

Behavioral Health Provider Listening Session

Tuesday, November 26

1:30 to 2:30 p.m.

Agenda

Subject	Who
<ul style="list-style-type: none">• Welcome• Section updates	<ul style="list-style-type: none">• Teresa Claycamp & Enos Mbajah• Section Managers
<ul style="list-style-type: none">• UW-ADAI Proviso 6628, Shared Decision-Making Tool	<ul style="list-style-type: none">• Tony Walton, Amy Lee, Anthony Floyd, Mandy Owens
<ul style="list-style-type: none">• Decision Packages/Priorities	<ul style="list-style-type: none">• Kim Wright
<ul style="list-style-type: none">• Questions	<ul style="list-style-type: none">• All

DBHR Updates: SUD Prevention/MH Promotion

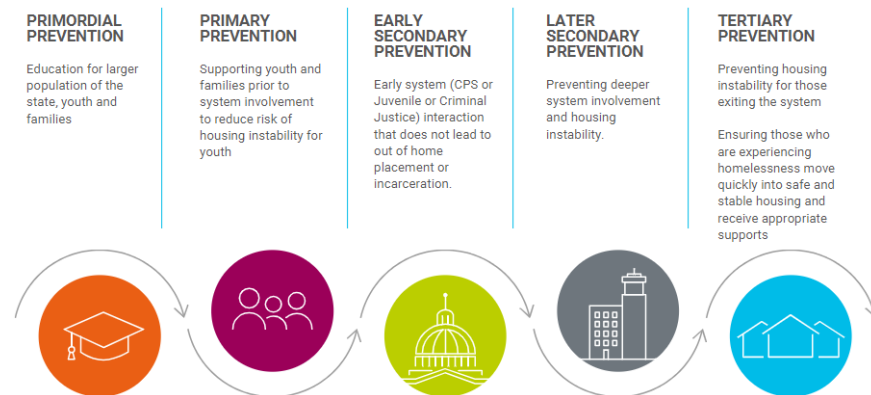
- ▶ Prevention Funding Opportunity Announcement (FOA) coming soon! Watch and learn more: <https://theathenaforum.org/headlines/current-funding-opportunities>
- ▶ The Section hosted a successful **Washington Prevention Summit** in downtown Seattle on October 30-31, 2024!



DBHR updates: Prenatal - 25

▶ Webinar: Youth homelessness secondary prevention

- ▶ Date: Monday, December 9
- ▶ Time: 9 from 9 to 11 a.m.
- ▶ [Register](#)



▶ Washington Thriving, (formerly know as the P-25 Strategic Plan Advisory Group) community engagement opportunities

- ▶ [Level 1: Join the mailing list](#)
- ▶ [Level 2: Participate in discussion groups and other engagement opportunities](#)
- ▶ **Level 3: Invite us to an upcoming meeting or event**
 - ▶ Visit and share the [Washington Thriving website](#) with your networks to learn more about resources and upcoming events
 - ▶ [Contact the project team](#)

DBHR updates: Recovery Support Services

The new 80hr Certified Peer Specialist training will launch in March of 2025.

- A FAQ will be posted on the Peer Support website that will cover:
 - Training requirements for new Certified Peer Specialists
 - Training requirements for current Certified Peer Counselors
 - New Supervision of Peer Supports training
 - Information for the new profession of Certified Peer Specialist Credential through the Department of Health
- Questions can be directed to Shelly Shor at shelly.shor@hca.wa.gov

HCA partnered with Rutgers Department of Psychiatric Rehabilitation and Counseling Professions to present a four-part training series and there are 2 sessions left in the series.

- Session 3 – Builds on the Motivational Interviewing techniques in session 2 and introduces complex reflections and summaries. [Register](#) 12/2 9am
- Session 4- Covers the stages of change and how to best support someone in the process based on their stage of change. [Register](#) 12/16 9am

DBHR updates: Adult and Involuntary Services

- ▶ The Problem Gambling program launched a new Youth Problem Gambling Prevention collaboration with HCA's Prevention Section
- ▶ The Crisis Team launched the Mobile Crisis Response Endorsement Program webpage where providers can access additional resourced and program specific information: <https://www.hca.wa.gov/billers-providers-partners/program-information-providers/mobile-crisis-response-endorsement-program>
- ▶ Involuntary Treatment and Crisis System section staff provided 3 webinars to the 421 members of the Adult Family Home Council of Washington about:
 - ▶ Changes to the behavioral health crisis system
 - ▶ Least restrictive alternatives to acute crises to help intervene with help sooner
 - ▶ How to navigate the system in acute situations

DBHR updates: Diversion and Reentry

- ▶ The State met another performance measure as The Transition and Discharge Planning System (TDPS) went live at ESH at the beginning of November and at WSH on the 25th.
- ▶ We submitted our second Biannual Report for 2024 under the Civil Discharge Agreement and will meet with DRW in December
- ▶ HARPS providers have requested additional housing voucher dollars earlier in the fiscal year than usual, suggesting an increase in housing voucher utilization in FY25 in at least two regions
- ▶ As a part of Phase 3 of the Trueblood Settlement Agreement, the State recently released an RFP to add 16 crisis stabilization beds to the Thurston-Mason region.

DBHR updates: Adult Substance Use and Treatment Section

- ▶ **Long-Acting Injectable Buprenorphine Start-up Costs** Health Care Authority (HCA) received state funding to increase access to long-acting injectable (LAI) buprenorphine products. HCA must use these funds to:
 - ▶ Provide LAI buprenorphine products to small providers that are not financially affiliated with a hospital,
 - ▶ Cover the cost and administration of the drug for uninsured individuals that do not qualify for other state or federal health insurance programs.To apply for these funds by the completing the [participating provider agreement](#) and sending the signed agreement to [HCA Prescription Drug Program](#).
- ▶ **Engagement and Retention of Non abstinent Patients in Substance Use Treatment: Clinical Consideration for Addiction Treatment Providers.** Created by the American Society of Addiction Medicine (ASAM), this document offers essential guidance for substance use disorder treatment programs and providers to:
 - ▶ Address the complexities of patient Non abstinence during treatment;
 - ▶ Reduce administrative discharges; and
 - ▶ Implement strategies to lower barriers to care and improve engagement and retention of non abstinent patients in the continuum of care.To access the full document and learn more, [click here](#).
- ▶ **WA State's Community Drug Checking Network: Local Services and Recent Results** Join [CEDEER](#) and the [WA State Community Drug Checking Network](#) for a webinar to learn more about:
 - ▶ What is drug checking?
 - ▶ Recent WA State drug checking data
 - ▶ Updates on novel substances identified in local drug supplies
 - ▶ *When: December 11, 2024 at 11 a.m.*
 - ▶ Do you have a question for our panel about drug checking? Send it in when you [register for the webinar](#).



SB 6228 Legislative Proviso Shared Decision-Making

DBHR Behavioral Health Service Provider Listening Session | November 26, 2024

Amy Lee; amykzlee@uw.edu

6228, Sec. 3.

- Addictions, Drug & Alcohol Institute to:
 - Create a patient shared decision-making tool to assist behavioral health and medical providers when discussing medication treatment options for patients with alcohol use disorder.
 - Distribute the tool [along with a previously created tool for opioid use disorder] to behavioral health and medical providers and instruct them on ways to incorporate the tools into their practices.
 - Conduct regular evaluations of the tools and update the tools as necessary.

6228, Sec. 4, 21a

A licensed or certified behavioral health agency shall provide each patient seeking treatment for opioid use disorder or alcohol use disorder, whether receiving inpatient or outpatient treatment, **with education related to pharmacological treatment options specific to the patient's diagnosed condition.**

The education must include an unbiased explanation of all recognized forms of treatment approved by the federal food and drug administration, as required under RCW 7.70.050 and 7.70.060, that are clinically appropriate for the patient.

Providers may use the patient shared decision-making tools for opioid use disorder and alcohol use disorder developed by the Addictions, Drug & Alcohol Institute at the University of Washington.

If the patient elects a clinically appropriate pharmacological treatment option, the behavioral health agency shall support the patient with the implementation of the pharmacological treatment either by direct provision of the medication or by a warm handoff referral, if the treating provider is unable to directly provide the medication.

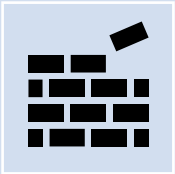
6228, Sec. 4, 21b, c, and d

- b) Unless it meets the requirements of (a) of this subsection, a behavioral health agency may not:
- i) Advertise that it treats opioid use disorder or alcohol use disorder; or
 - ii) Treat patients for opioid use disorder or alcohol use disorder, regardless of the form of treatment that the patient chooses.
- c) i) Failure to meet the education requirements of (a) of this subsection may be an element of proof in demonstrating a breach of the duty to secure an informed consent under RCW 7.70.050.
- ii) Failure to meet the education and facilitation requirements of (a) of this subsection may be the basis of a disciplinary action under this section.
- d) This subsection does not apply to licensed behavioral health agencies that are units with a hospital licensed under chapter 70.41 RCW or a psychiatric hospital licensed under chapter 71.12 RCW.

Our goals



Involve clients and clinicians and staff throughout the process to understand their needs when having shared decision-making conversations for alcohol and opioid use disorder



Design tools and provide implementation support that are simple, streamlined, and supportive of client and clinician and staff needs



Contribute to the work you are all doing to provide life-changing and life-saving treatments in a client-centered way

3 ways you can get involved



1:1 conversations with agency leadership so we can hear about operational and clinical challenges and opportunities with this law, and how we can best support your organization



Focus groups or interviews of behavioral health and medical clinicians and staff so we can hear directly about their needs



Share **recruitment flyers with clients** so they can contact us for interviews where we can learn more about their needs and perspectives on shared decision-making for alcohol and opioid use disorder treatment

ADAI's Medications for Opioid Use Disorder Tools

What's next?

