

Making a Transformation (MAT) Conference 2024

Successes and Challenges in the CA Hub and Spoke System: Data Review

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Start Code

2819

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Statewide Data Review

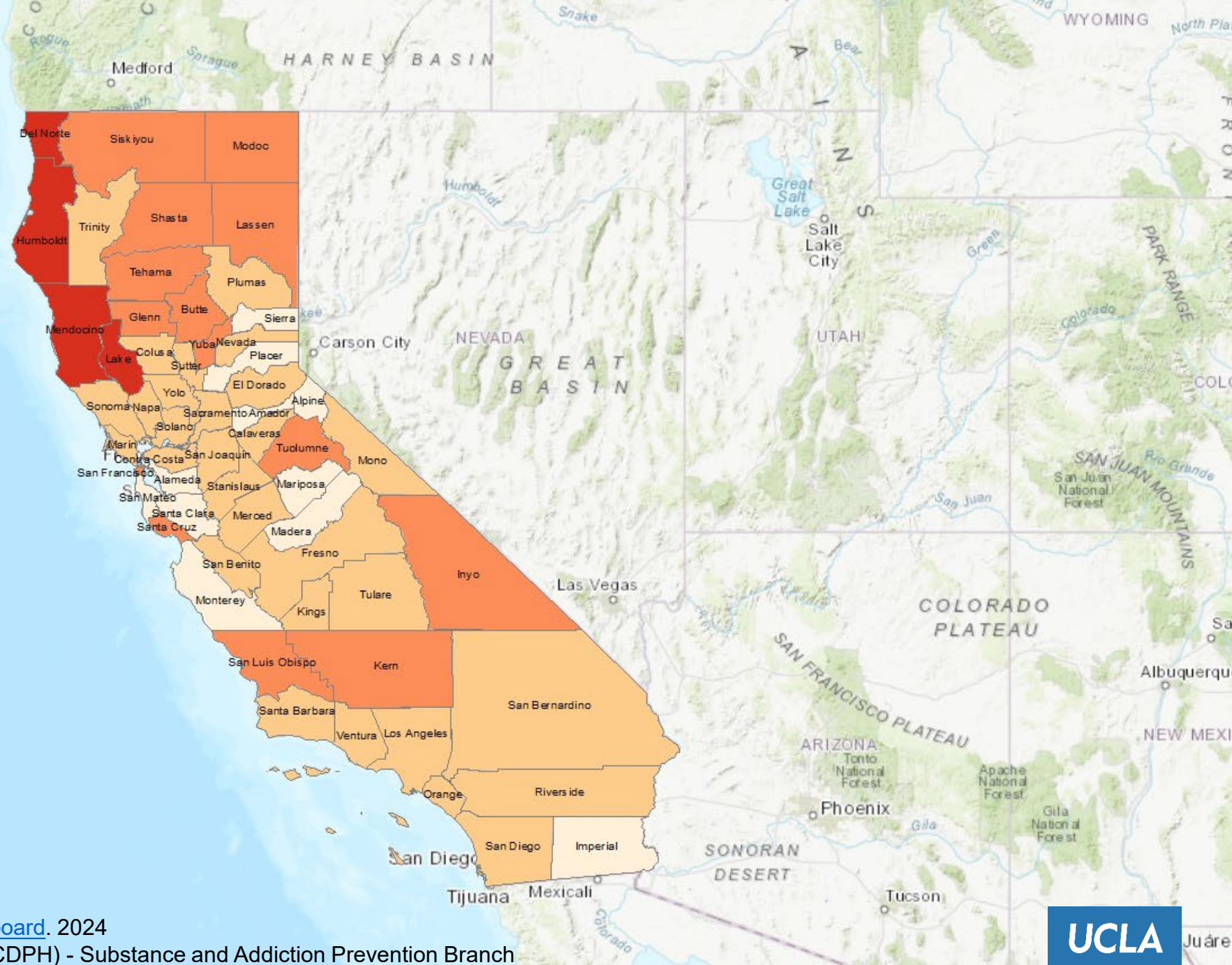
All Drug-Related Overdose Death Rates by County

2022 age-adjusted Rates per 100,000 residents

Overdose Death Rate per 100k residents

- 0 – 19.7
- 19.8 – 34.6
- 34.7 – 60.7
- 60.8 – 101

N = 11,002



Data Source: [California Overdose Surveillance Dashboard](#). 2024

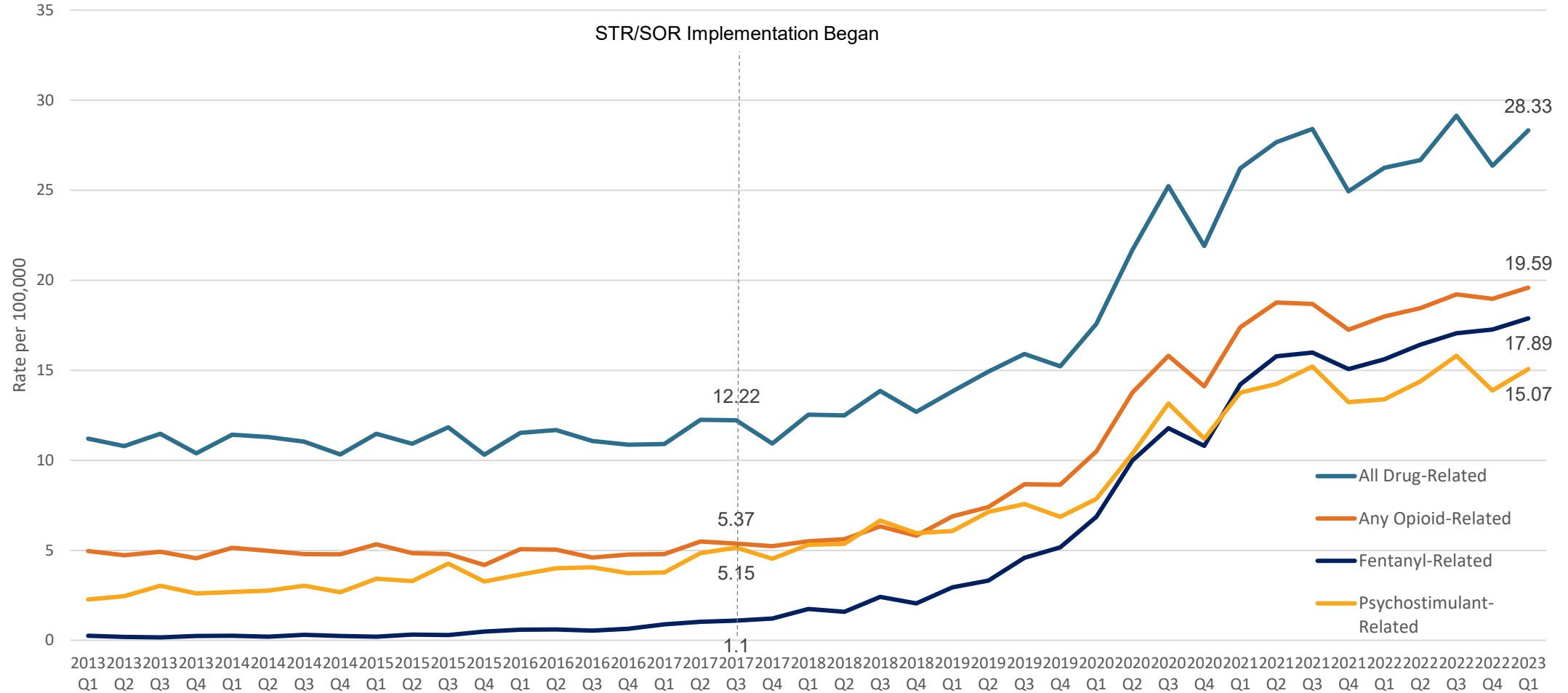
Prepared by California Department of Public Health (CDPH) - Substance and Addiction Prevention Branch



Sources: Esri, HERE, Garmin, Intermap, increment P Corp., GEBCO, USGS, FAO, NPS, NRCAN, GeoBase, IGN, Kadaster NL, Ordnance Survey, Esri Japan, METI, Swisstopo, © OpenStreetMap contributors, and the GIS User Community

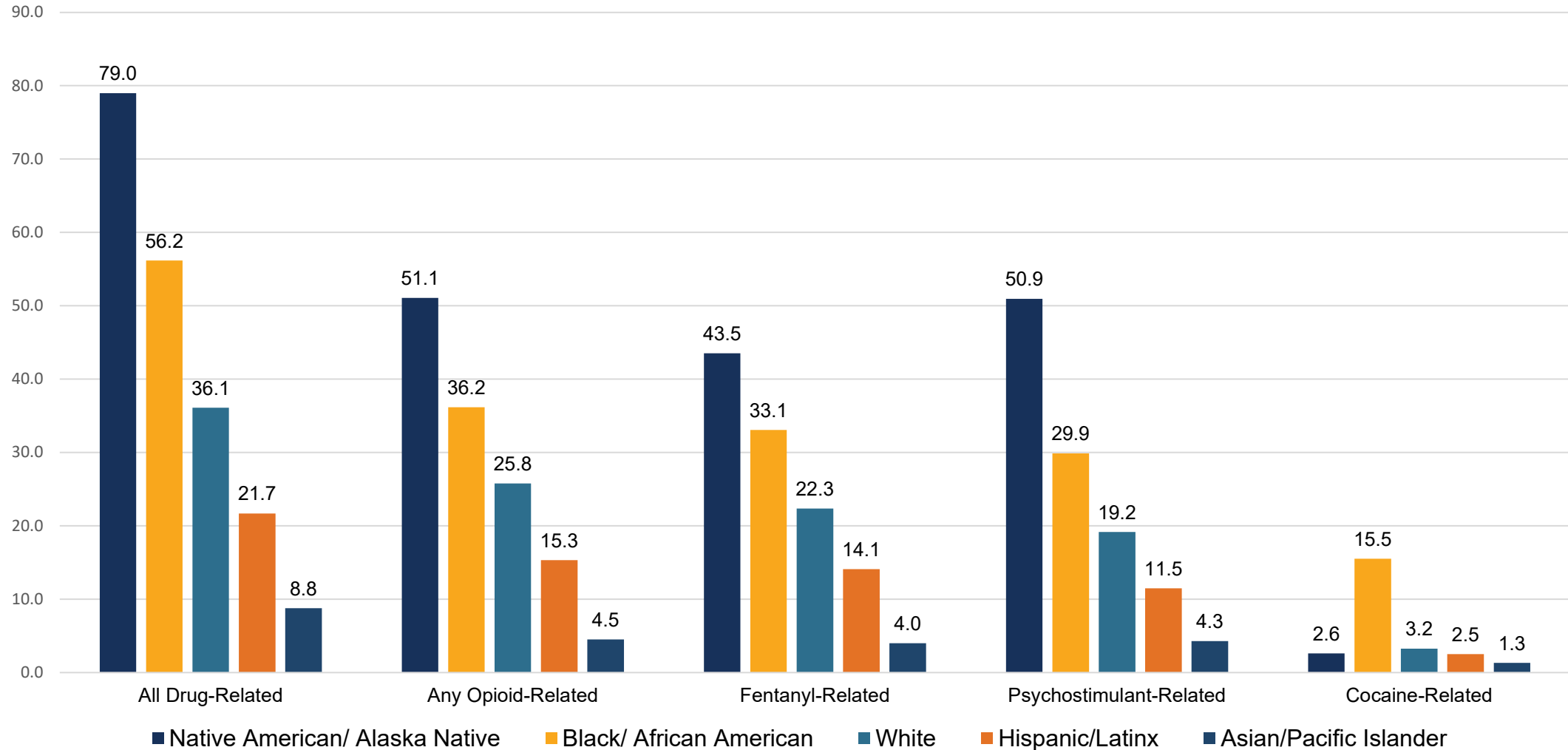
California Overdose Death Rates

Past 10 year age-adjusted annualized quarterly rates per 100,000 residents



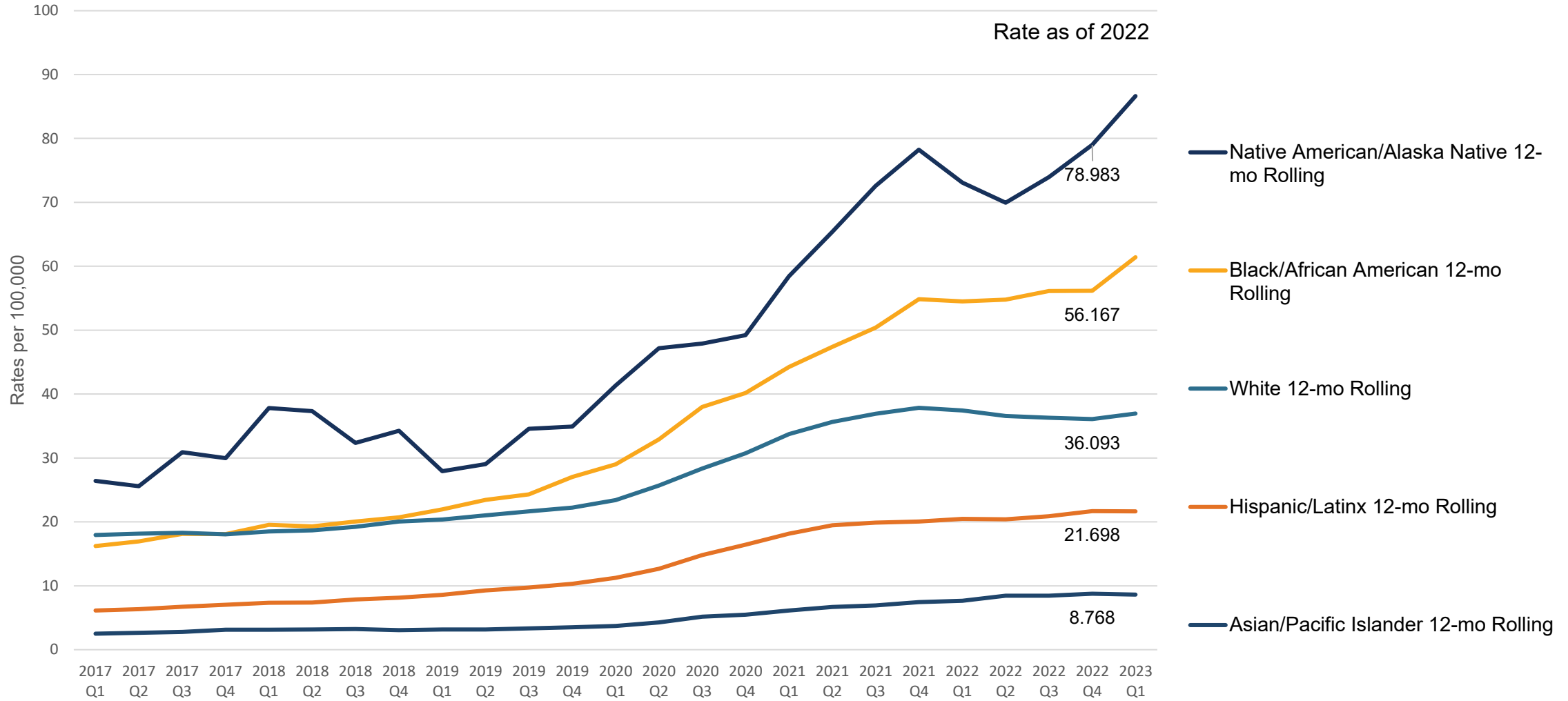
Overdose Death Rates by Race/Ethnicity

2022 age-adjusted rates per 100,000 residents



All Drug Overdose Death Rates by Race/Ethnicity Over Time

Age-adjusted 12-month rolling rates per 100,000 residents



Percentage of Medi-Cal beneficiaries with OUD who filled a buprenorphine prescription

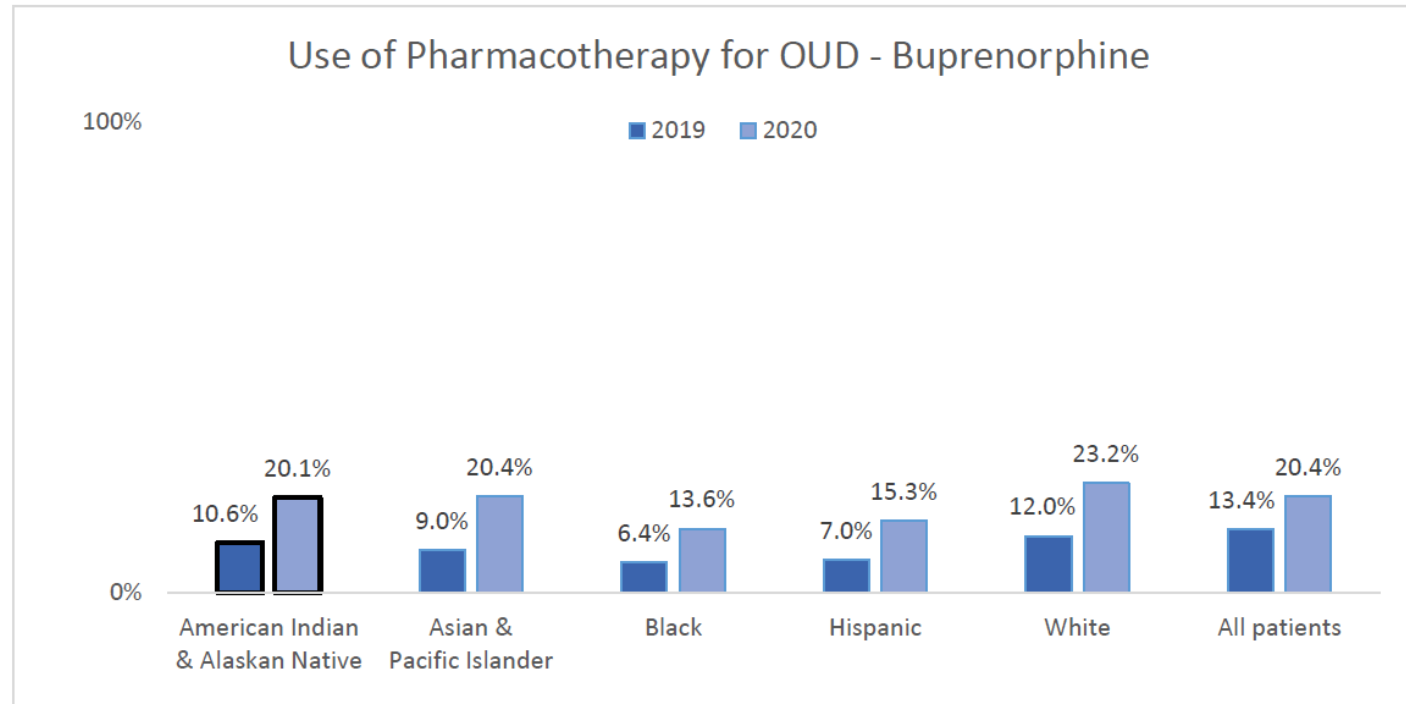
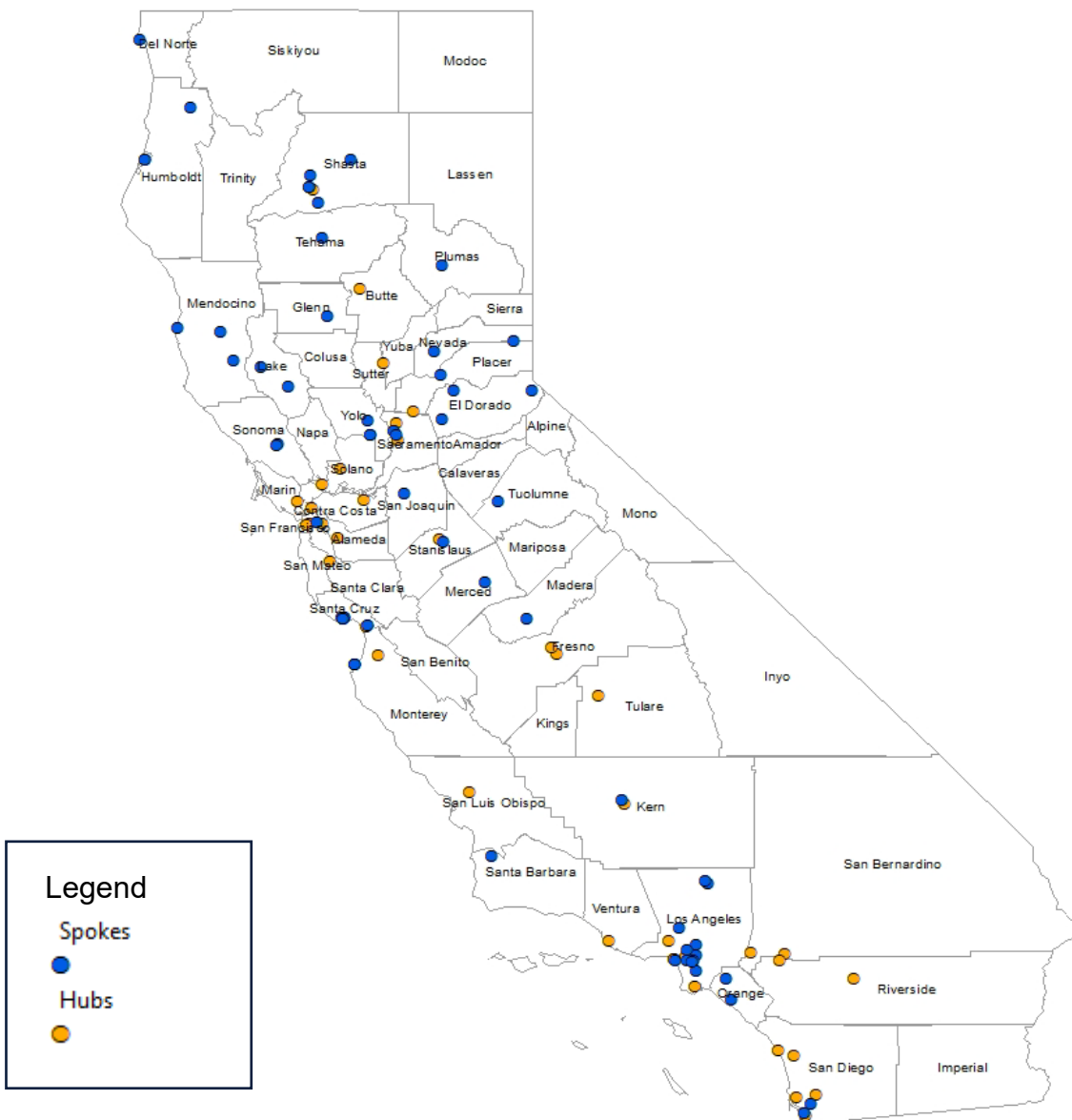


