Quarterly Report to the California

Department of Health Care Services

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Contract execution date: November 9, 2020

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. HMA's specialized division, HMA Community Strategies, is focused on the important role community plays in health, including in response to epidemics such as the opioid epidemic. An HMA expert statistician reviewed the rate of drug overdose deaths, opioid overdose deaths, opioid overdose emergency department visits, and opioid overdose hospitalizations, as well as resources, and was able to generate a "Risk Factor Severity Ranking" for each county. This data was used to identify ten counties that are a priority for intensive on-the-ground community capacity building efforts. We included a review of the number of SOR-funded programs operating on the ground, the severity ranking, and the presence of absence of an opioid coalition. In SOR2, HMA is now undertaking efforts to bring an intensive approach to build capacity in targeted remote and underserved counties. The work includes feasibility outreach to assess readiness within a community, champion and leadership identification/cultivation, community-informed asset mapping and gap analysis, community response team formation, action plan development, a naloxone distribution campaign, test run exercises, and community stakeholder mobilization.

There were some important lessons learned in SOR1 that are reflected in the strategies and scope of work developed for SOR2. An assessment of these lessons led to two major structural elements of our SOR2 funding: HMA is extending its engagement with select counties and coaching sites from SOR1 to maximize progress toward the project goals based on the lesson that more intensive engagement would have likely resulted in a higher rate of impact for the effort; and HMA is focusing only on six new counties in SOR2 on a more intensive model, rather than the ten counties served in SOR1.

This is the second quarterly report, which covers the period of April 1, 2021 - June 30, 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: Process Improvement Event (PIE) Advance Work	D5, D6, D8, D23, D24, D25
Deliverable Detail	

- Prepare data profile of 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

Santa Barbara
Leading up to the Process Improvement Event (PIE), Santa Barbara's planning efforts were stellar. The planning team had a robust cross-sector group of fifteen stakeholders. The group was engaged and the leadership and follow-up of action items from the county representatives shined. The challenge for Santa Barbara was bringing together both south county and north county stakeholders. More SUD resources exist in the southern part of the county while north county has higher incidence of SUD coupled with fewer providers. This underlying tension surfaced during our provider stakeholder interviews. Fortunately, with that intelligence, HMA sought to ensure participation of north county providers. The flow mapping process brought together people from both geographies. During the PIE, the barriers and gaps of the north county were identified. A solution that emerged was the establishment of an OUD coalition for north county (south county already had one). And that the county would re-start a monthly call for all geographies.

San Bernardino

Geography is a challenge for San Bernardino as it is the largest county in the nation. Thus, the ability to conduct all the planning meetings and PIE virtually was a huge benefit for the county. The planning team consisted of 10 individuals who also represented a good cross-section of stakeholders. It was noted during our stakeholder interviews that there needed to be an improved relationship between behavioral health and public health. Therefore, the HMA team was successful in ensuring the Dr. Sequeira from public health was invited and accepted to be on the committee. Compared to Santa Barbara, San Bernardino had a little harder time getting commitments from stakeholders to participate in the flow mapping exercises, many which had to be rescheduled. This was also overshadowed by the pandemic and the roll out of vaccinations which affected participation of meetings. One of the bigger wins for the planning group was the ability to get a commitment from the chairman of the County Board of Supervisors, Curt Hagman. HMA provided Chairman Hagman with talking points including statistics and the goals of the project. He articulated the counties commitment to working together to find solutions. That set the stage for a robust PIE that had stellar engagement of participants in all the processes.

Marin County
HMA worked with representatives from the Marin County Behavioral Health and Recovery Services (BHRS) Agency, Kaiser Permanente, and Marin City Health & Wellness to develop the project's planning committee. HMA and the planning committee collectively focused on setting a solid project foundation that connected the project team to the Marin County SUD treatment and recovery ecosystem. HMA led bi-weekly planning committee meetings that focused on Process Improvement Event (PIE) project planning. This inclusive process included engagement with the countywide Systems of Care provider and stakeholder ecosystem. Engagement and planning sessions focused on PIE agenda development, the identification of panel discussion speakers and presentations by county champions, and people with lived experience who shared their recovery journey experiences during the two-day Process Improvement Event kick-off event. The County planning committee helped HMA identify and engage the audience for the process improvement events and sent out invitations. The planning committee took an active role during the events using their leadership position to set a strong tone of enthusiastic collaboration for the event and the ensuing work toward county-level goals.

The Planning Committee leadership committee included Dr. Jeffrey (Jeff) DeVido, Chief of Addiction Services, Marin HHS; Catherine (Cat) Condon, Division Director, Marin BHRS; Jordan Hall, BHRS Adult Services Program Manager; Dominique McDowell, Director of Addiction and Homeless Services, Marin City Health; and Dr. Stacey Nelson, Ph.D., Program Director & Regional Co-Chair, Addiction Medicine & Recovery Services, Kaiser Permanente. Specifically, we identified key stakeholders and organizations critical to participate in the process improvement event and 18-month long project. The HMA project team coaches conducted outreach in advance of the PIE event to ascertain the provider and stakeholder organization's need for and interest in coaching and participation in the Technical Assistance (TA) program.

Santa Cruz County
HMA worked with representatives from the Santa Cruz County Behavioral Health Services agency and community ecosystem stakeholders. Stakeholder organizations included the SafeRx of Santa Cruz County, the Health Improvement Partnership, Encompass Community Services, Janus of Santa Cruz, and the Santa Cruz County Outpatient Substance Use Disorder Services clinics to develop the project's planning committee. HMA and the planning committee collectively focused on setting a solid project foundation that connected the project team to Santa Cruz County's SUD treatment and recovery

ecosystem. HMA led bi-weekly planning committee meetings that focused on the project planning for the Process Improvement Event (PIE). This inclusive process included engagement with the countywide Systems of Care providers and stakeholders. The engagement and planning sessions focused on PIE agenda development, the identification of panel discussion speakers and presentations by county champions, and people with lived experience who shared their recovery journey during the two-day Process Improvement kick-off event. The planning committee helped HMA identify and engage the audience for the PIE and sent out invitations. The planning committee took an active role during the events using their leadership position to set a strong tone of enthusiastic collaboration for the event and the ensuing work toward county-level goals.

HMA and the planning committee members identified key stakeholders and organizations critical to participate in the process improvement event and 18-month long project. The planning committee leadership committee included, Alex Threlfall, MD, Chief of Psychiatry, County of Santa Cruz Behavioral Health Services; Casey Swank, LCSW, Behavioral Health Program Manager, Substance Use Disorder Services, County of Santa Cruz Health Services Agency; Jen Hastings, MD, Medical Lead, SafeRx of Santa Cruz County, Health Improvement Partnership and Outpatient MAT Encompass Community Services; Katharina Schoellhammer, LMFT, Associate Clinical Director, Hub & Spoke Project Director, Janus of Santa Cruz; and Michael Jaffe, MD, Medical Director at the Santa Cruz County Outpatient Substance Use Disorder Services (SUDS)clinics. All were deeply involved in the county-level planning and project leadership. The HMA project team coaches conducted outreach in advance of the PIE event to ascertain the provider and stakeholder organization's need for and interest in coaching and participation in the Technical Assistance (TA) program.

Yolo County
Under the Systems of Care project, HMA identified Yolo County as an optimal location to build and stabilize substance use treatment and recovery systems of care. The Systems of Care project engages stakeholders in each selected county in an 18-month process aimed at supporting the county to move toward community-defined goals and the "ideal future state treatment and recovery ecosystem. This is accomplished through collaboration with a county leadership team tasked to co-design and conduct a virtual two-day countywide process improvement event, followed by 12-months of ongoing coaching and technical assistance. In the month before the process improvement event, HMA worked with Ian Evans, Director of the Adult and Aging Branch of the Yolo County Health and Human Services Agency (YCHHSA), his team at YCHHSA and several county champions from various sectors across the county to plan the event and to create goals for improving the system of care for Yolo County. This group focused on creating an agenda that wove in the stories of individuals with lived experience while also sharing information about substance use treatment and recovery providers in the county. We wanted to ensure that in addition to identifying where the partners wanted to improve, they also had opportunity to establish a foundation of shared purpose and understanding of existing strengths and resources. The group also helped identify and engage the audience for the event and sent out reminders to ensure a strong presence.

Siskiyou County
Under the Systems of Care project, HMA identified Siskiyou County as an optimal location to build and stabilize substance use treatment and recovery systems of care. The Systems of Care project engages stakeholders in each selected county in an 18-month process aimed at supporting the county to move toward community-defined goals and the "ideal future state treatment and recovery ecosystem. This is accomplished through collaboration with a county leadership team tasked to co-design and conduct a

virtual two-day countywide process improvement event, followed by 12-months of ongoing coaching and technical assistance. In the month before the process improvement event, HMA worked with Toby Reusze, Alcohol and Drug Administrator for Siskiyou County Health and Human Services as well as members of her team and the Chief of Probation for the county. Specifically, we identified key stakeholders and organizations to whom HMA coaches should do targeted outreach in advance of the event to ascertain their level of need for and interest in coaching and technical assistance. This group also focused on finalizing a set of goals for the county to consider for improving the system of care. Finally, the group worked to pull together a stimulating panel of cross-sector speakers to provide an overview of effective programs and features in the overall treatment and recovery ecosystem in Siskiyou County with the aim of showing a diversity of experiences and points of view.

Workstream	DHCS Deliverable Number
Ongoing TA Program Operations: Program Content - Period 1 & 2	D26, D49
Deliverable Detail	

- Provide direct TA in response to "on-demand" requests and document in the TA tracker
- Plan and host quarterly collaboration calls with stakeholders in each active county
- Conduct cross-site learning opportunities
- Participate in MAT Expansion meetings and identify cross-program linkages

In this quarter, the process improvement events were carried out in the middle of the quarter so by the end some coaching and TA requests were beginning. The table below summarizes the "on-demand" requests which are any requests for direct support that come outside of regular enrollment into ongoing coaching.

County	Organization	P.O.C.	Request	Follow-up Notes
Yolo	Communicare	Sara Gavin	Request for Corey Waller to do all-staff training on neurobiology of addiction	Training set-up for September; coordinating with Corey (Lori and HMA Yolo teamlet coordinating)
Siskiyou	Siskiyou County Judge	Judge Karen Dixon/ Toby Reusze	Special training for judiciary	Setting up a meeting to coordinate training (Bren/ HMA Siskiyou team led coordinating)
Marin	Marin AOD Advisory Meeting	Suzanne Kanner	Presentation on Oct. 4th at 9:30 pm Est ("A presentation informing our board about what your company does, what you are doing in Marin County, what's been learned, how it's going etc., would be very useful. Also any advice/ideas on what we as an advisory board and community members can do to help").	Addressed by setting up presentation for October 4th 9:30 pm EST (Elizabeth and Shelly coordinating)

Quarterly collaboration calls will begin approximately three months after the date of the PIE completion in each county and no activity happened for this task this quarter. Cross site learning opportunities will also happen over the next year as sites go deeper into their technical assistance and shared areas of need and interest are identified across the various providers.

The MAT Expansion meetings did not happen this quarter but HMA will participate in all of them as they are offered by the California Health Care Foundation and LeapFrog.

Workstream	DHCS Deliverable Number
Ongoing TA Program Operations: Webinar Content – Period 1 & 2	D27, 50
Deliverable Detail	

- Plan and conduct monthly webinars
- Record webinars and place on website
- Administer webinar evaluations and collect data

Three webinars were offered, 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. The webinar decks used for these are included in the report as **Attachment 1: Stimulant Use Disorder Webinar**, **Attachment 2: Stigma Part I Webinar**, and **Attachment 3: Stigma Part II Webinar**.

Webinar #1				
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, Danny Contreras (Santa Cruz County)	Webinar	175	73
3/23/21	Shannon Robinson	TA Office Hours	44	N/A
Webinar #2				
"I'm Not Worthy": Overcoming OUD Self-Stigma to Increase Treatment Engagement				
Among the many barriers to effective substance use disorder (SUD) treatment, self-stigma is one of the most insidious and difficult to change. Harsh self-criticism and shame prevent many individuals with SUD from reaching out for treatment or sticking with treatment programs. In this highly interactive webinar, we'll define and illustrate SUD self-stigma and suggest specific therapeutic means for addressing it to reduce barriers to care. Case				

illustrations from behavioral health and primary care settings will be used to illustrate the challenges and solutions.

Date	Presented by	Description	# Attendees	# Applied for CME
5/27/21	Barry Jacobs, Akiba Drew	Webinar	92	27
6/3/21	Barry Jacobs	TA Office Hours	42	N/A
Webinar #3				
"They Are Worthy": Increasing Empathy and Reducing Stigma Toward Individuals with Substance Use Disorders This webinar describes health professional and structural stigma, how it impacts patients, their families, and providers in the care of patients with substance use disorder. This interactive webinar uses case-based learning to demonstrate how stigma can be mitigated through provider self-awareness, empathy, and nonjudgmental language.				
Date	Presented by	Description	# Attendees	# Applied for CME
6/9/21	Barry Jacobs, Elizabeth Wolff	Webinar	98	28
6/16/21	Barry Jacobs, Elizabeth Wolff	TA Office Hours	30	N/A

Workstream	DHCS Deliverable Number
Ongoing TA Program Operations: Curriculum Development	D40
Deliverable Detail	
• 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, HMA's team of subject matter experts completed development of the MAT Assessment workshop, which is offered in three two hours sessions. Prior to the workshop, participants were given the opportunity to complete a readiness assessment and received an assessment report. Sample reports are included in **Attachment 4: MAT Readiness Assessment Sample Reports.** Three 2-hour MAT workshops were held virtually on June 14, 16 and 18. The facilitators of the workshops were Shannon Robinson, MD, Shelley Virva, LCSW and Elizabeth Wolff, MD, MPA. The workshop was well-attended with 60-80 participants on each day. Recordings of the event were placed on the website. Workshop slide decks can be found in **Attachment 5: MAT Workshop Section 1**, **Attachment 6: MAT Workshop Section 2**, and **Attachment 7: MAT Workshop Section 3**.

Workstream	DHCS Deliverable Number
NEW COUNTIES – SYSTEMS OF CARE: PIE Event and Report	D30, D39, D45, D71, D72, D73
Deliverable Detail	

- Disseminate questionnaires to county leadership to build understanding of system capacity
- Plan a two-day process improvement event; develop invitation list, secure space and catering, conduct outreach and target key influencers to ensure thorough participation
- Conduct event at which current state, future state, and three top local system priorities stakeholders commit to work on
- Write a detailed report from the proceedings of these events to document the work, summarize the substance, and serve as a roadmap for the community

Santa Barbara

Santa Barbara County participated in a large-scale process improvement event on April 22 & 23, 2021 that included members from local governmental agencies, health care organizations, addiction treatment providers, and law enforcement agencies. During the event, attendees participated in intense work sessions with a focus on identifying current treatment processes, barriers, and gaps in these processes and a future state treatment system to support systems of care for Santa Barbara County residents in need of addiction treatment and support services.

Santa Barbara County Department of Behavioral Wellness, Santa Barbara Probation, Santa Barbara South and North County Opioid Safety Coalitions, CenCal Health, and Dignity Health partnered with HMA to convene stakeholders and examine the disease of addiction and evidence-based treatments, and to conduct an evaluation of the entire addiction treatment system in and around Santa Barbara County, California.

The two-day virtual event was attended by more than 60 individuals. The event set the stage for improved coordination of transitions of care and adopting universal evidence-based tools for screening, assessment, and level of care determination. It is expected that this event coupled with the didactic training of all parties involved, will yield a more comprehensive and easy-to-use addiction treatment ecosystem.

Attachment 8: Systems of Care Process Improvement Event Santa Barbara

San Bernardino

San Bernardino County participated in a large-scale process improvement event on May 11 & 12, 2021 that included members from local governmental agencies, health care organizations, addiction treatment providers, and law enforcement agencies. During the event, attendees participated in intense work sessions with a focus on identifying current treatment processes, barriers, and gaps in these processes and a future state treatment system to support systems of care for San Bernardino County residents in need of addiction treatment and support services.

San Bernardino County Department of Behavioral Health, San Bernardino Public Health, Arrowhead Medical Regional Center, Inland Valley Recovery Services, and Inland Empire Opioid Coalition, partnered with HMA to convene stakeholders and examine the disease of addiction and evidence-based treatments, and to conduct an evaluation of the entire addiction treatment system in and around San Bernardino County, California.

The two-day virtual event was attended by more than 60 individuals. The event set the stage for improved coordination of transitions of care and adopting universal evidence-based tools for screening,

assessment, and level of care determination. It is expected that this event coupled with the didactic training of all parties involved, will yield a more comprehensive and easy-to-use addiction treatment ecosystem.

Attachment 9: Systems of Care Process Improvement Event San Bernardino

Santa Cruz
Santa Cruz County - one of the six counties selected - participated in a large-scale process improvement event on May 18th and 19th, 2021 that included members from local governmental agencies, healthcare, addiction treatment, law enforcement, community-based organizations and those who pay for that treatment. During the event, attendees participated in intense work sessions with a focus on identifying current treatment processes, barriers, and gaps in these processes and a future state treatment system to support Systems of Care for Santa Cruz County residents in need of addiction treatment and support services.

The Santa Cruz Behavioral Health Services Agency, Encompass Community Services, Janus of Santa Cruz County, Health Improvement Partnership of Santa Cruz County and Safe RX of Santa Cruz County all partnered with HMA to convene stakeholders and examine the disease of addiction and evidence-based treatments, and to conduct an evaluation of the entire addiction treatment ecosystem in and around Santa Cruz County, CA.

The two-day event set the stage for systemwide collaboration to help organizations and their treatment practitioners navigate and assist the Santa Cruz County treatment and recovery eco-system. This event also reviewed and endorsed the adoption of universal evidence-based tools for screening, assessment, and level of care determination.

The Santa Cruz County Project Planning Committee introduced five draft smart goals and added a sixth goal based on PIE participant feedback that will be refined during the upcoming weeks. Final smart goals will be introduced at the first Project Quarterly call scheduled for the Summer 2021. The projects Coaching and Technical phase will work with engaged Community-based (CBO's) and provider Organizations to develop individual organizational level smart goals that increase the achievement of overall project's smart goals.

The following draft smart goals were introduced during the PIE event:
- Identify 2-3 sources of short-term funding and 1-2 long term funding for Increasing MAT access for undocumented and uninsured persons.
- Enhance current SafeRx resource document for patient centered identification of MAT programs and increase usage of tool.
- Community convening 2x a year – for integration of sectors and discuss resource updates.
- Transition of care
  - Increase ED Bridge referrals by 50% at Watsonville Community Hospital by December 2021.
  - Increase ED Bridge referrals by 5% at Dominican Hospital
  - MAT services available in CSP and PHF by December 2021
  - Peer involvement in transitions and provision of care
- Addressing Stigma
  - Provide seminars to professionals and paraprofessionals regarding MAT services

o Develop public media campaign
- Peer involvement
  o Peer involvement in transitions and the provision of care.
  o Ensuring a living wage for peer support counselors

Attachment 10: Systems of Care Process Improvement Event Santa Cruz

Marin

Marin County, one of the six counties selected, participated in a large-scale process improvement event on May 11th and 12th, 2021 that included members from local governmental agencies, healthcare, addiction treatment, law enforcement and those who pay for that treatment. During the event, attendees participated in intense work sessions with a focus on identifying current treatment processes, barriers, and gaps in these processes and a future state treatment system to support Systems of Care for Marin County residents in need of addiction treatment and support services.

Representatives from the Marin County Behavioral Health and Recovery Services (BHRS) Agency, Kaiser Permanente, and Marin City Health & Wellness, partnered with HMA to convene stakeholders and examine the disease of addiction and evidence-based treatments, and to conduct an evaluation of the entire addiction treatment system in and around Marin County, CA.

The two-day event set the stage for systemwide collaboration to help organizations and their treatment practitioners navigate and assist the Marin County treatment and recovery eco-system. This event also reviewed and endorsed the adoption of universal evidence-based tools for screening, assessment, and level of care determination.

The Marin County Project Planning Committee introduced five draft smart goals that will be refined post the process improvement event based on the stakeholder participation and feedback over the two-day process improvement event. Collectively, Marin County PIE Planning Committee along with HMA will review all of the feedback and response data received over the two-day PIE event and develop final smart goals that will be introduced at the first Project Quarterly call scheduled for the Summer 2021.

