

Medication Assisted Treatment

County of Santa Cruz



Health Services Agency
HPHP, Emeline, WHC

What is Medication Assisted Treatment?

Medication assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. A combination of medication and behavioral therapies is effective in the treatment of substance use disorders, and can help some people to sustain recovery.

SAMSHA

https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview

What is harm reduction?

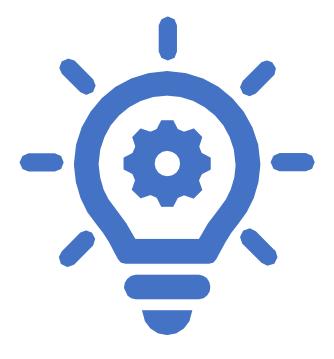
Harm reduction is a set of ideas and interventions that seek to reduce the harms associated with both drug use and ineffective, racialized drug policies.

(Drug Policy Alliance)

"Any positive change."

Dan Bigg





Harm reduction as we know it:





Condoms



Seat belts

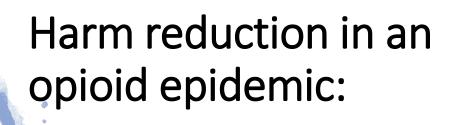




Designated drivers



Nicotine patches/gum



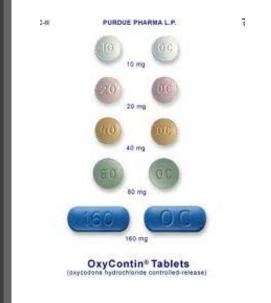
- Syringe service programs
- Overdose prevention education and Narcan distribution
- Medication Assisted Treatment (Buprenorphine, Naltrexone, Methadone)
- Drug treatment (residential and outpatient)
- Safe Injection Sites
- Integrated primary care with linkage to HIV/HCV care, IZ, PrEP

What are opioids?

 Opioids are natural and synthetic forms of opium that are widely used as pain relievers. Opioids include heroin and prescription medications such as morphine, hydrocodone (Vicodin or Norco), oxycodone (Percocet or OxyContin), fentanyl, codeine, and methadone.







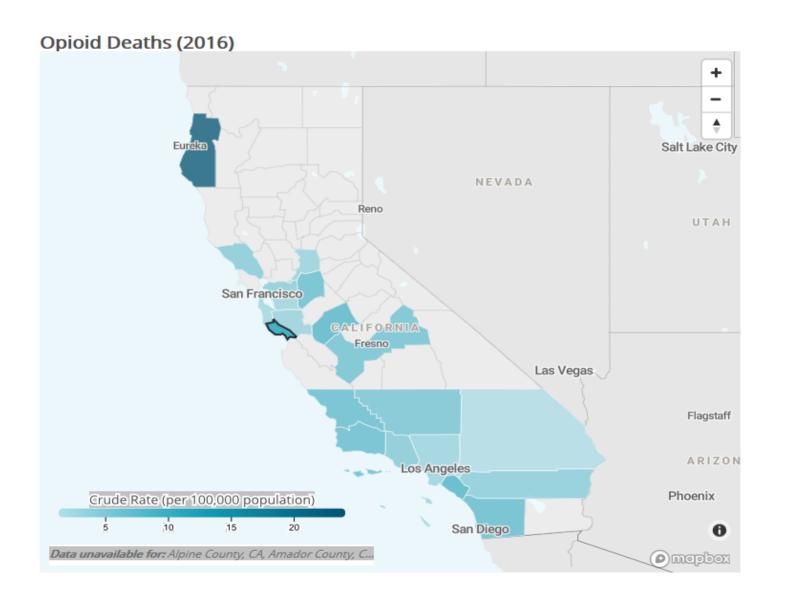


On Dopamine

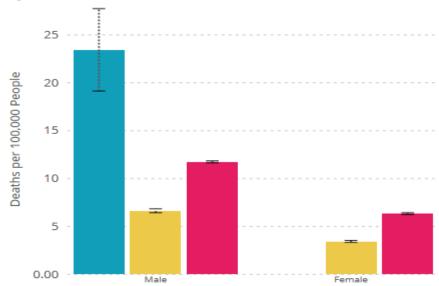
"We need three things to survive (besides oxygen): food, water and dopamine. If you deprive study subjects of water for three days, then put them in a functional MRI and place water on their lips, the relative size of the craving is like a baseball. Do the same with food, and it is like a basketball. Then take someone with an addiction to opioids, up to one year after their last use, and talk about OxyContin while they are in a functional MRI, and the relative size of that craving is the size of a baseball field."

(Corey Waller MD, 2016)

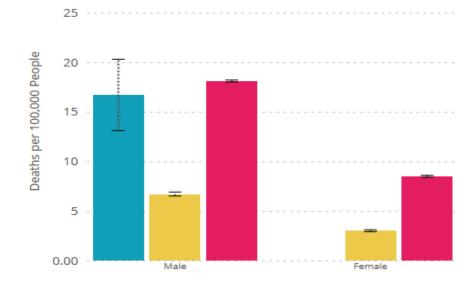
Geography of Opioid Overdose Mortality in California



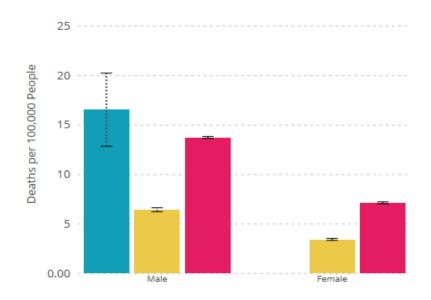
Opioid Deaths (2014)



Opioid Deaths (2016)



Opioid Deaths (2015)



- Santa Cruz County, CA
- California
- United States

Opioid Death Rate







174 AMERICANS DIE EVERYDAY FROM AN OPIOID OVERDOSE (CDC & PREVENTION)

IN 2016, 63,632 DRUG OVERDOSE DEATHS OCCURRED IN THE UNITED STATES POTUS DECLARED "PUBLIC HEALTH EMERGENCY" NOT NATIONAL STATE EMERGENCY

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

Santa Cruz County Clinics

19 waivered 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.

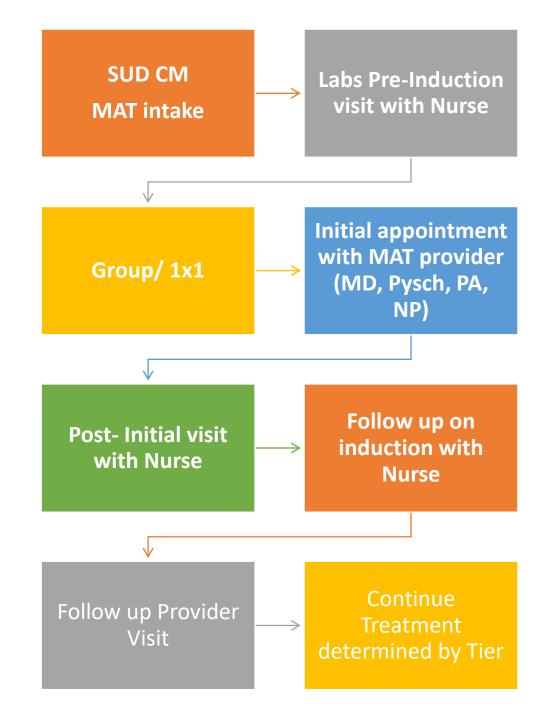
- We have given out 1,600 nasal doses to agencies, patients, and individuals during outreach.
- SSP gives out about 2,000 doses of the nasal naloxone yearly.

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



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.

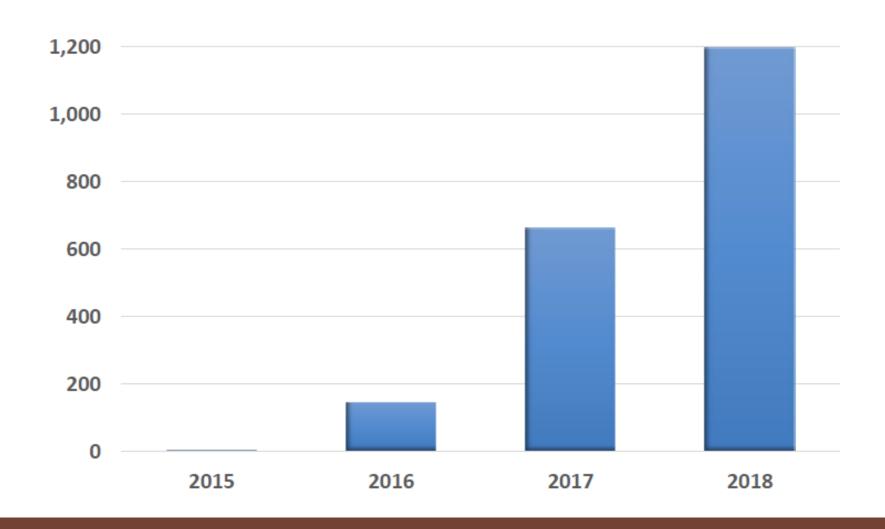
	Prescription	Group/IBH
Tier 1 Induction (2 weeks)	Weekly	Weekly
Tier 2 Early Treatment (12 weeks)	Weekly	Weekly
Tier 3 Stabilization (12 weeks)	Every other week	Every other week
Tier 4 Maintenance (6 months to 1 year)	Once a month	Once a month
Tier 5 Maintenance	Once a month	Once a month



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
Spanish		



MAT Case Management Visits by Year



Homeless Person Health Project (HPHP)

115-A Coral St. Santa Cruz Ca, 95060 **HPHP**

831-454-2080

Nurse Jasmine 831-201-2485

Angelica Torres 831-566-9347

Santa Cruz Health Center (Emeline)

1080 Emeline Ave, Building D Santa Cruz, Ca 95060

Emeline	831-454-4100
Nurse Marion	831-247-4922
Greg Goldfield	831-331-6048
Marissa Torres	831-421-1033
Adam Echols	831-400-6669

Watsonville Health Center (WHC)

1430 Freedom Blvd, Ste. C, D Watsonville, CA 95076 WHC

831-763-8400

Alejandro Monroy

831-247-4193

Danny Contreras 3498 831-212-