Attachment A: **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	*Identify point person, telephone number, e-mail address* **Beth Hammonds 253-720-3367 , beth.hammonds@RIInternational.com** *Which organizations were involved in developing this project suggestion?* **RI International**
Project Title	*Title of the project/intervention* **Peer Bridger Program**
Rationale for the Project	
Include: ***Problem statement – why this project is needed.*** • We propose the Peer Bridger program to reduce avoidable use of intensive services and improve population health. Specifically, the program will address the gap in care between a person's inpatient stay for psychiatric care and their successful return back into the community. According to national data "At least 11 percent of psychiatric patients are re-hospitalized within 30 days, mostly due to sparse follow-up care." Peer Bridger fills the gap by engaging individuals in positive relationships, creating linkage to the appropriate behavioral health services, while engaging the individual in the recovery process modeling wellness tools. ***Supporting research (evidence-based and promising practices) for the value of the proposed project.***[i] • "In 2007, CMS declared peer support as evidence based mental health model of care", and "according to SAMSHA, research has shown that peer support facilitates recovery and reduces health care costs". Currently, the Washington State Institute for Public Policy (WSIPP) is reviewing Peer Bridger's program as a promising practice. RI International Peer Bridger program in Pierce County initial assessment shows an average per year cost savings of $550,000 and 76% reduction in hospitalization. ***Relationship to federal objectives for Medicaid***[ii] ***with particular attention to how this project benefits Medicaid beneficiaries.*** • The RI international Peer Bridger Program improves and strengthens the system of care to prevent hospital readmission, through the use of peer support while inpatient, continuing the relationship while linkage is made in the community. Population Health is improved by the Peer Recovery Coaches providing recovery education which focuses on prevention and health while collaboratively working with community providers, hospitals, and natural supports. Graduation will be when the person has successfully completed the connections, services and supports required for their continued success in community living.	
Project Description	

Which Medicaid Transformation Goals[iii] are supported by this project/intervention? Check box(es)

X Reduce avoidable use of intensive services

X 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

X Care Delivery Redesign

X Population Health Improvement – prevention activities

Project Description

The Peer Bridger Program currently employees 8 Recovery Coaches who are Certified Peer Counselors and 2 Mental Health Professionals (MHP). The Recovery Coaches develop a relationship based on shared life experience with an individual who is experiencing a challenging time of their lives as they begin to transition from inpatient hospitalization back into their community. Upon referral a Recovery Coach attempts to engage within 24 hours preferable the same day. While a participant is inpatient the Peer Recovery Coach builds a trusted relationship through providing, encouragement, choice and hope, and empowering the individual in identifying their strengths and goals.

Upon discharge from inpatient the Peer Recovery Coach takes the individual to their first appointment preferably on the same day or within 5 days post discharge. The MHP meets with the individual to assess and provide care coordination. The Peer Recovery Coach continues to sees the participant until the linkage is made and original goals are met. If necessary the MHP is available for brief focused treatment until engaged in services.
Once a participant is comfortable with the linkage to their community provider of choice and the original goals are met, Peer Bridger services are transitioned out. Currently this entire process is 14 days with some exceptions allowing for 30 days.

With the transformation funds RI International Peer Bridger Program is looking to expand its services by:

- Provide integrated Substance Use (SU) and Mental Health (MH) linkage providing Substance Use Disorder (SUD) assessments and care coordination while still ITA to a psychiatric hospital to address co-occurring issues before discharge from inpatient. The number one reason for recidivism within 30 days is due to active substance use upon returning to the community.
- Increase the length of the program to 90 days. We based the increase to 90 days on the preliminary research of the "Transitional Discharge Model" for people who suffer from severe and persistent mental illness. RI International's internal data, the satisfaction surveys results, also supports increasing the days from 14 to 90 days, and it is the number one reason given for not signing in.
- Receive referrals from all source other than just involuntary psychiatric, expand to other Medicaid individuals who are in voluntary behavioral health inpatient, medical inpatient, jail, residential or crisis settings including Emergency Departments (ED) to support individuals navigating back into the community
- Expand to other Washington Counties. RI International already has expertise in providing services in more than one location.

Geographic Region and Population

Currently we are in Pierce County, as resource permits RI International would expand to neighboring counties to ensure linkage for Medicaid Adults who are experiencing acute mental health symptoms.

Relationship to WA Medicaid Transformation goals

- Peer Bridger program sole purpose is to reduce the use of intensive services by bridging the gap between inpatient and outpatient where Medicaid adults tend to disengage. Through the use of transformation funds The Peer Bridger program would expand the current program to 90 days, expand services by providing SUD assessment, and care coordination to assure rapid link to SUD services to assure the participant is fully

engaged in treatment.

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

Reduce recidivism of hospitalization and intensive services for Medicaid Adults who experience serious mental illness and/or co-occurring substance use, through assuring appropriate linkage to services and assuring successful linkage to substance use 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.

RI International currently provides Peer Bridger Services 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, Family, Youth and System Partners Round Table (FYSPRT), The Behavioral Health Organizations in Pierce County, Pierce County providers and Pierce County E&T's.

Core Investment Components

Describe:

Proposed activities and cost estimates ("order of magnitude") for the project.

12 month Funding	**Startup Cost**
Staffing cost $463,884	Staffing Cost $38,657
Other Program Cost $351,720	Furnishing, Equipment& Technology $88,343
	Training $26,000
	Other Program Cost $41,984
Total 12 Month Funding $815,605	Total Start Up Funds $194,984

Best estimate (or ballpark if unknown) for:

How many people you expect to serve, on a monthly or annual basis, when fully implemented.

Peer Bridger's would expand the number of days from 14 to 90 days, to assure successful transition back into services and the community. .Based on the expansion, referrals would be accepted by the Behavioral Health Organization (Optum in Pierce County), ED, voluntary hospitals, SUD inpatient and other restricted settings such as residential. With the increase in referrals and increase length of services, RI International Peer Bridger program anticipates 440 Medicaid adults who experience serious mental illness and co-occurring substance use engaged, with a 63% sign in rate resulting in 280 served per 90 days.

How much you expect the program to cost per person served, on a monthly or annual basis.

$8.09 per person per day

$242.74 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.

Expanding the current Peer Bridger program to 90 days and to open up access to more referrals would take a month to fully operationalize. To implement the SUD services, assessment and care coordination we would need an additional 3 months to become fully CD licensed by the state.

The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI.

RI International Peer Bridger program in Pierce County initial assessment shows an average per year cost savings of $550,000 and 76% reduction in hospitalization. In 2005 another research study showed that the "Peer Bridger" model "found that participants working with peers were discharged 116 days earlier than control group resulting in $12 million dollar system savings! (Forchuk, C., et al. 1998) (TDM Transitional Discharge Model with peer support)."

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[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 recidivism of hospitalization for participants who experience a serious mental illness. Increase program to 90 days and provide linkage to initial services within 24 to 48 hours post discharge
  - Assess for ASAM placement while inpatient, using the Global Appraisal of Individual Need- Short Screener (Gain SS) form and history to determine need. Provide successful linkage to substance use treatment/primary care provider/natural supports in community within 30 days.
  - Screen for depression and suicide risk using PHQ9 at inpatient discharge and graduation.

[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.