



2014 Annual Report

Columbia County Community Healthcare Consortium, Inc.

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Who We Are

The Columbia County Community Healthcare Consortium, Inc. is a not-for-profit corporation established in 1998 to create a network of health and human service providers serving the rural community in and around Columbia County.

Our Purpose

The result that we are trying to achieve is *Healthy People*.

Our Mission

We contribute to this result by advancing our central mission - *increasing access to quality healthcare* - through collaboration, education, information and service delivery.

Our Values

Access to quality health care is a fundamental right of every individual.

Individuals are primarily responsible for their own health care decisions and require information and education to fulfill their role effectively.

Improving the health of our community occurs through the partnership of health, social service, all levels of government, and wellness organizations.

Collaboration and provision of preventative and wellness services has long-term efficiencies.







Key Programs and Services

Children and Adults Rural Transportation Service (C.A.R.T.S.)

Door-to-door non-emergency medical transportation

The Navigator Program

In-person assistance enrolling in health insurance on the NY State of Health: the Official Health Plan Marketplace

The Cancer Services Program

Free breast, cervical, and colorectal screenings for uninsured and underinsured men and women, aged 40-64

The Tobacco-Free Communities Program

Advocacy for policy changes that limit the availability of tobacco products and denormalize tobacco use

NYConnects

Information and referral for individuals with long-term care needs

The Prescription Access and Referral Program

Low-cost or no-cost prescription medications for residents of Columbia, Greene, and Northern Dutchess Counties

The Financial Assistance Funds

Financial support for healthcare and other expenses for limited-resource individuals and families





2014 Program Accomplishments

Transportation Program (C.A.R.T.S):

154,998 miles traveled

13,689 trips provided

413 clients served

In 2014, the Transportation Program was revalidated as a Medicaid Provider of Transportation Services.

Navigator Program:

2,698 health insurance inquiries

2,165 insurance applications completed

1,982 consumers enrolled

In 2014, the Navigator Program, couple with its predecessor, the Facilitated Enrollment Program, received its 20,000th referral since we starting providing enrollment services!

Cancer Services Program:

488 screenings performed

351 breast screenings

82 cervical screenings

54 colon screenings

5 cases of breast cancer diagnosed and treated

Tobacco Free Communities:

Held a Business Forum called "Smoke-free Slopes" that led Catamount Ski Resort to adopt a tobacco use policy.

Assisted several apartment complexes to adopt policies that made their properties tobacco-free.

Procured the "Advancing Tobacco-Free Communities" five year contract which began in July 2014, allowing us to expand the program considerably.

NYConnects:

435 people assisted with long-term care needs

Of 435 clients, over 50% had complex needs that required options counseling.

Prescription Access and Referral Program:

110 people assisted

25 people currently on a monthly prescription program

Financial Assistance Funds:

25 individuals and families received financial support!

Revenues and Supports

Sources of Revenue and Supports

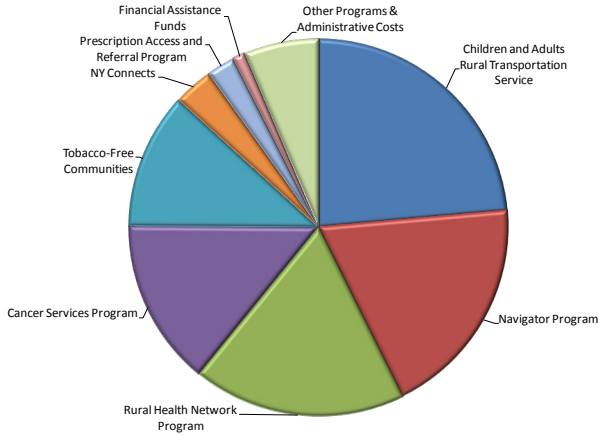
Health Research Institute
New York State Department of Health
Columbia County Board of Supervisors
Columbia County Department of Social Services
Columbia County Department of Human Services
Columbia County Office for the Aging
Columbia County Department of Health
The Foundation for Community Health
The Dyson Foundation
The Galvan Foundation
The Bank of Greene County Foundation
Individual Donors

Total Revenue, by Source

| | |
|-----------------------------|--------------------|
| Grants, NYS | \$823,333 |
| Grants, Federal | 37,597 |
| Columbia County Departments | 116,837 |
| Columbia County Governments | 78,750 |
| Medicaid Reimbursements | 181,472 |
| Foundation Revenue | 62,676 |
| Others | 61,768 |
| Total | \$1,362,434 |

