



**2018 Senate Memorial 44 Task Force
Organizational Meeting
August 7, 2018 from 1:00 - 2:30pm**

Minutes

Present (in order of introduction)

(In person):

Helen Henry, Administration and Communications Coordinator, NM Alliance of Health Councils

Jerry Montoya, NM Dept. of Health

Kim Straus, Brindle Foundation and the Santa Fe Health Policy and Planning Commission

Marsha McMurray-Avila, Co-Chair of the Task Force, Co-Chair of the NM Alliance of Health Councils

Ron Hale, Co-Chair of the Task Force and Co-Chair of the NM Alliance of Health Councils
and Executive Director for the Bernalillo County Community Health Council

Dick Mason, NM Alliance of Health Councils Treasurer and past Co-Chair of the Sandoval County
Health Council

Terrie Rodriguez, Executive Director, NM Alliance of Health Councils

(Via Zoom)

Christa Hernandez, Health Promotion Coordinator, NE Region, NM Dept of Health

Victoria Sanchez, College of Population Health, University of New Mexico

Cari Lemon, Coordinator, Grant County Health Council

Chris DeBolt, Partnerships Manager, NM Alliance of Health Councils

Lauren Reichelt, Rio Arriba Community Health Council

Anthony Cook, Health Promotion Coordinator, SE Region, NM Dept of Health

Michelle Skrupskis, Regional Community Health Improvement Coordinator, NM Dept. of Health

The purpose of the Task Force is to look at the structure of the health councils; who they are, what they do, how they function, and how this model might be improved. The purpose of the Task Force is also to look at the legislation that established the health councils in 1991, and then to see how these two things are/can be in alignment. **Senate Memorial 44 (SM44)** lays out the work of the Task Force. We will provide a report to the Legislature by October 1, 2018.

Our goal is to increase the effectiveness of the health councils, individually, regionally, and as a system. We are also interested in having effective support structures in state, local and tribal government, and other state-wide organizations.

Our timeline: We need to complete a draft of our report by very early September. The final report will be presented to Legislative Health and Human Services Committee (LHHS) in October.

Terrie brought everyone up to date on our progress since the last meeting. She said that we've had a number of people look at the draft of the report and give feedback, which has been incorporated into the document. She made the suggestion that we should include our partners (Task Force members plus other people who have been involved) in the Executive Summary or in the appendix. We want to be able to show the breadth of involvement and the input from communities in this work. There was discussion

about what the best way to do this is. Dick suggested that we include a list of all the health councils on the last page of the Executive Summary because it is important for legislators to see their constituents listed. We would also list the Task Force members and contributors.

Terrie mentioned that the Alliance has a meeting set up with DOH Secretary Lynn Gallagher.

Dick said that Senator Morales is submitting our funding request for one million dollars to the Legislative Finance Committee. He would prefer to present this in person. Terrie brought up the idea of asking for more than we want, but Dick said that the request is in so we can't change it.

Marsha asked about the results of the survey that we did to health councils regarding the types of models they use. This information hasn't been incorporated into the report yet because we are still trying to get more participation. Chris mentioned that we didn't have a big response to the survey questions, and that because of the funding situation, the work of health councils is being done by someone on a part time basis as part of a larger job that they're doing for their county or city or nonprofit.

Kim and Lauren cautioned about putting too much into the report about the challenges of health councils because we don't want to have the focus be on the negative. Lauren said that we should talk about the strategies that the Alliance will put in place to address the challenges. Dick said the only challenge that we should be emphasizing is the need for funding. Ron said that we would look at the data that we have before the next meeting. This material could be presented as part of the appendix.

Chris commented that if we do get a million dollars this would give each health council \$25,641 each, if it was divided equally. Ron commented that this is about a third of what we need. Kim commented that all health councils might not need that amount. This could also support opportunities for regional collaboration for health councils and pooling money to better meet their needs. Chris commented that this doesn't leave money for the training component and other things that we have been talking about. Victoria agreed that the capacity-building piece is important.

Dick brought up that we still need to decide about whether to submit a request for an appropriation with the bill that is the result of the outcome of the Task Force's work or submit a separate request. We want to get a line item in the budget. He also cautioned that the legislature will be reluctant to make a commitment to "recurring funds" because of the instability of the oil and gas revenues. Lauren suggested that we could ask for something like four years of funding with the option to renew if we meet certain milestones. This strategy and the outcomes should be one of our recommendations. This builds accountability and a chance for continued funding into a long range plan. Chris mentioned that this could tie into a relationship with a county or tribal government so that health councils are working with local government on assessment and developing a plan to achieve certain measurable outcomes. Dick agreed. Anthony mentioned that having a paid coordinator is central to the effectiveness of a health council.

Jerry talked about creating deliverables and measurements that were tied to the "Roles and Functions" of health councils (as outlined in the draft of the report), which would give structure to our request for funding. He noted that not all health councils have the capacity at this point to do these functions (with assessment and planning being central to this). The "Roles and Functions" could be the deliverables that we can propose.

Ron commented that over the years, our message has been "Fund the health councils so they can have paid staff." But maybe we should change our message to "Fund the health councils so that we can accomplish the following: (i.e. the "Roles and Functions"). Lauren agreed.

Victoria said that we do have tools that we can use, adapt or revise to capture common outcomes across health councils. The challenge has always been that health councils vary immensely, so in the previous evaluation that we did, we tried to make things generic enough so that we were capturing those systems-level intermediate outcomes that were things like changes in policies, new partnerships, strong collaborations and networking, and leveraging resources (financial and non-financial). The outcomes, tools, metrics and the system for measurement is accessible (through Victoria). There is also a system for collecting narrative stories, which could be used to supplement this information and could also be

used to communicate with legislators and others. Doing this would require funding. Chris commented that this is a perfect role for the Alliance to move into. Kim commented that two partners in this effort should be the Alliance and the Dept. of Health. We can make the recommendation that DOH be a partner in this effort.

Ron asked whether we should ask the DOH for a commitment to building the capacity of health councils be a explicit part of regional health promotion? People agreed that this is already something that DOH does, although this has not been formalized. It might be good to formalize this and develop a plan that specifies how DOH and the Alliance work together to accomplish this. Jerry said that currently, DOH is available to help health councils with capacity-building, but it leaves specific focus up to the health councils. Dick brought up that there needs to be some kind of guidance about how health councils are recognized (which we've discussed in the past). Ron pointed out that right now, in the MHC Plan Act, membership of a health council needs to be approved by tribal and county government. Michelle pointed out that the language on page 2 talks about official recognition of health councils by a tribal or county government, but that this doesn't always work because of political factors. Dick commented that we've had this conversation before and we've felt that there has to be some way to recognize how a group is designated as a health council. Ron said that we had decided that recognition be at the local level, which leaves the county or tribal government to make the decision. Marsha pointed out that there is a difference between recognizing the council and recognizing the membership. She said that Bernalillo doesn't have a formal membership, rather they have a board of directors and everyone else is a stakeholder.

Jerry mentioned that if there was more than one group in a county that claimed that they were a health council, any money that was administered by DOH would have to be bid on. Marsha said that when we were determining who was a health council for the purpose of establishing the Alliance we were clear that a health council was a **comprehensive** health council and not just addressing a specific area. We also had said that there should be just one health council for each county/tribe. This was the language that was used in the 2010 report. There's nothing to stop a comprehensive health council to subcontract with another type of council, such as a DWI council, to do a specific project. We also know that health councils have representation from other types of councils in their membership. Health councils can centralize assessment so that other councils can benefit from their work. Victoria commented that the language that was used in the past was "non-categorical partnerships" or "non-categorical coalitions" because they were comprehensive in scope and not specific to any issue. Christa mentioned that in some communities, the health councils do not have the capacity to address certain issues, and there are other groups that are better organized to address these kinds of specific things. She also asked what would happen if a health council doesn't accept funding - where would that funding go? Ron said that in the past a health council had to apply for funding and show that they were representative of their community, so the funding was divided up according to who was eligible. Dick commented that in the past there has been flexibility around what the deliverables are based on what each health council was doing.

Ron asked everyone if the report was close to being where we need it to be? The consensus was that it is. It was decided that we don't need to spell out the deliverables in the report itself. We do want to add the list of the health councils and also the task force members and partners.

Jerry asked if the health councils would be invited to comment on the draft? He pointed out that we need to do this so that everyone can contribute to this effort. Marsha also pointed out that the health council coordinators need to know what the report says in case they are asked by their legislator about it. Cari suggested that we send the draft out to health council coordinators and ask them to have their membership give feedback as well. There was a discussion around the logistics of doing this given the short turnaround that we have and also the capacity of many health councils to respond. Everyone felt that it was important that health councils and also the regional health promoters be invited to respond, so we'll send this out.

Victoria also commented that when this report is finished, we need to make sure health councils know about it and can speak to their legislators about it and create support for this effort. Ron commented that we also have to make it clear that this year our approach to asking for funding will be different because we will be taking a whole systems approach. The other emphasis will be on outcomes.

Ron asked whether we should be asking for new legislation or are we asking for an amendment to the MCH Plan Act? Jerry said he thought we should ask for an appropriation and then put a plan together for a fully-developed system. After that we can ask to have the MCH Plan Act revised. We can include money in the appropriation request to cover training and other things that would help build up the system and improve capacity for the health councils. Dick said that in some cases, it's easier to write the legislation the way you want it than to re-write legislation.

Ron clarified that we're looking at three different things - funding for the coming fiscal year, the MCH Plan Act and legislation to replace the MCH Plan Act. He asked whether we should take this report and turn it into a bill? There was agreement about that. This means that we would 1) request funding for this year and 2) write a new piece of legislation that would define health councils as comprehensive health councils and include what they would be expected to accomplish (according to the roles and functions of health councils). This would replace the MCH Plan Act. The funding would be attached to the new legislation. Kim commented that if we don't do it this year, we will have to wait two years (because next year is a short session for the legislature). Ron noted that we will have a new administration coming in and we will need to make a connection with them as soon as possible.

Cari asked whether the legislation would take into account the various levels of capacity of the different health councils? Ron said that we will have to write in a degree of flexibility. We want to have the guiding principles that we identified in April be imbedded in the legislation.

Chris said that given the changes in the administration at the state level, the timing is right for us to write this legislation now.

Ron reviewed the plan for the next few weeks: 1) distribute the draft of the report for feedback to the health councils; 2) start writing new legislation; 3) start creating a powerpoint presentation for the LHHS hearing. (We have requested a date, but have not been assigned one yet. It will be in October.)

Chris asked if we know who will carry our bill? Dick said the Liz Stefanics might carry it. Terrie also spoke with Thomas Salazar in San Miguel County, who is on the House Appropriations and Finance Committee. Dick mentioned that it would be good to have someone represent the bill who is from a more rural area as well. Dick mentioned that Rudy Martinez may be running for Senate and also if Howie Morales is elected Lt. Governor, he will be a good advocate. Dick mentioned that Liz Stefanics carried the Memorial (SM44).

Victoria mentioned that when Michelle Lujan Grisham was Secretary of the Department of Health, she initiated the evaluation of the health councils, which is what Victoria did when Ron worked at DOH. The wanted to understand the return on investment that was being made by DOH to fund the health councils.

Dick commented that Rep. Debbie Armstrong has been very supportive of health councils. He also said that we should start reaching out to the health advisors to the gubernatorial candidates to get them familiar with what we're doing. Dick will start this process. He also suggested asking Howie Morales who he would recommend to carry this bill.

Chris mentioned that at the LHHS committee meetings that took place in June in Grants County, there were a number of legislators who we've worked with in the past and who are supportive of health councils.

Dick said that we need to decide whether to start this on the House side or the Senate side. We could start in both houses, but if the LHHS committee decides to endorse the bill, then it can only be introduced in one house. They may also chose someone from the committee to carry the bill. Dick suggested flaking to Michael Hely about this. We also have to pre-file this bill and get an early number.

The next meeting will be September 4 at 1:00pm at BCCHC.

Notes respectfully submitted by Helen Henry.