



STATE OF WASHINGTON

June 2, 2021

Dear Members of the Joint Select Committee on Health Care Oversight:

SUBJECT: Quarterly Report on the Medicaid Transformation Project Demonstration

Pursuant to SSB 5883, Sections 213(1)(e)&(f), 204(3)(b), and 206(25)(a)&(b), enclosed please find two documents reporting on the activities, outcomes, financial status, and expenditures of the Medicaid Transformation Project Demonstration. The first is a copy of our recently submitted report to the federal Centers for Medicare and Medicaid Services (CMS). Under the terms of our agreement with CMS, the state is required to report quarterly on the activities and accomplishments of the Demonstration. Within the report is a quarterly expenditure and FTE report covering all three initiatives of the Demonstration. Given that the information contained in the report is the same as what we believe to be required under SSB 5883, we respectfully suggest that the same report can fulfill both needs. However, please let us know if there is additional information you require.

The second document is a Medicaid Quality Improvement Program (MQIP) report is now included as a deliverable within our quarterly update. The MQIP report was required in the corresponding budget proviso.

The third document is an Accountable Communities of Health (ACH) activities report. This is also now included as a deliverable within our quarterly update.

If you have questions or require additional information, please do not hesitate to contact us.

Sincerely,

Susan E. Birch, MBA, BSN, RN
Director
Health Care Authority

Donald Clintsman,
Acting Secretary
Department of Social and Health Services

Enclosures

By email

cc: Senate Ways and Means Committee, leadership and staff
Senate Health and Long-Term Care Committee, leadership, and staff
House Appropriations Committee, leadership, and staff
House Health Care and Wellness Committee, leadership, and staff
Joint Select Committee on Health Care Oversight, leadership and staff
Senate and House, Democratic and Republican Caucus staff
Governor's Office, Senior Policy Advisors
Office of Financial Management, HCA Budget Assistants

Medicaid Transformation Project

Health Care Authority	SFY17 Budget	SFY17 Expenditures to Date	SFY18-SFY19 Budget	SFY18 Expenditures to Date	SFY19 Expenditures to Date	SFY18-19 Total Expenditures	SFY 20-21 Budget	SFY 20 Expenditures to Date	SFY 21 Expenditures to Date	SFY 20-21 Total Expenditures
Initiative 1 - DSRIP (GF-F)	\$121,050,000	\$11,496,394	\$486,683,000	\$304,161,733	\$182,302,907	\$486,464,640	\$153,357,573	\$73,885,491	\$4,944,991	\$78,830,481
Admin		\$2,496,394		\$9,980,381	\$8,440,913	\$18,421,294		\$17,884,994	\$10,258,716	\$15,203,706
DSRIP Incentives		\$9,000,000		\$294,181,352	\$173,861,994	\$468,043,346		\$63,626,775		\$63,626,775
Initiative 1 - DSRIP (GF-L)	\$12,226,000	\$0	\$129,103,000	\$54,991,222	\$37,998,635	\$92,989,857	\$86,189,427	\$32,625,998	\$0	\$32,625,998
DSRIP Incentives		\$0		\$54,991,222	\$37,998,635	\$92,989,857		\$32,625,998		\$32,625,998
Initiative 3 - FCS	\$5,392,000	\$0	\$38,425,000	\$709,616	\$5,355,094	\$6,064,710	\$79,829,000	\$21,640,343	\$12,500,449	\$34,140,792
FCS SE ADMIN		\$0		\$33,569	\$834,728	\$868,298		\$1,726,960	\$1,612,125	\$3,339,085
FCS SE SERVICES		\$0		\$155,850	\$1,939,783	\$2,095,633		\$8,272,151	\$3,602,502	\$11,874,653
FCS SH ADMIN		\$0		\$182,135	\$667,481	\$849,617		\$1,913,417	\$2,067,854	\$3,981,271
FCS SH SERVICES		\$0		\$110,040	\$1,913,101	\$2,023,141		\$9,727,816	\$5,217,968	\$14,945,784
Agency Admin		\$0		\$228,021	\$0	\$228,021		\$0	\$0	\$0

DSHS - AL TSA	SFY17 Budget	SFY17 Expenditures to Date	SFY18-SFY19 Budget	SFY18 Expenditures to Date	SFY19 Expenditures to Date	SFY18-19 Total Expenditures	SFY 20-21 Budget	SFY 20 Total Expenditures	SFY 21 Expenditures to Date	SFY 20-21 Total Expenditures
Initiative 2 - MAC and TSOA	\$3,680,000	\$353,365	\$41,388,000	\$8,649,659	\$17,665,743	\$26,315,402	\$79,799,000	\$25,192,104	\$24,818,259	\$50,010,363
Initiative 3 - FCS	\$1,221,000	\$45,725	\$2,200,000	\$568,396	\$819,098	\$1,387,494	\$2,525,000	\$597,712	\$3,630,151	\$4,227,863

DSHS and HCA (Community Behavioral Health)	SFY17 Budget	SFY17 Expenditures to Date	SFY18-SFY19 Budget	SFY18 Expenditures to Date*	SFY19 Expenditures to Date*	SFY18-19 Total Expenditures	SFY 20-21 Budget	SFY 20 Total Expenditures*	SFY 21 Expenditures to Date	SFY 20-21 Total Expenditures
Initiative 3 - FCS	\$883,000	\$0	\$19,562,000	\$144,434	891,791	\$1,036,224	\$27,844,000	\$881,579	\$576,748	\$1,458,327

*Administrative staff costs only. FCS admin and service expenditures (TPA costs) are paid from HCA's budget. As of SFY19, CBH merged with HCA.

DSRIP - Delivery System Reform Incentive Payment

FCS - Foundational Community Supports

MAC and TSOA - Medicaid Alternative Care and Tailored Supports for Older Adults

Expenditures are reported on a cash basis and include liquidations.

1. Background

The Washington State Legislature authorized the Medicaid Quality Improvement Program (MQIP) during the 2020 legislative session to support the Medicaid Transformation Project. MQIP allows Washington State to implement quality improvement programs for people enrolled in Apple Health (Medicaid). Under MQIP, Medicaid managed care organizations (MCOs) are responsible for partnering with participating public hospitals to implement certain activities that:

- Reinforce the delivery of quality health care.
- Support community health.

Through MQIP, MCOs will receive incentive funds to share with participating public hospitals when they meet specific milestones, including reporting on selected performance metrics.

2. Implementation status and results

The Association of Washington Public Hospital Districts (AWPHD) and the University of Washington Medicine (UW Medicine) are state public hospitals participating under MQIP, in partnership with MCOs. During the fourth quarter of 2020, AWPHD and UW Medicine continued implementation of projects as outlined below.

AWPHD is working on a project that will:

- Support statewide efforts to prevent opioid dependency.
- Expand access to opioid use disorder treatments.
- Prevent opioid overdose in rural Washington.

UW Medicine is working on an initiative that focuses on care delivery sites, community engagement, and clinical quality. Under this initiative, UW will improve health care access and outcomes for all patients. Some activities of this initiative include:

- Development and expansion of new and existing clinical interventions to support access and whole-person care.
- Improving processes for data collection, analysis, and patient/provider access.
- Sharing guidelines, tools, clinical practice improvements, and other learnings with clinical providers and community partners outside of UW Medicine.
- Health Care Authority (HCA) approved reporting for the second milestone (Milestone 2) on October 1, 2020. Payment for Milestone 2 occurred in December 2020.

The third reporting milestone tied to payment will be completed in Q2 of 2021. In addition to providing an implementation plan status report and an updated work plan with additional project detail, the third milestone requires AWPHD and UW Medicine to submit performance data on the selected project-specific measures of success to support program assessment and continuous improvement.

Below are several of the metrics selected:

- Breast cancer screening rates for selected populations. Additional measures appropriate to additional interventions identified and begun.
- At least two Community Advisory Council recommendations incorporated into project planning (e.g., intervention/quality improvement (QI) measure).
- Tool identified and breast cancer screening incorporated into tool. All additional QI measures incorporated into tool and are available to clinicians. Reporting of variance from baseline/target initiated.
- Change in access to Drug Enforcement Agency (DEA)-waivered providers in participating member facilities.
- Change in rate of opioid prescribing for individual providers.

3. Expenditures

MQIP payments for Milestone 3 will be released in June 2021 following milestone completion. The estimated payment amount is \$69.6million.

Accountable Communities of Health (ACHs) Quarterly Activity Report

Reporting period: January 1–March 31, 2021

Report for the Joint Select Committee on Health Care Oversight



Introduction

This report reflects statewide and regional ACH activities from January 1 to March 31, 2021. This report shares what ACHs are doing at the community level within and across regions to improve community health in Washington State.

Through their unique role, ACHs connect the health care delivery system and local community organizations. In addition to their Medicaid Transformation Project (MTP) activities, ACHs are coordinating and supporting COVID-19 response. Statewide activities summarized below reflect the most recent quarter: (January 1–March 31, 2020).

Statewide ACH activities

- ACHs continue to play a vital and prominent role in COVID-19 response and recovery. Activities include personal protection equipment (PPE) distribution, participation in the Department of Health (DOH) Care Connect program, awareness campaigns for vaccines and masking, and more.
- ACH executives are participating in the [WE WIN Together Racial Justice Community](#) since January. This work will help put ACHs in a stronger position collectively to identify meaningful action. Shared language and a vision of equity and anti-racism can lead to stronger action and results. The work will help ACH leaders identify principles around collective action as well as concrete ideas for working together on equity.
- ACHs are actively planning for the sustainability of their organizations and projects. Several ACHs detailed making sustainability decisions with their boards of directors, including funding allocation methodologies when MTP concludes.


Individual ACH activities

Better Health Together (BHT)

[Serving Adams, Ferry, Lincoln, Pend Oreille, Spokane, and Stevens counties](#)

Sustainability

- Work continued internally on building a sustainability framework, adopted by BHT's Board in December 2020. The framework prioritizes six focus areas, (1) equity, anti-racism, and belonging, (2) social determinants of health, (3) tribal partnerships, (4) rural health, (5) county-based collaboratives, and (6) access to care.
- Staff began to plan out a series of one-on-one conversations, focus groups, discussions, and surveys to gather partner and community input to test assumptions about community needs and interests before finalizing a longer-term strategic and sustainability plan.
- Work also began within the Board Governance Committee to contemplate BHT's role in the community beyond MTP and the configuration of board members needed to support this role.



COVID-19 response

- In March, the BHT Board of directors unanimously approved nearly \$1.3 million to support the region's COVID-19 response strategy:
 - \$300,000 to support a Telehealth Behavioral Health Access request for proposals (RFP), with individual awards of up to \$20,000 available per partner. BHT will contract with primary care and behavioral health partners in Spokane County to provide funds for a one-time program to support the purchase of cell phones or wireless services for patients lacking access to behavioral health services.
 - \$1,050,000 for developing COVID Vaccine Trusted Messengers in our region to help reduce vaccine hesitancy and get as many people in the region vaccinated as quickly as possible.
 - \$13,000 into a Volunteer Pulse Oximeter Project to decrease the number of COVID-positive people who need emergency care through at-home monitoring, utilizing a pulse oximeter for six months. BHT will contract with Planned Parenthood's Raíz program to support the capacity to offer every COVID-positive person an opportunity for this support service.
 - \$35,000 for COVID Rental Assistance Support to add to the financial capacity needed to apply for the COVID-19 Emergency Housing and Utility Assistance RFP the City of Spokane will release in April. If the proposal is accepted, BHT will play an intermediary financial role and maximize funds for outreach capacity and rental assistance to those who need it.

Care coordination

- Through the [COVID Care Connect hub](#), the network of community health workers (CHWs) provided support services for 357 clients during this reporting period. Services include more than \$10,500 in food assistance and \$36,861 in household financial assistance to families in need.

Behavioral health


- Criminal justice partners: BHT selected [eight projects](#) and began contracting this quarter. The funding pool for this work totaled \$2.5 million for projects to address behavioral health access for individuals involved with criminal justice, and early intervention and prevention with youth.
- Workforce development: allocated integrated managed care (IMC) funds for behavioral health workforce initiatives including substance use disorder professional (SUDP) certification, license supervision initiatives, and additional education and training efforts.

Cascade Pacific Action Alliance (CPAA)

[Serving Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, and Wahkiakum counties](#)

Behavioral health

- CPAA's program manager and Advancing Integrated Mental Health Solutions (AIMS) Center co-hosted a webinar titled: Suicide Prevention and Safety Planning in Primary Care.

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- Facilitated a monthly IMC Provider Readiness Workgroup. This workgroup is where behavioral health agencies discuss IMC issues with managed care organizations (MCOs) and HCA. Challenges discussed include claims being denied, claims reconciliation taking longer than expected, reimbursements being delayed, billing code modifier confusion, availability of interpreter services, prior authorization confusion, and data sharing.
 - CPAA hosted three additional Question, Persuade, Refer (QPR) suicide prevention trainings for community members.

Project implementation


- Partnered with DOH Care Connect. This program addresses the emergent needs of people who have barriers to following quarantine or self-isolation advice from local incident response management systems.
- Opioid project work continues to be a strong focus:
 - During the quarter, leadership and staff met with U.S. Representatives Strickland and Kilmer to discuss the Mainstreaming Addiction Treatment Act (H.R. 1384, (WA-10 Fact Sheet) with the intent to reduce current barriers and increase the number of providers who can prescribe buprenorphine.
 - Three medication-assisted treatment (MAT) waiver trainings were provided. These trainings now include Hepatitis C training as well.
 - CPAA is developing a peer counselor professional development series for the region.
 - Bimonthly medications for opioid use disorder (MOUD) provider workgroup meetings were offered, which included both presentations and discussion.
 - The work with Lewis County public transportation continues is progressing, allowing for increased access to court, mental, and physical health appointments.

COVID-19 response

- Continued to distribute PPE to community partners in need.
- Facilitated monthly calls with pediatric providers to address well-child visits, immunization rates, and behavioral health integration concerns during COVID-19. Planning for Children's Behavioral Health Task Force kick-off event in May to address the behavioral health crisis spurred by COVID-19.
- Ongoing CPAA attendance at the Mason County Situational Awareness meeting, which occurs three times a week, to assist with COVID-19 planning in the county.

Health equity

- CPAA staff completed a 21-day diversity, equity, and inclusion (DEI) challenge to help educate the team internally to better understand the region's needs.
- Staff designed an RFP to deploy \$250,000 for health equity work in the region, with a focus on sustainability of activities. The application due date is May 17.



Elevate Health

Serving Pierce County

Community investment

- OnePierce is Elevate Health’s Community Resiliency Fund’s initial loan program. OnePierce provided nearly \$850,000 in bridge capital to assist organizations in managing the timing differences for cost reimbursement for CARES Act-funded Pierce County contracts. All loans were fully repaid in the first quarter of 2021. These loans enabled organizations to:
 - Support 1,295 households with rental assistance.
 - Provide day camp for the children of 1,372 essential worker households.
 - Facilitate 990 behavioral health contacts with Pierce County residents.
- OnePierce approved \$2.63 million in a second round of bridge loans. Loans will be made to six organizations providing rental assistance and homeless outreach, through Pierce County contracts funded by U.S. Treasury Rental Assistance Program. These agencies will serve over 4,500 families and will distribute over \$34 million in rental and housing related assistance.

Care coordination

- Elevate Health accepted the DOH Regional Care Connect Hub contract for COVID-19 specific care coordination services as a Tier 2 provider. The Care Continuum Network team collaborated with Tacoma Pierce County Health Department to build out dashboarding and develop workflows within the Innovaccer Care Coordination platform.
- In partnership with North Sound ACH (NSACH), Elevate Health successfully launched six NSACH Care Coordination agencies on the Elevate Health's data platform. This collaboration will enable our organizations to leverage care coordination best practices, streamline our technology platform and services, and provide improved reporting and analytics.

Community engagement

- Elevate Health hosted the 2021 Annual Opioid Summit, in partnership with the Tacoma Pierce County Health Department. The summit provided a platform for the Opioid Task Force Committees to report outcomes for 2021. Three community partners also spoke on “Resiliency and Coping through the COVID-19 Epidemic.” Elevate Health supported the follow-up break-out sessions designed to further solution-focused discussion.
- Elevate Health launched Community Care Conversations, a monthly educational live interview series targeted to the public. Each month, the series brings in community professionals who focus on public wellness topics. These conversations are also available on YouTube for future community reference.

Sustainability

- Elevate Health Board of Directors approved the advancement of a sustainability model for Pierce County for 2021-2023.



Greater Columbia ACH (GCACH)

Serving Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, and Yakima counties

Behavioral health

- GCACH launched the COPE CALM CARE Community Resilience Campaign in January. The campaign's theme, "Practice the Pause," is designed to empower different segments (children, youth, and adults) through specific behavioral health-related information and tools. Individuals can access the information and tools to support themselves, family members, friends, colleagues, and even strangers during the pandemic and potentially throughout their lives.

COVID-19 response

- GCACH continued its role in raising community awareness around the use of precautionary measures (masking) to stop the spread of COVID-19. After a successful first round of our Yakima Masking Communications Campaign, GCACH launched the second round of the campaign at the beginning of January. For round two, the focus turned to messaging for English-speaking and Spanish-speaking populations.
- GCACH collaborated with the Benton-Franklin Community Health Alliance, United Way of Benton & Franklin Counties, and the Franklin County Emergency Management Center to address PPE needs during January–April. Twenty-two local community-based organizations (CBOs) received nine pallets of PPE material that included gloves, gowns, face shields, face masks, and more. Having a shortage of gloves since the winter, 252,800 gloves supported many local agencies.

Workforce development

- The GCACH Board allocated \$850,000 in the 2021 budget to support a Community Health Worker Internship Program for eligible organizations in its nine-county region. This funding will give our providers an opportunity to employ a CHW in their organization for an 18-month period, starting in July 2021.

Sustainability


- GCACH hired Health Management Associates (HMA) in January to assist in the development of a business and financial plan that will ensure GCACH's sustainability. The plan will include a strategic environmental analysis (e.g., a sustainable SWOT analysis) to assess market opportunities, a comprehensive operations plan, and financial plan that outlines capital needed to launch the recommended expansion of services. The plan is scheduled for completion by the end of June.

HealthierHere

Serving King County

COVID-19 response

- Invested \$840,000 in 16 King County CBOs and four federally qualified health centers (FQHCs) to support capacity building, outreach, and access to culturally and linguistically appropriate information for communities. This allows for informed decision making around



vaccines and for those ready to get vaccinated; appointment scheduling assistance; addressing barriers like language and transportation availability; and support for community-based mobile vaccination events.

- Facilitated the development of community-clinical partnerships between a hospital/health system in King County with eight CBOs. This partnership provided community-based mobile vaccination services for Black, Indigenous, and people of color (BIPOC), immigrant, and refugee community members in South King County. The hospital/health system and CBOs submitted a joint application to a local philanthropic organization to support their vaccination partnership.
- HealthierHere received funding from a private philanthropic organization to implement a project with Public Health Seattle & King County and 32 CBOs to provide culturally appropriate COVID-19 safety, testing, and vaccine information for BIPOC, immigrant, refugee, and community members disproportionately impacted by COVID in South King County. The CBOs served as trusted messengers within those communities from December 2020–March 2021, which resulted in more than 58,117 people reached; 23,308 people receiving PPE; and 5,408 people receiving a SCAN priority code for at-home COVID-19 test kits. Additionally, media buys with Native, Indigenous and Latinx media outlets were included as part of the outreach.

Community information exchange (CIE)


- HealthierHere has been working to implement a CIE in our region to strengthen bi-directional partnerships and closed-loop referrals between clinical and community partners. The community owned resource, branded Connect2 Community Network, has been organizing and co-creating a governance structure and policies, and practices around network development, privacy and security, and legal, data, and technology needs.
- In January 2021, HealthierHere released a Request for Proposal (RFP) for the Connect2 Community Catalyst Fund. Forty-nine organizations were selected for funding. The Catalyst Fund seeks to support local community-based social service organizations, health providers, and social service agencies that wish to join the Connect2 Community Network and commit to participating via the Unite Us technology platform.
- HealthierHere encouraged applications from organizations interested in using the Unite Us platform, as well as current platform users, who aim to optimize their usage. Catalyst Fund awardees include eight organizations looking to optimize how they use the platform and 41 organizations joining for the first time. This will double the local network this year.

North Central ACH (NCACH)

Serving Chelan, Douglas, Grant, and Okanogan counties

Expanding access to care and services

- To increase regional telehealth capacity in response to challenges created by COVID-19 and limited broadband access, NCACH has selected two finalists to move forward after releasing an RFP for telehealth infrastructure and access planning in early 2021. The two groups will help the region assess telehealth needs and increase telehealth capacity, including



identifying solutions to expand service accessibility throughout the community. Read more on the NCACH site.

- NCACH’s emergency management system (EMS) partners continue to innovate their rural health care delivery efforts through models like community paramedicine. The community paramedicine model uses evidence-based tactics to provide preventative services and public health support that keeps people healthy and safe at home or allows them to access an appropriate care setting. Through this model, EMS partners can provide things like transportation, medication management, home safety visits, at-home care, and chronic disease management—all while improving access to care and avoiding duplication of services.
- NCACH is also working on the expansion of community-centered and peer-based services, like the Recovery Coach network. This quarter, 18 new recovery coaches were trained through our recovery coach expansion efforts. We also are working to launch a jail re-entry program starting next quarter. The program places a recovery coach in the jail setting, who works to help people transition back to the community.

COVID-19 response


- The Chelan-Douglas Coalition for Health Improvement helped launch a special campaign to help community members who have received their COVID-19 vaccinations help their neighbors and friends sign up to receive their own vaccines. This idea emerged because many people eligible for the COVID-19 vaccine were having trouble accessing the state’s vaccine registration site. The “Got One? Help One?” campaign is currently focusing on those with transportation, internet access, and/or language barriers.

North Sound ACH (NSACH)

[Serving Island, San Juan, Skagit, Snohomish, and Whatcom counties](#)

Community engagement

- NSACH hosted sessions on Humane Housing and Food Sovereignty, continuing monthly tribal and equity learning sessions that began almost three years ago. These sessions include national speakers paired with regional and local partners and tribal perspectives.
- Supported several partner conferences, such as the North Sound Regional Race and Health Equity Conference (co-sponsored by PeaceHealth, Family Care Network, Unity Care NW, and NSACH) and the North Sound Indigenous Futurity Alliance session on Indigenous Poetics.
- Hosted two listening sessions in Spanish and English for community organizations that serve the Latinx and farmworker communities. During the session, NSACH heard about the challenges and creativity in assuring that community members have equitable access to the COVID-19 vaccine.
- Convened monthly people of color (POC) community gathering, convened, and led by POC community members in the North Sound region, with support from NSACH. This provides a time for continual learning of two pandemics, COVID-19 and racism, with opportunities to foster community learning, healing, and action.



COVID-19 response

- Continued distribution and coordination of PPE, and DOH food and care kits for community members impacted by COVID-19.
- At the request of our five local health jurisdictions (LHJs), NSACH undertook a contract with DOH to expand our care coordination efforts to include strategies for people who test positive for COVID-19. The current contract expires in June 2021.
- Partnered with local and regional organizations to produce trusted messenger videos about “why I got my vaccine” in English, Spanish, Mixteco, Korean, Punjabi, and by members of local tribes. This set of resources, along with other communications materials, are available unbranded to foster broad use of the materials by other organizations.
- Working with national partners around a COVID-19 model of recovery called Thriving Together, which has influenced NSACH’s framing for investments, as we look forward to the next one to three years.

