

Mission City Community Network

San Fernando Valley Region and South Bay/Los Angeles Region



Mission City
Community
Network, Inc.

"A Community Health Network"

Our ATSH Team

- Our Core MAT Team:
 - Neil Chatterjee, MD – CMIO, Clinical Champion and MAT prescriber
 - Rotana Tek, DO – SBLA Regional Medical Director and MAT prescriber
 - Alison Johnson, PsyD – BH Director, psychologist, therapist
 - Lori Turro, MS, LAADC – Drug & Alcohol Counselor, SUDS Program Lead
 - Felipe Rodriguez, CAPDT – Drug & Alcohol Counselor, SGV Region Lead
- Our Site's MAT Team by Function and FTE:
 - MAT Prescribers: Two physicians and one nurse practitioner; another NP in training
 - Nursing: none as yet
 - Behavioral Health: One psychologist; two LCSWs in SBLA, five LCSWs in SFV
 - Social Work: LCSWs who provide therapy also occasionally assist on a case-by-case basis with referrals.
 - Substance Abuse Counselors: Two; one in SFV and one in our San Gabriel Valley region who is extended to other areas as needed. In the process of hiring one for SBLA.

Current State [site level]

- **Our community:** Short description of the community that your site is in (e.g., urban/rural, large OUD population, relationships with emergency departments and other organizations in the behavioral health ecosystem)
- **Current state:**
 - **Short description of our MAT program:** describe your MAT program model, whether you do home inductions, etc.
 - **Capacity:** # of waived providers
 - **Patient population:** # of patients receiving MAT in the previous 6 months
- **Goals for ATSH participation:**

Capability Assessment: What We Learned

- In completing the assessment, we were surprised by: “Pleasantly surprised by Katie Bell, our coach, who laid everything out clearly.” – Dr. Chatterjee. “I became aware of the number of details needed to attend to with regard to documentation compliance and information sharing.” – Dr. Johnson
- Our team’s areas of strength: Our Drug and Alcohol Counselors, absolutely, aka “our bulldogs” – they get in there and never give up on a person.
- Areas for development: More of a team approach; clearly-written P&Ps → a structure that is well understood and followed by all who are on the team
- Dream Goal: to have MAT eventually disappear, and have it be generally folded into typical family practice.

Current State Assessment

- We used the following methods to learn more about our current state: We reflected on our previous MAT reports from our expansion grants; we uncovered a need for MAT in a region with a high concentration of opioid use.
- We spoke to:
 - Staff: they noted patient behaviors which had impacted clinic operations
 - Patients: they expressed a need for relief and a desire for change
 - Health plans
- From providers and staff we learned: that there was a lack of knowledge in dealing with pain as distinct from suffering, and substance use versus substance abuse.
- From patients we learned: that they have multiple determinants of illness or addiction, and preconceived notions of “best” practices. We have to meet them where they are and move forward using standards of care.
- Other insights we gathered from current state activities: The state is invested in their residents and willing to help finance training, implementation and ongoing care.
- We received the following feedback on the appropriateness and acceptability of using MAT in our clinic: Positive feedback from patients, and the staff are seeing the patient through different eyes.

Our Team Has Been Wondering . . .

- Our questions to other teams: What is your success rate? What are your barriers with your MAT patients? How are you scheduling your patients? Do you have particular sites for MAT patients or are you using all sites? How are they identifying your patients?
- Our questions for faculty: Are the MAT programs your are currently involved in self supporting?
- We need support to accomplish: Sustainable, self supporting structured MAT program.

Advice/Guidance/Tools For Other Teams

- Do you have policies, protocols, tools to share with others? Not at this time.
- 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? No.