

**TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.

Please email completed templates by **January 15, 2016**, to [MedicaidTransformation@hca.wa.gov](mailto:MedicaidTransformation@hca.wa.gov) with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

<b>Contact Information</b>	<p><i>Identify point person, telephone number, e-mail address</i></p> <p>Dr. Federico Cruz-Uribe 206-788-3287 <a href="mailto:FedericoCruzUribe@seamarchc.org">FedericoCruzUribe@seamarchc.org</a>  Afsaneh Rahimian, Ph.D. 206-764-4705 <a href="mailto:afsaenehrahimian@seamarchc.org">afsaenehrahimian@seamarchc.org</a></p> <p><i>Which organizations were involved in developing this project suggestion?</i></p> <p>Sea Mar Community Health Center</p>
<b>Project Title</b>	<p><i>Title of the project/intervention</i></p> <p>Positive Parenting Program(Triple P)</p>
<b>Rationale for the Project</b>	
<p><i>Include:</i></p> <ul style="list-style-type: none"> <li>• Positive Parenting Program (Triple P) is a multi-level preventive program that is designed for families that have at least one child aged 0-12 years old. Triple P has a tailored menu that facilitates parental goal setting and self-regulation. Parents learn techniques and strategies that are most relevant to their child goal and family situation. The five core principles include ensuring a safe and engaging environment, promoting a positive learning environment, using assertive discipline, maintaining reasonable expectations and taking care of oneself as a parent. The goal is for parents to learn and be able to apply these skills to different behavioral, emotional and developmental issues in children.</li> <li>• <i>Supporting research (evidence-based and promising practices) for the value of the proposed project.<sup>i</sup></i> SAMHSA’s National Registry of Evidence-based programs and practices-Positive Parenting Program(Triple P)</li> <li>• <i>Relationship to federal objectives for Medicaid<sup>ii</sup> with particular attention to how this project benefits Medicaid beneficiaries.</i> Improve health outcomes Stabilize access to care for beneficiaries through care coordination</li> </ul>	
<b>Project Description</b>	
<p><i>Which Medicaid Transformation Goals<sup>iii</sup> are supported by this project/intervention? Check box(es)</i></p> <ul style="list-style-type: none"> <li>✓ Reduce avoidable use of intensive services</li> <li>✓ Improve population health, focused on prevention</li> <li>✓ Accelerate transition to value-based payment</li> <li>✓ Ensure Medicaid per-capita growth is below national trends</li> </ul> <p><i>Which Transformation Project Domain(s) are involved? Check box(es)</i></p> <ul style="list-style-type: none"> <li>✓ Health Systems Capacity Building</li> <li>✓ Care Delivery Redesign</li> <li>✓ Population Health Improvement – prevention activities</li> </ul> <p><i>Describe:</i></p> <ul style="list-style-type: none"> <li>• <i>Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).</i> Families with high Adverse Childhood Experiences (ACES) scores, parents having difficulty with discipline, and parental stress.</li> <li>• <i>Relationship to Washington’s Medicaid Transformation goals.</i> Evidence indicates engagement in Triple P plan decreases avoidable use of intensive services and settings. In</li> </ul>	

<p>addition, the program is shown to Improve population health by supporting families with assistance for social determinants of health that affect their physical health. Caseworkers and/or Community Health Workers will be able to assist families in the 70% of health that isn't directly related to medical care. Addressing these elements has the potential to positively impact Medicaid per-capita cost growth.</p> <ul style="list-style-type: none"> <li>● <i>Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.</i> <ul style="list-style-type: none"> <li><i>Goals</i> <ul style="list-style-type: none"> <li>○ Reduction rate of substantiated child maltreatment</li> <li>○ Reduction of Emergency room visits for child maltreatment injuries</li> <li>○ Reduction in emotional and psychosocial distress in both parents and children</li> </ul> </li> <li><i>Interventions</i> <ul style="list-style-type: none"> <li>○ Group sessions</li> <li>○ In-home visits</li> <li>○ Parent workbooks and tip sheets</li> </ul> </li> <li><i>Outcome</i> Positive parenting practices as a protective factor for later child behavioral problems</li> </ul> </li> <li>● <i>Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.</i> <ul style="list-style-type: none"> <li>○ Improve health outcomes</li> <li>○ Better care for Medicaid beneficiaries</li> </ul> </li> <li>● <i>Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.</i> Cascade Pacific Action Alliance partners, North Sound partners, King County ACH partners, Tacoma ACH partners and Southwest Regional Alliance.</li> </ul>

<b>Core Investment Components</b>
<p><i>Describe:</i></p> <ul style="list-style-type: none"> <li>● <i>Proposed activities and cost estimates (“order of magnitude”) for the project.</i></li> <li>● <i>Best estimate (or ballpark if unknown) for:</i> <ul style="list-style-type: none"> <li>○ How many people you expect to serve, on a monthly or annual basis, when fully implemented. A group consists of 20 people. Levels of interventions vary but when program is fully implemented 1 FTE could see at least 1 group on a monthly basis with time available for cases that need more attention.</li> <li>○ How much you expect the program to cost per person served, on a monthly or annual basis. The cost per family is \$147.</li> </ul> </li> <li>● <i>How long it will take to fully implement the project within a region where you expect it will have to be phased in 1 year for training and to implement at each site.</i></li> <li>● <i>The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.</i> According to the Washington State Institute on Public Policy the ROI is 8%. The total benefits of using Triple P levels 1-3 is \$1277. Level 4 is more intensive which resulting in benefits \$3740</li> </ul>
<b>Project Metrics</b>

*The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.*

*Wherever possible describe:*

- *Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf> pages 46-47<sup>iv</sup>. Well-child checks could be used as a potential benchmark as well the reduction of psychiatric referrals for behavioral problems.*
- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?*  
N/A

<sup>i</sup>The Washington State Institute for Public Policy, <http://www.wsipp.gov>, has identified “evidence-based” policies that can lead to better outcomes; Behavioral health research reports developed by the Research and Data Administration are available at: <https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation>

<sup>ii</sup> Medicaid objectives as stated in GAO report 15-239, April 2015, <http://www.gao.gov/products/GAO-15-239>:

- Increase and strengthen coverage of low income individuals.
- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations.
- Improve health outcomes for Medicaid and low-income populations.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.
- Criteria established for specific demonstrations described through an informational bulletin or State Medicaid Director’s Letter – available at: <http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html>.

<sup>iii</sup> Transformation goals as stated in Washington’s Medicaid Transformation waiver, <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf>:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington’s tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.

<sup>iv</sup> This includes the statewide common measure set for tracking health care quality and cost across multi-payer public and private health delivery systems: [http://www.hca.wa.gov/hw/Documents/pmcc\\_final\\_core\\_measure\\_set\\_approved\\_121714.pdf](http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf) and the subset of 2016 Medicaid contract common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 5732/1519 Steering Committee and reported to the Legislature in “Service Coordination Organizations – Accountability Measures Implementation Status”, (page 36) at: [http://www.hca.wa.gov/documents\\_legislative/ServiceCoordinationOrgAccountability.pdf](http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf).