**Attachment B**



**APPLICATION FOR PARTICIPATION IN**

***A Massachusetts League of Community Health Centers initiative building capacity to address opioid use disorders and funded by the GE Foundation with support from Partners HealthCare***

Community Health Center Name (list above)

Address

|  |  |
| --- | --- |
| CEO/Executive Director | Email |
|  |  |
| CMO/Medical Director | Email |
|  |   |
| SUD Provider Champion |  Email  |

Fiscal Contact (for contract signature if different than CEO listed above) Email

***Proposed SUSTAIN Provider Champions Project Team***

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| --- | --- | --- |
| *Name – SUD Provider Champion* | Position | Email |
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| *Name* | Position | Email |
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| *Name* | Position | Email |
|  |  |  |
| *Name* | Position | Email |
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| *Name* | Position | Email |
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| *Name* | Position | Email |
|  |  |  |
| *Person Completing this Application* |  | Email |

***Please check all funding eligibility and priority areas that apply:***

[ ] We do not currently treat opioid use disorder (OUD) with medications like buprenorphine at our

 CHC, but we are interested in expanding to offer these services with grant support.

[ ]  We have a newer, or smaller Office-based Addiction Treatment (OBAT) program:

 [ ]  Operating less than 1 year

 [ ]  Fewer than 5 waivered providers actively prescribing buprenorphine at our CHC

 [ ]  Fewer than 40 patients actively engaged in our OBAT services

[ ]  We treat OUD with medications like buprenorphine at one or more of our CHC sites, but

 want to expand services to a site not currently offering Office-based Addiction Treatment.

[ ]  We have demonstrated experience engaging individuals identified as Black / African

 American or Latino / Hispanic into OBAT services.

[ ]  We are planning to move from a model where our OBAT team is an independently functioning “unit” or “service” within our CHC, to an integrated model, where all teams have capacity to address OUD.

[ ]  We have received SUSTAIN Communities funding in the past.

***Please respond to the following questions.***

1. **Readiness –** In the textbox below, please describe the strategic commitment yourcommunity health center (CHC) is currently making, or proposing to make, to initiate and/or expand:
	1. Treatment of opioid use disorder (OUD) that utilizes buprenorphine and injectable naltrexone; and,
	2. Integration of primary care and behavioral health, inclusive of addictions services.

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* 1. Please confirm the commitment at your CHC to participate in this grant by writing your initials after the following statement.

*Our center will allow project staff the protected time necessary to engage in this grant and the required*

*elements listed below.* **\_\_\_\_\_\_\_**

* Kick-off Event & OUD Learning/Networking Forums
* Physician-led Peer Mentoring
* BMC Project ECHO® and BMC Training & Technical Assistance
* Buprenorphine Waiver Training
* Partners/MGH Risk Rounds Development Webinars
* Grant Evaluation & Reporting Activities
1. **Readiness:** In the textbox provided, please write a brief description of how well-developed your CHC is with respect to offering OUD treatment that addresses items “a” through “e” listed below. *If your CHC is not currently offering medications to treat OUD, please skip this question.*
	1. Number of sites at your CHC, and at which of your sites patients are receiving medications to treat OUD;
	2. Number of waivered providers, by CHC site, who are actively treating OUD with buprenorphine within your CHC (with actively being defined as having prescribed buprenorphine to treat OUD in the last 60 days);
	3. Number of unique patients who have been prescribed buprenorphine or injectable naltrexone in the past 60 days for OUD at your CHC (please indicate number of patients utilizing each medication separately);
	4. Percent of patients receiving medications to treat OUD in the last 60 days who identify as either Black/African American, Latino/Hispanic, or other minority group (e.g. LGBT) who historically experience lower rates of access to treatment. If known, please list percentage for each group separately.
	5. How does your CHC plan to measure retention in care? (please provide specific metric(s))

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1. **Need for support:** In the textbox, please briefly describe how you anticipate participation in this grant will help advance services at your CHC and address needs or gaps in treating OUD among patients.

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1. **SUSTAIN Communities Proposed Goals:** in the below grid please submit a list of 3 or 4 proposed programmatic goals you hope to reach, or upon which you hope to make progress with support from the grant.

***Please note:*** Goal 5 and Goal 6 in the grid below relate to specific SUSTAIN deliverables if receiving funding. CHCs must articulate the level of increase to number of waivered prescribers and number of patients engaged in OUD care during the course of the two-year grant period.

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| **Proposed Goals for SUSTAIN Communities Grant** |
| Goal 1: |
| Goal 2: |
| Goal 3: |
| Goal 4: |
| Goal 5: Our CHC will increase the number of newly waived providers during the grant period by (please list proposed number of newly waivered providers during the grant):  |
| (For Goal 6 below, please list the proposed number of patients actively receiving OUD care at the end of the two-year grant, with actively being defined as those receiving a prescription to treat OUD in the past 60 days.)Goal 6: At the end of the grant, the proposed number of patients actively engaged in OUD care at our CHC will increase from \_\_\_\_\_\_\_\_\_ (current panel size) to: \_\_\_\_\_\_\_\_ (expected panel size by February 2021).  |

1. **BMC Training Engagement:** In the textbox below, please list the four (4), BMC-led trainings you anticipate scheduling at your CHC during the course of this two-year grant and also describe why you have selected these four trainings. Given training and technical assistance needs will be further assessed during the start-up phase of the grant, there is acknowledgement that what your CHC lists below may change over time, but this will give a preliminary indication of perceived need.

***Please note:*** refer to information within the funding announcement listed on page 4 as “*3.4 BMC Standard Training*” and listed in “*Appendix A”* found on page 11, both of which detail BMC-led training available to awarded CHCs. You can also learn more about the training and technical assistance available from BMC OBAT TTA on their website: <https://www.bmcobat.org/tta-services/>.

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1. **Project ECHO Participation:** Please list the CHC staff you anticipate will participate in the required cycle of BMC Project ECHO®. For more on Project ECHO® visit: <https://www.bmcobat.org/project-echo/>.

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| **Name** | **Practice** (MD, NP, PA, RN, LICSW, etc.) | **Discipline** (e.g. Adult Med, Family Med., BH, etc.) | **Waiver Trained**Yes “Y” orNo “N” |
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1. **Training & Technical Assistance (TA) Needs:** Please place an “X” next to any training and technical assistance topics listed below that may meet known or anticipated needs at your CHC (please include those listed in your response to Question 5). This training might be for all CHC staff or solely for specific care teams like an OBAT Team, BH Team, or other CHC staff.

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| **“X”** | **Potential Training and Technical Assistance Needs** |
|  | Waiver Training to expand access to OUD services |
|  | Increasing comfort / confidence of waivered clinicians to prescribe MAT |
|  | Increasing comfort responding to ongoing drug use with patients engaged in OUD care |
|  | Incorporating harm reduction principals into OUD care  |
|  | Developing and implementing Office-based Addiction Treatment Policies & Procedures; |
|  | Working with specific populations (e.g. individuals identifying as Veterans; those with a recent history of incarceration; racial, ethnic, gender expression, or sexual minorities, etc.)  |
|  | Decreasing Stigma and Increasing Awareness about Substance Use (Addiction 101) |
|  | Understanding Basics of Medication Assisted Treatment (MAT 101) |
|  | Implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) |
|  | Utilizing Injectable Naltrexone / Vivitrol |
|  | Overdose Prevention and Naloxone (Narcan) Administration & Distribution |
|  | Billing & Coding for SUD Services / Understanding & Maximizing Revenue |
|  | Understanding Confidentiality and 42 CFR Part 2 in the context of CHCs |
|  | Understanding SUD Specific Community Resources: SUD Treatment System, “Sober Homes”, Recovery Support Centers, etc.  |
|  | Outreach & engagement to increase referrals and support current patients; |
|  | Motivational Interviewing |
|  | Trauma Informed Care |
|  | Other (please specify):  |

**The questions below are only to be completed by CHCs receiving funding as part of SUSTAIN Communities Cohort 1 or 2 and applying for Cohort 3 funding.**

1. **SUSTAIN Continuation:** Please describe in the box below, specific progress/gains made at your CHC as part of past participation in the SUSTAIN Communities Grant.

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1. **SUSTAIN Continuation:** In the box below, please describe how you anticipate additional funding will further the progress listed above as part of SUSTAIN Communities Cohort 3.

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A **SUSTAIN Communities informational webinar** will be held on **Wednesday, January 30, 2019, from 12Noon to 1PM.** Details about accessing the webinar are listed in the document “Attachment A – SUSTAIN Cohort 3 RFR”. **Applications are due by close of business (5PM) on Wednesday, February 20, 2019.**

Please submit any questions relating to this funding opportunity as well as completed applications to Jim Hiatt at: jhiatt@massleague.org.