Improving Care for Patients with Substance Use Disorder

Summary Report of the California Residency Program Collaborative (CRPC)
2019 – 2024

Supported by:
California Department of Healthcare Services
California MAT Expansion Project

Prepared by:
California Academy of Family Physicians (CAFP) and California Academy of Family Physicians Foundation (CAFP-F)

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1. Summary of Key Accomplishments and Highlights

Over three sequential rounds from 2019 to 2024, the Department of Health Care Services (DHCS) funded the California Residency Program Collaborative (CRPC) to build capacity among graduate medical education programs to improve the prevention, identification, and treatment of Substance Use Disorder (SUD), including opioid use disorder (OUD) and stimulant use. Across CRPC-1, CRPC-2, and CRPC-3, the initiative engaged 43 separate residency programs (total of 68 residency grants were provided) in integrating SUD-related care into clinical training and practice thereby expanding workforce capacity and improving patient care. Each cohort demonstrated meaningful and scalable progress resulting in better patient care. The California Residency Program Collaborative (CRPC) was designed as a multi-disciplinary, multi-site learning initiative, grounded in education, practice transformation, and community engagement. Across all three grant cycles, CRPC combined expert guidance, peer support, and actionable tools to empower residency programs to make measurable improvements in care for patients with SUD.

CRPC-1 launched just before the COVID-19 pandemic. We all had to adapt quickly to virtual engagement while supporting our 27 residency programs that included Family Medicine, Internal Medicine, and Obstetrics across urban and rural regions of California. The primary aim was to build foundational knowledge and infrastructure for training future physicians in the prevention, identification, and treatment of opioid use disorder (OUD) and other SUDs.

Program
Kaiser Permanente Orange FMRP
Loma Linda FMRP
PIH Health FMRP
San Joaquin-SJGH FMRP
Ventura FMRP
Kaiser Permanente Napa/Solano FMRP
John Muir Health FMRP
Family Health Center FMRP
Kaiser Permanente Santa Rosa FMRP
UC Davis FMRP
UC Davis OBRP
Adventist Health FMRP
Emanate Health FRPM
UC Davis IMRP
Natividad FMRP
Valley-Stanislaus FMRP
Scripps Chula Vista FMRP
Sutter-Santa Rosa FMRP
Kaiser Permanente San Diego FMRP
UC San Diego IMRP
Contra Costa FMRP+OBRP
Olive View-UCLA IMRP
USC-Keck IMRP
Stanford-O'Connor FMRP
Kaiser Permanente San Jose FMRP
UC San Diego FMRP
UCSF-Fresno FMRP

Even in a challenging environment, key outcomes included widespread implementation of screening and brief intervention tools (SBIRT), use of clinical decision support tools, and establishment of workflows for warm handoffs to SUD treatment services. Several programs integrated Prescription Drug Monitoring Program (PDMP) checks and universal screening protocols into daily practice. Additionally, over 280 residents and faculty members completed X-waiver training, significantly expanding the workforce prepared to prescribe medications for opioid use disorder (MOUD). The training is estimated to have affected 4,600 patients in California.

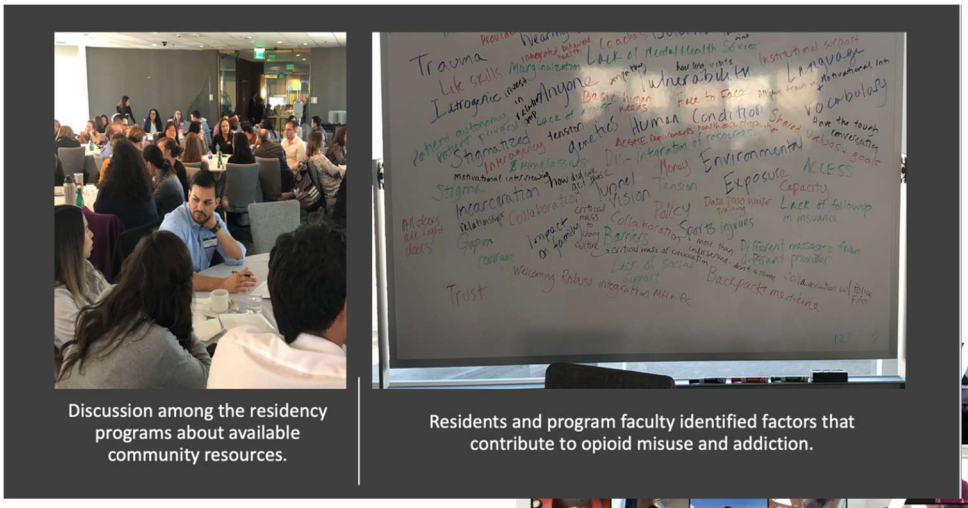
One hallmark of CRPC-1 was the focus on faculty development. Nearly all grantee sites reported that core teaching faculty developed stronger competence in addiction medicine, resulting in the integration of SUD care topics into didactics, case-based teaching, and direct supervision. As a result, 71 percent of programs reported introducing entirely new SUD training elements into their curriculum, and 82 percent saw increased expertise among teaching faculty. Many programs leveraged CRPC resources to train faculty in trauma-

informed care, harm reduction, and motivational interviewing, which led to more patient-centered, stigma-sensitive encounters.

Equally significant were the interprofessional collaborations sparked by CRPC-1. Programs formed new relationships with county departments of public health, behavioral health services, and community-based SUD providers. These partnerships not only enabled continuity of care for patients referred to treatment but also enhanced residency training by facilitating rotations and shadowing experiences at SUD treatment sites. Several programs initiated monthly interdepartmental case conferences, bringing together internal medicine, family medicine, OB/GYN, and psychiatry trainees to co-manage patients with complex SUD needs.

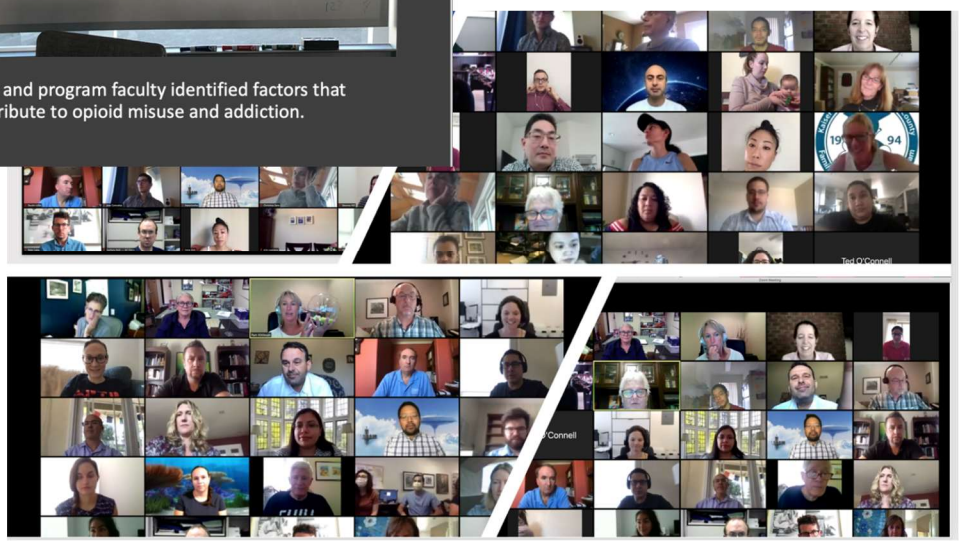
Many CRPC-1 participants emphasized that the most lasting impact was cultural change—both within their institutions and personally. Faculty and residents reported shifting from a punitive or stigmatized view of SUD to one grounded in compassion, evidence, and public health principles. One program director reflected:

> ***"This project reshaped how we think about patients with addiction—not as 'noncompliant' but as people living with a chronic, treatable disease. That insight changed everything."***



Discussion among the residency programs about available community resources.

Residents and program faculty identified factors that contribute to opioid misuse and addiction.



CRPC-2 expanded the model to include Pediatrics, Emergency Medicine, and Psychiatry residency programs. Building on the success of CRPC-1, CRPC-2 provided grants to an additional 16 CA residency programs supported by diverse institutions such as FQHCs, community hospitals, and academic medical centers. This cohort focused on deepening faculty engagement, expanding interprofessional clinical training, and addressing stigma and treatment gaps in maternal and mental health contexts.

Key accomplishments included:

BLUE: Knowledge-based clinical content	RED: Process-based practice/program content	GREEN: QI/PI-based content
All BLUE content will follow the same format: 30-minute presentation, using a standardized slide deck, with each speaker will be required to provide learning objectives, and provide at least three tools-resources for the resource center. The presentation will be video-captured for use in any of the delivery vehicles.	All RED content will follow the same format: 20-30 minute interviews, with a faculty member as moderator and a speaker/faculty providing a 10-15 minute commentary, and the moderator spending 10-15 minutes asking questions based on the discussion. The moderator and/or speaker will be required to provide at least two tools-resources for the resource center. The interview will be video-captured for use in any of the delivery vehicles.	IPMA will take the lead on the development of the GREEN content. The three modules will be part of Homeroom and will flow from the QI work done with the programs. Tools-resources will be provided for each module as well.
Addiction as a brain disease	Motivational interviewing	QI Basics
Identifying and screening for OUD	Process of receiving a Drug Addiction Treatment Act of 2000 waiver (x-waiver)	Quality measures
MAT and its utility in treating OUD	Community resources and building community plans	QI strategies
SUD treatment modalities and levels of care	Spread post residency – what are you going to do after you graduate?	
Stimulant use disorder treatment and modalities	Module based on pre-assessment needs for the programs	
Recovery trajectories	Telehealth	
MAT and SUD treatment programs and resources		
The role of abstinence in OUD treatment and recovery		
Special populations (pregnant patients, elderly, etc.)		
Pain management for patients with addiction		

Curriculum Development: All 12 programs implemented a trauma-informed, DEIA-grounded SUD curriculum aligned with ASAM competencies. Nine programs fully met the curriculum milestone, and three others made substantial progress toward it .

Faculty Development: Most programs achieved their goal of training at least 80% of core teaching faculty in SUD-related care. Faculty development focused on building comfort with medication-assisted treatment (MAT), motivational interviewing, and stigma reduction .

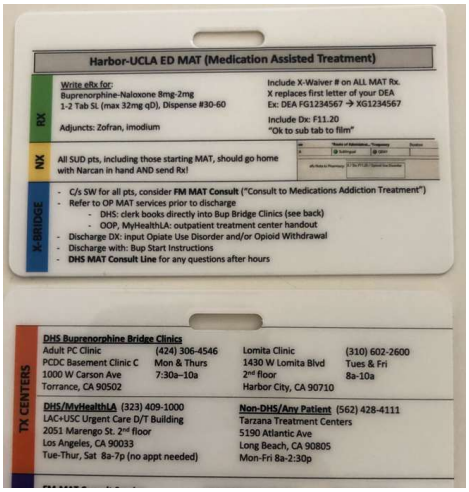
Resident Training: Residents engaged in both didactic and clinical experiences, with many participating in longitudinal clinics or continuity care with patients experiencing SUD. At least 11 programs demonstrated sustained resident learning, often integrating case discussions and interprofessional care models.

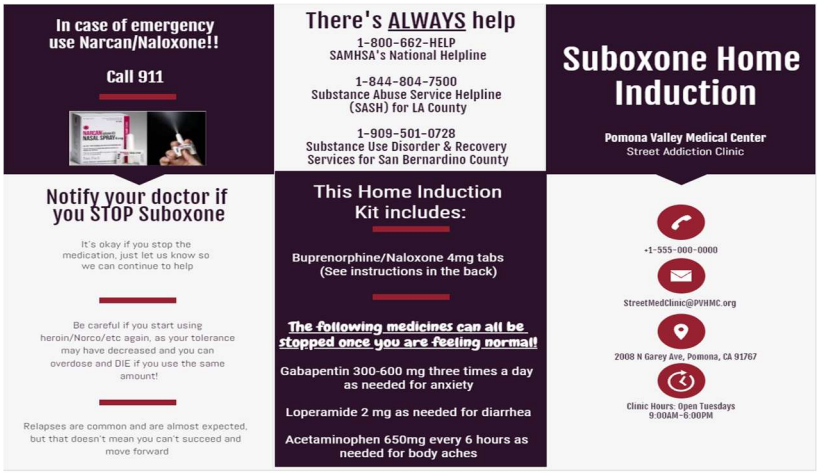
Partnerships and Systems Change: Programs formed new or deepened existing collaborations with behavioral health departments, public health agencies, and community SUD providers. This interdepartmental integration facilitated better patient care pathways and helped sustain curricular and clinical innovations.

Innovative Resident Projects: Residents led diverse projects including opioid stewardship, QI efforts, and patient education which often became part of required training activities and aligned with institutional priorities. Many grantees developed dashboards to track screening rates, naloxone distribution, or MOUD prescribing, providing the foundation for ongoing evaluation even beyond the grant period.

