

Statewide SUD prevalence and cross-sector interactions: inventory of data and reporting capabilities

Preliminary report

Second Engrossed Second Substitute Senate Bill 5536; Section 38(2)(b); Chapter 1; Laws of 2023

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Executive summary

This preliminary inventory report fulfills the requirement outlined in Section 38(2)(b) of [Second Engrossed Second Substitute Senate Bill 5536](#) (2E2SSB 5536), which directs the Health Care Authority (HCA) to provide a preliminary inventory report to the Governor and the legislature by December 1, 2023, and a final inventory report in 2024. The initial inventory catalogues the data sources available to the Health Care Authority that fit the requirements identified in the bill, documents the definitions requiring additional clarification, and identifies the next steps. This preliminary report lays the foundation for the forthcoming final report which will contain information on non-HCA data sources as well as recommendations for additional data connections and data share agreements.

[Second Engrossed Second Substitute Senate Bill 5536](#) also requires that, beginning in 2026, HCA must include regular assessments of the prevalence of substance use disorders (SUD) and interactions of persons with substance use disorder with service providers, nonprofit service providers, first responders, health care facilities, and law enforcement agencies, as part of an annual report which begins in 2024.

SUD prevalence reporting – inventory of necessary and available data

Background

[Second Engrossed Second Substitute Senate Bill 5536](#) (2E2SSB 5536) requires that, beginning in 2026, the Health Care Authority must include regular assessments of the prevalence of substance use disorders (SUD) and interactions of persons with substance use disorder with service providers, nonprofit service providers, first responders, health care facilities, and law enforcement agencies, as part of an annual report which begins in 2024.

The authority was directed to provide a preliminary inventory report to the Governor and the Legislature by December 1, 2023, and a final inventory report by December 1, 2024, to take inventory of the availability of data necessary to make these assessments.

This preliminary report aims to provide a preliminary assessment of the inventory of:

- (a) **Types and sources of data available to HCA.**
- (b) **Data necessary but currently unavailable to HCA.**

The final report will also include the following information in addition to a more comprehensive inventory of items (a) and (b) above:

- (c) **Recommendations for new data sources, data connections, and data sharing authorities.**
- (d) **Recommendations regarding supportive legislation.**

Types and sources of data available to HCA

Requirement: Assessments of the prevalence of substance use disorder (SUD) in WA State.

Type of data: Enrollment and population data to determine the Washington State population by coverage type (Medicaid, Medicare, Commercial, Uninsured) and geographic region (Accountable Communities of Health (ACH))

Available data sources:

- Washington State Office of Financial Management – state and regional population estimates.
- Washington State Office of Insurance Commissioner – state and regional coverage estimates.
- Washington State Health Care Authority – Apple Health (Medicaid) enrollment data.
- Washington State Health Care Authority – All-Payer Claims Database (APCD) enrollment.

Type of data: Survey and claims data for determining the Washington State residents self-identified with, diagnosed and/or treated for substance use disorder by coverage type (Medicaid, Medicare, Commercial, Uninsured) and geographic region (ACH).

Available Data Sources:

- Substance Abuse and Mental Health Service Administration’s National Survey on Drug Use and Health (NSDUH)
- Washington State Department of Health’s Vital Records

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Washington State Health Care Authority

- ProviderOne Medicaid claims data.
- Behavioral Health Data System (BHDS) supplemental data.
- Criminal Justice Treatment Account (CJTA).
- State Opioid Response (SOR) grant data.
- WA State Targeted Response (STR).
- Washington State Hub and Spoke Project.
- WA All Payer Claims Database – Commercial and Medicare.

Washington State Department of Social and Health Services

- Integrated Client Data Repository – Research and Data Analysis division (RDA).
- State Hospital client data – SUD diagnosis and treatment.

Caveats and limitations

The prevalence of substance use disorders (SUD) may be determined using multiple data sources to triangulate an estimate range. Key data sources may include the Health Care Authority's administrative claims data, vital records, and survey data. Reliance solely on administrative claims is unlikely to appropriately assess unmet treatment need. Claims data analysis alone may result in an undercount due to inconsistent report of diagnosis in claims and lack of access or initiation of health care services. This underestimation may be compounded for certain subpopulations due to disparities of access and utilization. Development of a standardized statewide method of estimating prevalence may best be designed in collaboration with other state agencies, with a community member engagement.

Assessments of the interactions of persons with SUD

Requirement: Interactions with Service Providers and Non-profit Service Providers.

Type of data: Claims, supplementary and program records.

Available data sources:

Washington State Health Care Authority

- ProviderOne Medicaid claims data.
- Behavioral Health Data System (BHDS) supplemental data.
- Law Enforcement Assisted Diversion programs.
- Jail Alternative Program.
- Recovery Navigator Program (RNP).
- Health Engagement Hubs Pilot Program.

Caveats and limitations: The data sources listed above would not comprehensively include all relevant service provider interactions. Further investigation will be necessary to identify appropriate data sources. Clarification is needed regarding the scope of 'service providers' and 'nonprofit service providers.' The language implies this group is distinct from other types mentioned such as health care providers. It is unclear if the range of service providers includes prevention programs, supportive/recovery housing, employment assistance programs, nutritional supports, or other health related social needs (HRSN).

Requirement: Interactions with first responders.

Type of data: Claims, supplemental data.

Available data sources:

- Washington State Health Care Authority.
 - ProviderOne Medicaid claims data.
 - Behavioral Health Data System (BHDS) supplemental data.

Caveats and limitations: The sources currently available to the HCA have a subset of limited information regarding interactions with first responders. Further investigation will be necessary to identify appropriate data sources. It is unclear if the definition of ‘first responders’ aligns with definition outlined in RCW 70.54.430 which includes “firefighters, law enforcement officers, coroners and medical examiners, and emergency medical personnel”. Designated crisis responders are not included in this definition but may be relevant for reporting purposes.

Requirement: Interactions with health care facilities.

Type of data: Claims, supplemental, electronic health records (EHR), emergency department records.

Available data sources:

- ProviderOne Medicaid claims data.
- Behavioral Health Data System (BHDS) supplemental data.
- All Payer Claims Database (APCD).
- Clinical Data Repository (CDR).
- Emergency Department Admissions/Discharges/Transfers.

Caveats and limitations: Further investigation will be necessary to identify appropriate data sources. Of the available data sources, some may have limitations regarding due to federal regulations (42 Code of Federal Regulations, part 2) or the populations excluded within the data source. Clarification on what type of ‘interaction’ information is required to determine if health care claims data are sufficient or electronic health record data are needed. If the latter, the Clinical Data Repository (CDR) is limited as a data source currently contains information only for Apple Health (Medicaid) managed care clients. Data for clients within Apple Health fee-for-service, other health carriers, or those without health insurance are currently not included in this data source.

Requirement: Interactions with law enforcement agencies:

Type of Data: Supplemental data, program records.

Available data sources:

- Behavioral Health Data System (BHDS) supplemental data.
- Law Enforcement Assisted Diversion (Lead) programs.
- Arrest and Jail Alternatives.
- Washington State Patrol (WSP) arrest data.

- Criminal Justice Treatment Account (CJTA).
- Recovery Navigator Programs.
- Jail Booking and Reporting System (JBRS).

Caveats and Limitations: The data sources listed above that are available to the Health Care Authority are a subset of information and would not comprehensively include all relevant law enforcement interactions. In some cases, the allowed use of this data is for a specific program requirement and will not be able to use for other purposes without expanding data use authority. Further investigation will be necessary to identify appropriate data sources. Clarification is needed regarding the range of law enforcement agencies and if it is specific to “general authority Washington law enforcement agency” defined in RCW 10.93.020 or broader.

Data currently unavailable to HCA

To identify the new data sources, data connections, and data-sharing authority necessary to fulfill the requirements of Section 38 of Second Engrossed Second Substitute Senate Bill 5536, the HCA will need to do the following:

- Confirm the analytical questions that drive the reporting need.
- Clarify the intent of each data reporting requirement (including definitions for various reporting entity type).
- Identify subject matter experts within organizations and state agencies who can provide information on relevant data sources.
- Confirm the availability of data fields within the data source align with the reporting requirements.
- Research the federal and state regulations regarding data sharing.
- Develop roadmap for data sharing, in partnerships with identified organizations and entities.
- Determine agency plan for new data source acquisition, management, storage, and governance.
- Investigate data governance processes from both data supplier and data recipient.
- Identify security and access safeguards related to any data sharing constraints.

Conclusion

This preliminary report fulfills the requirement outlined in Section 38(2)(b) of [Second Engrossed Second Substitute Senate Bill 5536](#) (2E2SSB 5536) to provide a preliminary inventory report to the Governor and the Legislature by December 1, 2023. This initial inventory catalogues the data sources currently available to the Health Care Authority and documents the data requirements needing additional clarification. Next steps necessary include clarifying the intent of data reporting requirement, researching options, and partnering with subject matter experts. The level of effort and knowledge needed is substantial. The work will require dedicated staff time and expertise that is not currently available. Assuming appropriate staff resources are secured, the forthcoming final inventory report is expected to detail information on non-HCA data sources as well as recommendations for additional data connections and data share agreements.