



**Community Catalyst
Board of Directors Meeting
March 20, 2015
10:00 – 12:00 P.M.
Dial in: 877-594-8353; Participant code: 92690821
Agenda**

I. Welcome 10:00
 1. Executive Director's Report

Staff: Rob Restuccia

II. Corporate Business 10:10

1. Approval of December Meeting Minutes (Vote)
2. Finance Committee Report
 - a. Report 2014 End of Year Financials

Staff: Rosemarie Boardman, Donna Pina Robinson

III. Projects in Incubation 10:30

1. Overview of the new projects in incubation
2. Community Catalyst Enhanced Support to Enrollment Specialists
Community Catalyst has been in recent discussions with leaders at Health and Human Services (HHS) about a government contract to provide enhanced support to a wide-range of enrollment specialists. We will discuss this project, its timeline and the implications for CC.

Key Board Discussion Questions

- a. This could be our first significant federal contract. What are the concerns/opportunities that we need to think about as we move forward?
- b. How do we ensure that we are measuring what the feds will want to see – good use of government dollars, impact, etc. and what we want to measure - are we meeting the needs of the assister community and professionalizing the field enough to permanently institutionalize their role in health reform implementation?

Staff: Amy Rosenthal, Sue Sherry

IV. Atlantic Philanthropies Initiative 10:50

1. Overview: The Center for Consumer and Community Engagement in Health System Transformation
2. Project Budget

3. Implementation Considerations

Key Board Discussion Questions

- a. We will be proceeding with a press release and broad communications plan (including talking points). What role can the Board play in helping us spread the road? Who are your audiences and what would they like/need to know?
- b. How can Board member help the organization meet the fundraising/match goals required by AP (e.g., leads on federal funds, sub-contracting opportunities, state-based contacts, etc...)?
- c. What are other roles for Board members in the implementation of the Center?

Staff: Diane Felicio, Rosemarie Boardman, Rob Restuccia

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| V. Governance Committee | 11:30 |
| 1. Corporate Member Structure | |
| • Recommendation from governance committee (VOTE) | |

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| VI. Executive Session | 11:45 |
| 1. ED Performance Review | |

Staff: Rob Restuccia

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| VII. Close | 12:00 |
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TO: BOARD OF DIRECTORS
FROM: ROB RESTUCCIA
DATE: MARCH 2015
RE: EXECUTIVE DIRECTOR REPORT
DIAL IN: (877-594-8353; participant code 92690821)

I hope everyone is well. As some of you from the area have experienced, we are recovering from a brutal winter. For many days getting to One Federal Street was a challenge with some staff having to wait hours for public transportation and/or walk miles on snow covered streets. It was great to see how the staff pulled together through a trying time. Today the sun is shining and the temperature is above freezing so our moods have improved with the weather.

At the same time we are mourning the loss of Andy Hyman from the Robert Wood Johnson Foundation, a good friend of the organization and one of the strongest proponents of health care for all. He will be missed – a tribute is on our [blog](#).

Since our last meeting we have had a few staff transitions and one hiring:

Marcia Hams has transitioned into a new role at Community Catalyst, as the half-time Senior Policy Analyst for the Value Advocacy Project. Marcia will work closely with policy staff and collaborating partners to provide tailored policy support on health system transformation issues to Value Advocacy Project grantee sites and the larger learning community.

Tera Bianchi has been reclassified as a Senior State Advocacy Manager. This is in recognition of her leadership within the Substance Use Disorders team as well as her thoughtful engagement across the organization

Emily Polak has accepted the position of Associate Director for the State Consumer Health Advocacy Program, effective March 1st. In her new role, Emily will help guide and shape the program and help us meet our goals and deliverables. Emily will play a lead role in our peer-to-peer learning community, help develop strategies to strengthen our TA and train new staff.

Jack Cardinal, Communications Manager

Jack serves Community Catalyst as a Communications Manager, providing strategic communications support to state advocates and federal partners across a range of Community Catalyst projects. Prior to joining Community Catalyst, Jack oversaw communications for a Massachusetts State Senate office. Before that, Jack served as Head Writer of the Michigan House Democratic Caucus and as a Policy Director in the Michigan State Senate where he focused on tax policy. He holds a bachelor's degree from Kalamazoo College.

We are moving on some internal organizational issues and have hired Root Cause, a management consulting firm, to help us develop a more effective management structure. We have had a number of staff discussions related to the issues surrounding Ferguson and the implications for our work. In my January memo I provided some highlights of the work of the organization and Susan's program memo provides a more comprehensive overview our projects. Also, Kathy and Diane report on Communications and Development respectively.

We have included some information in the packet that we will not have time to discuss. First, is a presentation of the ACA Implementation Fund including a list of grantees and funded amounts and our 2015 fund targeting strategy. Also, we have provided information on our 2015 anticipated outcomes for the organization. We are holding ourselves accountable for achieving them by December 2015.

Because we have shortened the length of the Board meeting we will have a full but somewhat truncated agenda. Following my report and acceptance of the minutes of last meeting, the Finance Committee will report on the end of the year financials.

We will then review our projects in incubation to provide an understanding of potential new areas of work at Community Catalyst. At the last meeting we reported that the Ford Foundation indicated that it is going to provide another year of support for *In the Loop*. Since that time Amy Rosenthal began discussions with leaders at Health and Human Services about federal government support of *In the Loop* through a contract to provide enhanced support to a wide-range of enrollment specialists. Amy's report in the packet provides further information on this potential project. At the Board meeting we will report on the latest discussions with HHS and the implications project for CC if a contract is awarded.

As you heard earlier this week we just received word that we were awarded a 14.8 million grant from the Atlanta Philanthropies to create the Center for Consumer and Community Engagement. Kudos goes to Diane for leading this effort and a special thanks to our AP program officer, Sara Kay. The grant creates a high bar for the organization and we will want the Board to be fully engaged in its implementation. We are devoting some of the meeting to discuss the grant and the Board's involvement.

Following the programmatic discussion the Governance Committee will propose a change to the by-laws and discuss potential new members.

Finally, you will go into executive session to discuss my self-evaluation and goals for the next two years.

Next Board Meeting:
June 5, 2015; 10:00-3:00 PM

Community Catalyst 2015 Anticipated Outcomes

<i>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.</i>
1. Southern health advocates have developed peer-to-peer learning and collaborative strategy development around shared policy issues and strategies.
2. Advocates have developed peer-to-peer learning and collaborative strategy development around shared policy issues and strategies.
3. New and strengthened partnerships, including collaborative action, between consumer groups and organizations advocating for substance use disorders services, for criminal justice and for youth.
4. Advocates have an increased their ability to find and identify relevant Marketplace information;
5. Advocates have identified the best methods to communicate this information to their partners by the end of the 2015 open enrollment period
6. Advocacy organization have identified and strengthened relationships with organizations (unusual suspects), with two-way engagement of activities and repeat collaborative activities that help to identify consumers eligible for coverage in the Marketplace
7. Deepened state partners' engagement in federal CHIP debate - advocates in 10 states weigh in on the importance of CHIP with federal stakeholders, using CC materials.
<i>CC Strategic Goal 2: Assess and develop state and local partners' capacity for organizing constituencies and campaigns for change.</i>
1. Increased knowledge of state partners on designing and implementing issue (Close the GAP, Dental) campaigns.
2. State partners deploy effective approaches and /or strategies to engage new constituencies (faith leaders, criminal justice community, local mayors, youth, schools) in advocacy campaigns.
3. Increase the ability (through funding and TA services) of organizations in 3 states to implement a campaign targeting November 2016 election cycle
<i>CC Strategic Goal 3: Influence health system policies and practices to be sensitive and responsive to consumer interests and needs.</i>
1. Increased knowledge, skills and ability of CC staff to effectively and efficiently collaborate on and learn about health system transformation subjects and strategies.
2. Launched, fully staffed and developed an long term implementation plan for the Center for Consumer and Community Engagement
3. Increase our ability to influence the conversation happening at the policy, delivery system and individual levels federal level regarding health system transformation and the role of consumers and consumer advocates in HST efforts
4. Increased the capacity and commitment of community partners to influence the Community Health Needs Assessments conducted by their non-profit hospital.
<i>CC Strategic Goal 4: Diversify our funding sources and develop a flexible pool of resources for investment in key priorities and program development.</i>
1. Foundations giving to a greater range of CC program and projects (On Message, ITL, AP, HAP).
2. Increased number of funding types supporting Community Catalyst's work (e.g. individual giving, federal funding, fee for service consulting fees)
3. Federal funding to support technical assistance to enrollment assisters is secured.
<i>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.</i>
1. Maintained or increase our unrestricted net assets at \$1.5M
2. Increase the capacity of staff to conduct effective presentation and media interviews.
3. Increase in the cross organizational collaborations between HCFA, HLA and Community Catalyst
4. Community Catalyst continues to evolve as a "learning organization" with 75% of staff members using at least 50% of their annual professional development resources.
5. Staff members have a clear understanding of their strengths and areas of growth as a result of our 2014/2015 performance review process.



Management Structure Realignment

Scope of Work
December 15, 2014
Revised January 23, 2015

Project Overview

Community Catalyst was founded in 1998 to build a consumer health advocacy movement giving consumers a voice and a seat at the table where the country's health decisions are made. The mission of Community Catalyst is to organize and sustain that consumer voice to ensure that all individuals and communities are able to influence local, state, and national decisions that affect their health. Community Catalyst operates in 40 states and focuses its efforts on five broad issue areas: implementing health reform, improving quality of care, addressing community health needs, making prescription drugs more affordable, and strengthening health access and coverage.

In 2012, Community Catalyst established a strategic plan to guide the organization through 2017. The strategic areas of focus for the organization are to: build a stronger advocacy infrastructure, develop the capacity of state and local partners in organizing constituencies and campaigns, and influence health system policies and practices to be sensitive to consumer needs and interests. In order to acquire the flexible resources required to invest in key priorities, program development, and staff and organizational capacity, Community Catalyst is diversifying its funding sources

To support the implementation of its strategic plan, Community Catalyst is re-examining its management structure. The organization has experienced significant growth in staffing in the past few years, moving from 48 employees in 2011 to approximately 68 staff members today. Currently, the organization is led by two management levels: the Senior Management team and the Program Management team. The eight members of the Senior Management Team (SMT) are the directors of Development, Strategic Policy, Administration & Operation, External Affairs and Communication, as well as the Deputy Director, the Chief Operating Office, and the Executive Director. The twelve members of the Program Management Team (PMT) include the supervisory staff members who manage particular issue-specific program areas as well as the Human Resource Manager and the Manager of Finance & Administration.

Community Catalyst seeks to determine the optimal management structure that will be aligned with the goals of its strategic plan and will allow Community Catalyst to have the staff and organizational capacity to continue to be a high-performing, effective, and evolving organization. This structure will take into account the following factors:

- External environment (both opportunities and challenges)
- Internal resources and capabilities (both strengths and weaknesses)
- Succession planning
- Span of control
- Changes in the size of the organization
- Professional development needs of the SMT and PMT staff
- Funding environment
- Diversity
- Programmatic synergies

Root Cause, a nonprofit management consulting and research firm, has prepared the following scope of work for a process that will help Community Catalyst explore its options and determine the best management structure for the organization:

ANALYSIS

- According to the proven practices Organizational Health framework developed by Root Cause's Research and Assessments Unit, how do the current structures and systems of Community Catalyst's two levels of management perform? Specifically, this assessment will cover:
 - Competencies and Experience
 - Roles, Culture
 - Communication and Workflows
 - Talent Strategy and Professional Development Support
- How has Community Catalyst's rapid growth affected the responsibilities of each functional (e.g. development) and program unit, and what planning is needed to accommodate additional likely growth in the near future?
- What are the external and financial factors (e.g. grant-funded positions) affecting the current management steam structure?
- To what extent does Community Catalyst's management structure support effective implementation of the three priority areas in its five-year strategic plan?

FOCUS FOR RECOMMENDATIONS

- With the context of recent and likely future growth, what are the recommended shifts in the Community Catalyst management structure, and practices in order to best support the successful implementation of the strategic plan?
- How can Community Catalyst ensure that its organizational structure is sufficiently flexible, adaptable, and sustainable during periods of growth and change?
- What can strengthen Community Catalyst's senior-level talent strategy, and what is the role of joint staff partnerships for Community Catalyst as it continues to grow and implement its current strategic plan?

The Planning Process

Root Cause will guide Community Catalyst toward a clear vision and plan for the realignment of the management structure. Our approach will involve Community Catalyst deeply in the planning process to ensure that the work is truly owned by Community Catalyst leadership upon completion. This pragmatic and collaborative approach will develop the capacity needed to implement the restructuring process.

We will facilitate a three-phase process:

1. Environmental Review
2. Develop Multiple Structure Scenarios
3. Finalize Recommendations

The backbone of this process will be a series of working group meetings in which we will lead the Community Catalyst team through discussions of key questions, examination of internal and external research, consideration of competing scenarios, and facilitation of consensus on the decisions that will shape the management structure realignment plan:

The Roles of the Working Group:

- Participate in discussion of key questions and research at meetings, identify key issues, and provide suggestions to resolve key issues;
- Make strategic decisions and set priorities;
- Review all drafts within the given timeline; and
- Give final approval of the management structure realignment plan

TIMELINE AND KEY ACTIVITIES

The timeline and process for the engagement is outlined in the Gantt chart on the following page and in the process description that follows.

<i>Community Catalyst Management Review</i>		Feb	Mar	Apr
Phase 1: Environmental Review				
Document Review:				
• Review existing strategy documents and internal assessment				
• Review organization chart				
• Review key job descriptions				
• Review demographics/tenure of SMT & PMT members				
Root Cause Organizational Health Assessment:				
• Assessment of existing management structure and processes				
• Compare findings to Root Cause clients				
Internal Interviews:				
• Senior Management Team Interviews				
• Program Management Team Interviews				
Working Group Meeting #1				
• Review environmental review findings and discuss implications for plan options				
Phase 2: Scenarios				
Prepare competing plan scenarios that incorporate key considerations:				
• Changes in organization size				
• Diversity				
• Succession planning				
• Financial opportunities and challenges				
• Span of control				
• Programmatic synergies				
• Professional development of SMT and PMT				
Working Group Meeting #2				
Review scenarios and choose one to move forward				
Phase 3: Finalize Recommendations				
Prepare PowerPoint with summary of recommendations				
Create action plan for implementation				
Working Group Meeting #3				
• Review implementation plan with management				

PHASE 1: ENVIRONMENTAL REVIEW

The process will begin with an environmental review and exploration of the operating model of Community Catalyst with particular focus on the two management teams under review: the Senior Management Team (SMT) and the Program Management Team (PMT). We will review the strategic plan and the human and financial resources that currently exist to support that plan. We will begin by reviewing existing strategy documents as well as the internal assessment conducted by Community Catalyst to identify key assumptions in the existing plan and review progress to date against those key assumptions. We will also review the organizational chart and key job descriptions of the SMT and PMT as well as the demographics and tenure of the SMT and PMT members.

As a part of the environmental review, Root Cause will conduct an assessment of Community Catalyst's overall organizational health using tools that Root Cause has developed through research and our experience with past clients. The organizational health assessment will consider best practices in management and governance and will assess Community Catalyst's structure, capacity, and ability to carry out its mission. To provide additional context around Community Catalyst's organizational strengths and weaknesses, the results of this assessment will be compared to the results of other Root Cause clients as well as any information readily available to Community Catalyst about other organizations' practices..

Root Cause also will conduct interviews with Senior Management Team members and Program Management Team members to better understand roles and responsibilities, as well as internal capacity to meet the goals laid out in the strategic plan. We will also do a limited systems review to examine in greater detail the management systems that are currently in place, including standing meetings, information sharing practices, use of internal practices, and standard internal reporting.

We will also review Community Catalyst's financial history to gain a better understanding of the funding environment that it is operating in. We will review five years of revenue history to understand Community Catalyst's funding environment and analyze what revenue is restricted versus unrestricted to understand the amount of flexible resources that Community Catalyst has available. We will also analyze the funding streams for the current management structure to identify which management staff are funded by restricted grants versus general operating funds.

WORKING GROUP #1

In the first working group session, Root Cause will present its findings from the environmental review and guide the working group in a discussion about implications for the management structure realignment plan. In particular, we will highlight the emerging gaps and opportunities for better aligning the management structure to the strategic plan and engage the group in clarifying key considerations for the project. Through the discussion, we will begin to outline different scenarios for the management structure.

Phase 1 Deliverable:

- PowerPoint summary of findings from internal review

PHASE 2: SCENARIOS

Based on the discussion that took place during the first working group session, Root Cause will develop 2-3 scenarios that will provide outlines of alternative options for the management structure. Building on the environmental review conducted, we will incorporate key considerations, including: succession planning, span of control, changes in the size of the organization, professional development needs of both the SMT and PMT staff, the funding environment, diversity, and programmatic synergies.

Using the outcomes from the environmental research phase as a guide, we will frame how the different structure options might respond to external challenges and opportunities and outline the resource requirements as well as the structural and financial implications of implementing each scenario.

WORKING GROUP #2

At the second working group session, we will focus on reviewing the scenarios and building consensus on which scenario Community Catalyst will choose to move forward and build out into a final management structure realignment plan.

Phase 2 Deliverable:

- 2-3 scenarios for realigning the management structure

PHASE 3: FINALIZE RECOMMENDATIONS

In the final phase of work, Root Cause will develop final recommendations for realigning Community Catalyst's management structure. These recommendations will highlight areas that need strengthening and improvement, as well as make recommendations on adaptations to structures, processes, and strategies that will help Community Catalyst meet its goals as laid out in its strategic plan.

Root Cause will also prepare an action plan for guiding implementation of the chosen scenario starting in May 2015. In developing the implementation plan, Root Cause will work with Community Catalyst's leadership to identify a timeframe for implementation and define the different components and phases of this work to ensure that the plan is actionable and that there is accountability for executing the plan.

WORKING GROUP #3

In the third working group session, Root Cause will present its final recommendations for review and critique. The discussion in this session will focus on the resources and actions required to achieve the management realignment and build a timeline for implementing the plan.

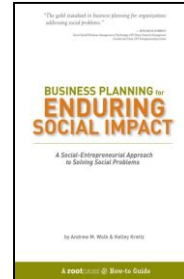
Phase 3 Deliverables:

- PowerPoint summary of recommendations
- Excel-based action plan

After the planning process concludes, Root Cause will conduct check-in calls with Community Catalyst over the course of the next year to assess progress on plan implementation and provide implementation coaching.

Why Root Cause

Root Cause is driven by a passion for shaping the future of social problem solving. Our services and programs individually and collectively bring together nonprofits, philanthropy, government, and business together to advance solutions to today's toughest social issues by helping them understand and invest in what works. Our decade of work to accelerate performance shows that sustained change happens when resources flow to organizations committed to organizations committed to continuous improvement to ensure they are maximizing impact.



We are a recognized leader in the field of social innovation and entrepreneurship and since 2003, Root Cause has improved the performance of more than 200 organizations funders in a wide range of social service sectors, including economic empowerment, education and youth development, and health and well-being. We work collaboratively with organizations to move them from working day to day to address social issues to improving their performance towards realizing tangible and sustainable results. Root Cause has developed a unique planning methodology and published a book on the subject: *Business Planning for Enduring Social Impact*.

OUR VALUE PROPOSITIONS

Over the past ten years, we have worked to bring together the best thinking of the social and business sectors in our nonprofit management consulting model. We believe that several qualities set us apart from others engaged in this work:

- **Collaboration:** We recognize that our clients have the resources to judge their circumstances and craft a strategic response. By working collaboratively with board members and staff, we build on these assets, introducing an outside perspective built on over 200 high-impact engagements with innovative nonprofits.
- **Balance:** Our team brings a blend of conceptual skill sets typically found in management consulting firms with pragmatic experience running nonprofit organizations and small businesses.
- **Implementation:** We are far more interested in what our clients accomplish than in what they plan to accomplish. New systems or strategies fall short due to time and resource constraints. We develop detailed and realistic action plans and provide ongoing implementation support to help our clients overcome these constraints.

Root Cause stands out from other consulting firms because of its highly collaborative process and unique perspective. Root Cause has adapted the consulting process to suit the particular needs of our organization and produce the deliverables we needed.

BOB GIANNINO-RACINE
EXECUTIVE DIRECTOR, UASPIRE

RELEVANT PAST EXPERIENCE

Committee to Protect Journalists

Since 1981, the Committee to Protect Journalists (CPJ) has worked to defend press freedom and the rights of journalists around the world. CPJ has experienced significant organizational growth in recent years, increasing its annual budget which has allowed the organization to expand programmatically. However, this expansion put a strain on the internal operations that support these programs particularly because they had remote staff working on five continents.

In 2012, the Board of Directors approved a three-year strategic plan, but recognized a need to analyze the organization's current capacity and how it needed to develop to fully implement the strategic plan. The strategic plan identified targets for operational improvements to help achieve their three-year objectives, including augmenting strategic advocacy and campaigning, increasing fundraising to support its strategic goals, and strengthening management and governance to better administer the increasingly complex and far-reaching organization.

Root Cause worked with CPJ to evaluate the organization's Communications, Fundraising & Development, and Finance & Administration areas and recommend improvements that will enhance CPJ's ability to successfully implement the 2012-2015 strategic plan. This involved conducting an assessment of the current structures and procedures in place for the three departments under review and identifying how implementation of the strategic plan could be further strengthened by adapting the staffing and resources available to each of the departments. The final recommendations included specific ways that CPJ could improve its staff structure by adding or restructuring positions, build systems for better communication and CPJ culture-sharing among remote staff, increase efficiency in administrative processes, and use a core-periphery structure to enhance flexibility in the face of financial uncertainty.

Connecticut Children's Medical Center

Connecticut Children's Medical Center (CT Children's) is the only free-standing children's hospital in the state of Connecticut. It has a wide range of community-oriented programs, addressing issues from asthma management and injury prevention to the establishment of medical "homes" for children with special health care needs.

When Root Cause started working with CT Children's in the spring of 2011, it was clear that while the medical center's community-oriented programs had often produced excellent results, the services and funding they received from the institution were largely determined on a case-by-case basis. There was no medical-center-wide system to ensure that community-oriented programs that showed progress were appropriately supported, and little coordination existed among the programs themselves. This situation hampered individual programs and made it difficult for the medical center to gauge progress, show social impact, and to encourage the development of new and innovative ideas.

Ultimately, our business planning process with CT Children's focused on the structure supporting CT Children's work and resulted in the establishment of the Office for Community Child Health (OCCH), which will implement a clear process through which programs must show progress in order to receive support and resources from the medical center. As part of this project, we worked with the medical center to

develop a clearly articulated vision and plan for the office, a staffing model, a 12-month action plan, and a four-year financial model.

Rosie's Place

Rosie's Place was founded in 1974 by Kip Tiernan, a social justice activist, to address the needs of homeless and poor women in the city of Boston. Growing from an all-volunteer staff at its inception to a \$9 million organization with 72 full- and part-time employees, Rosie's Place has become a full-service community with a healthy financial foundation. With the vast growth that Rosie's Place had seen over recent years, the organization had begun to outgrow the structure of the Board, and Rosie's Place Board and management recognized that the Board needed to reexamine its structure in order to align it to the requirements of much larger and growing organization.

Root Cause assessed the board through interviews and best practices research and found that the board members Rosie's Place had at the time varied broadly in terms of their skill sets and their ability to lead the organization, give to the organization, procure resources for the organization, and participate in Board activities. Root Cause compiled recommendations for changes and improvements in the Board's structure, operations/functions, and eligibility requirements for members. Root Cause facilitated a number of frank discussions based on a customized self-assessment tool that resulted in unqualified board members stepping down to support Rosie's Place through other volunteer means. A year after the work with Rosie's Place had concluded, the executive director wrote, "I continue to appreciate all the help Root Cause provided to Rosie's Place—our board made significant, brave changes and we are in a much better place today."

Project Team

ROOT CAUSE TEAM

When the time for the start of the engagement is clearly known, Root Cause will assemble a team for this effort. The team is currently anticipated to include the following roles and people:

- **Stephen Pratt, Director:** The director will facilitate all meetings with the client and oversee the project team.
- **Biography:** Stephen M. Pratt is the Director of Consulting at Root Cause. He has more than two decades of experience in nonprofit management, having served as CEO of two direct service organizations, two capacity-building intermediaries, and a scholarship foundation. Steve has also had a role in the founding of six nonprofit organizations including Boston After School & Beyond and Bridgespan's Bridgestar Initiative.

One of these start-ups, Eureka-Boston, was a learning community for nonprofit CEOs that developed into the Massachusetts Nonprofit Network, representing over 600 community-based organizations in the Commonwealth. At Eureka, Steve coached 56 CEOs of nonprofits in youth development, housing and homelessness, healthcare, community development, arts, and environment. He has served as a resource for early stage social entrepreneurs and seasoned executives of multi-service agencies.

Steve has led a range of consulting engagements in the areas of education and youth, housing and homelessness, workforce development, civic engagement and advocacy, and health care improvement. As part of this work, Steve led the development of Root Cause Consulting's performance measurement system tool and our framework for financial sustainability planning. His most recent publication is a white paper examining the divergent views of nonprofit leaders and donors on financial sustainability.

Steve has an Ed.M. from the Harvard Graduate School of Education and a B.A. in Government and English from Hamilton College. A cancer survivor, Steve has completed the 192-mile Pan-Mass Challenge bicycle race four times, raising over \$20,000 for cancer research and advocacy.

- **Liana Paris, Lead Consultant:** The lead consultant will report to the Director, participate in all meetings with the client, oversee the research process and preparation for client meetings, and review and revise drafts.

Biography: Liana Paris serves as Root Cause's consulting practice manager, guiding Root Cause in

improving its consulting service delivery and deploying the talent to deliver those services. Liana contributes project management, research, analysis, and support for client engagements.

Previously, Liana was based in Amman and Baghdad as a project manager with the International Organization for Migration's Iraq Mission, where she managed the strategy and operations for assistance projects for families displaced by the conflict in Iraq. With her passion for effective organizational systems, Liana drove an assessment of the mission's emergency supply chain which brought delivery of customized response kits down from one week to 24 hours to any province in Iraq.

Her experience there also included leading teams of monitors who surveyed the needs of displaced and vulnerable families throughout Iraq. She cut costs and increased quality for a 1.2 million dollar assistance program by moving from sub-contracting to direct implementation through 60 field monitors. She used the improved assessments to advocate for increased support for displaced families from a broad range of stakeholders, including other humanitarian organizations, government, media, and academia. She also managed community assistance projects to help displacement-affected communities improve their lives through economic, health, water and sanitation, and education initiatives.

Liana has a B.A. in International Relations from Brown University, was a Rotary International Ambassadorial Scholar at the University of Jordan in Amman and completed the Programme International at Sciences Po Paris.

- **Research Associate:** The research associate will support research related to all sections of the plan, participate in meetings, develop models (e.g., financial and staffing), and draft sections of the final deliverables.

This scope does include the contracting of outside experts beyond the internal expertise and capacity of Root Cause and the leadership of the project. Root Cause has supported the selection of these external consultants or others, but we do not include them in the scope of work without further clarification of interest and needs in these areas. If appropriate, we are also willing to work with experts that Community Catalyst has in house.

COMMUNITY CATALYST TEAM

Key staff from Community Catalyst will need to allocate time for meetings and phone interviews, and to review materials developed during the course of the planning effort. They will be responsible for gathering operational, financial, and additional data as needed. The following are some key roles and estimated time required:

- **Community Catalyst Lead:** Community Catalyst will need to identify one senior person who will work directly with the Senior Consultant from Root Cause. At a minimum, this person will have

biweekly, one-hour calls with the Senior Consultant, read and review drafts of materials, and attend all working group meetings.

- **Community Catalyst Coordinator:** Community Catalyst will identify one coordinator to work with the Root Cause team to help coordinate schedules, receipt of materials, etc. Time required will be approximately one to two hours per week.
- **Working Group:** Both Community Catalyst staff and board members, and potentially other key stakeholders, will be required to participate in working group meetings, review the plan as it is being developed, and participate on a limited number of phone calls.

Timeline

This project will start no later than February 1, 2015 with a target completion date of April 31, 2015. The length of the engagement is based on the pacing of the process to ensure the full participation of Community Catalyst and selected stakeholders in the development and approval of the plan. Root Cause will do its best to accommodate any funding proposal or other relevant deadlines, and will try to adjust the work plan timeline accordingly.

Fee

The fee for this engagement, including travel expenses, is \$12,500. A mutually agreeable payment schedule will be detailed in the engagement letter.

Fine Print

ACCOUNTABILITIES

Root Cause accountabilities include the following:

- Facilitate the process and ensure progress through all steps
- Develop agendas and facilitate all phone and in-person meetings that lead to the successful completion of the project
- Conduct primary research and secondary research needed to support the project
- Develop all drafts of the deliverables, with the final deliverables to be approved by Community Catalyst
- Regularly seek feedback from Community Catalyst on how the process is going, and how it can be improved
- Cooperate with staff and/or other external consultants working on projects for Community Catalyst as needed
- Respect confidentiality – Root Cause will not represent Community Catalyst to funders, the media, policymakers, or any other external audience without the respective organizations' prior approval

Community Catalyst accountabilities include the following:

- Provide a primary contact for the process and ensure active participation of staff as outlined in the work plan
- Convene partners and provide relevant information as requested
- Review all drafts of deliverables
- Make critical decisions during the process
- Participate actively in meetings
- Communicate regularly with the Root Cause team
- Make payments according to the terms in the engagement letter
- Facilitate communication between external consultants (if applicable)

Joint accountabilities include the following:

- Develop a clear work plan for the project, outlining tasks, deadlines, and responsibilities
- Alert each other of anything learned that may materially affect the success of the project
- Respect the confidentiality and the proprietary materials and approaches of both Community Catalyst and Root Cause
- Determine whether an opportunity exists to develop a knowledge project and provide educational insights for the field



**Community Catalyst
Board of Directors Meeting
December 12, 2014 9:00 – 2:30 P.M.
Dial in: 877-594-8353; Participant code: 92690821**

Board Notes

In attendance:

Members of the Board: Kate Villers, Wendy Warring, Amy Whitcomb Slemmer, Mark Schlesinger, Anthony So, Diane MacDonald and Karen Hicks

Apologies: Dan McGrath, Kavita Patel, Joia Crear Perry, Robert Phillips and Anton Gunn

Community Catalyst Staff: Jacquie Anderson, Diane Felicio, Robert Restuccia, Sue Sherry, Angela Jenkins, Kathy Melley, Michael Miller, Amy Rosenthal, Rosemarie Boardman, Donna Pina Robinson, Renee Markus Hodin and Alexis Brimage-Major (EA)

Guest: Robert Masters, CCA

Wendy Warring, Chair, opened the meeting at 10:43 am. [Note: Prior to this, Board members informally discussed mid-term election results and other environmental developments.]

Corporate Business

Approval of September 19/20, 2014 Meeting Minutes.

Amy Whitcomb Slemmer moved, Wendy Warring seconded and it was

VOTED: unanimously to approve the minutes of the September meeting.

Executive Director's Report

Rob Restuccia reviewed the context for Community Catalyst's (CC) work in the New Year. CC has continued successful development of the "On Message" project, outreach and enrollment will continue to be an organizational emphasis in the next few months, and the Ford Foundation be inviting a proposal for continuing the *In The Loop* project for another year. Rob also previewed key discussion topics for the Board meeting, including CC's forthcoming Health system transformation report, Atlantic Philanthropies proposal, and presentations by Dr. Robert Masters of the Commonwealth Care Alliance and Renee Markus Hodin, director of CC's *Voices for Better Health* project.

Year-to-Date Financial Results /2015 Proposed Budget

Diane MacDonald reported that the Finance Committee, after reviewing the YTD 2014 financial report, recommended Board approval of the 2015 proposed budget. Rosemarie Boardman summarized YTD (September) financials, showing a surplus of over \$300,000 compared to budget. She anticipated Community Catalyst to end the year with approximately \$14 million in revenue. Unbudgeted revenue has resulted from two "anonymous" funders, the Wyss Foundation for support of Community Catalyst's Medicaid Expansion work

and Wellspring Advisors for the Children’s Health Alliance, and Community Catalyst also had received unbudgeted funding from the Robert Wood Johnson foundation for a new *Value Added* project.

The projected increase in the 2015 budget compared to 2014 is 14%. Rosemarie flagged that the 2015 budget showed revenue and expenses for *In the Loop* only through April, but that the Ford Foundation has notified CC that it is considering making an additional year of funding available. If Community Catalyst receives a large new funding commitment from Atlantic Philanthropies for the *Center for Consumer and Community Engagement in Health System Transformation*, the 2015 budget will be revised and shared with the Board. Rosemarie also pointed out that the 2015 budget accounts only for very limited funding of the Prescription Project and close-out of The *Roadmaps to Health* program in January 2015. Three out of four Roadmaps staff members have been reassigned to other programmatic areas.

Karen Hicks, moved, Diane MacDonald, seconded and it was

VOTED: unanimously to approve the year to date financials and the budget for 2015.

The Mid-Terms and the ACA: Implications for Health Care Advocacy

Michael Miller briefly recapped 2014 election results and their implications for health care advocacy. The discussion focused on two major questions: the extent to which ACA issues contributed to 2014 electoral outcomes and the consequences of these outcomes for future federal and state health policy. He advised that in light of election results Community Catalyst during the coming will need to be more actively engaged in defending of ACA policy reforms and should plan both its federal and state work in a multi-year timeframe.

Key Questions/Comments from Board members:

- In light of Michael’s analysis that health care played a minor role as an issue influencing outcomes of the election, developing a narrative about its minor role seems to be a priority.
- Is there evidence that those who are benefiting from the ACA attribute their improved personal situations to “Obamacare?” “Are they connecting the dots?”
- With the possibility of a negative King vs. Burwell decision, will the blame for the ensuing havoc be placed appropriately – i.e., on the decision itself and continued political opposition rather than the inherent features of the ACA?

Talking to Voters: The Affordable Care Act

Kathy Melley presented a PowerPoint summarizing results of focus groups conducted by Community Catalyst and Perry Udem (polling firm) in Cleveland, Houston and Denver. Participants represented voters with conflicted feelings about the ACA. Overall, they preferred improvement of the law instead of its repeal. However, they generally attributed what they perceived as negative aspects of health care to the impacts of “Obamacare.” They also generally were not able to identify specific ACA changes they would like to see. Their main concerns were about reducing their personal health care costs. Summation: there’s an opportunity for Community Catalyst to frame possible “fixes” and changes in the ACA (in both policy and communication terms) that may increase public and policymakers acceptance of the ACA.

Questions/Comments from Board members

- How mixed were these focus groups?
 - There was a mixture both in geography and of men and women.

- Are voters really motivated to have these conversations?
- Have you been asked to go deeper on probing consumer attitudes about whether insurance companies should pay providers differently?
 - Yes, by congressional staff: we mostly say we will get back to them because this is not yet a focus of our polling.
- Do the results indicate directions for Community Catalyst to proceed in order to propose changes to the ACA that will be perceived positively by such voters?

Board Member Sharing:

All Board members briefly shared personal professional updates related to the work of Community Catalyst.

Health System Transformation:

Susan Sherry and Angela Jenkins, new Project Manager for the Community Catalyst/RWJF *Value Advocacy Project*, presented an overview of work underway to build awareness and understanding of opportunities for consumer advocates to shape state-level health delivery and other system changes. Facets of the work include making grants to consumer advocacy organizations in Alabama, Massachusetts, Oregon, Maryland and, through RWJF, grants to six additional sites. They also previewed findings highlighted in Community Catalyst’s forthcoming report about health system transformation.

Key Questions/Comments from Board Members following the presentation:

- The report should “reframe” the debate and not overuse the word “value”
- Consider developing a graph for the report that depicts a range of HST opportunities and factors associated with suggested consumer interventions such as cost, impact and capacity-building.
- How will staff be structured to pursue this work?
 - At the beginning of the year a series of staff capacity-building workshops will be held internally.
- The HST program focus needs a “tag line” relating to what people personally value and want from the health system.
- We need to sharpen our messaging for this area of work and look for points of leverage for mobilizing consumer awareness and support.

Atlantic Philanthropies Initiative

Diane Felicio summarized the status of the AP proposal. Rob reviewed the percentage breakdown of the expense budget currently allocated to each section of the project: enhanced field skill-building, 53% ; leadership development/mentoring program, 3% ; research and evaluation/UMB, 9% ; communications,12%; lobbying/501(c)(4), .1%; DC presence/national Visibility, 7%; consulting to delivery systems/plans (partnering with CCA), 12%. Not yet accounted for is a revenue generating portion of the work. We are anticipating further discussions with the foundation about the budget.

Comments/Questions from Board members:

- Will AP exercise oversight over expenditure of the funds during the entire 5-year grant period and what final accounting of the grant expenditure will be required?

- Rosemarie replied that AP and Community Catalyst would be signing a grant agreement not a contract for work, so changes to the work outlined in the initial proposal can be made.
- Diane confirmed that we can expect receipt of all funds in the first two years.
- Are there penalties if Community Catalyst does not meet a specific match?
 - All agreed that more discussion of this issue is needed.
- Will the *Center for Consumer and Community Engagement* result in a reorganization of Community Catalyst's current management structure or will its operation be parallel to existing programs?
 - Rob replied that the Center will "sit within" the organization and have its own management structure but the Center's work also will be cross-cutting with other programs.
- A Board member suggested that the report include a graphic depicting the Center as a "teaching and learning lab"
- For this work, "Community Catalyst needs to add to its internal IT capacity."

Action Step: Once approved as "final" by The Atlantic Philanthropies, Community Catalyst will share the proposal with the Board (until then we are officially in "draft" mode and changes could still be requested).

Commonwealth Care Alliance and Community Catalyst

Dr. Robert Masters, CEO of the Commonwealth Care Alliance (CCA), joined the meeting and provided a history of the development of CCA. He described CCA's *Senior Care Options* and the *OneCare* programs and how CCA and CC have worked together in developing and disseminating best practices for delivering high quality and cost effective services to dually eligible and other high medical need groups. He noted that *OneCare* continues to face financial challenges but is expected to attain financial sustainability in the coming year. Renee Markus Hodin provided a short history of the development of Community Catalyst's delivery system reform work and its close connection to the work of the Commonwealth Care Alliance. .

Projects in Incubation

Rob presented a draft "incubation review" document to guide Board discussion of new project and program ideas being explored by staff prior to these ideas being developed as concept papers circulated among potential funders. He reviewed several such ideas under current staff exploration.

Questions/Comments from Board Members:

- The incubation document seems to be overly Massachusetts-focused; we need to use other points of reference because we are a national organization.
- A Board member suggested adding to the agenda of the next Board meeting a discussion of potential strategies to address pharmaceutical pricing

Action: Rob asked Board members to share additional thoughts with him in writing and via email.

The meeting was adjourned at 2:19 pm.



Date: March 20, 2015
To: Community Catalyst Board of Directors
From: Rob Restuccia
RE: Incubation Ideas *updated*

This memo outlines potential new areas of work at Community Catalyst. They are in various stages of development and are at different levels of priority. We are sharing these ideas with you before they have progressed to a concept paper stage of development to get Board's initial feedback. We will account for that feedback in any planning and discussions with potential collaborators.

New Incubation Ideas

Health Plan/Consumer Advocate Dialogue on Emerging Issues in Insurance Market Regulation

- Community Catalyst and Kaiser Permanente, in collaboration with some members of Association of Community Health Plans (AHCP), are exploring the idea of establishing a structured dialogue with consumer advocates around quality and delivery reform regulation especially as real time issues/questions arise as states structure their insurance marketplaces. The Georgetown Center on Health Insurance Reform would serve as a neutral convener and resource. Community Catalyst would facilitate involvement of state and national consumer organizations. The effort would support more in-depth and well-framed discussion around concerns, tradeoffs, etc. with in-depth subject matter information.

Health Literacy and Outreach and Enrolment - Advocates are focusing on ways to improve health literacy in their communities, such as by developing materials and collaborating with stakeholders on effective strategies. Many advocates are focusing on the needs of specific populations (Latinos, low income women, etc.) and they have been partnering with academics, insurers or hospitals to help evaluate effectiveness of materials. We will explore what Community Catalyst can do to bring this to the next level we are considering doing in-depth focus groups dive deeply into what will work with different key populations. We will explore collaborative research and piloting opportunities as well as potential partnerships with plans and providers. This might involve field engagement with some state advocates and/or state exchanges to pilot and test what works.

Enhanced Support to Enrollment Specialists - Community Catalyst has been in recent discussions with leaders at Health and Human Services (HHS) about a government contract to provide enhanced support to a wide-range of enrollment specialists. This work would consist of three primary components: 1) enhancing the trainings for enrollment assisters (Navigators and Certified Application Counselors), 2) providing technical assistance, training, and enhanced support for enrollment assisters, -- one component of this would be *In the Loop*, and 3) supporting the call centre designed to answer questions from enrollment assisters. There may also be an opportunity to develop a relationship with a partner(s) who can provide similar technical assistance and support for insurance agents and brokers, as HHS believes it is important to provide parallel support programs for both non-profit assisters and agents and brokers.

This is a significant opportunity that builds off our current outreach and enrollment work. It will allow us to carry out our strategic vision by diversifying our funding streams, enhancing capacity in the states and building our DC presence.

On-going Incubation Ideas

In the Loop – Next Generation. Recently HCFA has received support from the Blue Cross Blue Shield Foundation of Mass to create a Mass focused mini-loop targeted. We continue to explore expanding the approach to state exchange in Minnesota and Rhode Island. We are also discussing expanding the ITL approach to working with the dually eligible population.

Payment for Outcomes. Working with Norb Goldfield and Kavita Patel, Michael Miller has led an initiative to get Medicaid to promote payment outcomes. Currently, we do not have support for this effort but it might be built into a larger initiative in the future.

Criminal Justice and Health Care - State advocates have developed new partnerships with criminal justice advocates around community re-entry as well as drug courts and other programs designed to keep people out of jail. There is also potential to make stronger connections with prison diversion efforts. We are exploring ways to promote best practices in outreach, enrollment and education. We will also seek ways to address the effectiveness and quality of benefits and services provided to these populations.



Memorandum

DATE: March 2015
TO: Board of Directors
FR: Amy Rosenthal
RE: External Affairs Update: Opportunity for Federal Contract

The Department of Health and Human Services is currently thinking about ways to improve the ACA open enrollment process. They have held several small, senior-level meetings with a variety of stakeholders to discuss improvements that can be made to the enrollment process in general and their work in particular. One area where they are interested in making improvements relates to the work of and support for enrollment assisters. Community Catalyst has been part of several of these group conversations.

In addition, Community Catalyst has been having parallel conversations with the leadership of the Consumer Support Group at HHS's Consumer Information and Insurance Oversight (CCIIO), the agency within HHS tasked with supporting enrollment assisters. I approached their director to ask for federal funding for *In the Loop* for 2016 and beyond. In addition to discussing *In the Loop*, we also started to brainstorm opportunities for Community Catalyst to use its expertise – providing technical assistance to numerous health care organizations across the country, working directly with enrollment assisters like we do in Missouri, supporting Health Care for All's helpline, etc. – to contract with CCIIO/HHS to increase their bandwidth and provide robust support to enrollment assisters.

This would be a significant opportunity that will allow us to carry out our strategic vision by diversifying our funding streams, enhancing capacity in the states and building our DC presence. Because it would be a sizeable project (as proposed, it would be in the range of \$6 million per year) that would have significant funding and staffing implications for the organization, all aspects of this project would need to be thought through and challenges would need to be addressed. If this moves forward, the actual vehicle for how a Community Catalyst contract would be structured (federal contract v. subcontract) would need to be worked out.

The Opportunity

Based on several brainstorming conversations with HHS, three streams of work were identified:

1. *Initial Certification:* CCIIO currently contracts with IBM to manage the training certification technology and process for all enrollment assisters. However, IBM does not have content expertise. We are proposing that Community Catalyst provide policy expertise to improve the trainings; convene groups of national, state and local experts to provide input; and create supplemental materials to make the trainings more robust. We are also proposing that we create a set of core capacities for enrollment assisters (modeled after the CVC core capacities) to help define and tailor training materials.

2. *Ongoing Technical Assistance*: We want to leverage our vast experience and innovative model in providing technical assistance and coaching to help build and professionalize the enrollment assister community. This work would include implementing enrollment assister learning communities on a variety of topics and developing materials to meet their needs. We would also seek funding through this contract to support ***In the Loop***
3. *Assister Call Center*: CCIIO contracted with a separate firm to create and run a pilot call center to answer questions from assisters (in contrast to the national call center which supports individual consumers).

As CCIIO seeks to enhance this call center and provide greater support for enrollment assisters, Community Catalyst is well-positioned to help them do so by leveraging learnings from Health Care for All's experience operating the Massachusetts HelpLine as well as experiences from other state partners.

CCIIO recognizes the significant role that agents and brokers play in enrollment, and they are invested in providing support to them. If this contract moves forward, Community Catalyst may be asked to partner with a national organization that works with agents and brokers to provide a parallel structure of support for agents and brokers.

Alignment with Community Catalyst's Strategic Plan

As we make decisions about whether or not to pursue new opportunities, it is important to understand how aligned they are with our strategic plan. This current opportunity would help Community Catalyst achieve at least two important aspects of our strategic plan:

- *Strategic Goal 4*: Diversify our funding sources and develop a flexible pool of resources for investment in key priorities and program development
 - *Subgoal 2*: Identify streams of federal funds which could support our work and monitor the release of those funds, applying for funds directly or with partners.
- *Strategic Goal 3*: Define Community Catalyst as the next generation advocacy leader by influencing health system policies and practices to be sensitive and responsive to consumer interests and needs
 - *Subgoal 1*: Identify emerging issues that are ripe for action, forecast opportunities that are under the radar, and invest in effective and innovative strategies to address them.
 - *Subgoal 5*: Utilize our DC presence to promote our issues at the federal level.

Challenges

There are clearly a number of challenges if we move forward with this opportunity. We will need to navigate the government contract process, clearly define our technical assistance role for enrollment assisters, answer questions about how we would work with the call center contractor and think through the other entry points for providing enhanced support, etc. In addition, while we are well-versed in how to relate to the enrollment community, the agents and broker community will be a departure for us requiring us to cultivate effective and collaborative partners.

Lastly, the scope of this project could rival some of the larger projects at Community Catalyst so we would need to think strategically about how to appropriately staff and manage this work.

Next Steps

This contract opportunity would be for open enrollment 2016-2017 with the preliminary thought being that this contract would start at the end of 2015 to allow for ramp-up. We are setting up key meetings with a number of individuals in HHS so we can continue to build support and momentum for this project. Internally, we will want to ensure we have Board and SMT agreement that this project is something we want to move forward with. We will then need to diligently devise a plan for taking on this large role, managing a government contract and providing the high-level of technical assistance that we are accustomed to providing.

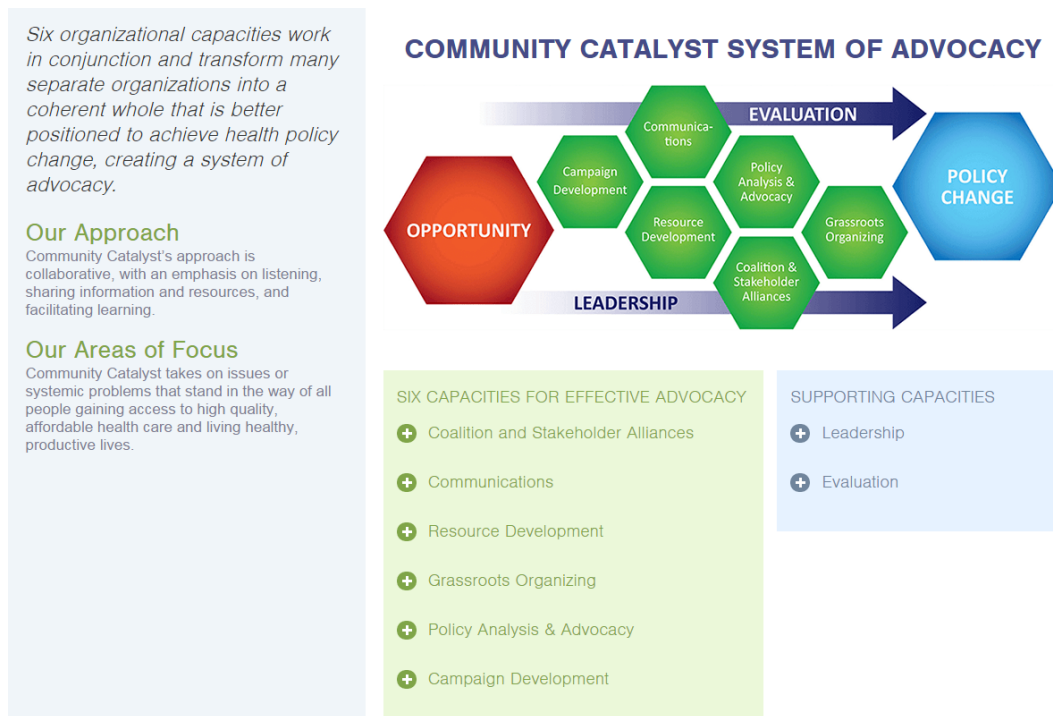
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APPLYING SUCCESSFUL COMMUNITY CATALYST STRATEGIES TO BETTER SUPPORT ENROLLMENT ASSISTERS

1. Create a “core capacity framework” for enrollment assisters

Based on a model developed by Community Catalyst which laid the groundwork for our Consumer Voice’s for Coverage (CVC) program, Community Catalyst provides technical assistance to our state partners using a set of six core capacities that state health advocates need in order to be successful in their work. We propose developing a set of core capacities that enrollment assisters should master to efficiently and effectively enroll more people and support consumers in their enrollment process. Once we establish a set of core capacities, we will have a baseline for on-going training, technical assistance and coaching. It will also enable Community Catalyst to conduct an evaluation over time on enrollment assisters’ success and growth. We believe this measurable, supportive structure will lead us to develop a cadre of professionalized enrollment assisters and better enable us to provide coaching so that assisters can master these core capacities.



