Summary Findings for SWACH

SWACH

- Counties:
  - Clark
  - Skamania
  - Klickitat

- Tribal Reservation/Trust Land: Part of the Cowlitz Indian Tribe is located in the region.


Medicaid Transformation Toolkit Projects:
- 2A: Bi-directional Integration of Care
- 2B: Community-Based Care Coordination
- 3A: Addressing the Opioid Use Crisis
- 3D: Chronic Disease Prevention and Control

1. **Overview and Findings**
   Below is a high-level overview of the Independent Assessor’s MPA findings.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Review Procedures</th>
<th>Recommendation</th>
</tr>
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<tbody>
<tr>
<td><strong>Objective 1</strong>: Demonstrate compliance with the STCs and approved protocols</td>
<td><a href="#">Met</a></td>
<td><strong>Continuation</strong></td>
</tr>
<tr>
<td><strong>Objective 2</strong>: Assess project health to provide final recommendations of continuation, modification, correction action or discontinuation</td>
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2. **Regional Insights**:
ACH leadership and partnering providers were asked about successes and challenges identified to date.
<table>
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<th>Successes</th>
<th>Challenges</th>
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<tr>
<td>Medicaid Transformation created a venue for necessary conversations that had not previously happened. There is integration occurring not only between physical health and behavioral health, but inclusive of the social determinants of health.</td>
<td>Bringing primary care providers into behavioral health settings has been challenging. PCPs are more likely to bring behavioral health consultant into their practice.</td>
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<td>MTP has provided scaffolding, structure, education and training. The providers aren’t left to innovate on their own and SWACH has brought medical providers to participate at the community level.</td>
<td>There is a lack of buy-in and reluctance of some providers to get involved. Opportunities remain to discuss why integration is better for clients.</td>
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<td>There has been a culture shift occurring as a result of Medicaid Transformation that reinforces the understanding of the mind/body connection.</td>
<td>This helps primary care providers see the benefit and bridge to behavioral health.</td>
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<td>The Health Improvement Council provides useful, specific guidance, advice and support. It is highly organized and the pace of activities is reasonable.</td>
<td>It is not clear how to utilize aggregate data or share data. There are too many systems across providers that are dealing with SDOH. There have also been challenges with software and CCS platform.</td>
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<td>Partners are describing optimism regarding the success attainable through Medicaid Transformation and feel that the region is heading in the right direction.</td>
<td>There has been lack of alignment or agreement with the MCOs. At this time, MCOs are not investing in care coordination like they could to see a return on investment.</td>
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<td>There has been difficulty in developing the scope of work as this process was much different than grants.</td>
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3. **Review Components:**

**ACH Organization & Compliance Representation.**

*Representation.* Documentation confirmed that the Board of Trustees has thirteen (13) positions and include representatives from the community, healthcare, social services, tribes, managed care organizations, FQHCs, public health, and higher education sectors.

*Communication methods.* Documentation confirmed that the ACH is communicating with partners through multiple methods including e-newsletters, a website calendar and resources section, social media, and videos. Partners indicated there are weekly meetings/communications with a SWACH team member and SWACH sends minutes shortly after each meeting.

**ACH partner support.** Partners report that SWACH has been helpful with giving support and structure. Early meetings with different members helped conceptualize goals, mission statement, milestones, etc. It helped bring community partners to the table.
Partnering provider engagement with ACH in support of MTP efforts.

Status of Contracts. Documentation and site visit interviews confirmed that SWACH and partnering providers are engaged in efforts to support Medicaid Transformation. Most SWACH and partnering providers have signed Medicaid Transformation Project Partner Agreements in 2019. Sample provisions of the agreements require the partner to:

- Complete the project milestones and submit deliverables set forth in the Scope of Work and Partner Reporting Guidance.
- Notify SWACH if the partner intends to change their legal status, organizational structure, or fiscal reporting structure.
- Submit all reports required by and in accordance with the Scope of Work or Partner reporting Guidance and submit all additional information requested by SWACH.

The agreement outlined the procedure for payment of funds, including the basis for payment, frequency and amount of payments, payment contingencies, and allowable costs.

Distribution of Earned Incentive Funds.

