Breakout Room Activity

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

Bay Area 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?

Communication is essential, as well as flexibility and addressing issues upfront. Facilitating patients moving up and down the continuum.

•What steps were taken to establish that relationship?

Monthly calls to talk about referrals, keeping the lines of communication open, collaborative meetings, and coaching calls.

•What would you do differently?

Make paperwork electronic to make things easier. Make software programs more intuitive and user-friendly, allowing more time for more important tasks.

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

Making more clinics and hospitals aware of MAT treatment and its availability. Utilizing peer support specialists. Expanding low-barrier MAT Unit.

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

- What made it a good relationship?
- Eduardo communication is very important. Sharing of information and resources. Genuine interest in the partner organizations.

•What steps were taken to establish that relationship?

- Evelyn NEVHC pick up the phone and reach out to organizations. Get to know them and the services they provide.
- Dr. Christine Park get to know the eligibility criteria of the different organizations. Importantly to know their capacity.

•What would you do differently?

• Dr Park - regular meetings is important to make those connections and get to know each other's organizations and capacity.

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

- Evelyn NEVHC collaborating with a community mental health clinic in the SF valley. They've developed a good relationship and working on projects together.
 - They meet on a monthly basis with folks to discuss through administrative questions or give direct providers space to ask questions and work things on.
- Tom CCHC in the process of building these relationships and connections.

Breakout Room 3 - Kim V taking notes

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

• What made it a good relationship?

Venice Family Clinic: Good relationship with Claire/Matrix MOA assigned with them. Strong referral partnership. If pt is interested in services available at hub reach out to point of contact.

Having a point person to check on status of referral or answer questions.

BAART Boyle heights: making connections with the community, referral of our clinics.

•What steps were taken to establish that relationship?	•What would you do differently?
Using prior established relationships and using points of contacts to increase access to care.	Provider /Provider relationships. Trying to figure out a way to increase care and also figuring out what/how to maneuver in the program.

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

Meeting clients coming from where they are (reaching them instead of them coming to us) and how we meet up. Curious on mobile work and how they are partnering with organizations that might not be in SUD treatment within the grant.

Community organization good place to lean on (sidewalk project) and updated directory where we can see resources available in other clinics.

Communication and points of contacts - homeless outreach and street medicine outreach.

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

- What made it a good relationship?
- We realized that patients would need a higher level of care within our clinic and referred them to our hub, but none of them were actually going to the Hub. So the Hub did provided us with resources to support those patients in our own clinic.

•What steps were taken to establish that relationship?

- We had monthly meeting that helped us network and develop rapport and exchange information like what pharmacies were the most cooperative.

•What would you do differently?

- Modifying the severity indexes that we're supposed to be following to better fit the needs of our patients.
- Connecting the Spokes more for patients who move to different counties.
- An integrated payment system would be helpful. Our OTP would go through an entirely different payment system, which can hinder a patient's ability to get care when they need it.

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

- We can continue to participate in local meeting that highlight issues.

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

- What made it a good relationship?
- Able to refer MAT patients to a program that historically there was stigma toward MAT patients and not as accepting.
- St Johns and CLARE matrix: got very quick responses back when questions were asked. Knew who the contact people were and the ability to have someone get back to you quickly is important to not have patients wait days or weeks.

•What steps were taken to establish that relationship?

- Consistency of follow up and giving information about services they provided and giving tours.
- Collaborating together and putting the patient first to provide services.

•What would you do differently?

-Clinic director not as involved as case manager for example. But getting more involved in the community and knowing the contact people and knowing what is going on in both their own facilities and others.

-Transferring patients between counties can be difficult and not as quick. Reaching out to counties to see if this can be easier.

-Hire the people that know what they need to do with the grants and know how to work with the population (hiring the right people make the grant successful).

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

- Start improving outreach in community, making sure peer support specialists has updates for any patient needs, business relationships (housing, food, clothing, etc) and knowing the right people to go to in the community for these things.
- Working with local hospitals in a fellowship to educate more about MAT and build the relationship to have patients sent to program.
- Sometimes we assume people know how to access services and know what the services are: increase visibility and reduce stigma and having discussions with community in untouched areas .

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

- What made it a good relationship?
- Relationship building, personal contact, and working with the same people over time.
- Having a main contact that you can reach out to and really learn about what services they offer (i.e., insurance, funding sources, healthcare systems, outreach population).

•What steps were taken to establish that relationship?

- Knowing which other agencies in your area offer MAT.
- Drop-ins at locations to meet others. Bring snacks! :-)
- Emails and phone calls to other locations.
- Knowing your partner's well (i.e., who does what) and bridging together connections.
- Consistency in communication, timely responses.

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

- Increase mobile outreach and mobile MAT clinics to reach underserved communities.
 - Also more cost effective than maintaining clinics.
- Offering after hours (for people who work 9-5, accessibility).
- Meeting the needs of other community members, through PACT program.

•What would you do differently?

- Reciprocity between hubs and spokes.
- Offer hybrid events; sometimes distance can prevent others from attending.

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

• What made it a good relationship?

Meeting other sites during LCs and having follow up for cross reference; connecting with behavioral health and parole; connecting with county behavioral health.

One agency has had success getting to know the discharge planner - building that relationship has been helpful.

•What steps were taken to establish that relationship?

Cold calls, walk ins, monthly meetings, out in community, connecting with residential programs. County meetings are virtual and help build networks. Country opioid safety coalitions.

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

More education within behavioral health community - educating community partners in SU treatment. Help people understand that comprehensive care available in OTPs. Look for what's missing. Getting ideas from others, what are the needs there. Understanding why you are connecting and what the intent is to be there. Reach out to high schools to educate parents and students Connect with NAMI and related organizations. Sponsoring live events within county and city council.

•What would you do differently?