

Planning Tables

Table 1 Priority Areas and Annual Performance Indicators

Priority #: 1

Priority Area: Address high disproportionate rates of SUD and MH disorders and overdoses amongst AI/AN individuals in WA state.

Priority Type: SAP, SAT

Population(s): PWWDC, PP, PWID, TB, Other (American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

The goal of this priority is to address the disproportionately high rates of SUD and MH disorders for AI/AN individuals across the state. This goal is focused on addressing these rates by offering a direct allocation to Tribes through our government-to-government Indian Nation Agreements. The INA is an agreement between the HCA and Tribal governments to fund services as deemed appropriate by the Tribes to address substance use disorders using SABG dollars.

The Health Care Authority follows the RCW 43.376 and a communication and consultation policy which outlines the state regulations for G2G relationships with Tribes. The Office of Tribal Affairs assists DBHR in implementation of various consultation and confirm meetings with the 29 Tribes and urban Indian health programs. By extension of the Accord and our HCA Tribal Consultation Policy, HCA offers all 29 Tribes the opportunity to access substance abuse block grant funding to help bolster prevention, treatment, overdose intervention, and recovery support services within their tribal communities.

Strategies to attain the goal:

- Each tribe is requested to complete an annual Tribal Plan and budget that indicates how the funding will be expended for the delivery of SUD prevention, intervention, treatment, and recovery support activities which is negotiated with HCA program managers with the support of the Office of Tribal Affairs.
- Each tribe submits quarterly fiscal and programmatic reports to HCA.
- Each tribe inputs data into each appropriate data system (i.e., TARGET Data System, and Substance Use Disorder (SUD) Prevention and MH Promotion Online Data System) on a quarterly basis with the support of HCA program managers.
- Each tribe submits an Annual Narrative Report to reflect on the prevention and treatment services provided with the funding, successes within the program, challenges within the program, etc.
- HCA coordinates a biennial desk monitoring review with each Tribe as negotiated through a formal consultation process.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Maintain substance use disorder prevention, intervention, treatment, and recovery support services to American Indian/Alaska Natives.

Baseline Measurement: SUD Treatment - Individuals Served: 4,499

First-year target/outcome measurement: SUD Treatment - Individuals Served: 3,400

Second-year target/outcome measurement: SUD Treatment - Individuals Served: 3,400

Data Source:

TARGET, or its successor, for treatment counts.
 Minerva – SUD Prevention and MH Promotion Online Reporting System (Washington’s Prevention Management Information Service): used to report SABG prevention performance indicators.

Description of Data:

As reported into TARGET by Tribes, total number of AI/AN clients served between July 1, 2019 and June 30, 2020.

Data issues/caveats that affect outcome measures:

- Indian Health Care Providers have to enter into multiple systems in their work to improve health information technology in their programs which is burdensome. Tribes are working to move to EHRs, are using an Indian Health Services System, plus the state data systems which are often duplicative and can be expensive to dedicate additional staff to enter data into multiple systems.
- TARGET is the system that is used by Tribes that is then transmitted into our Behavioral Health Data Store and HCA needs to sunset this system and move to a new solution for the Tribes as promised in 2016. HCA is working on a pilot project to identify a solution to

gather the SUD encounter data in the future without the TARGET system.

- SUD Prevention numbers may include duplication of client counts due to Tribes reporting number of people in attendance at events for each day.
- Additionally, the prevention reporting system is also transitioning vendors in Fall 2021 and Tribes will need to learn a new system, this may increase data reporting challenges in some areas. HCA is working to ensure all Tribes are supported and engaged in this process to minimize the impact.

Priority #: 2

Priority Area: Reduce Underage and Young Adult Substance Use/Misuse

Priority Type: SAP

Population(s): PP, Other (Adolescents w/SA and/or MH, Rural, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

Decrease the use and misuse of alcohol, marijuana, tobacco, opioids or other prescription drugs, and the use of any other drugs in the last 30 days.

Strategies to attain the goal:

- Implement performance-based contracting with each prevention contractor.
- Adapt programs to address the unique needs of each tribe.
- Strategies to serve AI/AN communities with increased risk for SUD concerns through various prevention projects using leveraged resources and ensure culturally appropriate services.
- Deliver Evidenced-based Prevention Programs and Strategies according to approved strategic plans.
- Deliver direct prevention services (All CSAP Strategies).
- Deliver community-based prevention services (Community-based process, Information Dissemination and Environmental).
- Provide statewide Workforce Development Training to build capacity for service delivery.
- Develop best practices strategies to target underserved populations such as Tribal and urban Indian communities, Black, Indigenous, and People of Color.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Reduce substance use/misuse

Baseline Measurement: Average of 15,590 unduplicated participants served by direct services provided between SFY 2014-2019 (July 1, 2013 – June 30, 2019)

First-year target/outcome measurement: Increase or maintain 15,590 unduplicated participants in direct services prevention programs.