Distribution of funds without duplication of federal funds. Documentation indicates the funding methodology, but does not discretely refer to non-duplication of federal funds.

Distribution of funds to partnering providers. Documentation submitted confirms the interviewed partners have received funding and the methodology.

Partnering provider usage of fund for transformation efforts (Local Health Initiative Efforts). Partnering providers confirmed usage of funds for Medicaid Transformation activities. For example, funds were used to hire new staff and consultants, workforce training, MAT services, increased screening and outreach, among others.

Workforce Transformation.

Address identified workforce gaps. (ACH & Local Health Initiative Efforts). SWACH documentation provides an overview of steps taken to identify and fill workforce gaps. Some partners reported no issues in addressing any gaps in their workforce but others expressed the following concerns:

- MTP is a temporary project, so some of those positions can be difficult to fill due to their finite nature.
- Behavioral health positions are consistently difficult to fill but MTP funding has helped in recruitment.
- Differences in hiring policy across partners has created barriers to sharing the workforce.
Population Health Management through Data Exchange & Usage.

Address identified HIT/HIE infrastructure and/or point of care gaps. (ACH & Local Health Initiative Efforts).

SWACH’s current state assessment found that while a lot of information is being shared across the region, data exchange is mostly occurring manually (e.g., fax or paper-based). No organizations reported as part of the assessment any electronic exchange occurring with either community paramedicine or law enforcement/criminal justice organizations. SWACH noted that these findings are only reflective of clinical perspectives, as CBOs did not participate in the assessment.

Examples of work SWACH has conducted specific to HIT/HIE infrastructure and data exchange are as follows:

- **SWACH is the Pathways Community Hub lead entity and is responsible for ensuring the Pathways Community Hub operations manual meets all certification requirements, e.g., HIPAA protection policies, as well as data governance and processes to manage HUB data. SWACH contracted Care Coordination Systems (CCS) to build a platform for data exchange and to track care coordination.**

- **SWACH has worked with clinical partners, suggesting strategies such as the following to include in their agreed-upon Medicaid Transformation scopes of work related to improving HIT/HIE:**
  - Utilize data systems to track outcomes and population health.
  - Support robust EHR systems with registry functionality, and collection of SDOH data.
  - Support implementation of HIE solutions and protocols (e.g., OneHealthPort, EDIE®, PreManage).
  - Support the integration of EHR and HIE.
  - EHR supports.
  - Utilize telehealth to support partnerships between physical health, behavioral health and community agencies for integrated care approaches.

As an example, in review of one provider’s scope of work, the provider plans to use funding to establish a closed loop referral process, which includes building EHR tracking mechanisms for referrals. They also shared a sample dashboard that will be used to monitor progress. Another provider has the goal to gain sponsorship from an MCO to connect with PreManage. The care management tool has been tested successfully in the region as a pilot project with several behavioral health agencies.

Transition to Integrated Managed Care.

Support provided to help transition to Integrated Managed Care. SWACH reported as part of its SAR 3.0 submission that it has provided approximately $1.3 million and projects $3.5 million in incentives to support implementation of integrated managed care. SWACH counties have implemented at different times with Clark and Skamania counties implementing in April 2016 and Klickitat County in January 2019. SWACH reports the following activities to support transition:

- **IMC Core Group.** SWACH established this group in 2018 for stakeholders to meet every other month in preparation for the January 2019 implementation.
• Post-Implementation Support. SWACH supported the region’s transition through one-on-one meetings, facilitation of connections, and convening of stakeholders as needed. They also helped behavioral health providers with development of a contracting structure.

SWACH indicated transition has mostly gone well, but with expected challenges with administrative and business changes, such as:

• Conversion of crisis services to the Administrative Services Organization (ASO) led to some challenges with data submission and developing a better understanding of the credentialing process for the ASO.
• Submission of fee-for-service claims to MCO partners influenced changes in business practices and administrative workflows.
• Challenges with residential treatment authorizations has created loss of administrative time.

SWACH has supported providers through transition challenges by serving in several roles, acting as a connector and convener when needed, and connecting partners with payers or other partners for peer-to-peer learning. To help address the structural changes needed, SWACH developed an exclusive contract with the behavioral health providers to invest in administrative and infrastructure needs.

**Bi-directional integration.**

*Activities to increase access to mental health and substance use treatment; bi-directional integration; implementation of registries, development of relationships; culture change.* SWACH has developed two workgroups that focus directly on bi-directional integration.

• Clark County Opioid Taskforce brings together multiple sectors across Clark County to focus on policy, system, and environmental change that decrease opioid overdose and increase engagement in prevention, availability, and access to treatment and recovery.
• Partners participating in the Integrated Care Collaborative will conduct integration improvement projects using tactics developed from SAMHSA’s Six Levels of Integration. Education and coaching around integration and the IHI Model for Improvement will be provided to participating providers to support implementation.

Partnering providers participating in the Bi-directional Integration project have indicated that there is limited access to behavioral health services for clients who are not in crisis. There is an increase in MAT in primary care, but they are still working on how to operationalize these services.

**Community-Based Care Coordination.**

*Address identified care coordination gaps. (ACH & Local Health Initiative Efforts).* Review confirmed that care coordination activities and workflows are being developed and implemented between partnering providers. The ACH is working with clinicians to understand the work of peer support and the value peer support staff bring to the patient’s treatment. Medicaid Transformation has resulted in expansion of staff.
**Training & Technical Assistance.**

*Training resources, tools and principles in use. (ACH & Local Health Initiative Efforts).* SWACH through the Medicaid Transformation has pursued and conducted multiple methods to offer partner training and technical assistance. Training topics include, but are not limited to:

- Motivational Interviewing Training.
- Crisis Response Training.
- Chronic Disease Self-Management Lay Leader Training.
- Pathways Framework, CCS CHR Training, CHW Fundamentals.
- Medication Assisted Treatment Waiver Training.
- Leading for Social Justice and Equity.

**Project Implementation.**

For each project selected, SWACH was asked to submit documentation as proof of completion for at least one Key Deliverable from Stage 2 Milestone of the ACH Implementation Plan: "Develop guidelines, policies, procedures and protocols." The procedure compared the submitted documentation to the Implementation Plan for corroboration. As a result, the IA identified that there are no areas of concern that would impede continued progress.

For the required projects, "Project 2A: Bi-directional Integration of Physical and Behavioral Health Through Care Transformation" and "Project 3A: Addressing the Opioid Use Public Health Crisis" the original approach that was described in the submitted project plan, and the progress gathered from the mid-point assessment is summarized to substantiate implementation activities.

**Project 2A: Bi-directional Integration of Physical and Behavioral Health Through Care Transformation**

*General Approach.* The project is built upon five core concepts of integration that are fundamental to the Collaborative Care Model and the Bree Collaborative. Providers are allowed to develop practical models of integration that align with their strategic goals and the variety of clinical settings in which they operate. SWACH’s plan is to invest in building resources to share patient information, coordinate clinical and community-based care in new ways, and focus on accountability for outcomes.

*Implementation Plan Progress.* SWACH indicated progress through submission of learning material and collaborative curriculum. SWACH’s Integrated Care Collaborative Agenda outlines the curriculum established and focuses on many aspects of care coordination.

**Project 3A: Addressing the Opioid Use Public Health Crisis**

*General Approach.* SWACH will use AMDG and CDC prescribing guidelines for this project. SWACH proposed in its Project Plan to leverage school and community-based prevention and education initiatives, increased access to treatment and peer support services in Clark County, and programs distributing
Naloxone publicly and to law enforcement. SWACH indicated it would support partners through the following:

- Collaborative workshops.
- Shared learning forums.
- Dissemination of evidence-based guidelines and best practices.
- Setting-specific advisory workgroups.
- Data monitoring guidelines.
- Technical assistance from consultants and staff.

Strategies are expected to advance HIT through enhanced utilization of the prescription monitoring program, adoption of evidence-based approaches, increased access to treatment through capacity building (e.g., peer support, identification/referral for OUD, increased number of MAT providers, etc.), and increased enrollment and engagement of persons with OUD who are not receiving MAT.

*Implementation Plan Progress.* SWACH demonstrated progress on this project by submitting the Clark County Opioid Taskforce Charter and a collaboration presentation. Both documents outline useful information about opioids and the Charter specifically details how the Taskforce contributes to collaborative efforts to combat the opioid epidemic.