



CPAA Council Meeting Summary: October 13, 2016

Welcome and Introductions

The October 13 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 approve the RHIP Meta Goals, review the draft CPAA Value Statements, discuss the Skokomish Tribal Health Center Tour, receive an update about governance structure discussions and the Care Coordination work group, discuss global Medicaid waiver developments, and learn about the region's public education system and how it relates to health improvement.

Shared Learning: Public Education and Health Improvement—Collective Action and Mutual Benefits

A panel of experts from the region's education sector gave a presentation exploring the intersection of population health and public education. First, Mike Hickman of CR-ESD 113 gave some background information: research shows that Americans who are better educated have higher life expectancy and better health outcomes, while children who are healthier perform better in school. The health sector and the public education sector clearly influence each other's outcomes greatly, so it will be mutually beneficial to work together to improve both health and educational achievement.

The panel speakers took turns presenting information from different perspectives of the educational sector. Each speaker's section title is below. [The entire presentation can be found at crhn.org.](http://crhn.org)

- What Are Schools Busy Doing?
Dr. Dana Andersen, Superintendent, CR-ESD 113
- Health Sector Issues
Chris Hawkins, Community Engagement, Evidence and Partnerships Manager, Thurston County Public Health & Social Services
- State/National Education Efforts to Support Academic and Non-Academic Needs
Kelcey Schmitz, Integrated Student Services, OSPI



- Local & Regional Efforts to Support Student Health
Kim Fry, Superintendent, Rochester School District
Marcella Thornburgh, Student Assistance Professional II, CR-ESD 113 True North Student Assistance & Treatment Services

After the presentations, the floor was open for meeting attendees to ask questions and discuss connections to CPAA work. The panel expressed that there is little wiggle room in the proposed McCleary funding, with very small portions for school nurses and social workers. They also expressed that the current most prominent needs are for mediation and coordination between sectors with different competencies, and for finding and braiding resources to create sustainable systems.

RHIP Meta Goals

The Council approved the RHIP Meta Goals document to adopt as guidance for the CPAA's activities moving forward.

CPAA Value Statements

Staff created a draft document outlining the CPAA's values as an organized communication tool for describing the CPAA to anyone who is unfamiliar with it. Council members are asked to spend some time outside of the meeting to review the value statements and email any suggestions they might have to CHOICE staff. Staff will incorporate any changes and discuss the value statements in more detail at the next Support Team meeting.

Some initial suggestions included:

- Using a clearer action word rather than "aggregate" on Value #5.
- Defining "the community" and the relationship with that community in more detail on Value #8.

Skokomish Tribal Health Center Tour

Staff has worked with Health Director Ed Fox to plan a visit to the Skokomish Tribe's health center. The tour will take place on October 28, from 10:00 a.m. to 1:00 p.m. As there is limited space for this tour Council members and CPAA participants who would like to attend are invited to email Justin Wagaman at: wagamanj@crhn.org with their intent to participate. In immediate response to the request, several Council members volunteered to attend:

- Dave Windhom
- Kat Latet
- Chris Hawkins
- Nora LeBlanc



- Erin Riffe
- Jennifer Houk

This visit is planned to be the first of several, as staff has been working to develop relationships with the seven tribes in the region.

Governance Structure Update

The council reviewed the draft ACH Decision Making Expectations from the Health Care Authority (HCA), which frames the requirements for ACH structure. These expectations have initially come from guidance for global Medicaid waiver project coordination, but HCA is now planning on aligning these expectations for general ACH operations outside of the global waiver as well. The expectations call for a primary decision-making structure, and may still be informed by a pending tribal engagement policy.

A work group made up of CPAA Council members and CHOICE Board members has met once to begin drafting an initial operating agreement that will meet the requirements of HCA's expectations, while retaining the culture of collaboration and inclusiveness. After a brief review of the initial operating agreement elements from the work group, the CPAA Council meeting attendees briefly discussed some initial reactions. At the forefront was the consideration about the size of the CPAA's decision-making body, since the HCA will be requiring something nimble and able to make decisions quickly, and the CPAA members have historically valued inclusiveness and have had a large Council acting on consensus. This conversation will continue at two more work group meetings and the coming Support Team and Council meetings. Randy Barker volunteered to join the Governance Structure work group. In the meantime, Council members were asked to email any additional feedback, concerns, or questions about the initial operating agreement elements to staff.

Global Waiver Developments

The group reviewed the letter from the Center for Medicare and Medicaid Services (CMS), which is the most official current word on the progress of the global Medicaid waiver. The letter confirms that a global Medicaid waiver will be forthcoming to Washington State, and the details will be defined in the pending Special Terms & Conditions. The four functions of the ACHs are outlined in the second paragraph and include:

- convening providers to coordinate health transformation activities,
- implementing interventions,
- connecting clinical and community-based organizations
- and tracking regional health performance.

The CMS letter also clarifies that ACHs will not receive funding for behavioral health integration or value-based payments, and that the waiver will be distributed in a pay-for-performance model of reimbursement.



The group also reviewed the Healthier Washington ACH Agreement-in-Principle Talking Points, and discussed some initial reactions to the global waiver announcement. The group noted that the CMS is planning to authorize up to \$1.125 billion for the five year program, which is much less than the state originally requested. In light of this and in light of the fact that this money will be restricted to Medicaid populations, the CPAA continues to view this global waiver as one facet of its ACH operations, while its goals for health improvement in the region continue to have a broader scope.

Care Coordination Work Group

Kat Latet gave the Council an update on the Care Coordination work group as one of her last contributions before stepping down as co-lead for the work group. The work group had the first of its three meeting cycle to narrow down a starting point for action strategies.

Pulse Check on CPAA Council Meeting Evaluation Forms

Next Steps

- Council members will review the Value Statements document and email suggestions to staff for discussion at the next Support Team meeting.
- The visit to the Skokomish Tribal Health Center will be **October 28, 2016; 10:00AM-1:00PM**.
- Council members will review the initial LLC operating agreement elements and email feedback to staff.
- Council members will complete the annual ACH evaluation survey from CCHE.
- The Care Coordination Work Group meeting will be **October 19, 2016; 1:00PM-4:00PM** at Providence St. Peters Hospital.
- The next CPAA Council Meeting will be **November 10, 2016; 1:00PM-4:00PM** at Summit Pacific Medical Center.