Bree Collaborative Meeting

Meeting will begin at 1PM PST

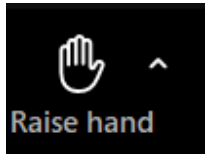
May 20th, 2026| Hybrid Meeting

Before We Begin…

- The meeting is hosted as a Zoom Webinar
- When you log on, you are automatically an “Attendee”
  - As an attendee, you are automatically muted and are unable to turn on your video or sound.
- Bree Staff will promote Bree Members to a “Panelist” so they are able to speak and share their video with the meeting group
- **Please notify Bree staff in the chat if you are attending the meeting on behalf of a Bree Member.** Bree staff will promote you to “Panelist”

Public Comment

- As a member of the public, you are an “Attendee” in the meeting and cannot unmute yourself or share your video.
- If you would like to provide a public comment, **please raise your hand by clicking the button at the bottom of your screen**.



- Bree staff will call on you to speak and promote you to a “Panelist.”
- As a “Panelist”, you will be able to unmute yourself and share your video to provide your comment.
- After you have commented, Bree staff will move you back to an “Attendee” for the meeting.

Agenda

Welcome

Action Item: Adopt March Minutes

2026 Workgroup Updates

Lung Cancer Screening
Perimenopause and Menopause
Alzheimer's and Other Dementia's Revision

Washington State Community Information Exchange

Michael McKee, M.Ed., Comagine Health

Setting the Stage: 2027 Topics

Rural Health Transformation Program – Judy Zerzan-Thul, MD, MPH
The Employer Perspective – Brodie Dychino, MHA
Washington Thriving – Sarah Rafton, MSW

Debrief and Discussion

Closing and Next Steps

Meeting Minutes: March 2026

Bree Collaborative Meeting
March 25th 2026| 1:00-3:00PM
Hybrid

MEMBERS PRESENT VIRTUALLY

Emily Transue, MD, MHA, Comagine Health
Jake Berman, MD, MPH, University of Washington
Colleen Daly, PhD, Microsoft
Gary Franklin, MD, Washington State Department of Labor and Industries
Judy Zerzan-Thul, MD Washington HCA
Carl Olden, MD, Central Washington Family Medicine
Norifumi Kamo, MD, MPP, Virginia Mason
Drew Oliveira, MD, WHA (to be confirmed)
Darcy Jaffe, ARNP, WSHA
Rodney Anderson, MD, FCN (to be confirmed)
Nicole St. Clair, MD, Regence
Arooj Simmonds, MD, Providence (to be confirmed)
Katina Rue, DO, Team Health (to be confirmed)
Kristina Petsas, MD, UHC

MEMBERS ABSENT

Colin Fields, MD Kaiser-Permanente
Susanne Quistgaard, MD, Premera Blue Cross
Tao Kwan-Gett, MD, Department of Health (to be confirmed)
James Murray, MD, Confluence (to be confirmed)

2026 Workgroup Updates

Alzheimer's and Other Dementias Revision

Kris Rhoads, PhD (chair)

Guideline Updates

Persons with cognitive impairment and their caregivers

- Distinguishing between normal aging and cognitive impairment
- How to keep your brain healthy (DAC resource)
- Follow up with a provider if taken online or field memory test

Primary Care Clinics

- Staff AND clinicians trained in communication
- Two-step diagnostic process still, but support for the separate cognitive testing strategy
- BBMs
  - Do not confirm or rule out diagnosis of dementia or cognitive impairment – full evaluation needed
  - Best practice for BBMs used in specialty settings for evaluation of use of amyloid targeting therapies
  - may be appropriate for people with a diagnosis of mild cognitive impairment or mild dementia, appropriate and interested in amyloid-targeting therapies, and ability to see neurology within 4 weeks
  - Understand who may be a good candidate for BBM


Questions

Perimenopause & Menopause

Nicole Saint Clair, MD (chair)

Beth Bojkov, MPH, RN, Bree Collaborative Staff

Guideline Updates

Primary Care

- Beginning at age 40, discuss perimenopause and menopause at regular visits
- Diagnosis for those 45+ primarily clinical
- Provide anticipatory guidance on midlife health protection
- Discuss available treatments (MHT, non-hormonal therapies, etc.
- MHT
  - Evaluate for contraindications for MHT
  - Engage in SDM about risks and benefits of MHT
  - Use of MHT should be symptom driven with period reassessments
  - Discuss risks of using compounded bioidenticals

Behavioral Health

- Recognize perimenopause and menopause as a contributor to behavioral health
- Beginning at age 40, incorporate brief menopause-informed assessment for appropriate patients
- Coordinate with primary care
- MHT
  - When symptoms of depression co-occur with VMS in perimenopause, consider referral for trial of MHT

Other

- **Health Plans**
  - Indicate menopause-certified providers in directory
  - Provide coverage for all routes of MHT
- **Employers**
  - In benefit design, ensure coverage of multiple routes of MHT
- **Department of Health**
  - Consider menopause care and midlife women's health needs in needs assessments
- **Health Care Authority**
  - Consider developing a SDM tool for MHT during menopause


Questions

Lung Cancer Screening

Joelle Fathi, DNP, ARNP, (co-chair)

Beth Bojkov, MPH, RN, Bree Collaborative Staff

Focus Area	Current State	Intermediate Step	Best Practice
Eligibility & Engagement	Eligibility for LCS and utilization of SDM are inconsistent, largely visit-based, and not routinely tracked to ensure completion	• Make tobacco history of vital sign • Adopt standard decision aid or template/workflow for SDM in primary care	• Patients are automatically flagged as potentially eligible in the EHR • Patient-centered SDM is accessible and integrated seamlessly
Stigma, Bias, & Equity	Stigma, bias, inequitable access to screening, and inconsistent navigation contribute to low engagement	• Stigma and bias training for patient-facing HCPs • Expand use of telehealth and mobile CT	• Stigma-free communication is the norm • Navigation support is matched to individual-level risk
Screening with LDCT	Smoking cessation integration, workflow ownership, and tracking LDCT and follow-up are inconsistent	• Assess readiness for smoking cessation and be prepared to provide cessation counseling at every touchpoint • Designate clear owner of LCS follow-up	• Reliable access to guideline driven follow-up • Dedicated lung cancer screening navigator responsible for tracking and monitoring • Payment reinforces the full screening pathway
Results Management	Follow-up after abnormal LDCT findings is variable, sometimes incomplete; incidental findings lack clear and consistent followo-up	• Require radiology utilize Lung-RADS reporting; align nodule management protocols • Assign clear process owner for abnormal result follow-up	• Timely, reliable follow-up for all abnormal findings • Multidisciplinary review of concerning findings universally accessible • Incidental findings are addressed with appropriate referral

Implementation Roadmap

Guideline Updates

Clinicians / Delivery Systems

- Training on stigma-free conversations about smoking history and benefits of LCS
- Ask those 50+ and with a history of smoking about LCS eligibility at annual wellness visits
- Implement bias-aware policies and person-first language across systems
- Make tobacco cessation programs highly visible

Plans / Employers

- Emphasize that early detection saves lives; incorporate LCS into other cancer screening awareness efforts
- Require training on reducing stigma/bias for member-facing staff (plans) and managerial staff (employers)
- Utilize person-first language
- Access to robust tobacco cessation interventions as a standard benefit (aligned with Apple Health coverage)
- Discourage use of punitive incentives for people who smoke

Others

- **Public Health (Local and DOH)**
  - Encourage person-first language
  - Require training on reducing stigma/bias
  - Partner with CBOs, tribes, community leaders, to amplify LCS benefit messaging
- **WA State Leg**
  - Require regular stigma and bias training for health professionals (CE's)


Questions

Washington State Community Information Exchange (WA CIE) for Bree Collaborative

May 20, 2026

Washington State Health Care Authority

Why implement CIE?

Current Challenges	Future Opportunities
Fragmented Service Delivery	Streamlined Care Coordination
Limited Access to Client Information	Integrated Data Sharing
Inefficient Referral Processes	Closed-Loop Referrals with Longitudinal Record
Siloed Technology Investments	Interoperable Technologies Connecting Systems

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Community Information Exchange for WA State

- Technology and legal infrastructure that enables community-based workers to coordinate health-related social needs (HRSN) services with **cross-sector partners** who collaborate to **deliver integrated care** ensuring better access to social care supports to improve health and well-being.
- This may include:
  - Resource directory
  - Client management system including shared client information
  - Needs assessment screening
  - Intake management
  - Shared care planning & care team info
  - Closed-loop referral
  - Referral history and a community record of social supports provided
  - Event notification

Adapted from HCA CIE RFP

Washington State Health Care Authority

CIE goals

- Provides legal and technical infrastructure to enable **cross-sector care coordination**
- Makes it easier for care coordinators to find and get help for social care needs like food, housing, and transportation for Washingtonians
- Connects partners to work together and share information for faster and more coordinated support

Timeline and milestones

Fall 2025

Begin community engagement and communications to gather input into CIE governance and technology needs.

Winter-Spring 2026

Form topical workgroups on data, technology, and policy.

Summer 2026

- Begin selection and implementation of CIE technology.
- Prepare for partner adoption and readiness.

Fall 2026

Establish governance structures.

Summer 2027

- Complete CIE technology implementation.
- **CIE ready to deploy for Community Care Hubs and Social Care Network partners.**

Summer 2028

Additional cross-sector partners onboarded.

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Olympic Community of Health

- Boys & Girls Clubs of the Olympic Peninsula
- Clallam Transit
- Discovery Behavioral Healthcare
- East Jefferson Fire Rescue
- First Step Family Support Center
- Jefferson County Farmers Markets
- Jefferson Healthcare
- Jefferson Transit Authority
- Lutheran Community Services Northwest
- North Kitsap Fishline
- North Olympic Healthcare Network
- Olympic Peninsula Community Clinic
- Olympic Peninsula YMCA
- OWL360
- Peninsula Behavioral Health
- Peninsula Community Health Services
- Port Angeles Food Bank
- Quilcene Fire Rescue
- South Kitsap Helpline
- Voices of Pacific Island Nations
- YMCA of Pierce & Kitsap Counties

CHOICE

- Child and Adolescent Clinic
- Coastal CAP
- Community Action Council of Lewis, Mason, and Thurston Counties
- Crossroads Housing
- Destination Hope and Recovery
- Family Education and Support Services
- Family Support Center of South Sound
- Gather Church
- Love Overwhelming
- Lower Columbia CAP
- Olympia Mutual Aid Partners
- Sea Mar - Grays Harbor
- Sea Mar - Thurston County
- Valley View Health Center
- Wahkiakum Public Health and Human Services
- Washington United Migrants
- Youth and Family Link
- Youth Connection

North Sound

- Anacortes Family Center
- Community Action of Skagit County
- Homage Senior Services
- Ideal Option
- Island County Human Services
- North County Fire/EMSO.U.R. Journey
- Opportunity Council
- Orcas Community Resource Center
- Project Access Northwest
- Sea Mar Community Health Centers
- South County Fire
- Underground Ministries

HealthierHere

- A Supportive Community For All
- Asian Counseling and Referral Service
- Association of Zambians in Seattle, WA
- El Centro de la Raza
- Living Well Kent Collaborative
- Lutheran Community Services Northwest
- Mother Africa
- Neighborhood House
- Pacific Islander Community Association of WA
- Peer Washington
- POCAAN
- Project Access Northwest
- Somali Health Board
- Sound Generations
- Teenagers
- Chinese Information and Service Center Plus
- UTOPIA Washington
- Villa Communitaria
- Within Reach
- YMCA of Greater Seattle

Elevate Health

- Affordable Housing and Treatment Services
- Arms Around You
- Asia Pacific Cultural Center
- Associated Ministries
- Brotherhood R.I.S.E.
- Caring with Compassion Community
- Catholic Community Services
- Community Healthcare
- El Camino
- Family Promise
- HopeSparks
- Innovative Change Makers
- Lorene's Place II
- Lutheran Community Services
- Metropolitan Development Council
- Multicultural Child & Family Hope Center
- Oasis Youth Center
- Pacific Islander Health Alliance
- Pediatrics Northwest
- Pierce County Alliance
- Puyallup Tribal Health Authority
- Serving Our Community
- St. Vincent de Paul
- Tacoma Community House
- Tacoma Slavic Association
- Therapy Fund Foundation
- United Way of Pierce County
- Wakulima USA

SWACH

- Area Agency on Aging and Disabilities
- Bridgeview Resource Center
- Clark County Fire and Rescue
- Columbia River Mental Health
- Council for the Homeless
- Lifeline Connections
- Lutheran Community Services
- Outsiders Inn
- Sea Mar Community Health Centers
- Share
- Skamania County Community Health
- The Child and Adolescent Clinic
- The Free Clinic of Southwest Washington
- The Next Door
- Vancouver Housing Authority
- Washington Gorge Action Programs
- YWCA

Thriving Together

- Action Health Partners
- Advance
- Communities in School of NCW
- Community for the Advance of Family Education (CAFÉ)
- Grant County Health District
- Lake Chelan Health
- Lake Wenatchee Fire and Rescue
- Rural Resources Community Action

Better Health Together

- Aging & Long Term Care of Eastern Washington
- American Indian Community Center
- Communities in Schools
- Frontier Behavioral Health
- Health & Justice Recovery Alliance
- Mujeres in Action
- Northeast WA Education Council (ESD101)
- Nuestras Raices
- Pacific Islander Community Center of Washington
- Passages
- Peer Spokane
- Revive Center for Returning Citizens
- Rural Resources Community Action
- Spectrum Center
- The Native Project
- Volunteers of America

Greater Health Now

- Benton Franklin Health District
- Blue Mountain Action Council
- Blue Mountain Heart to Heart
- City of Clarkston Fire Department Asotin
- City of Walla Walla Fire Department
- Columbia County Health System
- Community Health of Central Washington
- First Fruits/Vista Hermosa
- FISH Community Food Bank
- Garfield County Health District
- Garfield Fire District 1
- Grace Clinic
- Kadlee Clinics
- Kittitas County Fire Protection District 6
- Kittitas County Health Network
- People for People
- Providence Medical Group Walla Walla
- Southeast Washington Alliance for Health
- Ttawaxt Birth Justice Center
- Walla Walla Immigration Rights Coalition
- Whitman Fire Council
- Yakima Neighborhood Health Services

Journey to shared governance

Community engagement

Community co-design

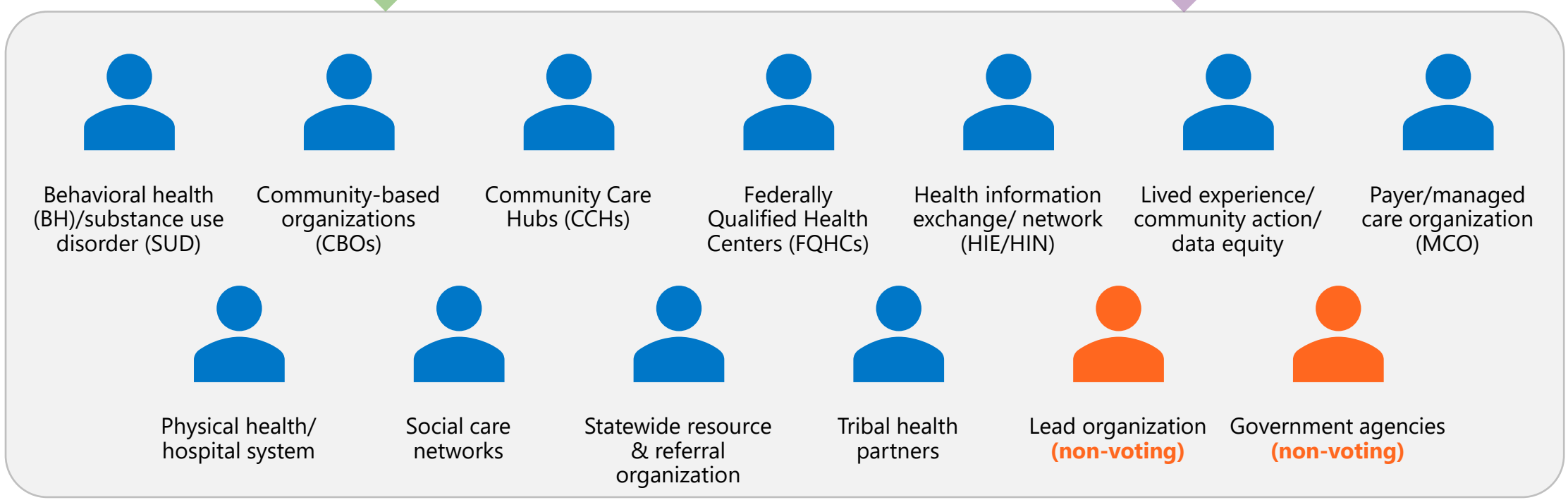
Shared governance

Washington State Health Care Authority

An intentional start

Interim Advisory Committee (IAC)

Interim Data and Technical Advisory (IDATA) Workgroup



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IAC Purpose

Convene a diverse set of state and local partners, integrating community feedback into key decision-making processes, and functioning as a collective voice to drive implementation of the CIE.

IAC Timeline

January 2026 – October 2026

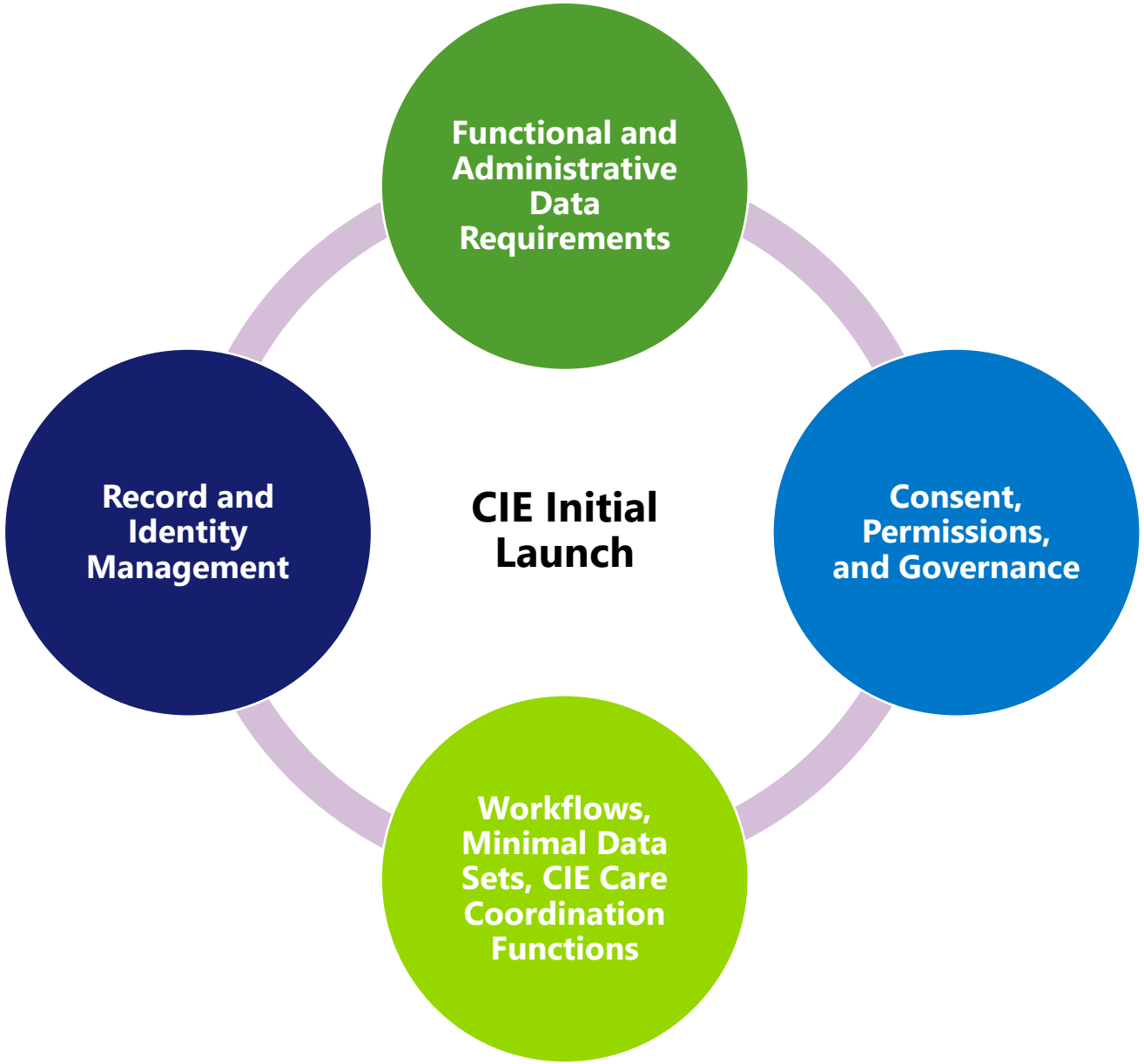
Washington State Health Care Authority

IDATA Purpose

Responsible for developing a comprehensive framework and iterative process that enables the WA CIE to develop, implement and operate a high-quality, interoperable, and secure data-sharing ecosystem that enables community-wide care coordination.

IDATA Timeline

March 2026 – December 2026



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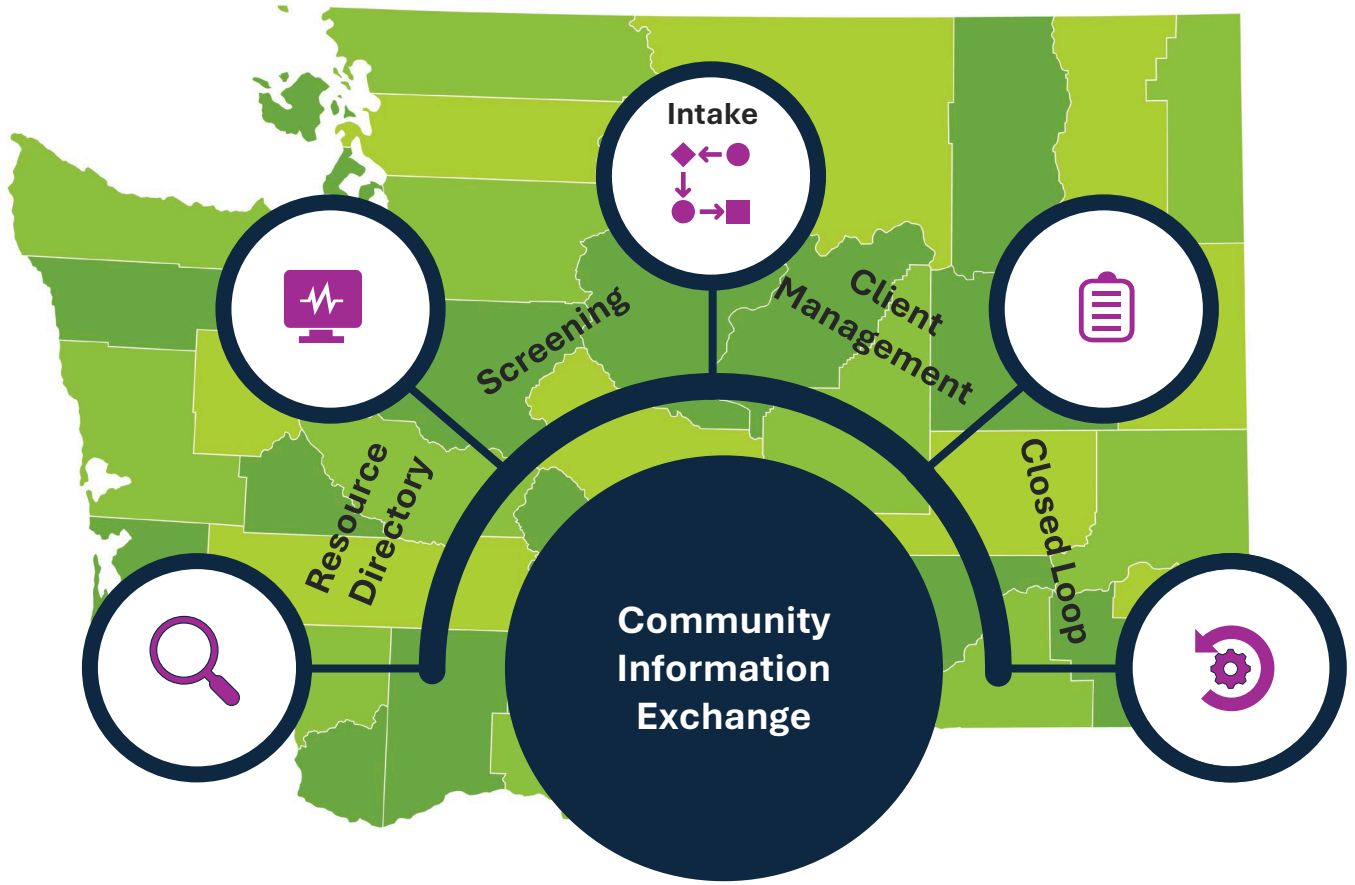
Statewide vision

Procurement Process
September 2026 - December 2026



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Key Informant Interview Themes

Priorities for CIE Functionality

- **Shared Client Visibility Across Organizations**
- **Closed-Loop Referral Tracking**
- **Cross-Organizational Coordination Workspace**
- **Integration Layer Across Existing Systems**
- **Standardized, Reusable Client Data**
- **Trusted Resource & Capacity Information**
- **Data Sharing & Reporting Infrastructure**
- **Consent, Privacy, and Trust Framework**

	LOW-END DATA INTEGRATION	<---------->				HIGH-END DATA INTEGRATION
UTILIZATION MODEL	**#1 DIRECT USE OF CIE PORTAL (MANUAL WORKFLOW)**	**#2 CIE AS A SPACE FOR MULTI-AGENCY SHARED PURPOSE AND WORKFLOWS (MANUAL WORKFLOW + DATA SHARE)**	**#3 INTEGRATION-ENABLED USE OF CIE FUNCTIONS FOR CARE COORDINATION (NO DUPLICATIVE DATA ENTRY)**	**#4 CIE INSIGHTS IN NATIVE SYSTEM VIA DATA INTEGRATION**	**#5 USING CIE FUNCTIONS FROM NATIVE SYSTEM WORKFLOWS VIA DATA INTEGRATION**	**#6 CONTRIBUTING DATA TO CIE**
METHOD OF SHARING	• Manual client record creation and edits, and care coordination functions completed in CIE portal • Data entry by Individual user	• Accomplishing a shared goal and service delivery in the CIE portal across multiple organizations • Manual data entry in CIE by individual users; data integration that shares collaborative activities and client information via API or batch data sharing	• Use of CIE functionality and informed care via longitudinal record data from CIE • Data auto-synced between systems via API connection • Can also leverage single-sign-on for CIE adoption ease	• CIE data from matched longitudinal client records populates an organization's native system • Batch or API connections	• Work in native system only (e.g. EHR) • Data integration triggers CIE functions behind the scenes and allows bi-directional data flow via real-time API connection	• Sends data to CIE to populate client records through batch data sharing and real-time API connections
USE CASE	Organizations without system integration or those adopting use of CIE for individual care coordination	Multi-organization collaboratives with limited internal system capability use CIE as a shared, collaborative space with some data sharing	Organizations leverage native system and CIE to streamline workflows but maintain CIE Portal centered coordination	Organizations leverage the CIE client record, in-workflow insights to support real-time decision-making, program outcomes, population health analysis, etc.	Organizations embed CIE functional utilization into existing workflows, and data integration triggers mirrored function in CIE, and outcomes captured in CIE are sent back to native system	Expanding network-wide visibility and data completeness of client records. Strengthens informed care based on populated shared record (e.g., Medicaid eligibility data)
VALUE & IMPACT	Full access to the complete CIE Longitudinal Record and full use CIE functions	Full access to the complete CIE Longitudinal Record and full use CIE functions Shared outcomes and data analytics	Full access to the complete CIE Longitudinal Record and full use CIE functions Data enrichment of native system from CIE client record, referral outcomes and History Shared outcomes and data analytics	Leverage the CIE longitudinal record to inform complex care needs, discharge planning and population health	Leveraging CIE Functionality with no new platform adoption System-dependent access to the CIE longitudinal record via data integration (limited to system configurability and org. capacity)	CIE Network value adds (System value for streamlined care coordination, client outcomes - Macro values)

Questions and Reflections

- What questions do you have?
- What questions are you hearing from your colleagues or networks that we should be aware of?

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Thank you!

Contact: Michael McKee, WA State Director/CIE Strategic Advisor, mmckee@comagine.org

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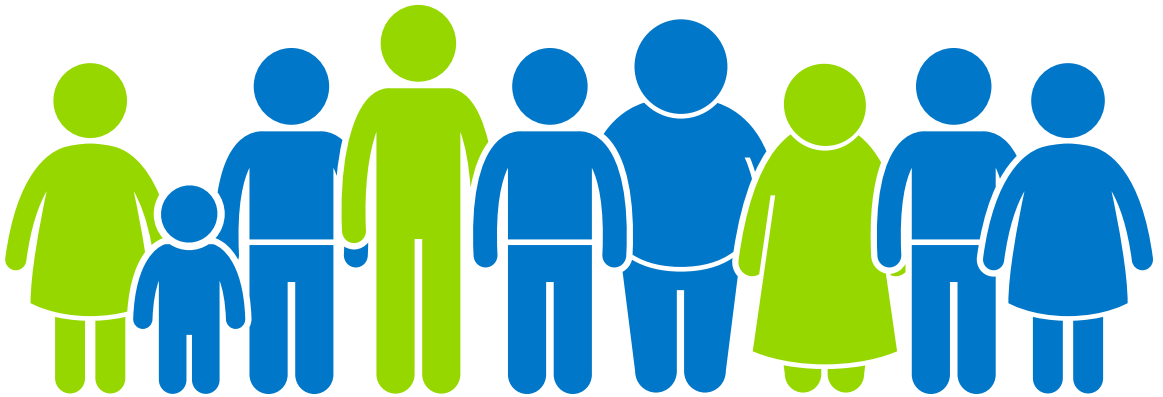
Appendix

HCA: Sponsor agency

- State agency and health care purchaser for nearly 3 million Washington residents through:
  - Apple Health
  - Public employees
  - School employees
- Values
  - People first
  - Diversity & inclusion
  - Health equity
  - Innovation
  - Stewardship

We purchase health care for more than one third of Washington State residents.



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Comagine Health: Lead Organization

- Washington-based non-profit
  - Long history and commitment to improving health for Washingtonians
- Values-driven and rooted in community co-design
  - Stewardship
  - Tailored by community
  - Integrated systems
- Strategic objectives as the Lead Organization
  - Community Engagement
  - Governance and policy
  - Technology implementation
  - Support and evaluation

Community Information Exchange®

A CIE® is a **community-governed** infrastructure that enables information to be effectively and responsibly shared among many organizations, using different, **interoperable technologies**, in support of **holistic coordination of care** and **equitable systems change**.

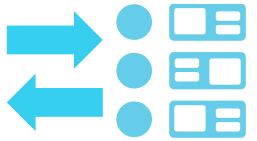
As critical infrastructure that supports many partners, using many different technologies, a CIE can enhance understanding of individuals' and communities' needs, **improving service accessibility, service outcomes, and the health and well-being of a community**.

Network Partners

Technology Platform & Data Integration

Shared Language (SDoH)

Community Care Planning



Bidirectional Closed Loop Referrals

Washington State Health Care Authority

Credit: 211 San Diego/CIE

WA CIE IAC Roster

Arlesia Bailey
Chief Transformation Officer
North Sound ACH

Joan Miller
Chief Executive Officer
WA Council for Behavioral Health

EX OFFICIO
Maria Courogen
Executive Director
WA State Department of Health

Rhonda Hauff
Chief Executive Officer
Yakima Neighborhood Hlth Srvcs

Betsy Jones
Chief Strategy Officer
Community Health Plan of WA

EX OFFICIO
Joanna Den Haan
WA CIE Community Gov & Ops Lead
Comagine Health

EX OFFICIO
Michael McKee
WA CIE Strategic Program Advisor
Comagine Health

Sharon Silver
Chief Executive Officer
WithinReach

EX OFFICIO
Dan Renfroe
WA CIE Program Manager
WA State Health Care Authority

Joshua Wallace
CEO & President
Peer Washington

Mike Myint
Chief Population Health Officer
UWMC Population Health

Susan Buell
Assoc. Director of Health Initiatives
YMCA Pierce & Kitsap Counties

Dave Pearson
Chief Executive Officer
WA Assoc. for Community Health

Liz Cattin
Dir. of Community Health
PeaceHealth

Nichole Peppers
Executive Director
Coalition of ACHs

Washington State Health Care Authority

WA CIE IDATA Workgroup Roster (Voting)

Alastair Matheson
Data Modernization Director
Public Health – King County

Andrea Yip
Planning Manager
Seattle Aging & Disability Srvcs

Aundrea Jackson
Sr. Dir. Contact Center Operations
Crisis Connections

Becky Betts
Chief Operating Officer
Greater Health Now

Danny Lunder
Sr. Dir., Data Analytics
WA State Hospital Assn. (WSHA)

Dean Wight
Special Project Manager
Whatcom County Health Dept.

Doug Baxter-Jenkins
Div. Dir. of Community Health
CommonSpirit

Drew Whatley
Lead Resource Data Specialist
Opportunity Council (OPPCO)

Jesus Hernandez
CEO
FHC & Advance Northwest

Lindsey Greene
Medicaid Program Manager
Coordinated Care

Madelyn Devoe
Assoc. Dir., Strategic Initiatives
HealthierHere

Maura Little
Executive Director
WAHDX

Michelle Ahmed
Program Director
SWACH

Mo Chatta
Program Director
AZISWA Connect to Care Com. Hub

Nichole Peppers
Executive Director
CACH

Raquel Campuzano
Chair, CHW, CPC
CHWLC

Rueben Hernandez
Data Analyst
Elevate Health

Russ Shekha
Behavioral Health Accountability Special Projects Manager II
King County

Sarah Solomon
Dir. of Data Systems & Evaluation
WithinReach

Washington State Health Care Authority

WA CIE IDATA Workgroup Roster (Ex Officio)

Alana Kalinowski
WA CIE Governance & Interop Mgr.
211 CIE San Diego

Bryant Karras
Chief Medical Informatics Officer
WA State DOH

Cathy Wasserman
Measurement and Data Consultant
Uncommon Solutions

Chris Baumgartner
Deputy Chief Informatics Officer
WA State Dept. of Health

Dan Nations
WA CIE Data Mgr. & Architect
WA State HCA

Greg Beck
Dir. for Admin. Operations
WA State DSHS

Jeremy Rolfer
IT Project Manager
Uncommon Solutions

Josh Christiansen
WA Connection Administrator
WA State DSHS

Mitsuyo Maser
Data Governance & Release Mgr.
WA State HCA

Rim Cothren
WA CIE Technology Strategy
WA State HCA

Ryan McLelland
WA CIE Technology Lead
UHIN

Waldo Mikels-Carrasco
WA CIE Technology Manager
UHIN

Community Engagement and Input

March 2026

Key informant interviews
March 10-31

Focus groups
March 23-27 – Housing, MCOs, Youth & Families

Launch public comment box and virtual walk-ins
Share feedback and insights at any time!

