

Monday, March 01, 2018
Program Council Meeting
Skagit County Commissioners Room
<https://zoom.us/j/800303390>
1 408-638-0968
Meeting ID: 800 303 390

Program Council Members:

Greg Arnold	Anji Jorstad	Janet St. Clair
Ryan Blackwell	Barbara Juarez	Greg Winter
Siobhan Brown	Jeff Ketchel	Laura White
Federico Cruz-Uribe, MD	David Kincheloe, PhD	Staff Members:
Connie Davis, MD	Barbara LaBrash	Liz Baxter
Stephen Gockley, JD	Laurel Lee	Tiffany Edlin
Carol Gipson	Linda McCarthy	Ross Howell
Linda Gipson	Chris Phillips, Vice Chair	Heather McGuinness
Bill Henkel	Glenn Puckett	Hillary Thomsen
David Jefferson	Caitlin Safford	Leah Wainman
Jennifer Johnson, Chair	Tom Sebastian	Nicole Willis

DRAFT Agenda

Time	Topic	Purpose	Lead
11:30	1. Welcome and Meeting Agenda <ul style="list-style-type: none"> Attendance Review January minutes Attachments A) January 22 nd meeting minutes	Action: approve minutes	Jennifer
11:45	2. Updates <ul style="list-style-type: none"> Operations Update <ul style="list-style-type: none"> THE RESULTS ARE IN! Project Plan Score Funds Allocation Strategy Board Committee Decision <ul style="list-style-type: none"> Board calendar Attachment B) Independent Assessment	Feedback	Jennifer Liz
12:15	3. Membership Configuration and Terms <ul style="list-style-type: none"> How to seat members Officers Term limits 	Action: adopt model/terms	Jennifer
12:40	4. Planning Phase Process <ul style="list-style-type: none"> Program Council 2018 Work Plan Planning Process Overview <ul style="list-style-type: none"> Current State Assessment Partner Convenings Attachment C) Program Council 2018 Work Plan-DRAFT	Update, Feedback, Action	Jennifer Nicole Heather Leah
1:00 (break @1:50)	5. Current State Assessment Activity- Part 1 & 2 <ul style="list-style-type: none"> Pre-Meeting Survey Themes Group Activity 	Participation & Discussion	Jennifer Kelly Nicole
2:45	6. Public Comment		
2:55	7. Meeting Summary/Upcoming Meetings/Next Steps	Action: mark	Jennifer

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- Interlocal Leadership Structure, March 9 1 - 3pm
 - Community Leadership Council, April TBD
 - Board Meeting, 4/27/2018 10:30am – 3:30pm
 - Program Council Meeting, 5/3 11am – 3pm
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[your calendars](#)

3:00
or
sooner

8. Adjourn

Jennifer

Program Council Members:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Greg Arnold | <input type="checkbox"/> Anji Jorstad | <input checked="" type="checkbox"/> Janet St. Clair |
| <input checked="" type="checkbox"/> Ryan Blackwell | <input checked="" type="checkbox"/> Barbara Juarez | <input checked="" type="checkbox"/> Greg Winter |
| <input type="checkbox"/> Siobhan Brown | <input type="checkbox"/> Jeff Ketchel | <input checked="" type="checkbox"/> Laura White |
| <input checked="" type="checkbox"/> Federico Cruz-Uribe, MD | <input checked="" type="checkbox"/> David Kincheloe, PhD | Staff Members: |
| <input type="checkbox"/> Connie Davis, MD | <input checked="" type="checkbox"/> Barbara LaBrash | Liz Baxter |
| <input type="checkbox"/> Stephen Gockley, JD | <input checked="" type="checkbox"/> Laurel Lee | Kyle Davidson |
| <input checked="" type="checkbox"/> Carol Gipson | <input checked="" type="checkbox"/> Linda McCarthy | Tiffany Edlin |
| <input type="checkbox"/> Linda Gipson | <input checked="" type="checkbox"/> Chris Phillips, Vice Chair | Ross Howell |
| <input type="checkbox"/> Bill Henkel | <input checked="" type="checkbox"/> Glenn Puckett | Heather McGuinness |
| <input checked="" type="checkbox"/> David Jefferson | <input type="checkbox"/> Caitlin Safford | Hillary Thomsen |
| <input checked="" type="checkbox"/> Jennifer Johnson, Chair | <input checked="" type="checkbox"/> Tom Sebastian | Leah Wainman |
| | | Nicole Willis |

DRAFT Minutes

Topic

1. Welcome and Meeting Agenda

- Motion: to approve December Minutes by David Kincheloe; second by Greg Winter. All in favor, no abstentions; motion approved.

2. Where We Are Today

- Liz provided a review of the write back process.
 - We are likely to receive 100% of our earning based off our draft score. We will learn out final score on January 31st.
 - There is a bonus pool for ACHs that chose 6 or more project areas. Due to the low amount of ACH's that fall in this category we are likely to get 25-30% of bonus pool.
 - We are probably looking at earning 15-17 million in 2018. 3 months ago this money was expected in January. As of a few weeks ago, the HCA is estimating dispersing funds around May or June.
 - Timeline for our work has not changed. Still have to do semi-annual reports.
- Jennifer Johnson is back on the Board.
- In negotiations with HCA to use year one infrastructure earning for our partners until funds begin to flow.
- Largest deliverable in 2018 is the implementation plan
- Currently trying to populate the Financial Executers portal, this will allow us to transfer money as soon as we receive it. Likely anyone that worked with us on the workgroup will be able to get money. We will be doing a call and adding additional folks later.
- Mid adopter payment is now tied to demonstration dollars and are expected in May or June. Asked HCA to separate those timelines in order to be successful.

3. Opportunities for Involvement in Implementation Planning

- Opportunities to participate
 - Recruiting planning partners
 - Assessment of current capacity
 - Selecting target populations & evidence-based approaches
 - Identify, recruit, and engage project implementation partners
 - Nicole reviewed the program planning process for 2018.
 - Group had a discussion around what the North Sound ACH did well during the project area planning phase.
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- Appreciated the transparency of process
 - The number of content experts people included
 - The number of sectors and partners
 - The amount of commitment
 - Graphic record keeping was helpful.
 - Program Council provided feedback on how we can improve the process moving forward.
 - Logistical challenges for rooms and TA
 - Not having clear guidelines
 - Would like to have a better understanding of the 'END.'
 - Would like to be able to pick or find the most appropriate leads moving forward.
 - Would like CLC members on every workgroup area, or other community members with lived experience.
 - Would like more representation from educational sector.
 - Moving to combined process/groups rather than 8 individual groups.
 - Next Steps for March meeting?
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4. Membership process

- Group had a brief review of how the program council was populated
 - Goal is to have duplication reduction on committees
 - Members are encouraged to reflect on where they best fit within the committee structure
 - Governance Committee is charged with creating a methodology for populating the Program Council.
 - Next meeting look at members and terms
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5. Public Comment

- Mary Anderson asked for clarification on roles of Community Leadership Council and Program Council.
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6. Upcoming Meetings/Next Steps

- Next Program Council meeting shall be extended.
 - Help selecting target population
 - Would like help doing a gap analysis
 - Staff to preparing some metrics on program areas that are already emerging (crosswalk).
 - Update the presented timeline with what the Program Council shall focus on
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7. Adjourn at 3:01PM

Produced by Myers and Stauffer on behalf of the Washington Health Care Authority



Attachment 2

Healthier Washington Medicaid Transformation

Independent Assessment of Project Plan for North Sound ACH

January 2018

Key Findings for North Sound ACH

In this section, Myers and Stauffer provides a high-level overview of information from the ACH's Project Plan and key findings from our independent assessment.

High-level Overview

Please note that overview information is directly derived from the ACH's Project Plans. Myers and Stauffer revised wording slightly in some cases for flow; but to avoid changing content or meaning, did not make significant changes.

Project Plan Section I — ACH Level is focused on subsections that were not part of Phase I or II certifications:

- Regional Health Needs Inventory
- Funds Allocation
- Required Health Systems and Community Capacity (Domain 1) Focus Areas

For Section I, Myers and Stauffer also documented significant changes or responses to areas of improvement identified by HCA during reviews of Phase II certifications, if applicable.

Project Plan Section II – Project Level is focused on the ACH's general approach, preliminary target populations, and providers for each proposed project.

ACH Project Plans are available on HCA's website at: <https://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation-resources>.

Findings

Findings presented in this report focus on the following:

- **Examples of Project Plan Strengths.** Myers and Stauffer highlights examples of strengths for the ACH noted during our assessment of the Project Plan.
- **Opportunities.** Myers and Stauffer highlights opportunities for consideration as ACHs move into further planning and implementation. These include recommendations for continued monitoring or additional requests for information at later points in time and areas of consideration for the ACHs as they proceed.

North Sound Accountable Community of Health



Summary Findings for North Sound ACH

North Sound ACH	
<ul style="list-style-type: none"> ■ Counties: <ul style="list-style-type: none"> ○ Island ○ San Juan ○ Snohomish 	<ul style="list-style-type: none"> ○ Skagit ○ Whatcom
<ul style="list-style-type: none"> ■ Tribal Reservation/Trust Land: The Lummi Nation, Nooksack Tribe, Samish Indian Nation, Sauk-Suiattle Tribe, Swinomish Tribe, Stillaguamish Tribe, Tulalip Tribe, and Upper Skagit Tribe are located in the region. 	
<ul style="list-style-type: none"> ■ Medicaid Population Size (November 2017 Client Count): 245,308 	
<ul style="list-style-type: none"> ■ Medicaid Transformation Toolkit Projects 	
<ul style="list-style-type: none"> Selected: ○ 2A: Bi-directional Integration of Care ○ 2B: Community-based Care Coordination ○ 2C: Transitional Care ○ 2D: Diversions Interventions 	<ul style="list-style-type: none"> ○ 3A: Addressing the Opioid Use Crisis ○ 3B: Reproductive and Maternal and Child Health ○ 3C: Access to Oral Health Services ○ 3D: Chronic Disease Prevention and Control

1. Project Plan Section I Overview and Findings

Below is a high-level overview of specific Section I subsections and the Independent Assessor’s findings.

Regional Health Needs Inventory. North Sound ACH’s Regional Health Needs Inventory was found to be comprehensive, including information about the types of data sources used to inform decision-making and project planning: Medicaid data, public data sources, workforce information, community assessments, and community improvement plans. They provided a framework for how data is driving project planning and implementation. North Sound ACH also described a detailed process for data analysis to provide to workgroups to inform project considerations, as well as an overall framework for each workgroup to use in its decision process.

Governance. North Sound ACH indicated the following changes to the governance structure since the Phase II certification: The ACH launched the Community Leadership Council (CLC) in September 2017. The majority of CLC members are Medicaid beneficiaries or their family/caregivers. North Sound ACH will use this council to learn perspectives of Medicaid beneficiaries and to advise on community engagement strategies and policy decisions impacting Medicaid beneficiaries.

Community and Stakeholder Engagement. As part of Phase II Certification findings, HCA noted, and North Sound ACH addressed in its Project Plan, the lack of clarity regarding its approach to obtain input from Medicaid enrollees. North Sound ACH provided the following narrative to address the identified areas for improvement:

- Translation of “HCA/ACH-speak” into plain language to address literacy and health system literacy, as this will enhance understanding of our approaches. This strategy was executed with the

guidance of a public health communication consultant who developed audience-specific PowerPoint and presentation materials tailored to 1) professionals, 2) community leaders (i.e., community councils or advisory councils) and 3) general public and other non-healthcare professional community members, including those receiving services paid for by Medicaid.

- Providing financial resources to address barriers, such as limited transportation and child care. For CLC council and guests, childcare and a transportation stipend are provided.
- Alternate locations/times for engagement opportunities, including scheduled forums and public engagement events throughout the day and on weekends. Public forums have been scheduled in the evenings to be mindful of families including working families. Throughout the engagement process, plans include a focus on community engagement activities in rural or geographically isolated areas including eastern Whatcom County, eastern Skagit County, eastern Snohomish County and the islands of San Juan County. CLC council members from these regions will play a role in planning engagement activities in these regions.

Tribal Engagement and Collaboration. North Sound ACH provided the following narrative to address work after the Phase I certification:

- In July 2017, following the Phase I application, Councilman Nickolaus Lewis (Lummi Nation) provided a training on tribal Sovereignty to the North Sound ACH Board of Directors. The materials from the training are being made available to board members to facilitate continuous learning. This training is part of a series of planned trainings, with board members requesting follow-up to learn about tribal nations, assets and project focus areas, and population health statistics.

The board has expressed interest in learning more about the disparities faced by tribal members across the region, and the ACH will support this request by providing data, particularly for specific project areas, when available.

In addition to trainings and tribe-specific data, the board is exploring opportunities to rotate meeting locations to be onsite at tribal locations. This would provide an opportunity to increase tribal engagement, continue to build meaningful relationships, and offer board members an opportunity to learn more about specific tribes and the impact of ACH decisions and actions. The board also has added the Tribal Alignment Committee to the governance structure, to ensure board decisions are evaluated by tribal partners.

Funds Allocation. The North Sound ACH Board is responsible for ensuring that they have a robust understanding of the funds flow process. Most of that process is delegated to the Executive Director's oversight. The Board's Finance Committee has the responsibility of reviewing draft budget versions, providing insight to the Executive Director, and approving the final budget, which is submitted to the Board for final approval.

The ACH has engaged a local financial firm, Powell Business Solutions, to act as the financial management firm and provide Chief Financial Officer (CFO) services. This company, along with the Finance Committee and the Executive Director, will oversee stewardship of DSRIP funds and assure transparency of how funds are allocated to partners and reporting on a quarterly basis to the Board of Directors in a public meeting.

Required Health Systems and Community Capacity (Domain 1) Focus Areas. North Sound ACH indicated it has received technical assistance from the Healthier Washington Practice Transformation Support Hub (via Qualis), Providence CORE, and the Center for Evidence-based Policy in planning to address Domain 1 focus areas to support Domains 2 and 3. Examples of leadership roles the ACH identified are as follows:

- **Value-based Payment:** Increasing VBP adoption by identifying and addressing barriers, disseminating content for capacity building where possible, serving as a resource to identify best practice partners, and providing broader presentations to the community to establish and clarify intent to impact this important area of system transformation.
- **Workforce Strategies:** Collaborating and sharing data with local workforce development councils and networks; participating with other ACHs in development of a statewide strategy specific to Medicaid Transformation priorities; preparing for implementation of models within each project with trainings to support existing workforce and strategies to support team-based care; supporting efforts to expand workforce capacity through training and identification of new workforce models; and having targeted conversations with partnering providers to understand priorities.
- **Population Health Management:** Providing clinical practice assessment to develop understanding of current Population Health Management systems capability, capacity, and gaps; sharing data with project planning teams to inform required strategies; training clinical staff in evidence-based approaches of integrated care and HIE; identifying best practice regional engagement and training strategy and options for interoperability; collaborating with other ACH, MCO, and statewide partners to identify shared HIT needs and opportunities and, where possible, expanded purchasing power.

Findings for Section I

Table 1 provides a listing of findings for Section I, including examples of strengths and opportunities.

Table 1. North Sound ACH Section I Findings

Findings for North Sound ACH	
Examples of Strengths	Opportunities
<ul style="list-style-type: none"> Although North Sound ACH noted data challenges, they have identified improved data sharing agreements and interoperability between the ACH and partnering providers as a priority in improving access to high quality, timely data. The ACH indicated the region’s data sharing capacity has increased due to the Snohomish Health District’s award of the WADOH Chief Health Strategist funding that requires development of collaborative data sharing agreements among the five local health jurisdictions and the North Sound ACH. North Sound ACH developed a Community Leadership Council (CLC) as part of the governance structure, including a representative from the CLC on the board. The CLC provides perspectives of Medicaid beneficiaries, as more than 50 percent of the 22 members are Medicaid beneficiaries or a family member/caregiver. North Sound ACH is implementing multiple annual learning opportunities specific to health equity and reducing disparities that will be available to participating partners, board, and Committee members. The ACH is exploring opportunities to partner with other ACH regions that have expressed interest in the trainings. North Sound ACH has filled five of the eight board seats for tribes in the region, and the Director of the Northwest Indian Health Board serves on the ACH’s Program Council. The Tribal Alignment Committee will guide, focus, and advise the board. North Sound ACH has looked to initiatives and experiences of tribal partners for opportunities within selected projects, including innovative approaches tribal partners have implemented for housing as related to physical and behavioral health care. North Sound ACH discussed incorporation of learnings from tribal partners in several areas (e.g., Opioids, Bi-directional Integration, and Oral Health). 	<ul style="list-style-type: none"> At the time of Project Plan submission, North Sound ACH indicated continued recruiting for three positions within the governance structure: a third Project Manager, a Tribal and Community Liaison, and the Pathways HUB Director. Recommendation: It may be beneficial for HCA to confirm as planning progresses that North Sound ACH has successfully hired these individuals. Given the level of coordination conduct of eight projects will require, we recommend the ACH continually assess staffing and organization needs as planning continues.

2. Project Plan Section II Overview and Findings by Project

As noted earlier, North Sound ACH is pursuing all eight projects for the Medicaid Transformation. Below is a high-level overview of North Sound ACH’s approach, preliminary target population, and providers for each project. Additionally, findings identified by the Independent Assessor are listed.

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

General Approach. North Sound ACH intends to use the Collaborative Care model to normalize integration of physical and behavioral health services. Both behavioral and physical health outpatient care settings will use the five core model elements: creating a patient-centered care team, measuring symptoms and treating to target, using population-based care tools, accountable care, and using evidence-based treatment.

Preliminary Target Population. All Medicaid enrollees (children and adults), particularly those with or at-risk for behavioral health conditions, including mental illness and/or SUD.

Partners. Key partners are identified as the Health Systems Advisory Coalition (HSAC) and the North Sound Behavioral Health Organization (BHO).¹ The HSAC is an advisory body to the ACH that includes leadership from the largest hospital systems providing physical health care in the North Sound ACH region, regional FQHCs, a large independent physician practice, and a smaller pediatric practice. Leadership from large physical health care practices has agreed to implement Collaborative Care model methods.

Integration Activities
Practices will incorporate the following:
■ Screenings
■ Interventions
■ Patient registry
■ Treat-to-target individuals with identified conditions
■ Consultations
■ Referral mechanisms
■ MATs for depression and opiate abuse (physical health practices)

Project 2B: Community-based Care Coordination

General Approach. North Sound ACH plans to pursue a Care Coordination project using the Pathways Community HUB model, with the ACH serving as the Pathways HUB. The Pathways Community HUB model will provide community-based care coordinators, provide a formal structure for reducing duplication of care coordination services, achieve better health outcomes, address social determinants of health, and reimburse services through payers. North Sounds plans to start with a pilot program by:

- Selecting a pilot target population.
- Designing a project to identify lessons learned to apply in scaling Pathways to additional populations and payers.

¹ HSAC is involved in all eight projects. A description of the coalition is provided only in Project 2A to avoid duplication.

