***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?
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| ***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
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| ***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
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| ***Challenges Encountered by Team*** |  |