



## CPAA Council Meeting Summary: September 8, 2016

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### Welcome and Introductions

The September 8<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 review and approve the CPAA meta goals, receive an update on the RHIP work group activities, discuss the CPAA’s “local forum” process, receive an update on finances and fund development, review and approve the CPAA’s letter of support process, discuss tribal engagement developments, and conduct a shared learning session on sustainability strategies.

CHOICE Executive Director, Winfried Danke welcomed all Council members and guests. As everyone in attendance introduced themselves, they also shared some highlights from their summer.

### RHIP Meta Goals

The group reviewed the three overarching goals that the Support Team has discussed as a way to articulate the Triple Aim in a way that is relevant to the CPAA’s goals for the region. The group clarified that when the CPAA refers to “health,” that is inclusive of whole person health with social determinants outside of traditional medical care in mind. Members also expressed that the social determinants and health equity pieces should be included in the description of improving health. Staff will make some more edits on the ‘meta’ goals document and bring it back to the Support Team and Council for approval.

### Update on RHIP Work Group Activities

Michael O’Neill informed the Council that the Care Coordination work group has set up three meetings this fall to jumpstart the activity of that group. Staff will send out the times for the meetings so people can plan on attending. Glenn Puckett from the Washington Dental Service Foundation volunteered to get involved in that work group. Caitlin Safford informed the group that the Adverse Childhood Experiences (ACEs) work group will get started as well with the same three-meeting process very soon. More information will be shared once those meetings are planned.

Jennifer Brackeen gave an update on the Youth Behavioral Health Coordination Pilot Project, which is the CPAA’s official SIM project. The project is gaining more and more interest (for example, from Sea Mar Community Health Centers and Seattle Children’s Hospital), with several statewide and regional entities interested in getting involved and learning more.

### Discuss Local Forum Process

The CPAA has spent significant time thinking about and discussing how to engage the local communities and make sure that the regional Council activities are informed by local voices. This was an area that came up as a gap in the CPAA’s communication and engagement plan, so the group wants to make sure that communication is flowing well in both directions between the local communities and the regional Council. The group recognized that the CPAA



needs to have value to offer in order to engage the local communities in the CPAA's conversations. The group also recognized it's important to have some small activities that provide local wins to keep partners engaged and keep the discussions moving forward.

Some value propositions that the group brainstormed included providing connections to funding sources, being a catalyst for financial collaboration, and providing information about health care transformation statewide.

## Finances and Fund Development Updates

Staff has been working on pursuing fund development opportunities, but is finding that many private foundations are hesitant to fund ACHs until more is known about the global Medicaid waiver. (Glenn Puckett volunteered to help communicate to the private health foundations about why it is an important time to invest in ACH activities now.) The Cambia Health Foundation, however, has invited the CPAA to apply for a grant to potentially help fund the Youth Behavioral Health Coordination pilot project. Staff will be working with the regional Youth Behavioral Health Coordination work group to complete that application this month.

At their most recent meeting, the CPAA Finance Committee identified that there is a funding gap in the CPAA's operations. The Finance Committee recommended (and the CPAA Support Team agreed) that CPAA staff and council members should meet with Health Care Authority (HCA) leaders to discuss other possible funding streams from the state. Staff has scheduled a meeting with HCA for September 20, and invites council members to join that meeting if they are interested.

The global Medicaid waiver is still under negotiation between HCA and CMS.

## CPAA's Letter of Support Process

Backbone staff has been getting increasing requests for letters of support from the CPAA, so the Support Team has helped develop a process for determining whether a request aligns with CPAA's priorities. It is important to note that the purpose of the process is to help make the determinations more efficient for staff to make on the simple situations, and the more complicated situations will be brought to the Support Team or the full Council if necessary. The group wanted to clarify that the intent is not to dismiss support for multiple partners who might be in competition for the same funding. The group will revisit how this process is working as requests continue to come in, and update the process if necessary.

The Council would like to add language explaining that if a requestor is leaving gaps in information, or there are still questions, then staff will do their due diligence to follow up on the requestor's reputation and projects. With this addition, the Council approved the letter of support process document.

## Dr. Cavens's Request

Dr. Phyllis Cavens, from the Child & Adolescent Clinic in Longview, sent an email with a request of the Council. Since Dr. Cavens was not present, Melissa Thoemke gave a little more explanation about the Pediatric Transforming Clinical Practice Initiative. The understanding is that Dr. Cavens wants to give a presentation, but the group decided to table the discussion until the next Support Team meeting, where Dr. Cavens can give more details about her request herself.



## Discuss Tribal Engagement Developments

There was another Tribal Consultation with the Health Care Authority on August 29, where the state further discussed its reasons for not imposing a consultation policy on ACHs. The Health Care Authority communicated that they would encourage the ACHs to engage with tribes on the regional level, but will not be mandating particular consultation policies.

The Support Team discussed that the CPAA should follow up on the invitations that the group has received from the nearby tribes in our region to visit their tribal health centers, and also send another letter specifically inviting all the tribes in the region to attend the Council meetings and engage in the CPAA activities.

HCA staff also gave the update that the tribes are currently working on a 1959B waiver for behavioral health services, so the ACH engagement may be less of a priority for tribal members at this point in time.

There has also been some discussion about tribes possibly getting separate funding from the global waiver, and also possibly a separate statewide tribal ACH. Conversations are still happening, so nothing has yet been decided.

## Shared Learning: Sustainability Strategies

Facilitators gave the background context that the CPAA has been thinking about how to continue to bring in resources in order to sustain the regional work in the long term. The CPAA has always been thought of as larger than the SIM grant, and larger than the global Medicaid waiver, so in order to sustain activities beyond those two grant time frames, the region will need to have other funding mechanisms in place. At the last statewide ACH quarterly convening, [the Georgia Health Policy Center shared a toolkit with suggested mechanisms](#) for financing population health. The group broke out into four small groups to review that document and discuss the tools, focusing on the last six tactics starting on page 13. To prompt discussion, the groups considered the following questions:

- What are the promising attributes of these tactics?
- What else do we need to know?
- How applicable are these strategies to regional bodies like the CPAA?
- Are there a few specific tactics that seem to rise above the others for the CPAA and its RHIP?

After reviewing the strategies, the group came up with several ideas of what to do next. One next step could be to further analyze the pros and cons of the tactics, and to figure out what is already happening with these types of funding strategies in the region. The group would also like to explore whether there is a way to coordinate the different strategies in a community. Another idea is to develop of library of strategy possibilities, and then choose one to test and try.

One theme in the different tactics is that partnerships are incredibly important in order to make the mechanisms work and in order to be competitive.

One more suggestion is to consider whether there is a way that the CPAA can create its own innovative mechanism using some of the concepts from these strategies—this may look like a way of pooling the different community resources in some type of wellness fund for the CPAA projects. This would probably involve gathering more background information, and then having the work groups figure out what kind of funding sources work well with the RHIP strategies.



The group agreed that the Finance Committee (or another ad hoc group) should talk about the sustainability strategies. The present Finance Committee members recognized that fund development was not originally part of the scope of the Finance Committee, but the committee has talked about sustainability and developing resources since it has begun convening. Federico Cruz from Sea Mar and Matthew Solomon from ESD 113 volunteered to participate in the finance group to discuss sustainability ideas.

## Is there anything today that we need to take back to local forums?

The Support Team recently recommended adding this question to the end of Council meetings in order to enhance the communication between the regional Council and the local forums.

The Council's recommendation was to send the sustainability toolkit that was discussed at the shared learning session to the local forums in order to try to find some local experts about the funding mechanisms already happening on the local level.

## Next Steps

- Staff will make some more edits on the 'meta' goals document and bring it back to the Support Team and Council for approval.
- Staff will update the letter of support process document and begin implementing the process.
- Staff will follow up with Dr. Cavens and ask her to clarify her request at the next Support Team call.
- Staff will begin scheduling visits to tribal health centers and coordinating with Council members who are interested in attending those visits.
- Staff will draft and work with the Support Team on a letter invitation to tribal leaders.
- A pros and cons sustainability worksheet will be developed for the financing committee to review.
- Staff will send the sustainability toolkit to local forum organizers to share with their local partners.
- The Care Coordination Work Group meeting will be **September 27, 2016; 1:00PM-4:00PM** at Providence St. Peters Hospital.
- The next CPAA Council Meeting will be **October 13, 2016; 1:00PM-4:00PM** at Summit Pacific Medical Center.