- Identifying and engaging care coordination agencies and training a cohort of at least 20 care coordinators.

Preliminary Target Populations. Medicaid beneficiaries (adults and children) with one or more chronic diseases or conditions, or mental illness/depressive disorders, or moderate to severe SUD and at least one risk factor (e.g., unstable housing, food insecurity, high EMS utilization). North Sound ACH will select a target population appropriate for Pathways and for non-duplicative collaboration with health homes, and that meets specified criteria.

Partners. North Sound ACH states that it has engaged health homes, hospital and health care delivery systems, EMS, government services, and CBOs. North Sound ACH also indicates broad engagement from regional stakeholders for the Pathways framework, including tribal nations, CBOs, and others able to leverage community health workers and clinical and other partners to serve as referral sources.

Project 2C: Transitional Care

General Approach. North Sound ACH has identified three areas of care transitions based on the Medicaid Transformation Toolkit, the high cost of patient care in these settings, and priorities identified by partners: transitions from inpatient hospitalization, from inpatient mental health and SUD treatment facilities, and from incarceration. North Sound ACH plans to build upon and add to existing regional work through the following potential strategies: address infrastructure gaps across all care transition strategies; coordinate with hospital partners to explore CTI model implementation and evaluate feasibility of model enhancements; consider medical respite care for people experiencing homelessness; and improve transitions for the jail population.

Project Goals	
■	Improve health outcomes for target population by supporting development and implementation of coordinated systems that address the complex needs of high utilizers.
■	Includes improving access and care coordination for people with complex needs, which should also result in reduction of unnecessary cost and inappropriate utilization in health care, social service, criminal justice, and emergency systems.

Preliminary Target Population. Medicaid beneficiaries transitioning from intensive settings of care or institutional settings, including enrollees discharged from acute care to home or to supportive housing, and enrollees with SMI discharged from inpatient care, or clients returning to the community from prison or jail.

Partners. North Sound ACH has engagement from clinical inpatient partners, community-based organizations, tribal nations, county governments, among others.

Project 2D: Diversions Interventions

General Approach. North Sound ACH will support creation of community supports for high-risk, high-utilizer Medicaid beneficiaries that prevent and provide alternatives to the ED and incarceration. Project strategies will focus on reducing unnecessary ED utilization, homelessness, and criminal justice encounters. North Sound ACH will support coordinated and wrap-around care through the following:

expansion of existing pilot Community Paramedicine programs and Care Coordination Collaboratives for Complex Cross-system Cases. North Sound ACH also indicates that it plans to build on successes in other regions, such as the Harborview High Utilizer Case Management Team in King County and a high utilizer care collaborative through Pierce County Fire and Rescue.

Preliminary Target Population. Medicaid-eligible and Medicaid-enrolled persons in the region who have complex medical and social needs, and frequent contact with law enforcement and/or EMS providers. This population will include individuals with complex co-occurring diagnoses, including mental health challenges, SUDs, or chronic illnesses (such as diabetes, heart disease, or asthma); and individuals who access the EMS system for a non-emergent condition, who may also be experiencing social barriers to health, such as housing instability, transportation barriers, and lack of employment.

Partners. There has been a high level of engagement from EMS leadership, especially Fire Chiefs, and county government representatives responsible for institutional oversight for target facilities. The ACH has engaged partners in five communities (Everett, South Snohomish County, Lynnwood, Whatcom County, and Skagit County), including first responders (fire, paramedic, and law enforcement), hospital systems, health providers, social services providers, corrections, housing agencies, and local government.

Project 3A: Addressing the Opioid Use Public Health Crisis (required)

General Approach. North Sound ACH will build upon the North Sound BHO Opioid Reduction Plan (ORP), a comprehensive regional plan developed to mirror the state’s plan, with regional, county-level and tribal coordination activities designed to support state-level strategies and help further the four goals of prevention, treatment, reduction of overdose deaths, and enhanced data capacity. The North Sound ACH plans to partner with the BHO and other partners to execute the ORP and implement collaborative strategies beyond the current scope of the BHO’s efforts. Building on the ORP, the North Sound ACH indicates it will implement community-prioritized strategies based on evidence-based approaches and the recommended resources for identifying promising practices as outlined in the Medicaid Transformation Toolkit: Prevention: Prevent Opioid Use and Misuse; Treatment: Link Individuals with Opioid Use Disorder (OUD) with Treatment Services; Overdose Prevention: Intervene in Opioid Overdoses to Prevent Death; Recovery: Promote Long-Term Stabilization and Whole-Person Care. They also align with the 2017 Washington State Interagency Opioid Working Plan.

Opioid Reduction Plan
North Sound BHO developed the ORP with the following, among others:
<ul style="list-style-type: none">■ Consultants■ Regional partners in public health, behavioral health systems, physical and behavioral health providers■ County human services■ Nonprofit SUD treatment providers■ University of Washington experts

Preliminary Target Population. Medicaid beneficiaries, including youth, who currently use, misuse, or abuse opioids, or are at-risk of using, or are otherwise negatively impacted by the opioid epidemic.

Partners. Development of partnerships has benefited from existing extensive collaboration led by the North Sound BHO with partners from criminal justice, social services, health care, and other systems to

develop innovative responses to this crisis and related homelessness, crime, and overdose deaths. Those already engaged with the North Sound ACH and BHO include North Sound Counties' Human Services and Health Departments, tribal partners, drug courts and law enforcement, and numerous local primary and behavioral health care providers.

Project 3B: Reproductive and Maternal and Child Health

North Sound ACH will support PCPs, specialty providers serving women, children, and families, and CBOs implementing the selected strategies by building on existing work in the region, around the state, and nationally through the following strategies:

- Increase capacity of physical and behavioral health care practices to reduce unintended pregnancy and support healthy planned pregnancies by establishing systems and supports to integrate and evaluate One Key Question® pregnancy intention screening, counseling and support, and linking pregnancy intention screening and counseling with access to effective contraception (particularly LARCs), preconception care, counseling, and risk reduction for those planning for pregnancy.
- Increase capacity of physical health practices to support health and development of young children and their families, implementing HealthySteps in targeted practices serving large numbers of pediatric Medicaid beneficiaries, including implementation of Bright Futures recommendations.
- Ensure vulnerable children and families are considered high-priority populations across all Medicaid Transformation efforts, particularly behavioral health integration and care coordination efforts.

Project Goals
■ Reduce unintended pregnancy.
■ Increase healthy planned pregnancies.
■ Strengthen and support young families.
■ Promote early childhood health and well-being, setting the foundation for good health across the life course.

Preliminary Target Populations. Medicaid eligible and enrolled women of reproductive age (15 to 44 years of age) and their partners, and Medicaid eligible and enrolled children (under 19 years of age) and their families.

Partners. Engagement of counties, FQHCs, Planned Parenthood, tribal health centers, home visiting programs, PCPs, military bases, behavioral health and SUD treatment providers, needle exchanges, state and federal programs, early intervention specialists, community action agencies, hospital systems, service providers to immigrant communities, housing and transportation providers, local health jurisdictions, among others. The ACH is also partnering with agencies including, but not limited to: Upstream USA, the National Campaign to Prevent Teen and Unplanned Pregnancy, the Bixby Center for Global and Reproductive Health, and the Washington Department of Health Family Planning Program. North Sound ACH will also partner with and build on the work of the Pediatric Transforming Clinical Practice Initiative.

Project 3C: Access to Oral Health Services

General Approach. North Sound ACH has identified two sets of project strategies: implementation of population health management tools in dental settings and building oral health capacity by expanding access and utilization of dental care based on existing regional pilot projects. North Sound ACH will engage with each tribal nation to assess interest in workforce expansion using the Dental Health Aide Therapist (DHAT) program, leveraging work with the Swinomish Tribe and Skagit Community College, and partnering with Northwest Indian Health Board and Olympic Community of Health (OCH) to bring DHAT training to Washington State. Other strategies include providing mobile dental hygiene by recruiting underutilized dental hygienists and implementing an Oral Health Delivery Framework through integration of dental services into medical primary care.

Preliminary Target Population. Key subpopulations at higher risk due to underutilization of services and oral-systemic links between oral diseases (such as caries and periodontitis) and health outcomes, including children ages 6 to 14 at elevated risk of caries and not already receiving sealants; adults with chronic periodontitis not already receiving treatment; adults and children in primary care medical practices who are not accessing dental services; pregnant women; and individuals with diabetes. North Sound ACH notes there is potential to impact all North Sound Medicaid beneficiaries, particularly those not receiving any dental care or sufficient recommended dental preventative services.

Partners. High levels of engagement from regional providers of oral health services, including FQHCs, tribal nation partners, foundations, and oral hygienists. Additionally, North Sound ACH notes engagement of CHC Snohomish, Sea Mar, and Unity Care, which together represent 100 percent of regional FQHC capacity; two hygienist societies and key leaders within the region's dental hygiene professional community; the Swinomish Tribe; and key advocacy and coordinative groups, such as health departments and the Whatcom Alliance for Health Advancement. The ACH plans to work to include more diverse partners, outreaching to private dentists to increase participation and collaboration in serving Medicaid patients.

Project 3D: Chronic Disease Prevention and Control

General Approach: North Sound ACH will support partners directly serving Medicaid enrollees who are at-risk or diagnosed with chronic diseases to implement project strategies based on the Chronic Care Model, and to implement several evidence-based change strategies, such as Self-Management support, Delivery System design, Decision Support, Clinical Information Systems, Community-based Resources and Policy, and Health Care Organization strategies. Work will build on existing community programs, such as a pilot of the Family Care Network, to prevent and manage chronic diseases by integrating health system and evidenced-based community approaches to improve chronic disease management and control. Focus will be on asthma, diabetes, and hypertension.

