II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

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)

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.
• Deliver Evidenced-based Prevention Programs and Strategies according to approved strategic plans.
• Deliver direct prevention services.
• Deliver community-based prevention services (Environmental).
Provide statewide Workforce Development Training to build capacity for service delivery.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Reduce substance use/misuse

Baseline Measurement: 17,302 unduplicated direct services provided

First-year target/outcome measurement: Maintain number prevention programs and participants from SFY16 of 17,302 unduplicated direct services

Second-year target/outcome measurement: Increase service capacity and maintain the number of prevention program delivered to participants receiving services

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Washington's Management Information Service (SUD Prevention and MH Promotion Online Reporting System): used to report SABG performance indicators.
Washington State Healthy Youth Survey (HYS): used to report 30 day use biannually.
Washington State Young Adult Health Survey (YAHS): used to report young adult (Ages 18-25) substance use/misuse.

New Data Source*(if needed)*:

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.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

DBHR is implementing a new Management Information System (MIS), the Substance Use Disorder Prevention and Mental Health Promotion MIS. During the time that prevention providers are transitioning to this new system, data quality may be negatively affected as users learn the data entry requirements and as DBHR works with users to identify and correct errors in data entry. Additionally, outcomes measures may be negatively affected due to data quality concerns and during the process by which DBHR works with its vendor to build system features specific to WA state as well as to define, test, and improve system enhancements.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

This goal was not fully achieved. Based on our analysis of SFY 2017 (July 1, 2016 – June 30, 2017) service data, we find that 15,711 unduplicated direct prevention services supported by the SABG were provided, which is below our baseline measurement of 17,302 unduplicated direct prevention services SFY 2016 data [July 1, 2015 – June 30, 2016)].

Explanation

DBHR has implemented a new Management Information System (MIS), the Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (the Prevention MIS). Prevention contractors reported into the previous system between July 1, 2016 – October 31, 2016 and began using the new system on November 1, 2016.

We attribute some underreporting to this transition. Contractors were tasked with learning a new Prevention MIS while program implementation was already underway. During this transition, DBHR provided training and technical assistance to increase system users' capacity of the new Prevention MIS. However, we acknowledge that this was a challenging period for contractors. Not all contractors successfully completed the transition to the new Prevention MIS before the end of calendar year 2016 and for others, while they did begin using the new system, they faced difficulties adapting to new features.

To address these challenges, DBHR continues to provide regional, in-person Trainings and Data Entry Clinics as well as weekly Technical Assistance calls with contractors. DBHR contract managers monitor data entry and work with contractors to identify opportunities for additional training and technical assistance with the goal of increasing system users' capacity with the Prevention MIS.

Additionally, during the same transition period, the system build was on-going. Despite DBHR's best effort to launch a fully operational system, reporting features for one-on-one services (such as mentoring) and for population reach activities became available at different times, meaning data entry for services of these types are incomplete for part of calendar year 2016. As of May 2017, DBHR considers the Prevention MIS as stable meaning all baseline reporting features were delivered.

Data quality will continue to be negatively affected as we work to identify and correct errors in data entry. Using reports available in the Prevention MIS itself (developed by the vendor based on requirements created by DBHR), DBHR staff help providers identify data entry errors and work with providers to correct them in a timely manner. Additionally, using reports developed by DBHR staff using data extracts from the system, we are engaging in a series of data validation activities. Through a three-step process, DBHR staff review data extracts and provide status reports to the two DBHR staff with responsibility for oversight of the Prevention MIS and prevention services. Then, these staff members review responses and identify further actions needed by DBHR contract managers or by providers themselves. Once these reviews are complete, DBHR contract managers or providers will complete needed corrections.

DBHR would also like to note that as we focus more on community-based processes and environmental strategies, this may lead to fewer direct services. Based on this DBHR may consider revising its goal to reflect these changes in how prevention services are provided in Washington State.

How first year target was achieved *(optional)*:

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Current data reflects a total of 19,699 participants receiving prevention program services to reduce underage and young adult substance use/misuse.

HCA successfully achieved this goal through Tribal, community coalitions, and community based organization prevention providers supporting the needs in their community.

Priority #: 2

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

Priority Type: SAT

Population(s): 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)

Goal of the priority area:

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

Strategies to attain the goal:

Explore new mechanism and protocols for case management and continue using Performance Based Contracts to improve access to outpatient services for youth.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase youth outpatient SUD treatment services

Baseline Measurement: Calendar year 2016: 3,588 youth received SUD outpatient treatment services

First-year target/outcome measurement: Increase the number of youth receiving SUD outpatient treatment services in SFY18 to 3,688

Second-year target/outcome measurement: Increase the number of youth receiving SUD outpatient treatment services in SFY19 to 3,788

New Second-year target/outcome measurement *(if needed)*:

Data Source:

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

New Data Source *(if needed)*:

Description of Data:

The calendar year 2016 data is an unduplicated count of youth (persons under 18 years of age) served in publically-funded SUD outpatient treatment between January 1, 2016, and December 31, 2016.

New Description of Data: *(if needed)*

Data issues/caveats that affect outcome measures:

DBHR combined behavioral health services coverage which has caused data reporting challenges because of the way data was collected in the past changed. Indian Health Care Providers have to enter data into multiple systems which can be burdensome.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
The number of youth receiving SUD outpatient treatment in SFY18 had decreased by 5% to 3,426, therefore not achieving our first year target goal of serving 3,688 youth. With the launch of a new data system, as well as the having the landscape of our behavioral health delivery system evolve, may have been contributing factors to the decrease in numbers. Data received and reflected here is from regions with Behavioral Health Organizations, as well as managed care entities, however, we recognize that with the restructuring of our system, this may only be a subset of services provided.

As we continue to move toward fully integrated managed care, having behavioral health organizations dissolve or transform into behavioral health administrative services organizations (BH-ASOs), each region experiencing this change may have less of a close relationship and hand in ensuring quality SUD provider data is uploaded and "clean". This may hinder our ability to obtain our second-year target. Our Research and Data Analysis Administration is working diligently to determine how best to fully capture and receive data from all regions, specifically from managed care entities. As this improves, we anticipate seeing an increase in youth being served in an outpatient SUD treatment setting.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

The number of youth receiving SUD outpatient treatment in SFY19 had decreased by 13% to 3,029, not achieving our target goal of serving 3,788 youth.

Integration continues, as of January 2020 all regions will be fully integrated into managed care. We continue to address data collection needs within our corrective action plan and recognize that current data being reported is not fully capturing the actual service count.

The majority of youth receiving services have both SUD and mental health needs. Our delivery system recognizes this and many providers are making the shift toward providing behavioral health care and co-occurring treatment services in one location. We also recognize the importance of school based behavioral health care and how vital it is for schools to have established relationships with community providers.

How second year target was achieved *(optional)*:

Priority #: 3

Priority Area: Increase the number of adults with 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)

Goal of the priority area:

Increase the number of adults with SMI accessing mental health outpatient services.

Strategies to attain the goal:

Convene Medicaid enrollment workgroup to determine best practices for enrollment at point of first contact. Gather data and resources regarding how potential consumers are identified.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase mental health outpatient services for adults with SMI

Baseline Measurement: Calendar Year 2016: 124,887 adults with SMI received mental health outpatient services

First-year target/outcome measurement: Increase the number of adults with SMI in SFY18 to 125,347

Second-year target/outcome measurement: Increase the number of adults with SMI in SFY19 to 125,807

New Second-year target/outcome measurement*(if needed)*:

Data Source:

The number of adults with SMI receiving MH outpatient treatment services is tracked using the Behavioral Health Administration (BHA) Behavioral Health Data System (BHDS).

New Data Source*(if needed)*:

Description of Data:

Calendar year 2016 clients served is an unduplicated count of adults with SMI (persons 18 years of age and older) served in publically-funded mental health outpatient programs between January 1, 2016 and December 31, 2016.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

DBHR combined behavioral health services coverage which has caused data reporting challenges because the way in which data was collected in the past changed.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
Currently available data shows 107,823 SMI individuals who are receiving services.

Because we are not able to fully capture data statewide in every region, this may impact our ability to meet the second-year outcomes.

HCA has a Corrective Action Plan with SAMHSA to create a data system that fully captures data in all regions, specifically from managed care entities. As this improves, we anticipate seeing an increase in adults with SMI being served in an outpatient mental health setting.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

Current data reflects a total of 75,268 adults with SMI who received mental health outpatient treatment, however these numbers are not reflective of actual service counts due to incomplete data, which will be updated as soon as it is available.

Integration continues, as of January 2020 all regions will be fully integrated into managed care. We continue to address data collection needs within our corrective action plan and recognize that current data being reported is not fully capturing the actual service count.

How second year target was achieved *(optional)*:

Priority #: 4

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

Priority Type: SAT

Population(s): PWWDC, TB, Other (LGBTQ, Criminal/Juvenile Justice, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

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 mechanism and protocols for case management and continue using Performance Based Contract 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: Calendar Year 2016: 34,889

First-year target/outcome measurement: Increase the number of adults in SFY18 to 35,912

Second-year target/outcome measurement: Increase the number of adults in SFY19 to 36,925

New Second-year target/outcome measurement*(if needed)*:

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

In calendar year 2016 is an unduplicated count of adults (persons 18 years of age and older) served in publically-funded SUD outpatient treatment between January 1, 2016 and December 31, 2016.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

DBHR combined behavioral health services coverage which has caused data reporting challenges because the way in which data has been collected in the past changed. Indian Health Care Providers have to enter into multiple systems which can be burdensome.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

We achieved this goal by increasing clients served in calendar year 2017 to 46,151. Pregnant and Parenting Women separately for calendar year 2017 was reported at 10,412.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Current data reflects a total of 47,849 adults who received outpatient SUD treatment.

The opiate crisis has brought Substance Use Disorders to the forefront, allowing us to focus resources and increase the number of adults receiving SUD treatment services.

Priority #: 5

Priority Area: Maintain Government to Government relationships with Tribal Governments

Priority Type: SAP, SAT

Population(s): PWWDC, PP, TB, Other (Underserved Racial and Ethnic Minorities)

Goal of the priority area:

Adhere to the Washington State Centennial Accord and DSHS Administrative Policy 7.01 which directs DSHS Administrations to communicate, collaborate, and formally consult with the 29 Federally Recognized Tribes when funding and policy changes will have an impact on Tribal Governments, Urban Indian Health Programs, Recognized American Indian Organizations, and individual American Indians/Alaska Natives. By extension of the Accord and Policy, DBHR gives all 29 Tribes the opportunity to apply for block grant funding to help bolster prevention and treatment services within their tribal communities.

Strategies to attain the goal:

• Each tribe is required complete a Tribal Plan and budget that indicates how the funding will be expended on approved SUD prevention or treatment activities, and DBHR must approve each plan and each update to a Tribal Plan,
• Each tribe must submit quarterly expenditure reports to DBHR.
• Each tribe must input 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.
• DBHR will work in good faith with the Tribes and Urban Indian Health Programs to streamline the data reporting process in the future.
• Each tribe must submit 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.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Maintain treatment and prevention to American Indian/Alaska Natives

Baseline Measurement: Prevention 471; Treatment 532

First-year target/outcome measurement: Prevention 471; Treatment 532

Second-year target/outcome measurement: Prevention 471; Treatment 532

New Second-year target/outcome measurement*(if needed)*:

Data Source:

The Substance Use Disorder Prevention and Mental Health Promotion MIS and TARGET for treatment counts.

New Data Source*(if needed)*:

Description of Data:

The number of unduplicated participants in SUD prevention and the total number of clients who received treatment services in SFY2016.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Indian Health Care Providers have to enter into multiple systems which is burdensome.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
To honor Tribal sovereignty and self-determination DBHR supports the development and implementation of culturally appropriate prevention strategies. Tribes implement projects such as canoe journey, healing of the Canoe, prevention community awareness activities, culturally appropriate media campaigns, regalia making, drumming circles, Gathering of Native Americans, and much more.

For prevention services, the unduplicated counts are down and the goal was unmet, however single services counts are significantly up from 665 in FY 16 and 14,354 in FY 17. We suggest that we provide additional emphasis on the increase number in single service participants. Due to our states commitment to work with sovereign nations, we have made adaptations and considerations of data collection of these nations that is appropriate to our relationship and the requests of tribal partners.
In SFY 2017, Tribes reported (as aggregate or population reach) 14,354 participants. This increase can be due to similar factors listed above -- increased collaboration between Tribes and DBHR around reporting and increased Tribe capacity to use Minerva.

