



COUNCIL MEETING

DECEMBER 14, 2017

Welcome and Introductions

Introduce yourself: Name, organization, and county



WELCOME

Review Desired Meeting Outcomes

- ✓ Celebrate CPAA's Accomplishments in 2017
- ✓ Check in with Committees and Work Groups
- ✓ Discuss next steps after Project Plan submittal
- ✓ Learn more about Tribal Health Priorities
- ✓ Shared Learning: Canoe Journey
- ✓ Celebrate some more...



2018 CPAA Council Meetings

- New Meeting Location: Great Wolf Lodge, Grand Mound, WA

- Meeting Dates:
 - **January 11th**: Great Wolf Lodge
 - **February 8th**: Mason County
 - **March 8th**: Great Wolf Lodge
 - **April 12th**: Great Wolf Lodge
 - **May 10th**: Wahkiakum County
 - **June 14th**: Great Wolf Lodge
 - **July 12th**: Great Wolf Lodge
 - **August 9th**: Thurston County
 - **September 13th**: Great Wolf Lodge
 - **October 11th**: Great Wolf Lodge
 - **November 8th**: Grays Harbor County
 - **December 13th**: Great Wolf Lodge

- Meeting locations in other counties are subject to change

Celebrating CPAA Accomplishments in 2017

- Reviewing some of our successes this past year
- Highlights from CPAA Programs in 2017
- CPAA Council Toast



CPAA Highlights 2017

➤ Shared Learnings

1. Why the Opioid Crisis Matters
2. Bi-Directional Integration of Care
3. ACEs Strategies
4. Opioid Crisis Strategy
5. Oral Health
6. Mid Adopter (Financial Integration of Managed Care)
7. Participating Provider Compensation Methodology (Funds Flow)
8. Funds Flow Part Two with Randy Barker and Dan Vizzini
9. Health Equity and the Medicaid Transformation Demonstration
10. Tribal Health Priorities
11. Canoe Journey



CPAA Highlights 2017

- Established CPAA LLC as the legal entity for the Accountable Community of Health
- Seated LLC Board of Directors
- Completed Phase 1 & 2 ACH Certification, providing CPAA with operating funds for several years (\$6M raised)
- Worked with regional partners to select 6 project areas to pursue through the Medicaid Transformation Project
- Established Clinical Provider Advisory Committee and Consumer Advisory Committee
- Established work groups with community partners:
 - ACEs
 - Bi-Directional Care Integration
 - Care Coordination/Pathways
 - Care Transitions
 - Chronic Disease Management
 - Opioid Response
 - Oral Health
- Submitted the region's Project Plan application on November 16

CPAA Highlights 2017

Community & Consumer Engagement:

- CPAA now has a Consumer Advisory Committee composed of consumers from each of the seven counties in the region.
- CPAA is paying consumers a stipend and mileage to attend meetings. This reflects our commitment to equity by reducing cost barriers for community members to engage with us.
- CPAA has held focus groups around the region asking consumers about their concerns and issues related to their health to help us understand the health disparities that exist in our communities.
- CPAA has set aside a seat for a Consumer Representative on the CPAA Board.
- CPAA has extended membership to include seven seats for Consumer Representatives on the CPAA Council.
- Council Meeting locations rotate quarterly to increase community access to meetings, and increase Council familiarity with local communities.

CPAA Highlights 2017

Tribal Engagement:

- CPAA has set aside one director seat for a Tribal Government Services partner on the CPAA Board.
- Council membership was extended to all 7 federally recognized Tribes in the region (one seat per tribe).
- A Tribal services training was held at the Chehalis Wellness Center in May 2017.
- Staff continues to meet with Tribal Health Directors in the CPAA region to foster partnership and learn about Tribal health priorities.
- Two Tribal themed Shared Learnings were held at CPAA Council Meetings in 2017.

Youth Marijuana Prevention and Education Program

- **Our region is leading the state** in the development of a strategic plan for youth marijuana prevention and education.
- Conducted a regional assessment of program needs.
- Distributed updated school signage to school districts throughout the region.
- Worked with regional partners to develop youth leaders to prevent marijuana use by peers.
- Distributed materials throughout the region outlining marijuana use laws in WA State .
- Implemented the evidence-based *Life Skills Program* and the *Strengthening Families Program* in selected schools in the region to education children and families about marijuana use.
- Expanded relationships with State Drug Free Community Coalitions and Community Prevention and Wellness Initiative Coalitions.
- Recruited partners to participate in the Healthy Youth Survey.
- Helped implement training programs to influence policy makers and environmental change leaders.

Youth Behavioral Health Coordination Pilot

- Four school sites in Cowlitz, Mason, Thurston, and Wahkiakum counties have fully functioning programs. In total, 207 kids received referrals to BH services, 131 kids received services from behavioral health clinicians (BHC) in the schools (2016-2017). BHC's or supporting community health workers also make referrals to primary care and social services.
- Qualitative feedback summary from school sites: immediate access to BH services, improved student attendance, connection to resources, reduction in stigma, and a feeling of support for school staff.
- All four schools have held trauma-informed care trainings for educators and two schools have held trainings for community members.
- Additional support materials about trauma-informed care and resiliency are being provided to each school site to supplement trainings.
- The Center for Community Health and Evaluation (CCHE) is conducting an evaluation of the program, and a summary report should be available by the end of 2017.

Toast our CPAA Council, Board, and Partners

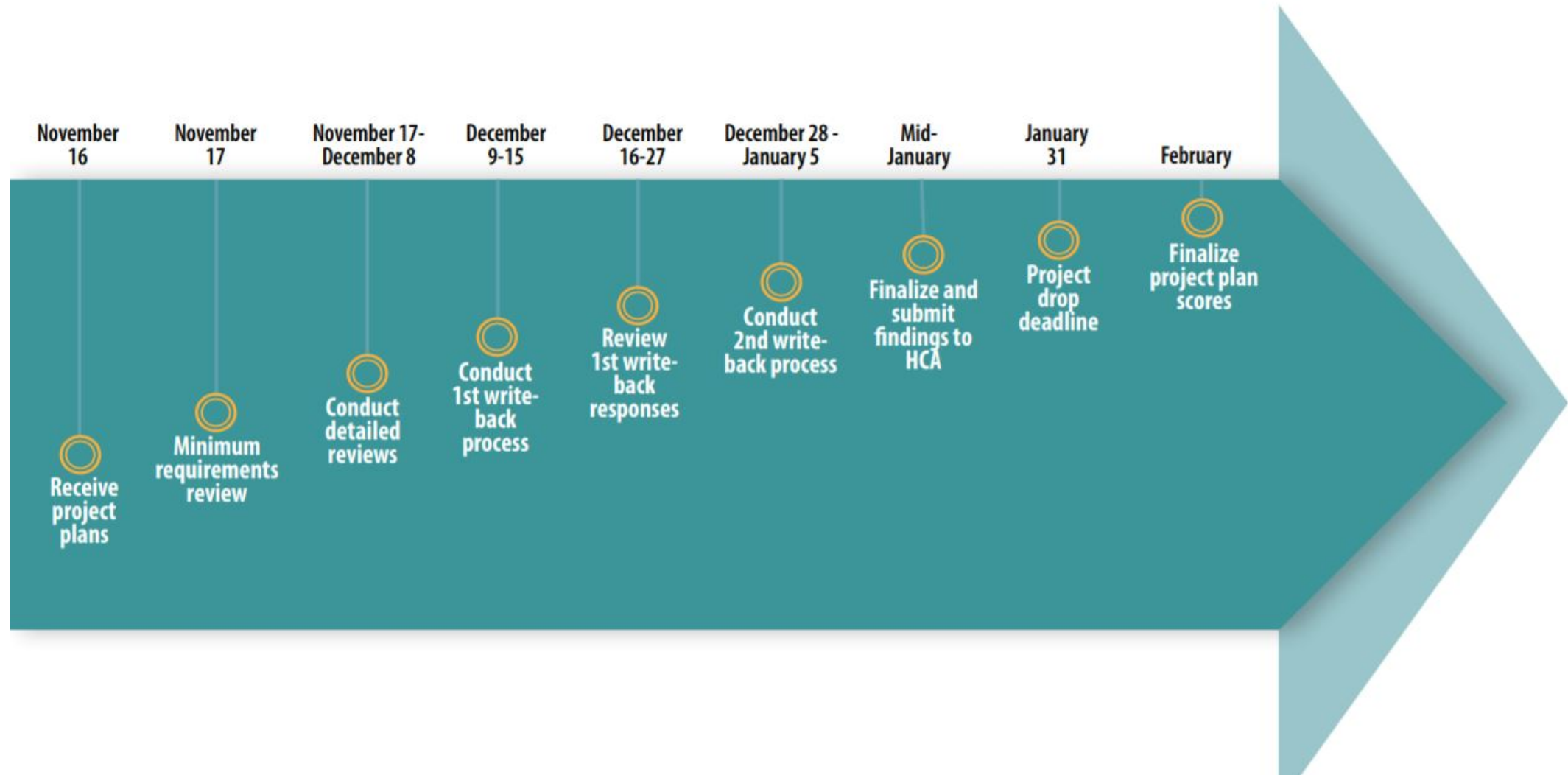


Project Plan: Next Steps

- Timeline
- Project Plan feedback
- ACH Partner Survey



Accountable Communities of Health Project Plan Assessment Timeline

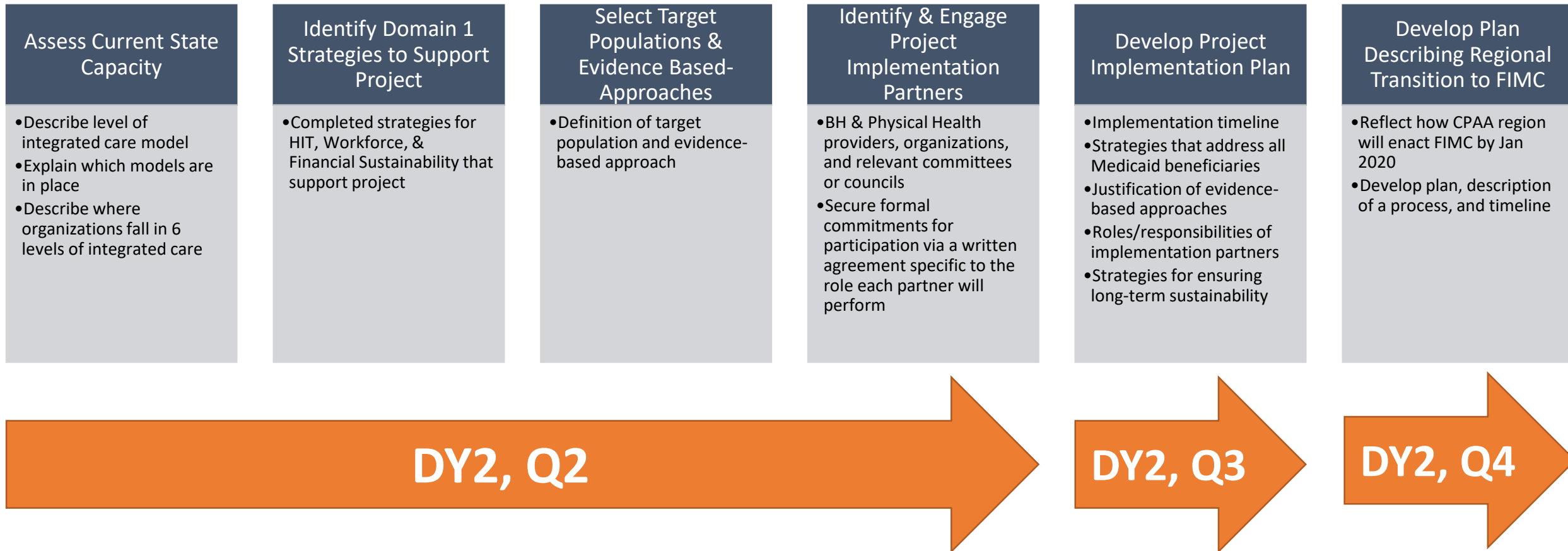


Work Group Check-in

- ACEs
- Bi-Directional Care Integration
- Care Coordination/Pathways
- Care Transitions
- Chronic Disease
- Opioid Response
- Oral Health



Project Work Plan Timeline & Milestones - 2018



Advisory Committee Check-in

- Clinical Provider Advisory Committee
- Consumer Advisory Committee



Consumer Advisory Committee: Selected Feedback

Bi-Directional Integration of Care

- About having MH counseling in primary care:
 - “What about the patient’s choice in providers? Will this matter?”
 - “Is the patient able to advocate for themselves in regards to which team they get, or are they assigned a team?”
- Feedback on Patient preferences for receiving info from providers:
 - Phone or in person
 - Patient portals are helpful
 - Phone tag back and forth with Medical team is a problem

To Consider:

- How can we better build patient choice into an integrated care system?
- Are there ways provider systems can better communicate information to patients?

Consumer Advisory Committee: Selected Feedback

Care Coordination

- Committee members brought up concerns around providers not knowing who accepts a patient's insurance.
 - Concerns were brought up about resource lists given through insurance or providers not being up to date or accurate around who accepts which insurances.
- Committee members brought up concerns around lack of resources for certain needs, e.g. Housing.

To Consider:

- How might Care Coordination Agencies under the Pathways model help with up-to-date resources for patients?
- We will need to pay attention to data from HUB on pathways completion.

Consumer Advisory Committee: Selected Feedback

Opioid Response

- About accessing alternative pain treatment:
 - “Treatments like massage, acupuncture, and physical therapy (only 6 visits allowed per year) are not covered (by Medicaid)”
- Committee members would like to see providers receive education around prescriptions to avoid children, teens, and others from becoming addicted to opioids.
- Committee members shared their experiences with provider stigma
 - Assumptions of drug seeking resulting in feeling isolated from care and breaking patient/provider trust

To Consider:

- How can MCO’s and FQHC’s support access to alternative treatments?
- How can providers offer more non-pharmaceutical treatment options?
- How do we address provider stigma?

Consumer Advisory Committee: Selected Feedback

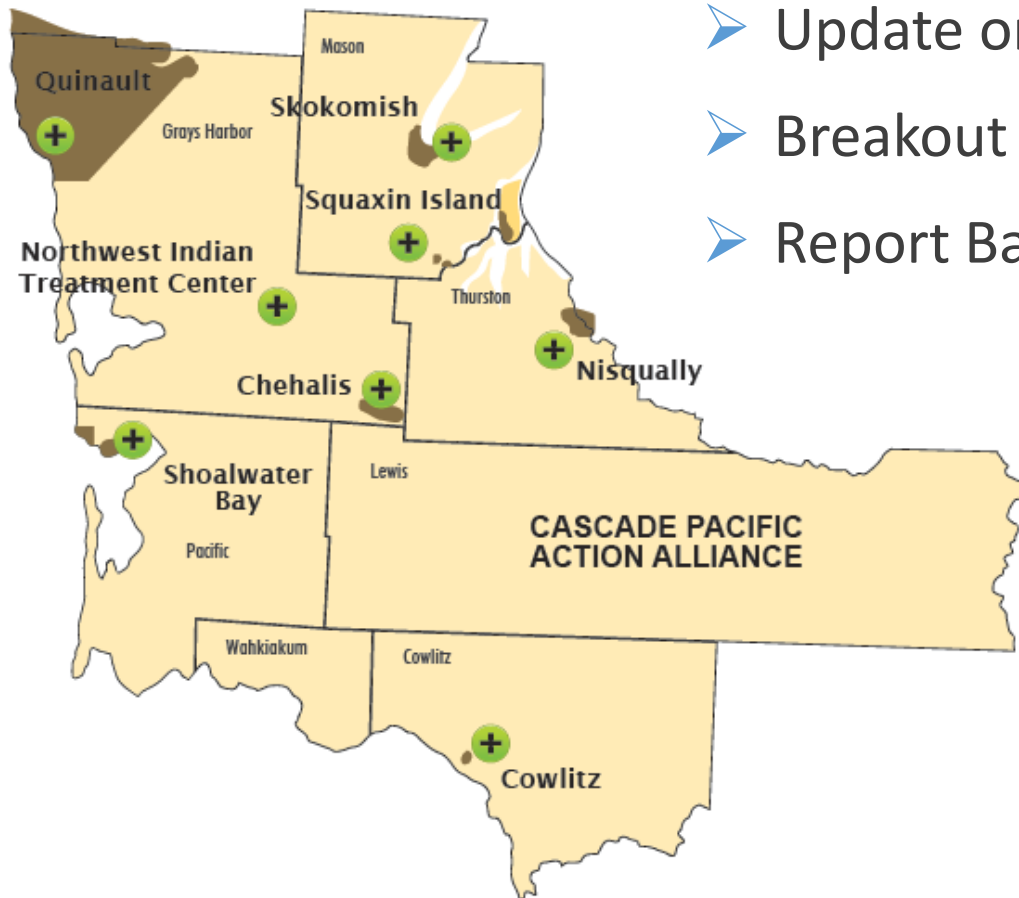
Health Equity

- Transportation needs to be addressed for consumers coming to any CPAA meetings or the CPAA needs to go out to these populations.
- People impacted by CPAA work are not all being engaged with, how can we do better?
- CPAA should consider bias's of the person filling out the Health Equity tool.

To Consider:

- Are there ways we can better address transportation for consumer engagement?
- How can we consider our own bias's when working on health equity and using a health equity tool?

Priorities for Tribal Health Services



- Update on Tribal Health Priorities in the CPAA Region
- Breakout Session
- Report Back




Priorities for Tribal Health Services

➤ CPAA Region’s Tribal Health Population Priorities

	Chehalis	Cowlitz	Nisqually	Quinault	Shoalwater Bay	Skokomish	Squaxin
Top Reported Health Priorities*							
Behavioral Health and Physical Health Integration	✓		✓	✓	✓		
Increasing Access to Traditional Healing			✓		✓		
Access to Dental			✓				
Upgrading and Updating Electronic Health Records			✓	✓		✓	
Access to Mental Health			✓			✓	
Mitigating Adverse Childhood Experiences/ Generational Trauma		✓	✓	✓			
Provider Retention	✓				✓		
Health Education/Health Ownership	✓				✓		
Workforce Development				✓			
Health Education/Health Ownership				✓			

*Top Health Priorities are not comprehensive and do not represent official tribal government positions

CPAA Goals

Regional Health Improvement Plan “Meta” Goals		
		
Improve Health	Whole Person Care	Smarter Spending
Improve health equity and health outcomes for all residents in our communities, with a focus on addressing the social determinants of health.	Keep residents healthy as long as possible and address all health needs with a focus on prevention and early interventions.	Reduce per-capita health care costs while improving the quality of care provided to residents in our communities.

Shared Regional Health Priorities



Improve
Healthcare
Access



Improve Care
Coordination
& Integration



Prevent &
Manage
Chronic
Diseases





















Mitigate
Adverse
Childhood
Experiences









Enhance
Economic &
Education
Opportunities

Tribal Health Priorities



Potential Connections

Chehalis	BH and Physical Integration Provider Retention Health Ed/Health Ownership	  
Cowlitz	ACEs/ Generational Trauma	
Nisqually	BH and Physical Integration Traditional Healing Access to Dental Upgrading and Updating EHR Access to Mental Health ACEs/ Generational Trauma	   
Quinault	BH and Physical Integration Upgrading and Updating EHR ACEs/ Generational Trauma Work Force Development Health Ed/Health Ownership	   
Shoalwater Bay	BH and Physical Integration Traditional Healing Provider Retention Health Ed/Health Ownership	   
Skokomish	Upgrading and Updating EHR Access to Mental Health	 

Medicaid Transformation Project Areas

Priority Area	Key
BH Integration/Bi-Directional Care	
Community Care Coordination	
Transitional Care	
Addressing Opioid Use	
Chronic Disease	
Reproductive, Maternal and Child Health	

Other CPAA Regional Health Priorities

Priority Area	Key
Improve Healthcare Access	
Enhance Economic and Educational Opportunities	

Priorities for Tribal Health Services

➤ Breakout Session (15 minutes):

1. What are the biggest potential areas of overlap when you are looking at the Tribe's Health Priorities and the CPAA's Priorities?
2. Thinking about these shared priorities that were discussed, what ideas do you have around where and how the CPAA could best partner with tribes around the Medicaid Transformation Demonstration or beyond?



Priorities for Tribal Health Services

➤ Report out:

1. What are the biggest potential areas of overlap when you are looking at the Tribe's Health Priorities and the CPAA's Priorities?
2. Thinking about these shared priorities that were discussed, what ideas do you have around where and how the CPAA could best partner with tribes around the Medicaid Transformation Demonstration or beyond?



Canoe Journey

SHARED LEARNING PRESENTATION

Summary and Next Steps

- What worked? What can we do better next time? What do we need to bring to our local forums?
- Next Council Meeting:

Thursday, January, 11, 2018, 12:00-3:00 PM

Great Wolf Lodge Conference Center

20500 Old Hwy 99 SW, Grand Mound, WA



Social Time

