Washington State Health Care Authority

Substance Use and Recovery Services Plan Recommendation

Recommendation – *Establishing Health Engagement Hubs to serve as an all-in-one location where people who use drugs can access a range of medical, harm reduction, and social services*

Bill Requirement(s) – Developing Health Engagement Hubs for people who use drugs considers and supports several elements that 5476 outlined for inclusion in the Substance Use Recovery Services Plan:

- Points of intersection that persons with substance use disorder have with the health care system (ESB 5476 §1.3.a)
- Locations in which persons with untreated substance use disorder congregate (ESB 5476 §1.3.a)
- New community-based care access points (ESB 5476 §1.3.b)
- Barriers to accessing the existing behavioral health system (ESB 5476 §1.3.d)
- Innovations that could improve the quality and accessibility of care for persons with co-occurring substance use disorders and mental health disorders, and populations chronically exposed to criminal legal system responses (ESB 5476 §1.3.d)

Consideration of youth, rural areas, and tribes:

Youth: These Health Engagement Hubs would be open to youth as well as adults. Ryther/YouthCare in Seattle provides young adult models that combine outreach with fixed site, which can be used to help inform ways to make these hubs appropriate and effective for youth.

Rural Areas: Health Hub mobile treatment services will provide support to rural areas that do not have a brick-and-mortar hub

Tribes: Sufficient funding will be provided to each tribe to establish, or invest in already existing, hubs for people who use drugs, so that they can decide which services to provide via the Health Hubs that are best suited to each tribe's needs

Recommendation Details

We propose **Health Engagement Hubs** to be affiliated with an existing SSP serving each community as well as other entities as appropriate, including Federally Qualified Health Centers (FQHCs)/Community Health Centers (CHCs), patient centered medical homes, overdose prevention/safe consumption sites, peer run organizations (e.g., Club Houses), services for unhoused people, supportive housing, and Opioid Treatment Programs. Harm reduction services and supplies must be an integral program component of any organization housing a health hub.

The hubs would prioritize communities disproportionately impacted by the harms associated with opioid and other drug related harm, including American Indian/Alaska Native communities, Black/African American communities, Latino/Hispanic communities, people experiencing homelessness, and communities impacted by the criminal-legal system. Programs may operate in fixed sites or could be mobile clinics.

Services should address each of the care domains below, with as comprehensive a service mix as feasible:

- Comprehensive physical and behavioral health care including: primary care, wound care, infectious disease vaccination, testing, and treatment, and sexual and reproductive health care services (including pre- and post-natal supports like doulas), dental care, ophthalmology, low-barrier buprenorphine (and other medications for SUD as available), contingency management services, appropriate client-centered-assessment and linkage for diverse substance use disorder treatment

services e.g., harm reduction counseling & treatment services, "traditional", and mental health care services.

- Medical case management services/care coordination (could include doula support).

- Harm reduction services and supplies- Overdose education, naloxone distribution, and drug checking services. Safer drug use supplies & safer sex supplies. Other basic needs including food, clothing, and basic hygiene supplies.

- Community health outreach workers/navigators, peer health educators, and peer recovery coaches with the ability to engage community members about the hub, engage people who use drugs in services, transport people to the hub, and to transport people to other service locations, as needed. These staff will participate in community provider meetings including ED, jail, public health, behavioral health, detox, housing, and others to create referral pathways and professional relationships that support clients accessing a complete continuum of care with no wrong door.
  - The job is about non-judgmental support, not about "putting people in their place". Power dynamics need to be carefully considered.
  - Quality staff supervision and support is essential to promote high quality care and staff wellbeing.

- Linkage to housing, transportation, and other support services.

- Spiritual Connection Communities: Among those for whom substance addictions are experienced as spiritual crises, spaces for spiritual and social connection are essential to restoring a hopeful and self-directed life. Therefore, it is important that these hubs create space for, or provide linkage to, spiritually-oriented communities that are as diverse as the communities and the people they would like to engage. Spirituality is one of the biggest drivers, motivators, and natural "community" for people to connect and be well with, especially for tribes. People who use are in a form of community, and that sense of community needs to be maintained as they transition into healthier environments. Pulling them out into isolation, marginalization does not promote healing.

Health Engagement Hubs should encourage community volunteers, and provide appropriate training to staff and volunteers, including diversity, equity, and inclusion training

Services should be offered in coordination with every willing SSP. Communities with an SSP may also offer services in other settings described above. Communities without an SSP may provide services in another setting given they institute a substantial harm reduction service and staffing continuum.

A health hub should be available within a one-hour drive of every location in WA State, with the exception of frontier designated areas where they should be available within a two hour drive and at least one health hub needs to be available per 200,000 residents in WA State.

Background & Supporting Data

This recommendation draws most immediately from a State Opioid and Overdose Response Plan (SOORP) proposal authored by the WA State Department of Health (DOH) including Emalie Huriaux. It draws from and expands upon work from the Center for Community-Engaged Drug Education, Epidemiology and Research (CEDEER) at the UW Addictions, Drug, & Alcohol Institute, including low barrier buprenorphine programs and expressed needs/interests from program participants at SSP surveys.

Low-barrier health engagement "one stop shop" health care and social services are needed for people who use drugs *who are not well served by the current health care system* and experience significant health disparities. Syringe service programs (SSPs) provide a culturally appropriate and trusted setting in which to provide these services in collaboration with participants and regional health care

providers/systems and local health jurisdictions. Similar holistic programs to support people living with HIV have been shown to be successful and cost-effective.

In 2019, the Addictions, Drug & Alcohol Institute (ADAI) at the University of Washington launched the "Meds First" program to provide onsite, low-barrier access to buprenorphine in partnership with the six syringe services programs (SSPs) across WA State. Given that Health Hubs would operate in a similar way, key findings from the Meds First program[1] provide evidence that this could be an effective service for Washington residents who use drugs:

- Care navigation fits flexibly and productively within community-based harm reduction programs
- Participants of harm reduction programs want—and use—care navigation services, especially in-person support
- Providing opioid use disorder treatment with a harm reduction orientation supports honest conversations about drug use

A full report on the Meds First program can be found at Care Navigation at Harm Reduction Programs (uw.edu), and related research findings have been published in *Addiction Science & Clinical Practice*: "The Community-Based Medication-First program for opioid use disorder: a hybrid implementation study protocol of a rapid access to buprenorphine program in Washington State."[2]

Additionally, a study published in *Substance Abuse* in 2020[3] found that a low-barrier buprenorphine program co-located with an SSP in Seattle served as an effective point of entry for a low-barrier MOUD program: a large proportion of enrolled patients demonstrated sustained retention and reductions in opioid use, despite housing instability and polysubstance use.

Concerns & Considerations

- *Concerns related to the workforce demand v. supply to run these Health Hubs*
- *May need to build capacity within SSPs to prepare for this integration; creative partnering needed*
- *Additional work will need to be done to determine details pertaining to services billing at these health engagement hubs. Billing for primary care services is often not financially viable except for Federally Qualified Health Centers (FQHCs), and mental health licensure is necessary to receive the higher Medicaid rate for mental health care. If the health hubs cannot be qualified as FQHCs, and licensed mental health clinics, this could put a serious financial strain on the health hubs and jeopardize their sustainability.*
- *Due to the high acuity level of care needed, and because Health Hubs are not Behavioral Health Agencies eligible to bill for withdrawal management services, withdrawal management services have been deemed out of scope for Health Hubs*

Collaboration with Existing Resources:

- *Suggested Lead Agency: DOH in partnership with UW ADAI and HCA*
- *Partners:*
  - *Syringe Service Programs (SSPs)*

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[1] https://adai.uw.edu/care-navigation-2022/

[2] The Community-Based Medication-First program for opioid use disorder: a hybrid implementation study protocol of a rapid access to buprenorphine program in Washington State - PMC (nih.gov)

[3] Engaging an unstably housed population with low-barrier buprenorphine treatment at a syringe services program: Lessons learned from Seattle, Washington - PubMed (nih.gov)

  - *Accountable Communities of Health (ACHs)*
  - *Local Health Jurisdictions (LHJs)*
  - *Federally Qualified Health Centers (FQHCs)*
  - *Community Health Centers (CHCs)*

Approximate Financial Support & Staffing Needed:

Calculating the financial estimates and overall investment required to stand up these Health Engagement Hubs with sufficient geographic access points will need to be undertaken by fiscal analysts and experts, with due consideration given to the following:

- The number of Health Engagement Hubs needed throughout the state to meet recommendation for one within a 1-2 hour drive of any location in the state
- Staffing needed for each of the domains listed above
- Competitive compensation for staff, to minimize burnout and turnover
- Medical supplies
- Construction costs for any new structures needed
- Vehicles/gas for mobile services
- Projected revenue from billing services

SURSA Committee Feedback: