

**Rural Health Network Development Program
Human Services Coalition Tompkins Health Network Work Plan
January 1, 2022 – December 31, 2022**

Objective

1 Expand access to health care and address issues of health equity

Tasks

1.1 Collect demographic data- Improve collection of demographic data including race and ethnicity to determine who is being served and identify gaps of representation in clients served.

Performance Measures

1.1.1 Demographic data report - Quarterly demographic data reports from Health Insurance Enrollment and Community Health Advocate Programs shared with Advisory Board

Quarter 1 Report:

Demographic data was collected about the health insurance enrollment program and community health advocate program in March to assess who the program serves. Demographic information for the first quarter for both programs will be shared with the Advisory Board in the 2nd quarter.

Quarter 2 Report:

Demographic data was collected about the health insurance enrollment program and community health advocate program in June to assess who the program serves. Demographic information for the second quarter for both programs will be shared with the Advisory Board in the 3rd quarter.

Quarter 3 Report:

Demographic data was collected about the health insurance enrollment program and community health advocate program in September to assess who the program serves. Demographic information for the 3rd quarter for both programs will be shared with the Advisory Board in the 4th quarter.

Quarter 4 Report:

Demographic data was collected about the health insurance enrollment program and community health advocate program in December to assess who the program serves. Demographic information for the 4th quarter for both programs will be shared with the Advisory Board in the 1st quarter of 2023.

- 1.1.2 Underrepresented groups – Quarterly reports developed by the Community Health and Access Committee workgroups identifying underrepresented groups served in select community programs

Quarter 1 Report:

The Prenatal Care Work Group is working on strategies to address the disparity in pre-natal care for non-White mothers in Tompkins County. The plan is to develop strategies and initiatives to address the Community Health Improvement Plan objectives of reducing the disparity of access to prenatal care for non-White mothers.

The School-Based Telehealth Program is working on developing a telehealth program in schools in hopes to address the lack of access to primary care services for some children. There is also an intention to launch the program in both schools that have limited access to primary care (the more rural schools), and schools that have a larger minority-based student population.

Quarter 2 Report:

The Prenatal Care Work Group worked outside of regular meetings in the 2nd quarter through the Perinatal and Infant Community Health Collaborative (PICHC) with the Tompkins County Health Department to prioritize working with and reaching out to non-white mothers. This work will include participation by non-white mothers and other community members in the Community Advisory Board that will be formed as part of the PICHC.

Quarter 3 Report:

The work group for the School-Based Telehealth Program is currently on pause to seek out funding opportunities but intends to reconvene to check on progress in the 4th quarter.

The Prenatal Care Work Group started the transition process to be connected with the Perinatal and Infant Community Health Collaborative (PICHC) through the Tompkins County Health Department. THN Director and John Mazzello will be leading a new group called “Perinatal and Infant Work Group” that will serve as a Community Advisory Board to assess progress on the PICHC. This work group is going to purposely reach out to providers and community partners to request assistance in recruiting community members to participate in the new work group, and to prioritize those whose voices

are typically marginalized, or disproportionately have worse perinatal and infant health outcomes, like black and brown mothers.

Quarter 4 Report:

The work group for the School-Based Telehealth Program is no longer meeting, but members of the work group continue to attend Community Health and Access Committee meetings to share progress and new initiatives in schools.

The Perinatal and Infant Care Work Group, that will serve as a Community Advisory Board to assess progress on the PICHC, touched based in the 4th quarter to garner interest in joining the newly structured work group. The group will meet for the first time in the new structure in the 1st quarter of 2023. THN Director reached out to certain stakeholders to request assistance in recruiting community members to participate in the new work group, and to prioritize those whose voices are typically marginalized, or disproportionately have worse perinatal and infant health outcomes, like black and brown mothers. The plan is to increase community participation in this work group and perinatal and infant care initiatives in Tompkins County.

- 1.1.3 Priority populations – By December 31, a plan and timetable for improving the utilization of selected programs by priority populations will be shared with the Community Health and Access Committee

Quarter 1 Report:

No activity to report this quarter.

Quarter 2 Report:

No activity to report this quarter.

Quarter 3 Report:

No activity to report this quarter.

Quarter 4 Report:

In the 4th quarter, THN was awarded a grant (for 2023) to assist with outreach to ensure those with Medicaid, Essential Plan and Child Health Plus who have not had to renew their health insurance applications since 2020 will not lose health insurance coverage with the end of continuous coverage beginning in mid- 2023. This outreach will focus on the populations who are disproportionately not served by health insurance navigators and community health advocates at our organization, as well as those who are disproportionately covered by these types of insurance (low income, rural,

black, Hispanic, Asian, children). This information will be shared at the Community Health and Access Committee in the 1st quarter of 2023.

Tasks

- 1.2 Healthcare careers promotion- Promote awareness of healthcare careers in the local region to youth and adults to increase workforce capacity in the region.

Performance Measures

- 1.2.1 Workforce Development Transformation Team- THN Director will actively participate in the Workforce Development Transformation Team to identify opportunities to collaborate and promote workforce development in Tompkins County.

Quarter 1 Report:

The Workforce Development Transformation Team met twice in the first quarter (January and March). Both meetings focused on the shortage of healthcare workers in New York State and the increased funding that will be made available to expand the healthcare workforce in NYS through the 1115 Waiver.

Quarter 2 Report:

The Workforce Development Transformation Team met in May during the second quarter. This meeting focused on reflections from the 2021 Annual National Association of Workforce Development Professionals Conference including local advocacy efforts, apprenticeship programs and financial literacy. There was discussion of using innovative approaches to increase workforce recruitment efforts and more easily transition working adults into careers that would be supportive of career climbing. There was also discussion of using partnerships as a tool to build workforce capacity.

Quarter 3 Report:

THN Director was asked to join a Community Health Worker (CHW) Taskforce in the 3rd quarter. The purpose of the CHW Taskforce is to support projects that increase the number of Community Health Workers (CHWs) and equip them with the skillsets needed to provide effective community outreach, build trust with communities, and support connections to and retention in care and support services. The proposed CHW Taskforce goals include the development of a CHW training curriculum that increases the skills/ competencies of new and existing CHWs, support for employment readiness through field placements and apprenticeships, and the integration of CHWs into health care teams to advance health equity and increase support for underserved communities. The taskforce met 4 times in the 3rd quarter and developed the charter and targeted focus groups.

The Workforce Development Transformation Team met twice in the 3rd quarter (July and September). The July meeting focused on the American Rescue Plan Act (ARPA) spending that supports workforce development, the Fair Pay for Home Care Act (in NYS), and medication dispensing by home care providers. The September meeting focused on workforce development advocacy, healthcare worker bonus program, and workforce development as a social determinant of health.

Quarter 4 Report:

The Community Health Worker (CHW) Taskforce concluded its meetings in the 3rd quarter, but plans to reconvene in 2023. The Workforce Development Transformation Team met once in the 4th quarter (November). The November meeting focused on the Open Network program that is being developed to be launched in 2023, “Train the Trainer” for Nonviolent Crisis Intervention training. The training will be made available to Open Network Partners (free of charge).

- 1.2.2 Home Health Aides Workgroup – The advisory subgroup of partners and stakeholders will continue to meet to address the current status of home health and personal care aides in Tompkins County.

Quarter 1 Report:

The Home Health Aides Workgroup did not meet in the first quarter but instead collaborated online to create material to help promote home care workers’ careers ladders. Materials are also being developed by this workgroup to promote financial and social supports available to home care workers.

Quarter 2 Report:

The Home Health Aides Workgroup is no longer scheduled to meet. The initiative to develop materials to address financial and social supports needed by home health aides, as well as promote home care workers’ career ladders was completed in the 1st quarter and distributed by community partners involved in the work group.

Quarter 3 Report:

Performance measure met in 1st quarter.

Quarter 4 Report:

Performance measure met in 1st quarter.

Tasks

- 1.3 Reduce the number of people without health insurance – THN Director will ensure that health insurance navigators meet the deliverables for enrolling and re-enrolling individuals and families into plans offered through the NY State of Health Marketplace.

Performance Measures

- 1.3.1 Quarterly enrollment targets – At least **744** applications are processed by navigator staff by the end of 2022. Progress will be monitored quarterly and at year end. The impact is to increase enrollment of the uninsured and to help individuals maintain insurance.

Quarter 1 Report:

One hundred and seventy-six applications were processed during this quarter, approximately 24% of the year end goal. Application assistance has not resumed pre-pandemic levels due to the continued public health emergency and the auto-renewal of Medicaid, Child Health Plus and Essential Plan beneficiaries.

Quarter 2 Report:

One hundred and three applications were processed during this quarter, approximately 14% of the year end goal. Application assistance has continued to decline as a result of the continued public health emergency and the auto-renewal of Medicaid, Child Health Plus and Essential Plan beneficiaries.

Quarter 3 Report:

One hundred and eighty-five applications were processed during this quarter, approximately 25% of the year end goal. Application assistance started to increase this quarter, but still under pre-Covid levels as a result of the continued public health emergency and the auto-renewal of Medicaid, Child Health Plus and Essential Plan beneficiaries.

Quarter 4 Report:

Two-hundred twenty-three applications were processed during this quarter, approximately 30% of the year end goal. Application assistance substantially increased this quarter due to open enrollment in the final two months of this quarter. Although the annual applications (687) is less than the target for the year (744), with the continued public health emergency, and continuous coverage for those on Medicaid, Essential Plan and Child Health Plus, this was still a successful year of enrollments. We anticipate the public health emergency to end in 2023, and expect a substantial increase in application assistance for those who have had continuous coverage since 2020 and will need to renew their applications in order to maintain insurance coverage.

- 1.3.2 Number of outreach and media opportunities pursued – From January 1 to December 31, 2022 at least 5 outreach opportunities (media/presentations/tabling/ other) will be completed

Quarter 1 Report:

Outreach was conducted via email notice on the county listserv on a monthly basis in the first quarter. The Tompkins County listserv has 3,000 subscribers. Navigator services were advertised on the inside of 27 Tompkins County public buses in the month of January. Additionally, it was advertised on the outside of one bus for January and February. Navigator services were also advertised in a local newspaper, The Shopper, that reaches the rural areas of Tompkins County for the month of January. In the month of March, navigator services were advertised via digital marketing media (online streaming) and commercials through a local broadcasting company that reaches 7 counties including Tompkins County. In-person outreach events are planned for the 2nd quarter.

Quarter 2 Report:

Outreach was conducted via email notice on the county listserv on a monthly basis in the second quarter. The Tompkins County listserv has 3,000 subscribers. Navigator services were advertised on the inside of 6 Tompkins County public buses starting in the month of May (continuing through February 2023). In the month of April, navigator services were advertised via digital marketing media (online streaming) through a local broadcasting company that reaches 7 counties including Tompkins County. Beginning in June, navigator services were advertised through paid promotion on Facebook reaching our targeted audience (adults between 19-64 in Tompkins County). In-person outreach occurred at the Ithaca Festival, and Juneteenth Community Health Fair in the month of June. Additionally, in June we delivered bookmarks advertising navigator services to local and county libraries.

Quarter 3 Report:

Outreach was conducted via email notice on the county listserv on a monthly basis in the 3rd quarter. The Tompkins County listserv has 3,000 subscribers. Navigator services were advertised on the inside of 6 Tompkins County public buses for this entire quarter. Navigator services were advertised for this entire quarter through paid promotion on Facebook reaching our targeted audience (adults between 19-64 in Tompkins County). Our health insurance navigator outreach coordinator conducted in-person outreach at Tompkins County Preparedness Fair. We also held a hybrid “Health Insurance 101” presentation in September that included promotion of our health insurance navigator program.

Quarter 4 Report:

Outreach was conducted via email notice on the county listserv on a monthly basis in the 4th quarter. The Tompkins County listserv has 3,000 subscribers. Navigator services were advertised on the inside of 6 Tompkins County public buses for this entire quarter, as well as an additional 21 buses for November and December. Navigator services were advertised for this entire quarter through paid promotion on Facebook reaching our targeted audience (adults between 19-64 in Tompkins County). We advertised navigator services on local radio stations in Tompkins County in the months of November and December. We also used digital marketing media advertising to reach Tompkins County residents through videos advertising navigator services online. We advertised in two local newspapers focusing on rural residents in the month of December. We also sent out 20,000 postcard mailers advertising navigator services, and more specifically, open enrollment, through the mail to Tompkins County (and Cortland County) households. We held a hybrid “Health Insurance 101” presentation in October that included promotion of our health insurance navigator program.

- 1.3.3 Insurance 101 Event – Prior to November 1, hold an “Insurance 101” event to help consumers understand the basics of health insurance.

Quarter 1 Report:

No activity to report this quarter. Event planned for the 3rd quarter.

Quarter 2 Report:

No activity to report this quarter. Event planned for the 3rd quarter.

Quarter 3 Report:

THN Director assisted our health insurance navigators and community health advocates to host a community-wide presentation on “Health Insurance 101” in the 3rd quarter. The presentation was held on September 29th at the lunch time hour and had 15 people present. The presentation was conducted both in-person and available via zoom. The presentation reviewed health insurance terminology and New York State of Health insurance options and eligibility guidelines. The presentation also included an overview on our Community Health Advocate program including the ability to assist community members with their non-medical health and health insurance needs.

Quarter 4 Report:

THN Director assisted our health insurance navigators and community health advocates to host a community-wide presentation on “Health Insurance 101” in the 4th quarter. The presentation was held on October 5th in the evening and

had 10 people present. The presentation was conducted both in-person and available via zoom. The presentation reviewed health insurance terminology and New York State of Health insurance options and eligibility guidelines. The presentation also included an overview on our Community Health Advocate program including the ability to assist community members with their non-medical health and health insurance needs.

