

The background of the top half of the image is a repeating green geometric pattern. It consists of a grid of diamonds, each containing a circle with a smaller solid circle inside. The lines and circles are made of small dots.

**JWCH INSTITUTE
HACIENDA HEIGHTS CLINIC**

wesley
Health Centers
JWCH INSTITUTE

OUR ATSH TEAM

Our Core MAT Team:

- Nora O'Connor, Director of Behavioral Health, Executive Oversight
- Herman Llamas, MAT Project Coordinator, Day-to-Day oversight of MAT program on location
- Ginny Eck, SUD Program Manager, Grant and Programmatic Management
- Trang Lu, PA, X-Waivered Prescriber

Herman with Danny Trejo at
Midnight Mission!



CURRENT STATE

Our community: The Mission of JWCH Institute is to improve the health status and well-being of under-served segments of the population of Los Angeles area through the direct provision or coordination of health care, health education, services, and research.

We have multiple clinic sites throughout Los Angeles County, but we are here to represent our Hacienda Heights Clinic which is East of Downtown Los Angeles.

Current state:

- **Short description of our MAT program:** Our MAT Program has a close an integrated relationship between our MAT SUD Counselors and Waivered Providers. Each patient receives a counseling session with their counselor before seeing the provider for medication. Patient is either inducted in-office, or sent home for home induction.
- **Capacity:** 7 Waivered Prescribers
- **Patient population:** 215+ OUD patients seen in the last 6 months
- **Goals for ATSH participation:** To learn from other service providers and experts in the MAT field to grow and strengthen our current MAT program to better serve our patients.

CAPABILITY ASSESSMENT: WHAT WE LEARNED

In completing the assessment, we were surprised by: Scoring high on infrastructure! And also not having all of our staff trained in stigma and empathy.

Our team's areas of strength: Technically it was infrastructure, but again we were surprised!

Areas for development: More staff training. And we felt that we were “close” on many of the items, but we could use some help solidifying the protocols and procedures.



CURRENT STATE ASSESSMENT

We spoke to: Patients and some staff.

From providers and staff we learned: That they could use some support when scheduling or rescheduling MAT patients if they missed an appointment.

From patients we learned: That they enjoy being connected directly to their counselor.

Other insights we gathered from current state activities: That each of our clinics runs differently with different challenges present in each.

We received the following feedback on the appropriateness and acceptability of using MAT in our clinic: Everyone is excited to have MAT available in our clinics including our supportive CEO and CMO.

OUR TEAM HAS BEEN WONDERING . . .

Our questions to other teams: What are some of your biggest barriers? How do you provide medication for patients with pending Medi-Cal? Are you having any success with Sublocade? How do you accommodate patients who miss their appointments?

Our questions for faculty: What areas of California do you think could use more MAT? Are you finding prescribers are apprehensive about prescribing buprenorphine given the state of the opioid epidemic? What care team model seems to work “best” for MAT teams?

We need support to accomplish: Solidifying our policies and better integration for the BH piece into our EHR.

ADVICE/GUIDANCE/TOOLS FOR OTHER TEAMS

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

Sure! Whatever you want, just ask!

Expertise?

We deal with a predominantly homeless population, so we would be happy to help with issues surrounding that (ie lost/stolen medication, lack of transportation and support, etc...)

