Rural Health Clinics
Our Medication Assisted Treatment Team

Pictured from left: Dr. Joseph Schad, DO, Shari Warndorf, LVN (1.0 FTE), Cheyenne Bakker, NA (1.0 FTE) Lindsey Morrison, RN Care Coordinator Dena Cunningham, LVN (1.0 FTE), Laura Rosales, NA (1.0 FTE), Elizabeth McGee, DNP, AGNP, PMHNP (1.0 FTE)

Not pictured: Lisette Brown, RN, CCO, Shawn Rader, MA RHC Manager
Our Community: Plumas County and Quincy

Very Rural: Population of the County 19,043 (26% Urban and 74% Rural)
Population Density: 7 people per square mile
White Non-Hispanic Race predominantly - 83.2% of the population
Median resident age: 52.3 years (compared to California at 36.4 years)

Three hospitals in the County with corresponding Clinic sites

Quincy
Population: 4,217
CURRENT STATE:
- Office Based (OBOT)
- Within the Provider’s Family Practice
- Fully integrated into the Clinic setting
- Both home and in-clinic inductions
- Two waived Providers
- 28 patients provided with treatment in the last 6 months
  - Additional patients assisted in treatment through the Hub and Spoke Grant facilitated by PHD: 7

GOALS:
- Streamline and standardize our Program
- Improve and expand our Behavioral Health services in our clinics
- Create a sustainable program while expanding to serve a bigger population of patients more efficiently
Capability Assessment

- Training on SUD and treatment
- Empathy and stigma related to patients who are experiencing SUD
- Universal screenings and referrals for patients
- Policies, procedures, workflows and forms in place
- Program is fully integrated into general clinic space and routine operations
- Use of CURES and urine drug screening is routine

We have laid a strong foundation for our program
Patient Interviews, Journey Mapping and Staff Discussions

3. What worked well about today’s visit? I was listened to.

2. How did the people who work here make you feel about being here? Welcoming, not judged; excellent staff and decor.

1. If you have ever received care at a program that specialized in addiction (such as a residential rehab, detox, or outpatient program): What is different about getting care for addiction here in a general medical setting? What things are better? Not better? Confidentiality.

4. What did you like least about today’s visit? That I wished it would have been more time. Dr. Moore had more time.
Current State Assessment Journey Map
Incarcerated patients and retention after release

Pregnancy and use of buprenorphine

• Patient retention
• Co-occurring substance use disorders
• Transportation
• Access to behavioral health
• Prescription costs
What Help Can We Provide? (Advice/Guidance/Tools for Others)

- Coordination of efforts between facilities and other agencies throughout Plumas County
- Strong network of support throughout the facility to provide services
- Standardized set of policy and protocols to guide our care