

Quarterly Report to the California
Department of Health Care Services

Submitted to: Ivan Bhardwaj, Sheeari Narayan
Submitted by: John O'Connor
Date: October 31, 2021
Period: July 1, 2021 – September 30, 2021
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 harm reduction and overdose prevention 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.

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 fourth quarterly report for SOR2, which covers the period of July 1, 2021 - September 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.

In many cases the composition of our scope has intensified in some areas. The reason behind this shift is that we have encountered extensive fatigue in the field from addiction treatment, ongoing SOR program involvement, COVID-19, and natural disasters. This fatigue has shown up most notably in our difficulty recruiting provider participants to our MAT coaching program. After careful consideration, we shifted some energy to shorter duration learning opportunities rather than one based on the framework of a twelve-month commitment. We have been pleased by the increased response to these opportunities. In addition to continuing to program shorter duration activities, our teams have been assigned to be looking for specific needs in their counties and pro-actively offer custom support.

Examples of these offerings include recruiting outreach for shorter duration learning on a **Yolo County** quarterly meeting with a testimonial from an ongoing coaching participant, the development of the **MAT Assessment and Workshop, and the development of the Harm Reduction Workshop.**

DELIVERABLE ITEMS FROM “MAIN SYSTEMS OF CARE COMPONENTS”

SECTION:

Workstream	DHCS Deliverable Number
NEW COUNTIES–SYSTEMS OF CARE: Process Improvement Events (PIE) and Reports 4, 5 & 6	D71, D72, D73
Deliverable Detail	
<ul style="list-style-type: none">• 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	

These deliverables were completed earlier than scheduled due to considerable planning progress being made. They were reported on in the previous quarterly report. Work continues in these counties and

the other three counties, which were also completed in the previous quarter as scheduled. The work which builds on these activities and advances project goals at both the county and individual provider level is represented in all of the other deliverables outlined in this report. Below is a summary for each county which summarizes their overall progress and level of engagement.

Marin County

September 2021 quarter, the project team worked with the Marin County Behavioral Health and Recovery Services Agency and the SOC project Planning Committee to finalize the project's Smart Goals post Process Improvement Event. The county released a draft project smart goals during the PIE event, pledging to get eco-system-wide feedback and input to refine the final project smart goals. The county ultimately finalized the Smart Goals after soliciting eco-system feedback. The final set of project smart goals is identified below:

Timeframe for all Goals: By June 30, 2022 (end of the HMA grant project period):

1. Provide support for at least three (3) providers to increase their MAT RX prescribing by 10%.
2. Within the Medi-Cal system of care, provide support to at least three (3) interested MAT providers in identifying 1-2 projects specifically aimed at reducing racial disparities in access to care.
3. Add three (3) additional sites in Marin County that provide Narcan (naloxone) free of charge.
4. There will be documented and publicly available workflows of accessing quality substance-use treatment services, regardless of insurance status.
5. Partner with Marin FQHCs to establish or communication protocols for on-demand treatment initiation for uninsured community members.

The Smart Goals were presented to the Marin County Systems of Care eco-system during the project's first quarterly call scheduled for November 18, 2021. The project's coaching and technical assistance program continue engagement with the eight Marin County provider organizations assisting them with the organizational achievement of individual goals that reinforce the organization's ability to provide MAT and increase their ability to connect its patients to needed treatment services.

1. Marin Treatment Center – Coaching their leadership team to retain staff and maintain and expand MAT services to clients.
2. Marin Family and Children – HMA has worked with their perinatal case manager to train fetal substance exposure, neonatal abstinence syndrome, crisis intervention techniques and will begin case conferencing to support this new role.
3. Marin County Odyssey – HMA provided case consultation and helped social workers problem solve system issues.
4. Marin Community Clinics – Reengaged with MCC in October, assisting them in building their MAT program
5. Marin SafeRx – Working with Marin SafeRX to build a peer support program and shared models of peer programs from around the country. Marin Safe RX now has two vending machines for Narcan – the first in the jail and the second in the HSA clinic. The Narcan program is incremental progress towards the achievement of a project smart goal

6. Ritter Center - Coaching on developing a MAT Treatment program will begin in December when the organization's new X-waived medical director arrives. Ritter Center has contracted with a telehealth therapy company to reduce the time to see an LCSW. We connected Ritter Center with resources and information on the UCSF warm line for MAT to support existing staff.

San Bernardino County

We experienced a much slower start-up of coaching activities in San Bernardino due to some staffing challenges of County Behavioral Health and difficulty coordinating schedules. To address that slow roll out, we established our Quarterly Call with all SUD providers. The first call was held on September 20, 2021. The agenda featured success stories (three agencies shared client successes), an update on the county-wide goals, and a presentation and discussion on *Provider Fatigue and Burnout*. The call was well attended and comments at the end as well as the evaluation indicated that we re-engaged and re-invigorated the service providers.

Two staffing issues within the county surfaced during this quarter. First, one of the BH leads, Jennifer, took leave right after the process improvement event. This left an administrative gap for coordination. Additionally, Dr. Oglesby got reassigned to justice. Dr. Avalos has stepped into the leadership role of working with Jennifer to coordinate the HMA engagement. Going forward, we are already planning the next Quarterly call which will take place in January 2022. Additionally, due to the success of the Withdrawal Management training for Santa Barbara, HMA will conduct this training for other counties in December and have invited San Bernardino providers to participate. The county is extremely grateful for this opportunity.

Santa Barbara County

The Department of Behavioral Wellness began to implement several of the recommendations that were the result of the process improvement event. Most notably, to address improved communication and coordination, the county re-established a county-wide monthly call with all the SUD providers. Additionally, the county established a monthly northern county Opioid coalition call to provide more focus and attention to the disparities in that region. One of the key comments that came out of the process improvement event was the lack of resources and support in the north part of the county. There had been an existing southern county Opioid coalition meeting, so the addition of the northern county meeting was well received and has received good participation.

HMA has been utilizing the monthly "all county" call to provide live technical assistance and support. HMA also instituted office hours to make technical assistance more readily available. Moreover, it was agreed that HMA would provide two key workshop trainings in the next quarter (October 2021): 3-hour training on *Client Engagement and Pre- Post-MAT Initiation* and 6-hour training on *Withdrawal Management*.

There was a slow roll out of the coaching as the lead at the Department of Behavioral Wellness didn't complete the assessments for the county and for the Good Samaritan Shelter until early September.

Additionally, HMA transitioned the coaching assignments from Rich VandenHeuvel to Dr. Helen DuPlessis in September. Coaching has increased since that transition.

