

DMC-ODS Waiver Training Plan

Training delivery is organized along two primary dimensions. One involves the matching of training content to a county's status in Waiver implementation. For our planning purposes, these implementation stages are:

- a. Early Implementation
- b. Middle Implementation
- c. Late Implementation

As counties are phased into ODS Waiver planning and implementation, groups will be considered to be in early implementation, and will receive training and technical assistance according to the plan detailed below. As groups complete their early implementation training, they will be offered middle and late implementation training and possible technical assistance according to need and as approved by DHCS.

The second dimension is based on the general focus of each topic area. Among the 6 primary topic areas, 3 address structural or system management issues (#1 – Waiver Assessment and Modality Services, #3 – Selective Contracting & and #4 – Quality Assurance). The other 3 address clinical issues (#2- ASAM Criteria, #5 – Medication Assisted Treatment & #6 – Continuum of Care). This is a broad categorization and each topic area could be considered to have both clinical and management components. However, in sequencing the training our approach will be to begin the process with structural or management focused content and then follow with content that is clinical in nature. This should mirror the implementation process at the count level where developing the administrative infrastructure and processes will precede actual service delivery to DMC clients.

As specified in the Scope of Work of Contract # 15-92265, training will address 6 major subject areas. These are described below with a brief description of the focus of the training that will conform to the aspects of the training topic area germane to each stage of implementation.

Topic Area #1: DMC-ODS Waiver Assessment and Modality Services

The Contractor shall assist counties in identifying the existing modalities for DMC-ODS Waiver services and the infrastructure needed to integrate additional modalities as required by the STCs. [Shared ISAP and CIBHS]

- a. Early – Basics of the ODS waiver; required services and discussion/TA related to existing infrastructure to identify development needs.
- b. Middle – Specific training to assist in filling the gaps in the existing service network.
- c. Late – Identifying difficulties in cross-system integration of services and training/TA on strategies to facilitate cross-system communication and collaboration.

Topic Area #2: American Society of Addiction Medicine (ASAM) Criteria

The Contractor shall provide a general overview of ASAM as well as instruction related to the proper utilization of ASAM criteria for appropriate patient placement, and guidance for utilizing ASAM criteria to determine the appropriate treatment of patients based upon their level of care. [ISAP]

The emphasis here and throughout the ASAM training series will be the use of the ASAM Criteria as a clinical tool for initial client placement and ongoing services at a given level of care. This clinical training could also address the role of ASAM in medical necessity and treatment planning. ASAM thinking and concepts need to be infused throughout the system with regard to a client's treatment experience.

- a. Early – Introduction to ASAM criteria.
- b. Middle – Integrated treatment planning and documentation required to support current level of care and transition to other levels of care.
- c. Late – Using ASAM criteria to identify cross-systems service needs and strategies to meet those needs for each patient.

Topic Area #3: Selective Contracting

The Contractor shall provide guidance to counties on how to draft a request for proposal (RFP) to ensure that the contracting requirements and selection criteria set forth in the DMC-ODS Waiver Standard Terms and Conditions (STCs) are clearly articulated. The Contractor shall also address with counties, and each county's respective board of supervisors, the appropriate written policies and procedures for selection and retention of providers that are in compliance with the STCs. [CIBHS]

- a. Early – Introduction to Selective Contracting, overview of STC requirements and criteria.
- b. Middle – Policies & Procedures – Development of provider enrollment templates and training in adapting them to specific county procurement practices.
- c. Late – This is a pretty specialized topic and the early and middle phase trainings may handle it. On the other hand additional issues could emerge - provider disenrollment, for example. Late implementation content will be developed for this topic based on the interests of counties.

Topic Area #4: Quality Assurance Processes

The Contractor shall provide counties with instructions for drafting the quality assurance plans in a manner that complies with the Code of Federal Regulation section 438 requirements. The Contractor shall also provide counties with guidance on the practical application of the quality assurance plans and organizational structure and operation of the quality assurance committee.
[CIBHS]

- a. Early – Introduction to 42 CFR Part 438 requirements and how the QA plan must correspond to specific requirements.
- b. Middle – Organizational structure and operation of the QA committee.
- c. Late – Practical application to a county's ODS in general and to providers at various ASAM levels in particular. This might be two separate trainings.

Topic Area #5: Medication-Assisted Treatment (MAT)

The Contractor shall provide a general overview of the medications used in MAT that are available through the DMC-ODS Waiver. The overview shall address each specific medication, including the primary use for treatment and the relationship, if any, with other medications available for treatment. As part of the MAT training content, the Contractor shall educate counties on the theory of MAT and how MAT can be utilized to treat substance use disorders.
[ISAP]

- a. Early (Behavioral Health Providers) – Understanding medication-assisted treatment and its role within the treatment system.
- b. Middle (Behavioral Health Providers) – Managing patients on MAT in an integrated system.
- c. Early-Middle (Medical Providers) – Specific medical education for the use of MAT, including facilitating buprenorphine waiver training, where appropriate.

- d. Late (Behavioral Health and Medical Providers) – Cross-system communication and management issues for patients receiving MAT.

Topic Area #6: Continuum of Care

The Contractor shall address, in detail, each ASAM level of care set forth in STCs. The Contractor shall specifically discuss the nature of services provided at each level of care and the appropriate interaction between providers when transitioning patients within the continuum of care to levels appropriate to meet their needs. [ISAP]

The Continuum of Care training would address the structure, services and operation of an organized delivery system designed on ASAM principles. Distinct from the Topic Area #2 ASAM Criteria training, these sessions will address systems and services for all clients in a county's organized delivery system. The emphasis will not be how an individual client might move through the ODS but rather how the ODS will serve the overall caseload. As appropriate, training content may discuss the 'overall caseload' in terms of specific segments; for example, clients with significant impairment/low functioning/barriers to recovery vs. lesser impairment/ higher functioning/recovery assets as well as other groupings like offenders, women, or youth.

- a. Early – Overview training for all providers on meaning and function of each ASAM level of care.
- b. Middle and Late – Training/TA on identifying and addressing facilitators and barriers for transitioning patients across levels of care.

In the training schedules included in this plan, specific training sessions are identified by the topic area name and the alpha suffix used in the preceding training topic descriptions designating whether the material is geared towards early, middle or late stages of implementation. For example, in the 2016 training calendar, the designation "ASAM – a" refers to the early implementation training.

Distribution of Trainings by Topic Area and by Phase/Region

In general, the basic training package for each topic area consists of 3 trainings (early, middle and late implementation). As noted, Selective Contracting may only require 2 sessions and Medication Assisted Treatment may require 4. The overall number of training sessions to be provided in each Waiver implementation phase was calculated in proportion to the number of currently licensed or certified providers in each region¹.

The overall number of training events in Years 3, 4, and 5, corresponding to anticipated contract funding levels, are half of those projected for the first two years. In addition, as counties move from DMC-ODS Waiver implementation to operations, training content will likely evolve; for example, additional ASAM Criteria training modules may be developed for clinical supervisors to ensure fidelity and/or to address training of trainers and other sustainability factors. In addition new topics may emerge based on the evolving needs of counties or providers as the Waiver transitions into the operational stage. Any such modifications will be developed in consultation with DHCS.

Table 1 shows the overall distribution of training deliverables by implementation phase over the term of the contract.

*Table 1
Regional Distribution of Trainings Over the Life of the Project*

Number of Trainings by Implementation Phase					
Contract Year	Phase 1	Phase 2	Phase 3	Phase 4	Total
2016	22	48	17	13	100
2017	18	51	17	14	100
2018	10	26	8	6	50
2019	10	26	8	6	50
2020	10	26	8	6	50
Total	70	177	58	45	350

¹ Sources are the DHCS Narcotic Treatment Program Directory (December 2014) and the Licensing and Certification Section Status Report (July 2014) posted on the DHCS website.

Total training events provided in 2016 and 2017 will be 100 in each year. Corresponding to contract funding changes in 2018, 2019 and 2020, the number of training events will be halved. Tables 2, 3 and 4 show how the total 350 training events will be distributed by topic over the life of the contract.

The tables are based on the 6 primary topic areas but, as noted above, these may change on the basis of county and provider experience in waiver implementation and operations.

With regard to the DMC-ODS Waiver Phase 5 Tribal Delivery System, all the training topics described in this plan will be made available to Native American tribal entities and health facilities opting in to the Waiver. Specific training locations and topics will be added to this plan as requested by DHCS.

*Table 2
Regional Distribution of Trainings, 2016*

Basic Training Package					
Annual Number of Trainings by Phase for 2016					
Topic Area	Phase 1	Phase 2	Phase 3	Phase 4	Total
1 – System Assessment	4	9	2	2	17
2 – ASAM Criteria	6	16	6	3	31
3 – Selective Contracting	3	5	2	1	11
4 – Quality Assurance	1	2	1	1	5
5 – Medication Assisted Tx	4	8	2	1	18
6 – Continuum of Care	4	8	3	3	18
Total	22	48	17	13	100

Table 3
Regional Distribution of Trainings, 2017

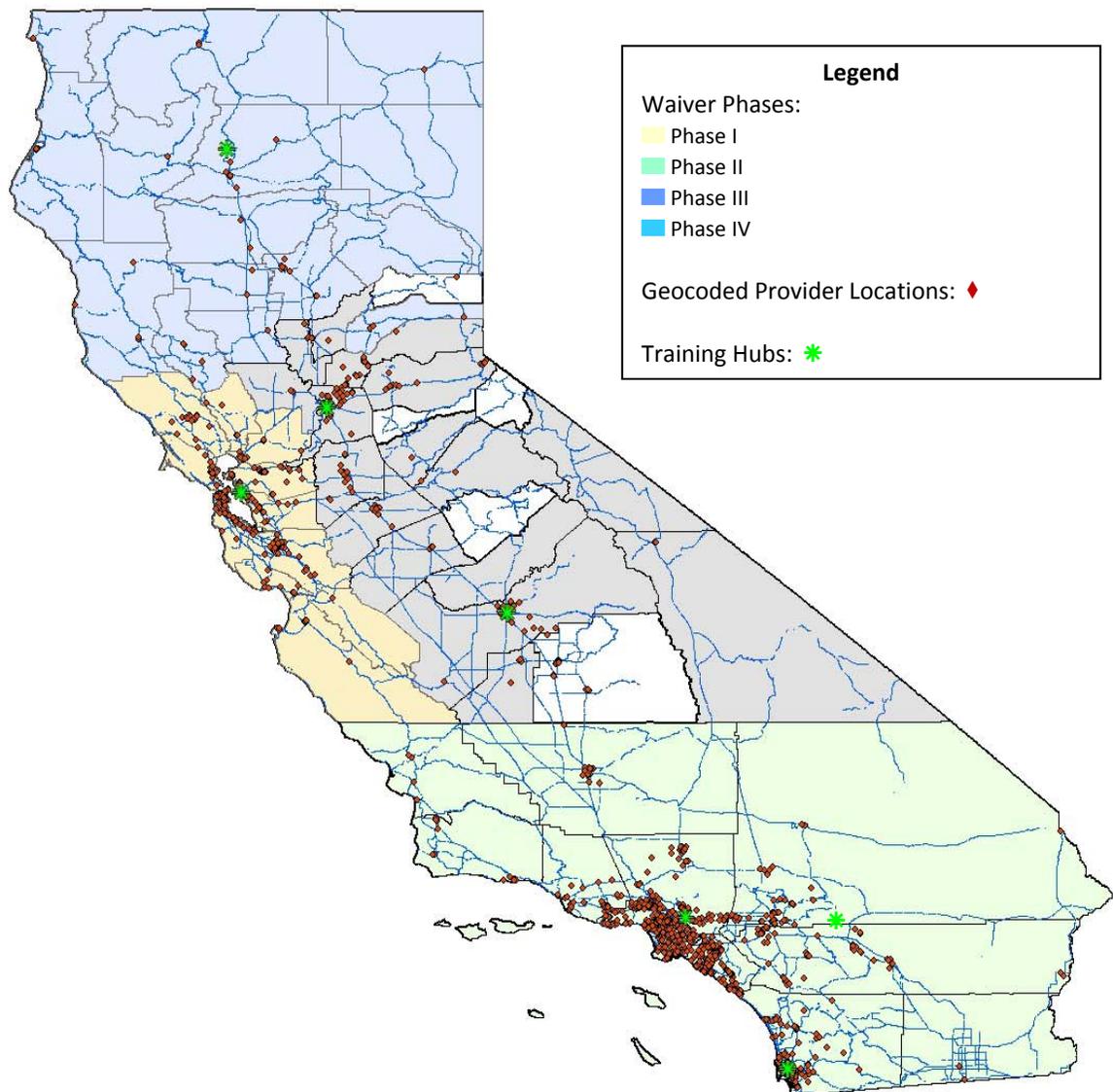
Basic Training Package					
Annual Number of Trainings by Phase for 2017					
Topic Area	Phase 1	Phase 2	Phase 3	Phase 4	Total
1 – System Assessment	2	6	2	2	18
2 – ASAM Criteria	5	12	4	4	18
3 – Selective Contracting	2	6	2	1	10
4 – Quality Assurance	3	9	3	3	18
5 – Medication Assisted Tx	3	9	3	3	18
6 – Continuum of Care	3	9	3	1	18
Total	18	51	17	14	100

Table 4
Regional Distribution of Trainings, 2018 - 2020

Basic Training Package					
Annual Number of Trainings by Phase for 2018, 2019 & 2020					
Topic Area	Phase 1	Phase 2	Phase 3	Phase 4	Total
1 – System Assessment	2	5	1	1	9
2 – ASAM Criteria	2	5	2	2	11
3 – Selective Contracting	0	0	0	0	0
4 – Quality Assurance	2	5	2	2	11
5 – Medication Assisted Tx	2	5	2	2	11
6 – Continuum of Care	2	4	1	1	8
Total	10	24	8	8	50

Figure 1 shows the distribution of licensed and/or certified SUD treatment providers in each county in the state. Counties are shaded according to their implementation phase membership. This map provides a high level visual representation of the methodology by which the statewide distribution of training was developed.

Figure 1
Distribution of SUD Treatment Providers



Trainings will be conducted at regional hubs to serve the needs of counties and providers in each phase. Utilizing county owned or other no-charge facilities, specific venues will be selected on the basis of size and availability. Due to the size of Phase 2, 3 primary training locations will be used.

Phase	Location(s)
I – Bay Area	Oakland Sacramento
II – Southern California	Los Angeles San Bernardino San Diego
III – Central Valley	Fresno
IV – Northern California	Redding

Subject to availability, primary venues will for each location will be the following:

- Oakland – California Endowment Office.
- Sacramento – CIBHS offices. This location would also serve the Northern San Joaquin Valley (Phase III), the Sacramento Valley up to Red Bluff (Phase IV) as well as some Phase I counties.
- Los Angeles – Los Angeles County Substance Abuse Prevention and Control Auditorium.
- San Bernardino – San Bernardino County Training Facility.
- San Diego – TBD.
- Fresno – The UC Center.
- Redding – Shasta County Behavioral Health.

