

Santa Ynez Tribal Health Clinic



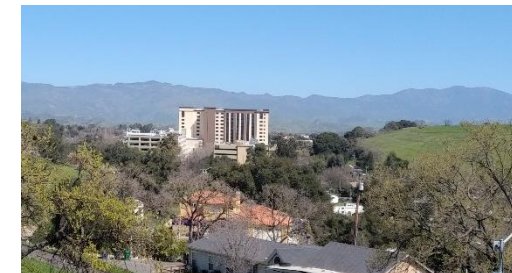
Our ATSH Team

- Our Core MAT Team:
 - Rose Miller, LVN, LAADC, Medical Clinical Coordinator, MAT Program Lead
 - Dr. Katya Adachi Serrano, Associate Medical Director, MAT Clinician Lead
 - Dr. Krista Armenta-Belen, Behavioral Health Director
 - Samantha Brooks, RN, Charge Nurse, MAT Nurse Case Manager
 - Ben Olmedo, PA-C
 - Marvin Catha, Prevention Counselor
- Our Site's MAT Team by Function and FTE:
 - MAT Prescribers: Dr. Adachi Serrano, 0.8; Ben Olmedo, PA-C. 0.8; Dr. Joel Morton, Psychiatrist, 0.4
 - Nursing: Samantha Brooks, RN 0.8, Rose Miller, LVN, LAADC 1.0
 - Social Work: N/A
 - Behavioral Health: Dr. Armenta-Belen, 0.8; Marvina Catha, 1.0



Current State [site level]

- **Our community:** We are located on the Santa Ynez Chumash reservation, a rural location in Northern Santa Barbara County. We serve Native (Chumash and other) and non-Native predominantly CenCal patients.
- **Current state:**
 - **Short description of our MAT program:** we are just developing and launching our MAT program. We have approval from our health board to induce 5-6 Native patients over the first 6 months with reassessment to follow to evaluate for success and expansion. We have capacity for 2 in-house inductions per week. Follow up refill groups to occur weekly. The curriculum for weekly group visits including stress management, health education, mental health, and cultural topics.
 - **Capacity:** 3 of waived providers; a 4th is intended
 - **Patient population:** 1 patient receiving MAT in the previous 6 months (long term maintenance)
- **Goals for ATSH participation:** Successfully launch and implement new MAT program in primary care setting with a unified, integrated team approach, with ongoing community support.



Advice/Guidance/Tools For Other Teams

- Do you have policies, protocols, tools to share with others? Yes
- 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 thank you

Our Team Has Been Wondering . . .

- Our questions to other teams: What are others' struggles? How do you deal with diversion, relapse, poly-substance use, referrals to higher levels of care, access or lack thereof to higher levels of care? Scheduling with busy providers (medical and BH)?
- Our questions for faculty: long term perspectives, lessons learned, I wish someone had told me...
- We need support to accomplish: patient recruitment
- What about big pharma?



Current State Assessment

- We used the following methods to learn more about our current state:
- We spoke to:
 - Staff: providers, Behavior health staff, administration
 - Patients: potential recruits
 - Anyone else? Community members/family members of patients, Health Board
- From providers and staff we learned: differing views in how to address barriers, started off overwhelmed but having clear protocol in place helps; communication is key!
- From patients we learned: starting treatment is intimidating; trust is crucial
- Other insights we gathered from current state activities: Stigma is alive and well, lack of awareness of suboxone
- We received the following feedback on the appropriateness and acceptability of using MAT in our clinic: a lot of resistance from people who think suboxone=methadone=junkies in their community

Capability Assessment: What We Learned

- In completing the assessment, we were surprised by: the expectation to train non-clinical staff in SUD/OUD; the distinction made in identifying social determinants of health from other elements of care
- Our team's areas of strength: diverse team, policies already in place, motivated providers and staff
- Areas for development: patient recruitment and retention, create brochure, develop tracking forms, EHR reports, MAT inexperienced clinicians and staff

