Department and Staffing Updates

2017/2018 Budget: The Council approved our 2017/2018 budget as proposed, including our requested additions of a Mental Health Court case manager and a Developmental Disability specialist. In addition, they added one new Public Health Nurse, beginning in April 2017, for our Nurse-Family Partnership (NFP) program, an intensive evidence-based home visitation program for first-time low income mothers. They took this action to support their commitment as a Health Board to improve services for children and families. This will bring NFP staffing to 4 nurses, a Lummi family advocate, and clerical staff.

Building Updates: We continue to experience odor issues at the State Street Building. We have not moved staff back into the affected area. The County contracted with an engineering firm to further investigate the problem. A report of their findings is due soon.

Staffing/Workforce Development: There have been a number of staffing changes over the last few months. We had two retirements resulting in vacancies for our Communication Specialist and our Human Services Clerk. Melissa Morin, our Healthy Communities Specialist will be assuming the role of Communication Specialist. We will be filling both the Healthy Communities Specialist position and the Human Services Clerk positions. Additionally, Aaron Ignac has been hired as our Health Information and Assessment Manager. Katie Stanford, our Emergency Preparedness Specialist moved into our vacant Environmental Health Specialist position. We hired Mark Raaka as our new Emergency Response Specialist. Navi Sangha, joined us in November, and Julie Rose, starts January 9th, to fill our vacant PHN positions in the immunization and Tb programs.

On November 28, Erika Nuerenberg gave a webinar presentation, as part of a series sponsored by the Northwest Center for Public Health Practice, on WCHD’s efforts to address workforce development needs through training and a mentoring program. The training was attended virtually by local and state health agency staff from WA, OR, MT, ID, and AK.

Program Updates

Health Information and Assessment (HIA):
The Public Health Informatics Institute interviewed Nicole Willis about our department’s increasing use of informatics: [http://phi.org/blog/podcast-whatcom-county](http://phi.org/blog/podcast-whatcom-county)

Communicable Disease & Epidemiology and HIA staff collaborated with University of Washington Master of Public Health students on a rapid assessment of local school-based health needs (report available soon).

Community Health
Healthy Children and Families
At the November Health Board meeting, the Health Board adopted a 2017 theme focused on improving the health and well-being of Whatcom County’s youngest children and families. Health Department staff will be working with the Public Health Advisory Board to support Health Board action in three areas:
1) Enhance County focus and resources to meet the needs of young children and families in Whatcom County,
2) Support County employees caring for young children and model family-friendly workplace policies for other local employers,
3) Seek solutions to reduce or mitigate key stressors for young children and families living in Whatcom County.

**Healthy Communities**
Over the past several months, the Healthy Communities Team (Melissa M, Olivia R, Judy Z, and Astrid N) has been working on a Healthy Communities framework, to help us better describe and focus our community work to improve health and advance equity. The framework is a work in progress, but closely resembles the Prevention Institute's THRIVE model (https://www.preventioninstitute.org/tools/thrive-tool-health-resilience-vulnerable-environments)

**Communicable Disease and Epidemiology:**
The Immunization program is very busy planning a grant funded campaign to increase HPV (Human papilloma virus) immunization rates in Whatcom County. This included mentoring Western Washington University (WWU) RN to BSN students on a community health project that allowed the team to complete the assessment portion of the project. Implementation of the grant will begin with a January 10th kick-off educational dinner for the 31 clinics in Whatcom County that participate in the Vaccine for Children program. The evening will include speakers, demonstrations, door prizes and a community-wide competition to increase HPV immunization rates.

Public Health Nurses and Environmental Health specialists have been involved in norovirus outbreaks in the community. We are exploring ways to help schools, long-term care facilities and childcares have a systematic approach to an outbreak and have available clear guidance on infection control such as handwashing practices, disinfection and exclusion. We continue to receive intermittent requests for Zika virus testing and assisted in the Acute Flaccid Myelitis investigation during that outbreak in November.

