



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

I. Welcome 9:30

- Approval of September Meeting Minutes (**VOTE**)
- Executive Director's Report

Staff: Rob Restuccia

II. Corporate Business 9:45

- Year-to-Date Financial Results
- 2015 Proposed Budget (**VOTE**)

Staff: Rosemarie Boardman, Donna Pina Robinson

III. The Mid-Terms and the ACA: Implications for Health Care Advocacy 10:15

As the dust begins to settle on the 2014 elections, consumer health advocates are taking a moment to reflect on the role that health care played in the outcome, as well as the implications for federal and state health policy going forward. We will look at voter attitudes on health care, impact on federal policy, impact on Medicaid Expansion and Marketplaces and King v. Burwell decision and discuss how these issues impact our work and our strategies in the coming year. We will also tie the impact of these decisions to health system transformation and the work that Community Catalyst is increasingly engaged in.

Staff: Michael Miller, Kathy Melley

IV. Health System Transformation 10:45

As the consumer health advocacy community pivots to the next generation of work - health system transformation and improving the value of the health system - Community Catalyst staff have been ramping up our internal capacity to support state-based advocates in their efforts. Over the last few months we have conducted qualitative research to define the problem health system transformation must address and identify where consumers and their advocates are with respect to their thinking and their work related to transformation, along with the

opportunities and the challenges they face. We will share a preview of our report, including key findings and recommendations.

Staff: Sue Sherry and Angela Jenkins

- V. Atlantic Philanthropies Initiative** **11:15**
We are in the home stretch for submitting our final draft proposal to Atlantic Philanthropies. We will use this time to tie the pieces together based on what we are planning to submit and the feedback we have received from the foundation, to date.

Staff: Diane Felicio, Rob Restuccia

Lunch **11:45**

- VI. Commonwealth Care Alliance and Community Catalyst** **12:00**
Dr. Robert Masters, the founder of Commonwealth Care Alliance, the largest dual demonstration plans in Massachusetts has a long history of innovation in primary care. He will discuss best practice in shaping the care delivery system to meet the needs of people dually eligible for Medicaid and Medicare and Community Catalyst’s role in assisting in that effort. Renee Marcus Hodin, Community Catalyst Voices for Better Health Director, will discuss Community Catalyst’s work as a vehicle to promote system change across the country and how our work connects to the work of [Commonwealth Care Alliance](#).

Staff: Renee Marcus Hodin, Guest: Dr. Robert Masters

- VII. Review Projects in Incubation** **1:00**
Role of the board in setting organization priorities
- Review and discuss Strategy Screen Process
 - Review projects in incubation

VIII. Governance Committee **1:30**

IX. Executive Session **2:00**

X. Close **2:30**

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**Community Catalyst
Board of Directors Meeting
Friday, September 19, 2014
Doubletree by Hilton Philadelphia Center City**

Board Notes

In attendance:

Members of the Board: Kate Villers, Wendy Warring, Joia Crear Perry, Mark Schlesinger, Dan McGrath, Diane MacDonald

By telephone: Robert Phillips, Kavita Patel Amy Whitcomb Slemmer

Apologies: Karen Hicks, Anthony So,

Community Catalyst Staff: Jacquie Anderson, Diane Felicio, Michael Miller, Susan Sherry, Amy Rosenthal, Alexis Brimage-Major

A quorum being met, Wendy Warring, Chair, opened the meeting at 2:40 pm

Perspectives from the Field

Four advocates joined the Board and staff at the beginning of the meeting to provide their perspectives on the work that is occurring in their states. Those represented were: Antoinette Kraus Director, Pennsylvania Health Access Network, Adam Linker Policy Analyst, North Carolina Justice Center, Adela Flores-Brennan Executive Director, Colorado Consumer Health Initiative and Cathy Levine Executive Director, UHCAN Ohio. They spoke about their challenges and opportunities, Community Catalyst's role with their organization and how Community Catalyst can continue to support their work and strengthen our support to them.

Key takeaways: Community Catalyst provides valuable policy and communications technical assistance; helps to connect advocacy organization to the national advocacy community through our learning community calls and convening's; provides support on organizational development issues such as strategic planning, meeting facilitation, personnel challenges; brokers relationships with key stakeholders on the national and state level; provides policy specific trainings; and provides connection to the national funder community.

The ideas mentioned by the advocates for how Community Catalyst can better support their work includes:

- mentoring advocacy organization's senior leadership
- supporting organizations in increasing their visibility with funders
- supporting advocacy organizations to integrate racial equity into their health advocacy work (both internally in their organizations and their external issue work)
- supporting them to identify funders who fund health equity work
- continuing to support them to obtain funding from national funders
- helping multi-issue organizations connect other justice issues to health and health advocacy e.g. housing and health, economic justice and health

Corporate Business

Approval of June 06, 2014 Meeting Minutes.

Kate Villers moved, Mark Schlesinger seconded and it was

VOTED: unanimously to approve the minutes of the June meeting as amended:

- Remove co-chair title from Kate Villers, under Corporate Business; Update the information to reflect that Wendy Warring raised questions regarding the financial statements.

Our Work: Reflecting on the Last Three Months

Executive Director's Report

Rob Restuccia thanked Community Catalyst staff for their hard work during his sabbatical. He noted that we are continuing to expand with new hires and highlighted the new employee policies included in the Board packet. He reminded the Board of our Open House event on October 8th at our new location One Federal Street. Rob flagged recent shifts in funding; Ford Foundation will no longer fund our *In the Loop* work in 2015, *Roadmaps to Health* Community Grants program is ending as of January 2015, and there is uncertainty surrounding the funding of our Hospital Accountability project with the Kresge Foundation.

Key Question/Comments:

New Workforce Reduction policy

- Wendy suggested that we have the new policies and procedures document reviewed by our lawyer or include a line stating that this policy does not in any way affect Community Catalyst's 'at will' employment policy and practices.
- Board members indicated that they would be interested in being mentors to staff.

ACTION STEPS

- Jacquie will reach out to Board members and discuss their interest in our next round for mentor/mentee opportunities

Program Highlights:

Community Catalyst showed the Affordable Care Act [video](#) (PW: enrollsouth) which was premiered at the Consumer Voices for Coverage convening.

Susan Sherry highlighted the connections to vulnerable communities made through the work that Community Catalyst funded through our outreach and enrollment work, especially at the local level. She stated that new relationships and game examples of the prisoner re-entry program and the connections made with criminal justice advocates. Advocates are now better positioned to work with local communities and are able to use these connections to continue to lift up the importance of the ACA. The next issue we are supporting advocates to grapple with is Health System Transformation where there are both challenges and opportunities for advocacy organizations.

Key Questions/Comments:

- Important for the organization to use the C4 as a mobilizing strategy especially with people who fall through the Medicaid coverage gap
- What's the impact for Community Catalyst if and when the Consumer Voice for Better Health (a new potential project funded by RWJF that will focus on health system transformation) begins?
 - Sue noted that the access/outreach work under Consumer Voices for Coverage work will continue, and the Consumer Voice for Better Health will be carried out simultaneously.
 - Where does behavioral health fit within this picture? How much is Community Catalyst focusing on this area of work?
- Are the partnership with the geriatric providers a one-time occurrence or is it something we hope to continue?
 - Sue noted that this was an on-going partnership that the Hartford Foundation is funding; funding advocates and geriatrics providers to form partnerships to address the issues related to seniors.
- Is there a way of taking the same model that we are using with geriatric providers and develop partnership with other types of stakeholders? How do we institutionalize those relationships and form meaningful relationship with the associations of these key stakeholders?

In the Loop

Amy Rosenthal provided an update for the *In the Loop* project and highlighted that there are a total of 3,012 enrollment assisters from across the states. Community Catalyst has recently redesigned the website, to make it more users friendly. The Ford Foundation will no longer be funding this project when the present funding ends in 2015; however we have developed a strategy to see if we can re-engage them in this work. We are exploring other funding opportunities. The first mini *In the Loop* was recently launched in Massachusetts and funding for this comes from Blue Cross Blue Shield Foundation. HCFA is the host of this mini loop. It cost approximately \$800 thousand to fully staff the *In the Loop* project.

ACTION STEPS

- Amy will reach out to Mark Schlesinger to discuss the variety of funding sources that he mentioned.
- Amy will explore the possibility of connecting with Federally Qualified Health Centers (FQHC) as potential funders and will reach out to Joia if she needs to identify a contact.
- Diane Felicio will follow up with Kavita Patel and Wendy Warring regarding Castlight Health a health care technology company to explore the potential of them providing resources to support In the Loop.

Development Update

We've had a number of funder site visits in addition to The Atlantic Philanthropies; representatives from the Federal Agencies Project, funders of our LGBT work, the anonymous funder that supports our children's health work visited Community Catalyst in August and Tufts Health plan Foundation met with Voices for Better Health staff to begin a discussion about potential partnerships. In October we will have a site visit with the Hartford Foundation.

- Kate Villers referred to page # 34 of the Board packet, which displays a decrease in proposal submissions and asked what the projections would be by the end of the year.

- We can expect 4-5 more proposals submission by the end of the year.
- While the proposals submission has been variable over the years, the reduction we have seen in proposals over the past year is due to the fact that many of the big grants have replaced smaller grants.

Our Environment: Trending Issues

Michael Miller gave an update on “what’s trending” in public opinion and the interaction between our work and what is happening on the state and federal level. He provided insight on public opinion surrounding Obamacare and President Obama. Where people support the President, the ACA is viewed positively, where there is less support for the President, the ACA is viewed less positively. However, intensity in opposition is declining. Community Catalysts will be focusing on how to improve the ACA by developing messages and talking points that will focus on the dual message of fixing and continuing to improve the ACA.

**Community Catalyst
Board of Directors Meeting
Friday, September 19, 2014
Doubletree by Hilton Philadelphia Center City**

DAY 2 Board Notes

In attendance:

Members of the Board: Kate Villers, Wendy Warring, Joia Crear Perry, Mark Schlesinger, Dan McGrath, Anthony So, Kavita Patel, Diane MacDonald

By telephone: Robert Phillips, Amy Whitcomb Slemmer

Apologies: Karen Hicks

Community Catalyst Staff: Jacquie Anderson, Diane Felicio, Michael Miller, Susan Sherry, Amy Rosenthal, Alexis Brimage-Major

A quorum being met, Wendy Warring, Chair, opened the meeting at 9:15 am

The Role of the Board: Setting Organizational Direction

- Rob framed this discussion by asking the question: “When does the Board need to approve, review or provide guidance to the staff on proposals/projects?” Rob provided some history of the Board’s role in program development in the past and gave a brief overview of the roles of the board related to the development of the organization’s strategic goals and proposals to foundations.
- Community Catalyst staff have not requested formal approval from the Board for major new directions (e.g. Consumer Voices for Coverage, PEW project). However, we have received guidance and formal approval when it was associated with corporate decisions such as the

creation of Real Benefits Inc. and absorption of Herndon Alliance. Mark responded that the Board played a substantial role in the major new directions of the organization with the Pew Project since it involved changes to Rob's job description.

- Two underlying questions that surfaced: 1) whether or not the Board should formally approve the Atlantic Philanthropies proposal and more broadly, 2) should the Board review/approve vs. provide guidance on key funding proposals?

Key Question/Comments:

- How do we hold the organization accountable on whether or not the strategic goals set are being fulfilled? Suggested to set annual goals and interim benchmarks and determine accountability measures.
- There should be a clear distinction between the different levels of formal decision making required and when the Board actually approves decisions/directions vs. discusses/provides input. The relationship/decision making process between the Board, Community Catalyst staff and the Executive Director needs to be more clearly defined
- The Board should be more involved in any significant changes that occur within the organization and/or are in the works. A formal voting system is needed that is explicit about the Board's involvement and any risk inherent in the decisions.
- Rob asked for clear guidance, specifically as it relates to decision making
 - It was noted that if/when strategies don't work, Community Catalyst should include the Board and discuss the new strategy before any changes/decisions are made
 - Valuable to have a strategy screen / system that lists/tracks opportunities/strategic shifts that either staff or the Board can use – common vocabulary. Rob mentioned the incubation document that was discussed at the March meeting as way of discussing strategic approaches.

ACTION STEPS

1. Staff will return to the process of setting annual goals and interim benchmarks for the major strategies identified and approved. Progress against these will be reviewed at the quarterly board meetings.
2. Staff will draft a strategy screen for review, input and agreement by the Board. The draft will be presented at a special Board meeting. Once "finalized," it will serve as guidance to enable both staff and the Board to determine when formal Board approval for a decision or initiative may be required. It is envisioned that the document will be a living document, which should be subject to revision as it is used with the idea of helping to clarify the Board's role and enhance staff to design efficient processes for advancing the agenda.
3. In developing the "strategy screen" staff will review Community Catalyst's existing and proposed program, focusing as well on how they integrate to advance the organization's strategy.

The Atlantic Philanthropies Initiative

- Rob provided a brief overview of the Atlantic opportunity and the direction that Community Catalyst has received from AP regarding this opportunity. This direction has informed our direction/choices but has not unduly influenced our thinking about the proposal.
- Sue Sherry discussed our framework as it relates to Health System Transformation (HST) and noted that Community Catalyst has surveyed an array of state advocates, held focus groups and conducted literature review and now we are completing a roadmap/report on HST that will identify the challenges, opportunities and recommendations for advocates to engage in this new line of work.

Some of our strategic assumptions:

- A great deal of federal interplay - Community Catalyst is well positioned
- The need to examine different market environment in which this work could develop.
- Key focus is on building a consumer voice –at three levels: policy, system, and at the individual/community level
 - Q/A: When Community Catalyst discusses sustainability with Atlantic Philanthropies what does that mean and are we talking about money? Sue stated that part of the conversation does include revenue but we also focus on how we sustain the consumer voice
- We need to think about how we use Atlantic Philanthropy dollars most effectively, as we determine the ongoing cost to us (e.g. TA to states), what's non-recurring (money spent for a consulting program) and how we meet Atlantic's match requirement. Two ideas we are considering patient activation tools and a joint partnership with the University of Massachusetts, Gerontology Institute.

Board Members Questions/Comments

- UMass could potentially be a match but we need to find out if their match contribution would be accepted – additional follow up is needed.
- How do we educate the advocates on how the delivery system works?
- How do we leverage money through grants for contracts?
- What are the metrics and mechanism of consumer engagement?
- We need to keep government public streams funding on our radar.
- Are we working with consumers and consumer advocates or consulting on delivery system reform with the industry– is it possible to bridge from both sides?
- How is the Center for Consumer and Community Engagement an entity opposed to an existing conception of Community Catalyst?
- Does Community Catalyst have enough presence in the quality space?

Board Member Suggestions

- Board members suggested that Community Catalyst be open to using the integrated health systems as a turning point and focus less on delivery system reform and more on consumer engagement.
- Board members suggested that Community Catalyst think about our value added and how we elevate our credibility in the field as it relates to integrated delivery systems.
- Board members asked that Community Catalyst think about how this opportunity would transform the organization and what would this mean for our other work.
- Do we (Community Catalyst) have the skill set needed– Rob stated that he flagged this during the site visit with AP, we indicated at that time we may need to hire folks with a different skill set – this could be where we engage in a joint partnership with UMass.

ACTION STEPS

1. Staff will identify key strategic (not programmatic) elements of The Atlantic Philanthropies proposal that the Board will vote on and/or provide guidance to, e.g. an increased DC presence and a strategic partnership with UMass Center for Gerontology.
2. Provide to the Board at the special Board meeting key elements of the Atlantic proposal to date and any elements that require a Board vote.
3. Continue to involve relevant members of the Board throughout the proposal writing process in an advisory capacity (e.g., business planning, UMass Boston, “How’s Your Health”)

Root Cause - Steve Pratt

Steve Pratt, Director of Consulting Root Cause, has been leading the business planning process for Community Catalyst’s Center for Consumer and Community Engagement (CCCE). Steve CCCE’s areas of potential successes and challenges. He identified two key hypotheses: 1) fee for service via hospitals and health plans, and 2) a more consumer-centric approach with a focus on providing, for example, state-based marketplaces with support on health care literacy related issues. There are two exploratory tracks – taking the original hypothesis and determining what it would take to pilot the delivery of TA at a small scale and/or explore what it would take for Community Catalyst to be a content provider for intermediary groups that are working with consumers.

Key Questions/Comments

- If we can locate intermediate organizations state wide would this be a better direction for Community Catalyst e.g. making them partners?
- Should we consider partnering with existing organizations as a sub-contractor instead of a competitor?
- Consider lessons learnt from Real Benefits
 - Is Root Cause looking into a fee for service vs. consulting service? Steve noted that they are largely looking into fee for service

- What does success look like for us and paying clients? Is there tension in building the capacity with clients?
 - Steve noted that success for a non-profit environment would service two things: delivering a high quality product and doing and being able to sustain that product
 - He noted that tension can arise if there's no reliable product, product equals value which equals revenue
- Do any of these options allow us to bring in any restricted dollars – are there ways to diversify?

ACTION STEPS

- Provide to the Board at the special Board meeting an update on the key recommendations and next steps from the Root Cause Assessment.

Expanding Our Board Membership: Governance Committee Report
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The Governance Committee recommended that Anton Gunn, current fellow at the Kennedy School and a long time consumer health advocate from South Carolina be invited to join the Board. Kate Villers provided some background and noted that Anton matches a number of our criteria. He is interested in joining the Board. Board giving, engagement and development were discussed with Anton.

