



Healthy Mendocino Leadership Team

February 27, 2020 1PM-3PM, NCO Large Conference Room

Minutes

Present: Roseanne Ibarra, Patrice Mascolo, Molly Rosenthal, Clinton Maxwell, Donna Schuler, Patty Bruder, Tammy Moss-Chandler, Menaka Olson, Jill Damien, Victoria Kelly, Stacey Mollina, Megan Barber Allende

Remote Call-In: Miranda Ramos

Absent: Julie Fetherston, Johann Ramirez, Jody Johnston, Carol Mordhorst

Introductions and Announcements

Roseanne announced she is leaving First 5 Mendocino and joining Adventist Health to do community health integration and CHIP work. She intends to continue working with Healthy Mendocino. When HM shifted to new model she was selected as Chair and not voted in. Now that the group has formed, the group can vote on a Chair in June.

Clinton announced that MCOE was awarded funding that will specifically address better connections between K-12 and post-secondary education, which can help further intensify our efforts with HM Workforce Development.

Tammy said that Public Health used the 2015 CHNA for accreditation. The CHIP is not just a point in time, it's a set of documents and information used as the work of CHNA/CHIP is in process. What's important is that you show you're making progress in trying to address the needs of the county. To show continuity, Public Health must submit another set of CHIP documents. The annual reporting hasn't been consistent and change this going forward. All elements don't need to line up with strategic plan but there needs to be some threads that tie into the CHIP documents submitted for accreditation.

2016-2019 CHIP and Report

The CHIP is a written plan of possible goals and strategies to be implemented on the priorities reported in the CHNA. The CHIP Report is a progress report of the outcomes from the Plan and will be brought back to Public Health to review before being submitted. The CHIP Report for 2016-2019 is needed for accreditation. Tammy said the plan needs to be reviewed by all members of Leadership Team (LT) to make sure it fits their respective agencies' needs or to see if it's something their respective agencies can use.

The 2016-2019 CHIP has been on the HM website in draft form. The county has asked that the plan be brought out of draft form and finalized. Tammy has concerns about this plan that she will bring up with Patrice. Public Health doesn't need it to be modified with graphics. Tammy also mentioned that there are documents on the HM website that are called reports but are actually Plans. The draft Plan is on the website and the dates need to change from 2017-2020 to 2016-2019. The CHIP Report will be discussed later.

The timeline for the final CHIP is different than the timeline for the draft. The content has changed unnecessarily, and it is confusing because it doesn't match the final CHIP draft on the website. The original draft CHIP and the newer CHIP plan version need to be reconciled.

These documents are available, and the LT was asked to please review the documents and submit comments on how the two can be reconciled by next meeting. **Tammy volunteered to lead the conversation on reconciling these two documents next meeting. Patrice will send follow up email with attached documents to review before next meeting.**

The CHNA and CHIP informs Public Health work. The CHIP needs to involve Public Health so it's important to have the agency fully engaged in the process. Tammy wants this to be a community process. Not everything needs to line up exactly for each agency, but some pieces of Public Health's goals and strategies must be in the Plan. Public Health does not want to be driving the process at Healthy Mendocino. How the CHIP plays in the agency is slightly different in how it plays out in the community.

When initiatives were created, it was not considered how they would work into the next CHIP. This needs to be re-examined. There are two separate processes and they need to be clear.

First Quarter Advisory Council Meeting Update and Discussion

Patrice gave an update on the first quarter Advisory Council (AC) meeting. At the AC meeting, staff summarized the conversations they had with AC members and funders, presented asset map highlights and overview of the gaps identified. Staff also presented background information on how Workforce Development was chosen as one of the initiatives and explained that staff understands this is very upstream from the priority areas. Workforce Development was a need that emerged from our 25 listening tours throughout the county. AC can see Workforce as a short term, narrow project but wants staff to spend more time on the new CHIP, which needs to be done by June 2020, and focus on just a few goals from the initiative.

Tammy said the CHIP should be a community-driven process and should link back to our partners' and funders' strategic plans. It should include other initiatives that don't necessarily address workforce development.

At the AC meeting Lucresha (MCC) mentioned the requirements changed for federally funded clinics' CHNA and CHIP. HM should be the backbone for what organizations need or desire in a CHNA and provide the data for organizations to use for the CHNA. Jill said MCHC is still going to do their own CHNA, so it's confusing how the HM collaborative CHNA fits in to their process.

Patrice talked to Lucresha about the federally funded clinics. They can use the collaborate CHNA but they have to add in their own specific requirements.

The timing for the CHNA is every 3 years because most partners need it in that timeframe, though the county only needs it every 5 years. Menaka mentioned that NCO might want to do it every year.

