



CPAA Council Meeting Summary: March 10, 2016

Welcome and Introductions

The March 10th Council meeting of the Cascade Pacific Action Alliance was held at Summit Pacific Medical Center in Elma, WA. The goals of the meeting were to review 2016 strategic concepts, discuss communication and engagement strategies, review the February shared learning about data, engage in a shared learning about the Workforce Innovation and Opportunity Act, and work in RHIP workgroups.

2016 Conceptual Framework

The Council discussed a strategic framework for planning 2016 for the purpose of achieving better health, better care, and better value through regionally aligned action. The document drafted by staff and vetted by the Support Team included a list of external drivers and CPAA needs that will guide the year's action strategies. The Council discussed whether the document is on the right track for strategic planning for the year. Part of the conversation about strategic planning included some insights from council members who attended the ACH Quarterly Meeting earlier in the week.

The group requested that language regarding prioritizing community engagement, and especially including consumers in the governance structure of the council, be added to the strategic planning document. With this addition, the Council came to consensus on using this document to continue planning the CPAA's activities for the year.

Communication and Engagement

Staff gave deeper updates about what the Support Team has been discussing regarding communication and engagement for the CPAA:

Tribal engagement was a priority that came up at the ACH quarterly meeting, and staff is working with Craig Nolte and SPIPA to plan a meeting with the local tribes later this spring. It will be an opportunity to share what the CPAA is working on with the tribes in our region.

Legislative engagement is another priority for the CPAA this year, so staff and the Support Team will be working on a plan for messaging to local and state elected officials. This is a priority statewide, so it will be beneficial to work with other ACHs and HCA to develop consistent messaging about ACH activities.

Local forum communication is something the CPAA can improve upon, so the council is asked to think about how local forum infrastructure can be supported to increase engagement.

Shared Learning: Data Review

Last month's shared learning session was meant to help make connections between the data pieces available in the state and region and how they connect to the work here in the region. The connections



weren't as clear at the end of presentations as the Council would have liked, so the group spent more time at this meeting debriefing the information together.

The Council reviewed the graphic notes taken at last month's meeting, and then reviewed the information in small groups at their tables, asking what gaps are still missing in their understanding of the data landscape and what the CPAA needs from the data partners in order to incorporate appropriate data into the Regional Health Improvement Plan (RHIP) work.

The small group conversations brought up some important points:

- It is important for the ACH to have a one-stop shop for gathering and reporting both clinical and social determinants data on the regional level and also on the individual level.
- The Council and the RHIP work groups will need to define what they need from the data, i.e., what questions should the data answer, and be able to communicate those needs to the state.
- ACHs will need to start getting hands-on with the data tools in order to better understand how they can be used.
- The CPAA should be able to act on the data that it currently has, and should have a decision-making apparatus in place in order to make a decision once the implications from the data are understood.

Shared Learning: Workforce Innovation and Opportunity Act

Megan Fiess, Strategic Initiatives Analyst, gave an overview of the Workforce Innovation and Opportunity Act (WIOA) and its implementation in the region through the Pacific Mountain Workforce Council.

Her presentation can be found online at crhn.org/pages/choice_projects/cascade-pacific-action-alliance/cpaa-council/.

At the end of the presentation, Council members were asked to write down some ideas in response to three questions. The responses are recorded in the following table.

1. What are the critical factors that enable our collaborations to achieve meaningful impact?	2. What factors inhibit integration?	3. What factors encourage integration?
Co-location of services.	Siloed funding sources with disparate and inflexible outcomes.	Planned, dedicated collaboration opportunities.
Wraparound models.	Performance measures that favor low hanging, less expensive interventions do not necessarily allow for meeting local workforce needs.	Shared data opportunities.
Identifying shared desired outcomes.	Capacity: time, resources, money; lack of clarity; ego/self-interest; duplicative efforts; not a common language.	Identifying shared desired outcomes.
Knowledge of resources available at our table, and time to map the systems.	Lack of funding.	Knowledge of local resources/systems that could align toward common goals (housing, jobs, etc.)
Aligned objectives and shared measures.	Organization siloes.	A neutral location to gather and plan.
It's important to strike a balance between being highly effective/efficient/innovative in our respective sectors and systems, and also encouraging productive communication and collaboration among systems and sectors. Both are necessary in order to truly achieve meaningful impact.	Competition, lack of funds and other resources, speaking different languages, organizational purposes are different.	Integration facilitated by collective impact: common agenda, shared measures, aligned activities, continuous communication, backbone support.
Willingness of parties to come together – desire, want, need.		Aligned funding for outcomes.
A shared common goal or outcome.		Scale and spread opportunities when we work together.



RHIP Workgroup Break-Out Session

Due to a low number of meeting attendees during this section of the meeting, the group decided to stay together and discuss Care Coordination/Chronic Disease and ACEs workgroup strategies.

Care Coordination/Chronic Disease

- The workgroup has started working on a strategy that they are calling “Care Traffic Control.” It involves creating a flight map using patterns of how people navigate through the system.
 - Mapping will help identify what care coordination is already going on – clients may be overwhelmed by how many case managers and care coordinators they already have.
 - Mapping will also help communicate the differentiation of services so that the buzzword of “value-based purchasing” is adequately nuanced to payers, legislators, consumers, etc.
 - This strategy will also include conducting individual case studies in order to help map pathways through the system from an individual consumer point of view.
- The workgroup is also looking to existing local forum work like the Health Home Program.

ACEs:

- The next steps for strategy #36 will be to decide on the logistic details of coordinating events for the NEAR Speakers’ Bureau in order to spark discussions and help create trauma-informed communities.
 - Logistics: NEAR bureau has an online contact form; workgroup may want to put a contact form on CHOICE’s website as well. This will require clear communication and messaging points about what we are offering so that requesters know how NEAR will benefit their communities.
 - NEAR has a three-step pathway to trauma-informed community. CPAA organizations should be self-assessing with these three steps, and how each organization is involved in trauma-informed practices.
- The group has an idea to establish the infrastructure in the region for home visitation program: Have a coordinator who can manage home visiting program staff around the region to help identify appropriate services for each community. The group will continue to discuss having a menu of services rather than one standard program and make sure that local forums inform this menu.

Next Steps

- The next CPAA Council Meeting will be **April 14, 2016, 1:00PM–4:00PM** at Summit Pacific Medical Center.