

REQUEST FOR APPLICATIONS (RFA): CALIFORNIA BRIDGE PROGRAM - SITE SELECTION

A. Introduction

The Public Health Institute (PHI) is a global leader in public health. PHI is dedicated to promoting health, well-being, and quality of life for people around the world through innovative solutions and collaborative partnerships. Additional information may be found at <https://www.phi.org>.

The goal of PHI’s California Bridge Program is to increase access to evidence-based treatment for substance use disorders. The program seeks to increase access to Medication Assisted Treatment (MAT) at sites where patients with opioid use disorder (OUD) receive much of their healthcare: the urgent care, emergency department, inpatient hospital wards, and hospital-based specialty clinic settings.

Through this Request for Applications (RFA), PHI seeks to identify up to 30 hospital/healthcare sites to participate in the California Bridge Program (CA Bridge) activities. Successful applicants may be eligible to receive \$100,000–\$300,000 of funding to implement MAT programmatic activities at their site for up to an 18 month period; funding amounts will vary by site.

B. Application

In order for PHI to conduct the most efficient evaluation process, applicants are required to complete and return the following documents:

- **CA Bridge Program Site Application Form (Attachment 1)**
- **CA Bridge Program Budget Template (Attachment 2)**
- Any required and/or applicable supporting documentation

Applicants are required to complete and submit Attachments 1 and 2; incomplete applications and/or applications that do not conform to these templates may not be considered.

C. Submission of Applications & Deadline

Submit applications via email to: **Site Selection Committee**
California Bridge Program
Public Health Institute
Email: BridgeProgramRFA@phi.org

Application deadline is: **Monday, December 17, 2018**
5:00pm – Pacific Standard Time

Applications must be submitted via email only to BridgeProgramRFA@phi.org; hard copies of applications will not be accepted. Applications received after the above deadline may not be considered.

D. Application Guidelines

1. Agreement Type

PHI intends to issue up to 30 fixed price, milestone-based agreements to successful applicants identified through this RFA process. PHI has included an illustrative list of milestones to be achieved by each site during the 18-month agreement period in the **CA Bridge Program's Site Level Program Framework (Attachment 3)**; this document has been included for illustrative purposes only. PHI anticipates including a final version of the milestones included in this document in each site's agreement.

2. Federal and State of California Regulations/Funding

Agreements are subject to the approval of and the receipt by PHI of funding from the State of California's Department of Healthcare Services (DHCS). DHCS' funding of the CA Bridge Program is federal pass-through money from the Substance Abuse and Mental Health Services Administration (SAMSHA), a branch of the U.S. Department of Health and Human Services (DHSS). Accordingly, site agreements will include standard federal rules and regulations, notably 2 CFR 200, and applicable rules and regulations from the State of California. PHI will incorporate the applicable federal and state rules and regulations into the terms and conditions of the agreements.

3. Compliance Requirements

PHI is unable to issue an agreement to any entity that is listed with the General Services Administration as debarred or suspended. Additionally, successful applicants must be registered in the System for Award Management (www.sam.gov) prior to PHI issuing an agreement for negotiation.

4. PHI's Discretion

PHI may, at its sole discretion and after the evaluation process, choose not to issue any agreement as a result of this process. PHI may also, at its sole discretion, choose to issue as many or as few agreements as deemed necessary to meet PHI's business needs. PHI may, at its sole discretion, issue the agreements for any dollar amount deemed appropriate by PHI to meet the program and business needs. PHI may, at its sole discretion, structure site budget amounts and payment amounts to meet program objectives and funder requirements, including base and option period (incremental) funding.

5. Budget Requirements

Applicants are required to adhere to the budget guidelines included in the **CA Bridge Program Budget Template (Attachment 2)**. Applicants must submit their budget in the template format. Applications that do not conform to this template may not be considered. All items budgeted must be inclusive of all costs, including taxes and fees, in US Dollars. Costs should remain valid for ninety (90) calendar days from application submission.

Applicants are required to submit a detailed cost budget to assist PHI in establishing cost reasonableness of the final fixed price amount awarded to the site and the appropriate amounts for each milestone payment made to the site. Consistent with a fixed price, milestone-based agreement, applicants will not receive payment for actual costs incurred during the agreement period, but rather the fixed price amount established for the successful completion of each negotiated milestone.

6. Application Costs

There is no reimbursement for costs associated with preparing or submission of applications in response to this RFA or costs associated with possible award negotiation.

E. Anticipated Timeline and Evaluation

1. Timeline

PHI intends to follow the below timeline for review and award from this RFA process:

- Deadline for submission: December 17, 2018 at 5:00pm PST
- Review of applications: December 18-31, 2018
- Site notified of results: Anticipated by January 15, 2019
- Initial agreements issued: Anticipated by January 16, 2019

At PHI's discretion, the above timeline is subject to change to best meet programmatic needs and funder requirements, as applicable.

2. Evaluation

PHI will select applicants who present the most complete and responsive applications demonstrating the most favorable mix of credentials, capacity, potential, and cost.

The following criteria will be used to evaluate the applications by an internal evaluation team:

- Technical Capacity
- Past Experience
- Supportive Environment
- Cost Reasonableness
- Regional Opioid Response

At PHI's discretion, the above evaluation criteria are subject to change to best meet programmatic needs and funder requirements, as applicable.

3. Questions

All questions pertaining to this RFA must be submitted **via email to BridgeProgramRFA@phi.org** not later than **November 30, 2018 at 5:00pm PST**.

If applicable, PHI will issue an amendment to this RFA with responses to all questions received, including any applicable adjustments to the RFA requirements.

**Attachment 1:
CA Bridge Program Site Application Form**

Section 1: Entity Information

Entity's Legal Name	
Doing Business As (If Applicable)	
Street Address	
City, State, Zip / Country	
Mailing Address, If Different	
Email Address	
Main Telephone Number	
Website Address	

Section 2: Entity Representatives

Primary Clinical Champion Individual leading the implementation of MAT at the hospital		Authorized Signatory Individual authorized to sign on behalf of the hospital		Contract Representative Individual responsible for agreement processing and negotiations	
Name		Name		Name	
Title		Title		Title	
Email		Email		Email	
Phone		Phone		Phone	

Section 3: Hospital Type (U.S. Registered)

Entity Type	Additional Requirements (provide all)
<input type="checkbox"/> Government <input type="checkbox"/> District <input type="checkbox"/> City/County <input type="checkbox"/> Private, For-Profit <input type="checkbox"/> Private, Non-Profit <input type="checkbox"/> Academic <input type="checkbox"/> University of California <input type="checkbox"/> PRIME Hospital	<ul style="list-style-type: none"> • DUNS Number: _____ • FEIN Number: _____ • SAM Expiration Date: _____ • Congressional District: _____
<input type="checkbox"/> Teaching hospital: Which residency training programs are supported? <input type="checkbox"/> ED <input type="checkbox"/> FP <input type="checkbox"/> IM <input type="checkbox"/> OB <input type="checkbox"/> Surgery <input type="checkbox"/> Psych <input type="checkbox"/> Other: _____	

Required Attachments

<input type="checkbox"/> Certificate Letter (Certification for WOSB, SDVO, HUBZone, SDB, 8(a)BD, if applicable) <input type="checkbox"/> Copy of most recent audited financial <input type="checkbox"/> Letter of support from Department Leaders Minimum of 1 with up to 5 letters to illustrate extent of support from: Hospital Medicine, Obstetrics, Emergency Department, Outpatient Clinic Leadership, Chief Executive Officer, Chief Medical Officer <input type="checkbox"/> NICRA/Indirect Cost (IDC) & Fringe Benefit Documentation, if applicable <input type="checkbox"/> IRS Form W-9
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Section 4: Desired Participation Level in the CA Bridge Program

Please provide information on your hospital’s desired and/or appropriate level of participation in the California Bridge Program. (Select all that may apply.)

- Star Site** Star sites have already started to develop pathways to treating patients with acute opioid withdrawal. They will aim to work on an accelerated timeline toward becoming a center of excellence for the treatment and referral of patients with OUD while developing relationships with other regional hospitals such as Rural Bridge sites. Star sites will be considered for funding support of up to a total of \$260,000 to support specific activities related to the California Bridge Program.
- Rural Bridge Site** Rural Bridge sites are new access points for evidence-based treatment for substance use disorders and will aim to begin treatment primarily in the ED. Rural Bridge sites will be considered for funding support of up to a total of \$175,000 to support specific activities related to the California Bridge Program.
- Bridge Clinic** Bridge Clinics offer support for patients entering into treatment and help facilitate transitions into the community. Sites that develop Bridge Clinics will be considered for funding support of up to a total of \$150,000.

Section 5: Bridge Baseline

Please provide information on your hospital’s current stage of offering on-site Medication for Opioid Use Disorder (MOUD) (buprenorphine and/or methadone - also commonly referred to as Medication Assisted Treatment or MAT).

A. Medication Accessibility	YES	NO
1. Buprenorphine is on formulary	<input type="checkbox"/>	<input type="checkbox"/>
i. Buprenorphine (sublingual formulation) is in the Emergency Department automated medication dispensing system (e.g. Pyxis)	<input type="checkbox"/>	<input type="checkbox"/>
ii. IV formulation of Buprenorphine is on formulary	<input type="checkbox"/>	<input type="checkbox"/>
2. Methadone is on formulary	<input type="checkbox"/>	<input type="checkbox"/>

Details About Medication Accessibility

Please describe plans addressing medication accessibility including having MOUD on formulary if they are not already, or a single large-scale goal that is motivating your interest in the CA Bridge Program. (Max.150 words)

B. Promotion of Access to Medication for Opioid Use Disorder (MOUD)	YES	NO
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(buprenorphine and/or methadone - also commonly referred to as Medication Assisted Treatment or MAT)	YES	NO
1. There is a program in place for patients that supports patients...	<input type="checkbox"/>	<input type="checkbox"/>
i. ...to start on buprenorphine in the ED	<input type="checkbox"/>	<input type="checkbox"/>
ii. ...to be started on buprenorphine or methadone -		
a. for non-pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>
b. for pregnant patients	<input type="checkbox"/>	<input type="checkbox"/>
iii. ... to start on MOUD after opioid overdose	<input type="checkbox"/>	<input type="checkbox"/>
iv. ...with chronic pain to start on buprenorphine or methadone after opioid pain reliever discontinuation.	<input type="checkbox"/>	<input type="checkbox"/>
2. There is no program in place, but treatment is happening without it.	<input type="checkbox"/>	<input type="checkbox"/>
Details About Outpatient Access to Medication for Opioid Use Disorder (MOUD)		
Who is your primary outpatient partner, and/or describe your plans/interest in establishing a Bridge Clinic for continuing MOUD after discharge from the Hospital or ED. How did this partnership or plan evolve? Please describe any participation in working groups or coalitions. (Max. 100 words)		

C. Trends in Hospital Access to Medication for Opioid Use Disorder	YES	NO
1. There is ability to report on:		
i. Hospital-wide number of x-waivered providers	<input type="checkbox"/>	<input type="checkbox"/>
ii. # of patients initiated on buprenorphine or methadone (ED and inpatient administered doses)	<input type="checkbox"/>	<input type="checkbox"/>
iii. # of patients prescribed buprenorphine (prescriptions written to bridge patients from ED/inpatient to outpatient treatment)	<input type="checkbox"/>	<input type="checkbox"/>
iii. # of patients linked to care	<input type="checkbox"/>	<input type="checkbox"/>
The ability to report basic data is a requirement for consideration. If you answered “NO” to any of the		

above, please explain why you feel you should remain under consideration for this award. (Max. 50 words)

D. Hospital Emergency Medical Record System (EMR)

1. What is your hospital EMR system?	EMR:
2. What is your ED and Urgent Care EMR system?	EMR:
3. What is the EMR at your major outpatient partner?	EMR:
4. Are there any expected changes in the EMR that you are aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please describe:	
5. Who is the Chief Medical Information Officer?	Name
Phone	Email

E. Provider Training

	YES	NO
1. There are plans to offer (DATA 2000) DEA-X waiver training regularly	<input type="checkbox"/>	<input type="checkbox"/>
2. X-waivered providers <u>are available</u> within each department:		
i. Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>
ii. Hospitalists	<input type="checkbox"/>	<input type="checkbox"/>
iii. Anesthesia- Perioperative medicine	<input type="checkbox"/>	<input type="checkbox"/>
iv. Pain Medicine	N/A	<input type="checkbox"/>
v. Surgery	<input type="checkbox"/>	<input type="checkbox"/>
vi. Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>
a. Capacity for Neonatal Abstinence Syndrome (NAS) treatment	<input type="checkbox"/>	<input type="checkbox"/>
vii. Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>
viii. Affiliated Outpatient Providers	<input type="checkbox"/>	<input type="checkbox"/>
3. X-waivered providers <u>formally educate/train colleagues</u> in each department:		
i. Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>
ii. Hospitalists	<input type="checkbox"/>	<input type="checkbox"/>
iii. Anesthesia- Perioperative medicine	<input type="checkbox"/>	<input type="checkbox"/>
iv. Pain Medicine	N/A	<input type="checkbox"/>

v. Surgery	<input type="checkbox"/>	<input type="checkbox"/>
vi. Obstetrics	<input type="checkbox"/>	<input type="checkbox"/>
vii. Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>
viii. Affiliated Outpatient Providers	<input type="checkbox"/>	<input type="checkbox"/>

F. Relationship with Community	YES	NO
The hospital or emergency department has an MOU (memorandum of understanding - or other formal relationship) with at least one local residential detoxification facility	<input type="checkbox"/>	<input type="checkbox"/>
The hospital or emergency department has an MOU (memorandum of understanding - or other formal relationship) with local or regional law enforcement for initiation of bup in incarcerated patients	<input type="checkbox"/>	<input type="checkbox"/>

Details About Relationship with Community
Please describe any partnerships with community resources such as local residential detoxification house, local or regional law enforcement and any other partners engaged in the treatment or navigation of treatment for patients with opioid use disorder. Please share any barriers or perceived barriers to robust relationships with community partners. (Max. 100 words)

SECTION 6: Bridge Team	YES	NO
Please provide information on your hospital team and other colleague support of Medication for Opioid Use Disorder (MOUD)		
1. Are there colleagues ready and/or willing to lead hospital-wide efforts to increasing treatment starting February 2019, including participation in demonstration research and evaluation activities?	<input type="checkbox"/>	<input type="checkbox"/>
2. List other relevant colleagues willing to lead department efforts as champions:		
	Name	Email
Emergency Department MOUD Lead		
Hospitalist MOUD Lead		
Obstetrics MOUD Lead		
Perioperative (Anesthesia) Lead		
Surgery Lead		
Details About Your Bridge Team		
Please succinctly describe your colleagues' readiness and/or willingness to lead hospital-wide efforts to increasing access to treatment for patients with substance use disorders. Please include any possible barriers to engaging colleagues within the Bridge team as well as with colleagues hospital-wide. (Max. 50 words)		

Section 7: Bridge Implementation Narrative
Please succinctly share an overview of a draft implementation plan. Discuss any unique populations this work may impact, or special program attributes. (Max. 200 words)

Section 8: Expected Impact

Please briefly describe the expected number of people with OUD that you believe could be realistically brought into care through successful implementation of a Bridge Program at your hospital.

Number of Patients Started or Continued on MOUD per week	CURRENT STATE	ANTICIPATED POST-PROGRAM (08/01/2020)
1. Emergency Department: Patients started or continued on MOUD per week		
2. In-patient Medicine: Patients started or continued on MOUD per week		
3. In-patient Surgery: Patients started or continued on MOUD per week		
4. Maternal Health / Obstetrics: Patients started or continued on MOUD per week		
5. Census	CENSUS NUMBERS	
i. Total Census		
ii. Affiliated Urgent Care census:		

Section 9: Future opportunities

The California Bridge Program may help to advance the ability of your hospital to become a leader in the field of hospital treatment for acute symptoms of OUD.

	YES	NO
1. Are you interested in possible future opportunities to participate in large scale studies of ED initiated OUD treatment?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you interested in possible funding for low-threshold administration of MOUD, also known as Bridge Clinics, at your hospital?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you agree to have the name of your hospital included in California Bridge Program materials such as (though not limited to) a public website, newsletters, and reports for participants and stakeholders?	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: Authorized Signatory Certifications

	YES	NO
Do you certify that the funding received by your hospital/healthcare entity from PHI would be allocated solely for the programmatic implementation of the CA Bridge Program?	<input type="checkbox"/>	<input type="checkbox"/>
Do you certify that the funding received by your hospital/healthcare entity from PHI would be allocated solely to increase access to treatment for patients presenting to the hospital with acute issues related to OUD?	<input type="checkbox"/>	<input type="checkbox"/>
Do you certify that the individuals listed in your hospital/healthcare entity's application budget (including employees, independent contractors, or third party contractors) will receive the funding as outlined?	<input type="checkbox"/>	<input type="checkbox"/>
Do you certify that to the best of your knowledge, the information included in your hospital/healthcare entity's application form, budget form, and back-up documents are complete and accurate?	<input type="checkbox"/>	<input type="checkbox"/>

Name and Title	Signature	Date

Attachment 2: CA Bridge Program Budget Template

*****Note: Attached separately as Microsoft Excel file*****

Below image is for illustrative purposes only

CA Bridge Program Site Budget -- INSERT SITE NAME							
A.	Personnel Line Item						
A.1	Salary Costs						
	Position Title	Budget Notes	No. of People	Annualized Salary	Effort (FTE %)	No. of Months	Subtotal
A.1.1	Emergency Department Champion	Insert person's name and other applicable details	1.00	\$ -	20%	18.00	\$ -
A.1.2	Treatment Counselor	Insert person's name and other applicable details	1.00	\$ -	100%	18.00	\$ -
A.1.3	Specify Position	Insert person's name and other applicable details	-	\$ -	0%	18.00	\$ -
A.1.4	Specify Position	Insert person's name and other applicable details	-	\$ -	0%	18.00	\$ -
A.1.5	Specify Position	Insert person's name and other applicable details	1.00	\$ -	100%	18.00	\$ -
	Total Salary Costs						\$ -
A.2	Fringe Benefit Costs						
	Cost Type	Budget Notes		Total Salary Costs	Percent	No. of Months	Subtotal
A.2.1	Standard Fringe Benefits (% of Salary)	Indicate which benefits are included		\$ -	0%	18.00	\$ -
A.2.2	Specify or N/A	Provide details of other applicable staff benefit		\$ -	0%	18.00	\$ -
A.2.3	Specify or N/A	Provide details of other applicable staff benefit		\$ -	0%	18.00	\$ -
	Total Fringe Benefit Costs						\$ -
	TOTAL PERSONNEL LINE ITEM						
							\$ -
B.	Other Costs Line Item						
	Cost Type	Budget Notes		Unit Cost	No. of Units	No. of Months	Subtotal
B.1	Specify or N/A	Provide details of applicable other cost		\$ -	-	18.00	\$ -
B.2	Specify or N/A	Provide details of applicable other cost		\$ -	-	18.00	\$ -
B.3	Specify or N/A	Provide details of applicable other cost		\$ -	-	18.00	\$ -
	TOTAL OTHER COSTS LINE ITEM						
							\$ -
C.	Consultant/Contractor Line Item						
	Consultant/Contractor Title	Budget Notes	No. of People	Daily Rate	No. of Days	No. of Months	Subtotal
C.1	Specify or N/A	Insert person's name and if consultant or contractor	-	\$ -	-	18.00	\$ -
C.2	Specify or N/A	Insert person's name and if consultant or contractor	-	\$ -	-	18.00	\$ -
C.3	Specify or N/A	Insert person's name and if consultant or contractor	-	\$ -	-	18.00	\$ -
C.4	Specify or N/A	Insert person's name and if consultant or contractor	-	\$ -	-	18.00	\$ -
	TOTAL CONSULTANT/CONTRACTOR LINE ITEM						
							\$ -
D.	Indirect Costs Line Item						
	Rate Type	Budget Notes		Base of Application	Percent (Rate)		Subtotal
D.1	Indirect Cost Rate (NICRA)	Provide base of application explanation		\$ -	0%		\$ -
D.2	Specify or N/A	If applicable, specify type of other indirect cost		\$ -	0%		\$ -
	TOTAL INDIRECT COSTS LINE ITEM						
							\$ -
	TOTAL PROPOSED SITE BUDGET						
							\$ -

**Attachment 3:
CA Bridge Program Site Level Program Framework
January 2019-July 2020**

Program Aim

The California Bridge Program is an accelerator program for access points to evidence-based treatment for substance use disorders. with the aim of 24/7 access to treatment for patients suffering from substance use disorders in every California community.

Program Vision

To enhance the ability for hospitals and emergency rooms to be primary access points for the treatment of acute symptoms of substance use disorders by way of motivation, resources, and encouragement for patients to enter and remain in treatment.

Site Expectations

Hospitals/healthcare entities participating in the California Bridge Program will perceive substance use disorder as a treatable chronic illness, leveraging the healthcare system to begin treatment for patients with substance use disorder rather than looking outside of the standard medical facility for the initiation of evidence-based treatment. Successful and sustainable treatment is using emergency rooms and acute care hospitals to meet patients where they are.

Program Features:

- Individualized training and technical assistance
- Tools to establish treatment protocols in the Emergency Department (ED) and throughout the hospital
- Funding to support, enhance, and accelerate the establishment of the culture and practice of evidence-based medicine to treat substance use disorders via essentials such as:
 - Program champion time that may be necessary to build a robust system (quantity and type of program champion support will vary by site)
 - Treatment counselor training and time to provide support for patients and treatment teams with the goal of initiating and connecting patients to treatment from within the hospital setting
 - Bridge clinic support that may cover items such as clinician time for establishing a routine, low-threshold, extension of care for patients entering into treatment and help to facilitate transitions into the community

Draft Milestone Plan

Table 1 below outlines the anticipated phases and dates, proposed activities and milestones, and possible payment ranges for the January 2019-July 2020 period.

Table 1: CA Bridge Program – Site Level Milestone Plan (DRAFT)		
Anticipated Phases	Proposed Activities and Milestones	Estimated Possible Payment Ranges
<p>PHASE 1: ESTABLISHMENT</p> <p>ANTICIPATED DATES: January 15, 2019 to May, 14, 2019</p>	<p>Upon initial award, receive establishment funding to help boost efforts related to the treatment of patients with substance use disorders including providing x-waiver training and establishing a baseline understanding of hospital culture around substance use disorders.</p> <p>The <i>suggested use of funding during Phase 1:</i></p> <ul style="list-style-type: none"> ● Build in IT/EMR reporting to enable systematic reporting ● Provide time for clinicians to attend DEA X-waiver trainings ● Outreach to clinics to find referral pathways for patients with substance use disorders ● Prepare, approve, post and hire for the role of treatment counselor specific to this site <p>IN ORDER TO PROCEED, <u>REQUIREMENTS BY END OF PHASE 1 (By May 14, 2019):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Participation in California Bridge Program Training Series (Session #1 - February 25, 2019 in Oakland, CA) <input type="checkbox"/> Treatment Counselor is fully on-boarded by March 15, 2019 <input type="checkbox"/> Treatment Counselor participation in Treatment Counselor Training Series (Dates TBD) <input type="checkbox"/> Star sites: At least one emergency department provider AND one inpatient provider is X-waivered <input type="checkbox"/> Submission of summary report of aggregate data beginning April 1 due no later than May 14, 2019 related to activities during action period 1 <p>* Requirement for award: Buprenorphine on formulary</p>	<p>Up to \$50,000 - \$150,000</p>
<p>PHASE 2: ENGAGEMENT</p> <p>ANTICIPATED DATES: May 15, 2019 to October 14, 2019</p>	<p>Upon satisfactory accomplishment during Phase 1, receive engagement funding to support the engagement of the training and technical assistance provided by the California Bridge Program. The <i>suggested use of funding during Phase 2:</i></p> <ul style="list-style-type: none"> ● Treatment counselor participation at trainings and orientations ● Provider participation at coaching calls and site visits ● Completed program reports <p>IN ORDER TO PROCEED, <u>REQUIRED BY END OF PHASE 2 (By October 14, 2019):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Participation in California Bridge Program Training Series (Session #2 - May 22, 2019 in Oakland, CA) <input type="checkbox"/> Treatment Counselor participation in Treatment Counselor 	<p>Up to \$20,000 - \$100,000</p>

	<p>Training Series (Dates TBD)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submission of summary report due no later than October 14, 2019 related to activities during action period 2 	
<p>PHASE 3: REFINEMENT</p> <p>ANTICIPATED DATES: October 15, 2019 to April 14, 2020</p>	<p>Upon satisfactory accomplishment during Phase 2, receive refinement funding to continue to refine the implementation of technical and training received through the Program. The <i>suggested use of funding during Phase 3</i>:</p> <ul style="list-style-type: none"> ● Improve patient identification ● Outreach to community <p><u>IN ORDER TO PROCEED, REQUIRED BY END OF PHASE 3 (By April 14, 2020):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Demonstrated increase in numbers of patients treated with MOUD <input type="checkbox"/> Participation in California Bridge Program Training Series (Session #3 November 2019 TBD) <input type="checkbox"/> Treatment Counselor participation in Treatment Counselor Training Series <input type="checkbox"/> Provider participation at coaching calls and site visits <input type="checkbox"/> Submission of summary report of aggregate data beginning due no later than April 14, 2020 related to activities during action period 3 	<p>Up to \$20,000 - \$100,000</p>
<p>PHASE 4: REPORTING</p> <p>ANTICIPATED DATES: April 15, 2019 to July 15, 2020</p>	<p>Upon satisfactory accomplishment during Phases 1, 2, and 3, receive final funding upon the completion of a final qualitative summary report and survey.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Participation in California Bridge Program Training Series (Session #4 - May 2020 TBD) <input type="checkbox"/> Submission of summary report of aggregate data due no later than July 15, 2020 related to activities during action Phase 3 <input type="checkbox"/> Submission of end of project, complete final qualitative survey no later than July 15, 2020 	<p>Up to \$20,000 - \$100,000</p>