

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: SUP- Substance Use Prevention, Substance Use Treatment (SUT), Substance Use Recovery (SUR).

Population(s): Behavioral Health Crisis Services (BHCS), American Indian/Alaska Native individuals who are Pregnant Women and Women with Dependent Children (PWWDC), AI/AN pregnant and parenting individuals (PPI), AI/AN Persons who Inject Drugs (PWID), AI/AN individuals with Tuberculosis (TB)

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.

Objective:

- Support to the Tribes to use block grant funding to begin and/or maintain tribal substance use disorder community-based prevention programs and projects for youth within tribal communities, which can include cultural prevention activities.

- Support to the Tribes to use block grant and other funding resources for the treatment and overdose intervention services for youth and adults who are non-insured or underinsured for treatment services. These services may include, case management, drug screening tests including urinary analysis, treatment support services (transportation, childcare), outpatient and intensive outpatient, and individual and group therapy, naloxone distribution.
- Support to the Tribes to use block grant funding to develop and enhance their recovery support services programs for any non-Medicaid billable services or support to individuals who are non-insured or underinsured.
- Support to the Tribes to use block grant funding to address opioid overdose and opioid use disorders in their community by delivering either OUD prevention, treatment, overdose intervention, and recovery support services.
- Support to Tribes to leverage these funding resources to prioritize their strategies as appropriate to their community to ensure culturally appropriate care and the sovereign right for the Tribes to decide how best to utilize these funds and tailor programs within their community.

Strategies to attain the objective:

- 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: 3,355

SUD Prevention – Average of 51,714 total unduplicated and duplicate participants served by direct tribal prevention services provided during SFY22 (July 1, 2021 – June 30, 2022)

Opioid Treatment Programs (OTPs) within Tribes: Seven OTPs for SFY22

First-year target/outcome measurement: SUD Treatment - Individuals Served: 3,355

SUD Prevention – Increase or maintain 51,714 total unduplicated and duplicate participants in direct services prevention programs

SUD MOUD – Increase tribal MOUD and OTPs to a total of eight OTPs available in Tribal communities.

Second-year target/outcome measurement: SUD Treatment - Individuals Served: 3,355

SUD Prevention – Increase or maintain 51,714 total unduplicated and duplicate participants in direct services prevention programs

SUD MOUD – Increase tribal MOUD and OTPs to a total of ten OTPs available in Tribal communities.

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 and Minerva by Tribes, total number of AI/AN clients served between July 1, 2021 and June 30, 2022.

Data issues/caveats that affect outcome measures:

- Indian Health Care Providers must enter data 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. 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 transitioned to a new vendor in the fall of 2021 and Tribes had to learn a new system. HCA provides technical assistance to Tribes on the new system to minimize impact of system changes.

Priority #: 2

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

Priority Type: Substance Use Prevention (SUP)

Population(s): Pregnant Women and Women with Dependent Children (PWWDC), Pregnant and Parenting individuals (PP), Persons who Inject Drugs (PWID)

Goal of the priority area:

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

Note on Targets:

Targets set in the previous years were primarily based on 2018 Healthy Youth Survey (HYS) outcomes. The COVID-19 pandemic necessitated methodologic changes in data collection for surveys administered since

2020 including the HYS and the National Survey on Drug Use and Health (NSDUH). Due to these changes, we are not able to use the most recent outcomes to evaluate whether we met or exceeded targets set for 2021; we are not including the most recent outcomes as we cannot separate the effects of methodologic changes from true changes in the outcomes.

Instead, concrete targets were set based on HYS 2018 pre-pandemic data. As in previous target updates, the goal was to have 5% reductions in two-to-three years and 10% reductions in four-to-five years.

Targets set for 2023 reflect previous target setting measures. For HYS 2021 pandemic-era data, statements were included to acknowledge the substantially different results and identify general directional targets.

Objective:

- Decrease the percentage of 10th graders who report using alcohol in the last 30 days (HYS 2018: 18.5%; Target 2025: 14.0%).
- Prevent the increase in the percentage of 10th graders who report using cannabis in the last 30 days (HYS 2018: 17.9%, Target 2025: 9.0%).
- Decrease the percentage of 10th graders who report using tobacco products in the last 30 days (HYS 2018 Tobacco, any form except vape: 7.9%, Target 2025: 7.1%; HYS 2018 Vape: 21.2%, Target 2025: 19.1%).
- Decrease the percentage of 10th graders who report misusing/abusing painkillers in the past 30 days (HYS 2018: 3.6%, Target 2025: 1.5%).
- Decrease the percentage of young adults who report using non-medical marijuana (cannabis) (YAHS 2021: 51.2%; Target 2025: 46.1%)
- Decrease the percentage of young adults who report using alcohol in the last 30 days (YAHS 2021: 56.9%; Target 2025: 51.2%)

Strategies to attain the objective:

- 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).
- Disseminate state level public education campaigns with toolkits for localized implementation.
- Provide statewide Workforce Development Training to build capacity for service delivery.
- Develop and implement best practices strategies to target underserved populations such as Tribal and urban Indian communities, Black, Indigenous, and People of Color and LGBTQ+.
- Increase direct service programs for young adults.

Annual Performance Indicators to Measure Goal Success

Indicator #: 1

Indicator: Reduce substance use/misuse

Baseline Measurement: Average of 12,217 unduplicated participants served by direct services provided between **SFY 2020-2022** (July 1, 2020 – June 30, 2022)

First-year target/outcome measurement: Maintain a minimum of 12,217 unduplicated participants in direct services prevention programs.

Second-year target/outcome measurement: Maintain a minimum of 12,217 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 transitioned vendors in Fall 2021 and all staff and providers have been learning the new system, this may increase data reporting challenges in some areas. The new system has some limitations that we are currently navigating and strategizing in order to ensure efficient, proper and accurate data entry. 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: Substance Use Treatment (SUT)

Population(s): Pregnant Women and Women with Dependent Children (PWWDC), Pregnant and Parenting individuals (PP), Persons who Inject Drugs (PWID)

Goal of the priority area:

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

Objective:

- Require Behavioral Health Administrative Service Organizations (BH-ASOs) and Managed Care Organizations (MCOs) to continue to maintain behavioral health provider network adequacy for adolescents.

- Re-examine current adolescent network and capacity
- Improve access and increase available SUT outpatient services for youth.

Strategies to attain the objective:

- 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.
- Continue efforts to actively engage youth in a co-design project to begin reimagining what a better continuum of care for youth and young people with SUT needs.

Annual Performance Indicators to Measure Goal Success

Indicator #: 1

Indicator: Increase youth outpatient SUD treatment services

Baseline Measurement: SFY22 (July 1, 2021 – June 30, 2022): 1,690 youth received SUD outpatient treatment services

First-year target/outcome measurement: Increase the number of youths receiving SUD outpatient treatment services in SFY24 to 1,900

Second-year target/outcome measurement: Maintain the number of youths receiving SUD outpatient treatment services in SFY25 to 1,900

	SFY 2020	SFY 2021	SFY 2022
Target/Outcome Measure	3,584	3,684	3,584
Results	1,695	756	1,690

Data Source:

The number of youths receiving SUD outpatient services is tracked using the Behavioral Health Data System (BHDS). Note- add narrative about telehealth. Is it realistic to meet this target with the continuation of telehealth (younger)?

Description of Data:

The calendar year 2022 data is an unduplicated count of youth (persons under 18 years of age) served in publicly funded SUD outpatient treatment between July 1, 2021, and June 30, 2022.

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: Substance Use Treatment (SUT), Substance Use Recovery (SUR)

Population(s): Pregnant Women and Women with Dependent Children (PWWDC), Pregnant and Parenting individuals (PP), Persons who Inject Drugs (PWID), Tuberculosis (TB)

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.

Objective:

- Pilot SUD peers
- Develop a strategic plan to review curriculum, funding strategies and rule changes

Strategies to attain the objective:

- 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
- Strategic planning to incorporate SUD peer services into the system of care, exploring funding strategies and rule changes
- Focus on diversity, equity and inclusion practices to improve diverse peer services in underserved communities.
- Increase recruitment of BIPOC Certified Peer Counselors (CPC's) and increase diversity of training organizations and CPC trainers.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: SUD peer support program

Baseline Measurement: From July 1, 2021 – June 30, 2022 total number of SUD trained peers was 488

First-year target/outcome measurement: Peer support program in SFY24 that would train 420 peers that could provide Medicaid reimbursable SUD peer services.

