



County of Santa Cruz Health Services Agency

Watsonville Health Center – **ATSH Wave 2**

Santa Cruz Health Center – **ATSH Wave 1**

Homeless Person Health Project – **ATSH Wave 1**

Joey Crottogini HPHP – Health Center Manager

Danny Contreras, SUDCC III – MAT Program Manager

*DEVELOPING, IMPLEMENTING, &
INTEGRATING MAT INTO PRIMARY CARE
CLINICS*



- **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:

Resources:

Boston Medical Clinic - Procedures

SAMHSA TIP 43 & 63

TAPC – Treating Addiction in the Primary Care safety net

(<https://www.careinnovations.org/programs/tapc/>)

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**



**BUILDING POLICIES & PROCEDURES:
THAT FIT YOUR CLINIC AND CAN BE SUSTAINED**

MAT HAS TRANSFORMED OUR CLINICS

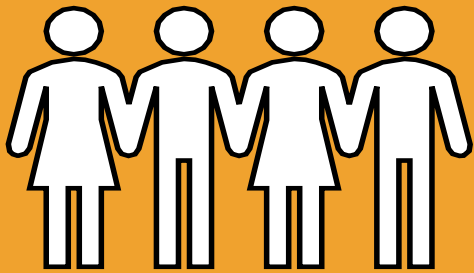
Models and EBP used:

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

How has MAT changed our clinic:

- **MAT has helped us grow as a clinic in dealing with 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.

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.

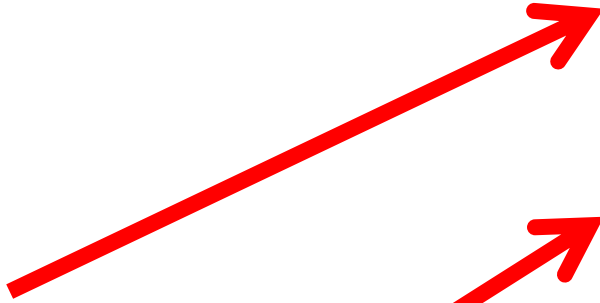
Relapse: If during treatment there is a relapse, patient will return to Tier 2 level of care and more support will be provided.

Appointments: It is very important that appointments are not missed. Encourage patients to call and reschedule ahead of time.

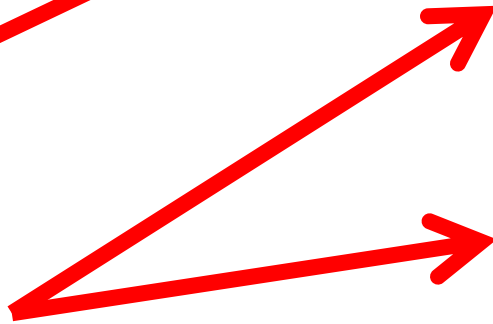
Drug test: Patients will be drug tested at every visit. We use point of care urine drug screens and send out to lab if needed.

Set up Your Tiers of Treatment for MAT in Primary Care

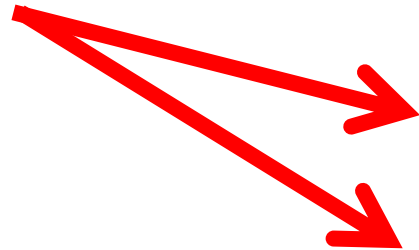
Induction



Stabilization



Maintenance



	Prescription	Group/IBH
Tier 1 Induction (Days - 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 On going Maintenance	Once a month	Once a month

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

OUTREACH/ IN-REACH |

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

~~ADDICT~~
~~JUNKIE~~
~~DRUGGIE~~
~~LIAR~~
~~FAILURE~~
~~CRIMINAL~~
~~CHOICE~~

HOW ABOUT:

HUMAN

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

MAKING A TRANSFORMATION GROUPS



Seeking Safety

Best Life

**Living
In Balance**

Acupuncture

Yoga

**Psycho –
Educational**

Peer Mentors

Various Curriculums

**MAKING A
TRANSFORMATION
GROUPS**

2014 - 2016

1
X-waivered
Prescriber
who
inherited
MAT
patients, no
set program
or support.

August 2016

2016 SUD MH
grant hired 1st
Drug & Alcohol
counselor

Started MAT
group at HPHP
SSP shifts
Outreach
TAPC

Marin City Clinics
Natasha Pinto

2016

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.

2016

Watsonville
Health Center
5 prescribers get
waivered but not
offering services
yet.

**September
2017**

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

2018

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

2019

21 X-Waivered
Providers and
other prescribers
using Vivitrol.

1 MAT Program
Manager.

6 SUD counselors.

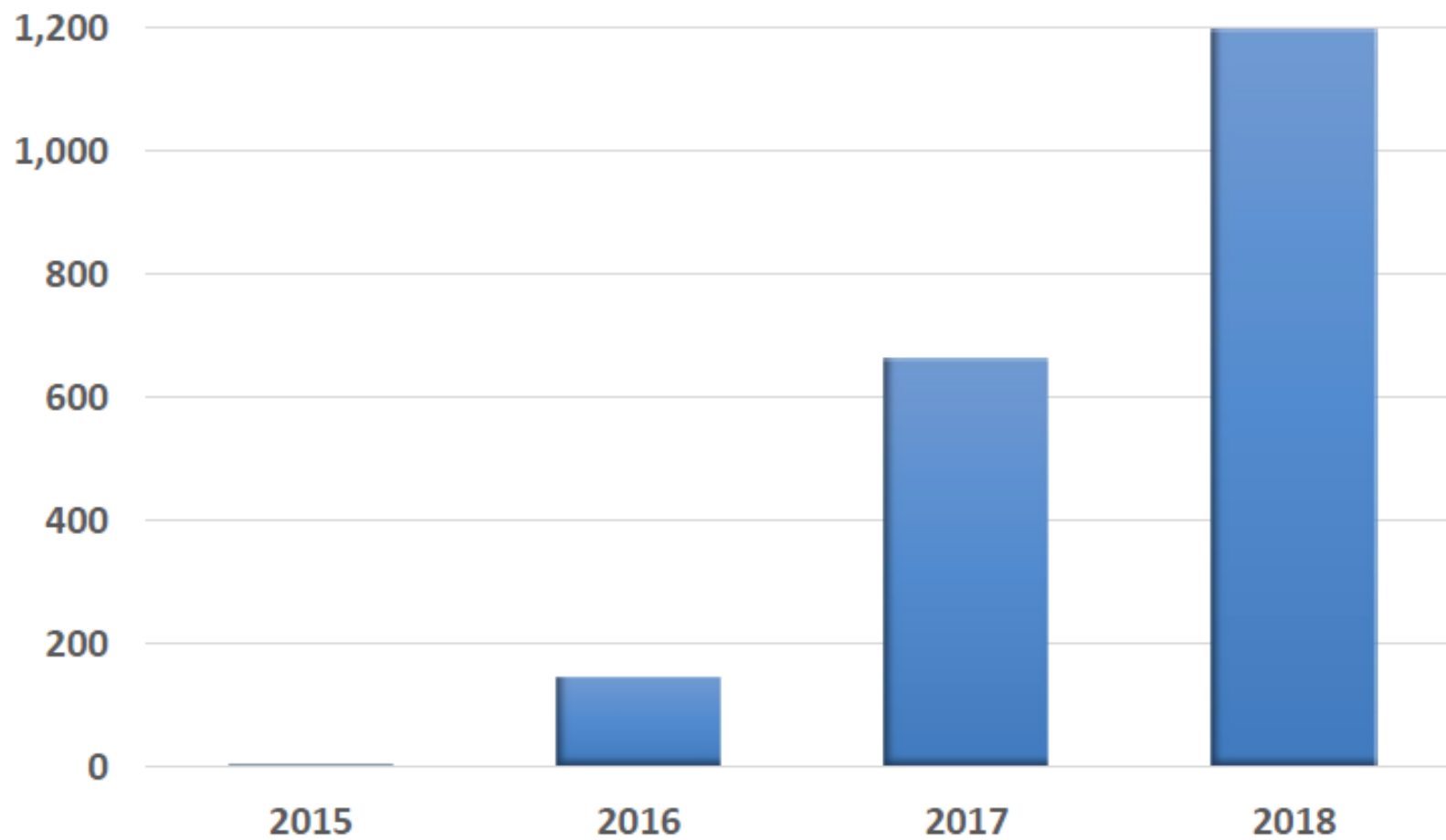
3 Nurses.

Contingency
Management
Pilot at HPHP.

Acupuncture in all
3 clinics.

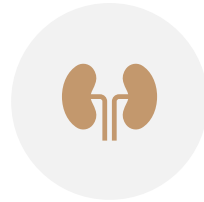
Addiction
Treatment Starts
Here Primary
Care Wave 1
(HPHP and
Emeline) and
Wave 2 (WHC).

MAT Case Management Visits by Year





97% of all patients prescribed buprenorphine/naltrexone adhered for 6 months



30% of all patients with OUD prescribed bup/naltrexone



23% of patients screened for OUD of all patients seen last quarter



94% of patients had 1 follow up visit within 14 days of starting bup/naltrexone



95% of patients had 2 follow-up visits in 30 days of initial prescription



76% patients prescribed bup/naltrexone received urine toxicology test within 3 days of starting medication

WHAT ATSH QUARTERLY DATA TELLS US

IBH (Therapy & Psychiatry)

Syringe Service Program

Contingency Management

Acupuncture

Yoga

Groups/SMA 1x1

Peer Mentors

Outreach in the streets

MAT SERVICES

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.

EFFECTIVE STREET OUTREACH

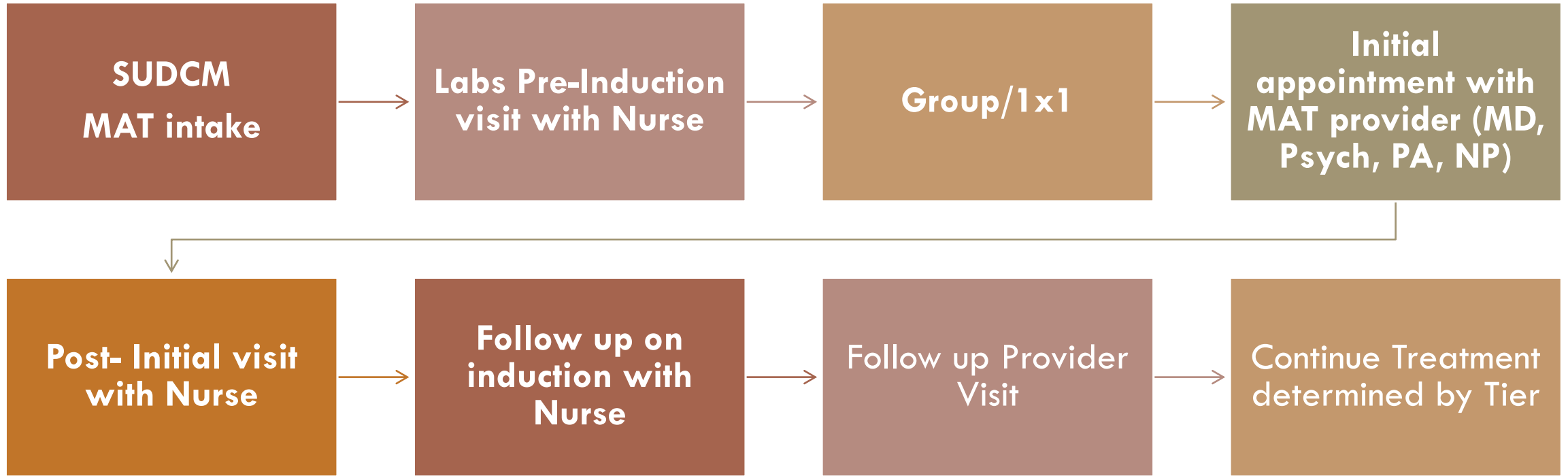
Street outreach staff receive regular training in evidence-based practices.

Utilize harm reduction principles.

Liaison to housing services.

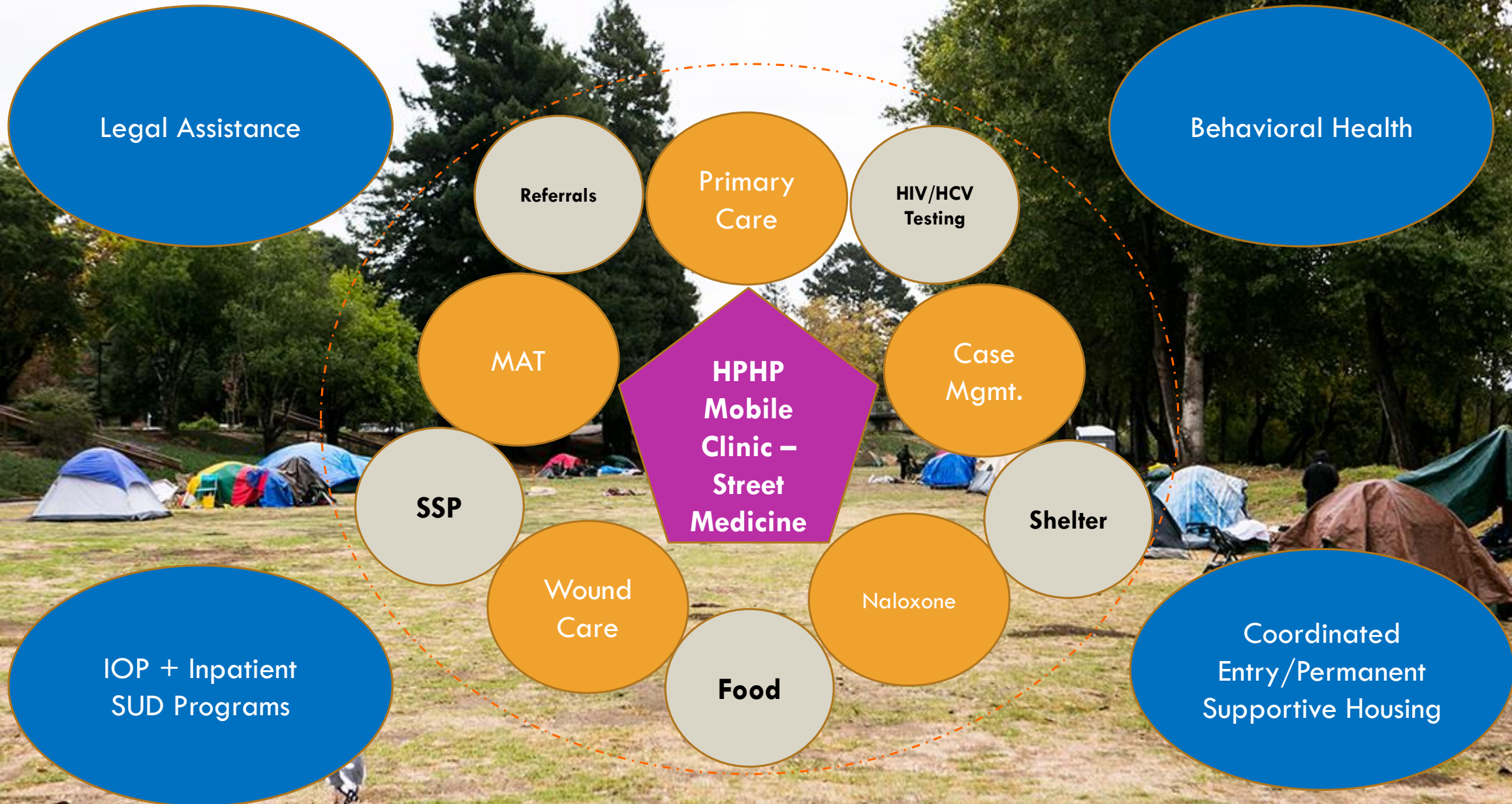
Coordinate with other agencies.





MAT WORKFLOW

An Ecological Approach to Health Care – County of Santa Cruz Health Services Agency



- “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.)



CONTINGENCY MANAGEMENT

SANTA CRUZ
COUNTY HEALTH
SERVICES AGENCY
PRIMARY CARE
CLINICS
MAT TEAM

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**
- **This could be you, Bilingual MAT Nurse**

**Danny Contreras, SUDCC III – MAT Health Services
Manager**



***QUESTIONS &
ANSWERS:***