II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

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

Priority Type:

Population(s): PWWDC, PP, PWID, TB, Other

Goal of the priority area:

The goal of this priority is to address the disproportionately high rates of SUD and MH disorders for AI/AN individuals across the state. This goal is focused on addressing these rates by offering a direct allocation to Tribes through our government-to-government Indian Nation Agreements. The INA is an agreement between the HCA and Tribal governments to fund services as deemed appropriate by the Tribes to address substance use disorders using SABG dollars.
The Health Care Authority follows the RCW 43.376 and a communication and consultation policy which outlines the state regulations for G2G relationships with Tribes. The Office of Tribal Affairs assists DBHR in implementation of various consultation and confirm meetings with the 29 Tribes and urban Indian health programs. By extension of the Accord and our HCA Tribal Consultation Policy, HCA offers all 29 Tribes the opportunity to access substance abuse block grant funding to help bolster prevention, treatment, overdose intervention, and recovery support services within their tribal communities.

Objective:

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

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: SUD Treatment Outpatient Services - Individuals Served: 3,355 SUD Prevention – Average of 51,714 total unduplicated and duplicate participants served by direct tribal prevention services provided during SFY22 (July 1, 2021 – June 30, 2022) Opioid Treatment Programs

(OTPs) within Tribes: Seven OTPs for SFY22

First-year target/outcome measurement: SUD Treatment Outpatient Services - Individuals Served: 3,355 SUD Prevention – Increase or maintain 51,714 total unduplicated and duplicate participants in direct services prevention programs SUD MOUD – Increase tribal MOUD and OTPs to a total of eight OTPs available in Tribal communities.

Second-year target/outcome measurement: SUD Treatment Outpatient Services - Individuals Served: 3,355 SUD Prevention – Increase or maintain 51,714 total unduplicated and duplicate participants in direct services prevention programs SUD MOUD – Increase tribal MOUD and OTPs to a total of ten OTPs available in Tribal communities.

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

• Indian Health Care Providers must enter data into multiple systems in their work to improve health information technology in their programs which is burdensome. Tribes are working to move to EHRs, are using an Indian Health Services System, plus the state data systems which are often duplicative and can be expensive to dedicate additional staff to enter data into multiple systems.
• TARGET is the system that is used by Tribes that is then transmitted into our Behavioral Health Data Store and HCA needs to sunset this system and move to a new solution for the Tribes. HCA is working on a pilot project to identify a solution to gather the SUD encounter data in the future without the TARGET system.
• SUD Prevention numbers may include duplication of client counts due to Tribes reporting number of people in attendance at events for each day.
• Additionally, the prevention reporting system transitioned to a new vendor in the fall of 2021 and Tribes had to learn a new system. HCA provides technical assistance to Tribes on the new system to minimize impact of system changes.

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:

HCA passes down block grant funding to Tribes to implement SUD prevention and treatment services. Services by Tribes are captured in TARGET for SUD treatment services and Minerva for SUD prevention services.

For the period of performance for SFY24:

Tribes increased their SUD Treatment Services according to data captured in TARGET.

According to Minerva data, Tribes did not maintain their prevention services. This is likely due to changes in data improvement strategies in Minerva to improve data quality. Typically we have captured unduplicated responses from Tribes, and we are moving towards improvement of unduplicated counts.

Additionally, several Tribes have moved funding to support recovery supports services in the past fiscal year. This data will begin to be captured FFY 2025 and will help us to identify a baseline for RSS provided by Tribes using BG dollars.

For calendar year 2024, there are now 10 Tribally operated opioid treatment programs (OTP)s across the state with 4 Tribally operated mobile OTP/medical (MMU) units.

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

Priority #: 2

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

Priority Type:

Population(s): PWWDC, PP, PWID

Goal of the priority area:

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

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.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Reduce substance use/misuse

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

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

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

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

Data Source:

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

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. From Washington State Young Adult Health Survey (YAHS), Substance Use Among Washington young adults is used to measure intermediate outcomes.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Data integrity can be negatively affected by staff turnover and contractor capacity to report accurately and in a timely manner. DBHR continues to provide on-going training and technical assistance to support grantees as they use the Management Information System. Additionally, the prevention reporting system transitioned vendors in Fall 2021 and all staff and providers have been learning the new system, this may increase data reporting challenges in some areas. The new system has some limitations that we are currently navigating and strategizing in order to ensure efficient, proper and accurate data entry. HCA is working to ensure all providers are supported and engaged in this process to minimize the impact.

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)*:

Our goal is to increase or maintain 12,217 unduplicated participants engaged in direct service prevention programs. During FY 2024, 13,596 unduplicated participants were engaged in direct service prevention programs, surpassing the proposed goal by reaching 111%.

During FY 2024, use of SABG, leveraged funds from SAMHSA discretionary grants, and state funds, supported SUD prevention efforts; including our work with the Community Prevention and Wellness Initiative (CPWI) and community based organization grants. CPWI is a two-pronged local community and school-based approach to prevent substance use disorder. This system now provides services to 93 community coalitions and student assistance programs in over 100 schools throughout Washington state. During FY 2024, we continued to implement performance – based contracting with each prevention contractor, adapted programs to address unique community needs, delivered evidence – based prevention programs and strategies according to approved strategic plans, and provided statewide technical assistance to build capacity for service delivery.

During FY 2024, quality assurance and quality control was conducted across all aspects of data entry in the MIS to ensure new process of data entry. We continue to stabilize the MIS reporting to ensure accurate reporting

Priority #: 3

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

Priority Type:

Population(s): PWWDC, PP, PWID

Goal of the priority area:

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

Objective:

Require Behavioral Health Administrative Service Organizations (BH-ASOs) and Managed Care Organizations (MCOs) to continue to maintain behavioral health provider network adequacy for adolescents.
• Re-examine current adolescent network and capacity
• Improve access and increase available SUT outpatient services for youth.

Strategies to attain the 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.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase youth outpatient SUD treatment services

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

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

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.

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 substance use disorder (SUD) outpatient treatment from SFY22 increased by 11% from 1,690 to 1,880 in SFY24, which was nearly our target goal of serving 1,900 youth in SFY24. It's critical we continue to implement strategies that identify and connect youth to SUD services and supports.

Youth-serving systems including juvenile justice, health care, and schools play a significant role as a referral source and link to SUD treatment. These systems are back to in-person care and education following the COVID-19 pandemic and continue to see the impacts the pandemic has had on individuals and families in terms of education, poverty, digital divide, and behavioral health needs. It's anticipated these impacts will be felt for years to come. Referral pathways have also changed over the years, being unintentionally impacted, creating challenges to accessing care. We are aware of these system issues and strategizing on ways to identify and remove specific barriers.

Behavioral health workforce shortages continue to impact access and services as well. Agencies have struggled to recruit and retain clinical and non-clinical staff, limiting programming throughout the state across the continuum of care. Programs have had to reduce or pause programming, limiting the number of individuals receiving 1-1 or group treatment.

We need to continue to ensure telebehavioral health is being utilized and meet youth and families where they're at if this treatment approach is preferred or figure out if there are barriers to accessing in-person services due to lack of transportation or service deserts.

Our agency, behavioral health delivery system, and provider network have continued to focus on quality assurance as it relates to fiscal, programmatic changes, and data reporting to ensure the accuracy and completeness of services provided. Our agency continues to work internally, partnering with the Research and Data Analysis Administration (RDA) on improving how we capture and receive data from all regions.

Managed Care Organizations (MCOs), and Behavioral Health Administrative Services Organization (BH-ASOs) are required to meet network adequacy standards, and as we all continue to monitor and ensure individuals in our state have access to behavioral health treatment, and gaps are being identified. To aid in these identified needs, the Children and Youth Behavioral Health Work Group (CYBHWG) provides recommendations to the Governor and the Legislature to improve behavioral health services and strategies for children, youth, young adults, and their families. State partner agencies are offering capital funding to increase behavioral health services for children and youth, as well as other funding and program development opportunities across partner agencies and with Health Care Authority. We will continue to work internally and across systems and networks strategizing how we can increase the number of youth receiving outpatient SUD treatment.

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

Priority #: 4

Priority Area: Increase the number of SUD Certified Peers

Priority Type:

Population(s): PWWDC, PP, PWID, TB

Goal of the priority area:

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

Objective:

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

Strategies to attain the 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.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: SUD peer support program

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

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

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

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)*:

The peer support program was able to meet and exceed this goal due to significant investments made by the state to supplement the allocated block grant funds. HCA has also been building the infrastructure of organizations that are approved to train individuals as Certified Peer Counselors in Washington State to meet workforce need.

Priority #: 5

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

Priority Type: MHS, ESMI, BHCS

Population(s): SED

Goal of the priority area:

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

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.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: SFY22: 76,941 youth with SED received services

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

Fiscal Year 2022 is an unduplicated count of youth with Serious Emotional Disturbance (SED) who under the age of 18 served in publicly funded outpatient mental health programs from July 1, 2021 through June 30, 2022.

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:

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

Washington has continued to strengthen and build upon programmatic efforts that have been put in place to support young people with varying levels of acuity, parents, and caregivers accessing care across the state. These programs include but are not limited to expansion of youth mobile response and stabilization services, programs that meet regional needs, Washington's Center for Parent Excellence (COPE), expanding New Journeys coordinated specialty care to meet the needs of those experiencing a first episode of psychosis, Wraparound with Intensive Services (WISe) etc.

Efforts in care coordination and linking young people and families to care is also critical. Programs that play a key role in this include Kids Mental Health WA, which has community-wide teams in each region of the state to improve collaborative communication and service connection processes to help children and families in accessing what they are seeking and develop plans of stability, HearMeWa which offers free support 24/7 for young people up to 25, and a rapid response team approach that is multi-agency care coordination for individuals with complex needs.

Although some programs have continued to expand, we've also continued to feel impacts on our workforce. Due to these challenges, there's been ongoing coordinated and legislatively supported strategic efforts that are multi-prong and multi-agency as well as garnering community involvement from across the state.

Additionally, the Children, Youth Behavioral Health Work Group (CYBHWG) and Washington Thriving are structured workgroups,

subgroups and long-term strategic planning efforts that have built a pathway to put forth recommendations to the legislature to improve our behavioral health continuum of care and supports for young people and families. These efforts from dedicated and passionate individuals will ensure that we continuously move in the direction of increased access to care that is equitable, culturally and developmentally appropriate.

Priority #: 6

Priority Area: Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis (FEP) including FEP programs in diverse communities (I.e. Tribal Communities)

Priority Type: MHS, ESMI, BHCS

Population(s): SMI, SED, ESMI

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

• Provide funding to increase the number of agencies who serve youth with First Episode Psychosis (FEP)
• Increase available MH community based behavioral health services for youth diagnosed with First Episode Psychosis (FEP).
• New Journeys teams are currently working with one pilot site and will reach out to Tribal communities and health clinics to facilitate referrals for expanded access to FEP services.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

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:

Expansion of coordinated specialty care for first episode psychosis continues to make progress.

Last SFY 287 individuals we served, falling short of our goal of 37 by 88 individuals. 49 of these individuals (17.1%) were 17 years of age or younger and 226 (78.7%) of the individuals were 18 years of age or older. There are 12 (4.2%) of individuals who do not have a date of birth or manual age entered.

Explanation for this decrease is some teams did not carry a full case load or were paused for one reason or another and other teams were full and unable to serve more. Looking at the data, urban areas have fuller case loads and rural areas are under utilized. Beginning July 1, 2024, the eligibility criteria expanded to be inclusive of affective psychosis to hopefully better serve rural and other communities at risk of being underserved. DBHR is working to support the busier teams with expansion of caseload size.

The State of Washington DBHR is rolling out a statewide public education campaign about early intervention in the spring of 2025 and we anticipate more awareness about first episode psychosis, stigma and the availability of coordinated specialty care. DBHR is conducting a needs assessment to have a better idea about how teams are doing outreach.

Four more teams were fully launched last SFY, falling short of the goal by one. However, there is now a coordinated specialty care team in every region of Washington.

Currently, five more teams are staging to launch but stalled due to the sluggish pace of recruitment and hiring team members. Clinician turnover and primary care and behavioral health workforce shortages continue to impact expansion.

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

Priority #: 7

Priority Area: Maintain the number of adults with Serious Mental Illness (SMI) receiving mental health outpatient treatment services

Priority Type: MHS, ESMI, BHCS

Population(s): SMI

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

First-year target/outcome measurement: Maintain a minimum of 195,046 adults with Serious Mental Illness (SMI) receiving mental

health outpatient services in SFY24 (we anticipate a decrease in numbers, bringing us closer to our normal baseline pre-Covid)

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

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

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).

New Data Source*(if needed)*:

Description of Data:

Fiscal Year 2022 clients served is an unduplicated count of adults with Serious Mental Illness (SMI) (persons 18 years of age and older) served in publicly funded mental health outpatient programs between July 1, 2021 and June 30, 2022.

New Description of Data:*(if needed)*

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.

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 continue to meet our measurement goal as demand for outpatient mental health services for individuals with SMI remains high. We are actively engaged in enhancing our crisis service continuum and view this as a mechanism to connect individuals with outpatient behavioral health care rather than the criminal legal system or involuntary treatment. Washington continues to focus on improving access to traditional behavioral health agencies adding new teams that focused on outreach or unique resources (PACT, FCS, HARPS, PATH, CJTA, RCS Program teams), provide grants for embedding social workers in traditionally medical locations, as well as focusing on continuing to develop peer programs throughout the state and in a variety of settings.

Priority #: 8

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

Priority Type: MHS, ESMI, BHCS

Population(s): SMI, SED, PWWDC, PP, PWID, TB

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase number of people receiving supported employment services

Baseline Measurement: FY2022 – 4,614 enrollments in supported employment

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

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

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

Data Source:

Department of Social and Human Services (DSHS), RDA

New Data Source*(if needed)*:

Description of Data:

Includes all people who have received supported employment services.

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:

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

Total cumulative enrollment in Supported Employment (SE) at the end of FY24 was 7,245 (including individuals enrolled in both SE and SH). The program facilitated an opportunity for service providers interested in providing FCS services to contract with our Third-Party Administrator, Wellpoint, or expand their existing program. Priority consideration was awarded to agencies serving underserved counties and populations. Ten agencies were awarded $25,000 each, with each agency committing to increasing the number of participants served and developing an FCS Sustainability Plan.

The number of participants enrolled in FCS varies monthly, reflecting the voluntary nature of the initiative, which utilizes six-month authorization periods for participants. The addition of new providers and the expansion of programming within the network enhance participant choice across Washington. The capacity grants awarded have been instrumental in helping the FCS network sustain statewide coverage and diversify the network.

Indicator #: 2

Indicator: Increase number of people receiving supportive housing

Baseline Measurement: FY2022 – 7,353 enrollments in supportive housing

First-year target/outcome measurement: Increase average number of people receiving supportive housing services per month (over 12-month period) by 4% in FY24 (total 7,647 enrollments)

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

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

Data Source:

Department of Social and Human Services (DSHS), RDA

New Data Source*(if needed)*:

Description of Data:

Includes all people who have received supported housing services.

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:

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

Total cumulative enrollment in Supportive Housing (SH) was 13,339 at the end of FY24 (including individuals enrolled in both SE and SH). The program facilitated an opportunity for service providers interested in providing FCS services to contract with our Third-Party Administrator, Wellpoint, or expand their existing program. Priority consideration was awarded to agencies serving underserved counties and populations. Ten agencies were awarded $25,000 each, with each agency committing to increasing the number of participants served and developing an FCS Sustainability Plan.

The number of participants enrolled in FCS varies monthly, reflecting the voluntary nature of the initiative, which utilizes six-month authorization periods for participants. The addition of new providers and the expansion of programming within the network enhance participant choice across Washington. The capacity grants awarded have been instrumental in helping the FCS network sustain statewide coverage and diversify the network.

Priority #: 9

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

Priority Type:

Population(s): PWWDC, PP, PWID, TB

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

• 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.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Increase outpatient SUD and access to Medications for Opioid Use Disorder (MOUD) for adults in need of SUD treatment
Baseline Measurement:	SFY22: 41,825; SFY 2020 Percent of Medicaid enrollees with OUD accessing Medications for Opioid Use Disorder: All MOUD 39.2%, Buprenorphine/Bup-Naloxone 24.5%, Methadone 14.3%, Naltrexone 1.5%
First-year target/outcome measurement:	Increase the number of adults with SUD receiving treatment in SFY24 to 47,875. Percent of Medicaid enrollees with OUD accessing Medications for Opioid Use Disorder: All MOUD 45%, Buprenorphine/Bup-Naloxone 27%, Methadone 16%, Naltrexone 2%
Second-year target/outcome measurement:	Increase the number of adults with SUD receiving treatment in SFY25 to 48,888. Percent of Medicaid enrollees with OUD accessing Medications for Opioid Use Disorder: All MOUD 45%, Buprenorphine/Bup-Naloxone 27%, Methadone 16%, Naltrexone 2%

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

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.

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:

Although WA State fell short of the self-identified goal of increasing the number of adults with SUD treatment to over 47,000 individuals, there is an identifiable increase of almost 4,000 individuals between SFY22 and SFY24. There are some potential reasons for not meeting this goal, including the rise of fentanyl and the need for non-traditional engagement processes. The SUD system is able to provide critical services, whether through outpatient, inpatient, and withdrawal management, though it is only one way that Washington State is helping support individuals who use drugs and may have a substance use disorder (SUD). We are unable to identify the denominator to identify if the total volume of individuals who have been diagnosed with an SUD has decreased, which would inherently decrease the amount of individuals who are receiving SUD treatment. Going forward, WA State will identify a better metric through which to understand how we are using SUPTRS Block Grant funding to increase access to immediate and long-term care for individuals who use drugs.

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

Priority #: 10

Priority Area: Pregnant and Parenting Individuals

Priority Type:

Population(s): PP

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

Increase access to case management services

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: SFY 2022, the total contracted number of Pregnant and Parenting Individuals (PPI) clients receiving PCAP case management services was 1,490 (an increase in capacity of 81 service spaces available to individuals).

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

Second-year target/outcome measurement: SFY 2025 - Maintain the number of Pregnant and Parenting Women (PPW) clients receiving PCAP 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: 1) on their monthly invoices in order to be reimbursed, 2) to the University of Washing ADAI for monthly reporting.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

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:

After working with DCYF to update the agreement language on how participating PCAP sites would serve DCYF involved clients, 2 out of 4 of the PCAP sites determined they were not in a position to expand capacity without potentially destabilizing their program. Some factors considered were workforce concerns, program facility size to accommodate increase in staffing, and stabilizing from recent expansion.

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

Priority #: 11

Priority Area: Tuberculosis Screening

Priority Type: MHS, ESMI, BHCS

Population(s): TB

Goal of the priority area:

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

Objective:

Ensure TB screening is provided for all SUD treatment services.

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: As of July 1, 2022, Tuberculosis screening and education is a continued required element in the BH-ASO contract for SUD treatment services.

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

Second-year target/outcome measurement: For SFY 2025, review TB screening plans prior to the BH-ASO amendment and update as needed to ensure screenings and education services are being provided during SUD treatment services.

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

Data Source:

Health Care Authority/BH-ASO Contracts

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

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)*:

Tuberculosis screening and education continue to be required via BH-ASO contract.

Priority #: 12

Priority Area: Workforce Innovation and Challenges

Priority Type: MHS, MHS, MHS, ESMI, ESMI, ESMI, BHCS, BHCS, BHCS

Population(s): SMI, SED, ESMI, PWWDC, PP, PWID, TB

Goal of the priority area:

Workforce education and training supports

Objective:

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

Strategies to attain the goal:

• Behavioral health recruitment and retention campaign
o Engaging audiences through passion, opportunity and connection to what they love about behavioral health career opportunities through an outreach and education campaign to the residents of Washington state. www.startyourpath.org
o Including toolkits and resources for supervisors and provider education.
• Continuing education and trainings for workforce:
o Designated Crisis Responder trainings
o Envisioning family leadership academy
o First Episode Psychosis community education for early intervention
o First Episode Psychosis new journeys learning event
o Peer certification trainings
o Peer crisis certification trainings
o Peer wellness coach and train the trainer trainings
o Prevention fellowship and apprenticeship programs
o Prevention Training Series:
Community Anti-Drug Coalitions of America Boot Camp
Community Prevention Wellness Initiative Training Series
Health Equity Prevention Services and Training
Substance Abuse Prevention Skills Training
o Relevant conferences with continuing education credits
o Tele-behavioral health training series
o Training Behavioral Health Agency staff to effectively treat mental health conditions for youth that are Autism Spectrum Disorder and Intellectual and Developmental Disabilities
o WAADAC Workforce Summit
o Wellness recovery action plan trainings and facilitator training
o Wraparound with intensive services SMI/SED workforce development trainings

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: StartYourPath.org Campaign state fiscal year 2023 workforce campaign there were: • 19,252,281 Impressions • 1,758,716 Views • 191,494 Landing page sessions

First-year target/outcome measurement: Maintain or increase baseline metrics • 19,252,281 Impressions • 1,758,716 Views • 191,494 Landing page sessions

Second-year target/outcome measurement: Maintain or increase baseline metrics • 19,252,281 Impressions • 1,758,716 Views • 191,494 Landing page sessions

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

Data Source:

Contractor Reporting

New Data Source*(if needed)*:

Description of Data:

Campaign impressions and training / conference review metrics

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

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:

Our impressions were up, but our video views and qualified landing page sessions are down. This year we have been focused on other changes to the campaign, so we have not focused as heavily on the website as we were in past years. Below is a list of items of campaign highlights for this year.

Refreshed Start Your Path website is now live, including a new Training Programs map

First in-person Start Your Path event is scheduled for October 22 at Yakima Valley College, in partnership with their SUD program. HCA will also be sponsoring and speaking at the Western Washington HOSA conference and featuring career exploration resources.

Marketing campaign, including social, digital, and Out of Home advertising, will launch the week of October 14. Content will include refreshed photos, interviews, videos and campaign messaging

We completed focus group and interview research to inform phase 4 of the campaign. We are also implementing a statewide survey to gather more data on behavioral health careers awareness.

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

Priority #: 13

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

Priority Type: MHS, ESMI, BHCS

Population(s): SMI, SED, ESMI, PWWDC, PP, PWID, TB

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

- 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.

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 42 mobile crisis teams statewide

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

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

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

Data Source:

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

New Data Source*(if needed)*:

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.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Workforce challenges, limited ability to predict demand for new and emerging services, and data collection issues.

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)*:

Washington state expanded mobile crisis teams with 16 additional youth and family serving teams utilizing the Mobile Response and Stabilization Services (MRSS) model, a nationally recognized best practice. Mobile crisis teams are active in all 39 counties, providing

voluntary outreach services to individuals in crisis with a goal of preventing further escalation and the need for hospitalization.

Priority #: 14

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

Priority Type:

Population(s): PWWDC, PP, PWID

Goal of the priority area:

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

Objective:

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

Strategies to attain the 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

Edit Strategies to attain the objective here:
(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

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

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

FY 25 targets could be affected, either increased or decreased, based on legislative appropriations in the 2024 Supplemental budget.

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)*:

At the time of the baseline measurement, there were only two funding sources for naloxone activities. Since that time funding for naloxone is from the following sources:

WA PDO Grant

General Funds State

Opioid Settlement Funds

SUPTR Block Grant Funds (formerly SABG)

One time Mental Health block grant funds

One time SUPTR COVID 19 enhancement funds

This has resulted in more naloxone distribution and trainings than were originally intended

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Indicator #: 2

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

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

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

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

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

Data collected includes the number of people incarcerated among the 19 programs who are inducted on buprenorphine; and he

number of people incarcerated among the 19 programs who were continued on MOUD upon booking.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

FY 25 targets could increase or decrease based on whether or not funding level are changes in the 2024 Supplemental Budget.

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)*:

HCA has finalized contracts with 18 separate city, county, and tribal jails for fiscal year 2024, with two additional correctional facilities in contract negotiations, and uses the funding to provide seamless access to medications for opioid use disorder (MOUD). The jail MOUD programs provide incarcerated individuals the opportunity for an OUD assessment, evidence-based medication for OUD, sustained treatment throughout incarceration, and connection to continue treatment upon release or transfer. Overall benefits may include a reduction in morbidity and mortality due to overdose, reduced re-offenses, reduced complications during withdrawal, improved jail staff safety, cost savings, reduced transfers to emergency departments, custodial costs, and overall improved jail relationships.

Indicator #:	3
Indicator:	Increase the total number of referrals, follow-ups, and outreaches in the Recovery Navigator Program.
Baseline Measurement:	SFY22: 4,603 referrals, 213 follow-ups, and 3,697 outreaches.
First-year target/outcome measurement:	Increase the total number of referrals into the RNP in SFY24 by 100% to 9,206; Increase the total number of follow-ups by 100% in SFY2024 to 426; increase the total number of outreaches by 100% in SFY2024 to 7,394
Second-year target/outcome measurement:	Maintain the total number of referrals into the RNP in SFY2025 at 9,206 Maintain the total number of follow-ups in SFY2025 at 426 Maintain the total number of outreaches in SFY2025 at 7,394.

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

Data Source:

Recovery Navigators quarterly data submissions.

New Data Source*(if needed)*:

Description of Data:

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

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)*:

Each behavioral health administrative services organization (BH-ASO) has established a recovery navigator program, and services are provided in all 39 Counties in Washington State. RNPs are a pre-arrest diversion program modeled upon the components of the law enforcement assisted diversion (LEAD) program that provides community-based outreach, intake, brief assessment, and connection to services for individuals who have been diverted from the criminal legal system. RNP provides, as appropriate, long-term intensive case management and recovery coaching services to youth and adults with substance use disorder, including for persons with co-occurring substance use disorders and mental health conditions, who are referred to the program from diverse sources and shall facilitate and coordinate connections to a broad range of community resources, including treatment and recovery support services.

Indicator #: 4

Indicator: Increase opioid use disorder treatment penetration rates.

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

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

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

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

Data Source:

Washington State conducted, retrospective (by year), a cross-sectional analyses of Washington State SUD/OUD administrative data to produce a Current State Assessment of the state of SUD/OUD 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.

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

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 percentage of medicaid beneficiaries receiving treatment rose 0.1 percent to 54.8%. During this period, the number of individuals with a treatment need also increased. While the goal was not met, treatment access is increasing.

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

0930-0168 Approved: 03/02/2022 Expires: 03/31/2025

Footnotes:

Center for Substance Abuse Treatment

Division of State and Community Systems

State Systems Partnership Branch

FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding: FY 24 Annual Report

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)

Report Expenditure Period: October 1, 2023 - September 30, 2024

Report Submission Due Date: Tuesday, December 31, 2024

Name of SUBG Grantee: Washington State
Name of State, DC, Territory, Associated State, or Tribe

Submitted By: Janet Cornell, Federal Block Grant Administrator
Name and Title of Individual Submitting Report

Date Submitted: December 17, 2024

Total FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding Amount Awarded to This Grantee in August, 2021:

$1,076,243

Instructions: For the FFY 2024, ending on 9/30/24, please complete this FY 24 Annual Report form for the FY 24 expenditures from the FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding. Please upload as a Word or PDF document in Table 1 of the 2025 SUPTRS BG Report that was submitted on or before 12/2/24. Please report on the FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding activities and expenditures by Tuesday, December 31, 2024. The period of performance for this report is October 1, 2023 through September 30, 2024. For further information , please feel free to contact your CSAT SPO.

Details for SUPTRS BG Grantees: After completing the table above, grantees are requested to upload this report document through a regular WebBGAS Revision Request that will be created by your CSAT SPO, as an Attachment to Table 1 Priority Area and Annual Performance Indicators – Progress Report, of the 2025 SUPTRS BG Report Submitted, as a Word or PDF document. Please submit no later than 11:59 pm EST, on Tuesday, December 31, 2024.

For the expenditure period of October 1, 2023 through September 30, 2024, please include a complete listing of the expenditure of FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding, by expenditure dates, items and activities of expenditure, and amounts of expenditures. If no funds were expended during this period, please complete and upload this report document indicating "Not Applicable". Please feel free to address any questions or concerns to your CSAT SPO. Thank you.

FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding: FY 24 Annual Report Table			
#	**FY 24 Date of Expenditure**	**FY 24 Item/Activity Description for Expenditure Period of 10/01/23 through 09/30/24**	**FY 24 Amount of Expenditure**
1	N/A	Not Applicable	N/A
2			
3			
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30			
		Total	

Background and Description of Funding: On August 10, 2021 SAMHSA released guidance on one-time funding for awards authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)) for the targeted support necessary for mental health and substance use disorder treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates (commonly referred to as COVID Testing and Mitigation funds). The total overall expenditure period performance period for this funding is September 1, 2021 – September 30, 2025, though the expenditure period for the report above is for FY 24 only, from 10/1/23 through 9/30/24.

As indicated in your SABG Notice of Award of August 10, 2021, States, DC, US Territories, Freely Associated States, and the Red Lake Band of Chippewa Indians are required to submit an Annual Report by December 31 of each year, until the funds expire. Grantees must upload a report including activities and expenditures to Table 1 of the 2025 Substance Use Block Grant Report filed on or before 12/2/24. A Revision Request will be sent to grantees by the CSAT SPO to upload the report.

12/3/2024: SUBG Grantee WebBGAS Revision Request will be created by the CSAT SPO for the grantee upload of the FY 24 SABG ARP COVID Testing and Mitigation Supplemental Funding Annual Report, for the FY 24 expenditure period of October 1, 2023 through September 30, 2024. Using the FY 24 Annual Report form provided to grantees by the CSAT SPO, grantees are requested to upload an Attachment to **Table 1 Priority Area and Annual Performance Indicators – Progress Report**, 2025 SUPTRS Report Submitted, as a Word or PDF document by 11:59 pm EST, on Tuesday, December 31, 2024. Please provide a complete list of the expenditure dates, items and activities of expenditure, and amounts of expenditures, between October 1, 2023 and September 30, 2024. If no activities were completed, please complete and upload the report document indicating "Not Applicable".

Summary of the August 10, 2021 Guidance Letter:
Excerpts from the August 10, 2021 guidance letter to Single State Authority Directors and State Mental Health Authority Commissioners from Miriam E. Delphin-Rittmon, Ph.D., Assistant Secretary for Mental Health and Substance Use, regarding the use of this funding in as follows:

"People with mental illness and substance use disorder are more likely to have co-morbid physical health issues like diabetes, cardiovascular disease, and obesity. Such chronic illnesses are associated with higher instances of contracting coronavirus disease (COVID-19) as well as higher risk of death or a poor outcome from an episode of COVID-19. To address this concern, the U.S. Department of Health and Human Services (HHS), through the Substance Abuse and Mental Health Services Administration (SAMHSA), will invest $100 million dollars to expand dedicated testing and mitigation resources for people with mental health and substance use disorders.

As COVID-19 cases rise among unvaccinated people and where the more transmissible Delta virus variant is surging, this funding will expand activities to detect, diagnose, trace, and monitor infections and mitigate the spread of COVID-19 in homeless shelters, treatment and recovery facilities, domestic violence shelters and federal, state and local correctional facilities–some of the most impacted and highest risk communities across the country. These funds will provide resources

and flexibility for states to prevent, prepare for, and respond to the COVID-19 public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

This one-time funding for awards was authorized under the American Rescue Plan (ARP) Act of 2021 (P.L. 117-2) and Section 711 of the Social Security Act (42 U.S.C. 711(c)). SAMHSA will supplement the ARP funding for state grantees. The performance period for this funding is September 1, 2021 – September 30, 2025.

Targeted support is necessary for mental health and substance use treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates. From the provider perspective, these barriers include limited financial and personnel resources to support ongoing testing efforts. Providers have limited staff and physical resources and COVID-19 testing activities must be balanced against COVID-19 vaccinations and other health care services. From the consumer perspective, these barriers include hesitancy in accepting vaccines and challenges with health care access. Recipients may allocate reasonable funds for the administrative management of these grants. SAMHSA envisions the maximum support possible for COVID-19 testing and mitigation; toward that goal, recipients are encouraged to expend a minimum of 85 percent of funding for allowable COVID-19 testing and mitigation activities.

The list below includes examples of allowable activities. While this list is not exhaustive, any activity not included on this list must be directly related to COVID-19 testing and mitigation. All recipients are strongly encouraged to work with state or local health departments to coordinate activities. The state must demonstrate that the related expense is directly and reasonably related to the provision of COVID-19 testing or COVID-19 mitigation activities. The related expense must be consistent with relevant clinical and public health guidance. For additional examples, you can visit the CDC Community Mitigation Framework website. Funding may not be used for any activity related to vaccine purchase or distribution.

SAMHSA, through this supplemental funding, allocates $50 million each for Mental Health Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block grants (SABG) to the states. States have until September 30, 2025, to expend these funds. SAMHSA asks that states consider the following in developing a COVID-19 Mitigation Funding Plan:

• Coordinate and partner with state and local health departments/agencies on how to better align the state/provider mental health and substance use COVID-19 mitigation efforts and activities; develop guidance for partnering with state/local health departments; disseminating sample training curriculums.

• Testing education, establishment of alternate testing sites, test result processing, arranging for the processing of test results, and engaging in other activities within the CDC Community Mitigation Framework to address COVID-19 in rural communities.

• Rapid onsite COVID-19 testing and for facilitating access to testing services. Training and technical assistance on implementing rapid onsite COVID-19 testing and facilitating access to behavioral health services, including the development of onsite testing confidentiality policies; and implementing model program practices.

• Behavioral health services for those in short-term housing for people who are at high risk for COVID-19.

• Testing for staff and consumers in shelters, group homes, residential treatment facilities, day programs, and room and board programs. Purchase of resources for testing-related operating and administrative costs otherwise borne by these housing programs. Hire workers to coordinate resources, develop strategies and support existing community partners to prevent infectious disease transmission in these settings. States may use this funding to procure COVID-19 tests and other mitigation supplies such as handwashing stations, hand sanitizer and masks for people experiencing homelessness and for those living in congregate settings.

• Funds may be used to relieve the burden of financial costs for the administration of tests and the purchasing of supplies necessary for administration such as personal protective equipment (PPE); supporting mobile health units, particularly in medically underserved areas; and expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.

• Utilize networks and partners to promote awareness of the availability of funds, assist providers/programs with accessing funding, and assist with operationalizing the intent of said funding to ensure resources to mitigate the COVID-19 health impacts and reach the most under-served, under-resourced, and marginalized communities in need.

• Expanding local or tribal programs workforce to implement COVID-response services for those connected to the behavioral health system.

• Provide subawards to eligible entities for programs within the state that are designed to reduce the impact of substance abuse and mental illness; funding could be used for operating and administrative expenses of the facilities to provide onsite testing and mobile health services; and may be used to provide prevention services to prevent the spread of COVID-19.

• Develop and implement strategies to address consumer hesitancy around testing. Ensure access for specific community populations to address long-standing systemic health and social inequities that have put some consumers at increased risk of getting COVID-19 or having severe illness.

• Installing temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing and COVID-19 mitigation.

• Education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living.

• Other activities to support COVID-19 testing including planning for implementation of a COVID-19 testing program, hiring staff, procuring supplies to provide testing, training providers and staff on COVID-19 testing procedures, and reporting data to HHS on COVID-19 testing activities.

• Promote behaviors that prevent the spread of COVID-19 and other infectious diseases (healthy hygiene practices, stay at home when sick, practice physical distancing to lower the risk of disease spread, cloth face coverings, getting vaccinated).

• Maintain healthy environments (clean and disinfect, ensure ventilation systems operate properly, install physical barriers and guides to support social distancing if appropriate).

• Behavioral health services to staff working as contact tracers and other members of the COVID-related workforce. Maintain health operations for staff, including building measures to cope with employee stress and burnout.

• Investigate COVID-19 cases; the process of working with a consumer who has been diagnosed with COVID-19 and includes, but is not limited to:

- Discuss test result or diagnosis with consumers;
- Assess patient symptom history and health status;
- Provide instructions and support for self-isolation and symptom monitoring; and
- Identify people (contacts) who may have been exposed to COVID-19.

• Conduct contact tracing: the process of notifying people (contacts) of their potential exposure to SARS-CoV-2, the virus that causes COVID-19 and includes, but is not limited to:

- Provide information about the virus;
- Discuss their symptom history and other relevant health information; and
- Provide instructions for self-quarantine and monitoring for symptoms.

The following are ineligible costs for the purposes of this funding:

• Costs already paid for by other federal or state programs, other federal or state COVID-19 funds, or prior COVID-19 supplemental funding.
• Any activity related to purchasing, disseminating, or administering COVID-19 vaccines.
• Construction projects.
• Support of lobbying/advocacy efforts.
• Facility or land purchases.
• COVID-19 mitigation activities conducted prior to 9/1/2021.
• Financial assistance to an entity other than a public or nonprofit private entity.