

Breakout Room Activity

Bay Area/ Mid-State Region - September 1, 2021 (10:00 am - 12:00 pm)

Please record your notes on your breakout room slide.



Breakout Room 1:

Describe some of the structural barriers to equitable care in your program:

- Difficulty accessing clinics and provides barrier to medication and treatment- trying to amend that by educating patients about a medi-cal rideshare program. Have clients that don't have cellphones/computers, transportation to pharmacies. There are community services - kiosk that pops up and provides services.
- Funding streams for tx, serve clients with alcohol use disorder, there isn't a lot of funding for medications for alcohol use disorders. If patients are uninsured or don't have a stimulant use or OUD they have to pay out of pocket
- Transportation - medi-cal and educating clients ride sharing program.

What are some ways you can address these barriers?

- Use some money from Hub&Spoke to purchase bus passes
- Solution: meeting clients in the field. In person visits are limited due to covid
- Also offering telehealth counseling alleviates transportation problem.
- .

What one action can you take in the next 30 days to make your program more equitable?

-

Breakout Room 2:

Describe some of the structural barriers to equitable care in your program:

- Pts that are homeless or undocumented, a req. of ID is a constant challenge. Experiencing homelessness in general is a challenge, not having a safe space to store rx, etc.

Mental tx resources

MAT/Methadone daily dosing and staggered approach to take-homes. DOsing windows are challenging for folks with jobs that require a very early start time.

Regulatory approaches for licensed NTP care (i.e.: under non- COVID there are no take homes and less options for those who have been in long-time recovery on methadone).

What are some ways you can address these barriers?

- Treating methadone more like Suboxone (easing the process on take homes).
- Taking a look at regulations and collecting data to uncover racial inequities around these practices.

What one action can you take in the next 30 days to make your program more equitable?

- NTP's can begin looking at who has benefited from relaxed COVID regulations and attempt/plan to continue these for those who are receiving COVID exceptions.
- Ensure counselors are moving folks along with take homes, general advocacy work on changing the lift for NTPs, based on the differences that are present for Suboxone pts.

Breakout Room 3:

Describe some of the structural barriers to equitable care in your program:

- Getting into the clinic can be a challenge:
 - Weather, transportation, fires, internet access
- Stigma and discriminatory practices
 - Fear of how they are going to be treated, lack of emphasis on ACEs, lack of cultural sensitivity
- Housing issues - large unhoused populations
- Pharmacy concerns and working in specific time windows with those pharmacies who are willing to help
- Structural issues with folks that have to drive out to a different hospital because they are afraid of dealing with stigma in the local hospitals
- Limited non-white physicians who speak other languages

What are some ways you can address these barriers?

- Working with mom and pop pharmacies that we can build relationships with and better serve our specific patient population. Good alternative when you can't have an in-house pharmacy.
- Help patients get into the clinic and we are able to help them with many things (prescriptions in pharmacy)
- Having drop in classes to expand awareness

What one action can you take in the next 30 days to make your program more equitable?

- Coordinating and reaching out to mom and pop pharmacies to create relationships

Breakout Room 4:

Describe some of the structural barriers to equitable care in your program:

- Facing barriers accessing the different reentry resources that are available
- Struggle with transportation to clinic
- Issues with pharmacies - issues with patients being able to access pharmacies if they are not already in the system. Created a barrier because patients would have to go outside local pharmacies for care.
- Issues with stigma around treatment, especially with patients who are involved in school or still working
- Working with tribes, EHR records are open to everyone. This creates stigma since there is access to personal information.

What are some ways you can address these barriers?

- Reentry barriers - trying to create relationships with programs in jail systems and create a foundation for people after release and within treatment
- Connection with local agencies to increase access to transportation
- Working with a patient advocate/navigator to support outreach to pharmacies for patients who are outside the system
- Outreach events providing education on patient issues to reduce stigma

What one action can you take in the next 30 days to make your program more equitable?

- Continuing to cultivate relationships with jail systems and follow-up.
- Make a goal to reach out to more programs that are family- and community-based.
- Bringing mental health referrals to clients
- Connection with agencies to do more events and outreach so that patients know that resources are available
- Continue engagements with patient navigator
- Continuing events to provide more advocacy for patients and community education.

Breakout Room 5:

Describe some of the structural barriers to equitable care in your program:

- Providing services for people outside of county can be a barrier for ODS waiver counties
- Ongoing stigma that surrounds OUD and provision of medications for treating OUD
- Buprenorphine induction protocols in criminal justice settings (guard needs to be present at all times)
- Disparate computer systems and lack of comprehensive questions to identify folks who are incarcerated who may be experiencing withdrawal from opioids (cracks in criminal justice system)
- Pharmacy issue (raised in main LC session); people turned away, treated horribly/called names
- Cycle of people being in jail and not able to access their MAT; going back to community and needing to be reconnected to care

What are some ways you can address these barriers?

- Better communication across systems
- Work to address larger structural issues
- Provide training for pharmacists
- Having a SUN helps

What one action can you take in the next 30 days to make your program more equitable?

- Have someone dedicated to promote program
- Talking to pharmacy (new staff)

Breakout Room 6:

Describe some of the structural barriers to equitable care in your program:

- Photo ID and finances not in place - is a barrier to access for patients.
- Time and space - lack of appointment times with available providers and prescribers.
- Access to technology (can't make a phone call to confirm or attend appointments).
- Transportation - distance to clinics (travel is a barrier; long bus rides).
- Need outreach to homeless population.
- Staff turnover and hiring staff (especially in rural areas).
- Integrated BH services; having issues with getting appointments for patients with Co-occurring disorders.
- Lack of psychiatrists (lack of appointment slots).
- Language barriers (need providers to speak spanish and other languages) and have materials in those languages.

What are some ways you can address these barriers?

- H&SS Grant has helped with transportation
- Grant to provide a mobile unit (go into the field - on site services)
- COVID Relief funds- used to help with resources/access to stim treatment
- Funds to create permanent positions; SUD counselors have full case loads

What one action can you take in the next 30 days to make your program more equitable?

- Outreach and marketing; trying to recruit providers and letting the community know about the services
- Being more innovative; using telehealth