![Washington State Health Care Authority]

Substance Use and Recovery Services Plan Recommendation

Recommendation – *Expansion of the WA Recovery Helpline and the Recovery Readiness Asset Tool to provide a robust resource database for those seeking or directing to services.*

Bill Requirement(s) *–5476 Section 1.3 (a),(b),(c),(d),(e),(f),& (g)*

Background & Supporting Data:

Providing a tool that maps and directs individuals to community-based care access points, along with safe station entities with a tool that helps locate and help those currently in need of outreach, treatment, and recovery support services is vital to the requirements and plays the role as an assistive tool to meet other items outlined in section 3 of RCW 71.24.546, as part of the Blake Bill(ESB 5476). By expanding upon the current recovery readiness asset tool (this does not indicate an individual's readiness to enter recovery) built from the Roadmap to Recovery and the WA Recovery Helpline, we can enhance the capabilities of the tools available to reach more Washingtonians affected by SUD and their families. This tool will work in conjunction with the E2SHB 1477 work to designate a primary technology system to provide "Real-time bed availability for all behavioral health bed types, including but not limited to crisis stabilization services, triage facilities, psychiatric inpatient, substance use disorder inpatient, withdrawal management, peer-run respite centers, and crisis respite services, inclusive of both voluntary and involuntary beds, for use by crisis response workers, first responders, health care providers, emergency departments, and individuals in crisis."

This committee also recommends a referral system to be incorporated with the locator tool to help facilitate the connection between an individual and a facility to address capacity concerns.

Local counties like King County have developed county specific resources, Emerald City Resource Guide by Real Change: Emerald City Resource Guide. WA211 provides community resources Home - Washington 2-1-1 - WA 2-1-1 (wa211.org) MOUD resource finder helps people connect to medications MOUD Locator - Washington Recovery Help Line (warecoveryhelpline.org) and DOH is releasing resource finder that utilizes WA211 data for a resource finder specifically for substance use during pregnancy and for parents. DOH is working to create a data system that holds all of the data for the different resource finders, so they are kept current and have all the same data. HCA has a number of resources including a pamphlet of integrated behavioral health community resources and DOH Green book.

Beyond providing treatment and recovery support service locations, this database should also include the community-based resources, including locations for SSPs, peer and care navigators, opioid treatment network care partners (hub and spoke), and RNP community resources. This tool should also consider including infectious disease services that are systemic to the overdose crisis (e.g., hepatitis C services). Creating a more robust system to include civil legal, and welfare locations as well, will provide a better full continuum of care for individuals in an easily accessible way. DCYF is currently working toward a similar grassroots map for their child welfare and family resources regarding SUD and recovery support services. There are several legal systems throughout the state that have similar maps that also provide legal resources for those impacted by SUD. To eventually gather and include those various groups would make this the most robust resource system available to date.

Other states including Kentucky, and even local jurisdictions such as Spokane County have similar tools that have proven to be effective in their geographical regions and we would like to expand these types of tools across Washington State.

Foundation infrastructure is key to providing the most up to date services and resources according to Third Horizons and Atlas Shatter Proof, who already have been contacted to quote on similar work being done. Pipelines are created from existing and future data sources to a single system to provide the locator and referral tools as described above. This creates real-time updated systems. To ensure data streams are updated regularly by the information provider, legislative mandates shall be imposed to enforce the need for updated data. The proposed expansion of the MOUD locator and recovery readiness asset tool includes the development of a larger database of resource and a dual

interface program, one for the public and one for internal use. These two interfaces include, and external page made to public including crisis stabilization, care access points, and families with a mapping tool, and asset list. The internal interface will have tools for HCA staff, MCO provider networks, and policy makers including, dashboards, gap analysis tools, regional capacity, and workforce checklists.

Pipelines to current and future data tables, that should be incorporated within the system are:
- RDA Data/Geo data from ProviderOne
- DOH Licensure data
- Recovery Helpline data
- Grant and other non-medicaid care access points (opioid treatment network care partners, syringe services, etc.)
- DCYF available data

Campaigning and advertising for Recovery Helpline is a crucial component for educating the public on the helpline and tools, along with indicating its intent as opposed to a crisis hotline.

Along with additional resources for a heartier system, the WA Recovery Helpline will need non-clinical, people with lived experience, full-time employees (FTEs) to support this expansion work on the database and to meet the growing demands the Recovery Helpline will experience.

Concerns & Considerations –
Displaying accurate information regarding billing location as opposed to service location for providers. A quality assurance process should be developed and incorporated into the system.

Collaboration with Existing Resources:

Recovery Helpline
Provides MOUD locator resources through the hotline and website on a google maps platform. This information is updated monthly and manually by recovery helpline staff. This information would play into resources that may not be directly connected to medicaid and the ProviderOne data and will be kept current by staff and shared to make sure geolocations are being updated properly.

988/SB 1477
Establishes crisis call center hubs and an expanded response system for those experience mental health and suicide. It proposes to create technology and platforms necessary to manage and operate the behavioral health crisis response and a suicide prevention system. This system is currently be worked through the Department of Health data before being handed over the authority. This system will have a similar type of map or list of resources to submit individuals to services through a referral mechanism.

This tool will be helpful to ensure the current connection to behavioral health services is similar with SUD and co-occurring mental health conditions.

Approximate Financial Support & Staffing Needed:

Dollars	FY23	FY24	FY25
Legislative / State Budget Funding	$1,000,000/System Development $1,000,000/Campaign/Ads	$360,000/System Maintenance	$360,000/System Maintenance
HCA Grant-Based Funding			
Total Funds			
Staff (FTE)	8	6	6

Estimations are based off previous quotes from technical developers, along with adding more funding for referral technology and required FTEs to support education, training, and technical assistance.

Substantial staffing will be need for this to do this dynamically. The above numbers are minimalistic and there will most likely be greater need for more FTEs to uphold system throughout the various agencies consistently providing resources.

SURSA Committee Feedback:

From Sarah Melfi-Klein: received September 15, 2022 –
Q: Would this plan include mapping for Tribal-specific recovery resources as well or as a parallel to this work?
A: This is entirely dependent on willingness and participation to provide local resources.

From Caleb Banta-Green: received September 16, 2022 –
Q: Is there possibility of the database being part of a closed loop referral database so that RHL collected data are provided to downstream referrals and so RHL gets feedback on client flow to improve their processes?
A: Recovery Help Line does not collect data beyond general demographics. We want to continue to provide that anonymity to individuals seeking services.