



CPAA Council Meeting Summary: June 11, 2015

Welcome and Introductions

Council members and guests gathered for the June 11th Council meeting of the Cascade Pacific Action Alliance. The focus of the meeting was to review the proposed governance documents, update the team on the Youth Behavioral Health Coordination Pilot Project, and continue prioritization work on the Regional Health Improvement Plan.

CPAA Proposed Governance Documents to Submit to HCA (Readiness Proposal Elements)

After discussion on the Regional Health Improvement Plan Development Framework document, the group decided to amend tasks numbered 7 and 8. Rather than winnowing down the priority areas to only 2-3 strategies and prioritizing key actions to implement those, the council will create work groups corresponding to all of the shared regional priorities. By September, the work groups will finalize yearly action plans to achieve the objectives in each priority area.

The council approved the Framework document with the updated steps discussed, and also approved all the other governance documents for submission to the HCA next week. CHOICE will also develop a narrative and cover letter, which will be sent out to the council on Monday, June 15th with a deadline for feedback and approval by Wednesday, June 17th. CHOICE will submit the complete packet to the HCA by Friday, June 19th.

Confirm CHOICE Regional Health Network as backbone organization

The group reviewed the results of the Performance Review Survey, which was sent out to the 44 council members and several guests. There were 21 responses, which were largely positive.

The council voted to keep CHOICE as the backbone organization. The backbone relationship will continue to be reviewed on an annual basis.

Youth Behavioral Health Coordination Work Group

Liz Davis provided an update on the work group's progress: they have finalized the four pilot sites that will participate in the project, along with five backup sites. The four pilot sites include two urban, two rural, and an even mix of primary and secondary schools. The group will continue to coordinate with the school districts to develop a work plan that will cover an 18-month project period starting in January 2016 and continuing through the 2016-2017 school year.

At the July council meeting, the work group will share the pilot project work plan and a new "lessons learned so far" document with the council.



RHIP Development

The council split up into breakout groups to discuss each of the five priority areas and start prioritizing those into actionable strategies. The following is a summary of the focus of discussion for each priority area. The full outcome of these discussions is delineated in an updated Regional Health Improvement Plan (RHIP) document, which will be shared at the July council meeting.

ACEs and Chronic Conditions

This group discussed merging the two priority area categories of Chronic Care Management/Prevention & the Mitigation/Prevention of ACEs to a single objective under the idea of prevention. Since there is such a strong correlation between ACEs and chronic conditions, it makes sense to act on objectives that will prevent both. The new priority area will now be referred to as “ACEs and Chronic Prevention.”

Economic and Educational Opportunities

Only two council members joined this breakout group, so it is important to note the need for more engaged conversation in this area. Discussion focused on how to re-engage Council members from the economic and workforce development sectors, and stressing the importance of education and economic development in the implementation of all the other priority area strategies.

Provider Access & Capacity

The group wants to focus on training and education for providers to be functioning at the highest level of their fields. There is also an opportunity here to increase the workforce of health care positions other than providers with advanced degrees.

Coordinating Care

The group switched the title phrase from “care coordination” to “coordinating care” to clarify that the priority is the action needed rather than a stagnant discussion topic. It is also important to define whose care is being coordinated, and to be sure that we are including the spectrum of needs that clients may have.

Next Steps

The next CPAA Council Meeting will be **July 9, 2015; 1:00-4:00PM** at Summit Pacific Medical Center in Elma, Washington. The July meeting will focus on the HCA’s Global Waiver.