

# Community Health Centers of the Central Coast, Inc.



# Our ATSH Team

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**Dr. Clarke,  
Medical Director**



**Magdalena Serrano, LCSW  
Director Behavioral Health**



**Joseph Gossner, ACSW  
Social Worker**



**Jennifer  
Robinson, BSW,  
MSSA Intern  
Coordinator**



**Jessica Guajardo, RN  
Psychiatric Nurse**

# Our ATSH Team

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- **Our Core MAT Team:**

- **Dr. Steve Clarke, Medical Director**, . 2 FTE- Administrative Champion and Executive Sponsor, Senior Leader, Engagement from primary care providers
- **Magdalena Serrano, Director of Behavioral Health and Psychiatry Services**, .2 FTE Clinical champion, cross-discipline training , messaging and building a culture
- **Joseph Gossner, ACSW , Clinical Social Worker**, .2 FTE Direct SUD's Counseling Services, Case Coordination and stakeholder engagement within the community
- **Jennifer Robinson, BSW, MSSA Intern Coordinator**, .2 FTE Service Coordination across CHC clinic network, mentorship of clinic support staff
- **Jessica Guajardo, RN Psychiatric Nurse Coordinator**, .2 FTE Care coordination across continuum and levels of care, remote patient monitoring, and linkage

# Current State

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- **Our community:** The community population we would like to target through our efforts is the aging population who are transitioning from pain management treatment to a recovery model. As a healthcare organization, CHC is uniquely positioned to assist with sub-populations that may not seek care through a specialty or a substance use disorder access point due to stigma.
- **Current state:**
  - **Short description of our MAT program:** We are currently in a state of discovery, planning, and learning. We do not know what we do not know!
  - **Capacity:** # 3 of waived providers
  - **Patient population:** # unknown due to implementing new EMR system
  - **Goals for ATSH participation:** Successfully pilot a sustainable MAT program, which is clinically effective and replicable throughout our network of sites.

# Capability Assessment: What We Learned

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- In completing the assessment, we were surprised by: **Limited data available due to lack of MOU's with organizations that provide MAT.**
- Our team's areas of strength: **We have full support from our CEO, Medical Director and Director of Behavioral Health. They are fully engaged and committed to developing a sustainable MAT program.**
- Areas for development: **CHC is currently building our MAT program from the ground level and promoting a whole-person care model of integrated care.**

# Current State Assessment

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- We used the following methods to learn more about our current state: **Accessed Athena EMR system, interviews, provider rounding, managed care data.**
- We spoke to: **Medical Administration and Care Team Members**
- From providers and staff we learned: **Gaps in knowledge and understanding of current and evidence based treatment of substance use.**
- From patients we learned: **Stigma and shame are the greatest barriers, creating hope and safety are the foundations of recovery.**
- We received the following feedback on the appropriateness and acceptability of using MAT in our clinic: **Providers and staff were open to service expansion, however reported they wanted mentorship and specialized training in regards to MAT services and treatment.**

# Our Team Has Been Wondering . . .

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## Our questions to other teams:

1. How do other organizations navigate the higher level of PHI needed for MAT when EHR is giving all providers the same level of access? 42 CFR compliance.
1. How do groups approach MAT medications in relation to the 340B program?
1. Is anyone dispensing MAT medications from their in house pharmacy? If so, what are the benefits and challenges to providing these medications?
1. What are the best practices for UDT's,UDS and monitoring?