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2. Empower Leadership Advisory Teams

There are many individuals across the country that have subject-matter expertise and practical experience that can help support enrollment assisters and, in turn, consumers. While Community Catalyst seeks to coordinate this project, we clearly know that we cannot take on all of this work alone and would seek out strong partnerships like we do in so many of our other projects.

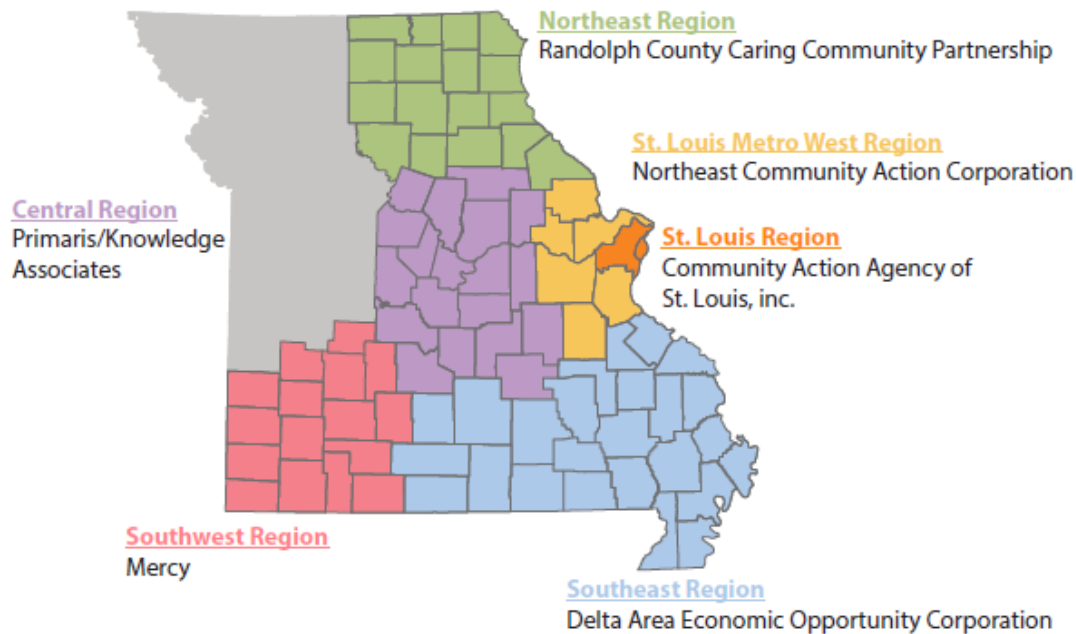
The work Community Catalyst is proposing will require expertise and support from a wide-range of partners. We have divided these partnerships into the following three categories:

- National Experts: This group of partners consists of national organizations with high levels of expertise in particular policy areas. Most of these organizations are already in regular contact with HHS and are actively engaged in efforts to support enrollment assisters. We anticipate these groups could include the Center on Budget and Policy Priorities, Georgetown Center for Health Insurance Reform, Planned Parenthood, Out2Enroll at the Center for American Progress, the National Health Law Program, the National Immigration Law Center, and Families USA.
- Enrollment Assister Advisory Group: Community Catalyst's CVC program has used an Advisory Group made up of state consumer health advocates who are funded through the project. This Advisory Group elevated issues from the ground-level up and served as our sounding board. We propose developing a similar Advisory Group of enrollment assisters from across the country for this project. Advisory Group members would rotate on and off, thus creating a number of individuals in the field who are invested in our project, have acquired insights into how the project works, and have developed a closer relationship to our organization. While the scale is significantly larger, we anticipate receiving many of the same benefits for this project and are confident it would further connect individuals on the Advisory Group with the work Community Catalyst and CClIO are doing to support them.
- State Partners: There are a number of health care groups in states who are not directly involved with enrolling individuals but play a coordinating, training or support role to those that do. As Community Catalyst seeks to provide technical assistance to individuals on the ground, we often rely on organizations like these to keep us grounded in state-based work and offer us best practices on how to support direct service providers. Examples include Illinois' HelpHub, and the Cover Missouri Coalition.

Our budget will ultimately reflect the need to provide varying levels of support to these organizations to facilitate their dedicated involvement with this work.

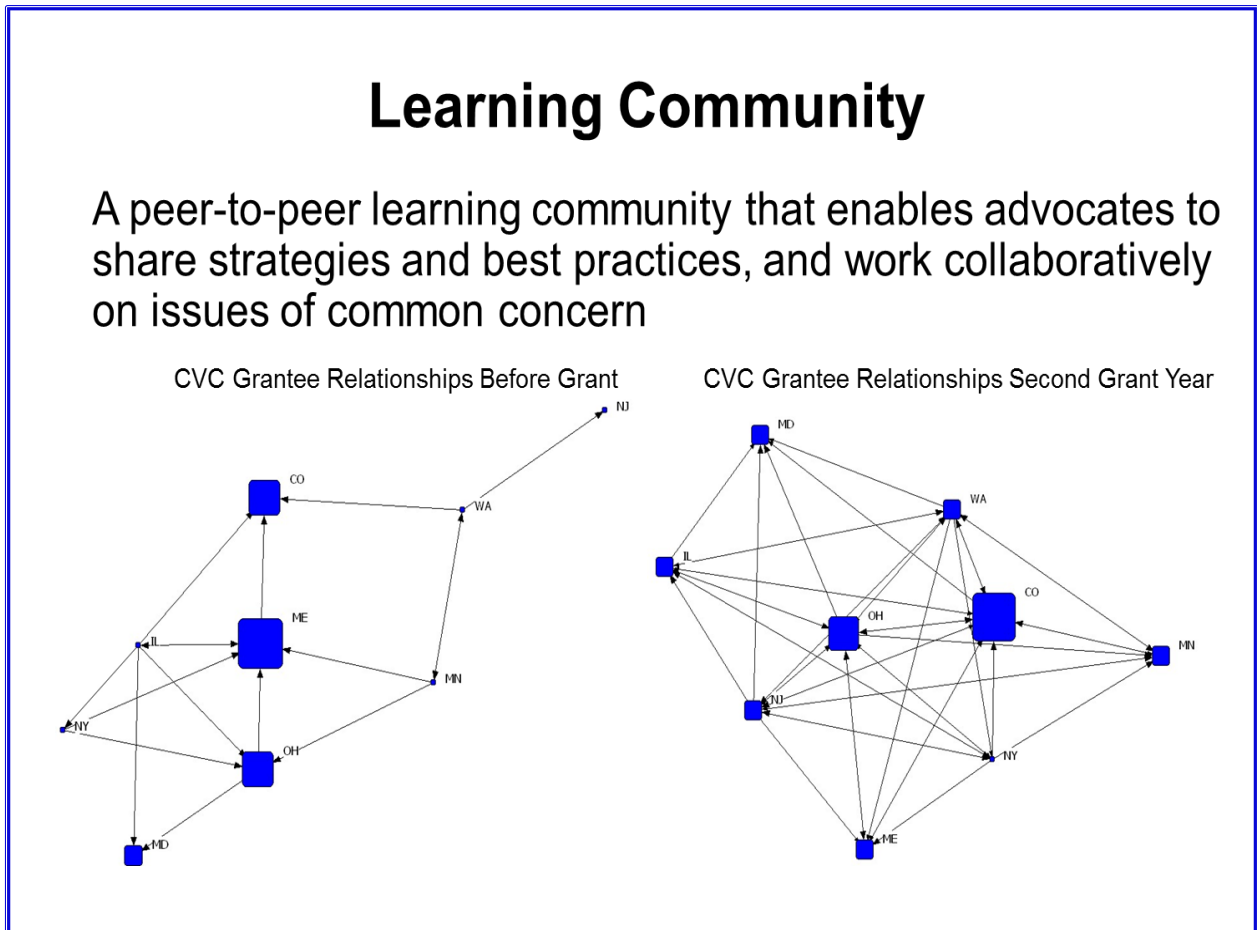
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3. Empower Regional Hubs and/or Lead Assisters: We have learned from our Cover Missouri project, *In the Loop*, and our Certified Application Counselor project that many states have either formal or informal “regional hubs” or “lead assisters.” These individuals take on a leadership role in supporting other enrollment assisters, providing training expertise, etc. We believe there is a way to capitalize on this model by creating regional hubs or lead assisters to maximize federal dollars; enhance senior-level, local support; and better enrollment assisters in their own states by further decentralizing knowledge outside of the DC Beltway. This graphic below shows the Regional Hubs for the Cover Missouri project.



4. Utilize a learning community approach: Community Catalyst has developed a robust, national peer-to-peer Learning Community with our state and local advocates. The goal of a Learning Community is to foster direct communication between individuals on the ground so they are sharing experiences and teaching each other about a wide-range of issues. These Learning Communities often require strong facilitation in the beginning (all Community Catalyst staff who facilitate Learning Communities participate in a multi-day facilitative learning course to develop these skills). However ultimately, these communities result in state partners talking to one-another without Community Catalyst’s involvement.

In 2011, Mathematica evaluated one of Community Catalyst’s projects, CVC, that utilizes this Learning Community approach. The graphic below demonstrates how communication amongst the state partners increased over the course of the grant. We believe there are ways of using this model with enrollment assisters either by region (e.g., the South), by state (e.g., Texas) or by a specialized sub-group (e.g., states that recently expanded Medicaid).





Memorandum

TO: Board of Directors
FROM: Susan Sherry, Deputy Director
DATE: March 20, 2015
RE: Program Report

Strategic Goal 1

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

Supporting the Advocacy Infrastructure

Seven states received funding for **Close the Gap (CTG)** campaigns three of which were just-in-time special grants in response to emerging opportunities. Three grants to support stronger engagement of substance use disorder partners in CTG were finalized this quarter. With an Atlanta-based staff person, Community Catalyst has had a stronger in-person presence in Southern Health Partners states providing us with more in-depth knowledge about specific state environments. A theme throughout this quarter's report is the high value and effectiveness of the communications and messaging support provided to advocates as demonstrated by their extensive use of the content and materials. The learning community among state advocates continues to be vibrant covering a wide range of topics (see charts). Community Catalyst is supporting new leadership in Colorado and Virginia and assisting in a leadership transition in Michigan. The framework for the RWJF Mathematica evaluation of the **Consumer Voices for Coverage (CVC)** program was finalized.

RWJF will be winding down the CVC program by the end of 2016. This project has had an especially long life at the Foundation. The last 2016 grant round will be at a reduced level from the current 2015 amount. We are working closely with RWJF and their communications team to carefully plan how to announce this information to the 18 grantees as well as to funders. We want to provide as much notice as possible and expect to inform advocates by April. Sustainability will be a major focus over the next two years.

Community Catalyst received 43 letters of intent in response to the **Value Advocacy Project** solicitation. Twelve organizations were invited to submit full proposals with the expectation that six will be funded. We will be analyzing all of the proposals for insights into the issue and capacity needs of state and local advocates. While a few proposals were for service programs, most directly addressed delivery system reform or health literacy.

We used this quarter to re-engage state advocates in federal issues including a discussion on the new Congressional landscape and toolkits to address King vs. Burwell. As described below under Strategic Goal #3 advocates were supported in engaging with federal policymakers on a range of specific policy issues.

ACA Implementation

The second enrollment period demanded much of the time and attention of Community Catalyst and state advocates. We continue to compile best practices in outreach and enrollment and disseminate these through blogs, videos and alerts (see chart). This is the first tax reconciliation period under the ACA so ***In The Loop (ITL)*** created a tax resource hub and developed new partnerships with two organizations with tax expertise. Given the shorter enrollment period, staff worked to provide high value and efficient support to the ***Cover Missouri Coalition***. This support included giving Missouri assisters tools to rectify problems with tax preparers that led to consumers in the Medicaid coverage gap being wrongly charged a tax penalty. ITL has provided federal officials with a memo outlining both short and longer term fixes that would enhance the enrollment process.

As noted earlier, the CTG team has actively responded to rapidly developing events in different states with grant funds and intensive technical assistance. Focus group research has enabled us to refine messages and communications strategies and state groups have proactively incorporated these results. Community Catalyst equipped advocates with new tools to fight against organized opposition from Americans for Prosperity and the Foundation for Government Accountability. Other support has included preparing advocates for waiver negotiations and strengthening collaboration with American Cancer Society and Heart Association.

Special Opportunity Funds Push TN Medicaid Debate Forward

Close the Gap special opportunity funds were quickly infused into Tennessee. Although the special session ultimately failed, our funds helped push the debate further than it otherwise would have gone and laid a strong foundation for the next round of the fight. Advocates used the funds to

- *Place 16 op eds across the state by conservative voices, such as local business leaders, the Roman Catholic Diocese of Nashville and even Alberto R. Gonzales (the former United States attorney general and counsel to the president in the George W. Bush Administration)*
- *Generate 974 grassroots calls to legislators and 1,916 emails over just a week and a half*
- *Arranged for seven witnesses – mostly working adults who fall into the coverage gap and nurses and doctors who care for this population – to testify before one or more committees, and brought dozens more to meet with their legislators. The testimony the advocates arranged was extensively covered in the print and electronic media. One had such a compelling testimony that he received standing ovation from the House Committee on Health and the gallery, including Americans for Prosperity activists.*

Private insurance market issues continued to require attention although advocate bandwidth to fully engage with these issues was limited due the demands of enrollment, CTG and King v Burwell. Community Catalyst addressed this challenge by providing template comments, actively sharing resources across states, and by developing a 2015 private insurance agenda so that advocates can better plan for the coming year.

The specific issues addressed this quarter included the revision of the NAIC network adequacy model law, Essential Health Benefits (EHB) and a range of state-specific issues such as stop-loss legislation, balance-billing and provider directories (this latter being a federal issue as well). The SUD project engaged advocates and federal officials around network adequacy and prevention

STRATEGIC GOAL #1
Build a stronger advocacy infrastructure (resources, skills, relationships) to increase the power and influence of consumers in the health system nationwide.
WEBINARS:
Impending Private Insurance Priorities: What's Coming and Where Are We Going?
"March Madness"- King v. Burwell, Taxes, and Stories
North Carolina League of Women Voters Conference Call - Close the Gap Messaging and Waiver Trends
North Carolina Community Health Center Association Conference Call - Close the Gap messaging and Waiver Trends
De-Briefing Open Enrollment Year 2
The Benefits and Payment Parameters Regulations
Coverage Options for Undocumented Consumers
Surveying the (New) Federal Landscape
Moving the ACA Conversation Forward
Preparing for 2016 Marketplaces: Timeline and Action Steps for Advocates
LEARNING COMMUNITY CALLS:
New Close the Gap Messaging Strategies: Focus on Drug and Alcohol Problems
BLOGS , PAPERS, REPORTS:
What Are You Thankful For? Proposed Regulation Around Essential Health Benefits!
So Long, Farewell. But first, a Few of my Favorite Things
It's Time to Start Talking About Essential Health Benefit Benchmark Plans!
Preparing for 2016 Marketplaces: What Can Consumer Advocates Do?
State Template Version of Closing the Coverage Gap Helps Combat Drug and Alcohol Problems
Network Adequacy Paper with NEACH
Health Equity In Focus: Outreach and Education Come First in Bhutanese Refugee Community
Thanksgiving Reflections: Open Enrollment and Children's Health
'Tis the Season for Network Adequacy
Telling the consumer assistance story: Evaluation of outreach and enrollment efforts
Health Insurance Never Sounded So Good!
Boosting Latino Coverage: Strategies for Open Enrollment 2.0
We're Calling the Play: Ready, Set, Enroll!
Making Renewals a Success
Comedy Central + Health Insurance = Enrolling in Laughter!
Two Weeks Out: New Materials for Open Enrollment
Alert with final focus group results
Memo: Legislative Language Linking Medicaid Expansion to the Approval of 1115 Waivers
FACT SHEETS:
MAGI: When to Count Dependents' Social Security Income
Marketplace & Medicaid Eligibility: What Definition of Child Applies
A Chance to Weigh in: Children's Marketplace Coverage

COMMENTS:
2016 Letter to Issuers in Federally Facilitated Marketplaces
Notice of Benefit and Payment Parameters proposed rules
MAJOR CONVENINGS:
Regional Hub Meetings (Missouri)

Strategic Goal 2

Assess and develop state and local partners’ capacity for organizing constituencies and campaigns for change.