Preliminary Target Population. Medicaid beneficiaries (adult and children) with, or at risk for, chronic respiratory disease (asthma), diabetes, and hypertension, focusing on populations experiencing the greatest burden of chronic disease in the region.

Partners. North Sound has had high levels of engagement from community-based and clinical partnering providers, CBOs, a regional health system, and an MCO partner.

Findings and Scoring for North Sound ACH

Table 2 provides a listing of findings, including examples of strengths and opportunities.

Table 1. North Sound ACH Findings

Findings for North Sound ACH	
Examples of Strengths	Opportunities
<ul style="list-style-type: none"> The Health Systems Advisory Coalition (HSAC) acts as an advisory body to the North Sound ACH. HSAC has participated in planning for integration efforts and will be involved in implementation. It includes leadership from the largest hospital systems providing physical health care in the North Sound ACH region, regional FQHCs, a large independent physician practice, and a smaller pediatric practice, and brings a self-reported 205,000 attributed Medicaid beneficiaries. The North Sound BHO is engaged in multiple projects and brings a network of 37,202 Medicaid beneficiaries. 	<ul style="list-style-type: none"> While North Sound ACH is partnering with entities bringing a high number of Medicaid beneficiaries, the Project Plan notes continuing further outreach to other partnering providers, including those located in more rural settings and smaller in size. Recommendation: As planning progresses, more information to help further understand involvement of partners in rural areas and of smaller sizes will be beneficial. Contradictory information was provided as to whether evidence-based approaches have been determined. Recommendation: Approaches submitted to HCA in DY2 will need to be reviewed

Project Approaches

- Training providers on clinical guidelines and local community-based chronic disease prevention and management programs.
- Implementing population health management techniques.
- Recalling identified at-risk or diagnosed patients.
- Using available billing options and processes for referring or prescribing patients to home- or community-based programs.
- Implementing practice improvement and provider education activities.

Findings for North Sound ACH

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| <ul style="list-style-type: none"> • North Sound ACH indicated a thorough and collaborative process for defining target populations. They plan to work with implementation planning teams, the Community Leadership Council, and the Data and Learning Team to use the best available research, regional data, and community input to define target populations, with consideration for how strategic investments can impact performance metrics during the Medicaid Transformation period. North Sound ACH will continue to collaborate with ACHs across the state and the HCA AIM Team to identify shared data-driven processes and target population selection methodology. • North Sound ACH has engaged MCOs by including representatives on the Board of Directors, the Program Council and in each workgroup. MCO representatives served as workgroup leads for the Care Transitions and Chronic Disease projects. • North Sound ACH acknowledges the importance of health information sharing and that project success will be difficult to achieve without changing the way that health information is shared. North Sound ACH indicated a key transformative piece of the projects is the potential for organizing cross-system, patient-centered collaboration among local networks, supported by real-time data sharing and care planning technologies, as well as the opportunity to braid funding from multiple sources. • For several projects, such as Projects 2D, 3B and 3D, North Sound ACH notes alignment of populations or targeted issues with regional priorities that have been identified in the most recent Community Health Needs Assessments, Community Health Improvement Plans, and Community Health Assessments conducted by counties, hospital systems, and CBOs. • Specific to Project 2A, North Sound ACH is considering partnering with the UW AIMS Center, Healthier Washington Practice Transformation Support Hub, and The National Council of Behavioral Health — Case to Care trainings, to enhance existing efforts, expand the scope of integration, and reduce duplication of services. | <p>to confirm compliance with Medicaid Transformation Toolkit requirements.</p> <ul style="list-style-type: none"> • North Sound ACH’s initial submission specific to the Monitoring and Continuous Improvement subsection needed substantial clarification about the process and overall structure. North Sound provided more detailed information and streamlined some of the identified approaches that helped to clarify the approach.
Recommendation: Given North Sound is instituting multiple teams (implementation teams across the eight projects, Data and Learning team, Activity Teams) and that three Project Managers have many responsibilities across the eight projects, Myers and Stauffer recommends that the ACH continually monitor this structure to confirm how effectively these teams are able to coordinate across projects where applicable and where the ACH has identified overlap. • North Sound ACH noted throughout its Project Plan opportunities to coordinate across projects to support transformation. (e.g., Care Coordination and Transitional Care, Diversions Interventions with the regional Pathways HUB, Oral Health with Bi-directional Integration, Care Coordination and Diversions Interventions, etc.).
Recommendation: Given the plan is to have separate implementation teams for each project, Myers and Stauffer recommends North Sound ACH give thorough consideration for coordination across implementation teams and avoidance of duplicative or conflicting efforts. • Specific to Project 2B, North Sound ACH acknowledges that many care coordination efforts exist in the region. Additionally, as the ACH is pursuing all eight projects, there is potential for beneficiaries to fall into multiple project areas depending on the defined target populations selected. Recommendation: Myers and Stauffer recommends that North Sound ACH have a thorough process in place to assure not only non-duplication of services and funding, but also processes to identify coordination for |
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Findings for North Sound ACH

