

**Quarterly Report to the California**  
**Department of Health Care Services**

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**Date:** July 31, 2022  
**Period:** July 1, 2021 – June 30, 2022  
**Contract execution date:** November 9, 2020  
**DHCS Project Number:** 20-10318  
**HMA Project Number:** 200210  
**Project Name:** *Systems of Care* MAT Expansion Project, including Community Response Teams (CRTs), and CDCR Prison MAT Expansion work

**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 seventh quarterly report for SOR2, which covers the period of April 1, 2022 – June 30, 2022. Only deliverables on which work has started or been conducted 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.

After careful consideration earlier in the program, our team shifted some its focus for engaging MAT sites and other stakeholders to shorter duration learning opportunities rather than one based on the framework of longer-term commitment. We have been pleased by the increased response to these opportunities. This quarter was largely a program maintenance period with the ongoing operation of those intermittent learning opportunities and continued coaching. Two notable pieces of work distinct to this quarter were the planning for the follow-up process improvement events in each of our six counties and the program planning for SOR III.

For SOR III, HMA is planning a significant overhaul of the Systems of Care ecosystem work to be built on a learning collaborative model with incentive stipends for maximizing participation from counties. The new model will reflect many lessons learned so far in our statewide county-focused work. HMA dedicated significant time to strategic program planning on how to build and implement the new model.

### **Notable Accomplishments**

In SOR II, HMA intensified its focus on county-level system goals in addition to provider-specific MAT expansion goals. Our work included facilitating the development of consensus and the structure for system-level goals. Throughout the term of this project, we have tracked progress toward accomplishing those goals and leveraging the document as a guidepost for focusing the efforts of countywide multistakeholder efforts. While our next and final report for SORII will include comprehensive information on the county-level goals, we note that progress has been significant and share a highlight from each county with you here:

**In Marin County** the goal to provide support to at least three MAT providers in identifying at least one to two projects specifically aimed at reducing racial disparities in access to care was met and the goal to add three additional sites in Marin County that provide Narcan (naloxone) free of charge was also met.

**In San Bernardino County** the goal to establish reasonable benchmarks to build MAT provider capacity to ensure network adequacy was completed and will drive accountability in the system in a way that drives MAT capacity growth. The assessment work to complete this found that their need is 143 – 241 active prescribers contrasted with their current level of 56 active prescribers.

**In Santa Barbara County** the goal to establish and grow the usage of universal release of information has been advanced by completing the universal release of information standards/form structure and they are in progress integrating it into their HER.

**In Santa Cruz County** the goal to strengthen transitions of care by increasing ED Bridge referrals to Watsonville Community Hospital by 50%, to Dominican Hospital by 5% and to make MAT services and

making referrals available in the Crisis Stabilization Program and Psychiatric Health Facility were all met this summer.

**In Yolo County** the goals to increase the substance use ecosystem’s connection and coordination through targeted trainings from various stakeholders by 25% was met.

**DELIVERABLE ITEMS FROM “MAIN SYSTEMS OF CARE COMPONENTS” SECTION:**

| <b>Workstream</b>   |
|---|
| New Counties Y2 - Systems of Care:<br>Follow-up PIE Event Counties 1, 2, and 3  |
| <b>Deliverable Detail</b>   |
| <ul style="list-style-type: none"> <li>• Identify local partners who are most likely to help build strong participation, meaningful engagement, and further impact to improve addiction treatment system through a follow-up event</li> <li>• Develop agenda based on quarterly collaboration call input and local leadership</li> <li>• Plan and hold single-day follow-up process improvement events.</li> <li>• Write summary report to document progress made toward building the future state addiction treatment system, recommit to ongoing collaborative work, new priorities, and local sustainability strategies</li> </ul> |

The work to plan a county regrouping on its work to improve the addiction treatment ecosystem was robust in the quarter. These follow-up events are being framed as Envisioning the Future events in which counties will celebrate their progress, assess where to go next, and recommit to ongoing ecosystem Improvement especially through collaboration. All six counties elected to schedule their events later in the summer than we had originally anticipated. The confirmed schedule for those events is in the table below. Siskiyou County has been largely dormant in the program over the last year due to other county challenges and capacity issues. They have recently become engaged again and scheduled an event for July 27 in which they would do a different type of program to rally stakeholder collaboration. Unfortunately at the time of this report they had cancelled that meeting and discussions of a possible reschedule are ongoing.

