

Doing What Works: Innovations in Homeless Services Episode 5 Matt Walton

Title: Human-Centered Innovation in Addiction Recovery with Matt Walton

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Host: Ashanti Blaze-Hopkins

Guest: Matt Walton

Ashanti Blaize-Hopkins: Welcome to Doing What Works, innovations and Homeless Services, the podcast that takes a closer look at one of our community's most urgent Challenges. I'm your host, Ashanti Blaze Hopkins. Interim Associate Dean at Santa Monica Colleges Center for Media and Design. Each episode will engage with experts, policymakers, and educators to uncover the history, explore effective policies, and highlight the efforts of those working to create change.

Joining us on the podcast today is someone who has been an innovator in the tech industry for decades. He has launched and sold numerous tech companies through the years that have provided interactive network and internet solutions for healthcare energy defense. Homeland Security and public safety industries.

He is also an expert on topics related to health, technology, cybersecurity, and artificial intelligence. He has a bachelor's degree from Brown University and an MBA from Yale School of Management. Currently he's the executive director of Clare Matrix. An organization that provides compassionate and evidence-based treatment for those struggling with drugs, alcohol, and related behavioral issues. Matt Walton, thank you so much for joining us on the podcast.

Matt Walton: No, it's my pleasure. Delighted to be here.

Ashanti Blaize-Hopkins: Our first question for every one of our Doing What Works, podcast guests is always the same. What was your first job ever and how does what you learned in that position inform doing what works for you now in your current role?

Matt Walton: Well, my first job ever, was actually working as a stock boy in a shirt factory in New Haven, Connecticut. And just to really, date myself, I was being paid the minimum wage at that time, which is, I recall was a buck 38 an hour.

Ashanti Blaize-Hopkins: Oh my goodness.

Matt Walton: So, you know, that like sort of. Dates me a little bit anyway. But I don't really, I mean, that was my first job. My, my first actual real job was, when I was going to college and I had to, pay for my education. And I was fortunate in that my father was a geologist and consulted on very large scale construction projects. And I was able to get a job as a minor, on a tunnel project, at 11,000 feet, in the Rocky Mountains at what's called the Eisenhower Tunnel.

It's actually the highest tunnel in the United States. And what that really taught me, when you work in that kind of environment, which is very physically demanding and potentially dangerous, you have to have your wits about you. You have to be aware of your environment, your surroundings, and that to me is the really been kind of the essence of most of what I've done for the rest of my career is I've been very fortunate to do a lot of different things.

Ashanti Blaize-Hopkins: So let's talk about that part of it. You know, this idea of you jumping from one thing to the to another. You focus on one thing, you kind of get it done, you move on to the next thing. You have quite a background, especially in the tech world, and have found ways to use technology to address various challenges and even tragic incidents facing our society.

Can you share how you first became interested in technology and how it evolved into this entrepreneurial spirit You have?

Matt Walton: Sure. Well, I was also fortunate. I was the son of two scientists. Both my parents were, were college professors. And what that meant was, as a kid, I had absolutely nothing to do with science. You know, that was their thing. And so, I avoided science like the plague. In fact, I majored in, drama and social psychology, when I was in college and, mostly did plays acting. But when I got out and I got into the real so-called real world, I discovered there must have been something genetically in me because I found myself naturally gravitating towards systems.

And, again, part of that what I was just sharing about not being intimidated. To, look at something new and go, Hmm, well maybe I could do that, and then starting to try it out and then having a sense that, gee, you know, it looks to me like it's kind of obvious the way it kind of should work, and it doesn't seem that hard. Really. But again, I've been very fortunate in my career to have, been exposed to fields that were unfolding. And I liked that kind of thing. I like going out and looking over the edge and the edge of the

horizon. And then I guess maybe, 'cause I didn't know any better, seeing if I could make some kind of a contribution.

Ashanti Blaize-Hopkins: I can completely relate my father retired from the Department of Defense as a scientist, and I wanted nothing to do with science. But then I'm also now on a job where processes and, you know, the, the intricate details of things, you, you almost gravitate towards it because your DNA tells you, you have to, right.

Matt Walton: Yeah.

Ashanti Blaize-Hopkins: So, you know, when you were talking about how you started working for the state of Connecticut, you're overseeing, for instance, the building of this new medical school. That seems to be the time when you kind of got your first, really your second hand on healthcare, right? So let's talk about healthcare tech.

What resonated with you when it came to healthcare tech, and what is behind focusing on that particular area when it comes to tech?

