

Breakout Room Activity

Capital Region - August 31, 2021 (1:00 pm - 3:00 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:

- Transportation is a major barrier especially in rural areas
- Methadone requires daily dosing which is challenging for people who live farther away. Takehomes not always available for new patients.
- Fires have affected where people live and how easily they can get to treatment
- Language access - Hmong and Spanish - many documents translated but not all.

What are some ways you can address these barriers?

- Communicating to assure patients that they can provide feedback if they don't feel respected or have their needs met

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

- Continue to think about using technology, and how this could help with language barriers

Breakout Room 2:

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

- **Access to transportation** with low income patients in a rural setting, limited access to resources
- Continued and **consistent transportation** services resulting in missed dosing days, or missed appointments
- **Language**- Hmong/Mein Populations accessing services in Chico; counseling and case management services require translation. Not having access to translators readily available. They have phone number for interpreters, but they need to be set up ahead of time (does not help for drop in services).

What are some ways you can address these barriers?

- We are able to issue taxi vouchers. Our bus line is very effective and many patients navigate this well it's just timing to appointments get complicated
- Continued communication with patients regarding next steps

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

- So we are actually going to start trying to do Suboxone clinic days with outreach to difficult to reach demographics.

Breakout Room 3:

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

- Housing and transportation (homeless population is struggling); keeping appointments, having a phone, and keeping medications safe, eating/food, nowhere to charge a phone
- Patients in evacuation zones at the moment; having trouble finding patients (communication is very difficult) and they need access to medications (clinics have burned down in the fires)
- Internet is really bad in rural areas (not many chain restaurants in the area that might be able to provide wifi)
- Retention is a barrier (keep them coming)
- Not a lot of diversity in some of the smaller rural programs
- Difficult to find counselors in general; especially counselors who are African American (need a more diverse workforce)

What are some ways you can address these barriers?

- Programs give out free phones (many patients don't have the documents though to get the services)
- Finding the resources in the area to support unhoused
- Workforce development: need more diversity in the workforce
- Medi-cal plans offer transportation (they don't know though how far some of the rural areas are though; the drivers need to be paid more so they are more willing to serve those areas)

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

- Hiring more diverse staff - be on the lookout for the RFP coming soon on workforce development!

Breakout Room 4:

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

- Feel that it is important to ask these questions as even treatment providers don't always get it right. Feels language can be very punitive, like "compliant." The language leans towards how can we "abandon" this person and/or add things to a treatment plan that would eventually fail the person, like punitive measures for negative UAs.
- Must look at a patient-centered perspective and from a harm reduction POV as possible. Could be a lack of understanding the patient's perspective, so want to understand their perspective of their treatment. Providers may have preconceived notions that may phrase patient's goals (but may not be patient's goals).

What are some ways you can address these barriers?

- Need to look back on how programs are run and do an overhaul of language in program policy.
- Look through a harm reduction, person-centered lens. Work with where the client is at.

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

- Reviewing language and policy to begin changing conversations on how providers approach patients with negative UAs, etc.
- Have a training on person-centered approaches and treatment planning; can access resources and education on this immediately, but change takes time.
- Make connections/build partnerships with community groups in town that do outreach and work with groups that face disparities in treatment.

Breakout Room 5:

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

- We have issues with outside care providers. Seem reluctant to keep patients on the MAT program when it comes to our pregnant women, but don't want them to test positive for substances.
- Pharmacies not supportive of people in recovery:
 - One pharmacist refused to fill prescription
 - Would not fill Suboxone prescription because quota has been filled, dose too high, or just refuse
- Stigma with pregnancy and drug use, fear of repercussions cause pregnant women to not look for care
- Stigma and people not being educated on how to help people who use drugs
- We often run into the same issue with jails and starts on buprenorphine

What are some ways you can address these barriers?

- If you are able, have your own pharmacy in your facility. (Not possible for everyone, but helps patients get their prescription)
- Find that wellpath is the best in the jails

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

- In the next 30 days I will be trying to connect with Sac County Jail
- As always if we can form relationships with people who work in the jails we are more likely to have a pos impact