**State Substance Use Disorder (SUD) Policy Institute:**

**Leveraging Federally Qualified Health Centers (FQHC) to Address SUD**

**2018 – 2020**

**Application Questions**

This application is designed to help NASHP understand each state applicant’s goals and objectives to participate in the State SUD Policy Institute. NASHP will select states using the criteria described in the request for applications (RFA) guidelines (please see pages 3-4 of the RFA). Applications and any optional letters of support must be submitted by email to [Hannah Dorr](mailto:%20hdorr@nashp.org) by **5 p.m. (EST) on** **Tuesday, July 31, 2018.**

Interested state teams are encouraged to participate in an informational webinar from **1 to 2 p.m. (EST) on Thursday, July 12, 2018**. For questions or inquiries, please contact Hannah Dorr. NASHP will notify each state about its application status no later than **mid-August 2018**.

**Team Composition**

The core team must consist of a senior Medicaid official with decision-making authority, a senior leader from the state’s behavioral health division or agency, a senior leader from the state’s primary care association, and a FQHC representative. The team lead must be a state official. Additional team members from relevant agencies or organizations may be added at the team’s discretion, such as substance use services and mental health agency officials, local organizations, or health/hospital systems, as appropriate.

**Team Roster**

Please complete the core team roster below. Please expand the roster to include additional team members, as relevant.

**Team Member 1 (Team Lead)**

|  |  |
| --- | --- |
| Name:  Title: | Phone:  Email: |
| Agency: |  |
| Assistant: | Assistant’s Email: |

**Team Member 2**

|  |  |
| --- | --- |
| Name: | Phone: |
| Title: | Email: |
| Agency: |  |
| Assistant: | Assistant’s Email: |

**Team Member 3**

|  |  |
| --- | --- |
| Name: | Phone: |
| Title: | Email: |
| Agency: |  |
| Assistant: | Assistant’s Email: |

**Team Member 4**

|  |  |
| --- | --- |
| Name: | Phone: |
| Title: | Email: |
| Agency: |  |
| Assistant: | Assistant’s Email: |

**Please answer the following questions:**

What does your state hope to gain from participating in the State SUD Policy Institute?

* + Please describe your short-term (within the next 18months) and longer-term goals for implementing initiatives to increase access to and quality of SUD treatment, recovery, and/or prevention services within FQHCs.

What has been your state’s progress to date toward these goals?

* + Does your state have existing initiatives or infrastructure (e.g., legal, regulatory, or programmatic) that can support this work?

Please describe current or previous collaboration among your state’s Medicaid agency, behavioral health division or agency, primary care association, and/or FQHCs that may provide a supportive platform for this work.

1. Please describe any related technical support or funding currently in planning or underway in your state, and how FQHCs are engaged.

Where would your state benefit most from technical support? Please rank the following topics from 1 (indicating greatest need) to 10 (lowest need).

\_\_\_\_\_\_ Supporting a continuum of SUD services within FQHCs

\_\_\_\_\_\_ Improving care coordination and linkages

\_\_\_\_\_\_ Data sharing and confidentiality

\_\_\_\_\_\_ Administrative barriers to care: licensing, payment and regulatory hurdles

\_\_\_\_\_\_ Billing and reimbursement

\_\_\_\_\_\_ Integrated care models and practice transformation

\_\_\_\_\_\_ Innovations in rural health and SUD

\_\_\_\_\_\_ Telehealth

\_\_\_\_\_\_ Promoting value and cost-effectiveness

\_\_\_\_\_\_ Other (*please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_