# COMMUNITY BASED GOVERNANCE UPDATE

Cardinal Innovations HEALTHCARE®

# OUR MISSION

To improve the health and wellness of our members and their families.

## WHY CHANGE THE COMMUNITY MODEL?

- Cardinal Innovations Healthcare values the voice of the communities we serve
- Local Community Board members wanting change in content and action of the meetings
- We want to engage our stakeholders to choose Cardinal Innovations
- We believe it is the right thing to do

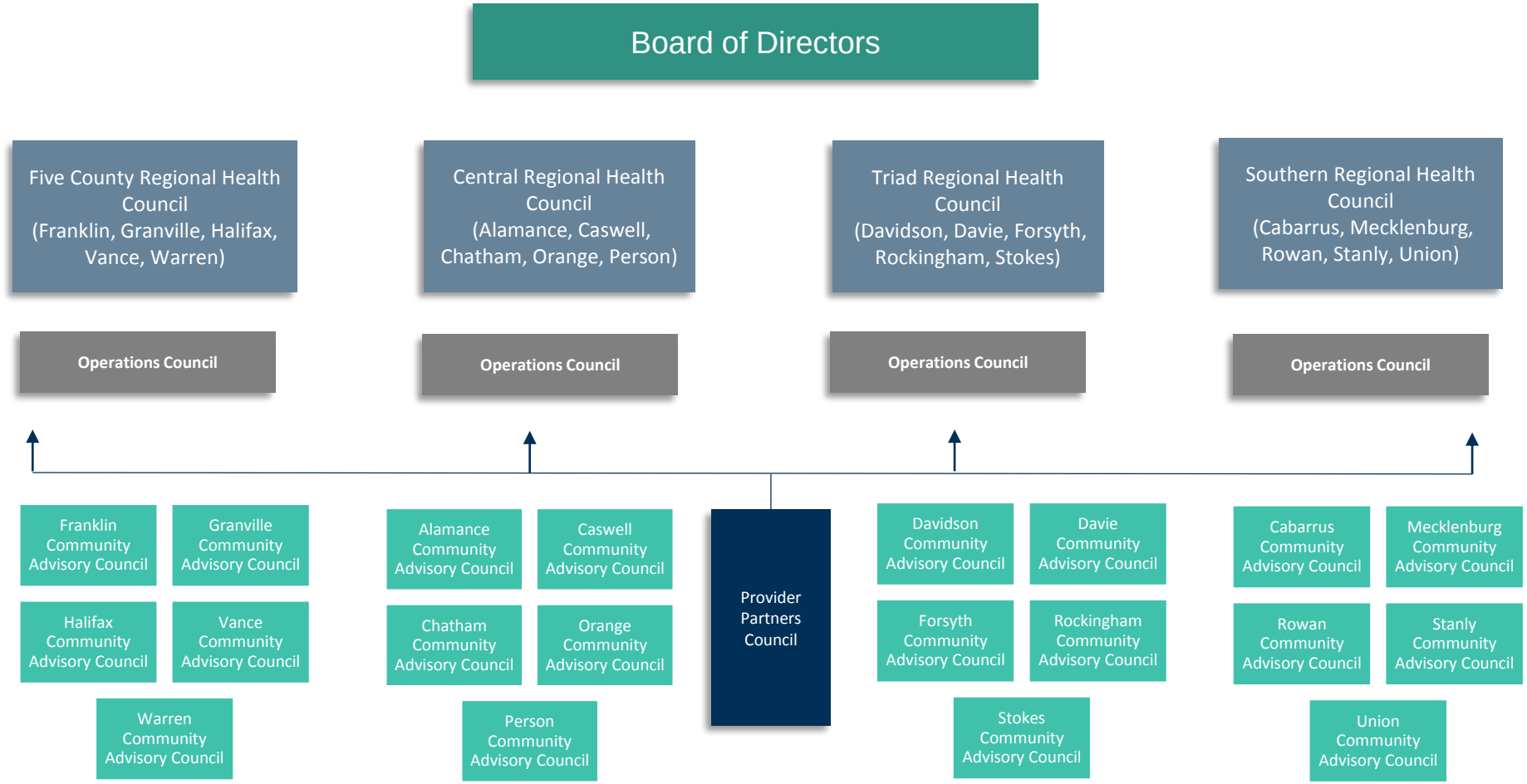
# FEEDBACK FROM LOCAL COMMUNITY BOARDS ON CURRENT STRUCTURE

- Difficult to understand activities/ quality/ accountability without local reporting and dialogue.
- Lack of local advocacy
- Not sure of Community boards effectiveness nor connection to governing board
- Importance of hearing and knowing what's happening in surrounding areas
- Losing power/ oversight
