Medicaid Transformation Project
DY6 P4R Report

Reporting Period:
January 1, 2022 – March 31, 2022
DY6 Q1
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**ACH contact information**

Include in the DY6 P4R report the contact information for the primary ACH representative. The primary contact will be used for all correspondence relating to the ACH’s DY6 P4R report. If secondary contacts should be included in communications, also include their information.

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<th>North Sound ACH</th>
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**Section 1. Status update**

The following sub-sections are required components of the ACH’s DY6 P4R 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:

1. **Partnering provider roster.**

   To earn the achievement value associated with this reporting component, ACHs are required to update and submit the list of partnering provider sites that reflect all partnering providers that are participating in efforts through the ACH under Medicaid Transformation.¹

   **Instructions:**

   a) For each partnering provider site identified as participating in transformation activities, the ACH should use the template provided by the IA to indicate:

   i. Whether the partnering provider site is pursuing tactics or strategies in support of specific project areas from the Project Toolkit. Populate the appropriate project

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¹ 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).

North Sound ACH DY6 P4R April 8, 2022
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.

ACH Response:

See Attachment titled NorthSoundACH.DY6.P4R1.ProviderRoster.04.08.

Narrative responses

ACHs must provide concise responses to the following prompts:

2. Challenges and mitigation activities

a) Provide an update on COVID-19 response and recovery activities, as well as any other relevant disaster declarations or similar crises in your region. Please describe ACH activities that emerged or evolved since January 1, 2022 (e.g., project management, communication and engagement, coordination of funding, etc.).

ACH RESPONSE:

Related to COVID-19 response and recovery activities completed during this reporting period, North Sound ACH:

- Supplied childcare and medical facilities with PPE and COVID testing kits on an ongoing basis.
- Collaborated with a partner, Consistent Care, to support vaccination clinics.
- Provided interpreters for Medical Teams International vaccination clinics.
- Through the Community HUB, provided testing kits, food, and financial support for COVID-19 positive individuals and families.
- ACH HUB Staff continue to participate in WADOH Care Connect virtual meetings, including bi-weekly Care Connect WA Evacuation Coordination meetings.

Whatcom and Skagit counties issued an Emergency Proclamation in November 2021 due to the impact of flooding. North Sound ACH was asked to step in by public health and community partners. During this reporting period, North Sound ACH:

- Convened a Community Response Network (CRN) to provide community partners with opportunities to build relationships, coordinate direct services, and provide resources (food, clothing, transportation, etc.) for people impacted by the flooding and its aftermath. The CRN meetings continue weekly at the request of community partners who find value in connecting with each other, opportunities for partnership, and learning of additional resources.
- Was engaged by the Whatcom County Emergency Operations Center to provide care coordination for those in temporary housing (hotels and Airbnbs) because of displacement from the flooding.
• Supported community outreach and one-on-one appointments with community organizations, brokering entrée into formal response networks.
• Charged its communication team to provided bi-weekly announcements in English and Spanish on social media channels to inform the community of resources available through the Federal Emergency Management Agency (FEMA), and their eligibility requirements.
• At the request of health departments in Whatcom and Skagit counties, North Sound ACH has entered into contract with the Health Care Authority to provide crisis management to flood-affected community members in both Whatcom and Skagit County.
• North Sound ACH has led initial conversations with Emergency Preparedness and Response at Skagit County Public Health to understand the work done during the flood response in Skagit county and to identify potential areas of improvement. North Sound ACH will align our work to support Skagit standing up a Long Term Recovery Group.
• North Sound ACH coordinated services to respond to the urgent needs of farmworkers affected by the floods in Skagit. Through our mediation, community partners provided housing, food, and case management to these individuals who had limited access to resources due to language barriers.

b) Related to the above, describe specific risks/issues, challenges, or other setbacks that emerged since January 1, 2022 (e.g., workforce, information exchange, access), including any notable impacts to specific providers or communities. Also highlight any mitigation strategies or activities that shifted as a result, if applicable.

**ACH RESPONSE:**

Navigating a long term emergency (COVID-19) alongside an emergent event such as a hundred-year flood, presented challenges, and identification of potential barriers to community members and organizations.

