3A: Transformation Project Description: Addressing the Opioid Use Public Health Crisis

Introduction- Why the Project is Needed

Communities across Washington, including the North Sound region, are currently experiencing an opioid crisis. Approximately 600 individuals die each year in Washington State from opioid overdose with an increasing proportion of those deaths involving heroin. Between 2012 and 2016, 607 individuals died from an opioid-related overdose (intentional, unintentional and undetermined) in the North Sound. Snohomish County, North Sound's largest county in the North Sound region, accounted for 80% (488) of the opioid-related deaths during this timeframe—a rate 1.3 times higher than that for all of Washington. Additionally, three of North Sound's five counties experienced opioid-related death rates higher than the state average, including Snohomish, Skagit and Island counties.

According to the DSHS Research and Data Analysis Division's RDA Report 4.92: "Drug overdoses disproportionately impact Medicaid enrollees, with Medicaid enrollees about six times more likely than the general population to have a fatal overdose involving opioid[s]." May 2017 Prescription Monitoring Program (PMP) data show Snohomish and Skagit Counties have higher opioid usage rates overall, while Island County's rate of Oxycodone and Whatcom County's use of Hydrocodone both exceed state rates, placing these populations at high-risk for Substance Abuse Disorder (SUD)-related morbidity and mortality. The table illustrates opioid trends in the five North Sound counties relative to Washington State as a whole.

Opioid Trends in the North Sound

	Increases in Annual Rates (per 100,000): 2002-2004 to 2011-2013 (*ADAI*)			Opioid Overdose Death Rate (per 100,000): 2012-2016 (*DOH*)
	Publicly-funded treatment admissions for any opiate	Deaths attributed to any opiate	Crime Lab cases involving any opiate	
Island County	525%	77%	239%	10.9
San Juan County	368%	*Data not available*	*Data not available*	*Data not available*
Skagit County	367%	42%	182%	11.2
Snohomish County	321%	69%	-11%	12.4
Whatcom County	309%	23%	122%	7
WA State	197%	31%	86%	9.6
Data Source: Opioid Trends Across WA State (ADAI Info Brief). Caleb Banta-Green, April 2015.				

Target Population

The target population for Opioid Use Public Health Crisis strategies are Medicaid enrollees in the North Sound region, including youth, who currently use, misuse or abuse opioids, or are at-risk of using, or otherwise negatively impacted by the opioid epidemic. Opioid use is a significant public health issue in the North Sound region: this region has the highest number of Medicaid enrollees in Washington State with a diagnosis of opioid use or dependence (10,138) with 37,546 enrollees reporting using opioids, 8,075 identified as "heavy users". Opioid death rates in Island, Skagit, and Snohomish counties are higher than the state average. The opioid crisis disproportionately impacts younger adults, and significantly impacts a person's likelihood to be arrested or experience homelessness.

As required during the 2018 planning period, North Sound ACH staff will conduct further statistical analysis and facilitate planning processes necessary for final target population selection due in June 2018. The North Sound ACH will work with implementation planning teams, Community Leadership Council and the Data and Learning Team to use the best available research, regional data, and community input to identify a final high-need target population, with consideration for how strategic investments can impact performance metrics during the Medicaid Transformation Project period.

Targeted Universalism[1] will be used throughout the planning phase as an approach and analysis framework for selecting target populations to ensure that health equity features strongly in this process. Targeted Universalism will be applied when measuring regional needs, identifying population segments experiencing health disparities, understanding root causes within population segments and selecting appropriately targeted strategies.

North Sound ACH staff will continue to collaborate with ACH's across the state and the Health Care Authority's AIM Team to identify shared data-driven processes and target population selection methodology. To maximize the reach and impact of the demonstration projects and increase the likelihood of region-wide success in moving the metrics, the North Sound ACH aims to align target populations across the project portfolio.

The North Sound ACH used a common format for each project area to summarize the anticipated reach of target population(s) and identify performance metrics and health disparities project strategies aim to impact, as follows below.

<table>
<tr><th colspan="2">North Sound Project Area Reach & Impact
Project Area 3A: Addressing the Opioid Use Public Health Crisis</th></tr>
<tr><td colspan="2">Potential Target Population Reach:

10,138 enrollees with a diagnosis history opioid abuse/dependence (highest in the state)
8,065 enrollees are heavy opioid users
1,694 providers prescribing opioids
30,540 identified with substance use disorder treatment need:
4,998 Disabled, 4,070 Non-Disabled Adults, 17,883 Newly Eligible Adults, 2,934 Non-Disabled Children, 655 Elders
17,243 diagnosed with drug abuse, dependence or psychosis (Substance abuse, low)
3,422 Disabled, 2,571 Non-Disabled Adults, 9,860 Newly Eligible Adults, 903 Non-Disabled Children, 487 Elders
</td></tr>
<tr><td>Project Area Impact:</td><td></td></tr>
</table>

[1] Targeted Universalism is a different way—a powerful way—to make the transformational changes we need. Changes we need to improve life chances, promote inclusion, and enhance and sustain equitable policies and programs. Means setting universal goals that can be achieved through targeted approaches. Ultimately, this approach shows how a universal goal can be a good thing, but a one size fits all approach is not always the solution. John Powell, Haas Institute, 2017

<table>
<tr>
<td>

Performance Measures

- 37,546 total enrollees using opioids
- Of the 10,138 enrollees with a diagnosis history opioid abuse/dependence:
  - 10.9% on Buprenorphine
  - 19.2% on Methadone
- Of 37,546 opioid users on Medicaid, 8,075 are defined as "heavy users"

</td>
<td>

Geographic Disparities

- Opioid deaths rates in Island, Skagit and Snohomish county's are higher than state average
- 61% of Medicaid enrollees with SUD treatment needs reside in Snohomish County
- Skagit County has the highest rate of drug law violations among adolescents (10-17) and adults (18+)

Demographic Disparities

- Majority of the 8,065 heavy opioid users are Women at 5,052.
- Adults 20-39 have the highest counts of a diagnosis history of opioid abuse/dependence.
- Non-Hispanic Whites and Non-Hispanic AI/AN have the highest rates of diagnosis history of opioid abuse/dependence.

Co-morbid Disparities

- Medicaid adults with substance use disorder treatment need are almost five times more likely to be arrested and 3.5 times more likely to experience homelessness.
- Greater than 3 Emergency Department Visits:
  - 3.4x more likely if Substance Use Disorder Treatment Need
  - 4.5x more likely when Co-Occurring MI/SUD

</td>
</tr>
<tr>
<td colspan="2">Data Sources: 1) RHNI Starter Kit, HCA, released May 8, 2017. 2) Measure Decomposition Data, RDA/DSHS, released July 7, 2017. 3) ACH Profiles: ESA Profiles Program Participants, RDA/DSHS, released September 22, 2017. 4) BH and Co-Occurring Disorders, RDA/DSHS, released October 10, 2017. 5) Community Risk Profiles, RDA/DSHS, July 2017. 6) Opioid-related Deaths in Washington State 2006–2016, WADOH, May 2017.</td>
</tr>
</table>

Current Efforts to Address the Opioid Crisis

Most local jurisdictions in the North Sound ACH region have struggled with the effects of the opioid crisis in their communities. Partners from criminal justice, social services, healthcare and other systems have collaborated to develop innovative responses to this crisis and related homelessness, crime, and overdose deaths, but the need continues to overwhelm the resources available in North Sound communities. To address the mismatch in needs and resources, the North Sound Behavioral Health Organization (BHO), together with consultants and regional partners in public health, behavioral health systems, physical and behavioral health providers, county human services, non-profit substance use disorder treatment providers, experts from the University of Washington, and others developed a comprehensive regional plan, entitled the North Sound BHO Opioid Reduction Plan (ORP) which serves as the foundation of the North Sound ACH approach to this project.

As the primary funder of behavioral health services for the regional Medicaid population, the North Sound BHO developed the ORP 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. Over the course of several months in late 2016 and early 2017, regional stakeholders from multiple disciplines and jurisdictions shared how the epidemic has impacted their respective domains, and helped identify barriers and solutions to eliminate or mitigate the

challenges their constituents and communities have faced as a result. 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. Many of the ORP's activities extend beyond the immediate reach of the BHO, relying on the collective efforts of multiple partners to make the best use of blended resources.

The North Sound ACH plans to partner with the BHO and other regional partners in the execution of the ORP and implement collaborative strategies that coordinate strategies beyond the current scope of the BHO's efforts. The ACH will leverage external resources while coordinating with other regional stakeholders to avoid duplication of efforts and create the synergy needed to achieve the desired outcomes and meet the required metrics within the Medicaid Transformation project. Those already engaged with the North Sound ACH and BHO to implement the ORP include North Sound Counties' Human Services and Health Departments, Tribal partners, drug courts and law enforcement, as well as numerous local primary and behavioral health care providers. The opioid epidemic is complex and the challenges are immense. Only a highly-coordinated, collaborative, and multi-disciplinary approach will be able to make positive and sustainable impact.

Opioid Workgroup Recommendations

Building on the North Sound ORP, this project will implement seven community-prioritized strategies to address the opioid crisis in the North Sound ACH region through prevention, treatment, overdose prevention, and recovery. These strategies are described in detail in the sections below.

Model

In accordance with the Project Toolkit, these strategies are based on evidence-based models, as well as the recommended resources for identifying promising practices. In particular, these strategies are in alignment with the 2017 Washington State Interagency Opioid Working Plan. The project area's strategies also follow the four-pronged approach described in the toolkit:

1. **Prevention**: Prevent Opioid Use and Misuse
2. **Treatment**: Link Individuals with Opioid Use Disorder (OUD) with Treatment Services
3. **Overdose Prevention**: Intervene in Opioid Overdoses to Prevent Death
4. **Recovery**: Promote Long-Term Stabilization and Whole-Person Care (*Toolkit*)

Strategies

Activities	Impacts
Social marketing and public awareness	Changing community norms/practices to reduce opioid availability
Safe medication storage and disposal	
Improve opioid prescribing practices	
Prevention education for youth	

<table>
<tr><td>Mobile treatment and outreach</td><td rowspan="5">Outreach, education, and early intervention to connect high risk individuals with treatment and reduce hospitalization/ED visits</td></tr>
<tr><td>Increase SBIRT services in the region</td></tr>
<tr><td>Scale up comprehensive opioid treatment, Medication Assisted Treatment (MAT)</td></tr>
<tr><td>Increase availability and use of Naloxone</td></tr>
<tr><td>Enhance or expand community recovery services</td></tr>
<tr><td>Expand workforce capacity to address the epidemic</td><td>Ensure available/effective treatment to increase penetration rate/outcomes</td></tr>
</table>

1. **Prevention – Prevent Opioid Use and Misuse**
   - **Prescribing Practices**: Promote use of best practices among health care providers for prescribing opioids for acute and chronic pain:
     - Support efforts to promote prescribing best practices following the Recommended Clinical Guidelines and in accordance with the updated HCA Opioid Prescribing Policy (recommended Clinical Guidelines include the WA AMDG's Interagency Guideline on Prescribing Opioids for Pain and the CDC Guidelines for Prescribing Opioids for Chronic Pain)
     - Dovetail with state efforts around the Prescription Monitoring Program (PMP)
     - Train providers on best practices around prescribing practices through the Six Building Blocks model
   - **Social Marketing and Public Awareness**: Together with the Center for Opioid Safety Education and other partners, raise awareness and knowledge of the possible adverse effects of opioid use (including overdose) among opioid users, while reducing stigma around treatment and recovery programs:
     - Utilize a social marketing agency to design a media campaign around stigma reduction and prevention messaging. Link to the information hub and app being developed by the Snohomish Health District that assists members of North Sound communities looking for resources, treatment options, treatment agencies, bed spaces, steps in transition and recovery supports.
   - **Safe Medication Storage and Disposal**: Promote safe home storage and appropriate disposal of prescription pain medication to prevent misuse and addiction, especially among youth:
     - Promote patient access to safe, DEA-approved, convenient medication take-back options.
     - Create and disseminate promotional materials to promote community engagement around safe medication storage and disposal. Partner with pharmacies on distributing these materials.
     - Provide medicine safe storage lock boxes to patients with opioid prescriptions.
     - Coordinate with local Stewardship Ordinances around pharmaceutical take-back programs.
   - **Prevent Opioid use in Youth and Families**:

- Conduct a regional resource assessment/gaps analysis of primary prevention services, especially in elementary and middle schools; then expand evidence-based prevention programming to fill identified gaps in coordination with regional partners.
    - Develop intergenerational prevention, intervention, treatment and recovery support services for families starting with the family members and significant partners of OUD-affected individuals to promote healing and wellness. This is an opportunity to utilize the Pathways Community HUB model that will be implemented in the Care Coordination project area.
    - Expand screening practices into existing youth access points to identify risks for OUD. Coordinate efforts to leverage services for youth by facilitating collaborations between local stakeholders, including child welfare/foster care, juvenile justice, the North Sound BHO, coalitions, schools, ESD 189 and health care.

2. **Treatment – Link individuals with OUD to treatment services**
    - **Increase Provider Capacity to Screen and Refer to Treatment**: Build capacity of health care providers to recognize signs of possible opioid misuse, effectively identify OUD, and link patients to appropriate treatment resources. This is an opportunity to collaborate with other project areas including Bi-Directional Integration of Physical and Behavioral Health and Care Coordination.
        - Increase SBIRT services across the North Sound Region: Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based practice for adults entering a healthcare or other service provider setting to receive universal screening for substance use disorder and early intervention for individuals showing signs of SUD.
        - Facilitate coordination between primary health care and OUD treatment systems to promote system improvements, such as screening, collaborative treatment models, co-location of services and integrated pain management services.
    - **Expand Access to and Utilization of Treatment**, particularly Medication Assisted Treatment (MAT): Expand access to, and utilization of, clinically appropriate evidence-based practices for OUD treatment in communities, particularly MAT:
        - Scale up the Comprehensive Opioid Treatment Model:
            - Increase access to evidence-based MAT for individuals who struggle with OUD.
            - Provide comprehensive services such as behavioral health care, primary care, and nurse care management for this complex patient population.
            - Coordinate with and expand the North Sound Hub & Spoke Project.
        - Mobile Treatment and Outreach: Fund mobile treatment vans (providing outreach, assessment, treatment referral, waivered prescriber of Buprenorphine options, syringe exchange, Naloxone distribution, public health nurses, MHPs, housing case management and oral health) across the region, especially for rural and remote locations such as Eastern Whatcom, Skagit and Snohomish Counties, as well as San Juan and Island Counties.
    - **Expand Workforce Capacity to Address the Epidemic**:
        - Increase the number of OUD service providers by promoting CDPs and para-professional Nurse Care Managers, Behavioral Health Aides, Outreach Workers and Case Managers as career paths, by providing tuition waivers and funding for professional development.
        - Increase the number of waivered prescribers to provide MAT by partnering with health care partners to reduce barriers for physicians and mid-level health professionals to become certified to prescribe Buprenorphine.
        - Create a coordinated regional system of diverse multi-disciplinary para-professional care coordinators specializing in outreach and engagement, connecting OUD-affected persons with concierge-level “no wrong door” access to MAT, recovery coaching, case management and essential supports, such as housing, in a variety of community locations. Begin by coordinating existing staff (Outreach workers, Nurse Care Managers, Case Managers,

Behavioral Health Aides) already in place at treatment agencies, health care facilities and community service agencies and expand from there.

- **Expand Access to Treatment for Underserved Populations:**
  - *Youth:* Expand youth intervention, treatment and recovery support capacity into the community, including outreach and/or case management in schools, youth shelters, juvenile court and other venues where youth are found, to catch early use and connect youth with treatment. Support the implementation of Teen Intervene, an evidence-based, youth SBIRT model.
  - *Criminal Justice System:* Expand access to and utilization of MAT in the criminal justice system by partnering on work happening in the Transitional Care project area around the development of comprehensive transitional services for individuals with OUD being released from jail and Department of Corrections, ensuring continuity of care and stable housing.
  - *Access to treatment at syringe exchanges:* Support efforts to expand syringe exchange programs and provide co-located services such as treatment outreach, Buprenorphine prescribing, housing case management, distribution of Naloxone, primary care nurses, MHPs and other care coordination services.
  - *Maternal and Child Health:* Identify and treat OUD among pregnant and parenting women (PPW) and Neonatal Abstinence Syndrome (NAS) among newborns

3. Overdose Prevention – Intervene in opioid overdoses to prevent death

- **Education**: Educate individuals who use heroin and/or prescription opioids, and those who may witness an overdose, on how to recognize and appropriately respond to an overdose. Utilize service networks, such as syringe exchange, outreach and other community programs to disseminate preventive information to individuals and families impacted by OUD. Together with the Center for Opioid Safety Education, promote awareness and understanding of Washington State's Good Samaritan Law.
- **Increase Availability and Use of Naloxone**: Make system-level improvements to increase availability and use of Naloxone. Partner with the BHO, Counties, the University of Washington, Tribal nations, housing providers, hospitals, emergency services, syringe exchange programs and other stakeholders to expand the availability and use of Naloxone, and promote awareness of the Good Samaritan Law, especially for high risk populations, such as individuals being released from jail, detox or residential services. Casinos and other Tribal properties will also be areas of focus for Naloxone expansion.
- **Coordinate Overdose Prevention Efforts**: Facilitate partnerships between hospitals, EMS and other first responders to connect persons who experience overdose with Naloxone kits, outreach, engagement and treatment services.

4) Recovery: Promote long-term stabilization and whole-person care

- **Support Community Recovery Services**: Enhance or establish community-based recovery support systems, networks, and services designed to improve treatment access and retention and support long-term recovery.
  - Develop partner capacity to employ recovery coaches, behavioral health aides, peer counselors and other paraprofessionals to enhance the care coordination network to support people in their recovery long-term.
  - Facilitate enhanced connections between treatment stakeholders and the larger recovery community, including 12 Step groups, Recovery Cafes and faith-based recovery programs. Utilize these partnerships to increase understanding of MAT and its effectiveness in treating OUD to reduce the stigma associated with its use.
  - Work collaboratively with Tribal nations, Counties, the North Sound BHO, the Oxford House system, and other partners to fund and develop additional housing for those in need of, or

    engaging in OUD treatment, including expanding the network of Recovery Houses available for Tribal members, other individuals and other communities in need.
  - Facilitate conversations between regional stakeholders and supported employment resources to explore the feasibility of offering vocational services and life skills training on-site at treatment facilities, recovery centers and other strategic venues to help recovering individuals fully transition back into their communities.
  - Reduce barriers by supporting the development of system incentives for the colocation of treatment and recovery services in centralized locations. "One-Stop" campus models and integrated care sites mitigate transportation challenges for those seeking services.
- Support Whole Person Health in Recovery: Connect Substance Use Disorder providers with primary care, behavioral health, social service and peer recovery support providers to address access, referral and follow-up for services. Collaborate with partners working on Bi-Directional Integration of Physical and Behavioral Health and Care Coordination projects.

Considerations for Addressing Health Equity and Disparities

The North Sound ACH region comprises a full continuum of geographic, socio-economic and demographic diversity that impacts the makeup of local communities. From urban to suburban, rural to frontier, assorted islands to the mainland, with military, agricultural and tribal communities, the Canadian border to the north and King County to the south, the North Sound's variety requires localized, tailored, community-driven approaches to meet the unique needs of its people.

As described in the sections above, the opioid epidemic has impacted some communities disproportionately and region-wide data show that substance use disorder treatment needs in the Medicaid population are greater for certain segments of the population. As we continue to plan, further data analysis will be necessary in order to identify root causes of opioid abuse and implement culturally appropriate targeted interventions. The eight Tribal nations within the North Sound Region and multiple service providers who specialize in providing such care are key partners in the proposed strategies. By the submission of our Project Portfolio, three of the eight Tribal partners will have active opioid treatment programs and all activities rely on the partnerships of agencies already serving diverse populations such as Sea Mar. Also, the North Sound BHO requires its contractors to provide appropriate culturally competent SUD services to diverse communities and monitors agencies' effectiveness when conducting quality oversight audits. Collaboration is a cultural norm in the North Sound region, and that history of partnership will ensure collaborative solutions to addressing the health disparities that exist here.

Metrics

The strategies described above will address the reporting and performance metrics for this project area, as well as support movement of metrics in project areas with shared measurements and goals, such as Bi-Directional Integration of Physical and Behavioral Health Care, Care Coordination, and others. In particular, this project aims to reduce emergency department and hospital admissions by reducing overdose rates. It aims to increase Substance Use Disorder treatment penetration and utilization of MAT by expanding existing programs and increasing the workforce capacity in this area. Finally, by addressing prescribing practices and educating providers and patients, this project aims to reduce the number of patients on high-dose chronic opioid therapy and patients with concurrent sedative prescriptions.

Lasting Impacts

By demonstrating success in preventing opioid use and addiction, increasing access to treatment and long-term recovery services, and preventing overdoses, this project has the potential to create lasting change for people experiencing or at-risk for opioid use disorder in our region, and significantly reduce the devastating impact opioids (pharmaceutical or heroin) have on our communities, especially for young people. By

addressing prevention, and addressing prevention for youth and families, this project will also benefit the entire Medicaid population by reducing the reach and impact of the opioid epidemic.

3A: Partnering Providers

The organizations and stakeholders listed in the Partnering Providers Tab of the Supplemental Workbook represent partners who have been substantively engaged in the project planning workgroups to date or that we expect will be engaged in the planning phase in 2018. Some, but not necessarily all of these partners will eventually be entered into the financial executor portal to receive payment.

In the Addressing the Opioid Use Public Health Crisis project area, the North Sound ACH has benefitted from extensive pre-existing community organizing and planning led by the North Sound BHO in their formation of an Opioid Reduction Plan. These efforts predated the work of the ACH and created a smooth glide path to stakeholder engagement. Workgroup leads in this area include representatives the North Sound BHO and Skagit County Public Health.

The North Sound ACH began a process of moving from broader stakeholder engagement into targeting partnering providers based on those currently serving or interested in serving a greater proportion of the Medicaid population in the spring of 2017. This engagement began with the formation of eight workgroups in each of the Toolkit project areas. An open invitation was extended to providers and stakeholders who saw an interest or retained a specialty in a certain project area and wished to engage. These included behavioral health and SUD providers, community-based organizations, county governments, primary care providers, health systems, Managed Care Organizations and health departments. Two or more volunteer subject matter experts from the community were invited to serve alongside staff in a lead role for each workgroup. As more information on the Medicaid Transformation became available, the focus and process for workgroups evolved accordingly. An initial inquiry was made for workgroup members and coalitions to draft "Statements of Interest" highlighting their individual and organizational interest and ideas for project frameworks. Staff and workgroup leads then gathered these submissions and reflected back a compilation of content to produce the outlines of a regional approach in each area.

Workgroups further honed these ideas during dialogue at monthly face-to-face meetings with remote access capability. North Sound ACH staff encouraged workgroups to focus on guidance from the Project Toolkit, including indicated target populations and seeking a strategy capable of incorporating participation from partnering providers across the region, while also aiming to move their respective pay-for-performance metrics. This dialogue on target populations, partnering providers already serving and committed to serve the Medicaid population, and effective strategies honed the focus of the workgroups onto Medicaid enrollees, including the subpopulations indicated by the toolkit and the partnering providers necessary to reach them. Due to the open and inclusive nature of stakeholder engagement in the workgroups, a broad spectrum of partnering providers are represented and remain a value for future engagement.

Concurrently, a coalition of health system primary care agreed to become an advisory body to staff, wherein staff convene regular meetings, assist with scheduling, agendas and note-taking. The Health System Advisory Coalition includes members from the largest hospital systems providing primary care in the region, all the regional Federally Qualified Health Centers, a large independent physician practice and a smaller pediatric practice. Collectively, the group has self-reported coverage of over 205,000 Medicaid primary care assignees in the region. Staff are continuing with further outreach to other partnering providers, including those located in more rural settings and smaller in size. These efforts form the foundation of the strategy to assure inclusion of those serving a significant majority of the Medicaid population. Plans to similarly convene partnering providers working in behavioral health and SUD settings will ensure a broad spectrum is represented for the purposes of bi-directional integration.

The North Sound ACH recognizes the importance of Managed Care Organizations to the success of the Medicaid Transformation and efforts at systems transformation in our region. Managed Care Organization partners are engaged on the Board of Directors, the Program Council and represented in each of the workgroups, including serving as leads in the areas of Care Transitions and Chronic Disease. MCO partners have thus far provided significant expertise and guidance to the project planning and will continue to do so throughout. In the case of Care Coordination, the North Sound ACH has participated in a series of meetings with MCO partners and representatives of the region's Health Home providers regarding coordination of these services in the development of the Pathways HUB. Through existing governance channels and the workgroup format, the North Sound ACH will consult and leverage MCO expertise in project planning and eventual implementation, while simultaneously avoiding duplication efforts across the region.

3A: Regional Assets, Anticipated Challenges and Proposed Solutions

Assets

The foundation of the regional assets that will support this project is the collaborative nature of the diverse partners working to improve health in the North Sound region. Since the inception of the ACH, organizations that have traditionally competed with each other have come together to collaboratively plan the transformation of our regional health system. Strategies in this project area will build on the many assets in our region, including strong commitments from diverse partners to prevent and treat opioid use disorder, while promoting access to treatment and recovery and reducing overdose deaths. Key assets are described below.

Existing Work and Partnerships

The North Sound ACH benefits from the collaborative relationships that already exist and will work to expand the network of partners involved in these efforts. The North Sound Opioid Reduction Plan (ORP) is built on a foundation of collaboration resulting from multi-jurisdictional partners assessing factors contributing to the crisis from a regional perspective. The ORP's overarching strategy is to collaborate and coordinate with partners to develop or expand comprehensive strategies to reduce the opioid epidemic's impacts in the North Sound ACH region and beyond. The plan lays out regional and local strategies developed by the BHO and the five counties within the North Sound, to reduce the effects of the opioid epidemic in their communities. Tribal-specific coordination strategies are also included, based on the specific needs of the eight Tribal nations in this region.

The scope of the opioid problem is immense but many resources already exist in the form of services, partnerships and pilot projects. The opioid crisis has already spawned new partnerships and innovative service models, such as outreach to people experiencing homelessness, partnerships with law enforcement to distribute Naloxone, integration of primary care and emergency care with SUD treatment, embedding social workers into schools, and more. These innovative partnerships and models provide a strong basis for the work ahead.

Assets in the North Sound ACH region include (but are not limited to):

Clinical Service Delivery and Expertise

North Sound has a network of SUD treatment providers, as well as primary care providers, emergency service providers, behavioral health service providers, and others, including:

- The North Sound BHO
- Behavioral Health Agencies (Compass Health, Sunrise, etc.)
- Narcan/Naloxone prescribers and distributors (for overdose prevention)
- Needle Exchanges (including mobile needle exchange)
- Hub-and-Spoke grant recipient (Dr. Adam Kartman, Cascade Medical Advantage)

- Hospitals (including PeaceHealth, Providence, Skagit Regional, Island Hospital, Swedish, etc.)
- Federally Qualified Health Centers (Sea Mar, Unity Care NW, Community Health Center of Snohomish County, etc.)
- Primary Care Provider systems (such as Family Care Network, etc.)
- Substance Use Disorder Treatment Centers (inpatient, outpatient)
- Dental Clinics (in FQHCs as well as private dentists, who are Opioid prescribers)
- Pharmacies (in hospital systems as well as private)
- Managed Care Organizations
- Tribal Substance Use Disorder clinics, including but not limited to:
    - Lummi Chemical Addiction Recovery and Education (CARE)
    - Swinomish Indian Tribal Community's didgwálič Wellness Center (*new*)
    - Tulalip Tribes Chemical Dependency Programs
    - Upper Skagit Indian Tribe Chemical Dependency Treatment Program
    - Nooksack Alcohol and Chemical Dependency program
    - Stillaguamish Tribe Island Crossing Counseling Services

Nonclinical Service Delivery and Expertise
In the North Sound ACH region there are many nonclinical, government or community-based organizations focused on addressing the opioid crisis, including:
- Law Enforcement (police, sheriff, and jails)
- Emergency Medical Services (EMS)
- Advocacy groups (Restoration One)
- Housing Service Providers (Opportunity Council, Catholic Community Services, etc.)
- Social Support Service Providers (Pioneer Human Services, Catholic Community Services, etc.)
- Schools (potential to address youth prevention) - high schools, middle schools
- County Human Service providers
- Advocates with lived experience of addiction or their family members (Ohana in Skagit County, North Sound ACH Community Leadership Council members, etc.)

Data, Analytic Tools, and Infrastructure
North Sound ACH plans to leverage or expand on data tools and infrastructure to improve communication between providers and systems, and provide rich sources of relevant population and patient- level data that can help the North Sound ACH target and monitor key populations, house analytic and reporting infrastructure, etc., such as:
- Prescription Monitoring Program (PMP)
- Overdose data
- Emergency Department Data (EDIE)
- EMS Data (ESO, etc.)
- Primary Care and other hospital data (EPIC, EDIE/Pre-Manage, ZOLL, etc.)
- Jail Data (Jail Inmate Lookup Service (JILS))
- Arrest Data (from police and sheriff departments)
- Behavioral Health Data
- Coroner reporting (opioid-related deaths)

Workforce and Human Capital Assets
There is a robust existing clinical, and nonclinical workforce across the North Sound region, including:
- Waivered Prescribers, Chemical Dependency Professionals (opportunities exist for growth)
- Nurse Care Managers
- Basic Life Support, Advanced EMT, Paramedics

- Community Health Workers
- Law enforcement (police, sheriff)
- Jail service providers
- Social Workers and Case Managers
- Law-enforcement embedded Social Workers
- Outreach services (for example, Opportunity Council's Homeless Outreach Team)
- Public Health professionals
- Pharmacists
- Regional experts (creators of North Sound Regional Opioid Plan)
- Harm reduction advocates, and advocates for Medication Assisted Therapy

The North Sound ACH region also has several education and training programs to support growth in this workforce, including:

- Whatcom Community College
- Skagit Valley College
- Bellingham Technical College
- Western Washington University

Financial Resources

The North Sound ACH intends to establish a braided funding model to support strategies to address the opioid crisis in the North Sound region, supplemented by Medicaid Transformation project funding and including the following sources:

- Managed Care Organizations
- Philanthropic and Community Development foundations
- Tribal funding sources for Tribal services
- City, County, State, and federal funding to address the opioid crisis

Community Relationships

The North Sound has extensive relationships and coalitions between health care systems, social service providers, advocates, people with lived experience, law enforcement, city and county governments, and others that will be leveraged to engage target populations, support patient engagement, and foster community buy-in. Examples include:

- Community coalitions, such as the Opioid Workgroup Leadership Team (Skagit County)
- Community support groups, such as Ohana (peer support for families of people with OUD)

CHALLENGES AND STRATEGIES TO OVERCOME THEM

Below are several of the challenges inherent in these strategies and an early assessment of ways to mitigate issues arising. All of these will depend on continuous performance monitoring and application of quality improvement techniques to resolve problems.

Anticipated Challenges	Proposed Solutions
Project has difficulty meeting performance metric targets	• The ACH will engage implementation planning teams in embedding tracking mechanisms in their implementation plans, including surveys, regular automated or manual reports of metrics, and other means for tracking success. Quality

	Improvement Plans will be integrated into the implementation strategy using rapid-cycle process improvement strategies to identify points of failure and improvement early for quick response. Quality Improvement teams will also convene, based either in the implementation planning teams or the data and learning team, to regularly review metrics and assess areas of change or improvement. • The ACH Data and Learning team will support the strategy through the development of a suite of monitoring and evaluation measures that provide an ongoing, actionable dashboard for project progress. Included in this will be ongoing survey-based assessments of training effectiveness and project implementation to partnering providers, regular review of clinical quality measures aligned with toolkit pay for performance measures, HCA reports on performance measure benchmarks, and other heuristic metrics for assessing project implementation success. Clinical quality measures will be pulled for tracking and quality improvement purposes, based on reports from partnering organizations or third-party data aggregators such as CMT's PreManage platform or cloud-based registries. • Modifications to project plans will occur after the data and learning teams or implementation planning teams identify and report gaps or areas of improvement to the Program Council. ACH staff and members of the Program Council will deliberate on potential changes to improve project performance and determine whether a program can be adapted or needs to be discontinued. Managed Care Organizations could be engaged in this component, to assist ACH staff and partners in workflow redesign and lean process improvement activities. • The ACH will identify potential sources of outside technical assistance to support this process, including Qualis Health, Providence CORE, Kaiser Permanente Washington Health Research Institute, the Northwest Center for Public Health Practice, and Managed Care Organizations.

