“Hub and Spoke Model”

System Goals

- An established physician-led medical home
- A single MAT prescriber
- A pharmacy home
- Access to existing Community Health Teams
- Access to Hub or Spoke nurses and clinicians
- Linkages between Hubs and primary care Spoke providers in their areas
Hub and Spoke System

**HUB**
- Specialty Substance Abuse Treatment Providers
  - High-intensity MAT
    - Methadone, buprenorphine, naltrexone
    - Regional locations

**SPOKE**
- Data Waivered Prescribers
  - Maintenance MAT
    - Buprenorphine, naltrexone
    - Community locations
    - Prescriber + nurse + licensed counselor
“Hub & Spoke” Health Home for Opioid Addiction

Care As Usual
- Regional Centers
- Addictions Treatment
- Methadone - OTP

Physicians Prescribing
- Buprenorphine
- OBOT

Health Home
- ~ 6 FTE RN, MA / 400 Pts
- OTP & OBOT
- Methadone & Buprenorphine

Comprehensive Care Management - Care Coordination - Health Promotion - Transitions of Care - Individual and Family Support - Referral to Community & Social Supports

Advanced Primary Care Practices and Community Health Teams
- HUB
- SPOKES

Physicians Prescribing
- Buprenorphine
- OBOT
- Methadone & Buprenorphine
Hub & Spoke Evaluation: Participants

**TYPICAL SUBSTANCE USE HISTORY OF PARTICIPANTS**

- **Tobacco, Alcohol, and Cannabis**
  - AGE 13-14

- **Stimulant (Cocaine and Amphetamine) and Benzodiazepine**
  - AGE 19-21

- **Illicit Opioids (Heroin/Fentanyl)**
  - AGE 25

- **Hallucinogens**
  - AGE 17

- **Prescription Opioid without a Prescription**
  - AGE 21

- **Illicit Addiction Medication (Buprenorphine or Methadone)**
  - AGE 27
Hub & Spoke Evaluation: Findings

In-treatment Group:

- Opioid use decreased by 96%; other substance use, except marijuana, also decreased
- Other significant change:
  - ED visits ↓ 89%
  - Arrests/policy interactions ↓ 90%
  - Illegal activity ↓ 90%
  - No overdoses
  - Family conflict ↓ 70%
  - Depression, irritability/anger ↓ >50%

Out-of-Treatment:

- Continued opioid and other substance use
Lessons Learned that Apply to Other Substances

- Watch trends and react early
- High-level government recognition and buy in essential to resource development
- Address root cause(s)
- Think systematically
- Investigate novel funding mechanisms
- Community involvement and ownership is critical
The number of prescriptions for stimulants dispensed has stabilized after increasing 26% between 2012 and 2016.

Data Source: Vermont Prescription Monitoring Program
Working together to eliminate substance abuse in Vermont

**ParentUpVT**
Parent hears social media message on Pandora and links to ParentUp tips on how to talk with their kids about substance abuse.

**School-based Substance Abuse Services**
High school student does presentation to school board on Youth Risk Behavior Survey.

**Recovery Centers**
Family member gets recovery coaching at local Turning Point Center.

**SBIRT**
A relative falls and goes to the emergency department; receives a screening and has access to brief intervention and referral to treatment.

**Vermont’s Most Dangerous Leftovers**
Patient sees “Most Dangerous Leftovers” poster in doctor’s office; decides to bring unwanted medication to a local drug take-back program.

**Community Coalitions**
Local partners find most residents support reduced alcohol and tobacco ads in their community.

**Care Alliance for Opioid Addiction (Hub & Spoke)**
Concern about a family member’s opiate use leads to referral to treatment programs.

**Impaired Driver Rehabilitation Program (Project CRASH)**
Family member gets DUI, receives education & assessment.

**AHS Districts**
Parent applies for Supplemental Nutrition Assistance Program, gets free substance abuse screening.

**Division of Alcohol & Drug Abuse Programs**
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**VERMONT DEPARTMENT OF HEALTH**
healthvermont.gov
BUILDING RESILIENCE: RESPONSES TO BOTH OPIOID CRISIS & CHILD TRAUMA

CHILDREN AND RECOVERING MOM’S COLLABORATIVE (CHARM)
VERMONT TRAUMA WORK GROUP
BUILDING FLOURISHING COMMUNITIES

LEGISLATIVE RESPONSE

- (Act 43 of 2017) Building resilience for individuals experiencing adverse childhood experiences: inventory & legislative work group
- H. 919 of 2018) Relating to Workforce Development: whole family/two generation approach identified
- (S. 261) - An act relating to mitigating trauma and toxic stress during childhood by strengthening child and family resilience
- SERVICE DELIVERY & PROGRAM EXAMPLES