

Alameda County Behavioral
Health Care Services
SUD Division

Our ATSH Team

- Our Core MAT Team:
 - Seth Gomez, Senior Pharmacist, MAT Consultative Services
 - Jacqline Murillo, DMC-ODS Consultant, Systems and Grant Operational Lead
 - Charles Flores, Director of Recovery and Wellness Programs, Operational Lead for La Familia
 - Karen Wise, Director of Behavioral Health Integration, Operational Lead for AHS

Current State

- **Organization Type:** County Network - Outpatient SUD
- **Our community:** Urban communities with a sizeable OUD population and effectively utilizing centralized coordinated systems between outpatient specialty mental health and SUD providers. Linkages to ED and or OTP for most Outpatient Providers.
- **Patient population:** Youth and Adults, Medi-caid
- **Current state:**
 - **Short description of the elements you have in place that would support your MAT program:** ASAM intake process; screening and monitoring capacity, established relationships with OTP
 - **Capacity:** 2 waived providers
 - **Patient population:** 0 patients prescribed MAT in the previous 6 months

Our Goals

- **Measurable goals for ATSH participation:**
- **Development of referral pathways and care transitions**
- **Increase in patients prescribed MAT**
- **P&P and criteria put in place**
- **Implement regular MAT training for front line staff**

Capability Assessment: What We Learned

- Our greatest **strengths**: Programs effectively and regularly use ASAM criteria and relationships exists with OTP or other programs. Willingness to integrate MAT is there.
- Our most significant areas for **improvement**: Additional staff buy-in/education, implementation of P&P, additional care transition support across the system, increase access to X-waivered provider, building capacity for youth MAT services.
- Our best **opportunities**: Leveraging more leadership support, ODS-waiver alignment, coordination and education, re-evaluating policies that may hinder MAT uptake.
- Our **aspirations**: Ability for all SUD providers to seamlessly initiate and continue MAT across the continuum of care for youth and adults, implementation of medication groups,
- Our **results**: Implementation of P&P or protocols at the individual provider level; increase # of clients screened for OUD, establishing care transition procedures for the system, Increase X-waivered FTE time, increase retention rates for 50% of clients, increase MAT treated clients by 50%

Capability Assessment: What We Learned

- We think our team will need to work on solutions to the following challenges:
 - How to best support clients who step up or down levels of care
 - How to standardize MAT procedures within the ODS
 - Standardize MAT monitoring procedures (e.g. use of toxicology screens, PDMP, etc)
- In completing the assessment, we were surprised by:
 - Our two pilot sites are at extremely different MAT stages but are both well positioned to demonstrate abilities to be model MAT providers. We are most surprised by the need to develop system processes to support care transitions. The concerns raised are related to development of processes with as little disruption to existing workflow and issues related to procurement and handling of medication.

Our Team Has Been Wondering . . .

- Our questions to other teams:
 - MAT educational material for clients?
 - Training material for counselors and non-physician clinicians?
 - Without an electronic prescribing system, how are others identifying and tracking MAT treated clients?
 - Anyone with experience developing youth focused MAT services?
- Our questions for faculty:
 - What are the successful sound bites/pitches needed to leverage additional leadership support and excite providers and staff about the uptake of MAT?
 - What programmatic changes or considerations are needed for youth focused services vs adults?
- We need support to accomplish:
 - Need TA support around developing MAT services within the ODS
 - P&P development
 - Training and resource development

Advice/Guidance/Tools For Other Teams

- TBD



ASIAN HEALTH SERVICES

HEALTH CARE FOR ALL. ADVOCACY FOR THE UNDERSERVED.



