Introduction

Thank you for your interest in the AzMAT Mentors Program. The program aims to increase provider capacity to deliver evidence-based treatments for people with substance use disorders and, more specifically, for patients with opioid use disorders (OUD).

This Resource Guide (herein referred to as The Guide) offers resources and links to support the provision of medication-assisted treatments (MAT). Additional technical support can be received from the Opioid Assistance and Referral line (1-888-688-4222) or the Arizona Center for Rural Health https://crh.arizona.edu/mentor or via email at coph-crh@arizona.edu.

The current version of the AzMAT Mentors Program is coming to an end in September 2023. We encourage folks to access the resources in this guide and on our website. In particular, consider participating in the Providers Clinical Support System trainings and mentoring. More information here: https://pcssnow.org/

The Guide is a compilation of national and state resources. Though not exhaustive, these resources were selected to address important questions and topics that Arizona MAT providers indicated were of interest. Most resources are available via the web.

Culturally Responsiveness Statement

Addressing challenges faced by Arizonans with substance use disorders including those who are of the global majority are crucial components of research, policy, and clinical strategies that improve health equity. AzCRH connects diverse partners across Arizona, provides reliable and useful data to inform policies and programs, and assists in finding resources to support rural and underserved populations historically exploited and ignored. We pledge to expand our efforts to address racial injustices and health inequities.

We also recognize and celebrate differences within and between cultural groups and strive to create inclusive environments for all people for whom we interact.

Land Acknowledgment Statement

“We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O’odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.”

For more information about Native lands which UArizona resides on, see https://nasa.arizona.edu/

Updated June 2023
We collectively acknowledge and recognize the historical labor from which our country was built. This includes the labor of enslaved people, immigrant and indigenous labor, voluntary or involuntary. We recognize that our country was built by, is defined by, and continuously supported by communities who have been disenfranchised and oppressed. We are indebted to their labor and sacrifice. We recognize our responsibility for addressing oppressive systems in our work and pledge to redress those histories.

We acknowledge that many individuals, scholars, activists, and others are engaged in efforts to improve equity and social justice. This labor statement was inspired by the work of scholars, activists, and others. Our statement was adapted from the work of:

1. Dr. Kelly Palmer, Assistant Professor, Mel & Enid Zuckerman College of Public Health, The University of Arizona
2. California State University Long Beach’s Labor Acknowledgement by Dr. Betsy Eudey [https://www.csulb.edu/sites/default/files/document/labor_acknowledgment.pdf](https://www.csulb.edu/sites/default/files/document/labor_acknowledgment.pdf)
3. Labor Acknowledgement in Advance of Black History Month by Whitney McGuire, Lawyer and Co-found of Sustainable Brooklyn [https://www.youtube.com/watch?v=bu4maCxPOOk&t=7s](https://www.youtube.com/watch?v=bu4maCxPOOk&t=7s)
5. The Unpaid Labor Project [https://www.unpaidlabor.com/aboutul](https://www.unpaidlabor.com/aboutul)
6. The University of Chicago Land and Labor Acknowledgement written by Symphony Fletcher [https://guides.lib.uchicago.edu/landlaboracknowledgment](https://guides.lib.uchicago.edu/landlaboracknowledgment)

This statement was prepared by Estefania Mendivil and Bridget Murphy with assistance from Ben Brady and Daniel Derksen.

**Acknowledgments**

*The Guide* was developed through a collaborative process among personnel in and partners of the Arizona Center for Rural Health. These include:

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Arizona Center for Rural Health

The Arizona Center for Rural Health (AzCRH) is situated in the University of Arizona’s Mel & Enid Zuckerman College of Public Health. AzCRH is the designated state office of rural health for Arizona. AzCRHs mission is to “is to improve the health and wellness of Arizona’s rural and underserved populations.”

Relevant to substance use, AzCRH faculty, staff, and students recognize opioid misuse continues to be a public health priority. Arizona documented a 33.6% increase in the number of people who died from a fatal overdose between 2019 and 2020. This is higher than three of our five neighboring states.\(^1\) Research tells us dissimilarities and disparities in opioid deaths, and treatment exist among people in rural areas\(^2\), people of color\(^2\), people with HIV\(^3\), women\(^4\), and people with disabilities\(^5\). For example, between 2004 and 2013 the proportion of babies born with neonatal abstinence syndrome (NAS) increased from 12.9% to 21.2% among births in rural parts of the country.\(^6\) These issues are alarming since there are safe and effective prevention, harm reduction, treatment and recovery services to support individuals and families.\(^7\) Continued coordinated efforts to identify and refer patients to services and support are necessary.

AzCRH personnel, in collaboration with federal, state, and local entities, develop resources, training, and programs. We aim to support individuals, families, providers, and communities to address substance use, misuse, and addiction using evidence based solutions. (https://crh.arizona.edu/).

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6 Stockwell S. Rural pregnant women and newborns hit hard by opioid crisis. AJN. 2017 Mar; 117(3):17. doi: 10.1097/01.NAJ.0000513278.76259.6d
Health Promotion, Resiliency, Strengths, and Trauma Stewardship

One way to reduce harmful affects of substance use, misuse and addiction is to promote health and wellness by improving individual, family and community resilience. Public health professionals often use social ecological models to discuss and understand the relationship between an individual’s health and their communities. Golden, et al\(^1\) developed the “inside-out” ecological model which puts policies and environment in the center with individuals on top calling for fair and equitable distribution of resources. Adapted from Golden, et al these are some actions professionals can do to support health promotion:

- Ensure resources are equitably distributed when policies are developed and implemented
- Communicate the influence of political, social, and environmental factors on health
- Use existing networks to connect and advocate for more diverse voices to be heard in their organizations
  - Example: Linkages to referral sources.

Researchers examined the protective factors for health specifically for Indigenous/Alaska Native youth\(^2\). They found individual, family, community, and multi-level protective factors for alcohol, substance use, suicide and depression exist. Commonalities included role modeling, positive adult relationships, opportunities to contribute, and extracurricular activities. These authors recommend that health professionals:

- Identify and use protective factors to improve health
- Provide engagement to identify strengths—rather than focusing solely on deficits

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Legal and Ethical Practice

Collecting consent for the treatment of substance use disorders is an ethical and legal practice. Protecting substance use information gathered through the provision of treatment is required under 42 C.F.R. Part 2. Additional information about legal and ethical practices and requirements can be found here:

- Center of Excellence for Protected Health Information: https://www.caiglobal.org/index.php?option=com_content&view=article&id=1149&Itemid=1953
- Arizona’s Health Information Exchange General Onboarding resources: https://contexture.org/hie-onboarding-arizona/
- Substance Abuse and Mental Health Services Administration (SAMHSA) (last updated April, 2020): https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs

Other legal and ethical issues to consider are diversion and theft. Here are other resources to help minimize these risks.

- Arizona Prescription Monitoring Program: https://pharmacypmp.az.gov/
- United States Department of Justice, Drug Enforcement Administration Diversion Control Division: https://www.deadiversion.usdoj.gov/

Changes to requirements for OUD treatment

A DEA registration is now sufficient for prescribing buprenorphine for opioid use disorder treatment. New or renewing (DEA) registrants must meet certain training requirements.

For more information about training requirements and the list of approved organizations that offer CME hours, please visit:

Substance Use Disorders: Intersection of Factors

In 2016, the former Surgeon General released the first-ever report on alcohol, drugs and health. This comprehensive report addresses issues of neurobiology, prevention, treatment, recovery, integrated behavioral health care and policy. It provides concrete strategies for addressing substance use concerns in a variety of settings for diverse populations. Chapter 6 is dedicated to health care systems. In 2018, the current Surgeon General provided a spotlight on opioids which offers reasons for optimism, treatment and recovery information. The links can be found here:

- Visit the Surgeon General’s website on alcohol, drugs, and health: https://addiction.surgeon-general.gov/
  - View a 2018 spotlight on opioids: https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf

Opioids and Poly-Substance Use
The Arizona Department of Health Services (ADHS) provides real-time data regarding the opioid epidemic. This dashboard links to the Arizona opioid action plan and prescriber education program. This dashboard highlights poly-substance use as an important aspect of drug overdose. Data are updated regularly – please visit the website for the latest numbers.

- Arizona Prevention Resources (scroll down to see a list of resources specific to opioid use disorders): https://goyff.az.gov/content/arizona-substance-abuse-prevention-resource

Substance Use Risk Education
Individuals have low general knowledge of opioids, overdose, and responses to overdose1. Importantly, these researchers also found higher knowledge levels were associated with increased odds of a lifetime overdose. This highlights the complicated relationship between information and behavior, and the need for care in how providers communicate with patients about opioids and their risks.

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Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Overview
SBIRT is a public and population health approach for identifying, intervening, and referring people in need of substance use, misuse, and addiction services and supports. It is evidence-based and has been implemented in a variety of settings. SBIRT is effective for addressing harmful alcohol use, but some studies show mixed results. Assessing the patients’ severity and responding accordingly is important. While evidence is preliminary, Bernstein and D’Onofrio expanded SBIRT approach to initiate medication for treating nicotine and opioid use. They found promising results for reduction/elimination of use and linkage to OUD care.

How it works
1. Screening: All patients are screened using screening tools with acceptable specificity and sensitivity. The screening tools identify those who may benefit from additional screening and/or brief intervention/treatment. Screenings can be progressive. That is, screening might start with one question about substance use during a specific time frame and progress to more comprehensive screening if indicated. Based on screening results, providers may:
   a. affirm a patients’ healthy behaviors,
   b. offer patients additional screening(s)
   c. offer referral to other services or supports
2. Brief Intervention/Treatment: Based on screening results, providers may offer brief office-based intervention/treatment. Treatments might include: (a) medication such as buprenorphine and (b) behavioral such as Motivational Interviewing.
3. Referral: Providers might offer referrals to specialty substance use disorder treatment or other services and supports (e.g., family counseling).

Additional resources for implementing SBIRT can be found below.

General Information
- Center of Excellence for Integrated Health Solutions: https://www.thenationalcouncil.org/resources/substance-use-prevention-resources/
- NIDA: Commonly used drug charts: https://www.drugabuse.gov/drug-topics/commonly-used-drugs-charts
- SAMHSA: https://www.samhsa.gov/sbirt

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Professional Training, Evidence-Based Practices, and Technical Assistance Resources


- Motivational Interviewing Trainings
  - Center for Applied Behavioral Health Policy: [https://careercatalyst.asu.edu/programs/motivational-interviewing/](https://careercatalyst.asu.edu/programs/motivational-interviewing/)
  - Motivational Interviewing Network of Trainers: [https://motivationalinterviewing.org/](https://motivationalinterviewing.org/)


- SBIRT Education: [https://bigsbirteducation.webs.com/](https://bigsbirteducation.webs.com/)

Implementation Toolkits and Examples

- IRETA: [https://ireta.org/resources/sbirt-toolkit/](https://ireta.org/resources/sbirt-toolkit/)

- Massachusetts Clinicians Toolkit: [https://www.masbirt.org/products](https://www.masbirt.org/products)

- SBIRT Oregon:
  - Overview YouTube Video: [https://www.youtube.com/watch?v=jt_J2Yg2Ik4](https://www.youtube.com/watch?v=jt_J2Yg2Ik4)
  - Screening computer application. Available in English and Spanish: [http://sbirtapp.org/language](http://sbirtapp.org/language)

Screenings and Assessments


Reducing Stigma

What is stigma?
Stigma is “A social process that is characterized by labeling, stereotyping and separation leading to status loss and discrimination, all occurring in the context of power.” It can affect the fair and equal treatment of people living with certain conditions, like substance use and mental health—two of seven health conditions that share common stigma drivers (see below).

What drives stigma?
- Negative attitudes
- Fear
- Beliefs
- Lack of awareness about the condition and stigma
- Inability to clinically manage condition
- Institutional procedures and practices
- Violent and discriminatory structures

What are the consequences of stigma in health care?
- Denial of care
- Sub-standard care
- Physical/verbal abuse
- Longer wait times
- Pass patients to junior colleagues
- Undermine access to diagnosis, treatment, and positive health outcomes
- Health care workers may be living with stigmatized condition and reluctant to seek help

What are evidence-based strategies for reducing or eliminating stigma in health care?
- Prevention of substance use and misuse is an evidence-based strategy. By eliminating or reducing substance misuse and addiction we may help eliminate stigma.
- Including people with the stigmatized condition to help improve empathy, and eliminate stereotypes in health care
- Providing information about the condition and associated stigma
- Engaging in participatory learning among participants involved (i.e., health care workers; patients)
- Building skills for health care workers to improve their ability to work with people in stigmatized groups

1 Link BG, Phelan JC as cited in Nyblade et al., 2019 p. 1
• Empowering people to acknowledge and management their substance use disorder to over- 
  come self, social, and structural stigma
• Making structural or policy changes in the health care setting

How do we promote person-first language?
• Recognize people are not their diagnosis or deficiency
• Use terms or phrases such as “person with substance use concern” or “disorder” rather than 
  “substance abuser”
• Reduce the use of language that may be perceived as judgmental. For example, tell the pa-
  tient their urinalysis drug screen was “negative” for substances rather than it was “clean.”
• Allow patients to use their own terms to identify themselves (i.e., I’m recovering addict) but 
  as helping professionals refrain from using these terms

Why is person-first language important?
• The term drug “abuse” is implicitly linked with emotional, physical or sexual abuse
• A study found clinicians were more likely to blame a patient when they were described as a 
  substance abuser versus a person with a substance use disorder
• People who feel stigmatized may be less likely to seek treatment or more likely to drop out
• Using person-first language helps empower patients to seek help and manage their conditions

Other Resources
SAMHSA and others have developed many resources to help educate providers and communities 
about the stigma associated with substance use disorders. The links below may be helpful.
• Faces and Voices of Recovery: https://facesandvoicesofrecovery.org/resource/words-matter-
  how-language-choice-can-reduce-stigma/
• Power of perception: https://www.samhsa.gov/power-perceptions-understanding
• Revising the language of addiction: https://news.harvard.edu/gazette/story/2017/08/revis-
  ing-the-language-of-addiction/
• Shatterproof: https://www.shatterproof.org/about-addiction/stigma/stigma-reducing-language
• This is a one-hour panel discussion about research and practices related to stigma: https://
  www.youtube.com/watch?v=LuotCdJF2qc&feature=youtu.be

   https://www.apa.org/monitor/2019/06/cover-opioids-stigma
Primary and Secondary Trauma and Moral Injury

Primary Trauma:

Trauma has significant and lasting effects on our health. The landmark Adverse Childhood Experiences study demonstrated a higher proportion of people with four or more ACEs report substance use/misuse and mental health conditions. If unaddressed, these adverse experiences may continue to negatively influence an individual’s physical and emotional health. These are primary traumas. For example, people who experience a greater number of ACEs are also at increased risk for health behaviors such as smoking, heavy drinking, drug overdose, and chronic health conditions (e.g., heart disease). Scientists suggest the mechanism for these issues is toxic stress. Toxic stress is defined as the overactivation of the stress response which can affect attention, executive functioning, impulse behavior and other issues. These are similar to the neurobiological mechanisms of addiction.

Prevention of Primary Trauma

Prevention efforts to interrupt the generational transmission of primary trauma include screening for and educating pregnant and parenting mothers about ACEs during pediatric visits. Racine examined the economics of investing in early childhood interventions. The researcher concluded marginal investments in early childhood interventions, regardless of the setting, produce economic benefits.

Secondary Trauma:

People who care for others may experience secondary, or vicarious trauma. This is especially relevant to first responders, health care providers, military personnel, and family members. Ensuring caregivers also care for their own needs is essential to prevent or reduce secondary traumatic stress (STS). Scholars suggests empathy can be both a protective and risk factor for STS which can be mitigated by self-care, detachment (ability to detach from work), sense of satisfaction (fulfillment in work and life), and social support. For more resources in secondary/vicarious, visit: https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma

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Moral Injury and Distress

The term moral injury emerged from a psychiatrist working with Vietnam veterans who noticed veterans were suffering from something different than post-traumatic stress disorder – moral injury\(^1\). Researchers and scholars have been (re)examining the topic of moral injury for healthcare providers considering COVID-19. A recent scoping review aimed to define and differentiate moral injury, distress, in healthcare settings to stimulate further investigation. Moral injury can occur when healthcare providers have to make difficult decisions about patient care, engage in or witness actions that are not aligned with values or beliefs, or do not act in a manner aligned with their values or beliefs. This can result in guilt, shame, or anguish.\(^2\)

Steps to address moral injury include:

- Reaching out to colleagues following difficult healthcare experiences,
- Listening,
- Encouraging the use of employee assistance programs or behavioral health services,
- Normalizing the issues by addressing them in supervision, meetings, or continuing education activities.

Resources on Primary Trauma:

- Centers for Disease Control and Prevention ACEs website: [https://www.cdc.gov/violenceprevention/aces/index.html](https://www.cdc.gov/violenceprevention/aces/index.html)
- Governor Ducey’s Office of Youth, Faith, and Family’s initiative dedicated to ACEs: [https://goyff.az.gov/content/adverse-childhood-experiences-aces](https://goyff.az.gov/content/adverse-childhood-experiences-aces)

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Resources on Secondary Trauma:
• Administration for Children Youth and Families: https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress
• Healthcare Toolbox: https://www.healthcaretoolbox.org/self-care-for-providers.html

Resources on Moral Injury/Distress:
• Moral Injury of Healthcare: https://fixmoralinjury.org/
• US Department of Veterans Affairs, National Center for PTSD: https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury_hcw.asp

Screenings and Treatments:
• American Psychological Association PTSD Treatments: https://www.apa.org/ptsd-guideline/treatments
• Health Care Toolbox: https://www.healthcaretoolbox.org/tools-and-resources/tools-you-can-use-screening.html
• The National Child Traumatic Stress Network: https://www.nctsn.org/treatments-and-practices/trauma-treatments
• U.S. Department of Veterans Affairs – National Center for PTSD: https://www.ptsd.va.gov/PTSD/professional/treat/index.asp
National and State OUD Practice Resources

Agency for Healthcare Research and Quality (AHRQ)
AHRQ developed numerous resources and tools for implementing MAT in rural areas. They also developed the implementation playbook. The playbook helps guide decision making and implementation needs and processes (e.g., staff; training; policies/procedures). Below are the links.

- MAT for opioid disorder playbook: https://integrationacademy.ahrq.gov/products/mat-playbook/medication-assisted-treatment-opioid-use-disorder-playbook
- Opioid and substance use resources: https://integrationacademy.ahrq.gov/products/opioid-substance-use-resources

American Society of Addiction Medicine (ASAM)
In 2020, ASAM revised its 2015 guidelines for the treatment of addiction of opioid use. The 2020 version adds several revisions. One overarching theme was the importance of providing medication treatments even if (a) comprehensive assessment is not complete or (b) the patient does not want to participate or there are no psychosocial treatments available. It was recommended that motivational interviewing or enhancement could be used to support patients in engaging in psychosocial treatments.

- The link to the executive summary for the 2020 update is located here: https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline

SAMHSA
SAMHSA has numerous resources to help providers implement MAT. Below are several resources including SAMHSA’s MAT treatment improvement protocol (TIP 63) for opioid use disorder medications. TIP 63 provides information for health care and addiction professionals, policy makers, patients, and families.

- Medications for Substance Use Disorders: https://www.samhsa.gov/medication-assist-ed-treatment
Minimizing Risk/Harm Reduction

Research shows people may move in and out of recovery throughout their lifetime¹. Minimizing risks or harms associated with substance use is an important aspect of care. Here are some resources for minimizing risk/harm reduction:

- Arizona Health Care Cost Containment System: https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/
- Arizona Rural Women’s Health Network: http://azrwhn.org/resources-2/opioid-use-disorder/providers
- Arizona Office of Youth, Faith, and Family Rx Drug Toolkit: https://goyff.az.gov/content/arizona-rx-drug-toolkit
- Drug Policy Alliance: https://www.drugpolicy.org/issues/harm-reduction
- Futures Without Violence: https://www.futureswithoutviolence.org/
- Harm Reduction Coalition: https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/
- Sonoran Prevention Works: https://spwaz.org/media-and-publications/

COVID-19 and OUD

The COVID 19 pandemic disrupted healthcare operations including the ways OUD interventions and treatments were provided. Yet, there was notable resources and information developed. See these links:

- Advancing Health Equity, Addressing Disparities (AHEAD AZ). https://crh.arizona.edu/programs/ahead-az
- State Office of Rural Health: https://crh.arizona.edu/programs/sorh
- University of Arizona Mobile Health Units. https://www.publichealth.arizona.edu/outreach/primary-prevention-mobile-health-unit
- SAMHSA: https://www.samhsa.gov/coronavirus

Other Resources

• National Institute of Environmental Health Sciences, Opioids and Substance Use: Workplace Prevention and Response: https://tools.niehs.nih.gov/wetp/index.cfm?id=2587
• Opioid Response Network: https://opioidresponsenetwork.org/index.aspx

Buprenorphine Induction and Dosing

• California Society of Addiction Medicine Education Center, Simplifying treatment of pain and opioid use disorder: Transition with microdoses of buprenorphine: https://cme.csam-asam.org/content/simplifying-treatment-pain-and-opioid-use-disorder-transitioning-microdoses-buprenorphine-0#group-tabs-node-course-default1

Fentanyl Test Strips, Syringe Service Programs, and Naloxone

• Fentanyl Test Strips. Arizona’s SB 1486 decriminalizes fentanyl testing strips. This allows people who use drugs to test unregulated drugs which is an important evidence-based risk/harm reduction method.

• Syringe Services Program. Arizona’s SB 1250 allows Arizona organizations to host syringe service programs (SSPs). SSPs effectively prevent overdose and disease by offering people who inject drugs safe disposal of and access to sterile injection equipment, overdose prevention tools, and links to care for substance use disorder treatment/recovery and infectious disease.

• Naloxone. Ensuring people who use drugs, and their family and friends have access to the potentially life-saving opioid reversal drug, naloxone, is critical. This includes offering naloxone to patients who overdose or are at-risk for overdose and prescribed opioids.
  - Arizona Center for Rural Health:
    - Community naloxone trainings: https://crh.arizona.edu/programs/naloxone
  - Canyonlands Healthcare: https://naloxone-az.org/
  - Sonoran Prevention Works: https://spwaz.org/
Arizona SUD and OUD Resources

Arizona SUD and OUD stakeholder organizations created trainings and resources around prevention, treatment, and other service support. Some of these include the following:

- Arizona Health Care Cost Containment System: https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/MAT.html
- Arizona Smokers Helpline: https://ashline.org/
- Arizona State University, Center for Behavioral Health Policy: https://libguides.asu.edu/CenterAppBehHea
- Be Connected Arizona: A project for service members, veterans, families and communities https://beconnectedaz.org
- Caudillo M. Overcoming barriers to medication assisted treatment for substance and opioid use disorder: Resources and strategies. October 25, 2021. https://crh.arizona.edu/mentor
- Comprehensive Pain and Addiction Center (CPAC): https://uahs.arizona.edu/strategic-initiatives/comprehensive-pain-and-addiction-center
  - Comprehensive Pain and Addiction Center resource hub- organization strategies to promote well-being, here: https://cpac.arizona.edu/education Scroll down to Arizona Rural Opioid Response-Implementation and click ‘Learn More’
- Governor’s Office of Youth, Faith, and Family: https://goyff.az.gov/content/arizona-substance-abuse-prevention-resource?progid=68f68697-c5d9-46f8-8065-7fd834e73d10
- Opioid Assistance and Referral Line: https://www.azdhs.gov/oarline/
- Substance Abuse Coalition Leaders of Arizona (SACLAz): https://sacaz.org/coalition-map/
Indigenous Communities

There are 22 nationally recognized Indigenous peoples in Arizona. Many Indigenous communities experience substantial rates of opioid use overdose and have developed relevant and effective responses to substance use, misuse, and addiction. Below are resources to help address substance use among Indigenous peoples.

- Arizona Center for Rural Health Tribal Health Initiatives: https://crh.arizona.edu/programs/tribal-health
- Arizona Department of Health Services Tribal Liaison: https://www.azdhs.gov/director/tribal-liaison/index.php
- Tribal Epidemiology Centers: https://tribalepicenters.org/
- Indian Country ECHO – Substance Use Disorder: https://www.indiancountryecho.org/program/substance-use-disorder/
- Indian Health Service, Opioid Crisis Data, Understanding the epidemic: https://www.ihs.gov/opioids/opioidresponse/data/
- TedTalk, Decolonizing Substance Use & Addiction, Len Pierre: https://www.youtube.com/watch?v=j95ayhyadNE

The Two-Eyed Seeing Framework

The Two-Eyed Seeing Framework refers to the strengths of both Indigenous and Western cultures. In one eye we see the worldview strengths of Indigenous cultures and in the other eye we see the worldview strengths of Western cultures. To learn more review Rebecca Thomas’ TedTalk here: https://www.youtube.com/watch?v=bA9EwcFbVfg. AzMAT Mentors Program highlights these authentic attributes as described by Wright et al. for engaging in collaborative consultations:

- Knowledge and appreciate of spiritual wellness
- Effective communication skills
- Building trusting and equitable relationships
- Patience in the process
- Taking a strengths-based perspective
- Honest with one another
- Open to change
- Engage in self-reflection on own values, perspectives, and beliefs
- Acknowledge and value commonalities and differences in perspectives

How to Respectfully Interact with Indigenous Peoples and Land

• Acknowledge the traditional lands
  o Generally done at the beginning of a meeting/ event.

• Introduce yourself
  o Who you are
  o Recognize that one needs to be aware and challenge unequal power balance at a community, personal and societal level. In a cultural safe environment, every person knows their cultural background is respected.

• Engage and respect four knowledge domains:
  o Emotional (heart)
  o Spiritual (spirit)
  o Cognitive (mind)
  o Physical (body)

• Be mindful of your own prejudices and microaggressions
  o A microaggression is a “brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, which communicate hostile, derogatory, or negative slights, invalidations, and insults to an individual or group because of their marginalized status in society.”

Opioid use disorder and behavioral health services for people who are AI/AN in Northeastern Arizona

BACKGROUND

In Northeastern Arizona, for the American Indian/Alaska Native (AI/AN) population, there are a multitude of healthcare service delivery organizations available to help individuals with opioid use disorder (OUD), including the (a) Indian Health Service, (b) Tribal Healthcare Organizations, and (c) Tribally Operated Health Programs, each with its unique structure and service delivery type. Their services range from clinical treatment and management to prevention-focused health promotion (see Table 1). This quick guide is designed for two purposes: (1) to provide an overview of these healthcare delivery organizations and (2) to help the AI/AN population and individuals serving them living in rural Northeast Arizona (Apache and Navajo County) navigate the different types of resources available for individuals with OUD.

A. INDIAN HEALTH SERVICE (IHS)

The IHS, an agency within the United States Department of Health and Human Services, is responsible for providing federal health services to people who are AI/AN. Its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 2.6 million AI/AN people who belong to 574 federally recognized tribes in 37 states, including OUD services. IHS facilities usually have the highest level of in-patient care compared to the other two health service delivery types covered in the next sections.

The IHS is divided into twelve regions, known as areas, throughout the U.S. Each area is comprised of regional tribes with a centrally located area office acting as a headquarters. Three IHS areas operate in Arizona, with two serving the AI/AN population in Northeastern Arizona, the Navajo Area and Phoenix Area. The Navajo Area Office is located in St. Michaels, AZ and the Phoenix Area Office located in Phoenix, AZ. The Navajo Area includes all of the Navajo Reservation, while the Phoenix Area includes Hopi and White River tribes.

Suggested citation: Clichee D. Opioid use disorder and behavioral health services for people who are AI/AN in Northeastern Arizona. University of Arizona, Center for Rural Health, 2022.
U.S. Indian Health Service Sites in Navajo and Apache County:

1. Chinle Comprehensive Health Care Facility  
PO Box “PH” | Chinle, AZ 86503  
Phone: 928-674-7001  
ihs.gov/navajo/healthcarefacilities/chinle/

2. Cibecue Health Center  
West Cromwell Road | Cibecue, AZ 85911  
Phone 928-332-2560  
ihs.gov/phoenix/healthcarefacilities/whiteriver/

3. Dennehotso Health Station  
Highway 160 | Dennehotso, AZ 86535

4. Four Corners Regional Health Center  
US Hwy 160 & Navajo Route 35 HC 61 Box 30 | Teec Nos Pos, AZ 86514

5. Hopi Health Care Center  
PHS Indian Health Services | PO Box 4000 | Polacca, AZ, 86042  
Phone: 928-737-6000  
ihs.gov/phoenix/healthcarefacilities/hopi/

6. Inscription House Health Center  
PO Box 7397 | Shonto, AZ 86054  
Phone: 928-672-3000  
ihs.gov/navajo/healthcarefacilities/inscriptionhouse/

7. Kayenta Health Center  
P.O. Box 368 | Kayenta, AZ 86033  
Phone:

8. Pinon Health Center  
Navajo Route 4 (2 miles East of Pinon) | Pinon, AZ 86510  
Phone: 928-725-9500  
ihs.gov/navajo/healthcarefacilities/pinon/

9. Rock Point Field Clinic  
Rock Point, AZ

10. Tsaile Health Center  
PO Box C21 | Tsaile, AZ 86556  
Phone: 928-724-3600  
ihs.gov/navajo/healthcarefacilities/tsaile/

11. White River Indian Hospital  
200 W. Hospital Drive | Whiteriver, AZ, 85941  
Phone: 928-338-4911  
ihs.gov/phoenix/healthcarefacilities/whiteriver/
B. TRIBAL OPERATED HEALTHCARE ORGANIZATIONS (PL-638 SITE)

Another type of health service model is the Tribally Operated Healthcare model, also known as a PL-93-638 organization. Through the Indian Self-Determination and Education Assistance Act (ISDEAA), tribal organizations are authorized to contract with the federal government to administer and operate certain programs for tribal members, like education and health services. So, PL-93-638 facilities are operated by tribally approved non-profit organizations with a local board of directors. These organizations provide healthcare services that IHS would otherwise provide.

Tribal Operated Healthcare Organizations Sites:
1. Dilkon Health Clinic
   Navajo Route 60 | Dilkon, AZ 86047
2. LeChee Health Facility
   PO Box 4810 | Page, AZ 86040
   Phone: 928-698-4900
   https://tchealth.org/lechee/index.html
3. Nahat’adziil Health Center
   Chih Toh Boulevard | Sanders, AZ 86512
   Phone: 928-688-5600
   https://www.fdihb.org/nahatadziil
4. Sacred Peaks Health Center
   6300 North Highway 89 | Flagstaff, AZ 86004
   Phone: 1-866-976-5941
   https://tchealth.org/sacredpeaks/index.html
5. Sage Memorial Hospital
   US Route 191 & State Route 264 | Ganado, AZ 86505
   Phone: 928-755-4500
   https://sagememorial.com/
6. Sanders Health Clinic
   Post Office Box 489 | Sanders, AZ 86512
7. St. Michael’s Health Clinic
   Post Office Box 370 | St. Michaels, AZ 86511
8. Tsehootsooi Medical Center
   Corner of Navajo Routes 7 & 12 | Fort Defiance, AZ 86504
   Phone: 928-729-8000
   www.fdihb.org
9. Tuba City Regional Health Care Corporation
   167 North Main Street | Tuba City, AZ 86045
   Phone: 1-866-976-5941
   https://tchealth.org/
10. Winslow Indian Health Care Center, Inc.
    500 North Indiana Avenue | Winslow, AZ 86704
    Phone: 928-289-4646
    https://www.wihcc.com/
C. TRIBAL OPERATED DEPARTMENTS OF HEALTH

A separate but equally important group of healthcare organizations are tribe’s respective departments of health. Structured according to each tribe’s needs and funding sources, tribal departments of health work primarily in the prevention and health promotion areas, relying on IHS or PL-93-638 organizations for intensive in-patient treatments. Typically, health departments do not operate or have hospital structures. However, depending on the tribe, some employ acute care providers, in-patient behavioral health treatment programs, and licensed clinical psychologists.

Hopi Department of Behavioral Health Services
The Hopi Department of Behavioral Health Services provides counseling services for individuals and families experiencing psychological and social difficulties utilizing a multidisciplinary team approach. The services within the Department include a mental health program, substance use disorder program, family/child mental health program, and the “I’m for Life” Grant Program (Substance Abuse and Mental Health Services Administration - Native Connections Grant).

- Hopi Department of Behavioral Health Services: hopi-nsn.gov/department-behavioral-health-services/

Navajo Department of Health
The Navajo Department of Health is committed to the health and well-being of the Navajo People. The Department has 14 separate programs funded by various agencies. The Department of Health delivers a variety of health services in the areas of nutrition, aging, substance use disorder, outreach, and emergency medical services, working in close partnership with state, federal, and local partners.

Division of Behavioral & Mental Health Services
- The Navajo Nation Department of Behavioral and Mental Health Services (DBMHS) coordinates and develops quality culturally-responsive behavioral treatment services across the Navajo Nation. It specializes in comprehensive alcohol and substance use prevention, education, treatment, and after-care services.

White Mountain Apache Behavioral Health Services (WMABHS)
Services at WMABHS are available at low or no cost to members of the White Mountain Apache Tribe and those living on the Fort Apache Reservation. WMABHS has multiple locations on the Fort Apache Reservation. It offers credentialed clinical staff to work with individuals, groups, and families. WMABHS offers resources, treatment, and healing for the whole person: mental, emotional, and social.

- White Mountain Apache Behavioral Health Services Website: https://www.wmabhs.org/services
### TABLE 1. SERVICES BY HEALTHCARE DELIVERY SERVICE ORGANIZATION.*

<table>
<thead>
<tr>
<th>Types of Healthcare Organizations</th>
<th>Clinical Providers (M.D.s, D.O.s, N.P.s, etc.)</th>
<th>OUD Medication Assisted Treatment (MAT Services)</th>
<th>Community Prevention Programs (SUD/OUD Outreach Services)</th>
<th>In-patient clinical SUD/OUD Services</th>
<th>Outpatient clinical SUD/OUD Services</th>
<th>Peer Support Programs</th>
<th>AA, Group Therapy</th>
<th>Residential Substance Use Care</th>
<th>Traditional Cultural Based Services</th>
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</tr>
</tbody>
</table>

*All information was taken from respective websites prior to 8/31/2022. Contact information can be found listed by each organization throughout the guide.

**Acronyms:** AA = Alcoholics Anonymous, DO = Doctor of Osteopathic Medicine, MAT = medication assisted treatment, MD = Medical Doctor, NP = Nurse Practitioner, OUD = Opioid Use Disorder, SUD = Substance Use Disorder

A map of these and other health care facilities is available here: https://crh.arizona.edu/sites/default/files/2022-08/20220817_RuralSafetyNetMap.pdf

**Disclaimer:**
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**References:**
Diseases of Despair: Substance Use, Suicide Risk, and Overdose

Substance use is associated with increased suicide risk. In the US, risk factors for suicide and unintentional overdose are:¹

- twice as high for men compared to women,
- higher for people who identified as white or Native American,
- higher in midlife (41-64 years of age), and
- higher for people with other mental health conditions.

Scholars acknowledge the relationship between substance use and poverty.² Poorer communities rely on manufacturing or service jobs (including military) putting people at risk for injury. Injuries that result in chronic pain, inability to work, and limit social support may increase risk for misusing prescribed opioids and overdose².

People who identify as lesbian, gay, bisexual, or transgender (LGBT) are at higher risk for suicide if they misuse substances.³ For LGBT populations, substance misuse may be a coping mechanism for victimization experienced, which may increase suicide risk.

Former Surgeon General Vivek H. Murthy, MD said loneliness is a significant public health concern. While listening to his patients, Dr. Murthy indicates people who move into recovery from misuse and addiction reported trusted relationships helped facilitate their recovery.⁴

Here are some resources to address suicide and overdose:

- 988 Suicide & Crisis Lifeline: https://988lifeline.org/chat/?utm_source=google&utm_medium=cpc&utm_campaign=MC_Vibrant_Phase2_Traffic_Search_GO_GY&gclid=EAIaIQobChMIyMrqnffo_gIvfhCtBh2scAPrEAAYASAAEgLHgfD_BwE
- Arizona Suicide Prevention Coalition: https://www.azspc.org/
- Be Connected Arizona: A project for service members, veterans, families and communities https://beconnectedaz.org
- National Suicide Prevention Hotline: https://suicidepreventionlifeline.org/; 1-800-273-8255
- NIDA, Opioid Reversal with Naloxone: https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio
- SAMHSAs, First responder training: https://www.samhsa.gov/dtac/first-responders-training
- SAMHSAs, Office of Behavioral Health Equity: https://www.samhsa.gov/behavioral-health-equity
- Youth.gov, LGBT Behavioral Health: https://youth.gov/youth-topics/lgbtq-youth/health-depression-and-suicide

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Family and Peer Services and Supports

Services
Family and peer support specialists offer individuals and families supportive services throughout the treatment and recovery process. They are trained individuals with “lived experience” who provide support to promote recovery and resilience. Check out more information about training and certification for family and peer support specialists. Including this type of expertise may extend the types of services offered in your practice.

- College of Medicine, Family & Community Medicine – recovery support specialist institute: https://www.fcm.arizona.edu/workforce-development-program/about-us
- Project FUTRE - Family Support Certification and Apprenticeship Program: https://www.fcm.arizona.edu/workforce-development-program/project-futre
- PeerWORKS - Peer Support Certification and Apprenticeship Program: https://www.fcm.arizona.edu/outreach/workforce-development-program/peerworks
- Peer and Family Career Academy: https://www.azpfca.org/

Supports
Families, partners, and friends of people who misuse alcohol or drugs may benefit from engaging in support groups or advocacy organizations. Here are some resources:

- Al-Anon Family Groups: https://al-anon.org/
- Arizona Caregiver Coalition: https://azcaregiver.org/
- Mental Health America of Arizona: https://www.mhaarizona.org/copy-of-position-statements
- Nar-Anon Family Support: https://www.nar-anon.org/
- Partnership to End Addiction: https://drugfree.org/
- What’s your grief? https://whatsyourgrief.com/
- White Bison Wellbriety Movement: https://wellbriety.com/about-us/
- Wildcat Anonymous: https://wildcatsanon.arizona.edu/
Cultural and Linguistic Responsiveness

Addressing patients’ cultural and linguistic needs is an important element of access to care. To support this, the Office of Minority Health (OMH) offers training and resources to improve health equity, including standards for organizational cultural and linguistic appropriate services (CLAS) (see Office of Minority Health, Think Cultural Health link below). Applying CLAS may improve health outcomes and reduce inequities in care. Likewise, SAMHSA highlights key aspects of cultural competence (TIP 59). These and other resources are linked here:

- Health Resources and Services Administration, Culture, Language, and Health Literacy: [https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/culture-language-and-health-literacy](https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/culture-language-and-health-literacy)
- Think Culture Health: [https://thinkculturalhealth.hhs.gov/about](https://thinkculturalhealth.hhs.gov/about)
- NIDA, Substance Use and SUDs in LGBTQ Populations: [https://www.drugabuse.gov/drug-topics/substance-use-suds-in-lgbtq-populations](https://www.drugabuse.gov/drug-topics/substance-use-suds-in-lgbtq-populations)
- SAMSHA, Office of Behavioral Health Equity: [https://www.samhsa.gov/behavioral-health-equity](https://www.samhsa.gov/behavioral-health-equity)

How Can Providers Take Action?

Healthcare disparities affect the way in which people can access care, quality of care and treatment options—the opioid crisis is no different. Although demographics like people who racially identify as white and those who identify as men experience higher rates of OUD, BIPOC with OUD experience a disadvantage when accessing care\(^1\). Indigenous and Black communities are experiencing a rise in overdose deaths\(^1\). Medical racism in the United States is a contributing factor to healthcare disparities among Black, Indigenous, People of Color (BIPOC), so providers can help reduce disparities by taking action. Matsuzaka and Knapp developed an antiracist framework for substance use treatment for providers to consider\(^2\):

- Explore racial consciousness and attitudes toward BIPOC
- Use a non-color-blind approach
- Protect against microaggressions
- Understand how race and racism can interact with sociocultural, political, economic, and institutional factors to influence SUD and treatment for BIPOC
- Tailor assessment strategies that bring equitable results in treatment and recovery

The AzMAT Mentors Program prioritizes importance of practicing cultural and linguistic responsiveness when healthcare providers interact with each other. Increasing the number of healthcare professionals from diverse backgrounds has been called for by numerous groups. Only 6% of practicing physicians are from underrepresented racial/ethnic groups (e.g., African American, Latiné, American Indian/Alaska Native). Among psychiatrists of diverse backgrounds, it has been noted they may experience microaggressions from patients or the families. While not the focus of the AzMAT Mentors Program, during collaboration providers may need to discuss supports and strategies for addressing microaggressions or other cultural or linguistic issues to ensure their continued health and wellbeing.


Service Delivery Types and Financing

Integrated Behavioral Health Care
Integrated behavioral health care is defined as: “The systematic coordination of general and behavioral health care. Integrating services for primary care, mental health, and substance use related problems together produces the best outcomes and provides the most effective approach for supporting whole-person health and wellness.”¹ Integrated systems will prevent or reduce the individual, social, and economic costs of substance misuse and addiction.¹ For more information about integrated behavioral health care check out these resources:

- Agency for Healthcare Research and Quality: https://integrationacademy.ahrq.gov/about/what-integrated-behavioral-health
- American Colleges of Physicians recommendations for integrating mental health, substance use, and other behavioral condition into primary care: https://annals.org/aim/fullarticle/2362310/integration-care-mental-health-substance-abuse-other-behavioral-health-conditions

Mobile Health and Telemedicine to Treat OUD
The COVID 19 pandemic has ushered in policy changes for the treatment of people with OUD. These include mobile health components for opioid use treatment programs and changes to the rules for telehealth/telemedicine. Here are some resources:

- American Psychological Association Office and Technology Checklist for telepsychological services: https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist
- Arizona Service Provider Directory: https://telemedicine.arizona.edu/servicedirectory
- Project ECHO: https://telemedicine.arizona.edu/echo

Billing for Services & Interprofessional Provider to Provider Consultation
An important aspect for sustaining substance use disorder screening, treatment, and referrals is billing for services. Here are a few resources that may be useful.


Relevant Membership Organizations

There are membership organizations that offer access to information and opportunities for collaboration. There may be a fee associated with membership.

- American Society of Addiction Medicine: [https://www.asam.org/](https://www.asam.org/)
- American Association for the Treatment of Opioid Dependence, Inc. (AATOD): [https://www.aatod.org](https://www.aatod.org)
- Arizona AATOD chapter, Arizona Opioid Treatment Coalition: [https://aotc-arizona.org/](https://aotc-arizona.org/)
- Arizona State University, Medication-Assisted Treatment Echo: [https://chs.asu.edu/project-echo/join/medication-assisted-treatment](https://chs.asu.edu/project-echo/join/medication-assisted-treatment)
The AzMAT Mentors Program aims to increase capacity for offering substance use disorder/opioid use disorder (SUD/OUD) prevention, harm reduction, treatment, and recovery. This is a tool for experienced medication assisted treatment (MAT) providers to use when collaborating with less experienced MAT providers. Please consider using this during collaborative consultations if your collaborator indicated a high priority in clinical care.

**Reflect on personal values and beliefs about people who use drugs or are in recovery.**

- **Reason #1.** Providers in AzMAT Mentors demonstrate a commitment to offering SUD/OUD treatments. Yet, taking time to reflect on our values and beliefs about people who use drugs or are in recovery ensures that implicit or explicit biases are acknowledged and considered.

- **Reason #2.** People who use drugs or are in recovery come from diverse backgrounds. It’s important to consider our values and beliefs based on stereotypes or other factors to help reduce stigma.

  ▶ **TIP:** Research shows reflection may lead to improved clinical skills.¹ Take 10-15 minutes to jot down a few notes in response to these prompts and reflect on the responses:

  - I think people who use drugs or are in recovery [.....]
  - I value [.....] about people who use drugs or are in recovery
  - I view people who use drugs or are in recovery as [.....]
  - I know the types of services and supports that are most effective for people who use drugs or are in recovery include [.....]

**Develop a screening, brief intervention/treatment, and referral workflow for all patients²⁻³**

- **Screening is recommended⁴⁻⁵** and maybe an effective way to start a conversation about substance use. There are many screening/assessment tools. Here is a link to screenings/assessments that may be appropriate for your setting [https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools](https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools). Consider checking with payors to determine their requirements for reimbursing screening services. Here is a PDF link that is a two single-question screening tool: [https://www.icsi.org/wp-content/uploads/2021/11/Brief-Screen-FINAL.pdf](https://www.icsi.org/wp-content/uploads/2021/11/Brief-Screen-FINAL.pdf). This tool serves as a simple screening tool that is easy to follow for new and experienced providers.

- **Brief Interventions/Treatments are effective⁴ for addressing substance use concerns.** Depending on screening/assessment results different interventions may be needed. Develop a risk stratification strategy based on severity. Examples:
  - Brief provider-directed advice
  - Brief provider-directed interventions/treatments. Behavioral and/or pharmaceutical.

- **Referrals provide additional services and support to patients based on a variety of issues (substance use, mental health, social determinants of health, family/peer support).** Types of referrals include standard (send referral with limited support/follow up) and warm handoffs (help patient link to care/follow up).
TIPS: (1) Assess the support needed to make implementing this workflow feasible. (2) Offer advice and strategies for implementing this workflow efficiently. (3) Communicate pragmatic implementation methods.

Practice increases skills and confidence

Consider using Motivational Interviewing or the Ask – Tell - Ask methods:

- **Ask permission** by saying: “I’d like to talk with you about your results from the alcohol and drug use screening would that be okay with you?”

- **Tell the patient** in simple terms what you want them to know such as: “I’m concerned about your alcohol and drug use. The screening shows you are using alcohol and drugs in unhealthy ways which might be putting your health and wellness at risk.”

- **Ask for more information** using open ended questions such as “I’m curious to hear more about your thoughts regarding your alcohol or drug use...”

**TIP:** Conduct a role-play to practice using this model. Offer feedback on strengths and areas for improvement.

Please visit the AzMAT Mentors website at: [https://crh.arizona.edu/mentor](https://crh.arizona.edu/mentor)

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The University of Arizona
Mel & Enid Zuckerman College of Public Health

Center for Rural Health

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Last updated September 2022.
The AzMAT Mentors Program aims to increase capacity for offering substance use disorder/opioid use disorder (SUD/OUD) prevention, harm reduction, treatment, and recovery. This is a tool for experienced medication assisted treatment (MAT) providers to use when collaborating with less experienced MAT providers. Please consider using this during collaborative consultations if your collaborator indicated a high priority in patient-centered strategies.

Cultural Humility vs. Cultural Competence

The term cultural competence is not all encompassing to the discussion about culture. It was used throughout the flyer to match the literature referenced. AzMAT Mentors values the practice of cultural humility as it is a lifelong process of reflection and critique which allows us infinite opportunities to learn about diverse cultures, and identities.

Why is Cultural Competency in Healthcare Important?

Cultural competence in healthcare recognizes that healthcare decisions are shaped by an individual’s age, race, ethnicity, sex, gender, socioeconomic status, patient literacy skills and language. There are differences in racial, ethnic and gender prevalence rates which influences access to care. Striving to cultivate inclusive environments that encourages patients from diverse backgrounds to seek and remain in health care is an important aspect of patient-centered care.

What are Components of Cultural Competency?

The Substance Abuse and Mental Health Services Administration (SAMHSA) highlights key aspects of cultural competence in its Treatment Improvement Protocol. Here is a synthesis of a few that you can discuss during your collaborator consultations:

Physical Environment:
- When was the last time you checked your clinic’s environment through a culturally competent lens?
  Consider the following:
  - **Forms and signage.** Are they accessible in languages spoken by the populations served? When was the last time they were reviewed?
  - **Descriptive images.** Are they used to complement written instructions? Do they include alternative text for people with visual impairments?
  - **Spaces.** Are they warm, inviting and culturally relevant? If you have decorations, do they reflect the populations the organization serves?
  - **Accessibility.** Are the buildings, rooms/restrooms, and technology accessible to everyone?

(over)
Communication and Engagement:
- Handshakes, facial expressions, greetings and friendly short conversation may be the first step to building patient-provider rapport. Yet, there may be cultural differences in communication. Be sure never to assume specific communication patterns based on a patient’s cultural context. Consider:
  - **Engaging translators.** Make time so patients feel engaged with the translator.
  - **Pacing yourself.** Slow down or speed up while speaking to match the patient's pace.
  - **Keeping it simple.** Use accessible language (plain and break down concepts).
  - **Using pictures.** Some folks prefer images over words. Use images to help communicate key points.
  - **Remembering it may be the first time.** Do not overwhelm patients with too much information.
  - **Checking yourself.** Use the teach-back method where you kindly ask patients to explain back what you were explaining.
  - **Making safety first.** Create environments where the patient feels safe to ask questions or offer additional information.

Providers are encouraged to check out the full SAMHSA TIP-59 and specifically:

**Appendix C ‘Tools for Assessing Cultural Competence’**.

Feel free to visit the AzMAT Mentors Program webpage which includes other resources:

[https://crh.arizona.edu/mentor](https://crh.arizona.edu/mentor)

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1. Georgetown University, Health Policy Institute. Cultural Competence in Health Care: Is it important for people with chronic conditions? Available at: [https://hpi.georgetown.edu/cultural/](https://hpi.georgetown.edu/cultural/). Accessed January 20, 2021


This program was supported by Grant number H79TI081709 funded by the Substance Abuse and Mental Health Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration or the Department of Health and Human Services.

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**Impact of Stigma in Healthcare.**
People with OUD often face discrimination, even in healthcare settings. Harmful narratives that people with OUD are dangerous or untreatable can come from the stigma placed on them. Stigma is created from stereotypes, prejudice, biases, and in discrimination. Stigma may result in implicit or explicit biases or negative perceptions which may result in barriers accessing services and inequitable or suboptimal care.³ There are different types of stigma (Figure 1), it’s widespread, and can be harmful in healthcare. For example:

- The National Institute of Health states that 75% of primary care physicians appeared to have high levels of stigmatizing beliefs about people with OUD.⁹
- Those experiencing SUD do not seek medical care for fear of mistreatment.⁴ Stigma may be blamed for decreases in patient willingness to seek SUD treatment and feelings of negative emotions.⁴,⁵
- Patients seeking care for SUD report experiencing overt and covert blame, verbal, and physical abuse due to their substance use in the medical setting.⁴

![Figure 1. Types of Stigma.](image)

**Notes.** Exposure to multiple sources of stigma can have a larger, cumulative effect. Figure based on the work of Wogen & Restrepo.²

Reducing stigma is essential to the public health response. Remember SUD/OUD may be a symptom of underlying pain. Offer care, and compassion, opposed to alienation and judgment.⁴,⁷

**Solutions for Addressing Stigma.**
With understanding and tools, providers can successfully address stigma. Here are some solutions:¹⁵

- **Self-stigma:** Providers are encouraged to engage patients in participate in behavioral interventions and employment skills training.
• **Social stigma**: Providers are encouraged to share positive stories of people who experience SUD.

• **Structural Stigma**: Providers are encouraged to take part in educational critical reflection, have contact with people who have SUD, participate in multi-cultural training, and behavioral interventions.

  ▶ TIP: Consider taking the test, Implicit Association Test (IAT), founded in 1998. The test measures implicit bias at multiple levels of sex, gender, religion, race, etc.

  Note: The University of Arizona’s College of Medicine requires this test to be taken by personnel as part of their Diversity, Equity, and Inclusion (DEI) training. While there is no specific measure for SUD/OUD, the AzMAT Mentors Program recommends this test as an evidence-based reflection strategy for implicit bias across sociocultural structures that can intersect with stigma of an individual’s SUD/OUD.

**Importance of Word Choice.** Providers can show leadership with their word choice to destigmatize SUD/OUD. Use non-stigmatizing language that is science-based to give people dignity and respect. 4,6,7 Avoid words such as abuser, addict, or substance abuser. Instead use person-first language such as: person experiencing substance use disorder or person with substance use disorder. Additional person-first language suggestions are available in the Addictionary developed by the Recovery Research Institute.

**Reflection and practice.** Research shows reflection may lead to improved clinical skills.6 We invite you to take a few minutes to reflect on these prompts and record your responses:

The National Institute of Health states that 75% of primary care physicians appeared to have high levels of stigmatizing beliefs about people with OUD.3

• **Prompt:** What do you imagine when you hear a person described as: “addict,” “substance abuser,” “user,” “former addict?”

• How does your perception change when you hear them described as a person with substance use disorder or a person in recovery?

• **Reflect:** What, if any, differences did you imagine about these two people? How, if at all, might you recommend different treatment plans?

**Other Resources:**

• The National Institute of Drug Abuse (NIH) offers free CME courses on word choice topics for physicians, physician assistants, registered nurses, nurse practitioners:
  1. **Words Matter - Terms to Use and Avoid When Talking About Addiction**
  2. **Your Words Matter – Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder**

• Center for Rural Health, AzMAT Mentors Program website: [https://crh.arizona.edu/mentor](https://crh.arizona.edu/mentor)

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The AzMAT Mentors Program aims to increase capacity for offering opioid use disorder (OUD) prevention, harm reduction, treatment, and recovery. This quick guide is for experienced medication-assisted treatment (MAT) providers to use when collaborating with less experienced MAT providers. The commitment of healthcare providers for treating perinatal OUD is critical to improve access to care and health outcomes for this vulnerable population. If this is an area that aligns with a new MAT provider’s goals, please consider using this tool.

**Challenges:**
The perinatal period is defined as pregnancy and the first year postpartum. People with perinatal OUD may experience physical dependency and be at-risk for adverse birth and health outcomes. Providers report patients with OUD present with complex medical and mental health comorbidities, which may extend beyond one provider’s expertise. Furthermore, stigmatization and fear of criminalizing pregnant patients influences treatment recommendations. Gaps in training and inconsistent best practice guidelines present challenges for clinical decision making.

Pregnancy is a positive motivator for making changes. Providers can offer holistic substance use treatment approaches and foster positive health outcomes. We present resources for (1) offering MAT to patients who are pregnant, (2) providing care plans and additional support, (3) using person-first and gender affirming language, and (4) accessing links to other resources and supplemental tools.

**Resources:**

1. **Offering MAT to patients who are pregnant**
The American College of Obstetricians and Gynecologists (ACOG), Substance Abuse Mental Health Services Administration (SAMHSA), and the Arizona Department of Health Services (ADHS) recommend methadone or buprenorphine, in conjunction with behavioral therapy, as the first line of OUD treatment for individuals who are pregnant.

   - ACOG and SAMHSA recommend that parents who are pregnant and experiencing OUD should continue most medications for opioid use disorder (MOUD) treatment through the perinatal period. Discontinuation of treatment is highly discouraged.
   - There is not enough information about the use of naltrexone to treat OUD during pregnancy. ACOG advises careful consideration of continuing naltrexone during pregnancy.

   ▶ To review more of ACOG’s recommendations and conclusions click here: [https://tinyurl.com/ACOG-CG](https://tinyurl.com/ACOG-CG)
   ▶ To review more of SAMHSA’s clinical guidance recommendations, click here: [https://tinyurl.com/SAMHSA-CG](https://tinyurl.com/SAMHSA-CG)
   ▶ To review ADHS prescribing guidelines, click here: [https://tinyurl.com/RX-guidelines](https://tinyurl.com/RX-guidelines)
   ▶ Review SAMHSAs Medications to Treat Opioid Use During Pregnancy information sheet for providers, click here: [https://tinyurl.com/OUD-Pregnancy](https://tinyurl.com/OUD-Pregnancy)

2. **Specific guidance for each perinatal stage:**
   - **MAT during pregnancy**
     ▶ Dosing for MAT should be focused on pregnancy opioid cravings in order to assist in preventing relapse.
     ▶ The birthing parent should be counseled that medication dosage is not associated with Neonatal Opioid Withdrawal Syndrome (NAS).
Treatment consisting of opioid agonist pharmacological medication, like buprenorphine or methadone are recommended.\textsuperscript{5,6,7,10}

- MAT in the peripartum period
  - Use of various pain management methods is recommended to reduce peripartum opioid use.\textsuperscript{5}
  Options include:
  - Doula support, massage, position changes
  - Neuraxial, regional, and/or local anesthesia
  - Early epidural
  - NSAIDs and acetaminophen in postpartum period
  - Epidural maintained for the first 24 hours of postpartum period
  - C-section: preoperative gabapentin and/or acetaminophen
  - Nonopioid adjunctive medications (i.e. ketamine, dexmedetomidine)

- Encourage breastfeeding. It is safe with MAT and reduced NAS if the birthing parent is not actively using other illicit substances or not confirmed to have any medical conditions known to prevent breastfeeding.\textsuperscript{5}

- Buprenorphine or methadone treatment should be continued during delivery and postpartum.\textsuperscript{5}

2. Providing care plans and support to improve treatment delivery

According to the CDC (https://tinyurl.com/CDC-pregnancy-opiods), a plan of safe care should be created with the healthcare team of the expecting parent for optimal results for both infant and parent. Developed collaboratively, safe care plans aim to “strengthen the family, keep the child safe, and link the family with services in their community.” See these resources for guidance on creating a plan for safe care:

- The National Center on Substance Abuse and Child Welfare has a list of recommended resources to better help create a plan of safe care, click here: https://tinyurl.com/safety-plans
- SAMHSA has a webinar titled Learning Exchange Lessons from Implementation of Plans of Safe Care found on YouTube *, click here: https://www.youtube.com/watch?v=3h7tL03Zu2A

Emphasize psychosocial needs for patients. Provide support in finding availability and access to patient resources (e.g., transportation, safe housing, economical support). To find resources, click here: https://tinyurl.com/CPAC-Learning-Hub

3. Using Person-First and Gender Affirming Language

Pregnancy can be experienced by women, transgender men, and non-binary folks. Being aware of a person’s gender identity and offering gender-affirming care is important for person-centered care.\textsuperscript{8} This involves asking patients about their gender identity, preferred pronouns, and using appropriate and inclusive words. The use of inclusive language helps enhance patient-provider relationships for positive health outcomes. Here are some examples of person-first and gender affirming language.

- **Pregnancy.** Use terms such as a “parent who is expecting,” “parent experiencing pregnancy,” “patient who is pregnant,” and/or “patient in labor” alongside women-centered language.
- **Feeding.** Use terms such as “parent who is chest feeding,” or “body feeding” alongside the term woman who is breastfeeding.\textsuperscript{8,9}
- **Person-first** and **gender-neutral terms.** These terms can be used alongside can be used alongside woman-centered language, such as:
  - Women and people who are pregnant
  - Women and people who are birthing
  - Women and people who are breast/chestfeeding
  - Women and people who are in postnatal period
- **Person-first language** when discussing **substance use.** When discussing substance use consider reviewing these resources:
4. Additional Resources

- Arizona opioid addiction treatment services, including neonatal abstinence syndrome resources, click here: https://www.azdhs.gov/opioid/#community
- Academy of Perinatal Harm Reduction, Provider Education + Training, click here: https://tinyurl.com/perinatal-ed
- CDC articles and key findings about opioid use during pregnancy, click here: https://tinyurl.com/CDC-pregnancy
- CDC: Treatment for Opioid Use Disorder Before, During, and after Pregnancy, click here: https://tiny.one/CDC-perinatal
- American Society of Addiction Medicine (ASAM) 2020 National Practice Guidelines for MAT for pregnant patients (starts on page 49), click here: https://tinyurl.com/ASAM-guidelines
- Use the Rural Health Information Hub provides examples of models addressing OUD in pregnant women, click here: https://tinyurl.com/rural-maternal
- For more ways to improve perinatal care, click here: https://tinyurl.com/perinatal-care
- The American Rescue Plan Act of 2021 expanded Medicaid postpartum coverage. This extends coverage for postpartum patients on AHCCCS for 12-months after delivery. click here for more details: https://tinyurl.com/American-rescue-plan and https://tinyurl.com/AZextension

References

The AzMAT Mentors Program increases capacity for offering substance use disorder/opioid use disorder (SUD/OUD) prevention, harm reduction, treatment, and recovery. This quick guide is a tool for all medication assisted treatment (MAT) providers to prioritize their personal wellness and well-being. We recommend experienced providers use this when collaborating with less experienced MAT providers.

Well-being and Wellness

The well-being and wellness of healthcare workers is crucial. Well-being involves, “… global judgments of life satisfaction and feelings ranging from depression to joy”. Wellness can be understood not only as the lack of disease, illness, and stress, but rather as the existence of a constructive sense of direction in life, fulfilling and enjoyable work and leisure activities, nurturing relationships filled with joy, a physically fit body, a conducive living environment, and an overall state of happiness.

- Read more on the different dimensions of wellness, here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5508938/
- Read more on the different dimensions of well-being and some improvement strategies, here: https://www.berkeleywellbeing.com/what-is-well-being.html

Impact of Burnout

Professional burnout and job dissatisfaction existed well before the COVID-19 pandemic. Yet, the decline of job satisfaction and reports of provider burnout increased between 2020 and 2021. In the past 10 years, emotional exhaustion, depression and depersonalization scores have increased, and stress levels are higher among people of color and women in the healthcare field compared to their white counterparts. Stress appears to be related to excessive workloads and provider mental health concerns, and providers may be exposed to high doses of stressors over significant periods of time. This can harm their physical, mental, and emotional wellness.

Physician burnout negatively impacts healthcare organizations through physician disengagement, turnover, and reducing the quality of patient care. Provider burnout also affects other health care staff members, potentially creating a cycle of dissatisfaction with one another. The financial costs from provider burnout include medical errors, replacing staff, and physician turnover which leads to hiring expenses and revenue loss during recruitment, training, and the period it takes for a new doctor to become proficient in a new organization. It is important to address burnout and find ways to reduce its impact on healthcare providers.

Relevant Resources

- American Medical Association’s (AMA) burnout assessment https://cloud.e.ama-assn.org/21-1617-HSP-Well-Being
- AMA On demand webinar: Proactively addressing burnout by investing in the well-being of clinicians https://cloud.e.ama-assn.org/21-1617-HSP-Well-Being
- AMA Steps Forward ® Program, offers real world solutions to challenges physicians face today. Look in their practice innovation topics: burnout https://www.ama-assn.org/practice-management/ama-steps-forward
  - Check out these Toolkits, modules, playbooks and podcasts relevant to aiding burnout in medical professionals https://www.ama-assn.org/practice-management/ama-steps-forward/listening-campaign-engage-physicians-uncover-sources-burnout
Reasons for Optimism

Posttraumatic Growth

People who work in jobs that may be traumatic in nature (healthcare) can grow after traumatic experiences. Posttraumatic growth involves positive psychological change following a struggle with difficult life circumstances. If an individual or organization experiences disruption (traumatic experience) followed by dysregulation of individual and organizational systems, posttraumatic growth can follow if there are enablers such as personal and professional relationships, supportive organizational culture that includes occupational support, work relationships and attentive companionship. Here are a few suggestions for individuals or organizational leaders to facilitate posttraumatic growth:

- **Be intentional.** Understanding how individuals and the organization, as a whole, have been affected. Reflect on lessons learned and offer compassion.
- **Identify examples.** Giving your organization examples of individuals, other organizations, or anecdotal stories of overcoming adversity to show growth after a traumatic event helps build morale.
- **Learn.** Shaping your view of the situation as not just traumatic with negative effects, but a chance to grow and learn.
- **Assess.** Thinking about how the experience can connect the individual or the whole organization with humanity and insight.
- **Reflect.** Articulating what is missing within your organization, what is most important among individuals and what are some reasons to be optimistic about.

For more details on these suggestions, please visit this journal article: https://jamanetwork.com/journals/jama/fullarticle/2771807

Wellness and Well-being Strategies

Mindfulness

Mindfulness is a “process of intentional paying attention to experiencing the present moment with curiosity, openness and acceptance of each experience without judgment”. Having a mindful mindset can lead to improved mood, lower stress, and allow individuals to respond to stimuli more effectively.

No Cost Resources

- Bringing mindfulness to healthcare TedTalk® by Bob McClure, watch on YouTube® here: https://www.youtube.com/watch?v=vy45U0Uill4
- Comprehensive Pain and Addiction Center, resource hub strategies to promote well-being, here: https://cpac.arizona.edu/education
  - Scroll down to Arizona Rural Opioid Response-Implementation and click ‘Learn More’
- The Schwartz Center provides healthcare workers with a handful of resources such as:
  - Preventing and managing stress for healthcare workers
  - COVID-specific resources for healthcare workers
  - Coping with workplace violence
  - Resources for healthcare leaders
  - Resources for the families of healthcare workers

All resources can be found on the Schwartz Center website, found here: https://www.theschwartzcenter.org/mentalhealthresources/
Mindfulness Podcasts

- The Mindful Physician
  Official Website, here: https://themindfulphysician.libsyn.com/webpage/category/podcasts
- The Happy Nurse
  Official Website, here: https://healthpodcastnetwork.com/show/the-happy-nurse/
- Thoughtful Wellness Revolution
  Explore wellness by highlighting BIPOC leaders and changemakers in the wellness industry.
  Spotify®: https://open.spotify.com/show/7GjAZCwtd2Il2m0KAqJmD

References


Feel free to visit the AzMAT Mentors Program webpage which includes other resources:

https://crh.arizona.edu/mentor

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