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
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
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

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

<table>
<thead>
<tr>
<th></th>
<th>12 MOS PRE HOUSING</th>
<th>12 MOS POST HOUSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED VISITS</td>
<td>38</td>
<td>0</td>
</tr>
<tr>
<td>INPT DAYS</td>
<td>49</td>
<td>0</td>
</tr>
<tr>
<td>AMB RUNS</td>
<td>52</td>
<td>7</td>
</tr>
</tbody>
</table>

![Graph showing utilization summary](image-url)
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
- 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.
What Staff Do I need?

- 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.
What about prescribers or staff that don’t want to see these populations?

- 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
How about: HUMAN
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-2016</td>
<td>1 X-waivered Prescriber who inherited MAT patients, no set program or support.</td>
</tr>
<tr>
<td>August 2016</td>
<td>2016 SUD MH grant hired 1st Drug &amp; Alcohol counselor. Started MAT group at HPHP. SSP shifts Outreach TAPC Marin City Clinics Natasha Pinto</td>
</tr>
<tr>
<td>2016</td>
<td>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. Watsonville Health Center 5 prescribers get waivered but not offering services yet.</td>
</tr>
<tr>
<td>September 2017</td>
<td>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</td>
</tr>
<tr>
<td>2018</td>
<td>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</td>
</tr>
<tr>
<td>2019</td>
<td>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).</td>
</tr>
<tr>
<td>Year</td>
<td>All Clinics</td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
</tr>
<tr>
<td>2016</td>
<td>281</td>
</tr>
<tr>
<td>2017</td>
<td>483</td>
</tr>
<tr>
<td>2018</td>
<td>2464</td>
</tr>
<tr>
<td>2019</td>
<td>2861</td>
</tr>
</tbody>
</table>
MAT Services

- IBH (Therapy & Psychiatry)
- Syringe Service Program
- Contingency Management
- Acupuncture
- Yoga
- Groups/SMA 1x1
- Peer Mentors
- Outreach in the streets
MAT Workflow

SUDCM  
MAT intake

Labs Pre-Induction visit with Nurse

Group/1x1

Initial appointment with MAT provider (MD, Psych, PA, NP)

Post- Initial visit with Nurse

Follow up on induction with Nurse

Follow up Provider Visit

Continue Treatment determined by Tier
**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

<table>
<thead>
<tr>
<th>Tier</th>
<th>Prescription</th>
<th>Group/IBH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Weekly</td>
<td>Weekly</td>
</tr>
<tr>
<td>Induction</td>
<td>Induction  (Days - 2 weeks)</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>Weekly</td>
<td>Weekly</td>
</tr>
<tr>
<td>Early Treatment  (12 weeks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>Every other week</td>
<td>Every other week</td>
</tr>
<tr>
<td>Stabilization  (12 weeks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td>Once a month</td>
<td>Once a month</td>
</tr>
<tr>
<td>Maintenance  (6 months to 1 year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 5</td>
<td>Once a month</td>
<td>Once a month</td>
</tr>
<tr>
<td>On going Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td>Time</td>
<td>Location</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Monday</td>
<td>2-3 pm</td>
<td>WHC (atrium) Building A</td>
</tr>
<tr>
<td>MAT group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>10-11 am</td>
<td>Emeline (SMA room #109)</td>
</tr>
<tr>
<td>MAT group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>2-3 pm</td>
<td>HPHP (SMA)</td>
</tr>
<tr>
<td>MAT group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>4-5 pm</td>
<td>Emeline (SMA) (room#109)</td>
</tr>
<tr>
<td>MAT group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>6-7 pm</td>
<td>Emeline (room#109)</td>
</tr>
<tr>
<td>MAT group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>5-6 pm</td>
<td>WHC (atrium) Building A</td>
</tr>
<tr>
<td>Seeking Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>5-6 pm</td>
<td>WHC (atrium) Building A</td>
</tr>
<tr>
<td>Seeking Safety in Spanish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>11-12 pm</td>
<td>HPHP</td>
</tr>
<tr>
<td>MAT group</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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.” (Petry, 2012)


- 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.
<table>
<thead>
<tr>
<th>Outreach Opportunities:</th>
<th>What we do:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Syringe Service Program</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Presentations / Trainings</strong></td>
<td>Our staff conduct presentations to educate the community about MAT services, to educate about substance use disorder and stigma. Our staff also conduct presentations for our own county staff at all staff meetings and other departments.</td>
</tr>
<tr>
<td><strong>Outreach to Homeless Encampments</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
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

Legal Assistance

Referrals

Primary Care

HIV/HCV Testing

MAT

Case Mgmt.

SSP

Wound Care

Naloxone

Food

SSP Mobile Clinic - Street Medicine

HPHP

Coordinated Entry/Permanent Supportive Housing

Behavioral Health

IOP + Inpatient SUD Programs

Behavioral Health

Shelter

Image from Santa Cruz Good Times
Homeless Person Health Project (HPHP)

- Joey Crottogini, Health Center Manager at HPHP
- 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