



# Building a MAT Program in an Urban Indian Health Clinic: Strategies for Integrated, Culturally-Responsive, Holistic Care

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# Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

# Sacramento Native American Health Center (SNAHC)

- ▶ AAAHC Accredited Federally Qualified Health Center and Urban Indian Health Center in Midtown Sacramento
- ▶ Medical, Dental, Behavioral Health, Recovery Services, Psychiatry, Ophthalmology, Podiatry, Chiropractic Services, Transgender Care and Hormone Therapy, Case Management
- ▶ Vision: SNAHC envisions a vibrant community built upon a strong foundation of cultures and traditions, where healthy lifestyles include the balance of mind, body and spirit - a restored legacy of well individuals and families



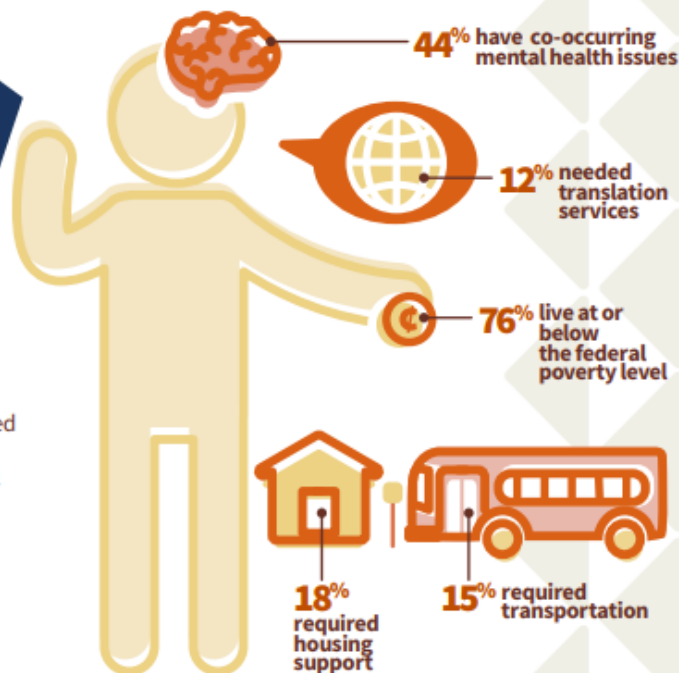


## OUR HEALTH HOME

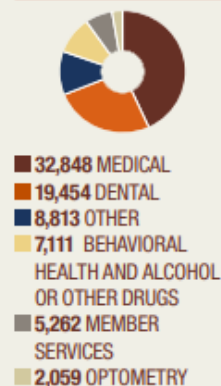


- 59% of patients are empaneled to a **Primary Care Provider**.
- 37% of patients are seen in **more than one department**.
- 58% of patients **needed a referral** to outside care, for a total of **23,251 referrals**.
- **416 unique patients** attended **1,508 classes**.
- **2,200 residential treatment bed days** were sponsored.

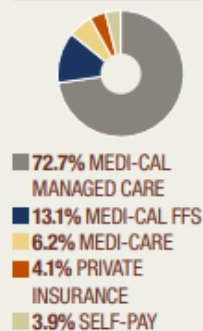
## 11,825 PATIENTS AND 75,547 VISITS



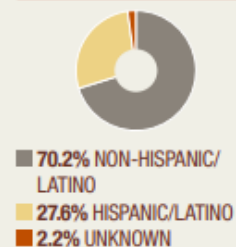
### PATIENT VISITS



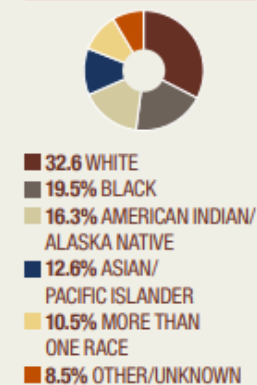
### PRIMARY INSURANCE



### ETHNICITY



### RACE



# MAT Services- Prior to Program Implementation (Spring 2020)



- ▶ We have 3 physicians, 1FNP, and 1 PA that are X-Waivered Providers
- ▶ Approximately 120-140 patients receiving medications for addiction treatment, primarily Suboxone
- ▶ SUD services include individual counseling provided by two CADCs, and three recovery support groups including Red Road to Recovery, Healing Our People through Education I and II
- ▶ Internal referrals to therapy with 6 LCSWs
- ▶ No MAT-Specific Behavioral Health Services, referrals to existing SUD services and groups



# Integrated Care Model

- ▶ In 2018 SNAHC made substantial progress in implementing an Integrated Care Model by creating the Integrated Behavioral Health Provider (IBHP) position
- ▶ The IBHP
  - ▶ provides same-day consultation and crisis intervention for patients in their medical or dental appointments
  - ▶ is the primary point of contact for internal referrals to therapy
  - ▶ is a member of the Behavioral Health (BH) Team and embedded in the medical department, serving to bridge the clinical services and act as BH support for medical appointments



# Project Background

- ▶ In December of 2019 we became a sub-grantee of River City Medical Group under the MAT Access Points Project funded by Sierra Health Foundation
- ▶ The purpose of the grant was to support staffing to design and implement a MAT program
- ▶ The grant provided funding for a MAT Navigator and a second Integrated Behavioral Health Provider from January-August 2020



SIERRA HEALTH  
FOUNDATION





# Project Staffing

- ▶ MAT Navigator:
  - ▶ Primary point of contact for internal and external referrals to SNAHC MAT program
  - ▶ Coordinates the activities of the program including logistics of weekly MAT support/psychoeducation group
  - ▶ Completes orientations with new members and gathers required paperwork including consents and group membership agreements
  - ▶ Manages program patient census, engages with patients to determine needs and makes additional referrals as needed
- ▶ Integrated Behavioral Health Provider:
  - ▶ Co-Facilitates MAT Support group with CADC
  - ▶ Provides crisis support for MAT patients
  - ▶ Coordinates Behavioral Health Services for MAT patients



# “SNAHC MAT” Early Stages

- ▶ Identify need in the community and patient population at SNAHC
- ▶ Lit review of MAT related studies, best practices, SAMHSA guidelines, and community approaches
- ▶ Recruitment of MAT Task Force
- ▶ Engage key stakeholders at the organization and consult with California Primary Care Association
- ▶ Recruit Telewell Tribal MAT consultant
- ▶ Approval from C-Suite
- ▶ Develop MAT task force





# MAT Task Force

## Standing Attendees

- ▶ Behavioral Health Clinical Director
- ▶ Behavioral Health Manager
- ▶ Medical Clinical Director
- ▶ Medical Services Director
- ▶ 1 Data Waivered Provider and their MA
- ▶ MAT Navigator
- ▶ IBH Provider
- ▶ CADDC/Cultural Integration Lead
- ▶ Telewell Consultant

## Attend as needed

- Member Services Manager
- Medical Manager
- Compliance Officer
- Operations Officer
- 1 Data Waivered Provider and their MA



# MAT Task Force Activities

- ▶ Program Readiness Matrix to identify gaps/needs/strengths
- ▶ Design and implement Project Management Matrix to assign activities, delegate to subcommittees, track progress and keep accountability
- ▶ Weekly meetings with the MAT task force: Process mapping, workflow development, policy and procedures, admissions, marketing strategy, group curriculum, etc.
- ▶ Weekly consultation with Telewell Tribal MAT consultant
- ▶ Identify Program Scope, Mission, Vision, etc.
- ▶ Design, implement and track Program Pilot



# Planning Matrix Snapshot



## Objective and Actions

### A. Policy and Procedures

#### i. Policy

##### a. Gather Information

1. Determine if there are any existing templates available (PowerDMS, etc.)
2. Review Integrated Care Model: PR-010-095
3. Send current policy to Katie Bell + Dr. Hakeem

##### b. Draft Policy

- c. Consult with Katie Bell regarding current policies & addendums
- d. Consult with appropriate stakeholders
- e. Finalize / Approval of Policies

#### ii. Procedures

- a. Dedicate meeting for procedure building & workflow creation

### B. Care Coordination

#### a. Workflow Development

Care pathway / patient pathway

#### b. Identify Treatment Team and Develop MAT Procedure

1. Check the AAAHC regulations for treatment planning
2. Team will meet to design out treatment planning (culture, holistic approach)

#### c. Determine staff needed

##### 1. ASW, CADAC

- i. Get job description approved

#### d. Establish pharmacy relationship

- i. Meet with Pucci's Pharmacy

### Cultural Integration

#### a. Native informed ASI

##### 1. Review

2. Meeting w/ Albert regarding cultural competency

#### b. Cultural needs integrated in workflows and documents

1. Intake/Assessment/Orientation
2. Treatment Planning
3. Case Consultation
4. Group Curriculum

### C. Patient ID & Initiating Care

#### a. Finalize Screening Tool

#### b. Intake Procedures

#### c. Triage

1. Triage of current patients into MAT program
  - i. Assess current MAT panel regarding provider recommendation of phases
  - ii. Assess the completion of supporting services
2. Where / How to triage new patients

### Form Review Workflow

#### a. Send documents to Katie Bell for Review

#### b. Upload documents to PowerDMS to undergo approval workflows

### D. Information Technology

#### a. Review Templates

1. MAT Screening
2. MAT Intake
3. Medical admission note
4. Health history form w/ medical screening

#### b. OTech integration

#### c. Phase Tracking

### E. Care Delivery

- a. 1:1 visits
- b. Shared medical appointments (group visit)
- c. Workplan

# Cultural Integration

- ▶ The history of the Sacramento area, and the people, is rich in heritage, culture and tradition. This area was and is still the tribal land of the Nisenan people (my side of the river) located throughout the central valley, the Foothills and Southern Maidu people, and the Valley Miwok and Me-Wuk people, located on the east side of the American River, known to tribal people as the “Mokelumne” or Condor River. To the west of the American River and the south of the Sacramento River, are the Patwin people, the Wintun People and the Wintu people.
- ▶ While all areas of urban Indian country share similar challenges of housing, education, employment, healthcare, and maintaining united families, with cultural values and connection, the Sacramento region is unique. The combination of local tribal people and welcomed tribal family from other states creates a cultural richness that is rare and distinct, to the Sacramento area.



# Cultural Integration



- ▶ SNAHC's Substance use recovery services have integrated elements of Native Culture
  - ▶ Red Road to Recovery
  - ▶ Traditional Healing Modalities
  - ▶ Referrals to Culture is Prevention
  - ▶ Residential services (Detox, Residential SUD, Sober Living) for IHS Direct Eligible
- ▶ While SNAHC has a particular focus on Native culture and the unique needs of the Urban Indian population, it is important to structure the program to be culturally responsive to all



# Cultural Integration

- ▶ The Task Force has made a priority of ensuring that the SNAHC MAT Program be culturally responsive at each stage of patient interaction, from registration/intake, orientation/assessment, treatment planning, group curriculum, and discharge/aftercare
- ▶ Creation of Cultural Integration Subcommittee
  - ▶ CADC
  - ▶ MAT Navigator
  - ▶ IBH Provider
  - ▶ Medical Manager
  - ▶ Behavioral Health Manager
- ▶ Cultural Integration Section in Project Planning Matrix
- ▶ Integration of Wellbriety principles and Medicine Wheel into group curriculum and format
- ▶ Integration of assessment of cultural needs at intake/orientation
- ▶ Ongoing- plan to integrate cultural identity and needs into treatment planning process

<b>Cultural Integration</b>
<b>a. Native informed ASI</b>
1. Review
2. Meeting w/ Albert regarding cultural competency
<b>b. Cultural needs integrated in workflows and documents</b>
1. Intake/Assessment/Orientation
2. Treatment Planning
3. Case Consultation
4. Group Curriculum





# Program Scope, Mission, Etc

- ▶ **Purpose:** The SNAHC MAT program will offer holistic programming that is focused on medications for addiction treatment, adjunct behavioral health services, education and whole person care at the Patient Centered Health Home.
- ▶ **Mission:** To provide evidence-based and recovery focused MAT care in the Sacramento area while providing culturally centered and trauma informed whole-person care.
- ▶ **Vision:** To support and secure the patient and their family's recovery from the harmful effect of substances while aiding them in living a full meaningful life in alignment with their values.
- ▶ **Position on Addiction:** Substance use disorder is a complex biopsychosocial disease that is chronic and progressive in nature and is often characterized by periods of relapse, remission, and recovery.
- ▶ **Program Overview:** SNAHC will offer an array of holistic services to individuals entering the SNAHC MAT program which include primary care, dental care, addiction medicine, herbal medicine, psychiatry and behavioral health services. SNAHC's addiction program will offer MAT patients individual and group counseling and office-based opioid treatment. Referral to other needed resources and treatment will be offered throughout the treatment process.



# “SNAHC MAT” Program Pilot

- ▶ Implemented 9/1/2020- currently ongoing
- ▶ 1 half day per week dedicated to
  - ▶ MAT pilot team case consultation meeting
  - ▶ weekly MAT support/psychoeducation group (via Zoom)
  - ▶ individual telephonic Doctor visits
- ▶ “SNAHC MAT day” on Tuesdays, debriefing each Wednesday in weekly Task Force meeting
- ▶ Identification of 5 patients to start, ongoing identification of additional patients
- ▶ SNAHC MAT Group
  - ▶ Co-Facilitated by CADC II and IBHP
  - ▶ Administratively managed by MAT Navigator
  - ▶ Medical Provider joins check in and presents weekly education topic, for example “How does Suboxone work?” or “Why are Urine Tox Screens important?”
  - ▶ Remainder of group is relapse prevention and group connection and support

SNAHC MAT Tuesdays		
Time	Group Facilitators	Dr. and M.A.
1:00-1:30	Case Consultation Meeting	
1:30-1:45	Group Prep	Pt. 1
1:45-2:00		Pt. 2
2:00-2:15		Pt. 3
2:15-2:30		Pt. 4
2:30-2:45	Group Check in and Weekly Topic	
2:45-3:30	Remainder of Group	Documentation
3:30-3:45	Debrief and Documentation	Pt. 5
3:45-4:00		Pt. 6
4:00-4:15		Pt. 7
4:15-4:30		Pt. 8





# Pilot- Roadblocks and Challenges

- ▶ Inconsistent group attendance
  - ▶ Technology issues, patients having difficulty with sound or not enough bandwidth to stream video
- ▶ Difficulty implementing MAT Phased-care with patients already receiving MAT services but not in program
- ▶ Zoom format makes group cohesion difficult to foster
- ▶ Building a program during a pandemic
- ▶ Federal limits to dollars spent per patient for incentives



# “SNAHC MAT” Program Project Next Steps

- ▶ Explore options for in-person groups and/or use of medical exam rooms and iPads for attendees with technological difficulties
- ▶ MAT phased-care suboxone refills
- ▶ Develop expansion plan to include remaining 4 data waived providers
- ▶ Finalize workflows, forms, policies and procedures
- ▶ Create SNAHC MAT Program Manual
- ▶ Develop informational/marketing materials for patients, providers and community
  - ▶ Brochures ,webpage, video, blog etc.

# “SNAHC MAT” Program Project- Recommendations



- ▶ Bring all stakeholders, clinical and administrative, to the table early in the planning process
- ▶ Ensure it is a team effort between Behavioral Health and Medical Departments
  - ▶ Don't forget to bring intake/admissions and compliance to the table as needed
- ▶ Identify passionate and engaged Medical Provider for pilot
- ▶ Focus on integrating billable activities to ensure sustainability of program
- ▶ Use organizational tools such as agendas, meeting minutes, and Planning Matrix to foster accountability and stay on target
- ▶ Foster an agency culture that is in favor of harm-reduction approaches and that has a recovery-oriented approach to substance use disorder treatment
- ▶ Ask highly-engaged MAT patients for feedback
- ▶ If possible, engage Telewell Tribal MAT consultant to identify and navigate blind spots and learn from other successful implementations in similar settings



# Q&A



# References and Resources

- ▶ The Red Road to Wellbriety in the Native American Way
  - ▶ <http://www.coyhispublishing.com/store.php/products/red-road-to-wellbriety>
- ▶ Wellbriety Movement
  - ▶ <https://wellbriety.com/>
- ▶ Telewell
  - ▶ <https://www.telewell.org/>
- ▶ Sierra Health Foundation
  - ▶ <https://www.mataccesspoints.org/>
  - ▶ <https://www.sierrahealth.org/home>
- ▶ SAMHSA MAT Guide
  - ▶ <https://www.samhsa.gov/medication-assisted-treatment>

# Upcoming Waiver Training



## California Hub and Spoke System Presents

### MAT Waiver Training for Tribal Providers

The American Academy of Addiction Psychiatry, the California Department of Health Care Services-funded California Hub and Spoke System, PSATTC, and UCLA Integrated Substance Abuse Programs are offering a Medication-Assisted Treatment (MAT) Waiver Training focused on Tribal Health. Space is limited and registration will be filled on a first come, first served basis. These TWO two-hour trainings will together serve as the live portion of the Half and Half MAT Waiver Training. Attendees must attend **BOTH** sessions in their entirety in order to receive the link to the online training and receive their waiver.

This training is intended for MDs, DOs, PAs and NPs who are interested in prescribing buprenorphine. For more information about the steps needed to obtain the Data 2000 Waiver to prescribe buprenorphine, go to <https://pcssnow.org/education-training/mat-training/>.

**Thursday, November 19th and December 3rd, 2020 – 6:00pm-8:30pm**

Trainer: David Kawika Liu, MD, PhD, JD  
Location: Live Virtual Training

Register at: <https://ucla.zoom.us/meeting/register/tJlkfu2sqjopH9xqiZaRMgmlL32hWfnS4tVpx>



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