

Date: July 24, 2007
To: Interested Addiction Treatment Agencies
From: Mike Quirke and Deanne Boss
RE: Application for Participation in the Strengthening Treatment Access and Retention Project (STAR-SI)

Thank you for attending the Quality Improvement Workshop on June 29, 2007 and indicating that you are interested in participating in a formal project to implement the Network for the Improvement of Addiction Treatment (NIATx) model. The attached application form is provided to determine your level of eligibility to participate in a formal project from August 15, 2007 through August 14, 2008. Please complete the form, attach a budget for under \$5,000, and return these to me by August 10, 2007:

Deanne Boss, M.S.
STAR-SI Project Coordinator
UW Dept of Family Medicine
5901 Research Park Blvd, Ste 110
Madison, WI 53719
608-263-0304
Deanne.boss@fammed.wisc.edu

I am available by phone or e-mail if you have any questions. Thank you.

STRENGTHENING TREATMENT ACCESS AND RETENTION-STATE IMPLEMENTATION

STAR-SI PROJECT

APPLICATION: 8/15/2007 – 8/14/2008

This application form is provided to determine your level of eligibility to participate in the STAR-SI project from August 15, 2007 through August 14, 2008. Please complete the following, attach a budget for under \$5,000, and return it to me by August 10, 2007:

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Agency Name:	Phone Number:
Contact Person Name:	E-Mail:

1. How many addiction or co-occurring outpatient and/or day treatment admissions did you have during Calendar Year 2006? _____

2. Identify which public funds you receive and the approximate percent of your total agency revenue (e.g., State, County, Federal, Medical Assistance, etc.):

<u>Source</u>	<u>Percent</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. What change/improvement project do you currently have in mind?

4. Related to the change/improvement project that you have in mind, please briefly describe how you will do the following:

Select the Change Team Leader and include the approximate hours that he/she would be able to commit to the project each month:

b. Organize a Change Team:

c. Arrange for a walkthrough:

d. How will you decide on the objective/aim of the project:

e. How will you collect data on the objective/aim:

f. How will you decide on an initial idea to test:

5. Attach a 12-month budget that is under \$5,000. Examples of allowable costs for the STAR-SI grant include:

- Staff time and fringe for conference calls (1 hr; monthly) and meetings; data collection
- Staff and client incentives
- Miscellaneous supplies
- Computer software; internet browser and monthly access fees
- Travel (mileage, meals, lodging) to three 1-day state meetings in Madison or Waukesha

Director's Signature: _____ **Date:** _____