SONOMA COUNTY INDIAN HEALTH PROJECT

Storyboard | Learning Session #1

April 10-11, 2019 | Los Angeles, CA

Our Core MAT Team

Kenny Dumbrill, CAODC, Substance Use Counselor/AOD Integration

Jennifer Durst, QI Director, Data monitoring/Submission of Grant deliverables, coordination of CCI Project work.

Dr. Mark Goodwin, Medical Director, MAT prescribing/Integration

Sarah Thibault, LCSW, BH Integration/Supporting patients in behavior change

Manisha Vasishta, MAT Grants Coordinator, coordination and integration of CCI work with other MAT grants.

Dr. Laura Wong, Pharmacy Director, Pharmacy Integration

Manchester Band of Pomo Indians

FEDERATED INDIANS OF GRATON RANCHERIA

Healing Our Own People

CLOVERDALE RANCHERIA

KASHIA POMO TRIBAL GOVERNMENT

LYTTON RANCHERIA

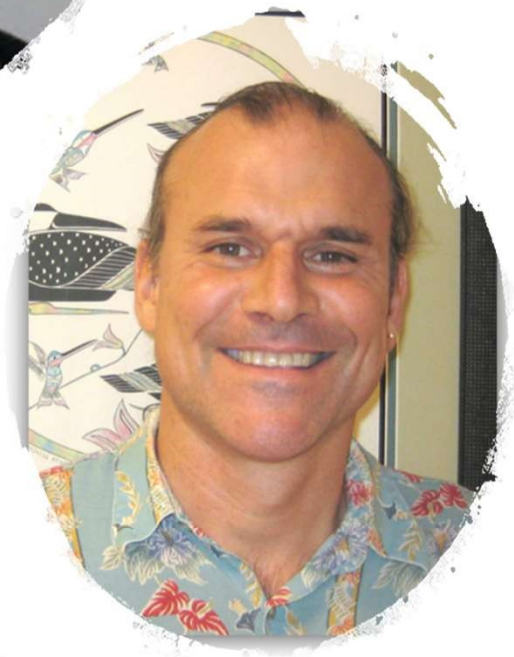
LYTTON BAND OF POMO INDIANS

DRY CREEK RANCHERIA

Our community:

Our clinic population consists of the Native American community (mostly Pomo), residing in and around Santa Rosa, California.

We have 6 consortia member tribes, two of which are located in very rural coast areas, about 2 hours from our clinic site.



Our ATSH Team

MAT Prescribers:

Dr. Mark Goodwin,
Dr. Don Carlos Steele,
Dr. Ellen Kruusmagi,
Dr. Lambert Daniel

(2.6 FTE)

Nursing:

6.0 FTE Total

(FTE for MAT is TBD)

Social Work & Behavioral Health:

Sarah (LCSW),

Ana (ASW)

AOD Counselors:
Kenny and Adam

Our Clinic:

We have one main clinic site located in Santa Rosa, California

Santa Rosa is a semi-urban area with access to specialty and social services, but many of our patients live in geographically rural coastal areas.

High rates of addiction, suicide, mental illness, sexual violence and other ills among Native peoples may be in part, influenced by historical trauma.[1]

10% of our adult patients have been diagnosed as some point with OUD.

[1] https://newsmaven.io/indiancountrytoday/archive/trauma-may-be-woven-into-dna-of-native-americans-CbiAxpzar0WkMALhjrcGVQ/

Current State

4 X-waivered providers

50 current MAT patients

Our X-waivered providers use Suboxone to treat patients of all severity levels, but most use it as an alternative to escalating prescription opioid doses or for pain management.

Our current program is provider driven and rooted in assisting patients who were previously on high doses of prescribed opioids.

Goals for ATSH participation

We would like to build a program with a set structure that utilizes our significant care team resources, including:

- AOD Counselors
- BH Therapists
- Clinical Pharmacists
- Nurses
- X-waivered Clinicians
- Registered Dieticians
- Community Health Representatives
- Medical Assistants

Capability Assessment: What We Learned

- We learned that our program is on the high end of the spectrum when it comes to **stigma reduction and reducing barriers** to treatment.
- Areas of strength are definitely our proportion of **x-waivered clinicians, access to a variety of clinical disciplines in-house** that can support our patients in a structured treatment program, and **leadership support**.
- Our biggest identified area for development is implementing protocols for identifying and assessing patients with OUD. Once patients are identified, we **need a better structure and protocol** around supporting patients through the recovery process.

Current State Assessment

Spoke to:
Patients
Staff
CCI Coach

Telephone Survey to patients currently using Buprenorphine:

"I drank and was suicidal before. Suboxone changed my life."

"I got my kids back. I could not get off of heroin, but now I have no cravings."

"I would like to join a residential drug treatment program, but they won't accept me because I am on this medication"

Appropriateness: Most patients answered extremely positively regarding the appropriateness and acceptability of using MAT.

Acceptability: A few patients expressed that they do not share with friends or family that they are using this medication.

SurveyMonkey sent to all staff:

- Many of our staff (over 17% of those surveyed) know nothing about Buprenorphine.

Most staff expressed a positive attitude towards patients who use Suboxone:

"They are trying to get better."

"They are proactive about their health."

"I have seen it be life changing."

"It's about time! It's taken too long for some clinics to get on board and it saves lives."

Staff suggestions:

- Provide more education for patients about this medication
- Medication is not a replacement for whole-person recovery.

Our Team Has Been Wondering

Our questions to other teams:

- What resources do you have for ongoing education? Specifically:
  - Harm Reduction
  - Motivational Interviewing
- What is your business model for group visits?
  - What type of documentation is needed to support maximum reimbursement?

We need support to accomplish:

- We would appreciate support in creating policies and protocols for MAT delivery. And we're happy to support other teams wherever we can.

Advice/Guidance/Tools For Other Teams

We currently Use i2iTracks to monitor data related to patients on chronic Opioids and Suboxone. **We're happy to share** our data tracking tools with anyone interested.

We're really proud of the way that we have successfully **integrated clinical pharmacists** (as well as Behavioral health and Nutrition providers) into our team care visits for diabetes and chronic pain. This model could easily be used for MAT as well and we'd be happy to share our experience with other teams considering this model of care.