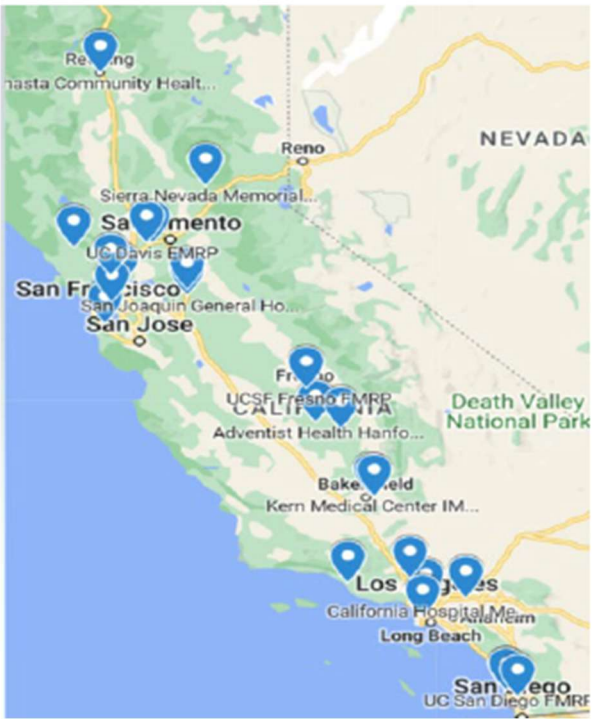
Programs repeatedly emphasized how CRPC-2 fostered transformational learning among trainees. In exit surveys and testimonials, residents described how the curriculum and clinical exposure helped them move from discomfort or avoidance to confidence and advocacy in treating SUD. One OB/GYN resident shared:

"Before this, I felt helpless when I saw a pregnant patient using substances. Now I feel like I have the tools to support them without judgment and connect them to real help."





CRPC-3 supported 25 California residency programs, several of which received prior CRPC grants. 16 Family Medicine, 4 Emergency Medicine, 2 Internal Medicine, 1 Psychiatry, 1 FM/Pediatrics, 1 IM/FM program were awarded grants in 2022–2024 to strengthen training and care for patients with SUD, OUD and stimulant use. This final cohort improving SUD care emphasized health equity, anti-racism, and community engagement while building longitudinal educational models that are sustainable and integrated into care systems.



2023-2024 CRPC 3 grantees:

- Adventist Health Hanford FMRP
- Adventist Health Tulare FMRP
- Alameda Health System/ Highland Hospital EMRP
- California Hospital Medical Center FMRP
- Contra Costa Regional Medical Center FMRP
- County of San Mateo/San Mateo Psych RP
- KP Vallejo FMRP (Fourth Second: One Love Vallejo Mobile Health)
- Harbor UCLA FMRP + PEDs RP
- Harbor UCLA IMRP + FMRP
- Kaiser Permanente Santa Rosa FMRP
- Kaiser San Diego FMRP
- Kern Medical Center IMRP
- Olive View-UCLA Medical Center EMRP
- Pomona Valley Hospital Medical Center FMRP
- Rio Bravo FMRP
- San Joaquin General Hospital FMRP
- Shasta Community Health Center FMRP
- Sierra Nevada Memorial Hospital FMRP
- St Joseph's Stockton EMRP
- UC Davis EMRP
- UC Davis FMRP
- UC San Diego FMRP
- UC San Diego IMRP
- UCSF Fresno FMRP
- Ventura County Medical Center FMRP

Highlights and Innovations:

Sustainability and Systems Change

Several programs advanced care through practice transformation, embedding SBIRT (Screening, Brief Intervention, and Referral to Treatment), expanding access to naloxone and MAT, and revising EMRs to support behavioral health integration. Programs secured institutional support and leveraged county and health plan partnerships to sustain educational and clinical improvements beyond the grant period.

Equity and Anti-Racism Integration

Every CRPC-3 program received training in cultural humility, health equity, and anti-racism, and most adopted new curricula or partnerships with community organizations to better address structural racism and health disparities. Programs embedded trauma-informed care principles and racial equity into resident education, care models, and faculty development.

Curriculum and Clinical Practice Transformation

Programs developed and sustained multi-year SUD curricula aligned with ACGME milestones and offered residents hands-on training in treating AUD and other SUDs across inpatient, outpatient, and emergency care settings. Innovations included interprofessional street medicine rotations, culturally responsive behavioral health interventions, and early faculty training on harm reduction.

Stigma Reduction and Faculty Development

Faculty and residents engaged in stigma-reduction workshops and expanded MAT training to normalize SUD care. One program integrated stigma-focused training into onboarding and ongoing residency didactics.

Impact

CRPC-3 advanced a comprehensive, equity-centered approach to training the next generation of physicians in addiction care. Graduates are entering practice prepared to deliver compassionate, evidence-based care to patients with use disorders and to lead systems change that reduces stigma and improves access to treatment.

"Two of our faculty fellows are engaged in revisiting the conversations with local CPS to destigmatize and improve care for patients with SUD in the perinatal period."

"I knew I was impressed with these grantees before but after seeing them present the highlights of their accomplishments at the convocation, I am absolutely floored!" ~ Jean Marsters, MD

Across all rounds, the CRPC catalyzed cross-sector partnerships, fostered interdisciplinary learning environments, and created lasting curricular infrastructure for SUD education. Testimonials throughout the reports highlight how the CRPC funding enabled programs to pilot innovative approaches, build interdepartmental collaboration, and advocate for structural change within their health systems.

2. Collaborative Structure and Activities

CRPC's strength lies in its thoughtful design that paired education with practice transformation, and empowering residents as change agents.

Structure:
- Three grant cycles (2019–2024)
- 43 unique grantee programs, (some participating in more than one CRPC initiative resulting in 68 residency grants awarded) representing family medicine, internal medicine, psychiatry, pediatrics, OB-GYN, and emergency medicine
- Programs spanned urban, rural, regions of California

Educational Components:
- In-person convenings for networking and learning
- Webinars on stigma, MAT, stimulant use, special populations, telehealth, engaging with community partners and more
- CAFP's learning management system (LMS) hosting 15+ enduring CME-accredited sessions
- Quality Improvement Coaching using SMART goals and PDSA cycles.

Additional supportive components include two podcast series, a patient education brochure, and MOUD champions program.

3. Grantee Outcomes and Impact

System-Level Change:

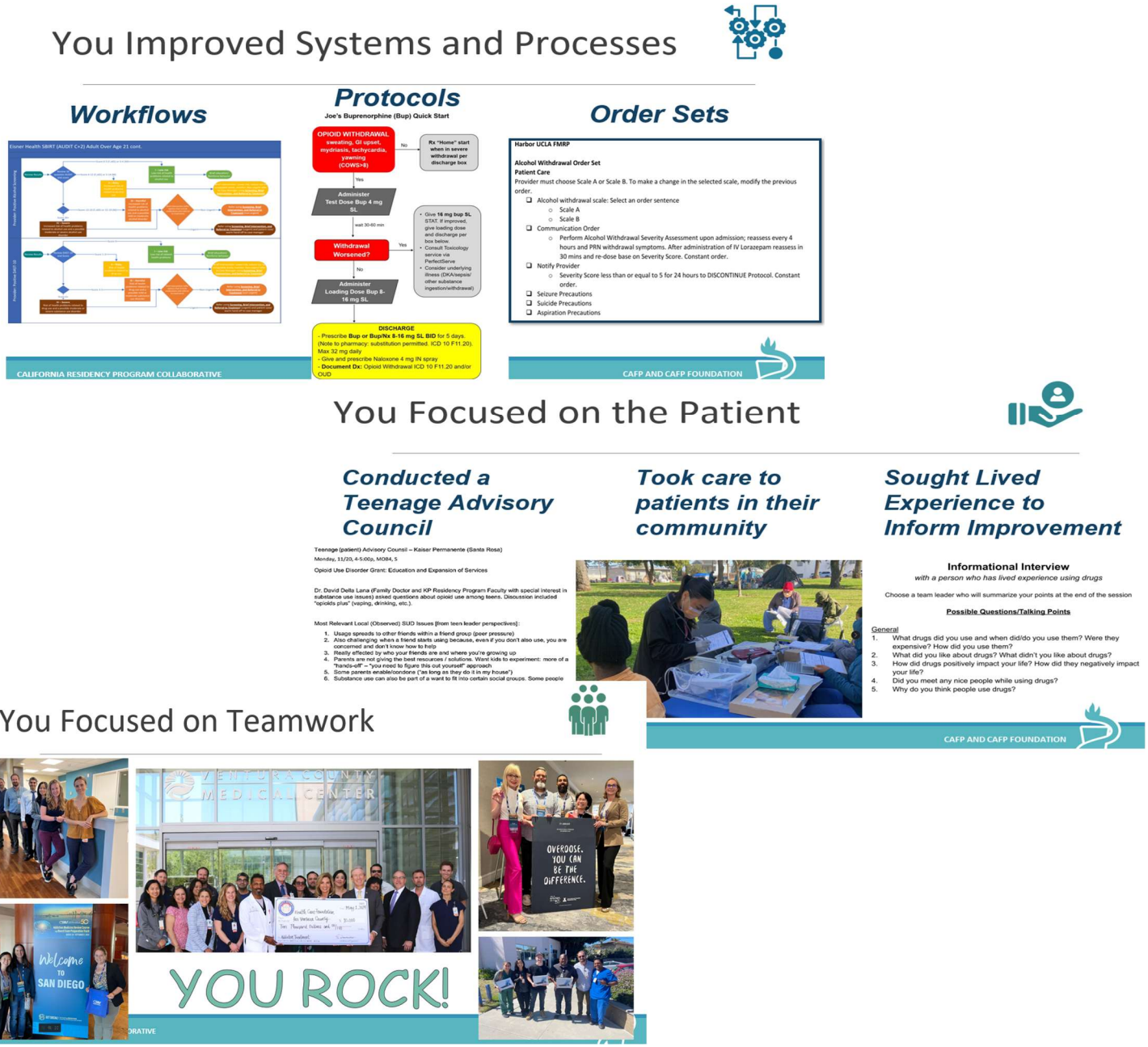
Highlights:
- 744+ physicians trained and X-waivered
- 25,000+ patients screened for SUD
- 12,500+ patients referred to recovery services
- 13,000+ units of naloxone and thousands of fentanyl/xylazine test strips distributed
- Grantees implemented transformative quality improvement projects
- Participants reported lasting cultural change, viewing addiction as a treatable disease
- CME/CE credits earned: 30+
- QI Teams enrolled: 100% participation

Outcome Themes:
- SUD Identification: EMR prompts, screening workflows, training nurses and front-line staff
- Treatment Expansion: New MAT services, addiction consults, interdepartmental protocols
- Harm Reduction: Mobile outreach, Narcan distribution, stigma education.

"One resident-initiated Naltrexone for a patient using meth daily. Four months later, he's still in recovery."

"We had no X-waivered attendings. Now 75 percent are trained and treating."

Information we provided to grantees at our final CRPC-3 convocation:



4. Lessons Learned and Reflections

Culture change is possible: Residents and faculty who entered this work with limited exposure to addiction care became passionate advocates. In many programs, SUD care is now normalized as a core clinical responsibility.

Residency is a leverage point: When residents are empowered with knowledge and leadership skills, they influence faculty, systems, and patients.

QI builds sustainability: Embedding structured QI and coaching helped teams achieve concrete gains, from launching MAT protocols to revising hospital formularies. These skills will continue to help grantees achieve practice transformation.

Addressing Stigma and Equity Must Be Central: CRPC tackled stigma directly through education, patient storytelling, and interprofessional collaboration. This work was particularly critical in serving marginalized and underserved populations.

We asked our CRPC grantees to complete this statement, "Without this Collaborative and CRPC resources, we would not have been able to…" and their replies speak volumes about the impact CRPC has had:

- **Change** a hospital and community culture surrounding substance use disorder and its associated conditions.
- **Inspire** the next generation of family physicians to view substance use disorder as a chronic, treatable disease which they can address.
- **Initiate** adolescent addiction services that provide immediate harm reduction, evidenced based SUD care and longitudinal follow up.
- **Transform** addiction education and care in our region.
- **Remove** institutional barriers for primary care physicians to prescribe Suboxone for OUD or Chronic Pain.
- **Design, deliver and sustain** a culture of low threshold MAT for Alcohol Use Disorder (AUD)
- **Seriously affect** the policies of the hospital to become MAT friendly and OUD understanding.
- **Realize** a large [unmet] diagnostic and treatment need for our clinic patients and bring new processes and resources to bear in helping meet and sustain their treatment needs.
- **Build** an energetic community of health care providers with the expertise to care for marginalized individuals while simultaneously challenging and improving the system of care.

"Culture change takes time — and support like this makes it possible."

Many of the CRPC education modules are publicly available online 24/7 on Homeroom (CAFP's Learning Management System) at education.familydocs.org/ Additional OUD/SUD resources, including podcasts, MOUD Champions Program, and more are available at familydocs.org/sud/.

5. Beyond Support for Residency Programs

PODCASTS (https://familydocs.org/podcast)

Podcast Series 1: Treating Addiction in Primary Care

We developed CAFP's first podcast series to encourage primary care providers to reach underserved people with Opioid Use Disorder (OUD) through Medication for Opioid Use Disorder (MOUD). The four episodes, launched on March 3, 2023, address the what, the why, and the how of MOUD, helping patient-facing healthcare providers recognize OUD stigma, communicate more effectively, and be more confident in choosing MOUD.

This series was not only supported by the California Department of Health Care Services (DHCS), but also the National Institute on Drug Abuse (NIDA). Below are the titles and participants in the four episodes:

- Episode 1 (186 downloads):
  The Time for Treating Substance Use Disorder Is Now
  Raul Ayala, MD & Arianna Campbell, PA-C

- Episode 2 (197 downloads):
  Break the Stigma, Save a Life
  M. Shoaib Khan, MD, Sky Lee, MD & MK Orsulak, MD

- Episode 3 (161 downloads):
  Prescribing Medication for Opioid Use Disorder
  Tipu Khan, MD & Rebecca Trotzky-Sirr, MD

- Episode 4 (460 downloads):
  Addiction Medicine is Family Medicine!
  Carol Havens, MD & Mario San Bartolome, MD

Podcast Series 2: 1 in 5 series: Stories of doctors and patients reducing harm done by Opioid Use Disorder (OUD)

In this series, 1 in 5, released in March 2024, we published five episodes that bring stories of doctors (and their patients) who have worked together to reduce the harm done by opioid use disorder (OUD). These brief stories take one into the hearts and minds of our guests. Our hope is that this will inspire physicians to do everything in their power to bring medical attention to the OUD patients they serve. The 1 in 5 series interviewer is Dr. Tipu Khan.

- Episode 1 (164 downloads):
  To Help Others Find Doctors Like You: A Patient and Her Doctor Talk MOUD - Gloria Sanchez, MD & Patient Jessica

- Episode 2 (155 downloads):
  The Beauty of the Bus: Meeting Opioid Use Disorder on the Road - Marc Lasher, DO

- Episode 3 (148 downloads):
  From ER to Primary Care: Meeting Patients Where They're At - Karen "Kay" Lind, MD

- Episode 4 (140 downloads):
  I Leaned In: One Family Doc's Story of Treating Opioid Use Disorder - Jay W. Lee, MD

- Episode 5 (131 downloads):
  Addiction Treatment and The Power of Connection - Anusha Chandrakanthan, MD

MOUD Champions Program

To build Physician confidence in providing MOUD, we developed a MOUD Champions Network. CAFP is partnering with family physicians and key organizations to help primary care providers reach underserved people with Opioid Use Disorder (OUD), paying particular attention to Medication for OUD (MOUD). We assist patient-facing health care providers connect with MOUD Champions through a CAFP-hosted Champions network.

"[My MOUD Champions] were incredible. They both went over educational resources, training materials, and how to bring success to the new SUD program at our FM Residency clinic site. I had a number of questions which they answered, to bring success to our project and practice. They helped me understand legal perspectives regarding SUD management as well. Overall, I found them to be very helpful. I hope to continue the collaboration moving forward."

MOUD Champions:
Peer Support for Physicians New to MOUD

New to Medication for Opioid Use Disorder (MOUD)? Do you have questions, or would like a knowledgeable family physician to chat with? Find a MOUD Champion to consult with.

Do you already use Medication for your patients with Opioid Use Disorder? Be a MOUD Champion and share your expertise with peers seeking to build MOUD into their practice.

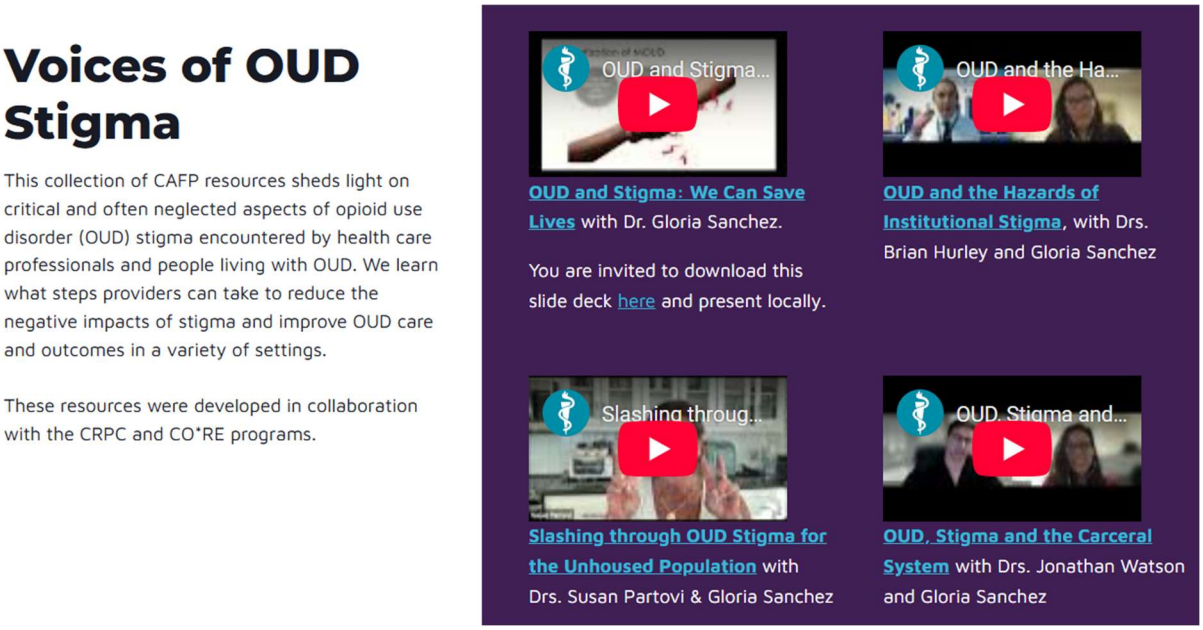
FIND A MOUD CHAMPION

BE A MOUD CHAMPION

This program is sponsored by the California Academy of Family Physicians (CAFP) and supported by the California Department of Health Care Services (DHCS).

We reached our goal of recruiting over 50 Champions to be able to counsel peers who are in nascent phases of office-based opioid treatment. Champions are publicized to our membership through our website, eNews bulletins and social media, as well as through word of mouth. Several doctors were paired with a MOUD champion over the grant period, with notable success. We also brought our MOUD Champions together virtually for "Blue Sky Thinking" time to discuss how to encourage more clinicians to provide lifesaving MOUD. Attendees reported that they connected with new colleagues and that they left the meeting with new ideas about how to encourage more physicians to provide life-saving care to their patients with SUD/OUD.

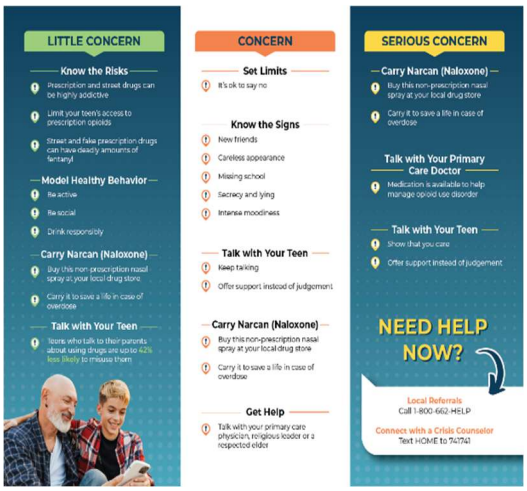
VOICES OF OUD STIGMA



These short videos can be viewed at FamilyDocs.org/SUD

PARENTS OF YOUTH AWARENESS EFFORT

Extensive research and consultation with MOUD Champions with expertise in working with youth and families led to the creation of a parent education brochure. This brochure encourages parents to engage positively with their teenage children regardless of circumstance, while remaining supportive and prepared. Brochures have already been distributed to over 400 family physicians throughout California through chapter meetings and selected PTA organizations, and state and local school board members.



6. Grantee Testimonials and Patient Stories

"This collaborative transformed our entire program's approach to addiction." — CRPC-1 Faculty Champion

"We created a new addiction rotation for residents treating incarcerated patients." — CRPC-3 Team Lead

"A resident identified methamphetamine use disorder in a man with schizophrenia and HIV. No one had offered treatment before. She initiated Naltrexone. He went from twice-daily use to complete abstinence in one week—and hasn't relapsed in four months."
— CRPC-3 Grantee

"We distributed Narcan to a mother. A week later, she used it to save her son's life after an overdose. That's what keeps us going."
— CRPC-2 Grantee, Emergency Medicine

"We met a young teen through our street outreach. She had been trading sex for fentanyl. Through CRPC, we connected her to adolescent SUD treatment and housing. She's now in school again."
— CRPC-3 Street Medicine Team

Building a Community of Practice
CRPC's collaborative model fostered solidarity and professional growth among participating programs:

"We had always siloed our OB and psych care. Through CRPC, we built bridges — literally rewrote our protocols together."
— CRPC-1 Grantee, OB-GYN Program

"Without CRPC, I wouldn't have the courage to speak in the state legislature about the barriers our young patients face. This program helped me find my voice as an advocate."
— CRPC-2 Resident Physician

"This project didn't just train doctors. It changed us." — CRPC Grantee

"Our residents now train their attendings. They see SUD treatment as part of what it means to be a doctor."
— CRPC-2 Faculty Champion

"We changed hearts and minds. We turned fear and stigma into confidence and compassion."
— CRPC-3 Program Director

CRPC represents a sustained, multi-year commitment to improving care for patients with Substance Use Disorder across the state's graduate medical education landscape. Through this initiative, residency programs not only enhanced clinical training and care delivery but also helped shift the culture of medicine toward greater compassion, equity, and evidence-based treatment of SUD.

Across all three cohorts, the work of CRPC has shown that when residents, faculty, and community partners are equipped with the right tools and support, they can transform care systems from within. The impact on patients, providers, and institutions will continue well beyond the life of these grants. As California continues to face ongoing health challenges, this collaborative serves as a model for how education, practice transformation, and partnership can come together to create lasting change.