Public Health Nurses presented to Peace Health providers in November regarding Sexually Transmitted Diseases (STDs) emphasizing the gonorrhea rates that continue to increase in the community and newly diagnosed cases of syphilis. They covered STD identification including testing, current treatment guidelines, reporting requirements and expedited partner therapy (the treatment of partners to prevent spread).

Communicable Disease Public Health Nurses are working with Unity Care NW to streamline the referral process for potentially infections clients (i.e. STDs, Hepatitis C and HIV). In January, we will be meeting with Lifelong to discuss coordination of newly diagnosed HIV clients.

The Syringe Services Program (SSP) takes place every Thursday afternoon at the State Street location with a well-educated and passionate volunteer workforce. In 2016, 750 hours of volunteer time was logged to support the program and the clients. The volunteers are highly skilled and able to provide teaching to distribute the Naloxone provided by the UW center for Opioid Safety Grant. Because of volunteer support, the Public Health Nurses have been able to double the amount of screening tests (for SSP clients) for HIV and Hepatitis C in the past 6 months. This fall, WWU RN to BSN students did an assessment and research project to provide the foundation for a possible program expansion to a satellite location in 2017.
Tuberculosis (TB) program staff managed diagnosis and treatment of five new active TB cases in 2016. Since May 2016, 87 high risk latent tuberculosis infection (LTBI) cases have been evaluated and either initiated treatment or closed. Active TB cases average 370 – 520 of Public Health Nurse (PHN) work hours per case, and 125 – 220 PHN hours for each high risk LTBI case. In the past 12 months the TB team logged 780 patient encounters (home visits, office visits, and Directly Observed Therapy). We also provided over 150 individual consults and several educational sessions for the health care community.

Subsequent to completion of the operational refinements started in 2016, the 2017 focus will be on evaluating and improving strategy to educate and support the health care community caring for those with TB.

**Human Services (HS):**

The Whatcom County Mental Health Court celebrated the first participant graduation in Bellingham Municipal Court on November 8th, 2016. The program’s first graduate entered the program in February of 2015 and progressed through five program phases designed to reduce recidivism and promote long-term healthy choices and a positive presence in the community following graduation.

The Mental Health Court Programs are housed in the Whatcom County Health Department and operate in both the Bellingham Municipal Court and the Whatcom County District Court.

A mental health court is a therapeutic problem-solving court. Participants in the Program are known as "members." Members typically receive treatment for mental illness, substance abuse, and undergo other therapeutic programs designed to reduce criminal behavior. The treatment team regularly meets before court to support members' progress and the members regularly appear on the court calendar before the judicial officer to ensure accountability and reward success. The team also promotes success by facilitating access to housing and referring members to community resources. Studies in King County and across the nation have shown that mental health courts reduce crime, including violent crime, reduce incarceration rates, and save taxpayers money. The Program currently has 23 members, including 12 in Whatcom County District Court and 11 in Bellingham Municipal Court.

**Environmental Health:**

**On Site Sewage (OSS):**

In the process of initiating operational permits for "intermediate septage holding tanks". These are pumpers that store septage at their site prior to final disposal. Operations and Maintenance staff have reviewed applications and inspected sites and plan to issue permits for 2017. The permit is intended to ensure proper septage handling by verifying adequate tank construction, secondary containment (if applicable), setbacks, spill plan, and record keeping. Staff will also inspect pumper trucks for all licensed pumpers.

We are conducting a sanitary survey of all OSS (38) located in the North Chuckanut Bay area ("mud bay"). Public Works Pollution Identification & Correction (PIC) staff observed elevated fecal coliform bacteria while sampling in this area. PIC program requested surveys of all OSS to help identify pollution sources. Approximately half of the OSS have been surveyed thus far. 2016 was a busy and productive year in terms of increased development in the county. We issued 33% more OSS permits in 2016 than in 2015.
**Drinking Water:**
The Council placed a moratorium on use of private wells as a drinking water source for new construction. This was as a result of the Hirst decision (Whatcom County v. Western Washington Growth Management Hearings Board) where the Supreme Court ruled:

It is the County's responsibility to determine legal availability of water for issuing land use decisions.

Development permits that are proposing to use private (exempt) wells must demonstrate that groundwater withdrawal will not impair a senior water right, including instream flows.

County Council recently adopted an interim ordinance which requires the Health Department to verify legal availability of water prior to issuance of PDS permits. The County is continuing to work on instream flow protection and resolving private well restrictions imposed by the Court through state legislative means. The issues are complex and not quickly solved.
AGENDA ITEM #4: 2017 Focus on Young Children and Families

PRESENTERS: Rachel Lucy, Public Health Advisory Board (PHAB) Chair
Astrid Newell, Community Health Manager

BOARD ACTION: ☑ Action Item Discussion FYI - Only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY
At the November 2016 Health Board meeting, the Health Board adopted a 2017 theme focused on improving the health and well-being of Whatcom County's youngest children and families. The Public Health Advisory Board recommended that the Health Board take action in three primary areas:

1) Enhance County focus and resources to meet the needs of young children and families in Whatcom County,
2) Support County employees caring for young children and model family-friendly workplace policies for other local employers,
3) Seek solutions to reduce or mitigate key stressors for young children and families living in Whatcom County.

Since November, progress has occurred on several fronts.

1) Health Board/County Council recommended and approved funding for one additional Public Health Nurse for the Nurse-Family Partnership program, an evidence-based home visitation program for first time, low income mothers (pregnancy – child age 2).

2) Based on interest expressed by the Health Board, Health Department staff met with County Human Resources (HR) to discuss family-friendly workplace policies and programs. Over the next several months, HR will be working on making existing family-friendly policies more visible through an intranet webpage, and is open to the Health Department drafting and piloting an "Infant at Work" policy.

3) To explore possible avenues for addressing key stressors for families with young children, PHAB members were asked to conduct informational interviews with representatives from County Advisory Boards focused on Housing, Behavioral Health, Veterans, Developmental Disabilities, and Incarceration Prevention. The goal of the interviews was to learn more about how the needs of young children and families are currently being considered within advisory group process and identify potential opportunities to increase focus on this population. Key themes from interviews with Advisory Board representatives included:
- Needs of young children and families are not currently given high priority attention within advisory boards, much current work focused on crisis reduction for adults.

- Concerns about lack of behavioral health services and supports for young children and families. Limited behavioral health supports for Spanish-speaking clients, immigrants, and certain geographic areas (e.g., North Bellingham). This concern is reinforced by other working groups.

- Basic needs, such as housing and food access are concerns for young families, and deserve attention and action. Certain geographic areas are more impacted than others.

- Advisory board representatives are interested in connecting with PHAB and other boards on these issues. PHAB is interested in connecting with schools and others working on this.

Given the feedback from advisory boards, as well as growing momentum and interest among child and family professionals, we are at a critical moment of opportunity to come together for collective action in Whatcom County. The Whatcom County Community Health Improvement Plan calls out child and family well-being as a priority focus for community action, and a small group is currently meeting to plan next steps, including a community convening later this Spring. The Health Department is working with partners to engage young families and hear directly about their needs, as well as working with community members in targeted geographic areas to support community improvements that benefit children and families. Working groups such as First Steps Coalition, Whatcom Early Learning Alliance, Whatcom Taking Action for Children and Youth with Special Health Care Needs, and ACEs/Resilience Workgroup are interested in aligning their work for more impact. Recently, representatives from these groups have come together to explore a proposal for the state’s “First 1000 Days” project, a state-community collaboration to identify and support young families in the prenatal to age 3 period. The Health Board also has opportunities to review upcoming health and non-health policy decisions for their impact on young children and families.

