



Addiction Treatment Starts Here: Behavioral Health (ATSH:BH) **Your Questions Answered**

ELIGIBILITY

What types of organizations are eligible to apply to ATSH:BH?

Health care organizations in California that offer Medi-Cal specialty mental health services (or other services funded through the Mental Health Services Act) and/or Medi-Cal specialty SUD services (through Drug Medi-Cal), or the equivalent, to underserved populations are eligible to apply. Organizations must be non-profit and tax-exempt under 501(c)(3) of the Internal Revenue Service Code (IRC) or a governmental, tribal, or public entity. Organizations that are eligible to apply include:

- Clinics that provide specialty mental health services (e.g., counseling, individual and group therapy), including outpatient treatment, Full Service Partnerships, Field Capable Services, Intensive Outpatient Treatment, and/or Partial Hospital Programs.
- Clinics that provide alcohol and drug treatment services (e.g., ASAM 1.0 – ASAM 2.5), including outpatient, intensive outpatient treatment, and/or partial hospital programs.
- Opioid Treatment Programs (also known as Narcotic Treatment Programs).

What organizations are not eligible?

The following organizations are not eligible to apply:

- Institutions for mental disease facilities, group homes, and any other variants of residential treatment facilities or inpatient mental health facilities.
- Recovery bridge housing facilities, residential treatment programs, and inpatient withdrawal management programs.

Is an FQHC that is not Drug Medi-Cal certified eligible to apply?

Yes.

Is an FQHC that is developing a MAT program in conjunction with their behavioral health department eligible to apply?

CCI is looking for organizations that are committed to build capacity for MAT directly within their mental health or SUD setting. To achieve this goal, we encourage clinics to apply if they intend to implement a MAT program directly within a mental health or SUD setting, rather than directing clients to primary care to receive MAT. If clients are being routed to primary care to receive medications for addiction treatment, this program is not the right fit. We recommend that you explore the [MAT Access Point](#) grants as a potential source of funding. The application deadline for these grants is March 28, 2019.

Our organization has multiple sites in which we hope to implement MAT. Can our multiple sites participate?

Organizations with multiple sites are welcome to apply. In this case, the organization is eligible for a single grant of \$50,0000, however your team may include members from multiple sites.

If we participate in the ATSH: Primary Care collaborative, can we apply for ATSH:BH as well?

Yes, as long as you intend to start a MAT program in your behavioral health setting (either specialty mental health or SUD) rather than routing clients to primary care for MAT. Please make clear in your narrative the distinctions between the two programs as well as any coordination across your various MAT activities.

Do we have to be at a certain stage of MAT implementation to apply?

This program is designed primarily for organizations in the early stages of program design and/or implementation. If your organization has a more mature program, this may not be the best fit for you. Instead, we recommend that you consider applying for a [MAT Access Point](#) grant (applications are due by March 28, 2019). We welcome you to contact us, so we can advise you as to whether ATSH:BH is a good fit for your organization.

ATSH:BH PROGRAM TEAM

What size program team do you recommend and who should be on the team?

In our experience, effective teams typically include a core of 3-5 individuals who participate in all program activities. We recommend that a project team include the following roles: program lead to manage day-to-day activities, x-waivered clinician, clinical champion, and one additional team member. This may include an administrative leader (e.g., Chief Executive Officer, Executive Director, Chief Operating Officer), care team member who provides substance use disorder services (e.g., addiction treatment counselors, nurses, licensed social workers), or quality improvement staff. The x-waivered clinician can also serve in the clinical leader role. Teams that have different compositions are also welcome to apply. Use the application narrative to describe your team composition and how it will support the design and implementation of your MAT program.

What type of person usually serves as the project lead?

The project lead manages the day-to-day activity of your MAT project, including participation in ATSH:BH. We've found that people who are successful in this role typically have project management skills and bandwidth to keep the project team informed of program activities and updates, facilitate and manage participation in program activities, support data collection and reporting requirements (e.g., enter numerator/denominator information into the portal for the program's three measures), and meet any other program deliverables. The project lead works with your ATSH core team and ATSH coach to help design changes, analyze their impact, and share early wins and challenges within the team. People

in various job positions (program or project manager, QI manager/director, project coordinator, analyst, etc.) have served in this role. Who you select is likely dependent on how your organization is structured.

Does the x-waivered clinician(s) need to be onsite or can they be contracted? Can we use tele-psych?

Yes, your x-waivered clinician can be contracted and you can use tele-psych. Providers who are contracted ideally provide care onsite at least part of the time. If you use tele-psych services, you should have clear protocols and communication pathways with your tele-psych provider. If you use off-site providers (either contracted or via tele-psych), please describe this relationship and the client experience of care in the narrative.

What if we don't yet have an x-waivered clinician?

To get the most out of the collaborative, we suggest that have at least one x-waivered clinician on your core team by learning session 1 (e.g., July 2019). If this is not possible, please use the narrative to describe why and also to describe your specific plans to have an x-waivered clinician on your core team by the end of 2019.

What if we don't yet have a day-to-day program lead to handle the program management?

Ideally, all teams will have a day-to-day lead for their core team in place by the time you are accepted into the program (e.g., May 2019). However, we understand that this may not be possible for all teams. If you're not able to meet this requirement, please describe your situation, your timeline to have a day-to-day lead on board, and also your approach to manage project activities and meet participation requirements in the interim.

What makes a good clinical champion?

We recommend involving clinicians who are passionate about expanding access to treatment for patients with opioid use disorder and who can be effective in garnering buy-in from other clinicians and staff. If a current x-waivered prescriber is passionate and committed to MAT, will champion medications for addiction treatment to other providers and across your organization, and is a respected opinion leader in your organization, these qualities would make them an ideal clinical lead. Other providers can join the team as well!

PROGRAM CONTENT

When does the ATSH:BH start? How long is it?

ATSH:BH is 15 months long. It begins in May 2019 and ends in July 2020.

Will ATSH:BH include information on alcohol use disorder?

ATSH:BH is funded by the California Department of Health Care Services as part of its State Opioid Response grant. As such, ATSH:BH is primarily designed to support clinics in expanding access to MAT for opioid use disorder. However, many content areas (e.g., gaining organizational buy-in, reducing stigma, neuroscience of addiction, harm reduction, screening tools, etc.) are relevant to expanding access to

treatment for clients with other substance use disorders, including alcohol use disorder. We encourage and support teams that are looking to design comprehensive MAT programs.

Is ATSH:BH focused only on buprenorphine inductions or will it also include screening and maintenance?

ATSH:BH will include all three aspects of MAT. Specifically, ATSH:BH will offer guidance on the clinical aspects of screening for and starting medications for addiction treatment, navigating levels of care, and maintenance.

What are the ATSH:BH program measures?

Participants will be required to submit quarterly data on three core (required) measures. These measures address MAT program adoption, reach and retention. Measure specifications are [available here](#). Data will be submitted via the ATSH measurement portal. We understand that participants may not have the capability at the start of the project to successfully report on all three measures and do not want this to serve as a barrier to participation. If you have concerns about your ability to meet this requirement, please describe these concerns in your narrative.

How and how often will we submit data on required measures?

Teams will enter data on a quarterly basis through a data portal that CCI has created in partnership with the National Institute for Children's Health Quality (NICHQ). This platform will automatically produce run charts and provide other tools to help you track your performance over time. You will enter simple counts (e.g., numerators and denominators). To input data, you'll need your own tracking tool. CCI can provide assistance in developing a tracking tool if you do not already have one. CCI will offer a webinar training to demonstrate the data portal and walk through the measures.

Do all project team members need to attend all three in-person learning sessions?

CCI designs in-person learning sessions to be of most value when your core team attends. Each session offers protected time for your team to work together on MAT program design and implementation, in addition to learning from experts and connecting with your peers. Please see the RFA for the dates of each learning session. We recommend that core team members hold these dates in their calendar. If you anticipate a problem that would prevent your core team from attending all three learning sessions, please describe this challenge in your narrative.

When and where will the learning sessions be held?

The first learning session will be held in downtown Oakland on July 10-11, 2019. Learning session two is scheduled for March 18-19, 2020 and learning session three is scheduled for July 22-23, 2020. The location of learning sessions two and three will be determined after the program cohort has been finalized. That way we can select a location that is most convenient to the majority of participants. We encourage teams to include sufficient funding for travel expenses. Teams may submit a budget modification if necessary when learning session locations have been finalized.

Will ATSH:BH program resources be available online?

CCI will post materials from learning sessions and webinars on CCI's website. A separate program website will be available for participating teams where additional resources, program requirements and support will be available.

BUDGET

What expenses can be included in the \$50,000 budget proposal?

The \$50,000 grant for participants is intended to offset costs related to participation in the ATSH program or to design and implement your MAT program. Funds are flexible and may be used to pay for staff time (e.g., time away from clinic to attend ATSH activities, general staffing costs to build and/or expand your MAT program), travel expenses to attend ATSH activities, MAT-related program supplies, or any other expenses directly related to your administering your MAT program.

If you have additional questions while preparing your application, please email CCI Senior Director Tammy Fisher at tammy@careinnovations.org.