HHSa gives funding to take the CHNA and turn it into a CHIP they can use, because their requirements are bigger. If it doesn't align with the group, it's not working for HHSa either. HHSa doesn't want to over influence the process. Feasibly, the process could be done more internally within Public Health, but ideally would prefer it be a more community-driven process. Patty said there's value in doing it in the

community to find out what the community needs. What are the highest community needs that each agency can help address while having the greatest impact?

Initiative Update and Discussion

Molly gave an update on the initiative work. Goals 1,2,6 were pulled out as priorities at the AC meeting to work on alongside the CHIP. Goal 1: Staff has been working on filling out the asset map. There is a lot going on in this county in the way of workforce development. A living document of the Asset map will be sent to AC members through SharePoint for their input. The asset map will have calendar events around workforce development. Goal 2: Some data has been collected for the pathways, but in general this project has not been started. HM will create a Mental Health and an Education pathway from scratch, and work with ACE to finish their Construction and Business pathways. Goal 6: Community Meeting to capture input will be held in April. We will need to form a subcommittee to make sure we invite the right people to the meeting.

Pathways and stories will be translated into Spanish. Promotion of these pathways through stories will require us to bleed the work into next FY and identify our audience. HM should tell stories about people that could take their education to the next level.

There's a lot that can be done at the entry level for Mental Health and Healthcare. There is some entry level mental health work that is a bridge to high paying, high status jobs. Online training can help individuals move from 2 years to 4 years. There's much more we can be doing to strengthen the online opportunities.

We should build relationships at places where individuals get post-secondary training that will inspire workers to come back to the county.

Roseanne said that keeping people here is a crucial element to workforce development. The Mental Health and Education are pathways that require students to leave. However, people entering the IT field can be trained here and immediately exit pathway and get a high paying job. Roseanne would like to add the IT pathway to Goal 2 because it keeps people here and allows people to work here remotely. Clinton is developing a community of practice for IT students and can help develop this pathway.

Roseanne also mentioned that staff should come up with a plan for how these maps will live on without Healthy Mendocino. It's not our role to hold that piece and keep promoting the pathways. If our role is to assist in creating the pathway, like in the case with ACE, we could possibly help to identify how to promote it and be a resource. Clinton said MCOE could step forward to take that on if ACE does not have the capacity.

Community Meeting Discussion

Patrice would like to form a subcommittee to help with logistics and invitations/email lists for this meeting. Would like agencies to send personal invites.

The objective of the meeting is to share the 2019 CHNA, the 2016-2019 CHIP Plan and the results in the draft CHIP Report. We will also present the draft outline of the 2020 CHIP to get feedback and gather ideas for the new CHIP process. We could publish a CHIP snapshot document. The goal is to collect more feedback for the CHIP because the CHNA had a low response rate. The information collected at this

meeting could inform work we do in July forward. If we're getting input, we better have some progress to show, or else the community might not understand why we keep requesting their input.

Subcommittee Volunteers: HHS Advisory Board Member, someone from RCS (as Volunteered by Victoria Kelly). The community meeting should be **April 30th** and take the place of the AC meeting.

2020 CHIP Process Update and Discussion

The 2020 CHIP is in process. Along with the 3 priority areas identified in the CHNA, Housing and Childhood Trauma will be brought into the plan because there's still momentum around those Action Teams and we want continuity through the next few years. Workforce and some other initiatives will also be included.

Financials and Fundraising Discussion

Annual Report: Great format, eye-catching. Like the value banners—change communication to collaboration in values. Effect change with ADUs in the City of Fort Bragg and Mendocino County. Put more transformational outcome changes in the Action Team updates instead of large paragraphs.

Only use one pullout quote. Take some bullets out. Put funders on the footers or as a border or hyperlink to funders on the website.

Fundraising Letters: new fundraising letters, get rid of the block of AC and use the logos of current funders.

Discussion on HM Structure and Governance

Patty gave an update on HHS Advisory Board meeting. Originally, HM was a project of the HHS Advisory Board. HM was initially set up to be a data repository for organizations for grant writing. When HM started, it was important to founding members that it be community driven. There is confusion among partners about the changes in new structure with the LT and the AC.

A while back, HM stopped being integrated in the HHS Advisory Board. HHS would like HM to report on updates at their monthly meetings. The Board decided form a subcommittee to look at what roles the HHS Board wants to play in Healthy Mendocino.

Funding is needed to go forward with this work and we need to figure out what we need from our funders and what we need to be for them. It seems that everyone has different expectations because there was never an MOU between the funders. Jill said there needs to be an MOU established so the ideas that arise don't keep shifting. As a funder you want to know what you're buying into.

Roseanne said there may have been a disconnect in the communication of how HM has restructured itself and how we reconcile what we're doing. HM needs to be clear and definitive in what it is doing, and Roseanne doesn't think the goals and strategies necessarily need to be adjusted every time a funder has an opinion on what we should be doing. Staff needs to be clear on what it takes on as it cannot take on all things.

Jill would like to know if the LT has authority over HM. Or does Public Health or the AC? Patrice runs the program and does her best to please the funders.

What are the roles of the bodies? What's the governance structure and process? In the desire for a community driven process, is the authority from what each agency expects? This would be very challenging for staff to operate under. It's unclear what each entity (LT and AC) does, the expectations

or power that it has. This needs to be explicitly explained by forming bylaws to make that clearer. Public Health needs to be engaged in the process.

This group is essentially the Steering Committee. The AC is a group of funders and community agencies that are stakeholders that staff checks in with every quarter. In the previous structure we weren't effective in communicating back to funders and the community on what we were doing.

AC is for conversations, and LT is for agency people from our funder agencies. LT acts as an executive committee, similar to the old Steering Committee for budget approval, evaluations, personnel, etc.

The role of NCO in this is very muddy. NCO is the fiscal agent but not a management structure. Why wouldn't this be a program under NCO? NCO would then be in the org chart, but HM would still be a community driven process. Megan inquired whether this program would do better if it lived within an organization and considered a program of NCO so there would be a clear chain of command and support.

Patty and Patrice are in talks about pros and cons of becoming a program of NCO. Patrice wants HM to become a program of NCO as there aren't very many negative aspects and it would simplify many things. HM would still have its own Steering Committee. It's okay to step back from the new structure and consider consolidating the LT and AC into one smaller oversight entity, as long it becomes a win-win and we can be clear on goals and actions steps. If the groups were to merge, it would make sense to do it at the beginning of the fiscal year.

Megan asked if Patty would give clarity to funders if questions, challenges or tensions or confusion arose. If HM became a program of NCO Patty could bring them to consensus and staff can focus on the program work. Menaka mentioned whether NCO driving the ship might make other agencies want to pull out of the process. But Megan suggested that if NCO is behind the program, it may give funders more confidence because they know NCO has systems in place that are solid.

The database and platform are HM offerings most funders can buy in to—it's the collective, longer-term projects that need to be agreed on. HM needs to be more effective in communicating our actions to the community and the funders. The funders need clarity and a structure to know what they are funding.

Tammy is in support of HM becoming a Program of NCO, while still having its own bylaws, structures, MOUs, etc.

The Role of Healthy Mendocino

Roseanne suggested that HM could be a brand across the county: i.e. "HM approved programs." We could draw people here since it's a Healthy Mendocino approved county. We can also be a convener to break down silos.

Patty said HM is a brand and backbone for what's going on in the community; linkage to programs to make work stronger could be a healthy thing. HM can build collaborative work and make sure we're having an impact in the community.

Jill: The valued added of HM and must be in addition to or complimentary to the work the funders are already doing, especially if the MOUs are 1-year docs and the CHIP plans are for 3-years. Funders can make a 3-year funding commitment, unless we come up with a 3-year plan and advocate funding on a 3-year cycle.

Tammy said HHSA would shift funding since we are spending a lot of our resources just getting to the community health improvement implementation. Together we can look at what the highest needs are and how we are trying to impact them because we've all be looking at these issues forever.

This group could be reporting to the HHSA Advisory Board, but business and education is not represented. We want a broader advisory council because we have been social service and health care heavy in the past. Maybe we can integrate some of those people in this team or invite more people to the second half of the HHSA meeting. If we figure out what HM is, it will inform who we need at the table.

Need to communicate to the funders that this conversation will be happening at the March meeting. LT needs to see the bylaws before the March meeting so they can make sure the LT representatives of the funder agencies can make the decision to move forward with a new structure at the next meeting.

Next Steps/Action Items

Patrice will send the original draft 2016-2019 CHIP and the newer draft 2016-2019 CHIP version for review and comments on how the two can be reconciled before next meeting. Tammy volunteered to lead the conversation on reconciling these two documents at the next meeting.

Draft Bylaws to be reviewed in March—*get out a week in advance and a commitment that they are reviewed.*

Pros and Cons of becoming a program of NCO

Draft MOU for funders—what we do for them and what we expect from them **Delivered to LT members to brief their directors.**

Continue Initiative work: Goals 1,2,6—Add IT Pathway (?)

Community Meeting Subcommittee—HHSA Advisory Board Member and staff member from RCS appointed by Victoria Kelly

Next meeting date: Thursday, March 26th 1PM, NCO Large Conference Room

Respectfully Submitted by Molly Rosenthal, Healthy Mendocino