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# State Integrated Models: Hub and Spoke and Bridge Models

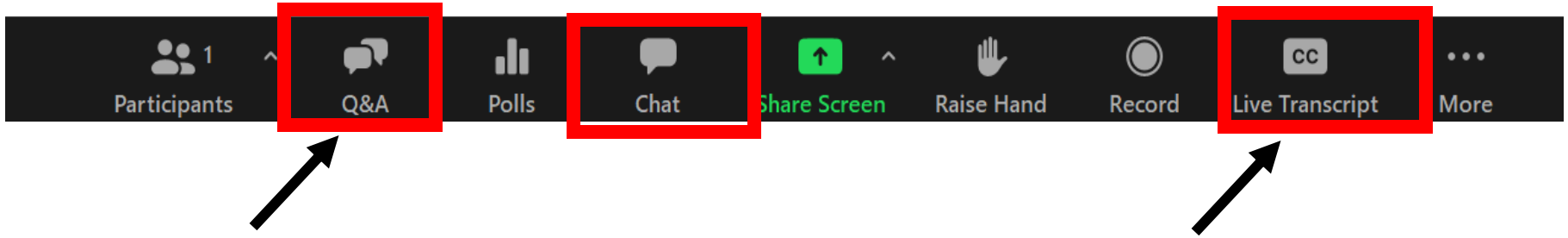
October 27, 2022
11:30 am – 1:00 pm E.T.

CENTER OF EXCELLENCE for Integrated Health Solutions

*Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing*

# Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**




Type in a **question in the Q&A box**

Click **Live Transcript** and then select **"Show Subtitle"**



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# Disclaimer

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SAMHSA

Substance Abuse and Mental Health Services Administration

www.samhsa.gov

# Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Recovery Support Staff
- Other (specify in chat box)



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# Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Mental Health Provider
- Substance Use Treatment Provider
- Recovery Support Service Provider
- Other (specify in chat box)



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# Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)



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# Speakers

Linda McCorkle, Director of Treatment and Recovery Services, Tennessee Department of Mental Health and Substance Abuse Services

Christopher Moore, LADAC II, CPRS Trainer SOR Program Coordinator, CAAP Incorporated

Aimee Moulin, MD, Co-Principal Investigator, CA Bridge

Victoria Stuart-Cassel, MPPA, SOR Evaluation Co-Director, EMT Associates, Inc.

Arianna Campbell, PA-C, Co-Principal Investigator, CA Bridge

# Learning Objectives

**During this webinar, participants will be able to:**

- Enhance their knowledge of state integration models' core components, functions, staffing, and service activities, drawing from 2 exemplar states.
- Increase their knowledge of integrating medications for opioid use disorders (MOUD) into primary care and community organization settings.
- Explain the role of peer recovery support staff within integrated care teams.
- Describe the benefits of recovery support services within integrated care models.



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# Tennessee's State Opioid Response (SOR II) Grant

## Changing Behavior, Coordinating Care, and Restoring Lives

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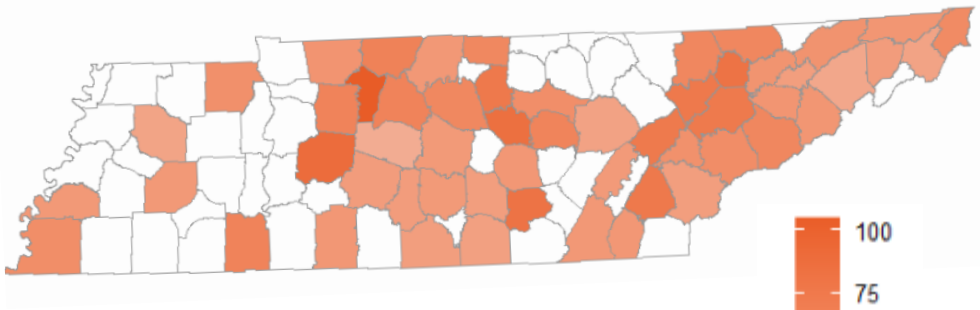
# Tennessee State Opioid Response

***Local Context***

- In 2020, 3,032 Tennessee residents died of drug overdose at a rate of 45.6 per 100,000 people, far exceeding the national the average (28.3).
- 22% of the Tennessee population resides in rural areas with limited treatment access.
- Provider shortages, particularly in rural areas, contribute to high rates of unmet need. Fifteen percent of behavioral health needs (15.3%) are met in Tennessee, compared to 28.1% nationally.
- 11.4% of Tennessee residents lack health insurance (Kaiser, 2020).
- Prior to SOR, Tennessee was 1 of 9 states that did not cover methadone for MAT under state Medicaid (TENNCare).




***All Tennessee Drug Overdose Deaths by County as an Age-Adjusted Death Rate per 100,000 (2020)***

TN Department of Mental Health & Substance Abuse Services

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https://www.tn.gov/content/dam/tn/health/documents/pdo/2020_Tennessee_Drug_Overdose_Deaths.pdf

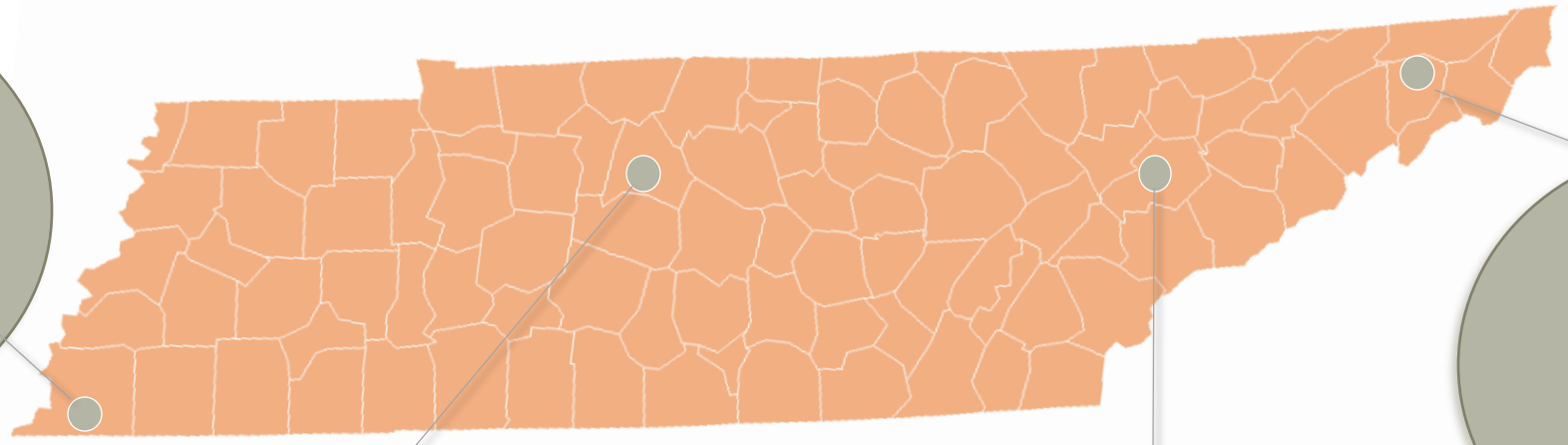
# Tennessee's Hub and Spoke Model

- **4 regional hub & spoke networks** in highest need areas.
- **Hubs include:**
  - Opioid treatment program (OTP)
  - Federally-qualified health center (FHQC)
  - Hospital
  - Substance use and mental health treatment & recovery services provider.
- Hubs serve as regional **specialty treatment centers,** providing treatment for OUD and comprehensive & continuum of care using a home health model.
- All patients have access to **1-3 FDA-approved Medication for Opioid Use Disorder (MOUDs)**—methadone, buprenorphine, or naltrexone. MAT has recently expanded to include Sublocade.

# Tennessee's Hub and Spoke Model cont.

- **Spokes include:**
  - community clinics providing a range of treatment and recovery services.
- Hub and spokes collaborate to provide holistic & coordinated care, including MAT, non-MAT clinical treatment (e.g., individual and group counseling), recovery support, and general health services.
- **Pathfinders and Recovery Life Coaches** in each hub network support integrated service delivery.
  - **Pathfinders:** help clients navigate and obtain services to address barriers to independence and recovery.
  - **Recovery Life Coaches**: provide case management and support for medical and dental services, employment, health and wellness, transportation, relapse prevention and recovery housing.

# Tennessee Hub and Spoke System – SOR II



**West**
Cocaine Alcohol Awareness Program

Federally Qualified Health Center (FQHC)

**6 Spokes**

833 clients (24%)

**Middle**
Vanderbilt Medical Center

Hospital

**7 Spokes**

1,070 clients (30%)

**East**
Helen Ross McNabb

Substance abuse and mental health treatment facility

**7 Spokes**

1,020 clients (29%)

**Upper East**
Overmountain Recovery

Opioid Treatment Program

**4 Spokes**

615 clients (17%)

*Source: TN State Opioid Response (SOR II) program*



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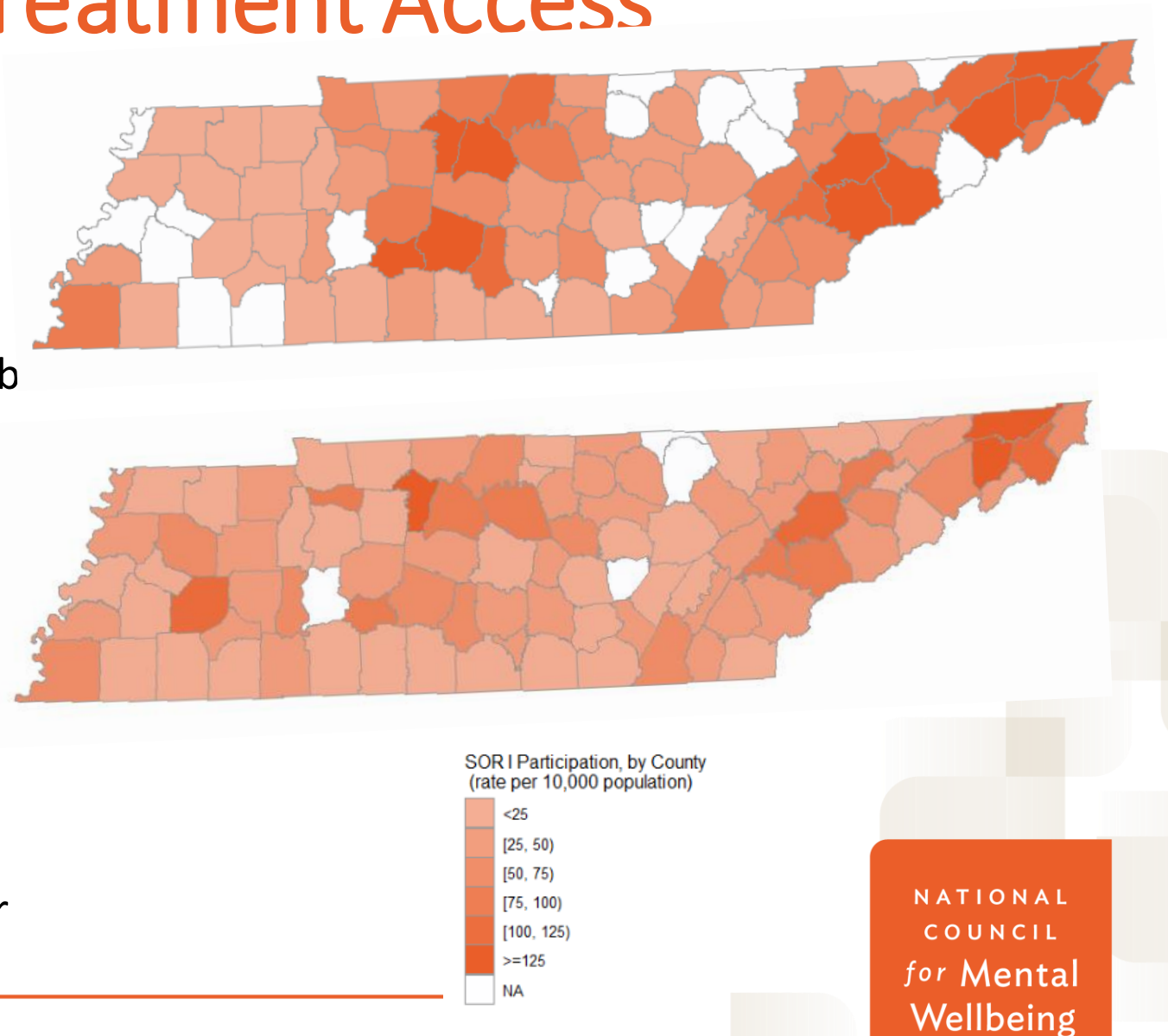
# Expanding Treatment Access

***SOR I (2018)***

- TN awarded the 1st SOR discretionary grant in 2018.
- Target was to expand MAT, non-MAT clinical treatment, and recovery services to 1,450 eligib clients with Opioid Use Disorder (OUD).

***SOR II (2020)***

- TN awarded the 2nd SOR discretionary grant in 2020.
- Spoke providers were added in two regions to reach underserved areas.
- Target was to expand services to 4,010 clients diagnosed with OUD or Stimulant Use Disorder (SUD).



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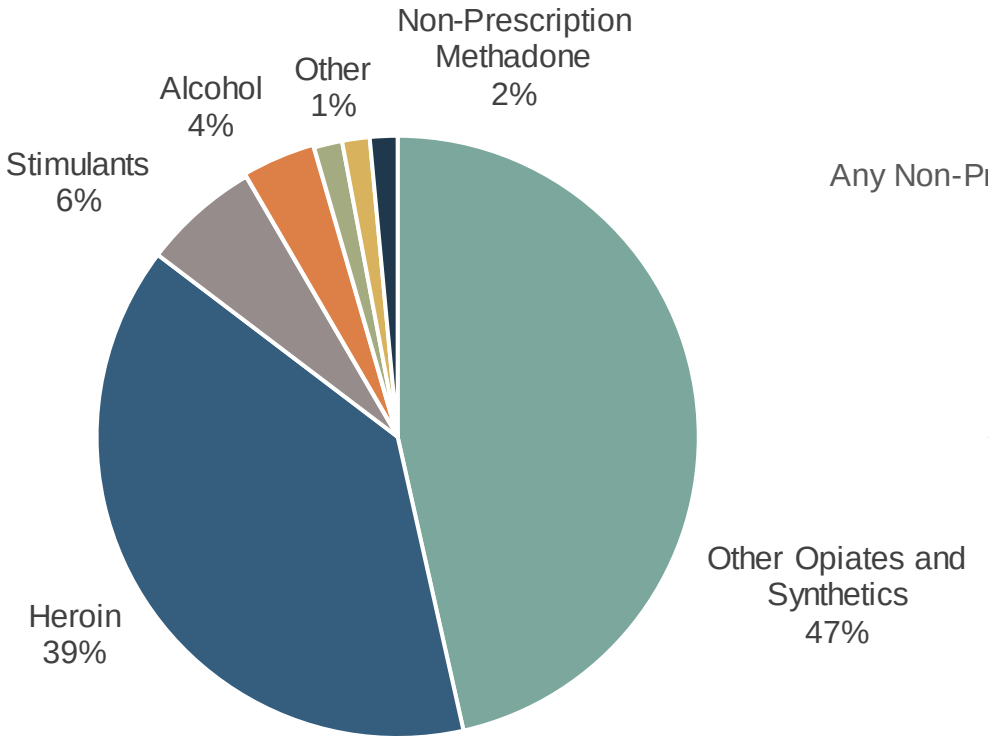
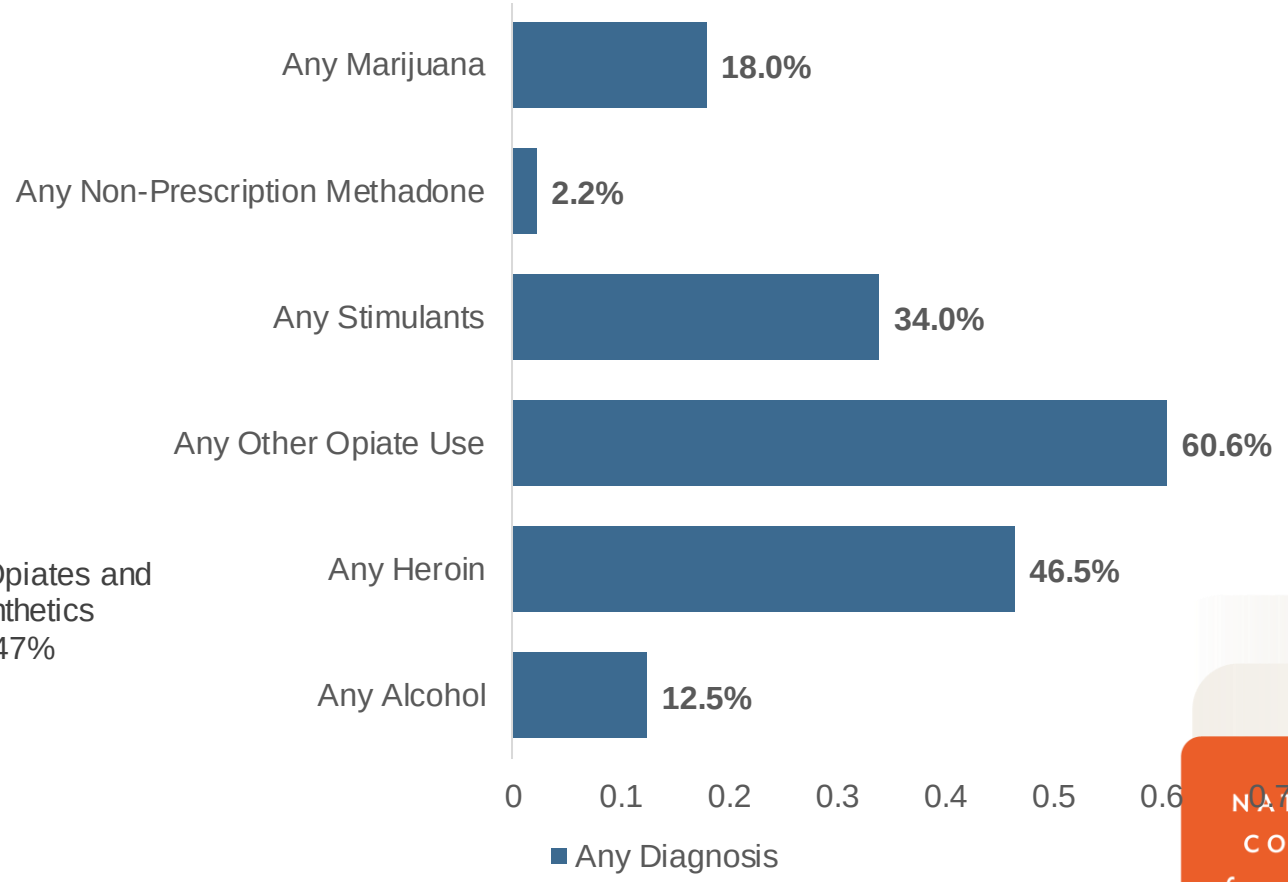
# SOR II Client Diagnoses at Intake

***Primary Diagnosis***




***Any Primary, Secondary or Tertiary Diagnosis***




*Source: TN State Opioid Response (SOR II) program*



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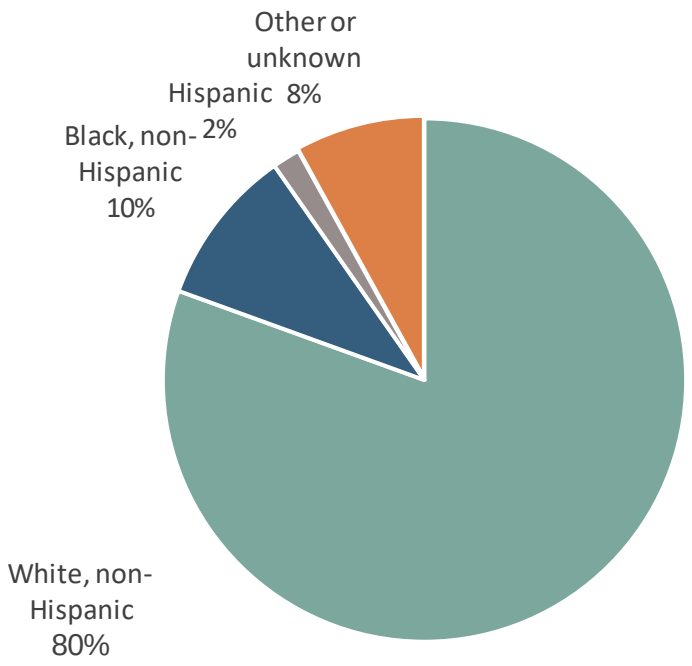
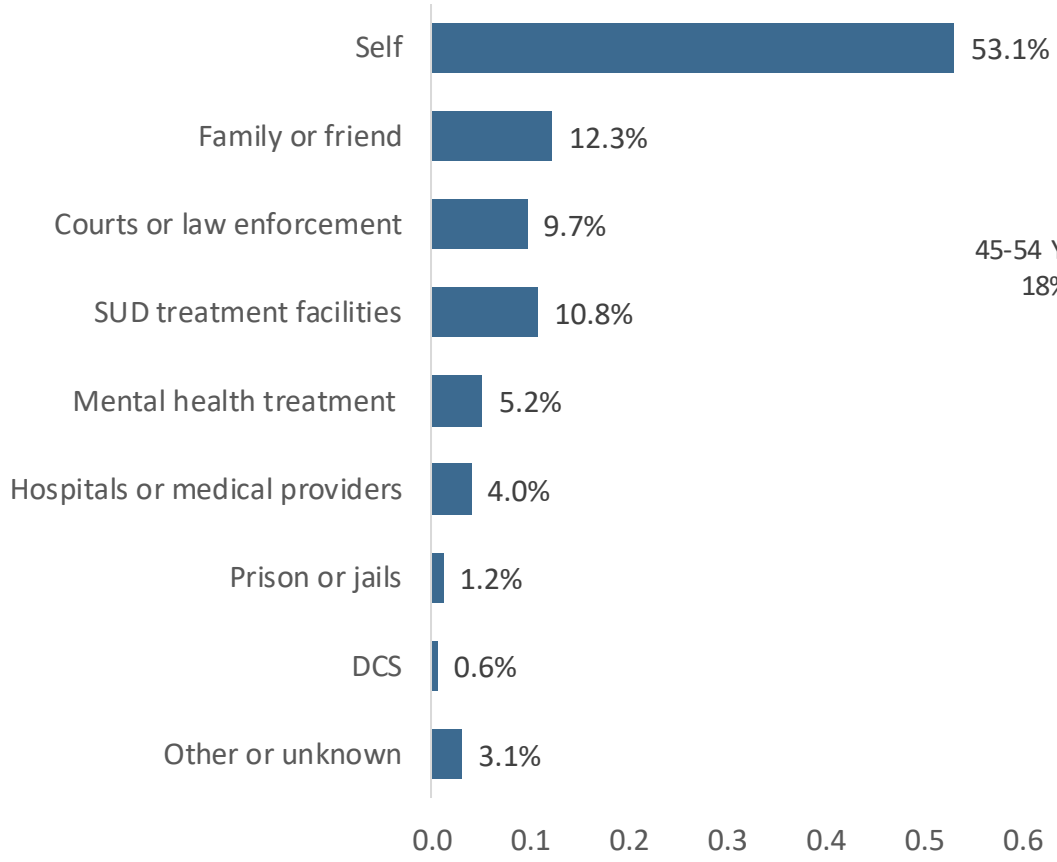
# SOR II Client Profile at Intake

## *Race or Ethnicity*

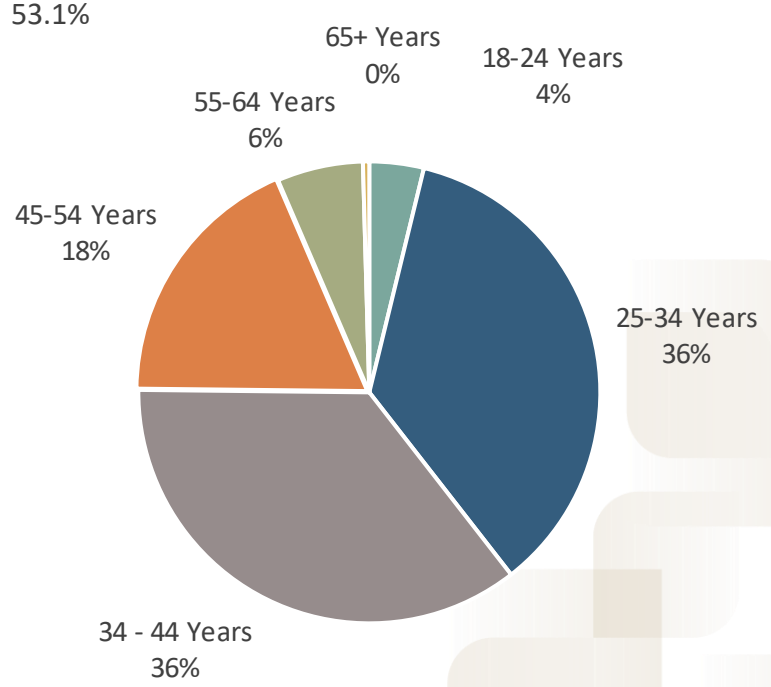



## *Source of Client Referral*




## *Age at Intake*

*Median age = 37*




*Source: TN State Opioid Response (SOR II) program*



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# Recovery Support Needs among SOR Clients

59.5% of clients at intake do not have a permanent place to live and 20.0% are 'dissatisfied' or 'very dissatisfied' with their living situation.

22.0% are either 'dissatisfied' or 'very dissatisfied' with their health and 33.9% rate their physical health as either 'fair' or 'poor'.

92.5% of clients feel socially connected, but only 34.0% have attended voluntary groups.

62.1% of clients are unemployed or not currently in school.

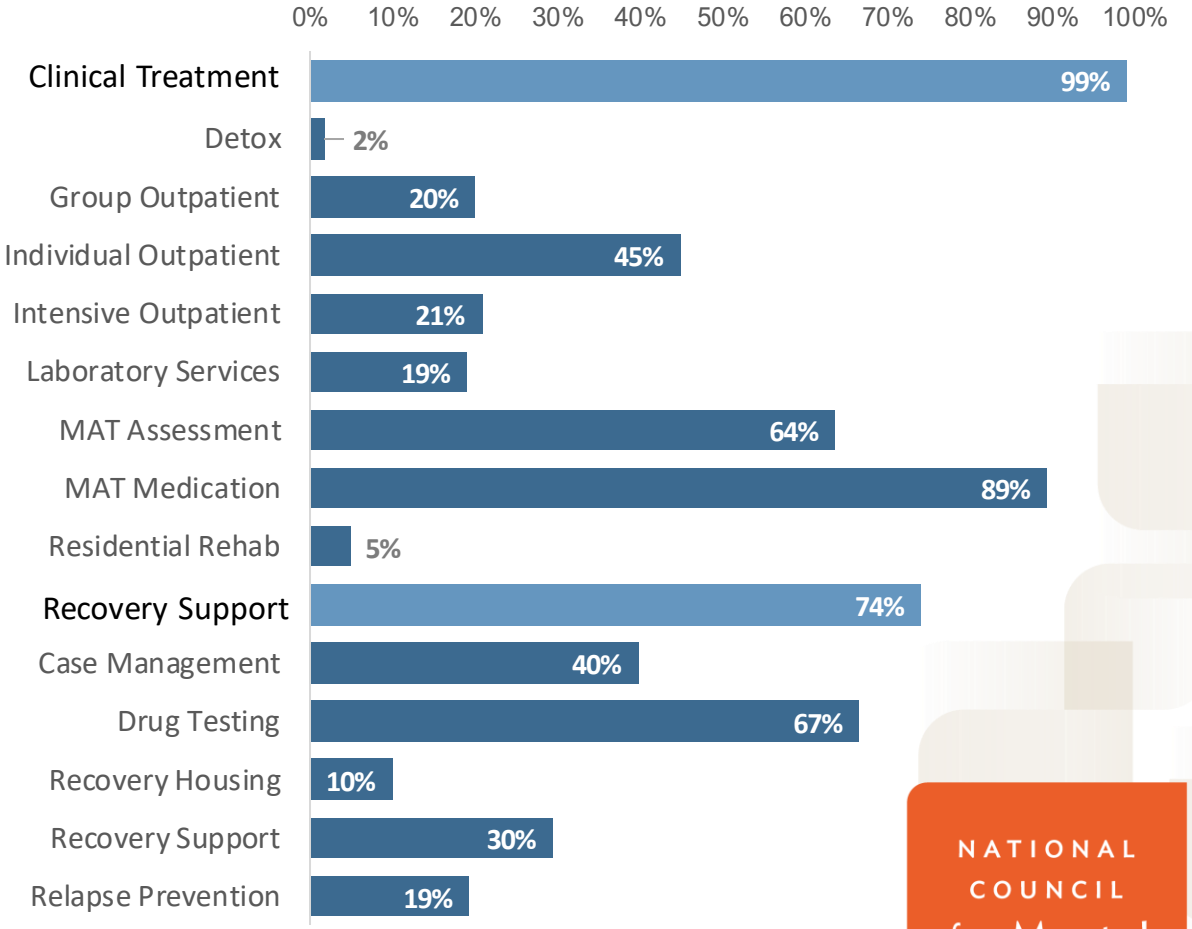
*Source: TN State Opioid Response (SOR II) program*

# SOR II Service Profile

| | | |
|---|---|---|
| Medication Assisted Treatment (MAT) | $9,826,753 | 3,272 (93%) clients served |
| Non-MAT Clinical Treatment Services | $ 2,647,442 | 2,707 (77%) clients served |
| Recovery Support Services | $1,714,666 | 2,611 (74%) clients served |

*Source: TN State Opioid Response (SOR II) program*

***Percentage of SOR Clients Accessing Clinical Treatment and Recovery Supports*** *(n=3,518)*

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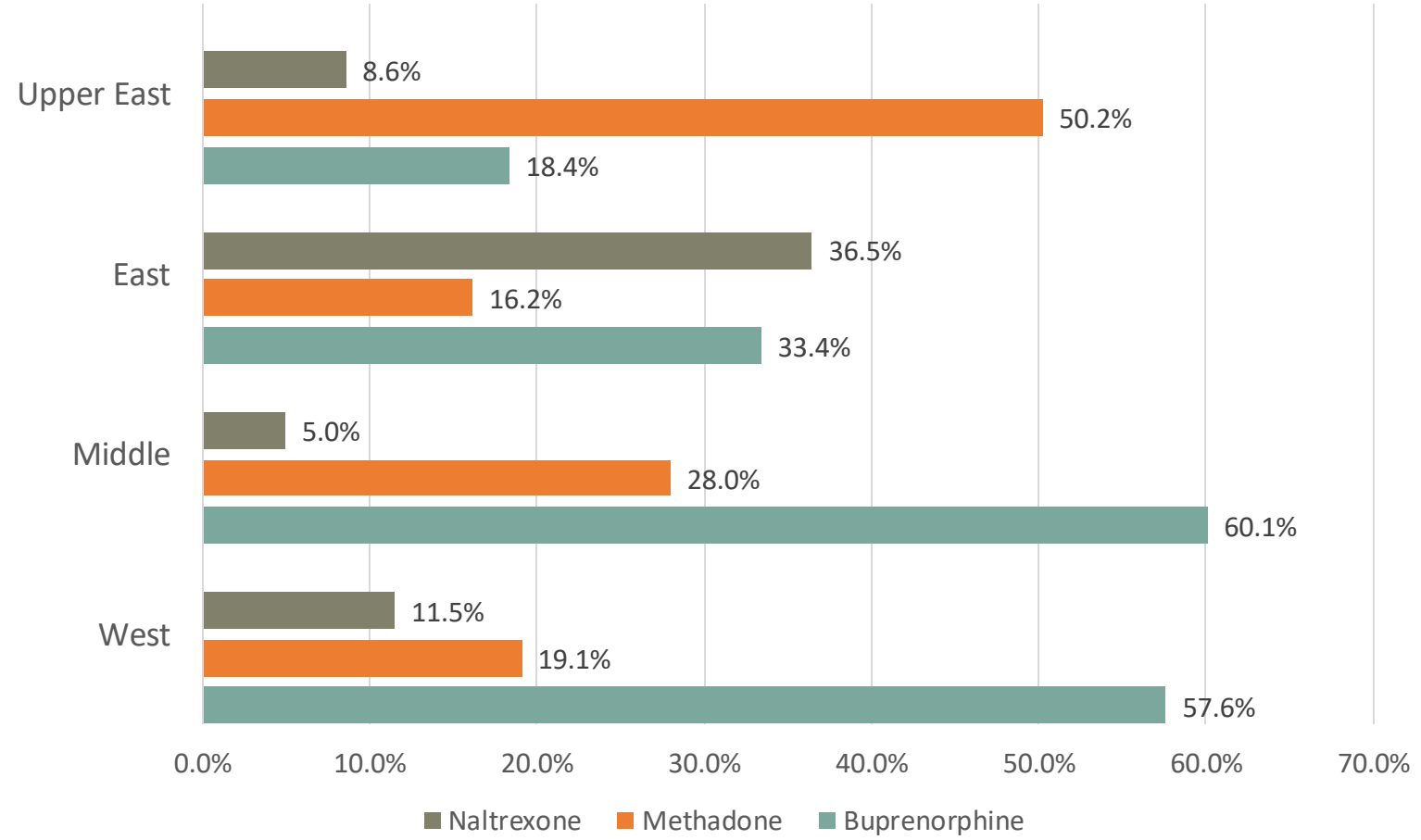
# MAT Access by Region

*Percent of SOR II Clients with Reimbursement for MAT Services*




*Source: TN State Opioid Response (SOR II) program*



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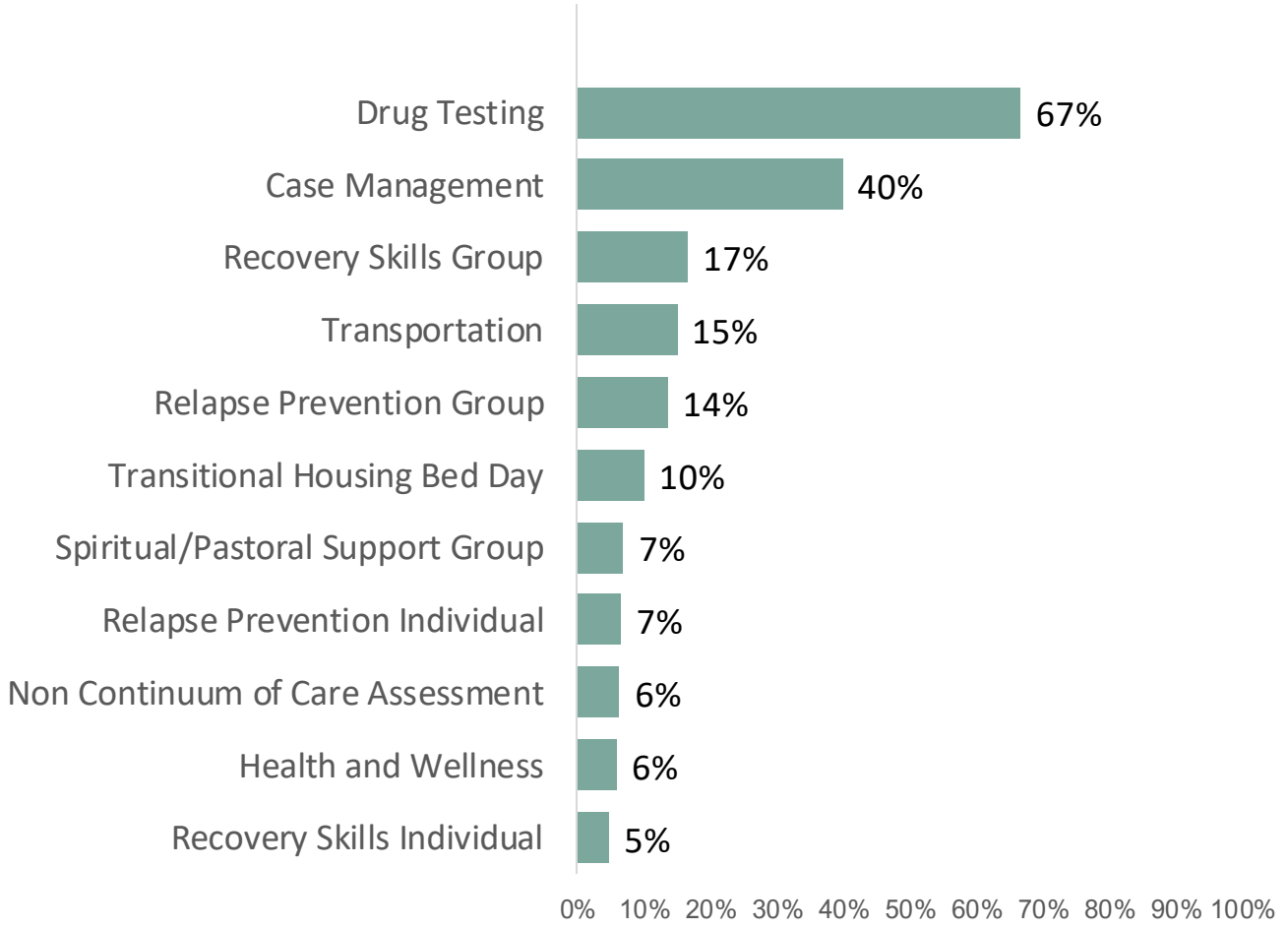
# Recovery Support Service Access

*Percent of SOR II Clients with Reimbursement for Recovery Support Services (n=2,611)*




*Source: TN State Opioid Response (SOR II) program*



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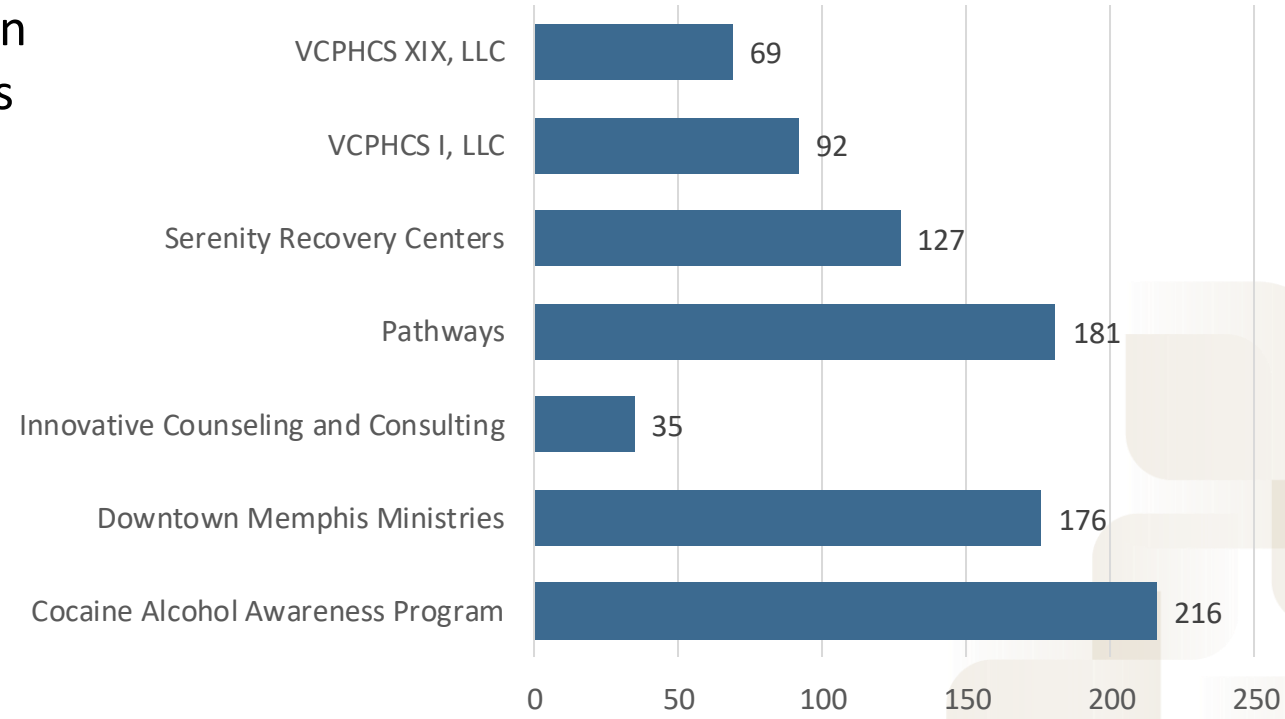
# Spotlight on the West Tennessee Hub

***Regional SOR Hub and Spoke System***

- Cocaine Alcohol Awareness Program (CAAP) is an FQHC in Shelby County, TN (Memphis); serves as West TN hub.
- CAAP coordinates with 6 spoke providers:
  1. Downtown Memphis Ministries
  2. Innovative Counseling and Consulting
  3. Pathways
  4. Serenity Recovery Centers
  5. VCPHCS I, LLC
  6. VCPHCS XIX, LLC
- West hub and spoke providers coordinate regularly as part of a regional consortium.

***Clients Served by West Hub and Spoke Providers*** *(n=833)*




*Source: TN State Opioid Response (SOR II) Grant participating hub – West Hub*

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# Spotlight on the West Tennessee Hub

*Changing Times = Demand for Evolving Systems*

***Barriers to Change***

- Closed systems
- Delayed interventions
- Stigma against MAT approaches
- Scarcity of resources
- Funding issues
- Conflicting treatment philosophies (harm reduction versus abstinence based)

***Collaboration***

- Interagency efforts and reciprocal relationships
- Ongoing communication among providers
- Commitment to growth
- Consistent follow-up
- Emphasis on cultivating best practices
- Avoidance of “know-it-all-ism” and rigid perspectives.

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# Spotlight on the West Tennessee Hub

## *Program Successes*

- Expanded partnership opportunities among providers
- Increased and more timely access to care
- "Walk with" process featuring hands-on involvement between the client population and the SOR team
- Improved retention and engagement
- Comprehensive service provision
- Individualized outcomes


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# SOR II Client Outcomes

| GPRA Outcome Measures | | Percent at Intake | Percent at Discharge | Percent Change |
|---|---|---|---|---|
|  | **Abstinence**<br>Client did not use alcohol or illegal drugs in the past 30 days. | 41.0% | 72.0% | +75.6% |
|  | **Crime and Criminal Justice**<br>Client had no criminal justice system involvement in the past 30 days. | 96.3% | 97.8% | +1.6% |
|  | **Employment and Education**<br>Client was currently employed or attending school. | 37.4% | 46.5% | +24.3% |
|  | **Social Connectedness**<br>Client was socially connected. | 92.4% | 97.3% | +5.3% |
|  | **Stability in Housing**<br>Client had a permanent place to live in the community. | 40.1% | 31.6% | -21.2% |

*Source: State Opioid Response (SOR II) Grant participating hub*

*"As far as successes, the first thing that comes to mind is the shear number of people that we've been able to serve. Of course, there are people who relapse and who have not done so well—but we have so many success stories!*

*We have people who were homeless, who entered residential treatment, began Vivitrol or Suboxone at discharge, and who continued to receive extra support through a Pathfinder and Recovery Life Coach. We see people who are now employed full-time, have housing, and who have remained in the program for two years. Those are huge successes that we continue to see with this grant."*

***--East Tennessee Hub Provider***

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# California Bridge Program Overview

Arianna Campbell, PA-C
Aimee Moulin, MD

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CA Bridge is a program of the Public Health Institute. The Public Health Institute promotes health, well-being and quality of life for people throughout California, across the nation, and around the world.

Only 10% of Americans with SUD receive any type of substance use disorder treatment.

Substance Abuse and Mental Health Services Administration, 2021

87% of people with opioid use disorder do not receive evidence-based treatment.

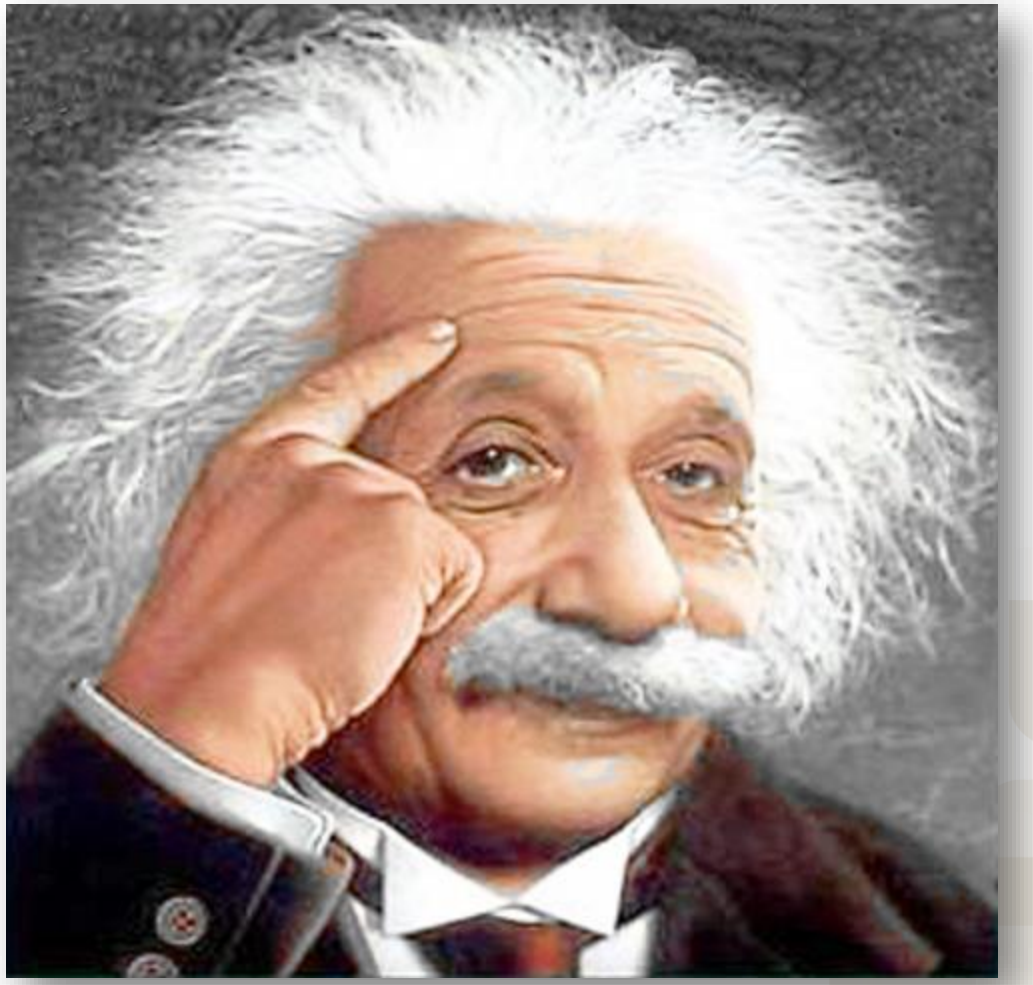
Krawczyk, N. et al., (2022). Has the treatment gap for opioid use disorder narrowed in the U.S.?: A yearly assessment from 2010 to 2019". *International Journal of Drug Policy*, 103786. https://doi.org/10.1016/j.drugpo.2022.103786

# The Current System presents

- Long waiting periods
- Complex assessments before medications
- Referral to specialty care
- Insurance authorization
- Rigid treatment “contracts”
- Stigma and moral judgement

# A Paradigm Shift

## The current state of addiction treatment



"We can't solve problems by using the same kind of thinking we used when we created them".

Albert Einstein

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# Creating Vital Access Points for Addiction Treatment

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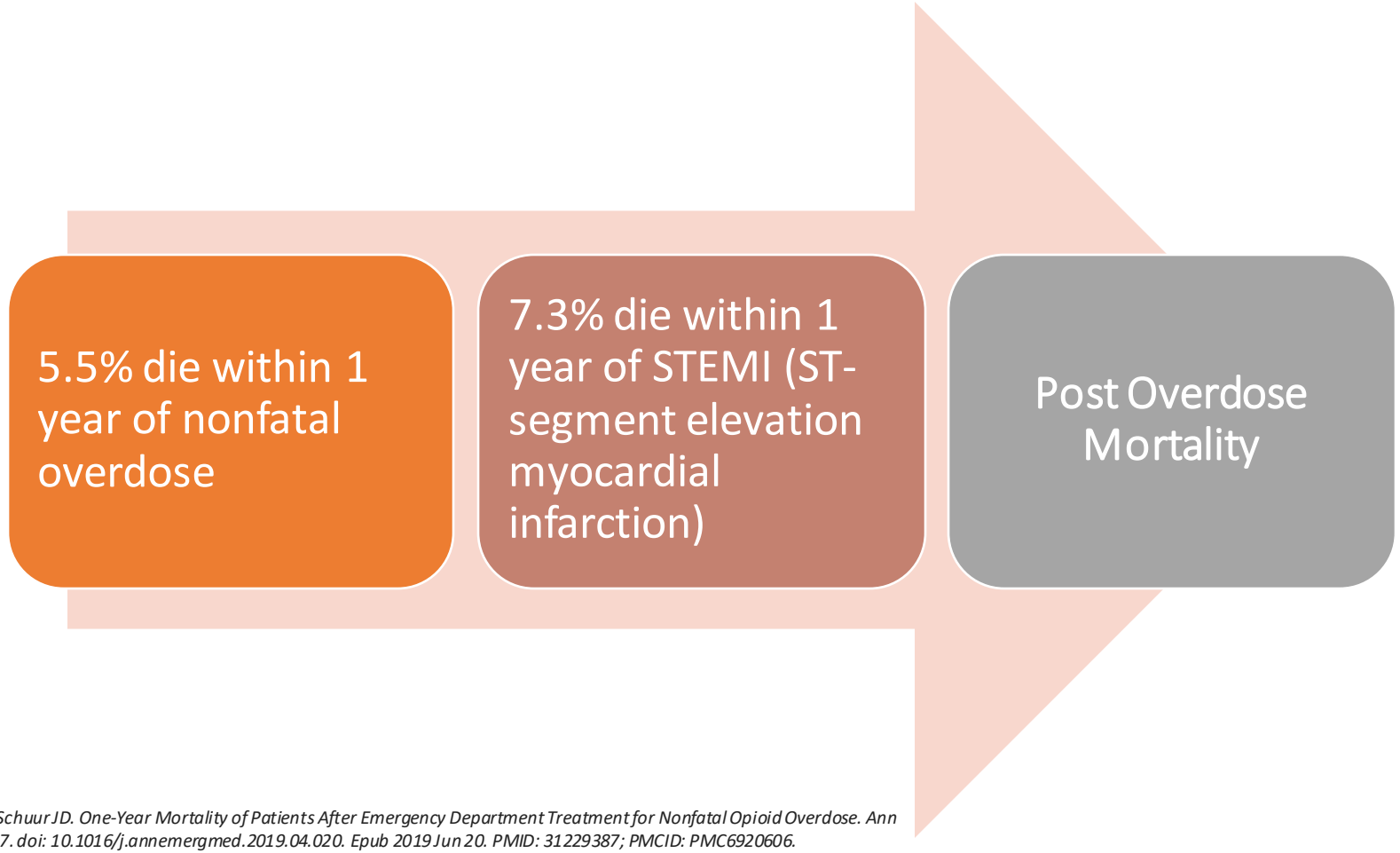
**Hospital EDs bridge patients to life-saving addiction treatment and are uniquely positioned to provide access and improve the delivery system because they are:**

- The ultimate safety net. Emergency departments are visible, easily accessible, and often near public transportation.
- The only setting able to offer all-hours access, acute psychiatric stabilization, same-day treatment, and navigation to ongoing care.
- A critical connection for patients to services such as shelters and community treatment programs.

# Post Overdose




*Weiner SG, Baker O, Bernson D, Schuur JD. One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose. Ann Emerg Med. 2020 Jan;75(1):13-17. doi: 10.1016/j.annemergmed.2019.04.020. Epub 2019 Jun 20. PMID: 31229387; PMCID: PMC6920606.*

*Doost Hosseiny A, Moloi S, Chandrasekhar J, Farshid A. Mortality pattern and cause of death in a long-term follow-up of patients with STEMI treated with primary PCI. Open Heart. 2016 Apr 15;3(1):e000405. doi: 10.1136/openhrt-2016-000405. PMID: 27099764; PMCID: PMC4836287.*

# CA Bridge Model

## Revolutionizing the System of Care

**Low-Barrier Treatment**

**Connection to Care and Community**

**Culture of Harm Reduction**

**For fentanyl use too!**

TheNationalCouncil.org/program/Center-of-Excellence

# OUD is an EMERGENCY… & this is our JOB.

CA BRIDGE

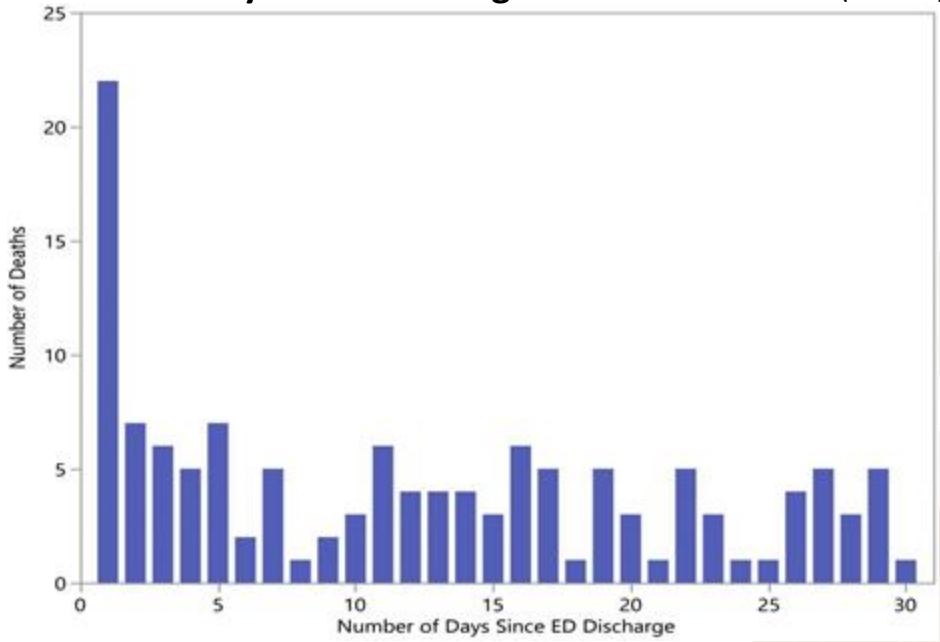
One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

Scott G. Weiner, MD, MPH[a,*], Olesya Baker, PhD[a], Dana Bernson, MPH[b], Jeremiah D. Schuur, MD, MHS[c]

Study of patients treated in Massachusetts EDs for opioid overdose 2011-2015

- Illustrates the short-term increase in mortality risk post-ED discharge
- Of patients that died, 20% died in the first month
- Of those that died in the first month, 22% died within the first 2 days

**Number of deaths after ED treatment for nonfatal overdose by number of days after discharge in the first month** (n=130)




*Source: Weiner, Scott, et al.. One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose.Annals of Emergency Medicine. April 2, 2019.*

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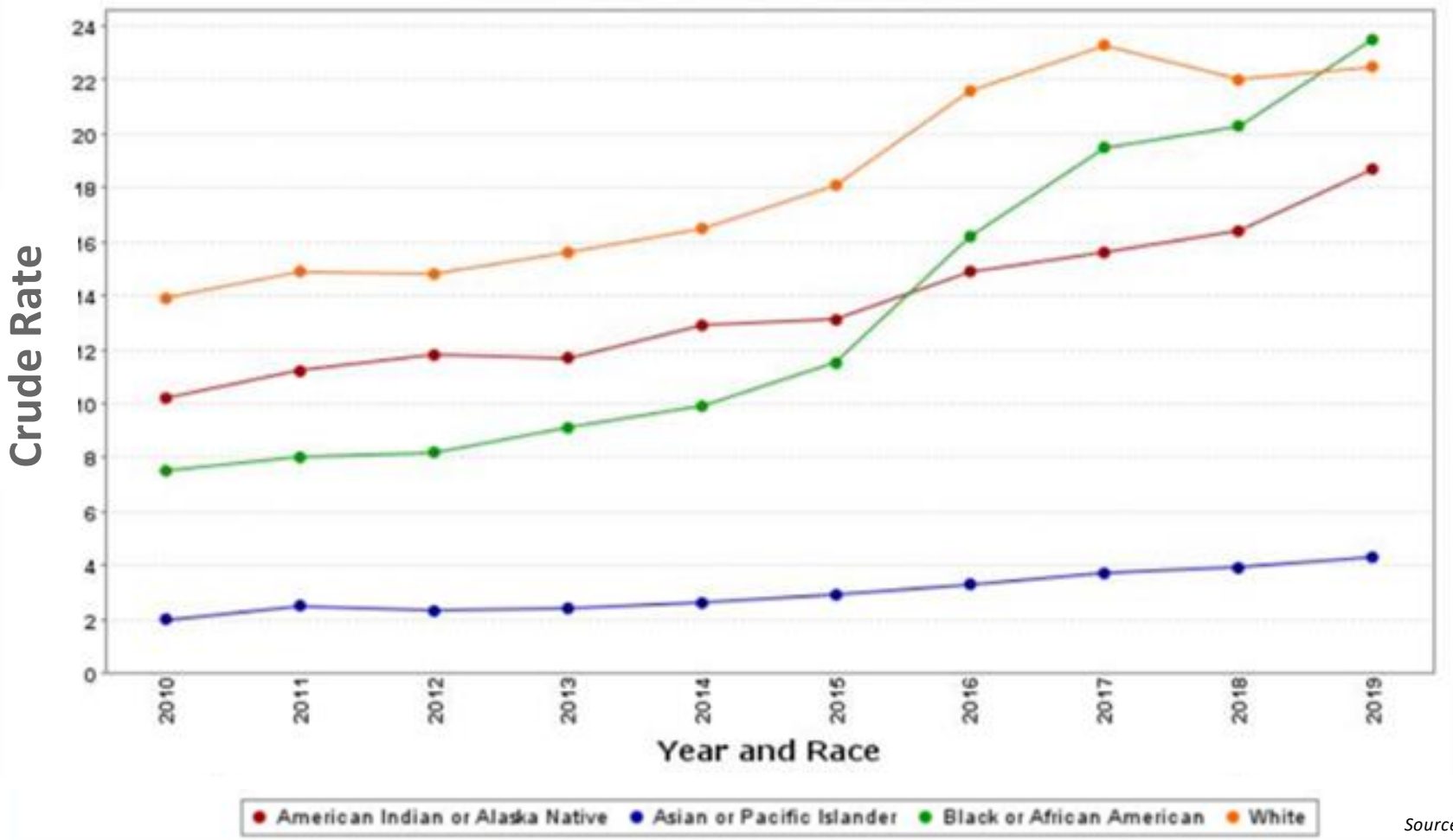
# The Numbers for Success

| Numbers Needed to Treat | |
|---|---|
| Aspirin in STEMI | **42** to save a life |
| Warfarin in Afib | **25** to prevent a stroke |
| Steroids in COPD | **10** to prevent tx failure |
| Defibrillation in Cardiac Arrest | **2.5** to save a life |
| Buprenorphine in Opioid Use Disorder | **2** to retain in treatment |

*Source: https://clincalc.com/Stats/NNT.aspx*

# But More Recently, a Disproportionate Impact




Source: https://wonder.cdc.gov

Increasing OD deaths among **Black/African American individuals** compared to other races.

# Treatment with buprenorphine

CA BRIDGE

## 10-fold reduction in risk of death

*Source:* Julie Dupouy, Aurore Palmaro, Mélina Fatséas, Marc Auriacombe, Joëlle Micallef, Stéphane Oustric, MaryseLapeyre-Mestre. Mortality Associated With Time in and Out of Buprenorphine Treatment in French Office-Based General Practice: A 7-Year Cohort Study. The Annals of Family Medicine Jul 2017, 15 (4) 355-358; **DOI:** 10.1370/afm.2098; *:* http://www.annfammed.org/content/15/4/355.full

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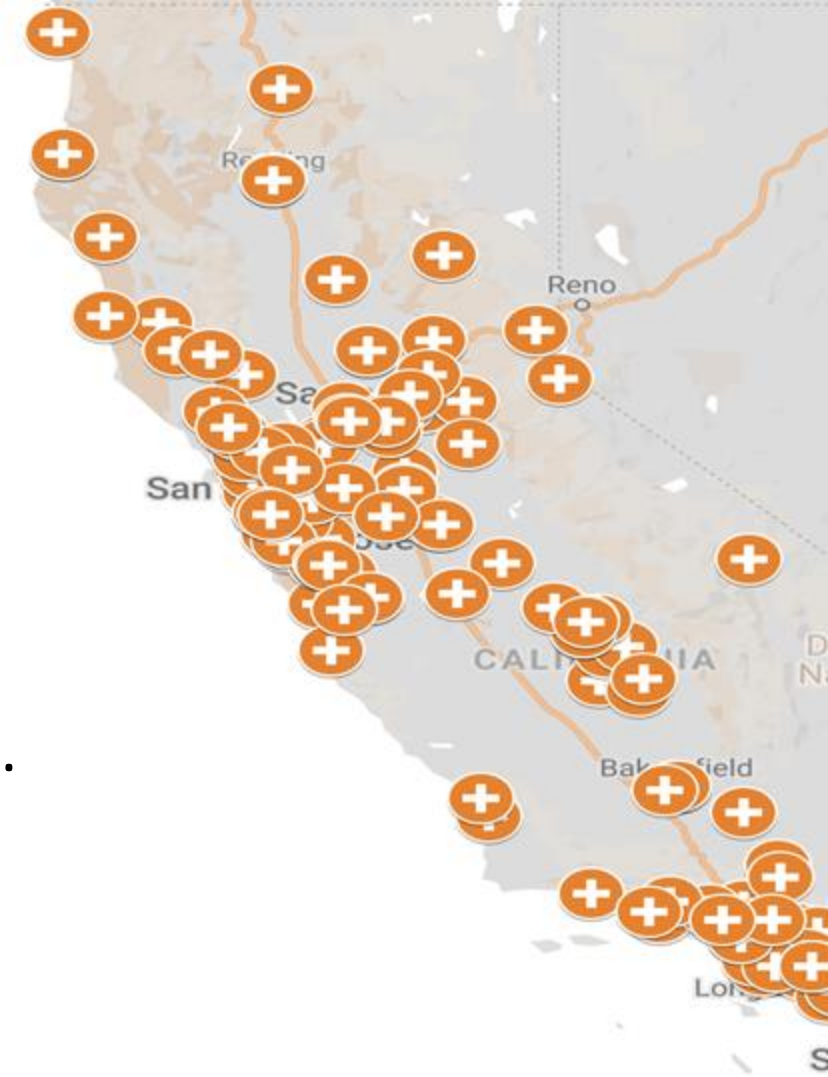


**Goal:** 24-7 access to high quality treatment of substance use disorders in all California hospitals by **2025**.

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CA BRIDGE

# The *new* standard of care.

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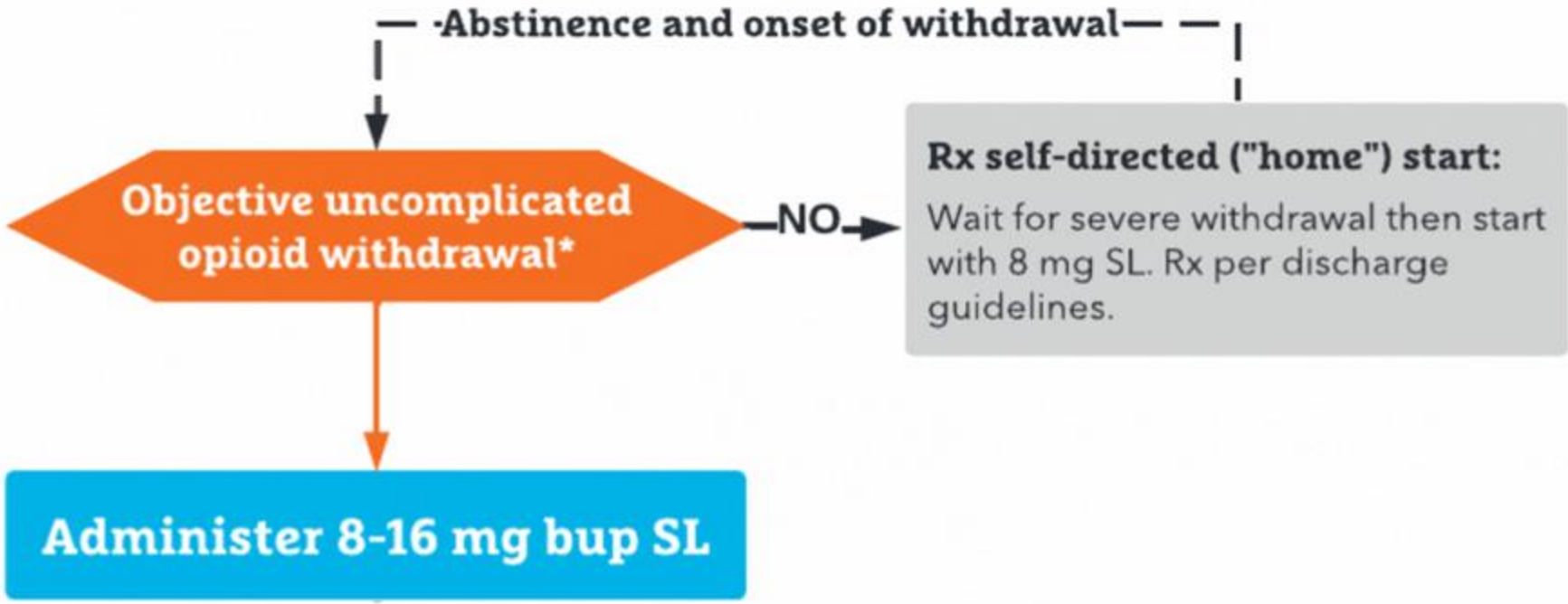
TheNationalCouncil.org/program/Center-of-Excellence




*Source: CA Bridge program*

# CA Bridge Model

## Revolutionizing the System of Care

**Low-Barrier Treatment**

**Connection to Care and Community**

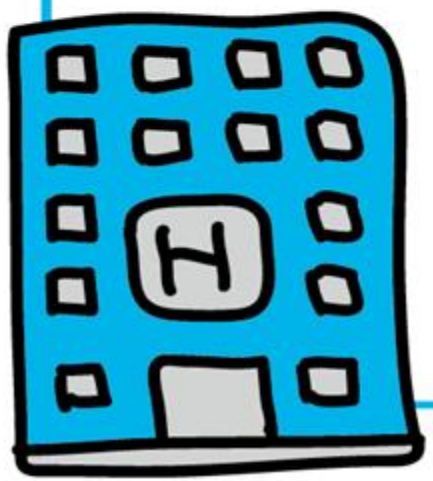
**Culture of Harm Reduction**

CA BRIDGE

# Medication for Opioid Use Disorder Hospital Implementation

## Here's how a diverse group of hospitals achieved rapid large-scale implementation of medication for opioid use disorder initiation.

Each participating hospitals is provided with support to do the following:



**Identify Key Roles**

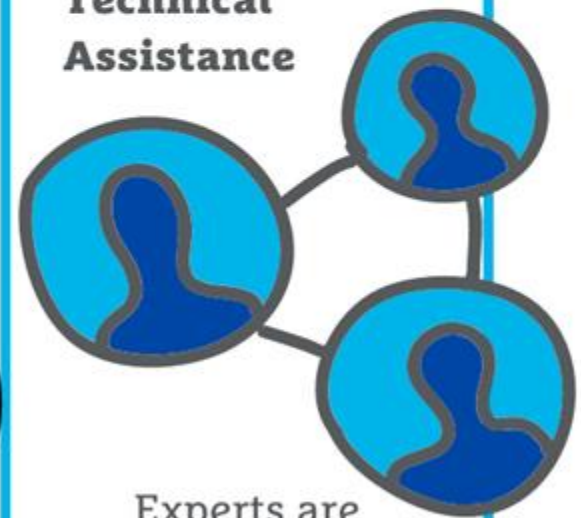
Clinical Champion

Substance Use Navigator

**Secure Funding**

Hire Sustainably

**Get Training and Technical Assistance**



Experts are available every step of the way

**CA Bridge helps hospitals implement the standard of care needed to support patients with substance use disorders. Together, a clinical champion and a navigator bridge gaps in traditional treatment, linking patients to ongoing care.**

## The CA Bridge Model in Action

**The clinical champion**
provides assistance to staff so they can support the patient with medication

**The navigator**
offers the patient guidance and linkage to ongoing treatment

**The patient**
gets evidence-based care with better outcomes, and lower readmissions

Treatment starts here. Treatment starts now. cabridge.org

# Patient Navigation is Cost-Effective

CA BRIDGE

**Patient navigation for substance use disorder (SUD) and co-occurring mental illness is a cost-effective intervention.**

### SUD Navigation for hospital/ED patients is cost-effective:

- Cost measures included the cost of the 3-month NavSTAR patient navigation intervention and the cost of all inpatient days and ED visits over a 12-month period. NavSTAR generated $17,780 in savings per participant.

### SUD Navigation reduces costs through decreased inpatient admission rates and repeat ED visits:

- Inpatient admission rates were 26% lower during a 12-month observation period. Emergency department visits were 44% less likely for patients receiving patient navigation.

### SUD Navigation reduces healthcare utilization through improved engagement in outpatient treatment:

- After discharge, 50% of patients engaged in SUD treatment compared to only 30% in the control arm.

*Source: Orme S, Zarkin GA, Dunlap LJ, et al. Cost and Cost Savings of Navigation Services to Avoid Rehospitalization for a Comorbid Substance Use Disorder Population. Med Care. 2022; 60(8):631-635. doi:10.1097/MLR.0000000000001743*


CA BRIDGE

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# CA Bridge Model

## Revolutionizing the System of Care

**Low-Barrier Treatment**

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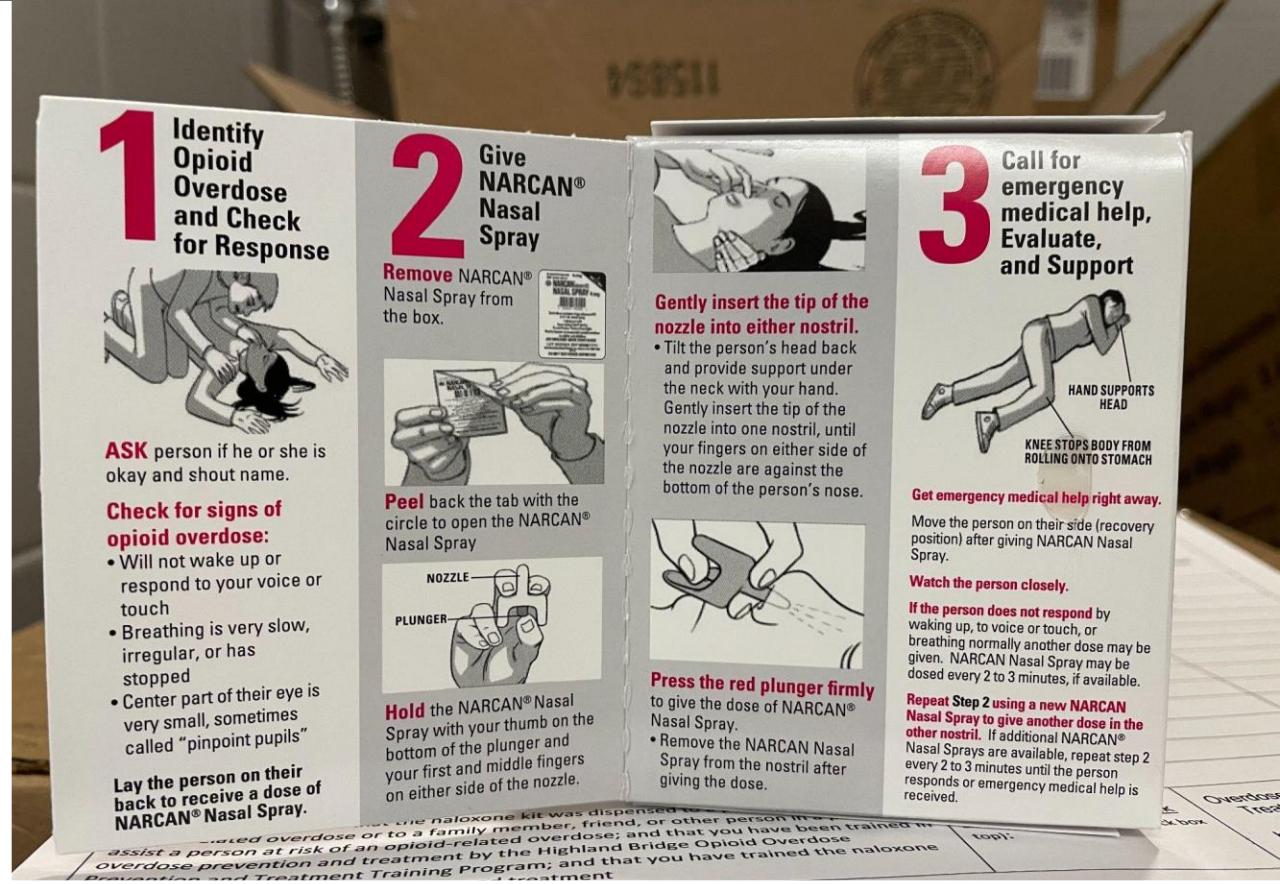
TheNationalCouncil.org/program/Center-of-Excellence


# Harm Reduction: Naloxone

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# Risks Associated with Naloxone Prescription

Despite being a covered benefit, naloxone prescription filling is typically very low.

One prior study investigating naloxone prescribing and filling rates-(Lebin 2020)

Only 11% of ED patients at risk for opioid overdose were prescribed naloxone - many missed opportunities.

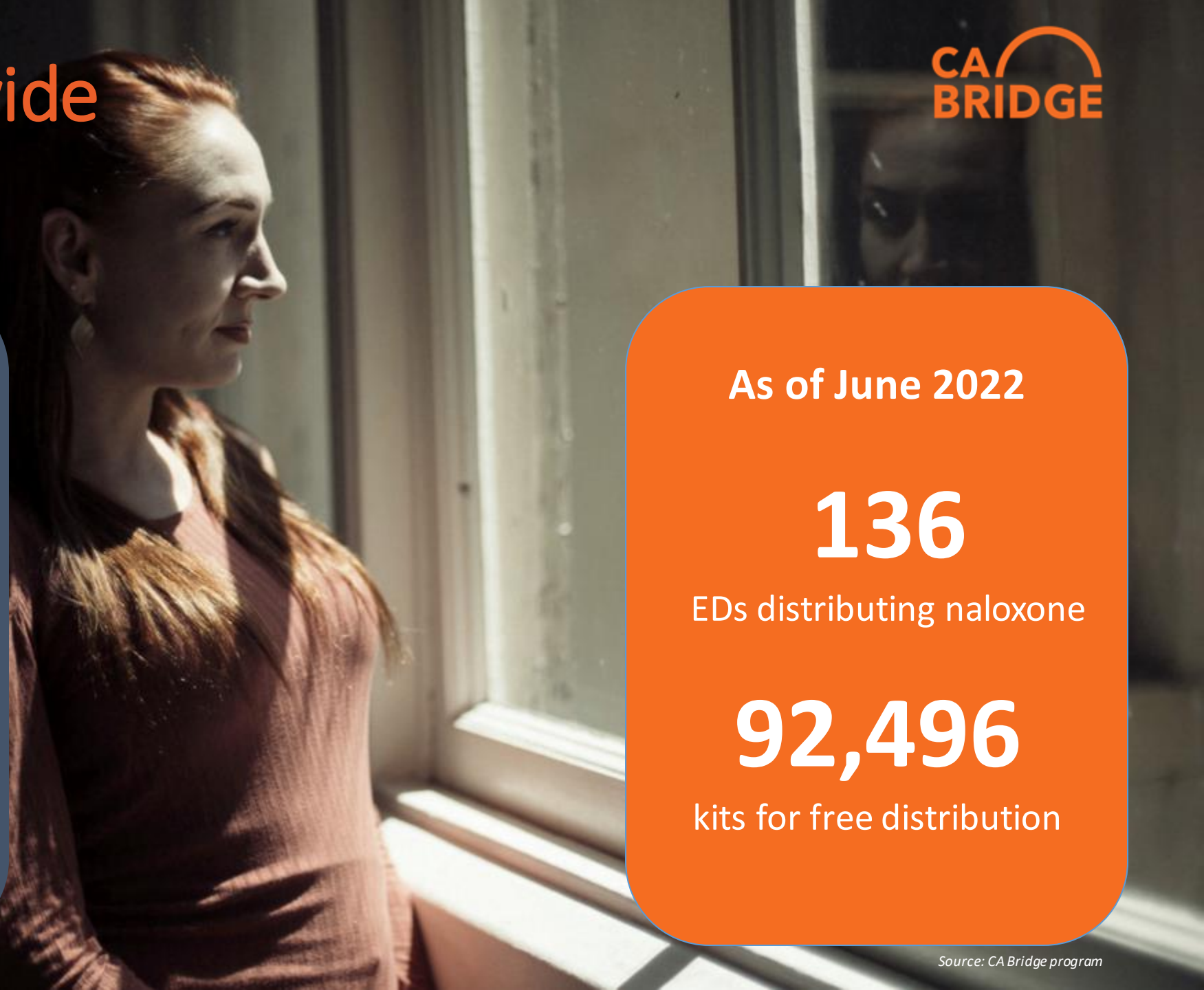
Only 1.6% of ED patients actually filled those prescriptions.

Goal not achieved.

Patients at risk for OD at 1.6%- Patient filled RX and received naloxone.

*Sources: CA Bridge program,* Jacob A. Lebin, Ly Huynh, Sophie C. Morse, Karl Jablonowksi, Jane Hall, Lauren K. Whiteside,; Predictors of receiving an emergency department naloxone prescription following an opioid overdose, The American Journal of Emergency Medicine, Volume 46, 2021, Pages 763-764, ISSN 0735-6757, https://doi.org/10.1016/j.ajem.2020.09.027. (https://www.sciencedirect.com/science/article/pii/S0735675720308214)

# Results: Statewide (California)



**2018**

0

**EDs with high impact naloxone distribution**

**0**

kits for free distribution

**As of June 2022**

**136**

EDs distributing naloxone

**92,496**

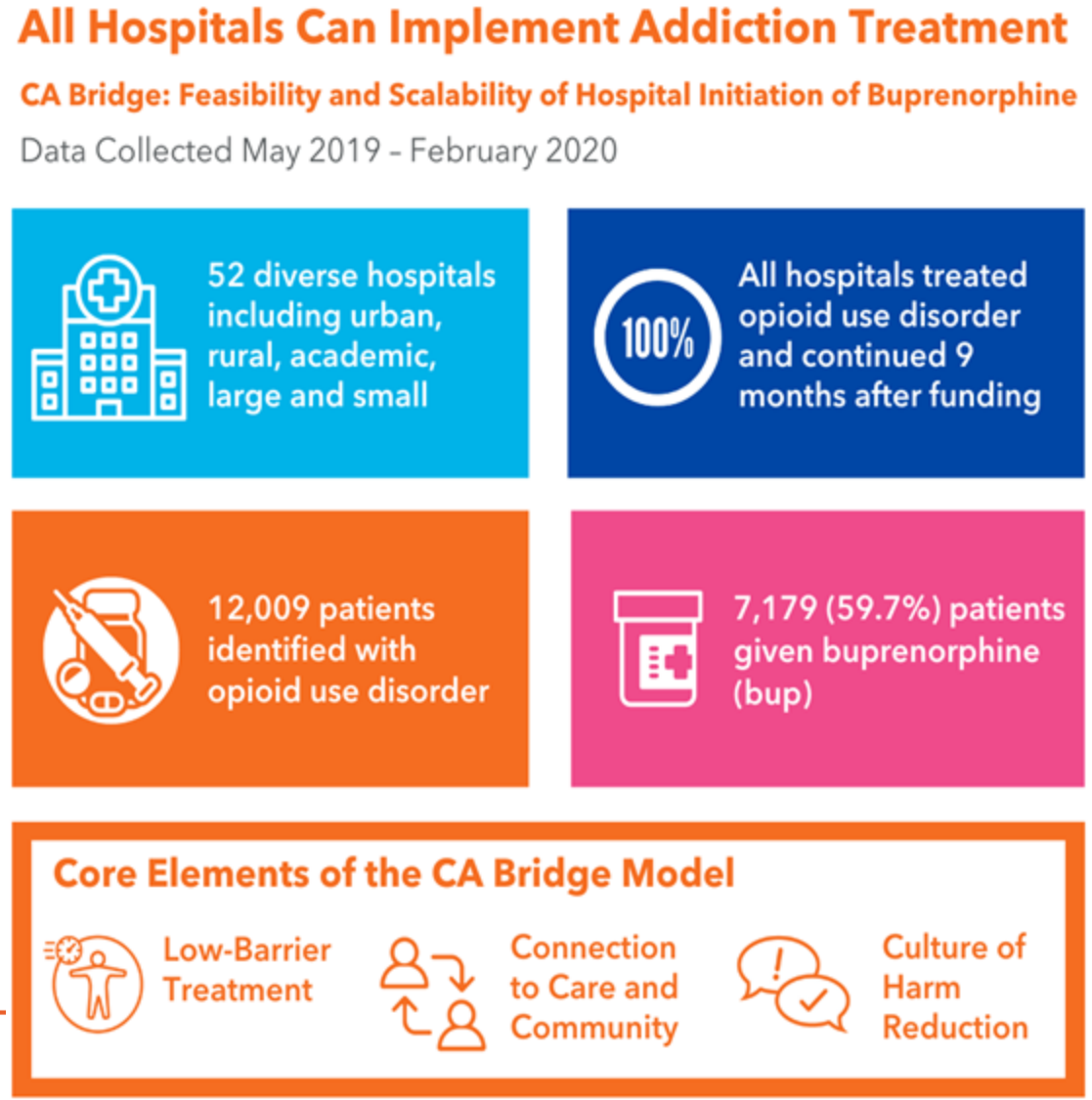
kits for free distribution

*Source: CA Bridge program*

# Evidence of Successful ED MOUD

## Why is it important to offer MOUD in the ED

- Rapid Adoption of Low-Threshold Buprenorphine Treatment at California Emergency Departments Participating in the CA Bridge Program, (2021). Annals of Emergency Medicine.
- High-dose Buprenorphine Induction for Treatment of Opioid Use Disorder in the Emergency Department, (2021). Journal of the American Medical Association.
- Voting with Their Feet: Social Factors Linked with Treatment for Opioid Use Disorder Using Same-Day Buprenorphine Delivered in California Hospitals, (2021). Journal of Drug and Alcohol Dependence.




*Source: CA Bridge National Presentation for Louisiana HOPE Council September 8, 2022*

# CA Bridge Impact: To-Date

Cumulative totals across all reporting CA Bridge sites (n = 196), April 2019-July 2022

**174,709**

Navigator encounters

**58,552**

Encounters where Medication for Addiction Treatment was prescribed or administered

**128,305**

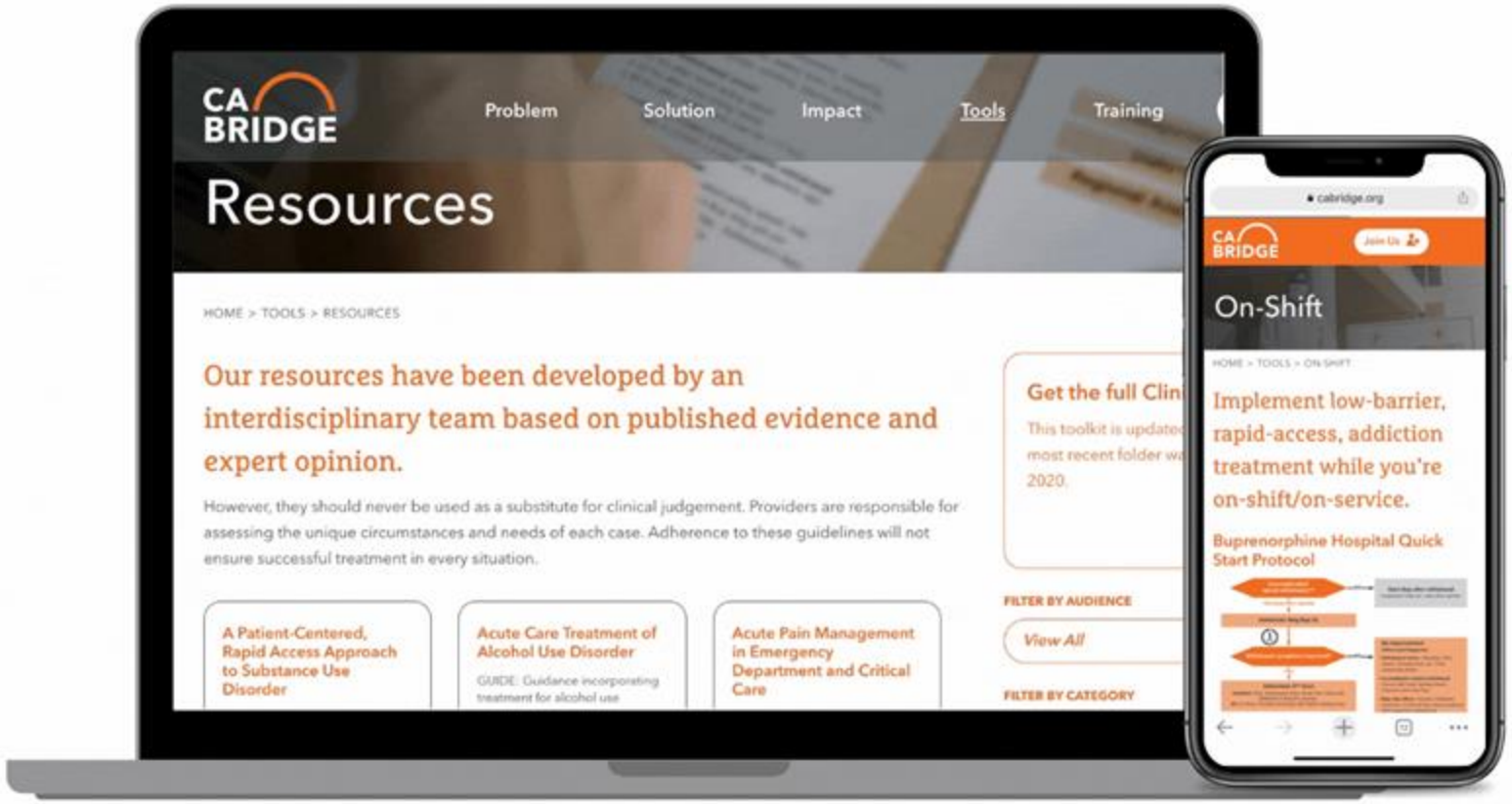
patients identified with Opioid Use Disorder

**92,496**

Naloxone toolkits ordered by hospitals

*Source: CA Bridge program*

# Cabridge.org Resources

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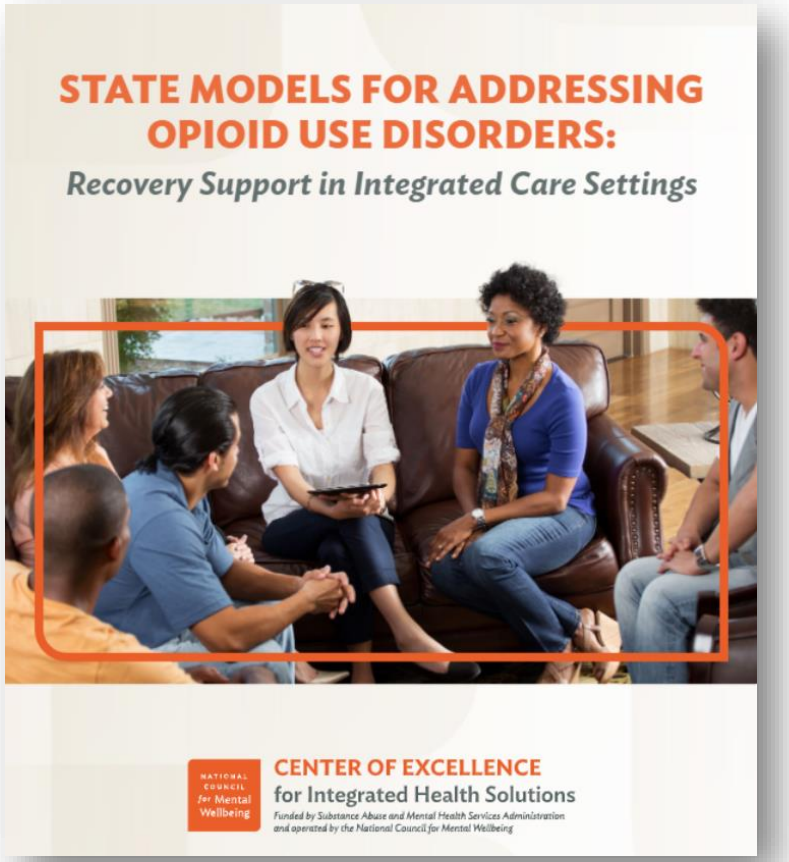
TheNationalCouncil.org/program/Center-of-Excellence

# New CoE-IHS Resource

TN Department of Mental Health & Substance Abuse Services

CA BRIDGE




[Access the brief here]

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# Open Q & A



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# References

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- Tennessee Department of Health, Tennessee Death Statistical File, 2017 to 2020. Accessed at https://www.tn.gov/content/dam/tn/health/documents/pdo/dashboard/FatalOD_Downloadable_Data_2016_2020.xlsx
- Substance Abuse and Mental Health Services Administration, 2017; Knudsen et al, 20111.
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- Kalmin, et al. Voting with Their Feet: Social Factors Linked with Treatment for Opioid Use Disorder Using Same-Day Buprenorphine Delivered in California Hospitals, (2021). Journal of Drug and Alcohol Dependence.

# Upcoming CoE Events

CoE-IHS Webinar: Diversity, Equity and Belonging focused Solutions to Recruit & Retain the Workforce

Register for the Webinar on Thursday, November 3rd, 3-4pm ET

CoE-IHS Webinar: Culturally and Linguistically Appropriate Services Part 3 - Implementing the CLAS Standards

Register for the Webinar on Tuesday, November 15th, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

Contact us through this form here!

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# Thank You

**Questions?**

Email integration@thenationalcouncil.org

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