Our SOR grant work is to strengthen the addiction treatment eco-systems in CA counties and to decrease gaps in coordination of patient transitions moving between higher and lower levels of care.

The work will include:
- Surveying treatment systems stakeholders
- Developing gap analyses
- Conducting on-site deep dive process improvement events
- Facilitating consensus among stakeholders within counties on the most pressing needs and their ideal future state

The work will be complemented by:
- Identification, support, and technical assistance for increasing buprenorphine quick start sites
- A program of intensive knowledge building with didactic learning, webinars, learning collaboratives
- 1:1 Technical Assistance

Additionally, the HMA team will support the California Department of Corrections and Rehabilitation and the Federal Receiver with strategic planning and piloting of plans to treat and transition incarcerated patients in and out of prison with continuity of care.

LOCATIONS

Counties for Transitions work
Fresno  Humboldt  Imperial  Kern  Lake  Mendocino  San Diego  San Francisco (tentative)  Orange  Ventura

*3-5 locations for launching CDCR MAT Program TBD
GOALS

A: County Systems Work
1. Evaluate and enhance the transitions of care between all levels of care in up to 10 counties throughout California, leading to all levels of care being available with safe transition pathways between them.

2. Identify and implement buprenorphine Quick Start sites in those areas most affected by the opioid epidemic, leading to a great reduction in delays for starting MAT.

3. Build a consistent knowledge base to provide high-touch evidence-based MAT and behavioral therapies for those patients either transitioning through care or initiated on medication assisted treatment at one of the Quick Start sites, leading to high-fidelity and predictable practice methods with sustainable delivery.

B: CDCR Strategic Planning
1. Develop strategic plans for serving and transitioning the CDCR population.

2. Pilot the strategic plans for CDCR in 3-5 locations leading to refined best practices for the desired future state for transitions of patients in and out of the prison system.

Impact
- Develop consensus on future state value stream map for each of ten counties in which safe transitions happen between all ASAM levels of care
- Increase number of MAT providers and reduce delays in treatment starts
- High fidelity and predictable practice models for addiction treatment put in place
- Strategically planned launch of MAT in California prisons underway and positioned for ongoing system-wide expansion

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