The University of Arizona
Arizona Center for Rural Health
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FY 2020: State Opioid Response via Arizona Department of Health Services
AzMAT Mentors Program
Final Report
Programmatic Activities
October 1, 2019 – September 29, 2020

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

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Introduction

The University of Arizona Center for Rural Health (AzCRH) collaborated with the Arizona Department of Health Services (ADHS) to create and implement the AzMAT Mentors Program for the State Opioid Response grant via the Arizona Health Care Cost Containment System and Substance Abuse and Mental Health Services Administration. Medication-assisted treatment (MAT) is an evidence-based approach to treating opioid use disorder. This work involved ADHS's Office of Injury Prevention (OIP), the Arizona Opioid Treatment Coalition, and Arizona MAT providers. Efforts were guided by the following Interagency Service Agreement (ISA) Scope of Work and Tasks.

Interagency Service Agreement: Scope of Work (4)

ISA 4.5. Launching a MAT Mentoring Program to provide additional support and hands on training to DATA-waived providers in Arizona to increase capacity to provide MAT.

Interagency Service Agreement: Tasks (5)

ISA 5.1. MAT Mentoring Program Development and Implementation

5.1.1. Develop a MAT mentoring curriculum containing information on clinical resources including but not limited to the Arizona Opioid Prescribing Guidelines; Arizona Opioid Assistance and Referral (OAR) Line; Arizona Controlled Substances Prescription Monitoring Program (CSPMP or PDMP), and Opioid related CME trainings that fulfill A.R.S. § 32-1430 R4-16-102 (A) statutory requirements.

5.1.2. Recruit and train experienced DATA-waived providers to provide 1:1 support to new DATA-waived providers (see definitions below),

5.1.3. Recruit new DATA-waived providers to participate,

5.1.4. Maintain documentation that includes the number experienced MAT providers that have successfully completed the training, and

5.1.5. Maintain documentation that includes the number of new MAT providers that participated in the program.

State Benchmarks

ADHS identified three AzMAT Mentors Program benchmarks for the State Agency Scorecard. AzCRH met all three benchmarks.

1. By January 1, 2020, establish contract with AzCRH to develop a MAT mentoring program.
2. By May 1, 2020, begin recruiting DATA-waived providers to serve as experienced MAT providers.
3. By June 1, 2020, enroll first cohort of new MAT providers.

ISA 5. MAT Mentoring Program Development and Implementation

Definitions:

Experienced MAT providers are practitioners who are Arizona licensed and DATA-waived or "x-waived" and have provided MAT services for at least one year and/or treated at least 20 patients.

New MAT providers are practitioners who are Arizona licensed and DATA-waived or "x-waived" and self-identify an interest to collaborate with an experienced MAT provider.

5.1.1. Develop a MAT mentoring curriculum containing information on resources

Activity Summary: AzCRH created curriculum tools for the AzMAT Mentors Program. These included a training slide deck, resource guide, and a AzMAT Mentors Program page on AzCRH's website (Appendices D, E, and F). We reviewed and enhanced curriculum materials for cultural and linguistic responsiveness (Appendix G).

Accomplishments:

1. Developed and distributed a state-wide needs assessment to identify training and skill development needs to be addressed by the program.
2. Created the AzMAT Mentors Program curriculum including a pre-training and training PowerPoint using results from the (a) Arizona State University, Center for Applied Behavioral Health Policy's statewide provider survey report: *Barriers and facilitators to treating patients with opiate use disorders*, and (b) AzCRH's needs assessment (Appendix D and E).
3. Developed and distributed a MAT resource guide for experienced and new MAT providers. The resource guide includes clinical and other related resources including Arizona Opioid Prescribing Guidelines, Arizona Opioid Assistance and Referral (OAR) Line, Arizona Controlled Substances Prescription Monitoring Program (CSPMP or PDMP), and opioid related CME trainings that fulfill A.R.S. § 32-1430 R4-16-102 (A) statutory requirements (Appendix F).
4. Created an audio-visual recording of the training for future experienced MAT providers.
5. Reviewed curriculum for cultural and linguistic appropriateness, translated materials into Spanish, and sought recommendations from a MAT provider working in a Tribal community.

Next Steps:

1. Expand curriculum to include more information related to MAT telemedicine given the COVID-19 pandemic.
2. Enhance program design to include (a) an orientation to new MAT providers, (b) five collaborative consultations, and (c) a quarterly round-robin discussion between experienced providers to respond to new MAT provider needs, and exchange best practices for collaborative consultations.

5.1.2. Recruit and train experienced DATA-waivered providers to provide 1:1 support to new DATA-waivered providers

Activity Summary: AzCRH created a marketing plan and flyer to recruit experienced MAT providers (Appendix A). Providers were asked to complete an interest form and an application to participate in the program. Following recruitment, 11 experienced MAT providers completed the interest form and 10 applied. Of these, six were trained and matched to offer 1:1 support to new MAT providers (Table 1).

Table 1. Experienced MAT provider characteristics *(n=6)*

	# of Providers
Provider Type	
Physician	2
Physicians' Assistant	1
Nurse Practitioner	3
Provider Location (county)	
Coconino	1
Maricopa	1
Mohave	1
Pima	3
Experience Providing MAT in Rural Locations	
None, very little	2
Some, a lot	4

Accomplishments:

1. Developed and implemented a recruitment plan and enrollment process (Appendix B).
2. Developed and implemented a standard process for initiating independent contractor (ICON) agreements and invoice submission.
3. Developed and delivered 90-minutes of training for experienced MAT providers (Appendix D and E).

Next Steps:

1. Revise enrollment process to collect eligibility information via the interest form to ensure only eligible providers complete the application.
2. Provide more detailed information regarding scope of work.
3. Develop and host quarterly round-robin discussions to exchange successes and challenges related to collaborative consultations.

5.1.3. Recruit new DATA-waivered providers to participate

Activity Summary: AzCRH created a marketing plan and flyer materials to recruit new MAT providers. Providers were asked to complete an interest form, after which they were contacted by program staff and invited to participate. Twenty-one new MAT providers completed the interest form, 11 completed the invitation form, and nine were matched to participate in 1:1 collaborative consultations with experienced MAT providers (Table 2). Of these, one was unable to continue and asked to be removed from the program.

Table 2. New MAT provider characteristics (*n*=9)

Provider Type	**# of Providers**
Physician	3
Nurse Practitioner	6
Provider Location (county)[a]	
Cochise	3
Maricopa	5
Pima	1
Pinal	1
History prescribing a MAT medication (buprenorphine, methadone, naltrexone)[b]	
Never prescribed	6
Currently prescribing	2
History providing behavioral health services	
Motivational interviewing	4
Brief behavioral office-based interventions	5
Coordinated with behavioral health provider	8

[a]*One provider worked in multiple counties*

[b]*One provider preferred not to respond*

Accomplishments:

1. Developed and implemented a matching process based on three criteria (Appendix B and C):
    a. Range of MAT services (i.e., specialty services, adherence, diversion, monitoring, and implementation processes).
    b. Medication and behavioral treatments.
    c. Provider type and proximity.
2. Developed and implemented a process for introducing matched providers, allowing them to accept or decline their match, and timelines for collaborative consultations.
3. Matched providers with the expectation of two collaborative consultations (Appendix B and C). The sequence of collaborative consultations included:
    a. First collaborative consultation - develop one actionable goal for the new MAT provider to work on.

b. Second collaborative consultation - review progress towards goal, troubleshoot challenges, or develop new goal.
c. Third collaborative consultation focused on implementation of telemedicine given COVID-19 (Not required).

Next Steps: Based on feedback from experienced MAT providers, we will:

1. Enhance the introductory process to orient and prepare new MAT providers for the collaborative consultations, and
2. Increase the number of collaborative consultations from two to five.

5.1.4. and 5.1.5 (combined) Maintain documentation that includes the number experienced MAT provider that have successfully completed the training and new MAT providers who participated in the program.

Activity Summary: We tracked program activities including those who completed the training and other activities (Table 3).

Accomplishments:

1. Developed a process to monitor implementation through short surveys and phone calls.
2. Developed and refined a password protected Excel database that tracks program activities including participation in training.

Next Steps:

1. Devise plan for collecting regular collaborative consultation information to ensure experienced and new MAT providers are connected and supported.

Table 3. Recruitment and enrollment (April – September 2020)

Activity	**Experienced MAT providers**		**New MAT providers**		**Total *(non-duplicative)***	
	Cohort 1	Cohort 2	Cohort 1	Cohort 2	E	N
Interest	12	6	17	6	12	21
Application	10	6	*NA*	*NA*	10	*NA*
Invitation	*NA*	*NA*	7	4	*NA*	11
Trained[a]	7	*NA*	*NA*	*NA*	7	*NA*
Initial match vetting	7	4	7	3	7	10
Incomplete match[b]	1	1	1	0	1	1
Final matches	6	3	6	3	6	9

Abbreviations: E=experienced; N=new; NA = not applicable.
[a]Seven experienced MAT providers were sent the pre-training materials. Five attended the live training and one received the training materials afterwards.
[b]Incomplete match could be due to conflicts, inability to participate, or other reasons.

Program Evaluation

This report presents programmatic activities for October 2019 – September 2020. This represents a pilot period during which the AzMAT Mentors Program structure and content were developed and tested. Six experienced MAT providers and nine new MAT providers participated in the program. Program evaluation data were collected from application, invitation, and final survey forms (Appendices H, I, and J).

Experienced MAT Providers

All six experienced providers completed the final evaluation survey. They indicated that training activities adequately prepared them to collaborate with new MAT providers and reported high levels of satisfaction with the program. One experienced MAT provider held less than the required number (two) of collaborative consultations and the average for the group was 3.5. When asked if this amount was sufficient, all but the provider who held one session responded yes. All experienced MAT providers indicated interest in participating in the program again Table 4).

New MAT Providers

Five of the nine new MAT providers completed the final survey. Similar to experienced providers, they reported satisfaction with the program and would recommend it to other providers. One new MAT provider described a negative experience, requesting the need for additional collaborative sessions. New MAT providers were asked, at baseline and at program completion, to described their current level of confidence for implementing MAT into their practice. At baseline, the average confidence score (range: 0-100) for the nine providers was 43. At follow-up, all but one of the five who completed the final survey reported an increase in confidence, with an average score of 57. Among the four providers who increased in confidence, they changed from an average score of 21 to an average of 71—a more than two-fold increase in confidence. One new MAT provider intends to provide MAT in an opioid treatment program, all others in an office-based setting.

Table 4. Experienced (n=6) and new (n=5) MAT provider final evaluation responses

	Exp. Providers	**New Providers**
Number that felt prepared (training, resources) to support new MAT providers	6	*NA*
Number that felt appropriately matched with collaborator	5	5
Average number of collaborative consultations (range)	3.5 (1-8)	
Average satisfaction rating with program[a] (range)	96 (90-100)	86 (31-100)
Number that would recommend AzMAT Mentors Program to other providers	6 (100)	5 (100)
Number increased in confidence to implement MAT	*NA*	4
Average rating of the likelihood of beginning or increasing MAT service delivery[a]	*NA*	86

[a]Scale: 0-100. Higher scores reflect greater (positive) ratings of satisfaction.

AzMAT Mentors Program Staff Roles and Contributions

Daniel Derksen, MD is the AzCRH director, professor of public health, and associate VP for health equity, outreach and interprofessional activities at UArizona Health Sciences. He served as the project principal investigator.

Benjamin Brady, DrPH is an assistant professor in the UArizona Zuckerman College of Public Health and faculty director at the Comprehensive Pain and Addiction Center. He served as a co-investigator overseeing the development and implementation of the needs assessment and evaluation components.

Bridget Murphy, DBH is the program coordinator for this project. Dr. Murphy led development and implementation of training curricula, training events, matching criteria, and maintained communications with providers.

Elena 'Lena' Cameron, BS is an AzCRH health educator assistant. She provided administrative, logistic, and additional support as needed.

Alyssa Padilla, MPH is the AzCRH Community Outreach Manager and Comprehensive Pain and Addiction Center. She managed the program development and implementation and supervises staff activities and timelines.

Maria Losoya is an AzCRH health educator and community outreach specialist. Since 2015 she has worked to help and educate Southern Arizona rural communities about access to care, Marketplace health insurance and Medicaid-AHCCCS, opioid overdose recognition and naloxone administration.

Estefanía Mendivil is the accessibility coordinator and responsible for reviewing best practices associated with provider training, translating materials into Spanish, and examining/revising training materials for providers working in Tribal communities.

Ariel Tarango, MPH is an AzCRH Health Educator and Community Outreach Specialist. Since 2015, she has worked to help educate Arizona communities about access to care, opioid overdose recognition, and naloxone administration.

Amy Capone, MD is a resident physician and masters of public health student intern. She coordinated the evaluation plan, constructed the digital evaluation instruments and administered training and check-in assessments.

Appendices

AzMAT Mentors Program

Our community is experiencing a high number of drug overdose deaths and access to medication assisted treatment (MAT) is limited. The Arizona Department of Health Services and the Arizona Center for Rural Health created the **AzMAT Mentors Program** to offer support to new DATA-waived MAT providers. Through this collaboration, experienced MAT providers will be compensated to assist new MAT providers to overcome the barriers that limit MAT services for Arizona residents.

Experienced provider requirements:

- Be a licensed or DATA-waived MAT provider in Arizona with experience delivering the continuum of MAT services for at least one year or have treated at least 20 patients,
- Participate in 90-minutes of AzMAT Mentors Program training (May 2020),
- Collaborate with 1-2 new MAT providers through 1:1 contacts,
- Follow Arizona Center for Rural Health AzMAT Mentors Program implementation protocols,
- Submit documentation for reimbursement, and
- Participate from May 2020 to September 2020. Estimated time commitment 8-22 hours.

▶ This is a paid opportunity for experienced MAT providers.

If you are interested, please take a couple of minutes to complete the interest form and we will be in touch soon.

For more information visit our website or contact Bridget Murphy at: bridget@arizona.edu

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AzMAT Mentors Program

Our community is experiencing a high number of drug overdose deaths and access to medication assisted treatment (MAT) is limited. The Arizona Department of Health Services and the Arizona Center for Rural Health created the **AzMAT Mentors Program** to offer support to new DATA-waived MAT providers and increase access to evidence-based treatment for people with opioid use disorders. Interested new MAT providers will be paired with experienced DATA-waived providers working in Arizona and receive the following at no cost:

- Access to local and state resources
- One-to-one support via two collaborative consultations from an experienced MAT provider (estimated timeframe: May-August, 2020), and
- Ongoing technical assistance from the Arizona Center for Rural Health and the Opioid Assistance and Referral line.

▶ If you are interested, please take a couple of minutes to complete the interest form and we will be in touch soon.

For more information visit our website or contact Bridget Murphy at: bridget@arizona.edu

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Appendix B: Recruitment, Enrollment, and Matching Processes

Recruitment Process

AzCRH personnel developed a marketing plan. It provided details of individuals, groups, and organizations involved with medication-assisted treatment (MAT) in Arizona who may be interested in the program participation. Two types of recruitment efforts were used and described below.

1. ***Needs Assessment and Interest Form***

During project start up, we developed and distributed a needs assessment to individuals, groups, and organizations identified in the marketing plan. The needs assessment asked providers about training and technical assistance needed to support MAT delivery. At the end, providers were asked if they would be interested in participating. If yes, they were automatically linked to the interest form (see description below). Subsequently, interested providers were contacted and asked to complete either the invitation or application form (see descriptions below).

2. ***Cohort Based Recruitment***

We recruited two cohorts of participants. Based on the marketing plan, we conducted direct recruitment via email, social media, and short presentations. Interested providers were asked to complete the interest form.

2.a. Email: Email templates and flyers were developed (see attached) and distributed to our email lists and via our monthly newsletter. The flyers provided basic information about the program and expectations. We estimate more than 1,200 people were provided program information.

2.b. Social Media: AzCRH shared the flyer on Twitter and Facebook. As of September 25, 2020, the AzCRH Twitter account had 1,003 followers and the AzCRH Facebook account had 499 likes and 550 followers.

2.c. Short presentations: AzCRH staff were asked to share information about the program during internal and external meetings/events. For example, during an Arizona Opioid Treatment Coalition (AOTC) meeting, AzCRH personnel shared an overview of the project and links to program information. We estimate AzCRH staff conducted four presentations.

Enrollment Process

Interest Form (all providers)

The purpose of the interest form was twofold. First, completion of the interest form provided AzCRH staff permission to contact potential new and experienced MAT providers to share additional information about program specifics. During the pilot phase, we were able to engage

all interested providers. In future cohorts we may be unable to include everyone due to capacity issues. Second, it serves as a counting system to determine the number of providers in Arizona interested in this type of support.

Invitation Form (new MAT providers)

The purpose of the invitation form was to determine eligibility criteria, background information, determine match interests, and document understanding of the program expectations. The invitation form was used to match new MAT providers with experienced MAT providers (matching discussion below).

Application Form (experienced MAT providers)

The purpose of the application form was to determine eligibility, collect background information, determine match experience, and document understanding of the program expectations. The application form was used for matching and contact providers to complete the independent contractor form (ICON) (see below).

ICON

Experienced MAT providers were asked to complete a form that confirmed their independent contractor status based on the University of Arizona requirements. Questions included relationships to the University, the nature of the providers' role in the program, and basic personal information. Once approved, a prefilled invoice template was sent to each provider that completed the requirements for the program. The template included the number of matches for which they were assigned and date range of services offered. Both the ICON and invoicing process were completed through Adobe Sign.

Training (experienced MAT providers)

Experienced MAT providers participated AzMAT Mentors Program training for approximately 90-minutes. The training included approximately 30-minutes of pre-training and 60-minutes of Live online training. The purpose of the training was to communicate the AzMAT Mentors Program philosophy and implementation plan. The three instructional objectives included:

1. Understanding collaboration best practices to deliver the **AzMAT Mentors Program**
2. Defining the AzMAT Mentors **Implementation Plan**
3. Reviewing existing **MAT resources** in AZ and nationally

Matching Process

Matching Criteria

Most providers interested in participating and who completed the needs assessment indicated it was "very important" for providers to have a full range of experience with MAT services. We

used this information to develop the experienced MAT provider application and new MAT provider invitation forms (see enrollment section). These forms provided information for the three matching criteria which included: (1) range of MAT services, (2) behavioral and medication treatments, and (3) provider proximity and discipline.

Criteria 1: Range of MAT Services

Experienced MAT providers are asked to rate their level of experience teaching, and new MAT providers are asked to rate their level of interest in seven areas. Providers are asked to rate these items using a four-point ordinal Likert-scale. Numeric values and labels for the scale are: 0=None; 1=Very Little; 2=Some; 3=A lot. The seven items were re-coded into three subscales. The experienced MAT provider with the highest score was counted as meeting criteria.

Table 1

Matching Calculations for Range of MAT Services

	New MAT Provider	**Experienced MAT Provider**
Specialty Populations (SP)[a]	2-items; scores=0-6	*
Adherence, Diversion, Monitoring (ADM) [b]	3-items; scores=0-9	*
Implementation Processes (IP) [c]	2 items; scores=0-6	*

Note. *Match on highest

[a] Specialty populations (SP) items: MAT in rural locations; MAT with pregnant patients

[b] Adherence, diversion monitoring (ADM) items: complying with Federal and State MAT regulations; monitoring for medication diversion; Appropriate use of urinary drug screens

[c] Implementation processes (IM) items: Implementing workflows to incorporate MAT into practice; Initiating MAT in an office setting (including preventing precipitated withdrawal and managing adverse events

Criteria 2: Specific Behavioral and Medication Treatments

Both experienced and new MAT providers were asked about their experience implementing behavioral and medication treatments.

Behavioral (BH). The behavioral item asked providers to check the number and types of behavioral services they implement. This included three possibilities and "other" category. A count of the behavioral items checked was used to determine the match (Table 2).

