



Mountain Valleys

HEALTH CENTERS



[Burney Health Center](#)

[Big Valley Health Center](#)

[Fall River Valley Health Center](#)

[Butte Valley Health Center](#)

[Tulelake Health Center](#)

[Weed Health Center](#)

[Mount Shasta Health Center](#)

Our MAT Program Management Team

Aaron Babb, MD

MAT Program Medical Management



Raymond Mandel, Ph.D.

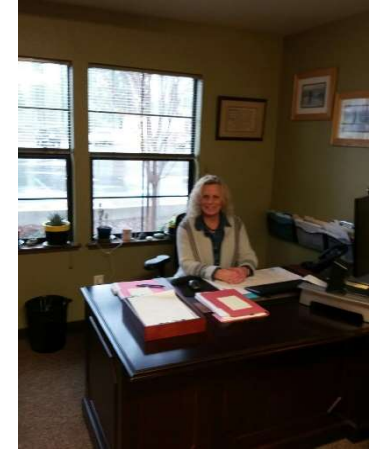
Behavioral Health Director



Meet Our MVHC ATSH Team

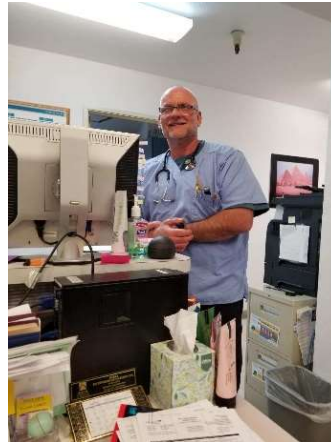
Michelle Peterson, LCDC (Licensed Chemical Dependency Counselor, Texas)

MVHC Behavioral Health: Integrated Services Specialist/Community Educator



Thomas Peterson, DNP

Family Practice: Waivered MAT Provider



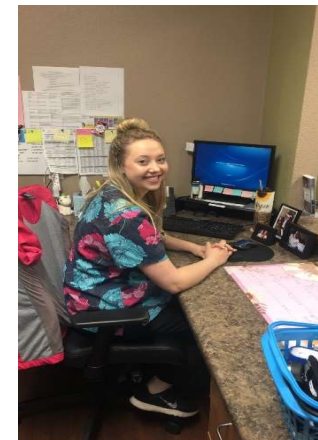
Christina Maas, LVN

MAT Patient Nurse

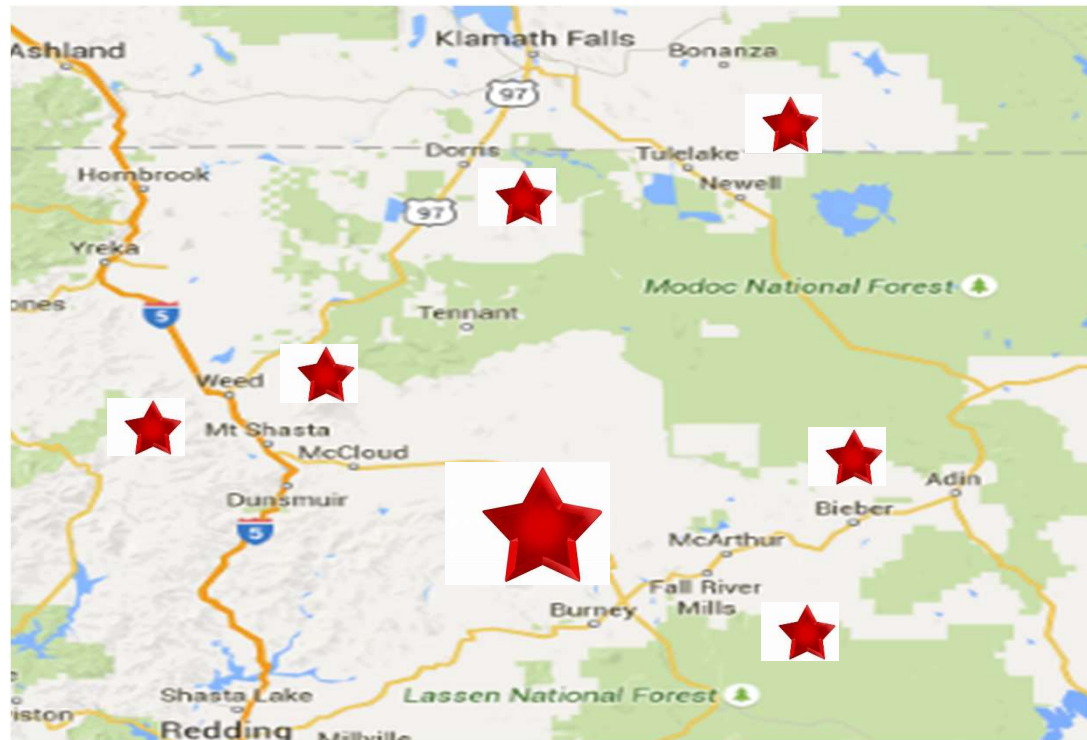


Alyson Jones, MA

MAT Patient Medical Assistant



MVHC's Service Areas



Our ATSH Grant Site – Burney Health Center



Mountain Valleys Health Centers, Inc., (MVHC) is a not-for-profit community health center organization offering quality health, dental, and behavioral health/medical services to rural communities in NE California for over 30 years. Our service area spans over roughly 4,400 square miles.

All seven of MVHC's sites are designated as Federally Qualified Health Centers (FQHC). FQHCs are recognized across the country as the safety net for health care and we are the only primary care providers in the communities we serve.

Burney Health Center in Rural NE California

MVHC is part of the CA299 Health Collaborative which is a mature, regional network of health care providers serving portions of Lassen, Modoc, Shasta, and Siskiyou Counties in rural far Northern California.

The CA299 Health Collaborative member service area encompasses 4,400 square miles, parts of four counties, and includes nine Primary Care Health Professional Shortage Areas (HPSAs), nine Dental HPSAs, and four Mental Health HPSAs.

Access to Integrated behavioral health within the service area – Incredibly, there are no psychiatrists or substance abuse treatment centers in the entire, 4,400 square mile service area. The Collaborative members are the only source of behavioral health and substance abuse care, excluding the county behavioral health departments, severely limiting the options for the vast majority of patients in need.

In the four Counties which include the service area, the MMEs of opioids prescribed per capita in 2015 were astonishingly higher (957.9 – 5543.0 MME) than the average for the United States (640.0 MME).

Rural - Large Opioid Use Disorder Population

- According to national surveys on drug use and health conducted by SAMHSA, illicit drug use in the past month among individuals aged 12 or older for our service area was **15.80%**.
- This compares to **11.49%** statewide and **9.58%** nationwide.
- Nonmedical use of pain relievers in the past year among individuals aged 12 or older was also higher in our service area (**5.26%**) than it was statewide (**4.76%**) and nationwide (**4.31%**).
- Illicit drug dependence or abuse in the past year among individuals aged 12 or older was higher in our service area (**3.06%**) compared to statewide (**2.89%**) and nationwide (**2.70%**).
- Lastly, the percentage of individuals needing, but not receiving, treatment for illicit drug use in the past year among individuals aged 12 or older was higher in our service area (**2.67%**) compared to statewide (**2.60%**) and nationwide (**2.40%**).

Our Current MAT Program

We offer a “Hybrid-MAT” program to our community.

Our MAT model is based off of SAMHSA’s “Harm Reduction” medication modality. We provide medication management in conjunction with behavioral health counseling services, as well as offering various alternative treatment modalities.

Our MAT program is dual-focused;

- 1) We offer assistance to those who are seeking help with their OUD sobriety and recovery efforts.
- 2) For our chronic pain patients, we offer MAT, to help suppress their withdrawal symptoms and cravings as they are safely titrated off of their opiate prescriptions. Our chronic pain patients also receive ongoing behavioral health counseling services and various alternative therapies to successfully manage their chronic pain conditions.

Our Current MAT Program

- We provide in-office treatment and currently are not offering home inductions.
- We have 4 waived providers, a LCSW, and MAT trained LVN & MA
- *Since the program began on 4/17/2018: 29 signed up & 12 dropped*
- *In the last 6 months: 19 signed up & 4 dropped*
- Our goals for ATSH participation:
- To increase patient adherence to all of the MAT program guidelines, especially concerning patient's full participation in the behavioral health counseling groups.
- To provide clinic all-staff trainings, concerning OUD, and to provide mentoring opportunities to our newly-waivered MAT providers.

Capability Assessment: What We Learned

- **Our program's strengths:**

- MVHC's clinic culture is extremely team-oriented.
- Our clinic infrastructure is solid.
- Good MAT patient ID and initiating care processes are in place.
- We have excellent patient care and treatment response monitoring.

- **Our program's areas for development:**

- We are short-staffed, so our MAT team often travels and works in several of our different clinic locations, so scheduling can be challenging.
- All-staff training is needed, concerning our MAT program and working with OUD patients.
- MAT program care coordination and staff/patient communication are areas in need of refinement.

Current State Assessment

To learn more about our current state we spoke to both staff and patients.

From our staff we learned;

Our staff reported that scheduling inductions can be somewhat challenging, due to our seven clinics often being short-staffed, which requires many of our providers/nurses to travel and work in several of our clinics throughout the work-week.

From our patients we learned;

Our patients reported that they are very appreciative that we are now offering the MAT program in our clinics.

Many MAT program patients reported that they only want to receive the medications and have difficulty remaining compliant with attending the required behavioral health counseling sessions.