# California SOR Project

**Section A: Population of Focus and Statement of NeedA-1:** California's populations of focus for the SOR grant are American Indian and Alaskan Natives (AI/AN), perinatal, service members/ veterans and youth. All of the populations of focus have unique cultural and other needs which require specific treatment and recovery services. These treatment and recovery services will be developed or expanded and implemented with SOR funding. OUD prevention services for youth will also be a focus of the grant along with family services for service members and youth. The Tribal MAT Project will continue from the Opioid State Targeted Response (O-STR) grant in order to build off of the tribal assessment and current work being implemented. While the geographic catchment area where the services will be delivered is statewide, several projects will focus on the areas with the highest overdose rates as well as the highest overdose volumes, in addition to areas with limited access to medication assisted treatment (MAT). The coordination of current funding streams including MediCal, private insurance, the O-STR grant and other funding sources is contained throughout the SOR and specifically in each of the individual projects. For example, the O-STR and SOR are both coordinated under California's MAT Expansion Project; the data systems, state department collaboration, project staff, and current O-STR projects along with funding sources are all intertwined in an effort to avoid duplication, ensure no supplantation and to maximize impact.

**A-2:** In 2017, California's age adjusted rate for 100,000 residents opioid overdose rate was 4.49 with a statewide total of 1,882 deaths.1 However, the top overdose counties had rates as follows: Modoc (23.78), Humboldt (20.99), Lake (15.19) Mendocino (13.47), Yuba (13.37), Del Norte (12.68), Shasta (12.13), and Lassen (11.90). In 2017, the top California counties in terms of overdose volume are: Los Angeles (354), San Diego (272), Orange (207), Riverside (125), Ventura (79), San Francisco (74), Santa Clara (59), and San Joaquin (57). AI/AN 2017 age adjusted overdose rates for AI/AN are more than twice as high than the next race/ethnicity.

In California, there were an average of 421 milligrams morphine equivalents (MME) of opioids prescribed per resident in 2017, the equivalent of 84 5mg Norco tablets (almost a month's supply) per resident. The top counties in terms of opioid prescribing (by MME) were Yuba (1,204), Butte (1143), Lake (1076), Shasta (1046), Del Norte (1037), Tuolumne (1035), Sutter (995) and Stanislaus (975), all rural counties, and all well more than twice the state average.

The California Health Care Foundation created county snap shots with estimates of opioid use disorder, treatment needs and MAT capacity. The data[2] is listed for the top eight OD counties by death rates, and the top eight OD counties by volume:

| County | Count of Opioid Misuse | Rate of Opioid Misuse (per 100) | Estimated Treatment Gap |
|---|---|---|---|
| Modoc | 432 | 5.4 | Up to 30 people |
| Humboldt | 7,620 | 6.2 | Up to 813 people |

[1] California Department of Public Health CA Opioid Surveillance Dashboard 2017
[2] Urban Institute, Health Policy Center, CA County Fact Sheets, Treatment Gaps in Opioid MAT 2018

| County | Count of Opioid Misuse | Rate of Opioid Misuse (per 100) | Estimated Treatment Gap |
|---|---|---|---|
| Lake | 3,585 | 6.2 | 43-456 |
| Mendocino | 4,171 | 5.3 | 388-940 |
| Yuba | 728 | 1.1 | None |
| Del Norte | 1,273 | .9 | Up to 120 |
| Shasta | 10,067 | 6.3 | 581-1,585 |
| Lassen | 1,942 | 6.8 | 207-266 |
| Los Angeles | 437,574 | 5.7 | 42,875 – 60,279 |
| Orange | 145,738 | 5.6 | 13,142 – 20,562 |
| San Diego | 171,037 | 6.0 | 14,698 – 22,055 |
| Riverside | 117,378 | 5.9 | 13,892 – 17,324 |
| Ventura | 40,770 | 5.7 | 1,563-3,897 |
| San Francisco | 46,018 | 5.8 | 0* |
| Santa Clara | 87,259 | 5.4 | 9,276 – 12,616 |
| San Joaquin | 35,023 | 6.0 | 1,771 – 2,703 |

* San Francisco has enough waivered prescribers, but not all treat patients.

**Section B: Proposed Implementation Approach**

**B-1:** The goal of California's State Opioid Response grant is to increase the prevention, treatment and recovery service activities initiated within the California MAT Expansion Project. The objectives are to: 1. Develop additional MAT locations through strategic access points. 2. Provide MAT services to specialized or underserved populations. 3. Transform entry points for individuals with an OUD and create effective referrals into treatment. 4. Develop coordinated referral processes to better manage high-risk transitions of care (e.g. jail or hospital re-entry). 5. Engage prospective and current prescribers to increase provision of MAT. 6. Enact overdose prevention activities to prevent opioid misuse and OD deaths. These objectives will enable California to serve the focus populations within the catchment areas while also having a statewide impact. A projected 2,900 uninsured and underinsured individuals will receive direct treatment services for OUDs across the state. Over 270,000 individuals will also be impacted by the grant through efforts to prevent opioid misuse and OD deaths; with a focus on highest OD rates and volumes.

**B-2:** California will meet all of the eight SOR required activities through the broadening of the California MAT Expansion Project. The first activity is to assess the needs of the tribes and include strategies to address the needs. The University of California, Los Angeles in coordination with the University of Southern California is currently conducting a statewide needs assessment of Tribal and Urban Indian communities funded by the O-STR to increase access to and availability of MAT services by identifying the geographical gaps in OUD prevention, treatment and recovery services. The results of the needs assessment will be complete in late 2018. California will utilize these results to increase current efforts started with O-STR funding within the Tribal MAT Project. These current Tribal MAT Project efforts will be expanded and include telehealth services, naloxone distribution, TA to begin new MAT services, education, and other services.

To fulfill the second requirement, California will continue efforts launched under the O-STR funded CA Hub and Spoke System; by connecting into this system while also further increasing MAT access points. Further model expansion will occur through focusing on MAT access points including primary care, hospitals, EDs, Medication Units (through the OTPs), jails, residential centers, tribal health centers, DUI providers and community mental health centers. All of these MAT access expansion projects will ensure that the delivery model enables positive treatment outcomes, safe management of care transitions, and long-term recovery.

The third requirement to implement community recovery support services will be met through the extensive work to increase MAT access for the specialized populations of perinatal, service members/veterans and youth services for MAT. This special population project will include the availability of peer supports, recovery coaches and recovery housing. Any recovery housing utilized will be in an appropriate and legitimate facility.

The fourth requirement to implement prevention and education services is embedded throughout the entire project. Activities include the statewide distribution of naloxone with training to non-health based organizations, extensive mentoring resources, focused TA for the highest OD counties based on death rates and counts, media campaign on accessing OUD services, toolkits, prevention services for youth, drug take back, fentanyl reporting and education and educating the county touchpoints for referrals into OUD services.

California will meet the fifth requirement to ensure that all applicable practitioners associated with the CA MAT Expansion Project obtain a DATA waiver through multiple approaches. Several projects work to expand the number of patients treated by currently DATA waivered prescribers and to train and support new prescribers.

The MAT Access Points, Tribal MAT Project, and Special Populations activities under the SOR grant will provide assistance to patients with treatment costs for uninsured and underinsured patients and will meet the sixth requirement.

The seventh requirement to provide treatment transition and coverage for patients reentering communities from criminal justice settings and other rehabilitative services will be met under several SOR activities. The MAT in County Justice Settings, DUI MAT Project, and MAT Access Points are some of the key areas that will expand access for the justice-involved. The County Touchpoints will also assist in educating courts, probation, parole, and child welfare & county welfare agencies to ensure awareness of treatment resources and how to access services.

The final requirement will be to make use of the SAMHSA-funded TA grantee resources. California has begun taking advantage of this opportunity through providing ten statewide DATA waiver trainings. CA will continue to access this resource throughout the SOR grant.

Creating sustainability is an essential aspect of the SOR. All activities that are providing direct client treatment services have provisions that the provider must participate in Drug MediCal (California's Medicaid program). It will increase access to Drug MediCal services during the grant period and it will enable any expanded services to continue after the grant period for Medicaid beneficiaries. Sustainability will also be created through the referral linkages being

made from the referral site into the treatment setting. Substantial assistance is being provided to build relationships and partnerships at the local level that will remain in effect. The project will also work with Smart Care California, an organization bringing purchasers and plans together to address the opioid epidemic and other topics, to encourage health plans to develop payment models to support new MAT access points, both in the commercial and safety net sectors. These relationships will be pivotal in creating a culture of sustainability.

**B-3:** SOR Project Timeline

| | Project Title | Description | Timeline/Key Staff |
|---|---|---|---|
| | **MAT ACCESS POINT EXPANSION** | | |
| 1 | MAT Access Points | • Provide grant funding for 200+ new access points to start-up or enhance MAT programs: administration, start-up costs, physician recruitment, staffing, services and other needs.<br>• Sites could be in primary care, hospitals, EDs, Medication Units, jails, colleges, residential treatment centers, tribal health centers, DUI providers, perinatal providers, and community mental health centers. | • Select contractor to administer project: Nov. 2018<br>• Release Y1 Grant Application: Dec. 2018<br>• Select Y1 Grantees: Jan. 2018<br>• Administer Y1: January-Sept 2019<br>• Release Y2 Grant Applications: August 2019<br>• Select Y2 Awardees: Sept 2019<br>• Administer Y2: Oct 2019-Sept 2020 |
| 2 | Access Point Transitions | • Provide an in-depth statewide analysis of key gaps in transitions between access points, create and deploy state-wide strategy (e.g. quick-start MAT protocols)<br>• Analyze and create a plan for high-OD counties/areas<br>• Convene/meet with local leaders to find solutions for select high OD counties and/or areas with limited MAT access. | • Select contractor: Nov 2018<br>• Conduct analysis and create statewide and targeted local plan: Jan 2019<br>• Implement plan: February 2019-September 2020 |
| 3 | Counselors in Rural EDs | • Test concept of rural hospital's being a primary MAT location at ten sites (manage subcontracts to cover AOD counselor hospital salaries in EDs for referral into outpatient services). | • Secure contractor: Dec 2018<br>• Select ten locations in catchment area in rural ED: Jan 2019<br>• Begin rural ED pilot: Jan 2019-Sept 2020 |
| 4 | Tribal MAT | • Expand MAT Champions Project (telehealth, naloxone, opioid coalitions) and Tele-MAT (academic detailing including tele-medicine support, webinars, consultation and TA). | • Review Tribal Needs Assessment: Oct 2018<br>• Amend current Tribal MAT contracts: Oct 2018<br>• Begin expanded services: Nov 2018 |
| 5 | Special Populations | • Increase access to perinatal and NAS, veterans, service members (and families) and youth (and families) | • Release RFA for contractors: Oct 2018<br>• Secure contractor: Nov 2018<br>• Develop programs: Dec-Jan 2019<br>• Release grant for programs: Feb 2019 |

| | Project Title | Description | Timeline/Key Staff |
|---|---|---|---|
| | | services for MAT; including under- or uninsured patient services.<br>• Primary and secondary prevention activities would also be available with the funding including school programs. | • Select award recipients: Mar 2019<br>• Begin programs: April 2019-Sept 2020 |
| 6 | Media Campaign | • Design a media campaign for to access MAT treatment in CA.<br>• Include a mechanism for individuals to connect to MAT treatment services. | • Release RFA for media campaign: Nov 2018<br>• Select contractor: Dec 2018<br>• Develop campaign: Jan 2019-March 2019<br>• Conduct campaign: April 2019-Sept 2019 |
| | | | |
| 7 | Treating Addition in Primary Care | • Fund Treating Addiction in Primary Care (TAPC) learning collaborative for 25 primary care clinics and a new Treating Addiction in Behavioral Health learning collaborative for 20 clinics, and tie into CA H&SS.<br>• Fund a "scale and spread" technical assistance for 25-30 clinics, focused on clinics with existing MAT programs to help them build new capacity and spread to new populations | • Develop contract: Oct 2018<br>• Release proposal for new clinics: Nov 2018<br>• Select new clinics: Dec 2018<br>• Begin primary care learning collaborative: Jan 2019<br>• Begin behavioral health learning collaborative: April 2019<br>• Begin scale and spread technical assistance support: July 2019 |
| | | | |
| 8 | ED Bridge Program | • Enhance with 24 new EDs.<br>• Integrate paramedics into the continuum of care for bup treatment.<br>• Make bup part of curriculum for all CA emergency medicine residency programs. | • Amend contract: Oct 2018<br>• Expand to 24 new EDs: Nov 2018-Jan 2019<br>• Begin paramedics project: Feb 2019<br>• Develop ED residency curriculum: Mar 2019-June 2019<br>• Include curriculum in ED residency programs: July 2019-Sept 2020 |
| 9 | Project SHOUT | • Expand Project SHOUT (Support for Hospital Opioid Use Treatment, which equips hospital inpatient settings to start methadone and buprenorphine, and arrange for ongoing treatment) to 16 new hospitals. | • Develop contract: Oct 2018<br>• Release proposal for new hospitals: Nov 2018<br>• Select new hospitals: Jan 2019<br>• Project SHOUT expansion: Jan 2019-September 2020 |
| | | | |
| 10 | Toolkits | • Expand CHCF-funded residential treatment MAT toolkit. Develop toolkits and webinars for outpatient, DUI and youth facilities; youth MAT, counselors, fentanyl, telehealth and utilizing peer supports with MAT; develop a drug interactions quick reference guide. Expand current toolkits used in ongoing MAT access | • Develop contract: Oct-Nov 2018<br>• Develop outpatient, DUI toolkits and drug interaction guide: Dec-March 2019<br>• Develop counselors and peer support toolkits and webinars: April-June 2019<br>• Develop youth, fentanyl and telehealth toolkits and webinars: July-Sept 2019<br>• Develop remaining toolkits: Oct-Sept 2020 |

| | Project Title | Description | Timeline/Key Staff |
|---|---|---|---|
| | | point projects (e.g. ED-Bridge, SHOUT, TAPC) into on-line resources available for all MAT access points (such as EDs, hospitals, primary care and criminal justice, and others).<br>• Hold residential convenings on MAT and smoke-free facilities. | • Plan, facilitate regional residential convenings: Summer 2019-Spring 2020 |
| 11 | NTP Treatment Capacity | • Develop program for NTPS to build new bup and naltrexone capacity and work collaboratively with primary care MAT programs: TA, mentorship, protocols and workflows, & site-visits. | • Release RFA and select contractor: Jan 2019<br>• Develop program: Feb 2019-March 2019<br>• Implement program: April 2019-Sept 2020 |
| 12 | DUI MAT Integration | • Develop an early recognition and intervention OUD pilot program to benefit DUI program participants.<br>• Create linkages to resources and referral options to MAT in order to reduce opioid overdoses, opioid related traffic fatalities, and curb recidivism. | • RFA and select contractors: Jan 2019<br>• Develop MAT program for DUI providers: (Mar-April 2019)<br>• Develop MAT program with DUI law enforcement: April-June 2019<br>• Implement MAT program with DUI law enforcement: July 2019-Sept 2020 |
| | **JUSTICE INVOLVED** | | |
| 13 | County Touchpoints | • Implement a "targeted information campaign" at key county referral touchpoints (including courts, law enforcement and Child Welfare & County Welfare Agencies) to ensure awareness of tx resources and how to access services.<br>• Provide TA to judges, parole and probation staff on overdose prevention, MAT, and intervention tactics. | • Release RFA and select contractor: Jan 2019<br>• Develop targeted campaign for county touchpoints: Feb-April 2019<br>• Develop TA program for courts, parole and probation staff: April-June 2019<br>• Implement targeted campaign for county touchpoints: July 2019-Sept 2020<br>• Implement TA to judges, probation and parole staff: July 2019-Sept 2020 |
| 14 | MAT in County Criminal Justice Settings | • Extend current project to expand MAT in jails and drug courts with an additional 18 months and add additional sites. | • Recruit and select 15-20 jails and/or drug courts for a second cohort: Nov 2018-Mar 2019<br>• Run second cohort learning collaborative, April 2019-Sept 2020 |
| | | | |
| 15 | 24/7 MAT Coaching | • Expand current 24/7 MAT mentorship network pilot to cover all new ED, primary care, mental health, and hospital access points. | • Develop network expansion plan: Oct 2018-Jan 2019<br>• Implement network expansion: Feb 2019-Sept 2020 |
| 16 | CSAM Mentoring | • Expand CSAM mentoring project with 40 mentoring experiences each year for two years. | • Create 40 mentoring opportunities: May-Dec 2019<br>• Create an additional 40 mentoring experiences: Jan 2020-Sept 2020 |

| | Project Title | Description | Timeline/Key Staff |
|---|---|---|---|
| 17 | Waivered Prescriber Support | • Deploy a survey to waivered prescribers (1000+). Based on survey results, provide support to waivered prescribers via "physician champions" to travel for on-site support. | • Develop survey/compile: Oct 2018<br>• Release RFA/select: Jan-Feb 2019<br>• Develop program: March-April 2019<br>• Deploy physician champions to implement TA program: Mar 2019-Sept 2020 |
| 18 | MAT Workforce | • Host two convenings, one in the north and one in the south, specifically designed for addiction counselors, mental health professionals, and social workers pertaining to MAT. | • Plan convenings: Oct 2018-May 2019<br>• Host the northern and southern convenings: Summer 2019 |
| 19 | Academic Detailing | • Incorporate academic detailing into health plans and health payers systems.<br>• Hire pharmacy detailer: identify which pharmacies across the state furnish naloxone, and conduct detailing. | • Create plan to expand pilot to increase academic detailing: Oct 2018<br>• Secure contractor: Dec 2018<br>• Begin payer academic detailing: Jan 2019<br>• Begin pharmacy detailing: Mar 2019 |
| | **OVERDOSE PREVENTION** | | |
| 20 | Naloxone Distribution | • Distribute naloxone to first responders, community-based outreach teams, homeless shelters, law enforcement, courts, veteran's centers, jails, schools and probation.<br>• Purchase naloxone to distribute two to each residential, outpatient and DUI facilities to distribute with toolkits. | • Create program guidelines: Sept 2018<br>• Develop on-line application: Sept 2018<br>• Secure contract with Adapt: Nov 2018<br>• Post program guidelines, application and training: Nov 2018<br>• Distribute naloxone: Nov 2018-Sept 2020<br>• Provide naloxone to SUD facilities: ongoing |
| 21 | Fentanyl | • Provide toxicology lab testing equipment to detect fentanyl. Fund fentanyl test strips. Set-up fentanyl reporting system for CA; incorporate into current mandated reporting system.<br>• Improve the opioid surveillance dashboard for poly drug use and to expand the dashboard to display select social determinants of health.<br>• Improve detection of fentanyl outbreaks through the 58 Coroners to facilitate effective response. | • Design fentanyl reporting system: Oct 2018-Mar 2019<br>• Design opioid dashboard upgrades: Nov 2018-Feb 2019<br>• Create coroners fentanyl project: Feb 2019<br>• Secure dashboard contractor: Mar-May 2019<br>• Purchase toxicology equipment and fentanyl strips: March 2019<br>• Implement coroners fentanyl project: Mar<br>• 2019-Sept 2020<br>• Implement reporting system: April 2019 |
| 22 | Drug Take-Back | • Fund statewide drug take-back programs: bags, bins and start-up take back programs in pharmacies. | • Secure contractor: Oct 2018-Dec 2018<br>• Develop take-back pilots: Nov 2018<br>• Purchase unused medication bags: Feb 2019<br>• Implement take-back pilots: Jan 2019 |
| 23 | CURES PDMP | • Enhance CA's Prescription Drug Monitoring Program database. | • Develop enhancements: Oct 2018-Feb 2019<br>• Secure IT contractor: Mar-May 2019<br>• Design system changes: Jun 2019-Sept 2020 |

| | TECHNICAL ASSISTANCE | | |
|---|---|---|---|
| 24 | SOR Consulting | • Assist DHCS with extensive staff work for the SOR including data/reporting. | • Amend current contract: Nov-Dec 2018<br>• Assist DHCS: ongoing |
| 25 | Evaluation | • Conduct Tribal MAT Project evaluation.<br>• Evaluate key projects in the SOR. | • Design Tribal MAT evaluation with UCLA and USC: Nov 2018-Feb 2019<br>• Implement Tribal eval: Mar 2019-Sept 2020<br>• Begin SOR project eval: Jan 2019 |

