

# HCA's DBHR State Agency Partnerships

## Background

The Behavioral Health Advisory Council (BHAC) requested that HCA's Division of Behavioral Health and Recovery (DBHR) directors and deputies discuss what collaborations the division has with other agencies during their Director's Dialogue.

BHAC is specifically interested in what they can do as a council to support un-siloing the work agencies are doing so there is more collaboration.

BHAC is interested in learning:

- Name of workgroup, project, or program
- Names of Sibling Agencies collaborating on the work
- Brief description of the program and DBHRs area of subject matter expertise.

## Prenatal to 25

**Name:** Cross-agency harm reduction

**Sibling Agencies:** Department of Health (DOH), Department of Children, Youth, and Families (DCYF), Commerce

**Description and Subject Matter Expertise (SME):** Sharing resources, potential partnerships and awareness of work, implementing harm reduction strategies and approaches across the state and within various programs including 988 crisis response, syringe service programs, HOST program, recovery navigator program (RNP), SUD treatment, etc. Behavioral health treatment, harm reduction approaches.

**Name:** Substance Use Disorder (SUD) family navigator training

**Sibling Agencies:** Department of Children, Youth, and Families (DCYF) who collaborates by disseminating the training to their networks

**Description and Subject Matter Expertise (SME):** This is an HCA approved curriculum and training provided by peer specialist at Washington State Community Connectors created to assist parents, caregivers and other family members in understanding substance use disorder (SUD) and providing helpful skills and education to the young person they are supporting. This presentation is grounded in research and information supported by the Substance Abuse and Mental Health Services (SAMHSA) and their training and technical assistance partners. A toolkit, including information and resources regarding SUD support and services specific to Washington State, will be provided as a reference guide for participants.

**Name:** Collegiate Recovery Supports Initiative

**Sibling Agencies:** Washington State University

**Description and Subject Matter Expertise (SME):** The Collegiate Recovery Support (CRS) project goal is to implement CRS programs that provide opportunities for students in recovery from substance use to experience higher education with community support and resources provided by the participating campus. These programs provide support and positive community connections, to prevent a return to substance use and to support and promote successful academic performance.

**Name:** Family Treatment Court (FTC) Steering Committee and Core team

**Sibling Agencies:** Washington State Administrative Office of the Courts (AOC), which includes the Court Improvement Program (CIP), in partnership with the Washington State Department of Children, Youth and Families (DCYF)

**Description and Subject Matter Expertise (SME):** The Washington State Administrative Office of the Courts (AOC), which includes the Court Improvement Program (CIP), in partnership with the Washington State Department of Children, Youth and Families (DCYF) and the Washington State Health Care Authority (HCA),

collaborate to discover opportunities to enhance existing family drug courts and implement family drug court practices to intervene more effectively with parents, children, and families affected by a substance use and/or co-occurring mental health disorders who are involved in the child welfare system. We aim to address the following issues: Lack of services, such as transportation and housing, which negatively impacts parents' recovery and the amount of time children spend in out-of-home placements, as well as the sustainability of staying safe, sober, and a positive member of the community; Family Treatment Courts (FTCs) are only able to serve 11% of families who could benefit from or need this level of support and service coordination; Lack of coordinated and centralized effort to ensure FTCs operate with fidelity to the FTC model. Behavioral Health expertise

**Name:** Project AWARE (Advancing Wellness and Resiliency in Education)

**Sibling Agencies:** OSPI (Washington Office of Superintendent of Public Instruction); ESD 101, ESD 105, ESD 112, and ESD 113; Children and Youth Behavioral Health Work Group (CYBHWG) and School-Based Behavioral Health and Suicide Prevention Subcommittee (SBBHSP)

**Description and Subject Matter Expertise (SME):** Project AWARE is a grant from SAMHSA to implement and improve behavioral and mental health services in Washington schools, especially through the MTSS framework. HCA and OSPI co-lead the assessment and implementation of Project AWARE for several ESDs and school districts across the state. HCA serves as subject matter experts on services, resources, providers, and supports. HCA collaborates to enhance systems of care, makes recommendations to reduce barriers to service delivery, and re-prioritizes the integration of Medicaid billing for school's sustainability plans.

**Name:** Federal Match Grant

**Sibling Agencies:** OSPI (Washington Office of Superintendent of Public Instruction)

**Description and Subject Matter Expertise (SME):** Through the Federal Match grant OSPI and DBHR are setting the focus to primarily behavior health. Some of the main goals of this grant are to research the barriers towards increased integration of behavioral health (mental health and substance use treatment) services within schools in each Educational Service District (ESD) and create regional infrastructure to begin to identify a pathway(s) for increased integration of behavioral health services in schools. OSPI serves as the subject matter expert on services and provides training and ongoing support to ESD's.

**Name:** School Based Services Expansion Workgroup

**Sibling Agencies:** OSPI (Washington Office of Superintendent of Public Instruction), Medicaid Program Division (MPD), and Division of Behavioral Health and Recovery (DBHR)

**Description and Subject Matter Expertise (SME):** MPD has applied and was awarded a Centers for Medicare and Medicaid Services (CMS) grant that has awarded Washington 2.5 million for school based behavioral health services over the next three years. This workgroup will be used to extend already in place contracts with ForHealth which will allow us to continue to explore necessary improvements for HCA's school-based programs and prepare final implementation recommendations, supported by LEAs, that remove or reduce administrative burdens when billing for Medicaid services. Grant funding will also provide HCA with the needed infrastructure to expand outreach, assessment, and stakeholder activities as well as help strengthen cross-agency collaboration and coordination between HCA, OSPI, and the LEAs. Behavioral Health Expertise

**Name:** WA Fatherhood Council

**Sibling Agencies:** Washington Department of Children, Youth, and Families (DCYF), Department of Health (DOH), Healthcare Authority (HCA), Department of Corrections (DOC), Department of Social and Health Services (DSHS), Office of Superintendent Public Instruction (OSPI), Department of Commerce, family court, criminal court, education systems (early learning, K-12, post-secondary, etc.), Tribes, policymakers, foundations, advocacy, Poverty Reduction Work Group (PRWG), Early Learning Coordination Plan (ELCP), and the National Fatherhood Roundtable.

**Description and Subject Matter Expertise (SME):** Founded in 2018, the Washington Fatherhood Council is a multi-sector effort that leads change through its efforts to create a more father-friendly culture in Washington state. The Council and its partners work collectively to amplify the voices of fathers and father figures in

Washington to promote fatherhood inclusion, equity, diversity and research activity that strengthens families and maximizes children's potential.

This summary report covers the high level findings of the State of Fatherhood in Washington Study is a first-of-its-kind effort to assess the current state of the Washington fatherhood ecosystem in order to develop a clearer understanding of progress among individual agencies, programs and policies and their contributions toward the Washington Fatherhood Council's goals and vision: [Fatherhood Program Study Report Executive Summary - Final 4 page.pdf \(wafatherhoodcouncil.org\)](#). Behavioral Health expertise

**Name:** Plan of Safe Care Community of Practice

**Agency:** DCYF

**Sibling Agencies:** DCYF, DOH, DOC, DSHS, HCA, and community partners

**Description:** A Plan of Safe Care (POSC) is a family-centered prevention plan designed to promote the safety and well-being of birthing parents and their infants with prenatal substance exposure. A Plan of Safe Care can strengthen protective factors, promote healthy development, and prevent child welfare involvement through connections to parenting education, safety guidance, and wrap-around resources and services.

