



## **Healthy Mendocino Leadership Team**

October 22, 2020 1PM-3PM Zoom Meeting

### **Minutes**

**Present on Call:** Patrice Mascolo, Molly Rosenthal, Clinton Maxwell, Miranda Ramos, Jill Damian, Stacey Pollina-Millen

**Absent:** Victoria Kelly, Tammy Moss Chandler, Donna Schuler, Menaka Olson, Roseanne Ibarra, Victoria Kelly

Meeting Commenced: 1:04PM

### **Financials**

#### **July-September Financials**

These numbers are the approximate amounts for salaries. The PPP loan money is also paying for office rental on the coast for a total of \$900.

#### **Fundraising Update**

Total revenue still low compared to what we're looking for. County Contract has been signed, but the first quarter we will not see funding because most of it will go directly to the website licensing fee which is due in November and salaries, which the PPP loan took care of up until October 15<sup>th</sup>. County money will show up in the financials in January. Adventist Health check should be coming soon. MCOE will not be able to fund us this year because there are too many unknowns with federal funding. We did get some leads on other funding. The Community Foundation is bringing our funding request to their board at their November meeting. Mendocino Coast Healthcare Foundation will be bringing our request to their funding committee in a couple weeks.

### **Healthy Mendocino Updates**

#### **Website Update**

Staff is continuing with website updates. Staff talked to HCI, the website host, about how to create our own indicators and have them made for us. We have clarified our governance on the website. Our governing body is the Leadership Team. The Healthy Mendocino Roundtable (formerly the Advisory Council) is a quarterly meeting and networking opportunity for agency and community leaders to share what their organizations have been up to and engage around specific SDOH topics. The Roundtable updates have been moved from the Governance section of the website to Community Engagement.

The Local Health Events Calendar is almost revamped and will be promoted in the Nov/Dec Newsletter. We are looking into ways for organizations to submit their own events.

**Webinar:** We are planning a fall webinar for either Dec 2<sup>nd</sup> or 10th in partnership with the Equity, Diversity and Inclusion Task Force.

The team advised that staff spend time defining the outcomes and audience for this webinar because that will greatly shape the conversation. Is the goal of this webinar to educate the public or solve a problem?

### **Data Collection**

HM endeavors to collect more local data indicators to supplement the HCI indicators on the website. Patrice attended a Behavioral Health Advisory Board Meeting to see if we can receive their data. Camille from RQMC was receptive to this request. Patrice asked the Board if we can receive recent suicide rate and overdose death rates. Jennie Miller from Behavioral Health will ask their legal department if this can be allowed, as the information has restricted access.

Miranda suggested that as we work to develop local data indicators, we need to have some sort of interpretations of the data that portrays it clearly instead of through the lens of the organization providing the data. An objective interpretation would shed institutional lingo and language. We need to make sure the data makes sense to our end-users.

### **CHNA Update**

Patrice is talking to past CHNA collaborate partners and finding out how they use the information that comes out of the assessment, if at all. So far, she has talked to the County, NCO, and MCOE. We want to know what the value of the CHNA is to them and whether the initiative should continue. Patrice will prepare a report with these findings by January 2021. To do another collaborative CHNA we would need separate funding. If it is a go, it would need to get started in spring.

Miranda suggested that if the CHNA were to continue, we hire a new facilitatory for the process. Staff should also check to see if Public Health finds value in the CHNA. A lot had to do with the implementation process after the fact and issues with accreditation. We also need to find out if Adventist Health has their own set of requirements and whether they will be doing their own CHNA this cycle.

## **Healthy Mendocino Roundtable and Leadership Team**

### **Changes to the AC/HM Roundtable**

Last meeting there was some confusion about HM governance and the relationship between the LT and the AC. To hopefully clear up this confusion, we decided to re-name the AC to the Healthy Mendocino Roundtable. This group is not part of the governance. In the last couple months, we have brought in 4 new members: Mary Kate McKenna from Mendocino Healthcare Foundation, Una Wirkebau from MOVE 2030, Annie Liner from Mendocino Coast Children's Fund, and John Gallo from COVID Response Network. In the meetings, we give an update of HM, collect any feedback, and pose a prompt for leaders to share information about the activities of their organization, discuss important SDOH topics, and network. This Roundtable is another piece of HM's engagement and collaboration work and is not a governing body.

The LT is our main body for governance. This group of people provides specific guidance in the strategy and implementation of HM activities, oversight and approval, direction, fundraising support, etc.

NCO does not provide fiscal oversight to HM, the Leadership Team does. The model is similar to the Leadership Mendocino program —their steering committee provides budget oversight. The LT suggested looking at Leadership Mendocino's rules to see if they can be mirrored.

## **Bylaws**

### **Governance**

Staff asked whether the Roundtable still needs to be in the bylaws. It doesn't make sense to have the group in the bylaws if it's an activity. However, if a funder plays a structural role in HM, they need to play a role in the structural document, which is why we need to ensure all funders (above a certain threshold, i.e. >\$1,000/year) have the chance to sit on the LT and be involved in HM on a deeper level. Funders' attendance at the Roundtable can be optional and more fluid.

Some Team members felt the Leadership Team should only be made up of people that have a stake in our work, i.e. organizations and funders. Miranda pointed out that the people on your listening tours have stake and voice in your work as well.

We need to clarify what it means to be a funder and what is required of our funders (i.e. required to attend LT and Roundtable meetings or just LT?). Look at where the money is coming from then solve for those things first. When we understand that piece, then we understand where emerging leaders fit in in the team. Start with funders, build from there. If funders have an emerging leader—who gets the seat?

We also need to provide opportunities for smaller funders that are not invited to sit on the LT a chance to express their voice.

Jill suggested we cap Leadership Team it a certain number of seats. If it is not a set cohesive group, we could end up with inconsistent attendance. There should be some guidelines around the number of seats allowed and the ratio of funders versus non-funders, as well as rules around attendance. Depending on who ends up on the LT, there may be key funders that would prefer to sit on the Roundtable, therefore they would still need to be included and covered by the bylaws.

If we take the Roundtable out of the bylaws, we need to address the above. The Roundtable is a service that HM is providing, it also serves HM, it is an activity of HM that is of value to the participants and to our organization. Nothing confirmed until our major funders' interest will be represented.

The Leadership Team agenda could have a section designated to discussing Roundtable feedback and let the Roundtable know their feedback is considered in the decision-making of the Leadership Team.

A vote was taken on removing the Roundtable from the Bylaws. Passed unanimously.

### **Recruitment and Equity Framework**

Staff presented an outline for equity in the Leadership Team that included objectives and strategies.

Miranda said one of the main things that HM and any organization working to improve health consistently fail to do is really hear from voices we do not regularly hear from. All of the equity framework objectives HM has laid out are important, but one objective that is missing is to help us understand what the barriers to health in Mendocino County really are and to understand the lived experiences of those that we do not normally hear from. It is important to acknowledge that what they are bringing to us is as important as what we are bringing to them.

Some LT members agreed that hearing from all voices is important but questioned whether that should be the main objective for a governance body.

Stacey said having people at the table who have a different set of assumptions is vital. A lot of what this team is about is fleshing out ideas. Having a more diverse set of voices is crucial to this exchange.

This certainly is not about tokenism. This is not only about hearing from diverse set of voices. We are creating an equity framework for HM governance to prepare a more diverse group of people for leadership to take on leadership roles so next time we're looking for more diverse representation on our boards we will have more candidates to select from.

This equity framework could be used to recruit some people onto the Roundtable as well.

Staff posed a series of self-examination questions to get the LT thinking about ways in which meetings are conducted that may not feel inclusive.

The team felt it depends on the individual's personality type whether they feel comfortable voicing their opinion and participating in meetings. It incumbent upon staff and LT chair to build the relationship with the person. There are simple structural things that can be done: a pre-meeting with the Program Manager, de-briefing afterwards to see if they understand or have any questions (crucial), encourage them to submit their thoughts via email. We could also provide them with a glossary of acronyms.

Clinton conducts a personality assessment training—a quick tool for identifying personality traits and strengths. He offered to do a 1-hour, one-on-one assessment to help new recruits feel more comfortable with public speaking.

When inviting emerging leaders, we need to make sure their employers are willing to pay them for their time to attend the monthly meeting. This would help us retain them.

## **Strategic Plan**

This strategic plan will not change much as we add new funders. Year 2 and year 3 workplans will be somewhat similar because a lot of the work is ongoing throughout the 3-year period.

If we get new voices in the mix, we may want to review the plan once a year. Hopefully we are picking this plan up quite regularly as other projects emerge. The work of Healthy Mendocino is flexible to the needs of the community.

A team member suggested adding a social media strategy under the visibility goal. Another team member recommended we look into creating infographics with our data. It would be a digestible way to share information.

Under goal #4, fundraising, Clinton suggested that there may be money from an MCOE grant for the workforce development work HM has already completed. Workforce development efforts could end up being a grant service. In CTE K-12 they want industry advisory councils, but we don't really have a countywide industry advisory body. There's an opportunity for HM to engage industry and be an advisory body paid through grant services.

The team mentioned the plan feels too detailed and is presented more like a workplan. This makes the work seem fuzzy. Staff should think about that elevator speech if someone were to ask what HM does. Staff said for the finished Plan they will be taking out the Action Steps and having those only in the Workplans which will be added to the end of the Plan.

Clinton suggested staff put action steps under each objective.

Suggested moving the ratio of LT members to the Bylaws with a cap of 15 members.

## **Next Meetings**

The next meeting will be pushed up to November 19<sup>th</sup> 1PM, due to Thanksgiving. This will be the last meeting of the year. The December meeting falls on Christmas Eve and is canceled.

Meeting Adjourned 3:00PM

**Next meeting date: Thursday, November 19, 2020**

*Respectfully Submitted by Molly Rosenthal, Healthy Mendocino*