



Consumer Advisory Committee Meeting

Meeting Summary, 12/5/2017

Staff: Winfried Danke – *CHOICE*, Justin Wagaman – *CHOICE*, Shannon Linkous – *CHOICE*, Kyle Roesler – *CHOICE*, Michael O’Neill – *CHOICE*, Malika Lamont – *CHOICE*

In Attendance: Douglas Levitt – *Pacific County*, Erin Oly – *Thurston County*, Sam Silvestro – *Thurston County*, Luanne Serafin – *Lewis; Mason; Thurston Counties*, Freddy Lessenger – *Lewis County*, Bonnie West – *Lewis County*, Heather Ristow – *Thurston County*, Paul Sweet – *Thurston County*, Michelle Richburg – *Thurston County*

I. Welcome and Introductions

Justin Wagaman welcomed committee members and facilitated introductions. He reviewed the committee [ground rules](#), and the need for a [W-9](#) and [participation agreement](#) for anyone who still needs to fill them out. These documents are required for mileage reimbursement and the monthly stipend. If CPAA still needs to have yours on file or you have any questions, please email Shannon at linkouss@crhn.org.

Justin reviewed the desired meeting outcomes, which consisted of the following, listed below.

- Briefly learn about CPAA Project Plan
- Learn about and Discuss 3 CPAA Project Areas (Bi-Directional Care Integration, Care Coordination, Opioid Response)
- Questions and Feedback on Project Areas
- Discuss how CPAA is building Health Equity into project work
- Next Steps

II. Brief Review of CPAA Project Plan

Winfried Danke thanked committee members for attending the meeting. He briefly reviewed the Medicaid Demonstration Project and talked about ACHs. He emphasized this committee’s importance as a contributor to the work that the CPAA is doing.

For the project plan, CPAA is working on six project areas, but the focus of this meeting was to go into detail only on the following three: Bi-Directional Integration of Care, Care Coordination, and Opioid Response. CPAA developed a [project plan](#) that spells out our strategies for working on these three areas, along with the additional three areas. The committee will learn about these other three at a later meeting. Each project area has a [work plan](#) and milestones that need to be achieved. There are three phases to the work which are listed below.

1. Planning phase (2018)
2. Implementation phase (2019)
3. Scaling and sustaining phase (2020 and beyond)



In the planning phase, CPAA needs to clarify who will benefit from this work and the models we will use. For the first phase of implementation, we will be distributing an assessment to distinguish what is already being done and who is doing it, as well as what needs done to have better outcomes. Before we actually begin to apply our plans into reality, the assessment needs to be completed. After the assessment piece is over, we will figure out exactly who is going to be partnering with us, but there are several details that need smoothed out regarding commitments and funding. The CPAA is required to start implementing projects by 2019.

III. Learn about and Discuss 3 CPAA Project Areas

Three of the CPAA program managers explained each of their respective project areas to the consumer advisory committee in detail. The representative managers were Kyle Roesler, who shared about Bi-Directional Care Integration; Malika Lamont, who shared about Opioid Response; and Michael O'Neill, who shared about Community-Based Care Coordination. For details on these project areas and the feedback from the meeting, click [here](#).

IV. How CPAA is Building Health Equity into Project Work

Michael reviewed the Health Equity tool, which can be accessed [here](#). This idea is important to CPAA, but it's hard to quantify – are we being equitable? How equitable? This tool is meant to give people a way to think about equity and give them an instrument to go through. This is a very rough draft and needs more adjustment to make it useful.

Michael described the tool for the group. The first page contains the following types of questions, listed below.

1. How are we defining equity?
2. How are we bringing that into our decisions?
3. How would you, as consumers, address that?

The second page is series of questions surrounding equity and the people impacted. Our systems currently are not equitable. Decisions are made in a room somewhere and impact all these people who had no say in the decisions. In order to address this, we need a tool similar to this one to do that, taking steps to rebalance power.

Committee member responses to the tool are listed below.

- To address the issue of the balance in power, add a line in that says this can be open to the public, in all the work that we do.
- The issue of inequity is reflected in the group we have here today. You can see that many groups are missing. Where is the youth and elderly voice? Brown? Disability?
- [CPAA] needs to consider bias. Intention does not necessarily translate into effectiveness. The person filling it out will bring their own ideas and perspective into it.
- In order for this to be equitable, it should include the voice of the person, or the ability for the person to have a voice. Having a voice gives power. People should at least have the comfortability to have a voice. It's important to have doctors and people listen to you and care about what you're saying.



Michael responded by saying that the idea is to use the content knowledge of staff to fill this out and fill in missing pieces, then address the CPAA council and board for additional feedback. He also said CPAA created the scoring mechanism on the front of the tool to address specific needs or a find a way of figuring out how to give people voices. He recognized that this needs to be incorporated more, not just at the end.

Winfried further explained that this tool is meant to trigger conversation amongst people. He posed the following questions to the consumers.

1. What strategies can we employ and where?
2. What kind of outreach is actually going into this list to engage this needed population? We need to systematically engage these people. This is part of the community engagement plan. We have substantial room for improvement.
3. How do we bring the right people into the conversation? Surveys? Work Groups? We are interested in getting a more diverse and representative group, and we need input from this group of consumers on the public engagement plan.

CAC members replied with the following feedback.

- What CPAA needs is more representation from people who aren't here."
- Posting on Facebook could help.
- The youth liaison in DSHS could be useful for CPAA.
- Transportation needs to become available to reach people CPAA wants to reach, or [CPAA] needs to be going to those populations.
- Send the recruitment flyer out to committee members to help spread the word and increase participation.

Due to time constraints the group agreed to postpone discussing the public engagement tool will get tabled until the next meeting. It is available for review [here](#) until the next meeting.

V. Next Steps & Closing

- ❖ The committee decided there is no need for an Interim Committee Chair at this time. A committee chair will be selected later and once representation on the Committee is better.
- ❖ CPAA is still working on an online platform for this committee. The following is a list of suggestions on what would work well for committee members.
 - Google groups
 - Facebook group
 - Tab available for Consumer Advisory Committee on CPAA website
 - CPAA group Facebook page
- ❖ CPAA has a council meeting **December 14th, 2017** which the committee is invited to. The meeting will take place from **12pm – 3 pm at Summit Pacific Medical Center, located at 600 E Main St., Elma, WA 98541.**
- ❖ Next Consumer Advisory Committee meeting is scheduled for January 9. Details regarding this meeting will be sent to the committee via email as they become available.
- ❖ CPAA will send annual ACH survey to this committee for consumer feedback.



- ❖ Closing question to group:
 - What's something you felt good about and/or something you'd like more info on?
 - Feels good to know there will be multiple sources to get health needs addressed through integrated and coordinated care.
 - Concerns from committee members:
 - "...sounds a lot like SeaMar, group health, or Walmart...sounds impersonal. I want to believe in this system, but it doesn't seem like it will work yet."
 - Pathways is an interesting idea and a good idea.
 - Great idea to have integrated care and a care coordination program.
 - Excited about the opioid plan and learning more about it by reducing deaths in Washington.
 - Cool that everybody had an opportunity to speak and it's well understood that everyone here has a voice.