

In this issue, learn about the Behavioral Health Internship and Training Program launching in 2020, the Community Resilience Campaign, Provider Contract updates, and more!



A Monthly Insight into the Greater Columbia ACH



GCACH report



Behavioral Health Internship and Training Program Launches in 2020!

Written by Carol Moser, Executive Director

GCACH received approval at the November 21, 2019 Board of Directors meeting to launch the Behavioral Health Internship and Training program in 2020. The purpose of this fund is to support organizations willing to precept, supervise, or train professionals seeking careers in behavioral health or having a behavioral health component who need clinical experience in order to complete their education and certification requirements.

The Greater Columbia region lacks behavioral health professionals and clinical providers who are able to mentor, supervise, provide internships or train professionals seeking degrees, certifications, and/or training in behavioral health. This shortage is especially acute in rural areas, as rural organizations frequently have limited capacity and resources to provide clinical supervision, precepting, or training instruction.

The \$490,000 fund for 2020, can be used to:

- Support expansion of a care team to include behavioral health specialists, community health workers, and peer counselors
- Stipend travel and lodging/per diem expenses for interns
- Reimburse Preceptors for their services and time to supervise and teach interns

Applicants (an organization that delivers primary care, behavioral health, or substance use treatment) may apply for a one-year award (4 quarters/3 semesters) with the possibility of renewal for an additional year. Funding awards are available in amounts of \$5,000 - \$40,000 per award, and the applicant may apply to precept up to two interns at the same time as long as it meets the requirements of the educational institution to which the intern is attending.

For a copy of the Behavioral Health Internship/Preceptorship Support Program Policy, [click here!](#) The application should be available by the end of the month. For more information or to schedule an appointment with GCACH staff to discuss the funding opportunity, please contact Lauren Noble at (509) 567-5646.

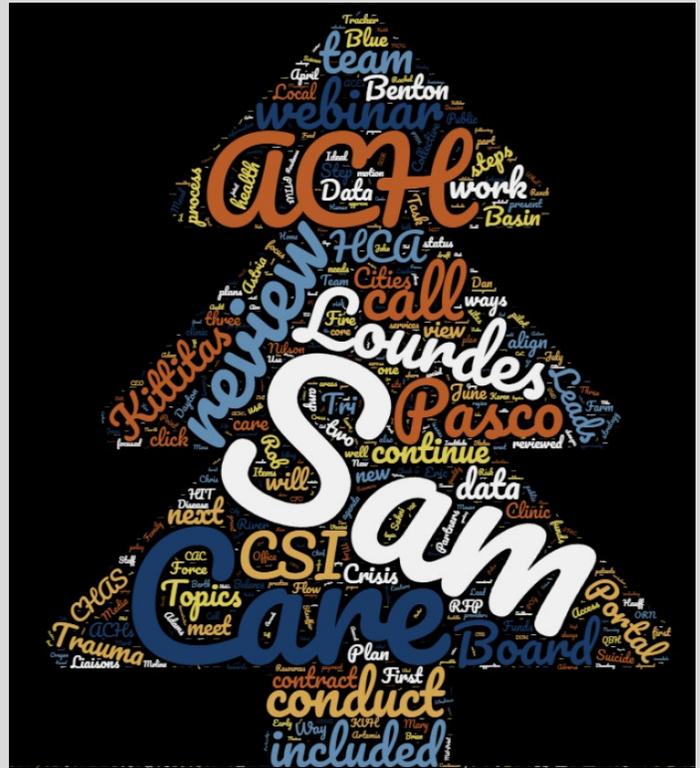
Farewell to an Eventful and Successful 2019!

Written by Rhonda Hauff, GCACH Board President and Lauren Noble, Marketing Manager

The first year of the implementation phase of the Medicaid Transformation is coming to an end. As an organization, it is always fun to look back on all of the work completed and accomplishments achieved in just one year.

Thank you to the GCACH Board President, Rhonda Hauff, who created the word cloud to the right. To develop the image, Rhonda gathered each weekly recap from 2019. The larger the word appears below, the more often the word was used in the weekly recap summary. Some common words inside the tree include "Sam," "ACH," "review," "Lourdes," "Care," "Board," "conduct," "Kittitas," and several others.

Thank you to all of our partners for a successful 2019. Let's make 2020 even better!



Community Resilience Campaign Update

Written by Rubén Peralta, Community & Tribal Engagement Specialist

Earlier this year, the Community Resilience Campaign Task Force guided GCACH to focus on "community resilience" with an emphasis on Trauma Informed and Neuroscience, Epigenetics, Adverse Childhood Experiences (ACEs), and Resilience (N.E.A.R.) science education and awareness. This focus seeks to build resilience at the community level targeting the societal systems that bear the responsibility of being/providing protective factors to raise resilient individuals with children and families as the main priority.

To complement the radio, television, digital, and print campaigns, we are also creating a landing page where people can go to learn more about what they just saw or heard in the media. The buildingresiliencewa.org landing page will contain more information about ACEs and about how resilience can mitigate its effects and will be located on GCACH's current website (www.gcach.org). Visitors will also learn how a person can build resilience and how they can help others to reach the goal of raising a resilient community. The landing page will also contain information about where to obtain resources or seek them for themselves.

GCACH staff and several task force members are also working on a plan to bring Trauma Informed and N.E.A.R science trainings/speakers to employees of systems who have the responsibility or opportunity to be and provide protective factors to children.

The campaign is scheduled to launch on January 6, 2020.



Implementing Shared Decision Aids to Achieve Evidence-Based Medicine

Written by Sam Werdel, Director of Practice Transformation

During GCACH's November Leadership Council meeting, several different tools that assist organizations in meeting their patient care milestones were presented. GCACH would like to highlight a shared decision aid in combination with self-management tool that was presented by Dr. Kevin Taylor from Lourdes Medical. The tool allows the provider to connect with the patient and choose a course of care based off what the patient sees as important and achievable. Patients and clinicians have different expertise when it comes to making consequential clinical decisions. While clinicians know information about the disease, tests and treatments, the patient knows information about their body, their circumstances, their goals for life and healthcare. It is collaborating on making decisions together that the idea of evidence-based medicine can come true. This process of sharing the decision-making tasks involves developing a partnership based on empathy, exchanging information about the available options, deliberating while considering the potential consequences of each one, and making a decision by consensus. Thank you, Dr. Taylor for sharing your knowledge about this great shared decision aid!

Washington Financial Executor (WAFE) Portal Payments

Written by Becky Kolln, Director of Finance & Contracts

The table to the right outlines the total amount of Delivery System Reform Incentive Payments (DSRIP) funds that GCACH has earned and distributed as of October 31, 2019. In the first section of the spreadsheet titled "Funds Earned," it shows that GCACH has earned \$61,545,242.59 including interest that started accruing as of August 2019. The majority of the funds were earned in the four project areas that GCACH has chosen: Bi-directional Integration of Physical and Behavioral Health, Transitional Care, Addressing the Opioid Use Public Health Crisis and Chronic Disease Prevention and Control. The remaining funds were earned for Behavioral Health Integration, Value Based Payment Incentives and Interest accrual.

The next section of the spreadsheet "Funds Distributed" shows that GCACH has distributed \$29,784,149.93. The majority of the funds were distributed to our partnering providers for their work in Practice Transformation and Integration Incentives.

While less than half of the funds have been distributed, the majority of earnings, approximately 73%, will have been earned by the end of 2019 and are tied to reporting. In 2020 and 2021, payments will be weighted in meeting performance metrics; 50% pay for performance in 2020; 75% pay for performance in 2021. Funding for provider organizations will continue through 2022.

Project Description	Greater Columbia Accountable Community of Health	
Funds Earned		
2A: Bi-directional Integration of Physical and Behavioral Health through Care Transformation	\$	28,630,096.27
2C: Transitional Care	\$	11,630,976.13
3A: Addressing the Opioid Use Public Health Crisis	\$	3,578,761.27
3D: Chronic Disease Prevention and Control	\$	7,157,523.54
Behavioral Health Integration Incentives	\$	10,183,916.00
Value-Based Payment (VBP) Incentives	\$	300,000.00
Interest accrual	\$	63,969.38
Total Funds Earned	\$	61,545,242.59
Funds Distributed		
Administration	\$	1,556,500.00
Community Health Fund	\$	1,395,201.87
Health Systems and Community Capacity Building	\$	1,912,345.17
Integration Incentives	\$	5,352,434.89
Project Management	\$	890,500.00
Provider Engagement, Participation and Implementation	\$	5,431,909.00
Provider Performance and Quality Incentives	\$	1,064,477.00
Shared Domain 1 Incentives	\$	12,180,782.00
Total Funds Distributed	\$	29,784,149.93
Funds Available		
Total Funds Distributed to Date	\$	29,784,149.93
Total Funds Available for Distribution	\$	31,697,123.28
% of Total Funds Distributed		48.39%

2020 Local Health Improvement Network (LHIN) Contracts

Written by Rubén Peralta, Community & Tribal Engagement Specialist

LHINs help reach mutual goals by convening with local partners, delivery systems, local governments, and others. They review the resources in the community that strengthen the local health care delivery system by facilitating collaboration between physical/behavioral health providers and community-based organizations. LHINs also align and collaborate local health improvement activities as necessary to complement initiatives and programs of the GCACH. The following are the seven LHINs that cover our nine-county region:

1. Benton-Franklin Community Health Alliance
2. Blue Mountain Regional Community Health Partnership
3. Kittitas County Health Network
4. Southeast WA Rural Health Network
5. Whitman County Health Network
6. Yakima County Health Care Coalition
7. Yakama Nation (to be named)

LHINs receive \$30,000 from GCACH to help with the convenings and for meeting deliverables. Payments are made on a schedule throughout the year as deliverables are met.

