 4 received help finding provider(s) in June (1 eye doctor and pharmacist; 1 dentist; 1 PCP, mental health provider, and referral to WIC and NOEP at Catholic Charities; 1 PCP, dentist and eye doctor); of those 4, 3 were helped over the phone, 1 client was met at a public library
  + 1 received help in June understanding a new insurance plan and terms
  + 2 were happy to hear of our program but did not need help at this time
  + 3 were waiting for coverage to start (2 due to documentation needed for NYSOH, 1 because of the 15th of the month rule to pick a plan); follow-up with these clients will occur after the 15th of June
  + 3 clients were left 3 different voicemails each in an attempt to reach them and will not be contacted again
  + 3 were referrals received at the end of the month and have been unable to be contacted but have not reached the threshold of 3 voicemails as yet

We are VERY EXCITED by this level of activity and by the types of service that have been requested and delivered.  At this time, we are preparing ourselves for the next phase of service delivery, which will include using motivational interviewing for goal setting, health planning and health coaching.

**Transportation Program Update**

On June 12th, Jim Funk and I were interviewed by phone by NORC at the University of Chicago for the Transportation Cooperative Research Program (TCRP) of the National Academy of Sciences. The hope is that a description of our program will be include in a guidebook to help communities improve transportation to healthcare services. In the guidebook, best practices and innovations for improving access to healthcare will be highlighted, including those that improve transportation to healthcare services.

**Community Health Planning Update (contracted by CMH)**

On behalf of CMH, I remain actively engaged in the community health planning process, in close coordination with the Columbia County Department of Health and the Greene County Department of Health. We’re currently in “prime season” for this effort, which will continue into the fall. The goal for producing the Community Services Plan for the hospital (which may be a joint document with both health departments, tbd) is the end of October.

**Dyson Foundation Update**

We have been invited by the Dyson Foundation to submit an application for ongoing Operating Support for a two-year period. The application will be due in late July and I will meet with our contract manager, Jen Drake, in early August to discuss. The expectation is that our application will be considered at the September meeting of Dyson’s Board.

**Board and Community Relations**

* On Thursday, May 2nd and Friday, May 3rd. I attended the New York State Public Health Association Conference in Cortland, NY
* On Monday, May 6th I participated in the semi-annual meeting of the Community Advisory Committee at the NY Health Foundation in NYC
* On May 9th I met with BHNNY about their Community Health Worker Initiative. As a result, Lisa Thomas and Kelly McGiffert are now part of the BHNNY CHW Workforce Initiative Workgroup.
* On May 10th, I participated in a meeting of the Career and Technical Education Advisory Board
* On May 17th, I participated in an in-person meeting of the Board of Directors of the Catskill-Hudson Area Health Education Center
* On May 22nd, I attended the Rural ReEntry Conference
* On May 22nd, I moderated the Opioid Forum jointly hosted by CMH, Twin County Recovery Services and the Greene County Rural Health Network
* On May 29th, I met with Jay Lawrence of the Grand Health System (which bought Barnwell); this was our second meeting, the last being about a year ago at this time
* On May 31st, I attended the NYS Assembly Hearing on Rural Health with a small delegation from NYSARH
* On June 6th I attended the Greene County Chamber of Commerce Annual Awards Gala
* On June 11th, I provided my training on grant writing to the Board of Directors of Columbia County Pathways to Recovery
* On June 19th, I attended the Open House of the Capital Behavioral Health Network, of which we are a member
* On June 24th, I attended the second meeting of the Primary Care Quality Ratings Stakeholder Workgroup at the United Hospital Fund (UHF) in NYC. This group has been assembled by NYSDOH and UHF, and will meet once more in person in September and a last time by phone in November. It was worth the trip to make some new connections, including with a principal at Primary Care Development Corp
* On July 1st, I participated in an in-person meeting of the Congressman Delgado’s Healthcare Advisory Committee at the Greene County EOC in Cairo. I was an active participant and subsequently interviewed by a reporter from the Daily Mail. I expect an article is forthcoming.

**Upcoming Events**

* On Tuesday, July 9th, I will attend a meeting of the Southern Hub Group at CMH to hear a proposal from CCSI (a contractor) about behavioral health integration. I have not been involved in this effort thus far, so this will be a way for me to get up to speed at, I think, a good moment
* On Wednesday, July 10th, I will attend the monthly meeting of the Columbia County Board of Supervisors to be on hand to discuss the new website of the Columbia-Greene Addiction Coalition, which we partially funded
* On Thursday, July 18th, Linda Tripp and I will meet with prospective board member, Casey O’Brien, from CGCC for a new board member orientation. The expectation is that he will be elected at the August meeting
* On Saturday, July 20th, I will meet the East Coast Riders in front of the Human Services Building for a photo op to receive a donation to the Consortium
* On Thursday, July 25th, I will help PAS It On to manage its booth at the Greene County Youth Fair
* PLEASE NOTE that I will be out of the office from Monday, July 29th through Monday, August 5th for my annual Midwest sojourn.

**Key Board Dates**

* Tuesday, July 23rd, 3-4 p.m.—Finance Committee Meeting
* Wednesday, July 24th, 1-2 p.m.—Governance Committee Meeting
* Wednesday, August 7th, 2:30-4:00 p.m.—Board Meeting

**Getting from Here to There: Thoughts on Operationalizing our Strategic Plan**

**Introduction**

Though the work of the Strategic Planning Committee has ended, in some respects we are still in something of a planning phase, with the task of thinking (planfully) about the *doing.*

**Next Steps**

**Step 1. Prioritize**

Claire suggests how activities should be ordered/prioritized

Expect that we will have a multi-pronged approach, with a focus on activities across all four domains (pillars) but not all activities at once

Considerations for prioritizing actions:

* **Doability**: Are some things low-hanging fruit? Are other things big lifts?
* Each activity’s **inherent time horizon**: Are some things time-limited? Ongoing?
* **Requirements**: What do we require to pursue the activity? (e.g. time, money, additional staff, “borrowed” expertise, board member involvement, etc.)

**Step 2. Project**

Claire attaches selected activities (loosely) to a timeline or, more likely, *timelines* (e.g. through 2019 calendar year-end, next year, and five-year)

**Step 3. Develop Work Plans**

Claire develops work plans for each near-term activity, including performance targets and measures; endeavor to answer the question, “How will we know we are getting traction?”

**Other Considerations**

**Reporting**

Consider frequency and audience

Methinks this should be to Executive *and* the Entire Board

If to the latter, who makes the most sense—the ED or the Board Chair? (methinks the latter, to promote board ownership)

**Engagement**

Think about how to ensure the Entire Board stays focused and engaged with the Strategic Plan and its progress

* *Ad hoc* committees or workgroups, by topic
* Standing item on the agenda of full board meetings