astho™ **CDC**
CENTERS FOR DISEASE
CONTROL AND PREVENTION

Overdose Prevention Capacity Assessment Tool (OPCAT)

Public reporting burden of this collection of information is estimated between at 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/Information Collection Review Office, 1600 Clifton Road, NE, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-xxxx).

Instructions: This tool is intended to guide CDC OD2A recipients in a systematic and objective assessment of their existing capacity to address the overdose epidemic. Insight generated from application of this tool will be used to 1) guide CDC's programmatic and scientific technical assistance and resources we provide to recipients and 2) measure progress in building and sustaining overdose prevention capacity.

This tool characterizes two main domains of capacity: overdose content specific and broader infrastructure capacity. Within each of these broad domains, more specific elements are defined and described. Recipients can use these descriptions and the included benchmarks to inform their self-assessment of their current status. The activities being assessed in this tool are those related to the OD2A goals of increasing comprehensiveness and timeliness of surveillancedata; building jurisdictionaland local capacity for public health programs determined to be promising based on research evidence;making Prescription Drug Monitoring Programs (PDMPs) easier to use and access; and working with health systems, insurers, and communities to improve opioid prescribing.

Please provide us with the name of your health department:

Respondents please select the level that best reflects your current capacity

Multilevel Leadership

Multilevel Leadership is defined the people and processes that make up leadership at all levels that interact with and have an impact on the program. It includes leadership in the state health department or other organizational unit in which the program is located, as well as leadership from other decision-makers, leadership within the program beyond the program manager and across programs that have related goals, and leadership at the local level.

	No Capacity	Low Capacity	Medium Capacity	High Capacity	
Leadership for overdose prevention exists across levels	No leadership exists currently	Leadership exists in only one level within the health department (e.g., within the overdose prevention program)	Executive leadership exists at health department (i.e. State/Local/Territorial Health Official) and on multiple levels within and across programs in the health department (e.g., leadership from injury prevention, vital records, infectious disease, maternal and child health, etc.) L	Leadership exists throughout multiple levels of government from executive leaders (e.g., Mayors/Governors) to legislative entities (e.g., city or county councils, state legislators) and across to other heads of department	Unsure
Leadership for overdose surveillance exists across levels	No leadership exists currently	exists in only one level within the health department (e.g., within the overdose surveillance program)	Executive leadership exists at health department (i.e. State/Local/Territorial Health Official) and on multiple levels within and across programs in the health department (e.g., leadership from injury prevention, vital records, infectious disease, maternal and child health, etc.)	Leadership exists throughout multiple levels of government from executive leaders (e.g., Mayors/Governors) to legislative entities (e.g., city or county councils, state legislators)and across to other heads of department	Unsure
Existing	No Capacity Ad-hoc meetings	Leaders meet regularly to		Health department leaders coordinate with leaders from other	

coordinating or unit or body in health department	or identified as a need within the health department	discuss status of work across the health department.	Leaders coordinate activities across the health department (e.g., strategic planning of efforts)	stakeholder sectors (i.e. law enforcement, healthcare, POMP, treatment services, etc.) to develop and/or review and update coordinate	Unsure

Networked Partnerships

Networked partnerships are defined as strategic partnerships at all levels (national, state, and local) across sectors (health systems, public safety) with multiple types of organizations (government, nonprofit) that enhance coordination of efforts toward a common goal, foster champions, and contribute to sustainability.

		No Capacity	Low Capacity	Medium Capacity	High Capacity	
Partnerships with public sectors		No partnerships exist with public sector	One or two public sectors	Three public sectors	Four or more public	Unsure
	Partnerships across jurisdiction levels	No partnerships across jurisdictional levels	Only within your jurisdiction level (e.g. state or territory)	Within your jurisdiction and one additional level (e.g., state and city)	Partnerships across all levels (state/territory, county, and city)	Unsure
Public-private partnerships	(e.g., private entities are non-profits, universities)	No public-private partnerships exist	Public partnerships only	Mix of private and public (health	Mix of private and public health and nonhealth)	Unsure
	Level of engagement prevention activities	No partners are engaged in prevention	Partners have situational awareness of prevention activities	Partners regularly participate in and contribute to prevention activities; may serve as a Champion	Prevention focused partnerships are solidified via resource sharing or operational agreements like data sharing agreements, memoranda of undersatndin MOUs, etc.	Unsure
	Level of engagement for surveillance	No partners are engaged 1n surveillance activities	Partners have situational awareness of surveillance activities	Partners regularly participate in and contribute to surveillance activities; sharing agreements, memoranda of activities	Surveillance focused partnerships are solidified via resource sharing or operational agreements like data activities may serve as a	Unsure understanding(MOUs), etc. champion

		No Capacity	Low Capacity	1v1edium Caoacit)	High Capacity	
	Shared planning of prevention activities	There are no shared planning of prevention activities	Prevention planning occurs exclusively within the health department with situational awareness of partner activities	Prevention planning occurs by the health department in consultation with partners	Prevention planning is strategic and deliberately coordinated with and the health department to plan, execute. and assess impactof prevention strategies	Unsure
		0	0	0	0	0
	Shared planning of surveillance activities	No Capacity There are no shared planning of surveillance activities	Low Capacity Surveillance planning occurs exclusively within the health department with situational awareness of partner activities	Medium Capacity Surveillance planning occurs by the health department in consultation with partners	High Capacity Surveillance planning is strategic deliberately coordinated with and the health department to plan, execute. and assess impactof prevention strategies	Unsure
						0

Notes or comments

Respondents please select the level that best reflects your current capacity

Responsive Plans and Planning

Responsive planning as part of the state strategic plan is defined as a dynamic process that evolves and responds to contextual influences such as changes in the science, health department priorities, funding levels, and external support from the public and leadership. It also promotes action and the achievement of public health goals.

	No Capacity	Low Capacity	Medium Capacity	High Capacity	
Strategic plan for opioid overdose response or opioid response plan	No strategic plan or opioid response plan exists	Need for a strategic plan for opioid overdose is recognized and efforts are underway to develop a plan	A Strategic plan for opioid overdose exists.	The strategic plan for opioid overdose is a living document. Partners actively use and consult the plan in their work and future planning efforts.	Unsure
	0	0	0	0	0
Overdose response plan that addresses all substances (e.g., stimulants) and strategies to address them	No plan exists currently to address all overdoses.	Need to broaden initial opioid response plan to address all overdose substances is recognized and efforts are underway to broaden it.	Current strategic plan for opioid overdose addresses other substances, but in a limited manner (e.g., response strategies still primarily focus on opioids).	The strategic plan is comprehensive; addresses multiple substances involved in overdose and strategies to address them.	Unsure
	0	0	0	0	0
The strategic plan/opioid response plan pertains to the following entities:	No plan exists currently.	Public health governmental entities only (e.g., Territory/State/City/County health departments)	All governmental agencies/entities at a variety of levels in your jurisdiction	All governmental and non governmental entities in your jurisdiction and at a variety of levels (e.g., public and private)	Unsure
	0	0	0	0	0
Plan coordination	There is no planning for coordination	Strategic plan has limited coordination	Strategic plan is coordinated across sectors or levels for at least one strategy	Strategic plan is coordinated across sectors or levels for multiple strategies	Unsure
	0	0	0	0	0
Sustainability plan	There is no planning for sustainability	Need recognized but no action taken on a sustainability plan	Sustainability plan only applies for one or two strategies	Sustainability plan exists for overdose prevention	Unsure
	0	0	0	0	0
Plan Updates	There is no know updating process for the plan	Plan is updated rarely or ever 3 years	Plan is only visited when there are emergent needs	Plan is a living document; regularly reviewed and updated to address trends and respond to needs	Unsure

comments

Opioid response incorporated into other jurisdictional planning efforts (e.g.. State Health Improvement Plan (SHIP))

Notes or

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No Capacity Overdose response is not incorporated ,no jurisdictional planning efforts	Low Capacity Overdose response needs to be incorporated into jurisdictional planning efforts	Medium Capacity Overdose response plan is referenced in jurisdictional planning efforts like the SHIP or action plan	High Capacity Overdose response plan is integrated into jurisdictional planning efforts like the SHIP or action plan	Unsure
0	0	0	0	0

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Data to Action

Data to Action refers to identifying and working with data in a way that promotes action and ensures that data are used to promote public health goals.

