

South Central Family Health Center SCFHC Huntington Park



South Central Family Health Center

a california *health⁺* center

MAT PROGRAMS

Our ATSH Team



- **Our Core MAT Team:**
 - **Edward Alexander, MD – Patient Care**
 - **Lavina Shahani, PA – Patient Care**
 - **Carlos Mata, CAS – Substance Abuse Counselor**
 - **Monica Arellano, MA – Patient Care**
 - **Christopher Ifekwunigwe, LCSW – Team Lead, Social Worker**

- **Our Site's MAT Team by Function and FTE:**
 - **MAT Prescribers:** **Edward Alexander, MD (Central Avenue)**
 Lavina Shahani, PA (Huntington Park)
 - **Nursing:** **TBD**
 - **Behavioral Health:** **Carlos Mata, CAS**
 - **Social Work:** **Christopher Ifekwunigwe, LCSW**

Current State – “Track 1”

- **Our community:** For 36 years, South Central Family Health Center (SCFHC) has played a major role in filling the void for comprehensive health services in the historically underserved and uninsured populations of South Los Angeles & Huntington Park. The services provided directly address healthcare issues prevalent among geographically and economically disadvantaged individuals and families.
- **We have relationships with California Hospital & St. Francis Hospital for emergency services. We also work with several other organizations in the behavioral health ecosystem including: A Place Called Home, All People’s Community Center, Jefferson High School, Elizabeth Learning Center, Bethune Park, Roosevelt Park, Washington Park and Los Angeles Child Guidance Center.**



Current State – “Track 1”



- Our MAT program consists of: two X-waivered clinicians (one at each site); a Certified Addiction Specialist; a Licensed Clinical Social Worker; and a Medical Assistant who interacts well with the OUD population.
- At present, we have a clinical champion (Dr. Alexander), but there is lukewarm enthusiasm amongst other providers regarding serving the OUD population. We do not do home inductions at this time, and are in the process of identifying patients who would benefit from MAT services.
- Capacity: Two (2) X-waivered providers
- Patient population: Zero (0) patients receiving MAT in the previous 6 months

Goals for ATSH participation



- **Goals for ATSH participation:**
 - 1) Initially, develop a small pool of patients (10) receiving MAT services at each site**
 - 2) Determine best practices for each site**
 - 3) Develop staff with specialized skills and sensitivity to OUD population**
 - 4) Expand services to > 50 patients at each site**

Capability Assessment: What We Learned

- In completing the assessment, we were surprised by:
 - 1) The realization that there is a robust OUD population that we can serve
 - 2) The resistance of some providers to interacting with the OUD population
- Our team's areas of strength:
 - 1) We have a clinical champion (Dr. Alexander)
 - 2) We have committed staff with expertise and a willingness to learn
- Areas for development:
 - 1) Infrastructure
 - 2) Engagement
 - 3) Education regarding outreach



Current State Assessment



- **We used the following methods to learn more about our current state: We asked staff, patients and first responders about their attitudes towards the OUD population**
- **We spoke to:**
 - **Staff: Doctors, Physician's Assistants, Nurses, Medical Assistants, Patient Services Representatives, Certified Abuse Specialists, Social Workers**
 - **Patients: Those who were prescribed opioid medication; those who were not**
 - **Anyone else? Police officers & EMT's**
- **From providers and staff we learned: There was a wide variance in attitude amongst providers and staff towards the OUD population, with some believing that we should assist all willing to accept help—to others feeling that MAT has no place in Primary Care.**
- **Police officers and EMT's need all the assistance they can get!**

Current State Assessment (Cont)



- **From patients we learned:** Like staff and providers, there was a wide variance in attitude amongst patients towards the OUD population, with some believing that we should assist all willing to accept help—to others feeling that MAT has no place in Primary Care.
- **Other insights we gathered from current state activities:**

The OUD population can be virtually invisible, unless you look closely and ask the right questions. Promethazine w/Codeine cough syrup is a popular subset of opioid use amongst the 13-to-25 age group. Opioid use helps many individuals handle the daily rigors of homelessness and transitional living in South Los Angeles.
- **We received the following feedback on the appropriateness and acceptability of using MAT in our clinic:**
 - “There’s a classification of patients in chronic pain—those prescribed Norco, Vicodin, Methadone & Tramadol—who would benefit from MAT”.
 - “A good deal of anxiety can be attributed to missing pain medication”.
 - “Co-occurring disorders—especially alcohol, meth and cocaine—complicate matters and make collaboration with other disciplines a must”.

Our Team Has Been Wondering . . .

- **Our questions to other teams:**

- 1) **How did you approach providers that were resistant to seeing the OUD population? What were some of the obstacles you encountered?**
- 2) **How did you manage the workflow with regard to OUD patients versus non-OUD patients?**

- **Our questions for faculty:**

- 1) **We are considering starting with a small OUD pool (10) and developing best practices before stepping up services. Do you agree with this approach?**
- 2) **What basic steps are necessary for engaging an MAT patient?**

We need support to accomplish:

- 1) **Outreach**
- 2) **Engagement**
- 3) **Expansion**



Advice/Guidance/Tools For Other Teams

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

None, at this time

- 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?

Not yet, but eventually!

