

Implementation Plan Timeline: Stage 3

Milestones	Work Steps	*	Key Deliverables / Outcomes	ACH Organization	Partnering Provider Organization	
Increase use of technology tools to support integrated care activities by additional providers/ organizations (Completion no later than DY 4, Q4)	Explore real-time exchange of health information with partners under the Olympic Digital HIT Commons or other platforms such as PreManage or Consent to Share (Recommended Tactic in PHBH and CBOSS† Change Plans)		Biannual report of progress on this work step and any associated intermediary measures	None	Select PHBH* and CBOSS^ Implementation Partners	
	Explore a common or interoperable EHR or EBHR (Tactic in PHBH Change Plan)		Biannual report of progress on this work step and any associated intermediary measures	None	Select PHBH* Implementation Partners	
	Explore a shared population health management system within Natural Community of Care (Tactic in PHBH Change Plan)		Biannual report of progress on this work step and any associated intermediary measures	None	Select PHBH* Implementation Partners and interested Shared Change Plan Partners **	
Expand the model to additional communities and/or partner organizations (Completion no later than DY 4, Q4)	Build relationships with stand-alone SUD providers who have not yet participated in practice transformation	*	Communications and meetings	Program Coordinator	None	
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Status Update

- Delayed, Remains in Progress
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Expand the model to additional communities and/or partner organizations (Completion no later than DY 4, Q4)	Encourage Implementation Partners to expand on the list of selected Tactics and target populations in the PHBH and CBOSS‡ Change Plans that will result in reduced unnecessary ED utilization		PHBH and CBOSS‡ Change Plans include additional Tactics and/or target populations in annual updates	None	Select PHBH* and CBOSS^ Implementation Partners	
	Scale fully implemented Outcomes and Tactics in PHBH and CBOSS‡ Change Plans		PHBH and CBOSS‡ Change Plans indicate "Scale and Sustain" as status of progress of select Outcomes	None	Select PHBH* and CBOSS^ Implementation Partners	
Increase scale of activities by adding partners and/or reaching new communities under the current initiative (e.g. to cover additional high needs geographic areas), as well as defining a path forward to deploy the	Convene Regional Opioid Summit(s) for existing partners as well as new partners		Regional Opioid Summit roster	Director of Community and Tribal Partnership	None	
	Continue efforts to attend and present at local meetings, coalitions and councils to identify new partners that have not yet engaged and offer targeted invitations to bi-annual Natural Community of Care Convenings, 3CCORP workgroups and/..		Participation of new partners in OCH-hosted events, committees and workgroups	Director of Community and Tribal Partnership	None	

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the current initiative (e.g. to cover additional high needs geographic areas), as well as defining a path forward to deploy the partnership's expertise, structures, and capabilities to address other yet-to-emerge public health challenges (Completion no later than DY 4, Q4)	Continue to monitor regional data to identify high needs geographic areas for prevention, treatment, and overdose prevention to address potential inequities in access to care and outcomes		Identification of high-need areas	Data Lead	None	
	Identify new local efforts to address the opioid public health crisis to share expertise and resources		Roster of regional coalitions and efforts	Director of Community and Tribal Partnership	None	
Identify and encourage arrangements between providers and MCOs that can support continued implementation of the Project(s) beyond DY5 (Completion no later than DY 4, Q4)	Report on value-based metrics that will be in MCO contracts (Recommended Tactic in PHBH Change Plan)		Biannual report of progress on this work step and any associated intermediary measures	None	Select PHBH* Implementation Partners	
	Implement value-based payment arrangements with MCOs (Tactic in PHBH and CBOSS‡ Change Plans)		Biannual report of progress on this work step and any associated intermediary measures	None	Select PHBH* and CBOSS^ Implementation Partners	

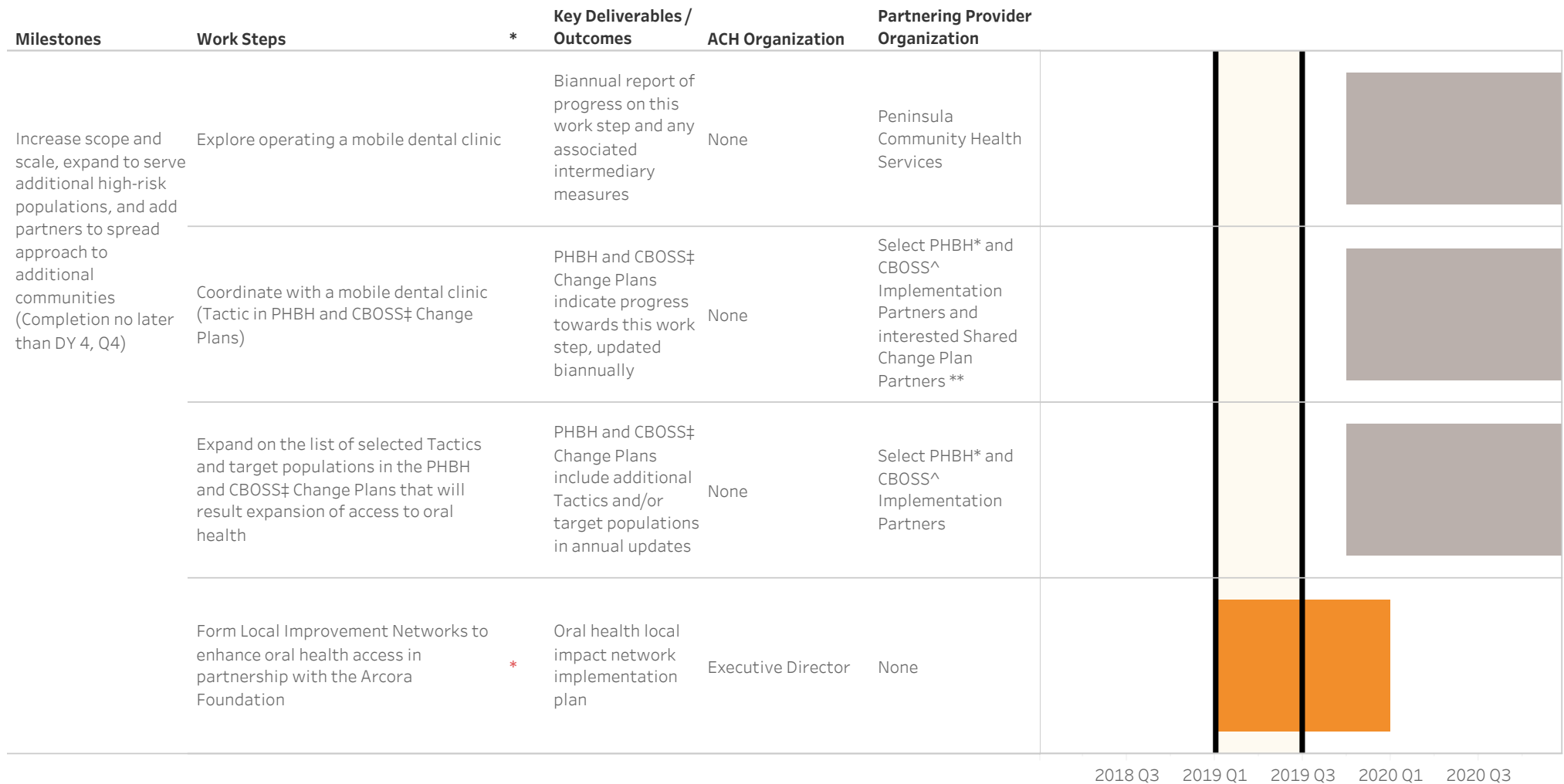
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Increase scope and scale, expand to serve additional high-risk populations, and add partners to spread approach to additional communities (Completion no later than DY 4, Q4)	Scale fully implemented Outcomes and Tactics in PHBH and CBOSS‡ Change Plans		PHBH and CBOSS‡ Change Plans indicate “Scale and Sustain” as status of progress of select Outcomes	None	Select PHBH* and CBOSS^ Implementation Partners	
	Enroll new partners on ORCA to enable access to best practice resources and building partnership with partners		Expanded members on ORCA	Program Coordinator	None	