- Specific to Project 2B, North Sound ACH has collaborated with MCOs and other partners to develop a design for the HUB and a system that has payer buy-in to assure that the transformation lasts beyond the Medicaid Transformation period.
- Specific to Project 2D, to inform the challenges of homelessness in the region, North Sound ACH is looking to existing regional successes and local community planning and resources to help inform the project. There is recognition that collaborating across regions is essential to identifying and implementing best practices and lessons learned.
- Specific to Project 3A, given prior work of the North Sound BHO and other stakeholders, this project appears to be further along in development. Extensive stakeholder engagement has already been conducted. North Sound ACH cites that the ORP’s recommendations and proposed activities reflect information and ideas gathered from a total of 40 interviews, focus groups and conversations with key leaders and community groups.
- Specific to Project 3C, FQHCs are identified as providing the majority of dental services to Medicaid beneficiaries in the region, so they are critical to project success. The two entities that represent 100 percent of regional FQHC capacity in the region are engaged.
- Specific to Project 3D, Chronic respiratory disease (asthma), diabetes, and hypertension were the selected chronic diseases for this project due to associated opportunities for primary and secondary prevention of disease development, prevalence in the Medicaid population, cost to treat these conditions if unmanaged, and their association with the pay-for-performance metrics identified in the Medicaid Transformation Toolkit.

beneficiaries to avoid, for example, multiple and conflicting care plans.

- Specific to Project 2D, North Sound ACH noted in the Project Plan that legislation is pending that would support Community Paramedics.
Recommendation: Should the legislation not pass, additional information from North Sound ACH about impact, if any, to the project will be beneficial.
- Specific to Project 3C, Partnerships will be needed with educational institutions to train and develop a new and expanded workforce for providing dental care to the Medicaid population. The participation of private dental providers will be needed to meet the goals for the region.
Recommendation: As outreach continues, it may be beneficial to obtain updates from North Sound ACH as to their strategies for and success in obtaining private dental providers given specified linkage to noted goals in the region.

Myers and Stauffer submitted two rounds of write-back requests to North Sound ACH as part of the assessment process. *Table 3* provides an overview of the resulting scores. At the end of the process, North Sound ACH was found to have Met or Exceeded Criteria for all Project Plan sections.

Table 32. North Sound ACH Scoring

North Sound ACH			
	Initial Score	Score After 1st Write-Back	Score After 2nd Write-Back
Section 1 Score	82.92%	88.33%	100%
Section 2 Score	77.50%	96.05%	100%
<i>Section 2 Projects:</i>			
2A	73.68%	88.42%	100%
2B	83.16%	97.89%	100%
2C	73.68%	92.63%	100%
2D	73.68%	97.89%	100%
3A	84.21%	97.89%	100%
3B	73.68%	97.89%	100%
3C	78.95%	97.89%	100%
3D	78.95%	97.89%	100%
Total Score	79.13%	93.73%	100%
Bonus			20%
Final Score			100%

Meeting Schedule 2018	Planning Phase Activities <i>Prior/During/After Meetings</i>	HCA Planning Phase Milestones <i>Informing & Ensuring</i>
January 22, 2018	<ul style="list-style-type: none"> Advise on roles & responsibilities of Program Council in 2018 Planning Phase 	NA
March 1, 2018	<ul style="list-style-type: none"> Inform and participate in current state assessment <ul style="list-style-type: none"> Program Council Pre-Meeting Survey Forces of Change Assessment Inform target population selection Serve a community catalyst for partner convening's between March-May 	Semi- Annual Report (due 7/31/18) <ul style="list-style-type: none"> Current state assessment Target populations & evidence-based approaches selection Identify and recruit implementation partners
May TBD, 2018	<ul style="list-style-type: none"> Advise and inform target populations and evidence-based approaches selection methodology Advise and inform criteria implementation partner selection 	
July TBD, 2018	<ul style="list-style-type: none"> Advise and participate in implementation planning 	Implementation Plan (due 10/1/18) <ul style="list-style-type: none"> Implementation Timeline Description (& justification for) evidence-based approach and target population
September TBD, 2018	TBD	<ul style="list-style-type: none"> Description of service delivery mode Roles and responsibilities of partners Description of alignment with initiatives and duplication avoidance Strategies for ensuring long-term project sustainability
November TBD, 2018	TBD	Semi-Annual Report (due 1/31/19) <ul style="list-style-type: none"> TBD Regional VBP Transition Plan (due 1/31/19) <ul style="list-style-type: none"> Identifies strategies to be implemented to support attainment of statewide VBP targets. Defines a path toward VBP adoption that is reflective of current state of readiness and implementation strategies.