About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University’s School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

Support for this webinar was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.
About Bailit Health: Webinar Presenter

Deepti Kanneganti

dkanneganti@bailit-health.com

Working with state agencies and their partners to improve health care system performance for all.

http://www.bailit-health.com/
Housekeeping Details

- Use the ‘Q&A’ function in Zoom to submit questions and comments to the meeting facilitators. **Note that you must select to submit a question anonymously.** The meeting facilitators will address questions and comments verbally in a manner that maintains the anonymity of the state.

- All participant lines are muted. Use the ‘raise hand’ feature in Zoom if you would like to speak during the discussion portion. The meeting facilitators will then unmute you.

- After the webinar, the slide deck and a recording will be available at [www.shvs.org](http://www.shvs.org).
Agenda

- Overview of Buying Value
- The Buying Value Measure Selection Tool
- The Buying Value Benchmark Repository
- State Perspectives
- Discussion
Overview of Buying Value
What is Buying Value?

• A suite of publicly available resources for purchasers to a) find standard measures, as well as innovative non-HEDIS or homegrown measures and associated benchmarks, and b) help develop aligned measure sets.
  – Groundbreaking research on the lack of quality measure alignment (2013)
  – The Buying Value Measure Selection Tool (2015)
• Visit: [www.buyingvalue.org](http://www.buyingvalue.org)
The Buying Value Measure Selection Tool
The Buying Value Measure Selection Tool

Developed in response to **provider complaints** about being increasingly subject to **growing numbers of measures** from payers and regulators.

A suite of resources that enables state agencies, private purchasers, and other stakeholders to **select measures and develop aligned measure sets**.
The Buying Value Measure Selection Tool

- Over **800 measures** that can be filtered by 17 domains, 20 conditions, 7 measure types, 9 populations and 13 data sources.

- A **disparities-sensitive status indicator** that allows users to identify measures with evidence of inequity in the provision of care captured by the measure.

- Functionality to **crosswalk measures to 19 federal, national and state measures sets** and **systematically score** measures against a state’s overarching goals for the measure set.
### Measure Crosswalk

<table>
<thead>
<tr>
<th>BV Library #</th>
<th>Measure Name</th>
<th>NQF #</th>
<th>NQF Endorsement Status as of February 2022</th>
<th>Steward</th>
<th>CMS Quality ID</th>
<th>CMS eGQM ID as of May 2021</th>
<th>Description</th>
<th>Domain</th>
<th>Condition</th>
<th>Measure Type</th>
<th>Measure Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>BV-81</td>
<td>Prenatal &amp; Postpartum Care</td>
<td>1517</td>
<td>No Longer Endorsed</td>
<td>National Committee for Quality Assurance</td>
<td></td>
<td></td>
<td>Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, Prevention/Early Detection</td>
<td>Pregnancy</td>
<td>Process</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>BV-66</td>
<td>Substance Use Assessment in Primary Care</td>
<td>NA</td>
<td>NA</td>
<td>Indian Empire Health Plan</td>
<td></td>
<td></td>
<td>Percentage of members 18 years and older who were screened for substance use during the measurement year. Prevention/Early Detection</td>
<td>Substance Use Disorder</td>
<td>Process</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>BV-587</td>
<td>Child and Adolescent Well-Care Visits</td>
<td>NA</td>
<td>NA</td>
<td>National Committee for Quality Assurance</td>
<td></td>
<td></td>
<td>Percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year. Prevention/Early Detection</td>
<td>NA</td>
<td>Process</td>
<td>A</td>
<td>P</td>
</tr>
<tr>
<td>BV-339</td>
<td>Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing</td>
<td>0057</td>
<td>Endorsed</td>
<td>National Committee for Quality Assurance</td>
<td></td>
<td></td>
<td>Percentage of members 18-75 years of age with diabetes (type 1 and type 2) who received an HbA1c test during the measurement year. Chronic Illness Care</td>
<td>Diabetes</td>
<td>Process</td>
<td>A</td>
<td>A</td>
</tr>
<tr>
<td>BV-822</td>
<td>Well-Child Visits in the First 30 Months of Life</td>
<td>NA</td>
<td>NA</td>
<td>National Committee for Quality Assurance</td>
<td></td>
<td></td>
<td>Percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: Prevention/Early Detection</td>
<td>NA</td>
<td>Process</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td>BV-423</td>
<td>Asthma Medication Ratio</td>
<td>1800</td>
<td>Endorsed</td>
<td>National Committee for Quality Assurance</td>
<td></td>
<td></td>
<td>Percentage of patients 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of Medication Management</td>
<td>Respiratory</td>
<td>Process</td>
<td>A</td>
<td>A</td>
</tr>
</tbody>
</table>
The Buying Value Benchmark Repository
The Buying Value Benchmark Repository

