

SAVING LIVES, IMPROVING HEALTH:

Redesigning Opioid Use Disorder Care

Application for Six-Month Design Grant

Contact Information

Date: _____ Name of lead organization: _____

Address: _____

Contact name for grant submission: _____

Title: _____

Phone number: _____ Contact email: _____

Program manager responsible for development and implementation: _____

Title: _____

Project manager phone number: _____ Project manager email: _____

Written Responses

Instructions: All responses should be typewritten and adhere to the word limit indicated for each question. Failure to comply with the word limits could result in a proposal being rejected.

1. Describe your organization. (75 words or less)

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2. Describe the specific problem in your region. (150 words or less)

Use statistics and data to illustrate the need for intervention, the challenge or barrier that exists, and if possible, how your region is designated as under-resourced.

3. Describe the program you are planning to develop or expand and what you are expecting to achieve. (500 words or less)

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4. Is this program new or existing? (Please select one.)

New Existing

5. Describe the target population you will serve, the area you will cover, and the estimated volume of patients you will treat when your program is fully executed. (100 words or less)

6. Describe your current capacity to offer immediate initiation of medication-assisted treatment for opioid addiction. Please also describe your plans for scaling up access of these services to meet the demands of your new or expanded program. (**75 words or less**)

- How many buprenorphine waived providers do you currently have?
- Do you offer extended-release naltrexone?
- How many patients are you currently treating with buprenorphine? With extended-release naltrexone?
- What is the average length of time your patients remain in treatment on buprenorphine? On extended-release naltrexone?
- Are you able to refer to methadone maintenance treatment? What is the average wait time for patients?

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7. Describe your history of working with people with substance use disorders including those with co-occurring psychiatric illness, your track record of patient engagement, and your vision and approach to long-term retention in care. **(250 words or less)**

8. Describe any limitations or barriers you anticipate in offering your services to patients, such as insurance type or provider capacity. **(75 words or less)**

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9. List the organizations that would be partnering with you on this program and describe whether a structure already exists for this partnership. If a structure exists, please provide examples of other initiatives on which you have collaborated. If a structure does not exist, how will you establish and formalize it? **(150 words or less)**

10. How will you use this design grant to create or further develop your program? Please be specific. **(150 words or less)**

For example, the funding can be used for the creation of business plans, staff payroll and expenses for the convening of a coalition for planning, or the hiring of a consultant to support the further development of a promising model of care.

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11. Describe your capacity for data collection and your ability to measure and report outcomes. Please provide an example of another longitudinal care model you were able to track. What types of measures did you report on and what were the outcomes you achieved? **(150 words or less)**

12. Applicants must be a nonprofit organization based in Massachusetts and tax exempt under section 501c3 of the IRS code. If your organization does not have its own tax-exempt status, it must provide proof of tax-exempt status for a fiscal agent.

Please confirm that you are a nonprofit organization with tax-exempt status.

Yes, 501c3 No, Using Fiscal Agent

13. Please attach a letter of support from up to two of the organizations you have listed and will be collaborating with for this program **(limit two)**.

PLEASE ALSO COMPLETE THE WORKPLAN AND BUDGET WORKSHEET.

