



CPAA Council Meeting Summary: July 12, 2018

I. Welcome and Introductions

The July 12, 2018, Cascade Pacific Action Alliance (CPAA) Council meeting was held in Rochester, Washington, with more than 15 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.

II. Board Elections – Social Services and Housing

The Council received two nominations for the vacant Social Services/Housing board seat: Melissa Taylor from Lower Columbia Community Action Program and Craig Dublanko from Coastal Community Action Program both accepted their nominations.

Winfried reviewed the election process. Per the CPAA LLC Operating Agreement, the Social Services/Housing sector members of the CPAA Council, “defined as members in good standing of CPAA that work in ... [the] sector”, select the board member who represents the sector. If the sector members cannot agree, the full council makes the appointment. Winfried expressed concern that the term “in good standing” has not yet been defined. It was suggested that the term mean attendance is required of at least 50% of council meetings, given a similar requirement of board members. Winfried called attention to the challenges of keeping accurate attendance records. Not all Council members sign the attendance sheet upon arrival and when members call in to participate in meetings their attendance is not noted unless they identify themselves. Winfried suggested that the CPAA Council roster be updated to reflect current membership.

The Council decided that the CPAA Council roster needs to be updated and more targeted outreach needs to occur to inform Social Services/Housing sector members about the vacancy and the opportunity to serve on the board before an election can be held. The council will revisit elections in September.

III. 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 discussed board transitions, the regional wellness fund, and the RFP process.

At today's board meeting, the board will discuss a recommendation from Finance Committee to invest reserve funds and review a proposed leadership transition plan.

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

Christina Mitchell, Clinical Director, and Jennifer Brackeen, Program Director, provided updates on Work Groups and Committees. Updates can be found at www.cpaawa.org.



V. Update on the RFP Process

Christina Mitchell, Clinical Director, provided an update on the Request for Proposals (RFP) process that will result in the selection of paid implementation partners for the Medicaid Transformation Project. CPAA received over 60 letters of interest and seven RFP responses have been received as of today. Christina reminded the council that the RFP deadline is COB Monday, July 16, 2018.

CPAA staff had a teleconference with the independent assessors who will score the RFP responses to orient them to the region and each of the six Medicaid Transformation Project areas. CPAA is continuing to develop RFP scoring guidelines and expects to have partners selected by mid- August.

VI. Pathways Program Evaluation

Michael O'Neil, Pathways Program Manager, gave a brief overview of the Pathways Program and discussed the importance of conducting a rigorous evaluation to ensure and document the program's success. Michael discussed the recommendation, considerations, costs, and benefits of CPAA contracting with Providence CORE to conduct this program evaluation as part of a broader Pathways evaluation across multiple ACHs. Michael's presentation can be found [here](#).

The Council raised the following questions and comments:

- Are other pathways (such as education, employment, etc.) going to be part of the evaluation process?
- How will early warning indicators (payments, increase in jail bookings and ED visits) that indicate managed care is not working fit into Pathways?
- Assess carefully how cost savings come together over time. Keep thinking about how alignment happens across sectors and between different projects and the shifts that will occur, positive and negative.
- Target the highest-risk, highest-cost patients to achieve maximum cost savings. How does Pathways relate to the Health Homes program that focuses on that specific population?
- How does the cost of the evaluation factor into the overall budget? Can we afford this evaluation?

The council decided that more information and discussion is needed before a decision can be made whether to recommend to the board engaging CORE for this program evaluation. The council will revisit this topic in September.

VII. Regional Health Improvement Plan (RHIP)

Winfried reviewed the Regional Health Improvement Plan with the council. Winfried emphasized the importance of the RHIP as a document that guides our actions to improving overall health in our community, not just the Medicaid Transformation. He discussed the top strategies identified in the RHIP and posed the question, "What are we currently not addressing?"

After breaking out into small group discussions, the following top RHIP strategies were identified as requiring additional effort outside of the Medicaid Transformation:



- Improving Health Care access
 - Telemedicine – payment
 - This is a particular challenge for rural areas in the region
- Broader systems to support Community Health Workers in our workforce
- Enhancing economic and education opportunities
 - More social determinants of health that can be addressed other than economic, such as housing, education, etc.
- Strategies around policy/advocacy in population health
- Community care center and wellness center
- ACEs speaker's bureau Kinship Care program expansion
- Prevent and manage chronic disease
 - Shift from being reactive (disease management) to being proactive (prevention and early intervention)

Winfried stressed that, based on this conversation, there is clearly more work to be done that is not encompassed in the Medicaid Transformation. He urged all partners to stay engaged and keep moving forward with the broader health improvement change agenda outlined above and reflected in the RHIP.

VIII. Shared Learning: Work Force

Suzanne Swadener with the Washington State Health Care Authority discussed work force data in the region and how this data might inform CCAA planning and investments. Suzanne's presentation can be found [here](#).

Suzanne shared a link, <http://www.wtb.wa.gov/HealthSentinel/findings-ach-map.asp>, that provides access to work force data by region. The website is run by volunteers and the information is collected via a survey. A new survey opens next week and Suzanne encouraged interested organizations to respond.

Breaking out into small discussion groups, the council considered the following questions: "What resources do you need to make workforce development happen? Do you have the right partners at the table? Who needs to be planning with you to design and deploy your workforce strategy?"

The following is a summary of key discussion findings:

- Support homegrown workforce development programs
- Provide distance learning options for training workforce, especially in rural areas
- Make training more accessible through technology
- Increase opportunities for internships/apprenticeships
- Retention is just as important as building new workforce
- Readjust to a new generation with different priorities:
 - Singles are easier to recruit
 - More flexible hours required
- Identify the differences between rural and urban areas



IX. Next Steps:

- Next Council Meeting:
 - Date: Thursday, September 13th, 2018, 12:00 pm - 3:00 pm
 - Location: Great Wolf Lodge Conference Center, Grand Mound, WA
- Due to summer vacation schedules, CPAA will be canceling all work groups, committees, council, and board meetings for the month of August