- Community needs and assessments could be improved (we could help)
- Big Board doesn't know what goes on in the community except through staff
- The current "Oversight model" has been in place for a few years, seems to try to make everything cookie cutter throughout the organization. The dashboard was an attempt to fit all communities in the same box.
- Keeping the administration as close to the people who are being served will be key to the success of Cardinal.  The greatest advocacy and voice for those who cannot speak for themselves must come from the local level.

# COMMUNITY FEEDBACK ON THE MODEL

Presentations on the new Community Governance Model occurred February through April

# Proposed Detailed Structure



# PRESENTATIONS IN THE COMMUNITY

## Triad Region: 23 presentations

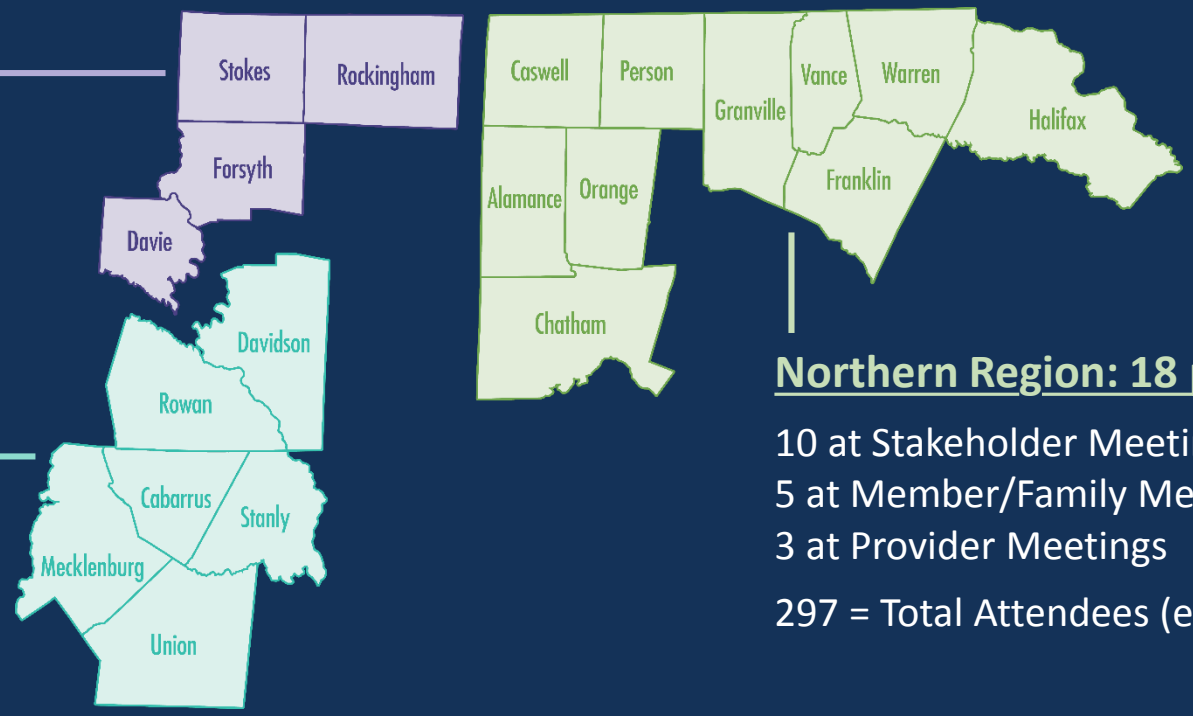
15 at Stakeholder Meetings
2 at Member/Family Meetings
6 at Provider Meetings