Second-year target/outcome measurement: Peer support program in SFY25 that would train 480 peers that could provide Medicaid reimbursable SUD peer services.

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: Mental Health Services (MHS)

Population(s): Severe Emotional Disturbances (SED)

Goal of the priority area:

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

Objective:

- Require the Managed Care Organizations (MCOs) and Behavioral Health – Administrative Services Organizations (BH-ASO) to improve and enhance available behavioral health services to youth.

Strategies to attain the objective:

- Require MCOs and 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: SFY22: 76,941 youth with SED received services

First-year target/outcome measurement: Maintain the number of youths with SED receiving outpatient services to at least 76,941 in SFY24

Second-year target/outcome measurement: Maintain the number of youths with SED receiving outpatient services to at least 76,941 in SFY25

	SFY 2020	SFY 2021
Target/Outcome Measure	40,820	41,820
Results	68,113	54,293

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 2022 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, 2021 through June 30, 2022.

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 (FEP) including FEP programs in diverse communities (I.e., Tribal Communities)

Priority Type: Mental Health Services (MHS)

Population(s): Serious Emotional Disturbance/Serious Mental Illness (SED/SMI)

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).

Objective:

- Increase capacity in the community to serve youth experiencing First Episode Psychosis (FEP) through the New Journeys Program

Strategies to attain the objective:

- 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: SFY22: 12 First Episode Psychosis (FEP) Programs, serving a total of 308 youth

First-year target/outcome measurement: FY24 (July 1, 2023 – June 30, 2024) Increase the number of coordinated specialty care sites to 17 serving a total of 375 youth statewide.

Second-year target/outcome measurement: FY25 (July 1, 2024 – June 30, 2025) Maintain the 17 coordinated specialty care sites and begin implementation of adding up to three additional sites, with a total of 400 youth served statewide.

Results:

	SFY 2021	SFY 2022
Target/Outcome Measure	9-12 Sites, 75 additional youth	11-12 Sites, 350 youth served
Results		12 sites, 308 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: Mental Health Services (MHS)

Population(s): Serious Mental Illness (SMI), Behavioral Health Crisis Services (BHCS)

Goal of the priority area:

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

Objective:

- Require MCOs and BH-ASOs to maintain and enhance behavioral health provider network adequacy.
- Increase available mental health behavioral health services for adults.

Strategies to attain the objective:

- 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: SFY22: 216,740 adults with Serious Mental Illness (SMI) received mental health outpatient services

First-year target/outcome measurement: Maintain a minimum of 195,046 adults with Serious Mental Illness (SMI) receiving mental health outpatient services in SFY24 (we anticipate a decrease in numbers, bringing us closer to our normal baseline pre-Covid)

Second-year target/outcome measurement: Maintain a minimum of 195,046 adults with Serious Mental Illness (SMI) receiving mental health outpatient services in SFY25 (we anticipate a decrease in numbers, bringing us closer to our normal baseline pre-Covid)

	SFY 2020	SFY 2021	SFY 2022
Target/Outcome Measure	103,668	104,128	104,128
Results	192,662	175,737	216,740

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 2022 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, 2021 and June 30, 2022.

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: Substance Use Treatment (SUT), Substance Use Recovery (SUR), Mental Health Services (MHS)

Population(s): Serious Mental Illness (SMI), Serious Emotional Disturbances (SED), Pregnant Women and Women with Dependent Children (PWWDC), Pregnant and Parenting individuals (PP), Persons who Inject Drugs (PWID), Tuberculosis (TB)

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.

Objective:

- Increase awareness, implementation and adherence to the evidence-based practices of permanent supportive housing and supported employment models by implementing fidelity reviews at five agencies

Strategies to attain the objective:

- 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: FY2022 – 4,614 enrollments in supported employment

First-year target/outcome measurement: Increase number of people receiving supported employment services per month (over 12-month period) by 4% in FY24 (total 4,798 enrollments)

Second-year target/outcome measurement: Increase number of people receiving supported employment services per month (over 12-month period) by 4% in FY25 (total 4,989 enrollments)

	SFY 2020	SFY 2021	SFY 2022
Target/Outcome Measure	Increase 5% (additional 1,156)	Increase 5% (additional 1,214)	Increase 4% (total 4,614 enrollments)
Results	No Data available yet	No data available yet	4,614 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: FY2022 – 7,353 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 FY24 (total 7,647 enrollments)

Second-year target/outcome measurement: Increase average number of people receiving supportive housing services per month (over 12-month period) by 4% in FY25 (total 7,952 enrollments)

	SFY 2020	SFY 2021	SFY 2022
Target/Outcome Measure	Decrease by 5% (808 fewer)	Decrease by 5% (768 fewer) Previous methodology was looking at # of unhoused.	Increase in # receiving supportive housing services (changed methodology in FY22)
Results	67,604	59,246	7,353 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 that will impact this outcome measure.

Priority #: 9

Priority Area: Increase the number of adults receiving outpatient substance use disorder treatment, including those prescribed medications for opioid use disorder (MOUD)

Priority Type: Substance Use Treatment (SUT)

Population(s): Pregnant Women and Women with Dependent Children (PWWDC), Pregnant and Parenting individuals (PP), Persons who Inject Drugs (PWID), Tuberculosis (TB)

Goal of the priority area:

Increase the number of adults receiving outpatient SUD treatment including adults who receive medications for the treatment of opioid use disorder (e.g., Methadone, Buprenorphine, and/or Naltrexone).

Objective:

- Require the Behavioral Health – Administrative Services Organizations (BH-ASOs) to improve and enhance available SUD outpatient services to adults.

Strategies to attain the objective:

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

Annual Performance Indicators to Measure Goal Success

Indicator #: 1

Indicator: Increase outpatient SUD and access to Medications for Opioid Use Disorder (MOUD) for adults in need of SUD treatment

Baseline Measurement: SFY22: 41,825; SFY 2020 Percent of Medicaid enrollees with OUD accessing Medications for Opioid Use Disorder: All MOUD 39.2%, Buprenorphine/Bup-Naloxone 24.5%, Methadone 14.3%, Naltrexone 1.5%

First-year target/outcome measurement: Increase the number of adults with SUD receiving treatment in SFY24 to 47,875. Percent of Medicaid enrollees with OUD accessing Medications for Opioid Use Disorder: All MOUD 45%, Buprenorphine/Bup-Naloxone 27%, Methadone 16%, Naltrexone 2%

Second-year target/outcome measurement: Increase the number of adults with SUD receiving treatment in SFY25 to 48,888. Percent of Medicaid enrollees with OUD accessing Medications for Opioid Use Disorder: All MOUD 45%, Buprenorphine/Bup-Naloxone 27%, Methadone 16%, Naltrexone 2%

	SFY 2020 (General Adult Population)	SFY 2021 (General Adult Population)	SFY 2022 (General Adult Population)
Target/Outcome Measure	47,875	48,888	47,875
Results	40,293	31,777	41,825

SFY 2020 Q4 (All Medicaid Enrollees)	All MOUD	Buprenorphine/Bup-Naloxone	Methadone	Naltrexone
Baseline Measurement	39.2%	24.5%	14.3%	1.5%
Target Results SFY25	45%	27%	16%	2%

Data Source:

The number of adults receiving SUD outpatient services and MOUD 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 and/or receiving MOUD 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 Individuals

Priority Type: Substance Use Treatment (SUT)

Population(s): Pregnant and Parenting Individuals (PPI)

Goal of the priority area:

Increase the number of Pregnant and Parenting Individuals (PPI) clients receiving case management services

Objective:

- Improve the health of pregnant and parenting individuals and their children and help them maintain their recovery.

Strategies to attain the objective:

- Increase access to case management services

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: SFY 2022, the total contracted number of Pregnant and Parenting Individuals (PPI) clients receiving PCAP case management services was 1,490 (an increase of 81 individuals served).

First-year target/outcome measurement: SFY 2024 - Increase the number of Pregnant and Parenting Individuals (PPI) clients receiving PCAP case management services by 56 individuals served, totaling to a maximum contracted amount of 1,546 individuals served statewide.

