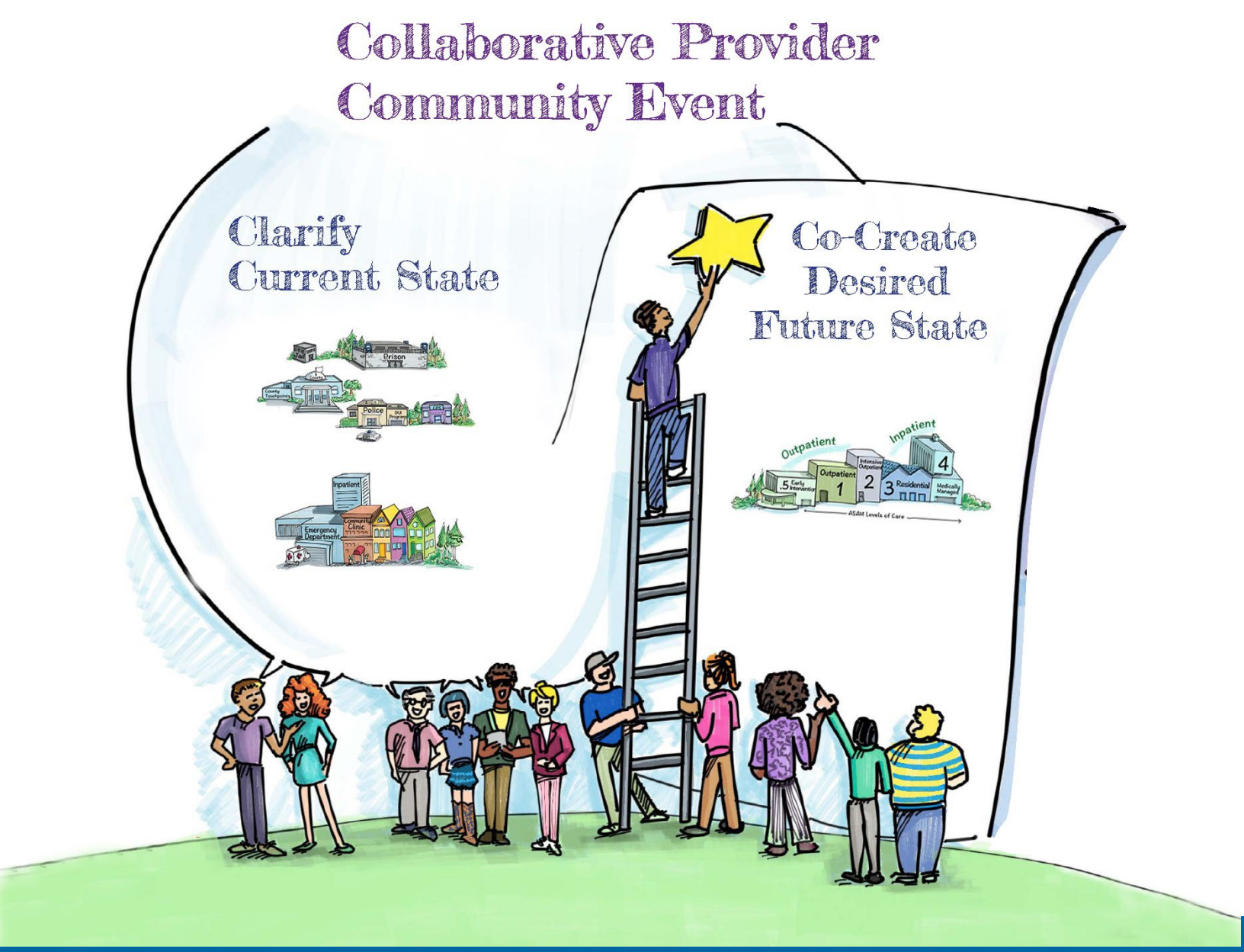

STRENGTHENING THE SANTA CRUZ COUNTY SUBSTANCE USE DISORDER TREATMENT AND RECOVERY ECOSYSTEM

Process Improvement Event

May 18 & 19, 2021

HEALTH MANAGEMENT ASSOCIATES

STRENGTHENING THE SUBSTANCE USE DISORDER TREATMENT AND RECOVERY ECOSYSTEM

SANTA CRUZ COUNTY Community Process Improvement Event

May 18 & May 19, 2021

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Department of Health Care Services

HMA

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Executive Summary

Overdose is the leading cause of accident-related death in the United States. In recent years, the vast majority 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 OD deaths).[1] 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 Opioid Use Disorders (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. 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 countrywide 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. Santa Cruz County - one of the six counties selected - participated in a large-scale process improvement event on May 18th and 19th, 2021 that included members from local governmental agencies, healthcare, addiction treatment, law enforcement, community-based organizations and those who pay for that treatment. 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 Santa Cruz County residents in need of addiction treatment and support services.

The Santa Cruz Behavioral Health Services Agency, Encompass Community Services, Janus of Santa Cruz County, Health Improvement Partnership of Santa Cruz County and SafeRX of Santa Cruz County all partnered with HMA to convene stakeholders and examine the disease of addiction and evidence-based treatments, and to conduct an evaluation of the entire addiction treatment ecosystem in and around Santa Cruz County, CA.

The two-day event set the stage for systemwide collaboration to help organizations and their treatment practitioners navigate and assist the Santa Cruz County treatment and recovery eco-system. This event also reviewed and endorsed the adoption of universal evidence-based tools for screening, assessment,

[1] Ahmad, F.B., Rossen, L.M., Sutton, P. “Provisional drug overdose death counts”, National Center for Health Statistics, 2021

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

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 accidents or gun violence. The vast majority 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% 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 (other than methadone), such as fentanyl increased by more than 50% between 2016 and 2017. In 2019, 1,675 of the 2,802 deaths from opioid overdose in California involved synthetic opioids.

In an effort 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 a number of 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 & 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, 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. Through rigorous assessment of all 58 counties in California, HMA identified 16 counties across two project cohorts. Santa Cruz County was identified as 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 Santa Cruz County, five other SOR-2 counties (Marin,

Santa Barbara, San Bernardino, Siskiyou, and Yolo) were identified as key locations on which to focus these efforts.

Systems of Care Project Goals

Make treatment more accessible and equitable for people with SUD/OUD/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?

The Systems of Care project engages stakeholders in each selected county in an 18-month 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.

HMA worked with Santa Cruz County Behavioral Health Services leadership and community stakeholders that include Alex Threlfall, MD, Chief of Psychiatry, County of Santa Cruz Behavioral Health Services; Casey Swank, LCSW, Behavioral Health Program Manager, Substance Use Disorder Services, County of Santa Cruz, Health Services Agency; Jen Hastings, MD, Medical Lead, SafeRx of Santa Cruz County, Health Improvement Partnership and Outpatient MAT Encompass Community Services; Katharina Schoellhammer, LMFT, Associate Clinical Director, Hub & Spoke Project Director, Janus of Santa Cruz; and Michael Jaffe, MD, Medical Director, Santa Cruz County Outpatient Substance Use Disorder Services (SUDS), who all were deeply involved in the county-level planning and project leadership. 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 held weekly planning meetings in advance of the event, The HMA project team, consisted of Don Novo, HMA Project lead, Elizabeth Wolff, MD, MPA, and Laura Collins, LCSW, the primary and secondary Coaching leads respectively, and Nayely Chavez, MPH, the Technical Assistance Coordinator, who all worked and coordinated with the county planning committee and 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, acclimated the HMA team to the county's treatment ecosystem, 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.

County Leadership/Key Change Agents

Santa Cruz Project Planning Committee

- **Alex Threlfall, MD** - Chief of Psychiatry, County of Santa Cruz - Behavioral Health Services
- **Casey Swank, LCSW** - Behavioral Health Program Manager, Substance Use Disorder Services, County of Santa Cruz, Health Services Agency
- **Jen Hastings, MD** - Medical Lead, SafeRx of Santa Cruz County, Health Improvement Partnership; Outpatient MAT Encompass Community Services
- **Katharina Schoellhammer, LMFT** - Associate Clinical Director / Hub & Spoke Project Director, Janus of Santa Cruz
- **Michael Jaffe, MD** - Medical Director, Santa Cruz County Outpatient SUDS

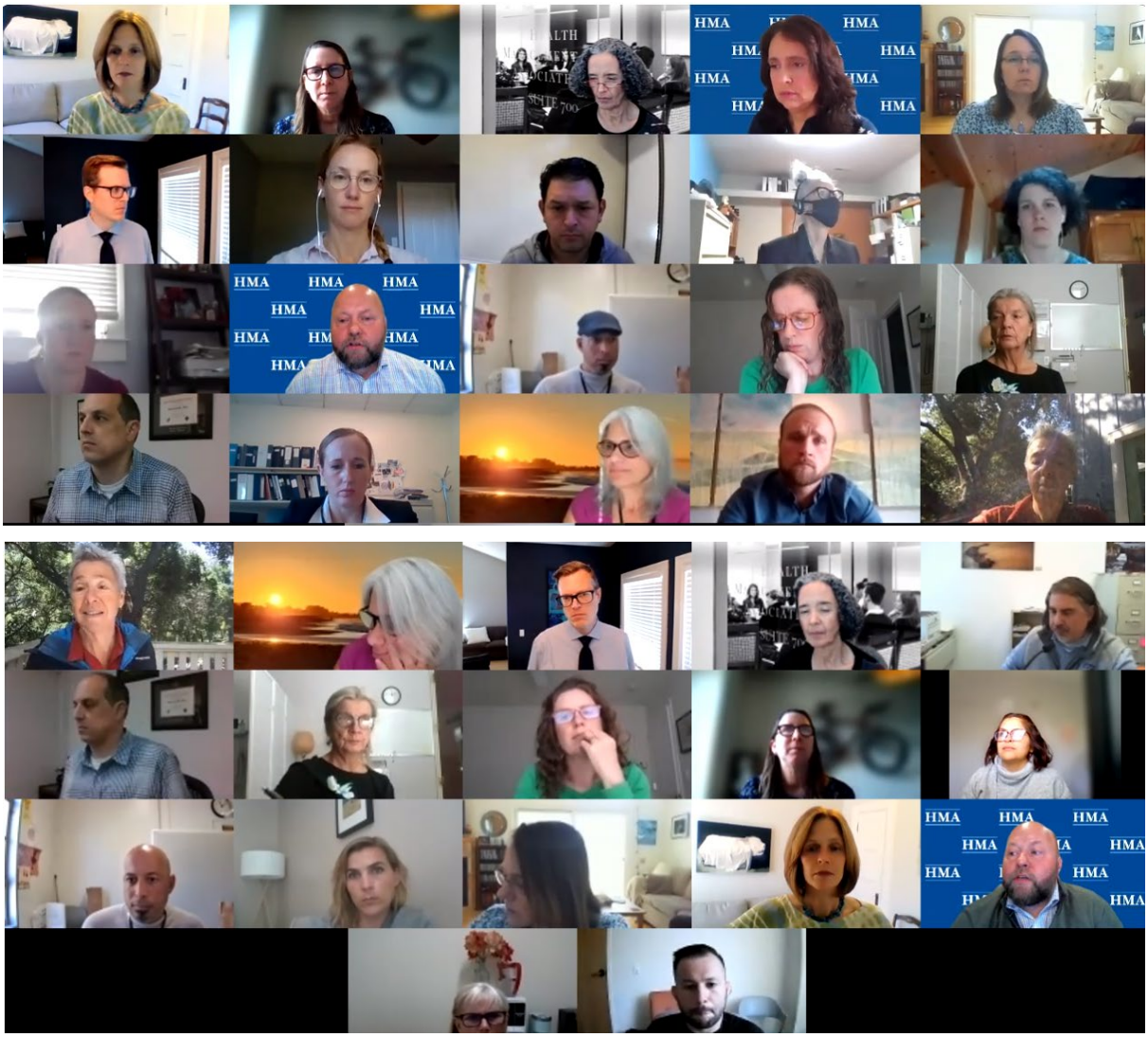
Process Improvement Event Participant Agencies/Organizations

- Central California Alliance for Health
- County of Santa Cruz - Homeless Persons Health Project
- County of Santa Cruz Behavioral Health*
- County of Santa Cruz Children's Behavioral Health
- County of Santa Cruz Health Officer
- County of Santa Cruz Substance Use Disorder Services*
- Dominican Hospital
- Encompass Community Services*
- Encompass Community services/Si Se Puede Program
- Goodwill of Central Coast
- Harm Reduction Coalition of Santa Cruz County
- Health Improvement Partnership of Santa Cruz County*
- Janus of Santa Cruz*
- Monterey County Prescribe Safe Initiative
- New Life Community Services
- Pajaro Valley Prevention and Student Alliance (PVPSA)
- Santa Cruz Behavioral Health Division*
- Santa Cruz Community Health
- Santa Cruz County Behavioral Health- HOPES Team
- Santa Cruz County Corrections*
- Santa Cruz County Health Services Agency
- Santa Cruz County Office of Education
- Santa Cruz County Probation
- Santa Cruz County Public Health
- Sobriety Works*
- Superior Court of Santa Cruz County
- The Camp Recovery Center
- UCSC Student Health Services
- Watsonville Community Hospital

*Indicates organizations that were engaged in initial outreach and project discussions related to the Santa Cruz County Systems of Care project.

Process Improvement Methodology

In advance of the event, the HMA team worked with the county to gather high-level information on addiction treatment resources and capacity in Santa Cruz 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 county-level planning group, laid the groundwork for outreach to stakeholders, pre-work, and collaborative planning in anticipation of an intensive, virtual process improvement event (PIE) characterized by client-focused testimonials, process mapping, presentation, and discussion.



Most healthcare professionals are familiar with LEAN processing 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.

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 Santa Cruz County: SUD treatment, residential providers, hospital, probation department, behavioral health, public 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.

Participants discussed specific gaps and barriers in randomly assigned breakout groups. During the breakouts, participants prioritized their list, sharing the most salient ones in a report out that resulted in a compilation representing the most significant gaps and barriers in Santa Cruz 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 1 and, importantly, to the discussion of potential solutions and future goals.

A number of organizations and agencies were involved in developing process maps of SUD services organized by service area, facilitated by the Santa Cruz Planning team in advance of the PIE and those process maps were presented and discussed in the second half of Day 1. Process mapping is an adaptation of an evidence-based performance improvement tool incorporated into system improvement models like Lean, Six Sigma and Total Quality Management. 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 new exercise and a valuable skill developed with the assistance of the HMA coach and the project's technical assistance coordinator.

The Planning team presented a walkthrough of the sector process maps including all interventions and decision points in their process flows and identifying both intervention-specific and global barriers and gaps. The sectors presented were Hospital and Emergency Care, Mental Health Crisis Stabilization and Psychiatric Healthcare Facility, Drug MediCal Organized Delivery System (DMC-ODS), Non DMC-ODS and DMC-ODS Outpatient and Residential, Criminal Justice, Pharmacy Services, and Youth.

The reporting out on current state processes was complex, with many barriers and challenges highlighted. The high level of detail gained from the mapping sessions was not communicated effectively with the format and structure, but attendees began to get a sense of the current state of addiction screening, placement, and treatment in different sectors in Santa Cruz County. The mapping exercise and presentation maximized the learning potential for all participants. The developed maps are memorialized in this report for future use and review.

After each section map was presented to the PIE participants, we engaged in discussion about the revelations from that process and refined the compilation of significant gaps and barriers to accessing MAT in Santa Cruz.

On the morning of day two, the group returned to review the science of Medication Assisted Treatment, screening, assessment, and level of care determination; learn about the power of stigma as an obstacle to recovery; and hear information about telehealth, sharing client information, and the fate of recent regulatory changes influencing the treatment of SUD. These presentations resulted in the need for further discussion and clarification around how some of these matters influence potential recovery

pathways in Santa Cruz County. Perhaps the most powerful and impactful session was hearing from Jonathan, a person with lived experience who shared his experience, pain points and successes along his recovery journey. His compelling journey included sharing his story of early heroin addiction, coupled with family abuse and traumas, gang involvement and multiple incarcerations starting at a young age for most of his adult life. He discussed his experiences with both methadone and MAT and how successful management of his MAT allowed him to reunify his relationships with his children, ex-wife, and community.

After a review of the gaps and barriers compiled during the day one breakout session, participants then engaged in more breakout work in day two. These breakout groups were tasked with identifying Key Features and Solutions they wanted to add to 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 then reconciled into a consolidated list during the report out. The items on the consolidated list were then arrayed on the ideal ecosystem "scaffolding" to underscore where in the ecosystem are the greatest opportunities for improvement.

It is worth mentioning that the participants in attendance were a particularly engaged group representing a wide cross-section of organizations, departments, decision-makers, doers, and people with lived experience. The future state map below was developed based on the previously gathered information from in-person meetings, electronic surveys and the real-time input of the groups that had developed the current state maps and prioritized the key features for the future state. While not every treatment organization was present, the buy-in from the different groups was substantial, and it was their voices that created the product.

The planning committee is reviewing all of the feedback received during the PIE event along with evaluation data and feedback to finalize a set of SMART goals that reflect the needs of the countywide Treatment and Recovery ecosystem.

Project Coaches will assist provider and stakeholder organizations engaged in the Coaching and Technical Assistance program in developing organizational specific Smart goals and the development of a plan for achieving organizational SMART goals.

The Santa Cruz County Project Planning Committee introduced five draft smart goals and added a sixth goal based on PIE participant interaction and feedback. The Planning Committee will refine the project's Smart goals during the upcoming weeks based on the stakeholder participation and feedback over the two-day process improvement event. Collectively, Santa Cruz County PIE Planning Committee along with the HMA project team will review all of the feedback and response data received over the two-day PIE event and develop final smart goals that will be introduced at the first Quarterly project call scheduled for the Summer 2021. The draft smart goals as introduced during the PIE event are identified in Table 5.

Basic Principles of SUD Treatment

This section addresses a number of basic principles embraced by the broader recovery community and by the Systems of Care initiative, in particular. 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, Santa Cruz County is contracted with the state Department of Healthcare Services (DHCS) as a Drug Medi-Cal, Organized Delivery System (DMC-ODS). DMC-ODS is the nation's first SUD a 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[2]:

- 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

That contract began on January 1, 2018 and is now fully implemented providing all levels of care including Withdrawal Management, along with multiple ASAM levels of Outpatient and Residential

[2] 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.

Treatment. While the implementation of DMC-ODS has made significant contributions to the ecosystem in Santa Cruz County, elements of the waiver design and the complexities of recovery pathways underscore the importance of continuing to think 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 and 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 PIE, 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

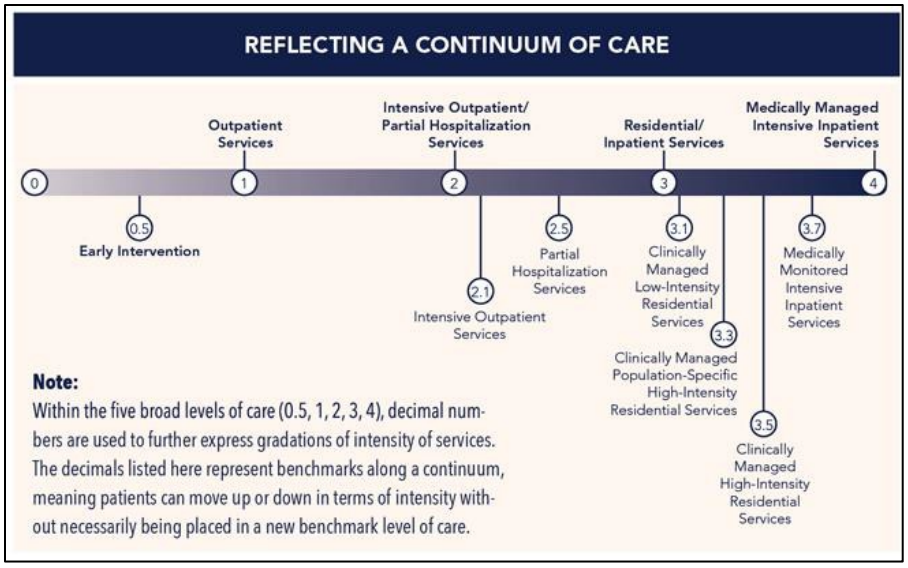
Understanding the distinction among screening, assessment and level of care determination is important as we contemplate the features of an ideal treatment and recovery ecosystem. During the PIE, participants came to understand that screening is the use of formal tools or questionnaires validated for 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 a number of domains to enable decision-making about and referral to the appropriate level of care.

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. Still, opportunities exist for providers to uniformly adopt the use of the same assessment tools to ensure the treatment ecosystem is coordinated with the same understanding of the needs of people in recovery.

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 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 too ready those with OUD/SUD to embark on any kind of recovery pathway without addressing dopamine depletion.

In discussions with providers and other stakeholders across the county, they note several barriers to prescribing MAT. One narcotic treatment program (NTP) reported that they have not received the billing codes from the county to prescribe MAT for their Medi-Cal clients, which is most of their patient volume, and that the county's EHR only allows documentation of methadone, not buprenorphine, for NTP. In one of the county hospitals, the SUD Navigator noted missed opportunities in the ED to connect with patients because he did not receive an alert when a patient screens positive for using opioids. Additionally, although naloxone kits were regularly distributed in the ED, he was not receiving referrals for those patients. In the other county hospital and psychiatric health facility, they have not yet started MAT, though there are clinical and administrative champions interested implementing this service. Several organizations noted a lack of X-waived providers and were unaware of the regulation changes allowing non-X-waived providers to prescribe for up to 30 patients. Lack of referrals from outside agencies and the community was noted as a barrier by several agencies. Additionally, stakeholders noted a need for more co-occurring services, and the county's mental health clinic is interested in

starting to prescribe medications for addiction treatment as well. Finally, many noted stigma surrounding SUD generally as a barrier. Much of the discussion around stigma focused on a general lack of community understanding and knowledge of the neurobiology of addiction, including providers at all levels, who can greatly impact access to care.

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, the 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 disorders (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.[3]

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 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 Santa Cruz 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. As mentioned above, organizations in Santa Cruz all highlight this as a pervasive issue, that both impacts ready-access to care and the quality of SUD care.

[3] Trivedi, M.H. et al. “Naltrexone and Bupropion in Methamphetamine Use Disorder”, New England Journal of Medicine 2021; 384:140-153.

The Importance of Transitions of Care

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. Prompt communication and coordination of care between transitions remains a common challenge in the field of SUD treatment, including for Santa Cruz County.

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, in particular, 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 (PIE) began with a discussion of why we are all gathered at this event. Among the potential goals of the PIE are the following:

- Make treatment more accessible and equitable for people with SUD/OUD/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 Santa Cruz County?

The PIE planning group in Santa Cruz County organized a stimulating panel to provide an overview of effective programs and features in the overall treatment and recovery ecosystem in Santa Cruz. During day one of the PIE Jen Hastings, Rita Hewitt, Jenna Shankman, and Shelly Barker from Safe RX of Santa Cruz County led a panel discussion on "What's Working in Santa Cruz County's Treatment and Recovery Ecosystem." The panel discussion highlighted the progress that the ecosystem has attained over the past several years. The panel discussion provided a high-level overview from ecosystem leaders with the community-based organizations that have attained much of the ecosystem progress achieved over the past several years. The Panel included changemakers from the following organizations:

- SafeRX of Santa Cruz-Expanding Access to MAT – Jen Hastings
- Santa Cruz Community Health- Salud Para La Gente‵ - Kristen O'Connor RN BSN CARN, Engaging Youth in MAT Stimulant Treatment
- ED Bridge Hospitals with SUN Navigators – Nash Solano- Dignity and Watsonville Hospitals
- Encompass Community Services – Cecilia Krebs – MAT in the Jails
- County of Santa Cruz Substance Use Disorder Services – Casey Swank, LCSW – SUD Services
- Health Information Partnership of Santa Cruz- Shelly Barker -Health Information Exchange

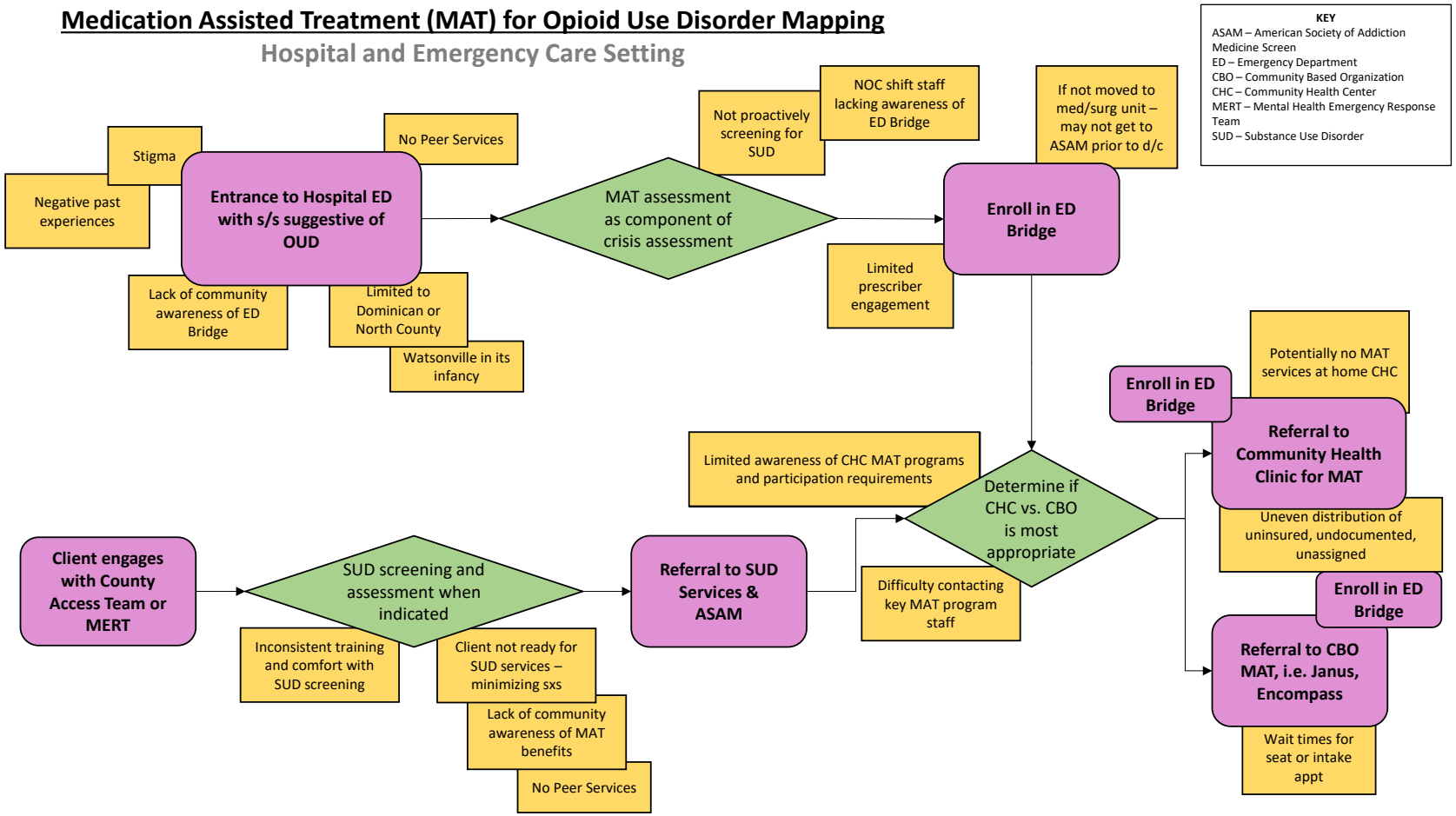
This informative panel discussion cemented together the countywide ecosystem and coordination of the CBOs, hospitals, FQHCs, and other stakeholder organizations and efforts that have significant expanded access to MAT and the availability of treatment services within Santa Cruz County.

