



How State Leaders Can Leverage State Opioid Response Funds for System Transformation

PRESENTED BY:

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PRESENTERS



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MONAHAN
State SOR Director
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AGENDA

- Information about HMA Bren Manaugh, Principal, HMA
- SOR-funded projects in California Bren Manaugh, Principal, HMA
- SOR-funded projects in Illinois
 Kathleen Monahan, State SOR Director, Illinois Department of Health Services, Substance Use Prevention and Recovery
- SOR-funded projects in Delaware Marsha Johnson, Managing Principal, HMA

Brent Waninger, Chief of Workforce Development and Education at State of Delaware, Division of Substance Abuse and Mental Health

OUR PEOPLE



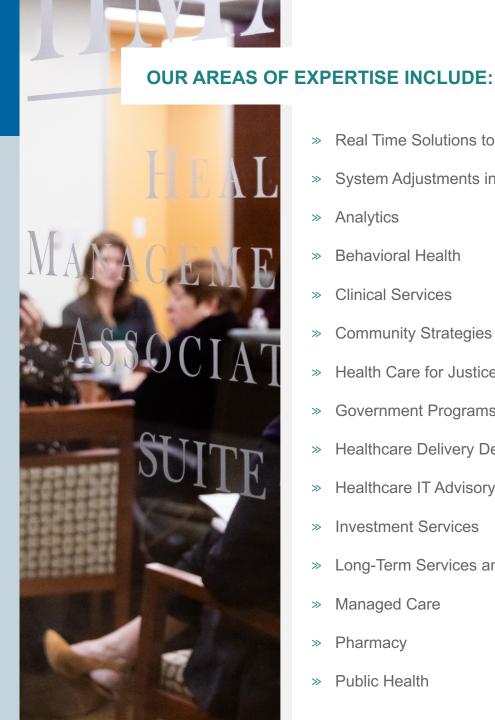
OUR COLLEAGUES ARE FORMER:

- State Medicaid directors, mental health commissioners and budget officers
- CEO, COO, CFO and other hospital, health system and state-based health insurance marketplace leaders
- » Managed care executives
- Physicians and other clinicians who have run health centers and integrated systems of care—many still practice medicine
- Policy advisors to governors and other elected officials
- Senior officials from the Centers for Medicare & Medicaid Services (CMS) and the Office of Management & Budget (OMB)

WHAT HMA DOES

Health Management Associates (HMA) has supported state clients in leveraging SOR funding to develop and execute public healthcare strategies to transform service delivery systems and improve access to quality care

LEVERAGING EXPERIENCE AND SKILLS TO MAXIMIZE IMPACT OF SOR FUNDS



- » Real Time Solutions to the Evolving Opioid Crisis
- » System Adjustments in Response to the Pandemic
- » Analytics
- Behavioral Health
- Clinical Services
- Community Strategies
- » Health Care for Justice-Involved Individuals
- Government Programs and Services for Uninsured Individuals
- Healthcare Delivery Development and Redesign
- Healthcare IT Advisory Services
- Investment Services
- Long-Term Services and Supports
- Managed Care
- Pharmacy
- Public Health

CALIFORNIA DEPT OF HEALTH CARE SERVICES MAT EXPANSION

Bren Manaugh HMA

CA DHCS MAT EXPANSION

The California Department of Health Care Services (DHCS) has implemented the California Medications for Addiction Treatment (MAT) Expansion Project to address the opioid epidemic throughout the state.

The California MAT Expansion Project aims to:

- » Increase access to MAT
- » Reduce unmet treatment need
- » Reduce opioid overdose related deaths through the provision of prevention, treatment, and recovery activities.

The project focuses on populations with limited MAT access which includes:

- » Individuals experiencing homelessness
- Youth
- » Rural populations
- > Tribal populations

The California MAT Expansion Project supports more than

30

PROJECTS

Across the state

650

ACCESS POINTS

Expanded to MAT

HMA operates the website

https://addictionfreeca.org/ as a separate yet complementary resource to the DHCS MAT
 Expansion Website It has resources and information related to the four MAT Expansion Project initiatives operated by Health Management Associates.

Funded by grants from the Substance Abuse and Mental Health Services Administration (SAMHSA)

CA DHCS - HMA PROJECTS: FOCUS ON JUSTICE INVOLVED

California Department of Health Care Services (DHCS) Focus on Justice Involved Population

HMA, along with county leaders, providers and other stakeholders in addiction treatment have conducted numerous projects in counties across CA focusing on the justice system. This work includes:

- » County Touchpoints in Access to MAT for Justice-Involved Population: Intersection of Justice System (Probation, Courts/Judges, Child Welfare system)
- Expanding Access to MAT in County Criminal Justice Settings: Learning Collaborative to Support MAT Implementation in Jails and County Ecosystem
- CA Department of Corrections and Rehabilitation: Curriculum development and training to PCP Addiction Champions, Nursing, AOD counselors, and LCSW regarding MAT treatment

As a result of this initiative:

40

More than **40 California counties** have participated

40,000

More than **40,000 people** have received **MAT** in correctional settings

HMA Project Leadership/SMEs



Bren Manaugh, LCSW-S, CPHQ



Shannon Robinson, MD



Corey Waller, MD

CA DHCS – HMA PROJECTS: SYSTEMS OF CARE AND CRISIS RESPONSE TEAMS

Systems of Care (SOC)

Focus on addiction treatment ecosystems

- Total of 16 counties between SOR I and SOR II engaged across sectors for shared development and advancement of ecosystem goals
- » Online MAT Assessment and TA support to establish and expand provider MAT capacity.

Crisis Response Teams (CRT)

County teams map all county services and funding, identify gaps, and incorporate most effective models to simultaneously address substance use disorders and public safety to build on county collaborations and resources to improve outcomes.

Dept of State Hospitals (DSH)

- » Implementation of MAT and SUD Treatment in Department of State Hospitals
- Continued planning for DSH Evidence-Based
 SUD Treatment Expansion

HMA Project Leadership/SMEs



John O'Connor



Helen DuPlessis, MD



Shannon Robinson, MD

CA DHCS: HMA PROJECTS: MOTHER AND BABY SUBSTANCE EXPOSURE INITIATIVE

with the California
Maternal Quality
Care Collaborative
and the California
Perinatal Quality
Care Collaborative
on the Mother and
Baby Substance
Exposure Initiative.

California Maternal Quality Care Collaborative (CMQCC)
California Perinatal Quality Care Collaborative (CPQCC)

This initiative focused on the importance of:

- Universal screening of pregnant women for risk of opioid (OUD) or other substance use disorders (SUDs) at multiple points
- Every pregnant woman with OUD should be on MAT
- » Use of non-pharmacologic treatment for neonatal abstinence syndrome (NAS)
- Moms and babies should receive support to keep them together, planning for transitions of care by effectively engaging women with or at risk for OUD and other SUDs in their plan of safe care

HMA Project Leadership/SMEs



Helen DuPlessis, MD



Corey Waller, MD



Charles Robbins

A Focus on the Justice Involved Population
Two Learning Collaborative Initiatives
Expanding Access to MAT in County Criminal Justice Settings | County Touchpoints

CALIFORNIA DHCS:

TWO LARGE LEARNING COLLABORATIVE MODEL PROJECTS BRINGING COUNTY TEAMS TOGETHER TO FOCUS ON JUSTICE-INVOLVED INDIVIDUALS

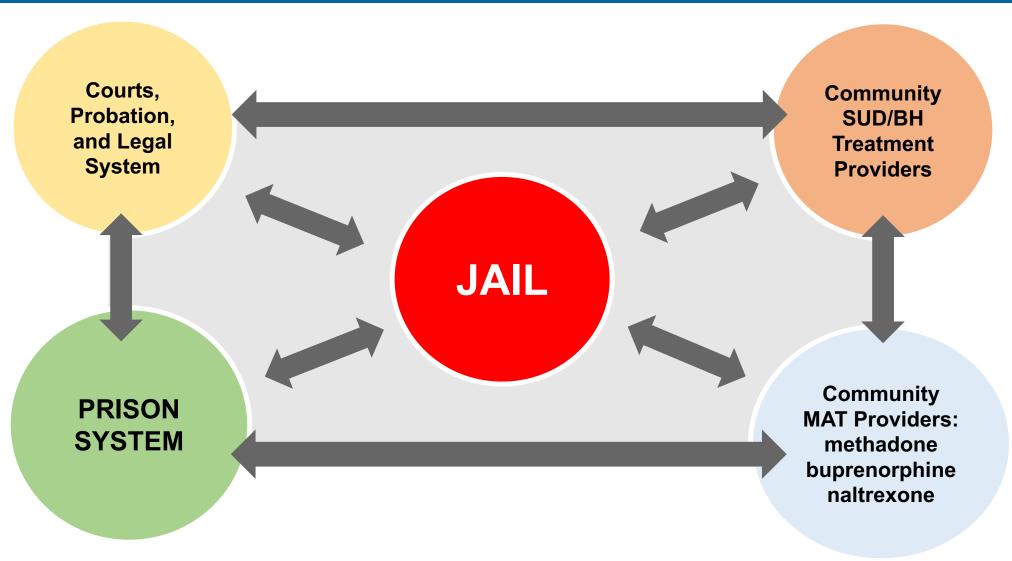
MODEL FOR MAT IMPLEMENTATION IN COUNTY JAILS: ASPIRATIONAL GUIDING PRINCIPLES FOR COUNTY TEAMS

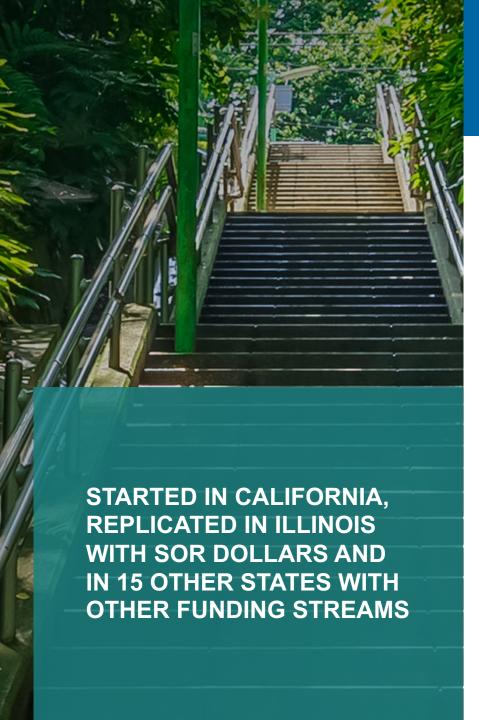
The jail is a health care site in the community's health care safety net.

A county resident receives the same care for acute and chronic conditions wherever he/she seeks care in the county, including the jail, and transitions are managed and supported

The county has a single standard of care such that persons with OUD have access to all FDA-approved forms of MAT available to them, via an individualized treatment plan, as well as effective treatment for stimulant use disorder

JAIL AS PART OF THE SAFETY NET HEALTHCARE ECOSYSTEM





HMA MODEL FOR IMPLEMENTATION OF MAT IN CARCERAL SETTINGS

IMPLEMENTATION OF MAT IN JAILS, PRISON AND JUSTICE ECOSYSTEMS

In our model MAT is defined as

- » Implementation of at least two forms of the MAT FDA-approved medications: naltrexone; buprenorphine; methadone --- continuation and/or initiation
- + other evidence-based treatment for Opioid Use Disorder and Stimulant Use Disorders
- Access to naloxone for overdose prevention

