II: Annual Update

Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1

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

Priority Type: SAP, SAT

Population(s): PWWDC, PP, TB, Other (American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: SUD Treatment - Individuals Served: 4,499

First-year target/outcome measurement: SUD Treatment - Individuals Served: 3,400

Second-year target/outcome measurement: SUD Treatment - Individuals Served: 3,400

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

As reported into TARGET by Tribes, total number of AI/AN clients served between July 1, 2019 and June 30, 2020.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

• Indian Health Care Providers have to enter into multiple systems in their work to improve health information technology in their programs which is burdensome. Tribes are working to move to EHRs, are using an Indian Health Services System, plus the state data systems which are often duplicative and can be expensive to dedicate additional staff to enter data into multiple systems.
• TARGET is the system that is used by Tribes that is then transmitted into our Behavioral Health Data Store and HCA needs to sunset this system and move to a new solution for the Tribes as promised in 2016. HCA is working on a pilot project to identify a solution to gather the SUD encounter data in the future without the TARGET system.
• SUD Prevention numbers may include duplication of client counts due to Tribes reporting number of people in attendance at events for each day.
• Additionally, the prevention reporting system is also transitioning vendors in Fall 2021 and Tribes will need to learn a new system, this may increase data reporting challenges in some areas. HCA is working to ensure all Tribes are supported and engaged in this process to minimize the impact.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
Goal was SUD Treatment – Individuals served: 3,400 (prevention – 52,052 total participants); Actual was SUD Treeatment - Individuals served: 3,335 (prevention - 51,714)
Priority will be adjusted next year to capture prevention.
There are several reasons for the slight unmet treatment and prevention encounter goals. We believe that the decline is likely due to the continuation of Tribes addressing the COVID pandemic and maintenance of social distancing protocols. For example, the annual Canoe Journey was canceled again in 2022. We believe that there will be an increase in prevention service community events as we witness more events taking place across the state.
Another reason is due to workforce. We have learned that many Tribes are facing significant workforce shortages for treatment, recovery, and prevention service providers. Workforce shortages has caused Tribes the ability to implement planned programs through their Indian Nation Agreements.
Additionally, the unmet goal is also due to our data collection processes. Our team continues to work on a solution to the need to sunset the TARGET data system for Tribes. Currently, the HCA has no technical assistance support to Tribes to enter data into the data system. However, our team is working on a solution to this issue and working with several Tribes on a pilot project to move Tribes from TARGET into the State's current supplemental data system, the Behavioral Health Data Store. In addition to the data issues around TARGET, our prevention team also changed their prevention data system in the past year. This change likely has a minimal impact on data reporting.

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

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

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

Our goal was; Treatment AI/AN Clients served, 3,400; SUD Prevention 52,052 - SFY2023 Treatment AI/AN Clients Served, 4,95; SUD Prevention, MH promotion - 28,468
There are several reasons for the unmet prevention encounter goals. We believe the numbers of individuals served and data reporting continue to be impacted by the COVID pandemic, including the lack of workforce by system impact of lack of workforce and returning

to in person activities. Although, services have increased since prior years of the pandemic, the impact of pandemic continues to have lingering impacts to Tribal treatment, prevention and other BH services including impacts to the treatment workforce. We work with several Tribes that are not operating at full capacity for treatment and behavioral health services due to a lack of staff and BH supervision.
Additionally, the unmet goal is also due to our data collection processes. Our team continues to work on solutions to the need to sunset the TARGET data system for tribes creating a lack of consistency in data collection across Tribal communities. Currently, the HCA has no available technical assistance support to Tribes to enter data into the TARGET data system. However, our team is working on a solution to this issue and working with several Tribes on a pilot project to move Tribes from TARGET into the State's current supplemental data system, the Behavioral Health Data Store.
In addition to the data issues around TARGET, our prevention team also changed their prevention data system in the past year. This change likely has a minimal impact on data reporting. This fiscal year, the new system has launched along with an updated guide, and we anticipate this will improve prevention data. Additionally, we believe that there will be an increase in prevention service community events as we witness more events taking place across the state

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

Priority #: 2

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

Priority Type: SAP

Population(s): PP, Other (Adolescents w/SA and/or MH, Rural, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

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

Objective:

• Decrease the percentage of 10th graders who report using alcohol in the last 30 days (HYS 2018: 18.5%; Target 2023: 15%).
• Prevent the increase in the percentage of 10th graders who report using marijuana (cannabis) in the last 30 days (HYS 2018: 17.9%, Target 2023: 12%).
• Decrease the percentage of 10th graders who report using tobacco products in the last 30 days (HYS 2018 Tobacco, any form except vape: 7.9%, Target 2023: 7.1%; HYS 2018 Vape: 21.2%, Target 2023: 19.1%).
• Decrease the percentage of 10th graders who report misusing/abusing painkillers in the past 30 days (HYS 2018: 3.6%, Target 2023: 2.0%).
• Decrease the percentage of young adults who report using non-medical marijuana (cannabis) (YAHS 2018: 48.5%; Target 2023: 43.7%)
• Decrease the percentage of young adults who report using alcohol in the last 30 days (YAHS 2018: 61.1%; Target 2023: 55%)

Strategies to attain the goal:

• Implement performance-based contracting with each prevention contractor.
• Adapt programs to address the unique needs of each tribe.
• Strategies to serve AI/AN communities with increased risk for SUD concerns through various prevention projects using leveraged resources and ensure culturally appropriate services.
• Deliver Evidenced-based Prevention Programs and Strategies according to approved strategic plans.
• Deliver direct prevention services (All CSAP Strategies).
• Deliver community-based prevention services (Community-based process, Information Dissemination and Environmental).
• Provide statewide Workforce Development Training to build capacity for service delivery.
• Develop best practices strategies to target underserved populations such as Tribal and urban Indian communities, Black, Indigenous, and People of Color.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Reduce substance use/misuse

Baseline Measurement: Average of 15,590 unduplicated participants served by direct services provided between SFY 2014-2019 (July 1, 2013 – June 30, 2019)

First-year target/outcome measurement: Increase or maintain 15,590 unduplicated participants in direct services prevention

programs.

Second-year target/outcome measurement: Increase or maintain 15,590 unduplicated participants in direct services prevention programs.

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

SABG performance indicators are used to measure Center for Substance Abuse Prevention Strategies and Institute of Medicine Categories for services provided annually. From HYS, 10th grade Substance Use Among Washington Youth is used to measure intermediate outcomes. From Washington State Young Adult Health Survey (YAHS), Substance Use Among Washington young adults is used to measure intermediate outcomes.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

Data integrity can be negatively affected by staff turnover and contractor capacity to report accurately and in a timely manner. DBHR continues to provide on-going training and technical assistance to support grantees as they use the Management Information System. Additionally, the prevention reporting system is also transitioning vendors in Fall 2021 and all providers will need to learn a new system, this may increase data reporting challenges in some areas. HCA is working to ensure all providers are supported and engaged in this process to minimize the impact.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
Our goal was maintain at least 15,590 unduplicated participants in direct services prevention programs, we achieved this goal by serving 22,912 unduplicated participants during FY22.

During late 2021, using leveraged funds from SAMHSA discretionary grants, DBHR Px expanded the number of sub-recipients receiving funds for our Community Prevention and Wellness Initiative program. The Community Prevention and Wellness Initiative now has nearly 100 coalitions and student assistance programs in over 100 schools in total. This is responsible for the increase in services that were provided during SFY 22

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

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

Our goal was to increase or maintain at least 15,590 unduplicated participants engaged in direct service prevention programs. During FY 2023, 14,941 unduplicated participants were engaged in direct service prevention programs, accomplishing 96% of the proposed goal.
During FY 2023, using SABG and leveraged funds from SAMHSA discretionary grants, the SUD Prevention and Mental Health Promotion section sustained the number of sub-recipients receiving funds for our Community Prevention and Wellness Initiative program and introduced a new management information system (MIS) for reporting prevention services. The Community Prevention and Wellness Initiative is a two-pronged local community and school-based approach to preventing substance use disorder, now providing services through 100 coalitions and student assistance programs in over 100 schools throughout Washington state. Through the introduction of the new MIS, data migration from the prior system had some impact on capturing individual participants. This decrease in capturing individual participants resulted in a higher number of participants being recorded in groups and population reach activities in the new MIS overall and likely contributed to the 4% decrease in proposed unduplicated participants engaged in direct service prevention programs during FY 2023. We are currently working to stabilize the new MIS reporting and re-examine future goals to align with our

current system for service delivery and for reporting.

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

Priority #: 3

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

Priority Type: SAT

Population(s): PWWDC, Other (Adolescents w/SA and/or MH, LGBTQ, Rural, Criminal/Juvenile Justice, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

Conduct behavioral health provider mapping efforts to identify current adolescent network. Identify access challenges and strategies to remove system barriers.
• Continue using performance-based contracts with BH-ASOs and MCOs to ensure focus and oversight of provider network.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase youth outpatient SUD treatment services

Baseline Measurement: SFY20 (July 1, 2019 – June 30, 2020): 1,695 youth received SUD outpatient treatment services

First-year target/outcome measurement: Increase the number of youths receiving SUD outpatient treatment services in SFY22 to 3,584

Second-year target/outcome measurement: Increase the number of youths receiving SUD outpatient treatment services in SFY23 to 3,684

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

The state fiscal year 2020 data is an unduplicated count of youth (persons under 18 years of age) served in publicly funded SUD outpatient treatment between July 1, 2019 and June 30, 2020.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

DBHR has integrated behavioral health services with physical healthcare coverage, which has caused data reporting challenges. The entities submitting encounter data and how data is being submitted has changed.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
The number of youth receiving substance use disorder (SUD) outpatient treatment in SFY22 had increase by 128% from 711 in SFY21 to 1,624, however missing our target goal of serving 3,584 youth.

Access to outpatient SUD treatment continued to be impacted by the COVID-19 pandemic, although there's been an increase in access to care via telebehavioral health. While behavioral health providers pivoted early in the pandemic to provide telehealth, there was still a lack of continuity in care, youth and families not having internet access, a safe and confidential space for a telehealth session and an overall disconnect between the youth, families and behavioral health care.

Schools are a significant referral source and link to SUD treatment. Schools are now providing in-person education and beginning to see the impact the pandemic has had on individuals and families in terms of education, poverty, digital divide and behavioral health needs. It's anticipated these impacts will be felt for years to come.

Behavioral health workforce shortages continue to impact access and services. Programs have had to reduce or pause programming, limiting the number of individuals receiving 1-1 or group treatment.

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

Managed Care Organizations (MCOs), and Behavioral Health Administrative Services Organization (BH-ASOs) are required to meet network adequacy standards, and as we all continue to monitor and ensure individuals in our state have access to behavioral health treatment, gaps are being identified. To aid in these identified needs, state partner agencies are offering capital funding to increase behavioral health services for children and youth, COVID-19 relief funds and other funding opportunities. We will continue to work internally, across systems and networks strategizing how we can increase the number of youth receiving outpatient SUD treatment.

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

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

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

The number of youth receiving substance use disorder (SUD) outpatient treatment from SFY22 had increased by 24% from 1,624 to 2,014 in SFY23. However, we missed our target goal of serving 3,684 youth in SFY23.
Access to outpatient SUD treatment continued to be impacted by the COVID-19 pandemic. With in-person care abruptly halting, HCA provided over 2000 Zoom licenses to support providers pivoting to tele behavioral health and although many providers adjusted quickly, the lack of continuity of care from in-person to telehealth care subsequently lead to many youth falling through the cracks. Additional barriers included young people not having internet access, a safe and confidential space for a telehealth session or support from family to engage in behavioral health care.
Youth serving systems including juvenile justice, health care and schools play a significant role as a referral source and link to SUD treatment. These systems are back to in-person care and education, seeing the impacts the pandemic has had on individuals and families in terms of education, poverty, digital divide and behavioral health needs. It's anticipated these impacts will be felt for years to come. Referral pathways have changed over the years, being unintentionally impacted, creating challenges to easily accessing care. We are aware of these system issues and strategizing on ways to identify and remove specific barriers.
Behavioral health workforce shortages continue to impact access and services as well. Agencies have struggled to recruit and retain clinical and non-clinical staff, limiting programming throughout the state across the continuum of care. Programs have had to reduce or pause programming, limiting the number of individuals receiving 1-1 or group treatment.
Our agency, behavioral health delivery system and provider network has continued to focus on quality assurance as it relates to fiscal, programmatic changes, and data reporting to ensure the accuracy and completeness of services provided. Our agency continues to work internally and partnering with the Research and Data Analysis Administration (RDA) on improving how we capture and receive data from all regions.
Managed Care Organizations (MCOs), and Behavioral Health Administrative Services Organization (BH-ASOs) are required to meet network adequacy standards, and as we all continue to monitor and ensure individuals in our state have access to behavioral health treatment, and gaps are being identified. To aid in these identified needs, state partner agencies are offering capital funding to increase behavioral health services for children and youth, COVID-19 relief funds and other funding opportunities. We will continue to

work internally, across systems and networks strategizing how we can increase the number of youth receiving outpatient SUD treatment.

