STATE OF WASHINGTON
HEALTH CARE AUTHORITY
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July 7, 2025

Dear Behavioral Health Advisory Council:

Thank you for your thoughtful and comprehensive recommendations on the Block Grant Priorities for the combined 2026-2027 Substance Abuse, Prevention, Treatment and Recovery Services and Mental Health Block Grant Application. Your recommendations provide invaluable insight into behavioral health needs within our state through the multiple lenses of individuals with lived experience, state agency partners and providers.

General Recommendations

Behavioral Health System:
Thank you for your recommendation to move behavioral health services to a single system to reduce the number of current entities providing services within the state. We will continue to explore ways to improve and look for innovative solutions to the current complex healthcare system within Washington State.

Workforce:
We agree that workforce development in behavioral health continues to be a significant challenge within the state, causing barriers to care, especially in underserved communities. We will continue to explore using more technologies to increase access to care, especially those in more rural and isolated communities. We also continue to examine ways to decrease the administrative burden on providers. One way we are doing that currently is by increasing the de minimis rate within our Substance Abuse and Mental Health Services Administration (SAMHSA) federally funded contracts from ten percent to fifteen percent for administrative costs.

Data:
We continue to study ways to improve data collection systems to increase data integrity and help reduce administrative burdens. We will also review current data collection strategies for the block grant priorities to determine if strategies reflect the needs of our state and support achievement of priority objectives. It is a federal SAMHSA requirement that these priorities reflect quantitative data to report measurable outcomes. HCA acknowledges the need for qualitative research on barriers and access to care and will continue to seek qualitative data where possible, while keeping in mind administrative burdens on the workforce.

Access:
The Health Care Authority (HCA) will continue to explore ways technology can be utilized to reach rural and underserved communities and review how further incorporation of peer services and transportation options for individuals seeking services can be implemented. Currently HCA offers some flexible funding through our Recovery Support Programs that can help with things

like transportation and car repairs, and in some cases, Peers are able to provide supportive transportation activities like commuting partnerships etc.

Questions:

Priority 2:

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

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.

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 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).

- 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.

Question: Some school districts are not participating in the healthy youth survey. Is there a geographical pattern for districts not participating and if there is, how does that affect the objectives?

HCA Response: The Healthy Youth Survey is optional, though all Washington counties chose to participate in 2023, consistent with prior cycles. The HCA in partnership with the Department of Health (DOH), Liquor Control Board (LCB), and Office of Superintendent of Public Instruction (OSPI) support school district engagement through technical assistance, outreach, engagement, and education. We continue to do outreach to the non-participating schools in the hope that they will participate in the future. We also use survey weights to ensure objectives are based on data that are representative of the state. Barring any significant changes to participation, we do not anticipate non-participating school districts will affect the state objectives.

Priority 3:

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

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 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.

- 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.

Question: Why is there such a difference in target numbers of 1,900 for this priority, but Priority 5 is 76,941?

HCA Response: Priority 3 and Priority 5 meet different needs, serving different populations with different treatments and services. Additionally, the data is measured and collected in different ways between mental health and substance use disorder treatment.

Priority 4:

Priority Area: Increase the number of SUD Certified Peers.

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 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
- 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, including services for AI/AN Tribal communities, 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.

Question: Will Certified Peer Support Specialists be included in this data going forward?

HCA Response: Yes, Certified Peer Support Specialists, name changed effective July 27, 2025, will be included in the data going forward.

Question: Is there data collected for the last two strategies regarding diversity, equity and inclusion and measuring number of BIPOC and BIPOC Peer organizations?

HCA Response: Yes, we are collecting demographic data for DEI and have increased the number of training organizations who are BIPOC led, trainers who identify as BIPOC or from marginalized communities, as well as partnered with the Office of Tribal Affairs on getting feedback on the curriculum and dedicating funding specifically for tribal focused trainings.

We have also been working with IT to enhance/improve data collection through the database.

Priority 5:

Priority Area: Maintain outpatient mental health services for youth with 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 goal:

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

Question: Do the metrics for this priority include non-Medicaid individuals?

