

Breakout Room Activity

August 2, 2023 - 1:00pm-3:00pm

Capital/Central Valley Region

Please record your notes on your breakout room slide.





Caught & Taught

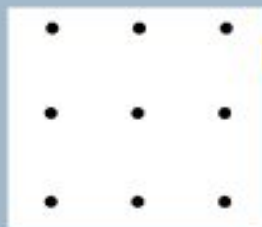
Continuum of Opportunities



Concrete & Specific



Competency Based



Creative/Outside the Box

Collaborative & Inclusive



7 C's

Breakout Room 1

- ***Which of the 7 C's of Family Engagement are you using in your program?***

Aegis-Modesto - using creativity and thinking outside the box, helping pts engage in the program in a better way. Try to get pts to buy into their treatment plan and program.

Creativity: dealing with COVID made thinking outside the box necessary, some practices were adapted and improved.

Collaboration: program collaborates with other programs at their site but also with other community-based organizations to help engage patients.

- ***Who else in your organization needs to be involved? (A person, a department, an outside agency?)***

Everybody! Nurses, doctors, counselors, front desk staff.

Adding guided meditation practices in the ED while pts are waiting 24-48 hours for admission to program. (creativity & collaboration)

- ***What are 1-2 ways you would like to improve family engagement in your treatment program?***

Making time/offering time for family engagement. Just opening up a space for family participation.

Have open house for the program to explain program elements not only to potential pts but also their families.

Prior to COVID, one program did a family group with psychoeducation for family members, looking to restart now that COVID restrictions aren't so strict.

Breakout Room 2

- ***Which of the 7 C's of Family Engagement are you using in your program?***
 - Creative and outside-the-box informs how our team functions (different obstacles; patients; differing tasks).
 - Recent grant has allowed us more time and resources to develop these Cs.
 - Job training and outside activities for patients.
 - Collaborative and inclusive.
 - Reach out to other programs for referrals and take referrals from others.
 - Developing resource list for patients in need of food/shelter/necessities.
 - Job training and outside activities for patients.
- ***Who else in your organization needs to be involved? (A person, a department, an outside agency?)***
 - Working with food banks.
 - Working with surrounding community.
 - Helps with resources and de-stigmatizing our patient community.
- ***What are 1-2 ways you would like to improve family engagement in your treatment program?***

Breakout Room 3

- ***Which of the 7 C's of Family Engagement are you using in your program?***

Family Engagement, worried about regulations, HIPAA and like to engage in out of the box thinking.

Collaborative, family concept - hospital choice for unhoused individuals and only w/d management in area. Parents want detox and to return to "normal life". Outreach to provide wrap-around resources for youth, etc.

Find stakeholders . Harm Reduction, collaboration integrated in the organization.

Collaboration with patient, provider, nursing staff to have good outcomes for my patients.

I work out of the clinic and the jail and we don't really have a lot of opportunity to engage with families as we mostly handle the medical portion of the MAT program.

- ***How are you including the voices of family in your assessment and planning?***

Actively involving them in process, especially after COVID

Family want to know details when talking with Psychiatry, etc. An administrator, will take calls with family to give general information regarding withdrawal process.

- ***What are 1-2 ways you would like to improve family engagement in your treatment program?***

Reach out to other organizations for ideas

Utilize peer specialists

Preparing families for process of withdrawal care for patients who will withdrawal at home (emotional, physical, etc)

Breakout Room 4

- ***Which of the 7 C's of Family Engagement are you using in your program?***
 - The Collaborative and Inclusive: as an Indian Health Organization, we have very close ties to the reservation and have groups/outreach for children and family. Because our organization is part of the tribe, family members tend to be more collaborative with our programming.
 - Collaborative and Inclusive: We go out to our communities and help families because it can be difficult to get clients to come in. Giving out education to community members and first responders to help get everyone of the same page.
 - I've enjoyed the community outreach as well and as I've talked to various age groups I've realized each needs an individualized approach. It's very different when speaking to an adult as opposed to a youth about substance abuse
 - We Celebrate success by giving out certificates for milestones (i.e. 10 days, 30 days, etc.) We also have a poster board with success stories of our clients.
- ***How are you including the voices of family in your assessment and planning?***
 - One client came in with their significant other, which is unusual, but we saw that their partner's understanding helped them on their recovery journey.
 - When clients talk about wanting to have better relationships with their partner/family/friends, we try to incorporate that into their recovery. We'd invite those people here to provide them education and understanding of our program and the client's recovery.
 - Making information that's easily digestible is key. We as providers, and even our patients, have more information about our field and services than those not touched by our field.
- ***What are 1-2 ways you would like to improve family engagement in your treatment program?***
 - Starting a family support group.

Breakout Room 5

- ***Which of the 7 C's of Family Engagement are you using in your program?***
 - *Caught and Taught* - taking the opportunity to “catch and teach” clients who come in and aren’t aware of the substances that are in their system (offer them a UDT and provide them with psychoeducation about the substances that they test positive for)
 - Reaching transient people with “out of the box” methods to be able to provide such communities with access to resources, information, and services
- ***How are you including the voices of family in your assessment and planning?***
 - Involving families in the care of clients (e.g., providing services to the children of clients)
 - Clients who need services that aren’t offered at the site are able to be referred to the county who can provide them with those services that they need and a warm hand-off can easily take place (establishing collaborative relationships with the county and outreaching to counties).
 - If a family member is the person coordinating a client’s care, then staff will be in contact with that family member
 - Family members sometimes come into visits with clients
- ***What are 1-2 ways you would like to improve family engagement in your treatment program?***
 - Introducing peer support workers in our program who can engage more with clients’ families
 - Obtaining more resources to develop a system in which families can be more involved in clients’ care (consult with the “higher-ups”/admin/leadership for those resources and assess what is possible for this to happen)
 - Engaging support members who are not biological family (from the nuclear system) such as probation officers and other people involved with clients’ care