The University of Arizona
Arizona Center for Rural Health

FY 2021-2022: State Opioid Response via Arizona Department of Health Services

AzMAT Mentors Program

Annual Report

Programmatic Activities Year 3

October 1, 2021 – September 29, 2022

''The **Arizona Center for Rural Health** (AzCRH) core mission is to improve the health and wellness of Arizona's rural and vulnerable populations."

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UArizona Land Acknowledgement

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

AzMAT Mentors Cultural Responsiveness Statement

We strive to provide culturally responsive services and programs. Arizonans who are Black, Latiné, Indigenous, Immigrants, and People of Color are central to our research, policies, and strategies to improve health equity. We believe that cultural responsiveness is a lifelong self-reflection and learning commitment to better understand and support all individuals. We pledge to continuously expand our efforts to address racial injustices and health disparities. We strive to connect diverse partners across the state, provide reliable and useful data to inform policies and programs, and assist in finding resources to support rural and underserved populations that have been historically exploited and ignored.

Executive Summary

The AzMAT Mentors Program was developed and delivered by The Arizona Center for Rural Health. This annual report includes program details and evaluation findings for program Year 3, October 1, 2021 to September 29, 2022.
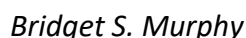
The AzMAT Mentors aims to increase Arizona healthcare providers' capacity to prescribe buprenorphine and treat opioid use disorder (OUD). Medication-assisted treatment (MAT) is an evidence-based and recommended treatment for individuals with OUD. Program participants include experienced MAT providers who are matched with less experienced, new MAT provider to offer expert mentorship through a series collaborative consultations. The consultation sessions are based on mentorship goals set by the new MAT providers and allow for personalized discussions and tailored guidance.

In Year 3, 16 new MAT providers joined and received mentorship through the program. They selected collaboration goals such as identifying types of MAT medications and appropriate doses, determining when to treat or refer to specialty care, learning how to screen for substance use disorder, and treating pain following AZ prescribing guidelines. Over 90% of participants accomplished their collaboration goals and were satisfied with the program. Following their collaboration sessions, new MAT providers almost doubled in their reported confidence to deliver MAT services and indicated a high likelihood (83 on a scale of 0-100) of beginning or increasing MAT services.

To prevent harm from opioid use and overdose deaths in Arizona, it is vital that we expand access to MAT. In partnership with the Arizona Department of Health Services, we are pleased to offer this opportunity to Arizona healthcare providers and assist them in increasing their capacity to provide this effective, life-saving treatment.

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Table of Contents

Introduction

The University of Arizona Center for Rural Health (AzCRH) collaborated with the Arizona Department of Health Services (ADHS) to implement year three of 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 treat opioid use disorder (OUD). This work involved ADHS's Office of Injury Prevention (OIP), Arizona opioid prevention and treatment coalitions, 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)

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.

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 as having an interest in collaborating with an experienced MAT provider.

5.1.1. Develop a MAT Mentoring Curriculum Containing Information on Resources

Activity Summary: We updated our training curricula and developed additional tools for the AzMAT Mentors program. The enhanced curriculum materials were based on cultural and linguistic responsiveness standards.

Accomplishments:

1. Updated the AzMAT Mentors Program curriculum for experienced provider training. Experienced providers who participated in the training last year were given the option to re-review training materials. Returning providers were also asked to watch a short video presentation which discussed evaluation findings from year two.
2. Updated the AzMAT Mentors Program resource guide for 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.
3. Developed three quick guides to be used as collaboration tools. The guides support the three priority areas assessed in the invitation forms (i.e., clinical care, person-centered strategies, and community and social resources). They include (a) starting a conversation about SUD/OUD (clinical care), (b) cultural competence (person-centered strategies), and (c) stigma (community and social resources) (Appendix A).
4. Continued regular email communication with providers that includes upcoming free or low-cost training and practice-based resources.

Next Steps:

1. Continue to develop and implement plans to enhance provider engagement in the program and promote resources delineated in the ISA (e.g., OAR line; PDMP).
2. Continue to develop tools for experienced providers to use with their collaborator.

Figure 1 English Version of Experience Provider Social Media Image

5.1.2. Recruit and Train Experienced DATA-waived Providers to Provide 1:1 Support to New DATA-waived Providers

Activity Summary: We updated and implemented our comprehensive marketing plan. The plan included social media, network distribution, physical mailers, and targeted outreach to administrators and healthcare organizations in rural and underserved areas (Figure 1). Building on our plan from last year, we expanded our direct to provider postcard mailers to include DATA waived providers who are not listed on the SAMHSA public buprenorphine practitioner locator site. We received permission from the US Drug Enforcement Administration (DEA) to send postcards to providers on the non-public list (see Appendix B for postcards). We developed an organizational benefits flyers that we shared with organizations (Appendix C). Our recruitment methods are shown in Table 1, by year.

To increase outreach, we contacted 118 organizations identified on the DEA list that employ at least on DATA-waived provider. The organizations were in Apache, Cochise, Coconino, Gila, Graham, Greenlee, Mohave, Navajo, Yuma, Pinal, and Yavapai Counties. Of the 118 organizations, 18 reported offering MAT services, 12 indicated they do not offer MAT services, and 88 did not respond to our communication efforts or were unsure if they offer MAT services. Organizations in Maricopa and Pima counties were not contacted as our efforts focused on rural areas. La Paz did not have a DATA-waived provider listed. Santa Cruz was not contacted as AzMAT Mentors has a team member doing substantial in-person outreach in the county.

For experienced providers, the recruitment process involves completing an interest form and an application to participate in the program. In Year 3, 47 experienced MAT providers completing the interest form. We contacted and invited all 47 to apply; 14 completed the application and nine were matched. Of the five who were not matched, four were not selected by a new provider and one was selected but the new provider was ineligible to participate. Nine

participants completed the experienced provider trainings. Table 2 shows the experienced MAT providers' professional type, practice location, and experience working in rural areas.

Table 1. AzMAT Mentors Program Recruitment Methods (Years 1-3)

Recruitment Activity	Year		
	Year 1	Year 2	Year 3
Emailed flyers through AzCRH listservs	X	X	X
Posted on social media	X	X	X
Shared on AzCRH monthly newsletter	X	X	X
Partners promoted (MAT ECHO, AOTC, OD2A)	X	X	X
Targeted, rural FQHC outreach to managers to refer providers for participation (based on DEA list in Year 3)	--	X	X
Purchased radio advertisements (AzPM)	--	X	
Purchased LinkedIn Advertisement	--	X	
Included in AZ State Board of Nursing newsletter	--	X	
Sent postcard mailers to providers listed on SAMHSA's buprenorphine practitioner locator site.	--	X	X
Sent postcard mailers to all providers listed in DEA buprenorphine practitioner list.			X
Direct outreach to Southern Arizona healthcare organizations			X

Acronym Key: AzCRH: Arizona Center for Rural Health; MAT ECHO: Medication-Assisted Treatment Extension for Community Healthcare Outcomes hosted by Arizona State University; AOTC: Arizona Opioid Treatment Coalition; OD2A: Overdose Data to Action grant administered by AzCRH; AzPM: Arizona Public Media; SAMHSA: Substance Abuse and Mental Health Services Administration; DEA: US Drug Enforcement Administration.

Table 2. Experienced MAT Provider Characteristics (*n*=9)

	# of Providers
Provider Type	
Physician	2
Physicians' Assistant	1
Nurse Practitioner	6
Provider Primary Practice Location (county)	
Cochise	1
Coconino	1
Maricopa	4
Mohave	2
Pima	1
Experience Providing MAT in Rural Locations	
None, very little	0
Some, a lot	9

Accomplishments:

1. Reconnected with Years 1 and 2 experienced providers to determine their interest in participating in Year 3. Since Year 1, three experienced providers matched for all three years and eight were matched for two years. We have a solid group of experienced providers who have worked with new providers for multiple years.
2. Updated flyers and refined talking points for colleagues and collaborators to share with potentially interested providers. This resulted in more face-to-face outreach in southern Arizona counties.
3. Hosted one round-robin meeting for experienced MAT Providers to meet each other and discuss successes and challenges related to collaborative consultations.
4. Used the dedicated program email to streamline communications between providers and program staff: MAT-Mentors@arizona.edu.
5. Participated in meetings and trainings to share AzMAT Mentors Program information.
6. Used a consistent process for initiating independent contractor agreements and submitting invoices.

Next Steps:

- Update flyers and refine talking points for colleagues and collaborators to share with potentially interested providers.

Figure 2 Spanish Version of New Provider Social Media Image

5.1.3. Recruit New DATA-waived Providers to Participate

Activity Summary: Using the marketing plan, we recruited New MAT providers (Figure 2). New MAT Providers were asked to complete an interest form which was used to identify participants and send invitations to them. Twenty-eight new MAT providers completed an interest form and were invited to participate; 20 completed the invitation form and 16 were matched. Reasons why four went unmatched included time conflicts, ineligibility, and requesting a collaborator

who had reached their maximum number of matches. Table 3 provides New MAT provider professional characteristics.

Accomplishments:

1. Updated and partially automated the matching process to improve participant engagement in the selection process. This entailed hosting a non-public website of experienced MAT providers including a brief bio, photo and expertise (see Appendix D). The website link is embedded in the REDCap invitation form. New MAT providers used it to select their preferred match and their preferred orientation dates and times.
2. Expedited participant matching and program initiation. The updated matching process allowed us to enroll, match and begin collaborative consultations for new MAT providers on a rolling basis. In prior years enrollment and program initiation were cohort-based, using pre-set start dates. The rolling enrollment processes allowed providers to begin the program sooner.
3. Refined the orientation meeting to prepare New MAT Providers for collaborative consultations. Program staff used information collected in the invitation form to propose mentorship goals and a collaboration plan. This streamlined the orientation process and provided additional structure, reduced participant burden, and clarified collaboration expectations. Three project staff were trained and facilitated orientations.
4. Encouraged up to five collaborative consultations (Appendix E for program flow chart).
5. Reconnected with New MAT Providers who completed interest forms but did not participate in Year 2 to determine their interest in participating in Year 3.
6. *Updated flyers and talking points for colleagues and collaborators to share with potentially interested providers which resulted in more face-to-face outreach in southern Arizona counties.*

Next Steps:

1. Update flyers and talking points for colleagues and collaborators to share with potentially interested providers.
2. Participate in meetings and trainings to share AzMAT Mentors Program information.
3. Collaborate with the UArizona Behavioral Health Workforce Education and Training program to engage nurse practitioners in the AzMAT Mentors program.

Table 3. New MAT Provider Characteristics (*n*=16)

	# of Providers
Provider Type	
Physician	1
Physicians' Assistant	1
Nurse Practitioner	14
Provider Primary Practice Location (county)	
Maricopa	7
Mohave	1
Pima	5
Pinal	1
Yavapai	1
Telemedicine	1
Experience prescribing a MAT medication[a]	
Never prescribed	8
Not currently prescribing, but have previously treated	2
Currently prescribing	6
History providing behavioral health services	
Motivational interviewing	10
Brief behavioral office-based interventions	12
Coordinated with behavioral health provider	14

[a] MAT Medications: buprenorphine, methadone, and naltrexone

5.1.4 & 5.1.5. Maintain Documentation of Training and Program Participation

Activity Summary: We tracked program activities including Experienced MAT Providers who completed the training and New MAT Providers who participated in the program (Table 4).

Accomplishments:

1. Monitored implementation through short surveys and follow up phone calls at the time of enrollment, following experienced MAT provider training, mid-way through the program, and after program completion.
2. Updated a password protected Excel database to track program activities.
3. Documented dates of first and last scheduled collaboration consultation to better time the check in survey. This allowed us to know when to send the program surveys.

Next Steps:

1. Collect regular collaborative consultation information to ensure experienced and new MAT providers are connected, engaged, and supported.
2. Document the number of experienced providers who participated in the training and new MAT providers who participated in the program.

Table 4. Recruitment and Enrollment (Years 1-3)

Activity	Experienced (E)			New (N)			Years 1-3 Total (non-duplicative)	
	Yr. 1	Yr 2	Yr 3	Yr. 1	Yr 2	Yr 3	E	N
Interest forms (eligible participants)	13[a-b]	35[b]	48	21	75	30	51	114
Application forms (completed)	10	16	14	NA	NA	NA	25	NA
Invitation forms (completed)	NA	NA	NA	11	29	20	NA	58
Trained	6[b]	9	6	NA	NA	NA	13	NA
Matched	6	10	9	9	15	16	14	40

Notes: E=experienced; N=new; NA = not applicable.

[a]\In year one our interest form process was being developed. This number reflects providers who communicated an interest in participating.

[b]\Changes in numbers as compared to last year. Minor errors detected and corrected.

Table 5. Experienced and New MAT Providers Primary Counties of Practice (Years 1-3)

	Experienced MAT Providers	New MAT Providers
Apache	0	2
Cochise	1	3
Coconino	1	1
Gila	0	0
Graham	0	0
Greenlee	0	0
La Paz	0	0
Maricopa	5	14
Mohave	2	1
Navajo	0	0
Pima	4	9
Pinal	0	1
Santa Cruz	0	0
Yavapai	0	1
Yuma	0	1
Telemedicine	1	3
Missing/Prefer not to answer	0	4
Total	14	40

Lessons Learned and Sustainability Planning

In Year 3 we aimed to move the experienced provider training modules to a more accessible video platform. Unfortunately, we learned that doing so would have limited our ability to determine which experienced providers completed the training. We decided to keep the training modules on the Panopto platform to meet program reporting goals.

As COVID-19 transmission, morbidity and mortality rates began to fall in Year 3, providers wanted more in-person collaborative sessions. We suggested that in-person meetings take place after the initial five sessions. In Year 4 we anticipate more in-person consultations should providers be interested and available.

In Year 4 we will develop and implement processes for less experienced providers to select their own goals based on self-identified priority areas. This will be developed in REDCap and incorporated into the invitation process.

Program Evaluation

These evaluation findings represent programmatic activities between October 2021 and September 2022. Nine experienced MAT providers and 16 new MAT providers participated in the program. Evaluation data were collected and compiled using REDCap forms. These forms allow for secure, web-based data collection. The five data collection forms are detailed in Table 5.

Table 5. AzMAT Mentors Program REDCap Data Collection Forms

REDCap Forms	Purpose / When Collected	Number of Completed Forms	
		Experienced MAT Providers	New MAT Providers
Interest form	Determines eligibility. / Prior to application or invitation form.	14	22
Experienced Provider Application	Matches providers and process consulting agreements. / Collected after interest form completion.	14	NA
New MAT Providers Invitation Form	Matches new and experienced MAT providers, identifies mentorship priorities and develops a collaboration plan.	NA	20
Final Evaluation Survey	Gathers info on provider experiences, goal completion, and program outcomes.	8	13

Note. NA = Not applicable.

Final Evaluation Sample

Thirteen new MAT providers and eight experienced providers completed the final evaluation survey in Year 3, a completion rate of 81% among new and 89% among experienced MAT providers. The response rate for new MAT providers increased by 21% compared to the Year 2 and remained the same for experienced MAT providers. The improvement in final survey response was due to the evaluation team's increased correspondence with participants. The high response rate indicates a low risk of bias from loss to follow-up. However, it is possible those who did not respond to the survey were dissatisfied with the program. Because of this and the small sample size, conclusions should be interpreted with caution.

Program Outcomes

The AzMAT Mentors Program goal is to increase new MAT provider confidence to provide MAT services and increase their capacity to deliver MAT services. We assessed new MAT provider confidence in implementing MAT services at the beginning and at the end of the program. Respondents were asked to indicate their confidence on a scale of 0 (no confidence) to 100 (complete confidence). At baseline, new MAT providers reported an average confidence score of 30 (range: 0 – 100, median: 25). After participating in the program, they reported an average confidence score of 86 with a median of 88.

Upon final survey completion, new MAT providers were asked to rate their likelihood of beginning or increasing MAT services in their practice setting. Scores could range from 0 to 100. They reported an average score of 83 (range: 2-100, median: 100). Interpreted together, the increase in confidence and high likelihood for beginning or increasing MAT services offers an optimistic outlook on increasing Arizona's OUD treatment capacity.

Table 6. New MAT Provider Program Outcomes

	Baseline	Program Completion	Percent Increase
Confidence to implement MAT services (0-100)	30	86	187%
Likelihood of beginning or increasing MAT services (0-100)	na	83	na

Notes: N/A = Not applicable.
[a] Scores range from 0 to 100. Higher scores indicate more positive response.

Comparison of Year 3 to Years 1 and 2. The average baseline confidence score in Year 3 was 30 compared to 53 in Year 2. This may indicate more success in reaching less experienced providers with greater mentorship needs in Year 3. Despite the lower baseline score, the Year 3 follow-up confidence score was 86 vs 72 in Year 2. This may signal improvement in program quality or that Year 3 participants had greater room to improve in confidence. This is supported by the Year 3 program participant satisfaction scores (see Tables 7 and 8).

Table 7. Program Participation Experience

	Provider Type	
	Experienced MAT Provider Scores[a]	New MAT Provider Scores[a]
Satisfaction rating with the program	92	90
Helpfulness rating of the collaboration plan in guidance of consultations	88	82

[a]Scores range from 0 to 100. Higher scores indicate a more positive response.

Table 8. Perceptions of AzMAT Mentors Program

	Provider Type	
	Experienced MAT Provider (*N* = 8)	New MAT providers (*N* = 13)
Felt appropriately matched with their collaborator	100%	100%
Will recommend AzMAT Mentors to other providers	100%	92%
Felt adequately prepared to support new MAT providers	100%	N/A
Expressed their interest to participate in the program as an experienced provider	100%	39% (yes) 54% (maybe)

Among new MAT providers, 100% reported that they felt appropriately matched with their collaborators. For Year 3, new MAT participants were able to self-select their experienced provider match via a secured biographical website. This change likely led to the increase from 80% in Year 2 to 100% in Year 3. All experienced MAT providers felt that the training activities and orientation sessions adequately prepared them to collaborate with the new MAT providers. All experienced MAT providers and 92% of new MAT providers reported they would recommend the program to their colleagues. The high level of interest suggests that the program provides a replicable process that is easy to follow with limited participant burden.

Experienced MAT providers reported an average program satisfaction score of 92 out of 100 and new MAT providers reported an average satisfaction score of 90. These are similar to or slightly lower than scores reported last year. Among new MAT providers, their average satisfaction and helpfulness ratings were higher this year. This fits with program efforts to streamline goal selection and using an orientation session to give providers an opportunity to develop a collaboration plan that aligns with their mentoring needs.

Orientation Sessions

For each set of matched providers, we began their collaborative consultations by holding an orientation session. AzMAT Mentor staff introduced matched providers to one another and assisted them with agreeing upon a collaboration plan and scheduling five, bi-weekly

collaborative consultation sessions. Providers reported that the inclusion of collaborations plan was highly useful.

Collaborative Consultation Goal Completion

At the end of the program, participants were asked to report the goals that they achieved during their collaborative consultations. Four new MAT providers self-reported they met all the goals from their collaboration plans were met. Among those who delineated their accomplished goals, we cross-referenced these to their collaboration plan goal selections and identified that 92% of new MAT providers could be considered to have accomplished their program goals.

From a thematic analysis of new MAT providers goal description comments, we found that they emphasized increases in knowledge and skills and cited "learning" in relation to, "protocols," "types of medications," "treatment options," and "conducting assessments." Some new MAT providers also shared comments about gaining confidence and becoming more comfortable "with medications used with MAT." Others emphasized that they valued the opportunity for ongoing mentorship through their partnership which they expect will extend beyond the structure of this program.

Collaborative Consultation Goal Selection

To assist new MAT providers to increase their confidence and likelihood of implementing MAT services, it is important that the collaborations focus on their specific areas of need. As outlined above, we sought to improve the process of goal selection and collaboration planning. To better understand which goals were most popular among all program participants, Table 9 shows the top three goals that were selected for year three for each of the three MAT service goal domains.

Areas of MAT Service Improvement

After completing their collaborative consultations, new MAT providers were asked to assess what aspects of MAT service delivery improved for them. They indicated improvements in selecting medication doses, OUD screening, initiating MAT with comfortability, and providing guidelines on suboxone inductions. Using a frequency count of comments regarding medications, all (100%) new MAT providers indicated that selection and doses of medications improved for them the most. Two new MAT providers also highlighted that screening for MAT treatment improved.

Table 9. Most Common Collaborative Consultation Goals

Goal Rank	Most common goals and percentage of new MAT providers who selected them for collaboration consultations (N=16)		
	Clinical Care	**Person Centered**	**Community-Social**
1.	100% Differentiating types of MAT medications, their uses, and appropriate dosing.	63% Identifying and affirming patients strengths and resiliency factors.	100% Determining when to treat and/or refer to higher level of (specialty) care.
2.	82% Screening (and pre-screening) for substance use concerns and addiction.	56% Educating patients about unhealthy substance use and misuse.	50% Addressing legal-ethical issues.
3.	69% Treating pain by following Arizona's prescribing guidelines and offering naloxone.	56% Enhancing motivation for change through patient-centered behavioral strategies.	50% Engaging pharmacies.

Program Testimonials

Experienced and new MAT providers shared positive experiences with the program. The following testimonials describe how they benefited from the AzMAT Mentors program.

Experienced MAT Providers

"AzMAT Mentor Program is a great tool for the new MAT Providers who would like to have real world experience, interaction with the real patients, and hands on experience in the clinic settings."

"I really enjoyed the MAT mentor program. It definitely helps me in going over cases with my mentees to realize how complex the decisions I make for my patients can be."

New MAT Providers

"I am very grateful to have had the opportunity to meet and learn from a professional mentor in the program. My mentor was driven and extremely passionate about the program, which in turn motivated me. . . Our sessions were informative, reassuring, and helped me build confidence within myself as it pertains to being a MAT provider."

"The most valuable thing for me I learned from the AzMAT Mentor Program is that now I have a direct line of communication with another MAT physician whom I can contact any time I need help or support with patient treatment decisions."

AzMAT Mentors Program Staff Roles and Contributions

Benjamin Brady, DrPH is an assistant research professor in the UArizona Zuckerman College of Public Health and the Education and Policy Director at the Comprehensive Pain and Addiction Center. He is the project principal investigator and assisted with the evaluation components.

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

Dominic Clichee, DrPH(c) is the project management assistant and responsible for facilitating regular staff meetings, developing collaboration plans and facilitating orientation meetings, and directing evaluation and assessment plan implementation, including RedCap surveys as needed.

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 provided administrative leadership and guidance.

Allina Flaat, BA is a Master of Public Health student and coordinated year three evaluation efforts.

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

Estefanía Mendivil, BA is the community outreach professional 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.

Bridget Murphy, DBH is an assistant research professor. She is the project manager and led the development and implementation of training curricula, training events, matching processes, and maintained communications with providers.

Collaborator Acknowledgement: We want to acknowledge Paul Akmajian, MFA, Roderick Gorrell, Alyssa Padilla, MPH, and Melissa Quezada who provided important support throughout this project and all the providers who participated.

Appendix A: 3 Collaboration Quick Guides

AzMAT Mentors Program Provider Collaboration Quick Guide #1
Helping Providers Start Conversations about Substance Use

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

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

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

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

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

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

Develop a screening, brief intervention/treatment, and referral workflow for all patients[2-3]

- **Screening is recommended[4-5]** and maybe an effective way to start a conversation about substance use. There are many screening/assessment tools. Here is a link to screenings/assessments that may be appropriate for your setting https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools. Consider checking with payors to determine their requirements for reimbursing screening services. Here is a PDF link that is a two single-question screening tool: https://www.icsi.org/wp-content/uploads/2021/11/Brief-Screen-FINAL.pdf. This tool serves as a simple screening tool that is easy to follow for new and experienced providers.

- **Brief Interventions/Treatments are** effective[3] for addressing substance use concerns. Depending on screening/assessment results different interventions may be needed. Develop a risk stratification strategy based on severity. Examples:
  - Brief provider-directed advice
  - Brief provider-directed interventions/treatments. Behavioral and/or pharmaceutical.

- **Referrals provide** additional services and support to patients based on a variety of issues (substance use, mental health, social determinants of health, family/peer support). Types of referrals include standard (send referral with limited support/follow up) and warm handoffs (help patient link to care/follow up).

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▶**TIPS:** (1) Assess the support needed to make implementing this workflow **feasible**. (2) Offer advice and strategies for implementing this workflow **efficiently**. (3) Communicate **pragmatic** implementation methods.

Practice increases skills and confidence

- ■ **Consider using** Motivational Interviewing[6] or the **Ask – Tell - Ask**[7] methods:
    - **Ask permission** by saying: "I'd like to talk with you about your results from the alcohol and drug use screening would that be okay with you?"
    - **Tell the patient** in simple terms what you want them to know such as: "I'm concerned about your alcohol and drug use. The screening shows you are using alcohol and drugs in unhealthy ways which might be putting your health and wellness at risk."
    - **Ask for more information** using open ended questions such as "I'm curious to hear more about your thoughts regarding your alcohol or drug use…"
    - ▶**TIP:** Conduct a role-play to practice using this model. Offer feedback on strengths and areas for improvement.

Please visit the AzMAT Mentors website at: https://crh.arizona.edu/mentor

1   Livingston JD, Milne T, Fang ML, Amari E. The effectiveness of interventions for reducing stigma related to substance use disorders: A systematic review. *Addiction*. 2011 Aug 4; 107(1): 39-50. https://doi.org/10.1111/j.1360-0443.2011.03601.x

2   Screening, Brief Intervention, and Referral to Treatment Model. Rural Health Information Hub. Accessed December 3, 2021. https://www.ruralhealthinfo.org/toolkits/moud/2/initiating/sbirt

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, 2016. https://addiction.surgeongeneral.gov/

4   Screening for unhealthy alcohol use. US Preventative Services Task Force. November 13, 2018. Accessed December 3, 2021. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions

5   Screening for unhealthy drug use. US Preventative Services Task Force. June 9, 2020. Accessed December 3, 2021. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/drug-use-illicit-screening

6   Motivational Interviewing Network of Trainers. Accessed December 3, 2021. https://motivationalinterviewing.org/

7   What is Ask, Tell, Ask? Institute for Healthcare Improvement. Accessed December 3, 2021. http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/ConnieDavis-WhatIsAskTellAsk.aspx

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AzMAT Mentors Program Provider Collaboration Quick Guide #2
Improving Cultural Humility to Better Serve Diverse Populations

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

Cultural Humility vs. Cultural Competence

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

Why is Cultural Competency in Healthcare Important?

Cultural competence in healthcare recognizes that healthcare decisions are shaped by an individual's age, race, ethnicity, sex, gender, socioeconomic status, patient literacy skills and language[1]. There are differences in racial, ethnic and gender prevalence rates which influences access to care[2]. Striving to cultivate inclusive environments that encourages patients from diverse backgrounds to seek and remain in health care is an important aspect of patient-centered care.

What are Components of Cultural Competency?

The Substance Abuse and Mental Health Services Administration (SAMHSA) highlights key aspects of cultural competence in its Treatment Improvement Protocol[3]. Here is a synthesis of a few that you can discuss during your collaborator consultations:

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

(over)

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Communication and Engagement:

- Handshakes, facial expressions, greetings and friendly short conversation may be the first step to building patient-provider rapport. Yet, there may be cultural differences in communication. Be sure never to assume specific communication patterns based on a patient's cultural context. Consider:

  - **Engaging translators.** Make time so patients feel engaged with the translator.

  - **Pacing yourself.** Slow down or speed up while speaking to match the patient's pace.

  - **Keeping it simple.** Use accessible language (plain and break down concepts).

  - **Using pictures.** Some folks prefer images over words. Use images to help communicate key points.

  - **Remembering it may be the first time.** Do not overwhelm patients with too much information.

  - **Checking yourself.** Use the teach-back method where you kindly ask patients to explain back what you were explaining.

  - **Making safety first.** Create environments where the patient feels safe to ask questions or offer additional information.

Providers are encouraged to check out the full SAMHSA TIP-59 and specifically:
Appendix C 'Tools for Assessing Cultural Competence'.

Feel free to visit the AzMAT Mentors Program webpage which includes other resources:
https://crh.arizona.edu/mentor

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

2 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.

3 Substance Abuse and Mental Health Services Administration. Improving Cultural Competence. Treatment Improvement Protocol (TIP) Series No. 59. HHS Publication No. (SMA) 14-4849. 2014. Available at: https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849. Accessed January 6, 2022.

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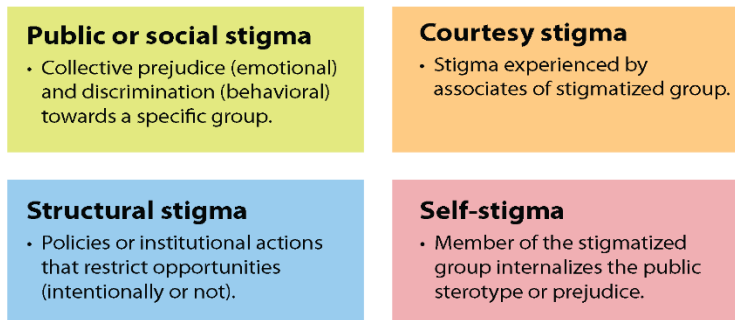**Center for Rural Health**

AzMAT Mentors Program Provider Collaboration Quick Guide #3
Reducing Substance Use Disorder Stigma

The AzMAT Mentors Program aims to increase capacity for offering opioid use disorder (OUD) prevention, harm reduction, treatment, and recovery. This is a tool for experienced medication assisted treatment (MAT) providers to use when collaborating with less experienced MAT providers. Please consider using this during collaborative consultations if your collaborator indicated **a high priority in community and social resources**.

Impact of Stigma in Healthcare.

People with OUD often face discrimination, even in healthcare settings. Harmful narratives that people with OUD are dangerous or untreatable can come from the stigma placed on them. Stigma is created from stereotypes, prejudice, biases, and in discrimination. Stigma may result in implicit or explicit biases or negative perceptions which may result in barriers accessing services and inequitable or suboptimal care.[1-2] There are different types of stigma (Figure 1), it's widespread, and can be harmful in healthcare. For example:

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

- Those experiencing SUD do not seek medical care for fear of mistreatment.[4] Stigma may be blamed for decreases in patient willingness to seek SUD treatment and feelings of negative emotions.[4,5]

- Patients seeking care for SUD report experiencing overt and covert blame, verbal, and physical abuse due to their substance use in the medical setting.[4]

Public or social stigma
- Collective prejudice (emotional) and discrimination (behavioral) towards a specific group.

Courtesy stigma
- Stigma experienced by associates of stigmatized group.

Structural stigma
- Policies or institutional actions that restrict opportunities (intentionally or not).

Self-stigma
- Member of the stigmatized group internalizes the public sterotype or prejudice.

Figure 1. Types of Stigma.

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

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

Solutions for Addressing Stigma.

With understanding and tools, providers can successfully address stigma. Here are some solutions: [1,5]

- **Self-stigma:** Providers are encouraged to engage patients in participate in behavioral interventions and employment skills training.

(over)

19

- **Social stigma:** Providers are encouraged to share positive stories of people who experience SUD.
- **Structural Stigma:** Providers are encouraged to take part in educational critical reflection, have contact with people who have SUD, participate in multi-cultural training, and behavioral interventions.
  - ▶**TIP:** Consider taking the test, Implicit Association Test (IAT), founded in 1998. The test measures implicit bias at multiple levels of sex, gender, religion, race, etc.

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

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

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

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

- **Prompt:** What do you imagine when you hear a person described as: "addict," "substance abuser," "user," "former addict?"
- How does your perception change when you hear them described as a person with substance use disorder or a person in recovery?
- **Reflect:** What, if any, differences did you imagine about these two people? How, if at all, might you recommend different treatment plans?

Other Resources:
- The National Institute of Drug Abuse (NIH) offers free CME courses on word choice topics for physicians, physician assistants, registered nurses, nurse practitioners:
  1. Words Matter - Terms to Use and Avoid When Talking About Addiction
  2. Your Words Matter – Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder
- Center for Rural Health, AzMAT Mentors Program website : https://crh.arizona.edu/mentor

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2. Livingston JD, Milne T, Fang ML, Amari,E The effectiveness of interventions for reducing stigma related to substance use disorders: a systematic review. J. Addict. 2011; 107(1): 39-50. https://doi.org/10.1111/j.1360-0443.2011.03601.x
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5. Volkow ND. Stigma and toll of addiction. NEJM. 2020; 382(14): 1289-1290. DOI: 10.1056/NEJMp1917360.
6. National Institute on Drug Abuse. Words matter - Terms to use and avoid when talking about addiction. November 29, 2021. Accessed March 24, 2022. https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction
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**Join as an experienced or new MAT
provider. One-on-one collaborations.**

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Appendix C: Organizational Benefits Flyer – English and Spanish

AzMAT Mentors Program Organizational Benefits

Addressing opioid use disorder (OUD) in Arizona **continues to be an important public health priority.**[1] Access to medication assisted treatment (MAT) is an evidence-based practice to treat opioid use disorder (OUD).[2] We invite **diverse healthcare and behavioral health organizations** to partner with the Arizona Center for Rural Health (AzCRH) to support healthcare providers to register as DATA-waived providers and become active buprenorphine prescribers to individuals with an OUD.

The Arizona Department of Health Services and the AzCRH created the AzMAT Mentors Program to support new and less experienced DATA-waived MAT providers to increase access to evidence-based treatment. Through this collaboration, experienced MAT providers work with less experienced MAT providers to help them overcome specific barriers that limit their ability to offer MAT services.

AzMAT Mentor Program collaboration entails:
- One-to-one support with an experienced DATA-waived provider using a collaborative consultation model,
- Support in accessing local and state resources, and
- Technical assistance from the AzCRH and the Opioid Assistance and Referral line (if requested).

What are the benefits for participation in The AzMAT Mentors Program?

Patient Benefits	Provider Benefits	Organizational Benefits
Access to effective treatment. Improved physical and behavioral health.	Increase capacity to offer substance use disorder services. Foster collaboration between providers.	Increase capacity to offer substance use disorder services. Foster in-house expertise for other providers.

Other Potential Organizational Benefits

Clinicians who recently received a DATA-waiver or who currently do not have a waiver, can take part in the DATA 2000 Waiver Training Payment Program. In this program eligible healthcare organizations can apply for a $3,000 payment for each eligible employed provider who attained a DATA 2000 waiver on or after January 1, 2019. More information here.

For more information, visit the AzCRH website https://crh.arizona.edu/mentor.

Interested providers can complete the interest form at the top of the webpage or contact us for more information here mat-mentors@arizona.edu

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1 Arizona Department of Health Services. Opioid Epidemic. Updated January 14, 2022. Accessed January 14, 2022. https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php

2 Substance Abuse and Mental Health Services Administration. MAT Medications, Counseling, and Related Conditions. Updated November 4, 2021. Accessed January 14, 2022. https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions

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Los Beneficios Organizacionales del AzMAT Mentors Program

Abordar el trastorno por uso de opioides en Arizona es una prioridad para la salud pública.[1] El acceso al tratamiento asistido por medicamentos (MAT, por sus siglas en inglés) es una práctica basada en la evidencia para tratar el trastorno por uso de opioides.[2] Invitamos a organizaciones diversas de atención médica y salud conductual a asociarse con Arizona Center for Rural Health (AzCRH) para apoyar a los proveedores de atención médica a registrarse como proveedores que tienen un 'DATA-waiver'. Tener un DATA-waiver se significa ser prescriptores activos de buprenorfina para personas con trastorno de opioides, que es clave para implementar cambio en la epidemia de trastorno por uso de opioides.

El Arizona Department of Health Services y AzCRH crearon el AzMAT Mentors Program para apoyar a los proveedores de MAT nuevos o con menos experiencia con un DATA-waiver para aumentar el acceso al tratamiento basado en la evidencia. A través de esta colaboración, los proveedores de MAT que tienen mas experiencia trabajan con los proveedores que no tienen tanta experiencia. Estos esfuerzos son para ayudar proveedores a superar barreras específicas que limitan su capacidad de ofrecer servicios de MAT.

Colaboración con AzMAT Mentors implica:

- Colaboración individual con un proveedor con experiencia que es un prescriptor activo de buprenorfina. El proveedor va a utilizar un modelo de consulta colaborativa,
- Apoyo en obtener acceso a recursos locales y estatales importantes,
- Asistencia de tecnología de AzCRH y Opioid Assistance and Referral line si se solicita.

¿Cuáles serian los beneficios si participa en el AzMAT Mentors Program?

Beneficios para los pacientes	Beneficios del proveedor	Beneficios organizacionales
Acceso a un tratamiento eficaz Mejora de la salud física y conductual	Aumentar la capacidad para ofrecer servicios de trastornos por uso de sustancias Fomentar la colaboración entre proveedores	Aumentar la capacidad para ofrecer servicios de trastornos por uso de sustancias Fomentar la experiencia interna para otros proveedores

Otros beneficios potenciales:

Los médicos que son prescriptores activos de buprenorfina para personas con un trastorno de opioides o que actualmente no son prescriptores, pueden participar en el DATA 2000 Waiver Training Payment Program. En este programa, las organizaciones de atención médica elegibles pueden solicitar un pago de $ 3,000 por cada proveedor elegible que haya obtenido un 'DATA 2000 waiver' a partir del 1 de enero de 2019. Más información aquí.

Para obtener mas información, visita el sitio web de AzCRH: https://crh.arizona.edu/mentor.

Proveedores pueden completar el formulario de interés que se encuentra en la parte superior de el sitio web. Para contactarnos o para obtener mas información, mande un correo electrónico a esta dirección
mat-mentors@arizona.edu

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1 Arizona Department of Health Services. Opioid Epidemic. Updated January 14, 2022. Accessed January 14, 2022. https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php

2 Substance Abuse and Mental Health Services Administration. MAT Medications, Counseling, and Related Conditions. Updated November 4, 2021. Accessed January 14, 2022. https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions

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Appendix D: Partial Screenshot of Non-Public Matching Website

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HOME   AZCRH PROGRAMS ▾   NEWS   EVENTS ▾   PUBLICATIONS ▾   RESOURCES ▾   DIRECTORY ▾   ABOUT US ▾

AzMAT Mentors Experienced Collaborators

Welcome new AZ MAT Mentors providers:

This website lists the current experienced MAT providers affiliated with the AzMAT Mentors Program. We're sure you will agree that the experienced MAT providers bring expertise and commitment to serving individuals with substance use disorders and their families. We invite you to review their professional experience, expertise, and collaboration areas.

At the bottom is a matrix of items you may recognize from the invitation form. The experienced providers answered the same items in terms of their level of interest and expertise. We hope this provides you help in selecting three experienced providers for which you would be interested in collaborating.

We ask that you do not contact any of these providers directly or share this link with colleagues. AzMAT Mentors Program has or will have agreements in place for the experienced MAT providers time and expertise. If you know someone who may be interested in participation, please ask them to complete the interest form on our webpage (**https://crh.arizona.edu/mentor**).

If you would like more information, please feel free to contact AzMAT Mentors Program at **mat-mentors@arizona.edu**.

Happy reading!

AzMAT Mentors Program

Appendix E: Program Flow Chart

Start Here

Complete Interest Form at crh.arizona.edu/mentor

New MAT Provider

Experienced MAT Provider

Ineligible - directed to PCSS

Complete Invitation Form

Enrollment Evaluation

Complete Application Form

Ineligible - directed to PCSS

Eligible

1: Complete ICON

2: Complete Training

Training Feedback Form

Matching

Match Decision

Match Decision

Orientation

Collaboration Check-in

Collaborative Consultation 1

Collaborative Consultation 2

Collaboration Check-in

Collaborative Consultation 3

Collaborative Consultation 4

Collaborative Consultation 5

Round robin discussion with experienced providers

Final Program Evaluation

5/19/21

AzMAT Mentors Program Final Survey

Thank you for your participation in the AzMAT Mentors program! We appreciate your commitment to increase access to opioid use disorder services in Arizona.

We invite you to complete this final survey. The purpose is to help us gather information regarding the success of the program and ways it can be improved. Results will be shared in program reports to our funders and potentially other dissemination products (e.g., professional presentations, scientific manuscripts). We expect this survey to take 7 - 10 minutes. While every question requires an answer, you may select "prefer not to answer."

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

Disclaimer: This project was supported by Grant number H79TI081709 funded by the Substance Abuse and Mental Health Services Administration. Project material 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.

Name (First and Last): _____

Did you feel that your collaboration partner was a good match?

○ Yes
○ No
○ Prefer not to answer

Was the orientation session helpful in preparing you for the collaborative consultations?

○ Yes
○ No
○ Prefer not to answer

What aspects of the orientation sessions helped you to prepare for the collaborative consultations? (Please enter N/A if you prefer not to answer).
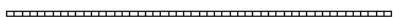

What aspects of the orientation sessions could be improved? (Please enter N/A if you prefer not to answer).

Please rate the helpfulness of the collaboration plans in supporting goal setting and guiding the focus of your collaborative consultations.

Not helpful   Somewhat helpful   Very helpful

(Place a mark on the scale above)

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

projectredcap.org   **REDCap®**

What goals or topics (if any) did you intend to address but were unable to do so during your collaborations? (Please enter N/A if you prefer not to answer).

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)

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 collaborations, what aspect of MAT service delivery improved for you the most (i.e., screening for OUD, selecting medication doses, medication inductions, etc.)?

How many total collaborative consultations did you participate in?

○ 0
○ 1
○ 2
○ 3
○ 4
○ 5
○ More than 5
○ Prefer not to answer

Was this a sufficient number of collaborative consultations?

○ Yes
○ No
○ Prefer Not to Answer

How many sessions would you have preferred?

○ 0
○ 1
○ 2
○ 3
○ 4
○ 5
○ More than 5
○ Prefer not to answer

REDCap®

What challenges (if any) did you encounter during your collaborative consultations? (select all that apply)

☐ Scheduling
☐ Insufficient communication with collabrator
☐ Did not feel comfortable talking to or working with collaborator
☐ Collaboration consultations were based on inappropriate mentorship goals
☐ Collaboration consultations did not stay on topic
☐ Collaboration consultations were not long enough
☐ Collaboration consultations were too long
☐ Unclear Information
☐ I did not encounter any challenges
☐ Other
☐ Prefer not to answer

Please describe (Please enter N/A if you prefer not to answer).

What additional resources or support (if any) could the AzMAT Mentors Program have provided to address these challenges?
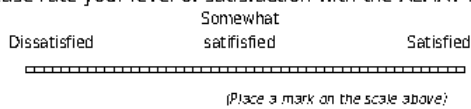

Do you feel that the topics covered in the resource guide were helpful?

○ Yes
○ No
○ I did not use the resource guide
○ Prefer not to answer

Please rate your level of satisfaction with the AzMAT mentors program.

Dissatisfied	Somewhat satifisfied	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

Are you an Arizona-licensed, DATA-waived (x-waived) provider?
(If NO is selected, unfortunately this criterion is required to participate as an experienced MAT provider.)

○ Yes
○ No

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Have you treated more than 20 patients OR have you been treating patients for more than a year?
(If NO is selected, unfortunately this criterion is required to participate as an experienced MAT provider. If YES is selected, Great! We will be in touch in the near future.)

○ Yes
○ No

What suggestions do you have for improving the AzMAT Mentor Program (i.e., related to goal setting, collaborative consultations, the resource guide, etc.)? (Please enter N/A if you prefer not to answer).

We'd love to hear about any positive experiences with the program. If you are willing, please provide a brief testimonial of how this program assisted you as a MAT provider. We plan to share these messages with funders and other supporting partners.

Any additional questions, comments or concerns?

projectredcap.org REDCap®

AzMAT Mentors Program Final Survey

Page 1

Thank you for your participation in the AzMAT Mentors program! We appreciate your commitment to increase access to opioid use disorder services in Arizona.

We invite you to complete this final survey. The purpose is to help us gather information regarding the success of the program and ways it can be improved. Results will be shared in program reports to our funders and potentially other dissemination products (e.g., professional presentations, scientific manuscripts). We expect this survey to take 7 - 10 minutes. While every question requires an answer, you may select "prefer not to answer."

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Name (First and Last):

_____

Did you feel that your collaboration partner(s) was a good match?

○ Yes
○ No
○ Prefer not to answer

Was the orientation session helpful in preparing you for the collaborative consultations?

○ Yes
○ No
○ Prefer not to answer

What aspects of the orientation sessions helped you to prepare for the collaborative consultations? (Please enter **N/A** if you prefer not to answer).

What aspects of the orientation sessions could be improved? (Please enter **N/A** if you prefer not to answer).

Please rate the helpfulness of the collaboration plans in supporting goal setting and guiding the focus of your collaborative consultations.

Not helpful   Somewhat helpful   Very helpful

[==]

(Place a mark on the scale above)

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

As a result of your collaborations, what aspect of MAT service delivery do you think improved for the provider(s) you mentored (i.e., screening for OUD, selecting medication doses, medication inductions, etc.)?

How many total collaborative consultations did you participate in? Please include an average if you worked with more than one collaborator.

○ 0
○ 1
○ 2
○ 3
○ 4
○ 5
○ More than 5
○ 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?

○ 0
○ 1
○ 2
○ 3
○ 4
○ 5
○ More than 5
○ Prefer not to answer

What challenges (if any) did you encounter during your collaborative consultations? (select all that apply)

☐ Scheduling
☐ Insufficient communication with collabrator
☐ Did not feel comfortable talking to or working with collaborator
☐ Collaboration consultations were based on inappropriate mentorship goals
☐ Collaboration consultations did not stay on topic
☐ Collaboration consultations were not long enough
☐ Collaboration consultations were too long
☐ Unclear Information
☐ I did not encounter any challenges
☐ Other
☐ Prefer not to answer

Please describe (Please enter N/A if you prefer not to answer).

REDCap

What additional resources or support (if any) could the AzMAT Mentors Program have provided to address these challenges?

Do you feel that the topics covered in the resource guide were helpful?

○ Yes
○ No
○ I did not use the resource guide
○ Prefer not to answer

This year, three new Quick Guides (Starting Conversations about SUD, Stigma, and Cultural Competency) were developed to assist you in your provider collaboration, did you use any of these during your time in the Program?
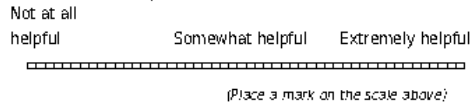
○ Yes
○ No

Great! How did you use the Quick Guides?

○ Shared with your MAT Mentor collaboration partner
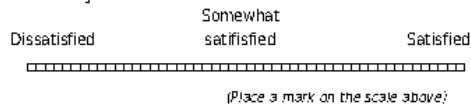○ Shared with others, outside the MAT Mentors program
○ Both

Please rate the helpfulness of the Quick Guides

Not at all
helpful   Somewhat helpful   Extremely helpful

`[================================================]`

(Place a mark on the scale above)

Please rate your level of satisfaction with the AzMAT mentors program.

                    Somewhat
Dissatisfied   satifisfied   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 (i.e., related to goal setting, collaborative consultations, the resource guide, or additional quick guide topics, etc.)? (Please enter N/A if you prefer not to answer).

We'd love to hear about any positive experiences with the program. If you are willing, please provide a brief testimonial of how this program assisted you as a MAT provider. We plan to share these messages with funders and other supporting partners.

Any additional questions, comments or concerns?

33

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

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