

TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS

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

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

Contact Information	<i>Identify point person, telephone number, e-mail address</i> Beth Hammonds 253-720-3367 , beth.hammonds@RIInternational.com <i>Which organizations were involved in developing this project suggestion?</i>
Project Title	<i>Title of the project/intervention</i> RI International
Rationale for the Project	
<p><i>Include:</i></p> <p><i>Problem statement – why this project is needed.</i> People who experience severe and persistent mental health and/or co-occurring substance use conditions often disengage from traditional treatment and then are seen in more intensive and expensive services such as hospitals, emergency departments and jails. RI International Restart Program diverts participants from avoidable hospitalization, emergency departments and/or jails, while reconnecting the participant back to their current treatment provider through peer support and targeted case management.</p> <p><i>Supporting research (evidence-based and promising practices) for the value of the proposed project.ⁱ</i> Restart Services provide community support services performed by Certified Peer Specialist who have special training; and have life experience in living and recovering from severe and persistent mental illness and/or co-occurring substance use providing the evidence that recovery is possible. “In 2007, CMS declared peer support as an evidence based mental health model of care”, “according to SAMSHA, research has shown that peer support facilitates recovery and reduces health care costs”. Another study found that “individuals involved in peer run services had improved social functioning (connectedness) compared to those receiving services as usual (Yanos, Primavara, and Knight, 2001)”.</p> <p><i>Relationship to federal objectives for Medicaidⁱⁱ with particular attention to how this project benefits Medicaid beneficiaries.</i> The RI international Restart Program will improve and strengthen the current system of care, by reducing avoidable use of emergency departments, hospital inpatient services and jails. Restart offers an increase of community services such as: navigating through the healthcare system; engaging in recovery; assistance with accessing clinical and community support services; and help with developing a WRAP, advance directive, or plan for managing relapse. Restart Services complement the participant’s behavioral health treatment services.</p>	
Project Description	
<p><i>Which Medicaid Transformation Goalsⁱⁱⁱ are supported by this project/intervention? Check box(es)</i> <input checked="" type="checkbox"/> Reduce avoidable use of intensive services <input checked="" type="checkbox"/> Improve population health, focused on prevention <input type="checkbox"/> Accelerate transition to value-based payment <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> <input type="checkbox"/> Health Systems Capacity Building <input checked="" type="checkbox"/> Care Delivery Redesign <input checked="" type="checkbox"/> Population Health Improvement – prevention activities</p> <p><i>Describe:</i> Consider the Restart Program as a Special Ops Team stepping in to provide 90 days of intense peer support and targeted case management in collaboration with the current behavioral health treatment team. Upon referral from Community</p>	

Providers, Emergency Departments, Hospitals, Funders, and Crisis Services, a Recovery Coach attempts to engage within 24 hours, preferably the same day wherever the individual is located. Restart will act as a liaison with providers to provide appropriate linkage to services and follow-up for as long as needed up to 90 days.

The Mental Health Professional (Recovery Navigator) will complete an assessment within the first few visits to determine the individual's needs and how Restart can be of assistance that will impact the participant's overall success with independence in the community. Each participant enrolled will choose the goals they wish to work on and the services and supports needed based on SAMHSA's eight dimensions of wellness that include; Emotional, Environmental, Financial, Intellectual, Occupational, Physical, Social and Spiritual Wellness. Some of these services will be provided by the Restart Team and other services will be linkages to community based providers, primary care, and human service organizations.

At the point the participant signs into the Restart Program, the Restart Team becomes a member of the participant's ongoing recovery team and will attend team meetings specifically for care coordination. It is expected that there will be overlap in services while Restart is involved in the case and the participant is in need of advocacy. The Restart Team will meet face-to-face with the participant more frequently during the initial month of contact (as often as daily if needed) with less face-to-face contact once the participant is established in community supports. At least 90% of all face to face contacts with individuals will take place in the community in settings other than agency offices. When psychiatric hospitalization is unavoidable the Restart Team will be involved in both the admission and discharge process and ongoing engagement with the participant. The measurement for graduation will be when the person has successfully completed the connections, services and supports required for their continued success in community living.

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).

Restart is intended to provide services and supports to Medicaid Adult individuals who experience a mental illness and/or co-occurring substance use condition and who are not well connected to community-based services or are having difficulty being connected to providers they are receiving in the Pierce County area. It is primarily an advocacy program, successfully linking individuals to behavioral health services that can assist the individual in their recovery.

Relationship to Washington's Medicaid Transformation goals.

The RI international Restart Program improves and strengthens the system of care by providing an increase in peer support and targeted case management to Medicaid Adults experiencing serious mental illness and/or co-occurring substance use and are disengaged from treatment. In collaboration with the current treatment providers the Restart Team is able to provide flexible services in the community with the aim of reducing the use of intensive services and improving population health. The Restart Team works collaboratively with community providers, hospitals, and natural supports with the one goal of helping the participant divert from jail or hospitalization.

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

Reduce hospital recidivism and use of the legal system for Medicaid Adults who experience serious mental illness and/or co-occurring substance use through assuring successful linkages to behavioral health treatment/primary care provider/natural supports in community

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.

Restart is a natural link with Peer Bridger Services which we currently provide in Pierce County through Optum.

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.

In Washington State RI International currently partners with NAMI, CHI Franciscan, Multicare, Family, Youth and System Partners Round Table (FYSPRT), The Behavioral Health Organizations in Pierce County (Optum), Pierce

County Providers and Pierce County E&T's.	
Core Investment Components	
<i>Describe:</i>	
<i>Proposed activities and cost estimates ("order of magnitude") for the project.</i>	
12 month Funding	Startup Cost
Staffing cost \$456,776	Staffing Cost \$38,065
Other Program Cost \$350,401	Furnishing, Equipment& Technology \$88,343
	Training \$26,000
	Other Program Cost \$41,874
Total 12 Month Funding \$807,177	Total Start Up Funds \$194,282
Best estimate (or ballpark if unknown) for:	
How many people you expect to serve, on a monthly or annual basis, when fully implemented.	
The Restart Programs would engage 245 Medicaid Adults who experience serious mental illness and/or co-occurring substance use Medicaid Adults who experience serious mental illness and/or co-occurring substance use with 63% signing in, resulting in 154 served per 90 days	
How much you expect the program to cost per person served, on a monthly or annual basis.	
\$14.56 per person per day	
\$436.78 per Month	
How long it will take to fully implement the project within a region where you expect it will have to be phased in.	
RI International could be providing services in 90days yet to be fully implemented we would need 6 months	
The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.	
The goal of the Restart Program is to reduce usage of intensive services such as the Emergency Departments and Jails. In Washington, a Medicaid Adult uses the Emergency Department twice as much as someone without Medicaid and jails house more adults with behavioral health concerns per capita than in hospitals due to reimbursement rates not covering the cost of an inpatient psychiatric bed. The average cost is \$380.00 per hour for an Emergency Department bed in Pierce County. The average cost for a day in jail is \$92.00 a person. A person who may be experiencing severe mental illness and/or co-occurring substance abuse will have a higher cost per day due to the increased needs of these individuals According to "Washington's Department Of Corrections as of Sept. 30, 2014, the data indicates there are 4,846 inmates out of 17,500 (27.7 percent) who require some level of mental health treatment. According to an article "In Texas prisons the average prisoner costs the state about \$22,000 a year," but "prisoners with mental illness range from \$30,000 to \$50,000 a year".	
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:	
<ul style="list-style-type: none"> • 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^{iv}. • If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation? 	
Reduce hospital recidivism; emergency department use; the use of jails and homelessness for participants who experiencing a mental illness and/or co-occurring substance use once Restart is involved.	
<ul style="list-style-type: none"> • Time from referral to first contact. • Screen for depression and suicide risk using PHQ9.at time of enrollment and at graduation from Restart. • Assess change using the WHODA 2.0 a generic assessment for health and functioning. • Change in housing status from initial enrollment to discharge from Restart. 	

Development of Washington State Medicaid Transformation Projects List – December 2015

ⁱ 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>

ⁱⁱ 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>.

ⁱⁱⁱ 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.

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