



Department of Health Care Services SAMHSA Opioid Grant

February 6, 2017



SAMHSA Funding

The program aims to address the opioid crisis by:

- increasing access to treatment;
- reducing unmet treatment need;
- and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin).



SAMHSA Funding

- Only the Single State Agency can apply
- Length of project is up to 2 years
- No state match required
- Does not impact Maintenance of Effort
- Funds can be utilized to private for-profit OTPs (NTPs) and OBOTs
- Grant due February 17, 2017



SAMHSA Funding

- SAMHSA will review proposals through the end of April
- Non-competitive review process
- Any unallowable expenditures can be revised during the review process
- One-time funding
- The grant period will begin May 1, 2017

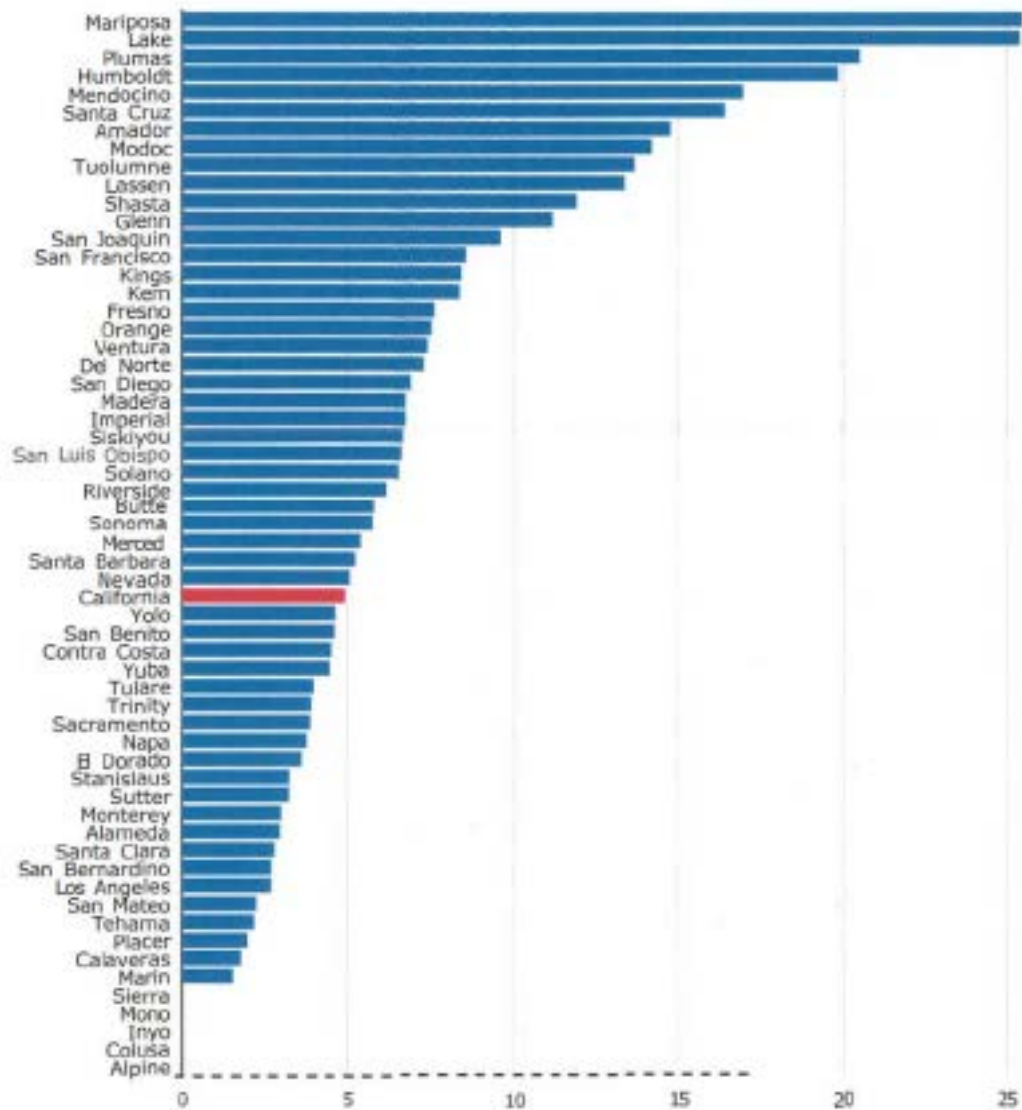


SAMHSA Funding

- Cannot supplant current funding
- At least 80% or more of the funding needs to be spent on treatment and recovery services
- Requires a Needs Assessment & Strategic Plan
- CA allocation is \$44.7M for two years



California Deaths - 2014
All Opioid Overdose: Age-Adjusted Rate per 100,000 Residents





Location	2013 drug overdose deaths per 100,000
Lake County	46.3
Plumas County	41.1
Lassen County	31.5
West Virginia	30.7
Sierra County	30.6
Humboldt County	30
Trinity County	29
Del Norte County	28
Shasta County	28
Mariposa County	27.6
Nevada County	26.9
Kentucky	23.2
Rhode Island	22.9
Nevada	22
California Statewide	11.6



MAT Expansion Project

- **CA's proposal is draft until approved by SAMHSA**
- CA will strategically focus on the following in the MAT Expansion Project:
 - Implement the CA Hub and Spoke System (CA H&SS)
 - Create and implement the Tribal MAT Project
 - Provide training and mentoring by the California Society of Addiction Medicine



Focus Population

California will strategically focus on three populations to improve MAT services:

1. Rural areas without a NTP in their geographic area
2. Increase the availability and utilization of buprenorphine statewide
3. Improve MAT access for CA's American Indian and Native Alaskan tribal communities.



MAT Expansion Project Goals

- Implement the Hub and Spoke model in various areas throughout California
 - Improve access to MAT services in at least 30% of counties with the top ten highest overdose rates
 - Improve access to integrated MAT services in urban areas
 - Increase the access to NTP and/or Medication Units in underserved areas by 3 clinics
- Increase the availability and utilization of buprenorphine statewide
 - Increase the total number of physicians and NPs waived to prescribe buprenorphine
 - Increase the statewide average of the number of opioid users served by each waiver physician/NP
 - Increase the availability of counseling services for buprenorphine patients and a variety of support services for MDs in primary care settings
- Improve MAT access for tribal communities



MAT Expansion Project Goals

- Coordinate with the other statewide collaborative opioid efforts
 - *DMC Organized Delivery System*
 - *Strategic Prevention Framework Partnerships for Success (PFS) Grant Award*
 - *CA Health Care Foundation*
 - *California Prescription Opioid Misuse and Overdose Prevention Workgroup*



Prevention Activities

- Coordination with local opioid coalitions
- Use of prevention specialists
- Utilization of naloxone
- Training conducted by UCLA and the California Society of Addiction Medicine
- Conduct a Needs Assessment and Strategic Plan



CA Hub and Spoke System

- The system is built off of the strengths of the specialty methadone Narcotic Treatment Programs and the physicians who prescribe buprenorphine in office-based settings
- Hubs serve as the regional consultants and subject matter experts on opioid dependence and treatment
- As the NTPs, Hubs are the only entities that are allowed by federal law to provide methadone treatment for an opioid use disorder



CA Hub and Spoke System

- Hubs provide care to the clinically complex buprenorphine patients
- Hubs can manage buprenorphine inductions
- Hubs provide support to the Spokes when they need clinical or programmatic advice
- Spokes provide ongoing care for patients with milder addiction (managing both induction and maintenance) and for stable patients on transfer from a Hub



CA Hub and Spoke System

- The Spoke is comprised of at least one prescriber and an MAT team to monitor adherence to treatment, coordinate access to recovery supports and provide counseling
- Patients can move between the Hub and Spoke based on clinical severity and need
- If patients begin services at a Spoke and need more care, they can transition to the Hub or if the patient starts at the Hub and needs less care they can transition to the Spoke



Vermont Hub and Spoke Outcomes

Vermont's H&S model has led to many successful outcomes:

- Increased the total number of physicians waived to prescribe buprenorphine
- Increased the number of opioid users served by each waived physician
- Led to a broader adoption of the disease model of treatment, providing a continuum of care from the Hub to the Spoke and then back again, based on the needs of the patient
- Provided more medical services in the Spokes which has been enhanced by the additional staffing
- Led to increased satisfaction by providers in primary care settings, with increased willingness to care for patients with opioid use disorder



CA H&SS

CA Hub and Spoke Service	Required
Payment of Services	X
Coverage of Co-Pays or Other Costs for Under- and Uninsured Patients	X
Medication Costs	X
Staff to Coordinate Care and Collaboration	X
Requirements of Hubs	X
Requirements of Spokes	X
Counseling Services	X
Treatment Need Questionnaire	X



CA H&SS

CA Hub and Spoke Service	Required
Collection & Tracking of Key Performance Measures	X
Use of the Office-Based Opioid Treatment (OBOT) Stability Index for Buprenorphine Patients	X
Recovery and Peer Support Services	X
Participation in the Statewide Learning Collaborative	X
Collaboration with Local Opioid Coalitions	X
Participation in DHCS CA H&SS Steering Committee	X
Provision of Naloxone	X
Providing for or Referring to Local Maternal Addiction Treatment	X
Sustainability Plan	X



CA H&SS

CA Hub and Spoke Service	Allowable
Utilize Prevention Specialists	X
Re-entry Services for Clients Leaving Correctional Facilities	X
Infrastructure Costs	X
Transportation Tokens/Vouchers	X
Neonatal Abstinence Syndrome Treatment Program	X
Telehealth Infrastructure Costs and Service Provision	X
Mobile Technology	X
Data Infrastructure	X



CA Hub & Spoke System

Projected Number of Spokes and Patients Served

	Year One	Year Two
Projected Number of Spokes at each Hub	3	6
Total Projected Number of Statewide Spokes	45	90
Number of Patients Served in Each Spoke	35-50	75
Projected Number of Total Patients Served	2,250	6,750



CA Hub & Spoke System

Projected Unduplicated Number of Individuals Served

CA Hub and Spoke Systems	Year One	Year Two
Projected Number of Patients Served at Hubs	4,800 (400 patients at 12 hubs)	6,000 (400 patients at 15 hubs)
Projected Number of Patients Served at Spokes	2,250	6,750
Projected Total Patients Served	7,050	12,750



Tribal MAT Project

- Currently, limited availability for MAT services
- Will develop the project in collaboration with tribal stakeholders
- Project will include traditional practices and philosophies for the AI/AN population
- Nuka training, learning collaborative, Project ECHO, and supplementing the tribal phase of DMC-ODS may be options included in the project