ACTION STEPS

- Kate Villers will circulate Anton's resume.
- We will vote on Anton becoming a member of Community Catalyst board at our December meeting.

Meeting adjourned at 1:32 PM and Board members went into an Executive session



TO: BOARD OF DIRECTORS
FROM: ROB RESTUCCIA
DATE: DECEMBER 2014
RE: EXECUTIVE DIRECTOR REPORT
DIAL IN: (877-594-8353; participant code 92690821)

We are looking forward to seeing you next Friday, December 12 in our new office at *One Federal Street*. Within the email you received, Alexis included instructions on how to access our office on the fifth floor. Once you arrive we will give you a brief tour of our new home.

It has been an exciting year. At our all staff retreat in November, we reflected on our new projects and the exceptional growth we experienced. It was uplifting but tempered by the political and policy challenges that we continue to face.

Since our last Board meeting we have hired the following new staff:

Amber Ma, Policy Analyst, State Consumer Health Advocacy Program

As a policy analyst for the State Consumer Health Advocacy Program at Community Catalyst, Amber conducts research and analysis on health care policy at the state and national levels. Amber works closely with state consumer advocacy groups across the country to implement the Affordable Care Act, including work on Medicaid, private insurance, and enrollment.

Prior to joining Community Catalyst, Amber served as the Research and Policy Fellow at HealthRight, a multi-stakeholder health policy coalition in Rhode Island. Amber also supported the launching of a cross-sector alliance of health, housing, and energy in Rhode Island by mobilizing stakeholders, facilitating group discussions, and developing a business plan and report for implementing best practices. Amber holds a bachelor's degree in sustainable agriculture from University of California Davis, and a Master of Public Affairs from Brown University.

Trevon Mayers. Program Associate

Trevon serves as a Program Associate and provides administrative and programmatic support to the Director of External Affairs and Policy, Director of Strategic Policy, and Deputy Director. Prior to joining Community Catalyst, Trevon worked at Brigham and Women's Hospital as a Clinical Research Coordinator. Trevon holds a Bachelor's degree in Public Health and Psychology as well as a Certificate in Culture, Health and Science from the University of Massachusetts Amherst. He is currently pursuing a Master's Degree in Public Affairs from the University of Massachusetts Boston.

Jacqueline Rivera, Senior Account

Jacqueline is the Senior Accountant at Community Catalyst. She received her degree in Accounting from Roxbury Community College. She started her accounting career working for a nonprofit agency that provides services for the elderly. For the last 30 years she has worked in finance within both profit and nonprofit sectors.

Tory Stephens, Assistant Director

As the Assistant Director of Development, Tory Stephens is responsible for Community Catalyst's individual giving program. Tory manages Community Catalyst's Catalyst Fund, connects donors in meaningful ways to the organization, and provides strategic guidance on donor growth. Prior to joining Community Catalyst, Tory spent the last 5 years working at AIDS Action Committee of Massachusetts as the Director of Individual Giving.

Prior to that, Tory was the Executive Assistant for AIDS Action Committee of Massachusetts and AIDS Action DC. At AIDS Action, he took on the responsibility of organizing the annual Bayard Rustin Community Breakfast; a gathering produced by AIDS Action that honors HIV/AIDS and LGBTQ activist of color. Additionally, Tory has had the opportunity to travel the globe, visiting over 35 countries. In 2006, Tory earned a Bachelor's Degree at UMass Boston in Political Science and Anthropology where he studied social movements.

We have a full agenda for this meeting. Following my report, Rosemarie Boardman and Donna Pina Robinson will present the year to date financials and the draft budget for 2015. We are on track to meet our income goal for the year and we are optimistic about next. It is important to note that we have dramatically reduced support for our work around pharmaceuticals for 2015. Unfortunately, after a year of significant deficits in this area, we have not been able to identify a funder to support this work. Also, you will also notice that we will be closing out the Roadmaps to Health Program in January 2015 when our funding from the Robert Wood Johnson Foundation ends.

After our budget discussion, we will move to programmatic issues. Michael Miller will discuss what the mid-terms elections mean for Community Catalyst with the focus on the implications for defending the ACA, expanding Medicaid, and health system transformation. Kathy Melley will lead a discussion of On Message's work with Michael Perry, a prominent pollster, who recently completed a series of focus groups on "fixes" to the ACA. Sue Sherry and Angela Jenkins, our new Project Director for our Value Advocacy Project, funded by RWJF, will provide an overview of the project and our planning to develop a program around health system transformation.

Next we will do a final run through of our Atlantic Philanthropies proposal as we are slated to provide our program officer with our final draft in December. We appreciate all the support, insight and feedback that you have provided to us throughout this process.

During lunch, Dr. Robert Masters, Executive Director of Commonwealth Care Alliance will join us to talk about the dually eligible demonstration project in Massachusetts.

CCA is the largest demonstration plan in Massachusetts and is a national model for care delivery for this population. We will hear about some of the best practices and the challenges of this demonstration. Renee Marcus Hodin will explain Community Catalyst's role in the demonstrations.

I would like to encourage you to read the program reports. You will notice from the Communications Report in an effort to increase of visibility, a number of staff members were either quoted in the press or where interviewed on public radio. Many of us have also become "twitterites". I would urge you to follow me on twitter @RobRestuccia. As Diane report reflects our Development Department has been busy writing proposals and reports, opening up new opportunities and conducting site visits. The Program Report (*which you will receive on Monday*) highlights the work occurring in our Closing the Coverage Gap project, our Health System Transformation Project, our Outreach and Enrollment work, our Hospital Accountability Project and much more, I would encourage you to review each of them. Our final agenda items will be the Governance Committee report followed by an Executive Session.

As always, if there is anything you'd like to discuss with me prior to the Board Meeting, please contact Alexis (abrimagemajor@communitycatalyst.org) and she'll be happy to arrange a convenient time to talk.

Next Board Meeting:
March 20, 2015; 9:00-2:30 PM

COMMUNITY CATALYST MEMORANDUM

TO: CC BOARD OF DIRECTORS

**FROM: ROSEMARIE BOARDMAN
DONNA PINA ROBINSON**

DATE: DECEMBER 5, 2014

RE: FINANCE MATERIALS FOR BOARD MEETING

Year To Date Financial Statements:

The October year to date financial statements are provided. We continue to project a year end surplus in line with the approved budget.

Fy 15 Draft Budget:

2015 promises to be another year of growth and mission advancement at Community Catalyst.

The 2015 budget is \$18,551,462, 43% higher than the Fy 14 budget. Our revenue has grown 41% over last year and includes significant new grants from the Robert Wood Johnson Foundation, Wellspring Advisors and Wyss Foundation.

Significant changes from last year include:

- Subgrant funds have increased 149% to \$9 ml due to new funding from the Wyss Foundation and Wellspring Advisors;
- We continue the work of the Prescription Access and Quality Project and Hospital Accountability Project through 2015 despite funding reductions and uncertainty;
- We are ending our work on Roadmaps to Health as the funder no longer supports the initiative;
- We show revenue and expenses for “On Message” reflecting the transition of the Herndon Alliance’s work to us;

Of the \$17,111,072 in program revenue in the budget, 86 % is committed. The majority of the uncommitted funds are renewals of existing grants.

We look forward to discussing these materials with you at the meeting next Friday.

**Community Catalyst
Statement of Financial Position
October 31, 2014**

ASSETS

Current Assets

Cash - Operating	\$ 305,089
Cash - Money Market	<u>3,425,983</u>

Total Cash and Cash Equivalents 3,731,072

Other Current Assets

Accounts Receivable	1,061,627
Pledge Receivable S/T	5,852,533
Other Receivables	1,400
Prepaid Expense	<u>246,412</u>

Total Other Current Assets 7,161,972

Other Assets

Security Deposits	4,046
Deferred Rent	112,275
Pledge Receivable L/T	<u>981,401</u>

Total Other Assets 1,097,722

Property and Equipment

Furniture & Fixtures	25,763
Office Equipment	89,549
Less: Accum Depr & Amort	<u>(115,311)</u>

Total Property and Equipment 1,112,780

Total Assets \$ 13,103,546

LIABILITIES AND NET ASSETS

Current Liabilities

Accounts Payable	\$ 280,058
Accrued Expense	<u>575,406</u>

Total Current Liabilities 855,464

Long-Term Liabilities

LT Portion of Lease Payable	<u>95,522</u>
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Total Long-Term Liabilities 95,522

Total Liabilities \$ 950,986

Net Assets

Unrestricted Net Assets	\$ 1,858,503
Temporarily Restricted Assets -Community Catalyst subgrant funds	2,343,054
Temporarily Restricted Assets -Community Catalyst operating funds	7,286,749
Temporarily Restricted Assets - Management Services Clients	514,579
Temporarily Restricted Assets	10,144,382
YTD Change in Net Assets	<u>309,132</u>