Second-year target/outcome measurement: SFY 2025 - 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 Washington ADAI for monthly reporting.

Data issues/caveats that affect outcome measures:

If funding is reduced for any reason, the number of sites/clients served may decrease.

Priority #: 11

Priority Area: Tuberculosis Screening

Priority Type: Substance Use Treatment (SUT), Mental Health Services (MHS)

Population(s): Tuberculosis (TB)

Goal of the priority area:

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

Objective:

- Ensure TB screening is provided for all SUD treatment services.

Strategies to attain the objective:

- 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, 2022, Tuberculosis screening and education is a continued required element in the BH-ASO contract for SUD treatment services.

First-year target/outcome measurement: For SFY 2024, ensure TB screening plans continue to be in contract with each of the ten BH-ASOs.

Second-year target/outcome measurement: For SFY 2025, review TB screening plans prior to the 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

Priority #: 12

Priority Area: Workforce Innovation

Priority Type: Substance Use Prevention (SUP), Substance Use Treatment (SUT), Substance Use Recovery (SUR), Mental Health Services (MHS), Early Serious Mental Illness (ESMI), Behavioral Health Crisis Services (BHCS)

Population(s): Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), Early Serious Mental Illness (ESMI), Behavioral Health Crisis Services (BHCS), Pregnant Women and Women with Dependent Children (PWWDC), Pregnant and Parenting individuals (PP), Persons who Inject Drugs (PWID), Tuberculosis (TB)

Goal of the priority area:

Workforce education and training supports

Objective:

- To support awareness of and interest in behavioral health careers and ongoing training and education.

Strategies to attain the objective:

- Behavioral health recruitment and retention campaign
 - Engaging audiences through passion, opportunity and connection to what they love about behavioral health career opportunities through an outreach and education campaign to the residents of Washington state. www.startyourpath.org

- Including toolkits and resources for supervisors and provider education.
- Continuing education and trainings for workforce
 - Peer certification trainings
 - Peer wellness coach and train the trainer trainings
 - Wellness recovery action plan trainings and facilitator trainings
 - Peer crisis certification trainings
 - Envisioning family leadership academy
 - Relevant conferences with continuing education credits
 - Wraparound with intensive services SMI/SED workforce development trainings
 - WAADAC Workforce Summit
 - First Episode Psychosis community education for early intervention
 - First Episode Psychosis new journeys learning event
 - Designated Crisis Responder trainings
 - Prevention fellowship and apprenticeship programs
 - Prevention Training Series:
 - Community Anti-Drug Coalitions of America Boot Camp
 - Substance Abuse Prevention Skills Training
 - Community Prevention Wellness Initiative Training Series
 - Health Equity Prevention Services and Training
 - Tele-behavioral health training series
 - Training Behavioral Health Agency staff to effectively treat mental health conditions for youth that are Autism Spectrum Disorder and Intellectual and Developmental Disabilities
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Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Monitor campaign landing page traffic, stakeholder feedback, continuing education and training review for content relevance.

Baseline Measurement:

StartYourPath.org Campaign state fiscal year 2023 workforce campaign there were:

- 19,252,281 Impressions
- 1,758,716 Views
- 191,494 Landing page sessions

First-year target/outcome measurement: Maintain or increase baseline metrics

- 19,252,281 Impressions
- 1,758,716 Views
- 191,494 Landing page sessions

Second-year target/outcome measurement: Maintain or increase baseline metrics

- 19,252,281 Impressions
- 1,758,716 Views
- 191,494 Landing page sessions

Data Source:

Contractor Reporting

Description of Data:

Campaign impressions and training / conference review metrics

Data issues/caveats that affect outcome measures:

None

Priority 13

Priority Area: Increasing access to Behavioral Health Crisis Services (BHCS) through expansion of voluntary mobile crisis services.

Priority Type: Behavioral Health Crisis Services (BHCS), Substance Use Treatment (SUT), Substance Use Recovery (SUR), Mental Health Services (MHS)

Population(s): Serious Mental Illness (SMI), Serious Emotional Disturbances (SED), Behavioral Health Crisis Services (BHCS), Pregnant Women and Women with Dependent Children (PWWDC), Pregnant and Parenting individuals (PP), Persons who Inject Drugs (PWID), Tuberculosis (TB)

Goal of the priority area: Increase access to BHCS and improve outcomes for people receiving these services by expanding mobile crisis services. With the designation and routing of 988, the State of Washington has been implementing SAMHSA's best practice toolkit with a focus on expanding mobile crisis services. This started in 2021 with new legislation and funding for more mobile crisis services. These efforts are ongoing.

Objective:

- Expand mobile crisis services
- Reduce unnecessary use of first responders and emergency departments
- Improve outcomes for those in crisis by providing ongoing stabilization services

Strategies to attain the objective:

- Increase the number of mobile crisis teams
- Increase access to stabilization services by improving capacity of teams to provide these services.

Annual Performance Indicators to Measure Goal Success

Indicator #: 1

Indicator: Maintain and increase number of mobile crisis providers in the state.

Baseline Measurement: 42 teams statewide

First-year target/outcome measurement: Maintain current statewide number of mobile crisis providers at 42 teams.

Second-year target/outcome measurement: Increase the statewide number of mobile crisis providers by at least 6 new teams, for a total of 48 teams statewide.

Data Source: Report on current number of teams and FTE from BH-ASOs

Description of Data: Data is collected from BH-ASOs through surveys of providers with mobile crisis teams about current FTEs, number of openings, and basic coverage ability.

Data issues/caveats that affect outcome measures: Workforce challenges, limited ability to predict demand for new and emerging services, and data collection issues.

Priority 14

Priority Area: Increase the number of adults receiving opioid use disorder treatment, support during recovery from OUD, and tools necessary to reduce deaths resulting from opioid overdose and poisoning.

Priority Type: Substance Use Treatment (SUT), Substance Use Recovery (SUR)

Population(s): Pregnant Women and Women with Dependent Children (PWWDC), Pregnant and Parenting Individuals (PP), Persons who Inject Drugs (PWID)

Goal of the priority area: Increase accessibility of treatment for individuals experiencing opioid use disorder; support individuals in recovery from opioid use disorder; reduce the harms associated with opioid use and misuse.

Objective:

- Increase the use of naloxone to prevent deaths from opioid overdose.
- Increase opportunities for incarcerated individuals to receive OUD assessment, OUD medication, sustained treatment throughout incarceration, and connection to continue treatment upon release or transfer.
- Provide behavioral health services to individuals who are at risk of arrest or have been involved in the criminal legal system due to unmet behavioral health needs.
- OUD treatment penetration.

Strategies to attain the objective:

- Partner with syringe exchange programs, local agencies, physical health settings, and emergency services to equip lay responders and professionals with overdose response training and naloxone.

- Partner with the University of Washington Addiction, Drug and Alcohol Institute (UW ADAl) to provide training and technical assistance to participating jails to increase the number of incarcerated individuals assessed for OUD, newly prescribed buprenorphine or naltrexone, or continuing treatment for individuals taking MOUD upon booking.
- Improve communication and coordination with referring partners to increase the number of individuals receiving services from the Recovery Navigator Program (RNP) and Law Enforcement Assisted Diversion (LEAD) program.
- Treatment penetration rates

Annual Performance Indicators to Measure Goal Success

Indicator #: 1

Indicator: Increase the number of naloxone kits distributed, individuals trained on naloxone administration, and reported overdose reversals with program kits.

Baseline Measurement: WA-PDO grant: Between August 31, 2021 and August 30, 2022, 12,494 naloxone kits were distributed, 2,721 individuals were trained on naloxone administration, and 1,957 overdose reversals using program kits were reported. SABG grant: Between October 21, 2021 and September 30, 2022, 31,020 naloxone kits were distributed, 14,129 individuals were trained on naloxone administration, and 5,599 overdose reversals using program kits were reported.

First-year target/outcome measurement: Increase baseline by 50% to 65,271 Naloxone kits distributed.

Second-year target/outcome measurement: Increase baseline by 75% to 76,149 Naloxone kits distributed.

Data Source: Department of Health, Office of Education and Naloxone Distribution (OEND)

Description of Data: The data includes the number of naloxone kits distributed through OEND with support provided by DOH and HCA. Targets include estimations based on all funding sources, both state and federal.