Provider Contract Updates

Written by Becky Kolln, Director of Finance & Contracts

Cohort 1: The twenty-three Cohort 1 providers are finalizing their 2019 Milestones for year one of Practice Transformation efforts. The providers have received \$9,140,781.75 for completing the contract Milestones through quarter 3. Quarter 4 payments will be finalized in January 2020.

GCACH staff and the Board of Directors made the decision to offer the Cohort 1 providers an opportunity to continue their good work in 2020. The providers are being offered funding to complete a set of milestones geared to scaling up and sustaining the Practice Transformation work that began in 2019. The contract amendments have been sent out to the providers and a few providers have already signed.

Cohort 2: The seventeen Cohort 2 providers are working hard to complete their Milestones to receive payment for quarter 2. To date the Behavioral Health organizations have received \$1,838,847.75 for their work in Practice Transformation.

Cohort 3: GCACH staff have been out in the counties talking to provider organizations that have not contracted with GCACH. The goal was to educate providers on the benefits of Practice Transformation to their patients and to prepare them for value-based payment contracting.

The GCACH staff identified eight new providers and six Cohort 1 provider organizations with significant numbers of Medicaid beneficiaries to bring on one new clinic in 2020. The GCACH staff brought their recommendation to the Board for approval which was adopted at their November 21, 2019 meeting. The kick-off meetings and contracting process has started with Cohort 3. GCACH is looking forward to working with them in 2020.

2020 Learning Collaborative Schedule

Written by Diane Halo, Project Manager

The Learning Collaborative sessions listed below are open to any organization contracted with GCACH for the purpose of Practice Transformation, including Cohort 1, Cohort 2 and Cohort 3 partnering providers. The purpose of the Learning Collaboratives are to provide assistance and additional information to complete each milestone as outlined in the Practice Transformation Reporting Workbook.

Date	Time	Suggested Attendees	Learning Collaborative Information
January 23, 2020	1:00 pm - 2:30 pm	Cohort 1 (new sites) & Cohort 3	<u>Presenters:</u> Sam Werdel, Jenna Shelton and Martin Sanchez <u>Topic:</u> Budget Review for Cohort 3 and new Cohort 1 sites
February 27, 2020	1:00 pm - 4:00 pm	Behavioral Health Providers and staff	<u>Presenters:</u> Lourdes Counseling Center, Comprehensive Healthcare, Palouse River Counseling, Quality Behavioral Health, Blue Mountain Counseling and Greater Columbia Behavioral Health <u>Topic:</u> Crisis Services
April 2, 2020	1:00 pm - 5:00 pm	Cohort 1, Cohort 2 & Cohort 3	<u>Presenter:</u> TBD <u>Topic:</u> HIPAA Policy Changes
June 4, 2020	9:00 am - 12:00 pm	Cohort 1 Exemplars & Cohort 2 Exemplars	<u>Presenter:</u> TBD <u>Topic:</u> Shared Decision Making & Self Management Tools
July 30, 2020	9:00 am - 12:00 pm	Cohort 1, Cohort 2 & Cohort 3	<u>Presenter:</u> TBD <u>Topic:</u> Shared Care Plans & Electronic Health Record Breakout Session
September 9, 2020	9:00 am - 12:00 pm	Cohort 1, Cohort 2 & Cohort 3	<u>Presenter:</u> TBD <u>Topic:</u> How to Maximize Medicaid Reimbursements
December 9, 2020	1:00 pm - 4:00 pm	Cohort 1, Cohort 2 & Cohort 3	<u>Presenter:</u> TBD <u>Topic:</u> Cultural Sensitivity/Cultural Competency

The schedule above is subject to change. If you have any questions regarding the convenings, please contact Diane Halo at (dhalo@gcach.org) or Sam Werdel (swerdel@gcach.org).

Provider Champion Awards

Written by Martin Sanchez, Practice Transformation Navigator

Practice Transformation is accomplished by a team effort within each partnering organization. Throughout our region we have providers that are the drivers of this change. GCACH would like to highlight two providers that have done an outstanding job in their organizations to drive Practice Transformation for quality care to be provided. The first provider GCACH would like to highlight is Dr. Taylor from Lourdes Health. Dr. Taylor is an exceptional physician champion. During meetings, GCACH's Practice Transformation Navigators get to experience Dr. Taylor be a servant leader as well as champion others as they lead. Dr. Taylor has been instrumental in getting provider buy-in and helping shape the culture at Lourdes Health clinics. Thank you, Dr. Taylor, for all your hard work!

GCACH would also like to highlight Melissa Nesje from Columbia County Health System. Melissa Nesje is the Population Health Nurse at Columbia County Health System. Although she has not been in the organization for long, she has made a great impact in the health of the patients. She has also been a great Practice Transformation champion in her organization by gaining the buy-in of other providers as well as doing a lot of the work that goes into Practice Transformation. Thank you, Melissa, for all your hard work!