During the PIE event, the following draft goals were identified:
- There will be a 10% increase in prescribing of medications for treatment of opioid use disorders (OUD), including buprenorphine and methadone.
- There will be documented and publicly available workflows of how to access quality substance use treatment services, regardless of insurance status.
- There will be no inequities in the proportion of patients receiving medications for treatment of OUD when disaggregated by race/ethnicity.
- Add three (3) additional sites in Marin County that provide Narcan (naloxone) free of charge.
- By the end of the PIE, there will be three ideas proposed by attendees that can be explored in the pursuit of reducing overdose deaths.

Attachment 11: Systems of Care Process Improvement Event Marin

Siskiyou

Siskiyou County, one of the six counties selected, participated in a large-scale process improvement event on May 6, 2021 and May 7, 2021 that included members from local governmental agencies, healthcare, addiction treatment, criminal justice and others. During the event, attendees participated in intense work sessions with a focus on identifying current treatment processes, barriers, and gaps in these processes and a future state treatment system to support systems of care for Siskiyou County residents in need of addiction treatment and support services.

Siskiyou County Behavioral Health partnered with HMA to convene stakeholders to examine the disease of addiction and evidence-based treatments, and to conduct an evaluation of the entire addiction treatment system in and around Siskiyou County, CA.

The two-day event set the stage for adopting universal evidence-based tools for screening, assessment, and level of care determination. This coupled with the didactic training of all parties involved, will yield a more comprehensive and easy-to-use addiction treatment ecosystem.

 The Siskiyou County Project Planning Committee introduced three draft smart goals that will be refined post the process improvement event based on the stakeholder participation and feedback over the two-day process improvement event. Collectively, Marin County PIE Planning Committee along with HMA will review all of the feedback and response data received over the two-day PIE event and develop final smart goals that will be introduced at the first Project Quarterly call scheduled for the Summer 2021.

The following draft smart goals were introduced during the PIE event:
- Decrease the amount of time individuals must wait between referral and access to substance use treatment
- Siskiyou County staff, other ecosystem partners regarding substance use programs their agencies operate
- Increase the number of providers prescribing MAT for individuals living in Siskiyou County
- Double the number of providers prescribing MAT
- Siskiyou County staff, other ecosystem partners regarding substance use programs their agencies operate
- Increase the strength and number of collaborative relationships that improve transitions of care for individuals as the move between levels of care in the substance use treatment and recovery system
- Partners in the Opioid Coalition report an increase in the strength and number of relationships from baseline to target date showing an increase of 10%.
- Increase the number of X waivered providers who are partnered with the BHS by at least 2.
- Siskiyou County staff, other ecosystem partners regarding substance use programs their agencies operate

Attachment 12: Systems of Care Process Improvement Event Siskiyou

Yolo

Yolo County, one of the six counties selected, participated in a large-scale process improvement event on April 22, 2021 and April 23, 2021 that included members from local governmental agencies,

healthcare, addiction treatment, criminal justice and others. During the event, attendees participated in intense work sessions with a focus on identifying current treatment processes, barriers, and gaps in these processes and a future state treatment system to support systems of care for Yolo County residents in need of addiction treatment and support services.

 Yolo County Health and Human Services partnered with HMA to convene stakeholders and examine the disease of addiction and evidence-based treatments, and to conduct an evaluation of the entire addiction treatment system in and around Yolo County, CA.

The two-day event set the stage for adopting universal evidence-based tools for screening, assessment, and level of care determination. This coupled with the didactic training of all parties involved, will yield a more comprehensive and easy-to-use addiction treatment ecosystem.

The Yolo County Project Planning Committee introduced four draft smart goals that will be refined post the process improvement event based on the stakeholder participation and feedback over the two-day process improvement event. Collectively, Yolo County PIE Planning Committee along with HMA will review all of the feedback and response data received over the two-day PIE event and develop final smart goals that will be introduced at the first Project Quarterly call scheduled for the Summer 2021.

The draft smart goals as introduced during the PIE event are identified below:
- Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate will increase access to care in Yolo County for Medi-Cal beneficiaries needing residential withdrawal management level of care services by 50 percent by June 30, 2023 compared to the fiscal year end 2019/2020 data.
- Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate will increase timely transitions in care in Yolo County for Medi-Cal beneficiaries following residential treatment services to meet or exceed the statewide cumulative average by June 30, 2023 when comparing to fiscal year 2019/2020 EQRO data.
- Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate will increase Yolo County's substance use ecosystem connection and coordination through targeted trainings from various stakeholders with a 25 percent increase in trainings by June 30, 2023.
- Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate will increase successful treatment completion for the overall system by five percent annually by June 30, 2023 based on provider outcome reports submitted bi-annually.

Attachment 13: Systems of Care Process Improvement Event Yolo

Workstream	DHCS Deliverable Number
Continuation of Cohort 1: Coaching Program – Milestone 2	D51
Deliverable Detail	

- Assess all active MAT coaching sites in September
- Select sites making ongoing meaningful progress toward goals for continuation of coach support
- Provide monthly coaching and document with progress notes

The coaching in all continuation counties other than Orange County wrapped up last quarter. Orange County started much later than others in SOR1 due to delays with county officials, and meaningful progress continues to be made with the sites participating in the coaching program there. The coaching will end in Q3, completing all "continuation" work from SOR1.

The coaching program for the six new counties got underway this quarter following the completion of the process improvement events in those places. Their coaching activity is included together with the Orange County coaching activity

Entity Title	Primary County	Mtg Date	Mtg #1 Type	Coaches
CommuniCare	Yolo	6/4/21	Interim Discussion	Lori Raney, Laura Collins
Dominican Community Hospital	Santa Cruz	6/17/21	Kick-Off	Elizabeth Wolff, Laura Collins
HSA Clinics	Santa Cruz	6/29/21	Kick-Off	Elizabeth Wolff, Laura Collins
Janus	Santa Cruz	6/23/21	Kick-Off	Elizabeth Wolff, Laura Collins
Marin Community Clinics	Marin	6/11/21	Monthly Call	Shelly Virva
Marin Treatment Center	Marin	5/27/21	Monthly Call	Shelly Virva, Elizabeth Wolff
Mountain Valley	Siskiyou	4/12/21	Interim Discussion	Bren Manaugh, Lori Raney
Orange County Health Care Agency (OCHCA)	Orange	4/22/21	Monthly Call	Shelly Virva, Shannon Robinson
Orange County Health Care Agency (OCHCA)	Orange	5/27/21	Monthly Call	Shelly Virva
Orange County Health Care Agency (OCHCA)	Orange	6/24/21	Monthly Call	Shelly Virva
Pajaro/PVPSA	Santa Cruz	6/8/21	Kick-Off	Elizabeth Wolff
Ritter Center	Marin	6/23/21	Monthly Call	Shelly Virva
Salud Para La Gente	Santa Cruz	6/29/21	Kick-Off	Elizabeth Wolff
Santa Barbara Beh. Wellness	Santa Barbara	6/8/21	Kick-Off	Rich VandenHuevel
Santa Barbara Beh. Wellness	Santa Barbara	6/29/21	Interim Discussion	Rich VandenHuevel
Santa Cruz County BHS	Santa Cruz	6/10/21	Kick-Off	Elizabeth Wolff
Santa Cruz County BHS	Santa Cruz	6/29/21	Interim Discussion	Elizabeth Wolff
Siskiyou County BH	Siskiyou	6/29/21	Monthly Call	Bren Manaugh
Telecare	Santa Cruz	6/8/21	Kick-Off	Elizabeth Wolff
UCI	Orange	4/09/21	Monthly Call	Shelly Virva
UCI	Orange	5/7/21	Monthly Call	Shelly Virva
UCI	Orange	6/4/21	Monthly Call	Shelly Virva

			Interim	
Walter's House/Fourth and Hope	Yolo County	5/26/21	Discussion	Laura Collins
Watsonville Community Hospital	Santa Cruz	6/15/21	Kick-Off	Elizabeth Wolff

DELIVERABLE ITEM FROM "CRT PROGRAM PILOT" SECTION:

Workstream	DHCS Deliverable Number
CRT Program Pilot: Planning and Outreach	D16
Deliverable Detail	
- Develop CRT program area work plan - 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	

The work in for piloting the CRT program began robustly in the first quarter of the year after being recommended to and approved by DHCS in December 2020. Work continued to move fully ahead in the second quarter on which we are reporting.

In Madera county, the HMA team formed an informal leadership group of co-hosts to plan and conduct a series of two community meetings. The co-host group emerged out of extensive outreach and relationship building in the county through which we identified champions and influential leaders. A representative social worker embedded with the Sheriff's department, the director of the public health agency, the director of human services, and the director of behavioral health were all co-hosts, amongst others. The group helped build the right agenda for the meeting, develop the invitation list, and conduct outreach to ensure good participation. Both meetings happened with great turnout and enthusiasm for establishing a CRT. The slide decks from the community meetings are included in this report as **Attachment 14: Madera Community Meeting Slide Decks**

Building on that success, and concurrent with -- at that time at least – the reopening of most communities in California, HMA laid extensive groundwork for site visits in August.

A similar process was followed in Sutter and Yuba counties. HMA engaged the Yuba-Sutter Healthcare Council, an existing entity with strong representation from partners across both counties that has engaged in OUD prevention work in the past. The Healthcare Council, representatives from public health, and representatives from an important treatment provider came together to help plan a series of two of communities meetings to introduce the project and the CRT concept to stakeholders from both counties. Both meetings were well attended with the right partners coming to the table and resulted in good connections and a number of volunteers to assist with connections to people with lived experience to participate in focus groups, as well as participants interested in being members of the

CRT. The slide decks from the community meetings are included in this report as **Attachment 15: Yuba Community Meeting Slide Decks**

Workstream	DHCS Deliverable Number
CRT Program Pilot: Site Work in the Community	D31
Deliverable Detail	
• Cultivate community relationships and buy-in to participate in the CRT program • Identify key data points and sources to enrich county profile • Develop interview and focus group guides • Recruit and schedule focus groups and key informant interviews • Conduct extended site visit for interviews and focus groups • Develop assessment and draft findings • Plan and host a community forum to share draft findings and solicit community input	

As noted in the previous section on the CRT, the work building community relationship and buy-in for the program culminated in successful and impactful community meetings to shape plans for implementing local CRTs in Sutter/Yuba counties and in Madera County. The plans to visit those places on site began and built on all of the earlier work, with explicit plans to meet with priority stakeholders and build or strengthen relationships. Outreach to schedule key informant interviews began and that work continued into the third quarter of 2021. Much more on this deliverable will be reported in the next quarterly report.

DELIVERABLE ITEM FROM "QUARTERLY REPORTS FOR SYSTEMS OF CARE" SECTION:

Workstream	DHCS Deliverable Number
3rd Project Report to DHCS (03/01/21 - 05/31/21)	D10
Deliverable Detail	
• Resources for quarterly report Systems of Care = $8,396 • Enter data into UCLA online portal for 1st Reporting Period • Prepare and Submit to DHCS 3rd Project Report • Data collection and performance measure will include all requested information per the SOW	

HMA has completed its data entry via the UCLA online portal for this period and this report serves as the third DHCS project quarterly report.

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	
• Adapt curricula to be primary care facing • Enhance online curricula offerings	

Primary Care Providers
HMA met with identified CDCR leadership and reviewed the work plan, set goals, and training objectives. CDCR leadership will first conduct practical/programmatic training with the Primary Care Providers. This training will be internal to CDCR and will focus on pragmatic interactions, how to prepare for a visit, and modeling of typical conversations between the patient and the provider. This internal training will be conducted throughout July and August 2021. Additionally, CDCR will finalize the Care Guide and share the final version with HMA.

CDCR leadership is also currently reviewing provider data to identify which providers are prescribing MAT, doing follow-up orders, etc. to help define the training approach and how to create learning collaboratives or cohorts based on skill and experience level among the estimated 350 Primary Care Providers.

The next meeting is scheduled for August 5, 2021. CDCR will share the updates from the practical trainings, the Care Guide updates, and the suggested training approach. The objective of this meeting will be to finalize the curriculum that HMA will provide, define the training modality and begin to schedule the trainings. Trainings are expected to begin by September 2021.

Nursing
HMA had an initial meeting with Nursing leadership and staff on June 15, 2021 and a follow up discussion on June 23, 2021. Curriculum topics were discussed and an informational flyer was created. The training series will be three, one-hour trainings and will provide information on the latest evidence-based best practices for SUD care. Topics covered will include:
1. Understanding addiction as a neurobiological chronic disease
    a. Addiction 101
    b. Incarcerated population specifics
    c. Trauma
2. Medication Assisted Treatment (MAT)
    a. Approved medications for opioid and alcohol use disorders
    b. Outcomes and improvements with use

c.   Formulations and dosing considerations
    3.   Medication administration best practices to minimize diversion
            a.   Proper sublingual administration techniques
            b.   What are examples of misuse and diversion
            c.   How long should treatment continue?

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 – Behavioral Health Provider Curriculum Development	**D41**
Deliverable Detail	
• Develop competency-based curricula • Review national competencies • Enhance online curricula offerings	

As outlined in the 2nd Quarter report, the revised approach is to develop and deliver core Behavioral Health competency training and interventions for LCSWs and DRP contractors/AOD counselors.

LCSWs
On June 8, 2021, HMA met with CDCR leadership and lead LCSWs to discuss curriculum needs. To develop the most relevant and helpful curriculum for the LCSWs, HMA developed a brief survey in Qualtrics to gain a better understanding of current skill sets and comfort providing individual and group therapy. The intent of the survey is to identify needed curriculum and allow for tailoring the curriculum to meet the needs of the CDCR social workers. The survey was distributed on June 28, 2021 to an estimated 40 LCSWs with a due date of July 12, 2021. Survey results will be shared in the 4th Quarter report. A follow up meeting is scheduled for July 13, 2021 to review the survey results with CDCR leadership and lead LCSWs, discuss curriculum topis and training timeline and logistics.

DRP Contractors/AOD Counselors
On June 10, 2021, HMA met with CDCR leadership to begin discussions and planning in building curriculum for over 700 DRP Contractors/AOD Counselors. A follow meeting occurred on June 22, 2021 and included CDCR leadership, vendor Executives, and other invited staff members. CDCR also provided HMA training topics and curriculum that the DRP Contractors/AOD Counselors already receive. Following these discussions, HMA proposed the following curriculum outline and CDCR approved:

MAT basics
- Why we use medications for addiction treatment
- Components of MAT program (medication forms and counseling components)
- Transitional care to community

Advanced Motivational Interviewing (MI) - Motivational Enhancement Therapy (MET)
- Understanding specific motivational interviewing skills
- Understanding moving clients through stages of change
- Deep dive into higher MI/MET Skills
- How trauma would alter this interaction

Emotional Management Skills Part 1
- Vicarious/Secondary Trauma
- How trauma alters interactions with others

Emotional Management Skills Part 2
- **Mindfulness –**
  - How to incorporate Mindfulness techniques into group
- **Understanding and Identifying Nonspecific factors**
  - Nonspecific factors (everything outside of therapy that individuals bring into session)
  - How this can impact the group and interactions with others

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 Primary Care Provider Training	D42
Deliverable Detail	
- Provide both in-person and online training resources - Plan and host learning cohorts and didactic sessions - Travel for in-person trainings	

Primary Care Providers
There are about 350 Primary Care Providers who will receive the Primary Care Provider training. This training will be a combination of didactic training webinars, office hours, and available online curriculum content. As written under Deliverable 9, HMA and CDCR leadership are meeting in August to finalize the curriculum that HMA will provide and begin to schedule these trainings and other online content. Trainings should begin by September 2021. Dr. Waller will continue providing mentoring, documentation review, and SME support to Addiction Medicine board seeking providers.

