NEIGHBORHOOD HEALTHCARE

a california health+ center

Neighborhood Healthcare

East San Diego County ATSH Team

- **Our Core MAT Team:**

  - **Judith Tessema, PCP / Dorothy Liu, Psychiatrist** – prescribe MAT medications

  - **Katherine Goehring, PMHNP/Shantrice Williams, FNP** – provide MAT services

  - **Ali White, MA MAT Coordinator** – assess eligibility, complete paperwork, educate patient on requirements and expectations of MAT program

  - **Rebecca Arnold, MFT/Heidi Brunetto, PsyD** – Behavioral Health Consultants – provide MAT biopsychosocial assessment and determine fit for program, triage referrals as needed for behavioral health services and psychiatry

- **Our Site's MAT Team by Function and FTE:**

  - **MAT Prescribers:** 3 FTE's in El Cajon, 1 FTE in Poway

  - **Medical Assistant:** One .5 FTE dedicated to MAT program

  - **Social Work:** MA MAT Coordinator also provides social service assessment, navigation, and tracking for all MAT patients

  - **Behavioral Health:** 5 FTE's in East County – provide BH integration, counseling, and MAT psychoeducation groups

North San Diego & Riverside County ATSH Team

- **Our Core MAT Team:**

  - **To Be Hired Psychiatrist in Hemet** – if you are interested contact us!!!

  - **Alejandra Nava Herberger, PMHNP / Mary Celaya, DNP** – prescribe MAT medications

  - **Leslie Rosales and Brenda Diaz, MA MAT Coordinators** – assess eligibility, complete paperwork, educate patient on requirements and expectations of MAT program

  - **Bernice Tabil-Galapon, LCSW / Elizabeth Arias, LCSW** – Behavioral Health Consultants – provide MAT biopsychosocial assessment and determine fit for program, triage referrals as needed for behavioral health services and psychiatry

- **Our Site's MAT Team by Function and FTE:**

  - **MAT Prescribers:** 4 FTE's in North San Diego, 1 FTE in Riverside/Temecula

  - **Medical Assistant:** 2 – 1.0 FTE's dedicated to MAT program

  - **Social Work:** MA MAT Coordinator also provides social service assessment, navigation, and tracking for all MAT patients in Riverside. In San Diego a dedicated Complex Care Resource Specialist fills this function.

  - **Behavioral Health:** 10 FTE's in North San Diego, 5 FTE's in Riverside – provide BH integration, counseling, and MAT psychoeducation groups

Current State Hemet

- **Our community:** Hemet covers approximately 28 sq. miles, with a population of 85,160 (2017). This is a rural agricultural community. Average wage is $22.7k, with an unemployment rate of 17.4%. About 14.5% of families and 17.2% of the population are well below the poverty limit, including 24.5% of those under age 18 and 9.1% of those age 65 and older. Hemet is one of the top 5 cities with the Highest Opioid-Related Death Rates in Riverside County. From 2011-2015 there were an average of 2 opioid-related overdose deaths per week in Riverside County, with Hemet having the highest opioid-related death rates per 10,000 (9.7/10,000). Among opioids, the largest increase (80%) was observed for heroin.

- **Current state:**
  - **Short description of our MAT program:** 3 step assessment process; Office-based induction; 13 week psychoeducation; UDS at every visit until stable; random monthly UDS and pill/film count; Naloxone Kit training; CURES monitoring at every visit; SDOH assessment; BH counseling & Psychiatry as needed
  - **Capacity:** 1 TBH waivered provider for Hemet
  - **Patient population:** "0" patients receiving MAT in the previous 6 months

- **Goals for ATSH participation: Raise Awareness and Reduce Stigma to reduce barriers toward accessing MAT services**

Current State El Cajon

- **Our community:** El Cajon covers 14.4 sq. miles, with a population of 103,768 (2016). Highest poverty rate in San Diego County among adults 29.7% and children at 36.5%. Approximately 1/3 of residents are foreign-born. In particular, the city has a large Iraqi immigrant population, consisting of both Arabs and Chaldean Catholics; both groups are among the largest such communities in the U.S.

- **Current state:**

  - **Short description of our MAT program:** 3 step assessment process; Office-based induction; 13 week psychoeducation; UDS at every visit until stable; random monthly UDS and pill/film count; Naloxone Kit training; CURES monitoring at every visit; SDOH assessment; BH counseling & Psychiatry as needed

  - **Capacity:** 3 waivered providers at El Cajon

  - **Patient population:** 1 patient receiving MAT in the previous 6 months

- **Goals for ATSH participation: Raise Awareness and Reduce Stigma to reduce barriers toward accessing MAT services**

Capability Assessment: What We Learned

- **Our team's areas of strength:**
  - Patients and services are visibly integrated in clinics
  - All patients are screened at intake and annually for alcohol and substance use
- **Areas for development:**
  - Education campaign across entire organization to raise awareness and reduce stigma among staff to accept and welcome equally all persons with OUD
  - A systematic approach, such as ASAM criteria to determine need for more intensive levels of care (hospital, residential, intensive outpatient)
  - All staff, including administrative, nonclinical, and clinical have basic training in substance use disorders and their treatment
  - All staff, including administrative, nonclinical, and clinical have training in empathy and stigma reduction for persons with substance use disorders

Current State Assessment

- We learned more about our current state using the Capability Assessment

- <u>From providers and staff we learned</u>: there are a lot of fears and judgements about individuals with OUD

- <u>From patients we learned</u>: we have an opportunity to ask our patients what they think and how we can improve

- <u>Other insights we gathered from current state activities</u>: We believe we have a fairly comprehensive program, however we are not getting referrals that reflect community need. We learned we have a lot of internal work to do with staff and providers make our program successful! Additionally, we need to start community campaigns to raise awareness and reduce stigma to improve access by removing barriers.

Our Team Has Been Wondering . . .

- Our questions to other teams:

  - How did you address the stigma and fears staff have around treating individuals with OUD?

  - Do you have a successful community campaign model?

  - What reporting measures are you finding are most meaningful and why?

- Our questions for faculty: Same as above ☺

- We need support to accomplish:

  - Identifying resources to implement community campaign

Advice/Guidance/Tools
For Other Teams

- Do you have policies, protocols, tools to share with others?
  - We have policies, protocols, forms, and curriculum we would be happy to share with anyone.
- 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?
  - Unfortunately our volume has been too low to gain expertise with any sub population