**Subject Matter Expertise (SME):** Behavioral Health expertise

**Name:** Regional FYSPRTs (10)

**Sibling Agencies:** Participation of state agencies varies by region. Here are some of the potential collaborations, Department of Children Youth and Families (child welfare/foster care/juvenile rehabilitation), Department of Health, Office of Superintendent of Public Instruction/education, Department of Commerce, Developmental Disabilities Administration, Managed Care Organizations, Behavioral Health Administrative Services Organizations

**Description:** Regional Family Youth System Partner Round Tables or FYSPRTs, led and facilitated by Regional FYSPRT Tri-leads, embrace the idea that youth and families can and should have an active role in how behavioral health systems serve them. Regional FYSPRTs are an important component of this and provide open meetings for youth and families with lived experience in behavioral health and system and community partners, to come together to identify and address recurring needs, gaps, or barriers regarding behavioral health services for youth and families.

**Subject Matter Expertise (SME):** Behavioral Health expertise in child, youth and family behavioral health

**Name:** Statewide FYSPRT (1)

**Sibling Agencies:** Department of Children Youth and Families (child welfare/foster care/juvenile rehabilitation), Department of Health, Office of Superintendent of Public Instruction/education, Department of Commerce, Developmental Disabilities Administration, Managed Care Organizations, Behavioral Health Administrative Services Organizations, family and youth run organizations

**Description:** The Statewide FYSPRT includes the Regional FYSPRT Tri-leads from each Regional FYSPRT along with system partners and community partners working together to ensure behavioral health programs and services successfully support all youth and families to thrive. The Statewide FYSPRT strives to support the work of the regional FYSPRTs and resolve identified challenges from the regional FYSPRTs or advance them to a legislative group. We inspire hope, connection, provide education and resources for children's behavioral health.

**Subject Matter Expertise (SME):** Behavioral Health expertise in child, youth and family behavioral health

**Name:** Youth Residential Crisis Stabilization Program (RCSP)

**Sibling Agencies:** DSHS, Developmental Disabilities Administration (DDA); Department of Children, Youth and Families (DCYF),

**Description:** The Residential Crisis Stabilization Program (RCSP) is a new program currently under development that is intended to provide twenty-four 24/7 intake, treatment, and supervision of children and youth in a safe and therapeutic environment. The program is designed to serve children and youth from any area in Washington, who are experiencing a behavioral health crisis but do not meet intake criteria for inpatient treatment. The primary objective of the program is to provide the services that are necessary to stabilize and

restore the individual's functioning sufficiently enough to return home, transition to the community, or be referred to a different treatment setting.

**Subject Matter Expertise (SME):** Behavioral Health expertise.

**Name:** Behavioral Health Facilities Workgroup

**Sibling Agencies:** Department of Commerce

**Description:** The Behavioral Health Facilities Workgroup is hosted by the Department of Commerce and is meant to distribute grant funding to eligible behavioral health agencies in need of financial support for necessary capital projects.

**Subject Matter Expertise (SME):** subject matter expertise pertinent to behavioral health programming across the state and can verify regional needs.

**Name:** Closure Prevention Workgroup

**Sibling Agencies:** Department of Commerce

**Description:** The Closure Prevention Workgroup is hosted by the Department of Commerce and is meant to distribute grant funding to behavioral health agencies in immediate need of financial support for building repairs required for the agency to remain in operation

**Subject Matter Expertise (SME):** subject matter expertise pertinent to behavioral health programming across the state and can verify regional needs.

**Name:** Pregnancy, Infancy, & Early Childhood (PIE) cross agency group

**Sibling Agencies:** DCYF, DOH, DSHS, OSPI, DOR, ESD

**Description:** Supporting families in the early years of life involves the efforts of many different systems and state agencies. Since October 2022, HCA has been convening bi-monthly meetings of Washington state agency staff who focus on pregnancy, infancy, and early childhood (PIE) programs and policies. The PIE meetings are an opportunity for state agency staff to connect, share program updates, and engage in thought partnership on shared work. PIE meetings over the past year have covered many different topics that cross the spectrum of whole-person care, including but not limited to behavioral health for pregnant people, parents, infants, and young children.

**Subject Matter Expertise (SME):** Behavioral Health expertise

**Name:** Washington Communities for Children

**Sibling Agencies:** DCYF, DOH, DSHS, OSPI, potentially others

**Brief description of the program:** Washington Communities for Children is a network of coalitions dedicated to improving the wellbeing of children, families, and communities. Ten Regions across the state that have trusted relationships with over six-hundred organizations and individuals.

**Subject Matter Expertise (SME):** Behavioral Health expertise in Infant-Early Childhood Mental Health (IECMH), connection to HCA programs as needed

**Name:** Healthy Transitions Project: Emerging Adults

**Sibling Agencies:** Department of Social and Health Services (DSHS), Research and Data Analysis Division (RDA)

**Description:** The Healthy Transitions Grant aims to provide support to young adults aged 16-25 who are experiencing mental health challenges or emotional disturbances, facilitating their transition to adulthood. This involves providing access to necessary mental health services, educational and employment opportunities, and peer support.

**Subject Matter Expertise (SME):** The contract is held within Kitsap County through Kitsap Mental Health Services. DSHS, through its Research and Data Analysis Division (RDA), plays a crucial role in handling the data components of the program. They ensure that data collection, analysis, and reporting are conducted efficiently and accurately, supporting evidence-based decision-making and program evaluation. The Division of Behavioral Health and Recovery (DBHR) contributes its expertise in mental health services, program development, and implementation. DBHR focuses on developing and coordinating services that promote mental health recovery, resilience, and well-being among the target population. This includes leveraging best practices in Cognitive

Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), and other evidence-based interventions.  
Behavioral Health expertise

**Name:** Kids Mental Health Washington Program (KMHWA); Program

**Sibling Agencies:** DDA, DCFY, ESD, BHASOs; within HCA MPD

**Description:** The program is designed to support each region in standing up community wide teams that convene to support the children youth and families in their regions, building an access portal for individuals concerned about a child or youth to reach out and request support, convene multi system disciplinary team, pulling partners from the community wide team who have potential assets that can support the child and family in accessing what they are seeking, and/or to develop a plan of stability while the resource options get worked out.

**Subject Matter Expertise (SME):** Behavioral Health expertise and responsible for the design, policy, and implementation work.

**Name:** SSHB 1580; Project

**Sibling Agencies:** HCA, OFM, Gov's Office, RDA, DSHS/DDA, DCFY, OSP, OTA

**Description and Subject Matter Expertise (SME):** Connecting with the SSHB 1580 System team that has been tasked with the project of creating a system to support children in crisis. The term "child in crisis" is defined to mean a person under age 18 who is: at risk of remaining in a hospital without medical necessity, without the ability to return to the care of a parent, and not dependent; staying in a hospital without medical necessity and who is unable to return to the care of a parent but is not dependent; or dependent, experiencing placement instability, and referred to the Rapid Care Team (Team) by the Department of Children, Youth, and Families (DCYF). The bill specifically calls out that this project is to coordinate efforts with the Kids Mental Health Washington Program. Behavioral Health expertise

**Name:** Children and youth Behavioral Health Work Group (CYBHWG)

**Sibling Agencies:** Sibling Agencies workgroup membership, Department of Social and Health Services, DDA, Department of Commerce, Department of Children, Youth and Families, Department of Health, Development Disabilities Ombuds, Office of the Superintendent of Public Instruction, Office of the Insurance Commissioner

**Description and Subject Matter Expertise (SME):** Workgroup Co-chairs, Washington State House of Representatives (co-chair), Health Care Authority Medicaid Program Director. HCA/DBHR is responsible for staffing the CYBHWG and Behavioral Health expertise

**Name:** Youth Homelessness Prevention Work Group

**Sibling Agencies:** Department of Commerce (OHY), DCFY

**Description and Subject Matter Expertise (SME):** The Youth Homelessness Prevention Work Group is hosted by the Department of Commerce, the Office of Homeless Youth and is working to implement the state Youth Homelessness Prevention Plan. HCA provides subject matter expertise related to behavioral health access and programming, supportive housing, supportive employment, and discharge from facility-based treatment for youth through age 25. Behavioral Health expertise

**Name:** Youth & Young Adult Housing Response Team (YYHART)

**Sibling Agencies:** Department of Children, Youth and Families, Commerce, Department of Social & Health Services

**Description and Subject Matter Expertise (SME):** The YYHART is a cross-systems group convened by DCFY as a result of HB 1905. Its providers case conferencing in order to coordinate resources to ensure youth and young adults secure appropriate housing and other supports as they exit a publicly funded system of care. HCA provides subject matter expertise related to behavioral health access and programming, supportive housing, supportive employment, and discharge from facility-based treatment for youth through age 25. Behavioral Health expertise

**Name:** Mobile Response and Stabilization Services (MRSS) – Quality Learning Collaborative

**Sibling Agencies:** Health Care Authority, Department of Children, Youth and Families, Commerce, Department of Social & Health Services, Office of Superintendent of Public Instruction, Children's Hospital, Statewide Family

Network, Youth Behavioral Health Network, Center of Parent Excellence, Department of Health

**Description and Subject Matter Expertise (SME):** The MRSS QLC provided individualized coaching and technical assistance to support the statewide roll-out of Mobile Response and Stabilization Services as well as facilitating a forum for state to state sharing around their experiences with implementation, quality improvement, and data metrics processes. HCA served as lead agency and provided subject matter expertise in mobile crisis response, children, youth and family treatment behavioral health treatment, and current Washington state crisis response strategies. Behavioral Health and developmentally appropriate intervention expertise

**Name:** 988 Executive Team Meeting

**Sibling Agencies:** Health Care Authority, Department of Health

**Description and Subject Matter Expertise (SME):** The 988 Executive Team meeting occurs monthly with leadership from DOH & HCA to provide oversight, enhanced coordination and collaboration and a shared venue for decision-making. HCA brings subject matter expertise in behavioral health crisis response and intervention, and P25 Section provides child, youth, and family best practice subject matter expertise.

**Name:** 988/Crisis Response Youth Workstream

**Sibling Agencies:** Health Care Authority, Department of Health

**Description and Subject Matter Expertise (SME):** The 988/Crisis Response Youth Workstream meet to ensure that the developmental needs of children, youth, and their families are infused in 988 and mobile response. HCA brings subject matter expertise in developmentally attuned children, youth and family behavioral health, system navigation, and best practices.

**Name:** Wraparound with Intensive Services (WISe)

**Sibling Agencies:** DSHS/RDA

**Description and Subject Matter Expertise (SME):** WISe is the most intensive level of outpatient mental health services for Medicaid enrollees less than 21 years old. <https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-behavioral-health-support/wraparound-intensive-services-wise> It is designed to serve youth with involvement in multiple systems including, but not limited to child welfare, juvenile justice, developmental disabilities. The data to inform services comes from collaboration with DSHS/RDA.

**Name:** CYBHWG Prenatal-25 Strategic Plan

**Sibling Agencies:** DOH, DSHS, HCA, DCYF, OSPI, ESDA, (data, program, and leadership layers)

**Description and Subject Matter Expertise (SME):** Strategic planning process for prenatal through age 25 full continuum system of behavioral health delivery with funding agnostic, lived experience centered approach. Goal to identify what is, what should be, and a strategy to have a system framed in “no wrong door”, youth and family centered, robust and dialable system across the continuum of care, and outcome/ data calibrated with rhythmic qualitative and quantitative feedback. Expertise - co chair of subgroup. SME – system dynamics in the mental health and SUD continuums of care across the system

## Recovery Supports Services

**Name:** Projects for Assistance in Transition from Homelessness (PATH)

**Sibling Agencies:** Research and Data Analysis (RDA), Department of Commerce and BHASO's.

**Description and Subject Matter Expertise (SME):** The PATH Program is designed to outreach and assist eligible individuals to access supportive services, basic needs resources and connection to care. Services include housing resources, systems and benefits advocacy, mental health care, substance use treatment, disability support, and other services to enable enrollees to move toward their self-determined goals. Skilled, consistent outreach practices, especially when services are provided at both the pace and leadership of the PATH participant are critical steps to ensure quality care.

**Name:** Peer Pathfinder

**Sibling Agencies:** Research and Data Analysis (RDA) and Department of Commerce and BHASO's.

**Description and Subject Matter Expertise (SME):** The Peer Pathfinder Projects build on the already established DBHR Projects for Assistance in Transition from Homelessness (PATH) program to provide substance

use disorder (SUD) peer recovery support in emergency rooms and homeless encampments. The project links individuals to treatment options including Medication for Opioid Use Disorder (MOUD).

**Name:** Homeless Outreach Stabilization and Transition (HOST)

**Sibling Agencies:** DSHS Research and Data Analysis (RDA) and BHASO's.

**Description and Subject Matter Expertise (SME):** The Homeless Outreach Stabilization and Transition (HOST) program provides outreach-based treatment services to individuals with serious behavioral health challenges including substance use disorder (SUD). Multidisciplinary teams can provide behavioral health, medical, rehabilitative, and peer services in the field to individuals who lack consistent access to these vital services.

**Name:** Housing First

**Sibling Agencies:** DSHS Research and Data Analysis (RDA) and Department of Commerce.

**Description and Subject Matter Expertise (SME)** Housing First is an approach that prioritizes providing permanent housing to people experiencing homelessness or housing instability. Research shows that when people have access to housing, they can pursue personal goals and improve their overall quality of life. Housing First does not mandate participation in services or treatment to obtain housing or other resources. It is a rights-based, client-centered philosophy that prioritizes recovery orientation as well as social and community integration.

**Name:** Supporting Recovery in Community

**Sibling Agencies** DSHS Data Analysis (RDA)

**Description and Subject Matter Expertise (SME):** The community partners provide the recovery support services available in their recovery community organization and many will also provide services provided by other agencies. Individuals direct their own recovery path. Services funded include Oxford Housing, peer support, mutual support groups, recovery residences, transportation, basic needs, accountability groups, education and employment services, emotional support, information and referral, and mentoring.

**Name:** Building Evidence on Employment Strategies for Low-Income Families (BEES)

**Sibling Agencies:** DSHS Research and Data Analysis (RDA), and DSHS Economic Services Administration (ESA)

**Description and Subject Matter Expertise (SME):** The BEES Study will use a randomized controlled trial design, which is considered to be the most rigorous and reliable method for demonstrating effects of a program. The study team will investigate how Individual Placement and Support ("IPS"), as implemented among an identified subset of clients, works by comparing outcomes between two similar groups of participants: one group that receives IPS services and another that receives alternative services. The study also includes an implementation analysis that will describe who participated in services, and how much, how services operated, the challenges staff faced, and emerging lessons for the field.

**Name:** Implementation of SB5555 – Creating a Profession of Certified Peer Specialists

**Sibling Agencies:** Department of Health

**Description and Subject Matter Expertise (SME)-** DBHR is working in collaboration with the Department of Health in the creation of the new Profession of Certified Peer Specialists as a standalone credential under title 18. DBHR brings forth the knowledge of the peer services, training and certification, and two new training curriculums that are being developed as a result of the bill. DBHR is also participating in DOH rule making workgroups, presentations in partnership with DOH, and webinars.

