



Washington Neighborhood Health Clinic

Our SHCSC ATSH Team



- Our Core MAT Team:
 - Rosa Linda Ogas, LCSW Project Lead
 - Yeshe Mengesha, Clinic Manager
 - Claude Roge, Medical Director
 - Angela Bymaster, Family Medicine Physician
- Our Site's MAT Team by Function and FTE:
 - MAT Prescribers: Angela Bymaster, Family Medicine Physician
 - Nursing:
 - Social Work: Melissa Trujillo, Patient Navigator
 - Behavioral Health: Rosa Linda Ogas, LCSW



Current State [site level]



Our community:

- Vibrant, urban, diverse population of families closely tied to Washington Neighborhood Health Clinic (WNHC) and the elementary school where it is located.
- Challenges: poverty, immigration status, crime, cost of living, housing/homelessness
- Santa Clara County OUD population is small (2.8/100,000), but 3/5 SHC clinics are located in ZCTAs with higher OUD rates than the county (e.g. Gilroy: 8.21/100,000)
- SHC contracts with Santa Clara Valley Medical Center for emergency care and specialized behavioral health services, and works closely with other FQHCs to coordinate care for low income populations across the county.

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Current State [site level] (continued)

Current State:

• Patients seeking MAT are usually adult, Caucasian or Latino

Current practice:

- Capacity: 1 x-waivered prescriber with >10 years of experience with Buprenorphine
- Current panel: approximately 10 patients receiving MAT in the previous 6 months
- Patient Agreement signed by all patients
- "How To" document/instructions provided, home inductions
- Random urine toxicology testing
- Frequency of f/u is dependent on stability of patient and where they are at in their recovery
- Need for a stronger relationship with recovery support community
- Difficulties getting patients in for the treatment component of MAT, hard to get them in, hard to communicate with their treatment team when they are in, we currently don't have anyone at our clinic who provides drug/alcohol counseling

Current State [site level] continuing



Goals for ATSH participation:

Provide compassionate and quality treatment for patients who accept the fact of opioid dependency.



Participating patients will maintain regular follow-up with prescribing physician.

Patient will sign and adhere to participation contract which will outline program policies, rules and conduct agreement.

Patients will obtain the necessary behavioral and cognitive coping skills to maintain long-term sobriety from mood-altering substances of abuse.

Patients will establish and maintain a recovery program that is free from the use of all mood altering substances unless prescribed and monitored by the physician.

Capability Assessment: What We Learned



- In completing the assessment, we were surprised by:
 - Patient's accessibility to MAT services as well as MAT patients being treated like any other patient with dignity and respect. Compassionate and non-judgemental clinical staff
- Our team's areas of strength:
 - MAT Prescriber, Dr. Bymaster compassionate, experienced in treating substance use, established rapport in the community being served
 - Core Team Team is empathetic and has a clear understanding of what is required by the provider for treatment,
 - Our Core Team and support staff is mission driven and are all focused on the best possible outcome for patients.
 - Full-time LCSW, Rosa Linda Ogas, in house with experience working with patients with dual diagnosis; diagnosed mental health issues and substance abuse/dependency.
 - Willingness of our agency's leadership to support this program.
 - Great communication and regular check -ins between providers and support staff.
- Areas for development:
 - Establishing formal program design to include policies and procedures, strong protocols and workflow development
 - Understanding Data Collection and reporting requirements; tools used
 - Training in MAT to include terminology and cultural competency awareness
 - Further develop MAT team-based care

Current State Assessment



We used the following methods to learn more about our current state: we spoke to and interviewed

- Staff: Clinic providers, support staff and patient navigators
- Patients: currently receiving MAT services at our clinic
- From providers and staff we learned:
 - our staff is committed to implementing this new program and learning new skills to help our patients and our community
 - we have a great resource in our clinic Dr. Bymaster to help staff who are in the process of being trained for MAT, our practice needs to create workflows to identify what staff responsibilities will be in this project, need to promote MAT program to our community through different outreach approaches
- From patients we learned: patients feel they are treated like any other patient, with dignity and respect, patients feel prescribing provider is compassionate and patients understand the need for a contract
- We received the following feedback on the appropriateness and acceptability of using MAT in our clinic: patients reported appreciation for the accessibility to services
 - Consideration of our clinic being on a school site/school grounds and hours of operation during school hours

Our Team Has Been Wondering . . .



- Our questions to other teams:
 - Willingness to share? We don't want to reinvent the wheel if we don't have to.
 - Urine drug screening protocols
 - Best type of printed materials to dispense i.e. flyers/posters/educational materials
 - How are others approaching community outreach
- Our questions for faculty:
 - Best practices for distributing information to patients.
- We need support to accomplish:
 - The development of sound policies and procedures
 - Development of data collection tools and data reports
 - Development of patient contracts

Advice/Guidance/Tools For Other Teams



- MAT Prescriber, Dr. Angela Bymaster, is an expert in substance abuse treatment in Santa Clara County and has a well developed rapport within the target community. Experienced in working with homeless populations.
- Licensed Clinical Social Worker, Rosa Linda Ogás, trained in cultural competency and community outreach. Work completed within the 4 neighboring counties of Santa Clara, Monterey, Santa Cruz and San Benito counties. Knowledge of how cultural factors, including stigma, can create barriers to accessing services and treatment.

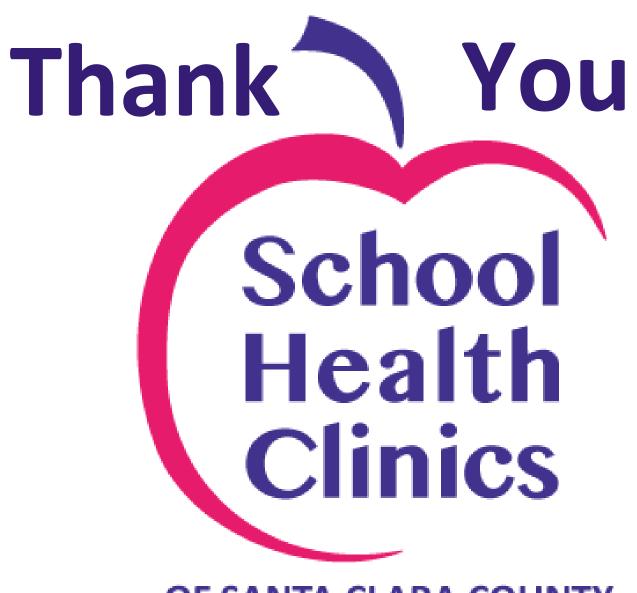
School Health Clinics of Santa Clara County



Our Mission

To provide high-quality, affordable health care to low income individuals and families





OF SANTA CLARA COUNTY