

ECHO ID:

Basic Information:

Provider Name:	Presentation Date:
Agency Name:	City/State:

Current or proposed services (medication for addiction treatment (MAT), e.g., buprenorphine, methadone, naltrexone; data waived practitioner support; harm reduction; peer recovery, etc.):

Describe the situation or challenge your practice has experienced addressing Substance Use Disorder (SUD) treatment or recovery services from a systems- or population-level. This could be related to administrative, scope of practice, workflow, referral, or other hurdles.

Situation: Please describe the current state of the system.

Background: Please provide any additional information related to the situation or overall context.

Assessment: Please state your current view on the situation.

Requst: Please state your main questions or concerns.