

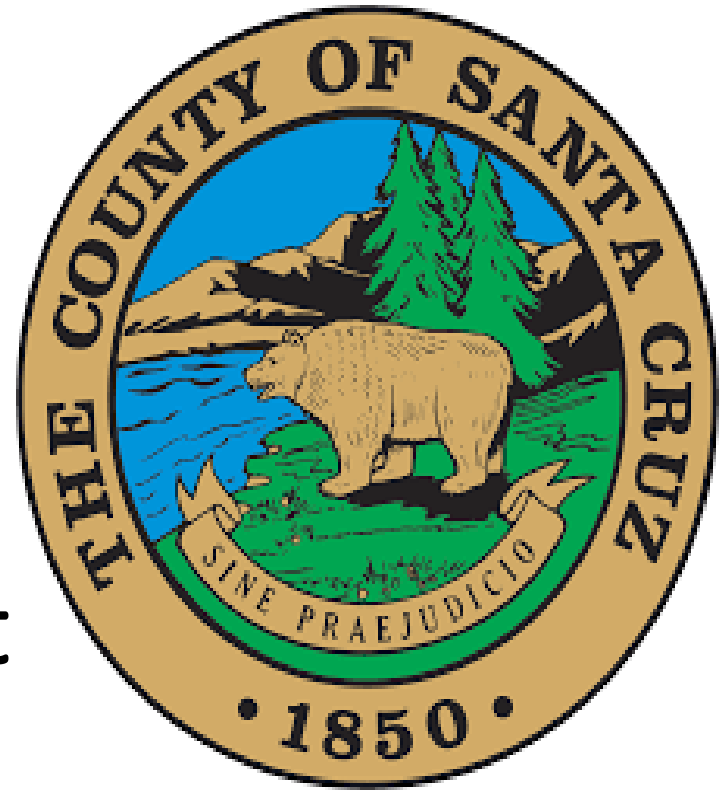
Medication Assisted Treatment

County of Santa Cruz - Health Services Agency - Clinics

Homeless Person Health Project – HPHP – [ATSH WAVE 1](#)

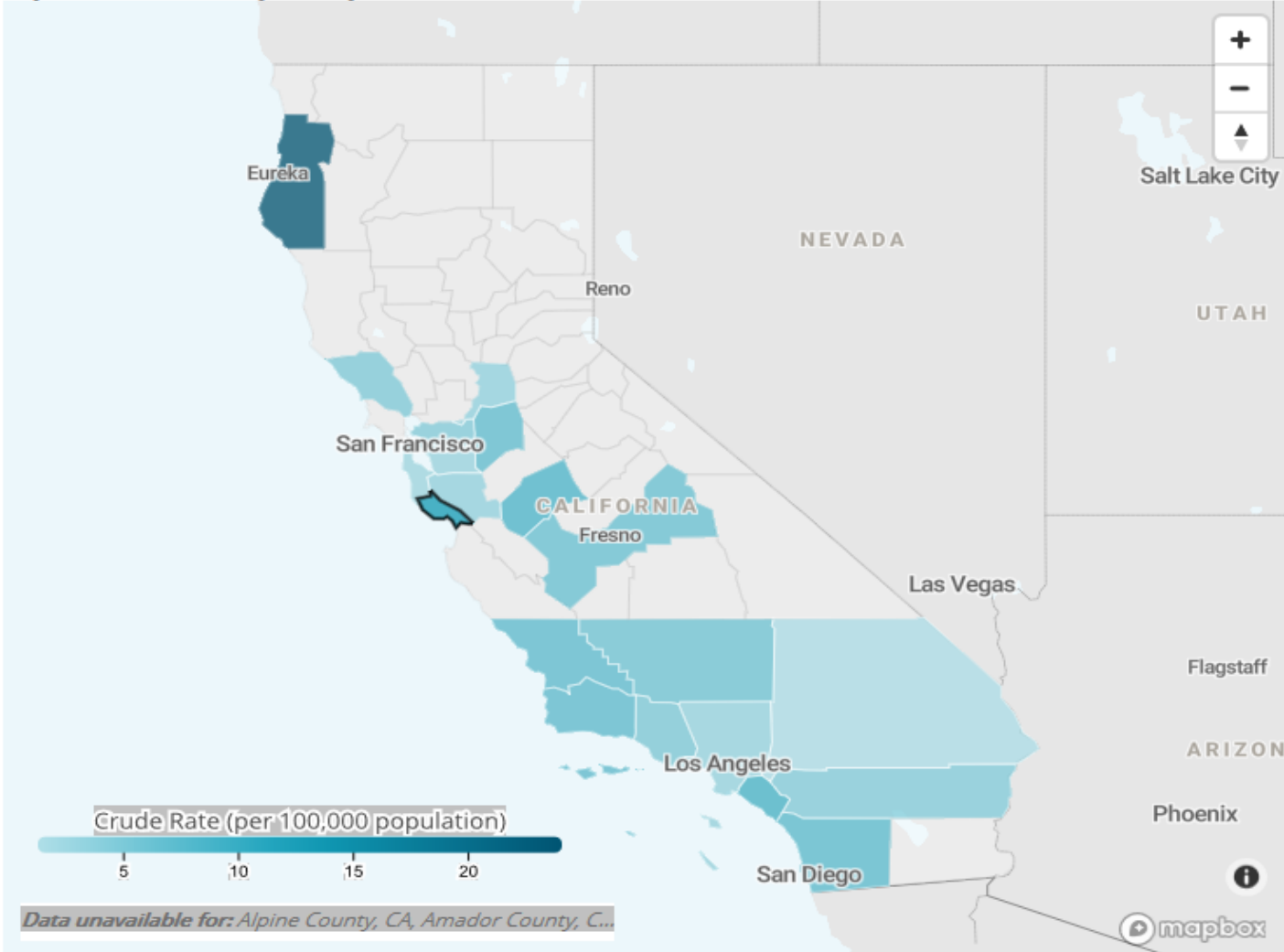
Santa Cruz Health Center – Emeline – [ATSH WAVE 1](#)

Watsonville Health Center – WHC – [ATSH WAVE 2](#)

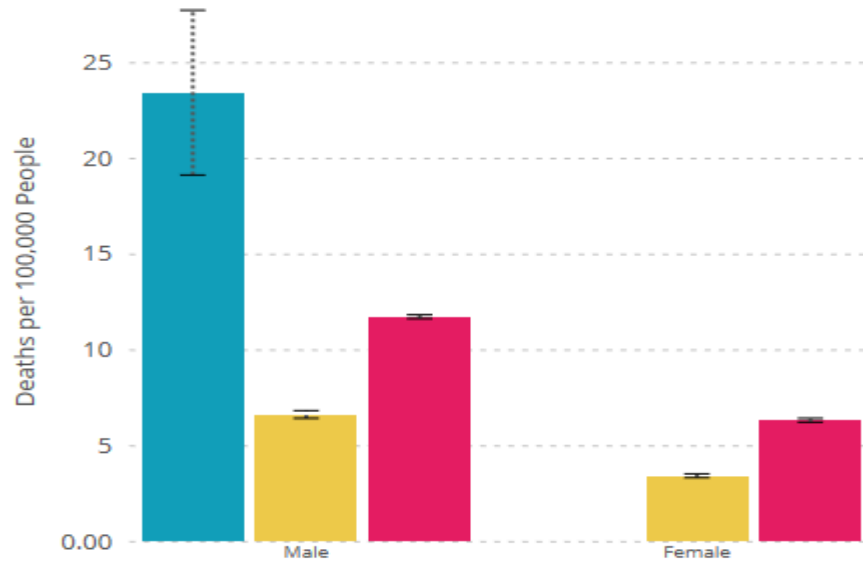


Geography of Opioid Overdose Mortality in California

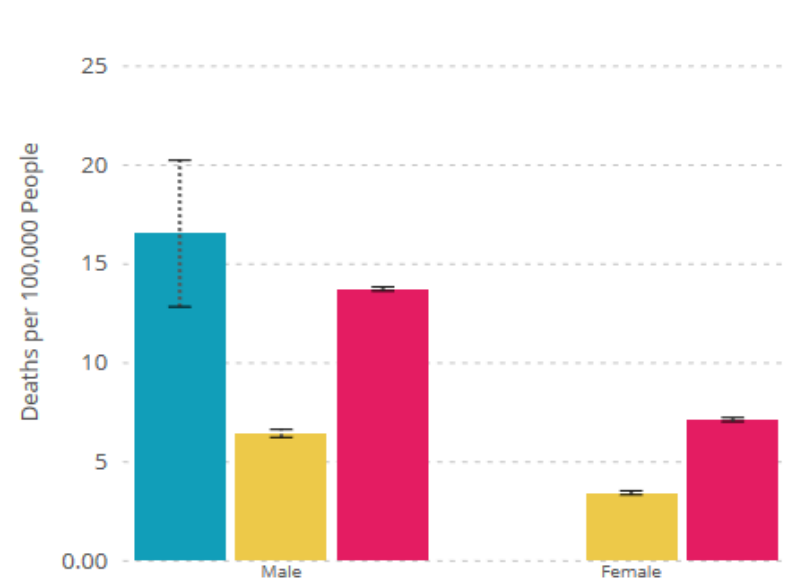
Opioid Deaths (2016)



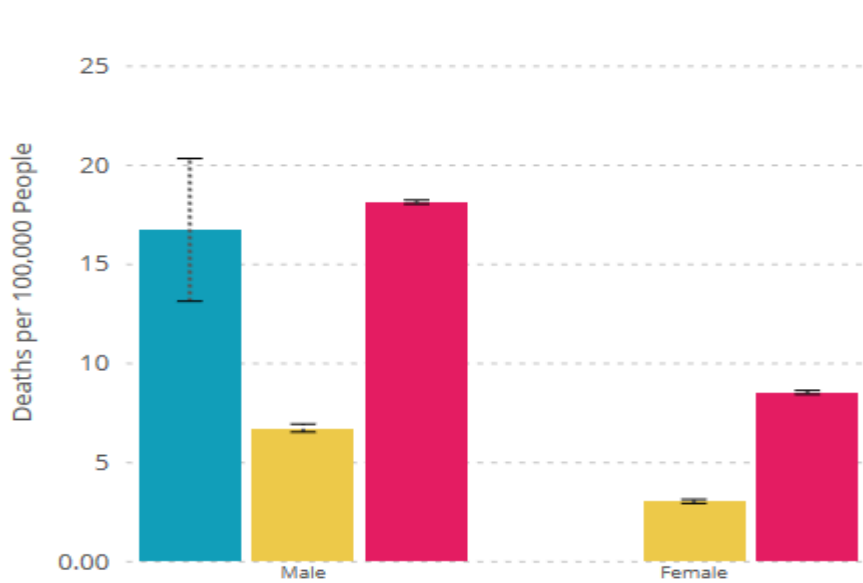
Opioid Deaths (2014)



Opioid Deaths (2015)



Opioid Deaths (2016)



Watsonville Health Center

9 X-waivered providers at WHC, Capacity to see 340 Patients

We've seen 85 MAT patients in the last 6 months at WHC: 49 Buprenorphine, 36 Naltrexone

