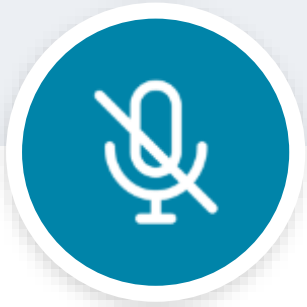
Welcome!



Mute

Minimize Interruptions

Please make sure to mute yourself when you aren't speaking.

Chat

Go Ahead, Speak Up!

Use the Zoom chat to ask questions and participate in activities.

Naming

Add Your Organization

Represent your team and add your organization's name to your name.

Tech Issues

Here to Help

Chat Host privately if are having issues and need tech assistance.

While we wait, please: rename yourself.

Addiction Treatment Starts Here
Learning Collaborative
Learning Session #2

"Engaging Our Patients to Build Resilience and Reduce Stigma"

November 10, 2021 | 12-4pm (PT)

CCI
CENTER FOR CARE INNOVATIONS

+

DHCS

Agenda

1. Welcome & Introductions
2. Treating OUD in an Era of Fentanyl
3. Patient Engagement & Retention
4. Breakouts: Trauma Informed Care & Harm Reduction
5. Plenty of Team Time and Networking
6. Next Steps and Closing

Welcome & Introductions

CCI Program Team

Meaghan Copeland
She/Her/Hers
Program Manager

Juliane Tomlin
She/Her/Hers
Director

Lydia Zemmali
She/Her/Hers
Program Coordinator

Juan Carlos Piña
He/Him/His
Program Manager

Kristene Cristobal
She/Her/Hers
Program Consultant

Sonia Sedova
She/Her/Hers
Senior Operations Coordinator

Weslei Gabrillo
He/Him/His
Communications Coordinator

Coaches Team

Katie Bell, MSN, RB-BC, CARN
PHN

Ginny Eck
Substance Use Disorder Project Director
Wesley Health Centers

Dominique McDowell, BA RLPS SUDCII
Director of Addiction & Homeless Services,
Marin City Health and Wellness

Brian Hurley, MD
Addiction Psychiatrist, Medical Director of
Substance Abuse Prevention and Control,
LA County Department of Public Health

Joe Sepulveda, MD
Chief of Psychiatry & Medical Director for
Substance Use Disorder Services
Family Health Centers of San Diego

Guest Speakers

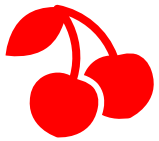
David Kan, MD
Chief Medical Officer,
Bright Heart Health

Emma Roberts
Senior Director of Capacity Building,
National Harm Reduction Coalition

Today's Objectives:

1. Understand the challenges and strategies associated with treating SUD in an era of fentanyl
2. Discuss approaches to patient engagement & retention, harm reduction, and trauma informed care during breakout groups
3. Spend time with your team to develop plans and next steps for content learned
4. Connect with some new colleagues in the cohort.

Activity 1: Type your name and your favorite snack on a sticky. Practice Time!



Type

Type

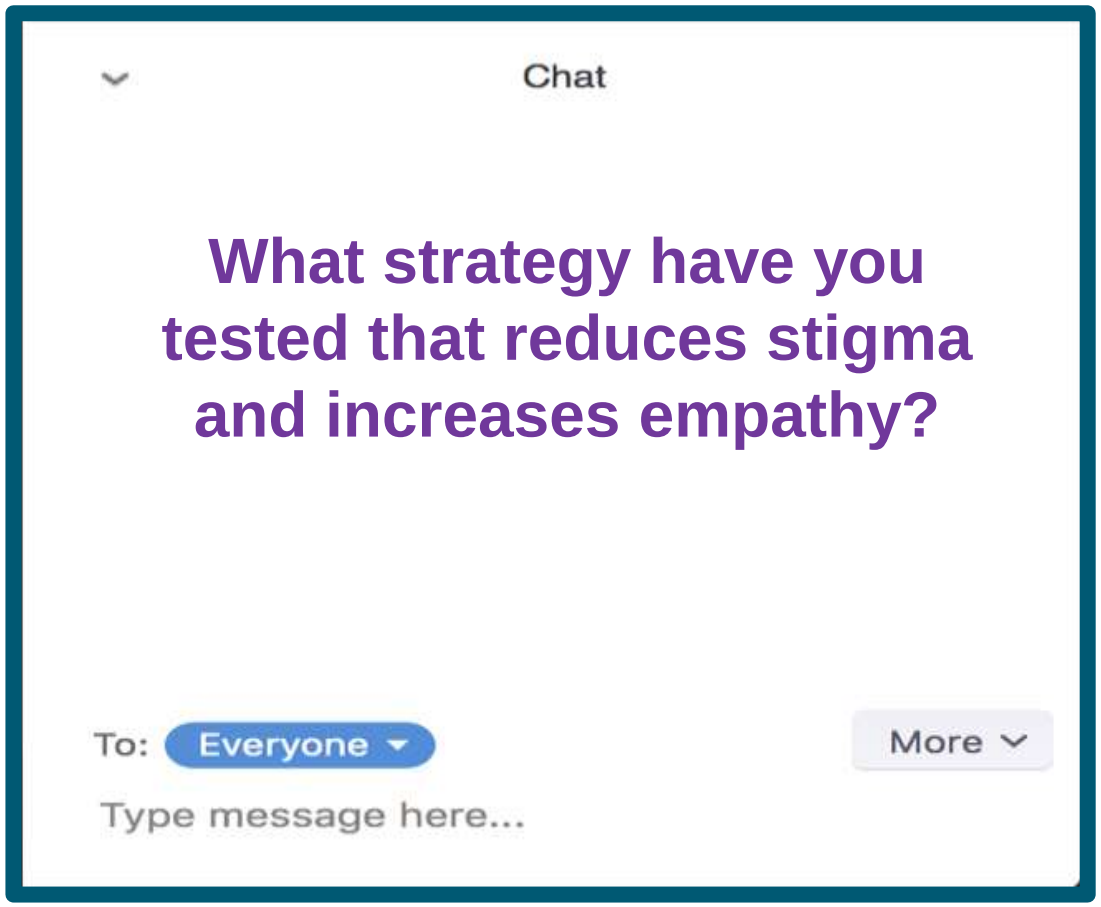
Type

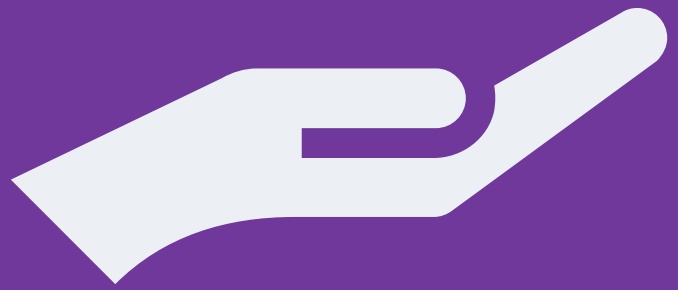
Type

Grounding Activity

?

Type in the chat box:





Treating OUD in an Era of Fentanyl

Poll Questions

How much of a problem is fentanyl in your clinic?

How often do you still see heroin use?

Do you test for fentanyl (point of care testing)?

Medications for Opioid Use Disorder in an Era of Fentanyl

David Kan, MD

Chief Medical Officer,
Bright Heart Health

(Fentanyl's) arrival was a question of "when" not "if"

Alexander Shulgin, 1975

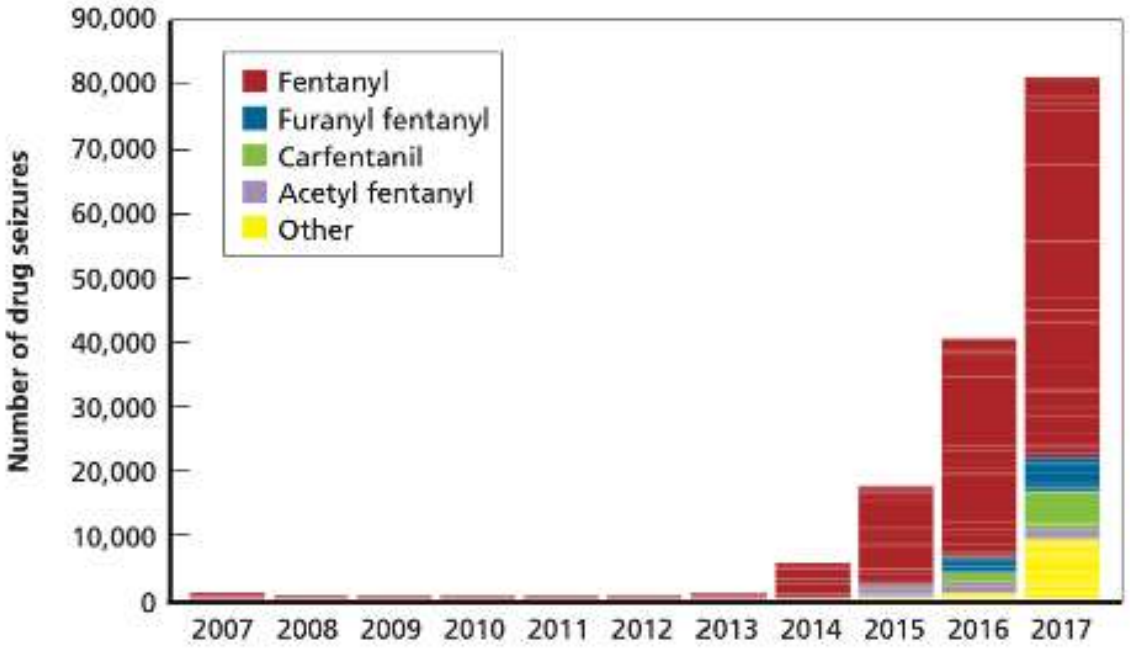
Source: The Future of Fentanyl, RAND Corporation

Fentanyl – Pharmacology

SYNTHETIC OPIOID

- Fentanyl and Fentanyl-Related substances are much more potent than heroin
  - Fentanyl - 50x
  - Furanyl Fentanyl – 50x
  - Carfentanil - 5000x
  - Acetyl Fentanyl – 5-15x
  - Ohmefentanyl – 1500x

DRUG SEIZURES OF FENTANYL AND FENTANYL ANALOGUES 2007-2017



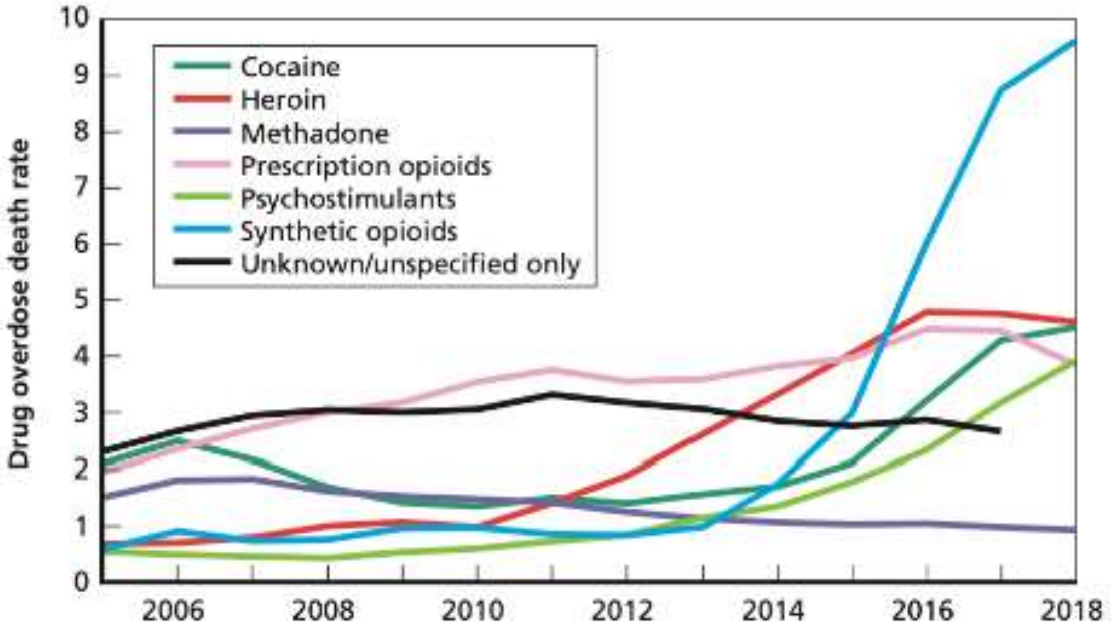
SOURCE: Data are from DEA NFLIS reports, 2007–2017.

Fentanyl Pharmacology

- Opioid binds tightly to the mu opioid receptor
- Lipophilic
  - Rapidly crosses the blood-brain barrier
  - Theoretical tissue storage
    - Clinical application is controversial
- Overdose death
  - Heroin is usually slow – 30 minutes to hours
  - Fentanyl is faster – minutes
  - Mechanism: Respiratory suppression

Two Milligram dose – fatal without Tolerance

US Drug Overdose Death Rates per 100K people 2005-2017



SOURCE: Data for this figure are from deidentified MCOD certificate files produced by the National Center for Health Statistics, 2005–2017, shared with RAND researchers under a data use agreement.
NOTE: The rates for 2018 are provisional and subject to change.

2020 Overdose Deaths

93,000 Overdose deaths

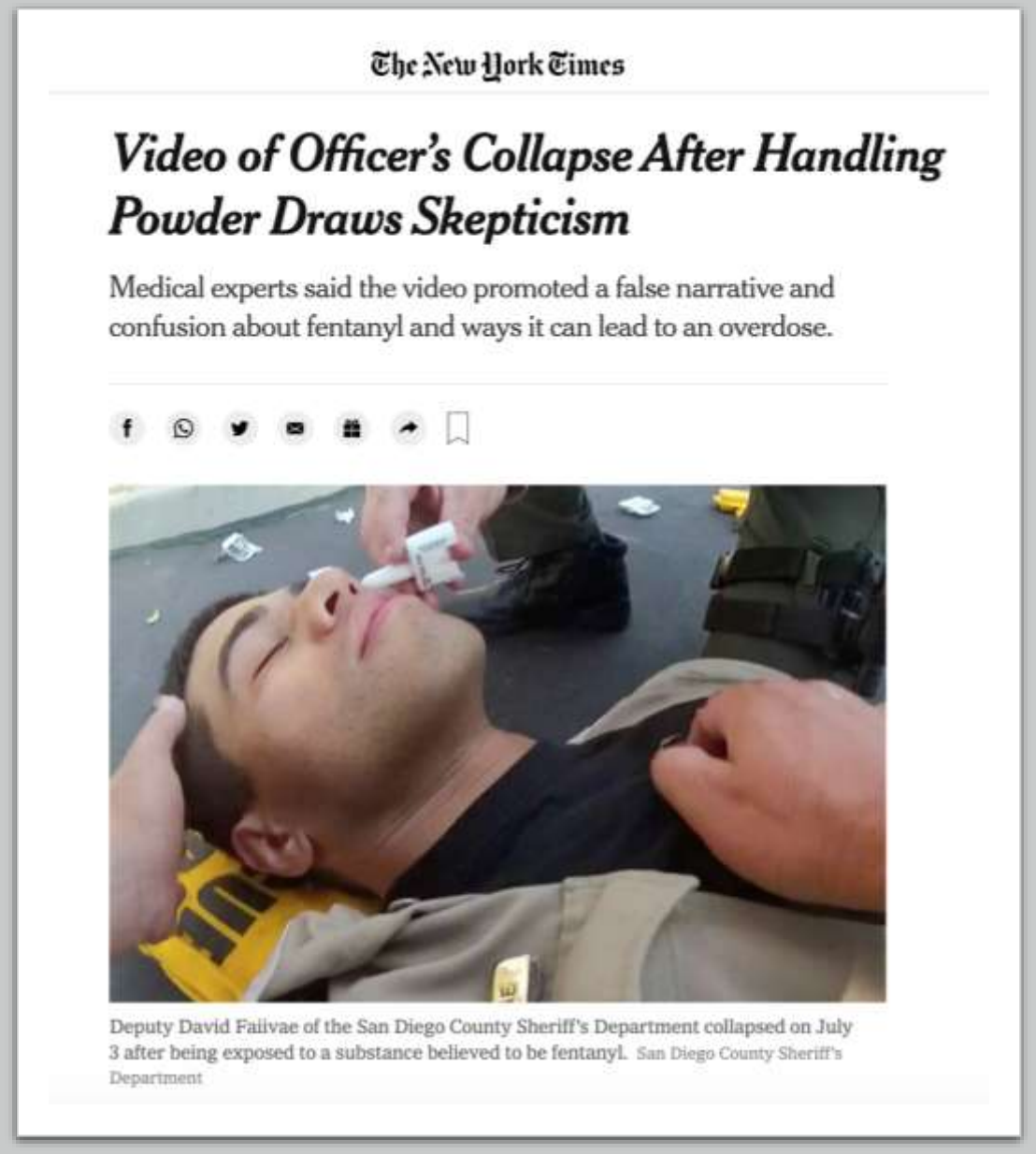
30% increase from 2019

Opioids — 72.9% of opioid-involved overdose deaths involve synthetic opioids

- Mostly Fentanyl

Drug overdose deaths involving stimulants (methamphetamine) are increasing with and without synthetic opioid involvement

Higher rates of contamination with Fentanyl



The New York Times

Video of Officer's Collapse After Handling Powder Draws Skepticism

Medical experts said the video promoted a false narrative and confusion about fentanyl and ways it can lead to an overdose.

Deputy David Faivae of the San Diego County Sheriff's Department collapsed on July 3 after being exposed to a substance believed to be fentanyl. San Diego County Sheriff's Department

https://www.nytimes.com/2021/08/07/us/san-diego-police-overdose-fentanyl.html

Fentanyl Myths and Facts

- Incidental Exposure results on overdose
  - Never proven
  - Fentanyl patch is a highly engineered product to allow transdermal fentanyl absorption
  - EMS/Police delay responses waiting for Hazmat Suits
- Don't trust pills from the street
  - Partially True
  - High numbers of street pills test + for fentanyl
- Fentanyl is everywhere
  - Partially true – contaminants of stimulants

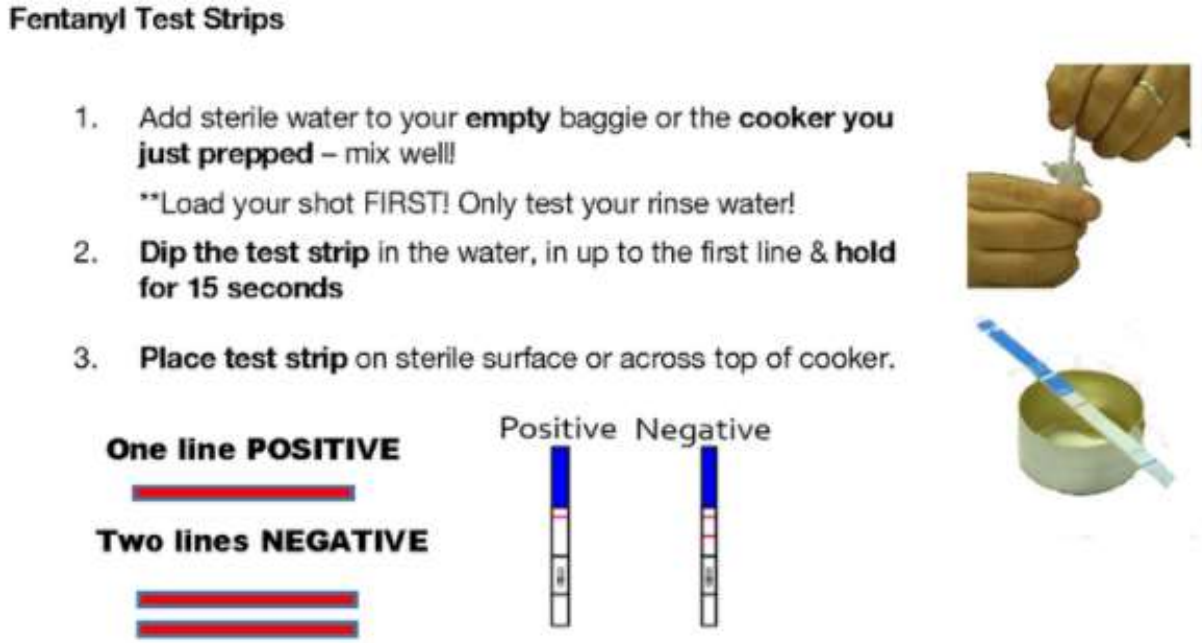
Fentanyl and HIV/AIDS Analogues

- Fear and stigma
  - First responders fear touching patients
  - ”Otherism”
- Both Public Health Crises
  - Stigma is the enemy
  - Activism is the accelerator
  - Medicines work only with access
- We need medications but also infrastructure to address public health

Daniel Raymond
https://www.inquirer.com/philly/opinion/hiv-aids-opioids-fentanyl-lessons-solutions-20180727.html

Harm Reduction for Fentanyl

- Naloxone Distribution
  - California has a state standing order
  - Greatest Evidence
- Next Distro
  - Nextdistro.org
  - Provides supplies for PWUD
    - Fentanyl Test Strips
  - Naloxone
  - Great harm reduction resource
- MOUD
- Use Sparingly
- Insufflation vs PR vs Smoking vs Injection



What does the literature say about buprenorphine initiation for patients using fentanyl?

What does the literature say about buprenorphine initiation for patients using fentanyl?

Buprenorphine Initiation Strategies

IN CLINIC INITIATION

Pros

- High level of observation
- Can dose precisely

Cons

- High touch
- Staff time
- No private bathroom
- Rush to initiation
  - Recommend COWS>8 + 1 objective sign (sniffling, gooseflesh, yawning, tearing)

AT HOME INITIATION

Pros

- Comfort of own home
- Access to private bathroom

Cons

- Less control
- More patient education
  - Proper mode of administration

Other Considerations

- Telemedicine can smooth process

Buprenorphine Initiation Strategies

- High dose buprenorphine (>12mg) in Emergency Department – Herring 2021
  - 579 cases – mono product
  - No documented cases of respiratory depression or excessive sedation
  - Precipitated withdrawal was 0.8% (five) of cases
    - Dose didn't matter
    - Four started after 8mg of buprenorphine
  - Doses >28mg used in 23.8% of patients
  - Length of stay – 1.6 to 3.75 hours
  - Conclusion: safe and well tolerated

Buprenorphine Initiation Strategies

BERNESE METHOD

- Theoretically Withdrawal Sparing protocol
- Microdosing Strategy
  - Day 1: 0.5 mg once a day
  - Day 2: 0.5 mg twice a day
  - Day 3: 1 mg twice a day
  - Day 4: 2 mg twice a day
  - Day 5: 3 mg twice a day
  - Day 6: 4 mg twice a day
  - Day 7: 12 mg (stop other opioids)
- Can continue to use/taper use of other opioid

Success Strategies

- Patient empowerment
  - Give patients options
- ED setting – high dose reasonable
- Bernese method – withdrawal sparing
- At home – recommended in most clinic settings
- In clinic – increasingly rare
  - Buprenorphine was once conflated with Methadone
  - It is different

What is the future of Fentanyl?

- Synthetic Opioids likely to worsen before improvement
- Supplier decisions, not user demand, drive transition to fentanyl
- Synthetic Opioids drive deaths, not number of users
- Fentanyl spreads episodically fast and has ratchet like persistence
- Internet has revolutionized drug trafficking

The Future of Fentanyl - RAND Corporation 2019

Rethinking Drug Policy

- Supply control is difficult
- MOUD is effective – 70% reduction in death
- Harm Reduction – Stigma grabs hold in the USA
  - Naloxone
  - Syringe exchange
  - Supervised Consumption Sites
- Reconsider harm of diverted medications for MOUD
  - Most diverted medications are for intended purposes
- Portugal lessons
  - Decriminalization and community intervention saved lives

MOUD for Fentanyl

- The goal of MOUD treatment is:
  - ✓ Fatal Overdose Prevention
  - ✓ Fatal Overdose Prevention
  - ✓ Fatal Overdose Prevention
  - ✓ Repeat for every patient

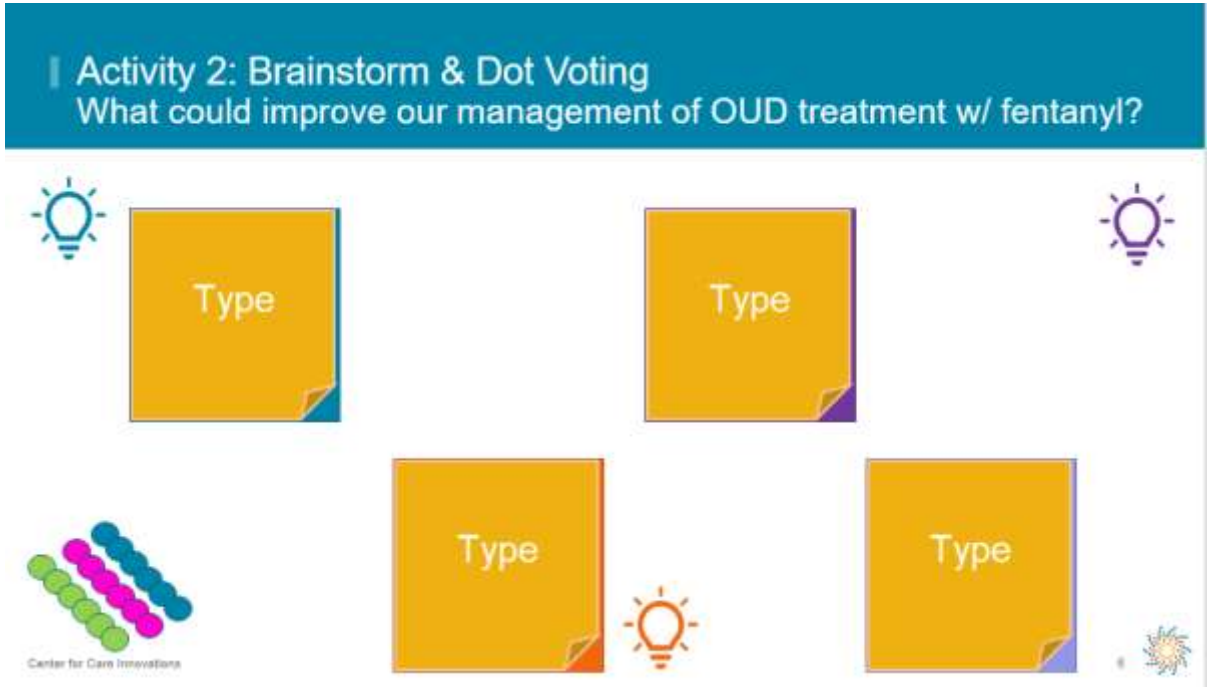
Q&A: Treating OUD in an Era of Fentanyl

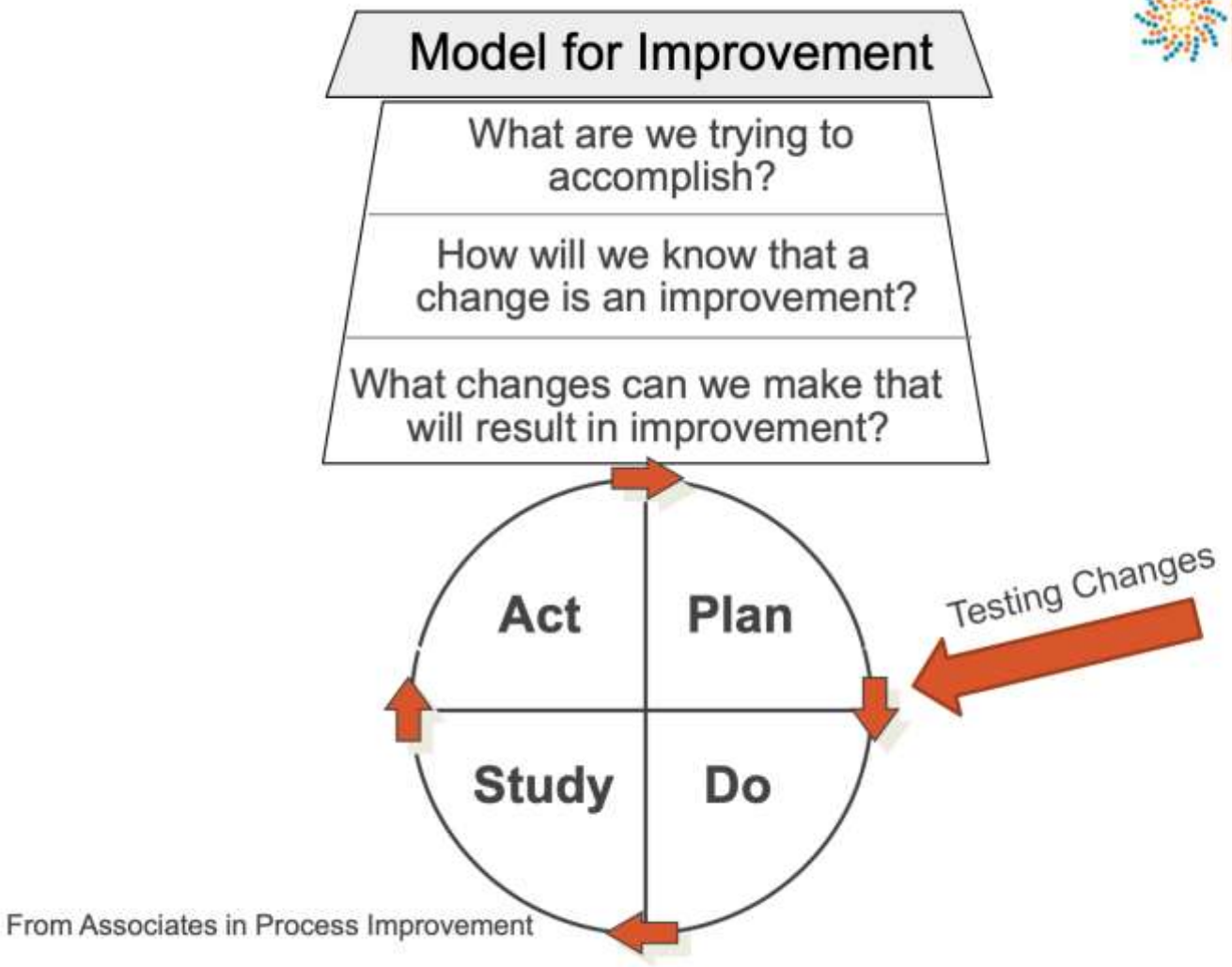
Brian Hurley, MD
Medical Director of Substance Abuse Prevention and Control,
LA County Department of Public Health

David Kan, MD
Chief Medical Officer,
Bright Heart Health

Activity 2: Testing PDSAs

What could you test to improve the management of OUD treatment with fentanyl?




Model for Improvement
What are we trying to accomplish?
How will we know that a change is an improvement?
What changes can we make that will result in improvement?
Act
Plan
Study
Do
Testing Changes
From Associates in Process Improvement

Full PDSA Worksheet

PDSA WORKSHEET

Amstoff Consultir

Date:

Name of Test:

Describe briefly, at a high-level, the test of change you are planning (What are the objectives of this test/why are you doing it? What questions do we want answered with this test?):

Test description:

Objectives:

Questions this test should answer:

PLAN

What is your plan? (Answers who, what, when, and where):

What are the high-level process steps for this test?

List the detailed tasks needed to conduct this test of change (What/Where)	Person(s) responsible (Who)	When will it be done? (When)
1)		
2)		
3)		

Predict what you believe will happen when the test is carried out

What data will be collected to determine whether your test is successful?

Create the data collection tool (place a copy of it here); what are the column headings of the data you need to collect? What do you want to know?

DO

Carry out the planned test; collect the data and place the results here. (Include comments about what happened and what was observed)

STUDY

Describe the measured results and how they compared to the predictions (What did you learn? What do you wonder about?)

What did we learn:

Predictions vs. Outcomes	
Prediction	Outcome

What else did we learn about the process? What worked and what could be different in the next test iteration?

Our learnings caused us to wonder about:

Wondering	What Will We Do About It?	Who Will Do it?	By What Date?

ACT

Describe what modifications will be made to the plan for the next cycle (based on your learnings) Adopt, Adapt, or Abandon the test?

Activity 2: Plan out your first PDSA

In your Team Space

Describe the Test (objectives, why)

What/Where	Who	When

Predict what you believe will happen

Activity 2: Plan out your first PDSA

SAMPLE

Describe the Test (objectives, why)
Create a virtual space (aka Team Space) that each of the teams can use throughout the Learning Session that would mimic what they might do together during an in-person session; flexible, easy, familiar

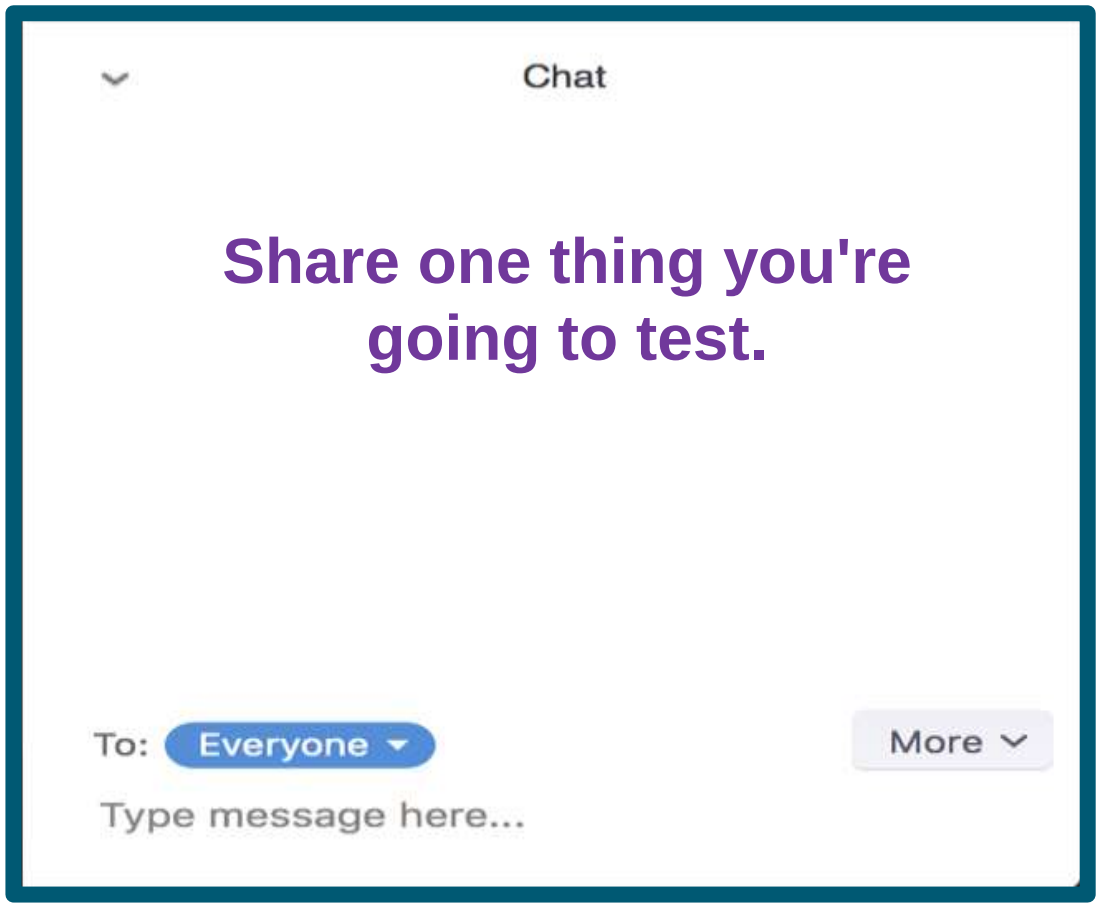
What/Where	Who	When
Develop a powerpoint prototype to test with core team	JCP	10/25
Send it to teams a couple of days early to practice using	LZ	11/7
Use the Team Space during the Learning Session	All	11/10

Predict what you believe will happen
Some people will find it easy to use, some might have questions about how to manipulate the elements (copying & pasting or re-sizing icons), participants will give us feedback on how to make it even better

Share Out

?

Type in the chat box:



Stretch Break

Get to Know Your Cohort

Networking Groups #1

1. Share your name, where you work & live, what role you play on your MAT team

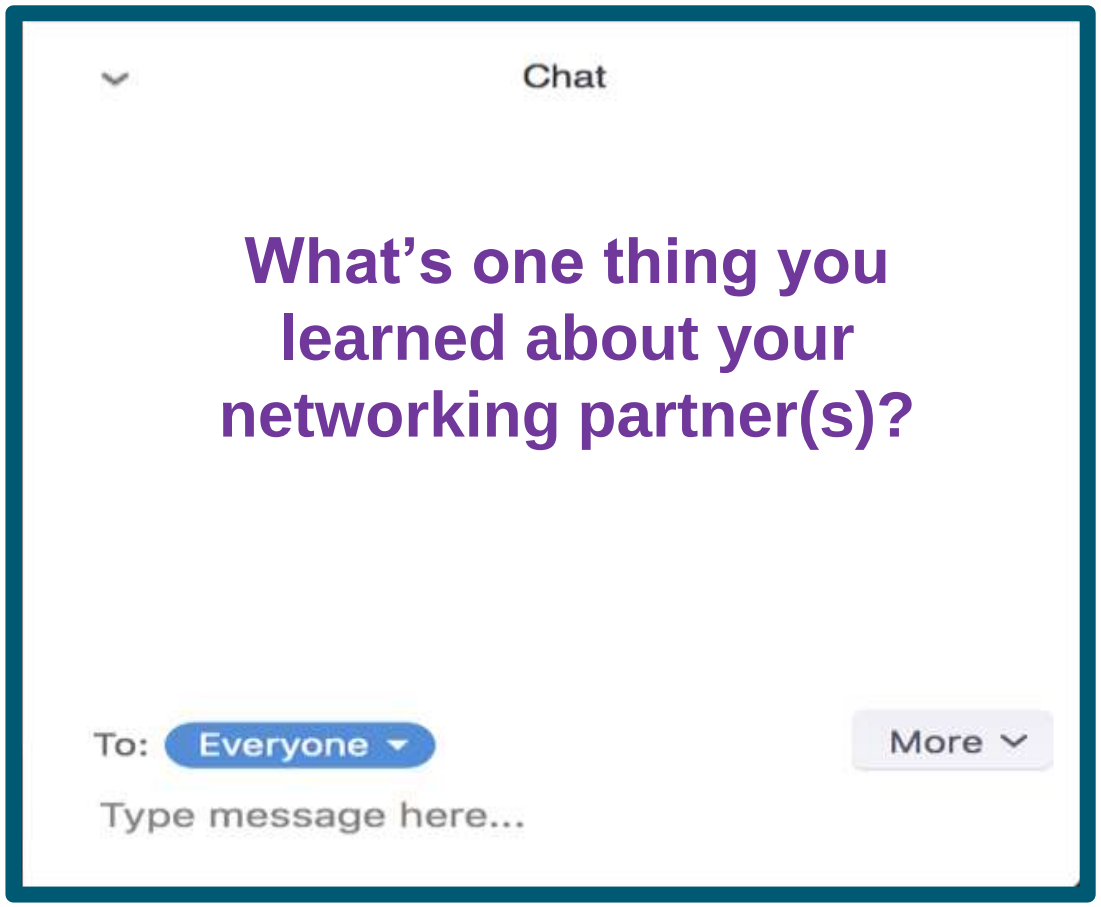
2. Each pick at least two of the questions from the list below that you'd like to share with your partner; you can pick the same questions or different questions

   - What's one thing you got in your snack box?
   - What's the one meal you could eat every day?
   - What is the best meal you've ever had?
   - What is your comfort food?

Networking Share

?

Type in the chat box:



Patient Engagement and Retention

Guest Speakers Title Slide

Ginny Eck

Substance Use Disorder
Project Director
Wesley Health Centers

Dominique McDowell

Director of Addiction &
Homeless Services,
Marin City Health and Wellness

PATIENT RETENTION AND ENGAGEMENT

Dominique McDowell

Ginny Eck

How do you think patients feel about your organization?

BUILD PATIENT TRUST THROUGH RELATIONSHIPS

- Restore the humanity
- Be sincere
- Be culturally competent
- Be reliable
- Listen
- Set expectations, do not promise what you cannot deliver
- Offer food, water, time to wash up
- Restore the humanity

Pro tip:

Add a personal conversation in your note to bring up at next appointment.

dd text

PUT YOURSELF IN THEIR SHOES

- Secret shop your own clinic
- Med-First Model
- Reflect and understand their barriers
- Develop relationships with other CBOs with services that your patients may want/need
- Address self-stigmatization
- Lay it all out! Be clear and concise about your program and what to expect

Have you ever had a patient stone wall? How did you get past it?

BE ACCESSIBLE

- Answer your phone and/or set an expectation of when they should expect a call back
- Add contact info to your web site
- Use Facebook, email, Instagram- patients may lose phones, but they will always know how to find you
- Have a direct line of contact and add a back-up

HOMEWORK

Call your clinic and try to make a MAT appointment. What was your experience? Were you routed to the right person? How long were you on hold? How far out was your appt?

LOST PATIENTS

- Have a release of information signed to contact brother, friend, mother, etc…
- Collect information: Where do they hang out? Who do they hang out with? Where do they stay? What other agencies do you work with?
- Learn from your mistakes. Ask them why they left and what we can do better next time.

What is your strategy for keeping in touch with patients?

IMPROVE CLINIC CULTURE

- Does the patient feel safe, welcome?
- Explain how someone in withdrawal might be feeling to clinic staff
- De-stigmatize
- Call Center training
- Have those tough conversations- clinic staff have their own experiences and perceptions of drugs and PWUDs
- Most of all, make the entire clinic part of the solution and engaged in patient success

If your clinic culture isn't "MAT friendly" what changes can you make?

Get to Know Your Cohort

Networking Groups #2

1. Share your name, where you work & live, what role you play on your MAT team (2 min)

2. Share and then choose a challenge to discuss (2 min)

Select a Timekeeper!

- Person 1 (2 min) Describe the challenge that you're facing in your MAT program: What do you think the root causes are? What have you tried?

- Person 2 & 3 (10 min) Ask questions about the issue. Reflect back what you hear the key issues are. Share if you have any ideas or experience with this challenge.

Stretch Break

Trauma Informed Care and Harm Reduction Breakouts

Choose a breakout!

Cultivating Resilience: Connecting the Dots Around Trauma Informed Care

Katie Bell MSN, RB-BC, CARN, PHN

Medications for Addiction Treatment (MAT) & Substance Use Disorder Specialist

Foundations of Harm Reduction

Emma Roberts

Senior Director of Capacity Building, National Harm Reduction Coalition

How to Choose Your Breakout Room:

*You'll have 40 minutes!

Room 1: Cultivating Resilience: Connecting the Dots Around Trauma Informed Care
Katie Bell

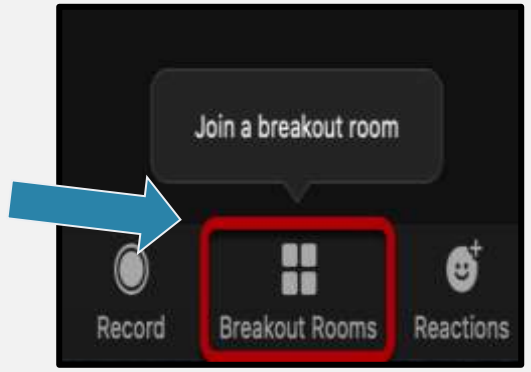
Room 2: Foundations of Harm Reduction
Emma Roberts

Follow the steps below to choose a breakout room:

Step 1:

When breakout rooms open, a popup will show up above the *Breakout Rooms* icon.

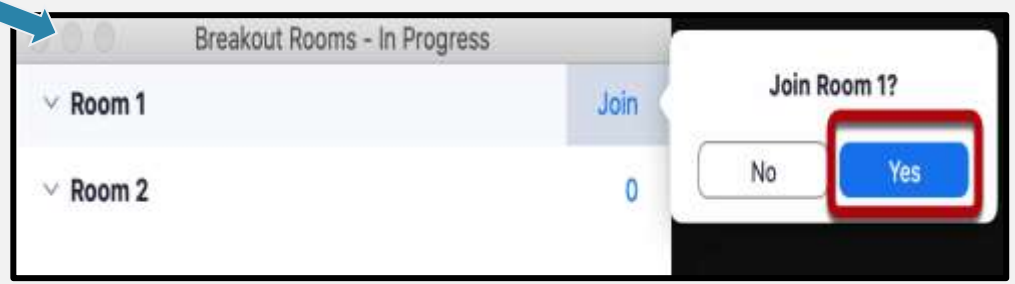
Click **Breakout Rooms**.



Step 2:

A menu will pop up with a list of breakout rooms.

Hover above the breakout room you want and select "**Join**."



Step 3:

Click "**Yes**" to confirm, and you will be moved to that breakout room.

CULTIVATING RESILIENCE: CONNECTING THE DOTS FOR TRAUMA-INFORMED MAT CARE

Katie Bell MSN RN –BC CARN PHN

CCI Addiction Treatment Starts Here
Wave 3

FORMING A VIRTUAL CIRCLE

- We will begin with 5 minutes of inner reflection. Cameras off. Mute your mic.
- Brief Guided Meditation – led by Katie.
- Think of one or two people, places, things that bring you a sense of safety and when you come back with eyes open to our circle, please share in the chat your touchstones of safety.

Turn on Gallery View. Turn on Camera if you have one.

Unmute your mic. Join the circle.

KINTSUGI

Kintsugi is the Japanese art of putting broken pottery pieces back together with gold — built on the idea that in embracing flaws and imperfections, you can create an even stronger, more beautiful piece of art

"TRAUMA IS UNBEARABLE AND INTOLERABLE" – BESSEL VAN DER KOLK

Acute trauma results from a single incident.

Chronic trauma is repeated and prolonged such as Intimate Partner Violence, or sexual, physical or emotional abuse.

Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

A few types:

Racialized trauma

Historical trauma

Intergenerational trauma

Childhood Trauma

Childhood poverty/neglect

Combat/Military Trauma

TRAUMA *DISCUSSION PROMPTS*

"Don't ask, why the addiction. Instead ask, why the pain?"

"It is not just what happened in childhood but also what did not happen." - G. Mate MD

Why do our patients with OUD reach for opioids to find relief, safety and comfort?

- Resilience

WHAT IS RESILIENCE?
A FEW DEFINITIONS

Resilience is the process of adapting in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Resilience is developing inner resources for life's difficulties.

Post-Traumatic Growth (PTG) - a concept describing positive psychological change experienced as a result of struggling with highly challenging, highly stressful life circumstances.

RESILIENCE IS WHOLE PERSON CARE AND WELLNESS *DISCUSSION PROMPTS*

"Turn your wounds into wisdom."
— Oprah Winfrey

At the heart of our relationships with our patients is the relationship we develop with them. How do we offer safety to our patients?

- Lived Experience
- Boundaries
- Autonomy

“YOU CAN’T STOP THE WAVES, BUT YOU CAN LEARN TO SURF.”

RESILIENCE IS FAMILY AND CULTURE
DISCUSSION PROMPTS

- Name a few ways resilience shows up in family life?
- Ask your patients "How does you family celebrate?"
- Consider the unique culture of people living with long-time homelessness – how does the culture support resilience?

RESILIENCE IS ART AND MUSIC
DISCUSSION PROMPTS

- How do we cultivate love of art and music into our care?
- Is this realistic?
- How does time become a factor in exploring and supporting interests?

YOU ARE THE SKY, EVERYTHING ELSE IS WEATHER.

– PEMA CHODRON

A RESILIENCE AND TRAUMA INFORMED RECOVERY ENVIRONMENT *DISCUSSION PROMPT*

- Prompt: How do we offer an environment that feels safe and comfortable, a place where our patients look forward to returning for care?
  - Waiting Room
  - Reception
  - Exam Rooms
  - Do we respect and value our patient's time?

TOOLS FOR RESILIENCE

- Self –Interview by Dr. Francis Southwick
- Resilience questionnaire
- Recommended movie: "The Wisdom of Trauma" – Dr. Gabor Mate.
- https://thewisdomoftrauma.com/

CONNECT WITH NATURE

- **"Nature is a part of us. The sun shines not on us, but in us. The rivers flow not past but through us. The whole world is our home and everything our kin. ... One fancies a heart like our own must be beating in every crystal and cell."**

-

Naturalist John Muir

FOUNDATIONS OF HARM REDUCTION

Center for Care Innovations | 2021

Emma Roberts
Senior Director of National Capacity Building

NATIONAL HARM REDUCTION COALITION

National Harm Reduction Coalition creates spaces for dialogue and action that help heal the harms caused by racialized drug policies.

Policy & Advocacy

National & Regional Conferences

Trainings & Technical Assistance

Overdose Prevention

Resources & Publications

TABLE OF CONTENTS

NATIONAL HARM REDUCTION COALITION

WHAT IS HARM REDUCTION?

NATIONAL HARM REDUCTION COALITION

THE HARM REDUCTION APPROACH

Harm reduction utilizes a spectrum of strategies to reduce the negative consequences associated with drug use, sex work, and other behaviors.

SAFER TECHNIQUES

MANAGED USE

ABSTINENCE

THE HARM REDUCTION MOVEMENT

Public Health
=
Social Justice

Racism, stigma, and criminalization cause harm

Ending inequality and oppression, fostering health and liberation

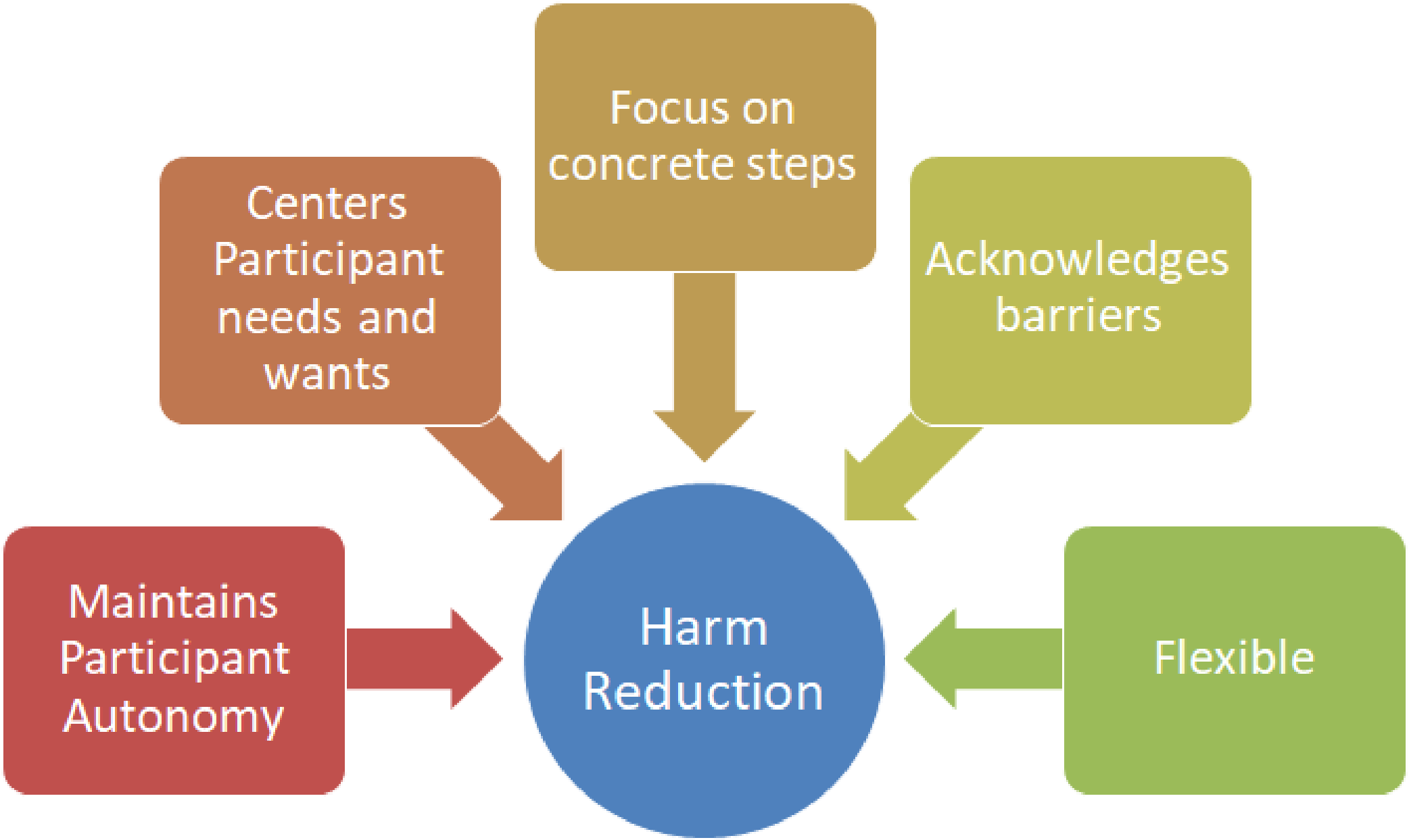
Leadership of the most impacted is key to transformative change.

NATIONAL HARM REDUCTION COALITION

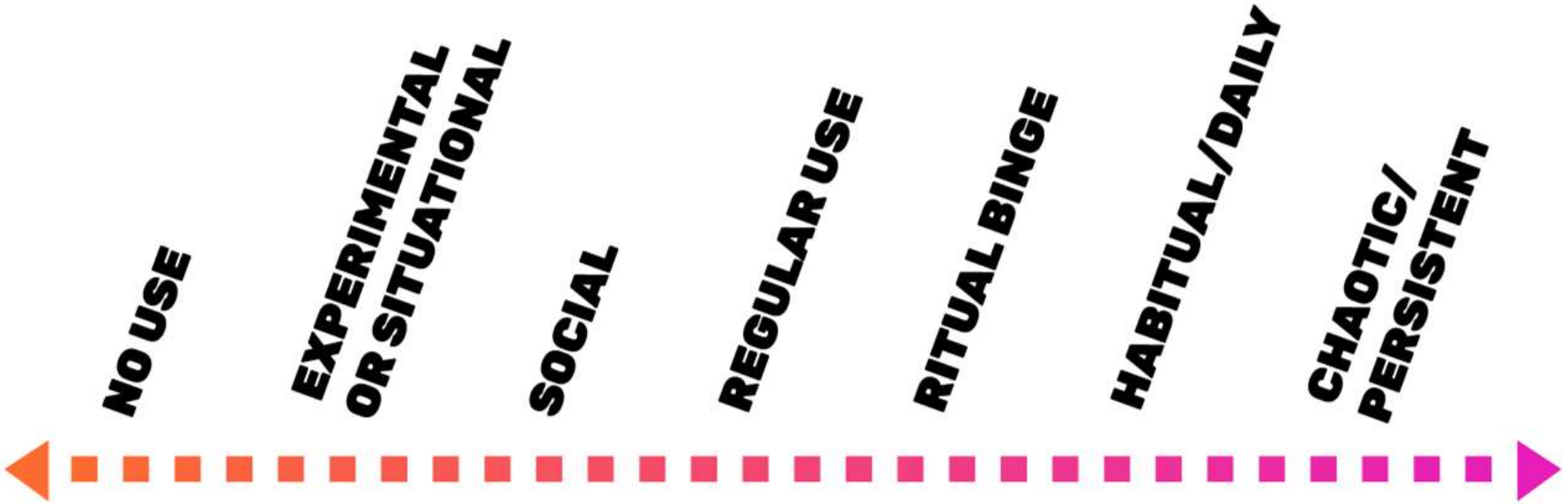
PRINCIPLES OF HARM REDUCTION

- Health and Dignity
- Participant Centered Services
- Participant Involvement
- Participant Autonomy
- Sociocultural Factors
- Pragmatism and Realism

NATIONAL HARM REDUCTION COALITION


Focus on concrete steps
Centers Participant needs and wants
Acknowledges barriers
Maintains Participant Autonomy
Harm Reduction
Flexible

CONTINUUM OF DRUG USE



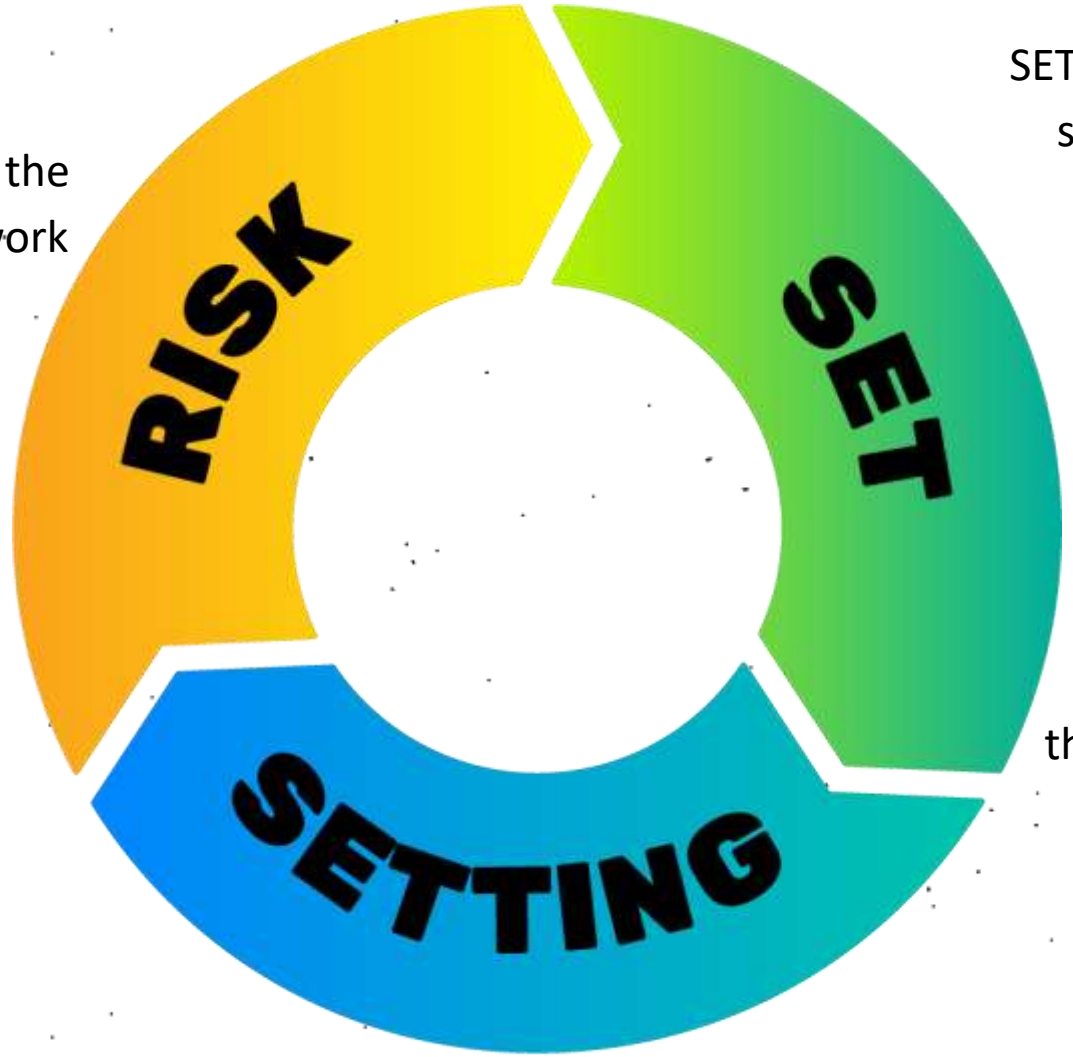
NATIONAL HARM REDUCTION COALITION

WHAT ARE SOME HARMS THAT CAN COME FROM USING DRUGS?

NATIONAL HARM REDUCTION COALITION

RISK, SET, SETTING MODEL

RISK - The risk itself you're discussing (directly related to the use of of drugs or doing sex work



SET - The "mindset" someone brings to the situation, including thoughts, mood, and expectations

SETTING - The physical and social environment where the person is, and their perception of how that can promote or reduce risk

What is Stigma?

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A **social process** which can reinforce relations of **power** and **control**.

Leads to **status loss** and **discrimination** for the stigmatized.

Link and Phelan

Conceptualizing Stigma, 2001

Stigma

Stereotypes (Ideas)

"People with (_____) are incapable, fragile, dangerous, and cannot recover."

Prejudice (Beliefs)

"They are scary, shameful, and less than"

Discrimination (Actions)

Social

I don't want them to live next door, be a coworker, or marry into the family

Structural

Employers do not hire/support, recovery education lacks effective supports, health insurance doesn't provide equal coverage

Stigma and Harm Reduction

- Recognizes that stigma is a part of the world
- There are ways to manage & challenge stigma
- Stigma changes over time
- Stigma intersects with other forms of marginalization & oppression
- When challenging stigma, try to meet ***all*** people where they're at
- Acknowledges change is hard and values incremental change

Stigma is the belief.
Discrimination is the action.

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Experts corner

How does stigma show up in your work?

How does it impact your ability to connect with participants?

Key Elements and Forms of Stigma

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Forms of Stigma

- Stigma from Individuals
- Institutional Stigma
- Self-Stigma (Internalized)
- Stigma through Association

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Key Elements of Stigma

- Blame and Moral Judgement
- Criminalize
- Pathologize and Patronize
- Fear and Isolation

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Experts corner

What do you find most challenging when confronting stigma in your communities?

What has been helpful/effective when you have challenged stigma in your community?

Creating Change:

Dismantling stigma at the individual, organizational and community levels

Individual Level

- Language
- Relationships, honesty and authenticity
- Disclosure and dialogue
- Education and personal development

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Organizational Level

- Training and education
- Outlets for feedback
- Assessment of practices
- Hiring people that use drugs

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Community Level

- Participant Advisory Boards
- Awareness campaigns
- Policy and advocacy
- Events and collaboration with partners

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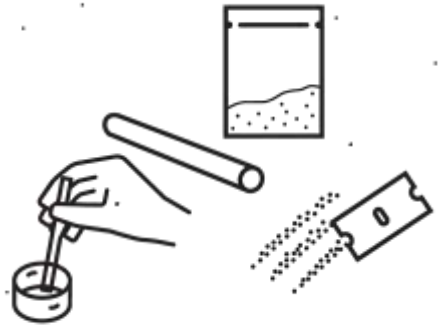
Experts corner

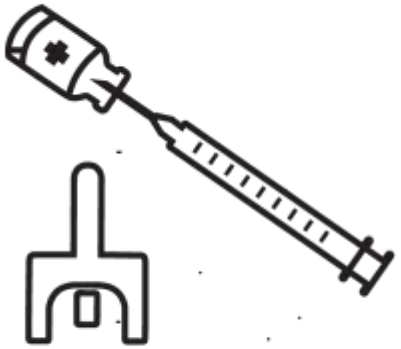
What are other ways we can create change at the individual, organizational and community levels?

HARM REDUCTION SERVICES

Syringe Access and Disposal



Safer Drug Use Supplies

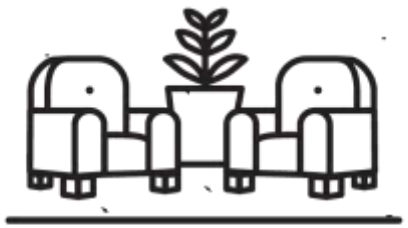


Overdose Prevention

Safer Sex Materials

Medication for Opioid Use Disorder

Safer Consumption Services



Drop-in Centers

Housing First

Referrals

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PRINCIPLES OF HARM REDUCTION

+

TOOLS AND SERVICES

=

PRACTICING HARM REDUCTION

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Respect to Connect: Reflexive Practice

What are ways you our your institution could be stigmatizing people who use drugs?

What are ways people who use drugs or could be responding to that stigma?

What are three strategies I can use starting this week to move towards dismantling stigma as a provider

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THANK YOU FOR ATTENDING THIS WORKSHOP

Please fill out the evaluation.

National Harm Reduction Coaltion
California@harmreduction.org

harmreduction.org

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Team Time

What did we learn? What will we try?

Word Cloud

What's one word that describes how you're feeling given what you've learned today and your intentions for your patients?

Type your word here:
(link)

Next Steps

Upcoming Activities

	2021				2022				
	NOV	DEC	JAN	FEB	**MAR**	APR	MAY	JUNE	JULY
Learning Sessions (Virtual / In-Person)	Nov 10							June 20-21	
Webinars			Jan 27						
Site Visits (Virtual)					•	•			
Peer Forums	•	•	•	•					
Reporting		Dec 3 Submit Midpoint IMAT Assessment	Jan 31 • Submit Q4 Data Report • Submit Progress Report 2			April 15 Submit Q5 Data Report		June 15 Submit Endpoint IMAT	July 15 • Submit Final Narrative and Financial Report • Submit Q6 Data Report
********** Monthly Coaching **********									

Poll

1. On a scale of 1-5, please select the number that best represents your experience with today's session.

5 – Excellent
4 - Very Good
3 - Good
2 - Fair
1 – Poor

2. Please select the number that best represents your response to the statement: Today's session was a valuable use of my time.

Click to add text

5 – Strongly Agree
4 - Agree
3 - Neutral
2 - Disagree
1 – Strongly Disagree

3. I can apply learnings from today's webinar to my MAT work.

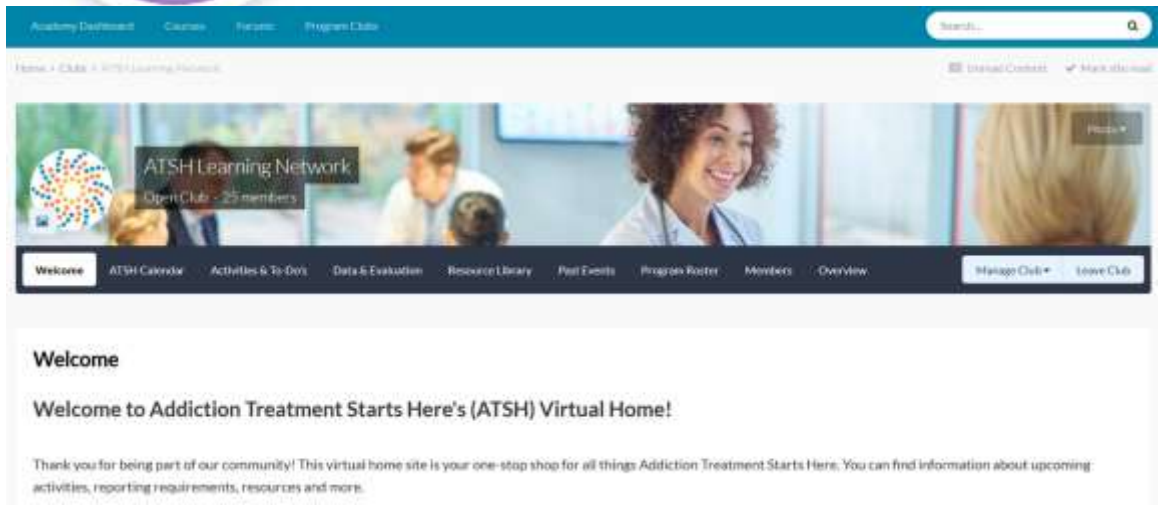
5 – Strongly Agree
4 - Agree
3 - Neutral
2 - Disagree
1 – Strongly Disagree

4. What did you think of the Team Space PPT tool?

Multi-select responses. Select all that apply to your experience.

Stay Connected

The Club



Access program activities, reporting requirements, the resource library and more! Sign in or create an account here: https://academy.careinnovations.org/

Listserv

The ATSH Listserv is a great place to stay connected, ask questions of your peers and share resources that may help other teams' MAT programs.

Send an email to: addiction-treatment-starts-here@googlegroups.com

Questions

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Thank you!
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