States have had difficulty finding measures that address their program priorities and implementing non-HEDIS measures into value-based arrangements due to the lack of national benchmarks against which to assess performance.

A spreadsheet repository that includes innovative homegrown measures as well as state and regional health improvement collaborative performance on non-HEDIS measures.
The Buying Value Benchmark Repository

Key Features

• Information on **over 60 measures in use by other states and performance data** (when available), including:
  – Innovative homegrown measures.
  – Non-HEDIS measures that are *not* homegrown and for which benchmark data are not otherwise available.
# Buying Value Benchmark Repository - High-Level Summary

<table>
<thead>
<tr>
<th>#</th>
<th>Submitting Organization</th>
<th>Measure Name</th>
<th>NQF Number</th>
<th>Condition</th>
<th>Deviations from Measure Steward</th>
<th>Coverage Type</th>
<th>Performance Level Reported to the Repository</th>
<th>Availability of Performance Data</th>
<th>Performance Period 1 Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Oregon Health Authority Health Analytics</td>
<td>Comprehensive Diabetes Care: HbA1c Poor Control</td>
<td>0019</td>
<td>Diabetes</td>
<td>Measure does deviate from the steward (eCQM specs call for all-payer data; OHA prefers, but doesn’t require, Medicaid only data.)</td>
<td>Medicaid</td>
<td>State</td>
<td>Performance data are available.</td>
<td>01/01/2019</td>
</tr>
<tr>
<td>14</td>
<td>MN Community Measurement</td>
<td>Optimal Asthma Control - Adults</td>
<td>No NQF Number</td>
<td>Respiratory</td>
<td>No deviations from the measure steward (2018 report year (2017 dates of service))</td>
<td>Medicaid, Medicare, Commercial, Dual Medicaid/ Medicare, Other</td>
<td>State</td>
<td>Performance data are available.</td>
<td>01/01/2018</td>
</tr>
<tr>
<td>15</td>
<td>MN Community Measurement</td>
<td>Optimal Asthma Control - Children</td>
<td>No NQF Number</td>
<td>Respiratory</td>
<td>No deviations from the measure steward (2019 report year (2018 dates of service))</td>
<td>Medicaid, Medicare, Commercial, Dual Medicaid/ Medicare, Other</td>
<td>State</td>
<td>Performance data are available.</td>
<td>01/01/2018</td>
</tr>
<tr>
<td>16</td>
<td>Integrated Healthcare Association</td>
<td>Concurrent Use of Opioids and Benzodiazepines</td>
<td>3389</td>
<td>Substance Abuse</td>
<td>Measure does deviate from the steward (Modified POA measure so value sets are in alignment with HEDIS digital measure formatting)</td>
<td>Medicaid, Medicare, Commercial</td>
<td>Aggregated rate for providers (e.g., primary care practices, hospitals)</td>
<td>Performance data are available.</td>
<td>01/01/2018</td>
</tr>
<tr>
<td>17</td>
<td>MassHealth Office of Clinical Affairs</td>
<td>Community Tenure</td>
<td>No NQF Number</td>
<td>Mental Health</td>
<td>Not applicable - measure is homegrown</td>
<td>Medicaid</td>
<td>TBD</td>
<td>Data are expected to be available by: TBD - measure results anticipated in late 2021.</td>
<td>Performance data are not available at this time.</td>
</tr>
<tr>
<td>18</td>
<td>MassHealth Office of Clinical Affairs</td>
<td>Emergency Department Visits for Adults with Mental Illness and/or Substance Abuse</td>
<td>No NQF Number</td>
<td>Mental Health, Substance Abuse</td>
<td>Not applicable - measure is homegrown</td>
<td>Medicaid</td>
<td>TBD</td>
<td>Data are expected to be available by: TBD - measure results anticipated in late 2021.</td>
<td>Performance data are not available at this time.</td>
</tr>
</tbody>
</table>
# Health Equity Measure Highlights

The newest version of the Buying Value Benchmark Repository features several innovative measures focused on health equity.

