

COLUMBIA COUNTY COMMUNITY
HEALTHCARE CONSORTIUM

2012 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 2012

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

VICE PRESIDENT Anne Zittell, RN, Retired

TREASURER Kenneth Stall, CEO
COARC

SECRETARY Theresa Lux, Executive Director
Catholic Charities of Columbia and Greene Counties

Arthur Koweek, Consumer

Arthur Proper, Administrator
Pine Haven Nursing and Rehabilitation Center

Beth Schuster, Executive Director
Twin County Recovery Services

Carole Heaney, Regional Director
The Community Hospice

Carroll Sisco, Childcare Team Leader
Family of Woodstock, Inc.

Dr. Bernard Mehl, DPS (Retired)

Dr. Tam Mustapha, MD (Retired)

Edward Cross, Supervisor
Columbia County Board of Supervisors

James Campion, President
Columbia-Greene Community College

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

JoAnn Siry, Administrator
EDDY Visiting Nurses Association

Kary Jablonka, Administrator
Columbia County Office for the Aging

Karyn Dornemann, DC
Hudson Chiropractic

Laura Murray, MCSW
Present Help

Leitha Pierro, Vice President,
Patient & Clinical Services Columbia Memorial Hospital

Lisa Evans, Director
Interim Healthcare

Michael Cole, Director
Columbia County Department of Human Services

Nancy Winch, Director
Columbia County Department of Health

PJ Keeler, Coordinator
Columbia County Emergency Medical Services

Paul Mossman, Commissioner
Columbia County Department of Social Services

Tina Sharpe, Executive Director
Columbia Opportunities

Toni Stratman, Assistant Vice President
Patient Services, Upper Hudson Planned Parenthood

President's Perspective

This marks the 14th year that the Healthcare Consortium has provided health coordination and filled gaps to meet needs within the community's health care delivery system. The health concerns of those residing in this area are the foundation of all its planning and activities. The Board of Director's retreat in the autumn has given birth to lively discussions regarding the structure of the agency. I would imagine next year at this time we will experience a vastly different looking Consortium, not in terms of service provision, but in terms of a lighter organizational structure that will allow us to respond more quickly and fluidly to the enormous changes we are experiencing in the health care industry.

The Consortium was able to accomplish much again this year, despite the difficult New York State and National fiscal pictures. We provided more rides on the CARTS than ever. The Dyson Foundation agreed to fund continuation of our Prescription Access and Referral Program. The Tobacco Free Program continued to make a mark in increasing the number of smoke-free venues. The Consortium facilitated stakeholders meetings and engaged a consultant to explore the possibility of a local Community Health Center. Funding was awarded to reach out to the Bengali Community and increase access to mental health services in the Taconic Hills District. Of course, the many on-going services provided by the agency continue to help meet community need.

We know the coming year will bring enormous changes to the health care system in New York State. We are preparing for health exchanges, health homes, and managed care. These will bring challenges, but also opportunities for the Consortium. I know we have the creativity, planning ability, and expertise to continue our good work for the citizens living in our catchment area. The Consortium is fortunate to have the intelligent leadership of our Executive Director, Claire Parde, who has more than proven herself during her short tenure with the agency. The Board's work to re-structure itself could not be timelier. I want to conclude by acknowledging the staff leadership, the remarkable work of the staff, the continued commitment of the board, and the support of our elected officials.

Jeffrey Rovitz, MS, CRC, LMHC



Executive Director's Report

A year ago at this time, we were all consumed by the changes being wrought in the world of healthcare. Reforms at both the federal and state levels promised a better integrated, more responsive, and less costly system, but they also created a good deal of uncertainty and concern among our local network of providers. Many worried about how they would manage to adapt to new ways of doing business, and at a pace that often seemed breathtaking.

The Healthcare Consortium was just as compelled to wonder at how it would fit. The question then was this: In this brave new world, what should the Consortium do? The answer then, as always, was that the Consortium should be useful. "Useful" means that our agency should continue its important work of helping healthcare consumers navigate the system. In the transition from the system we have now to the system we will have next, helping to minimize the confusion, disruption and hardship that can accompany sweeping change was a clear purpose and role for our organization.

A year later, it is just as clear to me that this role is both necessary and proper; consequently, we have and will continue to anticipate and create opportunities to extend and expand that role. However, I can also imagine another, equally important role that the Consortium can fill in the months and years ahead. As last year's little wisps of detail about healthcare reform were pulled from the ether into a loose assembly of moving parts, it became clear to me that the Consortium must play an active role in integrating those parts into a system that works for consumers and providers alike.