154 = Total Attendees (excludes CIH staff)

## Southern Region: 21 presentations

13 at Stakeholder Meetings
4 at Member/Family Meetings
4 at Provider Meetings

232 = Total Attendees (excludes CIH staff)




## Northern Region: 18 presentations

10 at Stakeholder Meetings
5 at Member/Family Meetings
3 at Provider Meetings

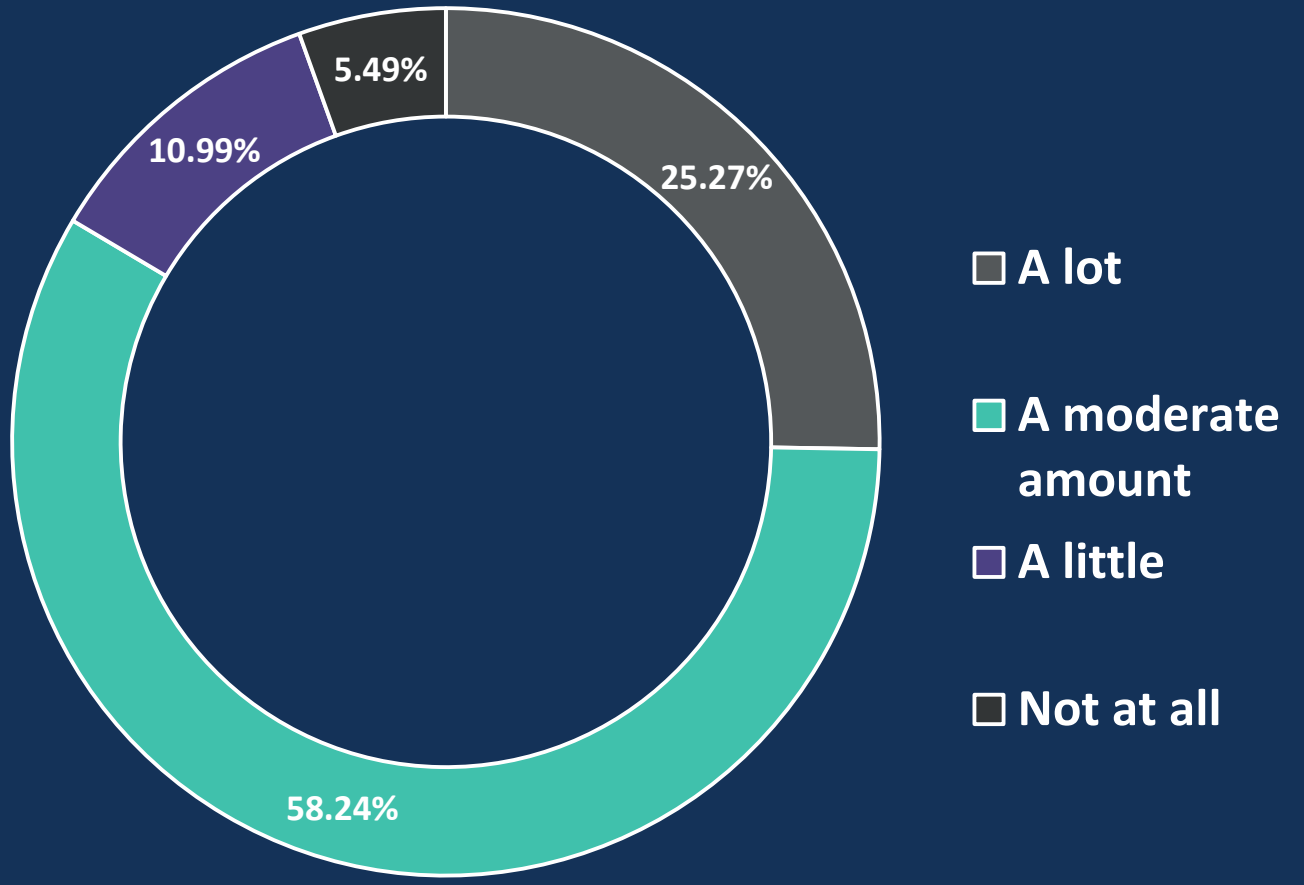
297 = Total Attendees (excludes CIH staff)

Number of Presentations Given: 62

Number of Community Stakeholders: 683

## SATISFACTION

Attendees were surveyed after the presentation and asked how they liked the Proposed Governance Structure




83% were satisfied with the Proposed Governance Structure

# FEEDBACK – A SAMPLING OF WHAT THE COMMUNITY LIKES

## Streamlined Process

- This appears to be a more organized structure
- This provides more direct streamline into the governing body
- It's obvious that there are clear goals and expectations
- If followed, this will allow for clear lines of communication
- I see potential for less overlap

## Community Voice

- I like that it gives each county/group more of a voice
- This structure provides more regional direction
- The Smaller Sub Groups Designated to each County allows for each group to establish a need specific to their demographic
- This structure will allow for more Member input

## Collaboration

- It allows for many relevant partner agencies to participate in the Health Council for each county
- It maintains client rights, member representation, and family input to give feedback about what is working and what are service gaps.
- Less "silo'd", more cross-talk and opportunity for feedback
- Utilizes Community Health Assessments for a knowledge base

# FEEDBACK- KEY SUGGESTIONS

- Hear what the people and families who actually use these services think.
- Form diverse groups.
- Assure that agencies that are affected can fully understand the new system and the benefits that it offers.
- Start small with one area and see what works and what doesn't.
- Keep transparent and inform partners about discussions and progress toward reaching goals.

# WHAT OUR KEY STAKEHOLDERS ARE SAYING

**“That it will be representative of all the demographic areas according to the make-up of that area. Also the charters and by-laws will be developed with the input of representatives from those demographic areas.”**

**-Minority Coalition Member**

**“It seems simpler, less meetings required, better manageable.”**

**-County Commissioner**

**“Seems to bring the key players back into the room and allows for participation.”**

**-Community Board Member**

# PROPOSED TIMELINE

**July 2019 – September 2019**

- Form Health Council Membership
- Develop Charter and Functions
- Elect Membership to Operations Sub-councils

**October 2019 – December 2019**

- Develop Operations Sub-councils
- Work with Health Councils to develop plan of work
- Member composition of Community Advisory Councils (CAC)

**January 2020 – March 2020**

- Quantitative data gathered for the Regional Health Assessment
- Gather quality assessment information from CAC's

**April 2020 – June 2020**

- Finalize Regional Health Plans
- Goals and strategies created, plan of work developed and shared with Board

# BENEFITS OF THE NEW MODEL

- The Regional Health plans are driven by the communities
- Local voices drive the change in the communities
- Cardinal as a collaborative partner at the table, not just driving the change
- Creates a matrix model of leadership in the communities not a top down approach
- Uses current committees already in place and transforms them into actionable committees making the change in their communities
- Based on the final decision of membership/number of meetings, would either be cost neutral from current structure (around $10,000) or increase by no more than $25,000 annually

## CHALLENGES OF THE NEW MODEL

- Some stakeholders may be unwilling to change to see the benefit of the new structure
- Some stakeholders who have lost trust in Cardinal not convinced that we follow through on the intent of the model being community focused
- Smaller counties hesitant that structure will not change with them being left out. Want to see it in action before believing they will be heard
- The coordination between stakeholders to transition to the new model


# THANK YOU