Attachment A: **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 with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	Amina Suchoski, (206)229-0496, amina_suchoski@uhc.com ***Organizations involved in developing this project suggestion:*** WSU Child and Family Research Unit and CLEAR Trauma Center, Northwest Regional Primary Care Association, Yakima Neighborhood Health Services, Odessa Brown Children's Clinic, UnitedHealthcare Community Plan
Project Title	***Advancing Adoption of Trauma-Informed Approaches to Care – An Upstream Approach to Addressing the Pervasive Nature of Adverse Childhood Experiences (ACEs)***

Rationale for the Project

- ***Problem statement – why this project is needed.***
- ***Supporting research (evidence-based and promising practices) for the value of the proposed project.***[i]
- ***Relationship to federal objectives for Medicaidii with particular attention to how this project benefits Medicaid beneficiaries.***
- Pervasive high ACEs in the Medicaid population in particular results in trauma from ACEs being powerful barriers to individual and system success due to lack of awareness and skills to address trauma.
- Trauma from ACEs often results in adjustment challenges severe enough to be formally diagnosed but the majority of individuals with high ACEs experience significant adjustment challenges without meeting formal diagnostic criteria. As a result, we need to address the continuum of trauma effects by investing both in targeted use of behavioral health therapies and the universal competencies of professionals to address ACEs trauma.
- An extensive trauma treatment literature supports a core set of practices that are adaptable across systems and can support a common language for intervention along the continuum of ACEs trauma effects. The ability to form meaningful relationships, experience safety, exercise appropriate regulation of emotions, and understand how events can trigger trauma behaviors provide a common set of skills that are the foundation for trauma-informed professional and system change.
- Trauma has to be addressed both in those who serve and those who are served. Secondary trauma, distress in caregivers because of working with traumatized individuals, involves two overlapping processes. First, working with trauma is inherently distressing and no one is immune to the effects. In addition, in health care and other helping professions, professionals often have significant ACEs histories that can be activated by working with traumatized individuals and represent a significant barrier to effective care. As a result, recognition of secondary trauma and prioritization of self-care need to be supported by organizational policies and reinforced in individual practice.
- We need to support both individual and organizational change if practice innovation is to succeed and be sustained. Drawing from implementation science, we can address the key processes and organizational changes needed to support sustainable integration of innovative practices such as trauma-informed care.

Project Description

Which Medicaid Transformation Goals[iii] are supported by this project/intervention? Check box(es)
X Reduce avoidable use of intensive services
X Improve population health, focused on prevention
☐ Accelerate transition to value-based payment
☐ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)
☐ Health Systems Capacity Building
X Care Delivery Redesign
X Population Health Improvement – prevention activities

The two participating health centers have an annual patient base of more than 60,000 individuals and serve primarily low income, racially and ethnically diverse communities. Odessa Brown Children's Clinic (OBCC) serves a largely low income population and racially diverse communities in metro Seattle. The clinic provides over 40,000 visits per year. With a particular emphasis on Hispanic and migrant communities in rural Washington, Yakima Neighborhood Health Services has multiple clinic settings serving more than 21,000 patients annually. Both health centers are active in their respective ACHs – Greater Columbia ACH and King ACH.

Health centers such as OBCC and YNHS are highly effective organizations meeting the primary care needs of their patients, a significant percentage of which are Medicaid enrollees (~40% average among health centers nationally). The goal of this project is to extend and deepen the quality of care by creating the culture and more uniform application of practice skills informed by trauma care principles. The focus on high quality relationships, increased safety and predictability, and support of resilience is helpful to all patients but foundational to improve care for patients with significant trauma histories and compounding stresses of poverty.

The long term goal of this project is broad systemic adoption of practices, which supports Medicaid Transformation goal #2 around population health. The partners propose a six month design/capacity building phase followed by an 18 month multiple agency pilot intervention. The design phase will address creation of consensus professional development methods and objectives, universal trauma-informed practice goals, organizational capacity building, and selection of target populations for trauma-specific implementation in the 18 month pilot intervention phase. During the waiver period, the focus of the initial implementation will be on priority areas such as school-based health services or particular high risk patient populations.

This proposal is based on 10 years of implementation work by WSU CFRU in early learning and K-12 education systems. Over the past three years, WSU and NWRPCA engaged community health centers as active design partners in adapting lessons from this work in education to primary care. While our interventions directly benefit vulnerable individuals by increasing access to care, we contend that by infusing trauma-informed practice in all aspects of organizational practice it is possible to support population health benefits. Trauma-informed professionals often can mitigate the effects of ACEs and reduce trauma's impact through how they conduct routine practice and provider-patient relationships. Our approach is aligned with public health practice principles guiding universal, indicated and targeted interventions based on patient need.

Core Investment Components

Describe:

- *Proposed activities and cost estimates ("order of magnitude") for the project.*
- *Best estimate (or ballpark if unknown) for:*
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented.
  - How much you expect the program to cost per person served, on a monthly or annual basis.
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*

The total funding requested for the two-year period is $280,000. This will provide for direct staff support from WSU, NWRPCA and UH Community Plan to the two participating health centers; program management,

training, and evaluation from WSU; and program support and preliminary outcomes dissemination from NWRPCA. The balance of funding will cover travel, admin. Indirect, and select goods and services.

Project Metrics

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*[iv]*.*
- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation*?

The CHCs operate fully integrated electronic medical records systems. Part of capacity building will involve integration of trauma history and trauma-informed care reporting in the electronic medical records. By the end of Year 1, we will have significant capacity to describe identified need, specify the nature of trauma concerns impacting on health, and the nature of the interventions when trauma responses are integrated in care.

A principal reason to identify CHC-defined populations of interest for trauma informed supports is to increase the feasibility of tracking trauma intervention care goals and engaging a discrete set of patients for surveys and potentially interviews addressing perceived benefit, satisfaction, retention in care, referral coordination effectiveness, and treatment plan success.

Because the intervention approach we are proposing is centrally about professional change to support patient success, we will conduct anonymous staff surveys, professional development training evaluations, and key informant interviews to track implementation progress and perceived impact. Professional development trainings will be evaluated on a continuing basis. To track program implementation in a process evaluation, we would also use surveys with representative staff samples every six months to track implementation quality, success, and barriers to feedback into program management.

Because of the whole system changes that are a goal of this approach, we also propose to conduct random sample surveys with patients in the general practice at the initiation of the project, the end of year 1, and the end of year 2 to address patient satisfaction, patient report of the focus on trauma practice, perceived relevance and value of addressing ACEs trauma as part of their general care.

Given the unique mission of CHCs to address broader community health goals, our intention is to work with each CHC to identify their key network of partner agencies and to ask partner agency leadership to participate in interviews about the role the CHCs have had in extending the general conversation about trauma-informed practice and the central role of ACEs in the community.

[i] 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

[ii] 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.

[iii] 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.

[iv] 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 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.