Produced by Myers and Stauffer on behalf of the Washington Health Care Authority

Medicaid Transformation
Accountable Communities of Health
Semi-annual Reporting Guidance

SAR 6.0

Reporting Period:
July 1, 2020 – December 31, 2020
DY4 Q3-Q4

Updated Template Release Date: December 28, 2020

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Semi-annual report information and submission instructions

Purpose and objectives of ACH semi-annual reporting

As required by the Medicaid Transformation's Special Terms and Conditions, Accountable Communities of Health (ACHs) must submit semi-annual reports on project implementation and progress milestones. ACHs submit documentation per the requirements of the reporting guidance. The guidance will evolve over time to capture relevant information and to focus on required milestones for each reporting period. ACHs must submit reports as follows each year of the Medicaid Transformation:

- **July 31** for the reporting period January 1 through June 30
- **January 31** for the reporting period July 1 through December 31

The purpose of the semi-annual reporting is to collect necessary information to evaluate ACH project progress against milestones, based on approved project plans and corresponding implementation plans. The Washington State Health Care Authority (HCA) and the state's contracted Independent Assessor (IA) will review semi-annual report submissions.

The ACH may be called upon to share additional information that supports the responses submitted for the purposes of monitoring and auditing, or for general follow-up and learning discussions with HCA, the IA and/or the Independent External Evaluator (IEE).

Achievement values

The amount of incentives paid to an ACH region will be based on the number of earned AVs out of total possible AVs for a given reporting period.

AVs associated with Project Incentives for this reporting period are identified in the table below.

Table 1. Potential P4R Achievement Values (AVs) by ACH by Milestone for Semi-annual Reporting Period July 1 – December 31, 2020

	BHT	CPAA	EH	GCACH	HH	NC	NS	OCH	SWACH
Number of Projects in ACH Portfolio	4	6	4	4	4	6	8	6	4
Description of scale & sustain Transformation activities	4	6	4	4	4	6	8	6	4
Description of continuous quality improvement methods to refine/revise Transformation activities	4	6	4	4	4	6	8	6	4
Demonstrate facilitation of ongoing supports for continuation and expansion	4	6	4	4	4	6	8	6	4
Demonstrate sustainability of Transformation activities	4	6	4	4	4	6	8	6	4
Completion of semi-annual report	4	6	4	4	4	6	8	6	4
Completion/maintenance of partnering provider roster	4	6	4	4	4	6	8	6	4
Engagement/support of Independent External Evaluator (IEE) activities	4	6	4	4	4	6	8	6	4

	BHT	CPAA	EH	GCACH	HH	NC	NS	OCH	SWACH
Completion of all P4R metrics (Project 2A, 3A only)	2	2	2	2	2	2	2	2	2
Total AVs Available	30	44	30	30	30	44	58	44	30

Table 2. Potential P4R AVs for Project Incentives, July 1 – December 31, 2020

ACH	2A	2B	2C	2D	3A	3B	3C	3D	Total Potential AVs
Better Health Together	8	7	-	-	8	-	-	7	30
Cascade Pacific Action Alliance	8	7	7	-	8	7	-	7	44
Elevate Health	8	7	-	-	8	-	-	7	30
Greater Columbia ACH	8	-	7	-	8	-	-	7	30
HealthierHere	8	-	7	-	8	-	-	7	30
North Central ACH	8	7	7	7	8	-	-	7	44
North Sound ACH	8	7	7	7	8	7	7	7	58
Olympic Community of Health	8	-	-	7	8	7	7	7	44
SWACH	8	7	-	-	8	-	-	7	30

Reporting requirements

The semi-annual report for this period (July 1 – December 31, 2020) includes three sections as outlined in the table below.

Semi-annual reporting requirements (July 1 – December 31, 2020)		
Section	**Item num**	**Sub-section components**
Section 1. ACH organizational updates	1-8	Attestations
	9-11	Documentation - Key staff position changes - Budget/funds flow update
Section 2. Project implementation status update	12-13	Attachments - Implementation work plan - Partnering provider roster
	14	Documentation - Quality improvement strategy update
	15-17	Narrative responses - General implementation update - Regional integrated managed care implementation update - Scale and sustain update

	18	Attestations
Section 3. Value-based Payment	19-21	Narrative responses
Section 4. Pay-for-Reporting (P4R) metrics	22	Documentation

There is no set template for the semi annual report. All required elements are to be clearly addressed. ACHs may be requested to provide supporting information and/or back-up documentation related to the information provided to the IA and HCA.

While ACHs have flexibility in how to develop the report, the main report should be navigable for reviewers and ready to publish to HCA's webpage. See instructions for how to format the report below.

File format

ACHs are to submit all required elements as a single searchable PDF, with the exception of the Implementation work plan, the partnering provider roster, and the P4R metrics, which are to be submitted as separate Microsoft Excel files or PDFs. Below are examples of the file naming conventions ACHs should use:

- *Main Report or Full PDF:* ACH Name.SAR6 Report.2.01.21
- *Implementation work plan:* ACH Name.SAR6 Implementation work plan.2.01.21
- *Partnering provider roster:* ACH Name.SAR6 provider roster.2.01.21
- *P4R metrics:* ACH Name.SAR6 P4R metrics.2.01.21

Upon submission, all submitted materials (except for the P4R metrics reporting workbook) will be posted publicly to HCA's Medicaid Transformation resources webpage.[1]

Semi-annual report submission instructions

ACHs must submit their completed semi-annual reports to the IA **no later than February 1, 2021 at 3:00p.m. PST.**

Washington Collaboration, Performance, and Analytics System (WA CPAS)

ACHs must submit semi-annual reports through the WA CPAS: https://cpaswa.mslc.com/.

ACHs must upload their semi-annual report and associated attachments to the sub-folder titled "Semi-Annual Report 6 – February **1, 2021**."

The folder path in the ACH's directory is:

[1] https://www.hca.wa.gov/about-hca/healthier-washington/ach-submitted-documents

Semi-Annual Reports → Semi-Annual Report 6 – February 1, 2021.

See WA CPAS User Guide available in each ACH's directory on the CPAS website for further detail on document submission.

Semi-annual report submission and assessment timeline

Below is a high-level timeline for assessment of the semi-annual reports for reporting period July 1, 2020 – December 31, 2020.

ACH semi-annual report 6 – submission and assessment timeline			
No.	**Activity**	**Responsible party**	**Anticipated timeframe**
1.	Distribute semi-annual report instructions for reporting period July 1 – December 31, 2020 to ACHs	IA	August 2020
2.	Submit semi-annual report	ACHs	February 1, 2021
3.	Conduct assessment of reports	IA	February 2, 2021 – February 25, 2021
4.	If needed, issue information request to ACHs within 30 calendar days of report due date	IA	February 25 – March 2 ,2021
5.	If needed, respond to information request within 15 calendar days of receipt	ACHs	February 26 – March 12, 2021
6.	If needed, review additional information within 15 calendar days of receipt	IA	February 27 – March 29, 2021
7.	Issue findings to HCA for approval	IA	April 2021

Contact information

Questions about the semi-annual report template, submission, and assessment process should be directed to WADSRIP@mslc.com.

ACH contact information

Include in the semi-annual report the contact information for the primary ACH representative. The primary contact will be used for all correspondence relating to the ACH's semi-annual report. If secondary contacts should be included in communications, also include their information.

ACH name:	HealthierHere
Primary contact name **Phone number** **E-mail address**	Gena Morgan, Chief Operating Officer 206.849.6262 gmorgan@healthierhere.org
Secondary contact name **Phone number** **E-mail address**	Susan McLaughlin, Executive Director 206.790.3709 smclaughlin@healthierhere.org

Section 1. ACH organizational updates

The following sub-sections are required components of the ACH's semi-annual report. ACHs may submit reports in the formats of their choosing, as long as all required elements are clearly addressed.

Attestations

The ACH attests to complying with the items listed below during the reporting period. Upon request, the ACH shall have available for review by the IA and HCA all supporting data and/or back-up documentation related to the attestations provided.

Foundational ACH requirements	Yes	No
1. The ACH has an organizational structure that reflects the capability to make decisions and be accountable for financial, clinical, community, data, and program management and strategy development domains.	X	
2. The ACH has an Executive Director.	X	
3. The ACH has a decision-making body that represents all counties in its region and includes one or more voting partners from the following categories: • Primary care providers • Behavioral health providers • Health plans, hospitals or health systems • Local public health jurisdictions • Tribes/Indian Health Service (IHS) facilities/Urban Indian Health Programs (UIHPs) in the region • Multiple community partners and community-based organizations that provide social and support services reflective of the social determinants of health for a variety of populations in its region.	X	
4. At least 50 percent of the ACH's decision-making body consists of non-clinic, non-payer participants.	X	
5. Meetings of the ACH's decision-making body are open to the public.	X	
6. Within the last 12 months, the ACH has completed an organizational self-assessment of internal controls and risks (using this template or a similar format) that addresses internal controls, including financial audits.[2]	X	
7. The ACH maintained ongoing compliance with the Model ACH Tribal Collaboration and Communication Policy.	X	
8. The ACH conducted communication, outreach and engagement activities to provide opportunities for community members to inform transformation activities and to receive updates on progress.	X	

[2] https://wahca.box.com/s/nfesjaldc5m1ye6a0bhiouu5xeme0h26

If unable to attest to one or more of the above items, provide a brief explanation of how and when the ACH will come into compliance with the requirements. Identify the specific attestation number when providing the response.

Documentation

The ACH should provide applicable documents or additional context for clarity that addresses the following:

9. **Key staff position changes.** If key staff changes occurred during the reporting period, include as an attachment a current organizational chart. Use ***bold italicized font*** to highlight changes to key staff positions during the reporting period.

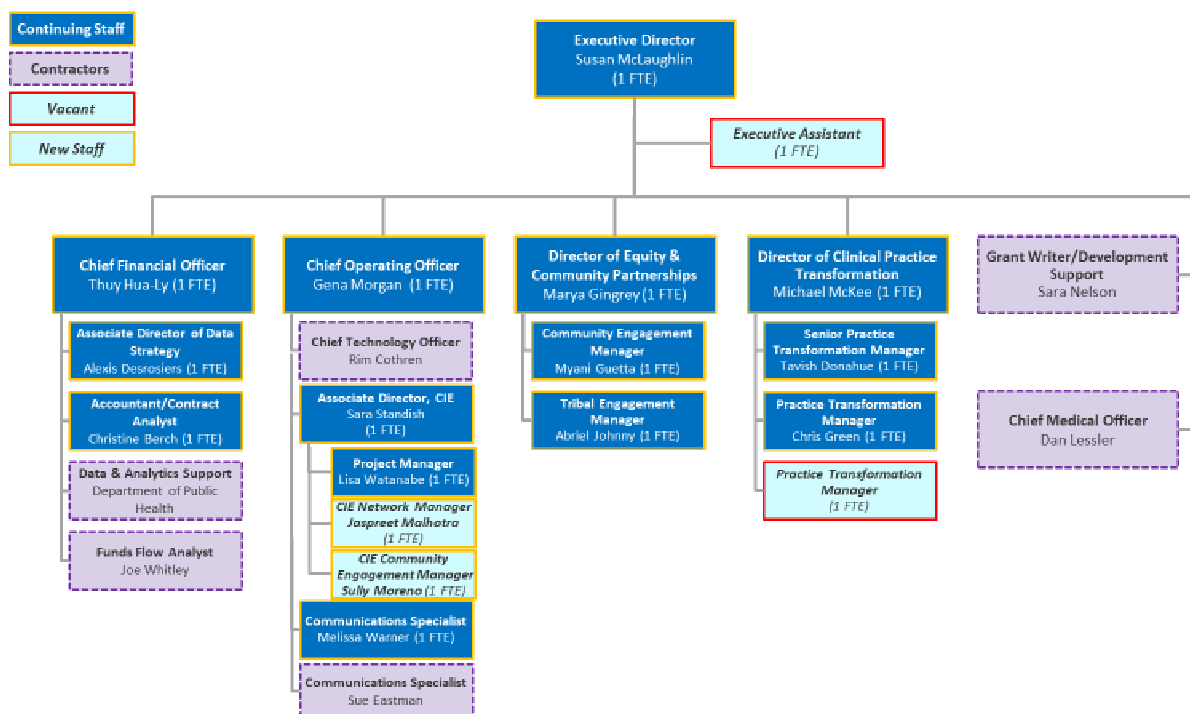
   - Include staff names and titles in the organizational chart. For vacant positions, mark each applicable position as "vacant" on the organizational chart.
   - Provide a narrative explanation of the organizational changes.