Learn more about OUD and how to use this brochure:

learnabouttreatment.org

Connect to medication options near you:

warecoveryhelpline.org



Find naloxone and overdose info:

stopoverdose.org

More info on medications:

samhsa.gov/medication-assisted-treatment



CENTER FOR COMMUNITY-ENGAGED
DRUG EDUCATION, EPIDEMIOLOGY,
AND RESEARCH

W UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES
School of Medicine

This brochure provides basic information for educational purposes. Speak with a health care professional to make an informed decision that best fits your needs including learning the risks and benefits of all treatment options.

Revised November 2023.

Your preferences

Setting: _____

Dosing frequency: _____

Clinic visit frequency: _____

Counseling: _____

Support group: _____

Medication options: _____

Other: _____

About OUD

What is opioid use disorder?

Opioid use disorder (OUD) is a medical condition. People with the condition are physically dependent on opioids and have brain changes that affect their thinking, priorities, and relationships.

OUD can come back if not treated properly. You may need to try more than one type of treatment to find what works best for you.

Medications are one option for treating OUD. Counseling and/or social supports can also be beneficial. The information here can help you make a decision that's right for you.

What can medications do for me?

Medications are proven to work the best at treating opioid use disorder.

They help:

- Manage craving and withdrawal.
- Reduce illicit opioid use.
- Decrease the risk of having an overdose.

Medications can provide stability, allowing people to address other things in their lives.

*You can be in recovery
and be on medications
at the same time.*



Medications
for
Opioid Use
Disorder



UNIVERSITY of
WASHINGTON

ADAI's Medications for Opioid Use Disorder Tools

Treatment options



There are **three** places where you can get medications for opioid use disorder:

Opioid treatment program (OTP)

- **Methadone, buprenorphine, or naltrexone** available.
- Highly structured—counseling and supervised dosing may be required.

Medical office/Primary care

- **Buprenorphine** or **naltrexone** available.
- Familiar medical office setting.
- Less structure (often weekly or monthly visits, some don't require counseling).
- Appointment often needed.

Community program

- **Buprenorphine** or **naltrexone** available.
- Other services may be offered (syringe exchange, housing supports, etc.).
- May have drop-in visits.

Methadone

Buprenorphine

Naltrexone

How does this medication work?

- Methadone is a **full** opioid medication.
- The more you take the **more you will feel** its effects.
- Manages cravings and withdrawal by binding to opioid receptors.

- Buprenorphine is a **partial** opioid medication.
- Has a ceiling effect, so above a certain dose you **stop feeling more** of its effects.
- Manages cravings and withdrawal by binding to opioid receptors.

- Naltrexone is an opioid **blocker**.
- It is not an opioid, so you **won't feel** an opioid effect.
- Helps manage cravings for some people.

Does it lower my risk of dying? *Based on research that tracked outcomes in the real world.*

- **Lowers** risk of death by about 50%.

- **Lowers** risk of death by about 50%.

- Has **not been shown** to lower the risk of death.

How long does it last, and how do I take it?

- Lasts about **24 hours** and is taken by **mouth**.

- **Oral form** lasts about **24 hours**, **injectable form** lasts up to **28 days**.

- An **injection** that lasts for **28 days**. You can't use any opioids for 7-10 days before taking naltrexone.

Where can I get it, and how often do I need to go?

- Once started, ongoing dispensing is provided only at an **opioid treatment program**.
- Dosing can start up to **6 days a week**, but usually becomes less often over time.

- **Prescribed** by a medical provider and **picked up** at a pharmacy (*oral*) or **given** at an appointment (*injection*). Both are available at some **opioid treatment programs**.
- Visits vary from near daily to monthly.

- **Prescribed and given** by a medical provider, or provided at an **opioid treatment program**.
- Visits vary from weekly to monthly.

Will I need to go to counseling?

- Requires regular urine drug testing and counseling.

- Most providers require urine drug testing and some require counseling.

- Some providers require urine drug testing and counseling.

ADAI's Medications for Opioid Use Disorder Tools

https://www.learnabouttreatment.org/for-professionals/client-engagement/



LEARN ABOUT TREATMENT

ABOUT

THE BASICS

TREATMENT

PROFESSIONALS

FAMILY/FRIENDS

RESOURCES

TALKING TO CLIENTS ABOUT OUD

Learn About Treatment > For Professionals > Talking to clients about OUD

Here are some resources to help you educate and provide or connect people to medications for opioid use disorder.

