Self-Assessment Tool

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 surveillance data; building jurisdictional and 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.

For questions about this survey contact your project officer

Multilevel Leadership

Multilevel Leadership is defined as 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.

Respondents please select the level that best reflects your current 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.)	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

Multilevel Leadership, Continued

Leadership for overdose surveillance exists across levels	No leadership exists currently	Leadership 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
"Leadership to incorporate health equity in overdose prevention exists across levels"	No leadership exists currently	Leadership exists in only one level within the health department	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

Multilevel Leadership, Continued

Existing coordinating unit or body in health department	Ad-hoc meetings are identified as a need within the health department	Leaders meet regularly to discuss status of work across the health department	Leaders coordinate activities across the health department (e.g., strategic planning of efforts)	Health department leaders coordinate with leaders from other sectors (i.e., law enforcement, healthcare, PDMP, treatment services, etc.) to develop and/or review and update coordinated response	Unsure

Notes or comments:

Evaluation Capacity

Evaluation capacity is defined as the ability to develop evaluation plans, conduct evaluations, and use evaluation findings for decision making to improve programs, policies, and procedures.

Respondents, please select the level that best reflects your current capacity

Evaluation expertise	An evaluation position exists and/or work will be contracted but it is not currently filled or in place	An evaluator and/or contract mechanism is in place	Overdose program has sufficient evaluation staff (e.g., internal evaluator(s), and/or consultant(s) dedicated to evaluation efforts)	Overdose program has high quality dedicated evaluation staff or consultants, and all essential positions/ responsibilities are filled	Unsure
Technology for evaluation, data access, management, and analysis	There are currently no resources available to support evaluation data access and analysis	Limited resources are available to increase evaluation data access and data management via data use agreements, partnerships, or technology	Sufficient resources are available for technology needed to manage and analyze evaluation data	Resources for necessary technology are available and multiple staff positions contribute to analysis of evaluation data	Unsure

Evaluation Capacity, Continued

Staff (internal or contract) capacity to collect, manage and analyze evaluation data	There are currently no staff available to collect primary data and use existing programmatic data	Limited evaluation staff are available to collect primary evaluation data, use existing programmatic data, and manage and analyze all evaluation data	Sufficient evaluation staff are available to collect primary evaluation data, use existing programmatic data, and manage and analyze all evaluation data	Resources are integrated across multiple staff positions or contracts to collect primary evaluation data, use existing programmatic data, and manage and analyze all evaluation data	Unsure
Dissemination and use of evaluation findings	There is currently no routine sharing of evaluation findings	Data dissemination planning is occurring and/or data is shared on a limited basis and mechanisms for distribution are being explored	Data dissemination occurs regularly, and formal mechanisms exist for disseminating evaluation data to key partners (e.g., regular meetings between evaluation and program staff, evaluative data dashboard, legislative reports)	Data dissemination occurs often (e.g., more than once a year), formal dissemination mechanisms exist and are tailored to the needs of partners. Additional training and technical assistance may be provided to help partners to understand and take action on the data they receive	Unsure

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.

Respondents please select the level that best reflects your current capacity

Partnerships with public sectors	No partnerships exist with public sector entities	One or two public sectors	Three public sectors	Four or more public sectors	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 only)	Mix of private and public (health and non-health)	Unsure
Level of engagement for prevention activities	No partners are engaged in prevention activities	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 understanding (MOUs), etc.	Unsure

Level of engagement for surveillance activities	No partners are engaged in surveillance activities	Partners have situational awareness of surveillance activities	Partners regularly participate in and contribute to surveillance activities; may serve as a champion	Surveillance focused partnerships are solidified via resource sharing or operational agreements like data sharing agreements, memoranda of understanding (MOUs), etc.	Unsure
Shared planning of prevention activities	There is 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 partners and the health department to plan, execute, and assess impact of prevention strategies	Unsure
Shared planning of surveillance activities	There is no shared planning of surveillance activities	Surveillance planning occurs exclusively within the health department with situational awareness of partner activities	Surveillance planning occurs by the health department in consultation with partners	Surveillance planning is strategic and deliberately coordinated with partners and the health department to plan, execute, and assess impact of prevention strategies	Unsure
Shared planning of health equity efforts	There are no shared planning of health equity activities	Health equity planning occurs exclusively within the health department with situational awareness of partner activities	Health equity planning occurs by the health department in consultation with partners	Health equity planning is strategic and deliberately coordinated with partners and the health department to plan, execute, and	Unsure

				assess impact of health equity activities	

Notes or comments:

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 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
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
The strategic plan/overdose 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
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
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

Responsive Plans and Planning, Continued

Plan updates	There is no known updating process for the plan	Plan is updated rarely or every 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
Overdose response incorporated into other jurisdictional planning efforts (e.g., State Health Improvement Plan (SHIP))	Overdose response is not incorporated into jurisdictional planning efforts	Overdose response needs to be incorporated into jurisdictional planning efforts	Overdose response plan is referenced in jurisdictional planning efforts like the SHIP or action plan	Overdose response plan is integrated into jurisdictional planning efforts like the SHIP or action plan	Unsure

Notes or comments:

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.

Respondents please select the level that best reflects your current capacity

Needs assessment	No needs assessment has been performed	Needs assessment performed but limited in scope	Needs assessment performed at regular intervals; but lacks data on specific needs of disproportionately affected populations or regions/areas	Needs assessment performed on a regular basis; additional needs assessments conducted about disproportionately affected populations or regions/areas	Unsure
Data sharing	No data sharing occurs currently	Data sharing is limited to within the health department	Data sharing occurs across several governmental entities and Data Use Agreements may exist formalizing these relationships	Data sharing is formalized by legal documents like Data Use Agreements; data sharing is enhanced through shared resources (e.g., health department pays for PDMP analysts or epidemiologists) and occurs across jurisdictions.	Unsure

Use/linkage of Drug Overdose Data	The health department does not regularly conduct drug overdose surveillance activities	Health department conducts analysis and trend reporting of mortality data (e.g., vital records death data and medical examiner 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)	Health department conducts data linkages with mortality and/or morbidity drug overdose data and other surveillance data sources (e.g., PDMP, EMS, or administrative billing discharge data)	Unsure
Access and use of Non-traditional data sets (e.g., Law Enforcement, Criminal Justice, Naloxone Administrations, ODMAP, Neonatal Abstinence Syndrome, Syringe Associated Infections, Social Service or Child Welfare, Medicaid, Worker's Compensation, Veteran's)	These data are not accessed or used currently	Access to non-traditional data has been identified as a need and efforts are underway to gain access.	Health department has access to and conducts trend analysis with non-traditional data sets	Health department conducts data linkages with non-traditional data sets with morbidity and/or mortality data	Unsure

Data dissemination	Data are not currently disseminated	Data dissemination planning is occurring and mechanisms for distribution are being explored	Data dissemination occurs regularly, and formal mechanisms exist for disseminating data to key partners (e.g., data dashboard, legislative reports, PDMP reports to licensing boards)	Data dissemination occurs often (e.g., more than once a year), formal dissemination mechanisms exist and are tailored to the needs of various partners. Additional training and technical assistance may be provided to help partners to understand and take action on the data they receive	Unsure
Data action plans (e.g., plans that guide partners on actions that can be taken based on drug trends or overdose spikes in their areas)	There is no interest and no data action plans exist for my jurisdiction	Data action plans are a recognized need but no current guidance has been developed	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	Data action plans exist, cover all possible overdose substances, and are widely used by partners to plan overdose responses efforts	Unsure

Notes or comments:

Managed Resources

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

Respondents please select the level that best reflects your current capacity

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 my jurisdiction	An array of partners fund overdose prevention efforts in my jurisdiction. This may include the following: CDC, other federal entities, jurisdictional funds, private entities, and/or foundations	Unsure
Scope of funded activities	There are currently no funds available to support prevention efforts	Funds support work implemented only within the state or local or territorial health agency	Funds support work implemented outside of the health agency across public government entities at multiple levels to expand and enhance prevention activities (e.g., fund local health districts/ departments)	Funds support prevention efforts implemented by partners across sectors or levels. This includes funding staff positions in other entities outside the health department (e.g., PDMP administrators, recovery coaches)	Unsure

Managed Resources, Continued

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, evaluators etc.)	Overdose program has the resources but not the infrastructure or mechanisms to fill staffing positions to manage and operate overdose prevention programs (e.g., vacancies are difficult to fill)	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, evaluators, case abstractors, etc.)	Unsure
Resource sharing	Health department does not share any resources with partners	Health department shares limited resources with a few partners (e.g., funding positions or efforts in partner agencies, providing training or technical assistance)	Health department and partners share resources (e.g., in-kind staff, training, technical assistance)	Health department and partners share resources in coordinated and strategic manner. Resources are shared at multiple levels and forms (e.g., in-kind staff, training, technical assistance)	Unsure

Managed Resources, Continued

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	Overdose prevention partners have a low degree of social capital (e.g., partners lack diversity, trust, coordination and cooperation)	Overdose prevention partners have sufficient social capital to move prevention efforts forward, but improvements could be made to strengthen partner trust, diversity, coordination, and cooperation	Overdose prevention partners have high degree of social capital (e.g., trust is high, partnership is diverse, and active levels of coordination and cooperation exist)	Unsure

Notes or comments:

Topical Capacity

Please select the description that best fits your health agency's capacity related to the topic. If you select the leftmost column you will be prompted to identify the barriers preventing capacity building for this function. Please select the top three to five barriers that apply (common list of barriers for all topics can be found at the end of this section).

Conducting Public Health Surveillance (e.g., syndromic vs. conventional surveillance, disproportionately affected areas identified)	No systematic public health surveillance of opioid misuse and overdose	Limited public health surveillance of opioid misuse and overdose that does not extend beyond overdose morbidity/mortality and only sometimes informs intervention planning	Public health surveillance of misuse and overdose as well as key risk factors. Data informs intervention planning and action	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	Recipient has implemented comprehensive public health surveillance as well as innovative approaches such as linking datasets or conducting rapid needs assessments

Challenges and Barriers

If you selected the left-most column, select three to five challenges or barriers from the list below:

- ■ Lack of personnel due to funding issues
- ■ Lack of trained personnel
- ■ Lack of plans/incomplete plans
- ■ Administrative barriers
- ■ Lack of equipment
- ■ Lack of IT systems
- ■ Lack of supporting infrastructure
- ■ Other (please explain)
- ■ Lack of personnel due to hiring issues
- ■ Lack of subject matter experts
- ■ Legal barriers
- ■ Issues with procurement/contracting process
- ■ Lack of IT equipment
- ■ Lower priority function
- ■ Corrective actions and/or exercising is required

Topical Capacity, Continued

Please select the description that best fits your health agency's capacity related to the topic. If you select the leftmost column you will be prompted to identify the barriers preventing capacity building for this function. Please select the top three to five barriers that apply (common list of barriers for all topics can be found at the end of this section).

Medical Examiners/Coroners/Toxicologists share data with public health agency on drug overdose deaths	No data sharing	Limited data sharing	Some data sharing, but lack full state coverage, receive data slowly or receive data inconsistently	Data sharing across the state in a timely manner with some problems	Rapid data sharing and ongoing communication

Challenges and Barriers

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Topical Capacity, Continued

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Analysis and dissemination of ME/C data including toxicology by health department	No ongoing analysis or dissemination	Some basic analyses and dissemination, but is periodic and inconsistent	Ongoing analysis and dissemination of data, but not well integrated into prevention and response efforts	Consistent ongoing dissemination of the data that is well integrated into prevention and response efforts	Consistent dissemination of data to support prevention and response efforts coupled with innovative analyses and dissemination efforts

Challenges and Barriers

If you selected the left-most column, select three to five challenges or barriers from the list below:

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Topical Capacity, Continued

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Capacity to conduct comprehensive death investigation of drug overdose deaths by ME/C agencies	Death investigations tend to use limited toxicology screens (e.g., do not test for fentanyl) and provide limited information beyond the death certificate	Death investigations tend to provide only basic information or vary substantially in quality across county ME/C agencies	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	Death investigations are thorough including autopsy, comprehensive toxicology testing, and field investigations that provide actionable insights into the circumstances of drug overdose deaths	Death investigation is comprehensive and involves innovative components such as fatality review

Challenges and Barriers

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Topical Capacity, Continued

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Naloxone tracking and analysis of administration data to identify hot spots	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Challenges and Barriers

If you selected the left-most column, select three to five challenges or barriers from the list below:

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Topical Capacity, Continued

Please select the description that best fits your health agency's capacity related to the topic. If you select the leftmost column you will be prompted to identify the barriers preventing capacity building for this function. Please select the top three to five barriers that apply (common list of barriers for all topics can be found at the end of this section).

Hospital, healthcare, or emergency systems (e.g., to increase access to timely data EHR/PDMP integration, quality improvement initiatives, CDC guideline concordance)	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

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Topical Capacity, Continued

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Access to any rapid and reliable data on drug overdoses (e.g., Emergency Department, EMS, or other data)	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

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Topical Capacity, Continued

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Provider support & education (e.g., academic detailing, guideline concurrence, addiction medicine training, opioid prescribing and tapering training)	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

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Topical Capacity, Continued

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Public safety/first responders (police, EMS, Fire, 911, poison control) like training on naloxone administration, Good Samaritan Laws, or SUD; quick response teams	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Challenges and Barriers

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Topical Capacity, Continued

Please select the description that best fits your health agency's capacity related to the topic. If you select the leftmost column you will be prompted to identify the barriers preventing capacity building for this function. Please select the top three to five barriers that apply (common list of barriers for all topics can be found at the end of this section).

Mass media or awareness campaigns (anti-stigma, information about local treatment and recovery resources, and Good Samaritan Laws)	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Challenges and Barriers

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Topical Capacity, Continued

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PDMP (e.g., mandatory use, identifying high prescribers, prescriber reports)	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

Challenges and Barriers

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Topical Capacity, Continued

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Opioid overdose education and naloxone distribution (harm reduction education, SUD training, and targeted outreach)	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

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- ■ Lack of supporting infrastructure
- ■ Other (please explain)
- ■ Lack of personnel due to hiring issues
- ■ Lack of subject matter experts
- ■ Legal barriers
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- ■ Lack of IT equipment
- ■ Lower priority function
- ■ Corrective actions and/or exercising is required

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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)	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

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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, criminal justice)	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

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Substance use treatment (e.g., expanding access by integrating MAT into primary care, buprenorphine waiver, accessibility, co-locating treatment in high-risk settings)	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

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Identification of populations who are disproportionately affected by overdose, assessment of needs, and prioritized initiatives to address needs (e.g., AA, NA/AI, Women of reproductive age, Adolescents, Senior Citizens, Chronic Pain Patients)	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

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Incorporating Health Equity into Overdose Efforts (e.g., implementing health equity initiatives, utilization of health equity indicators, leveraging partnerships to address health equity)	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial initiatives, but important program gaps or challenges remain	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)	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 have been addressed.

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Justice system and its involved 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 efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	Initiatives are developed but are either 1) implemented with the general population and not specifically to priority populations or 2) a few minor program gaps or challenges remain (resource plan in development to fill gaps)	Have prioritized initiatives to those disproportionately affected (e.g., data may be shared and discussed - multilateral sharing). All gaps and challenges related to implementing strategy has been addressed.

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Harm reduction initiatives (e.g. support of syringe service programs, safer injection education programs, outreach to people who use drugs)	No efforts are currently underway	Preliminary efforts and plans are underway (e.g., an action plan)	Have assessed and developed initial responses, but important program gaps or challenges remain	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)	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 have been addressed.

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