



## Attachment A

*A Massachusetts League of Community Health Centers initiative, designed to build capacity to address substance use, funded by the GE Foundation with support from Partners HealthCare*

### [ **Overview** ]

For nearly two decades, Massachusetts has experienced an increasing and pervasively high number of opioid-related overdose fatalities. During 2017, roughly 2,000 individuals, their families, and the communities they live in, experienced a fatal overdose. This figure translates to nearly 6 opioid-related fatalities each day in Massachusetts. Massachusetts Department of Public Health confirmed opioid overdose data from 2017, continues to show the highest number of fatal overdoses are experienced by younger populations between the ages of 25-34, with those ages 35-44 comprising the second largest number of deaths. From a racial and ethnic lens, overdose rates since 2014, have increased most quickly among Latino/Hispanic and Black/African American identified groups with overdose rates per 100,000 residents in these populations nearly doubling in the past several years. This same preliminary data from 2017, is showing signs the overall overdose rates may be plateauing and potentially dropping, with White identified populations seeming to experience the largest decrease to, and Latino/Hispanic identified individuals seeing a potential plateauing in, overdose rates. However, this same data shows Black/African American, non-Latino identified individuals as still experiencing an increase in overdose rates. There are other changing trends, including the increasing number of young women needing treatment for opioid use disorder during and after pregnancy and the associated rise in the number of opioid exposed newborns. Persistent fatal overdose rates coupled with other accompanying health issues like HIV and HCV transmission, injection site infections, osteomyelitis, endocarditis and oral health needs have made provision of compassionate, culturally responsive treatment for opioid use disorders embedded within integrated primary care more imperative than ever.

As part of a continued resource commitment by the GE Foundation to community health centers (CHCs), the Massachusetts League of Community Health Centers (the League) will make available up to six (6), two-year grants to support comprehensive training and technical assistance for Massachusetts CHCs to build a recovery-informed environment for patients with a history of OUD and their families. Centers receiving an award through this competitive application process will receive support to participate in the following expert training and technical assistance (TTA) and evaluation activities associated with the grant:

1. BMC/MassLeague supported OUD Learning & Networking Community
2. Physician-led, site specific, peer mentoring for implementing addiction services,
3. Boston Medical Center (BMC) Office Based Addiction Treatment (OBAT) Training and Technical Assistance and BMC Project ECHO ®
4. Buprenorphine Waiver Training

5. Partners/MGH-led Risk Rounds Development Webinars
6. League Supported Technical Assistance
7. Evaluation and Reporting on the impact of the grant.
8. Additional Elective Training/TA Available to Grantees

The SUSTAIN Communities grant program will provide awardees with support from multi-disciplinary, technical assistance experts in the field of addiction care. The League is the administrator for this program with an intended launch in early 2019, to be implemented over a 24-month period. To support participation in this initiative and allow care teams the protected time necessary to plan for and engage in this work, awarded CHCs will receive funding of \$75,000 annually, and \$150,000 across the two-year grant.

### [ **Overarching Goals & Objectives** ]

SUSTAIN offers support to CHCs aimed at building a recovery-informed environment for patients having a history of opioid use disorder (OUD). The program will target all levels of the organization, including:

- Transforming organizational culture to address stigma related to patients with OUD
- Implementing policies and procedures that support effective delivery of care for OUD
- Integration of behavioral health, inclusive of OUD treatment, and primary care
- Providing clinical training and support in addiction care to primary care teams.

By the end of this initiative, participating CHCs should achieve:

- An increased number of waived providers and effectiveness of addiction treatment
- An increase in the number of patients accessing evidence-based, treatment that utilizes medications to address OUD
- An increase in the number of patients retained in evidence-based OUD treatment
- A reduced level of stigma among staff in welcoming patients with a history of OUD
- Improved satisfaction among patients with a history of OUD
- Improved implementation of OUD practice and protocols
- Increased integration among behavioral health, inclusive of OUD treatment and primary care
- Increased confidence in identifying and addressing OUD (e.g., screening, evaluating risk for OUD, prescribing buprenorphine/injectable naltrexone, referral to external supports, etc.).

### [ **Required & Elective Activities** ]

This grant initiative will fund up to six (6) health centers that will receive support to improve and transform addiction care. Since much of the support is provided on-site, it will be highly customized to the context of each participating health center, with opportunities to learn from others in the cohort over the duration of the program. As such, the activities outlined below offer a general idea of how the support will be provided for each health center and the approximate time commitment required by health center staff. These activities may be modified based on need, once the program launches.

## 1. BMC/MassLeague supported OUD Learning & Networking Forums

Within a regional convening of CHCs and others offering OBAT services SUSTAIN participating CHCs will have the opportunity to connect with other CHCs and OBAT programs in their area to engage in dialogue about OBAT care, build localized referral networks, better understand available resources local to the region, and engage with BMC and the MassLeague as training and technical assistance providers and as organizations in a position to advocate on behalf of CHCs engaged in this work. The details of this forum are still emerging, but SUSTAIN grantees will be asked to engage in these regional forums.

Additionally, the MassLeague will support development of a grant kick-off event wherein an overview of the opioid epidemic and the grant and its training and technical assistance (TA) resources will be offered, as well as an opportunity to engage with TA providers and others to support work plan development and project launch.

| Activity   | Team Member(s)   | Estimated time commitment  |
|--|--|--|
| Full-day grant kick-off event – Spring 2019                                  | <ul style="list-style-type: none"> <li>• CEO/CMO</li> <li>• SUSTAIN Provider Champion</li> <li>• OBAT Nurse Care Manager</li> <li>• Grant Coordinator at site (if not one of the above)</li> <li>• Other Champions Team Members as able</li> </ul> | <ul style="list-style-type: none"> <li>• C-Suite Member, half-day</li> <li>• Full-day</li> <li>• Full-day</li> <li>• Full-day</li> <li>• Full day</li> </ul>   |
| Attend regional half-day, OUD Learning & Networking Forums and Zoom Meetings | SUD/OUD Champion Team / Grant Implementation Team  | <p>4 half-day meetings during the course of the grant 4 hours per meeting, 8 to 16 hours total across two-year grant period,</p> <p>Monthly or Bi-Monthly Zoom Virtual Meetings in between in-person convening</p> |

## 2. Physician Led-Peer Mentoring

These activities target the project-specific provider champion, other waived or interested providers, and care teams responsible for advancing addiction work in health centers. Each CHC receiving an award will be paired with a Peer Mentor. An important grant goal is to increase provider comfort with managing the care of patients who utilize buprenorphine and/or injectable naltrexone as part of their treatment and ongoing recovery from OUD. Physician-led, on-site, peer mentoring will assist provider champions and newly waived providers in addressing organizational and clinical barriers for implementing Office-based Addiction Treatment (OBAT) and developing addiction services and other behavioral health services for patients at their health centers.

| Activity   | Team Member(s) / Participants   | Estimated time commitment   |
|--|---|---|
| At kick-off event: <ul style="list-style-type: none"> <li>Establish relationship with peer mentor:</li> <li>Conduct strategic planning activities at kick-off event</li> </ul> | Provider champion, Nurse care manager, other Champion Team Members as able                        | 8-hours during day two of kick-off event  |
| Engage Peer Mentor via site visits to grantee CHC, video conferencing, conference calls, emailing etc., to discuss/support improvements to clinical care                       | Provider Champion, members of Grant Implementation Team, waived providers as able and appropriate | Up to 1 hour per month; a minimum of 9 hours annually or 18 hours across grant period |
| Participate in a 1 to 2 hour site visit to the CHC of the assigned Peer Mentor   | Provider Champion, OBAT Nurse Care Manager and members of Champions Team as able                  | Half-day (4 hours) offsite (including travel time)                                    |

### 3. BMC Project ECHO® & BMC OBAT Technical Assistance

#### 3.1 BMC Project ECHO®:

During the two-year life of the grant, CHCs will participate in at least 1 cycle of the **BMC Project ECHO®** (Extension for Community Health Outcomes). Project ECHO® is a technical assistance program facilitated by BMC that enhances health center capacity to treat opioid use disorders. The Project ECHO® model uses video-conferencing technology to connect primary care teams with expert specialists for a combination of didactic and case-based learning. During a 6-month ECHO cycle, CHC primary care teams will be asked to participate twice monthly in the 90-minute sessions of Project ECHO®. Health centers completing the entire cycle will receive a certificate from the Project ECHO® Institute and the American Society of Addiction Medicine. Continuing Education credits are available for participants. For more information about Project ECHO® visit: [www.bmcobat.org/project-echo](http://www.bmcobat.org/project-echo).

#### 3.2 Initial OBAT TA Needs Assessment:

During the start-up phase of the grant, SUSTAIN sites will receive BMC-led, onsite OBAT Technical Assistance. BMC OBAT TTA staff in conjunction with the MassLeague will offer a minimum of 2 hours of onsite needs assessment and technical assistance to support OBAT policies, practice, and procedures at each grantee site. Each site is expected to participate in this grant element within the first 2 months of project launch. Information garnered during this site visit and the initial grant needs assessment outlined in the evaluation and reporting section below will be utilized by the MassLeague, BMC, and Peer Mentors to inform site-specific, tailored training and TA offered to each grantee.

#### 3.3 BMC OBAT Shadowing:

Care teams participating in this grant will have the opportunity to engage in Office-Based Addiction Treatment shadowing at BMC. Care teams will send at least one care team member to shadow BMC OBAT staff in their OBAT clinic to observe care delivery and learn

more about OBAT best-practice, workflow, and policies. This is an 8-hour commitment to be completed by all grantees and done onsite at BMC in Boston within the first 6 months of the grant.

### 3.4 BMC Standard Training:

Given the needs of each center varies, BMC can offer a range of trainings to support CHC capacity to address OUD, including: waiver training for physicians, nurse practitioners, and physician assistants; guidance in setting up medication assisted treatment programs and policies; general addiction education training for care team members (e.g. basics of MAT, Stigma and Addiction 101, etc.), and tailored capacity building such as working with young adults or working with pregnant and post-partum women. **Each SUSTAIN grantee is expected to select a minimum of 2 BMC OBAT-related trainings annually to meet the OUD capacity building needs of their CHC and totaling 4 trainings over the full grant period.** Examples of the type of training and technical assistance offered through the OBAT TTA team at BMC can be found below in Appendix A and at [www.bmcobat.org](http://www.bmcobat.org).

| Activity  | Required Team Member(s) / Participants             | Estimated time commitment  |
|---|--|--|
| Project ECHO® participation                                   | Provider Champions Team                            | 2, 90-minute sessions monthly over 6 months or 12 sessions per ECHO Cycle = 18 hours |
| BMC & MassLeague OBAT Technical Assistance & Needs Assessment | SUSTAIN Provider Champion & Grant Team             | 2 hours onsite at CHC; to be completed during first 2 months post-award              |
| BMC OBAT Program “Shadowing”                                  | At least 1 member of OUD care team                 | 8 hours at BMC Boston site   |
| BMC SUD & OBAT Training                                       | OUD Care Teams / CHC providers and staff as needed | 2 topic specific trainings annually, 4 during grant                                  |

## 4. Buprenorphine Waiver Training

Each CHC receiving an award is expected to increase the number of waived providers at their CHC by a minimum of 2 annually, and 4 total during the life of the two-year grant. Providers receiving waiver training can be any combination of physicians, nurse practitioners, or physician assistants who attend: a BMC-led, in-person waiver training ([www.bmcobat.org/training/register/](http://www.bmcobat.org/training/register/)); a Provider Clinical Support Systems online training (<https://pcssnow.org/medication-assisted-treatment/>); or other waiver training that meets requirements making training attendees eligible to receive a buprenorphine prescribing DATA2000 Waiver.

| Activity        | Team Members  | Time Commitment   |
|-----------------|---|---|
| Waiver Training | Physicians, Nurse Practitioners, Physician Assistants | 8 hours per physician (16 additional hours for NPs & PAs); minimum of 2 providers annually – 4 total during duration of grant |

## 5. Partners/MGH-led Risk Rounds Development Webinars

A specialist from MGH/Partners with expertise in the development of multidisciplinary risk rounds, integrating primary care, behavioral health, and substance use, will offer technical assistance for awardees during the grant kick-off event. Additionally, cohort 3 participants will have the opportunity to participate in 4 risk rounds development webinars during the course of the grant, supporting integrated care management for individuals with OUD.

| Activity                         | Team Members   | Time Commitment   |
|----------------------------------|--|---|
| Risk Rounds Development Webinars | OBAT Team, members of existing, or developing Risk Rounds Team at each CHC | 1.5 hours per webinar; 4 webinars during the course of the grant; 6 hours total |

## 6. League Supported Technical Assistance & Project Management Support

The League will provide Project Management support to CHCs via site visits and virtual meetings in order to connect CHC care teams to training and TA resources, supporting development and implementation of work plans and use of project management tools, as well as highlight grant deliverables, benchmarks, and deadlines. On a quarterly basis each site will be expected to meet with the League to discuss progress on grant implementation and goals identified in the grant work plan, challenges toward expanding OUD care at the center, and ongoing training and technical assistance needs.

As part of the grant, each site will be expected to develop a 2-year work plan within the first 4 months of the grant. The grant work plan should utilize S.M.A.R.T. goals (link to one of many online examples of [SMART goals](#)), identify activities and resources necessary to achieve the goals, and identify staff responsible for working to meet each goal. The work plan must be developed within the first 4 months after award and must connect to achieving the overall grant goals listed within this document. The initial Needs Assessment at grant start-up should be used to inform development of a work plan.

During the course of the grant, grantees will be required to attend two topic specific trainings the League anticipates developing, or series of trainings and webinars, to address needs that have been brought to our attention during the first two cohorts of SUSTAIN:

- **42 CFR Part 2** – Understanding applicability of and supporting compliance with 42 CFR Part 2 (Federal Regulations around patient protected substance use related information); and,
- **Billing and Coding for SUD Services** – as MassHealth coverage of substance use services and supports continues to expand, as does primary care integration of care for SUDs, ensuring CHCs understand and are maximizing reimbursement revenues is essential for sustaining newly added services.

| Activity               | Team Members  | Time Commitment  |
|------------------------|---|--|
| Quarterly Site Visits  | Grant Implementation Team   | Quarterly 1 hour sites visits; approximately 8 hours over duration of the grant  |
| 42 CFR Part 2 Webinars | CHC staff as appropriate (OUD care teams, BH teams, etc.)               | Details emerging, anticipated at approximately 3 webinars at 1.5 hours / webinar, 4.5 hours for grant                              |
| MAT Billing & Coding   | CHC staff as appropriate (OUD Care Teams, Member so Fiscal Teams, etc.) | Details emerging, but anticipated to be full-day training, much like recent League sponsored BH Billing & Coding Training; 8 hours |

## 7. Evaluation and Reporting

Grant evaluation and reporting serves two over-arching purposes, one, to assist all partners in the grant in assessing site specific needs, barriers, and gaps in services to inform delivery of training and technical assistance, and two, to assess the impact of all components of the grant.

### *Evaluation*

The evaluation team for this grant is from the Institute for Community Health. SUSTAIN Communities awardees will participate in supporting grant evaluation by completing:

- Initial community health center SUD Capacity and Needs Assessment with respect to implementing OBAT/MAT programming;
- Supporting staff surveys, primarily aimed at assessing knowledge and attitudes toward working with individuals experiencing SUD; completed during grant start-up and again at grant close-out.
- Patient interviews – each CHC will work with the evaluation team to support access to approximately 6 patients during the course of the grant to obtain patient perspective on OBAT/MAT programming at each awarded site
- Mid-grant focus group to assess progress and impact of the grant onsite at each awarded CHC to be facilitated approximately 12 months into the grant cycle.
- Final evaluation activities including CHC grant team focus groups designed to assess each component of the grant at each site and completion of Final CHC SUD Assessment Report.

### *Reporting*

Community health center participants will be required to support reporting for outcomes analysis. On a quarterly basis, CHCs will be required to complete and submit SUSTAIN implementation reports and engage in League facilitated SUSTAIN Site Visits with Champions Team at each CHC during the course of the grant. The purpose of these visits and activities are threefold: one, to assess progress toward grant goals; two, to gain a better understanding about continued barriers/challenges around implementing SUD related services at each site; and three, to identify and link CHCs to training and technical assistance resources intended to address barriers/challenges and overall SUD capacity building.

| Activity  | Team Member(s)  | Estimated time commitment   |
|---|---|---|
| CHC SUD Capacity Assessment, completed upon award and at grant close-out                                  | Provider champion, Nurse care manager, CHC staff as appropriate | Complete initial CHC Assessment Survey upon award – 1 to 2 hours at onset and again at close-out of grant; 2-4 hours total  |
| Staff SUD Survey – designed to assess CHC staff attitudes toward and confidence/comfort in addressing SUD | CHC wide staff SUD online survey                                | Approximately, 1 hour of coordination per CHC, and 10 minutes for CHC staff to complete SUD survey. To be completed at onset and closeout of grant.   |
| Patient Interviews  | OBAT/MAT Team   | Evaluators will coordinate 4 to 6 patient interviews at each CHC to garner patient perspective on CHC SUD services; up to 1 hour of coordination support needed from SUD Team; ICH to implement interviews. |
| Quarterly SUSTAIN Reports   | SUSTAIN Grant Implementation Team                               | 1 hour quarterly to complete SUSTAIN Report; 6 to 8 hours total   |
| Evaluation Site Visits mid-grant and closeout   | SUD Champion / Grant Implementation Team                        | 1 hour site visits at grant mid-point and closeout to assess impact of grant; 2 hours total over course of grant.   |

## 8. Additional Elective Training & TA

Part of the League’s role throughout the grant cycle will be to help identify and link CHCs to other resources that support capacity building such as:

- networking and creating referral linkages with substance use treatment providers;
- offering trauma-informed care;
- integrating Screening Brief Intervention and Referral to Treatment (SBIRT) and Motivational Interviewing approaches; and.
- working with special populations (e.g. individuals with a military service history/Veterans, Families and SUD / working with DCF, etc.).

### [ Funding and Payments ]

Payments to CHCs awarded this funding will be associated with completion of certain benchmark activities throughout the course of the grant. Examples of the type of benchmarks that will be outlined more thoroughly in actual MOA’s drafted with SUSTAIN CHCs and which will initiate payment from the League include:

- **Initial \$25,000 payment** generated upon League receipt of a signed MOA and fully completed Initial Capacity and Needs Assessment Report used to obtain CHC SUD baseline capacity at the onset of grant
- **Various mid-grant payments** will be generated upon completion of the Needs Assessment Meeting with BMC and the League and development of final project work plan and list of training and technical assistance needs; completion and submission to the League of brief, quarterly grant progress reports; successful completion of annual required waiver trainings, BMC “shadowing” site visits, and BMC SUD Trainings, etc.
- **Close-out payments** associated with final grant evaluation activities involving a focus group at each CHC, completion of the final Staff SUD Survey, and submission of final SUD capacity assessment report to the League.

[ Eligibility and Applying ]

Applications to participate in SUSTAIN Communities Cohort 3 submitted to the MassLeague by the deadline identified below will be jointly evaluated by the League, GE Foundation, and BMC.

*First priority will be given to:*

- CHCs that do not have existing OBAT services and are interested in building capacity to address OUD;
- CHCs early in their development of OBAT/MAT services
  - Operating for less than 1 year;
  - CHCs with fewer than 5 waived providers actively prescribing medications (seeing patients to treat OUD at least on a monthly basis and prescribing buprenorphine and/or injectable naltrexone)
  - CHCs with current capacity of fewer than 40 active patients (patients being seen to treat OUD at least on a monthly basis and receiving buprenorphine and/or injectable naltrexone)
- CHCs with a demonstrated capacity to engage Black / African-American and/or Latino / Hispanic identified populations into OUD/MAT services

*Second priority for this cohort will be given to CHCs with established OBAT services that are seeking to:*

- Expand to one of their sites that does not currently offer OBAT services. For example, a CHC may offer OBAT services at their main CHC in Boston but wants to initiate programming in one of their CHC sites in Metro-Boston.
- Move from a model of specialty OBAT services within an OUD Care Team or OUD Care Unit, to a model where OBAT services are integrated within all care teams in the CHC.

*Sites will be selected based on the following criteria:*

1. Successful submission of an application to participate in SUSTAIN Communities Cohort 3.
2. Where the CHC falls with respect to the list of first and second priorities articulated above.

3. Demonstrated commitment to initiate or expand treatment of OUD that utilizes buprenorphine and/or injectable naltrexone and integration of OBAT services within primary care.
4. Existence of a multi-disciplinary care team, or willingness to commit to creating such during the course of the grant, to focus on integration of behavioral health and addiction services within primary care.
5. Written commitment of CHC leadership to allow the “protected” time necessary to participate in the grant and engage in planning, implementation, training, and evaluation activities.
6. Stated need for training and technical assistance to achieve strategic goals that support initiation or expansion of addiction services and behavioral health integration.
7. CHCs receiving funding as part of SUSTAIN cohorts 1 or 2 may submit an application for funding and may receive an award depending on availability of funds after the above priorities are met and whether an acceptable application is submitted to participate in cohort 3.

Interested CHCs must complete the application form for the SUSTAIN Communities initiative (Attachment B - SUSTAIN Cohort 3 Application) and submit it to the League by the due date listed below in order to be considered for SUSTAIN Cohort 3 funding.

Please submit any questions relating to this funding opportunity as well as application to Jim Hiatt at: [jhiatt@massleague.org](mailto:jhiatt@massleague.org). **Applications are due by close of business (5PM) on Wednesday, February 20, 2019.**

**Applicant Webinar:** A SUSTAIN Communities webinar will be held on **Wednesday, January 30, 2019, from 12Noon to 1PM**, details about accessing the webinar are listed below.

#### SUSTAIN Webinar Log-in Information

Join SUSTAIN Zoom Meeting on 1/30/19 at 12Noon:

<https://zoom.us/j/8576543665>

**To Join the audio, when prompted, choose to either:**

- **Join Audio by computer** (this is the default prompt if using your computer’s speakers and internal microphone or a headset connected to your computer)
- **Join Audio by Phone**, click on the “Phone Call” tab in the prompt box, the call in information will appear and is also listed below. **If joining Audio by phone, you must mute both your computer speakers and computer microphone and use only your phone for audio to avoid causing audio disruptions during the webinar.**

Dial by your time zone location:

+1 646 558 8656 US (New York)

+1 669 900 6833 US (San Jose)

Meeting ID: 857 654 3665

*Appendix A* containing a brief overview of BMC OBAT TTA support is listed below.

*Attachment B*, the SUSTAIN Communities Cohort 3 application is a separate document.

**Appendix A: BMC Training/TA List**

For more information on BMC Office Based Addiction Treatment Training and Technical Assistance listed below visit: [www.bmcobat.org](http://www.bmcobat.org).

| <b>BMC Standard Trainings</b>   | <b>Length of training</b> | <b>Description of training</b>  |
|---|---------------------------|---|
| <b>Introduction to Addiction and Treatment (Addiction 101; MAT 101)</b> | 1-2 hours                 | The training covers the disease model of addiction as well as the treatment of substance use disorders and counteracts myths and stereotypes about addiction. These events grow support for substance use treatment services within an organization and promote respectful, non-judgmental attitudes toward clients receiving treatment for addiction. Appropriate for all health care organization staff, including non-clinicians.  |
| <b>Essentials of Office Based Addiction Treatment</b>                   | Full day                  | Prepares nurses and other key members of the multidisciplinary care team to deliver medication for addiction treatment (MAT) such as buprenorphine and naltrexone using a chronic care management model. Participants at this full-day training will leave with an understanding of the science of addiction as a brain disorder, an in-depth knowledge of the pharmacotherapy of medications used to treat opioid and alcohol use disorders (current standard of care), and practical tools for implementing these treatment modalities into their own office-based settings and for supporting physicians or other clinicians as part of a care team. Participants learn to screen patients for substance use disorders (SUDs), initiate medication, and provide ongoing care and counseling. |
| <b>Buprenorphine Waiver Trainings for Prescribers</b>                   | 8 hours                   | Educates physicians, nurse practitioners, and physician's assistants to prescribe buprenorphine to treat opioid use disorder in their office. In addition to the general waiver training, OBAT TTA offers waiver trainings that specifically address the treatment needs of adolescent patients or of pregnant women. The course fulfills 8 hours of the training needed to obtain a waiver to prescribe buprenorphine. The Drug Addiction Treatment Act of 2000 (DATA 2000) requires physicians to complete 8 hours of approved training in order to be eligible for a waiver, and nurse practitioners and physician assistants to complete 24 hours.  |

|  |                              |  |
|--|------------------------------|--|
| <p><b>Overdose Education and Prevention</b></p>  | <p>1-2 hours</p>             | <p>Educates clinicians, patients, family members, and other services providers on overdose prevention, recognizing an overdose, and what to do if an overdose occurs, including administration of naloxone to reverse the effects of opioid overdose, rescue breathing, and appropriate emergency response.</p>  |
| <p><b>Certified Addiction Registered Nurse (CARN) Exam Review</b></p>                  | <p>8 hours</p>               | <p>Prepares nurses for board exams to become CARN certified. The training is intended for nurses with experience treating SUDs, and covers topics including the disease model of addiction and the treatment of addiction including medication for addiction treatment.</p>  |
| <p><b>Introduction to Addiction and Treatment for Social Service Organizations</b></p> | <p>2-4 hours</p>             | <p>Educates family service and social service professionals to enable them to better serve their clients affected by addiction. The training covers the disease model of addiction, treatments for SUDs, and the negative impact stigma can have on treatment access. Participants will leave with an understanding of addiction and with tools for talking to families about substance use and SUD.</p> |
| <p><b>Special Topics/Tailored Trainings</b></p>  | <p>Varies based on need.</p> | <p>Trainings offer in-depth education on selected subjects related to addiction treatment. They teach attendees how to address substance use disorder in special settings or in particular populations, or how to use particular tools and approaches. Some examples of subjects for these trainings are harm reduction, the treatment of pregnant women with opioid use</p>                             |