



## Consortia Policy Group

Tuesday ~ October 2, 2018

3:45 – 4:45 PM

CPCA Conference Room

Vernita Todd, Facilitator

## Agenda

ORDER OF BUSINESS	RELEVANT ATTACHMENTS	REPORTING	ACTION A = Approval D = Discussion I = Information
I. Call to Order		Vernita Todd	A
II. Approval of Agenda	<ul style="list-style-type: none"> <li>Agenda</li> </ul>	Vernita Todd	A
III. CPG Nomination Process	<ul style="list-style-type: none"> <li>Voting Sheet</li> </ul>	Co-chairs	D
IV. CPG Charter Documents - all documents will be distributed during the meeting	<ul style="list-style-type: none"> <li>RAC Goals for CPG</li> <li>RAC Approved Scope of Work for CPG</li> <li>CPG Expectations, Roles &amp; Policy Priority Setting - <i>Revised by RAC 9.11.18</i></li> <li>CPG 2014 Charter</li> </ul>	Co-chairs	D
V. Advocacy Communications Update - CHC Values Campaign - January CPG In-Person Meeting		Andie Patterson	D
VI. Upcoming Advocacy - Voter Registration Tool Kit - Federal Advocacy		Beth Malinowski	D
VII. Adjourn		Vernita Todd	A

Click on the link below to access the CPG Dropbox:

[https://www.dropbox.com/sh/z92kwh99bigqaw/AAAVuwISnhvph3L2iU0\\_Qo71a?dl=0](https://www.dropbox.com/sh/z92kwh99bigqaw/AAAVuwISnhvph3L2iU0_Qo71a?dl=0)

## 2019 CPG Chair Nominations –

- o Greg Garrett - Alameda Health Consortium
- o Deena Lahn - San Francisco Community Clinic Consortium
- o Laura Sheckler - Community Clinic Consortium

*Please circle your top 2 choices, fold in half & return to Kelley*



# Regional Associations of California (RAC)

## RAC Goals for January 2018 - December 2019

For CPG - from Deanna Stover, Community Health Association Inland Southern Region

T: Timetable P: Process O: Outcome

Fiscal Stability for Health Centers and Health Care Safety Net				
Objective	Metrics	RAC Lead / Work Group Members	Staff (CPCA/CPG) Work Group Members	Status Updates
<b>Objective 1:</b> Protect and preserve key programs that support California's Safety Net System: Medicaid Program, 330 Program, and 340B Program.	T: 2018-2019 P: Coordinate advocacy campaigns in response to threats to Medicaid Expansion. P: Inform long-term strategy for ensuring 330 funding for health centers and HCCNs. P: Inform advocacy to protect the 340B Program in California and nationally. P: RAC-CPG meet monthly to coordinate advocacy actions and campaigns statewide. O: Continued investment in California's health care safety net delivery system.		Andie Patterson  CPG	<b>In Progress.</b> Significant achievements in protecting programs in 2018. Planning for future threats at national/state level.

Protect access to health care for Special Populations				
Objective	Metrics	RAC Lead / Work Group Members	Staff (CPCA/CPG) Work Group Members	Status Updates
<b>Objective 1:</b> Identify and understand threats for immigrant patients and impacts on health centers.	T: July - December 2018 P: Raise awareness through RAC-CPG calls on public charge issue and potential impact to health centers and the populations they serve.			

	<p>P: Inform strategy for working with local partners in securing and/or protecting health coverage for undocumented populations.</p> <p>O: Ensure access to health care for all Californians.</p>			
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## RAC Approved Scope of Work for CPG

- 1) Support CPCA in developing annual legislative policy and advocacy priorities.
- 2) Support Day at the Capitol planning process, lead respective DAC legislative visits, and coordinate health center staff participation.
- 3) Support advocacy on CPCA and NACHC priority items, as regionally relevant.
- 4) Support RAC Consortia Policy Staff day.
- 5) Participate in CPG Annual Retreat.
- 6) Support and promote National Health Center Week activities.
- 7) Advise CPCA and RAC on advocacy and policy activities, and support approved initiatives, as regionally relevant.
- 8) Actively network and engage with consortia peers to share information and best practices.
- 9) Develop and manage relationships with elected local, county and state officials and other policy makers and stakeholders.
- 10) Build regional health center advocacy capacity and expertise, and support collective communication strategies that amplify the community health center message, as regionally relevant.