<table>
<thead>
<tr>
<th>Stratification Measures</th>
<th>Social Needs Screening Measures</th>
<th>Social Need and Intervention Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MA’s REL Stratification Measure</td>
<td>• MA’s HRSN Screening Measure</td>
<td>• OR’s Meaningful Access to Health Care Services Measure for Persons with Limited English Proficiency</td>
</tr>
<tr>
<td>• RI’s RELD Measure</td>
<td>• OR’s Social Needs Screening and Referral Measure</td>
<td>• WA’s Homelessness and Arrests Measures</td>
</tr>
<tr>
<td>• RI’s SDOH Screening Measure</td>
<td>• RI’s SDOH Screening Measure</td>
<td></td>
</tr>
</tbody>
</table>

HRSN: Health-related Social Needs  
REL: Race, Ethnicity and Language  
RELD: Race, Ethnicity, Language and Disability Status  
SDOH: Social Determinants of Health
How to Use the Buying Value Benchmark Repository

- The Benchmark Repository can meet the needs of a variety of states interested in researching and implementing measures focused on health equity.

  - Research measures in use by other states
  - Implement a homegrown measure developed by another state
  - Develop and implement a measure to address gaps in national measure sets
How to Use the Buying Value Benchmark Repository: Researching Measures

For states interested in other state efforts, but have limited time to invest

- Visit the Buying Value website
- Download the Excel spreadsheet
- Sort by “Domain” or “Condition” or key-word search for measures of interest
- Develop measure list
- Consider state use
- Access measure specifications
- Gather Details
- Download
How to Use the Buying Value Benchmark Repository: Implementing Measures

For states with time to adapt a homegrown measure for their own use

- Download the Buying Value Repository
- Research measures of interest

Adapt
- Modify specifications for state-specific use
- Contact and meet with state developers to answer questions
- Pilot measure
- Use historical and other state data to set measure targets
- Submit state data to the Repository!
How to Use the Buying Value Benchmark Repository: *Developing Measures*

*For states with time and resources to develop a homegrown measure to address a known gap*

**Research**
- Download the Buying Value Repository
- Identify gaps after considering available measures

**Develop**
- Draft and test a measure to address a known gap
- Discuss best practices with other state developers

**Implement**
- Use pilot data to refine the measure and to set targets
- Submit measure and data to the Repository!
About Our State Presenters

Ann Healey
Project Director, MassHealth Quality
Massachusetts Executive Office of Health and Human Services
ann.healey@mass.gov

Laura Pennington
Quality Measurement and Improvement Manager
Washington State Health Care Authority
laura.pennington@hca.wa.gov

David Mancuso
Senior Research Scientist
Washington State Department of Social and Health Services
david.mancuso@dshs.wa.gov
MassHealth’s Approach to Adapting Oregon’s Health Equity Measure: Meaningful Access to Health Care Services for Persons with Limited English Proficiency and Persons Who Are Deaf or Hard of Hearing
Washington State

Laura Pennington, MHL, Quality Measurement and Improvement Manager, Washington State Health Care Authority

David Mancuso, PhD, Senior Research Scientist, Washington Department of Social and Health Services, Research and Data Analysis
Washington State legislative priorities

- **2013**: Address Washington’s priorities to incentivize cross-system collaboration for the purpose of:
  - Reducing client involvement with the criminal justice system
  - Reducing avoidable costs in hospitals, emergency rooms, crisis services, jails and prisons
  - Increasing stable housing in the community
  - Improving client satisfaction with quality of life
  - Reducing population-level health disparities

- **2021**: Provides incentives to reverse worsening trends for interactions between persons with behavioral health disorders and the criminal justice system

- **2022**: Provides incentives for cross-system collaboration to prevent homelessness among Medicaid clients discharging from inpatient behavioral settings

- Required the Performance Measure Coordinating Committee (PMCC) to establish performance measures to be added to the Washington State Common Measure Set that:
  - Track rates of criminal justice involvement among Medicaid clients with an identified behavioral health need including, but not limited to rates of arrest and rates of incarceration
  - Track rates of homelessness and housing instability among Medicaid clients
PMCC process to “establish” measures