**BOARD ROLE / ACTION REQUESTED**

- In partnership with community groups and advisory boards, endorse/ sponsor/attend community action summit to focus on needs of young children and families. (Spring 2017)

- Provide support letter for "First 1000 Days" project, if community invited to submit full proposal

- With support from Health Department staff, screen upcoming County policy decisions for impact on young children and families, particularly most vulnerable populations.

**ATTACHMENT(S)**

- *Menu of opportunities from November 2016*
### Menu of Opportunities for Health Board/County Council Action (November 2016)

**Improving the health and well-being of Whatcom County’s youngest children and families**

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Potential actions</th>
<th>Explore Further?</th>
</tr>
</thead>
</table>
| 1) Enhance County focus and resources to meet the needs of young children and families in Whatcom County | - Consider and prioritize early childhood policies and programs in County resource allocation (budgeting, contracting)  
- Encourage consideration of needs of young children and families across county departments and programs (examples: human resources, parks, planning, health, etc.)  
- Expand County support for home visiting (e.g., Nurse-Family Partnership), centralized access to services (e.g., Single Entry Access to Services), and other innovative and evidence-based early childhood and parenting support services  
- Participate in/or endorse a collective action initiative, bringing multiple groups, agencies, service providers and families together for action planning and coordination.  
- Provide County support for a child and family tax levy, such as King County’s Best Starts for Kids  
- Advocate for additional state and federal resources for improving health service programs for low-income families, including Medicaid Maternity Support Services and WIC Nutrition Program. | |
| 2) Support County employees caring for young children and model family-friendly workplace policies for other local employers | - Expand paid parental leave for both mothers and fathers after birth of a child (e.g., King County provides 12 weeks)  
- Expand flexible scheduling/part-time scheduling options for County staff  
- Implement bring-infant-to-work provisions, similar to WA State DOH and Clark County  
- Expand and promote breastfeeding-friendly workplace provisions, such as protected break time and dedicated lactation rooms for both staff and public  
- Consider development of on-site child care options | |
| 3) Seek solutions to reduce or mitigate key stressors for young children and families living in Whatcom County | - Convene taskforce to address limited availability of high quality, affordable child care, particularly infant-toddler care in Whatcom County  
- Request explicit consideration of needs of young children and families in plans and proposals developed by County advisory groups and task forces, including those addressing:  
  - Economic development  
  - Housing  
  - Behavioral health (parental mental health and substance use, child mental health)  
  - Incarceration prevention and criminal justice involvement  
- Prioritize community improvements in areas with high proportion of vulnerable families with young children (e.g., East Whatcom County, farmworker communities, tribal communities, low income housing) | |
AGENDA ITEM #4: Accountable Community of Health (ACH) / Medicaid Transformation Waiver Demonstration

PRESENTER: Regina Delahunty, Health Department Director

BOARD ACTION: Action Item ☑ Discussion FYI - Only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

On September 30, 2016, Washington State and the Centers for Medicare and Medicaid Services (CMS) reached an agreement in principle on a five-year Medicaid demonstration project (see Waiver Fact Sheet). Through the agreement, CMS and Washington State have agreed on the elements of the demonstration, including the structure and role of Accountable Communities of Health (ACHs) (see ACH Fact Sheet) and financing. This agreement will “waive” certain federal Medicaid requirements, allowing the State to use Medicaid funds (more than $1 billion over 5 years) for innovative projects, activities, and services that otherwise would not be eligible for funding.

ACH’s are at the center of successful implementation of Initiative 1 of the demonstration (see Initiative 1 Fact Sheet). Our North Sound Accountable Community of Health (NSACH) is designing a governance structure to more efficiently respond to the demonstration requirements. NSACH has recently become a non-profit corporation and has hired a full time Executive Director. NSACH will play a significant role in determining regional priorities for the demonstration dollars, for tracking and monitoring progress in achieving the goals of the demonstration, and for reporting progress of the funded regional partners back to the State.

BOARD ROLE / ACTION REQUESTED

- Understand the significance of the Medicaid Transformation Waiver Demonstration (particularly Initiative 1) to our community
- Update on the changes to the NSACH
- Provide feedback related to NSACH structure

ATTACHMENT(S)

- ACH Fact Sheet
- Waiver Fact Sheet
- Medicaid Transformation—Initiative 1 Fact Sheet
Accountable Communities of Health

An Accountable Community of Health (ACH) is a group of leaders from a variety of sectors in a given geographic area with a common interest in improving health. ACHs address health needs where they occur—at the local level. ACHs are based on the notion that health is more than health care, and will focus on issues that affect health, such as education, income, housing, and access to care.

How can an ACH lead to a healthier Washington?

By increasing community-based, cross-sector collaboration, ACHs better align resources and activities, which will improve whole person health and wellness. ACH participants promote health equity across the state and address the broader issues that affect health through regional health improvement plans. As Healthier Washington continues to expand, ACHs will serve a key role in supporting regional and statewide initiatives such as practice transformation, value-based purchasing and the alignment of performance measures.

Where are the ACHs located and whom do they serve?

ACHs contribute to health system transformation, and as such, the nine ACH regions identified in this map align with each of the state’s Medicaid regional service area boundaries.

Okanogan and Klickitat are transitional counties based on Medicaid regional service areas.

The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies. rev. March 2016
Are all ACHs the same?

Each ACH shares the same general purpose, has a formal governance structure and bylaws, and includes representation from a diverse and broad cross-section of entities. Each ACH will also play a similar role in projects implemented statewide, such as the Practice Transformation Support Hub. ACHs are different based on regional preference and priorities, such as the details of their governance structure, the particular entities participating, and the projects each undertakes in response to the unique health concerns of their region.

Who governs the ACHs?

In many cases, the organization that stepped forward to apply for the initial “Community of Health” planning grant beginning in July 2014 continues to be the sub-awardee providing the ACH with staff and administrative support. For some ACHs, this entity is a local public health agency. For others, it is a non-profit organization with a history of health reform activity in the region.

While the sub-awardee may help develop the governance structure, in most regions, it does not itself govern the ACH. In two regions, the sub awardee is itself the ACH entity and retains decision-making authority and multi-sector representation according to the contractual guidelines. The governance structure of the ACH typically involves a board or committee, made-up of a subset of these participants, with whom final decision-making authority rests.

What is the best way to become involved with ACHs?

Because each ACH is structured differently and is at a different stage of development, contact the ACH in which you have an interest. Contact information for the ACH backbone leads and administrative support team is on the Healthier Washington web page provided below.

Learn more about Accountable Communities of Health:

Website: www.hca.wa.gov/hw/Pages/communities_of_health.aspx
Email: CommunityTransformation@hca.wa.gov
Washington State’s Medicaid Transformation

Medicaid—Challenge and Opportunity

Apple Health (Medicaid) now covers 1 in 4 people in Washington. Before the Affordable Care Act, it covered mostly children, disabled and elderly individuals, and low-income parents. Now the largest group is adults, whose needs include more mental health and substance use disorder treatment, and a higher number of chronic health issues. The state’s population is also aging: Soon, 1 in 5 Washingtonians will be over the age of 65—and, as they age, their need for health care and long term services and supports will grow.

Washington State Medicaid Transformation

On September 30, 2016, Washington State and the Centers for Medicare and Medicaid Services (CMS) reached an agreement in principle on a five-year Medicaid demonstration project. This is an opportunity to accelerate changes in our state’s Medicaid program that support the goals of Healthier Washington—better health, better care, and lower costs.

Through the principled agreement, CMS and Washington State have agreed on the core facets of the project, including the structure and role of Accountable Communities of Health (ACHs) and financing. Final approval by CMS is subject to the special terms and conditions (STCs), the actual contract for the demonstration. This agreement will “waive” certain federal Medicaid requirements, allowing the state to use Medicaid funds for innovative projects, activities, and services that otherwise would not be eligible for funding. This is not a grant; the state must demonstrate that it will not spend more federal dollars on its Medicaid program than it would have spent without the waiver.

Medicaid transformation goals

- Reduce avoidable use of intensive services and settings—such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional long-term services and supports, and jails.
- Improve population health—focusing on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders, and oral health.
- Accelerate the transition to value-based payment—using payment methods that take the quality of services and other measures of value into account.
- Ensure that Medicaid per-capita cost growth is below national trends—through projects and services that improve health outcomes and reduce the rate of growth in the overall cost of care for Medicaid clients.

Paying for Value—Instead of Volume

Value is where affordable, transparent costs meet appropriate high-quality care. The federal government and states across the nation are recognizing that new health care delivery models that reward providers and health plans for value are key to controlling costs and fostering health.

The waiver’s Medicaid transformation investments will help us spend our Medicaid dollars more wisely by rewarding providers and health plans based on the quality of care people receive and its effect on their health, instead of the number of procedures and services provided.

We know these changes can be challenging. That’s why much of the waiver’s focus will be on supporting providers and plans as they build their capacity to transition to these new delivery and payment systems.
The Medicaid transformation goals will be achieved through three initiatives.

**INITIATIVE 1: Transformation through Accountable Communities of Health**

This initiative will provide communities with financial resources to improve health system performance for Medicaid clients at the local level. Each region, through its Accountable Community of Health (ACH), will be able to pursue projects aimed at transforming the Medicaid delivery system to serve the whole person and use resources more wisely. These projects will be aimed at:

- Health systems capacity building—Support for development of new primary care models; workforce development, including non-conventional service sites; and improvements in data collection and analytic capacity.
- Care delivery redesign—Bi-directional integration of physical and behavioral health care; improved care coordination, including clinical-community linkages; and better transitions between services and settings.
- Prevention and health promotion—Focusing on chronic disease prevention and management, and maternal and child health, for Medicaid beneficiaries.

This is not a grant. ACHs and their partners will receive funds only after they meet project goals. In the early years, payments will be made for meeting process milestones. Later, payments will be based on improvements in outcome measures. For more information, visit the [Medicaid Transformation Initiative 1](https://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx) page on the Healthier Washington website.

**INITIATIVE 2: Broaden the array of service options that enable individuals to stay at home and delay or avoid the need for more intensive care**

The state will create a “next generation” system of care focused on outcomes that supports families in caring for loved ones, delaying or avoiding more intensive long term services and supports (LTSS) when possible; creates better linkages within the health care system; and continues its commitment to a robust LTSS system for those who need it. These services will be provided by two new limited benefit packages—Medicaid Alternative Care (MAC) and Targeted Supports for Older Adults (TSOA). For more information, go to the [Medicaid Transformation Initiative 2](https://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx) page on the Healthier Washington website.

**INITIATIVE 3: Provide targeted foundational community supports**

Targeted supportive housing and supported employment Medicaid benefits will be available to those enrollees most likely to benefit. Initiative 3 is built around the growing body of evidence linking homelessness and unemployment with poor physical and mental health. While Medicaid funds cannot be used to provide housing or jobs, supportive services can promote stability and positive health outcomes while preventing homelessness and dependence on costly medical and behavioral health care, and long-term institutional care. For more information, go to the [Medicaid Transformation Initiative 3](https://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx) page on the Healthier Washington website.

**Stay informed**

- Visit the Medicaid Transformation page at [www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx](https://www.hca.wa.gov/hw/Pages/medicaid_transformation.aspx)
- Join the Healthier Washington Feedback Network and receive regular updates and announcements of upcoming webinars—sign up on the Contact Us page at [www.hca.wa.gov/hw](https://www.hca.wa.gov/hw)
- Send questions and comments to [medicaidtransformation@hca.wa.gov](mailto:medicaidtransformation@hca.wa.gov)

*New State General-Fund dollars will not be needed for waiver activities.*
Medicaid Transformation: Initiative 1
Transformation through Accountable Communities of Health

Washington State and the Centers for Medicare and Medicaid Services (CMS) have reached an agreement in principle for a five-year Medicaid transformation demonstration that will strengthen state efforts to improve health care for Washington families and control costs.

Community providers will be the foundation for Medicaid transformation. Initiative 1 is intended to build incentives for providers who are committed to changing how we deliver care. Primary care and behavioral health providers, hospitals, social service agencies, and other community partners all have a part to play in building a system that improves health outcomes.

We are negotiating Special Terms and Conditions (STCs), including implementation details, with CMS. Regular updates are posted on the Medicaid Transformation web page.

Paying for Value—The cornerstone of Medicaid transformation

Value is where affordable, transparent costs meet appropriate high-quality care. The federal government and states across the nation are recognizing that new health care delivery models that reward providers and health plans for value are the key to controlling costs and fostering health. The waiver will help us make this transition by rewarding providers and plans based on the quality of care people receive and its effect on their health, rather than the number of procedures and services they provide.

These changes can be challenging for providers, from hospitals to social service agencies to individual doctors. But these changes are critical to the success and sustainability of Medicaid transformation. That’s why Initiative 1 projects will need to support providers and plans as they build their capacity to transition to new delivery and payment systems.

Transforming the Medicaid care delivery system at the local level

Each region, through its ACH, will be able to pursue projects aimed at transforming the Medicaid delivery system to serve the whole person and use resources more wisely.

These projects will be aimed at:
- Health systems capacity building
- Care delivery redesign
- Prevention and health promotion

What is an Accountable Community of Health (ACH)?

An ACH is a group of leaders from a variety of sectors within a region with a common interest in improving health. ACHs address health needs where they occur—at the local level.

There are nine ACHs that, together, cover the entire state. With support from the state, these ACHs are jointly implementing health-related projects and advising state agencies on how to address health needs in their area.

For more information, go to the Accountable Communities of Health page at www.hca.wa.gov/hw

Fact sheet produced by the Washington State Health Care Authority, October 2016
Transformation project toolkit

The state is developing a transformation project toolkit that provides guidance on the projects that will be eligible for funding under Initiative 1. The Framework for the Project Toolkit, an outline from which the final toolkit will be built, is available on the Healthier Washington website. This framework outlines the strategies, objectives, and outcomes—inspired by the ideas our stakeholders and partners submitted—for transformation projects. The final toolkit will include core components, or key project elements, along with milestones and metrics.

The role of ACHs in transformation projects

After the project toolkit is approved by CMS, ACHs will use it to work with their partners to develop Medicaid transformation project plans. Each ACH will engage with providers, health plans, social services, and other partners in their region to develop project plan proposals tailored to community needs and priorities. The state has not yet determined how many projects each region will undertake and whether or not some projects will be required in all regions. These details will be part of the final toolkit.

Once an ACH’s project plan has been approved, the ACH will coordinate the project. This is not a grant. ACHs and their partners will receive funds only upon meeting project goals. In the early years, payments will be made for meeting process milestones. Later, payments will be based on improvements in outcome measures.

Examples of Incentive Payment Milestones

<table>
<thead>
<tr>
<th>Planning</th>
<th>Project Implementation</th>
<th>Reporting</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop project plan with local partners</td>
<td>Hire staff</td>
<td>Report baseline quality outcomes</td>
<td>Improvement over baseline quality outcomes, such as reducing avoidable hospital use</td>
</tr>
<tr>
<td></td>
<td>Build IT capacity</td>
<td>Report population-based measures</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scale new care models</td>
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Stay informed

- Visit the Medicaid Transformation page at http://www.hca.wa.gov/about-hca/healthier-washington/medicaid-transformation
- Join the Healthier Washington feedback network and receive regular updates and announcements of upcoming webinars—sign up on the How to Participate page at www.hca.wa.gov/hw
- Send questions and comments to medicaidtransformation@hca.wa.gov

These investments are not funded by a grant. The state must demonstrate that it will not spend more federal dollars on its Medicaid program with this demonstration project than it would have without it.
Healthier Washington

Medicaid Transformation
Potential $1.5B federal waiver
5-year demonstration project

2014 Legislation:
- House Bill 2572
- Senate Bill 6312

SIM Grant:
$65 million over 4 years from
the federal government

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Medicaid Transformation Demonstration

- What is it?
- Video: Medicaid Transformation Demonstration Waiver 101
Medicaid Transformation Demonstration
3 Initiatives

- **Initiative 1.** Delivery system transformation strategies lead by the Accountable Communities of Health, described in the Project Toolkit.

- **Initiative 2.** More service options for older adults and people with disabilities to stay at home and delay or avoid need for more intensive care.

- **Initiative 3.** Supportive housing and supported employment services for Medicaid clients with most critical needs.
Accountable Communities of Health (ACH) Regions
North Sound Accountable Communities of Health (NSACH) Proposed Governing Structure

Board of Trustees legally responsible for the business of the organization.

Program Committee makes recommendations to the Board regarding project selection and the development the Regional Health Needs Inventory (RHNI).

- **Executive Committee**
- **Finance Committee**
- **Communications & Engagement**
- **Governance Committee**

**Program Committee**

**Projects**
- BH Integration
- Care Coordination
- Opioids
- Optional

**Measures & Transformation**
- RHNI
- Performance measurement
- Workforce development
- Practice Transformation Hub
- VBP

Program Committee charters work teams that are populated by experts and people working on the ground and monitors progress.

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**ACH Board Composition**

**Board of Trustees Composition**

* At a Minimum:
  1. Behavioral Health
  1. Health System / Hospital
  1. Health Plan/ MCO
  1. Primary Care / Community Health Center
  1. Public Health Department
  1. Tribal*

  - In alignment with HCA guidance regarding inclusion of and minimum number of representatives from specific sectors.
  - Should sector trustees be expected to caucus/ maintain contact with their North Sound sector colleagues?

  5. Non-clinical, non-payer participants / one from each county
  2. Program Committee /chair and co-chair
  1. At large/ consumer oriented

  - In alignment with HCA guidance regarding “non-clinical, non-payer participants” needing to constitute 50% of the board, so the threshold for these numbers will change as the numbers of members who are clinical/payers change.
  - 5 non-clinic members could be designated by local County Councils/ Health Boards.

* Additional consultation with Tribes will be necessary to determine the most appropriate ways for Tribal involvement and structure.

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Initiative 1
Medicaid Transformation Projects:
3 Domains

• Domain 1. Health Systems and Community Capacity Building

• Domain 2. Care Delivery Redesign

• Domain 3. Prevention and Health Promotion
Domain 3: Prevention and Health Promotion

Project 3A: Addressing the Opioid Use Public Health Crisis (Required)
Project 3B: Maternal and Child Health
Project 3C: Access to Oral Health Services
Project 3D: Chronic Disease Prevention and Control

Domain 2: Care Delivery Redesign

Project 2A: Bidirectional Integration of Care and Primary Care Transformation (Required)
Project 2B: Community-Based Care Coordination
Project 2C: Transitional Care
Project 2D: Diversion Interventions

Domain 1: Financial Sustainability Through Value-Based Payment

Domain 1: Workforce

Domain 1: Systems for Population Health Management
Fund Flow

Funds flow from Federal Government to State Government up to $1.1 billion → To a fiscal intermediary

ACH determines if project milestones have been met

Project partners earn incentive payments
ACHs Next Steps

- Using Demonstration Tool Kit develop:
  - Regional Health Needs Inventory (RHNI)
  - Description of the Community
  - Description of Health Care System
- Project Plan for Region based on RHNI
Opportunities
straight ahead