

Breakout Room Activity

May 3, 2023 - 10:00am-12:00pm

Northern California 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?***

Coalition helped to build relationships in the community (Jill Phillips); it's as simple as picking up the phone and calling someone; open communication; Being willing to implement and help create the MAT program; Financial relationship.

Flexibility among providers; try not to be rigid; providers open to different paths/medications.

Doors always open; address patient needs on an individual basis; building relationships with other clinics; transportation to connect to new program.

- ***What steps were taken to establish that relationship?***

Started meeting monthly; talk about barriers in community; bounce ideas off of each other - collaboration; open lines of communication/informing others of changes; follow through on accepting the referral/new patient. More recently, discussing fentanyl crisis and what providers are doing to address it (e.g., microdosing).

Transportation support; offer help; staffing; appointment availability.

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

SU Coalition - naloxone training; building relationships between SUD program and education (middle and high school)

Team commitment to participating in future LCs.

Provide education on available services; it's been awhile since that's happened.

Be open to implementing things that are working in other clinics.

Staffing is a huge issue (retention is an issue); trying to keep MAT program afloat; convert some groups and taking client suggestions (e.g., alumni coming in to talk with newer patients); Employee of the Month; staff lunches; keep break room well stocked.

- ***What would you do differently?***

In-person meetings (relationships would be even stronger); read body language differently.

Bring back the networking/relationship building activities/trainings that occurred before COVID.

Breakout Room 2

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

● *What made it a good relationship?*

- Hill County has always been supportive to Aegis. Hill country has been willing to work with us as another MAT Treatment center, it has never been a competitive relationship.
- Any patients we could not support, we could refer to our spoke.
- One of our veteran MDs has gone to another clinic, which has helped increase the amount of treatment referrals.
- Easy coordination and communication.

● *What steps were taken to establish that relationship?*

- Reliable communication, and exchanging contact information.
- Being able to refer clients to each other's clinic locations.

● *What would you do differently?*

- Hosting more events in a given location. I.e. Having discussions with our executive directors, hosting community fairs.
- Having a sort of PR representative who can go and establish relationships at different clinics and communities.

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

- Getting ready for "Project Homeless", having medical providers available for public assistance.
- Our grant has a big SUD component for all of Shasta County, so a big component of that is assessments. We will be doing a big media and social media campaign.
- Our county library is willing to collaborate in social media outreach since this seems to be the greatest medium to reach audiences.

Breakout Room 3

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

- ***What made it a good relationship?***

- Two different types of relationships with spoke partners: (1) technical support and assistance, (2) more close-knit physical ones in the local community.
- In-person shadowing and review of the physical aspects (impacted by COVID).

- ***What steps were taken to establish that relationship?***

- Needing to better understand the community needs and existing organizations.
- Understanding and differentiating different roles and responsibilities with coalitions and workgroups.
- Understanding stigma and its impacts for every organization in the community.

- ***What would you do differently?***

- Internal Communication—making sure the entire staff in our department was on the same page, there was a lot of questions that were unanswered and unclear of what was covered under the grant.
- Be part of the community and figuring out how to attain information for key community champions and leaders or representatives.

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

- 1) Communicating roles and responsibilities on the grant project to help communicate services for increased referral pathways
- 2) Recognizing internal biases and limitations for replication to other populations to allow for adaptation
- 3) Participating in coalitions for HepC, HIV, Harm Reduction, Drug-Free Community, and other Coalitions since there may be significant overlap
- 4) Partnering and connecting with Grantee Liaison for support, and also coaching calls from AHP

Breakout Room 4

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

- ***What made it a good relationship?***

Communication is vital. We all provide different services, so being able to reach out to other agencies that offer alternative MAT is very important. It allows us to offer personalized solutions. Also, an awareness of what service is being provided, what treatments are available, what resources we have at our disposal, and meeting people in person when possible are all key. These things are more difficult in rural communities, which only amplifies their importance.

- ***What steps were taken to establish that relationship?***

Holding meetings that foster connection and collaboration.

Having someone on staff with dedicated bandwidth to connect patients and staff members to appropriate resources.

- ***What would you do differently?***

We might have held inter-agency meetings earlier than we did.

Asking individuals who have resources and knowledge to help connect patients to those resources.

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

Tracking events, developing a marketing plan, prioritizing, and following through. Understanding patient challenges and keeping in touch with them/supporting them once they exit treatment. Talking to patients directly and relying on their feedback as experts in their own lives instead of purely deferring to our own expertise as professionals.

Breakout Room 5

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

- ***What made it a good relationship?***

- Communication
- Knowing who does referrals, who answers the phones
- Knowing who does what

- ***What steps were taken to establish that relationship?***

- Taking opportunities to connect with staff
- Going to trainings together

- ***What would you do differently?***

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

- Be more directive, more intentional in integrating care, connecting with partners
- Make an effort to show up in the community, not just on zoom
- Hold weekly collaborative care meetings

Breakout Room 6

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

- ***What made it a good relationship?***

Inpatient withdrawal management, expansion of services- relationship with OTP; and MAT outpatient; Sonoma Co, refer to Santa Rosa Community Health, the local medical provider.

- ***What steps were taken to establish that relationship?***

Resource to understand what kind of services people need; County mental health, high school district.

- ***What would you do differently?***

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

Connect with local community health center; follow up in training to find out who the players are. Community outreach and connect with local health clinics from OTP. Native American Health Center. More connection with youth services and youth coordinator. More connection with local community health centers. Get someone to talk to medical providers, education for primary care network.