Matt Walton: Great question because I've been involved in healthcare tech now, I would say, without any qualification for 40 years. And I've always been drawn to the IT side of it. I've always been fascinated by the, this, paradox in, healthcare where healthcare is about taking a human being in all of our many splintered ways we exist that has something wrong with that human being and identifying what's wrong with that human being, and then trying to either diagnose properly and get the right care, or if there's a diagnosis, but there's no care, then trying to figure out how you can actually invent stuff.

Can address those issues and to me. There's this interesting duality between the human side of it. The most complex of all cre, of all of anything is the human brain. So, there's that. How does all those synaptic connections operating in terms of, you know, experience and feeling and, the psychosomatic dimensions of illness and all that, how does that work?

And then there's the physical manifestation. Of, what's wrong. And because we are so enormously complicated, how do you, sort through all the information to identify what's important? And then how do you, once you've identified that, how do you then develop an approach to dealing with that? And then how do you track that to ensure that you're getting to where you need to go?

And then how do you ultimately measure. The overall effectiveness that not just biologically, but in terms of the human experience that that has created and other very nitty gritty things like economics. Does it make sense? Is it financially sustainable? Is it viable? And then organizationally, is it something that you can actually provide?

I guess to summarize it all, it's because at the end of the day, while I've, I do love technology and I've been very blessed to play, you know, kind of on the edges of technology for a long time. I'm a humanist, so it's, the human experience of that. That I find most sort of, dramatically compelling.

Ashanti Blaize-Hopkins: Is it the humanist in you that kind of sparked this transition from tech entrepreneur to the addiction treatment industry? You were previously the CEO of High Watch Recovery Center.

Matt Walton: Mm-hmm.

Ashanti Blaize-Hopkins: How did those type of opportunities come to be?

Matt Walton: Well, I like to call myself actually the accidental CEO in terms of, this is my second. Posting, as a CEO of a treatment center, and the first one was, I genuinely felt was accidental. Because I had, actually started a company that was focused on healthcare IT systems, health information, electronic medical records. And in the two thousands and the 2000 early teens, the large, electronic medical records like Epic and Cerner had not really come to predominate the way they do now.

And so there were literally hundreds of different systems and none of them could interoperate with each other. And that became a very interesting problem to me, which I had, had some rather interesting, practical experience dealing with in the nineties. You mentioned your father was involved with the Defense Department. I was very heavily involved in the nineties, with the defense advanced research projects agency, darpa, working on a bunch of different, classified and then classified, projects that involved trying to use advanced search technologies to get on top of really, really complicated data messes and sort 'em out without having to try and force everything into a great big, clumsy database.

And so having had that background, when I got involved in healthcare, or those kind of healthcare problems, that really then intrigued me. It was like, well, I mean, really? You know, you have a modern hospital, a circa 2005, for example, would've had 200 different IT systems and you know, every individual part of the human body was under a different specialty and every specialty had signed its own classification system and every specialty had spawned its own little ecosystem of IT programs that supported that little specialty, but had nothing to do with the specialty right next to it.

Ashanti Blaize-Hopkins: That's highly inefficient.

Matt Walton: Highly inefficient with, you know, lethal consequences. I mean, one of the, one of the manifestations of that was directly relevant to right before I had my accidental opportunity to become CEO of Highwatch was, I started a company with Yale, Yale

University, to basically use Google-like search to get on top of these electronic medical records.

And which we did successfully. And one of the, sites that we had to apply the technology to test it was the VA hospital in right outside of New Haven. In West Haven. It's one of the biggest VAs in the country. It's also because of its proximity to Yale, it's affiliation with Yale. It's one of the premier research institutions in the whole VA healthcare system, which is huge.

And so what we started to do was to use Google like search, to search x-rays, search radiology reports for people who had been, where the test had been ordered by cardiologists to look for, you know, cardiac issues. Valve disease, whatever, and then have the search engine, not just search for certain keywords as it related to a cardiology issue, but then look for anything else with the rest of the notes that were all arrayed below the main notes to see if there was something of interest.

What we discovered is that all these, vets were coming in. They were being given a chest x-ray. The chest x-ray was ordered by a cardiologist. The front section was all in the cardiology report. It was, you know, blah, blah, blah, block re number two. And then, the next section down, which was secondary notes, which was never read by anybody, would literally have in the note, observed a two-centimeter mass in the lung or observed, a 15 millimeter lesion in the pancreas, and which were all extraordinarily important, stage one, stage two. Signs of cancer, but that nobody ever read. And so you literally would have people presenting with heart problem and then coming back four or five years later at stage four lung cancer and which, so that's, that's a no kidding problem.

Ashanti Blaize-Hopkins: You talk about how, you know, things really have to hit you in the heart instead of just in your head.

Matt Walton: Mm-hmm.

Ashanti Blaize-Hopkins: Is that the driving force for, you taking on the executive director position you currently have with Clare Matrix. What about the mission of Clare Matrix resonated with you in that same way as the previous organization? Can you talk to me about Clare Matrix impact and how that kind of fuels that passion you have in your heart?

Matt Walton: Yes, absolutely. So, I grew up in the East. But in 1991, I moved out into Santa Monica and I lived in Santa Monica for 15 years. And when I was here, I had a lot of friends in the recovery community, and I kept hearing about this wonderful organization called the Clare Foundation. That was the last house on the block for the people that had lost everything.

And there was something that appealed to me about that in, on several levels. One was, just a sort of, a deep sort of empathy, but also because, be candid, it was revered within the community. A lot of people I got to know here and I respected, were involved with Clare and, including a guy who became a great, great friend of mine who ultimately became their chairman.

And so, it was ironic because my wife and son and I moved in 2006 from Pierce on a way back east. The individual I'm talking about in 2010 became the chairman of Clare. And when I stepped into my accidental CEO role at Highwatch, he and the board were wrestling with a decision as to whether or not to merge, Clare with another organization called Matrix. He consulted me 'cause he knew, I knew some stuff about this. And so we had a lot of conversations back and forth, and unfortunately, he was quite ill at that point. And he died right before the merger happened. And I kind of lost touch with the whole thing, but I knew a number of the people that were on the board by that time.

And in 2021. I had by that time moved to Vermont, where I still have a house. And, I got a call at the end of April from one of the, one of the board members, who said, "Hey, what are you doing next week?" And I said, "Well, you know, the snow just left. The flowers are starting to poke up. Why are you asking?" And they said, "Well, could you come out and take a look Clare? Because it's got some problems, got some issues, and we know that you've had some experience in that area. Maybe, just a fresh pair of eyes could help." So I said sure. And I flew out in the beginning of May. I spent a week, I looked at where the organization was. I saw what it was confronting. It just barely, it, was still covid time. Covid had just rocked residential treatment facilities. Many of them, you know, were just demolished during that. But I did see that it looked like, you know, there were certain things that needed to be done clearly.

So at that point, they asked me to continue and I continued for the next few years. Off and on as a consultant, trying to help them as they went through three different CEOs. And then this time last year, actually, they asked me to come out because it just still wasn't working. It still wasn't coalescing to really come up with a plan. You know, the plan was either fix it. Or figure out how to merge it because that it just wasn't coalescing the way it needed to. So if you look around us, and I know your focus is homelessness, 70, 80% of homeless people have either mental illness or substance use disorder, or both. If you don't solve those problems, they'll never get out of that cycle.

Looking all around us and seeing how pervasive this problem is, to be in a position as this organization is, to say we've been here for 54 years. We are the resource for the west side. We are the only treatment center left on this side of the 4-0-5 freeway. That can provide all levels of service.

For the mentally ill across the population here, and to be able to approach the community with a very simple message. And that is, that's what we do. We also try to be really clear about what we don't do, and so we do mental health and we do substance use disorder, and we try to be really, really good at that, but we understand that the

people that we're trying to help, are in a way, the most broken or the broken. And they've got all kinds of problems. They've got other health issues. They've got housing insecurity. They don't have any- they've got no transportation. They've got lots of legal problems. They've got children and they've got lots of children problems. They've got, in other words, they've got this wide array of problems.

We're not in any way implying that we can do more than what we can do. But what we do want to do is we want to extend a hand to the community to say, how can we help you? And what I've discovered in that is that, as one of my good friends puts it, when the standpoint that you have with the world around you is. Coming from a place of saying, how can I be of service to you? You fit in anywhere.

Ashanti Blaize-Hopkins: Let me shift gears a bit, and I say shift gears, but I think it's all really very much connected. When did you first hear about Santa Monica College's Homeless Services Program? Share with me what your first initial response was.

Were you surprised to hear that a program like that existed? And especially at a community college?

Matt Walton: The first I heard of it was when I did assume my position here. One of, you know, I had to evaluate our challenges. One of the really significant challenges we've got is to find competent staff, in all areas. So in all of the clinical areas. Whether, they're prescribers, med administrators, case managers, therapists, at every level, addiction counselors at every single level. This is a very tough field right now because, it's dramatically underserved in terms of the available credible people.

Who are available to work for it. And so one of the immediate thoughts that I had was because I'd lived in Santa Monica for 15 years, I thought, well, gee, I mean, you know, Santa Monica College has got some great programs, great, entry programs for people. I wonder if they've got a program and wouldn't it make sense for us, as a provider institution that needs people who are qualified coming through that program to make their acquaintance, and from their standpoint. It's, you know, fairly logical to presume you want places where your students can go and get experience, real world experience. And we're right here and once they do all the hard, heavy lifting of getting a degree. They can get a job someplace. And if they want to continue to live in Santa Monica, here we are. Excuse me. So, I did sort of initiate, looking for those connections while we were busy doing a whole variety of things. And then I just had the very, very good fortune. I was sitting with two of your colleagues at this big ran event that we were invited to attend and I was invited to speak at, and right outta the gate it was, well, yeah. You know, there'd be certainly some grounds to at least have a conversation.

Ashanti Blaize-Hopkins: You know, you spoke about this need, this labor force need.

Matt Walton: Mm-hmm.

Ashanti Blaize-Hopkins: For having folks who are well-trained and ready to go to be able to support all of these services that this very, very, vulnerable population needs.

Matt Walton: Yep.

Ashanti Blaize-Hopkins: How important is it to have these types of programs like the one at SMC to expand, not just to community colleges all throughout the state of California, but even across the country? Obviously, this is not an issue that is unique to the state of California.

Matt Walton: Not at all. I think it's an absolutely urgent. Not just industry in the sense that we're in an industry priority, it's an urgent societal priority. In other words, mental health and substance use disorders are the physical manifestation of the fact that there's a very significant ongoing pandemics, in this country that fall under the heading of, anxiety, loneliness, and, that are quite pervasive, and depression, and those are not getting better. They're getting worse. And so that as a society, we have been slow to, recognize the pervasiveness of those things, and to realize that we don't really have the resources.

That are needed to effectively address those things. And where the rubber really hits the road are for the people who, for whatever the complex set of reasons, and for every individual it's different, get basically spun off the wheel. You know, so, so many people in this country, I mean, like it's astonishing statistic, like 65% of the US literally has less than one month, net worth, so that if anything happens to them, they lose their house, they lose their car, they lose their job, they lose- I mean, it just, and so that there's this enormous pervasive societal uncertainty that is creating this pandemic of loneliness, anxiety, and all those other sort of, adverse, dysfunctional behaviors that are associated with those things. And, inadequate safety net to, to address those things.

So that in terms of. The need is there and in terms of the opportunity, it's emphatically there. And so that in looking at the, again, California specifically Santa Monica specifically, Clare Matrix specifically is we have 20 open positions right now, that we're desperately trying to fill. We can't find qualified people for them.

The state of California's \$6.8 billion. Prop 1 bond was, which is a lot of money, was to create 6,800 new residential treatment beds. Currently we're operating around 75 to 80. Here. We want to double that. We want to literally go to, if we can double that cap capacity 'cause we're turning people away all the time.

One of the reasons why right now we couldn't do that even if we wanted to, is 'cause we can't staff to that. So that to have, a institution like Santa Monica College, which I think is a tremendous advantage has as a focus. What is not disparagingly called vocational education where you know, you can be very specific about going to college for a specific area of interest to learn specifically how to do that and even get credentialed while

you're doing that so that you know you're not getting some esoteric, you know, academic degree.

Like I did the first time, you know, so, my degrees in drama and social psychology, I made it up. I didn't because I, at that time, I had no idea what I wanted to be when I grew up. So rather than make that mistake, you can focus on an area that you do feel touches your heart, get experience in that, and then I would, the only other thing I would offer to your students is this problem is not going away.

So if you want a career and, which is a very tricky thing, I've been in high tech for 40 years. I've seen all kinds of really, really cool technology that was hot, hot, hot and doesn't even exist anymore, right? That where, you know, things are changing so fast that whatever your area of expertise is, through no fault of your own.

Especially right now with AI, where AI is more than capable now of doing 90 to 95% of basic programming in C++, you don't need a C++ program anymore, or Python or any of the other, what, even five years ago were sort of considered more elite programming languages where you could build a whole career, you're gone. It's, I mean, and that's part of what's creating this, you know, mass anxiety. But in terms of. People struggling with anxiety, depression, merit, various forms of, of real other documental mental illness. And then added to that addictive behaviors, whether it is, alcohol, drugs, the internet, whatever.

The opportunity that I think is not gonna go away, at least for, for as far as I can see in the future, is for people who understand how to help people who have those issues. And if you can do that, you get two things, job security, and , while they're not that well paid now, which is one of the, problems, I believe it's going to change because of the criticality of the need so that you, you have job security and then you also have, for me anyway, a level of satisfaction around feeling like what I did today mattered. That's really in my experience, second to none in terms of what I've been able to do.

Ashanti Blaize-Hopkins: Last question for you. I wanna talk a bit about what a dream state would look like for you. So given that you had all green lights, no barriers, no yellows, no reds, what would it look like to be able to solve this issue? What would be needed? And do you think that's a dream state we can get to?

Matt Walton: Yes, I do. But I'm a dreamer. So, and by the way, if you're going to, if you're gonna pursue an entrepreneurial path, you, you either have to be blessed with or have a sort of a, profound psychological disorder. Just incurable optimism.

Okay. Just gotta, 'cause you know, too much happens along the way that could tell you, you're crazy. But if you, and, anybody who ever did anything that was really, really difficult, especially things that didn't quite exist and when they started out, has to pursue those things with a belief, it's gonna work. Right. So, yeah, I love that question because

I do have a vision in terms of what it could be, and that is, I come from a place in terms of human experience now, and it does help to have gray hair in this 'cause I've lived a long time, sort of. But that's, I've exposed a lot, a lot, lot the people.

And what it's shown me is that nobody gets outta here unscathed. People live with this false view, especially in our, media driven culture where we're all supposed to look like the Kardashians be really rich and drive the right cars and, never have any health problems and, you know, on and on and on. And the reality is nobody lives that way. And so what does that mean? It means that everybody, everybody gets stuff in their lives and everybody goes through periods where they struggle with that stuff, and a very, very large percentage of us go off the rails at different points along that way.

My belief is all of the problems that we deal with on a daily basis at Clare Matrix, where we are dealing with in a way the most extreme, amongst us. Who've had those things happen, with a lot of piling on, is that if we can show how to help individuals in that condition come out of the cold, engage with a system of recovery. Where it isn't about treatment. In fact, we have a very simple motto now at Clare Matrix, which is, "We want to put recovery back into treatment." In other words, we're not interested in taking somebody and giving seven days of detox and patting on the back and say, go back out on the streets, see how it goes the next time. We're not interested in doing that. And then giving them 90 days of residential and saying, here, good luck. Here's a bus pass. Okay. What we're really interested in is focusing on that what's called the acute stage, to get them first safe, then stabilized, then beginning to get a kind of sense that, oh, there's maybe something I can do here. And then provide them with the tools to plug in ultimately to the most important part of the journey. Which is, at the end of the day, not necessarily to just not use drugs or not, abuse alcohol or not act out in, inappropriate ways. It is to give them a start at grabbing onto a set of principles by which they can build a life on. And that when they do that, one of the other, I can't exaggerate, incredible rewards that I get, and I'm talking about me.

For being here, is at least once a week, somebody comes into my office or somebody I'm aware of here, as part of what, we're trying to do, is brought to my attention where you look at them and you go, you can't get from where they were to where they are now. You can't, you just, it just, it's not possible that somebody could be so broken. And yet, now standing in front of you is this individual, who has more, and more, and more daily filled with life and vitality and interests, and desires and integrity, and a desire to help others the way they've been helped themselves. That to me is not just, it certainly happens one person at a time, but it is not singular.

It is generalizable. And that as a society, what we need are ways for many, many, many, many more people who don't have to wind up living on the streets to feel that they've achieved, they've reached a bottom. To find a connection with that kind of future. And if we do that, then as a society, our anxiety, our anger, our depression, our, extremes, we'll all dissipate.

And so, 'cause I'm an eternal optimist, it will be a better place, not just for me. But I just had the week with my son who lives in New York, came out to visit me and I adore my son. He's 29 and he just flew back this morning. And when again, being a parent, when you look at a child, there is this feeling of, I want this to be better for you. I want this to be better for you. And looking at the world we're in, it's sometimes hard to say that with all the things that are going on, but what I do believe is that it can be better for him. And, at the end of the day, while I certainly don't have much to say about how it all unfolds in the big picture. As each individual, you get a chance to try and make it a little better. And that's your reward.

Ashanti Blaize-Hopkins: I feel like you're, you create the world of folks who keep saying, how can I help?

Matt Walton: Right.

Ashanti Blaize-Hopkins: And that gets us that much closer to your dream state, right?

Matt Walton: That's right.

Ashanti Blaize-Hopkins: Matt Walton, thank you so much for sharing your insights and expertise with us, and thank you for joining us on doing what works, innovations and Homeless services. We hope today's conversation has shed some light on the complexities of homelessness and inspired ideas for change. If you found value in this episode, please subscribe, share, and leave us a review. Together we can continue the dialogue and support the efforts to create lasting solutions. Stay tuned for more insights from the experts leading the way.

Until next time.