OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
	SUBSTANCE ABUSE PROGRESS REPORT	Grant Number	Progress Report Tracking Number
1. Substance Abuse Activities		Current reporting period	Cumulative Total
1a.	How many physicians, on-site or with whom the health center has contracts, have obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications that have been specifically approved by the FDA for that indication?		To be calculated by HRSA
1b.	How many patients received medication-assisted treatment for opioid use disorder from a physician with a DATA waiver working on behalf of the health center?		To be calculated by HRSA
2. Issues	Barriers (for the current reporting period only)		
	urrent reporting period, describe up to three major issues/barriers that you experien pansion activities.	iced while condu	cting substance
Required; up to 2500 characters (1 page)			
3. Key Strategies and Lessons Learned (for the current reporting period only)			
	urrent reporting period, describe up to three strategies that contributed most to the n activities.	success of your s	substance abuse
	Required; up to 2500 characters (1 page)		

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857