Outreach and enrollment work continues to be an opportunity for advocates to engage more fully with a range of different constituencies. Community Catalyst's blog authored by different Navigators from across the country illustrates well the range of engagement. ITL worked with the Coalition for Immigrant Equity in Health Care to address misinformation and fraud around taxes as it relates to immigrants enabling the team to incorporate this information into the navigator network. Targeted outreach efforts around Ryan White consumers, in drug courts and with people re-entering the community from prison have deepened consumer health advocates ties with a more diverse set of organizations. The Children's Team worked closely with Ohio advocates to enhance their efforts to elevate the availability of Medicaid coverage for children of immigrant families. Playing a leadership role around this immigrant children issue is new for this state advocacy group. The Children's Team facilitated the Virginia children's advocates to initiate more direct constituency engagement through story-banking and collaboration with a grassroots organizing partner. The Cover Missouri Coalition co-hosted with the CMS Regional Office a training for assisters on how to work effectively with the Latino community.

The ***Voices for Better Health (VBH)*** paper on racial and ethnic health disparities in the dually eligible demonstration projects resulted federal officials responsible for the demonstrations reaching out to collaborate with the federal Office of Minority Health.

As a result of an internal evaluation including a staff survey, the Community Catalyst Health Equity Team has revamped how it operates and in the coming year will play an internal advisory/technical assistance role to program staff around health equity related issues.

Strategic Goal 3

Define Community Catalyst as the next generation advocacy leader by influencing health system policies and practices to be sensitive and responsive to consumer interests and needs.

"The Path to a People-Centered Health System/Next Generation Consumer Health Advocacy" report was released in January. The release was well-timed in a number of ways -- with the end of open enrollment advocates attention started to turn to delivery system issues; the report helped inform the thinking of state advocates as they responded to the Value Advocacy Project Letter of Intent; and, a forthcoming Grantmakers In Health report documents growing funder interest in this area and the need for more strategic thinking about how best to engage around these issues.

The Children's team has worked closely with state advocates and local funders around the renewal of CHIP at the federal level offering messaging tools, strategic advice and support for effective engagement with federal policymakers. Efforts to include children's hospitals/providers as Essential Community Providers beginning in 2017 were successful.

The IRS issued final hospital community benefit regulations on December 29th requiring the **Hospital Accountability Project (HAP)** to quickly analyze the regs and reach out to press and advocates. While not achieving all we desired, it is clear that Community Catalyst had a huge impact on the final rules, in effect, moving the IRS from tax enforcement to consumer protection. While the financial assistance provisions are receiving much attention there is minimal interest from current funders in this important area. The HAP team has continued its efforts on the community health aspects of community benefits pursuing collaborations with national partners focused on community and economic development and social determinants of health. Staff continue collaboration with George Washington University testing with community groups their pilot 990H tool that analyzes hospital 990 financial reports. The HAP team is now focused on developing the next generation of community benefit work and seeking funding partners to pursue this.

In the face of intense opposition from organized dentistry, the **Dental Access Project** continued to press the case for mid-level dental therapists on multiple fronts. (It is of note that, historically, scope-of-practice fights have a ten-year time horizon for an initial breakthrough.) Following unprecedented levels of public comment orchestrated by the Project, the Council On Dental Accreditation adopted accreditation standards for dental therapists taking an important step forward to establishing educational programs. A meeting of community colleges helped to build support and leadership for establishment of dental therapist training programs. Efforts to make the economic case for dental therapists to FQHCs continued. State legislative sessions are in full swing with stepped up levels of ADA opposition. While we do not expect any state to pass legislation this year we do see increasing levels of public support. The willingness of the WK Kellogg Foundation to sustain its commitment for these long haul state fights will be a critical factor in the strategic decisions state advocates must make in the next year.

The **Substance Use Disorder (SUD) Project** has been active at both the state and federal levels. As a result of Community Catalyst's advocacy proposed bi-partisan federal legislation to address the opioid epidemic incorporates a strong prevention focus making Screening Brief Intervention Referral and Treatment (SBIRT) a priority area under State Demonstration Grants. After learning of problems with the definition of medical frailty in some state Medicaid programs, staff sent federal officials recommendations for stronger federal guidance. At the state level, new SUD partners continue to join Medicaid expansion fights with advocates utilizing the new CTG/SUD messaging platform. A number of states received more intensive technical assistance for their SBIRT campaigns including support around fundraising to meet the required match.

Growing Partnerships in Substance Use Disorders

The SUD team continues to develop new and deepen existing partnerships in this important issue area. Staff are actively exploring collaboration with NAMI and the National Association of County Behavioral Health & Developmental Disability Directors. The team deepened connections and advocacy collaboration with Trust for America's Health. Community Catalyst launched a partnership with the Kennedy Forum on parity and benefit issues, particularly in private insurance. The relationship with Faces & Voices of Recovery was rekindled through engagement with the new executive director.

The SUD team is increasingly focused on behavioral health parity.

The **Voices for Better Health (VBH)** Project faced a number of challenges. As more duals demonstrations launched more problems arose (e.g. personal care attendants not being paid for months, inadequate provider participation, care disruptions, etc.) To meet the challenge of presenting a balanced view of the risks and opportunities associated with the demonstrations a new messaging platform was developed for state and national advocates. VBH identified a set of common concerns across demonstration sites and raised these with the federal Medicare-Medicaid Coordination Office (MMCO) including organizing an in-person/phone meeting with 20 advocates across 7 states.

An Integrated Health Network in St. Louis, MO invited Community Catalyst to be part of a federal proposal in which we would structure and support community engagement in this safety net health system. VBH staff in collaboration with our Missouri team crafted this proposal. Following a stellar evaluation of VBH's geriatrics collaboration project, VBH was invited to submit an expanded renewal. Similar to the SUD/health advocate collaborations, this type of provider/advocate partnership is likely to be a key strategy for future work on delivery system reform.

The **Roadmaps to Health** Community Grants Program is wrapping up. The focus is on final materials including lessons learned, community spotlights and final grantee reports. Maintaining relations with former grantees has also been a priority. The program staff have worked hard to extract and convey learning that is relevant to Community Catalyst's overall approach to technical assistance and community engagement. Staff presentations have proven to be the most effective tool for doing so. As Community Catalyst engages more with issues of population health these lessons will be especially important.

STRATEGIC GOAL #3
Influence health system policies and practices to be sensitive and responsive to consumer interests and needs.
WEBINARS:
Dual Demonstration Ombudsman Offices
Budget Projections for Expansion of Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Schools
Highlights from State Screening, Brief Intervention, and Referral to Treatment (SBIRT) Work
Closing the Coverage Gap Helps Combat Drug and Alcohol Problems
Guidance for Advocates: Identifying Parity Violations & Taking Action
The Smart Shopper's Guide to Medicaid Managed Care Plans
BLOGS, PAPERS, REPORTS:
It's a New year, so Let's Renew Our Commitment to CHIP
Literature review on impact of length of training on nurse practice settings
Procedure Analysis of Dental therapists in Federally Qualified Health Center (FQHC) Settings
Economic Impact of Dental Therapist - Beginning Stages
Impact of Length of Training on Nurse Practice Settings
TOOLKITS:
Eldercare Workforce Alliance Toolkit
Curbing Substance Use Among Young People: Ask them. They Want to Talk.
FACT SHEETS:
Council On Dental Accreditation CODA Dental Therapy Accreditation

One-pager on True Talk project
Updated CHIP Messaging and FAQ resource
COMMENT LETTERS:
Recommendations to CMS for More Guidance to State Medicaid Programs on Medical Frailty
SPEAKING ENGAGEMENTS:
Building Public Will Through Media/Social Media
Integrated Care for Dual Eligibles: Importance of Consumer Engagement (Medicaid Managed Care Summit)
Herding Cats: Building and Maintaining Successful Stakeholder Groups
MAJOR CONVENINGS :
Community College Meeting on Dental Therapists
Dental Therapy National Project Planning Meeting February 6 th Gainesville
Florida Student Dental Association Meetings
Substance Use and Mental Health Networking Breakfast at Health Action Conference

ACA Implementation Fund Grants 2015 - 2016

JACQUIE ANDERSON
CHIEF OPERATING OFFICER



ACA Implementation Fund Meeting
February 20, 2015
New York, New York

Strategic Issues



Strategic Issues

Closing the (Medicaid/Coverage) Gap

- A critical priority in terms of racial, ethnic and economic health disparities and economic security for lower income people.
- Close the coverage gap, by insuring that states accept the federal dollars set aside to extend Medicaid to low-income adults, and
- In states that expand Medicaid through a waiver, to insure the waiver does not undermine the goal of covering more low-income, uninsured individuals, and minimizes barriers to access including financial or other burdens.

Health System Transformation

- The finance and delivery reforms' success will strongly affect sustainability for the new coverage provisions of the ACA.
- A well-supported consumer agenda on health system transformation along with best practice models for engaging providers, consumers and health plans;
- Mobilized senior and vulnerable older adult constituency groups (caregivers, disabled, minority and low income), with consumer leaders from these groups engaged in health system transformation;
- Increased consumer involvement in the design and implementation of health system transformation at the policy and/or delivery system level

Strategic Issues (cont.)

Marketplace Issues

- Insurers are responding to increased competitive pressure by taking actions that will impact the ability of people to obtain care (narrow networks, changing benefit designs, employ selective marketing)
- King vs Burwell: potential issue depending on the outcome of the Supreme Court decision

“Fix the ACA” A Communication Approach

- Americans want Congress to improve the law rather than repeal it.
- We need to frame the discussion to protect the law by focusing on what needs to be fixed.
- Messaging for positive improvements to the ACA and against negative “fixes” being pursued by opponents of reform.

The Strategic Approach

Closing the (Medicaid/Coverage) Gap

- A strong campaign approach with the expectation to adjust to a rapidly changing environment
 - Legislative advocacy (includes legislative rapid response, grassroots lobbying and direct lobbying) paid with C4 dollars from the CCAF
 - Policy research
 - Communications (including earned, social and paid media)
 - Public education, organizing and mobilizing
 - Convening and coordinating a broad base of partners

Marketplace and Health System Transformation

- The level of attention to each strategy will differ, but will include:
 - Coalition building/relationship development
 - Communications/message development
 - Communication: earned, paid and social media work
 - Grassroots mobilization and engagement
 - Policy advocacy

Target Constituencies



Potential Target States



Preliminary Thinking on Potential Target States

Closing the (Medicaid/Coverage) Gap

- Alabama, Florida, Georgia, North Carolina, Tennessee, Texas, Louisiana*, Utah, Maine, Nebraska, New Hampshire, Arkansas

Health System Transformation

- Maryland, Alabama, Oregon, Massachusetts, Michigan, New York, Ohio, Rhode island, Washington

Marketplace Issues

- Colorado, Minnesota, Washington, Oregon, Massachusetts, New York

Fix it Pilot States

- ???

Affordable Care Act Implementation Fund 2014-2015

State	Organization	Grant Amount
Close the Coverage Gap		
FL	Florida CHAIN	\$300,000
GA	Georgians for a Healthy Future	\$100,000
ID	Mountain States Group, Inc	\$50,000
ME	Maine Equal Justice Partners	\$75,000
MT	Montana Women Vote	\$70,000
MT	Montana Women Vote	\$40,000
MT	Montana Women Vote - SOCF	\$20,000
NE	Nebraska Appleseed	\$100,000
NH	New Hampshire Voices for Health	\$50,000
NC	North Carolina Justice Center	\$50,000
PA	Pennsylvania Health Access Network	\$100,000
TN	Tennessee Justice Center - SOCF	\$26,860
TX	Center for Public Policy Priorities	\$200,000
UT	Utah Health Policy Project	\$100,000
UT	Utah Health Policy Project -SOCF	\$50,000
VA	The Commonwealth Institute	\$150,000
TOTALS		\$1,481,860
Telling the Story of ACA Success		
AR	Arkansas Advocates for Children and Families	\$70,000
CA	Health Access California	\$70,000
CO	Colorado Consumer Health Initiative	\$100,000
KY	Kentucky Voices for Health	\$70,000
NY	Community Service Society of New York	\$100,000
MN	TakeAction Minnesota	\$100,000
WA	Washington CAN	\$100,000
TOTALS		\$610,000
Health System Transformation		
AL	Arise Citizens' Policy Project	\$100,000
MD	Maryland Consumer Health Initiative	\$125,000
MA	Health Care for All	\$50,000
MA	Boston Center for Independent Living	\$75,000
OH	UHCAN Ohio - SOF	\$10,000
OR	OSPIRG Foundation	\$125,000
RI	Rhode Island Organizing Project -SOF	\$12,000
WA	Northwest Health Law Advocates -SOF	\$5,000
TOTALS		\$502,000
SOF -LGBT		
AL	Arise Citizens' Policy Project	\$25,000
AR	Arkansas Advocates for Children and Families	\$25,000
GA	Georgians for a Healthy Future	\$25,000
MI	Michigan Consumers for Healthcare	\$24,985
MN	OutFront Minnesota	\$24,953
NY	Raising Women's Voices/Merger Watch	\$25,000
SC	Palmetto Project	\$25,000
TN	Tennessee Health Care Campaign	\$28,000
TX	Center for Public Policy Priorities	\$33,000
UT	Campaign Utah Health Policy Project	\$25,000
TOTALS		\$260,938
Total Funded to State Partners		\$2,854,798



Memorandum

TO: BOARD OF DIRECTORS
FROM: DIANE M. FELICIO, PH.D., DIRECTOR OF DEVELOPMENT
DATE: MARCH 2015
RE: QUARTERLY REPORT ON DEVELOPMENT ACTIVITIES

The following is a summary and analysis of activities during the first quarter of 2015. January in particular was marked by a series of final, quick-paced activities associated with The Atlantic Philanthropies grant¹ and preparing our program officer, Sara Kay for her presentations to the foundation president, Chris Oechsli (in January) and to the Atlantic Board (March 8-9). The first quarter is typically a busy proposal and reporting time for Community Catalyst given the timing of many of our grants. By the end of March we will have submitted twelve reports and thirteen proposals. This is also the time of year when we finalize our year-end (2014) fundraising results for the Catalyst Fund, and this year marks the very first time we will be launching a spring appeal which is already well underway and due to be mailed on/around March 4.

FOUNDATION AND PROGRAM HIGHLIGHTS

Proposals and Reports Submitted

	FY15	FY14	FY13	FY12	FY11
Proposals	13	26	40	36	28
Reports	12	66	48	49	41

- **On Message** – Now that On Message is fully integrated into Community Catalyst we are actively fundraising to support its sustainability. As the Board is aware from the presentation Kathy Melley and her team gave at the December meeting, we have been working closely with Michael Perry of PerryUndem on a series of focus groups and polling about the ACA. Our objective is to collect information that will help ready advocates for the purported “fixes” opposition groups will be proposing to the ACA. We have secured a generous, \$50,000 challenge grant from Phil Villers to support this work. We have reached out to other funders—the Wyss Foundation, The California Endowment, Missouri Foundation for Health, to name a few. We have sparks of interest, but have yet to formally secure additional resources. The challenge funds will be released upon the match being met. Any leads or support from the Board on this item would be most appreciated.

¹ An update on the AP grant is included under separate cover as a joint memo with Finance.

- **In the Loop (ITL):** Following some excellent networking and follow-up, we were very pleased to be invited by the Ford Foundation, for what we truly believe will be the last time, to request an additional \$500,000 for ITL (plus an additional \$500,000 for our partner organization NHeLP). Our proposal with Ford was submitted and is pending final approval. Further, Amy will provide the details, but we are in the early stages of pursuing a potential, large-scale contract with HHS to provide ITL-type support to enrollment assisters and others. Despite repeated efforts, we have yet to secure a call with Bob Kocher from Castlight Health. Board members may recall that we first identified this opportunity to network with this software/venture expert at our September meeting. Wendy and Kavita were instrumental in getting ITL on Castlight’s radar and we have a presentation ready to go. Unfortunately, scheduling (and rescheduling) has been dreadful.
- **Hospital Accountability Project (HAP):** I reported in December 2014 that we had several irons in the fire for HAP, but no funding raised to date. Since then, we were invited to submit a proposal to the Kresge Foundation. Kresge has been HAP’s core stream of support, so we were very excited to receive the news. We have a proposal under consideration for \$600,000 over three years to fund the development of a Community Benefit Scorecard, to continue our efforts with community pilot sites, to formalize connections with anchor institution and delivery system reform networks, and continue our relationship with Treasury to assure the IRS regulations have their full impact. Furthermore, we have an invited proposal under review with the Annie E. Casey Foundation. We were asked to propose three options: what we would do with \$50, \$75, and \$100K, respectively.
- **Close the Gap:** We have been invited by the Wyss Foundation to submit a proposal to continue our work on Medicaid expansion. We will be negotiating the details over the next month or so.
- **ACA Implementation Fund Update**

	Contributions to the ACA Implementation Fund by National Organizations						
	2011	2012	2013	(in thousands)		Total	2016
				2014	2015		
The Nathan Cummings Foundation	\$500	\$500	\$500	\$150		\$1,650	
CVS Caremark			\$75	\$15		\$90	
Ford Foundation	\$500	\$500	\$500			\$1,500	
HJW Foundation	\$500	\$500	\$500			\$1,500	
HJW Foundation (Medicaid Expansion)				2,150		2,150	Proposal invited
Langeloth Foundation	\$500	\$400	\$400	\$400		\$1,700	Proposal submitted
The Atlantic Philanthropies (\$2M/4yrs)	\$500	\$500	\$500	\$500	\$500	\$2,500	
Rockefeller Foundation	\$200					\$200	
Wellspring Advisors		\$80,625	\$100	\$150		\$330,625	Proposal invited

The California Endowment	\$300	\$300	\$300			\$900	
Total	\$3,000	\$2,780,625	\$2,875	\$3,365	\$500	\$12,520,625	

THE CATALYST FUND

Background/Reminder: In July 2012 we contracted with M+R Strategic Services to assess and make recommendations about an individual giving program at Community Catalyst. We knew from the start that we were not aiming to have an individual giving program to rival our foundation work, or even what we were beginning to expect could be a greater emphasis on federal funds and fee-for-service. Our goal was to remove from our list of considerations fundraising approaches that we did not believe would prove fruitful and launch those that would. As a reminder, the first Catalyst Fund appeal was in December 2010.

In short, M+R concluded that: 1. Community Catalyst should not pursue a robust online fundraising strategy; 2. there was value in focusing on the cultivation and stewardship of high-net worth individuals; and 3. targeted outreach (e.g., through house parties) in order to grow our individual donor base at a slow, but steady pace, could prove fruitful.

2014 Catalyst Fund Appeal

- Since 2010 we’ve grown our Catalyst Fund solicitation list from 147 to nearly 600 people. This growth was due in large part to two events in 2013: the 15th anniversary event and party at Wendy Warring’s home.
- The 2014 appeal raised, to date, \$96,522 from 75 donors. (Half of this total is from one donor)
- As predicted, this is significantly reduced from the \$286,000 we raised in 2013 (as a result of the anniversary event and house party), and about the same as we raised in 2012. The difference, however, is that this year we will be following up the year-end appeal with a spring appeal to try to capture additional contributions (see below).
- Other than the anniversary, 75 is the highest number of individual donors we have had in any given year.
- Twelve donors increased their giving relative to previous years, 31 decreased (which we would expect after an event year when people tend to give more), and we had 17 new donors.
- Three gifts we expected but did not get would have added another \$20,000 to our total. I am noting these here to show that the total dollar amount raised is quite affected by the loss of just a small number of five-figure gifts. Losing donors is to be expected. No person or organization gives - or gives at the same level – indefinitely, that’s why it is important to always have a robust pipeline of new donors to, ideally, absorb any losses and add to the overall bottom line. We are not quite there yet. The three changes were as follows:
 1. \$10,000 from BCBSMA that we received in years past but they stopped gifting in 2014;
 2. An individual donor who had given \$10,000+ previously gave \$5,000 this year;
 3. An individual donor pledged \$5,000 but that gift has yet to be realized.

Community Catalyst is a national non-profit advocacy organization building consumer and community leadership to transform the American health care system.
www.communitycatalyst.org

- Eleven board members were asked to give. Of those, nine have given and two have made pledges to give. As a practice, we do not ask Board members voted onto the Board just prior to the year-end appeal to give in that calendar year.

2015 Outreach & Stewardship – With the hiring of a new assistant director of development, Tory Stephens, in November 2014, we have already made improvements in our donor outreach, with more to come in 2015. Most notably, on March 10th we launched our first ever spring appeal. We have two goals for this appeal: 1. to pick up donors who have given previously but did not give at year’s end, and 2. to see if we can attract more new donors.

So far, we are working on two events for 2015: a house party in Atlanta (with help from Anton Gunn), and our annual breakfast in Boston in October. We have our sights set on an event in Washington, DC and would like to target other areas of the country, as well.



Memorandum

DATE: March 2015
TO: Board of Directors
FR: Kathy Melley
RE: Quarterly Report – Q1 2015

Related Strategic Plan Goals:

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

This quarter, communications technical assistance to state advocates centered on efforts to boost ACA enrollment in the second sign-up period, prepare for the King v. Burwell Supreme Court oral arguments and continue efforts to close the coverage gap in 13 states.

Outreach, Education and Enrollment:

We worked closely with the OEE and Public Education teams on a variety of communications materials designed to maximize enrollment efforts including messages emphasizing the availability of tax credits to reduce the cost of coverage, a template op-ed to be tailored to advocates' local markets, and social media content.

To remind people about enrollment strategies that work even in the most challenging environments, we turned the ***Getting to Covered: Southern Enrollment Stories*** video featuring Alabama, Florida and North Carolina into three separate, more detailed state-specific videos. Advocates in those states are using the videos to promote enrollment and to show funders how they have been successful. We continue to receive very positive feedback about the videos from HHS, the White House, the advocacy community and national and state funders.

We launched an aggressive Valentine's-themed social media campaign to coincide with the mid-February enrollment deadline. Content was designed for use by advocates and enrollers to reiterate key messages about the ease of enrollment. The content, featuring characters from popular media and famous love stories, performed well across Community Catalyst's social channels. The six graphics were shared 21 times on Facebook by partner organizations and consumers. The posts reached nearly 4,000 Facebook users. The most popular posts were posts that included images of popular characters on the TV shows "Scandal" and "Modern Family" (see below).



Fall in love with health coverage by 2/15 & #GetCoveredNow. Every modern family needs quality, affordable insurance.



In total, the videos and Valentine’s Day campaign made more than 8,548 impressions on Facebook across eight posts. In total, our tweets on the videos and campaign images were retweeted 97 times and favorited 42 times. These posts gained above average reach – the videos and the Scandal image (above) account for four of our top five most popular posts this quarter.

Lastly, in anticipation of blowback from consumers and negative press about “reconciliation” (people who received tax credits to purchase coverage and find through their tax return they have underpaid owe the IRS that additional subsidy), we armed advocates with messages to educate consumers and combat negative media or misinformation. We also organized a Learning Community call on focus groups Michael Perry of Perry/Undem Research conducted on reconciliation.

King v. Burwell

Working closely with our colleagues on the Public Education team and our national partners to ensure the pro-ACA community is aligned in its communications strategy around the Supreme Court case, the Communications team took the lead on development and dissemination of “toolkit” materials, including talking points, guidance for planning media events, reaching out to editorial boards and creating story graphics, and a template press release and an op-ed.

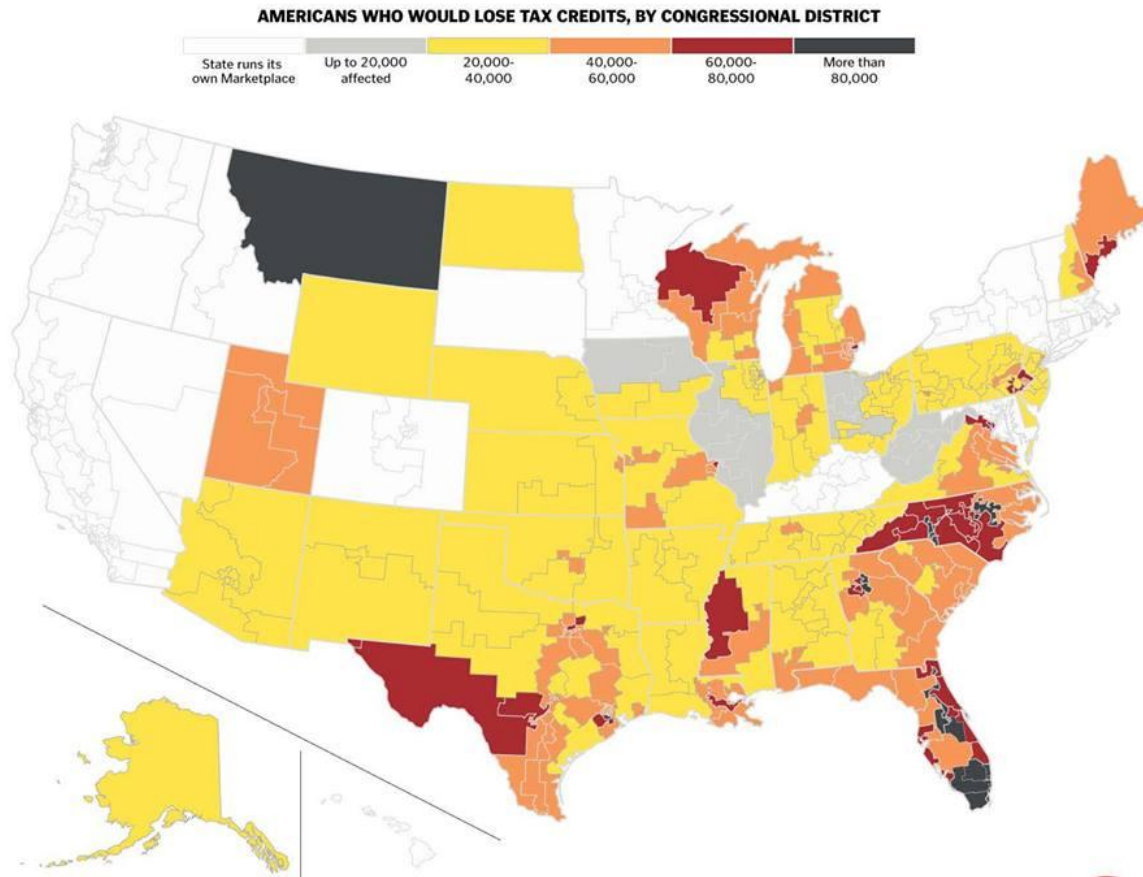
Communications team members presented King v. Burwell talking points on state partner coalition calls in Michigan, New York and Pennsylvania. We also worked with state groups to identify stories of consumers who would be negatively impacted by an adverse Court decision, and two of the consumers we referred were featured in a *Washington Post* story on potential fallout from the case. This was an impactful story as it was the first of many to follow that showed the toll this decision could take on real people. It was widely circulated in news and social media circles. *The Post* is also an outlet that members of the Supreme Court pay attention to.

The day before and day of oral arguments we broadly disseminated via email and social media a “heat map” infographic (below) we created that shows by Congressional district how many individuals stand to lose tax credits after an adverse Court decision. In addition to the national heat map, we created five heat maps for target states – Florida, Ohio, Pennsylvania, Tennessee and Texas. Our initial Facebook post on the map was shared 54 times and liked 30 times on Community Catalyst’s post and 78 times on

shared posts. Our map reached 4,520 Facebook users – our most popular post of the past quarter. Tweets about the heat map were retweeted 43 times and favorited 12 times.

Affordable Health Coverage at Risk: A Closer Look at the Impact

The Affordable Care Act has helped more than 23 million people gain access to quality health care coverage. Tax credits help ensure that coverage is affordable for hard working consumers who buy coverage through HealthCare.Gov. Unfortunately, a lawsuit before the Supreme Court would take that financial help away.



HERE'S WHAT'S AT STAKE: 13 MILLION AMERICANS WOULD LOSE MORE THAN \$65 BILLION IN TAX CREDITS - PUTTING HEALTH COVERAGE OUT OF REACH FOR MOST.



Close the Gap Campaign

We completed focus group research in key states with Michael Perry and our campaign colleagues from Georgetown Center for Children and Families and the Center of Budget and Public Priorities. Lucy Dagneau, our point person on the CTG team, presented initial research findings at the Families USA conference and at an Alabama CTG coalition meeting.

We drafted a statement by Rob Restuccia about Indiana's proposed plan to close the coverage gap, and both the *New York Times* and *Kaiser Health News* ran stories that quoted Rob cautioning the Obama Administration about allowing other states to adopt similar plans, which could have negative consequences for consumers. The stories caught the attention of the Administration, which was our primary goal.

#3: Define Community Catalyst as the next generation advocacy leader by influencing health system policies and practices to be sensitive and responsive to consumer interests and needs

The Communications team played an active role in the Health System Transformation paper and the proposal to The Atlantic Philanthropies.

The Path to a People-Centered Health System: Next-Generation Consumer Advocacy

We worked with the HST report team and our graphic designer to create a cover and layout for the report, to finalize copy and to produce the reports. We also developed a report dissemination plan that included a cover letter from Susan Sherry tailored to state advocate, funder and health opinion leader audiences as well as letters to accompany print copies of the report. We are working on a series of report one-pagers targeted at foundation funders that highlight how health system transformation affects specific populations (older adults) and connects to health issues (e.g. health disparities). The one-pagers can be used in funder briefings.

Since the report's public rollout, the landing page for the report has been visited 1,255 times. The PDF of the report has been downloaded 529 times and the executive summary has been downloaded 297 times. The release email that we sent to our newsletter list was opened by more than 30 percent of recipients (1,496/4,905) and 375 recipients clicked on the link (7.6 percent). The version of the release email that we sent to funders had a 29 percent open rate (123/424) and 51 click-throughs (9 percent) to the report. The open and click-through rates are impressive, both in comparison to other Community Catalyst mailings and industry standard. The benchmark open rate (according to M+R's annual benchmark study) is 13 percent for advocacy emails. The benchmark click thru rate is 2.9 percent. Both emails far surpass these industry standards.

Funding Proposal to Atlantic Philanthropies

We drafted the Communications strategy and expected outcomes for the Atlantic proposal that focus on positioning Community Catalyst as a leader on HST issues and in supporting the work of the Center and state advocates through communications. We are currently developing a grant announcement strategy, talking points and press release, and working with Diane Felicio on an implementation plan.

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

On Message Project

The *On Message Project* continues to build our organizational capacity to provide valued opinion research and messaging and communications tools to state and national health advocates and policymakers. Our work this quarter also supports strategic goals #1 (*stronger state advocacy infrastructure*) and #4 (*diversifying funding sources*). Over the past few months we have focused on fundraising for the project, and we have received a \$50,000 challenge grant from Phil Villers. With Phil's support and funding from the Atlantic Philanthropies grant we plan to move forward with another round of focus groups that build off of the "fixes" work we did last Fall.

To boost readership and strengthen the *On Message Today* daily news summary, we added a weekly news analysis feature called "The Takeaway," and we have invited our state advocate partners to use the clips as a template to which they can add their own local content. Thus far, Georgia and Illinois are moving forward with sharing the news content with their networks. *On Message Today* readership has also increased from nearly 2,000 last April to nearly 2,500 in February.

Lastly, we hosted a Learning Community with Mike Perry to brief state advocates on our fixes focus group research and talk about how they could integrate messaging into their work moving forward. In addition, we met with a smaller group of state advocate leaders (AL, GA, MN, UT) at the Families USA conference to brief them on the project and fixes research to get their input about how the project can support their work moving forward.

Media Coverage (see attached document)

Our efforts to raise the visibility of Community Catalyst, our project work and our staff expertise through media coverage were very fruitful last quarter. Our statement on the hospital financial assistance regulations sparked the interest of Robert Pear at the *New York Times* and led to an article that prominently featured HAP's Jessica Curtis. *The Times* piece spurred coverage in *USA Today*.

Our work to build relationships with reporters at key media outlets led the *Washington Post* to come to us and interview Michael Miller for the story on the impact of an adverse decision in *King v. Burwell* (see *King v. Burwell* above). Michael was quoted in the story.

COMMUNITY CATALYST PRESS HITS
December 2014 – February 2015

December 12, 2014: *Modern Healthcare*, Pricey 'Breakthrough' Drugs Confound Medicaid Rate Setting
<http://www.modernhealthcare.com/article/20141212/NEWS/312129961/pricey-breakthrough-drugs-confound-medicaid-rate-setting>

January 8, 2015: *Georgia Health News*, Workers Face Increased Burden On Health Costs
<http://www.georgiahealthnews.com/2015/01/georgia-workers-face-increased-burden-health-costs/>

January 11, 2015: *The New York Times*, New Rules to Limit Tactics on Hospitals' Fee Collections
<http://www.nytimes.com/2015/01/12/us/politics/new-rules-to-limit-tactics-on-hospitals-fee-collections.html>

January 20, 2015: *Washington Examiner*, Liberals Look Past Obamacare
<http://www.washingtonexaminer.com/liberals-look-past-obamacare/article/2558901>

January 26, 2015: *The Pew Charitable Trusts*, Many African-Americans Fall Into a Health 'Coverage Gap'
http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/1/26/many-african-americans-fall-into-a-health--coverage-gap?utm_campaign=2015-01-26-Stateline%20Daily&utm_medium=email&utm_source=Eloqua

January 27, 2015: *The New York Times*, Indiana Will Allow Entry to Medicaid for a Price
<http://www.nytimes.com/2015/01/28/us/politics/indiana-will-allow-entry-to-medicaid-for-a-price.html>

January 28, 2015: *Kaiser Health News*, Indiana Medicaid Expansion May tempt Other GOP-Led States
<http://kaiserhealthnews.org/news/indiana-medicaid-expansion-may-tempt-other-gop-led-states/>

February 1, 2015: *Kaiser Health News*, Consumers Still Struggling with Medical Debt
<http://www.usatoday.com/story/news/2015/02/01/consumers-still-struggling-with-medical-debt/22587749/>

February 16, 2015: *The Washington Post*, Millions at Risk of Losing Coverage as Justices Take Up Challenge to Obamacare
http://www.washingtonpost.com/national/health-science/millions-at-risk-of-losing-coverage-in-supreme-court-health-law-case/2015/02/16/0597f6aa-ae50-11e4-ad71-7b9eba0f87d6_story.html

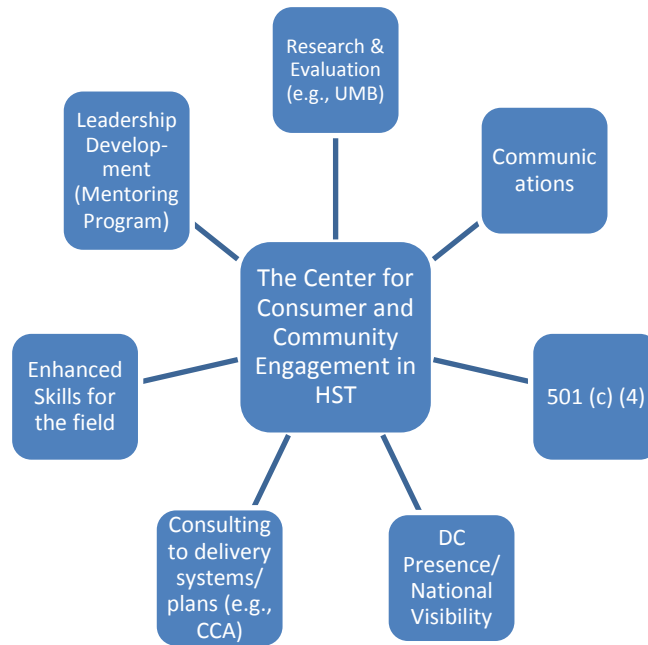
February 18, 2015: *Kaiser Health News*, States Add Dental Coverage For Adults On Medicaid But Struggle to Meet Demand
<http://kaiserhealthnews.org/news/states-add-dental-coverage-for-adults-on-medicaid-but-struggle-to-meet-demand/>

February 26, 2015: *HealthDay Reporter*, Fewer Americans Burdened By Medical Bills
<http://www.wtvm.com/story/28208585/fewer-americans-burdened-by-medical-bills>

DATE: March 2015
TO: Board of Directors
FR: Jacquie Anderson, Rosemarie Boardman and Diane Felicio
RE: ATLANTIC PHILANTHROPIES GRANT

Overview: The Center for Consumer and Community Engagement in Health System Transformation

The graphic and summary content below reflect the elements of our proposal to The Atlantic Philanthropies. All content is the same as discussed with the Board during our conversations throughout the proposal development and writing process.



Enhanced Skills for the Field: Consumers and advocates are often at a disadvantage in health system transformation debates because they do not have the technical or business skills necessary to fully participate in critical aspects of these debates or to alter the playing field among other, typically powerful, stakeholders. In fact, data gathered recently (by way of surveys of consumer health advocacy coalition members from 40 states, focus groups, and telephone interviews) by Community Catalyst for our forthcoming paper, *The Path to a People-Centered Health System: Next Generation Consumer Health Advocacy*, revealed that advocates themselves see the need for greater capacity on a range of topics, including payment reform (e.g. provider payment arrangements, risk adjustment), quality measures, private insurance reform, and various approaches to Medicaid managed care.

Moving forward, through the Center, we will help consumer advocates build up a more advanced level of capacity, skills and leadership so that they are able to engage in a fully informed way with the providers, payers, and other business experts. (Includes subgrant \$\$.)

Human Capital/Leadership Development: Our goal is to build a program through the Center that will engage leaders in the health care community broadly (e.g., CEOs on the business side and geriatricians on the clinical side¹)—to serve as local mentors to the advocacy organizations we support. We will not limit these relationships to business and medical professionals, but will also reach out to public health experts, academicians (our partnership with UMass-Boston described below will be helpful in this regard), entrepreneurs, and others. Our plan is to take this model national and to identify state-based leaders from around the country who know their respective health care environments well to work with advocacy leaders in those states.

Enhancing our National/DC Presence: In order to help shape the direction of an evolving health care system in a pro-consumer direction, Community Catalyst needs to enhance its national presence both in Washington, DC and other forums across the country where important discussions are shaping the national debate. Further, we see great promise as serving in a sub-contractor role on projects with larger, national organizations that are often recipients of large federal awards. We have already had some success in this regard and want to enhance our capacity to pursue these relationships and opportunities.

Research & Evaluation: The paradigm shift that we are promoting—toward health system transformation that values empowered and engaged consumers—will require a deep and ongoing research and evaluation base that shows the ROI that consumer engagement brings; we need research to make a compelling business case for the role consumers play in creating a market that is informed by cost and quality measures. Community Catalyst lacks the capacity to take on the research and evaluation required to build the ROI case and to move research and evaluation data out to consumers more swiftly. To address this gap, Community Catalyst will partner with the University of Massachusetts Boston (UMB) Gerontology Institute. Although the institute itself is gerontology-focused, the research and evaluation efforts we undertake with UMB will have far-reaching significance.

Communications: Strategic communications and messaging will play a critical role as Community Catalyst and advocates execute successful health system transformation campaigns on the ground and engage at the system/institutional level, particularly given the power of well-resourced industry stakeholders in presenting a strong voice and in shaping these issues to date. To do so successfully, Community Catalyst will need to produce content that is more newsworthy such as original research that produces new findings on an issue, public opinion research (polling and focus groups), and policy products that provide analysis and recommendations that are relevant to policymakers, opinion leaders and stakeholders (other than consumer advocates). Community Catalyst will have to transform the way we have traditionally communicated with audiences, taking a more aggressive approach to communications more broadly through original content and the development of products that drive media interest and coverage. We will also have to upgrade our database and communications infrastructure.

Sustainability/Consulting to Delivery Systems: With the passage of the ACA and the resulting changes in the health care market, described above as Healthcare 2.0, there are many health plans and health

¹ At Community Catalyst we are funded through the John A. Hartford Foundation and that program includes six geriatrician mentors.

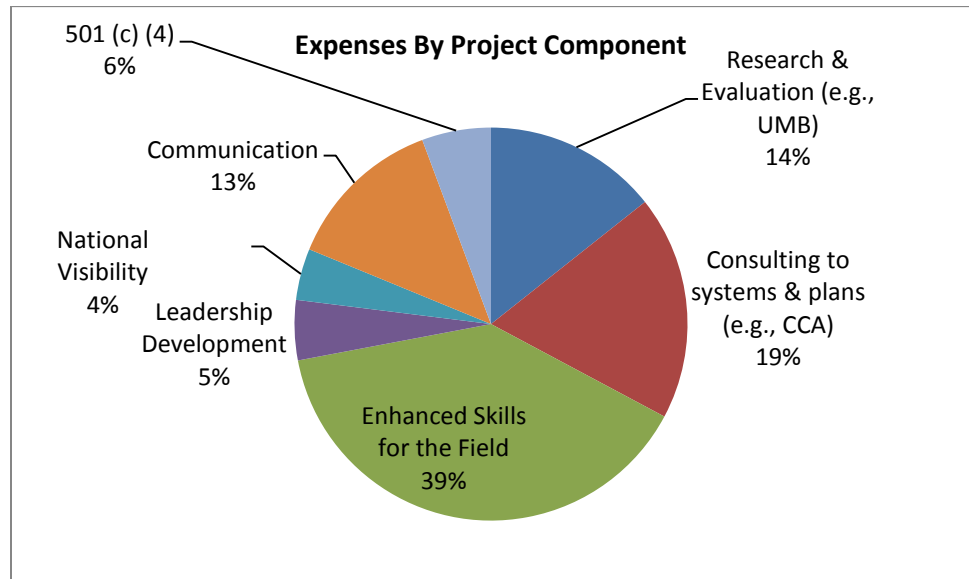
care and social service organizations seeking to participate in the opportunities that have been created. These opportunities – ranging from accountable care organizations to health homes to demonstration programs for those eligible for Medicare and Medicaid – share a focus on integrating care and financing that have previously been fragmented and siloed. We see this as a perfect time and confluence of events to get on that “inside track” to assure that the consumer voice and interests of consumers are integrated in these newly and evolving delivery systems. We also view this opportunity as a way for Community Catalyst, through the Center, to diversify its revenue stream.

501 (c)4: As Community Catalyst seeks to modify the federal “rules of the road” that will influence the shape of payment and delivery reform, receiving a portion of funds that are not lobbying restricted will give us more flexibility and allow us to be more effective. We expect payment and delivery reform to come up within the 114th Congress and beyond, both as a stand-alone topic and as part of larger debates about the direction of Medicare and Medicaid. We would use 501(c)4 dollars (through the Community Catalyst Action Fund/CCAF) to support our enhanced presence in Washington and a portion of the Center’s fundraising infrastructure that would enable us to leverage additional dollars from other donors. We have developed a separate budget that details the staffing, sub-grant, and other provisions needed to achieve our (c)4 goals.

Project Budget and Staffing

The total project cost is \$21,054,977 over a five year period; \$14,818,248 is committed by AP, Community Catalyst has committed to raise an additional \$6,236,729.

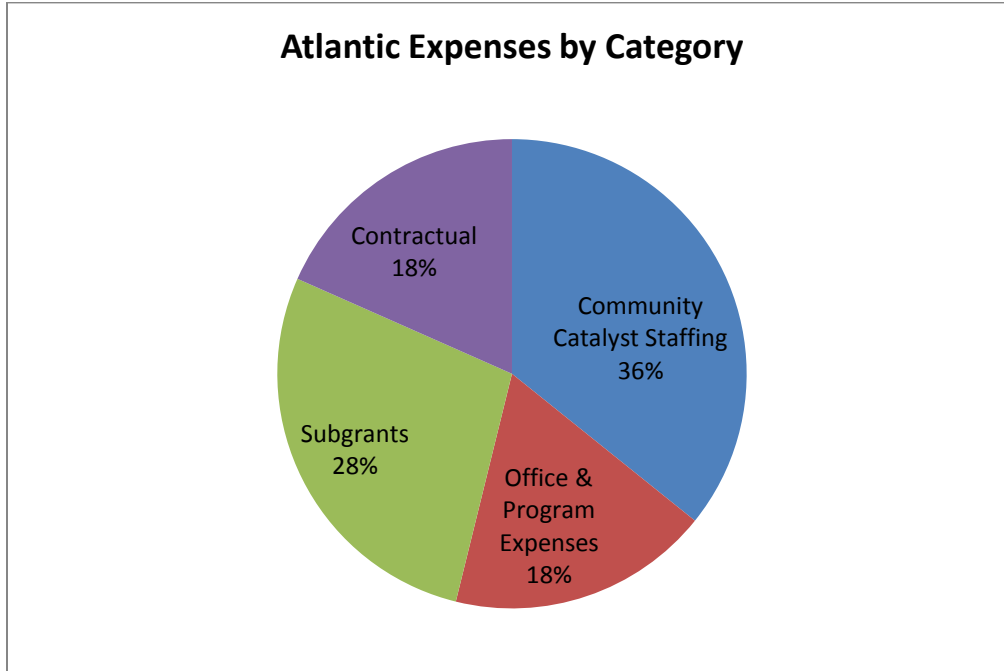
The breakdown of cost by project component is



The grant funds 12.55 FTE employed by Community Catalyst. We will hire 6.50 FTE, the remaining 6 FTE are currently employed by us. The six new positions include the Center Director, CCA Partnership Manager, Strategic Policy Manager, Communications Manager, Leadership Development Manager (.5 FTE), Database Manager and a Program Associate. UMASS Boston will also hire a faculty position for the project.

The grant makes \$4,117,000 in subgrant funds available to the field. Indirect funds and funds for the purchase and staffing of an organization contact management system will help build the capacity of CC.

The breakdown of Atlantic expenditures by cost category is



While we have crafted a project budget that requires us to raise \$6,236,729 from other sources, AP will require us to document receipt of just \$4 ml in funds related to HST work broadly by the end of year two in order to release the second half of funds. We are confident we can meet the \$4 ml requirement due to the broad language our program officer will ensure is in the grant agreement and the commitments we have secured to date from several foundation partners that will be issuing grants to us during the next 12 months. Additionally AP will make \$500,000 in funds for the CCA Partnership contingent upon completion of the business plan for this work.

The budget is structured so that the funds from AP are spent in decreasing amounts from year one to year five, replaced in increasing amounts by funds from other sources as illustrated on the table below:

Income By Source:	Year One	Year Two	Year Three	Year Four	Year Five	Total
Atlantic Philanthropies	\$3,556,118	\$3,822,972	\$3,051,578	\$2,438,150	\$1,949,430	\$14,818,248
Other Foundations	\$376,341	\$409,890	\$596,245	\$898,933	\$1,152,485	\$3,433,894
UMASS Boston	\$258,000	\$258,000	\$258,000	\$258,000	\$258,000	\$1,290,000
Federal and State Contracts	\$0	\$62,835	\$75,000	\$75,000	\$75,000	\$287,835
Federal Research Grants	\$0	\$50,000	\$75,000	\$75,000	\$75,000	\$275,000

Individual Donors	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$250,000
Earned Income		\$50,000	\$150,000	\$200,000	\$300,000	\$700,000
Total	\$4,240,459	\$4,703,697	\$4,255,823	\$3,995,083	\$3,859,915	\$21,054,977

The anticipated expense and revenue scenario for Year Six is

Revenue & Expenses	Year Six
Expenses	\$2,669,974
Revenue	
Other Foundations	\$1,969,974
Federal and State Contracts	\$100,000
Federal Research Grants	\$100,000
Earned Income	\$500,000
Total Revenue	\$2,669,974

Start-Up Plan for Implementation of the AP Initiative and Center

In conjunction with relevant Community Catalyst staff, Diane Felicio will oversee the implementation of the grant prior to the hiring of a Center director. Her work will include:

1. Help ensure that all the pieces of the grant are moving together in a coordinated way. For example:
 - working with communications to develop a communications plan for the launch the Center
 - overseeing the development of the initial processes for identifying contractors/consultants required during the start-up phase of the grant (e.g., CCA Business Plan)
 - overseeing the development of the initial processes we will take to launch and manage our partnerships and new initiatives (e.g., UMB, CCA)
 - working with VBH to make sure their programmatic needs are being met in relation to the overall project

- working with Jacquie, Marla, and staff on drafting position descriptions for the start-up FTE's, especially the Center director
 - working with Jacquie to make sure subgrants are coordinated with the ACAIF
2. Serve as the “go to” person if questions arise about overall project implementation, (e.g., processes, decision-making).
 3. Supporting Rosemarie in the strategic financial thinking and management of the grant to make sure the grant launch and early implementation are aligned with the budget.
 4. Delineating elements of the immediate work that are unassigned and identifying staff to move them forward.
 5. Ensuring that various elements of the project are taken in to consideration as other programs and projects move forward with their planning. This will be especially relevant to our health system transformation work (e.g., Dental, Substance Use Disorder, and Medicaid) and our 501 (c)4 work.