Image source: Urada, D., Huang, Hilderbrand, D., & Joshi, V. (2023). *Tribal MAT Data Analytics Performance Measure Update: 2020 Measures*. Prepared for the Department of Health Care Services, California Health and Human Services Agency. Los Angeles: UCLA Integrated Substance Abuse Programs.

California Hub and Spoke System (HSS) Data Review

Hubs and Spokes: SOR III



105 Hubs and Spokes

- 57 continuing from SOR II
- 48 new under SOR III

Hubs

- 42 OTPs

Spokes

- 38 FQHCs
 - 5 Indian Health Centers
- 14 other health centers
- 5 other SUD treatment programs
- 3 behavioral health programs
- 3 telehealth programs

Impact of Hub and Spoke Under SOR III

October 2022 – December 2023



19,485

New Patients Starting
MOUD



6,320

New Patients Starting
Treatment for Stimulant
Use



2,765

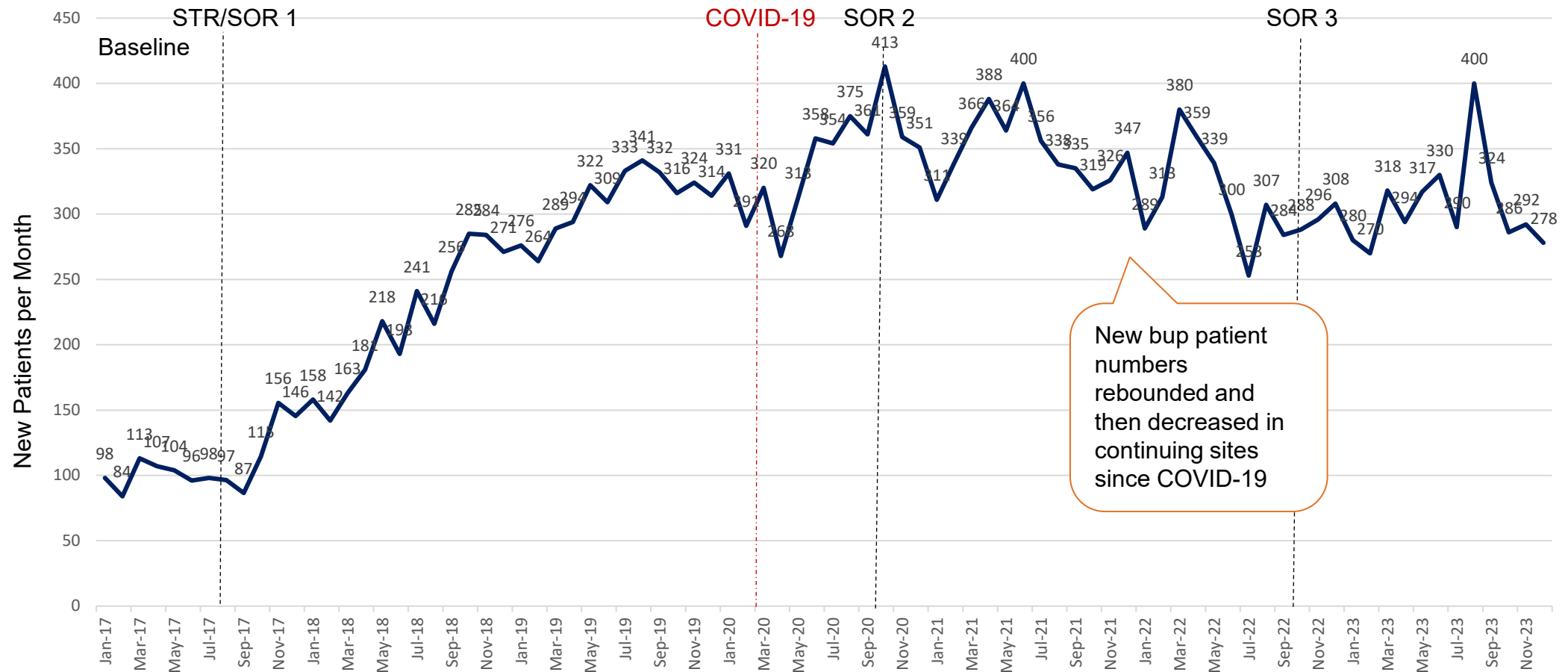
Individuals Receiving
Peer Support
on Average per Quarter



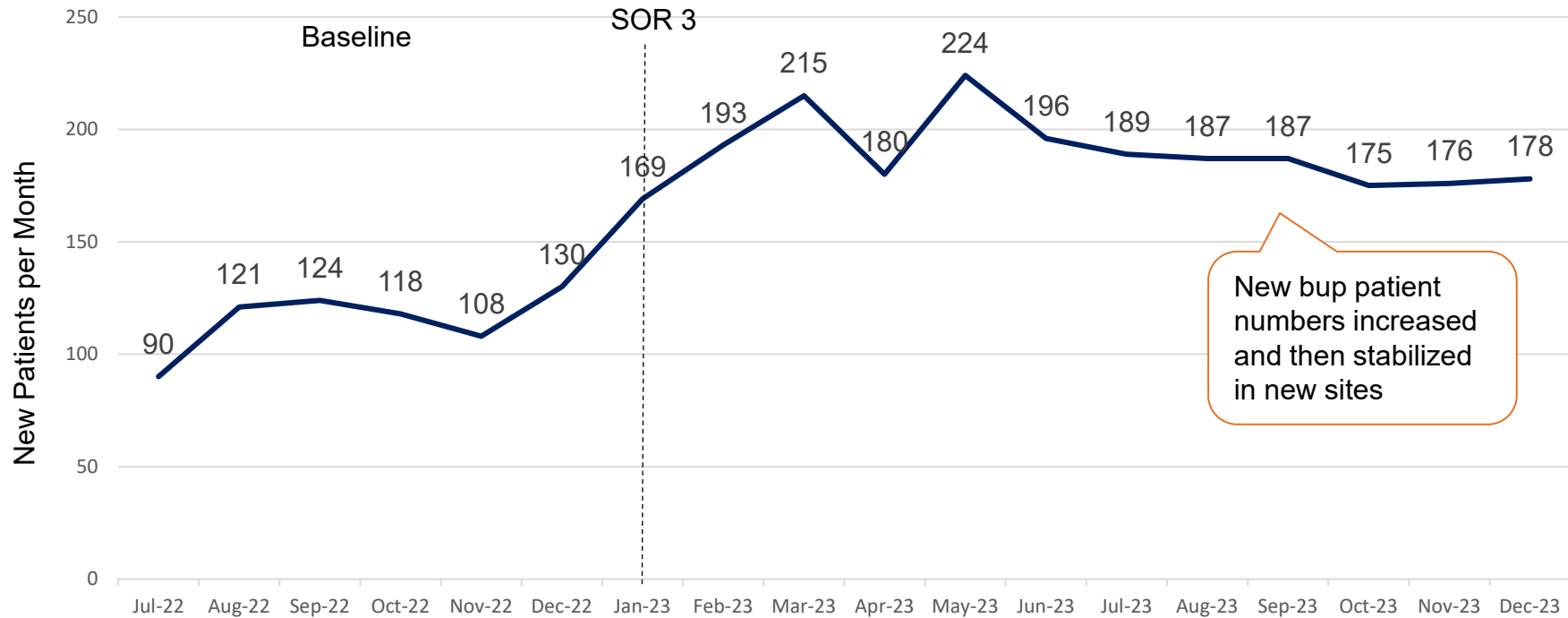
11,709

Individuals Receiving
Services via Telehealth
on Average per Quarter

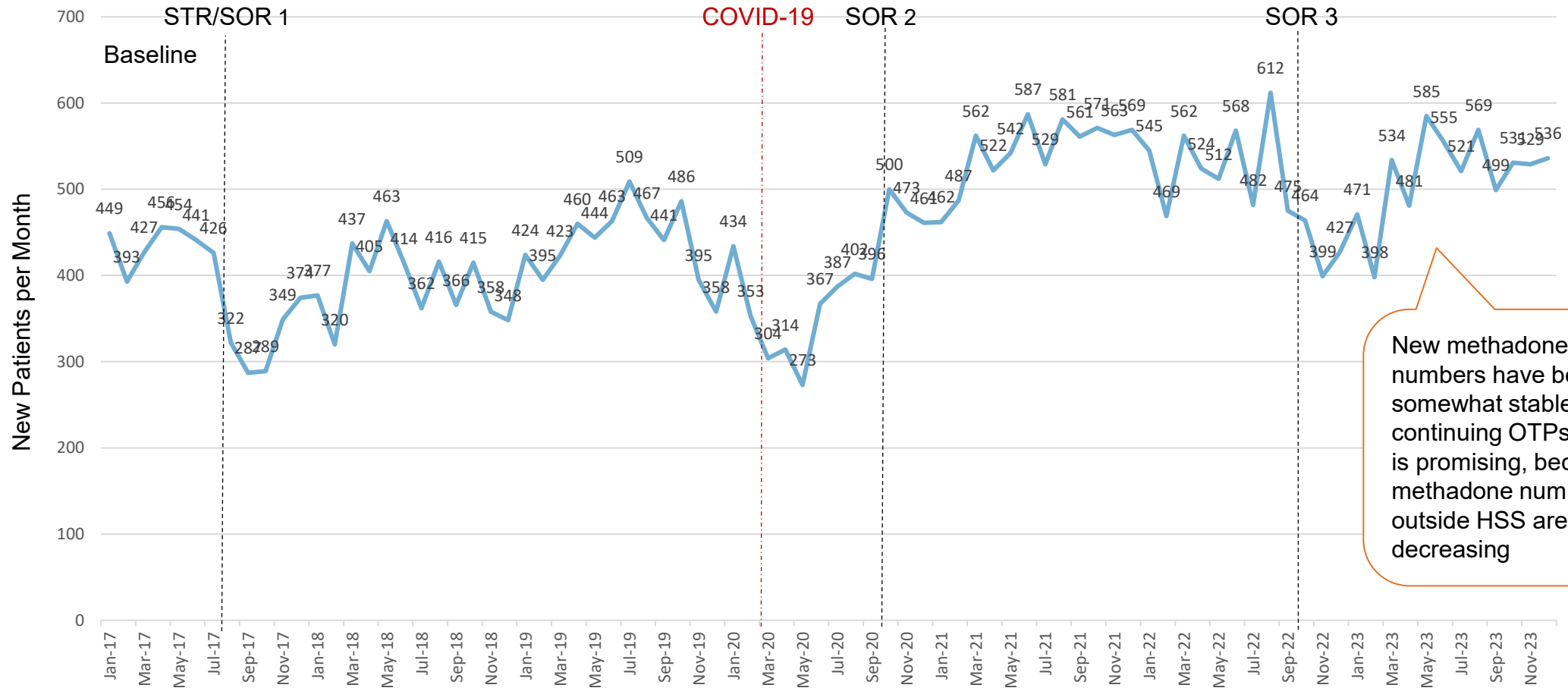
Patients Starting Buprenorphine per Month in *Continuing* HSS Sites



