

# *Addiction Treatment Starts Here: Behavioral Health*



**Virtual Learning Series  
Webinar 1  
May 12, 2020**

# Welcome to our ATSH:BH Virtual Learning Session!

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Please help us get set up by renaming yourself so we know what organization you're from. This will help us know who is on the line and facilitate the round robin. To rename yourself:

- ✓ **Find the participant list:** Go to the bottom of your Zoom window and click on the word Participants
- ✓ **Hover/click:** Once the participant list pops up, hover over your name on the participant list; you may be able to click "rename" or you may have to click the "more" button and then click "rename"
- ✓ **Enter your new name:** Enter your first name and your clinic's name (e.g., Briana – CCI, or Shelly – ATSH coach)

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**If you are connecting to the audio by cellphone or landline** (e.g., not your computer), there is one more step. We need your audio connection and visual connection to be joined. To join those connections, dial your participant ID into your phone:

- ✓ **First:** Find your participant ID; if you are using your phone for your audio, your Zoom Participant ID should be at the top of your Zoom window
- ✓ **Then:** Once you find your participant ID, press: #number# (e.g., #24321#)

# Webinar Reminders

1. Everyone is muted.

 \*6 to unmute

 \*6 to re-mute

2. Use the chat box for questions and to share what you're working on.

3. **This webinar is being recorded in the main room.** The slides and webinar recording will be emailed and posted to the ATSH program page.

# Agenda

- Introductions + Virtual Warm-Up
- Round Robin
- Next Steps
- Poll + Coming Attractions
- Appendix: COVID-19 Resources



# Introductions + Virtual Warm-Up



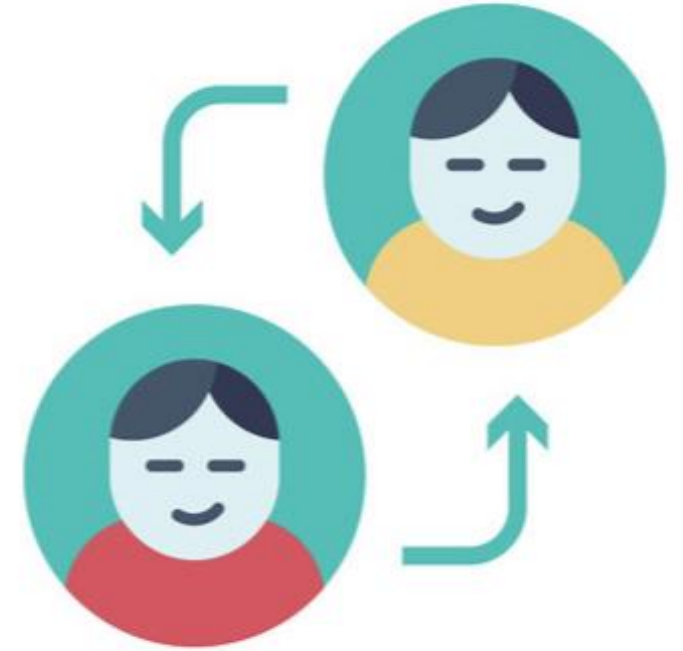
# ATSH:BH Project Partners

- Today's Facilitator (and Subject Matter Expert & Measurement Strategy): Brian Hurley, MD, Addiction Physician and General Psychiatrist, L.A. County Dept. of Mental Health, ATSH Clinical Director
- Content Partner: Cherokee Health Systems
- ATSH Coach: Shelly Virva, LCSW, FNAP, HMA
- Project Evaluation: Hunter Gatewood, Signal Key Consulting
- Guests on today's webinar: Marin City Health & Wellness (participants in the ATSH primary care collaborative)

# Virtual Warm-Up

## Four Minutes in Breakout:

- Name, name of clinic, role in clinic
- One surprise that you've encountered with the way your clinic has addressed COVID-19 . . .



Once we're back in the large group, share with the group by un-muting or using the chat box!

# Alameda





# Alameda County: Aim Statement + Goals

- **Aim Statement:** Provide MAT services to 3 youth (>21) and 3 adults (<21) by September 2020.
- **Project Goals:**
  - Develop regular training and educational seminars for Outpatient Providers and referral center staff
  - Develop and pilot internal MAT data monitoring programs
  - Revise and implement policies and procedures to support the uptake of MAT services
  - Develop a systematic approach towards the identification of youth with AUD or OUD
  - Improve coordination of care across systems including between SUD/BH providers and ACCESS Referral Centers

# La Familia Outpatient

- **In the last 3 months, we have worked on the following changes to help us meet our goals:**
  - Hire and onboard a new Director of Recovery and Wellness
  - Create and post to hire a Psychiatric Nurse Practitioner (PNP)
  - Initiate a collaborative with other providers who do not primarily do medical care to create a position for a Medical Director specifically for SUD/MAT
  - Begin discussions with line staff and leadership regarding MAT and how it may help our clients
- **Changes we didn't get to are:**
  - Hiring and onboarding a PNP
  - Having staff participate in the learning workshop due to internal miscommunications

# La Familia Outpatient

- **Changes we've abandoned from our initial goals are:**
  - Creating a part-time Medical Director position just for our organization
- **Changes we have planned over the next 3-6 months are:**
  - Hire and onboard a PNP
  - Begin doing MAT services for at least some consumers
  - Establish and hire collaborative Medical Director (note: we do have a medical director who will provide oversight during any gap)
  - Establish a tracking and evaluation plan
  - Develop materials for staff to use with clients regarding MAT

# La Familia Outpatient

- **The two successes we're most proud of include:**
  - Creating and posting for the PNP position
  - Getting buy-in from multiple levels of staff
- **Two "pain points" that our team is working to address include:**
  - The learning curve in providing psychiatric services of any kind within our SUD services department
  - Creating and implementing a staffing structure for MAT that is consistent with our budget, space, and time availability

# La Familia Outpatient

- Changes we've made to services and service delivery in order to respond to COVID-19:
  - Move much of our Outpatient service delivery to telehealth formats – including most staff primarily working from home
  - Changes to cleaning and hygiene practices when on-site (e.g., wearing masks unless alone in a private office)
  - Residential services adjusted to allow for greater physical distancing within the residence
  - Collaborative for a Medical Director suspended due to organizational leaders' need to focus on existing staff and programming
- How we're thinking about MAT care after the COVID crisis:

# AHS Outpatient

- **In the last 3 months, we have worked on the following changes to help us meet our goals:**
  - Create and post to hire a Psychiatric Nurse Practitioner (PNP)
  - Post to hire a Rehabilitation Counselor II
  - Increased integration of outpatient services with the Bridge Clinic
  - Developed three additional groups: Medication Refill, Aftercare Support, and Co-occurring Disorder
  - Developed materials and conducted outreach specifically for our priority populations: TAY, Older Adult and Asian/Pacific Islander
  - Most recently, moved all in-person services to phone in response to COVID 19
- **Changes we didn't get to are:**
  - Hiring and onboarding a PNP
  - Hiring and onboarding Rehabilitation Counselor II
  - Implementation of the three additional groups

# AHS Outpatient

- Changes we've abandoned from our initial goals are:
  - None
- Changes we have planned over the next 3-6 months are:
  - Hire and onboard a PNP
  - Post to hire a Rehabilitation Counselor II
  - Begin our additional groups
  - Increasing our outreach efforts to recruit members **of our priority populations**

# AHS Outpatient

- **The two successes we're most proud of include:**
  - A significant boost in our census by actively engaging and recruiting patients from the Bridge Clinic
  - Interviewing and selecting a Psychiatric Nurse Practitioner (PNP) for the program who will be starting soon
  
- **Two "pain points" that our team is working to address include:**
  - Addressing the psychiatric needs of our clients
  - Developing alliances with other community providers to increase the census of our priority populations.



# AHS Outpatient

- Changes we've made to services and service delivery in order to respond to COVID-19:
  - We have transitioned in person services to telephone and telehealth sessions.
  - We are concentrating on individual counseling, individual psychotherapy, medication assisted treatment, and case management, and exploring the possibility of telehealth groups.
  - We have continued to admit new clients to the program, conducting intakes via telephone.
- How we're thinking about MAT care after the COVID crisis:
  - We believe that the use of telehealth to deliver MAT services is an important tool and we will continue to offer this encounter type after shelter in place is lifted.

# Asian Health



# Asian Health Services: Aim Statement + Goals

- **Aim statement:** Asian Health Services SMH will develop a financially sustainable program by September, 2020. This will include identifying at least 2 active providers with x waivers who are willing to actively prescribe bupe formulations to patients, developing the admin infrastructure to support this and hosting at least two trainings for the SMH providers on topics fundamental to promote compliance with state laws and workforce readiness for this program.
- **Project Goals:**
  - Confirm that SMH we can bill the county for MAT services (Done). Dr. Xie meets with Aaron Chapman and others, if needed, to get written confirmation that billing submitted for MAT services will be honored by the county if financially audited (DONE). Test: We successfully submit at least one bill to the county for MAT services by September, 2020 (Done)

# Asian Health Services: Goals *cont.*

- **Project Goals *cont.***
  - Develop admin resources/structure for this program which include working drafts of P&P aligned with AHS P&P (**DONE**), referral process (**DONE, and improving**), screening for patient acuity consistent with our level of care (under review), clinical workflow, system to credential providers as having an x (**DONE**), supporting clinical paperwork ideally, at least in part, in more than 1 Asian language (**in progress**).
  - Test: By Sept 2020, at least 1 patient with suspected OUD will have been accepted by referral, booked, the appt has been documented and completed, appropriate eval for level of care has been made and the treatment plan developed accordingly (**DONE in IBH**). Additionally, at least 1 follow-up visit will have been booked and charted (**DONE in IBH**). We will also have supporting clinical paperwork to offer in at least 2 Asian languages (**In progress**).

# Asian Health Services: Goals *cont.*

- **Project Goals *cont.***

- We need to get at least one more active x-waivered provider: Test: By September 2020 we will have at least 2 x-waivered providers identified as willing to prescribe buprenorphine. (1 w/X in SMH, and willing to prescribe, 8 total with an X Primary care and 3 willing to prescribe)
- In order to promote workforce readiness, we will continue to develop trainings on topics related to substance use disorders & treatment and/or medication safety. Content will be identified in an organic way following the interest/clinical need of the providers. Test: by September 2020 we will have hosted at least 2 lectures on this content area for the SMH provider group and kept attendance sheets (2 **DONE**, In addition, Asian launched universal alcohol screening, SBIRT, and referral to internal MAT services plus external referral in January based in 3 primary care sites that included 20 min presentation for all AHS staff and 1 hour for primary care providers on Alcohol MAT. Plus CCI coach also has done 2 hour training MAT/SUDs for combined IBH/SMH staff, including SMH reception staff).

# Asian Health Services

- In the last 3 months (before COVID19) , we have worked on the following changes to help us meet our goals:
- Changes we didn't get to are:
  - Relatively few pt's identified and referred for OUD
  - None identified in SMH division, handful identified in primary care
  - Many more pt's identified with alcohol use disorder
- Changes we've abandoned from our initial goals are:
  - NONE
- Changes we have planned over the next 3-6 months are:
  - Track success of our alcohol SBIRT program.
  - Consider NARCAN trainings & workflow in primary care
  - Continue to develop OUD MAT services

# Asian Health Services

- **The two successes we're most proud of include:**
  - Initially plans were to develop in SMH (400-500 pts) and now we have expanded MAT in 3 primary care clinics (almost 30,000 pts).
  - MAT services are being considered for a new clinical space AHS is developing.
- **Two "pain points" that our team is working to address include:**
  - Supporting SUD screening and MAT delivery in EPIC
  - Finding staff interested in MAT who are bi/tri lingual in Asian language.

# Asian Health Services SMH

- Changes we've made to services and service delivery in order to respond to COVID-19:
  - Switched to telemedicine in March (Dr. Yun began telepsych in 2019, protocols in place)
  - Every pt has case manager
  - Online Resources
  - Dr. Xie made a video about parenting tips during shelter in place (Cantonese, process of translating in Mandarin)
  - Prepared packets Families.
    - Referral process was the same



# Asian Health Services IBH

- Changes we've made to services and service delivery in order to respond to COVID-19:
  - Switched to telehealth; rotating clinic days (4), case managers (6)
  - Self care tips for staff/Pt (Chinese, Korean, and Vietnamese.)
  - Resources for providers.
  - New protocol for providers (Primary Care)
    - Warm handoff on site
    - Warm handoff on telehealth
  - Trainings for providers (empathic ways of providing telehealth)
  - Self care presentation to all staff (by IBH clinical supervisor)

# Asian Health Services

How your team is thinking about MAT care after the COVID crisis (for example, do you see returning back to your original care model, do you foresee keeping some of the changes in place, etc.)

- Continue collaborating with Highland Hospital, induced at Highland
- Starting MAT via telehealth
- If patient does not have transportation: We can consider Telehealth
- Balance between direct service and Telehealth (Primary care, IBH)
- Case conferences to coordinate care between SMH/IBH via Zoom
  - Eligibility for SMH Services, example: set guidelines/ redefining that IBH will see patient for SUD and SMH will see patient for mental health. Co-manage patients.

**Didi Hirsch**



# Didi Hirsch Mental Health Services: Aim Statement + Goals

- **Aim statement:** By July 1, 2020 there will be at least three prescribers at our Sepulveda location providing MAT services to at least 5 (prior 20) patients.
- **Goals:**
  - Update the agency's strategic plan to include specific MAT and substance metrics. COMPLETE
  - Create a training / education program to address MAT and substance treatment for clinicians. COMPLETED  
MULTIPLE TRAININGS/PLANNED, BUT STILL ONGOING FOR FUTURE
  - Develop a communication / marketing plan (internal & external) to help get the word out on MAT and substance treatment, as well as work on related community partnerships. PARTIALLY COMPLETE
  - Create the program infrastructure that would include things like roles & responsibilities (R&R), process and procedures, guidelines, etc., including a naloxone distribution program and buprenorphine/naltrexone guidelines. PARTIALLY COMPLETE
  - Establish a work group(s) and champions to help build-out the new services / infrastructure. COMPLETE

# Didi Hirsch Mental Health Services

- **In the last 3 months, we have worked on the following changes to help us meet our goals:** Put all staff training in place/ trained Sepulveda site, trained medical team on naloxone, trained Sepulveda nurses on MAT, trained nurses on naloxone; Received naloxone from DHCS; Update strategic plan; Standing order for naloxone/Didi Hirsch MAT Guidelines
- **Changes we didn't get to are:** Treating more patients at this location. Overall organization has gone from 0-2, to 10-15; Not capturing all potential patients; Culture change- all providers comfortable with substance treatment; Build pharmacy relationships- having enough stock; Streamline intake and referrals; need for MH treatment
- **Changes we've abandoned from our initial goals are:** Number of patients
- **Changes we have planned over the next 3-6 months are:** Ongoing training; Larger scale messaging/marketing; Launch naloxone distribution program; All prescribers x-waivered by July 2020

# Didi Hirsch Mental Health Services

- **The two successes we're most proud of include:**
  - Trainings/meetings in multiple venues
  - Increased overall competency for the organization- 10-15 pts and new providers prescribing for the first time.
- **Two “pain points” that our team is working to address include:**
  - Not capturing patients at our Sepulveda site
  - Culture change- overall comfort level of staff

# Didi Hirsch Mental Health Services

- Changes we've made to services and service delivery in order to respond to COVID-19:
  - Almost all service virtual and provider/patient at home.
  - Expanded use of controlled meds to video and buprenorphine to phone/video as appropriate, per relaxing of regulations.
  - Providing COVID-19 education/outreach.
- How we're thinking about MAT care after the COVID crisis:
  - Things will likely be significantly changed going forward, depending on regulations/payment.
  - Virtual care seems here to stay.

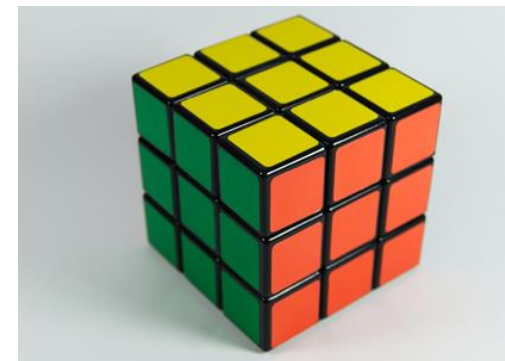
# Fresno New Connections





# Fresno New Connections: Aim Statement

- **Aim Statement:** By July 31, 2020, increase capacity of FNC to provide On-Site integrated SUDS, MAT and Behavioral Health Services to Fresno County and the surrounding areas to clients by implementing the following goals:
  - Add a 2nd x-waivered provider
  - 100% of all clients meeting ASAM criteria will be offered MAT services
  - 100% of SUDS clients will be screened for OUD



# Fresno New Connections: Goals

## Goals:

- By July 1, 2020 FNC will add a 2nd x-waivered provider to the treatment team.
- By July 30, 2020 an awareness campaign will be developed and implemented to inform at least 10 referral resources and/or stakeholder groups about the availability of services at FNC for SUDS and MAT.
- By July 30, 2020 client retention for SUDS-MAT will be increased to 6 consecutive months by 75% of all clients receiving services.
- 100% of all clients assessed using ASAM who meet ASAM criteria and accept MAT services will be provided all needed services on site by July 30, 2020.

# Fresno New Connections

- **In the last 3 months, we have worked on the following changes to help us meet our goals:** Providing a consistent behavioral health(BH) provider on site to provide services to clients and work with SUDS counselors to recognize symptoms that would warrant a referral. Refining the referral and consultative process between SUDS and BH. Working with FNC to enhance clinic culture & environment thru education about MAT and its benefits to clients, involving staff in data collection & sharing data results.
- **Change we didn't get to are:** Adding a 2<sup>nd</sup> X-Waivered provider to the treatment team
- **Change we've abandoned from our initial goals are:** 100% of all clients meeting ASAM criteria will be offered MAT services on site by July 30, 2020.
- **Changes we have planned over the next 3-6 months are:** Adding an X-Waivered Provider to FNC to provide MAT services; Continuing outreach to stakeholder groups, and referral sources; Adding a bi-lingual behavioral health clinician

- **The two successes we're most proud of include:**
  - The goal that 100% of SUDS clients will be screened for OUD has been met consistently
  - Clinic Culture & Environment (3.50 to 4.00) and Care Delivery and Treatment Response Monitoring (2.10-2.80) increased significantly with strategic planning, in-service and Administrative support.
- **Two “pain points” that our team is working to address include:**
  - 100% of all clients assessed using ASAM who meet ASAM criteria and accept MAT services will be provided all needed services on site by July 30, 2020.
  - Meeting service needs due to fast growth of BH program due to coordination of SUDS & BH providers and client satisfaction.

Fresno New Connections

# Fresno New Connections



- **Changes we've made to services and service delivery in order to respond to COVID-19:**
  - Addressed Immediate need to barriers and increased stressors related to COVID-19: disrupted group meetings, meds harder to obtain, financial stressors, & interrupting in-person sessions with clinicians.
    - Education re: COVID-19 Symptoms, social distancing
    - Transitioned to hybrid in-person & telehealth service delivery for SUDS & BH
    - Assessing for basic needs (i.e. housing & food security, sanitation) & resource needs
- **How we're thinking about MAT care after the COVID crisis:**
  - Provision of MAT services on site including use of telemedicine
  - Expansion of FNC telehealth service delivery to underserved urban, rural & remote clients.
  - Focused outreach strategies to address stigma, & the social determinants of health that contribute to substance use and difficulty accessing care with community and providers using social media & training.
  - INNOVATION !!!!

**KCS**



# KCS: Aim Statement + Goals

- **Aim Statement:** By September 30, 2020, KCS will have 3 x-waivered prescribers among which 2 will prescribe actively, and we will have 15 patients in our MAT program
- **Goals:**
  - KCS will establish preliminary MAT P&P by gathering and studying other MAT models
  - Waivered providers will receive in-person training from an experienced prescriber
  - KCS will have MAT & non-MAT staff training on the MAT program
  - KCS will establish protocols to screen SUD/ODD for all incoming patients
  - KCS will start seeing Suboxone patients in August, 2019

- **In the last 3 months, we have worked on the following changes to help us meet our goals:**
  - We have conducted in-person trainings for MAT & non MAT clinic staff including providers, front office, back MAs, and DMC counselors.
  - We have 4 x-waivered providers actively prescribing MAT medication.
  - We have made an arrangement with OC Correctional Health Services (OC CHS) to refer inmates being released for refills of buprenorphine.
  - We are actively outreaching in the community for MAT patient referrals.
- **Changes we didn't get to are: NONE**
- **Changes we've abandoned from our initial goals are: NONE – ALL ACCOMPLISHED**
- **Changes we have planned over the next 3-6 months are:** Expand 3 new clinic sites for MAT services in Orange County



- **The two successes we're most proud of include:**
  - Providing MAT service to over 70 patients in 6 months since starting the program in September, 2019
  - Collaborating with OC Correctional Health Services (OC CHS) to provide MAT service for inmates being released with buprenorphine
- **Two “pain points” that our team is working to address include:**
  - Pharmacies being inconsistent and unreliable supplying medications
  - High no shows rate of OC CHS referrals

# KCS

- **Changes we've made to services and service delivery in order to respond to COVID-19:** KCS has implemented the use of telehealth and telephone visits. All MAT patient visits except Vivitrol injections are being conducted remotely. This has increased patient retention and patient satisfaction. Since the beginning of COVID-19, our MAT patient numbers have increased.
- **How we're thinking about MAT care after the COVID crisis:**
  - We hope to retain the use of telehealth and telephone visit appointments after COVID-19, as this has yielded such positive results in our patient population.

# L.A. CADA



# L.A. CADA: Aim Statement + Goals

- **Aim Statement:** Increase the number of clients served in Downtown Los Angeles to 20 and in Santa Fe Springs by 40 by January 2020.
- **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

# L.A. CADA

- In the last 3 months, we have worked on the following changes to help us meet our goals:
  - 25% increase in the number of patients served – MET
    - Increased the number of patients served from September (n = 20) to January (n = 35).
  - 50% increase in the number of prescribers employed – MET
    - Added another prescriber – current total is 3
  - Decrease in time to be inducted onto medication to 48 hours max – MET, sort of.
    - Improved and streamlined the referral process to the prescriber
- Changes we didn't get to are:
  - 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
- Changes we've abandoned from our initial goals are: None
- Changes we have planned over the next 3-6 months are: Implement Downtown LA site

# L.A. CADA

- **The two successes we're most proud of include:**
  1. Increase in enrollments since September
  2. Implementation of Narcan training and distribution program
- **Two "pain points" that our team is working to address include:**
  1. Transportation issues - have "MAT Mobile" but not dedicated, first come, first served – coordination required
  2. Marketing of available services – have social media platform established and signs posted but need more

# L.A. CADA

- **Changes we've made to services and service delivery in order to respond to COVID-19:**
  - Per County instruction, all group sessions have been exchanged for individual and case management sessions.
  - Counselors are conducting these sessions over the phone and via telemedicine, where available.
  - Patients who need MAT are still required to show to the program for their induction or dose and the after that, they are followed up via phone.
- **How we're thinking about MAT care after the COVID crisis:**
  - Brainstorming strategies to encourage current prescriber to conduct at-home inductions of buprenorphine.
  - Lobbying County and State to allow for telemedicine sessions conducted more broadly across the field.
  - No changes to the process of prescribing and administering long acting naltrexone (Vivitrol™).

# Valley Health





# Valley Health Associates: Aim Statement + Goals

- **Aim Statement:** By September 2020, Valley Health Associates will increase slots to 150, as well as incorporate youth treatment of 16 and older into MAT.
- **Goals:**
  - VHA would like to increase the total capacity of MAT clients to 150.
  - Create a VHA leadership team to complete MAT trainings to assist with re-educating the public and our community about MAT options (reduce stigma).
  - Participate in TA programs that strengthen core of organization.
  - Participate in local opioid coalitions and task forces.
  - Increase number of x-licensed prescribers in clinic.
  - Incorporate youth treatment of 16 and older into MAT.

# Valley Health Associates: Goals and Changes

- In the last 3 months, we have worked on the following changes to help us meet our goals:  
Following the final approval to increase to 130 available slots....
  - ▷ Relocation to expanded clinic space
  - ▷ Opening and full launch of new youth treatment program
  - ▷ Increase to 3 x-waivered practitioners
  - ▷ Participation with local coalitions on overdose prevention & Naloxone distribution
  - ▷ Presentations & partnership development
  - ▷ VHA Leadership received training re: presentation skills
  - ▷ Presentation materials created for MAT education and for Youth program
  - ▷ Identification of and action toward developing new referral pathways/strengthening existing pathways
- Changes we didn't get to are: All goals are either complete or in progress and ongoing.

# Valley Health Associates

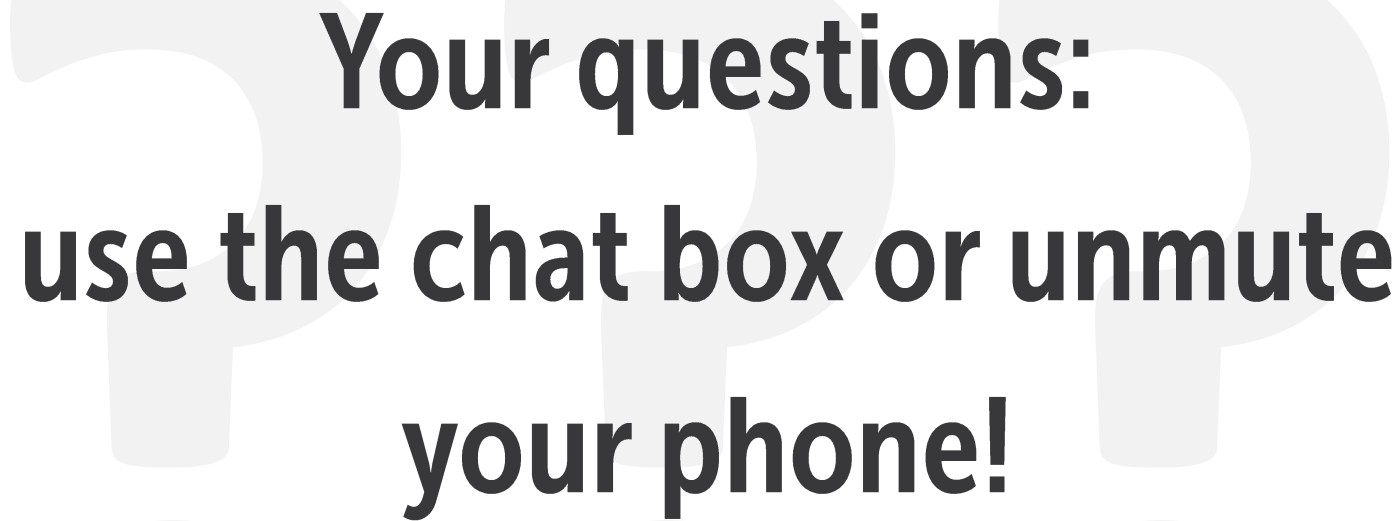
- **Changes we've abandoned from our initial goals are:** While we have increased the number of slots to 130, we do not anticipate being able to increase by any additional slots until March 2021.
- **Changes we have planned over the next 3-6 months are:**
  - ▷ Work toward initiating medications at FIRST appointment
  - ▷ Implement a solution for Telehealth
  - ▷ Implement buprenorphine group sessions
  - ▷ Get Medi-Cal to cover the intake physical exam (currently unfunded)
  - ▷ Get Vivitrol covered by Medi-Cal (awaiting a rate from the County)
  - ▷ Accept other forms of insurances besides Medi-Cal

# Valley Health Associates

- The two successes we're most proud of include: The accomplishment AND the community buzz surrounding our 1) relocation to an expanded MAT clinic and 2) full launch of our Youth Outpatient Treatment Program, the first of its kind in our area.
- Two "pain points" that our team is working to address include:
  1. Current inability to initiate medications at first appointment.
  2. Losing referrals due to not accepting private insurance.

# Valley Health Associates

- Changes we've made to services and service delivery in order to respond to COVID-19:
  1. All counseling is completed VIA telehealth, or a "walk in talk" for those without a phone.
  2. Blanket exception approval - Clients are receiving 1 week of take homes, 2 weeks is previously stable prior to COVID 19. Clients are divided up throughout the week for take home pick ups
  3. Intake process - Continues to be the same, ASAM assessment completed VIA Telehealth
- How we're thinking about MAT care after the COVID crisis:
  1. Moving Forward with Mobile MAT - County, State, and DEA have all approved VHA to move forward with a mobile Unit.
  2. Locations in Monterey Bay, San Benito – Will provide more access to treatment with those suffering with an OUD



**Your questions:  
use the chat box or unmute  
your phone!**

# Poll

- On a scale of 1-5, please select the number below that best represents your overall experience with today's session.
- Please select the number below that best represents your response to the statement: Today's session was a valuable use of my time.



# ATSH Program Reminders + Coming Attractions!



**May 15:** Progress Report 2



**May 15:** NICHQ Data Submission on the Program Measure Set



**June 23:** Patient-Defined Recovery: The Keys to Success (Virtual Learning Session 2)



**July 9:** Partnerships to Support Clinical and Non-Clinical Needs (Virtual Learning Session 3)



**ATSH COVID-19 Resource Hub** – federal/state guidance documents, tools and more!



# Questions? Contact . . .



ATSH Program Questions:

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Coaching + MAT Program Support:

Shelly Virva

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Prescribing + Clinical Questions:

Brian Hurley, MD

[bhurley@ucla.edu](mailto:bhurley@ucla.edu)

# Appendix: COVID-19 Resources



# Physician Support Line

Free Confidential Peer Support Line by  
Volunteer Psychiatrists for US Physician Colleagues  
during the COVID19 Pandemic

**1-888-409-0141**

**NOW LIVE**

**7 days a week  
8am - 12am EST**

**[www.physiciansupportline.com](http://www.physiciansupportline.com)**

# Federal Guidance and Resources

- [DEA guidance](#) on allowing prescriptions of buprenorphine to new and existing patients with OUD via telephone.
- SAMHSA [FAQ](#) on prescribing buprenorphine (see question 4, which indicates that new patients can be prescribed buprenorphine via telephone outside an OTP). FAQ released on March 19, 2020.
- SAMSHA [guidance on the application of 42 CFR Part 2](#) in a public health emergency (released March 19, 2020).
- SAMSHA [MAT resource page](#) including various guidance documents for OTPs. Also includes link to a [Virtual Recovery Resource](#) list.
- HHS [Health Information Privacy Page](#), including a [notice](#) allowing for enforcement discretion for remote communications (e.g., allowing use of non-HIPAA compliant devices for telehealth).
- DEA COVID-19 [Information Page](#)
- Changes to [EMTALA regulations](#), in light of the public health emergency (updated March 15, 2020).
- In a March 17, 2020 [news release](#), CMS indicates that Medicare can pay for office, hospital and other visits furnished via telehealth starting March 6, 2020 and for the duration of the COVID-19 public health emergency.

# California Guidance and Resources

- DHCS COVID-19 Response [landing page](#)
- DHCS [guidance around Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications](#). Released March 24, 2020.
- DHCS [Guidance to Medi-Cal Managed Care Plans](#) requiring plans to reimburse providers at the same rate regardless of whether a service is provided in person, via telehealth, or via telephone. Released March 18, 2020.
- CA Office of Health Information Integrity (CalOHII) [Disaster Response and Information Sharing during Emergencies](#), including specific references to SUD and MAT data sharing (March 18, 2020).
- DHCS [guidance for behavioral health programs](#) on providing behavioral health services via telephone and telehealth, adapting oversight requirements, and access to prescription medications. Released March 14, 2020.
- DHCS [FAQ on Behavioral Health Services](#) in light of COVID-19, updated on March 13, 2020.
- California's "[One-Stop Coronavirus Website](#)" (not MAT specific)

# California Bridge Program Materials

- [Slides](#) and [recording](#) from 60-minute webinar which reviews key steps for keeping patients and providers safe while providing MAT. Webinar recorded on March 18, 2020.
- Link to [legal analysis of four hypothetical scenarios](#) for prescribing buprenorphine during COVID-19, prepared for the Foundation for Opioid Response Efforts (March 19, 2020).
- CA Bridge example [MAT Patient Flyer](#) for COVID
- CA Bridge [Home Start Guide](#), [Buprenorphine After Overdose](#)
- CA Bridge [COVID-19 information page](#) and resources

# Harm Reduction + Telehealth

- Harm Reduction
  - Yale Program in Addiction Medicine: [Guidance for People Who Use Substances on COVID-19](#), focusing on harm reduction strategies.
  - Harm Reduction Coalition's COVID-19 [Virtual Office Hours](#) (March 18, 2020).
  - Harm Reduction Coalition: [Syringe Services and Harm Reduction During COVID-19](#) (updated March 11, 2020) and [Safer Drug Use During the COVID-19 Outbreak](#) (updated March 11, 2020).
- Telehealth
  - The [California Telehealth Resource Center](#) provides [sample forms and guidelines](#) for implementing a telehealth program. It also recently updated its [Telehealth Reimbursement Guide](#), which includes telehealth reimbursement policies for Medicare, Medi-Cal Fee-For-Service, and Managed Care.

# Other COVID-19 Webinars

- Foundation for Opioid Response Efforts COVID-19 Series [slides and recording](#)
- California Primary Care Association: Weekly COVID-19 Webinars – [Link to registration and recording/slides](#).
- Health Management Associates (HMA): COVID-19 Resource Library [INFO AND RECORDINGS](#)
- California Medical Association (CMA): COVID-19 webinar series [SLIDES AND RECORDINGS](#)