There are several reasons why the Consortium can be uniquely useful in this way. As a private, non-profit organization, we have greater flexibility to seize opportunities and more latitude to experiment. Furthermore, the Consortium is, by design, a collaborative organization with a broad view. We're not constrained by a discipline or specialty, a rigid architecture, or an external agenda. Rather, we are free to embrace a multi-disciplinary, cross-sector approach to making system improvements. For these reasons, we have been able to assume the roles of catalyst, facilitator and innovator in our community for the better part of 15 years. Now, we must leverage our advantages, experience and the inherent strength of our collaboration, to make the varied moving parts into an integrated system through which people, themselves with varied and changing needs, can move smoothly and seamlessly.

It is perhaps too early to know whether the lofty word "transformation" will ultimately be appropriate to describe the set of changes now underway. But there is no question that there are good minds being applied to good work that will guide, at the very least, incremental changes toward a more just and rational system. Making it real will only be accomplished with a determined and coordinated effort. The Consortium has and will continue to play a meaningful role in that effort.

Claire Parde, MS



Staff in 2012

| | |
|--------------------|---|
| Claire Parde | Executive Director |
| Gina Armstrong | Deputy Director |
| John Ray | Fiscal Manager |
| Jeanette Neven | Fiscal Specialist |
| Lorraine Deyo | Fiscal Clerk |
| Kathy Houston | Administrative Assistant |
| Susan Ortabas | Building Receptionist |
| Lisa Thomas | Facilitated Enrollment Senior Program Director |
| Rachel VanDenburgh | Senior Facilitated Enrollment Counselor |
| Doreen Rodriguez | Facilitated Enrollment Counselor |
| Dodie Rollins | Facilitated Enrollment Counselor |
| Karen dePeyster | Tobacco Control Senior Program Director |
| Lisa Heintz | Communications Coordinator |
| Darcy Connor | Cancer Services Program Coordinator |
| Lynn Sanders | Cancer Services Program Data Manager |
| Andy Bruce | Cancer Services Program Outreach Coordinator |
| Kari Rieser | Kids in Motion Program Coordinator |
| Julie Nabozny | Kids In Motion Program Assistant |
| Lynda Sheer | NY Connects/Prescription Access Program Coordinator |
| Dianne Presti | Prescription Access Assistant Coordinator |
| Paul Knott | Transportation Coordinator |
| James Funk | Assistant Transportation Program Coordinator |
| James Van Deusen | Driver |
| George Atkinson | Driver |
| Robert Delaney | Driver |
| Roger Dooley | Driver |
| William Hunt | Driver |
| David Kibler | Driver |
| Robert LaCasse | Driver |
| Roger Marvin | Driver |
| Danny Yakman | Driver |
| John Leach | Driver |
| Andrew Taggard | Driver |
| Ron Garcia | Driver |
| Valinda Brandow | Driver |
| Rocco Porreca | Driver |

The Programs

CANCER SERVICES PROGRAM

The Healthcare Consortium has administered this 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 382 uninsured men and women this year to complete their cancer screenings. This includes 325 mammograms, 331 clinical breast exams, 204 cervical, 123 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.

This year our case manager supported three clients with breast cancer and two clients with cervical cancer through all stages of their experience and medical treatment.

Three 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 \$13,462 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 Medical Transportation Services Program (CARTS) is a non-emergency door-to-door service for Columbia County residents who need help getting to and from health-related appointments. The program is staffed by two Coordinators who handle booking trips and scheduling a roster of 14 part-time drivers and fleet of 9 vehicles, which includes a handicapped accessible mini-bus with wheelchair lift. The program operates 8:00 am to 4:00 pm Monday through Friday (except holidays). We take pride in providing courteous, friendly, safe and reliable service.

In 2012, 419 individuals were served; of these, 110 were new clients. The total number of trips for the year was 9,179, covering 129,378 miles. Of the total number of trips, 3,137 were Office of the Aging clients; 665 trips in the Copake/Ancram area were supported with funds from the Foundation for Community Health.



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 2012, 2,311 referrals were received and 591 applications were submitted. Of those, 810 children were enrolled into Medicaid or Child Health Plus and 292 adults were enrolled into Medicaid or Family Health Plus.

New York State continues to simplify the process for application and re-enrollment, making it easier for the public to access health insurance. As a result, the number of consumers seeking assistance through our program has significantly decrease. According to New York State Department of Health, we still consistently rank in the top five of upstate lead agencies for enrollment.



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.

