

Community Catalyst 2015 Anticipated Outcomes - RESULTS

CC Strategic Goal 1: Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide.

Peer to peer learning community strengthened

- ▣ Developed SHP specific peer-to-peer learning for Southern Health Partners, as evidenced by quarterly calls, new southern partners newsletter, continued Red state caucus calls, and Southern Health Partners convening.
- ▣ In the process of launching a new Executive Directors' round table to facilitate their discussions with one another about organizational development, staffing, strategic planning, membership, etc.

New partnerships developed and strengthened among Community Catalyst network

- ▣ Health Access and CPEHN in California are equal partners in HST work and are working together to elevate health equity in CA's HST efforts.
- ▣ TAMN is working with Waite House to develop a value-based model of care for undocumented immigrants.
- ▣ NJCA partnered with three different community based organizations (CBOs supporting transgender people, Latino families, and the Southeast Asian Boat People) to create [a targeted OEE video](#), focused on targeted communities.
- ▣ In Missouri, non-assister organizations who work directly with the Latino community were connected with assisters to help educate and enroll members of the Latino community. specifically focused on engaging the Latino community on OEE.
- ▣ FL CHAIN developed stronger relationship with National Council of La Raza, including subgranting to them to develop paid radio ads aimed at educating and informing Spanish-speaking populations about the coverage gap and its impact on Latino communities in Florida.
- ▣ The HAP team has built relationships with several state-based and regional entities who have been researching and assessing the first round of Community Health Needs Assessment's conducted by non-profit hospitals.
- ▣ Advocates have incorporated our proactive and rapid response messaging on a variety of topics including King v. Burwell, enrollment, Medicaid expansion and "ACA Is Here to Stay" into their communications (press outreach, social media, communication with policymakers, events, etc.).
- ▣ The "ACA is Here to Stay" focus groups and poll helped contribute to strong results for pro-ACA campaigns in the states, including solid media coverage, op-eds, and messaging groups are using in meetings with legislators.
- ▣ Several VAP grantees are building and strengthening relationships with partners outside of the health sector to address social determinants of health.
- ▣ Increased the collaboration amongst social service nonprofits invested in successful outreach and enrollment as a result of *In the Loop* connecting assister groups with consumer health advocates in their states.
- ▣ HAP staff have built new relationships with some non-traditional partners, including an Area Agency on Aging, some Community Development Corporations (CDCs), as well as national, state and local housing groups.
- ▣ Connections on health system transformation issues between state advocates across sites and nationally are being established, and real-time learning, best practice strategies, tools and resources are already being shared via CC convenings, conference calls, newsletters and email listservs
- ▣ Wisconsin Citizen Action forged a partnership with Rise Together, a youth-oriented heroin/opioid recovery and awareness network, as part of their SBIRT work. Together, the two groups surveyed high school students on drug use and shared those results publicly. The survey results and the corresponding press event were picked up by numerous media outlets across the state.
- ▣ In 5 regional hubs across Missouri, CC helped to strengthen the capacity of local networks ability to communicate cross-share effective strategies of outreach and enrollment and collaborate on outreach and enrollment events through technical assistance.

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- ☐ Best practices regularly spreading across states on Medicaid Expansion campaigns. Examples: successful Virginia CTG chartbook replicated SC, GA, and UT; grassroots and social media tactics used around hearings in TN used by several other states, including MT (#gettittothefloor hashtag, and posters for rally with county name & number of people in the gap from that county.)
- ☐ New partnerships in TN, PA, and MD with faith partners. Partnerships in KY in with criminal justice community. Strong LGBT partnerships in the south and with Raising Women's Voices in NY .

CC Strategic Goal 2: Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change.

Increased knowledge of partners to design and implement issue campaigns.

- ☐ In New Mexico dental therapist advocates mobilized over 7,500 constituents to take action in the campaign to establish dental therapist.
- ☐ Dental therapist online petitions were launched in Kansas, Washington, Ohio, Vermont as well. As a results, thousands of community members weighed in
- ☐ Massachusetts Children's Vision coalition was successful in their campaign to include children's eyeglasses as a pediatric benefit in the state's Essential Health Benefits.
- ☐ Massachusetts advocates won new state funding for training school staff to do SBIRT and won Senate passage of a bill to mandate SBIRT in middle and high schools.
- ☐ On-the-ground campaigns in WI, NC, and PA coupled with On Message-sponsored focus groups and a national poll, equipped advocates and policymakers with more positive ACA messaging that meets conflicted voters where they are. Through this we've further developed relationships with c4 state-based groups that have strong campaign skills.
- ☐ Our grantees successfully closed the coverage gap in Montana and Alaska, providing coverage to 110,000 otherwise uninsured adults (70,000 in Montana and 40,000 in Alaska.) Montana Governor Bullock singled out the essential role of both Montana Women Vote and the ***Close the Gap*** national campaign team, when he wrote a hand-written note to Rob and Community Catalyst for our support to them.
- ☐ Health equity has been directly addressed through SUD and Close the Gap Campaigns, both at the national level and in a number of our state campaigns.

CC Strategic Goal 3: Influence health system policies and practices to be sensitive and responsive to consumer interests and needs.

Increase knowledge, skills and ability of CC staff on health system transformation subjects and strategies.

- ☐ launched a new cross-organizational HST staff training series. Staff across projects are participating in these regularly and are building their understanding of HST issues.
- ☐ Established a cross-program HST Policy Team

Launched, fully staffed and developed an long term implementation plan for the Center for Consumer and Community Engagement

- ◆ Made significant progress toward launching, staffing and developing a long-term implementation plan for the Center for Consumer and Community Engagement by:

Hiring a Center Director;

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Posting the Strategic Policy Manager position

Developing the Center's policy priorities

Broadening the scope and readership of The Dual Agenda to account for the broader focus on HST

Increased our ability to influence the conversation happening at the policy, delivery system and individual levels regarding health system transformation and the role of consumers and consumer advocates in HST efforts

- ▣ Increasing CC's responsiveness to CMS requests for comments on a wide variety of HST issues
- ▣ Organizing and facilitating two webinar series (1) Geriatrics-Competent Care: Alzheimer's Disease and Dementia and (2) Meaningful Consumer Engagement
- ▣ Developed and piloted a training curriculum for members of Consumer Advisory Committees
- ▣ The VAP team led and/or contributed to efforts to comment on the following federal regulations or plans: HHS' goals and timeline for shifting Medicare reimbursements from volume to value; Senate Finance Committee letter on chronic care solutions; MACRA RFI; Medicare Program's Comprehensive Care for Joint Replacement Model; HHS Office of Minority Health's Health Equity plan for Medicare; and Revisions to payment policies under the physician fee schedule and other revisions to Medicare Part B.

Increased the capacity of advocates to influence the non-profit hospital Community Health Needs Assessments process

- ▣ The HAP staff developed a relationship with Trinity Health, a major hospital system with 88 hospitals in 21 states who have begun strategizing how Community Catalyst might consult on community engagement strategies focused on community benefit and health system transformation. A proposal to Trinity Health is in the process of development.
- ▣ The HAP team offered several learning community sessions over the course of 2015 focused on hospital CHNAs and Financial Assistance Policies. Those webinars were very well attended with a range of participants from advocates and community-based organizations, legal services, national partners, and hospitals. Each call/webinar had between 85 and 240 participants, and received strong evaluation scores as being useful and applicable to the on-the-ground work.

Unanticipated Outcomes

- ▣ Through efforts organized by the dental therapist project, including a 183-page memo and numerous comments submitted, followed by a fact sheet and conference calls discussing the implications, the Commission on Dental Accreditation developed and agreed to implement accreditation standards for dental therapy training programs. The establishment of these standards will ultimately pave the way for the widespread acceptance and use of dental therapists as well as drastically change how, where and by who dental care is delivered in the country.
- ▣ Community Catalyst hosted a webinar for the Cover Missouri Coalition, Enrolling Immigrant Consumers: Tips and Tricks for Complex Cases, in partnership with the National Immigration Law Center. Health and Human Services Region VII office shared the webinar invitation with the entire region resulting in enrollment assisters from Iowa, Kansas, Missouri and Nebraska participating in the webinar. This was the first time to our knowledge that HHS/CMS promoted a webinar with the region that was not hosted by HHS/CMS.
- ▣ Texas shared CC's Network Adequacy Checklist and "wish list" tool with their coalition broadly and used it as a catalyst to pick up the conversation on gains and challenges in the world of private insurance in Texas
- ▣ The Alliance for Children's Health successfully engaged advocates across the country to weigh in on the federal CHIP debate through comments, letters and

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phone calls, contributing to the successful re-funding of CHIP.

- ☐ In the Loop has reported and synthesized trends in the enrollment process and communicated them to federal officials with specific recommendations. Of the recommendations In the Loop made to federal policymakers, 39% were addressed, leading to either a partial or full resolution of the issue.
- ☐ CC represented the consumer voice at various federal/national tables, including: weekly calls/in person meetings at the White House, monthly meetings with HHS senior staff, weekly CCIIO meetings, and regular more informal contact with White House and HHS officials. These strong relationships are exemplified the following outcomes:

Before the King v. Burwell decision, we were selected as the point group for HHS if the ruling was unfavorable (this was unofficial and off the record.)

In the Loop received federal recognition, including the project name being mentioned by the President in a video for the enrollment community, as well as the White House asking a Looper to introduce the President on a call to kick off the third open enrollment period.

Connected staff in Community Catalyst program areas to relevant Congressional and Administration offices to inform the content of legislation and regulations, as well as to foster support for certain policies. Of note, this included working with CC's Children's Health team to refund the Children's Health Insurance Program through 2017 as well as with the Substance Use Disorders team to establish themselves as a go-to resource for Hill staff working on the Comprehensive Addiction and Recovery Act and the Mental Health Reform Act.

- ◆ Increased On Message Today readership by 6.2%, double our goal and introduced "The Takeaway" and added 3 new organizations to On Message national collaboration meetings

CC Strategic Goal 4: Diversify our funding sources and develop a flexible pool of resources for investment in key priorities and program development.

Foundations giving to more CC programs/projects

- ☐ Kresge – Proposal pending for joint HST/ Medicaid expansion/Social determinants of health project
- ☐ Civic Participation Action Fund: For assessment of Medicaid expansion opportunities nationally. In partnership with Community Catalyst Action Fund
- ☐ Annie E. Casey Foundation for HAP learning community
- ☐ Open Society Foundation: For criminal justice/incarceration

Increased number of funding types

- ☐ Individual giving: First-time match opportunity for On Message (two individual donors + online giving by subscribers). More than \$100,000 raised.
- ☐ Business planning underway. New potential contracts in the works (e.g., for Community Benefit), but nothing formally secured just yet.
- ☐ Federal funding – Assessment underway for CC's role as lead and/or sub-contractor

Federal funding for In the Loop

- ◆ Outcome not achieved

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CC Strategic Goal 5: Invest in Community Catalyst's staff and organizational capacity to ensure we continue to be a high-performing, effective and evolving organization.

Financial Health

- ☐ At the end of 2014 our unrestricted net assets were \$1,994,467, nearly \$500,000 more than the stated goal. We anticipate that at the end of 2015 we will have unrestricted net assets of \$2.1-\$2.2 ml. Our healthy level of net assets or reserves has allowed the organization to do 'off budget' spending when special opportunities arose.

Increase in the cross organizational collaborations between HCFA, HLA and Community Catalyst

The Children's Health team increased cross-organizational collaboration with HCFA in multiple ways, including:

- a. Joint work on Neo-natal Abstinence Syndrome (NAS) and Substance Exposed Newborns (SEN)
 - b. Collaboration on efforts around HCFA's HHH bill
 - c. Collaboration on the inclusion of children's eyeglasses as a pediatric benefit in MA's EHB.
- ☐ Community Catalyst SUD team and HLA have increased collaboration on behavioral health parity, weighing in jointly on recent proposed parity regulations and developing a joint concept paper proposing to improve nation-wide infrastructure for legal and advocacy support on parity appeals and complaints.
 - ☐ HAP staff represent Community Catalyst on HLA's medical debt working group. This group meets regularly with a focus on medical debt issues in Massachusetts. The membership of the group includes staff from HLA and HCFA.

Community Catalyst continues to evolve as a "learning organization" with 75% of staff members using at least 50% of their annual professional development resources.

- ◆ Exceed our goal: 90% of Community Catalyst have utilized their PD funds allocated in the budget and every employee has participated in some form of non-paid professional development activity, either in-house or externally. \$53,000 was spent on professional development activities in 2015.
- ◆ Trained staff on both media and PPT presentations, with very positive feedback from evaluations. Reviewed PPTs developed by handful of trainees after training and saw improvements

Staff members have a clear understanding of their strengths and areas of growth as a result of our 2014/2015 performance review process.

- ◆ 90% of staff members have completed their 2014/2015 performance reviews and as a result have understanding of their areas of strengths and areas of growth