For treatment services, it is highly unlikely that we will maintain this original goal. When the goal was set, there were more tribes using the SABG for treatment services. With the expansion of Medicaid to cover treatment services and the increase capacity of Tribal governments in Medicaid billing, there have been many Tribes that have updated their plan to move this funding sources to pay for treatment services to prevention services. Overall, this would contribute to additional programming and individuals reached for prevention services and less funding used to support payment for prevention services.

How first year target was achieved *(optional)*:

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Current data reflects prevention services were provided to 1,092 clients and treatment services were provided to 2,228 clients.

Washington state continues to focus on prioritizing relationships with American Indians/Alaska Natives (AI/AN) and have changed the way AI/AN receive treatment. Medicaid enrollees who self-identify as AI/AN are exempt from the integration of behavioral health treatment services provided by managed care programs. They have freedom choice to select from the over than 350 providers across the state who have volunteered to provide services to this population at the established Medicaid rate. Currently there are over 60,000 AI/AN Medicaid enrollees who are receiving behavioral health services outside of a managed care plan.

Priority #: 6

Priority Area: Increase the number of consumers receiving recovery support services, including increasing employment services and decreasing homelessness for individuals with SMI, SED, and SUD

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC, TB, Other (Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

Goal of the priority area:

The Washington State Legislature directed Behavioral Health Administration to execute contracts that include performance measures to address shared outcomes in the following areas (SB5732 & HB1519, 2013):
- Improvement in client health status
- Increases in client participation in employment, education and meaningful activities
- Reduced client involvement in criminal justice systems and increased access to treatment for forensic patients
- Reduced avoidable use of hospital, emergency rooms and crisis services
- Increased housing stability in the community

• Improved client satisfaction with quality of life
• Decreased population level disparities in access to treatment and treatment outcomes
Measurements for this goal will include employment rate, homelessness rate and stable housing in the community. Number and percent of individuals with any earnings in the quarter of services, homelessness/housing instability using the broad measure of homelessness.

Strategies to attain the goal:

• Train 500 staff (behavioral health, housing and health care) through webinars or in-person training events on evidence-based practice supportive housing and supported employment models
• Assist 300 individuals exiting or at risk of entering inpatient behavioral health settings with housing supports
• Assist 300 individuals to obtain employment
• Assist 25 behavioral health agencies implement evidence-based practices permanent supportive housing and supported employment models

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase employment services

Baseline Measurement: 155,411

First-year target/outcome measurement: Increase employment by 5% in FY18

Second-year target/outcome measurement: Increase employment by 5% in FY19

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Washington State Employment Security Department (ESD)

New Data Source*(if needed)*:

Description of Data:

Includes all members with at least one quarter in the measurement year with positive earnings recorded in the ESD quarterly wage data. Note that ESD reported earnings data does not include self-employment, federal employment, or unreported earnings.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
Supportive Housing and Supported Employment Case Management services became a Medicaid billable service in January of 2018 with the launch of the Foundational Community Services 1115 waiver. Since then 90 providers have added either Supportive Housing, Supported Employment or both services to their book of business. These providers are located across the state with almost all of the state covered. The only area currently not covered are located in extremely rural parts of Washington and there is a targeted marketing effort to recruit additional providers. Almost 2000 individuals have become eligible for either Supportive Housing or Supported Employment benefit. Because of the construction of the new data system we have not been able to get accurate numbers at this time, but expect to have these by October of 2019.

How first year target was achieved *(optional)*:

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Based on data provided in the dashboard from the Research and Data Analysis department within DSHS, Employment Security is reporting 164,627 people were employed during the first quarter of 2019. Supported Employment services are being provided to

Medicaid clients through the Foundational Community Supports Program.

Indicator #: 2

Indicator: Decrease homelessness

Baseline Measurement: 54,159

First-year target/outcome measurement: Decrease by 5%

Second-year target/outcome measurement: Decrease by 5%

New Second-year target/outcome measurement*(if needed)*:

Data Source:

ACES (DSHS Medicaid Eligibility System), Homeless Management Information System (HMIS) and the Behavioral Health Data Systems

New Data Source*(if needed)*:

Description of Data:

Include all denominator-eligible members with at least one month with a living arrangement status of "Homeless with Housing", "Homeless without Housing", "Emergency Shelter" or "Battered Spouse Shelter" recorded in the ACES eligibility data system.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
Supportive Housing and Supported Employment Case Management services became a Medicaid billable service in January of 2018 with the launch of the Foundational Community Services 1115 waiver. Since then 90 providers have added either Supportive Housing, Supported Employment or both services to their book of business. These providers are located across the state with almost all of the state covered. The only area currently not covered are located in extremely rural parts of Washington and there is a targeted marketing effort to recruit additional providers. Almost 2000 individuals have become eligible for either Supportive Housing or Supported Employment benefit. Because of the construction of the new data system we have not been able to get accurate numbers at this time, but expect to have these by October of 2019.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

Current data reflects 60,539 people were reported as homeless in Washington state in 2019.

Washington State is currently experiencing a homeless crisis, due in large part to the increase in cost of rents while income increases are not keeping the same pace of growth. Our Foundational Community Supports Program is providing Supportive Housing services to Medicaid clients ages 18 and older who meet specific criteria and also assists in Supported Employment services. The link below provides further detail on the homeless crisis in Washington State.

http://www.commerce.wa.gov/wp-content/uploads/2017/01/hau-why-homelessness-increase-2017.pdf

How second year target was achieved *(optional)*:

Priority #: 7

Priority Area: Develop a peer support program for individuals with substance use disorders

Priority Type: SAT

Population(s): PWWDC, 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)

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:

• BHA/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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: SUD peer support program

Baseline Measurement: Currently, Washington does not have SUD peers

First-year target/outcome measurement: Develop a peer support program in SFY18 that would include 20 peers

Second-year target/outcome measurement: Increase the number of SUD peers in in SFY19 to 28 peers

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Monthly reports submitted to DBHR through the STR Peer Pathfinder project

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:
Funding for 28 FTEs were adding to our existing homeless outreach and engagement teams (PATH). Each PATH team hired two certified peer counselors to provide homeless outreach and engagement to individuals with suspected opioid use disorders. This outreach is being provided on the streets and in emergency rooms.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Washington State trained 157 individuals in the Peer Support program for Substance Use Disorders.

SUD Peer Services became a Medicaid reimbursable service in July 2019. Since then we continue to increase the number of peers certified to deliver SUD peer services.

Priority #: 8

Priority Area: Increase outpatient mental health services for youth with SED

Priority Type: MHS

Population(s): SED

Goal of the priority area:

The Division of Behavioral Health and Recovery (DBHR) uses MHBG funds to provide behavioral health services, including services not covered by Medicaid to Medicaid individuals and low income individuals, not eligible for other forms of funding (e.g. Medicaid). The primary goal is to increase community based behavioral health services to youth who are diagnosed with SED.

Strategies to attain the goal:

• Require BHOs 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 oupatient MH services to youth with SED

Baseline Measurement: Calendar year 2016: 50,451 youth with SED received services

First-year target/outcome measurement: Increase the number of youth with SED receiving outpatient services to 51,000

Second-year target/outcome measurement: Increase the number of youth with SED receiving outpatient services 51,450

New Second-year target/outcome measurement*(if needed)*:

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

Calendar year 2016 is an unduplicated count of youth with SED who under the age of 18 served in publically funded outpatient mental health programs from January 1, 2016 through December 31, 2016.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:
The number of youth with SED receiving mental health services in calendar year 2017 had decreased, falling below our 2016 baseline measurement of 50,541 by a percentage to 49,869 youth served. This moves us farther away from our first year target goal of treating 51,000 youth with SED in outpatient mental health programs. In analyzing this outcome, a large contributing factor is due to the data received and reflected here is from regions with Behavioral Health Organizations, as well as managed care entities, however, we recognize that with the restructuring of our system, this may only be a subset of services provided.
Because we are not able to fully capture data statewide in every region, this may impact our ability to meet the second-year outcomes. Our Research and Data Analysis Administration is working diligently to determine how best to fully capture and receive data in all regions, specifically from managed care entities. As this improves, we anticipate seeing an increase in youth with SED being served in an outpatient mental health setting.

