Center for Care Innovations - *Addiction Treatment Starts Here Learning Collaborative*
Request for Applications (RFA)

Overview of Opportunity

The Center for Care Innovations (CCI) is announcing the availability of funding as part of its Addiction Treatment Starts Here program. Addiction Treatment Starts Here will support up to 30 primary care health centers in California with starting new programs providing medication assisted treatment (MAT).

Health centers accepted into the program will be eligible for up to $45,000 in funding. The 18-month learning collaborative will launch in March 2021 and conclude in August 2022. In addition to funding, Addiction Treatment Starts Here will offer learning sessions and webinars led by experts in the field, site visits to organizations with exemplar MAT programs, 1:1 coaching, and other technical assistance to support each organization in designing a program that meets the needs of its patients. Addiction Treatment Starts Here is funded through the State Opioid Response Grant as part of the MAT Expansion Project from the California Department of Health Care Services.

Addiction Treatment Starts Here Background

Over the last five years, CCI designed and led two programs focused on improving treatment for people with opioid use disorder (OUD). Combined, these programs supported more than 70 primary care health centers in California with designing new or expanding existing MAT programs. MAT includes FDA-approved medications for OUD: -methadone, buprenorphine, and naltrexone.

The programs increased the number of active MAT prescribers by 150 providers -- equivalent to more than two active prescribers per participating clinic. In addition, there was a combined increase of more than 2,000 patients receiving MAT. Many participants doubled or tripled the number of patients accessing MAT for OUD. Central to these successes was the creation of learning communities which offered a structured forum to develop new capabilities, share best practices, and discuss lessons learned.

CCI seeks to build on this success through two new programs: a MAT Learning Collaborative and a MAT Learning Network. This Request for Application (RFA) is

for the **Learning Collaborative.** To view the RFA for the Learning Network, visit https://www.careinnovations.org/atsh-2020/learning-network/

Learning Collaborative
The Addiction Treatment Starts Here Learning Collaborative builds on federal, state, and local commitment to combat opioids. In addition to devastating effects on families and communities, the economic burden of OUD was more than $600 billion in the U.S. over only a three year period: 2015 - 2018 (Davenport et al, *Economic Impact of Non-Medical Opioid Use in the United States*, October 2019).

Moreover, we know that MAT is incredibly effective. Evidence demonstrates that patients with OUD who use MAT can reduce their risk of all-cause mortality by 50% (DeFries, T. & Steiger, S., *Buprenorphine: An Overview for Clinicians*, August 2019). For overdose survivors, that percentage can climb to 60% (Larochelle, M. et al, *Annals of Internal Medicine*, August 7, 2018). Despite this impact, nearly 80% of Americans with OUD do not receive MAT (DeFries, August 2019).

Buprenorphine and naltrexone can be feasibly offered to patients with OUD outside of certified addiction treatment program settings, including primary care community health centers. Community health centers are also important venues for providing effective treatment and recovery services. This is because primary care is usually the first point of contact for people with substance use disorders (SUDs). However, while patients may be offered behavioral therapy and counseling to treat OUD, they are not typically offered MAT in community health settings.

CCI seeks up to 30 primary care health center sites in California to participate in Addiction Treatment Starts Here, an 18-month learning collaborative supporting health centers with designing and implementing new MAT programs in primary care. Using a whole-person orientation, Addiction Treatment Starts Here will also address other SUDs, co-occuring mental health or pain, a history of trauma, and other social risk factors that may impact a patient's trajectory.

Addiction Treatment Starts Here is aimed at health centers interested in **creating new MAT access points**. We seek health center participants committed to starting a **new MAT program or service line** at one or more of their clinic sites.

Addiction Treatment Starts Here is funded through a generous grant from the California Department of Health Care Services as part of its portfolio of projects addressing the opioid crisis. Combined, these projects are known as the California MAT Expansion Project and are administered under the umbrella of California's State Opioid Response grant. The MAT Expansion Project has supported more than 30 initiatives, with the collective aim of increasing access to MAT, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities. More information on California MAT Expansion Projects is available here.

Program Components

Addiction Treatment Starts Here will offer grants, training, tools, technical expertise, and coaching to all participants.