Patients Starting Buprenorphine per Month in *New* HSS Sites

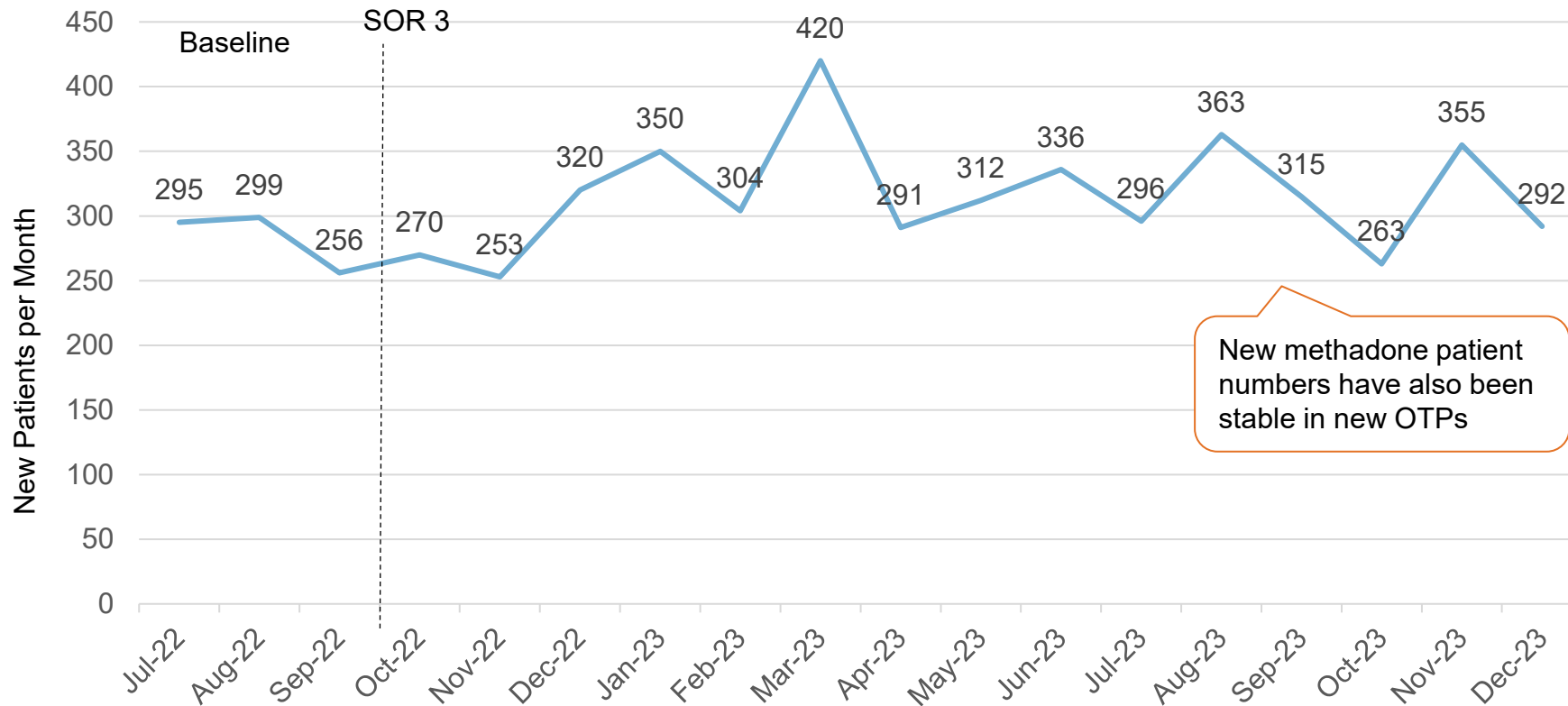


Patients Starting Methadone per Month in Continuing HSS OTPs

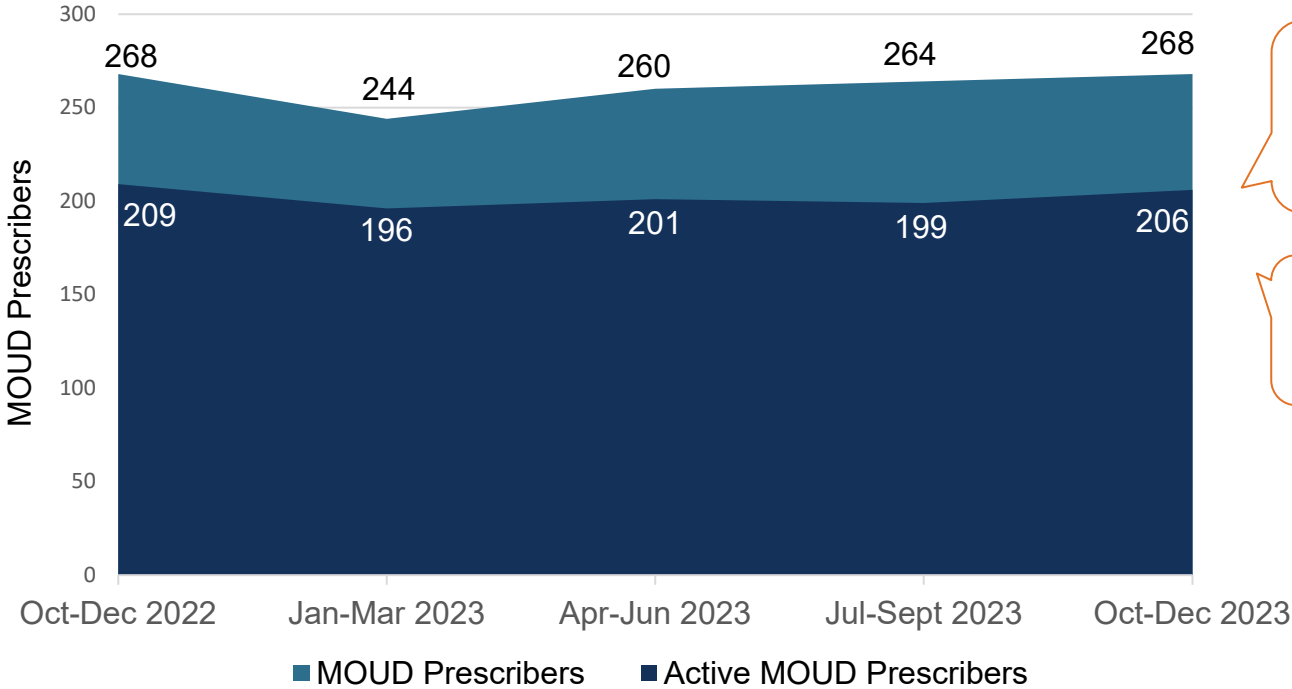


New methadone patient numbers have been somewhat stable in continuing OTPs. This is promising, because methadone numbers outside HSS are decreasing

Patients Starting Methadone per Month in New HSS OTPs



MOUD Prescribers in *Continuing* HSS

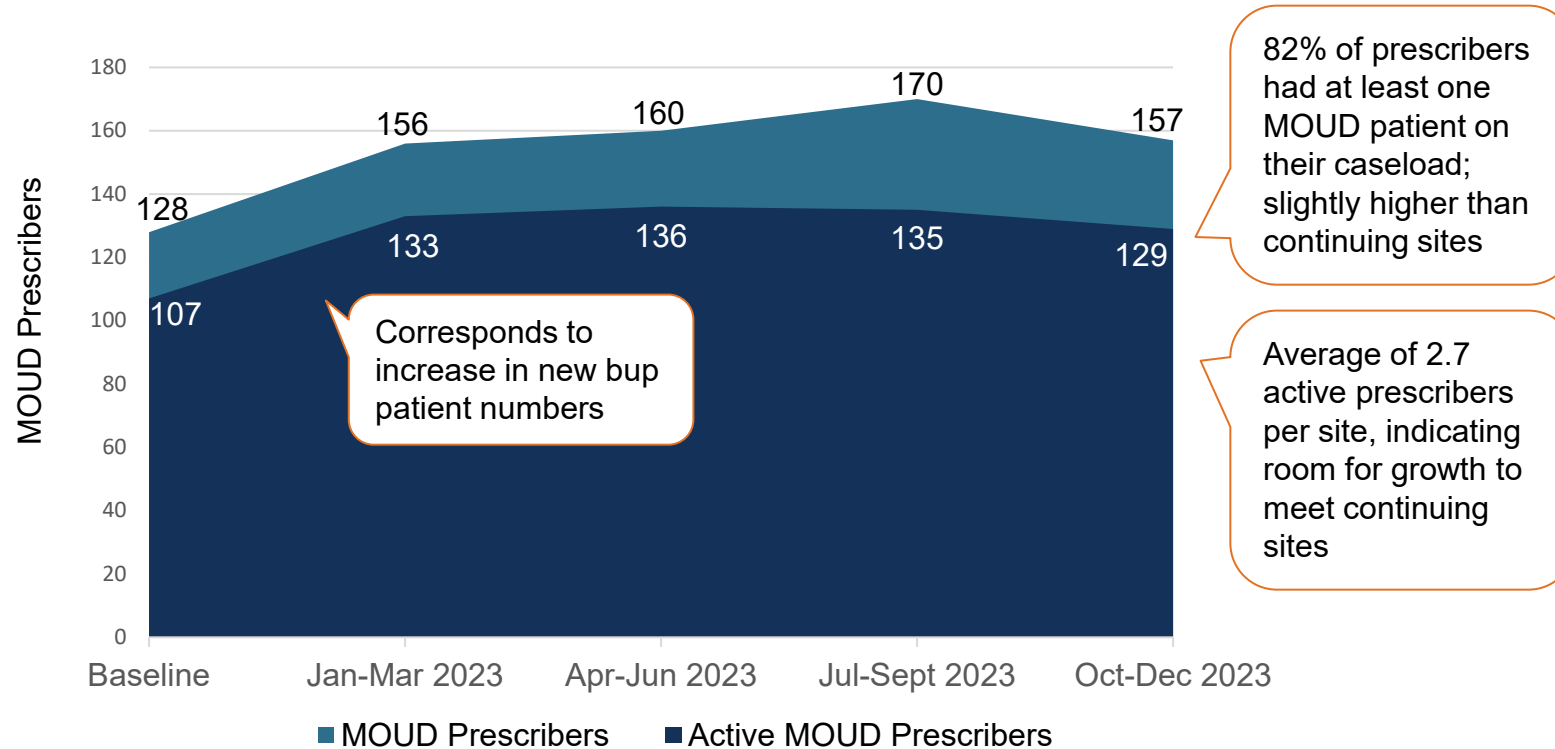


77% of prescribers had at least one MOUD patient on their caseload

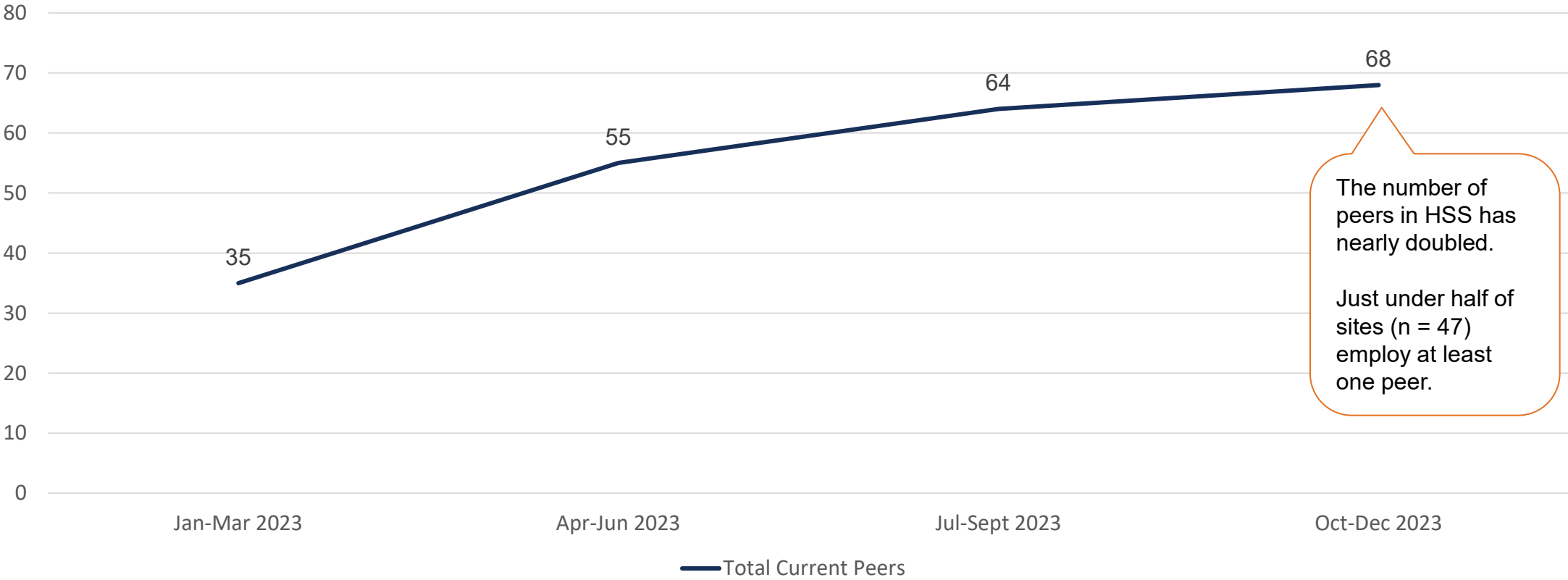
Average of 3.6 active prescribers per site

Across all HSS sites, the number of MOUD prescribers alone is not a significant predictor of an increase in the number of MOUD patients. But the number of *active* prescribers is ($p < .001$)

MOUD Prescribers in *New HSS*



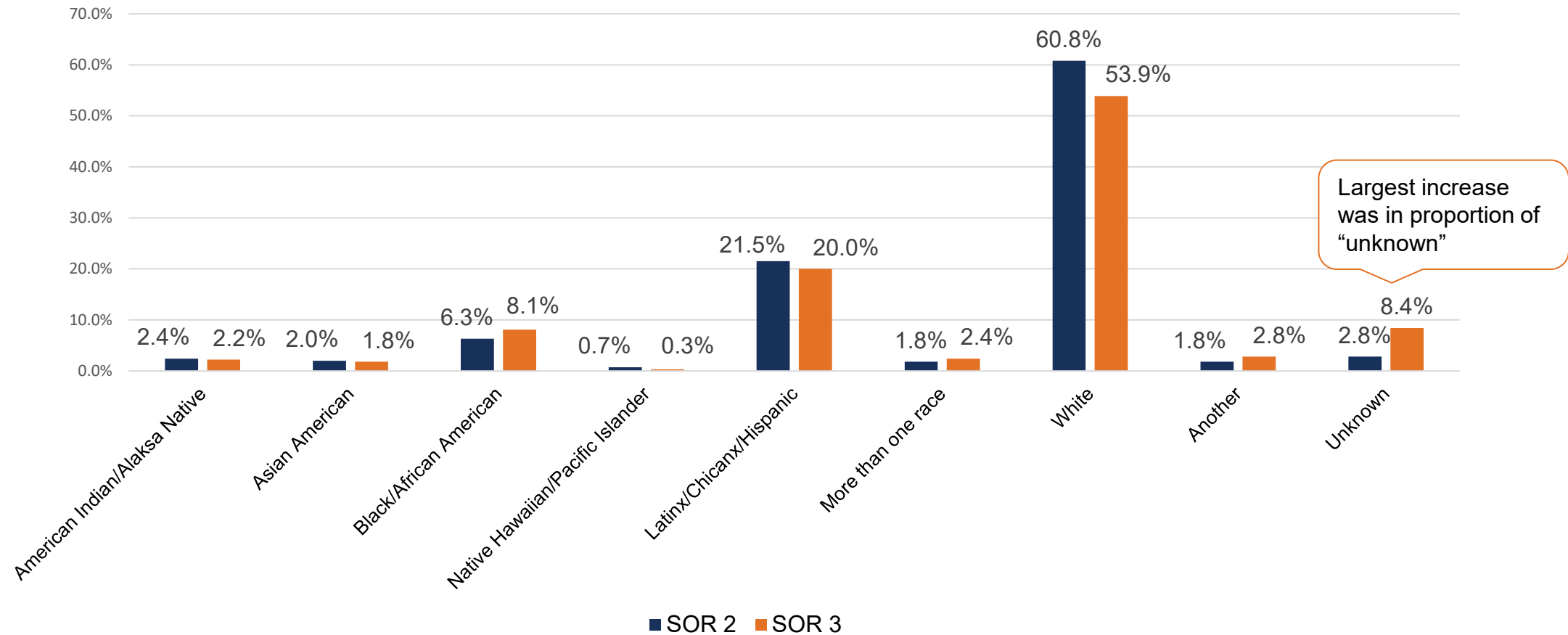
Peers in HSS Over SOR III



The number of peers in HSS has nearly doubled.

Just under half of sites (n = 47) employ at least one peer.

Race/Ethnicity of Patients in HSS Locations



Site-Level Racial/Ethnic Disparities

- » **Over half** (58.1%, n = 54)* of HSS sites had racial disparities when compared to their counties as of the most recent quarter
- » **Nearly one-third** (32.9%, n = 26)** of HSS sites had new or worsening disparities over time
- » **Six HSS sites** (5.7%) became more representative of their counties over time. But two of these had 0 Black patients

Promising Practices to Address Disparities

- » “When it comes down to it [the most important strategy is] building relationships in the community”
- » Outreach via harm reduction
 - Distributing naloxone and fentanyl/xylazine testing strips without an expectation of starting treatment
 - “Meet patients where they are”
- » Using data to identify gaps, and then developing strategies

CA Hub and Spoke System: Data Update

Overview of Findings from GPRA Surveys across Hub and Spoke Sites

October 1, 2022 – April 8, 2024

Rory VanGarde, PhD



Part I – Demographics and Sample Description

- » Aurrera Health Group reviewed data from all participants who completed an intake survey.
- » We removed duplicates, only looking at most recent intake survey for those with multiple episodes of care.
- » From this we created an initial comparison of Hub and Spoke survey participants.

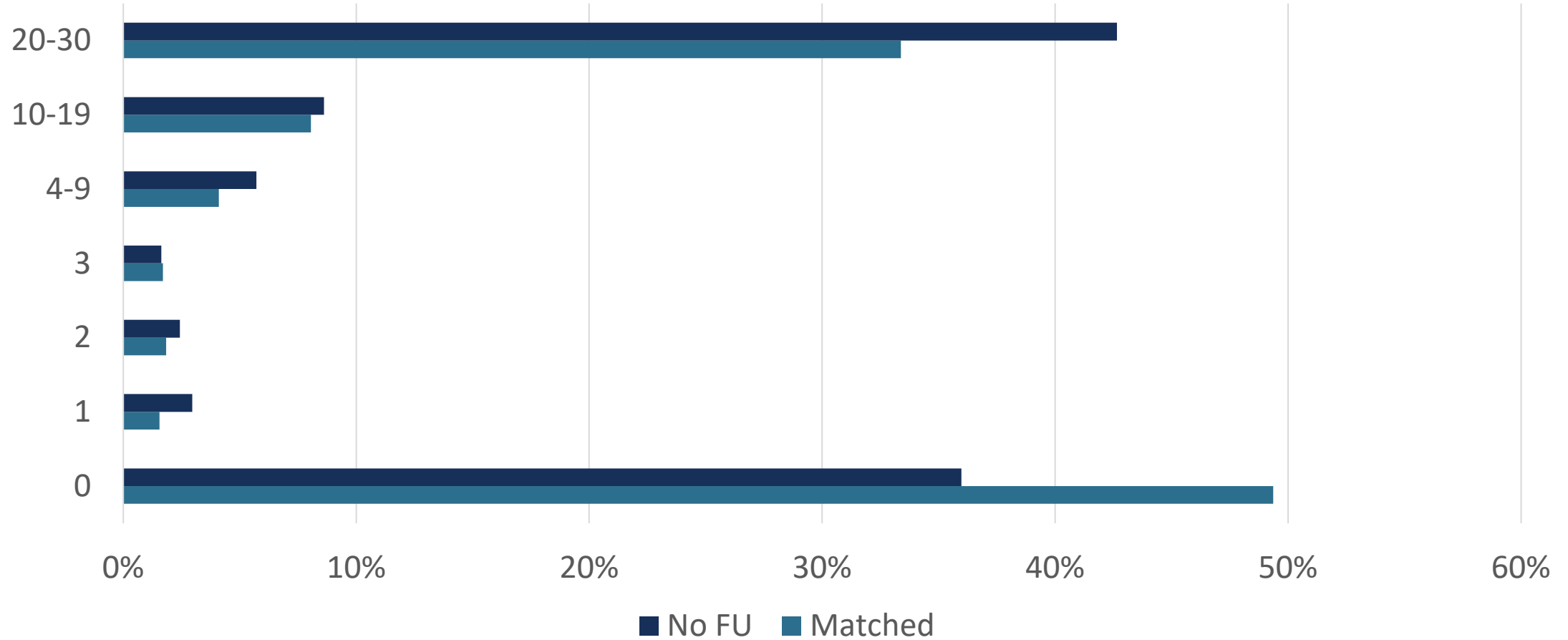
Overview of Participants

Category	Count	Percent
Hub	2780	45%
Spoke	3419	55%
Total	6199	100%

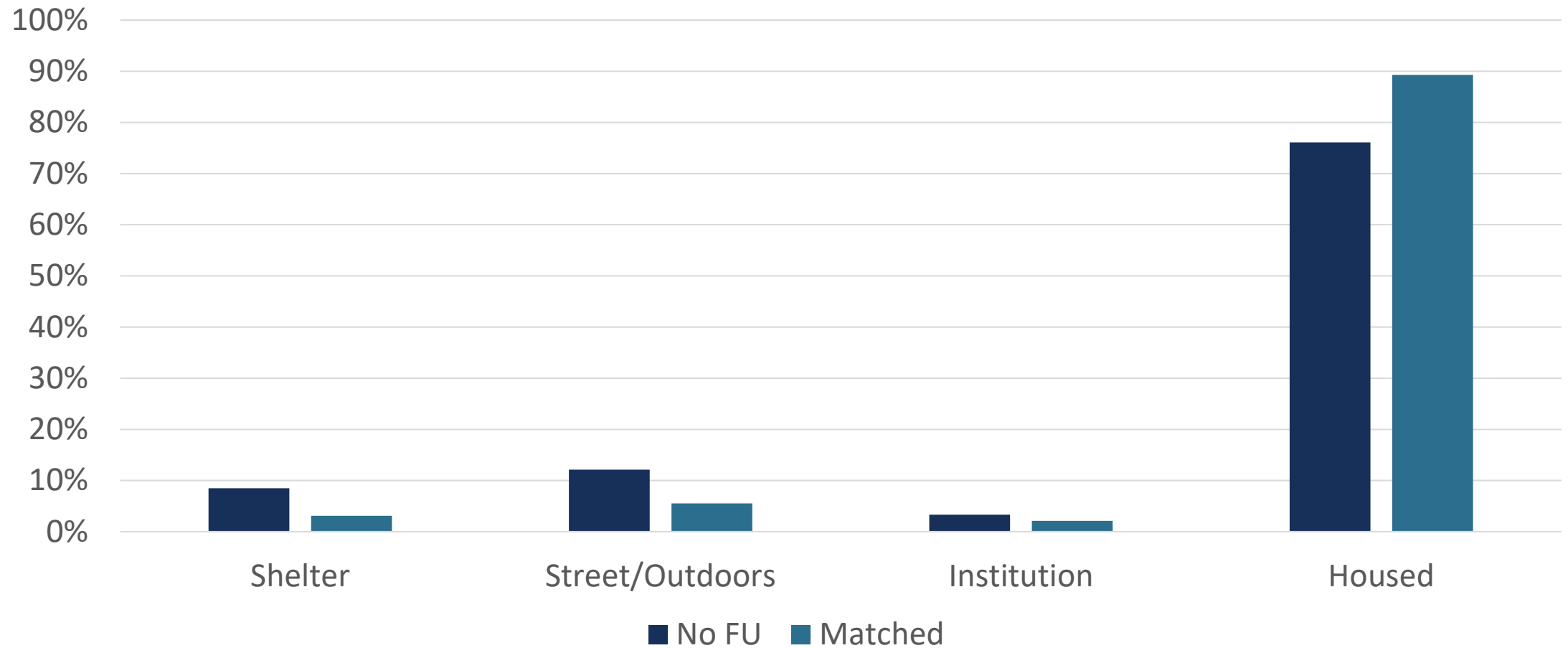
No Follow-Up Sample

- » For this analysis, Aurrera Health Group narrowed the sample to only participants with an intake, no follow-up survey.
- » We then compared intake-only clients to the matched intake and follow-up clients to see differences in clients' intake data.
- » Sample size drops from 6,199 in the full sample to 718 in the intake-only sample. We lose valuable information regarding clients who lost contact or did not remain in treatment.