Total Net Assets 12,312,017

Total Liabilities & Net Assets \$ 13,263,003

**Community Catalyst
Net Statement of Activities
for the Ten Months Ending October 31, 2014**

	<u>Current</u> <u>Month</u>	<u>Year to</u> <u>Date</u>	<u>Annual</u> <u>Budget</u>	<u>Balance</u> <u>Remaining</u>	<u>% to</u> <u>Complete</u>
Revenues					
Unrestricted Grants	0	0	0	0	0.00
Grants Released Prior Year	690,077	9,175,361	7,361,862	(1,813,499)	24.63
Grants Released Current Year	368,902	2,866,212	4,484,530	1,618,318	(36.09)
Contracts	33,307	704,365	730,443	26,078	(3.57)
Donations	60,181	193,561	223,000	29,439	(13.20)
Fees	8,567	102,000	112,723	10,723	(9.51)
Subtenant Rent & Fees	0	267,813	343,235	75,422	(21.97)
Investment Income	468	3,926	4,300	374	(8.70)
Total Revenues	1,161,502	13,313,238	13,260,093	(53,145)	0.40
Expenses					
Personnel					
Salaries & Wages	391,370	3,692,742	4,390,181	697,439	15.89
Payroll Taxes	29,217	288,964	354,667	65,703	18.53
Benefits	43,383	519,452	695,525	176,073	25.32
Total Personnel	463,969	4,501,158	5,440,373	939,215	17.26
Contract/Consulting					
Program Consulting	54,103	856,616	1,356,944	500,328	36.87
Accounting/Legal/Tech	16,810	169,053	175,220	6,167	3.52
Temporary Services	2,177	60,962	60,000	(962)	(1.60)
Contracted Staffing	0	22,706	29,522	6,816	23.09
Subgrants	399,000	5,614,559	3,683,917	(1,930,642)	(52.41)
Total Contract/Consulting	472,091	6,723,896	5,305,603	(1,418,293)	(26.73)
Office & Program Expenses					
Meetings & Events	74,557	352,692	461,518	108,826	23.58
Travel	25,407	438,606	539,263	100,657	18.67
Telecommunications	6,218	62,293	106,936	44,643	41.75
Occupancy	5,619	629,126	811,690	182,564	22.49
Printing & Mailing	7,236	34,738	39,428	4,690	11.90
Supplies & Misc.	5,110	31,632	44,672	13,040	29.19
Staff Development	1,420	38,780	51,179	12,399	24.23
Advertising	0	5,882	800	(5,082)	(635.25)
Dues & Subscriptions	2,584	27,372	30,700	3,328	10.84
Fees	638	19,057	20,550	1,493	7.27
Insurance/Other	1,785	19,897	14,896	(5,001)	(33.57)
Equipment Related	4,658	52,179	37,800	(14,379)	(38.04)
Depreciation	0	6,570	16,570	10,000	60.35
Admin Fee	7,260	60,227	70,993	10,766	15.16
Net Allocations	0	0	0	0	0.00
Total Other Expenses	142,493	1,779,051	2,246,995	467,944	20.83
Total Expenses	1,078,553	13,004,105	12,992,971	(11,134)	(0.09)
Net Income	82,949	309,133	267,122	(42,011)	15.73

COMMUNITY CATALYST, INC
DRAFT BUDGET FISCAL YEAR
2015

	FY 14	FY 15	\$ Change	% Change
Income				
Program Income	13,229,990	18,528,131	5,298,141	40%
Donations	100,000	125,000	25,000	25%
In-kind Donations	100,000	100,000	0	0%
Investment Income	4,300	4,300	0	0%
Total Income	13,434,290	18,757,431	5,323,141	40%
Personnel				
Salaries	4,530,665	4,971,265	440,600	10%
Fringe @ 24% , @ 23% in FY15	1,083,908	1,146,208	62,300	6%
Total Personnel	5,614,573	6,117,474	502,901	9%
Nonpersonnel Expenses				
Program Services	1,406,632	868,536	-538,096	-38%
Admin Services	215,054	169,740	-45,314	-21%
Contractual Services	1,621,686	1,038,276	-583,410	-36%
Subgrants	3,683,917	9,188,261	5,504,344	149%
Meetings	461,518	427,560	-33,958	-7%
Travel	539,263	628,982	89,719	17%
Telecommunications	106,937	102,818	-4,119	-4%
Print-Copy-Postage	39,428	29,674	-9,754	-25%
Supplies	44,669	49,512	4,843	11%
Staff Training	51,179	67,446	16,267	32%
Office Equipment	54,370	71,433	17,063	31%
Rent	811,689	694,111	-117,578	-14%
Misc. Charges	137,939	138,671	732	1%
Subtotal Other Expenses	2,246,992	2,210,207	-36,785	-2%
Total NonPersonnel	7,552,595	12,436,745	4,884,150	65%
Total Expenses	13,167,168	18,554,218	5,387,050	41%
Net Income	267,122	203,213	-63,909	-24%

**COMMUNITY CATALYST
REVENUE/EXPENSES COMPARISON
FISCAL YEAR 2014 & 2015**

	Revenue	Expenses	Surplus/Deficit	% Growth of Expenses	% Growth of Revenue
Community Catalyst FY14	13,260,093	12,992,971	267,122		
Community Catalyst FY15	18,757,431	18,554,218	203,213	43%	41%
1000 VBH - Voices for Better Health FY14	2,073,123	2,059,122	14,001		
1000 VBH - Voices for Better Health FY15	1,712,339	1,818,658	-106,319	-12%	-17%
3000 R2H - Roadmaps to Health FY14	870,020	925,755	-55,735		
3000 R2H - Roadmaps to Health FY15	81,368	76,011	5,357	-92%	-91%
3100 NEACH FY14	231,833	255,757	-23,924		
3100 NEACH FY15	884,015	801,083	82,932	213%	281%
3500/4000 RXP FY14	312,156	301,833	10,323		
3500/4000 RXP FY15	23,778	56,702	-32,924	-81%	-92%
4500 External Affairs FY14	715,554	763,951	-48,397		
4500 External Affairs FY15	273,785	283,156	-9,371	-63%	-62%
4900 Substance Usage Disorder FY14	1,231,055	1,143,250	87,805		
4900 Substance Usage Disorder FY15	1,264,320	1,266,892	-2,573	11%	3%
5000/5100 State Advocacy FY14	5,022,085	4,787,050	235,035		
5000/5100 State Advocacy FY15	11,733,680	11,374,322	359,359	138%	134%
5200 Dental FY14	781,591	725,316	56,275		
5200 Dental FY15	947,787	899,036	48,752	24%	21%
6000 HAP FY14	385,000	406,638	-21,638		
6000 HAP FY15	190,000	344,534	-154,534	-15%	-51%



Memorandum from the Office of Development

TO: BOARD OF DIRECTORS
FROM: DIANE M. FELICIO, PH.D., DIRECTOR OF DEVELOPMENT
DATE: DECEMBER 2014
RE: QUARTERLY REPORT ON DEVELOPMENT ACTIVITIES

This final quarter of the year has been equally challenging and exciting for Development. The opportunities and successes described herein will have long term and positive implications for the advancement and sustainability of the organization, but the “getting there” has been daunting at times given the pure volume of work involved. Fortunately, the load is by far overshadowed by the promise that these opportunities hold. For example, our proposal to The Atlantic Philanthropies has been front and center as we have worked to continually refine the elements of what we aim to do; the business planning process that we began with Root Cause entered into its final stage; we began, in earnest, to move toward a new database for Communications and Development; and I am very pleased to report that we hired a new assistant director of development in November. Tory Stephens came to us from AIDS Action Committee and brings a tremendous amount of experience with all facets of individual philanthropy; he will be a key player in growing the Catalyst Fund and our base of individual donors.

FOUNDATION AND PROGRAM HIGHLIGHTS

Proposals and Reports Submitted

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

- **Health System Transformation (HST):** Sue will provide programmatic details about our HST activities, but this quarter marked our first grant award from the Robert Wood Johnson Foundation for this work (\$574,612). Of note is that we expect additional funds from RWJF for health system transformation and, given the focus of our proposal to Atlantic Philanthropies (which is grounded in consumer engagement and influence and transforming the health system), funding from RWJF (2015 and beyond) will be applicable to the required match we will have to fulfill as part of our award from Atlantic.

