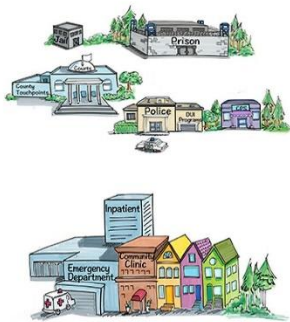


# Collaborative Provider Community Event

Clarify  
Current State



Co-Create  
Desired  
Future State



## STRENGTHENING THE SUBSTANCE USE DISORDER TREATMENT AND RECOVERY ECOSYSTEM

SISKIYOU

Process Improvement Event

May 6 & 7, 2021

HEALTH MANAGEMENT ASSOCIATES

# **STRENGTHENING THE SUBSTANCE USE DISORDER TREATMENT AND RECOVERY ECOSYSTEM**

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**Siskiyou County Community Process Improvement Event**

**May 6 & May 7, 2021**

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**Shannon Breitzman, MA, Principal**

**Systems of Care Technical Assistance Lead**

**Akiba Drew, MPH, CHES, Associate**

**Systems of Care Technical Assistance Coordinator**

**Bren Manaugh, LCSW-S, CPHQ Principal**

**Systems of Care Coach, Jail MAT Program Coach**

**Lori Raney, MD, Principal**

**Systems of Care Coach**

**Shannon Robinson, MD, Principal**

**Systems of Care Trainer**



**HEALTH MANAGEMENT ASSOCIATES**

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## Executive Summary

Overdose is the leading cause of unintentional death in the United States. Moreover, the pandemic has exacerbated the problem as recent CDC data indicates overdose deaths are up 36.7 percent between August 2019 and August 2020.<sup>1</sup> In recent years, most of these overdoses came from a combination of prescribed opioids and heroin. More recently, synthetic opioids, such as fentanyl, account for over 2/3 of these overdose deaths (although methadone is technically a synthetic opioid, it is reported separately and accounts for nearly 5% of overdose deaths). As the opioid crisis has worsened over the last ten years, we have reached a point where the treatment system, in its current state, can no longer handle the volume of patients needing care. Opioid use and overdose have been increasing in California, though the rates of use and overdose are lower than in many states.

Understanding this reality, the federal government has allocated billions of dollars to states to build appropriate systems of care for patients with opioid use disorder (OUD) and other addictions, including the State Treatment Response (STR) and State Opioid Response (SOR) grants. The California Department of Health Care Services (DHCS) received STR and SOR grants which support project funding for the California Medication Assisted Treatment (MAT) Expansion Project. This initiative aims to serve an estimated 290,000 individuals with OUD, prevent drug overdoses, and treat OUD as a chronic disease. Health Management Associates (HMA) received SOR funding from DHCS to focus on developing predictable and consistent systems of care to sustain addiction treatment as individuals' transition from locations such as emergency departments, jails, primary care clinics, the community at large and/or inpatient hospital settings-called the Systems of Care project. Six counties across California were selected to participate in the Systems of Care project based on need and capacity within the county. The Systems of Care project: 1) engages stakeholders in each selected county in a two-day county-wide process improvement event and 2) subsequently provides 12 months of ongoing technical assistance to support the county in achieving their ideal future state for addiction treatment. Siskiyou County, one of the six counties selected, participated in a large-scale process improvement event on May 6, 2021 and May 7, 2021 that included members from local governmental agencies, healthcare, addiction treatment, criminal justice and others. During the event, attendees participated in intense work sessions with a focus on identifying current treatment processes, barriers, and gaps in these processes and a future state treatment system to support systems of care for Siskiyou County residents in need of addiction treatment and support services.

Siskiyou County Behavioral Health partnered with HMA to convene stakeholders to examine the disease of addiction and evidence-based treatments, and to conduct an evaluation of the entire addiction treatment system in and around Siskiyou County, CA.

The two-day event set the stage for adopting universal evidence-based tools for screening, assessment, and level of care determination. This coupled with the didactic training of all parties involved, will yield a more comprehensive and easy-to-use addiction treatment ecosystem.

To implement the future state as envisioned by this group, there will need to be ongoing collaborative interaction and a bevy of systems developed to receive and track patients as they flow through the

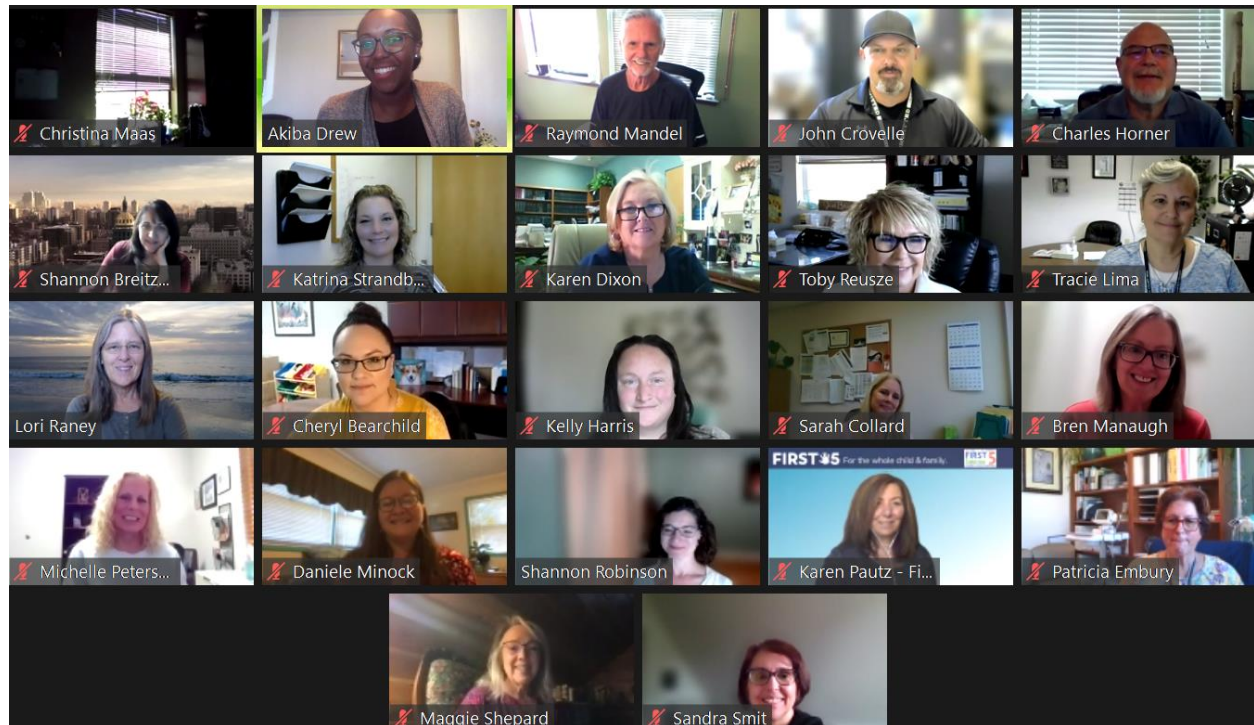
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<sup>1</sup> Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2021.



system. However, given the strong buy-in by the participants, we should be able to achieve significant progress over the next year.

#### *Snapshot of Some of the Siskiyou County Process Improvement Event's Virtual Participants*



## Section 1: Introduction and Background

Overdose is the number one cause of death for people under 50 years old. For the first time in the history of the United States, drug overdose kills more people annually than car crashes or gun violence. Most of these overdoses are due to opioids, including prescription pain medication, heroin, and synthetic opioids. Opioid use has been increasing in California, though the rates of use and overdose are lower than in many states. The number of opioid-related emergency department visits in California more than tripled between 2006 and 2019 and increased 38.3 percent between 2019 and 2020 alone. Death rates from heroin overdose have remained flat since 2014, after annual increases from 2011 to 2014. Deaths resulting from synthetic opioids (other than methadone), such as fentanyl increased by more than 50 percent between 2016 and 2017. In 2019, 1,675 of the 2,802 deaths from opioid overdose in California involved synthetic opioids.

To address the opioid epidemic throughout the state, the California Department of Health Care Services (DHCS) is implementing the California Medication Assisted Treatment (MAT) Expansion Project. The project is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response (O-STR) grant and State Opioid Response (SOR) I and II grants. The DHCS has, in turn, issued several grants collectively referred to as, the California MAT Expansion Project, with the aims of increasing access to MAT, reducing unmet treatment need, and reducing opioid overdose deaths through prevention, treatment, harm reduction, and recovery activities. The statewide project has a special focus on populations with limited MAT access, including youth, those living in rural areas, American Indian and Alaska Native tribal communities, and people experiencing homelessness.

In earlier rounds of funding, DHCS applied for and received over \$176 million from SAMHSA to build appropriate systems of care for patients with opioid use disorder and other co-occurring disorders. In the most recent round of SOR funding through the SOR II grant, DHCS is administering over \$210 million in grants to over 30 projects in the state. To date the effort has expanded access to MAT by supporting more than 650 access points including hospitals, primary care sites, county jail systems, Indian Health Programs, mental health clinics, Substance Use Disorder (SUD) clinics, and more. The overdose prevention efforts have resulted in the prevention of over 28,000 overdoses through direct naloxone administration.

HMA received SOR funding from DHCS to focus on building and enhancing treatment and recovery ecosystems to sustain addiction treatment and ensure consistent and predictable transitions as an individual moves from locations such as emergency departments, jails, primary care clinics, the community at large and/or inpatient hospital settings to the appropriate level of care in the community for initiation of or ongoing treatment-called the Systems of Care project. Through rigorous assessment of all 58 counties in California, HMA identified Siskiyou County as being an optimal location to build and stabilize such systems of care to decrease the risk of overdose and death amongst citizens with opioid use disorder. In addition to Siskiyou County, five other counties were identified as key locations on which to focus these efforts.

### [Systems of Care Project](#)

The Systems of Care project engages stakeholders in each selected county in an 18-months process aimed at supporting the county to move toward community-defined goals and the “ideal future state treatment and recovery ecosystem. This is accomplished through collaboration with a county leadership team tasked to co-design and conduct a virtual two-day countywide process improvement event, followed by 12-months of ongoing coaching and technical assistance. Those stakeholders who are actively involved with the ecosystem enhancement/development for the County will be eligible to receive ongoing individualized technical assistance from a team of national experts covering all aspects of knowledge required to build and sustain an evidence-based addiction treatment ecosystem.

## Systems of Care Project Goals



Make treatment more accessible and equitable for people with SUD/ODU/StUD



Improve the safety of transitions between levels of care



Strengthen links and communication among all stakeholders in the ecosystem



Support all stakeholders' achievement of shared county-level SMART goals



Increase the number, activity and cultural concordance of MAT prescribers in the county

### Level Setting: Why Are We Here?

#### *County Leadership/Key Change Agents*

HMA worked with Toby Reusze, Alcohol and Drug Administrator for Siskiyou County Health and Human Services as well as members of her team; Katrina Strandberg, CADC Counselor and John Crovelle, CCAPP Prevention Specialist. Specifically, we identified key stakeholders and organizations who should be included in the process improvement event and to whom coaches should outreach in advance of the event to ascertain their level of need for and interest in coaching and TA Assistance. The HMA team also held planning meetings with Michael Coley, Chief of Probation for the county, along with their respective staff.

Collectively, County staff and the planning team assisted our team in launching the process improvement event and subsequent ongoing coaching and technical assistance program. County staff helped identify and engage the audience for the process improvement events, sent out invitations and took an active role during the events using their leadership to set a strong tone of collaboration for the event and the ensuing work toward county-level goals.

#### *Process Improvement Methodology*

In advance of the event, the HMA team, consisting of a team lead, two coaches and a technical assistance coordinator, worked with the County staff to gather high-level information on addiction treatment resources and capacity in Siskiyou County and to identify stakeholders who constitute or should be part of the current treatment and recovery ecosystem. That information gathering along with the considerable efforts of a planning group, laid the groundwork for outreach to stakeholders, pre-



work, and collaborative planning in anticipation of an intensive, virtual process improvement event characterized by client-focused testimonials, process mapping, presentation, and discussion.

The process improvement event engaged a variety of stakeholders, covered significant topics in addiction medicine and facilitated important deliberations about the treatment and recovery ecosystem. Participants represented different aspects of the addiction space in Siskiyou County: SUD treatment, hospitals, probation department, judiciary system, primary care, behavioral health, people with lived experience, and many others. HMA used the early parts of the agenda to provide an overview of the project and to build a common knowledge base about the neurobiological basis of addiction.

#### *PIE Participant Agencies*

- Siskiyou County Health and Human Services Agency
- Fairchild Medical Clinic
- Public Health
- Mercy Medical Center Mt. Shasta
- Siskiyou Opioid Safety Coalition
- First 5 Siskiyou Children and Families Commission
- Butte Valley Unified School District
- Siskiyou County Probation
- Superior Court, Siskiyou County
- Mountain Valleys Health Centers
- Karuk Tribe of California
- Siskiyou County Prevention
- Siskiyou County Jail/Siskiyou County Public Health
- Partnership HealthPlan of California
- Weed Union Elementary School District
- Mountain Valleys Health Centers
- Tulelake/Newell FRC
- Shasta Cascade Health Centers
- Karuk Tribe TANF

Most healthcare professionals are familiar with LEAN Six Sigma Process Improvement and the need to improve the efficiency of an existing system. Some are familiar with the technique of agile innovation (or SCRUM) and the role those tools can play in developing and managing an entirely new process. The field of addiction medicine, however, is neither fully built nor just born. Recognizing this, HMA facilitated a hybrid process to map and understand the current state structure and build the new pathways toward an enhanced future state.

Several agencies completed process maps of their key SUD services in advance of the PIE and those process maps were presented and discussed in the second half of day one. Process mapping is an adaptation of an evidence-based performance improvement tool incorporated into system improvement models. The purpose of this kind of mapping exercise is to analyze and improve the flow of SUD treatment processes (or any processes for that matter) by identifying unnecessary variation, gaps and barriers, duplication or other factors that create friction for the customer. For some agencies, this was a new exercise and a valuable skill developed with the assistance of the HMA coach and Technical Assistance Coordinator.

Each program gave an oral description to the group including all interventions and decision points in their process flows, identifying both intervention-specific and global barriers and gaps. This reporting out on current state processes allowed everyone in the room to understand how others were serving those with SUD and the challenges to doing so. While the work produced had some variation in depth, scope, and structure, we were able to get a good sense of the current state of addiction screening, placement, and treatment in Siskiyou County. In a more traditional process improvement event, any one of the providers might have taken a full week to develop the same amount of work produced in only a few hours before this event. After each provider group presented their map to the rest of the participants we engaged in discussion about the revelations from that process and refined the compilation of significant gaps and barriers from our earlier exercise.

Participants discussed specific gaps and barriers in randomly assigned breakout groups. During the breakouts, participants prioritized their list of gaps and barriers within the substance use treatment and recovery ecosystem, sharing the most salient ones in a report out that resulted in a compilation representing the most significant gaps and barriers in Siskiyou County. This exercise allowed for a discussion of how barriers are experienced within the larger system of care. That discussion served as a lead into the remainder of the activities on day one and, importantly, to the discussion of potential solutions and future goals.

On the morning of day two, the group returned to review the science of MAT, screening, assessment and level of care determination; learn about the power of stigma as an obstacle to recovery. These presentations resulted in the need for further discussion and clarification about how some of these matters influence potential recovery pathways in Siskiyou County. For example, Siskiyou County's status as a frontier county means that services for individuals with SUD, even when present in the ecosystem, may be geographically distant to persons needing these services.

After a review of the gaps and barriers compiled during the first session, participants engaged in more breakout work. This time the breakout groups were tasked with identifying key features they wanted to add or improve to get closer to their ideal treatment and recovery ecosystem as well as other solutions aimed at addressing the identified gaps and barriers. Once again, participants were asked to prioritize future state features and solutions and those prioritized solutions were reconciled into a consolidated list during the report out. The items on that consolidated list were then arrayed on the ideal ecosystem "scaffolding" to underscore where in the ecosystem the greatest opportunities for improvement exist in Siskiyou County.

The process improvement event closed with a detailed discussion about how Siskiyou County will move forward with improving the system of care and toward an enhanced treatment and recovery ecosystem for individuals affected by OUD/SUD. Systems of Care coaches presented goals for Siskiyou County developed by the planning team for the process improvement event. Participants were asked to indicate which goals they were interested in for future involvement. This information was captured via Zoom poll function. Participants were also asked to submit to the chat function any additional goals they wanted to see for the county.

## MESSAGES FOR THE SYSTEMS OF CARE OPIOID USE DISORDER & SUBSTANCE USE DISORDER INITIATIVE



### Basic Principles of SUD Treatment

This section addresses several basic principles embraced by the broader recovery community and by the Systems of Care initiative. These principles reflect widely accepted standards for care for the treatment of OUD/SUD and for the care management of general populations with chronic conditions.

As is the case with most counties in the state, Siskiyou County is contracted with DHCS as a Drug Medi-Cal, Organized Delivery System (DMC-ODS). DMC-ODS is the nation's first SUD pilot under a Medicaid section 1115 waiver, and is intended to address the unevenness of access, quality and inadequate breadth of SUD care currently available under the Medi-Cal program by essentially positioning the counties as an SUD managed care plan over a network that must.<sup>2</sup>

- Build a benefit package consistent with the American Society for Addiction Medicine (ASAM) criteria and ensuring coverage across a broad continuum of SUD treatment and support services
- Specify standards for quality and access
- Require providers to deliver evidence-based care
- Coordinate with physical and mental health services
- Act as a managed care plan for SUD treatment services

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<sup>2</sup> Adapted from Brassil M, Backstrom C, Jones E. "Medi-Cal Moves Addiction treatment into the Mainstream: Early Lessons from the Drug Medi-Cal Organized Delivery System Pilots. An Issue Brief developed for the California Healthcare Foundation, 2018.

That contract began in 2016 and the SUD continuum of care consists of residential treatment, intensive outpatient for some populations, outpatient and some outpatient withdrawal management and MAT services. It also includes prevention and education services as well as services for individuals in-custody and care coordination across mental health, physical health and SUD.<sup>3</sup> While the implementation of DMC-ODS will make significant contributions to the ecosystem in Siskiyou County, change management related to implementation has presented challenges. Additionally, elements of the waiver design and complexities of recovery pathways underscore the importance of thinking expansively about the kind of networks required to meet the needs of the entire population struggling with OUD/SUD including but not limited to those on Medi-Cal or financially disadvantaged. Contracting requirements effectively exclude Federally Qualified Health Centers (FQHCs) and other safety-net providers from DMC-ODS contract even though these providers constitute a significant portion of the SUD treatment and behavioral health providers. Additionally, there are tremendous complexities addressing the needs of special populations, such as those interfacing with the criminal justice system (over two-thirds of whom suffer with SUD), youth (whose SUD treatment needs are imperfectly covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit package), persons experiencing homelessness and those in tribal communities.

In addition to considerations about the ecosystem network there are basic principles of SUD treatment that must be acknowledged, understood and addressed by counties as they assume responsibility for this population. Those principles begin with a shared understanding of SUD as a chronic illness characterized by dysregulation of the midbrain centers that control motivation, reward, emotion and addiction. As discussed during the process improvement event, that dysregulation results in abnormal release and ultimately depletion of dopamine in the brain, triggering a cascade of symptoms often experienced by society as aberrant if not criminal behaviors. As the understanding and acceptance of the chronic disease nature of SUD has increased, engaging and sustaining affected individuals in treatment has improved and will continue to improve.

#### The Importance of Screening and Level of Care Determination

Understanding the distinction among screening, assessment and level of care determination is important as we contemplate the features of an ideal treatment and recovery ecosystem. During the process improvement event, participants came to understand that screening is the use of formal tools or questionnaires validated for use in target populations to identify someone at risk for a disease such as SUD. That kind of screening should be implemented for all populations and across all potential entry nodes into the broader health and human services system to ensure those in need are identified and referred. Assessment is a deeper evaluation, also using validated tools with the intention of confirming the presence of a disease and trigger additional assessments. The level of care determination assesses the individual's needs across several domains to enable decision-making about and referral to the appropriate level of care.

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<sup>3</sup> [https://www.yolocounty.org/government/general-government-departments/health-human-services/substance-abuse/substance-use-disorder-services/-folder-4005#docan1670\\_10667\\_5392](https://www.yolocounty.org/government/general-government-departments/health-human-services/substance-abuse/substance-use-disorder-services/-folder-4005#docan1670_10667_5392)

### *The “long-form” of the American Society of Addiction Medicine (ASAM) Criteria*

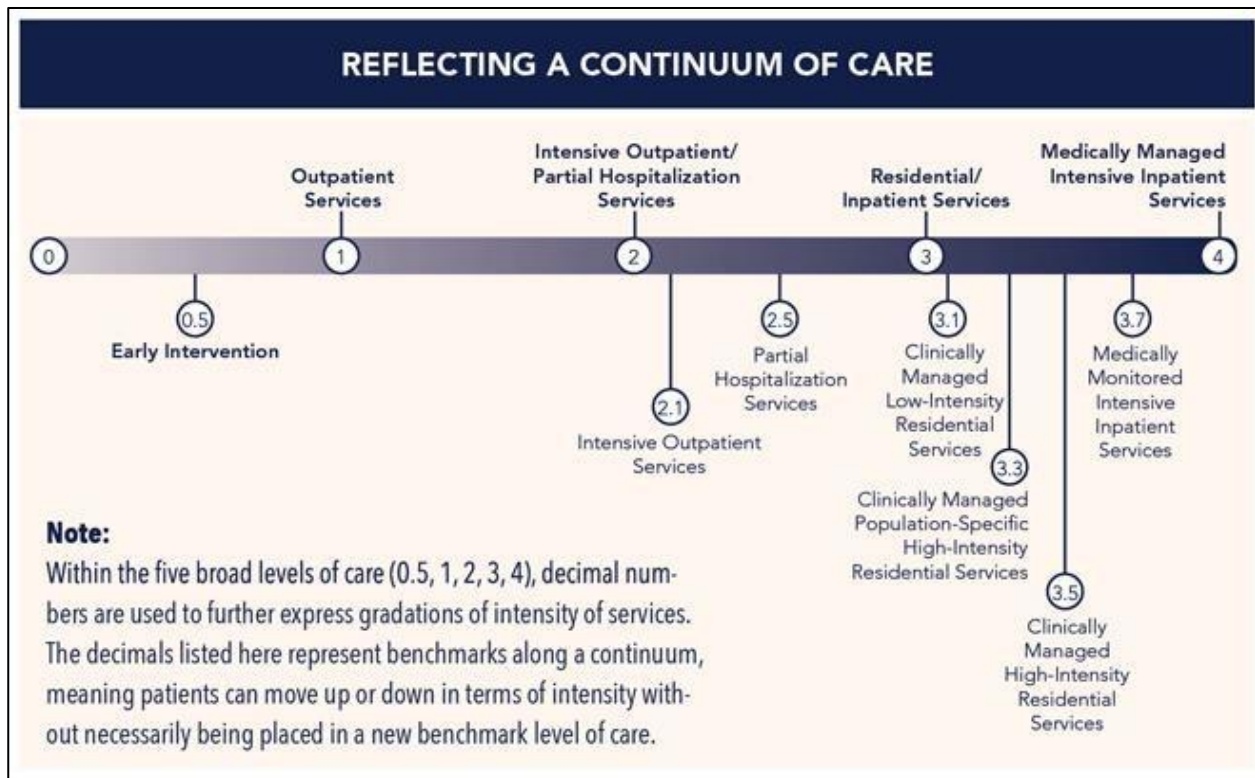
The American Society of Addiction Medicine (ASAM's) criteria, formerly known as the ASAM patient placement criteria, is the result of a collaboration that began in the 1980s to define one national set of criteria for providing outcome-oriented and results-based care in the treatment of addiction. Today the criteria have become the most widely used and comprehensive set of guidelines for placement, continued to stay, and transfer/discharge of patients with addiction and co-occurring conditions. While the long form of the ASAM level of care assessment tool is not required, the ASAM's criteria themselves are required in over 30 states including in California for DMC-ODS contracted counties. In the absence of a required tool, DMC-ODS counties have largely elaborated their own tools based on the required ASAM criteria and subject to the approval of DHCS. Consequently, there is little uniformity and unfortunately little leverage to negotiate with manufacturers to incorporate the tool into the most commonly used electronic medical records.

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT		
ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:		
1	DIMENSION 1	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
2	DIMENSION 2	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
3	DIMENSION 3	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
4	DIMENSION 4	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
5	DIMENSION 5	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
6	DIMENSION 6	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things

### *The “short-form” of the American Society of Addiction Medicine (ASAM) Criteria*

The CONTINUUM™ Triage (CO-Triage™) is a provisional level of care determination tool that helps clinicians identify broad categories of treatment needs along the six ASAM Criteria Dimensions for individuals with alcohol and substance problems. The decision logic in CO-Triage calculates the provisionally recommended ASAM Level of Care (ASAM Levels 1, 2, 3, 4 and Opioid Treatment Services) to which a patient should proceed to receive the full CONTINUUM™ or other Comprehensive Assessment utilizing the ASAM criteria to validate the placement recommendation.





(Above directly from [www.ASAM.org](http://www.ASAM.org) with permission)

#### *Evidence-Based Treatments for OUD and Other SUD: MAT and Contingency Management*

Medication for Addiction Treatment (formerly known as Medication Assisted Treatment), or MAT, has now been established as the gold standard for the treatment of OUD. The therapeutics currently licensed by the Federal Drug Administration (FDA) for the treatment of SUD were discussed in detail during the PIE and include methadone, buprenorphine in its mono form and in combination with naltrexone, and naltrexone alone. Despite the indisputable evidence about the effectiveness of MAT for OUD there continue to be substantial barriers to broad dissemination of these treatments. Common barriers include inadequate numbers of X-Waivered providers who are actively prescribing buprenorphine, deep social model treatment culture in significant elements the treatment community (i.e., treatment providers resistant to the use of any pharmaceuticals to manage SUD), stigma, fears about diversion potential, and general reluctance to embrace change. Most of these barriers exist because of ignorance and incomplete exposure to the evidence demonstrating the effectiveness of these medications in the treatment of OUD and a failure to understand how difficult it is for those with OUD/SUD to embark on any kind of recovery pathway without addressing dopamine depletion.

In Siskiyou County, barriers to MAT were identified, including:

- Stigma on the part of some providers
- Lack of access to timely appointments
- Lack of housing, including sober living facilities
- Normalization of substance use resulting from legalization of marijuana and illicit cannabis trade



In addition to a focus on the treatment of OUD, California is also reeling from an epidemic of methamphetamine and other stimulants. In most counties, methamphetamines and other stimulants are now the most prevalent drugs reported among those seeking treatment. And although opioids are still the most common source of drug overdoses, methamphetamines and other stimulants are increasing as a cause of overdose. Recognizing these shifts, California DHCS is encouraging SOR grantees to address methamphetamines as well as OUD in their projects.

At present there are no FDA approved medications for the treatment of methamphetamine and other stimulant use disorder (StUD). The only evidence-based treatment is contingency management. There are recent and ongoing studies evaluating the promising combination of long-acting naltrexone and the antidepressant, bupropion, although the treatment effect documented to date would be considered modest at best. These studies, several of which are being conducted as part of the National Institutes of Drug Abuse (NIDA) Clinical Trials Network (NIDA-CTN), should be monitored. It is worth acknowledging that psychosocial treatments, such as cognitive behavioral therapy (CBT), and the treatment of co-occurring disorders, such as depression, are considered the standard of care and best practice for the treatment of SUD regardless of the main drug of choice. Consequently, the use of antidepressants and CBT are entirely justifiable for anyone with SUD (NB: studies demonstrate no significant effect of either antidepressants or naltrexone when used alone for the treatment of StUD). In the interim, treatment programs should be prepared to administer contingency management programs and do so while operating within the federal monetary value incentives limit imposed by the Center for Medicare and Medicaid Services (CMS) of \$75/year.<sup>4</sup>

#### The Role of Stigma (i.e., the role of stigma abatement)

Stigma is a dynamic multidimensional phenomenon that occurs at multiple levels and constitutes one of the most powerful barriers to SUD treatment initiation and maintenance. Stigma occurs at three levels, each of which operates as a barrier. Self-stigma is characterized by the internalized negative stereotypes that burdens individuals with feelings of guilt and worthlessness, making it difficult for those individuals to seek or feel confident about their ability to initiate much less succeed on a recovery pathway. Public or social stigma is defined as attitudes, beliefs, and behaviors about individuals or groups in the absence of evidence. Long held erroneous stereotypes and beliefs about the motivations behind the behaviors of individuals with SUD and the inappropriateness of treating OUD with other medications are examples of the social stigma evident in Siskiyou County. Structural stigma includes laws, regulations, policies and administrative practices that inappropriately and unfairly reduce the likelihood of identification, referral and treatment for individuals with SUD.

In Siskiyou County, clients have shared experiences of being treated in a degrading way and being shamed for having symptoms of addiction. Providers shared that experiences of being attacked and spit on by patients who are struggling with the symptoms of addiction, and while it is important to understand these behaviors are because of the symptoms of the disease, it can be difficult to deal with day to day. This is what makes stigma abatement so challenging, yet necessary in SUD treatment.

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<sup>4</sup> Trivedi MH et al, "Naltrexone and Bupropion in Methamphetamine Use Disorder", *New England Journal of Medicine* 384 (2021):140-153, <https://doi.org/10.1056/NEJMoa2020214>.

## The Importance of Transitions

Efforts should always be made to address transitions from one location or level of care to another for individuals with OUD or SUD in the same way transitions are important in a system of care for individuals with any other type of medical disorders. That is particularly the case for certain populations such as individuals re-entering society after being in the criminal justice system, pregnant and parenting women with OUD entering or leaving the hospital setting, and persons experiencing homelessness. Planning transitions is best accomplished by ensuring that critical information passes from one provider to the next. Coordination of care and transitions are facilitated when clients have copies of their recent treatment plan and goals, or by having standardized consent forms that meet 42 CFR Part 2 requirements to allow direct sharing of appropriate treatment and clinical information.

Siskiyou County is a frontier county with difficult geographic distances to travel to access available services and supports, making transitions between care a challenge. Exacerbating this challenge, residential treatment is available in a different county entirely.

## Embrace Diversity, Equity and Inclusion and Low Barrier Treatment

In many communities throughout California, individuals with OUD/SUD face additional barriers beyond stigma because of their race/ethnicity, gender, sexual orientation or other characteristics. Those barriers may include inadequate access to treatment providers, especially those whose cultures, language and traditions are very different from their own. The diversity in our state demands that these challenges be acknowledged and addressed. Conversations with individuals about OUD/SUD should utilize non-judgmental, non-stigmatizing, compassionate, trauma informed and motivational interviewing techniques. Effective recovery systems also work to address issues of diversity, equity and inclusion by acknowledging disparities and requiring access to quality treatment for those disproportionately impacted including persons of color and others who have been stigmatized and marginalized. Staff should always, but especially at the time of initial contact, approach individuals seeking treatment with compassion and cultural humility as you seek to meet their needs. Moreover, intentional work force development must recognize the lack of diversity among management and provider staff and enhance cultural intelligence in patient care. A just recovery community must include cultural humility, a commitment to introspection, value health equity and elevate the voices of persons with lived experience.

Additionally, conventional treatment programs often condition the induction or maintenance of MAT and other therapies on well-intentioned, but rigid requirements, such as abstinence from other drug use, toxicology testing, lengthy assessments, and participation in social and psychological services. Those requirements can be barriers to treatment. The goal of low barrier care is to reduce overdose deaths and improve overall health and wellbeing by creating client-centered treatment programs and services that are easy to access, high quality and minimize obstacles to care. Evidence indicates that low barrier programs for adults with OUD/SUD, especially persons experiencing homelessness and others who are ambivalent about continued drug use do, in fact, reduce overdose deaths and other complications related to OUD/SUD.

## Section 2: Event Outcomes

### Goals of the Participants

Day one of the process improvement event began with a discussion of why we were all gathered for the event. Goals for the event included the following:

- Make treatment more accessible and equitable for people with SUD/ODU/StUD
- Strengthen links and communication among all stakeholders in the ecosystem
- Increase the number, activity and cultural concordance of MAT prescribers in the county
- Reduce overdose deaths
- Understand all stakeholders' role and needs in the ecosystem and support the achievement of their goals, especially those that advance shared county-level SMART goals

### What Is Working in Siskiyou County?

The process improvement event planning group in Siskiyou County organized a stimulating panel to provide an overview of effective programs and features in the overall treatment and recovery ecosystem in Siskiyou County. Several excellent presentations were made by members across the ecosystem.

- Toby Reusze, Alcohol and Drug Administrator shared a story of a client who contacted her when in crisis and how proud she was that she was able to help her get the treatment the client needed. Follow-up at nine months showed this client doing extremely well with the effective care numerous county agencies had provided.
- Raymond Mandel PhD from Mountain Valley Health Center described his journey from thinking about MAT as a highly specialized service that needed a lot of assessment and strict rules, creating a high barrier for care, to a complete turnaround in his thinking. He described his understanding of MAT now and the need for low barrier care that meets the patient where they are. He noticed how much more effective a low barrier approach was and was proud of his transition in thinking.
- Dr. Sam Rabinowitz from Fairchild Health described his role as a champion on the Opioid Safety Coalition and the county's success in reducing the number of opioids prescribed in the county through concerted efforts in education and oversight of utilization. He shared that there had been a significant decrease in milliequivalents of narcotics prescribed over time.
- Jason Allen, Assistant Principal at Butte Valley High School shared his success with an athlete's drug intervention program in the school that involved working with John Crovelle from Siskiyou County Health and Human Services to provide education and proper referral to treatment as needed. He described how this program had been extended to some non-athletes in the school too. He mentioned of all the education that had occurred the students really listened to training on the dopamine changes in substance use and how this was having some impact in getting them to rethink drug use.
- Judge Dixon described her successes with the juvenile court program as well as other court directed SUD related services. She felt the work her team accomplished in the justice system in collaboration with community partners has had a "population benefit to everyone" due to the downstream effects in the community to justice involved individuals getting into treatment.

### Pre-Work: Agency-Level Process Mapping of the Recovery Path

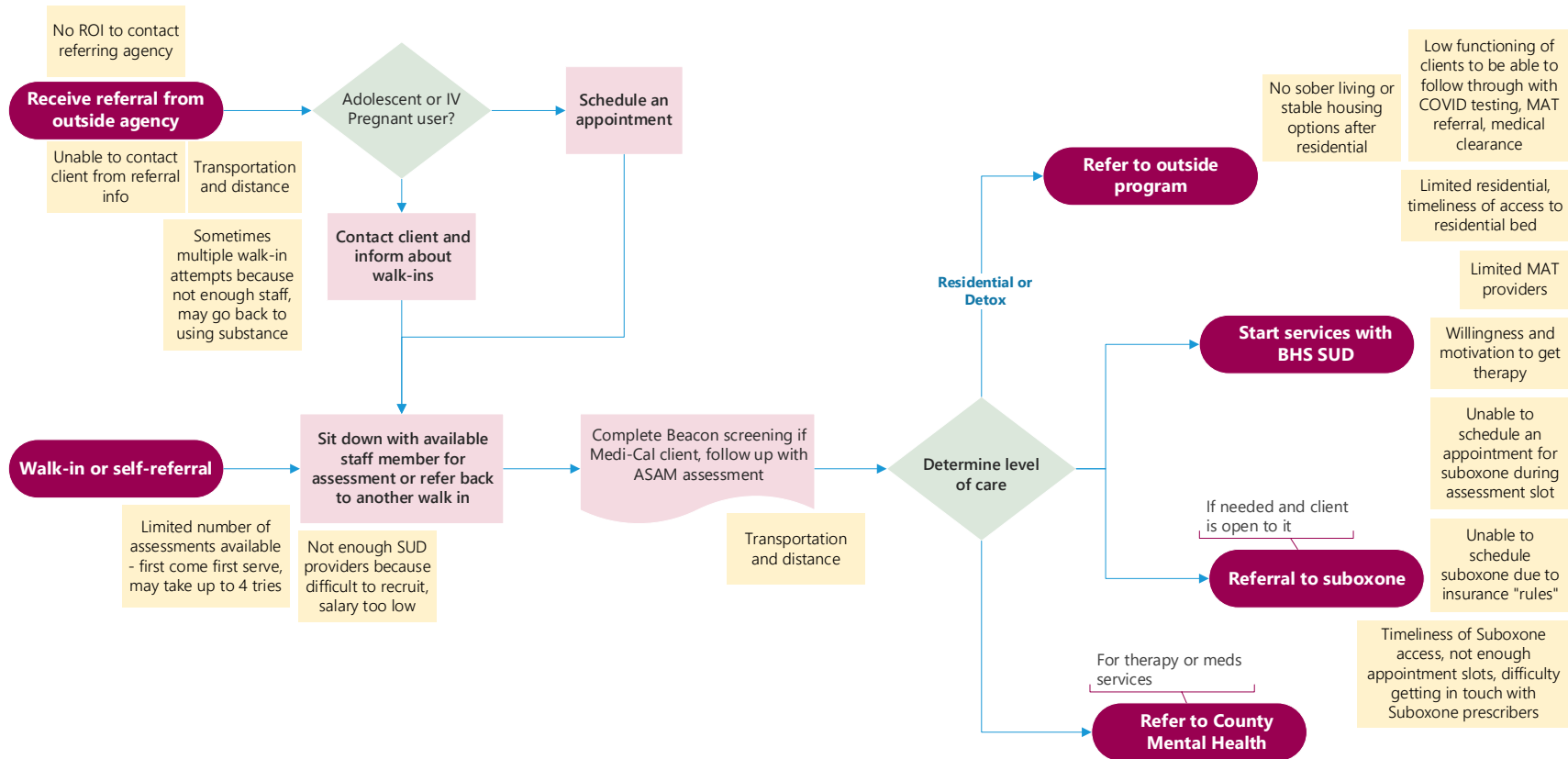
Siskiyou County stakeholders and providers engaged in flow mapping of the key processes used by their agency or entity, documenting the “value stream” of a person in need of and/or receiving SUD services, the system’s “customer”. Mapping out relevant work processes – in this case related to services provided for individuals with OUD/SUD – is an adaptation of an evidence-based quality improvement tool incorporated into models like Lean Six Sigma and Total Quality Management. It helps participants analyze and improve the flow of SUD treatment processes by identifying unnecessary variation, gaps and barriers, duplication or other factors that create friction for the customer (and sometimes for workers as well). The Siskiyou County process improvement event planning group identified several providers from different sectors to map key processes in the ecosystem. What follows are diagrams and narrative descriptions of the process maps presented by these agencies and stakeholders during the event.

## Siskiyou County Behavioral Health Clinic

On April 30<sup>th</sup> representatives from the Siskiyou County Behavioral Health Clinic mapped out the workflow within their organization. As shown in the map, the process begins with a walk-in, self-referral or referral from another agency coming into the clinic and moving through a series of process steps (pink), decision points (green), and next steps all the way to referral for treatment. Barriers that exist are represented by yellow.

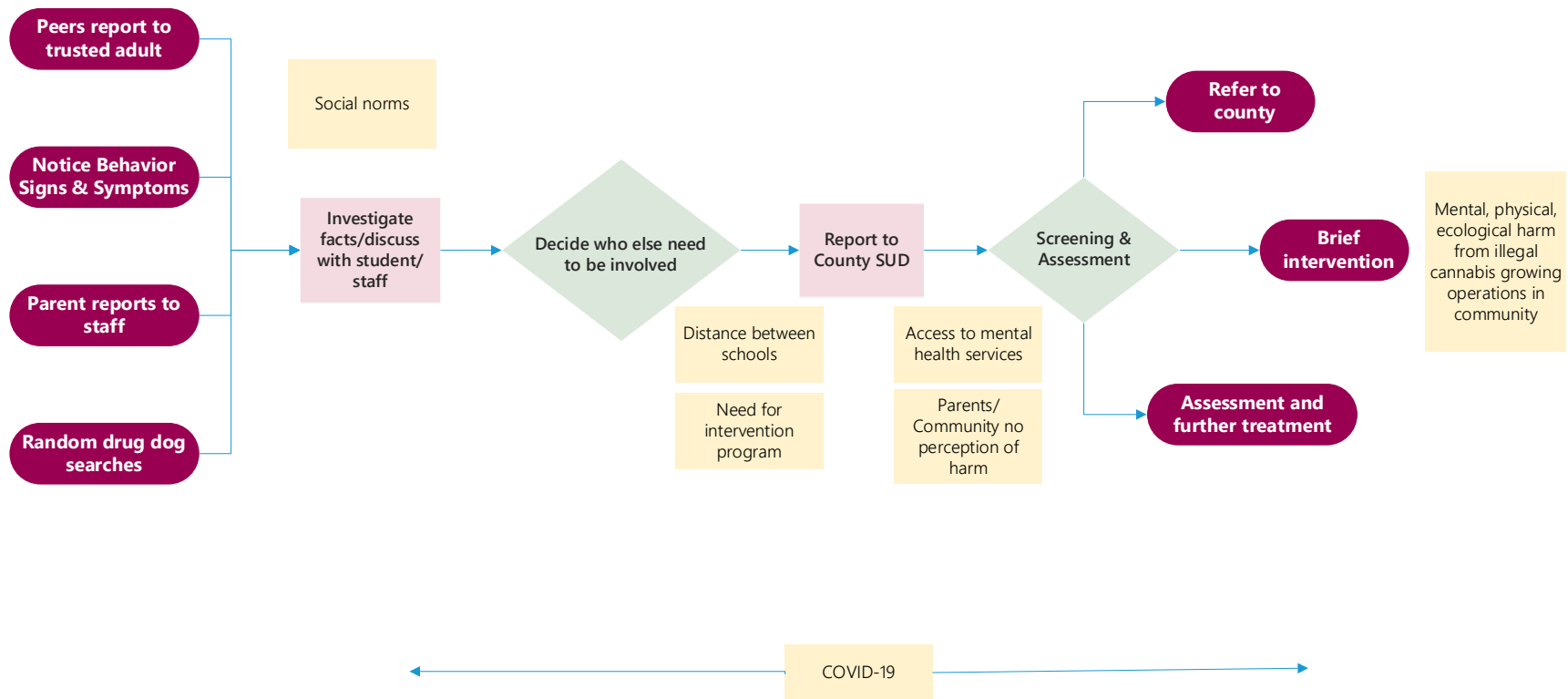


### SISKIYOU COUNTY / Behavioral Health Clinic System of Care Process Map



## Education & Schools

On April 21<sup>st</sup>, representatives from Siskiyou County *Butte Valley Highschool* mapped out the workflow within their organizations. As shown in the map, the process begins with a report to school staff and moves through a series of process steps (pink), decision points (green), and next steps (purple) all the way to referral for treatment. Barriers that exist are represented by yellow.



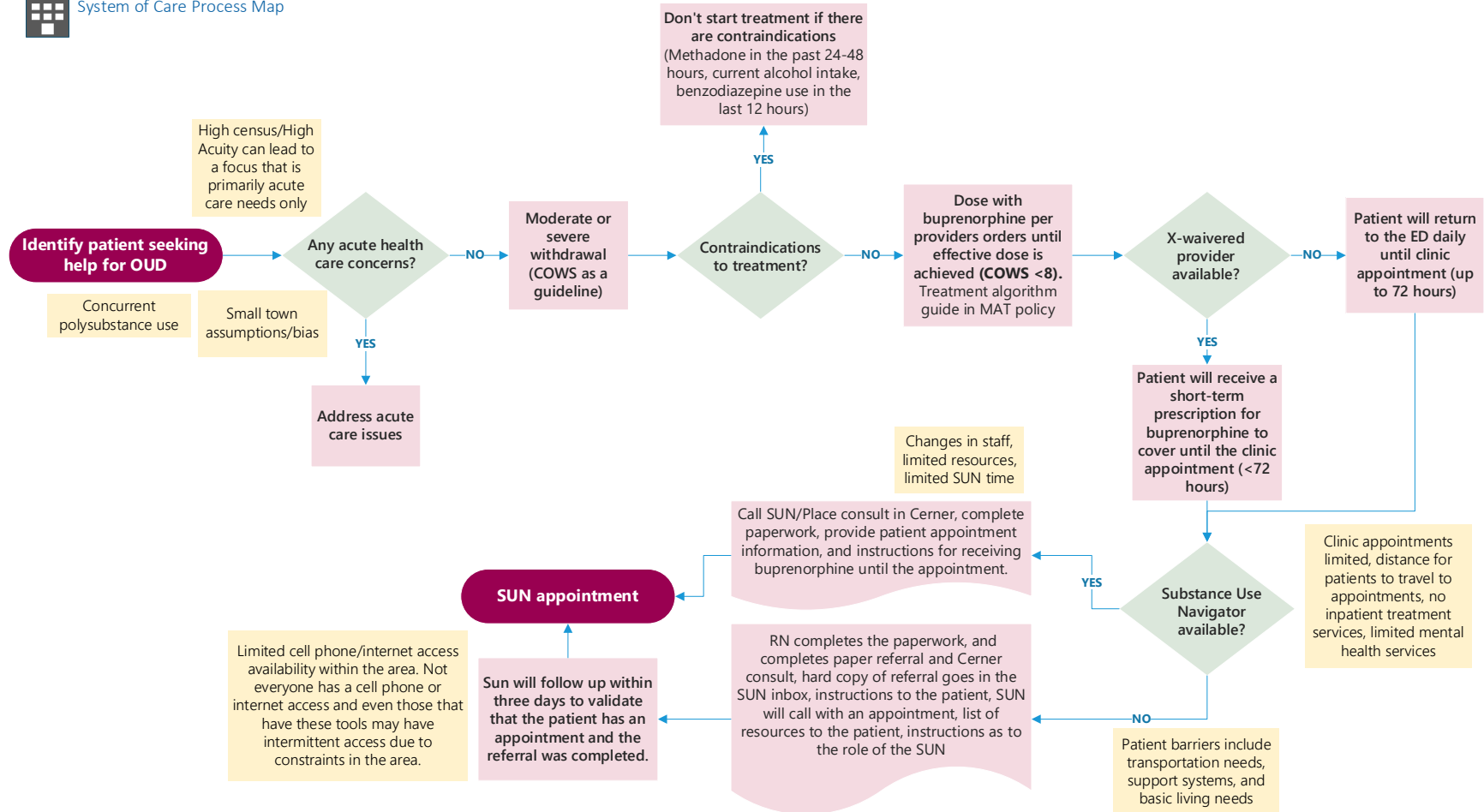


## Mercy Medical/ Common Spirit Health

On April 16<sup>th</sup>, representatives from Mercy Medical mapped out the workflow for their organization. As shown in the map, the process begins when a patient is identified and moves through a series of process steps (pink), decision points (green), and next steps all the way to appointment with a Substance Use Navigator. Barriers that exist are represented by yellow.

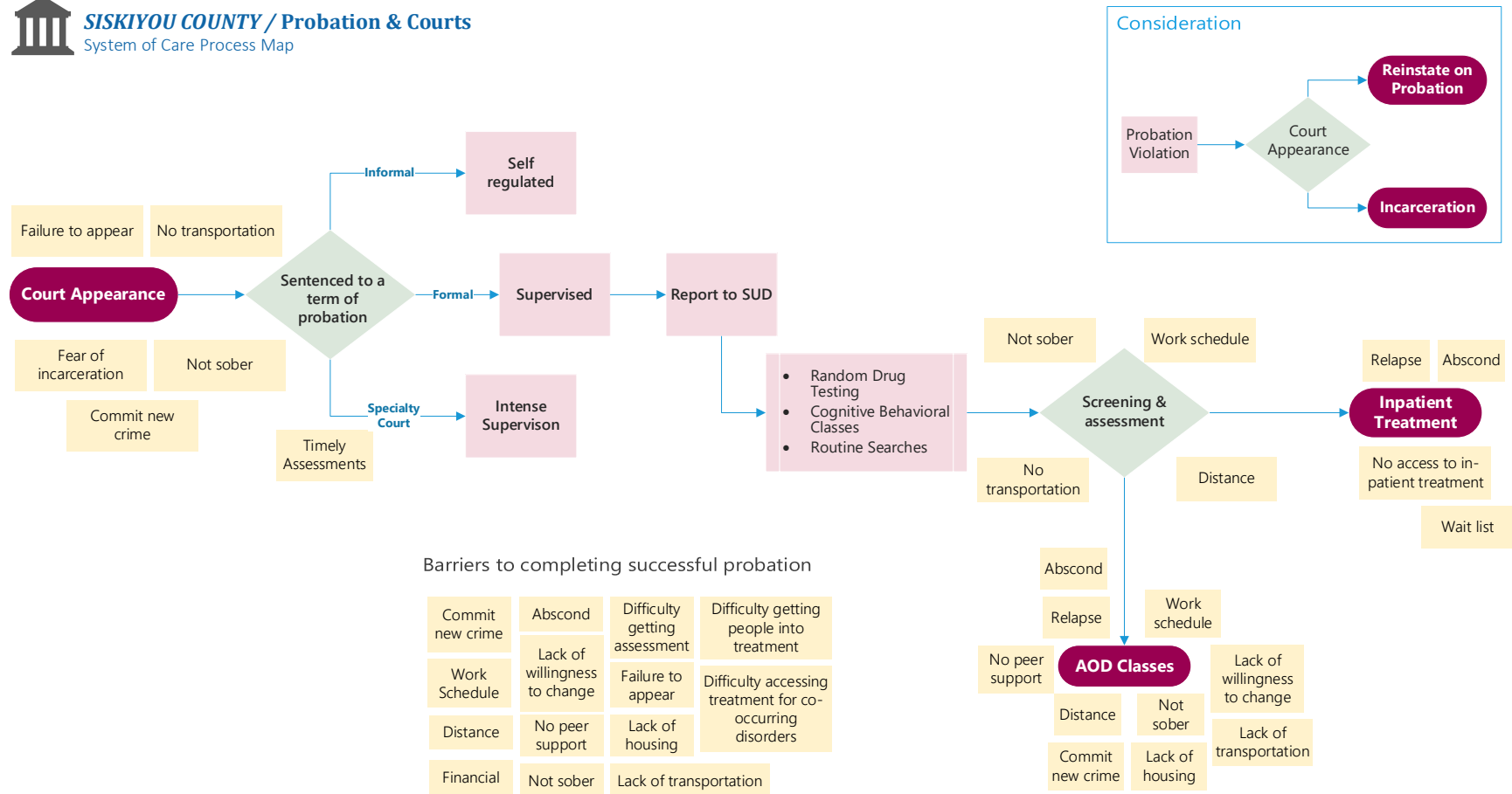


**SISKIYOU COUNTY / Mercy Medical**  
System of Care Process Map



## Probation and Courts

On April 26<sup>th</sup>, representatives from the Probation and Courts system mapped out the workflow. As shown in the map, the process begins with a court appearance and moves through a series of process steps (pink), decision points (green), and next steps all the way to completion of probation. Barriers that exist are represented by yellow



## Gaps and Barriers: Inventory and Discussions

Community-wide transformation of any sort is always a complicated undertaking that requires comprehensive and multi-sector assessment and commitment. Understanding and identifying the current state of what is being enhanced or transformed, in this instance, the treatment and recovery ecosystem, often begins with the powerful and important exercise of identifying the gaps and barriers in a system. This aids in clearly defining the problem(s) to be solved. While there is much good work and effort happening in Siskiyou County to address OUD/SUD, stakeholders at the process improvement event agreed there were many challenges, particularly around community and provider stigma, access to timely care and referral follow-up, phone and internet access, transportation and housing.

### Group Barrier Discussion Summary

On day one, stakeholders participating in the event engaged in animated discussions in randomly assigned breakout groups to identify gaps and barriers in the Siskiyou County ecosystem. The following represents a comprehensive list of gaps and barriers across the breakout groups.

- Housing
- Access to timely appointments
- Referral follow up and tracking referral follow up
- Increased collaboration with CBOs
- Community-wide education on SUD
- South county perception that resources are in North county
- SBIRT in EHR-process not always followed
- County transition to Drug MediCal requires a lot of change management
- Lack of resources
- Lack of certified SUD counselors
- Access to assessment times
- Phone/internet access for telehealth connections
- Stigma of people with SUD
- Lack of information for the community about resources
- Access to residential beds
- Access to IOP
- Lack of referral options
- Housing
- Residential care
- Messaging and understanding of the continuum
- Infrastructure for communication across the system
- Transportation
- Distance to services
- X waived providers

### Most Significant Gaps and Barriers

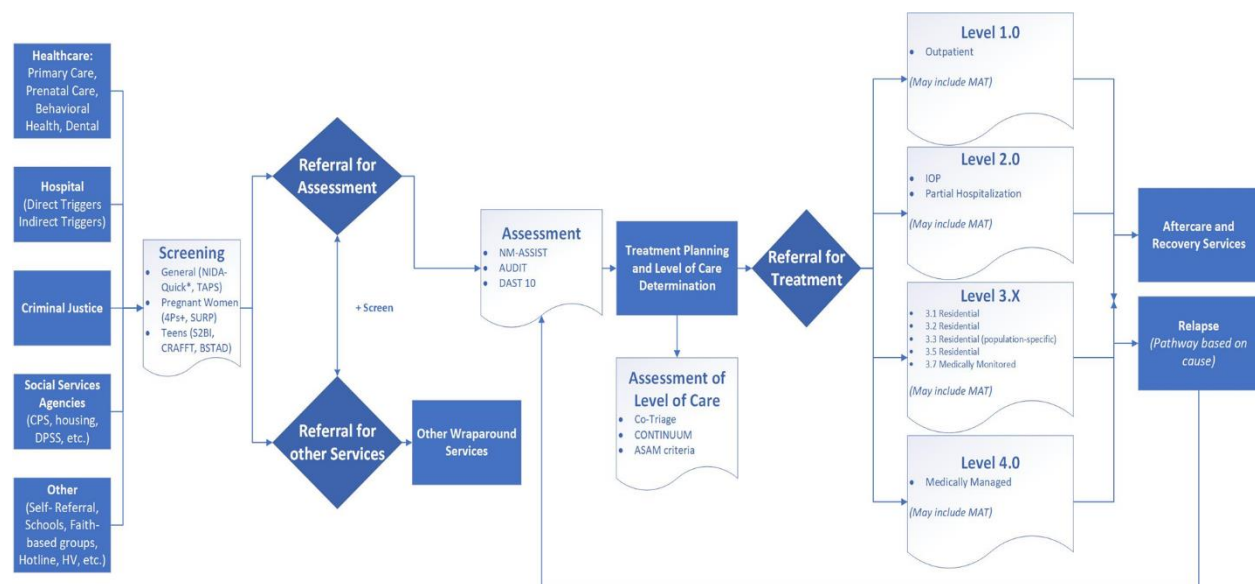
The gaps and barriers listed above were further discussed and culled into a prioritized set of gaps and barriers. That prioritization was initially done in the breakout groups as each was asked to identify the three most significant gaps/barriers in Siskiyou County. Once the breakout groups rejoined the main virtual assembly, there was a round robin discussion to prioritize the top gaps and barriers. This exercise had implications for the work to be done on day two when stakeholders identified key solutions or features to address those gaps and barriers.