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

Each of the counties participating in the Systems of Care initiative engaged in flow mapping of the key processes used by various provider or stakeholders. 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 can be tremendous helpful in analyzing and improving 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). In Santa Cruz County the PIE planning group identified a number of providers from different sectors to map key processes in the ecosystem. What follows are diagrams and narrative descriptions of the process maps presented by a number of agencies and stakeholders during the PIE.

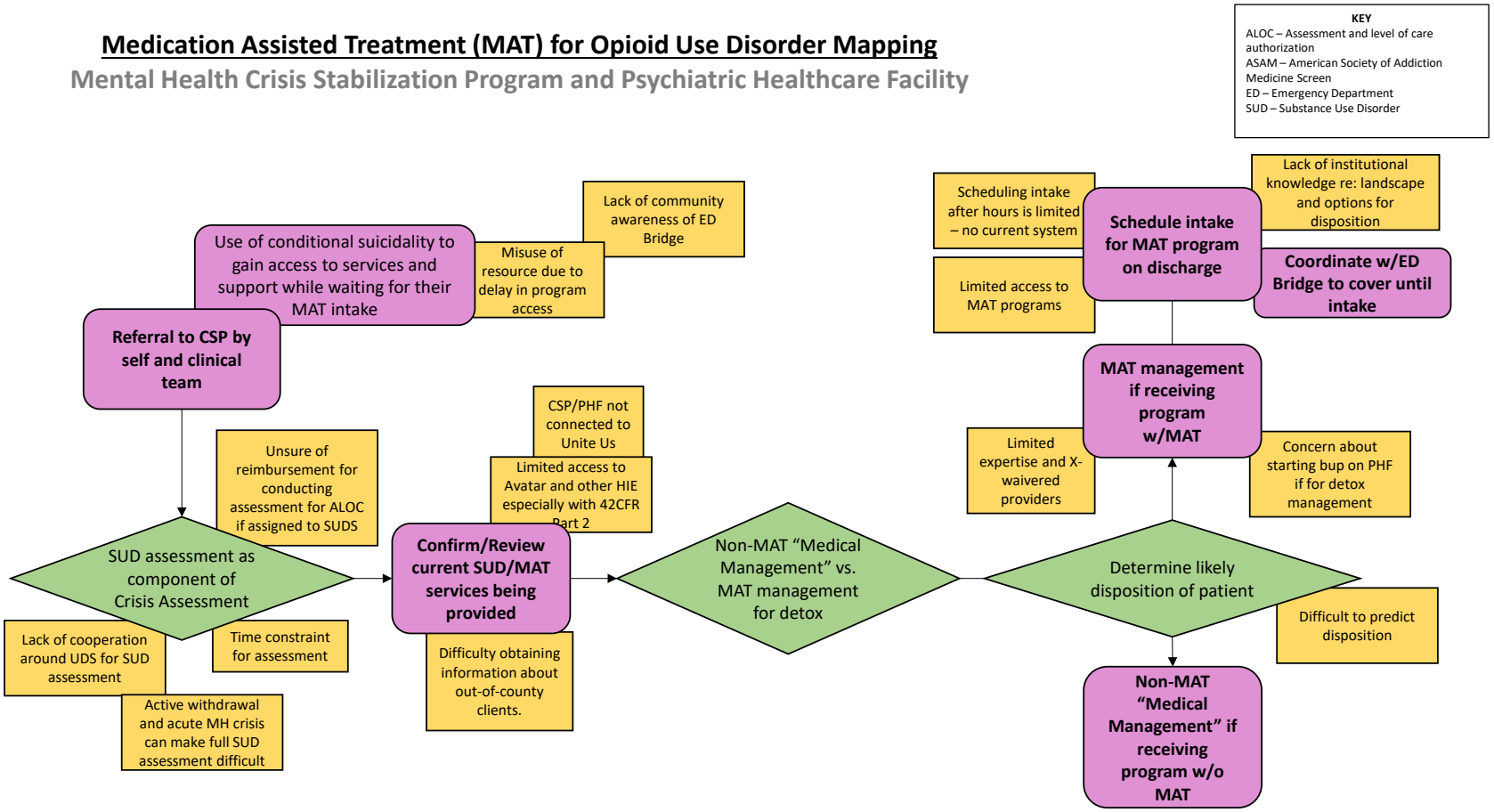
Santa Cruz County Hospital & Emergency Care

In May 2021, the Santa Cruz County Planning Team met with representatives from the Santa Cruz County's Treatment and Recovery eco-system including Dignity ED Bridge to map out the system workflow. As shown in the map, the process begins with an individual accessing care through the ED or in the community and moves through a series of process steps (pink), decision points (green), and next steps all the way to referral to a provider. Barriers that exist are represented by yellow.



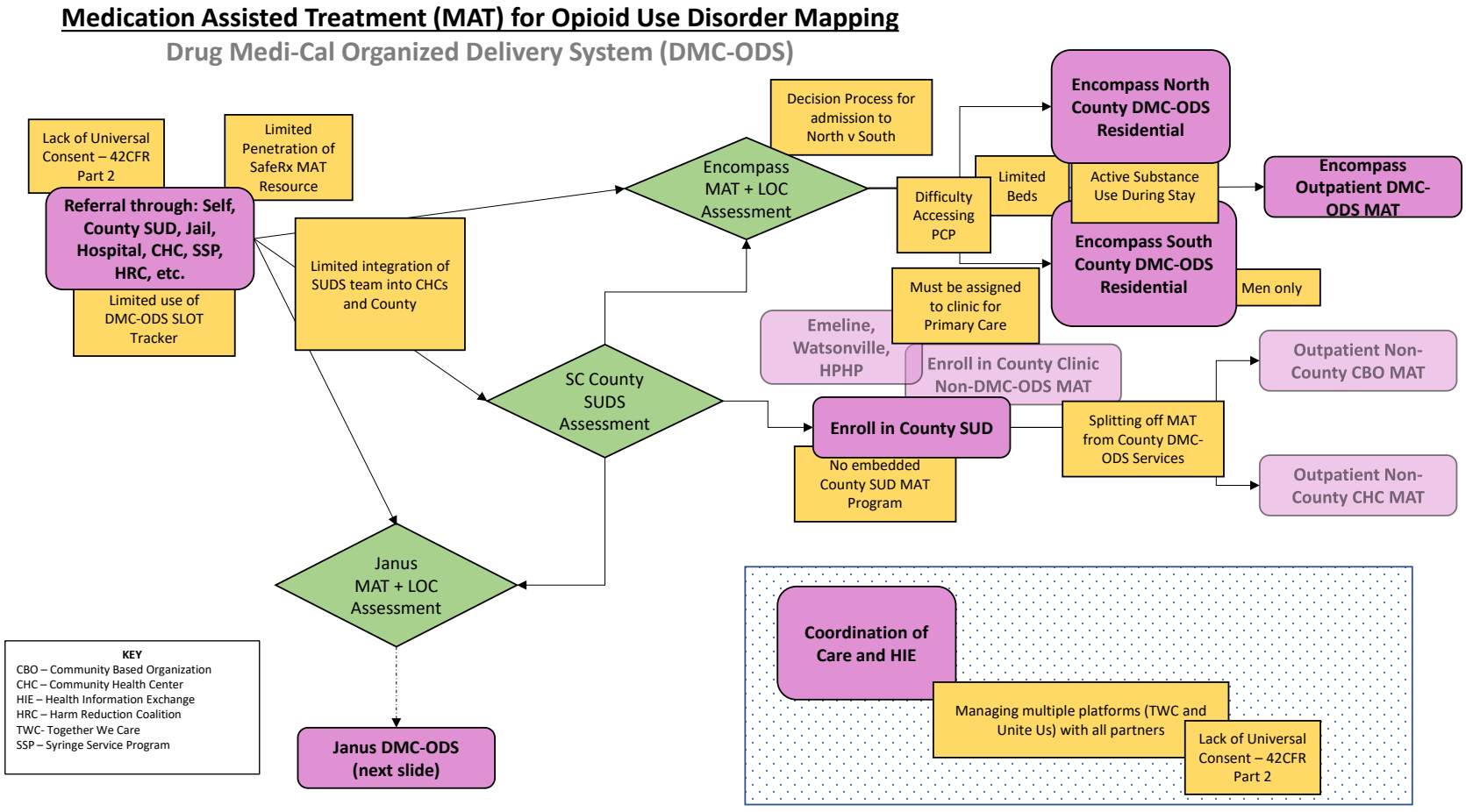
Santa Cruz County Mental Health Crisis Stabilization Program and Psychiatric Healthcare Facility

Representatives from Santa Cruz County's Mental Health Crisis Stabilization Program, the Psychiatric Healthcare Facility, Dignity Hospital, and community MAT providers together with Santa Cruz County Behavioral Health Services staff gathered to map out the system workflow. As shown in the map, the process begins with the initial program referral and moves through a series of process steps (pink), decision points (green), and next steps all the way to when patients are offered additional services. Barriers that exist are represented by yellow.