- Convened two ad hoc workgroups of stakeholders including HCA, MCOs, and others with expertise in:
  - The criminal justice system and behavioral health
  - Housing for low-income populations and with experience understanding the impacts of homelessness and housing instability on health
- The charge of the workgroups was to review current performance measures that have been adopted in other states or nationally to inform this effort
- Conducted an environmental scan using an established set of criteria, for example:
  - Measures should be clinically impactful (morbidity, mortality, quality of life, and health equity)
  - Measures should be amenable to influence by accountable entities
  - Measures assess overall system performance, including outcomes and cost
- The workgroups considered necessary elements and provided feedback to DSHS-RDA, who:
  - Developed a set of measures that track rates of criminal system involvement
  - Modified an existing homegrown homelessness measure
- The final measures were presented to the PMCC and added to the WSCMS in 2022
Criminal Justice Measures
Proposed Measures

1. **Variation of existing state-defined arrest measure** that restricts population to Medicaid beneficiaries with identified behavioral health needs.

2. **Variation of HEDIS FUA** where index event is a discharge from a DOC correctional facility or jail setting.

3. **Variation of HEDIS FUM** where index event is a discharge from a DOC correctional facility or jail setting.
Metric Specification Overview: FUA/FUM Variations

- **Index events**: release from a DOC facility or local jail
- **Qualifying mental health or SUD condition identified in claims in 90-day window beginning with date of release (state-defined Tx rate denominator criteria)**
- **Medicaid coverage required in 30-day post-release window**
- **Numerator criteria:**
  - FUM variation: any event meeting numerator criteria for HEDIS FUM or existing state-defined MH Tx rate measure
  - FUA variation: any event meeting numerator criteria for HEDIS FUA or existing state-defined MH Tx rate measure
Final Set of Criminal Justice Measures

1. Arrest Rate for Medicaid Beneficiaries with an Identified Behavioral Health Need

Rate 1: The percentage of members arrested at least once in the measurement year and had an identified mental health treatment need

Rate 2: The percentage of members arrested at least once in the measurement year and had an identified substance use disorder treatment need

2. Timely Receipt of Substance Use Disorder Treatment for Medicaid Beneficiaries Released from a Correctional Facility*:

2a. within 7 Days of Release from a Department of Corrections Correctional Facility
2b. within 30 Days of Release from a Department of Corrections Correctional Facility
2c. within 7 Days of Release from a Local Jail Facility while Under Department of Corrections Custody
2d. within 30 Days of Release from a Local Jail Facility while Under Department of Corrections Custody

3. Timely Receipt of Mental Health Treatment for Medicaid Beneficiaries Released from a Correctional Facility*:

3a. within 7 Days of Release from a Department of Corrections Correctional Facility
3b. within 30 Days of Release from a Department of Corrections Correctional Facility
3c. within 7 Days of Release from a Local Jail Facility while Under Department of Corrections Custody
3d. within 30 Days of Release from a Local Jail Facility while Under Department of Corrections Custody

*Of persons released with identified treatment need from release date through 90 days post-release.
Homelessness Measure
Leveraging Existing State-Defined Homelessness Measure

- **Description:** The percentage of Medicaid enrollees who were homeless or unstably housed in at least one month in the measurement year (Broad and Narrow versions)

- **Attribution to accountable entities:** A minimum of 7 months of enrollment with the accountable Medicaid MCO

- **Denominator criteria**
  - Enrolled in Medicaid for at least 7 months in the measurement year. Some beneficiaries may not meet MCO attribution criteria.
  - Calculated for all age ranges; reported separately for ages 0-17, 18-64, and 65+.
  - No exclusion due to dual eligibility or 3rd party liability

The full measure specifications can be found at: [https://www.dshs.wa.gov/sites/default/files/rda/reports/cross-system/DSHS-RDA-Medicaid-Homelessness.pdf](https://www.dshs.wa.gov/sites/default/files/rda/reports/cross-system/DSHS-RDA-Medicaid-Homelessness.pdf)
Leveraging Existing State-Defined Homelessness Measure continued

- **“Broad” numerator criteria**
  - **ACES living arrangement criterion.** One of the following values appears in at least one coverage month in the measurement year: “Homeless without Housing”, “Emergency Shelter”, “Battered Spouse Shelter”, or “Homeless with Housing”
  - **ProviderOne/ACES address criteria.** One or more of the following is indicated for at least part of the measurement year:
    - Homelessness is indicated based on the client’s address format code;
    - The term “homeless” or “couch surfing” appears at any point in a client’s address line text;
    - The term “General Delivery” appears in a field containing additional address information address (e.g., “care of,” “attention,” etc.); or
    - The client’s mailing address was the address of their assigned CSO.
  - **Diagnosis criterion.** ICD-10 diagnosis code Z59.0 appears on at least one encounter line associated with a service date in the measurement year
“Narrow” numerator criteria

- **ACES living arrangement criterion.** One of the following values appears in at least one coverage month in the measurement year: “Homeless without Housing”, “Emergency Shelter”, or “Battered Spouse Shelter”

- **ProviderOne/ACES address criteria.** One or more of the following is indicated for at least part of the measurement year:
  - Homelessness is indicated based on the client’s address format code;
  - The terms “homeless” appears at any point in a client’s address line text;

- **Diagnosis criterion.** ICD-10 Dx code Z59.0 appears on at least one encounter line associated with a service date in the measurement year
Thank you!

For additional questions please contact:

David Mancuso, PhD
• Senior Research Scientist
• Washington Department of Social and Health Services, Research and Data Analysis
• david.mancuso@dshs.wa.gov

Laura Pennington, MHL
• Quality Measurement and Improvement Manager
• Washington State Health Care Authority
• laura.pennington@hca.wa.gov
Discussion

The slides and a recording of the webinar will be available at www.shvs.org after the webinar
Thank You

Deepti Kanneganti
Senior Consultant
Bailit Health
dkanneganti@bailit-health.com
781-317-5001
www.bailit-health.com

Daniel Meuse
Deputy Director
State Health and Value Strategies
dmeuse@princeton.edu

Heather Howard
Director
State Health and Value Strategies
heatherh@princeton.edu
Appendix
Appendix: Additional Measurement Context

David Mancuso, PhD
Senior Research Scientist
david.mancuso@dshs.wa.gov
Social Outcomes

**Homeless**
Narrowly Defined • Adults Age 18-64
Statewide • SFY 2019

- All Medicaid: 5.7%
- Serious Mental Illness: 18.9%
- Co-Occurring MI/SUD: 9.7%

**Arrested**
Any Crime • Adults Age 18-64
Statewide • SFY 2019

- All Medicaid: 7.4%
- Serious Mental Illness: 11.7%
- Co-Occurring MI/SUD: 26.3%

**Employed**
Part-time or Full-time • Adults Age 18-64
Statewide • SFY 2019

- All Medicaid: 49.9%
- Serious Mental Illness: 43.5%
- Co-Occurring MI/SUD: 39.4%

Medical Service Utilization

Emergency Department Visits
Per 1,000 MM • Adults Age 18-64
Statewide • SFY 2019

- All Medicaid: 66.5
- Serious Mental Illness: 122.2
- Co-Occurring MI/SUD: 160.1

Inpatient Admissions
Medical and Psychiatric per 1,000 MM • Adults Age 18-64
Statewide • SFY 2019

- All: 10.8
- Ser: 21.3
- Co: 31.2

Most Arrests in Washington State Are of Persons with Current or Recent Medicaid Coverage and Evidence of Behavioral Health Needs

Monthly Trend in Arrests in Washington State

Unduplicated Persons Arrested in the Month
WSP Arrest Database, 3-month Moving Average (Dots show actuals)

Unduplicated Persons Arrested with Medicaid Coverage in the Prior 12 Months
3-month Moving Average (Dots show actuals)

Unduplicated Persons Arrested with Behavioral Health Need in the Prior 24 Months
3-month Moving Average (Dots show actuals)

DATA SOURCES: DSHS Research and Data Analysis Division, Client Outcomes Database and Washington State Patrol Arrest Database, FES modules in Cache database (WSH), MILO database (ESH), Pierce County,
MEASURE 2a
Receipt of Substance Use Disorder Treatment within 7 Days of Release from a Department of Corrections Correctional Facility
Of persons released with identified treatment need from release date through 90 days post-release

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>5.7%</td>
<td>9.5%</td>
<td>12.0%</td>
<td>22.7%</td>
<td>26.2%</td>
<td>23.3%</td>
</tr>
</tbody>
</table>

12 months ending June 30, 2021 (most recent data available)
MEASURE 2b
Receipt of Substance Use Disorder Treatment within 30 Days of Release from a Department of Corrections Correctional Facility
Of persons released with identified treatment need from release date through 90 days post-release

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>36.0%</td>
<td>41.4%</td>
<td>43.9%</td>
<td>48.9%</td>
<td>55.3%</td>
<td>52.1%</td>
</tr>
</tbody>
</table>

12 months ending June 30, 2021 (most recent data available)
MEASURE 2c
Receipt of Substance Use Disorder Treatment within 7 Days of Release from a Local Jail Facility while in Department of Corrections Custody
Of persons released with identified treatment need from release date through 90 days post-release

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>19.0%</td>
<td>22.3%</td>
<td>27.4%</td>
<td>30.8%</td>
<td>29.3%</td>
<td>27.1%</td>
</tr>
</tbody>
</table>

12 months ending June 30, 2021 (most recent data available)
MEASURE 2d
Receipt of Substance Use Disorder Treatment within 30 Days of Release from a Local Jail Facility while in Department of Corrections Custody

Of persons released with identified treatment need from release date through 90 days post-release

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>34.4%</td>
<td>39.9%</td>
<td>45.1%</td>
<td>48.6%</td>
<td>47.8%</td>
<td>45.8%</td>
</tr>
</tbody>
</table>

12 months ending June 30, 2021 (most recent data available)
MEASURE 3a
Receipt of Mental Health Treatment within 7 Days of Release from a Department of Corrections Correctional Facility
Of persons released with identified treatment need from release date through 90 days post-release

CY 2016: 13.3%
CY 2017: 14.9%
CY 2018: 15.3%
CY 2019: 14.3%
CY 2020: 15.4%
SFY 2021: 14.4%

12 months ending June 30, 2021 (most recent data available)
MEASURE 3b
Receipt of Mental Health Treatment within 30 Days of Release from a Department of Corrections Correctional Facility
Of persons released with identified treatment need from release date through 90 days post-release

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>35.4%</td>
<td>38.5%</td>
<td>40.0%</td>
<td>37.9%</td>
<td>42.0%</td>
<td>41.5%</td>
</tr>
</tbody>
</table>

12 months ending June 30, 2021 (most recent data available)
MEASURE 3c
Receipt of Mental Health Treatment within 7 Days of Release from a Local Jail Facility while in Department of Corrections Custody
Of persons released with identified treatment need from release date through 90 days post-release

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2016</td>
<td>23.8%</td>
</tr>
<tr>
<td>CY 2017</td>
<td>23.1%</td>
</tr>
<tr>
<td>CY 2018</td>
<td>21.6%</td>
</tr>
<tr>
<td>CY 2019</td>
<td>18.1%</td>
</tr>
<tr>
<td>CY 2020</td>
<td>20.8%</td>
</tr>
<tr>
<td>SFY 2021</td>
<td>18.7%</td>
</tr>
</tbody>
</table>

12 months ending June 30, 2021 (most recent data available)
MEASURE 3d

Receipt of Mental Health Treatment within 30 Days of Release from a Local Jail Facility while in Department of Corrections Custody

Of persons released with identified treatment need from release date through 90 days post-release

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>46.1%</td>
<td>47.5%</td>
<td>46.3%</td>
<td>39.7%</td>
<td>42.1%</td>
<td>39.8%</td>
</tr>
</tbody>
</table>

12 months ending June 30, 2021 (most recent data available)
Disparities by Race/Ethnicity
Differences in 7-Day Follow-up After ED Visit for AOD Dependence
Washington State Medicaid Recipients Meeting Inclusion Criteria • Age 18-64 • 12 Months Ending 2020 Q1

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>BETTER (Lower %)</th>
<th>WORSE (Higher %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, Non-Hispanic</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>115%</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>195%</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>168%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>113%</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>220%</td>
<td></td>
</tr>
</tbody>
</table>

Adverse experience less likely = BETTER (Lower %)
BETTER (Lower %) Parity equal relative to statewide experience
Worse (Higher %) Adverse experience more likely
Differences in 7-Day Follow-up After ED Visit for Mental Illness
Washington State Medicaid Recipients Meeting Inclusion Criteria • Age 18-64 • 12 Months Ending 2020 Q1

- White, Non-Hispanic: 91%
- American Indian and Alaska Native: 146%
- Asian: 98%
- Black: 119%
- Hispanic: 123%
- Native Hawaiian and Other Pacific Islander: 112%

Parity equal relative to statewide experience.
Differences in Percent Arrested
Washington State Medicaid Recipients Meeting Inclusion Criteria • Age 18-64 • 12 Months Ending 2020 Q1

- White, Non-Hispanic: 102%
- American Indian and Alaska Native: 195%
- Asian: 31%
- Black: 159%
- Hispanic: 92%
- Native Hawaiian and Other Pacific Islander: 67%

BETTER (Lower %) Adverse experience less likely

100% Parity equal relative to statewide experience

WORSE (Higher %) Adverse experience more likely
MEASURE 1b
Receipt of Substance Use Disorder Treatment within 30 Days of Release for Persons Released from a Department of Corrections Facility

SFY 2019
July 1, 2018 – June 30, 2019

SFY 2020
July 1, 2019 – June 30, 2020

SFY 2021
July 1, 2020 – June 30, 2021

NOTES: 1 Race/ethnicity groups are not mutually exclusive with the exception of White, Non-Hispanic; sum across groups exceeds total.
2 Treatment need identified through claims data from Department of Corrections release to 90 days after Department of Corrections release.
MEASURE 1d
Receipt of Substance Use Disorder Treatment within 30 Days of Release for Persons Released from a Local Jail while in Department of Corrections Custody

SFY 2019
July 1, 2018 – June 30, 2019

SFY 2020
July 1, 2019 – June 30, 2020

SFY 2021
July 1, 2020 – June 30, 2021

NOTES: 1 Race/ethnicity groups are not mutually exclusive with the exception of White, Non-Hispanic; sum across groups exceeds total.
2 Treatment need identified through claims data from Department of Corrections release to 90 days after Department of Corrections release.

TOTAL
American Indian/Alaska Native
Asian
Black
Hispanic
Native Hawaiians and Other Pacific Islanders
White, Non-Hispanic
MEASURE 2b
Receipt of Mental Health Treatment within 30 Days of Release for Persons Released from a Department of Corrections Facility

SFY 2019
July 1, 2018 – June 30, 2019

SFY 2020
July 1, 2019 – June 30, 2020

SFY 2021
July 1, 2020 – June 30, 2021

NOTES: 1 Race/ethnicity groups are not mutually exclusive with the exception of White, Non-Hispanic; sum across groups exceeds total.
2 Treatment need identified through claims data from Department of Corrections release to 90 days after Department of Corrections release.
MEASURE 2d
Receipt of Mental Health Treatment within 30 Days of Release for Persons Released from a Local Jail while in Department of Corrections Custody

SFY 2019
July 1, 2018 – June 30, 2019

SFY 2020
July 1, 2019 – June 30, 2020

SFY 2021
July 1, 2020 – June 30, 2021

NOTES: 1 Race/ethnicity groups are not mutually exclusive with the exception of White, Non-Hispanic; sum across groups exceeds total.
2 Treatment need identified through claims data from Department of Corrections release to 90 days after Department of Corrections release.
Differences in Percent Homeless
Washington State Medicaid Recipients Meeting Inclusion Criteria • Age 18-64 • 12 Months Ending 2020 Q1 • Narrow Definition

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percent Homeless</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian and Alaska Native</td>
<td>172%</td>
</tr>
<tr>
<td>Asian</td>
<td>24%</td>
</tr>
<tr>
<td>Black</td>
<td>177%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>67%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>68%</td>
</tr>
<tr>
<td>White, Non-Hispanic</td>
<td>109%</td>
</tr>
</tbody>
</table>

BETTER (Lower %) Adverse experience less likely
PARITY
WORSE (Higher %) Adverse experience more likely

0% 20% 40% 60% 80% 100% 120% 140% 160% 180% 200% 220%