	Deepen partner engagement, continue outreach efforts to invite new partners to convenings and trainings		Convening/ training participant lists	Director of Community and Tribal Partnership	None	
	Expand on the list of selected Tactics and target populations in the PHBH and CBOSS‡ Change Plans that will result in improved access and quality of reproductive, maternal and child supports and services		PHBH and CBOSS‡ Change Plans include additional Tactics and/or target populations in annual updates	None	Select PHBH* and CBOSS^ Implementation Partners	
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Identify new, additional target providers/ organizations (Completion no later than DY 4, Q4)	Enroll new partners on ORCA to enable access to best practice resources and building partnership with partners		Expanded members on ORCA	Program Coordinator	None	
	Deepen partner engagement, continue outreach efforts to invite new partners to convenings and trainings		Convening/ training participant lists	Director of Community and Tribal Partnership	None	
	Submit additional Change Plan types (e.g. Primary Care partner submitting Behavioral Health Change Plan once integration is implemented)		Additional Change Plans	None	Select PHBH* Implementation Partners	
Increase scale of approach, expand to serve additional high-risk populations, include additional	Scale fully implemented Outcomes and Tactics in PHBH and CBOSS‡ Change Plans		PHBH and CBOSS‡ Change Plans indicate “Scale and Sustain” as status of progress of select Outcomes	None	Select PHBH* and CBOSS^ Implementation Partners	
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Increase scale of approach, expand to serve additional high-risk populations, include additional providers and/or cover additional high needs geographic areas, to disseminate and increase adoption of change strategies that result in improved care processes and health outcomes (Completion no later than DY 4, Q4)	Enroll new partners on ORCA to enable access to best practice resources and building partnership with partners		Expanded members on ORCA	Program Coordinator	None	
	Deepen partner engagement, continue outreach efforts to invite new partners to convenings and trainings		Convening/ training participant lists	Director of Community and Tribal Partnership	None	
