

Developing, Implementing, & Integrating MAT into Primary Care Clinics

County of Santa Cruz

Health Services Agency

Watsonville Health Center

Santa Cruz Health Center

Homeless Person Health Project

Joey Crottogini HPHP –

Health Center Manager

Danny Contreras, SUDCC III –

MAT Program Manager

Webinar Reminders

1. Everyone is muted.

- Press *7 to **unmute** and *6 to re-**mute** yourself.

2. Remember to chat in questions!

3. This webinar is being recorded and will be sent out via email.

4. Please fill out our evaluation at the end!

Agenda

- Welcome & Introductions
- Presentation by Joey Crottogini and Danny Contreras
- Questions & Answers
- Wrap Up and Evaluation

Santa Cruz County Health Services Agency Primary Care Clinics MAT Team

Homeless Person Health Project (HPHP)

- **Joey Crottogini, Health Clinic Manager of HPHP**
- **Jasmine Marozick, MAT Nurse,**
- **Angelica Torres, CADC- CAS, Bilingual SUD CM**
- **5 prescribers**

Santa Cruz Health Center (EMELINE)

- **Marion Brodkey, MAT Nurse**
- **Greg Goldfield, CADC- CAS, SUD CM**
- **Marissa Torres, CADC II, Bilingual SUD CM**
- **Adam Echols, RADT, SUD CM**
- **8 prescribers**

Watsonville Health Center (WHC)

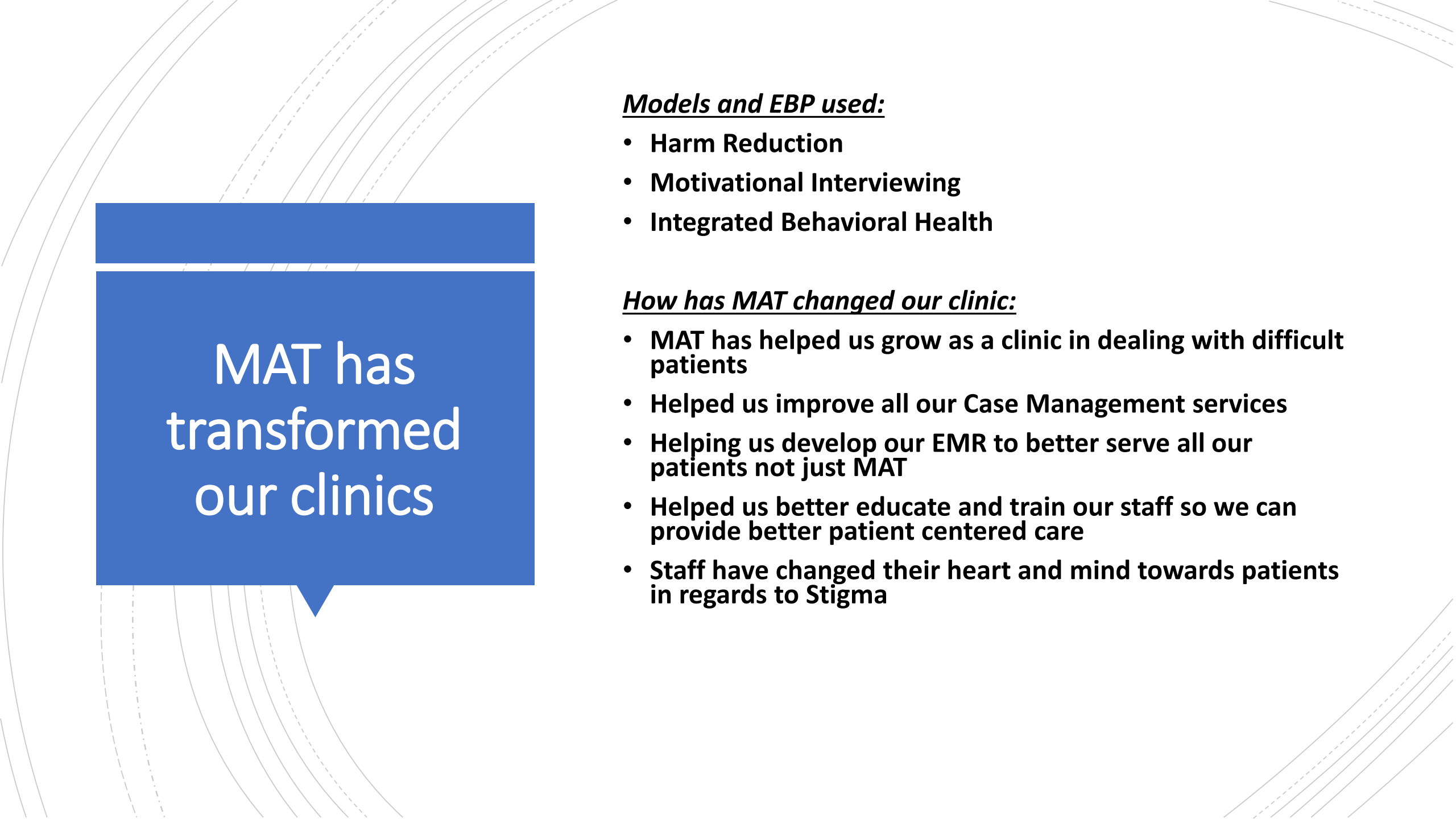
- **Alejandro Monroy, CADC-CAS, Bilingual SUD CM**
- **This could be you, Bilingual SUD CM**
- **This could be you, Bilingual MAT Nurse**
- **6 prescribers**

