

# COLUMBIA COUNTY COMMUNITY HEALTHCARE CONSORTIUM

2011 ANNUAL REPORT

# Mission & Vision

## MISSION

The mission of the Columbia County Community Healthcare Consortium is to increase access to quality health care through collaboration, education, information and service delivery.



## VALUES

- Access to quality health care is a fundamental right of every individual.
- Improving the health of our community occurs through the partnership of health, social service, all levels of government, and wellness organizations.
- Individuals are primarily responsible for their own health care decisions and require information and education to fulfill their role effectively.
- Collaboration and provision of preventive and wellness services has long-term efficiencies.

## VISION FOR THE FUTURE

- Health care consumers will be well informed.
- Low income/uninsured/underinsured individuals will have equal access to primary care, dental and vision services.
- Transportation to health care services will be accessible to all residents.
- Health outcomes will make significant progress towards the Healthy People 2015 goals.
- Health care consumers will have better access to having prescriptions filled and utilized appropriately.

# Directors & Officers 2011

PRESIDENT Jeffrey Rovitz, Executive Director  
Mental Health Association of Columbia-Greene Counties

VICE PRESIDENT Anne Zittell, RN, Retired

TREASURER Kenneth Stall, CEO  
NYSARC Columbia County

SECRETARY Linda Tripp, 4H Youth Leader  
Cornell Cooperative Extension of Columbia County

Theresa Lux, Executive Director  
Catholic Charities of Columbia & Greene Counties

Rev. Edward Cross, Supervisor  
Columbia County Board of Supervisors

Nancy Winch, Director  
Columbia County Dept of Health

Michael Cole, Director  
Columbia County Dept of Human Services

Paul Mossman, Commissioner  
Columbia County Dept of Social Services

PJ Keeler, Coordinator  
Columbia County Emergency Medical Services

Kary Jablonka, Administrator  
Columbia County Office for the Aging

Thomas Wright, Research Director (Retired)  
Columbia-Greene Community College

Leitha Pierro, Vice President  
Columbia Memorial Hospital

Tina Sharpe, Executive Director  
Columbia Opportunities, Inc

Carole Heaney, Executive Director  
The Community Hospice

Joann Siry, Director  
The EDDY Visiting Nurse Association

Carroll Sisco, Team Leader, Child Care Services  
Family of Woodstock, Inc.

Rev. James Slater, St. Luke's Pastor  
Ichabod Crane Clergy Association

Lisa Evans, Director  
Interim Health Care

Arthur Proper, Administrator  
Pine Haven Nursing & Rehab Center

Laura Murray, LCSW, President  
Present Help

Beth Schuster, Executive Director  
Twin County Recovery Services

Toni Strattman, AVP, Patient Services  
Upper Hudson Planned Parenthood

Dr. Karyn Dornemann, DC

Dr Stephen Krizar, MD

Dr. Bernard Mehl, DPS

Dr. Bruce Pinkernell, MD

Arthur Kowweek, Consumer

# President's View

This marks the 13th year that the Healthcare Consortium has provided vital services and health coordination to the residents of the community. The on-going health care needs of the citizens in its catchment area are paramount to the mission, and fully inform the activities, of the Consortium, including its advocacy voice. This was a year of transition, as our long standing Executive Director retired. The agency's ability to successfully and rather seamlessly manage through this time is true testament to the strength and dedication of its staff and Board of Directors. I would like to specifically thank Gina Armstrong for her leadership during this transition period.

The Consortium was able to accomplish much this year, despite the difficult New York State fiscal picture. We completed a two year project to conduct a community assessment of preventive and primary care in Columbia and Greene Counties, followed by extensive recommendations. This culminated in an impressive report, entitled, 'A Vision for Better Health', which was widely distributed. Staff is leading stakeholders in a process to plan for a comprehensive solution to the unmet health care needs of Columbia and Greene Counties. Community outreach is being conducted to Medicare beneficiaries to inform them of Medicare savings programs, and promote the new Medicare wellness and prevention benefits. There was expansion of the Prescription Access Program to increase access to free or low cost prescription medication. And the many on-going services provided by the agency continue to help meet community need.

We know that next year will again be difficult as New York State and the nation continue to struggle with huge budget deficits and weak economies. And yet I remain optimistic that we will find the strength and tools necessary to do the vital work for which the community has come to rely upon us to accomplish. It is on this note that I would like to welcome Claire Parde as our new Executive Director. I am convinced that the spirit and good work of the Consortium will see us through, and that we will remain integral to the community, thanks to her leadership, the extraordinary work of the staff, the commitment of the full Board of Directors, and the support of our political leaders.

Jeffrey Rovitz, MS, CRC, LMHC





# Executive Director's Report

## **The Healthcare Consortium: Our Fit in a New Healthcare Landscape**

In late August of 2011, I was honored to join the Columbia County Community Healthcare Consortium as its new Executive Director. I was very pleased (and relieved) to discover that it is an incredibly well-conceived, thoughtfully organized, and soundly-managed organization. Much credit is due to its remarkable Board of Directors, many members of which have held a seat on the Board or played a role in the organization since its inception. It has also greatly benefitted from the fair and fearless leadership provided by its longtime Executive Director, Diane Franzman, the dedication and stewardship of its Deputy Director, Gina Armstrong, who helped the organization through a challenging transition, and the daily efforts of its highly talented, deeply committed and always compassionate staff.

I join the organization at an incredibly interesting moment, when the nation's health care system is being intensely studied, reimagined, and tweaked and twisted into entirely new shapes. It's a messy and confused process and, in my few short months at the Consortium, I've already attended several meetings in which everyone is equally bewildered by the changes, both real and potential, and how to engage in them. There are parallel processes for different populations, overlapping processes for the same population, and plenty of pilot projects to go around, none of which provide much insight into what "a new and improved" health care system will eventually look like or how it will actually work.

At these moments, it seems there is only one thing that is certain: change is happening. I am convinced that we are in the midst of a transformation that will ultimately alter the entire healthcare landscape. I am equally convinced that transformation will be accompanied by very real challenges to both patients and providers as they struggle to find their footing on ever-shifting ground. As a result, the role that the Healthcare Consortium must play in the coming months and years must be a response to the needs of this unique moment in history; while the vision of a new healthcare landscape is still murky, our fit in that landscape is clear. During the transition from here to there, from now to the next thing, the Healthcare Consortium must help the members of our community to understand and adapt to the changing environment so that they may access the healthcare system with the least amount of interruption, disruption and hardship. We must continue to advocate for the structures and policies that we believe will improve our community's health and well-being. And we must foster and nurture our relationships with other stakeholders in the healthcare system, including providers and payers, whose perspective and insight will only make our own work better-informed and more effective. In a changing world, the Healthcare Consortium can offer one constant--fidelity to our central mission of increasing access to healthcare—and it can advance this mission through an organization that is dynamic, nimble and responsive. In the coming months and years, our organization must not only meet the needs we know, in the ways we know how to; we must also anticipate the needs that will emerge and ensure that we are positioned to respond when they do. I am privileged to be a part of this remarkable organization at this particular moment and look forward to engaging with the board, staff, and our partners in rising to the challenges ahead.

Claire Parde, MS



# Staff of 2011

Claire Parde	Executive Director
Gina Armstrong	Deputy Director
Lisa Thomas	Senior Program Director
Karen dePeyster	Program Director
Robert Usis	Communications Manager
Darcy Connor	Case Manager
Paul Knott	Transportation Coordinator
Jeanette Neven	Fiscal Manager
Lynda Scheer	Program Coordinator
Kari Rieser	Program Coordinator
Kathy Houston	Administrative Assistant
Lisa Heintz	Communications Coordinator
Rachel VanDenburgh	Senior Enrollment Counselor
Dodie Rollins	Enrollment Counselor
Lynn Sanders	Outreach Coordinator
James Funk	Transportation Specialist
Marian Hannah	Outreach Specialist
Christine Blass	Transportation Assistant
Dave Kibler	Driver
Roger Marvin	Driver
George Atkinson	Driver
Roger Dooley	Driver
Bob LaCasse	Driver
Jim Van Deusen	Driver
Bill Hunt	Driver
Bob Delaney	Driver
Danny Yakman	Driver
Andrew Taggart	Driver
Ron Garcia	Driver
Julie Nabozny	Project Assistant
Susan Ortabas	Receptionist

# The Programs

## CANCER SERVICES PROGRAM

The Healthcare Consortium has administered the program since 2001. Funding from the NYS DOH supports program administration and patient services for uninsured women age 40-64 and men age 50-64 in Columbia and Greene Counties.

### VITAL SERVICES FOR THE UNINSURED

The Cancer Services Program was used by 337 uninsured men and women this year to complete their cancer screenings.

This includes 825 mammograms, clinical breast exams, cervical and colorectal screenings and follow up services. This comprehensive program includes scheduling appointments, education about available care options, addressing barriers, emotional support, and referrals to other community resources that may be needed.

Our case manager supported 4 clients through all stages of their experience with breast, cervical and colon cancer this year.



Five people received treatment for adenomatous polyps, a precursor to colon cancer. Without treatment these precancerous polyps could lead to invasive colon cancer in the future.

Our annual 5k Walk/Run fundraiser events for the Community Cancer Fund were a big success and raised \$23,300 last year. The fund helps to pay for cancer related services that are not covered by the Cancer Services Program. Community partners in Columbia and Greene Counties work hard to make this fund possible.

# The Programs

## MEDICAL TRANSPORTATION

The Children & Adult Rural Medical Transportation Services Program has been transporting Columbia County residents who lack transportation to and from their health-related appointments since 1999. This non-emergency door-to-door service is staffed by two coordinators and ten regularly-scheduled part-time drivers. Rides are provided on a pre-scheduled basis. New clients numbered 150 in 2011, and more than 610 individual clients were provided 8385 trips during the year. Our vehicles logged 133,810 miles in 2011 operating 8am to 4pm Monday through Friday, except holidays, throughout the year.



# The Programs

## **FACILITATED ENROLLMENT PROGRAM**

The Columbia-Greene Facilitated Enrollment Program (*Covering the Uninsured*) gives qualifying people access to affordable health insurance through Child Health Plus, Family Health Plus and Medicaid Managed Care plans by providing free eligibility screening and application assistance. In 2011, 2,064 referrals were received and 730 applications were submitted. Of those, 910 children were enrolled into Medicaid or Child Health Plus and 312 adults were enrolled into Medicaid or Family Health Plus.

The elimination of the face-to-face application requirement for Medicaid, which allows for mail-in applications, has significantly reduced the number of clients seeking assistance through our program. According to New York State DOH, we still consistently rank in the top 5 of upstate lead agencies for productivity. Our quality ranks number one with Fidelis Care New York.





# The Programs

## RVW TOBACCO-FREE ACTION

Rip Van Winkle Tobacco-Free Action advocates for policy change that reduces exposure to secondhand smoke, makes tobacco products less visible and accessible, and makes tobacco use more expensive, less convenient and more socially unacceptable.

### 2011 Highlights

Sponsored two multi-media campaigns of three months duration each to promote tobacco free parks and recreation areas and to educate the public about tobacco marketing in stores directed at kids.

Partnered with the SADD chapters at Hudson High and Taconic Hills to expand our anti-tobacco marketing initiative in the school communities.

Assisted five senior living facilities and one affordable housing complex, with a total of 222 units, to establish smoke-free buildings.

Successfully advocated for tobacco free parks in the Greene County towns and villages of Catskill, Athens, Coxsackie, Cairo, Greenville and Hunter.

Successfully advocated with Hannaford Supermarkets to cover tobacco products in the Valatie store and in new stores planned for the area.

Held our final recognition event in June. TCP has directed that this annual activity be discontinued because of the budget cuts.

In the final state budget for 2011-2012, TCP was reduced from \$58 million to \$40 million. As a result the budget for our program was cut by 13%, or almost \$22,000.





# The Programs

## KIDS IN MOTION

Kids in Motion is a five year Childhood Obesity Prevention Program funded by a grant from the NYS Department of Health. The program coordinates schools and community partnerships in Columbia County to facilitate policy and environmental changes that promote healthy lifestyles for kids in grades K-8.

### School Programs

Kids in Motion funding has been instrumental in keeping many K-8 physical activity and gardening afterschool programs afloat. Afterschool programs include swimming, ball-room dance, hiking, running and wrestling. Overall, we promote sustainability in these programs with the expectation that they will continue to thrive long after our funding has ended.

### Farm to School

School and community partners continue their work to provide kids with farm fresh produce in their school cafeterias. We also funded farm trips to the Sylvia Center at Katchkie Farm for many of the day camps in Columbia County as well as the 2nd grade of John L Edwards Elementary .

### Walking School Bus

We sponsored the “Walking School Bus” program at John. L. Edwards Elementary School, a program of the National Safe Routes to School program that encourages kids to walk and bike to school.

### City Playground

Our collaboration with the Hudson Rotary and the City of Hudson made renovation of the Promenade Hill Kids Park possible. This neglected park needed attention and equipment. Funding from the three groups provided a new swing set, play structure, and rubber mulch. Kids from all over Hudson are now enjoying the wonderful playground.