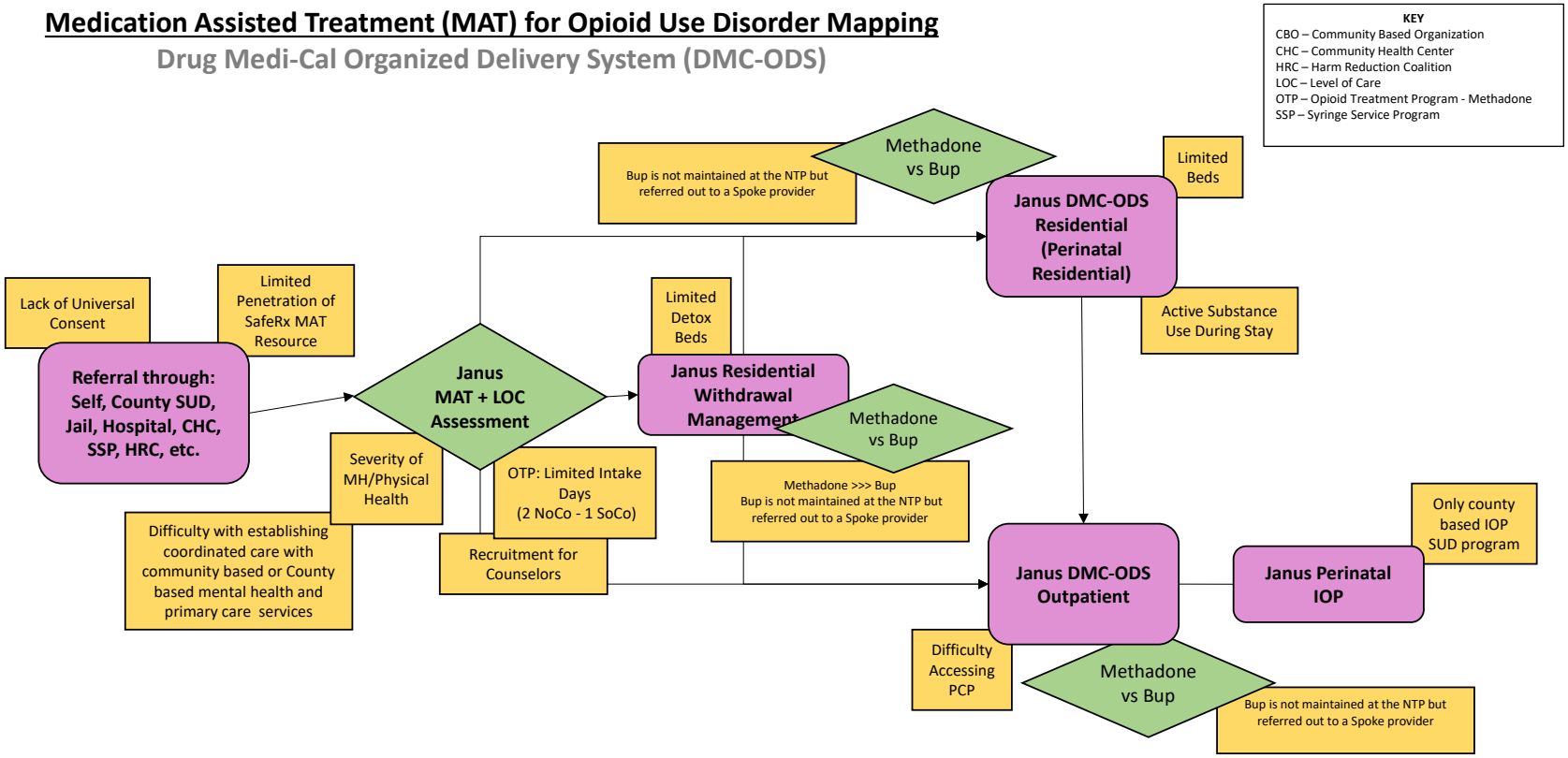
Sandra Cruz County Drug Medi-Cal Organized Delivery System (DMC-ODS)

Representatives from clinics and programs in Santa Cruz County providing Medication Assisted Treatment (MAT) together with Santa Cruz County Behavioral Health Services staff gathered to map out the MAT Program system workflows. As shown in the map, the process begins first step begins with the referrals to MAT Treatment and moves through a series of process steps (pink), decision points (green), and next steps all the way the referral process. Barriers that exist are represented by yellow.



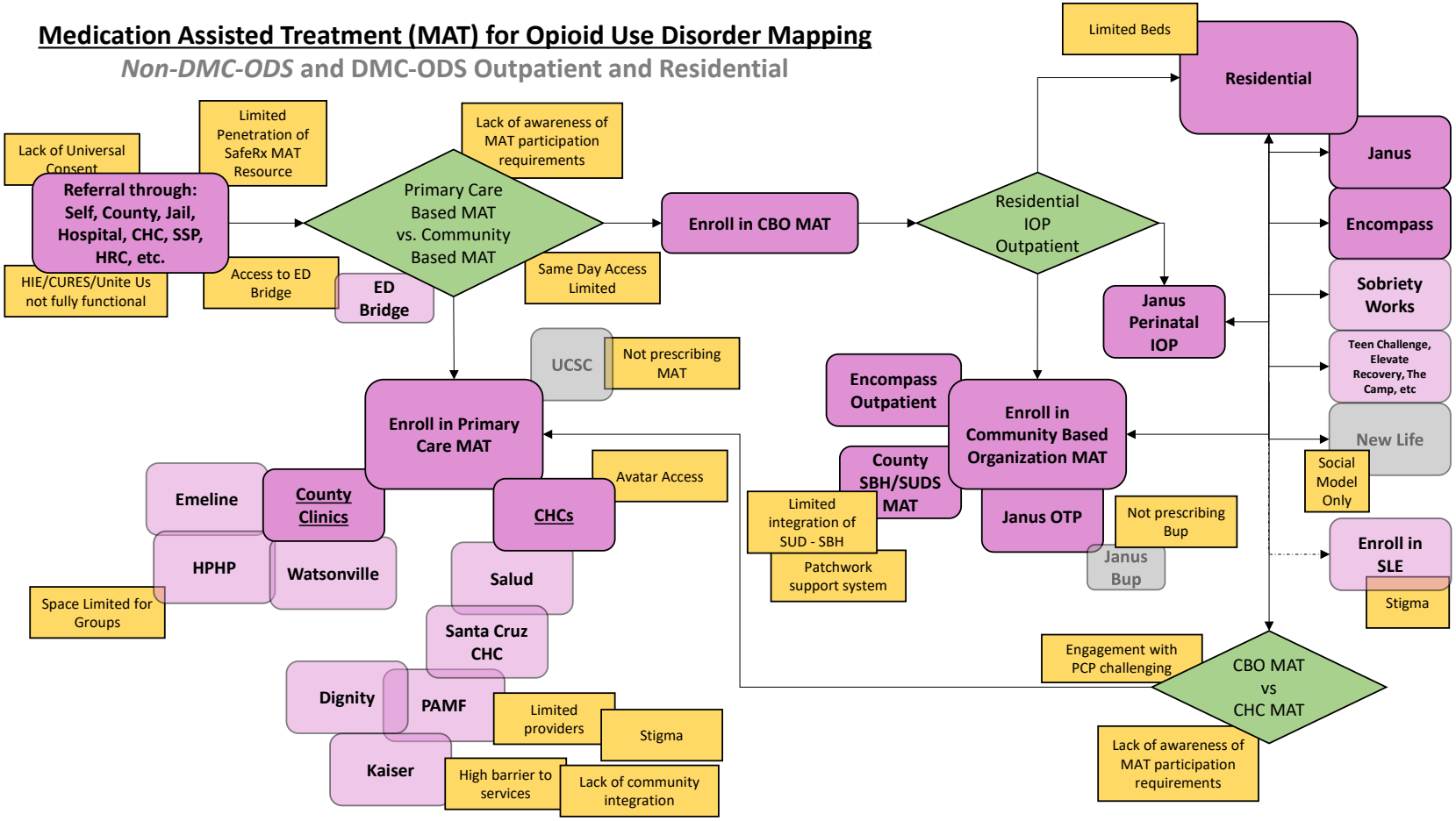
Medication Assisted Treatment (MAT) for Opioid Use Disorder Mapping

Drug Medi-Cal Organized Delivery System (DMC-ODS)



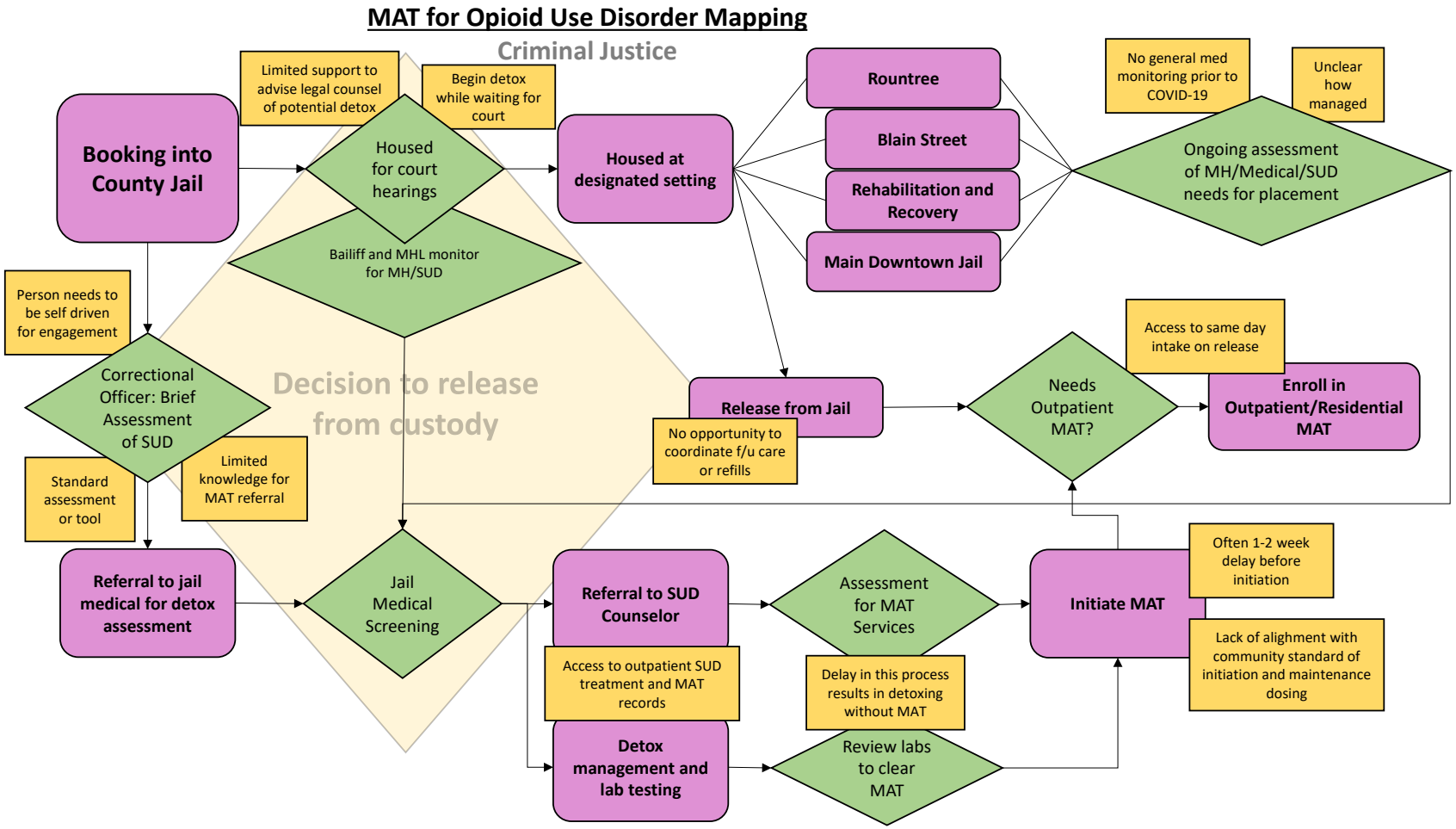
Santa Cruz County Non-DMC-ODS and DMC-ODS Outpatient and Residential

Representatives from Santa Cruz County Outpatient and Residential Treatment Programs, Santa Cruz MAT providers, together with Santa Cruz County Behavioral Health Services staff gathered to map out the system workflow. As shown in the map, the process begins with first step begins with referrals to the treatment program and moves through a series of process steps (pink), decision points (green), and next steps all the way to when an intervention is applied. Barriers that exist are represented by yellow.



Santa Cruz County Criminal Justice

Representatives from Santa Cruz Criminal Justice Programs and individuals involved with the MAT in the Jails program including Santa Cruz County Behavioral Health Services gathered to map out the system workflow. As shown in the map, the process begins first step with individuals being booked into the county jail and moves through a series of process steps (pink), decision points (green), and next steps all the way to the patient is referred to a provider or another resource. Barriers that exist are represented by yellow.

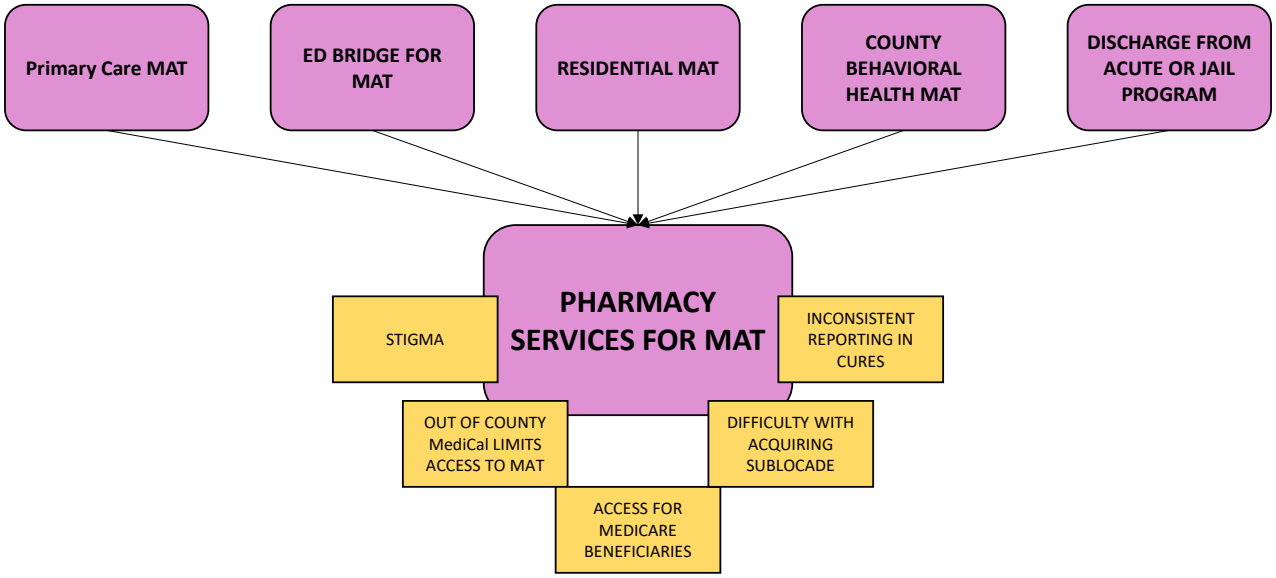


Santa Cruz County Pharmacy Services

Representatives from Santa Cruz MAT providers together with Santa Cruz County Behavioral Health Services staff gathered to map out the Pharmacy Services system workflow. As shown in the map, the process begins with the referral from the client's treatment provider and moves through a series of process steps (pink), decision points (green), and next steps all the way to the patient is referred to a provider or another resource. Barriers that exist are represented by yellow.

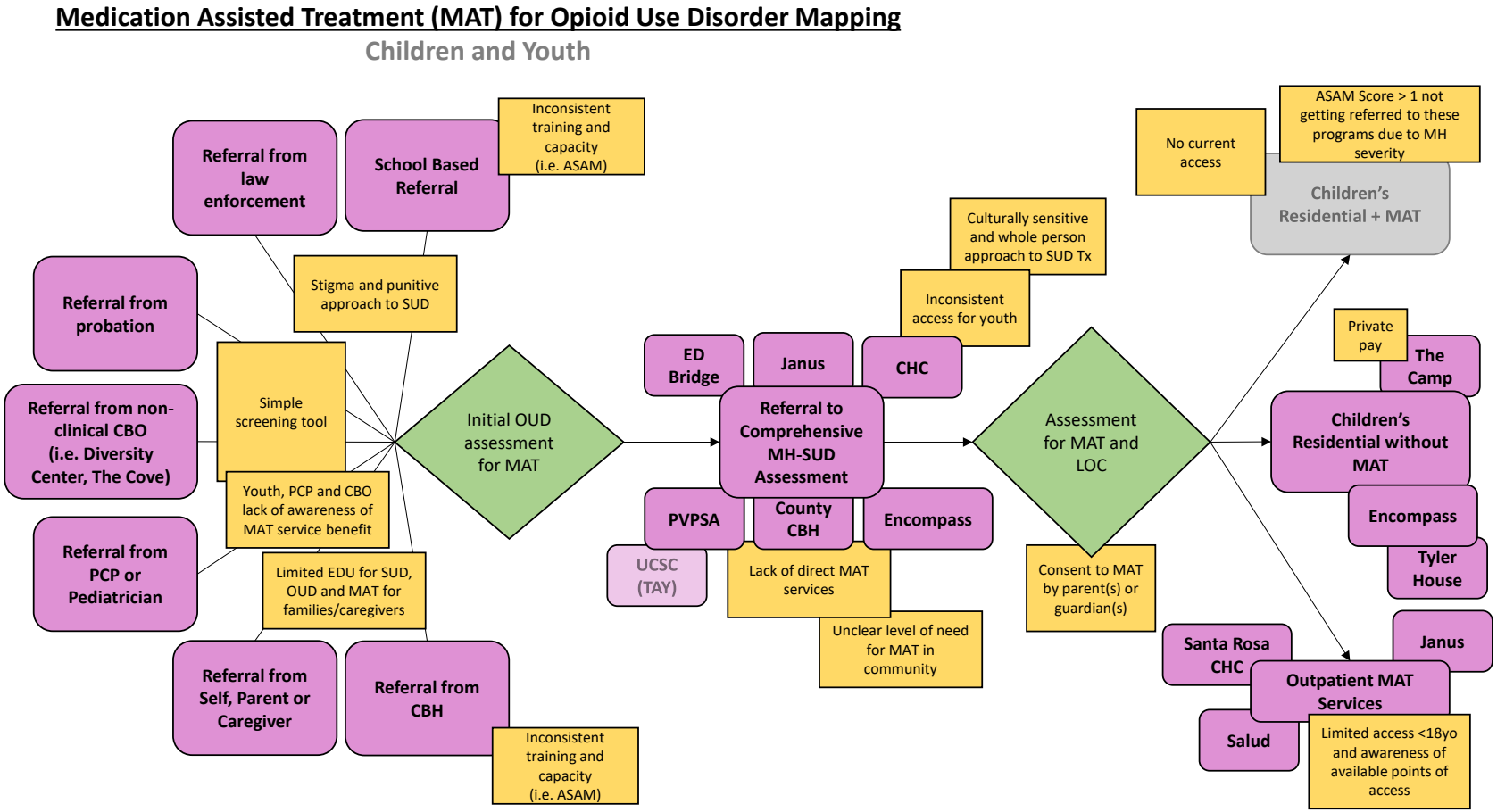
Medication Assisted Treatment (MAT) for Opioid Use Disorder Mapping

Pharmacy Services



Santa Cruz County Children and Youth

Representatives of Santa Cruz MAT providers who serve youth together with Santa Cruz County Behavioral Health Services staff gathered to map out the system workflow. As shown in the map, the process begins with first step begins with the referral to treatment and moves through a series of process steps (pink), decision points (green), and next steps all the way to a referral to the appropriate program. Barriers that exist are represented by yellow.



Gaps and Barriers: Inventory and Discussions

Community-wide transformation of any sort is always a complicated undertaking the requires comprehensive and multi-sector assessment and commitment. In this case, enhancing the 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 Santa Cruz County to address OUD/SUD, stakeholders at the PIE agreed there were many challenges, particularly around stigma, access to MAT Services, the ways to coordinate with treatment services from the community and access to affordable housing.

Group Barrier Discussion Summary

On Day 1, stakeholders participating in the PIE engaged in animated discussions in random breakout groups to identify gaps and barriers in the Santa Cruz County ecosystem. The following represents and comprehensive list of gaps and barriers across the *four* breakout groups.

Most Significant Gaps and Barriers

The gaps and barriers listed below 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 Santa Cruz County. Once the breakout groups rejoined the main virtual assembly, there was a round robin discussion to identify the top gaps and barriers. This exercise had implications for the work to be done on Day 2 when stakeholders identified key solutions or features to address those gaps and barriers.

The most significant gaps/barriers are listed in Table 3.

Table 3. Gaps and Barriers

Process	Communication	People
• Institutional racism and its implications • Funding (particularly in behavioral health setting) • Grant funding (restrictions and limitations that come with it) • Access to medications (weekend, afterhours, interruptions) • Continuity of care • Complexity of system (Who do I refer to and how do I do it?) • Management of co-occurring disorders • Insurance challenges (especially for justice involved population) • Lack of universal consent • Lack of awareness of ecosystem • No access line to triage access to services • Wait times during process steps	• Stigma in community at large • Lack of understanding of MAT in the criminal justice system • Lack of common knowledge around harm reduction and MAT • Need for culturally competent care • Lack of awareness of county resources • Limited access points for non-English speakers • No common understanding of behavioral health and substance use	• Stigma from treatment providers • Staff turnover and implications for treatment
		Place
		• Housing challenges for unhoused population • Need to have suboxone services in house • Lack of medical detox • Lack of post-recovery housing
		Miscellaneous
		• Fear of law enforcement and fear among undocumented community

Future System Features and Solutions

During Day 2, 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 2, which was to identify key features and solutions that would pave the way for realizing the ideal treatment and recovery ecosystem for Santa Cruz County.

Group Key Features/Solutions Discussion Summary

With that scaffold in mind and after reviewing the prioritized gaps and barriers identified during Day 1, participating stakeholders were engaged a second time in random 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., an example of a key feature might be to have a centralized appointment slot/bed locator for the referrals process). A comprehensive list of the solutions and key features is included below.

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.

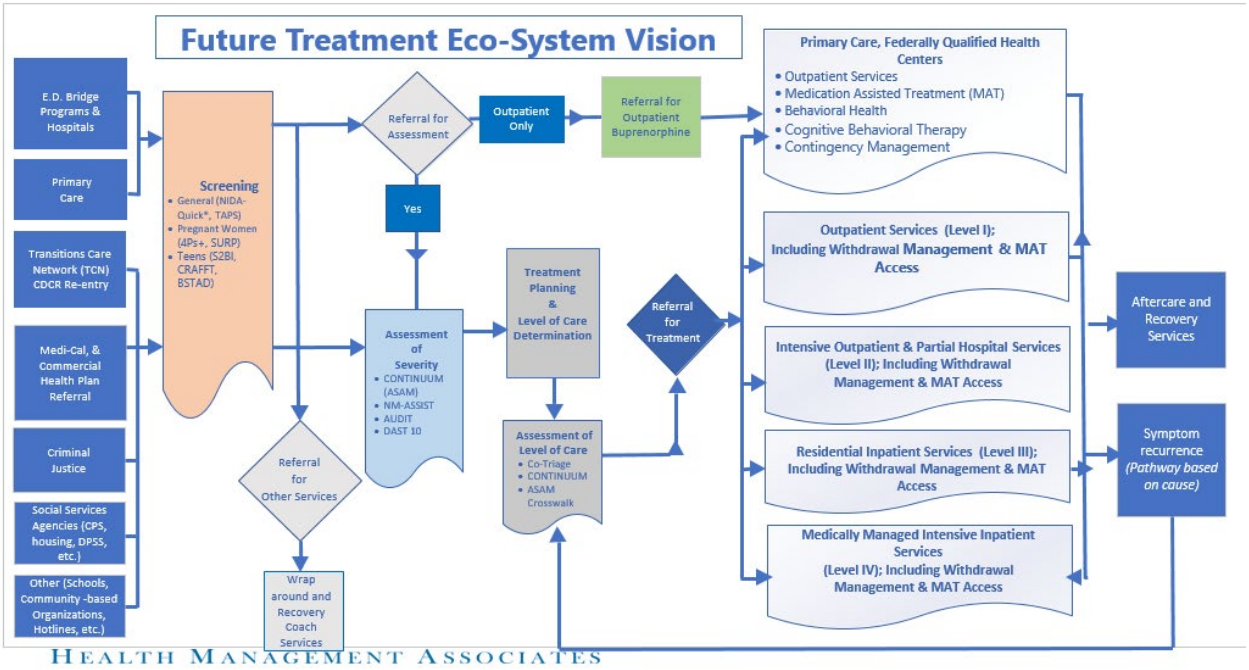
Table 4. Key Features and Solutions

	Key Features and Solutions outputs from breakout session
1	Improve services/support for high utilizers in the Criminal Justice (CJ) System (with compassion and empathy)
2	Juvenile Justice Bridge program (support youth transitions with lang/culturally concordant family education and services)
3	Peer education and communication programs (for youth, school staff, administrators)
4	Re-interpret the readiness cycle for youth
5	Identifying root causes of burnout and turnover (getting to a solution for challenges)
6	Build and deploy programs to address staff turnover at all levels (e.g., student loan forgiveness, internships, pipeline programs with schools, etc.)
7	Central Access Line (build on 211, for SUD and MH triage and appts)
8	Information sharing for the transition of care (leverage social CM platforms)
9	Universal assessment tool (avoid redundant assessments – both in SUD across departments
10	Universal consent for ROI
11	Quick start sites (same day) for MAT
12	Low Barrier treatment (e.g., for those with COD, multi-SUD)
13	Outreach and "mobile" services (esp. South County)
14	Inpatient/ residential facility
15	Treatment programs and need for expanded hours (more for detox and residential)
16	Building-integrated services with MAT (job training, other treatments)
17	Housing – a cycle of treatment and then housing challenges (funding source challenges vs. recovery reality)
18	Supportive housing opportunities (allows clients on MAT)
19	Sober living (SLE) for transitions of care

20	Transitional/ supportive Housing (recovery residences for ODS clients and others)
21	Anti-stigma education and messaging campaign (e.g., chronic ds, language focus, PSAs, etc.) start with the provider community and go beyond
22	Law enforcement education, engagement and addressing stigma, empathy (bring back/ spread HERO program)
23	Messaging: Positive reinforcement vs. schtick
24	Interactive sessions and relationship building
25	Increase use of paid peer support for service delivery, training, education stigma (funding challenges) across all LOCs

The "Scaffolding" of the Future State

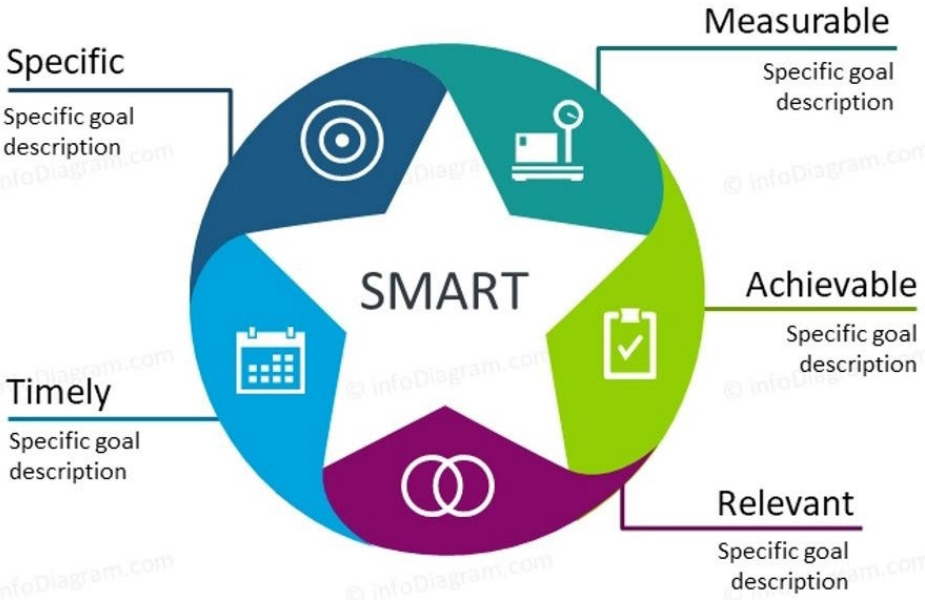
After prioritizing the initial set of key features as a group, stakeholders moved into actually mapping out the process and structure of an ideal future state treatment and recovery ecosystem by posting the solutions and key features onto the scaffolding. With the understanding that there is some variation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



Section 3: County-Level Goals and Implementation Strategy

County-Level Goals

To ensure that the Systems of Care project assists the ecosystem in achieving systemwide transformation the project's planning committee drafted a set of SMART goals that were introduced to PIE stakeholders as a way to assist the Treatment and Recovery ecosystem, and its providers and



stakeholders in measuring systemic system improvements. SMART is an acronym that stands for Specific, Measurable, Achievable, Realistic, and Timely. SMART goals are well defined, clear, and unambiguous. SMART goals incorporate all of these criteria to help focus the project's efforts and increase the opportunity of achieving systemwide transformation that will be assisted by the Systems of Care Coaching and Technical Assistance program.

The planning committee is reviewing all of the feedback received during the PIE event along with evaluation data and feedback to finalize a set of SMART goals that reflect the needs of the countywide Treatment and Recovery ecosystem.

Project Coaches will assist provider and stakeholder organizations engaged in the Coaching and Technical Assistance program in developing organizational specific Smart goals and the development of a plan for achieving organizational SMART goals.

The Santa Cruz County Project Planning Committee introduced five draft smart goals and added a sixth goal based on PIE feedback that will be refined during the upcoming weeks based on the stakeholder participation and feedback over the two-day process improvement event. Collectively, Santa Cruz County PIE Planning Committee along with HMA will review all of the feedback and response data received over the two-day PIE event and develop final smart goals that will be introduced at the first Project Quarterly call scheduled for the Summer 2021. The draft smart goals as introduced during the PIE event are identified below in Table 5:

Table 5. SMART Goals

Santa Cruz County Smart Goals	*Implementation Date*
1. **Identify 2-3 sources of short-term funding and 1-2 long term funding for Increasing MAT access for undocumented and uninsured persons.**	Short term funding December 2021 Long term funding May 2022
2. **Enhance current SafeRx resource document for patient centered identification of MAT programs and increase usage of tool.**	TBD
3. **Community convening 2x a year – for integration of sectors and discuss resource updates.**	TBD
4. **Transition of care** a. Increase ED Bridge referrals by 50% at Watsonville Community Hospital by December 2021. b. Increase ED Bridge referrals by 5% at Dominican Hospital c. MAT services available in CSP and PHF by December 2021 d. Peer involvement in transitions and provision of care	TBD
5. **Addressing Stigma** a. Provide seminars to professionals and paraprofessionals regarding MAT services b. Develop public media campaign	TBD
6. **Peer involvement** a. Peer involvement in transitions and the provision of care. b. Ensuring a living wage for peer support counselors	TBD

Implementation Strategy

There is work to be done refining the county goals. This will be an immediate next step. Once these goals have been fleshed out and agreed upon by the county stakeholder group, an implementation strategy will be designed. The County Treatment and Recovery Ecosystem Planning Committee and HMA will introduce the final SMART goals during the first Quarterly Project call scheduled for Summer 2021.

Next Steps

The PIE is the just the beginning of this ecosystem work. It is essential to keep the stakeholder momentum going as the project pivots to the Coaching and Technical Assistance phase. HMA and the county stakeholder group will continue to meet regularly with the first task of fleshing out the county goals. Coinciding with this, the coaches will be reaching out to agencies that completed technical assistance applications to learn more about their specific needs. The HMA team is also collaborating with the County Touchpoints Effective Child Welfare and Justice Systems for Families effected by Opioid and Stimulant Use and the Expanding Access to MAT in County Criminal Justice Settings projects to better link and coordinate services within the county, a gap area identified during the PIE. The coaches will be reaching out to agencies who have not completed technical assistance applications to remind them TA and coaching are available at no additional cost. HMA will continue to support the county throughout the life of this project, meeting quarterly upon finalization of the county goals. Relationships

are key to successful collaboration in Santa Cruz County. HMA will build upon this knowledge by developing stronger relationships with community stakeholders throughout the life of this project.

Technical Assistance and Coaching Program

To carry the momentum from the PIE, coaching and technical assistance (TA) will be a key part of our work together with the county. The event itself highlighted the multifaceted approach to both, including an intensive MAT workshop, a breadth of webinars, and office hours for informal questions and discussions. Additionally, coaching individual organizations will be pivotal for Santa Cruz County to improve its treatment and recovery ecosystem. HMA will work with organizations to assist them in defining their own SMART goals and will customize coaching to best assist the agencies in achieving these goals. If there are specific technical questions, HMA may work with an organization a few times to provide training and transfer knowledge. If the goal is more involved, such as implementing an MAT program, monthly coaching calls may be scheduled to provide ongoing support through both change management and technical issues.

Since the PIE, eight organizations have requested coaching. These include Santa Cruz County Behavioral Health Agency, Pajaro Valley Prevention and Student Assistance, Watsonville Community Hospital, Dominican Hospital, Telecare, Janus, Encompass Community Services, and Salud De La Genter. The county's coaches have engaged these organizations and have had, or at least scheduled follow-up calls to better understand and discuss the organizations and their goals for coaching. When deemed beneficial, we encourage others from the organization to attend the coaching sessions. Both county and agency goals will be tracked regularly.

Conclusion

The Santa Cruz County Process Improvement Event occurred on May 18th & 19th, 2021 and was a success with strong engagement and input from participants. Stakeholders from a multitude of county sectors attended the two-day event and worked together to identify gaps and barriers on day one. On day two the stakeholders worked together to identify key solutions to the top three agreed upon barriers/gaps. Stakeholders from across the county were able to meet and collaborate, in some cases for the first time. There was great momentum during the two-day event, and most stakeholders expressed wanting to keep the momentum going. HMA is supporting this momentum through coaching and technical assistance with county agencies, monthly meetings with the county stakeholder group, and cross sector collaboration with other county MAT projects such as the Jail MAT project.

Process maps were completed by multiple sectors prior to the PIE, helping to identify the patient access workflow in that sector as well as barriers encountered for patients transitioning across sectors. These process maps were shared during the PIE. There was a consensus among most stakeholders on the gaps and barriers. Many of the stakeholders were meeting for the first time, and it is hoped that these new relationships will fuel the momentum for change. There was agreement that access to residential beds and transition from detox to residential are barriers in the current eco-system. The stakeholders also voiced confusion about system access points. The County SUD team heard this and will be adding this to the county goals.

Upon conclusion of the two-day PIE event, participants were encouraged to complete technical assistance applications. Coaching and technical assistance is available to all county stakeholders free of

charge. Additionally, HMA will continue to work with the county stakeholder group to help solidify county goals and develop an implementation plan.

Appendix

- Santa Cruz County SUD Data
- Process Improvement Event Slides
- Summary of Evaluation Results
- Citations