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	*Identify point person, telephone number, e-mail address* Susan McLaughlin, King County DCHS, (206) 263-8955; susan.mclaughlin@kingcounty.gov *Which organizations were involved in developing this project suggestion?* King County has formed a Physical and Behavioral Health Integration Design Committee (IDC) a formal subcommittee of the King County ACH. Membership of the IDC includes a diverse cross-sector representation including: CHCs/FQHCs; CMHCs; community substance use treatment providers, hospitals, long-term care; aging and disability services, housing, Medicaid MCOs; and others and has been working to develop a model of fully integrated care for the King County region.
Project Title	*Title of the project/intervention* Primary Care Behavioral Health Integration

Rationale for the Project

Include:

- *Problem statement – why this project is needed* (References and Citations available upon request).
  Individuals with serious mental illness (SMI) or substance use disorders (SUD) have higher rates of acute and chronic medical conditions (e.g., high blood pressure, diabetes, heart disease), shorter life expectancies (by an average of 25 years), and worse quality-of-life than the general population. Preventable risk factors for these medical conditions (e.g., smoking, obesity, lack of exercise) and social conditions (e.g., homelessness, poverty, exposure to violence) account for some of the increased risk, but fragmented care and siloed systems increase overall health disparities in these populations. Common performance goals, quality metrics or other measurement-based tools are lacking to support proven, evidence-based practices and allow practices to make the transformative changes needed. Furthermore, people with serious mental illness and/or substance use disorders frequently have limited access to primary care, due to stigma and environmental factors, and are often underdiagnosed and undertreated. Poor medication management contributes to inappropriate polypharmacy, inadequate medication trials, and inconsistent monitoring of metabolic and other side effects.

  Individuals with SMI or SUD also have higher utilization of emergency and inpatient resources, resulting in higher costs. For example, 12 million visits (78/10,000 visits) annually to emergency departments (EDs) are by people with SMI and SUD. For schizophrenia alone, the estimated annual cost in the United States is $62.7 billion dollars. Many of these expenditures could be reduced through routine health promotion activities; early identification and intervention; primary care screening, monitoring, and treatment; care coordination strategies; and other outreach programs.

  For the past two decades, research has shown the benefit of behavioral health integration. Behavioral health integration (BHI) is a person-centered approach that identifies and addresses all the health needs of a person no matter where they seek care. It encompasses a range of models and strategies. In general, models studied in research trials have been categorized based on their target population: 1) models integrating behavioral health into primary care settings for individuals with depression or anxiety disorders and 2) models that integrate primary care into behavioral health settings for individuals with SMI and substance use disorder (SUD).

This proposed strategy focuses on the integration of primary care into behavioral health settings for individuals with SMI and SUD. Please refer to "Behavioral Health Integration Program: Building an evidence-based, integrated foundation within Washington's primary care system" for more information on models integrating behavioral health into primary care settings. Both elements are necessary to provide comprehensive integrated system of care that meets the needs of the entire Medicaid population across the lifespan.

- *Supporting research (evidence-based and promising practices) for the value of the proposed project.*[i]

Research on the integration of primary care into behavioral health care settings is not as robust as the research base for the integration of behavioral health into primary care settings. However, this integrated model of care can be considered a promising practice based on the current evidence base. The Milbank Memorial Fund reviewed studies of models that integrated primary care into behavioral health settings, including 12 randomized clinical trials. The methods, models, and target populations of these studies varied significantly but most showed improvements in targeted clinical outcomes (e.g., decreased mania symptoms, improved quality of life, and increased abstinence). To promote better integration of behavioral health care and physical health care, the Substance Abuse and Mental Health Services Administration (SAMHSA) developed the Primary and Behavioral Health Care Integration (PBHCI) program, which is intended to offer primary care to adults with SMI in community mental health centers and other community-based behavioral health settings. Grant recipients received up to $500,000 annually to develop integrated services that include four core features: (1) screening and referral for physical health care, (2) a tracking system for consumers' physical health needs and outcomes, (3) care management, and (4) prevention and wellness services. An evaluation of these grant sites showed that consumers treated at PBHCI clinics experienced greater improvement in some indicators related to diabetes, dyslipidemia (cholesterol), and hypertension compared with consumers treated at control sites. To date, four community behavioral health centers in Washington participated in the SAMHSA PBHCI program with similar outcomes (Three in King County: Asian Counseling & Referral Services in partnership with International Center for Health Services, Navos in partnership with Public Health – Seattle & King County; and DESC in partnership with Harborview Medical Center)

- *Relationship to federal objectives for Medicaid*[ii] *with particular attention to how this project benefits Medicaid beneficiaries.*

Enhancing access and availability of integrated primary care into behavioral health settings will support Washington's health transformation and support the achievement of the objectives for Medicaid including reducing disparities in access to care, especially for individuals with serious mental illness and substance use disorders, improving health outcomes and reducing health care costs by identifying and treating risk factors for chronic medical conditions in the SMI and substance use disorder population before they require other costly interventions.

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
X Accelerate transition to value-based payment
X Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

X Health Systems Capacity Building
X Care Delivery Redesign
X Population Health Improvement – prevention activities

Describe:

- *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).*

The target population for the proposed project includes Medicaid eligible children and adults with SMI and substance use disorders that are being served in community-based behavioral health settings and high risk Apple Health beneficiaries in need of specialty behavioral health services. This includes individuals with high incidents of emergency department utilization, criminal justice involvement, homelessness, and hospitalization.

- *Relationship to Washington's Medicaid Transformation goals.*

The proposed project applies to all of Washington's Medicaid transformation goals.

- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*

The Physical Behavioral Health Integration (PBHI) project is proposing a comprehensive foundation of integrated physical health care into behavioral health care settings that enhances coordination with integration models already activated within Washington in primary care settings (e.g., MHIP, IMPACT) and improves upon the role of specialty behavioral health services to ensure access to primary care services and support for wellness activities for the SMI and SUD populations.

Sample Interventions to be included in an integrated PBHI model (further refinement will occur in collaboration with King County's PBHI Design Committee):

- Routine screening for physical health conditions in a behavioral health setting: this includes taking medical vital signs; asking about preventive care services; linking to primary care services when appropriate to identify individuals with SMI and substance use disorders who either have or at risk for medical conditions and increase awareness of the important link between health and mental health.
- Care coordination and care management: Enables sharing of clinically relevant information (within confidentiality laws) across providers and can increase the receipt of appropriate services by making and follow-up on appointments for needed services. Care coordination or management staff also build relationships with community physical health providers and can increase the degree of a team-based approach to care.
- Single Care Plans: the development of a single care plan that is used by all providers engaged with an individual enhances communication and ensures providers are working from a single problem list, a single set of priorities and strategies that can be coordinated and supported by all team members.
- Integrated client registry tool for population health management at the agency level: develop the appropriate technology, building off of the current MHITS system, to support real time sharing of information across service providers and allow for population health management within an agency.
- Peer support for holistic self-management: Engaging consumers in regular conversations about their overall health will support holistic recovery and independence. Behavioral health providers, particularly peer support specialists, can use strong relationships and understanding of their client's behavioral health needs to frame and discuss issues in a client-centered way. Wellness activities can support adoption of health behaviors, an essential component of a person's self-care and self-management. In addition, providing wellness activities on-site can reinforce the importance of taking a holistic approach to health to both staff and clients.
- Recovery navigation and linkage to other supportive services: Care managers or peer support specialists assure that individuals are linked to other community based services and supports that support wellness and recovery including housing, employment and education opportunities, healthy nutrition, etc.

- *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*
    - Washington State's plan to fully integrate care for mental health, substance use and physical health by 2020 via Early Adopter of Fully Integrated Managed Care; supporting efforts to integrate at the delivery-level. Supported through legislation and State Innovation Model Test.
    - A stepped integrated, behavioral health system will connect to and engage with services such as supportive housing and supported employment benefits currently available to individuals with SMI and

substance use disorders and, if approved, those available under the proposed waiver.
- The proposed model can enhance and more effectively support relationships and engagements within the State's Health Home program.
- Training support for the program can be designed to complement and align with support that may become available through the Practice Transformation Hub SIM or funded through a waiver transformation project in the future.
- King County Mental Illness and Drug Dependency (MIDD) Action Plan- Local levy in the King County Region that provides more than $50 million annually to support programs for people suffering from mental illness and chemical dependency, diverting them from jails and emergency rooms by getting them proper treatment
- King County Familiar Faces Initiative: local Health and Human Services Transformation strategy addressing the complex needs of individuals with four or more bookings in the jail in one year who have mental health and/or substance use disorder needs.
- Formal subcommittee of the King County Accountable Community of Health.

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.

The King County IDC; Behavioral Health Organizations (BHOs); Community Mental Health Centers; substance use disorder treatment providers, Managed Care Organizations; Community Health Centers/FQHCs and other primary care providers serving Medicaid populations; ACHs; Health Home Lead Entities; hospitals; practice transformation hub, housing providers

Core Investment Components

Describe:

- *Proposed activities and cost estimates ("order of magnitude") for the project.*
    - See Project Intervention section above for a list of proposed Primary Care Behavioral Health Integration activities. Since this initiative is a partnership with the State of Washington, we would like to have more discussion with HCA and DSHS to determine how best to scope and scale the work. Medicaid currently covers some of the proposed activities, and IT development is a necessary component of other transformation proposals.

- *Best estimate (or ballpark if unknown) for:*
    - How many people you expect to serve, on a monthly or annual basis, when fully implemented: See above. Numbers of people served will vary depending on the targeted population and integrated care model. It could range from a few hundred for populations with greater, more complex needs such as those with SMI who are homeless and have multiple chronic medical conditions or the Familiar Faces population (individuals who have 4 or more jail bookings in a 12 month period and also have a mental health or substance use disorder) to one thousand or more individuals in agencies that serve a broader population of individuals with SMI and substance use disorders.

    - How much you expect the program to cost per person served, on a monthly or annual basis: Again, costs per person served will vary depending on the population served and integrated care model developed. Costs associated with these models of care typically include funding for Care Coordinators; nurse care managers; peer support specialists psychiatric consultation; wellness coaches, etc. Costs of programs implemented in King County under SAMHSA grants have ranged from $250,000 to approximately $450,000 annually. Funding supports positions and services that enhance the coordination of care and that can't currently be billed under the Medicaid state plans.
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*

The King County Physical and Behavioral Health Integration Design Committee is working on a plan to fully integrate care that includes this proposal of integrating primary care into behavioral health along with the proposal to integrate behavioral health into primary care settings. This plan will include an implementation plan, key milestones and timeline for implementation of core elements of integrated care.

- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*

Unknown. More work would need to be done to determine associated ROI and to where in the system the ROI would accrue.

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*?

King County, through the Physical and Behavioral Health Integration Design Committee, will be working over the

next several months to refine performance measures and outcome indicators for fully integrated care, including the integration of primary care into behavioral health settings. Performance Measures in year one will primarily focus on process oriented measures such as:

- Increase in the number/percent of people with SMI and substance use disorders access routine and preventive care services
- Increase in the number/percent of people with SMI and substance use disorders receiving medical vital sign screenings

And move toward more outcome oriented measures such as

- Decreased ED utilization for individuals with SMI and SUD
- Improvement in indicators of major chronic diseases such as diabetes (A1C3); hypertension (BP); cardiovascular disease, etc.
- Decreased psychiatric inpatient utilization
- Decrease in jail stays for individuals with SMI and SUD

[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.