   If applicable, include current organizational chart.

<u>HealthierHere Response</u>

HealthierHere's organizational chart as of December 31, 2020, is below.

Figure 1. **HealthierHere Organizational Chart (as of December 31, 2020)**



10. **Budget/funds flow.**

    a) <u>Financial Executor Portal activity for the reporting period.</u> The Independent Assessor will receive an ACH-specific report from the Financial Executor Portal, representing

activity in the Portal during the reporting period. The Independent Assessor will append this document to the semi-annual report. No action is required by the ACH for this item.

b) The ACH is asked to provide additional context to add clarity about the portal activity payments made outside the portal.

- For COVID-19 related payments made outside the portal during the reporting period, populate and submit the payment reconciliation spreadsheet.[3]
- For payments not related to COVID-19 made outside the portal during the reporting period, populate and submit the payment reconciliation spreadsheet.[4]

HealthierHere Response

The non-COVID-19 reconciliation spreadsheet is attached. No COVID-19 related payments were made outside of the portal during the period.

11. Incentives to support integrated managed care. Regardless of integrated managed care implementation date, provide the following information regarding ACH incentives to support the region in transition to integrated managed care.

a) List of use and expenditures that reflect a cumulative accounting of all incentives distributed or projected to support the transition to integrated managed care. It is not limited to the reporting period.

i. ACHs may use the table below or an alternative format as long as the required information is captured.

ii. Include any earned Integration Incentives, Project Incentives or other funds that have been or will be used.

iii. Description of use should be specific but concise.

HealthierHere Response

Figure 2. **Cumulative Accounting of Incentives to Assist Medicaid Behavioral Health Providers**

Description	Expenditures ($)		
	Actual	Projected	Fund Source

[3] The HCA issued COVID 19 reconciliation spreadsheet can be found at the following link: https://hca.wa.gov/assets/program/payment-reconciliation-template-covid.xlsx.

[4] The HCA issued non -COVID reconciliation spreadsheet can be found at the following link: https://hca.wa.gov/assets/program/payment-reconciliation-form-sar-5.0-noncovid.xlsx.

Description	Expenditures ($)		
	Actual	Projected	Fund Source
Funds directed to contracted Medicaid Behavioral Health Agencies (BHAs) to support infrastructure needs required for transition to integrated managed care (IMC).	$3,955,078	$3,955,078	DY1: IMC
HealthierHere is overseeing and maintaining training and technical assistance (TA). The ACH will purchase systemwide training and TA for BHAs to help them transition to IMC and to support clinical models that will help make BHAs eligible for further incentives under HealthierHere's bidirectional care project. Trainings included: • Value-based payment (VBP) Academy for 17 BHAs (the Academy was offered to 28 BHAs) • Managed care contracting TA for BHAs • University of Washington (UW) Advancing Integrated Mental Health Solutions (AIMS) training for providers • Comagine/Qualis and UW AIMS provider training and TA to support integrated care and VBP	$461,850	$461,850	DY1: IMC
HealthierHere used incentive funding to support the King County Behavioral Health Organization (BHO) during the transition to IMC. Specifically, these funds were used for temporary staffing to support the King County Behavioral Health and Recovery Division in transitioning the BHO to the new Behavioral Health Administrative Services Organization.	$297,776	$297,776	DY1: IMC
DY1 Subtotal	**$4,714,704**	**$4,714,704**	**DY1: IMC**
HealthierHere is overseeing and maintaining training and TA. The ACH will purchase systemwide training and TA for BHAs to help them transition to IMC and to support clinical models that will help make BHAs eligible for further incentives under HealthierHere's bidirectional care project. Trainings included: • Comagine/Qualis and UW AIMS provider training and TA to support integrated care	$127,198	$127,198	DY2: Project
DY2 Subtotal	**$127,198**	**$127,198**	**DY2: Project**
HealthierHere is overseeing and maintaining training and TA. The ACH will purchase systemwide training and TA for BHAs to help them transition to IMC and to support clinical models that will help make BHAs eligible for further incentives under HealthierHere's bidirectional care project. Trainings included: • Comagine/Qualis provider training and TA to	$313,119	$313,119	DY3: Project

Description	Expenditures ($)		
	Actual	Projected	Fund Source
support integrated care			
HealthierHere allocated a portion of IMC funding to support COVID-19 partner relief funding. Allocated amounts and funds were: 8. 2020 Clinical Partner Resiliency Fund 9. 2020 Multilingual Response Fund	$1,925,080	$1,925,080	DY3: Project
DY3 Subtotal	**$2,238,199**	**$2,238,199**	**DY3: Project**
2020/2021 approved IMC allocations: Testing models for whole person integrated care, training, and TA *(on hold during COVID-19 pandemic)*	$979,273	$5,020,727	DY4
Balance remaining	$0	$2,788,414	DY4: IMC
DY4 Subtotal	**$979,273**	**$7,809,141**	**DY4: IMC**
Cumulative Total	**$8,059,104**	**$14,889,972**	**All**

Section 2. Project implementation status update

The following sub-sections are required components of the ACH's semi-annual report unless otherwise noted. ACHs may report in the format of their choosing, as long as all required elements are addressed.

Attachments

The ACH should provide applicable attachments or additional context that addresses the following:

12. Implementation work plan

The reporting requirements for the implementation work plan updates are temporarily replaced with COVID-19 related responses in the "Narrative Responses" section. The submission of an updated implementation work plan is considered optional for this reporting period but is encouraged to the extent the ACH has an updated work plan.

Implementation plans are "living documents" that outline key work steps and plans to be conducted within the time frame of the Medicaid Transformation. The ACH's implementation plan (work plan) is a key resource that allows HCA to understand how the ACH is moving forward and tracking progress. These plans provide HCA information to monitor ACH activities and project implementation timelines.

- Optional: The ACH may submit an **updated implementation plan** reflecting *progress made during the reporting period.*

HealthierHere Response

The updated implementation work plan is attached.

13. Partnering provider roster.

The roster should reflect all partnering providers that are participating in project implementation efforts through the ACH under Medicaid Transformation.[5] To earn the achievement value associated with this reporting component, ACHs are required to update and submit the list of partnering provider sites that are participating in Medicaid Transformation Project Toolkit activities in partnership with the ACH. ACHs should maintain the roster provided by HCA at the time of the SAR 4 release for the remaining semi-annual reporting periods.

Instructions:

a) For each partnering provider site identified as participating in transformation activities, the ACH should indicate:

[5] Partnering providers are defined as any traditional and non-traditional Medicaid providers and organizations that have committed to participate in the ACH's projects. Traditional Medicaid providers are those that bill for services, either to a managed care organization or to the state directly (e.g., hospitals, primary care providers). Non-traditional Medicaid partners may receive some Medicaid funding through programs that provide grant dollars, etc., but they do not provide billable healthcare services to Medicaid members (e.g., behavioral health organizations, community based organizations, fire districts).

i. Whether the partnering provider site is pursing tactics or strategies in support of specific project areas from the Project Toolkit. Populate the appropriate project column(s) with Y/N.

ii. When the partnering provider site starts and ends engagement in transformation activities according to project area by indicating the quarter and year.

b) Update partnering provider site information as needed over each reporting period.

Submit updated partnering provider roster.

HealthierHere Response

The updated partnering provider roster is attached.

Documentation

The ACH should provide documentation that addresses the following:

14. Quality improvement strategy update

The reporting requirements for the quality improvement strategy updates are temporarily replaced with COVID-19 related responses in the "Narrative Responses" section. The submission of quality improvement strategy updates are considered ***optional*** for this reporting period but are encouraged to the extent the ACH has an updated quality improvement strategy to keep HCA and the IA apprised of quality improvement activities and findings. If submitting updates, ACHs may determine the format to convey this information.[6]

HealthierHere Response

HealthierHere is attaching the updated quality improvement (QI) Strategy (see attachment) that reflects changes to the QI approach based on COVID-19 and learnings to date. A summary of these updates is included below. For additional detail, please refer to the QI Strategy.

- Co-design Collaboratives were suspended in 2020 to give partners additional capacity to respond to the COVID-19 pandemic. HealthierHere is currently evaluating how to evolve the Co-Design Collaboratives in light of COVID.
- HealthierHere will continue to offer technical assistance (TA) and practice coaching based on partner interest and need; anticipated offerings for 2021 have been revised.
- The Partner Training fund will not be reactivated in 2021. However, HealthierHere plans to offer online trainings and webinars, including trainings covering core issues in the medical care of persons experiencing serious mental illness.
- New approaches added for dissemination of best practices and lessons learned, including the HealthierHere COVID-19 Resource Hub and the Statewide Care Coordination

[6] Reporting requirements for the quality improvement strategy updates will be fulfilled by COVID-19 context in the "Narrative Responses" section

Platform Standards Workgroup.

- Clinical and community partner semiannual reporting requirements have been updated as described in the response to question 15d.

Narrative responses

ACHs must provide ***concise*** responses to the following prompts:

15. COVID-19

a) Provide an update on ACH activities in response to COVID-19 during the reporting period. Include a summary of how DSRIP activities and timelines have changed (i.e., which projects remain on track, which projects or areas of focus have expanded, which capacity building efforts have emerged, etc.).

HealthierHere Response

The King County region continues to respond to COVID-19, with cases and hospitalizations reaching new highs in the fall/early winter surge. Throughout the public health emergency, HealthierHere has monitored the impacts of COVID on the health of the King County community and healthcare system. Beginning in March 2020, HealthierHere deployed a set of response strategies to stabilize its partners and the communities they serve and has continued advancing these strategies over this reporting period. Projects generally remain on track, though some have been delayed due to limited partner capacity and re-prioritization in light of COVID-19.

A summary of HealthierHere's response to COVID-19 is below.

Continuation of COVID-19 Emergency Funds. COVID-19 created an urgent need to help clinical, tribal healthcare and community providers meet the growing demands of community members, especially vulnerable populations at risk of contracting COVID-19. In the spring of 2020, HealthierHere reallocated over $6M and entered into 200 separate contracts to support partners and the communities they serve during this time of crisis (for a detailed description of the various funds, see SAR 5). Throughout this reporting period, HealthierHere distributed the remaining amount of awarded funding, and partners continued to implement the various initiatives made possible by the funds and met reporting requirements. The funds and distributions made in this reporting period are summarized below. Please see Appendix A (at the end of this document) for a list of the 97 unduplicated funding recipients.

Figure 3. **HealthierHere COVID-19 Emergency Fund Distributions, July 1, 2020 – December 31, 2020**

Fund Name	Amount of Funds Disbursed
Traditional Medicine	*All funds distributed in previous reporting*

	period ($135,000)
Telehealth/Remote Social Determinants of Health (SDoH) Services	*All funds distributed in previous reporting period* ($477,092)
Community Navigator	*All funds distributed in previous reporting period* ($615,000)
Multilingual Response Teams	$309,857
Clinical Partner Resilience	$1,715,223
Community and Tribal Partner Resilience	$1,036,275
Total Disbursed In This Reporting Period	**$3,061,355** *($4,288,447 disbursed throughout 2020)*

Continuation of Innovation Fund Projects with Revisions to Scopes. HealthierHere established its Innovation Fund in 2019 to support partner-led innovations that establish or expand advanced care models, improve community-clinical linkages, and achieve pay-for-performance metrics. Three projects have been launched: (1) Medication Assisted Treatment (MAT) Care Transformation, (2) Reducing Emergency Department (ED) Utilization through Community Paramedicine and Mobile Health Resources, and (3) Testing Models for Integrated Care. The projects and their status are described below in Figure 4. *See SAR 4 and SAR 5 for in-depth descriptions of the Innovation Fund projects.*

Figure 4. **Ongoing Innovation Fund Projects as of December 31, 2020**

Project/Funded Partner(s)	Focus	Status

MAT Care Transformation
• Country Doctor Community Health Centers (CDCHC)
• Public Health Seattle King County (PHSKC)
	Connecting people who completed MAT induction in jails or EDs with community-based treatment	• **CDCHC and PHSKC continue to adjust and refine their workflows due to COVID-19, including prescribing buprenorphine via telehealth to reduce in-person appointments and responding to fluctuations in patient volumes.**
		
		• **CDCHC has met all year 1 contract milestones and was approved for a second year of implementation.**
		  ○ HealthierHere agreed to renew CDCHC's work for another year, running from October 2020 through September 2021.
		  ○ CDCHC will continue to offer evening and weekend hours for medications for opioid use disorder (MOUD) and offer "walk-in" services (via telehealth and in person), on-demand behavioral health intakes and assessments, short-term medication funding, and patient navigation. Additionally, as part of the second-year contract, CDCHC will seek to strengthen relationships with jails and will build new relationships with prisons and the Department of Corrections, with the goal of increasing the number of individuals referred to CDCHC for MOUD.
		• **PHSKC is delayed in achieving year 1 contract milestones due to COVID-19, including limited capacity of staff and partners and decreased patient engagement.**
		  ○ PHSKC reports serving 65 individuals between January and October 2020.
		  ○ In October 2020, HealthierHere granted PHSKC a four-month no-cost extension of their year 1 contract, now ending February 2021.
		  ○ This contract extension gives PHSKC additional time to accommodate the delayed hiring of a patient navigator, develop co-located integration systems to support the work and develop workflows for referrals from Jail Health Services and Drug Court and substance use disorder (SUD) residential locations.

		○ HealthierHere will begin discussions related to a year 2 contract with PHSKC in January 2021.
Reducing ED Utilization through Community Paramedicine and Mobile Health Resources • Seattle Fire Department (SFD) and Aging and Disability Services (ADS)	Responding to individuals who have activated 9-1-1 for low-acuity conditions	• **SFD and ADS are delayed in achieving some year 1 contract milestones due to COVID-19 and are revising their approach to measuring outcomes.** ○ SFD, in partnership with ADS, continues to implement its Mobile Integrated Health program as envisioned, but SFD has requested additional time to: ▪ Collect more data ▪ Revise their approach to reporting on outcomes ▪ Complete remaining milestones, including finalizing partnerships with community organizations, implementing workflows for communicating with those partners ○ HealthierHere granted SFD and ADS a four-month no-cost extension of their year 1 contract, now ending February 2021. ○ Over the course of the project (November 2019 to October 2020), SFD deployed its mobile unit, HealthOne, nearly 900 times to respond to individuals who have activated 9-1-1 for low-acuity conditions. Initial analysis of SFD's data on the impact of the project shows: ▪ From December 2019 to December 2020, the program saw 1,355 nonduplicated individuals who had five or more responses in that time period, accounting for 19% of all EMS records during that time ▪ In 2020, the unit received nearly 500 "vulnerable adult reports" where the program provided some level of case-management; an additional 450 nonduplicated clients were contacted via HealthOne responses or the high-utilizer program ▪ Prior to the COVID-19 emergency, 87% of HealthOne encounters did not require transport to a hospital or the ED. This number dropped to 75%-80% during COVID-19 but is expected to rise again.

Testing Models for Integrated Care • International Community Health Services and Asian Counseling and Referral Service • Seattle Children's Care Network and Seattle Children's Hospital Psychiatry and Behavioral Medicine • CHI Franciscan and Valley Cities Behavioral Health Care • Downtown Emergency Services Center (DESC) and Harborview Medical Center • DESC, Community Health Plan of WA, Public Health—Seattle & King County, King County Behavioral Health and Recovery Division • HealthPoint Community Health Center and Valley Cities Behavioral Health Care • MultiCare Health System and Sea Mar Community Health Centers	Addressing the lack of communication and shared protocols for people who visit multiple systems to meet their physical and behavioral health needs	• **All partners are on track and approaching the midpoint of their yearlong contract.** ○ HealthierHere is conducting regular check-ins with partners ○ HealthierHere plans to begin discussion related to year 2 contracts in spring 2021 ○ Early lessons include ▪ Leadership and primary care provider buy-in and input is critical to project implementation ▪ Regular team meetings help keep projects moving forward and allow partners to troubleshoot and make adjustment in real time ▪ Practices should not let the perfect get in the way of the good. For example, existing tools/workflows can continue (e.g., Excel registries) while teams work on longer-term, more permanent technology solutions for data sharing across agencies ▪ Individuals in other parts of the organization may have experience implementing similar models of care and can provide guidance to project teams

Leading Development of Statewide *Collective Medical* Standards. HealthierHere continues to spearhead and participate in the Statewide Care Coordination Platform Standards Workgroup and in this reporting period took the lead role in developing the statewide *Collective Medical* standards, with input from other work group partners.[7] The standards will help providers (including hospital/health systems, community health centers and BHAs) delineate roles and responsibilities in entering care coordination information into the platform, ensure consistency in the scope of information entered, and reduce duplication of efforts among participating providers. The Workgroup is developing a statewide training plan for the standards. The standards and training plan are set to launch in 2021. *See response 15b for more on how HealthierHere has supported the implementation and optimization of Collective Medical throughout the Medicaid Transformation Project (MTP).*

Personal Protective Equipment Distribution. HealthierHere distributed over 338,000 face coverings (221,000 cloth and 117,000 KN95) to 48 organizations serving the King County community, with supplies made available by the Washington State Health Care Authority (HCA). HealthierHere continues to have a supply of masks, surgical gloves and gowns available to organizations upon request. Organizations are using these supplies for their staff and clients and for distribution in the community.

COVID-19 Care Coordination. HealthierHere joined PHSKC in submitting a letter of intent in response to a call from the Washington State Department of Health for applicants to serve as the King County COVID-19 Care Coordination Hub. In this role, HealthierHere will support efforts to develop a long-term regional care coordination system. HealthierHere will work with PHSKC to develop referral workflows to support a warm handoff of individuals transitioning from care coordination provided by PHSKC during COVID-19 isolation and quarantine to long-term community-based care coordination. To succeed in this role, HealthierHere will use its existing Partner Resource Directory and COVID-19 Resource Hub, make additional investments to build and promote a community-based workforce, and continue implementation of the Community Information Exchange (CIE) to support care coordination and closed-loop referrals. The project is set to launch in Q1 2021.

COVID-19 Vaccine Distribution. HealthierHere is working in partnership with PHSKC to develop a community-driven process for the distribution of a COVID-19 vaccine when one becomes available. As an initial step, HealthierHere is working with partners and community members to better understand attitudes, beliefs and structural barriers to accessing the vaccine. With this information, HealthierHere will co-create, with partners, community-tailored messaging and solutions to ensure safe and successful distribution. Additionally, HealthierHere will help ensure partners have what they need for a successful distribution.

Access and Engagement Investments. HealthierHere is currently developing its "Access and Engagement Investment Strategy", which will provide funding to partners who: (a) deliver community-based care coordination to individuals experiencing disparities; (b) help improve community member access to, and engagement with, the healthcare delivery system; or, (c) provide community-based supports to help community members access the types of care that

[7] The Statewide Collective Medical Standards is comprised of representatives from the ACHs, managed care organizations (MCOs), the Health Care Authority (HCA), the Washington State Hospital Association (WSHA), and Collective Medical. Together they work to better support the sharing of information on the Collective Platform for Medicaid providers across the state.

they need to improve their health outcomes. Services will be targeted toward community members:

- coming out of COVID-19 isolation and quarantine,
- experiencing health disparities generally,
- recovering from SUD, or
- seeking culturally appropriate and relevant traditional medicine and healing methods.

The goal of these investments is to:

- Support and improve whole-person care, including linking individuals to primary care, behavioral health, tribal healthcare and social supports
- Promote the use of a non-licensed community-based workforce that is multilingual and/or multicultural
- Ensure care is culturally and linguistically appropriate and accessible
- Ensure that people get the right care at the right time from people whom they trust to participate in their care

Shared Care Plan Pilot on Hold. HealthierHere launched the Shared Care Plan (SCP) workgroup and pilot in 2019 in response to partners' calls for a single interoperable platform with complete and up-to-date patient information to facilitate coordinated and patient-centered care. Initially, the pilot was set to launch in early 2020, but HealthierHere suspended implementation to allow partners to focus on the pandemic. While there were plans to restart the pilot in this reporting period, HealthierHere has put it on hold due to limited partner capacity due to COVID-19 and increasing awareness that HealthierHere's community information exchange (CIE) could have shared care planning functionality. (See HealthierHere's response to questions 15b and 16b for more information on the CIE). In the short term, HealthierHere will prioritize the CIE rollout, including increasing the number of partners on the platform. In the medium-to-long term, HealthierHere will explore adding shared care planning functionality to the CIE and integration and interoperability with other platforms. HealthierHere will reassess the current approach and next steps in mid-to-late 2021.

b) Describe any DSRIP activities that enabled the ACH and partners to respond to and navigate the COVID-19 pandemic (e.g., care coordination, information exchange, telehealth access, data analytics, population health training and technical assistance, etc.), as applicable. If applicable, indicate whether certain activities applied to specified sub-populations within your region. Describe any lessons learned that the ACH will use to support projects and partnerships moving forward.

HealthierHere Response

Throughout the MTP, HealthierHere has focused its efforts on laying the foundational infrastructure, investing in the tools and technology, and developing the capacity to drive healthcare delivery system transformation. These investments positioned HealthierHere and its

partners to nimbly respond to the COVID-19 pandemic and identify critical gaps in the healthcare ecosystem that will require continued investment by the ACH as well as multi-stakeholder convening to devise longer-term sustainable solutions.

Specifically, the following MTP activities and investments positioned HealthierHere to rapidly and effectively support the region's response to COVID-19:

Community Information Exchange (CIE). For nearly two years, HealthierHere, together with more than 75 clinical and community partners, co-designed a CIE for King County, the Connect2 Community Network. The Connect2 Community Network aims to strengthen care coordination in the region by connecting social service, community, tribal, physical and behavioral health organizations and allowing these organizations to send and receive referrals to each other electronically. With the Connect2 Community Network launched and as the administrator for the network, HealthierHere will deploy this resource to support regional care coordination efforts, including the COVID-19 Care Coordination Hub described above in the response to question 15a. For more information on HealthierHere's CIE achievements in this reporting period and plans for the future, see the response to question 16b.

Development of a Network of Clinical and Community Partners. For the past three years, HealthierHere has brought organizations from various sectors together through forums like the Community and Consumer Voice Committee, Indigenous Nations Committee (INC) and Co-Design Collaboratives. These convenings allowed organizations to get to know each other, problem solve together and discuss opportunities for partnership. When COVID-19 hit, many partners sought to work more closely together to help address the unmet social needs of people covered by Medicaid in the King County region. For example, many clinical partners, including behavioral health providers and Federally Qualified Health Centers (FQHCs), are now partnering with community-based organizations (CBOs) to connect individuals to SDoH services, including food distribution, housing supports and benefits navigation. Additionally, clinical partners often ask HealthierHere to connect them with community partners who can help with COVID-19 testing education and engagement for communities being disproportionally impacted.

HealthierHere convened partners from multiple sectors throughout 2020 to develop regional priorities and strategies in response to the anticipated behavioral health surge due to the impacts of COVID-19. These convenings have led to new and expanded partnerships, additional community partner investments to conduct wellness checks, particularly in Black, Indigenous and other communities of color that are being disproportionately impacted, as well as ongoing dialogue about potential shared investments to address increasing behavioral health needs.

HealthierHere will continue to seek opportunities to bring clinical and community partners together to co-lead and implement healthcare transformation projects and interventions.