## **Consortia Policy Group Expectations, Roles, and Policy Priority Setting**

~~August 21, 2018~~ 9-11-2018 RAC revised

NOTE: This document is a work in progress, emanating from the CPG Retreat in Santa Monica on June 8, 2018. Once finalized and adopted, this document will replace the most recent CPG Charter from October 2014.

### **CPG Composition**

CPG will operate as a collaborative body composed of policy staff from the Regional Associations of California (which includes CPCA) that work on behalf of California's community health centers. CPG will continue to operate as a Peer Network of CPCA. While CPCA will staff CPG they will participate as a peer agency – a full and equal CPG member with an equal voice.

Each of the recognized Regional Associations of California, will assign representatives to CPG. There is no limit to the number of representatives per member agency. When making formal recommendations or setting priorities each member agency is limited to one vote. Whomever this becomes, the expectation is for participation to remain constant.

### **Philosophy of Collaboration**

Each representative on CPG commits to communicate in a manner that is open, honest and transparent. CPG members will seek to listen first and to talk *with* one another rather than *down to* or *at* one another. This means of communicating is intended not only to support positive and effective collaboration *within* CPG, but also to model and encourage such communication across all the employees and members of the Regional Associations of California.

### **Setting Policy Priorities**

CPCA will confer with CPG members and solicit regional input to determine statewide policy priorities. CPCA will seek to include the voice of CPG along with other bodies (such as the Legislative Committee) when working to finalize and adopt statewide policy priorities.

Whenever possible and appropriate, CPCA will seek to support individual or groups of Regional Associations in pursuing a local policy priority. If a local priority does not align with a designated statewide priority, the affected Regional Association will be encouraged to continue its efforts, though CPCA may stand by. However, if there are conflicting priorities between CPCA and a regional effort, there should be discussion and open communication to allow both sides to move forward without being at odds with or undercutting one another.

### **Moving Into Action**

In order to ensure ongoing, coordinated and effective statewide policy action, all CPG members will maintain constant communication. When action is required, members will discuss whether or not it makes more sense for CPCA to lead or if a different designated Regional Association should take the lead.

In addition to regular monthly conversations, members of CPG will hold smaller conversations as needed. Additionally, if something of major consequence occurs suddenly on a federal or

state level, CPG members will be prepared to take swift action and to increase the frequency of communications.

### **Scope of Work**

1. Support CPCA in developing annual legislative policy and advocacy priorities
2. Support Day at the Capitol planning process, lead respective DAC legislative visits, and coordinate health center staff participation
3. Support advocacy on CPCA and NACHC priority items, as regionally relevant.
4. Support RAC Consortia Policy Staff day
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7. Advise CPCA and RAC on advocacy and policy activities, and support approved initiatives, as regionally relevant.
8. Actively network and engage with consortia peers to share information and best practices.
9. Develop and manage relationships with elected local, county and state officials and other policy makers and stakeholders.
10. Build regional health center advocacy capacity and expertise, and support collective communication strategies that amplify the community health center message, as regionally relevant.
11. Support and complete activities assigned by RAC.
12. Develop an annual written work plan that is presented and agreed upon by all parties, to avoid confusion in the future with respect to roles, responsibilities, and activities assigned between consortia, their CPG staff, CPG, RAC and CPCA. This work plan shall be a collaborative exercise with all involved entities, preferably when physically together for real-time dialogue.

# CPCA Consortia Policy Group (CPG) Charter

## Scope

This charter outlines the proposed structure, functions and goals to be accomplished by the Consortia Policy Group (CPG). The CPG is a peer network of the California Primary Care Association (CPCA) and includes staff from the member Regional Associations of California (RAC).

