

Opioid Treatment Network Hub and Spoke projects

Overview

The Hub and Spoke (H&S) model was designed to create a coordinated, systemic response to the complex issues of opioid use disorder among Medicaid and low-income populations. This model of hubs and spokes focuses specifically on increasing the state's capacity to treat those with Medications for Opioid Use Disorder (MOUD).

The Health Care Authority (HCA) through the Division of Behavioral Health and Recovery (DBHR) contracts with community treatment providers to create the Hub and Spoke models. Hubs identify, collaborate, and subcontract with spoke sites to provide integrated care, regardless of how individuals enter the system. Spokes are facilities that provide opioid use disorder treatment, behavioral health treatment, primary healthcare services, wraparound services, and referrals. This includes syringe service programs and programs that intersect with the criminal legal system, including jails. Although there has been less movement of patients across the hub and spokes than initially anticipated, the spokes are used as referral sources as needed.

Each H&S network is staffed with nurse care managers and care navigators to reduce barriers for individuals seeking services by helping them navigate the system and to help prescribing practitioners manage the increased number of patients.

Hub and Spoke contractors implement evidencebased and promising practices as part of a strategic intervention.

Project goals

- Increase the number of patients receiving MOUD by growing capacity in a variety of settings
- Enhance the integrated care that patients receive

- Improve retention rates for enrollees
- Decrease drug and alcohol use
- Decrease overdoses
- Reduce adverse outcomes related to Opioid Use Disorder (OUD)

All patients are screened for stimulant use and infectious disease and provided with treatment or referrals for treatment.

Eligibility

All are eligible who meet the following the criteria:

- Meet the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnostic criteria for opioid use disorder
- Meet state and federal eligibility requirements for admission
- Fall in a priority population: pregnant drug users and/or intravenous drug users

Federal sites

The federal state opioid response (SOR) grant is in its third iteration and runs from September 30, 2022, to September 29, 2024. Each site receives \$760,600.

Authority

The following have authority regarding H&S projects and networks:

- Department of Health and Human Services
- Substance Abuse and Mental Health Services Administration
- Center for Substance Abuse Treatment
- Washington State Health Care Authority

Federal Fiscal Year (FFY) numbers served

The OTN Hub & Spoke project is required to provide 600 inductions onto MOUD per year and provide assessment, treatment or referral to treatment for individuals with stimulant use disorder.

	MOUD Inductions	Stimulant Use Disorder
Year 1	679	335
Year 2	967	563



State sites

- \$3,198,092 State General Funds for SFY24 (July 1, 2023 through June 30, 2024)
- \$202,615 State General Funds for SFY24 (Contingency Management)
- \$799,523 federal Substance Use Prevention Treatment Recovery Services Block Grant (SUPTRS)

State funds are provided solely for the authority to contract with four organizations to coordinate access to MOUD. Sites were identified through a competitive procurement process.

All state hub and spokes provide contingency management for stimulant disorder though funding in Engrossed Substitute Senate Bill 5187, Section 215§80.

State Fiscal Year (SFY) numbers served

Most Hub and Spoke (H&S) networks are contracted to serve 300 unduplicated individuals within the grant period. Northeast WA Medical Group Providence site serves frontier locations in Pend Oreille, Stevens, and Ferry Counties; this contract was reduced to serve 180 individuals.

State H&S Total Distinct Individuals		
SFY 2020-2021	1,971	
SFY 2021-2022	2,249	
SFY 2022-2023	4,392	
SFY 2023-2024	6,341	

Locations

SOR-III locations

- Rainier Internal Medicine, dba Northwest Integrated Health
 - o Pierce, Thurston Counties
- Peninsula Community Health
 - o Jefferson, Clallam, Kitsap Counties:
- Valley Cities Counseling and Consultation
 - King County
- Harborview Medical Center
 - King County

- Lifeline Connections
 - King, Clark, Skamania, Grays Harbor and Pacific Counties

State H&S locations

- Comprehensive Health Care
 - Yakima and Kittitas Counties
- Ideal Options
 - Snohomish and Skagit Counties
- MultiCare Rockway Clinic67
 - Spokane County
- Olympic Peninsula Health Services
 - o Jefferson, Clallam Counties
- Northeast Washington Medical Group, Providence
 - Pend Oreille, Stevens, Ferry Counties

Key partners

The Department of Social and Health Services (DSHS) Research and Data Analysis (RDA)

University of Washington/Alcohol and Drug Abuse Institute (ADAI)

Washington State University (WSU) providing training and technical assistance on contingency management for stimulant use disorder (SOR funds)

Oversight

The Health Care Authority's Division of Behavioral Health and Recovery (DBHR)

DBHR State Opioid Response (SOR) treatment managers and Behavioral Health (BH) treatment managers have oversight as the contract managers for all hub contracts.

DBHR contracted with the Addiction, Drug and Alcohol Institute (ADAI) to provide technical assistance to H&S networks.

For more information

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For additional information

https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/washington-state-hub-and-spoke-project

https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/state-opioid-response-sor-grant

https://www.hca.wa.gov/assets/program/fact-sheet-contingency-management.pdf

Substance Abuse and Mental Health Services Administration https://www.samhsa.gov/