- 1.3.4 Medicaid stigma – THN Director will have convened at least one planning meeting with partner community-based organizations and stakeholders by August 1 to determine the need for addressing Medicaid stigma.

Quarter 1 Report:

No activity to report this quarter. Planning for this will commence in the 2nd or 3rd quarter.

Quarter 2 Report:

No activity to report this quarter. Planning for this will commence in the 3rd quarter.

Quarter 3 Report:

No activity to report this quarter. Planning for this was pushed to the 4th quarter.

Quarter 4 Report:

No activity to report this quarter. Other emerging needs (addressing unmet social care needs) were prioritized and addressed through several pilot projects that were not part of work plan. See page 1 summary of significant progress for more information.

Objective

2 Promote the priorities of the Community Health Improvement Plan

Tasks

- 2.1 Maintain the Community Health and Access Committee – The THN Director will support the Community Health and Access Committee and manage meeting logistics, communicating with members, and coordination of the agenda with the co-chairs. The Committee monitors emerging issues that impact healthcare access.

Performance Measures

- 2.1.1 Community Health and Access Committee Convened – The committee will continue to meet to support the CHIP Work Plan priorities (school aged- health and prenatal care).

Quarter 1 Report:

The Community Health and Access Committee was convened on March 4th with 26 people in attendance representing 16 different community groups, organizations, agencies or institutions including Cornell University, Cornell Cooperative Extension, Cayuga Health Partners, Tompkins County Health Department, Ithaca City School District, mental health providers, child development organizations, advocacy agencies, housing and homelessness organizations, and older adult advocacy organizations. The meeting focused on the use of telehealth services to increase access to health care services. Stefania Buta from NY Statewide Senior Action Council presented on the use of telehealth access sites at the local homeless shelter and local libraries. Timothy Kujawski, P.A. from Cayuga Virtual Care presented on the new telehealth program, “Cayuga Virtual Care” that serves as an immediate care telehealth program. THN Director also presented on a pilot program through a collaboration with Human Services Coalition, Cayuga Health Partners and Tompkins County Library to provide a telehealth access site for Cayuga Virtual Care.

Quarter 2 Report:

The Community Health and Access Committee met on June 17th with 29 people in attendance representing 16 different community groups, organizations, agencies or institutions including Cornell University, Cornell Cooperative Extension, Cayuga Health Partners, Tompkins County Health Department, Tompkins County Mental Health, health insurance company representatives, mental health providers, child development organizations, advocacy agencies, housing and homelessness organizations, and older adult advocacy organizations. This meeting focused on the health programming,

housing programming and 2-1-1 referral services available through the Human Services Coalition (HSC). JD Drader presented on the health and health insurance programming (Navigator and Community Health Advocates) at HSC. Brett Irish and Simone Gatson presented on the housing programs and referral services available at HSC. Nicole Roulstin presented on the 2-1-1 referral service and what types of services and information can be accessed by contacting 2-1-1.

Quarter 3 Report:

The Community Health and Access Committee (CHAC) did not meet in the 3rd quarter due to scheduling conflicts with THN Director and the Committee co-chairs. The CHAC is already scheduled to meet in the 4th quarter.

Quarter 4 Report:

The Community Health and Access Committee met on December 9th with 34 people in attendance representing 20 different community groups, organizations, agencies or institutions including Cornell University, Cornell Cooperative Extension, Cayuga Health Partners, Tompkins County Health Department, mental health providers, primary care providers, child development organizations, advocacy agencies, and older adult advocacy organizations. This meeting had a presentation from Lara Parrilla, of Cayuga Health Partners and Cornell Center for Health Equity, on “Screening and Responding to Unmet Social Needs” including the development of pilot projects that included collaboration with community partners to help meet the unmet social care needs of patients who are screened during primary care visits for unmet social care needs.

- 2.1.2 Status reports – Regular CHAC reports are provided to the Board throughout 2022. The Board will be knowledgeable about the CHIP interventions and their relation to THN. Reports are documented by minutes and email correspondence.

Quarter 1 Report:

A report on the Community Health and Access Committee was provided on a monthly basis to the Advisory Board during the committee reports portion of the meeting, as well as an addendum to the meetings minutes. THN Director continued to announce to the Advisory Board the desire to recruit community partners and stakeholders to the Community Health and Access Committee to increase attendance.

Quarter 2 Report:

A report on the Community Health and Access Committee was provided on a monthly basis to the Advisory Board during the committee reports portion of the meeting, as well as an addendum to the meetings minutes. THN Director continued to announce to the Advisory Board the desire to recruit community partners and stakeholders to the Community Health and Access Committee to increase attendance.

Quarter 3 Report:

Since the CHAC did not meet in the 3rd quarter, there was no CHAC report to give to the Advisory Board. The Community Health Improvement Plan Steering Committee worked on getting out the Community Health Assessment for Tompkins County in the 3rd quarter. The assessment was released, publicized and completed in the 3rd quarter. The preliminary results of the Community Health Assessment will be presented to the Advisory Board in the 4th quarter.

Quarter 4 Report:

There was no THN Advisory Board meeting after the Community Health and Committee meeting in December, so a report on the Community Health and Access Committee will be provided at the January THN Advisory Board meeting during the committee reports portion of the meeting, as well as an addendum to the meetings minutes.

- 2.1.3 School-aged children – A workgroup will continue to meet to address the Community Health Improvement Plan priority of increasing the percentage of children who have access to health care in a school setting.

Quarter 1 Report:

The School-Based Telehealth Program Work Group met twice in the 1st quarter. This workgroup is working on a new proposal that will utilize county reserves (from COVID testing) to implement an acute care telehealth program in Ithaca City School District. The original approach has been revised to also include increasing access to mental health care services in schools via telehealth. A partnership with local mental health providers is in the works, and representation is included at our regular work group meetings.

Quarter 2 Report:

The School-Based Telehealth Program Work Group did not meet in the 2nd quarter. The individuals in the group have worked outside of the group to try to restructure the goals and objectives of this group. This group will likely reconvene in the 3rd quarter to determine how to move forward to increase access to healthcare services in the school setting.

Quarter 3 Report:

The School-Based Telehealth Program Work Group did not meet in the 3rd quarter. The individuals in the group have communicated about funding opportunities throughout the 3rd quarter and will likely reconvene in the 4th quarter to determine how to move forward to increase access to healthcare services in the school setting.

Quarter 4 Report:

The School-Based Telehealth Program Work Group has ceased to meet due to efforts to increase access to health services continuing at the school district level. Communication continues via email from time to time to share resources, funding opportunities, and information with the group to help further efforts to increase access to health services in schools.

- 2.1.4 Prenatal care – A workgroup will continue to meet to address the Community Health Improvement Plan priority of increasing the percentage of pregnant women who receive early prenatal care.

