County of San Mateo
Substance Use Needs Assessment

February 2019

JSI

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EXECUTIVE SUMMARY

Substance use disorders impact the health and well-being of individuals, families, and entire communities across the country, and have been called “one of the critical public health problems of our time.” Nearly 21 million people in the United Stated have substance use disorders, and every day, 78 people die from an opioid overdose. On behalf of the San Mateo County Health Care for the Homeless/ Farmworker Health Program (HCH/FH), John Snow, Inc. (JSI) conducted a needs assessment to identify current capacity, availability of, and access to substance use disorder treatment services in San Mateo County, California. The positioning of the HCH/FH Program in the County structure allowed for easier access to information on and from County-contracted providers, though these providers are just one part of the substance use treatment system. Substance use disorder and the need for services is not limited to Medi-Cal and uninsured populations; a broad approach, inclusive of all providers, is needed to enhance the substance use treatment system in the County and meet the needs of the whole population. Based on the findings from this needs assessment, JSI has developed a set of recommendations for the County’s consideration.

Specific service gaps exist in the substance use treatment system, particularly access to men’s residential treatment and inpatient medical detox for Medi-Cal clients. Wait times for men’s residential treatment beds can be as long as a month, or longer for non-English speakers. The only inpatient medical detox in the County is not currently accessible to patients with Medi-Cal. There are no youth residential services in San Mateo County or sobering services available to youth outside the emergency room. The county contracts with two out-of-county youth residential substance use treatment providers which can be accessed by youth in the County; however, focus group participants and key informants expressed a desire for in-county residential treatment.

More providers need to be not only able, but willing to provide medication-assisted treatment for opioid use disorder. Though an increasing number of providers are waivered to prescribe buprenorphine, many psychiatrists and primary care providers are unwilling or uncomfortable with prescribing buprenorphine. They may feel that it is beyond the scope of their role, that they don’t have capacity to effectively manage another disease, or there may be stigma and fear around treating addiction.

There are gaps in coordination across the system and a lack of knowledge about what the full system looks like. Hospital-based providers and providers across the substance use treatment service spectrum reported being unsure about where to refer patients who need substance use treatment services (or need a different level of substance use treatment). Many providers do not have awareness of what the substance use treatment system looks like in San Mateo County, what the options are, or how to get a patient into care. There is also a gap in knowledge among Medi-Cal providers about what services are available for privately-insured patients, and vice-versa.

The IMAT Team is seen as a significant success and is making a positive impact. The Integrated Medication Assisted Treatment (IMAT) team offers outreach and engagement, psycho-education around MAT, and linkages to services across the system. They provide case managers in the emergency department almost around the clock, and provide care coordination for complex clients. The IMAT team is viewed as one of the great successes in the current system of substance use treatment in the County.

Housing and the cost of living in San Mateo County were identified as the greatest barriers to successful recovery among people experiencing homelessness. Clients described successfully completing treatment, "doing everything right," and then not being able to find a place to live upon leaving treatment. This is especially problematic for people on the prioritization list for affordable housing. The list is prioritized based on length of homelessness; a stay in residential treatment disrupts the length of homelessness and moves the patient down the list, creating a disincentive to seek treatment for those trying to get access to housing.

Geographic barriers, distrust or fear of government, and past trauma are barriers to care for farmworker populations. The absence of substance use services along many parts of the coast, where most farmworkers work and reside, and limited hours for services that exist inhibit access to care for many farmworkers. Those farmworkers who are undocumented may be afraid to come forward and seek treatment services and many do not have health insurance to cover the cost of treatment. Respondents also highlighted the importance of trauma-informed care for the farmworker community, as many individuals have experienced trauma that may play a role in their substance use.

The system could be better designed to meet patient needs. Clients identified a need for increased use of a harm reduction approach among providers, to reduce feelings of stigma, help patients feel comfortable, and to bring them into treatment in a non-judgmental way. There is also a desire for more varied, flexible, and trauma-informed treatment options to meet the diverse needs of clients. Designing services based on patient needs will ensure that the treatment system is ready to accept people and meet their needs when they are ready to seek care.

The implementation of the Drug Medi-Cal Organized Delivery System has been challenging for providers. Though the implementation of this new program has provided an opportunity to enhance the system of care in San Mateo County, it comes with increased paperwork and documentation requirements, creating an additional burden for service providers with already limited staff capacity.

RECOMMENDATIONS

- Improve timeliness of access to residential treatment beds for men.
- Increase availability of inpatient medical detox for individuals with Medi-Cal.
- Facilitate more connection and collaboration with schools around substance use, to improve engagement and connection to services among youth.
- Increase motivation and capacity for psychiatrists and primary care providers to prescribe buprenorphine.
- Enhance coordination and communication among County-contracted providers and between County-contracted and private providers.
- Reconsider the prioritization process for affordable housing for individuals who have completed residential substance use disorder treatment.
- Provide trauma-informed care and improve engagement with farmworker populations through consistent presence at community events and linkages to churches and other community-based organizations.
- Provide capacity building or additional administrative support around the implementation of the Drug Medi-Cal Organized Delivery System.
- Assess the need for capacity building around screening and motivational interviewing among primary care providers.

INTRODUCTION

On behalf of the San Mateo County Health Care for the Homeless/Farmworker Health Program (HCH/FH), John Snow, Inc. (JSI) conducted a needs assessment to identify current capacity, availability of, and access to substance use disorder treatment services in San Mateo County, California. The goals of the needs assessment were to:

- Assess the prevalence of substance use in San Mateo County;
- Identify the service and resource needs of consumers and providers; and
- Identify where gaps exist and how to strengthen the current substance use disorder treatment system in San Mateo County.

For the purposes of this assessment, “substance use” is defined to include the illicit use of drugs; opioids, marijuana, and alcohol, but does not include tobacco use. The assessment was conducted county- and population-wide, with a particular focus on homeless and farmworker populations.

This project was supported by the San Mateo County Health Care for the Homeless/Farmworker Health program, utilizing funding received from the federal Health Resources and Services Administration under the Health Center Program authorized under Section 330 of the Public Health Act.

METHODOLOGY

This needs assessment relied on four types of data sources: existing quantitative county-level data; key informant interviews with relevant stakeholders across the County; a provider survey; and client focus groups and interviews with the target populations. Data collection was conducted from October 2018 through January 2019. The data collection methodology for each source is described below. This research was approved by the JSI Institutional Review Board (IRB).

Existing Quantitative Data

The secondary data for this analysis was obtained from the following sources:

- SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014-2016
- California Health Interview Survey, 2015
- California Office of Statewide Health Planning and Development 2013-2015
- San Mateo Community Health Dashboard
- Fatality Analysis Reporting System 2012-2016
- Centers for Disease Control and Prevention (CDC) Wonder Mortality Data (2014-2016)
- Lisa Clemans-Cope, Marni Epstein, and Doug Wissoker. County-Level Estimates of Opioid Use Disorder and Treatment Needs in California. The Urban Institute. March 19, 2018
- University of Wisconsin Population Health Institute. County Health Rankings Key Findings 2017
- Controlled Substance Utilization Review and Evaluation System 2018
- San Mateo County Whole Person Care pilot program
- San Mateo County Health System Public Health Epidemiology

- San Mateo County Integrated Medication Assisted Treatment Report and Evaluation
- FY17-18 Drug Medi-Cal Organized Delivery System External Quality Review

Key Informant Interviews

In collaboration with JSI, HCH/FH Program staff identified a list of key stakeholders in San Mateo County who could provide insights into the needs and available services in the County, particularly among farmworker populations and people experiencing homelessness. These individuals included representatives from San Mateo County Health, San Mateo County Behavioral Health and Recovery Services, San Mateo Medical Center (SMMC), organizations providing substance use treatment services, other County departments and agencies, and organizations working with homeless and farmworker populations. These individuals were contacted by HCH/FH Program and other San Mateo County Health staff, and interviews were conducted by JSI over the phone or in person using a standardized interview guide. Through the course of these interviews, additional stakeholders were recommended as potential informants by interviewees, and additional interviews were conducted by JSI. In total, 32 key informants were interviewed.

Provider Survey

A web-based provider survey was developed to gather information from organizations and independent practitioners delivering one or more of the following substance use disorder treatment services:

- Withdrawal Management (Detoxification Services)
- Individual Outpatient Counseling
- Group Outpatient Counseling
- Intensive Outpatient Services
- Residential Treatment Services
- Medication Assisted Treatment for Opioid Use Disorder (methadone, buprenorphine, naltrexone)
- Medication Assisted Treatment for Alcohol Use Disorder (acamprosate, disulfiram, and naltrexone)

Questions asked in the survey were related to treatment locations and settings, services provided, ages served, populations served by level of care, payment accepted, staffing, training needs, average wait time, informational resources used and needed. Those invited to participate in the survey were notified that upon completion of the survey they could enter into a random drawing to receive one of ten $75 gift cards for their participation.

Survey participation was targeted to 1) substance use treatment service providers in San Mateo County who accept patients with private insurance or who pay out of pocket (hereafter referred to as “private providers”) and 2) County-contracted providers who primarily see patients with Medi-Cal insurance or uninsured patients.

Private providers: JSI identified survey recipients through online searches, directories of private insurance providers, referrals from HCH/FH Program staff, and referrals from other providers. Four providers had email addresses listed online, and JSI called the offices of other providers listed as

offering substance use disorder treatment in San Mateo County. Most providers did not answer the phone or said they were uninterested in taking the survey. JSI also requested referrals from all key informant interviewees, only one of whom had suggestions for private providers to contact. The survey was sent to five private providers in San Mateo County and was open from November 30, 2018 to January 9, 2019. Private providers received a link to an online survey via email and completed the survey on the web; those who had not completed the survey were sent reminder emails prior to the survey deadline.

County-contracted providers: Much of the information requested in the survey had already been collected for County-contracted providers by Behavioral Health Recovery Services (BHRS). In order to lower the burden of survey completion, this information was provided to JSI directly by BHRS staff. The remaining questions were included in a shorter online survey that was shared with nine BHRS provider organizations via an email from the Alcohol and Other Drug Service Manager for BHRS. The survey was open from December 16, 2018 to January 9, 2019, and JSI followed up on these emails with reminders prior to the survey end date.

Consumer Focus Groups and Interviews

Three focus groups were planned to capture the perspective of consumers or potential consumers of the substance use treatment system in San Mateo County:

- Non Medi-Cal population: participants were recruited through flyers placed at coffee shops, libraries, and other accessible community sites throughout San Mateo County (see Appendix 2 for recruitment flyer), as well as through an advertisement posted on Craiglist.org. Interested individuals were directed to a phone number, where they were screened for eligibility to participate in the focus group. Participants were eligible if they had private health insurance or no health insurance. Ten people were screened and found to be ineligible, and seven were invited to participate. Four eligible individuals (three females and one male, between the ages of 30 and 65) participated in the focus group. These individuals either received substance use treatment services in San Mateo County, or supported someone else in seeking services. All participants had private health insurance, though one had recently been uninsured for a short period of time.
- Homeless population: individuals experiencing homelessness were recruited by a partner organization to participate in a focus group held at a San Mateo County homeless shelter. Six individuals participated in the focus group (two females and four males), all of whom were selected because they had received or considered substance use treatment services in the County.
- Farmworker population: with support of a local nonprofit, a focus group was planned for a free breakfast event often attended by farmworkers. However, due to low attendance and the drop-in nature of the event, three individual interviews were conducted with male farmworkers in attendance instead of the focus group. All farmworkers in attendance (n=4) were invited to participate in an interview.

The two focus groups and three individual interviews were conducted using a standardized protocol and interview guide. Food and refreshments were offered at each group, and all participants received a $50 gift card to a grocery store to thank them for their time.

BACKGROUND

San Mateo County has a population of about 719,000 people, 137,379 of whom were eligible for Medi-Cal as of 2017.[1] The cost of living is extremely high, with a median house price of $1,463,000 according to the State Department of Housing and Community Development. San Mateo County Health is the county health department, which administers public health programs and provides clinical and supportive services to the community. Behavioral Health and Recovery Services (BHRS) is the division of San Mateo County Health responsible for providing a broad spectrum of services for children, youth, families, adults and older adults for the prevention, early intervention and treatment of mental illness and/or substance use conditions. BHRS contracts with a set of organizations (hereafter referred to as "County-contracted providers") to provide substance use treatment services for individuals who have active Medi-Cal in San Mateo County (with Health Plan of San Mateo), who are dually eligible for Medi-Cal and Medicare, who are uninsured, and in limited instances, individuals with private insurance.

Substance Use in the United States

The 2016 Surgeon General's Report on Alcohol, Drugs, and Health labeled substance use and substance use disorder as "one of the critical public health problems of our time."[2] Every day in the United States, 78 people die from an opioid overdose; this number has nearly quadrupled since 1999. In 2015, 20.8 million people in the United Stated had substance use disorders—more than 1.5 times the annual prevalence of cancer.[3] Substance use disorders impact the health and well-being of individuals, families, and entire communities. They also have economic impacts; the estimated impact of substance use and substance use disorder, exclusive of tobacco, is as high as $442 billion per year.[4]

Substance Use in San Mateo County

Trends in substance use and substance use disorder in San Mateo County are consistent with neighboring counties and California statewide trends. According to data from the Public Health, Policy, and Planning Department of San Mateo County Health, the age-adjusted annual mortality rate due to overdoses from all drugs was 6.78 per 100,000 in 2016 (vs. 12 statewide).[5] The age-adjusted emergency room rate due to substance misuse in San Mateo County is 14.1 per 10,000 people, compared to 18.6 statewide.[6]

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[1] *Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017*. (United States Census Bureau / American FactFinder, 2017 Population Estimates Program, 2018). http://factfinder2.census.gov.
[2] U.S. Department of Health and Human Services (HHS), *Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.* (Washington, DC: HHS, November 2016).
[3] U.S. Department of Health and Human Services (HHS), *Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.* (Washington, DC: HHS, November 2016).
[4] U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health.* (Washington, DC: HHS, November 2016).
[5] Robert Wood Johnson Foundation County Health Rankings 2014-2016
[6] California Office of Statewide Health Planning and Development 2013-2015.

Seventeen percent (17%) of adults in San Mateo County reported binge or heavy drinking and 5.9% of individuals age 12 and over had alcohol use disorder, compared to 18% and 6.4% statewide, respectively.[7, 8] The age-adjusted emergency room visit rate per 10,000 people due to alcohol misuse (43.3 in San Mateo County) and the proportion of alcohol-impaired driving deaths (26% of driving deaths) were similarly aligned with, though slightly lower than, statewide figures (44.2 and 29%, respectively).[9,10] Among the Whole Person Care population in San Mateo County, alcohol-related disorders ranked first among the most common treat-and-release emergency room diagnoses among all emergency room visits, accounting for 10% of all emergency room visits among this population.[11] Alcohol-related disorders ranked third among most common inpatient stay diagnoses for this population, accounting for 8% of all inpatient stays in this population.

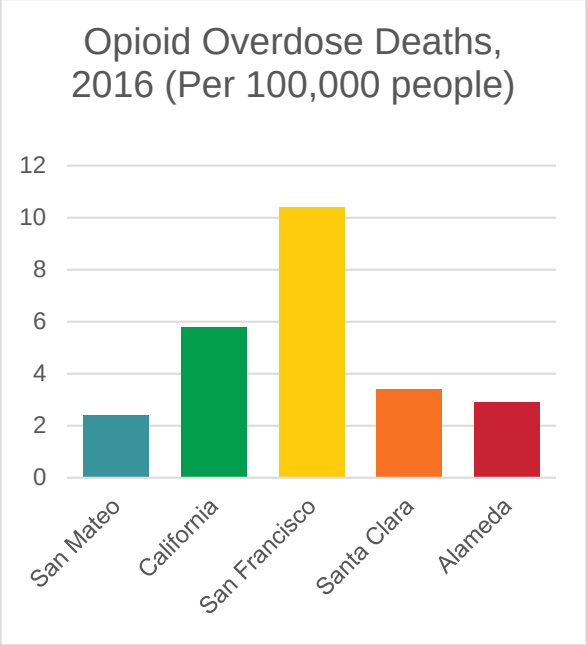


Figure 1: Opioid overdose death rates per 100,000 people in California and Bay Area Counties

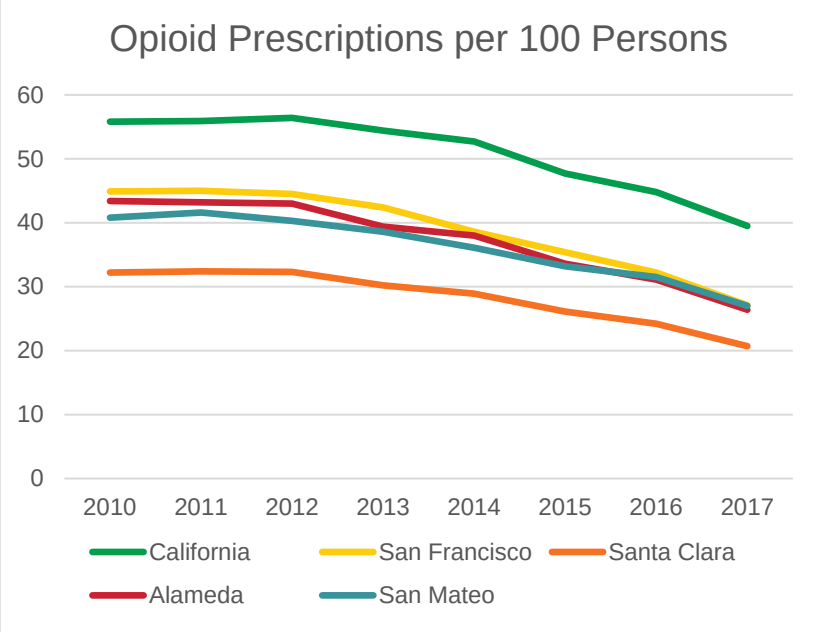


Figure 2: Opioid prescription rates per 100 people in California and Bay Area Counties

Opioid prescription rates have been declining in San Mateo, aligning with trends across the state and nearby counties (see Figure 2). San Mateo County has a lower death rate due to opioid overdose than other Bay Area counties and the state as a whole (see Figure 1).

A complete set of findings from the review of available data can be found in Appendix 1.

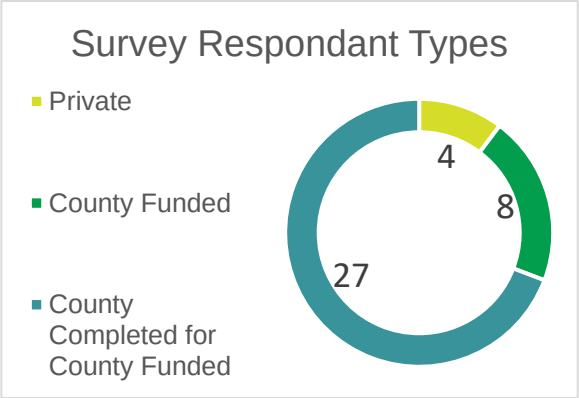
[7] Behavioral Risk Factor Surveillance System, 2016. https://www.cdc.gov/brfss/annual_data/annual_2016.html.
[8] *National Survey on Drug Use and Health*. (SAMHSA, Center for BH Statistics and Quality, 2014-2016).
[9] California Office of Statewide Health Planning and Development 2013-2015.
[10] Fatality Analysis Reporting System 2012-2016. www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars.
[11] Whole Person Care is a pilot program taking place in California counties under the State's 1115 Waiver. The pilot aims to coordinate health, behavioral health, housing, and social services for high users of the health system.

Substance Use in Homeless Populations

Substance use is known to be both a cause and effect of homelessness.[12] Data on substance use and substance use disorder among people experiencing homelessness were not available in San Mateo County. However, national data reveal that rates of substance use disorder and mortality by opioid overdose are higher among people experiencing homelessness.[13] A recent study in Boston found that drug overdoses were the leading cause of death among a cohort of people experiencing homelessness, accounting for one-third of deaths among those younger than 45 years.[14] Compared to people who were stably housed, individuals in this group were nine times more likely to die from an overdose.

[12] *Substance Abuse and Homelessness.* (Washington D.C., National Coalition for the Homeless, 2009). https://www.nationalhomeless.org/factsheets/addiction.pdf.
[13] Boyer, Alaina and Poe, Brett. *Addressing the Opioid Epidemic: How the opioid crisis affects homeless populations.* (National Health Care for the Homeless Council, May 2017). www.nhchc.org/opioidcrisis.
[14]Baggett TP, Hwang SW, O'Connell JJ, et al. *Mortality Among Homeless Adults in Boston: Shifts in Causes of Death Over a 15-Year Period*. (JAMA Intern Med., 2013).173(3):189–195.

The findings gathered through the survey are provided in two parts. Part One is relevant to private providers (n=4) and Part Two is relevant to County-contracted providers, including the County staff who submitted data on behalf of providers (n=27) and the County-contracted providers who completed their own responses to another portion of the survey questions (n=8).



Part One: Private Providers

There were a total of three responses to the survey among the private providers who were requested to complete it; one provider completed the survey for two service locations. The total number of private provider settings reported in these findings is four (4).[15] This included two individual practitioners who provide services independently, and two organizations consisting of more than one provider. Two of these providers serve the South Region of San Mateo County (including Redwood City, North Fair Oaks, Portola Valley, Woodside, Atherton, East Palo Alto, Menlo Park), and two serve the Central Region (including San Mateo, Belmont, Burlingame, Foster City, Hillsborough, Millbrae, San Carlos). As discussed under "Limitations", the small number of responses to the survey among private providers makes it difficult to make generalizations or complex quantitative analysis based on this data.

Table 1 below describes the levels of care offered by this set of private providers. Notably, higher levels of care (residential/inpatient treatment) and medication assisted treatment with methadone are not offered by this group of providers.

Table 1: Number of Private Providers Offering Specific Levels of Care[16]

Outpatient Withdrawal Management (Detoxification Services)	1
Residential (non-hospital) Withdrawal Management (Detoxification Services)	0
Inpatient (hospital) Withdrawal Management (Detoxification Services)	0
Individual Outpatient Counseling	4
Group Outpatient Counseling	1
Intensive Outpatient Services	1
Residential Treatment Services	0
Medication Assisted Treatment for OUD with methadone	0
Medication Assisted Treatment for OUD with buprenorphine	2
Medication Assisted Treatment for OUD with naltrexone	2
Medication Assisted Treatment for AUD with acamprosate	2
Medication Assisted Treatment for AUD with disulfiram	2
Medication Assisted Treatment for AUD with naltrexone	2

[15] The provider who sees patients in two different settings submitted a separate response for each setting; both responses are included in the data presented here.

[16] Treatment options are not exclusive in tables representing provider services data; a given site may provide multiple levels of care.

Two of these providers offer individual outpatient counseling for youth; the remaining services are provided to adults (18 years and older). Table 2 describes the specialty populations served by this group of private providers, though none of them identified services designed specifically for any of these groups.

Table 2: Populations Served by Private Providers

(Indicates they can be admitted and receive services)

Population	Number of providers who serve the population
Pregnant and parenting women	4
Military/Veterans	3
LGBTQ	3
Farmworkers	2
Homeless	2
Undocumented	1
Older Adults (65+)	3
Individuals on Medication Assisted Treatment	4
Other: Families	2

Table 3 lists the types of payment accepted at each level of care for the private providers surveyed. Some providers request that clients pay up front for services, and offer a sliding payment scale for a subset of patients. One provider identified challenges related to insurance reimbursements, including low rates and slow or missed payments; these challenges are significant enough that the provider is struggling to maintain their business.

Table 3: Forms of Payment by Level of Care for Private Providers

Level of Care	Types of Payment Accepted (# of Providers)
Outpatient withdrawal management	Self Pay (1)
Individual Outpatient Counseling	Medi-Cal (1) Medicare (1) Self pay (4) Blue Shield of CA (1) Anthem Blue Cross (1)
Group Outpatient Counseling	Self Pay (1)
Medication Assisted Treatment for OUD with buprenorphine	Medi-Cal (1) Medicare (1) Self Pay (2) Blue Shield of CA (1) Anthem Blue Cross (1)
Medication Assisted Treatment for OUD with naltrexone	
Medication Assisted Treatment for AUD with acamprosate	
Medication Assisted Treatment for AUD with disulfiram	
Medication Assisted Treatment for AUD with naltrexone	

Survey respondents identified current provider vacancies in their practices, which include:

- LCSW #13653
- MD, PhD, Psychiatrist / Addictionologist
- PsyD, Licensed Clinical Psychologist / Psychotherapist
- RN, Certified Substance Use Counselor

For each of the following training topics, one provider identified interest or need: American Society of Addiction Medicine (ASAM) Criteria, Trauma-Informed Care, Co-Occurring Disorders, Medication Assisted Treatment, Best Practice Approaches for Treatment of Special Populations, Cognitive Behavioral Therapy, Relapse Prevention, Psycho-Education, Chronic Pain, Co-Occurring Mental Health Disorders.

Table 4 describes the average wait time for each level of care offered by private providers. Most services have a one- to two-day wait time, with the longest wait for group outpatient counseling at an average of 24 days.

Table 4: Average Wait Time for Private Providers in Days by Level of Care

Level of Care	Average Wait Time in Days Across All Providers
Outpatient Withdrawal Management (Detoxification Services)	1
Inpatient (hospital) Withdrawal Management (Detoxification Services)	1
Individual Outpatient Counseling	2.3
Group Outpatient Counseling	24
Intensive Outpatient Services	7
Medication Assisted Treatment for OUD with buprenorphine	2
Medication Assisted Treatment for OUD with naltrexone	2
Medication Assisted Treatment for AUD with acamprosate	2
Medication Assisted Treatment for AUD with disulfiram	7
Medication Assisted Treatment for AUD with naltrexone	3

Part Two: County-Contracted Providers

Data provided in this portion of the report reflects the data shared by BHRS staff about County-contracted providers (N=27). A complete list of County-contracted providers can be found at www.smchealth.org/post/find-behavioral-health-providerprogram.

Table 5 lists the number of County-contracted providers offering each level of care. There are no inpatient medical withdrawal management services offered by County-contracted providers, and only one residential withdrawal management option of any type. There is also only one provider offering methadone. Four providers offer individual outpatient counseling for youth, and five providers offer group outpatient counseling for youth. The remainder of the listed services are offered for adults only (18 years and older).

Table 5: Number of County-Contracted Providers Offering Specific Levels of Care

Outpatient Withdrawal Management (Detoxification Services)	2
Residential (non-hospital) Withdrawal Management (Detoxification Services)	1
Inpatient (hospital) Withdrawal Management (Detoxification Services)	0
Individual Outpatient Counseling	10
Group Outpatient Counseling	13
Intensive Outpatient Services	4
Residential Treatment Services	9
Medication Assisted Treatment for OUD with methadone	1
Medication Assisted Treatment for OUD with buprenorphine	2
Medication Assisted Treatment for OUD with naltrexone	2
Medication Assisted Treatment for AUD with acamprosate	1
Medication Assisted Treatment for AUD with disulfiram	1
Medication Assisted Treatment for AUD with naltrexone	1
Other – Sobering Station	1

Table 6 outlines the gender-specific services offered by County-contracted providers. Of these services and programming, there are more designed for women, particularly among residential treatment services.

Table 6: Number of County-Contracted Providers Offering Gender-Specific Programming

	Number of providers who offer each level of care		
	Group Outpatient Counseling	**Intensive Outpatient Services**	**Residential Treatment Services**
This level of care is not offered	14	23	18
Gender-specific programming is not available for this level of care	11	1	1
Programming is available for gender-specific men	1	1	3
Programming is available for gender-specific women	1	2	6

As evidenced by Table 7, almost all providers are able to admit and serve farmworkers, people experiencing homelessness, undocumented individuals, and individuals receiving MAT.

Table 7: Populations Served by County-Contracted Providers

(Indicates they can be admitted and receive services).

Population	Number of providers who serve the population
Farmworkers	24
Homeless	26
Undocumented	25
Individuals on Medication Assisted Treatment (receiving MAT elsewhere)	26

Table 8 outlines the number of providers offering some programming specifically designed for the listed specialty populations at each level of care. Of this programming, one intensive outpatient services provider and three residential treatment services providers are primarily focused on pregnant and parenting women (at least 75% of their program is focused on this population).

Table 8: Programming Available for the Following Populations by Level of Care at Each County Clinic

	Group Outpatient Counseling	Intensive Outpatient Services	Residential Treatment Services
Pregnant/Parenting Women	5	1	6
Military/Veterans	5	1	7
Farmworkers	5	0	6
LGBTQ	12	3	9
Homeless	13	3	9
Undocumented	6	3	9
Older Adults (65 and older)	4	0	6
Individuals on Medication Assisted Treatment	9	2	9

Table 9 below describes the average wait time for each level of care, and the range of averages across providers. The longest average wait time is for MAT for alcohol use disorder, in part because there is only one provider offering this type of care. The largest range for wait time is for residential treatment, which includes a men's residential treatment facility with an average wait time of 28 days.

Table 9: Average Wait Time for County-Contracted Providers in Days by Level of Care

Level of Care	Average Wait Time in Days Across All Providers
Residential (non-hospital) Withdrawal Management (Detoxification Services)	1
Individual Outpatient Counseling	2.5 (range: 0 – 10 days)
Group Outpatient Counseling	2 (range: 0 – 10 days)
Intensive Outpatient Services	3.75 (range: 3 – 5 days)
Residential Treatment Services	5.2 (range: 0 – 28 days)
Medication Assisted Treatment for OUD with methadone	1
Medication Assisted Treatment for OUD with buprenorphine	4 (range: 1 – 7 days)
Medication Assisted Treatment for OUD with naltrexone	4 (range: 1 – 7 days)
Medication Assisted Treatment for AUD with acamprosate	7
Medication Assisted Treatment for AUD with disulfiram	7
Medication Assisted Treatment for AUD with naltrexone	7

The following data reflects the questions that were answered by County-contracted providers directly via a web-based survey (N=8). Half of these providers identified a desire for training on motivational interviewing, trauma-informed care, co-occurring disorders, and co-occurring mental health disorders. American Society of Addiction Medicine (ASAM) criteria, medication assisted treatment, relapse prevention, best practice approaches for treatment of special populations, cognitive behavioral therapy, and psycho-education were identified as additional training needs among a smaller number of providers.

Table 10 lists the types of payment and insurance accepted by County-contracted providers at each level of care. Medi-Cal is accepted at all levels of care

Table 10: Forms of Payment Accepted by County Providers by Level of Care

Level of Care	Types of Payment Accepted (Number of providers)
Residential (non-hospital) withdrawal management	Medi-Cal (1) Self pay (1)
Individual Outpatient Counseling Group Outpatient Counseling	Medi-Cal (4) Self pay (3) Western Health Advantage (1)
Intensive Outpatient Services	Medi-Cal (3) Self pay (2) Western Health Advantage (1)
Residential Treatment Services	Medi-Cal (3) Self pay (2) Western Health Advantage (1) Kaiser Permanente of CA (1)
Medication Assisted Treatment for OUD with methadone	Medi-Cal (1) Self pay (1)
Medication Assisted Treatment for OUD with buprenorphine	Medi-Cal (1) Medicare (1)
Medication Assisted Treatment for OUD with naltrexone	
Medication Assisted Treatment for AUD with acamprosate	
Medication Assisted Treatment for AUD with disulfiram	
Medication Assisted Treatment for AUD with naltrexone	

QUALITATIVE FINDINGS

Several key themes emerged consistently through the qualitative data collection process, which included key informant interviews, consumer focus groups, and open-ended survey questions.

Specific service gaps exist in the substance use treatment system, particularly access to men's residential treatment and inpatient medical detox for Medi-Cal clients. Informants universally reported a shortage of residential substance use treatment beds for men, with average reported wait times of 13 days for options through BHRS. One facility reported wait times of up to four weeks. There is even more limited capacity to serve monolingual Spanish speakers, resulting in longer waits for this subpopulation. Wait times can be "detrimental" to a person accessing treatment, as they may decide not to pursue treatment if they have to wait for it. Respondents identified only two private residential treatment facilities in the County; private providers reported referring clients to residential treatment options elsewhere in California. Respondents also reported a lack of access to inpatient medical detox as a major gap in the system of care. The only inpatient medical detox in the County is at Mills Peninsula Medical Center; providers reported attempting to connect Medi-Cal patients to Mills Peninsula for medical detox without success. Due to challenges in receiving payments from the California Department of Health Care Services, Mills Peninsula has not accepted Medi-Cal patients. Despite a reported need for this service among the Medi-Cal population, the detox beds at Mills Peninsula are often underutilized. San Mateo County Health is currently working with Mills Peninsula to explore options for getting County clients access to the Mills Peninsula detox beds.

Respondents also identified gaps in services for youth in San Mateo County. Though there seem to be sufficient outpatient services for youth, evidenced by the fact that the outpatient youth services are underutilized, there are no youth residential services in San Mateo County or sobering services available to youth outside the emergency room. BHRS contracts with two out-of-county youth residential substance use treatment providers which can be accessed by youth in the County; however, focus group participants and key informants expressed a desire for in-county residential treatment. There has also been a recent reduction in youth accessing outpatient treatment in the County, despite availability of outpatient facilities, a trend that mirrors national statistics.[17] Respondents identified a need for better connections with schools, both through substance use education and through the availability of treatment in the school setting.