Danny Contreras, SUDCC III – MAT Health Services Manager

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



- Boston Medical Clinic - Procedures
- SAMHSA TIP 43 & 63
- TAPC – Treating Addiction in the Primary Care safety net (<https://www.careinnovations.org/programs/tapc/>)
- Trainings
- 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 recreate the Wheel

The background of the slide features several thin, curved lines in a light gray color, some solid and some dashed, creating a sense of motion and depth. On the left side, there is a blue rectangular area with a white text box inside it.

**MAT has
transformed
our clinics**

Models and EBP used:

- **Harm Reduction**
- **Motivational Interviewing**
- **Integrated Behavioral Health**

How has MAT changed our clinic:

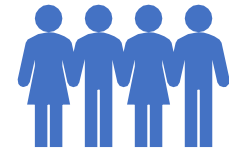
- **MAT has helped us grow as a clinic in dealing with difficult patients**
- **Helped us improve all our Case Management services**
- **Helping us develop our EMR to better serve all our patients not just MAT**
- **Helped us better educate and train our staff so we can provide better patient centered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

What Staff Do I need?

- SUD counselors
- Nurses
- X-Waivered Providers

What skills and Qualities am I Looking for in Staff?

- These positions are ones of **Leadership** in the clinic and the community: We need people who are not afraid to advocate for the patients. This position can shift and change culture amongst your clinic.
- You need people 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-Judgemental
- Not a 12 step demagogue; able to practice harm reduction
- The ability to work with anybody no matter what population they come from
- Able 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 curriculums



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 around them
- Have your MAT staff continually educate and inform staff about services and needs of MAT patients to the community and at all staff meetings
- Advocate for more MAT Providers –
 - ask about X waiver and MAT in interviews, ask about their thoughts about 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 – $x \text{ number of new patients} + x \text{ number of visits} * \text{no show rate} * \text{visit rate} = \text{revenue\$}$
- 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 patient and have those educational conversations



How to Set up Your Phases/ Tiers of Treatment for MAT in Primary Care

	Prescription
Tier 1 Induction	1-3 days, up to 1 week.
Tier 2 Stabilization	Once a month
Tier 3 Maintenance	Once a month

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. If you must miss, please call to reschedule ahead of time.

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

	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

Outreach/ In-reach

Outreach Opportunities:

Syringe Service Program

Presentations / Trainings

Outreach to Homeless Encampments

What we do:

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.

Our Staff do presentations to educate the community about MAT services, To educate about Addiction, Stigma,
Our staff also are doing presentations for our own county staff at the clinics at all Staff meetings and other departments.

SUD counselors and Public Health Nurses go out and do outreach together to check on people, teach them how to use Narcan, give them vacancies, 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.

