Strong collaboration between a clinical champion and a substance use navigator (SUN) is essential to the development and sustainability of a successful and effective MAT program. Champions will greatly enhance the effectiveness of the SUN by actively supporting them and modeling a strong relationship with the SUN so that other clinicians can see how this position can assist with effective treatment for patients who use drugs. The recommended standard work below was developed by experienced champions who have established successful programs and can be performed with a limited time commitment.

**Identifying a Clinician Champion**

A clinical champion is usually identified as a first step in developing an MAT program. This person may be self-selected or recruited by leadership. The most successful clinical champion is someone with a special interest in establishing and continuing to drive evidence-based and patient centered treatment for people who use drugs. Without the support of an engaged leader, a new SUN will have difficulty defining their role and integrating effectively into the ED.

**Onboarding the SUN to your hospital**

1. **Hiring:** The champion should participate in the SUN selection process. This could be as simple as providing the SUN Job Description to administration responsible for hiring, or joining the selection and interview process.

2. **Supervision:** The champion should play a role in determining the appropriate department for the SUN position within the organization and the most effective supervisory structure. To best set the SUN up for success, the champion should work with the SUN’s direct supervisor to ensure that role expectations are clear.

3. **Orientation:** The champion should orient the SUN to the hospital, and introduce them to staff in the ED, hospital, administration, and leadership. This orientation is crucial to quickly integrating any SUN to the team. It is helpful to create a comprehensive list of hospital information and processes the SUN will need to learn about in order to be effective as a member of the hospital team, such as work space, computer access, cell phone, business cards, and orientation to the electronic medical record (EMR). A tool like this scavenger hunt can be helpful for a SUN to learn more about the ED and hospital within the first few days on the job. See CA Bridge Scavenger Hunt for SUNs

4. **Workflow Development:** The champion supports the SUN’s integration into the workflows of the ED and hospital. This includes the development of a process for contact with the SUN and an expectation of a daily workflow in support of achieving your hospital’s programmatic goals. This may be done in collaboration with the SUN’s supervisor and home department.

5. **EMR Access:** The clinical champion should take responsibility for facilitating that the SUN has access to a computer and EMR. The SUN’s work is effective with appropriate access to the ED tracking board, ability to receive electronic referrals and emails through the EMR, ability to chart in the EMR, as well as ability to have access to data and reports.

6. **Communication**
   - **For referrals:** Together the champion and SUN must establish a system for referrals for patients from the ED and hospital. Ideally, it is easy for clinicians to initiate the referral and easy for the SUN to access the patient’s referral information. This referral process should be widely communicated to ED and hospital clinicians. If possible, we recommend initiating referrals using the EMR so that referrals and follow-up care is easily tracked and reported.
   - **For SUN-champion work:** In addition to any project team or workgroup meetings, SUN and champion must develop the method, frequency, and expectations for SUN-champion check-ins (i.e., phone call, email, text, daily, weekly). Regular communication such as weekly meetings between SUN and Champion is important to work through barriers and issues, especially as the workflow is being established.

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Ongoing collaboration between the SUN and champion

Check-ins: Establish daily to weekly check-ins. This will vary depending on volume and role expectations. Agenda topics may include referral process, community outreach, engaging MAT patients, successes, and navigation of challenges.

Meetings: Establish SUN involvement in hospital and ED meetings. This is crucial to introduce the SUN to important stakeholders and integrate the position into expected ED and hospital resources.

Other departments: Engage other hospital departments (hospitalists, OB, social work, etc) and discuss meeting with other department leaders as a team. It is helpful to attend other department meetings to introduce the SUN and answer questions about the role since it is a new role to many hospitals.

Data: Review ED and hospital data with the entire team on a monthly basis. Refer to the CA Bridge SUN Kit for tips on meaningful measures to track. Setting expectations for data analysis, analogous to hospital sepsis and stroke data, is helpful to analyze engagement and barriers to treatment in real time. The SUN should play a key role in data collection and analysis.

Community outreach: Work together to outreach to community coalitions, organizations, and leaders. It is recommended to have the SUN engage in outreach to community resources in order to make a broad array of resources available to patients and to build relationships that facilitate successful referrals. The hospital’s Community Health department, or equivalent, may be helpful with initial outreach.

Other champions: Develop other champions within the department so the SUN has a community of support. This could be accomplished by establishing multi-disciplinary workgroup meetings that include different stakeholders. Recommended department champions may include OB, hospitalist, surgical specialties including trauma, pediatrics, toxicology, cardiology, and any outpatient bridge clinic partners.

Champion advocacy and support to address barriers

Like any new program, the SUN and MAT program may encounter barriers, and as a program focused on substance use, these barriers may stem from stigma and discrimination against people who use drugs. It is very important for the champion to advocate for the SUN and to create a strong support network to educate and influence decision makers.

The champion should anticipate advocating and providing support to address barriers to care including (but not limited to):

- Working with the pharmacy, administrative support, clinic referrals, and addressing discrimination throughout the hospital. This may include phone calls and/or meetings to work through any concerns that arise.
- Supporting the posting of program signage, sharing SUN business cards, and engaging in any efforts that increase community visibility of treatment access. Signage and visibility of the SUN program invites patient comfort in revealing a historically stigmatizing condition and has been more effective than universal screening.
- Community outreach, site visits, and increasing knowledge of the hospital’s MAT program across the community.

Develop a plan for additional education and support

1. It is helpful to share successes and lessons learned so that the SUN and champion are able to move a program forward in alignment. Attend conferences or presentations together whenever possible.

2. Collaborate on a professional development plan for ongoing education or certification. There are Peer Support Specialist and Substance Use Counselor certification programs, SBIRT, motivational interviewing, and crucial conversations courses may be helpful for ongoing professional development.

3. Ensure the SUN is engaged with the CA Bridge SUN support network. CA Bridge program offers resources, coaching and networking available to SUNs at all stages of establishing this role.

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