NURSE Check List, Smart Phrases, & Handouts for MAT

.SA11MATNURSEVISIT

Click on any of the following:

- Pre-Initial
- Post-Initial (Induction instructions)
- Office Based Induction
- Follow up on Induction (telephone or encounter)
- BUP Refill
- BUP Bridge
- PO-NTX Refill
- XR-NTX ordered (vivitrol)
- XR-NTX Received
- XR-NTX Administered (1st injection & every injection)
- XR-NTX F/u (telephone or encounter)
- XR-BUP ordered (Sublocade)
- XR-BUP Received
- XR-BUP Administered (1st injection & every injection)
- XR-BUP F/u (telephone or encounter)
- Phone (Call/VM/Text)
- SSP (Syringe Service Program Referral)
- Referral from ER to MAT
Pre-Initial (10-30 min visit including documentation)

SUDCM will usually do MAT intake before the Pre-Induction visit. Or can be concurrent. Can run CURES report and/or order labs while SUDCM completing intake. CURES can be entered in FYI MAT flag.

Cures how to: Website: CURES State of California DOJ. Enter in patient full name and date of birth. Click Generate Report. Print report and submit to provider for review if any abnormalities, then have scanned into patient chart. Document CURES report in MAT FYI flag.

Pre-Induction and Post-Induction can also occur separate or concurrently.

Educate on Dangers of mixing Suboxone with Benzos, Alcohol, depressants. Can give Handout “Benzodiazepine Use and Medication-Assisted Treatment”

Review Tx agreement if needed. (there’s 2 BUP or XR-NTX) Pt should have already signed this with SUDCM.

Assess patient to be sure that the patient meets criteria for opiate use disorder (DSM-V) OR already have a diagnosis of opiate use disorder in the problem list. Use DSM-V handout.

Click on Encounter. Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on Encounter or check patient list for right info) Make sure right Date, Interim notes/office visit, provider you, and make sure right clinic.

Click on Chief Complaint: Medication Assisted Treatment (MAT) 1587 comment section: Pre-Initial

Click on Med Documentation to review med list. Click Review to update/confirm allergies and problem list, medical history. Click on Meds/Orders, then enter in patient preferred pharmacy.

Order labs, UDS, and Hcg (women only) if not already done. Click on Order Entry, type in “buprenorphine initial” in new order box. Find lab and click it, then click accept. Type in “drug screen” in order entry to find UDS 14 back office POCT, click on the order, then click accept. Type in “hcg” to find hcg pregnancy mckesson back office hphp test, click on the order, then click accept. Click Associate to associate opioid use disorder diagnosis to orders, then click Sign. Enter in provider as co-sign if needed.

Go to Notes on right side of screen. Click on New note, and type in .SA11MATNURSEVISIT , then select Pre-Initial. Fill out note using F2 to scroll through and answer the questions.

Collect UDS from patient and draw labs (or send pt to lab after visit).

Enter results for UDS and/or hcg in Order Entry. Notify provider, SUDCM if Bzo or Etoh positive 10-50 only

Once you complete the note you can either Sign the visit or can also do the Post-Initial visit if appropriate.
**Chief Complaint**: Medication Assisted Treatment  
**Comment**: Post-Initial

- Medication Education: {YES NO:18689}
- Gave SOWS and induction handout: {YES NO:18689}
- Went over Induction Instructions: {YES NO:18689}
- Called *** Pharmacy and talked to *** to make sure Bup and withdrawal medication are there:

**Plan**: [SA11 MAT POST INDUCTION PLAN:24494]

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**Chief Complaint**: Medication Assisted Treatment  
**Comment**: Office Based Induction

Opioid withdrawing from: *** Last reported Use: ***

UDS & Breathalyzer: Pull in LASTUDS POCT and Breathalyzer from today

Initial Vital Signs Checked: Y or N

Complete COWS flowsheet (directions in nurse note).

Go to Notes, click on New note. Enter .SA11MATNURSEVISIT and select Office Based Induction. Fill out all information using F2 to scroll through and answer all appropriate questions. Keep encounter open until Induction is complete.

