

Behavioral Health Strategy and Landscape Description with Quantitative Measures

Washington Thriving

Washington State Health Care Authority

September 30, 2024

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Section 1

Executive Summary

The Washington State Health Care Authority (HCA) has entered into an agreement with Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, to support the HCA and the Children and Youth Behavioral Health Work Group (CYBHWG) in the development of a Washington Thriving Behavioral Health Strategic Plan (Strategic Plan) by developing and supporting:

- Stakeholder meetings with data partners with the goal of identifying potential relevant quantitative data sources and measures.
- A detailed work plan including a timeline for each component with milestone dates for the quantitative aspects of the Landscape Analysis, Gap Analysis, and dashboard design.
- A draft PowerPoint or short report summarizing the strategy and approach for data collection and analysis for the Strategic Plan including the Landscape Analysis, Gap Analysis, and data dashboard design.

The intent of this Landscape Analysis Report is to describe the data collection and quantitative analysis of services for individuals in the prenatal to age 25 years old group (P-25) under Washington's behavioral health (BH) system. This report also includes an overview of the current BH landscape in comparison to an ideal BH service array. By comparing this service array with potential quantitative data sources and measures in the State, using publicly available reports and data, as well as feedback from data partners, Mercer will explore a potential strategy for dashboard data analysis and reporting.

A general overview of the State and a breakdown of the P-25 population will guide the framework for data collection and dashboard development. This will include demographic and population characteristics. Furthermore, at the request of various stakeholders, certain populations within the overarching P-25 population will be highlighted, such as individuals with intellectual/developmental disabilities (I/DD), in foster care, or who are unhoused, racial/ethnic groups, and indigenous groups. This dashboard will utilize Performance Metrics to identify any gaps linked to on-going data sources and most pertinent for describing the need, capacity, access/utilization, and outcomes of BH care in the State. Finally, the State will need to define performance metrics that can be used to demonstrate system improvements.

Section 2

Background

The Washington Legislature established the Children's Mental Health Work Group (renamed the Children and Youth Behavioral Health Work Group [CYBHWG]) in 2016 as a result of Engrossed Second Substitute House bill 2439 to identify and address issues related to mental health access for children, youth, and families. CYBHWG members consist of legislators, State agencies, health care providers, tribal governments, community BH services, advocates, and other organizations, as well as youth and young people and parents of children and youth who have received services.¹

The CYBHWG Workgroup Advisory Group contracted with Mercer to develop multiple products in line with the Work Order Manager, policy lead, CYBHWG staff, and Strategic Plan chairs and co-chairs who informed Mercer on the key deliverables and the on-going community engagement of the larger project, the foremost being the Strategic Plan. The Strategic Plan is the comprehensive statewide plan for improving the full continuum of care of BH services for families in the prenatal stage, children, youth transitioning to adulthood through 25 years old, and their parents and caregivers. The three products of the CYBHWG Workgroup Strategic Plan with Mercer input will include the Gap Analysis, Landscape Analysis, and Data Dashboard.

The Gap Analysis is a systematic assessment of current behavioral health care systems' ability to meet the needs of people who need services. This includes: 1) a description of current system(s); 2) the identification of gaps in those systems, both public and private; and 3) recommended steps or strategies for addressing the gaps. The Gap Analysis, as well as the Landscape Analysis below, were described in the Second Substitute House Bill 1890, Chapter 76, Laws of 2022 or as modified by 2024 legislation.

The Landscape Analysis outlines the strengths, resources, and needs within the State to improve its behavioral health system of care, specifically for people from P-25. It provides a framework for designing services and ensuring they are aligned with the needs of the community. A community-based participatory research or co-design process will be incorporated to ensure the analysis accurately reflects stakeholders' and community members' values and needs. This report summarizes stakeholder input from data partner meetings as well as ongoing meetings with HCA and other engaged partners including community stakeholders participating in the CYBHWG Workgroup. It also summarizes the quantitative measures and data sources that have been identified in the data partner meetings as well as by HCA and the CYBHWG stakeholders. Eventually, the goal is to combine the data sources identified by the workgroup members as well as the HCA identified sources so that a complete database of data sources for BH services in Washington is available that can be prioritized in future recommended work on the Data Dashboard Design.

The Data Dashboard Design will be a proposal developed to recommend a set of relevant metrics to visually display information regarding the processes and outcomes of system needs and changes in the children's Behavioral Health System longitudinally. The Data

¹ Children and Youth Behavioral Health Work Group (CYBHWG) | Washington State Health Care Authority. (n.d.). [www.hca.wa.gov](https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/children-and-youth-behavioral-health-work-group-cybhwg). Available at: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/children-and-youth-behavioral-health-work-group-cybhwg>

Dashboard Design will ideally identify and quantify gaps in the Behavioral Health System for the P-25 age groups and show progress over time in bridging those gaps. As part of the Data Dashboard Design, the State will need to prioritize Data Dashboard metrics from Data Sources that are identified as ongoing (i.e., not a single or limited point in time) and most pertinent for describing the need, capacity, access/utilization, and outcomes of behavioral health care in the State.

Section 3

Landscape Analysis Methodology

Mercer met with the Strategic Plan chairs and the Advisory Group on June 4, 2024, to review the overall goals of the CYBHWG Workgroup Strategic Plan. During that meeting, the groups discussed how this work on the quantitative portion of the behavioral health landscape intersects and is best coordinated with the Joint Legislative-Executive Committee on Behavioral Health.

A general overview of Washington State and a breakdown of the P-25 population has guided the framework for data collection and dashboard development. This includes demographic and population characteristics such as race, ethnicity, sexual orientation, gender identification, income, and language. Also, specific populations within the overarching P-25 population will be highlighted, including individuals with I/DD, unhoused youth, children, youth, and young adults in foster care (including those considered Transition Aged youth), indigenous groups such as Native youth and young adults, refugees, immigrants, racial/ethnic groups, and lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more (LGBTQIA+).

Mercer was further informed by a list of publicly available reports and data shared by HCA, as well as National databases such as:

- The National Survey on Drug Use and Health (NSDUH).
- The National Survey on Children’s Health.
- Washington Healthy Youth Survey.
- Centers for Disease Control and Prevention.
- National Center for Injury Prevention and Control.
- The epidemiological surveys of Ronald C. Kessler of the Department of Care Policy at Harvard Medical School.

A complete listing of data sources can be found in Appendix B.

To further inform the dashboard, HCA provided Mercer a variety of publicly accessible data sources and reports to evaluate and create a baseline of information for the landscape and gap analysis to be prioritized further in 2025. These have been organized in Appendix B by description, whether the data source is on-going, age group of the population and how the source aligns with the ideal service array structure proposed in Section 4.

Using the current landscape of the Washington behavioral health system of care, Mercer planned, facilitated, and provided post meeting notes for multiple meetings with HCA and selected data partners from health human services agencies to seek agreement on the overall quantitative data strategy. These meetings included a variety of data partners as listed in the section below and included the following themes:

- May 21, 2024: Using Ideal Service Array for Organization and to Identify Gaps in Service provision for ages P-25.

- May 29, 2024: Sources of Data Available to Understand the Service Use and to Identify Gaps in the Service Array.
- July 1, 2024: Input and Suggestions for a Recommended Data Dashboard Design to Inform Implementation of System Changes Derived from the Strategic Plan.

Due to scheduling conflicts, as well as the need to ensure all vital data partners provided input to the quantitative data strategic planning efforts, additional one-on-one meetings were held. Furthermore, there continues to be a potential addition of ad hoc meetings with select data partners or the Washington Thriving steering committee. As these meetings occur, themes and recommendations from these meetings will be updated in Appendix C.

Stakeholders and Data Partners

A diverse group of partners and stakeholders have been and will continue to be involved throughout the Strategic Plan. HCA continues to work closely with Mercer to develop and support the creation of deliverables and engage other data partners. Mercer will continue to meet regularly with HCA, Health Management Associates (HMA), Behavioral Health Catalyst, Athena Group, the CYBHWG Advisory Group, the CYBHWG Workgroup, and the Joint Legislative Executive Committee (JLEC) throughout the Washington Thriving work.

The following data partners participated in the group and/or one-on-one discussions hosted by Mercer:

- Athena Group.
- Department of Children, Youth, and Families (DCYF).
- Department of Commerce (housing).
- Department of Health (DOH).
- Department of Social and Health Services (DSHS) — Research and Data Analysis Division (RDA).
- Health Care Administration — Clinical Quality and Care Transformation Division.
- Health Care Administration — Division of Behavioral Health and Recover (DBHR).
- HMA.
- JLEC.
- Office of Financial Management (OFM).
- Office of the Insurance Commissioner (OIC).
- Office of the Superintendent of Public Instruction (OSPI).
- Washington State Education Research and Data Center.

Section 4

The Ideal Service Array

Fundamental to the development of the Gap Analysis, Landscape Analysis, and Data Dashboard Design is the need for the State to describe and identify the Ideal Service Array, or ideal Continuum of Care, that will inform, unify, and organize these analyses.

At the initial data partner meeting, Mercer outlined an Ideal Behavioral Health Service Array as the framework for the analysis of the State BH landscape to determine what services are currently available for children, youth, young adults, and families in the prenatal stage up to the age of 25 years old.

The framework for the Ideal Behavioral Health Service Array (as seen in Figure 1 below) recognizes the important role that communities — such as schools, social services, faith-based organizations — play in supporting and promoting behavioral health. Community-based organizations often address the unmet health-related social needs of high-risk populations.

Furthermore, the ideal continuum assumes that all services and supports are trauma informed. Promotion, prevention, and early intervention are essential components of the continuum. Prevention, specifically, should be considered as an integral part of each component. Any ideal continuum should also assume there is a tiered care coordination system that cuts across all components and coordinates care across physical health, mental health (MH), substance use disorder (SUD), and education. This may include service coordination, case management, and wraparound intensive service coordination.

The service array in Figure 1 was discussed with data partners and feedback was gathered on:

- Portions of the service array that are included in Washington's current behavioral health landscape.
- Portions of the service array that are missing from Washington's current behavioral health landscape.
- Specific services or organizations that may be useful in providing data in the future.
- Stakeholders were able to identify that the current Washington behavioral health system contains much of what the Ideal Service Array proposes. While the current continuum contains services in all distinct categories, including community, stakeholders acknowledged the possible lack of collectible, ongoing data that could inform a Data Dashboard Design for all populations.

Figure 1: Comprehensive Service Array for Children, Youth, Young Adults, and Families²



² TriWest Group. (2024). *Comprehensive service array for children, youth, young adults and families* [graphic].

Section 5

Data Sources

In reviewing data sources for the Data Dashboard Design, the team continues to consider the quality, consistency, accessibility, and potential biases of the currently identified data sources. This includes, but is not limited to, the potential for data from different sources to be linked, the degree to which the data is subject to regular quality control checks, how often the data source is updated, and constraints around data access (e.g., costs, data use agreements, or required agency approval, etc.), affirms that sources proposed should be informed by children, youth, young adult, and families' experiences, which should include a sustained and ongoing feedback loop with those individuals receiving BH services. This will allow the State to make data-informed and person and family-centered decisions.

In the second data partner meeting, Mercer engaged stakeholders to review possible data sources and how the sources aligned to the Ideal Service Array. Specifically, the attendees addressed the availability of quantitative and qualitative data regarding behavioral health services in the State. Some of the specific questions asked were:

1. What data or metric demonstrates availability of the specific service types?
 - Discussion included metrics for access to services and capacity (e.g., workforce, urban versus rural [or other geographic features]).
2. What data or metric reflects that reimbursement is sufficient to ensure benefit coverage?
 - Discussion included obtaining data on gaps in payer coverage and insufficient provider and reimbursement rates.
3. What data or metric shows that utilization levels reflect the underlying prevalence rates of different needs?
 - Discussion included measures of timeliness of services appointments, waitlists, and geographic gaps in service delivery.
4. What data or metric can identify disparities in access when looking at different subpopulations?
 - Discussion included obtaining demographic data and utilization data on race, ethnicity, culture, language, age group, socioeconomic status, sexual orientation, and/or gender identity.
5. What data or metric can be used to detect disparities for other populations?
 - Discussion included obtaining data on individuals with co-occurring conditions, foster youth, and/or SUD.
6. How can data or metrics reveal if equitable utilization of preventative services is occurring across all populations or if there is an inequitable utilization of more intensive services such as hospitalizations and residential services across all subpopulations?
 - Discussions centered on the perspective that the use of higher and more restrictive levels of care is an indicator that services were not received at more preventative or

early intervention and treatment levels, indicating a gap in access to effective early treatment (home and community-based services).

7. What data or metric can display if there is a disproportionate number of negative outcomes across age cohorts, subpopulations, or payer sources?
 - Discussion included metrics such as Juvenile Justice referrals, charges, and dispositions; emergency department (ED) visits; inpatient hospitalization; out-of-home placement; school suspensions and expulsions.

Though not the main focus of this report, groups did discuss some qualitative examples including survey results, key informant interviews, focus groups, and the experiences of people receiving services. The figures below outline the examples of data sources provided to and gathered from the stakeholders that align with the various dimensions of the Ideal Service Array as seen in Figure 1. Based on feedback and ongoing discussion from the data partners, potential data sources were discussed and included in Figure 2–Figure 8, as well as any other notes of consideration.

Figure 2: Potential Data Partners and Data Sources — Community and School

Community and School	
Examples of Service Delivery Systems (and Programs)	<ul style="list-style-type: none"> Community-Based Organizations. Faith-Based Organizations. Educational System.
Potential Data Partners and Data Sources	<ul style="list-style-type: none"> OSPI — Student Assistance Prevention and Intervention Services Program BH Staff in Schools. Washington Kindergarten Inventory of Developmental Skills (WaKIDS) Assessment. OSPI Comprehensive Report Card. Healthy Youth Survey. Washington State Education and Research Data Center (ERDC). CYBHWG Strategic Plan Landscape Document. Office of Homeless Youth. Demographic Data (e.g., Census, geography, etc.). Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Survey on Drug Use and Health. IDEA Data Center. Office of Financial Management EDRC Data Dashboards.
Notes from Data Partners Meeting	<ul style="list-style-type: none"> OSPI can provide information on local control and grant based funding. Major grants/initiative include Project Aware and Student Assistance program Early Support for Infants and Toddlers and/or Early Childhood Education and Assistance Program information for early learning and related services

Community and School	
	<p>are part of DCYF and offer broad prevention and promotion-oriented MH supports.</p> <ul style="list-style-type: none"> • Schools may allow private providers to provide services in schools while others use only school employees. • Potential heat maps might include cost of child for behavioral health school services; Medicaid school-based billing. • Disparities by demographics and comparisons to Census bureau data. • Explored various sources of funding including Medicaid and local school district contributions. • Important school outcomes include graduation rates; high school graduation outcomes as well as disciplinary actions (suspensions/expulsions).

Figure 3: Potential Data Partners and Data Sources — Promotion, Prevention, and Early Intervention

Promotion, Prevention, and Early Intervention	
Examples of Service Delivery Systems (and Programs)	<ul style="list-style-type: none"> • Social and Emotional Learning. • BH Literacy. • Home Visiting Program. • Violence and Suicide Prevention.
Potential Data Partners and Data Sources	<ul style="list-style-type: none"> • OSPI — Emotional and Behavioral Distress Plans. • OSPI — Reports and Data Sets (e.g., Discipline). • Office of Homeless Youth (wa.gov). • Strategic Plan Landscape Document. • DCYF Utilization Data (Voluntary Services, Family Assessment Response, etc.). • DSHS Client Service Data. • State All Payers Claims Database — Early Intervention Current Procedure Terminology and Healthcare Common Procedure Coding System Codes. • New Journeys Psychosis Programs. • Washington State Healthy Youth Survey. • Washington Young Adult Survey. • Research and Data Analysis in DSHS (dashboards and reports). • Minerva database. • Services for families/parents as well as children including DCYF and HCA services for neonatal substance exposed babies.

Promotion, Prevention, and Early Intervention	
	<ul style="list-style-type: none">• Division of Behavioral Health and Recovery. Office of Homelessness or Suicide Prevention Program Data.• Injury Prevention Group (Suicide Data).• State Epidemiology Outcomes Work Group within DOH.
Notes from Data Partners Meeting	<ul style="list-style-type: none">• RDA includes DCYF data including voluntary services and Family Assessment Response (FAR) linked to Medicaid claims.• RDA maintains the integrated care database with information on eight prevention programs for the Families First Prevention Services Act.• Sources of funding and disparities for preventative services versus deep end services should be explored.• RDA does not have data on DBHR administers prevention programs including Community Prevention and Wellness Initiative.• Aggregate prevention data and grant funded data may not be able to be linked to Medicaid.• Proposed connecting with local school-based services.• Data from the National Institute from Mental Health may be beneficial as school BH services can differ.• Demographics and outcomes such as alternative schools, congregate care placements, Juvenile Justice referral, suspensions, and graduation rates will also be considered important.• Plan to analyze the data to identify successful reintegration or placement strategies to move towards a more preventative system.• Family First Prevention Services.• Will be important to consider BH and SUD treatment for parents — Look into the Community Presentation and Wellness Initiative as well as the Behavior Health and Recover Division.• Services for neonatal substance exposed babies.

Figure 4: Potential Data Partners and Data Sources — Outpatient and Integrated Care

Outpatient and Integrated Care	
Examples of Service Delivery Systems (and Programs)	<ul style="list-style-type: none"> • Collaborative Care Model. • Integrated Primary Care. • Washington Partnership Access Line (PAL). • Perinatal Psychiatric Consult Line. • Mental Health Referral Service.
Potential Data Partners and Data Sources	<ul style="list-style-type: none"> • 2023 BH and Consultation PAL Report. • Strategic Plan Landscape Document. • Washington All Payer Claims Database. • PAL for Moms. • State Health Facts — Kaiser Family Foundation. • Uniform Reporting System — SAMHSA. • Treatment Episode Data Set — SAMHSA. • Medicaid (via All Payer Claims Database). • DSHS Research and Data Analysis Unit. • Washington State Institute of Public Policy. • HCA Long-Term Inpatient Data.
Notes from Data Partners Meeting	<ul style="list-style-type: none"> • RDA has arrest data and charge data. Both RDA and the Institute of Public Policy both have Juvenile Justice data. • DCYF includes juvenile rehabilitative data. • Juvenile detention data for the State is not maintained centrally for county detention facilities. • The Administrative Office of the Court may have some data on the probation population and home-based supervision and services (potential gap in data). • Need to identify data source on placements, secure care, residential supervision, and ambulatory care is needed to identify the depth of involvement. • If a youth is on probation, Medicaid payment of services might require a data match. Need to confirm that Medicaid is paying for these services either because of custody, the re-entry demonstration, or other eligibility. • There is an underlying need to identify important populations and gaps in community-based prevention groups. • Commercial insurance data in All Payer Claims Database (APCD) is limited, but potential measures include number insured (versus number or percent uninsured) and out of network utilization for BH services. • Might be helpful to look at out of pocket costs.

Outpatient and Integrated Care

- Note that APCD is limited in SUD information due to legal issues.
- Quarterly clinical quality measures for the Medicaid services and some State-only funded programs.

Figure 5: Potential Data Partners and Data Sources — Home and Community-Based Services

Intensive Home and Community-Based Services

<p>Examples of Service Delivery Systems (and Programs)</p>	<ul style="list-style-type: none"> • Rehabilitative Skills Training. • Multi-Systemic Therapy. • Family Functional Therapy. • First Episode Psychosis Care. • Intensive Outpatient Program. • Recovery Support.
<p>Potential Data Partners and Data Sources</p>	<ul style="list-style-type: none"> • 2023 BH and Consultation PAL Report. • Strategic Plan Landscape Document. • Washington APCD. • Wraparound with Intensive Services (WISe) Program Data. • Peer Support Program Data. • Food Safety Preventive Controls Alliance Plan. • Indian Child Welfare Act. • State Automated Child Welfare Information System.
<p>Notes from Data Partners Meeting</p>	<ul style="list-style-type: none"> • Need a list of programs in the juvenile rehabilitation settings. • Juvenile rehabilitative services should be compared to Medicaid and the All Payer Database. • There may be heat maps where services are only available in certain areas, not the entire State. • The Washington probations systems was discussed at length, which relies heavily on home-based services. • Highlighted need to confirm Medicaid coverage for probation services. • Explore data and gaps in care regarding secure care and probation. • Look into use of more intensive home-based therapies, such as Multi-systemic Therapy, Family Function Therapy, and Aggression Replacement Therapy. • Look into specific data related to Partial Hospitalization and Intensive outpatient programs.

Intensive Home and Community-Based Services

- May want to connect with HMA, DSHS, Developmental Disabilities Administration (DDA), and the Ombudsman.
- Commercial insurance data in APCD is limited, but potential measures include number insured (versus number or percent uninsured) and out of network utilization for BH services.
- Might be helpful to look at out of pocket costs.
- DSHS — ongoing projects aimed at producing cross-system measures, with a focus on caregiver SUDs and treatment rates for children in care. Relevant to children's BH and MH, particularly those in the child welfare system.
- Challenges faced by the 18 years to 25 years age group, particularly those who are unhoused or have transitioned from secondary education to employment.

Figure 6: Potential Data Partners and Data Sources — Comprehensive Crisis Care

Comprehensive Crisis Care	
Examples of Service Delivery Systems (and Programs)	<ul style="list-style-type: none"> • 988/911. • Mobile Response and Stabilization Services. • Crisis Respite. • Crisis. • Emergency Shelters. • Emergency Rooms.
Potential Data Partners and Data Sources	<ul style="list-style-type: none"> • 2023 BH and Consultation PAL Report. • Strategic Plan Landscape Document. • Washington APCD. • 988 Call Data/Performance Metrics Reports. • Hospital Data (ED Utilization). • Teen Link. • DSHS.
Notes from Data Partners Meeting	<ul style="list-style-type: none"> • Crisis response — is there data for cross-trained teams? (i.e., teams for foster care, teams for individuals with I/DD). • I/DD service data is held in a DDA database. • Services delivered through DSHS are held in an integrated client database.

Figure 7: Potential Data Partners and Data Sources — Inpatient Psychiatric Care

Inpatient Psychiatric Care	
Examples of Service Delivery Systems (and Programs)	<ul style="list-style-type: none"> Includes Emergency Psychiatric Consultations and Inpatient Care.
Potential Data Partners and Data Sources	<ul style="list-style-type: none"> Transitional Age Youth — Community Health Plan of Washington. HCA Analytics, Research, and Measurement Dashboard Suite. Health Resources and Services Administration Behavioral Health Workforce Trends. Washington Health Workforce Survey. OIC Data and Reports. DSHS Client Service Data. DOH.
Notes from Data Partners Meeting	<ul style="list-style-type: none"> DOH has the following data: 988, ED, Emergency Medical Services, Death, and Healthy Youth Survey. The dashboard should include demographic longitudinal trends and prevalence of needs, as well as gathering longitudinal (trend[s]) for some of the data — especially prevalence, needs, and major causal factors. The strategy for prevention and support will be very different if needs are remaining constant versus if they are growing exponentially. The strategies would also differ if needs were increasing in the younger or older ages, or both. Please note: National teen depression rates, ED visits from self-harm (ages 10 years–19 years old) and deaths by suicide have more than doubled since 2010.

Figure 8: Other Considerations to Potential Data Partners and Data Sources

Other Considerations	
Examples of Service Delivery Systems (and Programs)	<ul style="list-style-type: none"> Treatment Delivered in Residential Settings.
Potential Data Partners and Data Sources	<ul style="list-style-type: none"> Transitional Age Youth — Community Health Plan of Washington. HCA Analytics, Research, and Measurement Dashboard Suite. Health Resources & Services Administration (HRSA) Behavioral Health Workforce Trends. Washington Health Workforce Survey. OIC Data and Reports.

Other Considerations

Notes from Data Partners Meeting

- These data sources would be focusing on services that may be available across the Ideal Service Array:
 - Tiered Care Coordination.
 - Cross System Integration.
 - Transitional Age Youth Case Management.
 - Continuum through the lens of different continuum for different age groupings.
 - Recovery support services; peer support for ages 18 years to 25 years.
 - Workforce.
 - Uninsured/Underinsured.
 - People Experiencing Homelessness.

Section 6

Data Dashboard

Based on the Ideal Service Array and discussions with the data partners described above, a preliminary, proposed dashboard design matrix can be found in Appendix A. The data dashboard design was the focus of Meeting #3 and was further refined during additional ad hoc data partner meeting(s), as well as meetings with HCA and other stakeholders.

As part of the dashboard design discussion with data partners, Mercer discussed options for displaying data in a meaningful manner. Additionally, Mercer reviewed existing State dashboards used in other projects as examples of effective visualization strategies. Data partners endorsed the following techniques that will help dashboard users to easily understand data through visual depictions of metrics.

- **Heat Maps** — two-dimensional data visualization techniques that represent the magnitude of values within a dataset, usually displayed within specific defined boundaries. For example, the number of crimes reported in specific zip codes or cities, or the links on a specific website that are most often clicked.
- **Concrete Metrics** — quantifiable measures that can be observed over time. Process measures include indicators of services that can be counted (i.e., number of claims, number of available beds or treatment slots, the number of people served in a specified time period, etc.). Outcome measures indicate the effect of care on the patient's general health, typically displayed in graph form.
- **Benchmarking** — reference points that can be used for comparison. Benchmarking is the process of comparing a State, region, or population's performance against other states, regions, or populations that operate in the same niche, are of similar size, have a similar target population, and are measured in the same way. These are also typically displayed in graph form.

The dashboard will utilize performance metrics to identify gaps that the State is trying to close or the service the State is trying to improve. These metrics will be linked to on-going data sources that can measure gaps and progress over time.

Framework for looking at Gaps in the Dashboard

Looking at these four categories by Age, Cohort, and Payer

Demand	Capacity	Access/ Utilization	Outcomes
<ul style="list-style-type: none">• Demographic changes in overall demographics• Identification of populations of interest (e.g., unhoused, I/DD, racial/ethnic groups, and indigenous groups)	<ul style="list-style-type: none">• Workforce• Urban/rural or other geographic features• Promotion, prevention, & early intervention service utilization	<ul style="list-style-type: none">• Holes in payer coverage• Disparities in access by socioeconomic, racial, and populations of interest• Delivery system gaps by age or other populations of interest• Outpatient & integrated care• Intensive home and community-based services	<ul style="list-style-type: none">• Juvenile Justice referrals/charges/dispositions• ED visits• Inpatient hospitalizations• Residential treatment utilization• Out-of-home placements• Access to crisis services

The proposed Dashboard Design framework will also include demographic information changes charting the demand for services and changes in demand over time (e.g., language/interpreter need). It will utilize capacity metrics such as workforce capacity, network capacity, urban/rural area, or other geographic features — such as provider deserts. It will also include access/utilization metrics that capture gaps in payer coverage, disparities in access by socioeconomic, racial, and populations of interest, delivery system gaps by age, or other criteria. Finally, the Dashboard Design will include outcome metrics measuring the consequences of children, youth, and young adults having insufficient BH resources such as Juvenile Justice referrals/charges/dispositions, inpatient hospitalizations, ED visits, out-of-home placements, school suspensions/expulsions or sufficient resources such as graduation rates and employment rates. The dashboard will look at each of these categories of metrics by age band as relevant — children ages zero to five years old, children in school ages five years to 17 years, and young adults ages 18 years–25 years old. Mercer recognizes that developmental stages do not always align with chronological age, and thus will not always align into each of these categories. However, for the purposes of the dashboard and data collection, chronological age helps us to refine metrics and identify data sources that may be specific to an age group (for example, Kindergarten readiness scores, or employment rates).

Section 7

Next Steps

Thanks to the ongoing efforts of various data partners, the Strategic Planning Staffing Team, and the CYBHWG, Washington Thriving continues to make progress towards the Data Dashboard Design. A significant number of data sources have and continue to be identified, and the next phase of the project will focus on prioritizing metrics and identifying the most robust data sources that can be used to identify and track ongoing outcomes for Washington Thriving. The next phase will also include leveraging relationships with data partners, to produce a Dashboard Design using ongoing data sources, for the prioritized metrics.

Appendix A

Data Dashboard Matrix

all = all age groups | specific age groups = 0–5; 6–17; 18–25

Delivery System	Demand	Capacity	Access/Utilization	Outcomes
General social services: <ul style="list-style-type: none"> DOH DSHS 	<ul style="list-style-type: none"> Total population by age, gender, race/ethnicity, sexual orientation, gender identification, income, and language and by county or by urban/rural counties (all) Specific populations of interest (all)³ Self-reported young adult cannabis and alcohol use (Washington Young Adult Health Survey) (18–25) Prevalence of BH needs by age band (multiple Washington surveys; NSDUH) (all) 	<ul style="list-style-type: none"> Providers available (Ratio of BH providers to population) (all) Workforce capacity (all) Urban/rural or other geographic features (all) Number of children placed out-of-State due to lack of in-State placement (6–17) 	<ul style="list-style-type: none"> Promotion, prevention, and early intervention service utilization (all) Differences in rates of promotion, prevention, early intervention utilization by race/ethnicity, geography, income (all) Early childhood service utilization (all) Differences in rates of early childhood service utilization by race/ethnicity, geography, income (all) DSHS service utilization (Women, Infants, and Children, Temporary Assistance for Needy Families [TANF], etc.) (all) Utilization of supports for transitions to adulthood/life skills (18–25) 	<ul style="list-style-type: none"> Number/rate per 1,000 of ED visits by age, gender, race/ethnic and by county (all) — all payers Number/rate of juvenile offenses (6–17) Arrest rates (18–25) Crisis line utilization (number of calls, by demographics, as available) (all) Employment rates (18–25) There are performance measures reflecting arrest Housing instability rates (18–25) Suicide hospitalizations and deaths (all)

³ Including individuals with I/DD, unhoused youth, children, youth, and young adults in foster care (including those considered Transition Aged youth), Native youth and young adults, refugees, immigrants, and LGBTQIA+.

Delivery System	Demand	Capacity	Access/Utilization	Outcomes
			<ul style="list-style-type: none"> Healthcare Effectiveness Data and Information Set (HEDIS) related quality measures (all) 	
Medicaid	<ul style="list-style-type: none"> Medicaid members with BH or SUD diagnosis (by race/ethnicity, county) (all) 	<ul style="list-style-type: none"> Number of Medicaid providers (all) Child Medicaid eligibility (0–5; 6–17) 	<ul style="list-style-type: none"> BH service utilization by age group: outpatient and integrated care, Intensive home- and community-based services (all) Quarterly clinical quality measures (e.g., HEDIS) (all) 	<ul style="list-style-type: none"> Number/rate per 1,000 Medicaid members with ED visits by age, gender, race/ethnicity (all) Utilization of inpatient/residential care by Medicaid members (all)
Commercial <ul style="list-style-type: none"> OIC 	<ul style="list-style-type: none"> Number/percent of insured population (all) 	<ul style="list-style-type: none"> Providers available (Ratio of BH providers to population) (all) 	<ul style="list-style-type: none"> BH service utilization by age group: outpatient and integrated care, Intensive home- and community-based services (all) Gaps in payer coverage Disparities in access Delivery system gaps by populations of interest Commercial reimbursement rates for MH and substance use services (all) Quarterly clinical quality measures (all) 	<ul style="list-style-type: none"> Number/rate per 1,000 of commercially insured ED visits by age, gender, race/ethnicity (all) Utilization of inpatient/residential care paid by commercial payers

Delivery System	Demand	Capacity	Access/Utilization	Outcomes
Schools <ul style="list-style-type: none"> • OSPI • OFM 	<ul style="list-style-type: none"> • Washington Kids Kindergarten readiness scores — social/emotional (0–5) • Percent students reporting suicide ideation (6–17; Healthy Kids survey) • Percent students reporting recent drug/alcohol use (6–17; Healthy Kids survey) • Prevalence of pre-Kindergarten BH plans • Prevalence of IEPs 	<ul style="list-style-type: none"> • In-school services provided with grant funding — Project Aware and Student Assistance program (amount of funding; number served) (6–17) • Number of coordinated school safety center positions, threat assessment positions, and BH navigators • Number/ratio of school social workers per population (6–17) • Number/percent of Medicaid eligible students (all) 	<ul style="list-style-type: none"> • Disparities in Individualized Education Plans (IEPs), participation in school-based services (demographics served with grant funds) (0–5; 6–17) • Utilization of school-based services and other State (Title IV-E/TANF and State only funds from child welfare) (0–5; 6–17) 	<ul style="list-style-type: none"> • Four-year graduation rate (6–17) • High School Graduate Outcomes (ERDC) (18–25) • School disciplinary incidents — number/prevalence (suspensions, expulsions) (0–5; 6–17)
DCYF	<ul style="list-style-type: none"> • Number of Child Abuse and Neglect Reports (CANs) 	<ul style="list-style-type: none"> • Services provided by Department of Health and Human Services (HHS), voluntary family services, FAR, TANF, etc. (0–5; 6–17) 	<ul style="list-style-type: none"> • Disparities in CANs reports (by race/ethnicity, county, income) (0–17) 	<ul style="list-style-type: none"> • Number/rate of out-of-home placements (0–5, 6–17) • Removal from early childhood programs (0–5)

Appendix B

Data Sources

To further aid the development of the current BH landscape with quantitative measures in the State, HCA has shared a list of publicly available reports and data. Mercer has categorized these reports and data by including a summary of the report and/or data, identifying the population mentioned and cross-walking to the Ideal Service Array of BH services for parents and caregivers of children, youth transitioning to adulthood through the age of 25 years old. The documents are organized in an Excel database that allows the State to sort reports by the following information:

- Population of Interest.
- The category of the Ideal Service Array addressed by the data source.
- If the data source was qualitative or quantitative in nature.
- The age group notes the age group addressed in the data source.
- If the data source was a one-time only report or an on-going data source.
- If the data source identifies improvement opportunities.
- If the data source identifies unmet needs.
- If the data source addressed a data partner meeting topic.

Summary of Data Sources

Criteria	Categories	Number of Data Sources
Population of Interest	Child welfare	7
	Early childhood	6
	Individual at risk of homelessness	12
	Individual with BH needs	53
	Individual with Juvenile Justice	7

Criteria	Categories	Number of Data Sources
	Individual with IEP	1
	Individuals with traumatic brain injury	1
	Washington State Utilization Data	7
	Workforce	6
Category of the Ideal Service Array	0	43
	1	18
	2	32
	3	19
	4	11
	5	9
	6	6
	N/A	21
Qualitative or Quantitative	Qualitative	27
	Quantitative	37
	Both	25
	N/A, Blank	30
Age Group Addressed	Children 0-5	36
	Children 6-17	73
	Young Adults 18-25	41
	All Ages	25
On-Going Data Sources	On-going data source	42
	One-time report	57
	N/A	19
Identifies Improvement Opportunities	Yes	31
Identifies Unmet Needs	Yes	30

Report	Description	Data Source Status		Age Group			Ideal Service Array							
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A
Child Welfare														
Child Well-Being Data Portal	The Child Well-Being Data Portal is a joint project of the Center for Social Sector Analytics & Technology (CSSAT) and Partners for Our Children (POC). CSSAT and POC work to bring tools such as the Data Portal to social workers, parents, advocates, and policy-makers that will help improve the lives of vulnerable children and families in Washington State, especially those touched by the child welfare system.	X		X	X					X				
Indian Child Welfare Act (ICWA)	ICWA provides guidance to States regarding the handling of child abuse and neglect and adoption cases involving Native children and sets minimum standards for the handling of these cases.			X	X					X				
State Automated Child Welfare System	Unable to locate information.													
US DHHS, Children's Bureau, Adoption and Foster Care Analysis and Reporting System (AFCARS)	AFCARS collects case level information on all children in foster care for whom State child welfare agencies have responsibility for placement, care, or supervision, and on children who are adopted under the auspices of the State's public child welfare agency. AFCARS also	X		X	X					X				

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	includes information on foster and adoptive parents.														
Washington DCYF, Agency Performance	Availability of data varies by measures	X		X	X		X	X							
Washington DCYF, Reports	Contains 269 reports consisting of legislative, federal, and DCYF program. Site also contains information on pre-expenditure report for federal fiscal year (FFY) 2025 social service block grant and the Office of Innovation, Alignment, and Accountability (OIAA) reports of new research and analysis conducted on DCYF programs.	X		X	X		X	X							
Washington DCYF, Assessment Oversight Group (AOG)	This site contains information on the AOG, which monitors and coordinates DCYF's ongoing use of assessments and approves the use of new assessment tools.			X	X										X
Early Childhood															
Arizona's smart support evaluation report: The first four years	Focus on working with teachers and childcare providers to increase their skills and capacities.		X	X			X								

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
Expansion of trauma-informed childcare in Washington State, March 2019	In 2018, a Trauma-Informed Care Advisory Group (Advisory Group) was established by the Legislature in Engrossed House Bill 2861. Its task was to develop a five-year plan for expanding the availability of trauma-informed early care and education experiences. Report recommends expanding availability of trauma-informed early care.		X	X			X	X							
Supporting resilience in black families: Advancing racial equity in early childhood mental health policy	Report addresses racial disparities in health care, specifically for black youth and advocate for teachers in Pre-Kindergarten to have access to MH consultants, expanding network for Infant and Early Childhood Mental Health Consultation, and expanding comprehensive trauma-informed care coordination services.		X	X			X								
Washington ERDC	ERDC focuses on providing longitudinal information and research about transitions between the education and workforce sectors to assist students, parents, educators, and policy makers when making decisions. Information and research provided by ERDC typically begins in one sector and reports outcomes achieved in other sectors.	X		X	X		X								

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	The dashboards below represent some of the ongoing research conducted by ERDC.														
Washington State Child Care Access Strategy: A strategy, timeline, and implementation plan to reach the goal of accessible, affordable childcare for all Washington families	Outlines goals of the Child Care Collaborative Task Force and policy implementation plan to improve access to care for children including BH and MH — outline steps taken, actions, and proposed steps.		X	X	X				X						
Individuals at-Risk of Becoming or Experiencing Homelessness															
2021 Update Improving Stability for Youth Exiting Care	Homeless youth				X	X		X	X						
2024 WA Unaccompanied YYA Landscape Scan_Final.pdf	Data to estimate the number of unaccompanied young people who experienced homelessness in 2022 and understand their characteristics				X	X		X	X						
A Way Home Report: From Inpatient Treatment to Homelessness, December 2018	Provides a review of the current information available about youth homelessness from the inpatient BH perspective, offers insight into massive system initiatives underway around BH and youth homelessness. The report also provides information about the inpatient BH landscape that serves young people in Washington.				X	X		X	X		X				

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
Access to behavioral health services for children and youth, December 2022 and December 2023	Medicaid and Children’s Health Insurance Program MH/SUD penetration data, number of MH and SUD providers in Apple Care, and information on individuals with eating disorders and treatment providers			X	X			X	X	X					
Best practice recommendations for safe and supportive transition to stable housing for youth ages 16–25, July 2021	Best practices to transition youth and young adults ages 16 years to 25 years old who experience homelessness from inpatient to outpatient behavioral care and stable housing				X	X		X							
Community Feedback on Substitute Senate Bill (SSB) 6560 Progress Report, May 2024	This is an annual progress report on SSB 6560 which was passed in 2018. SSB 6560 was intended to ensure that no youth is discharged from a public system of care into homelessness, and the annual progress report contains feedback from interested parties. Purpose of this report is to inform communities about progress made through changes in law or funds available to prevent and end youth homelessness.				X	X	X								
Findings and recommendations to the OIC related to access to behavioral health services, December 2019	The goal of this project is to confirm that health insurers offer comprehensive and affordable health benefit designs by examining			X	X	X									

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	access to MH/SUD treatment in the fully insured individual, small group and large group health insurance markets.														
Homelessness among youth exiting systems of care in Washington State, March 2024	This report provides information on the housing status of a cohort of youth (ages 12 years to 17 years old) and young adults (ages 18 years to 24 years old) exiting Washington State inpatient BH, foster care, and criminal legal systems from January 1, 2021, to December 31, 2021.				X		X								
Preliminary strategic plan: Prevention of youth homelessness, January 2021	Contains overview of existing efforts to prevent youth homelessness, data on demographics of homeless youth including structural and systemic and identifies gaps in State-system led interventions. Also discusses funding streams.				X	X	X								
Rights of Youth and Young Adults in Residential Programs, January 2020	Washington State Department of Commerce, Office of Homeless Youth report contains information on homeless youth programs and recommendations.				X	X		X							
Washington OSPI Update: Data on students experiencing homelessness, 2021	Presents findings on number of high school students experiencing homelessness by grade level, graduation rates, and suspensions and expulsions.				X		X								

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
Washington State Department of Commerce, Data, Research, and Reports	Contains 21 data, research, and reports on a wide range of topics impacting youth at risk of becoming or experiencing homelessness.				X		X	X	X						
Individual Involved in the Juvenile Justice System															
Uniform Reporting System (URS) (samhsa.gov)	The URS, comprising 21 tables developed by the federal government in consultation with State mental health agencies (SMHAs), compiles state-by-state aggregate information, including numbers and sociodemographic characteristics of clients served by the states, outcomes of care, use of selected evidence-based practices, client assessment of care, insurance status, living situation, employment status, and readmission to State psychiatric hospitals within 30 days and 180 days.	X			X	X			X						
Washington DCYF, Treatment Programs	Contains information on available treatment programs			X	X				X					X	

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
Washington State Juvenile Law Enforcement Data Analysis Dashboard	Dashboards show the number of juvenile arrests for every 1,000 youth. Rates are based upon the demographics (race, ethnicity, and gender) of the cities or counties selected by user, and arrest demographic and offense information as reported by city policy department, county sheriffs, and other law enforcement agencies.				X										
Individuals with Behavioral Health Needs															
988 Call Data/Performance Metrics Reports	This report provides data from July 2022 through June 2023 on the usage of the 988 Lifeline, call outcomes, and the provision of the crisis services inclusive of mobile rapid response crisis teams and crisis stabilization services.		X	X	X	X						X			
2023 Behavioral Health and Consultation (PAL) report	Behavioral health referral and consultation to providers of children, individuals who are pregnant, postpartum, or planning pregnancy.		X	X	X	X			X						
Access to behavioral health services for children, youth, and young adults, December 2023	This report is an annual report from HCA to the legislature in accordance with the Revised Code of Washington (RCW) 74.09.495. This report. This report contains the status of access to BH services for children (birth through age 17 years) enrolled in Apple Health (Medicaid).	X		X	X				X	X	X				

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
Maple Valley Community Resource Coordinator Pilot Project	Reported submitted by HCA about the findings of a pilot project involving community resource coordinator pilot project, key takeaways, and future plans.		X	X			X								
Addressing the youth mental health crisis: The urgent need for more education, services, and supports, 2020	Report targeted at State policymakers and advocates which details the MH crisis among youths, State policy recommendations to alleviate this, and a section on school-based MH education. Mentions the Mental Health Association in NY which helped pass the nation's first law mandating schools to teach students about MH.			X	X		X	X							
Ages 15-25 years, Transitional Age Youth - Washington State Local Health Insurance — Community Health Plan of Washington	Resource site and member portal.				X	X	X								
Athena — Washington Young Adult Health Survey (WYAHS)	The WYAHS is a statewide online survey that measures cannabis and other substance use, perceptions of harm, risk factors, and consequences among young adults (18 years to 25 years old) living in Washington State.	X				X		X							
Certified Community Behavioral Health Clinic (CCBHC) impact report, 2021	A CCBHC is a specially designated clinic that receives flexible funding to expand the scope of MH/SUD services available in its community.		X	X	X	X			X						

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	CCBHCs provide care for people with unmet needs.														
Children and youth behavioral health work group recommendations, 2016-2020	Contains summary of the CYBHWG recommendations from 2016–2020 regarding BH.	X		X	X		X	X	X						
CYBHWG	Website contains reports generated by and for the CYBHWG as well as reports that relate to BH services for children, youth, young adults, and their families.			X	X	X	X	X	X	X	X	X	X		
Children and Youth BH Work Group Strategic Plan Landscape document	A description of the data gathered by King County BH Administrative Services Org (BH-ASO) to continue the Children's Crisis Outreach Response System (CCORS) in King County.	X		X	X	X			X						
CCORS and King County Behavioral Health — ASO contracting, December 2021	A description of the data gathered by King County BH-ASO to continue the CCORS in King County.		X	X	X					X					
Family initiated treatment (FIT) expansion, November 2020	Discusses results of FIT survey developed by HCA to assess the impact of FIT, which is an admission pathway for youth to access MH/SUD services across continuum of care. The report concludes that there are opportunities to increase youth, provider, and parent voices for future surveys and stakeholder work as well as continued training and education on what FIT is and		X		X				X	X	X	X	X		

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	implementation strategies for communities and providers.														
FIT expansion survey results impact report, November 2021	A summary of the 2020 survey results. It states that HCA faced challenges and was unsuccessful at completing the FIT system impact survey for the fiscal year 2021 due to technological system changes inside the agency.				X			X							
First Episode Psychosis: Estimating annual incident using administrative data, 2021	Contains state fiscal year 2021 data on the number of Medicaid enrollees that received their first psychotic disorder diagnosis and estimates how many Medicaid enrollees in the State experienced a first-episode psychosis by county using data from Integrated Client Databases, which breaks down demographics of these individuals.		X	X	X	X			X						
Five-year outcomes of behavioral health integration in primary care, July 2019	A study that found that BH integration in pediatric primary care can increase access to BH services. It also looks at outcomes such as access, quality, cost, and provider satisfaction.		X	X	X				X						
Food Safety Preventive Controls Alliance Plan	The U.S. Food and Drug Administration in cooperation with the Illinois Institute of Technology's Institute for Food Safety and Health, a nationally recognized leader in									X					

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	food safety, created the Food Safety Preventive Controls Alliance. External Link Disclaimer to develop training courses and technical information on preventing contamination for both human and animal food during production.														
Healthy Youth Survey	The Healthy Youth Survey (HYS) is a biennial, cross-sectional survey of 6–12 graders that measures adolescent health and wellbeing in Washington State administered since 2002.	X			X			X							
Kids' Mental Health Washington	Kids' Mental Health is a Youth Regional Behavioral Health Navigation team which was formed in partnership with the HCA, Pierce County, and Developmental Disabilities Administration. The Youth Regional Behavioral Health Navigation teams focus on improving collaborative communication, service connection processes, and the deployment of Multidisciplinary Teams, all of which are designed to improve access to and the coordination of services for children and youth experiencing BH challenges.				X			X							

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
Languages Spoken at Behavioral Health Agencies Serving Children and Youth in Washington State, 2020	Information on linguistic competency of BH care providers (languages other than English) and agencies.		X	X	X				X						
Maple Valley community resource coordinator pilot project	Reported submitted by HCA about the findings of a pilot project involving community resource coordinator pilot project, key takeaways, and future plans.		X	X	X	X	X								
Mental Health Service Costs and Use Trends — OIC, Washington State	To help policymakers and interested parties better understand how consumers use MH services and the cost of those services, the OIC contracted with Onpoint Health Data to create a searchable dashboard of BH-specific claims.	X		X	X	X			X	X	X	X	X		
Minerva database	A database of clinical trials with patients with attention deficit hyperactivity disorder that allows for quick queries, reviews, and meta-analyses as the researcher skips the study identification and extraction stages of data.	X		X	X	X			X						
National Indian Child Welfare Association	The purpose of this data brief is to review data related to American Indian and Alaska Native children and child welfare.		X	X	X					X					
National Survey on Drug Use and Health — SAMHSA	The 2021–2022 NSDUH State data tables provide estimates for 35 measures of substance use and MH by age group across 37 tables.	X			X	X	X								

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
New Journeys and First Episode Psychosis	New Journeys coordinated specialty care is a treatment curated to meet the needs of those experiencing a first episode of psychosis with treatment services of a higher intensity than those offered in regular outpatient settings. Treatment provides evidence-based health and recovery support interventions for youth and young adults when first diagnosed with psychosis.														
New Journeys: Coordinated Specialty Care for first episode psychosis, January 2021	Contains the statewide implementation plan of coordinated specialty care for early psychosis.				X	X			X	X					
Ninth Grade Success	This grant program was created to help ninth grade teacher teams to analyze data visualizations to pinpoint students that need additional supports and offer them as soon as possible. The grant provides professional development on best practices, opportunities to network success with other regional teams, coaching support, and quarterly collaboratives to monitor progress and problem solve.				X		X								
OIC Data and Reports	Annual reports that contain number of insurance companies offering health insurance through the	X		X	X	X									X

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	Washington State Health Benefit Exchange and/or outside the Exchange (in 2023, there were 14 insurers).														
PAL for Moms	PAL for Moms is a free State-funded program providing perinatal MH consultation, recommendations, and referrals for providers caring for pregnant or postpartum patients.			X	X	X			X						
PAL funding recommendations, December 2019	Recommendations developed by the PAL committee to develop a funding model for all operating BH consultation and referral services. Discusses current PAL programs and their current status, as well as current funding.		X	X	X				X						
PAL Plus program, December 2018	This is a final report for the PAL Plus pilot that includes a summary of children and families referred, and their participation in the program.		X	X	X				X						
Peer Support Programs	The HCA's Peer Support Program trains and qualifies BH consumers as certified peer counselors. By BH, we mean both MH and SUD.					X				X					
Project Aware	Project AWARE is a grant from the SAMHSA. It is spread over five years to both build and grow MH services and BH education within awarded districts. OSPI's Project AWARE is now in its third cycle.				X	X	X								

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
Reimagining access: Co-designing treatment policy with youth and their communities, 2022	Summary of collaborative efforts between HCA and firm Do Big Good to form a process that supports youth access treatment for SUD. Includes five stages: increase access to information, provide social support, unplug bottlenecks (where potential gaps can be found), connect marginalized youth (gap), and addresses concerns beyond access.		X		X	X	X	X	X						
Rights of Youth and Young Adults in Residential Programs, January 2020	Washington State Department of Commerce, Office of Homeless Youth report that contains information on homeless youth programs and recommendations.		X		X	X		X							
Staffing enrichment work group recommendations, 2019	Recommendations from Staffing Enrichment Workgroup which found that public education in the State needs to invest in BH of students by employing and training various BH professionals.			X	X										
State Health Facts KFF	State Health Facts is comprised of more than 800 health indicators and provides users with the ability to map, rank, trend, and download data. Data come from a variety of public and private sources, including KFF reports, public websites,	X		X	X	X			X						

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	government surveys and reports, and private organizations.														
Teaching clinic enhancement rate, status report of teaching clinic enhancement rate workgroup, October 2021	HCA report on status update regarding developing recommendations for teaching clinic enhancements for BH agencies to use when training those seeking their license.		X		X	X			X						
The state of mental health in America, 2022	Contains information on general State ranking on MH indicators and access to care for both adults and youth, and how disparities in MH exist for youth of color.			X	X	X									X
Treating Symptoms of Trauma in Children and Teenagers, 2022	Contains information on treating symptoms of trauma in children and teenagers.			X	X		X								
Treatment Episode Data Set (samhsa.gov)	Contains information on treating symptoms of trauma in children and teenagers.	X			X	X			X						
URS (samhsa.gov)	The URS, comprising 21 tables developed by the federal government in consultation with SMHAs, compiles state-by-state aggregate information, including numbers and sociodemographic characteristics of clients served by the states, outcomes of care, use of selected evidence-based practices, client assessment of care, insurance status, living situation, employment	X			X	X			X						

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	status, and readmission to State psychiatric hospitals within 30 days and 180 days.														
University of Washington and Seattle children's consultation and referral lines for mental and behavioral health final report, 2022	Evaluation of four mental and BH consultation and referral lines — found that families satisfied with process steps, but not timeliness of process. Report suggests working on timeliness and low participation in East Washington. Looked at data provided by BH care providers using PAL (calling about children aged 0 years to 19 years old), and Perinatal Psychiatry Consultation Line (any age).		X	X	X	X			X						
Washington State Healthy Youth Survey	Purpose of the HYS is for youth to share their wellbeing behaviors, attitudes, community, school experiences, and more.			X	X		X								
Wilderness therapy programs: A systematic review of research, June 2022	Literature review on existing research surrounding wilderness therapy, also defines the various programs under wilderness therapy and evidence-based practices in wilderness therapy.				X				X						
Wilderness therapy programs: Stakeholder perspectives in Washington, December 2022	Survey results of asking stakeholders of their perception, questions, concerns regarding wilderness therapy programs in the State. Also references the first report				X				X						

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	in this series which summarizes existing research on wilderness therapy.														
The World Mental Health International College Student (WMH-ICS) Initiative for ages 18-24 found at www.hcp.med.harvard.edu/wmh/college_student_survey.php	WMH-ICS Initiative is designed to: generate accurate epidemiological data on unmet for treatment of mental, substance, and behavioral disorders among college students worldwide; implement and evaluate web-based interventions for both the prevention and treatment of these disorders; and disseminate the evidence-based interventions found to be effective using a continuous quality improvement approach designed to prevent degradation of these interventions in dissemination and successively to improve targeting of interventions using precision medicine procedures.		X			X			X						
WISe	The WISe program model provides comprehensive services and support to eligible children and youth in Washington. Data reports related to WISe are publicly available on this page.				X					X					
WISe Summary of Results from the 2023 Survey	Purpose of this report was to summarize the findings from the 2022 annual survey of children, youth, and their caregivers who				X				X						

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	participate in WISE to assess participant engagement in WISE and provider competence which is broken down by age group, race, gender, and county. Report ultimately did not offer any insights into disparities or gap, but concluded that most youth and caregivers of all age groups had a positive experience with WISE.														
Youth risk behavior survey: data summary and trends report	Contains information on substance use (current and prior experience with substance abuse) as well as on suicidality. Report also contains a section on School Connectedness which may address how schools are addressing these issues.				X	X	X								
Individuals with I/DD															
"I want to go home" Reevaluation DDA children's services to prevent hospitalization and out-of-state placement, September 2022	Navigating BH for developmentally disabled youth.		X		X					X	X			X	
Individual with IEP															
IDEA Data Center (IDC)	Funded by the U.S. Department of Education's Office of Special Education Programs, the IDC supports states as they work to improve the collection and reporting of their IDEA data and as they	X	X	X			X								

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	analyze and use these data to make programmatic improvements.														
IDEA Section 618 State Level Data Files Part B Assessment	Data available from 2007–2022 by State level. Children and youth ages 3 years old through 21 years old receive special education and related services under IDEA Part B. BH referral and consultation to providers of children, individuals who are pregnant, postpartum, or planning pregnancy	X		X			X								
PAL funding recommendations, December 2019	Recommendations developed by the PAL committee to develop a funding model for all operating BH consultation and referral services. Discusses current PAL programs and their status, as well as current funding.			X	X				X						
PAL Plus program, December 2018	This is a final report for the PAL Plus pilot that includes a summary of children and families referred, and their participation in the program.			X	X				X						
Post-School outcomes for students with disabilities, 2021	Findings of 2020 Post-School Survey of former students who received special education services from school, one year after graduating high school to see the		X		X	X	X								

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	impact it had on employment opportunities.														
University of Washington and Seattle children's consultation and referral lines for mental and behavioral health final report, 2022	Evaluation of four mental and BH consultation and referral lines which found that families satisfied with process steps, but not with timeliness of process. Report suggests working on timeliness and low participation in eastern part of State. Looked at data provided by BH care providers using PAL (calling about children aged 0 years to 19 years old), and Perinatal PCL (any age).			X	X	X			X						
School-Based Mental Health and Education															
Brief: The case for school mental health, 2021	Supports development and deployment of a statewide accountability framework for a multi-tiered system of school mental health support, that can aid districts to develop plans and stay on track			X	X		X	X							
Building Bridges Legislative Report, 2023	The legislature created the Building Bridges Program to support a comprehensive engagement and reengagement system. This program includes grants to local partnerships of schools, families, and communities, attendance initiatives, engagement and reengagement, school leadership				X		X								

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	support, and shared best practices. The efforts are led through recommendations of the Graduation A Team Effort Advisory Committee.														
Educational Opportunity Gap Oversight and Accountability Committee (EOGOAC)	The EOGOAC was created by the 2009 legislature to synthesize the findings and recommendations from the 2008 Achievement Gap Studies into an Achievement Gap Studies Implementation Plan.			X	X		X								
Ninth Grade Success	This grant program was created to help ninth grade teacher teams to analyze data visualizations to pinpoint students that need additional supports and offer them as soon as possible. The grant provides professional development on best practices, opportunities to network success with other regional teams, coaching support, and quarterly collaboratives to monitor progress and problem solve.				X		X								
OSPI Adolescent Substance Use report (2018–2019)	Assessed the effectiveness of Student Assistance Prevention-Intervention Services Program.		X		X		X								

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
OSPI Data and Reporting	Data on school facilities, school accountability, educators, and finances. At a glance, this source does not seem to be useful for garnering health-related data, but could be useful for understanding the demographics of school-aged youth in Washington.	X			X		X								
Project Aware	Project AWARE is a grant from SAMHSA. It is spread over five years to both build and grow MH services and BH education within awarded districts. OSPI's Project AWARE is now in its third cycle.				X		X								
WaKIDS	WaKIDS is a transition process that helps to ensure a successful start to the Kindergarten–Grade 12 experience and connect the key adults in a child's life. These data help inform State and district-level decisions about education policy and investments, and classroom decisions about individualized learning.			X			X								
Washington ERDC	Contains a list of data available, organizations that provides the data, and file descriptions for: <ul style="list-style-type: none"> • Early learning • Kindergarten to Grade 12 	X		X	X		X								

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	<ul style="list-style-type: none"> • Postsecondary • Apprenticeship • Financial aid • Workforce • Other Data available years vary by files.														
Telehealth Practices															
Best telehealth practices for prenatal to young adult behavioral health, June 2022	This interim report summarizes processes, preliminary findings, and emerging recommendations from a seven-step framework (below) guiding Mercer’s review of best practices for telehealth for clients P-25. This report reflects completed work through Step 3 and partially completed work through Step 4 and Step 5.			X	X	X		X							
State Department															
Office of Financial Management	This dashboard allows comparison at a zip code level results from a select set of health care quality and cost measures, including adult access to preventative care and total cost per member per month, to socioeconomic characteristics, such as the percent of population living below the poverty line.			X	X	X		X							
Relationships between cost, utilization, and quality measures in health care — data dashboard															
Office of Financial Management	Website contains data dashboards and publications pertaining to, but not limited to, student enrollment,			X	X	X	X								
ERDC															

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	graduation rates, and demographic information.														
Washington State OIC	<p>Contains the following reports: OIC annual, market information, and legislative and commissioner.</p> <p>To help policymakers and interested parties better understand how consumers use MH services and the cost of those services, the OIC contracted with Onpoint Health Data to create a searchable dashboard of BH-specific claims. The data is from the Washington APCD and includes claims between 2017–2022 for all State-regulated health plans and Washington’s Public and School Employee Health Benefit Programs.</p>			X	X	X	X								
Washington OSPI	This page contains information about reporting to OSPI, the State Report Card, requesting data from OSPI, and other financial and programmatic reports.			X	X		X								
Washington State DCYF	State Department focused on serving at-risk children and youth, with the goal of producing better outcomes in all statewide communities.			X	X		X								

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	<p>State website contains a compendium of four (4) report types: legislative, federal, OIAA research and analysis, and the DCYF program. Report categories include adolescents/youth, birth-to-three, budget and rates, child welfare, DCYF organization, early learning, evidenced-informed practices, family support services, foster care, health, homelessness and housing, innovative practices, juvenile justice/rehabilitation, pre-Kindergarten, prevention, providers, racial equity/disproportionality, Tribal affairs, and workforce.</p> <p>Website also contains an agency performance dashboard for six strategic priorities and nine outcome goals and a compendium of reports to include legislative reports, federal reports, the OIAA research and analysis, DCYF program reports, and pre-expenditure reports for FFY 2025 social services block grant.</p>														

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
Washington State DOH Information by Location (IBL)	The IBL mapping tool lets you explore and compare communities. It displays information for a variety of topics by presenting a community's rank by a variety of topics, themes, and measures (i.e., environmental health disparities, diesel pollution and disproportionate impact, social vulnerability index, lead exposure risk, health disparities, planning for health).			X	X	X	X								
Washington State DSHS	State Department focused on transforming lives through seven administrations: Aging and Long-term Support, BH, Developmental Disabilities, Division of Vocational Rehabilitation, Economic Services, Financial Services, and Office of the Secretary. Website also contains research and resources for individuals with traumatic brain injury.			X	X	X	X								
Washington State DSHS, Client Data Report	Unduplicated client count and service utilization by race/ethnicity, age, or county			X	X	X	X								

Report	Description	Data Source Status		Age Group			Ideal Service Array							
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A
Washington State DSHS, BH Treatment Needs and Outcomes Among Medicaid-Enrolled Children	Report provides a snapshot of the BH needs, characteristics, and outcomes of children and youth (age 0 years–20 years) on Medicaid in Washington State. Differences between BH needs and outcomes of children and youth enrolled in Medicaid and those in foster care are also highlighted. This information can help to identify cross-system opportunities for BH service delivery.		X	X	X				X		X	X		
Washington State HCA Analytics Research & Measurement (ARM) Dashboard Suites	Website contains information to address questions around health service utilization by Washington State Medicaid enrollees.			X	X	X								
Washington State HCA, Data and Reports	Website contains information on health enrollment reports, legislative reports, budget information, and agency data dashboards.			X	X	X	X							
Washington State HCA, Legislative Reports	Website contains reports submitted by the HCA to the State Legislature.			X	X	X								
Washington State HCA, Teaching clinic enhancement rate, status report of teaching clinic enhancement rate workgroup, October 2021	HCA report on status update regarding developing recommendations for teaching clinic enhancements for BH agencies to use when training those seeking their license.			X	X	X	X							

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
Washington State HCA, Washington State APCD	A tool used to collect health care claims data for reporting, analytics, and to supports the public make health care decisions. It supports health care and payment reform while addressing the need for cost, quality, and utilization transparency.			X	X	X									X
Utilization															
Comprehensive Hospital Abstract Reporting System (CHARS)	CHARS is a DOH system which collects record level information on inpatient and observation patient community hospital stays.	X	X	X	X									X	X
HCA ARM Dashboard Suite	HCA's ARM dashboards focus on health service utilization by Apple Health (Medicaid) enrollees.	X		X	X	X									X
HRSA Health Center Program Uniform Data System (UDS) Data	Health Center Program awardees and look-alikes are required to report on a core set of measures each calendar year as defined in the UDS, a standardized reporting system. HRSA uses UDS data to assess the impact and performance of the Health Center Program, and to promote data-driven quality improvement.					X									X
Washington All Payers Claims — Early Intervention Current Procedural Terminology Codes	Could not find information.														

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
Washington DSHS Client Service Data	Contains unduplicated client count for DSHS services used since 2021.	X		X	X		X								
Workforce															
2022 Behavioral Health Workforce Assessment: a report of the Behavioral Health Workforce Advisory Committee	Provides information on recruiting and retaining BH professionals, how they are reimbursed, educated, and trained, along with updates on current projections regarding care integration.														X
data.wa.gov	Provider credential search site.														X
Health Care Provider Credential Data data.wa.gov	This includes information on the work status, practice characteristics, education, and demographics of health care providers, provided in response to the Washington Health Workforce Survey.														X
Washington Health Workforce Survey															
HRSA BH Workforce Trends	The Workforce Projections Dashboard is an interactive Tableau Dashboard that shows projections of the supply of and demand for health care workers across the United States.		X												X
Washington’s Behavioral Health Workforce: Barriers and solutions — Phase II report and recommendations, December 2020	Identifies the BH workforce landscape and workforce barriers as well as recommendations put forth by a workgroup to address these barriers such as reimbursement/incentives for														X

Report	Description	Data Source Status		Age Group			Ideal Service Array								
		Ongoing	One-time	Children	Youth	Young Adult	0	1	2	3	4	5	6	N/A	
	supervision of trainees and competency-based training														

Appendix C

Ad-Hoc and On-Going Data Partner Meetings

DCYF

Data Sources Discussed

- DCYF Program Reports.
- OIAA Reports.
- RDA Assessment.

Notes

The group discussed the challenges of selecting metrics for early learning, child welfare, and juvenile justice. They emphasized the need for continuity of service, competitive wages for providers, and access to prevention and treatment services. The team highlighted the unique challenges faced by DCYF in providing services to young people involved in child welfare or juvenile rehabilitation. They also discussed the lack of access to certain services, such as residential treatment for pregnant and parenting women, and the challenges of negotiating rates with Managed Care Organizations.

The team examined a list of data points, including the number of CANs reports, homelessness tracking, and service utilization. DCYF pointed out that Mercer's current data metric list does not represent the early learning system and child welfare pieces. DCYF suggested that many of these data points are published on the DCYF website — as they track around 60 different metrics — which are categorized and available on their agency performance page.

The team discussed the reentry process for young people leaving the juvenile rehabilitation system, which includes connecting them with Medicaid services. Mercer asked about metrics related to reentry and connections to services, but DCYF explained how these are difficult metrics to obtain due to involvement of multiple agencies. DCYF discussed the annual report produced by RDA (which has not been approved for release by HCA), which looks at Medicaid enrollment and access to services post release.

DOH

Data Sources Discussed

- HYS.
- State Epidemiology Outcomes Workgroup.
- Washington Young Adult Survey.
- Community Funding Initiative.

- Injury Prevention Group Data.
- IBL Data Dashboard.

Notes

The DOH highlighted the importance of the HYS as a potential source of ongoing data. They also mentioned the State Epidemiology Outcomes Work Group within DOH, which could provide valuable insights for ongoing discussions. Additionally, the group discussed the Washington Young Adult Survey, which focuses on substance use and includes questions related to MH. They also noted that the Washington Young Adult Survey offers additional data that could be useful.

Another potential data source discussed is the Community Funding Initiative, which is funded by SAMHSA. This initiative includes survey data related to the school districts they work with. However, the data is not publicly available due to reporting in smaller increments and based on geography. One item in the data book includes a district plan. It is a logic model based on SAMHSA's prevention framework, but DOH uses their own data books to create action plans and focus on outcomes related to each area. DOH confirmed that data cannot be accessed without a data sharing agreement with each superintendent.

The group explored the availability of suicide data to the public. The DOH informed that the Injury Prevention Group within DOH manages suicide data, and data on suicide hospitalization and death should be accessible at all levels.

The DOH share the IBL, which includes various environmental data metrics and social vulnerability across the State.

The DOH mentioned a work group meeting in November 2024 that could be beneficial for Mercer to attend and share more about the Washington Thriving project. This work group includes representation from tribal communities. Mercer expressed interest in locating tribal data, and the DOH advised that tribal groups operate independently within the State and have different approaches. It was highly recommended to work with tribal governments to obtain accurate children's BH information.

DSHS

Data Sources Discussed

- APCD for school-based services and other State paid data for Title 4E/TANF and State-only funds from child welfare.
- HEDIS related quality measures and social metrics Data from the Economic Services Administration.
- Crisis Line.
- WISe program metrics.

Notes

DSHS discussed the historical collaboration between the Child Welfare System and the DCYF to address the BH needs of children in foster care. DSHS confirmed that the pre-natal to 25 years of age range of the Washington Thriving work typically aligns with their current

conversations with HCA, but noted that there's interest in expanding it to other age ranges and populations. It was discussed if the Washington Institutional Review Board (IRB) need to approve aggregate level data. DSHS believes this work would likely be exempt from IRB oversight, but further exploration is needed. Other considerations for Washington Thriving data include the HCA Governance Committee and requesting APCD extracts.

DSHS introduced additional data streams that could be incorporated, including statewide Medicaid perspective data and utilization-related data. The team also acknowledged the need to consider payers in different ways and the potential need to access data from the APCD and OSPI data for school-based services.

DSHS discussed the availability of State-funded data for research, with a focus on data from the DCYF and the Economic Services Administration. The team also considered potential indicators of children not receiving necessary BH services, including crisis line information. Ongoing projects aimed at producing cross-system measures were also discussed, with a focus on caregiver SUDs and treatment rates for children in care. The relevance of a certain issue to children's behavioral and MH, particularly those in the child welfare system, was highlighted.

The group discussed the challenges faced by the 18 years to 25 years age group, particularly those who are unhoused or have transitioned from secondary education to employment. It was suggested to look at employment rates, location, and secondary education as indicators of support for transitioning to adulthood. There are performance measures reflecting arrest rates, housing instability rates, and employment rates based on linked unemployment insurance wage system data. He also mentioned that there are quarterly produced measures for the Medicaid medical assistance universe, which includes Medicaid and some State-only funded programs.

OIC

Data Sources Discussed

- APCD.
- Washington OIC Final Report on Health Care Affordability dated July 29, 2024.

Notes

OIC explained that under federal law, states can fully regulate insured health plans, but not self-funded health plans. OIC noted that in Washington State, around 2 million to 2.5 million people receive coverage through self-funded health plans that the State does not regulate. The only self-funded health plan in the State's APCD serves school and State employees with around 400,000 enrollees. The team discussed the challenges and ongoing issues related to commercial insurance, specifically focusing on the number of insured populations, providers, and out-of-network usage rates. They acknowledged the lack of a centralized database for provider networks and the difficulties in obtaining accurate data on provider participation and available slots. OIC pointed out the ongoing compliance work with several carriers, emphasizing the dynamic nature of parity compliance and the need for continuous monitoring.

The team discussed looking at out-of-pocket expenditures. They also discussed out-of-network BH care and balanced billing, where consumers may be charged a

disproportionate amount if more BH practitioners are out-of-network. OIC mentioned a recent affordability report showing low reimbursement rates for MH and SUDs. The team discussed the potential for repricing claims to compare with Medicare's payments. They considered the methodology used by Research Triangle Institution for repricing all spending in a category and the implications of repricing only the top five or ten codes. The team agreed to consult with colleagues at Wakely, who had just completed a report for Washington OIC using the APCD commercial data, to understand the feasibility and potential trade-offs. They also recognized the need for an actuarial analysis and the creation of an instructional database to facilitate future repricing efforts

The team considered the utilization of quarterly reports from the APCD to monitor trends in health care services, particularly professional claims and ED utilization. The team agreed to track utilization trends and consider conducting periodic updates of this data, while also discussing the potential use of Medicaid claims data in the APCD. OIC also mentioned that there is limited SUD data in the APCD due to issues with submitting such data.

OFM

Data Sources Discussed

- EDRC Data Dashboards.

Notes

The director of the ERDC discussed the data systems she oversees, which spans from preschool through post-secondary education and workforce. She also mentioned her previous roles at the OSPI and the DSHS.

The team discussed the available ERDC receives data from various State agencies on a regular basis, including Kindergarten to Grade 12, higher education, and workforce data. The team also mentioned that they have data sharing agreements with other projects and institutions.

EDRC explained the mission of their organization, which is to analyze transitions for students across the education system and support policy and budget decisions to ensure successful outcomes and equity. They presented various dashboards, including one focused on high school graduate outcomes, and mentioned their publications, which include a report on students whose families were Medicaid-eligible.

Mercer discussed data sharing agreements and access to data. OFM clarified that data sharing is governed by law, and the process varies depending on the data. They explained that organizations can request de-identified student data, but the request must meet Family Educational Rights and Privacy Act standards to be approved. The team agreed to continue exploring these options.

OSPI

Data Sources Discussed

- WaKIDS.
- OSPI Comprehensive Report Card.
- HYS.

Notes

OSPI explained the WaKIDS assessment, which is given to kindergarten students in Washington State to evaluate their physical, emotional, and academic development. There is also a Comprehensive Report Card which provides detailed data on each district and individual schools, including information on English language learners, foster care, McKinney-Vento (homeless) students, discipline, and low-income percentages. Students in out-of-home placements for BH reasons would be specifically excluded from the WaKIDS assessment.

The team discussed a key metric utilized by OSPI to track the number of out-of-state placements for children with BH needs, particularly those with autism because of capacity limitations in Washington. They also discussed the correlation between low-income families and the highest disproportionate rates of discipline and restraint, with OSPI confirming that they have data showing this correlation.

OSPI further explained the structure of educational service districts (ESDs) in Washington State, which receive funding from the State to provide safety, well-being, and Medicaid support to schools. Each of the nine ESDs employs three positions: a coordinated school safety center person, a threat assessment person, and a BH navigator. OSPI confirmed that they have reports which include comprehensive school safety planning reports from all districts, covering aspects like threat assessment and BH navigation. OSPI uses data from the Health Youth Survey and quarterly updates from the DOH to inform their suicide prevention strategies. They also touched on the Project Aware grant, which is used to build or grow school-based mental and behavioral health systems, and the Student Assistance Program, which provides specific dollars to support BH within schools.

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