Santa Cruz County

During the July – September 2021 quarter, the project team worked with the Santa Cruz County Behavioral Health Services and the SOC project Planning Committee to finalize the project's Smart Goals post Process Improvement Event. The county released a draft project smart goals during the PIE event, pledging to get eco-system-wide feedback and input to refine the final project smart goals. The county ultimately finalized the Smart Goals adding two additional goals that addressed Peer Involvement and Youth. The final set of project smart goals is identified below:

Santa Cruz County SMART Goals (Simplified)

1. Identify and apply for 2-3 sources of short-term funding (1-2 years) and 1-2 long-term funding (2+ years) for increasing MAT access for undocumented and uninsured persons and program sustainability.
2. Enhance current SafeRx resource document for patient-centered identification of MAT programs and increase usage of the tool.
3. Hold community convening 2x a year: for integration of sectors and discuss resource updates.
4. The transition of care: through increasing ED Bridge referrals at Watsonville Community Hospital and Dominican Hospital, and having MAT services available in CSP and PHF
5. Addressing stigma: by providing seminars to professionals and paraprofessionals regarding MAT services at least quarterly and developing a public service announcement campaign
6. Peer involvement: in transition and the provision of care; ensuring a living wage for peer support counselors
7. Youth: Develop an outreach program and enrich the current treatment options for youth afflicted with SUDs

The Smart Goals were presented to the Santa Cruz Systems of Care eco-system during the Safe RX Coalition's MAT Advisory/Polysubstance workgroup meeting on Monday, October 18. Don Novo, HMA's Northern California Team lead, Alex Threlfall M.D., Chief Psychiatrist with Santa Cruz County Behavioral Health Services Agency, and Jen Hastings M.D., Physician Consultant with the Health Improvement Partnership and Safe RX Coalition of Santa Cruz County, presented the project's seven Smart Goals. The project's coaching and technical assistance program continue engagement with the eight Santa Cruz County provider organizations assisting them with the organizational achievement of individual goals that reinforce the organization's ability to provide MAT and increase their ability to connect its patients to needed treatment services.

1. Telecare – Working with Telecare leadership on MAT implementation and have provided them with several initial resources such as the MAT toolkit, UCSF warmline, addiction 101 webinar. We've invited our addiction medicine specialist to discuss urine drug screen, as they have several questions about this.

2. Santa Cruz County Behavioral Health – The coaches continue to work with the county to implement MAT in their Specialty Behavioral Health clinic to streamline care and help patients better control their serious mental illness. We have identified a physician champion.
3. Dominican Hospital – Dr. Corey Waller presented to ED physicians on micro dosing of buprenorphine (I'm confirming with Corey that this occurred today). We have also had a case conference with their SUD navigator. They are creating automatic referrals through the EHR when a patient in the ED screens positive for SUD. They're interested in motivational interviewing training and improving referral relationships.
4. Encompass – Working with the county and Encompass to determine how other counties are coding buprenorphine services so the Santa Cruz County outpatient program can bill for these services (presently covered by SOR funds) to make this sustainable. (Don, please rephrase as necessary—you're the guru on this)
5. Janus – same as Encompass
6. Salud Para La Gente - Working to increase MAT patient retention and attendance at MAT shared appointment and contingency management program. They have identified one additional site for their mobile outreach van, which is near a homeless encampment.
7. PVPSA – we recently reengaged them after a staff transition. We will be presenting to their staff on addiction, stigma, and the basics of MAT, tentatively planned for 11/17.
8. Watsonville Community Hospital – shared ideas to make the SUD navigator program sustainable after SOR funding. Our conversations have paused while our primary POC is on maternity leave.

Siskiyou County

Following the Siskiyou County Process Improvement Event and initial strong interest for training and technical assistance, the County experienced a number of unfortunate circumstances that significantly slowed progress. Wildfires, a spike in COVID cases, and a resulting and drastic workforce shortage across our partners forced the County Health and Human Services Agency to ask for time off from meeting and coaching so that they could focus on dealing with the crises in the County.

We are now reconnecting and preparing for our quarterly meeting, which will be about two months late. The HMA TA team is focusing the quarterly meeting on connecting the County with support and resources, highlighting for partners the opportunity for short, topic focused coaching, and offering a session on self-care to address provider burnout and compassion fatigue. We are optimistic that previously planned trainings and coaching can resume in November.

Yolo County

Yolo County had its first quarterly meeting in October. The agenda included a session for providers to report out on service delivery and needs during COVID (recently Yolo experienced a new spike in cases). A provider who has been receiving coaching provided a testimonial about their experience with coaching and our HMA coach facilitated a discussion about coaching and TA support for providers based on the needs they may be having related to COVID or otherwise. The agenda also included an update on progress regarding goals and a session on provider burnout and compassion fatigue. The quarterly meeting was attended by more than 30 partners and everyone was very engaged.

Our coach has had ongoing coaching with one site, and intermittent but growing engagement with another site. The more recent site in discussion lost their contract with the County since discussions began and will provide coaching through their transition. Following the quarterly meeting, one new site was recruited for coaching. Additionally, HMA has provided a training to providers at Communicare and another presentation is planned for the Redwood Community Health Coalition.

Yolo County Health and Human Services Agency continues to be an engaged partner facilitating linkages in the County and committed to the county-level work.

Workstream	DHCS Deliverable Number
Coaching 6 Counties Period 1	D76
Deliverable Detail	
<ul style="list-style-type: none"> Administration and review of technical assistance applications from all interested county stakeholders Administration of a comprehensive assessment for sites interested in and eligible to establish or expand MAT capacity The assignment of a coach to each site, the interactive review of assessment results, the setting of coaching goals and twelve or more months of coaching to work toward MAT goals Monthly progress notes from each coaching site 	

Work continued with our participating coaching sites, while strong efforts to recruit additional participants and provide the expert resources offered in different ways that align with provider needs and demands. The table below outlines the coaching activity all of which follow the structure of the deliverables bulleted in the box above.

