

## 2019 CSAC CHALLENGE AWARDS

### *The Integrated Medication Assisted Treatment (IMAT) Team: Opening Doors to Opiate & Alcohol Treatment in San Mateo County*

**OVERVIEW:** IMAT is embedded in the county hospital Emergency Department to educate and engage those with alcohol or opiate use and link to Medication Assisted Treatment.

**CHALLENGE:** Individuals with severe alcohol and opiate use disorder frequently presented at the Emergency Department (ED), which was not equipped to provide substance use treatment. Patients were stabilized medically but received no intervention or linkage to substance use services that could prevent the cycle from re-occurring. Despite the ED's close proximity to a detox facility, just over one mile, there was no collaboration post-discharge and patients would return to the street. Prior to IMAT, San Mateo County (SMC) residents had very few choices for evidenced-based medications (MAT) to treat substance use disorders. Those seeking help for acute opiate withdrawal or ongoing medication support had few options: travel daily to a geographically isolated methadone clinic or to a neighboring county for immediate help.

In 2013, SMC Behavioral Health and Recovery Services (BHRS) conducted a very successful pilot which paired MAT and case management for ≈20 complex clients demonstrating a dramatic reduction in costly ED visits. Intrigued by the success and progressive treatment, the Health Plan of San Mateo (HPSM) agreed to help fund the creation of the IMAT team, including several new positions embedded in the SMC ED, community, and primary care. The program later leveraged funding from DHCS Whole Person Care pilot.

**SOLUTION:** In 2015, a unique partnership formed between Health Plan of San Mateo (HPSM), BHRS, San Mateo Medical Center (SMMC) Emergency Department, SMC Primary Care clinics, Correctional Health, and contracted substance use providers. BHRS IMAT case management (CM) staff were embedded in the SMMC ED 7 days a week including nights, weekends and holidays. The team became part of, and ultimately helped to shift, the culture, processes, and procedures of how substance use is viewed and treated in emergency medicine at SMMC. HPSM and BHRS also helped open a new primary care MAT clinic in 2016 with a sole focus on addiction medicine, operated by HealthRight 360 (HR360 MAT clinic) that has served over 400 individuals.

IMAT Case Managers receive referrals directly from ED medical providers every time an individual presents with alcohol or opiate intoxication. The CM meets patients bedside and works to engage, educate about MAT, link to detox and other community resources, and connect to the HR360 MAT clinic. CM's not only support patients at that first encounter but help to transport patients to their first MAT clinic visit (to reduce no shows), navigate pharmacy issues, resolve insurance snafu's, and link to an array of services including: mental health, primary care, substance use treatment. A partnership with the county jail is strengthening to connect incarcerated individuals with MAT while in custody, and after release.

**INNOVATION:** Over the last four years the IMAT team has built a vast, multi-disciplinary landscape for residents struggling with opiate and alcohol use disorder that previously did not exist. All the while, the team has demonstrated a high degree of flexibility and expertise, and maintained a strong sense of integrity and respect for those they serve: a very complex, high risk population.

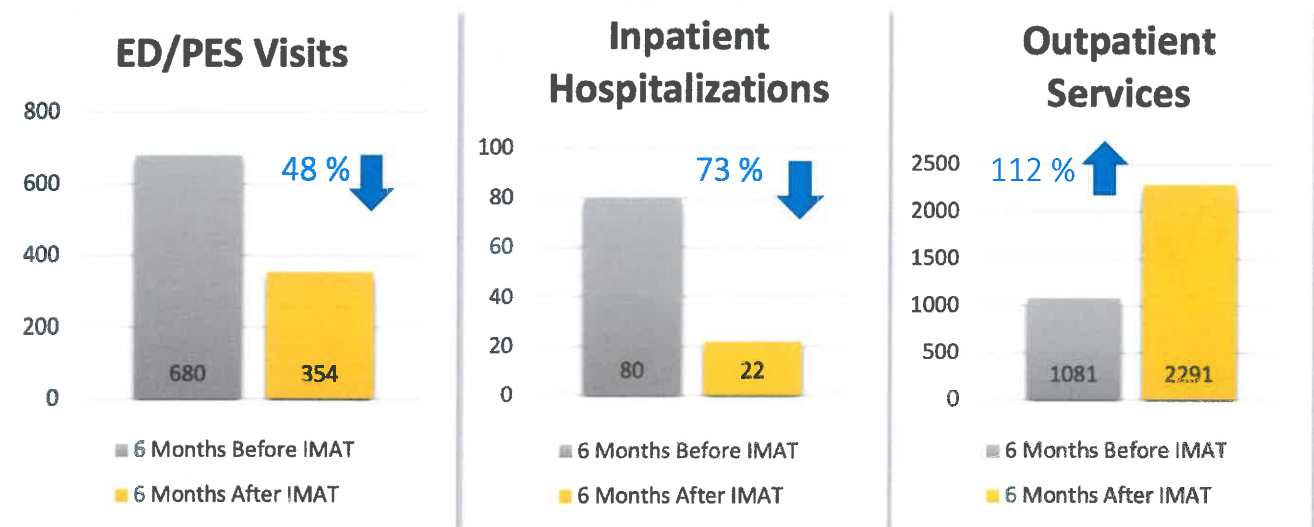
Innovative factors contributing to the team's success have been:

- Unique partnership between many SMC divisions, community partners and HPSM.
- Co-location at SMMC ED – embedded within ED culture – attending rounds, shift huddles, staff meetings and trainings.

- Gained support from County Health Officer to implement innovative protocol to dramatically reduce wait times and increase access for Buprenorphine (opiate use disorder MAT medication).
- IMAT helped launch development of Buprenorphine protocol in the SMMC ED to align with best practices for acute opiate withdrawal.
- CM's have vehicles to transport clients directly from the ED to a safe sobering facility, as well as to MAT clinic appointments to offer support, ensure follow up and community linkage.
- IMAT CM's were given access to hospital electronic medical record systems to collaborate care.
- HR360 MAT clinic extended clinic hours in response to patient feedback and added daily walk-ins
- IMAT CM's also go into county jail to meet potential MAT candidates and coordinate post-release

The days of "treat and street" for those in the addiction cycle are gone at SMMC. Individuals coming to the ED for alcohol and opiate related issues are met with empathic, experienced CM's who help link them to MAT services and stay with them on their journey to recovery.

**RESULTS:** In each year of operation, IMAT has consistently and dramatically reduced utilization of inpatient hospital, ED visits and psychiatric emergency services (PES) when comparing a 6-month period prior to starting the IMAT program and 6-months after. In addition, utilization of lower cost outpatient services increased for IMAT clients after they started the program (n307).



**REPLICABILITY:** The IMAT program is a straightforward, replicable model: Behavioral Health staff with expertise in addiction treatment become part of an ED team. Offering onsite resources and intervention creates a climate of hope for providers and alleviates unmet needs for those with opiate and alcohol use. IMAT has connected and consulted with other counties, hospitals and jails and presented our data at the California Society of Addiction Medicine conference, as well as other venues. We openly share policies and protocols to help support advancing MAT services.

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**OPTIONAL SUBMISSION:** PowerPoint presentation attached to application