

TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.

Please email completed templates by **January 15, 2016**, to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	<p>Identify point person, telephone number, e-mail address:</p> <p>Jennifer Sewitsky, 541-858-8170, jsewitsky@columbiacare.org</p> <p>Which organizations were involved in developing this project suggestion?</p> <p>ColumbiaCare Services, Inc.</p>
Project Title	<p>Title of the project/intervention:</p> <p>Parks Model Supportive Housing</p>
Rationale for the Project	
<p>Include:</p> <ul style="list-style-type: none"> • Problem statement – why this project is needed: A current lack of safe and affordable housing providing varying levels of treatment and supports in the community results in a bottleneck of community integration—forcing individuals to remain in more expensive structured housing environments, including psychiatric hospitals. With the proper resources individuals can live successfully in this lower level of less expensive care, and reach their full potential for self-sufficiency and health. • Supporting research (evidence-based and promising practices) for the value of the proposed project: ColumbiaCare Services has established what we refer to as the “Parks Model” of Supportive Housing. This model consists of high intensity staffing in otherwise independent housing, thus allowing clients who may otherwise require much more expensive placements (such as licensed residential or even hospital stays) to live independently out in the community. Our collective Park Model Supportive Housing Programs have accepted the bulk of our referrals directly from the State Hospital, with success that is comparable to a licensed residential program at a fraction of the cost. • Relationship to federal objectives for Medicaidⁱ with particular attention to how this project benefits Medicaid beneficiaries: These projects reduce the use of acute hospital visits as well as help free up state hospital beds, all while allowing our clients to live in a very independent level of housing with the support they need to thrive. 	
Project Description	
<p>Which Medicaid Transformation Goalsⁱⁱ are supported by this project/intervention? Check box(es)</p> <p><input checked="" type="checkbox"/> Reduce avoidable use of intensive services</p> <p><input checked="" type="checkbox"/> Improve population health, focused on prevention</p> <p><input type="checkbox"/> Accelerate transition to value-based payment</p> <p><input checked="" type="checkbox"/> Ensure Medicaid per-capita growth is below national trends</p> <p>Which Transformation Project Domain(s) are involved? Check box(es)</p> <p><input checked="" type="checkbox"/> Health Systems Capacity Building</p> <p><input checked="" type="checkbox"/> Care Delivery Redesign</p> <p><input type="checkbox"/> Population Health Improvement – prevention activities</p> <p>Describe:</p> <ul style="list-style-type: none"> • Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders): <p>Region: We are proposing starting one (or more) of these projects in the North Sound, King, Optimum and/or SW</p>	

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Behavioral Health RSNs—more specifically in Seattle, Vancouver, Snohomish, and Tacoma. We feel these would make the best demonstration areas, however we are also open to starting one of these in any region that would benefit from such a project. Our **target population** would be adults in the hospital and licensed residential system that are currently unable to live independently, and that may otherwise require a higher level (and more expensive) level of care.

- **Relationship to Washington’s Medicaid Transformation goals.** Park Model Supportive Housing programs will reduce the need for higher levels of intensive services and settings such as acute care hospitals, psychiatric hospitals, and traditional long-term services and supports such as structured licensed residential programs, and jails. These resources (housing with the appropriate level of intensive treatment and supports) will reduce the costs to the behavioral healthcare system in Washington and consequently help achieve the goal of containing Medicaid per-capita cost growth.
- **Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.** The goal of our SH model is to allow individuals that are in need of high levels of support to safely live independently, in the community. Through coordination of care, we are able to reduce emergency services utilization and instead link our clients with primary care, outpatient services that are less crisis-driven as well as more cost effective.
- **Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.** Park Model SH programs are directly linked to Medicaid Transformation Initiative #2 in that it is an added level of service that enables individuals to stay at home and delay or avoid the need for more intensive care through hospital diversion. The programs are outcome-directed with specific targets for creating better linkages within the health care system, and ultimately reducing the need for more structured housing environments such as licensed residential and/or hospitalization.
- **Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.** Potential partners include state and local hospitals, Outpatient Service Providers, Regional Support Networks, Primary Care providers, and Accountable Communities of Health.

Core Investment Components

Describe:

- **Proposed activities and cost estimates (“order of magnitude”) for the project:** A 6-8 unit program would serve a general population area of 300,000. Total costs for development of each project would depend upon real estate prices but approximately \$1,000,000 would be adequate. Operating expenses per project would be approximately \$48,000 per month including rents, service payments, Medicaid.
- **Best estimate (or ballpark if unknown) for:**
 - **How many people you expect to serve, on a monthly or annual basis, when fully implemented:** Each program is designed to serve six to eight individuals. Any less than that and the financial benefits are not realized when compared to more costly projects, and more and we are not able to insure the safety and treatment of each of the clients living in the program.
 - **How much you expect the program to cost per person served, on a monthly or annual basis:** Based off the \$48,000 per month for an 8-bed program, the cost would be \$6,000 per person served per month.
- **How long it will take to fully implement the project within a region where you expect it will have to be phased in:** The implementation process for a Park Model Supportive Housing project would include identifying and securing the real estate, completing any necessary improvements or maintenance, office furnishing and set-up, recruiting, hiring, and training staff, executing a contract, and screening and accepting referrals to the program. As an experienced provider of these services, ColumbiaCare could have a project up and running in 6 months.
- **The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.** Hospital costs are at least \$17,000 per month per client and the Park model is 90% efficient in keeping clients out of the hospital at a cost of \$6,000 per month per client, and the client and family satisfaction is much higher and the long range treatment objective of normalizing activities is improved markedly. Development costs would be recovered in one year!

Project Metrics

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.

Wherever possible describe:

- **Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application <http://www.hca.wa.gov/hw/Documents/waiverappl.pdf> pages 46-47ⁱⁱⁱ:** We see our Parks Model Supportive Housing programs having the most impact in a few key areas. The first, and most impactful, would be that of Psychiatric Hospitalization Readmission rates. Looking at our existing programs, some of which have been operational for years, we have accepted 31 individuals (most of whom came from the State Hospital System), and had only 6 readmissions over that time. Unfortunately, three of those resulted in a return to the State Hospital, however 5 also successfully transitioned into even less restrictive and more independent housing during the same period. Overall, we see a huge impact in readmission rates and successful community placements. We are also confident we will have an impact in the Mental Health Treatment Penetration, as we will staff these projects to provide the care at the SH project. As such, we are able to provide high quality mental health treatment to our clients on a regular basis, right where they live. While metrics around this are difficult to quantify, all of our clients currently living in Parks Model SH programs are participating in treatment (to varying degrees).
- **If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation? N/A**