Attachment 3b. - Overdose Prevention Capacity Assessment Tool



**C E N T E RS FOR DI S EA SE "' CONTROL AND PREVENTION**

**Overdose Prevention Capacity Assessment Tool (OPCAT)**

Form Approved

OMB NO: 0920-xxxx

Exp. Date: X/XX/XXXX

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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.

Leadership for overdose prevention exists across levels

No Capacity

No leadership exists currently

Low Capacity

Leadership exists in only one level within the health department (e.g., within the overdose prevention program)

**Medium Capacity**

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.)

High Capacity

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

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

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No

Capacity

Ad-hoc

Leaders meet

Health department leaders

Existing meetings regularly to coordinate with leaders from other

coordinating or

discuss

Leaders coordinate activities across the stakeholder sectors (i.e. law

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or unit or body identified status of health department (e.g., strategic planning of enforcement, healthcare, POMP,

in health as a need work across efforts) treatment services, etc.) to develop

department within the the health and/or review and update coordinate

health department

department.

Notes or comments

**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.

Partnerships with Unsure

|  |  |  |  |
| --- | --- | --- | --- |
| No Capacity | Low Capacity Medium Capacity High Capacity | | |
| No partnerships |  |  |  |
| exist with | One or two public sectors | Three public sectors | Four or more public sectors |
| public sector entities |  |  |  |

public sectors

Within your jurisdiction

Partnerships No partnerships Only within your and one additional Partnerships across all levels Unsure

across jurisdiction across jurisdiction level level (e.g., state and (state/territory, county, and city)

levels jurisdictional levels (e.g. state or city)

territory)

Public-private

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Mix of private and | Mix of private and public (healthand | Unsure |
| public (health only) | health and nonhealth) |  |

partnerships No public-

(e.g., private private entities are non- partnerships profits. exist

universities)

Public partnerships only

Level of No partners engagement are engaged prevention in prevention

Partners have situational awareness of prevention activities

Partners regularly participate in and contribute to prevention activities;

may serve as a

Prevention focused partnerships are solidified via resource sharing or operational agreements like data sharing agreements, memoranda of

Unsure

activities

Champion undersatndin MOUs, etc.

Level of engagement for

No partners

are engaged Partnershave situational

1n awareness of surveillance

Partners regularly participate in and contribute to

Surveillance focusedpartnerships are solidified via resource sharing or operational agreements like data

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surveillance surveillance activities surveillance activities; sharing agreements, memoranda of activities activities may serve as a understanding(MOUs), etc.

champion

Shared planning of prevention activities

Shared planning of surveillance activities

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

|  |  |  |  |
| --- | --- | --- | --- |
| No Capacity | **Low Capacity** | **Medium Capacity** | High Capacity |
| There are no | Surveillance planning | Surveillance planning | Surveillance planning is strategic and |
| shared | occurs exclusively within | occurs by the health | deliberately coordinated with partners |
| planning of | the health department with | department in | and the health department to plan, |
| surveillance | situational awareness of | consultation with | execute. and assess impactof |
| activities | partner activities | partners | prevention strategies |

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Notes or comments

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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.

Strategic plan for opioid overdose response or opioid response plan

No Capacity No strategic plan or opioid response plan exists

Low Capacity Need for a strategic plan

for opioid overdose is recognized and efforts

are underway to develop a plan

Medium Capacity

A Strategic plan for opioid overdose exists.

High Capacity The strategic plan for

opioid overdose is a living document. Partners actively use and consult the plan in their work and future planning efforts.

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Overdose response plan that addresses all substances (e.g., stimulants) and strategies to address them

No Capacity No plan exists currently to address all overdoses.

Low Capacity Need to broaden initial opioid response plan to

address all overdose substances is recognized and efforts are underway to broaden it.

Medium Capacity Current strategic plan for opioid overdose addresses other substances, but in a

limited manner (e.g., response strategies still primarily focus on opioids).

High Capacity The strategic plan is

comprehensive; addresses multiple substances involved in overdose and strategies to address them.

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The strategic plan/opioid response plan pertains to the following entities:

No Capacity No plan exists currently.