To find resources on overdose response and naloxone, visit [stopoverdose.org](https://www.stopoverdose.org).

To order print versions of our materials, visit the [ADAI Clearinghouse](#).

Medications for Opioid Use Disorder Brochure

Our [Medications for Opioid Use Disorder brochure](#) presents information in an easy-to-read format about:

- What opioid use disorder (OUD) is,
- Different treatment options/settings,
- The 3 medications for OUD: methadone, buprenorphine, and naltrexone,
- How to find treatment near you.



[Talking to clients about OUD – Learn About Treatment](#)

Interested or have questions?

Contact Amy at amykzlee@uw.edu

HCA Community Behavioral Health Priorities 25-27 Biennium



2025 Community Behavioral Health Decision Packages (DPs)



Violence Prevention Training (Marty Smith Law)

- ▶ \$1,296,000 (General Fund-State, or GF-S) for HCA to collaboratively develop a more inclusive and accessible violence prevention training curriculum



Certified Community Behavioral Health Centers (CCBHC) Development

- ▶ \$2,156,000 (GF-S) for HCA's ongoing work to establish Certified Community Behavioral Health Centers (CCBHCs)

Blake Projects & Programs

- ▶ \$19,573,000 (GF-S) to continue and expand funding for programs established by the Blake bill ([Senate Bill 5536 – 2023-24](#)) including:
 - ▶ collegiate recovery supports;
 - ▶ health engagement hub (HEH) implementation and evaluation support;
 - ▶ Medications for Opiate Use Disorder (MOUD) in Jail Program Support while transitioning to Medicaid waiver;
 - ▶ WSIPP study of the recovery navigator program (RNP);
 - ▶ outcomes & effectiveness reporting for trainings;
 - ▶ implementation of diversion data integration platform; and
 - ▶ development of a statewide behavioral health treatment and recovery support services mapping tool.



Projects for Assistance in Transition from Homelessness (PATH) Enhancement

- ▶ \$1,752,000 to supplement current PATH programs so that they may enhance wages and program operations in an effort to create more competitive wage offers and promote supervisory sustainability



Reentry Community Services Program (RCSP)

- ▶ \$6,408,000 (GF-S) to continue providing wraparound supports, reducing recidivism, and increasing community safety to accommodate an expanded eligible population.



New Journeys Expansion

- ▶ \$520,000 (GF-S) to continue and expand support for evidence-based treatment for the New Journeys program, providing outreach and intervention for youth and young adults when first diagnosed with psychosis



Enhancing Substance Use Disorder (SUD) Prevention and Survey Support

- ▶ \$9,926,000 to stabilize community and school substance used disorder (SUD) prevention and mental health promotion (MHP) services offered through the Community Prevention and Wellness Initiative (CPWI) and to increase the ability to detect behavioral health trends in youth and young adults through the Healthy Youth Survey (HYS) and Young Adult Health Survey (YAHS)



Foundational Community Supports (FCS) Update and Rates

- ▶ To establish higher rates for Supportive Housing and Supported Employment services
 - ▶ The program continues to receive feedback about rate adequacy but does not have the budget authority to increase rates.



American Society of Addiction Medicine Criteria (ASAM) 4th Ed – Ongoing Statewide Implementation and Program Support

▶ \$10,590,000 (GF-S) to ensure:

- 1) HCA is adequately resourced for implementation of the American Society of Addiction Medicine (ASAM) Criteria, and
- 2) Medicaid managed care organizations (MCOs) and insurance carriers transition to the updated ASAM criteria and begin preparation for the Adolescent and Transition Age Adults (ATAY) version in 2026.

Children's Long-term Inpatient Program (CLIP) Capacity Expansion

- ▶ \$5,605,000 to address current CLIP system needs and add additional staff to absorb the increased workload and provide improved family support

Trueblood Phase 4

- ▶ HCA, in partnership with the Department of Social and Health Services (DSHS), is committed to prioritizing the successful implementation of any agreements finalized as part of Trueblood Phase 4 negotiations and anticipates the need for associated state appropriations.



Behavioral Health Staffing

- ▶ \$1,978,000 (GF-S) to support staffing of new FTEs and continue project FTEs at HCA.
- ▶ Funding allows HCA to achieve successful implementation of the state's behavioral health priorities and key projects related to statewide administration of behavioral health services.

Naloxone and Long Acting Injectable (LAI) Buprenorphine for Behavioral Health Agencies

- ▶ \$5,000,000 GF-S in FY26 for Behavioral Health Agencies (BHAs) to buy supplies of Naloxone and for small clinics to buy long-acting injectable (LAI) buprenorphine to support expanded access statewide to opioid overdose reversal medications and treatments for opioid use disorder



Questions?

Contact

Kimberly Wright

Behavioral Health Operations and Planning
Supervisor

kimberly.wright@hca.wa.gov