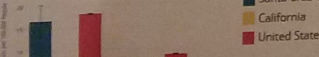
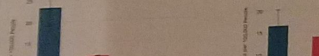




- To learn from everybody's different approaches to providing MMT services
- To connect to make our MMT program and provide the best patient care possible

County: Santa Cruz	State: California
Zip: 95062	City: San Jose

Population of Ethnicity	Zip Code: 95076		County of Santa Cruz		State of California	
	Persons	% of population	Persons	% of population	Persons	% percent of population
Hispanic/Latino	62,004	71.18 %	95,214	34.17 %	15,802,941	19.14 %
Non-Hispanic	25,036	28.82 %	183,756	65.83 %	24,107,907	80.46 %



- * Intake/ Pre-Initial Visit (if no STD CMI available this should include Pre-Initial visit visit)
- * Pre-Initial Visit
- * Post-Initial Visit
- * Office Based Instruction
- * Follow up on Instruction (telephone or encounter)
- * MAT Refill
- * Virotest ordered
- * Virotest Received
- * Virotest Injection (1st injection & every injection)
- * Virotest F/U (telephone or encounter)
- * ...

Step 1: Set up an intake appointment with one of our JD counselors. We will go over program requirements at this meeting. Patient will be asked to submit specimens for drug screen/blood tests.

Step: 2: Patient will be required to start attending a MAT group weekly. An appointment with a medical provider will be scheduled after the patient has completed group and lab test results are reviewed.

```

graph TD
    1[SUD CSE MAT intake] --> 2[Lakes Pre-Intake Interview with Nurse]
    2 --> 3[Screening Test]
    3 --> 4[Initial appointment with MAT provider]
    4 --> 5[Post-Initial visit with Nurse]
    5 --> 6[Follow up on non-induction with Nurse]
    6 --> 7[Follow up Provider Visit]
    7 --> 8[Continued treatment as determined by Provider]
    8 --> 1
  
```

1. SUD CSE MAT intake

2. Lakes Pre-Intake Interview with Nurse

3. Screening Test

4. Initial appointment with MAT provider

5. Post-Initial visit with Nurse

6. Follow up on non-induction with Nurse

7. Follow up Provider Visit

8. Continued treatment as determined by Provider

Making A Transformation groups

	Prescription	Group/HH
Tier 1 Induction (1 week)	Weekly	Weekly
Tier 2 Early treatment (12 weeks)	Weekly	Weekly
Tier 3 Maintenance (12 weeks)	Every other week	Every other week
Tier 4 Maintenance (8 months to 1 year)	Once a month	Once a month
Tier 5 Maintenance	Once a month	Once a month

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

Year	Number of Employees
2015	~10
2016	~180
2017	~700
2019	~1,200

[illegible]

We used the following questions to learn more about our staff's experience with the MAT program:

- I. Staff conducted during MAT training Committee, Quality Management Committee, or MAT team.
- II. Patients: Patient satisfaction survey related to MAT program specifically.
- III. Providers and staff we learned: Read more staff training on MAT workflow, culture shift, around harm reduction.
- IV. From patients we learned: Read more Patients hours to accommodate patients who use MAT.
- V. We received the following feedback on the appropriateness and acceptability of using MAT: Patients gave us very high marks on accessibility and comprehensiveness of MAT program.
- VI. Patients/Staffs we gathered from current state activities:

Our team's areas of strength:

- Continuous, fluid communication in person and through EMR
- Flexibility in scheduling appointments with all team members
- Case conferencing weekly

Areas for development:

- Contingency management (in pilot)
- Stigma in our clinics, patients, and community
- Collaboration between hubs/spokes and county jail, ED

- Do you have policies, protocols, tools to share with others?
- Yes, they were developed over several months and incorporate best practices.
- Need some champions, and staff to make it work.

- Working with individuals who are Homeless, Gang members, Re-Entry/probation/parole, Co-Occurring, Disabled, chronic health condition, etc.
- Implementing contingency management, community gardens, etc.

How did you start the MAT services?

What does the
contingency table

How do you perform
"engage in the Q & A?"
Norman Vukobratovic



with others?

- Need some champions, and staff to m...

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?

- Working with individuals who are Homeless, members, Re-Entry/probation/parole, Co-Occurring, Disabled, chronic health condition, e
- Implementing contingency management, acupuncture services, Yoga, etc.

What topics do you discuss in your groups?
 KKamande@edche.org

Alameda Health System - Eastmont Wellness
 EHR-EPIC?
 Debra Montoya

would love to learn more about your team and how you bring in patients.
 Sandra Hubert-Humphrey

How did you start the MAT services like yoga?

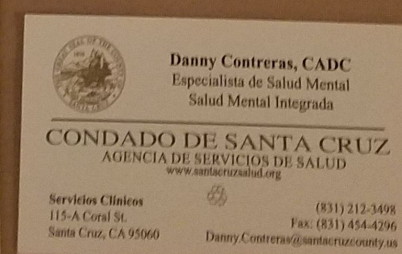
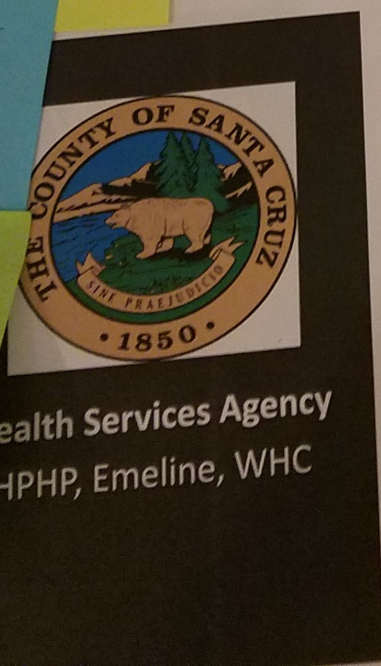
What does your contingency mgmt pilot entail?
 - Ashley Nelson
 hley@fhcsd.org

How many employees do you have?

How do you integrate MAT into busy primary care?

Katie Wood -
 KatieW@fhcsd.org
 619-876-4463
 - Discuss tiers
 - groups
 - contingency mgmt.

More about Pilot with Contingency plan
 Kcas@edche.org



New Star
 on Assistance
 y of Santa Cruz



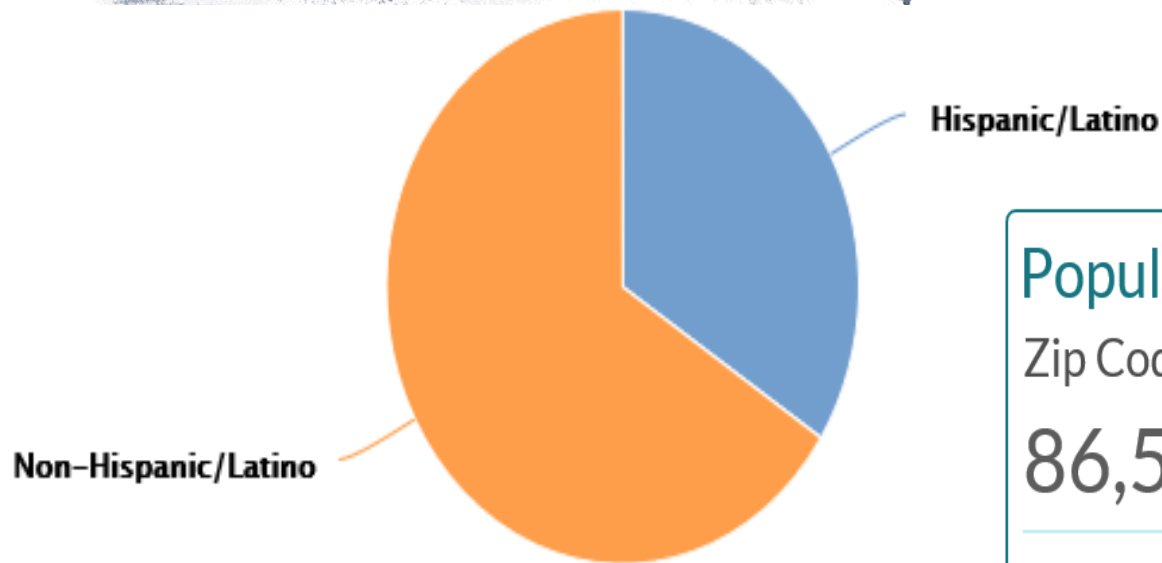
Medication Assisted Treatment

County of Santa Cruz



Health Services Agency
HPHP, Emeline, WHC

Santa Cruz County as Whole



Population

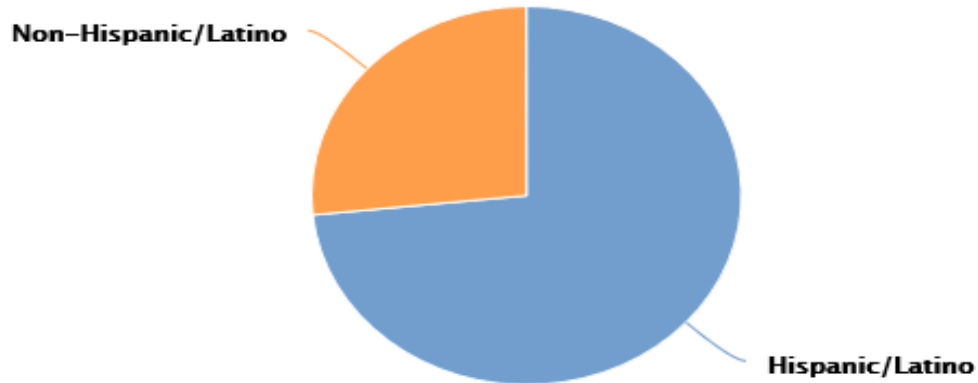
Zip Code: 95076

86,532 Persons

County: Santa Cruz
278,224 Persons

State: California
39,964,848 Persons

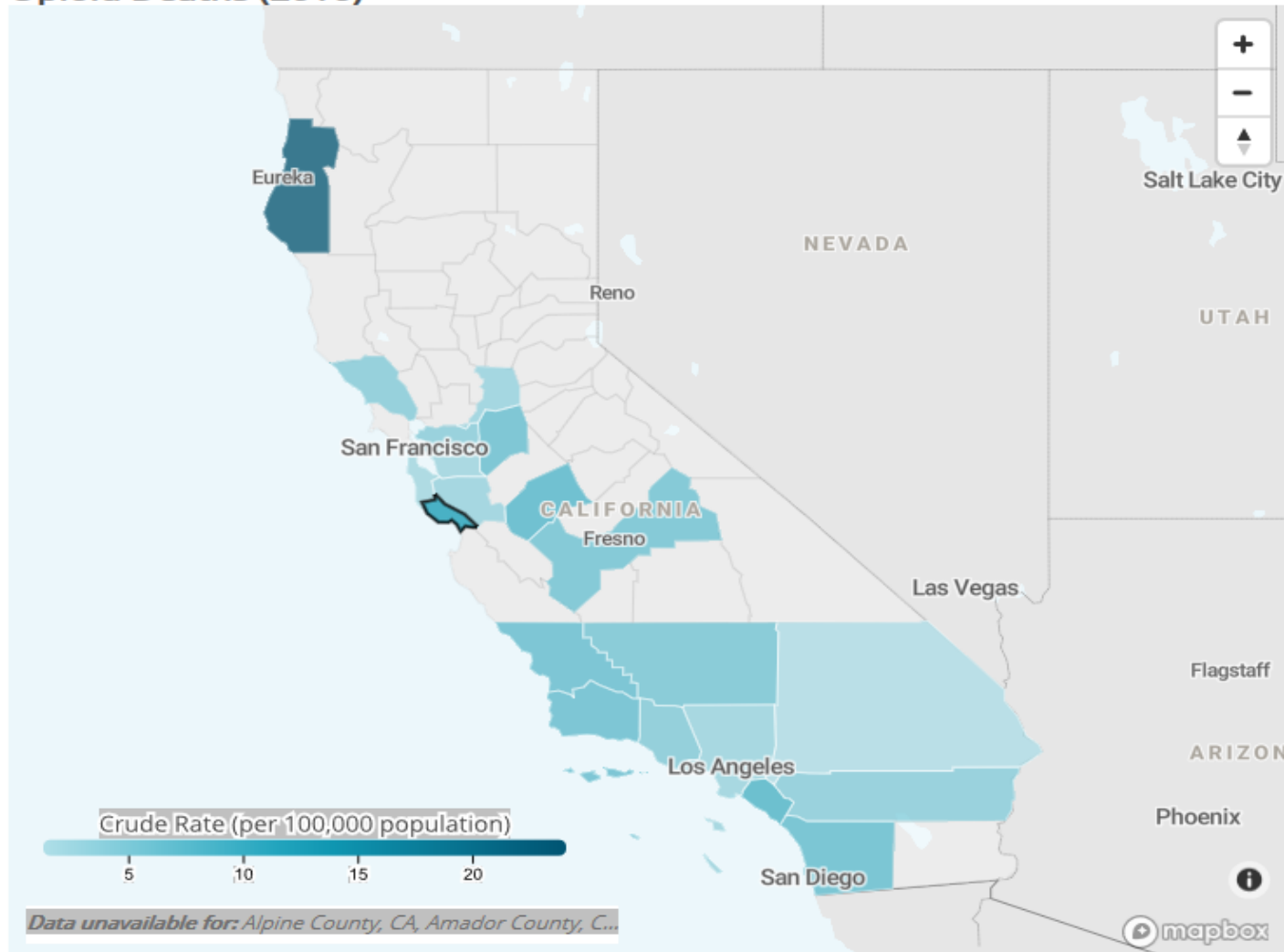
Watsonville



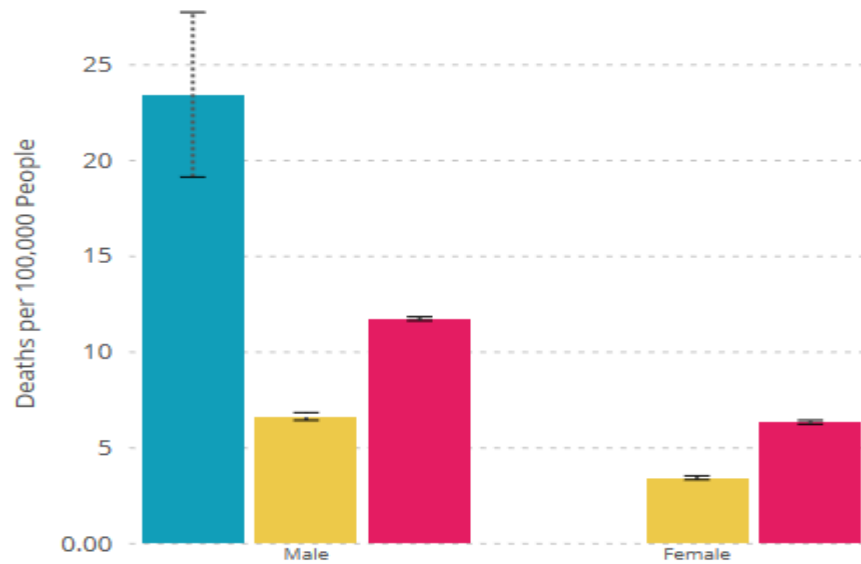
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Non- Hispanic/ Latino	23,038	26.62%	183,150	65.83 %	24,161,907	60.46 %

Geography of Opioid Overdose Mortality in California

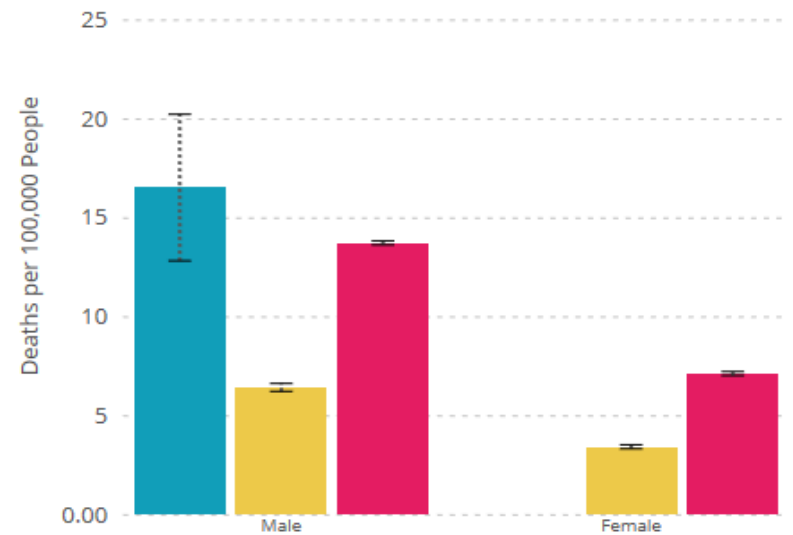
Opioid Deaths (2016)



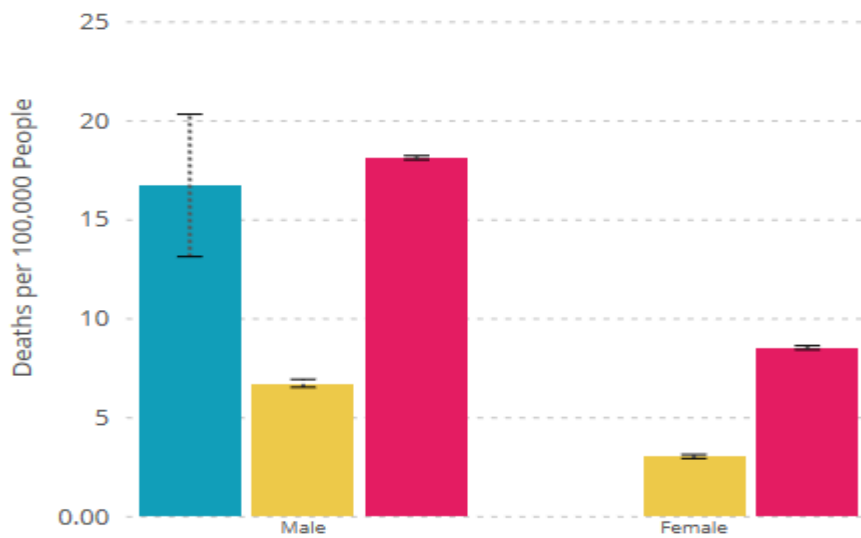
Opioid Deaths (2014)



Opioid Deaths (2015)



Opioid Deaths (2016)



Santa Cruz County Clinics

We used the Boston Model and many other best practices and adapted it to our clinics needs, we do mostly home inductions, with the exception of some office based inductions as needed.

19 waived providers and the capacity to see **640 +** patients and growing
135 patients receiving MAT in the previous 6 months, **305** patients served in last 3 years

Part of the Hub and Spoke model

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

We have given out 1,600 nasal doses to agencies, patients, and individuals during outreach. SSP gives out about 2,000 doses of the nasal naloxone yearly.

Goals for ATSH participation:

- To learn from everybody's different approaches to providing MAT services
- To continue to grow our MAT program and provide the best patient care possible

Santa Cruz County Health Services Agency Primary Care Clinics MAT Team

Homeless Person Health Project (HHPH)

- **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

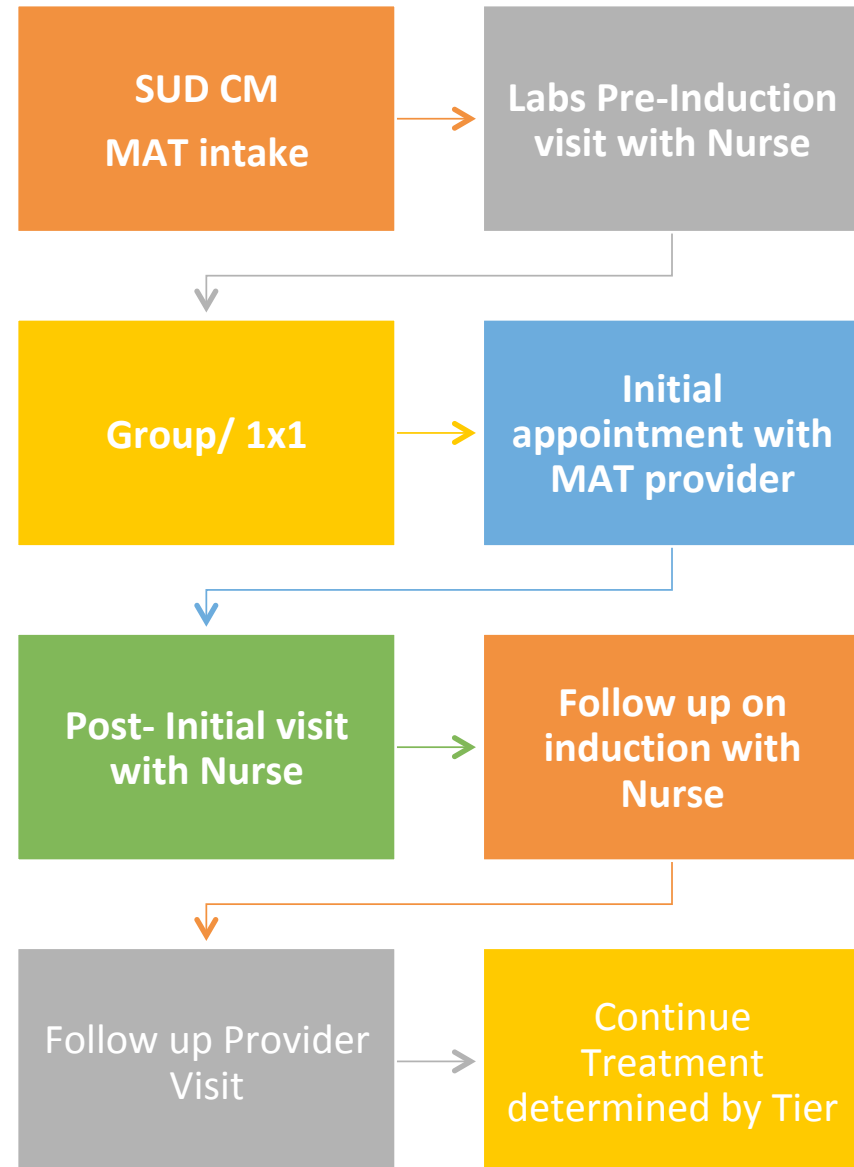
Eugene Santillano, MD – MAT Champion Provider

How does someone get started?

Step 1: Set up an intake appointment with one of our SUD counselors. We will go over program requirements at this meeting. Patient will be asked to submit specimens for drug screen/blood tests.

Step: 2: Patient will be required to start attending a MAT group weekly. An appointment with a medical provider will be scheduled after the patient has completed group and lab test results are reviewed.

MAT Workflow



Electronic Health Record

Tagging

- **Tiers** - MAT patients are assigned a tag in the EHR according to the tier of treatment that they are on, which is managed by the SUD Case Manager
- **Care Team** - Patients are assigned a SUD Case Manager, MAT Prescriber, PCP, Psychiatrist, Therapist, as needed.

Documenting

- **Templates** – Custom templates written by program manager are used by all MAT staff to standardize documentation (intake, follow up, group, nurse visit, etc) and guide care.
- **Questionnaires** - SBIRT, Audit, Dast and PHQ2/9 are administered and documented in EHR
- **Prescriptions** - ePrescribing of Controlled Substances
- **Narcan** – Documented as a stock medication

Reporting

- **SUD Case Managers** - Report tracks the number of patients each SUD Case Manager has and when they were last seen
- **General** - Reports track all patients, their care team and their Buprenorphine, Vivitrol, and Naltrexone Rx

Documentation in EMR

- Health Service Manager worked with all staff and with the help of EMR site specialist created individualized note templates and cheat sheets for every position and visit.

MAT Intake Note	Check
CHECK INSURANCE (can check yourself or call registration to check for you) Assist patient if there are issues	
EXPLAIN MAT PROGRAM (TIERS I, II, III, IV, V Refills, Relapse, IBH, MAT GROUP, Etc)	
Educate on Dangers of mixing Sub, Benzo, Alcohol, depressants	
Review and sign Tx agreement	
Review and sign MAT consent form. Click on registration/ADT , click on New , click on documents , click on type of document SA11 E-Sig Consent for the Exchange of Medical and Substance Use Disorder - English , click on E-sign , Click on accept, click on Status (signed), Click on location put which clinic it was signed at, , click on finish .	
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,	

Documentation in EMR

MAT Check List, Smart Phrases, & Handouts for RN

Click on any of the following:

- Intake/ Pre-Initial Visit (if no SUD CM available this would include Pre-Initial visit note to)
- Pre-Initial Visit
- Post-Initial Visit
- Office Based Induction
- Follow up on Induction (telephone or encounter)
- MAT Refill
- Vivitrol ordered
- Vivitrol Received
- Vivitrol Injection (1st injection & every injection)
- Vivitrol F/u (telephone or encounter)
- ***

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



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



MAT Services

IBH (Therapy
& Psychiatry)

Syringe
Service
Program

Contingency
Management

Acupuncture

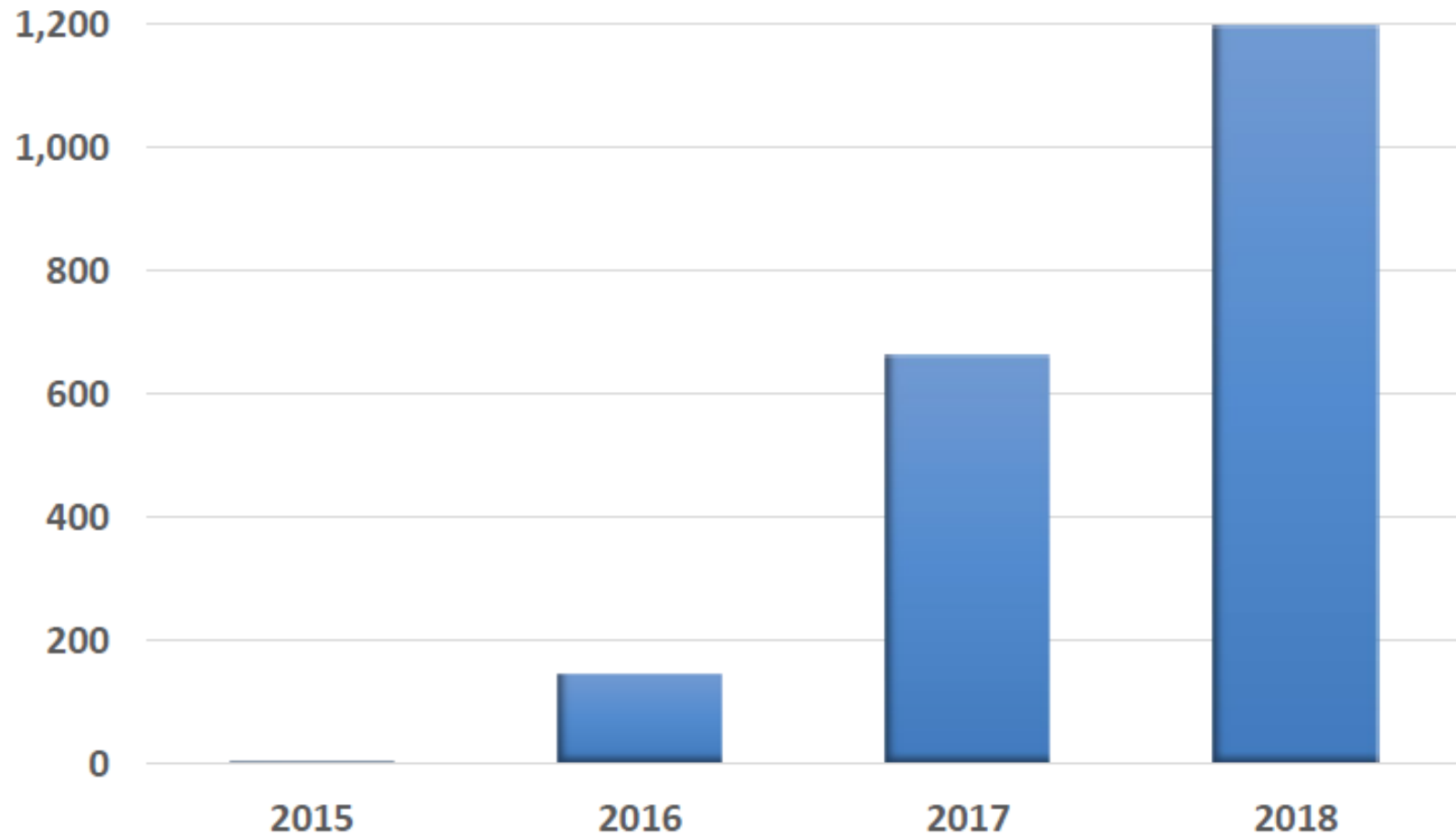
Yoga

Groups/SMA
1x1

Peer Mentors

Outreach in
the streets

MAT Case Management Visits by Year



Capability Assessment: What We Learned

In completing the assessment, we were surprised by:

Our team's areas of strength:

Continuous, fluid communication in person and through EMR

Flexibility in scheduling appointments with all team members

Case conferencing weekly

Areas for development:

Contingency management (in pilot)

Stigma in our clinics, patients, and community

Collaboration between hub/spokes and county jail, ED

Current State Assessment

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

We spoke to:

- I. **Staff:** Conducted during MAT Steering Committee, Quality Management Committee. Spoke to MAT team.
- II. **Patients:** Patient satisfaction survey related to MAT program specifically.
- III. **Providers and staff we learned:** Need more staff training on MAT workflow, culture shifting around harm reduction
- IV. **From patients we learned:** Need more flexible hours to accommodate patients who work.
- V. **We received the following feedback on the appropriateness and acceptability of using MAT in our clinic:** Patients gave us very high marks on accessibility and comprehensiveness of our MAT program.
- VI. **Other insights we gathered from current state activities:**

Our Team Has Been Wondering . . .

Our questions to other teams:

Group visit experience – Structure, Shared Medical Appointments (SMA) outcomes and pitfalls, What staff is needed?

Do you separate groups or structure for Alcoholic patients, opiate addicted patients, and patients that were taking opiates for pain but have crossed over to addiction?

What are other programs retention rates?

Office hours (are they extended, do they have groups after hours)?

When patients are non-compliant, at what point are we doing them a disservice by keeping them?

How often are nurse visits happening vs provider visits and how does that affect billing?

Our questions for faculty:

What to do about successful suboxone patients that continue to use meth and/or alcohol)?

Outreach strategies for new patients ?

We need support to accomplish:

More Agencies, People in the community to be educated on addiction, stigma, harm reduction.

Advice/Guidance/Tools For Other Teams

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

- Yes, they were developed over several months and incorporate best practices.
- Need some champions, and staff to make it work

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?

- Working with individuals who are Homeless, Gang members, Re-Entry/probation/parole, Co-Occurring, Disabled, chronic health condition, etc.
- Implementing contingency management, acupuncture services, Yoga, etc.