	No Capacity	Low Capacity	Medium Capacity	High Capacity	Unsure
Needs assessment	No Capacity No needs assessment has been performed	Low Capacity Needs assessment performed but limited in scope	Medium Capacity Needs assessment performed at regular intervals; but lacks data on specific needs of high risk populations or regions/areas	High Capacity Needs assessment performed on a regular basis; additional needs assessments conducted about high-risk populations or regions/areas	Unsure
	0	0	0	0	0
Data sharing	No Capacity Data sharing occurs currently	Low Capacity Data sharing is limited to within the health department	Medium Capacity Data sharing occurs across seve ral governmental entities and Data Use Agreements may exist formalizing these relationships	High Capacity Data sharing is formalized by legal documents like Data Use Agreements; data sharing is enhanced through shared resources (e.g., health department pays for POMP analysts or epidem iologists} and occurs across jurisdictions.	Unsure
	0	0	0	0	0

Surveillance activities include analysis and trend reporting of mortality data and morbidity data (e.g., emergency department discharge and hospital inpatient data and syndromic surveillance}

	No Capacity	Low Capacity	Medium Capacity	High Capacity	Unsure
Use/linkage of Drug Overdose Data	Medium Capacity The health department does not regulary conduct drug overdose surveillance activities	Low Capacity Health department conduts analysis and trend reporting of mortality data (e.g., vital records death data and medical examiner death data)		High Capacity Health department conducts data linkages with mortality and/or morbidity drug overdose data and other surveillance data sources (e.g., POM P, EMS, or administrative billing discharge data)	Unsure
		0	0	0	0
Access and use of Non-traditional data sets (e.g., Law Enforcement, Criminal Justice, Naloxone Administrations, data ODMAP, Neonatal Abstinence Syndrome, Syringe Associated access. Infections, Social Service or Child Welfare, Medicaid, Worker's Compensation, Veteran's	No Capacity These are not accessed or used currently	Low Capacity Access to non-traditional data has been identified as a need and efforts are underway to gain	Medium Capacity Access to non-traditional data conducts Health department has access to and trend analysis with non-traditional data sets	High Capacity Health department conducts data linkages with non-traditional data sets with morbidity and/or mortality data	Unsure
	0	0	0	0	0
Data dissem ination	No Capacity Data are not currently dissem inated	Low Capacity Data dissem ination planning is occurring and mechanisms for distribution are being explored	Medium Capacity Data dissem ination occurs regularly and formal mechanisms exist for disseminating data to key partners (e.g., data dashboard, legislative reports, POMP reports to licensing boards)	High Capacity Data dissem ination occurs often (e.g., more than once a year}, formal dissem ination mechanisms exists and are tailored to the needs of various stakeholders. Additional training and technical assistance may be provided to help stakeholders to understand and take action on the data they receive.	Unsure
	0	0	0	0	0
Data action plans (e.g., plans that guide stake holders on actions that can be taken based on drug trends or overdose spikes in their areas}	No Capacity There is not interest and no data action plans exist for my jurisdiction	Low Capacity Data action plans are a recognize need but no current guidance has been developed.	Medium Capacity Data action plans exist but are limited in scope (e.g., only address opioids} and offer a narrow list of activities that can be undertaken	High Capacity Data action plans exist, cover all possible overdose substances , and are widely used by stakeh olders to plan overdose responses efforts	Unsure
	0	0	0	0	0

Notes or comments

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Respondents please select the level that best reflects your current capacity

Managed Resources

Managed resources refers to funding and social capital or relationships that produce social benefits.