Table 2

Matching Calculation for Behavioral Health Services

	New MAT Provider	**Experienced MAT Provider**
Motivational Interviewing	0, 1	0, 1
Brief behavioral office-based interventions	0, 1	0, 1

Coordinate with behavioral health providers	0, 1	0, 1
Other	0, 1	0, 1
Count of Behavioral (BH) Services	Count=0-4	Match on Highest

Note. 0=unchecked; 1=checked.

Medication (MED). The experienced MAT providers were asked to select types of medications they have prescribed to treat opioid use disorders (OUDs). They were six choices including (1) buprenorphine/naloxone combination therapy as a buccal film, sublingual film and/or sublingual tablet, (2) buprenorphine sublingual tablet, (3) buprenorphine therapy as a subdermal implant, (4) extended-release buprenorphine subcutaneous injection, (5) methadone hydrochloride tablets and/or oral concentrate, and (6) naltrexone extended-release intramuscular injectable. A count of the number of medications was computed. Possible range of scores was between zero and six.

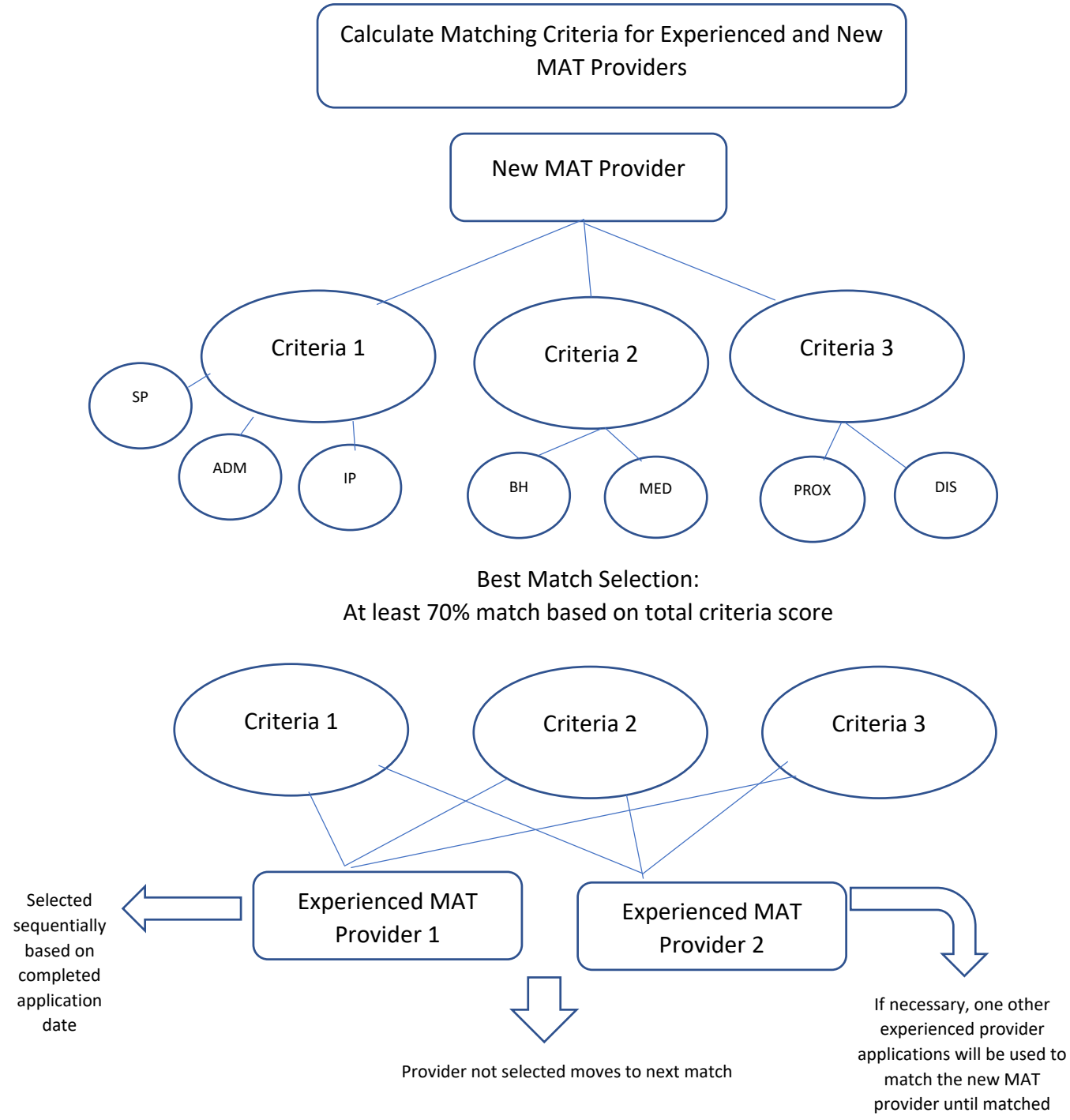
A categorical variable was used to determine the new MAT providers recency for prescribing medications (i.e., never, previously but not currently, or currently). This variable was not factored into matching. Match was based on the highest number of medications the experienced MAT provider reported prescribing.

Criteria 3: Proximity (PROX) and Discipline (DIS)

Both experienced and new MAT providers were asked about their primary practice location and the Arizona counties in which they practice. Also, providers were asked about their professional discipline (i.e., MD, DO, PA, NP). The final criteria used to match providers was proximity and discipline. For proximity, match was based on the primary practice location within 100 miles using Distance Calculator (https://www.distancecalculator.net/).

Matching Process

Figure 1: Matching Flow Chart



Note. ADM = Adherence, diversion monitoring; BH=Behavioral health; DIS=Discipline; IM=Implementation processes; MED=Medications; Prox=Proximity; SP=Specialty populations.

Determining Differences

Selecting Experienced Provider: An overall percentage of 70% or higher is considered within the acceptable match range for up to three matching attempts. At the fourth attempt, the acceptable percentage drops to 65%. Given the small pool of experienced MAT providers there were limited number of attempts to match a new MAT provider. The provider with the highest percentage was considered meeting the matching criteria. If both experienced MAT providers had the exact same total percentage, selection was based on the provider with the highest percentage in rank order: Criteria 1 followed by 2, and 3. If there wasn't a clear match based on the criteria percentage, another experienced MAT provider was added and the matching process started over.

Missing Data: Missing data for experienced MAT providers was considered not meeting criteria. If a new MAT provider had missing data, the denominator was reduced based on the number of valid responses. For example, if one variable was missing the denominator changed from seven to six.

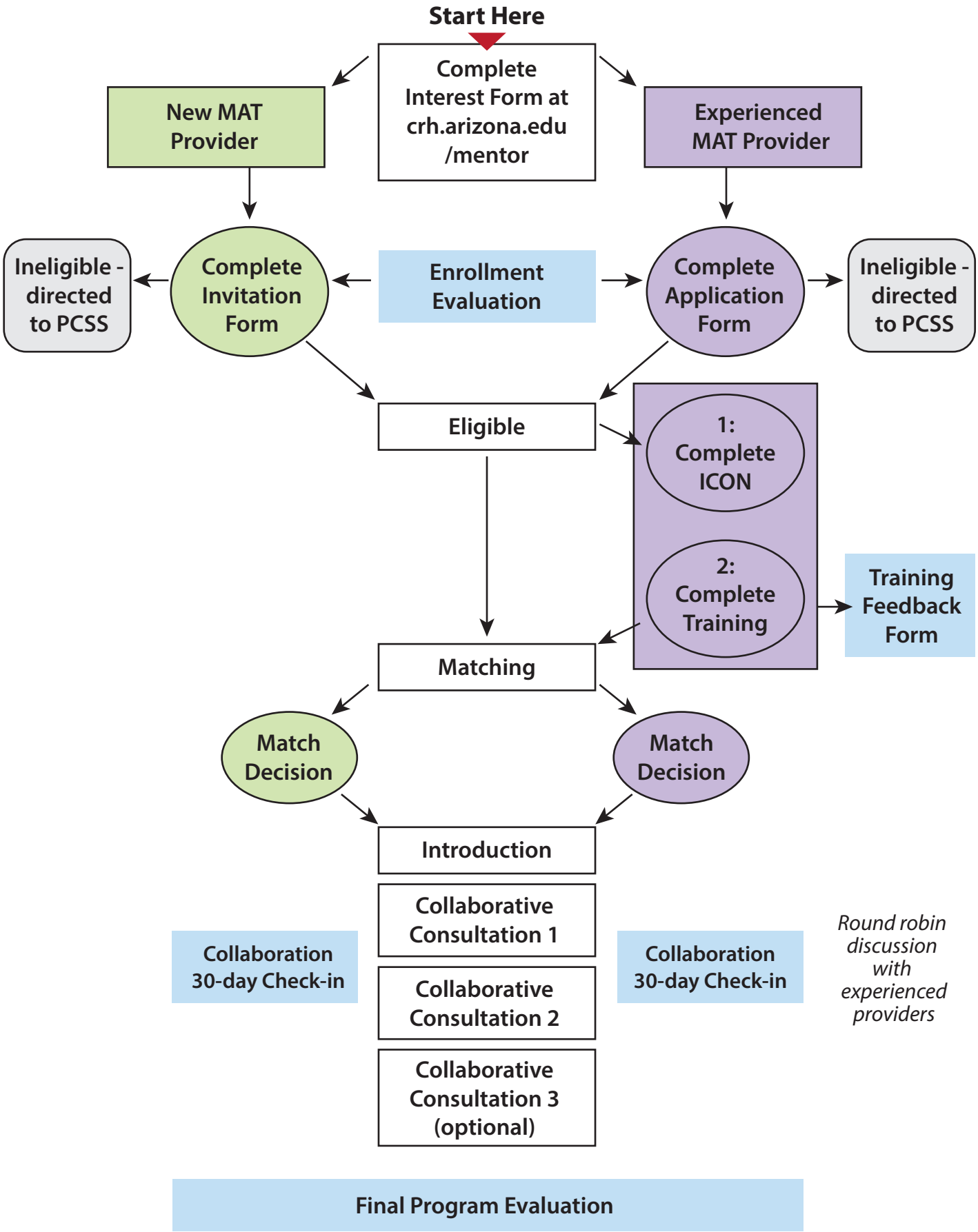
Communicating Potential Match with Providers

Once the match was selected, both experienced and new MAT providers were notified. Notification included presenting the method used to determine the match, a brief professional background of the provider, and a request to either accept or decline the match. The new MAT provider was notified first. If the new MAT provider accepted, the experienced MAT provider was notified.

It was possible providers decline the match. Possible reasons included conflict of interest or dual role professional relationship (e.g., supervisor). If one provider didn't accept, these possible responses were followed:

- **New MAT provider declines match**:
    - The original matching process included two experienced MAT providers. If the other experienced MAT provider reached an acceptable percentage for matching and had not reached their capacity for new MAT providers, we shared their information with the new MAT provider.
    - If the original match did not have an acceptable percentage or is unavailable, we returned to the pool of experienced MAT providers and selected two more providers for match analysis.
- **Experienced MAT provider declines match:**
    - We informed the provider that we will rematch the new MAT provider.
    - We informed the provider we cannot guarantee another match. Should we have another new MAT provider interested, we attempted to rematch.

Appendix C: Recruitment, Enrollment, Matching, and Collaboration Flowchart in Year 1



AzMAT Mentors Program
Experienced Providers
Pre-Training Material

ARIZONA DEPARTMENT OF HEALTH SERVICES

THE UNIVERSITY OF ARIZONA
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Center for Rural Health

Date: September 9, 2020

Pre-Training Objective

To provide background information on the AzMAT Mentors Program

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 inequities.

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/

Key Terms (1 of 2)

Term or Acronym	Definition
AzMAT Mentors Program	The Arizona Center for Rural Health, Arizona Medication Assisted Treatment Program
Collaborators	• Providers with experience implementing MAT = **experienced providers**. Experienced MAT providers are Arizona licensed and DATA-waived (x-waived) and have provided MAT services for at least one year and/or treated at least 20 patients. • Providers with less experienced implementing MAT = **new providers**. New MAT providers are Arizona licensed and DATA-waived (x-waived) and self-identify an interest to collaborate with an experienced MAT provider.

Key Terms (2 of 2)

Term or Acronym	Definition
Collaborative Consultation	The time that the experienced and new MAT providers work together.
OUD	Opioid Use Disorder
OTP	Opioid Treatment Programs are accredited and certified to provide OUD treatments per federal requirements.
Peer support specialists	A person who has substance misuse experience who can support another person while they become stable, are in maintenance, or remission.
SUD	Substance Use Disorder
UDS	Urinalysis drug screening

Arizona Providers Identified Barriers

In Arizona, waived providers report two primary concerns:

1. Lack of available mental health or psychosocial support services
2. Lack of time / cannot add more patients

1. Arizona State University, Center for Applied Behavioral Health Policy. Statewide provider survey: Barriers and facilitators to treating patients with opiate use disorders. 2019; April. https://cabhp.asu.edu/medication-assisted-treatment (see provider infographic)

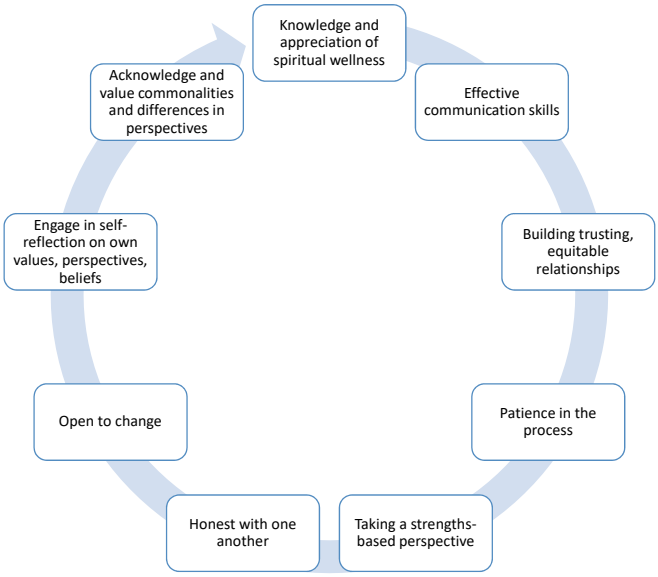
Objective 2. AzMAT Mentors Program

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

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

- **Screening** for SUD/OUD
- **Providing treatments**: medications and behavioral
- **Integrating care with behavioral health** provider/refer to treatment program for more intensive care

Attributes for Authentic Application of Two-Eyed Seeing Framework[1]



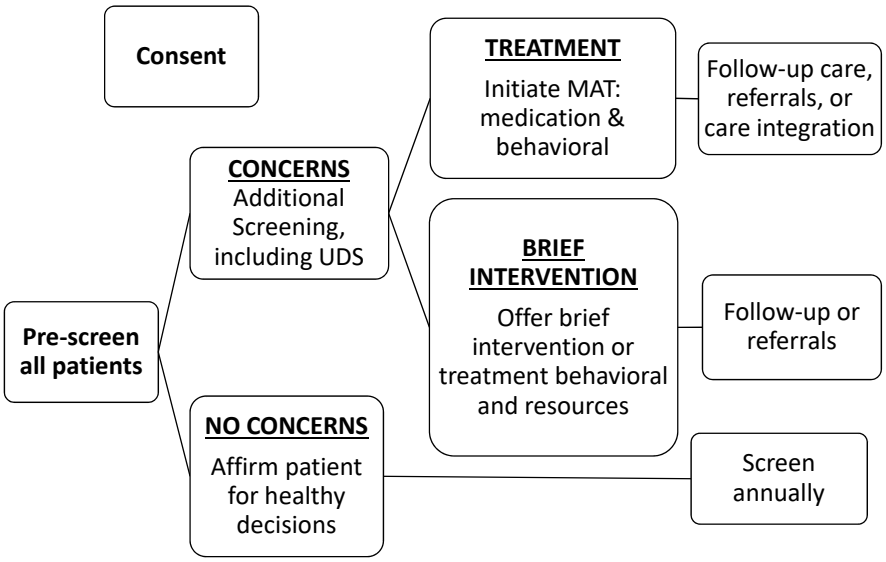
[1] Wright AL, Ballantyne GM, Jack SM et al. Using Two-Eyed Seeing in research with Indigenous people: An integrative review. Int J Qual Methods. 2019; 18: 1-19. https://doi.org/10.1177/1609406919869695

Reduce Stigma: Change the Language

Instead of these:	Use these:
Clean	Negative (test) Not currently using substances (individual) Sterile (needle)
Dirty	Positive (test) A person who is currently using substances (individual) Not sterile (needle)
Addict Alcoholic	A person with substance use disorder A person with alcohol use disorder
Abuse Dependence	Drug use If diagnosed by a provider, say Opioid Use Disorder.
Former addict	A person in recovery

Words Matter - Terms to Use and Avoid When Talking About Addiction. National Institute on Drug Abuse website. https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction July 28, 2020

SBIRT Protocol



Family and Peer Supports

Resources: Book and Guide

- van Dernoot Lipsky L. *Trauma stewardship: An everyday guide to caring for self while caring for others*. San Francisco, CA: Berrett-Koehler Publishers, Inc.; 2009. Please read chapter one prior to the training.
- Arizona Center for Rural Health: AzMAT Mentors Resource Guide

AzMAT Mentors in Context of COVID-19

- During the pandemic, the Drug Enforcement Administration[1] is responding to ensure people can get the medications they need. Please visit the DEA website for additional information:

DEAs response to COVID-19. Drug Enforcement Administration website. https://www.dea.gov/press-releases/2020/03/20/deas-response-covid-19. March 20, 2020. Accessed July 28, 2020

Community Resources in Arizona

1. Use the Opioid Assistance and Referral Line (**OAR Line**) **1-888-688-4222**
2. Go to **211arizona.org** or call **Arizona 2-1-1**
3. Find local Rx Drug Drop-Off Locations: **Dumpthedrugsaz.org**
4. Find Local treatment Services: **findtreatment.samhsa.gov**
5. Find Naloxone: **spwaz.org/arizonanaloxone/**

Thank You.

- We look forward to seeing you during the training.

AzMAT Mentors Program
Experienced Providers
Pre-Training Material

ARIZONA DEPARTMENT OF HEALTH SERVICES

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

Fecha: 28 de Mayo, 2020

Objetivo de preentrenamiento

Dar información de antecedentes del AzMAT Mentors Program.

Declaración de Sensibilidad Cultural

Abordar los desafíos que enfrenta la gente de Arizona con trastornos por consumo de sustancias, incluyendo la gente Negra, Latiné, Indígena, inmigrantes y personas de color. Las Minorías son componentes cruciales de la investigación, la política y las estrategias clínicas que mejoran la equidad en la salud. AzCRH conecta a diversos socios en Arizona, proporciona datos confiables y útiles para informar políticas y programas, y ayuda a encontrar recursos para apoyar a las poblaciones rurales y desatendidas históricamente explotadas e ignoradas. Nos comprometemos a ampliar nuestros esfuerzos para abordar las injusticias basadas en la raza y disparidades de salud.

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Términos importantes (1 de 2)

Término o Acrónimo	Definición
AzMAT Mentors Program	The Arizona Center for Rural Health, Arizona Medication Assisted Treatment Program
Colaboradores del Programa	• Proveedores con experiencia que implementan MAT= Proveedores con experiencia. Los proveedores de MAT con experiencia tienen licencia de Arizona y son DATA-Waived (X-Waived) y han proporcionado servicios de MAT durante al menos un año y/o han tratado al menos a 20 pacientes. • Proveedores con menos experiencia que implementan MAT = nuevos proveedores de MAT. Los nuevos proveedores de MAT tienen licencia de Arizona y son DATA-Waived (X-Waived) e ellos mismos se identifican tener un interés en colaborar con un proveedor de MAT más experiencia.

Términos importantes (2 de 2)

Término o Acrónimo	Definición
Consulta colaborativa	El tiempo que los nuevos proveedores de MAT y los proveedores con experiencia trabajan juntos.
OUD	Opioid Use Disorder (Trastorno por consumo de opiodes)
OTP	Opioid Treatment Programs (Programas de tratamiento de opioides) son acreditados y certificados para proporcionar tratamientos de OUD según los requisitos federales.
Especialistas de apoyo entre compañeros	Es una persona que tiene experiencia profesional con el uso indebido de sustancias y quien puede apoyar a otra persona mientras se estabiliza, está en mantenimiento o en remisión
SUD	Substance Use Disorder (Trastorno por uso de substancias)
UDS	Urinalysis drug screening (Análisis de drogas de uroanálisis

Barreras identificadas por los Proveedores de Arizona

En Arizona, los proveedores con X-Waiver informan dos preocupaciones principales:

1. Falta de servicios de salud mental o de apoyo psicosocial disponibles.
2. La falta de tiempo/proveedores no pueden agregar más pacientes

1. Arizona State University, Center for Applied Behavioral Health Policy. Statewide provider survey: Barriers and facilitators to treating patients with opiate use disorders. 2019; April. https://cabhp.asu.edu/medication-assisted-treatment (see provider infographic)

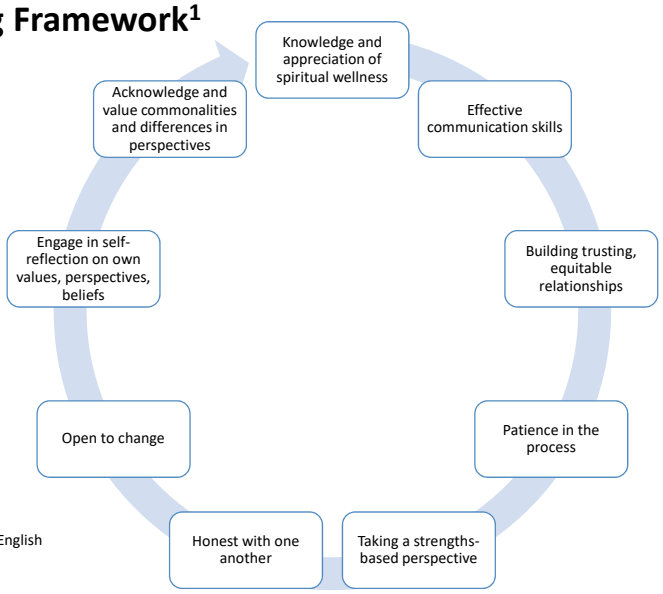
Objectivo 2. AzMAT Mentors Program

AzMAT Mentors Program es para **apoyar a los nuevos proveedores de medication-assisted treatment (MAT)** [tratamiento asistido por medicamentos] para que puedan administrar MAT.

Para lograr este objetivo, apoyamos a los proveedores MAT con experiencia para que **colaboren** con nuevos proveedores de MAT para desarrollar y implementar un plan de MAT que aborde estos problemas:

- **Detección** de LDS/OUD
- **Provisionar tratamientos** de medicamentos y tratamientos conductuales
- **Integrar la atención con un proveedor de atención de salud conductual**/refiérase al programa de tratamiento para cuidados mas intensivos

Attributes for Authentic Application of Two-Eyed Seeing Framework[1]



Intentionally left in English

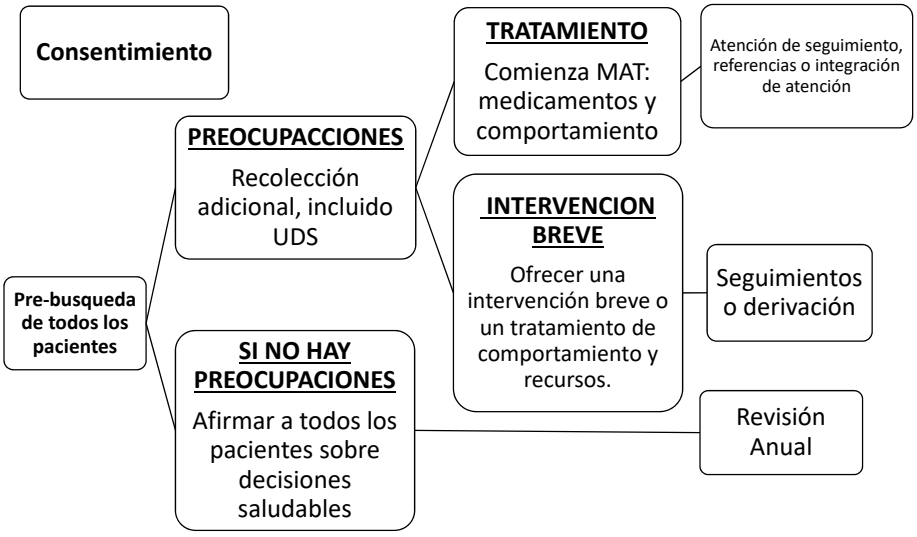
[1] Wright AL, Ballantyne GM, Jack SM et al. Using Two-Eyed Seeing in research with Indigenous people: An integrative review. Int J Qual Methods. 2019; 18: 1-19. https://doi.org/10.1177/1609406919869695

Reducción de Estigma: Cambiar el lenguaje

No Apropiado:	Apropiado:
Limpio	Negativo (prueba) Actualmente no usa sustancias (individual) Estéril (aguja estéril)
Sucio	Positivo (prueba) Una persona que actualmente usa sustancias (individual) No estéril (aguja)
Adicto Alcohólico	Una persona adicta a substancias Una persona adicta al alcohol
Abuso Dependencia	Uso de drogas Si diagnosticado por un proveedor, se dice Trastorno del Uso de Opioides
Ex adicto/a	Persona en recuperación

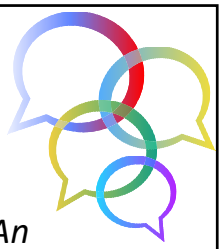
Words Matter - Terms to Use and Avoid When Talking About Addiction. National Institute on Drug Abuse website. https://www.drugabuse.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction July 28, 2020

Protocoló de SBIRT



Apoyos de Familia y compañeros

Recursos: Libro y Guía



- van Dernoot Lipsky L. *Trauma stewardship: An everyday guide to caring for self while caring for others*. San Francisco, CA: Berrett-Koehler Publishers, Inc.; 2009. Please read chapter one prior to the training.
- Arizona Center for Rural Health: AzMAT Mentors Resource Guide

AzMAT Mentors en el Contexto de COVID-19

- Durante la pandemia, la Drug Enforcement Administration [1] está respondiendo para garantizar que las personas puedan obtener los medicamentos que necesitan. Visite el sitio web de la DEA para obtener información adicional:

DEAs response to COVID-19. Drug Enforcement Administration website. https://www.dea.gov/press-releases/2020/03/20/deas-response-covid-19. March 20, 2020. Accessed July 28, 2020

Recursos para la Communidad en Arizona

1. Usa el Opioid Assistance and Referral Line

(**OAR Line**) **1-888-688-4222**

1. Visita **211arizona.org** o llama **Arizona 2-1-1**
2. Encuentra locales en donde dejar Drogas Rx: **Dumpthedrugsaz.org**
3. Encuentra servicios de tratamiento locales **findtreatment.samhsa.gov**
4. Encuentra Naloxona: **spwaz.org/arizonanaloxone/**

Gracias.

- Esperamos verte durante el entrenamiento.

AzMAT Mentors Program
Experienced Providers Training

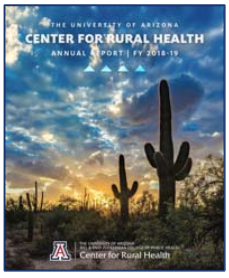
ARIZONA DEPARTMENT OF HEALTH SERVICES

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

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 disorders[1]

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, Hoeppner 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 cited[1]), 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

[1]van 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/OUD
- **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

This project 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.

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

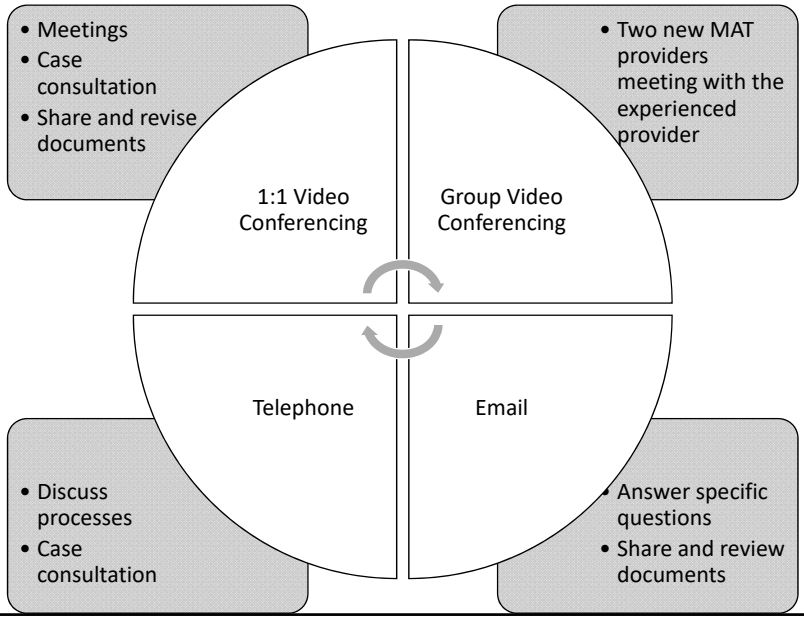
Implementation Expectation

Collaborative Consultation	Expected Outcomes
Introduction (within five working days of match finalization)	• 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)	• 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)	• Review results of goal • Identify new strategies to achieve goal or develop another goal • Discuss next steps
Collaborative Consultation 3 (optional but recommended)	• 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

Acknowledgements

Acknowledgements: This training was developed through a collaborative process between AzCRH personnel including:

- Benjamin Brady, DrPH
- Elena “Lena” Cameron, BS
- Amy Capone, MD
- Dan Derksen, MD
- Melody Glenn, MD
- Maria Losoya
- Estefanía Mendivil
- Bridget Murphy, DBH
- Alyssa Padilla, MPH
- Ariel Tarango, MPH
- Melissa Weiksnar, SB, MBA, MS
- All the providers who completed the needs assessment

AzMAT Mentors Program
Entrenamiento Para Proveedores Con Experencia

ARIZONA DEPARTMENT OF HEALTH SERVICES

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

Fecha: 30 Mayo 2020

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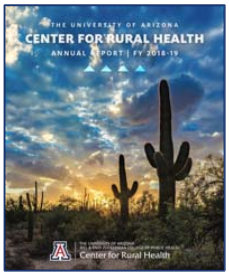

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AzCRH Sitio Web

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Para obtener más información acerca de las tierras nativas en las que reside UArizona, consulte https://nasa.arizona.edu/

Objectivos de Entrenamiento

1. Comprender las mejores prácticas de colaboración para ofrecer el **AzMAT Mentors Program**
2. Definir el **Plan de Implementación** de AzMAT Mentors Program
3. Revisar los **recursos existentes de MAT** en Arizona y al nivel nacional.

Compentencias de entrenamiento

1. **Demostrar habilidades** para identificar y **satisfacer** las **necesidades de los nuevos proveedores de MAT.**
2. **Apoye** a los nuevos proveedores de MAT y aumente su capacidad **para ofrecer servicios de MAT**.
3. **Localice y use herramientas y recursos** para aumentar la capacidad de los nuevos proveedores de MAT **para dar MAT.**

Agenda

1. **Introducciones**
2. **Objectivo 1 –** Las mejores prácticas para colaboraciones
   - La historia de Melissa Weiksnar-- Proposito: considerar la importancia de involucrar a la familia/ pares de apoyo en el tramiento.
   - La historia de Melody Glenn-- Propósito: escuchar a un proveedor que implementa MAT para considerar los problemas que pueden surgir durante las consultas de colaboración
3. **Objectivo 2** – AzMAT Mentors AzMAT Mentors Plan de implementación
   - Recordatorios de razones para el **optimismo**
   - Revisar el **plan de implementación** de AzMAT Mentors Program
4. **Objectivo 3** – Recursos del Programa
   - Libro: Trauma Stewardship
   - Guía de recursos del AzMAT Mentors Program
5. **Próximos Pasos**

Las mejores prácticas para colaboraciones

Todos temenos historias…

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*

Razones por el Optimismo (1 de 3)

MAT es eficaz para tratar los trastornos por uso de opioides [1]

SIRT integral puede ser un enfoque efectivo para entregar MAT fuera de una OTP. [2]

Los proveedores de Arizona informan éxitos en el tratamiento de pacientes con trastornos por uso de sustancias.[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.

Razones por el Optimismo (2 de 3)

Los proveedores indican que **recibir apoyo** de un **proveedor MAT con experiencia** es una estrategia para **superar las barreras**. [1]

Se estima que **22.35 millones de adultos** han resuelto sus problemas de alcohol y / u **otras drogas.** [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, Hoeppner 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

Razones por el Optimismo (3 de 3)

Según Van Der Kolk (como se citó [1]), las personas que son "stress resistant" [resistente al estress] se integran y se adaptan durante las experiencias de estrés. Elles:

- Tienen un sentido de control personal
- Búsqueda de actividades personalmente significativas.
- Tienen opciones de estilo de vida saludables
- Tienen apoyo social

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

Todos temenos historias…

Dr. Melody Glenn

Proveedor Discusión sobre MAT para considerar los problemas que pueden surgir durante las consultas de colaboración

Objectivo 2. AzMAT Mentors Program

Apoyar a los proveedores nuevos que son DATA waived dar tratamiento asistido por medicamentos (MAT).

Para lograr este objetivo, apoyamos a los proveedores de MAT con experiencia para que **colaboren** con los nuevos proveedores de MAT y asi **desarrollar e implementar un plan MAT** que aborde estos problemas:

- **Detección** de SUD / OUD
- **Dar tratamientos** de medicamentos y comportamiento.
- **Integrar la atención** con un proveedor de salud de comportamiento / referir al programa de tratamiento para una atención más intensiva.

Cronograma

MAT = medication-assisted treatment, Tratamiento asistido por medicamentos
OUD = opiate use disorder, Trastorno por consumo de opiodes
SUD = substance use disorde, Trastorno por uso de substanciasr

Este proyecto es apoyado por Grant Number H79TI081709 fundado por el Substance Abuse and Mental Health Services Administration. Sus contenidos son solo la responsabilidad de los autores y no representan necesariamente las opiniones oficiales de el Substance Abuse and Mental Health Services Administration o el Department of Health and Human services.

THE UNIVERSITY OF ARIZONA
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Center for Rural Health

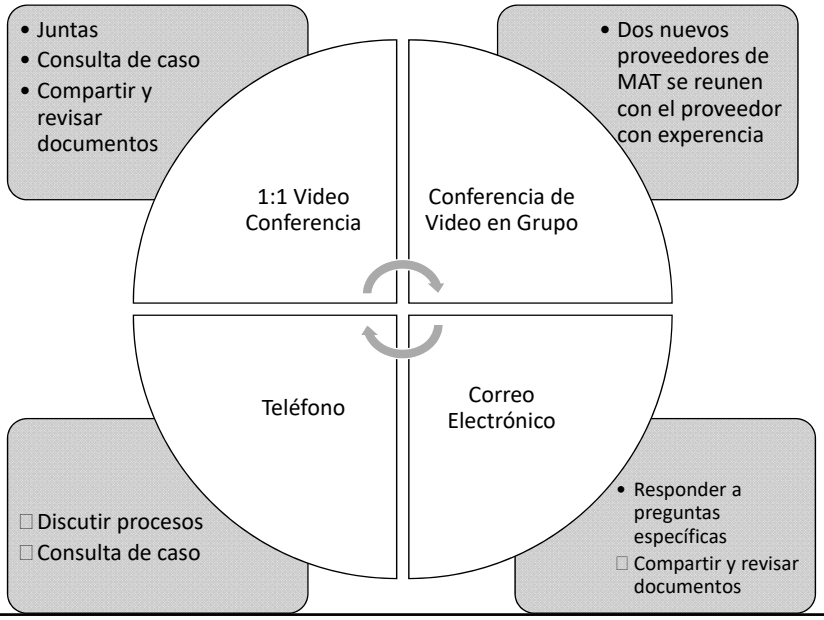
Expectativa de implementación

Consulta Colaborativa	Resultados Esperados
Introducción (dentro de los cinco días hábiles de cuando te asignan un proveedor de MAT)	• Breves introducciones y revisión de los respectivos antecedentes del colaborador. • Discutir el plan de AzMAT Mentor Program • Programe el día / hora y el tipo (por ejemplo, videoconferencia; teléfono) para la primera consulta colaborativa
Consulta Colaborativa 1 (en Junio/ Agosto)	• Revise el nuevo enfoque de SBIRT que usan los proveedores de MAT • Identifique una meta estable y alcanzable para trabajar en la consulta colaborativa dos • Programe día / hora y tipo de segunda consulta colaborativa
Consulta Colaborativa 2 (no más tarde que Agosto)	• Revisar resultados de la meta • Identificar nuevas estrategias para lograr la meta o crear otra meta. • Discuta los próximos pasos
Consulta Colaborativa 3 (opcional pero recomendada)	• Revisar y solucionar problemas asociados con la provisión de MAT utilizando la telemedicina como precaución por COVID-19

Asesorando SBIRT

Screening (S) Sistema de detección (todos los pacientes)	**Brief Intervention/Treatment (BI)** Intervención Breve/ tratamiento (Pacientes con indicación de uso nocivo de sustancias)	**Referral To … (RT)** Referencia a…. (Pacientes que beneficiarían de servicios adicionales)
¿Qué tipos de información se incluyen en el consentimiento?	¿Qué tipos de información se incluyen en el consentimiento?	¿Qué tipos de información se incluyen en el consentimiento?
¿Cómo se realiza in sistema de detección (i.e., tipos, formato, tipo de proveedor)?	¿Existe un enfoque estándar para realizar BI's (i.e., tipos, formato, tipo de proveedor)?	¿Cómo se determina la necesidad de referencia (es decir, tipos; formato; tipo de proveedor)?
¿Se utiliza un sistema de detección para evaluar el uso indebido de sustancias y / o condiciones de salud mental para todos los pacientes en la práctica?	¿Qué métodos basados en evidencia se utilizan?	¿Qué tipos de referencias se necesitan?
¿Se utiliza un sistema de detección separada para los pacientes que identifican un uso no saludable?	¿Quién conduce intervenciones breves (BI's)?	¿Qué organizaciones o apoyos han servido como fuentes de referencia?
¿Cómo apoyan los pacientes que no tienen problemas de uso de sustancias por sus comportamientos de promoción de salud?	¿Cómo se combinan los tratamientos conductuales y farmacéuticos?	¿Existen acuerdos formales e informales para referir?

Formatos Potenciales Para Consultas Colaborativas



AzMAT Mentors en el Contexto de COVID-19

- Solicitamos que todas las consultas colaborativas se hagan por videoconferencia, teléfono o otras tecnologías. Estaremos encantados de organizar reuniones de videoconferencia si es necesario.

Preguntas y Próximos Pasos

¿Preguntas?

- Próximos Pasos
- Complete la evaluación después del entrenamiento: https://redcap.link/8h5ia1zy
- Complete cualquier papeleo que quede para CRH
- Póngase en contacto con el nuevo proveedor de MAT
- Programe un tiempo para presentaciones y / o la primera consulta colaborativa
- Desarrollar un plan de implementación durante la primera consulta colaborativa
- Visita nuestro sitio web: crh.arizona.edu

Agradecimientos

Este entrenamiento se desarrolló a través de un proceso de colaboración entre el personal de AzCRH que incluye:

- Benjamin Brady, DrPH
- Elena “Lena” Cameron, BS
- Amy Capone, MD
- Dan Derksen, MD
- Melody Glenn, MD
- Maria Losoya
- Estefanía Mendivil
- Bridget Murphy, DBH
- Alyssa Padilla, MPH
- Ariel Tarango, MPH
- Melissa Weiksnar, SB, MBA, MS
- Todos los proveedores que completaron la evaluación de las necesidades

AzMAT Mentors Program Resource Guide

The University of Arizona Center for Rural Health

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Design & back cover photo: Paul Akmajian | Front cover photo: Rod Gorrell

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Center for Rural Health

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 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, and *The Guide* provides a brief description of each and a link to the actual source.

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 inequities.

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 Acknowledgment 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 Wild-cat 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/

Updated September 30, 2020

Acknowledgments

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

Benjamin Brady, DrPH
Elena "Lena" Cameron, BS
Amy Capone, MD
Dan Derksen, MD
Melody Glenn, MD
Maria Losoya
Estefanía Mendivil
Bridget Murphy, DBH
Alyssa Padilla, MPH
Ariel Tarango, MPH
Melissa Weiksnar, SB, MBA, MS
All the providers who completed the needs assessment

Ken Miller photo

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Health Promotion, Resilience, and Strength

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 (2015)[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. The authors call for health promotion professionals to:

- Ensure resources are equitably distributed when policies are developed and implemented
    - Example: Access to care. Treating pain.
- Communicate the influence of political, social, and environmental factors on health
    - Example: Paying for care. Geography.
- Use existing networks to connect and advocate for people of diverse backgrounds
    - Example: Linkages to referral sources.

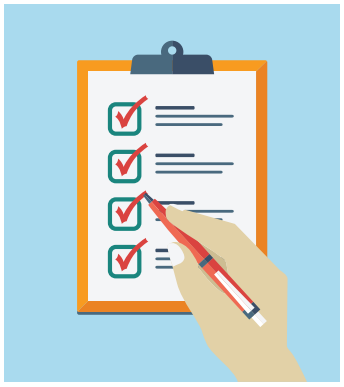
Researchers examined the protective factors for health specifically for American Indian/Alaska Native youth[2]. They found individual, family, community, and multi-level protective factors for alcohol, substance use, suicide and depression exist. Commonalities included role modeling, positive adult relationships, 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

1 Golden SD, McLeroy KR, Green LW et al. Upending the social ecological model to guide health promotion efforts toward policy and environmental change. *Health Educ Behav*. 2015; 42(1): 8S-14S. 10.1177/1090198115575098

2 Henson M, Sabo S, Trujillo A, Teufel-Shone N. Identifying protective factors to promote health in American Indian and Alaska Native Adolescents: A literature review. *J. Prim Prev*. 2017; 38(1-2): 5-26. 10.1007/s10935-016-0455-2

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
- Health Current: Arizona's Health Information Exchange: https://healthcurrent.org/hie/the-network-participants/data-providers-data-types-2/
- Legal Action Center:
    - Health and Human Services Press Release on 42 C.F.R. Part 2 Revised Rule July 2020: https://www.hhs.gov/about/news/2020/07/13/fact-sheet-samhsa-42-cfr-part-2-revised-rule.html
    - Recent (2020) changes to 42 C.F.R. Part 2: https://www.lac.org/news/cares-act-sud-privacy-amend-overview
    - Toolkit: https://www.lac.org/resource/the-fundamentals-of-42-cfr-part-2
- 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 State Board of Pharmacy, Controlled Substances Prescription Monitoring Program: https://pharmacypmp.az.gov/
- Providers Clinical Support System (PCSS): https://pcssnow.org/resource/diversion-abuse-buprenorphine/
- United States Department of Justice, Drug Enforcement Agency Diversion Control Division: https://www.deadiversion.usdoj.gov/

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.surgeongeneral.gov/
    - View the 2016 full report: https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf
    - 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. Since 2017, ADHS indicates 49% of reported overdoses in Arizona involved more than one drug. As of August 12, 2020, fentanyl (23.1%), heroin (18.7%), benzodiazepines (16.3%), and oxycodone (14.7%) were the most prevelant. These data are updated regularly – please visit the website for the latest numbers.

- ADHS Opioid Epidemic: https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php
- 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

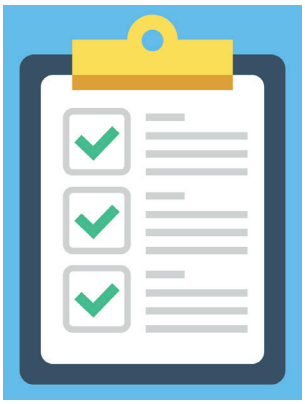
Substance Use Risk Education

Individuals have low general knowledge of opioids, overdose, and responses to overdose[1]. 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.

1 Dunn KE, Barrett FS, Yepez-Laubach C, et al. Opioid overdose experience, risk behaviors, and knowledge in drug users from a rural versus an urban setting. *J. Subst Abuse Treat*. 2016; 71: 1-7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5034762/

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[1]. 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 opiate 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[2].
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/integrated-health-coe/
- National Institute on Drug Abuse (NIDA): https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-prevention
- NIDA: Commonly used drug charts: https://www.drugabuse.gov/drug-topics/commonly-used-drugs-charts
- SAMHSA: https://www.samhsa.gov/sbirt

---

1 Bernstein SL, D'Onofrio GD. *Screening, treatment initiation, and referral for substance use disorders*. *Addict Sci Clin Pract*. 2017; 12: 18. 10.1186/s13722-017-0083-z

2 Miller WR, Rollnick S. *Motivational interviewing: Helping people to change (Third Edition)*. 2013; Guilford Press

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

- Addiction Technology Transfer Center: https://attcnetwork.org/centers/northwest-attc/screening-brief-intervention-and-referral-treatment-sbirt
- Motivational Interviewing Trainings
    - Center for Applied Behavioral Health Policy: https://cabhp.asu.edu/motivational-interviewing
    - Motivational Interviewing Network of Trainers: https://motivationalinterviewing.org/
- PCSS: https://pcssnow.org/event/an-sbirt-approach-to-pain-and-addiction/
- SAMHSA Evidence-based Practices Resource Center (search for SBIRT): https://www.samhsa.gov/ebp-resource-center
- SBIRT Education: https://bigsbirteducation.webs.com/

Implementation Toolkits and Examples

- IRETA: https://ireta.org/resources/sbirt-toolkit/
- Massachusetts Clinicians Toolkit: https://www.masbirt.org/products
- SBIRT Oregon:
    - Overview YouTube Video: https://www.youtube.com/watch?v=jt_I2Yg2Ik4
    - Reference sheets: http://www.sbirtoregon.org/clinic-tools/
    - Screening computer application: http://sbirtapp.org/language

Screenings and Assessments

- American Society for Addiction Medicine: https://www.asam.org/Quality-Science/quality/drug-testing
- NIDA: https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-prevention
- NIDA: Initiating Buprenorphine Treatment in the Emergency Room https://www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/emergency-physicians-first-responders/initiating-buprenorphine-treatment-in-emergency-department
- SAMHSAs, TIP 59: Appendix D.: https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849?referer=from_search_result
- SAMHSAs, Opioid Overdose Prevention Toolkit. Includes screening and assessment for first responders: https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742?referer=from_search_result

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."[1] 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?[2]

- Negative attitudes
- Fear
- Beliefs
- Lack of awareness about the condition and stigma
- Inability to clinically manage condition
- Institutional procedures and practices

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

2 Nyblade L, Stockton MA, Giger K. Stigma in health facilities: why it matters and how we can change it. *BMC Medicine*. 2019; 17(25): 1-15. https://doi.org/10.1186/s12916-019-1256-2

- Empowering people to acknowledge and management their substance use disorder to overcome 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 patient 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?[1]

- 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

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/revising-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

1 Greenbaum Z. The stigma that undermines care. *Monitor on Psychology*. 2019; 50(6), 46-48. https://www.apa.org/monitor/2019/06/cover-opioids-stigma

Trauma: Primary and Secondary

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[1]. 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).[2] 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.[2] These are similar to the neurobiological mechanisms of addiction.[3]

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[4]. Racine[5] 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 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)[6]. 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.

---

1 Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *Am. J. Prev. Med*. 1998; 14(4): 245-258. https://doi.org/10.1016/S0749-3797(98)00017-8

2 Jones CM, Merrick MT, Houry DE. Identifying and preventing adverse childhood experiences. Implications for clinical practice. *JAMA*. 2020; 323(1): 25-26. 10.1001/jama.2019.18499

3 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

4 Murphy A, Steele H, Steele, M et al. The clinical adverse childhood experiences (ACEs) questionnaire: Implications for trauma-informed behavioral healthcare. In: RD Briggs, ed. *Integrated early childhood behavioral health in primary care.* Springer International Publishing; 2016.

5 Racine AD. The economics of child development. In: RD Briggs, ed. *Integrated early childhood behavioral health in primary care.* Springer International Publishing; 2016.

6 Ludick M, Figley CR. Toward a mechanism for secondary trauma induction and reduction: Reimagining a theory of secondary traumatic stress. *Traumatology*. 2017; 23(1): 112-123. http://dx.doi.org/10.1037/trm0000096

Resources on Primary Trauma:

- Centers for Disease Control and Prevention ACEs website: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html
- Dr. Nadine Burke Harris's TedTalk on ACEs and health (15 minutes): https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en
- Governor Ducey's Office of Youth, Faith, and Family's initiative dedicated to ACEs: https://goyff.az.gov/content/adverse-childhood-experiences-aces

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
- The National Child Traumatic Stress Network: https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress

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.

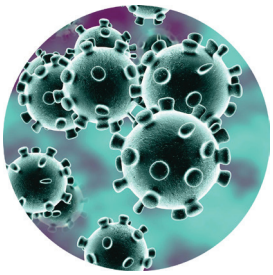
- Clinical guidance for treatment pregnant and parenting women with opioid use disorder and their infants: https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054
- Evidence-based practices regarding opioids: https://www.samhsa.gov/ebp-substances/opioids
- MAT guidelines: https://www.samhsa.gov/medication-assisted-treatment
- TIP 63: https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006?referer=from_search_result

Minimizing Risk/Harm Reduction

Research shows people may move in and out of recovery throughout their lifetime[1]. 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:
    - Fentanyl alert: https://spwaz.org/fentanyl/
    - Frequently Asked Questions: https://spwaz.org/faq/

COVID-19 and OUD



The COVID-19 pandemic has disrupted ways OUD interventions and treatments are provided and estimates suggest overdose is still a public health concern (see Diseases of Despair section for resources on overdose). Numerous agencies and organizations have offered guidance and recommendations to help respond to patients with OUDs. Here are some relevant links.

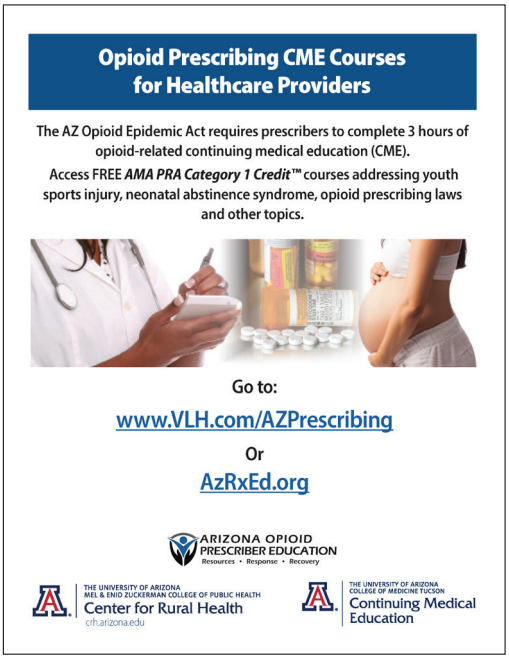
- American Medical Association: https://www.ama-assn.org/delivering-care/public-health/covid-19-policy-recommendations-oud-pain-harm-reduction
- ASAM: https://www.asam.org/Quality-Science/covid-19-coronavirus
- Center for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations/people-who-use-drugs/QA.html
- Drug Enforcement Agency: https://www.deadiversion.usdoj.gov/coronavirus.html
- 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

1 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

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 Center for Rural Health Prescription Drug Overdose Prevention Program: https://crh.arizona.edu/programs/prescription-drug-misuse-abuse-initiative
- Arizona Health Care Cost Containment System: https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/MAT.html
- Arizona Opioid Prescribing Guidelines: https://www.azdhs.gov/audiences/clinicians/index.php#-clinical-guidelines-and-references-rx-guidelines
- Arizona Pain and Addiction Curriculum: https://www.azdhs.gov/audiences/clinicians/arizona-pain-addiction-curriculum/index.php
- Arizona Smokers Helpline: https://ashline.org/
- Arizona State University, Center for Behavioral Health Policy: https://cabhp.asu.edu/medication-assisted-treatment
- Be Connected Arizona: A project for service members, veterans, families and communities https://beconnectedaz.org
- Comprehensive Pain and Addiction Center (CPAC): https://uahs.arizona.edu/strategic-initiatives/comprehensive-pain-and-addiction-center
- 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/

Tribal Communities

There are 22 nationally recognized American Indian/Native American tribes in Arizona. Many Tribal 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 American Indian/Native American tribes.

- 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/data/
- National American Indian & Alaska Native Addiction Technology Transfer Center: https://attcnetwork.org/centers/national-american-indian-and-alaska-native-attc/home
- SAMHSA TIP 61: Behavioral Health Services for American Indians and Alaska Natives: https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070?referer=from_search_result

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 overdose[2].

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:

- ADHS, Naloxone Information: https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioids/index.php#nalox-one-info
- 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://suicideprevention-lifeline.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

beconnected
service members • veterans • families • communities
www.BeConnectedAZ.org
1-866-4AZ-VETS (429-8387)

1 Bohnert ASB. & Illgen, MA. Understanding links among opioid use, overdose, and suicide. *N Engl J Med*. 2019; 380(1): 71-79. 10.1056/NEJMra1802148

2 Dasgupta N, Beletsky L, & Ciccarone, D. No easy fix to its social and economic determinants. *Am J Public Health.* 2018; 108(2): 182-186. 10.2105/AJPH.2017.304187

3 Mereish EH, O'Cleirigh C, Bradford JB. Interrelationships between LGBT-based victimization, suicide, and substance use problems in a diverse sample of sexual and gender minority men and women. *Psychol Health Med*. 2014; 19(1): 10.1080/13548506.2013.780129

4 Murthy VH. *Together: The healing power of human connection in a sometimes lonely world*. HarperCollins Publishers; 2020.

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.

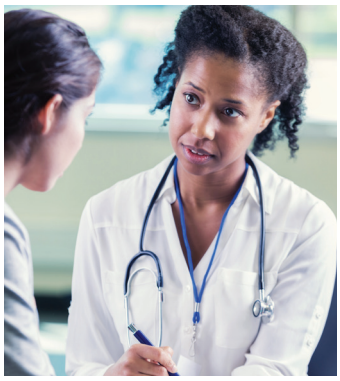
- Arizona Health Care Cost Containment System Office of Individual and Family Affairs – see resources under peer run or family run organizations: https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/OIFA.html
- Arizona Complete Health – information on training and other requirements for peer support specialist: https://www.azcompletehealth.com/providers/resources/provider-manual/pm_section_15.html
- College of Medicine, Family & Community Medicine – recovery support specialist institute: https://www.fcm.arizona.edu/workforce-development-program/about-us
- 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/
- Families for Sensible Drug Policy: http://fsdp.org/
- Mental Health America of Arizona: https://www.mhaarizona.org/copy-of-mental-health-advocacy-tool
- 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
- Medicaid.gov translation and interpretation services: https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html
- Think Culture Health: https://thinkculturalhealth.hhs.gov/about
- National Health Law Program - state law requirements to address healthcare language needs: https://healthlaw.org/resource/summary-of-state-law-requirements-addressing-language-needs-in-health-care-2/
- NIDA, Substance Use and SUDs in LGBTQ Populations: https://www.drugabuse.gov/drug-topics/substance-use-suds-in-lgbtq-populations
- SAMHSA TIP 59: https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849?referer=from_search_result

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

Telemedicine

While telehealth/telemedicine services have been used for quite some time, COVID-19 has made telehealth more important. Here are some telehealth 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
- DEA COVID-19 pandemic: https://www.deadiversion.usdoj.gov/coronavirus.html
- Project ECHO: https://telemedicine.arizona.edu/echo

Billing for Services

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.

- Center for Medicaid and Medicare SBIRT Services guide: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243489
- National Council for Behavioral Health, Parity: https://www.thenationalcouncil.org/topics/parity/

1 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016

Relevant Membership Organizations

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

- American Society of Addiction Medicine: https://www.asam.org/
- American Association for the Treatment of Opioid Dependence, Inc. (AATOD): http://www.aatod.org/
- Arizona AATOD chapter, Arizona Opioid Treatment Coalition: https://aotc-arizona.org/
- Arizona State University, Medication-Assisted Treatment Echo: https://chs.asu.edu/project-echo/join/medication-assisted-treatment

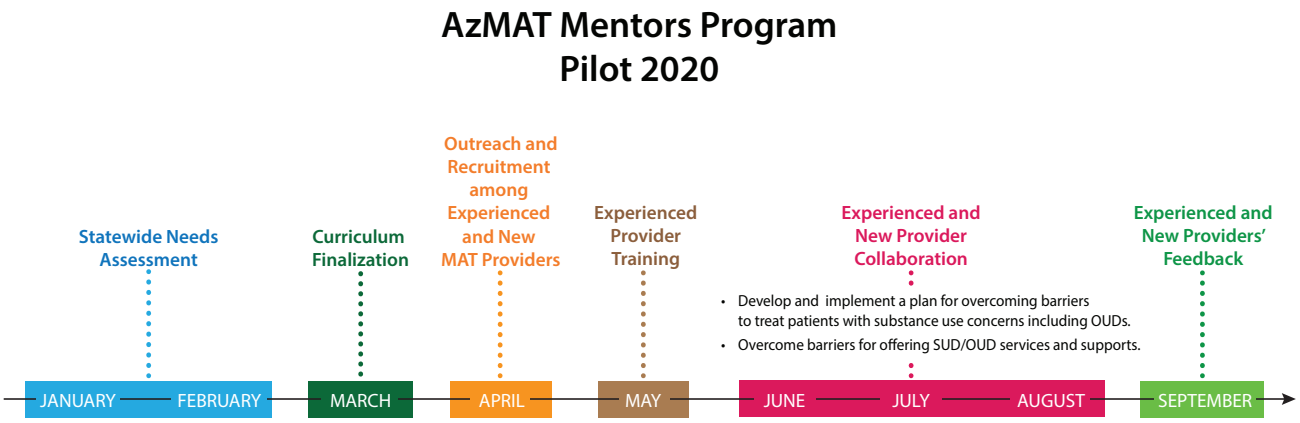
AzMAT Mentors Program Implementation

The AzMAT Mentors Program is a pilot project. The pilot project is expected to finish by September (Figure 1). There is a standard program process for engaging experienced and new MAT providers (see defintions below) in program activities (Figure 2).

Term or Acronym	Definition
AzMAT Mentors Program	The Arizona Center for Rural Health, Arizona Medication Assisted Treatment Program
Collaborators	One-on-one collaborations between: • Providers with **experience** implementing MAT = experienced providers. Experience is defined as at least one year using MAT and/or have treated at least 20 patients. • Providers who are DATA-waived with less experience using MAT = new MAT providers. New is defined as anyone who is interested/available to work with an experienced MAT provider.
Collaborative Consultation	We expect at least two consultations between collaborators to work on a goal towards increasing the new MAT providers capacity to implement substance use disorder services.
OBOT	Office Based Opioid Treatment
OUD	Opioid Use Disorder
OTP	Opioid Treatment Programs are accredited and certified to provide services per federal requirements.
Peer support specialists	A person who has substance misuse experience who can support another person while they are becoming stable, in maintenance, and remission.
UDS	Urinalysis drug screening

Experienced and new MAT providers are matched based on three criteria: (1) range of MAT services, (2) behavioral/medication interventions, and (3) provider location and discipline. Providers are expected to have at least two collaborative consultations to initiate, improve, or enhance the SBIRT framework for identifying, treating, and referring people who may benefit from intervention(s). An additional collaborative consultation is recommended to address telemedicine issues for treating OUDs in light of the COVID-19 pandemic (Figures 3-5).

