

COHORT TWO 2019

Exhibit A to Memorandum of
Understanding for \$25,000 grant

Expanding MAT in County Criminal Justice Settings: A Learning Collaborative

A Joint Effort of the California Department of Health Care Services Medication Assisted
Treatment Expansion Project 2.0 and Health Management Associates



COHORT 2
January 2019

IMPORTANT DATES

Program Duration

18 months

April 2019 - September 2020

Informational Webinar (optional)

Wednesday February 6, 2019
10:00 a.m. PT

Application Deadline

Friday March 1, 2019, 5 pm
PT

Awards Confirmed

Friday March 22, 2019

In-Person Learning Collaborative #1

Tuesday April 23, 2019
Hyatt Sacramento

In-Person Learning Collaboratives #2 – #4

Specific dates and locations
TBD

- September 2019
- February 2020
- June 2020

PARTICIPATION AT A GLANCE

Who is eligible to participate?

This technical assistance program is available to teams from all California counties interested in developing or expanding access to Medication Assisted Treatment (MAT) for opioid addiction in their jails and through their drug court systems (if applicable). Teams will begin at different points in access to MAT and need not end at the same point. However, teams must demonstrate interest in expanding access to at least two forms of MAT for opioid use disorder (naltrexone (Vivitrol), methadone, Vivitrol, buprenorphine) in order to be eligible. Up to 20 teams may be approved to participate in this project.

County Teams must commit to participating for the duration of this 18-month Learning Collaborative, April 2019 – September 2020. The Learning Collaborative includes four in-person training sessions, monthly coaching calls, webinars, podcasts, and more.

Each team must identify a lead entity and a “Champion” from that entity to serve as the point person throughout the project.

Funding to County Teams

Each County Team will receive up to \$25,000 to cover team travel expenses to the Learning Collaboratives, travel or participation in other MAT-related training, compensation for the person designated as the Team Champion, and other approved expenses. Options will be described at the first Learning Collaborative, and each team must submit a brief plan for use of the funds.

Pending federal approval, additional grants of \$100,000 - \$300,000 may be made available to participating counties to expedite implementation of SUD screening, assessment, treatment, and MAT while local sustainable funds are secured. A short application will be required.

How does a team apply to participate?

The application has two parts and is simple. [Download it here](#). The application is submitted online and letters of support are submitted via email. Follow the instructions and refer to the guidance in this program summary. Submit completed application – both parts – by **5 pm PT on Friday, March 1, 2019**.

Where can I find more information?

Join us for an optional Informational webinar on Wednesday February 6, 10:00 – 11:00 a.m. to hear a detailed description of the program and ask questions. [Register here](#) for the webinar.

Also, check the Frequently Asked Questions which will be regularly updated and posted [here](#). Submit any other questions to MATinCountyCJ@healthmanagement.com

INVITATION TO PARTICIPATE

Expanding MAT in County Criminal Justice Systems: A joint effort of the California Department of Health Care Services (DHCS) and Health Management Associates (HMA).

PROGRAM BACKGROUND

The United States faces an epidemic of opioid addiction and overdose deaths. Drug overdose is now the leading cause of accidental death in America. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 1.8 million people in 2013 had an opioid use disorder related to prescription pain relievers, and about 517,000 had an opioid use disorder (OUD) related to heroin use.

SAMHSA has awarded State Opioid Response to the Opioid Crisis (Opioid SOR) grants to DHCS. The purpose of the grant is to address the opioid crisis by improving access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for OUD. California's Opioid SOR grant project is the California MAT Expansion Project 2.0.

MAT is the use of FDA-approved prescription medications, usually in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of substance use disorders (SUD). MAT has been clinically effective to alleviate symptoms of withdrawal, reduce cravings, and block the brain's ability to experience the opiate's effect. MAT maintenance has been proven to cut overdose rates in half and decrease rates of HIV and hepatitis C transition. Detox (use of medications for 1-3 months), in contrast, increases mortality rates and does not improve long-term outcomes. Research shows that a combination of MAT and behavioral therapies is a successful method to treat SUD. MAT in correctional settings has been proven to lower mortality on release: the Rhode Island Department of Corrections dropped overdose deaths by 61% within a year of their MAT program (which offers all MAT options – buprenorphine/Suboxone, methadone, and naltrexone/Vivitrol) to inmates.

In addition, detainees receiving methadone continuation during incarceration are three times less likely to receive disciplinary tickets than those in forced methadone withdrawal and are also four times more likely to engage with community treatment after release.