Focus on Equity and Culturally Responsive and Appropriate Care. Since its inception, HealthierHere has centered equity in all its work and built up a roster of partners who can serve hard-to-reach communities, including people with limited English proficiency. When COVID-19 hit, HealthierHere was able to direct funding to partners who helped to ensure that these communities received linguistically and culturally responsive COVID-19 related outreach and education as well as behavioral health, physical health and social supports. For example,

- Multilingual Response Teams were funded to support BHAs, CBOs and FQHCs that employ staff from the community who are both multilingual and multicultural to conduct focused outreach to individuals, particularly those with limited English

proficiency, who otherwise may have gone without getting tested or without getting necessary supports to isolate and quarantine.

- HealthierHere's Resilience Funds enabled partners to continue vital physical health, behavioral health and social support services for community members experiencing significant disparities due to COVID-19. The fund also allowed partners to offer culturally responsive and appropriate food to racial/ethnic groups disproportionally impacted by COVID-19 and those who are often the hardest to reach. Individuals who were homebound due to social distancing restrictions, disabilities, or other physical, mental or social issues received essential food and groceries to meet their basic needs. Additionally, individuals who had experienced job losses or reduced incomes also had access to these resources.

As the region prepares for the next phase of COVID-19 response and recovery, including vaccine distribution, HealthierHere will work with stakeholders to ensure that multilingual and culturally responsive and appropriate strategies are centered in these efforts.

Training and TA on *Collective Medical*. Since 2019, HealthierHere has contracted with Comagine Health to provide TA and practice coaching to clinical partners in the implementation and optimization of *Collective Medical*, a software platform that provides notifications to enrolled providers when their patients visit the ED. The platform gives organizations a key tool for tracking patient ED utilization and hospital transitions, leading to improved patient follow-up. In the early months of the pandemic, *Collective Medical* deployed new COVID-19 flags and cohorts to facilitate information sharing on patients' COVID-19 status with providers using the platform. By working with partners in 2019 and early 2020 to increase their use of and competency on the platform, HealthierHere enabled partners to quickly incorporate the new COVID-19 functionality into their workflows. HealthierHere receives regular updates from Comagine on partners' progress in implementing *Collective Medical*. As of August 2020, approximately 20 partners are actively using the platform, including the COVID-19 flags, which is leading to improved care coordination for at-risk members who tested positive for COVID-19. For example, MCO, FQHC and BHA care coordinators are able to quickly see if a member tested positive and conduct outreach to make sure the member has the medical and social supports needed to isolate and quarantine. Without this tool, an MCO care coordinator would likely not have known the member tested positive for weeks or possibly longer, depending on when the claims data comes through. HealthierHere has renewed its contract with Comagine Health to continue to provide TA to partners in 2021.

c) Describe how your ACH included Tribes/IHCPs in your COVID-19 response activities.

HealthierHere Response

Throughout the MTP and the COVID-19 response, HealthierHere has prioritized working with tribal nations and governments, Indian Health Services (IHS) facilities, Indian Health Care Providers (IHCPs), and tribal and native serving CBOs. Through these partnerships, HealthierHere engaged, listened and learned from our tribal partners about the impacts of COVID-19 within tribal communities and what the needs/gaps were for supporting AI/AN/I people. Below are examples of how HealthierHere included tribal and native voices in its COVID-19 response:

- **COVID-19 Response Funds.** Nine partner organizations serving American Indian/Alaskan Native/Indigenous (AI/AN/I) people in King County received funding through HealthierHere's various COVID-19 funds, with $119,688 disbursed in this reporting period and $425,188 in total funding distributed across the organizations in 2020 (see figure 5). *For a detailed description of the funds, including allowable uses of funds and goals, see SAR 5.*

Figure 5. **COVID-19 Funded Organizations Serving AI/AN/I People Funded Through HealthierHere's COVID-19 Funds, July – December 2020**

Fund	Number of Funded Partners	Total Funding
Traditional Medicine	**9 Partners:** Advocates of Sacred, Chief Seattle Club, Cowlitz Indian Tribe, Mother Nation, Nakani Native Program, Seattle Indian Health Board, Tlingit and Haida Indians of Alaska—WA Chapter, United Indians of All Tribes Foundation, Unkitawa	All funds distributed in the previous reporting period ($135,000)
Telehealth/Remote SDOH Services	**6 Partners:** Advocates of Sacred, Chief Seattle Club, Nakani Native Program, Seattle Indian Health Board, United Indians of All Tribes Foundation, Unkitawa	All funds distributed in the previous reporting period ($52,300)
Community Navigator	**2 Partners:** Cowlitz Indian Tribe, Seattle Indian Health Board	All funds distributed in the previous reporting period ($118,200)
Community and Tribal Partner Resilience	**6 Partners:** Advocates of Sacred, Chief Seattle Club, Nakani Native Program, Tlingit and Haida Indians of Alaska—WA Chapter, United Indians of All Tribes Foundation, Unkitawa	$119,688
	Total Disbursed in this Reporting Period	**$119,688** *($425,188 disbursed across 2020)*

Below we highlight examples of how partners used the funds to meet the needs of AI/AN/I communities:

- **Native-Led and Native-Serving Learning Community.** HealthierHere met with native-led and native-serving community partners throughout the COVID-19 response to provide a space to share sources, methods and uses of traditional medicines. Through these convenings, HealthierHere learned that many of these organizations supported

community members by addressing food insecurity by providing culturally relevant and healthy food. Additionally, during the August 2020 Washington wildfires, four native-led and native-serving community organizations funded under HealthierHere's Traditional Medicine and Resiliency Funds collaborated to respond to the smoke toxicity by pooling resources and labor to purchase, acquire and deliver air-filtering box fans to elders and community members with underlying health conditions. Through the learning community, partners shared stories from community members that said the air filtering box fans saved them from having to make an emergency room visit for breathing treatments and allowed them to be inside their homes without needing to wear and sleep in KN95 masks. The flexible funding model allowed the four organizations to coordinate their response to reach more community members than they would have been able to individually. Each organization contributed different combinations of resources: funds to purchase fans and filters, labor to purchase and distribute equipment, and time to compile and prioritize community members and their addresses.

- **Indigenous Nations Committee (INC).** HealthierHere continues to convene the INC to ensure tribal and native voices are represented and elevated at the level of the Governing Board and across the organization's work. As part of the COVID-19 response, the INC is identifying needs, challenges and lessons learned throughout the pandemic for AI/AN/I communities. At the last meeting, the INC reviewed and celebrated their work over the 2020 year. INC members shared stories of programs developed and/or supported through the HealthierHere COVID-19 emergency funds, including the Telehealth/SDoH Fund, Navigator Fund, Resiliency Fund and Traditional Medicine Fund.
- **King County Equity Response Team.** In response to the inequities magnified by COVID-19, King County government established a team of staff, CBOs and community members to provide input on how the county can better advance equity in its COVID-19 response work, including ensuring native voice and experiences are taken into consideration when making decisions around testing, resource distribution, education initiatives and other response activities. HealthierHere is supporting this work by providing a stipend to two partners to serve on the team on behalf of the organization, with one of these partners serving as a representative for AI/AN/I communities.

d) Specific to partnering providers, describe how the ACH has adjusted contracts, reporting, type of provider engaged, and/or payment strategies.

<u>HealthierHere Response</u>

Due to the demands placed on providers as a result of COVID-19, HealthierHere updated its 2020 partner contracts to reduce the number of pay-for-reporting requirements, suspend the improvement over self (IOS) requirements, and provide more time for meeting certain expectations. The maximum payment amounts for 2020 remain unchanged. HealthierHere will continuously assess partners' capacity to fulfill performance and reporting requirements and will make updates as needed to future reporting periods. Please refer to HealthierHere's revised quality improvement strategy, submitted as an attachment to this report, for a detailed description of performance and reporting structures and methodologies.

The changes to clinical/tribal and community partners' requirements for 2020 are described below:

Clinical and tribal healthcare partners earn payment for completing semiannual reports, which traditionally include reporting on and/or achievement of certain targets to ensure progress toward transformation, referred to as Pay for Progress. For the first reporting period (January – June 2020) HealthierHere reduced the number of metrics partners reported on, from eight to two. In the second reporting period (July – December 2020), HealthierHere required reporting on all eight metrics. Across both reporting periods and moving forward, HealthierHere has eliminated the IOS requirement, where partners had to demonstrate progress on select milestones. Now, partners earn incentive funds based on fulfilling reporting requirements only. With all that partners are facing and the rapid evolution of their workflows, HealthierHere determined that measuring IOS was no longer relevant. These changes are summarized in the table below.

Figure 6. **Original and Revised 2020 Clinical and Tribal Partner Pay for Progress Requirements**

Contract Item	2020 Original Contract	2020 Modified Contract

Number of Reporting Metrics	Both reporting periods had eight metrics, comprising both flat rate for submission and IOS metrics tied to payments:
	• Maine Health Access Foundation (MeHAF)*
	• Opioids Survey, which contains the state's project 3A pay-for-reporting metrics
	• Whole-Person Care Screenings/Assessments*
	• Use and Optimization of Collective Ambulatory Platform
	• Registry Functionality*
	• Risk Stratification*
	• Equity
	• Quality Improvement
	** IOS metric*
		The first reporting period (January – June 2020) had two reporting metrics (flat rate for submission only):
		• MeHAF
		• Opioids Survey
		
		The second reporting period (July – December 2020) had eight reporting metrics (flat rate for submission only):
		• MeHAF
		• Opioids Survey
		• Whole-Person Care Screenings/Assessments
		    ○ Question added for partners to identify the types of SDoH screening tools they use, with a goal to identify commonly used tools
		• Use and Optimization of Collective Ambulatory Platform
		    ○ Section revised to allow partners to describe how they are using the platform, e.g., tracking patient outcomes, integration with EHR, and sharing information across partners
		• Registry Functionality
		    ○ Field added for partners to identify whether their EHR has COVID-19 registry functionality
		• Risk Stratification
		    ○ No change
		• Equity
		    ○ Question added asking partners to list programs/care models for special populations (e.g., elders) to help HealthierHere get a better sense of what populations partners work with
		    ○ Question added asking partners to report on how their equity action plan has changed in light of COVID-19
		• Quality Improvement

Contract Item	2020 Original Contract	2020 Modified Contract
		○ QI stretch project removed due to limited partner capacity ○ Question added asking whether partners conducted a rapid process change using quality improvement methods
Semiannual Report Submission Types	Both reporting periods were a blend of flat-rate for submission and IOS metrics.	Both reporting periods comprised of flat-rate for submission metrics only.
IOS "Up-To Amounts"/At-Risk Amounts	The first reporting period's metrics comprise 80% of funds earned through flat-rate for submission and 20% of funds subject to IOS. The second reporting period's metrics comprise 70% of funds earned through flat-rate for submission and 30% of funds subject to IOS.	Both reporting periods' metrics comprised of flat-rate for submission only—there were no IOS at-risk amounts.
IOS Definition	Metric improvement greater than or equal to 1.0.	N/A
Reporting Level Requirements	Both reporting periods contain organizational and site-specific reporting level requirements.	The first reporting period contained only site-specific reporting level requirements. The second reporting period contained organizational and site-specific reporting requirements.
Site Reporting	A combination of both contracted reporting sites and "test sites" for both reporting periods.[8]	Only test sites were required to report for the first reporting period. Both test sites and reporting sites were required to report for the second reporting period.

[8] Test sites are behavioral health or primary care clinics where organizations are focusing their innovation efforts and IOS is measured.

Community partners earn payments for meeting transformation benchmarks and milestones specified in their contracts along with agreed-upon deliverables and deadlines. The table below describes original 2020 community partner contract requirements and changes due to COVID-19. There have been no substantial changes from what was reported in SAR 5, other than some timelines have been extended.

