# **Breakout Room Activity**

November 1, 2023 - 10:00am-12:00pm

**Northern California Region** 

Please record your notes on your breakout room slide.



- Which of these aims is most relevant to your program? Reduce waiting times, Reduce no-shows, Increase admissions, Increase continuation.
  - Reducing waiting times through warm-handoffs. This in turn improves retention.
  - Increasing retention through confirmation calls, text messages, continuity and consistency.
- If your agency has a PSS on staff, describe their roles and responsibilities. How does a PSS support those aims?

PSS conducts a brief check-in at day's end (ideally between days 2-3 and 5-7). These days are ideal for education and establishing a personal relationship.

Drug and alcohol counselor with lived experience facilitates group therapy sessions.

•What actions can you take to engage a PSS in your program.

•If you do not have a PSS on staff, where do you see them best addressing these aims in your program?

PSS could help fill in the gaps and encourage total care engagement.

Which of these aims is most relevant to your program? Reduce waiting times, Reduce no-shows, Increase admissions, Increase continuation.

Retention/increasing continuation - having someone who has been through the process would help increase retention rates. Having someone who knows the ins and outs of the program to help lead the clients. Could help increase awareness of additional services available for clients, learning and applying new skills, increasing chances of retention.

## •If your agency has a PSS on staff, describe their roles and responsibilities. How does a PSS support those aims?

Work with a lot of agencies who have PSS, it's nice for the patient to have someone who walks alongside them, who has been through similar experiences, and are relatable. See it as a very beneficial to retention.

We've seen PSS in the community and part of street teams going out to help individuals access services.

## •If you do not have a PSS on staff, where do you see them best addressing these aims in your program?

Patient Advocacy and Advisory Group - already set up for groups, having a patient advocate who goes through the PSS would be useful to have a more comprehensive understanding of PSS. Already doing a similar role. The training is similar, potential to integrate if the role can be covered by grant funding to trial how it works for the agency.

#### •What actions can you take to engage a PSS in your program.

Pairing PSS with new patients to assist in enrollment, having groups, being a source of referrals. In our clinic, there's so many ways for a PSS to be helpful, especially for the first 90 days. Having someone meeting with them regularly, getting them oriented and feeling secure. Meeting clients where they're at and being welcoming and supportive. Having warm handoffs.

- Which of these aims is most relevant to your program? Reduce waiting times, Reduce no-sho continuation.
- Katie at Redding Rancheria mentioned that reducing no-shows and improving continuation and the SUD counselor has been focused on supporting care. No wait times for MAT clinic services... however, the wait time is about a four month wait time for therapist but the SUD Counselor fills that need without wait times.
- Robert at MCHC mentioned reducing no shows and impro continuation, and mentioned that GPRA surveys help with continuation. And PSS helps with that.
- JP at Shasta Reducing No-shows for us, they do have BHCCs do callouts and it does help, but it can be better.
- Andrew mentioned that reducing wait times is important at Hill Country and reducing no-shows. A live person calls the day of which showed a 25% improvement in show rates.

## •If your agency has a PSS on staff, describe their roles and responsibilities. How does a PSS support those aims?

 Robert at MCHC said they are in transition for the cert and patients are in the beginning of their journey so patients see the PSS before they meet with the doctor... help the patient be heard and gives the doctor more information. The patients seem to want to participate more with the PSS.

•What actions can you take to engage a PSS in your program.

## •If you do not have a PSS on staff, where do you see them best addressing these aims in your program?

- Katie mentioned the support groups, follow-up phone calls, linking patients... and more community outreach... when lived experienced is mentioned it helps with outreach, retention and care. Increasing admissions through outreach.
- Robert mentioned an established role going into the Jails and connecting with individuals before they re-enter the community.
   Handling MAT and BH, medical needs, Recovery Happens events, outreach with PSS/ SUD Coord food banks, hospitals.

- Which of these aims is most relevant to your program? Reduce waiting times, Reduce no-shows, Increase admissions, Increase continuation.
  - Ukiah increase admission for CDCR members after release from jail or prison
  - o Support members in-person integrating back from intensive treatment program
  - Glenn county increasing admissions is the most challenging have more providers, difficult to reach out to MAT providers in jail, wait times - navigating the system, give people direct contact info b/c not everyone at the clinic knows that they admit MAT pts ASAP
  - Reduce wait time can schedule same day or next day
  - •If your agency has a PSS on staff, describe their roles and responsibilities. How does a PSS support those aims?
    - Don't have PSS have AOD care coordinator who is in the process of becoming certified, try to increase + educate staff, have unrestricted access to staff, streamlined for everyone
    - Don't have PSS majority of counseling staff have lived experience, challenge those staff to not rely on the experience, PSS can support members
    - Don't have PSS Try to break down barriers and support members
- •What actions can you take to engage a PSS in your program.

## •If you do not have a PSS on staff, where do you see them best addressing these aims in your program?

- Continuum of care, post treatment
- Connecting on a level that's seen as less removed from the experience that the participant is going through
- Some of the members aren't required to go to counseling,
  PSS can support members talking to someone
- Staff play on each others strengths + weaknesses those with and without lived experience

- Which of these aims is most relevant to your program? Reduce waiting times, Reduce no-shows, Increase admissions, Increase continuation.
  - With fentanyl, it can be easy to lose folks in the beginning. Engagement is very important.
  - With MAT, reducing waiting times is very important. There is also time to sit with someone and work with them.
  - Focusing on engagement and outreach are important goals.
- •If your agency has a PSS on staff, describe their roles and responsibilities. How does a PSS support those aims?
  - They have folks with lived experience, but not with the title/formal PSS role.
  - Made efforts to find one, but at the time the role wasn't as defined.

- •If you do not have a PSS on staff, where do you see them best addressing these aims in your program?
  - The work a PSS would do is already happening, and it's important to consider what tasks the PSS could do. Outreach is one of them.
  - Extra support for clients in a growing program is helpful. With many clients and fewer case managers, the PSS could have a helpful role.
  - Reach out to patients who are no show, or haven't seen recently.
- Transportation help. Advocacy work.
- Helping patients understand the flow of the program and the roles of the staff.
- In team meetings, peers can elevate the voice of the patients. Pts may open up more with them.
- What actions can you take to engage a PSS in your program.
  - Being very clear about the role of the PSS is important for retaining a PSS.
  - Ask patients what they think would be helpful. A survey could be used to get insight.
  - Ensuring the PSS feels included as part of the team. Probleming solving as how they can best fit.