# The Programs

## NY CONNECTS, COLUMBIA COUNTY

NY Connects, Columbia County is a trusted resource in the community that provides free information and assistance on available long term care services, such as home care, personal care, transportation, home delivered meals, therapy visits, respite and palliative care, counseling and support, housing options, and more.

In 2011, NY Connects facilitated a Caregivers' Series of articles and workshops, assisted patients being discharged from hospitals and rehab navigate the very complex home healthcare services network, and eased the transition from hospital/nursing home to assisted living facilities or their own homes. The Long Term Care Council, a very important, integral part of the program, continues to explore ways to decrease the County's gap in long term care. This is very important because the senior population and the disabled population continue to grow exponentially. The 2010 Census figures validate these very real needs of the population and NY Connects has a leadership role in addressing these needs.

## PRESCRIPTION ACCESS ASSISTANCE

The Prescription Access Assistance program is available to residents of Columbia, Greene and Northern Dutchess counties. Funding from the Dyson Foundation makes this possible. This program provides uninsured and some minimally insured residents access to prescription medications at low cost or no cost directly from the pharmaceutical companies. Funding is also available from the Foundation for Community Health, based in Sharon CT., for residents of the towns of Ancram and Copake. That funding alone helped fifteen town residents receive over 40 prescription meds each month. Inclusively, the Prescription Access Program has helped over 250 residents access their prescriptions in 2011.



**[WWW.COLUMBIAHEALTHNET.ORG](http://WWW.COLUMBIAHEALTHNET.ORG)**

No matter the time of day, or day of the week, the Healthcare Consortium web site allows 24/7 access to information about our programs, upcoming events in our Events Calendar, and other features.

# The Programs

## PROJECTS ON HEALTH SYSTEMS PLANNING

A two-year Local Health Planning Initiative was completed this year. Funded by the NYSDOH Office of Health Systems Management, we had the resources to establish a 13-member Task Force of local stakeholders to examine the health status of Columbia and Greene County residents and make recommendations to match health care resources to community health needs. The outcome of this study, recommendations for improving preventive and primary care in Columbia and Greene Counties, can be found in the report: “A Vision for Better Health”. The report details a comprehensive strategy for our cornerstones of the primary care delivery system: Expanded Insurance Coverage; Adequate Supply of Primary Care Providers; Patient-Centered Medical Home; Adequate Reimbursement for Primary Care. A second set of recommendations developed by the Task Force advocate for enhanced activities to address four priority prevention areas: tobacco use; obesity; cardiovascular disease; behavioral health. A copy of the report is available for download on-line at [www.columbiahealthnet.org](http://www.columbiahealthnet.org).

A second planning project began this year to lead local stakeholders in a process to explore approaches in comprehensive healthcare service delivery models, including the feasibility of a section 330 health center, to provide access to healthcare for the medically underserved residents of Columbia and Greene Counties. This one-year project is funded by the US Department of Health and Human Services.



## PARTNERSHIP FOR PALLIATIVE CARE

The Healthcare Consortium has convened meetings of the Partnership for Palliative Care since 2002. The Partnership consists of a team of health care and other professionals who collaborate to promote palliative care and advocate for access to care. Their aim is to facilitate understanding about advanced illness and end-of-life care by assisting with discussions on palliative (supportive) care, hospice care, spiritual concerns, health care proxy/advanced directives, legal and financial matters and ethical dilemmas and resolutions. In 2011, Partnership members launched a community-based Coaching Program that is available free of charge to Columbia County individuals and families in need of information and/or support. Coaches are volunteers who will help to resolve situations by guiding patients to the knowledge needed to make the choices that are necessary and right for them.



# Financial Statement

**FISCAL YEAR ENDING JUNE 30, 2011**

## ASSETS

2011

### Current Assets

Cash and cash equivalents	\$	240,314
Grants receivable		298,266
Investments		28,900
Prepaid expenses		<u>5,202</u>
Total Current Assets		572,682

### Property, Plant and Equipment,

Net of Accumulated Depreciation		<u>75,213</u>
	\$	647,895

## LIABILITIES AND NET ASSETS

### Current Liabilities:

Accounts payable	\$	81,032
Accrued wages and benefits		34,130
Accrued compensated absences		20,125
Accrued expenses		5,311
Advanced funding payable		<u>24,493</u>

Total Current Liabilities		<u>165,091</u>
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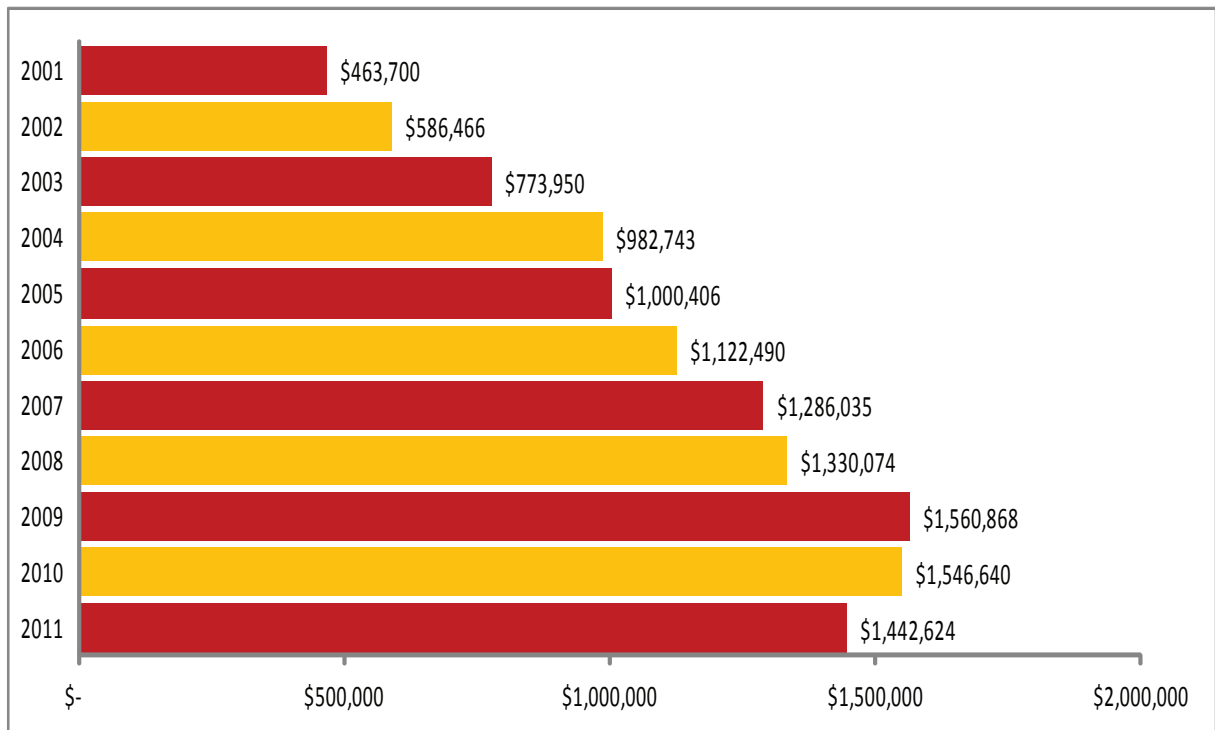
### Net Assets:

Temporarily restricted		140,489
Unrestricted		<u>342,315</u>
		<u>482,804</u>

	\$	<u>647,895</u>
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# Revenues & Supports

## TOTAL REVENUE, COMPARISON BY YEAR



## TOTAL REVENUE, BY SOURCE

Grants, NYS	\$924,540
Grants, Federal	\$36,239
Columbia County Departments	\$96,614
Columbia County Government	\$84,702
Medicaid reimbursements	\$191,257
Foundation Revenue	\$39,399
Donations	\$ 1,800
Other	\$68,073

**\$1,442,624**

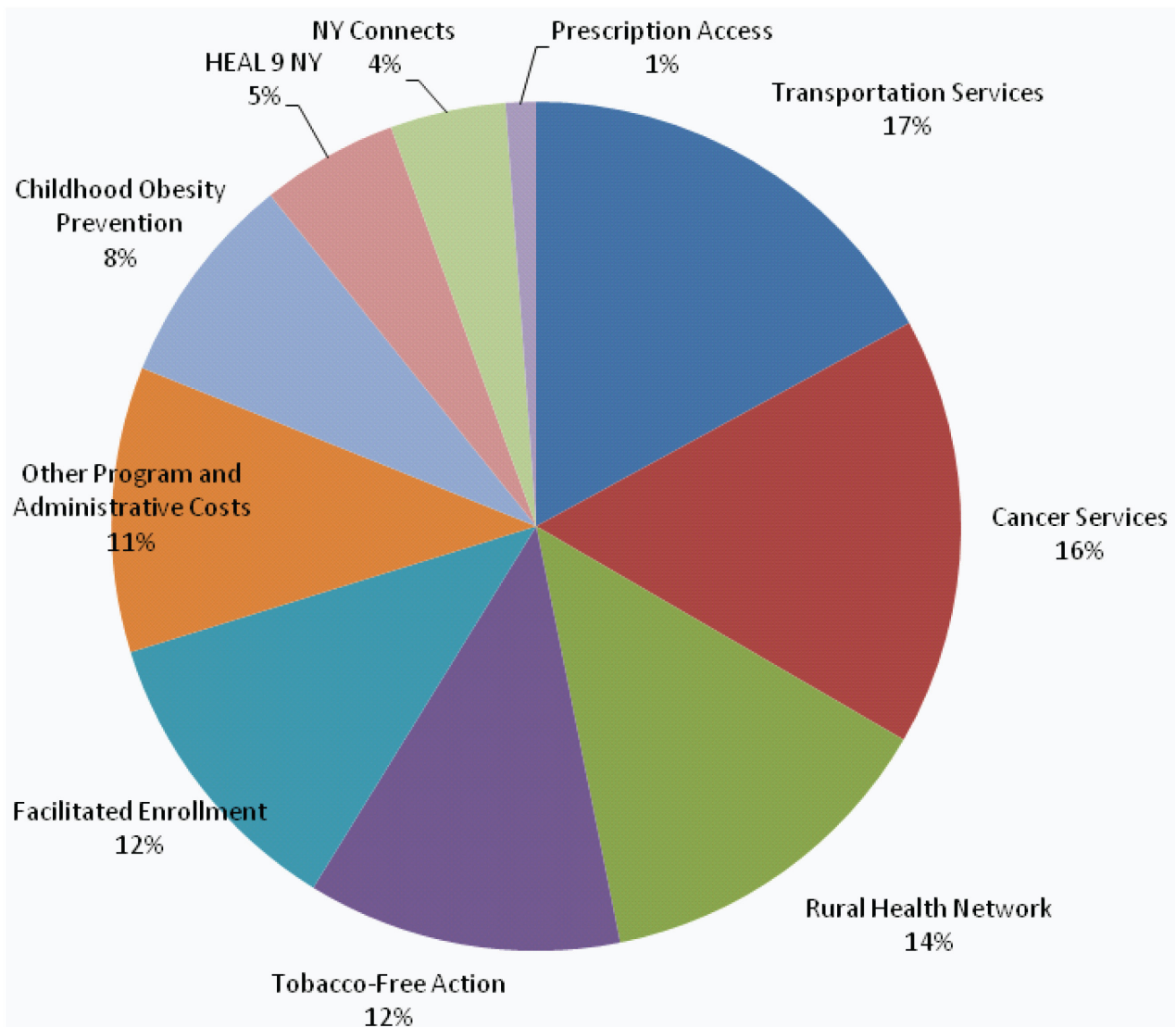


# Program Funding

## TOTAL REVENUE, DISTRIBUTION BY PROGRAM

Transportation Services	\$246,006
Cancer Services	\$235,585
Rural Health Network	\$194,048
Tobacco-Free Action	\$172,572
Facilitated Enrollment	\$164,580
Other Program and Administrative Costs	\$156,925
Childhood Obesity Prevention	\$117,580
HEAL 9 NY	\$ 75,124
NY Connects	\$ 63,554
Prescription Access	\$ 16,650

**\$1,442,624**





# Funding Sources

**United States Department of Health and Human Services,  
Health Resources and Services Administration**

**New York State Department of Health**

**Columbia County Government**

**Columbia County Departments**

**Health Research Institute**

**Foundation for Community Health**

**Berkshire-Taconic Foundation**

**Dyson Foundation**

**Private Donors**



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**ccchc@columbiahealthnet.org**

**www.columbiahealthnet.org**

### **Direct Dial Program Access**

**C.A.R.T.S./Transportation Services Program**

**822-8020 fax 828-1479**

**Cancer Services Program**

**822-8741 fax 828-3425**

**Facilitated Enrollment Program**

**822-9600 toll-free 1-800-980-5530**

**NY Connects, Columbia County**

**828-2273 toll-free 1-877-260-9244**

**Rip Van Winkle Tobacco-Free Action**

**822-0999**