	Expand on the list of selected Tactics and target populations in the PHBH and CBOSS‡ Change Plans that will result in better chronic disease prevention and management		PHBH and CBOSS‡ Change Plans include additional Tactics and/or target populations in annual updates	None	Select PHBH* and CBOSS^ Implementation Partners	
	Employ continuous quality improvement methods to refine the model, updating model and content		PHBH and CBOSS‡ Change Plan progress to date and quantitative reporting are complete and timely	None	PHBH* and CBOSS^ Implementation Partners	
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Employ continuous quality improvement methods to refine the model, updating model and adopted guidelines, policies and procedures as required (Completion no later than DY 4, Q4)	Convene OCH Performance, Measurement and Evaluation Committee (PMEC) meetings to review Implementation Partner data	*	PMEC materials and minutes	Data Lead	PMEC^^	
	Communicate performance to Implementation Partners	*	Performance reports/ dashboard, site visit materials	Director of Programs	None	
	Identify opportunities for improvement and develop/implement strategies to support partners	*	Site visit materials	Director of Programs	None	
	Continuously employ QI approach to track progress on metrics and project implementation	*	Monitoring reports	Data Lead	PMEC^^	
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Employ continuous quality improvement methods to refine the model, updating model and adopted guidelines, policies and procedures as required (Completion no later than DY 4, Q4)	Convene PMEC to review measures and refine approach based on emerging best practices		PMEC materials and minutes	Data Lead	PMEC^^	
	Employ QI methods to improve care and care delivery (Recommended Tactic in PHBH Change Plan)		PHBH Change Plan indicates "Scale and Sustain" as status of progress of select Outcomes	None	PHBH* Implementation Partners	
Review and apply data to inform decisions regarding specific strategies and action to be spread to additional settings or geographical areas (Completion no later than DY 4, Q4)	Update data monitoring reports with most recently available data		Opioid data summaries	Data Lead	None	
	Discuss new data and possible strategy and/or spread opportunities and with 3CCORP and PHBH and CBOSS Implementation Partners		Meeting materials/minutes	Director of Community and Tribal Partnership	3CCORP*** and PHBH* and CBOSS^ Implementation Partners	

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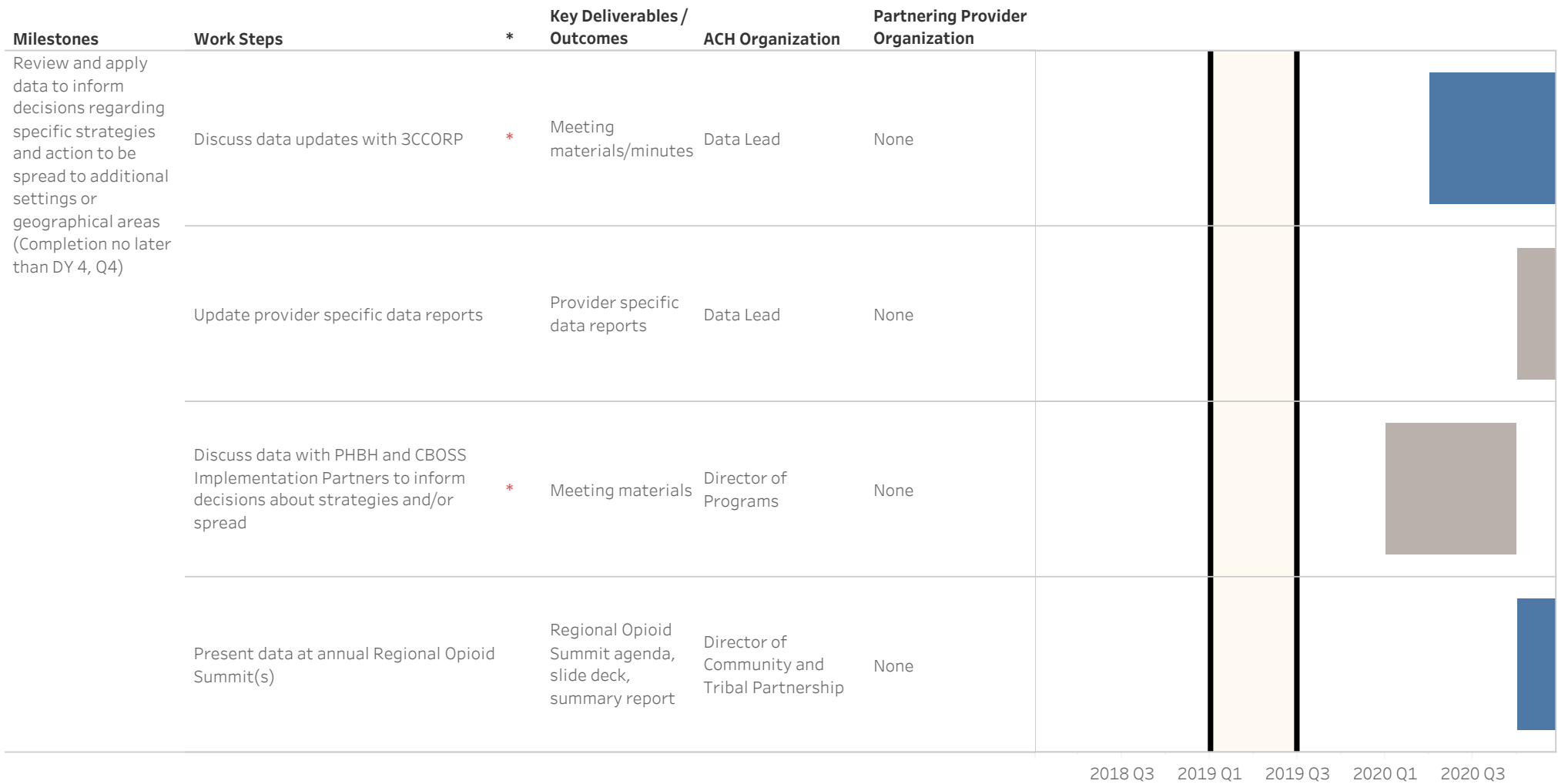
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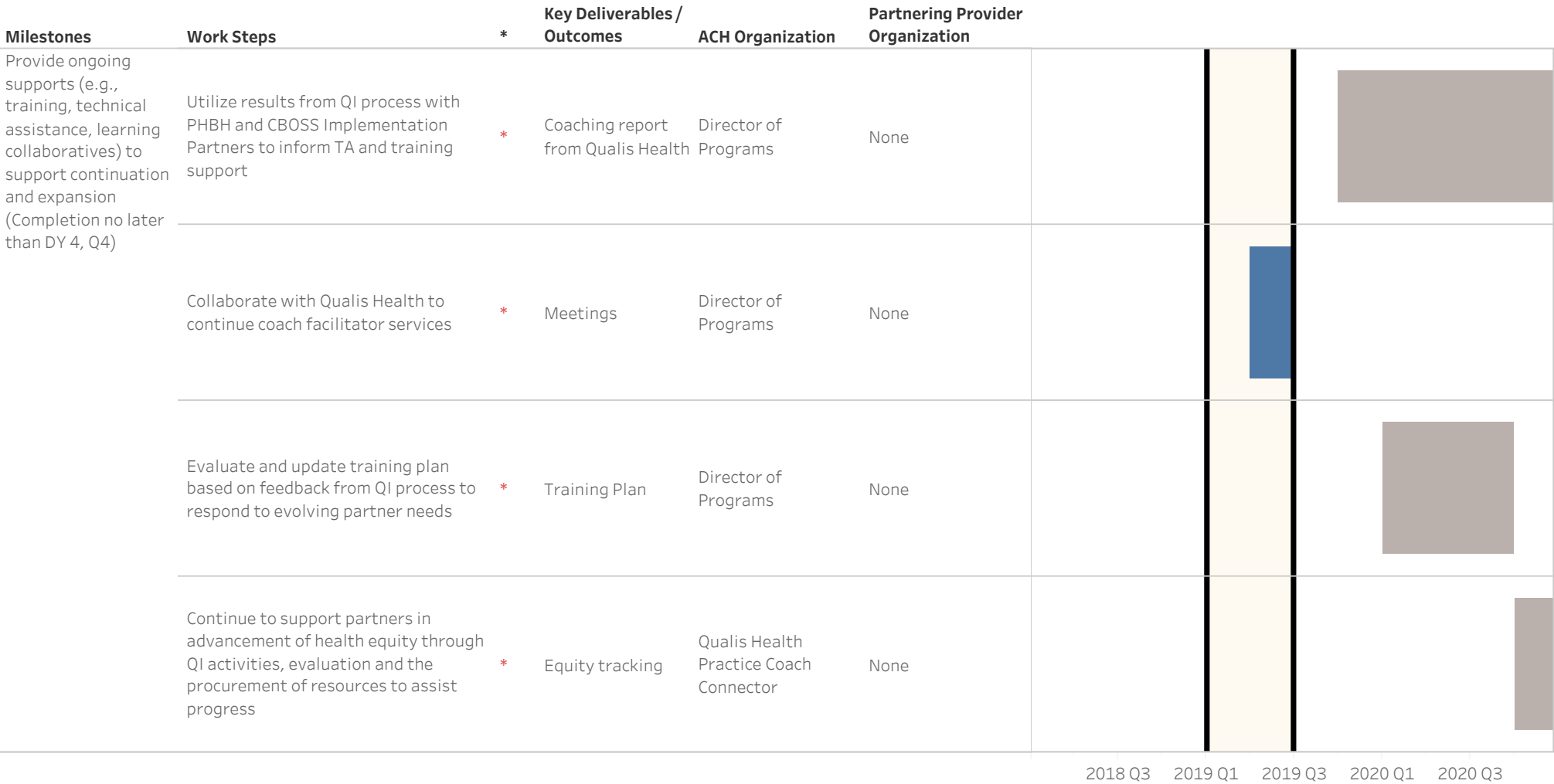
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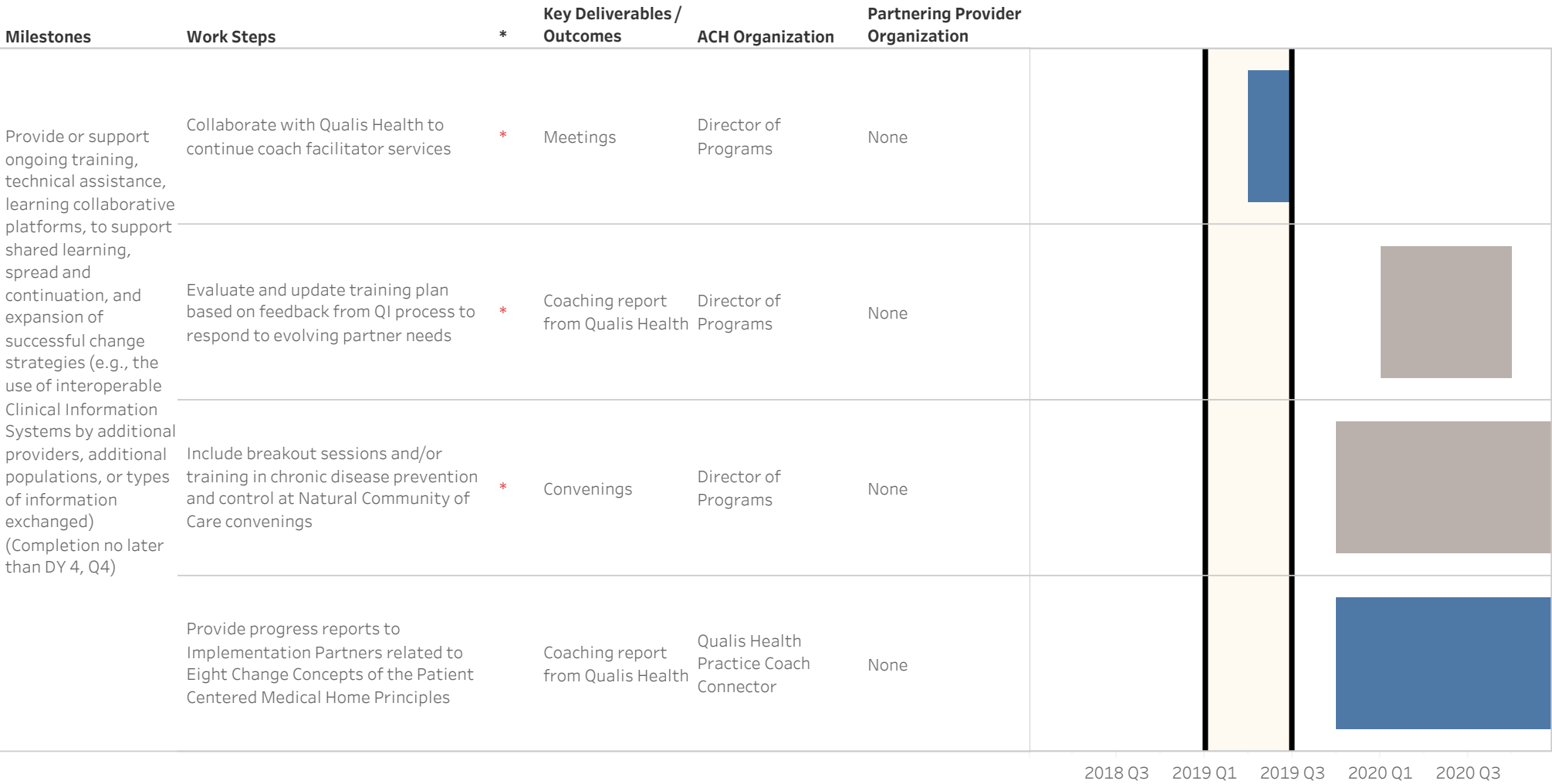
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Systems by additional providers, additional populations, or types of information exchanged) (Completion no later than DY 4, Q4)	Develop regional Behavioral Health Academy to train workforce in transitioning to integrated care	Training modules	Qualis Health Practice Coach Connector	None	
Provide or support ongoing training, technical assistance, and community partnerships to support spread and continuation of the selected strategies/ approaches (Completion no later than DY 4, Q4)	Continue to utilize ORCA as a resource repository; keep resources updated and include emerging best practices	Timely posts on ORCA	Program Coordinator	None	
	Utilize results from QI process with PHBH and CBOSS Implementation Partners to inform TA and training supports	* Coaching report from Qualis Health	Director of Programs	None	
	Convene Regional Opioid Summit(s) to deliver training and identify technical assistance needs and new partnership opportunities	Regional Opioid Summit(s)	Director of Community and Tribal Partnership	None	

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Provide or support ongoing training, technical assistance, and community partnerships to support spread and continuation of the selected strategies/ approaches (Completion no later than DY 4, Q4)	Collaborate with University of Washington to implement 6 Building Blocks for improved opioid prescribing in clinics in the region		Clinics participate in 6 Building Blocks	Director of Community and Tribal Partnership	None	
	Collaborate with DOH to coordinate training for providers to become waived for MAT		MAT training	Director of Community and Tribal Partnership	None	
	Collaborate with StopOverdose.org to provide TA and training to recognize and appropriately respond to opioid related overdoses		Overdose response training	Director of Community and Tribal Partnership	None	
Leverage regional champions and implement a train-the-trainer	Identify regional champions	*	List of regional champions	Qualis Health Practice Coach Connector	None	
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Leverage regional champions and implement a train-the-trainer approach to support the spread of best practices (Completion no later than DY 4, Q4)	Connect regional champions with Natural Communities of Care to share best practices with other providers	*	Presentations at Natural Community of Care Convenings	Director of Programs	None	