April 2026

Key informant interviews
April 1-30

Focus Groups
April 30 - FQHCs

Community forums
Invite us to share more about what YOUR community is interested in!

One-on-one meetings
Have a specific ask? Talk to us.

May/Summer 2026

Human-centered design workshops
May 21, 26 & Summer 2026

Focus Groups
May 1 – Aging Services
May 1 – EMS/ Paramedicine

Public comment virtual walk-in
May 28 – 11 – 12
https://comaginehealth.zoom.us/j/99128357350?pwd=TSeBip0GAU1aBKxENtl6mWBQfbuXTW.1

Washington State Health Care Authority

Connecting to WA CIE

- Get in touch!
  - Send us your questions, comments, requests for presentations, or ideas for community engagement activities. Email WACIE@comagine.org or send a message through the CIE Public Input Box.
- Get the latest news!
  - Sign up for the WA CIE newsletter
- Get the facts!
  - Visit the WA CIE website

Washington State Health Care Authority

Setting the Stage

2027 Topic Selection

Presentation Series

Aim: Establish a shared understanding of statewide priorities and activities to guide aligned topic selection for 2027

Rural Health Transformation Program

- **Judy Zerzan-Thul, MD, MPH**, Washington HCA, Chief Medical Officer

The Employer Perspective

- **Brodie Dychinco, MHSA,** Boeing, Executive Director of Health and Wellbeing Benefits

Washington Thriving

- **Sarah Rafton, MSW,** Behavioral Health Catalyst, Washington Thriving Director of Policy and Advocacy

Weighing the Options

Possible Facilitators

- Interest from most if not all partners, important to the public
- Clinical practice differs across the state, leading to inequities across populations in care quality and/or outcomes
- Available levers within our control (state level)
- Collaboration between payors and clinicians is necessary to address the problems
- *Examples: Menopause, Behavioral Health Integration*

Possible Barriers

- Low interest, or interest from only a few partners
- Oversaturation
- No clear best practice
- Too controversial or dividing issues
- Barriers at the national level prevent quality improvement; levers otherwise out of our control

WASHINGTON
RURAL HEALTH TRANSFORMATION

Rural Health Transformation (RHT) Program

Dr. Robert Bree Collaborative Meeting

Judy Zerzan-Thul, Chief Medical Officer

May 20, 2026

Agenda

- Rural Health Transformation (RHT) Program overview
- Funds must support rural health care
- Washington's initiatives
- Budget, reporting, and performance periods
- Funding restrictions and caps
- Questions

Disclaimer: The RHT Program is supported by CMS/HHS as a financial assistance award totaling $181,257,515.06 with 100 percent funded by CMS/HHS. The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

WASHINGTON
RURAL HEALTH TRANSFORMATION

Program overview

- Five-year cooperative agreement under H.R. 1, authorized by Centers for Medicare & Medicaid Services (CMS).
- Joint effort of HCA, DOH, and DSHS, in partnership with the Governor's Office.
- RHT funds aren't sufficient to fill the gaps caused by H.R. 1. RHT funds can't be used to pay for covered services or increase payment rates.
- CMS awarded Washington over $181 million for Budget Period 1 on December 29, 2025.
- CMS will hold Washington accountable to deliver on the initiatives and activities spelled out in the application—we cannot add new activities or initiatives.

WASHINGTON
RURAL HEALTH TRANSFORMATION

RHT funds must support rural health care

- You don’t have to live or work in rural Washington to support rural health care.
- RHT funds must support long-term system transformation to strengthen rural health access, workforce, and care coordination
- Funding and activities must support local rural health systems and improving health outcomes in the served communities
- RHT funding can be used if a project supports RHTP goals, strengthens the health care system, and clearly demonstrates benefit to rural Washingtonians.

WASHINGTON
RURAL HEALTH TRANSFORMATION

Initiatives

Washington's RHT plan includes six initiatives designed to strengthen rural health systems across the state. Funding is dependent on an annual budget proposal.

1. **Rural hospital innovation ($60 million)**
   Support rural hospitals in adopting new technologies, coordinating services, and developing sustainable payment models.
2. **Community prevention and care coordination ($18 million)**
   Strengthen community-based programs and workforce to help manage care outside traditional clinical settings.
3. **Tribal health investments ($19 million)**
   Invest in the health and wellbeing of members of sovereign Tribal Nations, including workforce development and care coordination.

WASHINGTON
RURAL HEALTH TRANSFORMATION

Initiatives, cont.

4. **Technology and data solutions ($19 million)**
   Expand technology and data tools that improve access, care coordination, and system efficiency.
5. **Rural workforce development ($32 million)**
   Support training and recruitment for key rural health roles including nurses, primary care providers, and community health workers.
6. **Behavioral health system expansion ($25 million)**
   Strengthen rural behavioral health services through workforce development, crisis response, and telehealth support.

WASHINGTON
RURAL HEALTH TRANSFORMATION

Budget performance and reporting period

Period	Budget	Performance	Reporting	Report Due
#1	12/29/2025–10/30/26	12/29/25–09/30/27	12/29/2025–07/31/2026	08/30/2026
#2	10/31/2026–10/30/27	10/31/26–09/30/28	08/1/2026–07/31/2027	08/30/2027
#3	10/31/2027–10/30/28	10/31/27–09/30/29	08/1/2027–07/31/2028	08/30/2028
#4	10/31/2028–10/30/29	10/31/28–09/30/30	08/1/2028–07/31/2029	08/30/2029
#5	10/31/2029–10/30/30	10/31/29–09/30/31	08/1/2029–07/31/2030	08/30/2030

The last day of the budget period is the final obligation date for that period's contracts.
The last day of the performance period is the final spend date for that period's funds.

Funding restrictions

- Pre-award costs
- Federal or local fund matching
- Services/equipment/support that is the legal responsibility of another party
- Goods/services not allocable to the project
- Supplanting state, local, Tribal, or private funding
- Construction or building expansion
- Independent research and development
- Covered telecommunications and video surveillance equipment
- Meals, unless in limited circumstances
- Lobbying
- Duplicated payments
- Clinician salaries or wage supports for non-compete limitations
- Social Security Act 2105(c) paragraphs 1, 7, and 9

Funding caps

- EMR funding—No more than 5% can be used to support a replacement of a previous HITECH certified EMR system in place as of 1 September 2025
- Clinician funding—Provider payments can't exceed 15% of total award.
- Rural Tech Catalyst Fund—No more than 10% can be used to fund the development of innovative and patient focused chronic diseases prevention and management technologies.
- Renovation—Renovations and alterations can't exceed 20% of total award.
- Administrative overhead—Can't exceed 10%, most activities are limited to 7.1%.

Questions and resources

- Attend the second Washington RHT Program Webinar September 16, 1–1:45 p.m.
  - Join Teams Meeting
- Slides from the first Washington RHT Program Webinar on 4/14/26
  - Webinar slide deck
- For information about the federal RHT Program
  - RHT Program | CMS
- Check out Washington's RHT Program:
  - Rural Health Transformation Program | WA State
- Details of initiatives and activities:
  - Project Narrative
- Questions? Contact us:
  - RHT Program Inbox

WASHINGTON
RURAL HEALTH TRANSFORMATION

Health & Wellbeing Benefits Strategy

May 2026

Boeing – About Us

Boeing Commercial Airplanes

Boeing Defense and Space

Boeing Global Services

Top US Exporter

by dollar value of US-made manufactured goods

Products and services support to customers in more than **150 COUNTRIES**

Contracts with more than **11,000** suppliers and partners globally

170,000+ BOEING EMPLOYEES

across the United States and in more than **65 COUNTRIES**

$2.5 BILLION

Annual U.S. Health Care Spend

400,000+

Lives Covered

Market Challenges and Realities

- Rising costs
  - ✓ *Year-over-year health care cost increases unsustainable*
  - ✓ *Fast pace of new tech and pharmacy breakthroughs*
- Provider dynamics
  - ✓ *Community resources remain focused on 9-5 solutions*
  - ✓ *System consolidation and PCP's leaving the field*
- Utilization and disease burden
  - ✓ Access challenges, delayed care
  - ✓ Population health and managing chronic conditions
- Administrative complexity
  - ✓ Misaligned stakeholder incentives
  - ✓ Compliance complexity; Fragmentation of care and data
- Workforce impact
  - ✓ Recruitment, retention, productivity
  - ✓ Overall health of the workforce declining

Our Approach and Factors Impacting Decisions

Decision Checklist:

- ✓ What is the problem we are solving for?
  - (Do we have data to explain why it must be solved now versus later?)
- ✓ How does the solution specifically address the problem?
  - (Is the solution science and evidence backed?)
- ✓ How is the recommended path better than the alternatives?
  - (How is it better/worse? Can you quantify the tradeoffs?)
- ✓ What is the projected value created?
  - (Are we confident in the projections and how sensitive are the assumptions?)
- ✓ What measures are we tracking to keep us accountable?
  - (Where are we now versus what the target is?)

Our Efforts Prioritized

Accountability and Ownership:

- Measure everything: Transparent access to data and reporting
- Seek truth and evidence
- Right payment models (e.g. balanced risk)
- Establish critical partnerships that earn trust
- Innovate ambitiously (i.e. speed and scope)

Experience and Simplification:

- Rational benefit designs with the right incentives
- Self-service available; Live help when needed
- End-to end integrated experiences
- Personalized for lived experiences
- Invent ways to eliminate middle-man

Sustainability, Affordability, and Quality:

- Foster science backed clinical innovation with meaningful quality metrics
- Bend the cost curve
- Reduce fraud, waste, and abuse
- Emphasize comprehensive primary care
- Effort dividends (e.g. AI creating tangible value)

Case study example: Direct contracting

Accountability and Ownership:	Experience and Simplification:	Sustainability, Affordability, and Quality:
✓Measure everything: Transparent access to data and reporting	✓Rational benefit designs with the right incentives	✓Foster science backed clinical innovation with meaningful quality metrics
✓Seek truth and evidence	✓Self-service available; Live help when needed	✓Bend the cost curve
✓Right payment models (e.g. balanced risk)	✓End-to end integrated experiences	✓Reduce fraud, waste, and abuse
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✓Innovate ambitiously (i.e. speed and scope)	✓Invent ways to eliminate middle-man	✓Effort dividends (e.g. AI creating tangible value)

Accountable Care Organizations

ROPER ST. FRANCIS HEALTHCARE

Banner

MemorialCare

Embright

Advanced Primary Care+

crossover

ROPER ST. FRANCIS HEALTHCARE

one medical

vera

Highlights, Lowlights, and Learnings of Direct Contracting

Accountable Care Organizations

- Model flexibility to innovate (e.g., COVID support, clinical pilots, mental health)
- 1-3% better compliance for screenings and chronic condition control than the market, but health systems are not prioritizing primary care, evidenced by access erosion
- While savings are meaningful for our employees and for Boeing (over $100M cumulative), initial financial models were aggressive – health systems slow to change

Advanced Primary Care

- Model focuses on integrated whole person care (medical, functional, emotional)
- Paying direct (not FFS) for advanced primary care has resulted in improvements in access, member experience (90+ average NPS), and projected savings
- Patience is required as it takes time to convince members to return to primary care (remove barriers, improve convenience, offer affordable access)

Thank you


Questions

Washington Thriving

Washington Thriving

Statewide strategic plan for prenatal through age 25 behavioral health

Briefing & Session Updates

Bree Collaborative May 20, 2026

Sarah Rafton, WA Thriving Policy & Advocacy Director
Behavioral Health Catalyst

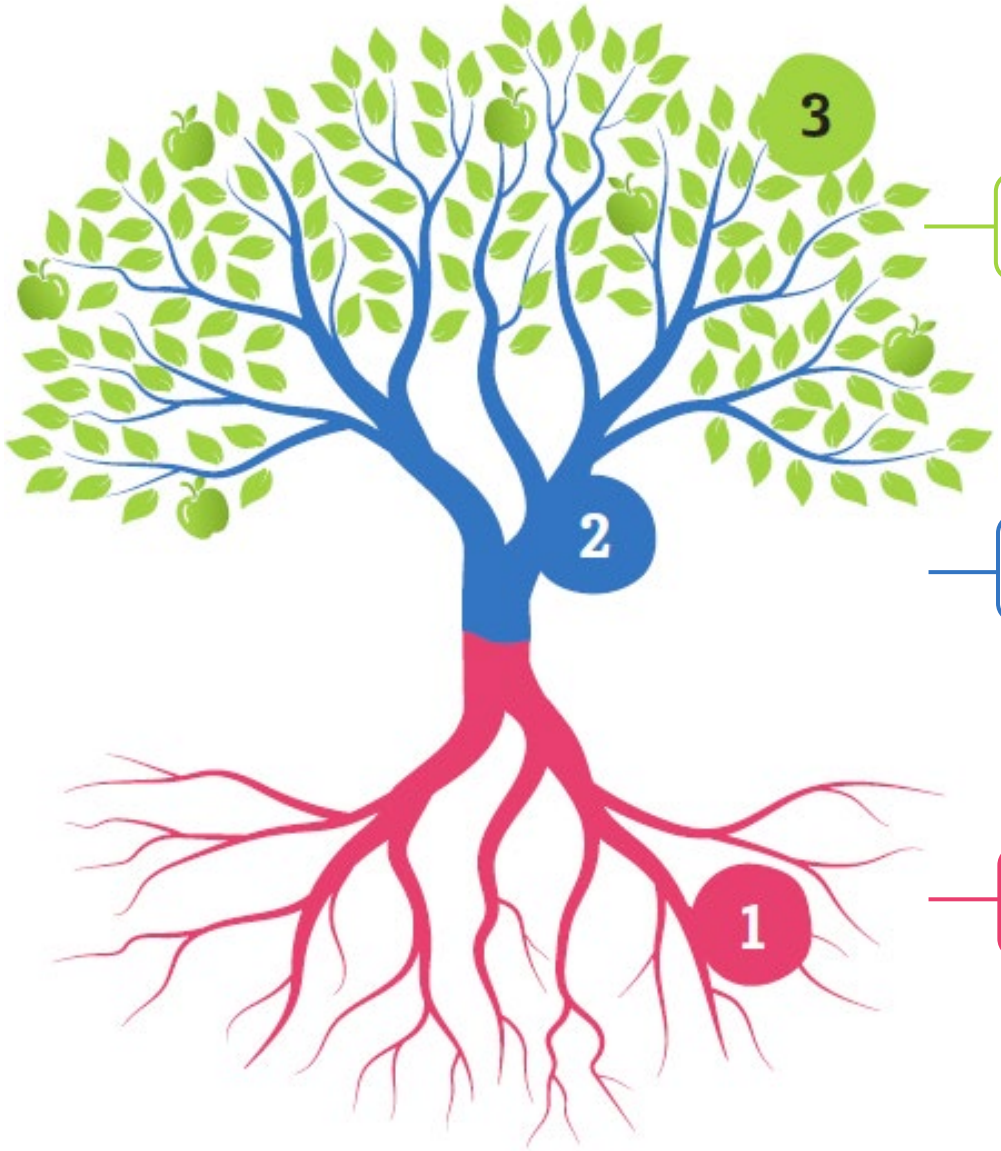
Washington Thriving envisions a future where every pregnant person, baby, child, youth, and young adult is thriving, supported by their caregivers, families, and communities.

Every Washingtonian understands how behavioral health affects well-being and recognizes when young people need support.

Washington Thriving Strategic Plan

https://plan.washingtonthriving.org/

Washington Thriving Goals



People and relationships

Serve Washingtonians equitably:
ensure reach and quality across the state;
extra attention and resources directed toward people who face the greatest barriers

Focus on what matters to youth, families, & workforce:
services, supports, and policies attuned to strengths, desires, & needs of each young person, family, and workforce member

Services and supports

Expand upstream:
build strong wellness foundations, prevention, and early supports

System infrastructure

Make help easy to find and get:
ensure coordinated, accessible, effective services and supports across the full continuum

Strengthen the structures:
ensure a coordinated, collaborative, informed, adaptive, and sustainable behavioral health ecosystem

GUIDING PRINCIPLES FOR WASHINGTON'S PRENATAL-THROUGH-AGE-25 BEHAVIORAL HEALTH SYSTEM

Is informed by children, youth, caregivers, and families

Ensures that all doors lead to support

Offers services to meet the individual needs of children, youth, families, and caregivers

Is equitable, anti-racist, and culturally and linguistically responsive

Changes in response to new information

Invests in prevention and well-bring

Includes families, caregivers and communities as key contributors to well-being

Washington Thriving: A Holistic Cross-System Approach to Behavioral Health

Washington Thriving *First Initiatives*

Infrastructure

Establish infrastructure to deploy existing resources while building the foundation for future coordination and care.

Perinatal mental health and substance use

Advance culturally responsive, non-stigmatizing perinatal mental health and substance use screening and overcome barriers to family-centered substance use care for pregnant and parenting people.

K-12 student behavioral health

Clarify schools' role in students' behavioral health and provide all schools with access to tools and resources they may choose to apply for students' well-being and readiness to learn.

Treatment services expansion

Improve crisis and stabilization services for young people, while also expanding services to prevent escalation to crisis. Increase capacity for young people with complex conditions.

Washington Thriving *First Initiatives* & 2026 Legislative Session

Infrastructure

Establish infrastructure to deploy existing resources while building the foundation for future coordination and care.

Perinatal mental health and substance use

Advance culturally responsive, non-stigmatizing perinatal mental health and substance use screening and overcome barriers to family-centered substance use care for pregnant and parenting people.

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Clarify schools' role in students' behavioral health and provide all schools with access to tools and resources they may choose to apply for students' well-being and readiness to learn.

Treatment services expansion

Improve crisis and stabilization services for young people, while also expanding services to prevent escalation to crisis. Increase capacity for young people with complex conditions.

Related 2026 Legislative Actions

HB2429

Establishing WA Thriving

Investments in perinatal supports; workgroup to address SUD treatment access for parents.

HB1634

Develop technical assistance & training network for all schools

Intersection with DSHS strategic planning. 1580 work ongoing.

Initiative 1: Infrastructure House Bill 2429

House Bill 2429 establishes leadership, goals and overarching infrastructure for Washington to begin devising a comprehensive system of care for prenatal through age 25 behavioral health and well-being:

- **Agencies** shall ensure that children and youth **behavioral health activities and planning efforts align** with the **Washington Thriving** strategic plan
- Requires the **behavioral health system align with the plan** and be implemented equitably
- Establishes **executive coordination in the Governor's office** to monitor implementation of the plan
- Establishes a **leadership council in the Governor's office** to implement the plan, including state agency leaders, tribal representatives, and people with lived experience
- Children and Youth Behavioral Health Workgroup (CYBHWG) to advise this leadership council

Initiative 2: **Perinatal Well Being**  2026 funding for perinatal supports

- Increasing **residential SUD treatment capacity where women may be with their babies** and/or young children
- **legal counsel and parent allies** for parents when a newborn was exposed to substances during pregnancy and is at risk of child protective services removal
- **Public health nurses**
- **Parent Child Assistance Program**, home visitation and case-management
- **Plan of Safe Care**, community-based services and supports
- Development of a community-based **referral system to serve families exiting child welfare**
- **Family Resource Center** support for families exiting child welfare

Workgroup legislated: SUD treatment access for parents

In alignment with Washington Thriving, **Governor's office to convene work group** of HCA, DCYF, DSHS, DOH to address **SUD treatment access for parents**

For families receiving child welfare and child protective services:

- identify all SUD treatment options
- establish processes:
  - to **make treatment options readily available** to child welfare workers
  - for child welfare workers to identify **unmet treatment needs**
- identify resources that would allow families readily available access to MAT, MOUD, family-centered residential and intensive outpatient treatment
- identify policy or statutory barriers to SUD treatment options and possible solutions to overcome these barriers

By December 1, 2026, report findings/recommendations to legislature

Governor's office work group to address **SUD treatment access** for parents with child welfare involvement -- opportunity

- to break down barriers to treatment
- highlight need for navigation
- understand gaps in treatment availability by treatment type, geography

Initiative 3: K-12 Behavioral Health  House Bill 1634

- House Bill 1634 directs the Office of the Superintendent of Public Instruction, Educational Service Districts and community partners to
  - develop a technical assistance and training framework
  - to help schools in evidence-based and evidence-informed practices
  - for behavioral health prevention, early identification, early intervention, crisis intervention and connection to services for students and their families.

Initiative 4: **Treatment services expansion** DSHS strategic planning workgroup legislated

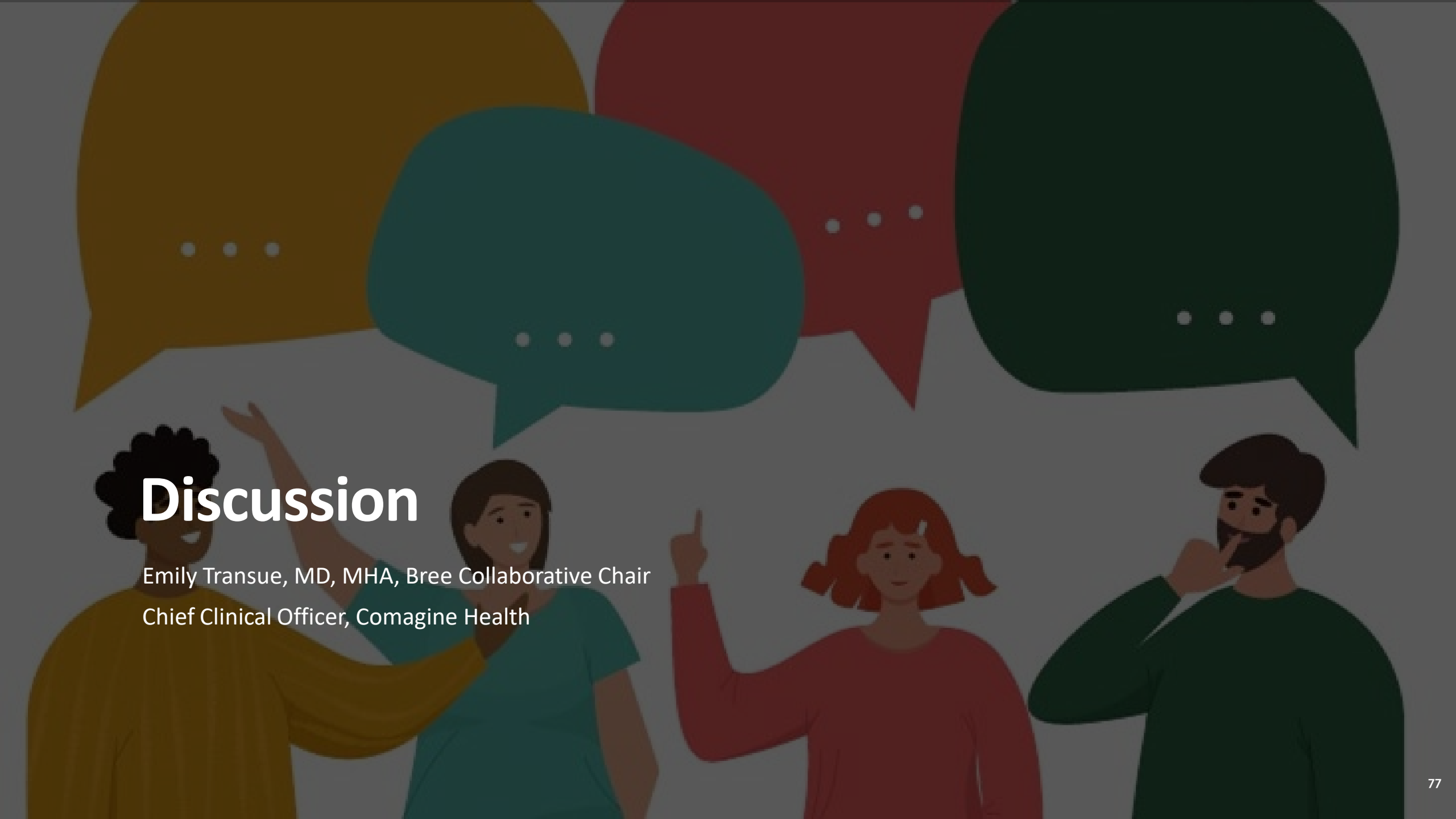
Opportunity for intersection to improve care for children & youth with complex co-morbidities

$250,000 for **DSHS strategic planning work group** to transform Washington's services and supports **for individuals with intellectual and developmental disabilities** by:

- prioritizing **lived experience**
- identifying strategies to **reduce** or eliminate use of expensive, **institutional settings**
- **expanding community-based services** to a larger population
- addressing barriers to access and equity
- identifying necessary investments in community

By June 30, 2027: **10-year strategic plan** to legislature to increase access to adequate and appropriate community-based services and supports for infants, children, youth, young adults, and adults with ID/DD, and their families and caregivers.


Questions



Discussion

Emily Transue, MD, MHA, Bree Collaborative Chair
Chief Clinical Officer, Comagine Health

Topic Selection Process

Survey open:

May 11th – June 18th

Review results at Bree Collaborative meeting:

July 22nd

Final selection at Bree Collaborative retreat:

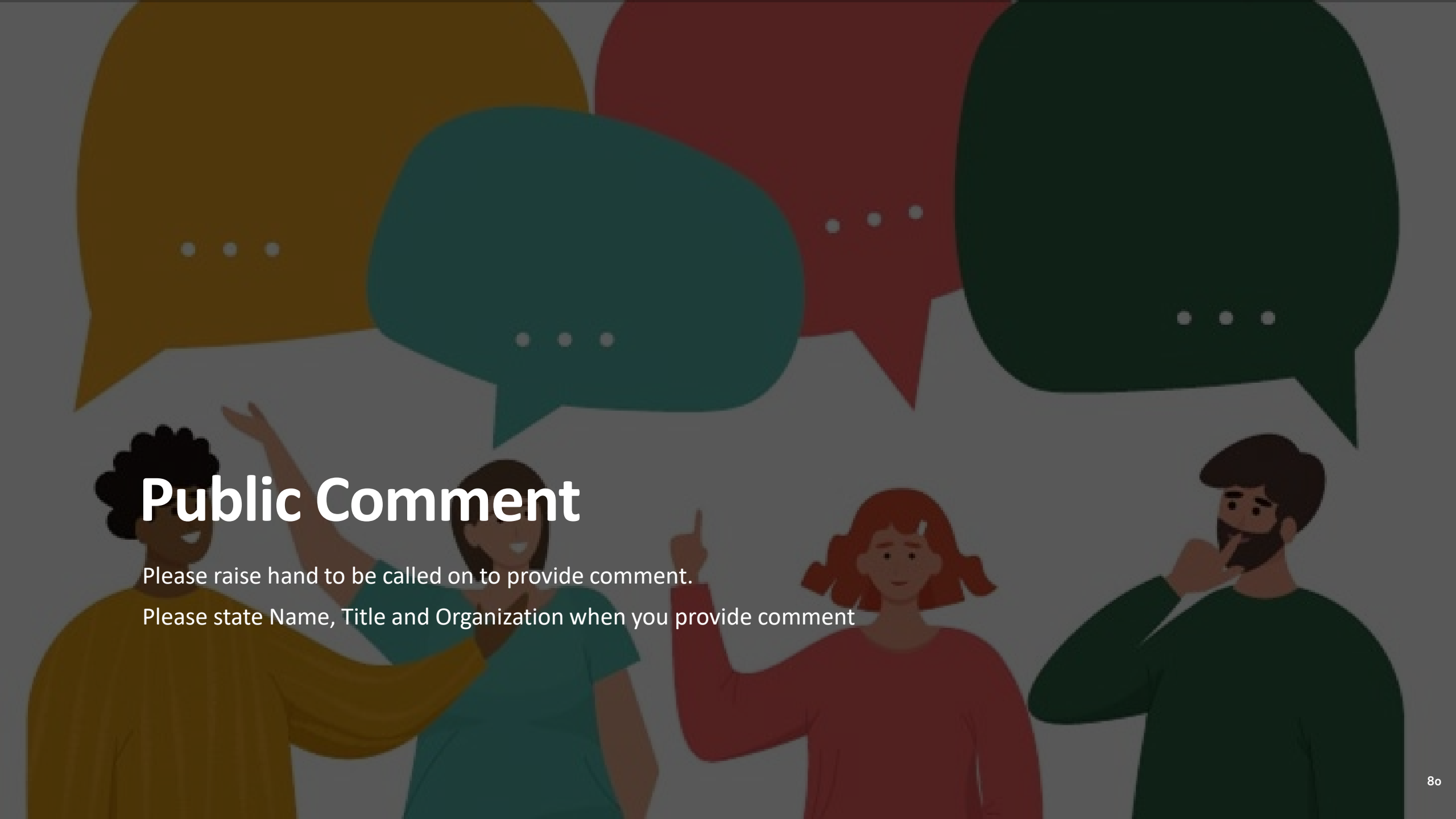
September 23rd

What are your takeaways?

How do these priorities align with your organization's current work, goals, or strategic direction?

Which topics continue to generate momentum despite increasing resource or operational constraints? Are there any familiar problems that warrant revisiting? (opportunity for revision of previous report)

What questions remain unresolved, what additional information would be helpful, and which perspectives or stakeholders would you like to hear from next?



Public Comment

Please raise hand to be called on to provide comment.

Please state Name, Title and Organization when you provide comment

Closing

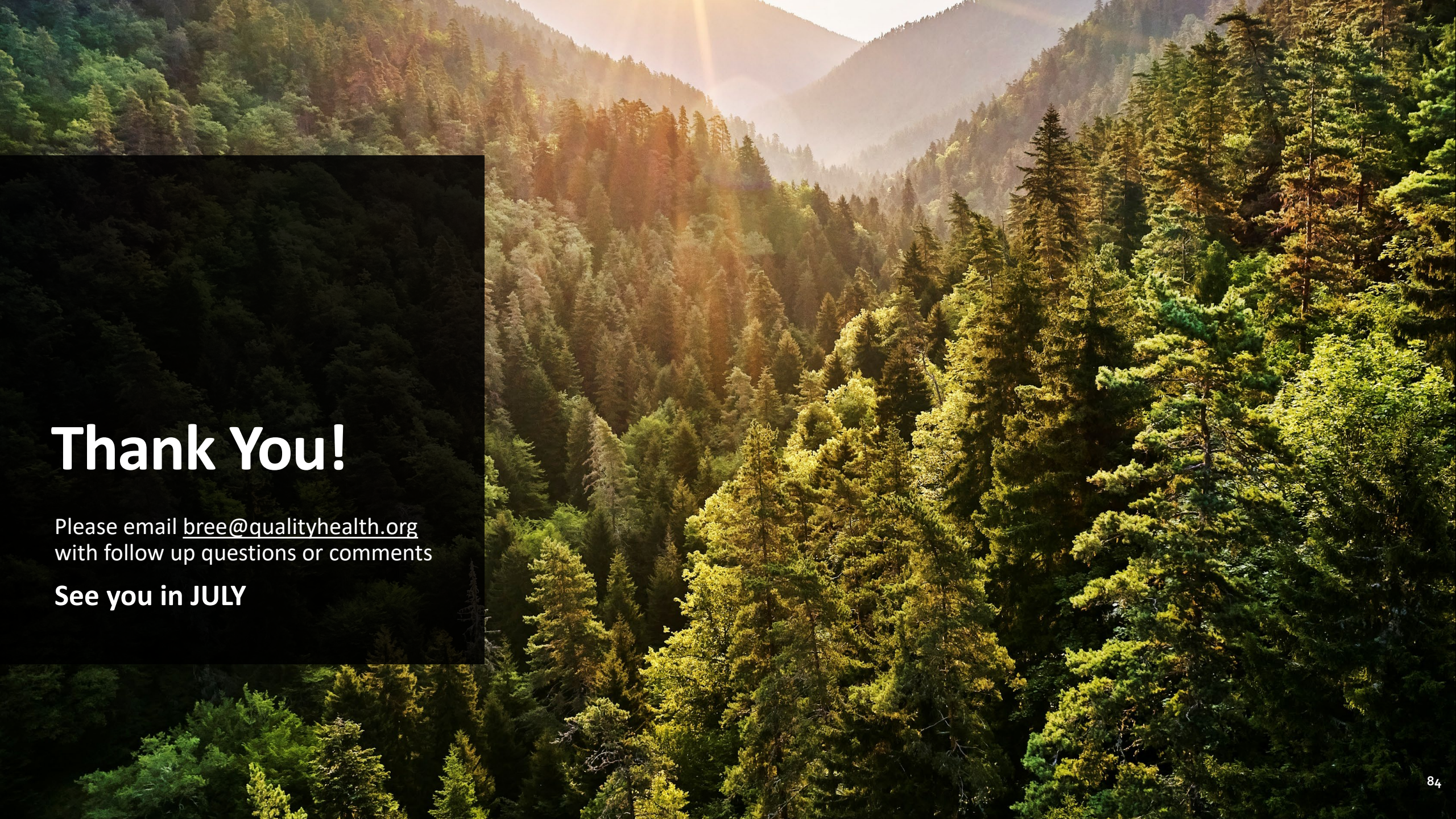
Next Time

- Next meeting: **Wednesday, July 22nd 1-3PM Hybrid**
  - Held at Industrious FHCQ Office

Upcoming Events

- June 11th 12-1PM PST: **Celebrating Primary Care: Championing Quality in a Time of Change**

- **Annual Meetings** (@ The Conference Center at Sea Tac)
  - May 27th, 2026: **COAP**
  - May 28th, 2026: **OBCOAP**
  - May 29th, 2026: **Spine and Surgical COAP**



Thank You!

Please email bree@qualityhealth.org
with follow up questions or comments

See you in JULY