According to SAMHSA, the ultimate goal of MAT is full recovery, including the ability to live a self-directed life. This treatment approach has been shown to:

- Improve patient survival
- Increase retention in treatment
- Decrease illicit opioid use and other criminal activity among people with substance use disorders
- Increase patients' ability to gain and maintain employment
- Improve birth outcomes among pregnant women with substance use disorders

Treating OUD in jails presents unique challenges, and practices in treating OUD vary widely across California’s jails. As MAT treatment becomes more prevalent in community settings, more detainees are appearing at jails under treatment with methadone and buprenorphine. Many others are found to have an OUD while incarcerated and are willing to accept treatment. Decisions about maintaining methadone or suboxone treatment in jail and about initiating MAT treatment during incarceration must be carefully vetted. Assuring county priorities for OUD treatment and jail priorities for public safety and contraband are balanced is essential. Implementation policies must also be crafted to optimize treatment while safeguarding the medications from abuse. Also, treatment started in the jail setting must be accessible upon release, so treatment must be developed in concert with the community’s outpatient drug treatment system.

Similarly, drug courts, probation, prosecutors, and defenders must understand where MAT fits within sentencing and release decisions in a county, if and how MAT is provided in the jails, and precisely how, when, and where detainees can access community MAT services upon release from jail or in lieu of jail.

In addition, the California Prison Health Care Receivership and California Department of Corrections and Rehabilitation recently committed to providing all FDA-approved forms of MAT to prison inmates with OUD, throughout incarceration. This means that jail detainees receiving MAT will continue treatment if transferred to CDCR. It also means that when CDCR sends inmates to county jails for “out to court” and other reasons, CDCR will expect jails to continue MAT for any inmate under treatment.

This MAT in County Criminal Justice Systems Learning Collaborative will prepare County Teams to improve and expand access to MAT throughout the state in local jails, drug courts, and/or criminal justice diversion programs. The project will broaden county knowledge and understanding of MAT and its place in the criminal justice system, increase the use of MAT using evidence-based and emerging promising practices, and promote a county culture that supports MAT in jails and drug courts. It will also build data systems that capture and quantify the use of MAT and its outcomes for justice-involved individuals. For the purposes of this Learning Collaborative, MAT includes:

- Methadone liquid or tablets
- Buprenorphine (Suboxone, Subutex, or other brands in oral, film, or injectable formulations)
- Naltrexone oral tablets (for Opioid Use Disorder and/or alcohol addiction)
- Long-term naltrexone injection (Vivitrol)

COHORT 1 EXPERIENCE

In June 2018, HMA and DHCS launched the first cohort of this Learning Collaborative. Teams from 23 Counties submitted applications and were approved. The original collaborative was funded for eight months. Based on the progress and enthusiasm of the teams and additional federal funding, the Learning Collaborative was expanded to 18 months and second cohort of up to 20 additional counties was approved. The following testimonials describe the experiences of several of the Cohort 1 counties.

COHORT 1 COUNTIES		
Alameda	Contra Costa	Imperial
Kern	Kings	Los Angeles
Marin	Mendocino	Mono
Nevada	Placer	Plumas
Riverside	San Louis Obispo	
Santa Barbara	Santa Clara	Shasta
Siskiyou	Solano	Stanislaus
Tehama	Ventura	

*“Participating in the Collaborative did some great things for **Ventura County**. The Collaborative brought together a team of employees within the county that had pieces of the MAT puzzle, and gave us a framework for learning, discussions and innovation. We also appreciated the coaching sessions, which kept us accountable and on*

task. In short, the MAT collaborative set the stage for our success.” Rob Davidson, Commander, Ventura County Sheriff’s Office and Team Champion

“What has been so valuable about the Learning Collaborative is how it has brought us together – some of us never having even met before – to develop jail-based substance use treatment services in Alameda County. In a relatively short amount of time, the Collaborative has influenced our department’s thinking on forensic re-entry strategic planning, and is helping spur policy changes in the expansion of Medication Assisted Treatment within our largest jail. Working together we are making substantial progress to create in-custody SUD treatment services. The Collaborative has also linked us with other counties doing this work, so we don’t have to re-invent the wheel on our own.” --Nathan Hobbs, Interim Alameda County Drug & Alcohol Administrator

“Many of our team members have been working in parallel in **Marin County** without ever have met before this Learning Collaborative. Having the designated, carved-out time and support to bring us all into the same room together with a shared goal of learning more about addiction treatment modalities has been invaluable. Consequently, we’ve achieved a significant reduction in the historical silos that existed between county public and mental health services, custody and law enforcement, alcohol and drug treatment providers and our adult drug court.” -- Dr. Jeffrey DeVido, Chief, Addiction Services, Marin County Dept. of Health and Human Services

“**Plumas County’s** participation in the Learning Collaborative has been instrumental in allowing our small rural county the opportunity to discuss the distinct roles each agency plays in the lives of those who battle addiction to opiates and are justice involved as well as identify the gaps in service and create ways to address them. The District Attorney’s office and staff have gained so much knowledge and insight to addiction and the treatment options available, it has created a new response to those defendants who are arrested for substance use crimes but who are actively engaged in MAT. As the lead agency for the Plumas County Project, the Alternative Sentencing Program is responsible for Naloxone distribution in the jail to all inmates upon release. As result, the office is recognized within the community as being harm reduction minded and this has created new opportunities for partnerships and programs that benefit our county in the best possible way.” -- David Hollister, District Attorney, Plumas County and Stephanie Tanaka, Program Manager, Alternative Sentencing Program, Plumas County, and Team Champion

FUNDING TO COHORT 2 COUNTY TEAMS

Each County Team in Cohort 2 will receive up to \$25,000 to cover team travel expenses to the Learning Collaboratives, travel or participation in other MAT-related training, compensation for the person designated as the Team Champion, and other approved expenses. Options will be described at the first Learning Collaborative. Each team must submit a brief plan for use of the funds, and funds will be allocated in Q2 2019.

Pending federal approval, additional grants of \$100,000 - \$300,000 may be made available to participating counties to expedite implementation of jail-based SUD screening, assessment, treatment, and MAT while local sustainable funds are secured. A short application will be required, and grants will be allocated in Q3 2019.

PROGRAM STRUCTURE AND SUPPORT

Participation in the Expanding MAT in County Criminal Justice Systems Learning Collaborative will span April 2019 - September 2020. The project will provide detailed technical assistance to County Teams customized to their specific needs and objectives in developing or expanding MAT services in their counties. During the project period, participants have access to the following program benefits and activities:

Four In-Person Learning Collaboratives: Each will be a day-long session. Content will provide training from state and national experts on best practices in expanding MAT in jails and drug courts, peer presentations and discussions to learn from each other and sharing best practices, in-depth discussions on specific topics, and facilitation of discussions within each team. The sessions will also provide guidance on developing county-specific measures to track the outcomes of MAT expansion, including engagement in community treatment, recidivism, overdose deaths in the population receiving MAT through criminal justice settings, and more.

Monthly coaching calls: The HMA team will confer with each team every month to track progress and provide technical assistance, coaching, and facilitation as the teams develop and implement plans to expand MAT.

Topic-specific webinars and podcasts: These will be tailored to the needs identified throughout the project.

A project website that will include Resource Library and Group Mailing Lists/Discussion Groups: Participants will have unrestricted access to the project website that contains sample policies and procedures, MAT literature, MAT research, the hosted webinars and podcasts, and other information. County Team members will be able to communicate with one another to discuss the selection of Webinar, Podcast, and technical assistance and training topics and converse on topics of interest.

Access to the Project Advisory Group: The project will engage an Advisory Group, who will participate in the Learning Collaboratives and be available through the project. Along with DHCS and CMA, additional members will be drawn from key state associations and other organizations involved in criminal justice and/or addressing the opioid epidemic, including but not limited to:

- California Board of State and Community Corrections
- California Consortium for Urban Indian Health
- California Health Care Foundation
- California Opioid Maintenance Providers
- California Rural Indian Health Board
- California State Association of Counties
- California State Sheriffs' Association

Best practices in treating OUD in special populations within the criminal justice system: This will include youth, pregnant women, Native Americans, and those with co-occurring mental health disorders.

Technical assistance and training on developing and implementing data collection measures: This will assist with capturing and reporting in-jail prevalence and treatment data related to addiction, recidivism, engagement in community treatment following release, and other data by county for persons with OUD and other addictions in jail or through drug courts. Counties will be expected to report data, which will be used in the aggregate to establish a baseline and demonstrate change over time.

PARTICIPATION REQUIREMENTS

Applicant counties are not required to operate drug courts. However, applicant counties that operate one or more drug courts must address MAT in jail and the drug court.

Each County Team must identify:

- **A Lead Organization** which will submit the application, accept and disburse the \$25,000 grant, and provide a single person as the Project Champion.
- **A Project Champion from the Lead Agency** who will serve as the primary contact for the project to other members of the Team, and for the Team to the Learning Collaborative. The Champion will coordinate scheduling monthly Coaching Calls, keep project records, and encourage active engagement of the full Team in all project activities.

Each County Team must consist of no fewer than five and no more than eight members. This includes:

Mandatory Members (any of which may serve as Project Champion)

1. A person from the county jail(s) responsible for health services. May be a health services administrator, nurse leader, or physician leader. Person must have deep knowledge of and, preferably, responsibility for, substance use disorders, medical, nursing, and/or mental health operations inside the jail.
2. A person from the jail custody system, preferably an administrative-level person with decision-making authority over custody operations.
3. A person from the county administrator's office, preferably an administrative-level person with knowledge of criminal justice programs.
4. If the County operates one or more drug courts, a person representing drug court, preferably an administrative-level person.

Optional Members Representing

- The County drug treatment program/agency. *This position is not mandatory but is encouraged. It is a County program employee, not a treatment provider.*
- Probation Department
- District Attorney
- Public Defender
- Representative of the Local Opioid Coalition, if there is one

Letters of Support

Application must also include the following letters of support, which are to be submitted via email to MATinCountyCJ@healthmanagement.com

1. County Manager – letter from office of county manager indicating support of the county organizations participating in the project and support of the project goals
2. Sheriff – letter from the Sheriff’s office indicating support of the project and its goals
3. Lead Agency - letter from the director of the Lead Agency indicating support for the project, its goals, and the role of the Team Champion. *Note: if the Lead Agency is the Office of the County Manager or the Sheriff’s Department, this content can be addressed in the letter required of that agency and a third letter is not required.*

PROJECT STAFF

Health Management Associates will provide five coaches. Three noted below have been involved in Cohort 1, and two additional coaches with expertise in MAT and criminal justice will be recruited for Cohort 2.

DONNA STRUGAR-FRITSCH, BSN, MPA, CCHP is the Project Director. As a Principal at HMA, she has consulted for 16 years with prisons, jails, juvenile facilities, policy makers and correctional health vendors in correctional health care operations, best practices, and emerging trends. She has worked extensively with nursing, providers, and pharmacists on all aspects of medication practices in prisons and jails

Donna is a nationally known expert in corrections and MAT. She led technical assistance efforts with the LA county jail system and took a delegation on site visits to Rikers Island and the Rhode Island Department of Corrections to view their exemplary SUD/MAT treatment programs. She has also advised non-profit SUD providers and in transitioning from abstinence-only models of care to including MAT in treatment.

CAROL CLANCY, PSYD, MSW is a Principal at HMA and brings over 20 years of leadership experience in correctional mental health, recovery services, and in other public and nonprofit mental health settings. Carol’s experience includes program design, development, implementation and oversight of service systems, budgets and policies. She has worked across and between service teams to develop and implement behavioral health and substance use disorder programs, from in-custody through re-entry, to assure a seamless continuum of care for mentally ill, justice-involved individuals and other vulnerable and at-risk populations.

Carol is currently working with several non-profit SUD treatment providers to manage the transition from abstinence-only treatment models to incorporating MAT and to comply with Drug Medi-Cal requirements. She came to HMA from San Mateo County, where she oversaw all mental health and recovery programs in the county’s two jails, including a residential SUD treatment program. She is also a surveyor with the Institute of Medical Quality, which is an accreditation body for health services in jails throughout California.

ANGEL ARELLANO, LMFT is a subcontractor to HMA. She served five years in San Mateo County as a consultant on clinical cases for San Mateo County Sheriff’s Office, Probation Department, and Parole Department, in which she determined level of care needs for those with mental health and substance use disorders, recommended behavioral interventions to manage crises and to assist with those who had decompensated in the community and in the County jails, and made recommendations on linkages to services. She developed and managed the Correctional Health Services Re-Entry Services program and was the liaison for the Sheriff’s Office Correctional staff, Adult Probation Department, Parole Department, the County Manager’s Office, and Behavioral Health and Recovery Services.



California Department of Health Care Services Medication Assisted Treatment Expansion 2.0 Project

DHCS has received over \$140 million under the federal 21st Century Cures Act to address the opioid crisis in California through the Medication Assisted Treatment Expansion Project 2.0.

The MAT Expansion Project aims to serve individuals with Opioid Use Disorders (OUD), prevent drug overdoses, and treat OUD as a chronic disease. The project focuses on populations with limited MAT access, including rural areas, American Indian and Alaskan Native tribal communities, and statewide access to buprenorphine.

Over 270,000 individuals will be impacted by the grant through efforts to prevent opioid misuse and overdose (OD) deaths; with a focus on regions with the highest OD rates. Project activities will concentrate in areas where individuals with an OUD may encounter services including primary care, hospitals, substance use disorder providers, county touch points and criminal justice settings.

This Learning Collaborative, Expanding MAT in County Criminal Justice Systems, is funded under the MAT Expansion Project. For more information, go to <http://www.dhcs.ca.gov/individuals/Pages/State-Targeted-Response-to-Opioid-Crisis-Grant.aspx>

Health Management Associates (HMA) is a leading independent national research and consulting firm in the healthcare industry. Founded in 1985, today we are nearly 300 consultants strong and still growing. We help clients stay ahead of the curve in publicly funded healthcare by providing technical assistance, resources, decision support and expertise.

HMA operates offices in Sacramento, Los Angeles, the Bay Area, and across the country.
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