Olympic Community of Health (OCH) Serving Clallam, Jefferson, and Kitsap counties

Behavioral health


- OCH released the first-ever Olympic Region Behavioral Health Report in February. The Olympic region faces many behavioral health challenges, including barriers to transportation, broadband and technology, rural care, workforce, and access to recovery services. The report is a step toward better understanding the health of Clallam, Jefferson, and Kitsap counties, and the sovereign tribal nations within the region.
- In response to an uptick in overdose-related deaths in the region, OCH re-launched the Save a Life campaign to continue to spread the word about how to effectively respond during an opioid-related overdose. During the month of March, OCH reached an additional 3,000 people through this important campaign.
- OCH received a \$250,000 donation from Cambia Health Solutions. The funds will be used to support a multi-pronged campaign aimed at reducing stigma of addiction.

COVID-19 response

- Distributed over 17,000 pieces of PPE this quarter including masks, gloves, and sanitizer to community groups throughout the region.
- Funded seven COVID-19 recovery projects, totaling \$399,000 throughout the region. Projects range from mass vaccination clinics; vaccines for vulnerable and marginalized populations; outreach to hesitant populations; and the expansion of one tiny home village to support those struggling with housing due to the pandemic.

Community engagement

- OCH released the 2020 annual report, [Stronger Together, Foster a region of healthy people, thriving communities](#) It summarizes challenges, opportunities, and successes in the Olympic region in 2020.
- OCH hosted a variety of learnings and convenings during the first quarter of 2020, including Hope-Centered & Trauma-Informed Care Trainings and Natural Communities of Care



convenings in each county. Partners also continue to participate in the IMC Leadership Forum, hosted by the Salish Behavioral Health Administrative Services Organization.

Sustainability

- OCH continues to make progress toward a future purpose of the organization, once MTP concludes. During this quarter, partners were surveyed to gather feedback on a draft future state proposal; a video was created to show how partners find value in the organization; and the Board of Directors received a presentation with a summary of next steps.

SWACH

Serving Clark, Klickitat, and Skamania counties

Behavioral health


- The Clark County Opioid Taskforce (CCOT) continues to work to assess and address gaps in Clark County to reduce barriers to access substance use disorder treatment and recovery support services. This work moved forward with a CCOT work session to explore first steps, including to restart support for overdose awareness and intervention trainings.
- Cambia Funding awarded the K-Link Collaborative to amplify rural access to behavioral health interventions through collaborative impact. This effort will include an amplification of mental health first aid and stigma reduction efforts, as well as explore solutions for issues of access for multilingual and isolated communities.
- The Trueblood Collaboration Taskforce has been working to improve processes and cross-agency collaboration to better serve those who face competency evaluation and restoration. As we are in the first phase of the state project, we have more recently focused on how we can best integrate the Trueblood program efforts into existing forensic behavioral health support services.

Health equity

- SWACH staff brought the Equity Collaborative to a close in March. Partners have expressed interest in keeping the shared learning space going in the future. SWACH is evaluating the Equity Collaborative to determine how to best move forward and support partners in this work.
- Based on the organizational equity assessment completed in November, SWACH staff shared its equity growth plan two-year aim statement and community engagement plan for developing priority areas with the Board of Trustees in February. SWACH staff continue to draft potential priority areas based on the organizational equity assessment.

Care coordination

- SWACH HealthConnect HUB currently supports 1,744 community health records, with 1,100 currently active clients through 80 community-based care coordinators and 13 community care coordinating agencies. HealthConnect HUB also supports six different care coordination programs, including Care Connect WA, Pathways, Health Homes, Community Paramedicine, Access to Health, and Medicare Community Care Coordination- Humana.
- Supported access to a continuum of care, as community members may first need support from an immediate needs program (i.e., food or rent support with Care Connect WA).



Individuals may then need longer-term care coordination support because of the compounding impacts of COVID-19 or exacerbation of pre-existing challenges (i.e., through Pathways).

- SWACH tested a new pilot program—HealthConnect Public Utility—to partner with community agencies that may not have resources for a database documentation and reporting system and would benefit from access to and use of the HealthConnect platform.

COVID-19 response

- SWACH HealthConnect Hub, in partnership with DOH and the LHJs in our region, launched Care Connect WA to support COVID-positive households who requested supports to safely quarantine and isolate (Q&I) in their homes. As part of this program, over 250 community members in Q&I have received more than \$49,500 worth of groceries. In addition, more than \$170,000 worth of bills have been paid for over 150 community members.