Quarter 1 Report:

The Prenatal Care Work Group met once in the first quarter to focus on prioritizing identified strategies to meet the Community Health Improvement Plan objectives around maternal and prenatal care. One of the top priorities identified was addressing the disparity between white and non-white mothers access to prenatal care, and maternal health outcomes. The group will work on collaborating with local organizations that serve these communities (BIPOC) to create focus groups and complete a potential needs assessment to determine what the barriers are to prenatal care services. The other priority identified is the problem with the waiting room culture in the sole prenatal care services provider office in Tompkins County. Some of the initiatives identified is bringing in students from Cornell Architecture and Planning to design a more patient-friendly waiting room environment. The other strategy is to work on trainings to address Medicaid stigma and front-office staff approaches to working with clients to increased patient-centered care that prevents stigma and discrimination.

Quarter 2 Report:

The Prenatal Care Work Group did not meet in the 2nd quarter (the meetings fell on holidays 2 out of 3 meetings, and the THN Director was out of the office for the other meeting). However, the work from this group continued throughout the 2nd quarter through the partnership with the Tompkins County Health Department and the Perinatal and Infant Community Health Collaborative (PICHC), which is a state grant that was applied for in partnership of the health department with the THN Director, John Mazzeo and other community partners, and was awarded to Tompkins County. There is a group, which include THN Director and Deputy Director, John Mazzeo, that meets regularly to move forward the goals and objectives of the PICHC. This work will be shared with the Prenatal Work Group in the 3rd quarter during their next meeting in July. Plans will be made to more formerly incorporate the PICHC work into the objectives of the Prenatal Care Work Group during the first meeting of the 3rd quarter.

Quarter 3 Report:

The Prenatal Care Work Group met once in the 3rd quarter in July. The meeting focused on providing an update on the Perinatal and Infant Community Health Collaborative (PICHC) to the work group and ways to support the local Mama’s Comfort Camp Facebook Group (local support for mothers). Next steps were agreed upon amongst the group: to hold off meeting again to decide how to restructure this group to support the PICHC work.

Quarter 4 Report:

The Prenatal Care Work Group did not meet in the 4th quarter but instead is being restructured as the Perinatal and Infant Care work group to serve as the community advisory board for the PICHC grant administered by the Tompkins County Whole Health department. This work group will reconvene in the 1st quarter of the next year to restructure the group to serve as a community advisory board, and increase community participation in this work group. Community participation will focus on those with lived experiences and those representing marginalized groups that are disproportionately impacted by health disparities around perinatal and infant care in Tompkins County.

Tasks

2.2 Collaborate with partners to prevent or reduce substance use disorders – THN Director will reach out to groups and organizations that serve those with substance use disorders, such as CARS, Alcohol and Drug Council of Tompkins County, Tompkins County Mental Health Services Dept., to identify a collaborative initiative that seeks to decrease or prevent substance use disorders.

Performance Measures

2.2.1 Number of collaborations – At least one collaborative initiative is identified for completion by December 31, 2022.

Quarter 1 Report:

No activity to report this quarter. Planning will begin in the 2nd quarter.

Quarter 2 Report:

No activity to report this quarter. Planning will begin in the 3rd quarter.

Quarter 3 Report:

No activity to report this quarter. Planning was pushed to the 4th quarter.

Quarter 4 Report:

No activity to report this quarter. Other emerging needs (addressing unmet social care needs) were prioritized and addressed through several pilot projects that were not part of work plan. See page 1 summary of significant progress for more information.

Objective

3 Support healthy aging through the Long Term Care Committee

Tasks

- 3.1 Maintain the Long-Term Care Committee and ensure broad representation from multiple sectors of the community – The THN Director will support the Long Term Care Committee and manage meeting logistics, communicating with members, and coordination of the agenda with the chair.

Performance Measures

- 3.1.1 Partnership with NY Connects – A contract will be executed with the local Office for the Aging to staff the advisory group known as the Long Term Care Committee. The outcome is to identify issues in the Long-Term Support Services System.

Quarter 1 Report:

The Long Term Care Committee continues to meet on a quarterly basis, and met on February 4th during the first quarter. This meeting was focused on “What’s Happening with Long Term Care and Aging Services in 2022?” and included a presentation from Teri Reinemann (Office for the Aging contractor) on the Age Friendly Plan Draft, another from Lisa Monroe (Director for Tompkins County Office for the Aging) on the public hearing with the objectives and goals for the county office for the aging for 2022, and lastly, Jan Lynch (Executive Director of Finger Lakes Independence Center [FLIC]) presented on the numerous long term care programs offered through FLIC.

Quarter 2 Report:

The Long Term Care Committee met on May 6th in the 2nd quarter. During this meeting, Michael Stitley, Director, Tompkins County Department of Emergency Response, presented “Emergency Planning for LTC: Lessons Learned During Hurricanes Irene and Sandy.” This presentation included the lessons learned during Hurricane Irene and Sandy to help better prepare for future natural disasters and considerations to be made for healthcare and long term care facilities.

Quarter 3 Report:

The Long Term Care Committee met on August 5th in the 3rd quarter. During this meeting, Lynn Gitlow, Occupational Therapy Professor at Ithaca College, presented “Occupational Therapy & Older Adults: Combating Social Isolation Through

Technology.” This presentation included research on the physical and mental health consequences of isolation and loneliness. Lynn emphasized that older people need to engage in things that are important to them and that physical activity is key to well-being.

Quarter 4 Report:

The Long Term Care Committee met on November 4th in the 4th quarter. During this meeting, Stephanie Miller, of LawNY (Legal Assistance of Western New York), presented on “Independent Consumer Advocacy Network (ICAN).” This presentation included information on the NYS Ombudsman Program for people with Medicaid who need long term care or behavioral health services. We also had a presentation from Cheryl Jewel, Director of Love Living at Home, about the services and programs offered through Love Living at Home. The final presentation was from Christine Foster, a NYS licensed interior designer with LEED ID&C and EDAC. She presented on co-living models meant to assist with aging in home, with the hopes of alleviating some financial constraints and provide a community-assisted model for co-living.

- 3.1.2 Broad representation – Combined meeting attendance records will indicate participation from at least 15 organizations/ community sectors. Attendance sheets will be reviewed to confirm this measure is being met. Committee memberships will be reviewed and expanded for broad inclusion of nontraditional sectors.

Quarter 1 Report:

During the February 4th Long Term Care Committee meeting, 36 people were in attendance representing 20 community based organizations including Cornell University, Ithaca College, Cayuga Health Partners, Tompkins County Office for the Aging and skilled nursing facilities, senior housing, meal delivery and nutrition services, independence programs and advocacy organizations.

Quarter 2 Report:

During the May 6th Long Term Care Committee meeting, 30 people were in attendance representing 19 community based organizations including Cornell University, Ithaca College, Cayuga Health Partners, Tompkins County Office for the Aging and skilled nursing facilities, senior housing, meal delivery and nutrition services, independence programs and advocacy organizations.

Quarter 3 Report:

During the August 5th Long Term Care Committee meeting, 27 people were in attendance representing 16 community based organizations including Ithaca College, Cayuga Health Partners, Care Compass Network, Tompkins County Office for the Aging, and skilled nursing facilities, senior housing, independence programs and advocacy organizations.

Quarter 4 Report:

During the November 4th Long Term Care Committee meeting, 26 people were in attendance representing 16 community based organizations including Ithaca College, Cayuga Health Partners, Family & Children’s Services, Tompkins County Office for the Aging, and skilled nursing facilities, senior housing, independence programs and advocacy organizations.

- 3.1.3 Formation of work groups - Work groups on emerging problems are established as needed, with specific objectives identified. Activities are reported to the Long Term Care Committee.

Quarter 1 Report:

The Homecare Workforce work group did not meet in the first quarter, but offline the group has worked on materials to support workforce careers ladders for home care workers, and putting together information about social supports for home care workers.

The Advanced Care Planning Subcommittee (of the Long Term Care Committee) will be reorganized as a new subcommittee to focus on difficult topics and conversations for older adults and those living in long term care facilities. The new subcommittee will be called “Tough Stuff” and will meet on a quarterly basis beginning the 2nd quarter.

Quarter 2 Report:

The Homecare Workforce work group concluded its work in the 1st quarter and will only meet from here on out if something arises and the group is re-convened.

The subcommittee “Tough Stuff” (formerly Advanced Care Planning) was announced at the May Long Term Care Committee meeting. The first meeting of the restructured committee will be in September and will be reported on in the 3rd quarter.

Quarter 3 Report:

The Tough Stuff Subcommittee met once in the 3rd quarter in September. This meeting included a presentation from Laura Robinson, MPH on “Making Healthcare Decisions as Adults with Intellectual and Developmental Disabilities.” The presentations included evidence-based research and programming that have assisted in making difficult decisions for adults with intellectual and developmental disabilities.

Quarter 4 Report:

The Tough Stuff Subcommittee met once in the 4th quarter in December. This meeting included a presentation from Dr. Timothy Holahan, DO, CMD on “Medical Marijuana and its Clinical Impact.” This presentation discussed the regulatory, clinical and psychosocial impacts of marijuana for older adults in post-acute care.

Tasks

- 3.2 Identify one opportunity to collaborate with community partners to address mental health needs for older adults- The THN Director will coordinate with community partners to identify an initiative to promote well-being and address the decline in mental health in older adults during the pandemic.

Performance Measures

- 3.2.1 Initiative identified – THN Director will collaborate with at least one community partner to identify an initiative that can help to address the mental health needs of older adults.

Quarter 1 Report:

The LTCC Coordinator has begun to reach out to community partners and agencies in March to form a working group to address mental health needs of older adults. A working group will be formed in 2nd quarter.

Quarter 2 Report:

The LTCC meeting in the 3rd quarter is focused on social isolation and mental wellbeing. From this meeting, the LTCC Coordinator will ask LTCC members to join a work group to continue working on these efforts to identify a local initiative that can be implemented to address the mental health needs of older adults.

Quarter 3 Report:

The LTCC Coordinator convened the first working groups to address mental health needs of older adults in the 3rd quarter. The group met in September and decided to move forward with planning a community wide initiative to focus on social isolation and mental wellbeing of older adults. The working group included members of the County Office for Aging, Love Living at Home, Human Services Coalition and Lifelong. The plan is to make a resource available online and hardcopy of all the available resources in the community to help alleviate social isolation and create social connections.

Quarter 4 Report:

The workgroup focused on social isolation and mental wellbeing of older adults met on a bi-weekly basis through most of the 4th quarter to provide feedback on the brochure created by a THN intern to build social connections among older adults in order to address social isolation and increase the mental wellbeing of older adults. The final meeting was on December 2nd and approval was given of a finished product to send for printing to be distributed throughout the community.

3.2.2 Initiative implemented – At least one community intervention is implemented by December 31, 2022.

Quarter 1 Report:

No activity to report this quarter.

Quarter 2 Report:

No activity to report this quarter.

Quarter 3 Report:

Planning for a community wide initiative began in the 3rd quarter with plans to implement the initiative in the 4th quarter.

Quarter 4 Report:

The workgroup formed to address social isolation and mental wellbeing developed, in collaboration, a brochure that provides information and resources to address social isolation for older adults. The brochure is called “Building Social Connections” and 500 brochures were printed and distributed to the collaborators’ organizations and other organizations that serve older adults in Tompkins County.

Objective

4 Strengthen data and information sharing among providers and community-based organizations to improve coordination of care

Tasks

- 4.1 Support development of data-driven collaborations – THN staff will participate in collaborations to address development of community data among organizations providing social determinant of health services. Multiple regional/ local initiatives are emerging around information exchanges and referral systems to prepare for healthcare delivery system transformation. The impact of this task is to strengthen social care organizations in positioning value-based arrangements.

Performance Measures

- 4.1.1 Representation in regional and local collaborations – Attendance at meetings (web conference, phone, or in-person) around emerging data partnerships. Report quarterly.

Quarter 1 Report:

2-1-1 Tompkins/Cortland staff participate in local, regional, and statewide collaborations around data partnerships. During the first quarter, activities included:

2-1-1 Program Director served as IT & Data Governance Chair for Care Compass Network (former DSRIP Performing Provider System), with meetings held 1/20 and 3/17. He also serves on the Care Compass Network Partner Advisory Council (met 2/18 and 3/18) and attended Board meetings as a guest due to being a committee chair.

2-1-1 Contact Center Manager sat on 2-1-1 New York State advisory committee assisting United Way of New York State (umbrella facilitator for statewide 2-1-1 planning) around statewide data sharing initiatives, including an ongoing project with the New York eHealth Collaborative, which leads the Statewide Health Information Network for New York (SHIN-NY). This project is ongoing, and the advisory group met 1-2 times monthly during the reporting period.

2-1-1 Program Director met with representatives from HealtheConnections RHIO on 2/15 to discuss regional projects around data sharing and collaboration. A follow-up meeting is scheduled with 2-1-1, the Tompkins County Continuum of Care Coordinator, and HealtheConnections for the second quarter, to explore initiatives supporting the system serving people who are homeless or at risk of homelessness.

2-1-1 supported an application by Cayuga Health System under the New York Statewide Health Care Facility Transformation Program III RFA, which was submitted during the quarter. If awarded, the proposal includes a project which will support Cayuga Health System's internal referral process by building in 2-1-1 resource information.

Quarter 2 Report:

2-1-1 Tompkins/Cortland staff participate in local, regional, and statewide collaborations around data partnerships. During the second quarter, activities included:

2-1-1 Program Director served as IT & Data Governance Chair for Care Compass Network (former DSRIP Performing Provider System), with meeting held 5/19. He also serves on the Care Compass Network Partner Advisory Council (met 5/20 and 6/17) and was nominated and elected to the Care Compass Network Board this quarter.

2-1-1 Program Director served on a workgroup for the Tompkins County Health Department charged with designing the data collection survey for the upcoming revision of the Tompkins County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The survey was finalized at the end of the quarter and will launch in early July. Afterwards, the group will transition into identifying and accessing relevant data sets (local, statewide, etc.) to inform the CHA and CHIP.

Quarter 3 Report:

2-1-1 Tompkins/Cortland staff participate in local, regional, and statewide collaborations around data partnerships. During the third quarter, activities included:

2-1-1 Program Director served as IT & Data Governance Chair for Care Compass Network (former DSRIP Performing Provider System), with meeting held 9/15. He also serves on the Care Compass Network Partner Advisory Council (met 8/19 and 9/16) and Board of Directors (met 8/9), among other committees.

2-1-1 Program Director continued to serve on a workgroup for the Tompkins County Health Department around data collection and analysis for the Tompkins County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). A community survey was finalized in the last quarter and launched in this quarter. During this quarter, the group also identified and reviewed a range of existing public data sets and potential community data sources.

Human Services Coalition and 2-1-1 finalized a memorandum of understanding with Cayuga Health Partners around strengthening referral pathways for patients, especially around social determinants of health. This project has been in

discussions throughout the year. Initial pilot work at 2-1-1 will include integrating a portion of 2-1-1 resource data with Cayuga Health System's referral platform and then will move into identifying what other information may be needed to support clinical needs and then building the capacity of partners to use and understanding community resource data to help patients meet their needs.

Quarter 4 Report:

2-1-1 Tompkins/Cortland staff participate in local, regional, and statewide collaborations around data partnerships. During the third quarter, activities included:

2-1-1 Program Director served as IT & Data Governance Chair for Care Compass Network (former DSRIP Performing Provider System), with meeting held 11/17. He also serves on the Care Compass Network Partner Advisory and Board of Directors (met 10/11, 11/8, 12/13), among other committees. Partner data and data sharing platforms were a topic of consideration during the quarter for the IT & Data Governance Committee.

2-1-1 Program Director continued to serve on the Tompkins County Community Health Improvement Plan/Community Health Assessment (CHIP/CHA) Steering Committee for the Tompkins County Health Department. Activities during the quarter included reviewing data to inform the preparation of the CHA and development of the CHIP, including state and local health- and social determinants of health-related data and survey results from the Health Department's survey conducted earlier in the year. This information was used to identify and prioritize activities for the Tompkins County CHIP revision. The 2-1-1 Program Director was responsible for proposing and drafting CHIP goals in the "Promote Healthy Women, Infants and Children" area, as guided by the New York State Prevention Agenda.

The Human Services Coalition continued to work with Cayuga Health System and its affiliate, Cayuga Health Partners, in support of the development of a strengthened referral pathways network between clinical and non-clinical partners. 2-1-1 Program Director helped to lead a group of interested stakeholders now known as the Coordinated Approach to Community Health Integration (CATCHI), which is beginning to identify goals for 2023. He also joined the group's communications subgroup and will be co-facilitating the group's January meeting.

Tasks

- 4.2 Promote use of 2-1-1 for information about social determinant of health services – THN staff in coordination with 2-1-1 Call Center Manager promote usage of 2-1-1- to obtain information about programs that provide social determinant of health services.

Performance Measures

- 4.2.1 Trainings held – At least two training sessions about 2-1-1 resources are documented.

Quarter 1 Report:

2-1-1 Program Director presented on 2-1-1, its services, and resource referrals and trends to the Tompkins County Community Health Improvement Program (CHIP) steering committee on 2/3, and to the Tompkins Health Network Advisory Board on 2/14.

Quarter 2 Report:

2-1-1 Contact Center Manager provided training on 2-1-1 resources available in the community to Tompkins County Health Department's new Community Health Workers on 6/24. 2-1-1 Contact Center Manager also provided multiple instances of training and consulting for Cornell Cooperative Extension of Tompkins County's new program, Move Forward Tompkins, which includes a social determinants of health screening. The first meeting took place on 4/28.

Quarter 3 Report:

2-1-1 and THN staff participated in an Emergency Readiness Event held at the Ithaca Mall sponsored by the Tompkins County Department of Emergency Response and other partners. The event was focused on household preparedness for emergencies, such as fires or medical situations. 2-1-1 staff shared information about the program and the resources available by contacting 2-1-1.

Quarter 4 Report:

HSC and 2-1-1 hosted a forum on 11/9 featuring a panel presentation on new and expanded transportation-related services in Tompkins County. Panelists included presenters from Cornell Cooperative Extension's Way2Go Transportation Education Program, Tompkins County, Ithaca Bikeshare, TCAT public transportation and Gadabout paratransit, and 2-1-1. 2-1-1's portion focused on the new ITN Country volunteer ride platform rollout (see below) and the countywide Mobility as a Service initiative, which will provide participating community members with a menu of transportation options and individual support. 2-1-1 will serve as the entry point/consumer assistance provider for both of these projects.

The 2-1-1 Contact Center Manager participated in the 28th Annual Tompkins County Mental Health Conference on 11/18, and served on a panel focused on the when to call 9-1-1 (emergency services), 2-1-1 (community services information & referral helpline) and the new 9-8-8 (suicide & crisis lifeline) numbers.

- 4.2.2 Domain specific developments – At least two 2-1-1 projects completed to respond to service care organizations’ needs in a specific domain.

Quarter 1 Report:

2-1-1 and Tompkins Health Network worked with Tompkins County Health Department’s Maternal and Child Health Program (MOMS Plus+) on a project conduct an asset and gaps analysis of the maternal and child health services system in Tompkins County, to review and revise their listing of program resources in the community, and strengthen health department knowledge of services. This project is expected to be completed in the second quarter.

2-1-1 has a pending project with Way2Go, Cornell Cooperative Extension’s Transportation Education Program, to review and revise their listing of transportation-related community services and resources, and to transition their listing to the 2-1-1 website. This project will include support from 2-1-1 to host the resources and update them through its information & referral platform, and support from Way2Go to provide information and resource updates/verification. Due to staff transitions and hiring at both organizations, this project is expected to continue into the second quarter.

2-1-1 had discussions with Tompkins County Department of Social Services (DSS) and the Independent Transportation Association (ITN-America) about piloting a volunteer driver management platform called ITN Country. After signing pilot project paperwork in the second quarter, 2-1-1 will convene a workgroup including representatives from DSS, Way2Go, the FISH Volunteer Medical Transportation Program, and community members to oversee the pilot project over the next year.

Quarter 2 Report:

2-1-1 assisted the Tompkins County Health Department by reviewing a list of program resources maintained by their Maternal and Child Health Program (MOMS Plus+), as part of a redesign of their services. While the resource review component of this initiative is completed, 2-1-1 continues to partner with the program as it further refines its services through a series of planning meetings.

The Human Services Coalition has hired a data specialist position, with a portion of this position’s hours dedicated to 2-1-1. The position was advertised in the first quarter and hiring was completed early in the second quarter, with the selected candidate beginning in May. This position will work with 2-1-1 internally and support partners externally. An early priority

project will be the activity described in the previous report, a review and revision of transportation resources held by Way2Go, Cornell Cooperative Extension's Transportation Education Program, and a transfer of this resource list to the 2-1-1 website. Now that the data specialist position is filled, it is anticipated that this project will be completed in the third quarter.

In partnership with the Tompkins County Department of Social Services, the FISH (Friends in Service Helping) volunteer medical transportation program, and others, 2-1-1 has signed an agreement with the Independent Transportation Network (ITN America), an organization that supports volunteer driving programs nationwide, to pilot test a new platform called ITN Country. ITN Country will streamline the operations of the FISH volunteer driver program, better manage client and driver information, and better track volunteer operations. A local steering committee has been established and will meet every 1-2 months through the pilot year. It is the hope of the partners that this platform may be able to serve other local volunteer driver programs after the pilot year. Tompkins County is one of 10 pilot sites nationwide.

Quarter 3 Report:

The implementation process for the ITN Country platform (management system for volunteer driver programs) continued during this quarter. As described earlier, 2-1-1 supports the FISH (Friends in Service Helping) volunteer driver program by conducting all client/customer service activities (including ride requests, ride booking, and driver scheduling) and through administrative support of the organization (including technical assistance, consultation with the board of directors, and volunteer recruitment efforts). 2-1-1 staff worked with personnel from the Independent Transportation Network, the organization releasing and testing the ITN Country platform, to review existing FISH program data and prepare for data migration and initial launch, to occur in the fourth quarter.

2-1-1 staff met with representatives from the United Way of Tompkins County and the Tompkins County Department of Veterans Services to discuss a potential veteran-focused partnership with 2-1-1, to be able to best respond to veterans' needs with specialized referrals and information. United Way Worldwide has developed some models for veteran support, which are also under discussion locally. The next steps will be for those partners to identify the direction that they want to move and then 2-1-1 is prepared to support this initiative as it becomes more concrete.

Quarter 4 Report:

The implementation process for the ITN Country platform (management system for volunteer driver programs) continued during this quarter. During this quarter, 2-1-1 worked with ITN consultants to migrate existing program information to the new platform and take part in training sessions on the tools. Initial launch and testing of the Tompkins County platform will take place in the first quarter of 2023.

Objective

5 Strengthen the collaborative leadership of the Tompkins Health Network

Tasks

- 5.1 Convene the Advisory Board on a regular basis to set THN policy and direction – The THN Director will convene regular meetings of the Advisory Board throughout the year. The schedule will be determined at the end of the prior year and publicized on both the website and by email.

Performance Measures

- 5.1.1 Record of discussion – Meeting minutes will be available to the board documenting discussion and actions taken.

Quarter 1 Report:

Detailed minutes were taken for each advisory board meeting in the first quarter (January 10th, February 14th, March 14th). The minutes were shared with the advisory board and approved each of the following meetings. The minutes also included committee reports and any follow-up items.

Quarter 2 Report:

Detailed minutes were taken for each advisory board meeting in the second quarter (April 11th and June 13th). The minutes were shared with the advisory board and approved each of the following meetings (June's minutes will be approved at the September meeting). The minutes also included committee reports and any follow-up items.

Quarter 3 Report:

Detailed minutes were taken for the one advisory board meeting in the third quarter (September 12th). The minutes will be shared with the advisory board at the beginning of the 4th quarter and approved at the next meeting November. The minutes will also include committee reports and any follow-up items.

Quarter 4 Report:

Detailed minutes were taken for the one advisory board meeting in the fourth quarter (November 14th). The minutes were shared with the advisory board in December and will be approved at the next meeting in January. The minutes will also include committee reports and any follow-up items.

- 5.1.2 Board and Network Membership – Report of Board member meeting attendance, membership terms, and compliance with work rules presented to Nominating and Executive Committee by October 2022.

Quarter 1 Report:

We held three Advisory Board meetings and one executive committee meetings during this quarter. Attendance at the Advisory Board meetings is documented as part of the meeting record: January (21 board members, 6 staff, 3 guests); February (19 board members, 3 staff, 0 guests); March (20 board members, 4 staff, 4 guests). At the Executive Committee Meeting in March, four members and one staff attended. We had a new President elected for the Advisory Board in January. We also had a new Long Term Care Committee Chair appointed in March. A new liaison for the Tompkins County Legislature’s Health and Human Services Committee re-joined the advisory board in March.

Quarter 2 Report:

We held two Advisory Board meetings and one executive committee meetings during this quarter. Attendance at the Advisory Board meetings is documented as part of the meeting record: April (18 board members, 2 staff, 3 guests); June (18 board members, 1 staff, 4 guests). At the Executive Committee Meeting in May, four members and one staff attended. We had two new ex-officio members added to the Advisory Board in April (Human Services Coalition Executive Director and Tompkins County Legislator- both replacing their predecessors).

Quarter 3 Report:

We held one Advisory Board meeting and two Executive Committee meetings in the 3rd quarter. Attendance at the Advisory Board meetings is documented as part of the meeting record: September (13 board members, 5 staff, 5 guests). At the Executive Committee Meeting in July, 3 members and one staff attended, and in September, 5 members and one staff attended.

Quarter 4 Report:

We held one Advisory Board meeting and one Executive Committee meeting in the 4th quarter. Attendance at the Advisory Board meetings is documented as part of the meeting record: November (16 board members, 3 staff, 2 guests). At the Executive Committee Meeting in November, 3 members and one staff attended.

- 5.1.3 Network Assessment – Network assessment completed by the Board by November 2022. The outcome is to measure the Board’s understanding of THN’s role in the community.

Quarter 1 Report:

No assessment activity this quarter.

Quarter 2 Report:

THN Director met with the Advisory Board Executive Committee in the 2nd quarter to start planning for a network assessment and evaluation of the advisory board at the November meeting in the 4th quarter. Quarter 4 will include reporting of the results of the assessment and evaluation.

Quarter 3 Report:

No progress made in the 3rd quarter, the plan is still to conduct the assessment in the 4th quarter at the November Advisory Board meeting. Findings will be report in the 4th quarter.

Quarter 4 Report:

Network assessment completed at the November THN Advisory Board meeting on November 14th. The assessment was completed by the 16 board members, 2 staff and 2 guests who attended the November meeting. The attendees worked together in four small groups to answer questions provided by the THN Director to reflect on the advisory board's work. The results indicated the THN Advisory Board has a thorough understanding of THN's role in the community (its purpose and mission). The board identified collaboration as a key component of the advisory board's work in the community. There was a request by board members to extend meetings, reduce agenda items (to allow for more discussion) and return to some in-person only meetings to enhance collaboration and build relationships among advisory board members.

The assessment results also indicate areas of growth and improvement. One area of growth was to continue to have diverse advisory board members represented (increase marginalized groups that are not represented currently on the advisory board). Another area of growth and improvement was to engage more with rural communities. There was mention of reaching out to community health workers that engage with rural communities and have their voices present at advisory board meetings. The last topic that was mentioned to grow opportunities to address health disparities is to identify unmet needs in the community and work as an advisory board to address these unmet needs.

- 5.1.4 Committee Reports- The board members receive at least six committee and work group reports during 2022.

Quarter 1 Report:

The Advisory Board received committee reports following each board meeting during the first quarter (January, February, March). Reports were given on the Long Term Care Committee, Community Health Improvement Steering Committee and the Community Health and Access Committee. The reports included any relevant updates and progress, meetings and upcoming events.

Quarter 2 Report:

The Advisory Board received committee reports following each board meeting during the second quarter (April, June). Reports were given (either verbally or written) on the Long Term Care Committee, Community Health Improvement Steering Committee and the Community Health and Access Committee. The reports included any relevant updates and progress, meetings and upcoming events.

Quarter 3 Report:

The Advisory Board received committee reports following the one board meeting during the third quarter (September). Reports were given (either verbally or written) on the Long Term Care Committee, Community Health Improvement Steering Committee and the Community Health and Access Committee. The reports included any relevant updates and progress, meetings and upcoming events.

Quarter 4 Report:

The Advisory Board received committee reports following the one board meeting during the fourth quarter (November). Reports were given (either verbally or written) on the Long Term Care Committee, Community Health Improvement Steering Committee and the Community Health and Access Committee. The reports included any relevant updates and progress, meetings and upcoming events.

- 5.1.5 Presentations on community issues – At least three presentations on relevant community health topics will be provided during board meetings. The purpose of the presentations is to educate the board on related work plan topics.

Quarter 1 Report:

The Advisory Board met on January 10th and Lara Parrilla from Cayuga Health Partners presented on “Screening for & Responding to Unmet Social Needs among Patients in Primary Care.” This presentation focused on a pilot program used at primary practices to identify unmet social determinants of health so that it may be incorporated into the patient’s medical care plan. THN Director presented the 2022 THN Work Plan to the Advisory Board as well.

On February 14th, Carrie Stock, Director Guthrie Ithaca City Harbor presented on the new Guthrie location in downtown Ithaca (Guthrie Ithaca City Harbor). John Mazzello, HSC Deputy Director, presented on “2-1-1 Information and Referral Program Trends from 2021” to the Advisory Board. The top 6 types of services that referrals were made to by 2-1-1 are “healthcare,” “housing,” “income support/assistance,” “information services,” “transportation,” and “food/meals.”

On March 14th, Angela Sullivan and Emily Parker at Alcohol and Drug Council presented “Workforce Transformation: Developing Creative Solutions to Workforce Challenges in Behavioral Healthcare” to the Advisory Board. Teri Reinemann (Office for the Aging contractor) also presented a Tompkins County Age-Friendly update as well. Teri Reinemann is also the new Long Term Care Committee Coordinator for THN, announced at this March meeting.

Quarter 2 Report:

The Advisory Board met on April 11th and Geoff Dunn and Dominick Recckio (both of Tompkins County Administration) presented on the transition of Swift 911 to Tompkins Siren (emergency notification system). The presentation focused on SIREN (stands for Safety and Incident Real-time Emergency Notifications) which is not reserved for only emergency alerts, but community wide relevant information like vaccine availability. When someone signs up for alerts through SIREN, they can personalize the alerts they receive by tailoring their subscription. Dan Klein, Tompkins County Legislator (Health and Human Services Committee Chair), presented on the Health and Human Services Committee 2022 goals.

On June 13th, Scot Vanderpool and Matt Yarrow (both of TCAT) presented updates to the Advisory Board about TCAT (local public transportation). This presentation included the Transit Development Plan which included route changes, future route additions, and possible future on-demand public transport services. Dawn Montanye of Way2Go (program of Cornell Cooperative Extension) presented on Way2Go including explaining their mission to expand access to transportation by connecting people to existing options, and helping develop new community solutions.

Quarter 3 Report:

The Advisory Board met once in the 3rd quarter on September 12th (the board does not meet during the summer months). Liddy Bargar and Simone Gatson, both staff at Human Services Coalition of Tompkins County, presented “Homeless and Housing Needs Assessment, Findings and Recommendations” to the Advisory Board at the September meeting. The presentation focused on quantitative and qualitative data conducted by the local Continuum of Care, and the 5 recommendations that came out of the data collection.

Quarter 4 Report:

The Advisory Board met once in the 4th quarter on November 14th (the board does not meet in October and December). Samantha Hillson (THN Advisory Board member, and Tompkins County Whole Health [TCWH] staff), Ted Schiele (TCWH staff), Julia Ressler (Cayuga Health staff), and Lara Parrilla (THN Advisory Board member, and Cayuga Health/Cornell Center for Health Equity staff) presented on the results of the 2022 Community Health Assessment that will inform the 2022-2024 Community Health Improvement Plan (CHIP). As part of the presentation, the presenters used a Menti poll to gather input from THN Advisory Board members on how they are already, or will be, working on the new objectives of the CHIP for 2022-2024 so collaboration can continue between the CHIP Steering Committee and THN Advisory Board members and their organizations.

Tasks

- 5.2 Create plan for National Rural Health Day in November – THN staff will develop and implement a plan to promote National Rural Health Day in November

Performance Measures

- 5.2.1 Plan and timetable developed – Plan for promoting National Rural Health Day is drafted and presented to the Advisory Board by fall 2022.

Quarter 1 Report:

No activity this quarter, planning will commence during the third quarter.

Quarter 2 Report:

No activity this quarter, planning will commence during the third quarter.

Quarter 3 Report:

THN Director met with the THN Advisory Board Executive Committee and agreed to request nominations for rural health workers or organizations that serve the rural health community in the beginning of the 4th quarter to promote said workers or organizations on National Rural Health Day.

Quarter 4 Report:

In October 2022, THN Director requested nominations to recognize rural health organizations and workers for National Rural Health Day on November 17th. Requests were made to the THN Advisory Board and on the county-wide human services email listerv (and requests were made on social media as well). Two nominations were received and the THN Director requested a write-up and photo(s) to post on National Rural Health Day.

- 5.2.2 Plan Implemented – National Rural Health Day Promotion is completed by the end of November 2022.

Quarter 1 Report:

No activity this quarter, promotion will occur in the fourth quarter.

Quarter 2 Report:

No activity this quarter, promotion will occur in the fourth quarter.

Quarter 3 Report:

No activity this quarter, promotion will occur in the fourth quarter.

Quarter 4 Report:

On November 17th, THN Director recognized two rural health organizations (both nominated by community members): Brooktondale Community Center and Enfield Elementary. Recognition included sending emails to the county-wide listerv and to the THN Advisory Board that included write-ups on both organizations and pictures highlighting their work in rural communities. Recognitions were also made on social media (Facebook), as well as added to the Human Services Coalition webpage highlighting rural health community partners.