

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project.**

Please email completed templates by **January 15, 2016**, to [MedicaidTransformation@hca.wa.gov](mailto:MedicaidTransformation@hca.wa.gov) with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

<b>Contact Information</b>	<p><i>Identify point person, telephone number, e-mail address</i>  <i>Sandra Aguilar 509-972-2907</i>  <i>Which organizations were involved in developing this project suggestion?</i>  <i>Catholic Charities Housing Services (CCHS)</i></p>
<b>Project Title</b>	<p><i>Title of the project/intervention</i>            Education Area of Focus-Increased High School Graduation Rates and College Enrollment</p>
<b>Rationale for the Project</b>	
<p><i>Include:</i></p> <ul style="list-style-type: none"> <li> <p><i>Problem statement – why this project is needed.</i>            CCHS students and parents are ill prepared to navigate the education system at Pre-K through 12. CCHS students are at a high risk of not graduating from high school and are faced with issues at all levels of their academic lives and especially in their pursuit for higher education. Guidance and access to local resources and afterschool supportive services are a great challenge for CCHS students and parents due to the number of obstacles that they face on a daily basis. Issues of equity, access, and language barriers are strong obstacles that need to be addressed in order to increase greater high school graduation and college enrollment rates amongst CCHS students. CCHS Parents' hope for better for their children, while very few have any detailed understanding of what that might entail. They generally know that "school," often vaguely defined by them, is important to this goal, but they seldom know what types of help or school their children would need to attend, or how they would go about applying for and getting into different colleges and universities (this would include financial aid support). Thus, it is often up to the children themselves to take this initiative.</p> <p>CCHS is committed to making high school graduation, college and education more accessible for all residents. Partnerships like the Yakima Valley College Access Network (YV-CAN), colleges throughout Central Washington, local school districts, and other providers within the region help CCHS' Resident Services Program bridge the gap between residents and their educational aspirations.</p> <p>This past year, CCHS assisted sixty-seven high school students facing college access challenges; of the twelve seniors, seven are first-time college enrollees. CCHS was actively engaged and involved with its students, parents, schools and partners to ensure high school graduation, decrease drop-out rates and increase college enrollment rates among these students. CCHS would like to expand and continue offering these much needed services and academic opportunities to its school-aged residents. Through academically and socially-enriched afterschool activities—as well as graduation support and college preparedness—participating youth and families will become more confident and better informed; allowing them to break cycles of education inequality among immigrant and farmworker families.</p> </li> <li> <p><i>Supporting research (evidence-based and promising practices) for the value of the proposed project.<sup>i</sup></i>            CCHS was unable to find supporting research to validate CCHS' proposed project in the Washington State Institute for Public Policy benefits cost method section. However, based on our own in-house research and proven positive outcomes that have been recognized on a local and state level, our model of services delivery demonstrates a positive outcome in increase of high school graduation rates and college enrollment rates when comparing CCHS students to Washington State students; our model is very effective and one to be emulated by</p> </li> </ul>	

others as proven by our evidence. Our model operates by having a Resident Services Coordinator that is on-site coordinating and delivering services to residents. This model addresses many issues of access to services including the education gap within the housing sector. Our partnerships are with local school districts, community foundations and higher education institutions. We engage parents and students one-on-one and in structured group settings providing needed services that will help bridge the educational gap in access and utilization of services. The Resident Services Coordinator (RSC), which is strategically placed on site, delivers direct services to parents and students via case management, individual, group and afterschool programs. The RSC has direct access and knowledge of student and parent needs.

- *Relationship to federal objectives for Medicaid<sup>ii</sup> with particular attention to how this project benefits Medicaid beneficiaries.*

This program has direct relationship to the Public Health and Prevention benefits of individuals that use CCHS' services. Most of the youth/students that CCHS works with are Medicaid beneficiaries. The long term benefits are great. Most of the youth/students we work with, would probably not graduate high school if not for our help. CCHS students and students overall, that graduate from high school are more likely to attend college and thus have a better outcome in life.

**Project Description**

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

- Reduce avoidable use of intensive services
- √Improve population health, focused on prevention**
- Accelerate transition to value-based payment
- Ensure Medicaid per-capita growth is below national trends

*Which Transformation Project Domain(s) are involved? Check box(es)*

- Health Systems Capacity Building
- Care Delivery Redesign
- √Population Health Improvement – prevention activities**

*Describe:*

- *Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).*  
CCHS serves the Central Washington Region. Service areas: Yakima, Kittitas, Klickitat and Benton Counties. This project serves: agricultural, farmworker, Workforce, Senior and Disabled. The majority of the population CCHS serves is Monolingual Spanish speaking individuals with an elementary or less than elementary school level of education. The majority are immigrants from Mexico from the state of Michoacan.
- *Relationship to Washington’s Medicaid Transformation goals.*  
CCHS’ Resident Services Program goals are very much aligned with the improved population health and prevention goals.
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*  
Our project will increase the knowledge and awareness of our families and youth in primary and post-secondary education and college access. CCHS will foster a “high school graduating” and “college-going culture” attitude at our housing sites. CCHS will coordinate College Access Presentations at 5 housing sites with an average of 10 adults and 20 youth at each presentation, coordinate two college campus visits with approximately ten youth in attendance each visit, direct one-to-one work with students and families and local school counselors to have 20 new College Bound Scholarship sign-ups, and offer a one-to-one mentoring program for students. Reaching

through all of these services at least 100 high school residents per year.

- *Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3. N/A*
- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.*  
Yakima Valley College Access Network (YV-CAN), colleges throughout Central Washington, local school districts, and other providers within the region that will help leverage appropriate services for our students.

**Core Investment Components**

*Describe:*

- *Proposed activities and cost estimates (“order of magnitude”) for the project.*  
Activities will include: Coordinating College Access and Financial Aid workshops, Mentoring activities, College Bound Sign ups, Camp Dudley outreach and sign-ups for students that are interested in going to camp, work one on one with parents and youth providing case management, supportive and advocacy services. The cost estimate for these activities is: \$80,000 a year.
- *Best estimate (or ballpark if unknown) for:*
  - How many people you expect to serve, on a monthly or annual basis, when fully implemented.  
CCHS expects to serve 100 students on an annual basis
  - How much you expect the program to cost per person served, on a monthly or annual basis.  
CCHS expects this to cost \$800 on an annual basis per person.
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*  
12 months
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*  
Investing in one student who graduates from high school and moves on to college and completes college, using Central Washington University as an example, the ROI over 20 years is estimated to be \$317,200 including the total 4 year cost.

**Project Metrics**

*The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.*

*Wherever possible describe:*

- *Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf> pages 46-47<sup>v</sup>.*  
*Please see attached outcome measure for CCHS High School graduation rates attached. Performance measures and outcomes will continue to be evaluated to meet and be aligned with the Medicaid Waiver expectations. CCHS through the above mentioned work was at a 83.30% high school graduation rate and a 80%college enrollment rate. We lost staff capacity that helped us increase our graduation rate and college enrollment rate last year. If we do not have funding to continue this work we will not be able to provide these services and help meet the educational and achievement gap in high school graduation rates and college enrollments in our service area.*
- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation? N/A*

## Development of Washington State Medicaid Transformation Projects List – December 2015



<sup>i</sup> The Washington State Institute for Public Policy, <http://www.wsipp.gov>, has identified “evidence-based” policies that can lead to better outcomes; Behavioral health research reports developed by the Research and Data Administration are available at: <https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/decision-support-and-evaluation>

<sup>ii</sup> Medicaid objectives as stated in GAO report 15-239, April 2015, <http://www.gao.gov/products/GAO-15-239>:

- Increase and strengthen coverage of low income individuals.
- Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations.
- Improve health outcomes for Medicaid and low-income populations.
- Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.
- Criteria established for specific demonstrations described through an informational bulletin or State Medicaid Director’s Letter – available at: <http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html>.

<sup>iii</sup> Transformation goals as stated in Washington’s Medicaid Transformation waiver, <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf>:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington’s tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.

<sup>iv</sup> This includes the statewide common measure set for tracking health care quality and cost across multi-payer public and private health delivery systems: [http://www.hca.wa.gov/hw/Documents/pmcc\\_final\\_core\\_measure\\_set\\_approved\\_121714.pdf](http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf) and the subset of 2016 Medicaid contract common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 5732/1519 Steering Committee and reported to the Legislature in “*Service Coordination Organizations – Accountability Measures Implementation Status*”, (page 36) at: <http://www.hca.wa.gov/documents/legislative/ServiceCoordinationOrgAccountability.pdf>.