

Substance Use in New Hampshire has been acknowledged as an epidemic for several years. As the state and local communities have struggled to address the issue, several barriers have surfaced that diminish our ability to confront the health crisis adequately.

The first barrier is the lack of providers and services. This access barrier had prompted the state of Vermont to develop a model of Substance Use treatment that could also be beneficial to our state and to our Manchester community. Elliot Hospital is proposing to continue to fully develop such a “Hub and Spoke” model of care in our community.

“A **‘Hub’** is a specialty treatment center responsible for coordinating the care of individuals with complex addictions and co-occurring substance use and mental health conditions across the health and substance use treatment systems of care. In the case of Medication Assisted Treatment (MAT) for opiate addiction, for example, Hubs will initiate medication assisted treatments, provide care through the period of initial stabilization, coordinate referrals to ongoing care, and provide consultation and support to ongoing care.”(1)

“A **‘Spoke’** is an ongoing care system” (such as a primary care practice), “ comprised of a provider prescribing MAT and the collaborating health and addictions professionals who monitor adherence to treatment, coordinate access to recovery supports and community services, and provide counseling, contingency management, care coordination and case management services.” The hope is that, in the Elliot System, a distinct specialty clinic (Hub) would refer to the primary/family care practices (Spokes) for ongoing management of those with substance use issues with embedded nursing and Behavioral Health (both mental health and substance use professionals) staff working closely to form a Patient Centered Medical Home.” (2)

The collaboration of Patient Centered Medical Homes have demonstrated a higher quality of services, better coordination of care among multidisciplinary staff and more seamless transitions of care.

The referrals between the Hub and the Spokes can be multidirectional. Not only can the Hub address the initial critical or urgent referral to treatment, but also Hubs, as a specialty service, can, at the request of a Spoke, provide the following:

- “Consultation services – addictions medicine, expertise in managing co-occurring behavioral health conditions, and the initiation of recovery supports.
- Comprehensive assessments and treatment recommendations, such as differential diagnosis, assessment of need for MAT, versus other services.
- Initial Induction and stabilization services of buprenorphine, especially for complex clinical presentations.
- Reassessment and treatment recommendations for individuals experiencing relapse.
- Support for tapering off maintenance medication, including the provision of more intensive psychosocial supports.
- Support and consultation for recovery and rehabilitation services, including assistance with designing individual recovery plans and coordination with other community agencies regarding housing, employment and other specialized services and supports.” (3)

The Spokes, could, with added staff provide the following:

- SBIRT screening to determine the expected areas of concern.

- “Comprehensive Care Management: Activities undertaken to identify patients with MAT, conduct initial assessments, and formulate individual plans of care. Care Management also includes activities related to managing and improving the care of the patient population across health, behavioral health treatment and social service providers.
- Care Coordination: The implementation of individual plans of care (with active patient involvement) through appropriate referral coordination and follow-up as needed to services and supports across treatment and human services settings and providers. Additionally, care coordination services focused on streamlining the movement of patients from one treatment setting to another, between levels of care, and among health and specialty behavioral health service providers.
- Individual and Family Support: Individual and family support services assist individuals to fully participate in treatment, reduce barriers to accessing care, and promote recovery. This will be accomplished through the addition of Certified Peer Support Recovery Workers.
- Referral to Community and Social Support Services: Assistance through a case manager for clients to obtain and maintain eligibility for formal supports and entitlements (e.g. health care, income support, housing, legal services.) and to participate in informal resources to increase community participation.” (4)

Concern has been expressed that many individuals present in the local Emergency Rooms with a variety of substance-use related health concerns, such as overdoses or endocarditis. These occurrences in the ED or hospital inpatient units can also be effectively addressed by utilizing the Hub and Spoke Model.

Lastly, one of the overwhelming concerns throughout the state is the lack of outpatient services available to individuals with a substance use disorder or with a co-occurring disorder. Our Hillsborough County North Drug Court has become the fastest growing Drug Court in the state. At this rate of growth, we expect to include approximately 125 participants by the end of the year. We are currently experiencing difficulties in providing gender-specific groups in both of our PHP and IOP programs. We are attempting to hire more staff in order to do so.

Furthermore, there is a serious lack of affordable housing throughout the state. This situation is even worse for our participants in Drug Court, who may have difficulty finding work or suitable, safe housing. We would like to attempt to provide vocational assistance and, perhaps, a rental voucher to assist them with rent for the first few months of their recovery.

If successful, as we expect to be, it would be our intent to demonstrate the following outcomes:

1. Reduction in hospital utilization
2. Reduction in ED utilization
3. Improvement in care integration, coordination and transitions
4. Retention of patients in MAT
5. Increased retention of patients in our substance use programs
6. Improvement and increase in the use of preventive services
7. Reduction in substance use.
8. Increased success rate in the Drug Court

Through the close collaboration and coordination of the Hub and Spoke model, coordinated training efforts for all primary care practices and Emergency Department staff (which will also start MAT

inductions, once we have developed more spokes) are underway in order to reduce stigma and discrimination related to those patients experiencing substance use issues. The training would minimally focus on addiction as a chronic medical illness and provider burnout. However, we would also include such topics as Harm Reduction, Motivational Interviewing and other skills needed to effectively address substance use treatment.

The Emergency Department is hoping to begin the distribution of “Harm Reduction Bags” to any patient that may have presented in the ED due to substance use issues. These bags will include Narcan samples, instructions on safe use of needles, alcohol wipes, and brochures regarding possible treatment, and support resources among other items.

Therefore, we are asking for financial support for the following:

- To increase our MLADC staff throughout the primary care practices that will start or continue to provide MAT services and Emergency Department;
- To hire 3-4 medical providers to fully establish a 24/7 HUB model of care;
- To continue to assist us in providing Narcan in our IOP, PHP and Drug Court programs;
- To hire an employment/vocational counselor to assist our clients in establishing employment
- To expand both the IOP and PHP programs by hiring additional MLADC, LICSW and case manager staff;
- To be able to provide housing vouchers to assist Drug Court participants during the first 3 months of their recovery in finding safe housing;
- To continue to provide system-wide training in Stigma-reduction, Harm reduction, Motivational Interviewing, Addiction as a chronic medical illness etc.;
- To hire both case managers and certified peer recovery specialists to assist our clients in coordination of care and a successful return to the community.

References

- (1) Vermont Blueprint for Health, Vermont Agency of Human Resources, August 7, 2012, p2.
- (2) Ibid, p.3
- (3) Ibid, p4
- (4) Ibid p.6