California's Hub and Spoke 3.0 Where We've Been, Where We're Going

Wednesday, March 8th, 2023

Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.

- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.

Whose land are you on?

Option 1: Text your zip code to 1-855-917-5263
Option 2: Enter your location at https://native-land.ca
Option 3: Access Native Land website via QR Code:

What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.

Pacific Southwest (HHS Region 9)

ATTC

Addiction Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

2023 Women's History Month

Embracing equity in health care, research, and innovation.

Disclosures

None of the presenters, planners, or others in control of content for this educational activity have relevant financial relationships to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients, except:

Jason Kletter BayMark Health Services - Executive role and ownership interest

All relevant financial relationships have been mitigated by peer review of session content.

Agenda and Overview

Welcome

Where we've been
- SOR 1
- SOR 2

Where we're going
- SOR 3
- New regulations, more OTPs
- Data
- Training plans

How we'll get there
- Internal resources
- External resources

Next steps

UCLA Hub and Spoke Training Team

Thomas Freese, PhD
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Project Director

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ASIS-TTA
Opioid and Stimulant Implementation Support
Training and Technical Assistance

Welcome from DHCS

Jessica Page

Associate Governmental Program Analyst

Introductions

- Name, organization, and role

- Name 1 or 2 important connections in your agency that contribute to the success of your MAT program

Where We've Been – SOR1
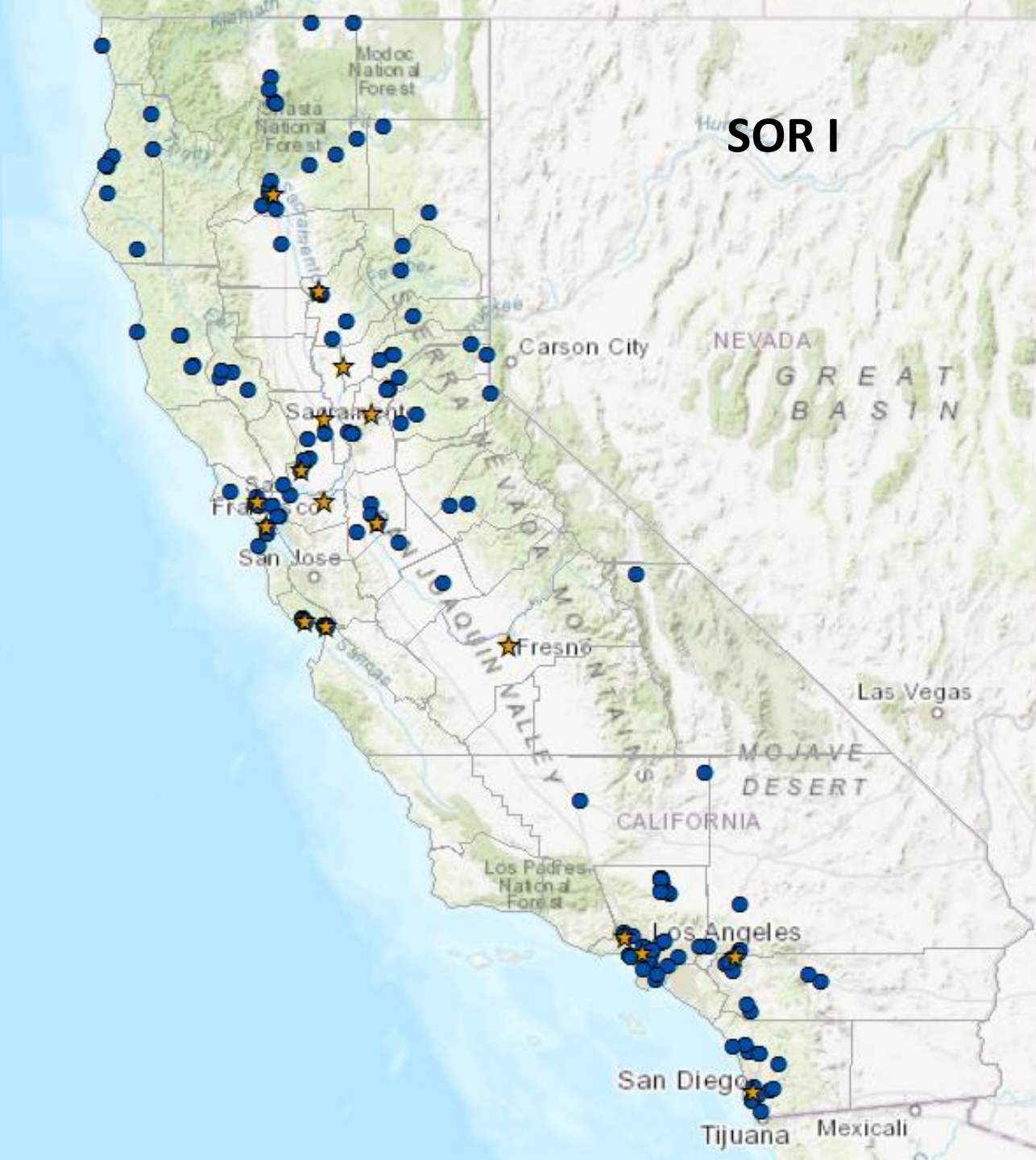
SOR 1 – Establish California's Hub and Spoke System

- Based on the Vermont Model
- OTPs built a local network to establish a comprehensive treatment system to expand access to medications for addiction treatment
- Office-based care in FQHCs, outpatient treatment facilities, other locations with a waivered prescriber

Hub and Spoke Locations
State Targeted Response (STR) &
State Opioid Response (SOR) I

SOR I

Legend
★ Hubs (n = 18)
● Spokes (n = 215)

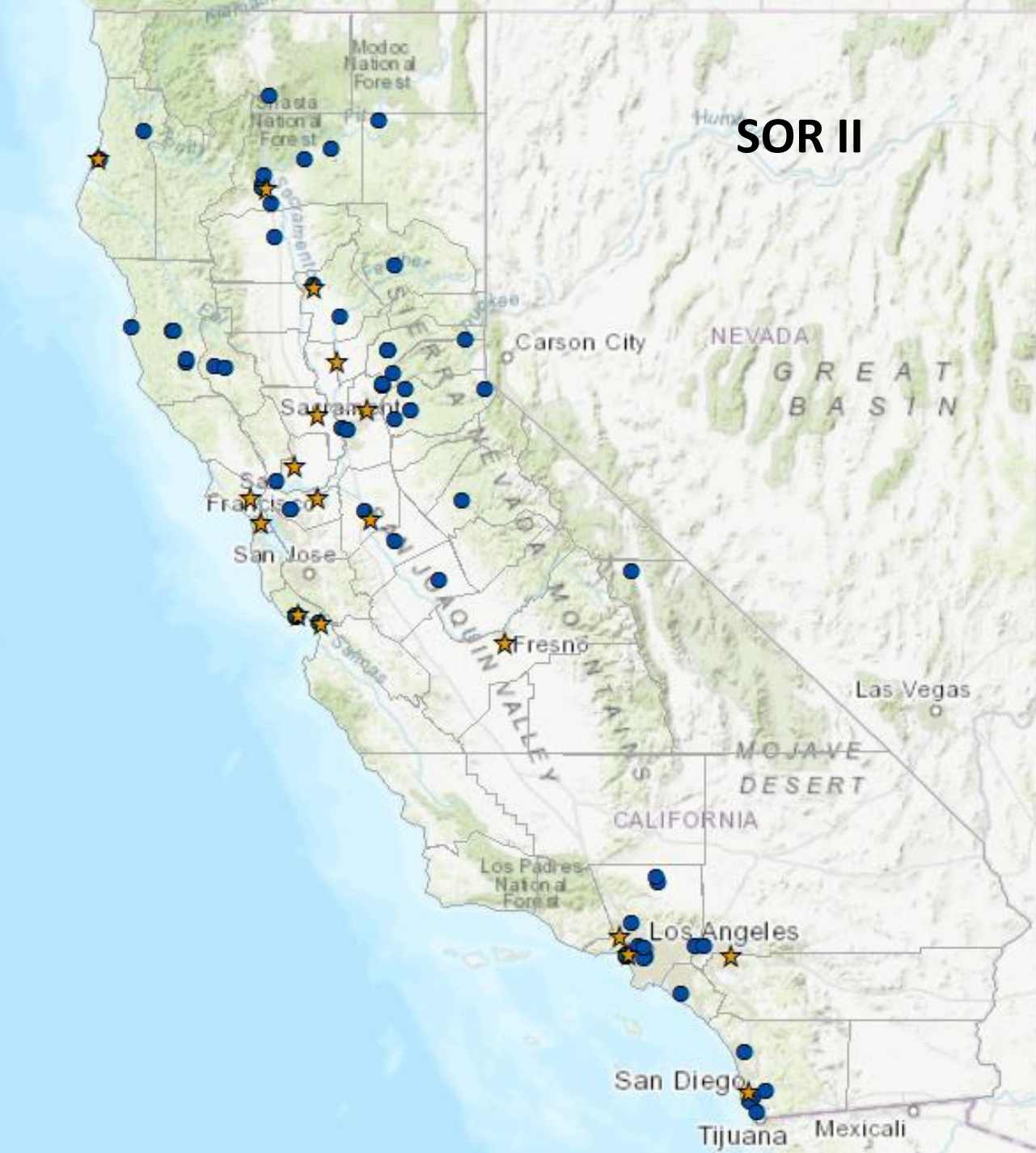# Where We've Been – SOR2

SOR 2 – Hub and Spoke project
- Funded high performing sites from SOR1
- System became more decentralized
  - Sites more independent
- Hubs and spokes more loosely connected
- Address stimulants, fentanyl

Hub and Spoke Locations
SOR II

Legend
- ★ Hubs (n = 18)
- ● Spokes (n = 68)

SOR II

Where We're Going – SOR3

- More OTPs for greater statewide coverage

- Increase MAT prescribing in spokes
  - X-waiver no longer required
  - Identify other providers to engage in prescribing MAT
  - What support do you and/or they need?

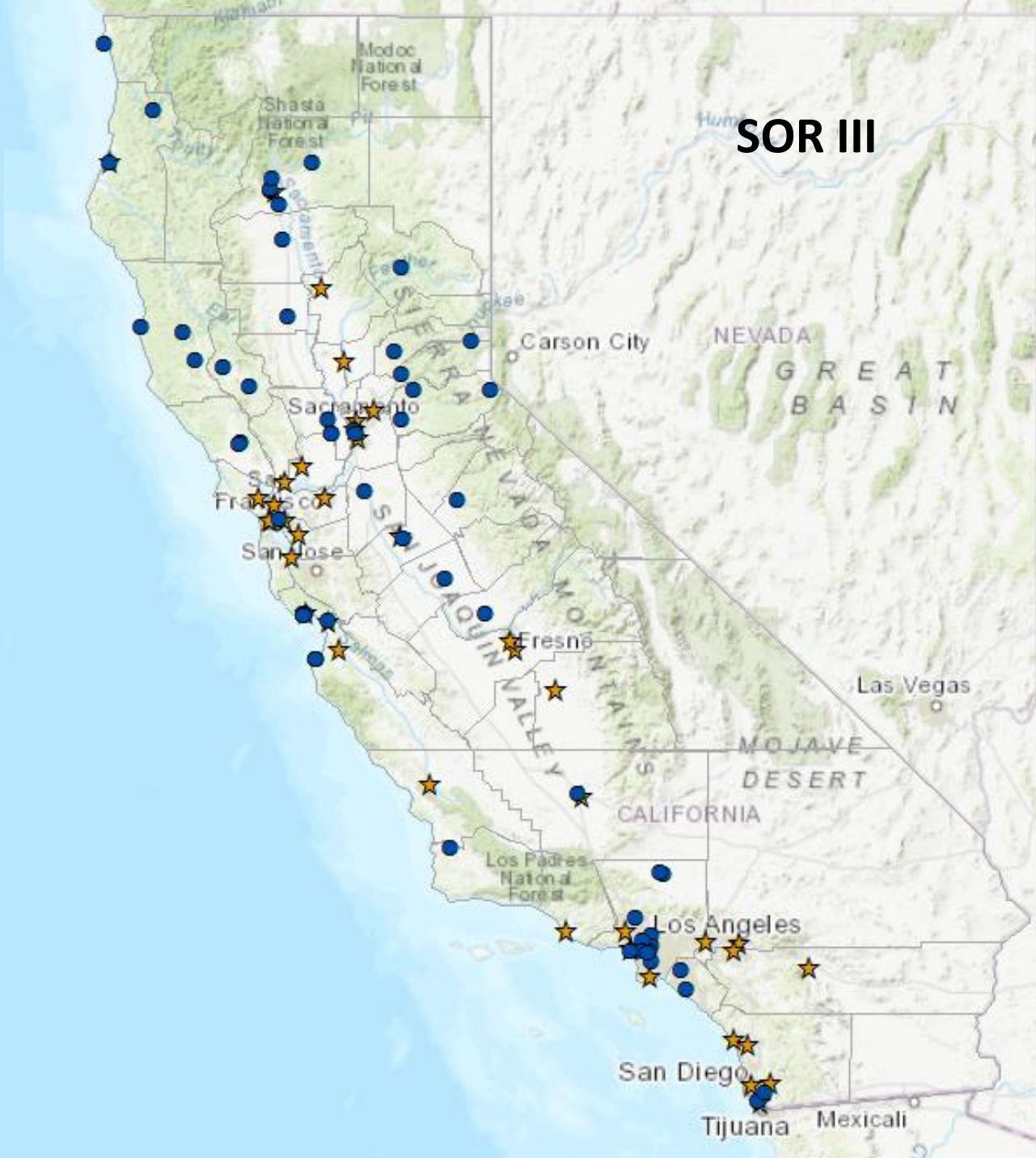- Track, monitor, and improve racial equity in MAT access

Hub and Spoke Locations
SOR III

SOR III

Legend
★ Hubs (n = 43)
● Spokes (n = 61)

Region 1 – Northern California

- Hubs
  - Aegis Treatment Centers - Humboldt - Del Norte
  - Aegis Treatment Centers - Yuba
  - Aegis Treatment Centers - Shasta - Redding
  - Center Point DAAC

- Spokes
  - Adventist Health Clear Lake
  - Adventist Health Howard Memorial Redwood Medical Clinic
  - Adventist Health Mendocino Coast
  - Adventist Health Ukiah Valley Pain Management
  - Hill Country Community Clinic (Round Mountain)
  - Hill Country Community Clinic - 1401 Gold St - Redding
  - K'ima:w Medical Center
  - Mendocino Community Health Clinic Inc. - Lakeport
  - Newstart Medical Group, Inc. DBA Stallant Health
  - Northern Valley Indian Health - Willows
  - Northern Valley Indian Health - Woodland
  - Redding Rancheria dba Redding Rancheria Tribal Health Systems
  - Shasta Community Health Center - Anderson Family Health Center
  - Shasta Community Health Center - Shasta Lake Family Health
  - Waterfront Recovery Services

Region 2 – Capital/Central Valley

- Hubs
  - Aegis Treatment Centers - Butte
  - Aegis Treatment Centers - Kern
  - Aegis Treatment Centers - Placer (Sacramento- Roseville)
  - Aegis Treatment Centers - Stanislaus - Modesto Clinic
  - BAART Programs Cartwright - Fresno
  - BAART Programs Visalia - Tulare
  - Bi-Valley Medical Clinic, Inc. dba BAART Programs Norwood
  - C.O.R.E. Medical Clinic, Inc.
  - Medmark Treatment Center - Fresno
  - Retraining the Village
  - San Joaquin Health Centers
  - Treatment Associates, Inc., dba Sacramento Treatment Clinic

- Spokes
  - Barton Health
  - Cares Community Health dba One Community Health
  - CommuniCare Health Centers - Salud
  - CommuniCare Health Centers - Hansen
  - El Dorado County Community Health Center - Cameron Park
  - Golden Valley Health Centers - Modesto
  - Golden Valley Health Centers - Merced
  - Good Sam Hospital
  - Granite Wellness Centers - Grass Valley
  - Marshall Medical Georgetown
  - Plumas District Hospital Rural Health Clinics
  - Stallant Medical Group, Inc., dba Stallant Health
  - Tahoe Forest Health System
  - Tehama County Health Services Agency - Red Bluff
  - Transitions Buprenorphine Clinic of Sacramento
  - Tuolumne Me-Wuk Indian Health Center

Region 3 – Bay Area/Mid-State

- Hubs
  - Addiction Research and Treatment, Inc. dba BAART Programs Oakland
  - Aegis Treatment Centers -San Luis Obispo
  - BAART programs Market St. - San Francisco
  - BAART Programs -Antioch - Contra Costa
  - BAART Programs - Richmond - Contra Costa
  - BAART programs - San Mateo
  - BAART Programs - Turk St - San Francisco
  - Janus of Santa Cruz 1000 Emeline Ave
  - Marin Treatment Center
  - MedMark Treatment Center Fairfield
  - MedMark Treatment Center - Vallejo
  - Successful Alternatives For Addiction & Counseling Services, Inc. dba MedMark Treatment Centers - Hayward
  - Valley Health Associates

- Spokes
  - County of Santa Cruz Health Services Agency – Homeless Persons Health Project
  - Encompass Community Services
  - HSA / Watsonville Health Center (WHC)
  - HSA/ Santa Cruz Health Center (SCHC/Emeline)
  - Janus Of Santa Cruz - South County
  - La Clínica de La Raza, Inc.
  - LAGS Recovery Centers, Inc.
  - Pacific Rehabilitation & Pain - Monterey/San Benito
  - Pacific Rehabilitation & Pain - Monterey/San Luis Obispo
  - Pacific Rehabilitation & Pain - Monterey/ Santa Cruz
  - Santa Cruz Community Health - Flagship site
  - Santa Cruz Community Health - San Lorenzo Valley
  - Santa Cruz Community Health - East Cliff Family Health Center (ECFHC)

Region 4 – Southern California

Hubs

- Aegis Treatment Centers - Ventura - Oxnard
- Bartz-Altadonna Community Health Center
- CLARE|MATRIX -5220 W. Washington Blvd.
- San Diego Health Alliance, dba Capalina Clinic/Capalina Comprehensive Treatment Center (CTC)
- San Diego Health Alliance, dba El Cajon Treatment Center/El Cajon Comprehensive Treatment Center (CTC)
- San Diego Health Alliance, dba Fashion Valley Clinic/Fashion Valley Comprehensive Treatment Center (CTC)
- San Diego Treatment Services, LLC., dba Third Ave Clinic/Chula Vista Comprehensive Treatment Center (CTC)
- Tarzana Treatment Centers, Inc.
- Transcultural Health Development, Inc., dba Coastal Recovery Center
- WCHS, Inc., cba Desert Treatment Clinic
- WCHS, Inc., dba Colton Clinical Services
- WCHS, Inc., dba Riverside Treatment Center

Spokes

- CLARE|MATRIX - 1002 Pico Blvd
- CLARE|MATRIX - 812 N. Euclid Ave. Ontario
- CLARE|MATRIX - 844-46 Pico Blvd. - Womans Treatment
- CLARE|MATRIX - 907-909 Pico Blvd. Tx Mens
- Comprehensive Community Health Centers
- Family Health Centers of San Diego, Inc. - 251 Landis Avenue
- Family Health Centers of San Diego, Inc. - 8788 Jamacha Road
- JWCH Institute, Inc. (Wesley Health Center) - 45104 10th St West, Lancaster
- JWCH Institute, Inc. (Medical Clinic Weingart Center) - 522 S San Pedro St, Los Angeles
- KCS Health Center (Korean Community Services Inc.) Anaheim
- KCS Health Center (Korean Community Services Inc.) Irvine
- KEDREN COMMUNITY HEALTH CENTER, INC.
- Los Angeles LGBT Center
- Mission Treatment Services, Inc., dba Mission Oceanside/Oceanside Comprehensive Treatment Center (CTC)
- Northeast Valley Health Corporation
- St. John's Community Health Compton Health Center (SJCH-Compton)
- St. John's Community Health Crenshaw Health Center (SJCH-Crenshaw)
- St. John's Community Health Williams Health Center (SJCH-Williams)
- Venice Family Clinic

Fostering collaboration

OPIOID TREATMENT PROGRAMS

WHAT ARE HUBS, WHAT IS THEIR ROLE IN THE HUB AND SPOKE MODEL AND WHAT ARE THE RULES BY WHICH OTPS MUST OPERATE

JASON KLETTER, PH.D.

WHAT IS AN OPIOID TREATMENT PROGRAM?

- Opioid Treatment Programs (OTPs) are highly structured, highly-regulated comprehensive substance use disorder treatment programs

- OTPs employ a multi-disciplinary team of physicians, advanced practice clinicians (NPs and PAs), counselors and case managers to deliver evidence-based services

- OTPs are among the most rigorously studied areas of health care demonstrating the most effective outcomes for opioid use disorder including:
  - 90 day retention of 60%-70%; of those that stay 90 days, more than 90% will stay at least a year;
  - 80% of patients stop using illicit drugs within one year

ROLE OF OTPS IN THE HUB AND SPOKE MODEL

- "The primary aim of the MAT Expansion Project is to implement the Hub and Spoke model to increase access to opioid use disorder (OUD) treatment. This includes developing OTPs as regional subject matter experts and referral resources."

- The goal of the hub and spoke model is to create a seamless system of care where patients can move through the various stages of treatment accessing the services that are most likely to support recovery.

- The continuum of care ensures individualized treatment and optimal outcomes.

NEW REGULATIONS

- SAMHSA has proposed new rules which promise to increase flexibility of services delivered by OTPs

- SAMHSA has considered decades of research and experience including recent studies evaluating Covid-era policies

PROPOSED SAMHSA REGULATIONS

- Updated admission criteria include the removal of the one-year requirement for opioid addiction before admission to an OTP, in favor of considering a person's problematic patterns of opioid use;

- Allowing the use of telehealth for treatment admissions;

- Expanding the definition of an OTP treatment practitioner to include any provider who is appropriately licensed to dispense and/or prescribe approved medications;

PROPOSED REGULATIONS, CONTINUED

- Updating criteria for provision of take-home doses of methadone;

- Promoting mobile medication units to expand an OTP's geographic reach; and

- Eliminates the OTP certification requirement for hospitals and Long-Term Care facilities to continue medications when admitted.

JASON KLETTER, PH.D.

President, California Opioid Maintenance Providers

President, BayMark Health Services

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Training and Technical Assistance

Webinar and LC Topics

- Racial Equity
- The Ins and Outs of OTPs
- Family Involvement
- Peer Support

LC Schedule

May, August, November 2023

February 2024

Conference May 2024

Region 1 – 10am-12pm 1st Weds

Region 2 – 1pm -3pm 1st Weds

Region 3 – 10am-12pm 2nd Weds

Region 4 – 1pm-3pm 2nd Weds

What additional topics would you like to see covered?

Case-Based Learning

- Tribal MAT ECHO Clinic – 3rd Tuesday 12-1
- MAT ECHO Clinic – 4th Monday 12-1
- Offer clinical questions for discussion
- Send new prescribers for additional support
- Review in learning collaboratives

Individualized Training and Technical Assistance

Mentor/consultants for new prescribers

Training for treatment teams

Other resources and support
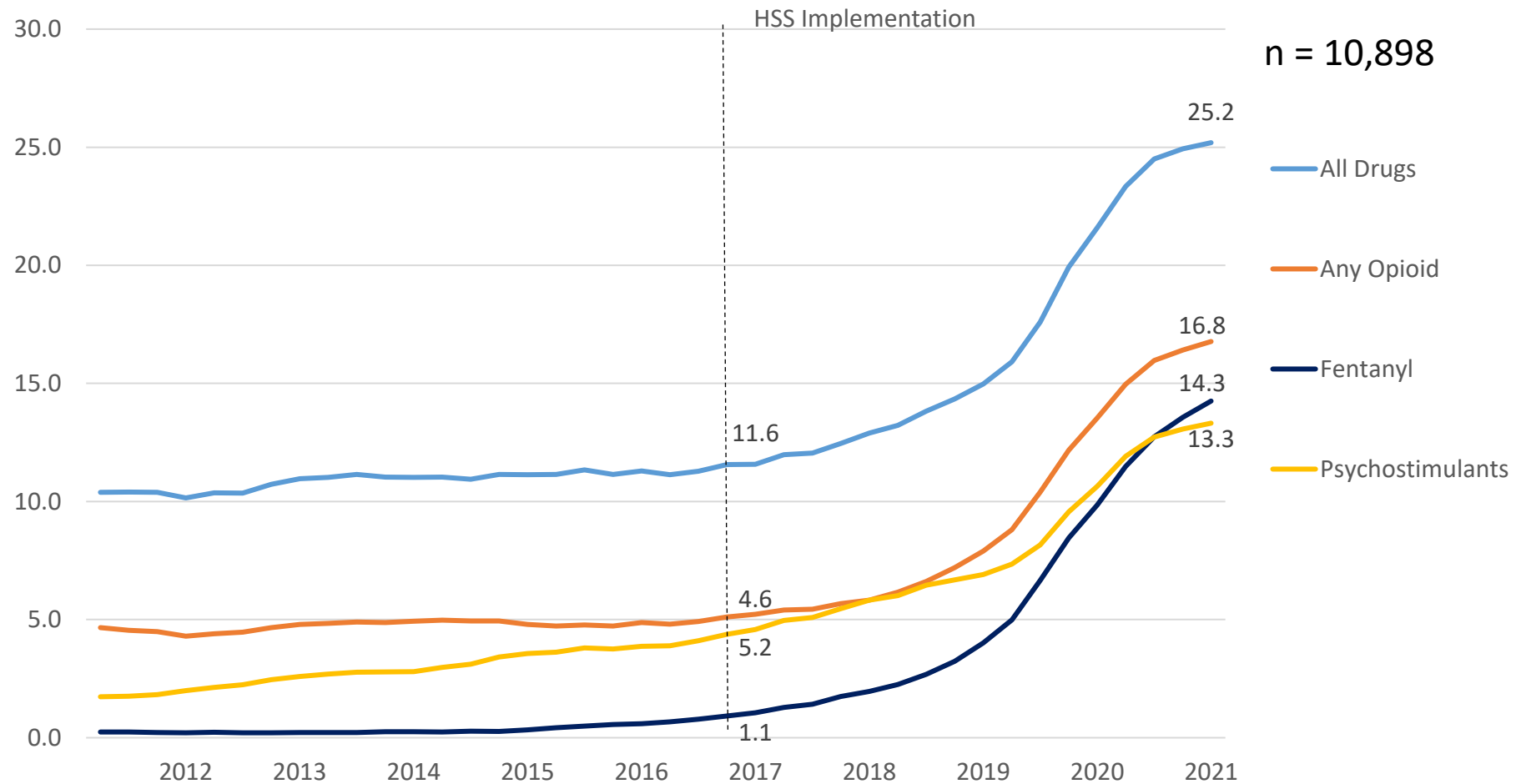
Email Christian Frable – cfrable@mednet.ucla.edu for more information

Hub and Spoke Data
STR – SOR II

Kendall Darfler
UCLA Integrated Substance Abuse Programs
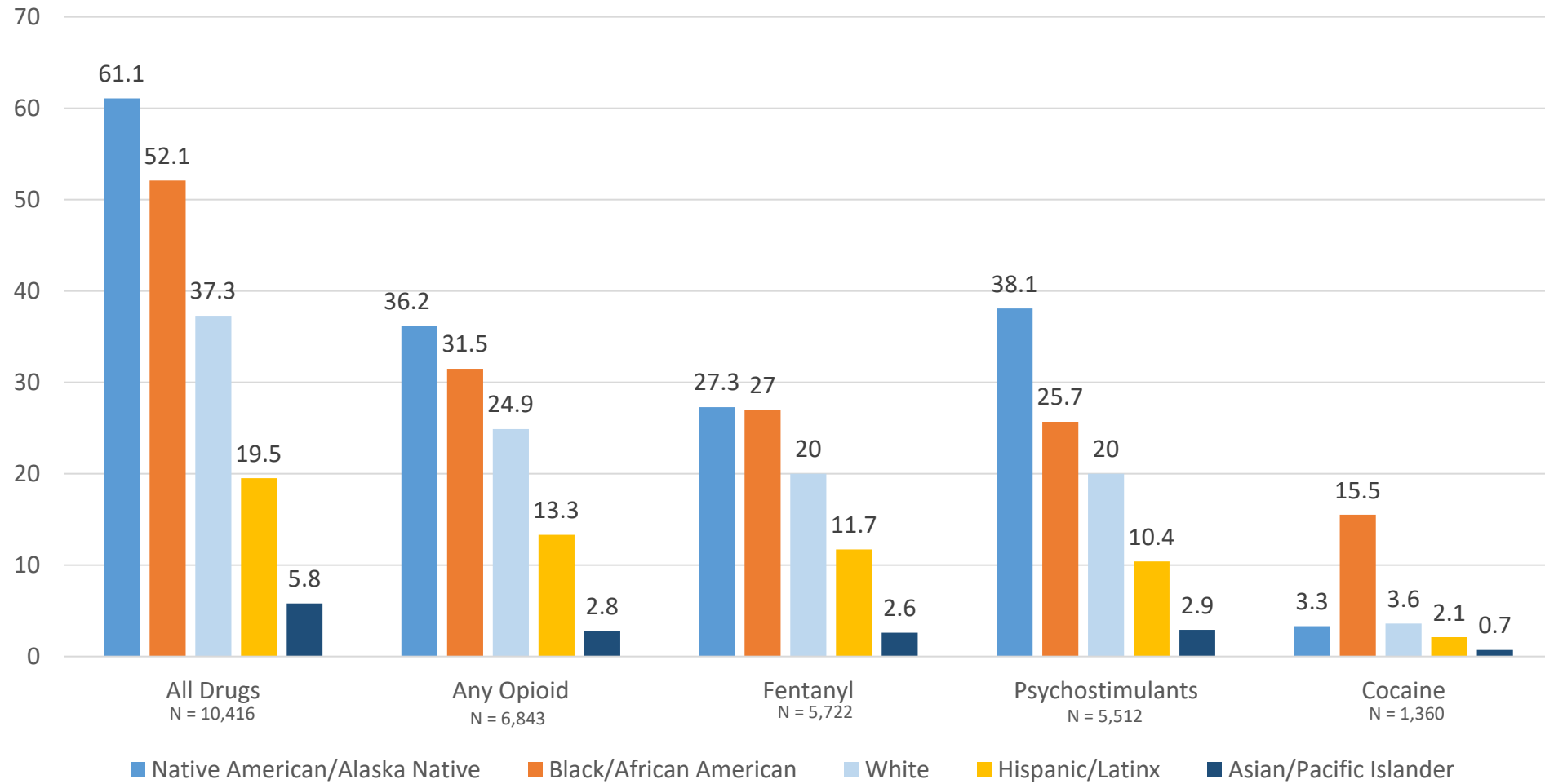March 8, 2023

California Overdose Death Rates
Past 10 year age-adjusted rates per 100,000 residents

n = 10,898

HSS Implementation

All Drugs — 25.2

Any Opioid — 16.8

Fentanyl — 14.3

Psychostimulants — 13.3

11.6
4.6
5.2
1.1

Overdose Death Rates by Race/Ethnicity

2021 crude rates per 100,000 residents

Data Source: California Department of Public Health (CDPH) Safe and Active Communities Branch
(2022). California Opioid Surveillance Dashboard. Available at: https://skylab.cdph.ca.gov/ODdash/

Quarterly Data Reporting Requirements (SOR III)

Quarterly Data Reporting Requirements (SOR III)

- Total patients currently in treatment
- New patients starting MAT (monthly)
- New patients starting treatment for stimulant use (monthly)
- Total patients receiving additional services (quarterly)
  - Any Recovery Support
  - Peer Support
  - Telehealth Services
- Patient demographics
- Number of Providers
  - MAT Prescribers
  - Peers
- Outreach and Prevention Events

Impact of Hub and Spoke Under SOR II

October 2020 – September 2022

25,596
New Patients
Starting MAT for
Opioid Use

13,182
New Patients
Starting
Treatment for
Stimulant Use

12,467
Receiving Peer
Support/Recovery
Coaching

6,368
Overdose
Reversals
Reported

Hub and Spoke Providers Under SOR II

446
MAT Prescribers

342
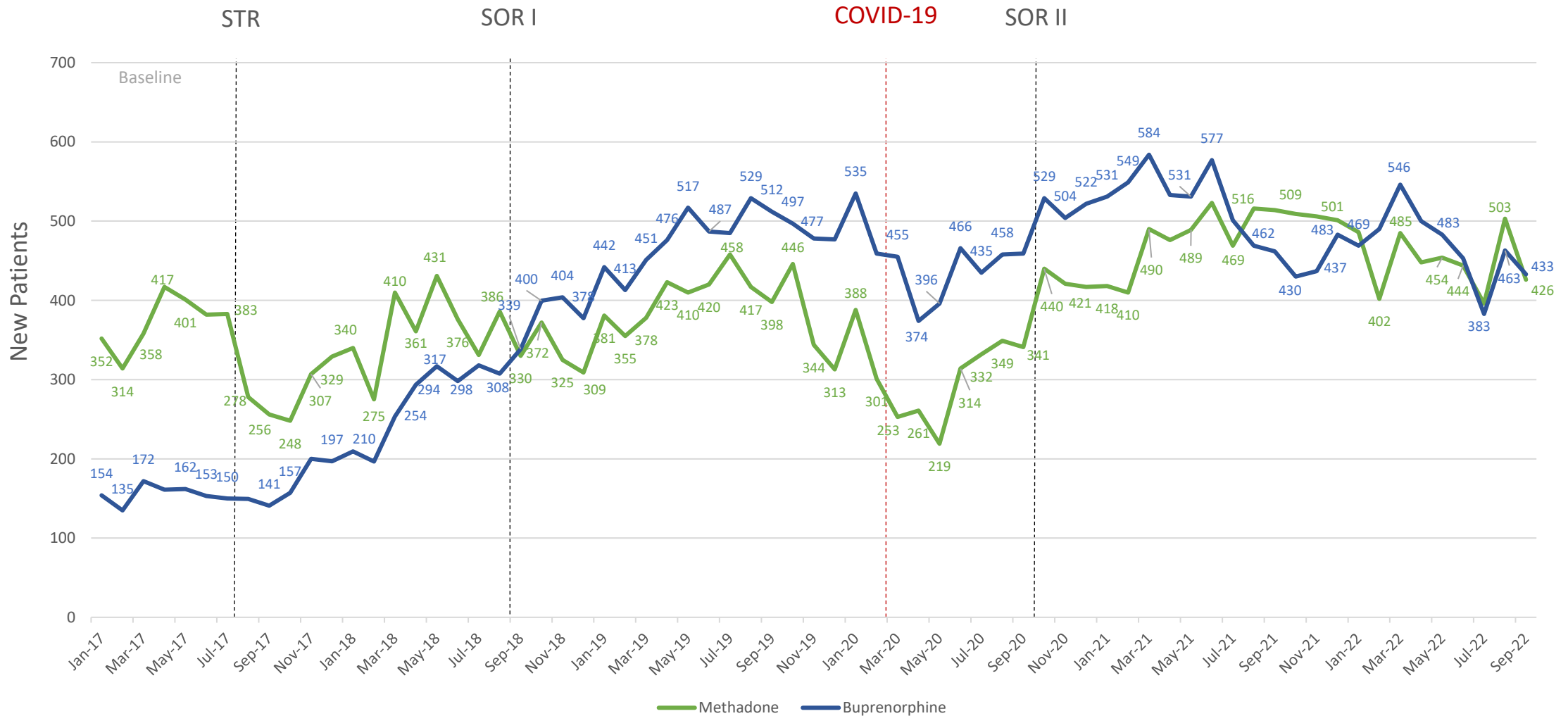Actively
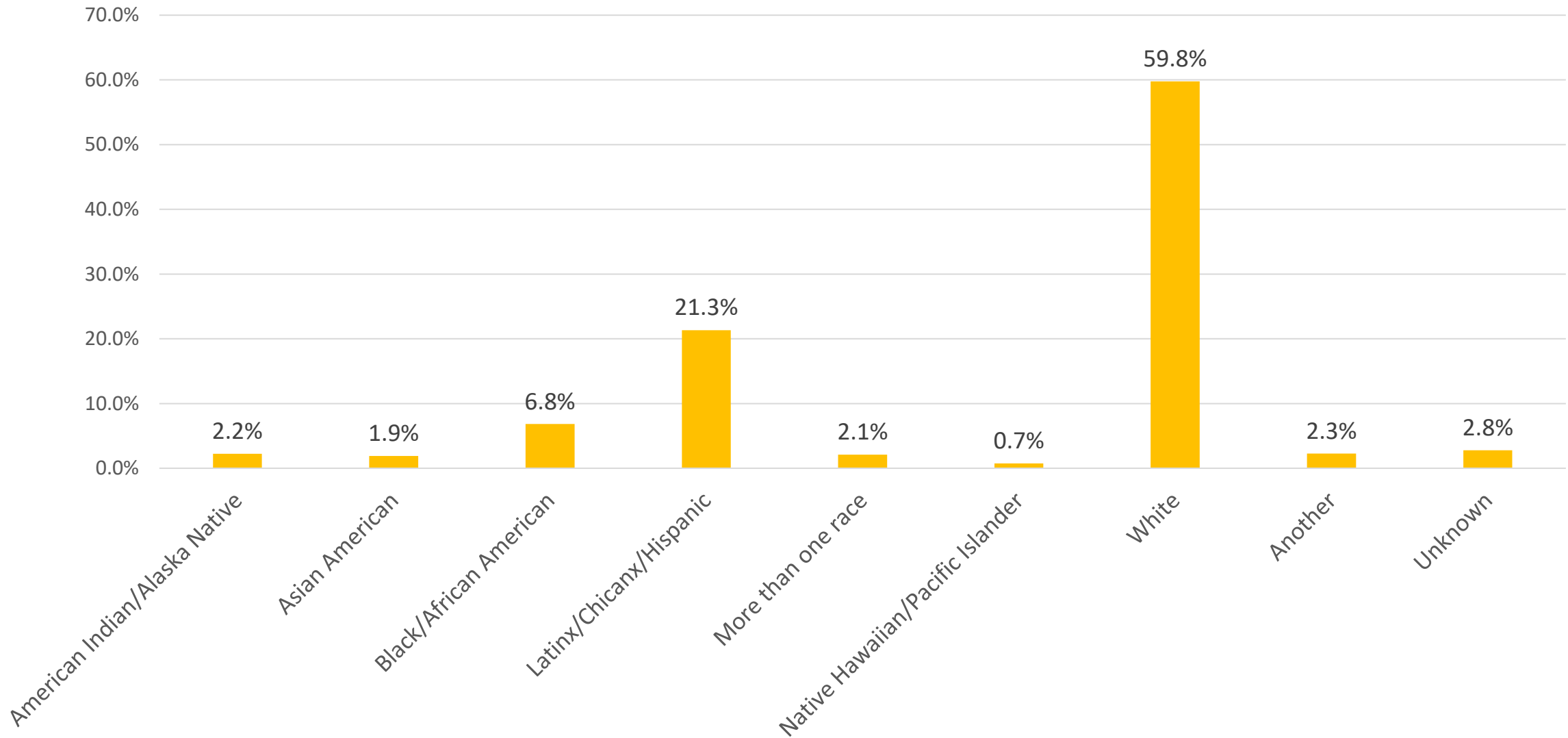Prescribing MAT

28
Peer Specialists

365
Certified
Counselors

New Patients Starting Methadone and Buprenorphine in HSS Settings (STR – SOR II)

Note: Time series data include only sites that began HSS participation prior to SOR II, and includes mean imputation based on site-level data for months missing data reports

Race/Ethnicity of New MAT Patients

Quality Improvement and Sustainability

QI Measures

- Compiled from data entered into the UCLA SOR3 Data Reporting system

- Each site receives an individual report with QI measures over time

- Sites randomly selected to present individual data next quarter and identify one area where they would like to improve

QI Measures

Number of patients starting MAT monthly

- methadone, buprenorphine, injectable naltrexone

Number of patients starting stimulant treatment monthly

- incentives, medication, CBT, MI, CRA, exercise

Number of active buprenorphine prescribers

- Active = 1 patient or more

Percentage of patients on MAT who are covered by the grant

Clinic vs. county racial demographics

What other measure would you like to track to evaluate and build the success of your program?

Questions or Changes in Data

- Complete the SOR3 Data reporting form online:

- https://docs.google.com/forms/d/e/1FAIpQLScgDNWFF4lRcNIYXJ90KsH_OSohJw4E9a0lrXQKYof0NCaY_Q/viewform

- Liliana Gregorio, Data Manager, will send a unique link for you to make changes.

- You can view all SOR2 QI Data here: https://drive.google.com/drive/folders/1vqg7yOzMANy-wabIWZpGm3rbh2cL1Wg0?usp=share_link

Breakout Activity

How will you expand your MAT program by looking within your agency?

How will you expand your MAT program by looking outside your organization?

Discussion

What internal resources did you identify?

What external resources did you identify?

Next Steps

Watch for more information on data management training March 15 and invoicing training March 29th

Schedules for coaching calls forthcoming

Let us know what else we can do to support you!