**Section C: Proposed Evidence-Based Service**

**C-1**: Motivational Interviewing: Under California's CMS 1115 Demonstration waiver, the use of MI is employed throughout the counties participating in the waiver. California has adopted MI as an essential EBP in the SUD field. The SOR grant will now enable MI to move into the referral aspect of the system. No modifications to MI will be utilized.

Motivational interviewing is defined as a directive, client-centered counseling style for eliciting behavior change by helping clients explore and resolve ambivalence about changing problem behaviors. Motivational interviewing will be the EBP required for all treatment services administered and referral activities under the SOR. This includes the County Touchpoints, MAT Workforce, DUI MAT Integration, NTP Treatment Capacity, MAT in County Justice Settings, Special Population Services and Tribal MAT Project. All of these activities under the SOR will have a component of MI built into the deliverables which will include training for all awardees. California's populations of focus for the SOR grant are American Indian and Alaskan Natives, perinatal, service members/veterans and youth and through the SOR service provision, all of these individuals will be impacted by MI.

A referral into OUD treatment is only effective if the individual shows up for the service and becomes convinced of the benefit of staying in treatment. Teaching referral sources effective engagement strategies and effective ways to ensure safe transitions between care settings are critical components of several activities funded under the SOR. California plans to educate referral points (exiting one system) and treatment entry points (entering another system) about OUD and MAT, in order to reduce stigma and decrease bias against using medications for addiction treatment. California will offer MI education to both referral sites and treatment sites, focusing on the need for interviewers to help patients identify and resolve ambivalence, in order to increase willingness for patients to enter treatment. Therefore, MI will also be required for the projects engaging in referring patients to MAT services. Training will occur within the first few months of the release of the project.

FDA-Approved MAT for OUD: California strongly supports the requirement to use FDA-approved MAT for individuals with an OUD. The grant will cover medication costs for under- or uninsured individuals. The MAT utilized will include methadone, bup products, and injectable extended release naltrexone. Only FDA-approved MAT will be used. Depending on the treatment setting, various combinations of these medications will be utilized. SOR-funded activities will encourage settings to include as many FDA-approved medications as possible.

## Section D: Staff and Organizational Experience

**D-1**: DHCS has extensive experience implementing grants. DHCS is the SAMHSA single state agency for SUD and Mental Health Services. DHCS is also California's Medicaid authority and is responsible for the licensing and administration of SUD facilities. DHCS has substantial expertise in administration of federal discretionary grants such as the O-STR, State Incentive Grant, the Safe and Drug Free Schools and Communities Governor's program grants, Justice Assistance Grants and additional grant opportunities. DHCS monitors grant activities for compliance with federal administrative regulations and program requirements. Internal management control consists of bi-monthly staff meetings, fiscal and program reporting, regular subrecipient and technical assistance meetings, and progress review. DHCS strives to administer grant programs in a culturally responsive manner. All DHCS staff who regulate and monitor NTPs and discretionary grant subrecipients are trained to understand culture and develop appropriate services for their populations.

In response to the opioid epidemic, California convened the Statewide Opioid Safety (SOS) Workgroup in 2014 which consists of over 20 state departments. The majority of the activities in the SOR were developed due to work done by the SOS over the past several years. DHCS will partner with various organizations within the SOS to implement the activities funded under the SOR. Some of key organizations will be the California Health Care Foundation (CHCF), Department of Public Health (DPH), Department of Justice (DOJ), and Board of Pharmacy. All of these organizations have extensive experience with the populations of focus. CHCF will assist with several project implementations in the areas of primary care, behavioral health, corrections, hospitals, EDs and mentoring resources. DPH will assist with the academic detailing and fentanyl projects. The DOJ will lead out on the work to enhance the Prescription Drug Monitoring Program for California. The Board of Pharmacy will take the lead on the drug take back programs. DHCS will provide direct oversight overall all of the SOR grant activities while partnering with the experts in each of the project domains.

### D-2: Staff Positions for the Project

Project Director: Marlies Perez The role of Ms. Perez is to provide oversight over the entire SOR grant. Ms. Perez is currently the Project Director for the O-STR. This avoids duplication and increases effectiveness of the CA MAT Expansion Project which is funded by both the O-STR and SOR. Ms. Perez will devote extensive time and leadership to both grants in order to increase access to MAT services in California. Ms. Perez has over 17 years of experience in the SUD field at DHCS; including licensing and certification, Medicaid, workforce, grant implementation, policy development and stakeholder engagement. Ms. Perez also has experience with the populations of focus and familiarity with their cultures and languages.

State Opioid Coordinator: Michael Freeman The role of Mr. Freeman is to ensure coordination among the various streams of federal funding to address the opioid crisis. Mr. Freeman is also California's State Opioid Treatment Authority (SOTA) and Project Manager for the O-STR grant and will devote a significant amount of time to the SOR. Mr. Freeman has over 11 years of experience in the SUD field at DHCS; including HIPAA, licensing and certification, workforce,

grant implementation and contracts management. Mr. Freeman also has experience with the populations of focus and familiarity with their cultures and languages.

Other Key Personnel: DHCS will utilize additional key staff for the SOR grant including a Health Program Specialist and Staff Services Manager I. These staff will devote a significant, of their time to implement the SOR. Key staff are currently assisting with the O-STR and therefore have extensive experience with SAMHSA requirements, contracting, reporting and grants.

## Section E: Data Collection and Performance Measurement

**E-1**: DHCS will continue to submit data in compliance with the Substance Abuse Prevention and Treatment Block Grant standard reporting requirements. Data will also be collected specifically for each contract and submitted either monthly or quarterly with invoices; depending on the deliverables. No invoices will be paid until the required data is collected. Data collected will be then compiled by DHCS to report according to the SAMHSA reporting requirements. All data will be kept secure with only Government Performance and Results (GPRA) data containing any personal health information. All other data collected will be de-identified when submitted to DHCS. At this time, no electronic data collection software will be used; however, some data may be pulled from providers electronic health records. DHCS will report progress on the performance measures specific to the SOR objectives according to the following plan:

1. Develop additional MAT locations through strategic access points: number of new MAT access points created with SOR funding, number of expanded MAT access points created with SOR funding and number of new waivered prescribers.

2. Provide MAT services to specialized or underserved populations (tribal, perinatal, service members/veterans and youth): number of individuals who received OUD treatment. Data will be collected monthly or quarterly from the projects when invoices are submitted. GPRA data will also be required for the Access Points, Tribal MAT, Special Populations and DUI MAT Integration. It is projected that 2,900 individuals will be served under these projects and GPRA data will be collected at intake to services, three months post intake, six months post intake and at discharge.

3 and 4. Transform entry points for individuals with an OUD to create effective referrals into treatment and processes to better manage high-risk transitions of care: increase percentage of knowledge of OUD, MAT and MI techniques through pre and post testing by 30 percent, increase number of referrals to MAT services from county touchpoints and increase referrals from hospitals into outpatient OUD services.

5. Engage prospective and current prescribers to increase provision of MAT: number of mentoring experiences and number of new patients treated resulting from mentoring activities.

6. Enact overdose prevention activities to prevent opioid misuse and OD deaths: number of naloxone provided, number of overdose reversals due to provision of naloxone from SOR and increased accurate reporting of fentanyl deaths on Opioid Surveillance Dashboard.

Not all activities will be evaluated in SOR by the contracted evaluator, however, the Tribal MAT Project will have an extensive evaluation conducted by UCLA and USC. Additional data via interviews, surveys and other data source will be collected by the UCLA to be utilized in evaluation efforts. All data collection methods will take into consideration the language, norms and values of the population(s) of focus. USC has extensive experience evaluation the AI/AN population and has adapted methods to demonstrate cultural humility for this special population.