



North
Sound
ACH

MeHAF Site SSA
Survey Report

April - September 2019 Reporting Period

Background

The Maine Health Access Foundation (MeHAF) developed the Site Self-Assessment (SSA) survey, known as the MeHAF SSA Survey, to assess levels of primary and behavioral care integration focused on two domains: 1) integrated services and patient and family-centeredness, and 2) practice/organization characteristics. The MeHAF SSA Survey asks physical health and behavioral health sites to rate 12 characteristics from domain one and nine characteristics from domain two based on the site's level of bi-directional integration. Characteristics are rated on a scale of 1 to 10, with 10 being complete integration and 1 being no integration. See Appendix A for the complete MeHAF SSA Survey.

The Washington State Health Care Authority required that all Medication Transformation Project (MTP) partnering practices participating in Project 2A (Bi-Directional Integration) complete both domains of the MeHAF SSA Survey twice a year for each site participating in the project area.

The North Sound Accountable Community of Health (North Sound ACH) divided Project 2A into two strategies: Strategy 3.1: Integrate Behavioral Health Services in Primary Care Setting, and Strategy 3.2: Integrate Physical Health Services in Behavioral Health Settings. All partners committed to either strategy were required to complete, at the site level, the MeHAF SSA Survey for the second reporting period of DSRIP Year 3 (2019) and return it to the North Sound ACH by October 31, 2019. Partners were asked to report for the second and third quarters of the year, April 1, 2019 to September 30, 2019. See Appendix B for a complete list of North Sound ACH partners committed to bi-directional integration Strategies.

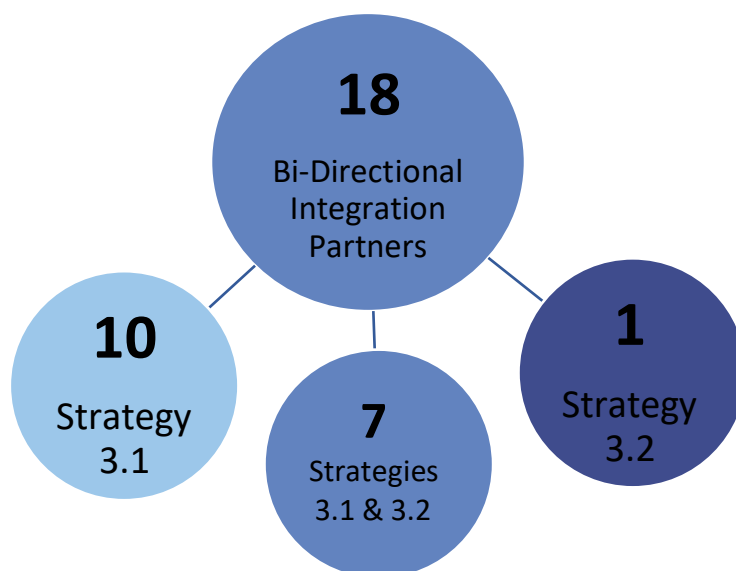
Purpose

Bi-directional integration addresses physical and behavioral health needs in one system through an integrated network of providers. This whole-person care approach offers better coordination of care for patients and more seamless access to the services needed.

The MeHAF SSA Survey is designed to show the current status of a practice's bi-directional integration to encourage conversations among integrated care team members about their current status and where they would like to be in the future. The purpose of having Medicaid Transformation Partners complete the MeHAF SSA is to understand the current extent of integration and help show changes made over time.

Of North Sound ACH's 49 MTP partners, 18 (36.7%) have committed to bi-directional integration strategies. Of these 18 partners, 10 (55.9%) have committed to Strategy 3.1: Integrate Behavioral Health Services in Primary Care Settings, one (38.9%) has committed to Strategy 3.2: Integrate Physical Health Services in Behavioral Health Settings, and seven (5.6%) are committed to both strategies. (Figure 1)

Figure 1. North Sound ACH Bi-Directional Integration Partners by Strategy



Results

Of the 18 partners committed to bi-directional integration strategies, 18 (100.0%) completed a total of 105 MeHAF SSA surveys and submitted them to the North Sound ACH, a 29.6% increase from April 2019 reporting. The number of surveys submitted per organization ranged from one to 30, with the average number submitted per organization being 5.8. (See Appendix C)

Nearly two-thirds (62.9%) of the MeHAF SSA surveys submitted indicated that the survey had been completed by a team, ten of the surveys (9.5%) did not indicate whether or not the survey was filled out by a team or by one individual. Ninety-eight sites (93.3%) indicated the role of the individual completing the survey with the most common being directors (40.8%), such as clinical and department directors, and managers (40.8%), such as program and clinic managers. The remaining roles of those completing the surveys

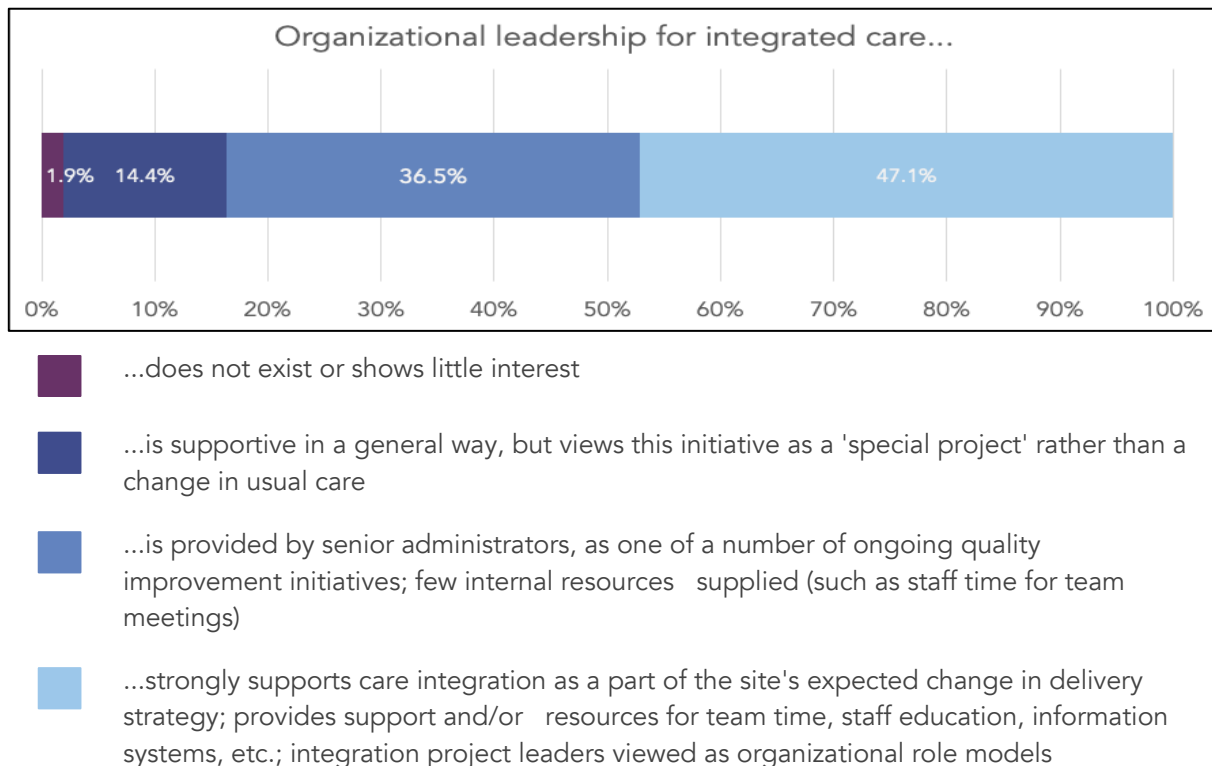
included supervisors (5), chief executive officers (4), clinicians (3), coordinators (3), administrators (2), and chief operating officers (1).

When reviewing the data for the completed MeHAF SSA Surveys, several areas where organizations were excelling in bi-directional integration were apparent, and several opportunities for improvement also arose.

Strengths

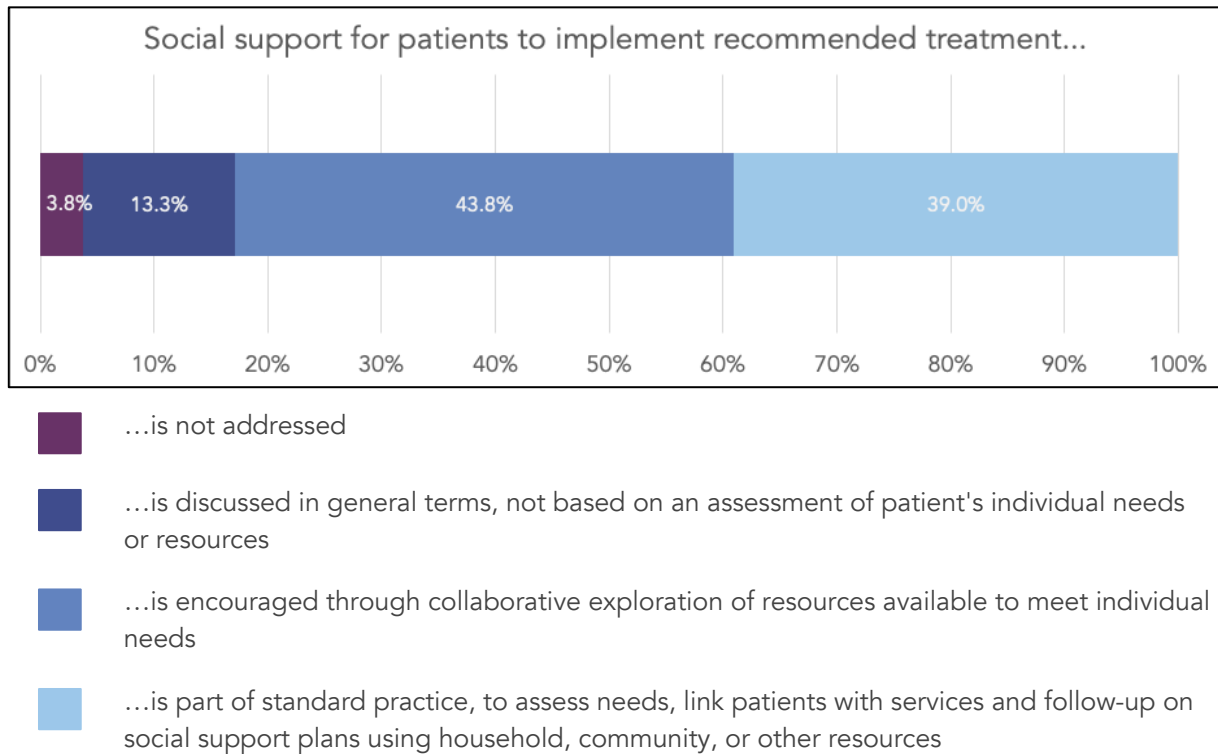
Characteristic 1 from Section II: Practice/Organization, organizational leadership for integrated care, received the highest average score of 6.7, with 49 sites (47.1%) scoring an 8 or above (Section II, Question 1). A score of 8, 9, or 10 indicates that leadership “strongly supports care integration as a part of the site’s expected change in delivery strategy; provides support and/or resources for team time, staff education, information systems, etc.; integration project leaders viewed as organizational role models.” Nine of the sites (8.7%) reported the maximum score of 10. (Figure 2)

Figure 2. Organizational Leadership for Integrated Care, n=104.



The second highest average score was for Characteristic 8 from Section I: Integrated Services and Patient and Family-Centeredness. This characteristic was for social support for patients to implement recommended treatments (Section I, Question 8). The average score for this question was 6.6, with 41 sites (39.0%) scoring 8 or above. A site that scored an 8, 9, or 10 indicated that it is *“part of standard practice to assess needs, link patients with services, and follow up on social support plans using household, community, or other resources.”* Five of the sites (4.8%) scored at the highest score of 10. (Figure 3)

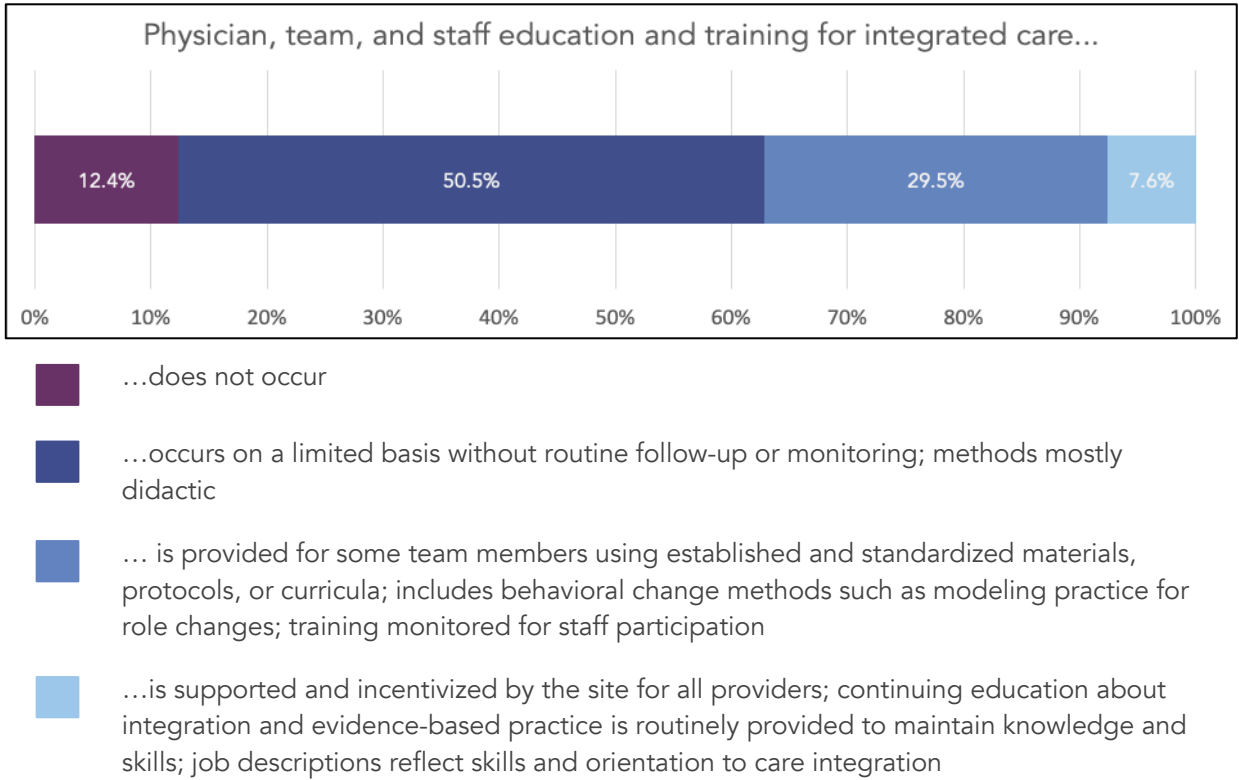
Figure 3. Social Support for Patients to Implement Recommended Treatment, n=105.



Opportunities

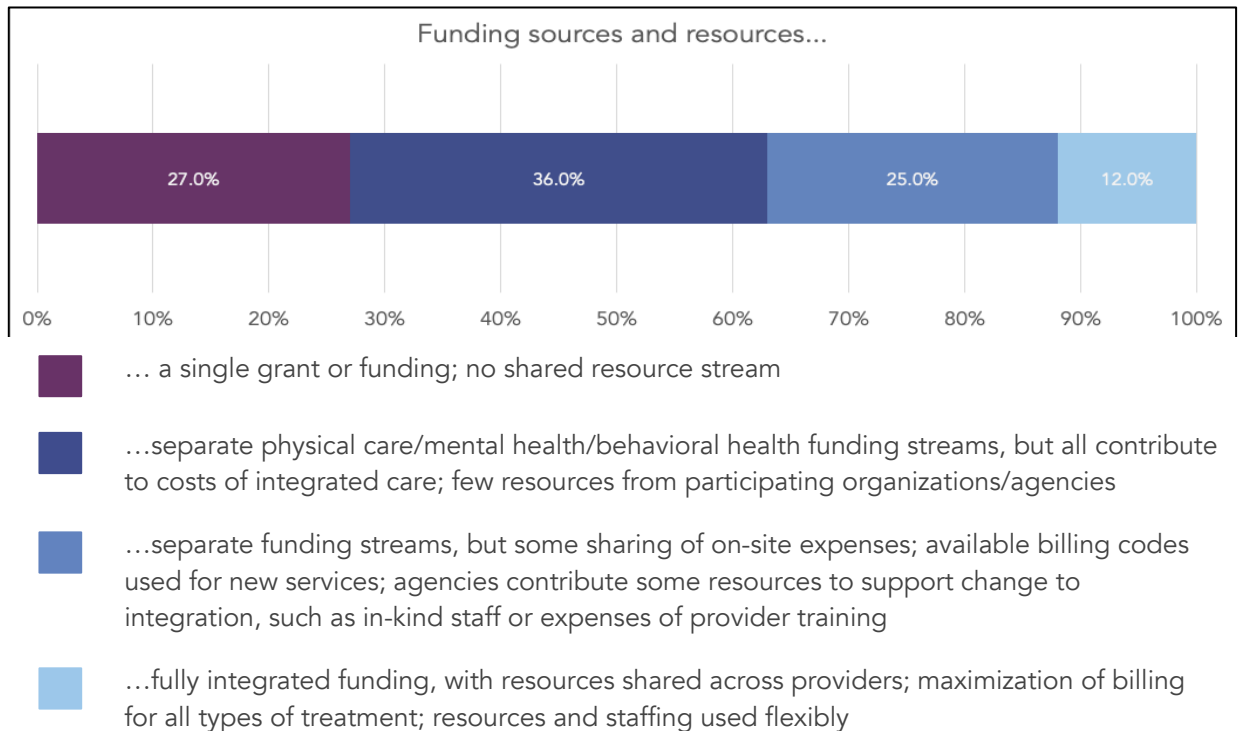
Characteristic 8 from Section II: Practice/Organization, physician, team, and staff education and training for integrated care, received the lowest average score of 3.9, with 66 sites (62.9%) scoring a 4 or below (Section II, Question 8). A site with a score of 1, 2, 3, or 4 indicated that staff education and training either did not occur at all (score of 1) or "occurs on a limited basis without routine follow-up or monitoring; methods mostly didactic" (score of 2, 3, or 4). Thirteen of the sites (12.4%) scored at the lowest score of 1. (Figure 4) While this was also the lowest scoring characteristic from April 2019 reporting, it did increase 5.4% from 3.7 to 3.9, indicating a positive change.

Figure 4. Physician, Team, and Staff Education and Training for Integrated Care, n=105.



Characteristic 9 from Section II: Practice/Organization, funding source and resources, received the second lowest average score of 4.0, with 63 sites (63.0%) scoring a 4 or below (Section II, Question 9). A site with a score of 1 indicated that *“a single grant or funding source [was used for integrated care]; no shared resource streams [were in use].”* A site with a score of 2, 3, or 4 indicated that *“separate physical care/mental health/behavioral health funding streams [were in use], but all contribute to costs of integrated care; few resources from participating organizations/agencies.”* Twenty-seven of the sites (27.0%) scored at the lowest score of 1. (Figure 5) This was also the second lowest scoring characteristic in April 2019, but the score did increase 5.3% from 3.8 to 4.0.

Figure 5. Funding Sources and Resources, n=100.



Conclusions

Although the level of integration varies greatly among the 18 committed North Sound ACH partners, a few themes emerged from the October 2019 reporting. Many of the sites reported strong levels of organizational leadership support of integrated care with nearly half reporting strong levels of support and resources. The organizations reporting high levels of leadership support may serve as useful case studies to provide sites that are struggling to get leadership buy-in to learn about successful best practices.

Given that staff education and training fell on the lowest end of the scale for integration for the second reporting period in a row, it is obvious that this is an area of need across the North Sound region. Peer learnings, case studies, and other forms of collaboration, as well as hosted training and technical assistance from the North Sound ACH or their partners, will be valuable to assist partnering sites in increasing the knowledge and abilities of staff to integrate care.

The majority of the other integration characteristics evaluated in the MeHAF SSA Survey fall in the middle of the integration scale. This indicates that significant work has already been done in the region to work towards truly integrated care, but also highlights a need for continued education, support, and assistance to the North Sound ACH partners. However, we have seen some areas where significant progress has been made since April 2019 reporting. The largest increase was seen for Characteristic 11 of Section 11, tracking of vulnerable patient groups that require additional monitoring and intervention, with a 25.6% increase from 3.9 to 4.9. Characteristic 10 of Section 1, patient care that is based on (or informed by) best practice evidence for prescribing of psychotropic medications, also had a significant increase of 15.7% from 5.1 to 5.9.

Three characteristics showed a decrease in the average score. Characteristic 2 of Section 1 (screening and assessment for emotional/behavioral health needs) decreased by 7.7%, Characteristic 5 of Section 1 (patient/family involvement in care plan) decreased by 4.8%, and Characteristic 6 of Section 1 (communication with patients about integrated care) decreased 2.0%. Figures 6 and 7 outline the average scores for both sections from April 2019 and October 2019 reporting. While there appears to be some significant changes in scores, it is difficult to know whether these are artificial due to the increase in MeHAF SSA surveys submitted or whether it accurately depicts changes in bi-directional integration. Future reporting will allow us to better understand changes in scores, as we have finalized the sites participating in bi-directional integration.

Figure 6. Trends in Section I Average Scores from 2019 Reporting.

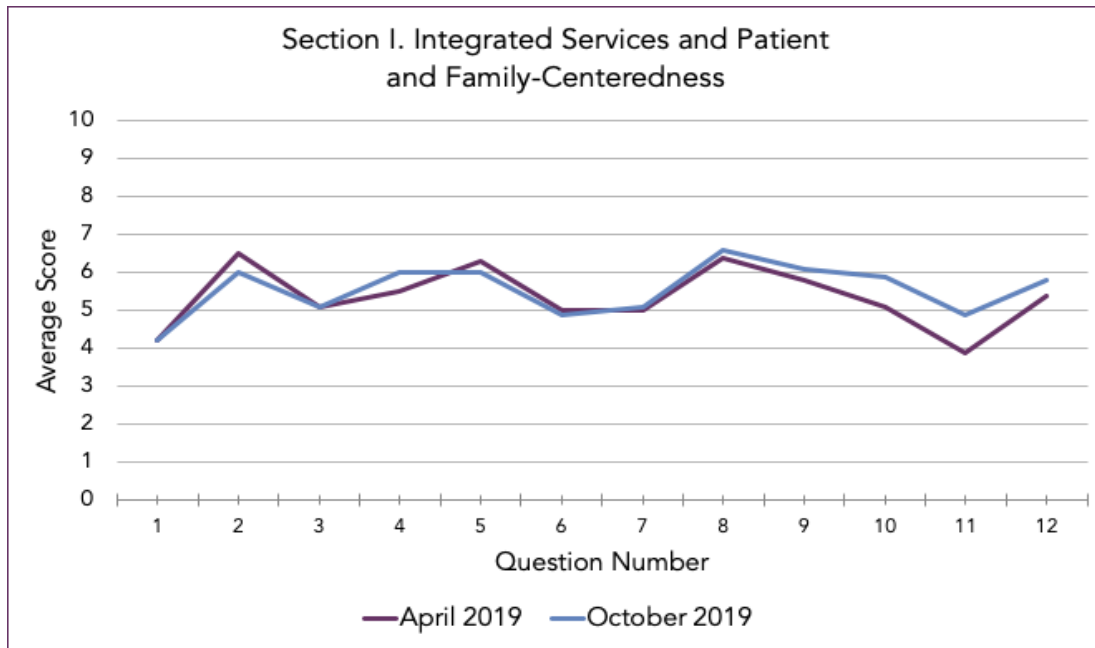
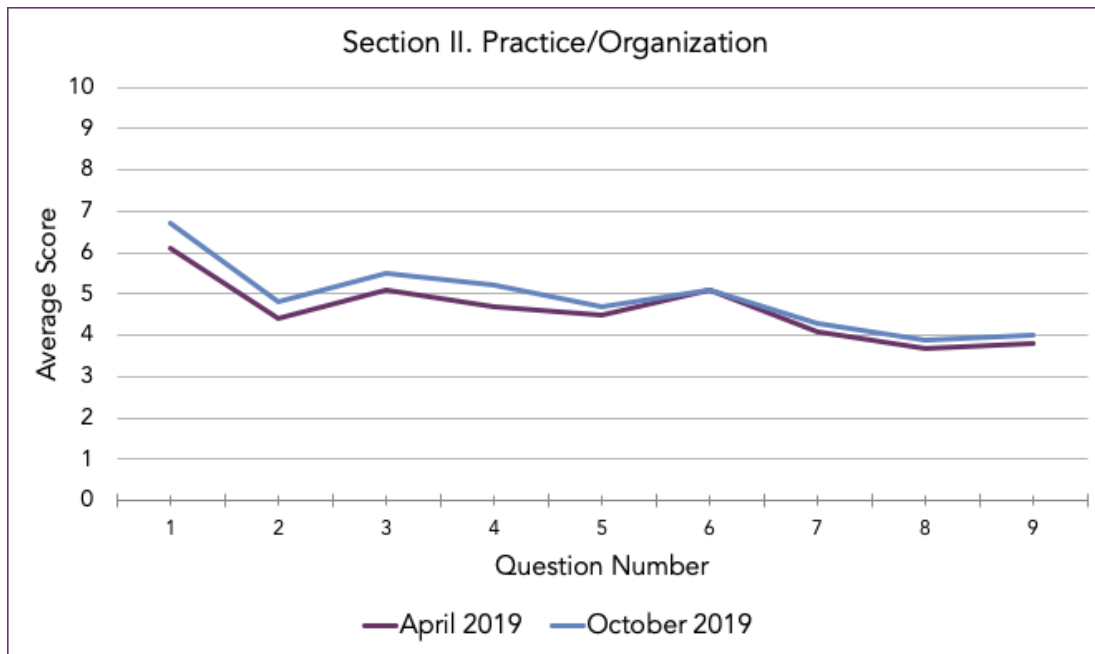


Figure 7. Trends in Section II Average Scores from 2019 Reporting.



Next, the North Sound ACH will complete a review of the findings from the MeHAF SSA Surveys to identify areas of need/technical assistance as well as potential areas for partner collaboration and shared learnings. This information will be gained through staff reviews of individual partners surveys and during site visits. MeHAF SSA Surveys will continue to be collected from North Sound ACH partners every six months. Analysis of future MeHAF SSA reporting will allow for ongoing monitoring of partner progress towards bi-directional integration and will allow staff and partners to identify strengths and opportunities for growth.

Table 1. Section I - Integration Services and Patient and Family-Centeredness, Number (Percent), n=105

Characteristic	1	2	3	4	5	6	7	8	9	10	Avg
1. Level of integration; primary care and mental/behavioral health care	15 (14.3)	11 (10.5)	19 (18.1)	29 (27.6)	4 (3.8)	3 (2.9)	8 (7.6)	9 (8.6)	3 (2.9)	4 (3.8)	4.2
2. Screening and assessment for emotional/behavioral health needs (e.g. stress, depression, anxiety, substance abuse) ALTERNATE: If you are a behavioral or mental health site, screening and assessment for medical care needs	8 (7.6)	8 (7.6)	11 (10.5)	14 (13.3)	5 (4.8)	4 (3.8)	6 (5.7)	28 (26.7)	10 (9.5)	11 (10.5)	6.0
3. Treatment plan(s) for primary care and behavioral/mental health care	7 (6.7)	8 (7.6)	17 (16.2)	13 (12.4)	16 (15.2)	9 (8.6)	20 (19.0)	7 (6.7)	4 (3.8)	4 (3.8)	5.1
4. Patient care that is based on (or informed by) best practice evidence for BH/MH and primary care*	7 (6.7)	0 (0.0)	16 (15.4)	8 (7.7)	11 (10.6)	9 (8.7)	14 (13.5)	20 (19.0)	11 (10.5)	6 (5.7)	6.0
5. Patient/family involvement in care plan	4 (3.8)	4 (3.8)	5 (4.8)	17 (16.2)	19 (18.1)	8 (7.6)	11 (10.5)	20 (19.0)	11 (10.5)	6 (5.7)	6.0
6. Communication with patients about integrated care	17 (16.2)	8 (7.6)	9 (8.6)	4 (3.8)	21 (20.0)	15 (14.3)	16 (15.2)	9 (8.6)	2 (1.9)	4 (3.8)	4.9
7. Follow-up of assessments, tests, treatment, referrals, and other services*	5 (4.8)	9 (8.7)	21 (20.2)	12 (11.5)	11 (10.6)	10 (9.6)	19 (18.3)	9 (8.7)	7 (6.7)	1 (1.0)	5.1
8. Social support (for patients to implement recommended treatment)	4 (3.8)	1 (1.0)	7 (6.7)	6 (5.7)	14 (13.3)	13 (12.4)	19 (18.1)	18 (17.1)	18 (17.1)	5 (4.8)	6.6
9. Linking to Community Resources*	0 (0.0)	5 (4.8)	5 (4.8)	5 (4.8)	22 (21.2)	14 (13.5)	38 (36.5)	9 (8.7)	5 (4.8)	1 (1.0)	6.1
10. Patient care that is based on (or informed by) best practice evidence for prescribing of psychotropic medications**	10 (10.1)	7 (7.1)	6 (6.1)	9 (9.1)	8 (8.1)	7 (7.1)	12 (12.1)	24 (24.2)	9 (9.1)	7 (7.1)	5.9
11. Tracking of vulnerable patient groups that require additional monitoring and intervention*	10 (9.6)	13 (12.5)	5 (4.8)	9 (8.7)	25 (24.0)	18 (17.3)	13 (12.5)	6 (5.8)	3 (2.9)	2 (1.9)	4.9
12. Accessibility and efficiency of behavioral health practitioners*	17 (16.3)	2 (1.9)	7 (6.7)	4 (3.8)	10 (9.6)	11 (10.6)	22 (21.2)	15 (14.4)	10 (9.6)	6 (5.8)	5.8

*n=104

**n=99

Table 2. Section II – Practice/Organization, Number (Percent), n=105

Characteristic	1	2	3	4	5	6	7	8	9	10	Avg
1. Organizational leadership for integrated care*	1 (1.9)	1 (1.0)	5 (4.8)	9 (8.7)	15 (14.4)	12 (11.5)	11 (10.6)	28 (26.9)	12 (11.5)	9 (8.7)	6.7
2. Patient care team for implementing integrated care*	12 (11.5)	11 (10.6)	8 (7.7)	23 (22.1)	13 (12.5)	10 (9.6)	8 (7.7)	11 (10.6)	3 (2.9)	5 (4.8)	4.8
3. Providers' engagement with integrated care ("buy-in")*	7 (6.7)	4 (3.8)	8 (7.7)	8 (7.7)	23 (22.1)	22 (21.2)	13 (12.5)	12 (11.5)	2 (1.9)	5 (4.8)	5.5
4. Continuity of care between primary care and behavioral/mental health	5 (4.8)	7 (6.7)	9 (8.6)	14 (13.3)	27 (25.7)	15 (14.3)	11 (10.5)	13 (12.4)	3 (2.9)	1 (1.0)	5.2
5. Coordination of referrals and specialists	3 (2.9)	15 (14.3)	13 (12.4)	22 (21.0)	10 (9.5)	18 (17.1)	16 (15.2)	6 (5.7)	2 (1.9)	0 (0.0)	4.7
6. Data systems/patient records*	3 (2.9)	14 (13.5)	10 (9.6)	27 (26.0)	13 (12.5)	9 (8.7)	5 (4.8)	7 (6.7)	7 (6.7)	9 (8.7)	5.1
7. Patient/family input to integration management	3 (2.9)	14 (13.3)	29 (27.6)	20 (19.0)	9 (8.6)	11 (10.5)	12 (11.4)	6 (5.7)	0 (0.0)	1 (1.0)	4.3
8. Physician, team, and staff education and training for integrated care	13 (12.4)	24 (22.9)	22 (21.0)	7 (6.7)	16 (15.2)	4 (3.8)	11 (10.5)	4 (3.8)	3 (2.9)	1 (1.0)	3.9
9. Funding sources/resources**	27 (27.0)	9 (9.0)	17 (17.0)	10 (10.0)	9 (9.0)	8 (8.0)	8 (8.0)	3 (3.0)	3 (3.0)	6 (6.0)	4.0

*n=104

**n=100

The MeHAF Site Self-Assessment (SSA) Survey can be found on page 61 of the [Partner Reporting Guide](#).

Appendix A: North Sound ACH Partners Committed to Bi-Directional Integration

Organization	Strategy 3.1	Strategy 3.2
Center for Human Services	X	
Compass Health	X	X
Family Care Network	X	
Island County	X	
Island Hospital	X	X
Lake Whatcom Center	X	X
Mt. Baker Planned Parenthood	X	X
PeaceHealth	X	
Pioneer Human Services		X
Planned Parenthood of the Great Northwest and the Hawaiian Islands	X	
Providence Health	X	
Sea Mar Community Health Centers	X	X
Skagit Pediatrics	X	
Sunrise Services	X	X
Swedish Edmonds	X	
Tulalip Health Systems	X	
Unity Care NW	X	X
Whidbey General Hospital	X	

Appendix B: North Sound ACH Sites Implementing Bi-directional Integration

Organization Name	Site Name
Center for Human Services	CHS Edmonds - Pacific Commons
Center for Human Services	CHS Everett - Silver Lake
Compass Health	Aurora House (RTF)
Compass Health	Bailey Center - Adult Services
Compass Health	Bailey Center - Intensive Outpatient
Compass Health	Bailey Center - PACT
Compass Health	Coupeville Outpatient
Compass Health	Dawson Place
Compass Health	Everett - Child & Family Clinic
Compass Health	Everett - Children's Intensive Services
Compass Health	Greenhouse (RTF)
Compass Health	Harbor Station (Island Children's Intensive)
Compass Health	Haven House (RTF)
Compass Health	Lynnwood - Adult Services
Compass Health	Lynnwood - Child & Family Clinic
Compass Health	Marysville - Adult Services
Compass Health	Monroe - Child & Family Clinic
Compass Health	Monroe WISE (Children's Intensive)
Compass Health	Mount Vernon - Adult Services
Compass Health	Mount Vernon - Children & Family Clinic
Compass Health	Mount Vernon - E Fir St - WISE Children's Intensive
Compass Health	Mount Vernon - PACT Services
Compass Health	Mukilteo E & T

Compass Health	San Juan Island Outpatient
Compass Health	San Juan Island WISE Children's Intensive
Compass Health	Smokey Point - Child & Family Clinic
Compass Health	Snohomish - Adult Services
Compass Health	Snohomish Triage Center
Compass Health	Whatcom - Cordata (WISE & CPIT)
Compass Health	Whatcom - McLeod
Compass Health	Whatcom Triage Center
Family Care Network	North Sound Family Medicine
Island County of Washington	Island County Human Services
Island County of Washington	Island County Nursing Admin/Main Office
Island County of Washington	Pediatric Associates of Whidbey Island - Cabot
Island County of Washington	Pediatric Associates of Whidbey Island - Layton
Island Hospital	Anacortes Family Medicine
Island Hospital	Fidalgo Medical Associates
Lake Whatcom Center	Agage Heights ALF
Lake Whatcom Center	Alabama ALF
Lake Whatcom Center	Baker Creek ALF
Lake Whatcom Center	Lake Whatcom Residential & Treatment Center
Mt Baker Planned Parenthood	Bellingham Health Center
Mt Baker Planned Parenthood	Friday Harbor Health Center
Mt Baker Planned Parenthood	Mt Vernon Health Center
PeaceHealth	Cancer Center
PeaceHealth	Center for Senior Health

PeaceHealth	Childbirth Center
PeaceHealth	Family Medicine
PeaceHealth	Medical Group Cordata Main
PeaceHealth	Medical Group Friday Harbor
PeaceHealth	Peacelands Medical Center
PeaceHealth	United General Medical Center
Pioneer Human Services	Pioneer Center North
Pioneer Human Services	Phoenix Recovery Services
Pioneer Human Services	Skagit County Crisis Center
Pioneer Human Services	Whatcom Community Detox
Planned Parenthood of the Great Northwest and Hawaiian Islands	Everett Health Center
Planned Parenthood of the Great Northwest and Hawaiian Islands	Lynnwood Health Center
Planned Parenthood of the Great Northwest and Hawaiian Islands	Marysville Health Center
Providence Health and Services	Providence Family Medicine - Lynnwood
Providence Health and Services	Providence Family Medicine - Snohomish Clinic
Providence Health and Services	Providence Gynecologic Oncology - Everett
Providence Health and Services	Providence Harbour Point Clinic - Mukilteo
Providence Health and Services	Providence Medical Group Marysville Clinic
Providence Health and Services	Providence Medical Group Mill Creek Clinic
Providence Health and Services	Providence Medical Group Monroe Clinic
Providence Health and Services	Providence Medical Group North Everett Clinic
Providence Health and Services	Providence Mill Creek Commons
Providence Health and Services	Providence Pavilion for Women & Children - Everett

Sea Mar Community Health Center	Sea Mar Bellingham Medical Center
Sea Mar Community Health Center	Sea Mar Concrete Medical Clinic
Sea Mar Community Health Center	Sea Mar Everett
Sea Mar Community Health Center	Sea Mar Everett Behavioral Health
Sea Mar Community Health Center	Sea Mar Marysville Medical Clinic
Sea Mar Community Health Center	Sea Mar Mt. Vernon Behavioral Health Clinic - College Way
Sea Mar Community Health Center	Sea Mar Mt. Vernon Behavioral Health Clinic - Old Highway 99
Skagit Pediatrics	Skagit Pediatrics
Sunrise Services	Community Behavioral Health - Bellingham
Sunrise Services	Community Behavioral Health - Concrete
Sunrise Services	Community Behavioral Health - Coupeville
Sunrise Services	Community Behavioral Health - Everett
Sunrise Services	Community Behavioral Health - Mountlake Terrace
Sunrise Services	Community Behavioral Health - Mt Vernon - E College Way
Sunrise Services	Community Behavioral Health - Mt Vernon - S 2nd St
Sunrise Services	Community Behavioral Health - Oak Harbor
Sunrise Services	Community Behavioral Health - Sedro Woolley
Sunrise Services	Community Behavioral Health - Stanwood
Sunrise Services	Sunrise Community Mental Health - 1021
Swedish Edmonds	Swedish Edmonds Primary Care
Swedish Edmonds	Swedish Pediatrics - Edmonds
Tulalip Tribes of Washington	Tulalip Child Youth and Family
Tulalip Tribes of Washington	Tulalip Family Services (Behavioral Health & Recovery)

Tulalip Tribes of Washington	Tulalip Health Clinic
Unity Care NW	UCNW 1616 Cornwall
Unity Care NW	UCNW 220 Unity
Unity Care NW	UCNW Ferndale
Unity Care NW	UCNW Ferndale Pioneer
Unity Care NW	UCNW North Whatcom
WhidbeyHealth	WhidbeyHealth Primary Care Coupeville
WhidbeyHealth	WhidbeyHealth Primary Care Freeland
WhidbeyHealth	WhidbeyHealth Primary Care Goldie St
WhidbeyHealth	WhidbeyHealth Primary Care Oak Harbor, Cabot
WhidbeyHealth	WhidbeyHealth Women's Care CPVL