21 X-waivered for entire Health Services Agency

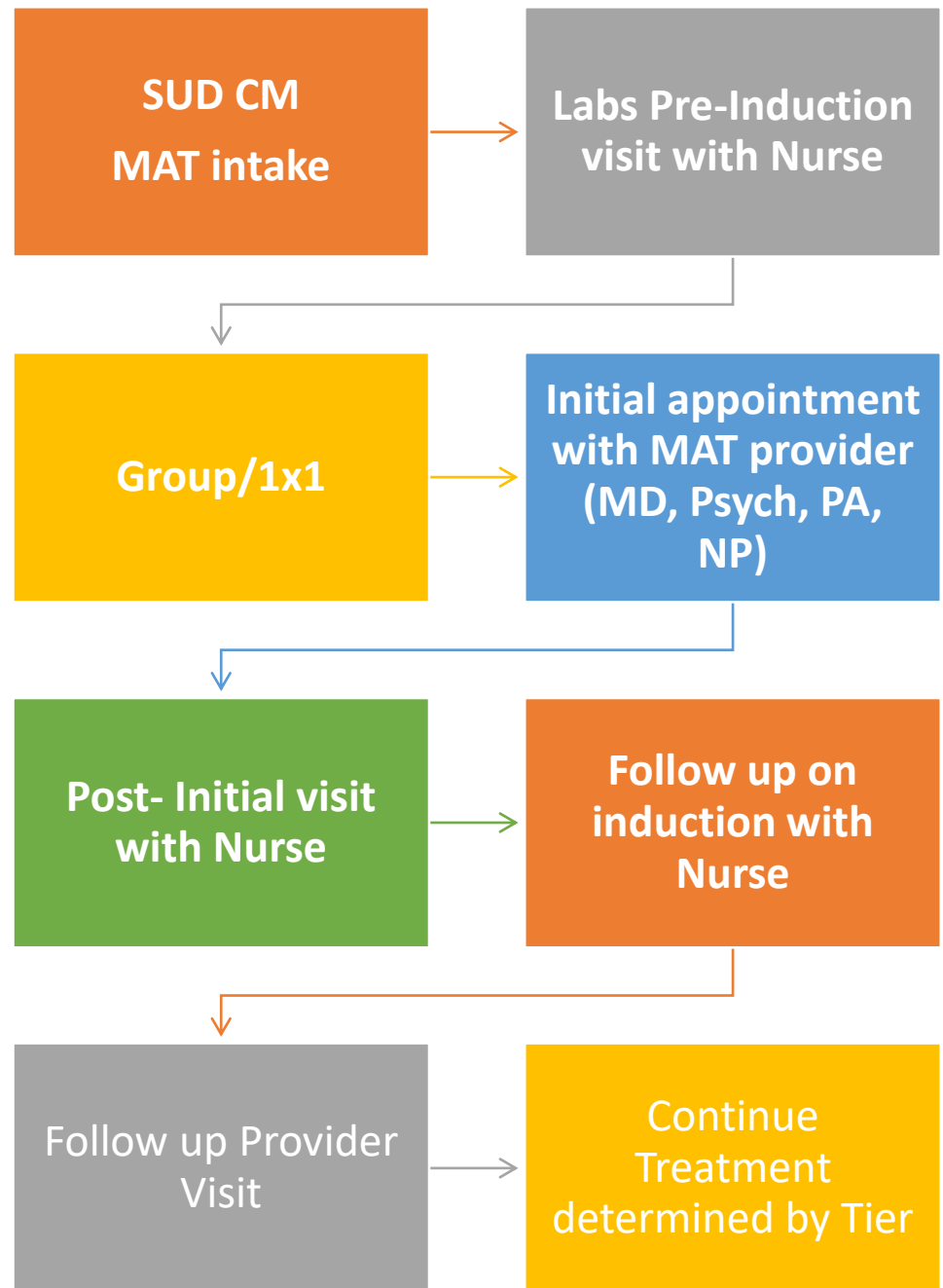
Part of the Hub and Spoke model

Part of the Safe Rx

Working in collaboration with many agencies to develop bridges from the ER, hospitals, jails, etc.

Goals for ATSH participation: To keep learning and growing in the development of our MAT program at our clinic

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.

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.

Drug test: Patients will be drug tested at every visit.



MAT Treatment Tiers

Induction

Stabilization

Maintenance

	Prescription	Group/IBH
Tier 1 Induction (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 Maintenance	Once a month	Once a month



Making A Transformation groups

Day	Time	Location
Monday MAT group	2-3 pm	WHC (atrium) Building A
Monday MAT group	10-11 am	Emeline (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



MAT Services

IBH (Therapy
& Psychiatry)

Syringe
Service
Program

Contingency
Management

Acupuncture

Yoga

Groups/SMA
1x1

Peer Mentors

Outreach

Serving Our Patients

Patient
Centered

Harm
Reduction

Motivational
Interviewing

Non-
Judgmental

Shifting culture
in clinics and
community

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, Emotional Abuse, etc

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

Current state assessment...

We used the following methods to learn more about our current state:

Talked to patients and staff.

We learned from patients:

They love our services; they receive all their health care in one place.

We learned from staff:

We have some champions, some people still feel uncomfortable, we're still learning and growing.

Capability Assessment: What We Learned.....

Our team's areas of strength:

We can see patients quickly when needed, drug and alcohol counselor's availability, on-site presence, always available to support a patient especially when patient is in clinic, strong IBH presence and support in clinic including administrative support; large percentage of our clinic providers are waivered, Spanish speaking.

Areas for development:

Starting Shared Medical Appointments (SMA), starting contingency management, meeting more often for case conference, Peer Mentor Program, educating staff on substance use disorder, managing patients with comorbidities.

Our Team Has Been Wondering . . .

Our questions to other teams:

How often are teams case conferencing and which staff does that include?

Is there a certain format that other clinics use?

Our questions for faculty:

How are others transitioning patients from methadone to Suboxone?

We need support to accomplish:

More community outreach both for new patients and managing established patients and patients lost to follow-up; Need more HPHP nurses and counselors in order to accomplish this; better communication and interaction with our community partners, specialty mental health, Janus, and Si se Puede.

Advice/Guidance/ Tools For Other Teams

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

We do have current procedures and tools that we can share with other clinics. The EMR we use is EPIC. We have smartphrases we have created to help us manage and document. We are also working with our EMR vendor to create more tools to better serve our patients and manage our program.

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?

Populations we serve: Individuals experiencing homelessness, Re-Entry, Coordination of care with IBH, Monolingual Spanish speaking patients.

**Santa Cruz County
Health Services Agency
Primary Care Clinics
MAT Team**

Watsonville Health Center (WHC)

- **John Lipson, PA**
- **Michele Violich, MD Medical Director**
- **Anniken Hansen, MD**
- **Eric Sanford, MD**
- **Jeanette Cisneros, MD**
- **Carmen Violich, PA**
- **Jason Johnston, PA**
- **Dimitri Bacos, Psychiatrist, IBH Medical Director**
- **Andres Jovel, Psychiatrist**
- **Yujin Lee, Psychiatrist**

- **Alejandro Monroy, CADCC-CAS, SUD counselor**
- **Andres Galvan, SUDCC II, SUD counselor**
- **Were Hiring, This could be you, Bilingual MAT Nurse**

Danny Contreras, SUDCC III – Health Services Manager

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