	• Work with project partners to identify and understand barriers or limitations that contribute to the inability to meet these metrics • Outreach to other ACHs, as well as state and national experts, to learn successful strategies to address performance issues
Geographic barriers, resulting in limited capacity in more remote/rural areas and transportation barriers for Medicaid enrollees in these areas.	• The North Sound ACH will prioritize flexibility when developing implementation plans, and ensure that mobile services (such as mobile dentistry, mobile needle exchange/substance use disorder treatment, etc.), telehealth, and home visiting services are possibilities for populations in particularly rural or remote areas (such as the San Juan Islands or east Whatcom, Skagit, and Snohomish counties). • Allocate ACH resources to improve access to, use of, and reimbursement for Medicaid Transport services. • Utilize monitoring and continuous improvement processes to quickly identify when geographic barriers are impacting access to services.
Lack of affordable, available housing in the North Sound ACH region resulting in inability to reduce homelessness, and unstable housing limits improvement in health outcomes.	• Outreach to other ACHs, as well as state and national experts on reducing homelessness, to learn successful strategies to address performance issues • Consider investing ACH resources (including staff time) in more upstream efforts to reduce homelessness rates (investing in housing, advocacy at the city, county, and state levels, etc.)
Challenges with reimbursement for services by Apple Health (services not covered/reimbursement rate is insufficient/lack of provider understanding around billing procedures)	• Exploring sustainability with the local Managed Care Organizations will be needed to continue integrated services. • Work together with the HCA to increase the number of covered services that will support movement of performance metrics, including community-based services and prevention services • Work together with the HCA to ensure that reimbursement rates for services (especially for behavioral health services, or services for Medicaid adults) are sufficient for providers to cover their costs and continue to provide services for Medicaid patients. • Leveraging expertise from the UW-AIMS center and cross sector workgroup support can

	provide information on proper billing and coding.
Health Information Technology/Exchange (HIT/HIE) challenges, including interoperability of multiple systems, implementation challenges with new systems (such as Pathways), barriers to data sharing between providers/systems (including protected health information), concerns around public disclosure and liability issues	• Utilize a mutually agreed-upon Release of Information (ROI) that can be used by partner providers in this project area, to ensure that patients' Protected Health Information (PHI) can be shared across agencies and agencies remain HIPAA-compliant. • Set up regular data/HIT round tables with partner providers to identify concerns around HIE, data sharing, and challenges around implementing new systems. • The ACH will work with partners to identify any legal or regulatory barriers to sharing data and health information across providers or systems (laws around Public Disclosure; criminal history sharing; 42 CFR Part 2, Confidentiality of Substance Use Disorder Patient Records, for example), and advocate where possible to remove these barriers. • Engagement with partner providers for evaluation of current capacity and needs around Medicaid reimbursement and billing. Connect partner providers with the Healthier Washington Practice Transformation Support Hub and resources through the project plan could mitigate this barrier. • In late 2017 and 2018, North Sound ACH (as the Pathways HUB) and the MCOs will design a data-sharing system that facilitates eligibility determinations and protects privacy, and the North Sound ACH will describe this arrangement in contracts with the MCOs. The ACH can draw on the experience and expertise of other Pathways HUBs and Pathways experts in doing so. • Work with leaders of the Pathways Community HUB to ensure that Pathways technology is able to integrate with existing HIT in use by partner providers. • Potentially leverage ACH resources to pay for data migration costs and set up of new systems, as well as staff training on the new system.

Many programs/initiatives with shared goals make it difficult to coordinate, avoid overlap, or define boundaries between existing services and new services	• Meet with leadership of existing programs/initiatives to understand areas of overlap and potential synergies, as well as clear boundaries, and opportunities for coordination. • Tailor ACH project to eliminate areas of overlap and target strategies to further enhance the goals and public impact of current initiatives • Set up regular round table of both ACH project partners and stakeholders in this work to share learnings, avoid overlap and duplication, and identify opportunities to increase impact for all programs.
Challenges identifying long-term funding outside the Medicaid Transformation project	• Utilizing monitoring and continuous improvement processes, regularly evaluate project performance to be able to clearly communicate project impact to potential outside funders, as well as demonstrate a commitment to effectiveness. • Collaborate with MCOs to identify opportunities that align long-term objectives and achieve total cost of care savings in line with needed investments • Dedicate ACH resources to Identify additional funding sources, including in-kind support, local community development foundations, philanthropic foundations, other state and federal programs and "angel investors". • Partner with other ACHs to achieve economies of scale • Facilitate site visits for stakeholders and decision makers with ability to provide needed funds, so that the value of the models can be experienced first-hand. • Perform cost effectiveness calculations that demonstrate short and long-term savings for care settings due to transitional care planning. • Advocate for city, county, state, and federal-level allocation of funds to address the Opioid Crisis • Work together with the HCA to increase the number of covered services that will support movement of performance metrics, including community-based services and prevention services
Community stigma and or political issues around Opioid crisis limit progress of project strategies	• The social marketing strategy of this project seeks to address this stigma by educating the public around the importance of this work and

	reducing fears, and demonstrating that these services need to exist in accessible locations • Advocacy and education to city and county councils, law enforcement agencies, neighborhood advisory groups, community development boards, and more to educate them on the need for more treatment facilities, harm reduction services like needle exchanges, and the importance of carrying Naloxone to reduce overdose deaths
Pathways Community HUB Model does not include pathways for Opioid Use Disorder or Substance Use Disorder - concern that Pathways for Care Coordination will fail to address this issue in the target population for that project area	• The North Sound ACH will work closely with Dr. Sarah Redding and Pathways leaders to adapt the model to meet the needs in this project area, and/or embed connection to substance use disorder treatment into the 20 existing pathways • Utilizing the monitoring and continuous improvement processes, identify if there are barriers to closing certain pathways for the target population, and if more collaboration regarding opioid use disorder treatment and prevention is needed.

3A: Monitoring and Continuous Improvement

Summary

The North Sound ACH will implement a monitoring and continuous improvement plan, which will include quality improvement processes, that leverages existing infrastructure, such as internal clinical quality improvement (QI) teams at partner organizations, regional experts in QI, clinical quality measure dashboards, and health information exchange data, as well as identifying gaps in information and explore opportunities for data collection systems with multiple ACH's. The identification and use of measures for monitoring and continuous improvement will emphasize pragmatic, real-time measurement data sources that track progress through automated systems without requiring a heavy burden of manual measurement and tracking. Methodologies used will include embedded evaluation tools and continuous quality improvement techniques such as logic models, key driver diagrams, Plan-Do-Study-Act (PDSA) cycles, and run charts to track project success and address any gaps or areas of improvement. The North Sound ACH staff and the ACH Data and Learning team will supply the implementation planning teams for each project area with QI plan measure dashboards on an ongoing basis in order to determine success of evidence-based approaches. When projects or approaches are identified as in need of improvement or modification by stakeholders through a deliberative process, ACH will consult with Program council and implementation planning teams to provide assistance and explore solutions before engaging with the Health Care Authority (HCA) engage in a project plan modification.

Information Management & Data Sources

Tracking measures for monitoring and continuous improvement will include data from ongoing survey-based assessments of training effectiveness and implementation milestones to partnering providers, regular review of clinical quality measures aligned with toolkit pay-for-performance measures, HCA reports on performance measure benchmarks, and other proxy metrics for assessing implementation success. While some measures

will require manual tracking, such as training enrollment forms, tally sheets for workflow revisions, and manual chart review, special consideration will be given to measures that can provide real-time, automated tracking of progress that have a low-impact on partner organizations' staff time.

Project Managers will serve as liaisons and primary contacts with implementation partners, ensuring that monitoring and continuous improvement measures are submitted or collected on a monthly or quarterly basis for review by the data and learning team. As stated in Section I, Sub-section Governance, Project Managers will be assigned specific projects and groups of providers to monitor. Functions performed by Project Managers will include site visits, meetings with providers to identify successes and challenges, and periodic surveys to measure progress toward contractual goals.