	No Capacity	Low Capacity	Medium Capacity	High Capacity	Unsure
Funding sources	There are currently no funds available to support prevention efforts.	Only CDC funds overdose prevention efforts in my jurisdiction	CDC and other federal entities fund overdose prevention efforts in your jurisdiction	An array of partners fund overdose prevention efforts in your jurisdiction. This may include the following: CDC, other federal entities, jurisdictional funds, private entities, and/or foundations	
	O	O	O	O	O
Scope of funded activities	There are currently no funds available to support prevention efforts.	**Low Capacity** Funds support work implemented only within the state or local or territorial health department	**Med Jm Caracit}** Funds support work prevention implemented outside the public government entities at multiple levels to expand and enhance (e.g., POMP admin istrators, (e.g., fund local health districts/ departments)	**High Capacity** Funds support efforts implemented by partners across sectors or levels. This includes funding staff positions in other entities prevention activities outside the health recovery coaches)	Unsure
	O	O	O	O	O
Staffing levels	Health agency does not have the resources or mechanisms to staff all essential positions needed to support overdose prevention efforts (i.e. case abstractors, epi, prevention specialists, etc.)	**Low Capacity** Overdose program has the resources but not the infrastructure mechanisms to fill staffing positions to manage and operate overdose prevention programs (e.g., vacancies are difficult	**Medium Capacity** Overdose program has sufficient staff to manage and operate overdose prevention programs	Overdose program has high quality staff to manage and operate programs and all essential positions are filled (e.g., vacancies have been easy to fill and attract high quality candidates to function as epis, prevention specialists, case abstractors, etc.)	Unsure
	O	O	O	O	O
Resource sharing	Health department does not share any resources with in partners.	**Low Capacity** Health department shares limited resources with a few partners (e.g., funding positions or efforts partner agencies, providing training or assistance) technical assistance)	**f'diLn Carac,it** Health department and partners share resources (e.g., in-kind staff, training, technical assistance)	**High Capacity** Health department and partners share resources coordinated and strategic manner. Resources are shared at multiple levels and forms (e.g., in-kind staff, training, technical	Unsure
	O	O	O	O	O
Social capital (e.g., features of an organization like networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit)	Potential partners do not currently work together. Therefore no social capital exists. and	**Low Capacity** Overdose prevention partners have a low degree of social capital (e.g., partners lack diversity, trust, coordination and cooperation)	**Medium Capacity** Overdose prevention partners have sufficient social capital to move partners prevention efforts degree of social forward, improvements could be made to strengthen partner trust, diversity, coordination, and cooperation	**High Capacity** Overdose prevention have high capital (e.g., trust is high, partnership is diverse, and active levels of coordination and cooperation exist)	Unsure
	O	O	O	O	O

Notes or comments

Topical Capacity

Please select the description that best fits your health agency's capacity related to the topic. If you select "no capacity," you will be prompted to identify the barriers preventing capacity building for this function. Please select the top three to five barriers that apply.

Conducting Public Health Surveillance (e.g., syndromic vs. conventional surveillance, high burden areas identified)

○ No Capacity - No systematic public health surveillance of opioid misuse and overdose.

Notes/comments

○ Limited public health surveillance of opioid misuse and overdose that does not extend beyond overdose morbidity/mortality and only sometimes informs intervention planning.

Notes/comments

○ Some Capacity - Public health surveillance of misuse and overdose as well as key risk factors. Data informs intervention planning and action.

Notes/comments

○ Significant Capacity - Public health surveillance data on opioid misuse, overdose. risk factors and protective factors is a critical part of the recipient's response to the opioid epidemic

Notes/comments

○ Full Capacity - Recipient has implemented comprehensive public health surveillance as well as innovative approaches such as linking datasets or conducting rapid needs assessments.

Notes/comments

G

Medical Examiners/Coroners/Toxicologistsshare data with public health agency on drug overdose deaths

O   No Capacity - No data sharing.

Notes/comments
_____
_____

O   Limited Capacity - limited data sharing.

Notes/comments
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_____

O   Some Capacity - Some data sharing, but lack full state coverage, receive data slowly or receive data inconsistently.

Notes/comments
_____
_____

O   Significant Capacity - Data sharing across the state in a timely manner with some problems.

Notes/comments
_____
_____

O   Full Capacity - Rapid data sharing and ongoing communication.

Notes/comments
_____
_____

G

Analysis and dissemination of ME/C data including toxicologyby health   department

O   No Capacity - No ongoing analysis or dissemination.

Notes/comments

O   Limited Capacity - Some basic analyses and dissemination, but is periodic and inconsistent.

Notes/comments

O   Some Capacity - Ongoing analysis and dissemination of data, but not well integrated into prevention and response efforts.

Notes/comments

O   Significant Capacity - Consistent ongoing dissemination of the data that is well integrated into prevention and response efforts.

Notes/comments

O   Full Capacity - Consistent dissemination of data to support prevention and response efforts coupled with innovative analyses and dissemination efforts.

Notes/comments

G

Capacity to conduct comprehensive death investigation of drug overdose deaths by ME/C agencies

○ No Capacity - Death investigations tend to use limited toxicology screens (e.g., do not test for fentanyl) and provide limited information beyond the death certificate.

Notes/comments

○ Limited Capacity - Death investigation tend to provide only basic information or vary substantially in quality across county ME/C agencies.

Notes/comments

○ Some Capacity - Death investigations tend to provide useful information on the circumstances of drug overdose deaths as well as detect fentanyl and fentanyl analogs, but may lack resources to conduct autopsies and comprehensive toxicology

screens on all cases.

Notes/comments

○ Significant Capacity - Death investigation are thorough including autopsy, comprehensive toxicology testing, and field investigation that provide actionable insights into the circumstances of drug overdose deaths.
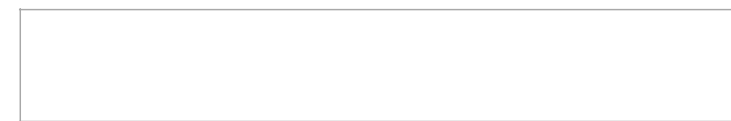
Notes/comments

○ Full Capacity - Death investigation is comprehensive and involves innovative components such as fatality review.

Notes/comments

G

Naloxone
- Tracking and analysis of administration data to identify hot spots

O   No Capacity - No efforts are currently

underway Notes/comments

O   Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

plan) Notes/comments

O   Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

remain Notes/comments

O   Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

Notes/comments

O   Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Notes/comments

G

Hospital, healthcare, or emergency systems (e.g., to increase access to timely data EHR/POMP integration, quality improvement initiatives, CDC guideline concordance)

O No Capacity - No efforts are currently

underway Notes/comments

O Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

plan) Notes/comments

O Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

remain Notes/comments

O Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

Notes/comments

O Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Notes/comments

G

Hospital, healthcare, or emergency systems (e.g., to increase access to timely data EHR/POMP integration, quality improvement initiatives, CDC guideline concordance)

O No Capacity - No efforts are currently

   underway Notes/comments

O Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

   plan) Notes/comments

O Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

   remain Notes/comments

O Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

   Notes/comments

O Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

   Notes/comments

G

Access to any rapid and reliable data on drug overdoses (e.g., Emergency Department, EMS, or other data)

O No Capacity - No efforts are currently

underway Notes/comments

O Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

plan) Notes/comments

O Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

remain Notes/comments

O Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

Notes/comments

O Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Notes/comments

G

Provider support & education (e.g., academic detailing, guideline concurrence, addiction medicine training, opioid prescribing and tapering training)

○ No Capacity - No efforts are currently

underway Notes/comments

○ Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

plan) Notes/comments

○ Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

remain Notes/comments

○ Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

Notes/comments

○ Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Notes/comments

G

Pubiclsafetyf/irst respondesr(police, EMS, Fire, 911, poison control) like training on naloxone administration, Good Samaritan Laws, or SUD; quick response teams

O   No Capacity - No efforts are currently

underway Notes/comments

O   Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

plan) Notes/comments

O   Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

remain Notes/comments

O   Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

Notes/comments

O   Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Notes/comments

G

Mass media or awareness campaigns (anti-stigma, information about local treatment and recovery resources and Good Samaritan Laws)

○ No Capacity - No efforts are currently

underway Notes/comments

○ Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

plan) Notes/comments

○ Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

remain Notes/comments

○ Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

Notes/comments

○ Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Notes/comments

G

POMP (e.g., mandatory use, identifying high prescribers, prescriber reports)

O   No Capacity - No efforts are currently

underway Notes/comments

O   Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

plan) Notes/comments

O   Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

remain Notes/comments

O   Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not
specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to
fill gaps)

Notes/comments

O   Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing).
All gaps and challenges related to implementing strategy has been addressed.

Notes/comments

G

Opioid overdose education and naloxone distribution (harm reduction education, SUD training, and targeted outreach)

O   No Capacity - No efforts are currently

underway Notes/comments

O   Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

plan) Notes/comments

O   Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

remain Notes/comments

O   Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

Notes/comments

O   Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Notes/comments

G

Health Insurers/payers (Medicare/Medicaid/Workers Comp) to increase treatment access (e.g., removing prior authorization, lock-in programs, coverage of non-opioid pain management treatment)

O No Capacity - No efforts are currently

   underway Notes/comments

O Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

   plan) Notes/comments

O Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

   remain Notes/comments

O Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

   Notes/comments

O Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

   Notes/comments

G

Linkage to care (peer support, warm handoff, wraparound services such as mental health, transportation, or housing services in variety of settings from community based Quick Response Teams, ERs, first responders, and harm reduction organizations, corrections)

O   No Capacity - No efforts are currently

     underway Notes/comments

O   Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

     plan) Notes/comments

O   Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

     remain Notes/comments

O   Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not
     specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to
     fill gaps)

     Notes/comments

O   Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing).
     All gaps and challenges related to implementing strategy has been addressed.

     Notes/comments

G

Substance use treatment (e.g., expanding access by integrating MAT into primary care, buprenorphine waiver, accessibility, co-locating treatment in high-risk settings)

○ No Capacity - No efforts are currently

underway Notes/comments

○ Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

plan) Notes/comments

○ Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

remain Notes/comments

○ Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

Notes/comments

○ Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Notes/comments

G

Highest burden populations identification, assessment of needs, and targeted initiatives to address needs (e.g., AA, NA/AI, Women Reproductive age, Adolescents, Senior Citizens, Chronic Pain Patients)

O No Capacity - No efforts are currently

   underway Notes/comments

O Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

   plan) Notes/comments

O Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

   remain Notes/comments

O Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not specifically to
   those in need or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

   Notes/comments

O Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing).
   All gaps and challenges related to implementing strategy has been addressed.

   Notes/comments

G

Justicesytsemanditsinvolved populations (e.g., linkage and continuity of care in corrections and probation; drug courts or drug diversion programs; naloxone and SUD training for correction and probation officers)

○ No Capacity - No efforts are currently

underway Notes/comments

○ Limited Capacity - Preliminary efforts and plans are underway (e.g., an action

plan) Notes/comments

○ Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges

remain Notes/comments

○ Significant Capacity - Initiatives are developed but are either 1) targeted to the general population and not specifically to those in need or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)

Notes/comments

○ Full Capacity - Have targeted initiatives to those in need (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Notes/comments

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Please indicate the top three to five challenges or barriers from the list below.

O   Lack of personnel due to funding issues

O Lack of personnel due to hiring issues

O   Lack of trained personnel

O   Lack of subject matter experts

O   Lack of plans/incomplete plans

O   Legal barriers

O   Administrative barriers

O   Issues with procurement/contracting process

O   Lack of equipment

O   Lack of IT equipment

O   Lack of IT systems

O   Lower priority function

O Lack of supporting infrastructure

O   Corrective actions and/or exercising is required

O   Other (please explain)

_____

_____

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