

Alameda CalAIM PATH Collaborative

March 28, 2025



Agenda

Time	Agenda Item
10:00-10:05am	Welcome and Introductions
10:05-10:10am	February Meeting Recap
10:10-10:20am	Overview of SMI/SUD Population of Focus
10:20-10:30am	MCP Updates
10:30-11:00am	Provider Spotlight: Highland Bridge Clinic SUD Services
11:00-11:10am	Resources and Upcoming Events
11:10-11:30am	Office Hours and CITED Q&A

Housekeeping

February Recap

Thank you for joining us in February!

We discussed:

- Revised Community Supports Definitions
- Non-Emergency Medical Transport for Alameda Alliance members
- CITED Round 4 Funding
- Technical Assistance Marketplace

2025 Aim and Drivers

By December 2025, the Collaborative will build provider capacity to deliver high-quality CalAIM services to eligible members, as evidenced by an increased proportion of enrollees with high-quality care plans in place and an increase in care coordination among CalAIM providers.

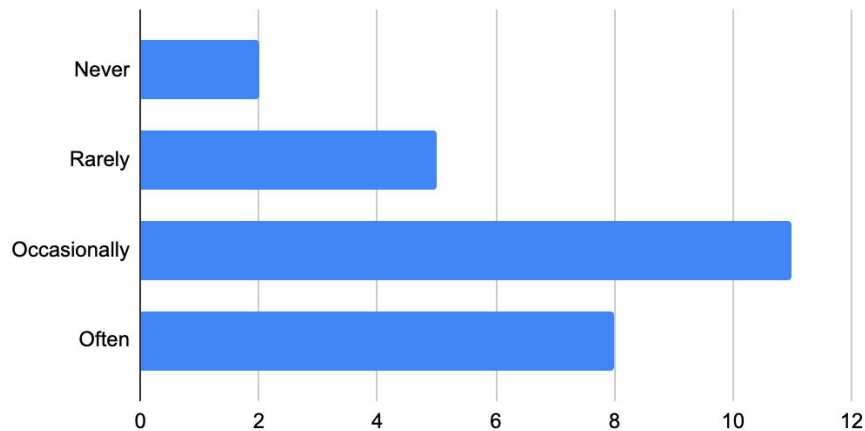
1 Ensure delivery of high quality CalAIM services through education and training on CalAIM policies and program design

2 Enhance available resources and supports to help providers deliver CalAIM services to underutilizing Populations of Focus, including children and youth

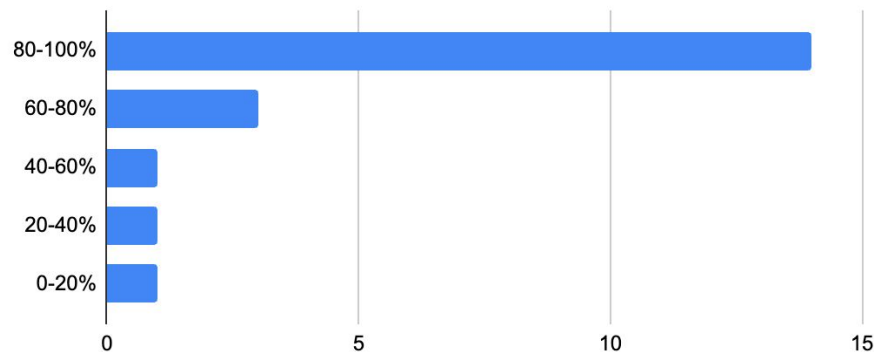
3 Strengthen relationships between providers, plans, & referral partners to enable efficient, high-quality referrals and strong care coordination

Baseline for our Aim Statement

If you are an ECM or Community Supports provider, **how often do you coordinate with other CalAIM providers** to improve care for your shared clients?



If you are an ECM provider, for what percentage of your ECM clients **do you have an active, tailored, and detailed care plan?**



ECM PoF 3: Individuals with Serious Mental Illness or SUD Needs

Eligibility Criteria: Adults

1. **Diagnosed with SMI or SUD** as defined by eligibility for participation in SMHS, DMC-ODS, or the DMC program
2. Experiencing at least **one complex social factor** influencing their health
3. One of the following:
 - a. At high risk of institutionalization, overdose, or suicide
 - b. Use crisis services, EDs, urgent care, or inpatient stays as the primary source of care
 - c. Experienced two or more ED visits or two or more hospitalizations due to serious mental health or SUD in the past 12 months

Eligibility Criteria: Children & Youth

1. **Diagnosed with SMI or SUD** as defined by eligibility for participation in SMHS, DMC-ODS, or the DMC program

Alameda Enrollment Statistics

581

Adults enrolled in the
SMI/SUD PoF in Alameda
County in Q2 2024

299

Children & Youth enrolled
in the SMI/SUD PoF in
Alameda County in Q2
2024

MCP Updates



Bridge Program at Alameda Health System

Erik Anderson, MD
Associate Director, AHS Bridge Program
Medical Director of Addiction Consult Services
Alameda Health System

Bridge experience with patient M.G.

- 65 yo F with AUD and OUD, presents at 3am to the ED in opioid withdrawal in late 2018. Experiencing homelessness, history of trauma and displacement. Frequent ED visits from 2015-2018 for assault, intoxication, or withdrawal.
 - Started on buprenorphine in the ED with improvement in symptoms and follows up in clinic two days later.
 - Has been consistently engaged with Bridge since 2018. Initially with clinic visits, then intensive outpatient program, and ongoing therapy sessions with LCSWs.
 - Currently living with her family in East Oakland and takes care of her grandchildren.
-

Medication treatment for opioid use disorder reduces the risk of death from any cause by more than 50% and represents the standard of care.

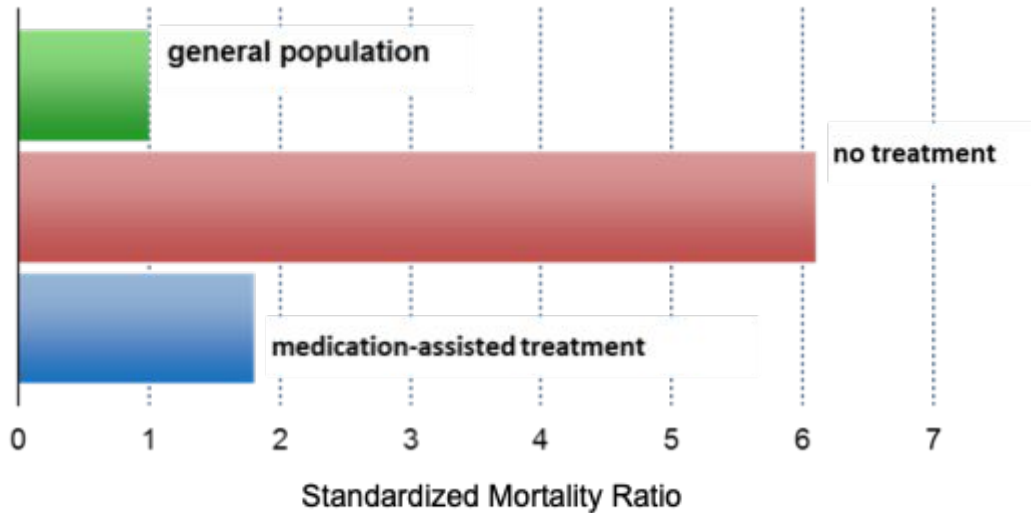
Yet, only about **1 in 5 people with OUD receive any medication treatment.**

Santo T, Clark B, Hickman M, et al. Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence: A Systematic Review and Meta-analysis. JAMA Psychiatry. 2021;78(9):979–993.

doi:10.1001/jamapsychiatry.2021.0976

Jones CM, Han B, Baldwin GT, Einstein EB, Compton WM. Use of Medication for Opioid Use Disorder Among Adults With Past-Year Opioid Use Disorder in the US, 2021. JAMA Netw Open. 2023;6(8):e2227488. doi:10.1001/jamanetworkopen.2023.27488

Buprenorphine



~50% reduction in all-cause mortality for buprenorphine or methadone

Number needed to treat 2 to prevent return to use

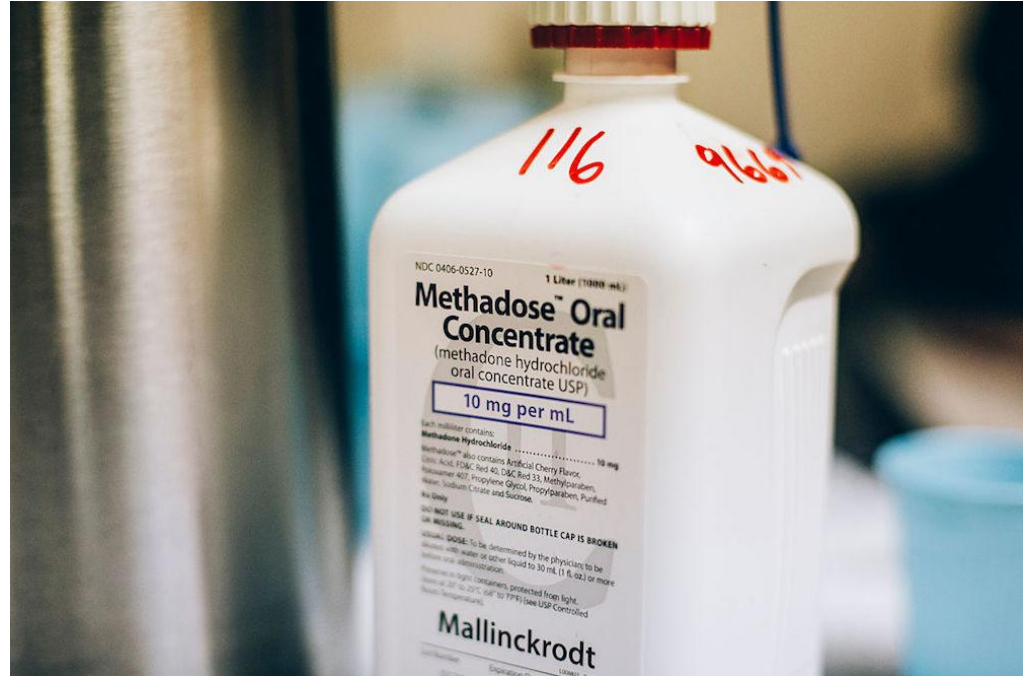
Retention in treatment, reduced transmission of HIV, HCV, daily functioning

Buprenorphine has a relatively safer initiation period, more convenient, long acting injectables

Pearce LA, Min JE, Piske M, Zhou H, Homayra F, Slaunwhite A, Irvine M, McGowan G, Nosyk B. Opioid agonist treatment and risk of mortality during opioid overdose public health emergency: population based retrospective cohort study. *BMJ*. 2020 Mar 31;368:m772. doi: 10.1136/bmj.m772. PMID: 32234712; PMCID: PMC7190018.
Santo T, Clark B, Hickman M, et al. Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence: A Systematic Review and Meta-analysis. *JAMA Psychiatry*. 2021;78(9):979–993. doi:10.1001/jamapsychiatry.2021.0976

Methadone

- 50% Reduction in all cause mortality (like bup)
- Retention is high
- Only available at licensed opioid treatment program
 - Presents barriers to engagement

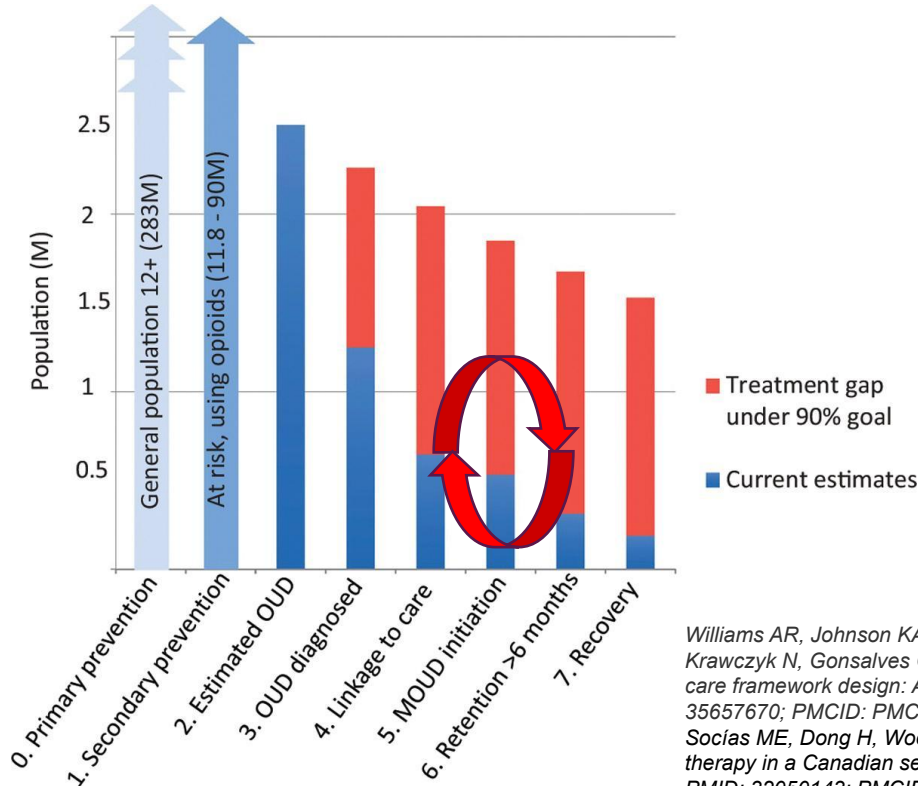


Where is the right place to offer MOUD?

- *Wherever your patient is engaging in care!*
- No wrong door
- Low-threshold access
- X-waiver eliminated
- Close the treatment gap



OUD Cascade of Care



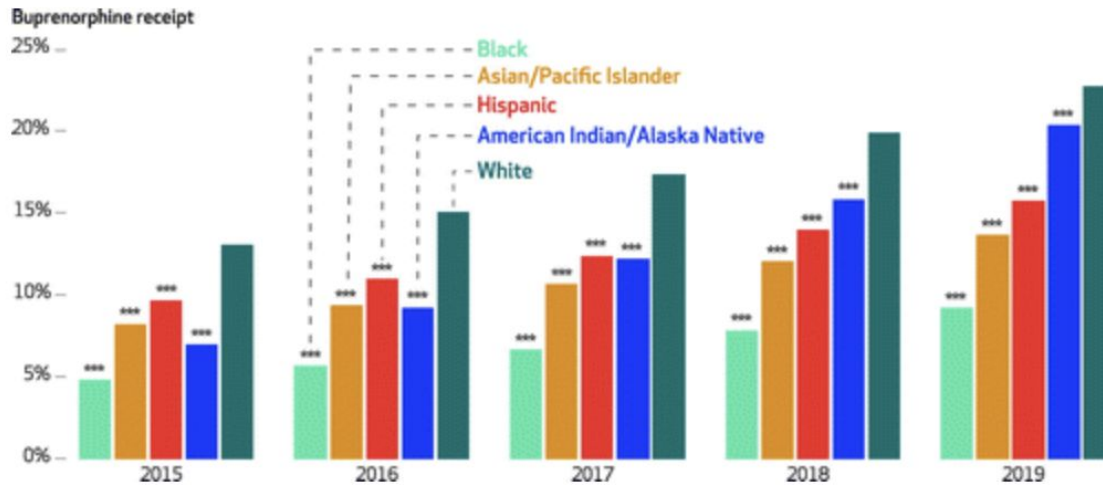
- Only **1 in 5** people treated
- SUD as a relapsing-remitting chronic condition
- Care trajectories are often non-linear

Williams AR, Johnson KA, Thomas CP, Reif S, Socías ME, Henry BF, Neighbors C, Gordon AJ, Horgan C, Nosyk B, Drexler K, Krawczyk N, Gonsalves GS, Hadland SE, Stein BD, Fishman M, Kelley AT, Pincus HA, Olfson M. Opioid use disorder Cascade of care framework design: A roadmap. *Subst Abus*. 2022;43(1):1207-1214. doi: 10.1080/08897077.2022.2074604. PMID: 35657670; PMCID: PMC9577537.

Socías ME, Dong H, Wood E, Brar R, Richardson L, Hayashi K, Kerr T, Milloy MJ. Trajectories of retention in opioid agonist therapy in a Canadian setting. *Int J Drug Policy*. 2020 Mar;77:102696. doi: 10.1016/j.drugpo.2020.102696. Epub 2020 Feb 9. PMID: 32050143; PMCID: PMC7577708.

Racial disparities in treatment access

Exhibit 1 Rates of buprenorphine receipt among Medicare disability beneficiaries with opioid use disorder (OUD) or opioid overdose diagnoses in the US, by race and ethnicity, 2015–19



Where is the right place to offer MOUD?

- *Wherever your patient is engaging in care!*
- No wrong door
- Low-threshold access
- X-waiver eliminated
- Close the treatment gap
- **Access is equity**

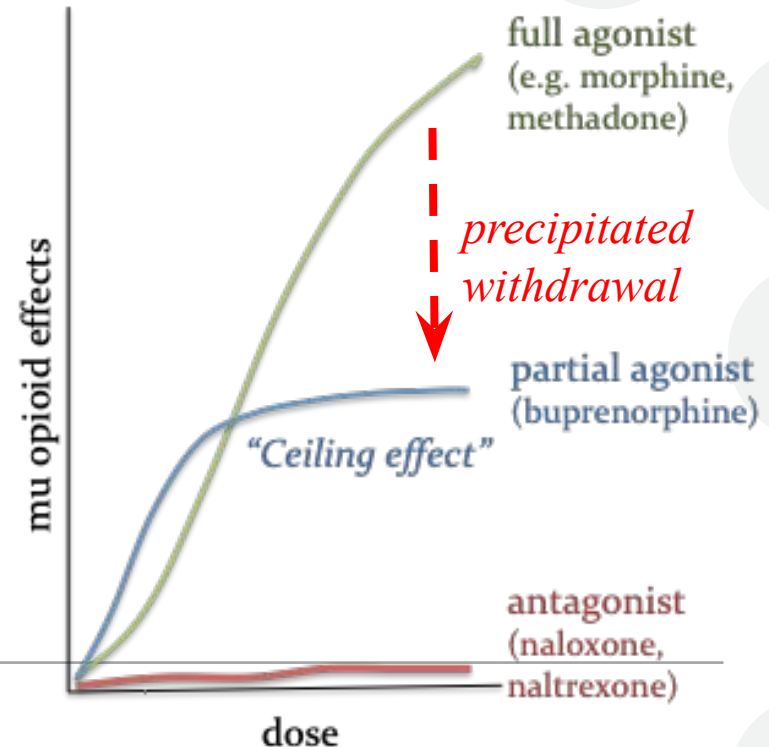


How do you talk to your patients about bup?

- “Have you heard of buprenorphine (or Suboxone)?
 - [If so] “What have you heard?”
 - Offer non-jargon explanation of the medication’s risks, benefits, alternatives, and help dispel myths
 - Walk the patient through the start process
 - Talk about contingency planning
 - Low threshold to come to ED for help
 - You don’t need to talk in depth about drug use to start bup.
-

Buprenorphine: Basic Pharmacology

- **Partial** mu-receptor agonist
 - Ceiling effect on CNS depression
- **High** affinity
 - Blocks lower affinity opioids
 - Displaces lower affinity opioids
- Long-acting
 - Half-life 24-36 hours
 - Slow receptor dissociation



Home-Based Simplified Bup Start Guide

- This and more available at <https://cabridge.org>

Wait, Withdraw, Dose

Starting Buprenorphine (Bup), "Subs," Suboxone

- 1 Plan to take a day off and have a place to rest.
- 2 Stop using and wait until you feel sick from withdrawals (at least 12 hours is best).
- 3 Dose an 8mg tablet or strip **UNDER** your tongue.
- 4 Repeat dose (another 8mg) in an hour to feel well.
- 5 Start 16mg per day the next day.

If you have started Bup before:

- If it went well, that's great! Just do that again.
- If it was difficult, talk with your care team to figure what happened and find ways to make it better this time.

If you have never started Bup before:

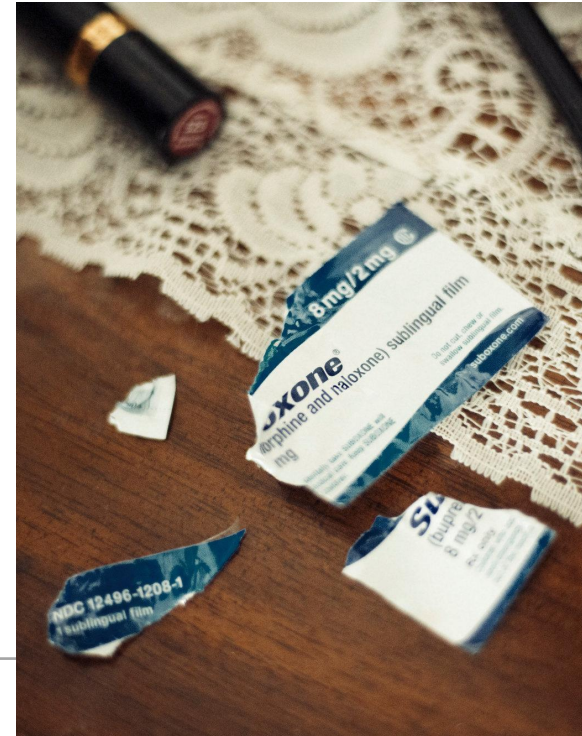
- Gather your support team and if possible take a "day off."
- You are going to want space to rest. Don't drive.
- Using cocaine, meth, alcohol or pills actually makes starting Bup harder, but that is up to you. Be safe.



Place dose under your
tongue (sublingual).

Buprenorphine formulations

- **Buprenorphine HCl tablets** = “monoproduct” = Subutex
- **Buprenorphine/naloxone films or tablets** = Suboxone
 - Naloxone is minimally absorbed sublingually, and has nothing to do with precipitated withdrawal (very common misconception)
- **Buprenorphine-XR subcutaneous injection** = Sublocaden or Brixadi
 - Weekly or monthly formulations
- **Buprenorphine transdermal patch** = Butrans (brand)
 - Doses are very small (5-20 mcg/hour)
 - FDA approved for pain only, not OUD



A close-up photograph of a medical professional's hand wearing a blue nitrile glove, holding a syringe and injecting a clear liquid into a patient's arm. The patient's arm is resting on a dark surface. In the background, another person's hand is visible, holding the patient's arm. The image has a warm, slightly blurred background. On the right side of the image, there is a decorative pattern of white-outlined circles and solid magenta circles.

An Effective Treatment for Opioid Addiction Exists. Why Isn't It Used More?

A drug called buprenorphine may be the best tool doctors have to fight the fentanyl crisis. Why hasn't it been more widely adopted?

California Today: At an Oakland Hospital, a New Way to Treat Opioid Addiction

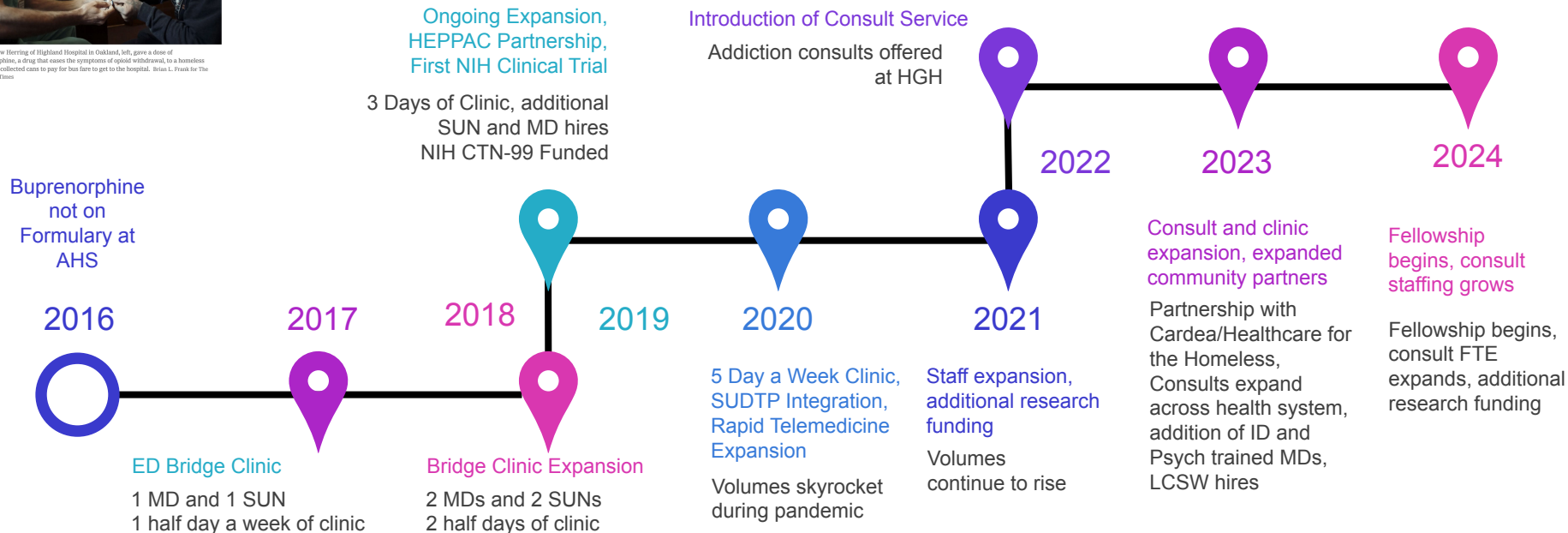
Share full article



Dr. Andrew Biering of Highland Hospital in Oakland, left, gave a dose of buprenorphine, a drug that eases the symptoms of opioid withdrawal, to a homeless man who collected cans to pay for bus fare to get to the hospital. Brian L. Frank for The New York Times

Bridge Program AHS

Expansion of services to meet patient needs



Substance Use Navigators
Low-Threshold Clinic
Consult and Acute Care Integration
Community Partners
Education
Quality Initiatives with Equity Focus
Research

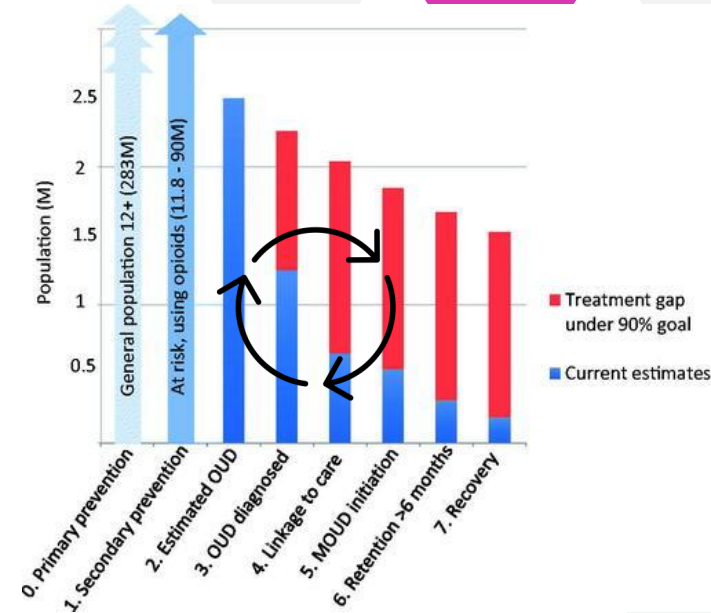
Multi-disciplinary Team



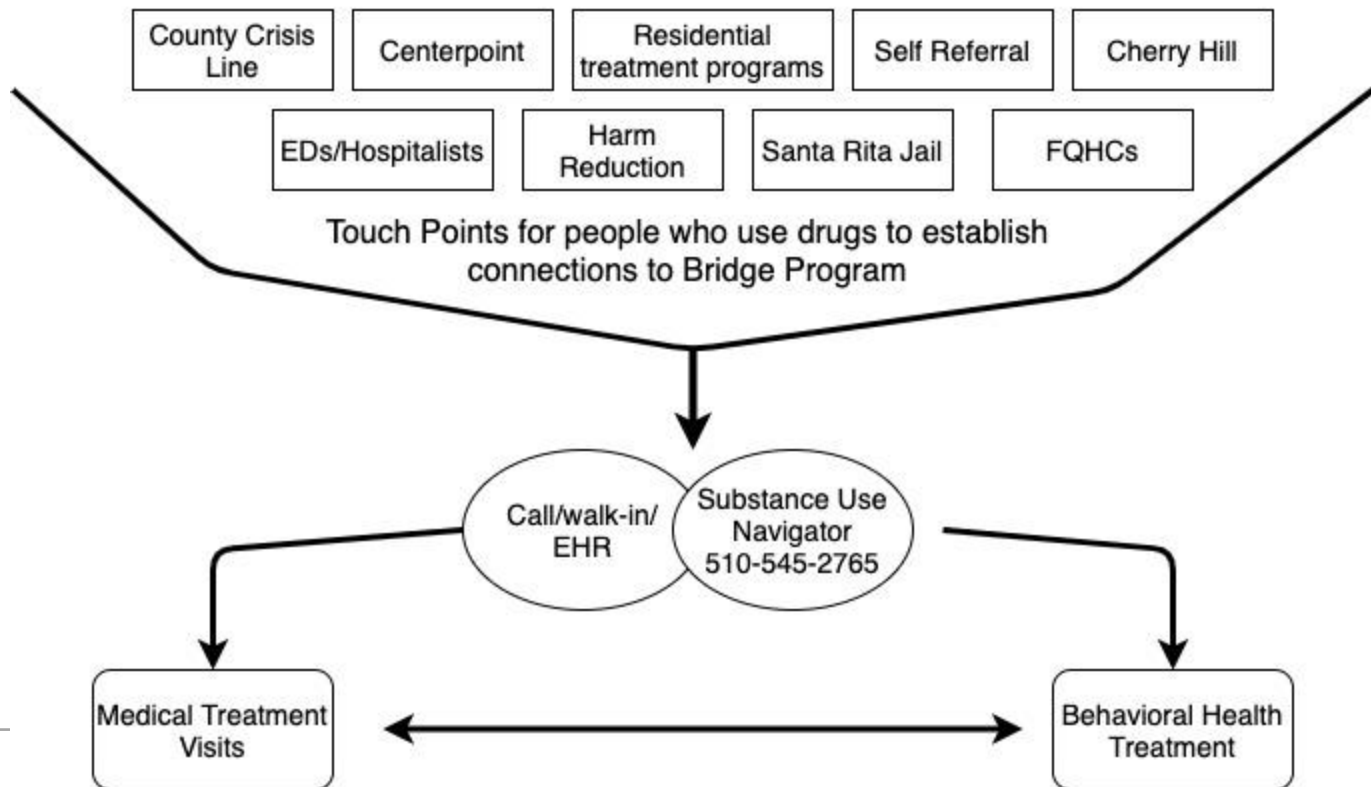
Service Line Director
Addiction Medicine Physicians
Pharmacy
Advanced Practice Providers
Licensed Clinical Social Workers
Substance Use Navigators
HEPPAC Harm Reduction Partnership

No Wrong Door for Addiction Treatment

- Treatment offered wherever patients interact with system
- De-silo clinical teams
- Ensure low-threshold access to *both* longitudinal and drop-in addiction treatment
- Embrace the continuum of care



Bridge Program Overview



Substance Use Navigators (SUN)

- Formal Partnership with HIV Education and Prevention Project of Alameda County (HEPPAC)
- Supports a Harm Reduction Framework for Bridge Program
- SUNs float between hospital, clinic, and SSP settings
- Informed by Whole Person Care model



From left: Donte Franklin, Montesha Williams, and Alexis Milligan work at Highland Hospital's Bridge Clinic, which treats substance use disorders, including opioid and meth addictions. Credit: Amir Aziz



Bridge Clinic

- Low-Threshold Care M-F
 - No appointment needed, no insurance requirements
 - Telemedicine or In-person
 - Co-located with Intensive outpatient program
 - Clinicians, CHWs, LCSWs, SUNs, Mas
 - Drop-in and longitudinal care
-

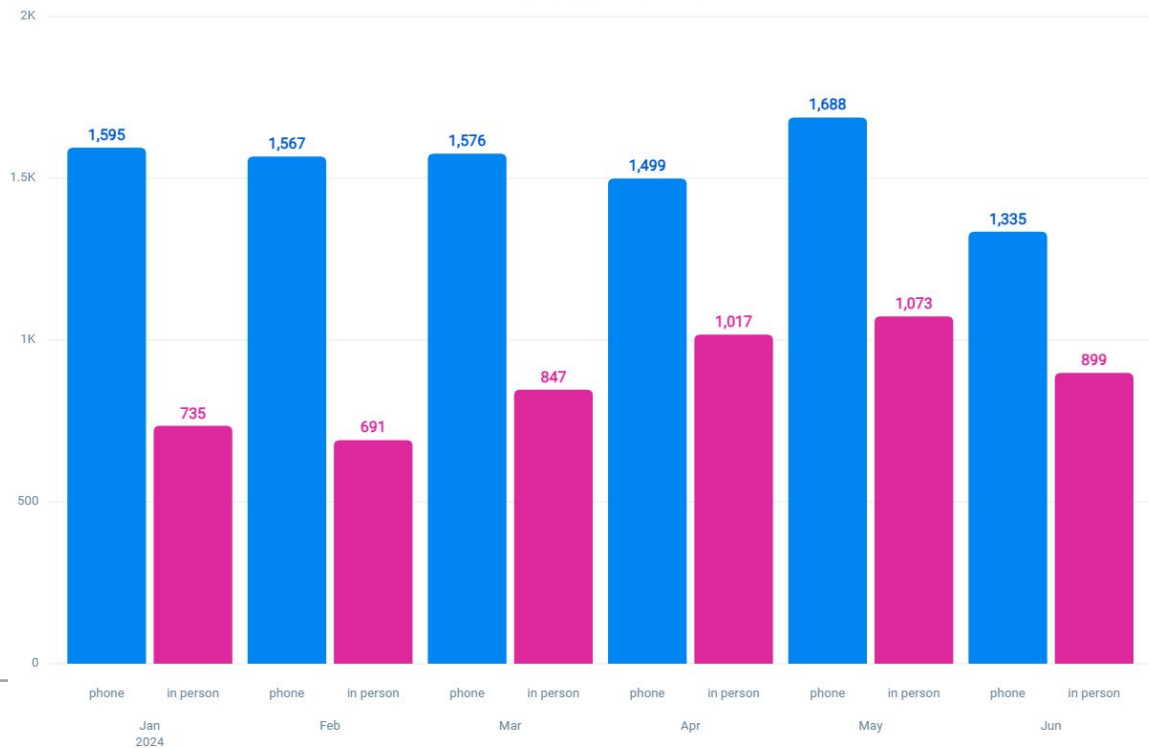
Low-Threshold Bridge Clinic: Patients are Voting with Their Feet



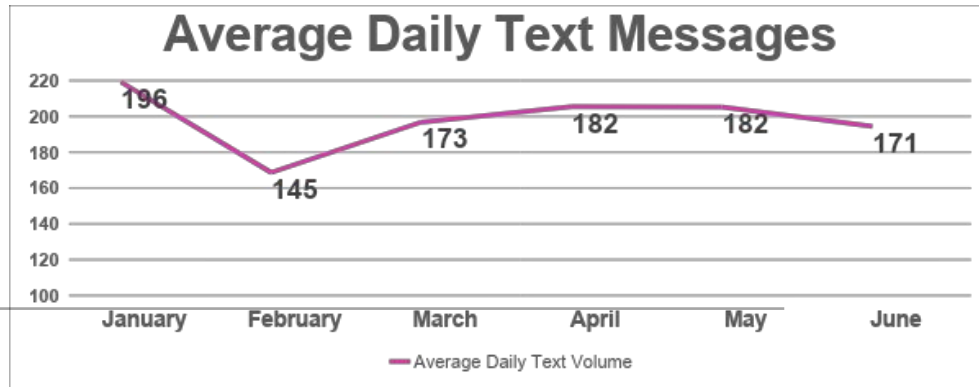
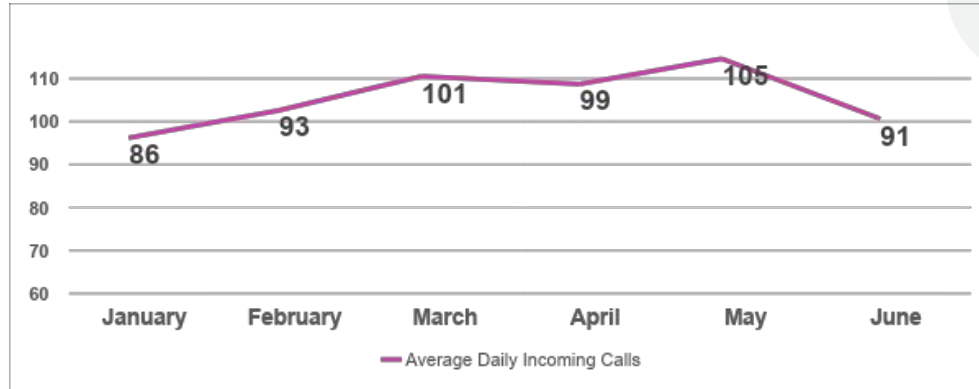
In-Person and Telehealth

Number of Visits by Visit Type

Between 1/1/2024 and 6/30/2024 by month



SUN Line: Available for calls or texts



Addiction Consult Service

- ED and Inpatient settings
 - 3 Acute hospitals, 1 Psychiatric hospital, 2 SNFs
 - Proactive consults
 - Aims:
 - Link to outpatient care
 - Initiate medications in the hospital
 - De-stigmatize SUD treatment with harm reduction framework
-

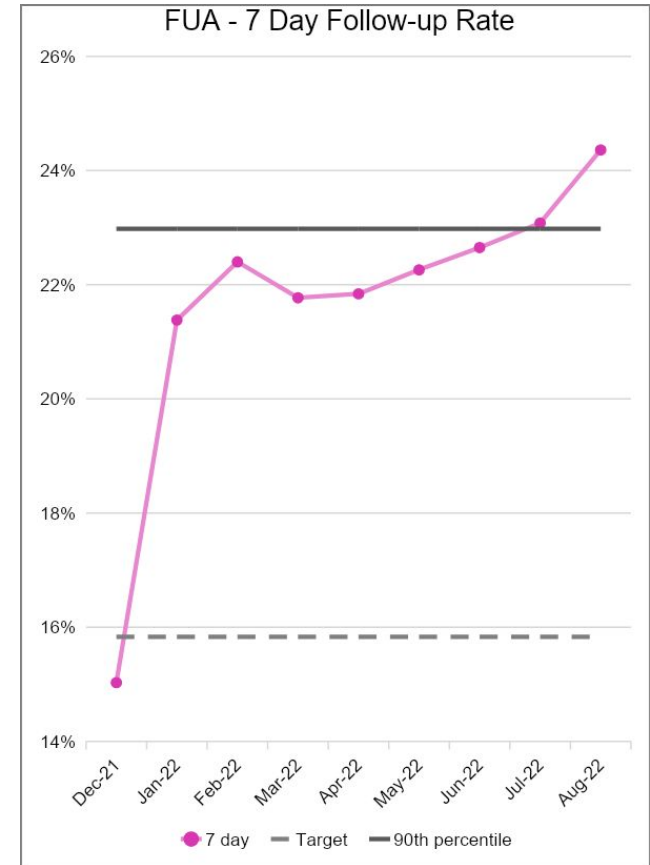


Addiction Consult Teams

- ***Decrease all-cause and overdose mortality***
- Improve MAT rates for patients with SUD
- Increase linkage to outpatient services
- Decrease hospital length of stay, re-admissions, ED recidivism
- Are cost effective (*10% of standard "willingness to pay" benchmark*)
- Improve health disparities at population health level
- Improve provider satisfaction

Quality and Equity

- Quality Metrics align with program goals
- Partnerships with QIP allows for access to data to ensure quality and equity
- QIP supplemental revenue can support safety net hospitals



Education

- Multidisciplinary fellowship started 8/2024
 - First ACGME Fellowship hosted by AHS
 - Resident and student rotators throughout the year
 - Institutional GME support and support for quality programs
-



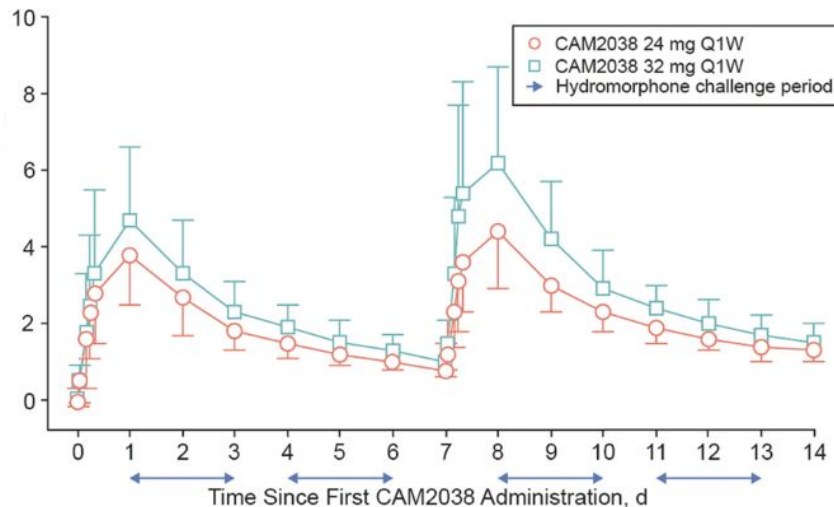
Research participation helps safety-net patients and institutions

High indirect rates support program expansion

Financial incentives for patients

Early access to cutting edge treatments

Clinical Trials Network (CTN)



Keys to Growth



Commitment to low-threshold clinic ensures access for all patients



Partnership with Quality Metrics



Data driven “asks” for program expansion



Educational programs and institutional buy-in



Investment in federally funded research

Thank you!



Upcoming Events

Register for Upcoming Trainings

New Hire Academy

In Person

April 1 & 2

8:30am - 4:30pm

Social Determinants of Health

On Zoom

April 24 | 1-3pm

Crisis De-Escalation and Management

On Zoom

May 13 | 1-3pm

Email TDU@ucsf.edu
with any questions.

Register here:



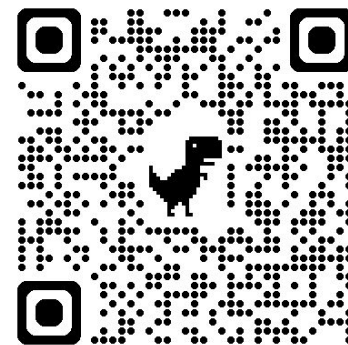
Children and Youth Workgroup

April 8, 2025 | 11:00am - 12:00pm
Join us on Zoom!

Objectives:

- Enable outreach, referrals, and enrollment for children into ECM and Community Supports
- Spotlight best practices in youth services
- Develop resources to connect foster youth to CalAIM services

Register now:





Senior Wellness Fair

March 28, 2025
 12:30am-2:30pm

St. Columba Catholic Church
6401 San Pablo Ave,
Oakland, CA 94608

**"You're Invited! A Free Wellness Fair for Seniors
– Community, Fun & Free Lunch!"**

Join us at the free wellness fair to explore your Medi-Cal benefits, enjoy free lunch and participate in workshops. Socialize with fellow seniors, discover valuable resources, and have fun learning together! Pre-register now for free lunch and transportation options!

What You'll Gain from the Fair!



Learn about Medi-Cal Eligibility, Coverage, and Enrollment Assistance.



Discover New Health Resources and Learn How to Access Them.



Make Friends, Build Connections, and Explore Wellness.



Explore What's New in Tech and Unleash Your Creativity.



Attend Sessions & Learn How to Protect Yourself from Financial Frauds & Prevention.



Learn About Home Security & Smart Preparations for Your Safety.

Register Here!



bit.ly/4kbFR7p



CENTER FOR ELDER'S
independence



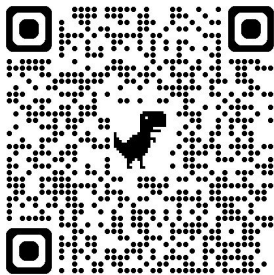
For questions and to register, please contact (925) 905-1662 gabby.agar@bluepath.health.com

Poll

*Please share your feedback
about today's meeting!*

2025 Collaborative Schedule

Join us on Fridays in 2025!



Register today to
add the meetings
to your calendar!

[Add to Calendar\(.ics\)](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)

To edit or cancel your registration details, [click here](#).

Please submit any questions to: info@connectingforbetterhealth.com.

WAYS TO JOIN ZOOM

Join from PC, Mac, iPad, or Android

Join Meeting



Meeting Calendar

January 31 (Fifth Friday for In-Person
Networking Lunch)

February 28

March 28

April 25 (In-person)

May 23

June 27

July 25 (In-person)

August 22

September 26

October 24 (In-person)

November 21 (Third Friday)

December 12 (Second Friday)

See you in person next month!

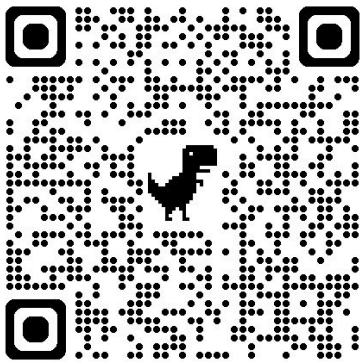
April 25, 2025

10:00am - 12:00pm

*Join us in person at
Alameda Alliance*

Lunch will be provided

Register now:



Thank you for attending!

Appendix

Overview of CITED Round 4

What is PATH CITED?

- The CITED Initiative provides grant funding to enable the transition, expansion, and development of ECM and Community Supports capacity and infrastructure.
- Eligible applicants who would like to receive CITED funding must apply and submit a funding request to the TPA that describes how they intend to use CITED funding to support the delivery of ECM and Community Supports.

Eligibility

Applicants must be an actively contracted ECM / Community Supports provider or have a signed attestation that they intend to contract to provide these services in a timely manner.

Applicants may include, but are not limited to:

- County, city, and local government agencies
- Tribes, Tribal health care providers, Indian Health Clinics/Programs, or Urban Indian Organizations
- Hospitals or Hospital-Based Clinics
- Primary Care Providers, or Specialist Providers
- Community Based Organizations (CBOs)
- Adult Day Health Centers and/or Home Health Agencies
- Federally Qualified Health Centers (FQHC)
- Others as approved by DHCS

Allowable Uses of CITED Funding

Allowable uses of funding include, but are not limited to:

- Training and Recruitment
- Salary Support for New and/or Existing Positions
- Modifying, purchasing and/or developing the necessary referral, billing, data reporting or other infrastructure and IT systems, to support integration into CalAIM
- Evaluating and monitoring ECM and Community Supports service capacity to assess gaps and identifying strategies to address gaps
- Developing a plan to conduct outreach to populations who have traditionally been under-resourced and/or underserved to engage them in care
- Other uses as approved by DHCS

Priorities for Funding

State priorities for funding include:

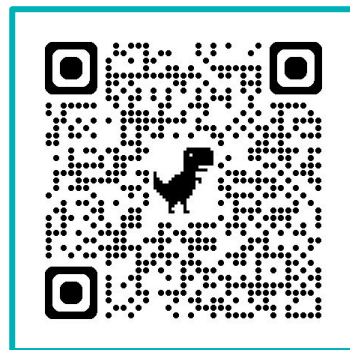
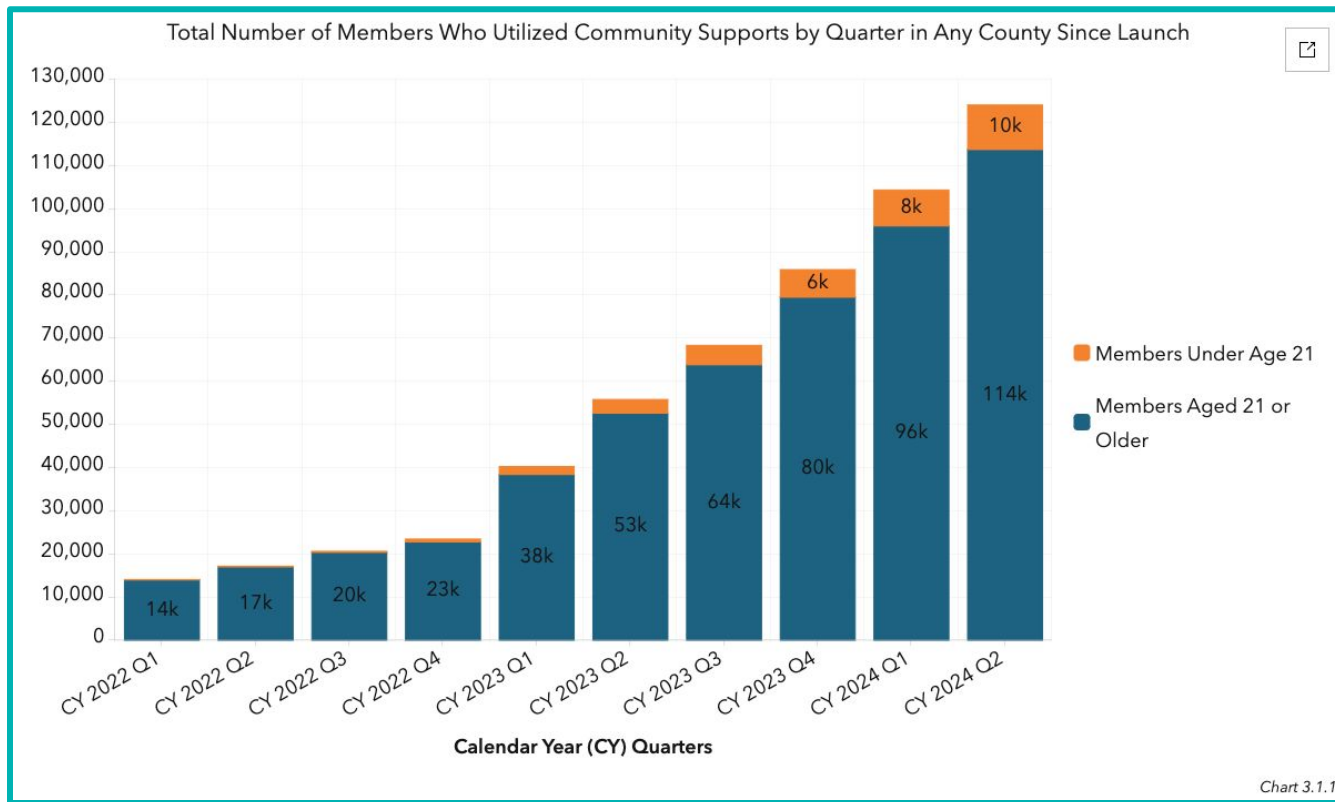
- County-Specific ECM/Community Support gaps
- Statewide ECM/Community Support gaps
 - Birth Equity, Justice-Involved, and Transitional Rent
- Tribal Entities or other entities serving tribal members
- Rural counties
- Entities operating in counties with lower funding in prior CITED rounds
- Entities serving individuals whose primary language is not English
- Local CBOs
- Counties providing Transitional Rent

Data to Support your CITED Application

Q2 2024 ECM Utilization Data

ECM Populations of Focus		Adults	Children & Youth
1a	Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experience Homelessness	429	N/A
1b	Individuals Experience Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness	N/A	322
2	Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”)	738	216
3	Individuals with Serious Mental Health and/or SUD Needs	328	198
4	Individuals Transitioning from Incarceration	180	1
5	Adults Living in the Community and At Risk for LTC Institutionalization	376	N/A
6	Adult Nursing Facility Residents Transitioning to the Community	4	N/A
7	Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	N/A	68
8	Children and Youth Involved in Child Welfare	N/A	91
9	Birth Equity Population of Focus	134	5
	Total	2,189	901

Explore more ECM and Community Supports Data







Check out available resources



Reference Materials



Resources compiled to provide additional information or quick facts on a given topic.



 [CITED-IGT Progress Report Guidance](#) 
03/21/2025



 [CITED Round 4 Information Session Slides](#) 
02/06/2025



 [CITED Round 4 "How to Make Your Grant Application Stronger" Part 2 Slides](#) 
02/04/2025



 [CITED Round 4 "How to Make Your Grant Application Stronger" Part 2 Webinar](#) 
02/04/2025



 [CITED Round 4 Transitional Rent Webinar Slide Deck \(PDF\)](#) 
01/28/2025

 [PATH CITED Transitional Rent Letter of Support Guidance](#) 
01/17/2025



 [PATH CITED Transitional Rent Letter of Support Template](#) 
01/17/2025

 [CITED Round 4 "How to Make Your Grant Application Stronger" Part 1 Slides](#) 
01/17/2025

 [CITED Round 4 "How to Make Your Grant Application Stronger" Part 1 Webinar](#) 
01/17/2025

 [CITED Progress Report Guidance](#) 
01/15/2025

 [CITED-Clinics Progress Report Guidance](#) 
01/15/2025

 [CITED Round 4 Information Session Webinar Recording](#) 
01/08/2025

[View More Reference Materials](#)

CITED Round 4 Office Hours

Monday, April 10
10:00am-11:00am

Register Here:

