

Health Engagement Hubs

Overview

Health Engagement Hubs (HEH) are designed to serve as an all-in-one location for low-barrier medical, harm reduction, behavioral health, and social services for people who use drugs. This model is informed by the expressed needs/interests of participants at Syringe Service Programs (SSPs) who indicated they are not well served by the current healthcare system and experience bias and significant health disparities. This recommendation derived from efforts to support the [State Opioid and Overdose Response Plan \(SOORP\)](#) and was further developed as a formal [recommendation](#) by the Substance Use Recovery Services Advisory Committee (SURSAC).

The Health Care Authority (HCA) was directed by the legislature in Second Engrossed Second Substitute Senate Bill (2E2SSB) 5536(26), codified as [RCW 71.24.112](#), to implement two pilot sites by August 2024 and make recommendations for expansion by August 2026. In 2024, the legislature passed ESSB 5950, which included 3 million dollars in expansion funds to stand up three additional sites in state fiscal year 2025.

Each HEH location will serve people over 18 years of age with medical and behavioral health care, including primary care, with specific attention given to infectious diseases, wound care, reproductive health, overdose education and naloxone distribution, and access to medications for opioid use disorder. Additionally, care coordination and access to harm reduction supplies will be provided.

These programs will address health disparities by meeting the needs of communities disproportionately impacted by the harms of drug use who may be stigmatized in traditional healthcare settings.

Supporting research and models

This program draws primarily from a State Opioid and Overdose Response Plan (SOORP) proposal authored by the Washington State Department of Health (DOH), building upon existing models such as those developed in New York State, the Seattle-

based HIV MAX Clinic and the SHE Clinic; and work coming out of the Center for Community-Engaged Drug Education, Epidemiology, and Research (CEDEER) at the UW Addictions, Drug, & Alcohol Institute (ADAI) and ADAI's Meds First model. Low-barrier treatment models that inform the development of HEH are endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a [pillar of harm reduction](#) and backed by evidence of improved health outcomes for people who use drugs and engage in low-barrier models such as SSPs.

Eligibility requirements

Sites must demonstrate the ability to provide low-barrier physical and behavioral health care; harm reduction supplies; participant-centered care coordination; and facilitate access to all types of opioid agonist medications either on-site or through warm hand-offs. Staffing must include, at minimum, a physician, a Registered Nurse, licensed behavioral health staff, outreach and care coordination staff, as well as a psychiatric prescriber and include people with lived experience with drug use.

Budget for SFY 25

\$4,000,000 for State Fiscal Years 2024-2025 from the opioid abatement settlement account to establish two (2) pilot HEHs

\$3,000,000 for State Fiscal Year 2025 from the opioid abatement settlement account to establish three (3) additional HEHs

Partners

Blue Mountain Heart to Heart, Walla Walla, inaugural rural site

Healthpoint, Auburn, inaugural urban site

Washington State Department of Health (DOH) Office of Infectious Disease, implementation partner

University of Washington ADAI, technical assistance provider

Department of Social & Health Services Research and Data Analysis (DSHS RDA), research & evaluation partner

Additional partners will join the HEH initiative in the coming months.

For more information

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