How the Board can help during the early phases of implementation:

- We will be moving more aggressively into the Federal grants arena. Support here, be it through identifying opportunities and/or partners, will be very helpful.
- We will be hiring 6.5 new FTSs including the Center Director. Help sourcing top-notch candidates will be essential.
- We must begin now to raise \$6,236,729 from other sources. All leads, input welcome.
- Getting the word out: We want to be sure we publicize and message the award and the Center. We will issue a press release and develop a communications plan, but we want to get as much coverage as possible. Leads welcome.

BYLAWS

OF

Community Catalyst, Inc.

As Adopted and Amended as of

____, 2015

ARTICLE I

NAME AND PURPOSES

Section 1.01. Name. The name of the organization is Community Catalyst, Inc.

Section 1.02. Purpose. The Corporation is organized and will be operated exclusively for charitable and educational purposes under section 501(c)(3) of the Internal Revenue Code of 1986, or corresponding provisions of any subsequent internal revenue laws, particularly: promoting a more inclusive, affordable, high-quality, and consumer-oriented health system in the United States; facilitating access to public and other social benefit programs with particular emphasis on health and income maintenance; engaging in other charitable and educational activities designed to benefit traditionally disenfranchised people and those made vulnerable by such factors as health conditions, economic status, age, race, gender, or ethnicity. The corporation's activities will focus on empowering consumers and increasing community participation in shaping health and related policies and systems to meet community and individual needs. To accomplish its goals, Community Catalyst will act as a support center for organizations operating at the national, state, and local levels, providing them with consumer-oriented health policy information and technical assistance in planning, policy development, and community organizing. It will provide updated information to national, state, and local organizations about public benefits, social policy developments, and community and constituency outreach approaches; will forge partnerships with national, state, local, and constituency-based advocacy groups; and will foster communication and collaboration among diverse interest groups and geographic constituencies around common goals.

ARTICLE II

MEMBERS

Section 2.01. General. After initial election of the Directors by the incorporator at the initial meeting, the Members shall elect the Directors of the corporation, approve any amendments to these Bylaws or to the Articles of Organization, and exercise such other powers and rights as are vested in them by law.

Section 2.02. Number and Appointment. The incorporator at the initial meeting, and thereafter the Board of Directors at its regular annual meeting, shall fix the number of Members and shall elect the number so fixed. (The Members so elected by the incorporator at the initial meeting shall hereinafter be referred to as original Members.) There shall, at all times, be at least three (3) Members, but no more than thirty (30). At any special or regular meeting, the Board of Directors may (a) elect new Members to

replace Members who have died, resigned, or been removed; (b) increase the number of Members, but not above thirty (30), and elect new Members to fill the vacancies created; or (c) decrease the number of Members, but not below three (3), and only to eliminate vacancies caused by the death, resignation, or removal of one or more Members; provided, notwithstanding any provision of this Section 2.02 of Article II hereinbefore stated, that as long as at least one (1) original Member continues to serve as a Member, (i) there shall be no fewer than three (3) Members; (ii) the Board of Directors shall elect two (2) Directors to also serve as Members for a 5 year term (hereinafter each referred to as a “Board-elected Member”) and shall have the right to remove any Board-elected Member pursuant to Section 2.05 and elect a Director to fill a vacancy caused by the death, resignation, or removal of any Board-elected Member at any special or regular meeting of the Board of Directors; and (iii) the Members at any special or regular meeting may (and the Board of Directors may not) (a) elect new Members to replace any Members, except for any Board-elected Member, who have died, resigned, or been removed; (b) increase the number of Members, but not above five (5), and elect new Members to fill the vacancies created by any such increase; or (c) decrease the number of Members, but not below three (3) and only to eliminate vacancies caused by death, resignation, or removal of one or more Members, except for any Board-elected Member; and, provided, further, that if no original Members continue to serve as Members, then a special meeting of the Board of Directors shall be called and held within seven (7) days of such event, such call to be by one-third or more of the Directors, at which meeting the Directors shall fix the number of Members at a number equal to the number of Directors and elect all the Directors as Members.

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Section 2.03. Tenure. Each Member shall hold office for a term of five (5) year and until his or her successor is elected and qualified or until he or she sooner dies, resigns, or is removed in accordance with Section 2.05.

Section 2.04. Resignation. A Member may resign at any time by delivering his or her written resignation to the President, Treasurer, or Clerk of the corporation, or to the corporation at its principal office. Such resignation shall be effective upon receipt (unless specified to be effective at some other time), and acceptance thereof shall not be necessary to make it effective unless it so states.

Section 2.05. Removal. Any Member may be removed with or without cause by vote of a majority of the Directors then in office at any special meeting called for such purpose or at any regular meeting; provided, that during any period when at least one (1) original Member continues to serve as a Member, (a) , any original Member may be removed with or without cause only by vote of a majority of the original Members then in office at any special or regular meeting of the Members and (b) any other Member, except for any Board-elected Member, may be removed with or without cause by vote of a majority of the Members then in office at any special or regular meeting of the Members.

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ARTICLE III

AUTHORITY AND DUTIES OF DIRECTORS

Section 3.01. Authority of Directors. The board of directors is the policy-making body and may exercise all the powers and authority granted to the Corporation by law.

Section 3.02. Number, Selection, and Tenure. The board shall be elected by the Members and consist of not less than five (5) and not more than thirty (30) directors. The number of directors will be set by the incorporator at the initial meeting, and thereafter by the Members at any annual or special meeting of Members. The board shall appoint a Member nominating/governance committee consisting of at least three (3) directors. The board shall also appoint the chair of the committee who, along with

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the members of the committee, shall serve at the pleasure of the board. The nominating/governance committee shall identify, evaluate, and recommend to the Members candidates for election to the board and generally advise the Members and the board on the board's composition and effectiveness. The Members may also elect to the board any candidate who has not been recommended by the nominating/governance committee if such candidate is nominated for election by at least two Members during the meeting at which the vote takes place. Directors will serve three-year terms, except that one-third of the initial directors and one-third of any directors first elected to a newly-created directorship shall serve an initial one-year term, and one-third of the initial directors and one-third of any directors first elected to a newly-created directorship shall serve an initial two-year term, so that each year one-third of all directors reach the end of their terms. A director may serve for any number of three-year terms, consecutive or otherwise.

Board members shall not be compensated for serving on the board, but may be reimbursed for actual expenses incurred on behalf of the Corporation. Board members who also serve as employees of the Corporation may be compensated for their service as employees.

Section 3.03. Resignation and Removal. Resignations are effective upon receipt by the Secretary of written notification. A director may be removed at any time by the vote of a majority of the members with or without cause.

Section 3.04. Meetings, Attendance, Notice and Voting. The board of directors shall hold at least two (2) regular in-person meetings, regularly spaced and with a majority of voting members attending, per calendar year.

Each director must attend a minimum of one Board meeting per year. If a director fails to meet this minimum, his or her office will become vacant for the remainder of the term. At the discretion of the Board, application of this rule may be waived due to extenuating circumstances.

Meetings shall be at such times and places as the board shall determine. Meetings may be called by any two directors with at least 48 hours telephone or written notice. Notice may also be given by fax or e-mail to any director who consents to such notice by providing a fax number or e-mail address to be used for such purpose. Notice may be waived by a director in writing before or after the meeting, and every director present at any meeting shall be conclusively presumed to have received due notice thereof.

A quorum shall consist of a majority of the total number of board Members in office. All decisions will be by vote of a majority of those present at a meeting at which a quorum is present unless a larger number is required by these bylaws or any provision of law.

Section 3.05. Action Without a Meeting. Any action required or permitted to be taken at a meeting of the board of directors (including amendment of these Bylaws) or of any committee may be taken without a meeting if all the members of the board or committee consent in writing to taking the action without a meeting and to approving the specific action. Such consents shall have the same force and effect as a unanimous vote of the board or of the committee as the case may be.

Section 3.06 Participation in Meeting by Conference Telephone. members of the board may participate in a meeting through use of conference telephone or similar communications equipment, so long as all members participating in such meeting can hear one another.

Section 3.07. Committees. The board of directors may, by resolution adopted by a majority of

the directors in office, establish committees of the board including an Executive Committee, which may exercise the policy-making authority of the board, and a Member nominating/governance committee as required by Section 3.02. The board may make such provisions for appointment of the chair of such committees, establish procedures to govern their activities, and delegate to them such authority as may be necessary or desirable for the efficient management of the property, affairs, business, and/or activities of the Corporation.

ARTICLE IV

AUTHORITY AND DUTIES OF OFFICERS

Section 4.01. Officers. The officers of the Corporation shall be a President, a Treasurer, a Clerk, and such other officers as the board of directors may designate. If the Clerk is not a resident of Massachusetts, the Corporation shall appoint a resident agent. Each officer shall have such duties and powers as are commonly incident to his or her office, and such duties and powers as the board of directors may from time to time designate.

Section 4.02. Appointment of Officers; Terms of Office. Officers shall serve one year terms. The President, the Clerk and the Treasurer shall be appointed by the board at its annual meeting in each year for a term expiring at the next succeeding annual meeting. Officers shall be eligible for reappointment.

Section 4.03. Resignation. Resignations are effective upon receipt by the Secretary of a written notification.

Section 4.04. Removal. An officer may be removed by the board of directors at a meeting, or by action in writing pursuant to Section 3.05, whenever in the board's judgment the best interests of the Corporation will be served thereby. Any such removal shall be without prejudice to the contract rights, if any, of the person so removed.

ARTICLE V

FINANCIAL ADMINISTRATION

Section 5.01. Fiscal Year. The fiscal year of the Corporation shall be January 1 to December 31 but may be changed by resolution of the board of directors.

Section 5.02. Checks, Drafts, Etc. All checks shall be signed or endorsed by the President or Treasurer, or such other officers or agents of the Corporation as the board shall determine.

Section 5.03. Contracts. Unless the board of directors determines otherwise by resolution, the President, Clerk, Treasurer, Board Chair and Chair of the Executive Committee (if any) shall all be authorized to execute contracts on behalf of the corporation. Unless otherwise expressly determined by the board, no other individuals shall be authorized to bind the corporation to any contract, including the chair of any committee other than the Executive Committee.

Section 5.04. Deposits and Accounts. All funds of the Corporation, not otherwise employed, shall be deposited from time to time in general or special accounts in such banks, trust companies, or other depositories as the board of directors or any committee to which such authority has been delegated by the board may select, or as may be selected by any officer or agent of the Corporation, to whom such power may from time to time be delegated by the board. For the purpose of deposit and

for the purpose of collection for that account of the Corporation, checks, drafts, and other orders of the Corporation may be endorsed, assigned, and delivered on behalf of the Corporation by any officer or agent of the Corporation.

Section 5.05. Annual Financial Statements. Complete financial statements prepared in conformity with generally accepted accounting principles (GAAP), accompanied by an audit report of an independent certified public accountant, shall be presented to and reviewed by the board after the close of each fiscal year. Financial statements shall include: (a) significant categories of contributions and other income; (b) expenses reported in categories corresponding to the description of major programs and activities contained in the Corporation's annual report, solicitations and other informational materials; (c) a detailed schedule of expenses by natural classification (e.g., salaries, employee benefits, occupancy, postage, etc.), representing the natural expenses incurred for each major program and supporting activity; (d) accurate presentation of all fund-raising and administrative costs; (e) total costs and the basis for allocating any fund-raising or other expenses associated with multi-purpose activities (e.g., fund raising combined with social advocacy or public education campaigns).

ARTICLE VI

CONFLICT OF INTEREST POLICY

Section 6.01. Disclosure of Financial Interests. To identify possible conflicts of interest, all directors, officers, and members of any committee exercising Board-delegated powers must disclose to the Board of Directors, or to the members of such committee, the existence of any financial interest in any entity with which the Corporation or any legally related organization has or is negotiating a transaction or arrangement, and all material facts related to that interest. Financial interests includes any direct or indirect relationship, through business, investment, or family, such as actual or potential ownership or investment interests or compensation arrangements.

Section 6.02. Nonparticipation of interested party. After disclosing the existence of the financial interest and providing the Board or committee with any and all relevant information, the interested person must not participate in the determination of whether or not the financial interest may result in a conflict of interest, nor in the resolution of such a conflict. The interested person must retire from the room in which the Board or committee is meeting and may not participate in any vote on the matter.

Section 6.03. Determination of Conflicts of Interest. After the interested person has delivered all relevant information and has retired from the room, the Board or committee must determine whether or not the financial interest may result in a conflict of interest. Such a conflict exists when the financial interest of the interested person competes with a financial or other interest or benefit of the Corporation. The fact that a director, officer, or committee member is also a director or officer or member of a not-for-profit organization that obtains or seeks funds from institutions or individuals from which the Corporation also obtains or seeks funds shall not by itself be deemed to be a conflict of interest.

Section 6.04. Resolution of Conflicts of Interest. If the Board determines that a conflict of interest does exist, it must take steps to protect the Corporation's best interests. With respect to the actual or potential transaction or arrangement which is the source of the conflict, the Board or committee may, if appropriate, appoint a non-interested person or committee to investigate alternatives. After exercising due diligence, the Board or committee must determine, by majority vote, whether the transaction or arrangement, or some alternative: a) is in the organization's best interests and for its own benefit; b) is fair and reasonable to the organization; and c) is the most advantageous transaction or

arrangement the Corporation can obtain with reasonable efforts under the circumstances.

Section 6.05. Compensation. In establishing appropriate compensation levels, whether as employees or under contractual arrangements, for an individual who is a director, officer, Member of a committee with Board-delegated powers, or anyone else exercising substantial influence over the Corporation, in addition to complying with the other provisions of this conflict of interest policy, the Board or committee shall:

- recuse Members who receive directly or indirectly a substantial portion of their income from the corporation; and
- rely on appropriate comparative data, including comparable agreements in similar organizations; compensation levels for similar positions in both exempt and taxable organizations; and regional economic data; and
- shall document the bases upon which it relies for its compensation determinations.

The Board, may, if it chooses, establish a compensation committee to set appropriate levels of compensation. Any such compensation committee shall consist solely of disinterested persons with respect to the transaction in question and shall follow the above-outlined procedures. Persons who receive, directly or indirectly, a substantial portion of their income from the Corporation (as employee or as independent contractor) shall not serve on any compensation committee, nor participate in Board or committee decisions setting compensation if no independent committee is established.

Section 6.06. Violation of Conflict of Interest Policy. If an officer, director, or Member of a committee with Board-designated powers violates this conflict of interest policy, the Board, in order to protect the Corporation's best interests, may take appropriate disciplinary action against the interested person. Such action may include formal reprimand, cancellation of the transaction or arrangement generating the conflict, suspension of employment, and/or removal from the Board.

Section 6.07. Recordkeeping. The minutes of all Board meetings, and all meetings of committees with Board-designated powers, at which potential conflicts of interests are discussed shall include: the names of the persons who disclosed financial interests; the nature of the financial interests; whether or not the Board determined that a conflict existed; the names of the persons present for the discussions and votes related to the relevant transaction or arrangement; the content of those discussions, including any alternative transactions or arrangements; and a record of the vote.

Section 6.08. Distribution of Conflict of Interest Policy. All officers, directors, and Members of committees with Board-delegated powers shall receive a copy of the Conflict of Interest Policy, as it appears in these By-laws. All officers, directors, and Members of committees with Board-delegated powers shall sign an annual statement declaring that the person: received a copy of the policy; has read and understands the policy; agrees to comply with the policy; understands that the policy applies to all committees and sub-committees having Board-delegated powers; and understands that the Corporation is a charitable and educational organization and that in order to maintain its tax-exempt status, it must continuously engage primarily in activities which accomplish one or more of its tax-exempt purposes.

ARTICLE VII

AMENDMENT OF BYLAWS

These Bylaws may be amended upon approval by both a majority of the Members and a majority of the board of directors. Approval by a majority of the Members may be obtained at any regular or special meeting. Approval by a majority of the board of directors may be obtained at any meeting, provided seven (7) days prior notice is given of the proposed amendment or provided all members of the board waive such notice, or by unanimous consent in writing without a meeting pursuant to Section 3.05.