



Notes from the Board of Directors Meeting of October 7, 2020

I. Call to Order and Roll Call

Due to Covid-19 requirements, this meeting was held virtually on the Zoom web platform. All voting was done contemporaneously using computer audio.

The meeting was called to order by President Robin Andrews at 2:32 p.m.

The following members were present at Roll Call: Robin Andrews, Robert Gibson, PJ Keeler, Theresa Lux, Jack Mabb, Kevin McDonald, Casey O'Brien, Art Proper, Beth Schuster, Ken Stall, Sarah Sterling, Scott Thomas, John Thompson, and Linda Tripp.

The following members were absent at Roll Call: Chelly Hegan and Jeff Rovitz

Staff members Claire Parde and Lisa Thomas were also present.

II. Consent Agenda

Be it RESOLVED, the Board of Directors moves to accept the minutes of the Board of Directors meeting of August 5, 2020, and all Committee meeting minutes.

Motion made by Theresa Lux, seconded by Jack Mabb, and unanimously approved.

[Jeff Rovitz entered the meeting at 2:34 p.m.]

III. President's Report

Robin Andrews referenced the proposed Remote Work Policy. The plan was reviewed by NYCON's attorney earlier in the week, who noted that it was a solid draft requiring only minor adjustments. Those adjustments were quickly made and the revised plan was circulated to members. Ken Stall, who indicated that he is working on a similar policy for his own organization, commented that it is a really nice policy.

Be it RESOLVED, the Board of Directors approved the Remote Work Policy.

Motion made by Linda Tripp, seconded by Ken Stall, and unanimously approved.

IV. Treasurer's Report

Treasurer Jack Mabb stated that the Consortium is in a fairly good cash position now, but is still waiting for the "fiscal hammer" to fall. The Navigator Program has not been reduced as yet and continues to reimburse expenses. However, the Tobacco Program is currently operating without a budget, continuing under the prior year's budget. Additionally, the RHN contract has incurred a cut just shy of a 20%. The budget and work plan were revised accordingly. It was asked what the agency's fiscal picture would look like if all programs were cut by 20%. Claire said that the operating budget had been updated in July to

include a set of projections for the agency's overall operating budget using a combination of known facts and educated guesses. This will be updated again, adjusting for new information, and shared at the next meeting. The current challenge is not knowing if additional cuts will be made. Also challenging is the losses in earned income from Medicaid service delivery, which cannot be completely offset by spending reductions. Moreover, there has been an increase in the cost of service delivery due to COVID-19 requirements (i.e. the need to make separate trips in Transportation).

Beth Schuster asked how staff morale is. Claire and Lisa agreed that it is pretty good. People feel relatively secure. They appreciate updates about the current financial climate. Some staff expressed an appreciation to have a job at this time. We had one permanent layoff as we could not justify keeping the position.

V. Governance Report

Linda Tripp reported that 71% of the Board responded to the Biennial Board Assessment. She thanked members for that relatively high response rate.

Highlights are as follows:

- It was by and large a positive report
- There was an even distribution of *agrees* and *strongly agrees*
- There were only a few *disagrees* or *strongly disagrees*. Linda asked for those members who responded that way to please reach out to her, as she would like to understand their concerns better. She pledged that all communications will be confidential.
- The Committee determined that some wording on a couple of questions can be improved
- There were many neutral answers about the recruitment of new members as there is not a lot of opportunity for this. Perhaps that question will be removed.
- The Board has requested to hear personal stories from clients. This will help to put a face to what we do.
- There is large agreement that members enjoy being together and board meetings are time well spent
- Most *agree* or *strongly agree* that the on-boarding process is working well and it is good practice to provide new members with a mentor. Linda noted that we will need mentors for multiple new members that we plan to onboard in the spring
- Items to focus on are funding, planning for the future, and advocacy
- There were mostly broad answers in regards to the organization's most important impact in the next 10 years. Perhaps the number of years to this question should be reduced.

[PJ Keeler exited the meeting at 2:57 p.m.]

[Chelly Hegan entered the meeting at 3:01 p.m.]

VI. Executive Director's Report (see written report, attached)

Claire provided program updates, beginning with CARTS, which is similar to the last report. Some of the business has been recovered.

Our County contracts are paid timely.

The Navigator Program budget was submitted for the original award amount and is currently under review. It's vouchers have been paid timely.

RHN incurred a nearly 20% cut as a result of the enacted State Budget in April. The cut to RHN won't require staff layoffs, but may require some shifting of allocations for staff time to other contracts. Most importantly, however, is that we had planned to hire a Director of Program Development, and 50% of the

salary for this position was included in the RHN budget. Since Claire put hiring for this position on hold earlier this year, the savings have allowed us to absorb the budget cut without too much pain.

Tobacco-Free Action is the problem area. The last full voucher paid was in March, and any subsequent vouchers will be subject to the 20% withholding. We are also anticipating a minimum of a 20% cut to the contract when it is finally executed. Given the uncertainty related to the Tobacco-Free Action contract in particular, Claire has decided to commit funds from the Paycheck Protection Program to cover some personnel and utility expenses for the period between July 1st and October 23rd.

Some good news to report is that we received \$2,500 from Brinder Habeck of Kinderhook Toyota with the expectation of a match by the Toyota Foundation. We also received a \$5,000 donation from an anonymous donor through the Triskeles Foundation and a \$30,000 donation from the Rip Van Winkle Foundation to offset General Operating expenses.

Claire reported on the NY Paid Sick Leave and stated that the current guidance from our labor attorneys is to resist the urge to update our personnel policies at this time; instead, they have counseled us to sit tight because things may change. We have, however, started tracking accruals on 9/1, which would become available on 1/1/21. Claire noted that if per diem employees aren't excluded in future changes to the legislation, the finances for Transportation will be affected in a negative way.

VII. Discussion

At 3:18 p.m., Keshana Owens-Cody, Caitlin Collins and Michelle Horan from the Healthy Alliance IPA joined us to present on the Healthy Together referral system and to offer a licensing and contracting opportunity.

[PJ Keeler rejoined the meeting at 3:24 p.m.]

Healthy Alliance IPA is working to create an organizational structure that connects clinical and social care providers. They want to execute contracts for services that managed care wants to pay for and grow funded programs to support social care programs through the IPA.

So far, they have executed four social care contracts with MCOs totaling \$1.5 million. There have been 7,000 referrals via Healthy Together and 4,000 community members served.

Healthy Together is a HIPAA-compliant electronic platform available in 19 NY counties to capture client referrals and outcomes. It allows clinical providers, care managers, social care providers, etc. to collaborate and work on one platform. The software platform is called Unite Us and can be found at uniteus.com; the Healthy Alliance IPA has rebranded it "Healthy Together," which can be found at abhealth.us/ht.

The referral workflow can be partner-to-partner, allowing agencies to identify a need for a client and then directly refer the client through Unite Us. Referrals can also go through Healthy Together's referral center, which triages and facilitates referrals. The point of origin doesn't have to be from a clinical partner; all different kinds of organizations can participate, including faith-based organizations and libraries. Self-referrals are also accepted. There are 20 service types (reasons why agencies send and receive referrals); examples include benefits, food, housing, legal, transportation, etc. Informed consent is obtained only once. There are added protections for sensitive service types (i.e. mental health and substance use).

[Ken Stall exited the meeting at 3:43 p.m., Casey O'Brien exited the meeting at 3:45 p.m., Chelly Hegan exited the meeting at 3:48 p.m., Beth Schuster exited the meeting at 3:50 p.m. and Jeff Rovitz exited the meeting at 3:55 p.m.]



Healthcare Consortium Board members are being offered the opportunity to join Healthy Together. Programs will receive \$30 for each completed SDOH screening, up to \$300 for a resolved need and \$500 for the submission of the monthly client roster. Claire mentioned that she sees the advantages and benefits to the Healthcare Consortium participating. Keshana will send follow-up information to Claire.

VIII. Adjournment

A motion was made by PJ Keeler to adjourn the meeting at 4:00 p.m.

Respectfully submitted,

Linda Tripp, Secretary