

**TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

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

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

<b>Contact Information</b>	Mary Jadwisiak <a href="mailto:Mary@HoldingTheHope.com">Mary@HoldingTheHope.com</a> (360) 687-7954  MATAAC, LLC aka Holding the Hope, Columbia Care's Center for Suicide Prevention, LivingWorks Education.
<b>Project Title</b>	Everyone has a Role in Suicide Prevention
<b>Rationale for the Project</b>	
<p><i>Include:</i></p> <ul style="list-style-type: none"> <li>• <i>Problem statement – why this project is needed.</i> Right Now 5% of any given community is thinking of suicide. 80% of the people who die by suicide give warning signs but people don't recognize them as such until it is too late. For every one person who dies by suicide there nearly 100 who attempt to kill themselves. Even if the signs are recognized, people don't act when they don't know what to do or where to go for help. Additionally, a large percentage of people have seen their primary care physician within 30 days of their death, but the signs were not seen or acted upon. Many behavioral health clinicians have little or no training in suicide prevention. Knowing what to look for and how to respond is something that everyone can learn. When people know what to do, they save lives.</li> <li>• <i>Supporting research (evidence-based and promising practices) for the value of the proposed project.<sup>i</sup></i> This project will provide evidence based, best practice training for suicide prevention to primary care providers and their staff. ASIST (Applied Suicide Intervention Skills Training ) (2 days long) Suicide to Hope for MH professionals (1day ) SafeTALK (3 hours long) and Suicide Talk (45 min long) are workshops that can provide everyone with the necessary skills to help, pursuant to their role within their agency. An ACH can initiate a comprehensive suicide prevention program that included training on Interventions kills, ongoing clinical skills for working with suicidal people, Alertness skills and general Awareness skills appropriate to each person's role.</li> <li>• <i>Relationship to federal objectives for Medicaid<sup>ii</sup> with particular attention to how this project benefits Medicaid beneficiaries.</i></li> </ul>	
<b>Project Description</b>	
<p><i>Which Medicaid Transformation Goals<sup>iii</sup> are supported by this project/intervention? Check box(es)</i></p> <p><input checked="" type="checkbox"/> Reduce avoidable use of intensive services</p> <p><input checked="" type="checkbox"/> Improve population health, focused on prevention</p> <p><input type="checkbox"/> Accelerate transition to value-based payment</p> <p><input type="checkbox"/> Ensure Medicaid per-capita growth is below national trends</p> <p><i>Which Transformation Project Domain(s) are involved? Check box(es)</i></p> <p><input type="checkbox"/> Health Systems Capacity Building</p> <p><input type="checkbox"/> Care Delivery Redesign</p> <p><input checked="" type="checkbox"/> Population Health Improvement – prevention activities</p> <p><i>Describe:</i></p> <ul style="list-style-type: none"> <li>• <i>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).</i> People who are thinking of Suicide – 5% of the population of any community is thinking of suicide. This crosses all races, genders and socioeconomic factors. Anyone can be at risk of suicide.</li> </ul>	

- *Relationship to Washington’s Medicaid Transformation goals.*
  - Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
  - Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.* Project goal is to create suicide safer communities by empowering people to know the signs of suicide and how to help. With a continuum of skill building opportunities, people can learn what to look for, what do to and how to get help. People will use these skills in their professional lives, as well as with their family & friends.
- *Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.*
- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.* Potential partners would be Columbia Cares’s Center for Suicide Prevention, Local veteran support groups in any community, Churches, colleges, civic organizations – any group interested in preventing suicide.

Core Investment Components
<p><i>Describe:</i></p> <ul style="list-style-type: none"> <li>• <i>Proposed activities and cost estimates (“order of magnitude”) for the project.</i></li> <li>• <i>\$100,000 – 4 community –wide series</i> <i>4 X \$25,000 – 1 ASIST workshop, (30 people) – 1 Suicide to Hope (30 people) – 3 SafeTALK workshops &amp; 5 SuicideTALK workshops.</i></li> <li>• <i>Best estimate (or ballpark if unknown) for:</i> <ul style="list-style-type: none"> <li>○ <i>How many people you expect to serve, on a monthly or annual basis, when fully implemented. – This one series of workshop would provide a comprehensive approach to suicide prevention in an agency and provide suicide safety for all of their patients, families and friends. – it is difficult to count.</i></li> <li>○ <i>How much you expect the program to cost per person served, on a monthly or annual basis.</i> <i>\$20,000 per community series</i></li> </ul> </li> <li>• <i>How long it will take to fully implement the project within a region where you expect it will have to be phased in . – this can be a one-time series or an on-going community commitment – It would take months to set up and another 3 months to implement one training series. Smaller requests would require less time.</i></li> <li>• <i>The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.</i> <i>Given that hospitalization is the most expensive form of treatment, the saving in \$ is significant. When people get help sooner, rather than later, they can be treated with less intensive services and supports. Recognizing when people are thinking of suicide and helping them before they act on those thoughts, will create a reduction of human suffering and a reduction of cost to the system in treating the medical needs after an attempt.</i></li> </ul>
<p><i>The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.</i></p> <p><i>Wherever possible describe:</i></p> <ul style="list-style-type: none"> <li>• <i>Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application <a href="http://www.hca.wa.gov/hw/Documents/waiverappl.pdf">http://www.hca.wa.gov/hw/Documents/waiverappl.pdf</a> pages 46-47<sup>iv</sup>.</i></li> <li>• <i>If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?</i></li> <li>• <i>Before and after evaluations are currently utilized on feedback forms and be utilized.</i></li> <li>• <i>People will show a statistically significant improvement in their ability to recognize the signs of suicide, ask directly about suicide and know where and how to get help.</i></li> <li>•</li> </ul>

<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.

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

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<sup>9</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](http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf).