

# Welcome to the California Hub and Spoke Monthly Newsletter

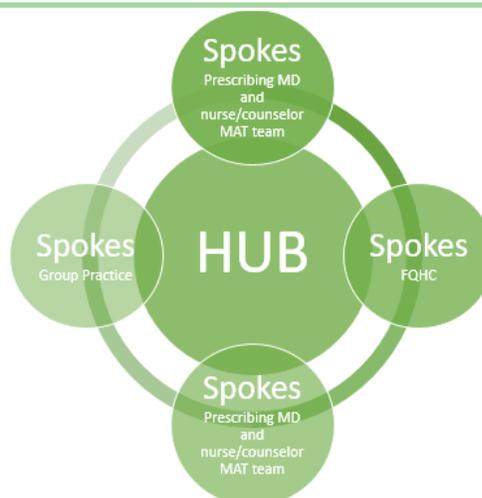
## MAT Expansion Project

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:

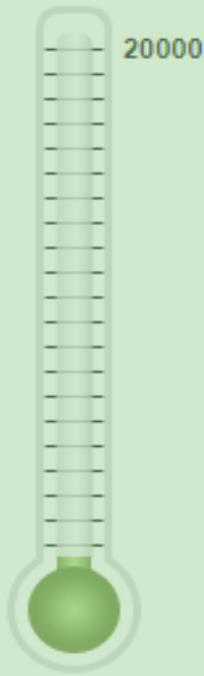
1. Acadia Healthcare, San Diego
2. Acadia Healthcare, Riverside, San Bernardino

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.