



# Community Collaborative Meeting

April 9, 2025

**Next meeting: Updates and Open Forum**

Wednesday June 11<sup>th</sup> 3:30-5:00 p.m. PT

## Agenda

- 3:30 Welcome, Land and Labor Acknowledgement
- 3:35 Announcements
- 3:50 DOH Leadership Updates
- 4:25 HCA / Medicaid Updates
- 4:55 Meeting Close

Meeting slides are available on WaPortal: <https://waportal.org/partners/community-collaborative/meeting-notes-and-slides>

## Meeting Recap

### Opening

Our opening song was Ella's Song from Sweet Honey and the Rock, and Community Thought Partner Shalom Agtarap grounded the space with a land acknowledgement and recent community organizing efforts in support of farmworkers from Sunnyside. Participants were invited to share their names, pronouns, and "what's blooming" in their neighborhoods -- participants described blooming cherry blossoms, daffodils, magnolias, and signs of seasonal change.

### Community Collaborative Priorities

Melissa West, manager of the Community Collaborative, requested participants complete a survey on Community Collaborative activities to prioritize in the face of resource constraints. Initial results from 60+ participants follow. I come to the Collaborative primarily in my role as:





Please rank the following Community Collaborative activities in order of their importance to you (starting with most important).

- |   |   |                                 |
|---|---|---------------------------------|
| 1 | <b>Monthly virtual meeting</b> , including ASL and Spanish interpretation where we learn from...              | <div style="width: 80%;"></div> |
| 2 | <b>Convening and connecting</b> partners with other CBOs, with local health departments, and with othe...     | <div style="width: 75%;"></div> |
| 3 | Continuation of the Collaborative biweekly <b>newsletter</b> to share funding opportunities,...               | <div style="width: 70%;"></div> |
| 4 | Serving as <b>Community Advisors</b> to the DOH Executive Leadership Team                                     | <div style="width: 65%;"></div> |
| 5 | <b>Policymaker education</b> to increase engagement of CBOs in more equitable policy outcomes and to...       | <div style="width: 60%;"></div> |
| 6 | <b>Smaller workgroups</b> to address specific health-related issues, for instance with a regional focus or... | <div style="width: 55%;"></div> |

Dozens of free form comments expressed gratitude for the work done through the Collaborative, and encouraged continued focus on budgets, funding opportunities and navigating resources. We received suggestions to focus on how to protect and support marginalized communities with access to health, as well as case studies on successful collaborations between CBO networks and public health stakeholders.

## Secretary of Health Interview Process

Melissa introduced Cyril Walrond, who “supports the people” in his role as a Community Thought Partner, provided updates on how community is informing the hiring for the incoming Secretary of Health. He shared that the panel interviewed three of five potential candidates, and that two of the questions reflect input from Community Thought Partners on ways to center the lived experience and the experiences of disproportionately impacted individuals. One Collaborative member requested that Cyril relay the priority of how health care does not serve those with developmental disabilities and that we need to make sure public health serves all people in a way that works for them. Another member reminded of the need for knowledge or experience in supporting refugees and immigrants in the community. Cyril agreed that every single space that we represent needs to be amplified and centered in that work, not just some of them. He closed with a reminder that following the selection process, community must be a part of onboarding the new secretary and ensure genuine and deep relationships -- non-tokenizing relationships – throughout their tenure.

A Collaborative member acknowledged the “very real anxiety and fear” facing communities and wanted to know if there was an avenue for community members to provide input on the final selection. Jessica Todorovich said she would bring that request forward and reinforced the desire for community input into the onboarding experience because “we think there’s really not anything else more important for the secretary to focus on.” She also clarified that Governor Ferguson would make the final decision about a new Secretary of Health.



## DOH Leadership Updates

Jessica Todorovich, Interim Secretary of Health, was introduced and acknowledged for recent positive communications with Community Thought Partners. She shared the importance of staying focused on community and equity amid significant political and budgetary attacks on public health infrastructure. Community Thought Partner JanMarie reminded us that “going back to core services” ignores the historical inequities that communities have experienced that have not been represented in that core work. Key points from the discussion:

- Jessica reflected on JanMarie’s comment about the difference between how we've done our core work in the past and the idea of doing core work through an equity lens.
- At a state level, the House and the Senate have come out with their budget proposals and they are now going back to the table and thinking about additional cuts given the Governor’s lack of interest in some of the revenue recommendations – it could be upwards of another \$6- \$7B in cuts. This could move beyond the infrastructure cuts DOH has made to impact service delivery, which has a big impact on equity.
- Jessica shared that in addition to normal COVID ramp down, that the federal government abruptly cancelled \$130M in grants and contracts to DOH. The courts put a temporary restraining order restarting the spending of those grants, which includes a lot of the community-based dollars that were going out, as well as some of the internal staffing in our agency that helps support that community, the Community Collaborative, and accessibility. But we are cautious about future stability.
- Much of the resources of the state are invested at the local health level, tribal, community-based organizations, even some other state agencies so we will see ripple effects across the entire public health system.
- Jessica reiterated that we have to center the people who need the service the most, and those who have the most challenge in getting that service. That's not going to change. We do need to determine how we deliver the services that nobody else in the state system can deliver.
- Jessica mentioned building in community input to the policymaking and rulemaking processes, including through the [State Health Improvement Plan](#).
- The Community Relations and Equity team, including the Community Collaborative, will be moving to the Office of Policy, Planning and Evaluation and the intent is to both increase infrastructure and create more of a direct reporting relationship to the Secretary. Kristin Peterson, who leads this office, commented on the successful meeting in Spokane, and referenced an upcoming session on April 24 in Tacoma. She also shared that we are in the midst of overlaying an equity framework to the Foundational Public Health Services to infuse community voice and priorities in the process.
- Lacy Fehrenbach, Prevention Safety and Health, reiterated a comment in the chat, “live your values and let your actions show your values,” in talking about the future of how DOH will work to center the most impacted communities in its work.

One of our Community Collaborative participants shared a lament about communities in need, including closing of community and senior centers in Tacoma, and feeling overwhelmed to



serve them without resources from social programs. She described people floating all over and the system failing them. Shalom responded that “we hear our elder, we hear her commitment to community. We hear the long relationships and that she is not only advocating for herself, she's advocating for so many in King County.”

Jessica closed by saying that DOH wants to maintain support of the Community Collaborative whether we have federal support or not. This may include more collaboration across agencies and with the Office of Equity, as well as connections to local health departments, and Accountable Communities of Health (ACHs).

## Dr. Fotinos, Health Care Authority

### Summary

Dr. Fotinos acknowledged that she comes without answers and with a lot of uncertainty about the Medicaid program – known as Apple Health in Washington but that there will be changes due to fewer funds. HCA will be challenged to figure out how best to keep that fabric and those services in place despite significant cuts. There are a lot of ways funding can be taken away - we won't know until later in the summer or even the fall what that will be and what that looks like.

### Budget Cuts

At the federal level, the House said we'll have to cut \$880 billion out of the committee that funds Medicaid, and there's not much in that committee beyond Medicaid. The Senate side has not suggested a number that big, and has not put the burden of finding their tax cuts on the back of Medicaid. Some sort of work requirements for people with Medicaid is possible.

At the state level, only 6% of Medicaid funds are for HCA staff and all the work that we do. 94% goes out to either the managed care plans or directly to providers, which mostly pays for services. Federal law requires that we cover what's called a set of essential services. Those are outlined in law and cannot be changed. There is a long list of optional services that states can choose to cover including pharmacy, hospice, physical therapy, occupational therapy, psychiatric hospitalizations for children under 21, these are all optional benefits. We're not going to cut pharmacy, nor the others, unless absolutely necessary and we have no other choice.

Potential tools include:

- Reducing the number or volume of optional services we provide
- Pay providers less -- Medicaid doesn't pay the same as Medicare nor the same as commercial payers. Reducing rates will hit everybody and some providers won't be able to stay open.
- Reduce who is eligible for Medicaid. Right now, people traditionally eligible for Medicaid, we call them the classic population. Those are elderly, people who have disabilities. And we have an expansion population who have income less than 138% of the federal poverty level. We might have to look at changing eligibility for the expansion group if there are significant Federal changes in addition to other changes we would have to make.



The 1115 waiver and health-related social need work, the support Accountable Communities of Health (ACHs) is separate right now, and not part of the Medicaid congressional discussion. We don't know what may happen in the future for the waiver. We do know that the current Secretary of Health and Human Services as well as the CMS Director (Center for Medicare and Medicaid) are focused on healthy food and lifestyle supports, which align nicely with public health.

## Importance of Storytelling

Dr. Fotinos mentioned that she had spoken with AARP which had offered to support messaging about the importance to Medicaid and the depth and breadth of services that Medicaid provides across the lifespan. It is a program from birth to death – supporting health pregnancy, thriving infants, happy children, successful, productive adults and aging persons who can live in their home or their community if they choose as opposed to ending up in a nursing home.

## Questions

Dr. Fotinos is available for follow-up from Collaborative members mentioning trouble getting Medicaid coverage for transportation / paratransit, and related question that some providers are kicking patients off because of zip code. She said to please email examples as these limitations don't sound right.

Another question was asked about cuts impacting Medicaid match for states. (For every dollar spent on healthcare, the federal government pays 50 cents and state pays 50 cents.) For people who became eligible with the Affordable Care Act, the federal government pays 90 cents on the dollar and the state pays 10. So initially, when the conversations were happening at the federal level, they said they'll just lower the floor from 90% down to 50%. And states across the country, particularly red states, would have had healthcare and entire industries obliterated. Washington cannot absorb those cuts – we'd have to reduce our budget by potentially 10-20%. So (as of last week) the news was they're back to thinking about lowering the 90% federal match for the expansion population.

Someone asked about block granting and per capita limits. Dr. Fotinos said they've not heard anything recently about block grants – the idea that states would just be given a chunk of money to manage on their own. The block grant discussion was popular initially. There has been some discussion of per capita caps, limits to spending amounts for the expansion population.

National associations that support Medicaid programs across the country (Urban Institute, Kaiser Foundation, Commonwealth Fund) are modeling the impacts to individual states for different buckets of cuts. The loss of funding to states from these cuts would be significant in reducing access for individuals and potentially lead to collapse of small rural hospitals and even larger hospitals- the reason they can see Medicaid patients at all is because those visits are supplemented by federal dollars.

## Close

Dr. Fotinos ended by pointing people [to the Medicaid in Washington slides](#) and thanking everyone for the support to communities and helping keep agencies aware of what we need to be mindful of as we talk about really hard decisions and make them.

Kathy from ARC of Washington reminded the Collaborative that keeping advocacy up is just so important, and noted that Members of Congress are going to be home starting next week for two weeks - so call them, see if you can get an appointment and continue to speak for those who are unable to.

[ARC resources on information on Medicaid.](#)



## Closing Quote

Shalom closed with this quote from Grace Lee Boggs found in *The Next American Revolution: Sustainable Activism for the Twenty-First Century*.

“Movements are born of critical connections rather than critical mass.”

**Note:** We are working to find balance in the benefits and costs associated with translation. If you would like to share this or any part of our materials with an audience in another language, please email [Community.Collaborative@doh.wa.gov](mailto:Community.Collaborative@doh.wa.gov) and we will work with you to translate into the language(s) needed.

Estamos trabajando para encontrar un equilibrio entre los beneficios y costos asociados con la traducción. Si desea compartir esto o alguna parte de nuestros materiales con una audiencia en otro idioma, por favor envíe un correo electrónico a [Community.Collaborative@doh.wa.gov](mailto:Community.Collaborative@doh.wa.gov) y trabajaremos con juntos con usted para traducir al idioma o idiomas necesarios.