

County of Santa Cruz Health Services Agency

Watsonville Health Center - ATSH Wave 2

Santa Cruz Health Center - ATSH Wave 1

Homeless Person Health Project - TAPC + ATSH Wave 1

Joey Crottogini, HPHP - Health Center Manager

Danny Contreras, SUDCC III - MAT Program Manager




Homeless Persons Health Project

115-A Coral St., Santa Cruz, CA 95060

831-454-2080; HPPHReferral@santacruzcounty.us

The mission of the Homeless Persons Health Project is to eliminate homelessness by providing comprehensive health care and housing for everyone.

- ▶ Healthcare for the Homeless, Patient Centered Medical Home
- ▶ Primary Care, integrated behavioral health, substance use disorder services including medication-assisted treatment & acupuncture

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- ▶ 12 bed recuperative care center
 - ▶ On-site medication dispensary
 - ▶ Benefits advocacy and money management program
 - ▶ Permanent Supportive Housing Programs
 - ▶ Housing Navigation and Case Management
 - ▶ Outreach + Harm Reduction Services, Narcan distribution program
 - ▶ Project Connect - team for frequent users of the ER

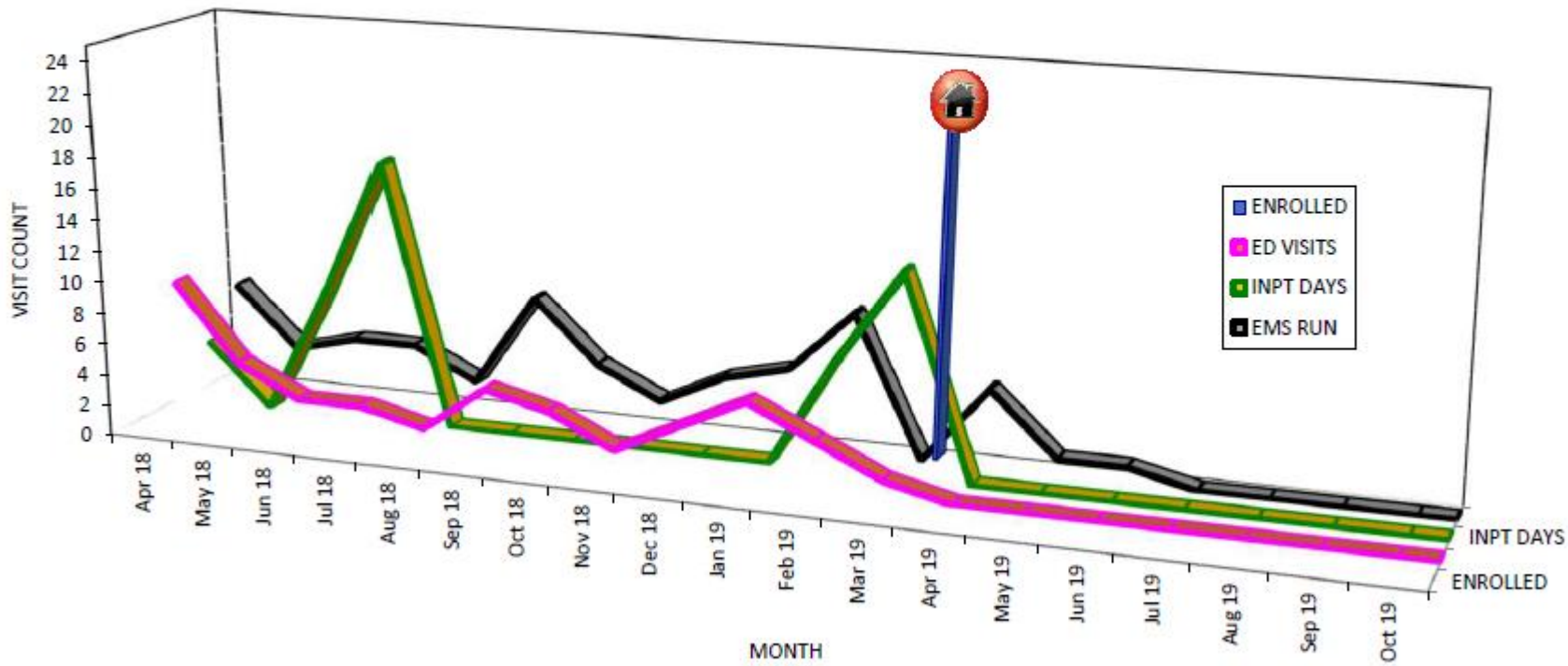
Permanent Supportive Housing

- HPHP currently supports 93 clients in permanent supportive housing
- Current clients have been housed an average of 5.5 years
- Total of 195 clients receive case management from HPHP staff
- Working with Coordinated Entry System

Housing Is Health

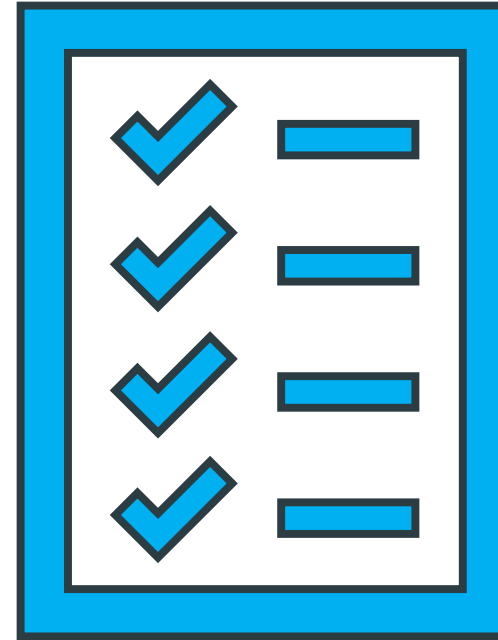
	12 MOS PRE HOUSING	POST HOUSED
ED VISITS	38	0
INPT DAYS	49	0
AMB RUNS	52	7

CLIENT # 11
HOSPITAL AND AMBULANCE UTILIZATION SUMMARY
AT 12 MONTHS PRE AND POST HOUSED



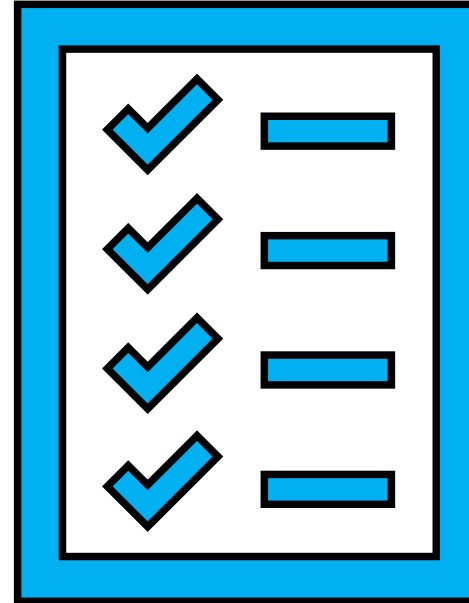
Building Policies & Procedures:

- Clinic Administration sponsorship.
- We created a MAT Committee to establish procedures. We began to meet every week, then every two weeks. We are now meeting once a month.
- Consents, ROI's, Treatment Agreements.



Building Policies & Procedures That fit your clinic and can be sustained

- ▶ [Resources:](#)
- ▶ Boston Medical Clinic - Procedures
- ▶ SAMHSA TIP 43 & 63
- ▶ TAPC - Treating Addiction in the Primary Care safety net
(<https://www.careinnovations.org/programs/tapc/>)
- ▶ Trainings: Project Echo, hub and spoke trainings, ATSH through CCI.
- ▶ Vanessa De La Cruz - Chief of Psychiatry Santa Cruz County
- ▶ Dominique McDowell - Marin City Clinics
- ▶ Katie Bell - Chapa de/ Indian Health
- ▶ Cheryl Ho - Santa Clara Valley Medical Center / Homeless Clinic
- ▶ Get a Coach - Natasha Pinto, Katie Bell, Shelly Verna
- ❖ Don't reinvent the wheel



Models and EBP used:

- Harm Reduction
- Motivational Interviewing
- Integrated Behavioral Health

How has MAT changed our clinic:

- MAT has helped us grow as a clinic in dealing with challenging patients.
- Helped us improve all our Case Management services.
- Helping us develop our EMR to better serve all our patients not just MAT.
- Helped us better educate and train our staff so we can provide better patient centered care.
- Staff have changed their heart and mind towards patients as it relates to stigma.

- SUD counselors, Nurses, X-Waivered Providers, Medical Assistants

What skills and qualities am I looking for in staff?

- MAT staff need leadership and advocacy skills. These positions will shift and change culture amongst your clinic.
- You need individuals that can connect with people. People with lived experience and the education are a great asset, but people can be trained to provide these services.
- Non-Judgmental, Not a 12 step demagogue; able to practice harm reduction.
- The ability to work with any population.
- Ability to be flexible, able to do outreach (streets, bridges, shelters, home visits, hospitals, etc.).
- Can facilitate group regularly and well versed in delivery of different curricula.



- ▶ **Train all staff in dealing with people as humans (registration, security, admin, volunteers, everyone).**
- ▶ **Not every provider is going to want to deal with MAT, that's ok.**
- ▶ **Find your champions and build with them.**
- ▶ **Have your MAT staff continually educate and inform staff and the community about services and needs of MAT patients.**
- ▶ **Advocate for more MAT Providers –**
 - ▶ **ask about X waiver and MAT in interviews, ask about their thoughts on harm reduction.**
 - ▶ **block new providers' schedule when they first start so they can complete their training and get their X waiver.**
 - ▶ **Build a sustainability plan – x number of new patients + x number of visits * no show rate * visit rate = revenue\$.**
- ▶ **Schedule accordingly – 40 minute NEW MAT, 20 minute follow ups, hold appt slots.**
- ▶ **People will have a change of mind and heart, just need to be patience and have those educational conversations.**



Addiction is not in itself the problem, but Rather attempt to solve the problem



Do you think there is a relationship between peoples Trauma, Hurt, Pain, and Addiction?

Roots nobody can see maybe nobody even knows about.
Perceived Pain, Sexual, Mental, Physical, and Emotional Abuse.

It takes a lot of work to wake up as a human being, its a lot easier to stay “asleep” then to wake up! - Gabor Mate

~~ADDICT~~
~~JUNKIE~~
~~DRUGGIE~~
~~LIAR~~
~~FAILURE~~
~~CRIMINAL~~
~~CHOICE~~

HOW ABOUT:

HUMAN

2014 - 2016

1
X-waivered
Prescriber
who
inherited
MAT
patients,
no set
program or
support.

August 2016

2016 SUD MH
grant hired 1st
Drug & Alcohol
counselor
Started MAT
group at HPHP
SSP shifts
Outreach
TAPC
Marin City
Clinics
Natasha Pinto

2016

Only HPHP and
Emeline clinic
providing MAT.
No openings at
Emeline to see
our 1 prescriber.
That prescriber
was at HPHP
once a week and
had 2 openings a
week.
Building
Procedures and
Implementing
MAT at all
clinics.

2016

Watsonville
Health Center
5 prescribers get
waivered but
not offering
services yet.

September
2017

Started MAT
group at WHC.
WHC starts
offering MAT.
Hired 2nd Drug
and Alcohol
Counselor for
WHC.
Hub and Spoke
to hire 3 nurses
and 3 SUD
counselors.
Katie Bell train
all our nurses.
Start SMA at
HPHP and
Emeline

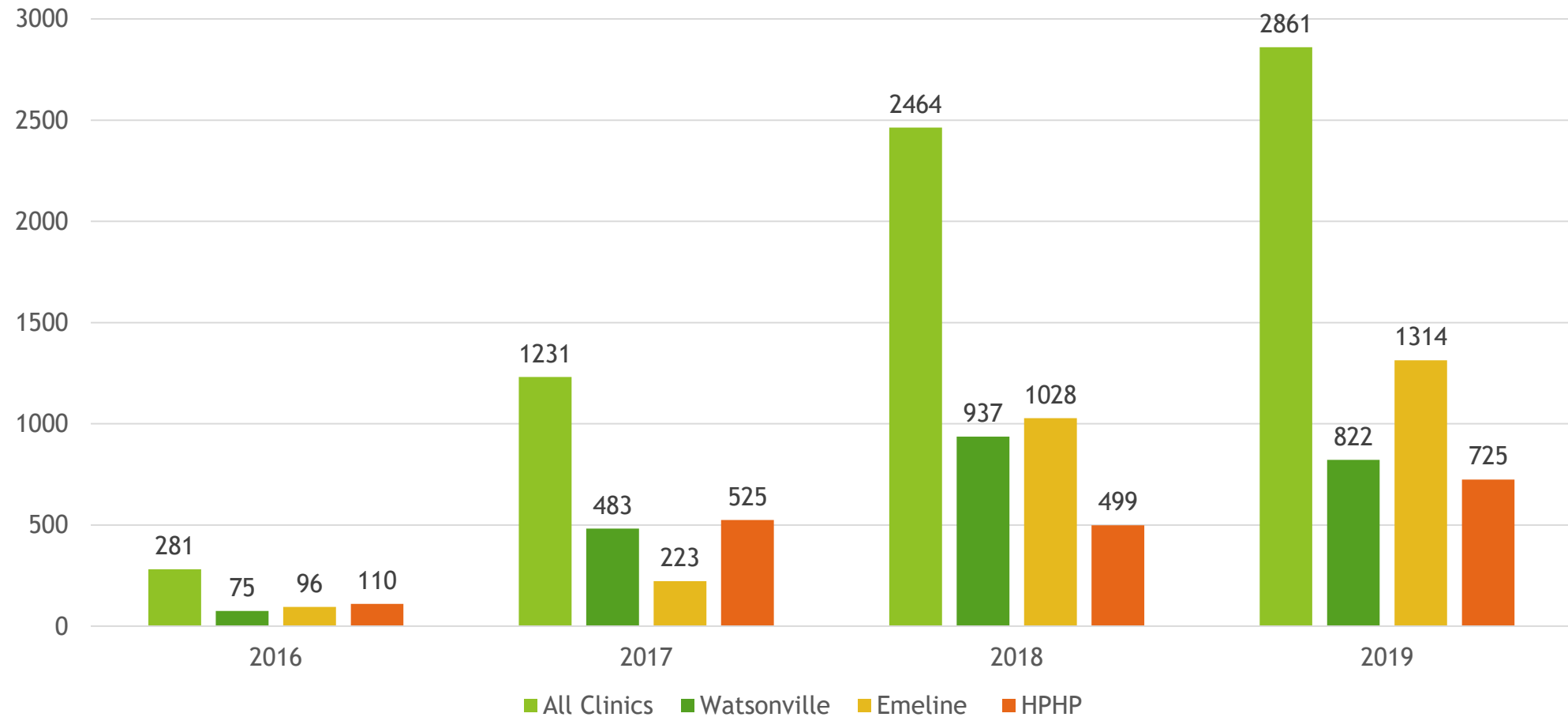
2018

Hired 3 more
Drug and Alcohol
Counselors
HRSA SUD MH
Grant - \$ for
Contingency
Management \$
Acupuncture
Harm Reduction
+ Narcan
Trainings
Occurring
Regularly
Narcan
Distribution
expanding with
outreach

2019

21 X-Waivered
Providers and
other prescribers
using Vivitrol.
1 MAT Program
Manager.
6 SUD
counselors.
3 Nurses.
Contingency
Management
Pilot at HPHP.
Acupuncture in
all 3 clinics.
Addiction
Treatment Starts
Here Primary
Care Wave 1
(HPHP and
Emeline) and
Wave 2 (WHC).

MAT Case Management Visits By Year and Clinic



MAT Services

IBH (Therapy &
Psychiatry)

Syringe Service
Program

Contingency
Management

Acupuncture

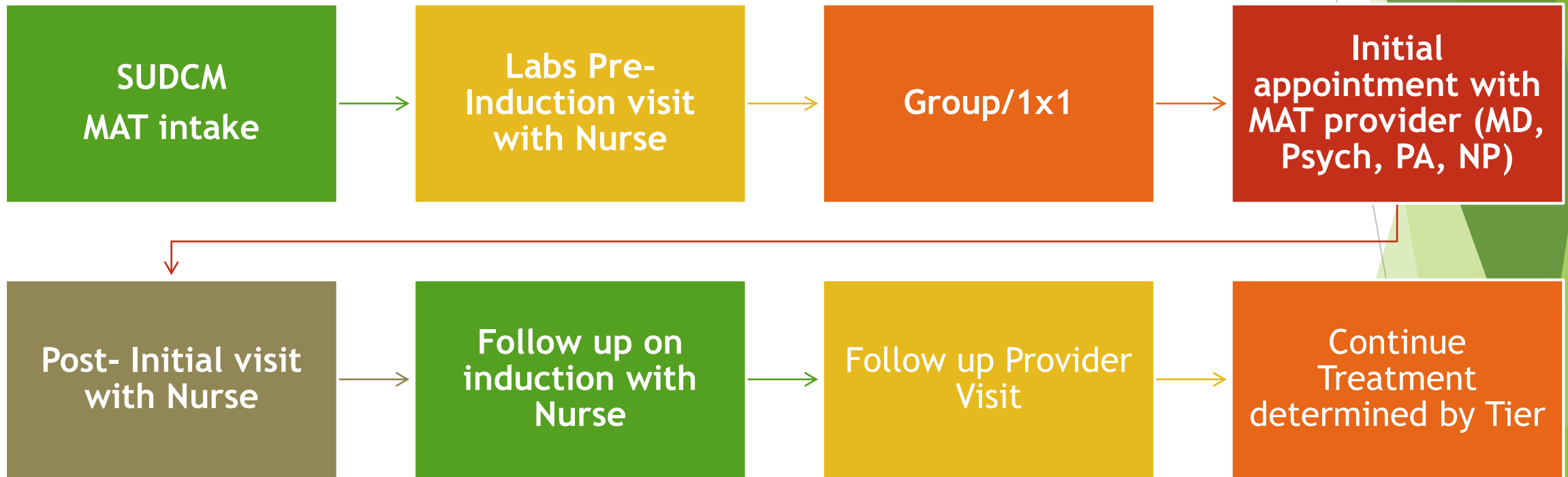
Yoga

Groups/SMA 1x1

Peer Mentors

Outreach in the
streets

MAT Workflow



Program Requirements:

- ▶ Complete intake and labs.
- ▶ Attend groups and individual meetings determined by tier and treatment team.
- ▶ Patients graduate from each tier by providing negative urine drug screens and adhering to your group and/or scheduled appointments with IBH/SUD counselor.
- ▶ **Relapse:** If during treatment there is a relapse, patient will return to Tier 2 level of care and more support will be provided.
- ▶ **Appointments:** It is very important that appointments are not missed. Encourage patients to call and reschedule ahead of time.
- ▶ **Drug test:** Patients will be drug tested at every visit. We use point of care urine drug screens and send out to lab if needed.

Making A Transformation Groups

Seeking Safety

Best Life

Living
In Balance

Acupuncture

Yoga

Psycho -
Educational

Peer Mentors

Various
Curriculums

*Set up Your Tiers of Treatment
for MAT in Primary Care*

Induction

Stabilization

Maintenance



	Prescription	Group/IBH
Tier 1 Induction (Days - 2 weeks)	Weekly	Weekly
Tier 2 Early Treatment (12 weeks)	Weekly	Weekly
Tier 3 Stabilization (12 weeks)	Every other week	Every other week
Tier 4 Maintenance (6 months to 1 year)	Once a month	Once a month
Tier 5 On going Maintenance	Once a month	Once a month

Day	Time	Location
Monday MAT group	2-3 pm	WHC (atrium) Building A
Monday MAT group	10-11 am	Emeline (SMA room #109)
Tuesday MAT group	2-3 pm	HPHP (SMA)
Tuesday MAT group	4-5 pm	Emeline (SMA) (room#109)
Wednesday MAT group	6-7 pm	Emeline (room#109)
Wednesday Seeking Safety	5-6 pm	WHC (atrium) Building A
Thursday Seeking Safety in Spanish	5-6 pm	WHC (atrium) Building A
Friday MAT group	11-12 pm	HPHP

Making A Transformation



WHAT ATSH QUARTERLY DATA TELLS US



97% of all patients prescribed buprenorphine/naltrexone adhered for 6 months

or

41% of patients prescribed bup/naltrexone adhered for 6 months



315 patients prescribed bup

41% of all patients with OUD prescribed bup/naltrexone



23% of patients screened for OUD of all patients seen last quarter

Or only 4%...



97% of patients had 1 follow up visit within 14 days of starting bup/naltrexone



99% of patients had 2 follow-up visits in 30 days of initial prescription



82% patients prescribed bup/naltrexone received urine toxicology test within 3 days of starting medication

Contingency Management

- “Simply stated, it involves providing tangible and concrete reinforcers or incentives to patients for evidence of objective behavior change.” (Pettry, 2012)
- <https://www.careinnovations.org/resources/contingency-management-treatments-for-stimulant-and-other-substance-use-disorders-what-they-are-and-how-they-work/>
- We already use CM in our daily lives (children, employees, pets, etc.)



Why Implement Outreach Teams?

Expand access to care - reach most isolated, difficult to reach populations.

Continuous engagement.

Preventative Medicine - prevent outbreaks, decrease ER use.

Low-cost to implement.

Outreach Opportunities:	What we do:
Syringe Service Program	<p>Our MAT staff and Peer Mentors work shifts in the Syringe Service Program to build rapport and be there to talk to patients about treatment and getting connected to other needed services. Every patient gets all the MAT staff work cell number when they leave.</p>
Presentations / Trainings	<p>Our staff conduct presentations to educate the community about MAT services, to educate about substance use disorder and stigma.</p> <p>Our staff also conduct presentations for our own county staff at all staff meetings and other departments.</p>
Outreach to Homeless Encampments	<p>SUD counselors and Public Health Nurses go out and do outreach together to check on people, teach them how to use Narcan, give them vaccines, refer them back to clinic, provide services right there in the field, we bring back packs with supplies, tents, water, granola bars, sleeping bags, socks, hygiene kits, etc.</p>



Effective Street Outreach

- ▶ Street outreach staff receive regular training in evidence-based practices
- ▶ Utilize harm reduction principles
- ▶ Liaison to housing services
- ▶ Coordinate with other agencies

An Ecological Approach to Health Care - County of Santa Cruz Health Services Agency



Homeless Person Health Project (HPPH)

- Joey Crottogini, Health Center Manager at HPPH
- Jasmine Marozick, MAT Nurse
- Angelica Torres, CADC- CAS, Bilingual SUD CM

Santa Cruz Health Center (EMELINE)

- **This could be you, MAT Nurse**
- Greg Goldfield, CADC- CAS, SUD CM
- Marissa Torres, CADC II, Bilingual SUD CM
- Adam Echols, RADT, SUD CM

Watsonville Health Center (WHC)

- Alejandro Monroy, CADC-CAS, Bilingual SUD CM
- Andres Galvan, CADC II, SUDCC II, Bilingual SUD CM
- Elvia Cohen, MAT Nurse

Danny Contreras, SUDCC III - MAT Health Services Manager

