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	*Brian Sandoval (503) 490-1924* *BrianSa@yvfwc.org* *Yakima Valley Farm Workers Clinic*
Project Title	*Combining Existing Models to Create a Robust Behavioral Health Delivery System in Primary Care*

Rationale for the Project

Primary care continues to be the "de facto" mental health system in United States with as many as many as 70% of all primary care visits containing a psychosocial component. Research also suggests that 15% of primary care patients have a diagnosable anxiety or depressive disorder. This conservatively translates to 268 Washingtonians per primary care provider that are in need of behavioral health services (the average panel size in Washington is 1752). Studies shows that many of these individuals will continue to seek care exclusively in primary care due to its familiarity, ease of access, and the stigma associated with outpatient mental health.

With the passage of the Affordable Care Act, the demand for behavioral health services has increased substantially for Medicaid beneficiaries in Washington State. Thus, the primary care setting needs a more robust behavioral health service delivery system to support these individuals. The Primary Care Behavioral Health (PCBH) model and the Mental Health Integration Project (MHIP) are empirically proven strategies that can work best in concert to achieve this end. While preliminary findings have been favorable for a combined PCBH/MHIP approach, it is understudied in the literature. Yakima Valley Farm Workers Clinic (YVFWC) hopes to create a replicable model in Washington State by: 1) Expanding our existing PCBH model to increase brief intervention across all clinics and 2) Implementing MHIP across sites to enhance care coordination and care management practices. It is believed that the delivery of PCBH and MHIP approaches together will most effectively meet the vast need in primary care while also creating improved service delivery across the specialty sector. The result is a comprehensive behavioral health system that is integrated and capable of matching the level of intervention with one's level of complexity (See Appendix A).

Project Description

Which Medicaid Transformation Goals[i] 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)

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 project is aimed at more effectively addressing the behavioral health needs of two target populations in the greater Yakima Valley and Spokane areas: 1) the Medicaid population and 2) the underinsured or uninsured. These two target populations comprise about 77% of all patients served in our clinics. Since 1973, Yakima Valley Farm Workers Clinic has focused on providing care to indigent and underserved patients with roughly 74% of patients falling below Federal Poverty Guidelines.

Relationship to Washington's Medicaid Transformation goals.

This project will directly impact the state transformation goals of improving population health and decreasing the avoidable use of intensive services and settings. Studies suggest that 80% of individuals with mental health diagnoses visit primary care clinics at least once per calendar year. These same individuals often have exacerbated chronic disease conditions, report difficulty adhering to medical treatment, experience higher rates of hospitalization, and lead to increased costs to the health care system. Research shows that mental health continues to be the most difficult subspecialty for medical providers to access, with less than 50% of referred patients attending their first counseling appointment. The creation of a more robust mental health delivery system, particularly in the primary care setting, is paramount to achieving enhanced health outcomes. The proposed project intends to achieve this end by expanding direct access to mental health services in primary care (via the PCBH model), while also enhancing care management practices to improve engagement in specialty mental health services (via MHIP). It is expected that the complimentary nature of these approach would create a sophisticated stepped care approach in the setting where patients present most frequently: primary care. Studies have shown cost reduction for both PCBH and MHIP models separately. By harnessing the strengths of both the PCBH and MHIP models, it is believed that Washington State will better achieve its Triple Aim objectives.

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

Goal: Increase population penetration of behavioral health services for Washingtonians in primary care
Intervention: Expand the PCBH model to additional primary care sites within YVFWC
Expected Outcome: Data from YVFWC's current PCBH program suggests that each person hired to deliver PCBH services will reach 1500 unique patients each year. The PCBH component helps address barriers in accessing mental health treatment that are commonly experienced by the underserved and underinsured.

Goal: Improve referral completion rates to specialty mental health care
Intervention A: Hire MHIP personnel to provide case management and coordination of referrals to specialty mental health. This process includes matching eligibility to appropriate services, enhancing bidirectional communication between patient and provider, and arranging transportation if needed for indigent patients.
Intervention B: Expand the PCBH model across sites to serve patients who will not meet access to care criteria or patients who are unmotivated to engage in outpatient mental health.
Expected Outcome: Referral completion rates for outpatient mental health are expected to improve by 15-20% via enhanced case management (via MHIP) as well as a reduction in inappropriate referrals (through expansion of PCBH).

Goal: Improve population management and create stepped care approaches in primary care for behavioral health conditions
Intervention: Develop depression registry to be managed by MHIP personnel that will be used to track and proactively engage patients who are not responding to treatment according to PHQ-9 scores

Expected Outcomes:

1) Patients diagnosed with depression will have increased contacts with behavioral health providers in primary care. These contacts may include face-to-face visits, telephone contacts, and/or electronic messages with the goal of matching communication strategies with patient preference.
2) At least 10% of patients included in the depression registry will experience clinically significant reduction of depression symptoms (PHQ change ≥ 5 points) from baseline.

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 Health Homes Program – This project helps enhance Health Homes' ability to provide "whole person" care, particularly for high cost/high risk Medicaid patients who often have comorbid mental health concerns.
Practice Transformation Hub (PTH) – Integrating physical and behavioral health is a focus area for the Practice Transformation Hub. Findings from this project can be shared with the PTH for dissemination and replication throughout Washington State.
Accountable Communities of Health (ACHs) – Workgroups are being formed at the ACH level to begin planning regionalized efforts for the integration of physical and behavioral health. The results from this project will be shared with the Greater Columbia ACH and Better Health Together, among others.
Washington State SIM Testing Grant – Washington is challenged to integrate care and social supports for physical and behavioral co-morbidities. This project will help provide insight on how to better manage the complex needs of high risk patients who receive health care solely in a primary care setting.
HRSA Bureau of Primary Health Care (BPHC) – HRSA BPHC provides funding to Community Health Centers in Washington to help increase access to underserved communities. Findings from this project would be shared with the BPHC to enhance integration strategies nationally.

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.

Greater Columbia ACH, Better Health Together ACH, Central Washington Comprehensive Mental Health, Triumph Treatment Services, Sundown M Ranch, Catholic Charities, Merit Resource Services, Yakima Valley Memorial Hospital, Greater Columbia Behavioral Health

Describe:
Proposed activities and cost estimates ("order of magnitude") for the project.

Staff recruitment to expand PCBH model and initiative MHIP model - $46,000
Hire additional 7 PCBH staff and 16 MHIP staff - $2,800,000 (salary/benefits)
Staff training for PCBH and MHIP model – $32,000
Development of depression registry - $6000
Workflow development at the clinic level - $8000
Development of structured reports to measure program effectiveness - $36,000
Total Cost – $2,928,000 annually

Best estimate (or ballpark if unknown) for:
How many people you expect to serve, on a monthly or annual basis, when fully implemented.
25,000 unique individuals annually across 16 sites

How much you expect the program to cost per person served, on a monthly or annual basis.
$13.55 per month

How long it will take to fully implement the project within a region where you expect it will have to be phased in.
18-24 months

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

Results from the SHAPE trial (Sustaining Healthcare Across integrated Primary care Efforts), estimate that patients will experience a 4.8% lower total cost of care. This figure takes into account a global budget approach to integrated care and includes only the PCBH model. By adding the MHIP model, recent findings suggest that patients may experience an additional cost reduction of $841 annually. It is expected that similar costs savings will occur in Washington State, even after taking into account the initial monetary investment for the project.

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*[ii].

One of the central goals of this project is to increase access to mental health services for Washingtonians by creating a comprehensive delivery system in primary care, which is the setting with the highest volume of behavioral and chemical dependency concerns. A key process measure that aligns with state metrics is the assessment of treatment penetration for individuals with mental health or alcohol/drug diagnoses. Treatment penetration will be assessed both in the primary care and specialty care settings given that this project is focused on enhancing direct access to services and improving care coordination across the system.

Enhancing depression care has gained considerable exposure both at the state and national levels given its impact on the Triple Aim. This initiative involves both improving the identification of depression (through standardized screening processes) and effectively monitoring treatment outcomes (via a systematic registry and established protocols). Therefore, the success of this proposed project would be measured on the following state metrics: 1) Depression screening by 18 years of age and 2) Depression remission at 6 and 12 month intervals.

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

YVFWC has collected baseline treatment penetration data over the past 3 years for the existing PCBH program. The existing trends for treatment penetration will be analyzed to establish a baseline and expected growth over time, taking into account the addition of the MHIP service. Depression screening data has also been gathered in our Oregon clinics over the last 18 months as part of the larger SBIRT initiative. Depression outcome data via PHQ-9 scores has also been collected and analyzed over the last 2 years. Reviewing process and clinical outcome data for depression will result in setting baseline goals and developing expectations for improvement over time.

[i] 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.

[ii] 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.

APPENDIX A

Behavioral Health System Integration Continuum: