***MAT Effective Teams – Structure and Clarity***

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| **Tier 1: Induction/Stabilization** | |
| ***Common Activities/ Responsibilities*** | * Weekly follow-up medical appointments * Starting care coordination and case management * Individual MAT care plans created * Referrals/Enrollments made (SUD Support Groups, behavioral health, etc.) * Initial attendance at SUD support groups * Coordination with MAT team, Primary Care, and Behavioral Health   + If any of this involved an outside agency, who coordinates this? |
| ***Challenges Encountered by Team*** |  |

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| **Tier 2: Engagement** | |
| ***Common Activities/ Responsibilities*** | * Patient gains coping strategies to reduce risk of relapse * Medical visits every 2 weeks * Regular attendance at SUD program and community-based support groups * Bi-weekly contact with MAT case manager * Coordination with MAT team and specialists, including psychiatry * Urine drug screens |
| ***Challenges Encountered by Team*** |  |

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| **Tier 3: Maintenance** | |
| ***Common Activities/ Responsibilities*** | * Maintain recovery w/ monthly medical visits, * Completion of SUD treatment program, * Have a recovery support system in place * Monthly contact with case manager * Review MAT Care Plan, track progress on goals, make adjustments as needed * Urine drug screens |
| ***Challenges Encountered by Team*** |  |