

Planning Tables

Table 1 Priority Areas and Annual Performance Indicators

Priority # 1 – Tribes

Priority Area: Collaborate with Washington State tribal governments, in a government-to-government manner implementing substance use disorder (SUD) prevention, treatment and recovery programs as they see fit, to address high disproportionate rates of SUD, overdoses and mental health (MH) disorders amongst American Indian and Alaska Native (AI/AN) individuals in WA state.

Priority Type: SUP- Substance Use Prevention, SUT - Substance Use Disorder Treatment, SUR - Substance Use Recovery, BHCS – Behavioral Health Crisis Services

Population(s): Behavioral Health Crisis Services (BHCS), American Indian/Alaska Native individuals who are Pregnant Women and Women with Dependent Children (PWWDC), AI/AN Persons who Inject Drugs (PWID), AI/AN individuals with Tuberculosis (TB), AI/AN Persons in need of substance use primary prevention (PP), AI/AN Persons in need of recovery support services from SUD (PRSUD)

Goal of the priority area:

The goal of this priority is to establish a government-to-government agreement with the tribes 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 SUPTRS dollars.

The Health Care Authority follows the RCW 43.376 and a communication and consultation policy which outlines the state regulations for Government-to-Government 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 Use Prevention, Treatment and Recovery Support Services Block Grant funding to help bolster prevention, treatment, overdose and recovery support services within their tribal communities.

Objective: Support to tribes to leverage these funding resources to prioritize their strategies as appropriate to their community to ensure appropriate care and the sovereign right for the tribes to decide how best to utilize these funds and tailor programs within their community.

- Work with each individual tribe to address specific needs to support prevention, treatment and recovery services for individuals with substance use disorder.
- Prevention: 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.
- Treatment: 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, and naloxone distribution.
- Recovery Support: 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.
- Opioid Response: 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, and recovery support services.

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, 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 services to American Indian/Alaska Natives.

Baseline Measurement: SUD Prevention – 39,373 total unduplicated and duplicate participants served by direct tribal prevention services provided during SFY24 (July 1, 2023 – June 30, 2024)

First-year target/outcome measurement: SFY26 (July 1, 2025 – June 30, 2026) SUD Prevention – Increase or maintain 51,714 total unduplicated and duplicate participants in direct services prevention programs

Second-year target/outcome measurement: SFY27 (July 1, 2026 – June 30, 2027) SUD Prevention – Increase or maintain 51,714 total unduplicated and duplicate 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 SUBG prevention performance indicators.

Description of Data:

As reported into Minerva by tribes, total number of AI/AN clients served between July 1, 2023 and June 30, 2024.

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.
- SUD Prevention numbers may include duplication of client counts due to tribes reporting number of people in attendance at events for each day.

Indicator #: 2

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

Baseline Measurement: SUD Treatment outpatient services - Individuals Served: 4,578 during SFY24 (July 1, 2023 – June 30, 2024)

First-year target/outcome measurement: SFY26 (July 1, 2025 – June 30, 2026) SUD Treatment outpatient services - Individuals Served: 3,355

Second-year target/outcome measurement: SFY27 (July 1, 2026 – June 30, 2027) SUD Treatment outpatient services- Individuals Served: 3,355

Data Source:

TARGET, or its successor, for treatment counts.

Description of Data:

As reported into TARGET by tribes, total number of AI/AN clients served between July 1, 2023 and June 30, 2024.

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.

Indicator #: 3

Indicator: Maintain Opioid Treatment Programs providing services to American Indian/Alaska Natives

Baseline Measurement: Opioid Treatment Programs (OTPs) within tribes: Ten OTPs, zero fixed site mini opioid treatment medication units and nine mobile units within tribes for SFY24 (July 1, 2023 – June 30, 2024).

First-year target/outcome measurement: SFY26 (July 1, 2025 – June 30, 2026) SUD MOUD – Increase tribal MOUD and OTPs to a total of eleven OTPs, one fixed site mini opioid treatment medication unit and ten mobile units available in tribal and non-tribal communities.

Second-year target/outcome measurement: SFY27 (July 1, 2026 – June 30, 2027) SUD MOUD – Increase tribal MOUD and OTPs to a total of twelve OTPs, two fixed site mini opioid treatment medication units and **eleven** mobile units available in tribal and non-tribal communities.

Data Source:

State Opioid Authority

Description of Data:

Number of Opioid Treatment Programs within tribes

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.

Indicator #: 4

Indicator: Develop tribal action plans with each tribe to utilize block grant funds to fill gaps in services to expand their existing SUD prevention, treatment, and recovery support services for their communities.

Baseline Measurement: 28 tribal plans completed with tribal governments for SFY25

First-year target/outcome measurement: SFY26 (July 1, 2025 – June 30, 2026) Maintain number of tribal plans completed with at least 28 tribal governments for SFY26

Second-year target/outcome measurement: SFY27 (July 1, 2026 – June 30, 2027) Maintain number of tribal plans completed with at least 28 tribal governments for SFY27

Data Source:

Government to Government tribal agreements.

Description of Data:

Government to Government tribal action plans on file.

Data issues/caveats that affect outcome measures:

None

Priority # 2 – Prevention

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

Priority Type: Substance Use Prevention (SUP)

Population(s): Persons in need of substance use primary prevention (PP)

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.

Objectives:

- Decrease the percentage of 10th graders who report using alcohol in the last 30 days.
- Prevent the increase in the percentage of 10th graders who report using cannabis in the last 30 days.
- Decrease the percentage of 10th graders who report using tobacco and vape products in the last 30 days.
- Decrease the percentage of 10th graders who report misusing/abusing painkillers in the past 30 days.
- Decrease the percentage of young adults who report using non-medical marijuana (cannabis).
- Decrease the percentage of young adults who report using alcohol in the last 30 days.

Item	2018	2021	2023	Target set in 2021; next update 2027
Alcohol 30-day use	18.5%	8.4%	9.1%	14.0%
Cannabis 30-day use	17.9%	7.2%	8.4%	9.0%
Tobacco 30-day use (excludes vape products)	7.9%	2.1%	4.4%	7.1%
Vape 30-day use	21.2%	7.6%	7.7%	19.1%
Painkiller in past 30 days to get high	3.6%	1.0%	1.6%	1.5%
Young adults non-medical cannabis past year	48.5%	51.2%	46.2%	48.5%
Young adult alcohol 30-day use	61.1%	56.9%	53.8%	51.2%

Note on Targets:

Targets were originally set in 2021; however, they are based on pre-pandemic 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 retained the targets based on 2018 data until we can verify new trends post-pandemic. We have included the 2021 and 2023 rates, which were both administered fully online, for surveillance. This will provide more complete information as we continue monitoring trends to separate the impact of methodologic changes from true changes in the outcomes. The targets for each item will be updated as part of the 2027 revision to the [Washington State Substance Use Disorder Prevention and Mental Health Promotion Five-Year Strategic Plan](#).

As with 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.

Strategies to attain the objective:

- Implement performance-based contracting with each prevention contractor.
- Adapt programs to address the unique needs of each tribe or community.
- Strategies to serve AI/AN communities with increased risk for SUD concerns through various prevention projects using leveraged resources.
- Deliver Evidence-based and Evidence-informed Prevention Programs and Strategies (EBPs) according to approved strategic plans.
- Refine definitions and processes for identifying EBPs to ensure EBPs are backed by sound theory and evidence.
- Deliver direct prevention services (All CSAP Strategies).
- Deliver community-based prevention services (Community-based process, Information Dissemination and Environmental strategies).
- Disseminate state level public education campaigns with toolkits for localized implementation.
- Provide statewide Workforce Development Training to build capacity for service delivery.
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- Maintain and increase direct service programs for young adults.
- Identify relevant risk/protective factors for young adult substance use, inventory available programs, and integrate review processes to identify EBPs for young adult populations.

Annual Performance Indicators to Measure Goal Success**Indicator #: 1**

Indicator: Reduce substance use/misuse

Baseline Measurement: Average of 13,596 unduplicated participants including coalition members and partners served by direct services provided during SFY 2024 (July 1, 2023 – June 30, 2024)

First-year target/outcome measurement: Maintain a minimum of 12,662 unduplicated participants in direct services prevention programs. SFY2026 – 7/1/2025-6/30/2026

Second-year target/outcome measurement: Maintain a minimum of 12,662 unduplicated participants in direct services prevention programs. SFY2027 - 7/1/2026-6/30/2027

Note: Targets are reduced from the baseline to account for reduced funding.

Data Source:

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

Description of Data:

SUPTRS performance indicators are used to measure Center for Substance Abuse Prevention Strategies and Institute of Medicine Categories for services provided annually. From the Washington State Healthy Youth Survey (HYS), 10th grade substance use among Washington youth is used to measure intermediate outcomes. From the 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:

Washington State transitioned prevention reporting system vendors in Fall 2021. Since that time, the system has been fully implemented and is now used statewide for all prevention data collection and reporting. Data integrity may still be affected by factors such as staff turnover, variation in provider capacity, and inconsistent interpretation of reporting guidance. DBHR continues to provide ongoing training, technical assistance, and system enhancements to support accurate, timely, and complete data entry. These efforts aim to minimize gaps or inconsistencies.