Training Plan for Years 2 through 5

- 1) The training schedule for years 2 through 5 summarizes training activity by month.
- 2) We expect that training needs will evolve as waiver implementation proceeds through the stages of planning, implementation and operations. Unanticipated problems or issues may arise, requiring the development of new content.
- 3) For reasons of cost efficiency, we want to maintain the focus on training rather than one-on-one TA but we can foresee that training content will become more specialized. Rather than doing broad brush, phase-oriented training we may provide statewide events or webinars to better serve the needs of a smaller, more dispersed and/or more specialized audience.

Five Year Waiver Training Overview

The tables that follow show the training topics that will be presented in each of the 5 years of the project. The number of training events on each topic is broken down by region (Phase I, Phase II, etc.) After 2016, the topics listed may be modified or change, with prior DHCS approval, to the extent that new subject matter of concern to counties or providers is identified in the course of Waiver implementation and operations.

Waiver Training Events – 2016

#	Training Topics	Phase I	Phase II	Phase III	Phase IV	Total
1	Assessment of Modality Services – #1-a	3	7	2	2	14
2	Assessment of Modality Services – #1-b	1	2			3
3	Assessment of Modality Services – #1-c					
4	ASAM – #2-a	4	12	6	3	25
5	ASAM – #2-b	2	4			6
6	ASAM – #2-c					
7	Selective Contracting – #3-a	2	4	2	1	9
8	Selective Contracting – #3-b	1	1			2
9	Selective Contracting – #3-c					
10	QA Process – #4-a	1	2	1	1	5
11	QA Process – #4-b					
12	QA Process – #4-c					
13	MAT – #5-a	3	6	3	3	15
14	MAT – #5-b	1	2			3
15	MAT – #5-c					
16	Continuum of Care – #6-a	3	6	3	3	15
17	Continuum of Care – #6-b	1	2			3
18	Continuum of Care – #6-c					
	Total	22	48	17	13	100

Waiver Training Events – 2017

#	Training Topics	Phase I	Phase II	Phase III	Phase IV	Total
1	Assessment of Modality Services – #1-a					
2	Assessment of Modality Services – #1-b	1	4	1	1	7
3	Assessment of Modality Services – #1-c	1	2	1	1	5
4	ASAM – #2-a					
5	ASAM – #2-b	2	6	2	2	12
6	ASAM – #2-c	3	6	3	1	13
7	Selective Contracting – #3-a					
8	Selective Contracting – #3-b	1	4	1	1	7
9	Selective Contracting – #3-c	1	2	1		4
10	QA Process – #4-a					
11	QA Process – #4-b	2	4	2	2	10
12	QA Process – #4-c	2	3	2	1	8
13	MAT – #5-a					
14	MAT – #5-b	2	6	2	2	12
15	MAT – #5-c	1	3	1	1	6
16	Continuum of Care – #6-a					
17	Continuum of Care – #6-b	2	4	2	1	9
18	Continuum of Care – #6-c	2	3	1	1	7
	Total	20	47	19	14	100

Waiver Training Events – 2016

#	Training Topics	Phase I	Phase II	Phase III	Phase IV
1	Assessment of Modality Services – #1-a	1	4	2	1
2	Assessment of Modality Services – #1-b		3		
3	Assessment of Modality Services – #1-c				
4	ASAM – #2-a	4	8	4	3
5	ASAM – #2-b	1	4		
6	ASAM – #2-c				
7	Selective Contracting – #3-a	1	4	2	1
8	Selective Contracting – #3-b		3		
9	Selective Contracting – #3-c				
10	QA Process – #4-a	3	4	3	2
11	QA Process – #4-b	1	3		
12	QA Process – #4-c				
13	MAT – #5-a	4	8	4	4
14	MAT – #5-b	1	4		
15	MAT – #5-c				
16	Continuum of Care – #6-a	3	4	1	1
17	Continuum of Care – #6-b	1	3		
18	Continuum of Care – #6-c				
	Total	20	52	16	12

Waiver Training Events – 2017

#	Training Topics	Phase I	Phase II	Phase III	Phase IV
1	Assessment of Modality Services – #1-a				
2	Assessment of Modality Services – #1-b	1	4	1	1
3	Assessment of Modality Services – #1-c	1	3	1	1
4	ASAM – #2-a				
5	ASAM – #2-b	2	6	2	2
6	ASAM – #2-c	2	6	2	1
7	Selective Contracting – #3-a				
8	Selective Contracting – #3-b	1	4	1	1
9	Selective Contracting – #3-c	1	3	1	
10	QA Process – #4-a				
11	QA Process – #4-b	2	4	2	1
12	QA Process – #4-c	2	3	1	1
13	MAT – #5-a				
14	MAT – #5-b	2	6	2	2
15	MAT – #5-c	2	6	2	1
16	Continuum of Care – #6-a				
17	Continuum of Care – #6-b	2	4	1	1
18	Continuum of Care – #6-c	2	3		
	Total	20	52	16	12

Waiver Training Events - 2018

#	Training Topics	Phase I	Phase II	Phase III	Phase IV
1	Assessment of Modality Services – #1-a				
2	Assessment of Modality Services – #1-b				
3	Assessment of Modality Services – #1-c				
4	ASAM – #2-a				
5	ASAM – #2-b	1	3	1	1
6	ASAM – #2-c	2	3	2	2
7	Selective Contracting – #3-a				
8	Selective Contracting – #3-b				
9	Selective Contracting – #3-c	1	3		
10	QA Process – #4-a				
11	QA Process – #4-b	1	3		
12	QA Process – #4-c	1	3	1	1
13	MAT – #5-a				
14	MAT – #5-b	1	3	1	1
15	MAT – #5-c	2	3	2	2
16	Continuum of Care – #6-a				
17	Continuum of Care – #6-b				
18	Continuum of Care – #6-c	1	3	1	1
	Total	10	24	8	8

Waiver Training Events- 2019

#	Training Topics	Phase I	Phase II	Phase III	Phase IV
1	Assessment of Modality Services – #1-a				
2	Assessment of Modality Services – #1-b				
3	Assessment of Modality Services – #1-c				
4	ASAM – #2-a				
5	ASAM – #2-b	1	3	1	1
6	ASAM – #2-c	2	3	2	2
7	Selective Contracting – #3-a				
8	Selective Contracting – #3-b				
9	Selective Contracting – #3-c	1	3		
10	QA Process – #4-a				
11	QA Process – #4-b	1	3		
12	QA Process – #4-c	1	3	1	1
13	MAT – #5-a				
14	MAT – #5-b	1	3	1	1
15	MAT – #5-c	2	3	2	2
16	Continuum of Care – #6-a				
17	Continuum of Care – #6-b				
18	Continuum of Care – #6-c	1	3	1	1
	Total	10	24	8	8

Waiver Training Events - 2020

#	Training Topics	Phase I	Phase II	Phase III	Phase IV
	Assessment of Modality Services – #1-a				
	Assessment of Modality Services – #1-b				
	Assessment of Modality Services – #1-c				
	ASAM – #2-a				
	ASAM – #2-b	1	3	1	1
	ASAM – #2-c	2	3	2	2
	Selective Contracting – #3-a				
	Selective Contracting – #3-b				
	Selective Contracting – #3-c	1	3		
	QA Process – #4-a				
	QA Process – #4-b	1	3		
	QA Process – #4-c	1	3	1	1
	MAT – #5-a				
	MAT – #5-b	1	3	1	1
	MAT – #5-c	2	3	2	2
	Continuum of Care – #6-a				
	Continuum of Care – #6-b				
	Continuum of Care – #6-c	1	3	1	1
	Total	10	24	8	8