Section	Description
General Information	RFA Title: Opioid Action Plan Implementation Initiative
	Issue Date: 4/5/2018 Closing Date: 5/4/2018
	Funding Agency Name: Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS) Funding Agency Address: 306 N Wilmington St, MSC 3001, Raleigh, NC 27699-3001
	Funding Agency Contact/Inquiry Information: Smith Worth, Opioidinitiative@dhhs.nc.gov
	Submission Instruction: Grant applications must be received via email by DMHDDSAS **by 5:00 p.m. Friday, May 4, 2018**. Only electronic copies will be accepted. Emailed applications should be sent to: Opioidinitiative@dhhs.nc.gov.
	Applications must be submitted as one, consolidated PDF, including the budget, quotes if applicable, and letters of support. Multiple application documents or separate attachments will not be reviewed.
	Incomplete applications and applications not completed in accordance with the following instructions will not be reviewed.
	Technical Assistance: A webinar to review the Opioid Action Plan Implementation Initiatives RFA is scheduled for April 10, 2018 from 1:00 p.m. to 2:00 p.m. LINK: https://attendee.gotowebinar.com/register/4220330637118427651
	Questions regarding the grant application may be directed to Smith Worth by email at Opioidinitiative@dhhs.nc.gov**. Questions may be submitted through April 16, 2018. Frequently Asked Questions will be posted on the DMHDDSAS website at:** https://www.ncdhhs.gov/about/grant-opportunities/mental-health-developmental-disabilities-substance-abuse-services-grant-opportunities
RFA Description	The Opioid Action Plan Implementation Initiative has been funded through the North Carolina General Assembly. At this time, State FY 2019 appropriations have not yet been finalized. **Therefore, this notification is contingent upon funding availability.**
	The Department of Health and Human Services manages the delivery of health- and human-related services for all North Carolinians, especially our most vulnerable citizens. The purpose of grants awarded under this program is to implement strategies to prevent opioid overdoses, increase access to opioid use disorder treatment, and build local capacity to respond to the opioid epidemic in NC by funding specific activities highlighted in the NC Opioid Action Plan. The NC Opioid Action Plan was launched in June of 2017 with input from stakeholders around the state. Organizations are eligible to apply for grant funding for projects which advance one or more of the focus areas identified in the North Carolina Opioid Action Plan as listed below.
	To achieve this purpose, all grant funded projects must consist of activities included in the list below. Applicants may propose one or a combination of these activities. Approximately 75% of total grant funds will be apportioned to activities from category A.

	List of activities supported through grant funding:
	Category A
	1. Fund certified peer-support specialists or North Carolina certified peer-support training within organizations including but not limited to hospitals, treatment settings, syringe exchange sites, emergency medical service (EMS) agencies and others to improve linkage to or retention in recovery and treatment 2. Connect justice-involved persons to harm reduction, treatment, and recovery services. This may include establishing or expand existing pre-arrest diversion programs (e.g., Law Enforcement Assisted Diversion [LEAD]) or post-arrest diversion programs (e.g. recovery courts) 3. Establish post-overdose reversal response teams to prevent repeat overdose and connect those who have had a non-fatal overdose to harm reduction, and treatment and recovery supports.
	Category B 1. Create or expand syringe exchange programs (SEPs) through local health departments, department of social services (DSS), faith communities, non-profits, pharmacies, clinics, treatment centers, community organizations, and other potential host organizations. Work to build a referral network with SEPs for all required services, including naloxone access and treatment services. Funding cannot support the cost of syringes. 2. Train first responders, community members, or others on naloxone administration 3. Train pharmacists to provide overdose prevention education to patients receiving opioids, increase pharmacist dispensing of naloxone, and link patients to treatment/recovery providers 4. Conduct training on substance use disorder and Medication Assisted Treatment (MAT) for audiences who interact with populations on MAT – e.g., local DSS agencies, court officials, law enforcement, etc. 5. Support training and technical assistance for sites to deliver office-based opioid agonist treatment (OBOT) services
Eligibility	Opioid Action Plan Implementation Initiative funds are available to local government agencies (e.g., public health departments, departments of social services, county corrections, EMS agencies, etc.), community organizations, hospitals, health centers, clinics, pharmacies, and other organizations that have a history of work in population health, substance use disorder prevention or treatment, harm reduction, and/or mental health services. Additionally, non-profit organizations that have a history of work with people directly impacted by drug use are eligible to receive funds.
Limitations and Restrictions	Grant funds must be utilized in North Carolina. Funds are reimbursed on an expenditure basis. No lump sum payments will be provided. Grant funds awarded are **one-time only funds** and may not be carried forward beyond June 30, 2019. Funds may not be used to purchase vehicles or pay down existing mortgages and/or other loans. Funds may not be used for construction of new facilities. In addition, funds may not be used to purchase syringes. Applicants may include requests for capital directly related to their proposed project in their grant application. Applications must include an explanation of why the capital expense is needed in the project description of the grant narrative and complete the capital expense section of the grant budget template. Two quotes must be included for any single piece of equipment or software costing $5,000 or greater and for any type of

	building or facility modification/renovation costing $5,000 or more. These should be provided as an appendix and included with the grant application. Copies of quotes do not count towards the narrative page limits.

If purchasing equipment with contract funds, the title to equipment costing in excess of $500 acquired by the Contractor with funds from this contract shall vest in the Contractor, subject to the following conditions:

1. The Contractor shall use the equipment in the project or program for which it was acquired as long as needed. When equipment is no longer needed for the original project or program or if operations are discontinued or at the termination of this contract, the Contractor shall contact the Division for written instructions regarding disposition of equipment.

2. With the prior written approval of the Division, the Contractor may use the equipment to be replaced as trade-in against replacement equipment or may sell said equipment and use the proceeds to offset the costs of replacement equipment.

3. For equipment costing in excess of $500, equipment controls and procedures shall include at a minimum the following:

    A. Detailed equipment records shall be maintained which accurately include the:
        1. Description and location of the equipment, serial number, acquisition date/cost, useful life and depreciation rate
        2. Source/percentage of funding for purchase and restrictions as to use or disposition
        3. Disposition data, which includes date of disposal and sales price or method used to determine fair market value
    B. Equipment shall be assigned a control number in the accounting records and shall be tagged individually with a permanent identification number
    C. Biennially, a physical inventory of equipment shall be taken and results compared to accounting and fixed asset records. Any discrepancy shall immediately be brought to the attention of management and the governing board.
    D. A control system shall be in place to ensure adequate safeguards to prevent loss, damage, or theft of equipment and shall provide for full documentation and investigation of any loss or theft
    E. Adequate maintenance procedures shall be implemented to ensure that equipment is maintained in good condition
    F. Procedures shall be implemented which ensure that adequate insurance coverage is maintained on all equipment. A review of coverage amounts shall be conducted on a periodic basis, preferably at least annually.

4. The Contractor shall ensure all subcontractors are notified of their responsibility to comply with the equipment conditions specified in this section. |
| **Sustainability** | All projects must show ability to create systems and processes that promote sustainability of the project/efforts being funded. Sustainability is defined as the ability of the project to maintain whatever improvements are created during the grant's term by providing evidence of administrative, programmatic, technological, policy, and/or fiscal arrangements beyond the expiration of grant funding. |
| **Application** | The grant application should include the following: the budget template (below), required Summary of Evaluation Criteria & Baseline Data (below), Organization Signature Page |

(below), letters of support (*if applicable*), copies of quotes (*if needed*) and a written narrative document, limited to twelve pages single spaced with 1" margins written in Arial font sized 11, to include the headings below:

Proposal Summary (0 points/Not scored)
Provide a brief (no more than 500 words) overview of your planned project.

Organization Background (5 points)
Provide your organization name, counties served/operated in and organization type. Describe your organization and its qualifications for funding, including history of work with people directly impacted by drug use.

Assessment of Need(s) (10 points)
Include a description of your organization's needs, population(s) served, geographic area covered by proposed projects, the priority population that this planned project will serve; identified needs of the population served, ability of the project to meet the needs of the population served and community impact. Provide demographic data, including age, gender, race/ethnicity, socioeconomic status, health insurance status, opioid data (death, emergency department visits, and hospitalizations) etc. in the prioritized community. Provide any other pertinent information as it relates to the need for this project in this community. (Note: *Provide citations/reference sources for all community demographic and health status data. Much of the required data is available here* http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm). *Scoring criteria will build in evaluation of need based on state surveillance data*

Project Description and Narrative (15 points)
Describe your proposed project Explain how you will engage the priority population in developing this proposed project. Detail how this project will address the organization's needs. Identify which activities from the list of eligible activities are included in the project, including the category and number of each activity. Include timelines for project implementation with specific program objectives as they relate to performance measures and budget (e.g. hiring staff or contractors, purchasing capital equipment, enrolling participants, etc.)

Collaboration and Community Support (10 Points)
Describe how you will collaborate on this project or initiative with other relevant organizations in your community, and how this project will improve the collaboration between local stakeholders or engage new stakeholders. Describe how you will verify that projects or services are not being duplicated in the community and with the population served. *If the project involves **direct collaboration or joint collaboration** with other partners, these partners should submit letters of support clearly describing their organization's roles and responsibilities.*
Letters of support that involve collaboration should be included with your grant application as an appendix and will not count toward the narrative page limit of this RFA. Please do not have letters sent separately to the Division. They will not be included in your application and will not be read by reviewers.

Project Evaluation (15 Points)
Describe how you will evaluate your project, including its influence on increasing access to opioid use disorder treatment, building local capacity to respond to the opioid epidemic, and reducing the number of non-fatal overdoses and deaths. Also describe how you will engage the priority population in assisting with the evaluation of this project. The evaluation will include the required performance measures (below) and how you will

monitor the project. Detail how you will capture the required metrics for each of the supported actions included in your project and describe any additional metrics that you will evaluate. Each criterion must include a baseline value as of July 1, 2018 and measurable, achievable target value to be reached by June 30, 2019. Describe potential factors that could negatively affect your organization's ability to reach your evaluation targets and describe how these factors will be mitigated.

Potential Impact (20 Points)
Explain why the proposed project is a good use of funding. Describe the potential health impact and other effects on your community and its residents or patients. Use research on program outcomes to identify what works. Whenever possible, quantify the possible economic savings and/or gains brought about by the project through program specific data.

Organizational Sustainability (15 Points)
Describe how the project will contribute to or promote the capacity or your organization or your community over time to prevent opioid use disorders and overdose deaths. Applications must describe how the enhancements, improvements, or increases achieved during the grant year may be sustained past the funding secured during the grant term. Describe obstacles that may affect your organization's ability to sustain this program after the grant cycle and potential solutions to these identified challenges. Detail any funding from other sources that will be used towards this project. Organizations demonstrating funding from other sources or leadership commitment to sustain programs beyond the end of the grant year will be scored higher.

Line Item Budget and Budget Narrative (10 Points)
Use the budget template provided with this RFA (see SFY 2019 Master Budget Template); if the budget template is not used, zero points will be awarded for the budget feasibility section. The budget should be for the twelve-month period July 1, 2018 through June 30, 2019. *This should be a project specific budget, NOT the budget for your entire organization.*
- Salary Detail – Staff salaries and expenses for temporary/contract staff should be entered by position type in the appropriate section. For employed staff and temporary/contract staff, enter the average number of hours to be worked per week for each position type on the project.
- Summary – Detailed cost breakdown for the project and identify all sources of funding for the project. Clearly identify which project costs will be covered with Opioid Action Plan Implementation Initiative grant funds and enter these in Column A; all other project costs should be entered in Column B.
- Narrative – Expanded details on line items in the budget. Include a budget subtotal for each activity included from the list of supported activities. Specify the activity category (A or B) and activity number with each subtotal.

If requesting capital funds for this project, complete the capital request section of the budget template. A minimum of two quotes must be provided for any single piece of equipment costing $5,000 or greater and for any type of building or facility modification/renovation costing $5,000 or more. Copies of quotes/bids should be included in appendices.

Other Contractor Requirements	In addition to the contents within this RFA, the contractor shall also adhere to the following:
	1. Reports (quarterly and as requested)
	2. Monthly Reimbursements/Invoices (due by the 10th of each month)

Award Information	**Summary of Funding:** Applicants may request **up to $150,000** for the budget period. The Opioid Action Plan Implementation Initiative funds are one-time, non-renewable funds. It is anticipated that between 10 and 20 awards will be funded through this initiative. **Maximum Award Amount:** Maximum total award is $150,000 **Project Period or Contract Term SFY 2019** (July 1, 2018 - June 30, 2019)
Grant Evaluation	Applications will be evaluated by a team of grant reviewers. Points will be allocated as indicated in the application section of this RFA.
Notification of Grant Award	It is anticipated that awards will be announced by June 15, 2018. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services will notify grant recipients electronically via email. Contracts will be effective July 1, 2018 – June 30, 2019.
Signature Sheet	**Complete and sign the Organization Information and Signature Sheet (below)**
Required Performance Measures	**Complete the Summary of Evaluation Criteria and Baseline Data (below)**
Helpful Resources	**NC's Opioid Action Plan 2017-2021** https://files.nc.gov/ncdhhs/NC%20Opioid%20Action%20Plan%208-22-2017.pdf **NC Division of Public Health, Injury and Violence Prevention Branch, Epidemiology and Surveillance Unit** (Related data available here) http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm **DATA 2000 Waiver** https://www.samhsa.gov/programs-campaigns/medication-assisted-treatment/legislation-regulations-guidelines#DATA-2000 **NC Safer Syringe Initiative** https://www.ncdhhs.gov/divisions/public-health/north-carolina-safer-syringe-initiative **Naloxone Saves NC** http://www.naloxonesaves.org/ **Pre-Arrest Diversion Program** http://www.nchrc.org/lead/law-enforcement-assisted-diversion/ **North Carolina Certified Peer Support Specialist Program** https://pss.unc.edu/

Organization Name:	
Organization EIN:	
DUNS (if applicable):	
Mailing Address:	
Organization Fiscal Year:	
Organization Type:	

Total Amount of Grant Request:	
Primary County Served (where the grant will be utilized):	
Other Counties Served (if applicable):	

Grant Contact Person:		
Email:		Phone Number:
Organization Name:		
Print Signatory Name:		
Signature:		Date:
Title:		
Organization Name:		

Organization Name: _____

Please complete the performance measures below. If you have not previously captured this information, you must collect and report on these measures as a requirement of funding. Additional performance measures may be required if funded.

For each measure, you will need to include the following information:

- **Data Source:** Where will you obtain the information you report for your performance measures?
- **Collection Process and Calculation:** What method will you use to collect the information?
- **Collection Frequency:** How often will you collect the information?
- **Data Limitations**: What may prevent you from obtaining this information?

Opioid Action Plan Implementation Initiative: **Universal Measures**

Number of unintentional and intentional opioid overdose deaths among the population of focus

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of unintentional and intentional opioid overdose deaths in the geographic region among the population of focus		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Annually	
Data Limitations		

Total number of people served

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of unduplicated people served		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Annually	
Data Limitations		

Opioid Action Plan Implementation Initiative: Activity Specific Measures

Complete all metric tables for each activity included in the proposed project. If desired, you may add up to two additional measures specific to each activity if desired.

1. **Fund certified peer-support specialists or North Carolina certified peer-support training within organizations including but not limited to hospitals, health departments or clinics, treatment settings, syringe exchange sites, EMS agencies and others to improve linkage to or retention in recovery and treatment**

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of certified peer support specialists funded		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of unique persons served by certified peer support specialists		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **6/30/2019**
Percentage of participants trained who complete certification process to become certified peer specialists		
Measure Type	Outcome	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

2. **Connect justice-involved persons to harm reduction, treatment, and recovery services. This may include establishing or expand existing pre- arrest diversion programs (e.g., Law Enforcement Assisted Diversion [LEAD]) or post-arrest diversion programs (e.g. recovery courts)**

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of programs supported by this initiative		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of unique justice-involved persons reached through funded programs		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **6/30/2019**
Percentage of justice-involved persons connected to treatment, recovery, or harm reduction supports.		
Measure Type	Outcome	
Data Source	*(E.g. pre- and post-tests, or post-tests)*	
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Percentage of people enrolled in supported programs who begin participating in a treatment or recovery support program		
Measure Type	Outcome	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

3. **Establish post-overdose reversal response teams to connect those with non-fatal overdose to harm reduction, treatment, and recovery support**

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of post-reversal response teams established		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of contacts made by post-reversal response team members		
Measure Type	Output	

Data Source	
Collection Process and Calculation	
Collection Frequency	Quarterly
Data Limitations	

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of post-reversal responses visits that connect individuals to treatment or care		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Percentage of trained post-reversal response teams members who feel confident in their ability to outreach to an individual who has recently experienced an overdose		
Measure Type	Outcome	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Percentage of post-reversal response visits that happen within 72 hours of a reported overdose		
Measure Type	Outcome	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

4. Create or expand syringe exchange programs (SEPs)

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of SEPs supported by this initiative		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of total SEP contacts		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of referrals to SUD/mental health treatment providers from supported SEPs		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of naloxone rescue kits distributed from supported SEPs		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Percentage of SEP contacts referred to SUD/mental health treatment providers		
Measure Type	Outcome	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

5. Train first responders, community members, or others on naloxone administration

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of people who complete naloxone training		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of naloxone administrations in response to a suspected overdose by people who are trained by the program		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Percentage of people trained who demonstrate increased knowledge and skills to use naloxone to reverse an opioid overdose		
Measure Type	Quality	
Data Source	*(E.g. pre- and post-tests, or post-tests)*	
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

6. **Train pharmacists to provide overdose prevention education to patients receiving opioids, increase pharmacist dispensing of naloxone, and link patients to treatment/recovery providers**

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of pharmacists and pharmacy staff that complete training		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of naloxone prescriptions dispensed by pharmacists who received training		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**

Number of referrals to treatment/recovery providers made by pharmacists trained		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **6/30/2019**
Percentage of pharmacists trained who feel confident in their ability to initiate naloxone dispensing with patients at risk of an overdose.		
Measure Type	Outcome	
Data Source	*(E.g. pre- and post-tests, or post-tests)*	
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

7. **Conduct training on substance use disorder and MAT for audiences that interact with populations on MAT**

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of people that completed training		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **6/30/2019**
Percentage of trained participants who feel confident in their ability to screen for OUD and make referrals for MAT		
Measure Type	Outcome	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

8. **Support technical assistance that helps sites to deliver office-based opioid agonist treatment (OBOT) services**

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of sites supported to deliver OBOT services		
Measure Type	Output	
Data Source		

Collection Process and Calculation	
Collection Frequency	Quarterly
Data Limitations	

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of OBOT providers prescribing MAT in the geographic area covered by the program		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Measure	Baseline value as of **07/01/2018**	Target to be reached by **06/30/2019**
Number of patients who receive MAT prescriptions from supported sites delivering OBOT services		
Measure Type	Output	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		

Percentage of providers who are trained who complete full certification process (both phases) to become DATA waivered to prescribe MAT		
Measure Type	Outcome	
Data Source		
Collection Process and Calculation		
Collection Frequency	Quarterly	
Data Limitations		