How first year target was achieved *(optional)*:

Second Year Target: ☐ Achieved ☑ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

Current data reflects a total of 25,802 youth with SED who received mental health outpatient treatment, however these numbers are not reflective of actual service counts due to incomplete data, which will be updated as soon as it is available.

Integration continues, as of January 2020 all regions will be fully integrated into managed care. We continue to address data collection needs within our corrective action plan and recognize that current data being reported is not fully capturing the actual service count.

How second year target was achieved *(optional)*:

Priority #: 9

Priority Area: Pregnant and Parenting Women with Dependent Children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Increase the number of PPW clients receiving case management services

Strategies to attain the goal:

The ability to access case management services will improve the health for woman and their children and help them maintain their recovery.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Work with the Parent Child Assistance Program (PCAP) providers to ensure that women and their children have access to case management services

Baseline Measurement: From January 2016 to June 2016 the average number of PPW clients receiving case management services was 1,121

First-year target/outcome measurement: Increase the average number of PPW clients receiving case management services by 5%

Second-year target/outcome measurement: Maintain the number of PPW clients clients receiving case management services

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Contracts with PCAP providers.

New Data Source*(if needed)*:

Description of Data:

The contracts mandate that PCAP providers must submit the number of clients being served on their monthly invoices in order to be reimbursed.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

If funding is reduced by the Washington State Legislature, the number of sites may decrease resulting in less clients receiving case management services.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

The current number of clients receiving case management services is 1,285.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

It is required in contract that PCAP providers increase and maintain services across the state to a minimum of 1,409 clients at any given time.

Priority #: 10

Priority Area: Referral to Tuberculosis Services

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Tuberculosis (TB) services made available for all clients in residential substance use disorder treatment agencies.

Strategies to attain the goal:

Maintain contract language with the Behavioral Health Organizations that TB screenings be required for all patients in residential substance use disorder treatment agencies.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Documentation of screening and referrals in the patient records

Baseline Measurement: Behavioral Health Organizations (BHO) passed down this requirement through contracts with their providers.

First-year target/outcome measurement: BHOs conduct on-site reviews of their subcontractors at least 1 time during period of performance to verify the subcontractors are in compliance with their contract.

Second-year target/outcome measurement: BHOs conduct on-site reviews of their subcontractors at least 1 time during period of performance to verify the subcontractors are in compliance with their contract.

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Contracts with the BHOs.

New Data Source*(if needed)*:

Description of Data:

The BHOs must maintain records of monitoring activities in the BHOs subcontractor file and make them available upon review by DBHR.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

On-site visits verified that Tuberculosis information is noted in patient files.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

On-site visits verified that Tuberculosis information is noted in patient files.

Priority #: 11

Priority Area: Persons Who Inject Drugs

Priority Type: SAT

Population(s):

Goal of the priority area:

PWID will continue to receive priority access to substance use disorder treatment services.

Strategies to attain the goal:

Maintain contract language with the BHOs that PWID receive priority access to substance use disorder treatment services and outreach services.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: BHOs give priority access to substance use disorder treatment and outreach services to PWID

Baseline Measurement: BHOs pass down this requirement through contracts with their providers

First-year target/outcome measurement: BHOs conduct on-site reviews of their subcontractors at least 1 time during their period of performance to verify the subcontractors are in compliance with their contracts.

Second-year target/outcome measurement: BHOs conduct on-site reviews of their subcontractors at least 1 time during their period of performance to verify the subcontractors are in compliance with their contracts.

New Second-year target/outcome measurement*(if needed)*:

Data Source:

Contracts with BHOs

New Data Source*(if needed)*:

Description of Data:

The BHOs must maintain records of their monitoring activities in the BHOs subcontractor file and make them available upon review by DBHR.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

N/A

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional)*:

Priority continues to be given to pregnant women using intravenous drugs, as noted by on-site visits.

Second Year Target: ☑ Achieved ☐ Not Achieved *(if not achieved,explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional)*:

Priority continues to be given to pregnant women using intravenous drugs, as noted by on-site visits and in managed care contract language to providers.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes: