Building Capacity for Transformation:
New Hampshire's DSRIP Waiver Program

Children's Behavioral Health Collaborative
September 21, 2016

Agenda

- Overview
- Integrated Delivery Networks
- Pathways and Projects
- Financing
- Planning for Alternative Payment Models
- From Concept to Reality: A Provider Example
- Next Steps and Opportunities for Input

Overview

Key Challenges

Significant challenges remain in meeting the needs of individuals with mental health and substance use disorders (SUD). Expansion of Medicaid to newly-eligible adults and of SUD benefits is a significant opportunity, but also places new demands on already overtaxed providers, underscoring the need for transformation.

Capacity Constraints

- **Long wait lists:**
  - 2 - 10 weeks for residential treatment
  - 26 days for outpatient counseling
  - 49 days for outpatient counseling with prescribing authority
- **Limited SUD treatment options:**
  - In 2014, 92 percent of NH adults with alcohol dependence or abuse did not receive treatment, and four out of 13 public health regions had no residential SUD treatment programs
  - 84% of NH adults with illicit drug dependent or abuse did not receive treatment
- **Excess demand for beds:**
  - New Hampshire Hospital operates at 100% capacity
  - 2 out of 3 people admitted to NHH spend more than a day waiting in the ER before a bed is available

'Siloed' Behavioral and Physical Health

- **Limited integration:**
  - A 2015 review of physical and behavioral health integration in NH by Cherokee Health Systems found "while there are certainly pockets of innovation…overall there remains room for further advancement"
- **Workforce shortage:**
  - The Cherokee analysis highlighted an acute shortage in the workforce necessary for integrated care, including behaviorists with skills to work in the primary care setting

Gaps During Care Transitions

- **Lack of follow-up care:**
  - Between 2007 and 2012, the percent of patients hospitalized for a MH disorder who received follow-up care within 30 days of release deteriorated from 78.8 to 72.8%
- **Poor continuity:**
  - 48% of NH residents who leave a state correctional facility have parole revoked due to a substance use-related issue

Overview of New Hampshire's DSRIP Waiver Program: *Building Capacity For Transformation*

The waiver represents an unprecedented opportunity for New Hampshire to strengthen community-based mental health services, combat the opiate crisis, and drive delivery system reform.

Key Driver of Transformation

Integrated Delivery Networks : Transformation will be driven by regionally-based networks of physical and behavioral health providers as well as social service organizations that can address social determinants of health

Three Pathways

Improve care transitions

Promote integration of physical and behavioral health

Build mental health and substance use disorder treatment capacity

Funding Features

Menu of mandatory and optional community-driven projects

Funding for project planning and capacity building

Up to $150 m over 5 years

Performance-based funding distribution

Support for transition to alternative payment models

Integrated Delivery Networks

Integrated Delivery Networks (IDNs)

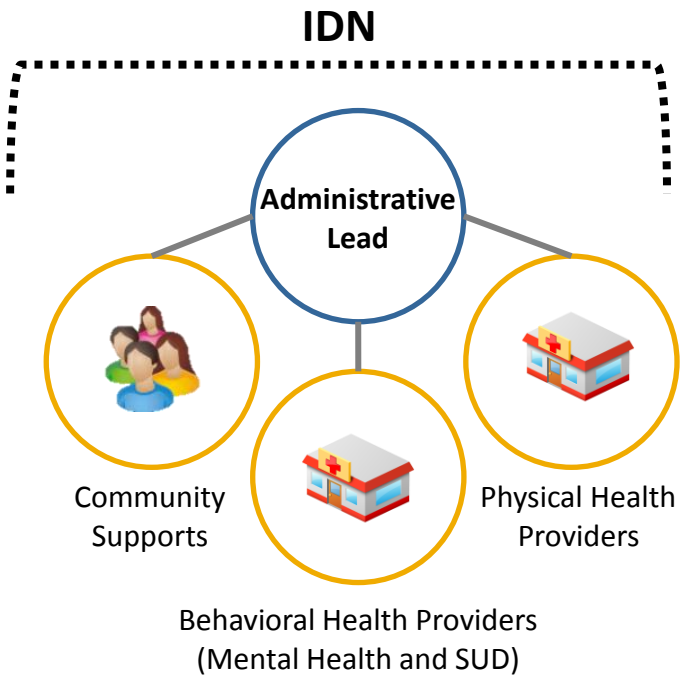
- New, regionally-based networks of providers called Integrated Delivery Networks ('IDNs') will drive system transformation by designing and implementing projects in a geographic region.

Key Elements

Participating Partners: Includes community-based social service organizations, hospitals, county facilities, physical health providers, and behavioral health providers (mental health and substance use).

Structure: Administrative lead serves as coordinating entity for network of partners in planning and implementing projects.

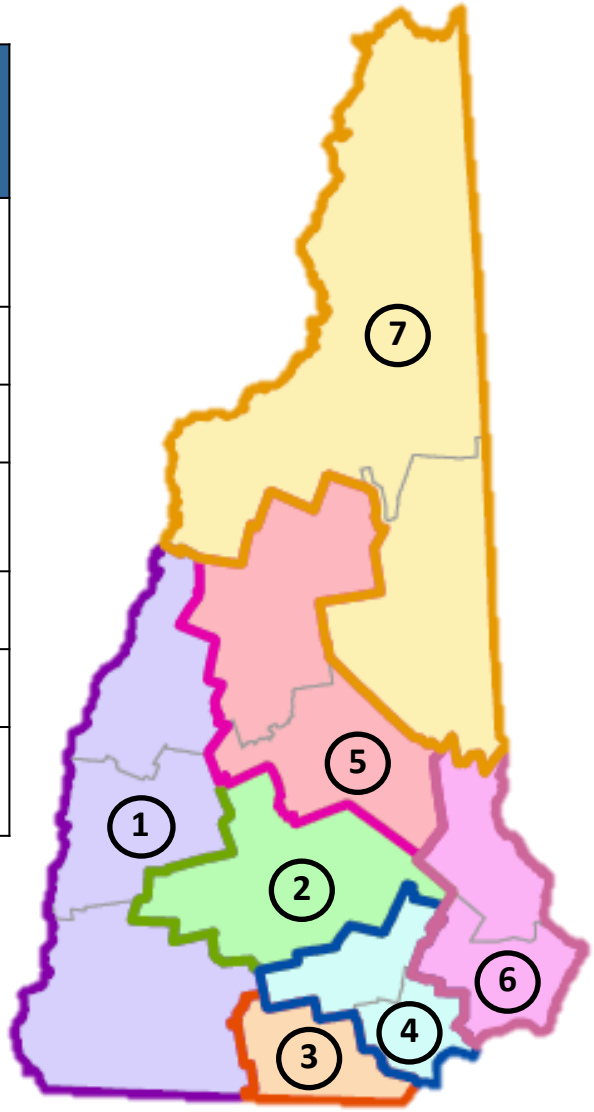
Responsibilities: Design and implement projects to build behavioral health capacity; promote integration; facilitate smooth transitions in care; and prepare for alternative payment models.



Note: pending final approval by CMS and subject to change

IDNs Are Organized into 7 Regions

Illustrative IDN	Regional Public Health Networks (RPHN) Included	Estimated # of Medicaid members
1. Monadnock, Sullivan, Upper Valley	Greater Monadnock, Greater Sullivan County, Upper Valley	21,550
2. Capital	Capital Area	15,520
3. Nashua	Greater Nashua	19,110
4. Derry & Manchester	Greater Derry, Greater Manchester	34,900
5. Central, Winnipesaukee	Central NH, Winnipesaukee	15,230
6. Seacoast & Strafford	Strafford County, Seacoast	25,440
7. North Country & Carroll	North Country RHPN, Carroll County RHPN	15,300



Providers in each IDN region were encouraged to work together to form one IDN.

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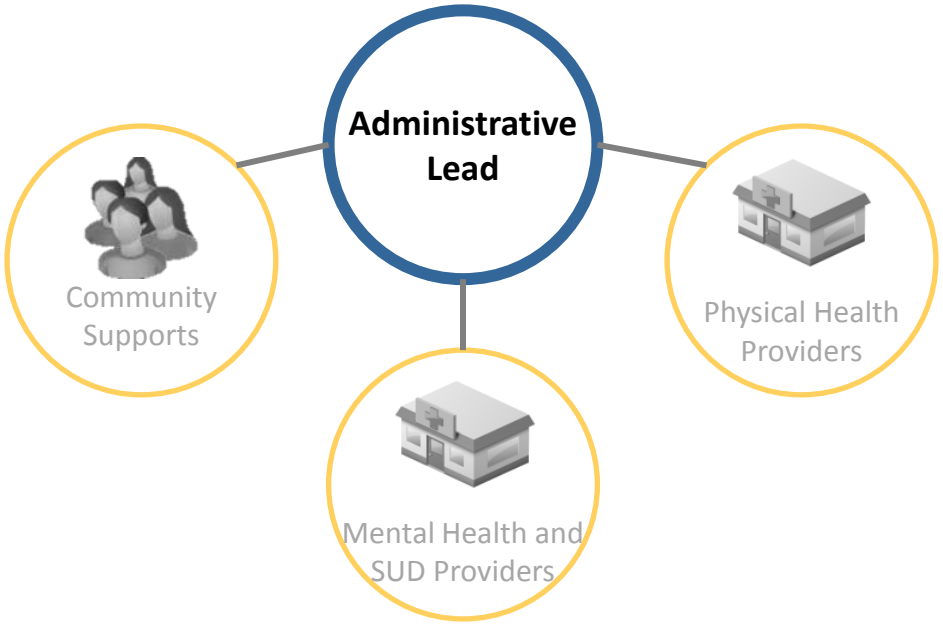
Administrative Lead: Responsibilities

Integrated Delivery Networks will be composed of an Administrative Lead and several partners



Administrative Lead Responsibilities*

- Organize consortium partners in geographic region
- Act as single point of accountability for DHHS
- Submit single application on behalf of IDN
- Implement IDN governance structure in accordance with DHHS parameters
- Receive funds from DHHS and distribute funds to partners
- Compile required reporting
- Collaborate with partners in IDN leadership and oversight
- Collaborate with IDN partners to manage performance against goals and metrics

**Partners may lead implementation efforts for specific projects*

IDN Composition

General Principles

- IDNs must include a broad range of organizations that can participate in required and optional projects
- IDNs must ensure they have a network of non-medical providers and medical providers that together represent the full spectrum of care that might be needed by an individual with a mental health or substance use disorder need

Specific Requirements

IDN partner networks must include :

- A substantial percentage of the **regional primary care practices** and facilities serving the Medicaid population
- A substantial percentage of the **regional SUD providers**, including recovery providers, serving the Medicaid population
- Representation from **Regional Public Health Networks**
- One or more Regional **Community Mental Health Centers**
- **Peer-based support** and/or **community health workers** from across the full spectrum of care
- One or more **hospitals**
- One or more **Federally Qualified Health Centers**, **Community Health Centers**, or **Rural Health Clinics,** if available
- *Multiple **community-based organizations** that provide social and support services (transportation, housing, employment, community supports, legal assistance, etc.)*
- ***County organizations** representing nursing facilities and correctional systems*

Note: pending final approval by CMS and subject to change

Pathways and Projects

Three Pathways to Delivery System Reform

IDNs will implement defined projects addressing the three pathways to delivery system reform:

Build mental health and SUD treatment capacity

Projects will support mental health and substance use disorder treatment capacity and supplement existing workforce in all settings.

- Develop workforce initiatives and new treatment and intervention programs
- Implement alternative care delivery models (telemedicine, etc.)

Improve care transitions

Projects will support beneficiaries transitioning from institutional settings to the community and within organizations in the community.

- Create incentives for IDNs to adopt evidence-based practices for the management of behavioral health patients during transitions
- Incentivize provider collaboration

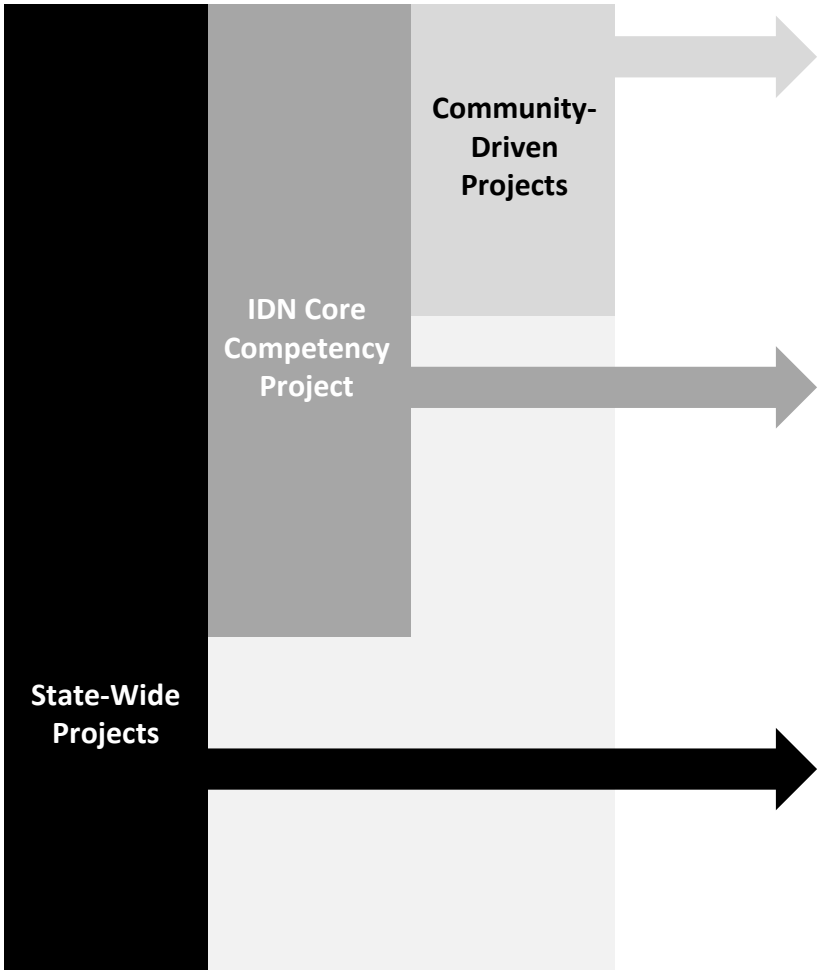
Integrate physical and behavioral healthcare

Projects will promote provider integration and collaboration between primary care, behavioral health care and community services.

- Support physical and virtual integration in primary care and behavioral health settings
- Expand programs that foster collaboration among physical and behavioral health providers
- Promote integrated care delivery strategies that incorporate community-based social support providers

Note: pending final approval by CMS and subject to change

Project Menu Structure



Community-Driven Projects

- IDNs will select 3 projects from a menu that reflects community priorities
- One must be focused exclusively on SUD population
- IDN-led based on how best to implement in their communities

IDN Core Competency Project

- IDNs will participate in a mandatory project focused on integrating behavioral health and primary care
- IDN-led based on how best to implement in each IDN's community

State-Wide Projects

- IDNs will participate in 2 State-wide projects:
  1. Strengthen mental health and SUD workforce
  2. Develop health information technology infrastructure to support integration
- State-facilitated with coordination across IDNs

Note: pending final approval by CMS and subject to change

Core Competency Project

Each IDN will implement the Core Competency Project.

Integrated Healthcare

- Primary care providers, mental health and SUD providers, and social services organizations will partner to:
  - Prevent, diagnose, treat and follow-up on both behavioral health and physical conditions
  - Refer patients to community and social support services
  - Address health behaviors and healthcare utilization
- Standards will include:
  - Core standardized assessments for depression, substance use, and medical conditions
  - Integrated electronic medical records and patient tracking tools
  - Health promotion and self-management support
  - Care management services
- NCQA accreditation is not required

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Community-Driven Project Menu

Each IDN will select three community-driven projects from a DHHS-defined menu.

Care Transitions:
Support beneficiaries with transitions from institutional settings to the community

- Care Transition Teams
- *Community Reentry Program for Justice-Involved Adults and Youth with Substance Use Disorders or Significant Behavioral Healthy Issues*
- Supportive Housing Projects

Capacity Building:
Supplement existing workforce with additional staff and training

- Medication Assisted Therapy of Substance Use Disorders
- Expansion of Peer Support Access, Capacity, and Utilization
- Expansion in intensive SUD Treatment Options, including partial hospital and residential care
- Multidisciplinary Nursing Home Behavioral Health Service Team

Integration:
Promote collaboration between primary care and behavioral health care

- *Wellness Program to address chronic disease risk factors for SMI/SED population*
- **School-Based Screening and Intervention**
- **Substance Use Treatment and Recovery Program for Adolescents and Young Adults**
- Integrated Treatment for Co-Occurring Disorders
- *Enhanced Care Coordination for High –Need Populations*

Boldfaced projects exclusively focus on children; italicized projects have children or youth in target population

Focus on Children and Youth

In General

- Focus on children and youth is built into the demonstration's design, which requires that IDNs pursue performance goals by implementing a set of six projects, three of which are mandatory for all IDNs.

- These three foundational, mandatory projects serve as the cornerstone of this transformation initiative and include all Medicaid beneficiaries (inclusive of children and youth) in their target populations.

Specific Requirements

- One of these mandatory projects—the Integrated Healthcare Core Competency Project (B1)— seeks to integrate care across primary care, behavioral health and social support service providers.

- It includes a mandatory requirement that "all children receive standardized, validated developmental screening, such as the ASQ:3 and/or ASQ SE at 9, 18 and 24/30 month pediatric visits; and use Bright Futures or other American Academy of Pediatrics recognized developmental and behavioral screening system."

Key Projects Related To Children

IDNs have the flexibility to invest funds earned through this demonstration to further strengthen the behavioral health delivery system for children and youth based on local community needs. In addition, a number of community driven projects can support work related to children and youth:

Children In the Target Populations	Focused Exclusively on Kids	Focused Exclusively on Kids
❑ **Project C2**: Community Re-entry Program for Justice-Involved Adults and Youth with Substance Use Disorders or Significant Behavioral Health Issues ❑ **Project E1:** Wellness programs to address chronic disease risk factors for SMI/SED populations ❑ **Project E5:** Enhanced Care Coordination for High-Need Populations, including children diagnosed with chronic serious emotional disturbance	❑ **Project E2: School-based Screening and Intervention** ▪ seeks to build the knowledge and skills of school-based staff to recognize children at-risk-of or in need of mental health or substance use services and to link them with the IDN's community-based provider network, avoiding unnecessary referral to the emergency department and taking full advantage of schools as a key point of entry in a 'no wrong door' approach to identification and effective management of behavioral health risks/conditions. ▪ By equipping school-based staff to act as the first line of support for positive outcomes, project E2 is anticipated to result in improved diagnosis of and early intervention/treatment for the mental health and substance use disorder problems of children and adolescents	❑ **Project E3: Substance Use Treatment and Recovery Program for Adolescents and Young Adults** ▪ This project seeks to expand IDN capacity to deliver effective services that have been shown to reduce substance misuse and risky behaviors among adolescents and young adults that lead to involvement in the justice system, long term or even life-long misuse of illicit drugs, opioids and alcohol.

Financing

Funding for the Transformation Waiver

Key Funding Features:

- The transformation waiver provides up to $150 million over 5 years.
  - State must meet statewide metrics in order to secure full funding beginning in 2018
  - State must keep per capita spending on Medicaid beneficiaries below projected levels over the five-year course of the waiver
- Up to 65% of Year 1 funding will be available for capacity building and planning.
- In Years 2-5, IDNs must earn payments by meeting metrics defined by DHHS and approved by CMS to secure full funding. Under the terms of New Hampshire's agreement with the federal government, this is not a grant program.
- A share of the $150 million will be used for administration, learning collaboratives, and other State-wide initiatives.

	2016 (Year 1)	2017 (Year 2)	2018 (Year 3)	2019 (Year 4)	2020 (Year 5)	Total Funding
Capacity Building (Up To 65% of Year 1 Funding)	$19,500,000	n/a	n/a	n/a	n/a	**$19,500,000**
Other Funding (IDN payments, administrative expenses, etc.)	$10,500,000	$30,000,000	$30,000,000	$30,000,000	$30,000,000	**$130,500,000**
Percent at Risk for Performance	*0%*	*0%*	*5%*	*10%*	*15%*	
Dollar Amount at Risk for Performance	*($0)*	*($0)*	*($1,500,000)*	*($3,000,000)*	*($4,500,000)*	
					TOTAL	**$150,000,000**

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State-wide and IDN-level Metrics

- **Performance metrics at the state- and IDN-levels will be used to monitor progress toward achieving the overall waiver vision. Payments from CMS to the state and from the state to IDNs will be contingent on meeting these performance metrics.**
- **Accountability shifts from process metrics to performance metrics over the course of the 5-year program.**

	Process Metrics	Performance Metrics
State-wide performance metrics	Steps taken by the State to establish and manage the waiver program	Select quality and utilization indicators that measure state-wide impact
IDN-level performance metrics	Steps required to be taken by an IDN to organize its network and implement its projects	Quality, access, and utilization measures tied to one or more projects

Relative dependence of IDN performance payments

2016	2017	2018	2019	2020
		5%	10%	15%

State-wide funding at risk for State-wide outcome measures

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Examples of Potential Metrics

	Process Metrics	Performance Metrics
State-wide Performance Metrics 	• Approval of IDNs and planning/capacity building grants • Approval of IDN Project Plans • Submission of CMS reports • Procurement of independent assessor and independent evaluator • Implementation of learning collaboratives	• Reduction in readmissions for any reason for individuals with co-occurring behavioral health issues • Use of core standardized assessment • Reduction in avoidable ED use for behavioral health population and general population • Reduction in ED waitlist length for inpatient behavioral health admissions
IDN-level Performance Metrics 	**General IDN Metrics** • Establishment of an IDN governance committee structure (clinical governance, financial, etc.) • Development and submission of IDN plan to transition to value-based payment models **Project-Specific Metrics** • Document baseline level of integration of primary care – behavioral health using SAMHSA *Levels of Integrated Healthcare* • Establishment of standard core assessment framework and evidence based screening tools	• Improvement in rate of follow-up after hospitalization for mental illness • Improvement in rate of screening for clinical depression using standardized tool • Improvement in rate of screening for substance use • Improvement in rate of smoking and tobacco cessation counseling visits for tobacco users • Reduction in wait time for substance use disorder treatment

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Funding Allocations by Earning Category and Metric Type

Over the DSRIP period, funding shifts to emphasize Community-Driven Projects and performance measures.

Funding Allocation by Earning Category	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019	Year 5 2020
Design and Capacity Building Funds	65%	0%	0%	0%	0%
Approval of IDN Project Plan	35%	0%	0%	0%	0%
Statewide Projects	0%	50%	40%	30%	20%
Core Competency Project	0%	30%	30%	20%	20%
Community-Driven Projects	0%	20%	30%	50%	60%
Total	**100%**	**100%**	**100%**	**100%**	**100%**

Funding Allocation by Metric Type	Year 1 2016	Year 2 2017	Year 3 2018	Year 4 2019	Year 5 2020
Process Metrics	100%	90%	75%	0%	0%
Performance Metrics	0%	10%	25%	100%	100%
	100%	**100%**	**100%**	**100%**	**100%**

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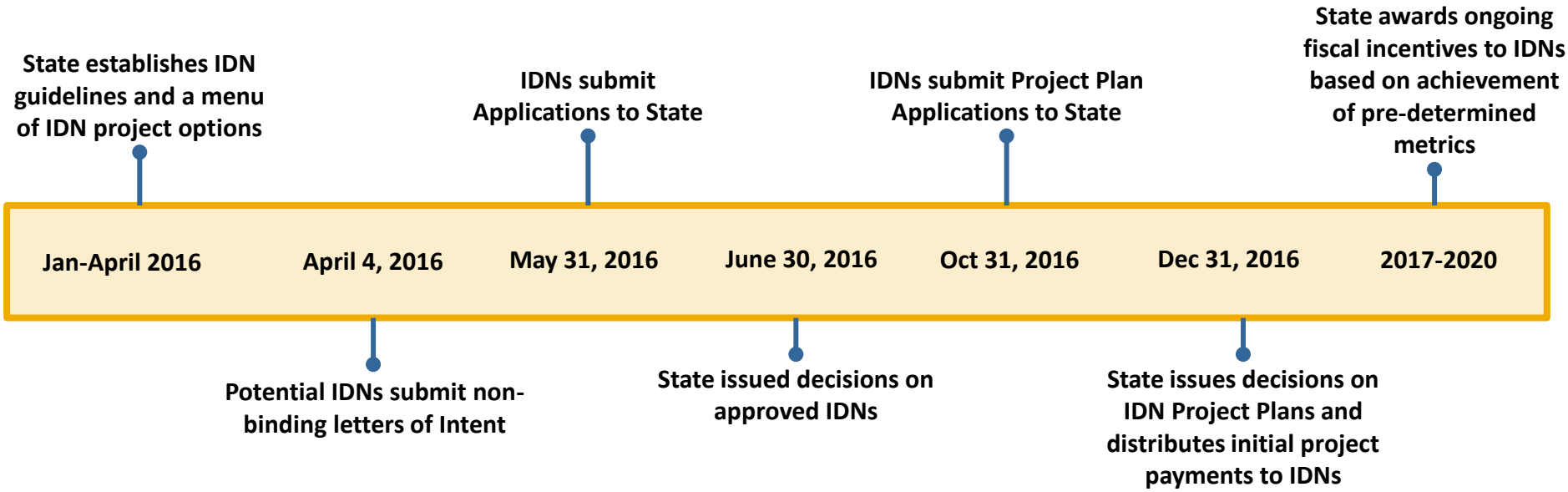
Implementation of Integrated Delivery Networks

- IDN applications were due May 31, 2016
- Detailed DSRIP project plans are due by October 31, 2016
- Distribution of project funds is targeted for December 31, 2016

Implementation Timeline



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Progress To Date

DSRIP Implementation Has Required Months of Ongoing Preparation

January 5:	**Waiver Approval Issued**
March 1:	**NH Submits Draft Protocols to CMS**
April 4:	**14 Letters of Interest Received**
May 31:	**IDN Applications Submitted to the State**
June 30:	**7 IDN Applications Approved by DHHS**
July 29:	**CMS issues Approval of Last Protocol**
August 24:	**G&C Approves 7 contracts between DHHS and IDNs to permit disbursement of capacity building funds**
Sept. 20:	**Initial DSRIP funds are received by IDNs**

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FOR MORE INFORMATION

Transformation DSRIP waiver webpage:

http://www.dhhs.nh.gov/section-1115-waiver/index.htm

- Special Terms and Conditions of NH's DSRIP Waiver
- Funding and Mechanics Protocol
- DSRIP Planning Protocol
- Project Menu and Specification Guide

Email: 1115waiver@dhhs.state.nh.us