DEVELOPING, IMPLEMENTING, & INTEGRATING MAT INTO PRIMARY CARE CLINICS

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
▪ 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.
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
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.
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.
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

<table>
<thead>
<tr>
<th>Tier</th>
<th>Prescription</th>
<th>Group/IBH</th>
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</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Weekly</td>
<td>Weekly</td>
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<tr>
<td>Induction</td>
<td>Induction (Days - 2 weeks)</td>
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<tr>
<td>Tier 2</td>
<td>Weekly</td>
<td>Weekly</td>
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<tr>
<td>Early Treatment (12 weeks)</td>
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<tr>
<td>Tier 3</td>
<td>Every other week</td>
<td>Every other week</td>
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<tr>
<td>Stabilization (12 weeks)</td>
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<tr>
<td>Tier 4</td>
<td>Once a month</td>
<td>Once a month</td>
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<tr>
<td>Maintenance (6 months to 1 year)</td>
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<tr>
<td>Tier 5</td>
<td>Once a month</td>
<td>Once a month</td>
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<tr>
<td>On going Maintenance</td>
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<tr>
<td>Outreach Opportunities:</td>
<td>What we do:</td>
<td></td>
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<tr>
<td>Syringe Service Program</td>
<td>Our MAT staff and Peer Mentors work shifts in the Syringe Service Program</td>
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<tr>
<td></td>
<td>to build rapport and be there to talk to patients about treatment and</td>
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<tr>
<td></td>
<td>getting connected to other needed services. Every patient gets all the</td>
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<td></td>
<td>MAT staff work cell number when they leave.</td>
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<tr>
<td>Presentations / Trainings</td>
<td>Our staff conduct presentations to educate the community about MAT</td>
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<tr>
<td></td>
<td>services, to educate about substance use disorder and stigma.</td>
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<tr>
<td></td>
<td>Our staff also conduct presentations for our own county staff at all</td>
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<tr>
<td></td>
<td>staff meetings and other departments.</td>
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<tr>
<td>Outreach to Homeless Encampments</td>
<td>SUD counselors and Public Health Nurses go out and do outreach together</td>
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<tr>
<td></td>
<td>to check on people, teach them how to use Narcan, give them vaccines,</td>
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<tr>
<td></td>
<td>refer them back to clinic, provide services right there in the field, we</td>
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<tr>
<td></td>
<td>bring back packs with supplies, tents, water, granola bars, sleeping</td>
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<tr>
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<td>bags, socks, hygiene kits, etc.</td>
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Addiction is not in itself the problem, but rather attempt to solve the problem.

Do you think there is a relationship between people's 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, it's a lot easier to stay “asleep” then to wake up! – Gabor Mate
How about:

HUMAN
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
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<tbody>
<tr>
<td><strong>Monday</strong></td>
<td><strong>MAT group</strong></td>
<td>2-3 pm</td>
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<tr>
<td><strong>Monday</strong></td>
<td><strong>MAT group</strong></td>
<td>10-11 am</td>
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<tr>
<td><strong>Tuesday</strong></td>
<td><strong>MAT group</strong></td>
<td>2-3 pm</td>
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<tr>
<td><strong>Tuesday</strong></td>
<td><strong>MAT group</strong></td>
<td>4-5 pm</td>
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<tr>
<td><strong>Wednesday</strong></td>
<td><strong>MAT group</strong></td>
<td>6-7 pm</td>
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<tr>
<td><strong>Wednesday</strong></td>
<td><strong>Seeking Safety</strong></td>
<td>5-6 pm</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td><strong>Seeking Safety in Spanish</strong></td>
<td>5-6 pm</td>
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<tr>
<td><strong>Friday</strong></td>
<td><strong>MAT group</strong></td>
<td>11-12 pm</td>
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MAKING A TRANSFORMATION GROUPS

- Seeking Safety
- Best Life
- Living In Balance
- Acupuncture
- Yoga
- Psycho – Educational
- Peer Mentors
- Various Curriculums
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.

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 $3
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).
<table>
<thead>
<tr>
<th>Metric</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>97% of all patients prescribed buprenorphine/naltrexone adhered for 6 months</td>
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<tr>
<td>30% of all patients with OUD prescribed bup/naltrexone</td>
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<tr>
<td>23% of patients screened for OUD of all patients seen last quarter</td>
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<tr>
<td>94% of patients had 1 follow up visit within 14 days of starting bup/naltrexone</td>
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<tr>
<td>95% of patients had 2 follow-up visits in 30 days of initial prescription</td>
<td></td>
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<tr>
<td>76% patients prescribed bup/naltrexone received urine toxicology test within 3 days of starting medication</td>
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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.
SUDCM MAT intake → Labs Pre-Induction visit with Nurse → Group/1x1 → Initial appointment with MAT provider (MD, Psych, PA, NP)

Post- Initial visit with Nurse → Follow up on induction with Nurse → Follow up Provider Visit → Continue Treatment determined by Tier

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

- Legal Assistance
- Behavioral Health
- Referrals
- Primary Care
- HIV/HCV Testing
- MAT
- Case Mgmt.
- SSP
- Shelter
- Wound Care
- Naloxone
- Food
- IOP + Inpatient SUD Programs
- Coordinated Entry/Permanent Supportive Housing

Image from Santa Cruz Good Times
“Simply stated, it involves providing tangible and concrete reinforcers or incentives to patients for evidence of objective behavior change.” (Petry, 2012)


We already use CM in our daily lives (children, employees, pets, etc.)
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: