

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>HEALTH CENTER PROGRAM PROGRESS REPORT</b>	<b>FOR HRSA USE ONLY</b>	
	<b>Grant Number</b>	<b>Progress Report Tracking Number</b>

<b>1. Substance Abuse Activities</b>		<b>Current reporting period</b>	<b>Previous reporting period</b>
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?		
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?		

### **2. Issues/Barriers (for the current reporting period only)**

For the current reporting period, describe up to three major issues/barriers that you experienced while conducting substance abuse expansion activities.

Required; up to 2500 characters (1 page)

### **3. Key Strategies and Lessons Learned (for the current reporting period only)**

For the current reporting period, describe up to three strategies that contributed most to the success of your substance abuse expansion activities.

Required; up to 2500 characters (1 page)

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. The Health Center Program application forms provide essential information to HRSA staff and objective review committee panels for application evaluation; funding recommendation and approval; designation; and monitoring. The OMB control number for this information collection is 0915-0285 and it is valid until XX/XX/XXXX. This information collection is mandatory under the Health Center Program authorized by section 330 of the Public Health Service (PHS) Act ([42 U.S.C. 254b](#)). 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).