The North Sound ACH will collaborate with partners to identify and capture clinical quality measures and related proxy measures for tracking and quality improvement purposes, based on automated or custom-built reports from partnering organizations or third-party data aggregators such as CMT's PreManage platform, syndromic surveillance systems, or cloud-based registries. Because these measures use data directly managed from HIT systems they provide a nearly real-time (within 24 hours) view of performance, the ACH Data and Learning team will be able to quickly identify and respond to delays in implementation or gaps in performance. This is an area where the North Sound ACH will explore partnerships with other ACHs to combine resources and develop shared reporting and data analytic systems. A full inventory of available data sources for monitoring of implementation progress will be developed as part of the ACH current state assessment process. Selection of measures within these data sources will be informed by the planning processes among the Implementation Teams and the North Sound ACH Current State Assessment.

As illustrated in Figure 1, the North Sound ACH will monitor two primary signal paths for indications of performance gaps: (a) regular monitoring of state and local metrics by the data and learning team and (b) regular monitoring of community feedback and indicators by the Project Managers in their capacity as Activity Leads. In the latter case, surfacing performance gaps will be a primary function of the Activity Teams. Independently and in cooperation with the team, Leads will routinely probe for indicators of lagging achievement, employing site visits, meetings with providers, and periodic surveys. When a performance gap is identified through either signal path, the Lead (i.e. the responsible project manager) will lead the Activity Team to develop a remediation plan.

In some cases, adequate remediation may be inhibited by resource constraints or sub-optimal coordination within the ACH or the community. If Leads are unable to resolve these impediments themselves (e.g. through cross-team problem solving), they will elevate unresolved issues to the Executive Director (ED). The ED will then make prioritization decisions and provide direction as necessary. When high-level or systemic obstacles are at play, the ED will request Board assistance to resolve them and then translate Board decisions into instructions for Leads to implement.

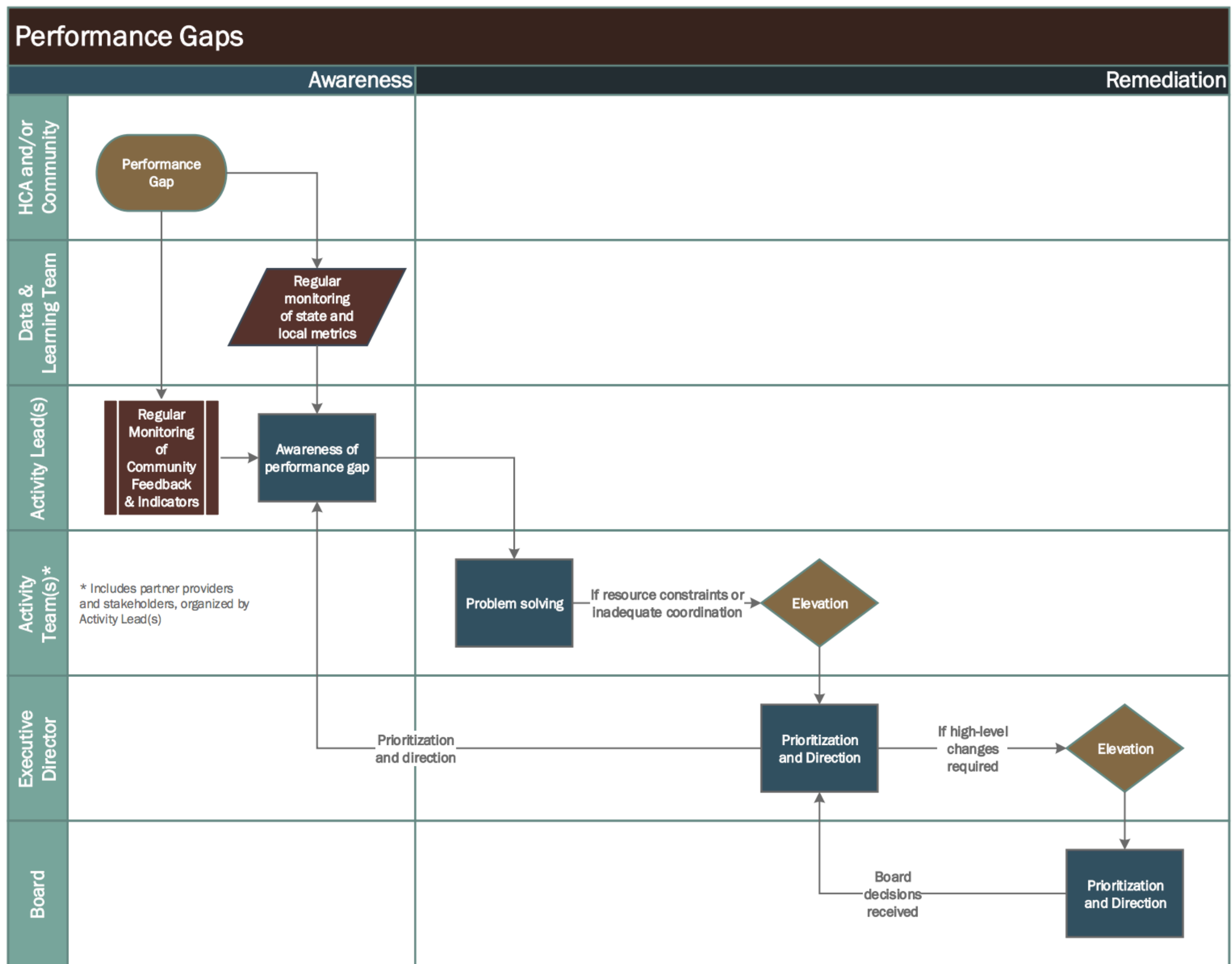

Figure 1: Performance Gaps Process Map

Quality Improvement Planning Process

Internal or embedded implementation teams will work with the most immediate data, based on quality improvement plans, internal quality improvement tracking mechanisms such as clinical quality measures, provider dashboards, and tally sheets. These will be reported to Project Managers and shared with the data and learning team for oversight. Additionally, the data and learning team will continuously identify and use HIT and HIE systems for tracking performance data such as hospital admission, ED utilization, and immunization status based on population health management technologies such as CMT's EDIE/PreManage platform, immunization registries, syndromic surveillance, and third party registries. These platforms can provide a picture of regional performance on some monitoring and continuous measures with a delay as small as 24 hours. When these systems identify performance gaps, the data and learning team will collaborate with implementation teams via the Project Managers to solve the challenges. This is an area where the North Sound ACH will explore partnerships with other ACHs to combine resources and develop shared reporting and data analytic systems, such as a performance management portal.

The North Sound ACH implementation planning teams will embed continuous tracking mechanisms in their implementation plans as part of their quality improvement planning process, to include surveys, regular automated or manual reports of metrics, and other means for tracking success. This quality improvement planning will emphasize rapid-cycle process improvement strategies that will identify points of failure and

improvement for quick response through PDSAs or workflow redesign. The ACH will engage existing quality improvement teams at clinical or community-based implementation partners to provide expertise and support ongoing, real-time review and improvement of evidence-based approach implementation. Where possible, implementation partners will be encouraged to use these internal quality improvement teams to track their performance and PDSA improvements as needed.

The North Sound ACH Data and Learning team will support this strategy through the development of a suite of monitoring and evaluation measures for each evidence-based approach that provide an ongoing, actionable dashboard for tracking progress. The Data and Learning team will convene to regularly review metrics and assess implementation delays or gaps in performance that require changes or improvements.

Process Improvement and Project Plan Modification

Implementation delays will be identified through regular monitoring and oversight of performance and tracking measures by internal implementation teams at partner organizations. When implementation is delayed or encounters a barrier, these teams will first attempt rapid cycle improvement processes including Plan-Do-Study-Act (PDSA) cycles to solve these challenges and report outcomes to Project Managers. If this method does not lead to improvement, Project Managers will collaborate with implementation partners, the data and learning team, program council, and technical assistance consultants to address implementation delays.

When changes or improvements are identified as necessary by the ACH Data and Learning Team, the North Sound ACH staff will first work to support project implementation teams through internal QI activities, workflow redesign, PDSA cycles, resource allocation, staff training, collaborative conversations across sectors and ACHs, and other forms of assistance to improve performance (Figure 2). Technical assistance, trainings, and other resources will be supplied as needed to partner organizations and individual providers for these additional supports based on data and a deliberative process between North Sound ACH staff, the Data and Learning team, and implementation partners, as well as with feedback from the program council.

Modifications to project plans will occur after the North Sound ACH staff and implementation planning team leads report to the Program Council that a project has gaps, delays, or areas of improvement that could not be solved through other forms of assistance, as described above. North Sound ACH staff, project partners, key stakeholders, and members of the Program Council will deliberate on potential changes to improve project performance and determine whether a program can be adapted or needs to be discontinued. Prior to applying for a project plan modification in these instances, the North Sound ACH will coordinate with the Health Care Authority to identify potential alternative solutions.

Technical Assistance

Potential sources of technical assistance in developing our quality improvement plans, training our teams in continuous improvement, and identifying tracking measures include Qualis Health, Providence CORE, Kaiser Permanente Washington Health Research Institute, the Northwest Center for Public Health Practice, and Managed Care Organizations.

3A: Project Metrics and Reporting Requirements

Attest that the ACH understands and accepts the responsibilities and requirements for reporting on all metrics for required and selected projects. These responsibilities and requirements consist of:

- *Reporting semi-annually on project implementation progress.*
- *Updating provider rosters involved in project activities.*

YES	NO
XX	

3A: Relationships with Other Initiatives

Attest that the ACH understands and accepts the responsibilities and requirements of identifying initiatives that partnering providers are participating in that are funded by the U.S. Department of Health and Human Services and other relevant delivery system reform initiatives, and ensuring these initiatives are not duplicative of DSRIP projects. These responsibilities and requirements consist of:

- *Securing descriptions from partnering providers in DY 2 of any initiatives that are funded by the U.S. Department of Health and Human Services and any other relevant delivery system reform initiatives currently in place.*
- *Securing attestations from partnering providers in DY 2 that submitted DSRIP projects are not duplicative of other funded initiatives, and do not duplicate the deliverables required by the other initiatives.*
- *If the DSRIP project is built on one of these other initiatives, or represents an enhancement of such an initiative, explaining how the DSRIP project is not duplicative of activities already supported with other federal funds.*

YES	NO
XX	

3A: Project Sustainability

The North Sound ACH is committed to working with partners in the North Sound ACH region to develop strategies and initiatives that will move the metrics outlined in the Project Toolkit, and achieve sustainable solutions that positively impact Washington's health system transformation beyond the Medicaid Transformation period. A virtuous cycle results when clinical transformation improves provider performance on clinical quality measures in value-based contracts, payers such as Managed Care Organizations reap savings, and reinvestments can be made back into the community, and community-based organizations to address upstream, social determinants of health. To ensure lasting impact, we will optimize project strategies that not only will improve health outcomes, but hold promise for additional financial earnings and substantial buy-in from both clinical and community-based partners. The implementation of projects will foster meaningful relationships among partnering providers and other stakeholders that will support sustained transformation beyond the Medicaid Transformation.

The North Sound ACH plans to leverage its unique position as a regional convener and facilitator to identify additional long-term supports for transformative changes to our health systems. Whenever possible, the North Sound ACH will seek to braid together DSRIP earnings with other sources, including Managed Care Organization partners. Additionally, philanthropic support and investment from foundations and community development organizations at the local, state, and federal level will be pursued and leveraged wherever possible.

Within the clinical environment, the North Sound ACH will work with partnering providers to foster systems transformation, evidence-based practices, and team-based workflows to drive performance on clinical quality measures and thereby increase reimbursements for value-based contractual agreements as the state moves toward HCA goals for increased VBP adoption. Improving utilization of non-clinical staff in the clinical environment can increase the ability to pursue payments for additional services billable to Medicaid, such as those supporting behavioral health practitioners performing assessments or other interventions. Finally, establishing improved linkages and care coordination between clinical settings and community-based resources can improve patient engagement and satisfaction, also bolstering clinical quality measure performance and subsequent reimbursements. Through the Pathways and other models incentivizing value-based or population health models over fee-for-service models ensures a more holistic approach to achieving health equity in the region.

The North Sound ACH plans to advocate at city, county, and state level for policies that will support this work, and reduce regulatory barriers to successful project implementation. This includes advocacy for policies that impact bi-directional integration and clinical transformation, social determinants of health, such as housing, access to transportation, childcare, employment, food access, environmental pollutants, etc. Additionally, the ACH will advocate for changes in programs and policies within partner organizations and systems, to support the implementation of services that support Medicaid Transformation and address health disparities.

Domain 1 areas of Workforce and Population Health Management offer substantial opportunities to ensure long-term sustainability and transformation. Training new members of the health workforce (or retraining current members) is an upfront and self-sustaining investment, particularly if partners are able to train staff in-house, building capacity for these providers in the long-term. Supporting implementation of systems for Health Information Technology or Exchange (HIT/HIE), is an up-front investment and will help defray costs over the long-term. Additionally, improved interoperability, communication and patient service resulting from improved technology and systems will reduce costs and improve patient satisfaction in the long-term, likewise driving increases in reimbursements for value-based contractual agreements.

Specific to opioids, improving community-based and clinical systems' ability to effectively serve persons experiencing Opioid Use Disorder (OUD) holds great potential to provide long-term solutions through cost savings associated with prevention efforts, improved engagement and access to treatment, overdose prevention and promoting long-term recovery. These savings can then be reinvested to continue the path to sustainability.