Data issues/caveats that affect outcome measures: FY 25 targets could be affected, either increased or decreased, based on legislative appropriations in the 2024 Supplemental budget.

Indicator #: 2

Indicator: Increase the number of incarcerated people newly prescribed buprenorphine or naltrexone and the number of incarcerated people continuing treatment who were taking MOUD upon booking.

Baseline Measurement: Estimates for SFY23: 3,030 incarcerated individuals newly prescribed buprenorphine or naltrexone; 880 incarcerated individuals continuing MOUD treatment.

First-year target/outcome measurement: Increase the number of incarcerated individuals newly prescribed buprenorphine or naltrexone in SFY24 to 3,180. Increase the number of incarcerated individuals continuing MOUD treatment after booking to 920.

Second-year target/outcome measurement: Increase the number of incarcerated individuals newly prescribed buprenorphine or naltrexone in SFY24 to 3,260. Increase the number of incarcerated individuals continuing MOUD treatment after booking in SFY24 to 943.

Data Source: Programmatic data collected by 19 MOUD in jail programs throughout the state.

Description of Data: Data collected includes the number of people incarcerated among the 19 programs who are inducted on buprenorphine; and The number of people incarcerated among the 19 programs who were continued on MOUD upon booking.

Data issues/caveats that affect outcome measures: FY 25 targets could increase or decrease based on whether or not funding level are changes in the 2024 Supplemental Budget.

Indicator #: 3

Indicator: Increase the total number of referrals, follow-ups, and outreaches in the Recovery Navigator Program.

Baseline Measurement: SFY22: 4,603 referrals, 213 follow-ups, and 3,697 outreaches.

First-year target/outcome measurement: Increase the total number of referrals into the RNP in SFY24 by 100% to 9,206;

Increase the total number of follow-ups by 100% in SFY2024 to 426; increase the total number of outreaches by 100% in SFY2024 to 7,394

Second-year target/outcome measurement: Maintain the total number of referrals into the RNP in SFY2025 at 9,206

Maintain the total number of follow-ups in SFY2025 at 426

Maintain the total number of outreaches in SFY2025 at 7,394.

Data Source: Recovery Navigators quarterly data submissions.

Description of Data: SFY22 is an unduplicated count of adults referred to, followed up with, or otherwise contacted by Recovery Navigators between July 1, 2021 and June 30, 2022.

Data issues/caveats that affect outcome measures: N/A

Indicator #: 4

Indicator: Increase opioid use disorder treatment penetration rates.

Baseline Measurement: SFY19: 52,471 Medicaid beneficiaries had a treatment need, 55% of whom received treatment.

First-year target/outcome measurement: Increase the percentage of Medicaid beneficiaries receiving needed treatment for OUD in SFY24 to 60%.

Second-year target/outcome measurement: Increase the percentage of Medicaid beneficiaries receiving needed treatment for OUD in SFY25 to 65%.

Data Source: Washington State conducted, retrospective (by year), a cross-sectional analyses of Washington State SUD/ODU administrative data to produce a Current State Assessment of the state of SUD/ODU treatment penetration, among other things. All data were drawn from the Department of Social and Health Service's Integrated Client Database (ICDB). The ICDB contains data from several administrative data systems, including the state's ProviderOne data system that contains Medicaid claims and encounter data.

Description of Data: The population of focus was Medicaid beneficiaries (ages 13-64 years) with behavioral health diagnoses. Medicaid beneficiaries with a non-Medicaid primary health care coverage (also referred to as third-party liability) and those who are dually enrolled in Medicaid and Medicare were excluded from the analyses, as complete health care utilization information may not be available for these individuals. Analyses were further restricted to individuals who met minimum Medicaid enrollment criteria (11 out of 12 months in the measurement year) to meet eligibility requirements for the treatment penetration rate metrics. Medicaid beneficiaries with a SUD or OUD diagnosis are the primary focus of the Current State Assessment.

Data issues/caveats that affect outcome measures: Current data available only shows FY17 through FY 19. 2019 is the last "non covid" year for which we have data. This analysis is currently being updated with data through FY 2022. This data could reveal unknown changes in treatment penetration that may be caused by the Covid 19 pandemic. This analysis will be available later this year. Once available targets for this indicator may need to be revised.