

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	Kelley Craig (206) 715-4103 kelleyc@etsreach.org Chloe Gale (206) 715-4103 chloeg@etsreach.org <i>Which organizations were involved in developing this project suggestion?</i> Evergreen Treatment Services REACH Program
Project Title	<i>Title of the project/intervention</i> Harm Reduction Treatment and Recovery Support
Rationale for the Project	
<ul style="list-style-type: none"> • Problem statement: People with substance use disorders who are not ready to pursue complete abstinence from substance use have limited options for effective harm reduction treatment and recovery support. This system limitation can exacerbate poor outcomes for substance using individuals living outside, including health deterioration, repeated use of emergency medical services and avoidable incarceration. Outreach is an essential element of effective engagement with this population, yet outreach efforts are not always funded or easily reimbursable. • Supporting research (evidence-based and promising practices)ⁱ: Motivational Interviewing, Stages of Change, Harm Reduction, Trauma-Informed Care, Seeking Safety, Law Enforcement Assisted Diversion (LEAD) • How this project benefits Medicaid beneficiaries: This project will provide recovery support and harm reduction treatment services to individuals who are using substances and willing to engage in activities focused on reducing use, risk and harm and promoting health and improved quality of life. 	
Project Description	
<i>Which Medicaid Transformation Goalsⁱⁱ are supported by this project/intervention? Check box(es)</i>	
<input checked="" type="checkbox"/> Reduce avoidable use of intensive services <input checked="" type="checkbox"/> Improve population health, focused on prevention <input type="checkbox"/> Accelerate transition to value-based payment <input type="checkbox"/> Ensure Medicaid per-capita growth is below national trends	
<i>Which Transformation Project Domain(s) are involved? Check box(es)</i>	
<input type="checkbox"/> Health Systems Capacity Building <input checked="" type="checkbox"/> Care Delivery Redesign <input checked="" type="checkbox"/> Population Health Improvement – prevention activities	
Region(s) and sub-population(s) impacted by the project:	
Region: Seattle and King County. The target population is individuals who have been chronically homeless and have serious substance use disorders. The population will likely have co-occurring mental health and medical conditions and experience multiple barriers to accessing needed resources. The population may be high utilizers of jail and emergency medical and inpatient hospital facilities.	
Relationship to Washington’s Medicaid Transformation goals:	
The services to be provided will engage individuals in harm reduction strategies and supportive activities that promote health and recovery. The REACH multidisciplinary team approach is relationship-based and engages the whole person, responding to each individual’s particular needs and desire for change. Through responding to the client’s expressed needs and priorities, trusting relationships are developed which help facilitate engagement in non-urgent health care and ongoing efforts to reduce substance use and associated harms are maximized.	

Supporting people to address their health conditions while they are still using substances can help prevent chronic illnesses from progressing and acute conditions from worsening. Feeling better, in turn, can help people feel hopeful and increase motivation to continue reducing their substance use and engage in recovery.

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

Goals:

- Engagement and retention of active substance users in harm reduction treatment and recovery support services
- Improved quality of life
- Decreased utilization of hospitals and jails resulting in system cost savings

Interventions:

- Individual and group harm reduction treatment and recovery support services
- Individualized treatment plans
- Smoking cessation support
- Overdose prevention support/Naloxone kits

Outcomes:

- Reduced substance use and/or risks/harms associated with substance use
- Improved self-management of chronic health/behavioral health conditions

Links to complementary transformation initiatives:

Law Enforcement Assisted Diversion (LEAD) –REACH provides the client-centered intensive case management/care coordination for all LEAD participants. Services are provided from a stages of change perspective, utilizing harm reduction strategies and motivational interviewing techniques. LEAD is a promising practice that has demonstrated positive outcomes including reduced recidivism and costs associated with criminal justice and legal system utilization.

King County Mental Illness and Drug Dependency (MIDD) Action Plan

Potential partners, systems, and organizations:

Public Health—Seattle and King County, Health Care for the Homeless Network Programs, Permanent Supportive Housing Programs for Chronically Homeless Individuals, Community Medical Clinics, other Homeless Service Providers

Core Investment Components
<ul style="list-style-type: none"> • <i>Proposed activities and cost estimates (“order of magnitude”) for the project.</i> 2 FTE Recovery Support Specialists at \$75,000/year = \$150,000 • <i>Best estimate (or ballpark if unknown) for:</i> <ul style="list-style-type: none"> ○ How many people you expect to serve, on a monthly or annual basis, when fully implemented. Estimated 50-60 individuals served per year ○ How much you expect the program to cost per person served, on a monthly or annual basis. Estimated \$2,000-\$2500 per person/year • <i>How long it will take to fully implement the project within a region where you expect it will have to be phased in.</i> 3 months • <i>The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.</i>
Project Metrics
<p><i>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.</i></p> <p><i>Wherever possible describe:</i></p> <ul style="list-style-type: none"> • <i>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 46-47ⁱⁱⁱ.</i> <ol style="list-style-type: none"> 1. Reduction in avoidable use of hospitals and jails 2. Engagement and retention of target population in recovery support services 3. Improved quality of life • <i>If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?</i>

ⁱThe 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>

ⁱⁱTransformation 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.

ⁱⁱⁱ 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>.