Figure 1:



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

This project 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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Figure 2:

AzMAT Mentors Program Process

Experienced MAT Providers

Are you interested in participating as an experienced MAT provider?

YES

✓Complete interest form at:
https://redcap.uahs.arizona.edu/surveys/?s=Y7RLKJRARC

✓Complete application form

✓Complete UA paperwork for renumeration

✓ Review pre-training materials

✓Attend program training

✓Submit training feedback form

✓Conduct at least 2 collaborative consultations with new MAT provider(s)

✓Recommended collaborative consultation regarding telemedicine

✓Submit paperwork and invoice to CRH

✓Submit program feedback form

New MAT Providers

Are you interested in participating as a new MAT provider?

YES

✓Complete interest form at:
https://redcap.uahs.arizona.edu/surveys/?s=Y7RLKJRARC

✓Complete invitation form

✓Match with MAT experienced provider

✓Participate in at least 2 collaborative consultations

✓Recommended collaborative consultation regarding telemedicine

✓Submit program feedback form

For more information visit our website:
https://crh.arizona.edu/mentor

Or contact Bridget Murphy at:
bridget@arizona.edu

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Disclaimer: The AzMAT Mentors 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.

Figure 3:

Implementation Expectation

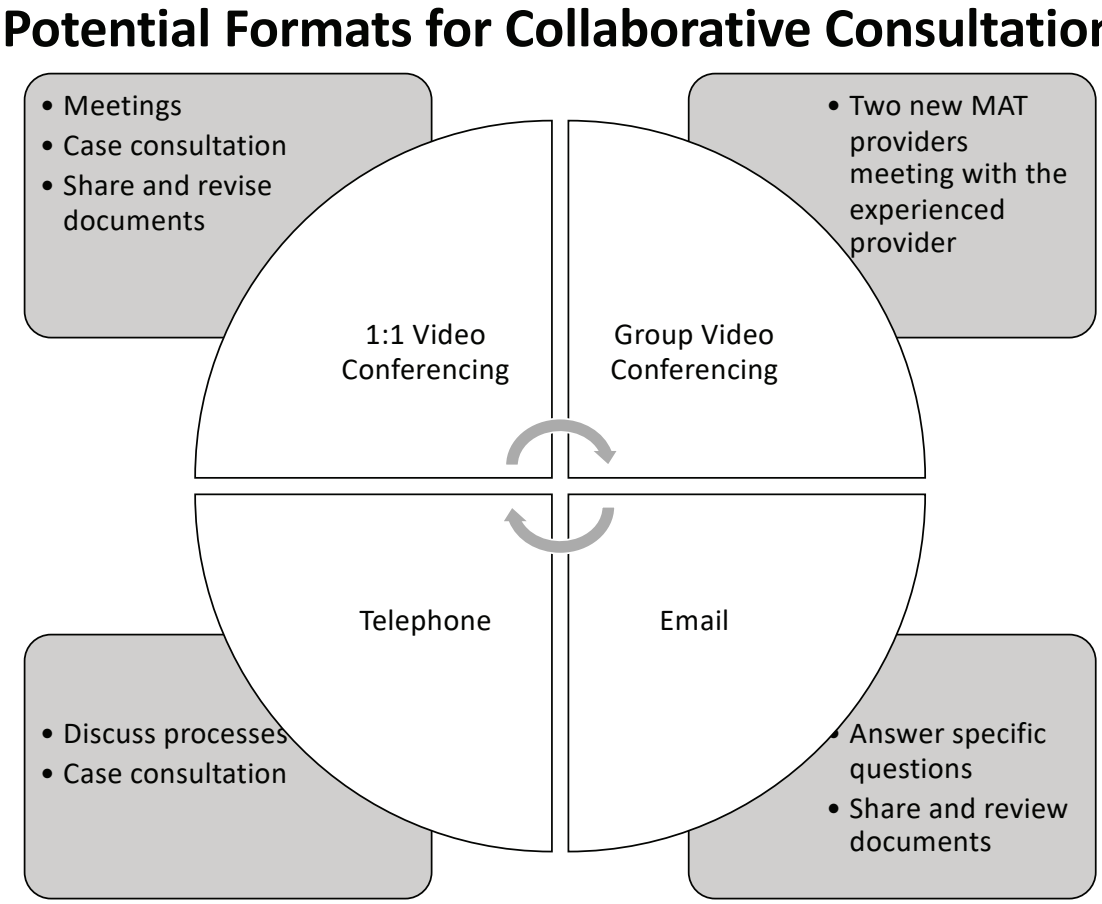
Collaborative Consultation	Expected Outcomes
Introduction (within five working days after your match is confirmed)	• Brief introductions and review of the collaborator's respective backgrounds • Discuss AzMAT Mentor Program plan • Schedule day/time and type (e.g., video conferencing; telephone) for first collaborative consultation
Collaborative Consultation 1 (in June/August)	• 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)	• Review results of goal • Identify new strategies to achieve goal or develop another goal • Discuss next steps
Collaborative Consultation 3 (optional but recommended)	• To review and troubleshoot issues associated with providing MAT using telemedicine in light of COVID-19

Figure 4:

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?

Figure 5:


Potential Formats for Collaborative Consultation
• Meetings
• Case consultation
• Share and revise documents
• Two new MAT providers meeting with the experienced provider
1:1 Video Conferencing
Group Video Conferencing
Telephone
Email
• Discuss processes
• Case consultation
• Answer specific questions
• Share and review documents

Frequently Asked Questions (FAQs)
AzMAT Mentors Program

General FAQs

Q.1: What do collaborative consultations look like?

New and experienced providers may collaborate in a variety of ways, through phone, video conference, or email. Collaborators should discuss and agree on what communication methods work best for them. This program asks providers to engage in at least two collaborative sessions, but more are possible, up to a long-term working collaboration. Please let us know if you'd like assistance program staff to set up a zoom meeting for your collaborations.

Q.2: Where do I find MAT resources?

Here are links to national organizations and federal agency resources.

1. PCSS: https://pcssnow.org/
2. SAMHSA: https://www.samhsa.gov/medication-assisted-treatment
3. ASAM: https://www.asam.org/
4. HHS: https://www.hhs.gov/opioids/treatment/resources-opioid-treatment-providers/index.html

Here are links to Arizona and program-specific resources

5. ASU MAT: https://cabhp.asu.edu/medication-assisted-treatment
6. AOTC: https://aotc-arizona.org/
7. Opioid Assistance and Referral Line (OARLine): https://www.azdhs.gov/oarline/

Experienced MAT Providers FAQs:

Q.1: How do we (experienced providers) document collaborations?

Please keep a record of your collaborations. At the conclusion of the program, the evaluation survey will ask you to report the total number of collaborative consultations.

Q.2: What are the key program outcomes?

The goal of this program is increase access to MAT by supporting new or less experienced MAT providers to increase their capacity to deliver MAT services. We will measure this through changes in their confidence and their intention to deliver MAT.

Q.3: How did AzMAT Mentors program staff recruit the new MAT providers?

All Arizona DATA-waived (x-waived) interested providers are encouraged to participate, especially those working in rural and underserved areas. To spread the word, we used a variety of marketing methods. They are described in our recruitment and enrollment document. Please feel free to invite interested providers to complete the interest form at our website crh.arizona.edu/mentor.

Q.4: I'm having difficulty connecting with my assigned collaborator.
We ask that you initiate contact within five days of your match and hold the first collaborative consultation within 30-days. However, we recognize that this may be difficult for some providers. We ask that you try to connect with your assigned match a couple of times and then seek support from AzMAT Mentor Program personnel. The new MAT provider may have had changes such that their schedule no longer allows for participation.

Q.5: When do we get paid?
The process for payment includes:

- ✓ Completing the Scope of Service and Independent Contractor (ICON) form
- ✓ Attending the scheduled training and roundtable sessions
- ✓ Attending the scheduled training and roundtable sessions
- ✓ Working with assigned collaborator(s) and completing 2-3 collaborative consultations for each match
- ✓ Submitting an invoice using the AzMAT Mentor Program template
- ✓ Awaiting 4 to 8 weeks to receive payment
- ✓ Questions should be directed to: Lena Cameron at ercameron@arizona.edu

Q.6: What is an ICON?
ICON stands for Independent Contractor form used by the University of Arizona as a mechanism to pay providers for their time as experienced MAT providers in the program. More information about ICON forms and policies are located at this website: https://www.fso.arizona.edu/accounts-payable/independent-contractor.

Q.7: Where can I find instructions or support to complete the ICON form?
An email will be sent to you explaining the ICON process. This document will be sent to you via Adobe Sign, with relevant information prefilled on the form. Adobe Sign will prompt you to complete the remaining fields, check over the document for accuracy, and sign. You will be able to reach Lena Cameron at ercameron@arizona.edu for additional troubleshooting.

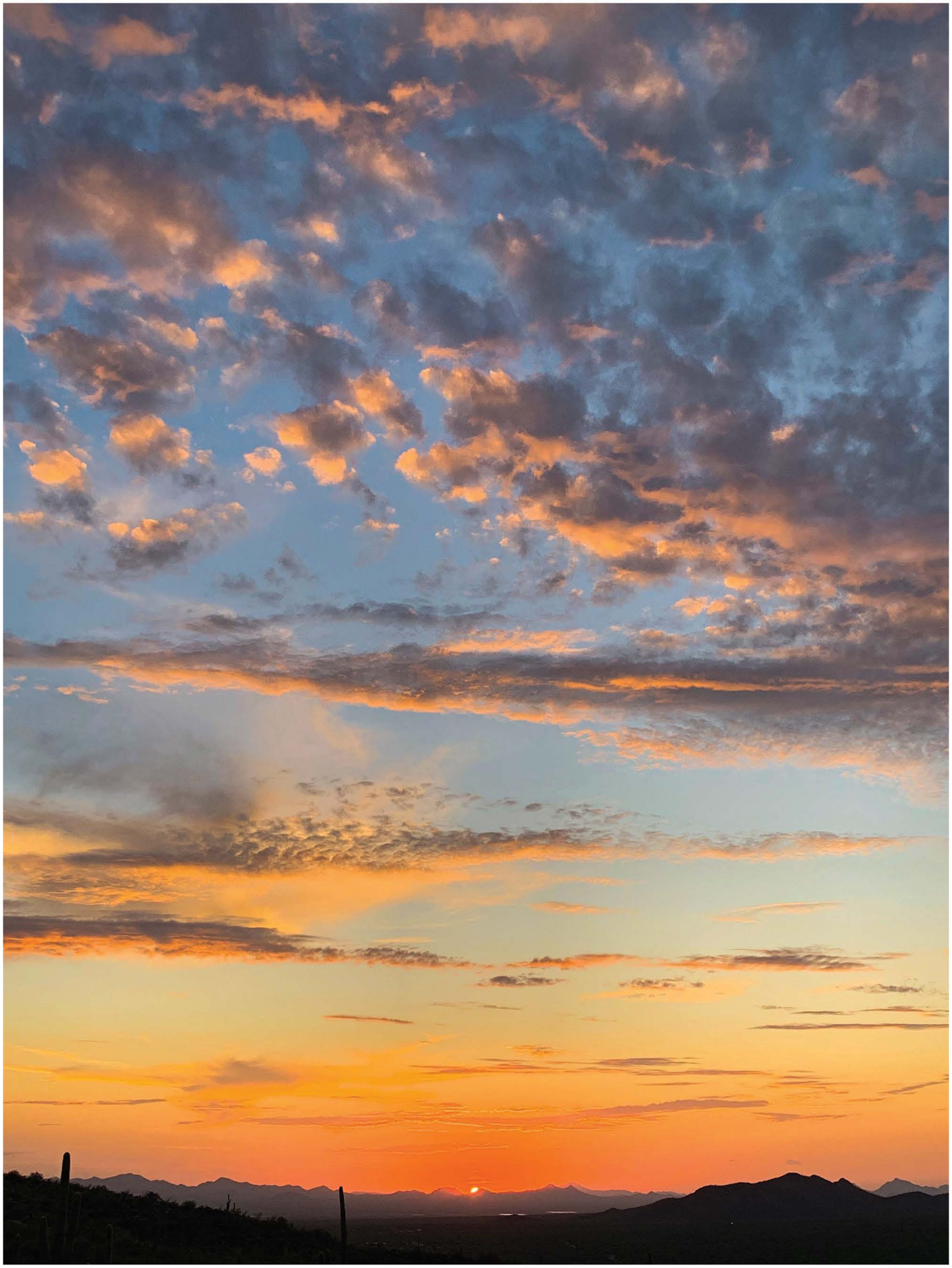
New MAT Providers FAQs:

Q.1: I have applied for my DATA-waiver but have not received it yet. Can I participate?
We are thrilled that you applied for the DATA-waiver. For this program, we are working with providers who are already DATA-waived. Please check back with us when you receive your waiver.

Q.2: What should I ask my experienced MAT collaborator during our first meeting?

Effective collaboration is directed by your learning goals. For this to happen, we encourage you to develop two to three open ended questions to guide your collaborative sessions. Here are a few examples:

1. Tell me about the big picture issues I need to consider when implementing substance use disorder services and supports in my practice?
2. What are the best ways to prevent and address problems of diversion?
3. How do you encourage family involvement in the MAT process?
4. What policies and procedures are important to initiate for MAT patient work flow?
5. What are the ways you use Screening, Brief Intervention and Referral to Treatment (SBIRT) including urinalysis drug screening?
6. How do I identify and address stigma against people who use drugs that I, my practice partners, or clinic staff may hold?
7. What are some issues I need to consider associated with working with special populations such as women who are pregnant or adolescents?
8. How do you create a trauma informed setting to avoid inadvertently retraumatizing patients?
9. What are some ways I can prioritize self-care among me and our team?



AzMAT Mentors Program
Guía de Recursos

The University of Arizona Center for Rural Health

El desarrollo de esta guía de recursos fue apoyado por el número de Grant Number H79TI081709 financiado por el Substance Abuse and Mental Health Services Administration. Sus contenidos son responsabilidad exclusiva de los autores y no representan las opiniones oficiales del Substance Abuse and Mental Health Services Administration o el Department of Health and Human Services.

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Introducción

Gracias por su interés en el AzMAT Mentors Program. El programa tiene como objetivo aumentar la capacidad del proveedor para ofrecer tratamientos basados en evidencia para personas con trastornos por consumo de sustancias y, más específicamente, para pacientes con trastornos por uso de opioides (OUD).

Esta Guía de Recursos (en adelante, referido como la Guía) ofrece recursos y enlaces para apoyar la provisión de tratamientos asistidos por medicamentos (MAT). Se puede recibir apoyo técnico adicional de la línea de Opioid Assistance and Referral (1-888-688-4222) o de la línea de Opioid Assistance and Referral (1-888-688-4222) o Arizona Center for Rural Health https://crh.arizona.edu/mentor o por correo electrónico coph-crh@arizona.edu.

La Guía es una compilación de recursos nacionales y estatales. Aunque no son exhaustivos, estos recursos fueron seleccionados para abordar preguntas y temas importantes que los proveedores de Arizona MAT indicaron que eran de interés. La mayoría de los recursos están disponibles a través del internet, y *La guía* proporciona una breve descripción de cada uno y un enlace a la fuente real.

Declaración de Sensibilidad Cultural
Abordar los desafíos que enfrenta la gente de Arizona con trastornos por consumo de sustancias, incluyendo la gente Negra, Latiné, Indígena, inmigrantes y personas de color. Las Minorías son componentes cruciales de la investigación, la política y las estrategias clínicas que mejoran la equidad en la salud. AzCRH conecta a diversos socios en Arizona, proporciona datos confiables y útiles para informar políticas y programas, y ayuda a encontrar recursos para apoyar a las poblaciones rurales y desatendidas históricamente explotadas e ignoradas. Nos comprometemos a ampliar nuestros esfuerzos para abordar las injusticias basadas en la raza y disparidades de salud.

Conciencia cultural se trata de ser abierto, empático y mejorar a si mismo toda su vida para aumentar la conciencia de los sesgos individuales y estructurales. La sensibilidad cultural es respectar a todas las personas, familias y comunidades dentro su propia cultura.

También reconocemos y celebramos las diferencias dentro y entre los grupos culturales y nos esforzamos por crear entornos inclusivos para todas las personas para las que interactuamos.

Declaración de Reconocimiento de Tierras
La Universidad de Arizona se encuentra en las tierras natales originales de los pueblos Indígenas que han cuidado esta tierra desde tiempos inmemoriales. La Universidad de Arizona reside en tierras ancestrales de las naciones Tohono O'odham y Pascua Yaqui, donde muchos hoy en día residen continuamente en su tierra ancestral. Alineando con el valor central de la universidad de una comunidad diversa e inclusiva, es una responsabilidad institucional reconocer a las personas, la cultura y la historia que conforman la comunidad de los Wildcats. A nivel institucional, es importante ser proactivo en la ampliación de la concienciación en todo el campus para asegurar que nuestros estudiantes se sientan representados y valorados.
Para obtener más información acerca de las tierras nativas en las que reside UArizona, consulte https://nasa.arizona.edu/

Esta es una versión preliminar de *La Guía*. Se actualizará y finalizará en septiembre de 2020.

Reconocimientos

La Guía fue desarrollada a través de un proceso de colaboración entre el personal y los socios de Arizona Center for Rural Health. Estos incluyen:

Benjamin Brady, DrPH
Elena "Lena" Cameron, BS
Amy Capone, MD
Dan Derksen, MD
Melody Glenn, MD
Maria Losoya
Estefania Mendivil
Bridget Murphy, DBH
Alyssa Padilla, MPH
Ariel Tarango, MPH
Melissa Weiksnar SB, MBA, MS
Todos los proveedores que completaron la evaluación de necesidades

Ken Miller foto

Tabla de Contenidos

pagina

Promoción de la Salud, Resiliencia y Fortalezas

Una manera de reducir los efectos nocivos del consumo de sustancias, el mal uso y la adición es promover la salud y el bienestar mejorando la resiliencia individual, familiar y comunitaria. Los profesionales de la salud pública utilizan modelos ecológicos sociales para discutir y comprender la relación entre la salud de una persona y sus comunidades. Golden et al (2015)[1] desarrollaron el modelo ecológico "inside-out" que pone las políticas y el medio ambiente en el centro con individuos en la parte superior que piden una distribución justa y equitativa de los recursos. Los autores piden a los profesionales de la promoción de la salud que:

- Garantizar que los recursos se distribuyan equitativamente cuando se desarrollen e implementen políticas
    - Ejemplo: Acceso a la atención. Tratamiento del dolor.
- Comunicar la influencia de los factores políticos, sociales y ambientales en la salud
    - Ejemplo: Pagar por la atención medica. La geografía.
- Utilizar las redes existentes para conectarse y abogar por personas de diversos orígenes
    - Ejemplo: Vinculaciones a fuentes de referencia.

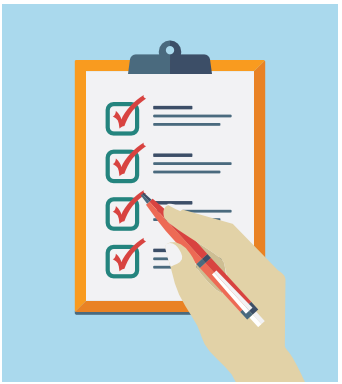
Los investigadores examinaron los factores de protección de la salud específicamente para los jóvenes Nativos Americanos/Nativos de Alaska[2]. Encontraron que existen factores protectores individuales, familiares, comunitarios y multinivel para el consumo de alcohol, sustancias, suicidio y depresión. Entre los puntos en común se incluyen el modelado a seguir, las relaciones positivas con los adultos, las oportunidades de contribuir y las actividades extracurriculares. Estos autores recomiendan que los profesionales de la salud:

- Identificar y utilizar factores de protección para mejorar la salud
- Proporcionar compromiso para identificar fortalezas, en lugar de centrarse únicamente en los déficits

1 Golden SD, McLeroy KR, Green LW et al. Upending the social ecological model to guide health promotion efforts toward policy and environmental change. *Health Educ Behav*. 2015; 42(1): 8S-14S. 10.1177/1090198115575098

2 Henson M, Sabo S, Trujillo A, Teufel-Shone N. Identifying protective factors to promote health in American Indian and Alaska Native Adolescents: A literature review. *J. Prim Prev*. 2017; 38(1-2): 5-26. 10.1007/s10935-016-0455-2

Práctica Legal y Ética



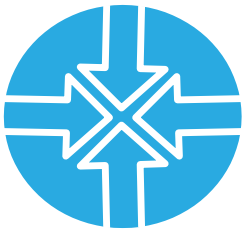
La recopilación del consentimiento para el tratamiento de los trastornos por consumo de sustancias es una práctica ética y legal. La protección de la información sobre el uso de sustancias recopilada mediante el suministro de tratamiento es requerida en virtud de 42 C.F.R. Parte 2. Puede encontrar información adicional sobre prácticas legales y éticas y requisitos aquí:

- Center of Excellence for Protected Health Information: https://www.caiglobal.org/index.php?option=com_content&view=article&id=1149&Itemid=1953
- Health Current: Arizona's Health Information Exchange: https://healthcurrent.org/hie/the-network-participants/data-providers-data-types-2/
- Legal Action Center:
    - Health and Human Services Press Release on 42 C.F.R. Part 2 Revised Rule July 2020: https://www.hhs.gov/about/news/2020/07/13/fact-sheet-samhsa-42-cfr-part-2-revised-rule.html
    - Recent (2020) changes to 42 C.F.R. Part 2: https://www.lac.org/news/cares-act-sud-privacy-amend-overview
    - Toolkit: https://www.lac.org/resource/the-fundamentals-of-42-cfr-part-2
- Substance Abuse and Mental Health Services Administration (SAMHSA) (última actualización de abril de 2020): https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regu- lations-faqs

Otras cuestiones legales y éticas para considerar son la desviación y el robo. Estos son otros recursos para ayudar a minimizar estos riesgos.

- Arizona State Board of Pharmacy, Controlled Substances Prescription Monitoring Program: https://pharmacypmp.az.gov/
- Providers Clinical Support System (PCSS): https://pcssnow.org/resource/diversion-abuse-buprenorphine/
- United States Department of Justice, Drug Enforcement Agency Diversion Control Division: https://www.deadiversion.usdoj.gov/

Trastornos por Consumo de Sustancias: Intersección de Factores



En 2016, el ex Cirujano General publicó el primer informe sobre alcohol, drogas y salud. Este informe completo aborda cuestiones de neurobiología, prevención, tratamiento, recuperación, atención integral de salud conductual y política. Proporciona estrategias concretas para abordar las preocupaciones relativas al consumo de sustancias en una variedad de entornos para diversas poblaciones. El capítulo 6 está dedicado a los sistemas de atención de la salud. En 2018, el actual Cirujano General brindó un foco en opioides que ofrece razones para el optimismo, el tratamiento y la información de recuperación. Los enlaces se pueden encontrar aquí:

- Visite el sitio web del Cirujano General sobre alcohol, drogas y salud: https://addiction.surgeon- general.gov/
    - Ver el informe completo de 2016: https://addiction.surgeongeneral.gov/sites/default/files/sur- geon-generals-report.pdf
    - Ver un foco de 2018 sobre los opioides: https://addiction.surgeongeneral.gov/sites/default/files/ OC_SpotlightOnOpioids.pdf

Uso de opioides y múltiples substancias

El Arizona Department of Health Services (ADHS, por sus que se ofrece información en tiempo real sobre la epidemia de opioides). Este tablero se vincula al plan de acción de opioides de Arizona y al programa de educación para prescriptores. Este tablero destaca el uso de múltiples substancias como un aspecto importante de la sobredosis de drogas. Desde 2017, ADHS indica 49% de las sobredosis reportadas en Arizona involucraron más de un medicamento. Al 12 de agosto de 2020, el fentanilo (23,1%), la heroína (18,7%), las benzodiazepinas (16,3%) y la oxicodona (14,7%) eran los más prevalentes. Estos datos se actualizan regularmente– por favor visite el sitio web para las últimas estadísticas.

- ADHS Opioid Epidemic: https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php
- Arizona Prevention Resources (desplazarse hacia abajo para ver una lista de recursos específicos para los trastornos del uso de opioides): https://goyff.az.gov/content/arizona-substance-abuse-prevention-resource

Educación Sobre el Riesgo de Uso de Sustancias

Las personas tienen un bajo conocimiento general de opioides, sobredosis y respuestas a sobredosis1. Es importante destacar que estos investigadores también encontraron niveles de conocimiento más altos se asociaron con mayores probabilidades de sobredosis de por vida. Esto pone de relieve la complicada relación entre información y comportamiento, y la necesidad de atención en la forma en que los proveedores se comunican con los pacientes acerca de los opioides y sus riesgos.

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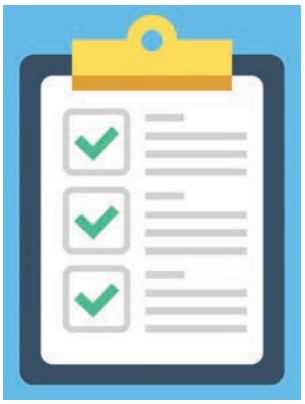
1 Dunn KE, Barrett FS, Yepez-Laubach C, et al. Opioid overdose experience, risk behaviors, and knowledge in drug users from a rural versus an urban setting. *J. Subst Abuse Treat*. 2016; 71: 1-7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5034762/

Detección, Intervención Breve y Derivación al Tratamiento (SBIRT)

Visión general



SBIRT es un enfoque de salud pública y poblacional para identificar, intervenir y derivar a las personas que necesitan uso de sustancias, mal uso y servicios y apoyos de adicciones. Está basado en evidencia y se ha implementado en una variedad de entornos. SBIRT es eficaz para abordar el consumo nocivo de alcohol, pero algunos estudios muestran resultados mixtos1. Es importante evaluar la gravedad de los pacientes y responder en consecuencia. Mientras que la evidencia es preliminar, Bernstein y D'Onofrio expandió el enfoque SBIRT para iniciar medicamentos para el tratamiento de la nicotina y el uso de opioides. Encontraron resultados prometedores para la reducción/eliminación del uso y la vinculación con la atención de la OUD.

Cómo funciona

1. Examen de detección: Todos los pacientes son examinados utilizando herramientas de cribado con una especificidad y sensibilidad aceptables. Las herramientas de cribado identifican a aquellos que pueden beneficiarse de exámenes adicionales y/o una breve intervención/tratamiento. Las pruebas de detección pueden ser progresivas. Es decir, el cribado podría comenzar con una pregunta sobre el uso de sustancias durante un período de tiempo específico y avanzar hacia un cribado más completo si se indica. Según los resultados de la detección, los proveedores pueden:
    a) afirmar los comportamientos saludables de un paciente,
    b) ofrecer a los pacientes exámenes de detección adicionales
    c) ofrecer referencia a otros servicios o apoyos
2. Intervención/Tratamiento Breve: Basado en los resultados de la detección, los proveedores pueden ofrecer una breve intervención/tratamiento basado en la oficina. Los tratamientos pueden incluir: (a) medicamentos como buprenorfina y (b) comportamiento como Entrevista Motivacional [2].
1. Referencia: Los proveedores pueden ofrecer referencias al tratamiento del trastorno por consumo de sustancias especiales u otros servicios y apoyos (por ejemplo, asesoramiento familiar).

A continuación, encontrará recursos adicionales para implementar SBIRT.

Información general

- Center of Excellence for Integrated Health Solutions: https://www.thenationalcouncil.org/integrated-health-coe/
- National Institute on Drug Abuse (NIDA): https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-prevention
- 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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1 Bernstein SL, D'Onofrio GD. *Screening, treatment initiation, and referral for substance use disorders*. *Addict Sci Clin Pract*. 2017; 12: 18. 10.1186/s13722-017-0083-z

2 Miller WR, Rollnick S. *Motivational interviewing: Helping people to change (Third Edition*). 2013; Guilford Press

Entrenamiento Profesional, Prácticas Basadas en Evidencias y Recursos de Asistencia Técnica

- Addiction Technology Transfer Center: https://attcnetwork.org/centers/northwest-attc/screening-brief-intervention-and-referral-treatment-sbirt
- Entrenamientos de entrevistas motivacionales
    - Center for Applied Behavioral Health Policy: https://cabhp.asu.edu/motivational-interviewing
    - Motivational Interviewing Network of Trainers: https://motivationalinterviewing.org/
- PCSS: https://pcssnow.org/event/an-sbirt-approach-to-pain-and-addiction/
- SAMHSA Evidence-based Practices Resource Center (búsqueda de SBIRT): https://www.samh- sa.gov/ebp-resource-center
- SBIRT Education: https://bigsbirteducation.webs.com/

Herramientas y ejemplos de implementación

- IRETA: https://ireta.org/resources/sbirt-toolkit/
- Massachusetts Clinicians Toolkit: https://www.masbirt.org/products
- SBIRT Oregon:
    - Descripción general YouTube Video: https://www.youtube.com/watch?v=jt_I2Yg2Ik4
    - Hojas de referencia: http://www.sbirtoregon.org/clinic-tools/
    - Aplicación informática de detección: http://sbirtapp.org/language

Exámenes de detección y evaluaciones

- American Society for Addiction Medicine: https://www.asam.org/Quality-Science/quality/drug-testing
- NIDA: https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-prevention
- NIDA: Initiating Buprenorphine Treatment in the Emergency Room https://www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/emergency-physicians-first-responders/initiating-buprenorphine-treatment-in-emergency-department
- SAMHSAs, TIP 59: Appendix D.: https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849?referer=from_search_result
- SAMHSAs, Opioid Overdose Prevention Toolkit. Incluye exámenes de detección y evaluación de los socorristas: https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/ SMA18-4742?referer=from_search_result

Reducir el Estigma

¿Qué es el estigma?

El estigma es "A social process that is characterized by labeling, stereotyping and separation leading to status loss and discrimination, all occurring in the context of power."[1] Puede afectar el trato justo e igualitario de las personas que viven con ciertas condiciones, como el consumo de sustancias y la salud mental, dos de las siete condiciones de salud que comparten el estigma común (ver más abajo).

¿Qué impulsa el Estigma? [2]

- Actitudes negativas
- Miedo
- Creencias
- Falta de conciencia sobre la condición y el estigma
- Incapacidad para controlar clínicamente la condición
- Procedimientos y prácticas institucionales

¿Cuáles son las consecuencias del estigma en la atención médica?

- Denegación de atención
- Atención subentender
- Abuso físico/verbal
- Tiempos de espera más largos
- Pasar pacientes a colegas junior
- Socavar el acceso al diagnóstico, el tratamiento y los resultados positivos de salud
- Los trabajadores de la salud pueden estar viviendo con una condición estigmatizada y reacios a buscar ayuda

¿Cuáles son las estrategias basadas en la evidencia para reducir o eliminar el estigma en la atención médica?

- La prevención del uso y el uso indebido de sustancias es una estrategia basada en la evidencia. Al eliminar o reducir el uso indebido de sustancias y la adicción, podemos ayudar eliminar el estigma.
- Incluyendo a las personas con la condición estigmatizada para ayudar a mejorar la empatía y eliminar los estereotipos en el cuidado de la salud
- Proporcionar información sobre la afección y el estigma asociado
- Participar en el aprendizaje participativo entre los participantes involucrados (es decir, trabajadores de la salud; pacientes)
- Desarrollar habilidades para que los trabajadores de la salud mejoren sus habilidades para trabajar con personas en grupos estigmatizados
- Empoderar a las personas para que reconozcan su trastorno por consumo de sustancias para superar el estigma de sí mismo, social y estructural.
- Hacer cambios estructurales o de política en la atención de la salud.

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1 Link BG, Phelan JC as cited in Nyblade et al., 2019 p. 1

2 Nyblade L, Stockton MA, Giger K. Stigma in health facilities: why it matters and how we can change it. *BMC Medicine*. 2019; 17(25): 1-15. https://doi.org/10.1186/s12916-019-1256-2

- Empoderar a las personas que tienen la condición estigmatizada para superar el estigma dentro del centro de atención médica
- Hacer cambios estructurales o de políticas en el entorno de atención médica

¿Cómo promovemos el idioma de 'persona primero'?

- Hay que reconocer que las personas no son su diagnóstico o deficiencia
- Usar términos o frases como "persona con preocupación por el consumo de sustancias" o "trastorno" en lugar de "abusador de sustancias"
- Reducir el uso del lenguaje que puede ser percibido como juicioso. Por ejemplo, dígale al paciente que su análisis de orina fue "negativo" para sustancias en lugar de que estaba "limpio".
- Permitir que los pacientes utilicen sus propios términos para identificarse (es decir, estoy en recuperación adicto) pero como ayudar a los profesionales a abstenerse de usar estos términos

¿Por qué es importante el idioma de la persona primero? [1]

- El término "abuso" de drogas está implícitamente relacionado con el abuso emocional, físico o sexual
- Un estudio encontró que los médicos eran más propensos a culpar a un paciente cuando fueron descritos como un abusador de sustancias frente a una persona con un trastorno por consumo de sustancias
- Las personas que se sienten estigmatizadas pueden ser menos propensas a buscar tratamiento o más probabilidades de abandonar
- El uso del lenguaje persona-primera ayuda a empoderar a los pacientes para buscar ayuda y manejar sus condiciones

SAMHSA y otros han desarrollado muchos recursos para ayudar a educar a los proveedores y comunidades sobre el estigma asociado con los trastornos por consumo de sustancias. Los siguientes enlaces pueden ser útiles.

- 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/revising-the-language-of-addiction/
- Shatterproof: https://www.shatterproof.org/about-addiction/stigma/stigma-reducing-language
- Esta es una discusión en panel de una hora sobre la investigación y las prácticas relacionadas con el estigma: https://www.youtube.com/watch?v=LuotCdJF2qc&feature=youtu.be

1 Greenbaum Z. The stigma that undermines care. *Monitor on Psychology*. 2019; 50(6), 46-48. https://www.apa.org/monitor/2019/06/cover-opioids-stigma

Trauma: Primaria y Secundaria

Trauma Primaria:

El trauma tiene efectos significativos y duraderos en nuestra salud. El histórico estudio Adverse Childhood Experiences demostró una mayor proporción de personas con cuatro o más ACE reportan el uso de sustancias/mal uso y condiciones de salud mental[1]. Si no se abordan, estas experiencias adversas pueden seguir influyendo negativamente en la salud física y emocional de un individuo. Estos son traumas primarios. Por ejemplo, las personas que experimentan un mayor número de ACE también tienen un mayor riesgo de padecer comportamientos de salud como el tabaquismo, el consumo excesivo de alcohol, la sobredosis de drogas y las enfermedades crónicas (por ejemplo, enfermedades cardíacas).[2] Los científicos sugieren que el mecanismo para estos problemas es el estrés tóxico. El estrés tóxico se define como la sobre activación de la respuesta al estrés que puede afectar la atención, el funcionamiento ejecutivo, el comportamiento de los impulsos y otros problemas.[2] Estos son similares a los mecanismos neurobiológicos de la adicción.[3]

Prevención de la Trauma Primaria

Los esfuerzos de prevención para interrumpir la transmisión generacional del trauma primario incluyen la detección y la educación de las madres embarazadas y de crianza sobre las ACE durante las visitas pediátricas [4]. Racine [5] examinó la economía de invertir en intervenciones de la primera infancia. El investigador concluyó que las inversiones marginales en intervenciones de la primera infancia, independientemente del entorno, producen beneficios económicos.

Trauma secundaria:

Las personas que cuidan a otras personas pueden experiencar un trauma secundario. Esto es especialmente relevante para los primeros respondedores, los proveedores de atención médica, el personal militar y los miembros de la familia. Asegurándose que los cuidadores también cuiden sus propias necesidades es esencial para prevenir o reducir el estrés traumático secundario (STS)[6]. Los estudiosos sugieren que la empatía puede ser tanto un factor protector como de riesgo para el STS que puede ser mitigado por el cuidado personal, el desapego (capacidad de separarse del trabajo), el sentido de satisfacción (cumplimiento en el trabajo y la vida) y el apoyo social.

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1 Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *Am. J. Prev. Med*. 1998; 14(4): 245-258. https://doi.org/10.1016/S0749-3797(98)00017-8

2 Jones CM, Merrick MT, Houry DE. Identifying and preventing adverse childhood experiences. Implications for clinical practice. *JAMA*. 2020; 323(1): 25-26. 10.1001/jama.2019.18499

3 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

4 Murphy A, Steele H, Steele, M et al. The clinical adverse childhood experiences (ACEs) questionnaire: Implications for trauma-informed behavioral healthcare. In: RD Briggs, ed. *Integrated early childhood behavioral health in primary care.* Springer International Publishing; 2016.

5 Racine AD. The economics of child development. In: RD Briggs, ed. *Integrated early childhood behavioral health in primary care.* Springer International Publishing; 2016.

6 Ludick M, Figley CR. Toward a mechanism for secondary trauma induction and reduction: Reimagining a theory of secondary traumatic stress. *Traumatology*. 2017; 23(1): 112-123. http://dx.doi.org/10.1037/trm0000096

Recursos sobre Trauma Primario:

- Centers for Disease Control y Prevention ACEs Sitio web: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html
- Dr. Nadine Burke Harris's TedTalk en ACEs y la salud (15 minutes): https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en
- Governor Ducey's Office of Youth, Faith, and Family's iniciativa dedicada a ACEs: https://goyff.az.gov/content/adverse-childhood-experiences-aces

Recursos sobre Trauma Secundario:

- 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
- The National Child Traumatic Stress Network: https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress

Exámenes de detección y tratamientos:

- 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

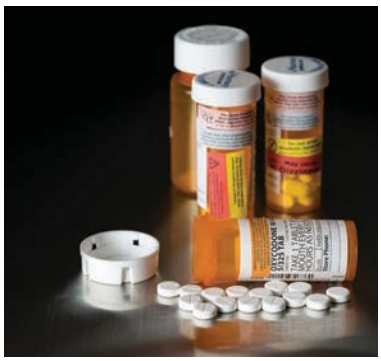
Recursos de Práctica de OUD Nacionales y Estatales

Agency for Healthcare Research and Quality (AHRQ)

AHRQ desarrolló varios recursos y herramientas para implementar MAT en las zonas rurales. También desarrollaron el libro de prácticas de implementación. El manual de estrategia ayuda a guiar las necesidades y procesos de toma de decisiones e implementación (por ejemplo, personal; capacitación; políticas/procedimientos). A continuación, se muestran los enlaces.

- MAT para el manual de estrategia sobre el trastorno de opioides: https://integrationacademy.ahrq.gov/products/mat-play-book/medication-assisted-treatment-opioid-use-disorder-playbook
- Recursos para el uso de opioides y sustancias: https://integrationacademy.ahrq.gov/products/opi- oid-substance-use-resources

American Society of Addiction Medicine (ASAM)



En 2020, ASAM revisó sus directrices de 2015 para el tratamiento del uso de opioides. La versión 2020 añade varias revisiones. Un tema general fue la importancia de proporcionar tratamientos de medicamentos incluso si (a) la evaluación integral no está completa o (b) el paciente no quiere participar o no hay tratamientos psicosociales disponibles. Se recomendó que las entrevistas o mejoras motivacionales pudieran utilizarse para apoyar a los pacientes en la participación en tratamientos psicosociales.

- El enlace te directa al resumen ejecutivo de la actualización 2020 se encuentra aquí: https://www.asam. org/Quality-Science/quality/2020-national-practice-guideline

SAMHSA

SAMHSA tiene varios recursos para ayudar a los proveedores a implementar MAT. A continuación, se presentan varios recursos, incluido el protocolo de mejora del tratamiento MAT de SAMHSA (TIP 63) para medicamentos para el trastorno por uso de opioides. TIP 63 proporciona información para profesionales de la atención de la salud y las adicciones, responsables políticos, pacientes y familias.

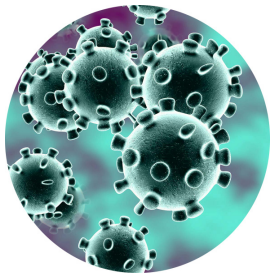
- Orientación clínica para el tratamiento de mujeres embarazadas y padres con trastorno por uso de opioides y sus bebés: https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and- Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054
- Prácticas basadas en la evidencia con respecto a los opioides: https://www.samhsa.gov/ebp-substances/opioids
- Guía de MAT: https://www.samhsa.gov/medication-assisted-treatment
- TIP 63: https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006?referer=from_search_result

Minimizar la reducción de riesgos/daños

La investigación muestra que las personas pueden entrar y salir de la recuperación a lo largo de su vida[1]. Minimizar los riesgos o daños asociados con el consumo de sustancias es un aspecto importante de la atención. Estos son algunos recursos para minimizar la reducción de riesgos/daños:

- 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:
    - Alerta de fentanilo: https://spwaz.org/fentanyl/
    - Preguntas frecuentes: https://spwaz.org/faq/

COVID-19 y OUD



La pandemia COVID-19 ha interrumpido las formas en que se proporcionan las intervenciones de la OUD y los tratamientos y las estimaciones sugieren que la sobredosis sigue siendo un problema de salud pública (ver Enfermedades de la desesperación para obtener recursos sobre sobredosis). Agencias y organizaciones han ofrecido orientación y recomendaciones para ayudar a responder a los pacientes con OUDs. Estos son algunos enlaces relevantes.

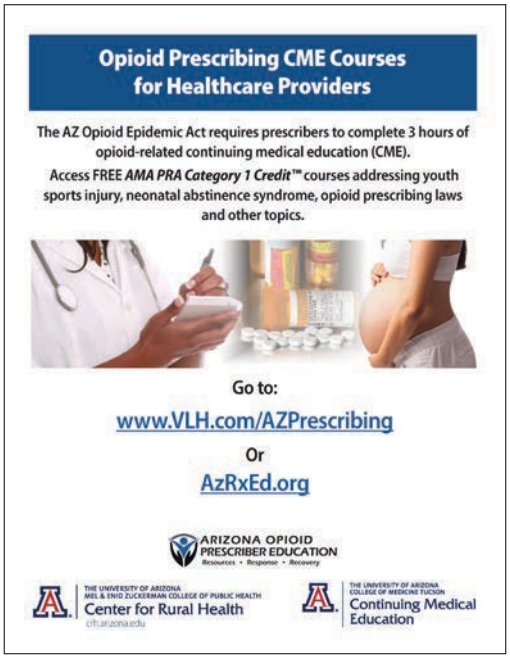
- American Medical Association: https://www.ama-assn.org/delivering-care/public-health/covid-19-policy-recommendations-oud-pain-harm-reduction
- ASAM: https://www.asam.org/Quality-Science/covid-19-coronavirus
- Center for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations/people-who-use-drugs/QA.html
- Drug Enforcement Agency: https://www.deadiversion.usdoj.gov/coronavirus.html
- SAMHSA: https://www.samhsa.gov/coronavirus

Otros recursos

- 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

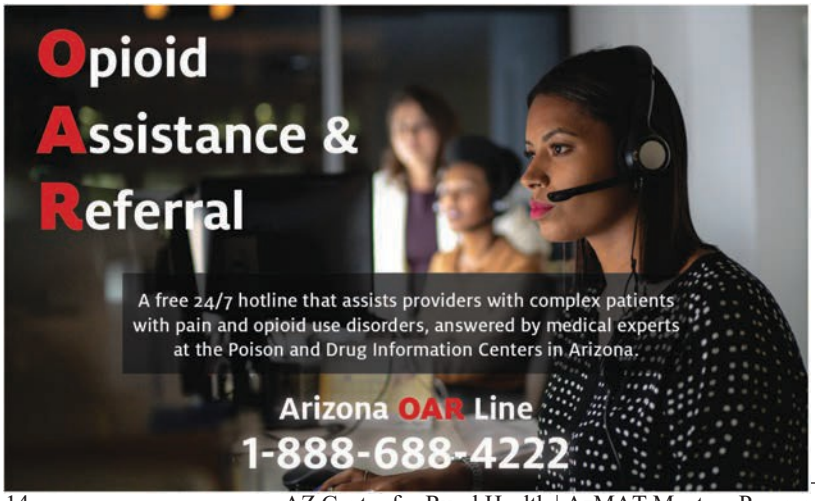
1 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

Arizona SUD y Recursos de OUD



Las organizaciones interesadas de Arizona SUD y OUD crearon entrenamientos y recursos en torno a la prevención, el tratamiento y otro apoyo de servicio. Algunos de estos incluyen lo siguiente:

- Arizona Center for Rural Health Prescription Drug Overdose Prevention Program: https://crh.arizona.edu/programs/prescription-drug-misuse-abuse-initiative
- Arizona Health Care Cost Containment System: https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/MAT.html
- Arizona Opioid Prescribing Guidelines: https://www.azdhs.gov/audiences/clinicians/index.php#-clinical-guidelines-and-references-rx-guidelines
- Arizona Pain and Addiction Curriculum: https://www.azdhs.gov/audiences/clinicians/arizona-pain-addiction-curriculum/index.php
- Arizona Smokers Helpline: https://ashline.org/
- Arizona State University, Center for Behavioral Health Policy: https://cabhp.asu.edu/medication-assisted-treatment
- Be Connected Arizona: A project for service members, veterans, families and communities https://beconnectedaz.org
- Comprehensive Pain and Addiction Center (CPAC): https://uahs.arizona.edu/strategic-initiatives/comprehensive-pain-and-addiction-center
- 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/
- Project ECHO: A "telementoring" model for increasing capacity for providers to treat patients https://echo.unm.edu/



Comunidades Tribales

Hay 22 tribus Indígenas/ Nativas Americanas reconocidas a nivel nacional en Arizona. Muchas comunidades tribales experiencian tasas sustanciales de sobredosis de uso de opioides y han desarrollado respuestas relevantes y efectivas al uso de sustancias, mal uso y adicción. A continuación, se presentan los recursos para ayudar a abordar el uso de sustancias entre las tribus Indígenas/ Nativas Americanas.

- 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/data/
- National American Indian & Alaska Native Addiction Technology Transfer Center: https://attcnetwork.org/centers/national-american-indian-and-alaska-native-attc/home
- SAMHSA TIP 61: Behavioral Health Services for American Indians and Alaska Natives: https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070?referer=from_search_result

Enfermedades de la Desesperación: Uso de Sustancias, Riesgo de Suicidio y Sobredosis

El consumo de sustancias se asocia con un mayor riesgo de suicidio. En los Estados Unidos, los factores de riesgo de suicidio y sobredosis involuntaria son:[1]

- dos veces más alto para los hombres en comparación con las mujeres,
- más alto para las personas que se identificaron como blancas o nativas americanas,
- más alto en la mediana edad (41-64 años), y
- más alto para las personas con otras condiciones de salud mental.

Los estudiosos reconocen la relación entre el consumo de sustancias y la pobreza.[2] Comunidades impactadas dependen de los trabajos de fabricación o servicio (incluidos los militares) poniendo a las personas en riesgo de heridas. Las heridas que resultan en dolor crónico, incapacidad para trabajar y limitan el apoyo social pueden aumentar el riesgo de uso incorrecto de opioides recetados y sobredosis[2].

Las personas que se identifican como lesbiana, gay, bisexual o transgénero (LGBT) corren un mayor riesgo de suicidio si hacen mal uso de las sustancias. [3] Para las poblaciones LGBT, el mal uso de sustancias puede ser un mecanismo de afrontamiento para la victimización experimentado, lo que puede aumentar el riesgo de suicidio.

Empleo anterior: Cirujano General Vivek H. Murthy, MD dijo que la soledad es un importante problema de salud pública. Mientras escucha a sus pacientes, el Dr. Murthy indica que las personas que se mueven en recuperación de mal uso y adicción informaron relaciones de confianza ayudaron a facilitar su recuperación.[4]

Estos son algunos recursos para abordar el suicidio y la sobredosis:

- ADHS, Información de Naloxone: https://www.azdhs.gov/prevention/womens-childrens-health/ injury-prevention/opioid-prevention/opioids/index.php#nalox-one-info
- 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://suicideprevention-lifeline.org/; 1-800-273-8255

beconnected
service members • veterans • families • communities
www.BeConnectedAZ.org
1-866-4AZ-VETS (429-8387)

- 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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1 Bohnert ASB. & Illgen, MA. Understanding links among opioid use, overdose, and suicide. *N Engl J Med*. 2019; 380(1): 71-79. 10.1056/NEJMra1802148

2 Dasgupta N, Beletsky L, & Ciccarone, D. No easy fix to its social and economic determinants. *Am J Public Health.* 2018; 108(2): 182-186. 10.2105/AJPH.2017.304187

3 Mereish EH, O'Cleirigh C, Bradford JB. Interrelationships between LGBT-based victimization, suicide, and substance use problems in a diverse sample of sexual and gender minority men and women. *Psychol Health Med*. 2014; 19(1): 10.1080/13548506.2013.780129

4 Murthy VH. *Together: The healing power of human connection in a sometimes lonely world*. HarperCollins Publishers;2020.

Servicios y Apoyos Para Familias y Pares

Servicios

Los especialistas en apoyo a la familia y entre pares ofrecen a las personas y familias servicios de apoyo durante todo el proceso de tratamiento y recuperación. Son personas entrenadas con "experiencia vivida" que brindan apoyo para promover la recuperación y la resiliencia. Consulte más información sobre capacitación y certificación para especialistas en apoyo a la familia y entre pares. Incluir este tipo de experiencia puede ampliar los tipos de servicios ofrecidos en su consultorio.

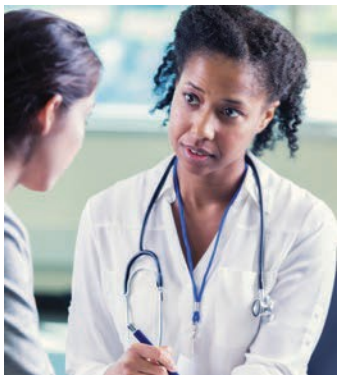
- Arizona Health Care Cost Containment System Office of Individual and Family Affairs – see resources under peer run or family run organizations: https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/OIFA.html
- Arizona Complete Health – information on training and other requirements for peer support specialist: https://www.azcompletehealth.com/providers/resources/provider-manual/pm_section_15.html
- College of Medicine, Family & Community Medicine – recovery support specialist institute: https://www.fcm.arizona.edu/workforce-development-program/about-us
- Peer and Family Career Academy: https://www.azpfca.org/

Apoyos

Las familias, los socios y los amigos de las personas que hacen mal uso del alcohol o las drogas pueden beneficiarse de participar en grupos de apoyo u organizaciones de defensa. Estos son algunos recursos:

- Al-Anon Family Groups: https://al-anon.org/
- Arizona Caregiver CoalitionL https://azcaregiver.org/
- Families for Sensible Drug Policy: http://fsdp.org/
- Mental Health America of Arizona: https://www.mhaarizona.org/copy-of-mental-health-advocacy-tool
- Nar-Anon Family Support: https://www.nar-anon.org/ na
- 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/

La Sensibilidad a la Cultural y Lingüística



Abordar las necesidades culturales y lingüísticas de los pacientes es un importante acceso a la atención. Para apoyar esto, el Office of Minority Health (OMH) ofrece capacitación y recursos para mejorar la equidad sanitaria, incluidas las normas para los servicios organizativos apropiados para la cultura y la lengua (CLAS) (ve Office of Minority Health, Think Cultural Health enlace a continuación). La aplicación de CLAS puede mejorar los resultados de salud y reducir la renta variable en la atención. Asimismo, SAMHSA destaca aspectos clave de la competencia cultural (TIP 59). Estos y otros recursos están vinculados aquí:

- 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
- Medicaid.gov translation and interpretation services: https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html
- Think Culture Health: https://thinkculturalhealth.hhs.gov/about
- National Health Law Program - requisitos de la ley estatal para abordar las necesidades de lenguaje de salud: https://healthlaw.org/resource/summary-of-state-law-requirements-addressing-language- needs-in-health-care-2/
- NIDA, Substance Use and SUDs in LGBTQ Populations: https://www.drugabuse.gov/drug-topics/substance-use-suds-in-lgbtq-populations
- SAMHSA TIP 59: https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849?referer=from_search_result

Tipos de Prestación de Servicios y Financiación

Atención integrada de la salud conductual

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] Los sistemas integrados prevendrán o reducirán los costos individuales, sociales y económicos del uso indebido de sustancias y la adicción.[1] Para obtener más información acerca de la atención de salud conductual integrada, consulte estos recursos:

- 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

Telemedicina

Mientras los servicios de telesalud/telemedicina se han utilizado durante bastante tiempo, COVID-19 ha hecho que la telesalud sea más importante. Estos son algunos recursos:

- American Psychological Association Office and Technology Checklist para servicios telepsicológicos: https://www.apa.org/practice/programs/dmhi/research-infor- mation/telepsychological-services-checklist
- Arizona Service Provider Directory: https://telemedicine.arizona.edu/servicedirectory
- DEA COVID-19 pandemic: https://www.deadiversion.usdoj.gov/coronavirus.html
- Project ECHO: https://telemedicine.arizona.edu/echo

Facturación por Servicios

Un aspecto importante para sostener la detección, el tratamiento y las referencias por trastornos por consumo de sustancias es la facturación de los servicios. Estos son algunos recursos que pueden ser útiles.

- Center for Medicaid and Medicare SBIRT Services guide: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243489
- National Council for Behavioral Health, Parity: https://www.thenationalcouncil.org/topics/parity/

1 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016

Organizaciones de Membresía Relevantes

Hay organizaciones miembros que ofrecen acceso a información y oportunidades para el coto. Puede haber cargos asociados con la membresía.

- American Society of Addiction Medicine: https://www.asam.org/
- American Association for the Treatment of Opioid Dependence, Inc. (AATODD): http://www.aatod.org/
- Arizona AATOD chapter, Arizona Opioid Treatment Coalition: https://aotc-arizona.org/
- Arizona State University, Medication-Assisted Treatment Echo: https://chs.asu.edu/project-echo/join/medication-assisted-treatment

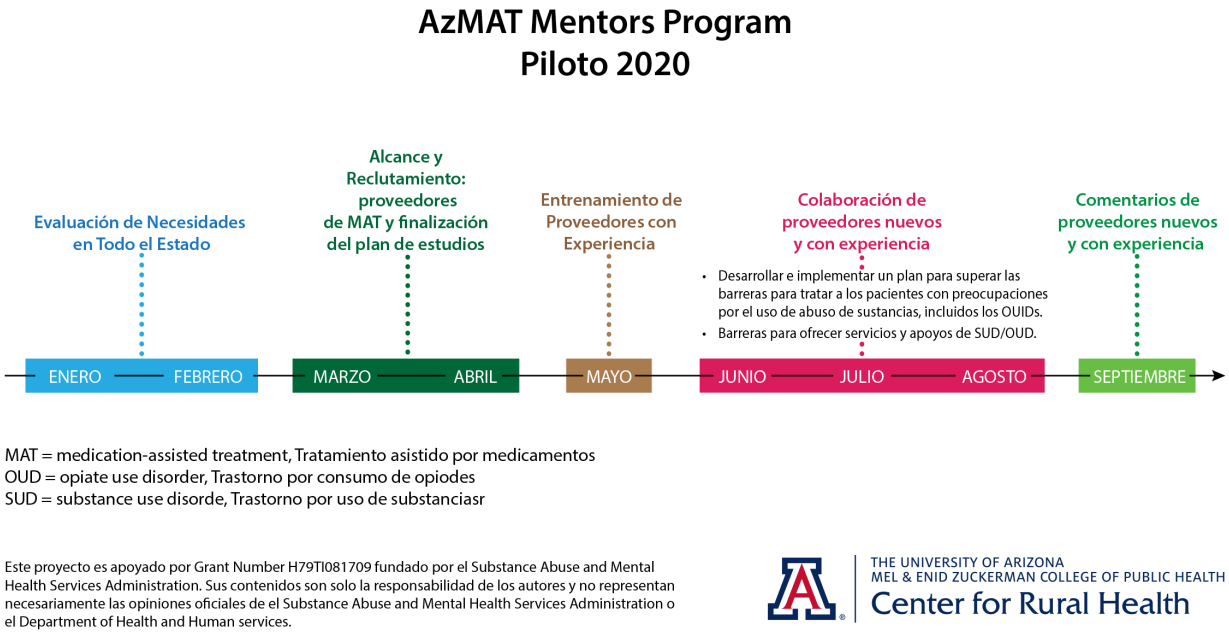
Implementación del AzMAT Mentors Program

El AzMAT Mentors Program es un proyecto piloto. Se espera que el proyecto piloto finalice en septiembre (Figura 1). Existe un proceso de programa estándar para atraer proveedores de MAT con experiencia y nuevos (ver definiciones a continuación) en las actividades del programa (Figura 2).

Término o acrónimo	Definición
AzMAT Mentors Program	The Arizona Center for Rural Health, Arizona Medication Assisted Treatment Program
Colaboradores	Colaboraciones uno a uno entre: • Proveedores con **experiencia** en la implementación de MAT= proveedores con experiencia. La experiencia se define como al menos un año utilizando MAT y/o han tratado al menos a 20 pacientes. • Proveedores que están DATA-waived con menos experiencia en el uso de MAT = nuevos proveedores de MAT. Nuevo se definen como cualquier persona que esté interesada/disponible para trabajar con un proveedor de MAT con experiencia.
Consulta colaborativa	Esperamos que por lo menos dos consultas entre colaboradores ocurran con el objetivo para aumentar la capacidad de los nuevos proveedores de MAT para implementar servicios de trastorno por consumo de sustancias.
OBOT	Office Based Opioid Treatment (Tratamiento de opioides basado en la oficina)
OUD	Opioid Use Disorder (Trastorno por uso de opioides)
OTP	Opioid Treatment Programs (Programas de tratamiento de opioides) son acreditados y certificados para proporcionar tratamientos de OUD según los requisitos federales
Especialistas en apoyo entre compañeros	Es una persona que tiene experiencia profesional con el uso indebido de sustancias y quien puede apoyar a otra persona mientras se estabiliza, está en mantenimiento o en remisión
UDS	Urinalysis drug screening (Análisis de drogas de uroanálisis)

Los proveedores con experiencia y nuevos de MAT se juntan en base a tres criterios: (1) rango de ser- vicios de MAT, (2) intervenciones de comportamiento/medicación, y (3) ubicación y disciplina del proveedor. Se espera que los proveedores tengan al menos dos consultas de colaboración para iniciar, mejorar o mejorar el marco de referencias de SBIRT para identificar, tratar y derivar a las personas que pueden beneficiarse de las intervenciones. Se recomienda una consulta colaborativa adicional para abordar las cuestiones de telemedicina para el tratamiento de los OUDs a la luz de la pandemia COVID-19 (Figuras 3-5).

Figure 1:



MAT = medication-assisted treatment, Tratamiento asistido por medicamentos
OUD = opiate use disorder, Trastorno por consumo de opiodes
SUD = substance use disorde, Trastorno por uso de substanciasr

Este proyecto es apoyado por Grant Number H79TI081709 fundado por el Substance Abuse and Mental Health Services Administration. Sus contenidos son solo la responsabilidad de los autores y no representan necesariamente las opiniones oficiales de el Substance Abuse and Mental Health Services Administration o el Department of Health and Human services.

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

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

Figure 2:


El Proceso del AzMAT Mentors Program
Proveedores de MAT con Experiencia
¿Está interesado en participar como un proveedor de MAT con experiencia?
Sí
✓Completa el formulario de interés en: https://redcap.uahs.arizona.edu/surveys/?s=Y7RLKJRARC
✓Completar el formulario de solicitud
✓Completar el papeleo de UA para renumeración
✓ Revisar los materiales de preentrenamiento
✓Ir al entrenamiento del programa
✓Enviar formulario de comentarios del entrenamiento
✓Realizar al menos 2 consultas de colaboración con los nuevos proveedores de MAT
✓Consulta colaborativa recomendada sobre telemedicina
✓Envíe la documentación y la factura a CRH
✓Enviar formulario de comentarios del programa
Proveedores de MAT Nuevos
¿Está interesado en participar como nuevo proveedor de MAT?
Sí
✓Completa el formulario de interés en: https://redcap.uahs.arizona.edu/surveys/?s=Y7RLKJRARC
✓Completar el formulario de invitación
✓Coincidir con el proveedor de MAT con experiencia
✓Participar en al menos 2 consultas de colaboración
✓Consulta colaborativa recomendada sobre telemedicina
✓Enviar formulario de comentarios del programa
Para obtener más información, visite nuestro sitio web: https://crh.arizona.edu/mentor
O póngase en contacto con Bridget Murphy en: bridget@arizona.edu
THE UNIVERSITY OF ARIZONA
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Center for Rural Health
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Figure 3:

Consulta Colaborativa	Resultados Esperados
Introducción (dentro de los cinco días hábiles de cuando te asignan un proveedor de MAT)	• Breves introducciones y revisión de los respectivos antecedentes del colaborador. • Discutir el plan de AzMAT Mentor Program • Programe el día / hora y el tipo (por ejemplo, videoconferencia; teléfono) para la primera consulta colaborativa
Consulta Colaborativa 1 (en Junio/ Agosto)	• Revise el nuevo enfoque de SBIRT que usan los proveedores de MAT • Identifique una meta estable y alcanzable para trabajar en la consulta colaborativa dos • Programe día / hora y tipo de segunda consulta colaborativa
Consulta Colaborativa 2 (no más tarde que agosto)	• Revisar resultados de la meta • Identificar nuevas estrategias para lograr la meta o crear otra meta. • Discuta los próximos pasos
Consulta Colaborativa 3 (opcional pero recomendada)	• Revisar y solucionar problemas asociados con la provisión de MAT utilizando la telemedicina como precaución por COVID-19

Figure 4:

Asesorando SBIRT

Screening (S) Sistema de detección (todos los pacientes)	**Brief Intervention/Treatment (BI)** Intervención Breve/ tratamiento (Pacientes con indicación de uso nocivo de sustancias)	**Referral To … (RT)** Referencia a…. (Pacientes que beneficiarían de servicios adicionales)
¿Qué tipos de información se incluyen en el consentimiento?	¿Qué tipos de información se incluyen en el consentimiento?	¿Qué tipos de información se incluyen en el consentimiento?
¿Cómo se realiza in sistema de detección (i.e., tipos, formato, tipo de proveedor)?	¿Existe un enfoque estándar para realizar BI's (i.e., tipos, formato, tipo de proveedor)?	¿Cómo se determina la necesidad de referencia (es decir, tipos; formato; tipo de proveedor)?
¿Se utiliza un sistema de detección para evaluar el uso indebido de sustancias y / o condiciones de salud mental para todos los pacientes en la práctica?	¿Qué métodos basados en evidencia se utilizan?	¿Qué tipos de referencias se necesitan?
¿Se utiliza un sistema de detección separada para los pacientes que identifican un uso no saludable?	¿Quién conduce intervenciones breves (BI's)?	¿Qué organizaciones o apoyos han servido como fuentes de referencia?
¿Cómo apoyan los pacientes que no tienen problemas de uso de sustancias por sus comportamientos de promoción de salud?	¿Cómo se combinan los tratamientos conductuales y farmacéuticos?	¿Existen acuerdos formales e informales para referir?

Figure 5:


Formatos Potenciales Para Consultas Colaborativas
• Juntas
• Consulta de caso
• Compartir y revisar documentos
1:1 Video Conferencia
Conferecnia de Video en Grupo
• Dos nuevos proveedores de MAT se reunen con el proveedor con experencia
Teléfono
Correo Electrónico
• Discutir procesos
• Consulta de caso
• Responde preguntas específicas
• Compartir y revisar documentos

Preguntas frecuentes

AzMAT Mentors Program

Preguntas Frecuentes

1: ¿Cómo son las consultas colaborativas?

Los proveedores nuevos y con experiencia pueden colaborar de diversas maneras, a través del teléfono, la videoconferencia o el correo electrónico. Los colaboradores deben discutir y ponerse de acuerdo sobre qué métodos de comunicación funcionan mejor para ellos. Este programa pide a los proveedores que participen en al menos dos sesiones, pero más son posibles, hasta una colaboración de trabajo a largo plazo. Por favor, háganos saber si desea que el personal del programa de asistencia para configurar una reunión de Zoom para sus colaboraciones.

2: ¿Dónde puedo encontrar los recursos de MAT?

Aquí hay enlaces a organizaciones nacionales y recursos de agencias federales.

1. PCSS: https://pcssnow.org/
2. SAMHSA: https://www.samhsa.gov/medication-assisted-treatment
3. ASAM: https://www.asam.org/
4. HHS: https://www.hhs.gov/opioids/treatment/resources-opioid-treatment-providers/index.html

Aquí hay enlaces a Arizona y recursos específicos del programa

5. ASU MAT: https://cabhp.asu.edu/medication-assisted-treatment
6. AOTC: https://aotc-arizona.org/
7. Opioid Assistance and Referral Line (OARLine): https://www.azdhs.gov/oarline/

Preguntas frecuentas de Proveedores de MAT con Experiencia:

1: ¿Cómo documentamos (proveedores con experiencia) las colaboraciones?

Por favor, mantenga un registro de sus colaboraciones. Al final del programa, la encuesta de evaluación le pedirá que informe el número total de consultas de colaboración.

2: ¿Cuáles son los resultados importantes del programa?

El objetivo de este programa es aumentar el acceso a MAT apoyando a nuevos o proveedores con menos experiencia para aumentar su capacidad para ofrecer servicios de MAT. Mediremos esto a través de cambios en su confianza y su intención de entregar MAT.

3: Como el personal de AzMAT Mentors Program recluto los proveedores nuevos?

Todos los proveedores en Arizona que son DATA-waived (x-waived) interesados están alentados a participar, especialmente ellos trabajando en zonas rurales y desatendidas. Para difundir la palabra, utilizamos una variedad de métodos de marketing. Se describen en nuestro documento de reclutamiento e inscripción. Por favor, no dude en invitar a los proveedores interesados a completar el formulario de interés en nuestro sitio web crh.arizona.edu/mentor.

4: Tengo dificultades para conectarme con mi colaborador asignado.

Le pedimos que inicie contacto dentro de los cinco días de su partido y celebrar la primera consulta colaborativa dentro de los 30 días. Sin embargo, reconocemos que esto puede ser difícil para algunos proveedores. Le pedimos que intente conectarse con su partido asignado un par de veces y luego busque apoyo del personal del AzMAT Mentors Program. El nuevo proveedor de MAT puede haber tenido cambios tales que su horario ya no permite la participación.

5: ¿Cuándo nos pagan?

El proceso de pago incluye:

- ✓ Completar el formulario de Scope of Service and Independent Contractor (ICON)
- ✓ Asistir a las sesiones programadas de capacitación y mesa redonda
- ✓ Trabajar con los colaboradores asignados y completar 2-3 consultas colaborativas para cada partido
- ✓ Envío de una factura utilizando la plantilla del AzMAT Mentors Program
- ✓ Espera 4 a 8 semanas para recibir el pago
- ✓ Submitting an invoice using the AzMAT Mentor Program template
- ✓ Awaiting 4 to 8 weeks to receive payment
- ✓ Las preguntas deben dirigirse a: Lena Cameron en ercameron@arizona.edu

6: ¿Qué es un ICON?

ICON se significa Independent Contractor Form usado por la Universidad de Arizona como un mecanismo para pagar a los proveedores por su tiempo como proveedores de MAT con experiencia en el programa. Más información sobre los formularios y políticas de ICON se encuentran en este sitio web: https://www.fso.arizona.edu/accounts-payable/independent-contractor.

7: ¿Dónde puedo encontrar instrucciones o apoyo para completar el formulario ICON?

Se le enviará un correo electrónico explicando el proceso de ICON. Este documento se le enviará a través de Adobe Sign, con la información relevante rellenada previamente en el formulario. Adobe Sign le pedirá que complete los campos restantes, compruebe la precisión del documento y firme. Podrá ponerse en contacto con Lena Cameron en ercameron@arizona.edu para solucionar problemas adicionales.

Preguntas frecuentas de Proveedores de MAT Nuevos:

1: He solicitado mi DATA-waiver, pero aún no lo he recibido. ¿Puedo participar?

Estamos encantados de que haya solicitado el DATA-waiver. Para este programa, estamos trabajando con proveedores que ya están tienen el DATA-waiver. Por favor, regrese con nosotros cuando reciba su DATA-waiver.

2: ¿Qué debo preguntarle a mi colaborador de MAT durante nuestra primera reunión?

La colaboración efectiva está dirigida por sus objetivos de aprendizaje. Para que esto suceda, le motivamos a desarrollar de dos a tres preguntas abiertas para guiar sus sesiones de colaboración. Estos son algunos ejemplos:

1. ¿Cuéntame acerca de los problemas mayores que debo tener en cuenta cuando implemento servicios y apoyos de trastornos por consumo de sustancias en mi práctica?
2. ¿Cuáles son las mejores maneras de prevenir y abordar los problemas de desvío?
3. ¿Cómo fomenta la participación de la familia en el proceso de MAT?
4. ¿Qué políticas y procedimientos son importantes iniciar para el flujo de trabajo del paciente con MAT?
5. ¿Cuáles son las formas en que usa la detección, la intervención breve y derivación al tratamiento (SBIRT), incluida la detección de medicamentos de análisis de orina?
6. ¿Cómo identifico y dirijo el estigma contra las personas que usan drogas que yo, mis compañeros de práctica o el personal de la clínica pueden tener?
7. ¿Cuáles son algunos de los temas que debo considerar asociados con el trabajo con poblaciones especiales como las mujeres embarazadas o adolescentes?
8. ¿Cómo se crea un ajuste informado sobre traumas para evitar que se retrasen inadvertidamente a los pacientes?
9. ¿Cuáles son algunas de las maneras en que puedo priorizar las medidas de cuidados personales entre mí y nuestro equipo?

Summary

Cultural and Linguistic Responsiveness Background Information

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Summary Cultural and Linguistic Responsiveness Background Information

Medication-assisted treatments (MAT) are effective for managing withdrawal symptoms and relapse associated with alcohol (AUD), nicotine (NUD) and opioid use disorders (OUD).[1] Yet, providers report challenges implementing MAT for reasons such as lack of adequate training about substance use disorders (SUD), a philosophical divide between abstinence-only and pharmacological-supported treatments, stigma, and insurer reimbursement.[2]

Policy makers, researchers, and scholars recommend provider training to increase capacity for treating people with OUDs. The Arizona Medication Assisted Treatment (AzMAT) Mentors Program developed a collaborative consultation model. Experienced MAT providers were matched with self-identified less experienced MAT providers to address barriers for implementing screening, intervention, and referral to care for people with SUDs with an emphasis on OUDs.

To enhance training materials project staff (1) translated them into Spanish, (2) enhanced them to be more culturally responsive particularly for providers working in Tribal communities, (3) added sub-titles for training media/materials for people with hearing impairments. This summary describes the process enhancing the training materials.

Methods

1. Translation process. The first author is knowledgeable in English-speaking culture and their native language is Spanish, derived from Mexico. The translation methods used is called forward to back translation. The materials were translated from English to Spanish. A word bank was kept of repeating words in English which were translated into different Spanish words or phrases. Rational for selecting certain words or phrases was documented. Then, the first author translated the Spanish version back to English. After the English to Spanish to English translations were complete, the first author translated the material back to Spanish. Each translated version was edited for grammar, sentence structure, and word choice. The final translated version was sent to two Spanish speaking Arizona Center for Rural Health staff for review and comment. Minor changes were recommended.

2. Cultural enhancements. Before making any enhancements to the materials, we consulted a provider who worked within a Tribal community. The purpose was to seek their

insight and professional recommendations on ways the curriculum could be enhanced. Subsequently, a land acknowledgment and cultural awareness statement were added to the materials. It was emphasized that there is heterogeneity among and between Tribal communities. As such, cultural differences must be acknowledged and celebrated. We also added the Two-Eyed Seeing[3] framework as a way to accentuate the important attributes necessary while working with new MAT providers to increase capacity for MAT. The provider reviewed our enhanced materials and offer additional recommendations for which we included.

4. Training media. To ensure the training media is accessible, a recording of the training was created and processed through an online platform named Otter.ai[4]. This created a basic transcript. The transcript was then proofed once to correct names, acronyms, and other relevant terms. A second proofing was then conducted for grammatical soundness. The final result was a subtitled training video to increase accessibility of the training material. The training PowerPoint slides and resource guide were checked for accessibility using the feature in the application.

References:

1. National Institute on Drug Abuse. Treatment approaches for drug addiction. DrugFacts. NIDA. January 2019. Accessed September 11, 2020.
2. Levin FR, Bisaga A, Sullivan MA, Williams AR, Cates-Wessel K. A review of a national training initiative to increase provider use of MAT to address the opioid epidemic. *Am J Addict*. 2016; 25: 603-609. doi: 10.1111/ajad.12454
3. Wright AL, Ballantyne GM, Jack SM et al. Using Two-Eyed Seeing in research with Indigenous people: An integrative review. *Int J Qual Methods*. 2019; 18: 1-19. https://doi.org/10.1177/1609406919869695
4. Otter.ai. Homepage. Accessed 10/02/20. https://otter.ai/login

Post-Training Survey

To help improve this pilot program, please answer the following questions about your training experience and preparedness for the AzMAT Mentors Program.

Thank you!

This project has been reviewed by the University of Arizona Institutional Review Board and determined to be not human subject's research.

Name: _____

Did the material presented in the training webinar meet the following objectives?

Participants will:

		Yes	No
1	Understand collaboration best practices to deliver the AzMAT Mentors Program	○	○
2	Define the AzMAT Mentors Implementation Plan	○	○
3	Review existing MAT resources in Arizona and nationally	○	○

If no to any of the above, please explain: _____

Click and drag the slider to answer the following questions:

How helpful was the pre-training information in preparing for the training webinar?

Not Helpful — Very Helpful

(Place a mark on the scale above)

How helpful was the training webinar in understanding your role and the expectations of you in the AzMAT Mentors Program?

Not Helpful — Very Helpful

(Place a mark on the scale above)

Where on the scale would you rate the length of the training webinar?

Too short — Just right — Too Long

(Place a mark on the scale above)

The final two questions will help us identify areas where additional training may be needed.

Your answers will have no impact on your ability to participate in the program.

How confident are you in your ability to identify and meet the needs of the new MAT provider(s) you will be paired with.

Not confident — Very confident

(Place a mark on the scale above)

How confident are you in your ability to locate and use tools and resources to increase a new MAT providers' capacity to deliver MAT

Not confident — Very confident

(Place a mark on the scale above)

What additional questions, comments or suggestions do you have regarding the training or the requirements of the program? (optional)

Midpoint Check In

It has been about a month since being matched with your MAT collaborator.

This is a check in to see how the program is working for you and if we can help you with anything.

As this is a pilot program, we would like to know what aspects are working well and adjust the aspects that aren't, in real-time, based on your feedback! This will allow us to provide you with individual support and fine tune the program for future participants.

Please answer the following questions to the best of your ability. Additional questions will appear based on your responses.

Survey length: 5-15 minutes

Thank you!

This project has been reviewed by the University of Arizona Institutional Review Board and determined to be not human subject's research.

Name:

_____

☐ Experienced MAT provider
☐ New MAT provider
☐ N/A

Was this survey completed over the phone by AzMAT staff?

◯ Yes
◯ No

Have you been in contact with the MAT collaborator you were matched with?

◯ Yes
◯ No

If not, what have been the primary barriers (ex: scheduling difficulties, incorrect contact information etc.)?

Have you had a collaboration session about MAT practices yet?

◯ Yes
◯ No

What part(s) of the collaboration did you find productive?

What issues (if any) have you encountered so far?

When do you anticipate having your first formal collaboration session?

_____

AzMAT is here to help.
We will check-in with you again after your first collaborative session to make sure everything is running smoothly.

AzMAT staff are here to help. We would like to check-in with you again to make sure everything is going smoothly.

Would you prefer us to contact you in:
(We will be in contact over email to determine the exact date/time that works best for you.)

◯ 1 week
◯ 2 weeks
◯ 1 month

Have you had a chance to look through the resource guide?

◯ Yes
◯ No

Is there anything additional you would like to see in this guide?

No worries! ◯

Click the radio button if you would like the guide to
be emailed to you again, otherwise, leave blank.

What technical or resource-based assistance can AzMAT staff direct you to?

Would you like us to check-in with you again before the end of the program?

◯ Yes
◯ No

No problem!
We will be sending you a final survey after your last collaboration session (minimum of 2 sessions).
What month would you like to receive this?

◯ July
◯ August

Great! We will send you an email shortly to schedule it.

What additional questions, comments or concerns do you
have?

_____

AzMAT Mentors Program Final Survey

Thank you for your participation in the AzMAT Mentors program!

Please complete this final survey to help us gather information regarding the success of the program and ways it can be improved.

This project has been reviewed by the University of Arizona Institutional Review Board and determined to be not human subject's research.

Name

_____

◯ Experienced MAT Provider
◯ New MAT Provider

Did you feel that you were adequately prepared (i.e. training, resources, etc.) to provide new MAT providers the support they required?

◯ Yes
◯ No
◯ Prefer not to answer

Please rate your current level of confidence for implementing MAT into your practice:

Not Confident — Somewhat Confident — Very Confident

(Place a mark on the scale above)

As a result of your collaborative consultations, please rate the likelihood of beginning or increasing MAT service delivery in your practice.

Not Likely — Somewhat Likely — Very Likely

(Place a mark on the scale above)

In what practice setting do you anticipate or currently use MAT services? Select all that apply.

☐ Opioid Treatment Program (OTP)
☐ Primary Care Office Based Setting
☐ Specialty Office Based Setting
☐ Hospital Based Setting
☐ Prefer not to answer

Do you feel that you were appropriately matched with your collaborator (i.e. provider type, medication/behavioral treatments, proximity)?

◯ Yes
◯ No
◯ Prefer not to answer

How many total collaborative consultations did you participate in? (Please enter N/A if you prefer not to answer).

_____

Was this a sufficient number of collaborative sessions?

◯ Yes
◯ No
◯ Prefer Not to Answer

How many sessions would you have preferred?

◯ 1
◯ 2
◯ 3
◯ 4
◯ More than 5
◯ Prefer not to answer

What goals were accomplished during your collaborative sessions? (Please enter N/A if you prefer not to answer).

What, if any, goals or topics did you not have sufficient time/resources to address during your collaborations? (Please enter N/A if you prefer not to answer).

Please rate your level of satisfaction with the AzMAT mentors program

Dissatisfied Satisfied

(Place a mark on the scale above)

Would you recommend the AzMAT Mentors program to other providers?

◯ Yes
◯ No
◯ Prefer not to answer

Would you be interested in participating as an experienced provider should future opportunities arise?
(If YES or MAYBE are selected AzMAT will keep you on our email list for future opportunities.)

◯ Yes ◯ No ◯ Maybe ◯ Prefer not to answer

What suggestions do you have for improving the AzMAT Mentor Program? (Please enter N/A if you prefer not to answer).

Any additional questions, comments or concerns?