

Quarterly Report to the California
Department of Health Care Services

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Period: January 1, 2021 – March 31, 2021
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Project Areas: *Systems of Care* MAT Expansion Project, including County Crisis Response Teams (CRTs) and CDCR Prison MAT Expansion work
DHCS Project Number: 20-10318
HMA Project Number: 200210

Summary:

Since October 2018, Health Management Associates (HMA) has operated a project funded by the California Department of Health Care Services (DHCS) to evaluate systems of care in California counties, conduct multi-day process improvement efforts, and expand the medication assisted treatment (MAT) capacity in target counties through learning opportunities and direct provider coaching. The project included an additional workstream that shares the larger goals of addressing the opioid epidemic in the state through expanding MAT – work with the California Department of Corrections and Rehabilitation (CDCR) to bring MAT into prisons systemwide.

Under SOR2 funding which began in September 2020, the project work continued and an additional workstream of Community Response Teams (CRTs) was added to bring resources to the most underserved counties in the state.

The Systems of Care project conducted significant outreach and planning in the six counties selected for the program. This effort reflects the program improvement implemented based on learning from SOR1. Deeper and more extensive advance work and relationship building was carried out to ultimately conduct a process improvement event with more comprehensive participation, greater engagement, more local co-design, and a greater number of provider organizations likely to participate as MAT coaching sites.

The CRT work this quarter included the significant milestone of completing extensive stakeholder outreach in five finalist counties being considered and selecting the participating counties to move forward in the full program.

These activities are described in detail in this report and further illustrated in the attach

This is quarterly report covers the period of January 1 – March 31, 2021. Only deliverables on which work has started are included.

DELIVERABLES:

The section below details deliverables HMA is required to perform per its contract on which there was meaningful work conducted during the quarter. The report is organized by deliverable category and like deliverables are grouped.

DELIVERABLE ITEMS FROM “MAIN SYSTEMS OF CARE COMPONENTS”

SECTION:

Workstream	DHCS Deliverable Number
NEW COUNTIES—SYSTEMS OF CARE	D5, D6, D8, D23, D24, D25
Deliverable Detail	
Process Improvement Event (PIE) Advance Work Counties 1, 2, 3, 4, 5, 6 <ul style="list-style-type: none">• Prepare data profile of each prospective county• Discuss profile with DHCS and get consent to pursue as a Systems of Care county• Establish contact with county leadership and other key system stakeholders• Conduct site visit, write up summary, and make recommendation on proceeding	

Much of this work was accomplished in the previous quarter. HMA reported in the last quarterly report on its outreach and selection of the six counties. The work accomplished included the development of data profiles which are included with this report as **Attachment 1: Marin Data, Attachment 2: Santa Barbara Data, Attachment 3: Santa Cruz Data, Attachment 4: San Bernardino Data, Attachment 5: Siskiyou Data, and Attachment 6: Yolo Data.**

The counties to which HMA was outreaching were consented to in the previous quarter and the deck summarizing the recommendations for their selection was described in the last report and included as an attachment.

Significant work in the way of planning and outreach meetings was conducted in all six counties. This intensive planning period was designed as an SOR2 improvement to plan for PIEs that more effectively engage a multi-stakeholder audience county-wide and attract in a robust audience of provider sites that have a high likelihood of being successful MAT coaching participants. The work also focuses on setting county-level SMART goals and developing stakeholder consensus on them. All six PIEs are scheduled for 2021 Q2.

Workstream	DHCS Deliverable Number
ONGOING TA PROGRAM OPERATIONS	D27
Deliverable Detail	
TA Program Webinar Content – Period 1 <ul style="list-style-type: none"> Plan and conduct monthly webinars Record webinars and place on website Administer webinar evaluations and collect data 	

This deliverable was accomplished this quarter. Three webinars were offered to our new counties, recorded, placed on the website, and evaluated. HMA created a follow-up office hours session for each of our webinars for participants to log in and discussion their own specific questions and challenges related to the webinar topic. HMA has CME approval for the program and each webinar is submitted for CME approval to incentivize participation.

