



Healthy Mendocino Leadership Team

July 22, 2021 1PM-3PM Zoom Meeting

Minutes

Present on Call: Miranda Ramos, Patrice Mascolo, Donna Schuler, Mary Norris, Jessica Grinberg, Clinton Maxwell, Tammy Moss Chandler, Victoria Kelly, Jill Damian, Patty Bruder, Debra Ramirez, Roseanne Ibarra.

Guests: Lisa Wegley, Amy Lasher, Adventist Health Corporate Office.

Absent: Stacy Pollina-Millen, Michelle Hutchins, Jackie Orozco.

Introductions and Welcome

Financials

Fundraising Update

Was notified by Adventist that they will not be funding HM this fiscal year. Have received most of the committed revenue and still waiting to talk to NCO and Consolidated Tribal Health about their funding.

Potentially, HM is looking at \$140K in funding for the 2021/2021 fiscal year.

Healthy Mendocino Updates

- The July/August Newsletter went out on July 1 highlighting these articles:
 - Mendocino County Local Food Summit
 - Mendocino Coast Healthcare Foundation – Excellence in Nursing Initiative
 - A Conversation on Youth Mental Health Webinar
 - Ave to Wellness presentation on Equity and the Social Determinants of Health in the time of COVID-19
- Website Survey update
 - To date there have been 18 respondents. Most use the website 1-4 times a year, are from a non-profit/community-based organization, use the data indicators, demographics, and local project pages. They visit for resource information, grant writing, reports and data information. Most heard about the site from co-workers, find it very easy to use and are extremely likely to recommend the website to others.
- Staffing update
 - All the documentation has been approved by NCO's HR department and the job will be posted by next week. There is a general template being used for a Project Coordinator II for Community Wellness and a more specific SOW for the duties the Coordinator would be responsible for. Patrice will send out an email with links once it has posted to LT and Roundtable members and other interested parties.

HM Roundtable Presentations

Patrice presented two possible presentations for the next two meetings of the Roundtable.

- September 9th, United Way of the Wine Country would like to present their roll out of 211 in Mendocino County. It would be a great opportunity to ask this group what concerns they have based on the past history of 211 and what they hope to see improved. It would be a 15–20-minute presentation and then some discussion questions.
 - Questions were asked if the Roundtable and HM were being asked to endorse 211, be supporters or asked to help fund 211. Patrice explained that the presentation is mainly an opportunity to share out to all the different sectors attending the Roundtable and to get feedback and answer questions. It has already been decided to roll out a new 211 resource website and call center and this presentation is for information and feedback. Her understanding is that the county has agreed to provide funding for this. It is not known how it will be funded in the future or if there will be an ask for other funding from county organizations. It is assumed these questions will be answered at the presentation.
 - A comment was made to recognize the value of the Roundtable members time and to determine that presentation would be worthy of their time. It was also discussed that we would want ask what the content and purpose of presentations are not about making an ask for funding or for endorsements.
- December 10th, Partnership HealthPlan would like to give an overview of Partnership and some of their projects. Patrice showed some Power Point slides that would be used in the presentation.
 - A comment was made that it would be beneficial to hear from Partnership and how it works in our county as it is not always clear.
 - Victoria would like them to speak about the 1115 Medicaid waivers and how it impacts SUD service delivery.
 - Tammy asked that they customize the talk to Mendocino County specifically on local projects, health disparities data etc. as this would be valuable information for the RT members. It would also be helpful if executive level people could be present as the level of leadership on the RT warrants high level executive members for PHP to be there. Patrice will ask for a slide on their leadership structure and how MC fits in. Who are the leaders we should be connecting with and working with? Can an executive member such as their Chief Medical Officer or CEO be present?
- It was agreed to have these two presentations at the next two Roundtable meetings.

Presentation from Victoria Kelly on RCS programs

Victoria spoke about services across Mendocino, Lake and Humboldt Counties, highlighting different and similar services. Will speak specifically on mental health services and how they are delivered and the ASO system in Mendo. All programs are blended into Behavioral Health Services.

Presentation from Adventist on their new CHNA process

[https://www.healthymendocino.org/content/sites/mendocino/Agendas and Minutes PDFs/Leadership Team/2022MendocinoCountyCHNAoutline.pdf](https://www.healthymendocino.org/content/sites/mendocino/Agendas%20and%20Minutes%20PDFs/Leadership%20Team/2022MendocinoCountyCHNAoutline.pdf)

Lisa Wegley, Project Manager for Community Wellbeing and Amy Lasher, System Director for Community Wellbeing from Adventist Health Corporate Office presented the work they are starting in Mendocino County on a collaborative CHNA. They specifically want to identify a Community Liaison person to help facilitate: Focus Groups, Key Informant Interviews, CHNA Steering Committee meeting logistics and general CHNA meeting communications. They believe that Patrice as the Healthy Mendocino Project Manager would be the best fit for this as she has worked on the last 2 collaborative CHNAs through HM. Adventist would fund the main work of the CHNA, hiring outside contractors to put together the survey and Key Informant Interview questions, gather all the required IRS documents that are needed, conduct trainings, help select Steering Committee members, help conduct 5-10 focus groups, key informant interviews, survey campaign, and the analysis phase and write the report. This would all start taking place immediately and be completed the week of April 18th. This would not just be an Adventist Health CHNA it would be for the whole community and the report would be shared with the whole community. They want it to include community in the process. They would need our help to find members for the Steering Committee, the Key Informants and groups and people for the focus groups.

- Is Adventist also collaborating with Public Health in other communities where you are doing a CHNA? Yes, the Health departments are all included. The regulations require someone from the Health Department needs to be involved.
- Adventist would be on a 3-year cycle so would repeat this in 2024 for 2025. Want to partner with Public Health for this.
- NCO would want to be involved.
- Debbie mentioned ways that the tribes could be involved through the Consolidated Tribal Health Board and the individual Health departments at the tribal governments.
- The CHNA report will be on the Mendo Adventist Website but will be for the community and list the top needs of the whole community. Will be user friendly and accessible to all. It will not be a private report.
- Need to make sure it is presented as information collected by Adventist Health and not by the county as were the past two CHNAs.
- Would need to make sure we get the word out to include all the stakeholders throughout the whole county in the short time frame.
- The intention is to have Public Health, businesses, school districts and others at the table as it has been done before but with Adventist being the contractor instead of another outside contractor as it has been done before or HCI as the contractor.
- Will also be able to bring in information gathered through the Blue Zones project and other work Adventist Wellness will be doing.
- It is important to have a CHNA for a number of agencies and would be good to have this fulfill the needs of most. It is a tight timeline but important to have a collaborative process as it benefits so many.
- The one designing the collection usually says what data will be collected. So will it be geared fully to Adventist's needs? Will this be presented as a private document or a county PH document.

- This would work as it did in the last CHNA Collaboratives with HM being the lead to gather and help facilitate with Adventist being the contract person.
- Roseanne will be connecting with people to be on the Steering Committee and stresses that this is not just an Adventist Health project but a county wide collaborative.
- This CHNA work will also be helpful for the Blue Zones blueprint work and the information gathered can be included and used in the BZ blueprint. It will act as a accelerator for the needs of the community.
- Jill: How does it all fit together with BZ and how do we navigate it together, so it is successful for everyone. Lake County and Hope Rising as also doing this with Adventist with Hope Rising being the Community Liaison. Hope Rising is also being asked to be the fiscal intermediary for BZ in Lake County.
- Patrice is concerned about the time involved for HM staff. Right now, she is the only staff person and will be hiring a PT person. The last time she worked on the CHNA collaborative she had 2 FT staff. Will she need to hire more staff? HM does not have the budget for that. Roseanne says there would not be additional funding for the Community Liaison and if it was needed it would need to come from the community.
- Roseanne will be the local contact, boots on the ground person for this work.
- Scheduled a meeting with Roseanne, Tammy, Miranda and Donna to discuss further and to come up with questions for the next meeting with Liz and Amy.

Blue Zone Update and Project Protocols

There was not time to include this agenda item in the meeting. It will be added to the August agenda.

Next Meeting—August 26th at 1PM