

# Breakout Room Activity

Northern California Region - August 31, 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:

- **Intercounty transfer process** that has to happen when patients are trying to relocate, and have to transfer MAT programs. They have to change their county service, may not have **transportation (some cannot drive) or access to computers/internet**. (May not have access to their new county for 30-60 days).
- Telemedicine learning: structural barriers with limited access to internet/**NO access to internet**. We are seeing more people remotely. Racial disparity is seen in who can achieve access to internet.
- **Access to higher level of cares** to address SUD treatment. **Treatment of co-occurring disorders** both in the clinic/community-- long wait lists to see Behavioral health providers.
- **Stigma with Emergency departments and pharmacies**. Local ED bridge program is helping to make progress with the stigma, but due to staff turnover it still impacts stigma that patients experience.

## What are some ways you can address these barriers?

- Being creative in how to write Bupe rx to help reduce any issues at the pharmacy (write rx for 15 days so they have it for the day they p/u the rx).
- ICT: MediCal- Certain counties have made processes made ways (access to a website- there is a way to bypass it).

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

- Providers give 1-2 days buffer of medication so that if they don't have transportation they can still have medications.
- Collaborate with SUD treatment programs- provide support for patients who have higher acuity, access to CM to address Social determinants of health.

# Breakout Room 2:

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

- Issue with getting proper MH care for patients due to stigma around them using substances. Impedes the ability to get them help.
- Seeing personal resistance and beliefs from pharmacists when prescribing medications to clients that impact access to care.
- Have a difficult time getting individuals into higher level of care when needed, due to county contract. Struggling with getting access to care to patients with SMI. Not an easy system to navigate.

## **What are some ways you can address these barriers?**

- Difficult time finding the right solutions - trying to research resources that are available to get patients help.
- Making contacts with pharmacists to address why access to care is important and how lack of care impacts the population.
- Participate in county-wide meetings and advocate as much as possible.

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

- Could engage in more community outreach to help patients receive care.
- Creating an educational video when people are on-boarded that provides continuous education on TIC, stigma, de-escalation training. Created a taskforce to address internalized stigma.
- Not sure, except to address issue at a state level.

# Breakout Room 3:

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

- Ability to access health insurance /pay for suboxone
  - Managed care not covering medication
  - Co-occurring behavioral health coverage (insurance/ not taking medi-cal); limited access to psychiatrists
- Ability to physically access clinic (transportation issues, lack of smartphone/internet for telehealth, far/rural clinic).

## **What are some ways you can address these barriers?**

- Outreach to rural areas.
- Bright Heart Health- providing ipads/ telehealth to help with patients (and other services).

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

- Mobile visit van with a hotspot (go to patients that can't come in).
- Start seeing some behavioral health cases at facility
- Contact Bright Heart Health to collab.

# Breakout Room 4:

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

- Populations are segregated by race and class where treatment can vary.
- Unable to start people with treatment in jail setting - having to have people physically in the clinic is not ideal (don't have Telehealth set up yet).

## **What are some ways you can address these barriers?**

- Create connections between clinics+treatment and jails
  - Working to cultivate relationships and accepting referrals and keeping the relationship going.

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

- Reaching out to the community, family based organizations, and schools is important for helping with the opioid crisis.
- Keeping track of program outcomes by race/ethnicity - and if they do track to actually pull the data.

# Breakout Room 5:

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

- Travel is a challenge (people can't afford taxis etc.). The bus schedule takes a really long time (it's an all day thing).
- Remote work has been helpful with the travel barriers. But another issue is the access to the internet (poor connections).
- Access is a huge barrier in rural communities.
- Lack of Spanish speaking providers (interpreters help but it's not the same). Lack of culturally similar providers and health care staff.
- Private insurance doesn't always cover the medicine in full (suboxone or dose increases).
- People don't qualify for medi-cal but also can't afford the copay (lots falling through the cracks).
- IHS doesn't cover medications (so they need to get on medi-cal or the clinic covers it). This happened with some patients (hard to access IHS benefits).
- Unhoused patient load is a challenge (large number in Nevada county and Shasta). Hard to focus on treatment when unhoused

## **What are some ways you can address these barriers?**

- Some sites are using grant funds (SOR 2) to help cover medications. Some clinics wave the co-pays as well.
- Resources for unhoused - case management really helps the patients.
- Gas and bus cards to help with transportation.

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

- Make providers and staff aware of transportation vouchers and other resources (lots of staff turnover so making people aware of resources).
- Support the infrastructure bill to help with broadband / bandwidth improvements in rural communities.

# Breakout Room 6:

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

- Working in rural Nor Cal, I've noticed islands of care ( jail systems, recovery centers, hospital system) they don't have strong bridges between these islands.
- The jail system seems to be the barrier.
- Communications systems, causes issues with continuity of care. Referrals are not happening as quickly and efficiently as they should.

## **What are some ways you can address these barriers?**

- Increased collaboration.
- Created different coalitions, continued outreach and education
- Increased presence and frequent outreach.

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

- Making connections with all identified "islands" just so people can know I am here and get to know how to fortify "the bridge," learn the weaknesses.
- Continued outreach to probation.
- BAART Antioch (Danielle) will be the bridge and let others know she is that bridge.