Webinar #1				
Neuroscience of Addiction and Engaging Medical Providers in SUD Care				
In this lecture we will discuss the neurological origins of addiction and the system to treat it. Understanding the basic neuroscience of addiction allows for a better conceptualization of why we need specific elements of intervention to be developed. With this in mind we will use the NAM framework to discuss the “system” required to effectively treat addiction.				
Date	Presented by	Description	# Attendees	# Applied for CME
1/19/21	Corey Waller	Webinar	189	86
1/25/21		TA Office Hours	7	N/A
Webinar #2				
Intro to Change Management & Implementation Planning				
Organizational or programmatic change is notoriously difficult in healthcare settings. Yet changes in healthcare are the norm. Changes such as new technology, payment structures or an increased understanding of a disease push us to move forward to survive. Understanding the principles of change management and using the steps of change management will make this process more successful and lasting. Implementation planning is an important part of this process. Deciding how the change process will unfold, identifying what and who are impacted by change, and developing a plan are all important components of successful implementation. Whether your agency is implementing a new MAT/SUD program or expanding services, following the steps of change management and implementation planning will ensure a smoother more successful result for staff and patients.				
Date	Presented by	Description	# Attendees	# Applied for CME
2/16/21	Shannon Robinson,	Webinar	25	10
2/18/21	Shelly Virva	TA Office Hours	5	N/A
Webinar #3				
Intro to Stimulant Use Disorder				
In addition to fueling overdose deaths, there is an explosion of adverse health consequences associated with stimulant use. The health effects of stimulant use may not always be evident due to				

limitations in toxicology testing and missed opportunities to track lingering effects that last well beyond the acute exposure. Additionally, treatment staff frequently cite lower retention rates for patients with stimulant use disorders compared to other use disorders. This webinar will explore the neurobiology of stimulant use, review the short and long term health effects and describe the evidence-based treatments that can improve treatment retention and aid those with stimulant use disorders entering recovery.

Date	Presented by	Description	# Attendees	# Applied for CME
3/16/21	Shannon Robinson,	Webinar	175	73
3/23/21	Danny Contreras (Santa Cruz County)	TA Office Hours	44	N/A

Workstream	DHCS Deliverable Number
Continuation of Cohort 1: Follow-up Process Improvement Event – Southern CA Event & Central CA Event	D28, D29
Deliverable Detail	
<ul style="list-style-type: none"> Assess participating counties in Central and Southern California and select the county with the highest likelihood of strong participation, meaningful engagement and further impact to improve addiction treatment system Plan and hold single-day follow-up process improvement events. Write summary report to document progress made toward building the future state addiction treatment system, recommit to ongoing collaborative work, new priorities, and local sustainability strategies 	

This deliverable was accomplished in the quarter. The Northern California event was conducted and reported on in the previous quarter and the Central California event was the Fresno County follow-up PIE.

Fresno County

HMA conducted a follow-up Process Improvement Event (PIE) with Fresno County on January 27, 2021. *A Virtual Workshop to Develop a Cohesive Ecosystem of Care for People with Substance Use Disorder in Fresno County*, was facilitated by Helen DuPlessis, MD, MPH and Shannon Breitzman, MA. Other HMA team members included Lori Raney, MD and Kelsi Jackson, MPH.

The PIE provided an opportunity to re-engage partners across Fresno County. During the planning of the follow-up PIE, HMA worked with a team from Fresno County Department of Behavioral Health (FDBH) to co-create SMART goals to measure progress during the six-month continuation period and to focus sustainable effort on beyond the project period. Determining SMART goals for county work is a new practice that the HMA team is implementing in SOR2 based on lessons learned in SOR1. The goals were:

Goal #1: Partners in the addiction treatment ecosystem will develop a county eco-system map of all SUD treatment providers and related support services to increase and systematize information sharing and coordination across other SUD initiatives/funding streams and partners (e.g., ED Bridge, Touchpoints).

Goal #2: FDBH will develop and make public a list of providers of addiction treatment within Fresno County and across county lines to support bi-directional portability of services.

Goal # 3: Partners in the addiction treatment ecosystem will increase access by 5% to buprenorphine inductions or refills following emergency department inductions or release from corrections facilities.

During the virtual workshop, HMA facilitated two breakout sessions centered around addressing the county goals. In one breakout, stakeholders brainstormed the partners/providers who were involved in key parts of the substance use disorder treatment and recovery ecosystem, including screening, referrals, assessment, treatment, and aftercare services. HMA created an interactive tool using Prezi to display the identified providers across the ecosystem for county partners to use and update.

The second breakout session centered upon what stakeholders felt would be important things to accomplish in order to fulfil county goals #2 and #3. Participants identified key implementers, partners and next steps to accomplish these goals. Specific next steps were identified and FDBH has already planned action and follow up to extend beyond the end of this project.

Overall, the follow up PIE event provided an opportunity to reconnect partners across the ecosystem, provided tools for staying informed and maintaining connection and provided tangible and sustainable next steps for FDBH to lead on behalf of county partners.

Attachment 7: Fresno Follow-up Event Decks

Workstream	DHCS Deliverable Number
ONGOING TA PROGRAM OPERATIONS	D40
Deliverable Detail	
TA Ongoing Curriculum Development <ul style="list-style-type: none">• Develop five new learning modules to strengthen HMA curriculum that require original research• Update five existing learning modules that require more current information and enhancements	

In addition to the webinars reported on above, the TA program had other significant work underway in the quarter. The team of coaches and other subject matter experts completed the development of the curriculum for coaches to use as a guide for all their MAT coaching sites to ensure thoroughness and consistency across sites. Further, the matrix is designed to coordinate the streamlining of all TA content to minimize fragmentation and engage participants in a clear and organized manner with program offerings. The internal curriculum guide is included here as: **Attachment 8: Coaching Curriculum.**

The Director of County programming, Dr. Helen DuPlessis led the development and completion of the revised decks for the now virtual Process Improvement Events (PIEs). The work included updating didactic content, revising the content to reflect the intensified focus on county-level SMART goals, and sustained engagement of participants. Additionally, all of the PIE content had to be designed to be delivered on Zoom. Those decks are included here as: **Attachment 9: Process Improvement Event Day 1** and **Attachment 10: Process Improvement Event Day 2**.

DELIVERABLE ITEM FROM “CRT PROGRAM PILOT” SECTION:

Workstream	DHCS Deliverable Number
CRT PROGRAM PILOT	D16
Deliverable Detail	
CRT – Planning and Outreach <ul style="list-style-type: none"> • Identify target counties and develop profiles • Discuss prospects with DHCS • Establish contact with key civic institutions, leaders, community organizations, and citizens at large • Conduct site visit • Write summary of county with recommendation to proceed in program • Develop CRT program area work plan 	

During the first quarter of 2021, the Community Response Team (CRT) HMA leaders made significant advances in implementing the program. Based on the data collection and review conducted in the previous quarter, the team developed profiles of the top ten counties for consideration based on the burden criteria established and previously reported on. With DHCS’ support, the team reached out to the top five counties and conducted stakeholder interviews. The barrier of unresponsive stakeholders in the target counties was significant and required persistence and repeat outreach to establish contact in all counties. The counties that were reviewed in depth through this outreach effort were Alpine, Amador, Calaveras, Madera, and Sutter. As the outreach progressed, the discussion in Sutter County was expanded to include Yuba County due to the intertwined nature of the system overlapping both counties.

The outreach focused on priority characteristics which were established to screen for likelihood to have impact in the program. Those characteristics were: 1. The availability and responsiveness of stakeholders; 2. The condition and structure of the system in the county; 3. The receptivity of the stakeholders to the coalition prevention-focused work of the CRT model; 4. The strength of leadership in the county; and 5. Evidence of existing priority placed on addressing the SUD epidemic in the county.

Ultimately the recommendation was made to DHCS to select Madera County and Sutter/Yuba Counties. The table showing the ranking of the five counties according to the selection criteria is below.

SUMMARY OF PRIORITY CRITERIA

County	Availability – responsiveness	System condition & structure	Receptivity of stakeholders	Strength of key leadership (formal and informal)	Existing county priorities in SUD
Alpine			N/A	N/A	N/A
Amador			N/A	N/A	
Calaveras		N/A	N/A	N/A	N/A
Madera					
Sutter/ Yuba					

* Additional variables of linkages within system and funding for SUD were considered as additional context

Documents illustrating the team's work on the CRT over the quarter are included as:

Attachment 11: DHCS Community Response Teams County Selection Approval; Attachment 12: Outreach Sutter; Attachment 13: Outreach Madera; Attachment 14: CRT Workplan.

DELIVERABLE ITEM FROM "QUARTERLY REPORTS FOR SYSTEMS OF CARE"

SECTION:

Workstream	DHCS Deliverable Number
1 st Project Report to DHCS for period 10/01/20-12/31/20)	D10
Deliverable Detail	
The report was submitted to DHCS on January 30, 2021 with a Sharepoint link where all of the attachments are housed.	

The report for the first quarter of the SOR2 contract, October 1 – December 31, 2020, was submitted for DHCS review in January 2021.

DELIVERABLE ITEM FROM “CDCR” SECTION:

**PROGRAM AREA VII: PHASE 2 CALIFORNIA DEPARTMENT OF CORRECTIONS
AND REHABILITATION**

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 – Primary Care Provider Curriculum Development	D9
Deliverable Detail	
<ul style="list-style-type: none">Adapt curricula to be primary care facing Enhance online curricula offerings	

Through discussion with CDCR Leadership in Quarter 2, it was decided that the initial training approach (site leads and interdisciplinary teams) be revised. The revised approach will develop and deliver core competency training and interventions through existing curriculum delivery processes for Primary Care Providers and Addiction Champions. Primary curriculum focus for Primary Care Providers will be on OUD, screening and assessment, and toxicology.

Identified CDCR leadership will work with HMA to review the work plan, set goals and objectives, and provide assistance with delivering the trainings and interventions. Existing curriculum from SOR1 that was developed for Addiction Champions will be modified to be applicable to Primary Care Providers.

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 – Behavioral Health Provider Curriculum Development	D41
Deliverable Detail	
<ul style="list-style-type: none">Develop competency-based curriculaReview national competenciesEnhance online curricula offerings	

Through discussion with CDCR Leadership in Quarter 2, it was decided that the initial training approach (site leads and interdisciplinary teams) be revised. The revised approach will develop and deliver core Behavioral Health competency training and interventions for Nursing, LCSWs, and DRP contractors/AOD counselors.

Identified leadership will work with HMA to review the work plan, set goals and objectives, and provide assistance in delivering the trainings and interventions. The HMA Behavioral Health SMEs developed a framework of training modules to support staff attainment of competencies to provide person-centered, recovery-oriented, evidence-based and trauma-informed supports and services to residents. These competencies include psychotherapy, psychoeducation and team-based approaches, including

Seeking Safety, Smart Recovery and Co-Occurring Disorders. Additionally, HMA will offer programmatic support to help build policies, procedures, and curriculum.

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 Primary Care Provider Training	D42
Deliverable Detail	
<ul style="list-style-type: none"> • Provide both in-person and online training resources • Plan and host learning cohorts and didactic sessions • Travel for in-person trainings 	

There are 350 Primary Care Providers who will receive the Primary Care Provider training. The primary care curriculum is under development and training will begin in June 2021 and will continue through June 2022. Currently, the training is designed to be virtual, however, the project team is expecting that some in-person training will occur later in the year. This training will be a combination of didactic training webinars, office hours, and curriculum modules on the Learning Management System (LMS). HMA will be deploying a new LMS next quarter. Dr. Waller will continue providing mentoring, documentation review, and SME support to Addiction Medicine board seeking providers.

HMA project management will also create processes for tracking outreach and training to report to UCLA for DHCS quarterly reporting.

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 Strategic Support to DHCS	D43
Deliverable Detail	
<ul style="list-style-type: none"> • Licensing • Certification • Other addiction regulatory matters 	

Dr. Waller continues to provide screening and assessment support, Care Management evaluation and participated in discussions concerning system development, payment, and current federal policy. He is writing 15 letters of recommendation and providing logistical support to those applying for the Addiction Medicine board certification. Dr. Waller also conducts individual leadership calls with the heads of each division to coordinate efforts across the divisions and help complete implementation.

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 Behavioral Health Provider Training	D46
Deliverable Detail	
<ul style="list-style-type: none"> • Provide in-person and online training resources • Plan and host learning cohorts and didactic sessions • Travel for in-person trainings 	

Curriculum is being developed to support the expansion of Psychotherapy, Psychoeducation and the development of team-based approaches. There are an estimated 40 LCSWs, 350 DRP contractors/AOD counselors, and 2,000 nurses who will have the opportunity to participate in the training offered. This Behavioral Health Provider curricula is under development and training will begin in June 2021 and will continue through June 2022. Currently, the training is designed to be virtual, however, the project team is expecting that some in-person training will occur later in the year. This training will be a combination of didactic training webinars, office hours, and curriculum modules on the Learning Management System (LMS). HMA will be deploying a new LMS next quarter. The training for nurses will be a regional approach, delivering training to 4 to 5 institutions at a time.

HMA project management will also create processes for tracking outreach and training to report to UCLA for DHCS quarterly reporting.

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 BH Intervention Phase 1	D47
Deliverable Detail	
<ul style="list-style-type: none"> • Review current state • Develop Cerner paths • Identify site Leads 	

HMA had one in person meeting to develop the workflow for the delivery of psychoeducation by DRP contractors/AOD counselors. We are now developing the integrated pathway with CCHCS and the ISUDT project itself. The plan is to have a completed pathway by June.

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 Primary Care Provider SME Support	D66
Deliverable Detail	
<ul style="list-style-type: none"> • Provide on-call support • Provide and host office hours • Conduct chart reviews • Provide feedback • Conduct quality evaluations 	

Twice weekly office hours have been ongoing through second quarter. There are about 500 physicians in medical services and about 291 x-waivered physicians. To date, primarily the Addiction Champion providers have attended these sessions although all Primary Care providers are invited to attend. These office hours will be revised in May once the curriculum delivery approach has been finalized for Primary Care Providers, Nursing, LCSWs, and DRP contractors/AOD counselors. Dr. Waller will continue providing mentoring, documentation review, and SME support to Addiction Medicine board seeking providers.

Workstream	Number
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Year 1 Systems of Care CDCR Phase 2 Behavioral Health Intervention SME Support	D69
Deliverable Detail	
<ul style="list-style-type: none"> • Site lead support • Plan and lead workgroups • Conduct chart reviews • Conduct ongoing coaching calls 	

HMA conducted a review of documentation from the DRP contractors/AOD counselors and will continue to engage as the integrated pathway with CCHCS and the ISUDT is developed.