2012 Highlights

- Successfully advocated for tobacco free parks in the City of Hudson and the Towns of Greenville, Greenport and New Lebanon. There are now only two towns in Columbia County without a policy for their parks. RVW was also actively involved in advocacy that resulted in smoking restrictions at state parks and historic sites, to be implemented in 2013.
- Assisted two affordable housing properties, with a total of 170 units, to establish smoke-free buildings.
- Partnered with SADD or other youth groups at Taconic Hills, Coxsackie-Athens and Questar III to expand our anti-tobacco marketing initiative in the school communities.
- Successfully advocated with Hannaford Supermarkets to cover tobacco products in the new Livingston store.
- Held our first annual Partners in Prevention breakfast, co-sponsored with the Kids in Motion Program.



The Programs

KIDS IN MOTION

The Kids in Motion program, which began in 2007 was a five year pilot program designed to address childhood obesity for children grades K-8 in Columbia County. The program was funded by the NYS Department of Health and concluded in September of 2012.

Project accomplishments

- Hudson Walks! With the program's support the City of Hudson painted crosswalks where there were none and will continue to repaint the crosswalks every spring.
- The "Walking School Bus" was created to provide physical activity before and after school. It was very well-received by the students.
- With the help of the Hudson Rotary, the park at Promenade Hill was renovated. A new water fountain was installed along with new, safer playground equipment.
- Ichabod Crane and Taconic Hills school districts created improved afterschool programs which include a focus on physical activity.
- The Farm-to-School program raised awareness of the benefits of fresh food. In addition to visits to local farms, most school districts took advantage of Kids in Motion mini-grants to purchase equipment for preparing fresh foods.
- Four schools now have a strong commitment to their garden programs thanks to funding provided by Kids In Motion.
- Taconic Hills CSD now provides a very popular salad bar for K-12 students.
- The Edible Wall, a portable growing unit now housed at the Cornell Cooperative Extension, will travel the county in two-month intervals, allowing time to grow from seed many different vegetables and flowers all year round.

Over the five years of the grant, Kids in Motion encouraged children to exercise more and practice better eating habits. These efforts served to create community awareness and foster more participation in the community.



The Programs

NY CONNECTS, COLUMBIA COUNTY

NY Connects 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.

Through options counseling and advocacy, NY Connects assists seniors navigate the complex networks of home healthcare services and public insurance benefits. The Long Term Care Council, an integral part of the program, continues to explore ways to decrease the County's gap in long term care. This is 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

Funding from the Dyson Foundation makes the Prescription Access Assistance program available to residents of Columbia, Greene and Northern Dutchess Counties. This program helps uninsured and underinsured residents receive prescription medications at low-cost or no-cost directly from pharmaceutical companies. In cases of extreme emergency some foundation funds can also be used to pay for prescriptions. Funding is also available from the Foundation for Community Health, based in Sharon, Connecticut, for residents of the towns of Ancram and Copake. Inclusively, the Prescription Access Program has helped over 150 residents access 500+ prescriptions in 2012.



The Programs

HRSA HEALTH SYSTEMS PLANNING GRANT

Starting in 2011, Hudson River HealthCare (HRHCare) partnered with the Healthcare Consortium to respond to a federal planning grant opportunity for starting a new community health center (CHC). During 2012, the population of Columbia and Greene Counties was surveyed to identify their complex health care needs. The target clients were identified as those individuals whose income is below 200% of the poverty level. In parts of the service area surveyed this represents up 48% of the population.

The following needs were identified:

- Family Practice model of primary care
- Oral health services
- Behavioral Health services to include mental health and substance abuse services
- Onsite lab services including pregnancy, glucose level, lipid, urinalysis, HIV testing
- Onsite HIV primary care and nutrition services to support primary care
- Onsite specialty services, which may include cardiology, ENT, pulmonology, nephrology, podiatry, ophthalmology
- Onsite supportive and social service providers
- Radiation and reference lab services

There is community-wide support from public and provider organizations for a new federally fund community health center. Key partners involved in the planning process and future start up include our local hospital, local behavioral health providers, local substance abuse recovery providers, WIC, Community Action, local County Departments of Health and local foundations. Representatives from these organizations are actively involved in the Healthcare Consortium's provider network and will continue to be involved in future CHC planning and service delivery.

Financial Statement

COLUMBIA COUNTY COMMUNITY HEALTHCARE CONSORTIUM, INC
STATEMENT OF FINANCIAL POSITION
FISCAL YEAR ENDING JUNE 30, 2012

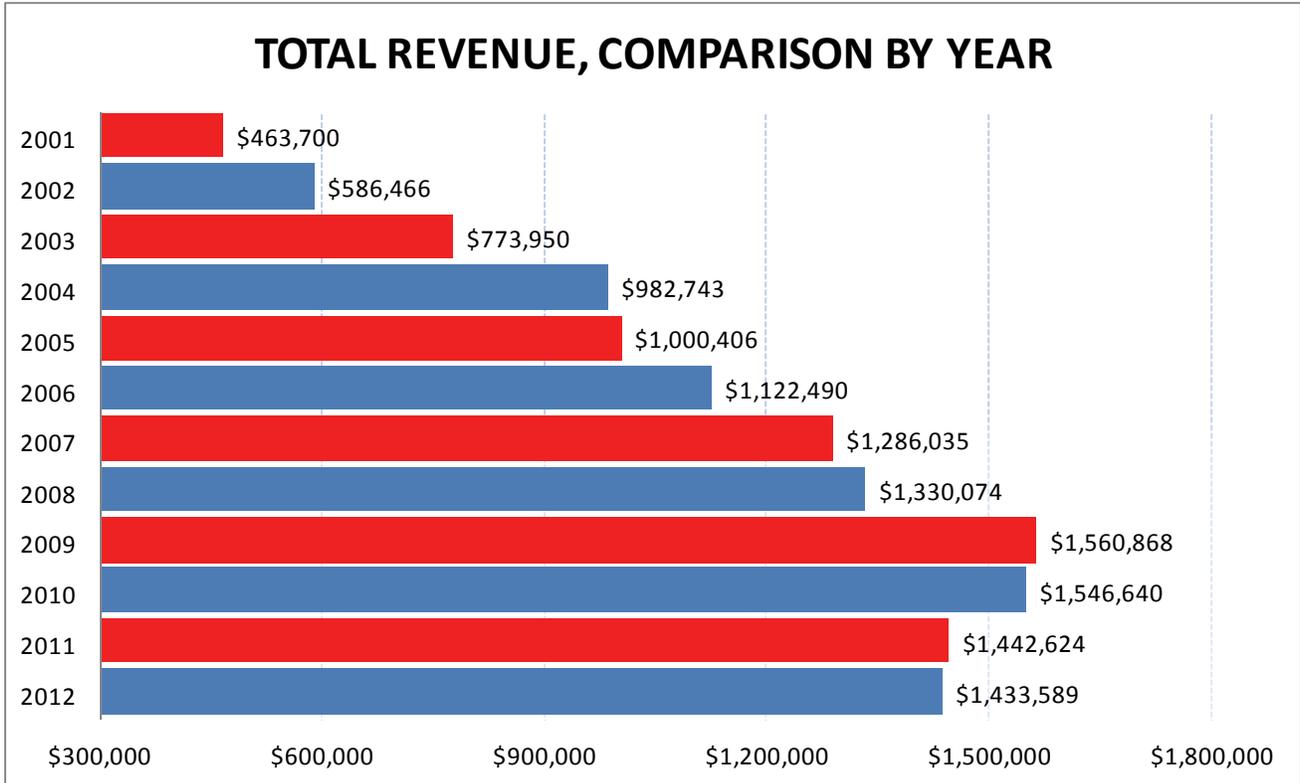
ASSETS

| Current Assets | Amount |
|--|--------------------------|
| Cash and cash equivalents | \$ 156,809 |
| Grants receivable | 347,870 |
| Investments | 30,506 |
| Prepaid expenses | <u>2,240</u> |
| Total Current Assets | <u>537,425</u> |
| Property and Equipment, Net of Accumulated Depreciation | 85,951 |
| Total Assets | <u>\$ <u>623,376</u></u> |

LIABILITIES AND NET ASSETS

| | |
|----------------------------------|--------------------------|
| Current Liabilities: | |
| Accounts payable | \$ 69,820 |
| Accrued wages and benefits | 37,279 |
| Accrued compensated absences | 23,081 |
| Accrued expenses | 13,302 |
| Advanced funding payable | <u>21,927</u> |
| Total Current Liabilities | <u>165,409</u> |
| Net Assets: | |
| Temporarily restricted | 74,343 |
| Unrestricted | <u>383,624</u> |
| Total Net Assets | <u>457,967</u> |
| Total Liabilities and Net Assets | <u>\$ <u>623,376</u></u> |

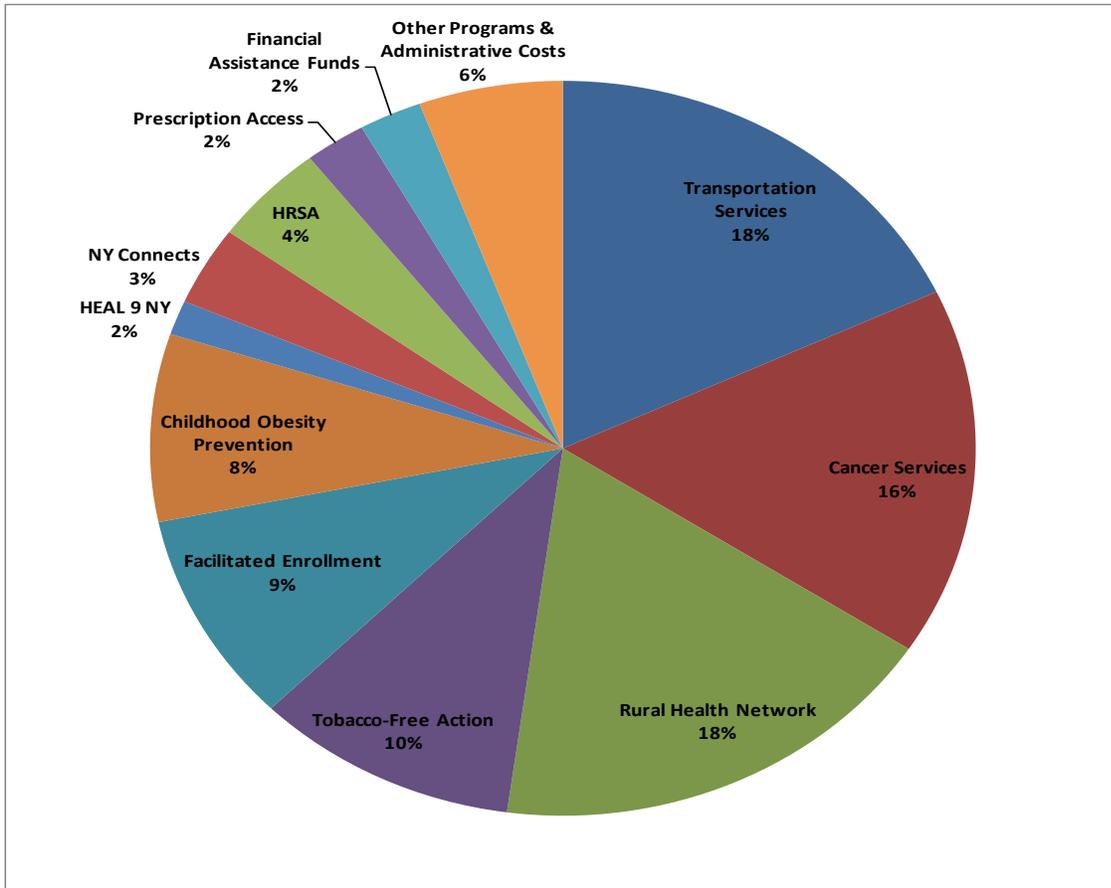
Revenues & Supports



TOTAL REVENUE, BY SOURCE

| | |
|-----------------------------|---------------------------|
| Grants, NYS | \$875,436 |
| Grants, Federal | 99,730 |
| Columbia County Departments | 110,960 |
| Columbia County Government | 96,675 |
| Medicaid reimbursements | 127,719 |
| Foundation Revenue | 56,837 |
| Other | 66,232 |
| | <u>66,232</u> |
| | <u><u>\$1,433,589</u></u> |

Program Funding



TOTAL REVENUE, DISTRIBUTION BY PROGRAM

| | |
|--|-----------|
| Transportation Services | \$258,015 |
| Cancer Services | \$232,196 |
| Rural Health Network | \$257,647 |
| Tobacco-Free Action | \$147,994 |
| Facilitated Enrollment | \$133,132 |
| Childhood Obesity Prevention | \$118,413 |
| HEAL 9 NY | \$ 21,575 |
| NY Connects | \$ 49,870 |
| HRSA | \$ 64,209 |
| Prescription Access | \$ 34,356 |
| Financial Assistance Funds | \$ 35,340 |
| Other Program and Administrative Costs | \$ 80,842 |

\$1,433,589

Funding Sources

US Department of Health and Human Services,
Health Resources and Services Administration

New York State Department of Health

Columbia County Board of Supervisors

Columbia County Department of Social Services

Columbia County Department of Human Services

Columbia County Department of Health

Columbia County Office for the Aging

Columbia County Youth Bureau

Health Research Institute

Foundation for Community Health

Dyson Foundation

Galvan Foundation

Individual Donors

Corporate Donors:

Bank of America

Price Chopper

Pulchers Motors Inc

Stewart's Shops

Kinderhook Toyota

Toyota Motor Corporation



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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**