Figure 7. **Original and Revised 2020 Community Partner Requirements**

Contract Item	2020 Original Contract	2020 Modified Contract
Organizational Transformation Reporting	Mandatory attendance of system transformation meetings and other workgroups. Report on how the organization engaged in system transformation efforts, submitted by July 15, 2020.	Meeting attendance mandatory only when explicitly requested. Report on how the organization used the system transformation funding to deliver SDoH services in support of COVID-19 mitigation and response efforts, submitted by July 31, 2020. Report on how the organization engaged in system transformation, including COVID-19 mitigation strategies, submitted by December 8, 2020.
Capacity Building Program via Nonprofit Finance Fund/Quality Improvement Coaching	Report on lessons learned through participation with the Non-Profit Finance Fund (NFF) Capacity Building Program, which focuses on enhancing organizational business structures and systems to support long-term provision and promotion of SDoH services, submitted by October 15, 2020.	Requirement changed to participation in the NFF financial leadership clinic. Partners completed leadership clinics in three cohorts, starting in August and ending in December. Reporting on lessons learned and impact from participating in the clinic due in 2021. NFF contract being renewed for 2021 and several organizations will be invited to receive additional coaching.
Pay for Progress/ Organizational Equity Plan	Completion of equity training. Submission of equity action plan by July 15, 2020.	Removed equity training and action plan requirement. Report on how the organization worked to address equity or meet the needs of people experiencing health disparities as part of its COVID-19 mitigation and response efforts, submitted by July 31, 2020.
Pay for Progress/ Community-Clinical Partnerships	Report on partnership-building activities, including a number of new or expanded partnerships with community, clinical and/or tribal partners (requirement varies by partner type),	Removed the partnership requirement. Report on how the organization relied on community-clinical partnerships to address community needs during

Contract Item	2020 Original Contract	2020 Modified Contract
	submitted by January 2021.	COVID-19 and/or describe engagement in HealthierHere CIE planning efforts/Unite Us onboarding and provide other information related to developing partnerships, submitted by December 8, 2020.

e) Describe specific risks/issues that emerged during the reporting period (e.g., workforce, information exchange, access). Also highlight any mitigation strategies or activities that shifted as a result, if applicable. Indicate whether this applied to specified sub-populations within your region.

HealthierHere Response

In SAR 5, HealthierHere reported that while the pandemic had exacerbated many of the underlying risks to delivery system transformation—these remain valid—the ACH has also identified a new risk: a surge in behavioral health needs across the region. HealthierHere is working to mitigate these issues and invest in systemic changes to prevent their long-term impact. HealthierHere is also interested in participating in statewide solutions and approaches to these issues.

Figure 8. **COVID-19 Issues and Mitigation Strategies for King County, Clinical Providers and CBOs**

Issues	Mitigation Strategies	Impacted Sub-populations
Surge in Behavioral Health Needs Across the Region *(New)* • King County anticipates a surge in behavioral health needs as a result of COVID-19, including increases in depression, anxiety, isolation, acute stress and suicide.	• HealthierHere met with a multisector group, including BHAs, FQHCs, MCOs, CBOs and government, to understand the likely gaps in capabilities and resources and to determine how best HealthierHere could complement existing efforts. • HealthierHere continues to support providers in their journey to integrate physical and behavioral health, including through the Innovation Fund and Access and Engagement investment	• BHAs and FQHCs and the populations they serve, including individuals with behavioral health needs (depression, anxiety, isolation, acute stress, suicide, SUD)

Issues	Mitigation Strategies	Impacted Sub-populations
	strategy. This work will equip physical healthcare teams to identify behavioral health needs and refer them to resources. • HealthierHere is funding its Community Grant Recipients to do wellness checks for community members. • HealthierHere is also working to make Mental Health First Aid Training available to Community Grant Recipients and potentially more broadly.	
Financial Instability Among Providers and CBOs • Lost income due to reduced visits and closure of nonessential services and facilities. • Decreased federal/state/local funding due to budget crises.	• HealthierHere COVID-19 emergency funds provided $6 million in financial support to over 97 unduplicated partners. • HealthierHere COVID-19 Resource Hub continues to be enhanced with new content and resources for partners. • Community partners received coaching and TA from the NFF focused on enhancing organizational business structures and systems to support long-term provision and promotion of SDoH services. This work also included technical assistance to help access non-HealthierHere COVID-19 funding. A subset of partners has been selected to receive additional TA in 2021.	• Populations served by CBOs and clinical providers, including ○ High-risk populations e.g., older adults and unstably housed/homeless individuals ○ Low-income, underserved and/or vulnerable populations ○ Populations with limited English proficiency
Workforce Shortages among Behavioral Health and Physical Health Providers • Loss of staff due to loss of income/inability to pay for providers who	• HealthierHere is launching the Access and Engagement investment strategy, which will promote and support the use of community health workers, community support specialists, peer support specialists and recovery	• Populations served by clinical providers, including individuals with ○ SUDs and other

Issues	Mitigation Strategies	Impacted Sub-populations
have seen the greatest reductions in patient volumes due to COVID-19. • Insufficient supply of behavioral health professionals to meet increased demand for services (now and in the future).	coaches to augment existing staff providing care coordination for individuals impacted by COVID-19 and supporting individuals in recovery from SUDs. • COVID-19 emergency funds provided funding support for maintaining and increasing staff capacity. • HealthierHere continues its partnership with the King County Integrated Care Network (KCICN), giving HealthierHere insight into behavioral health providers' workforce needs.	behavioral health needs ○ A positive COVID-19 test and in need of care coordinatio n post isolation and quarantine
Lack of Access to Care • Lack of access to accurate, relevant, culturally appropriate and in-language information and care. • Increased need for SDoH services and supports without increased capacity to deliver such services and supports. • Foregoing of preventive and chronic care by individuals who fear contracting COVID-19, resulting in: ○ Exacerbation of existing health issues ○ Undiagnosed illnesses ○ Fewer well-child visits and associated vaccines,	• HealthierHere is launching the Access and Engagement investment strategy, which will help clinical partners and CBOs augment current staff to ensure individuals are connected to primary care and behavioral health services and social supports post COVID-19 isolation and quarantine. • COVID-19 funds helped clinical partners and CBOs improve access to care and address physical, behavioral and social needs. • HealthierHere continues to develop a regional CIE for King County. • HealthierHere convenes CBOs and trusted advisors to leverage COVID-19 lessons learned and to develop a professional learning community.	• Individuals with ○ limited English proficiency ○ a positive COVID-19 test and in need of care coordinatio n post isolation and quarantine ○ chronic disease diagnoses • Children who have gone without or deferred well-child visits and vaccines

Issues	Mitigation Strategies	Impacted Sub-populations
potentially leading to other disease outbreaks (e.g., measles)		
Housing Instability • Affordable housing continues to be an issue in King County. • Housing costs are a barrier to recruiting and retaining a robust healthcare workforce. • Many individuals are still experiencing loss of or reduced employment. • Many individuals are struggling to pay deferred rent/mortgage.	• HealthierHere continues to discuss these issues with housing providers and other stakeholders, elevating issues and exploring opportunities to support housing providers and individuals.	• Individuals experiencing unemployment and housing instability • Housing providers

f) Highlight one best practice or "bright spot" that emerged during this reporting period as a result of COVID-19, if applicable.

HealthierHere Response

COVID-19 placed an unprecedented strain on King County's healthcare system. It also created an opportunity for HealthierHere to demonstrate its maturity and value to the healthcare system as an ACH, and to serve the King County region by coordinating an integrated response to the public health emergency with clinical services, community services, social services and public health.

As described in Washington State's waiver approval and on HCA's website, "ACHs bring together leaders from multiple health sectors with a common interest in improving health and health equity. As ACHs better align resources and activities, they support wellness and a system

that delivers care for the whole person."[9] Prior to the onset of COVID-19, HealthierHere developed a strong multi-stakeholder table, brokering relationships across the King County healthcare ecosystem and extending beyond clinical care to community-based and social services, as well as public and tribal health. In response to the COVID-19 pandemic, HealthierHere was well-positioned to:

- **Promote health equity and center community, consumer and tribal voice throughout its COVID-19 response.** COVID-19 put a spotlight on the racial and ethnic healthcare inequities and structural impediments to health that exist in King County and across the United States. These and other racial inequities were further magnified by the series of injustices committed against members of the Black community that took place in 2020. Now more than ever, partners and other stakeholders in the region are embarking on efforts to further embed health equity and racial justice in their work. HealthierHere's years of experience in the space is allowing it to share lessons learned and provide guidance to others in their equity journey. Examples of this work are summarized below:
    - As part of the 2020 HCA Medicaid Transformation Learning Symposium, HealthierHere participated in a panel focused on developing a health equity strategy for HCA.
    - HealthierHere's Director of Equity and Community Partnerships, Marya Gingrey, participated in Manatt's panel discussion, SDOH and Health Equity: What Has COVID-19 Taught Us and Where Do We Go From Here?
    - HealthierHere's Chief Operations Officer, Gena Morgan, participated in the Community Information Exchange Summit 2020 panel discussion focused on building equitable health systems and infrastructure, Smashing Successes and Fast Failures: The Highs and Lows of Building CIE Partnerships.
    - HealthierHere's Associate Director of Data Strategy, Alexis Desrosiers, published an article highlighting the impact COVID-19 had on communities, Wage Gaps, Unemployment, and Inequity: The Economic Impacts of A Pandemic In King County.

- **Serve a leadership role in both catalyzing and supporting local initiatives to respond to the pandemic.** HealthierHere's years of authentic community and clinical and tribal engagement gives the organization an ear to the ground regarding community needs and allows the team to rapidly respond to those needs. COVID-19 created an urgent need to help clinical, tribal and community providers meet the growing demands of community members, especially those most vulnerable and at risk of being exposed to and contracting COVID-19. In response, HealthierHere distributed over $4 million to 97 organizations throughout the region to respond to the impacts of COVID-19.

[9] https://www.hca.wa.gov/about-hca/healthier-washington/accountable-communities-health-ach

- **Support and collaborate with state and King County public health leadership in their COVID-19 response.** Recognizing the value of HealthierHere's partner network and its ability to reach critical segments of the King County community, PHSKC has engaged HealthierHere to co-lead King County's COVID-19 Care Coordination Hub. Additionally, PHSKC has asked HealthierHere to play a role in its planning and implementation efforts for a COVID-19 vaccine. (See the response to question 15a above for more information.) HealthierHere also participates on the King County Pandemic and Racism Community Advisory Group and funds two community members to participate in King County's Equity Response Team.

- **Align resources and activities and remove barriers to improve whole-person health and wellness.** Throughout the MTP, HealthierHere has prioritized providing flexible funding to partners to test new models of care to improve whole-person health and wellness. For example, through the Innovation Fund, HealthierHere partners have been resourced to develop new workflows and service offerings and to create partnerships that are leading to improvements in MAT engagement and adherence, reduced ED visits, and improved care. HealthierHere took a similar flexible approach in its COVID-19 funds, allowing partners to enhance existing services and innovate to offer new services that are not covered by Medicaid. Below are examples of enhanced services and models of care offered as a result of HealthierHere's COVID-19 funding:
    - Establishing multilingual response teams at organizations that employ staff from the community who are both multilingual and multicultural to provide linguistically and culturally responsive COVID-19 recovery support services to individuals with limited English proficiency who are residing in King County.
    - Providing resources to support telehealth/remote SDoH services made it possible for community-based providers to rapidly develop innovative approaches to offer clinical and SDoH services remotely. While many other funding streams were available across the region for physical and behavioral health providers to deliver services via telehealth, community-based organizations were often overlooked; HealthierHere helped bridge the gap in funding by providing flexible resources to organizations that were not afforded equitable access to other resources. Additionally, partners deployed mobile phones, purchased data plans, and added Wi-Fi hot spots for better internet connectivity, allowing individuals to access care virtually.
    - Putting funds toward the availability and distribution of traditional medicine to AI/AN/I community members serves as a model for how to center tribal and native voices across other regions and the state.

16. Scale and sustain update

Per the Project Toolkit, ACH SAR 6 must include a section on scale and sustain activities undertaken by ACHs during the reporting period. This section will

appear in each SAR thereafter, with questions revised and added to reflect the current phase of work. In answering these questions, please focus on activities that took place during the six-month reporting period. Recognizing P4P incentives for DY4 and DY5 will be paid out in 2022 and 2023, have these funds been obligated? In addition to answering yes/no, please provide relevant context regarding this question and each of the following components.

i. What types of entities are those funds obligated to?

ii. Will the ACH retain some of this funding for post-2021 admin?

iii. Are providers receiving any of these funds for P4P or for future deliverables?