- **Substance Use Disorders (SUD):** As I reported in September, this has been a stellar year for the SUD program. Along with funds from the Conrad Hilton Foundation and a new funder - Shatterproof - the Open Society Foundations, the program's key funder, supported SUD for another year with a \$250,000 grant that we received last month.
- **In the Loop (ITL):** We are actively pursuing funds to assure that ITL can continue in some capacity. Funding from the Ford Foundation- the program's key supporter - ends on March 1, 2015. Plans are in place to approach the foundation again for another year of support and we are looking into several other options as well. For instance, after the September Board meeting, Amy Rosenthal and I followed up with Wendy and Kavita about Castlight Health and potentially interesting the CEO and/or a member of their Board in ITL. That outreach is very much in progress; we have materials prepared to send and are looking forward to a conversation with Bob Kocher: <http://bobkocher.org/about/>. Outreach to RWJF and the Annie E. Casey Foundation is also underway. Rob has been in touch with the executive director of our partner organization, NHeLP, to identify potential corporate and health care industry funders
- **Hospital Accountability Project (HAP):** Although we remain deeply committed to our work on Community Benefit, we have run into a number of hurdles with regard to funding. For example, our three-year funding from our core funder, the Kresge Foundation, was up this year and we had anticipated having a proposal well underway to prevent any lag in support. We had, in fact, been invited to submit a letter of inquiry - the first phase in the renewal process - but found out during this quarter that Kresge had spent down all of its funds for the year. We are optimistic about 2015, but we do not have any clear indication yet about when we will be invited to submit a full proposal. Additionally, another funder of this work, the Surdna Foundation, had indicated that we would be invited to submit a proposal for two years of funding (\$100,000 per year) for 2014/2015, but we were informed at the end of September that due to their internal funding stream we would be invited to request just \$45,000 for one year, with the hope for additional funds later in 2015. These two unexpected blows were significant to HAP, but we have continued to keep in very close touch with our existing funders and we are actively prospecting for additional support. The Annie E. Casey Foundation has shown interest and staff have been fielding requests from state-based foundations to meet with local hospital systems about the community benefit outreach. These "prospecting" meetings have the potential to lead to contract work in the future.

SITE VISIT

- **The John A. Hartford Foundation:** On September 30 staff and Board of the John A. Hartford Foundation visited Community Catalyst. The Hartford Foundation funds our Voices for Better Health (VBH) project, specifically our work engaging geriatric providers. The site visit was part of the foundation's typical due diligence with grantees. We invited several state-based partners to join the meeting to discuss their work: *Maureen Maigret, The Senior Agenda Coalition of Rhode Island; Martha Watson, RN, The Miriam Hospital; Cathy Levine, UHCAN Ohio (via Skype); and Gregg Warshaw, MD, University of Cincinnati College of Medicine, Provider Advisor to the project, (via*

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Skype). Additionally, Sara Kay, our program officer at Atlantic Philanthropies, joined via Skype. Atlantic is the core funder for VBH and Hartford has been a source of matching funds for that grant. We expect that additional funding from Hartford from 2015 onward will count toward the match that will be required should we be successful with our \$15M request to Atlantic. We were intentionally strategic in using the site visit as an opportunity to link these two funders in the conversation about our work with geriatric providers. Further, we invited Ruth Palombo, Senior Program Officer, Tufts Health Plan Foundation, who has shown interest in our work, but we have yet to get support from Tufts. Ms. Palombo was very pleased to join the visit, to learn more about our work with Hartford and Atlantic and discuss ways that Tufts might be able to participate. We have had excellent follow-up with her since and are optimistic about funding.

▪ **ACA Implementation Fund Update**

	Contributions to the ACA Implementation Fund by National Organizations						
	(in thousands)						
	2011	2012	2013	2014	2015	Total	2016
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	Invitation expected
Langeloth Foundation	\$500	\$400	\$400	\$400		\$1,700	Proposal invited
The Atlantic Philanthropies (\$2M/4yrs)	\$500	\$500	\$500	\$500	\$500	\$2,500	
Rockefeller Foundation	\$200					\$200	
Wellspring Advisors		\$80,625	\$100	\$150		\$330,625	Invitation expected
The California Endowment	\$300	\$300	\$300			\$900	
Total	\$3,000	\$2,780,625	\$2,875	\$3,365	\$500	\$12,520,625	

BUSINESS PLANNING (Root Cause)

Steve Pratt and the Root Cause team are in the final stages of preparing the results of the business planning process. We will be spending more time on this item at the March Board meeting. In brief, Root Cause interviewed over 30 potential customers (such as state exchanges and mission-based health plans), partners (such as membership and advocacy organizations) and thought leaders (such as academics and state officials) with an interest in the role of consumers

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in health care delivery. The interviews focused on obstacles faced at different phases of health care delivery in working with and serving the needs of consumers. A broad market scan was conducted to identify nonprofit and for-profit organizations that currently provide services to address these obstacles. The point of the research was to identify gaps that the Center for Consumer and Community Engagement would be in a position to fill through its services.

As Steve began to indicate during the September Board meeting, his research and concurrent interviews showed that while interviewees expressed interest in, for example, training consumers to serve on advisory boards and other more advanced issues, their main focus vis-à-vis consumers was on addressing immediate concerns such as enrollment and website functionality. Given the early stage of market development, Root Cause has recommended a collaborative approach to market entry with partners that complement Community Catalyst's strengths, share our values and have the capacity to share risk. The plan offers Community Catalyst the opportunity to adapt to changing conditions as the market for its services takes on more definition and maturity.

The Board will see this recommendation come full circle in our proposed partnership with Commonwealth Care Alliance (CCA) and Vital Healthcare Capital (VCap) that we are developing in association with our proposal to The Atlantic Philanthropies. This partnership calls for a joint investment and participation in bringing the CCA model of care, and Community Catalyst's consumer engagement expertise, to health plans and health care and social service organizations seeking to participate in the opportunities that have been created by the ACA. Community Catalyst, CCA, and VCap will bring a set of services (and funds in the case of VCap) to assist these organizations in effectively participating in these opportunities and, in particular, providing them with strategies to improve outcomes for complex and disadvantaged populations.

INDIVIDUAL GIVING

We have slowly, but surely been growing our individual donor base since 2010/11 and the 15th Anniversary event last year moved us along significantly. Prior to the event we had a small, but loyal base of supporters (we sent about 150 or so Catalyst Fund letters per year). This year we will be sending close to 600. The 15th Anniversary really pushed us to think about who has touched or has been touched by Community Catalyst and/or our staff - particularly our senior staff - in some way and, as a result, our list grew substantially. Unfortunately, a few months after the event I had to make a staffing change and the position charged with stewarding our individual donor base was vacant for several months until November when I hired a new assistant director of development. Tory Stephens has us back on track and has already showed great promise in building an individual giving program that is in keeping with the best practices of the field. I will have more to report on this in the months ahead, particularly at the March Board meeting when we will have the results of our 2014 year-end appeal.

Finally, as I have mentioned on many occasions, we are proceeding with replacing the database that Development and Communications both use for our constituency relationship management and communications. We have hired a consultant who will be helping us select a new system(s) and we hope to have something in place - and fully functional - by this time next year. The database has been a major hurdle in our ability to communicate with donors in a targeted way and track our interactions with them (which is really fundraising 101).



Memorandum from the Office of Communications

TO: BOARD OF DIRECTORS
FROM: KATHY MELLEY, COMMUNICATION'S DIRECTOR
DATE: DECEMBER 2014
RE: QUARTERLY REPORT

I. Quarter 4: Key Communications Accomplishments

Related Strategic Plan Goals:

- #1: *Build a stronger advocacy infrastructure to increase the power and influence of consumers in the health system nationwide*
- #5: *Invest in Organizational Capacity*

1.) Focus Group Research Results and New ACA Messaging

We completed our focus group research and new messaging on “fixes” to the ACA, and we presented it to White House, HHS, Senate Finance, Senate Budget, Senate HELP, House Ways and Means, House Energy and Commerce and House and Senate leadership staff. The Center for American Progress integrated the messaging into an op-ed they had published in *U.S. News & World Report*.

2.) Positive reception to *Getting to Covered: Southern Enrollment Stories*

We worked with our Southern advocates and videographer to develop a video on the opportunities and challenges associated with enrollment in the South. The video, which was featured at a Grantmakers in Health conference, has been very positively received by advocates, partners, funders, HHS and the White House.

Quarter 4 highlights

Media (see press coverage document to read articles)

Dara Taylor, director of Expanding Coverage through Consumer Assistance project, explained successful strategies to engage the uninsured to enroll in coverage on *KCUR 89.3FM*, a St. Louis *NPR* affiliate.

Christine Barber, senior policy analyst, and Eva Stahl, director of NEACH, talked to *U.S. News & World Report* about family coverage options through the ACA and CHIP.

Christine Barber talked to *U.S. News & World Report* and the *Wall Street Journal* (the article hasn't been published yet) about insurance options for the self-employed.

Susan Sherry was quoted in a *Lohud* (a New York-based news outlet) article on the implications of hospital mergers.

Phillip Gonzalez, program manager of the Hospital Accountability project, explained the importance of transparency around hospital financial assistance on Cleveland's *NPR* affiliate station.

Katherine Howitt, Close the Gap project manager, participated in an hour-long discussion of Medicaid Expansion on *Utah Public Radio's Access Utah*.

Press Releases and Statements:

We issued a [statement](#) on the first national release of data on industry payments to prescribers, made possible by the Physician Payments Sunshine provisions of the ACA.

Products

Getting to Covered: Southern Enrollment Stories (see Outreach, Education and Enrollment)

November Spotlight Newsletter:

We drafted and disseminated the Community Catalyst Spotlight newsletter, which included articles on the implications of the mid-term elections, outreach and enrollment efforts in Missouri, a Community Catalyst study on physicians and drug prices, and Rob Restuccia's sabbatical.

Project and Issue Team Support

On Message (formerly The Herndon Alliance)

- *On Message* Daily Media Summary:

We made changes to the Media Summary format based on feedback we received from our reader survey and follow-up interviews. Open rates have increased from 18 percent in August to 20 percent in October (14 percent is considered industry standard). The clips go out to more than 2,000 health care opinion leaders.

- Leading Washington, DC Convenings:

We hosted DC meetings in September and November to talk about enrollment communication strategies and focus group work on fixes to the ACA. Mike Perry of PerryUndem presented our fixes focus group results at the November meeting (see Research below).

- ACA Positive Narrative and Defense:

To respond to the needs to advocates, we provided timely rapid response talking points on key implementation events and issues:

- The Supreme Court consideration of the King v. Burwell court case, which threatens ACA subsidies and is a big concern to advocates
- 2015 premium rates

- Research (focus groups and polling):

In partnership with ACS CAN, we worked with polling research firm PerryUndem to conduct focus group research on potential fixes to the ACA. We held six focus groups in three cities – Cleveland, Houston and Denver. Based on those results, we developed a new messaging frame targeting “conflicted voters.” In addition to sharing results and messaging at key DC meetings (see key outcomes), we are developing a plan for dissemination to state advocates. The presentations led to lively discussions at all of our meetings, and national groups and HHS and Hill staff were very appreciative of our work. Since one of the proposed fixes related to consumer assistance, we used the

opportunity to make the case for stronger support for state consumer assistance programs. HHS asked for specific follow up information.

Medicaid

Close the Gap campaign monthly technical assistance calls have officially begun. We have provided communications technical assistance to Medicaid expansion campaigns in multiple states, including: Pennsylvania, Wyoming, Georgia, Utah, Montana and Virginia. Lucy traveled to Georgia for their Cover Georgia coalition meeting and gave a training on Medicaid messaging. Lucy also traveled to Utah to observe our Close the Gap focus groups. Two states have been completed (Utah and Texas) with three more coming in January. We've been invited to present the focus groups findings during a session at Families USA Health Action conference. We also have been working with the SUD and OEE teams to strengthen the connections between Close the Gap campaigns and SUD advocacy as well as between enrollment specialists and advocates. Right before the Thanksgiving break we released new materials on how enrollment specialists can connect with consumers who fall into the gap so they can tell their stories and advocate for Medicaid expansion. We also prepared Katherine Howitt for a one-hour appearance on *Utah Public Radio's Access Utah* where she talked about Medicaid expansion nationally with our Utah advocates and Utah House Majority Leader Jim Dunnigan. Finally, we did a social media push around Veterans Day that was very popular with state advocates and taken up by many states.

Outreach, Education and Enrollment (OEE)

We released our video featuring outreach and enrollment efforts in three southern states: North Carolina, Florida and Alabama. After a successful showing at the CVC meeting and at a GIH gathering, we released our video and are featuring it on CC's website. Work is underway on the three additional, shorter, state-specific videos that will be used by advocates in North Carolina, Florida and Alabama.

We released many materials for the launch of Open Enrollment 2, including social content [on renewals](#) and a bigger [launch toolkit](#) for open enrollment focused on the remaining uninsured. We updated our messaging memo from last year, released a story banking toolkit, created talking points and social content, and gave advocates tips for tracking their success and accomplishments during the open enrollment period.

Substance Use Disorders

We provided guidance on Close the Gap messaging to prepare the SUD team and their Maine partners for a *Portland Press Herald* editorial board meeting where they discussed the impact of Medicaid expansion on curbing substance use disorders. The meeting resulted in a very strong editorial in favor of closing the coverage gap in Maine that made the link to substance use disorders.

Voices for Better Health

We organized a video-storytelling workshop in the form of a "VBH Film Festival" at the Voices for Better Health convening. The videographer of both VBH story videos, "Sally and Edna's Story" and "Olivia's Story," screened these pieces and then explained interviewing techniques useful to advocates, even those working on a tight video or audiotape budget. Looking ahead to potential VBH video projects, we conducted videotaped interviews with 12 state advocates and geriatrics experts in attendance at the convening, making efficient use of their presence and minimizing videography time and expense.

Social Media:

Over the past year, Christine Lindberg, our digital communications specialist, has been training and coaching four senior leaders (Rob Restuccia, Sue Sherry, Michael Miller, and Renee Markus Hodin) on using Twitter. The goal was to increase staff capacity to use a new communications channel and to build the visibility of organizational leadership with opinion leaders and reporters who are active on Twitter. While each of the leaders is still getting comfortable with use of Twitter and working to make time for it, they have all made progress. They have all participated in a Twitter conversation during a conference,

meeting or event. They have reached a subset of our key audience, and they are each building a base of followers.

Website and Social Media Statistics

*Note: Google Analytics has made a shift in its terminology, and the language in this report has changed slightly to reflect Google's new terms. Our analytics now frequently refer to unique visitors as users and visits as sessions.

Website

Visitors this quarter:

CommunityCatalyst.org was visited by 15,244 users this quarter. This is very nearly the same traffic that we saw last quarter (about 500 fewer users).

Demographics:

Our site has visitors from every state in the country. More than a quarter of all sessions* are from Massachusetts (5,649/20,668 sessions). The other states we receive a significant number of visits from are:

- California: 1,503 sessions
- New York: 1,358 sessions
- Washington DC: 1,324 sessions
- Illinois: 665 sessions
- Pennsylvania: 600 sessions
- New Hampshire: 595 sessions
- Virginia: 571 sessions
- Florida: 550 sessions
- Texas: 523 sessions
- Ohio: 509 sessions

We consistently see the same states sending traffic to our site. While there is some variation in monthly sessions from these top states, visits each month from these states and DC have on average remained consistent over the past few quarters. This quarter, visits from New Hampshire were up significantly and we saw a sharper drop in visits from Colorado (301 sessions this quarter as compared to 524 sessions last quarter) and Virginia (571 sessions this quarter compared to 724 sessions last quarter).

*Note: Demographic stats count sessions versus users (i.e. Massachusetts has a disproportionately high number of sessions because our staff is primarily located here and we are all heavy users of the site. However, those sessions only count toward 1 user, helping to balance the influence of staff users on other metrics in the analytics).

Content:

Page	Unique Pageviews	Bounce Rate	Percent Exit
1. Homepage	7,099	26%	28%
2. Employment Opportunities	1,691	47%	27%
3. Staff page	1,687	34%	15%
4. About Community Catalyst	1,063	32%	23%
5. Expanding the use of nurse practitioners (Medicaid Report Card Metric)	813	82%	81%
6. Communications Manager Job Posting	789	83%	68%
7. Mission and Values	768	48%	25%
8. Contact Us	738	78%	62%

9. SCHAP Senior Policy Analyst job posting	585	78%	56%
10. Voices for Better Health initiative page	502	39%	27%
11. Program Associate job posting	494	70%	40%
12. Meaningful Consumer Engagement Tool	485	55%	36%
13. Blog landing page	469	69%	46%
14. Merger Watch job posting	451	91%	62%
15. Board of Directors Page	433	33%	15%
16. Consumer Voices for Better Health Project Manager	406	87%	70%
17. Our Approach	355	52%	21%
18. Tools Section Landing Page	339	23%	12%
19. Our Focus Page	310	63%	15%
20. Rob Restuccia's Bio	306	62%	34%

Bounce rate: The number of single page visits (i.e. the % of people who left the site from the page they entered on).

An average bounce rate is between 40% – 70%.

Exit rate: The number of visits that ended on this page.

*Note that the bounce rate and exit rate for visitors to the report is inflated by the number of people downloading the PDF, which analytics counts as people leaving the site.

Social Media

Twitter: @HealthPolicyHub

From September 1 to November 30:

- Grew 203 followers and now have 4,987
- 134 clicks on links we posted
- We were retweeted 219 times

Facebook

From September 1 to November 30:

- 38 new likes, now are liked by 1,249 people total
- We had several key peaks for the reach of our posts:
 - The *Getting to Covered* video reached 541 people on Facebook.
 - We had significant spikes in likes and post reach when we shared information about our move to One Federal Street. A picture of our moving team garner 38 likes and reached 823 Facebook users and a photo of Kate Villers on her last day in the office was liked 26 times and reached 268 people.
 - We also saw a spike in our page reach around the beginning of open enrollment and visuals we distributed counting down to open enrollment, educating consumers about renewals.

