

Breakout Room Activity

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

Please record your notes on your breakout room slide.



Breakout Room 1:

Review and discuss potential areas for improvement your site could address based on your QI data.

- Increase number of patients on MAT (in men's and women's treatment programs)
- Thrown by demographics; didn't realize that there were as many white participants; is it because of staff make-up? How do we make sure there is more equity. (The way race/ethnicity data is collected in intake is two separate questions; sometimes those identifying as white also identify as Hispanic/Latino)
- Number of stimulant use disorder patients whose treatment is covered by grant (contingency management piece); treatment costs for counseling is covered by insurance; CM piece is covered by SOR2 grant.

Pick one site represented in the breakout room and work together to brainstorm possible change projects based on the site's QI data.

- Contributing factors: Lack of awareness that medications are available; stigma; focus on patient education; use for the long-term, not just for detox purposes; issues with prescribers
- Staff training and perceptions around MAT
- Participants fear the continuum of care (e.g., finding a prescriber that they can afford to see); better linkages to outpatient services
- Transportation
- Staff buy-in

What specific ideas for rapid cycle change projects will you bring back to your administrative team?

- Working collaboratively across the county; meetings open to more providers; keeping up with communication
- Work on staff-buy in and patient education
- Bringing training in house to residents and staff; help to build confidence
- MAT champion at point of admission to provide overview to MAT, process for getting MAT
- Starting the discussion super early
- Nurses could use additional training/education to ensure all staff are on the same page delivering the same message

Breakout Room 2:

Review and discuss potential areas for improvement your site could address based on your QI data.

- Prescribing providers understand what is needed for treatment- it can be opioid OR stimulant, not AND (GPRA data collection)
- Provide more Education and resources to clients (especially for those who have stigma) about the medications to help them attend appointments
- Missing outpatient appointments for those on MAT
- Numbers pre- dedicated case manager was 0, and has had a steady increase in MAT patients/GPRA- with the dedicated staff.
- Screening all patients for MAT needs at intake- ensure it is inclusive and informing the assessors and staff
- Possible cultural stigma for seeking treatment for Asian/Pacific Islander.

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- Prescribing providers understand what is needed for treatment- it can be opioid OR stimulant, not AND (GPRA data collection)

What specific ideas for rapid cycle change projects will you bring back to your administrative team?

- **Providing education and resources to clients so they are more interested in MAT**

Breakout Room 3:

Review and discuss potential areas for improvement your site could address based on your QI data.

- Barriers to retaining patients
- Expanding services via other sites

Pick one site represented in the breakout room and work together to brainstorm possible change projects based on the site's QI data.

- **Strategies to recruit from different sites within org & working with a bridge program**
- **Create more appointment availability**

What specific ideas for rapid cycle change projects will you bring back to your administrative team?

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Breakout Room 4:

Review and discuss potential areas for improvement your site could address based on your QI data.

- Fashion Valley: 3-4 intakes every day. 2 active waivers at all clinics. Out of 50-70, about 3-4 each month funded by grant (**had lower amount of grant funded patients and not bringing on as many grant funded patients - had to turn away some patients due to funding for a while**); **higher white population**
 - **Area for improvement: Retention (patience and staff)**
- **Struggle to hire counselors → staff burnout / turnover**

Pick one site represented in the breakout room and work together to brainstorm possible change projects based on the site's QI data.

- **Retention: more initial contact/increase # of interactions with patients; talking about retention in meetings; started doing groups to form more connections/build comfort; important to build rapport with clients; staff continuity**
- **Staff retention: Weekly counselors meeting, team meetings to exchange information**

What specific ideas for rapid cycle change projects will you bring back to your administrative team?

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Breakout Room 5:

Review and discuss potential areas for improvement your site could address based on your QI data.

- La Maestra - decrease in amount of patients that have been covered and can be due to staffing. Have met internally and think workflow should be revisited. Doing backtracking and making sure patients are being seen.
- Father Joe - working on ID none insured patients - workflow/staffing. How do we create a workflow that IDs patient initially
- Identified the problem of not having a diversified population for MAT treatment
- Fashion Valley - retention and trying to keep patients in

Pick one site represented in the breakout room and work together to brainstorm possible change projects based on the site's QI data.

- **Retention - warm handoff between providers and counselors. Reaching out and checking in on patients when they don't show up.**
- **Often patients aren't ready to commit and following up via text messaging systems can be helpful**
- **Expanding our looking for contingency management stuff and how to best implement**

What specific ideas for rapid cycle change projects will you bring back to your administrative team?

- Reaching out to other organizations to attract more patients at need
- Building community partnerships
- Attempting to bring back CM - seeing barriers from COVID-19

Breakout Room 6:

Review and discuss potential areas for improvement your site could address based on your QI data.

- Tarzana: Number of patients with a stimulant use disorder (working on increasing treatment options and identify patients with it). They are in the TRUST program. And letting staff know about the program options.
- BACHC: Need help with transportation; need to get groups going again; need more staff. Were doing a lot of telehealth with covid (needing to ramp up services now)
- Clare/Matrix Women's Program: Huge impact on residential program; impacts of covid. Restrictions on numbers in a treatment center. Numbers affected by covid restrictions. Full capacity now. Vaccine restrictions too (limit capacity).

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- **Stimulant Use:** Intake and assessment staff have more experience with OUD - so lots of work needed around training counselors on how to effectively provide treatment with SUD. TRUST protocol has treatment plans/groups outlines so staff will be implementing in January.
- **Barrier:** psych symptoms with meth and treatment personnel not used to such a heavy mental health issue

What specific ideas for rapid cycle change projects will you bring back to your administrative team?

- Training staff on providing treatment for stimulant users. Tarzana is in the TRUST program. Other training opportunities also available through UCLA/H&SS/OASIS.