**Name:** Apple Health and Homes (AHAH)

**Sibling Agencies:** Department of Commerce, DSHS/ALTSA

**Description and Subject Matter Expertise (SME):** AHAH is a collaborative partnership between HCA, the Department of Commerce (COM), and DSHS ALTSA to house eligible individuals experiencing homelessness and provide community support services to help them obtain and keep stable housing that aligns with their preferences and recovery goals. Apple Health and Homes (AHAH) program aligns health care and housing for individuals with complex needs by combining the acquisition and development of permanent supportive housing (PSH) with community support services. Foundational Community Supports provides the subject matter expertise in FCS which is used as the eligibility criteria for Apple Health and Homes and DBHR leads the

work to determine eligibility and authorizes enrollment, and coordinates with a network of providers for the placement of into the housing of their choosing. This work is done using a third-party administrator, WellPoint.

## DBHR SUD Prevention & MH Promotion Interagency Collaborative Projects/Programs/Workgroups

**Name:** State Prevention Enhancement (SPE) Consortium

**Sibling Agencies :**American Indian Health Commission, Attorney General Office, Commission on Asian Pacific American Affairs, College Coalition for Substance misuse, Advocacy, and Prevention, Department of Children Youth and Families, Department of Health, HCA/Office of Tribal Affairs, Indian Policy Advisory Committee, Northwest High Intensity Drug Trafficking Area, Washington State Liquor and Cannabis Board, Office of Superintendent of Public Instruction, Prevention Specialist Certification Board of Washington, State Board of Health, State Epidemiological Outcome Workgroup, Washington Association for Substance Abuse and Violence Prevention, Washington Healthy Youth Coalition, Washington Poison Center, Washington State Commission on Hispanic Affairs, Washington State Institute for Public Policy, Washington State Patrol, Washington State Prevention Research Collaborative, Washington State University, Washington Traffic Safety Commission, and University of Washington. The six (6) workgroups listed below (a-f) are made up of a combination of the various partners mentioned above.

**Description and Subject Matter Expertise (SME):** The Consortium is responsible for the state-level planning and implementation of collaborative strategies to address substance abuse prevention and mental health promotion. This consortium is made up of six workgroups: Mental Health Promotion, Opioid Prevention, Problem Gambling Prevention, Washington Breathes, WHY Coalition, and Young Adult Workgroup. DBHR/Px & MH Promo Section Manager serves as a co-lead in partnership with DOH.

**Name: Washington Healthy Youth Coalition: Underage Drinking and Cannabis Misuse/Abuse Prevention**

**Sibling Agencies:** see SPE Consortium

**Description and Subject Matter Expertise (SME):** Historically the WHY Coalition had focused exclusively on underage drinking prevention. However, in 2014 the group added focus on underage cannabis use prevention in response to the statewide legalization of cannabis use for persons 21 and older. Coalition members share information about environmental and policy changes in schools and communities regarding minors' access to, and use of, alcohol and cannabis which legalized recreational cannabis use. HCA provides reports regarding the efforts of WHY as part of reports related to underage drinking and/or cannabis use and convenes monthly coalition meetings.

**Name: Washington Breathes: Commercial Tobacco and Vapor Products Workgroup**

**Sibling Agencies:** see SPE Consortium

**Description and Subject Matter Expertise (SME):** Washington Breathes is a statewide coalition of diverse organizations and individuals working to eliminate the harmful use of commercial tobacco and other nicotine products. Their focus is on eliminating health inequities and creating healthier communities by changing policies, systems, and social dynamics that fuel the commercial tobacco epidemic. They educate and engage the community to support positive policy, systems, and environmental changes, but do not engage in lobbying actions or take positions on specific legislative proposals. They accomplish their work through our Steering Committee, our active workgroups, Commercial Tobacco Policy Change Learning Circles, and other project teams. DBHR area of expertise – DBHR is an active supporter and participant with WA Breathes. We currently serve on the steering committee and during legislative session, actively participate with their Policy Learning Circles. Additional involvement with WA Breathes committees and other tasks varies, depending on topic, DBHR staff capacity, and level of expertise needed.

**Name:** Mental Health Promotion and Suicide Prevention Workgroup

**Sibling Agencies** – see SPE Consortium

**Description and Subject Matter Expertise (SME):** The action plan for this workgroup is to: Build capacity across Mental Health Promotion system; Seek new funding opportunities; Share resources for Mental Health Promotion and Suicide Prevention. DBHR provides evidence-based mental health prevention programming,



suicide prevention resources, community partnerships, integration of statewide mental health goals, and suicide prevention agency collaboration.

**Name:** Opioid Prevention Workgroup

**Sibling Agencies:** see SPE Consortium

**Description and Subject Matter Expertise (SME):** The State Prevention Enhancement (SPE) Policy Consortium's Opioid Prevention Workgroup (OPW), governed by the State Opioid and Overdose Response Workgroup, ensures that the following primary prevention strategies are implemented to address the ongoing fentanyl and opioid overdose crisis: Implement upstream, primary prevention services to prevent misuse of fentanyl, opioids, and other substances among youth and young adults through evidence- and research-based programs, promising, and culturally appropriate adaptations of programs. This is done by: Implementing of the Community Prevention and Wellness Initiative (CPWI) through community coalitions in high-need communities; Working with Educational School Districts (ESDs) to implement the Student Assistance Prevention Intervention Services (SAPISP) programming with CPWI coalitions; Supporting federally recognized Tribes for specific strategies (culturally appropriate and adapted prevention programs, information dissemination strategies, etc.) to prevent and reduce youth fentanyl and opioid misuse; Providing presentations and training to school staff and administration about opioid primary and secondary prevention strategies; Working with the WA College Coalition on Substance Misuse, Advocacy, and Prevention (CCSAP) to identify dissemination strategies for young adults. By addressing upstream risk and protective factors using strategies of cross-systems planning, policy, and education, we can affect community and family outcomes to reduce fentanyl misuse, substance use initiation, and substance use disorders (SUD). DBHR area of expertise – The SUD Prevention and MH Promotion Section subject matter expert provides insight on the role of the section in opioid prevention.

**Name:** Problem Gambling Prevention and Early Intervention Workgroup

**Sibling Agencies:** see SPE Consortium

**Description and Subject Matter Expertise (SME):** The action plan for this workgroup is to: Build statewide capacity for PG prevention and intervention; Support research into what works for primary prevention of PG; Develop initial strategic plan to implement statewide strategies. Problem Gambling is a behavior which causes disruption in any major area of life: psychological, physical, social, or vocational. DBHR's SUD Prevention and MH Promotion Section subject matter expert provides insight on the role of prevention of problem gambling as it relates to awareness and providing resources to those struggling.

**Name:** Young Adults Alcohol and Cannabis Misuse Prevention Workgroup

**Sibling Agencies:** see SPE Consortium

**Description and Subject Matter Expertise (SME):** The action plan for this workgroup is to: Build collaborative relationships; Raise awareness of young adult needs gap; and Workforce development. The goals of the workgroup are to: Learn about current work and priorities of members, agencies, and organizations (via 15-minute presentations), share resources and information related to behavioral health in young adults, and receive insights and feedback from subject matter experts. The group discusses: Data related to young adult behavioral health; Risk and protective factors for mental health and substance use in young adults; Practices or strategies that are considered evidence-based for young adult behavioral health services (i.e., prevention, harm reduction, etc.); Funding that supports young adult behavioral health services; and Projects, initiatives, resources, and services that currently exist to support young adult behavioral health. The SUD Prevention and MH Promotion Section subject matter expert provides insight on the role of prevention in young adult work.

**Name:** Healthy Youth Survey

**Sibling Agencies:** Department of Health, Office of Superintendent of Public Instruction, and Washington State Liquor and Cannabis Board.

**Description and Subject Matter Expertise (SME):** The HYS invites youth in Washington state to share about their wellbeing, behaviors, attitudes, community and school experiences, and more. The 2023 survey was the 18th statewide survey of Washington students and the 11th iteration of the HYS. Participation has been steadily increasing over time. In 2023, over 215,000 students from all 39 counties participated in HYS. The results of this survey can and have been used to provide evidence of the high priority of the important health issues identified.

DBHR provides contractual oversight and staff to the state's four agency partnership on the Healthy Youth Survey. DBHR is involved in the HYS cycle from revision process, recruitment, survey implementation, and results. DBHR represents the agency's and community's voice in the survey.

**Name:** State Opioid Overdose Response Plan (SOORP)

**Sibling Agencies:** Department of Health, University of Washington

**Description and Subject Matter Expertise (SME):** In 2008, the Department of Health (DOH) convened an Unintentional Poisoning Workgroup to address the alarming increase in overdose deaths involving prescription opioids. Several years later when overdose deaths related to heroin increased, DOH expanded the focus of the group to include overdose deaths related to any type of opioid and changed the name of the workgroup to the Opioid Response Workgroup. On September 30, 2016, Governor Jay Inslee signed Executive Order 16-09, Addressing the Opioid Use Public Health Crisis, formally directing state agencies to implement key elements of the Washington State Opioid Response Plan. This order led to the creation of the State Opioid & Overdose Response Plan (SOORP). This group has since worked to develop a comprehensive statewide opioid response plan. DBHR area of expertise – HCA continues to utilize the SOORP as a collaborative framework by which to facilitate consensus building, community engagement, planning, and implementation related to opioid related funding. Currently this work is focused on opioid settlements. Lessons learned during the opioid settlement recommendation process have informed process and plan updates for the SOORP that are currently under way. The State Opioid Administrator also coordinates bimonthly Opioid Response Workgroup meetings.

**Name:** Washington State Interagency Opioid Working Plan

**Sibling Agencies:** Department of Health, University of Washington, Washington State Department of Social and Health Services, Washington State Department of Labor and Industries, Washington Poison Center, Office of Superintendent of Public Instruction, Washington State Patrol, Department of Corrections, US Attorney General's Office, Administrative Office of the Courts, and Northwest High Intensity Drug Trafficking Area

**Description and Subject Matter Expertise (SME):** The WA State Interagency Opioid Working Plan outlines the goals, strategies and actions that are being implemented by a number of stakeholders across diverse professional disciplines and communities. This working plan outlines both current efforts as well as new proposed actions to scale up response and will be regularly updated as the epidemic and response evolve over time. DBHR is part of one of four workgroups designated to coordinate the action steps under each of the four goals of the plan. Workgroups communicate and meet regularly to assess progress and identify emerging issues that require new actions. Particularly in regard to: Raising awareness and knowledge of the possible adverse effects of opioid use, including overdose, among opioid users; Preventing opioid misuse in communities, particularly among youth; Promoting safe home storage and appropriate disposal of prescription pain medication to prevent misuse; along with many others.

**Name:** Social Emotional Learning Advisory Committee (SELAC)

**Sibling Agencies:** Organized by the Office of Superintendent of Public Instruction made up of many represented agencies and sectors.

**Description and Subject Matter Expertise (SME):** Washington State authorizing legislation RCW 28A.300.477 directs the Social Emotional Learning Advisory Committee (SELAC) to continue developing statewide support to expand and promote SEL. SELAC plays a crucial role in advancing social and emotional learning across educational settings. The key purpose and responsibilities of the committee are to expand and promote SEL, provide legislative reporting and guidance of best practices and enhance coordination and stakeholder engagement. The committee is authorized to identify and improve coordination between early learning education, K-12 education, youth-serving community partners, culturally based providers, and higher education preparation programs. To achieve this, the committee continues to work on three focus areas: SEL Implementation Evaluation, Family Engagement, and Community Engagement. DBHR expertise is related to the intersection between SEL support and development and student support programs that seek to reduce substance use and improve Mental Health in K-12 students.

**Name:** I-502 Marijuana Account Prevention Plan Implementation

**Sibling Agencies:** Department of Health, Washington Traffic Safety Commission, Office of Superintendent of Public Instruction, and the Washington State Liquor and Cannabis Board

**Description and Subject Matter Expertise (SME):** Initiative 502 (I-502) established a system, overseen by the Washington State Liquor Control Board, to license, regulate, and tax the production, processing and wholesale retail sales of cannabis. It creates a dedicated cannabis fund, consisting of excise taxes, license fees, penalties, and forfeitures, and specifies the disbursement of this money for a variety of health, education, and research purposes, with the remainder distributed to the state general fund. The state Department of Health is the lead agency for implementing marijuana education campaigns. DBHR is responsible for developing a plan to implement Section 28 of I-502, which includes the following components: Washington State Healthy Youth Survey and Young Adult Survey, contracting with Washington State Institute for Public Policy (WSIPP), and Preventing and Reducing Substance Abuse.

**Name:** Action Alliance for Suicide Prevention

**Sibling Agencies:** Department of Health, Department of Veterans Affairs, Office of Superintendent of Public Instruction, Governor's Office, Washington State Board for Community & Technical Colleges, Washington State University, Office of Financial Management, American Indian Health Commission, Washington State House of Representatives, Washington State Pharmacy Association, Washington State Department of Labor and Industries, Safer Homes Task Force, Washington Association of Area Agencies on Aging.

**Description and Subject Matter Expertise (SME):** The goal of the Action Alliance is to use strategy, momentum, and input to guide policy, financial, legislative, and programmatic change in accordance with Governor Jay Inslee's January 2016 Executive Order (EO 16-02) and the Washington State Suicide Prevention Plan. Members share their multidisciplinary expertise, perspectives, and networks to improve suicide prevention implementation efforts across Washington State. The SUD Prevention and MH Promotion Section of DBHR represents Mental Health Promotion and Suicide Prevention efforts. Other DBHR sections and HCA staff engage in other strategies of the alliance.

**Name:** 988 Crisis Line Implementation

**Sibling Agencies:** Department of Health

**Description and Subject Matter Expertise (SME):** On July 16, 2022, the National Suicide Prevention Lifeline (NSPL) became the 988 Suicide & Crisis Lifeline. 988 became the new, nationwide 3-digit number for people experiencing any type of emotional distress or mental health crisis. The 988 Lifeline exists to provide people in crisis with free, confidential, compassionate support. Individuals can contact the 988 Lifeline to get support for: thoughts of suicide, mental health crises, substance use concerns, other emotional distress, and/or for loved ones who may need crisis support. In 2023, the Washington Legislature passed House Bill (HB) 1134 to help implement the 988 Suicide & Crisis Lifeline. This bill expands crisis services in Washington by creating an endorsement for rapid response crisis teams and funding these mobile units and training for responders.

**Description and Subject Matter Expertise (SME):** HCA and the Washington State Department of Health collaborated to create these best practice guidelines. HCA was tasked to create best practice guidelines for the delivery of crisis response services by crisis call center hubs (now referred to as designated 988 contact hubs). The contact hubs will assist people who contact the 988 Lifeline by minimizing the use of emergency room services or law enforcement for people in crisis. We received feedback from both community partners and recommendations from the Crisis Response Improvement Strategy (CRIS) Committee to create the guidelines.

HCA is part of the alliance, but the SUD Prevention and MH Promotion section is not represented.

**Name:** Washington State Commercial Tobacco Prevention and Control Five-Year Strategic Plan 2021 – 2025

**Sibling Agencies:** Department of Health, Washington State Department of Social and Health Services, Washington State Liquor and Cannabis Board, Washington State Office of the Attorney General, Washington State Office of the Insurance Commissioner, Educational Service Districts, diverse community-based organizations, Tribes/Tribal entities, local health departments, and other state agencies.

**Description and Subject Matter Expertise (SME):** The Washington State Commercial Tobacco Prevention and Control Strategic Plan (2021–2025) is a statewide plan. It is the result of a collaborative process, coordinated by the Washington State Commercial Tobacco Prevention Program that involved partners and stakeholders from state agencies to grassroots organizations. Involvement of a broad range of partner organizations ensures that this document is a reflection of shared purpose and will be useful and relevant for all those with a stake in commercial tobacco use prevention. This plan outlines a series of goals, strategies, and tactics that will guide commercial tobacco prevention and control stakeholders across Washington state to lessen the toll of the number one preventable cause of death and disease in the state. DBHR area of expertise – DBHR has a tobacco and vaping subject matter expert who contributes to the plan and legislative processes.

**Name: Youth Cannabis and Commercial Tobacco Prevention Program (YTCCPP)**

**Sibling Agencies:** Department of Health, Washington State Department of Veterans Affairs, Washington State Liquor and Cannabis Board, Washington State Office of the Attorney General, Washington State Office of the Insurance Commissioner, Office of Superintendent of Public Instruction, Washington State Department of Children, Youth, and Families, Washington State Institute for Public Policy, and Washington Breathes.

**Description and Subject Matter Expertise (SME):** Provides funds to implement policy, systems, and environmental changes to address youth cannabis and commercial tobacco use in the community and/or one of the state’s priority populations. The Commercial Tobacco program exists to: Assist those who use commercial tobacco quit; Prevent youth and young adults from ever starting; Protect people from the harmful effects of secondhand smoke and vape emissions; Take strategic steps to eliminate tobacco-related disparities. The Cannabis Program Washington Initiative 502 (PDF) passed in November of 2012 and went into effect July 1, 2015. I-502 directed the Washington State Department of Health to implement the following: A cannabis use public health hotline that provides referrals to substance abuse treatment providers, utilizes evidence-based or researched-based public health approaches to minimizing the harms associated with cannabis use, and does not solely advocate an abstinence-only approach; grants program for local health departments or other local community agencies that supports development and implementation of coordinated intervention strategies for the prevention and reduction of cannabis use by youth; Media-based education campaigns across television, internet, radio, print, and out-of-home advertising, separately reaching youth and adults, that provide medically and scientifically accurate information about the health and safety risks posed by cannabis use. The goal of the department's Cannabis Prevention and Education Program is to reduce initiation and use of cannabis by youth (ages 12-20), especially among populations most adversely affected by cannabis use throughout Washington state. The Department of Health’s YTCCPP leadership frequently collaborates and connects with DBHRs SUD Prevention and MH Promotion Section. We have collaborated on the wording and focus of their request for funding opportunities. Many of their contractors are also DBHR contractors.

**Campaigns:**

**Sibling Agencies:** varies depending on the campaign: Department of Health, Office of Superintendent of Public Instruction

- Description –
  - Choose Youth (nicotine/vaping- DOH)
  - Focus On (underage drinking-DBHR)
  - For Our Lives (fentanyl-DBHR)
  - Friends for Life (fentanyl-DBHR)
  - Not A Moment Wasted (general wellness and substance px-DBHR/DOH)
  - Starts with One (opioids - DBHR)
  - Start Talking Now (alcohol, marijuana and general wellness - WHY Coalition - DBHR/DOH)
  - Tribal Opioid Solutions (opioids and px drugs - DBHR)
  - Under the Influence ...of You (marijuana - DOH)
  - You Can (marijuana - DOH)

- Social media opioid awareness campaign (opioids and px drugs - OSPI/ESD 112)

**Description and Subject Matter Expertise (SME):** DBHR works with vendors, often in partnership with DOH, to develop statewide media campaigns focused on substance use prevention and health promotion. These campaigns have a robust online presence through campaign websites, social media, and statewide media buys. Toolkits containing campaign materials and resources are also available for download and local customization.

**Name:** Prevention Research Collaborative (PRC)

**Sibling Agencies:** Department of Health, Washington Office of Superintendent of Public Instruction, Washington State Liquor and Cannabis Board, Washington State Department of Social and Health Services, Research and Data Analysis, Washington State Institute for Public Policy, Washington State University, and University of Washington

**Description and Subject Matter Expertise (SME):** To provide a forum for prevention researchers, policymakers, and practitioners to identify and address emerging and evolving substance use disorder prevention and mental health promotion service and research needs in Washington State by: Supporting the Washington State Health Care Authority, Division of Behavioral Health and Recovery's (HCA/DBHR) evaluation of prevention services; Assisting HCA/DBHR in: (a) defining the criteria for determining that a service is evidence-based; and (b) establishing a protocol for review and acceptance to a list of evidence-based services; Advocating for state funding of evidence-based and other effective prevention services; Establishing collaborations to initiate new research and share existing research on substance use disorder prevention and mental health promotion in order to improve HCA/DBHR's prevention services; and Promoting implementation science through the collaborative knowledge exchange of prevention researchers, HCA/DBHR, and other prevention-related state agencies and community organizations. DBHR participates in the Prevention Research Collaborative quarterly meetings, assists in the development of the research briefs and provides subject matter experts in review of briefs to policy makers and community members.

**Name:** State Epidemiology Outcome Workgroup (SEOW)/RDA Data Work

**Sibling Agencies:** Washington State Department of Social and Health Services Research and Data Analysis, Office of Financial Management, Department of Health, Washington State Institute for Public Policy, and University of Washington

**Description and Subject Matter Expertise (SME):** The SEOW fosters collaboration across Washington State agencies and partners in surveillance and research to inform program planning to reduce substance abuse and promote mental health in Washington State. SEOW is sponsored by the Division of Behavioral Health and Recovery (DBHR), within the Department of Social and Health Services' Behavioral Health Administration (DSHS/BHA). The SEOW supports DBHR, the Department of Health, the Health Care Authority, and agencies and partners in Washington State by collecting, interpreting, reporting, and advising on epidemiological and client service information that facilitates data-guided decision making among agencies and partners. SEOW serves as the primary data workgroup for the State Prevention Policy Consortium's State Substance Abuse Prevention and Mental Health Promotion Strategic Plan.

**Description and Subject Matter Expertise (SME):** The SUD Px and MH Promotion Section epidemiologist does the following: Assists the chairs in recruiting workgroup members; Prepares the chairs for workgroup meetings by gathering relevant information; Develops meeting handouts and contributes to agenda development; Contributes to the maintenance and development of key data sources; Coordinates with committees that maintain key data resources and the work of ad hoc workgroups; Conducts epidemiology-related research and data analysis to inform the workgroup projects/activities; Develops SEOW products in collaboration with the Project Director; and may lead sub-workgroups

**Name:** Governor's Challenge

**Sibling Agencies:** Washington State Department of Veterans Affairs, University of Washington Forefront Suicide Prevention, State Department of Health, Washington State Legislature, Washington State Department of Licensing, Washington Army National Guard, U.S. Department of Veterans Affairs, Washington Air National Guard, and Department of Defense

**Description and Subject Matter Expertise (SME):** The VA's Challenge to Governor's and Mayor's was accepted by Governor Jay Inslee in January 2020. Since then, a diverse group of government and non-government

agencies, organizations, and individuals have met consistently to plan, implement, and maintain the SMVF Suicide Prevention Strategic Plan 2021- 2023. The SMVF Technical Assistance Center has provided support over the 3 years with subject matter expert communication, measurement and implementation guidance, and project management. The SMVF Suicide Prevention Strategic Plan 2021 – 2023 outlines three focus areas: 1) Identify Service Members, Veterans, and Military Families & Screen for Suicide Risk; 2) Promote Connectedness & Improve Care Transition; and 3) Increase Lethal Means Safety & Safety Planning.

- DBHR area of expertise – To ensure cross collaboration for suicide prevention efforts, the Substance Use Disorder Prevention and Mental Health Promotion Section’s subject matter expert provides insight and cross agency collaboration in supporting the Governors challenge.

### **Conferences: Spring Youth Forum (SYF), Annual Washington Prevention Summit, Region 10 Opioid Summit**

**Sibling Agencies:** Department of Health (SYF and Prevention Summit)

**Description and Subject Matter Expertise (SME):** The Spring Youth Forum recognizes the work of youth teams that have implemented a successful prevention project within their communities. The forum provides an opportunity to showcase projects that were created by youth leaders during and following previous prevention summits or other youth trainings. This unique event gives students from across the state an opportunity to learn from one another, to share success stories among young people, and encourage sustainability of their community programs.

- The Annual Washington Prevention Summit is a collaboration with other state agencies and prevention organizations, HCA hosts an annual Prevention Summit each fall in central Washington. The summit is an enriching training and networking opportunity for youth, volunteers, and professionals engaged in health promotion and the prevention of substance misuse, violence, and other high-risk behaviors, in a setting that promotes cultural humility. High quality workshops, forums, and hands-on learning opportunities are designed to meet a variety of needs, including professional development for prevention professionals. The Prevention Summit and the Spring Youth Forum work together to encourage, reward and support youth-led prevention in local Washington communities and maintain momentum throughout the year.
- The Region 10 Opioid Summit serves as an educational and networking platform in the Pacific Northwest, encompassing Alaska, Idaho, Oregon, and Washington. Its primary focus lies in workforce development initiatives aimed at individuals providing prevention, intervention, treatment, and recovery services related to opioid use disorders. This comprehensive summit offers valuable insights and resources for professionals across the field, addressing their diverse needs and interests.

DBHR plays a pivotal role in hosting conferences focused on SUD prevention and MH promotion. Our expertise lies in overseeing the logistics and coordination of conferences, as well as convening experts from various disciplines including prevention science, public health, and policy to discuss innovative strategies, evidence-based practices, and research findings aimed at accomplishing HCA's goal of a 'Healthier Washington'. DBHR works to create a conference environment which maximizes networking and collaboration among professional, government officials, community leaders, and advocates for SUD prevention and MH promotion.

**Name:** College Coalition for Substance Use Prevention (CCSAP)

**Sibling Agencies:** University of Washington, Washington State Liquor and Cannabis Board, Washington Healthy Youth Coalition, Washington Traffic Safety Commission and Lieutenant Governor’s Office.

**Description and Subject Matter Expertise (SME):** The College Coalition for Substance misuse Advocacy and Prevention (CCSAP) is a group of individuals involved with prevention programs at colleges and universities in Washington state who meet to discuss common issues and problems. The College Coalition on Substance misuse, Advocacy, and Prevention membership includes prevention professionals and other interested parties from institutions of higher education in Washington State, as well as representatives from key state partnerships, including the Department of Social and Health Services’ Division of Behavioral Health and Recovery (DBHR) (which provides funding for the College Coalition), WA State Liquor and Cannabis Board, Washington Healthy Youth Coalition, Washington Traffic Safety Commission and Lieutenant Governor’s Office.

As a part of their contract with DBHR, CCSAP does the following: Organize and implement a professional development conference (1 day conference); Organize and implement three webinars: 2023-2024 school year hosted: 1) Young Adult Driving Under the Influence of Alcohol and/or Cannabis in Washington State: Possible Pathways of Prevention; 2) Nothing About Us without Us: Harm Reduction for the College Campus; 3) How Non-Drinking College Students Manage Uncertainty and Disclosure Around Not Drinking; Maintain website: College Coalition on Substance misuse, Advocacy, and Prevention. Provide TA to WA institutions of higher education on substances, issues related to implementation of programs, etc.; Provide an online assessment and intervention - e-CHECKUP TO GO. This last school year, 10 schools had subscriptions to eCHECKUP to go through CCSAP, and 3,869 students completed the eCHECKUP TO GO program. Schools with subscriptions include Washington State University, Central Washington University, Western Washington University, University of Puget Sound, Seattle University, Centralia College, Whitman College, Gonzaga University, Tacoma Community College and Skagit Valley College.

## Substance Use Disorder (SUD) Treatment

**Name:** Safe Supply Work group

**Sibling Agencies:** Department of Health

**Description and Subject Matter Expertise (SME)** The Safe Supply Work Group has been convened as directed, and funded, per the biennial budget (5187, Section 215, Proviso 124), with the purpose to “evaluate potential models for safe supply services and make recommendations on inclusion of a safe supply framework in the Washington state substance use recovery services plan to provide a regulated, tested supply of controlled substances to individuals at risk of drug overdose.” Recommendations are due to the legislature by December 1, 2024. DBHR has contracted with Health Management Associates to facilitate these work group meetings, and work group membership has been appointed by the governor’s office. However, several staff from DBHR and DOH attend the meetings to answer questions as needed and provide information related to state policy and programs related to existing harm reduction efforts. DBHR also facilitated the SURSAC Treatment Subcommittee that developed the recommendation to the state legislature to form the Safe Supply Work group, so the division also offers subject matter expertise in the background and context for the work group’s objectives.

**Name:** Substance Use Recovery Services Advisory Committee (SURSAC)

**Sibling Agencies:** University of Washington Addiction, Drug, and Alcohol Institute (ADAI), Department of Health

**Description and Subject Matter Expertise (SME)** Per [RCW 71.24.546](#), the SURSAC is tasked with reviewing quarterly reports for the Recovery Navigator Program and providing consultation to HCA regarding the implementation of the Substance Use Recovery Services Plan, which they developed in partnership with HCA and submitted to the legislature in January 2023. DBHR is responsible for convening and chairing the committee, preparing and sharing RNP quarterly reports with the committee, and drafting the annual progress reports for the Substance Use Recovery Services Plan for the committee’s review and consultation.

## Diversion and Reentry

**Name:** Trueblood Settlement Agreement

**Sibling Agencies:** DSHS’ Behavioral Health Administration, DSHS’ Research Data Analysis, DSHS’ Behavioral Health IT, Department of Commerce, Department of Health, Washington Association of Sheriffs and Police Chiefs (WASPC), AAG office

**Description and Subject Matter Expertise (SME):** Forensic HARPS (supportive housing services and subsidies for Trueblood and potential Trueblood class members); Forensic PATH (assertive outreach, engagement, and intensive case management for people identified with a history of multiple orders for competency evaluation and who are likely to be ordered in the future. Those eligible are often co-occurring and experiencing homelessness); Outpatient Competency Restoration Program (provides classroom and individual programming for people to regain competency to stand trial, overcome barriers, and increase coping mechanisms).

**Name:** Civil Discharge Agreement

**Sibling Agencies:** DSHS' Behavioral Health Administration, DSHS' Aging and Long-Term Support Administration, Division of Vocational Rehabilitation, Department of Commerce, Developmental Disabilities Administration Services and Programs, AAG office

**Description and Subject Matter Expertise (SME):** Senior Level Project Management (Civil Community Reentry Supervisor also acts as the senior project manager to oversee the work and timelines outlined within the Civil Discharge Agreement. This involves coordination and oversight of all of the expectations outlined in the agreement for multiple state agencies); HARPS (traditional Housing and Recovery through Peer Services programs offer short term housing subsidies and supports to people exiting a behavioral health inpatient facility or are at risk of entering an inpatient facility); Peer Bridger Program (offer peer support to people in state hospitals and community based inpatient facilities to assist them with discharge planning, connections to community based resources and the transition to the community from an inpatient facility); Peer Respite (home like settings that offers 24/7 peer support to people experiencing a behavioral health crisis that does not rise to the threshold of needing inpatient care); FCS Hospital Liaisons (provide people in state hospitals information about Foundational Community Supports program and for those interested in enrolling in the program, make connections to the community based FCS program where the person will live upon exiting the hospital); Behavioral Health Discharge Analyst (works with state hospital staff to bring community based programs and presentations to the staff and patients at both state hospitals in an attempt to better connect people who are at the hospital to the various community based programs).

## State Opioid Administrator

**Name:** State Opioid and Overdose Response Plan (SOORP)

**Sibling Agencies:** Department of Health (DOH)

**Description and Subject Matter Expertise (SME):** The State Opioid and Overdose Response Plan is the state's collaborative framework for addressing the opioid crisis. This work is required by RCW 43.70.770. This framework brings together executive branch agencies, providers, epidemiologists, community members, people with lived experience, and others to set forth priorities and strategies to address the opioid crisis. This work currently includes an Executive Sponsors meeting group, a Steering Committee, and 9 different work groups focusing on areas throughout the continuum.

**Name:** Opioid Settlement Learning Collaborative

**Sibling Agencies:** Department of Health (DOH)

**Description and Subject Matter Expertise (SME):** The Health Care Authority is the fiscal agent indicated in opioid settlement agreements for state opioid funds. There are also Opioid Abatement Councils throughout the state that are involved in the use of local opioid settlement funds. The Tribes receive 20% of state funds, which are deposited into the Tribal Opioid Prevention and Treatment Account, which is administered by the HCA. There are many technical issues that come up where guidance is needed to facilitate the prompt and appropriate use of opioid settlement funds. This collaborative brings together the AGO, OFM, DOH, Tribes, and local government officials for presentations on subject matter related to opioid settlements and for technical questions that need to be posed to the AGO and OFM.

**Name:** SAMHS Region 210 Opioid Summit

**Sibling Agencies:** University of Nevada- Reno; Oregon Health Care Authority; Idaho Department of Health and Welfare; Alaska Division of Behavioral Health; SAMHSA; HRSA

**Description and Subject Matter Expertise (SME):** The Health Care Authority leads the organization and facilitation of this multi-state summit that has been held annually since 2019.

## Adult Services and Involuntary Treatment

**Name:** Institutes for Mental Disease (IMD) Determinations



**Sibling agencies:** Department of Social and Health Services (DSHS), Department of Commerce, Department of Health (DOH)

**Description and Subject Matter Expertise (SME):** Evaluating the IMD status of various proposed or existing facilities. DBHR serves as SMEs on IMD determinations.

**Name:** Reentry Community Services Program (RCSP)

**Sibling agencies:** Department of Corrections (DOC)

**Description and Subject Matter Expertise (SME):** Reentry program aimed at reducing recidivism among those who meet DOC criteria as "high-violent" and have severe and persistent mental illness (SPMI).

**Name:** Mental Health Background Checks for Firearms

**Sibling agencies:** Washington State Patrol (WSP), DSHS

**Description and Subject Matter Expertise (SME):** HCA completes a database review to determine if applicants for firearm purchase, transfers, or concealed pistol licenses have any potentially disqualifying events, then report this back to WSP. If necessary, staff of the Firearms Compliance Team pull in SMEs from DBHR to interpret clinical documentation and court orders to determine if they are disqualifying events. DSHS partners for use of their BHRS database, which they regularly provide updates to, as well as Western and Eastern State Hospitals who respond to regular records requests.

**Name:** Regional Needs and Behavioral Health Agency Facility Grants:

**Sibling agencies:** Dept of Commerce, DOH, DSHS/ALTA/HCS

**Description and Subject Matter Expertise (SME):** Review and make recommendations for grant submissions for IBHTF and LTCC facilities. Other subgroups within the workgroup review and make recommendations for other inpatient and outpatient MH and SUD Tx projects.

**Name:** State Hospital Bed Needs Forecast

**Sibling agencies:** DSHS/Research and Data Analysis (RDA) and Behavioral Health Administration (BHA), Legislative staffers, Office of Financial Management, Governor's Office, DSHS/FFA, DSHS/ALTA,

**Description and Subject Matter Expertise (SME):** Review ongoing updated bed needs forecasts for civil and forensic beds. Members recommend adjustments based upon new beds coming online, going offline, and/or changes in projections for future needs. This process also helps inform future Commerce grant funding rounds for LTCC.

**Name:** State agency advisory group

**Sibling agencies:** DSHS/RDA, DSHS/OOS, DSHS/ALTA/HCS, HCA/DBHR, Dept of Commerce, DSHD/DDA, DSHS/ESA, DSHS/BHA

**Description and Subject Matter Expertise (SME):** Complete a gap analysis of the existing housing and health care system and provide a report to the legislature detailing its findings. This report shall include, but not be limited to, a review of existing models related to individuals experiencing:

- (i) Housing instability who have significant medical and/or behavioral health needs, including the inability to stay in or return to their current housing;
- (ii) Homelessness and/or a significant history of being unhoused, including permanent supportive housing residents; and
- (iii) Significant health-related social needs that are not severe enough to qualify for placement in existing facilities, but are too significant to be met in a shelter or permanent supportive housing.

**Name:** DSHS and HCA LTCC and IBHTF Collaborative

**Sibling agencies:** HCA/DBHR, DSHS/CSD, HCA/MPD

**Description and Subject Matter Expertise (SME):** To continue to align practices and benefits for individuals who are receiving services within and/or discharging from an IBHTF or LTCC to a less restrictive setting

**Name:** Early Engagement Workgroup

**Sibling agencies:** HCA/DBHR, DSHS/BHA, DSHS/ALTA/HCS, HCA/MPD, ATG.

**Description and Subject Matter Expertise (SME):** To work collaboratively to ensure early engagement is provided at State Hospitals for PACT, FCS, Peer Bridgers, Supported Employment, HARPS, GOSH. This is related to the Trueblood agreement.

**Name:** MCO Collaborative PIP Follow Up to Hospitalization Workgroup

**Agency:** HCA/MPD, HCA, DBHR, MCOs, DOH

**Sibling agencies:** DCYF, DOH, DOC, DSHS, HCA, and community partners

**Description and Subject Matter Expertise (SME):** To support the MCO's in developing interventions and strategies to improve rates of follow up from psychiatric hospitalization at 7 and 30 day

**Name:** SWMS Data Dashboard

**Sibling agencies:** RDA, DOH

**Description/Subject Matter Expertise (SME):** Coordinating information between HCA and DOH to identify outcomes of the SWMS programs. Currently delayed due to change in staffing and priorities.

**Name:** 988 implementation and crisis system enhancement project

**Sibling agencies:** DOH, OIC, MIL, DCYF, and DSHS

**Description/Subject Matter Expertise (SME):** In response to the federal initiative to implement 988 and improve crisis services Washington has worked to enhance and improve its crisis system. HCA has worked to expand mobile crisis and crisis facilities. We have worked closely with DOH to implement 988 and work with the advisory committee called the CRIS committee to implement their recommendations. HCA and DOH have worked closely with 911 operated through the Military Department for better coordination with 988 and crisis services. HCA has also worked with OIC to implement commercial insurance as a payor for the crisis system. HCA has also worked with DSHS's ALTA and DDA to improve communication and better utilization off the crisis system for the people they serve.