COMMUNITY CATALYST PRESS HITS

October 2014 – December 2014

October 10, 2014: *KCUR 89.3 FM*, Navigators Share Strategies For Obamacare Enrollment
<http://kcur.org/post/navigators-share-strategies-obamacare-enrollment>

October 17, 2014: *U.S. News & World Report*, The Difficulties of Shopping for Family Health Insurance
<http://health.usnews.com/health-news/health-insurance/articles/2014/10/17/the-difficulties-of-shopping-for-family-health-insurance>

October 22, 2014: *POLITICO Pro*, Obamacare Foot Soldiers, Armed with Experience
<https://www.politicopro.com/story/healthcare/?id=39825>

November 6, 2014: *U.S. News & World Report*, Look Beyond the Alphabet Soup of Acronyms When Picking a Health Plan
<http://health.usnews.com/health-news/health-insurance/articles/2014/11/06/look-beyond-the-alphabet-soup-of-acronyms-when-picking-a-health-plan>

November 23, 2014: *Lohud The Journal News*, Chain Reaction: Hospital Affiliations Could Drive Up Costs
<http://www.lohud.com/story/news/local/westchester/2014/11/22/chain-reaction-hospital-systems-drive-costs/19433175/>

November 25, 2014: *Utah Public Radio*, The Affordable Care Act in Utah On Tuesday's Access Utah
<http://upr.org/post/affordable-care-act-utah-tuesdays-access-utah>

November 28, 2014: *U.S. News & World Report*, Health Insurance Options for the Self-Employed
<http://health.usnews.com/health-news/health-insurance/articles/2014/11/28/health-insurance-options-for-the-self-employed>

COMMUNITY CATALYST Board of Directors Strategy Screen Process

Projects in Incubation

In order to engage the Board in setting the direction of Community Catalyst's program work, the Executive Director will present a Project Incubation document at each Board meeting. The document will list new projects or organizational directions that are in an early stage of discussion by the management team.

The purpose of this document will be to provide information about new projects or organizational directions for Board discussion and to obtain feedback from the Board during the planning process.

For each potential new project or direction the Board will consider the following questions:

- Does it strategically advance Community Catalyst's mission? Its organizational development?
- Is it consistent with current program priorities? Will engagement in the project enhance or possibly impede existing work?
- Will it require new partnerships? If so, would these present new opportunities, or conflicts?
- What allocation of organizational resources would be required (including opportunity loss)?
- Have other sources of revenue support been identified?

The staff will process feedback from the Board and integrate it into the planning process. Changes made based on this feedback will be reported at the next Board meeting. We recognize that timelines for decision-making may differ depending on circumstance, and that specific decisions may need to be made in consultation with the Board Chair between Board meetings and at times with differing levels of information.



Date: December 12, 2014
To: Community Catalyst Board of Directors
From: Rob Restuccia
RE: Incubation Ideas

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.

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. We are also discussing expanding the ITL approach to other issues e.g. duals, community benefits and tax prep integration.

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.

Health and Housing- We have talked to housing advocates about the intersection of health and housing. There are intersections with a number of other areas of work including delivery system issues, community benefits, and outreach and enrolment. These discussions focused on potential place-based collaborations where housing and health advocates had both interest and capacity if there were central support.

Obesity Prevention- We are involved with Phil Edmundson, CEO, William Gallagher Associates (a friend to the organization and activity in obesity prevention efforts) in the planning efforts related to a development of a Massachusetts campaign focused on obesity.

Health and Health Insurance Literacy - emerging from our outreach/enrollment and consumer assistance work we have had some preliminary discussions with funders and TA providers to state governments about potential collaboration around addressing the need for more and better tools and strategies in this area.

Business Leaders Project – we are discussing the possibility of continuing this project with business leaders in Massachusetts, focusses on other issues such as delivery system reform.

Close out

Pharmaceutical Pricing – We are in the final close out phase of our work on PPSA and drug pricing. We may have an opportunity to work on pricing issues with a coalition lead by the National Health Coalition.

Roadmaps – This RWJF program is ending in the first quarter of 2015.

The Attorney General's

Guide for Board Members of Charitable Organizations



COMMONWEALTH OF MASSACHUSETTS
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INTRODUCTION

This guide is provided by the Attorney General's Office to help board members of non-profit charitable organizations carry out their important responsibilities. As a board member you have both the privilege and the responsibility of participating in the governance of an organization that is operated not for the benefit of private individuals, but for the benefit of the public. As the agency of the Commonwealth charged with protecting the public's interest in your organization's activities, the Attorney General's Office deeply appreciates your willingness to serve as a board member and recognizes your hard work and dedication perform an extremely important service for all citizens of the Commonwealth.

While portions of this guide may be helpful and applicable to all nonprofit organizations, it should be emphasized that it is specifically designed for board members of those nonprofit organizations that are "public charities." What constitutes a public charity is not widely understood, and people are often surprised to learn that these organizations range in size, scope and complexity from our largest universities and health care systems to small, neighborhood-based social service organizations. As a general rule these otherwise diverse organizations are linked, not just by nonprofit basis, but because they operate on an exclusively charitable basis and collect, hold and expend funds solely for the benefit of the public.

Examples of nonprofit organizations that **are** public charities include philanthropic organizations as well as most of our hospitals, schools, social service providers, cultural organizations, parent-teacher associations/organizations, and youth sports leagues. Examples of nonprofit organizations that **are not** public charities, and are therefore not regulated by the Attorney General's Office, include chambers of commerce, labor unions, social clubs, civic associations and similar organizations that benefit only their members. If you have any doubt regarding your organization's status, you should consult legal counsel or contact the **Non-Profit Organizations/Public Charities Division** of the Attorney General's Office at (617) 727-2200, ext. 2101.

Often we are asked what we believe are the most important things a board member can do in order to best serve his or her organization. Here are our recommendations in key areas of stewardship. While this guide is not intended to prescribe the exact manner in which a Massachusetts public charity board must function, and while we recognize that the size, form and structure of the boards vary greatly, we believe that this guide will help all board members do their jobs well.

I. BOARD MEMBERS HAVE RESPONSIBILITIES

If you are a trustee or a member of the board of directors of a charitable organization, you and your fellow board members are responsible for governing the organization.

The law imposes upon you two primary duties: the duty of care, and the duty of loyalty. The **duty of care** means that you must act with such care as an ordinarily prudent person would employ in your position. The **duty of loyalty** means that you must act in good faith and in a manner that you reasonably believe is in the best interest of the organization.

As discussed throughout this guide, it is your job to oversee your chief executive officer (CEO) and to see that the organization is faithfully carrying out its purpose without extravagance or waste.

THIS MEANS:

- You should attend board meetings and meetings of committees on which you serve. You should make sure that you receive detailed information beforehand about matters which are going to be voted on at a meeting.
- You should carefully read all of the material which you receive and prepare yourself to ask questions.
- You should use your own judgment and not simply take the word of your CEO or fellow board members.

IN SHORT:

You should be aware of and informed about every major action the charity takes.

II. YOU HAVE THE RIGHT TO INFORMATION

In order to carry out your legal responsibilities as a board member or trustee, you must be able to make informed judgments about important matters affecting the organization. The law permits you to reasonably rely on information from the organization's staff, lawyer, auditor, outside advisors, and board committees in making those judgments. If you do not have adequate information, you have the right to get it.

THIS MEANS:

- You have the right to have reasonable access to management.
- You have the right to have reasonable access to internal information of the organization.
- You have the right to have reasonable access to the organization's principal advisors, such as its auditors or attorneys, for example.
- Senior management must be willing to facilitate board access to the books and records of the organization.
- Senior management must be willing to facilitate communications between the board and the principal advisors of the organization.
- The board has the right, if necessary, to engage the services of outside advisors at the organization's expense to assist it with a particular matter.

IN SHORT:

You have the right to obtain the information you need to carry out your responsibilities as a board member.

III. MAKE SURE YOUR BOARD IS VITAL AND DIVERSE

A charity's board should be vigorous and responsive to the mission of the charity. You should make sure that your board's process of selecting new members assures diversity of viewpoints and rotation of board members and officers. As a board member, you have responsibility for ensuring that the public and charitable role of the organization will be carried out in a way that is effective in furthering the mission of the charity. A nominating process which invites openness, variety, and change is important to achieving this goal.

THIS MEANS:

- Your nominating process should reach out for candidates, and actively recruit individuals whose commitment, skills, life experience, background, perspective, or other characteristics will serve the organization and its needs.

- A larger candidate pool may result if you include non-board members as well as board members on your nominating committee.
- Term limits for board members are an effective way to ensure board vitality. If your board does not have term limits, board members should be reviewed periodically to confirm that they remain interested in and suitable for the board. Rotation off the board, assignments to off-board committees, and designation as emeritus members are other ways to achieve a vigorous board.

