

HUDSON VALLEY STEERING COMMITTEE MEETING MINUTES

JANUARY 19, 2018

2:00 PM – 4:00 PM

Attendance:

Victoria Reid, HealthlinkNY	Phillip Ginter, HealthlinkNY
Rachel Romaine, HealthlinkNY	Hisieni Sacasa, HealthlinkNY
Staci Romeo, HealthlinkNY	Angela Jo Henze, MHA Orange
Erin Rae Pascaretti, Putnam County DOH	Maxine Golub, Institute for Family Health
Jill Hubert-Simon, Sullivan County DOH	Kevin McKay, Rockland DOH
Cheryl Hunter Grant, LHVPN	Mollie Kennedy, MVP Healthcare
Caren Fairweather, MISN	Joan Chaya, Montefiore

I. Welcome & Introductions

Victoria welcomed the Committee and introductions were made at approximately 2pm. HealthlinkNY Staff Updates were announced: the former President and CEO, Christina Galanis, has stepped down and the Senior Vice President Staci Romeo, will assume the role of Interim Executive Director. The Vice President of Operations and Community Development, Adam Hughes, has also moved onto other endeavors, accepting a position within the administration of Cornell Cooperative Extension on the Cornell Campus in Ithaca. Adam's role with PHIP will be taken on by Victoria and Phill.

II. Old Business

Behavioral Health

- Mental Health First Aid Trainings
 - Four Adult Mental Health First Aid trainings were held in 2017, in addition to partnering with the Project Aware grant to offer one YMHA training.
- SBIRT
 - One SBIRT training was held in Goshen, in partnership with Montefiore Health System.

- Mental Health Workplace Wellness Toolkit
 - The toolkit's creation and pilot were completed in 2017. Further administration for the toolkit will be moved to the new Workplace Wellness Workgroup.
- Temporary Suspension
 - After researching the numerous anti-stigma messaging campaigns already existing in the Hudson Valley, it was decided that the efforts of the workgroup would be better served elsewhere, as to not duplicate efforts. HealthlinkNY Community Network will continue to support the existing anti-stigma initiatives in the Hudson Valley.
 - The Committee agreed that this decision would be for the best. Erin Rae Pascaretti, as a member of the BH Workgroup, stated that the group had very limited attendance and planned to simply support another initiative anyways. Angela Jo Henze, in agreement, stated that MHA Orange is already working on several campaigns and thus, she does not feel the need for any additional efforts.

Social Determinants of Health

- Blueprint for Health Equity – 2017 Review
 - So far, 10 Blueprint for Health Equity events have been held: 3 in 2016 and 7 in 2017. In total, 509 participants have attended from a total of 137 organizations. A promotional video can be found at:
https://www.youtube.com/watch?v=rkfPjslLVfw&index=4&list=UUvV3XSLqnb_dUkivChR33jQA
 - Feedback from the event has been extremely positive. A total of 315 participants completed same-day surveys, rating the event an average of 4.5/5. Six-month follow-up surveys have been collected from 107 participants, with 70% reporting that they noticed an impact on staff, and 71.6% noticing an impact on how they deliver services or interact with clients.
 - A follow-up webinar was held on Thursday, January 11, titled “Increasing Health Equity: Changing Organizations from Within,” led by Erika Bernabei. The webinar has been recorded and can be made available if anyone is interested.
- SDOH Workgroup in 2018
 - Moving forward, the group would like to focus on what to do after the event to bring actionable change back to their organization. As MHA Orange mentioned, one major barrier in doing so is that due to staff turnover, many of the individuals who have attended the trainings are no longer in their organization. Additionally, since we have encouraged all staff levels to attend,

from front-end to management, not all the attendees need to bring back the same message to their organization. Due to these challenges, it has been debated whether to separate the 4 upcoming 2018 Blueprints into separate events to tailor them to the population in attendance. By providing a training for individual understanding, targeting the front-end staff, and then a follow-up for decision makers to learn how to make policy change, we can help eliminate the struggle with turnover, if management remains stable.

- Recordings of the speakers from the BHE events can be found in a link on the PHIP Progress Report. These recordings can be used in all-staff meetings to provide the information to those in your organization who have not attended the event, and refresh the memories of those who have.
- Victoria has been in contact with Erika about holding a week-long intensive policy boot camp for a small amount of organizations to send their senior management to spend the time writing a policy to have in hand at the end of the week.
 - The Committee noted that although this would be helpful to ensure actionable change, the organizations would need to see the value in dedicating so much time in order to agree to attend.
- The Committee has also been putting together a Resource Guide to compile a list of materials for how to implement health equity change at an organizational level. The Resource Guide can be interactive and tailored to the organization's specific needs, depending on where they are in the process.

Workplace Wellness

- Mental Health Workplace Wellness Toolkit
 - The pilot period of the toolkit has been completed and it will be launching this month. Once it goes live, community members will be able to download the toolkit from a user-friendly website, from which we will be able to track the downloads and keep contact with those using it to provide our support and gather data to evaluate its effectiveness.
- Wellness Coordinator Training
 - The Wellness Coordinator Training is an all-day event to guide and inspire local businesses to build a wellness committee and partner with local organizations who provide free programs and resources to promote employee wellness.
 - Two Wellness Coordinator Trainings are currently being planned; one on Tuesday April 24th in Rockland County and the other on Friday April 13th in Orange County.

- Regional Resource Guide
 - The Committee has begun compiling a Regional Resource Guide to include one-pagers about all the programs and resources in the HV that promote health and wellness in the workplace. Submissions are currently being accepted. Please reach out to Rachel if you would like a template or example for a submission.

Local Health Department PA Collaborative

- Regional Community Health Assessment
 - The PHIP is providing support in the creation of a Regional Community Health Assessment to cover all seven counties. The Regional CHA will consist of a resident survey, approximately 13 minutes long, administered by Siena College through random digit dialing. Each county will have a representative sample of 800 residents, split into two 400 resident regions. The health departments have been working with their planning departments to appropriately divide the county based on their interests, whether that be geographically, urban vs. rural, income, major cities, etc. Siena college will analyze the results within the county's two regions, between counties, and on a regional level. Subsequent convenience sampling, with the help of community based organizations, will also occur to target specific populations.
 - The survey is intended to fill gaps in available data, including information regarding upcoming focuses such as Age-Friendly Communities, Health in All Policies, and the updated Prevention Agenda.
 - Each participating hospital, health system, and health department will have the opportunity to collaborate on the creation of the survey and have access to the survey, the raw data, the results, and a formal writeup to help inform the creation of the CHAs, CHIPs, CSPs, etc. So far, 7 hospital systems have verbally agreed to partner, with financial backing, and 1 other has tentatively agreed. We are actively pursuing the other hospitals in the region to join the effort.

LIFT Update

- The funding for the first year of the grant will be extended to a 22-month period, running until January 31, 2020. We are still awaiting an executed contract.
 - Once the money has been acquired, we will have approximately one year to run a full NDPP class.
 - The LIFT grant will serve as a pilot for the region to explore various alerting options. It is designed to use the HIE to generate alerts for patients in Orange County with A1C levels in the prediabetic range to invite them to join an NDPP class and hopefully curb their risk.

- Once the money has been acquired, we will need to train an NDPP instructor, however, in the meantime, three Health Department staff have been trained to hold at least one class right away.

Year 4 Workplan

- We have recently entered Year 4. The workplan was discussed at the last meeting, but can be sent out to anyone who is interested. It has been accepted by the state with only minor adjustments.