Consents, ROI's, Treatment Agreements

- We will email these over

Making A Transformation groups

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

Seeking Safety

Best Life

Matrix

Acupuncture

Yoga

Psycho –
Educational

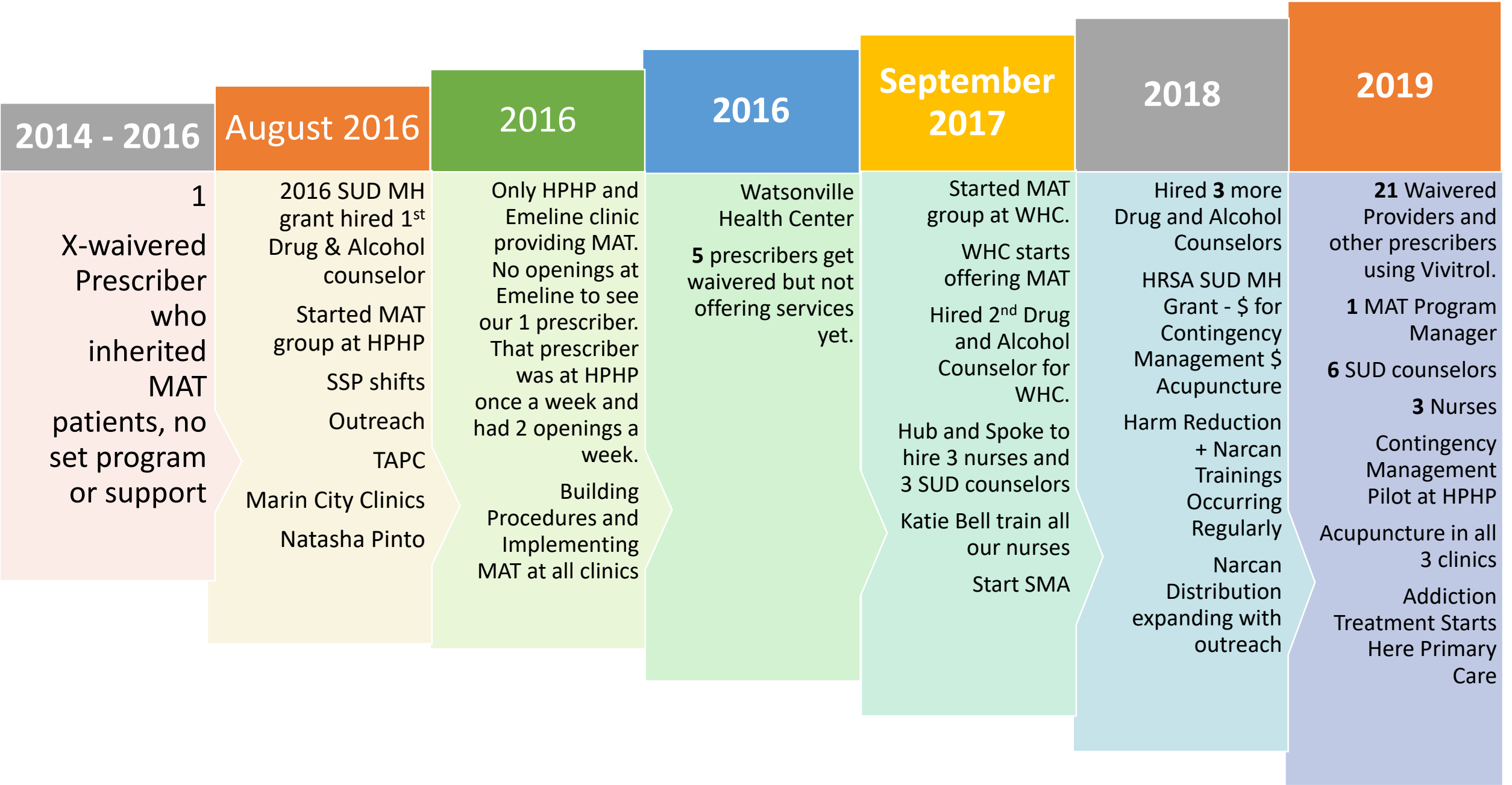
Peer Mentors

Various Curriculums

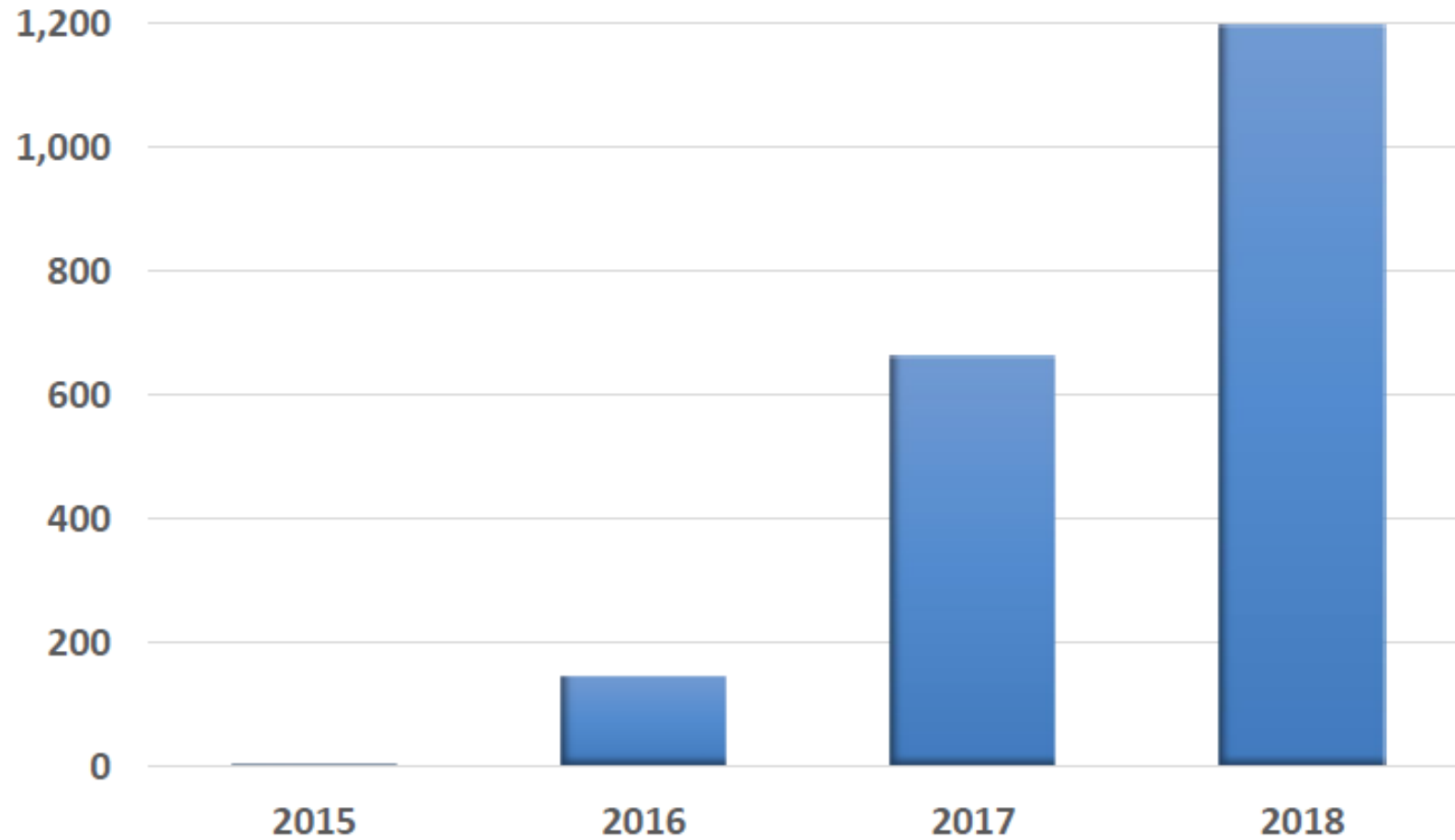
MAT Groups: Curriculums Used

Questions & Answers:





MAT Case Management Visits by Year



**IBH (Therapy &
Psychiatry)**

**Syringe Service
Program**

**Contingency
Management**

Acupuncture

Yoga

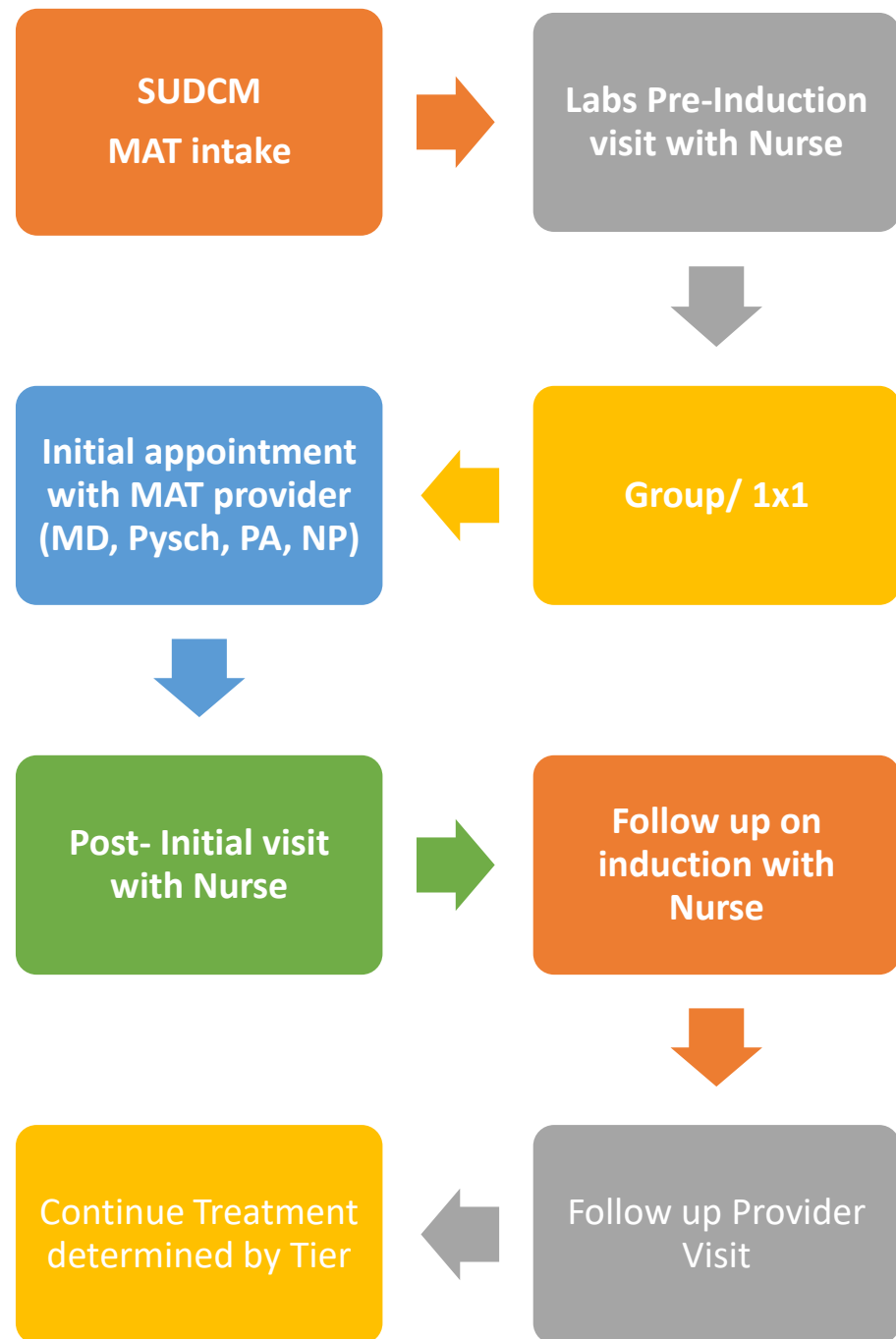
Groups/SMA 1x1

Peer Mentors

Outreach in the streets

MAT Services

MAT Workflow





Contingency Management

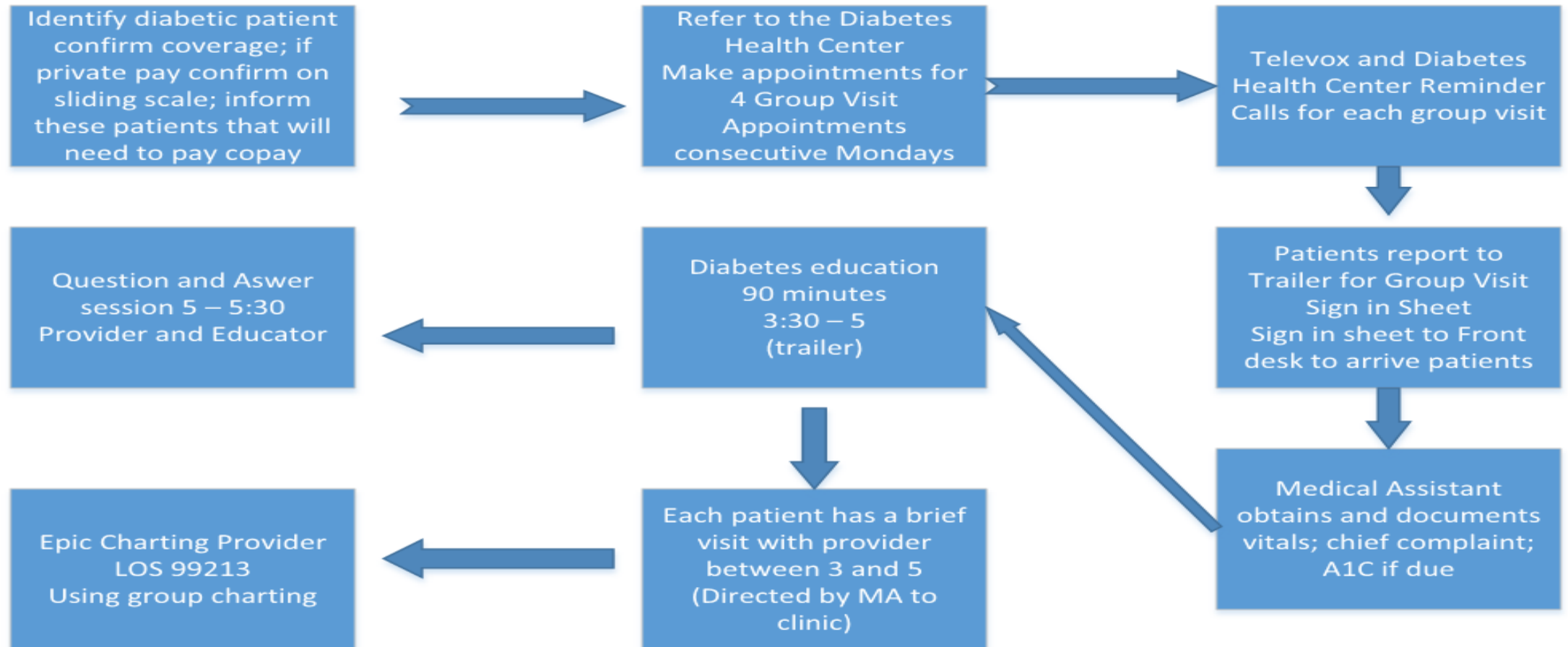
- ▶ “Simply stated, it involves providing tangible and concrete reinforcers or incentives to patients for evidence of objective behavior change.” (Petry, 2012)
- ▶ <https://www.careinnovations.org/resources/contingency-management-treatments-for-stimulant-and-other-substance-use-disorders-what-they-are-and-how-they-work/>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



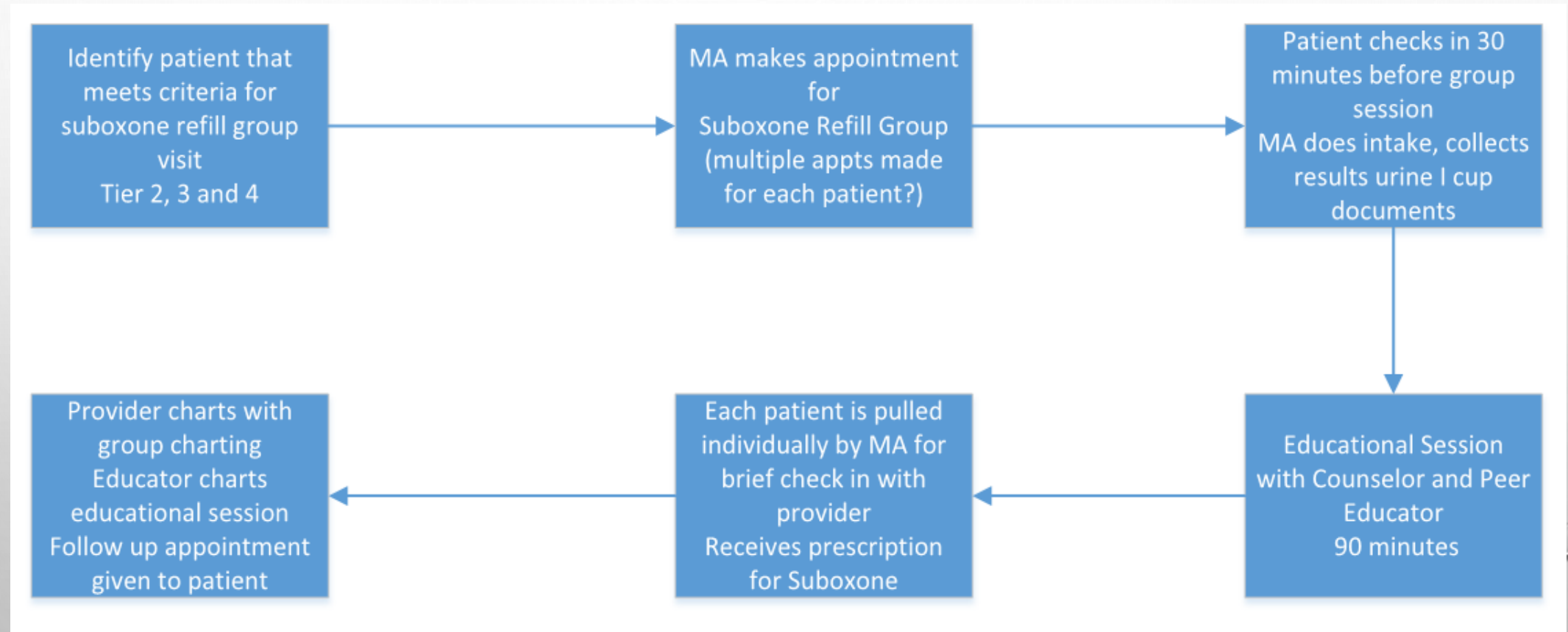
SHARED MEDICAL APPOINTMENTS (SMA) MODELS

**HELPS CLINIC BE ABLE TO PROVIDE MORE
MAT SERVICES TO MORE PEOPLE**

Shared Medical Appointments for Diabetes



Shared Medical Appointments for Medication Assisted Treatment



Pros

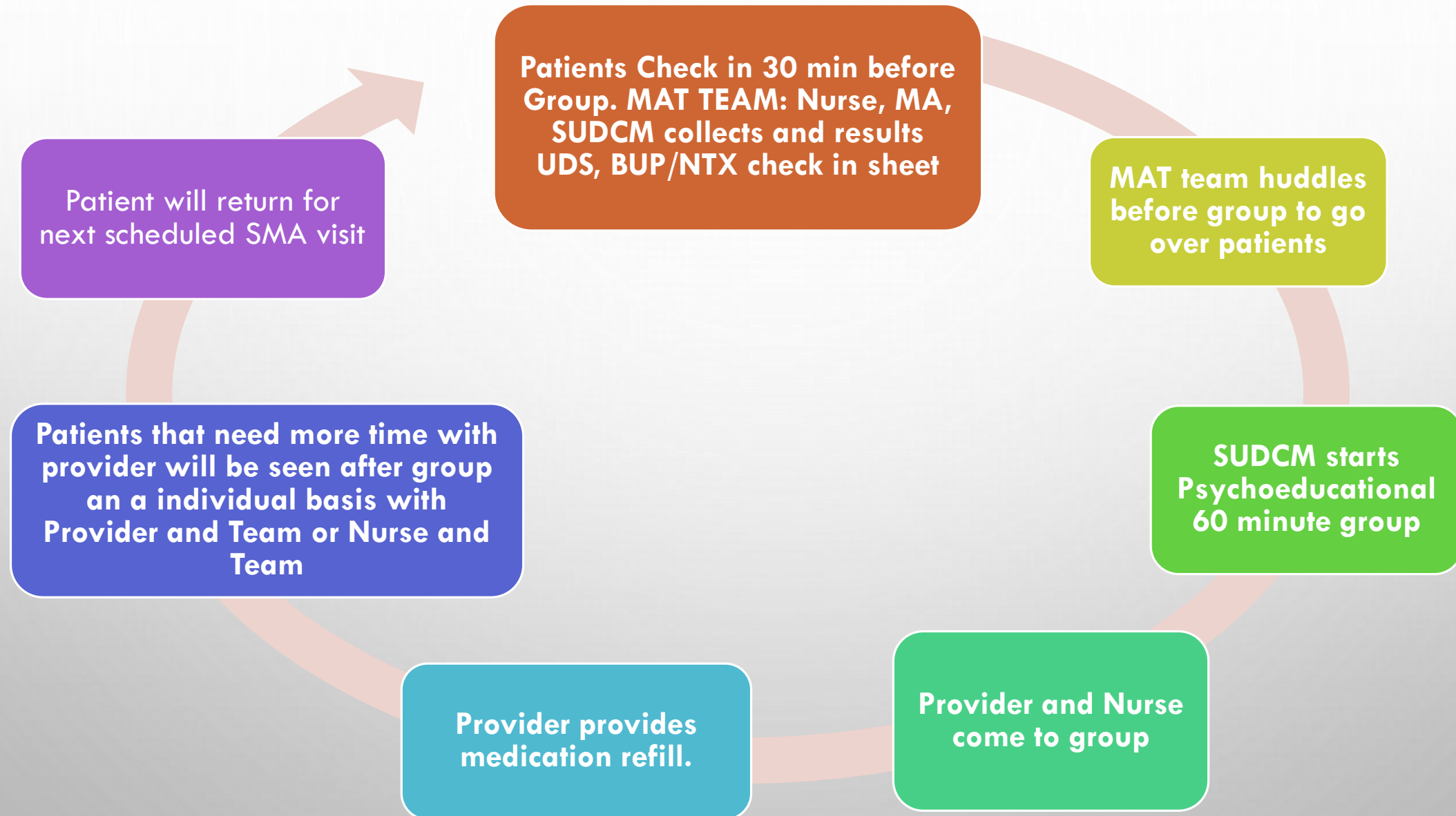
vs

Cons

- Provider sees each patient on an individual basis
- Take care of two visits in one long visit

- Patient is pulled out of group
- Disrupts all patients in Psycho-Educational group
- Patients are worried or anxious about what place they are in to see the provider
- Patients not focused in group
- Length of group (90 min group)

HPHP's Shared Medical Appointments for MAT



Pros

vs

Cons

- Take care of 2 visits in 1 visit
- Provider can see more patients
- Good patient centered care
- Team approach, Team on same page
- 60 minutes
- Realizing you're not alone
- Expressing your feelings
- Learning helpful information
- Improved social skills
- Gaining HOPE
- Increased self-understanding
- Helping others
- Learn and practice Coping skills

- No guaranteed time for individualized provider and patient interaction (if no indication)

Questions & Answers:



Upcoming ATSH:PC Events

- Webinar – August 6th from 12-1pm. This webinar will be lead by Jasmine Marozick, MAT Nurse, and Danny Contreras, MAT Program Manager, from Santa Cruz. They will present on Implementing Contingency Management. Click here to register:
<https://zoom.us/meeting/register/2a8b49fb42e623b14ac87b605f06faf5>
- We are launching our ATSH google group listserv! ATSH:PC participants will receive an email with instructions for subscribing to the group. You can post questions, share resources and make connections with experts and peers in the cohort.
- Leading Profound Change: PDSA Webinar – July 9th from 12-1pm. This webinar will be led by CCI's own, Tammy Fisher. Tammy will share real-world approaches and stories to rev up your PDSA Cycles for greatest impact. Click here to register:
<https://zoom.us/meeting/register/db1cfc8e17805958cde7dc3c8da9331e>

Addiction Treatment Starts Here: Primary Care, Wave 2

- The Center for Care Innovations (CCI) is launching the second wave of our ***Addiction Treatment Starts Here: Primary Care*** learning collaborative. The second wave of this program aims to increase access to medication-assisted treatment (MAT) in primary care for patients with opioid use disorder (OUD).
- ***Addiction Treatment Starts Here: Primary Care, Wave 2*** seeks 20 primary care health center sites in California to participate in this 15-month learning collaborative, launching in August 2019 and concluding in October 2020. The program will provide methods and tools to guide grantees through designing new or expanding existing MAT programs in the primary care setting with a primary focus on OUD.
- Interested organizations are encouraged to participate in an informational webinar on Friday, July 12, 2019, 12-1 pm to hear a program overview and ask questions. Registration information will be posted to CCI's website in the upcoming weeks.