| <b>COUNTY</b> | <b>DATE</b>              | <b>PLATFORM</b> |
|---------------|--------------------------|-----------------|
| San Bern      | Tuesday, July 26, 2022   | Virtual         |
| Siskiyou      | POSTPONED                | Virtual         |
| Santa Barb    | Thursday, August 4, 2022 | In Person       |
| Santa Cruz    | Monday, August 15, 2022  | VIRTUAL         |
| Yolo          | Friday, August 12, 2022  | Hybrid          |
| Marin         | Tuesday, August 16, 2022 | Hybrid          |

In order to prepare our teams for these county-driven events, our clinical expert team prepared a core content for each of the events to serve as foundational content around which each county would customize their work according to local preferences and priorities. The deck also has been submitted for CEU approval and has received CME approval. We have included that core content deck here as **ATTACHMENT I: Envisioning the Future Core Content.**

| <b>Workstream</b>   |
|---|
| New Counties Year 2 - Systems of Care:<br>Coaching Six Counties – Period 2  |
| <b>Deliverable Detail</b>   |
| <ul style="list-style-type: none"> <li>• Administration and review of technical assistance applications from all interested county stakeholders</li> <li>• Administration of a comprehensive assessment for sites interested in and eligible to establish or expand MAT capacity</li> <li>• 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</li> <li>• Monthly progress notes from each coaching site</li> </ul> |

Despite the fatigue in the field that we have observed in SORII, the HMA team continued to maximize the positive impact of its work within the sphere of participation that did remain possible. Details follow and describe the level of activity across all counties. In the last year, while the initial start was very weak, our coaches have been tenacious and creative in offering out relevant support. As you can see below, Yolo County and Santa Cruz County remain very engaged.

| <b>Category</b> | <b>County</b> | <b>Event Name</b>                                     | <b>Date</b> | <b>Provider Type</b>  |
|-----------------|---------------|---|-------------|---|
| Coaching        | Siskiyou      | Siskiyou Diversion Meeting                            | 21-Apr      | Administrator (3)   |
| Coaching        | Yolo          | Heritage Oaks Hospital / Access Line Coaching Session | 15-Apr      | Administrator (1)   |
| Coaching        | Yolo          | Heritage Oaks Hospital / Access Line Coaching Session | 6-May       | Administrator (1)   |
| Coaching        | Yolo          | Heritage Oaks Hospital / Access Line Coaching Session | 20-May      | Administrator (1)   |
| Coaching        | Yolo          | Heritage Oaks Hospital / Access Line Coaching Session | 3-Jun       | Administrator (1)   |
| Coaching        | Yolo          | Heritage Oaks Hospital / Access Line Coaching Session | 24-Jun      | Administrator (1)   |
| Coaching        | Yolo          | Fourth and Hope                                       | 15-Apr      | Administrator (3)   |
| Coaching        | Marin         | Coaching Session w/ Ritter Center                     | 5/5/2022    | Program Director;<br>Clinic Director; IQ<br>Manager; Physician; |

|          |                   |  |           |   |
|----------|-------------------|--|-----------|---|
|          |                   |  |           | Administrator;<br>Nurse Practitioner  |
| Coaching | Marin             | Coaching Session w/ Ritter Center  | 6/30/2022 | Program Director;<br>Clinic Director; IQ<br>Manager; Physician;<br>Administrator;<br>Nurse Practitioner |
| Coaching | Santa Cruz        | Coaching Session w/ Santa Cruz<br>County Behavioral Health Services<br>(BHS) | 6/1/2022  | Physician/Chief of<br>Psychiatry;<br>Physician  |
| Coaching | Santa Cruz        | Coaching Session w/ Santa Cruz<br>County Behavioral Health Services<br>(BHS) | 6/21/2022 | Physician/Chief of<br>Psychiatry;<br>Physician  |
| Coaching | Santa Cruz        | Coaching Session w/ Salud Para La<br>Gente (Salud)                           | 4/19/2022 | LMFT; Substance<br>Use Navigator;<br>Physician; Nurse   |
| Coaching | Santa Cruz        | Coaching Session w/ Salud Para La<br>Gente (Salud)                           | 5/17/2022 | LMFT; Substance<br>Use Navigator;<br>physician; Nurse   |
| Coaching | Santa Cruz        | Coaching Session w/ Salud Para La<br>Gente (Salud)                           | 6/21/2022 | LMFT; Substance<br>Use Navigator;<br>Physician; Nurse   |
| Coaching | Santa Cruz        | Coaching Session w/ Watsonville<br>Community Hospital                        | 4/26/2022 | Substance Use<br>Navigator; Nurse;<br>Pharmacist;<br>Physician  |
| Coaching | Santa Cruz        | Coaching Session w/ Watsonville<br>Community Hospital                        | 6/14/2022 | Substance Use<br>Navigator; Nurse;<br>Pharmacist;<br>Physician  |
| Coaching | San<br>Bernardino | MAT at Canyon Ridge  | 5/12/2022 | Administrator (1)<br>Social Worker (1)  |
| Coaching | San<br>Bernardino | St. John Of God Health Care<br>Services/HMA Discussion of MAT                | 5/13/2022 | Administrator (1)   |

| <b>Workstream</b>  |
|--|
| Ongoing Year 2 TA Program Operations:<br>Program Content and Webinar Content COMBINED - Period 2                                       |
| <b>Deliverable Detail</b>  |
| <ul style="list-style-type: none"> <li>Provide direct TA in response to “on-demand” requests and document in the TA tracker</li> </ul> |

- 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
- 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

As the focus of the stakeholder collaborative work shifted in focus to the Envisioning the Future events, much of the collaborative work shifted with it. Each county and its stakeholders have their preferred formats and meeting recurrences in which they agendize these matters and increasingly, rather than creating Systems of Care stakeholder meetings, our team leads have made a deliberate effort to attach our work in a way that better integrates it with already existing activities within a county. This strategy is meant to reduce meeting fatigue and increase stakeholder engagement. The tables below outline activities that took place in this quarter for county stakeholder collaboration.

| <b>Category</b>     | <b>County</b>  | <b>Event Name</b>   | <b>Date</b> | <b>Provider Type</b> |
|---------------------|----------------|---|-------------|----------------------|
| Monthly check in    | Marin          | Marin Department of Behavioral Health                           | 4/18/2022   | Administrators       |
| Monthly check in    | Marin          | Marin Department of Behavioral Health                           | 5/16/2022   | Administrators       |
| Monthly check in    | Marin          | Marin Department of Behavioral Health                           | 6/21/2022   | Administrators       |
| Monthly check in    | Santa Cruz     | Santa Cruz Department of Behavioral Health                      | 5/5/2022    | Administrators       |
| Monthly check in    | Santa Cruz     | Santa Cruz Department of Behavioral Health                      | 6/2/2022    | Administrators       |
| Monthly check in    | San Bernardino | San Bernardino Department of Behavioral Health                  | 4/18/2022   | Administrators       |
| Monthly check in    | San Bernardino | San Bernardino Department of Behavioral Health                  | 5/16/2022   | Administrators       |
| Monthly check in    | San Bernardino | San Bernardino Department of Behavioral Health                  | 4/18/2022   | Administrators       |
| Quarterly Convening | San Bernardino | San Bernardino’s System of Care Collaborative Quarterly Meeting | 5/2/2022    | Multi-stakeholder    |

|                                   |               |  |           |                   |
|-----------------------------------|---------------|--|-----------|-------------------|
| Monthly check in                  | Santa Barbara | Systems of Care/Santa Barbara/Monthly Huddle with John and Melissa | 4/6/2022  | Administrators    |
| Opioid Coalition meeting          | Santa Barbara | North Co. Opioid Coalition Mtg                                     | 4/27/2022 | Multi-stakeholder |
| Monthly check in                  | Santa Barbara | Systems of Care/Santa Barbara/Monthly Huddle with John and Melissa | 5/5/2022  | Administrators    |
| Monthly check in                  | Santa Barbara | Systems of Care/Santa Barbara/Monthly Huddle with John and Melissa | 6/2/2022  | Administrators    |
| Stakeholder collaboration meeting | Santa Barbara | MAT Access and Utilization - Stakeholder Collaboration Meeting     | 6/21/2022 | Multi-stakeholder |
| Opioid Coalition meeting          | Santa Barbara | North Co. Opioid Coalition Mtg                                     | 6/29/2022 | Multi-stakeholder |
| Stakeholder collaboration meeting | Siskiyou      | Stakeholder input meeting on Envisioning the Future                | 5/4/22    | Multi-stakeholder |

### WEBINARS AND WORKSHOPS

Three multi-session webinars were offered, recorded, placed on the website, and evaluated. HMA offered CME and CEU credits to participants for the educational opportunities to incentivize participation.

#### Behavioral Treatment Part II: Contingency Management

Contingency Management (CM) is generally overlooked as a treatment option, despite having the strongest evidence for the treatment of stimulant use disorders. With the rise of stimulant overdose deaths and healthcare related costs across California and the country, it is imperative that we look more closely at this highly effective intervention, especially given no FDA approved or standards of care that support medication for stimulant use disorder at this time. During this webinar we will define contingency management, review outcomes data regarding CM, describe how CM works, detail the challenges surrounding implementation, and possible solutions.

| Date      | Presented by         | Description  | # Attendees | # CE certificates |
|-----------|----------------------|--------------|-------------|-------------------|
| 4/19/2022 | Shannon Robinson, MD | Webinar      | 66          | 30                |
| 4/26/2022 | Shannon Robinson, MD | Office Hours | 14          | n/a               |

#### Pain Management: Pain in the New World

In 2019 the CDC estimated 50 million Americans had chronic pain, and nearly a third had symptoms significant enough to frequently limit life or work activities. This webinar will provide an overview of changing philosophies in pain management, the common challenges of treating chronic pain, and the impact of pain on physical and mental well-being. In addition, presenters will discuss new updates to treatment guidelines and pain treatment with special populations, such as individuals with Substance Use Disorders.

| Date      | Presented by                               | Description  | # Attendees | # CE certificates |
|-----------|--|--------------|-------------|-------------------|
| 5/19/2022 | Corey Waller, MD<br>Scott Haga, MPAS, PA-C | Webinar      | 28          | 8                 |
| 5/26/2022 | Scott Haga, MPAS, PA-C                     | Office Hours | 8           | n/a               |

**Bringing Joy to Work: Retaining a Resilient Workforce**

Exacerbated by the pandemic, healthcare organizations across CA and nationally are struggling to recruit and retain staff, making daily operations challenging. We will present evidence-based models and interventions that address organizational culture, contribute to employee enjoyment of work, and decrease burnout; which will allow organizations to thrive.

| Date      | Presented by                                   | Description  | # Attendees | # CE certificates |
|-----------|--|--------------|-------------|-------------------|
| 6/8/2022  | Elizabeth Wolff, MD, MPA<br>Laura Collins, MSW | Webinar      | 135         | 46                |
| 6/15/2022 | Elizabeth Wolff, MD, MPA                       | Office Hours | 29          | n/a               |

The content for these webinars is included in the attachments: **ATTACHMENT 2 Behavioral Treatment Part II: Contingency Management ; ATTACHMENT 3 Pain Management: Pain in the New World;** and **ATTACHMENT 4 Bringing Joy to Work: Retaining a Resilient Workforce.**

**DELIVERABLE ITEM FROM “CRT PROGRAM PILOT” SECTION:**

| Workstream   |
|--|
| CRT Year 2 Program Pilot: CRT Formation and Rollout  |
| Deliverable Detail   |
| <ul style="list-style-type: none"> <li>• Support the local CRT members in developing their local action plan with extensive community input.</li> <li>• Conduct dry runs.</li> <li>• Conduct regular site visits in support of building local capacity and leadership</li> </ul> |

The Community Response Team (CRT) program has been operating in two “regions” since January 2021. Madera County is one region and the combined counties of Yuba and Sutter is the other. Featuring a strong commitment to local co-design and being dependent on local stakeholders to engage and the landscape of local politics, the program is implemented and proceeds over time differently in different places. Updates on the work in each region are below:

**The Yuba-Sutter CRT**

In 2022 Q2, the Yuba-Sutter Community Response Team (CRT) work has focused in three primary areas: expanding the range of stakeholders represented on the team, defining and developing the CRT leadership and committee structure, and building local capacity for Naloxone distribution through train-the-trainer events.

**Expanding Stakeholder Representation:** The CRT has had success in expanding the range of stakeholders participating in monthly CRT activities. In Spring of 2022, the team identified a need for additional participation from law enforcement and first responders, as well as a goal to keep the broader community informed about CRT efforts. Outreach to law enforcement and first responders has resulted in increased engagement from both groups, with the team now including two regular law enforcement attendees and the CRT having built connections to all city and county police and fire, as well as EMT/ambulance. The CRT leadership hosted two virtual community events in April, during which updates about the CRT work were shared with a broader stakeholder group, including the local business community. The Yuba-Sutter CRT now includes diverse stakeholders, including representatives from public health, law enforcement, health care (including representation from the three Federally Qualified Health Centers (FQHCs) in the region), county behavioral health, substance use treatment providers, and a range of community-based organizations.

**Leadership and Committee Structure:** A significant Q2 achievement has been building out the leadership and committee structure to move the work forward at a local level. Two CRT chairs were identified this Spring and, in collaboration with HMA, the CRT leadership have designed two working committees to continue to build local capacity: the Data Committee and the POD/Outreach Committee. The Data Committee will be focused on building out local data process to monitor for sentinel events. The POD/Outreach Committee will focus on building infrastructure for Naloxone PODs (identifying training priorities and structures, coordinating materials for running PODS), as well as POD scheduling and prioritization. We have been recruiting for these committees in June and July. Both committees will meet monthly beginning in August.

**Local Capacity Building through Train-the-Trainer:** This quarter, we hosted two train-the-trainer events (total of 15 attendees) and organized an additional train-the-trainer event to take place on August 11<sup>th</sup>, 2022. Individuals who participate in the Spring/Summer train-the-trainer events will be invited to participate in PODs this Fall, for shadowing and practice in preparation for becoming an independent POD facilitator.

**Additional Activities:** In addition to the above activities, we continued to build local engagement in the Yuba-Sutter CRT through a presentation to the Yuba-Sutter Homeless Consortium, as well as one-on-one conversations with various stakeholders. We are currently working with CRT leadership to explore the use of ODMAPs in Yuba-Sutter, and anticipate moving forward with the implementation of ODMAPs this Fall.

### **The Madera CRT**

The Madera CRT continues to build and is strong in its leadership. Key milestones this quarter include the formation of a POD Committee, the formation of a Communications Committee, and beginning of regular monitoring of real time overdoses through participation in a powerful national overdose database.

### **ODMap**

The High Intensity Drug Trafficking Areas (HIDTA) program is a federal program that operates the Overdose Mapping and Application Program (ODMAP). ODMAP provides near real-time suspected

overdose surveillance data to support public safety and public health efforts in mobilizing an immediate response to a sudden increase or spike in overdose events. It links first responders and records management systems to a mapping tool to track overdoses and stimulate real-time response and strategic analysis across jurisdictions. Agencies are able to upload data in real time via mobile device, view nationwide data, and receive custom reports. Meaningful use of the system to use it for detecting a sentinel event in a county requires that critical mass of first responders and emergency rooms use the system.

In Madera, stakeholders are in agreement and are actively using ODMaP. The director of Public Health in Madera, who also serves as the CRT co-chair, regularly monitors the system. Ongoing work is being done to establish the County's baseline and algorithms for tiered alerts. This is an enormous milestone in the ability of the CRT to detect sentinel events and to act on them promptly to activate the Action Plan which was already developed.

The **POD Committee** was formed for stakeholders to come together monthly to organize work for building community partnerships, planning PODs, recruiting trainee from the train-the-trainer activities, and carry out the events in the community. Meetings are now happening monthly and the Member leadership group is providing oversight while having delegated the planning and program work.

The **Communications Committee** was formed as a small work group to refine the communications process in the Action Plan and to prepare all template materials needed to activate an alert and all of the activities it would set in motion. The committee is meeting monthly and making significant progress in populating all of its template materials needs. The communications flow and a stakeholder "phone tree" chart are complete.

**Point of Distribution (POD) Events:** In Q2, the Madera CRT hosted 3 PODs. All events followed COVID-19 guidelines and offered training and resources in Spanish and English. Each of the PODs was quite different in terms of population served, location, and scale of operation. On May 26, HMA rallied significant community volunteer support to serve the clients at a Madera Food Bank food distribution at the Fair Grounds. Typical client service at these events is 200 cars within which multiple clients often carpool. Since the event is done as a drive through, the CRT set up an area of tables adjacent to the food pick-up, staffed the tables and had six folks approach cars as they would pull up, distributed flyers to cars lines up waiting to promote participation, and conducted mobile Naloxone training through the waiting line. 108 Naloxone safety kits were distributed.

On May 26, in the remote area of Oakhurst with a large homeless population of people living in mountain encampments, we did a POD with our local partners, Soup Friends. The kits were distributed by trekking through the encampments and meeting the people where they are and through trusted spokespeople who regularly serve them with food resources.

On the same evening, we distributed 13 kits to the Madera Women's Shelter.

### **Train the Trainer Trainings**

In addition to outreach meetings to familiarize more organizations, leaders, and stakeholders to understand the CRT and get excited about getting on board with it, we have been advancing a strategy of providing train-the-trainer opportunities. The trainees will learn a more in-depth understanding of

naloxone, its indications, administration, and legal protections, so that they are qualified to be a front-line volunteer at a naloxone POD training. Those at the PODs on the front line provide about 5-7 minutes of basic instructions to community members prior to distributing a naloxone rescue kit. The strategy is to build regional capacity to carry the PODs out and scale the program across the county. In this quarter we conducted two such trainings and reached over 26 people. The next step in the scaling strategy is to plan a POD with the trainees and provide a shadowing opportunity so they can practice and have support their first time in a public facing capacity. The CRT has begun inviting past trainees to all PODs for this reason.

| <b>Workstream</b>  |
|--|
| CRT Year 2 Program Pilot:<br>Sustainability - Period 1 and 2   |
| <b>Deliverable Detail</b>  |
| <ul style="list-style-type: none"> <li>• Conduct monthly meetings</li> <li>• Facilitate sustainability planning and document strategies</li> <li>• Provide support to local leadership to develop full sustainability plans</li> <li>• Provide written copy of final sustainability plans</li> </ul> |

Given the pending proposal to continue work in the two current CRT regions, the sustainability work has been in suspense. If the project renewal is a success as anticipated, the work will happen as part of an exit plan during SORIII. Therefore, the efforts for this deliverable beyond the preliminary meetings and plans the Member group has already done is likely to be repurposed to elevate other activities.

| <b>Workstream</b>   |
|---|
| 7th Project Report to DHCS (03/01/22 - 05/31/22):   |
| <b>Deliverable Detail</b>   |
| <ul style="list-style-type: none"> <li>• Resources for quarterly report Systems of Care = \$10,417</li> <li>• Enter data into UCLA online portal for 7th Reporting Period</li> <li>• Prepare and Submit to DHCS 7th Project Report</li> <li>• Data collection and performance measure will include all requested information per the SOW</li> </ul> |

This is the 7<sup>th</sup> Project Report and the data has been sent to UCLA via their online portal.

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

The quarterly update below is applicable to following four deliverables:

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

| Workstream   | Number     |
|--|------------|
| <b>Year 2 Systems of Care CDCR Phase 2 Primary Care Provider Training</b>  | <b>D75</b> |
| Deliverable Detail   |            |
| <ul style="list-style-type: none"> <li>• Provide both in-person and online training resources</li> <li>• Plan and host learning cohorts and didactic sessions</li> <li>• Travel for in-person trainings</li> </ul> |            |

| Workstream  | Number      |
|---|-------------|
| <b>Year 2 Systems of Care CDCR Phase 2 Behavioral Health Provider Training</b>  | <b>D110</b> |
| Deliverable Detail  |             |
| <ul style="list-style-type: none"> <li>• Provide in-person and online training resources</li> <li>• Plan and host learning cohorts and didactic sessions</li> <li>• Travel for in-person trainings</li> </ul> |             |

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

Throughout SOR II, HMA has developed over 40 hours of training content focused on delivering addiction care in the carceral environment. The training was benchmarked against the core competencies for the delivery of addiction medicine. This educational event was successful but needed to be available for new employees and refresher training. During this quarter, HMA began creating a curriculum that will map to the core competencies listed below. The videos developed will cover all major

competencies and be available on an open-source platform for the client to view. There will be over 100 videos totaling over 30 hours of content. HMA will complete this work in the next quarter and provide the platform to the client.

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## 1. Patient Care

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The Addiction Medicine specialist will demonstrate competence in medical care of persons with addiction and substance-related health conditions across a diverse spectrum of drugs, stages of use, and presentations, including care directed at reducing substance-use-related harm. He/she shall be able to render patient care that is compassionate, appropriate, and effective for the prevention and treatment of problems related to the addiction and substance-related health conditions.

Specifically, the physician will be able to:

- Screen for and diagnose common problems related to substance use and addiction, including:
  - Recognize psychological, social and functional indicators of subclinical addiction disorders
  - Use common standardized screening instruments and interview questions to assess use and complications of use
  - Routinely screen for addiction when patients present with commonly associated medical problems, including trauma or other injuries
- Conduct an accurate patient history
  - Conduct a clinical interview to collect a substance use history and addiction treatment history in a structured and non-judgmental manner
  - Assess stages of change and use motivational interviewing strategies to promote change in persons with unhealthy substance use
- Perform an appropriate physical examination and detects physical signs of
  - acute use, intoxication, and withdrawal
  - chronic use and sequelae of use for
    - tobacco
    - alcohol
    - sedative-hypnotics
    - opioids
    - cocaine and other stimulants
    - cannabinoids, hallucinogens, and other psychoactive substances
    - inhalants
    - intravenous, intramuscular and intranasal drug use
- Order appropriate diagnostic tests
  - Routine laboratory tests
  - Drug testing
  - Diagnostic imaging

- Interprets laboratory findings for diagnostic purposes, including MRO functions
- Formulate a diagnosis and an appropriate management plan
  - Use standard diagnostic criteria to diagnose addiction
  - Formulates an abstinence-oriented treatment plan when appropriate
  - Formulates a maintenance-oriented treatment plan when appropriate
- Explain diagnosis to the patient and explains rationale for treatment
  - Able to provide brief intervention
  - Able to secure appropriate consultations, as indicated
  - Able to make referrals for specialty treatment of addiction and other medical and psychiatric conditions
  - Able to direct the medical management of
    - Alcohol and other drug withdrawal
    - Addiction, in general outpatient treatment programs
    - Addiction, in intensive outpatient treatment programs
    - Addiction, in intensive inpatient treatment programs
    - Addiction and substance-related health conditions in acute care medical/surgical settings
    - Ongoing recovery (i.e., continuing care, chronic disease management)
    - Able to lead clinical teams in medically monitored residential and outpatient treatment programs
- Lead or appropriately interact with programs that monitor the status of abstinence and ongoing recovery for licensed professionals and others in safety-sensitive occupations and that advocate regarding practice re-entry for recovering licensed professionals

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## *2. Medical Knowledge*

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The Addiction Medicine specialist will understand addiction as a chronic medical condition, and Substance Use Disorders (SUD) and substance-related health conditions as important and prevalent public health issues. He/she will understand the established and evolving biomedical, clinical, and cognitive sciences and apply this knowledge to the care of patients with addiction and substance-related health conditions.

Specifically the physician will be able to:

- Understand the core medical knowledge about substance, substance use disorders, and substance-related health conditions, including:
  - Epidemiology
  - Prevalence and patterns of alcohol and other drug use
  - Demography of drug use and misuse: social, national, religious, ethnic, cultural

- contexts
  - Etiology of drug misuse and addiction
  - Neurobiology of reward and addiction
  - Genetics of reward and addiction
  - Psychosocial issues shaping drug use and misuse
  - Drug and drug misuse effects
  - Pharmacodynamics of common drugs of reward
  - Actions and features of acute intoxication
  - Pathophysiology of chronic misuse
  - Neuropsychological effects of chronic misuse
  - Common secondary medical problems associated with drug misuse
  - Fetal and neonatal effects of commonly misused drugs
- Formulate a reasonable differential diagnosis related to:
  - Signs and symptoms of drug use, intoxication, and withdrawal
  - Standard diagnostic criteria for Addiction Disorders
  - Other Substance-Related Disorders including medical, surgical, psychiatric and obstetrical complications of substance use.
- Manage significant withdrawal from commonly used drugs
  - alcohol
  - sedative-hypnotics
  - opioids
  - nicotine
  - stimulants
  - cannabinoids
  - hallucinogens including NMDA-antagonists
- Treat medical emergencies associated with commonly misused drugs
  - alcohol
  - opioids
  - sedative-hypnotics
  - cocaine, methamphetamine, other stimulants
- Treat psychiatric emergencies associated with commonly misused drugs
  - alcohol
  - cocaine, methamphetamine, other stimulants
  - hallucinogens, dissociatives, and cannabinoids
- Provide appropriate general medical care for persons in recovery
  - Select indicated treatment medications
  - Use Motivational Interviewing to support recovery
  - Follow indicators of recovery
    - Objective physical and psychological findings
    - Biological markers (e.g., laboratory values)
  - Pharmacologic interventions to support recovery
  - Psychosocial strategies to support recovery
  - Awareness of specialty treatment approaches and resources
  - Awareness of self-help and peer group approaches and resources
  - Complementary/alternative medicine approaches
- Provide medical management of persons with addiction in special contexts

- Pre and post operative care
- Pain management
- Peri-natal period (mother and child)
- Problems related to intravenous drug use.

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### *3. Practice-based Learning and Improvement*

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The Addiction Medicine specialist will stay current with evolving science and clinical practice relevant to the **prevention** and management of addiction and substance-related health conditions, including medical, surgical, psychiatric and obstetrical complications of substance use. He/she will be a life- long learner of patient care and will be able to appraise and assimilate new scientific evidence into the care of patients.

Specifically, the Addiction Medicine physician will:

- Be able to access needed resources and information on substances and addiction
- Consult with other treatment resources as appropriate
- Be able to supervise and teach other health care professionals
- Access scientific and clinical information from the medical literature
- Know avenues for specialization/concentration/continuing education in the field
- Continuously improve skills through practice assessment

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### *4. Interpersonal Skills and Communication*

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The Addiction Medicine specialist will consistently use respectful and effective communication with patients with addiction and substance-related health conditions, their families and other health care professionals, in order to optimize medical care.

Specifically, the Addiction Medicine specialist will:

- Communicate with patients based on medical and public health understanding of drug use and addiction, in a manner that is
  - Respectful and non-judgmental
  - Based on accurate and non-stigmatizing nomenclature
  - Structured and firm as appropriate
- Routinely use motivational strategies to support change
- Understand the importance of families/significant others in addressing substance issues and communicate with them effectively as appropriate

- Understand him/herself to be a member of a care team and communicate effectively and respectfully with co-care providers
- Recognize and address potential barriers to effective communication
  - Health literacy limitations
  - Jargon
  - Language and cultural differences

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### *5. Professionalism*

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The Addiction Medicine specialist will engage in the care of persons with addiction and substance-related health conditions in a professional, health-oriented, responsible and proactive manner, in order to reduce substance-related harm, promote health and address co-existing medical problems. He/she will manifest a commitment to carrying out professional responsibilities, an adherence to ethical principles, and sensitivity to a diverse patient population.

Specifically The Addiction Medicine specialist will:

- Maintain an appropriate appearance
- Be consistently punctual and reliable
- Demonstrate respect and sensitivity to patients' culture, age gender, and disabilities.
  - Provide care of persons with substance use problems based on a medical and public health paradigm of drug use and addiction
  - Recognize and actively address stigma towards persons with substance misuse and/or addiction
  - Not discriminate, or tolerate discrimination towards, persons with substance misuse and/or addiction
  - Address addiction as a chronic medical illness and harmful drug use as a personal and public health problem in all contexts
  - Provide or arrange for ongoing care of persons with substance use problems, to address:
    - Substance use problems
    - Other medical problems
  - Effectively address substance use issues among colleagues
    - Recognize signs of harmful substance use in colleagues
    - Pro-actively intervene when concerned about a colleague or his/her patients well-being
    - Know available help resources for self and colleagues
  - Practice self-awareness and self-care
    - Continuously seek balance in professional and personal life
    - Proactively manage personal substance risks
    - Engage in personal self-care
    - Avoid potentially harmful substance use
    - Assess personal substance risks
  - Be aware of how the physicians' own experiences may affect their

- relationship with patients with addictions
- Be aware of addiction as it manifests itself in physician colleagues, and be willing to intervene appropriately to assist one's colleagues in need to enter treatment to engage in recovery
- Contribute to the profession of medicine by involving oneself in the work of
  - Medical professional societies
  - Quality management and performance improvement activities
  - Mentoring junior colleagues and trainees, both outside of and within formal medical education programs

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## *6. Systems Based Practice*

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The Addiction Medicine specialist will demonstrate an awareness of and responsiveness to the larger context and system of health care. He/she will recognize the multi-dimensional components of the systems required to reduce the incidence and impact of addiction and substance-related health conditions. He/she will be able to effectively access, navigate and engage appropriate systems (health care delivery systems, health care financing systems, public health systems, social service and child welfare systems, educational systems, criminal justice systems, legislatures and other governmental systems, and the media) to optimize care.

Specifically the Addiction Medicine specialist will:

- Work as part of a treatment team
  - Engage other members of the health care team in a respectful manner including:
    - Primary care and specialty physicians
    - Mental health professionals (e.g., psychologists, social workers, counselors)
    - Pharmacologists/pharmacists
  - Anticipate errors/lapses in care and take steps to prevent them
  - Help patients utilize resources to overcome obstacles to care
    - Clinical resources within the healthcare system in which he/she works
    - Self-help groups
    - Community based treatment and recovery resources
    - Schools and Student Assistance Programs (SAPs)
    - Employers and Employee Assistance Programs (EAPs)
    - Governmental entities (Licensing Boards, DEA, etc.)
- Private organizations (professional societies, peer advocates, etc.)