Low Capacity

Public health governmental entities only (e.g.,

Territory/State/City/County health departments)

Medium Capacity All governmental

agencies/entities at a variety of levels in your jurisdiction

High Capacity

All governmental and non­ governmental entities in your jurisdiction and at a variety of levels (e.g., public and private)

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Plan coordination

No Capacity There is no planning for coordination

Low Capacity Strategic plan has limited

coordination

Medium Capacity Strategic plan is coordinated across sectors or levels for at

least one strategy

High Capacity Strategic plan is

coordinated across sectors or levels for multiple

strategies

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Sustainability plan

Plan Updates

No Capacity There is no planning for sustainability

0

No Capacity There is no know updating process for the plan

Low Capacity Need recognized but no

action taken on a sustainability plan

0

Low Capacity

Plan is updated rarely or ever 3 years

Medium Capacity Sustainability plan only applies for one or two strategies

0

Medium Capacity Plan is only visited when there are emergent needs

High Capacity

Sustainability plan exists Unsure for overdose prevention

0 0

High Capacity

Plan is a living document;

regularly reviewed and Unsure updated to address trends

and respond to needs

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

Notes or comments

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

Respondents please select the level that best reflects your current capacity

**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.

Needs assessme nt

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

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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.

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Medium Capacity

|  |  |  |
| --- | --- | --- |
|  | No Capacity | Low Capacity |
| The health | Health department |
| department | conduts analysis |
| does not | and trend reporting |
| Use/linkage of Drug | regulary | of mortality data |
| Overdose Data | conduct drug  overdose | (e.g., vital records  death data and |
|  | surveillance | medical examiner |
|  | activities | death data) |

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}

High Capacity

Health department conducts data

linkages with mortality and/or morbidity

drug overdose data and other Unsure surveillance data sources (e.g., POM P,

EMS, or administrative billing discharge data)

Access and use of Non-traditional data sets (e.g., Law Enforcement,

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Criminal Justice, Low Capacity

Naloxone No Capacity Access to non- Medium Capacity

Administrations, These data ODMAP, Neonatal are not

traditional data has Health department has been identified as access to and conducts

High Capacity

Health department conducts data

Unsure

Abstinence accessed or a need and efforts trend analysis with non- linkages with non-traditional data sets

Syndrome, Syringe used

are underway to traditional data sets

with morbidity and/or mortality data

Associated currently gain access. Infections, Social

Service or Child

Welfare, Medicaid, 0 0 0 0 0

Worker's

Compensation, Veteran's

Medium Capacity High Capacity

Low Capacity Data dissem ination Data dissem ination occurs often (e.g.,

No Capacity Data dissem ination occurs regularly and more than once a year}, formal

Data dissem ination

Data are not currently dissem inated

planning is formal mechanisms exist dissem ination mechanisms exists and

occurring and for disseminating data to are tailored to the needs of various Unsure mechanisms for key partners (e.g., data stakeholders. Additional training and

distribution are dashboard, legislative technical assistance may be provided to being explored reports, POMP reports to help stakeholders to understand and

licensing boards) take action on the data they receive.

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Data action plans No Capacity Low Capacity Medium Capacity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (e.g., plans that | There is not | Data action plans | Data action plans exist | High Capacity |
| guide stake holders | interest and | are a recognize d | but are limited in scope | Data action plans exist, cover all |
| on actions that can | no data | need but no | (e.g., only address | possible overdose substances , and are |
| be taken based on | action plans | current guidance | opioids} and offer a | widely used by stakeh olders to plan |
| drug trends or | exist for my | has been | narrow list of activities | overdose responses efforts |
| overdose spikes in their areas} | jurisdiction | developed. | that can be undertaken |  |

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Notes or comments



**CENTERS FOR DISEASE**"'

**CONTROL AND PREVENTION**

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.

Funding sources

No Capacity There are currently no

funds available to support prevention efforts.

