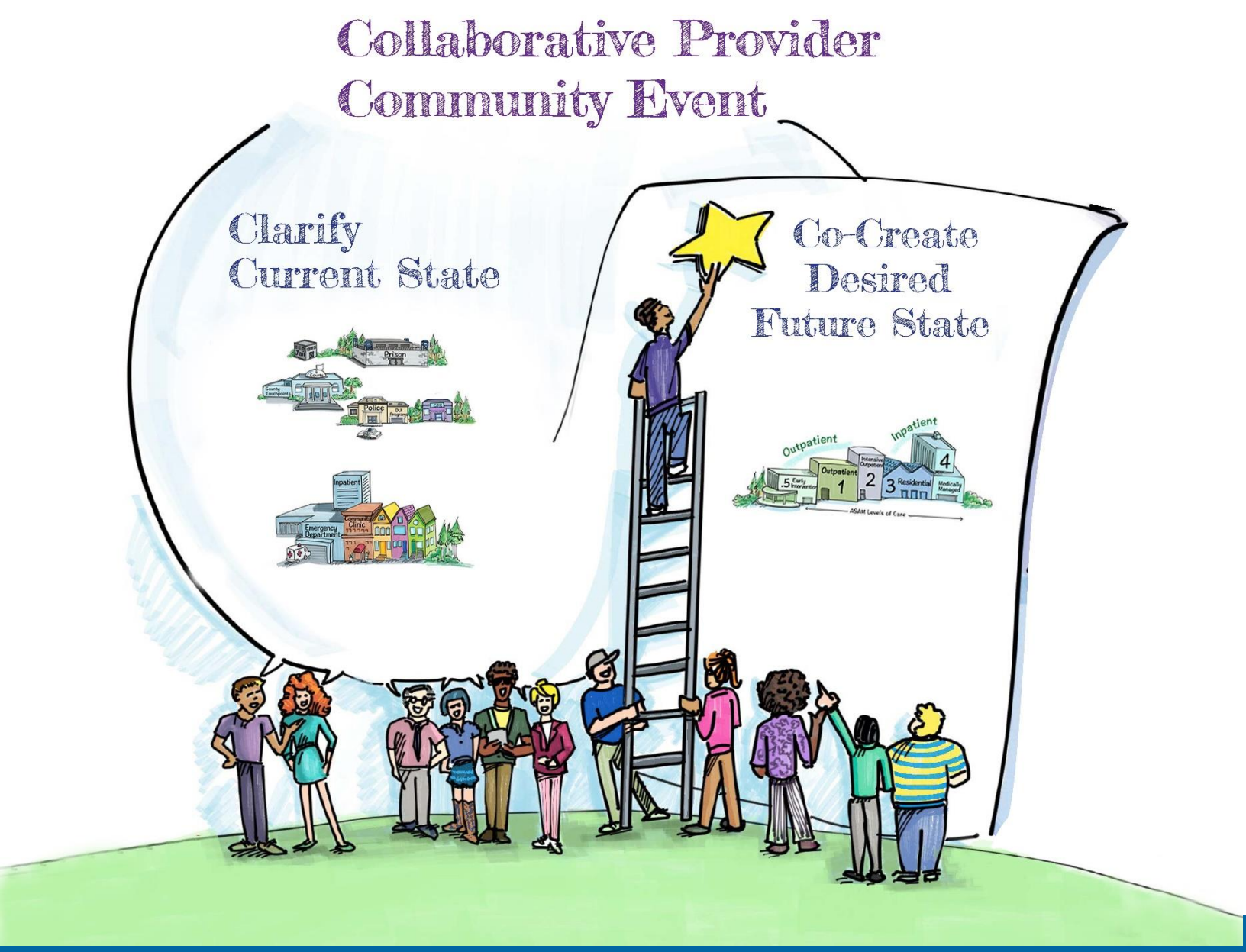

STRENGTHENING THE SUBSTANCE USE DISORDER TREATMENT AND RECOVERY ECOSYSTEM

YOLO COUNTY

Process Improvement Event

April 22 & April 23, 2021

HEALTH MANAGEMENT ASSOCIATES

STRENGTHENING THE SUBSTANCE USE DISORDER TREATMENT AND RECOVERY ECOSYSTEM

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YOLO COUNTY Community Process Improvement Event

April 22, 2021 & April 23, 2021

Department of Health Care Services

HMA

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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.[1] 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. Yolo County, one of the six counties selected, participated in a large-scale process improvement event on April 22, 2021 and April 23, 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 Yolo County residents in need of addiction treatment and support services.

Yolo County Health and Human Services 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 system in and around Yolo County, CA.

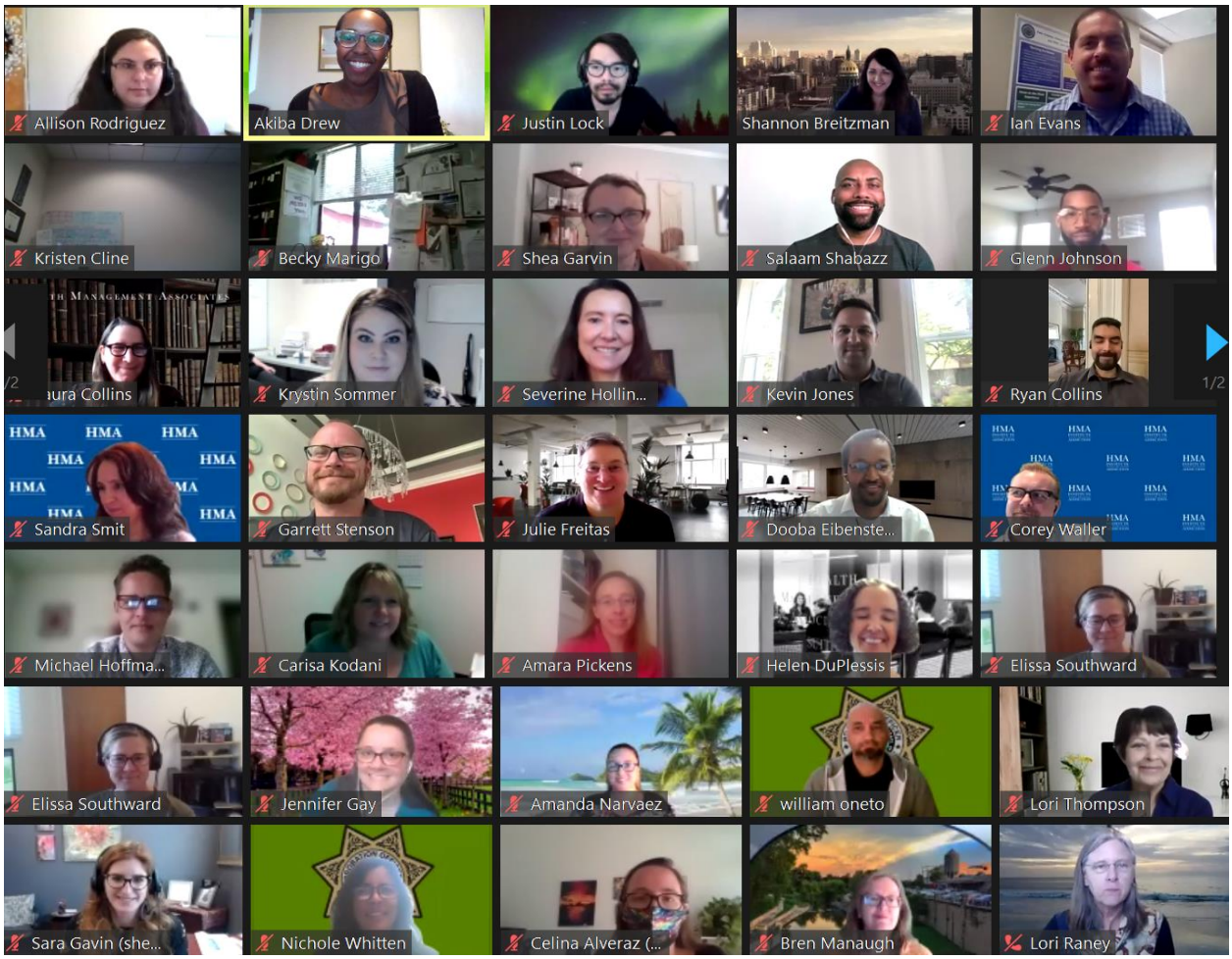
The two-day event set the stage for adopting universal evidence-based tools for screening, assessment, and level of care determination. This coupled with the didactic training of all parties involved, will yield a more comprehensive and easy-to-use addiction treatment ecosystem.

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

[1] 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 Yolo 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 & 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 Yolo 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 Yolo County, five other counties were identified as key locations on which to focus these efforts.

Systems of Care Project

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 Ian Evans, Director of the Adult and Aging Branch of the Yolo County Health and Human Services Agency, along with Julie Freitas, Clinical Manager, and Glenn Johnson, AOD Program Coordinator, who were deeply involved in the county-level planning program 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 technical assistance. The HMA team also held planning meetings with several county champions from various sectors *(listed below)*, 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.

County-Wide Leadership/Key Change Agents

- Ian Evans, Adult & Aging Branch Director, Yolo HHSA
- Julie Freitas, Clinical Manager, Yolo HHSA
- Glenn Johnson, AOD Program Coordinator, Yolo HHSA
- Amara Pickens, Fourth & Hope
- Garrett Stenson, Program Director, CORE Medical Clinic
- Jodi Nerell, Director of Local Engagement for Mental Health and SUD, Sutter Health
- William Oneto, Division Manager of Administration, Yolo County Probation
- Rachelle Gayton, Division Manager of Operations, Yolo County Probation
- Sara Gavin, CommuniCare
- Allison Zuvela, Public Defender's Office
- Tracie Olson, Public Defender's Office
- Christina Andrade-Lemus, CommuniCare
- Marshall Stenson, CORE
- Wendy Mills, Partnership Health Plan
- Kali Coughlin Paredes, Fourth & Hope

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 Yolo 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 Yolo 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.

PIE participant agencies organizations

- Yolo County, Health & Human Services Agency
- Yolo County Public Defender's Office
- Yolo County Probation
- Yolo County District Attorney's Office
- Walter's House Residential Substance Use Treatment (Fourth & Hope)
- CommuniCare Health Centers
- MedMark Treatment Centers – Sacramento
- CORE Medical Clinic
- Turning Point Community Programs

- Progress House
- BAART Norwood
- Sutter Health
- Dignity Health
- City of Davis
- Heritage Oaks Hospital
- Woodland United Fellowship
- Davis Community Meals and Housing
- City of Woodland
- Yolo County Children's Alliance

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 struggles involved in 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 Yolo 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 Yolo 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; 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 about how some of these matters influence potential recovery pathways in Yolo County.

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 Yolo County.

The process improvement event closed with a detailed discussion about how Yolo County will move forward with improving the system of care and toward an enhanced treatment and recovery ecosystem for individuals affected by OUD/SUD. Ian Evans, Adult and Aging Branch Director with Yolo County Health and Human Services Agency presented goals for Yolo 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.

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, Yolo 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[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

[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.

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.[3] While the implementation of DMC-ODS has made significant contributions to the ecosystem in Yolo 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. 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

[3] https://www.yolocounty.org/government/general-government-departments/health-human-services/substance-abuse/substance-use-disorder-services/-folder-4005#docan1670_10667_5392

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.

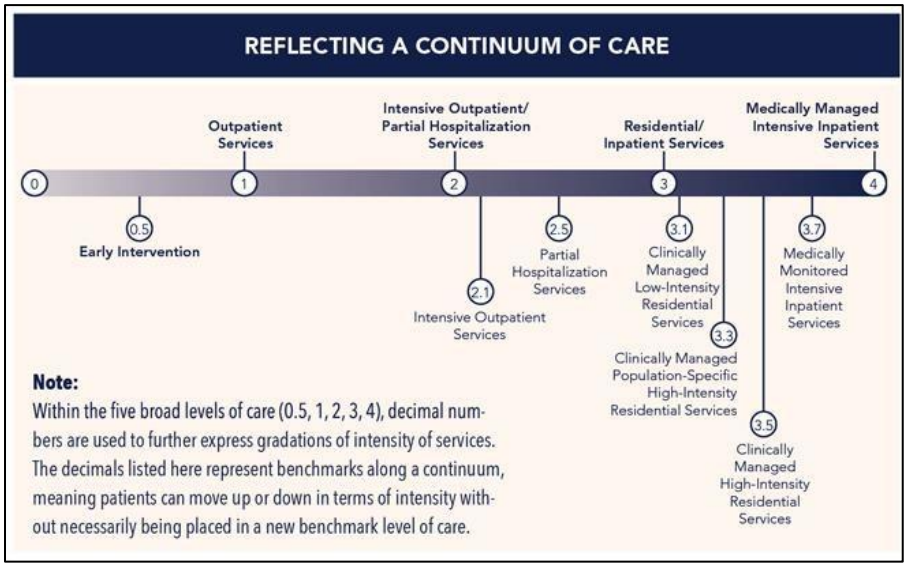
The "long-form" of the American Society of Addiction Medicine (ASAM) Criteria

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 used electronic medical records.

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.



From www.ASAM.org, used 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 Yolo County, barriers to MAT were identified, including:

- Stigma on the part of some providers
- Lack of X-Waiver training
- Lack of education and awareness about MAT in different educational settings/levels
- Gaps in transitions of 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, 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.[4]

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 Yolo 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.

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.

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[4] 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.

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/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 Yolo County?

The process improvement event planning group in Yolo County organized a stimulating panel to provide an overview of effective programs and features in the overall treatment and recovery ecosystem in Yolo County. Many key programs and features were noted for their successes in providing services in the county including SUD providers, the target efforts of the Opioid Safety Coalition, cross sector collaborations and data collection and use to improve reach and effective service delivery.

DMC-ODS

Data was presented on the increase in services over the past three years including adding non-perinatal intensive outpatient (IOP), detox services, a Narcotic Treatment Program (NTP), physician consultation, case management and additional recovery services. Additional data showed a steady increase in OUD services and coordination with other community services with an accompanying significant decrease July 2020 to December 2020 due to COVID related infection control program reductions. General satisfaction with services and access has continued to improve over the past several years and the initiation rates into outpatient, NTP and residential services is over 90 percent. Engagement rates continue to be an area of focus with an interesting increase in engagement during the 6 months in 2020 during the surge in COVID. Retention in treatment was high across the board with reduction in incarceration rates while in treatment.

Fourth and Hope - Walter's House

Walter's House is a 3.1 and 3.5 level of care residential facility managed by Fourth & Hope. Their overview of services included testimonials from clients regarding how they have benefited from their telehealth, wellness and education services. They are planning a 16-bed expansion to a new location over the next 18 months.

CORE Medical Clinic

CORE presented information about their NTP program and wide array of services including the use of an app called Reset-O (specific to OUD). In addition, they highlighted their collaborative relationships with the Sutter Health ED Bridge program and primary care practices across the county. They also offer a perinatal program with the added benefits to clients of car seats, pack and play cribs, diapers and baby food.

CommuniCare Health Centers

CommuniCare has a broad and impressive array of SUD services including outpatient, perinatal, adolescent, young adult, dual diagnosis and Spanish speaking services. In addition, they employ six peer support advocates who are "*empathic guides* who understand firsthand the process of recovery and healing and offer non-judgmental connection, hope, coaching and model what is possible."

BAART and MedMark

This program highlighted their methadone and buprenorphine services and the extensive supportive services they have. One particular highlight is their recognition of the role trauma plays in substance use, high health care costs and the need to screen for adverse childhood experiences for successful treatment. They have implemented a trauma-informed approach across their organization.

Yolo County 24/7 Access Line

The Access Line program provides triage, crisis and navigation services for citizen of Yolo county seeking SUD services. They use the ASAM guide for SUD placement decision making as well as the Beacon Screening Tool to detect co-occurring mental health concerns with direct referral if needed. They are a proud and willing community partner with a dedication to improving relationships with community partners to obtain successful hand-offs to treatment providers.

Turning Point

Turning Point provides a vital SUD service to the community with a target population of patients with co-occurring serious mental illness (SMI). Their Free to Choose vision and proactive outreach to patients and families is a vital contribution to the Yolo County system of care.

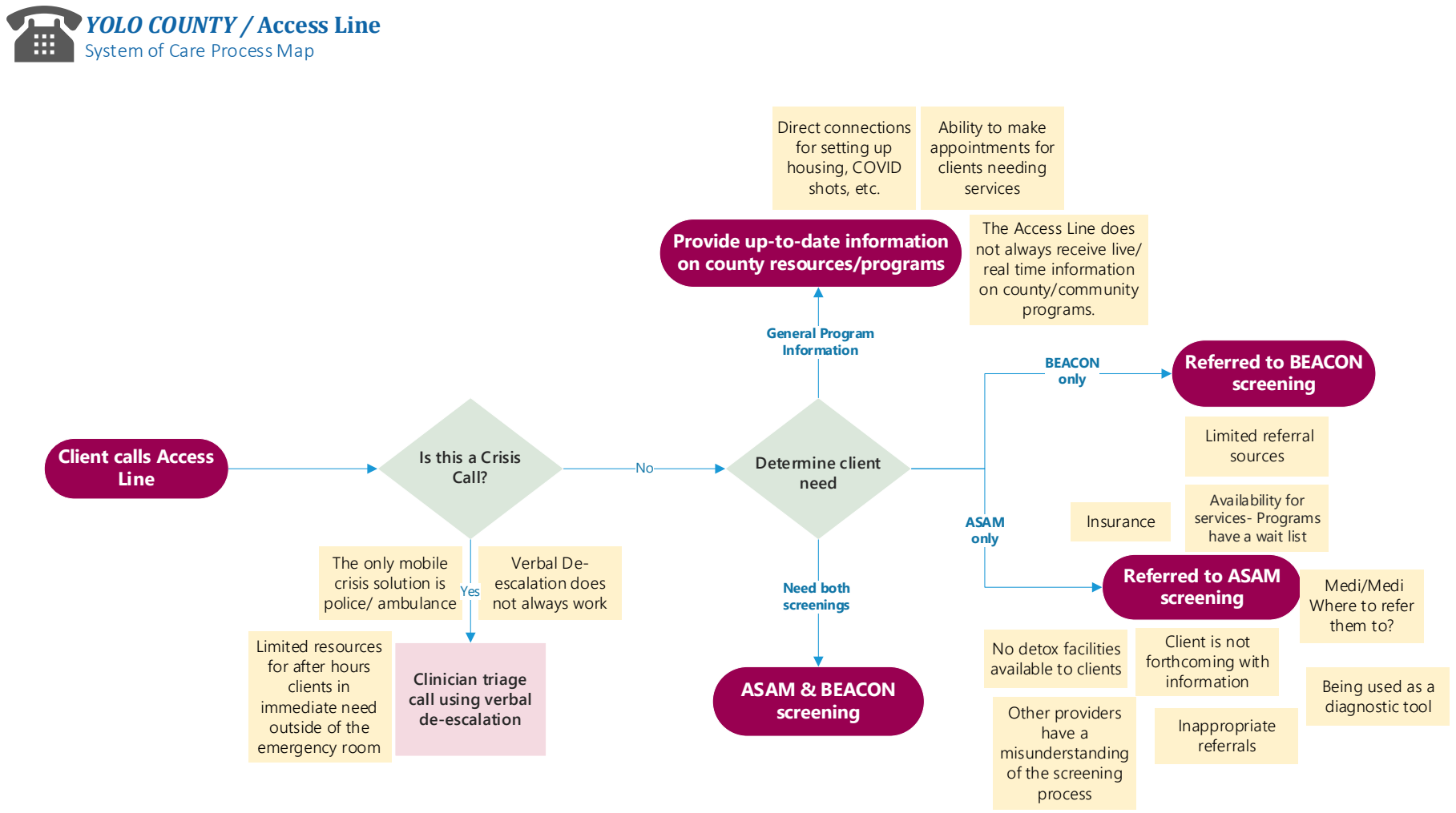
Pre-Work: Agency-Level Process Mapping of the Recovery Path

Each of the counties participating in the Systems of Care initiative engaged in flow mapping of the key processes used by various providers 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 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 Yolo County the 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 six of the participating agencies and stakeholders at the event.

Yolo County Access Line's process map noted in Figure 1 below, highlighted their workflow in triaging crisis vs non-crisis, and mental health vs. SUD screening. They identified several gaps or barriers in their process, primarily external.

- If the caller is in crisis, there are few mobile crisis solutions (typically police)
    - Generally, there are limited resources for afterhours clients in crisis (other than the emergency room)
- If the caller is not in crisis and is instead requesting resources, direct links to resources are limited
    - The Access Line does not receive real-time information on county/community programs
- If the caller requires a Beacon mental health screening
    - There are limited referral sources
    - Typically, the available services have a waitlist
    - Insurance can be a barrier
- If the caller is referred for an ASAM SUD level of care screening
    - Challenged with lack of information if the client is not forthcoming
    - ASAM is limited as a diagnostic tool
    - There is not alignment from providers in understanding the screening process
    - The Access team notice that some SUD referrals may not be appropriate to the client need
    - Lack of detox facilities

Figure 1.


