Breakout Room Activity

May 10, 2023 - 10:00am-12:00pm

Bay Area Region

Please record your notes on your breakout room slide.



Breakout Room 1 Think of an example of a good relationship between an OTP and a Spoke.

What made it a good relationship?

Honoring people's time, reserving space for them to meet, and incentivizing collaboration all made these relationships stronger. Proximity helps as well. Open and direct communication that fosters problem-solving with the client's best interests at heart.

•What steps were taken to establish that relationship?

See steps above. Meeting once a month; MOUs; shared MAT appointments. We hold entire team meetings once a month.

•What would you do differently?

Meeting more frequently if feasible. We share many patients, and ensuring we're referring properly and expanding the information we have at hand would be ideal. Increase access with maternal health.

•What steps will you take to increase access to care through greater integration?

Taking a needs survey for youth services in Santa Cruz County that looks at models of care for ambulatory care management. Strengthening relationship with incarcerated clients. Advocating for incarcerated patients to start medication more quickly. Hiring a peer navigator. Working to get relationships back on-track and up to speed following the pandemic. Working together as a larger team has been invaluable and we look forward to continuing to do so.

Think of an example of a good relationship between an OTP and a Spoke.

- What made it a good relationship?
- Kristen in SC county Janus was the hub. The spokes recognized what they can provide and the scope they can do. They've done a good job communicating when patients want to start methadone. One door for all services where patients can go in and start quickly. With fentanyl they've been relying on their methadone providers more. HPHP has done great work on the group to reverses overdoses on the ground.
- Leelia relationships with people like Kristen have fostered confidence in prescribing of buprenorphine. Kristen shares research to make sure prescribing is evidence based. Janus has had big effects on increasing access to MAT in jails.
- •What steps were taken to establish that relationship?

•What would you do differently?

• Safe RX Santa Cruz and the MAT advisory groups enhanced communication with various providers. They also have a website to help disseminate information.

•What steps will you take to increase access to care through greater integration?

- HPHP allows people without insurance to access medication and MAT medication when they don't have insurance.
- Kristen a lot of gap in young people (under 18) and withdrawal management services in south county. They're also exploring legislation that may make things like methadone more accessible at the policy levels.
- Leelia they're a behavioral health organization that's grant based. THey're a safety net-clinic. THey're program is very fluid and flexible to meet folks in the community. The community has shifted in the services they're providing and expanding outreach programs meeting people where they're are.
 - Not enough resources in south county, because the majority of the use is methamphetamine and alcohol. There aren't as many resources for those substances.
 - Sharon street medicine outreach teams meeting people in the community to reduce barriers to access.

Think of an example of a good relationship between an OTP and a Spoke.

• What made it a good relationship?

Antioch- addressing the stigma and fear of OTP- talk to local government and hospitals about MAT and how it can be effective.

Turk St/Richmond- New

•What steps were taken to establish that relationship?

Outreach, presentations, talking about the program, a lot of follow up with them- phone calls and emails (1.5 years)

Continue to build relationships and stay in contact. Attending the provider's meetings in the county. If you have a good contact with them- they would bring in new staff for continual workforce development.

•What would you do differently?

Been more bold initially- imposter syndrome. Hindsight: *It's* okay to not know everything but follow up with that answer.

•What steps will you take to increase access to care through greater integration?

- 1. Developing an account management system- what are the hospitals, clinics and primary care clinics. Are there any intensive outpatient programs- what about Fire/Police.
- 2. Cold Calls, presentations about MAT.
- 3. Agency collaboration with existing agency contacts from different sites.

Think of an example of a good relationship between an OTP and a Spoke.

- What made it a good relationship?
- Has a lot to do with the relationship and give and take between two clinics.
- Many locations across and outside the county.
- Before COVID, we'd make trips out to the coast to educate, network, and coordinate.
- Hub and Spoke has enabled us to provide transportation for folks who may be disabled or just don't have any means of getting to a clinic. This also enabled us to provide methadone to people who are far away.

•What steps were taken to establish that relationship?

- Getting in touch with other institutions within and outside the county like hospitals, detox facilities, and jails.
- Helping anyone with disorders as long as we can communicate with their facility.

•What would you do differently?

- DHCS has changed their regulations for taking home medication. If we put more energy in collaborating with FQs and contractors within the county, we could provide a lot more liberal medication prescribing.
- A big issue is staffing, finding qualified staff who are willing to work with our patient population is difficult.

•What steps will you take to increase access to care through greater integration?

- We'll be able to provide buprenorphine for folks joining our program a lot more quickly. As well as be able to work with all the other treatment programs more literally.
- As an OTP we are able to offer counseling and a non-judgemental home for our patients.
- Not every pharmacy is very cooperative or keeps a good stock of buprenorphine like we can an an OTP.

Think of an example of a good relationship between an OTP and a Spoke.

• What made it a good relationship?

ECHO conferences, case reviews, sharing tools... lots of value with sharing resources, Hubs sharing experiences with Spokes as a learning opportunity that expands the impact of care and reach of care in these types of settings.

•What steps were taken to establish that relationship?

•What would you do differently?

Knowing there is direct access, either a point person, or the connection at meetings that are planned to occur, is always helpful. Continue the process of developing the relationship if the meeting is already set.

Structured formats and those ECHO-type models can support these connections.

•What steps will you take to increase access to care through greater integration?

During introductions, many people started to make connections between services, medical support and referrals... connections are being made!

LAGS has just opened a shelter, designed as a therapeutic model, so supports are being brought in to the shelter... will distribute flyers so that other orgs can provide clients information about the shelter that is being organized around all types of care and support.

Think of an example of a good relationship between an OTP and a Spoke.

• What made it a good relationship?

Connecting with spokes within community and service providers. Distances between hubs make it; contracted with local pharmacy; Solano county relationships between University and Drug Safe Solano.

•What steps were taken to establish that relationship?

•What would you do differently?

Relationships with hospitals, quick follow up, connection with University; monthly coalition meetings.

•*What steps will you take to increase access to care through greater integration?* Relationships with private doctors.