The most significant gaps/barriers are listed below.

People	Process	Place	Communication	Miscellaneous
<ul style="list-style-type: none"> <li>• Need for prevention education and starting in early childhood to reduce stigma</li> <li>• Stigma among providers</li> <li>• Coalition building and education on what everyone has to offer</li> <li>• Institutional and community stigma</li> <li>• Providers unwilling to prescribe-not comfortable with harm reduction</li> <li>• Adequate peer support</li> </ul>	<ul style="list-style-type: none"> <li>• Need for timely appointments and referral follow up</li> <li>• Cty - transition to Drug Medi-Cal; a lot of change management</li> <li>• Lack of sufficient Assessment appointments hampered by not having enough certified SUD counselors</li> </ul>	<ul style="list-style-type: none"> <li>• Places to refer for IOP, residential</li> <li>• S County- perception that resources are in N County (not just perception, also a reality)</li> </ul>	<ul style="list-style-type: none"> <li>• Better communication between access line and EDs</li> <li>• Inconsistent messaging and understanding of the continuum</li> <li>• Lack of communication when clients move to other programs per court</li> <li>• Infrastructure for communication across the system</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation and the distance creates issues with access to services; lack of awareness about transportation options</li> <li>• SDOH - Housing challenges - unstable housing or experiencing homelessness; heating/warmth; clothing and shoes, coats; food</li> <li>• Phone and internet access.</li> </ul>

## Future System Features and Solutions

During day two, stakeholders were exposed a second time to a scaffold of a version of the ideal treatment and recovery ecosystem. Revisiting the scaffolding created context for the important work of day two, which was to identify key features and solutions that would pave the way for realizing the ideal treatment and recovery ecosystem for Siskiyou County.



## Group Key Features/Solutions Discussion Summary

With that scaffold in mind and after reviewing the prioritized gaps and barriers identified during day one, participating stakeholders were engaged a second time in randomly assigned breakout groups – this time for the purpose of identifying solutions and key features to facilitate moving from their current state to an improved future state of OUD/SUD treatment. The term “features” was defined as the

characteristics, attributes or substructures of the key components of the treatment and recovery ecosystem (e.g., a centralized appointment slot/bed locator for the referrals process). A comprehensive list of the solutions and key features is included below.

- Increase access to transportation through a variety of means and methods (i.e., provision of quarterly stipends)
- Develop programs specific to regaining a sense of purpose and contribution for clients that at times feel like they are taking more, than giving
- Increase sharing (using various methods) lived experience with stakeholders
- Develop coalitions specific to stakeholders that facilitate getting to know each other on a level that will enhance service delivery for the people served
- Educate stakeholders on the fence about MAT
- Outreach and support to NA/AA to reduce stigma
- Provide timely updates for providers about options for treatment
- Increase understanding about navigators/ advocates - Who all has them? What are their roles? What is their efficacy? How can these services be aligned for maximum coordination and impact?
- Share information across the ecosystem about resources in the county
- Make sure updated information about X-waivered prescribers is up to date in communication across the ecosystem
- Develop a strategy to further understand who the X-waivered providers are who are not prescribing and the barriers to why they are not prescribing
- Consider options for a "medication clinic" delegated from a licensed NTP - "medical treatment unit" in jails
- Open inpatient treatment facility in the county
- To increase access work with Bright Heart for telehealth opportunities, use kiosks for screening to get patients into treatment more quickly
- Use technology to gain access to drug court for outlying areas - work with libraries (which tend to have good internet access) and private areas
- Increase local peer/mentor support, including training for position
- Educate the public about SUD and availability of treatment
- Utilize the Opioid Coalition as an existing forum for all the partners to share what they do/how/why/limitations and generate ecosystem map for different levels of care including specializations, host resources on website
- Workforce development- increase number of facilities that take trainees and increasing awareness of new peer specialist certification being developed in CA
- Increase ability to see next available appointments countywide
- Increase multidisciplinary treatment planning between clinics- specified time monthly for therapists and prescribers to talk

#### Most Significant Key Features/Solutions

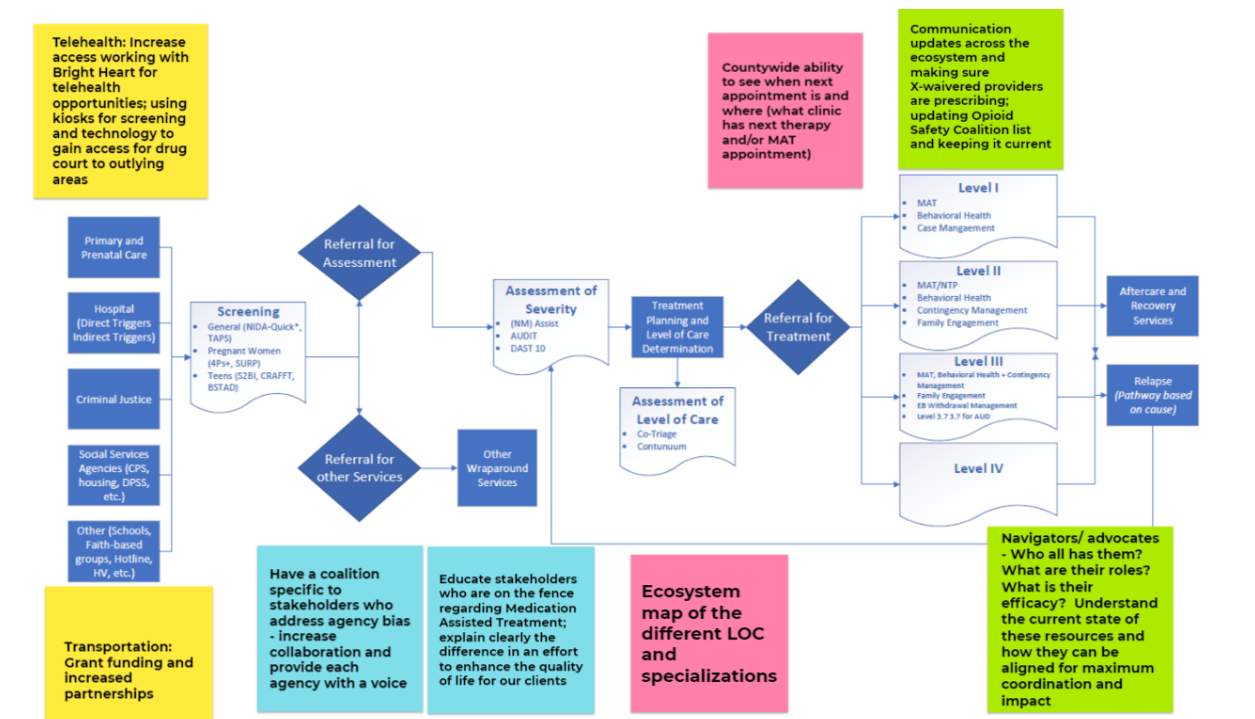
As was the case with group work on gaps and barriers, when the smaller groups rejoined the main gallery, the ensuing discussion identified a list of prioritized solutions and key features that were then

arrayed on the scaffolding to make clear what aspects of the ecosystem were to be affected by the solutions.

### The “Scaffolding” of the Future State

After prioritizing the initial set of key features as a group, stakeholders moved into mapping out the process and structure of an ideal future state treatment and recovery ecosystem by posting the solutions and key features onto the scaffolding. With the understanding that there is some variation in process based on stakeholder type, Shannon Breitzman guided the full group through that mapping process, the final product of which is shown in the figure below.

#### Key Features/Solutions Within the Substance Use Treatment and Recovery Ecosystem



## Section 3: County-Level Goals and Implementation Strategy

### County-Level Goals

The following goals were developed by the planning team for the process improvement event.



SISKIYOU COUNTY SMART GOALS	TARGET DATE	MEASURES	IMPLEMENTATION AND ACCOUNTABILITY
Decrease the amount of time individuals must wait between referral and access to substance use treatment	June 30, 2023	From X number of days to X number of days.	Siskiyou County staff, other ecosystem partners regarding substance use programs their agencies operate
Increase the number of providers prescribing MAT for individuals living in Siskiyou County	June 30, 2023	Double the number of providers prescribing MAT	Siskiyou County staff, other ecosystem partners regarding substance use programs their agencies operate
Increase the strength and number of collaborative relationships that improve transitions of care for individuals as the move between levels of care in the substance use treatment and recovery system	June 30, 2023	Partners in the Opioid Coalition report an increase in the strength and number of relationships from baseline to target date showing an increase of 10%.  Increase the number of X waived providers who are partnered with the BHS by at least 2.	Siskiyou County staff, other ecosystem partners regarding substance use programs their agencies operate

Participants were asked to indicate which goals they were interested in for future involvement. This information was captured via Zoom poll function. Of the 25 participants who submitted a response to the poll, the majority indicated they were interested in supporting goals “Decrease the amount of time individuals have to wait between referral and access to substance use treatment” and “Increase the strength and number of collaborative relationships that improve transitions of care for individuals as the move between levels of care in the substance use treatment and recovery system”. Participants were also asked to submit to the chat function any additional goals they wanted to see for the county.

## Implementation Strategy

HMA will work with Siskiyou County Health and Human Services to leverage the momentum and engagement from the process improvement event and carry it forward into expanding the substance use treatment and recovery ecosystem. Siskiyou County has many significant strengths and several key champions and change makers to successfully implement the goals outlined above. There is genuine interest in addressing gaps in the ecosystem and stakeholders prioritized solutions on which to focus over the coming year.

## Next Steps

HMA recommends scheduling monthly check ins with County staff and other partners across Siskiyou County regarding progress on the goals, connecting partners to coaching, technical assistance, HMA office hours, trainings and webinars that align with Siskiyou County goals and priorities, and most importantly, to one another.

HMA also recommends scheduling quarterly virtual (and if budget and public health guidelines allow, perhaps one in person) convenings with stakeholders who participated in the process improvement event as well as new or additional partners. These quarterly convenings can focus on strengthening the partnership and collaboration across the ecosystem with an eye toward collective and mutually reinforcing activities to advance the priorities identified at the event.

Finally, HMA will ensure that partners across Siskiyou County stay informed about technical assistance and coaching opportunities through the Systems of Care project, the intersections with other State Opioid Response funded projects and the resources available to them.

## Technical Assistance and Coaching Program

Under the System of Care program, HMA provides technical assistance, coaching and training free of charge to stakeholders in Siskiyou County. Material is presented in various formats and is created and delivered by the nation's leading experts on the subjects of SUD/OD and building systems of care. Continuing educational credit is offered at no cost to attendees for many of the components of the technical assistance that HMA provides.



### *Coaching Options*

HMA offers 1:1 practice coaching for up to 12 months, providing individualized coaching to meet specific needs/goals of an organization or team. HMA also offers this type of 1:1 practice coaching on a streamlined or time limited basis if the need is specific term limited. Organizations can also request coaching or technical assistance for one to two sessions if they have a specific question or issue for which they need help. To access any coaching or technical assistance please fill out a [technical assistance application](#) on our project website: [addictionfreeCA.org](http://addictionfreeCA.org).

### *Conclusion*

In conclusion, Siskiyou County's commitment to building an effecting SUD treatment and recovery ecosystem is well established and HMA is honored to be a partner in this work. The HMA team is very grateful to the Siskiyou County process improvement event planning team and their dedication to putting on a meaningful event, as well as their ongoing work in the county. We would also like to express our appreciation to the participants for making the time to attend the two-day event, engaging in robust discussion and committing to continued partnership. After more than a year working in a

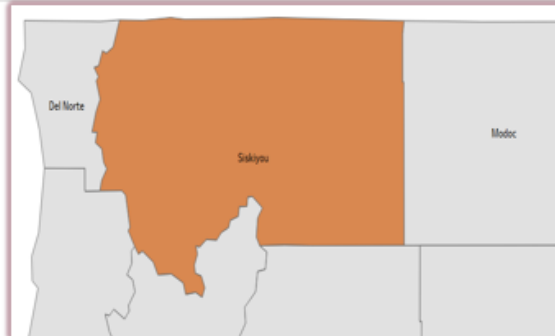
virtual environment, with “Zoom fatigue” and many of our health sector friends also working on the pandemic, it was a lot to ask that people participate in a two-day virtual event-but all were active participants who contributed to an enriching conversation. Thank you for that. Finally, we want to express our gratitude to the individual who shared their experience with substance use and accessing treatment. Thank you for contributing so significantly to this learning opportunity.

With resources mobilizing throughout the state and within Siskiyou County, the strong team at Siskiyou County Health and Human Services and the champion providers throughout the county, there is the vision, leadership and ability to fully implement the future state pathway within the next two to three years. Together, we have the power to normalize the disease of addiction, better care for the community members suffering from this disease and eliminate overdose related deaths in Siskiyou County.

## Appendix

- Siskiyou County SUD Data

**SISKIYOU COUNTY: POPULATION 43,540**



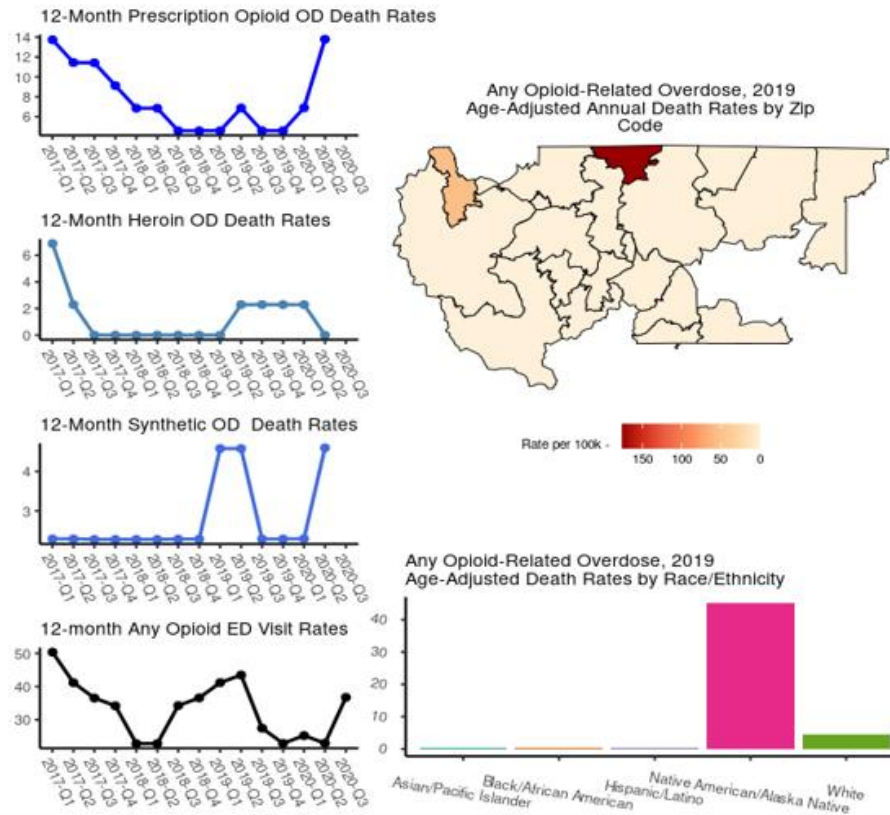
### ADDITIONAL FACTORS

- + **Coalition:** Yes
- + **Drug Medi-Cal Organized Delivery System?** No
- + **Presence of CA Bridge Program or Behavioral Health Pilot Project:** Yes
- + **SOR1 program participation:** Spoke, CA Bridge or BHPP, Jail Based MAT, Youth Opioid Response, Sierra Foundation

### STATISTICS

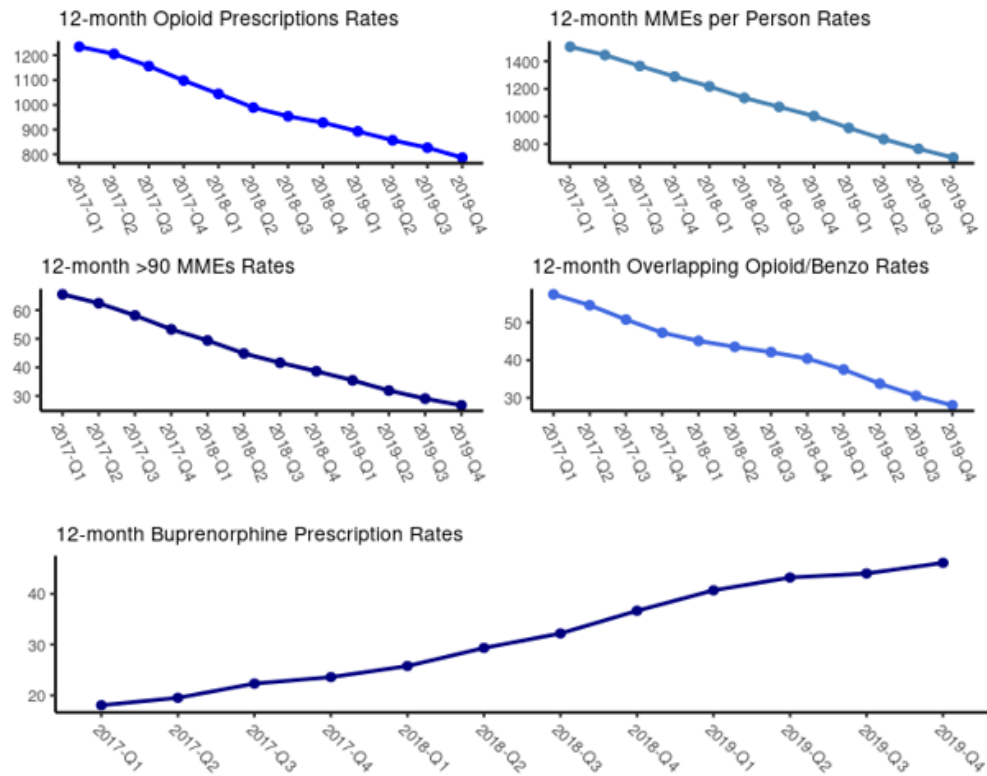
- + **OUD Death Rate**
  - + 2018: 3.62
  - + 2019: 5.98
- + **All Drug Death Rate**
  - + 2018: 8.39
  - + 2019: 11.24
- + **ED Opioid Rate**
  - + 2018: 23
  - + 2019: 17.82
- + 2 Hospitals
- + 9 Pharmacies
- + 4 FQHCs
- + Methadone Clinics: 0
- + Total SOR Programs: 5

## Siskiyou County Continued





## Siskiyou County Continued



- Process Improvement Event Slides
- Summary of Evaluation Results
- Citations