Department of Public Health, Substance Abuse Prevention and Control Bureau
Workforce Development Capacity Building
Addiction Medication (MAT) Prescribing Clinician Cost Sharing Start Up Funding
Quarterly Progress Report: July 1 – September 30, 2024

DIRECTIONS:

- **Please complete all of the following online**. *A link to the Quarterly Progress Report was emailed to each participating provider by CIBHS.*
- For any questions regarding how to access this report, please reach out to CIBHS at:
  - *Roneel Chaudhary at rchaudhary@cibhs.org or*
  - *Amy McIlvaine at amcilvaine@cibhs.org*
- For any questions regarding the content of this report, please reach out to:
  - *Christine Cerven at ccerven@ph.lacounty.gov*
- Example of detailed response:
  - *We are in the process of recruiting and interviewing 2 new prescribing clinicians at 20 hours each. We used SAMHSA and Indeed platforms for recruiting purposes. We are also in the process of obtaining an IMS license for our residential sites. The application has been submitted and is currently under review at DHCS. [OR] We have increased the hours of our one prescribing clinician from 5 to 40 this quarter. Issues that have arisen include learning the new software system, identifying correct billing codes, and to address these issues, we are...*

County of Los Angeles Public Health
Substance Abuse Prevention and Control

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1. AGENCY INFORMATION

    a. Agency Name: Choose an item.
    b. Contact Name: Click or tap here to enter text.
    c. Contact Email: Click or tap here to enter text.

2. CURRENT STATUS OF YOUR MAT IMPLEMENTATION PLAN: Choose an item.

Please provide an overview of your agency's overall progress and key achievements in executing your MAT Prescribing Clinician Cost Sharing Plan Strategies and Goals this quarter:

Summarize Progress Made This Quarter: Click or tap here to enter text.
Key Achievements This Quarter: Click or tap here to enter text.

If plan is on *hold* or *delayed* provide a detailed explanation as to why: Click or tap here to enter text.

3. ORGANIZATIONAL READINESS AND SELF-ASSESSMENT

Inventory of Factors Affecting Successful Implementation and Sustainment (IFASIS):

Please indicate the date that your agency's IFASIS Assessment was submitted: Click or tap to enter a date.

If not submitted, please describe the barriers experienced and the planned date of submission: Click or tap here to enter text.

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4. DID YOUR AGENCY REVISE ITS MAT POLICIES AND PROCEDURES IN ANY OF THE FOLLOWING AREAS DURING THIS QUARTER?

Check All Areas That Apply and Provide an Explanation:

☐ Procedures on how a client receives information about the benefits and risks of addiction medication (MAT) Click or tap here to enter text.

☐ Procedures regarding the availability of addiction medications (MAT) at our agency Click or tap here to enter text.

☐ The evidence-based assessment the facility uses to determine a patient's addiction medication (MAT) needs Click or tap here to enter text.

☐ Procedures regarding administration, storage, and disposal of addiction medications (MAT), if applicable Click or tap here to enter text.

☐ Training the facility will provide to staff about the benefits and risks of addiction medications (MAT) Click or tap here to enter text.

☐ Plan permitting patients to use their preferred addiction medications (MAT) if the prescribing clinician determines the medication is clinically beneficial Click or tap here to enter text.

☐ Procedures for the patient to access medications for opioid use disorder (MOUD), including methadone Click or tap here to enter text.

☐ Procedures for a client to access buprenorphine for opioid use disorder Click or tap here to enter text.

☐ No Changes This Quarter

5. DID YOUR AGENCY SEEK INCIDENTAL MEDICAL SERVICES (IMS) LICENSING AS PART OF YOUR PLAN TO BUILD MAT PRESCRIBING CAPACITY?

Did your agency seek **Incidental Medical Services (IMS)** licensing as part of your plan to build MAT prescribing capacity?
☐Yes   ☐No

If yes, please explain the current status of your IMS application: Choose an item.

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6. WHAT IS YOUR CURRENT SOFTWARE STATUS?

What is your current software status? Please check which statement applies to your agency and write in the name of your software.

☐*Our existing software [click or tap here to enter name of software] has the capability to store clinician notes about patient visits and medications prescribed so there was no need to purchase software.*
OR
☐*We are in the process of securing new software with the capability to input information about medications prescribed.*

7. IF YOU ARE IN THE PROCESS OF SECURING SOFTWARE, PLEASE CHECK ALL THAT APPLY TO DESCRIBE THE CURRENT STATE OF READINESS AND BRIEFLY EXPLAIN.

☐ Defined the scope: Determined the software's objectives and agency needs.

☐ Created a detailed project plan with a timeline that minimizes disruption to business operations. Considered potential roadblocks and identified the resources needed, such as IT support.

☐ Selected the software **(Type in the name of the software):** Click or tap here to enter text.

☐ Decided who will test (power users) and implement the software and assign roles and responsibilities.

☐Prepared in-house training sessions and used feedback from power users' testing to shape the training.

☐ Configured and integrated the software.

☐ Go live: Executed the project plan and are up and running.

☐ Support, maintain, and evaluate: Continue to track and measure the implementation's success throughout the year.

☐ Not Applicable

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8. IMPLEMENTATION OF ADDICTION MEDICATION SERVICES (MAT)

    a. Which of the following best describes your agency's plan for increasing hours of prescribing clinician(s) services?
       ☐ Hire Additional Prescribing Clinicians
       ☐ Increase Hours of Existing Prescribing Clinicians
       ☐ Both

    b. Has your agency onboarded additional prescribing clinicians?
           ☐Yes   ☐No

    c. Did you encounter any barriers to onboarding? Please explain. Click or tap here to enter text.

9. IMPLEMENTATION OF ADDICTION MEDICATION SERVICES (MAT) (Continued)

List clinicians currently involved with addiction medication service expansion under this opportunity: *(For each month: first enter the average total hours per week, next enter the in-person/on-site hours per week.)*

Practitioner Name	Was this practitioner recruited for this initiative?	License type	Avg Total hours per week			In-person/on-site hours per week		
			July	July	Aug	Aug	Sept	Sept
	☐	Choose an item.						
	☐	Choose an item.						
	☐	Choose an item.						
	☐	Choose an item.						

Practitioner Name	Was this practitioner recruited for this initiative?	License type						
			July	July	Aug	Aug	Sept	Sept
	☐	Choose an item.						
	☐	Choose an item.						
	☐	Choose an item.						
	☐	Choose an item.						

10.IMPLEMENTATION OF ADDICTION MEDICATION SERVICES (MAT) (Continued)

Complete the chart below using agency-wide patient data from this quarter:

Patient Data this Quarter			
	July	Aug	Sept
Number of total patients provided services that month			
# of patients above with opioid use disorder			
# of patients above with alcohol use disorder			
# of patients above with tobacco use disorder			
Number of patients who received education on MAT that month			
Number of patients your agency's prescribing clinician(s) treated with medication for opioid use disorder that month			
Number of patients your agency's prescribing clinician(s) treated with medication for alcohol use disorder that month			
Number of patients your agency's prescribing clinician(s) treated with medication for tobacco use disorder that month			
Number of patients your agency's prescribing clinician(s) treated with off label-MAT for stimulant use disorder or cannabis use disorder that month			

11. IMPLEMENTATION OF ADDICTION MEDICATION SERVICES (MAT) (Continued)

Of the patients who received addiction medication services (MAT) prescribed by your agency's prescribing clinician(s) and billed to your county Drug Medi-Cal payer, please estimate the number of patients treated this quarter with the following medications. If no patients in your care received addiction medication services (MAT) during this period, please select "NA" for that specific medication.

Medication	Approximate #				Medication	Approximate #		
	July	Aug	Sept			July	Aug	Sept
Sublingual buprenorphine					Nicotine Patches			
Injectable extended-release buprenorphine					Non-patch nicotine medications (gums/lozenges, etc.)			
Oral naltrexone					Varenicline			
Injectable naltrexone					Bupropion			
Methadone					Acamprosate			
Naloxone (via prescription)					Disulfiram			

12. CHALLENGES AND RESOLUTIONS ACTIONS

What progress have you made in implementing the following items in your action plan?

	CHALLENGE	RESOLUTION STRATEGIES	SUPPORT NEEDED
How have you updated your workflow to improve support to patients receiving medication services?	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
How have you improved medical evaluation timeliness for new patients?	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

13. CHALLENGES AND RESOLUTIONS ACTIONS (Continued)

Have you implemented any new staff training activities?

☐Yes   ☐No

14. CHALLENGES AND RESOLUTIONS ACTIONS (Continued)

If yes, provide details in the table below:

	Training Topic	Intended Staff Audience	Training Dates
1	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
2	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
3	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
4	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

15. ASSESSING FEEDBACK

Describe how you are collecting and assessing patient feedback and engagement as you implement the changes: Choose an item.

If you selected other, please explain: Click or tap here to enter text.
What actions are you taking to address feedback? Click or tap here to enter text.

16. WHAT DID YOU LEARN? UNEXPECTED OUTCOMES OR LESSONS LEARNED

Explain any observations or lessons learned in implementing activities: Click or tap here to enter text.