

Transitions of Care

HMA is a leading independent national healthcare and human services research and consulting firm. The HMA team is more than 230 colleagues strong and growing, with experience that spans the healthcare industry and stretches across the nation. Dedicated to serving vulnerable populations, we assist policymakers, providers, health plans, and communities in navigating the ever-changing healthcare environment, with a focus on making publicly funded programs like Medicaid and Medicare operate more effectively.

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

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.

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



LOCATIONS

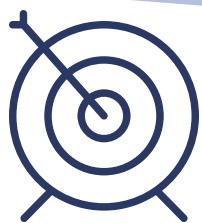
Counties for Transitions work

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



KEY CONTACTS

Corey Waller, MD: Project Director
cwaller@healthmanagement.com
(517) 318-4812

John O'Connor: Project Manager
joconnor@healthmanagement.com
(323) 807-0215

Charles Robbins: Project Coordinator
crobbins@healthmanagement.com
(213) 314-9101