HCA Response: Yes, this includes non-Medicaid individuals.

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.

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.

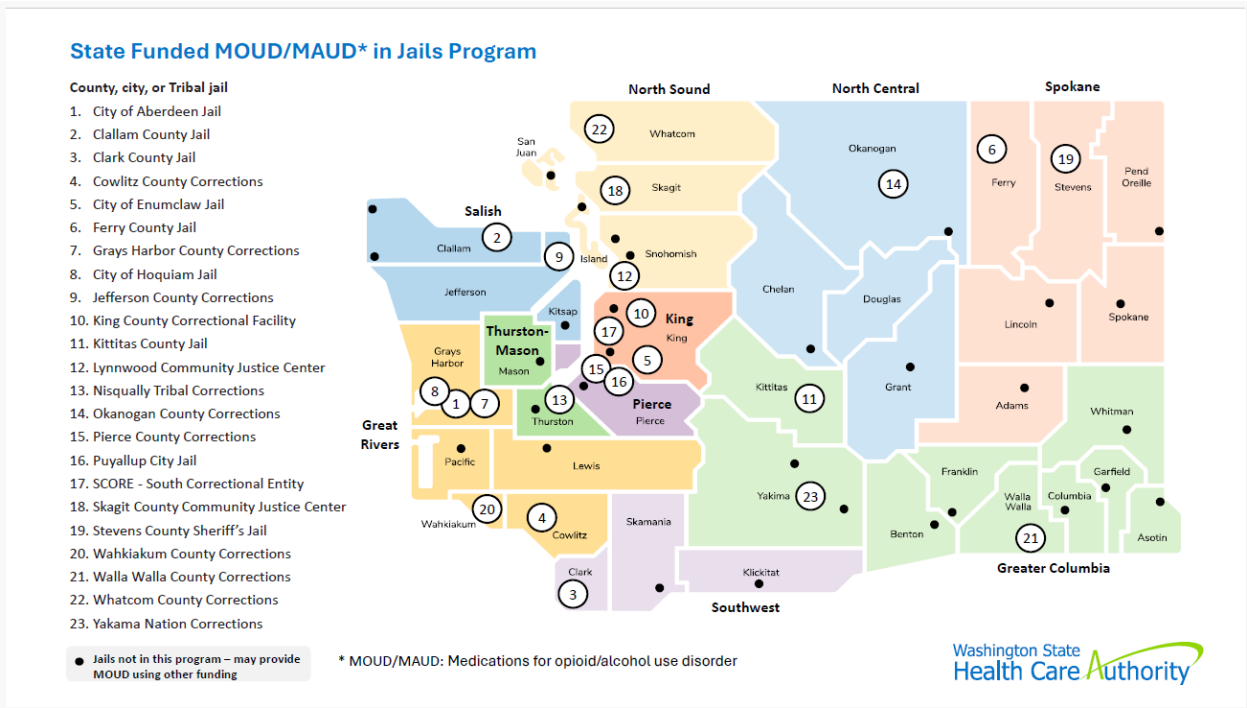
- Provide behavioral health services to individuals who are at risk of arrest or have been involved in the criminal legal system due to unmet behavioral health needs.
- OUD treatment penetration.

Strategies to attain the goal:

- 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 ADAI) 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.

Question: For opioid use disorder treatment in jails, were these distributed in rural and urban jails?

HCA Response: HCA's state funded MOUD/MAUD in jails program has 19 contracts supporting 23 carceral facilities in Washington state. The program supports a comprehensive treatment program for incarcerated individuals with opioid use disorder (OUD) and alcohol use disorder (AUD), beginning with screening upon entry and ending with seamless transition to the care in the community, with use of medications for opioid use disorder (MOUD) and medications for alcohol use disorder (MAUD) at its core. Below is a map listing all current locations:



Thank you again for your recommendations on the Block Grant Priorities. Should you have any questions or additional concerns, please contact Nathan Lusk, Behavioral Health Advisory Council Coordinator, via email nathan.lusk@hca.wa.gov.

Sincerely,

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By email

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