Alignment with community standards of care

County MAT in Jails Learning Collaborative

- County team that is coached for implementation is interdisciplinary team of stakeholders (custody leadership; jail-based health care; key community provider(s); key justice partners, i.e. probation, drug courts)
- » Learning collaborative of participating counties supports sharing and problem solving among counties and professional peers
- » \$ Implementation grants to "front load" the effort and assistance building toward sustainability
- » Robust TA: individualized county team coaching; webinars/training; all team learning sessions

CA DHCS - HMA PROJECTS FOCUS ON JUSTICE-INVOLVED WITH MAT IMPLEMENTATION IN COUNTY JAILS



Initiated under SOR I in October 2018 with 22 counties; 25 people on MAT at baseline

Participating counties currently represent 86% of the state population

31 Currently Active Counties

6 Previously Involved Counties

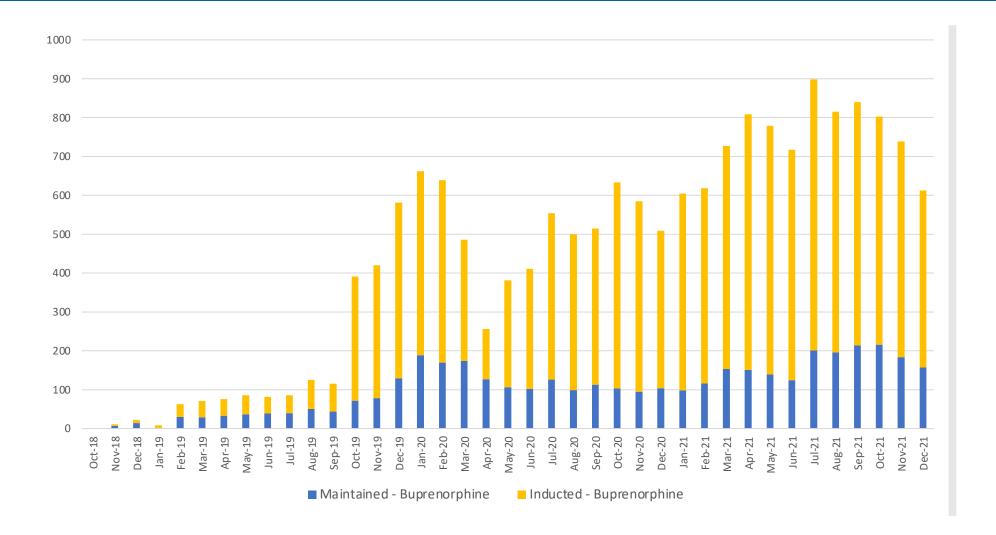
Throughout the project,
37 teams have
participated from 58
counties total
(64% of all CA Counties)

22,000

As of last data submission **February 2022** almost **22,000** people have received MAT while incarcerated in these county jails

EXAMPLE OF DATA SUMMARY: MAINTENANCE AND INITIATION OF BUPRENORPHINE

(PART OF LARGE DATA SET THAT TRACKS PROGRESS ON MULTIPLE IMPLEMENTATION MEASURES)



Initiated under SOR I in October 2018

Progress of participating
counites in maintaining and
initiating buprenorphine for
persons incarcerated in
county jails

4,059

MAINTAINED ON BUPRENORPHINE

13,173
INITIATED ON BUPRENORPHINE

FUNDAMENTAL PREMISE OF TEAMS:

DIFFERENT PERSPECTIVES ON PERSON WITH A SUBSTANCE USE DISORDER

Health Care Providers: PATIENT

Courts and Legal System: DEFENDANT

Jail Custody
Officers:
PRISONER

CALIFORNIA COUNTY TOUCHPOINTS LEARNING COLLABORATIVE PROGRAM

Outgrowth of Jail MAT LC:

Recognized need to educate and engage other justice/system stakeholders to support jail MAT implementation

Addressed MAT = "not clean"

Probation, Courts/Judges, District Attorneys, Public Defenders, Child Welfare

More than **1,500** trained under **SOR I**

Under SOR II: Learning Collaborative

14 county teams
currently participating in
learning collaborative
at intersection of SUD,
justice, and child
welfare systems

County collaborations, resource alignment, system mapping and gap analysis, individualized county coaching and goal setting

ILLINOIS DEPARTMENT OF HUMAN SERVICES SUBSTANCE USE PREVENTION AND RECOVERY

Kathleen Monahan, MPH SOR Director, State of Illinois

IL LEARNING COLLABORATIVE TO SUPPORT MAR FOR JUSTICE-INVOLVED POPULATIONS



Prioritized Population Illinois State Overdose Action Plan



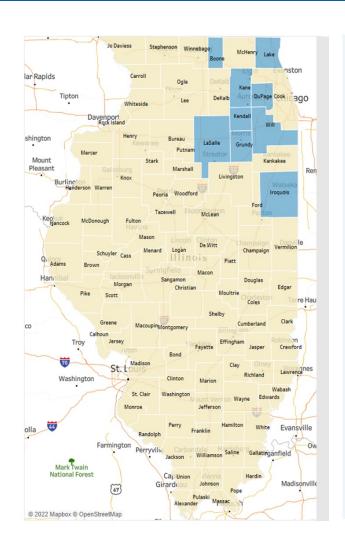
Learning Collaborative

HMA is offering robust expert technical assistance (TA) for county teams interested in standing up or expanding medication assisted recovery (MAR) programs in their jail and to support continued recovery support in the community post-release.

- » Modeled after California Jail MAT implementation learning collaborative
- » Initiated with SOR II funding*
- 9 counties currently participating with "open enrollment" to other interested counties to join the learning collaborative: Receive individualized county team coaching, participation stipends, and multiple modes of learning and TA

*Services are funded in full or in part through a State Opioid Response Grant the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery, from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

ILLINOIS JAIL-BASED MAR LEARNING COLLABORATIVE



9

Active Counties:

Boone
DuPage
Grundy
Iroquois
Kane
Kendall
Lake
Lasalle
Will

Active counties represent:

42.5%

of the state population (excluding Cook County)

WHAT DO ILLINOIS CUSTODY LEADERS HAVE TO SAY ABOUT MAR FOR DETAINEES?

This is scalable, inexpensive, relatively easy, saves lives and stops crime

- Sheriff Ron Hain, Kane County

No one says: "I want to be a drug addict when I grow up."

- Commander Jeanne Russo, Kendall County Jail

The old school thought was "you did this to yourself" - we are waaaaaay past that.

- Superintendent Jason Edgcomb, LaSalle County Jail

ACCESS NARCAN

The State is investing \$13 million to make Narcan more available

Funding: SOR and Recreational Cannabis revenues

Open to
Hospitals, clinics,
other community
organizations

Go Live was July 23, 2021

Website: https://www.dhs.state.il.us/page.aspx?item=58142

(Access Narcan on DHS main page)

Organizations must agree to input data into the DOPP website ilsavesOD.org

ACCESS NARCAN



Search Q

Customers Providers About News Contact

IDHS > Providers > Provider Information by Division > Substance Use Prevention & Recovery (SUPR) Provider Information > SUPR Opioid Resources >

IDHS/SUPR Drug Overdose Prevention Program

The Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (IDHS/SUPR) aims to reduce the number of opioid overdoses through the expansion of community-based Overdose Education and Naloxone Distribution (OEND). OEND is an evidence-based method for reducing opioid overdose deaths. In order to expand overdose education and naloxone distribution IDHS/SUPR manages the Drug Overdose Prevention Program (DOPP). By registering to become a DOPP, organizations cataccess and distribute naloxone (Narcan nasal spray), a safe and effective opioid overdose reversal medication that these lives.

DOPP- enrolled programs are responsible for training an education, maintaining a supply of naloxone, and reporting information into the DOPP portal. These programs are essential to ending the overdose crisis in Illinois by making sure that anybody who may witness an opioid overdose is equipped, it by naloxone and the knowledge they need to save a life.

Hospitals & Clinics
ACCESS NARCAN
(click here)

Commmunity Organizations
ACCESS NARCAN
(click here)

Prospective DOPPs include:

- SUPR-licensed substance use treatment programs
- Recovery homes
- · Local public health departments
- · Hospitals and Clinics

- · Not-for-profit community-based organizations
- · Urgent care facilities
- Faith-based organizations
- Police departments
- Local businesses

Links

Hospitals and Clinics Access Narcan Project- Frequently Asked Questions

SOR-FUNDED PROJECTS IN DELAWARE

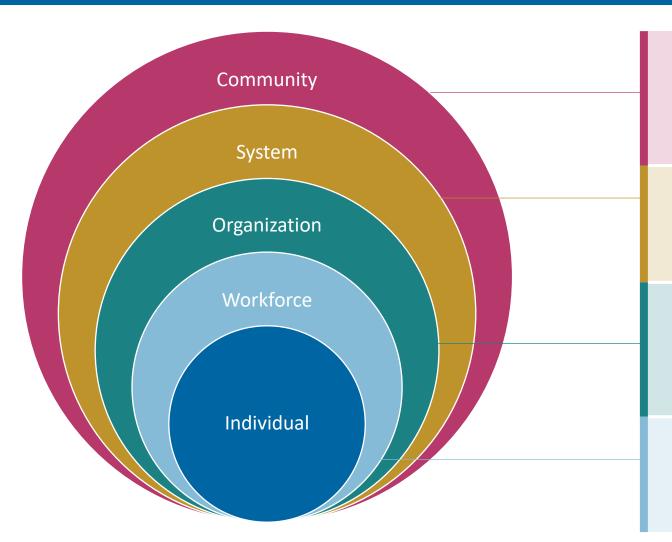
Marsha Johnson, Managing Principal, HMA

Brent Waninger, Chief of Workforce Development and Education at State of Delaware, Division of Substance Abuse and Mental Health

SOR 2.0 GRANT GOALS

Expand OUD/STUD treatment Build infrastructure to oversee engagement strategies and reduce and implement grant activities barriers to accessing services Develop a framework to engage the Opioid Response Provider Network Promote evidence-based referral (ORPN) in providing effective and and linkage to treatment accountable treatment services Improve treatment retention strategies for Promote universal screening individuals and special populations with for OUD/STUD **OUD/STUD** Decrease opioid overdoses statewide through low threshold access to naloxone, Collect high quality data to track program medication for OUD (MOUD) and performance and reach addiction treatment services

DELAWARE STATE OPIOID RESPONSE INVESTING IN THE ECO-SYSTEM



Community-based resources to address SDOH Police diversion program
State-wide education campaign
Naloxone distribution
Advisory Council
Community Well-Being Ambassadors initiative

Opioid Response Provider Network Addiction Treatment Resource Center Expansion of referral platform Referral pathways and coordination of care Overdose System of Care

Universal screening across the care continuum
Development of referral pathways
Expansion of DE Bridge Clinics
MOUD expansion
Mobile MOUD
Engagement and re-engagement innovations across care continuum

Evidence-based practice TA Learning collaboratives Workshops/conferences Peer workforce expansion

COMMUNITY



Police Diversion Program



Statewide Education Campaign



SYSTEM





Addiction Treatment Resource Center



Referral pathway development
Overdose System of care

ORGANIZATION



Bridge Clinic Expansion



Universal Screening



Engagement, re-engagement, and retention Innovations

WORKFORCE



Peer Workforce Expansion



Learning collaborative, workshops, and conferences

HMA'S SUPPORT TO DE STATE OPIOID RESPONSE



SURVEY

Your feedback on today's webinar is important! Please take just a moment to complete a brief survey you'll receive later today. Thank you!

THANK YOU