Our Core ATSH Team

• Emily Solick, LCSW, Director of Behavioral Health
• Jessica Nichols, LMFT, SUD Services Manager
• Amy Ross, MPA, Director of Patient Services
• Leticia Salazar, PA, MAT Clinic Champion
• Caitlin Casey, PA, X-Waivered Prescriber
Our Site’s MAT Team

- **MAT Prescribers:**
  - 8 Waivered Prescribers

- **Nursing:**
  - 0.5 FTE MAT RN

- **Behavioral Health:**
  - 7 FTE BH Providers supporting the MAT team and patients

- **SUD Providers:**
  - 2 Licensed professionals, 1 part-time Certified SUD Counselor, 1 TBH SUD Services Navigator
Current State

• **Our community:** Salud Para la Gente is a Federally Qualified Health Center in a rural area of the Central Coast of California. The patient population is made up of largely Latino farm and agricultural workers and their families. Many of our patients are Medi-Cal Beneficiaries or are uninsured. Our facilities are located next door to the local hospital and ED and we work in close collaboration with the hospital’s case management staff to facilitate warm handoffs to our outpatient services.

• **Current state:**
  - Our MAT program: 10 patients with a current Rx for Buprenorphine
  - Capacity: 8 Waivered Providers
  - Patient population: # of patients receiving MAT in the previous 6 months: 12

• **Goals for ATSH participation:**
  - Learn best practices
  - Collaborate and learn from with other clinics
  - Expand and enhance SUD services through contingency management, group counseling, and outreach
  - Reduce stigma in clinic staff and in the community
Capability Assessment

• In completing the assessment, we were surprised by:
  • Answers and ratings varied between different departments
  • In all dimensions of the assessment, our agency has room for growth and improvement

• Our team’s areas of strength:
  • Strong MAT team with desire to help those with OUD
  • Adequate staffing to implement a successful MAT program
  • Multiple opportunities for program expansion through participation in various grant-funded activities

• Areas for development:
  • Staff Training and Development
    • Strategically engaging additional providers in becoming X-Waivered
    • Training support staff in SUD, OUD, MAT, and stigma-reduction
  • Patient engagement and retention
Current State Assessment

• We used the following methods to learn more about our current state:
  • Six staff from different levels and departments in the organization completed the capability assessment individually. The results were combined to achieve the final assessment
  • Patient survey; 16 Salud patients completed a survey about SUD in Spanish or English, results on next slide

• From providers and staff we learned:
  • The infrequency of new MAT patients causes support staff to forget workflows

• Other insights we gathered from current state activities:
  • Our eligible MAT patients have very complex medical and behavioral health needs.
  • Successful treatment will need to be individualized and multi-disciplinary.

• We received the following feedback on the appropriateness and acceptability of using MAT in our clinic:
  • Everyone we surveyed felt MAT was appropriate and acceptable within our Clinic
From patients we learned:

Substance Use Disorder is:
- Behavior Problem: 44%
- Moral Problem: 31%
- Medical Disease: 25%

SUD Services at Salud are available at what cost:
- Sliding Scale: 25%
- Billed through Insurance: 62%
- Free: 13%

Where to get help:
- Drug Rehab: 19%
- AA: 6%
- Salud or other primary care: 75%

People with SUD don't get treatment because:
- They don't want to stop drinking or using: 62%
- They are embarrassed to ask for help: 25%
- They don't know where to ask for help: 13%
- All the above: 0%

Highlights:
- 56% of patients surveyed think SUD is a behavioral or moral problem
- 75% of patients surveyed think primary care is a good place to ask for help
- 62% of patients surveyed know they can get SUD services at Salud for free
Our Team Has Been Wondering…

Does anyone have experience with community outreach or mobile services?

What are some ways to engage more providers in obtaining the X-Waiver?

What have been barriers for other teams, and how did they overcome barriers?

How did other teams build expertise with non-clinical staff?

What are some effective strategies for reducing stigma throughout the entire clinic?

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Salud’s Contribution and Expertise

- Do you have policies, protocols, tools to share with others?
  - We have board-approved policies for MAT

- 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 as a whole has expertise in serving farm-working/agricultural workers and Latino population, however we have not had large engagement with this population in MAT services.
  - Collaboration and co-locating with local hospital including the beginning of ED Bridge.