



Community Collaborative Meeting

July 9, 2025

Next meeting:
Wednesday August 13, 2025 3:30-5:00 p.m.

Agenda

- 3:32 Welcome and Land/Labor Acknowledgement
- 3:35 Navigating Federal Changes in Public Health
- 4:15 Accountable Communities in Health
- 4:50 Call for Thought Partners
- 5:00 Meeting Close

[Meeting slides](#)

[Community Collaborative WaPortal Site](#)

Meeting Recap

Opening

The meeting opened with the song “Rise Up” by Andra Day. Thought Partner Tawn Thompson welcomed us to the space with the reflection of: “in time of hardship, look for the helpers.” Participants shared where they’ve recently seen helpers, naming the everyday acts of care and resilience that sustain communities:

- Teachers who continued to support students through a difficult school year
- Neighbors providing food and emotional support during times of need
- Young people stepping up to lead advocacy and organizing efforts
- Family members, especially children, caring for one another in small, meaningful ways

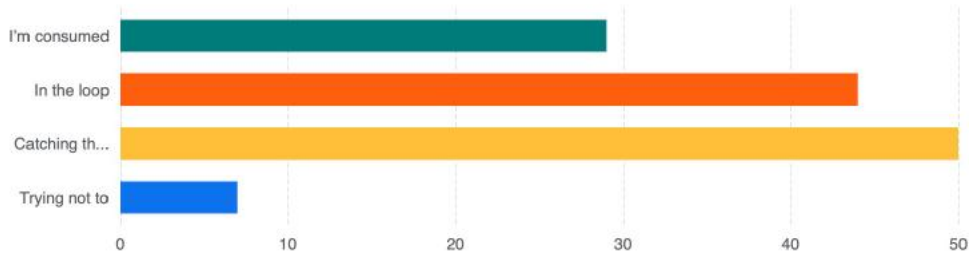
One participant stated, “helpers are the people who sit with us in our grief.” Another stated, “when you are from a community that’s always surviving, everyone is a helper.”

Navigating Federal Changes in Public Health

This section started with a poll to get a sense of how closely Collaborative members are tracking federal policy changes.

1. How closely are you following federal policy issues? (Single choice)

(130/130) 100% answered



Meghan Jernigan (WA DOH) delivered an extensive overview of three major federal budgeting processes shaping the current public health landscape:

1. Reconciliation, which affects mandatory spending like Medicaid and SNAP
2. The Rescission Act of 2025, a rare legislative tool being used to claw back already-approved funding
3. Appropriations, which defines annual discretionary spending

Meghan emphasized the sweeping impact of recent federal decisions, including a projected \$3 billion annual loss in Medicaid funds for Washington, potentially doubling the uninsured rate in some counties, and SNAP reductions that may impact over 130,000 Washington residents. Particularly hard-hit areas include Yakima and Adams counties, where 70–90% of children rely on Medicaid.


Meghan also noted that a new \$50 billion Rural Health Transformation Program was added in the Senate version of the reconciliation bill and signed into legislation. The Centers for Medicare and Medicaid Services (CMS) will administer this program at the federal level to all 50 states. Washington's eligibility for portions of the program is still being confirmed, and while the Health Care Authority is the lead state agency for this program, we hope to keep the Community Collaborative informed as we learn more. Meghan also noted the launch of a new federal engagement portal and the continued use of monthly public health updates to inform Congress of state-level impacts.

Participants asked about the following topics:

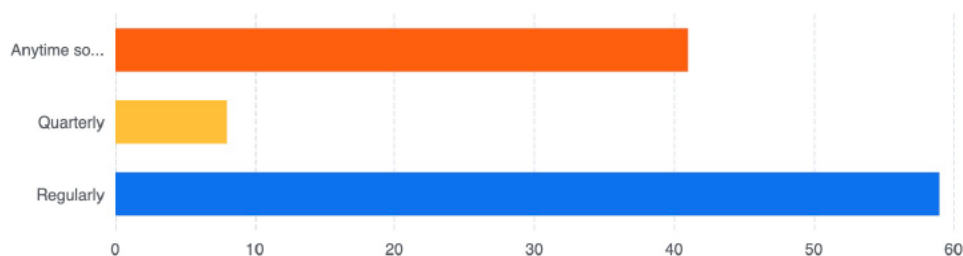
- Definition of rural areas: For the purposes of the DOH mapping, Meghan acknowledged the state typically uses a blend of definitions but also welcomes local knowledge and context. She encouraged participants to share what "rural" looks like in their own communities. (This [Rural Urban Counties Map, reviewed in 2021](#) includes the classification of rural areas used for the purpose of this presentation. [Additional detail here.](#))
- SNAP match rate reduction: Regarding the reduction of the federal SNAP administrative cost share from 50% to 25%, Meghan confirmed this is a significant concern for the

state. DOH is coordinating with the Department of Social and Health Services (DSHS), and there are ongoing conversations about how to absorb the cost increase — estimated at over \$100 million. Follow up to the question about SNAP impact on the economy: [The Supplemental Nutrition Assistance Program \(SNAP\) and the Economy: New Estimates of the SNAP Multiplier](#), or [How Would SNAP Benefit Cuts Affect Your Community? | Urban Institute](#).

- Collaboration with other states: WA is tracking and learning from several states that are also navigating similar cuts and waiver negotiations. Meghan specifically mentioned Minnesota, California, and New Jersey as states that have either launched rural transformation efforts or are strong on Medicaid coverage expansion.
- Rural Health Transformation application: Follow up from the meeting: DOH and HCA are already exploring how the funding could support prevention, chronic care, and local workforce development in rural communities and will bring to the Community Collaborative after it's released and eligibility is confirmed.

1. To help us gauge the usefulness of this information, please let us know how often we should share federal updates: (Single choice) 

(108/108) 100% answered



Participant reflections during the session underscored the urgency of these federal changes. One participant mentioned that both rural and urban hospitals, including those in Seattle, are overwhelmed with Medicaid-reliant patients. Participants also shared excitement about their own progress such as securing new Medicaid Waiver contracts and reimbursements and asked whether efforts like HEAL could be spotlighted in the state's federal engagement tools.

Relevant Links:

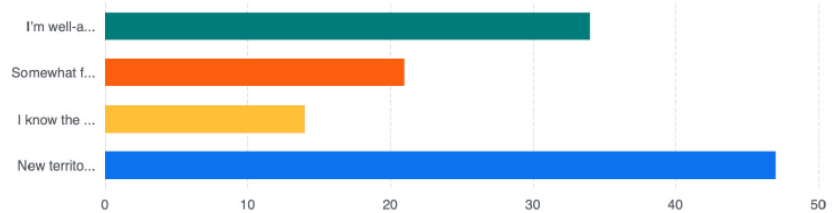
- [HCA: Impact of Changes to Medicaid in Washington State](#)
- [HCA: Timeline of Medicaid Changes:](#)
- [DOH: Federal Engagement Resources](#)
- [DOH: FY26 Appropriations Letter](#)
- [Governor Ferguson's SNAP Update](#)
- [Governor Ferguson's Medicaid Update](#)
- [Governor's plan to cover gap due to federal defunding of Planned Parenthood](#)

Accountable Communities of Health

Maria Courogen, JP Anderson, and Nichole Peppers presented an overview of Washington's nine Accountable Communities of Health (ACHs). As evidenced by the poll (right) while some Collaborative members are well acquainted with their ACHs, many have a basic understanding or had not heard of them.

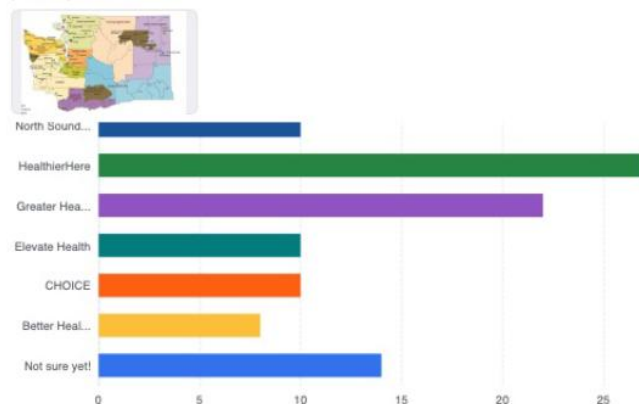
1. How familiar are you with the work of Accountable Communities of Health? (Single choice)

(116/116) 100% answered



1. Which ACH operates in the area(s) you live and or do your work? (Multiple choice)

(107/107) 100% answered



These nine regional nonprofit entities, established in 2015, coordinate health transformation efforts by linking healthcare, behavioral health, public health, and community services. The second poll (left) shows the distribution of meeting participants across the ACHs. (Note, Olympic Community of Health, SWACH and Thriving Together NCW are not pictured and each had a number of participants from the region in the meeting as well.)

ACHs have been instrumental in managing two key Medicaid waivers: Waiver 1: Integrated physical and behavioral health systems and Waiver 2: Introduced Community Care Hubs (CCHs) focused on whole-person care.

Key highlights:

- ACHs are accessible through in-person, phone and virtual options
- Over 500 Community Health Workers (CHWs) operate via contracted community partners — ACHs themselves do not employ them directly
- Hubs are designed around a “no wrong door” model, and many operate in familiar community spaces, like shopping centers
- Quality is measured across five common domains, including equity and outcomes

Participants were interested in:

- Creating linked systems across ACH regions for easier statewide navigation
- More visibility for smaller or rural hubs



- Potential for centralized information through DOH or HCA's Community Information Exchange (CIE)

Relevant Links:

- [Video summarizing ACHs](#)
- [Website Referral for the 9 ACHs](#)
- [Coalition of ACHs Web Site](#)
- [Apply for ACH Executive Director](#)

Call for Thought Partners

Todd Holloway closed the session with a call for Thought Partners. WA DOH is looking for five new members to increase balance of geographic and ethnic representation. Desired qualifications include:

- Lived or professional experience with Hispanic/Latine/Latino/Latina, Pacific Islander, or South Asian communities
- Working in Northeast WA, the Olympic Peninsula, or Southwest WA
- Backgrounds in organizing, advocacy, facilitation, or public health systems

Interested individuals are encouraged to:

- [Review the position description](#)
- [Submit the interest form by July 30](#)

Closing Quote

Tawn Thompson closed with this quote from Fred Rogers:

"In times of stress, the best thing we can do for each other is listen with our ears and our hearts and to be assured that our questions are just as important as our answers."

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 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 y trabajaremos con juntos con usted para traducir al idioma o idiomas necesarios.