

MEETING CALLED BY	State of Connecticut Department of Public Health –
TYPE OF MEETING	Conference Call
FACILITATOR	Christine Parker and Carol Stone
ATTENDEES	Christine Parker, Carol Stone, Eugene Nichols, Mary Jane Engel, Robert Miller, Andy Bloom, Linda Colangelo, Todd King, Wendy Mist, Neil Ustrick, Baker Salisbury, Patrick McCormick, Heather Freeman, Jim Rocus, Phil Molatto, Sal Meshing, Dr. Halvechek, Sue Starky, Robin Lucas, Whitney Mostacha

AGENDA ITEMS	DISCUSSION
Identification of Fiduciary/Lead Agencies	<ul style="list-style-type: none"> • Major charge for the five counties is to identify a fiduciary agent • Ledge light is selected as the fiduciary for New London County • Northeast District Department of Health is the fiduciary for Windham County • Connecticut River Health District is the fiduciary for Middlesex County
Contract Execution	<ul style="list-style-type: none"> • DPH is starting to prepare for writing the contracts. Exploring one, three, or five years. Will do a template to allow for differing levels of capacity building among the counties. • DPH has identified our fiscal officer (Chuma Amechi) and contract specialist (Desiree May) who will work on this grant. • Most work will be done through Eugene. • Once the contract has been executed, the counties can work directly with other support staff.
Inclusion of County towns and cities	<ul style="list-style-type: none"> • Inclusion of all county towns and cities is crucial. • This concept is a strong point of the CT grant application. • For example: If you have an entity that can come to your community coalition and speak on behalf of all the towns and cities in your county, then that is a form of inclusion. A hospital could speak on behalf of all residents in their catchment area in terms of healthcare issues. • Inclusion will depend on both history and contemporary practice. May not necessarily include every town and every entity. Do the best you can to be as inclusive as possible.
Logistics: Weekly conference calls: Wednesdays, 1:00-2:30	<ul style="list-style-type: none"> • Need to work out a process for developing the conference call agendas. One contact person will be designated at DPH. • The process should allow the partners to support each other and share questions, ideas, and solutions. Not finalized yet. Sharing successes can also be included. • Need to determine what information and resources DPH is getting from CDC that has to be passed along to the partners. Must be relevant to the partners. • A list serve has been started and it will be used to pass on information. An email will go out to all partners to include them.

Upcoming CDC sponsored meetings

CDC is coordinating a kick-off event for funded entities and their staff. It is scheduled for October 24-26. An action institute is also being planned. County representatives (Capacity Building Grantees) are invited. The dates are November 29-December 2. Very important for fiduciaries and key stakeholders to attend.

An action institute for the implementation grantees will be held December 5-8, 2011. Fiduciaries will not go to this event, but DPH staff will.

Questions

Will each county formulate their own budget? Yes, and identify a fiduciary agent, scope of work, and method of selection.

Is each county getting \$85,000? No, \$83,900.
Is this money to be used for travel?

Discussion of a CTG Application pages 21-26. Work plan and capacity building plan.

Question about some counties switching over to implementation funding.

Discussion of pilot testing versus implementation.

Discussion of capacity building work plan.

A suggestion was made to have DPH consider creating a Facebook page to facilitate discussions among the partners.

May the fiduciary agency subcontract portions of its work thematically or geographically to other partners in the county? Yes.

Discussion of budget narrative, specificity, and contract language.

Discussion of RFA awards or notifications, NHO and NACDD, ACHIEVE Communities.

Discussion of the interconnectedness of the counties and that the success of the grant is directly related to the success of all of the counties together. By the end of the five year process, all of the counties are ready to move into implementation.

What are we expected to do with this \$83,000? Brainstorm?

One of first activities is to create a coalition. Then do a needs assessment and a policy scan. Use the CHANGE Tool.

Inclusion was discussed again as a key feature for the success of the grant.

The leadership fiscal agent is responsible for delivering the contract deliverables. The lead does not have to be an ACHIEVE Community.

Torrington Health District will likely be the fiduciary in Litchfield County.

Eastern Highlands, Northeast, and New London have identified their fiscal agent and Middlesex is still working on it.

DPH will work with CDC and obtain everything they have to offer in the way of resources and expertise and provide them to the counties.