HealthierHere Response

HealthierHere does not obligate funds prior to earning them. In February 2020, HealthierHere's Governing Board approved a two-year investment strategy for both 2020/2021. However, the implementation of 2020 investment strategies were delayed due to Covid-19. HealthierHere pivoted to provide emergency funding to support our partners in their responses for Covid-19. As a result, the 2020/2021 investment strategies have been shifted to 2021/2022. To support that process, Healthier Here estimates P4P incentives and uses the following rubric to guide funding allocation across partner types:

- Medicaid Providers – 41.5%
- CBOs – 36.6.%
- Tribal – 11.2%
- Reserve/Unallocated – 10.7%

HealthierHere expects to retain a portion of DY4 and DY5 P4P incentives to support post-2021 administrative expenses, such as those associated with disbursing 2022 and 2023 incentives to partners.

a) If applicable, describe how any other P4R or P4P funds (already earned or to be earned before the end of the DSRIP period) have been obligated for ACH or provider payments post-2021.

HealthierHere Response

At this point, HealthierHere has not obligated funds via contracts with partners for post 2021. HealthierHere has received approval for 2022 investment recommendations by the Governing Board and will be implementing those recommendations with its partners later this year.

b) Assessment of DSRIP sustainability:

i. Describe activities and/or conversations, if any, your ACH has supported with partners related to sustainability priorities and mechanisms. For example, have there been activities or conversations around defining sustainability, evaluating results, or establishing criteria to determine what DSRIP activities would continue post-DSRIP funding?

HealthierHere Response

HealthierHere conducted the following activities to identify sustainability priorities and mechanisms:

Project Monitoring Activities. HealthierHere requires all partners to submit regular reports on progress and outcomes of their funded projects. These reports also provide an ongoing opportunity to identify practice/site-level changes that partners made as a result of the MTP and that will remain post-MTP, including advancements in physical and behavioral health integration, use of whole-person care screenings, and use of population health tools (e.g., registries and risk stratification). The ACH team also organizes site visits to engage directly with partner organizations and determine the extent to which projects are being effectively implemented, demonstrating impact, and will be or have the potential to be sustained and/or scaled. Using the information gathered through the reports and site visits, HealthierHere makes determinations regarding whether to renew or modify its investments in partner activities as part of future years' investment strategy.

Innovation Fund Project Evaluations. HealthierHere has contracted with PHSKC to conduct an evaluation of the innovation fund projects, focusing on answering the following three key questions:

1. To what extent were the programs implemented as intended? Why?
2. What were the successes and early learnings of the programs?
3. What factors would need to be considered for programs to work sustainably in bigger scale and in different contexts?

The evaluation is set to be completed in mid-2021, and HealthierHere will then engage funded partners and other stakeholders in discussions on how to distribute lessons learned and scale the programs. In addition to this evaluation, HealthierHere has partnered with the UW AIMS center to meet with partners currently implementing the Whole Person Integrated Care tests of innovation to identify and spread early wins.

ii. Describe activities and/or conversations, if any, your ACH has supported during this reporting period with partners and other stakeholders regarding the continuation of DSRIP funded activities (e.g., capacity building, practice transformation, and collaboration among partners), beyond waiver funding. If you have not supported related activities and/or conversations during the reporting period, please explain why.

HealthierHere Response

As part of a strategic planning effort, HealthierHere engaged staff, partners, the Governing Board, and other stakeholders in defining the organization's priority activities for after the MTP. Through this work, HealthierHere identified that it will seek to continue the following activities and is currently doing sustainability planning focused on identifying funding sources for this work. HealthierHere has contracted with a development consultant to help identify and apply for grants to support the organization in these functions post-MTP. The forthcoming strategic plan will provide additional details on the post-MTP priority activities, financial needs, and sustainability approaches.

Convenings. MTP partners and other stakeholders have identified multi-sector convening among HealthierHere's greatest strengths and as filling a critical need in the region. HealthierHere has a proven track record for bringing the right organizations to the table to engage in meaningful conversations and to make progress on healthcare transformation efforts, while leading and centering equity. HealthierHere will continue to serve as a neutral convener of healthcare, social service and community-based organization stakeholders, bringing these groups together to advance healthcare transformation and elevate common priorities. The convenings will help spread successful activities and foster relationships between potential partners who might not otherwise connect. HealthierHere will strive to align region-wide needs and priorities along a common agenda across stakeholders. The frequency and scope of funding will be dependent on available funding.

Regional Community Information Exchange. As part of its vision for advancing whole-person integrated care, HealthierHere has a long-term vision of an integrated platform that allows participating organizations to access a single longitudinal client record, share information, and make bidirectional, closed-loop referrals. In 2020, HealthierHere accelerated its work to develop a regional CIE for King County, including officially naming it the Connect2 Community Network and developing a business plan that includes the vision, governance and administration approach, operating principles, functional/technical components, financial sustainability plan, and road map for the future. HealthierHere plans to focus its efforts for the remainder of the MTP and beyond to build a critical mass of users for the CIE and invest in interoperability across platforms. The CIE not only advances the population health goals described above, but is also aligned with projects 2A and 2C milestones related to technology to support integrated care activity and bidirectional communication.[10]

Other CIE achievements during the current reporting period include:

- Launching the Connect2 Community Network Catalyst Fund to financially support clinical, behavioral health and tribal health providers as well as CBOs and social service agencies in King County interested in joining and using the Unite Us platform.
- Selecting a multi-sector advisory group, with 24 founding members, to begin meeting in January 2021.

[10] 2A: Obtain technology tools needed to create, transmit and download shared care plans and other HIE technology tools to support integrated care activities. 2C: Implement bidirectional communication strategies/interoperable HIE tools to support project priorities.

- Continuing to work with Kaiser Permanente and Unite Us to support network development.
- Continuing to convene the Network Partner Workgroup and the Legal, Data, and Technology Workgroup, and supporting the launch of a Unite Washington Workgroup.
- Hired two new staff members to support the CIE: Connect2 Community Network Manager and Community Engagement Manager.
- Continuing to onboard partners to the CIE, with 21 active clinical partners as of December 31, 2020.

Training/TA. Through the MTP, HealthierHere has been able to establish a "balcony perspective" on the region's needs and partners' competencies to meet those needs. MTP funds allowed HealthierHere to provide training/TA to help fill gaps and catalyze transformation efforts. Post-MTP, HealthierHere anticipates providing training and TA to partners and other stakeholders on topics of interest and need. These services will span sectors and topic areas, with the common goal of advancing transformation and health equity.

Enhancing Care Coordination. In the spring of 2020, the ACHs developed a shared vision for community-based care coordination. HealthierHere envisions a care coordination landscape that knits together clinical and social services, promotes the involvement of the person being served, better matches available resources to community needs, and has a sustainable funding source. As previously discussed, HealthierHere is currently partnering with PHSKC to set up a regional COVID-19 Care Coordination Hub and is designing its Access and Engagement Investment strategy (see response to question 15a) as stepping-stones to advancing this vision.

Building Capacity for Community-Based Organizations. HealthierHere remains committed to building capacity for CBOs to participate in healthcare systems and transformation work. This work includes inviting CBOs to participate in planning and decision-making, creating opportunities for CBOs to receive funding for their services, and developing and scaling initiatives that expand CBOs' reach. In 2020, HealthierHere partnered with the NFF to provide technical assistance to community partners focused on enhancing organizational business structures and systems to support long-term provision and promotion of SDoH services; a subset of community partners will receive more intensive TA in 2021. As part of its COVID-19 response, HealthierHere funded CBOs to play a critical role in the response, including delivering SDoH services to individuals disproportionally impacted and assisting them to apply to public benefit programs and social services. HealthierHere envisions building off this work and finding new ways to bring CBOs into healthcare efforts (e.g., brokering partnerships among clinical healthcare providers, CBOs and MCOs; supporting contracting on behalf of CBOs; and providing training and technical assistance).

Identifying Payment Structures That Support Culturally Responsive and Appropriate Care. HealthierHere will continue to support organizations serving AI/AN/I people in King County in their work providing traditional medicine, herbs, and culturally responsive and appropriate care and supports. In response to COVID-19, HealthierHere developed the Traditional Medicine fund, providing medicines and care that are essential to AI/AN/I community members' health and well-being. Partners used funding to support individuals and families who hold knowledge to make traditional medicines, share their

knowledge of properly making the medicines, and disseminate the medicines in care packages to community members impacted by COVID-19. Building off the successes from the initial round of funding, HealthierHere will allocate additional funds in 2021 to increase access to traditional medicine. HealthierHere is eager to work with the state and MCOs to identify a sustainable funding source for this work.

iii. Describe activities and/or conversations, if any, your ACH has supported during this reporting period with partners and other stakeholders regarding the continuation and/or scaling of specific DSRIP project toolkit evidence-based models and/or pilots (e.g., Community Based Care Coordination, CoCM). If you have not supported related activities and/or conversations during the reporting period, please explain why.

HealthierHere Response

Since its certification, HealthierHere has taken a portfolio approach to the Medicaid Transformation Program across its four selected project areas (Project 2A: Bidirectional Integration of Physical and Behavioral Health through Care Transformation, Project 2C: Transitional Care, Project 3A: Addressing the Opioid Use Public Health Crisis, and Project 3D: Chronic Disease Prevention and Control), investing heavily in foundational systems and tools to enable delivery system transformation. The following activities are expected to be sustained post-MTP:

Use of Evidence-Based Models. As part of their semiannual reporting requirement, clinical partners are required to complete the MeHAF Site Self-Assessment survey to assess and advance their level of primary care and behavioral care integration (project 2A). Clinical partners also must report on whether they follow the Bree Collaborative Model (project 2A), AMDG/Washington State, and/or CDC opioid prescribing guidelines (project 3A). Additionally, the semiannual reporting includes domains that are foundational to system and service delivery transformation and are congruent with the evidence-based models identified by HCA in the project tool kit. For example, partners are required to report on their use of whole-person screenings/assessment, disease registries, and risk stratification to improve care delivery. All partners have made progress in developing and embedding use of these models and strategies into their practices, including through the development of new workflows, and these changes will remain post MTP.

Innovation Fund Projects. HealthierHere's Innovation Fund Projects help advance the goals of Domain 1 (specifically population health and VBP) and Projects 2A, 2C, 3A and 3D, namely:

- Connecting people who completed induction of MAT in jails or ED with community-based strategies
- Reducing emergency department utilization through community paramedicine and mobile health resources
- Testing and advancing models for integrated whole-person care

As the first year of the Innovation Fund ends, HealthierHere is currently evaluating the funded projects and identifying opportunities to scale and sustain. The evaluation will include surveys, interviews, focus groups and document review to identify workflow changes critical for success,

assess the impact of the projects, and assess the feasibility for sustaining the project at current participating partner sites and scaling more broadly across King County. In 2021, HealthierHere plans to host a series of webinars to disseminate lessons learned and best practices for each of the Innovation Fund areas.

HealthierHere anticipates funding all current Innovation Projects for a second year, charging partners with identifying ways to sustain and scale the project in future years (for more information on year 2 contracts, see the response to question 15a). HealthierHere will work with MCOs and the state, county and other potential funders to identify other funding streams to support these initiatives and embed them in the delivery system.

Population Health Tools. The MTP has an overarching goal to leverage and expand health information technology (HIT) and health information exchange (HIE) infrastructure and tools to capture, analyze and share relevant data.[11] Since the initial years of the MTP, HealthierHere has supported partners' use of various population health tools, including using *Collective Medical* and increasing the use of patient registries and SDoH screening tools. The table below contains examples of how partners have leveraged population health tools to advance MTP project goals. Because they have embedded population health tools into new workflows, organizations are well-positioned to sustain these initiatives post MTP.

Figure 9. **Population Health Tools**

Population Health Tool	Examples of Partners Optimizing Population Health Tools
Collective Ambulatory	• Navos, a BHA, uses data on hospital discharges to help determine and address drivers of high utilization. The organization also loads data into a business intelligence tool to track discharge follow-up. • HealthPoint, a community health center, centralized its care transitions management, using *Collective Medical* to pull reports and sorting by clinic to streamline outreach. • Counselors at Evergreen Treatment Services and Consejo Counseling and Referral Services, both BHAs, are using the platform on a daily basis to check on clients who appear on the notifications list.
Risk Stratification	• Valley Cities Counseling and Consultation, a BHA, conducts and documents assessments (including LOCUS, physical health, suicide and homicide risk,

[11] Domain 1 Systems for Population Health Management.

Population Health Tool	Examples of Partners Optimizing Population Health Tools
	and DLA-20 in response to risk stratification). • Harborview Medical Center and University of Washington Medical Center-Northwest, both clinical providers, have a dashboard that tracks ambulatory care–sensitive conditions in their outpatient clinics to ensure care gaps are filled.
SDoH Screening Tools	• Neighborcare, a clinical provider, implemented a social determinant screening tool that providers can administer during telehealth visits. • Seattle Children's implemented Epic's Healthy Planet module, which has social determinant screening elements. • Swedish Health Services implemented its Community Pathways to Health dashboard, which shows social determinant metrics across the region. • MultiCare Health System implemented a care management platform to incorporate risk scores and gather more information regarding patients' SDoH.

17. Regional integrated managed care implementation update

a) For **2020 adopters**, briefly describe the primary integrated managed care-related challenges in the region after the transition to integrated managed care. Challenges may include issues with client enrollment/eligibility, provider payment, data/HIT, etc. What steps has the ACH taken, in partnership with providers and MCOs, to address these challenges?

b) For **all early- and mid-adopters**, briefly describe any challenges the region continues to experience due to the implementation of integrated managed care. What steps has the ACH taken during the reporting period, or what steps does the ACH plan to take, to address these challenges?

HealthierHere Response

HealthierHere continues to be an active partner in the transition to integrated managed care (IMC) in King County, participating in the KCICN governance committees and working to ensure HealthierHere's projects and investments are aligned with IMC goals. Through HealthierHere's close involvement in the IMC transition and partnerships with BHAs, HealthierHere is acutely aware of the challenges BHAs are facing. HealthierHere reported on

these challenges in previous SARs and provides an update on their current status and HealthierHere's efforts to support partners below.

- **Workforce capacity and behavioral health preparedness.** The King County community anticipates a surge in behavioral health needs as a result of the COVID-19 crisis, including suicide prevention. HealthierHere met regularly with a multisector group to understand the likely gaps in capabilities and resources, and to determine how HealthierHere could best complement existing efforts. As a result of this planning effort, HealthierHere is funding its Community Grant Recipients to do wellness checks for community members and equipping them with tools and referral resources to address local mental health needs in their communities.

  HealthierHere is also working to make Mental Health First Aid Training available to Community Grant Recipients and potentially more broadly for communities with limited English proficiency (LEP). Additionally, HealthierHere is supporting the county in its work to fund the development of community-led wellness interventions.

- **Lack of a common vision.** This fall, HealthierHere launched seven whole-person integrated care "Tests of Innovation" that will prototype and measure various models of integrated care. As these innovations mature, their success and evaluation will inform King County's vision of integrated care. Additionally, HealthierHere has convened MCOs, ACHs and HCA to discuss and plan for a shared "integration assessment" that will aid in aligning stakeholders around a shared vision.

- **Challenges adapting BHA capabilities.** BHAs continue to need to adapt their care model during the COVID-19 crisis. Despite the great accessibility of telehealth, behavioral health providers increasingly need to deliver complex therapy to patients via telehealth or, in some instances, accommodate patients' needs to be seen in person. HealthierHere is offering trainings in partnership with the Behavioral Health Institute (BHI) to help providers enhance their treatment capabilities over telehealth.

- **Payment model.** The KCICN continues to implement changes to their payment models for mental health and SUD treatment in support of value-based care and quality metrics. The shifting models have presented some challenges for BHAs in the region as they adapt services toward and focus on different quality metrics. HealthierHere is monitoring the changes, listening to providers, and working with KCICN and MCOs wherever possible to ensure alignment and support the needs of all stakeholders. HealthierHere remains focused on ensuring BHA partners have access to the capabilities, infrastructure and training to be effective under potential VBP models.

c) For **all regions**, what steps has the ACH taken, or what steps does the ACH plan to take, to support coordination with local, regional and statewide partners to design and implement strategies to address gaps and barriers impacting the health system in response to integrated managed care implementation?

HealthierHere Response

HealthierHere continues to actively participate in and support local, regional and statewide partners to design and implement strategies in response to integrated managed care implementation. Locally, HealthierHere works closely with its BHA partners, including recently funding and launching seven tests of whole-person integrated care. HealthierHere also provides

training and is continuously seeking out ways it can bring useful information and resources to its partners. Regionally, HealthierHere remains engaged with the KCICN through its governance committees. At the statewide level, HealthierHere has taken a leadership role alongside the HCA and MCOs to lead efforts to consistently measure and report on levels of clinical integration across provider networks.

HealthierHere plans to continue these local, regional and statewide efforts in 2021.

d) For **all regions**, how are you supporting efforts to measure and report on clinical integration?

HealthierHere Response

HealthierHere continues to lead the statewide discussion among ACHs, MCOs and HCA regarding standardized measurement and reporting on clinical integration. HealthierHere is one of three chairs for the Level of Integration and Assessment Workgroup that meets every other week to discuss approaches to measurement. The workgroup has uncovered significant complexities and differences among providers in their definitions of integration (e.g., Indian Health Care Providers vs. pediatric providers). The workgroup is aiming to pilot a standardized measure or measures of clinical integration in the first quarter of 2021.

HealthierHere continues to require clinical partners to report semiannually the level of physical and behavioral health integration, using the MeHAF survey and other measures of integration. Using this data, supplemented by information gathered during site visits, HealthierHere is able to gain a better understanding of challenges to integration and the types of training and TA partners need.

Attestations

The ACH attests to complying with the items listed below during the reporting period. Upon request, the ACH shall have available for review by the IA and HCA all supporting data and/or back-up documentation related to the attestations provided.

	Yes	No
18. The ACH supported Independent External Evaluator (IEE) activities to understand stakeholders' and partners' successes and challenges with Medicaid Transformation project implementation. ACH support or engagement may include, but is not limited to: • Identification of partnering provider candidates for key informant interviews. • ACH participation in key informant interviews. Note: Participation in interviews for the evaluation is voluntary. • Directing the IEE to public-facing documents (e.g., fact sheets for providers or community members) that help the IEE understand ACH transformation projects and related activities.	X	

If the ACH checked "No" in item above, provide the ACH's rationale for not supporting IEE activities for evaluation of Medicaid Transformation during the reporting period.

Section 3. Value-based Payment

This section outlines questions specific to **value-based payment (VBP) milestones** in support of the objectives of Domain 1 (Health and Community Systems Capacity Building), to be completed by DY4, Q4.

*Note: The reporting period for VBP milestones cover the **full calendar year** (January 1 through December 31, 2020).*

Narrative responses

19. Identification of barriers impeding the move toward value-based care

a) Describe the barriers the region is facing regarding implementation of value-based care and methods the ACH continues to use to identify providers struggling to implement practice transformation and move toward value-based care.

HealthierHere Response

Clinical and community providers in King County continue to face barriers in their move to value-based care. In HCA's 2020 *Paying for Value Provider Survey*, King County respondents most commonly identified the following barriers to participating in VBP:

- Misaligned incentives and/or contract requirements
- Lack of interoperable data systems
- Lack of access to comprehensive data on patient populations (e.g., demographics, morbidity data)
- Lack of timely cost data to assist with financial management

In the provider survey, respondents also acknowledged the impact of COVID-19 on their transition to VBP, specifically stating that the pandemic has: (1) reduced their willingness to take on additional risk, including in the form of VBP contracts; (2) challenged their businesses' sustainability; and (3) negatively impacted their performance on quality and pay-for-performance measures. Respondents preferred to reduce their exposure to risk-based payments until the pandemic is over. The majority of respondents also noted that, relative to VBP, the roles of MCOs, ACHs and HCA are "somewhat clear" or "not so clear."

HealthierHere reviews the annual *Paying for Value Provider Survey* to inform its understanding of the transition to VBP in King County. It also asks clinical and community practice partners about their progress toward VBP every six months through partner reporting workbooks as well as through 1:1 site visits. In 2020, partners' reporting as well as the information shared via site visits confirmed what was shared via the provider survey. HealthierHere's partners have been significantly impacted by COVID-19; not only are they facing uncertainty with respect to patient volumes and revenue, but they are also operating with limited bandwidth and are hyper-focused on patient care. HealthierHere and its partners also acknowledge the transition to VBP is largely dependent on payers' building in VBP metrics and measurement into contracts.

20. Support providers to implement strategies to move toward value-based care

a) Describe how the ACH has helped providers overcome barriers; indicate if the scope or intensity of support has been different for small providers (25 FTEs or fewer), or behavioral health providers.

HealthierHere Response

HealthierHere continues to provide expert-led technical assistance to its partners with the goal of overcoming barriers to value-based care. HealthierHere is continuously evaluating these offerings and tweaking or augmenting them to meet partners' needs. Specifically, in 2020 HealthierHere:

- **Engaged the NFF to strengthen the financial capacity of CBOs and tribal partners.** HealthierHere hosted a three-part Financial Leadership Clinic for community practice partners; the Clinic featured tools, exercises and guidance to help CBOs build a shared understanding of the operating context for community-clinical partnerships, examine organizational and partnership needs, identify organizational strengths critical to mission delivery, identify opportunities for organizational growth, and explore cultural and capacity challenges in partnering with the healthcare sector. The financial best practices and strategies shared will help CBO partners plan for success and sustainability in a VBP environment. This TA is offered to small community and tribal providers (i.e., 25 FTEs or fewer).

- **Supported telehealth implementation and optimization with funding and resources.** In response to the pandemic, HealthierHere offered funding to help providers build or enhance infrastructure to provide remote clinical and/or SDoH services to combat the spread and/or mitigate the impact of COVID-19. To assist providers with this funding, HealthierHere developed a resource guide to help inform partners' investment decisions and service implementation. HealthierHere also, in coordination with the other eight ACHs, HCA, MCOs and multiple other statewide organizations, partnered with BHI and the new Behavioral Health Training Workforce and Policy Innovation Center to provide training and TA to partners as they implement telehealth and digital health technologies.

- **Maintained training and TA for BHAs** through Comagine/Qualis and UW AIMS provider training and TA to support integrated care and VBP.

21. Continue to support regional VBP attainment assessments by encouraging and/or incentivizing completion of the state-issued Paying for Value Provider Survey

a) Provide an example of the ACH's efforts to support completion of the state's 2020 provider Paying for Value Survey. The ACH should indicate new tactics, if any, compared to tactics employed in prior years. The response should also specify if incentives were offered, and if so, include a description of the incentives.

HealthierHere Response

HealthierHere continued its support for the state-issued *Paying for Value Provider Survey* by encouraging partners to complete the survey in a timely manner. Specifically, HealthierHere:

- Sent direct emails to all HealthierHere committee members to ensure their organizations completed the survey.
- Posted the survey on HealthierHere's blog, with a description of the survey and request for providers to complete it: https://www.healthierhere.org/share-your-vbp-experience/.
- Included a reminder in HealthierHere's newsletter, which was emailed to 1,700 recipients, including clinical and community partners.
- Announced the survey at HealthierHere Governing Board and Committee meetings and encouraged Board members to ensure their organizations complete the survey.
- Included a reminder in the monthly Executive Director Report to the Board, which is also posted publicly on the website.

These tactics were the same as the actions HealthierHere took in prior years, but reached a larger audience given HealthierHere's continuously expanding relationships across King County. As in years past, HealthierHere did not offer any incentives for completion of the survey.

b) Describe how the ACH utilized individual responses and/or aggregate data, provided by HCA to the ACH from previous state-issued provider Paying for Value Surveys, to inform communications and/or identify providers in need of technical support.

HealthierHere Response

HealthierHere reviewed both the individual responses and aggregate data for King County upon receipt of the survey results. The HealthierHere CFO distributed the information to the leadership team for their review and use in discussions and site visits with practice and innovation partners. HealthierHere used the information to inform, and ultimately affirm, its continued investments in and support for partners' core infrastructure, such as risk stratification and population health management tools, as well as specific VBP technical assistance. Lastly, HealthierHere used the VBP survey to assess partners' appetite for additional work on VBP during the pandemic. After reviewing the survey results, HealthierHere elected to continue its support for providers' core infrastructure and capabilities that will enable both their survival and resilience during the COVID-19 pandemic as well as their transition to VBP.

HealthierHere is using its VBP Incentive Pool valuation results to facilitate conversations locally with MCOs and clinical providers to further understand the barriers and challenges to increasing VBP arrangements. HealthierHere will work to identify any additional potential supports that might need to be provided to ensure the VBP targets are met.

Section 4. Pay-for-Reporting (P4R) metrics

Documentation

22. P4R Metrics

The reporting requirements for the P4R Metrics updates are temporarily replaced with COVID-19 related responses in the "Narrative Responses" section. ACHs may use discretion, and will not be penalized, surrounding the timing and volume of P4R metric data collection during the COVID-19 pandemic. For example, an ACH may choose to delay data collection, make participation optional, or target participation. The submission of P4R Metrics are considered optional for this reporting period but are encouraged.

P4R metrics provide detailed information to the IA, HCA and ACHs on partnering provider implementation progress for Projects 2A and 3A at a clinic/site level.[12] Potential respondents should be consistent with the list of partnering provider sites identified in the ACH's Partnering Provider Roster affiliated with Project 2A and 3A.

Related resources and guidance:

- For important points to consider when collecting and reporting P4R metric information, refer to the following resource: How to read metric specification sheets.
- Full P4R metric specifications are available on the Medicaid Transformation metrics webpage, under "ACH pay for reporting metrics."

Instructions:

a) Submit aggregate summary of P4R metric responses collected from partnering provider sites (e.g., count of sites that selected each response option).

b) Provide a summary of respondents overall, by Project (2A/3A), and stratified by site-level provider characteristics as specified in the reporting template.

Format:

a) ACHs submit P4R metric information using the reporting template provided by the state.

Optional: The ACH may submit P4R metric information.

HealthierHere Response

P4R workbook is attached.

[12] https://www.hca.wa.gov/assets/program/mtp-measurement-guide.pdf#page=121

APPENDIX A. List of Partners Who Received Covid-19 Funding, as of December 31, 2020

Partner	Sector	Traditional Medicine Fund	Telehealth/ Remote SDOH Services Fund	Community Navigator Fund	Multilingual Response Fund	Clinical Partner Resiliency Fund	Community and Tribal Partner Resiliency Fund
Abundance of Hope	CBO	-	-	-	-	-	Y
Advocates of Sacred	CBO	Y	Y	-	-	-	Y
Arms Around You Foundation	CBO	-	-	-	-	-	Y
Asian Counseling & Referral Service	BHA	-	-	-	-	Y	Y
Asian Pacific Islander Coalition	CBO	-	-	-	-	-	Y
Association of Zambians in Seattle	CBO	-	Y	-	Y	-	Y
Atlantic Street Center	BHA	-	Y	-	-	Y	-
Being Empowered through Support Transitions (BEST)	CBO	-	-	-	-	-	Y
Catholic Community Services of Western Washington	BHA	-	Y	-	-	-	-
Center for Human Services	BHA	-	Y	-	-	Y	-
Center for Multicultural Health	CBO	-	Y	Y	-	-	Y
CHI Franciscan St. Joseph	Hospital	-	-	-	-	Y	-
Chief Seattle Club	CBO	Y	Y	-	-	-	Y
Childhaven	BHA	-	Y	-	-	Y	-
Chinese Information and Service Center	CBO	-	-	-	-	-	Y
Colemans Family Services LLC	BHA	-	-	-	-	Y	-
Consejo Counseling and Referral Service	BHA	-	Y	Y	-	Y	Y
Country Doctor Community Health Centers	FQHC	-	Y	-	-	Y	-
Cowlitz Indian Tribe	BHA	Y	-	Y	-	-	-
Crisis Clinic	BHA	-	Y	-	-	-	-

Partner	Sector	Traditional Medicine Fund	Telehealth/ Remote SDOH Services Fund	Community Navigator Fund	Multilingual Response Fund	Clinical Partner Resiliency Fund	Community and Tribal Partner Resiliency Fund
Downtown Emergency Service Center	BHA	-	Y	-	-	Y	-
Eastside Baby Corner	CBO	-	-	-	-	-	Y
Eastside Legal Assistance Program	CBO	-	-	-	-	-	Y
El Centro de la Raza	CBO	-	Y	Y	-	-	Y
Evergreen Treatment Services	BHA	-	Y	-	-	-	-
Fairfax Behavioral Health	BHA	-	-	-	-	Y	-
Falis Community Service	CBO	-	Y	-	-	-	Y
Gay City Health Project	CBO	-	-	-	-	-	Y
Generations with Pride	CBO	-	Y	-	-	-	Y
Global to Local Health Initiative	CBO	-	-	-	-	-	Y
Harborview Medical Center	Hospital	-	-	-	-	Y	-
HealthPoint	FQHC	-	Y	Y	Y	Y	-
Hepatitis Education Project	CBO	-	-	-	-	-	Y
Highline College	CBO	-	-	-	-	-	Y
Housing Authority of the City of Seattle	CBO	-	-	-	-	-	Y
IAF Northwest	CBO	-	Y	-	-	-	-
IKRON of Greater Seattle	BHA	-	-	-	-	Y	-
Interim CDA	CBO	-	-	-	Y	-	Y
International Community Health Services	FQHC	-	Y	-	-	Y	-
Kent Youth and Family Services	BHA	-	Y	-	-	Y	Y
Kin On Health Care Center	CBO	-	-	-	-	-	Y
Kindering Center	CBO	-	Y	-	-	-	Y
King County Sexual Assault Resource Center	BHA	-	-	-	-	Y	-
Lifelong	CBO	-	Y	-	-	-	Y

Partner	Sector	Traditional Medicine Fund	Telehealth/ Remote SDOH Services Fund	Community Navigator Fund	Multilingual Response Fund	Clinical Partner Resiliency Fund	Community and Tribal Partner Resiliency Fund
Living Well Kent Collaborative	CBO	-	Y	-	-	-	-
Lutheran Community Services Northwest	BHA	-	Y	-	-	-	Y
Mercy Housing Northwest	CBO	-	-	-	-	-	Y
Mother Nation	CBO	Y	-	-	-	-	-
Multicare Health System	Hospital	-	-	-	-	Y	-
Nakani Native Program	CBO	Y	Y	-	-	-	Y
Navos	BHA	-	-	-	-	Y	-
Neighborcare Health	FQHC	-	Y	-	-	Y	-
Neighborhood House	CBO	-	-	Y	-	-	Y
New Family Traditions	BHA	-	Y	-	-	Y	-
New Trails Navigators	CBO	-	-	-	-	-	Y
Pamoja Christian Church	CBO	-	-	-	Y	-	-
Pioneer Human Services	BHA	-	Y	-	-	Y	Y
Plymouth Housing	CBO	-	-	-	-	-	Y
Project Access	CBO	-	Y	-	-	-	Y
Puget Sound Fire	CBO	-	-	-	-	-	Y
Queen Anne Helpline	CBO	-	Y	-	-	-	-
Rainer Valley Corp	CBO	-	-	-	-	-	Y
Recovery Cafe	CBO	-	-	-	-	-	Y
Ryther	BHA	-	-	-	-	Y	-
Schools Out Washington	CBO	-	-	-	Y	-	-
Sea-Mar Community Health Centers	FQHC	-	Y	-	-	Y	-
Seattle Children’s	Hospital	-	Y	-	-	Y	-
Seattle Children’s Care Network	Hospital	-	-	-	-	Y	-
Seattle Counseling Service	BHA	-	Y	-	-	Y	-

Partner	Sector	Traditional Medicine Fund	Telehealth/ Remote SDOH Services Fund	Community Navigator Fund	Multilingual Response Fund	Clinical Partner Resiliency Fund	Community and Tribal Partner Resiliency Fund
Seattle Indian Health Board	FQHC	Y	Y	Y	-	-	-
Sisters in Common	BHA	-	Y	Y	-	-	Y
Solid Ground Washington	CBO	-	Y	-	-	-	-
Somali Health Board	CBO	-	Y	-	-	Y	-
Sound Generations	CBO	-	-	-	-	-	Y
Southeast Youth and Family Services	BHA	-	Y	-	-	-	-
Southwest Youth and Family Services	BHA	-	-	-	-	-	Y
Swedish Health Services	Hospital	-	-	-	-	Y	-
Teenagers Plus More	CBO	-	Y	-	-	-	Y
Tenants Union of Washington	CBO	-	Y	-	-	-	Y
The Maternal Coalition	CBO	-	-	-	-	-	Y
The People’s Harm Reduction Alliance	CBO	-	Y	Y	-	-	Y
Therapeutic Health Services	BHA	-	-	-	-	Y	-
Tlingit and Haida Indians of Alaska—WA Chapter	CBO	Y	-	-	-	-	Y
Transitional Resources	BHA	-	-	-	-	Y	-
United Indians of All Tribes Foundation	CBO	Y	Y	-	-	-	Y
University of Washington	Hospital	-	-	-	-	Y	-
Unkitawa	CBO	Y	Y	-	-	-	Y
Upower	CBO	-	Y	-	-	-	Y
Valley Cities Counseling and Consultation	BHA	-	Y	-	-	Y	-
Valley Medical Center Clinic Network	Hospital	-	-	-	-	Y	-
Vashon Youth and Family Services	BHA	-	Y	-	Y	-	-
Villa Comunitaria	CBO	-	Y	Y	-	-	Y
Washington Asian Pacific Islander	BHA	-	Y	-	-	-	-

Partner	Sector	Traditional Medicine Fund	Telehealth/ Remote SDOH Services Fund	Community Navigator Fund	Multilingual Response Fund	Clinical Partner Resiliency Fund	Community and Tribal Partner Resiliency Fund
Families Against Substance Abuse							
YMCA of Greater Seattle	BHA	-	Y	-	-	Y	Y
You Grow Girl	BHA	-	Y	-	-	Y	-
Youth Eastside Services	BHA	-	-	-	-	Y	-
Zanzibar Community of Washington	CBO	-	-	-	-	-	Y

"-" signifies that the partner did not receive funding via the fund.

"Y" signifies the partner received funding via the fund.

Healthier Here

July 1, 2020 - December 31, 2020

Cumulative snapshot

Funds Earned	$ 125,752,803.95
Funds Distributed	$ 70,440,342.18
Funds available	$ 55,312,461.77

Table 1: Incentives earned

	Q3	Q4	Total
Project 2A	$ -	$ 3,003,467.00	$ 3,003,467.00
Project 2C	$ -	$ 1,220,159.00	$ 1,220,159.00
Project 3A	$ -	$ 375,433.00	$ 375,433.00
Project 3D	$ -	$ 750,867.00	$ 750,867.00
VBP	$ -	$ -	$ -
Total	$ -	$ 5,349,926.00	$ 5,349,926.00

Table 2: Interest accrued for funds in FE portal

	Q3	Q4	Total
Interest accrued	$ 9,230.61	$ -	$ 9,230.61

Table 3: incentive funds distributed, by use category

	Q3	Q4	Total
Adminstration	$ 5,000,000.00	$ -	$ 5,000,000.00
Community health fund	$ -	$ -	$ -
Health systems and	$ 3,334,641.57	$ 270,000.00	$ 3,604,641.57
Integration incentives	$ 446,094.12	$ 788,397.71	$ 1,234,491.83
Project management	$ -	$ -	$ -
Provider engagement, participation, and implementation	$ -	$ 25,754.00	$ 25,754.00
Provider performance and quality incentives	$ 3,223,242.00	$ 1,168,750.00	$ 4,391,992.00
Reserve/contigency fund	$ -	$ -	$ -
Total	$ 12,003,977.69	$ 2,252,901.71	$ 14,256,879.40

Note: Data presented in this report comes from the Financial Executor Portal and was prepared by the Health Care Authority (HCA). Data was extracted and compiled on January 22, 2021 to accompany the sixth Semi-Annual Report submission for the reporting period July 1 to December 31, 2020.