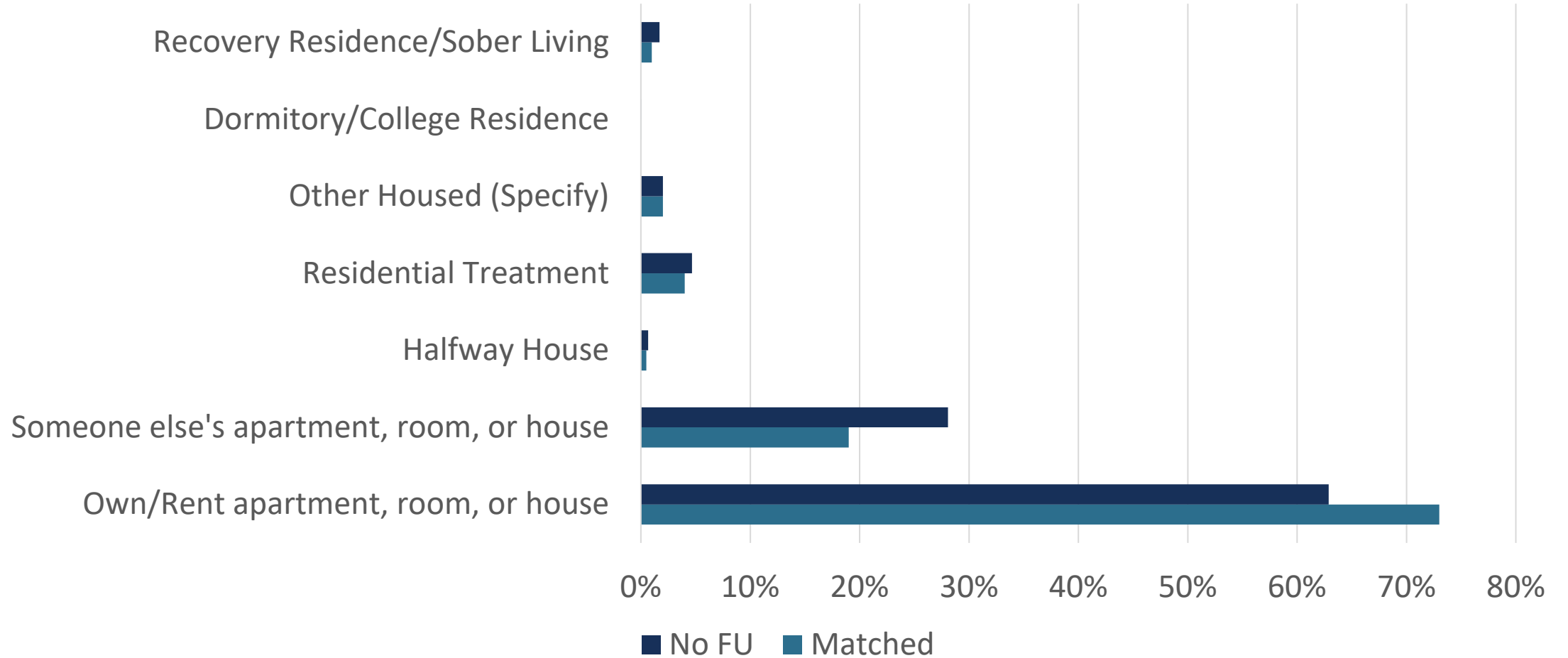
Number of Days Using Drugs



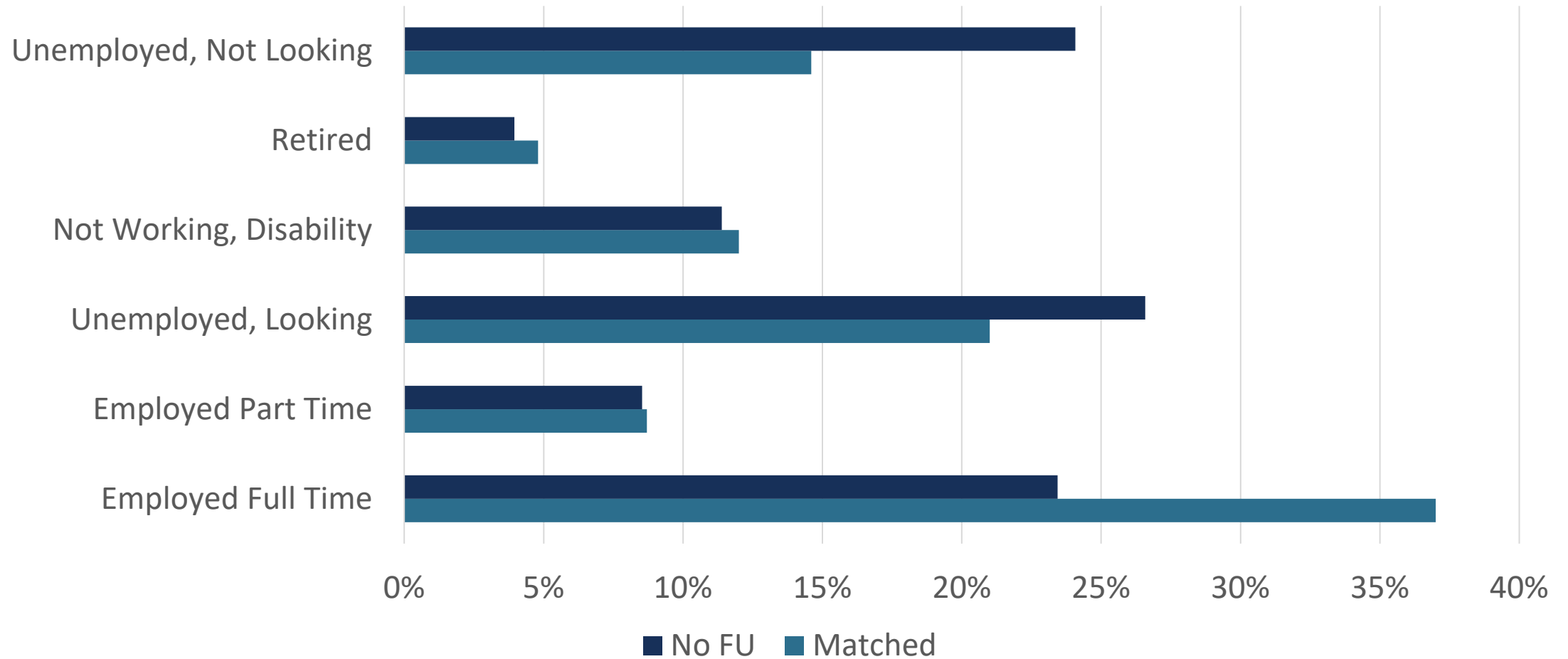
Housing Status



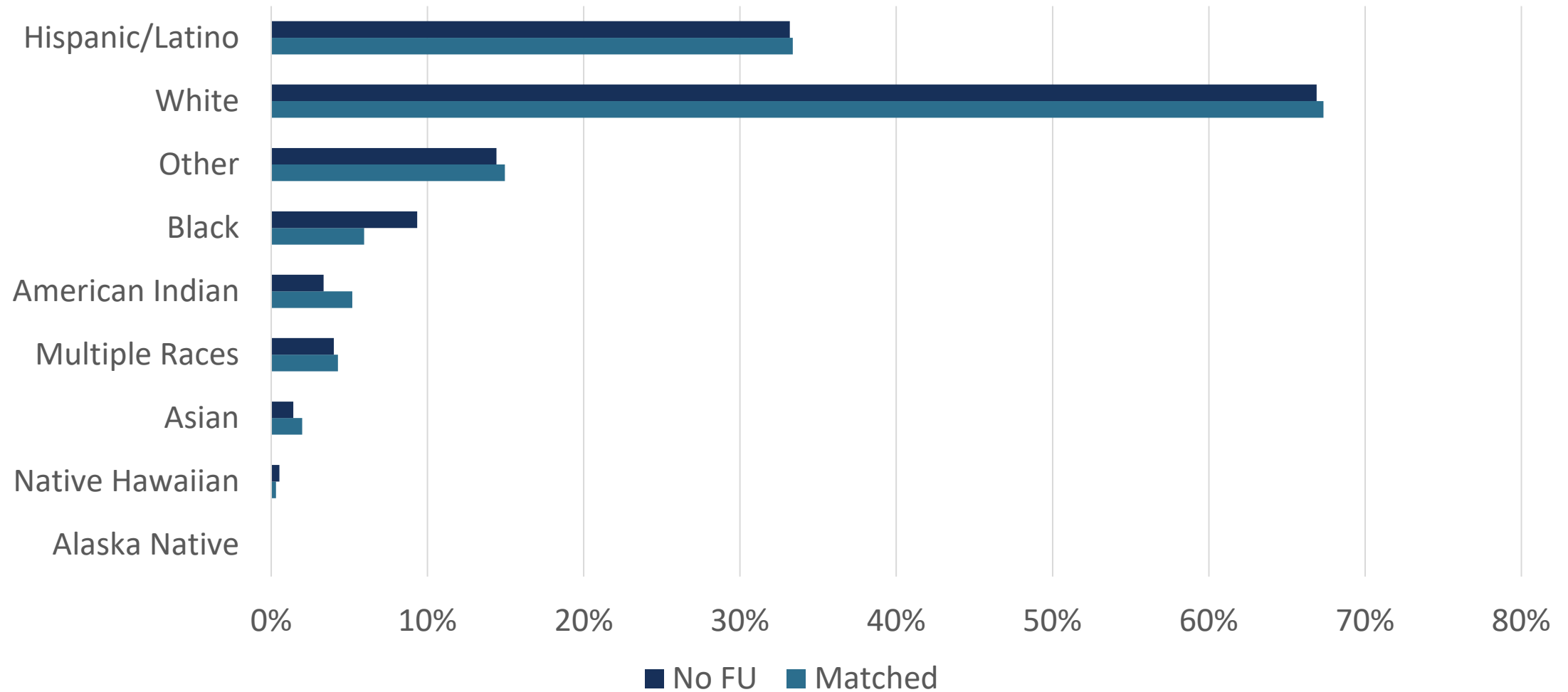
Type of Housing



Employment



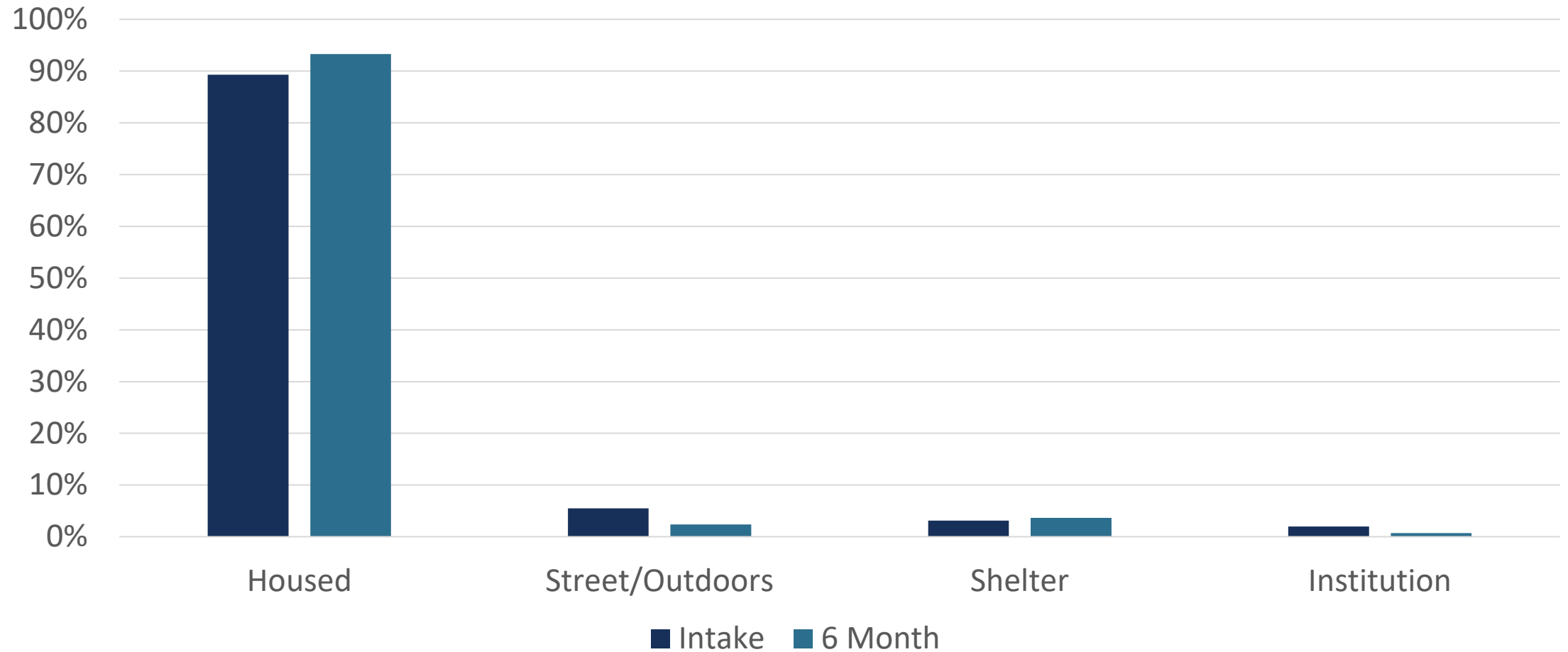
Race/Ethnicity of Participants



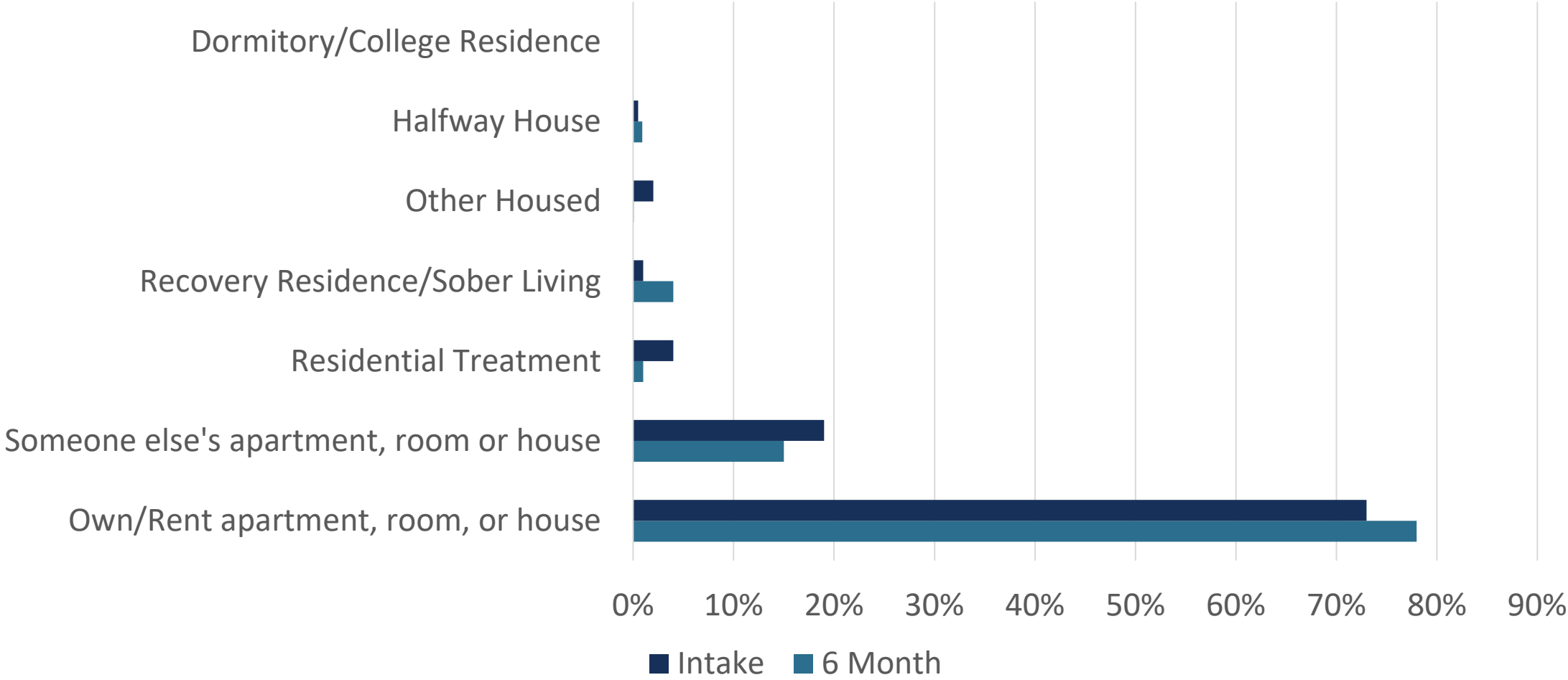
Part II: Time Trend Analysis

- » For this analysis, Aurrera Health Group matched data from clients who participated in the 6-month follow-up survey with their intakes.
- » Clients who had an administrative 6-month follow-up, or no follow-up are excluded here. This left us with data for 718 participants.
- » Limitations – this data will highlight participants who remained in contact with sites, and likely remained in treatment.

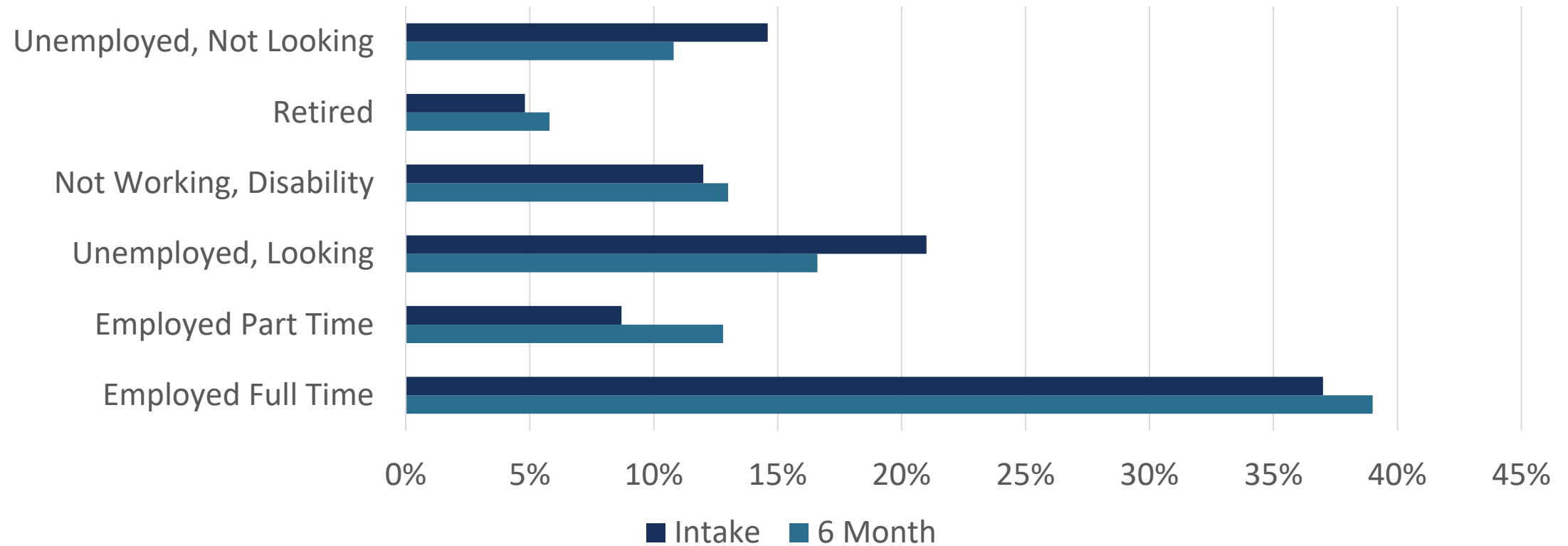
Changes in Housing Status Over Time



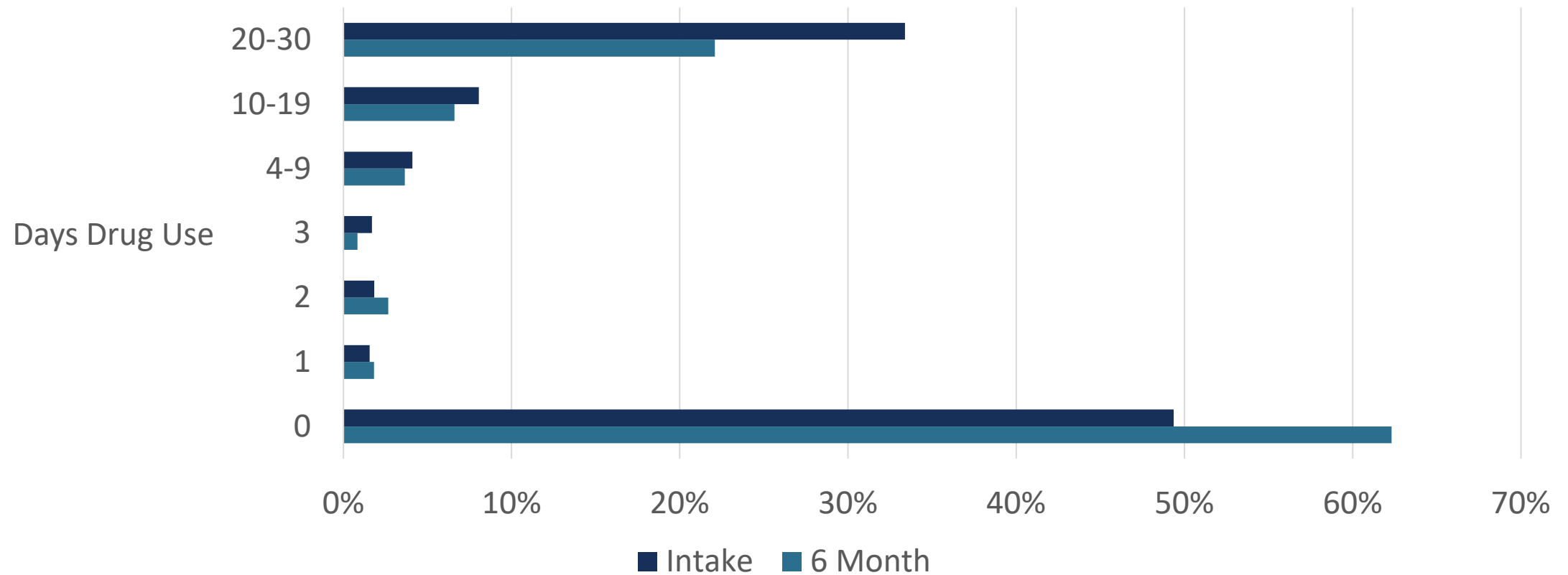
Changes in Living Situation Over Time



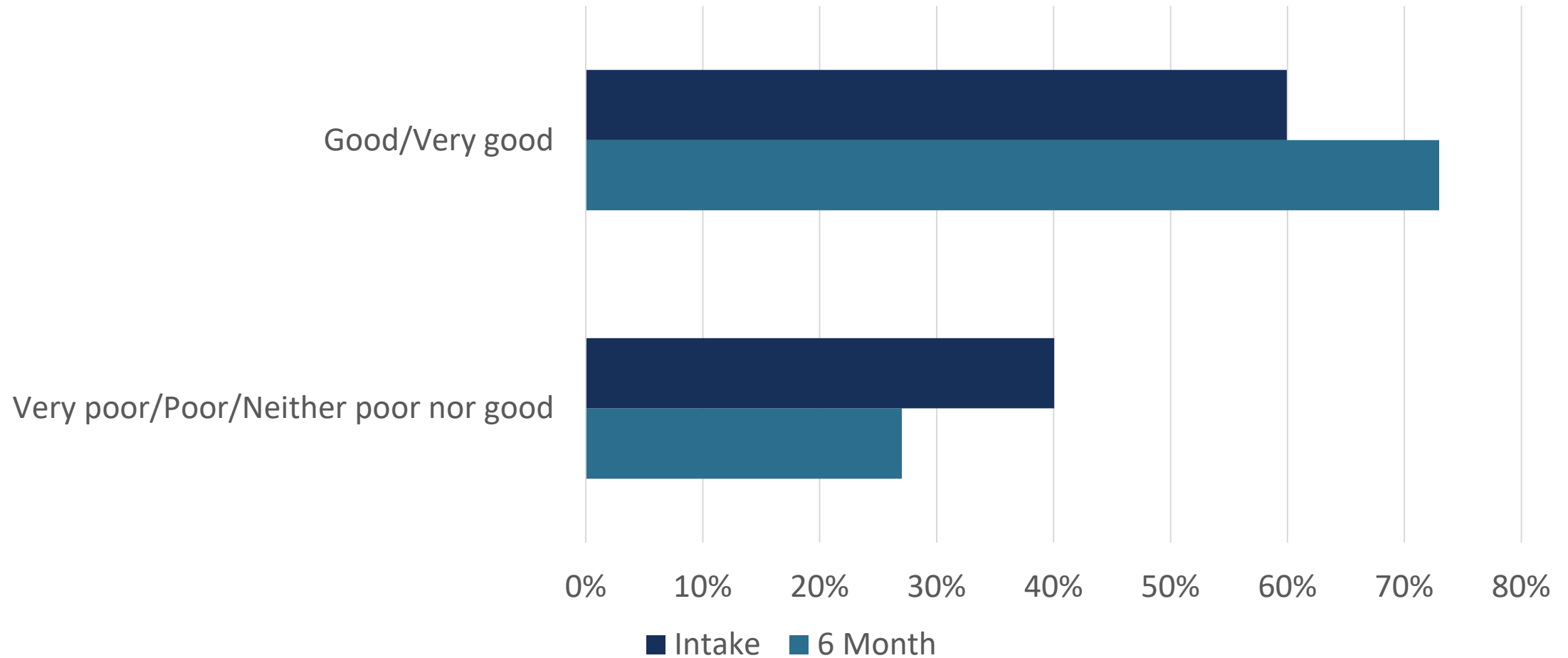
Changes in Employment Status Over Time



Changes in Number of Days Using Drugs Over Time



Self Reported Quality of Life Over Time



Areas of Focus

- » Retention of vulnerable populations – housing status seems heavily correlated with retention in treatment. Focusing on housing referrals and employment coaching might be important to offer stability to these groups.
- » Race/Ethnicity of clients – how does your site’s clientele compare to your county demographics? Are sites reaching everyone impacted?
 - UCLA noted burden of overdose as being highest for Native American/Alaska Native and Black/African American populations, GPRA surveys are low for these populations.
- » Housing, employment, and recovery outcomes are correlated – how can we ensure clients are able to access services needed to remain in recovery? What additional supports are needed?