Coaching Activity		
County	Event Name	Date
Marin	Marin Children & Family Services	9/22/2021
Marin	Marin Children & Family Services	9/1/2021
Marin	Marin Children & Family Services	8/4/2021
Marin	Marin Co Odyssey	9/13/2021
Marin	Marin SafeRx	9/28/2021
Marin	Marin SafeRx	8/16/2021
Marin	Marin SafeRx	7/19/2021
Marin	Marine Treatment Center	9/15/2021
Marin	Marine Treatment Center	8/5/2021
Marin	Marine Treatment Center	7/14/2021
Marin	Ritter Center	9/9/2021
Marin	Ritter Center	8/9/2021
Marin	Ritter Center	7/19/2021

Coaching Activity		
County	Event Name	Date
Orange	Systems of Care/Orange County/UCI TA	7/2/2021
Orange	Meeting w/OC Jail MAT team	7/13/2021
Orange	Systems of Care/Orange County/UCI TA	8/6/2021
Orange	Systems of Care: OCHCA Monthly Meeting with HMA	8/26/2021
Orange	Systems of Care: OCHCA Monthly Meeting with HMA	9/30/2021
Santa Barbara	Santa Barbara	7/1/2021
Santa Barbara	Coaching with Dignity	7/29/2021
Santa Barbara	HMA Support for Santa Barbara PHD	8/20/2021
Santa Barbara	Coaching with Dignity	8/26/2021
Santa Barbara	Santa Barbara Clinic MAT Planning	9/3/2021
Santa Barbara	Santa Barbara Clinic MAT Coaching	9/8/2021
Santa Barbara	Santa Barbara Clinic MAT Coaching	9/16/2021
Santa Cruz	Salud Para la gente coaching	7/13/2021
Santa Cruz	Watsonville Hospital/HMA coaching opportunity	7/14/2021
Santa Cruz	Encompass Coaching	7/15/2021
Santa Cruz	Coaching with Dominican	7/21/2021
Santa Cruz	Watsonville Hospital/HMA coaching opportunity	7/29/2021
Santa Cruz	Encompass: Follow up conversation RE: Drug MediCal billing	8/10/2021
Santa Cruz	Salud Para la gente coaching	8/10/2021
Santa Cruz	Coaching with Dominican	8/26/2021
Santa Cruz	Watsonville Community Hospital /HMA coaching	8/30/2021
Santa Cruz	Santa Cruz County Coaching	8/31/2021
Santa Cruz	Encompass Coaching	9/7/2021
Santa Cruz	Salud Para la gente coaching	9/14/2021
Santa Cruz	(Alex) Santa Cruz County Coaching	9/16/2021
Siskiyou	Siskiyou County SUD/HMA coaching	7/27/2021
Siskiyou	HMA/ Opioid Safety Coalition Check-in	8/4/2021
Siskiyou	Siskiyou Monthly SOC coaching call	8/30/2021
Siskiyou	HMA/ Opioid Safety Coalition Check-in	9/7/2021
Siskiyou	Siskiyou TA call w/ Judge	9/22/2021
Yolo	Fourth and Hope	8/24/2021
Yolo	Fourth and Hope	7/22/2021
Yolo	Fourth and Hope	7/14/2021
Yolo	Fourth and Hope	7/8/2021
Yolo	Fourth and Hope	6/24/2021
Yolo	Access Line - Heritage Oaks Hospital	6/4/2021
Yolo	Access Line - Heritage Oaks Hospital	9/22/2021
Yolo	Access Line - Heritage Oaks Hospital	9/30/2021
Yolo	Yolo County Behavioral Health	6/30/2021
Yolo	Communicare: Staff training on SUD	9/7/2021

Coaching Activity		
County	Event Name	Date
Yolo	Communicare: coaching call	9/7/2021
Yolo	COD/ MAT Training for Psychiatrists	9/16/2021
Yolo	COD/ MAT Training for Psychiatrists: Session 2	9/16/2021

Two sample coaching notes are included as attachments to this report as **Attachment 1. Coaching Notes Sample 1** and **Attachment 2. Coaching Notes Sample 2**.

Workstream	DHCS Deliverable Number
NEW COUNTIES – SYSTEMS OF CARE: TA Program Regional Event 1	D83
Deliverable Detail	
<ul style="list-style-type: none"> • Identify location, local partners, schedule, invite and fully plan event • Administer MAT Readiness Assessment to all participants in that track • Conduct two-track day-long event • Provide MAT Readiness summary reports • Administer evaluations • Issue waiver training certificates of completion • Provide follow-up coaching to address gap identified in Readiness Assessment 	

Due to the more limited engagement in coaching and some other activities by local stakeholders, HMA intensified its work delivering shorter duration learning activities and has discovered that the response is stronger to these opportunities. We conducted one activity under this deliverable early during last quarter. We planned two additional activities this quarter for delivery in October in the next quarter.

The event that was conducted last quarter was reported on in the previous quarterly report. HMA's MAT Assessment and Workshop provided three 2-hour MAT sessions virtually on June 14, 16 and 18.

Withdrawal Management

HMA's team of subject matter experts completed development of a Withdrawal Management Training for Santa Barbara County, which was offered in two three hours sessions. The two 3-hour sessions were scheduled to be offered virtually on October 1 and 8. The facilitators of the trainings were Shannon Robinson, MD, and Shelly Virva, LCSW and the need it directly addresses for the participating providers is a requirement of their Drug ODS contracts.

Harm Reduction Workshop

During this quarter our team planned a three-part series on Harm Reduction with three HMA subject matter experts, all of whom have different perspectives based on their experience. The team includes a physician and two Community Strategies colleagues who are actively working to support community

stakeholders of all types to expand efforts. The activity was planned for the first week of October, will be reported on in the next quarterly report, and at the end of September had over 500 participants registered. The effort includes collaboration with Josh Luftig PA-C from California Bridge and Vitoria Watkins, who runs the Naloxone Distribution Project, from DHCS.

Workstream	DHCS Deliverable Number
TA Program Content P1 and P2 Y2	D88, D89
Deliverable Detail	
<ul style="list-style-type: none"> • 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 • Plan and conduct monthly webinars • Record webinars and place on website • Administer webinar evaluations and collect data 	

Four 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 3: Screening Assessment and LOC Determination**, **Attachment 4: Motivational Interviewing Webinar**, and **Attachment 5: Medication for OUD Webinar**, **Attachment 6: Trauma Informed Care Webinar**.

Webinar #6				
Options and Best Practices for Screening, Assessment and Level of Care Determination				
Health Management Associates presents this overview of substance use disorder (SUD) screening, assessment and level of care determination as part of the Systems of Care webinar series. We invite you to register and join us for an interactive discussion of this important topic that will position you to effectively and accurately identify persons at risk for and make the diagnosis of substance use disorder and to facilitate decision-making about referral to and provision of the appropriate level of care to meet the client’s needs.				
Date	Presented by	Description	# Attendees	# Applied for CME
7/15/21	Shelly Virva & Helen DuPlessis	Webinar	85	27
7/22/21	Shelly Virva & Helen DuPlessis	TA Office Hours	28	N/A
Webinar #7				
Becoming Bilingual with MI: A Quick-Start Guide to Motivational Interviewing				
Health Management Associates presents this overview of motivational interviewing as part of the Systems of Care webinar series. We invite you to register and join us for this extremely interactive session covering important aspects of motivational interviewing, identifying core tools and techniques. Also learn how to create opportunities to build skills among the care team. solutions.				

Date	Presented by	Description	# Attendees	# Applied for CME
7/28/21	Helen DuPlessis & Bren Manaugh	Webinar	121	42
8/4/21	Helen DuPlessis & Bren Manaugh	TA Office Hours	34	N/A
Webinar #8				
Medication for Opioid Use Disorder Understanding the brain changes associated with substance use disorder lays the ground- work for an understanding of which medication is right for which patient at a given time in the recovery process. This webinar will review the brain changes that occur with substance use disorder, summarize why we use medication for opioid use disorders (OUD) and what treatments do not work, compare the FDA approved medications for OUD and the opioid overdose reversal agent and describe the duration of treatment for OUD.				
Date	Presented by	Description	# Attendees	# Applied for CME
8/1/21	Shannon Robinson & Scott Haga	Webinar	68	45
8/18/21	Shannon Robinson & Scott Haga	TA Office Hours	17	N/A
Webinar #9				
Trauma Informed Care: Understanding the Impact of Trauma on the Mind, Body and the Whole Being This session will explore the relationship between trauma and toxic stress and a host of physiologic and behavioral changes as well as long term health outcomes. The presenters will discuss Adverse Childhood Experiences (ACE), validated screening for and potential interventions to address ACEs. There will be particular emphasis on trauma informed care principles and practical strategies and supports for individuals with SUD who have been exposed to trauma.				
Date	Presented by	Description	# Attendees	# Applied for CME
9/15/21	Helen DuPlessis & Karen Hill	Webinar	190	59
9/22/21	Helen DuPlessis & Karen Hill	TA Office Hours	68	N/A

Additionally, the development of material that is offered across many deliverables is developed under this deliverable and that content is included in the webinar and workshop detail provided earlier in this report. In addition to those items which exceeded the deliverable requirement, the table below describes one additional training that was developed in response to a specific need

Trainings		
Santa Barbara	Attendance	
9/27/2021	HMA attendance	4
What's Next- Client Engagement Training	Addiction Counselor	32
	Administrator	5
	Licensed Clinician (LCSW, LMFT)	11
	Nurse Practitioner, Nurse (RN, LVN)	1
	Prevention Staff	1
	Other	5

DELIVERABLE ITEM FROM “CRT PROGRAM PILOT” SECTION:

Workstream	DHCS Deliverable Number
CRT Formation and Rollout Y2	D82
Deliverable Detail	
<ul style="list-style-type: none">• Support the local CRT members in developing their local action plan with extensive community input.• Conduct dry runs.• Conduct regular site visits in support of building local capacity and leadership	

The CRT program is operational in two regions. Madera County is one region and the Sutter and Yuba Counties combined as the second region. The program, which is committed to hyper-local implementation and determination, has made progress toward the goals of this work stream.

Madera County

The Member group of local leadership for the CRT continued regular engagement with HMA Community Strategies throughout the quarter. Building on the momentum of two community meetings held in May and the strong interest from the community in moving forward, the team drove a process of building the Member group. The group was expanded to include directors from Behavioral Health, Social Services, and Public Health as well as representatives from law enforcement and the dominant ambulance service in the region. We continue to work for stronger connection to tribal communities and the LatinX community but currently do not have representation for those segments.

The next step to fully launch the program in the County is to conduct a robust collection of on-site meetings with stakeholders. To that end, we planned site visits for late August. The team planned a community-wide meeting, 1:1 meetings with influential stakeholders, and a leadership meeting of the Member group. Unfortunately the unanticipated surge in the Delta variant of COVID-19 and the low vaccination rates of the County led us to the decision to reschedule these in-person activities with the intention to reschedule them as soon as possible. The site visits were rescheduled to late October, however this change resulted in a lot of planning work – a necessary adjustment due to the public health situation COVID presents.

Sutter/Yuba

The work in Sutter/Yuba had a slower start than Madera, but is making strides to catch up. The stakeholders in the counties are largely organized in a local healthcare council and their preference was to embed much of the CRT implementation in alignment with that group so as to streamline things. That group has required ongoing discussion and thoughtful consideration before everyone was onboard with moving decisively forward. The formal endorsement of the CRT in Sutter/Yuba was received in this quarter and program implementation has begun in earnest.

The Member group is formed and includes representatives and leadership from Aegis Treatment Centers, Harmony Health, Adventist Health and Rideout Emergency Department, Yuba County Health

and Human Services, Sutter County Public Health, the Yuba-Sutter Healthcare Council, and Ampla Health. The August 9 kickoff slide deck can be found in **Appendix 7. Member Kick-off**.

In order to be efficient, we planned back-to-back site visits all in the same week. The August activities for Sutter/Yuba were rescheduled for late October and are back on track. This reschedule was a timeline setback for the project.

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

Workstream	Number
Year 2 Systems of Care CDCR Phase 2 – Behavioral Health Provider Curriculum Development	D74
Deliverable Detail	
<ul style="list-style-type: none">• Develop competency-based curricula• Review national competencies• Enhance online curricula offerings	

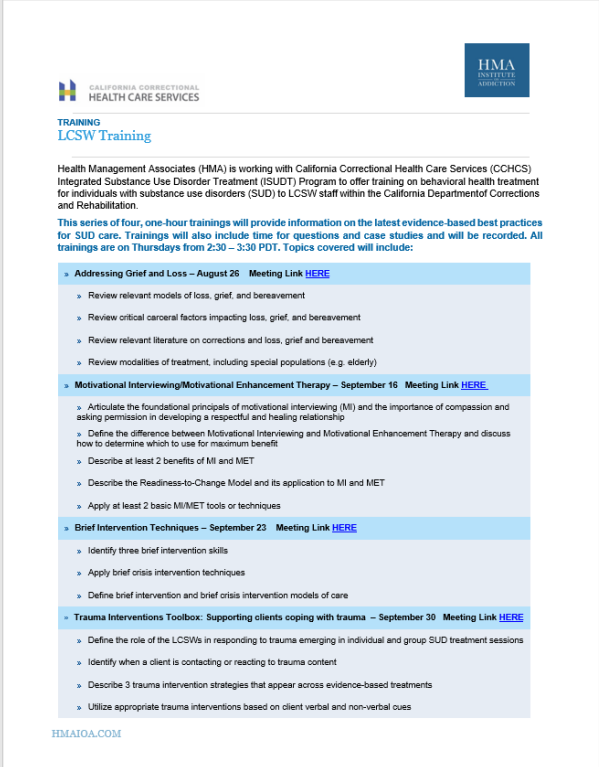
LCSWs

HMA met with CDCR leadership and lead LCSWs throughout the 4th quarter to discuss curriculum needs and review presentation content. The following topics were approved and HMA developed the training.

1. Addressing Grief and Loss
 - a. Review relevant models of loss, grief, and bereavement
 - b. Review critical carceral factors impacting loss, grief, and bereavement
 - c. Review relevant literature on corrections and loss, grief and bereavement
 - d. Review modalities of treatment, including special populations (e.g. elderly)
2. Motivational Interview / Motivational Enhancement Therapy
 - a. Articulate the foundational principals of motivational interviewing (MI) and the importance of compassion and asking permission in developing a respectful and healing relationship
 - b. Define the difference between Motivational Interviewing and Motivational Enhancement Therapy and discuss how to determine which to use for maximum benefit
 - c. Describe at least 2 benefits of MI and MET
 - d. Describe the Readiness-to-Change Model and its application to MI and MET
 - e. Apply at least 2 basic MI/MET tools or techniques
3. Brief Intervention Techniques
 - a. Identify three brief intervention skills
 - b. Apply brief crisis intervention techniques

- c. Define brief intervention and brief crisis intervention models of care
4. Trauma Interventions Toolbox: Supporting clients coping with trauma
 - a. Define the role of the LCSWs in responding to trauma emerging in individual and group SUD treatment sessions
 - b. Identify when a client is contacting or reacting to trauma content
 - c. Describe 3 trauma intervention strategies that appear across evidence-based treatments
 - d. Utilize appropriate trauma interventions based on client verbal and non-verbal cues

HMA also developed a training flyer that was shared with all LCSW staff to provide an overview of the upcoming training sessions and biographies of the HMA presenters.



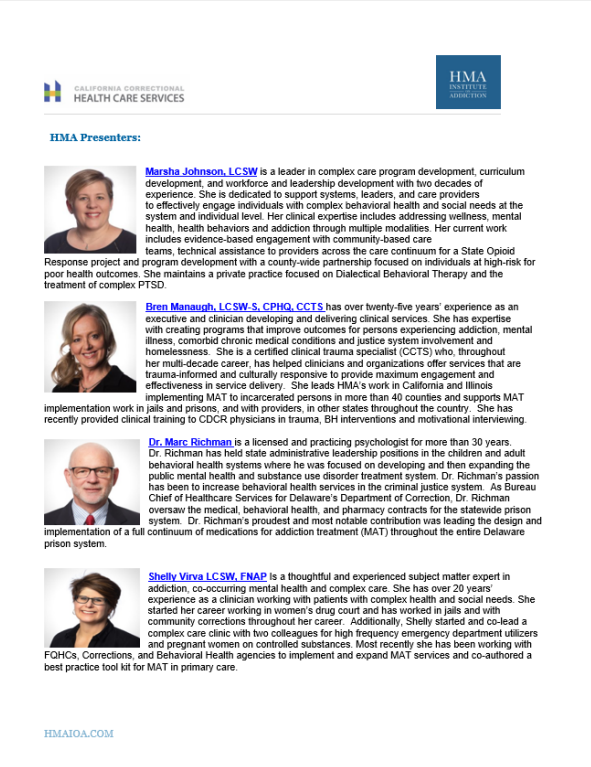
TRAINING
LCSW Training

Health Management Associates (HMA) is working with California Correctional Health Care Services (CCHCS) Integrated Substance Use Disorder Treatment (ISUDT) Program to offer training on behavioral health treatment for individuals with substance use disorders (SUD) to LCSW staff within the California Department of Corrections and Rehabilitation.


This series of four, one-hour trainings will provide information on the latest evidence-based best practices for SUD care. Trainings will also include time for questions and case studies and will be recorded. All trainings are on Thursdays from 2:30 – 3:30 PDT. Topics covered will include:

- » **Addressing Grief and Loss – August 26 Meeting Link [HERE](#)**
 - » Review relevant models of loss, grief, and bereavement
 - » Review critical carceral factors impacting loss, grief, and bereavement
 - » Review relevant literature on corrections and loss, grief and bereavement
 - » Review modalities of treatment, including special populations (e.g. elderly)
- » **Motivational Interviewing/Motivational Enhancement Therapy – September 16 Meeting Link [HERE](#)**
 - » Articulate the foundational principals of motivational interviewing (MI) and the importance of compassion and asking permission in developing a respectful and healing relationship
 - » Define the difference between Motivational Interviewing and Motivational Enhancement Therapy and discuss how to determine which to use for maximum benefit
 - » Describe at least 2 benefits of MI and MET
 - » Describe the Readiness-to-Change Model and its application to MI and MET
 - » Apply at least 2 basic MI/MET tools or techniques
- » **Brief Intervention Techniques – September 23 Meeting Link [HERE](#)**
 - » Identify three brief intervention skills
 - » Apply brief crisis intervention techniques
 - » Define brief intervention and brief crisis intervention models of care
- » **Trauma Interventions Toolbox: Supporting clients coping with trauma – September 30 Meeting Link [HERE](#)**
 - » Define the role of the LCSWs in responding to trauma emerging in individual and group SUD treatment sessions
 - » Identify when a client is contacting or reacting to trauma content
 - » Describe 3 trauma intervention strategies that appear across evidence-based treatments
 - » Utilize appropriate trauma interventions based on client verbal and non-verbal cues


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HMA Presenters:




Marsha Johnson, LCSW is a leader in complex care program development, curriculum development, and workforce and leadership development with two decades of experience. She is dedicated to support systems, leaders, and care providers to effectively engage individuals with complex behavioral health and social needs at the system and individual level. Her clinical expertise includes addressing wellness, mental health, health behaviors and addiction through multiple modalities. Her current work includes evidence-based engagement with community-based care teams, technical assistance to providers across the care continuum for a State Opioid Response project and program development with a county-wide partnership focused on individuals at high-risk for poor health outcomes. She maintains a private practice focused on Dialectical Behavioral Therapy and the treatment of complex PTSD.



Bren Manaugh, LCSW-S, CPHQ, CCTS has over twenty-five years' experience as an executive and clinician developing and delivering clinical services. She has expertise with creating programs that improve outcomes for persons experiencing addiction, mental illness, comorbid chronic medical conditions and justice system involvement and homelessness. She is a certified clinical trauma specialist (CCTS) who, throughout her multi-decade career, has helped clinicians and organizations offer services that are trauma-informed and culturally responsive to provide maximum engagement and effectiveness in service delivery. She leads HMA's work in California and Illinois implementing MAT to incarcerated persons in more than 40 counties and supports MAT implementation work in jails and prisons, and with providers, in other states throughout the country. She has recently provided clinical training to CDCR physicians in trauma, BI interventions and motivational interviewing.



Dr. Marc Richman is a licensed and practicing psychologist for more than 30 years. Dr. Richman has held state administrative leadership positions in the children and adult behavioral health systems where he was focused on developing and then expanding the public mental health and substance use disorder treatment system. Dr. Richman's passion has been to increase behavioral health services in the criminal justice system. As Bureau Chief of Healthcare Services for Delaware's Department of Correction, Dr. Richman oversaw the medical, behavioral health, and pharmacy contracts for the statewide prison system. Dr. Richman's proudest and most notable contribution was leading the design and implementation of a full continuum of medications for addiction treatment (MAT) throughout the entire Delaware prison system.



Shelly Virva LCSW, FNAP is a thoughtful and experienced subject matter expert in addiction, co-occurring mental health and complex care. She has over 20 years' experience as a clinician working with patients with complex health and social needs. She started her career working in women's drug court and has worked in jails and with community corrections throughout her career. Additionally, Shelly started and co-lead a complex care clinic with two colleagues for high frequency emergency department users and pregnant women on controlled substances. Most recently she has been working with FOHCs, Corrections, and Behavioral Health agencies to implement and expand MAT services and co-authored a best practice tool kit for MAT in primary care.

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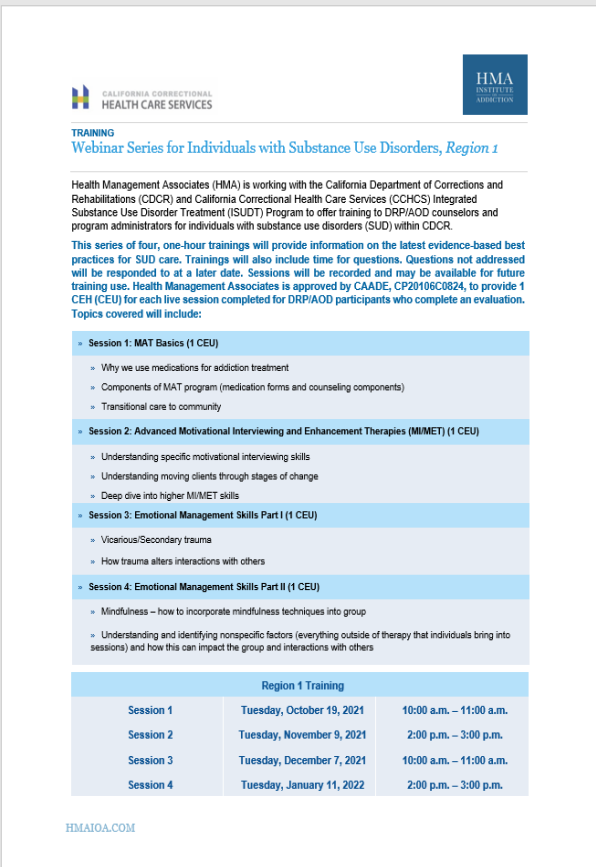
DRP Contractors/AOD Counselors

CDCR approved the topic areas in June and in July, HMA and CDCR met to discuss training logistics. Due to competing priorities within CDCR, training was rescheduled and will begin in October. HMA submitted a CEU application, and the application was approved by CADE to provide 1 CEU for each live session attended for DRP/AOD participants and complete an evaluation. HMA has started training development for the following topics:

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

2. Advanced Motivational Interviewing (MI) - Motivational Enhancement Therapy (MET)
 - a. Understanding specific motivational interviewing skills
 - b. Understanding moving clients through stages of change
 - c. Deep dive into higher MI/MET Skills
3. Emotional Management Skills Part 1
 - a. Vicarious/Secondary Trauma
 - b. How trauma alters interactions with others
4. Emotional Management Skills Part 2
 - a. Mindfulness – How to incorporate Mindfulness techniques into group
 - b. Understanding and Identifying Nonspecific factors - Nonspecific factors (everything outside of therapy that individuals bring into session) and how this can impact the group and interactions with others

HMA prepared six unique training flyers per region to provide an overview of the upcoming training sessions and biographies of the HMA presenters. Below is a sample:



TRAINING
Webinar Series for Individuals with Substance Use Disorders, Region 1

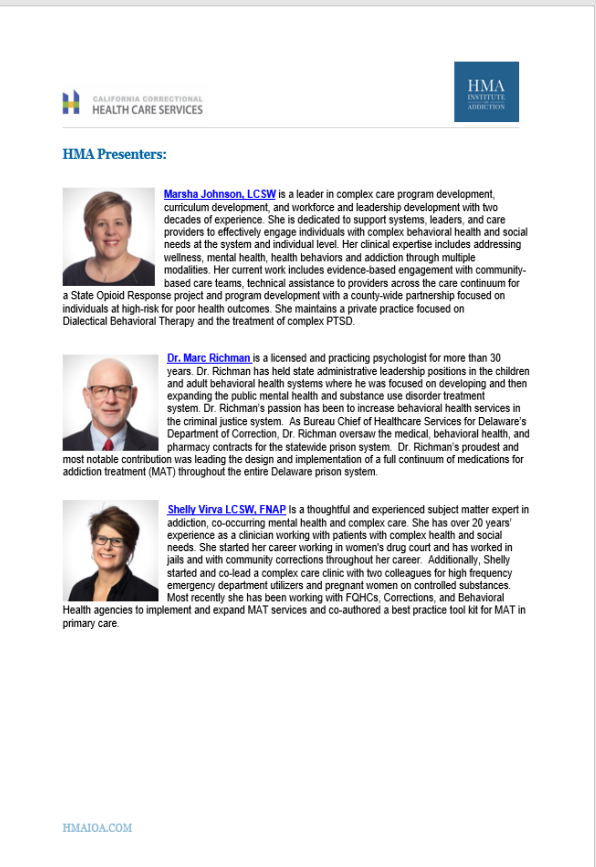
Health Management Associates (HMA) is working with the California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) Integrated Substance Use Disorder Treatment (ISUDT) Program to offer training to DRPIAOD counselors and program administrators for individuals with substance use disorders (SUD) within CDCR.

This series of four, one-hour trainings will provide information on the latest evidence-based best practices for SUD care. Trainings will also include time for questions. Questions not addressed will be responded to at a later date. Sessions will be recorded and may be available for future training use. Health Management Associates is approved by CAADE, CP20106C0824, to provide 1 CEH (CEU) for each live session completed for DRPIAOD participants who complete an evaluation. Topics covered will include:


- Session 1: MAT Basics (1 CEU)
 - Why we use medications for addiction treatment
 - Components of MAT program (medication forms and counseling components)
 - Transitional care to community
- Session 2: Advanced Motivational Interviewing and Enhancement Therapies (MI/MET) (1 CEU)
 - Understanding specific motivational interviewing skills
 - Understanding moving clients through stages of change
 - Deep dive into higher MI/MET skills
- Session 3: Emotional Management Skills Part I (1 CEU)
 - Vicarious/Secondary trauma
 - How trauma alters interactions with others
- Session 4: Emotional Management Skills Part II (1 CEU)
 - Mindfulness – how to incorporate mindfulness techniques into group
 - Understanding and identifying nonspecific factors (everything outside of therapy that individuals bring into sessions) and how this can impact the group and interactions with others

Region 1 Training		
Session 1	Tuesday, October 19, 2021	10:00 a.m. – 11:00 a.m.
Session 2	Tuesday, November 9, 2021	2:00 p.m. – 3:00 p.m.
Session 3	Tuesday, December 7, 2021	10:00 a.m. – 11:00 a.m.
Session 4	Tuesday, January 11, 2022	2:00 p.m. – 3:00 p.m.


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HMA Presenters:




Dr. Marc Richman is a licensed and practicing psychologist for more than 30 years. Dr. Richman has held state administrative leadership positions in the children and adult behavioral health systems where he was focused on developing and then expanding the public mental health and substance use disorder treatment system. Dr. Richman's passion has been to increase behavioral health services in the criminal justice system. As Bureau Chief of Healthcare Services for Delaware's Department of Correction, Dr. Richman oversaw the medical, behavioral health, and pharmacy contracts for the statewide prison system. Dr. Richman's proudest and most notable contribution was leading the design and implementation of a full continuum of medications for addiction treatment (MAT) throughout the entire Delaware prison system.



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Workstream	Number
Year 2 Systems of Care CDCR Phase 2 Primary Care Provider Training	D75
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

HMA and CDCR met on August 5, 2021 and determined that HMA will not develop and administer future trainings for the PCPs as it was best to reinforce the Addiction Medicine Champion model. HMA will provide technical support as requested by CDCR leadership. Example types of technical support will include the following:

- Literature review, brief review and sharing articles of interest
- Champion support as requested on topics
- Review of processes as requested
- Research on best practices for internal policies
- Monthly meetings with CDCR leadership



HMA and CDCR also met on September 9, 2021 as part of the new monthly meeting cadence. HMA provided technical support on challenges that continue to come up surrounding MAT, injectable buprenorphine, authorization request and consent forms, and required messaging for counseling. HMA followed up with further literature and brief review as well as review of SAMHSA requirements.

Nursing

HMA created three training presentations based on agreed upon topics. CDCR reviewed the slide decks in advance of each presentation. Additionally, HMA and CDCR leadership met twice in August to discuss feedback. Topics presented included the following:

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?

HMA also developed training flyers specific for each region to provide an overview of the upcoming training sessions and biographies of the HMA presenters. Sample below:

TRAINING
Nursing Care for Individuals with Substance Use Disorders, Region 1



Health Management Associates (HMA) is working with California Correctional Health Care Services (CCHCS) Integrated Substance Use Disorder Treatment Program (ISUDT) to offer training on nursing care for individuals with substance use disorders (SUD) to nursing staff within the California Department of Corrections and Rehabilitation.

This series of three, one-hour trainings will provide information on the latest evidence-based best practices for SUD care. Trainings will also include time for questions and case studies and will be recorded. Topics covered will include:


- **Understanding addiction as a neurobiological chronic disease**
 - Addiction 101
 - Incarcerated population specifics
 - Trauma
- **Medications for Addiction Treatment (MAT)**
 - Approved medications for opioid and alcohol use disorders
 - Outcomes and improvements with use
 - Formulations and dosing considerations
- **Medication administration best practices to minimize diversion**
 - Proper sublingual administration techniques
 - How long should treatment continue?
 - What are examples of misuse and diversion

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

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Presenters:



Scott Hagan PAC is a subject matter expert and experienced medical provider treating individuals with complex medical and social needs, including substance use disorders (SUD). He has worked providing addiction medicine services in the outpatient setting and has provided inpatient addiction consultation services. He has also worked with jails and prisons across the country to implement evidence-based SUD treatment. His clinical experience includes working in primary care, psychiatry, and addiction medicine settings, and he is an expert in helping interdisciplinary teams to provide high-quality integrated care. Scott and Dr. Waller have worked together for more than a decade, providing care to patients with complex SUD and co-occurring disorders.



Corey Waller MD, MS, FACP, DFASAM is a board-certified and actively practicing addiction and emergency medicine specialist with extensive experience working at the local, state, and national levels. Dr. Waller is the managing director of the Health Management Associates (HMA) Institute on Addiction and is directly responsible for consultation regarding addiction treatment system development for hospitals, primary care practices, justice-involved populations, and addiction treatment providers. He also oversees the HMAedu.com learning management system and continues to develop educational resources covering addiction, pain management, behavioral health, and administrative support for these programs.

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Training was conducted by region and by watch with the first session beginning on July 21st and the last session concluding on August 13th. With 4 regions each receiving the three training sessions, HMA conducted 36 trainings. HMA also provided final recorded sessions and slide decks for internal CDCR use. Over 650 RNs, LVNs, medical assistants and administrators attended the trainings across all regions. This will be reported by discipline in the UCLA DHCS quarterly reporting.

Additionally, a training evaluation was created in Survey Monkey for each training. HMA received survey responses from 93 training attendees. Detailed survey results were provided to CDCR leadership. In summary, over 90% of survey responses received *strongly agreed* and *agreed* on the following questions:

- The information presented was consistent with the description and objectives
- The information presented in the course was practical, useful, and applicable either now or for my job in the future
- The material was presented in a clear and understandable manner
- The amount of detail provided was adequate for the course objectives
- The length of the course was appropriate for the detail needed for this topic in order to meet the objectives
- The skills of the speaker(s) were acceptable
- The manner of the training, the presentation slide deck, etc. was helpful/contributed to my learning
- The course was valuable in increasing my knowledge about my responsibilities/position

Additional feedback received was to have longer presentations with more time for Q&A as well as deeper dives into session topics.

Note: To date, HMA has not conducted any in-person trainings due to Covid-19 travel limitations.

Workstream	Number
Year 2 Systems of Care CDCR Phase 2 Primary Care Provider SME Support	D86
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	

Dr. Waller has continued providing mentoring, documentation review, and SME support to Addiction Medicine board seeking providers. Additionally, monthly meetings are occurring with CDCR leadership to discuss the Primary Care Provider technical assistance needs and Nursing programmatic support. This process has supported a more integrated approach to treatment and has elucidated many barriers to consistent treatment. HMA will also be developing online education modules for continued training and support.

Workstream	Number
Year 2 Systems of Care CDCR Phase 2 Behavioral Health Intervention Phase 2	D94
Deliverable Detail	
<ul style="list-style-type: none">• Provide teaching, training, and academic detailing	

During this quarter, Dr. Waller continued assisting with the identification of new workflows for those with relapse. Additionally, he provided support for the use of the ASAM RISE tool for reentry evaluation. HMA is still working through the specifics of assessment and will continue to adapt through the COVID spikes. HMA has provided support to the RNs, LCSW and have developed a curriculum for the AOD counselors. With the LCSWs having moved over to medical, HMA has delivered didactic support and will be assisting in strategic development of the treatment programming.

After several meetings with HMA and DRP, HMA has developed a standardized approach to Psychoeducation for those who meet criteria. The HMA team has 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 2 Systems of Care CDCR Phase 2 Strategic Support to DHCS	D95
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. Dr. Waller also conducts individual leadership calls with the heads of each division to coordinate efforts across the divisions and help complete implementation. He has continued his efforts to develop coordination across the divisions within CDCR and ISUDT in particular. He is now working to build bridges to custody and mental health. Dr. Waller has been focused on the policies associated with treatment continuation with the BH interventions and medication compliance.

Workstream	Number
Year 2 Systems of Care CDCR Phase 2 Behavioral Health Provider Training	D110
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 	

LCSWs

HMA conducted four, one-hour trainings on the topics listed in D74. CDCR reviewed the slide decks in advance of each presentation. Sessions were recorded on CDCR's TEAMS platform and HMA provided final slide decks for internal CDCR use.

1. Addressing Grief and Loss
 - a. Date: August 26th
 - b. Attendance: 20 LCSWs and 9 management and support staff
2. MI/MET
 - a. Date: September 16th
 - b. Attendance: 21 LCSWs and 8 management and support staff
3. Brief Intervention Techniques
 - a. Date: September 23rd
 - b. Attendance: 19 LCSWs and 8 management and support staff
4. Trauma Interventions Toolbox
 - a. Date: September 30th
 - b. Attendance: 21 LCSWs and 7 management and support staff

Total participation numbers will be reported by discipline in the UCLA DHCS quarterly reporting.

Additionally, a training evaluation was created in Survey Monkey for each training. HMA received survey responses from 64 training attendees. Detailed survey results were provided to CDCR leadership. In summary, over 85% of survey responses received *strongly agreed* and *agreed* on the following questions:

- The information presented was consistent with the description and objectives
- The information presented in the course was practical, useful, and applicable either now or for my job in the future
- The material was presented in a clear and understandable manner
- The amount of detail provided was adequate for the course objectives
- The length of the course was appropriate for the detail needed for this topic in order to meet the objectives
- The skills of the speaker(s) were acceptable
- The manner of the training, the presentation slide deck, etc. was helpful/contributed to my learning
- The course was valuable in increasing my knowledge about my responsibilities/position

Additional feedback received requested longer presentations with more time for Q&A as well as deeper dives into session topics. Requests also included more time for participation discussion and case examples as well as more specific training within the incarcerated setting. Given the recent move by the LCSWs to medical services, HMA is working to integrate the service lines for assessment and integrated treatment.

Note: To date, HMA has not conducted any in-person trainings due to Covid-19 travel limitations.

DRP Contractors/AOD Counselors

HMA met with the DRP training team throughout the 4th quarter to assist with the scheduling and planning the virtual training sessions. Additional requirements to capture information required for CEU credit were also discussed. Trainings will begin October 19, 2021 and conclude January 18th, 2022 and will include an estimated 600+ DRP contractors/AOD Counselors. Below is the training schedule:

HMA: Training Dates / Times		
Focal Area	Time	Date (Tuesdays)
Region 1		
Topic 1 MAT Basics	10:00 AM	10/19/21
Topic 2 Adv MI MET	2:00 PM	11/9/21
Topic 3 Emotional Mgmt 1	10:00 AM	12/7/21
Topic 4 Emotional Mgmt II	2:00 PM	1/11/22
Region 2		
Topic 1 MAT Basics	2:00 PM	10/19/21
Topic 2 Adv MI MET	10:00 AM	11/9/21
Topic 3 Emotional Mgmt 1	2:00 PM	12/7/21
Topic 4 Emotional Mgmt II	10:00 AM	1/11/22
Region 3		
Topic 1 MAT Basics	10:00 AM	10/26/21
Topic 2 Adv MI MET	2:00 PM	11/16/21
Topic 3 Emotional Mgmt 1	10:00 AM	12/14/21
Topic 4 Emotional Mgmt II	2:00 PM	1/18/22
Region 4		
Topic 1 MAT Basics	2:00 PM	10/26/21
Topic 2 Adv MI MET	10:00 AM	11/16/21
Topic 3 Emotional Mgmt 1	2:00 PM	12/14/21
Topic 4 Emotional Mgmt II	10:00 AM	1/18/22
Region 5		
Topic 1 MAT Basics	10:00 AM	11/2/21
Topic 2 Adv MI MET	2:00 PM	11/30/21
Topic 3 Emotional Mgmt 1	10:00 AM	1/4/22
Topic 4 Emotional Mgmt II	2:00 PM	1/25/22
Region 6		
Topic 1 MAT Basics	2:00 PM	11/2/21
Topic 2 Adv MI MET	10:00 AM	11/30/21
Topic 3 Emotional Mgmt 1	2:00 PM	1/4/22
Topic 4 Emotional Mgmt II	10:00 AM	1/25/22

In October, the In-Prison Programs, Office of Program Operations (CDCR, Division of Rehabilitative Programs) with assistance from the CDCR training team will send out the TEAMS meeting links for the individual training sessions. HMA will be providing unique survey links per session to capture CEU requirements and will also send out Certificates post training sessions using a dedicated HMA email address for CEU questions.

Workstream	Number
Year 2 Systems of Care CDCR Phase 2 Behavioral Health Intervention SME Support	D114
Deliverable Detail	
<ul style="list-style-type: none"> • Site lead support • Plan and lead workgroups • Conduct chart reviews • Conduct ongoing coaching calls 	

CDCR leadership and the DRP/AOD vendor Executives indicated that multidisciplinary team case conferencing would be beneficial. HMA will explore this effort after trainings are completed after reviewing remaining SOR2 budget allocations. This had been difficult, as COVID has prevented cohorting of both patients and treatment providers.

Workstream	Number
Year 2 Systems of Care CDCR Phase 2 Behavioral Health Provider SME Support	D115
Deliverable Detail	
<ul style="list-style-type: none">• Provide and host office hours• Provide site lead support• Conduct ongoing coaching calls	

As indicated in the BH Intervention SME support deliverable D114, HMA is exploring multidisciplinary team case conferencing.