The primary functions of the CPG are to 1) serve as a peer network to share best practices; 2) act as a bi-directional communications bridge between CPCA and clinics on policy issues; 3) contribute to the CPCA policy priority process 4) to provide input to CPCA on legislative priorities and positions on bills, and; 5) mobilize policy advocacy activities based on the collective CPCA policy priorities.

## Mission Statement

To provide expert input, analysis and thoughtful advocacy, assuring vibrant primary care health centers for all Californians.

## Guiding Principles and Values

1. We believe in the power of collaboration and the diversity in our perspective.
2. We believe that community clinics and health centers are vital to the health care landscape
3. We believe in access to primary care services for all Californians no matter where they live
4. We believe in diversity in our society, our clinic staff and in the patients we serve.
5. We believe in empowering our clinic leadership, board members and patients.
6. We believe that involvement in the legislative process and regulatory process is essential for creating policies for the real world.

## Membership Roles and Responsibilities

### CPG Composition

The CPG will be established with representatives from each of the recognized Regional Associations of California. There is no limit on the number of representatives from each RAC that can serve on the CPG. Each consortium may have only one vote on the CPG.

*Board and committee meetings are open to all members. All other meetings and calls are limited to CPG members.*

### Roles of the CPG, CPCA and RAC

### Leadership

The leadership of the CPG will include three CPG members and a CPCA Government Affairs Director who are responsible for: 1) serving in a decision-making role when urgent issues arise without the possibility of polling the entire membership; 2) Insures orientation to new CPG members through "Peer Buddy



System” 3) ensuring that accurate minutes of CPG proceedings are disseminated to the membership and other interested parties; and 4) meeting agenda development;]. The responsibility of the coordinating committee is to represent the interest of all CPG members. CPCA will have an equal vote in CPG. This position will be evaluated in conjunction with the charter evaluation and new Coordinating Committee elections after one year.

### **General Member Responsibilities**

- 1) Support the mission goals of CPG.
- 2) Raise awareness and mobilize support among respective RAC member CCHCs to advocate for collective CPCA policy priorities.
- 3) Dedicate sufficient time to CPG duties such as collaborate with CPCA Government Affairs staff and other CPG members.
- 4) Contribute in establishing CPCA’s policy, legislative and budget priorities.
- 5) Serve as liaison between the CPG and their specific regional association leadership.
- 6) Serve as liaison with consortia member clinics.
- 7) Contribute to the work of CPG including serving in CPG leadership positions when appropriate.
- 8) Function as the advocacy branch, included but not limited to key contacts, voter registration, advocate network and execution of activities.

### **CPCA-Specific Responsibilities**

CPCA will be facilitator of policy prioritization process and statewide grassroots and advocacy campaigns. In addition, will provide administrative staffing such as logistics, agenda development, group calendaring and meeting minutes. Staff will also prepare meeting materials in advance for distribution at meeting to the extent possible. Other tasks may include sending meeting invitations and tracking RSVPs, organizing speakers, arranging for joint meetings with RAC and other groups. CPCA staff will follow the organization’s Customer Service Guidelines in order to meet the member’s needs.

## **Operational Guidelines**

### **Meetings and Schedule**

CPG will meet in-person quarterly to effectively monitor its work and follow up items, and to keep abreast of timely issues. CPG will also continue monthly calls with NACHC staff for a federal update and state projects peer work. A biennial retreat in the even numbered year will be conducted. This aligns the process with the legislative calendar, and reflected in the policy prioritization process, there is a process section for addressing subsequent issues that may arise to jointly discuss policy priorities and to identify the roles of all entities in addressing those priorities.

### **Voting and Decision-Making**

CPG will make decisions by consensus. This will require extensive discussion, understanding and compromise in many cases. Should consensus not be reached, CPG members will be counted by majority vote, following Roberts Rules of Order. Each member of RAC will have one vote for CPG decisions.

### **Committee Meeting Ground Rules**

1. Start and end meeting on time
2. Electronic devices need be turned to silent mode
3. One conversation occurs at a time
4. Participate constructively and enable others to participate
5. Promote diversity of views, as in speaking candidly and listening to other points of view.

### **Authority**

*Will be reflected in the policy prioritization and leadership model.*