

California Health Care Foundation  
Connecting Medication-Assisted Treatment to Primary Care: The Hub-and-Spoke Model  
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# Marin County Hub and Spoke Model Development: Early Thoughts

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# Marin County

- Population → 258,365
- “General Law County” vs. “Charter County”
  - Board of Supervisors
- Medi-Cal enrollees → ~44,000
- Homeless → ~1,309
- “Healthiest county in California”

# Marin County

- Two Headed Monster:
  - 1) High rates of controlled substance prescribing (goal: decrease supply)
  - 2) Gaining access to services (goal: decrease demand)



# RxSafe Marin

- Marin County Prescription Drug Misuse and Abuse Initiative
  - Coalition
    - Marin County Department of Health and Human Services
    - Marin County District Attorney's Office
    - Marin County Public Defender's Office
    - Marin County Office of Education
    - Healthcare providers
    - Pharmacists
    - Community members



# Marin County—Supply

- 2013→33,130 prescriptions for high dose opioids ( $\geq 90$  MME)
- 2013→27 Unintentional drug overdose deaths
- 2015→27,848 prescriptions for high dose opioids ( $\geq 90$  MME) (16% decrease)
- 2015→14 Unintentional drug overdose deaths

# Marin County—Demand

- 1) Community oriented primary prevention
- 2) Treatment—MAT

# Marin County—Demand

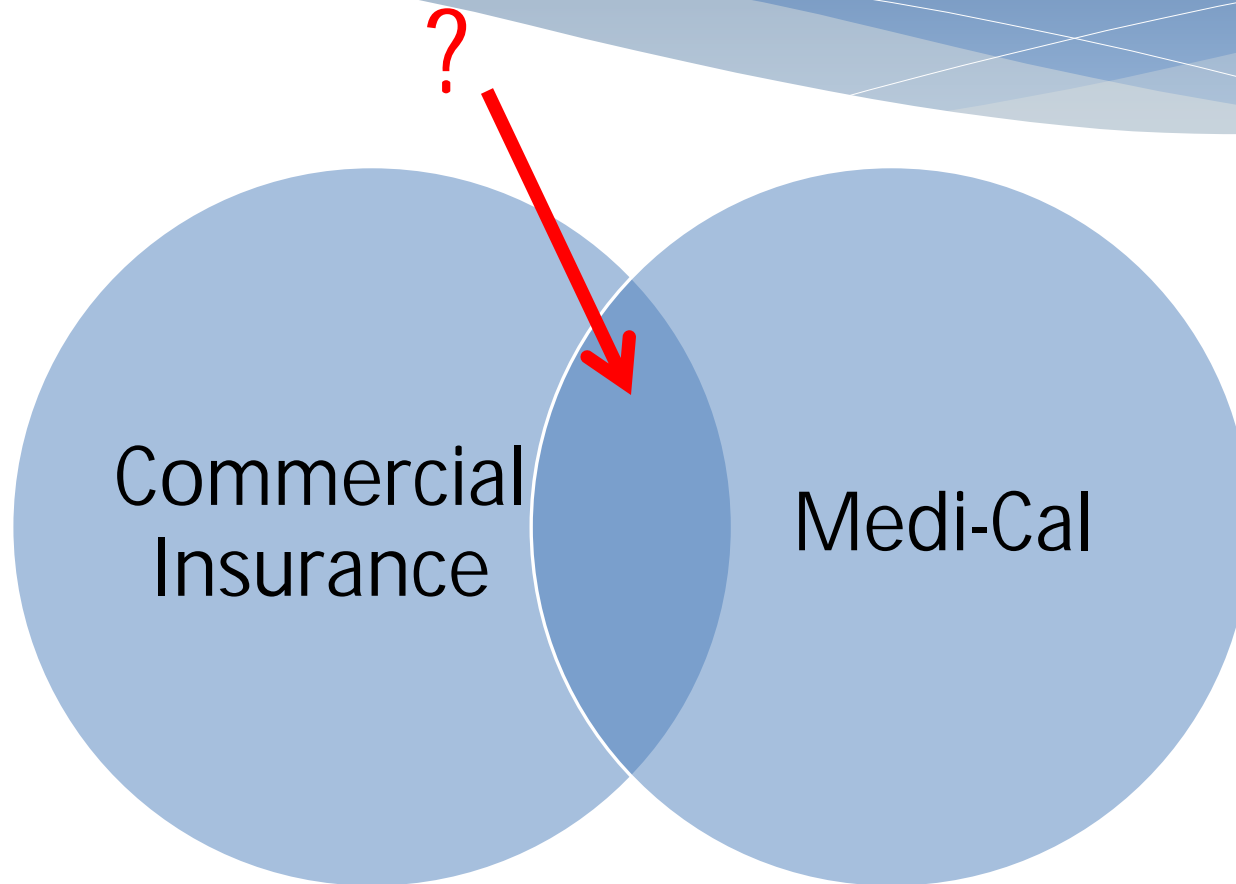
- 1 in 4 adults in Marin needs help for drug and/or alcohol misuse

# Marin County—Demand

- Treatment options:
  - 4 FQHCs
    - Marin City Health and Wellness Center—HRSA grantee
  - Kaiser
  - Sutter Health
  - Marin Treatment Center (NTP)
  - Social Detox (Helen Vine Center)
  - Jail
  - Marin General Hospital
  - County subcontractors
  - County Drug-ODS Waiver service: Road to Recovery
  - County Mental Health
  - Private practitioners
  - Self pay/Commercial Insurance treatment centers



# Marin County—Demand



# Marin County—Demand

- Common responses when discussing expansion of MAT in treatment settings
  - “Say what?”
  - “We’re not set up to handle criminal people here.”
  - “I don’t want the liability. I’m not licensed anyway.”
  - “I don’t want to do drug testing here, and we can’t.”
  - “We don’t want to be known as the place where addicts can come for this. We’ll be overrun.”
  - “We can’t handle the psychiatric part of this (or pain).”

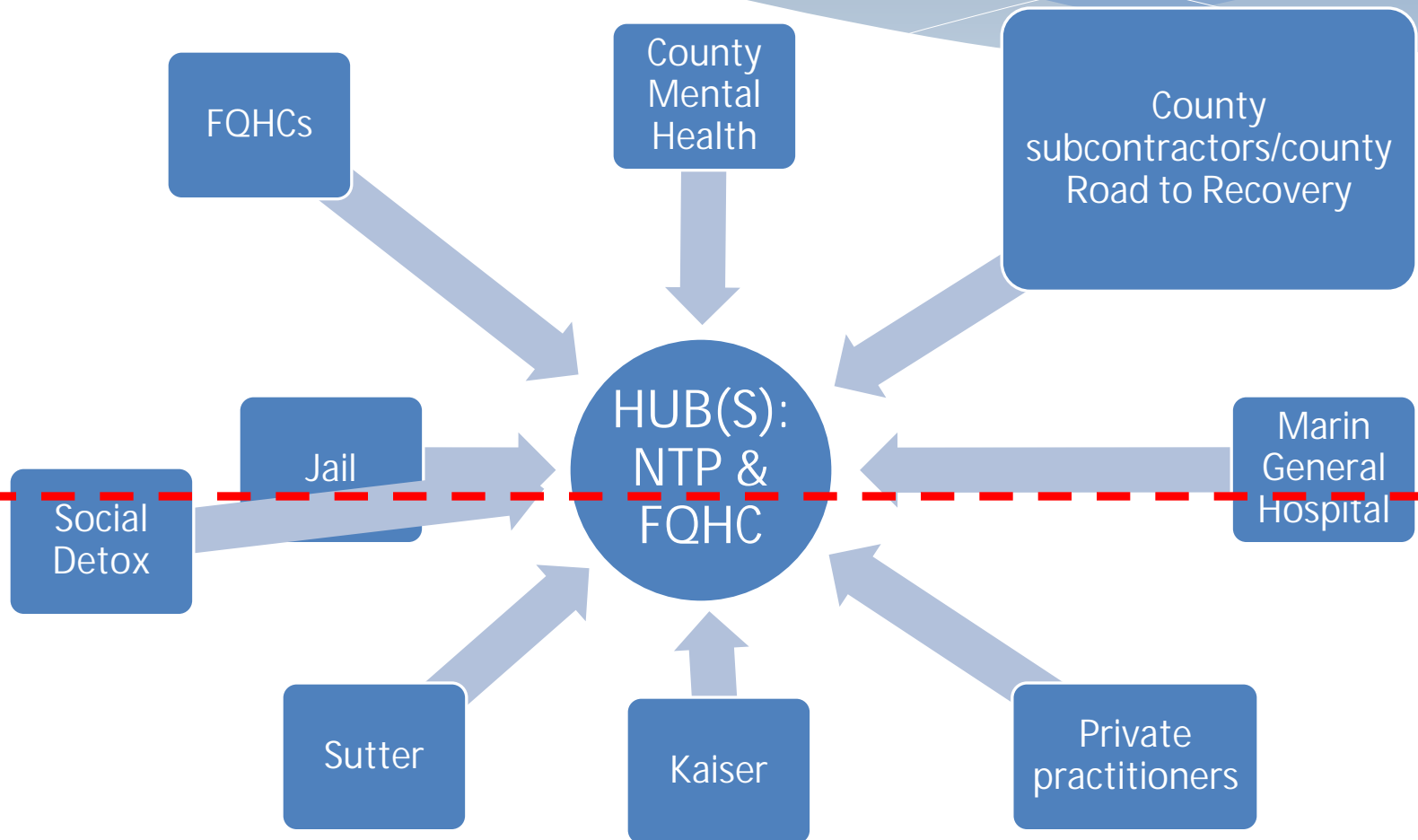
# Marin County—Next Steps

- Starters:
  - Focus on Medi-Cal population
    - DMC-ODS Waiver
      - All subcontractors DMC-certified
      - MAT linkages mandated
  - Focus on FQHCs
  - Increase referrals to HRSA grantee
- Build internal capacity
- Build hub-spoke connections

# Mini SMART Goal

- \* By May 1, 2017, at least 10 patients will have been referred from Marin FQHC's into Marin City Wellness Clinic MAT program

# Marin County—Overview



# Marin County—Next Steps

- Build internal capacity
  - Provide buprenorphine waiver training
    - ASAM vs. AAAP (via SAMHSA)
    - Provide internal consultation
    - Build internal champions
      - Recruitments externally and internally
    - Create system of professional consultation (curbside or formal)
- Build hub-spoke connections
  - Work with internal champions
  - Facilitate referrals to MCHWC