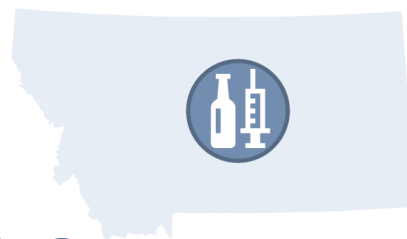


Montana Addictive and Mental Disorders Division



State Targeted Response (STR) Opioid Crisis Grant

Medication-Assisted Treatment Implementation

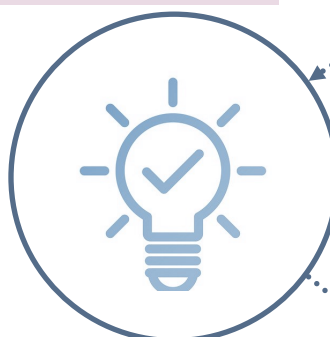
WHAT DOES IT LOOK LIKE TO IMPLEMENT MAT IN MONTANA?

4 phases of implementation



Exploration

Create team and evaluate needs



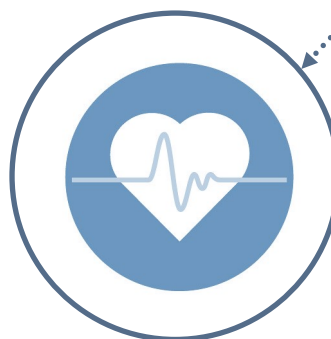
Installation

Adjust to setting to support program



Initial Implementation

Gain leadership support



Full Implementation

Feedback to strengthen implementation

The National Implementation Research Network (NIRN) Implementation Framework was used to evaluate STR.

“ I think it was kind of an interesting process on how the grant was rolled out. And that **we didn't know what the objectives were completely before we signed up** for it. So those developed after we were approved for the grant. So, we've adapted to that. I think I still would've signed up, but **I don't think we had a model in mind when we said yes.** ”

Provider on the challenge of the uncertainty about the program.

EXPLORATION PHASE

Sites reported being identified by the state or chose to pursue the opportunity because of an executive who was aware of both the need among their patient population and funding opportunity.

CHALLENGE POSED

Because the Exploration Phase was short and brief, potential MAT sites were **UNCERTAIN ABOUT THE STR GRANT PROGRAM.**



SUCCESS FOLLOWED

To manage this uncertainty, sites **SELF-IMPOSED CLIENT LIMITS** that slowly increased to:

- 1. ENSURE QUALITY CARE**
- 2. PROTECT OF PROVIDERS FROM BURNOUT**
- 3. MANAGE HOW ANTICIPATED PATIENT DEMAND WOULD BURDEN OVERALL CLINIC FUNCTIONALITY**



CHALLENGES POSED

Questions about Hub & Spoke recruitment, particularly **SPOKE RECRUITMENT**. There were difficulties in **STAFF RETENTION**, especially those of **LACs & peer support specialists** as well as **ESTABLISHING PROTOCOLS**.



SUCCESSES FOLLOWED

Providers found that **ACQUISITION OF THE DATA 2000 WAIVER** was simple and seamless. In addition, sites **WITH A BACKGROUND IN INTEGRATED BEHAVIORAL HEALTH** completed this phase with ease.

INSTALLATION PHASE

Montana's unique geographic size, rural composition, and behavioral health system presented challenges for expanding MAT access within the state. STR funding allowed sites to expand staff, receive training, and grapple with the administrative challenges associated with providing a new service.

“ We really struggle with staffing here. There's a lot of turnover. So that's been beneficial: The money from the grant has been most beneficial for that. Because we really do struggle here to get support from the administration to hire people.



Provider on the uncertainty about how much of a burden providing the program would place on their organization.

CHALLENGES POSED

Providers discovered the **EMOTIONAL BURDEN** of providing MAT services. In addition, how staff view differences in viewing **HARM REDUCTION VS. ABSTINENCE** was challenging to navigate. **SPOKE SITES ALSO FELT UNDER-SUPPORTED** by Hubs while **CLIENTS DID NOT HAVE A CLEAR UNDERSTANDING OF TREATMENT GOALS AND TRAJECTORIES.**

SUCCESSES FOLLOWED

ADJUSTMENTS were made by each site as they continued to feel more comfortable in their MAT services. To address potential burnout, sites continued to **SELF-IMPOSE CLIENT LIMITS.** **HUB SITES PROVIDED THEIR EXPERTISE** to Spoke sites during staffing shortages & **INTEGRATED BEHAVIORAL HEALTH** allowed clients to get additional medical treatment needs met.



INITIAL IMPLEMENTATION

All sites made changes to their initial MAT procedures & processes after they began to provide services. Modifications took place for: 1) Hub sites as they learned how to more effectively support Spokes, 2) for individual providers as they learned how to manage the emotional burden of being an MAT provider, and 3) for sites as they learned how to balance abstinence-based models with harm reduction.



Yeah, I was going to say, honestly, **being able to have your own team with all the players would be the most ideal situation so even us, being able to have a LAC here ...for any Spoke site, it would be better if they could have all the players. Then they could just use the Hub site as a resource if they really needed it.**



A Spoke site on challenges of Hub & Spoke model and the need for more resources as a Spoke site.



I feel like a lot is weighing on the shoulders of our program

and we're under the microscope and scrutinized by any other, every other discipline that has any involvement with drugs & drug addiction."



Provider on the burden of providing medication-assisted treatment.

FINAL IMPLEMENTATION

Full implementation in the NIRN framework is reached when "50% or more of the intended practitioners, staff or team members are using the innovation with fidelity and good outcomes" (NIRN, 2017). Across all STR sites, this level of implementation has been achieved. With full implementation comes continues challenges and accomplishments.

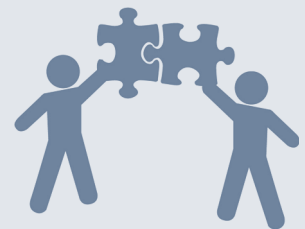
CHALLENGES POSED



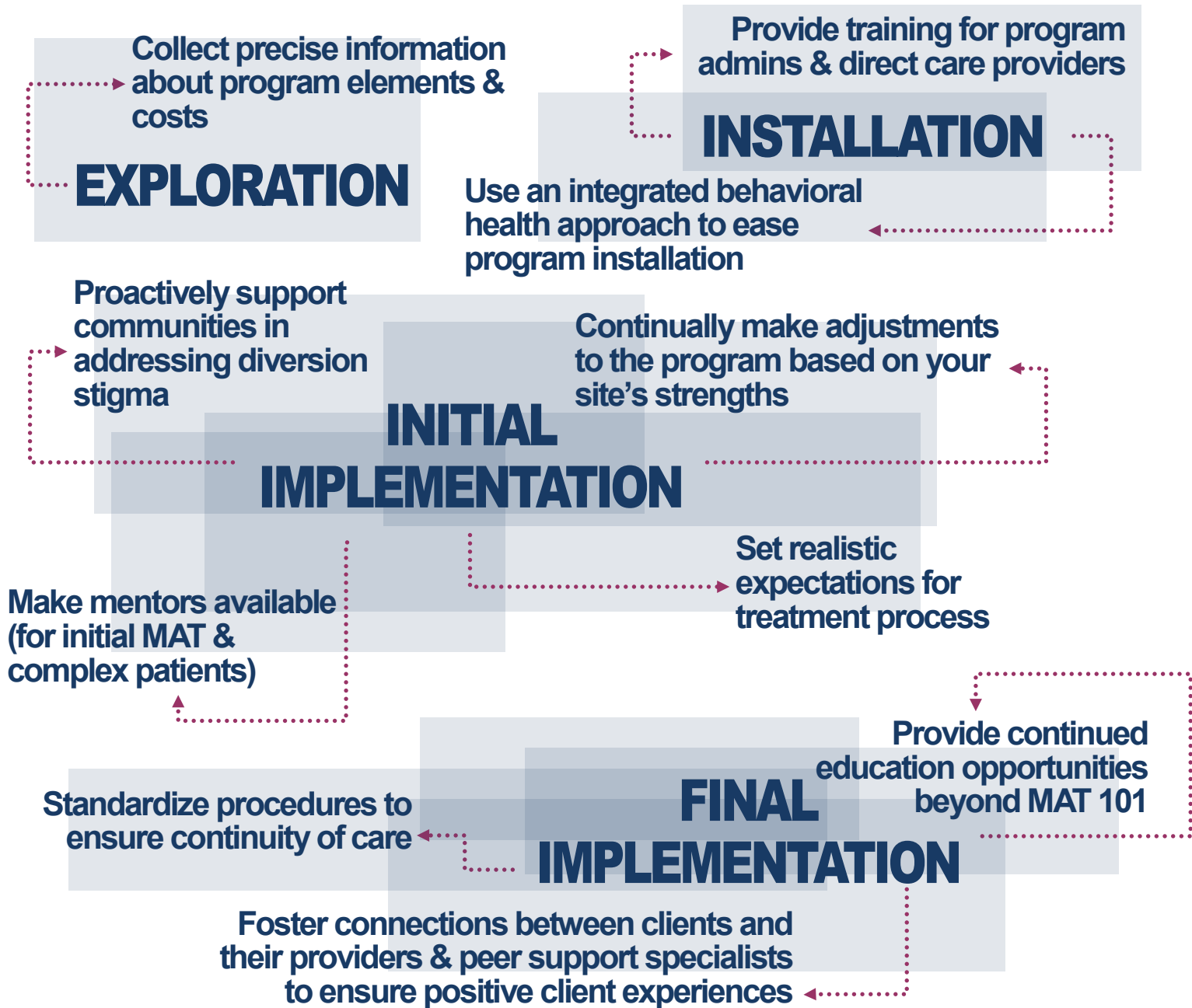
While challenges varied across the differing sites, many providers wanted **CONTINUING EDUCATION OPPORTUNITIES BEYOND MAT 101**. In addition, there is a need to ensure **CONTINUITY OF CARE BEFORE AND AFTER INCARCERATION**.

SUCCESSES FOLLOWED

During the final implementation stage, **PROCEDURE MANUALS WERE CREATED** to help standardize procedures. Peer support specialists were identified as helpful for **STAFF RECRUITMENT** in frontier states. **MEDICAID EXPANSION HELPED FINANCIAL SUSTAINABILITY** of the program. **PEER SUPPORT SPECIALISTS** and the **GRATITUDE & DEEP EMOTIONAL CONNECTION** with providers impacted client experiences positively.



KEY CONSIDERATIONS BY PHASE



This summary report was prepared by **JG Research and Evaluation, LLC**, for the Addictive & Mental Disorders Division (AMDD) of the Montana Department of Public Health & Human Services.

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