Priority # 3 – SUD Treatment Services

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

Priority Type: Substance Use Treatment (SUT)

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

Goal of the priority area:

Increase the treatment initiation and engagement rates among the number of youth and adults accessing substance use treatment outpatient services, including adults who receive medications for the treatment of opioid use disorder (e.g. Methadone and/or Buprenorphine).

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 and adults.
- Improve access and increase available SUT outpatient services for youths and adults.

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 a better continuum of care for youth and young people with SUT needs.
- 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 youth outpatient SUD treatment services

Baseline Measurement: During SFY24 (July 1, 2023 – June 30, 2024) 1,880 of Apple-Health enrolled youth received SUD treatment services.

First-year target/outcome measurement: Increase the number of Apple-Health enrolled youths receiving SUD outpatient treatment services in SFY26 (July 1, 2025 – June 30, 2026) to 1,800

Second-year target/outcome measurement: Maintain the number of youths receiving SUD outpatient treatment services in SFY27 (July 1, 2026 – June 30, 2027) to 1,800

	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY2024	SFY2026	SFY2027
Target/ Outcome Measure	3,584	3,684	3,584	3,684	1,900	1,800	1,800
Results	1,695	756	1,690	2,014	1,880		

Data Source:

The number of youth receiving SUD outpatient services provided is tracked using the Behavioral Health Data System (BHDS). Additional context regarding treatment need has also been assessed through the [Behavioral health access and network adequacy for Apple Health children and youth \(prenatal – age 25\).](#)

Description of Data:

The calendar year 2024 data is an unduplicated count of youth (persons under 18 years of age) served in publicly funded SUD outpatient treatment.

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.

Indicator #: 2

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

Baseline Measurement: SFY24: 45,046 individuals received SUD and MOUD treatment services.

First-year target/outcome measurement: Increase the number of individuals receiving outpatient SUD treatment and MOUD services at an Opioid Treatment Program in SFY26 to 47,298, which would be a 5% Increase.

Second-year target/outcome measurement: Increase the number of individuals receiving outpatient SUD treatment and MOUD services at an Opioid Treatment Program in SFY27 to 49,662, which would be a 5% increase from SFY26 target.

	SFY 2020 (General Adult Population)	SFY 2021(General Adult Population)	SFY 2022 (General Adult Population)	SFY 2023	SFY 2024
Target/ Outcome Measure	47,875	48,888	47,875	48,888	47,875
Results	40,293	31,777	41,825	42,485	45,046

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 2024 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, 2023 and June 30, 2024.

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 # 4 – Mental Health Treatment Services

Priority Area: Maintain outpatient mental health services for youth with Serious Emotional Disturbance (SED) and adults diagnosed with Serious Mental Illness (SMI)

Priority Type: Mental Health Services (MHS), Early Serious Mental Illness (ESMI), Behavioral Health Crisis Services (BHCS)

Population(s): Severe Emotional Disturbances (SED), Serious Mental Illness (SMI), Behavioral Health Crisis Services (BHCS), Early Serious Mental Illness (ESMI)

Goal of the priority area:

The primary goal is to maintain community based behavioral health services to youth who are diagnosed with SED and adults with SMI accessing mental health outpatient services.

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.
- Maintain available mental health behavioral health services for adults.

Strategies to attain the objective:

- 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.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Maintain outpatient Mental Health services to youth diagnosed with Serious Emotional Disturbance (SED)

Baseline Measurement: SFY24: 85,954 youth with SED received services

First-year target/outcome measurement: Maintain the number of youths with SED receiving outpatient services to at least 76,000 in SFY26

Second-year target/outcome measurement: Maintain the number of youths with SED receiving outpatient services to at least 76,000 in SFY27

	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Target/Outcome Measure	40,820	41,820	54,293	54,293	76,941
Results	68,113	54,293	76,941	84,118	85,954

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 2024 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, 2023 through June 30, 2024.

Data issues/caveats that affect outcome measures:

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

Indicator #: 2

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

Baseline Measurement: SFY24: 241,201 adults with Serious Mental Illness (SMI) received mental health outpatient services

First-year target/outcome measurement: A minimum of 200,000 adults with Serious Mental Illness (SMI) receiving mental health outpatient services in SFY26 (we anticipate a decrease in numbers, bringing us closer to our normal baseline pre-Covid)

Second-year target/outcome measurement: A minimum of 200,000 adults with Serious Mental Illness (SMI) receiving mental health outpatient services in SFY27 (we anticipate a decrease in numbers, bringing us closer to our normal baseline pre-Covid)

	SFY 2020	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Target/Outcome Measure	103,668	104,128	104,128	104,128	195,046
Results	192,662	175,737	216,740	238,843	241,201

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 2024 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, 2023 and June 30, 2024

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 # 5 – First Episode Psychosis

Priority Area: Maintain reasonable capacity for early identification and intervention for individuals experiencing First Episode Psychosis (FEP). We anticipate a potential reduction in sites in the next year due to loss in funding and are working to ensure services are maintained across the state.

Priority Type: Mental Health Services (MHS), Early Serious Mental Illness (ESMI)

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

Goal of the priority area:

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

Objective:

- Maintain reasonable capacity in the community to serve youth experiencing First Episode Psychosis (FEP) through the New Journeys Program, while adjusting for potential site closures.

Strategies to attain the objective:

- Provide funding to maintain or expand the number of agencies who serve youth with First Episode Psychosis (FEP)
- Support mental health community based behavioral health services for youth diagnosed with First Episode Psychosis (FEP)
- New Journeys teams are currently working to adjust evidence-based recovery supports to better meet the needs of communities to sustain access to FEP services

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Maintain outpatient MH capacity for youth with First Episode Psychosis (FEP).

Baseline Measurement: SFY24: 16 First Episode Psychosis (FEP) Programs, serving a total of 287 youth

First-year target/outcome measurement: SFY26 (July 1, 2025 – June 30, 2026) Maintain the number of anticipated coordinated specialty care sites to 15 (we anticipate one site closing due to loss in funding) while maintaining services to a total of 280 youth statewide.

Second-year target/outcome measurement: SFY27 (July 1, 2026 – June 30, 2027) Maintain the 15 coordinated specialty care sites with a total of 280 youth served statewide.

Results:

	SFY 2021	SFY 2022	SFY 2023	SFY 2024
Target/Outcome Measure	9-12 Sites, 75 additional youth	11-12 Sites, 350 youth served	12 sites, 425 youth served	17 sites, 375 youth served
Results		12 sites, 308 youth served	13 sites, 376 youth served	16 sites, 287 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 # 6 – Recovery Support Services

Priority Area: Increase the number of behavioral health Certified Peer Support Specialist

Priority Type: Substance Use Recovery (SUR)

Population(s): PRSUD – Persons in need of recovery support services from SUD

Goal of the priority area:

Increase the number of behavioral health Certified Peer Support Specialists working in the field.

Objective:

- Pilot new Certified Peer Support Specialist trainings
- Develop a strategic plan to review curriculum, funding strategies and rule changes

Strategies to attain the objective:

- Identify any curriculum adjustments needed to integrate behavioral health peer services

- Strategic planning to incorporate behavioral health peer services into the system of care, exploring funding strategies and rule changes
- Increase recruitment of behavioral health Certified Peer Support Specialists and increase variety of training organizations.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Behavioral health Peer Support Specialist program

Baseline Measurement: From July 1, 2023 – June 30, 2024 total number of behavioral health Peer Support Specialist trained was 796

First-year target/outcome measurement: 1,100 Peer Support Specialists trained in SFY26

Second-year target/outcome measurement: 1,100 Peer Support Specialists trained in SFY27

	SFY 2022	SFY 2023	SFY 2024
Target:	280 peers trained	350 peers trained	420 peers trained
Outcome:	430 peers trained	589 peers trained	796 peers trained

Data Source:

Monthly reports obtained from the DBHR Peer Support Database

Description of Data:

Excel reports indicating the number of individuals trained by the HCA Peer Support program.

Data issues/caveats that affect outcome measures:

The number of trainings that HCA can fund for SFY26 and beyond are going to be less than SFY24 and SFY25. This reduction is an impact of new legislation requiring the training to increase from 40 hours to 80 hours, resulting in training costs increasing to almost double the 40-hour training.

Priority # 7 – Crisis Services

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), Early Serious Mental Illness (ESMI), Behavioral Health Crisis Services (BHCS), Pregnant Women and Women with Dependent Children (PWWDC), Persons who Inject Drugs (PWID), Tuberculosis (TB), Persons in need of recovery support services from SUD (PRSUD)

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
- Engage in targeted conversations with tribes for expansion of Mobile Crisis Teams within tribal communities

Annual Performance Indicators to Measure Goal Success

Indicator #: 1

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

Baseline Measurement: 58 mobile crisis teams statewide during SFY25 (July 1, 2024 – June 30, 2025)

First-year target/outcome measurement: Maintain current statewide number of mobile crisis providers at 58 teams.

Second-year target/outcome measurement: Increase the statewide number of mobile crisis providers by at least 2 new teams, for a total of 60 teams statewide.

	SFY 2024	SFY 2025
Target:	42 mobile crisis teams	48 mobile crisis teams
Outcome:	58 mobile crisis teams	<i>N/A until 11/2025</i>

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 # 8 – Pregnant and Parenting Women

Priority Area: Pregnant and Parenting Women with dependent Children

Priority Type: Substance Use Treatment (SUT)

Population(s): Pregnant women and women with dependent children receiving SUD services (PWWDC)

Goal of the priority area:

Support Parent-Child Assistance Program (PCAP) providers site stability and success by maintaining current total number of Pregnant and Parenting Women (PWWDC) clients receiving case management services.

Objective:

Continue providing PCAP services and improving the health of pregnant and parenting women and their children, with a focus on substance use recovery.

Strategies to attain the objective:

- Uphold current access levels to case management services while supporting provider stability.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Maintain capacity for women and their children to have access to case management services.

Baseline Measurement: SFY 2025, the total contracted number of Pregnant and Parenting Women (PWWDC) clients receiving PCAP case management services is 1,503.

First-year target/outcome measurement: SFY 2026 - Maintain the number of Pregnant and Parenting Women (PWWDC) clients receiving PCAP case management services at 1,503

Second-year target/outcome measurement: SFY 2027 - Maintain the number of Pregnant and Parenting Women (PWWDC) clients receiving PCAP case management services at 1,503.

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 # 9 – Tuberculosis Screening

Priority Area: Tuberculosis Screening

Priority Type: Substance Use Treatment (SUT)

Population(s): Tuberculosis (TB)

Goal of the priority area:

Provide Tuberculosis (TB) 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, 2024, 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 2026, ensure TB screening plans continue to be in contract with each of the ten BH-ASOs.

Second-year target/outcome measurement: For SFY 2027, 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 # 10 – Opioid Use Disorder Treatment

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), Persons who Inject Drugs (PWID), Persons with or at risk of tuberculosis receiving SUD treatment services (TB), Persons in need of recovery support services from SUD (PRSUD)

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 opportunities for incarcerated individuals to receive OUD assessment, OUD medication, sustained treatment throughout incarceration, and connection to continue treatment upon release or transfer
- OUD treatment penetration

Strategies to attain the objective:

- 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, methadone, or after shared decision making, naltrexone, or continuing treatment for individuals taking MOUD upon booking

- Contract with county, city and Tribal jails in Washington State to provide Medications for Opioid Use Disorder (MOUD) programs.
- Contracted jails will adhere to the MOUD standard of care, and this language is included in contracts, offering buprenorphine, methadone or naltrexone, and continuation of medications upon release.
- Treatment penetration rates

Annual Performance Indicators to Measure Goal Success

Indicator #: 1

Indicator: Increase the number of incarcerated people newly prescribed buprenorphine, methadone, or naltrexone.

Baseline Measurement: Baseline for SFY24: 4,294 incarcerated individuals newly prescribed buprenorphine, methadone or naltrexone.

First-year target/outcome measurement: Increase the number of incarcerated individuals newly prescribed buprenorphine, methadone, or naltrexone in SFY26 to 5,000.

Second-year target/outcome measurement: Increase the number of incarcerated individuals newly prescribed buprenorphine, methadone, or naltrexone in SFY27 to 6,000.

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

Description of Data: Baseline data collected includes the number of people incarcerated among the 19 programs who are inducted on buprenorphine, methadone or naltrexone for SFY25.

Data issues/caveats that affect outcome measures: SFY 25 targets could increase or decrease based on whether or not funding levels are changed in the Supplemental Budget.

Indicator #: 2

Indicator: Increase opioid use disorder treatment penetration rates.

Baseline Measurement: SFY24 54.8% penetration rate for Medicaid beneficiaries in need of opioid use disorder treatment.

First-year target/outcome measurement: Increase the percentage of Medicaid beneficiaries receiving needed treatment for OUD in SFY26 to 60%.

Second-year target/outcome measurement: Increase the percentage of Medicaid beneficiaries receiving needed treatment for OUD in SFY27 to 65%.

Data Source: Washington State conducted, retrospective (by year), a cross-sectional analyses of Washington State SUD/OD administrative data to produce a Current State Assessment of the state of SUD/OD 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 OD diagnosis are the primary focus of the Current State Assessment.

Data issues/caveats that affect outcome measures: Current data available only shows SFY17 through SFY19. 2019 is the last "non covid" year for which we have data. This analysis is currently being updated with data through SFY2022. 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.