**Plan**:
- Nurse will check on patient tomorrow via ***
- Nurse gave patient medication instructions and reviewed with patient.
- Nurse advised patient to call clinic if any complications or questions arise.
- Pt not ready, return to clinic for OBI on: ***

---

**Chief Complaint**: Medication Assisted Treatment  
**Comment**: Office Based Induction

Opioid withdrawing from: *** Last reported Use: ***

UDS & Breathalyzer: Pull in LASTUDS POCT and Breathalyzer from today

Initial Vital Signs Checked: Y or N

Complete COWS flowsheet: 1. go to flowsheet search COWS. 2. Complete COWS click on file. 3. Click on NOW in top right corner for next COWS assessment (repeat COWS as many times as needed) Synopsis: 1. Click on SUD tab. 2. Click on + on the right side and will show all the COWS assessments and times)

- Clickable option Pt not ready

**Dose 1**: *** Time: *** , **Dose 2**: *** Time: *** , **Dose 3**: *** Time: *** , **Dose 4**: *** Time: *** , ***

**Side effects**: [SA11 MAT WITHDRAWL SYMPTOMS:24498]

**Plan**:
- Nurse will check on patient tomorrow via ***
- Nurse gave patient medication instructions and reviewed with patient.
- Nurse advised patient to call clinic if any complications or questions arise.
- Pt not ready, return to clinic for OBI on: ***
- ***
**Chief Complaint:** Medication Assisted Treatment  
**Comment:** BUP f/u on induction

Can click on what applies:

- **Dose and schedule of medication taken:** (multiple clickable)

**Buprenorphine Symptoms/ Side Effects:** 0 = Low 10 = High

- **Cravings:** 0 - 10:13937
- **Pain:** 0 - 10:13937
- **Constipation:** 0 - 10:13937
- **Depression:** 0 - 10:13937
- **Anxiety:** 0 - 10:13937
- **Sleep:** POOR FAIR GOOD VERY GOOD:23847

- **How many Strips/ pills left? ***
- **Comments: ***

- **Plan: ***

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**BUP Refill Visit (10-20 Min including documentation)**

Click on Encounter. Can be interim note, telephone call, or office visit. (depending on situation)

**Make sure right Patient** - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)

**Chief complaint:** Medication Assisted Treatment. **Comment section:** Bup refill

If office visit and patient present, then **order UDS** and collect from patient. (Order breathalyzer if patient reports alcohol use or if suspected.) Click **order entry** and type in drug screen, select appropriate test, then click **accept**. Enter results in **enter/edit results**.

Click on **Notes**, then click **New note**. Type in .SA11MATNURSEVISIT then select **BUP Refill Visit**. Complete note using F2 to scroll through and answer all questions.

Assess/ask patient regarding their dosing each day along with their symptoms and how they currently feel. Assess for any negative side effects or allergic reactions. Consult with provider if needed.

Click on **Take Action tab**, click on **Reorder (circle)**

Go to More tab and click, send message to staff, send to Prescriber, in note section put I did a refill request please approve.

Notify provider and SUDCM if UDS positive for any substances other than BUP and THC

Plan for patient to come in for next visit to see nurse or next MAT group.

Click on **Sign Encounter** once everything is completed to close office visit or telephone call.
### Chief Complaint: Medication Assisted Treatment  Comment: Bup Refill

@NAME@ is a @AGE@ @SEX@ who presents for ***
@CHIEFCOMPLAINTN@ @PATFYIFLAGS@ @PATIENTCARETEAM@

(SA11 MAT Tx Meds:22585)

Is patient attending group/one-on-one? (YES NO:18689)
Date of last group attended: ***
Comments: [N/A:24285]

Side Effects: (SIDE EFFECTS_OPIATE RELATED:10523)
How are side effects being addressed? ***

Urine Drug Screen (POCT-LV5598):
Sent out for confirmation: (YES NO:18689)
Last Breathalyzer (LV5772):
Plan: (SA11 MAT NEXT VISITS:24457)

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<table>
<thead>
<tr>
<th>BUP Bridge (10-20 Min including documentation)</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click on Encounter. Click on office visit.</td>
<td></td>
</tr>
<tr>
<td><strong>Make sure right Patient</strong> - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)</td>
<td></td>
</tr>
<tr>
<td>Chief complaint: Medication Assisted Treatment. Comment section: Bup Bridge</td>
<td></td>
</tr>
<tr>
<td>If office visit and patient present, then order UDS and collect from patient. Click order entry and type in drug screen, select appropriate test, then click accept. Enter results in enter/edit results.</td>
<td></td>
</tr>
<tr>
<td>Click on Notes, then click New note. Type in .SA11MATNURSEVISIT and select BUP Bridge. Complete note using F2 to scroll through and answer all questions</td>
<td></td>
</tr>
<tr>
<td>Assess/ask patient regarding their dosing each day along with their symptoms and how they currently feel. Assess for any negative side effects or allergic reactions. Consult with provider if needed.</td>
<td></td>
</tr>
<tr>
<td>Click on Take Action tab, Click on Reorder (circle)</td>
<td></td>
</tr>
<tr>
<td>Go to More tab and click, send message to staff, send to Prescriber, in note section put I did a Bridge BUP Rx request please approve.</td>
<td></td>
</tr>
<tr>
<td>Notify provider and SUDCM if UDS positive for any substances other than BUP and THC</td>
<td></td>
</tr>
<tr>
<td>Plan for patient to come in for next visit to see Provider/Nurse or next MAT group.</td>
<td></td>
</tr>
<tr>
<td>Click on Sign Encounter once everything is completed to close office visit or telephone call.</td>
<td></td>
</tr>
</tbody>
</table>

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### Chief Complaint: Medication Assisted Treatment  Comment: BUP Bridge

@NAME@ is a @AGE@ @SEX@ who presents for Bridge medication until they see their initial MAT provider.
@CHIEFCOMPLAINTN@ @PATFYIFLAGS@ @PATIENTCARETEAM@

Previous MAT Hx: ***
*Medication reconciliation document as historical if applicable
Urine Drug Screen (POCT-LV5598):
Sent out for confirmation: (YES NO:18689)

Medication: ***
Recommended Dose: ***
Pharmacy: ***

Plan: (SA11 MAT NEXT VISITS:24457)
### PO-NTX Refill Visit (10-20 Min including documentation)

<table>
<thead>
<tr>
<th>Chief Complaint: Medication Assisted Treatment</th>
<th>Comment: PO-NTX Refill</th>
</tr>
</thead>
<tbody>
<tr>
<td>@NAME@ is a @AGE@ @SEX@ who presents for ***</td>
<td></td>
</tr>
<tr>
<td>(SA11 MAT Tx Meds:22585)</td>
<td></td>
</tr>
<tr>
<td>Is patient attending group/one-on-one? (YES NO:18689)</td>
<td></td>
</tr>
<tr>
<td>Date of last group attended: ***</td>
<td></td>
</tr>
<tr>
<td>Comments: (N/A:24265)</td>
<td></td>
</tr>
<tr>
<td>Side Effects: (SIDE EFFECTS Naltrexone Related)</td>
<td></td>
</tr>
<tr>
<td>How are side effects being addressed? ***</td>
<td></td>
</tr>
<tr>
<td>Urine Drug Screen (POCT-LV5598):</td>
<td></td>
</tr>
<tr>
<td>Sent out for confirmation: (YES NO:18689)</td>
<td></td>
</tr>
<tr>
<td>Last Breathalyzer (LV5772):</td>
<td></td>
</tr>
<tr>
<td>Plan:</td>
<td></td>
</tr>
<tr>
<td>(SA11 MAT NEXT VISITS:24457)</td>
<td></td>
</tr>
</tbody>
</table>

### XR-NTX Ordered (10-20 Min including documentation)

<table>
<thead>
<tr>
<th>Chief Complaint: Medication Assisted Treatment</th>
<th>Comment: XR-NTX Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click on Encounter. Can be within office visit or interim note.</td>
<td></td>
</tr>
<tr>
<td>Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)</td>
<td></td>
</tr>
<tr>
<td>Chief complaint: Medication Assisted Treatment. Comment section: XR-NTX Ordered.</td>
<td></td>
</tr>
<tr>
<td>Click on Notes, then click New note. Type in .SA11MATNURSEVISIT and select XR-NTX Ordered. Complete note using F2 to scroll through and answer all questions.</td>
<td></td>
</tr>
<tr>
<td>Confirm next appt with patient for vivitrol injection</td>
<td></td>
</tr>
<tr>
<td>Click on Sign Encounter once everything is completed to close office visit or telephone call.</td>
<td></td>
</tr>
</tbody>
</table>

### Chief Complaint: Medication Assisted Treatment  
Comment: XR-NTX Ordered

- CVS specialty Pharmacy
- ***

CVS
Vivitrol Order Form and information faxed and confirmed to CVS specialty pharmacy
Phone: 800-436-7119 & Fax: 800-821-2529
PLAN:
- Injection due date: ***
**Chief Complaint:** Medication Assisted Treatment  **Comment:** XR-NTX Received

Vivitrol kit arrived today and was placed in the medication room refrigerator ***.

