

Breakout Room Activity

Southern California Region - September 1, 2021 (1:00 pm - 3:00 pm)

Please record your notes on your breakout room slide.



Breakout Room 1:

Describe some of the structural barriers to equitable care in your program:

- Pharmacy barrier: attitudes of pharmacists and stigma.
- Staff need training (staff are not welcoming and don't receive them).
- ED Bridge: getting patients connected to care (trouble getting patients connected to treatment after a hospital visit)
- Lack of transportation.
- Covid: no access to a cell phone to attend telehealth (or inability to pay).
- Medications not given to patients (enough doses) before they can get an appointment (from ED to treatment center).
- Hours: don't align across programs (EDs, NTPS etc.).

What are some ways you can address these barriers?

- SUN have helped bridge patients; but still lacking in referrals and connections.
- Sensitivity training.
- Monthly calls with hospital partners to help with communications (from errors on prescriptions; this helps with the pharmacies).
- Remind staff: don't be upset with relapse (it's our job to be welcoming when they come back).
- Get rid of the x-waiver - (shortage of providers / not patients) - can see up to 30 patients now.
- Using grants to purchase cell phones/data cards etc.

What one action can you take in the next 30 days to make your program more equitable?

- Scheduling staff training; also practice what you preach (be a model).

Breakout Room 2:

Describe some of the structural barriers to equitable care in your program:

- Unhoused population, indigenous populations, constant battle, can be overwhelming
- Training for Law Enforcement to create trust and rapport, training in naloxone medication
- ER's slow to change
- More education for First Responders regarding mental health
- Paramedic compassion fatigue

What are some ways you can address these barriers?

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What one action can you take in the next 30 days to make your program more equitable?

- Work with the Bridge Program at hospitals
- Calling Pharmacy's to help reduce barriers
- Educate other departments in clinics/hospitals

Breakout Room 3:

Describe some of the structural barriers to equitable care in your program:

- Available transportation to sessions
- Deliver w/o pickups (medication)
- Client supportive service funds
- Hours of availability
- Telehealth vs access to phones etc
- Communication access
- Information i.e. pamphlets, social media, brochures and such
- Grant stipulations

What are some ways you can address these barriers?

- Telehealth: programs give loaner phone to keep for time being
- WiFi availability
- Grants for funds such as vehicle transportation, phones and better access to telecoms and telehealth
- Field staff to go out and meet clients and make it as easy as possible
- Mobile outreach vans - 1 weekend/month ("we come to you"!)

What one action can you take in the next 30 days to make your program more equitable?

- Social media and news outlets to promote goals and solutions (mobile transport, etc)
- Get all clients tablets! (more realistically, find funds to hire a transportation provider and staff to get out into the field)
- Increasing awareness about telehealth and then assess whether it is working
- Contact phone companies - courtesy smartphones?

Breakout Room 4:

Describe some of the structural barriers to equitable care in your program:

- **Staffing/diversity:** staff that are employed, consciously try to employ staff that are bilingual and spanish speakers because many of patients do speak spanish. Patients who do not speak Spanish/or are not Latinx - do not feel comfortable attending the program because staff are mainly Spanish speaking/Latinx
- **Lack of transportation** for patients who are on methadone (struggle with daily dosing, ability to stabilize, get on take homes)
- **Career ladder** - certain providers are limited in growth for their careers, RFA coming out
- Having a **phone number to confirm transportation appointments; won't pick up someone without an address**, patients have to be outside and ready for the car in 5 minutes (**time limits in waiting**) (Mostly blind patient requested someone to knock on the door so she can confirm it was the correct driver)
- MAT services: "replacing one drug with another" - **STIGMA of treatment and patient population**

What are some ways you can address these barriers?

- Retain a % of **Spanish speakers**, rather than 100%
- Staff are **dressing more casually** in an outreach role in order to help with engagement
- **Provide transportation** to patients that are further out (they have moved)

What one action can you take in the next 30 days to make your program more equitable?

- Potentially **remove the Spanish speaking proficiency** requirement in order to get more diversity in service providers (Policy change with HR, EDI perspective)

Breakout Room 5:

Describe some of the structural barriers to equitable care in your program:

- Don't have a lot of barriers
- Work with clients experiencing homelessness - patients have issues getting to the pharmacy
 - Had an in-house pharmacy but that was closed down (about a month ago)
- Patients get turned away at pharmacies
- For patients experiencing homelessness required to dose daily at clinic (methadone/suboxone)
 - Has definitely been a barrier for this patient population
 - Only open at certain times
- Lack of information/connection with clients and staff. Patients feel like staff is going to judge them.

What are some ways you can address these barriers?

- Have a mobile unit by the homeless
- Contracts with pharmacies - deliver, and voucher is faxed in and pharmacy can call a coordinator to ask question
- Trying to get i-Pads at the libraries
- Do telehealth appointment but before they release voucher for prescription they must complete a U/A test

What one action can you take in the next 30 days to make your program more equitable?

- Making sure that there's a connection between patients and staff and making patients feel comfortable and accepted.

Breakout Room 6:

Describe some of the structural barriers to equitable care in your program:

- Transportation (some bus passes but not for everyone)
- Telephones/ not having contact numbers for referrals
- Pharmacies - (not accepting prescription w/o ID code, fighting with prescription increase, asking for treatment plans, etc)
- Housing - (need housing resources but have no income/ long waiting lists for housing programs)
 - Lost or stolen medications (not having safe housing to stay/store belongings)

What are some ways you can address these barriers?

- Uber/Lyft Health accounts
- VCIN (through CCI) - provides patients with phones (still a barrier getting to clinic to pick up phone)
- Pharmacy - Partnering with 'mom and pop' shops who know the program/ trust
- Housing- Asking qualifications of work experience and handle employment once stabilized (rapid re-housing)
 - If unable to work try to get them on other programs to remove income barrier

What one action can you take in the next 30 days to make your program more equitable?

- Look into VCIN phone program
- Making sure Lyft program is working as a good option (transportation barrier)

Breakout Room 7:

Describe some of the structural barriers to equitable care in your program:

- Case manager, pharmacies
- Access to technology to get care during pandemic
- Clients who are unvaccinated have to be isolated in residential, using telehealth while there
- OTP daily dosing, transportation difficult for daily visits
- Insurance issues if do not have grant funding
- Access to clinicians, timely intakes and appointments
- Few bup clients at OTP and racial disparities at who gets bup - is there distrust? Reliance on what's worked in the past

What are some ways you can address these barriers?

- Case mngmt and counseling in person a couple of days a week.
- Telehealth
- Bus pass that provide access beyond only treatment
- Relaxed regulations for takehomes in OTP
- Grant funding has covered
- Bup group visits online - clinicians take overbooks to see people who need it

What one action can you take in the next 30 days to make your program more equitable?

- Education to pharmacies, building relationships
- Follow up on pharmacy lies, discrimination