STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Behavioral Health Administration
Division of Behavioral Health and Recovery
PO Box 45330, Olympia, WA 98504-5330

May 10, 2017

Potential Hub and Spoke Applicants

SUBJECT: Washington State Targeted Response (WA-STR) Hub and Spoke Project

Dear Applicants:

The Division of Behavioral Health and Recovery (DBHR) received funds from the Substance Abuse Mental Health Services Administration (SAMHSA) Targeted State Response Grant to develop six Hub and Spoke (H&S) projects in six areas of the state. Funding for this project is part of a commitment from the 21st Century Cures Act to address the Opioid Epidemic. We are inviting organizations capable of providing medication assisted therapy (MAT) services to apply for funding to develop and implement an H&S model in their area.

Eligible Applicants:

- Public and private agencies who currently have medication assisted treatment (MAT) prescribing capacity to serve individuals with opiate use disorders. Local government agencies are eligible to apply, but must pass-through 100% of the funding awarded to the identified Hub entity.

Funding:

- Successful applicants will receive up to $831,659 for services provided between July 17, 2017 and April 30, 2018. If funding is approved by SAMHSA, for additional years, DSHS reserves the right to extend awarded contracts for up to four additional years.

Key Dates:

- Applicant Conference Call is scheduled for May 19, 2017.
- Letters of interest must be submitted to DSHS/DBHR by 5 p.m. Pacific Time, June 1, 2017.
- DSHS notification of awards is scheduled for June 16, 2017.
- Anticipated contract start date is July 17, 2017.
- Direct services must be provided by August 31, 2017.

Match:

- Matching funds are not required, but allowed to be included in the applicant's response to this letter of interest solicitation. The Department is interested in expanding treatment

capacity for people with opiate use disorders, responding entities are encouraged to submit documents showing matching-fund information that would enhance treatment capacity beyond what the applying entity is currently providing and what the new STR funds will purchase (i.e. additional nurse care manager capacity).

Background:
The H&S model creates a coordinated, systemic response to the complex issues of opioid addiction among the Medicaid and low-income populations, focusing specifically on MAT for individuals with opioid dependence. This model has been successfully implemented in a variety of settings and states. The Vermont model of Hub and Spoke is currently the best known of these implementation practices. The model connects a network of community providers around a central hub that offers a MAT component to all patients seeking services for opioid use disorders. The project that DBHR is developing is an adaption of the more complicated model adopted by Vermont which included medical homes and significant changes to the Medicaid State plan. The Vermont approach may be viewed at http://www.astho.org/Health-Systems-Transformation/Medicaid-and-Public-Health-Partnerships/Case-Studies/Vermont-MAT-Program-for-Opioid-Addiction/.

DSHS understands people with opioid use disorders (OUD) seek services in a variety of places. Some people request treatment from primary care providers, while others request through traditional substance use disorder treatment agencies. Other persons with opioid use disorders present in jails, syringe exchange programs, emergency departments and homeless shelters.

People presenting in traditional treatment settings are often interested in receiving MAT as part of their opiate use disorder treatment but many substance use disorder agencies do not have MAT prescribers on staff or relationships with clinics that do. Similarly, primary care clinics do not often have relationships with traditional substance use disorder providers that would allow for a direct referral with a warm hand-off for patients seeking counseling services in addition to MAT. Other people with opioid use disorders access harm reduction services primarily in syringe exchange programs or wish to seek treatment services at the time of release from jail. Dedicated resources to help assist people in accessing MAT or traditional treatment services in these sites are rarely available, nor are treatment agencies or clinics offering MAT able to provide direct outreach services to reach many of these harder to serve clients.

While some primary care and specialty addiction providers are able to prescribe MAT for persons with opioid use disorder, they are often limited in the number of patients they are able to see.

The hub sites will be the primary organization of the project and recipient of funding for the development of the overall project development. The hub site will identify, collaborate, and subcontract with spokes to provide integrated MAT care, regardless of how participants enter the system.

The successful applicants will be awarded up to $831,659 beginning July 17, 2017 and ending April 30, 2018. Based on available SAMHSA funding, outcomes, and performance of the project, the grant is renewable at $831,659 for years 2-5. DBHR will select the project sites based on the response to this letter of interest, and geographic distribution.

Core components of a Hub

- Use a coordinated team approach to provide intensive services by developing a central hub capable of providing at least two FDA approved MAT medications (one agonist and one antagonist).
- Develop and subcontract with spokes that are able to provide treatment services, outreach, education, referral, and follow-up services. A minimum of 5.0 FTE will be contracted to spoke entities.
- Interest in an integrated care model, involving at least two DATA-waived physicians, in combination with and/or mid-level providers.
- Provide MAT services with the capacity to increase the number of MAT patient populations.
- Interest in extended release naltrexone therapy with staff and program capable to handle injectable medication.
- Able to participate in MAT skills and education training for all staff.
- Able to provide induction and stabilization services on to MAT.
- Serve a minimum of 200 additional individuals (above existing service levels) with opiate use disorders within the contract period.
- Hire a minimum of 2.0 FTE from award resources to be located at the Hub.

Core Components of Spokes

- Able to provide therapy, substance use disorder counseling, and/or case management and referral services.
- Willing to embrace MAT recovery services.
- Able to participate in MAT skills and education training for all staff.
- Able to incorporate case management services provided by the grant.
- Willing to provide office space and integrate H&S staff into internal processes and procedures related to managing patient services.

Overview of the of WA-STR Hub and Spoke Project

Implementation, Technical Assistance, and Consultation:
The WA-STR will expand statewide access to Medication Assisted Treatment (naltrexone, buprenorphine, and methadone) and reduce unmet need by developing and implementing an H&S model for adults with an opioid use disorder who are Medicaid eligible or low-income. There will be six hubs that will induct individuals on to MAT and provide oversight and delivery of integrated MAT care in cooperation with spoke treatment providers. Each hub will support a minimum of five spokes that will provide direct treatment services and/or provide additional referrals, as needed. The total project goal is to serve a minimum of 1,200 additional individuals each year of the project (a minimum of 200 new patients per hub per year).

Hubs are a regional center serving a defined geographical area that will each engage a number of spokes, which are described below. Hubs will be responsible for ensuring that at least two of the three Federal Drug Administration (FDA) approved Medication Assisted Treatments (MAT) for an opioid use disorder (naltrexone, buprenorphine, methadone) are available for administration to

patients on-site. The hub must provide at least one agonist (Methadone, Buprenorphine) and one antagonist medication (Naltrexone, oral and injectable). A primary focus of hubs will be inducing people on to medications and a protracted stabilization process. A hub may be a primary healthcare provider, an office-based opioid treatment program (OBOT), an opiate treatment program (OTP), Federally Qualified Healthcare Center (FQHC), rural health clinic (RHC), Community Health Center, or a full-services behavioral health treatment provider, with existing MAT capabilities.

Spokes are facilities that will provide opiate use disorder treatment, behavioral health treatment and/or primary healthcare services, and/or wrap around services, and referrals. Spokes may be comprised of federally qualified health centers (FQHCs), opiate treatment agencies, outpatient and residential substance use disorder treatment facilities, withdrawal management facilities, mental health clinics, and integrated behavioral health clinics. Some spokes may also provide MAT induction and maintenance. Spokes delivering traditional SUD services will be responsible for providing services in accordance with the American Society of Addiction Medicine (ASAM) assessment. They will coordinate the overall treatment plan to ensure that patients follow their treatment plans including MAT services, if requested, discharge planning, and coordinating aftercare plans. Spokes may also consist of social support and referral-only organizations such as jails, syringe exchange programs, homeless programs, and faith communities, etc.

Network

The major component of the H&S is the development of a network of service providers that incorporate and support the use of MAT as a component of recovery. This network, when working best, consists of a broad variety of providers who are already connected to patients who may benefit from integrated MAT, mental health, SUD, and primary healthcare services. In order to encourage the broadest network of integrated providers, all spoke networks must include the following types of organizations. One FTE is required to be placed at each of these agencies.

- At least two substance use disorder (SUD) providers who are willing and able to embrace MAT and provide the SUD treatment necessary to build sustained recovery.
- At least one Behavioral Health provider who is willing and able to embrace MAT and provide the mental health treatment as a component necessary to build sustained recovery.
- At least one primary care provider with data-waived physicians who are willing and able to join a recovery network that allows and builds cross-network collaborations with SUD and MH providers, in order to provide exemplary care. This may include a willingness to increase both primary and MAT services after patients are stabilized. There are many different types of providers included in this category, i.e., FQHC, RHC, Tribal Health Centers.

The spoke network may also include other providers that traditionally provide referral services, but may not provide formal counseling or primary care. These organizations likely have access to patient populations who are seeking services but desire stronger referral connections to MAT and primary care services. Below are some examples and communities that are encouraged to engage other organizations (not listed) specific to their catchment area. These community agencies may be provided a .5 FTE Spoke Care Manager.

- Jails that are willing and able to embrace MAT and provide referrals to patients in order to build sustained recovery and reduce recidivisms.
- Homeless Action Agencies that are willing and able to embrace MAT and provide referral to their populations to the hub in order to build sustained recovery and encourage housing

stability.

- Syringe Exchange Programs that are willing and able to embrace MAT and provide referral to their populations to the hub in order to build sustained recovery skills.
- Migrant Social Services.
- Tribal Healthcare and Social Services.
- Faith Community programs that address and support recovery communities.

All program proposals will be evaluated based on the strength and completeness of the response to the application, including the required and potential (referral only) partnerships. The project's goal is to create a strong referral network and increase the access to MAT care.

Training, Consultation & Technical Assistance:
Sites (both hub and spoke) are expected to attend and actively participate in DBHR sponsored trainings and conference call meetings. In addition to participation in training and consultation, all sites will be encouraged to engage in peer-to-peer learning opportunities throughout the project. Training and technical assistance will be provided by DBHR, the University of Washington Alcohol and Drug Abuse Institute (ADAI), and SAMHSA as part of the grant project. The training assistance and consultation services are covered by the WA-Opioid STR grant and are not part of the hub project budget.

Data and Evaluation:
All awardees of the H&S funding must comply with SAMHSA reporting requirements in collaboration with the DSHS Division of Research and Data Analysis (RDA). RDA is currently working with SAMHSA to identify the specific reporting requirements for awardees. RDA will coordinate data collection efforts, but awardees will be responsible for collecting and transmitting patient data on a regular basis. This grant does **not** require the Government Performance and Results Act (GPRA) 6-month follow-up interviews of patients, but it may require detailed information on patient characteristics and services received.

Core Clinical Services and Staff Requirements:
H&S Staffing Model:

- **Hub Nurse Care Manager** (NCM): (1 FTE) The NCM's primary responsibilities will be to provide medical support to the prescribing physicians or other waivered providers. Duties of the NCM will include, but not be limited to, patient screening, MAT education, assisting with MAT inductions, taking vital signs, drug testing, lab work, medical assessments, charting, care planning, stabilization, maintenance, ongoing coordination of follow-up care, relapse prevention, support for patient self-management, and observation of the patient.

- **Hub Care Manager** (HCN): (1 FTE) The HCN's primary responsibilities will be to provide support and work collaboratively with the NCM. In addition, the HCN will work closely and collaboratively with the Spoke Care Navigator (SCN) at each spoke to coordinate patient care, keep the patient engaged with services, address issues related to relapse, and communicate together on patient needs. Duties will also include conducting screenings, scheduling appointments, following up on missed appointments, medication diversion control, grant data recordkeeping and reporting, and making referrals to the appropriate spoke. The HCN can be a

chemical dependency professional (CDP), behavioral healthcare worker, social worker, primary healthcare worker, or other staff depending on the personnel needs of the hub.

- **Hub Prescriber/Administrator**: (0.2 FTE) to develop, administer, and oversee the program development and ongoing performance of the project. Hubs may use funding to provide oversight and management to an administrator if more appropriate, depending on program business orientation.

- **Hub Prescriber** (physician, psychiatrist, nurse practitioner or physician's assistant): prescribes medications and addresses special issues of relevance to individuals such as shared-decision making and accommodating ambivalence about medication. Prescribing physicians will maintain a federal waiver to prescribe OBOT medications and will conduct the medical intake to assure the patient's appropriateness for MAT, determine induction setting (on-site vs. at-home), write orders and prescriptions, and supervise clinical services. This position is **not** funded through the grant, but will continue to bill the patients' Medicaid for treatment.

- **Spoke Care Navigator** (SCN): (.5 or 1 FTE) The SCNs will, depending on the nature of the spoke's business, conduct screenings, assessments and evaluations, provide education, and referral for MAT. Spokes must allow patients on MAT to participate in all treatment and recovery support activities offered by the site. Depending on the spokes core mission, SCN will work collaboratively with the hub's staff to coordinate MAT appointments, assist in the monitoring of patients on MAT, and keep the hub informed on the patient's status. As applicable, SCN will manage treatment services, conduct drug testing, manage follow-up care and "treatment tune ups," ensure connections to both treatment and ongoing MAT services are documented in the patient's treatment plan. They will participate in data collection requirements and facilitate referrals for infectious disease screenings, housing, employment services, withdrawal management services, transportation, and to a MAT provider using a warm handoff upon discharge when the patient's residence is outside the geographical service area of the hub. The SCN can be a chemical dependency professional (CDP), behavioral healthcare worker, social worker, or a primary healthcare worker depending on the personnel needs of the spoke site. The project provides for a full-time FTE at the sites with treatment services and .5 FTE at each site with referral-only services.

Although it is preferable to have each staff member provide a single role, a staff person may fill dual roles. Individual providers and staff can serve multiple roles as long as they have achieved competency in each assigned function and there is not a conflict with the nature of their dual roles.

Scope of Project

DBHR will contract with each of the six hubs, who will develop partnerships and subcontracts with a minimum of five spoke sites. As this project is intended to fit different types of environments, the number of spokes may vary and be comprised of different types of facilities. Some spokes may also provide MAT induction and maintenance and use the hub for induction and stabilization. Spokes providing SUD treatment will be responsible for providing services in accordance with the American Society of Addiction Medicine (ASAM) assessment and coordinate the overall treatment plan, ensuring that the patient follows the treatment plan that includes MAT, if indicated, discharge planning, and coordinating aftercare plans.

Hubs have the responsibility for oversight of their project, and ensuring all spoke sites are working in coordination with the terms of the project, contract, and project deliverables. Travel per diem, computers, and office supplies are provided to all full-time staff. Specifics tools, such as job descriptions, statements of work, deliverables will also be developed to ensure consistent practice throughout the project sites. The application from each hub will need to identify and provide letters of intention to partner with spoke organizations.

Budget

The budget, (separate attachment) for services will be cost-based reimbursement and performance based contract. Salaries are based on averages and adjustment can be made within line items, but not cost centers, i.e. funding for computers cannot be transferred to salary cost center. Hubs are responsible for the purchase of phones, computers, and office supplies on cost-based reimbursement. Indirect expenses are limited to 10% of grant. Once an application is accepted, a specific budget to reflect the needs of the community and adjusted for the remainder of the fiscal year will be needed. Statement of work and contracting will be developed and it is the expectation that services begin by August 31, 2017. Spoke FTE will vary depending on site, but are limited by site overall project budget. The budget includes $58,964 each year for hub development costs. This funding is included in order to defray the expenses related to the establishment of the program. Currently SAMHSA has proposed, and the grant was written for, a two-year grant cycle with the possibility of additional years of funding and/or no-cost extensions.

Considerations for applying:

1. Applications are due by 5 p.m. on Thursday, June 1, 2017.

2. Projects should have the ability to provide low-barrier access for individuals aged 18 and older seeking MAT services.

3. The budget should be designed to maximize resources devoted to service while ensuring sufficient infrastructure to achieve programmatic goals in achieving/maintaining program fidelity, fiscal management, and quality control. Grant funds are to be used to provide integrated MAT care, supplanting existing staff positions is not allowed.

4. H&S Project must bill ALL payers, including private insurance, for reimbursable services. Billing must be submitted for treatment services, both behavioral and medication, as a covered benefit.

5. Participation requires performance monitoring activities, including requiring timely and accurate data reporting to DSHS. There is **no** individual **Government Performance and Results Act (GPRA)** reporting required by the grant. All projects are required to implement processes and participate in all training and consultation required by the grant.

6. A non-required match opportunity may be included in the letter of interest response for organizations who want to add matching funds to increase their nurse care manager and related capacity.

Application Criteria:

Please limit letter of interest to a maximum of 10 pages. Within the application, applicants must address the following:

A. Population Need:

1. Describe local need(s) by sharing information and data that substantiates service gaps for the priority population, and a description of your programmatic geographic catchment area.

B. Plans/Experience:

1. Describe the proposed Hub's expertise (or willingness to develop expertise) in providing coordinated MAT and opiate use disorder treatment to individuals.
2. Describe the proposed Hub's experience in the implementation of evidence-based and promising-practices for this population.
3. What MAT medications does the proposed Hub currently prescribe? What MAT medications will the Hub prescribe by August 31, 2017?
4. How many individuals with opiate use disorders are the proposed Hub and Spoke agencies currently serving annually?
5. Please describe how the applicant will increase the service capacity of the Hub and Spoke members by a minimum of 200 individuals with opiate use disorders by April 30, 2018, collectively.
6. Provide the following information on your proposed Hub entity.
   A. Name
   B. Address
   C. Phone Number
   D. Contact Name
7. Provide the following information for each of the proposed Spokes. A minimum of five spokes require.
   A. Name
   B. Address
   C. Phone Number
   D. Contact Name
   E. Brief description of services provided.
   F. Level of FTE proposed

C. Community and Clinical Resources:

1. Describe the applicant's:
   i. Linkages with community resources and outreach capabilities, to identify individuals within the community needing MAT services.
   ii. Access to strong supervision and clinical leadership.

D. Agency Capacity:

1. Include information detailing how the applicant will deliver services aligned with the H&S model framework noted above.
2. Describe the existing and proposed partnerships with proposed spokes.

E. Sustainability:
Plan that addresses:

1. Spoke agency readiness, based on stated interest and capacity, to expand services to include enhanced MAT program elements into their service array. Include plan timeline to begin direct services by August 30, 2017.
2. Readily available workforce necessary to successfully implement the project.

F. Letter of Notification:
Include a letter of notification to the BHO or MCE in Southwest Washington, indicating your intention to respond to this Letter of Interest.

G. Letters of Commitment:
Letters of commitment from identified spoke partner agency's Director or Chief Executive Officer.

Submit applications electronically by 5 p.m. on June 1, 2017, to:
Thomas.Fuchs@dshs.wa.gov.

Important Dates:

May 19, 2017	**Conference Call Q&A 10:00-11:00** **360-407-3780 Access code 885374#**
June 1, 2017	**Applications Deadline**
June 16, 2017	**Sites Selected**
July 17, 2017:	**Plan contract start date**
August 30, 2017	**Direct services begin**

DBHR will review the content of each submitted application and will make a determination based on the best fit for the services. DBHR reserves the right to ask for additional information as needed from applicants.

If you have questions about this request, please do not hesitate to contact Tom Fuchs, Adult Behavioral Health Treatment Manager, by telephone at 360-725-2290, or via email at Thomas.Fuchs@dshs.wa.gov.

Sincerely,

Michael Langer, Chief
Office of Behavioral Health and Prevention

cc: Tom Fuchs, Adult Behavioral Health Treatment Manager