



## CPAA Council Meeting Summary: May 12, 2016

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### Welcome and Introductions

The May 12<sup>th</sup> 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 confirm a Regional Health Improvement Plan (RHIP) “Early Win” Project, review the tribal consultation policy, learn from the Early Adopter Southwest Region, and discuss global waiver documents and entity options. CHOICE Executive Director, Winfried Danke, shared some sad news about CPAA Council member Dennis Mahar, and the group reflected on the contributions that Dennis made to ACH work, and shared what inspires them to work together to improve health in the region.

### Vote: Confirm RHIP “Early Win” Project

Staff gave an update on the progress of the Youth Behavioral Health Coordination Project, which has three pilot sites moving forward with implementation in Cowlitz, Mason, and Wahkiakum counties. The workgroup for Thurston and Mason counties is currently looking for a new pilot site, as Black Lake Elementary School has decided not to move forward with the project due to funding issues.

Staff explained that the Health Care Authority (HCA) is requesting that the CPAA choose a project to demonstrate an “early win” for the State Innovation Model (SIM) grant. The Support Team had discussed this request in April, and had agreed that the Youth Behavioral Health Coordination Project is a natural choice for submission.

The Council agreed with the Support Team and added that it could be an opportunity to access more support for the project. The Council voted to submit the Youth Behavioral Health Coordination Project as the “early win” for the SIM grant.

### Tribal Consultation Policy

Backbone staff gave an update about the tribal consult policy meeting that happened on May 11, 2016. HCA has contracted with the American Indian Health Commission to organize and facilitate regional tribal/ACH meetings and assist with tribal engagement. Council members reviewed and provided feedback on the Model ACH Engagement and Consultation Policy and Procedure.

The Council discussed their concerns and questions about this policy:

- The CPAA would like to use the existing process that they have begun to employ for engaging with the tribes in the region, and deepen the invitation and relationships that have begun.
- The Council is concerned that the policy could be too restrictive for the diversity of ACH regions and tribes interacting.
- It is not clear whether the policy would be implemented for ACHs, since the ACHs are not government agencies or legal entities.



- Global waiver legal entity requirements could complicate matters by changing the CPAA's structure and governance procedures.
- The Council would like to know what kind of relationships or policies exist between tribes and other non-profit, non-government organizations in the state and region.

## Shared Learning: Early Adopter in Southwest Region

Shared learning sessions are valuable for informing the Council's future decisions. The plan for the coming months is to have presentations and discussions that will foster the Council's understanding of current systems, including value-based payment, behavioral health integration, practice transformation, shared savings, and sustainability.

The Council had a panel discussion with Federico Cruz-Urbe, MD, Vice President of Clinical Affairs at Sea Mar Community Health Centers and Winfried Danke, Executive Director of the CPAA's backbone organization, CHOICE Regional Health Network.

Winfried Danke gave a landscape overview of the state wanting to move health systems to whole person care so that physical health and mental health/chemical dependency are integrated. The Southwest Region, including Clark and Skamania counties, was the first to begin integrating their behavioral and physical health care systems.

Federico Cruz-Urbe shared some of what the Southwest Region has learned so far through the beginning stages of integration:

- ACH seemed low on the priority list for the partners implementing integration, and could be more involved in the collaboration efforts.
- New relationships needed to be developed with the Managed Care Organizations (MCOs), especially with the providers, since the Regional Service Network (RSN) no longer existed.
- The Southwest partners developed an early warning system to track the effects of integration on consumer level. No catastrophes have yet been seen using this early warning system, which is encouraging.

The group then discussed a few questions they have about the behavioral health integration process:

- Are ACHs responsible for implementing integrated care in their regions?
- Where are the savings and where are they going?
  - In the Southwest Region, this is yet to be determined – the first question is how to calculate the savings, and then next figuring out where it will go. – The group agreed this will be very important for the CPAA to figure out.
- The Southwest ACH is implementing pilot projects for how to integrate the service – the payment mechanism has changed, but how the care is delivered has yet to transform.



## Global Waiver Discussion

### 1. Waiver Framework

The group discussed how this framework may inform the work of the CPAA's RHIP work moving forward. The group recognized that although it is more clinically focused, the framework seems to largely support the CPAA's priority areas, except for "education" and "economic opportunities". The Council would like to hear more from HCA about how the social determinants of health fit into this framework.

### 2. Global Waiver Milestones

The group reviewed the milestones document, which gives an outline of potential global waiver events for the coming six to nine months.

### 3. ACH Financial Management

The group reviewed the HCA's document that lays out four different options for ACH financial management. After discussing in small groups, the council shared some comments and questions on the document's suggestions:

- Having one financial management structure may not work across the state for all nine diverse ACH regions.
- There should be a clear distinction between financial management and financial decision-making, especially concerning the Regional Health Improvement Plan projects.
- There is some concern about putting all the global waiver "eggs" in "one basket."
- A map or graphic diagram of the options would be helpful.
- There should be a clear way to manage risk and conflict.
- There should be significant ACH input on this decision, especially if a single executor for all nine ACH needs to be chosen.
- Having one system across the state could make evaluation standards more consistent across the ACHs. There should also be clarity about whether the financial management entity will be responsible for performance evaluation, and how that will work with funding eventually being tied to outcomes.
- There potentially could be more liability if each ACH managed their own finances.
- It would be helpful to know what level of funding each ACH is potentially going to be handling.

### 4. Legal Entity Discussion

In response to recommendations from HCA's contractor, Health Management Associates, CPAA backbone staff and Support Team members have been discussing the possible options of becoming a legal entity. CHOICE employed legal counsel to analyze some options, which CHOICE's Board of Directors then reviewed and discussed. The CHOICE Board narrowed down the lawyer's five recommendations to two viable options, which staff presented to the CPAA Council in a summary document.

The group discussed the pros and cons of both options in small groups, and generally agreed that Option 2 (establishing the CPAA as a single member LLC) might be the best, all around choice. The main concern with this structure would be what to do if the CPAA LLC Board and the CHOICE Board ever completely disagreed on a decision. Several Council members pointed out that it would be very unlikely that the



two boards would completely diverge, since many board members are involved in both entities, and both entities have aligned priorities and goals. Council members would like to see a cost comparison for setting up each of the entity options, along with the other three entity options that the legal consul provided. Staff will also compile the Council's discussed pros and cons for further discussion.

## Next Steps

- Staff will share CPAA global waiver and tribal consultation feedback with HCA.
- Staff will share all five legal entity options with the CPAA Council.
- The Support Team will further synthesize the Council's financial management and global waiver questions in preparation for HCA's roadshow presentation in June.
- The next CPAA Council Meeting will be **June 9, 2016, 1:00PM–4:00PM** at Summit Pacific Medical Center.