**Chief Complaint:** Medication Assisted Treatment  **Comment:** XR-NTX Administered

Pt presenting today for Vivitrol injection # ***, Vivitrol 380 mg injection given *** (location). See MAR. Patient tolerated injection.

Reviewed Medication Guide? [YES NO:18689]

Patient Given Bracelet, Necklace, Card: Yes, No, or Declined

Is patient attending group/1x1? [YES NO:18689]

Date of last group attended/1x1: ***

Comments: [N/A:24265]

**OBJECTIVE:**

Vitals pulled in

**ASSESSMENT:** Vivitrol Pt MAT Tier 1 (pull in FYI)

F10.11 Alcohol abuse, in remission (primary encounter diagnosis) pull it OUD/AUD ?

Is dose of Vivitrol working for patient? [YES/NO:63::"Yes"]

Vivitrol Side Effects: Yes or No drop down if yes

Depression, suicidal ideation, nausea, headache, dizziness, anxiety, nervousness, restlessness, irritability, tiredness, loss of appetite, increased thirst, muscle or joint aches, weakness, sleep problems (insomnia), decreased sex drive, impotence, or difficulty having an orgasm.

How are side effects being addressed? ***

Pt was administered Vivitrol and was observed for 10 min after injection? [YES NO:18689] Pt Declined AMA

UDS results (POCT) pull in has to be resulted

UDS sent out for confirmation: [YES NO:18689]

Breathalyzer results: ***

**PLAN:**

- Pt released 10 minutes after injection administered and tolerated.
- Next appt for injection with nurse at Emeline, HPHP, WHC on *** at ***.
- Pt given after hours phone numbers for medical advice if needed
  
  -
**Chief Complaint:** Medication Assisted Treatment  **Comment:** XR-NTX f/u

Can click on what applies:

**MAT Symptoms/ Side Effects:** 0 = Low 10 = High
- Cravings: {0 - 10:13937}
- Pain: {0 - 10:13937}
- Constipation: {0 - 10:13937}
- Depression: {0 - 10:13937}
- Anxiety: {0 - 10:13937}
- Sleep: {POOR FAIR GOOD VERY GOOD:23847}

**Comments:** ***

**Plan:**
- ***

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**XR-BUP Ordered (10-20 Min including documentation)**

Click on **Encounter or Telephone.** Select office visit.

**Make sure right Patient** - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)

**Chief complaint:** Medication Assisted Treatment. **Comment section:** XR-BUP Ordered.

Click on **Notes**, then click **New note.** Type in .SA11MATNURSEVISIT and select **XR-BUP ordered.** Complete note using F2 to scroll through and answer all questions.

Confirm next appt with patient for vivitrol injection

Click on **Sign Encounter** once everything is completed to close office visit or Interim note.

**Chief Complaint:** Medication Assisted Treatment  **Comment:** XR-BUP Ordered

- Phone in order- Avella Specialty Pharmacy
- ***

Sublocade Called to Avella specialty pharmacy, Phone: 888-792-3888

Patient Currently Stabilized on buprenorphine for at least 7 days? (Yes, No, ***)

Dose? ***

**Plan:**
- Injection due date: *** OR (First Dose Order)

---

**XR-BUP Received (10 Min including documentation)**

Click on **Encounter.** Select interim note.

**Make sure right Patient** - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)

**Chief complaint:** Medication Assisted Treatment. **Comment section:** XR-BUP Received.

Click on **Notes**, then click **New note.** Type in .SA11MATNURSEVISIT and select **XR-BUP Received.**

**Chief Complaint:** Medication Assisted Treatment  **Comment:** XR-BUP Received

Sublocade kit arrived today and was placed in the medication room refrigerator ***.
Chief Complaint: Medication Assisted Treatment  Comment: XR-BUP Injection

SUBJECTIVE:
Pt presenting today for Sublocade injection #***, 300 mg injection given *** (location). See MAR. Patient tolerated injection.
Reviewed Medication Guide? (YES NO:18689)
Is patient attending group/1x1? (YES NO:18689)
Date of last group attended/ 1x1: ***
Comments: [N/A:24265]

OBJECTIVE:
Vitals

ASSESSMENT:
MAT Tier pulled in
Dx pulls in
Is dose of Sublocade working for patient? (YES/NO:63:”Yes”) N/A
How are side effects being addressed? ***
Pt was administered Sublocade and was observed for 10 min after injection? (SA11 YES NO DECLINE AMA:26924)
UDS results (POCT) pull in has to be resulted
UDS sent out for confirmation: (YES NO:18689)

PLAN:
• Next appt for injection with nurse at Emeline, HPHP, WHC on *** at ***.
• Pt given after hours phone numbers for medical advice if needed.

Chief Complaint: Medication Assisted Treatment  Comment: XR-BUP f/u

Can click on what applies:
MAT Symptoms/ Side Effects: 0 = Low 10 = High
Cravings: [0 - 10:13937]
Pain: (0 - 10:13937)
Constipation: (0 - 10:13937)
Depression: (0 - 10:13937)
Anxiety: (0 - 10:13937)
Sleep: [POOR FAIR GOOD VERY GOOD:23847]
Comments: ***
Plan:
• ***
<table>
<thead>
<tr>
<th>Chief Complaint: Medication Assisted Treatment</th>
<th>Comment: what ever your doing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Call/VM/Text</td>
<td></td>
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<tr>
<td>Summary of the Communication: ***</td>
<td></td>
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<tr>
<td>Plan:</td>
<td>***</td>
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</table>

<table>
<thead>
<tr>
<th>SSP (5-10 min visit depending on situation)</th>
<th>✓</th>
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<tbody>
<tr>
<td>Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info) Create New Chart if you have too.</td>
<td></td>
</tr>
<tr>
<td>Chief complaint: Syringe Services Program Comment section: Referral</td>
<td></td>
</tr>
<tr>
<td>Click on Notes, then click New note. Type in .SA11MATNURSEVISIT and select SSP. Complete note using F2 to scroll through and answer all questions.</td>
<td></td>
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<tr>
<td>Click on Sign Encounter once everything is completed to close office note.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Chief Complaint: Syringe Service Program Comment: Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSP (Syringe Services Program Referral) Pt referred from Syringe Service Program for (SA11 SSP REFERRAL REASONS:27261)</td>
</tr>
<tr>
<td>Plan:</td>
</tr>
<tr>
<td>(SA11 SSP PLAN:27262)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ER Referral for MAT (5-10 min visit depending on situation)</th>
<th>✓</th>
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<tr>
<td>Make sure right Patient - Check DOB, Name, Address, PCP (if need to check chart before clicking on telephone call, or check patient list for right info)</td>
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<tr>
<td>Chief complaint: Medication Assisted Treatment Comment section: ER Referral</td>
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<tr>
<td>Click on Notes, then click New note. Type in .SA11MATNURSEVISIT and select ER Referral. Complete note using F2 to scroll through and answer all questions.</td>
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<tr>
<td>Click on Sign Encounter once everything is completed to close office note.</td>
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</table>

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<thead>
<tr>
<th>Chief Complaint: Medication Assisted Treatment Comment: ER Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral from ER to MAT Pt referred by (SA11 LOCAL ER:29983) ER. ***</td>
</tr>
<tr>
<td>Plan:</td>
</tr>
<tr>
<td>(SA11 MAT LOCAL ER PLAN:29984)</td>
</tr>
</tbody>
</table>
### Labs & UDS Codes orders:

<table>
<thead>
<tr>
<th></th>
<th>Watsonville</th>
<th>Emeline</th>
<th>HPHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UDS</strong></td>
<td>LV5598</td>
<td>LV5598</td>
<td>LV5598</td>
</tr>
<tr>
<td><strong>SWAB point of care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HCG</strong></td>
<td>LV4971</td>
<td>LT683 in house / LV5997 POCT back office</td>
<td>LV5978</td>
</tr>
<tr>
<td><strong>Send out for Confirmation if Patient contest or clinical reason</strong></td>
<td></td>
<td>LV4969 (Pain 8)</td>
<td></td>
</tr>
<tr>
<td><strong>Breathalyzer</strong></td>
<td></td>
<td></td>
<td>LV5772</td>
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</tbody>
</table>

**SA11 BUPRENORPHINE INITIAL** (in Epic code 042403)

Search SA11
After visit Medications
HEROIN/OPIATE WITHDRAWAL PROTOCOL ORDER PANEL
**.VASCULARLABORDER**

**Initial Provider Visit:**
**.SA11MATINITIALPROVIDERVISIT**

**Letters:** .scconsentandagreementfortreatmentwithbuprenorphineandnalaxone or .SCBUPRENORPHIONETREATMENTAGREEMENT

Withdrawal Medications:
**AVS:** .SUBOXONEINDUCTION or SUBOXONEINDUCTIONSPANISH (F2 through to adjust dose on instructions)
.SOWSSUBJECTIVEOPIATEWITHDRAWALSCALE = SOWS for home induction for patient
.ESCOWS = Clinical Opiate Withdrawal Scale (COWS)

**Nurse Visit:**
**.SA11MATNURSEVISIT**

**Vivitrol:**
**.VIVITROLPATIENTAGREEMENTCOUNSELING**
.**VIVITROLTREATMENTAGREEMENT**

**.SA11MATSMACHECKIN=** is the MAT SMA Check In Sheet
**.SA11MATRECOVERYLOG =** Paper for patient to show attendance of outside support groups
**.SA11UDSPOCTLV5598=** Last uds for POCT LV5598
**.LASTUDSMAT=** Last POCT UDS LV5598
<table>
<thead>
<tr>
<th>FYI’s:</th>
<th>Smart phrase for FYI</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Assisted Treatment</td>
<td>.SA11MATTierInactive</td>
<td>Inactive</td>
</tr>
<tr>
<td>Tier 1</td>
<td>.SA11MATTier1</td>
<td>Induction - 2 weeks</td>
</tr>
<tr>
<td>Tier 2</td>
<td>.SA11MATTier2</td>
<td>Early Treatment - 12 weeks (3 months)</td>
</tr>
<tr>
<td>Tier 3</td>
<td>.SA11MATTier3</td>
<td>Stabilization - 12 weeks (3 months)</td>
</tr>
<tr>
<td>Tier 4</td>
<td>.SA11MATTier4</td>
<td>Maintenance - 6 months – 1 year</td>
</tr>
<tr>
<td>Tier 5</td>
<td>.SA11MATTier5</td>
<td>Continual Maintenance - 1 year or more</td>
</tr>
<tr>
<td>Tier X</td>
<td>.SA11MATTierX</td>
<td>Referred to Janus HUB or at JANUS</td>
</tr>
<tr>
<td>Tier Y</td>
<td>.SA11MATTierY</td>
<td>Patient at another Spoke receiving MAT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Office</th>
<th>MAT Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless Person Health Project (HPHP)</td>
<td>831-454-2080</td>
<td>Nurse Jasmine 831-201-2485 Angelica Torres 831-566-9347</td>
</tr>
<tr>
<td>Watsonville Health Center (WHC)</td>
<td>831-763-8400</td>
<td>Alejandro Monroy 831-247-4193 Andres Galvan 831-227-9967</td>
</tr>
<tr>
<td>Santa Cruz Health Center (Emeline)</td>
<td>831-454-4100</td>
<td>Greg Goldfield 831-331-6048 Marissa Torres 831-421-1033 Adam Echols 831-400-6669</td>
</tr>
<tr>
<td>Health Services Manager for MAT program</td>
<td>831-454-4460</td>
<td>Danny Contreras 831-212-3498</td>
</tr>
</tbody>
</table>

**Support for MAT Prescribers**

Vanessa DeLaCruz: 831-454-4885/ 831-247-6057
Dimitri Bacos: 831-454-5017 / 323-474-4725
Sharon Gehringer: Personal Cell 831-235-3310
UCSF warm line- Ron Goldsmith: 1-855-300-3595

**Resources:**

[https://pcssnow.org/medication-assisted-treatment/](https://pcssnow.org/medication-assisted-treatment/)