Curriculum Topics

The curriculum has been designed by state and national experts and is based on lessons learned from CCI's previous MAT collaboratives. Content will address clinical and operational issues associated with MAT, including:

- Building a clinic culture around treating addiction as a chronic disease.
- Establishing and scaling primary care MAT program models.
- Patient identification and selection.
- Buprenorphine, Naltrexone, and Naloxone 101, including medication initiation, stabilization, and maintenance.
- Assessing levels of care and building strong referrals pathways to specialty care when appropriate.
- Strategies to address stigma and other attitudes and beliefs that impact the success of MAT programs.
- Managing patients with comorbid chronic pain.
- Harm reduction.
- Trauma-informed care.
- Tools and approaches to address stimulant use disorder.
- Managing co-occurring SUDs, such as alcohol, methamphetamine, cocaine, tobacco, and/or benzodiazepine use.
- Building partnerships to promote collaboration across care transition points, such as with acute care hospitals with emergency departments, sobering centers, and behavioral health programs.

- Creating linkages to community services and supports to address psychosocial risk factors.

Addiction Treatment Starts Here Activities
CCI designed a mix of program activities that have proven effective in enabling teams to expand access to MAT. Program activities include:

- 3 Learning Sessions: A mix of virtual and in-person learning sessions to share and learn from peers and experts.*
- Topical Webinars: Expert- and peer-led sharing on topics such as MAT models, contingency management, MAT for youth, etc.
- Site Visits: Option to learn from sites with mature MAT programs. Site visits are likely to include virtual and in-person options.
- Motivational Interviewing training.
- 1:1 coaching to support your team.
- Online community to share resources and communicate.
- Grants of $45,000 to help offset the costs of participating in program activities, regularly submitting data, and developing a MAT program.

*Note: Most previous Addiction Treatment Starts Here participants expressed deep appreciation for the value of in-person activities. However, due to challenges associated with COVID-19, in-person activities are limited and are scheduled later in the project. If in-person meetings and travel become safer, CCI may seek to adapt the above events to include more in-person work.

Grant Installment Details
Installments are typically released to participants within two months of deliverable due dates.

1. $10,000 for meeting Deliverable No. 1: Participation by your team, including a senior leader, in the March 17, 2021 kick-off webinar and submission of baseline data on the measure set and the capability assessment (both due April 30, 2021).
2. $10,000 for meeting Deliverable No. 2: Submitting two quarters of data, developing an aim statement, driver diagram, and workplan, and participating in learning session 1.
3. $15,000 for meeting Deliverable No. 3: Submitting one quarter of data, the midpoint capability assessment, a progress report, and participating in learning session 2.

4. $10,000 for meeting Deliverable No. 4: Submitting two quarters of data, the final capability assessment, a final progress report, and attending learning session 3.

Eligibility

The goal of Addiction Treatment Starts Here is to create new access points for MAT in California's health care safety net. Organizations in California that provide comprehensive primary care services to underserved populations are eligible to apply. Organizations must be non-profit and tax-exempt under 501(c)(3) of the Internal Revenue Service Code or a governmental, tribal, or public entity. This includes:

- Federally Qualified Health Centers (FQHCs) and FQHC look-alikes.
- Community clinics, rural health clinics, and free clinics.
- Ambulatory care clinics owned and operated by public hospitals.
- Indian Health Services clinics.

Applicants should be "new" to MAT. We define this as (1) having fewer than five patients regularly receiving buprenorphine or naltrexone for OUD and (2) lacking formalized policies and procedures for the provision of MAT. A program can qualify as "new" even if another site or location within the organization provides MAT. New service lines located within clinics that already have an active MAT program (e.g., launch of a mobile clinic) will be assessed on a case-by-case basis.

CCI will accept applications from multiple clinic sites within the same organization, as long as each site is "new" to MAT. Up to three clinic sites per organization can apply. Project team members may overlap, but each site must define the team responsible for its MAT program and must submit a separate application that clearly defines site-specific goals. Each site selected will be eligible for a grant of up to $45,000.

Organizations interested in integrating MAT into non-primary care based services are **not eligible** for this program. If you have questions about whether you qualify, please email Briana Harris-Mills, senior program coordinator, at briana@careinnovations.org.

Timeline

The Addiction Treatment Starts Here Learning Collaborative runs from March 2021 to August 2022. Key dates include:

- Request for Applications Released: November 30, 2020
- Informational Webinar: December 9, 2020
- Application Deadline: January 8, 2021
- Cohort Announced: March 1, 2021
- Program Start: March 17, 2021
- Kick-Off Webinar: March 17, 2021
- Measure Set & Capability Assessment Office Hours: March 31, April 14 2021
- Learning Session 1: 2-part virtual session: June 15, June 22, 2021
- Learning Session 2: 2-part virtual session: November 10, November 17, 2021
- Learning Session 3: 2-day in-person session: June 20 - June 21, 2022
- Program End: August 30, 2022

Participant Expectations

Based on CCI's previous MAT collaboratives, we identified factors that contribute to an organization's success in implementing MAT programs. We designed participation requirements with this in mind. By applying to join Addiction Treatment Starts Here, applicants agree they will:

1. *Develop a Core MAT Team*
   In general, we recommend teams of 4-6 people. We recognize that some roles overlap (e.g., your X-waivered clinician may also be your clinical champion) so you may list the same person for more than one role. You will list your core team members in the Addiction Treatment Starts Here application. Core teams should include the following roles:
   - **Program lead:** Responsible for day-to-day activities of the program and serves as the point person for communications with CCI.
   - **X-waivered clinician:** Prescriber with DATA 2000 X-waiver providing services at your site.
   - **Clinical champion:** A clinical leader, such as a Behavioral Health Director, Medical Director or Chief Medical Officer.
   - **Front line staff:** At least one front line staff person involved in MAT. Examples of front line staff include nurses, SUD counselors, care coordinators/navigators, medical assistants, social workers, etc.
   - **Data lead:** The point person for submitting data on the measure set.

Other roles you should consider for your core team include:

- **Senior leader:** Chief executive officer, executive director, or chief operating officer.
- **Behavioral health staff:** Drug and alcohol counselors, licensed clinical social workers, etc.

2. *Actively Participate in the Following Events and Activities:*
   - Learning Sessions: Participation by at least three core team members in all three learning sessions. Given COVID-19 challenges, we expect the first two learning sessions will be virtual and the final learning session will be in-person.
   - Measurement:
     - Capability assessment: Evaluate your current state, using a tool that assesses capabilities important to MAT. This will be completed three times (baseline, midpoint, endpoint).
     - Measure set: Submit data on a quarterly basis on the program measure set. See the Appendix for measures and definitions.
     - Data lead: Assign a data lead who will take responsibility for submitting numerator and denominator information on the measures.
   - Establish MAT Program Goals: Submit an aim statement, driver diagram, and work plan for your MAT program. Templates will be provided along with guidance and support.
   - Progress Reports: Update CCI on your progress via three progress reports. CCI will prepare a template for you to use.
   - Senior Leader Participation: A senior leader should join the March 17, 2021 kick-off webinar and a webinar at the end of the project sharing MAT program results and sustainability goals.

We also ask that your team actively share challenges, opportunities, bright spots, and questions with your fellow program participants. This sharing can be done via participation in learning events, using the online community, and conducting regular calls with your coach.

3. *Work with Your Addiction Treatment Starts Here Coach*
   Each Addiction Treatment Starts Here team will be assigned a coach with expertise in designing MAT programs. In our experience, teams that make the most progress set aside dedicated time for multiple team members to meet regularly with their coach. We strongly encourage each team to establish regularly scheduled and protected time to meet with their coach on a monthly basis.

What Makes a Strong Application

CCI is looking for applicants with the following characteristics:

- Commitment to build a MAT program within primary care at your clinic site. This commitment is demonstrated by having:
  - A clinician champion who advocates for and provides clinical support to the MAT team.
  - A commitment to protect the time of core team members needed for their participation in Addiction Treatment Starts Here activities.
  - An administrative champion who supports your team, including enabling protected time to participate in Addiction Treatment Starts Here activities and improvement work at your site.
  - A core team that actively participates in Addiction Treatment Starts Here activities and in work to design and implement a MAT program.
- Readiness to actively share approaches and lessons learned with other teams.
- Ability to submit quarterly data on the program measure set and to submit a baseline, midpoint, and endpoint capability assessment.

To apply for one or more of your clinic sites, please read through the instructions on the next page. Each site interested in participation must complete its own application, including describing site-specific goals.

How to Apply

Step 1: Attend Informational Webinar (Optional)

Interested organizations are encouraged to participate in an informational webinar on December 9, 2020 (10 am - 11 am) to hear a program overview and ask questions. Register here.

Step 2: Apply Online

Applications must be submitted online by January 8, 2021 at 5 pm PT. The program cohort will be announced by March 1, 2021.

Applications should include the following:

1. Application Form
2. 501(c)3 tax status documentation
3. Narrative response – see the narrative questions below
4. Budget proposal, using CCI's budget template (download)
5. Letter of support from leadership: This letter should be from a senior leader who will be involved in your project and should be no more than 1 page.

Application Narrative Questions

Please respond to the following questions in a Word or PDF document and upload it to the Application Form. In total, your response must be limited to 1,500 words.

1. Describe your current environment and how participation in Addiction Treatment Starts Here might improve the health of your community. In your response, consider the prevalence of OUD and overdose in your area, your patient population (e.g., patients with long-term opioid prescriptions or on high doses of opioids, patients with comorbid chronic pain, etc.), and existing community services and supports for patients with OUD.
2. In getting your MAT program off the ground, describe how the senior leaders of your organization (e.g., clinical champion, administrative champion) advocate for and will be involved in MAT program planning and implementation activities.
3. Describe the current state of MAT implementation within your organization generally and within your site specifically. If your organization only has a single site, please note this in your response. In your response, please address:

    a. Which sites within your organization have MAT programs up and running, if any.
    b. The infrastructure you have in place to identify patients with OUD in primary care.
    c. Behavioral health services you have in place for patients with substance use disorder (e.g., counseling, support groups).
4. What are the three biggest challenges your site faces in implementing MAT for OUD?
5. What challenges do you face in terms of managing patients with stimulant use disorder and/or polysubstance use?
6. What specific and measurable changes do you hope to implement as a result of participating in Addiction Treatment Starts Here? At a minimum, your response should describe measurable changes for the following:
    a. Number of active prescribers of medications for OUD.
    b. Targets for the number of patients to receive treatment by the end of Addiction Treatment Starts Here.
    c. Provider and staff training, education, and engagement.
    d. Development of policies and procedures.
7. How will you address health equity with regard to increasing access to MAT services for your patients?
    a. How will you incorporate the voice of the patient and/or community into your MAT work?
8. If accepted into Addiction Treatment Starts Here, what is the first thing you hope to work on related to designing a MAT program?

Next Steps

Upon reviewing applications, CCI may request follow-up information or schedule a phone call with your team. We intend to select 30 teams for the program. CCI will contact you by March 1, 2021 to let you know whether you have been accepted into the program. In the meantime, please hold March 17, 2021 (12 pm - 1:30 pm) for the Addiction Treatment Starts Here kick-off webinar. You should invite your MAT core team and a senior leader from your organization. Once you have been accepted into the program, we will send webinar registration information, along with the URL to join the meeting.

ADDICTION TREATMENT STARTS HERE
PROGRAM MEASURES AND DEFINITIONS

On a quarterly basis, Addiction Treatment Starts Here teams will submit numerator and denominator information to CCI on a series of measures using CCI's electronic platform. On the March 17 kick-off webinar, CCI will describe the measures and data submission process. The webinar will walk through how to use the electronic platform and teams can ask questions about the measures and definitions.

The measure set addresses three elements that are critical to MAT:

- Adoption: numbers of x-waivered prescribers
- Reach: numbers of patients receiving medications for opioid use disorder (MOUD)
- Retention: MAT patients who have been retained in care for six months

In addition to the above measures, CCI may add measure(s) regarding stimulant use disorder. Once those measures have been finalized, we will update teams.

Data are submitted quarterly, on the 15th of the month following the quarter. For the first reporting period, teams will have until the end of the month (April 30 for Q1 2021), understanding that it may take some time to better understand the measure definitions and enter the data. Measure definitions begin on the next page. The schedule for data submissions is below.

Data Submission Due Dates	Quarter	Reporting Period
April 30, 2021	Q1	January 1 – March 31, 2021
July 15, 2021	Q2	April 1 – June 30, 2021
October 15, 2021	Q3	July 1 – September 30, 2021
January 15, 2022	Q4	October 1 – December 31, 2021
April 15, 2022	Q5	January 1 – March 31, 2022
July 15, 2022	Q6	April 1 – June 30, 2022

Adoption Measures (X-Waivered Prescribers)			
	MEASURE	**DEFINITION/CALCULATION METHOD**	**VALIDATION**
A1	# of x-waivered prescribers	Total number of physicians, nurse practitioners or physician assistants, onsite and with whom the clinic site has contracts, who have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder (OUD) with medications approved by the U.S. Food and Drug Administration (FDA) for this indication. This number must be current up to the end of the reporting period, meaning that *only* x-waivered prescribers working at the site in the last month of the reporting period should be counted. Prescribers on leave or that left the organization during the last month of the reporting period would not be counted. Planned, in process or pending waivers do not count for the current reporting period.	The total is not likely to change drastically quarter to quarter. The goal is increase, but decrease could happen due to provider attrition.
A2	# of x-waivered prescribers actively prescribing buprenorphine	Total number of x-waivered prescribers who have prescribed buprenorphine for OUD to at least 1 patient during the reporting period. This measure does not apply to prescribers of naltrexone long-acting injection.	This should be equal to or less than A1. The total is not likely to change drastically quarter to quarter. The goal is increase, but decrease could happen due to provider or patient attrition.

Reach Measures (Patients on MAT)			
	MEASURE	**DEFINITION/CALCULATION METHOD**	**VALIDATION**
B1	# of patients prescribed buprenorphine	The total number of unique patients in the clinic site with a current, active prescription for any formulation of buprenorphine. Included patients may be new, restarted or established. "Active" is defined as having a current prescription during the *last 30 days of the reporting period only*. Do not count patients who were active earlier in the reporting period, but whose prescription expired prior to the last month of the reporting period. The buprenorphine medication should be FDA approved for the indication of OUD only. Excluded patients are those prescribed buprenorphine for indications that do not include OUD, such as pain.	Total should align with the clinic site's overall patient panel size (OUD prevalence is typically 2-6% of overall patient panel). Total should make sense in relation to A2. Large (more than 20%) increases or decreases between reporting periods should be assessed for accuracy.
B2	# of patients administered naltrexone long-acting injection	The total number of unique patients in the clinic site who were administered naltrexone long-acting injection during the *last 30 days of the reporting period only*. Included patients may be new, re-started or established. Do not count patients who were administered the injection earlier in the reporting period, but who did not receive the injection in the final month of the reporting period. Excluded patients are those prescribed naltrexone for alcohol use disorders. *period only*. Included patients may be new, re-started or established. Do not count patients who were administered the injection earlier in the reporting period, but who did not receive the injection in the final month of the reporting period. Excluded patients are those prescribed naltrexone for alcohol use disorders.	Total should be small compared with the clinic site's overall patient panel size. Total should make sense in relation to A2. Large (more than 20%) increases or decreases between reporting periods should be assessed for accuracy.patient panel size. Total should make sense in relation to A2. Large (more than 20%) increases or decreases between reporting periods should be assessed for accuracy.
B3	*[Auto-calculated]* Total # of patients prescribed/ administered medications for OUD	**No data is entered for this measure. The measure is automatically calculated as the sum of B1 and B2 entries for the current reporting period.** This measure represents the sum of new, restarted or established patients prescribed buprenorphine and administered naltrexone long-acting injection in the final 30 days of the reporting period.	Sum of B1 + B2 of same reporting period.

B4	Total # of *new* or *re-started* patients prescribed/administered medications for OUD	Of the total number of patients calculated for B3, calculate the subset of patients who were *newly started* on the medications or who *re-started* medications during the last 30 days of the reporting period.	This sum should be equal to or smaller than B3.
Retention Measures			
	MEASURE	**DEFINITION/CALCULATION METHOD**	**VALIDATION**
C1	# of *all* patients prescribed medications for OUD (MOUD) 6 months prior to the reporting period who adhered continuously for 6 consecutive months	This measure is calculating the retention number and rate of *all* patients over a 6-month period. *Tip: We recommend using a registry to track patients and make this calculation easier. Indicate when patients are newly started or re-started.* The retention number is calculated by the numerator. The numerator is the total number of patients prescribed either buprenorphine or naltrexone long-acting injection for OUD at *6 months prior to the reporting date* (equal to B3 from two quarters prior to the current reporting period), **and** who have remained in care continuously (without interruption) for 6 months. "Continuous care" is defined as patient care where gaps do not exceed 28 days. Care includes starting the medication, being prescribed refills and attending scheduled visits (in-person or virtual). The retention *rate* is calculated by dividing the numerator by the denominator. The denominator is all patients from 6 months prior (the same as B3 from two quarters prior to the current reporting period). The denominator is calculated automatically. **Example calculation of numerator for reporting period July-Sept 2021:** Six months prior to Quarter 3 (July-Sept 2021) is Quarter 1 (Jan-March 2021). Of the number of patients reported in B3 for the quarter Jan-March 2021, how many received continuous prescriptions/injections into September 2021? The steps to calculate this measure include: 1) Look back at the specific patients you reported for measure B3 two quarters prior to the current reporting period (i.e., B3 for period Jan-March 2021). That number	The numerator should be equal to or less than B3 from two quarters prior. The numerator should be equal to or less than the denominator.

		shows all patients prescribed buprenorphine/administered naltrexone long-acting injection in March 2021. 2) Look at the charts for each individual patient and follow them through September 2021. 3) Those who were continuous (no gaps of more than 28 days) through those 6 months and still active in the month of September 2021 should be reported as the numerator for this measure. Make note of which retained patients were *new/re-started* (that is the numerator for C2). 4) The denominator is calculated automatically from B3 two quarters prior.	
C2	# of *new start or re-started* patients prescribed MOUD 6 months prior to the reporting period who adhered continuously for 6 consecutive months	This measure calculates the retention of *only new start or re-started* patients over a 6-month period. This is a subset of patients calculated in Measure C1. *Tip: We recommend using a registry to track patients and make this calculation easier. Indicate when patients are newly started or re-started to help with this measure's calculation.* The retention number is calculated by the numerator. The numerator is the total number of patients *started or re-started* on buprenorphine or naltrexone long-acting injection for OUD at 6 months prior to the reporting date (equal to B4 from two quarters prior), **and** who have remained in care continuously and without interruption for 6 months. "Continuous" is defined as having no gaps in care of more than 28 days. Care includes starting the medication, being prescribed refills and attending clinic visits (in-person or virtual). The retention *rate* is calculated by dividing the numerator by a denominator that represents all new or re-started patients from 6 months prior (the same as B4 from two quarters prior). The denominator is calculated automatically. **Example calculation of numerator for reporting period July-Sept 2021:** Six months prior to Quarter 3 (July-Sept 2021) is Quarter 1 (Jan-March 2021). Of the number of *new or restarted patients* reported in B4 for the reporting period Jan-March 2021, how	The numerator should be equal to or less than B4 from two quarters prior. The numerator should be equal to or less than the denominator.

		many received continuous prescriptions/injections into September 2021? The steps to calculate this measure include: 1) Look back at the specific patients you reported for measure B4 two quarters prior to the current reporting period. (ie; B4 for period Jan-March 2021). That number shows patients newly prescribed or restarted on buprenorphine/naltrexone long-acting injection in March 2021. 2) Look at the charts for each individual patient and follow them through to the end of September 2021. 3) Those who were continuous (no gaps of more than 28 days) through those 6 months and still active in the month of September 2021 should be reported as the numerator for this measure. 4) The denominator is calculated automatically from B4 two quarters prior.	