



CLINICIAN CONSULTATION CENTER  
Translating science into care

**Substance Use Warmline**  
**Peer-to-Peer Consultation and Decision Support**  
**6 am – 5 pm PT Monday - Friday**  
**855-300-3595**

**Or**

**New! Submit cases online at**  
**<http://nccc.ucsf.edu/clinician-consultation/substance-use-management>**

**Free and confidential consultation for clinicians from the Clinician Consultation Center at San Francisco General Hospital focusing on substance use in primary care**

Objectives of the Substance Use Warmline:

- Support primary care providers nationally in managing complex patients with addiction, chronic pain, and behavioral health issues
- Improve the safety of medication regimens to decrease the risk of overdose
- Discuss useful strategies for clinicians in managing their patients living with substance use, addiction and chronic pain.

Consultation topics include:

- Assessment and treatment of opioid, alcohol, and other substance use disorders
- Methods to simplify opioid-based pain regimens to reduce risk of misuse and toxicity
- Urine toxicology testing- when to use it and what it means
- Use of buprenorphine and the role of methadone maintenance
- Withdrawal management for opioids, alcohol, and other CNS depressants
- Harm reduction strategies and overdose prevention
- Managing substance use in special populations (pregnancy, HIV, hepatitis)

The CCC's multi-disciplinary team of expert physicians, clinical pharmacists and nurses provides consultation to help clinicians manage complex patient needs, medication safety, and a rapidly evolving regulatory environment.

Learn more at <http://nccc.ucsf.edu/clinician-consultation/substance-use-management>

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U10HA30039-01-00 (AIDS Education and Training Centers National Clinician Consultation Center) in partnership with the HRSA Bureau of Primary Health Care (BPHC) awarded to the University of California, San Francisco.*

*OBOT Stability Index*

<p>1) Was the patient's previous urine drug screen positive for illicit substances?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2) If YES to #1 or if the patient was recently started on buprenorphine, does the patient have fewer than four consecutive weekly drug-free urine drug screens?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3) Is the patient using sedative-hypnotic drugs (e.g. benzodiazepines) or admitting to alcohol use?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4) Does the patient report drug craving that is difficult to control?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5) Does the patient endorse having used illicit substances in the past month?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6) Does the query of the Controlled Substance Utilization Review and Evaluation System (CURES) show evidence of the unexplained, unadmitted, or otherwise concerning provision of controlled substances?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7) Did the patient report their last prescription as being lost or stolen?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8) Did the patient run out of medication early from his/ her last prescription?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

**SCORING:**

If NO to all, the patient is "stable" can be seen monthly for prescriptions and urine drug screens.

If YES to any of the above, the patient is "unstable" and needs to be seen weekly for prescriptions and urine drug screens.

Additionally, if YES to 1-6, the patient should be referred for addiction services.

## TREATMENT NEEDS QUESTIONNAIRE

Patient Name/ID: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name/ID: \_\_\_\_\_

Ask patient each question, circle answer for each	Yes	No
Have you ever used a drug intravenously?	2	0
If you have ever been on medication-assisted treatment (e.g. methadone, buprenorphine) before, were you successful? (If never in treatment before, leave answer blank)	0	2
Do you have a chronic pain issue that needs treatment?	2	0
Do you have any significant medical problems (e.g. hepatitis, HIV, diabetes)?	1	0
Do you ever use stimulants (cocaine, methamphetamines), even occasionally?	2	0
Do you ever use benzodiazepines, even occasionally?	2	0
Do you have a problem with alcohol, have you ever been told that you have a problem with alcohol or have you ever gotten a DWI/DUI?	2	0
Do you have any psychiatric problems (e.g. major depression, bipolar, severe anxiety, PTSD, schizophrenia, personality subtype of antisocial, borderline, or sociopathy)?	1	0
Are you currently going to any counseling, AA or NA?	0	1
Are you motivated for treatment?	0	1
Do you have a partner that uses drugs or alcohol?	1	0
Do you have 2 or more close friends or family members who do not use alcohol or drugs?	0	1
Is your housing stable?	0	1
Do you have access to reliable transportation?	0	1
Do you have a reliable phone number?	0	1
Did you receive a high school diploma or equivalent (e.g. did you complete > 12 years of education)?	0	1
Are you employed?	0	1
Do you have any legal issues (e.g. charges pending, probation/parole, etc)?	1	0
Are you currently on probation?	1	0
Have you ever been charged (not necessarily convicted) with drug dealing?	1	0

Totals \_\_\_\_\_ + \_\_\_\_\_

Total possible points is 26

Scores 0-5 excellent candidate for office based treatment

Scores 6-10 good candidate for office based treatment with tightly structured program and on site counseling

Scores 11-15 candidate for office based treatment by board certified addiction physician in a tightly structured program or HUB induction with follow up by office based provider or continued HUB status

Scores above 16 candidate for HUB (Opioid Treatment Program-OTP) only



PRACTICE: \_\_\_\_\_; PATIENT: \_\_\_\_\_; DOB: \_\_\_/\_\_\_/\_\_\_; DATE FORM COMPLETED: \_\_\_/\_\_\_/\_\_\_

Results of past month UDS: Opioids: # \_\_\_; # + \_\_\_; Bup: # \_\_\_; # + \_\_\_; Other: 1) \_\_\_\_\_; # \_\_\_; # + \_\_\_  
 2) \_\_\_\_\_; # \_\_\_; # + \_\_\_

Current opioid medication: Bup \_\_\_ Meth \_\_\_ N IM \_\_\_; Dose: \_\_\_\_\_; Frequency of visits: \_\_\_/week or \_\_\_/month

**TREATMENT OF OUD COMPLEXITY INDEX (VSI) Version 1.3 (11/11/17) TOTAL SCORE: \_\_\_\_\_**

ASAM CRITERIA DIMENSIONS		RISK ASSESSMENT				
		0 Minimal/None	1 Mild	2 Moderate	3 Significant	4 Severe
1	<b>Acute intoxication and/or withdrawal potential</b>	No use of opioids, alcohol or sedative-hypnotics	Sporadic use of alcohol or sedative/hypnotics (i.e. less than 4 times a week); No use of opioids	Regular use of alcohol or sedative-hypnotic drugs- no history of symptomatic withdrawal; Episodic use of opioids	Regular use of opioids, alcohol or sedative-hypnotic drugs- no history of complicated withdrawal	In active withdrawal from opioids, alcohol or sedative hypnotic drugs or with a history of complicated withdrawal
2	<b>Biomedical conditions and complications</b>	No significant history of medical problems	Some chronic medical problems- but well controlled/ on stable medication regimen	Chronic medical conditions that are stabilizing or responding to adjustments in treatment	Active medical problems, requiring close monitoring and follow-up	Active medical problems that are acute and interfere with functioning
3	<b>Emotional, behavioral, or cognitive conditions and complications</b>	No psychiatric history	On stable, well controlled regimen for any psychiatric condition and/or integrated in care with a therapist	History of psychiatric hospitalization, suicide attempts or para-suicidal behaviors and/or no mental health care established, but there is an identified need	Active psychiatric problems requiring close mental health care and follow-up	Active psychiatric problems that are acute (risk to self or others; unable to self-regulate) and interfere with functioning
4	<b>Readiness to change</b>	Maintenance phase- already on stable medication regimen from previous provider	Action phase- engaging in treatment, taking steps to enact change	Preparation phase- compiling information and considering options-	Contemplation phase (willing to think/ talk about the need for a change)	Pre-contemplation phase (unwilling to think/talk about the need for change)
5	<b>Relapse, continued use, or continued problem potential</b>	In stable recovery- integrated in recovery community	Engaged in treatment and/ or peer support- lives close to clinic	Engaged in treatment and peer support- lives far from clinic	Sporadically attending treatment and/or peer support	Not attending treatment or peer recovery support
6	<b>Recovery/Living Environment</b>	Lives with sober, supportive, and concerned family/ friends; Is working and employer is supportive; Has no legal issues	Lives alone but is not isolated from social supports; Is working but not supportive of recovery; Has legal issues but is fully compliant	Lives with people who use substances recreationally; Lives alone and isolates; Is working but job is in jeopardy; Has legal issues and is engaged in risky or marginal activities	Unstable or tenuous housing situation; Is unemployed and interested but unable to work; Has legal issues but is not compliant and may be engaged in illegal activities presently	Homeless or living with active opioid users or dealers; Is unemployed and not interested in work; Has legal issues and is currently engaged in illegal activities

**Transportation issues:**

# Welcome to the California Hub and Spoke Monthly Newsletter

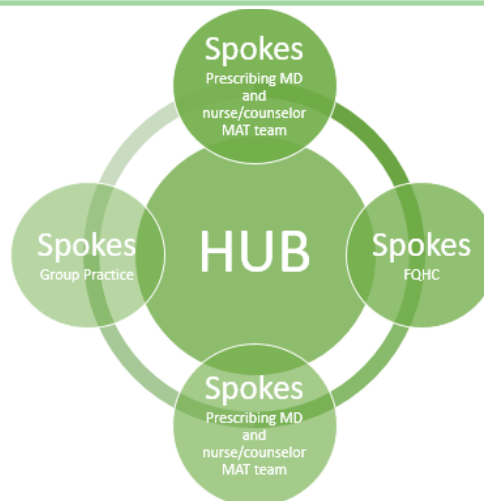
## MAT Expansion Project

The California Hub and Spoke System (CA H&SS), otherwise known as Medication Assisted Treatment (MAT) Expansion Project, is being implemented throughout California as a way to improve, expand and increase access to MAT services across the state.

Within a two year grant period, the MAT Expansion Program is projected to serve over 20,000 individuals with Opioid Use Disorders (OUD) to address the opioid crisis in California. The main goals are to prevent overdose and treat OUD as a chronic disease. Visit our [website](#) for more information.

## CA H&SS IMPLEMENTATION

Each region has a specialized addiction center of expertise, known as the Hub, that is an opioid treatment program (OTP). There are currently 19 funded Hubs in the state of California. Each Hub is connected to a Spoke, which is any office or clinic with a buprenorphine prescriber. The project will begin with approximately 119 spokes across the state.



Spokes will have access to a dedicated MAT team, consisting of one registered nurse and one licensed clinical social worker for every one hundred patients on buprenorphine under Medicaid. Spokes have the ability to refer complex patients to the Hub in their region for stabilization. MAT teams are essential to the success and effectiveness of Spokes.

This program will improve access to MAT services, especially in counties with the highest overdose rates. The implementation of the CA H&SS will increase the total number of physicians and nurse practitioners prescribing buprenorphine, thereby increasing the availability of MAT for patients with opioid use disorders.

The California Hub and Spoke System aims to deal with the opioid crisis in California through a collaborative effort of relevant stakeholders. These programs stem from the idea that opioid use disorders should be treated as a chronic disease. The MAT Expansion Project aims to reduce stigma and pave the way towards a progressive solution for the opioid epidemic.

## Resources

### [UCLA ISAP H&SS WEBSITE](#)

[Drug Deaths in America Are Rising Faster Than Ever](#)—by Josh Katz

[A Long And Winding Road: Kicking Heroin In An Opioid 'Treatment Desert'](#)—by Brian Rinker

[California's Answer To The Opioid Crisis](#)—by Jeremy D. Martinez, MD

[Vermont Hub-and-Spoke Model of Care For Opioid Use Disorder: Development, Implementation, and Impact](#)—by John R. Brooklyn, MD, and Stacey C. Sigmon, PhD

[Using a Learning Collaborative Strategy With Office -based Practices to Increase Access and Improve Quality of Care for Patients With Opioid Use Disorders](#)— by Benjamin R. Nordstrom, MD, PhD

[Motivational Interviewing Training](#) (Self paced)

### [PSATTC Resources](#)

[California Opioid Surveillance Dashboard](#)

## Upcoming Events

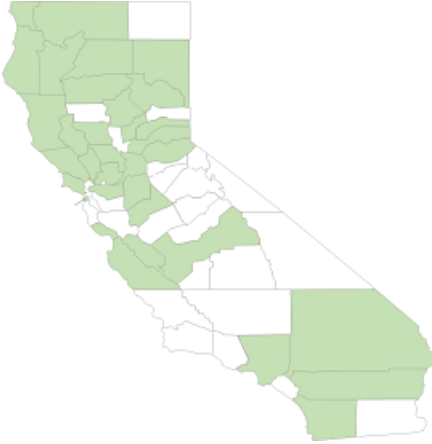
[Learning Collaborative Session 1](#)  
Choose one session on  
[September 25](#) or [September 28](#)

[California Primary Care Association Annual Conference](#)  
October 12 — October 13  
Anaheim, CA

[Integrating Substance Use, Mental Health, and Primary Care Services](#)  
October 25 — October 26  
Universal City, CA

[California Opioid Policy Summit](#)  
November 8 — November 9  
San Diego, CA

## Where are the awarded Hubs?



The 19 Hubs are located all over the state of California. These Hubs have flexibility to choose their spokes and structure themselves how they want, as long as it abides with the state guidelines. In addition to providing MAT services to patients in their clinic, the Hubs can also provide an array of services varying from onsite urine testing, to transportation, to counseling. The Hubs have a responsibility to serve as referral centers for the Spokes in the region and provide consultation services as needed to their spokes. The following lists the awarded Hubs and the areas covered by their networks:

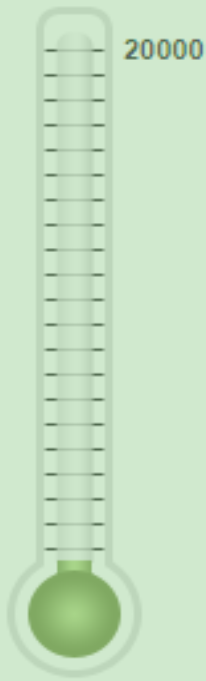
1. Acadia Healthcare, San Diego
2. Acadia Healthcare, Riverside, San Bernardino

3. BAART Programs, Contra Costa, Alameda
4. Medmark Treatment, Fresno
5. BAART Programs, San Francisco
6. Medmark Treatment Centers, Solano
7. Aegis Treatment Centers—Marysville, Yuba, Lake, Mendocino, Nevada County
8. Aegis Treatment Centers—Roseville, Placer, El Dorado, Nevada County
9. Aegis Treatment Centers—Redding, Shasta, Siskiyou, Trinity, Del Norte
10. Bright Heart Health—Santa Rosa, Sonoma, Lake, Yolo, Colusa, Napa
11. Aegis Treatment Centers—Chico, Butte, Lassen, Tehama, Plumas
12. Aegis Treatment Centers—Eureka, Humboldt
13. Aegis Treatment Centers—Manteca, San Joaquin, Stanislaus
14. Tarzana Treatment Centers, Inc., Los Angeles
15. Marin Treatment Center, Marin
16. Janus Santa Cruz—North, Santa Cruz North
17. Janus of Santa Cruz—South, Santa Cruz South, San Benito, Monterey
18. CommuniCare Health Centers, Yolo, Sacramento
19. Matrix Institute on Addictions, Los Angeles, San Bernardino

***“The potential impact of all of these efforts combined is promising but it will take a lot of work .” -DHCS***

### Tracking our Progress: New Patients Added

The goal for the CA H&SS is to have 20,000 new patients on MAT during its two year grant period. The goal thermometer below will track our progress throughout the program.

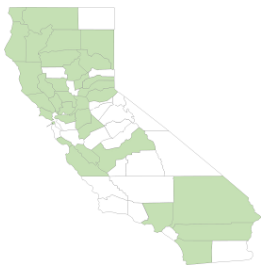


## Program Highlights: A Message from DHCS

The California Hub and Spoke system is a major component of DHCS’s effort to increase treatment access across the State. The combined resources of CA Department of Public Health and CA Health Care Foundation are also working with local coalition leaders to address local “not in my backyard” cultural barriers to increase MAT access, specifically working with primary care providers to increase the number willing to prescribe buprenorphine and expand their patient panel. CHCF is supporting community health centers, emergency departments, and jails, all to become key access points for patients to move from addiction to recovery. All of these projects depend on a robust Hub and Spoke System to ensure complex patients have access to specialty addiction care in opioid treatment programs, and new MAT access points can take advantage of learning opportunities in the rollout of the Learning Collaborative. The potential impact of all of these efforts combined is promising but it will take a lot of work and commitment from all partners and stakeholders to change the course of the opioid epidemic facing our state and the country at large.

## State of California Passes AB 395 and SB 554


This month the State of California passed Assembly Bill 395 and Senate Bill 554; two bills that are monumental to the efforts of the CA H&SS program. Assembly Bill 395 would add the use of MAT to an already existing legislation where the State Department of Health Care Services is mandated to use narcotic replacement therapy to treat patients suffering through addiction. This bill allows licensed narcotic treatment programs to refer FDA approved medications, rather than controlled substances. Senate Bill 554 allows nurse practitioners working through the CA H&SS to furnish and order buprenorphine as long as it is done in compliance with the provisions of the Comprehensive Addiction Recovery Act. This bill will also authorize physician assistants to administer or provide buprenorphine to patients under the supervision of a licensed physician. Read more on [Assembly Bill 395](#) and [Senate Bill 554](#) by clicking the links.



# California Hub and Spoke System Newsletter

## UCSF Clinician Consultation Center: Substance Use Warmline

The California Hub and Spoke Program is thrilled to announce its collaboration with the University of California, San Francisco Clinician Consultation Center Substance Use Warmline. This Substance Use Warmline provides FREE and CONFIDENTIAL consultation for clinicians nationally from the Clinical Consultation Center at San Francisco General Hospital.



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Or

New! Submit cases online at  
<http://nccc.ucsf.edu/clinician-consultation/substance-use-management>

Through this partnership, we can work together, leveraging our resources, to enhance support to clinicians who work on the ground treating patients with opioid use disorders. Objectives of the Substance Use Warmline:

- Support to primary care providers in managing complex patients with addiction, chronic pain, and behavioral health issues.
- Improve the safety of medication regimens to decrease the risk of overdose
- Discuss useful strategies for clinicians in managing their patients living with substance use, addiction and chronic pain.

The CCC's multi-disciplinary team provides consultations on an array of topics. Whether it be assessment and treatment of substance use disorders, MAT, urine toxicology testing, or managing SUD in special populations (pregnancy, HIV, hepatitis), there is someone available to help answer any questions you or your primary care providers might have.

Consultations are available Monday to Friday from 6am—5pm (PT). Questions can be called in or emailed. Voicemail is available 24-hours a day. To learn more about the Clinician Consultation Center's Substance Use Warmline click [here](#).

The CCC Warmline program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U10HA30039-01-00.

## Resources

### [UCLA ISAP H&SS WEBSITE](#)

### [California Opioid Surveillance Dashboard](#)

[Morbidity and Mortality Weekly Report](#)—Surveillance Summaries October 20, 2017, 66(19);1–12 (CDC)

[The Opioid Epidemic as Seen in 6 Charts](#)—Andrew Kolodny, Co Director of Opioid Policy Research at Brandeis University

[CA H&SS Presentation from ICC conference \(Perez, Freese, Miele, Urada\)](#)

### [Hub and Spoke Locations Map](#)

[CA Hub and Spoke System \(CA H&SS\) Overview](#) (DHCS)

[The California Hub and Spoke System \(CA H&SS\) FAQs](#) (DHCS)

[Motivational Interviewing Training](#) (Self paced)

### [CSAM MAT Treatment Resources](#)

### [PSATTC Resources](#)

## Upcoming Events

[California Opioid Policy Summit](#)  
November 8 — November 9  
San Diego, CA

[Region 3: Aegis–Roseville, Marin Tx Center, Medmark–Solano](#)  
Friday November 17, 2017  
10:00am—1:00pm; Sacramento, CA

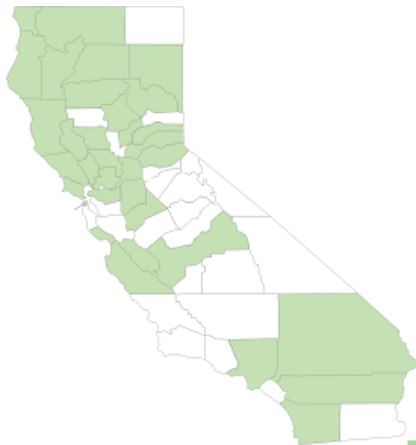
[Region 5: Matrix, Tarzana, Acadia -San Diego & Riverside](#)  
Friday December 1, 2017  
10:00am—1:00pm; Riverside, CA

[Region 1 & 2: Aegis-Redding & Humboldt](#)  
Monday December 4, 2017  
10:00am—1:00pm; Sacramento, CA

[Region 4: Communicare, BAART–Contra Costa & San Francisco, Aegis–Manteca, Medmark–Fresno](#)  
Monday December 11, 2017  
10:00am—1:00pm; Woodland, CA

## Evaluation Corner: Data Collection is Underway

In collaboration with DHCS, the UCLA Evaluation team has finalized the Monthly Data Reporting Forms (found [here](#)) which are critical components of the CA H&SS program. Not only will these forms be required for all hubs to submit for monthly invoicing, but they will also benefit the statewide evaluation as well as the Learning Collaborative processes.



These data will allow for timely statewide tracking and measurement of MAT service delivery and network capacity, and can also be used as a direct feedback loop for quality improvement in the CA H&SS Learning Collaboratives.

In addition, as part of the baseline data collection efforts, the statewide evaluation component commences this month. Certain providers can look forward to receiving an online survey about their experiences with the project so far. Surveys will add context to monthly-reported data, and potentially inform Learning Collaboratives as well. In the near future the evaluators will also interview a sample of patients and providers in collaboration with the hubs and spokes. These efforts are part of an ongoing evaluation and quality improvement process aimed at making data-driven improvements to the Hub and Spoke program. To ensure your system's timely participation, please be sure to provide up-to-date contact information for your Hub's coordinator to the UCLA [Training Coordinator](#).

### Tracking our Progress: New Patients Added

The goal for the CA H&SS is to have 20,000 new patients on MAT during its two year grant period. The goal thermometer below will track our progress throughout the program.



## Upcoming Regional Learning Collaboratives

The CA H&SS Regional Learning Collaborative Sessions are beginning this month. Check the Upcoming Events (page 1) for the schedule. The purpose of these sessions is to engage Hub & Spoke participants in an ongoing shared learning experience to facilitate implementation of Medication Assisted Treatment (MAT), assist with procedural changes, and provide opportunities for interactive problem solving in a professional peer support group. Each session is comprised of CE presentations, a practice case presentation, and a review of quality improvement (QI) measures. Participation from each Hub and Spoke network is expected and necessary at their regional meeting. Here are just some benefits of participation:

- ⇒ Learning from experienced providers on topics relevant to providing MAT in a variety of settings.
- ⇒ Initiate and develop relationships and connections to build an effective H&SS network.
- ⇒ Tap into regional expertise and experience. And more!

Contact the UCLA Training Coordinator [Patrick Flippin-Weston](#) for scheduling information. Information is routinely disseminated on the [CA H&SS List Serv](#).

## CSAM Mentored Learning Experiences

For the CA H&SS, CSAM will sponsor Mentored Learning Experiences to 70+ spoke participants/physicians which are aimed at improving providers confidence in treating opioid use disorder. The Mentored Learning Experiences are designed to assist providers in incorporating the use of medications for prescription opioid addicted patients in their practices. In addition, each mentored participant will be invited to attend the CSAM Annual Conference in Aug 29-Sept 1, 2018 in San Francisco. For more information, please contact CSAM Project Manager [Erica Murdock-Waters](#).

CSAM has a multitude of MAT resources available online to teach primary care clinicians how to implement medication-assisted treatment in their practices. Recently completed is a series of 12 monthly webinars designed to support the implementation of Medication Assisted Treatment (MAT) of opioid use disorders in primary care. All webinars in the series can be accessed [here](#) and [here](#).