Nursing
As described under Deliverable 9, the training schedule was created and scheduled in June. Training will be conducted by Region and by Watch. An estimated 2,000 Nurses (RNs, LVNs and medical assistants) will receive this training. Below is the sample schedule for Region 1 training.

Region 1 Training		
Session 1	July 21	First watch, 5:00-6:00 Second watch, 13:00-14:00 Third watch, 15:00-16:00
Session 2	July 29	First watch, 5:00-6:00 Second watch, 13:00-14:00 Third watch, 15:00-16:00
Session 3	August 6	First watch, 5:00-6:00 Second watch, 13:00-14:00 Third watch, 15:00-16:00

There are 4 Regions each receiving the three Sessions/Topics three times totaling 36 trainings. These trainings will cover the neuroscience of addiction, approved medications for opioid and alcohol use disorders, issues with dosing and diversion, and improvements in health outcomes with treatment. There will also be three make-up sessions per topic scheduled. Trainings begin on July 21, 2021 and conclude August 20, 2021. A training evaluation was created in Survey Monkey and the nurses will complete the evaluation after each training. A summary of the training evaluation will be available in the 4th Quarter report.

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

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 Strategic Support to DHCS	**D43**
Deliverable Detail	

- 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 7 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	

- Provide in-person and online training resources
- Plan and host learning cohorts and didactic sessions
- Travel for in-person trainings

As outlined in the 2nd Quarter report, the revised approach is to develop and deliver core Behavioral Health competency training and interventions for LCSWs and DRP contractors/AOD counselors.

Currently, the training is designed to be virtual, however, some in-person training may occur later in the year. This training will be a combination of didactic training webinars, office hours, and online curriculum content. HMA project management will also create processes for tracking outreach and training to report to UCLA for DHCS quarterly reporting for all trainings conducted.

LCSWs

As discussed in Deliverable 41, a follow up meeting is scheduled for July 13, 2021 to review the survey results with CDCR leadership and lead LCSWs, discuss curriculum topis and training timeline and logistics. HMA anticipates trainings to begin by August 2021.

DRP Contractors/AOD Counselors

As discussed in Deliverable 41, HMA will be presenting four unique training sessions. There are six total regions between the three vendors and training will be conducted for each region separately for a total of 24 training hours. CDCR is currently reviewing the training logistics and will determine the best approach. It is anticipated that training will begin in early September 2021.

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 Behavioral Health Intervention Phase 1	**D47**
Deliverable Detail	
• Review current state • Develop Cerner paths • Identify site Leads	

After several meetings with HMA and DRP we have developed a standardized approach to Psychoeducation for those who meet criteria. We have also met with CCHCS and the LCSWs to begin development of an intensive program for those with higher needs, based on the ASAM Criteria.

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 Primary Care Provider SME Support	**D66**
Deliverable Detail	
• Provide on-call support • Provide and host office hours • Conduct chart reviews • Provide feedback • Conduct quality evaluations	

Office hours completed on June 24, 2021. A new office hours approach will be discussed in August when Primary Care Provider training commences. Dr. Waller will continue providing mentoring, documentation review, and SME support to Addiction Medicine board seeking providers. Additionally, monthly meetings are scheduled with CDCR leadership to discuss the Primary Care Provider and Nursing curriculum development, training, and programmatic support.

Workstream	Number

Year 1 Systems of Care CDCR Phase 2 Behavioral Health SME Support	D67
Deliverable Detail	

- Provide and host office hours
- Provide site lead support
- Conduct ongoing coaching calls

LCSWs

HMA met with the CDCR leadership and lead LCSWs on June 8, 2021. HMA continues to work with CDCR to define the best path forward for LCSW training and programmatic support. As outlined in Deliverable 41, HMA developed a brief survey to gain a better understanding of current skill sets and comfort providing individual and group therapy and will analyze the survey results to make curriculum development and programmatic support recommendations. Additionally, monthly meetings are scheduled with CDCR leadership to discuss the LCSW curriculum development, training, and programmatic support.

DRP Contractors/AOD Counselors

HMA met with CDCR leadership and the vendor Executives in June to determine the didactic training content and additional needs. Once trainings begin in September, HMA will create FAQs received during the presentations and provide updates as well as incorporate into future trainings. Additionally, CDCR leadership and the vendor Executives indicated that multidisciplinary team case conferencing would be beneficial. HMA will explore this effort after trainings are completed.

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 Behavioral Health Intervention Phase 2	D68
Deliverable Detail	

- Provide teaching, training, and academic detailing

During this quarter, Dr. Waller assisted with the identification of new workflow for those with relapse. Additionally, he provided support for the use of the ASAM RISE tool for reentry evaluation.

Workstream	Number
Year 1 Systems of Care CDCR Phase 2 Behavioral Health Intervention SME Support	D69
Deliverable Detail	

- 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. Dr. Waller will also be facilitating a session with the DRP Reentry Workgroup in July 2021. We have done large scale culture change work, with custody and frontline medical. This includes developing a diversion plan, explaining the need for the ASAM evaluation, and building a trauma-informed culture. When trainings begin next quarter, HMA will establish programmatic support based on needs identified. This will include office hours, FAQs, case reviews, and follow-up sessions as needed.