IN SHORT:

To avoid becoming labeled as a closed club for “insiders only,” choose board members who have an interest in the organization’s mission, represent diverse viewpoints, and have a willingness to learn, and then be sure there are opportunities for board renewals.

IV. CHOOSE AND EVALUATE YOUR CHIEF EXECUTIVE OFFICER CAREFULLY

Hiring the organization’s CEO is one of the most important tasks you have. It is the job of the board to engage in a selection process which will allow the board to find the right person to carry out the charity’s purpose efficiently and effectively. The organization for which you are responsible can only benefit when the entire board participates in hiring and evaluating its chief executive employee.

THIS MEANS:

- The board should form a search committee at the beginning of the hiring process. If the board does not create a written job description for the CEO position prior to hiring, it should at least develop a profile of the sort of CEO it believes the organization’s mission and current needs require.
- A majority of the search committee members should be board members, but it may be beneficial to include staff members and others knowledgeable about the organization and its mission .

- If the size of the board permits, the entire board should interview the final candidates and participate in contacting their references.
- The entire board should make the final decision to hire the CEO.
- After the CEO is hired, the board should periodically review and assess the chief executive's performance, keeping in mind that the board has the authority to discharge as well as hire the CEO.

IN SHORT:

Board members should actively participate in selecting and evaluating the charity's CEO.

V. GET INVOLVED IN SETTING EXECUTIVE COMPENSATION

The board is responsible for setting the compensation of the organization's CEO and other senior managers. When setting executive compensation, you should be mindful that the public, which supports the charity and uses its services, is interested in knowing the amount. This information is provided to the public by the Non-Profit Organizations/Public Charities Division of the Attorney General's Office and by the Internal Revenue Service (IRS), and is available online to anyone who wishes to review an organization's Form 990 at www.guidestar.org, an independent database of nonprofit organizations.

In addition, both the IRS and the Non-Profit Organizations/Public Charities Division from time to time scrutinize the reasonableness of a charity's executive compensation and the process used by the board to determine this compensation. Complaints of excessive compensation or private benefit, whether from regulators or from the public, can expose the organization to legal action and damage its good name.

THIS MEANS:

- Every board member should know what the CEO and other senior managers are paid, including the value of any non-salary compensation, such as the use of an automobile, retirement funds, etc.
- If a compensation committee is used, it should not make the final decision. In setting compensation, you should consider the performance of your CEO and senior managers and the compensation provided to other similarly situated

executives in the field. If the board chooses to engage a compensation consultant to gather or review this information, it should not rely solely on the recommendations of the consultant, however. Board members are responsible for determining what level of compensation is reasonable for their organization, taking into account other important factors such as the concerns of donors, the impact on the charity's mission and finances, and the good name of the organization.

IN SHORT:

Your process for setting executive compensation, the amount of such compensation, and the terms of such compensation should all be well documented, approved by the full board, and be sensitive to public concerns and regulatory oversight.

VI. BEWARE OF CONFLICTS OF INTEREST

You, or a business you control or benefit from financially, may be considering whether or not to engage in a transaction with the organization on whose board you are sitting. A situation of this type presents a potential conflict between your own financial interests and your duty as a board member to be absolutely loyal to the organization. It also may look questionable to the public.

Because of these problems, a board member or related entity should be cautious about entering into a business relationship with the organization the board member is overseeing, and the board should be very cautious about allowing the organization to enter into such a relationship. Such a transaction should not occur unless the board determines it is clearly in the best interest of the charity. Prior to the board vote, the board member should fully disclose his or her financial interest to the entire board, and the board member should not vote on any aspect of the arrangement or be present when it is being discussed or voted upon.

THIS MEANS:

- You should ensure that your board has a policy for dealing with conflicts of interest.

- The policy should include a procedure for the annual written disclosure by all board members and senior managers or key decision makers in the organization of their business involvements with the charity and their other board memberships and business interests, both for-profit and charitable. The information disclosed should be circulated to all board members and be updated throughout the year as necessary. The Attorney General's Non-Profit Organizations/Public Charities Division requires that the value and terms of these related party transactions be disclosed on the organization's annual Form PC filing. (Please visit the Attorney General's Office website, www.mass.gov/ago, to see the Instructions to Form PC for additional information on related party disclosures.)
- Your conflict-of-interest policy should address the issues raised if board members or other senior managers have or might acquire investments that may affect or be affected by the charity's investment decisions. In addition, it should address other conflicts that can be reasonably foreseen, based on the organization's charitable activities. For example, a grant-making organization should consider how to address grant applications from an entity that has an employee or board member serving on the grant-making organization's board.
- In addition to the disclosure of financial interests and conflicts of interest, the policy should also include a procedure for the withdrawal from discussion and voting by the board member or senior manager with a conflict. This procedure should be followed whenever the charity enters into a business transaction with a board member or senior manager, or with an entity in which a board member or senior manager has an interest.
- It may be advisable to obtain an outside evaluation or appraisal of any major business transaction that is being proposed between the charity and a board member or manager or any entity in which a board member or manager has an interest. This evaluation is to assure that the proposal is feasible, the terms are favorable to the charity, and the potential pitfalls of such a transaction to the charity have been identified.
- The board should carefully consider the pros and cons of entering into relationships, such as management contracts, the creation of subsidiary entities (whether they are for-profits or nonprofits), and other transactions that involve inherent conflicts of interest because the board's duties of care and loyalty are being divided among several entities or delegated, even in part, to another entity.
- Because of the sensitivity of conflict-of-interest issues, you may want to require that transactions involving these issues receive a greater-than-majority vote.

IN SHORT:

Any conflict transaction should be scrutinized very closely by the board, both because of the dynamic it creates within the board and because of the predictable skepticism with which the public and regulators will view the transaction, no matter how scrupulously a careful policy is followed.

VII. PAY CLOSE ATTENTION TO FINANCIAL MATTERS

As a board member you have primary responsibility for making sure that the charity is financially accountable, that it is not allowing charitable assets to be used inappropriately or diverted to private interests, that it has mechanisms in place to keep it fiscally sound, and that it is properly using any restricted funds it may have.

THIS MEANS:

- The board should make sure that a realistic annual budget is developed.
- The budget should be developed early enough that the entire board can be involved in its review and approval before the beginning of the fiscal year.
- The board should be sure that the charity has adequate internal accounting systems and controls. At a minimum, the board should discuss and approve all delegations of its signatory authority, put these delegations in writing, and review them annually. In addition, the board should consider requiring board action on large or especially significant contracts or grants, and on all transactions involving real estate, borrowing, or sale/disposal of large assets. Board members should expect management to produce timely and accurate income and expense statements, balance sheets, and budget status reports, and should expect to receive these in advance of board meetings. These reports ought to be easily understood by the majority of board members and board members should take an active role in reviewing and questioning the information in them.
- The board should require periodic confirmation from management that all required filings (such as tax returns and the Massachusetts Form PC) are up-to-date and that employee withholding taxes and insurance premiums are being paid when due.

- The board should consider the value of having independent audits and maintaining standing audit and finance committees. However, if these committees are established, the full board should still receive and act on the report of the independent auditor, receive periodic financial reports, and approve the budget.
- The board should make sure that fundraising is done honestly and with integrity. The board also should make sure that any contract with an outside professional fundraiser is fair and reasonable, and that the fundraiser's performance is monitored.
- The board should confirm that any restricted gift to the charity is separately accounted for, and that the funds are being used in accordance with the terms of the restriction.

IN SHORT:

The board should be informed about all aspects of the organization's finances and is ultimately responsible for the financial health and integrity of the organization.

VIII. EDUCATE YOURSELF

A member of the board of a charity should be knowledgeable about his or her role in the governing process, the mission of the organization, and the unique operational, legal, and financial issues facing the organization.

THIS MEANS:

- You should have a copy of, and be familiar with, the articles of organization of your organization and the by-laws of your board.
- The board should review what training and education it may need on a regular basis.
- Particular attention should be given to providing orientation to new board members.
- Programs and materials should draw on the expertise of specialists in the fields related to your board responsibilities.

- If your board does not have a board manual containing governing documents, copies of the most recent audit and budget, and other orientation materials, it may want to consider developing one.

IN SHORT:

As a board member, you must take the initiative to educate yourself on an ongoing basis about your role and responsibilities, and the board as a whole must take responsibility for its own training and orientation.

IX. OTHER RESOURCES TO ASSIST YOU IN YOUR RESPONSIBILITIES

The Attorney General's website provides access to a number of useful publications, advisories, and reports produced by the Non-Profit Organizations/Public Charities Division. These may be viewed online or downloaded from www.mass.gov/ago. In addition, the division has posted on the website a number of links to information provided by others, including the IRS, Guidestar.org, and nonprofit oversight and advocacy organizations. Finally, all forms and instructions issued by the division are also available on the website.



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