

AzMAT Mentors Program

Experienced Providers Training

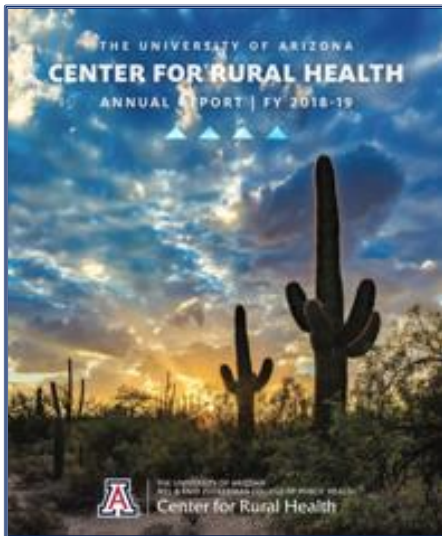


Date: September 9, 2020



Arizona Center for Rural Health (AzCRH)

The AzCRH Mission is “to improve the health & wellness of rural and vulnerable populations.”



Programs:

1. State Office of Rural Health
2. Rural Hospital Flexibility Program
3. Small Hospital Improvement Program
4. AZ First Responders
5. AZ Prescription Drug Overdose

[AzCRH Website](#)

Disclaimer: This training 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.

Culturally Responsiveness Statement

Addressing challenges faced by Arizonans with substance use disorders including those who are Black, Latiné, Indigenous, Immigrants and People of Color 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 disparities.

Cultural responsiveness is about being open, empathetic, and engaging in lifelong self-improvement to increase our awareness of individual and structural biases. Cultural responsiveness is about how we respect individuals, families, and communities within their ecological systems.

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 Acknowledgement Statement

The University of Arizona sits on the original homelands of Indigenous Peoples who have stewarded this Land since time immemorial. The University of Arizona resides on ancestral lands of the Tohono O'odham and Pascua Yaqui nations, where many today continuously reside in their ancestral land. Aligning with the university's core value of a diverse and inclusive community, it is an institutional responsibility to recognize and acknowledge the People, culture, and history that make up the Wildcat community. At the institutional level, it is important to be proactive in broadening awareness throughout campus to ensure our students feel represented and valued.

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



Training Objectives

1. Understand collaboration best practices to deliver the **AzMAT Mentors Program**
2. Define the AzMAT Mentors **Implementation Plan**
3. Review existing **MAT resources** in AZ and nationally.



Training Competencies

1. **Demonstrate skills** to identify and **meet** new **MAT providers' needs**.
2. **Support** new MAT providers and increase their capacity **to deliver MAT services**.
3. **Locate and use tools and resources** to increase new MAT providers' capacity **to deliver MAT**.



Agenda

1. Introductions

2. **Objective 1** – Collaboration best practices

- Melissa Weiksnar story – Purpose: to consider the **importance of engaging family/peer** supports in treatment
- Melody Glenn story – Purpose: **hear from a provider** who implements MAT to consider issues that may be brought up during collaborative consultations

3. **Objective 2** – AzMAT Mentors Implementation plan

- Reminders of **reasons for optimism**
- Review AzMAT Mentors Program **implementation plan**

4. **Objective 3** – Program resources

- Book: Trauma Stewardship
- AzMAT Mentors Program **resource guide**

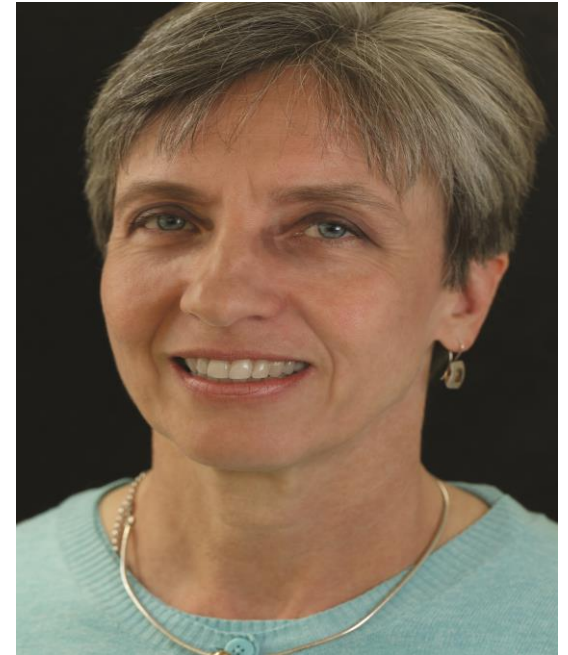
5. **Next steps**



Collaboration best practices

We all have stories...

Melissa Weiksnar:
*Author of Heroin's puppet:
Amy (and her disease): The
rehab journals of Amelia
F.W. Caruso (1989-2009) &
It's Not Gunna Be an
Addiction*



Reasons for Optimism (1 of 3)



MAT is effective for treating opioid use disorders¹

Comprehensive SBIRT can be an effective approach for delivering MAT outside of an OTP.²



Arizona providers report successes with treating patients with substance use disorders.³

1. National Institute on Drug Abuse. Effective treatments for opioid addiction. <https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction/effective-treatments-opioid-addiction>
2. D'Onofrio G, O'Connor PG, Pantalon MV et al. Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: A randomized clinical trial. *JAMA*. 2015; 313(6): 1636-1644. doi:10.1001/jama.2015.3474
3. Brady, B. *AzMAT Mentors Program statewide needs assessment*. 2020; Unpublished Report. The University of Arizona.

Reasons for Optimism (2 of 3)



Providers indicate **receiving support** from an **experienced MAT provider** is one strategy for **overcoming barriers**.¹

An estimated **22.35 million adults** have **resolved** their alcohol and/or other **drug issues**.²



1. Andrilla, C.H.A., Moore, T.E., & Patterson, D.G. (2019). Overcoming barriers to prescribing buprenorphine for the treatment of opioid use disorder: Recommendations from rural physicians. *Journal of Rural Health, 35*(1), 113-121. 10.1111/jrh.12328.

2. Kelly JF, Bergman B, Hoepfner BB, Vilsaint C, White WL. Prevalence and pathways of recovery from drug and alcohol problems in the United States population: Implications for practice, research, and policy. *Drug Alcohol Depend, 2017; 181*(1): 162-169. <https://doi.org/10.1016/j.drugalcdep.2017.09.028>

Reasons for Optimism (3 of 3)

According to van der Kolk (as cited¹), people who are “stress resistant” integrate and adapt during experiences of stress. They:

- Have a sense of personal control
- Pursuit of personally meaningful activities
- Have healthy lifestyle choices
- Have social support

¹van Dernoot Lipskey. *Trauma stewardship. An everyday guide to caring for self while caring for others.* Berrett-Koehler Publishers, Inc. 2009



We all have stories...



Dr. Melody Glenn
Provider Discussion
about MAT to consider
issues that may be
brought up during
collaborative
consultations



Objective 2. AzMAT Mentors Program

To support new DATA waived providers to deliver medication-assisted treatment (MAT).

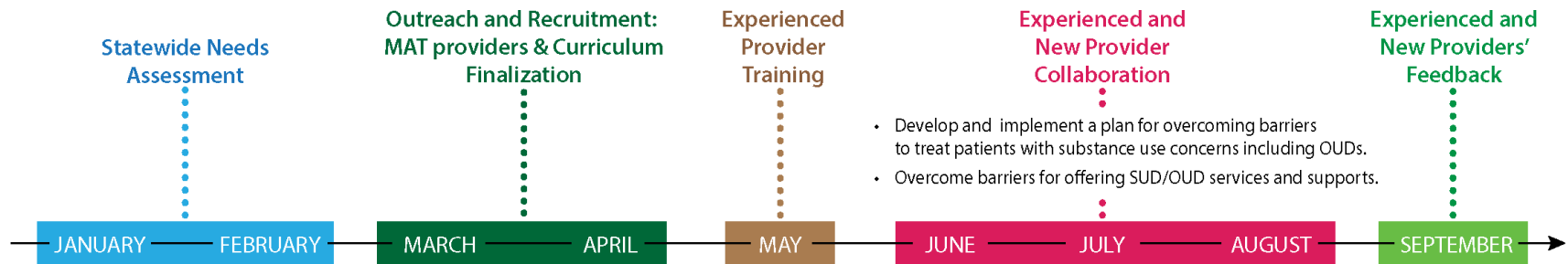
To achieve this goal, we support experienced MAT providers to **collaborate** with new MAT providers to **develop and implement a MAT plan**:

- **Screen** for SUD/ODU
- **Provide treatments**: medications and behavioral
- **Integrate care** with behavioral health provider/refer to opioid treatment program for more intensive care



Timeline

AzMAT Mentors Program Pilot 2020



MAT = medication-assisted treatment
OUD = opiate use disorder
SUD = substance use disorder

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MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health



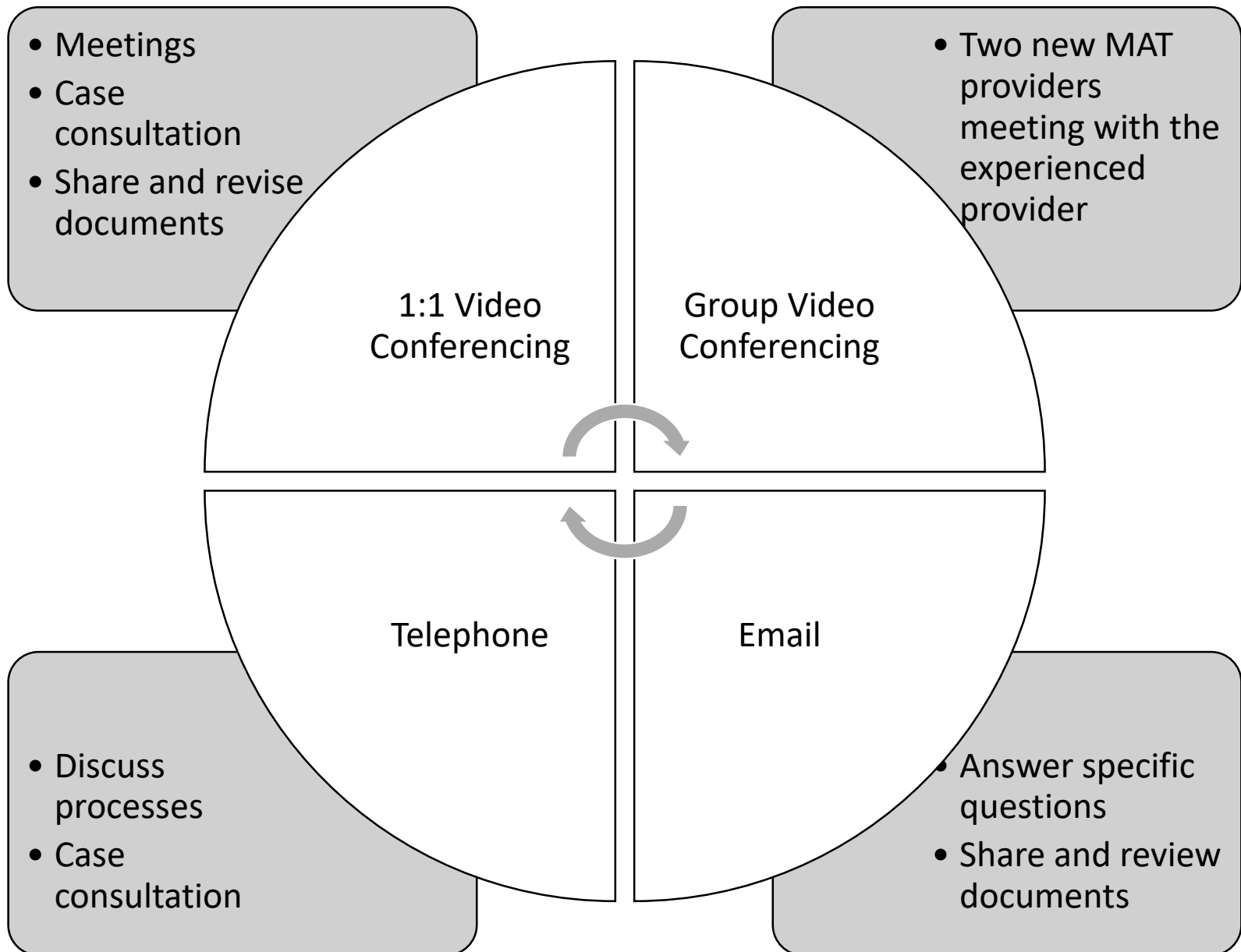
Implementation Expectation

Collaborative Consultation	Expected Outcomes
Introduction (within five working days of match finalization)	<ul style="list-style-type: none">• Brief introductions and review of the collaborator's respective backgrounds• Discuss AzMAT Mentor Program plan• Schedule day/time and type (e.g., video conferencing; telephone) for first collaborative consultation
Collaborative Consultation 1 (in June/August)	<ul style="list-style-type: none">• Review new MAT provider SBIRT approach• Identify one concrete and achievable goal to work on for collaborative consultation two• Schedule day/time and type of second collaborative consultation
Collaborative Consultation 2 (no later than August)	<ul style="list-style-type: none">• Review results of goal• Identify new strategies to achieve goal or develop another goal• Discuss next steps
Collaborative Consultation 3 (optional but recommended)	<ul style="list-style-type: none">• To review and troubleshoot issues associated with providing MAT using telemedicine in light of COVID-19

Assessing SBIRT

Screening (S) (All patients)	Brief Intervention/Treatment (BI) (Patients with indication of unhealthy substance use)	Referral To ... (RT) (Patients that would benefit from additional services)
What types of information is included in the consent?	What types of information is included in the consent?	What types of information is included in the consent?
How is screening conducted (i.e., types; format; provider type)?	Is there a standard approach for conducting Bis (i.e., types; format; provider type)?	How is the necessity of referral determined (i.e., types; format; provider type)?
Is there a pre-screening used to assess for substance misuse and/or mental health conditions for all patients in the practice?	What evidence-based methods are used?	What types of referrals are needed?
Is there a separate screening used for patients that identify unhealthy use?	Who conducts BI(s)?	What organizations or supports have served as referral sources?
How are patients who do not have substance use concerns affirmed for their health promoting behaviors?	How are behavioral and pharmaceutical treatments blended?	Are there formal and informal agreements in place for referral?

Potential Formats for Collaborative Consultation



AzMAT Mentors in Context of COVID-19

- We request that all collaborative consultations be conducted via video conferencing, telephone, or other technologies. We are happy to arrange video conferring meetings if you need them.



Questions and Next Steps

Questions???

Next steps

- Complete post training evaluation:
<https://redcap.link/8h5ia1zy>
- Complete any remaining paperwork for CRH
- Reach out to new MAT provider
- Schedule time for introductions and/or first collaborative consultation
- Develop implementation plan during first collaborative consultation
- Visit our website: crh.arizona.edu



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- Melissa Weiksnar, SB, MBA, MS
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