Related to COVID-19 response:

• Challenges emerged with our internal staffing having two sets of emergencies occurring simultaneously. The majority of our team lives in either Whatcom or Skagit counties, so many were involved with the early flood response. In addition this occurred at the height of the Omicron surge. Mitigation strategies included reassigning duties to additional staff to increase capacity for COVID-19 and flood response.
• During this reporting period, North Sound ACH partners required varying levels of support with COVID-19 related tasks. Some needed PPE, COVID-19 test kits, and other COVID-19 related supplies from us, while others sought assistance on their operations and program implementation, such as troubleshooting obstacles for implementing testing and vaccination campaigns.
• Clients who tested positive for COVID-19 have required additional services during quarantine, such as financial assistance to pay bills and expenses. Staff spent extra time helping the clients to navigate through available resources.

Flood Emergency response in Whatcom and Skagit Counties

• Neither county had adequate resources to support immediate needs of community members, nor for those who do not qualify for FEMA assistance or to any other government projects because of barriers such as lack of homeowners or flood insurance, rental insurance, immigration status, among other factors.

• North Sound ACH has worked with partners such as food banks, local foundations and other community partners to step in and fill gaps, including paying for short-term hotel stays, providing gift cards for purchase of food, gas for vehicles, and supplies (diapers, replacement clothing).

Whatcom County

• North Sound ACH mobilized its staff to support the emergency response in Whatcom and provide immediate support to those flood-affected. The work performed by staff included coordination of services for clients housed at the emergency shelters and hotels set up by the county, as well as supporting part of the operations at the Emergency Operations Center.

• One challenge North Sound ACH faced working in the emergency response is a series of bureaucratic hurdles in decision-making processes, which delayed some coordination of services for those sheltered at hotels. The mitigation plan included improving the communication with community partners on what is required to solve the issues reported by clients (e.g., meals and food) while the county tries to define longer-term solutions that fit its protocols. The ability to be nimble and responsive was critical for hundreds of families seeking assistance.

Skagit County

• The biggest challenge encountered in Skagit was that their flood response started later than the response in Whatcom, probably because of a lower number of families impacted and displaced. North Sound ACH and county leaders agree that there may be more people impacted who have not come forward yet to seek assistance. North Sound ACH has been proactive in calling community partners to assess needs, define roles and propose solutions that can help the flood-affected communities that are still struggling to overcome the disaster, and develop relationships that will better prepare the network for upcoming emergencies.

3. Scale and sustain update

a) Briefly describe the ACH’s approach and activities related to sustainability of DSRIP investments, programs, projects, and any other planning taking place in this area.

ACH RESPONSE:

From the beginning of the Medicaid Transformation Project, North Sound ACH has stayed strong in the belief that strong relationship and partnership building was the key to
sustainability into the future. As we saw DSRIP winding down, North Sound ACH led the following efforts to lay the groundwork for sustaining any gains realized during DSRIP.

- North Sound ACH Board of Directors approved a fund allocation strategy that is launching a region-wide Collaborative Action Network, founded on targeted universalism, the commitment to belonging and advancing equitable well-being.
- During Q1 2022, ACH staff hosted several Collaborative Action Network open sessions for partners to advise on the co-design framework that will begin in Q2.
- The 2022 partner contract amendments included shared vision, commitments to network cohorts, and continuation of Community HUB participation.

b) Briefly describe any changes to the funding and financing of partnering providers and community initiatives in DY6 (and beyond, if applicable), compared with DY1-5. This could include provider contracts and relationships, scope, project transitions/project sustainability, etc.

**ACH RESPONSE:**

North Sound ACH is evolving its approach to contracting with partnering providers and broader community engagement initiatives in DY6. We are moving from a very prescribed Medicaid Transformation Project Toolkit, to a focus on co-design and co-creation of initiatives with clinical and community organizations and leaders. Here are some areas with examples of updated approaches.

**Provider Contracts and Relationships:**

- Organizations that had previously contracted with North Sound ACH through MTP were invited to join the North Sound ACH Collaborative Action Network (hereafter referred to as the network). This new approach requires network members to agree to a set of commitments, shared beliefs, and guiding principle, leading to a period where the network will identify specific projects and initiatives to recommend for funding through ACH and other funds.
- During Q2 2022 the doors to join the network will be opened broadly to others such as community centers, school districts, community colleges, faith-based entities - anyone who is working toward the same ends and want to collaborate with other partner organizations in the region.
- North Sound ACH will retain its focus on building relationships and trust, especially with those partners committed to advancing equity and dismantling historical barriers to well-being that have existed for centuries.
- In addition to a continued commitment to outcomes, metrics, and deliverables under the Medicaid waiver, North Sound ACH is adding explicit emphasis on the vital conditions for well-being and upstream social determinants of health. These will be opportunities within the Collaborative Action Network, and five identified cohorts:
Equity - potential areas of focus include: equity and racial justice, tribal and Indigenous learning, and measurable equitable well-being.

Vital Conditions - potential areas of focus include: food security, meaningful work, and humane housing.

Emerging Focus Areas - potential areas of focus include: community perspective emergency response, youth/emerging leadership engagement, and rural access to care.

Practice Transformation Cohort - potential areas of focus include: poly-substance use, behavioral health integration assessment/technical assistance, oral health, and reproductive health.

Care Coordination - potential areas of focus include: cross-sector care coordination, community care coordination hub, and mobile integrated health.

- In order to better address the needs of the community, North Sound ACH will be adopting a co-creation model with the above-described cohorts. This is an extension on the work around belonging – creating space for shared leadership and power.

- North Sound ACH staff will work side-by-side with community partners to plan, implement, and sustain projects. By having a larger voice in how projects are implemented, North Sound ACH believes that these cohorts will further develop long-lasting collaboration and transformational change in the region.

Expansion of the Community Hub

- North Sound ACH believes that care coordination underlies every transformation project and initiative. It is the core ability to blend relationships, shared information about partner services, along with direct interaction with unique individuals and families across the region.

- The HUB plans to leverage the work performed during Years 3-5 and blend services such as transition services, and community paramedicine (now Mobile Integrated Health) with the expanding care coordination network.

- The North Sound Community HUB is also aligned with workforce capacity-building efforts such as community health workers, promotoras, peer support specialists, and interpreters.

Funding and Financing

- North Sound ACH, using its cohort approach, will create methods for network member to engage in fund distribution decision-making.

- North Sound ACH will be looking at investment strategies that create opportunities for collaborative investing (for example with local foundations or hospital community benefit programs.)

- North Sound ACH, along with our statewide partners, continue to expand contract opportunities beyond the WA Health Care Authority. For example, we took on a contract with the WA Department of Health to support people testing positive for COVID-19 within our Community HUB, then took on an agreement with the WA
Health Care Authority to expand WA Listens (a crisis support hotline) to meet the needs of people impacted by flooding.

**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.

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<thead>
<tr>
<th>Yes</th>
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4. **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.

5. **The ACH supported WA-ICA communication and technical assistance as requested by HCA (see Section 2, Pay-for-Reporting)**

6. **The ACH sent the requested physical and behavioral health partnering provider information on or before the due date as instructed by HCA**

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 2. Pay-for-Reporting (P4R) metrics**

**Documentation**

7. **P4R Metrics**

Refer to the attestations in Section 1.
The Washington Integrated Care Assessment (WA-ICA) will replace the Maine Health Access Foundation (MeHAF) tool that had been used under the Medicaid Transformation Waiver Project 2A to advance bi-directional integration of physical and behavioral health services. The collection of data using the WA-ICA will be a requirement for partnering providers beginning in 2022. ACHs will no longer be required to collect MeHAF data from partnering providers beginning in 2022.

To help with a smooth transition, each ACH will inform partnering physical and behavioral health providers who have ever completed the MeHAF under Project 2A that:

- the HCA is transitioning from the MeHAF to the WA-ICA; and
- these partnering providers will be required to complete the WA-ICA instead. The WA-ICA will be completed once during Q3 2022.

More guidance will be shared related to communication and technical assistance by HCA in Q1 2022.

**ACH RESPONSE:**

North Sound ACH has been actively engaged in the development of WA-ICA, with its CEO and two staff part of the workgroup.
OVERVIEW

North Sound ACH is launching a learning, advocacy, and collaborative action network, open to all community members and organizations seeking to advance a just and inclusive culture and the necessary conditions required for all community members to thrive. Network partners will provide the assets, influence, and leadership for the Network.

North Sound ACH was founded in 2015 by regional leaders from five counties and eight tribal nations, to be a place where collaborative learning, planning, and decision-making could occur, crossing traditional jurisdictional boundaries, and looking upstream to tackle issues that impact health, believing that people in the region are more connected than they are separate.

Advancing equity, well-being, and a sense of belonging are fundamental elements of the regional work, using the framework of targeted universalism to shape and inform planning, actions, decision making, and investment.

Leveraging investments earned through the state’s Medicaid Transformation Project, North Sound ACH is building on regional partnerships, and seeing areas where capacity investments are critically needed. Formally launching this network is a result of the strengths and assets we’ve seen across the region.

Anyone — individuals or organizations — can join this network and become engaged in making this region a place where people can thrive, and the assets are organized to help make that happen.

The next page lays out the foundational commitments we’re asking of all members, followed by our approach to change. Joining the network is one step. We know that one level of engagement may not fit all focus areas, so once you see the emerging cohorts, we hope you’ll consider options to:

- Lead capacity building cohorts.
- Co-lead local or statewide advocacy effort(s).
- Lead or participate in innovative strategies.
- Engage in a portfolio investment process.
- Leverage and share organizational assets (i.e., communication or media teams, quality improvement trainings, evidence-based practices).
SHARED BELIEFS

- All community members deserve to experience mental, social, physical, financial, and spiritual well-being.
- Inherited legacies of systemic racism have perpetuated trauma and exclusion, particularly among Indigenous populations and communities of color.
- Together we can create new legacies – and the conditions — that ensure a sense of belonging for all people who call this region home.
- We are accountable, to each other and to the well-being of future generations.

COMMITMENTS

Together we endeavor to dismantle and heal inherited legacies of exclusion and trauma, expand the vital conditions that all people need to thrive, and create new legacies for well-being and justice.

We adopt a shared action and learning framework, and common metrics to maximize our impact.

We will use our influence to —

- Actively champion the goals, values, and priorities within our own spheres of influence.
- Share leadership and shape priorities of regional partner convenings.
- Support well-being measurement, helping to secure, promote, and use measures.
- Share learning and action opportunities with network and community members.
- Share practices and policies in plain language, enhancing understanding among all community members.

GUIDING PRINCIPLES

- We honor tribal sovereignty and learn from their experience in holistic, intergenerational approaches to well-being, healing and stewardship.
- The work is place-based and centered around community and lived experience.
- We use targeted universalism as a framework, and reject zero sum approaches to advancing equitable well-being and addressing systemic racism.
- Belonging is both a vital condition and a practice. We endeavor to assure everyone can see themselves in the ongoing process of co-creating equitable well-being.
How We Create Change

Advocacy
Transforming the current state through fresh, collaborative approaches and voices.
- Influence local/regional policies and organizational practices.
- Use our voice and power to influence state policy and investments.
- Leverage knowledge to address the region’s current and emerging complexities that cross clinical and social issues, including those that will advance equity, and address privilege and structural racism.

Capacity Building
Local leaders and network partners grow capacity to make changes within their spheres of influence.
- Build common understanding and core capacities (i.e., skills in anti-racism strategies, equity, targeted universalism, community dialogue).
- Leverage knowledge and trainings for capacity building and discovery.
- Build local and regional civic muscle, enhancing the ability to work together across sectors and with community.
- Invest in the next generation of leaders.

Convening
Be a trusted convener, where ideas can emerge, generate and evolve, for system problem-solvers and disruptors, fostering risk-taking and collaborative partnerships.
- Tribal, Equity, and Anti-Racism Learning.
- Place-based or issue-based learning and action cohorts.
- Regional learning and action network opportunities.
- Incubator space for new cohorts to form (i.e., indigenous youth, People of Color convening, food sustainability, humane housing).

Innovation
Evolve and scale proven — and emerging — approaches to advance equitable well-being, moving outside of typical silos that have limited impact.
- Provide process support and seed funding to create new practices and innovations around the vital conditions.
- Catalyze 1 or 2 broad impact innovations (i.e., at intersection of humane housing, reliable transportation, and wealth building).
- Build linkages to regional and national networks of innovators working on well-being (i.e., communities of practice).

Shared Resources and Investment
Sharing staffing, leadership and funding for targeted investments, especially for those often left out of traditional investment strategies.
- Shared infrastructure or backbone support (i.e., grants management, cloud-based resources, HR and Finance support).
- Funding for organizations who are depended upon, but not equitably funded.
- Innovative strategies that can scale and spread.
- Intentional investment to develop and enhance CHW workforce strategies.

Measurement
Changing the narrative of where we’ve been, what we know, what can be demonstrated, and where we’re heading.
- Improving ways of using data.
- Identifying emerging issues.
- Asset and resource sharing.
- Getting regional information to decision makers.