

DIVISION OF SERVICES IMPROVEMENT
CLINICAL TECHNICAL ASSISTANCE – MEDICATION
ASSISTED TREATMENT-PRESCRIPTION DRUG AND
OPIOID ADDICTION

Contract #: HHSS283201200002I/HHSS28342006T

GRANTEE NOTEBOOK

April 11, 2016



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TASK 5A-1: GRANTEE NOTEBOOK – FACTSHEETS

MAT-PDOA OVERVIEW

The goal of the Medication-Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) grant program is to provide funding to states to enhance/expand their treatment service systems to increase capacity and provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based MAT and other recovery support services to individuals with opioid use disorders seeking or receiving MAT. Through this program, the Substance Abuse and Mental Health Services Administration (SAMHSA) seeks to (1) increase the number of individuals receiving MAT services with pharmacotherapies approved by the Food and Drug Administration (FDA) for the treatment of opioid use disorders; (2) increase the number of individuals receiving integrated care; and (3) decrease illicit drug use at 6-month follow-up.

The current set of funded grantees consists of these 11 states:

1. Indiana
2. Iowa
3. Kentucky
4. Maryland
5. Massachusetts
6. Missouri
7. New Jersey
8. Vermont
9. Washington
10. Wisconsin
11. Wyoming

GRANTEE NOTEBOOK

This deliverable consists of the “grantee notebook” with one- to three-page factsheets on all active grant programs. Each factsheet contains information about a grantee, its key personnel, and the grant’s purpose.

The current grantee notebook is based on the information provided in the grantee applications. The content will be updated based on the information obtained during the introductory site visits scheduled to occur between January and March 2016, and on information directly obtained from the MAT-PDOA grantees. The updated notebook will include progress to date for all grantees.

As discussed with the COR on December 8, 2015, the grantee notebook can be used as part of the annual report in lieu of a newly created, separate document. The grantee notebook can be submitted as an appendix with a summary of the number and type of Training and Technical Assistance activities completed.

JBS will send an updated electronic version of the grantee notebook quarterly to the COR and the Grant Project Officer.

The following pages contain the factsheets for the grantee programs, presented in alphabetical order by state.

Indiana

State:	Indiana (IN)		
State Medicaid Expansion:	Yes		
Region:	5		
Grant Term:	8/1/2015-7/31/2018		
Grantee Number:	T1026149		
Project Title:	Indiana Medication Assisted Treatment Project		
Grantee Organization:	Division of Mental Health and Addiction, Indiana Family and Social Services Administration		
Address:	402 West Washington Street Indiana Government Building, Room W353 Indianapolis, Indiana 46204-2739		
Grant Director:	Tony Toomer	tony.toomer@fssa.in.gov	317-232-7800
Grant Contact:	Tony Toomer	tony.toomera@fssa.in.gov	317-232-7800
Grant Project Officer:	Sherry McManus	sherry.mcmanus@samhsa.hhs.gov	240.276.2576
SSA Location in State Structure	Department of Health and Welfare: Division of Behavioral Health (MH); Division of Medicaid: Substance Use Disorder Services		

Grantee Partners/ Sites and Roles:				
Role		Organization Name	Location	Funding Source
Grantee	Grantee	Division of Mental Health and Addiction, Indiana Family and Social Services Administration	Indianapolis, Marion County	State
Site #1	Provider	Porter-Starke Services	Valparaiso, Porter County	Private, Not-for-profit
Site #2	Provider	LifeSpring Health Systems Austin Clinic	Austin, Scott County	Private, Not-for-profit
Partner	Evaluator	Center for Health Policy	Indianapolis, Marion County	Public, Not-for-profit



Project Overview: The Indiana Family and Social Services Administration-Division of Mental Health and Addiction (DMHA) will implement a project that will tear down the barriers between Medication Assisted Treatment Providers and individuals in rural communities in need of treatment. Two locations have been identified to target grant-funded initiatives: Northwestern, IN and Southeastern, IN. The Indiana Medication-Assisted Treatment Project (IMAP) will provide increased access to MAT through whole-person care and recovery supports via LifeSpring Health Systems, Inc. in Scott County, IN and Porter-Starke Services, INC. in Porter County, IN.

Grantee Goals	
1	Provide services for a greater number of rurally located consumers in these at-risk communities that have limited financial means and a lack of access to private or public transportation and other barriers keeping them from seeking MAT services.
2	Provide a cost-effective means for these patients with limited income and financial support to access comprehensive MAT addiction and recovery services at a centralized location
3	Utilize a treatment-team approach to provide wrap-around recovery care and services.
4	Provide services for people of these at-risk communities that may be at significant risk of communicable diseases such as HIV/Hep. C and others.
5	Introduce the identified at-risk communities to the treatment concept and philosophy of treating mind, body and spirit through MAT.

Indiana

Target Population(s)
Individuals who fall below the poverty line, individuals at risk for HIV/Hepatitis C or other infectious diseases due to intravenous drug use, individuals who have been diagnosed with an infectious disease such as HIV or Hepatitis C, and individuals who have significant barriers to accessing MAT.

Ethnicity	Site #1	Site #2
Hispanic or Latino	6.1%	0.9%
NOT Hispanic or Latino	DNK	DNK
Prefer not to answer	DNK	DNK

Race	Site #1	Site #2
White	88.9%	97.0%
Black or AA	7.4%	1.5%
Asian	DNK	DNK
AI/AN	DNK	DNK
Native Hawaiian or Other PI	DNK	DNK
Other	DNK	DNK
Prefer Not to Answer	DNK	DNK

Numbers Served (unduplicated count)	Total
Total	450
Year 1	100
Year 2	175
Year 3	175

Sex	Site #1	Site #2
Female	DNK	DNK
Pregnant	DNK	DNK
Not Pregnant	DNK	DNK
Male	DNK	DNK

Sexual Orientation	Site #1	Site #2
LGBT	DNK	DNK
Heterosexual	DNK	DNK
Bisexual	DNK	DNK
Transgender	DNK	DNK

Evidence based Practices/ Approaches	Site #1	Site #2
Medication-assisted Treatment (MAT)	yes	yes
Integrating Dialectical Behavior Therapy with the Twelve Steps	yes	yes

Performance metrics	
1	Government Performance and Results and Modernizations Act (GRPA)
2	Research Electronic Data Capture (REDCap)
3	Structured interviews with program participants
4	Treatment Motivation Questionnaire (TMQ)
5	Quality of Life Protocol
6	General Self-Efficacy Adult Protocol
7	Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES 8D)
8	Medical Outcomes Study Social Support Survey (MOS-SSS)

Behavioral Health Screening Tools	Site #1	Site #2
DSM V criteria for opioid use disorder	yes	yes
ASAM Criteria for placement in MAT	yes	yes

Program Elements	
Outcomes (Clients, Services, Implementation) /Measures:	Self-efficacy Social functioning Socio-economic resources Involvement with the legal system Health outcomes
Organizational Structure:	The Indiana Division of Mental Health and Addiction (DMHA) will receive the funding from this grant and issue the funding to the identified communities via contract with the participating MAT providers. Porter-Starke Services, Inc will be the lead sub-awardee for the project in Northwestern, IN; LifeSpring Health Systems, Inc. will be the lead sub-awardee for the project in Southeastern, IN. Data collection and evaluation will be provided by the Indiana School of Public Health and will receive funding as a sub-awardee through a contract with DMHA. Porter-Starke will develop and enact MOU's and contracts with partner agencies for transportation (in all three counties), clinical care (Swanson Center in LaPorte County), and other recovery supports. LifeSpring Health Systems, Inc. will be responsible to develop MOU's and/or contracts with Southern Indiana Treatment Center (SITC) for the provision of methadone treatment specifically. All MOU's and contracts created by the sub-awardees with partner agencies will require DMHA review and approval prior to enactment. The State of Indiana will control all funds according to the grant proposal.
Cultural Competence:	Both targeted regions/sites will utilize providers certified by the Division of Mental Health and Addiction in the implementation of project plans. Per Indiana Code 440, CMHC's and OTP's must be accredited by either the Joint Commission on Accreditation of Healthcare Organization (JCAHO) or The Commission on Accreditation of Rehabilitation Facilities (CARF). Both Porter-Starke, INC. and LifeSpring Health Systems, Inc. are certified through JCAHO and are required to provide services that meet CLAS standards for continued accreditation. According to The Joint Commission, each of the 15 National CLAS Standards is accounted for through Joint Commission Standards. It is noted that there is not a one-to-one correlation between the National CLAS Standards and the Joint Commission Standards, as several of the Joint Commission's requirements overlap with the overall intent and objective of each National CLAS Standard. Further, this project aims to improve the access and quality of care and help eliminate health care disparities among disparate populations within the designated communities. The overarching goal for this project is consistent with the core of National CLAS standards.

Indiana

Additional Program Elements		Site #1	Site #2
Provider Capacity and Capability:		Porter-Starke Services, INC. offers a wide variety of services through their main campus in Valparaiso, IN (Porter County). Located on the campus is one of Indiana's OTP's, a CMHC, and a Federally Qualified Health Center (FQHC). This allows clients who have access to this location a full continuum of whole-health services. Porter-Starke OTP serves approximately 275 clients each month by providing medication assisted treatments (primarily Methadone and Buprenorphine) and clinically relevant therapeutic services. Clients travel from all over the region to receive these services (40% Porter County residents, 26% Starke County residents, 13% LaPorte County residents, 21% other county residents). The Porter-Starke CMHC provides a full continuum of services to Porter and Starke County residents for both mental health and addiction needs. The provision of FQHC services allows for quick access to physical health care when warranted.	Swanson Center, located in Michigan City, IN (LaPorte County) is a Community Mental Health Center, providing mental health and addiction care primarily to LaPorte County. The center has limited access to medication assisted treatment; the center has one psychiatrist with a DATA 2000 waiver for Buprenorphine and the closest OTP (methadone provider) is Porter-Starke Services in Valparaiso. The center has a long standing relationship with Porter-Starke services for the provision of OTP-related services. They have also formed excellent working relationships with LaPorte County Primary Care physicians in order to ensure whole-person health care.
Military Veterans Enrolled:		Not specified	Not specified
Peer Mentoring Practices:	No mention of peer counseling or mentoring	No	No
Unmet Needs and Services:			

Progress:	Began implementation of program.
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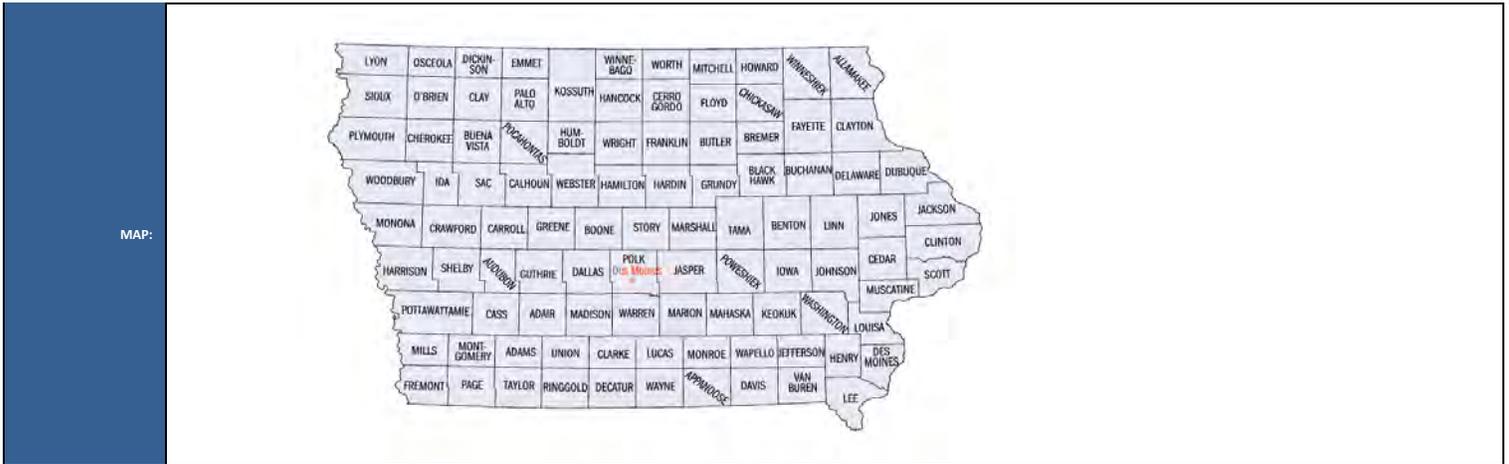
Region 5 Administrator - CAPT Jeffrey A. Coady

DNK	Do not know
TBD	To be determined

Iowa

State:	IOWA (IA)		
State Medicaid Expansion	Yes		
Region:	7		
Grant Term:	8/1/2015-7/31/2018		
Grantee Number:	TI026143		
Project Title:	Medication Assisted Treatment (MAT) Iowa		
Grantee Organization:	Iowa State Department of Public Health		
Address:	321 E. 12th Street Des Moines, IA 50319-0075		
Grant Director:	DeAnn Decker, Bureau Chief for Substance Abuse, Interim Grantee Project Director	deann.decker@idph.iowa.gov	515-281-0929
Grant Contact:	DeAnn Decker, Bureau Chief for Substance Abuse, Interim Grantee Project Director	deann.decker@idph.iowa.gov	515-281-0929
Grant Project Officer:	Sherrye McManus	sherrye.mcmanus@samhsa.hhs.gov	240.276.2576
SSA Location in State Structure	Department of Public Health; Department of Human Services (Medicaid); Division of Behavioral Health; Division of Mental Health and Disability Services; Bureau of Substance Abuse		

Grantee Partners/ Sites and Roles:			
Role	Organization Name	Location	Funding Source
Grantee	Iowa State Department of Health (IDPH)	Des Moines, Polk County, IA	State
Site #1: Provider	Mercy Turning Point (MTP)	Dubuque, Dubuque County, IA	Member of Mercy Health-Network, not-for-profit
Site #2: Provider	United Community Services (UCS)	Des Moines, Polk County, IA	not-for-profit
Site #3: Provider	Area Substance Abuse Council (ASAC)	Cedar Rapids, Linn County, IA	not-for-profit
Site #4: Provider	Jackson Recovery Centers (JRC)	Sioux City, Woodbury County, IA	not-for-profit



Project Overview:	The IDPH proposes to broaden the IOWA treatment infrastructure for evidence-based MAT services, integrated care and prevention activities.
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Grantee Goals	
1	Coordinated expansion and enhancement of MAT services
2	Increase the number of individuals receiving MAT services
3	Decrease illicit drug use and improve client outcomes

Iowa

Target Population(s)
Individuals with opioid use disorders (OUD).

Ethnicity	Site #1	Site #2	Site #3	Site #4
Hispanic or Latino	DNK	DNK	DNK	DNK
NOT Hispanic or Latino	DNK	DNK	DNK	DNK
Prefer not to answer	DNK	DNK	DNK	DNK

Race	Site #1	Site #2	Site #3	Site #4
White	DNK	DNK	DNK	DNK
Black or AA	DNK	DNK	DNK	DNK
Asian	DNK	DNK	DNK	DNK
AI/AN	DNK	DNK	DNK	DNK
Native Hawaiian or Other PI	DNK	DNK	DNK	DNK
Other	DNK	DNK	DNK	DNK
Prefer Not to Answer	DNK	DNK	DNK	DNK

Numbers Served (unduplicated count)	Total
Total	340
Year 1	100
Year 2	120
Year 3	120

Sex	Site #1	Site #2	Site #3	Site #4
Female	DNK	DNK	DNK	DNK
Pregnant	DNK	DNK	DNK	DNK
Not Pregnant	DNK	DNK	DNK	DNK
Male	DNK	DNK	DNK	DNK

Sexual Orientation	Site #1	Site #2	Site #3	Site #4
LGBT	DNK	DNK	DNK	DNK
Heterosexual	DNK	DNK	DNK	DNK
Bisexual	DNK	DNK	DNK	DNK
Transgender	DNK	DNK	DNK	DNK

Evidence based Practices/ Approaches	Site #1-MTP	Site #2 UCS	Site #3 ASAC	Site #4 JRC
Medication-assisted Treatment (MAT)	yes	yes	yes	yes
Motivational Interviewing (MI)	DNK	DNK	DNK	DNK
Supplemental Recovery Support Services (RSS)	DNK	DNK	DNK	DNK
Medicaid Health Home Model	DNK	DNK	DNK	DNK
Minkoff and Cline Training and Technical Assistance for Co-Occurring Disorders	DNK	DNK	DNK	DNK
Collaborative Opioid Prescribing Education (COPE, for providers)	DNK	DNK	DNK	DNK

Performance metrics	
1	WITS/I-SMART
2	Provider Level Performance Analysis (PLPA)
3	Positive Outcome Factor Analysis (POFA)
4	GPRA (systems need to be upgraded to feed to GPRA)

Behavioral Health Screening Tools	Site #1-MTP	Site #2 UCS	Site #3 ASAC	Site #4 JRC
Clinical Opiate Withdrawal Scale (COWS)	DNK	DNK	DNK	DNK
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	DNK	DNK	DNK	DNK
Public Healthcare Questionnaire-9 (PHQ-9)	DNK	DNK	DNK	DNK

Program Elements	
Outcomes (Clients, Services, Implementation) /Measures: <ul style="list-style-type: none"> • SU • Housing Status • Employment and Education • Family Relations • MH (Mental Health) • Medical/Health Status • Justice Involvement • Social and Recovery Support • Opioid Withdrawal • Program retention • Program completion 	
Organizational Structure:	IDPH will provide leadership and oversight for: (1) all aspects of the EBP implementation including but not limited to: training, certification, monitoring, use of assessment tools; (2) data collection, performance measurement and performance assessment; (3) the accomplishment of all goals and objectives of the project and the related activities of the four subcontracted providers.
Cultural Competence:	The National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care's principle standard which mandates the provision of "effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs" is integrated throughout Iowa's substance abuse treatment programs. The state-funded Cultural Competency Treatment Project (CCTP) disseminates culturally competent information, tools and treatment support to providers with the goal of engaging, retaining and realizing increased success for cultural minorities. Additionally, through a technical assistance request through the Substance Abuse Block Grant, Iowa has requested a face to face training on the CLAS standards. This training will be held summer of 2015 with State division staff, and results of this training will be disseminated to providers.

Iowa

Additional Program Elements		Site #1-MTP	Site #2 UCS	Site #3 ASAC	Site #4 JRC
Provider Capacity and Capability:	<p>IDPH will continue to provide leadership, implementation support and ongoing oversight of MAT Iowa. IDPH leadership staff members have extensive experience working with diverse populations including adolescents, young adults, adults and corrections clients who struggle with substance abuse, mental health and co-occurring disorders. Staff members have in depth experience increasing access to services for these clients including those who struggle due to economics or rural issues. Staff members have extensive case management, administrative and clinical backgrounds which meet the demonstrated experience and qualifications needed. MAT Iowa will build on the IDPH's considerable experience in implementing large SAMHSA funded programs</p> <p>IDPH has the ability to communicate via webinars, tele-health, conference calls, and in-person meetings. These geographic resources assist in making implementation, joint-planning, and sustainability a streamlined process.</p> <p>During the years 2009-2013, 594 Iowans lost their lives to opiates and of these 80% (476 people) lived in the target communities. Accessibility is critically limited in the northwest, north central and southeast regions of the state. Of these three programs, two provide medications administration, (dosing), through out-of-state sub-contracts, requiring patients to travel to Omaha and Illinois. Moreover, just 31 physicians in Iowa are certified to prescribe buprenorphine.</p>	DNK	DNK	DNK	DNK
Military Veterans Enrolled:		DNK	DNK	DNK	DNK
Peer Mentoring Practices:	yes	yes	yes	yes	yes
Unmet Needs and Services:					

Progress:	Began implementation of program.
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Region 7 Administrator - Kimberly Brown

DNK	Do not know
TBD	To be determined

Kentucky

State:	KENTUCKY (KY)		
State Medicaid Expansion:	Yes		
Region:	4		
Grant Term:	8/1/2015-7/31/2018		
Grantee Number:	TI026147		
Project Title:	Supporting Mothers to Achieve Recovery through Treatment and Supports (SMARTS) Initiative		
Grantee Organization:	The Commonwealth of Kentucky State Cabinet/Health/Family Services, KY Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)		
Address:	275 East Main Street, 4W-G, Frankfort, KY 40621-0000		
Grant Director:	Kris Shera	kris.shera@ky.gov	502-782-7802
Grant Contact:	Mary Mosley	Mary.Mosley@ky.gov	502-782-6247
Grant Project Officer:	Sherrye McManus	sherrye.mcmanus@samhsa.hhs.gov	240.276.2576
SSA Location in State Structure	Cabinet for Health and Family Services: Department of Behavioral Health, Development and Intellectual Disabilities; Department for Medicaid Services: Division of Behavioral Health		

Grantee Partners/ Sites and Roles:				
Role		Organization Name	Location	Funding Source
Grantee	Grantee	The Commonwealth of Kentucky State Cabinet/Health/Family Services, KY Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID)	Frankfort, Franklin County	State
Site #1:	Provider	Cumberland River Behavioral Health (CRBH) – Southeast KY	Corbin, Whitley & Knox County	Not for Profit
Site #2:	Provider	Bluegrass.org (BG, OTP)-Central KY	Lexington, Fayette County	Private, For Profit?
Partner:	Evaluator	Eastern Kentucky University	Richmond, Madison County	Public, Not for Profit
Partner:	Training & Technical Assistance	Hazelden Betty Ford Foundation	Center City, MN	Not for Profit



Kentucky

Project Overview: To accelerate progress with one of our most vulnerable populations, Kentucky proposes to significantly expand access to Medication-Assisted Treatment (MAT) and integrated care for pregnant and postpartum women with a diagnosis of opioid use disorder.

Grantee Goals

- 1 Initiate community assessment and MAT education in two high-risk Kentucky communities: Central Kentucky (17 county region) and Southeastern Kentucky (8 county region), two areas of the state most affected by opioid use disorder
- 2 Utilizing the COR-12 approach and NIH's Comprehensive Drug Abuse Treatment model, respond to severe service deficits identified by both obstetric and behavioral health care providers, legislative mandate, and national research data by funding establishment or expansion of dedicated MAT and integrated care programs for pregnant and postpartum women with opioid use disorder in the identified high-risk communities.
- 3 Within 60 days of award, complete a comprehensive Behavioral Health Disparities Impact Statement, identifying the number of individuals to be served and subpopulations vulnerable to behavioral health disparities; establishing a quality improvement plan for the use of program data on access, use and outcomes to support efforts to decrease the differences in access to, use and outcomes of service activities; and developing policies and procedures to ensure adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

Target Population(s)

Pregnant and postpartum women w/ODUs

Ethnicity	Site #1	Site #2
Hispanic or Latino	0.0%	3.4%
NOT Hispanic or Latino	100.0%	96.6%
Prefer not to answer	DNK	DNK

Race	Site #1	Site #2
White	100.0%	95.0%
Black or AA	0.0%	0.8%
Asian	0.0%	DNK
AI/AN	0.0%	DNK
Native Hawaiian or Other PI	0.0%	DNK
Other	0.0%	DNK
Prefer Not to Answer	0.0%	DNK

Numbers Served (unduplicated count)	Total
Total	454
Year 1	54
Year 2	200
Year 3	200

Sex	Site #1	Site #2
Female	100%	100%
Pregnant	DNK	DNK
Not Pregnant	DNK	DNK
Male	0%	0%

Sexual Orientation	Site #1	Site #2
LGBT	DNK	DNK
Heterosexual	DNK	DNK
Bisexual	DNK	DNK
Transgender	DNK	DNK

Evidence-based Practices/ Approaches

Evidence-based Practices/ Approaches	Site #1 CRBH	Site #2-BG
Medication-assisted Treatment (MAT)	yes	yes
5 A's Smoking Cessation	yes	yes
NIDA Components of Comprehensive Drug Abuse Treatment Model	yes	yes

Performance metrics

1	Kentucky All Schedule Prescription Electronic Reporting (KASPER)
2	Government Performance and Results Modernization Act (GPRA)
3	Medication Assisted Treatment Implementation Checklist
4	Instruments from TIP-59: Improving Cultural Competence
5	COR-12 Community Training, Leadership Training and Clinical Training Evaluations
6	EBP Fidelity Measures

Kentucky

Behavioral Health Screening Tools	Site #1 CRBH	Site #2-BG
Hazelden Betty Ford Foundation's Comprehensive Opioid Response (COR-12)	DNK	DNK
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	DNK	DNK

Program Elements	
Outcomes (Clients, Services, Implementation) /Measures:	<ul style="list-style-type: none"> Behavioral Health Needs Postnatal Depression Trauma Exposure Participant Satisfaction with Community, Leadership, and Clinical Trainings EBP Fidelity Perceptual/Attitudinal regarding implementation barriers/facilitators; progress and outcomes; professional learning community structure effectiveness Community Readiness for MAT Implementation Provider Self-Efficacy Cultural Competence
Organizational Structure:	<p>The community mental health centers (CMHCs) in the two regions will serve as the lead agency for local implementation efforts. Each region has identified their substance use treatment director to serve as the regional implementation director. Multi-disciplinary implementation teams will be established in each region to serve as the locus of accountability for program implementation and oversight of local performance assessment. These teams will be comprised of representatives from the various agencies comprising the system of care (see NIDA model in Section B).</p> <p>The state behavioral health and state public health agencies have both dedicated staff to serve as Co-Principal Investigators for the initiative and the applicant agency has dedicated the SOTA and Adult Substance Use Treatment and Recovery Services Branch Manager will dedicate time to the initiative as well. The Project Director will be employed by the state behavioral health agency and will work in closely proximity to the other key personnel to ensure effective and efficient coordination of implementation efforts.</p> <p>In addition to the regional implementation teams, a state implementation team will be created consisting of state-level leaders of relevant agencies and organizations as well as the two regional implementation directors to ensure achievement of program goals.</p>
Cultural Competence:	The teams will receive education on the National CLAS Standards and will regularly review activities to ensure alignment and adherence against the standards. The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations. Language interpreters will be provided if necessary.

Additional Program Elements	Site #1 CRBH	Site #2-BG
<p>Provider Capacity and Capability:</p> <p>Based on data available for August 1, 2014, to March 31, 2015 (see Section A), the number of pregnant women expected to deliver infants with NAS over a full one year period in the two target areas is expected to be 275.</p> <p>100% of women testing positive for opioid abuse in the designated service regions at the time of pregnancy diagnosis will be assessed for MAT and related services. Of those agreeing to participate in addiction treatment, an estimated 200 (75%) will be provided MAT services in an in- or outpatient environment, with planned follow-up, monitoring, and peer support, appropriate to their needs.</p>	Includes Independence House, the state's only rural long-term residential program for pregnant and postpartum women, age 18 and older, who have serious substance abuse/dependence and their minor children.	These services include provision of medication and intensive therapy, as well as psychiatric evaluation and care, case management specifically for pregnant women, gender-specific outpatient substance use treatment services, and immediate access to their 28-day residential addiction treatment program.
Military Veterans Enrolled	DNK	DNK
Peer Mentoring Practices:	yes	yes
Unmet Needs and Services:		

Progress:	Began implementation of program.
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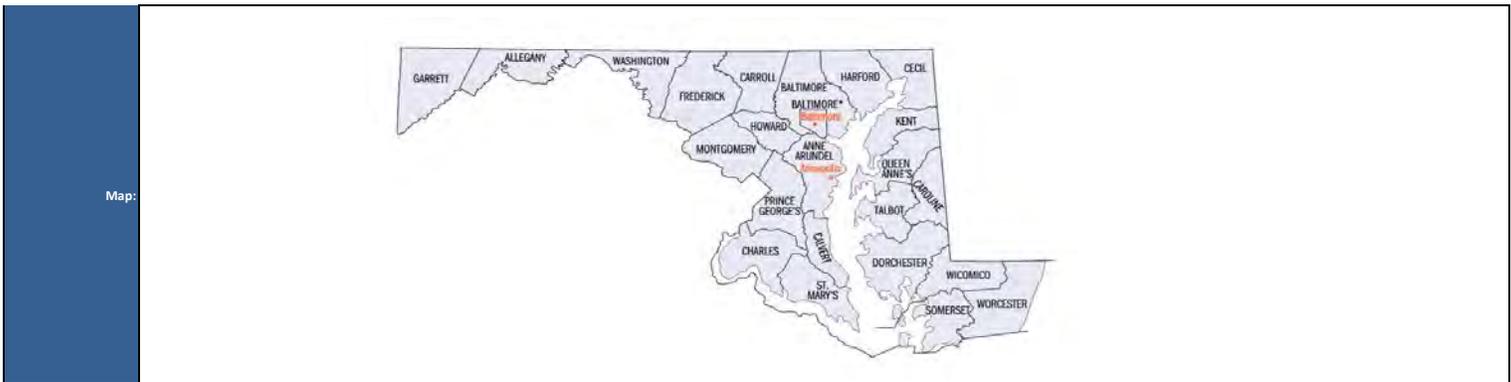
Region 4 Administrator - Stephanie McCladdie

DNK	Do not know
TBD	To be determined

Maryland

State:	Maryland (MD)		
State Medicaid Expansion:	Yes		
Region:	3		
Grant Term:	8/1/2015-7/31/2018		
Grantee Number:	T1026148		
Project Title:	Maryland Medication Assisted Treatment and Recovery Support initiative (MD MATRS)		
Grantee Organization:	Maryland State Department of Health and Mental Hygiene		
Address:	55 Wade Avenue, Vocational Rehabilitation Building, Catonsville, MD 21228-4663		
Grant Director:	Larry Stevens	larry.stevens@maryland.gov	410 402-8583
Grant Contact:	Larry Stevens	larry.stevens@maryland.gov	410 402-8583
Grant Project Officer:	Sherrye McManus	sherrye.mcmanus@samhsa.hhs.gov	240.276.2576
SSA Location in State Structure	Department of Health and Mental Hygiene (Medicaid) Alcohol and Drug Abuse Administration; Mental Hygiene		

Grantee Partners/ Sites and Roles:				
Role	Organization Name	Location	Funding Source	
Grantee	Maryland State Department of Health and Mental Hygiene, Behavioral Health Administration (BHA)	Baltimore	State	
Provider 1	Anne Arundel County Department of Health (AA)	Annapolis, Anne Arundel County	State	
Provider 2	Behavioral Health System Baltimore (BHBS)	Baltimore	State	
Provider Site #1a:	University of Maryland Baltimore Washington Medical Center (BWMC)	Glen Burnie, Anne Arundel County	Public, Not for Profit	
Provider Site #2a:	University of Maryland Medical Center (UMMC)	Baltimore	Public, Not for Profit	
Provider Site #2b:	Tuerk House (part of Behavioral Health Administration)	Baltimore	State	
Provider Site #2c:	East Baltimore Community Corporation, Reflective Treatment Center, OPT	Baltimore	Private, Not for profit	
Provider Site #2d:	Medmark Daybreak Rehabilitation Center	Baltimore	Private	
Partner:	Evaluator	University of Maryland Baltimore, Systems Evaluation Center (SEC)	Baltimore	
			Public, Not for Profit	



Project Overview: The Maryland Behavioral Health Administration (BHA) proposes to increase enrollment in medication assisted treatment (MAT) by 271 individuals per year (813 over 3 years) in two highrisk communities by outreach to overdose survivors in emergency rooms, increasing use of Interim Methadone Maintenance, and increasing induction in Level 3.7 facilities. BHA will also enhance current MAT through use of innovative peer and social supports.

Grantee Goals	
1	The purpose of this project is to increase the number of people receiving MAT in Anne Arundel County and Baltimore City
2	To decrease illicit drug use by those individuals enrolling in the project.

Maryland

Target Population(s)
Opioid users and overdose survivors in emergency rooms

Ethnicity	Provider 1	Provider 2
Hispanic or Latino	DNK	DNK
NOT Hispanic or Latino	DNK	DNK
Prefer not to answer	DNK	DNK

Race	Provider 1	Provider 2
White	90%	DNK
Black or AA	DNK	67%
Asian	DNK	DNK
AI/AN	DNK	DNK
Native Hawaiian or Other PI	DNK	DNK
Other	DNK	DNK
Prefer Not to Answer	DNK	DNK

Numbers Served (unduplicated count)	Total
Total	691
Year 1	109
Year 2	261
Year 3	321

Sex	Provider 1	Provider 2
Female	42%	44%
Pregnant	DNK	DNK
Not Pregnant	DNK	DNK
Male	58%	57%

Sexual Orientation	Provider 1	Provider 2
LGBT	DNK	DNK
Heterosexual	DNK	DNK
Bisexual	DNK	DNK
Transgender	DNK	DNK

Evidence based Practices/ Approaches	Provider 1 AA	Provider 2 BHSB
Medication-assisted Treatment (MAT)	yes	yes
Interim Methadone Maintenance (IM)	yes	no
Buprenorphine Induction (BI) at 3.7 Level Residential Treatment	no	yes

NONevidence-Based Practices/Approaches	Provider 1 AA	Provider 2 BHSB
Overdose Survivors Outreach Program (OSOP)	yes	yes
Maryland RecoveryNet	yes	yes
Medication-Assisted Recovery Services (MARS)	yes	yes

Performance metrics	
1	Government Performance and Results and Modernizations Act (GRPA)
2	Survivor Program Contact and Referral Data
3	Stakeholder Interviews
4	Claims/Service Utilization Data
5	Treatment Progress Data
6	Office of Chief Medical Examiner (OCME) Data (for opioid deaths)
7	Prescription Drug Monitoring Program (PDMP)

Behavioral Health Screening Tools	Provider 1 AA	Provider 2 BHSB
Mental Health Screening Form (MHSF-III)	yes	DNK

Program Elements	
Outcomes (Clients, Services, Implementation) /Measures:	<ul style="list-style-type: none"> # of individuals evaluated for MAT # of opioid overdose survivors receiving MAT # of individuals receiving Interim Methadone Treatment # of individuals adhering to MAT Tx by utilizing peer support Illicit drug use by those in MAT Prevented opioid-related deaths Baltimore Length of stay in MAT # of patients leaving MAT AMA # of residents in 3.7 Tx undergoing buprenorphine induction Tx # of referrals from 3.7 Tx to MAT
Organizational Structure:	The Maryland Department of Health and Mental Hygiene will distribute funds to the nonprofit local addiction authorities in the high risk communities: the Anne Arundel County Department of Health and Behavioral Health System Baltimore. The local authorities will in turn distribute their funds to the service providers, and to the entities providing trainings, which are a combination for non-profit and for-profit entities.
Cultural Competence:	BHA recognizes the importance of, and is committed to addressing, health disparities among vulnerable subpopulations. To that end, sub-recipients of the grant will be required to adhere to the 15 standards outlined in the National Standards for Culturally and Linguistic Appropriate Services (CLAS) in Health and Health Care. When applicable, adherence to the CLAS standards will be monitored throughout the duration of the initiative via data collected in bi-annual reports and site visits. BHA will develop a behavioral health disparities impact statement no later than 60 days after receiving its award.

Additional Program Elements	Provider 1 AA	Provider 2 BHSB
Provider Capacity and Capability: Anne Arundel County Department of Health Adult Addiction Services (AAS) is a CARF accredited and state certified Opioid Maintenance Therapy (OMT), as well as Level 1, & 2.1 programs that provide assessment, intervention, referral and medication-assisted treatment to County residents diagnosed with opiate dependency. Adult Addictions MAT menu includes methadone and buprenorphine (induction & stabilization), and admitted over 280 individuals for opioid treatment in 2014. BHSB serves as the local behavioral health authority for Baltimore City. In this role and in collaboration with BHA, the organization is tasked with overseeing the continuum of publicly funded behavioral health services in the City. The majority of PBHS services are reimbursed through a statewide fee-for-service system.	In 2013, BMMC had 474 ER visits for overdose-related issues, 181 (~38%) of which were opioid-related overdose visits.	In 2013, UMMC had 203 ER visits for overdose-related issues, 43 (~21%) of which were specifically opioid-related overdose visits. By including UMMC affiliates, they estimate 144 ER visits per year for opioid overdoses. Tuerk House provides screening for mental health needs, smoking and gambling addictions, and somatic care to 1,200 clients per year most of whom have heroin as a primary or secondary drug issue. In 2014, EBCC Reflective Treatment Services admitted 230 individuals into treatment for opioid therapy. In 2014, Daybreak clinic it admitted approximately 150 individuals into treatment for opioid therapy.
Military Veterans Enrolled:	DNK	DNK
Peer Mentoring Practices:	yes	yes
Unmet Needs and Services:		

Maryland

Progress:	Began implementation of program.
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Region 3 Administrator - Jean Bennett

DNK	Do not know
TBD	To be determined

Massachusetts

State:	MA		
State Medicaid Expansion:	Yes		
Region:	1		
Grant Term:	8/1/2015-7/31/2018		
Grantee Number:	TI026154		
Project Title:	The Moms Do Care Project (MDCP)		
Grantee Organization:	Massachusetts Department of Public Health, Bureau of Substance Abuse Services (BSAS)		
Address:	250 Washington Street, Boston, MA 02108		
Grant Director:	Amy Sorenson-Alawad	amy.sorensen-alawad@state.ma.us	617-624-5342
Grant Contact:	Amy Sorenson-Alawad	amy.sorensen-alawad@state.ma.us	978-261-1409
Grant Project Officer:	Sherrye McManus	sherrye.mcmanus@samhsa.hhs.gov	240.276.2576
SSA Location in State Structure	Executive Office of Health and Human Services: Department of Public Health; Department of Mental Health; Mass Health (Medicaid): Bureau of Substance Abuse Services		

Grantee Partners/ Sites and Roles:				
Role		Organization Name	Location	Funding Source
Grantee	Grantee	Massachusetts Department of Public Health, Bureau of Substance Abuse Services (BSAS)	Boston, MA	State
Partner	Evaluator	Advocates for Human Potential (AHP)	Sudbury, MA	Private
Partner	Infrastructure/ Capacity Building	Institute for Health and Recovery (IHR)	Cambridge, MA	Private, not for profit
Partner	Training & Technical Support	Boston Medical Center (BMC)	Boston, MA	Private
Site #1	Provider	University of Massachusetts Memorial Hospital (UMMH)	Worcester, Worcester Co, MA	Not for Profit
Site #2	Provider	Cape Cod Healthcare (CCHC)	Hyannis, Barnstable Co, MA	Private
Site #3	Provider	Habit Opco	MA, state-wide	Private, not for profit
Site #4	Provider	Spectrum Health Systems	MA, state-wide	DNK



Project Overview:	To enhance/expand Massachusetts medication assisted treatment (MAT) and other recovery support services to individuals and pregnant and postpartum women with opioid use disorders seeking or receiving MAT.
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Grantee Goals	
1	Expand identification of untreated opioid dependent pregnant women and their access to evidence-based MAT services in two high-risk communities
2	Deliver comprehensive, coordinated, integrated and trauma-informed pre- and post-natal primary and behavioral health care to this population
3	Support women receiving MAT with individualized recovery services that support early and sustained recovery, choices about continuing medication, and maintain custody or contract with their children.
4	Expand medical and behavioral health service systems capacity to engage and retain pregnant and post-partum women in integrated MAT and holistic health and recovery services

Massachusetts

Target Population(s)
Pregnant women with opioid use disorder

Ethnicity	Site #1	Site #2
Hispanic or Latino	12%	12%
NOT Hispanic or Latino	80%	80%
Prefer not to answer	DNK	DNK

Race	Site #1	Site #2
White	80%	80%
Black or AA	8%	8%
Asian	DNK	DNK
AI/AN	DNK	DNK
Native Hawaiian or Other PI	DNK	DNK
Other	1%	1%
Prefer Not to Answer	DNK	DNK

Numbers Served (unduplicated count)	Total
Total	226
Year 1	60
Year 2	91
Year 3	75

Sex	Site #1	Site #2
Female	100%	100%
Pregnant	DNK	DNK
Not Pregnant	0	0
Male	0%	0%

Sexual Orientation	Site #1	Site #2
LGBT	DNK	DNK
Heterosexual	DNK	DNK
Bisexual	DNK	DNK
Transgender	DNK	DNK

Evidence based Practices/ Approaches	Site #1 UMMH	Site #2 CCHC
Medication Assisted Treatment (MAT)	yes	yes
Office based opioid treatment (OBOT-8) Model	yes	yes
The Nurturing Program for Families in Substance Abuse Treatment and Recovery	yes	yes
Trauma Informed Approach and Seeking Safety	yes	yes

Performance metrics	
1	Government Performance and Results Act (GPRA) measures
2	Program records
3	Service logs
4	BSAS Opioid Treatment Program Client Satisfaction Survey
5	Key Informant Interviews
6	Pre- and Post Training Staff Surveys
7	DEA Waivers

Behavioral Health Screening Tools	Site #1 UMMH	Site #2 CCHC
Screening Brief Intervention and Referral to Treatment (SBIRT)	yes	yes
Post Traumatic Diagnostic Scale (PDS)	yes	yes
Global Appraisal of Individual Needs Short Screener (GAIN-SS)	yes	yes
Screening Brief Intervention and Referral to Treatment (SBIRT)	yes	yes
PTSD Checklist-Civilian (PCL-C)	yes	yes
Center for Mental Health Service National Outcomes Measures (CMHS NOMS)	yes	yes
Recovery Enhancing Environment Recovery Markers - Revised (RM-R)	yes	yes

Program Elements	
Outcomes (Clients, Services, Implementation) /Measures:	<ul style="list-style-type: none"> Illicit drug use PTSD symptoms Functioning Social connectedness Housing stability Recovery status Treatment satisfaction Program retention Identification of opioid dependent pregnant women Numbers of waived buprenorphine prescribers Integration of health and behavioral helath services Workforce understanding of SUD among women and centrality of trauma Workforce capacity to deliver trauma-specific and parenting groups Workforce capacity to provide information on smoking cessation Stigmatizing attitudes and beliefs among health and behavioral health
Organizational Structure:	<p>Massachusetts Department of Public Health-Bureau of Substance Abuse Services (BSAS) is the applicant organization. BSAS oversees the substance abuse and gambling prevention, treatment and recovery services in the Commonwealth. The Bureau is responsible for the annual application and reporting requirements that pertain to each grant, including financial status reports and quarterly reports, cost extensions, carry-over request, site visits, tracking and monitoring and allocating the funds to all the treatment and prevention programs. Massachusetts has a solid network and collaborations with agencies and services for pregnant and parenting women. BSAS has been funding MAT expansion efforts since 2007 to increase capacity across the system.</p>
Cultural Competence:	<p>MDPH/BSAS is committed to providing culturally appropriate and competent services, an effort spearheaded by our Office of Health Equity. The Office of Health Equity promotes the health and well-being of minority populations throughout the state by increasing MDPH capacity to respond effectively to the critical public health needs of these communities.</p> <p>Through the proposed project, BSAS will coordinate efforts with the MDPH Culturally and Linguistically Appropriate Services (CLAS) initiative to assure that the needs of linguistic and cultural minorities are met throughout the planning, development and implementation of service systems. Ongoing monitoring, based on methodology recommended by the MDPH Office of Health Equity, which oversees the CLAS initiative within the department, will be used to measure adherence to CLAS standards.</p> <p>The Recovery Moms will enhance the provision of culturally appropriate services.</p>

Massachusetts

Additional Program Elements		Site 1: UMMH	Site 2: CCHC
Provider Capacity and Capability:		DNK the number of OUD pregnant women seen annually NAS births: 2012=54 ; 2013=94 ; 2014=72	DNK the number of OUD pregnant women seen annually NAS births: 2012=62; 2013=53; 2014=56
Military Veterans Enrolled		DNK	DNK
Peer Mentoring Practices:		Yes	Yes
Unmet Needs and Services:			

Progress:	Began implementation of program.
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Region 1 Administrator - A. Kathryn Power

DNK	Do not know
TBD	To be determined

Missouri

State:	MISSOURI (MO)		
State Medicaid Expansion:	No		
Region:	7		
Grant Term:	8/1/2015 - 7/31/2018		
Grantee Number:	T1026157		
Project Title:	Enhancing Access to Medication Assisted Treatment for People with Opioid Use Disorders		
Grantee Organization:	Missouri Department of Mental Health, Division of Behavioral Health		
Address:	1706 East Elm St, Jefferson City, Mo, 65101		
Grant Director:	Mark Shields	mark.shields@dmh.mo.gov	573-751-8133
Grant Contact:	Mark Shields	mark.shields@dmh.mo.gov	573-751-8133
Grant Project Officer:	Sherrye McManus	sherrye.mcmanus@samhsa.hhs.gov	240.276.2576
SSA Location in State Structure	Department of Mental Health; Department of Social Services (Medicaid): Division of Drug and Alcohol Abuse		

Grantee Partners/ Sites and Roles:				
Role		Organization Name	Location	Funding Source
Grantee	Grantee	Missouri Department of Mental Health, Division of Behavioral Health	Jefferson City, Cole County	State
Site #1:	Provider	Bridgeway Behavioral Health (BBH) -Service Area SL	St. Charles, St. Charles County	Private, not-for-profit
Site #2:	Provider	Southeast Missouri Behavioral Health (SMBH)-Service Area 17	Park Hills, St. Francois County	Private, not-for-profit
Partner	Evaluator	Missouri Department of Mental Health, Division of Behavioral Health	Jefferson City, Cole County	State



Project Overview:	Missouri’s Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MATPDOA) project will expand access to integrated treatment for individuals with opioid use disorders in urban and suburban St. Louis (Service Area SL) and eight rural counties in Southeast Missouri (Service Area 17). These areas had the highest rates of opioid treatment admissions in the state in fiscal year 2014.
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Grantee Goals	
1	Increase utilization of MAT for consumers with opioid use disorders
2	Increase the number of consumers with opioid use disorders who receive coordinated and integrated care, including recovery support services
3	Improve behavioral health outcomes for consumers with opioid use disorders
4	Improve overall health outcomes for consumers with opioid use disorders

Missouri

Target Population(s)
Non-Medicaid eligible adults with Opiate Use Disorder and clinically appropriate for non-methadone MAT

Ethnicity	Site #1	Site #2
Hispanic or Latino	1.0%	0.9%
NOT Hispanic or Latino	99.0%	99.0%
Prefer not to answer	DNK	DNK

Race	Site #1	Site #2
White	43.2%	97.0%
Black or AA	53.0%	1.8%
Asian	DNK	DNK
AI/AN	DNK	DNK
Native Hawaiian or Other PI	DNK	DNK
Other	3.4%	1.5%
Prefer Not to Answer	DNK	DNK

Numbers Served (unduplicated count)	Total
Total	450
Year 1	150
Year 2	150
Year 3	150

Sex	Site #1	Site #2
Female	42.8%	50.9%
Pregnant	11.7%	6.5%
Not Pregnant	DNK	DNK
Male	57.2%	49.1%

Sexual Orientation	Site #1	Site #2
LGBT	3.1%	3.1%
Heterosexual	96.9%	96.9%
Bisexual	DNK	DNK
Transgender	DNK	DNK

Evidence based Practices/ Approaches	Site #1 BBH	Site #2 SMBH
Medication-assisted Treatment (MAT)	yes	yes
Care Coordination	yes	yes
Cognitive Behavioral Therapy (CBT)	yes	yes
Co-occurring Disorders Counseling	yes	yes
Motivational Interviewing (MI)	yes	yes
Peer Support	yes	yes
Relapse Prevention Therapy	yes	yes
Trauma-informed care: Seeking Safety and Trauma-Focused Cognitive Behavioral Therapy	yes	yes
Best Practices		
Wellness Coaching	yes	yes

Performance metrics	
1	Customer Information Management Outcomes and Reporting (CIMOR)
2	Will start using Government Performance and Results (GPRA) system within 90 days of grant award

Behavioral Health Screening Tools	Site #1 BBH	Site #2 SMBH
Addiction Severity Index-Multimedia Version (ASI-MV)	yes	yes
Behavioral Health index-Multimedia Version (BHI-MV)	DNK	DNK
Mental Health Screening Form-III (MHSF-III)	DNK	DNK

Missouri

Program Elements	
Outcomes (Clients, Services, Implementation) /Measures:	<ul style="list-style-type: none"> • Common Data Platform DCI measures • SU and contributing aspects (ASI) <ul style="list-style-type: none"> - Medical - Employment/Support - Alcohol - Drug - Legal - Family/Social - Psychiatric • Consumer satisfaction
Organizational Structure:	The targeted communities, and the state’s final selection for this project, are St. Louis City and County (Service Area SL) and Service Area 17 in Southeast Missouri which is comprised of Phelps, Maries, Washington, St. Francois, Iron, Dent, Crawford, and Gasconade counties. Bridgeway Behavioral Health in Service Area SL and Southeast Missouri Behavioral Health in Service Area 17 have committed to partnering with the Division of Behavioral Health on this project. The grant Project Director and Project Manager will conduct regular conference calls and on-site visits with the partnering providers to ensure the goals and objectives of the grant are being accomplished within the established timeframes. They will regularly review consumer enrollment, retention rates, and GPRA data via the Department of Mental Health (DMH) Customer Information Management, Outcomes and Reporting (CIMOR) system to ensure additional opioid users in the targeted communities are accessing MAT and integrated services. CIMOR is a Web-based, HIPAA-compliant enterprise application supporting DMH-funded programs across the state.
Cultural Competence:	All programming will be delivered by a staff that is representative of their community and understands the social and cultural characteristics of the area. The DMH expects all service providers to adhere to its Mission, Vision, and Values and requires all contracted, certified, and accredited providers to adhere to the National Standards for Culturally and Linguistic Appropriate Services. Compliance is reviewed during regular, on-site monitoring visits through a review of treatment plans, observation of counseling and education groups, and discussions with consumers and staff.

Additional Program Elements		Site #1 BBH	Site #2 SMBH
Provider Capacity and Capability:	<p>The DBH, through its network of contracted treatment providers, has been offering MAT since 2007. The Division has sponsored numerous training and educational opportunities for providers and referral sources about the benefits of MAT. The FDA-approved medications are on the state’s Medicaid formulary which has increased access. However, MAT continues to be restricted for the uninsured because of limited funding.</p> <p>Two community-based, non-profit service providers are partnering with the Division of Behavioral Health on the MAT-PDOA Grant Project: Bridgeway Behavioral Health, Service Area SL and Southeast Missouri Behavioral Health, Service Area 17. These agencies have demonstrated utilization of Medication Assisted Treatment; achieved national accreditation from CARF; collaborate with local primary care providers, hospital systems and/or health homes to provide integrated care; employ full- and part-time RN’s and LPN’s; deliver community support services primarily in a community setting; utilize evidence-based trauma and co-occurring disorder services; have a history of successful consumer retention rates and individualized care; and are committed to devoting staff resources to participate in learning collaboratives related to MAT and integrated care.</p>	DNK	DNK
Military Veterans Enrolled:		not targeted	not targeted
Peer Mentoring Practices:	Peer Specialists will develop a supportive relationship with consumers in the early stages of the treatment process. The specialists will maintain regular contact with consumers by providing recovery coaching and recovery management checkups.	yes	yes
Unmet Needs and Services:			

Progress:	Began implementation of program.
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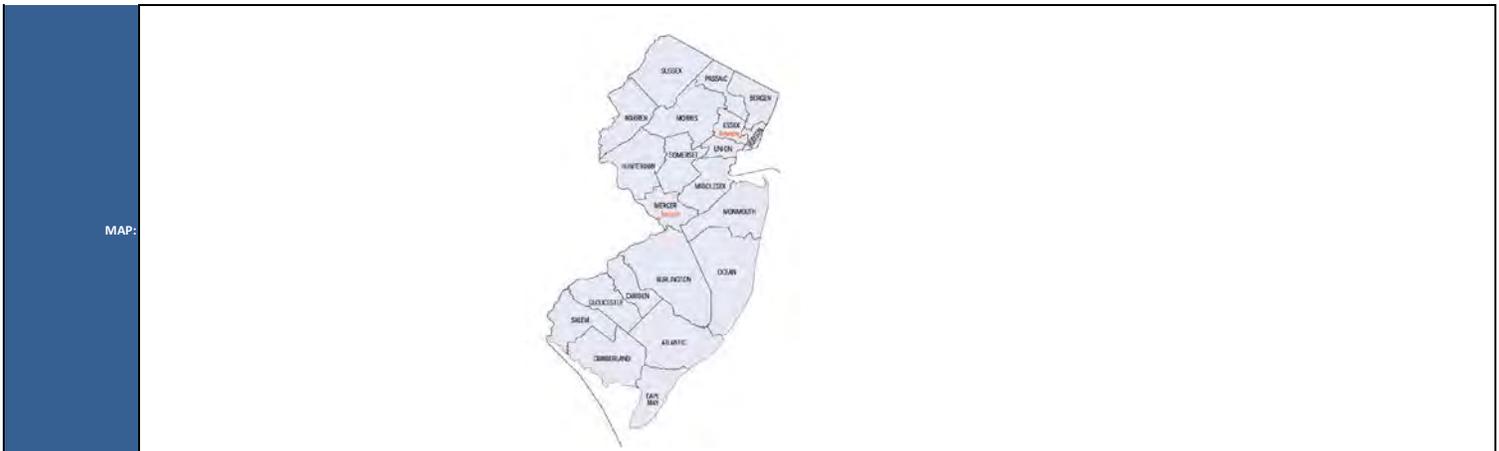
Region 7 Administrator - Kimberly Brown

DNK	Do not know
TBD	To be determined

New Jersey

State:	New Jersey (NJ)		
State Medicaid Expansion:	Yes		
Region:	3		
Grant Term:	8/1/2015-7/31/2018		
Grantee Number:	T1026153		
Project Title:	Medication Assisted Treatment Outreach Program (MATOP)		
Grantee Organization:	New Jersey Division of Mental Health and Addiction Services		
Address:	P.O. Box 700, 222 S. Warren Street, Capital Place One, Trenton, NJ 08625-0700		
Grant Director:	Adam Bucon	Adam.Bucon@dhs.state.nj.us	609-984-3316
Grant Contact:	Adam Bucon	Adam.Bucon@dhs.state.nj.us	609-984-3316
Grant Project Officer:	Sherrye McManus	sherrye.mcmanus@samhsa.hhs.gov	240.276.2576
SSA Location in State Structure	Department of Human Services: Division of Mental Health and Addiction Services; Division of Medical Assistance and Health Services (Medicaid): Behavioral Health and Addiction Providers		

Grantee Partners/ Sites and Roles:				
Role	Organization Name	Location	Funding Source	
Grantee	Grantee	New Jersey Division of Mental Health and Addiction Services	Trenton, Mercer County	State
Site #1:	Provider	East Orange Substance Abuse Treatment Program (EOSATP, OTP)	East Orange, Essex County	Private, not-for-profit
Site #2:	Provider	The Lennard Clinic (TLC, OTP)	Newark, Essex County	Private, not-for-profit
Site #3:	Provider	JSAS Healthcare, Inc. (JSASHC, OTP)	Neptune, Monmouth and Ocean Counties	Private, not-for-profit
Partner	Partner	NJ Department of Children and Families (DCF)	Trenton, Mercer County	State
Partner	Partner	NJ Department of Military and Veterans Affairs (DMVA)	Trenton, Mercer County	State
Partner	Partner	New Jersey Division of Consumer Affairs, NJ Prescription Monitoring Program (PMP)	Newark, Essex County	State
Partner	Evaluator	Rutgers, School of Social Work, Institute for Families (IFF)	New Brunswick, Middlesex County	Public, not-for-profit
Partner	Training and Technical Assistance	Rutgers, Robert Wood Johnson Medical School	New Brunswick, Middlesex County	Public, not-for-profit



Project Overview: The New Jersey Division of Mental Health and Addiction Services' (DMHAS) Medication Assisted Treatment Outreach Program (MATOP) seeks to provide accessible, comprehensive and integrated care, using evidence-based programs such as medication assisted treatment (MAT), mindfulness based recovery maintenance, smoking cessation and other recovery support services for individuals with an opioid use disorder.

Grantee Goals	
1	To increase the number of individuals receiving MAT
2	Increase the number of individuals receiving integrated care
3	Decrease illicit drug use at six-month follow-up.
Objectives	
1	Increase understanding of MAT and address misunderstandings regarding the use of MAT among individuals and providers
2	Increase the number of treatment admissions in New Jersey utilizing MAT
3	Demonstrate an increase in the rate of MAT patients who complete treatment
4	Demonstrate better outcomes for individuals through the use of MAT and additional supportive therapies and services
5	Increase outreach to historically underserved populations

New Jersey

Target Population(s)
Diverse populations at risk for OUDs such as incarcerated individuals, pregnant and parenting women, veterans, parents and caregivers involved with the child welfare system, opioid overdose reversals and syringe access program participants

Ethnicity	Site #1	Site #2	Site #3
Hispanic or Latino	19%	DNK	DNK
NOT Hispanic or Latino	DNK	DNK	DNK
Prefer not to answer	DNK	DNK	DNK

Race	Site #1	Site #2	Site #3
White	23.3%	23.3%	85.6%
Black or AA	44.5%	44.5%	5.8%
Asian	5.0%	DNK	DNK
AI/AN	DNK	DNK	DNK
Native Hawaiian or Other PI	DNK	DNK	DNK
Other	13.6%	13.6%	2.4%
Prefer Not to Answer	DNK	DNK	DNK

Numbers Served (unduplicated count)	Total
Total	390
Year 1	130
Year 2	130
Year 3	130

Sex	Site #1	Site #2	Site #3
Female	39%	DNK	DNK
Pregnant	DNK	DNK	DNK
Not Pregnant	38%	DNK	DNK
Male	61%	DNK	DNK

Sexual Orientation	Site #1	Site #2	Site #3
LGBT	1.9%	DNK	DNK
Heterosexual	95.6%	DNK	DNK
Bisexual	2.5%	DNK	DNK
Transgender	0.2%	DNK	DNK

Evidence based Practices/ Approaches	Site #1 EOSATP	Site #2 TLC	Site #3 JSASHC
Medication-assisted Treatment (MAT)	yes	yes	yes
Mindfulness-Based Recovery Maintenance	yes	yes	yes
Smoking Cessation	yes	yes	yes

Performance metrics	
1	Government Performance and Results and Modernizations Act (GRPA)
2	Self-report instruments
3	Provider-Level Performance Management (PPM) system
4	New Jersey Substance Abuse Monitoring Systems (NJSAMS)

Behavioral Health Screening Tools	Site #1 EOSATP	Site #2 TLC	Site #3 JSASHC
The Immediate Needs Profile (INP)	yes	yes	yes
Level of Care Index (LOCI)	yes	yes	yes
Addiction Severity Index (ASI) Version 5	yes	yes	yes
Mental Health Screening Form (MHSF-III)	yes	yes	yes

Program Elements	
Outcomes (Clients, Services, Implementation) /Measures:	<ul style="list-style-type: none"> • SU to include tobacco use • MH • Overall Satisfaction w/Tx • HIV/AIDS, hepatitis, and other infectious diseases knowledge and risk behaviors • Physical Health • Program completion at recommended level of care
Organizational Structure:	<p>DMHAS selected three licensed OTPs to partner with to expand its use of MAT, as well as to coordinate wrap-around services. After contract execution, the DMHAS Project Director or Associate Project Directors will conduct biweekly in-person meetings or conference calls with the three agencies to discuss implementation of the project. Following implementation, the Program Director or Associate Project Directors will coordinate quarterly meetings, either in-person or via conference call, to discuss any issues or barriers that may exist for providers in carrying out project goals and requirements.</p> <p>Rutgers, School of Social Work will oversee the overall evaluation of this project by conducting a performance assessment to document the progress, implementation, accomplishment, and challenges of this project. Rutgers, Robert Wood Johnson Medical School will provide training to the OTP partners, patients and their families. DCF will coordinate services for parents/caregivers involved in the Child Welfare System. The project's OTP partners will have access to the NJPMP website to query each new patient admission and as needed throughout the project. The DMVA service offices will allow training and education of MAT services for veterans and families who experience an opioid use disorder and refer veterans and families directly to the OTP providers for MAT services.</p>
Cultural Competence:	<p>DMHAS has established a Multicultural Services Group (MSG) to address issues of quality in the development and delivery of culturally competent services, and to advocate for policies, programs, and legislation that impact these services. MSG provides a structure through which the needs of NJ's multicultural population is communicated within DMHAS, and ensures that cultural competency be a critical aspect in the planning and implementation of an effective system of care. All provider agencies are required to provide a cultural and linguistic competency plan to DMHAS, which includes a plan to provide cultural competency trainings annually for all staff and volunteers.</p> <p>DMHAS will share the National Standards for CLAS Standards with all MATOP service providers to facilitate implementation and adherence to the CLAS Standards. The agency providers will collect and maintain accurate and reliable demographic and outcome data. These data will be assessed by DMHAS to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.</p>

New Jersey

Additional Program Elements		Site #1 EOSATP	Site #2 TLC	Site #3 JSASHC
Provider Capacity and Capability:	DMHAS will partner with three licensed OTPs serving Essex, Monmouth and Ocean counties. Each OTP has 30 years or more experience providing MAT and are well integrated into the network of community resources who serve the target population daily including: public and private social services agencies, hospitals, FQHCs, and behavioral health providers. In addition, the OTPs have grassroots organizations in their communities that embrace MAT for addiction recovery and are rooted in the language and culture of recovery. These grassroots organizations work with hospitals, treatment providers, and government and elected officials to advocate for public policy change to assist and provide treatment and recovery support services for individuals and families affected by substance use disorders. Based on DMHAS regulations that limit caseload size, the OTPs will add a counselor who will be able to serve 40-50 new individuals a year.	DNK	DNK	DNK
Military Veterans Enrolled	DMHAS recognizes that it is necessary to develop and identify specific strategies to address the substance use service needs of veterans and their families. The three agencies currently have veterans enrolled in MAT services. Providers will continue to conduct outreach to veterans and their families who might be danger of developing, or who have already developed an opioid use disorder. In addition, the NJ Department of Military and Veterans Affairs offices will allow training and education from the project OTP partners in regards to MAT services for veterans and families who experience an opioid use disorder and refer veterans and families directly to the project treatment providers for MAT services.	yes	yes	yes
Peer Mentoring Practices:	Expand services and provide linkages to ancillary medical/psychiatric/social services and nonclinical, peer-based recovery support services; mostly at the END of treatment, not part of treatment to use peer mentors	not directly	not directly	not directly
Unmet Needs and Services:				

Progress:	Began implementation of program.
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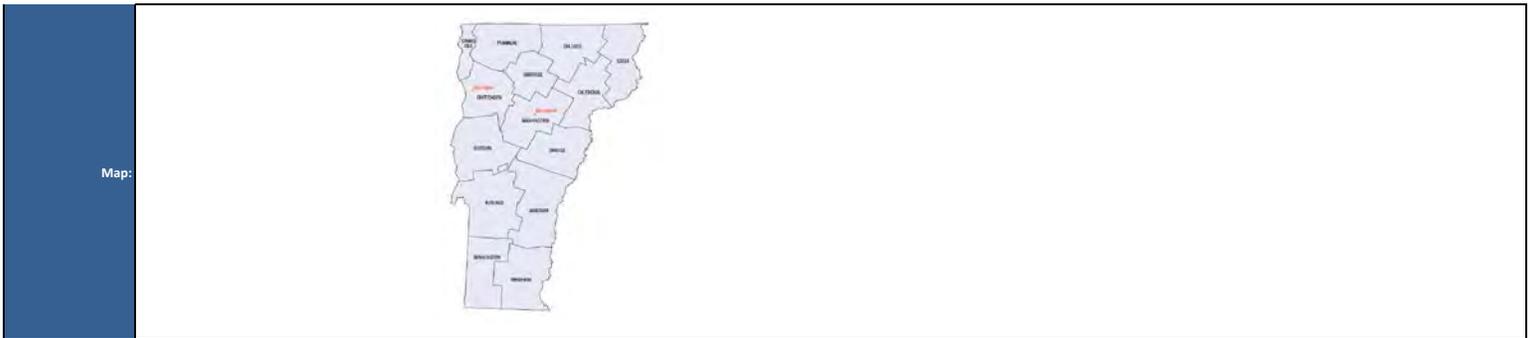
Region 2 Administrator - Dennis Romero

DNK	Do not know
TBD	To be determined

Vermont

State:	Vermont (VT)		
Medicaid Expansion State:	Yes		
Region:	1		
Grant Term:	8/1/2015-7/31/2018		
Grantee Number:	TI026146		
Project Title:	Expanding the options for medication-assisted recovery in Vermont		
Grantee Organization:	Vermont State Department of Health		
Address:	108 Cherry Street, P.O. Box 70, Burlington, VT 05402-0070		
Grant Director:	Barbara Cimaglio	Barbara.Cimaglio@vermont.gov	802-951-1258
Grant Contact:	Anthony Folland	Anthony.Folland@vermont.gov	802-652-4141
Grant Project Officer:	Sherrye McManus	sherrye.mcmanus@samhsa.hhs.gov	240.276.2576
SSA Location in State Structure	Agency of Human Services: Department of Health, Department of Mental Health, Department of Vermont Health Access(Medicaid): Alcohol and Drug Abuse Programs Division		

Grantee Partners/ Sites and Roles:				
Role		Organization Name	Location	Funding Source
Grantee	Grantee	Vermont State Department of Health	Burlington, Chittenden County	State
Site #1:	Provider	Chittenden Clinic, Howard Center (CCHC, HUB OTP)	Burlington, Chittenden County	Private, Not for profit
Site #2:	Provider	Northwestern Medical Center Comprehensive Pain Management (NWC, OBOT provider)	St. Albans, Franklin County	Not for profit
Site #3:	Provider	Rutland Regional Medical Center West Ridge Center for Addiction Recovery (RRMC, HUB OTP)	Rutland, Rutland County	Not for profit
Partner:	Evaluation	Geisel School of Medicine, Dartmouth College	Hanover, Grafton County	Private, not-for-profit
Partner:	Partner	Vermont Recovery Network	White River Junction, Windsor County	Not for profit
Partner:	Partner	Vermont Department of Corrections, Probation and Parole	Waterbury, Washington County	State
Partner:	Partner	Vermont Department of Children and Families	Waterbury, Washington County	State



Project Overview:	The overarching purpose of the proposed project is to improve MAT access and engagement to persons with opioid use disorders at the highest risk for adverse outcomes: 1) individuals involved in the criminal justice system; 2) parents of dependent children involved in the child welfare system; and 3) persons seeking treatment but who have been wait-listed due to limited capacity. We target two communities in the rural State of Vermont: Rutland/Addison counties, and Chittenden/Franklin counties.
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Grantee Goals	
1	Improve services outcomes including access, engagement, retention and equity.
2	Improve the coordination and integration of services across these Patient-Centered Medical Home/Neighborhood (CMH/Ns), increase access to all three currently indicated and FDA-approved medications for opioid use disorder, and expand the use of evidence-based psychosocial treatments and recovery supports.
3	Improve patient-level outcomes including: reduction in substance use and symptoms, increase in recovery capital, and enhancement of patient satisfaction with care

Vermont

Target Population(s)
Persons w/opioid use disorders in one or more of these high risks groups: Criminal justice involved; parents involved in child welfare system; and/or motivated for Medication Assisted Treatment (MAT) but wait-listed

Ethnicity	Site #1	Site #2	Site #3
Hispanic or Latino	DNK	DNK	DNK
NOT Hispanic or Latino	DNK	DNK	DNK
Prefer not to answer	DNK	DNK	DNK

Race	Site #1	Site #2	Site #3
White	DNK	DNK	DNK
Black or AA	DNK	DNK	DNK
Asian	DNK	DNK	DNK
AI/AN	DNK	DNK	DNK
Native Hawaiian or Other PI	DNK	DNK	DNK
Other	DNK	DNK	DNK
Prefer Not to Answer	DNK	DNK	DNK

Numbers Served (unduplicated count)	Total
Total	750
Year 1	250
Year 2	250
Year 3	250

Sex	Site #1	Site #2	Site #3
Female	DNK	DNK	DNK
Pregnant	DNK	DNK	DNK
Not Pregnant	DNK	DNK	DNK
Male	DNK	DNK	DNK

Sexual Orientation	Site #1	Site #2	Site #3
LGBT	DNK	DNK	DNK
Heterosexual	DNK	DNK	DNK
Bisexual	DNK	DNK	DNK
Transgender	DNK	DNK	DNK

Evidence based Practices/ Approaches	Site #1 CCHC	Site #2 NWC	Site #3 RRMCC
Medication-assisted Treatment (MAT)	yes	yes	yes
Integrated Combined Therapies (ICT)	yes	yes	yes
Integrated Dual Disorders Treatment (IDDT)	yes	yes	yes
Seeking Safety (SS)	yes	yes	yes
Integrated Cognitive Behavioral Therapy (ICBT)	yes	yes	yes
Making Recovery Easier (MCE)	yes	yes	yes
EBT Training and Quality Monitoring	yes	yes	yes

Performance metrics
1 Assessment of Recovery Capital (ARC)
2 Client Satisfaction Questionnaire (CSQ-8)
3 Government Performance and Results Modernization Act (GRPA)
4 OBOT Stability Index (OSI)
5 Recent Treatment Survey (RTS)
6 Treatment Needs Questionnaire (TNQ)

Behavioral Health Screening Tools	Site #1-CCHC	Site #2-NWC	Site #3 RRMCC
Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)	yes	yes	yes
Brief Addiction Monitor (BAM)	yes	yes	yes
Modified MINI Screen (MMS)	yes	yes	yes
HIV Risk Measure	yes	yes	yes
Opioid Use Disorder Checklist (DSM-5 checklist)	yes	yes	yes

Program Elements	
Outcomes (Clients, Services, Implementation) /Measures: <ul style="list-style-type: none"> • Substance Use (SU) • Addiction Recovery Strength • Client Satisfaction • HIV/HCV • HIV Risk • Treatment/Services Dosage • Quality of Life • Stages of Implementation • Treatment Need • OBOT (Office-based Opioid Tx) Patient Stability • DSM-5 Criteria for OUD 	
Organizational Structure:	<p>To address the needs of Vermonters in Chittenden/Franklin and Rutland/Addison counties, we will recruit 375 individuals with opioid use disorders on wait-lists for MAT, or who are involved in either Probation and Parole (P&P) or Department of Child and Family Services (DCF) supervision. To engage this population and address the complex and multiple substance use, mental health, and physical health needs, we draw upon the Patient-Centered Medical Home/Neighborhood (PCMH/N) framework. We will coordinate all MAT and other service providers by organizing three multidisciplinary teams with representatives from all neighborhood involved agencies and entities. Three MAT coordinators will be funded by the project and manage each team, which will consist of a MAT prescriber, a behavioral health specialist, an addiction nurse, a patient volunteer and a pathway guide from the Vermont Recovery Network, as well as representatives from the community Federally-Qualified Health Center (FQHC), and offices of P&P and DCF.</p>
Cultural Competence:	<p>To ensure patients benefit from these activities, each agency has trained interpreters on staff and available to all patients at no additional cost. The agency leadership, providers, and staff are experienced working with individuals from a variety of backgrounds with a wide array of needs. That experience will be augmented by ongoing cultural sensitivity training (e.g., cultural understanding and familiarity with the population) occurring as frequently as monthly. All agencies are equal employment opportunity and affirmative action employers with strong commitments to diversity and equity at all levels of employment to diversify those who will administer the activities.</p>

Vermont

	Additional Program Elements	Site #1-CHC	Site #2-NWC	Site #3 RRM
Provider Capacity and Capability:	The State of Vermont and the Department of Vermont Health Access developed a Hub and Spoke model for providing MAT. The Hubs are OTPs and currently provide services for 2,706 patients with opioid use disorders, with 547 on wait-list. Access is limited in the Chittenden/Franklin and Rutland/Addison regions.	The Chittenden Center, the Hub in the Chittenden/Franklin region, provides MAT services to 912 clients, and has 278 awaiting medication slots.	Northwestern Medical Center currently provides services for 225 clients.	Rutland Regional Medical Center Hub OTP currently serves 426 patients and has 58 awaiting services
Military Veterans Enrolled:		DNK	DNK	DNK
Peer Mentoring Practices:	Available through the Vermont Recovery Network	yes	yes	yes
Unmet Needs and Services:	The maximum wait-list time in Vermont is 21 months.			

Progress:	Began implementation of program.
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Region 1 Administrator - A. Kathryn Power

DNK	Do not know
TBD	To be determined

Washington

State:	Washington (WA)		
State Medicaid Expansion:	Yes		
Region:	10		
Grant Term:	8/1/2015-7/31/2018		
Grantee Number:	T1026138		
Project Title:	Washington State Medication Assisted Treatment-Prescription Drug and Opioid Addiction Project		
Grantee Organization:	Washington State Department of Social and Health Services, behavioral Health and Service Integration Administration's Division of Behavioral Health and Recovery (DBHR)		
Address:	4450 10th Avenue SE, PO Box 45330, Olympia, WA 98504-4533		
Grant Director:	Harvey Funai	funailHM@dshs.wa.gov	206.272.2156
Grant Contact:	Harvey Funai	funailHM@dshs.wa.gov	206.272.2156
Grant Project Officer:	Sherrye McManus	sherrye.mcmanus@samhsa.hhs.gov	240.276.2576
SSA location in state structure:	Department of Social and Health Services: Aging and Disability Services Administration; Washington State Health Care Authority (Medicaid): Division of Behavioral Health and Recovery		

Grantee Partners/ Sites and Roles:			
Role	Organization Name	Location	Funding Source
Grantee	Washington State Department of Social and Health Services, behavioral Health and Service Integration Administration's Division of Behavioral Health and Recovery (DBHR)	Olympia, Thurston County	State
Site #1: Provider	University of Washington, Harborview Medical Center (HMC)	Seattle, King County	Public, not-for-profit
Site #2: Provider	Evergreen Treatment Services (ETS)-Grays Harbor Clinic (GHC)	Hoquiam, Grays Harbor County	Private, not-for-profit
Site #3: Provider	Evergreen Treatment Services (ETS)-South Sound Clinic (SSC)	Olympia, Thurston County	Private, not-for-profit
Partner: Assessment and Evaluation	Washington State Research and Data Analysis (RDA)	Olympia, Thurston County	State
Partner: Sustainability Issues	Health Care Authority (HCA)	Olympia, Thurston County	State



Project Overview: The WA-MAT-PDOA will expand access to integrated medication assisted treatment (MAT) with buprenorphine for individuals with opioid addiction. Using a proven office-based opioid treatment (OBOT) model implemented in both a large urban safety net primary care clinic and two Opioid Treatment Program sites serving a predominantly rural population, this project provides new tools to replicate integrated MAT statewide.

Grantee Goals	
1	Increase the number of patients receiving MAT by increasing capacity in primary care office based settings and OTPs
2	Enhance the integrated care that MAT-PDOA patients receive and improve retention rates for MAT-PDOA enrollees
3	Reduce 30 day alcohol and drug use rates
5	Reduce adverse outcomes related to OUD

Washington

Target Population(s)
Adults with opioid use disorders

Ethnicity	Site #1	Site #2	Site #3
Hispanic or Latino	12%	9%	9%
NOT Hispanic or Latino	DNK	DNK	DNK
Prefer not to answer	DNK	DNK	DNK

Race	Site #1	Site #2	Site #3
White	68%	76%	76%
Black or AA	9%	1%	1%
Asian	3%	1%	1%
AI/AN	5%	10%	10%
Native Hawaiian or Other PI	DNK	1%	1%
Other	2%	1%	1%
Prefer Not to Answer	DNK	DNK	DNK

Numbers Served (unduplicated count)	Total
Total	776
Year 1	204
Year 2	368
Year 3	204

Sex	Site #1	Site #2	Site #3
Female	DNK	DNK	DNK
Pregnant	DNK	DNK	DNK
Not Pregnant	DNK	DNK	DNK
Male	DNK	DNK	DNK

Sexual Orientation	Site #1	Site #2	Site #3
LGBT	DNK	DNK	DNK
Heterosexual	DNK	DNK	DNK
Bisexual	DNK	DNK	DNK
Transgender	DNK	DNK	DNK

Evidence based Practices/ Approaches	Site #1-HMC	Site #2-GHC	Site #3 SSC
Medication-Assisted Treatment (MAT) with buprenorphine or buprenorphine/naloxone	yes	yes	yes
Massachusetts Office-Based Opioid Treatment with Buprenorphine (MAT OBOT-B) Model	yes	yes	yes
Telehealth	yes	yes	yes
Supplemental Recovery Support Services (RSS)	DNK	DNK	DNK
Non-EBP: Johns Hopkins School of Medicine Collaborative Opioid-Prescribing (CoOP) model of OTP-OBOT	no	yes	yes

Performance metrics	
1	GRPA-DCI Collection Tool
2	DSHS Integrated Client Database (ICDB)
3	Prescription Drug Monitoring Program (PDMP)

Behavioral Health Screening Tools	Site #1-HMC	Site #2-GHC	Site #3 SSC
PHQ-9 (Patient Health Questionnaire)	DNK	DNK	DNK
GAD-7 (General Anxiety Disorder)	DNK	DNK	DNK
PCL-5 (Post-traumatic stress symptoms)	DNK	DNK	DNK

Program Elements	
Outcomes (Clients, Services, Implementation) /Measures	<ul style="list-style-type: none"> Number of days the patient self-reports use of alcohol, or other drugs, results of UA Homelessness and increased labor market participation and housing stability Number of arrests, charges, and convictions Number of overdose deaths related to opioids Number of emergency room visits Number of new and expanded sites offering MAT services Number of services providers who are certified to prescribe OST medications Number of new staff trained on using MAT Number of new patients enrolled in MAT, compared to number of patients previously enrolled in MAT Track treatment and recovery services; social services received by MAT-PDOA patients Community Education <ul style="list-style-type: none"> Outreach Recovery Coordination Case Consultation Referral Non-Treatment Individual Session Phone Contact Implementation of billing protocols and use of billing codes Number of patients being linked to primary care, mental health services, social services, or other recovery supports The number of days enrolled patients remain in MAT Use of clinic EHRs to track MAT outcomes; use of the PDMP
Organizational Structure:	DBHR will be the grantee. Funding will be sub-contracted to Harborview Medical Center (a public non-profit, with community-based services) and Evergreen Treatment Services (a private non-profit, opioid treatment program). A contract with Washington State Research and Data Analysis (state government) will be established. The Washington Health Care Authority (HCA) will be a non-funded partner, working to improve sustainability and funding mechanisms.
Cultural Competence:	Other major programs highlighting HMC's commitment to cultural competence are the International Medicine Clinic, which provides culturally sensitive medical assistance to patients representing a wide variety of ethnic groups; Ethnomed, a Harborview and UW-sponsored online resource for medical providers throughout the world; and the Community House Calls Program in which, bilingual and cultural caseworkers and medical staff visit immigrant families in their homes. These programs are important resources for the current project and will assure linguistically appropriate and culturally relevant service delivery to eligible clients. Clinicians at all OBOT sites will discuss cultural issues and appropriate interventions during the weekly video-conferences. When hiring staff for this project, preference will be given to bi-lingual, culturally diverse applicants.

Washington

Additional Program Elements		Site #1-HMC	Site #2-GHC	Site #3 SSC
Provider Capacity and Capability:	<p>One study in Washington State documented that only 28% of trained physicians were actually prescribing buprenorphine, and half of these were only prescribing to three or fewer patients (Hutchinson, 2014).</p> <p>In 2015, DBHR certified 21 OTP programs. It is estimated that these programs meet only 60% of the actual treatment need. DBHR approximates that King and SW would require between three to five additional OTP clinics to meet current MAT needs.</p> <p>We know that only about 33% of individuals in need of SUD treatment services receive needed services (Mancuso, 2013; Rapp, 2006).</p> <p>Both ETS sites are planning to use telehealth to reach more patients. The expectation is that BOTH ETS sites will expand capacity to 650 patients each year.</p>	<p>There are six physicians waived to provide MAT at HMC. HMC is a public hospital and regional medical center that is managed by the U of Washington. It serves a region with the largest concentration of underserved, low income, uninsured individuals with OUD.</p>	<p>ETS-GHC is serving 275 patients</p>	<p>ETS-SSC is currently serving 550 OTP patients</p>
Military Veterans Enrolled		DNK	DNK	DNK
Peer Mentoring Practices:	DNK	DNK	DNK	DNK
Unmet Needs and Services:				

Progress:	Began implementation of program.
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Region 10 Administrator - David Dickinson

DNK	Do not know
TBD	To be determined

Wisconsin

State:	Wisconsin (WI)		
State Medicaid Expansion	No		
Region:	5		
Grant Term:	8/1/2015-7/31/2018		
Grantee Number:	T1026150		
Project Title:	Community Activated Recovery Enhancement (CARE) Grant		
Grantee Organization:	Wisconsin Department of Health Sciences, Division of Mental Health and Substance Abuse Services (DMHSAS)		
Address:	1 W. Wilson St., PO Box 7850, Madison, WI, 53707-7850		
Grant Director:	Joyce Allen	joyce.allen@wisconsin.gov	608-766-1351
Grant Contact:	Andrea Jacobson	Andrea.Jacobson@dhs.wisconsin.gov	608 261-0652
Grant Project Officer:	Sherrye McManus	sherrye.mcmanus@samhsa.hhs.gov	240.276.2576
SSA Location in State Structure	Department of Health Services: Division of Mental Health and Substance Abuse Services: Bureau of Prevention, Treatment and Recovery: Behavioral Healthcare Organizations		

Grantee Partners/ Sites and Roles:				
Role		Organization Name	Location	Funding Source
Grantee	Grantee	Wisconsin Department of Health Sciences, Division of Mental Health and Substance Abuse Services (DMHSAS)	Madison, Dane County	State
Sub-grantee	Sub-grantee	Sauk County Department of Human Services-Comprehensive Community Service (CCS) partnering with Community Activated Recovery Enhancement (C.A.R.E.) Program	Sauk City, Reedsburg, Baraboo and Spring Green, Sauk County	State with Community Collaborative Network
Site #1:	Provider	Tellurian UCAN, Inc.	Baraboo, Sauk County	Private, not-for-profit
Partner	Evaluator	University of Wisconsin-Madison Population Health Institute (UWPHI)	Madison, Dane County	Public, not-for-profit



Wisconsin

Project Overview	<p>This grant application proposes expanding elements of the existing Community Activated Recovery Enhancement (C.A.R.E.) program to include working collaboratively with County Human Service’s Comprehensive Community Services (CCS) to create the C.A.R.E. Project. CCS is a State-approved program of client-centered, flexible, psychosocial rehabilitation services delivered at the county or multi-county level to ensure individual attainment of the highest level of health, wellness, stability, self-determination and self-sufficiency. CCS is a recovery-focused, integrated behavioral health program for people with mental illness and/or substance use disorders, or children challenged by emotional needs providing a coordinated array of recovery support and treatment services.</p> <p>The project will create expansion of MAT utilizing XR naltrexone and buprenorphine/naloxone products.</p>
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Grantee Goals	
1	Increase the number of individuals receiving MAT services, with pharmacotherapies approved by the FDA, for the treatment of opioid use disorders in identified high-risk communities;
2	Increase the number of individuals receiving integrated care, increase retention in services, improve quality of life and reduce relapse
3	Decrease illicit drug use at 6-months follow-up
4	Reach out to untreated opioid use disorder sub-population groups including individuals with HCV, incarcerated individuals within four months of release, Gap group populations and pregnant women

Target Population(s)
<p>All people but focus on 4 sub-populations: 1) individuals with HCV 2) incarcerated individuals w/OUDs within 4 months of release 3) persons living in poverty (Gap-group populations) 4) pregnant women</p>

Ethnicity	Site #1
Hispanic or Latino	6.0%
NOT Hispanic or Latino	DNK
Prefer not to answer	DNK

Race	Site #1
White	99.0%
Black or AA	1.0%
Asian	0.0%
AI/AN	1.4%
Native Hawaiian or Other PI	DNK
Other	DNK
Prefer Not to Answer	DNK

Numbers Served (unduplicated count)	Total
Total	250
Year 1	50
Year 2	100
Year 3	100

Sex	Site #1
Female	38%
Pregnant	11%
Not Pregnant	DNK
Male	62%

Sexual Orientation	Site #1
LGBT	5
Heterosexual	DNK
Bisexual	DNK
Transgender	DNK

Evidence based Practices/ Approaches	Site #1
Medication-Assisted Treatment (MAT)	yes
Comprehensive Community Services (CSS)	DNK
Motivational Interviewing (MI)	yes
Trauma-Informed Care (TIC)	DNK

Performance metrics	
1	Prescription Drug Monitoring Program (PDMP, to be implemented)
2	Wisconsin Program Participation System (PPS)
3	Government Performance and Reporting Act (GRPA, to be implemented)
4	Wisconsin Activity and Progress Log

Wisconsin

Behavioral Health Screening Tools		Site #1
Addiction Severity Index (ASI)		yes
ASAM Patient Placement Criteria		yes

Program Elements	
Outcomes (Clients, Services, Implementation) /Measures:	<ul style="list-style-type: none"> • Retention in services • Illicit and non-medical opioid use • Social functioning • Well-being • Quality of life • Program activity
Organizational Structure:	<p>The Wisconsin Department of Health Sciences- Division of Mental Health and Substance Abuse Services (DMHSAS) will serve as the grant administrator and oversight organization, providing technical assistance and input into all phases of the grant. The DMHSAS will also oversee and participate in the program evaluation and service quality improvement aspects of the project.</p> <p>The C.A.R.E. partnership currently includes: St. Vincent de Paul Sauk-Prairie, Sauk County Department of Human Services, Sauk County Public Health, Sauk County Sheriff's Department, Sauk County District Attorney's Office, Sauk County University of Wisconsin Extension, Prairie Clinic, Sauk-Prairie Police Department, Sauk-Prairie Health Care, Sauk-Prairie Ambulance Service, Sauk-Prairie Schools, and the State of Wisconsin Probation and Parole (Baraboo Office).</p> <p>The 2013-2015 state budget provided funding to expand Comprehensive Community Service (CCS) statewide. Effective July 1, 2014, the investment allowed the state to pay the non-federal share of Medicaid costs for counties that adopted a regional service delivery model. Presently, there are 16 certified regions. Sauk, Columbia, and Richland Counties have formed a collaborative to serve as one of the 16 CCS regions. The Wisconsin DHS plans to contract with Sauk County Department of Human Services and its CCS program along with the grassroots C.A.R.E. program which will connect the formal infrastructure of community behavioral health services with the grassroots MAT efforts of the C.A.R.E.</p>
Cultural Competence:	<p>The C.A.R.E. Project is modeled both on a Community Collaborative model and the Sauk County DHS CCS program. Culturally and Linguistic Appropriate Services (CLAS) standards are included in CCS program policy standards and are therefore incorporated into Sauk County DHS CCS program operations. The C.A.R.E. planning group will be provided with the CLAS standards and will be required to identify and document how the overall strategic and operational plans meet the overall C.A.R.E. Project sub-population groups. If needed, there will training developed and provided without cost to assist the sub-contracted providers in meeting CLAS standards.</p>

Additional Program Elements		Site #1
Provider Capacity and Capability:	<p>There were 233 patients receiving services in the three counties with an additional 124 Sauk, Columbia and Richland County patients receiving OTP services in Dane County. The combined population in the three counties is 134,940. Using NSDUH data for Wisconsin, it is estimated that 4% of this population, or 5,398 people, use heroin or another opioid for non-medical reasons.</p>	DNK
Military Veterans Enrolled:		1.2% of the county population is comprised of veterans
Peer Mentoring Practices:	Peer Support Specialists	DNK
Unmet Needs and Services:		

Progress:	Began implementation of program
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Region 5 Administrator - Capt. Jeffrey A. Coady

DNK	Do not know
TBD	To be determined

Wyoming

State:	WYOMING (WY)		
State Medicaid Expansion:	No		
Region:	8		
Grant Term:	8/1/2015-7/31/2018		
Grantee Number:	TI026151		
Project Title:	Targeted Capacity Expansion: Medication Assisted Treatment-Prescription Drug and Opioid Addiction Application		
Grantee Organization:	Wyoming State Department of Health		
Address:	6101 Yellowstone Road Suite 220, Cheyenne, WY 82001-3644		
Grant Director:	Margarete Loghry	margarete.loghry@wyo.gov	307.777.7935
Grant Contact:	Margarete Loghry	margarete.loghry@wyo.gov	307.777.7935
Grant Project Officer:	Sherrye McManus	sherrye.mcmanus@samhsa.hhs.gov	240.276.2576
SSA Location in State Structure	Department of Health: Behavioral Health Division; Healthcare Financing Division (Medicaid)		

Grantee Partners/ Sites and Roles:				
Role		Organization Name	Location	Funding Source
Grantee	Grantee	Wyoming State Department of Health	Cheyenne, Laramie County	State
Site #1:	Provider	Central Wyoming Counseling Center (CWCC)	Casper, Natrona County	Non-profit
Site #2:	Provider	Southwest Counseling Services (SCS)	Rockspring, Sweetwater County	County-administered



Project Overview:	Through this grant application Wyoming is planning to expand its treatment service system, increase capacity and provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based MAT and other recovery support services to individuals with opioid use disorders seeking or receiving MAT. Throughout the lifetime of this grant approximately 441 people will be served.
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Grantee Goals	
1	Increase the number of clients receiving MAT
2	Increase the number of clients receiving integrated care
3	Decrease illicit drug use at 6 months followup

Target Population(s)
Adults with OUDs, but especially women with opioid use disorders and pregnant women abusing opioids.
Also the criminal justice population.

Ethnicity	Site #1	Site #2
Hispanic or Latino	12% (7)	12% (10)
NOT Hispanic or Latino	DNK	DNK
Prefer not to answer	DNK	DNK

Race	Site #1	Site #2
White	76% (38)	81% (70)
Black or AA	DNK	DNK
Asian	DNK	DNK
AI/AN	12% (6)	3% (3)
Native Hawaiian or Other PI	DNK	DNK
Other	DNK	DNK
Prefer Not to Answer	DNK	DNK

Wyoming

Numbers Served (unduplicated count)	Total
Total	412
Year 1	108
Year 2	147
Year 3	157

Sex	Site #1	Site #2
Female	49% (25)	35% (30)
Pregnant	DNK	DNK
Not Pregnant	DNK	DNK
Male	51% (25)	65% (57)

Sexual Orientation	Site #1	Site #2
LGBT	DNK	DNK
Heterosexual	DNK	DNK
Bisexual	DNK	DNK
Transgender	DNK	DNK

Evidence based Practices/ Approaches	Site #1 CWCC	Site #2 SCS
Acceptance and Commitment Therapy (ACT)	no	yes
Assertive Community Treatment (ACT)	no	no?
Cognitive Behavioral Therapy (CBT)	no	yes
Dialectical Behavioral Therapy (DBT)	no	yes
Eye Movement Desensitization and Reprocessing (EMDR)	no	yes
Medication Assisted Treatment (MAT)	yes	yes
Motivational Interviewing (MI)	yes	yes
Network Therapy	yes	no

Performance metrics	
1	Government Performance and Results Act (GPRA) uniform data collection tool at three time points: intake, six months post intake and at discharge
2	Wyoming State Assessment Tool

Behavioral Health Screening Tools	Site #1 CWCC	Site #2 SCS
Addiction Severity Index (ASI)	yes	yes
Columbia suicide Severity Rating Scale (C-SSRS)	yes	no
Daily Living Activities-20 items (DLA-20)	yes	yes
Psychiatric Research Interview for Substance and Mental Health Disorders (PRISM)	yes	yes
Substance Abuse Subtle Screening Inventory-VI (SASSI-VI)	no	yes
Substance Use Disorders Diagnostic Schedule (SUDDS)	no	yes

Program Elements	
Outcomes	Behavioral Health Primary Care
Organizational Structure:	The Behavioral Health Division (BHD) has an administrative role in overseeing the system of care for substance abuse in Wyoming. The BHD will have the responsibility of monitoring the grant expenditures and provider compliance with the grant requirements. Through a contractual agreement between the provider agencies and the BHD, services will be monitored with clear expectations. The Quality Management and Outcomes Unit of the BHD has designated a robust and qualified project director who will lead the unit's efforts towards meeting the targets set forth in the grant.
Cultural Competence:	Proposed activities will adhere to the National Standards for Culturally and Linguistic Appropriate Services (CLAS). Provider agencies will provide services which are effective, equitable, understandable, and respectful to persons with diverse cultural health beliefs and practices. They will also make every effort to accommodate any language, cultural, health, or other needs a client may have. In addition, the state requires certified providers to hold a national accreditation. Through the national accreditation providers are required to have a cultural competency plan. This plan addresses the provider's ability to interact effectively with individuals both staff and clients of different cultures and socio economic backgrounds. Areas such as gender, sexual orientation, age, race, religion, language and beliefs are addressed in the plans to ensure that providers are delivering services that are respectful and responsive to the diverse needs of individuals.

Additional Program Elements	Site #1 CWCC	Site #2 SCS
Provider Capacity and Capability:	CWCC serves approximately 300 patients through outpatient substance abuse programs, another 350 individuals with mental health programs, and approximately 500 people are admitted for residential treatment each year, for a total of 1150 individuals. The average length of stay is 60-90 days. CWCC has 50 men's beds, 24 women's beds and 12 adolescent beds. 5 beds are used for social detox.	SCS serves over 1000 clients/year through 43 outpatient groups and residential programs. SCS has 78 residential substance abuse treatment beds and 10 beds for women with 18 children. 62 beds are long-term Therapeutic Community treatment with a length of stay averaging 6-10 months. 16 beds are medium-stay of 4-6 months. SCS has 6 social detox beds, 9 crisis stabilization beds (MH and/or SA) and 25 transitional housing beds.
Military Veterans Enrolled:	DNK	DNK
Peer Mentoring Practices:	Yes	Yes
Unmet Needs and Services:		

Wyoming

Progress:	Began implementation of program.
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Region 8 Administrator - Charlie Smith

DNK	Do not know
TBD	To be determined