Establishing a pilot program for Health Engagement Hubs: Request for interest survey

Background

Per statutory reference RCW 71.24.112: *The authority shall implement a pilot program for health engagement hubs by August 1, 2024. The pilot program will test the functionality and operability of health engagement hubs, including whether and how to incorporate and build on existing medical, harm reduction, treatment, and social services in order to create an all-in-one location where people who use drugs can access such services.*

Health engagement hubs serve as an all-in-one location wherein those who use drugs may access a range of social and medical services, including harm reduction services. The Washington State Health Care Authority (HCA) is mandated by the Washington Legislature to implement a pilot program as of the 2023 update within Engrossed Second Substitute Senate Bill 5536.

Additionally, the Legislature appropriate $4 million from opioid abatement settlement funds for state fiscal years 2024 to 2025 to implement two pilot sites, one urban and one rural.

The Washington State Health Care Authority Division of Behavioral Health and Recovery (DBHR) is collaborating with the Office of Infectious Diseases drug user health team under the Washington State Department of Health (DOH) to implement this effort. These organizations will ensure aligned efforts with cross-agency goals around expansion of services and resources throughout public health and behavioral healthcare systems.

Program overview

The Health Engagement Hub concept was previously developed and endorsed by the State Opioid and Overdose Response Goal III work group and by the Substance Use Recovery Services advisory committee. This model promotes programming such as walk-in primary care, low-barrier access to medications for opioid use disorder (MOUD), case management, infectious disease education, screening and treatment, and social and emotional supports. Under this model, these services do not require identification or insurance.

Low-barrier access to MOUD includes same-day or next-day services without any required appointment and services rendered on a drop-in basis. Also in this model's programming, there is no counseling requirement to receive MOUD services. Healthcare providers continue to work with individuals regardless of drug use status.

Health engagement hubs will incorporate these model programming aspects with wraparound supports. Services are based in part on the needs stated by survey participants in the syringe service program.

Request for interest survey

The purpose of this survey is to understand interest and capacity to implement health engagement hubs. Based on this survey's findings, HCA in collaboration with DOH will select one urban setting and one rural setting for the pilot program.

Regional coverage, setting, and entity types

HCA will fund two sites, one rural and one urban.[1] This census-based definition is inclusive of rural areas that are more sparsely populated and isolated from resources but still located in urban counties.

HCA and DOH will maintain flexibility in determining the status of Tribal providers interested in being a Health Engagement Hub pilot

[1] Review the linked definition HEH Overview September 2023 Page | 3 from the US Health Resources & Services Administration (HRSA) for the distinction of "rural" and "urban."

site as rural or urban, based on the Tribe's preferred status.

Interested parties are encouraged to form partnerships with existing organizations with a history of providing low-barrier services and supplies that align with principles of harm reduction, such as syringe service programs (SSP), and organizations with a history of providing physical and behavioral health care services, such as FQHCs, community health centers, or rural health centers.

Health Engagement Hubs are required to be affiliated with a provider or organization that can provide primary care medical services. Health Engagement Hubs are required to operate within a low-barrier, harm reduction, trauma-informed setting, such as a Washington State SSP, and be housed in an inviting environment that offers drop-in services for individuals to receive basic needs support and fosters community. Programs may operate fixed sites, mobile clinics, or a combination of both.

Health Engagement Hub pilot sites must be able to bill and receive Medicaid reimbursement (directly or through a formal partnership); however, if an individual does not have insurance, healthcare services must still be provided utilizing Health Engagement Hub grant funding. Health Engagement Hubs shall offer or refer to substance use disorder treatment, provide opioid use and mental health disorder medication, provide prescribing services and medication management services, distribute risk reduction supplies such as sterile injection equipment, naloxone, and injection alternatives; as well as offer ongoing care coordination to further behavioral and physical health care and recovery support services as needed.

Required services

Harm reduction services and supplies

This must include, and is not limited to:

- Overdose education and naloxone distribution Safer drug use education and supplies (at minimum sterile syringes, fentanyl test strips, wound care items, sharps containers, and supplies for injection alternatives)
- Safer use supplies should take into consideration trends in route of administration and offer supplies to meet the documented need
- Safer sex supplies (at minimum latex and polyurethane condoms and water-based lubricant);
- Other basic needs supplies, including food, clothing, and hygiene supplies (note that provision of showers and laundry facilities are encouraged)
- Drop-in emotional support and brief harm reduction counseling in 1-1 sessions or small groups
- Initiation and continuation of all FDA-approved medications for opioid use disorder, including low-barrier buprenorphine and methadone. If the Health Engagement Hub program cannot provide methadone treatment itself, access for Health Engagement Hub participants to methadone must be provided through “warm hand-offs" with a community Opioid Treatment Program. Telehealth options for care could be allowed when appropriate.

Comprehensive patient-centered and patient-driven physical and behavioral health care

This must include, but is not limited to:

- Drop-in primary care services
- Primary mental health and substance use disorder services (e.g. brief screening, assessment, and/or referral to higher levels of care)
- Wound care
- Infectious disease vaccination, screening, testing, and treatment (including HIV, sexually transmitted infections, and viral hepatitis testing and treatment)
- Sexual and reproductive health care services, including over-the-counter and prescription contraceptives (note that obstetrics care, inclusive of prenatal care and abortion services, can be provided by facilitated linkage if it cannot be provided onsite)
- Evidence-based and culturally appropriate behavioral health services, including behavioral health screening and care

coordination, either inperson or using telehealth options
- Medication management for physical and mental health conditions
- Appropriate client-centered-assessment and linkage for diverse physical and behavioral health, including access to psychiatric services and other specialty care that cannot be provided onsite
- Secure medication storage and inventory policies and procedures for patients experiencing homelessness or housing insecurity
- Provide walk-in availability and non-traditional hours, including evenings and weekends

Case management/care navigation/care coordination services

To ensure individuals are connected to resources that address their self-identified needs and their social determinants of health, the following are recommended as points of assistance:
- Linkage to housing/shelter, transportation, public benefits (e.g., Apple Health)
- Identification
- Employment
- Recovery supports
- Family reunification
- Criminal-legal services
- Other support services as relevant to an individual's needs and treatment plan(s)

Community health outreach/navigation services

Services including certified peer health educators, and peer recovery coaches with the ability to engage and outreach to community members, connect people who use drugs to the Health Engagement Hub and other local services, and transport people to the hub and to other service locations, as needed, shall be provided. Not all peers need to be certified or licensed and hiring individuals with lived and living experience, including those who actively use drugs and access services, is encouraged.

Staffing considerations

The staffing model needs to adequately address all the required services described above. Staffing will be flexible and scalable depending on location. The staffing plan and service delivery must include, at the minimum, the following:
- A partial or full-time physician (MD, DO, ARNP, PA) licensed to practice in the state of Washington
- A partial or full-time registered nurse (RN) who can provide medication management and medical case management, care coordination, wound care, vaccine administration, and community-based outreach
- Partial or full-time licensed behavioral health staff qualified to assess and provide counseling and treatment recommendations for substance use and mental health diagnoses (e.g. LICSW, LMHC, SUDP)
- Partial or full-time outreach and engagement staff (e.g., peer, community health workers, recovery coaches)
- A prescriber who can treat psychiatric and co-occurring disorders, including medications for opioid use disorder

Priority consideration

The Health Engagement Hubs should prioritize communities disproportionately impacted by overdose, health issues, and other harms related to drugs, including American Indian/Alaska Native communities, Black/African American communities, Latino/Hispanic communities, people experiencing homelessness, and communities impacted by the criminal-legal system. When determining the contracts for direct services, priority will be given to BIPOC-led organizations, including Tribes.

Survey, data collection, budget submission

By close of business, November 30, 2023, interested respondents will submit the following to HCAhealthengagementhubs@hca.wa.gov

- The information requested in this survey request, in ten pages or fewer using Calibri size 11 font and 1-inch margins (page count is inclusive of the questions).
- A two-year budget using the budget template provided, inclusive of budget narrative, that identifies the funding needed to implement a health engagement hub pilot site. Other

budget templates will be accepted if all details captured in the provided template are included.
- Data collection will be required in order to support recommendations for expansion. Data requirements will be finalized in contracts between the Health Care Authority and pilot sites.

Survey detail

Information required:

1. Legal business name of organization that would be fiscally responsible for this project. (Including acronym or abbreviation, if any)
2. Full name of contact person and title (include pronouns)
3. Full postal address of organization (not a PO Box)
4. Telephone number
5. Email address
6. Website link (if applicable)
7. Type of entity (e.g., local government, nonprofit 501c3, behavioral health organization, Tribal government, Private business, etc.)
8. Unified Business Identification Number (UBI)
9. Statewide Vendor Number (SWV)
10. Has your organization had a contract terminated for default in the last five years? If yes, please describe the incident and full details of the terms for default, including the other party's name, address, and phone number.
11. Tell us about your organization/program. When was your organization/program established (Month and year), mission and vision statement, type of services provided, and organizational goals?
12. If you plan to subcontract with another/other organization(s) for the required service elements listed above, please provide the name(s) and description(s) of the organization(s), including entity type(s), when was the organization(s) established (month and year), type of services provided, and summary of the historical partnership. Also, attach a letter of support from each organization with which you plan to subcontract.
13. Does your agency, or a partnering agency, bill Medicaid (either through fee for service or via Managed Care Organizations)? Please provide the NPI for the agency that will be responsible for billing Medicaid.
14. Region to be served: Are you an urban or rural site? Please provide justification for either classification, including the city/cities, county, Tribal reservation, or other designation that will help us understand where you will provide services.
15. Briefly describe the needs within your community for low barrier, harm reduction and healthcare services, specifically for individuals who use drugs and are experiencing homelessness.
16. Briefly describe your agency's (and any partner agency's) history of providing low barrier physical and behavioral health services and harm reduction services and supplies for individuals who use drugs and are experiencing homelessness.
17. Briefly describe your agency's (and any partner agency's) history of providing physical and behavioral health services for Black, indigenous, persons of color, and other historically underserved communities.
18. Is your agency a BIPOC-Led Organization (including Tribal program) in which at least 50% of the Board of Directors and/or staff identifies as BIPOC or is led by Tribal government within the boundaries of Washington state?
19. Please provide agency demographic data that illustrates the diversity of whom your program(s) currently serve (e.g., race, ethnicity, gender, age, income, gender identity, language spoken, etc.).
20. Approximately how long would it take to implement a pilot site and start services?
21. What days and times do you propose to offer health engagement hub services? How do these dates and times meet the needs of your priority population(s)?
22. Where do you propose to deliver Health Engagement Hub services? How does this setting, and location(s) meet the needs of your priority population(s)?
23. Address how you will deliver, or partner with appropriate entities to deliver, healthcare

inclusive of access to medications for opioid use disorder (specifically buprenorphine and methadone), primary care, social services, housing, and mental healthcare.

24. Address how you will provide, or partner with appropriate entities to provide, harm reduction services and supplies.
25. How will you provide culturally and linguistically appropriate services?
26. How will you collect and meaningfully use feedback from your priority population(s)/participants/patients/clients to design, monitor, and evaluate services?
27. Are there any local ordinances that would limit this project's ability to provide a full range of harm reduction supplies? If so, please describe them.

Budget Considerations

- Staffing model to ensure participants have low barrier
- On-site access to comprehensive physical healthcare, behavioral healthcare, and harm reduction-oriented support services
- Start-up costs (for year 1)
- Competitive compensation for staff, to minimize burnout and turnover
- Medical and harm reduction supplies
- Capital costs for construction and/or vehicles needed
- Vehicles/gas for mobile services
- Paid peer support
- Staff training
- Operating hours that allow for low-barrier access
- Outreach and Case Management services
- Projected revenue from billing services
- Professional development and training