III. New Business

Data Informed Opioid Response Collaborative

- The Data Informed Opioid Response Collaborative aims to improve communication between systems tracking opioid data to result in a more effective response. The Community Network is exploring how we can leverage HIE data, in collaboration with other agencies, to better coordinate a response that is informed by real time data.
- Two meetings have been held so far. At the first meeting, everyone spoke about the data they are collecting, how they are collecting it, and why they are collecting it. In the second meeting, the group discussed the overarching goal of combining the data and how best to work together.
- In the next meeting, on January 23, 10 am-12 pm, at CAPE, several members will present on their method of data collection, including Veronica Salvas, Dutchess County Department of Behavioral and Community Health, CPL Julio Fernandez, NY National Guard Counterdrug Taskforce, and Marisa Barbieri, Competitive Solutions. Marisa met with the Community Network earlier today to provide a preview of how she has overlaid the data streams to house the data all in one place.
 - Angela from MHA Orange mentioned that on the same day as the next meeting, there is a webinar from 2:30-3:30 pm regarding the opioid epidemic in the elder population. She can share the information.
- Due to the temporary suspension of the Behavioral Health Workgroup, Victoria raised the question as to whether the Committee would like to change the focus of that group to focus on an initiative such as this one.
 - The Committee agreed on the new direction, however, cautioned naming the group the “Behavioral Health Workgroup.” The Committee believed that it would be best to keep it as a separate entity, as to not confuse stakeholders and discourage participation from those who had become disengaged in the BH Workgroup to begin with.
- Angela from MHA Orange noted that St. Luke’s should be invited to the collaboration since they are working on Dr. Waller’s Lean Processing Plan to get those who come into the ER to MAT right away. Additionally, Orange County is using a grant from Montefiore

to put a Care Coordinator in the ER to guide the process, and thus this data collection could potentially be of significant use to them.

NYS DSRIP Statewide Learning Symposium

- Joan Chaya and Victoria will be presenting a poster on the Blueprint for Health Equity

PHIP Progress Report

- Victoria provided an overview of the Progress Report, which she can share either in a printed or electronic copy for whoever is interested.
- The Progress Report inspired a conversation about the Southern Tier's initiative to support Transportation. Phill provided an overview of their work so far.
 - Prescription to Ride Model
 - The Southern Tier PHIP, which consists of five fairly rural counties, has partnered with a call center which does mobility management to cover transportation costs for bringing people to and from appointments. They have identified primary care sites and developed a survey to assess patient transportation need. Results from the survey are sent to a researcher working with the PHIP to trigger to the mobility management center to provide services for those patients.
 - The goal of the project is to hopefully show a connection between increased access and awareness to a decrease in no-show cancellation rates at primary care sites. It can also serve to institutionalize questions about transportation into primary care procedures in order to refer patients for help with transportation.

IV. Announcements

- Blueprint Feedback:
 - An organization who came across our videos from the event has asked to use our videos for their Health Equity trainings.
 - The Missouri Community Action Network got a google-alert from one of our events since we used their Poverty Simulation toolkit and set up a call to discuss how we were using it. They were thrilled that we sandwiched the Poverty Simulation with content on Health Equity. They are currently working on updating the simulation and wanted to discuss the various adjustments we had made to it, including adding the morgue for those who don't take care of their healthcare needs, requiring additional transportation cost in rural communities, and diversifying the families to represent LGBTQ populations. They were pleased with our changes and wanted to keep in contact with us regarding our use of it.

- Cheryl Hunter Grant made note that this feedback should be put into our report to the state since it reflects system level changes that have come out of our work as the PHIP.
- At the next Steering Committee, we may include a presentation from the Data Informed Opioid Response Collaborative. Please let us know if there are any other presentations you are interested in.
- Thursday, Feb 15 is next Ad Hoc meeting for the Prevention Agenda. The priority areas are probably not going to change, but they are looking to build in the 8 domains of livability. This might be something for the March meeting to talk about what the state has rolled out.
- If you received an email from Victoria on Thursday, January 18th with the subject, “Victoria would like to share an important document with you,” please disregard, as this was a virus. If you opened the email and entered any of your information, you should change your email password as soon as possible.

V. Wrap Up & Adjourn

If any Committee members would like to discuss the topics from today’s meeting or anything relating to the Community Network programming, please feel free to reach out to either Victoria (v Reid@healthlinkny.com), Phillip (pginter@healthlinkny.com), Renita (r Malone@healthlinkny.com), Rachel (rromaine@healthlinkny.com), or Hisieni (hsacasa@healthlinkny.com). The meeting was adjourned at approximately 4:00 pm.

Next Meeting: March 16th at 2:00pm