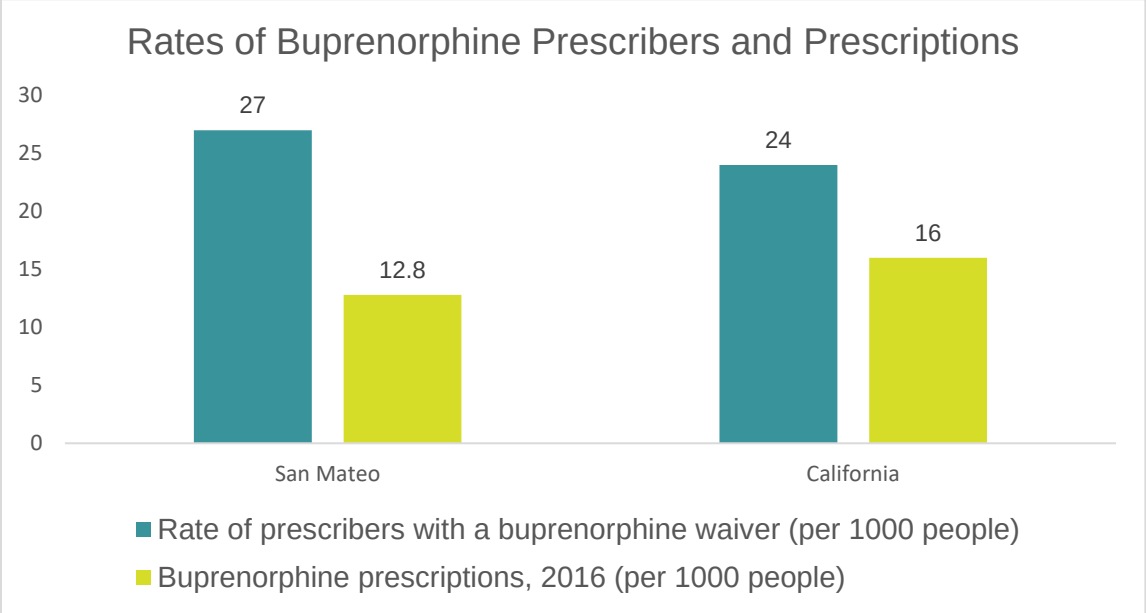
More providers need to be not only able, but willing to provide medication-assisted treatment for opioid use disorder. Recent efforts have been made in San Mateo County to get more psychiatrists waivered to prescribe buprenorphine. However, respondents felt that this has not led to a commensurate increase in the

[17] Bose, Hedden, Lipari and Park-Lee. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.* (Rockville, MD: SAMHSA, 2018).

number of buprenorphine prescriptions being written in the County. This trend is confirmed by statewide data, as seen in Figure 3 below. Rates of prescribers with a buprenorphine waiver are higher in San Mateo County than in California, yet rates of prescription for buprenorphine are lower.[18,19] Respondents believed that both psychiatrists and primary care providers are unwilling or uncomfortable with prescribing buprenorphine; they may feel that it is beyond the scope of their role, that they don't have capacity to effectively manage another disease, or there may be stigma and fear around treating addiction. Currently, the emergency department or psychiatric emergency services can initiate buprenorphine for a patient, but the patient often needs to wait weeks before they can get an appointment to continue that treatment in the community. Providers who do prescribe buprenorphine identified challenges in working with pharmacies to bill for MAT, and felt that more education is needed with pharmacists to ensure patients don't face gaps in medication.

> *"Addiction falls in a grey area between primary care and psychiatry, so somebody needs to step up to the plate."*
> - Key informant interviewee

Figure 3: Rates of buprenorphine prescribers and prescriptions in San Mateo County and statewide



There are gaps in coordination across the system and a lack of knowledge about what the full system looks like. Providers across the service spectrum reported being unsure about where to refer patients who need substance use treatment services (or need a different level of substance use treatment). Many providers do not have awareness of what the substance use treatment system looks like in San Mateo County, what the options are, or how to get a patient

[18] *California Opioid Overdose Surveillance Dashboard.* Buprenorphine prescriptions are by patient location and exclude Butrans. https://discovery.cdph.ca.gov/CDIC/ODdash/.
[19] Estimates based on *DEA Active Controlled Substances Act (CSA) Registrants database and Controlled Substance Utilization Review and Evaluation System (CURES).* https://classic.ntis.gov/products/dea-csa/.

into care. They often refer patients to the Access Line but aren't able to make a more direct connection for a patient, and their knowledge of what exists is based on their personal networks and word-of-mouth. Providers expressed a desire for real-time information on available substance use treatment and clear processes for connecting patients to the right level of care. There is also a gap in knowledge among Medi-Cal providers about what services are available for privately-insured patients, and vice-versa. Private substance use treatment providers are unsure about where to refer patients with Medi-Cal who come to them seeking services. Similarly, County-contracted providers reported referring non-Medi-Cal patients back to their insurance provider to identify treatment options.

> *"SMC BHRS and Contracting Agencies seem to lack a coordinated procedure to refer clients through the continuum of care. We need referral process to move clients from one agency to another."*
> - Survey respondent

Data tracking and coordination was identified as a specific weakness in the substance use treatment system in the County. Different providers within the County use different electronic health records, resulting in siloed systems and difficulties in accessing patient records or communicating about patients. Providers reported not being able to find out what happened to a patient once they dropped out of treatment or moved to another provider. Providers felt they didn't have a full picture of what a patient's treatment looks like, and didn't have the ability to track down people who had fallen out of care. Legal barriers, including federal confidentiality regulations, prevent information sharing around drug and alcohol use. Substance use treatment providers are not authorized to share data with primary care providers without explicit patient consent; this lack of data sharing can inhibit relationship building and create a risk of harm for the patient. The challenges around data sharing and care coordination are a focus of the Whole Person Care pilot program in San Mateo County.

The implementation of the Drug Medi-Cal Organized Delivery System has led to administrative challenges for Medi-Cal providers. San Mateo County was the first county in the Bay Area to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS), which it did in February 2017.[20] DMC-ODS is a pilot program under the California 1115 Waiver which expands, improves, and reorganizes substance use disorder treatment and services. It creates a pathway to provide and bill for residential treatment, case management, recovery services, and field-based services. Though the implementation of this program has provided an opportunity to enhance the system of care in San Mateo

> *"We need support around documentation requirements - this greatly impacts services to clients due to the administrative time it takes and the confusion around requirements."*
> - Survey respondent

[20] *FY17-18 Drug Medi-Cal Organized Delivery System External Quality Review: San Mateo DMC-ODS Report.* (Emeryville, CA: Behavioral Health Concepts, Inc., 2018).

County, it comes with increased paperwork and documentation requirements. This creates an additional burden for service providers that already have limited staff capacity (see finding below). This finding is echoed in assessments of DMC-ODS implementation in other California counties.[21] Additionally, DMC-ODS regulations prevent providers from serving patients with Medi-Cal from other counties. This is particularly problematic in a place like the Bay Area, where counties are geographically small and many people travel through multiple counties on a daily basis. DMC-ODS also restricts patients to two residential treatment stays per year, which may be a barrier for clients who move in and out of treatment more frequently. These findings are consistent with an evaluation of DMC-ODS in San Mateo County that was conducted in 2018.[22]

Hiring and retaining the right staff is difficult due to the limited availability of certified providers and the cost of living in San Mateo County. San Mateo County is one of the most expensive places to live in the country.[23] The high cost of living combined with availability of other high-paying jobs in the region makes it difficult to hire and retain quality staff in treatment settings, particularly entry-level or frontline staff. Respondents reported additional staffing challenges due to the increased paperwork burden resulting from implementation of the Drug Medi-Cal Organized Delivery System (see above). The required documentation may necessitate increased time from higher level staff, who are already overworked, contributing to challenges with staff retention. Respondents also reported a shortage of addiction specialists in the County, and challenges related to recruiting qualified providers who embrace serving clients.

> *"I have been recruiting for a substance use counselor for 6 months without a qualified applicant response."*
> - Survey respondent

SUBSTANCE USE TREATMENT SERVICES FOR PEOPLE EXPERIENCING HOMELESSNESS

People experiencing homelessness who have accessed substance use treatment services in San Mateo County described a system that supported them and linked them to the care they needed. They felt that services were accessible and that there were no barriers to receiving treatment other than personal choice. Housing and the cost of living in San Mateo County were identified as the greatest barriers to successful recovery in this population. Clients described successfully completing treatment, "doing everything right," and then not being able to find or afford a place to live when they leave treatment. This is especially problematic for people on the prioritization list for affordable housing. The list is prioritized based on length of homelessness, but a stay in residential treatment disrupts the length of homelessness and moves the patient down the priority list. This creates a disincentive to seek treatment for those trying to get access to housing.

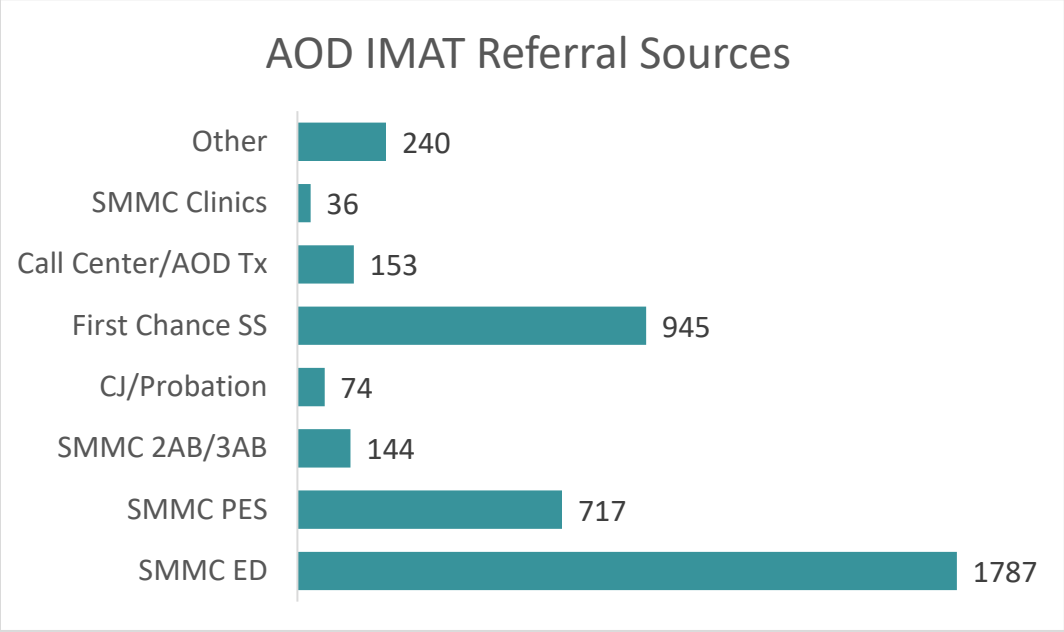
> *"There are a lot of people ready to help once you raise your hand and ask for help."*
> – Focus Group Participant

[21] Brassil, Backstrom, and Jones. *Medi-Cal Moves Addiction Treatment into the Mainstream: Early Lessons from the Drug Medi-Cal Organized Delivery System Pilots.* (CHCF, 2018).
[22] *FY17-18 Drug Medi-Cal Organized Delivery System External Quality Review: San Mateo DMC-ODS Report.* (Emeryville, CA: Behavioral Health Concepts, Inc., 2018).
[23] Zraick, Karen. *San Francisco Is So Expensive, You Can Make Six Figures and Still Be 'Low Income'.* (New York City; The New York Times, 2018).

The IMAT Team is seen as a significant success and is making a positive impact. The Integrated Medication Assisted Treatment (IMAT) team began operating in San Mateo County in 2015. The program offers outreach and engagement, psycho-education around MAT, and linkages to services across the system. They provide case managers in the emergency department almost around the clock, and care coordination for complex clients. Roughly half of all alcohol and other drug (AOD) referrals to the IMAT team have come from the San Mateo Medical Center emergency department (ED), followed by the sobering center and SMMC psychiatric emergency services (PES) (Figure 4 below). An evaluation of the program from 2015 – 2017 found that clients of the IMAT program had a 46% decrease in ED and PES visits and a 64% decrease in hospital admissions in the six months following their enrollment in the program.[24] Clients also had a 119% increase in outpatient visits and 48% decrease in health plan costs for the six-month post-enrollment period. Respondents identified the IMAT team as one of the great successes in the current system of substance use treatment in the County.

> *"[The IMAT team] gives us the ability to extend past what we do. It completely changes the way we are able to practice."*
> - Key informant interviewee

Figure 4: Number of AOD IMAT referrals by source, July 2015 – December 2018



The system could be better designed to meet patient needs. There is often a limited window when a patient is ready to seek services, and the system needs to be prepared to take advantage of the opportunity. Respondents identified a need for increased use of a harm reduction approach among providers, to reduce feelings of stigma, and help patients feel comfortable and bring them into treatment in a non-judgmental way. Some respondents

[24] Lu, Wu, Nhi Cap, and Horner. *Evaluation of San Mateo County Behavioral Health and Recovery Services (BHRS) FY 2016-17 Integrated Medication-Assisted Treatment (IMAT) Program.* (Washington DC: American Institutes for Research, 2018).

SUBSTANCE USE TREATMENT SERVICES FOR FARMWORKERS

Respondents described a high rate of alcohol use among farmworkers in San Mateo County, and increasing use of opioids on the South Coast. According to a household survey administered in the farmworker community in Half Moon Bay, 11% of farmworker households have one or more people who have a problem with drugs or alcohol. However, this population faces numerous barriers in accessing services. Respondents reported a shortage of Spanish-speaking providers, and substance use services along the coast, where most farmworkers work and reside, are very limited. This is particularly true for farmworkers on the South Coast, and is exacerbated by limited access hours for many services. Those farmworkers who are undocumented may be afraid to come forward and seek treatment services and many do not have health insurance to cover the cost of treatment. Respondents also highlighted the importance of trauma-informed care for the farmworker community, as many individuals have experienced trauma which may play a role in their substance use. This population can be difficult to access or to engage, and informants described the effort that providers need to put in to be present in the community and be viewed as trustworthy. Community events, religion, and church are important aspects of life in farmworker communities and should be considered as routes for engaging the population.

identified limited capacity in the County for individuals who want treatment but are not yet ready for abstinence, or who may not be ready to follow a rigorous residential program. They identified a need for more flexibility in residential services, and residential services for people who relapse or who are at different stages of change. Clients felt there was only "one flavor" of treatment in the County, and that more variety was needed. Clients experiencing homelessness in particular may struggle with the rigid structure of treatment after living on the street with very little structure. Informants also identified potential for change in the treatment philosophy at men's residential facilities. Women's treatment in the County tends to be more trauma-informed and more individualized, while men's facilities can be more "conflict-driven," using a "no excuses" penalizing system. Clients and providers alike described the struggle to balance flexibility and maintain connection between clients and providers with the need to create structure that clients can be held accountable to. Respondents also felt that the system could be improved if more substance use treatment programs engaged with patients and other providers outside the four walls of their building, improving their ability to "meet people where they are." The Street Medicine Team partially fills this gap for homeless and farmworker populations, by providing street outreach, access to medicines, and visits to farms, though their capacity is limited to weekly visits.

> *"There isn't a way for the system to accommodate the instability we see in our patients in early recovery."*
> - Key informant interviewee

Providers who see patients with private insurance face barriers in the provision of substance use treatment services. Respondents who treat patients with private insurance or who pay out of pocket reported patient engagement and uptake of services as being two of their main challenges. They reported having to consolidate or remove services they were providing because there weren't enough patients interested in receiving them. Finances were reported as a barrier for both patient and provider in the private treatment system. Providers who tried to offer flexibility in payment for their patients struggled to continue operating in a context of low patient uptake of services, delayed or missed reimbursements, and low reimbursement rates. Patients reported choosing lower level services or not seeking services at all because the costs were prohibitive.

Families and communities need more access to information on substance use and available services. A patient's family, friends, and support system may have a role to play in connecting a patient to substance use treatment; however, community members expressed a lack of understanding about what treatments are available and where to find more information. Families and support systems play a particularly important role among farmworkers, and substance use can be intergenerational in these communities. There may be value in sharing information and resources with family members of farmworkers, or identifying family education and engagement opportunities. Though there have been efforts to engage and support family members of individuals seeking substance use treatment who have private insurance, providers reported difficulty in engaging those support systems in a meaningful way. Focus group participants noted a desire for an easy way to access all their needed health information in one place.

Individual choice and personal readiness play a large role in whether or not someone accesses treatment. The availability of appropriate services is necessary but not sufficient for ensuring that everyone who needs substance use disorder treatment accesses it. Seeking treatment is a personal choice, and there are numerous reasons for why one might not seek help. Real or perceived stigma, not being ready to stop using substances, fears about how treatment would impact a job or personal relationships, and cost or lack of sufficient insurance are all documented personal barriers to seeking care.[25] Because it can be difficult for someone to decide to seek treatment, it's essential that the treatment system is ready to accept people and meet their needs when they are ready to seek care.

> *"You HAVE to be ready and really want to change your way of life."*
> - Focus group participant

LIMITATIONS

Though efforts were made to be as comprehensive as possible in this assessment, there are limitations to the data presented here.

- The positioning of the HCH/FH Program in the County structure allowed for easier access to information on and from County-contracted providers. Though the County-contracted providers are just one part of the substance use treatment system, access to private providers was limited. Unlike in other states and settings, there was no apparent unifying or organizing body for the private substance use providers in San Mateo County. The lack of coordination across systems noted above also made it difficult to use County-contracted providers to make connections to private providers. This resulted in limited perspectives from private providers for this assessment. This is a significant limitation for a County-wide assessment of substance use treatment services, as substance use disorder and the need for services is not limited to the Medi-Cal and

[25] Bose, Hedden, Lipari and Park-Lee. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.* (Rockville, MD: SAMHSA, 2018).

uninsured populations. A broad approach, inclusive of all providers, is needed to enhance the substance use treatment system in the County.

- Another result of the lack of access to private providers was the small sample size for the provider survey. Though some data was received for all County-contracted providers, the limited number of private provider respondents prohibits the ability to do comparisons or significant quantitative data analysis. It is also possible that the providers who responded to the survey are consistently different than those who did not (they may be more engaged in County services, for example), making it difficult to generalize much of their responses.

- County-specific quantitative data on substance use and unmet substance use treatment needs were not available for homeless and farmworker populations. This lack of data prevents an analysis or understanding of whether these populations are disproportionately impacted by substance use disorder in San Mateo County.

RECOMMENDATIONS

Based on the findings from this needs assessment, JSI has developed a set of recommendations for consideration by San Mateo County Health:

- Increase timeliness of access to residential beds for men and availability of inpatient medical detox for individuals with Medi-Cal.

- Facilitate more connection and collaboration with schools around substance use, to improve engagement and connection to services among youth. Use of outpatient substance use treatment by youth has declined in recent years, and BHRS has established a Youth Services Network to look for effective ways to promote services and attract more youth to treatment.

- Increase motivation and capacity for psychiatrists and primary care providers to prescribe buprenorphine. Though many providers are technically able to prescribe buprenorphine to their patients, the low number of prescriptions suggests that additional work is needed to educate and motivate providers, support them in seeing their role in the system of care, and reduce the stigma associated with substance use and providing care to those with substance use disorders.

- Facilitate coordination and communication among County-contracted providers and between County-contracted and private providers. Enhanced coordination at a system level could facilitate improved referral processes to appropriate care, increased understanding of patient outcomes, and better care for patients.

- Reconsider the prioritization process for affordable housing for individuals who have completed residential substance use disorder treatment. Clients are currently not incentivized to seek residential treatment if they are on a priority list for housing, as it will be considered a break in their length of homelessness and move them down the list.

- Provide trauma-informed care and improve engagement with farmworker populations through consistent presence at community events and linkages to churches and other community-based organizations.

- Provide capacity building or additional support for administrative needs related to the implementation of the Drug Medi-Cal Organized Delivery System. Though this new system provides an opportunity to enhance the system of care for substance use treatment in the County, providers need to be well equipped to manage the increased paperwork requirements and other changes.

- Explore increased engagement in the California Hub and Spoke System.[26] This state-funded program is designed to increase and improve access to MAT services throughout California. One provider described participating in this newly-implemented program, which may provide new opportunities for MAT funding in San Mateo County.

- Improve access to education and information around substance use and substance use treatment services in San Mateo County for providers, patients, and their families. This work has been started by the HCH/FH Program through a project to design online substance use disorder and mental health resources and patient education materials, including online referrals to services and patient education materials to support access to mental health and substance use disorder services across San Mateo County.

- Assess the need for capacity building around screening and motivational interviewing among primary care providers. Primary care providers can play a role in linking patients to substance use disorder treatment, but providers may not feel equipped to have conversations around substance use or conduct screenings for their patients. An assessment could be done to identify the need for training around motivational interviewing and SBIRT (Screening, Brief Intervention, and Referral to Treatment) among primary care providers.

[26] CA Hub & Spoke System. (CDHCS, 2018). https://www.dhcs.ca.gov/individuals/pages/ca-hub-and-spoke-system.aspx

APPENDICES

1. San Mateo County Substance Use Data Review
2. Substance Use Needs Assessment Data Collection Tools

Health Care for the Homeless/Farmworker Health Program
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