Second-year target/outcome measurement: Increase or maintain 15,590 unduplicated participants in direct services prevention programs.

Data Source:

Minerva - SUD Prevention and MH Promotion Online Reporting System (Washington's Prevention Management Information Service): used to report SABG performance indicators.

Washington State Healthy Youth Survey (HYS): used to report 30 days use biannually.

Washington State Young Adult Health Survey (YAHS): used to report young adult (Ages 18-25) substance use/misuse.

Description of Data:

SABG performance indicators are used to measure Center for Substance Abuse Prevention Strategies and Institute of Medicine Categories for services provided annually. From HYS, 10th grade Substance Use Among Washington Youth is used to measure intermediate outcomes. From Washington State Young Adult Health Survey (YAHS), Substance Use Among Washington young adults is used to measure intermediate outcomes.

Data issues/caveats that affect outcome measures:

Data integrity can be negatively affected by staff turnover and contractor capacity to report accurately and in a timely manner. DBHR continues to provide on-going training and technical assistance to support grantees as they use the Management Information System. Additionally, the prevention reporting system is also transitioning vendors in Fall 2021 and all providers will need to learn a new system, this may increase data reporting challenges in some areas. HCA is working to ensure all providers are supported and engaged

in this process to minimize the impact.

Priority #: 3
Priority Area: Increase the number of youths receiving outpatient substance use disorder treatment
Priority Type: SAT
Population(s): PWWDC, PWID, Other (Adolescents w/SA and/or MH, LGBTQ, Rural, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

Increase the treatment initiation and engagement rates among the number of youths accessing substance use disorder outpatient services.

Strategies to attain the goal:

Conduct behavioral health provider mapping efforts to identify current adolescent network. Identify access challenges and strategies to remove system barriers.

- Continue using performance-based contracts with BH-ASOs and MCOs to ensure focus and oversight of provider network.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase youth outpatient SUD treatment services
Baseline Measurement: SFY20 (July 1, 2019 – June 30, 2020): 1,695 youth received SUD outpatient treatment services
First-year target/outcome measurement: Increase the number of youths receiving SUD outpatient treatment services in SFY22 to 3,584
Second-year target/outcome measurement: Increase the number of youths receiving SUD outpatient treatment services in SFY23 to 3,684

Data Source:

The number of youths receiving SUD outpatient services is tracked using the Behavioral Health Data System (BHDS).

Description of Data:

The state fiscal year 2020 data is an unduplicated count of youth (persons under 18 years of age) served in publicly funded SUD outpatient treatment between July 1, 2019 and June 30, 2020.

Data issues/caveats that affect outcome measures:

DBHR has integrated behavioral health services with physical healthcare coverage, which has caused data reporting challenges. The entities submitting encounter data and how data is being submitted has changed.

Priority #: 4
Priority Area: Increase the number of SUD Certified Peers
Priority Type: SAT
Population(s): PWWDC, PWID, TB, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

Increase the number of SUD peers working in the field, create a strategic plan to incorporate SUD peer services into the behavioral health system

Strategies to attain the goal:

HCA/DBHR will seek input from key stakeholders and certified peers to guide the development of a strategic plan incorporating peer services within the substance use treatment service delivery system

- Identify any curriculum adjustments needed to integrate SUD peer services

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: SUD peer support program
Baseline Measurement: From July 1, 2019 – June 30, 2020 total number of SUD trained peers was 802
First-year target/outcome measurement: Peer support program in SFY22 that would train 280 peers
Second-year target/outcome measurement: Peer support program in SFY23 that would train 350 peers

Data Source:

Monthly reports submitted to DBHR through the STR Peer Pathfinder project

Description of Data:

Excel reports indicating the number of individuals served by SUD Peers on the Pathfinder project

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measures.

Priority #: 5
Priority Area: Maintain outpatient mental health services for youth with SED
Priority Type: MHS
Population(s): SED

Goal of the priority area:

The primary goal is to maintain community based behavioral health services to youth who are diagnosed with SED.

Strategies to attain the goal:

- Require BH-ASOs to maintain behavioral health provider network adequacy.
- Increase available MH community-based behavioral health services for youth diagnosed with SED.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase outpatient Mental Health services to youth with Serious Emotional Disturbance (SED)
Baseline Measurement: SFY20: 68,113 youth with SED received services
First-year target/outcome measurement: Maintain the number of youths with SED receiving outpatient services to at least 54,293 in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)
Second-year target/outcome measurement: Maintain the number of youths with SED receiving outpatient services to at least 54,293 in SFY23 SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

Data Source:

The number of youths with SED receiving MH outpatient services is reported in the Behavioral Health Data System (BHDS).

Description of Data:

Fiscal Year 2018 is an unduplicated count of youth with Serious Emotional Disturbance (SED) who under the age of 18 served in publicly funded outpatient mental health programs from July 1, 2017 through June 30, 2018.

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measure.

Priority #: 6
Priority Area: Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis.
Priority Type: MHS
Population(s): SMI, SED

Goal of the priority area:

The primary goal is to increase community based behavioral health services to transition age youth who are diagnosed with First Episode Psychosis (FEP).

Strategies to attain the goal:

- Provide funding to increase the number of agencies who serve youth with First Episode Psychosis (FEP)
- Increase available MH community based behavioral health services for youth diagnosed with First Episode Psychosis (FEP).

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase outpatient MH capacity for youth with First Episode Psychosis (FEP).
Baseline Measurement: SFY20: 11 First Episode Psychosis (FEP) Programs, serving a total of 325 youth
First-year target/outcome measurement: FY22 (July 1, 2021 – June 30, 2022) Increase the number of coordinated specialty care sites from 11 to 12 serving an additional 25 youth statewide (total of 350 youth served).
Second-year target/outcome measurement: FY23 (July 1, 2022 – June 30, 2023) Maintain the 12 coordinated specialty care sites, serving an additional 75 youth statewide (total of 425 youth served).

Data Source:

DBHR, via reporting from WSU. Extracted from the URS reports.

Description of Data:

Number of youth being served through the coordinated specialty care sites.

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will affect the outcome measure.

Priority #: 7
Priority Area: Maintain the number of adults with Serious Mental Illness (SMI) receiving mental health outpatient treatment services
Priority Type: MHS
Population(s): SMI, Other (LGBTQ, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Natives; Tribal and Urban Communities)

Goal of the priority area:

Maintain the number of adults with Serious Mental Illness (SMI) accessing mental health outpatient services.

Strategies to attain the goal:

- Gather data and resources regarding how potential individuals are identified.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Maintain mental health outpatient services for adults with Serious Mental Illness (SMI)

Baseline Measurement: SFY20: 192,662 adults with Serious Mental Illness (SMI) received mental health outpatient services

First-year target/outcome measurement: Maintain a minimum of 104,128 adults with Serious Mental Illness (SMI) receiving mental health outpatient services in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

Second-year target/outcome measurement: Maintain a minimum of 104,128 adults with Serious Mental Illness (SMI) receiving mental health outpatient services in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

Data Source:

The number of adults with Serious Mental Illness (SMI) receiving Mental Health outpatient treatment services is tracked using the Behavioral Health Data System (BHDS).

Description of Data:

Fiscal Year 2020 clients served is an unduplicated count of adults with Serious Mental Illness (SMI) (persons 18 years of age and older) served in publicly funded mental health outpatient programs between July 1, 2019 and June 30, 2020.

Data issues/caveats that affect outcome measures:

With the combination of behavioral health services coverage, we are experiencing data reporting challenges due to the way data was collected previously.

Priority #: 8

Priority Area: Increase the number of individuals receiving recovery support services, including increasing supported employment and supported housing services for individuals with Serious Mental Illness (SMI), SED, and SUD

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC, PWID, TB, Other (Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

Measurements for this goal will include increasing the employment rate, decreasing the homelessness rate and providing stable housing in the community.

Strategies to attain the goal:

- Train 500 staff working in behavioral health, housing and health care, through webinars or in-person training events
- Support 1,000 individuals in obtaining and maintaining housing
- Support 1,000 individuals in obtaining and maintaining competitive employment
- Assist 25 behavioral health agencies in implementing evidence-based practices of permanent supportive housing and supported employment models

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase number of people receiving supported employment services

Baseline Measurement: FY2020 – 4,437 enrollments in supported employment

First-year target/outcome measurement: Increase average number of people receiving supported employment services per month (over 12-month period) by 4% in FY22 (total 4,614 enrollments)

Second-year target/outcome measurement: Increase number of people receiving supported employment services per month (over 12-month period) by 4% in FY23 (total 4,798 enrollments)

Data Source:

Department of Social and Human Services (DSHS), RDA

Description of Data:

Includes all people who have received supported employment services.

Data issues/caveats that affect outcome measures:

No issues are currently foreseen that will impact the outcome of this measure.

Indicator #: 2

Indicator: Increase number of people receiving supportive housing

Baseline Measurement: FY2020 – 5,199 enrollments in supportive housing

First-year target/outcome measurement: Increase average number of people receiving supportive housing services per month (over 12-month period) by 4% in FY22 (total 5,406 enrollments)

Second-year target/outcome measurement: Increase average number of people receiving supportive housing services per month (over 12-month period) by 4% in FY23 (total 5,622 enrollments)

Data Source:

Department of Social and Human Services (DSHS), RDA

Description of Data:

Includes all people who have received supported housing services.

Data issues/caveats that affect outcome measures:

No issues are currently foreseen the will impact this outcome measure.

Priority #: 9

Priority Area: Increase the number of adults receiving outpatient substance use disorder treatment

Priority Type: SAT

Population(s): PWWDC, PWID, TB, Other (LGBTQ, Criminal/Juvenile Justice, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Indian Communities)

Goal of the priority area:

Increase the number of adults receiving outpatient SUD treatment including adults who are using opioids and other prescription drugs.

Strategies to attain the goal:

- Explore new mechanisms and protocols for case management and continue using Performance Based Contracts to increase the number of adults receiving outpatient SUD services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase outpatient SUD for adults in need of SUD treatment

Baseline Measurement: SFY20: 40,293

First-year target/outcome measurement: Increase the number of adults in SFY22 to 47,875

Second-year target/outcome measurement: Increase the number of adults in SFY23 to 48,888.

Data Source:

The number of adults receiving SUD outpatient services is tracked using the Behavioral Health Data System (BHDS).

Description of Data:

Fiscal Year 2020 is an unduplicated count of adults (persons 18 years of age and older) served in publicly funded SUD outpatient treatment between July 1, 2019 and June 30, 2020.

Data issues/caveats that affect outcome measures:

With the combination of behavioral health services coverage, we are experiencing data reporting challenges due to the way data was

collected previously

Priority #: 10
Priority Area: Pregnant and Parenting Women
Priority Type: SAT
Population(s): PWWDC

Goal of the priority area:

Increase the number of Pregnant and Parenting Women (PPW) clients receiving case management services

Strategies to attain the goal:

Client slots are in contract and are being served continually through the existing PCAP sites to ensure services are received.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Expand capacity for women and their children to have access to case management services.
Baseline Measurement: As of June 2021, the total contracted number of Pregnant and Parenting Women (PPW) clients receiving PCAP case management services is 1409.
First-year target/outcome measurement: Increase the number of Pregnant and Parenting Women (PPW) clients receiving PCAP case management services (an estimated increase of anywhere from 82-92 client slots, depending on the per client rate determined per county)
Second-year target/outcome measurement: Maintain the number of Pregnant and Parenting Women (PPW) clients receiving PCAP case management services.

Data Source:

Contracts with PCAP providers.

Description of Data:

The contracts mandate that PCAP providers must submit the number of clients being served: 1) on their monthly invoices in order to be reimbursed, 2) to the University of Washing ADAI for monthly reporting.

Data issues/caveats that affect outcome measures:

- Impacts of the current/ongoing COVID pandemic.
- If funding is reduced for any reason, the number of sites/clients served may decrease.

Priority #: 11
Priority Area: Tuberculosis Screening
Priority Type: SAT
Population(s): TB

Goal of the priority area:

Provide TB screening at all SUD outpatient and residential provider agencies within their provider networks.

Strategies to attain the goal:

Review TB screening plans with the BH-ASOs for each of the state's ten regions during contract amendment cycles.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Provide TB screening and education at all SUD outpatient and residential provider agencies

within their provider networks.

Baseline Measurement:

As of July 1, 2021, Tuberculosis screening and education is a continued required element in the BH-ASO contract for SUD treatment services.

First-year target/outcome measurement:

By July 1, 2022, ensure TB screening plans continue to be in contract with each of the ten BH-ASOs.

Second-year target/outcome measurement:

Review TB screening plans prior to the July 1, 2023 BH-ASO amendment and update as needed to ensure screenings and education services are being provided during SUD treatment services.

Data Source:

Health Care Authority/BH-ASO Contracts

Description of Data:

The contracts between the Health Care Authority and the BH-ASOs will be maintained to include this language.

Data issues/caveats that affect outcome measures:

None

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Footnotes: