

SUSTAIN Communities

[Substance Use Support & Technical Assistance IN Communities]

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

[Program Overview]

Over the last 15 years Massachusetts has experienced a dramatic increase in fatal opioid-related overdoses. During 2016, approximately 2,000 individuals, their families, and the communities they live in, were impacted by a fatal overdose. This figure translates to an average of nearly 6 fatalities each day in Massachusetts. The face of who is experiencing fatal overdose is quickly changing and spreading across many age groups. Fatal overdose is increasingly impacting younger populations between ages 18-35, with young women experiencing among the highest increases in fatal overdose rates. With these changing demographics come changing trends, including the increasing number of young women needing treatment during and after pregnancy and the associated rise in number of substance exposed newborns. Pervasive fatal overdose rates coupled with other accompanying health issues like HCV transmission, injection site infections, osteomyelitis, and endocarditis have made provision of compassionate substance use treatment embedded within primary health care more imperative than ever.

As a part of a continuing commitment by the GE Foundation to community health centers (CHCs), the Massachusetts League of Community Health Centers (the League) will make available 10 grants to support comprehensive training and technical assistance support for Massachusetts CHCs to build a recovery-informed environment for patients with a history of substance use disorder (SUD) and their families. Through a competitive application process, a second cohort of ten health centers will be selected to participate in the SUSTAIN Communities grant over the course of 10 – 12 months. The CHCs receiving an award will participate in five main components of the grant:

1. A two-day SUSTAIN Cohort 2 grant kick-off event slated for February 2018,
2. Physician-led, site specific, peer mentoring for implementing addiction services,
3. BMC Project ECHO® addiction case-based team learning and additional training and technical assistance to support centers in building increased capacity to address SUD,
4. Development and/or enhancement of champions team and multi-disciplinary risk rounds,
5. Evaluation and reporting on the impact of the grant.

To support engagement in this initiative, participating health centers will receive a stipend of \$50,000, half received upon award, and half received upon successful completion of the grant.

[Program Goals and Objectives]

This program offers support to community health centers aimed at building a recovery-informed environment for patients having a history of substance use disorder (SUD). The program will target all levels of the organization, including:

- Transforming organizational culture to address stigma related to SUD patients

- Implementing policies and procedures that support effective delivery of SUD care
- Integration of behavioral health, inclusive of substance use treatment, and primary care
- Providing clinical training and support in addiction and SUD care to primary care teams.

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

- A reduced level of stigma among staff in welcoming patients with a history of SUD
- Improved satisfaction and retention among patients with a history of SUD
- Improved implementation of SUD practice and protocols
- Increased integration among behavioral health, inclusive of SUD treatment, and primary care
- Increased number and effectiveness of addiction treatment champions
- Increased confidence in identifying and addressing SUD (e.g., screening, evaluating risk for SUD, prescribing buprenorphine/injectable naltrexone, referral to external supports, etc.).

This grant program will provide awardees with support from multi-disciplinary, expert trainers in the field of SUD-related care. The training and technical assistance program is comprised of four components:

Program Component	Lead Partners	Goal
1. 2-day SUSTAIN Communities Grant Kick-off Event		Support an overall understanding of the current trends in the opioid overdose epidemic , an understanding of the components and expectations of the grant , and development of work plans for each site.
2. Physician-led Peer Mentoring		Offering experiential support and guidance to address the challenges and barriers associated with practice transformation and expanding SUD related services in primary care settings.
3. Project ECHO® and additional Training & Technical Assistance to support SUD service expansion		Provide patient case-based team learning across CHCs; build provider team confidence in running OBAT programming and supporting recovery in patients ; additional support to decrease stigma and increase capacity to identify and address SUDs

4. Development of Champions Team & Risk Rounds		Assist the League in development of champions team to lead culture change and oversee policy/procedure implementation and launch risk rounds to foster cross-departmental discussion and problem-solving
5. Evaluation & Reporting	 	Support understanding of site specific impact of grant toward the aim of developing and enhancing recovery-informed services at the CHC.

The League is the administrator and coordinator for this program, which is scheduled for launch in February of 2018, and which will be implemented over a 10 – 12 month period.

[**Programmatic Activities and Site Requirements**]

This grant initiative will fund up to 10 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 each health center’s context, 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 once the program launches.

1. SUSTAIN Communities two-day grant kick-off event

This activity is targeted at CHC leadership as well as the provider champion to promote: baseline understanding of the opioid epidemic; understanding of the different components, training and technical assistance resources, and expectations of the grant; development of multi-disciplinary risk rounds; knowledge that supports practice transformation; and development of site-specific work plans.

Activity	Team	Estimated time commitment
Attend a two-day grant kick-off event	<ul style="list-style-type: none"> • CEO/CMO • Provider Champion • OBAT Nurse Care Manager • Grant Coordinator at site (if not the above) • Other Champions Team Members as able 	<ul style="list-style-type: none"> • Half-day (offsite) • Two full days (offsite) • One day (offsite) • One day (offsite) • One day (offsite)

2. Physician Led-Peer Mentoring

These activities target physicians, provider champions, and care teams responsible for advancing addiction work in health centers. An important goal is to increase provider comfort with managing the care of patients who utilize buprenorphine/injectable naltrexone as part of their treatment and ongoing recovery from SUDs. Physician-led, on-site, peer mentoring will assist provider champions in addressing organizational and clinical barriers for implementing Office-based Addiction Treatment (OBAT) and developing addiction services and other behavioral health services for SUD patients at their health centers.

Physician Peer Mentoring	Team	Estimated time commitment
At two-day kick-off event: <ul style="list-style-type: none"> Establish relationship with peer mentor: Conduct strategic planning activities at kick-off event 	Provider champion, Nurse care manager, other Champion Team Members as able	During day two of kick-off event
Participate in site visits, video conferencing, conference calls, emailing etc., with peer mentor	Provider Champion and members of Champions Team as able and appropriate	One hour per month for 9 months = 9 hours total.
Participate in site visit to walk through MAT/OBAT program at site of Peer Mentor	Provider Champion, OBAT Nurse Care Manger and members of Champions Team as able	½ day offsite (including travel time)

3. BMC Project ECHO® - Addiction Case-Based Team Learning; Training & Technical Assistance to support OBAT and other SUD related Services

Community health centers will participate in the **Boston Medical Center (BMC) Opioid Addiction Treatment – 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 case-based learning. During a six-month period, CHC primary care teams will be asked to participate in two-hour sessions of Project ECHO® twice monthly, which is the equivalent of 12 hours of case-based learning. Health centers completing the entire 12 hours 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.

BMC-led support, which leverages a nurse care manager model for OBAT, can offer: waiver training for physicians, nurse practitioners, and physician assistants; guidance in setting up medication assisted treatment programs; and general addiction training for care team members (e.g. basics of MAT, Stigma and Addiction 101, etc.). Examples of the type of training and technical assistance offered through the team at BMC can be found below and at www.bmcobat.org.

Additionally, the League can offer training and technical assistance resources to help build capacity at networking with substance use treatment providers, to offer trauma-informed care, implementing universal SUD screening programming (SBIRT), and working with special populations, e.g. individuals with a military service history/Veterans.

BMC Project ECHO® and other SUD Training & TA and League Training and Technical Assistance	Team	Estimated time commitment
Project ECHO® participation	Provider Champions Team	2 ECHO Sessions Monthly or 12 Sessions over life of ECHO Cycle and grant – 24 hours total
Waiver Training(s)	Physicians, Nurse Practitioners, Physician Assistants, Nurses	As needed – 8 hours (16 additional hours for NP & PA's)
On-site TA for implementing OBAT Programming	Addictions champion care team	As needed
General Staff Trainings <ul style="list-style-type: none"> Addressing Stigma/Addiction 101 Addressing SUD with Medications Special Topic Training SBIRT & Motivational Interviewing Trauma-informed care Working with Veterans 	CHC staff, Nurse care manager	As needed
Participate in learning communities	Nurses, MAs	Quarterly half days

4. Champions Team Creation and Risk Rounds Launch

This activity targets clinical leadership at the CHC. The Champions Team should be comprised of a representative from each CHC department and be inclusive of all stakeholders required to transform SUD practice at the health center. This work will be led by the CHC provider champion with technical assistance from substance use specialists from Massachusetts General Hospital (MGH) that have launched champion teams and risk rounds at seven MGH primary care sites.

Activity	Team	Estimated time commitment
Baseline CHC Assessment	Provider champion, Nurse care manager, CHC staff as appropriate	Complete initial CHC Assessment Survey upon award – 1 to 2 hours
Build understanding of challenges at the CHC; build consensus and	Provider champion, Nurse care manager,	During day two of grant kick-off event

brainstorm solutions, develop work plan goals	and Members of Team as able	
One site visit after two-day kick-off event to finalize work plan and training needs	Provider Champion, Nurse Care Manager, & members of Champions Team	60-90 minute meeting 4 to 6 weeks following kick-off event
Bi-weekly Champions Team meetings recommended to guide grant implementation and advance work plan goals	Provider Champion and Members of Champions Team	18 – 20 meetings over life of grant at 1 hour each or 18 - 20 hours
Minimum of 4 site visits with MGH Risk Rounds Development TA Provider (or video conferencing, conference calls, as appropriate)	Provider Champion, Nurse Care Manager, Champion Teams	<ul style="list-style-type: none"> • 4 site visits (video conferencing, etc.) at 1 hour each = 4 hours total • Consultant engaged in at least one actual Risk Rounds Team Meeting for observation and feedback = 1 hour total (this can satisfy one of the “4” site visits in the above bullet)
Participate in 2 Risk Round Webinars	Provider Champions, Nurse Care Manager, Members of Champions Team as able	2 Webinars during course of the grant x 90 minutes = 3 hours total

5. 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 assessment with respect to implementing OBAT/MAT programming;
- Supporting baseline surveys of community health center staff, primarily aimed at assessing knowledge and attitudes of staff toward working with individuals experiencing SUD; and,
- End of grant evaluation surveys and focus groups designed to assess each component of the grant at each site.

Reporting

Community health center participants will be required to support reporting for outcomes analysis. The League will conduct a minimum of 3 site visits with the Champions Team at each CHC during the course of the grant as well as conduct quarterly reporting surveys 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 capacity building.

[Eligibility and Applying]

The centers receiving an award as part of the second cohort of the SUSTAIN Communities grant will be jointly evaluated by the League, GE Foundation, and BMC. Community Health Centers submitting an application to participate in the first cohort of SUSTAIN Communities, but not receiving funding, will receive first priority in this cohort, provided a new, fundable application is submitted. Second priority for this cohort will be given to CHCs that did not apply to participate in cohort 1 and that submit a fundable application for participation in this round of funding. Centers that received funding in the first cohort of SUSTAIN are welcome, and even encouraged, to apply for participation in cohort 2. Centers having already received an award as part of SUSTAIN cohort 1, will be considered on the basis of demonstrated progress toward achieving their identified goals and level of participation during the first round of SUSTAIN. All centers interested in receiving an award for this second round of SUSTAIN Communities funding must complete and submit a new application for consideration.

Sites will be selected based on the following criteria:

- ~~1. Center must currently have either Substance Abuse Service Expansion (SASE) or Access Increases in Mental Health and Substance Abuse Services (AIMS) funding from HRSA. This is no longer a requirement of the grant, all sites can apply.~~
2. Demonstrated strategic commitment to initiate or expand treatment of SUDs that utilizes buprenorphine and/or injectable naltrexone and integration of behavioral health with primary care.
3. Existence of a multi-disciplinary care team to focus on behavioral health and addiction services and/or a strong commitment to develop such a team
4. Capacity (in terms of time required) to participate in the program
5. Stated need for training and technical assistance to achieve strategic goals that support initiation or expansion of addiction services and behavioral health integration
6. First priority will be given to CHCs that submitted an application for SUSTAIN cohort 1 but who did not receive funding, provided an acceptable application is submitted to participate in cohort 2.
7. Second priority will be given to CHCs submitting an application to participate in SUSTAIN for the first time, provided an acceptable application is submitted to participate in cohort 2.
8. CHC that were previously awarded as part of SUSTAIN cohort 1 may submit an application for continued funding, and may receive an award depending on availability of funds and whether an acceptable application is submitted to participate in cohort 2.

Applicants must complete the application form for the SUSTAIN Communities initiative (SUSTAIN Cohort 2 - Attachment A) and submit it to the League by the due date to be considered for SUSTAIN Cohort 2 funding.

An **informational webinar** will be held for CHCs interested in applying for the SUSTAIN Communities initiative on **Tuesday, November 28th, 2017, from 12:30 to 1:30pm**. The webinar will provide a brief overview of the SUSTAIN Communities grant. We encourage CEOs, CMOs, Provider Champions, and others interested in the initiative to join the call. You can join the webinar at: <https://communityhealth.adobeconnect.com/sustain2/>.

Questions about applying to the grant should be submitted to Jim Hiatt at the League: jhiatt@massleague.org. All **applications are due on Monday, December 18th, 2017**, and must be sent electronically to Jim Hiatt at jhiatt@massleague.org.