Low Capacity Only CDC funds

overdose prevention efforts in my jurisdiction

**Medium Capacity**

CDC and other federal entities fund overdose prevention efforts in your jurisdiction

High Capacity

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

Unsure

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**Med Jm Caracit}** High Capacity Funds support work Funds support prevention

No Capacity

**Low Capacity** implemented outside of

efforts implemented by

Scope of funded

There are currently no funds available to

Funds support work the health agency across partners across sectors or

implementedonly public government levels. This includes funding Unsure

activities support prevention efforts.

within the state or local entities at multiple levels staff positions in other entities

or territorial health to expand and enhance outside the health department agency prevention activities (e.g., POMP admin istrators,

(e.g., fund local health recovery coaches) districts/ departments)

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High Capacity Overdose program has high quality staff to manage and

|  |  |  |
| --- | --- | --- |
| No Capacity Health agency does  not have the resources or mechanisms to staff | **Low Capacity** Overdose program has the resources but not the infrastructure or | **Medium Capacity** |
| all essential positions | mechanisms to fill | Overdose program has |
| needed to support | staffing positions to | sufficient staff to manage |
| overdose prevention | manage and operate | and operate overdose |
| efforts (i.e. case | overdose prevention | prevention programs |
| abstractors, epi, | programs (e.g., |  |
| prevention specialists, | vacancies are difficult |  |

operate programs and all essential positions are filled

Staffing levels

etc.) to fill)

(e.g., vacancies have been easy to fill and attract high quality candidates to function as epis, prevention specialists, case abstractors, etc.)

Unsure

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**Low Capacity** High Capacity

Health department f'diLn Carac,it

Health department and

Resource sharing

No Capacity shares limited Health department and partners share resources in Health department resources with a few partners share resources coordinated and strategic

does not share any partners (e.g., funding (e.g., in-kind staff, manner. Resources are

Unsure

resources with positions or efforts in

training, technical

shared at multiple levels and

Social capital

partners. partner agencies, assistance) forms (e.g., in-kind staff, providing training or training, technical assistance) technical assistance)

#### 0 0 0 0 0

**Medium Capacity**

Low Capacity Overdose prevention

(e.g., features of an organization like networks,

No Capacity Potential partners do

Overdose prevention partners have a low degree of social capital

partners have sufficient High Capacity

social capital to move Overdose prevention partners prevention efforts have high degree of social

norms, and social

not currently work

(e.g., partners lack

forward, but

capital (e.g., trust is high, Unsure

trust that facilitate

together. Therefore no

diversity, trust,

improvements could be partnership is diverse, and

coordination and

social capital exists. coordination and

made to strengthen active levels of coordination

cooperation for cooperation)

partner trust, diversity, and cooperation exist)

coordination, and

mutual benefit) cooperation

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Notes or comments

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**C E N T E RS FOR DI S EA SE "' CONTROL AND PREVENTION**

## 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)

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

Notes/comments

0 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

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

Notes/comments

0 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

O 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

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

0 No Capacity - No data sharing.

Notes/comments

0 Limited Capacity - limited data sharing.

Notes/comments

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

Notes/comments

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

Notes/comments

0 Full Capacity - Rapid data sharing and ongoing communication.

Notes/comments

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

0 No Capacity - No ongoing analysis or dissemination.

Notes/comments

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

Notes/comments

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

Notes/comments

0 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

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**C E N T E RS FOR DI S EA SE "' CONTROL AND PREVENTION**

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

0 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

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

Notes/comments

O 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

O 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

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

Notes/comments

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Naloxone

* Tracking and analysis of administration data to identify hot spots

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 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

0 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

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

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 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)

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Notes/comments

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

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 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

0 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

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

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges remain Notes/comments

0 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

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

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 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

0 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

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

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 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

0 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

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

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 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

0 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

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

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges remain Notes/comments

0 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

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

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 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

0 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

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

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 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

0 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



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)

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 Some Capacity - Have assessed and developed initial responses, but important program gaps or challenges remain Notes/comments

0 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

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

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 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

0 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

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

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 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

0 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

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)

0 No Capacity - No efforts are currently underway Notes/comments

0 Limited Capacity - Preliminary efforts and plans are underway (e.g., an action plan) Notes/comments

0 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

0 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

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

0 Lack of personnel due to funding issues

O Lack of personnel due to hiring issues

0 Lack of trained personnel

0 Lack of subject matter experts

0 Lack of plans/incomplete plans

0 Legal barriers

0 Administrative barriers

0 Issues with procurement/contracting process

0 Lack of equipment

0 Lack of IT equipment

0 Lack of IT systems

0 Lower priority function

O Lack of supporting infrastructure

0 Corrective actions and/or exercising is required

0 Other (please explain)

# G