

**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.

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<b>Project Title</b>	Holding the Hope in Healthcare
<b>Rationale for the Project</b>	
<p><i>Include:</i></p> <ul style="list-style-type: none"> <li><i>Problem statement – why this project is needed.</i></li> </ul> <p><i>Mental health advocates across the nation have worked tirelessly to bring recovery principles in the behavioral health practices, and we have achieved some success. A SAMHSA workgroup developed the 10 Components of Recovery and more recently, SAMHSA has adopted a working definition of recovery that outlines 10 guiding principles and 4 dimensions of recovery. Washington’s Department of Behavioral Health and Recovery has also worked closely with peers and advocates to create recovery based services, policies and initiatives. As Behavioral Health integrates with primary care this good work is in danger of being lost. Primary care service providers are well versed in a medical model but may not able to respond to requests for services delivered in an alternative way; that is: Services based in SAMHSA’s guiding principles and dimensions. Holding the Hope In Healthcare will bring training modules, in a variety of formats and lengths to the clinical and non-clinical staff of primary care providers across the state. This project will train local trainers, create e-learning, host webinars and provide a team of consultants available to support accountable communities of health that want to bring recovery principles into clinical environments. Training modules will include an overview of the 10 guiding principles of recovery, SAMHSA’s 4 domains of recovery, and how to incorporate those values into existing practices or a customer service training for front office staff</i></p> <ul style="list-style-type: none"> <li><i>Supporting research (evidence-based and promising practices) for the value of the proposed project. – “There is a wealth of evidence that recovery does take place, that it can be theoretically described in model and narrative, that it can be taught, and that it can be practiced.” Recovery Perspectives and Evidence Based practices for people with Serious Mental Illness, Ralph, Lambert, Kidder. The value of recovery and recovery-oriented behavioral health systems is widely accepted by states, communities, health care providers, peers, families, researchers, and advocates including the U.S. Surgeon General, the Institute of Medicine and others.</i></li> </ul> <p><i>Relationship to federal objectives for Medicaid<sup>1</sup> with particular attention to how this project benefits Medicaid beneficiaries.</i></p> <ul style="list-style-type: none"> <li><i>Improve health outcomes for Medicaid and low-income populations.</i></li> <li><i>Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.</i></li> </ul>	
<b>Project Description</b>	

*Which Medicaid Transformation Goals<sup>ii</sup> are supported by this project/intervention? Check box(es)*

- ✓ Reduce avoidable use of intensive services
- ✓ 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
- ✓ Care Delivery Redesign
  - 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).  
This project can be implemented statewide, regionally or locally. The target population for this project includes people who work in a primary care setting and want to provide services that include clinical interventions integrated with the principles of recovery. The people who will benefit from this integration of service-delivery values are the people in recovery. They will experience care that meets all of their needs and they will be treated by people who believe in and support their recovery.*
- *Relationship to Washington’s Medicaid Transformation goals.*
  - *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.*
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity/reducing health disparities. :*
  - 50% increase in the belief of Recovery by training participants.*
  - 10 communities statewide that work to enhance primary care clinical services with recovery principles through staff training and policy change and work with local consultants.*
- *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.*
- *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.*
  - This project can be designed to be partnered with a wide variety of entities. Potential partners include Washington State University for a statewide coordinated approach that includes training for local trainers and ongoing support for those local trainers and/or consultants. Smaller scale versions of the project can be designed by local provider agencies or regional accountable communities of care that want to increase their capacity for offering recovery based services. Significant thought must go into project design and outreach in order to maximize the interest of the medical community and policy makers overseeing the integrated Medicaid services delivered to ensure success. Holding the Hope has an existing relationship with Relias Learning and can work to create e-learning for target populations.*

Core Investment Components
<p><i>Describe:</i></p> <ul style="list-style-type: none"> <li>• <i>Proposed activities and cost estimates (“order of magnitude”) for the project, if statewide. Training for Trainers &amp; on-going support - \$25,000. Elearning creation &amp; subscriptions via partnership with Relias Learning - \$15,000; Consultation for 10 communities – \$50,000.</i></li> <li>• <i>Best estimate (or ballpark if unknown) for:</i> <ul style="list-style-type: none"> <li>○ <i>How many people you expect to serve, on a monthly or annual basis, when fully implemented. – 20 trainers for 10 communities doing one training per community a month - 120 trainings w 20 people per training - 2400 people directly supporting recovery principles to all their patients.</i></li> <li>○ <i>How much you expect the program to cost per person served, on a monthly or annual basis. – Depends on the size of the project.</i></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 The project could be undertaken immediately if it was small via Holding the Hope’s existing curriculum or it could be a multi-year project if a statewide coordinated approach was undertaken..</i></li> <li>• <i>The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline. Recovered people use fewer services – The more we help folks get well, the fewer hospitalizations and intensives services will be needed.</i></li> </ul>
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"> <li>• <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 <a href="http://www.hca.wa.gov/hw/Documents/waiverappl.pdf">http://www.hca.wa.gov/hw/Documents/waiverappl.pdf</a> pages 46-47<sup>iii</sup>. –before and after training measurements of increase in believe in recovery. Track Agency policy change initiatives.</i></li> <li>• <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? Existing initiatives will be researched and benchmarks duplicated. .</i></li> </ul>

<sup>i</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>ii</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>iii</sup> This includes the statewide common measures for tracking health care quality and outcomes such as patient safety, health delivery systems, <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf> and the subset of 2016 Medicaid clinical common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 2012/2013 Steering Committee and reported to the legislature in “Service Coordination Organization – Accountability Measures Implementation Detail”, page 361 at [http://www.hca.wa.gov/documents\\_legislative/ServiceCoordinationOrgAccountability.pdf](http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf).