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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration

HEALTH CENTER PROGRAM PROGRESS REPORT

FOR HRSA USE ONLY		
Grant Number	Progress Report Tracking	

Number

1. Substar	nce Abuse Activities	Current reportin g period	Previous reporting period
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. . paperwork@hrsa.gov HYPERLINK

[&]quot;https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov" 42 U.S.C. 254b HYPERLINK

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