	Interview regional champions to learn promising practices	*	Interview notes	Communications and Development Coordinator	None	
	Facilitate opportunities for regional champions to spread best practices	*	Presentations, resources on ORCA, newsletters	Communications and Development Coordinator	None	
Convene and support platforms to facilitate shared learning and exchange of best practices	Convene 3CCORP Steering Committee and Workgroups		Meeting materials	Director of Community and Tribal Partnership	None	
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Convene and support platforms to facilitate shared learning and exchange of best practices and results to date (e.g., the use of interoperable HIE by additional providers providing treatment of persons with OUD) (Completion no later than DY 4, Q4)	Establish real-time exchange of health information between MAT prescriber and SUD provider for bidirectional referral and care coordination for shared patient with OUD under the Olympic Digital HIT Commons or similar technology platform		E-referral technology platform	None	Select PHBH* Implementation Partners	
	Scale Olympic Digital HIT Commons or similar technology platform to new partners and use cases		E-referral technology platform participant list	None	Select PHBH* Implementation Partners and interested Shared Change Plan Partners **	
Identify and resolve barriers to financial sustainability of Project(s) activities post-DSRIP (Completion no later than DY 4, Q4)	Implement value-based payment arrangements with MCOs (Tactic in PHBH and CBOSS‡ Change Plans)		Biannual report of progress on this work step and any associated intermediary measures	None	Select PHBH* and CBOSS^ Implementation Partners	
	Educate lawmakers, State partners, and payers on barriers to sustainability due to scope of practice, billing, coding and HIT constraints		Meet with ACH EDs, legislators, MCOs and State partners	Executive Director	None	

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Identify and resolve barriers to financial sustainability of Project(s) activities post-DSRIP (Completion no later than DY 4, Q4)	Advocate with other ACHs for Medicaid reimbursement codes that will directly support Change Plan Outcomes and Tactics		Meet with ACH EDs, legislators, MCOs and State partners	Executive Director	None	
	Support statewide efforts to address rural workforce shortages		Information sharing with WSHA and WA Health Workforce Sentinel Network	Executive Director	None	
	Explore an all-payer collaborative		Meet with MCO and commercial payer partners	Executive Director	None	
	Explore rural global payment strategies		Meet with HCA and hospital partners	Executive Director	None	
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Regional self-identified milestone: MAT Providers and SUD Providers are closely networked for referral and coordina..	Deepen engagement with MAT prescribers and SUD providers and convene together to facilitate coordination		Meeting materials	Director of Community and Tribal Partnership	None					
Regional self-identified milestone: Develop and share regional standards of practice for referral and treatment of opioid use disorder (use Bree Collaborative Opioid Use Disorder Treatment Report and Recommendations)	3CCORP Treatment Work Group to develop regional standards of practice		Regional standards of practice for treatment of OUD	Director of Community and Tribal Partnership	None					
	Disseminate regional standards of practice		Regional standards of practice for treatment of OUD are shared region-wide	Director of Community and Tribal Partnership	None					
	Regional standards of practice for referral and treatment of opioid use disorder are reviewed annually by the 3CCORP Treatment Workgroup to update to current best practices		Annual review and update as needed based on current best practices	Director of Community and Tribal Partnership	None					

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Regional self-identified milestone: Expand integration of SDOHs and health equity into physical health and behavioral health practice	Encourage Implementation Partners to expand on the list of selected Tactics in the PHBH Change Plan that integrate SDOH screening and appropriate referral into practice		PHBH Change Plan includes additional Tactics in annual updates	None	Select PHBH* Implementation Partners					
	Encourage Implementation Partners to expand on the list of target subpopulations in the PHBH Change Plan to include populations experiencing the greatest health disparities		PHBH Change Plan includes additional target subpopulations in annual updates	None	Select PHBH* Implementation Partners					
	Scale fully implemented Outcomes and Tactics in PHBH and CBOSS Change Plans related to SDOH and health equity		PHBH and CBOSS‡ Change Plans indicate “Scale and Sustain” as status of progress of select Outcomes	None	Select PHBH* and CBOSS^ Implementation Partners					
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