Welcome!



Mute

Minimize Interruptions

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



000

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.



Center for Care Innovations

Addiction Treatment Starts Here SUD Counselor Forum Session #4

"Treatment Groups and Shared Medical Appointments"

January 5, 2022 | 11am–12pm (PT)





What kind of Tx groups or SMA's is your Clinic/Agency running?

Curriculums

- Seeking Safety
- Living in Balance
- Best Life
- Matrix
- Anger Management
- WHAM
- Educational
- YouTube Videos
- Healthy Cooking Groups
- Go for a Hike

Shared Medical Appointments (SMA's)



Emeline Tuesday Night - Shared Medical Appointment (SMA)

2-3	2 New MAT patient slots/or follow ups
3 pm	New MAT patient slot
3:30 pm	Patients start arriving filling out SMA check in sheet and providing UDS. MA's collecting Check in sheets and UDS. Once patients complete bring them to group room.
3:50 pm	have a huddle with Prescriber, SUDCM, MA, NURSE and go through every patient's SMA check in sheet & UDS, anybody that needs more support, attention, or intervention will be seen before group or after group slots in provider slots.

4 – 4:30 pm	Provider comes to group and sees everyone in group	
4:15 pm	Contingency Management Fishbowl draw. Have patients come in Friday to.	
4:30 pm	Provider leaves group and starts sending all appropriate refills. MA can schedule all next	
	SMA appointments according to Tx Tier.	

4 – 5 pm	All patients go to MAT group facilitated by SUDCM	
	 12 SMA patients max (other patients can come to MAT group but not for SMA) 	
	 Anybody comes late they go to group and in group we have the check in sheets 	
	that they fill out during group, and they automatically get put in one of the	
	provider slots after group. If that is not possible getting one of the provider slots,	
	they will do a nurse visit for refill with SUDCM checking in with them and	
	providing UDS/ breathalyzer after group.	
	 Nobody is pulled out during group so as not to interfere with their recovery, this 	
	is where they are learning and practicing new coping skills and resources to help	
	deal with their addiction.	

***Nurse Available to see patients coming from SSP, and nurse refill or Bridge visits if SMA is over 12 people and no provider slots, Nurse also can help support MAT team.

5 – 6 pm	MA entering all SMA data from check in sheet into EPIC, if not completed before group.	
	Nurse or MA can call in all Prescriptions to confirm pharmacy got them. (MA's can do this	
	as there checking patients in as well as enter the data, might have to call pharmacy next	
	morning)	

5:00 pm	MAT patient slot (Patients that need more attention or that come in late)	
5:10 pm	MAT patient slot	
5:20 pm	MAT patient slot	
5:30 pm	MAT patient slot	
5:40 pm	MAT patient slot	
5:50 pm	MAT patient slot	

Making A Transformation Shared Medical Appointments & Medical Groups

Making A Transformation Shared Medical Appointments & Medical Groups



Day	Time	Location
Monday MAT group	2 - 3 pm	WHC (atrium) Building A
Monday SMA	1:30 – 3 pm	Emeline (Room #109)
Tuesday SMA	10 – 11:30 am	WHC (atrium) Building A
Tuesday SMA	1:30 - 3 pm	HPHP (HM community room)
Tuesday SMA	3:30 - 5 pm	Emeline (Room#109)
Wednesday SMA	9:30 – 11 am	Emeline (Room#109)
Wednesday MAT group	5-6 pm	WHC (atrium) Building A
Thursday SMA	1:30 -3 pm	HPHP (HM community room)
Thursday SMA	1:30- 3 pm	Emeline (Room#109)
Thursday In Spanish	5-6 pm	WHC (atrium) Building A

There are 4 types of Learners

READING/WRITING

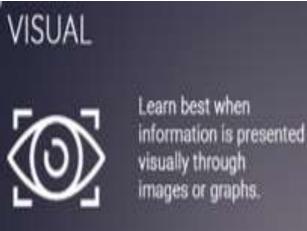


Learn best through text, either reading it or writing notes, AKA "verbal learning".

KINAESTHETIC



Learn best when they can interact with their learning environment.



AUDITORY



Learn best through the spoken word – conversation or audio recordings.

Group Agreements

- We Arrive on time for group
- We offer respect to ourselves and all others in group
- We listen
- We don't hit Left Fielders
- We turn off our cell phones
- We avoid cross talk
- We use respectful language at all times
- We do not discuss our dose in group
- We Keep it 100!
- We Keep it all in Vegas, Confidentiality and Anonymity "What we see and hear here, stays here!"



We have everything we need inside of us to heal

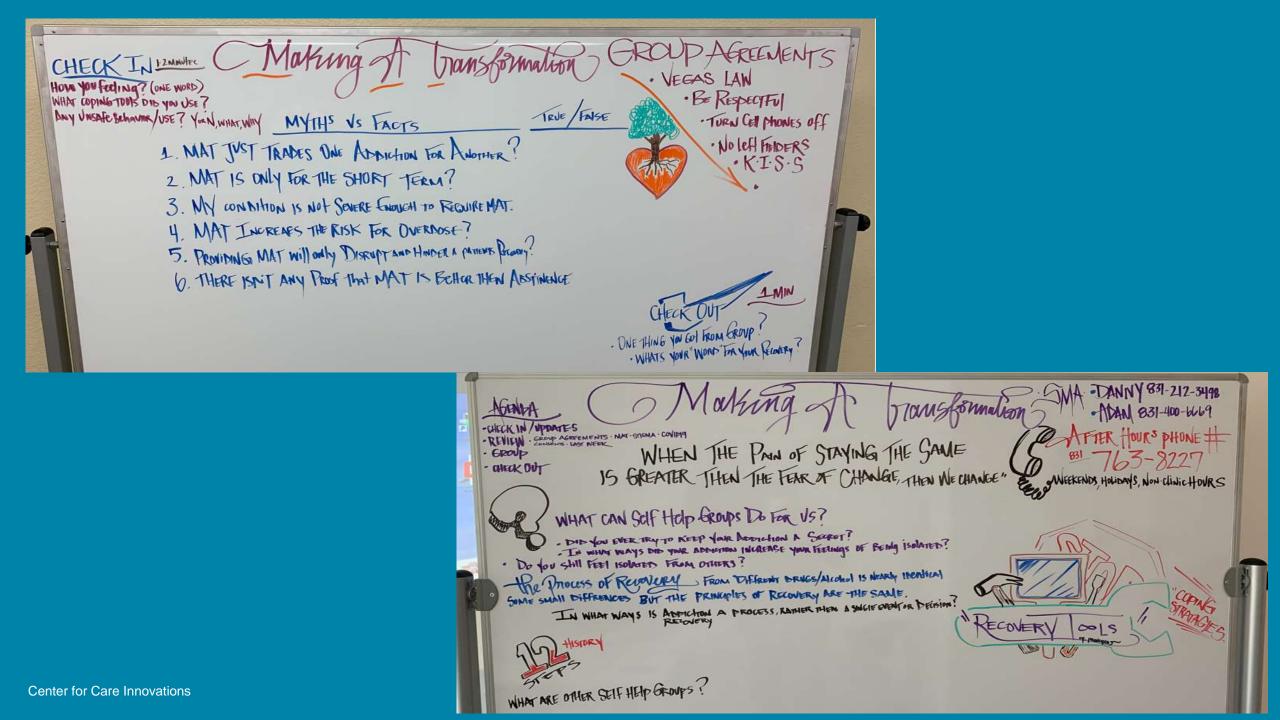
1 Prepared for anything 2 Know who is the room **3 Create inclusive environment** 4 Set guidelines 5 Be clear w patients 6 Active listening should be most important 7 Manage time (group terrorist must be persuaded to listen more) 8 Your the magician (your bag of tricks must always be full of new tricks) 9 You (We are the Energizers) 10 Be flexible able to adjust on a FLY 11 Be neutral at all times.....meaning that the group will process itself



The best things in life will live on the other side of fear



Center for Care Innovations



Documentation in EMR

Group Name: SMA Primary Facilitator: Danny Contreras Secondary Facilitator(s): Dr. Brooks Duration of Group: 60 mins

Group Topic: Myths vs Facts on MAT

Individual's Participation and Progress: Pt participated in a guided meditation, checked in on how they pt is feeling, any use or unsafe behavior, what recovery tools used this week, and if pt had completed recovery goal from last week. Group discussed Myths and Facts concerning Medication Assisted Treatment such as: MAT just trades one addiction for another, it is only short term, it increases risk of overdose, MAT is not real recovery, there isn't any evidence that this works, Narcotics Anonymous, and the stigma of MAT. Writer and group went over the facts that MAT works, that recovery is not a cookie cutter process, there are different paths to recovery, there is evidence and research to show it works, it is a maintenance therapy, the pros and cons of Narcotics Anonymous, it is not trading one addiction for another. Group also talked about the benefits of MAT coupled with counseling. Pt actively participated in group discussion and provided feedback and support to other participants. Checked out, pt shared one positive thing pt got from SMA group today and one goal in recovery that pt will work on this week.

Plan:

- Follow agreed upon PCP/MAT/IBH provider recommendations.
- Pt committed to return for next scheduled group/1x1 session determined by MAT tier.
- Continue to support patient commitment and provide other supportive resources.

Contingency Management Question:

Johnny TalksAlot is in your SMA today. You have 12 patients show up and ready and eager to participate in SMA today. Your doing check in but Johnny keeps commenting on everyone comments as they participate. It's Johnny's turn to check in. Which is a brief check that should be a minute or two per patient. Johnny is going on and on about how he had so much fun over the weekend with one of the patients in group and how they both were actively using methamphetamines. You see other patients rolling their eyes, some patients are starting to play with their phones, one patient is looking at you like do something? One patient tells him to shut up and it starts to escalate because Johnny says why don't you come over here and make me.

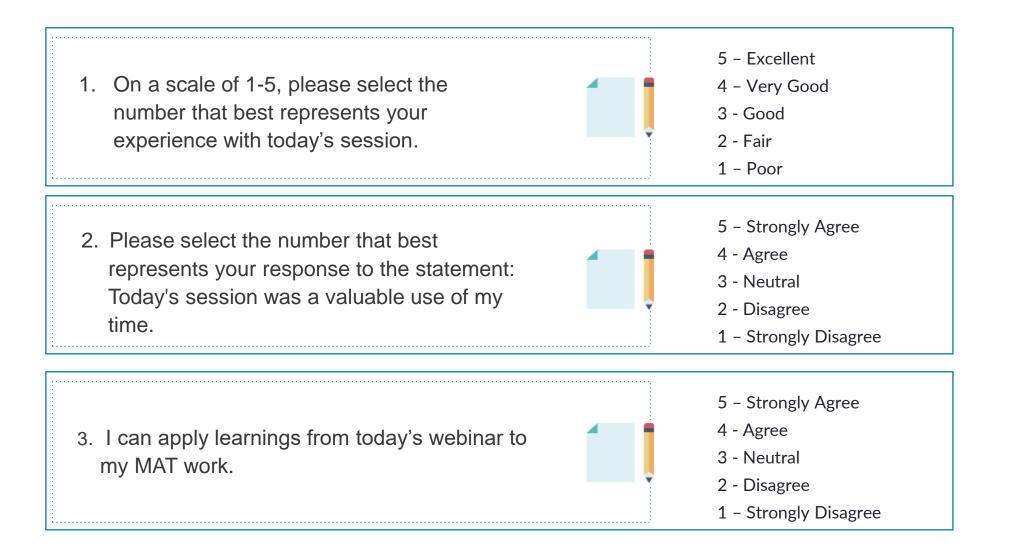
What do you do?

What is one thing you are taking away from todays forum?





Poll



Coming Up – Session #5

Wednesday, January 19, 11am-12pm PT **Topic:** Own Your Role: Outreach, Stigma, and Educating Prescribers, the Clinic, and the Community

For registration information, go here: <u>https://www.careinnovations.org/events/atsh-peer-forums-registration/#sudcounselornavigator</u>

Any questions? Email juancarlos@careinnovations.org





