Breakout Room Activity

May 3, 2023 - 1:00pm-3:00pm

Capital - Central Valley Region

Please record your notes on your breakout room slide.



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

- What made it a good relationship?
- Builds rapport with different organizations and refer patients to other services.
- Working together to think creatively to address needs.
- Do quarterly meetings to maintain relationship w/ other providers. Helps to stay connected.

•What steps were taken to establish that relationship?

•What would you do differently?

- Attend events to build/establish relationships.
- Speaking with the community + identity needs.
- Tailor needs, finding funding, getting the Hub &Spoke model established correctly.

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

• What made it a good relationship?

- Having a point of contact in organizations, knowing that org's format, etc. (this serves as a way to do a warm hand-off) enables a spirit of "connecting someone" rather than "passing them off".
- Cultivating trust with spokes (this includes providing opportunities for coaching between OTPs/spokes).
- Communication (effective communication), empathy, and connection characteristics that are also essential in working individually with ppl in recovery.

•What steps were taken to establish that relationship?

- Meeting with organizations that had unique cultures.
- Going to collaboration meetings with an open-mind
 - Asking how you can be of support and assistance
- Having communication pathways between organizations.
- Addressing shortage of access to services.
- Coaching providers (e.g., physicians) that we're here to help and guiding them through the process.

•What would you do differently?

- Finding ways to "break-out" of our silos..
- Do prevention work.
- Increase education/awareness and rapport with communities who may not be connected.
- Build community trust.

- Connecting to HIV/Hep C services if you are not already connected to them.
- Collaborating with youth groups.
- Reach out to schools and faith-based communities, corrections systems.
- Stay in communication with facilities you're already connected with (doing drop-ins).

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

- What made it a good relationship?
- People's willingness to connect and build relationships.
- Networking to become educated about the programs available in surrounding areas for services.

•What steps were taken to establish that relationship?

-In the past, the Hub went to the Spoke to help with infrastructure building, technical assistance, and some funding for transportation and/or medications .

•What would you do differently?

- -Change preconceived ideas about the organizations and what they are all about.
- -The relationships between Hub and Spokes are complex and changingso actually going to the Hubs and other programs with an open mind to actually see what the program is doing / get to know them

- -Will be good to establish relationship with those at an OTP (if you are a spoke) for methadone treatment access vs. buprenorphine only.
- Need to become more familiar with the surrounding programs to refer patients to if we cannot meet their needs.
- -Put the patient's care first, rather than being stuck in the organization-oriented perspective (referring out more).

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

• What made it a good relationship?

Communication and coordination despite distance/geographical barriers. Developing relationships through SUN.

•What steps were taken to establish that relationship?

Cold-calling different organizations; attending community meetings; having SUN dedicated to outreach and making connections. Saying "yes" was very important. Lending a helping hand to other organizations and developing a symbiotic relationship with them.

•What would you do differently?

Cold-calling a little earlier in the process.

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

Urgent care can now treat opioid withdrawal. Making SUN the central hub who can address workflow and answer any questions providers may have. Establishing and maintaining a 24/7 warmline to discuss protocol and other information.

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

• What made it a good relationship?

Retraining the village - New to H&SS; Christina Communicare- build relationships, visit facilities, reach out, get to know key people involved, who are the points of contact for referrals, what is the process for referrals, how are the contacts, meeting people and getting to know them on a first name basis, truly getting to know contacts at other agencies; Retraining the village - agreed with the level of getting to know individuals at agencies; Jeanelle at Stallant, open communication, using a release of information to make easier transitions, reaching out to spokes to know key players, case managers follow patients.

•What steps were taken to establish that relationship?

•What would you do differently?

Brianna Aegis Chico meeting with the clients and support spokes so then they utilize the HUB asking where can we support you rather than just assuming, joining coalitions, be a back seat partner and let them appreciate you first and increases comfort, make them feel heard; Rebekah at Communicare, spoke, haven't had opportunities to connect with HUBs because patients come in knowing they want bup, but there have been patients going from Methadone to getting bup at the spoke. Not yet referrals for HUBs. Partner with CORE.

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

Rebekah at Communicare - integrated outreach part of the position, in mobile med team at the hotels temporary housing through a community project, actually meeting with un-housed individuals and learning face to face what their needs are, and what services Communicare has, so they have resources so when they are ready they have a point of contact. Jeanelle at Stallant - would be helpful to have a HUB closer to their site; Brianna atj AEgis - use OD Map that shows where overdoses are happening. They are doing more tabeling and outreach in those specific high OD areas. They are in a rural area so a mobile med unit is not viable right now, but the OD Map helps them target geographically.

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

• What made it a good relationship?

Making relationships with primary care, focused on care coordination.

Care coordination with outreach, using all services in FQHC, school outreach.

•What steps were taken to establish that relationship?

•What would you do differently?

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

Patient engagement across settings. Harm reduction. Finding out more about intake process at different settings, helping set expectations.

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