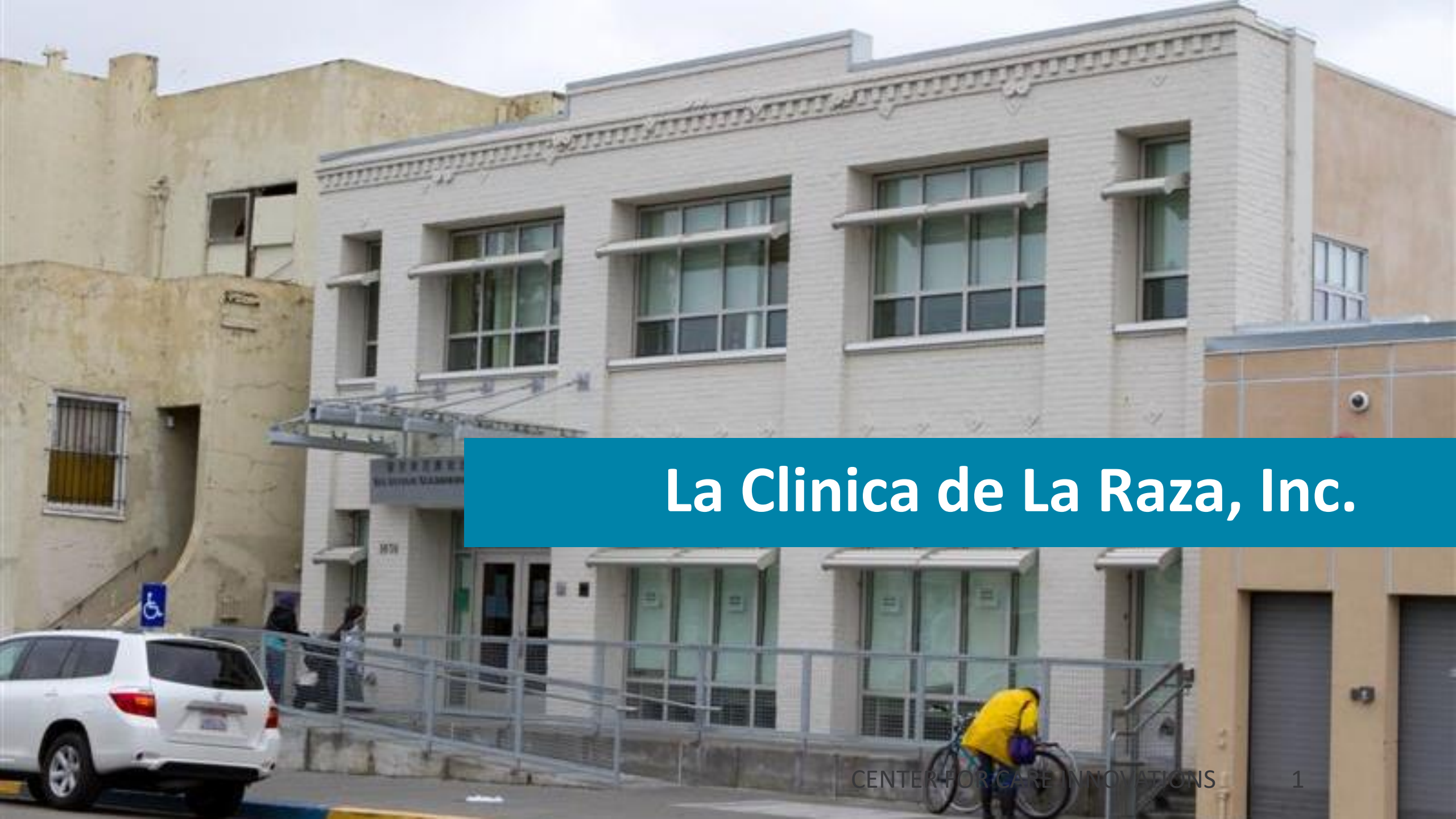
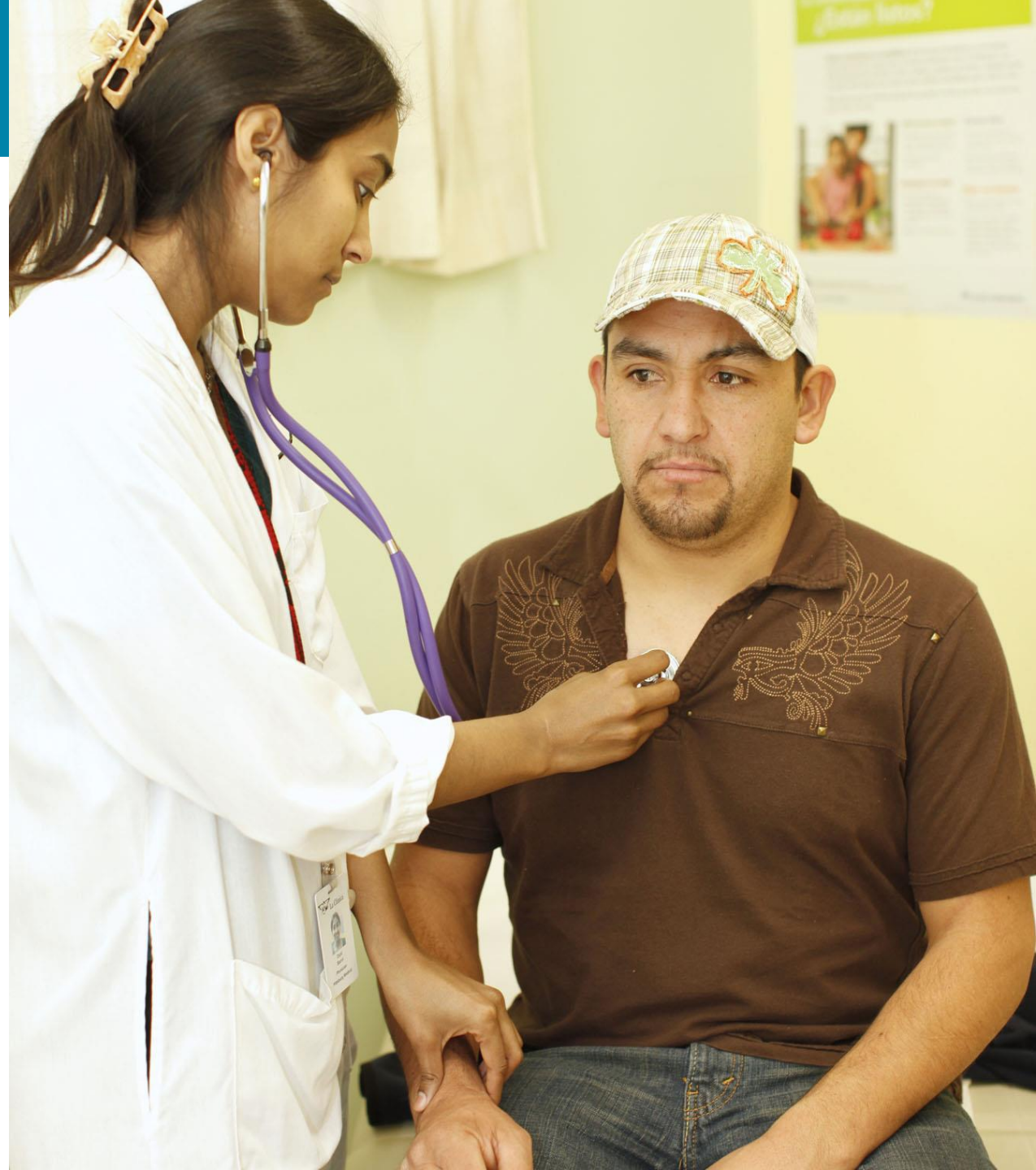


La Clinica de La Raza, Inc.

Who We Are

- **Location**: Alameda, Contra Costa, Solano Counties
- **Population Served:**
    - 66% Hispanic/Latino
    - 65% Medi-Cal/22% Uninsured
    - 56% Spanish, 38% English, 5% other Language
- **# of Clinic Sites**:
    - 35 sites in Alameda, Contra Costa, Solano Counties - 7 clinics provide MAT
- **EHR system:** NextGen



Psychosocial supports

- Each clinic that provides MAT has 1 - 3 Integrated Behavioral Health clinicians (social work, psychology).
- A case manager in every county to help with referrals and resources (as available)
- In our 2 largest prenatal programs, a perinatal case manager assesses and provides support, linkage
- Referrals to BH come from medical providers.
- IBH clinicians have knowledge and experience with Motivational Interviewing, brief interventions, and can treat a wide range of comorbid issues in short-term model
- Every county provides some kind of behavioral health group.
    - Each county runs a depression/anxiety group.
    - Alameda county also runs a Seeking Safety group (trauma and SUD)
    - Currently the groups are only available in Spanish

What We Struggle With

- Wide geographical area with a wide range of patient populations
- We are still developing our MAT program and still learning about what supports and workflows are needed
- We are unsure about how to structure the team given that current staffing at each site varies
- We are under-resourced in IBH, there are a lot of competing demands for little IBH time.
- Behavioral Health training does not focus on SUD's, so there is a perception of expanding scope of practice.
- Identifying and attracting patients
- Making program sustainable - How to pay for BH staff? How to bill? How to avoid barrier of same-day billing
- Complying with 42CFR Part 2 – conflicting guidance

Addressing the Challenges

Our Efforts:

- Continuing to attempt to hire SUD counselor (unsuccessfully) - Considering shifting to hiring care coordinator to increase our team's internal capacity and effectiveness
- Increasing knowledge through training and supervision around working with MAT and SUD
- Obtaining more information about other programs and obtaining consultation

Significant changes in past 5 years

- Progress in how addiction & chronic pain are treated: more collaborative, multi-disciplinary
- Progress in capacity building, MAT clearly part of IBH scope, although more training needed

Next Steps (that we have identified)

- Increase group treatment
  - Psychosocial groups vs. medication groups with psychosocial component
  - Determining format and curriculum in group or shared visits
  - Increasing groups to meet demand
  - Determine how much IBH should be a core part of the MAT program
- Increase availability of Seeking Safety and CBT groups
- Continue to build connections with higher levels of care
- Continue learning best practices

Q&A and Discussion Questions

1. What do groups look like at your clinic? What has worked well?

2. How is behavioral health a part of your MAT program?

3. Does anyone have a list of core competencies around addiction treatment for behavioral health clinicians?