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

**Executive Committee**

**Notes from the meeting of February 22, 2017**

Attending Member: Beth Schuster, Theresa Lux, Linda Tripp, Robin Andrews, Arthur Proper, Tam Mustapha

Absent Members: Leitha Pierro

Staff Members: Claire Parde, Lisa Thomas, Tony Markham

**CALL TO ORDER**  
Meeting was called to order at 9:04 a.m. by President Beth Schuster

Executive Director’s Report  
At this time, Claire provided her Executive Director’s Report (see attached), offering the following highlights:

Claire recapped her participation in the National Rural Health Association’s RURAL HEALTH POLICY INSTITUTE, February 6-9, 2017, in Washington, D.C.

The Committee discussed the uncertainties surrounding the Affordable Care Act. Although repeal talk remains imminent, it was noted that law makers are under increasing pressure to replace the ACA with something meaningful. The discussion also addressed potential impact to states that expanded Medicaid and states that did not.

Claire presented a document that summarizes the implications of the NYS Executive Budget Proposal (see attached) for the state’s public health programs

The Committee discussed the membership of Leitha Pierro. It was agreed that the change in her role at the hospital should be formally recognized by the Consortium, and that this can be done at the annual board meeting in April by electing her to a new two-year term as a non-designated member of the board, rather than representative of Columbia Memorial Health. The CMH slot will then be considered vacant until such time as a new representative is identified. Furthermore, it was agreed that the effort to secure a new representative from CMH will be a patient and measured one, best accomplished through Claire’s inquiries as she begins to establish her role as a CMH trustee.

Annual Meeting and Event

The Committee decided to keep April meeting and audit as scheduled.

The Committee discussed the upcoming annual dinner. Due to cost concerns, it was decided to replace the seated dinner with an evening of wine/cheese/hors d’oeuvres. President Beth Schuster suggested The Falls in Hudson as a possible location to host this year’s event. It was also suggested that Art Koweek be honored at the event with the Anne W. Zittel Friend of the Consortium Award.

John Kania of FSG has been approached to speak but no response has been received to date.

**ADJOURNMENT**

The meeting was adjourned at 9:55 am.

The next Executive Committee meeting is scheduled for March 22, 2017 at 9 am.

*Notes respectfully prepared and submitted by Tony Markham on February 23, 2017.*

ENCL: **Executive Director’s Report** and Summary of Policy Impacts of the **Executive Budget Proposal**

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

**Executive Committee Meeting**

**February 22, 2017**

**Executive Director’s Report**

**Board and Community Relations**

* I participated in the National Policy Institute, hosted by the National Rural Health Association, in Washington, D.C. February 6-9, 2017. It was an excellent week that included both conference-like content and visits to elected officials and their staff on Capitol Hill.
* I participated in the first meeting of the Human Services Advisory Council assembled by Assemblymember Didi Barrett last week at the Omega Institute.
* I continue to participate in Albany Medical Center’s DSRIP PPS Project Advisory Council, or PAC, as well as its Consumer and Community Affairs and Crisis Stabilization Subcommittees.
* Board member updates:
  + Be advised that we consider that Kary Jablonka has relinquished his position on the Consortium’s Board when he resigned as Commissioner of DSS. After consulting with the Governance Chair and senior staff at DSS, we recommend that the position be left vacant until such time as a new Commissioner is appointed.
  + All board members with expiring terms, with the exception of Art Koweek, have indicated their interest in serving another term.

**Program Planning**

* We continue to participate in a group process to craft a set of recommendations to the CC Board of Supervisors regarding strategic investment of dollars to address the opioid epidemic
* We continue to meet with key network members involved in the Pain Management Committee. This group has decided to abandon its plan to host a Pain Fair at CGCC in 2017 in favor of developing resources for local prescribers and possibly also hosting a more intimate roundtable event.
* We continue to participate in the Southern Hub Behavioral Health Planning Group.

**Policy and Strategy**

* Things to watch:
  + The Governor’s Budget eliminates base funding for NYConnects in Year 12 (October 1, 2017-September 30, 2018). Though the funding to Columbia County is small--$43,987—it is critical for ongoing support to NYConnects, as it pays for 80% of one staff member’s time.
  + The Governor’s Budget also consolidates 39 public health programs into 4 pools, each of which is then cut by 20%. Evidence-based cancer services (aka CSP) and Rural Health Network dollars are included in the cuts.
  + I will be on a call at 10 this morning to talk about the state budget and its implications for rural providers and consumers. I will also be providing written testimony to be bundled with others and delivered later this week to the Health Committees and Finance/Ways and Means Committees in both Chambers. Finally, I will be attending the Rural Health Policy Advocacy Day, organized by the New York State Association for Rural Health, on March 7th, where I will meet with my legislative reps about these issues

**Resource Development**

* We continue to await a response to the proposal we submitted to OASAS on December 13th in response to the Community Coalitions RFA.
* We continue to await a response to our application for ongoing financial support for the Greene County Community Cancer Fund from the Bank of Greene County Charitable Foundation.
* We finally received the RFP for the next round of funding for the NYConnects Expansion and Enhancement Program, with an effective date of January 1, 2017 through March 31, 2018. The funding amount is approximately $97,000, which represents a dramatic reduction over previous year’s funding. Our proposal is due on March 10th.
* We have been asked to submit the work plan, budget and budget justification for the next and final year of funding from the Rural Health Network Development Program (RHN).

**Fiscal Management**

* Marvin and Company conducted its field work in early February.
* The discretionary employer contributions to the 401(k) profit sharing plan were made according to the formula approved by the Board of Directors at its last meeting. Individual statements were prepared by the Third Party Administrator and distributed this week with the Annual Total Compensation Statements that John Ray prepares for all regular employees.

**Personnel Management**

* Susan Ortabas, our Office Receptionist and Program Assistant, is taking another temporary leave of absence for a second knee replacement. We have once again engaged a temporary office assistant from Manpower during her absence.
* The search for a part-time Fiscal Clerk continues.
* Tony Markham started his employment with the agency in the position of Office Manager on Tuesday, February 21st. Welcome, Tony!

**Upcoming events**

* This Friday evening, I will be attending an event sponsored by the Greene County Sheriff’s Office, where we will receive the funds raised by them ($2K+) through “Forget to Shave February” to benefit the Greene County Cancer Fund.
* I will be speaking with Chelly Hegan, President/CEO of Upper Hudson Planned Parenthood and a Consortium Board Member, at Time and Space Limited on March 14th.

**The NYS Executive Budget Proposal’s Effect on Public Health Programs**

Consolidation of Health Care Resources: The Executive proposes the consolidation of 39 public health appropriations into four pools. Funding for each pool would be reduced by 20 percent, generating $24.6 million in savings. The impacted program range from Children’s Asthma under the heading of Disease Prevention and Control, to School Based Health Centers under Maternal and Child Health, Rural Health Network under Public Health Workforce, to Nursing Home Transition and Diversion Waiver under Health Outcomes and Advocacy.

**TOTAL CONSOLIDATION $122,944,157 ($24,588,831)**

Budget After (Reduction)

**DISEASE PREVENTION AND CONTROL POOL $41,705,600 ($8,341,120)**

Evidence-Based Cancer Services $24,781,000 ($4,956,200)

Obesity & Diabetes Consolidation $7,463,300 ($1,492,660)

Public Health Campaign (non-Tuberculosis) $4,809,400 ($961,880)

Healthy Neighborhoods $1,873,000 ($374,600)

Childhood Asthma Coalitions $1,163,000 ($232,600)

Hypertension Prevention $632,000 ($126,400)

Health Promotion Initiatives $538,200 ($107,640)

Hypertension $232,300 ($46,460)

Children's Asthma $213,400 ($42,680)

**MATERNAL AND CHILD HEALTH POOL $33,443,257 ($6,688,651)**

Adolescent Pregnancy Prevention $10,631,000 ($2,126,200)

School Based Health Centers $10,400,000 ($2,080,000)

School-based Health Clinics $7,932,000 ($1,586,400)

Prenatal Care Assistance Program $2,296,000 ($459,200)

School Based Health Centers – sub-schedule $782,557 ($156,511)

Genetic Disease Screening $609,000 ($121,800)

Physically Handicapped Children Program $212,000 ($42,400)

Maternity and Early Childhood Foundation $283,300 ($56,660)

Sickle Cell $213,000 ($42,600)

Safe Motherhood Initiative $34,700 ($6,940)

Maternal Mortality Review $31,300 ($6,260)

Sudden Infant Death Syndrome (SIDS) $18,400 ($3,680)

**PUBLIC HEALTH WORKFORCE POOL $42,140,800 ($8,428,160)**

Worker Retraining $11,450,000 ($2,290,000)

Rural Health Care Access Development $9,625,000 ($1,925,000)

Graduate Medical Education (GME) ECRIP $8,612,000 ($1,722,400)

Rural Health Network Development $6,225,000 ($1,245,000)

GME DANY Ambulatory Care Training $2,250,000 ($450,000)

GME AHEC $2,077,000 ($415,400)

GME DANY Diversity in Medicine $1,555,000 ($311,000)

Workforce Studies $185,000 ($37,000)

Upstate Medical (SUNY) $18,400 ($3,680)

Gateway Institute (CUNY) $104,000 ($20,800)

Statewide Health Broadcasts $39,400 ($7,880)

**HEALTH OUTCOMES AND ADVOCACY POOL $5,654,500 ($1,130,900)**

NHTD Waiver Program $2,303,000 ($460,600)

Poison Control $1,900,000 ($380,000)

Cardiac Services $652,000 ($130,400)

Enriched Housing $475,000 ($95,000)

Hospital Cost Report $150,000 ($30,000)

Falls Prevention $142,000 ($28,400)

Long Term Care Community Coalitions $32,500 ($6,500)