



## CPAA Council Meeting Summary: June 14, 2018

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### **I. Welcome and Introductions**

The June 14, 2018, Cascade Pacific Action Alliance (CPAA) Council meeting was held in Rochester, Washington, with more than 20 people in attendance. Executive Director Winfried Danke invited the council members and guests to introduce themselves, and then provided an overview of the meeting's proposed agenda items.

Winfried announced his resignation as the Executive Director/CEO of CHOICE/CPAA. He has accepted a position with Providence Health Services as the new Senior Director for Business Development in SW Washington. Winfried expressed that it has been an honor and privilege to have served in this position for the last several years and that he was thankful for the support that has allowed him to lead the organization to success. Winfried's last day in the office will be July 27, 2018.

### **II. Summary of Previous Month's Board Meeting Outcomes and Review of Upcoming Business**

Winfried shared the main outcomes of last month's board meeting. The board approved a first-year funds flow model for the Medicaid Transformation Project, payment to partnering providers, and tribal partner payments. The board also approved the Request for Proposals (RFP) design elements and completed the performance evaluation of the CEO.

Winfried added that the board approved a modification to the first-year funds flow later in the month, taking action without a meeting. The funds flow modification was made to incentivize implementation partners that commit to working in four or more project areas. Half of the \$520,000 multi-project incentive funding pool comes from Domain 1 capacity building funds and a set-aside for Networks for Transformations respectively.

At today's board meeting, the board will discuss board transitions, including welcoming Denise Walker, the Director of the Wellness Center for the Confederated Tribes of the Chehalis, as the newest member of the board. Liz Davis, now with Thurston County Public Health, recently resigned from the board due to her new position, which leaves a vacant seat for the Social Services and Housing sector. The board will also discuss the regional wellness fund, and the RFP.

### **III. Appointment of New CPAA Board Member**

Everyone welcomed Denise Walker from the Confederated Tribes of the Chehalis. At a recent meeting of tribal health directors, Denise was appointed to fill the Tribal Government Services board seat for CPAA. Winfried also acknowledged the resignation of Liz Davis and thanked her for her board service. CPAA is now taking nominations for the Social Services and Housing board seat and plans to make an appointment to fill the vacancy at next month's council meeting. In response to a request for nominations from the floor, Mary Goelz, Public Health Director with Pacific County, nominated Craig Dublanko, from Coastal CAP.



#### **IV. Update on Work Groups, Committees, and Tribal Engagement**

Christina Mitchell, Clinical Director, shared the following Work Group and Advisory Committee updates:

- **Bi-Directional Care Integration**
  - Terri Gushee, Mason General Hospital, presented about their integrated care work over the last three years and plans for the future
  - AIMS Center Training was conducted May 31st, 2018
    - Learned about the AIMS Center’s Bi-Directional Care Integration Training Program
    - Information received will be used to tailor the training program for the region
    - A follow-up webinar was hosted on June 5 focusing on Opioid Response strategies
- **Chronic Disease/Transitional Care**
  - Work groups focused on the current state capacity assessment data, identifying opportunities and gaps
  - Continued to meet with potential partnering providers to maximize transformation efforts
- **Opioid Response**
  - Malika Lamont presented to UW students about Opioid Response strategies
  - Participated in Collaborative Round Table on opioids with our federal partners
  - Continuing work with Dr. Lucinda Grande, MD, to build support for Drug Enforcement Administration (DEA) rule change, which would increase access to Medication Assisted Treatment (MAT) through low-barrier treatment
- **Pathways HUB**
  - CCS Software was purchased and we are currently identifying community resources to upload into the software
  - ACHs across the state are interested in a shared evaluation
  - Proposal for ~ \$200k was submitted to Cowlitz County Health and Human Services requesting funding for implementation partners in Cowlitz County
- **ACEs/Reproductive & Maternal/Child Health**
  - Breanne Laughery presented on Upstream USA, a nonprofit that offers free training and technical assistance to health care organizations
  - Health Care Authority (HCA) & Department of Early Learning (DEL) want to pilot a project in our region to improve well child visit rates
- **Clinical Provider Advisory Committee**
  - Health Equity tools and considerations
    - Screen for Social Determinants of Health (SDoH)
    - Certified interpreters



- What do partners want to do with the information?
- Centers for Transformation
  - “Networks” rather than Centers for Transformation
  - Could CPAA provide resources to support these networks? Does the concept add value?

René Hildebrand, Community and Tribal Liaison, shared the following updates about recent engagement with tribes and community members in the CPAA region:

- Consumer Advisory Committee
  - New CPAA Consumer Web Page launched
  - Consumers spoke about lack of access
    - Suggested making providers’ Medicaid reimbursement rates equal to those for other payment sources to help with lack of access
- Tribal Engagement:
  - Tribal Health Directors’ Meeting was held June 7<sup>th</sup> and covered the following:
    - Denise Walker, Chehalis Tribal Health Director, agreed to join the CPAA Board as the Tribal Government Services Representative
    - Reviewed CPAA-Tribal Memorandum of Understanding (MOU), including Scope of Work, Exhibit B
    - Discussed registration of tribes in the Financial Executor online payment portal
  - Health Care Authority (HCA), American Indian Health Commission (AIHC) and CPAA to visit all tribes in region July 9<sup>th</sup>-12<sup>th</sup>
  - Next tribal health directors’ meeting tentatively scheduled for August

## **V. Medicaid Transformation: A presentation from Denise Walker, Health Director of the Chehalis Tribal Wellness Center**

Denise Walker, Director of the Chehalis Tribal Wellness Center, gave a presentation on their plans for confronting chronic disease in their community.

The Confederated Tribes of the Chehalis plan to create a team of outreach workers within the community to identify people with chronic illnesses. One area of focus will be Hepatitis C diagnostics and treatment:

- The Center for Disease Control and Prevention (CDC) is offering free training to providers
- Highest mortality rate amongst AI/AN populations
- Trying to screen everyone 18 years and older at the Wellness Center
  - Trying to get insurance companies to pay for that screening but will continue screening regardless
  - Early drug use, piercings, children born with Hepatitis C
  - Currently low screening rate, but still 7.5% positive results



- Will take on the financial burden of treatment because cost of symptoms/loss of community members is much higher
- Will take other tribal members for tribes that do not have a pharmacy

Team/Outreach Program:

- Dentist, Doctor, Police, Nurses, Administration, Chemical Dependency, Social Worker, and Tribal Member
- The goal is to meet people where they are at and gain the trust of community members
- Peer training for all team members
- Group Health awarded \$7,500 for their project (flexible funding)
- Will test for STDs, pap smears, breast cancer screenings, Hepatitis C, dental care, etc.
- Can take medication to tribal members

Partnering:

- Want to partner with other organizations so that non-tribal members can get linked to resources
  - Currently Tribal clinics cannot treat non-tribal members, unless they are married
  - Does refer non-tribal members to Olympia OBGYN
- Want to build the same trust with outside agencies and non-tribal community members
- Want to partner with organizations that offer a syringe exchange
- Want to implement “Just One Question”

Denise also introduced another program that the Wellness Center is working on, the “Falls Prevention Program”:

- Training staff
- Writing specific questions
- Provide everyone lifelines, some with GPS
  - Medicaid covers 75% of the costs
  - Tend to tell more to the doctor than the family

Denise then discussed other areas where CPAA and the Confederated Tribes of the Chehalis could work together. The Chehalis Tribal Clinic is trying to get more children into the clinic, which could help with ACEs by raising the immunization rates. Denise shared that the goals of the tribe working with CPAA are to increase access to primary care, decrease ED visits, diabetic patient education/care, and child immunization rates. Denise also wants to bring leaders from Grays Harbor County together to create partnerships for treating Hepatitis C.

## VI. Regional Wellness Fund

Winfried discussed the idea of a Regional Wellness Fund, a pool of funds to support investments in the social determinants of health within the Cascade Pacific Action Alliance region to improve health in our communities. Some potential sources of funding are philanthropic grants, earned income, donations, the Medicaid Transformation Project, and Hospital Community Benefit Funds.

The group discussed ideas around this fund using a series of questions that staff had developed. The following themes and suggestions emerged from this discussion:



- Will need to build up the fund to have large enough impact; “this is an investment program, not a grant program”
- Will need to balance investments in projects and core programs with keeping money to allow the fund to grow
  - Capacity building funds (2% of first-year funds flow) are available this year to make investments in smaller scale project of partners that are not selected as Medicaid Transformation Project implementation partners through the RFP.
- If we are going to hold money, invest it because interest rates are so low; we need to have a financial return in order to grow the fund
  - Suggestion: invest funds in money-making projects (e.g., housing stock/supportive housing – “mailbox money”)
- Suggestion to invest in children, lifelong impact, in support of upstream concept

The following next steps were identified:

- Develop a financial model for the fund with finance committee
- Create policies around these funding opportunities/investment criteria
- Finance committee will need to also work on funds flow for Year 2 and beyond

## **VII. Networks for Transformation**

Christina Mitchell, Clinical Director, discussed the concept of “Networks for Transformation”, previously referred to as “Centers for Transformation” (C4T). The concept is intended to serve as a cohesive, effective regional framework for population health improvements beyond the Medicaid Transformation Project. The goal is to share health information exchange strategies, build on natural referral patterns, share resources, and encourage organizations to work together to improve overall care. The current thinking around this concept is to identify lead organizations for Networks of Transformation through a Request for Proposals process in the spring of 2019. This would give partners time to develop relationships. The lead organizations would convene the network partners with the goal of improving communication and collaboration among the partners. First-year funding is available to support the formation of these networks.

The council responded favorably to the revised concept (networks rather than centers for transformation). Staff was asked to further refine the concept in partnership with key implementation partners.

## **VIII. Implementation Plan**

CPAA has three main deliverables with regard to the Medicaid Transformation Project this year: Submission of a first Semi-Annual Report by July 31 for the period Jan-Jun 2018, submission of the region’s Implementation Plan by October 1<sup>st</sup>, and submission of another Semi-Annual report by January 31<sup>st</sup> for the period Jul-Dec 2018. CPAA Clinical Director Christina Mitchell spent a few minutes going over the Implementation Plan template that was recently released by the Washington State Health Care Authority.



- Purpose and Objectives
  - Provides a detailed roadmap of MTP implementation activities
  - Pay-for-reporting requirement
- Reviews and Approvals
  - Independent Assessor conducts a detailed assessment
  - HCA maintains final approval of findings and related Achievement Value, which determines award of Second-Year Funds for ACHs
- Reporting Deadline
  - Implementation plan is due October 1, 2018
  - ***ACHs will report against information set forth in the plan in future semi-annual reports to show progress.***

Since the implementation plan is due October 1, there will be little time left after partner selection through the RFP process to complete the plan. Therefore, Christina encouraged partners to submit detailed RFP responses that will help Program Managers complete the plan, including a timeline, milestones, additional resources needed, and scale and sustainability plans.

## **IX. Shared Learning: Panel Discussion on Social Determinants of Health: Supported Housing and Employment**

Jon Brombach, Senior Analyst with the State Health Care Authority (HCA), introduced the concept of Foundational Community Supports (FCS), a new benefit program. FCSs are targeted Medicaid benefits that help eligible clients with complex health needs find and maintain housing and employment. FCSs do not pay for room and board but do offer other related supports.

- In order for people to qualify for **housing** services, persons must be Medicaid-eligible, complete a needs assessment, and fit within one of the following groups:
  - People experiencing chronic homelessness
  - People who depend on costly institutional care
  - People who depend on adult residential care/in-home care
  - Those at highest risk for expensive care and negative outcomes
- In order to qualify for **employment** services clients must meet the following criteria:
  - Disabling condition/s that make it difficult to maintain employment
  - Mental illness, substance use disorder, or co-occurring conditions
  - Needs associated with long-term care/needs associated with teens and young adults
- Services offered:
  - Navigator for job/housing applications
  - Connect with landlords, education on how to follow a lease
  - Help identify career goals, help connect with employers
  - Provide any additional support as needed



- HCA has partnered with Amerigroup as a third party administrator for both housing and employment services. In the CPAA region, there are 30 partner organizations.
  - To date, over 700 people are enrolled and receiving services, roughly 100 in CPAA region

Craig Dublanko, Executive Director of Coastal CAP, is one of the partnering organizations with HCA and Amerigroup. Craig shared about his experience of Coastal CAP being able to provide supportive housing and employment services to their community through the FCS program.

- Became Medicaid billing eligible and contracted with Amerigroup for compensation of services
- Created very in-depth supportive models for housing and employment
- Much different level of case management, funding set aside specifically for case management
  - This freed up money that could be used towards rent
- Amerigroup gets referrals from people that have patients they believe to be eligible and send them to the contracted agencies in that area
  - “No wrong door approach”, anyone can provide a referral to determine whether an individual is eligible
- Coastal CAP has successfully received 45 referrals so far; able to provide a high level of care to patients in need
- Challenges:
  - New program, so getting everything started was challenging
  - FCS funds cannot be used to pay for rent
  - State is working on new creative ways to make more funding available for rent because there are too many people that need help to pay rent

Small Group Discussion:

1. How important is it to pursue health, employment, and housing opportunities?
  - Investing in Housing
    - “Mailbox money” (ongoing, steady return on investment)
    - Social enterprise
2. What might be the best role and purpose of CPAA in making those connections?
  - New knowledge, sharing information amongst different organizations
  - Making all providers aware and spreading that awareness
  - Connect/leverage information from RFP/Regional Health Improvement Plan (RHIP)
  - What resources does CPAA currently have?
    - Pathways model and making connections
    - Coordination not fragmentation
  - Revisit RHIP
  - Bring in outside source to educate on housing
3. How can CPAA maximize improving health outcomes with supportive housing and employment?
  - How to identify who is the most vulnerable?
  - Costs?
  - Shift in system from most successful to most vulnerable
  - Link to Pathways



**X. Next Steps:**

Next Council Meeting:

- Date: Thursday, July 12<sup>th</sup>, 2018, 12:00pm - 3:00pm
- Location: Great Wolf Lodge Conference Center, Grand Mound, WA