YOLO COUNTY / Access Line
System of Care Process Map
Client calls Access Line
Is this a Crisis Call?
No
Yes
The only mobile crisis solution is police/ ambulance
Verbal De-escalation does not always work
Limited resources for after hours clients in immediate need outside of the emergency room
Clinician triage call using verbal de-escalation
Determine client need
General Program Information
Provide up-to-date information on county resources/programs
Direct connections for setting up housing, COVID shots, etc.
Ability to make appointments for clients needing services
The Access Line does not always receive live/ real time information on county/community programs.
Need both screenings
ASAM & BEACON screening
BEACON only
Referred to BEACON screening
Limited referral sources
ASAM only
Insurance
Availability for services- Programs have a wait list
Referred to ASAM screening
Medi/Medi Where to refer them to?
No detox facilities available to clients
Client is not forthcoming with information
Being used as a diagnostic tool
Other providers have a misunderstanding of the screening process
Inappropriate referrals

BAART/MedMark's process map (Figure 2) highlighted key gaps and barriers throughout the treatment process – from entry to exit.

Barriers at entry – related to the issue of stigma, with a lack of

- Community education on addiction
- Awareness of the accessibility of MAT
- Availability of mental health preventative and concurrent treatment programs, specifically related to trauma screening and trauma-based treatments

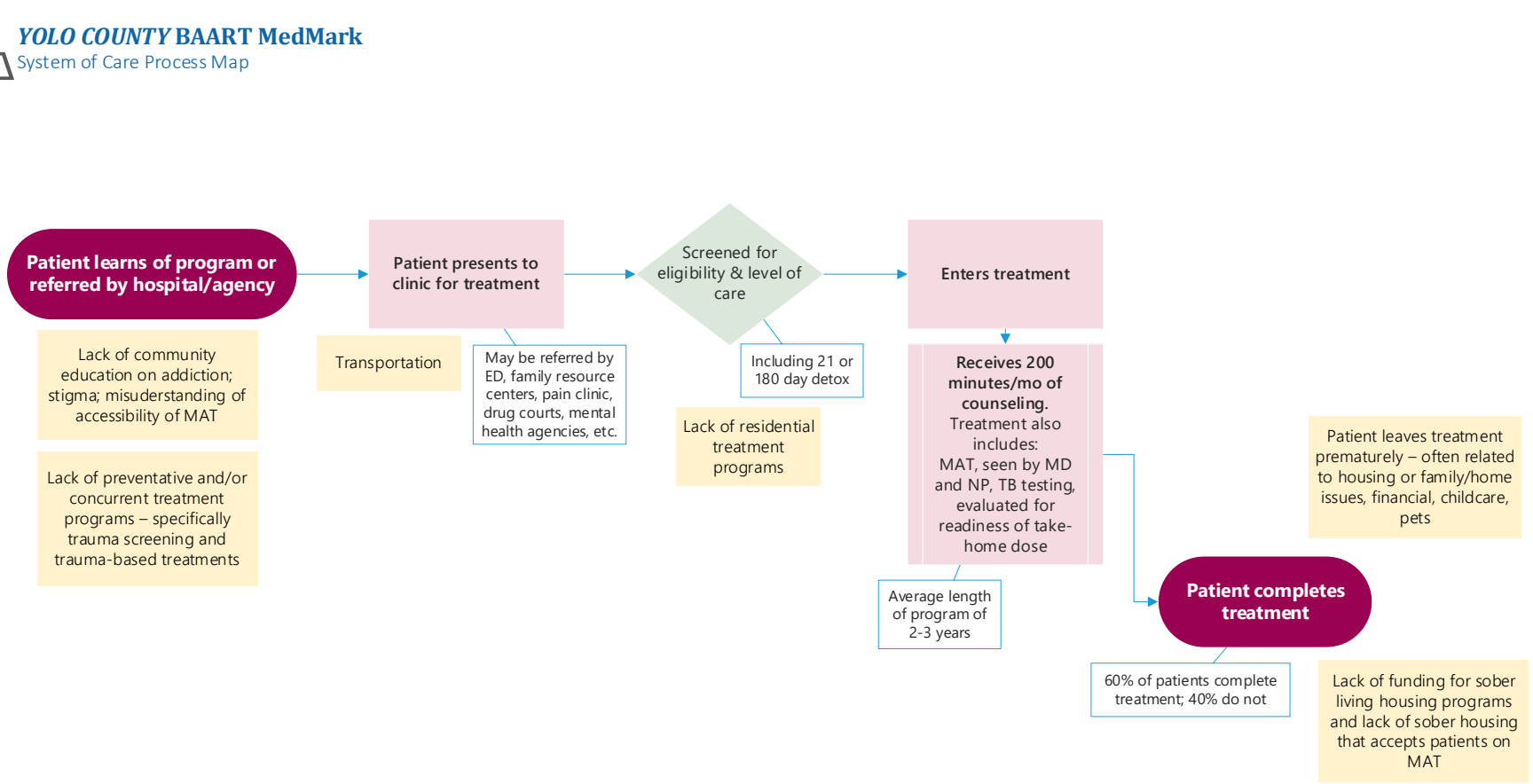
Gaps/barriers during treatment

- Transportation to/from treatment
- If client requires a step-up in level of care to residential, there are limited options

Barriers and challenges at exit of the program

- Client may leave program prematurely related to family/home, childcare, pets and general financial issues
- Lack of sober housing programs that accept patients on MAT, and general lack of post-treatment housing options

Figure 2.

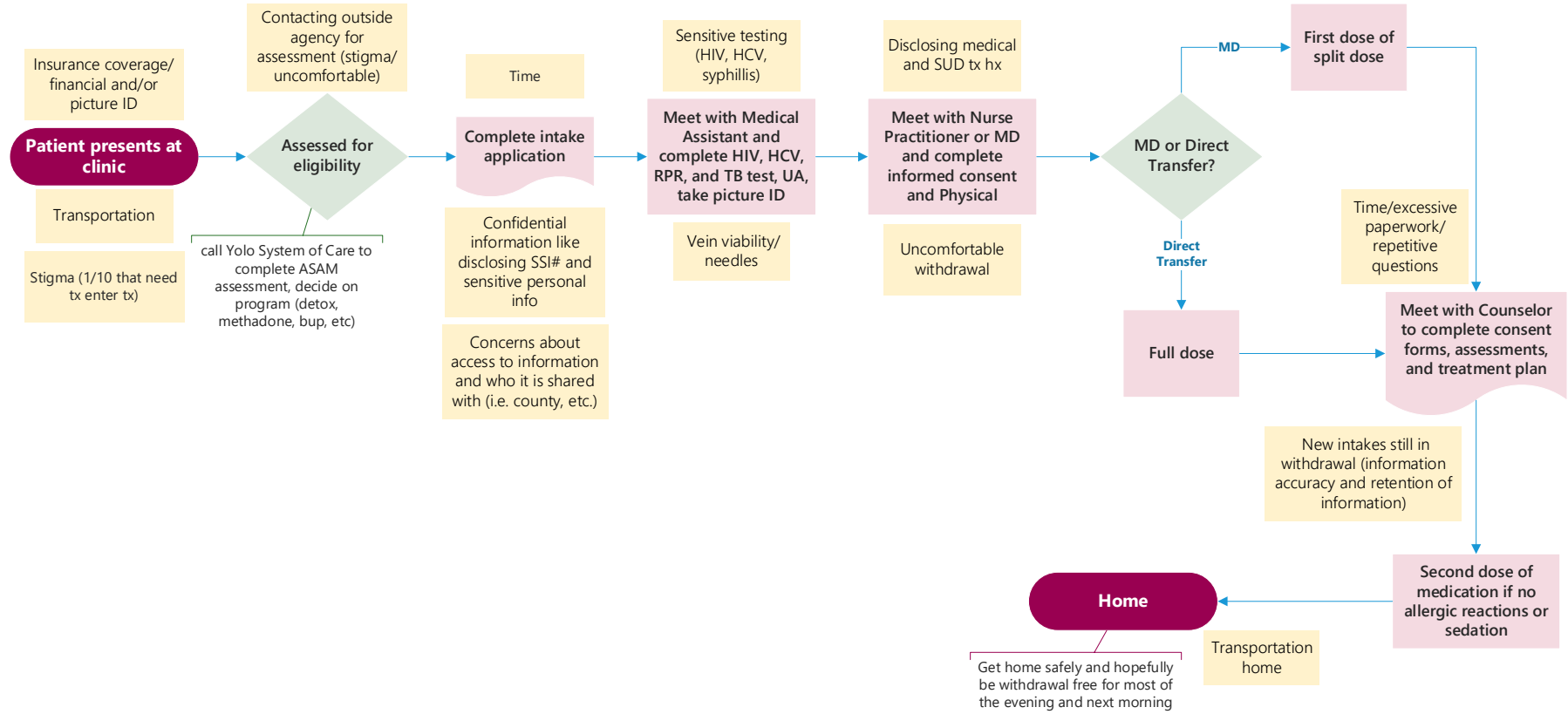

YOLO COUNTY BAART MedMark
System of Care Process Map
Patient learns of program or referred by hospital/agency
Patient presents to clinic for treatment
Screened for eligibility & level of care
Enters treatment
Lack of community education on addiction; stigma; misuderstanding of accessibility of MAT
Lack of preventative and/or concurrent treatment programs – specifically trauma screening and trauma-based treatments
Transportation
May be referred by ED, family resource centers, pain clinic, drug courts, mental health agencies, etc.
Including 21 or 180 day detox
Lack of residential treatment programs
Receives 200 minutes/mo of counseling. Treatment also includes: MAT, seen by MD and NP, TB testing, evaluated for readiness of take-home dose
Average length of program of 2-3 years
Patient completes treatment
Patient leaves treatment prematurely – often related to housing or family/home issues, financial, childcare, pets
60% of patients complete treatment; 40% do not
Lack of funding for sober living housing programs and lack of sober housing that accepts patients on MAT

CORE Medical Clinic's process map (Figure 3) also noted gaps and barriers that may impede access to, and successful completion of treatment. CORE reiterates the issue of stigma that can impact access to treatment for 9 out of 10 individuals experiencing SUD; this includes the lack of comfort with contacting an outside agency to complete the assessment. CORE also spoke of practical barriers to access, such as the logistics of transportation and the financial/insurance and lack of identification. The timeliness of the intake process can be a disincentive for clients and a delay to accessing care. Concerns about disclosing medical and SUD treatment history and other confidential information, in addition to insecurity of public entity access (i.e., County) may also function as an impediment to completing the intake/assessment. Related to this, the process of sensitive testing (HIV, HCV, syphilis) may be a deterrent to completion of the admission process. Additionally, clients may have vein viability issues that make this process challenging. The discomfort of withdrawal may also trigger premature departure from treatment.

Once entering treatment there are additional requirements of duplicative assessments, repetitive questions and the paperwork associated with this work that are both uncomfortable for the client and challenge the efficiency of treatment. There is also a chance that some new clients may still be in withdrawal related to lack of accurate intake info and transfer of information to the team. Finally, ready access to safe transportation home is noted as a challenge for clients after they have received their dose.

Figure 3.

YOLO COUNTY / CORE Medical Clinic
System of Care Process Map

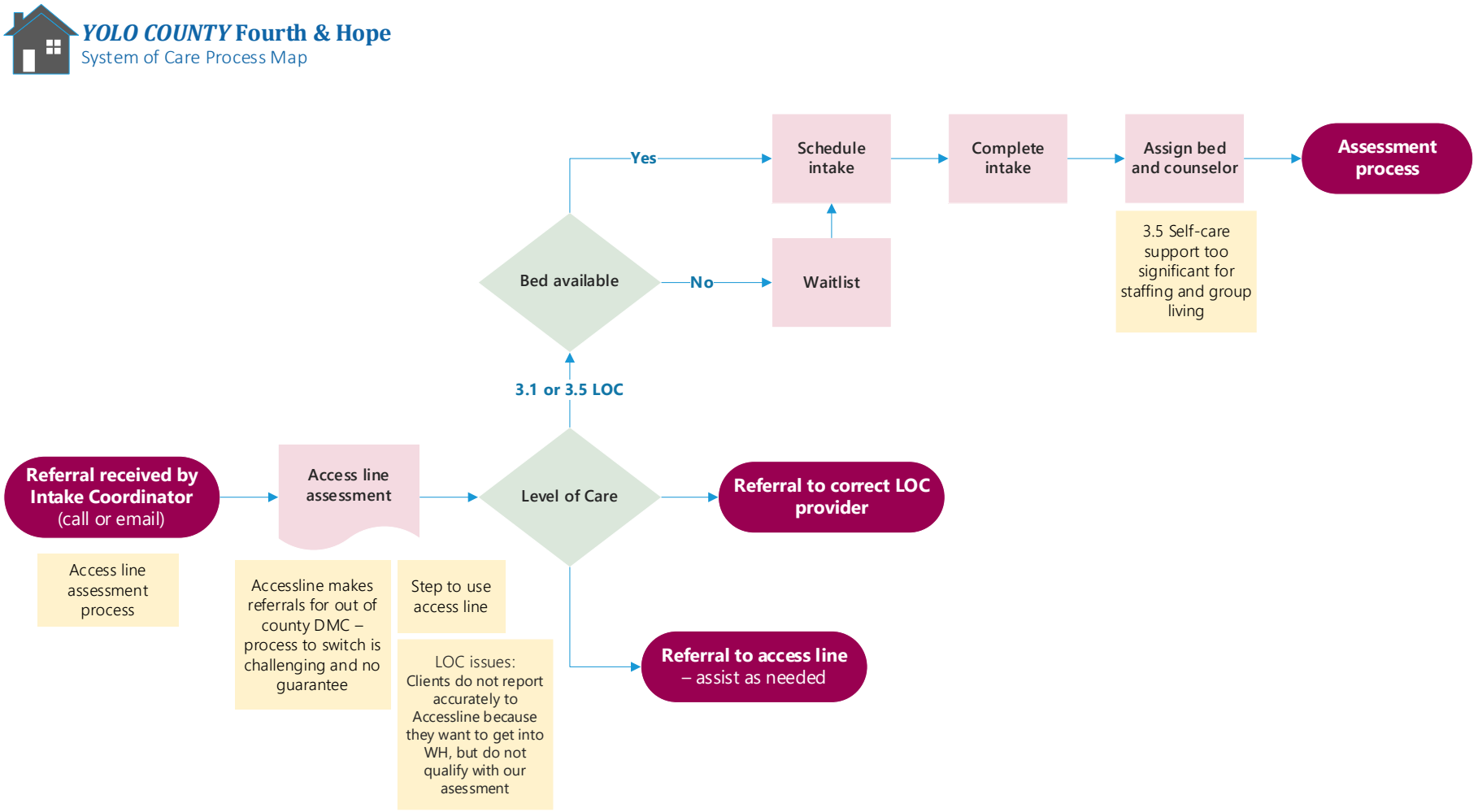


Fourth & Hope (Figure 4) highlighted their barriers at the access and admission points of treatment (Figure 4), with a focus on challenges with the Access Line process for assessment and referrals. The primary challenges noted with their coordination with the Access Line are:

- The extra-step of utilizing the Access Line to complete the assessment to access treatment
- Level of Care issues: clients do not consistently report accurately to the Access Line to ensure their access to Walter's House, yet once evaluated for Walter's House, do not qualify
- Out-of-county referrals from the Access Line – process to switch to in-county is challenging with no guarantee of success

For the clients who enter residential treatment, Fourth & Hope is challenged by the discovery of those clients whose self-care and support are too significant for their staffing ratio and relatively independent group living situation. This poses both safety and disposition issues for the clients to the appropriate level of care.

Figure 4.

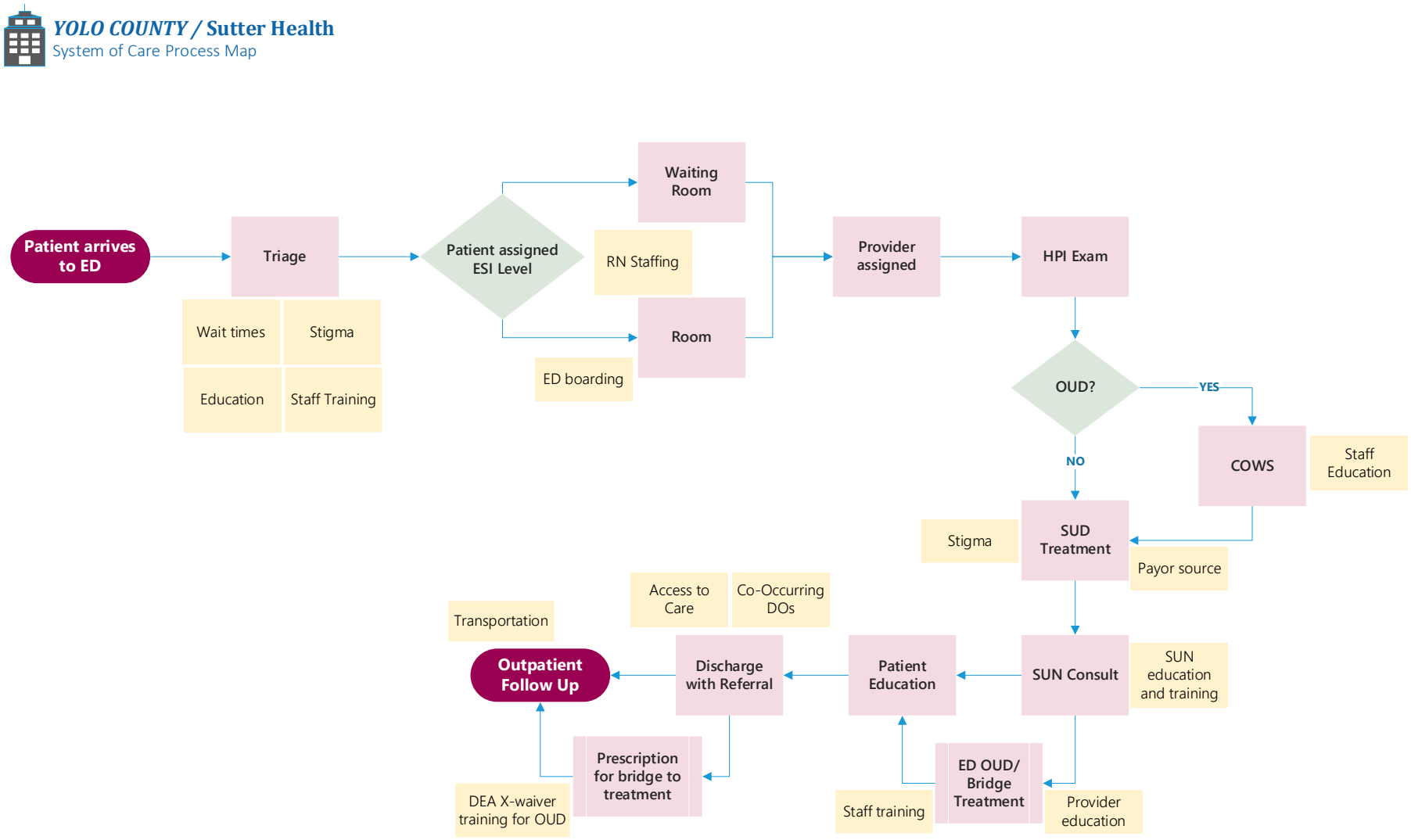

YOLO COUNTY Fourth & Hope
System of Care Process Map
Referral received by Intake Coordinator (call or email)
Access line assessment process
Access line assessment
Accessline makes referrals for out of county DMC – process to switch is challenging and no guarantee
Step to use access line
LOC issues: Clients do not report accurately to Accessline because they want to get into WH, but do not qualify with our asessment
Level of Care
3.1 or 3.5 LOC
Referral to correct LOC provider
Referral to access line – assist as needed
Bed available
Yes
No
Schedule intake
Waitlist
Complete intake
Assign bed and counselor
3.5 Self-care support too significant for staffing and group living
Assessment process

Sutter Health (Figure 5) offered a comprehensive overview of their workflow related to patients who enter their emergency department (ED) who wish to access SUD treatment. In-line with the other process map barriers already noted, Sutter highlighted access issues, although these are more specific to entry to the SUD treatment system for persons in crisis. The other key theme in Sutter's process map was the need for education and training in SUD, for ALL staff who touch the patient from entry to exit. In addition to general staff/provider training, they speak to the need for additional X-waiver training and education for the substance use navigator (SUN).

Additional barriers that reflect the above themes

- ED wait times and boarding
- Patient encountering stigma throughout the treatment process
- RN staffing challenges
- Payor source
- Finding treatment for persons with co-occurring disorders
- Transportation to support ongoing access to treatment

Figure 5.


YOLO COUNTY / Sutter Health
System of Care Process Map
Patient arrives to ED
Triage
Wait times
Stigma
Education
Staff Training
Patient assigned ESI Level
Waiting Room
RN Staffing
Room
ED boarding
Provider assigned
HPI Exam
OUD?
YES
NO
COWS
Staff Education
Stigma
SUD Treatment
Payor source
Access to Care
Co-Occurring DOs
Transportation
Outpatient Follow Up
Discharge with Referral
Patient Education
SUN Consult
SUN education and training
Prescription for bridge to treatment
DEA X-waiver training for OUD
Staff training
ED OUD/ Bridge Treatment
Provider education

Turning Point Community Programs (Figure 6) reflected similar themes of access and barriers related to the admission process. Specifically, they highlighted

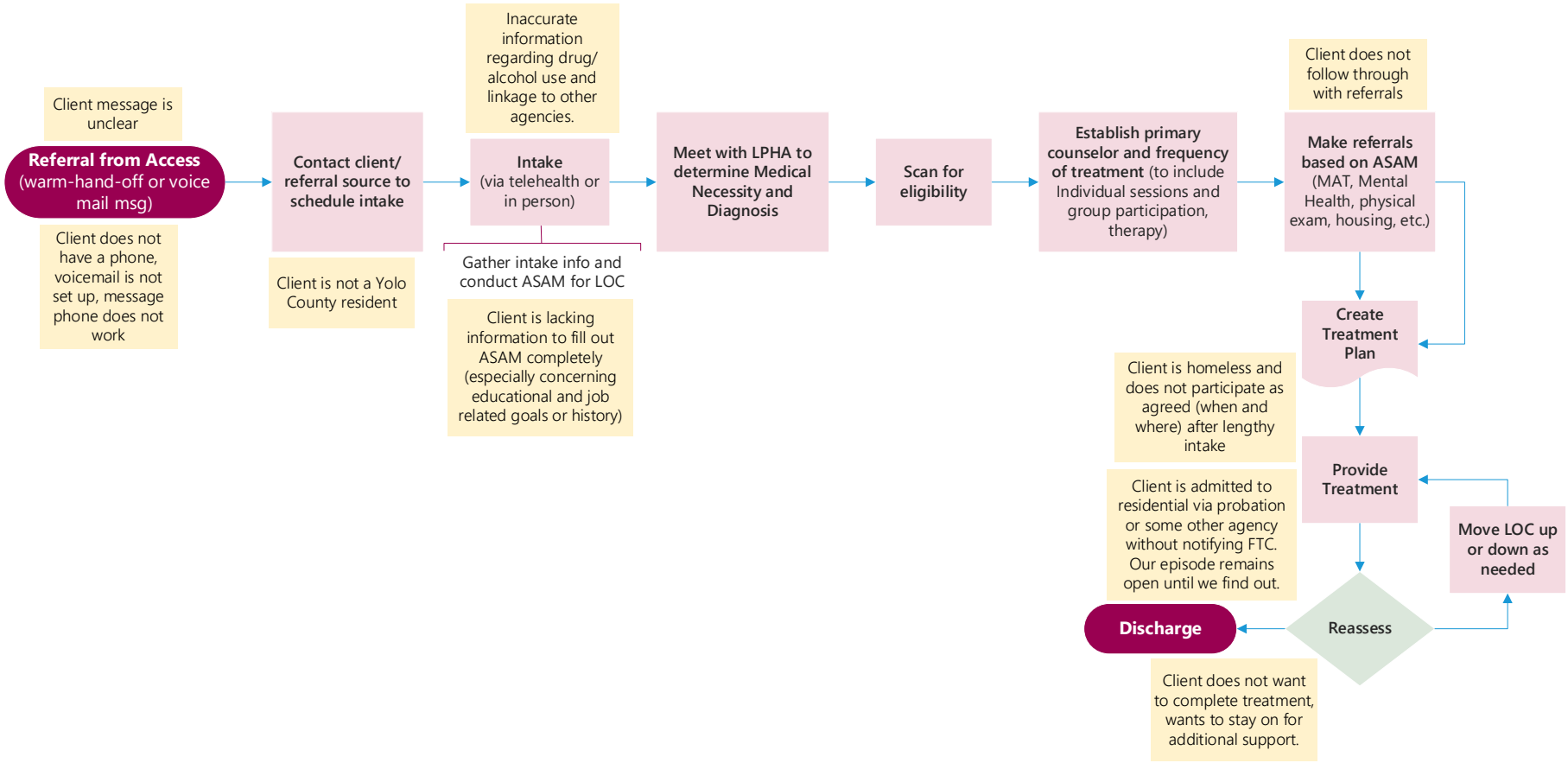
- Inability to reach clients due to phone unavailability
- Referrals for out of county residents
- Inaccurate and/or incomplete information impede the intake process as well as the ability to complete a full ASAM assessment

Once the client enters treatment, there are internal barriers to completing treatment

- Homelessness impacting ability to consistently participate in treatment
- Admission to a different SUD program (unbeknownst to the agency)
- Client choice to not follow through with referrals and not complete treatment

Figure 6.

***YOLO COUNTY* / Turning Point Community Programs**
System of Care Process Map



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 Yolo County to address OUD/SUD, stakeholders at the process improvement event agreed there were many challenges, particularly around steps to access to care, the need for education/training for programs and the community (also addresses the issue of stigma), and post-treatment program availability, housing in particular.

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 Yolo County ecosystem. The following represents a comprehensive list of gaps and barriers across the breakout groups.

- Housing
- No centralized site to link access to resources
- Waitlists for programs/housing
- Communication lines between access line and EDs
- Not having more than one way to refer a client
- Stigma of people with SUD
- Crisis training for case managers
- Live updates for resources
- Lack of services due to specifically tailored programs
- Lack of information for the community about resources
- Crisis training for providers
- Stigma among providers
- Withdrawal management
- Too many steps for connection
- Out of county Medi Cal
- Lack of culturally specific services
- Lack of trauma informed services
- Access to residential beds
- Screened out for services due to medical necessity
- Inconsistent messaging/resources/understanding of continuum and available services
- CFR 42 and releases of information
- Lack of men specific services
- Access to IOP
- Sober living
- Adequate funding
- After care
- Phone list for collaborative supporting providers and teams
- Standard release of information
- Standard referral form
- Access to services before diagnosis
- Mental health assessment at time of SUD treatment placement
- Increased services in custody
- Screening for MAT in probation
- Increase communication with access line if potential abuse is suspected
- Lack of honesty/fear with access line
- Lack of services for undocumented individuals
- Lack of gender specific services
- Centralized database for up-to-date information
- Lack of referral options
- Streamlined services
- Too much paperwork
- Too many steps in the process for connection to services

- No centralized site to access
- Stable housing-transitional, sober living and general
- Detox
- Not enough residential training
- Better communication between access line and EDs
- Inconsistent messaging and understanding of the continuum
- Lack of communication when clients move to other programs per court
- Infrastructure for communication across the system
- MAT in probation or in custody
- Transportation
- X waiver training

Most Significant Gaps and Barriers

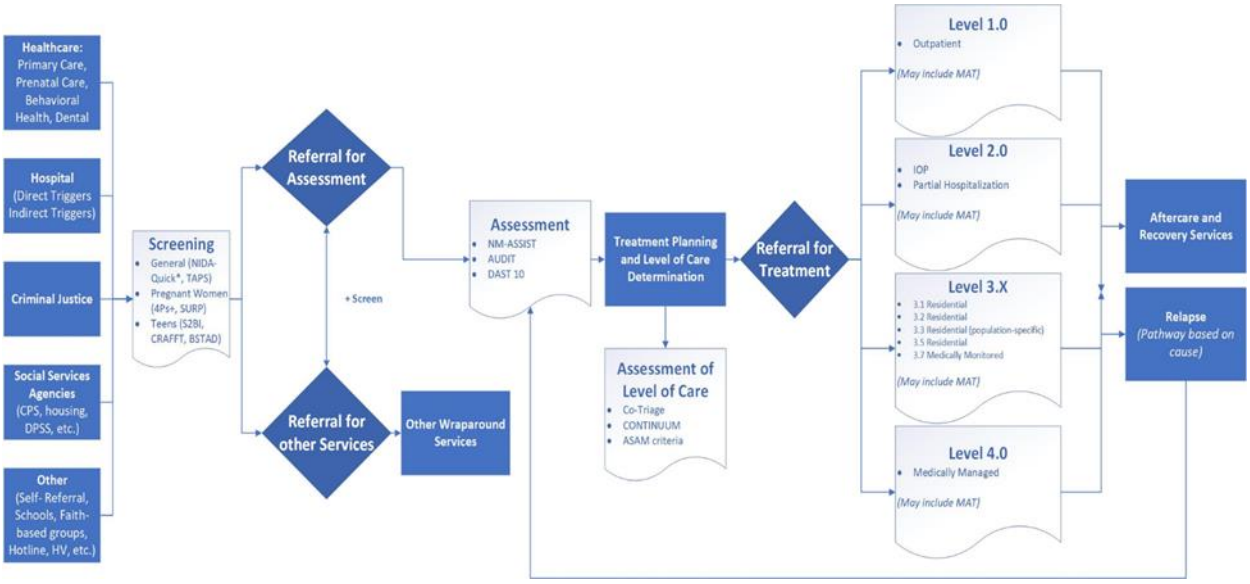
The gaps and barriers listed above were further discussed and culled into a prioritized set of gaps and barriers. That prioritization was initially done in the breakout groups as each was asked to identify the three most significant gaps/barriers in Yolo County. Once the breakout groups rejoined the 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
•Crisis training for providers •Stigma among providers •Out of county MediCal •Lack of honesty/fear with access line •Lack of services for undocumented individuals •Lack of gender specific services	•Centralized database for up-to-date information •Lack of referral options •Streamlined services •Too much paperwork •Too many steps in the process for connection to services	•No centralized site to access •Stable housing-transitional, sober living and general •Detox •Not enough residential training	•Better communication between access line and EDs •Inconsistent messaging and understanding of the continuum •Lack of communication when clients move to other programs per court •Infrastructure for communication across the system	•MAT in probation or in custody •Transportation •X waiver training

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 Yolo 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.

- Streamlined assessment and referral process and intake paperwork process to avoid duplication of information gathered and to increase appropriate referrals
- Formalized MAT education in the different levels of care (Med school, counselor certification, high schools)
- In patient medical detox
- Peer support and substance use navigators (SUNs)
- Single, unified resource for clients/providers to find appropriate community services
- Centralized/computerized referral and application process for client access to care to replace paper referral
- Training for providers in referring
- Expand the number of residential treatment programs
- Regular/consistent communication to promote cohesiveness between programs
- Transitional housing needed when people exiting residential treatment or while engaged in IOT
- Cover transportation or other approach for entry into care-utilize existing funds for reliable consistent approach
- Think about kids and animals with the parents as a family unit
- Budget and creative use of resources

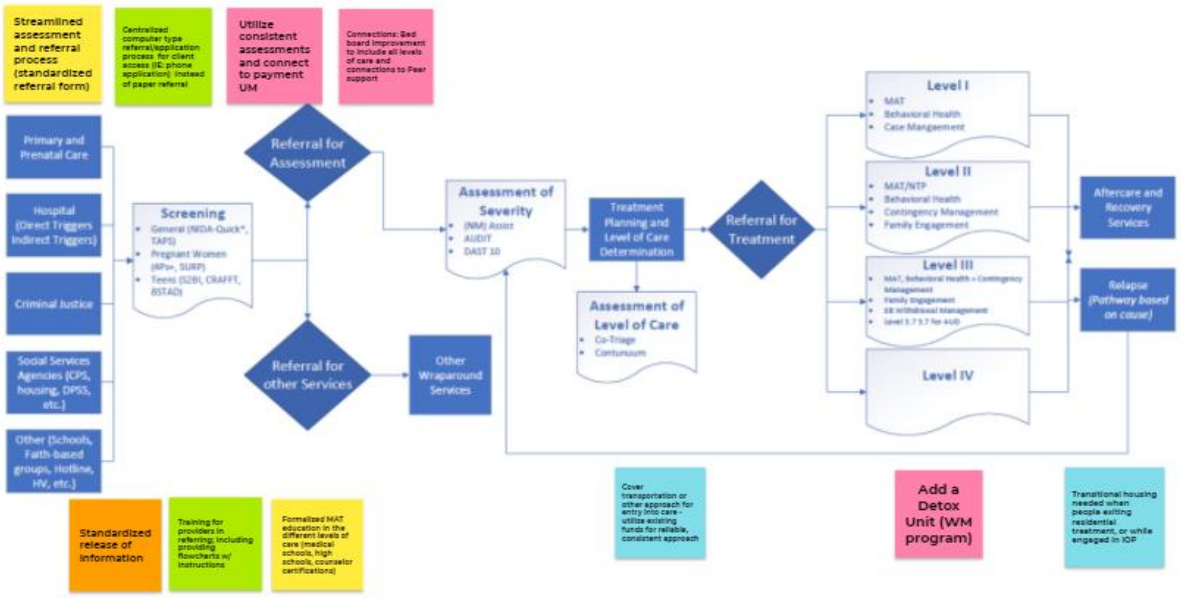
Most Significant Key Features/Solutions

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

Ian Evans, Adult and Aging Branch Director with Yolo County Health and Human Services Agency presented the following goals for Yolo County developed by the planning team for the process improvement event.

1. ***Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate will increase access to care in Yolo County for Medi-Cal beneficiaries needing residential withdrawal management level of care services by 50 percent by June 30, 2023 compared to the fiscal year end 2019/2020 data.***

2. ***Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate will increase timely transitions in care in Yolo County for Medi-Cal***

beneficiaries following residential treatment services to meet or exceed the statewide cumulative average by June 30, 2023 when comparing to fiscal year 2019/2020 EQRO data.

3. ***Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate will increase Yolo County's substance use ecosystem connection and coordination through targeted trainings from various stakeholders with a 25 percent increase in trainings by June 30, 2023.***

4. ***Yolo County staff, other ecosystem partners regarding substance use programs their agencies operate will increase successful treatment completion for the overall system by five percent annually by June 30, 2023 based on provider outcome reports submitted bi-annually.***

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, majority indicated they were interested in supporting goals 1 and 2 (increase access to care for Medi-Cal beneficiaries and increasing timely transitions in care). Participants were also asked to submit to the chat function any additional goals they wanted to see for the county. While none were submitted in this format, through the event evaluations, there was interest in seeing a goal developed to increase access to MAT services in Yolo County. HMA will work with partners in Yolo County to develop a goal related to MAT services.

Implementation Strategy

HMA will work with Yolo 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. Yolo County has many significant strengths and several key champions and change makers to successful 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 Yolo County regarding progress on the goals, connecting partners to coaching, technical assistance, HMA office hours, trainings and webinars that align with Yolo County goals and priorities.

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 Yolo 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 Yolo County. Material is presented in various formats and is created and delivered by the nations leading experts on the subjects of SUD/OUD 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.

Conclusion

In conclusion, Yolo 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 Yolo 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 more than forty 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 individuals who shared their experiences as people with substance use disorders getting treatment. Thank you for contributing so significantly to this learning opportunity.

With resources mobilizing throughout the state and within Yolo county, the strong leadership at Yolo 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 Yolo County.