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

Priority #: 4

Priority Area: Increase the number of SUD Certified Peers

Priority Type: SAT

Population(s): PWWDC, TB, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

HCA/DBHR will seek input from key stakeholders and certified peers to guide the development of a strategic plan incorporating peer services within the substance use treatment service delivery system
• Identify any curriculum adjustments needed to integrate SUD peer services
• Strategic planning to incorporate SUD peer services into the system of care, exploring funding strategies and rule changes

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: SUD peer support program

Baseline Measurement: From July 1, 2019 – June 30, 2020 total number of SUD trained peers was 802

First-year target/outcome measurement: Peer support program in SFY22 that would train 280 peers

Second-year target/outcome measurement: Peer support program in SFY23 that would train 350 peers

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

Data Source:

Monthly reports submitted to DBHR through the STR Peer Pathfinder project

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

In FY22, DBHR trained and certified 430 certified peer counselors who self-identified as having lived experience with substance use disorder. Out of the 430 CPCs certified, 210 were employed or had a job offer in a Medicaid setting. In addition to the 210, an additional 108 CPCs trained identified working in a non-Medicaid behavioral health setting. The remaining 128 CPCs were certified and increased the available workforce of CPCs who can provide SUD peer services.

This work was achieved by increasing the number of certified peer counselor trainings using state funds to supplement block grant funding. In addition, HCA provides technical assistance called Operationalizing Peer Support to agencies who want to add peer services to their book of business or who need extra supports around their peer programs. This technical assistance is provided at no cost via webinars, one on one TA, generic trainings and tailored trainings specific to an agencies need. The Peer Support Program hosts webinars and a Peer to Peer Newsletter that educates peers and providers about peer support programs. HCA also hosts an annual Certified Peer Counselor Workforce Development Conference for certified peer counselors, peer supervisors, and peer allies.

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

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

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

In the 2023 state fiscal year, 1245 people were trained as certified peer counselors. Of that number, 317 were trained as youth or family partners and 589 were identified as having a substance use disorder

Priority #: 5

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

Priority Type: MHS

Population(s): SED

Goal of the priority area:

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

Objective:

Require the Behavioral Health – Administrative Services Organizations (BH-ASO) and I/T/U to improve and enhance available behavioral health services to youth.

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: SFY20: 68,113 youth with SED received services

First-year target/outcome measurement: Maintain the number of youths with SED receiving outpatient services to at least 54,293 in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

Second-year target/outcome measurement: Maintain the number of youths with SED receiving outpatient services to at least 54,293 in SFY23 SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

Fiscal Year 2018 is an unduplicated count of youth with Serious Emotional Disturbance (SED) who under the age of 18 served in publicly funded outpatient mental health programs from July 1, 2017 through June 30, 2018.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Goal was Maintaining 54,293 youths with SED receiving outpatient services.
Washington was successfully able to achieve our goal of increasing outpatient mental health services for youth with Serious Emotional Disturbances at a level of 76,941 youth who received outpatient mental health services during FY22

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

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

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

Goal: Maintain the number of youths with SED receiving outpatient services to at least 54,293 in SFY23 ; Outcome: 84,118
Washington has continued concentrated efforts in coordination efforts built to support parents and young people in accessing care despite workforce challenges. Efforts include Kids Mental Health WA regional startups, rollouts of youth mobile response and stabilization services, WA Teen referral line, COPE – WA's center of parent excellence. These programs are intended to reduce children and youth being in inappropriate settings seeking care, and supported while waiting if unable to access care in a timely manner due to workforce shortages. We anticipate this constellation of supports and deeply passionate and determined workforce caring for children youth and their families in WA have supported continued access.

Priority #: 6

Priority Area: Increase capacity for early identification and intervention for individuals experiencing First Episode Psychosis.

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

• Provide funding to increase the number of agencies who serve youth with First Episode Psychosis (FEP)
• Increase available MH community based behavioral health services for youth diagnosed with First Episode Psychosis (FEP).

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: SFY20: 11 First Episode Psychosis (FEP) Programs, serving a total of 325 youth

First-year target/outcome measurement: FY22 (July 1, 2021 – June 30, 2022) Increase the number of coordinated specialty care sites from 11 to 12 serving an additional 25 youth statewide (total of 350 youth served).

Second-year target/outcome measurement: FY23 (July 1, 2022 – June 30, 2023) Maintain the 12 coordinated specialty care sites, serving an additional 75 youth statewide (total of 425 youth served).

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
The Division of Behavioral Health and Recovery (DBHR) uses MHBG and GF-State funds to provide behavioral health services, including services not covered by Medicaid, to individuals with Medicaid funding and individuals identified as having low income, or without health coverage. The primary goal is to increase evidence based behavioral health services to transition age youth who are diagnosed with First Episode Psychosis (FEP) and decrease the duration of untreated psychosis statewide.
SFY22 DBHR increased the number of coordinated specialty care teams from 11 to 12, achieving our objective. Overall expansion efforts were sluggish due to persistent severe behavioral health workforce shortages. Provider organizations reported struggles related to the pandemic and workforce shortages and were reluctant to take on new projects resulting in slower expansion of teams than anticipated.
SFY22 DBHR increased the number of youth served to 308, exceeding the target goal of 281 and serving an additional 52 youth. The coordinated specialty care teams reported challenges managing referrals due to slow staff recruitment and limited capacity to accept private insurance in anticipation of implementation of the team based rate financing structure.

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

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

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

During the period of SFY23 (July 1, 2022 – June 30, 2023) the original twelve coordinated specialty care teams were maintained, and one additional team was added to bring the total to 13 coordinated specialty care teams. There were a total of 126 new individuals who started the program between July 1 2022 and June 30th 2023. The 2nd Year Target Measurement FY23 goal was achieved.

Priority #: 7

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

Priority Type: MHS

Population(s): SMI, Other (LGBTQ, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Natives; Tribal and Urban Communities)

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: SFY20: 192,662 adults with Serious Mental Illness (SMI) received mental health outpatient services

First-year target/outcome measurement: Maintain a minimum of 104,128 adults with Serious Mental Illness (SMI) receiving mental health outpatient services in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

Second-year target/outcome measurement: Maintain a minimum of 104,128 adults with Serious Mental Illness (SMI) receiving mental health outpatient services in SFY22 (we anticipate a decrease in numbers, bringing us closer to our normal baseline as Covid decreases)

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

Data Source:

The number of adults with Serious Mental Illness (SMI) receiving Mental Health outpatient treatment services is tracked using the Behavioral Health Data System (BHDS).

New Data Source*(if needed)*:

Description of Data:

Fiscal Year 2020 clients served is an unduplicated count of adults with Serious Mental Illness (SMI) (persons 18 years of age and older) served in publicly funded mental health outpatient programs between July 1, 2019 and June 30, 2020.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

With the combination of behavioral health services coverage, we are experiencing data reporting challenges due to the way data was collected previously.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
Goal was minimum 104,128 adults with SMI receiving mental health outpatient services.
Washington was successfully able to achieve our goal of maintaining outpatient mental health services for adults with Serious Mental Illness (SMI) at a level of 216,740 adults who received outpatient mental health services during FY22

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

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

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

This year, we served 238,843 individuals with SMI with mental health services, again surpassing our goal of 104,123. This was achieved by utilizing a multipronged approach: improving access to traditional behavioral health agencies, adding new teams that focused on outreach or unique resources (PACT, FCS, HARPS, PATH, CJTA, RCS Program teams), provide grants for embedding social workers in traditionally medical locations, as well as focusing on continuing to develop peer programs throughout the state. We also launched services provided by Intensive Behavioral Health Treatment Facilities who serve individual who no longer require involuntary inpatient treatment but do need more intensive treatment in a residential setting to receive the support needed to transition to more independent settings in the community.

Priority #: 8

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

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC, TB, Other (Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities, American Indian/Alaska Native; Tribal and Urban Communities)

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase number of people receiving supported employment services

Baseline Measurement: FY2020 – 4,437 enrollments in supported employment

First-year target/outcome measurement: Increase average number of people receiving supported employment services per month (over 12-month period) by 4% in FY22 (total 4,614 enrollments)

Second-year target/outcome measurement: Increase number of people receiving supported employment services per month (over 12-month period) by 4% in FY23 (total 4,798 enrollments)

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

Data Source:

Department of Social and Human Services (DSHS), RDA

New Data Source*(if needed)*:

Description of Data:

Includes all people who have received supported employment services.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

Our goal was to increase the average number of people receiving supported employment services per month (over a 12-month period) by 4% in FY22 (total of 4,614 enrollments). We achieved this goal by enrolling a total of 4,650 people in supported employment services by the end of FY22.

Foundational Community Supports (FCS) Supported Employment program that target support services for high-risk Medicaid recipients with specific health needs and risk-based criteria including mental health and SUD diagnoses. These individuals are unemployed, are often chronically homeless, and experience frequent or lengthy contact with institutional settings. Goals of the FCS supported employment services are to reduce rates of unemployment among these target populations, as well as promote self-sufficiency and reduce poverty. HCA has continued to expand its provider network capacity through outreach, engagement, training, and partnerships with sibling state agencies and programs to increase the referrals to its supported employment Medicaid benefit.

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

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

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

Goal: 4,798 enrollees; outcome: 6,166 enrollees
Enrollments in supported employment continued to increase in FY23 due in part to further development of Foundational Community Supports provider network and increased enrollments for participants receiving both housing and employment services.

Indicator #: 2

Indicator: Increase number of people receiving supportive housing

Baseline Measurement: FY2020 – 5,199 enrollments in supportive housing

First-year target/outcome measurement: Increase average number of people receiving supportive housing services per month (over 12-month period) by 4% in FY22 (total 5,406 enrollments)

Second-year target/outcome measurement: Increase average number of people receiving supportive housing services per month (over 12-month period) by 4% in FY23 (total 5,622 enrollments)

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

Data Source:

Department of Social and Human Services (DSHS), RDA

New Data Source*(if needed)*:

Description of Data:

Includes all people who have received supported housing services.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
Our goal was to increase the average number of people receiving supportive housing services per month (over a 12-month period) by 4% in FY22 (total of 5,406 enrollments). We achieved this goal by enrolling a total of 7,343 enrollees in supportive housing services by the end of FY22.

The number of individuals enrolled in Foundational Community Supports Supportive housing services significantly increased in FY22, due in part to the increase in capacity of the provider network and likely the increasing challenges of finding affordable housing. The Foundational Community Supports Supportive Housing program that target support services for high-risk Medicaid recipients with specific health needs and risk-based criteria including mental health and SUD diagnoses. These individuals are often chronically homeless and/or have histories of frequent or lengthy contact with institutional settings. Goals of the FCS supportive housing program are to reduce homelessness and help individuals find and maintain stable housing as part of their recovery. In May of FY22, the HCA added its Transition Assistance Program to the FCS benefit package, a state-funded flexible funding resource to help reduce barriers to finding stable housing, which can pay for things such as first/last month's rent, security deposits, and basic home goods.

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

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

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

Goal: 5,622 enrollees; Outcome: 12,233 enrollees
The increase in the average number of people enrolled in supportive housing was significant in FY23. This was likely due to several factors, including new state-funded, short-term housing subsidies available through the FCS program, and a consistently longer average enrollment length, likely due to lack of available affordable housing for target population. Lack of housing inventory continues to pose biggest barrier to these support services assisting in housing placements, likely increasing overall length of enrollment. Washington State is also developing a new long-term rental assistance program for this supportive housing population, potentially driving increase in enrollments, but the program has not yet launched.

Priority #: 9

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

Priority Type: SAT

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

Minorities, American Indian/Alaska Native; Tribal and Urban Indian Communities)

Goal of the priority area:

Increase the number of adults receiving outpatient SUD treatment including adults who are using opioids and other prescription drugs.

Objective:

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

Strategies to attain the goal:

• Explore new mechanisms and protocols for case management and continue using Performance Based Contracts to increase the number of adults receiving outpatient SUD services.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase outpatient SUD for adults in need of SUD treatment

Baseline Measurement: SFY20: 40,293

First-year target/outcome measurement: Increase the number of adults in SFY22 to 47,875

Second-year target/outcome measurement: Increase the number of adults in SFY23 to 48,888.

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

Data Source:

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

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

With the combination of behavioral health services coverage, we are experiencing data reporting challenges due to the way data was collected previously

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

Reason why target was not achieved, and changes proposed to meet target:
Washington State Health Care Authority failed to meet the previously defined priority of increasing the number of adults receiving outpatient substance use disorder treatment. We fell a little more than 4,000 participants short of the target measurement goal of 47,785 adults in SFY22. To demonstrate the total number of adult participants receiving outpatient substance use disorder treatment, we compiled data from our Behavioral Health Data System, to include HCA services funded both in the fully integrated managed care regions as well as fee for service encounters. These data include outpatient and opioid substitution treatment where brief outpatient, intensive outpatient, and outpatien services were provided.
There were a number of anticipated and unanticipated reasons as to why this priority measurement target was not met in SFY22. COVID-19 continues to impose barriers on accessing treatment for many individuals. In response to the pandemic, agencies were forced to modify their existing systems to be able to treat individuals in a remote environment. Teleworking processes helped with accessibility,

though it also created a challenge for individuals to access computers and/or phones and prevented individuals from going in person to agencies to request treatment.
Other factors also continue to reshape how the SUD treatment system can respond to community needs, including workforce shortages, new state laws, and the impact of fentanyl. Many agencies were forced to decrease the accessibility of appointments for assessment and treatment or closed their doors altogether due to staff shortages. Changes to Washington law regarding simple drug possession reduced the number of individuals receiving referrals to mandated assessment and treatment through the criminal legal system. All of this is exacerbated by the unanticipated impact of fentanyl, which has created challenges for treating individuals through the traditional outpatient model due to its increasing danger.
Washington State continues to focus on the continuum of services to address the social determinants of health for individuals who use drugs and/or have behavioral health disorders. Outpatient treatment is but one way to measure that impact. There have been considerable investments in outreach and intensive case management services which fall outside of the traditional treatment system. The metrics we focus on as part of the priority areas will be re-evaluated to ensure that we are best representing the impact we are having in the State of Washington.

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

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

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

Goal; 48,888: Outcome; 42,485
We continue to increase the volume of adults who are accessing outpatient treatment for a substance use disorder; however, continue to fall short of our predetermined goals. Some of the potential reasons we are falling short:
• Fentanyl has decimated WA State communities. We have to adapt how we engage with individuals who use Fentanyl. With how cheap it is (several accounts of .50 cents a pill) the frequency of use has escalated, and the daily fentanyl user requires immediate stabilization on medications for opioid use disorder prior to engaging in outpatient treatment.
• The Washington State legislature continues to put additional resources into outreach and peer-driven resources that are intended to be low-barrier and influenced by principles of harm reduction. Often, this includes intensive case management and care coordination. Essentially, we are reaching the population along the continuum of care, and are counting more intercept points, which may divert someone from traditional SUD Treatment.
• Historically, the criminalization of substance use created a referral pathway to SUD outpatient treatment through the criminal court system. With changes to WA State Drug Laws since 2021, individuals are not being charged for possession of controlled substance, which correlates to a reduction of individuals being referred to SUD outpatient services by Pretrial Services and Probation Officers.

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

Priority #: 10

Priority Area: Pregnant and Parenting Women

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Increase the number of Pregnant and Parenting Women (PPW) clients receiving case management services

Objective:

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

Strategies to attain the goal:

Client slots are in contract and are being served continually through the existing PCAP sites to ensure services are received.

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: As of June 2021, the total contracted number of Pregnant and Parenting Women (PPW)

clients receiving PCAP case management services is 1409.

First-year target/outcome measurement: Increase the number of Pregnant and Parenting Women (PPW) clients receiving PCAP case management services (an estimated increase of anywhere from 82-92 client slots, depending on the per client rate determined per county)

Second-year target/outcome measurement: Maintain the number of Pregnant and Parenting Women (PPW) clients receiving PCAP case management services.

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

Data Source:

Contracts with PCAP providers.

New Data Source*(if needed)*:

Description of Data:

The contracts mandate that PCAP providers must submit the number of clients being served: 1) on their monthly invoices in order to be reimbursed, 2) to the University of Washing ADAI for monthly reporting.

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

- Impacts of the current/ongoing COVID pandemic.
- If funding is reduced for any reason, the number of sites/clients served may decrease.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

The Parent Child Assistance Program (PCAP) is an evidence-informed program that provides intensive case management and support services to pregnant and parenting women with substance use disorders and their young children. In June 2021, the total contracted number of PPW clients receiving PCAP case management services was at 1,409. The goal to increase capacity for PPW clients to receive PCAP services was met by adding 81 client slots statewide, totaling to 1,490.

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

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

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

From SFY21-SFY23, PCAP has increased services to the PPW population by adding 81 PCAP client slots statewide. This goal was met by maintaining PCAP contracts to serve up to a total of 1,490 clients statewide in SFY23.

Priority #: 11

Priority Area: Tuberculosis Screening

Priority Type: SAT

Population(s): TB

Goal of the priority area:

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

Objective:

Ensure TB screening is provided for all SUD treatment services.

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: As of July 1, 2021, Tuberculosis screening and education is a continued required element in the BH-ASO contract for SUD treatment services.

First-year target/outcome measurement: By July 1, 2022, ensure TB screening plans continue to be in contract with each of the ten BH-ASOs.

Second-year target/outcome measurement: Review TB screening plans prior to the July 1, 2023 BH-ASO amendment and update as needed to ensure screenings and education services are being provided during SUD treatment services.

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

Data Source:

Health Care Authority/BH-ASO Contracts

New Data Source*(if needed)*:

Description of Data:

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

New Description of Data:*(if needed)*

Data issues/caveats that affect outcome measures:

None

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved *(optional)*:
Washington State was able to provide TB screening and education to all SUD outpatient and residential provider agencies within their provider networks by maintain services in the Behavioral Health Administrative Organizations (BH-ASO's) contracts.

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

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

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

Washington State was able to provide TB screening and education to all SUD outpatient and residential provider agencies within their provider networks by maintain services in the Behavioral Health Administrative Organizations (BH-ASO's) contracts.

Footnotes:

Center for Substance Abuse Treatment

Division of State and Community Systems

State Systems Partnership Branch

FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding: FY 23 Annual Report

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

Report Expenditure Period: October 1, 2022 - September 30, 2023

Report Submission Due Date: Tuesday, January 2, 2024

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

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

Date Submitted: 12/12/2023

Total FY 21 SABG Supplemental Funding Amount Awarded in August, 2021:

$1,076,243

Instructions: For the FFY 2023, ending on 9/30/23, please complete this FY 23 Annual Report form for the FY 23 expenditures from the FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding. Please upload as a Word or PDF document in Table 1 of the 2024 SUBG Report that was submitted on 12/1/23. Please report on the FY 21 SUBG ARP COVID Testing and Mitigation Supplemental Funding activities and expenditures by January 2, 2024. The period of performance for this report is October 1, 2022 through September 30, 2023.

#	FY 23 Date of Expenditure	FY 23 Item/Activity Description	FY 23 Amount of Expenditure
1	Not Applicable	Not Applicable	Not Applicable
2			
3			
4			
5			
6			
7			

#	FY 23 Date of Expenditure	FY 23 Item/Activity Description	FY 23 Amount of Expenditure
8			
9			
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30			
		Total	

Details for SUBG Grantees: After completing the table above, grantees are requested to upload this report document through a regular WebBGAS Revision Request that will be created by your CSAT SPO, as an Attachment to Table 1 Priority Area and Annual Performance Indicators – Progress Report, of the 2024 SUBG Report Submitted, as a Word or PDF document. Please submit no later than 11:59 pm EST, on Tuesday, January 2, 2024. For the expenditure period of October 1, 2022 through September 30, 2023, please include a complete listing of the expenditure of FY 21 SABG ARP COVID Testing and Mitigation Supplemental Funding, by expenditure dates, items and activities of expenditure, and amounts of expenditures. If no funds were expended during this period, please complete and upload this report document indicating "Not Applicable". Please feel free to address any questions or concerns to your CSAT SPO. Thank you.

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

30, 2025, though the expenditure period for the report above is for FY 23 only, from 10/1/22 through 9/30/23.

As indicated in your SABG Notice of Award of August 10, 2021, States, DC, Territories, Associated States, and the Red Lake Band of Chippewa Indians are required to submit an Annual Report by December 31 of each year, until the funds expire. Grantees must upload a report including activities and expenditures to Table 1 of the 2024 Substance Use Block Grant Report filed on 12/1/23. A Revision Request will be sent to grantees by the CSAT SPO to upload the report.

12/4/2023: SUBG Grantee WebBGAS Revision Request will be created by the CSAT SPO for the grantee upload of the FY 23 SABG ARP COVID Testing and Mitigation Supplemental Funding Annual Report, for the FY 23 expenditure period of October 1, 2022 through September 30, 2023. Using the FY 23 Annual Report form provided to grantees by the CSAT SPO, grantees are requested to upload an Attachment to **Table 1 Priority Area and Annual Performance Indicators – Progress Report**, 2024 SUBG Report Submitted, as a Word or PDF document by 11:59 pm EST, on Tuesday, January 2, 2024. Please provide a complete list of the expenditure dates, items and activities of expenditure, and amounts of expenditures, between October 1, 2022 and September 30, 2023. If no activities were completed, please complete and upload the report document indicating "Not Applicable".

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

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

As COVID-19 cases rise among unvaccinated people and where the more transmissible Delta virus variant is surging, this funding will expand activities to detect, diagnose, trace, and monitor infections and mitigate the spread of COVID-19 in homeless shelters, treatment and recovery facilities, domestic violence shelters and federal, state and local correctional facilities–some of the most impacted and highest risk communities across the country. These funds will provide resources and flexibility for states to prevent, prepare for, and respond to the COVID-19 public health emergency and ensure the continuity of services to support individuals connected to the behavioral health system.

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

Targeted support is necessary for mental health and substance use treatment providers to overcome barriers towards achieving and maintaining high COVID-19 testing rates. From the provider perspective, these barriers include limited financial and personnel resources to support ongoing

testing efforts. Providers have limited staff and physical resources and COVID-19 testing activities must be balanced against COVID-19 vaccinations and other health care services. From the consumer perspective, these barriers include hesitancy in accepting vaccines and challenges with health care access. Recipients may allocate reasonable funds for the administrative management of these grants. SAMHSA envisions the maximum support possible for COVID-19 testing and mitigation; toward that goal, recipients are encouraged to expend a minimum of 85 percent of funding for allowable COVID-19 testing and mitigation activities.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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