# Establishing A Pilot Program for Health Engagement Hubs

## Survey for Interest

# Background

## Statutory Reference, RCW 71.24.112

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

Health engagement hubs serve as an all-in-one location where people who use drugs can access a range of medical, harm reduction, and social services. In 2023, the Washington State Legislature included a section within **Engrossed Second Substitute Senate Bill 5536** that mandates the Washington Health Care Authority (HCA) to implement a pilot program. Resulting from the initial survey for interest, released in October 2023, the Health Care Authority announced plans to contract with Healthpoint in Auburn and Blue Mountain Heart to Heart in Walla Walla as the first two Health engagement hub sites. During the 2024 legislative session, the legislature funded expansion of health engagement hubs, adding an additional $3 million to add an additional three (3) hubs in state fiscal year 2025.

The Health Care Authority's Division of Behavioral Health and Recovery (DBHR) is collaborating with the Washington State Department of Health (DOH) - Office of Infectious Disease Drug User Health team - to solicit interest from additional sites to enter into contracts to become a health engagement hub.

The health rngagement hub concept was previously developed and endorsed by the State Opioid and Overdose Response Goal III work group and by the Substance Use Recovery Services Advisory Commmittee (SURSAC). An example of a programming model would include walk-in primary care, low-barrier access to Medications for Opioid Use Disorder (MOUD), case management, infectious disease (e,g, HIV, STI and Hepatitis) education, screeningand treatment, and social and emotional supports, all provided with no identification or insurance requirements.

Low-barrier access to MOUD includes having same-day or next-day services available on a drop-in basis with no appointment required, without counseling as a requirement to receive MOUD. Access also includes continuing to work with people despite their continued drug use status. Health engagement hubs will incorporate a model of low-barrier care with wraparound supports and are meant to meet the needs of people who use drugs, informed by the stated needs of **surveyed Syringe Service Program participants.**

The purpose of this survey is to understand interest and capacity to implement health engagement hubs. Based on the results of this suvey, HCA, in collaboration with DOH,

will identify three (3) new sites to pilot the health engagement hubs program.

## Regional coverage, setting, and entity types

In reviewing responses, HCA and DOH will consider geographic distribution of health engagement hubs across the state, and priority will be given to respondents that demonstrate an ability to serve communities disproportionately impacted by drug related harms, including but not limited to Black, Indigenous, and People of Color (BIPOC) communities.

As appropriate, we encourage interested parties to form partnerships with existing organizations with a history of providing low-barrier services and supplies that align with principles of harm reduction. Examples include syringe service programs (SSP), and organizations with a history of providing physical and behavioral health care services, such as FQHCs, Community Health Centers, or Rural Health Centers. Health engagement hubs are required to be affiliated with a provider or organization that can provide primary care medical services. Health engagement hubs are required to operate within a low-barrier, harm reduction, trauma-informed setting, such as a **Washington State SSP**, and be housed in an inviting environment that offers drop-in services for individuals to receive basic needs support and fosters community. Programs may operate fixed sites, mobile clinics, or a combination of both.

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

## Required services

- Harm reduction services and supplies. This must include, and is not limited to:
    - Overdose education and naloxone distribution;
    - Safer drug use education and supplies (at minimum sterile syringes, fentanyl test strips, wound care items, sharps containers, and supplies for injection alternatives);
        - Safer use supplies should take into consideration trends in route of administration and offer supplies to meet the documented need.
    - Safer sex supplies (at minimum latex and polyurethane condoms and water-based lubricant);

  - Other basic needs supplies, including food, clothing, and hygiene supplies (note that provision of showers and laundry facilities are encouraged).
  - Drop-in emotional support and brief harm reduction counseling in 1-1 sessions or small groups.
- Initiation and continuation of all FDA-approved medications for opioid use disorder, including low-barrier buprenorphine and methadone. If the Health engagement hub program cannot provide methadone treatment itself, access for health engagement hub participants to methadone must be provided through “warm hand-offs" with a community **Opioid Treatment Program**. Telehealth options for care could be allowed when appropriate.

- Comprehensive patient-centered and patient-driven physical and behavioral health care. This must include, but is not limited to:
  - Drop-in primary care services;
    - Primary care refers to evaluation of patient symptom(s) sufficient to prompt medical attention. The primary care clinician arranges for further evaluation by specialists or subspecialists when appropriate/feasible. The clinician manages acute problems or, when beyond the scope of the clinician or facility, arranges for other management of the problem. For chronic care, primary care serves as the principal provider of ongoing care for some patients who have one or more chronic diseases, including mental disorders with appropriate consultations and collaborates in the care of patients whose illnesses are of such a nature that the principal provider of care is another specialist or subspecialist. Primary care also includes prevention and early detection. Primary care clinician provides periodic health assessments for all patients including screening, counseling, risk assessment, and patient education. Primary care coordinates referrals to and from other clinicians and provides advice and education to patients who are referred for further evaluation or treatment. Where feasible, primary care services should be provided at the health engagement hubs site, and off-site referrals should occur through dedicated partnerships and warm hand-offs.
    - Primary care services should be co-located within the health engagement hub site as much as possible, and include warm hand-offs for any services that cannot be provided on-site
  - Mental health and substance use disorder services (e.g. brief screening, assessment, and/or referral to higher levels of care), as could be managed in a primary care setting;
  - Wound care;
  - Infectious disease vaccination, screening, testing, and treatment

(including HIV, sexually transmitted infections, and viral hepatitis testing and treatment);
  - Sexual and reproductive health care services, including over-the-counter and prescription contraceptives (note that obstetrics care, inclusive of prenatal care and abortion services, can be provided by facilitated linkage if it cannot be provided onsite);
  - Evidence-based and culturally appropriate behavioral health services, including behavioral health screening and care coordination, either in-person or using telehealth options;
  - Medication management for physical and mental health conditions;
  - Appropriate client-centered-assessment and linkage for diverse physical and behavioral health, including access to psychiatric services and other specialty care that cannot be provided onsite;
  - Secure medication storage and inventory policies and procedures for patients experiencing homelessness or housing insecurity; and,
  - Walk-in availability and non-traditional hours, including evenings and weekends.
  - An environment which differs from the traditional medical model, which may include modified examination rooms, and is trauma-informed and patient-centered.

- Case management/care navigation/care coordination services to ensure individuals are connected to resources that address their self-identified needs and their social determinants of health. This could include but is not limited to: linkage to housing/shelter, transportation, public benefits (e.g., Apple Health), identification, employment, recovery supports, family reunification, criminal-legal services, and other support services.

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

## Staffing considerations

The staffing model needs to adequately address all the required services described above. Staffing will be flexible and scalable depending on location. The staffing plan and service delivery must include, at the minimum, the following:

a) A partial or full-time physician (MD, DO, ARNP, PA) licensed to practice in the

state of Washington;

b) A partial or full-time registered nurse (RN) who can provide medication management and medical case management, care coordination, wound care, vaccine administration, and community-based outreach;
c) Partial or full-time licensed behavioral health staff qualified to assess and provide counseling and treatment recommendations for substance use and mental health diagnoses (e.g. LICSW, LMHC, SUDP);
d) Partial or full-time outreach and engagement staff (e.g., peer, community health workers, recovery coaches); and,
e) A prescriber who can treat psychiatric and co-occurring disorders, including medications for opioid use disorder.

## Priority consideration

The health engagement hubs should prioritize communities disproportionately impacted by overdose, health issues, and other harms related to drugs, including American Indian/Alaska Native communities, Black/African American communities, Latino/Hispanic communities, people experiencing homelessness, and communities impacted by the criminal-legal system. When determining the contracts for direct services, priority will be given to BIPOC-led organizations, including Tribes. In reviewing responses, HCA and DOH will also consider and prioritize geographic distribution across the state.

## Survey, data collection & budget submission

By close of business on June 14t, 2024, interested respondents will submit the following to HCAhealthengagementhubs@hca.wa.gov:

- The information requested below, in ten pages or fewer using Calibri size 11 font and 1-inch margins (page count is inclusive of the questions).
- A two-year budget using the budget template provided, inclusive of budget narrative, that identifies the funding needed to implement a health engagement hub pilot site. Other budget templates will be accepted as long as they include all of the details captured in the provided template.

*Data collection will be required to support recommendations for expansion. Data requirements will be finalized in contracts between the Health Care Authority and pilot sites.*

*Organizations who responded in the initial survey in October 2023 must inform HCA if they are still interested through the email indicated above by the due date. These organizations have the opportunity to re-submit responses if any information has changed, or to provide additional information in support of their initial response.*

**Information to be provided**

1. Legal business name of organization that would be fiscally responsible for this project. (Including acronym or abbreviation, if any)
2. Full name of contact person and title (include pronouns)
3. Full postal address of organization (not a P.O. Box)
4. Telephone number
5. Email address
6. Website link (if applicable)
7. Type of entity (e.g., local government, nonprofit 501c3, behavioral health organization, Tribal government, Private business, etc.).
8. Unified Business Identification Number (UBI)
9. Statewide Vendor Number (SWV)
10. Has your organization had any contract terminated for default in the last five years? If yes, please describe the incident and full details of the terms for default, including the other party's name, address, and phone number.
11. Tell us about your organization/program. When was your organization/program established (month and year), mission and vision statement, type of services provided, and organizational goals around serving individuals who use drugs?
12. If you plan to subcontract with another/other organization(s) for the required service elements listed above, please provide the name(s) and description(s) of the organization(s), including entity type(s), when was the organization(s) established (month and year), type of services provided, and summary of the historical partnership. Also, attach a letter of support from each organization with which you plan to subcontract.
13. Does your agency, or a partnering agency, bill Medicaid (either through fee for service or via Managed Care Organizations)? For which healthcare services is your agency licensed to provide? Please provide the NPI for the agency that will be responsible for billing Medicaid.
14. Region to be served: Would you consider your site and service area to be an urban or rural site? Please provide justification for either classification, including the city/cities, county, Tribal reservation, or other designation that will help us understand where you will provide services.
15. Briefly describe the needs within your community for low barrier, harm reduction and healthcare services, specifically for individuals who use drugs and are experiencing homelessness, and how building a HEH site will address those needs.
16. Briefly describe your agency's (and any partner agency's) history of providing low barrier physical and behavioral health services and harm reduction services and supplies for individuals who use drugs and are experiencing homelessness.
17. Briefly describe your agency's (and any partner agency's) history of providing physical and/or behavioral health services for Black, indigenous, persons of color, and other historically underserved communities.
18. Is your agency a BIPOC-Led Organization (including Tribal program) in which at least 50% of the Board of Directors and/or staff identifies as BIPOC or is led by Tribal

government within the boundaries of Washington state?

19. Please provide agency demographic data that illustrates the diversity of who your program(s) currently serve (e.g., race, ethnicity, gender, age, income, gender identity, language spoken, etc.). Include any plans as far as how to implement HEH to meet the needs of underserved individuals in your community, providing specific examples.
20. Approximately how long would it take to implement a pilot site and start services?
21. What days and times do you propose to offer health engagement hub services? How do these dates and times meet the needs of your priority population(s)?
22. In what area and setting do you propose to deliver health engagement hub services? How does this setting, and location(s) differ from traditional healthcare settings and provide a welcoming, trauma-informed setting to meet the needs of your priority population(s)?
23. Address how you will deliver, or partner with appropriate entities to deliver, healthcare inclusive of access to medications for opioid use disorder (specifically buprenorphine and methadone), primary care, social services, housing, and mental healthcare.
24. Address how you will provide, or partner with appropriate entities to provide, harm reduction services and supplies.
25. How will you provide culturally and linguistically appropriate services?
26. How will you collect and meaningfully use feedback from your priority population(s)/participants/patients/clients to design, monitor, and evaluate services?
27. Are there any local ordinances that would limit this project's ability to provide a full range of harm reduction supplies? If so, please describe them.

**Budget Considerations**

When developing a proposed budget, please consider one-time start up costs, delays in hiring, and vacancy savings, when proposing the funding needed to develop and implement a HEH site. In addition, please capture how Medicaid will be leveraged.

- Staffing model to ensure participants have low barrier, on-site access to comprehensive physical healthcare, behavioral healthcare, and harm reduction-oriented support services;
- Start-up costs (for year one)
- Competitive compensation for staff, to minimize burnout and turnover;
- Medical and harm reduction supplies;
- Vehicles/gas/maintenance for mobile services;
- Paid peer support;
- Staff training;
- Operating hours that allow for low-barrier access;
- Outreach and Case Management services;

- Projected revenue from billing services; and,
- Professional development and training.