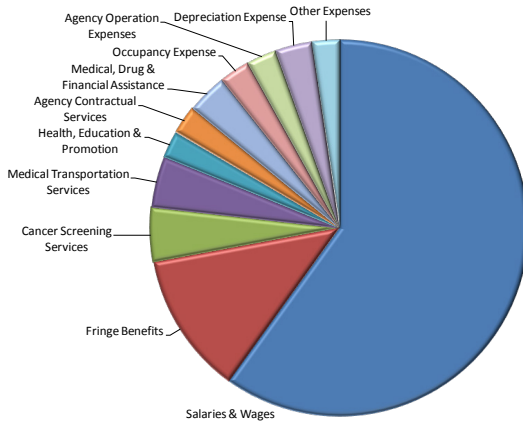
Financials

Income, by Program



| | | |
|--|--------------------|-------------|
| Children and Adults Rural Transportation Service | \$321,316 | 24% |
| Navigator Program | 260,093 | 19% |
| Rural Health Network Program | 248,005 | 18% |
| Cancer Services Program | 193,987 | 14% |
| Tobacco-Free Action | 158,845 | 12% |
| NY Connects | 45,909 | 3% |
| Prescription Access & Referral Program | 32,898 | 2% |
| Financial Assistance Funds | 14,684 | 1% |
| Other Programs & Administrative Costs | 86,695 | 6% |
| Total | \$1,362,434 | 100% |

Expenses, by Function



| | | |
|--------------------------------------|-----------------------|-------------|
| Salaries & Wages | \$766,935.37 | 60% |
| Fringe Benefits | 155,588.67 | 12% |
| Cancer Screening Services | 59,325.64 | 5% |
| Medical Transportation Services | 56,276.08 | 4% |
| Health, Education & Promotion | 29,356.08 | 2% |
| Agency Contractual Services | 31,289.30 | 2% |
| Medical, Drug & Financial Assistance | 44,555.82 | 3% |
| Occupancy Expense | 33,539.87 | 3% |
| Agency Operation Expenses | 32,672.86 | 3% |
| Depreciation Expense | 40,160.00 | 3% |
| Other Expenses | 29,624.79 | 2% |
| Total | \$1,279,324.48 | 100% |



Message from the President

It has been a challenging yet exciting year for healthcare agencies in our region, in our State and across the nation. While there are many changes that seem to arise almost daily, there are also many possibilities for those of us providing care in our communities. The Consortium has been an active part in networking with other health-related agencies as we come together for solutions to our challenges. The following are just a few of the things the Consortium accomplished in the past year:

- We actively participated in the Columbia-Greene Controlled Substance Awareness Task Force to address the pressing issues surrounding the use, misuse and abuse of prescription and illicit drugs.
- We have been “at the table,” providing input to major health system reform efforts, such as the Delivery System Reform Incentive Payment Program (DSRIP), and health planning efforts, such as the Population Health Improvement Program (PHIP).
- The Consortium’s Navigator Program-- through which assistance is provided to individuals and small businesses enrolling in health insurance through the New York State of Health, the new online health plan marketplace-- completed its first open enrollment period in March and began its second open enrollment period in November, with excellent performance throughout.
- The Consortium’s Tobacco-Free Action Program applied for and was awarded a new grant, totaling \$1.6 million dollars over 5 years. This allowed our Tobacco Program to add Reality Check, the youth-led, adult-supported movement against Big Tobacco and their manipulative marketing practices, and add two new members to the program team.
- The Consortium earned revalidation as a Medicaid Transportation Provider so it can continue to provide non-emergency medical transportation services to Columbia County’s Medicaid enrollees, as well as to ALL Columbia County residents, of every age, from every town in the County, to destinations throughout the region. We also secured \$50,000 to purchase a new multi-passenger, wheelchair-accessible minibus.
- We added four staff members, bringing fresh new talent and diversity to the team.
- And we continued to create and cement numerous working relationships throughout our network and beyond, raising the profile of our organization and our work.

I am thankful to be a part of these processes as this year’s President of the Board of Directors and continue to be impressed with the Consortium, its Board of Directors, its leadership, and its wonderful and dedicated staff.

Beth Schuster



Message from the Executive Director

Out of the Weeds and Into the Blue Sky

For the past few years, much of the discussion in our network of health and human service providers has focused on the numerous efforts underway to transform the healthcare system. These big system changes, often led at the federal and state levels, can seem like they are deaf to input and immune to influence from the local level. As a result, our network members often find themselves responding and adapting to changes in the external operating environment that are largely outside of their control. This feeling of constantly reacting—as opposed to acting with deliberation and autonomy--can be unsettling, if not downright dispiriting.

Moreover, for many of our network members that are involved in the direct delivery of health services, these big system changes represent a sort of existential crisis. Will they need to modify their service delivery model? Will their revenue streams be impacted? Will their entity even survive the transition from now to the next thing? In the face of so much uncertainty, many find it nearly impossible to be intentional in their actions and strategic in their planning.

At the Consortium, the changes that are currently underway are unlikely to create the kind of turmoil and upset for our organization that healthcare providers may experience. However, that doesn't absolve us from our responsibility to be educated about the issues, poke our nose into the discussions, and elbow our way to the table where decisions are made. As much as we're able, we must represent the best interests of the stakeholders in our healthcare system, including providers and consumers alike, and be engaged in the innovation that is at the heart of this transformation. Moreover, we must offer a perspective and advocacy that is well-informed, disciplined and holistic. Indeed, while our partners are down in the weeds, we must occupy that Blue Sky territory, where the possibilities of this transformation may be fully embraced.

As always, I feel it is my privilege to be involved in this work, with the Consortium's talented staff, dedicated Board, partners and supporters, and look forward to the next year of our shared work.

Claire Parde, MS

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