

Breakout Room Activity

Bay Area/ Md State Region - December 1, 2021 (10:00 am - 12:00 pm)

Please record your notes on your breakout room slide.



Breakout Room 1:

Review and discuss potential areas for improvement your site could address based on your QI data.

- GVHC: Increasing admissions/enrollment/intakes. Challenged by staff resources (shortage of staff).
- Brighthouse: As a telemedicine provider; transition in working with other organizations and counties.
 - Patients may not have grant funding (but have county funding). Hard to navigate funding for care.
 - Access to fentanyl strips (encouraging the resource to patients); strips to increase engagement in treatment.

Pick one site represented in the breakout room and work together to brainstorm possible change projects based on the site's QI data.

- Staff Shortages: Pandemic has really hurt our site (lack of providers). Resources are smaller. Agencies are “fighting” over staff.
- Grants to fund positions. Sign on bonus/incentives to attract people.
- Build a culture of cohesiveness, teamwork so all feel valued in the MAT team.
- Creative use of funds to onboard staff - stretch out FTE allocations. Innovative thinking to increase access to care
- Can we fund these ideas and change? Structure in place to train and have coverage (staff changes a lot)

What specific ideas for rapid cycle change projects will you bring back to your administrative team?

- Create structures/onboarding policies to make sure new staff are trained. Keep consistent (consistent). Need SOP. Training from call center staff to nurses (everyone).

Breakout Room 2:

Review and discuss potential areas for improvement your site could address based on your QI data.

- Working on outreach, including law enforcement
- Community integration, outreach
- Working on Staff turnover, COVID has been disruptive
- No shows and lack of continuity with staff turnover
- Help new staff to understand how treatment works in OTP, more about patient care and cycles

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Address stereotypes and stigma in community

Meet with city council to present information about treatment program

City of Antioch PD; - unit that addresses mental health

Training and teambuilding for staff development and engagement

Reduce wait times

Patient retention program meetings - assess all patients who left and figure out why (dosing, counselor relationship, comorbidities)

What specific ideas for rapid cycle change projects will you bring back to your administrative team?

- Working with community based organizations that work with stimulant use disorder to improve referrals
- Referring more patients to mental health services

Breakout Room 3:

Review and discuss potential areas for improvement your site could address based on your QI data.

- Not many patients receiving extended release naltrexone, though notice increase in patients receiving buprenorphine
- Discrepancy in a data point (chart didn't reflect what was collected) - x-waivered prescriber # off on chart (said 0 in chart)
- Addressing racial/ethnic disparities but increasing outreach to communities that are not well represented in clinic
- Really high new patient attrition (not reflected in Janus QI report); patients did intake, but never dosed daily or met up with counselor (more than 1/3)

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- With regards to early attrition, look at intake day, lead up to intake day, engagement with counselor, etc.
- On intake, evaluate transportation issues
- Pandemic/mental health - everything is exacerbated; try to make it low barrier, feels chaotic; in and out of incarceration
- 50% of new starts in last 2 weeks living in car/RV, cannot make it to pharmacy; phone broken/stolen; feels like more pressure to get new starts stabilized
- Balancing clinic appointments with work (short term disability can help keep folks in treatment)
- Fentanyl screenings are coming back positive in more and more samples recently

What specific ideas for rapid cycle change projects will you bring back to your administrative team?

- Developing a good rapport with clients; make connection right away
- Address transportation issues (MediCal transportation benefit) - bus pass, car set-up
- Emphasize daily dosing requirement
- Facilitating appointment set up
- Incorporate peer recovery coach to meet with patient to connect

Breakout Room 4:

Review and discuss potential areas for improvement your site could address based on your QI data.

- Structural barriers - scheduling & transportation (daily), daily dosing is an issue (can't provide take homes)
 - Creates a problem for retention
 - Difficulty at early morning hours
- Rural areas and undocumented patients - access to services, fear of coming in for services
 - Language, geography
 - Reimbursement issues

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- **Start intake later in morning when busses are running (maybe 8 AM)**
- **Opening an evening program (3-9 PM), allowing for them to come if they missed doses**

What specific ideas for rapid cycle change projects will you bring back to your administrative team?

- Outreach to rural areas - working with local ERs, churches, jails

Breakout Room 5:

Review and discuss potential areas for improvement your site could address based on your QI data.

Aegis (Disparity between patient demographics and county demographics. Community is small niche in Manteca)

- Aegis sites are not currently providing Stimulant treatment (mostly Hubs). Have been in talks about providing care in January - Currently referring out to additional support systems (perhaps Mental Health or PCP)
- Patients are being cared for under Medi-CAL (hence the decrease in number of patients covered on the grant- due to Covid).

Encompass (drop in patients over time- referral agencies have had staffing changes, increase in number of providers)- Impact of Covid, with everyone offering hybrid appointments, it offers flexibility.

- County has expanded their program. Group variability and increased flexibility. Encompass is the safety clinic
- Stimulant Treatment- partial funding for CM (program was cut)- they don't have the budget to allow for this

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What specific ideas for rapid cycle change projects will you bring back to your administrative team?

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Breakout Room 6:

Review and discuss potential areas for improvement your site could address based on your QI data.

- Tuolumne Me-Wuk - Rural area and Native land helping get transportation for patients
 - Location very close to the reservation
 - Van for transportation, or to do private sessions
- SUD, MAT, or incarcerated patients and letting them know that resources are still available
- Salud Para la Gente - Steady new patients coming in. In stimulant use data 0 new patients receiving behavioral health involvement and CM treatment. Actively working on this issue and there's room for improvement.
- Shared medical appointment currently being completed in english - not available in spanish.

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- **New intakes - exercising a booth and providing information. There is more than just help for SUD but also mental health**
- **Reducing stigmatizing type of language - a lot of language that these type of outreach opportunities can help. The stigma keeps folks away from treatment.**

What specific ideas for rapid cycle change projects will you bring back to your administrative team?

- Mobility with vans and sit with elders and can have a more private opportunity to heal
- Working on starting the spanish counseling group/shared medical appointments. Work on getting the word out to right people.
- Asking for information from potential populations on where the best location is to meet with patients.