Our ATSH Team

- Our Core MAT Team:
 - Yu Huan Xie, MD, Psychiatrist, X-waiver Clinician (Pending)
 - Sanjeshni Sen, LMFT, Behavioral Health Counselor
 - Kao Sacheo, LCSW, Director, Specialty Mental Health Division
- Consultant:
 - Dr. Jean Marsters, Psychiatrist
 - Art Hom, LCSW, Clinical MI Supervisor

Current State

- **Organization Type:** Specialty Mental Health Clinic that is part of FQHC and has an integrated Behavioral Health division.
- **Our community:** AHS services is located in downtown China town in Oakland CA. Small OUD population, but a larger population using alcohol. We are in the process of establishing relationships with emergency departments and other organizations in the behavioral health system.
- **Patient population:** AHS provides health, social, and advocacy services for all regardless of income, insurance status, immigration status, language, or culture. Our patient age ranges from pediatric patients: age 0-17 (22 %), Our adult population 18-64% (56%), Elderly 65+ (22%). We provide services in the following languages; English, Cantonese, Vietnamese, Mandarin, Khmer, Korean, Tagalog, Mien, Lao, Mongolian, Karen, Karenni, Arabic, ASL, and Burmese. 95% of our patients earn less than 48k annually as a family of four, and 94% of our patients are on Medi-Cal, Medi-Medi, or are uninsured.
- **Current state:**
 - **Short description of the elements you have in place that would support your MAT program:** AHS has successfully recruited and hired a Behavioral Health counselor, that is an LMFT, Hindi Speaking with experience working in family and school setting. We are in the beginning stage and are in the process of establishing the foundation/elements to support our MAT program.
 - **Capacity:** 0 of waived providers (Dr. Xie has a pending X Waiver)
 - **Patient population:** 0 of patients receiving MAT in the previous 6 months

Our Goals

- **Measurable goals for ATSH participation:**

- Have 1 or more X Waivered Clinician(s)
- Protocols put in place
- Increase providers trained
- Increase patients treated

Capability Assessment: What We Learned

- Our greatest **strengths**: Part of a larger organization (FQHC) that offers health, Behavioral health, and Dental Services. All are passionate about serving the API community and advocating.
- Our most significant areas for **improvement**: Knowledge and experience with SUD population and services. Educating our staff about the scope of service and reducing the stigma in the community. Adjusting our EHR to meet specific requirements while still making it functional for providers to use and share information. Also, improving and developing our policy and procedure to support and sustain program.
- Our best **opportunities**: Partnering with other organization in Alameda County to share resources and support. We are planning a consortium of Alameda county FQHCs that provide SUD services. Securing more federal government funding to provide more FTEs and opportunities to train and develop our SUD program. Funding and finding appropriate SUD providers are barriers that we will continue to face as we grow.
- Our **aspirations**: A “no wrong door policy” where we can serve those who come into any of our health clinics and are seeking services. A safe and culturally sensitive environment that reduces stigma and encourage us all to seek help.
- Our **results**: Improved policy and procedure in place, providers receiving some training on SUD and services, having at least 1 waived MD. Be a part of a consortium of SUD providers, establish relationship with at least 5 community providers.

Capability Assessment: What We Learned

- **We think our team will need to work on solutions to the following challenges:** Creating referral process and improving documentation in EPIC. Developing P and Ps for a new program.
- **In completing the assessment, we were surprised by:** how much we still have to learn and work on as we grow our programs.

Our Team Has Been Wondering . . .

- **Our questions to other teams:** Where are they in their process? Do they have P and Ps we can use for our development? How to integrate EPIC and SUD/MAT and privacy issues? Lessons learned? Recruiting tips?
- **Our questions for faculty:** What did we miss in our assessment? Overall thoughts and strategies to help us with driving forward and moving the program
- **We need support to accomplish:** Our goal of getting our program up and running sustainably.

Advice/Guidance/Tools For Other Teams

- **Do you have policies, protocols, tools to share with others?** Not currently, we are in the process.
- **Are there specific content areas or specific sub populations where your team has developed deep expertise and you may serve as faculty or do more formal sharing?** Our clinic services focuses on mental health and the API population. Our current SUD team speaks English, Hindi, Mandarin, and Cantonese.



SUBSTANCE TREATMENT PROGRAM



Spirit Animal: Fawn

The fawn is a baby deer, which symbolizes new life and new beginnings. Like the fawn, we at Didi Hirsch are in an early stage of development in our MAT capabilities. Through MAT and substance use counseling and education, we hope to offer those who need treatment a chance for a new beginning.

Our ATSH Team

Our Core MAT Team:

- Donovan Wong, Medical Director
- Bonnie Tann, Director Nursing
- Stephanie Halpern, Psychiatric Mental Health Nurse Practitioner
- Christina Ahumada, Program Director Adult Services Sepulveda
- Connie Rayna, Program Manager

Current State

Organization Type: We are a non-profit mental health services organization with ten sites throughout the Los Angeles area, including five outpatient clinics (three serving adults and four serving child and family), two crisis residential treatment centers (CRTs), a residential substance treatment center, and two suicide prevention centers. For this program we have selected our Sepulveda site, which primarily focuses on the adult population.

Our community: Our Sepulveda clinic is in Culver City on the west side of Los Angeles.

Patient population: Our largest population is Hispanic or Latino (3,191), second largest is Black or African (1,620), and third is White (1,423). We have a small Asian population and Native Hawaiian/Pacific Islanders. Our clients' primary language is English (75%).

Current state:

Short description of the elements you have in place that would support your MAT program:

We are currently screening for SUD, have patient identification, and established partnerships with community providers.

Capacity: We have a total number of nine waived providers of which six are located at our Sepulveda site.

Patient population receiving MAT in the past 6 months: One at the Sepulveda Site.

Our Goals

- Broad leadership support and alignment with MAT goals and treatment philosophy
- Team education/training on MAT and importance of providing substance treatment
- Increase the number of clients served for MAT (right now we only have one)
- Implement standards (like screening) for all patients for substance use disorders with the ability to initiate treatment and monitor agency wide (spread)
- All care coordinators agency wide to have familiarity with substance treatment resources and have established partnerships within the local communities

Capability Assessment: What We Learned

Our greatest **strengths**: The agency generally supports this program. We have some pieces/structure in place like; X-Waiver, substance use counselors, screening protocols. However, some of it is fragmented and pertaining only to specific programs and/or prescribers and not standardized.

Our most significant areas for **improvement**: Workforce training/culture change, partnerships, team approach, flow through service, strengthen process & procedures, establish registry.

Our best **opportunities**: Additional education to better understand what level and to what degree we provide and sustain these services. We look forward to the development of a Charter, gaining organization wide buy in, spreading education and training to all, and creating an infrastructure that supports a successful program.

Our **aspirations**: Serving more clients and growing our partnerships in the community.

Our **results**: Grow clients in one year from one to 20 at Sepulveda.

- Implement a NARCAN distribution program at Sepulveda by January 1, 2020.

- Every provider X-waivered & credentials maintained by July 1, 2020.

- Clients in the program have an official diagnosis in EHR.

Capability Assessment: What We Learned

We think our team will need to work on solutions to the following challenges:

- Agency-wide buy-in (culture change)
- Workforce training and education
- Services with a more coordinated team approach
- Seamless flow-through of services

In completing the assessment, we were surprised by:

We were surprised that the workforce was the lowest of the scores but it's probably due to the standard education needed by non-clinical staff.

Our Team Has Been Wondering . . .

Our questions to other teams:

- How are other teams partnering in the community?

- Any suggestions on training?

- Is anyone tracking clinical outcomes including hospitalization?

- Any classes that nursing can take?

- How do you publicize the program? Get the word out that you are offering it?

Our questions for faculty:

- Are there any facility related items we should think about with this program (lobby, staging areas, exam rooms, medicine storage, etc.)?

- What's the industry benchmark for length of visit, pill counts, # visits, urine tox?

- How do other sites handle clients with appointments for medication only?

- How have others managed culture shift and buy-in to change (something new)?

- Do you have any suggestions for us regarding our top three measures to start?

- Any recommendations for sustainability and future directions for state funding?

- Do all patients see nursing? Is there a best practice for us to look at?

We need support to accomplish:

- Standardizing our work

- Learning more about the community standard

Advice/Guidance/Tools For Other Teams

Do you have policies, protocols, tools to share with others?

- CA naloxone distribution program
https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx,
- Free x-waiver training online
 - Physicians – 8 hours (<http://learning.pcssnow.org/p/onlinematwaiver>)
 - PAs – 24 hours (<http://pcssnow.org/medication-assisted-treatment/waiver-training-for-pas>)
 - NPs – 24 hours (<http://pcssnow.org/medication-assisted-treatment/waiver-training-for-nps>)

Are there specific content areas or specific sub populations where your team has developed deep expertise and you may serve as faculty or do more formal sharing?

Mental health; telemedicine



Rob Martin

FRESNO NEW CONNECTIONS



***Clarene
White***



Daizell Obong



Cheryl Whittle

Our ATSH Team

Our Core MAT Team:

- ❖ **Jerry Martin**, Finance Manager, Managing Director
- ❖ **Diane, Kecskes**, MD/Psychiatrist , X-Waivered
- ❖ **Daizell Obong**, M.S.(Clinical Rehabilitation and Mental Health Counseling), Substance Use Disorder Certified Counselor, Advanced Level SUD Services Program Coordinator
- ❖ **Rob Martin**, Executive Director
- ❖ **Clarene White**, M.S.(Clinical Rehabilitation and Mental Health Counseling), Certified Rehabilitation Counselor (CRC) , Associate Professional Clinical Counselor, Program Lead
- ❖ **Cheryl Whittle**, Ph.D., LCSW, PPSC, Clinical Supervisor





Current State

- **Organization Type:** Outpatient SUD, Outpatient specialty mental health, Incorporating MAT services
- **Our community:** centrally located in urban setting with access to rural communities, large OUD population, referrals from: hospital, intensive in patient, & residential programs, county behavioral health, drug court, probation (juvenile/adult) , parole,
- **Patient population:** 14-70 + years, very diverse, primary languages English, Spanish, varied SES and educational levels
- **Current state:**
 - **Elements that support your MAT program:** SUD and Mental health screening; team members proficient with Fresno County / Medical approved Mental health assessment tools. Our collaborative partners are Adult and Juvenile probation, Social Services (CPS), Managed Care
 - **Capacity:** 1 waived provider to provide teleconference and in person services
 - **Patient population:** # of patients receiving MAT in the previous 6 months =18. These patients are referred to our collaborative partner Lags Medical Center.

Our Goals



Establish pathways with community providers for referral to FCNC for MAT services



Provide training to staff at FNC about On Site MAT and orientation to the requirements of the grant.



Have protocols in place for MAT referrals to on site and tele-conference x-waived provider.



Treat patients seeking MAT on FNC site instead referring them to any other provider



Develop a community awareness campaign to inform ten possible referral resources and/or stakeholders about the availability of services.

Capability Assessment: What We Learned



- Our greatest **strengths**: Long term provider history. We each are embracing being pioneers in our region who will move forward in supporting other providers & community organizations committed to helping eradicate opioid addiction within Fresno and its rural areas. We also gained insight into our unique and diverse team. We are culturally responsive and reflective of our client population. Have both SUD and Mental Health on site to better meet whole person and self-directed care needs of our patients. Have a very cohesive and mutually respectful relationship and a high regard for each team members educational backgrounds, work and lived experiences, and ability to contribute to our successful implementation of MAT.
- Our most significant areas for **improvement**: Completion of orientation for core team members & implementation of targeted outreach plan
- Our best **opportunities**: Can leverage our active community engagement in Mental Health Board, Community advisory boards, and SUD providers monthly meeting to educate and reduce MAT stigma. Plan to develop partnerships with churches, schools, and colleges for MAT training. Our history as a Fresno County dual contracted provider can provide us with access to county personnel and teams seeking referrals and staff education. Can leverage the public services campaigns and media coverage focused on public education MAT and increasing numbers of Central Valley residents affected.
- Our **aspirations**: Become the San Joaquin Central Valley intervention /treatment model for both individualized treatment and population management. Creating a team of MAT ambassadors committed to advocacy and research of evidence based treatment practices. Incorporating Telecare services and trauma informed practice.
- Our **results**: Increase ongoing clients by 50% to access a fully onsite MAT Program integrated with Behavioral Health services. Retention increase in care to 50% of overall client population. Double the number of waived providers.

Capability Assessment: What We Learned

- We think our team will need to work on solutions to the following challenges:
Resolving schedule conflicts that have interfered with our timely submission of report data. Developing regular meeting times for team and with FNC staff.
- In completing the assessment, we were surprised by:
The overall agreement on where our were we are at as an organization.



Our Team Has Been Wondering . . .

- Our questions to other teams:
What strategies that have been used to
build collaboration with medical providers and clinics?
- Our questions for faculty: What should we be focusing on
for long term sustainability of MAT?
- We need support to accomplish:
Implementation & program development



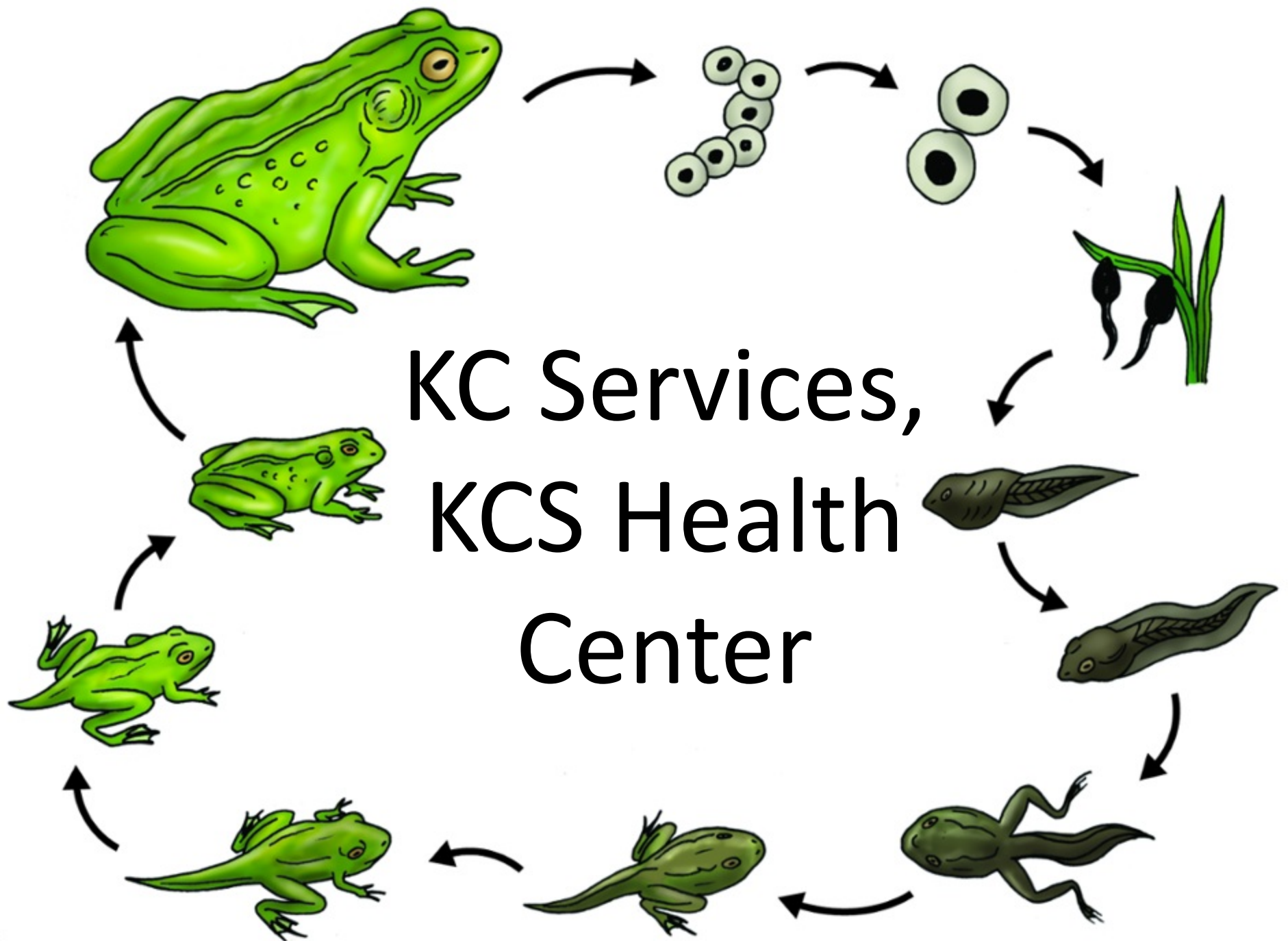
Advice/Guidance/Tools For Other Teams

- Do you have policies, protocols, tools to share with others?

Not at this time

- Are there specific content areas or specific sub populations where your team has developed deep expertise and you may serve as faculty or do more formal sharing?

At a later date.



Our ATSH Team

- Our Core MAT Team:
 - Stella Kim, Program Operations Specialist, Team Lead
 - Nicole Bencito, Psychiatric Nurse Practitioner, Clinical Lead
 - Tito Sanchez, Clinical Therapist, BH Lead
 - Grace Xu, Managing Director, Outpatient Substance Use Disorder Program Director
 - Jungwon Kim, Clinic Manager, MAT Patient Navigator
 - Anna Keiderling, Programs Director
 - Ellen Ahn, Executive Director



Current State

- **Organization Type:** KC Services is an outpatient substance use disorder treatment program. Our goal is to promote alcohol and drug free communities through outreach, education, and counseling.
- KCS Health Center is a community health clinic that exists to serve Buena Park and its neighbors in a culturally and linguistically competent manner.
- We are a part of the Whole Person Care Initiative in Orange County, which links emergency rooms to health centers for the homeless population.
- **Our community:**
 - Low income suburban
 - The OUD population consists of a small Asian, moderate Buena Park residents, and a large homeless population.
- **Patient population:** A majority of our OUD population are English speaking adults of a low socio-economic status.
- **Current state:**
 - **Elements in place that support your MAT program:** screening for SUD, patient identification, partnerships with community providers, etc.
 - **Capacity:** 2 waived providers
 - **Patient population:** about 30



Our Goals

- **Measurable goals for ATSH participation:**
 - Begin treating patients with Suboxone
 - Increase number of x-waivered providers
 - Basic training of non-clinical staff in substance use disorders and stigma reduction
 - Learn from others and apply to our local situation and patient population



Capability Assessment: What We Learned

- Our greatest strength is leadership buy-in and mission oriented staff.
- We need to work on developing protocols and procedures, improving outreach, and promoting our program.
- Between our three Drug Medi-Cal outpatient SUD Tx locations and our health center, we can reach many of Orange County's patients in need of MAT.
- We recently refurbished and equipped a 40-foot medical mobile unit, which resolves transportation barriers to treatment.
- We will know we are making progress when we have clear MAT protocols in place and 10 patients being treated with Suboxone.



Capability Assessment: What We Learned

- We think our team will need to work on establishing protocols and procedures to achieve true integration
- In completing the assessment, we were surprised by our current lack of protocols and procedures, and the need for further integration.
- NOTE – We are a small and growing health center. We received our FQHC lookalike designation in 2016. We currently have about 2,500 patients. KCS has been an Orange County SUD treatment provider since 1998.



Our Team Has Been Wondering . . .

- Our questions to other teams:
 - What is your experience with Suboxone?
 - How do you coordinate care with outpatient SUD treatment?
 - How do you provide support groups for your MAT patients?
- Our questions for faculty:
 - How do you handle manipulative patient behavior, and does this come up often?
- We need support to accomplish:
 - Time & bandwidth



Advice/Guidance/Tools For Other Teams

- Do you have policies, protocols, tools to share with others?
 - Mostly on the SUD Tx side.
- Are there specific content areas or specific sub populations where your team has developed deep expertise and you may serve as faculty or do more formal sharing?
 - API populations. SUD treatment populations.



Los Angeles Centers for Alcohol and Drug Abuse (LACADA) Downtown Los Angeles Site



Our ATSH Team

- Our Core MAT Team:
 - Desiree A. Crevecoeur-MacPhail, PhD, Director of QA and UM, Supervise and manage the project
 - Nnenna Weathers, PhD, NP, MAT Prescriber, Work with Downtown LA and other sites to increase access to MAT
 - Tristan Jones, LVN, MAT Nurse, Coordinate with the prescribers and clients to ensure a smooth induction process and helps to identify clients who are candidates for MAT, completion of required documentation
 - Patric R. Brillhart, QA Manager/MAT Coordinator, Assist with identifying clients for MAT services, assist with implementation of MAT in Downtown LA site

Current State

- **Organization Type:** SUD program that provides residential, intensive outpatient and outpatient services to client as well as recovery bridge housing and referral services in the Santa Fe Springs, Long Beach, Pasadena, Alta Dena and East Los Angeles areas.
- **Our community:** The treatment sites are located primarily in urban or even industrial areas. The Recovery Bridge Housing sites are located in urban / residential areas.
- **Patient population:** Primarily male ~60%; Latinx ~60%; Mid 30's; English ~75%; Homeless ~25%; Unemployed ~90%; IV use ~10%; MI ~25%; Methamphetamine ~50%; Alcohol ~20%; Opiates ~5%.
- **Current state:**
 - **Short description of the elements you have in place that would support your MAT program:** ASAM assessment, patient informed of availability of MAT, partnerships – Hub and Spoke, Executive Director buy-In, majority of staff buy-in.
 - **Capacity:** # of waived providers = 2
 - **Patient population:** # of patients receiving MAT in the previous 6 months = 42.

Our Goals

- **25% increase in the number of patients served**
- **50% increase in the number of prescribers employed**
- **Decrease in time to be inducted onto medication to 48 hours max**
- **Expansion of MAT services to Downtown Los Angeles with induction of at least 20 clients**
- **Development of referral process in Downtown to address the need that LA CADA cannot meet**

Capability Assessment: What We Learned

- Our greatest **strengths**: *Support from directors, criteria for need for MA are clear and services are paid for.*
- Our most significant areas for **improvement**: *Need better coordination of care, more prescribers and related staff, and assessment of illnesses related to OUD.*
- Our best **opportunities**: *Well respected and many connections in the community, funding available to pay for medications if patient /insurance cannot, systematic screening and assessment.*
- Our **aspirations**: *More availability and better efficiency in the administration of MAT program.*
- Our **results**: *Reduce wait time for MAT to under 48 hours; develop smooth and efficient process for inducting onto MAT in Downtown LA without transportation of patient.*

Capability Assessment: What We Learned

- We think our team will need to work on solutions to the following challenges:
 - Better coordinating care at a remote location
 - Developing relationships with more providers
- In completing the assessment, we were surprised by:
 - Lack of protocol for the identification, diagnosis and treatment initiation for infectious diseases (ID) commonly comorbid with OUD including HIV and HCV (we screen but do not include in the treatment plans for ongoing monitoring)
 - We do not engage in toxicology monitoring on a regular basis using the OBOT stability analysis

Our Team Has Been Wondering . . .

- Our questions to other teams: *What do you do when your prescriber has some reservations around providing a month's worth of medications to clients? Is there an established protocol/schedule for handing out buprenorphine to clients without worrying that they will sell the medication (e.g. 1 day, then 3 days, then a week...)?*
- Our questions for faculty: *How do we gain the most from this experience?*
- We need support to accomplish: *Increasing our ability to efficiently and effectively treat clients who have a multitude of other problems (homelessness, unemployment, physical ailments, etc.).*

Advice/Guidance/Tools For Other Teams

- Do you have policies, protocols, tools to share with others? *Potentially. We are developing a formalized MAT plan that can be shared once finalized.*
- Are there specific content areas or specific sub populations where your team has developed deep expertise and you may serve as faculty or do more formal sharing? *Not sure yet...*



Buffalo

We have chosen to use the Buffalo for our spirit animal because just like the buffalo, Valley Health has had to struggle and rebuild a foundation for longevity. Valley Health has been able to endure adversities, build great emotional courage/relationships, and become a provider to all. This is something that the great Buffalo has been able to do to continue living, breathing and prospering.

Our ATSH Team

- Our Core MAT Team:
 - Amy Bravo, Executive Director
 - Stephanie Susidko, Program Director
 - Michael Salinas, Youth Outpatient Service Manager
 - Ester Castellanos, Physician Assistant
 - Guillermo Rodriguez, Clinical Supervisor

Current State

- **Organization Type:** Narcotic Treatment Program/Medication Assisted Treatment Program
- **Our community:** Located in Salinas Ca (Monterey County). VHA currently holds a contract with Monterey County Behavioral Health, and San Benito County Behavioral Health.
- **Patient population:** Current censes: 90 (M- 52/ F 38) Ages: 24-79 years old
- **Current state:**
 - **Short description of the elements you have in place that would support your MAT program:** ASAM Assessment, Daily Medications (Methadone, Buprenorphine, Naloxone), SUD Individual Counseling and group sessions, Case Management, partnerships with community providers, etc.
 - **Capacity:** # of waived providers – 1 currently on staff
 - **Patient population:** 122 patients have received MAT in the past 6 months

Our Goals

- **Expand MAT program to San Benito County**
- **Increase current NTP slots from 100 to 150**
- **Decrease wait time from pre-screen to intake**
- **Incorporate youth ages 16 and older into MAT**

Capability Assessment: What We Learned

- Our greatest **strengths**: Our program currently has served approx. 122 clients with OUD in the past 6 months with MAT. Strong Leadership and management team.
- Our most significant areas for **improvement**: Decrease wait time from pre-screening to intake, expand services to San Benito county, and expand current MAT services to the youth population.
- Our best **opportunities**: Easier access to services and intake procedures
- Our **aspirations**: Continued growth and expansion, to offer MAT/NTP services to as many clients with OUD as possible
- Our **results**: Increase MAT slots to 150, Revise current Bup policies and procedures

Our Team Has Been Wondering . . .

- Our questions to other teams: How/what are your current BUP Intake procedures, and take home procedures.
- Our questions for faculty: None at this time.
- We need support to accomplish: Expanding our current program to the youth.

Advice/Guidance/Tools For Other Teams

- Do you have policies, protocols, tools to share with others? Yes, we have our Policies and procedures handbook
- Are there specific content areas or specific sub populations where your team has developed deep expertise and you may serve as faculty or do more formal sharing? Adult Methadone Program- currently have 98 enrolled