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Attachment 1

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Substance Abuse Prevention (CSAP) / Center for Substance Abuse Treatment (CSAT)

Minority AIDS Initiative: Substance Use Disorder Prevention and Treatment Pilot Program (MAI PT Pilot)

Organizational Readiness Assessment (MAI-ORA)

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Minority AIDS Initiative: Substance Use Disorder Prevention and Treatment Pilot Program (MAI PT Pilot)
Organizational Readiness Assessment (MAI-ORA)

OVERVIEW AND INSTRUCTIONS

The Minority AIDS Initiative - Organizational Readiness Assessment (MAI-ORA) is intended to guide recipients of the SAMHSA Minority AIDS Initiative: Substance Use Disorders Prevention and Treatment Pilot Program (MAI PT Pilot) to objectively assess their current capacity to provide substance use prevention, substance use disorder (SUD) and/or co-occurring mental health disorder (COD) treatment, and human immunodeficiency virus (HIV), viral hepatitis (VH), and sexually transmitted infection (STI) prevention, screening, testing, and referral/linkage services for racial and ethnic individuals vulnerable to these conditions. This tool is aligned with steps and cross-cutting principles of SAMHSA's Strategic Prevention Framework (SPF) (See Figure 1). Results will support capacity development and the implementation of prevention strategies and culturally responsive programming.

Figure 1: Overview of the Strategic Prevention Framework (SPF)

There are five SPF steps:

1. **Assessment**: Identify needs based on data (e.g., What is the problem?)
2. **Capacity**: Build resources and readiness to address needs (e.g., What do you have to work with?)
3. **Planning**: Find out what works to address needs and how to do it well (e.g., What should you do and how should you do it?)
4. **Implementation**: Deliver evidence-based programs and practices as intended (e.g., How can you put your plan into action?)
5. **Evaluation**: Examine the process and outcomes of programs and practices (e.g., Is your plan succeeding?)

The SPF is also guided by two cross-cutting principles:

- **Cultural competence**. The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.
- **Sustainability**. The process of building an adaptive and effective system that achieves and maintains desired long-term results

The MAI-ORA will assist grant recipients in assessing their capacity to implement required activities identified in the MAI PT Pilot Notice of Funding Opportunity (NOFO) as well as the allowable activities included in the grant application. As an important component of capacity, readiness, as defined by the SPF, describes the motivation and willingness of a community to commit local resources to address identified substance use and related problems. Factors that affect readiness include knowledge of substance use and related problems, existing efforts to address the problems, availability of resources, support of local leaders, and community attitudes toward the problems.

Recipients should complete this self-assessment by forming a team of key project staff (e.g., project director, program coordinator, prevention navigator, program evaluator), which may include subrecipients, contractors and consultants, if applicable.

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The assessment focuses on three <u>key areas</u>:

1. *<u>Service Delivery Capacity:</u>* Assess current capacity to provide culturally responsive substance use prevention, SUD/COD screening, assessment and treatment, and HIV, VH, and STI prevention, screening, testing, and referral/linkage services for the population of focus.
   - Assess *staff experience* providing SUD/COD prevention, SUD/COD treatment, HIV, VH, and STI services using evidence-based practices (EBPs), culturally adapted practices (CAPs), and community-defined evidence practices (CDEPs).[1]
   - Assess *staff training* related to the provision of culturally responsive SUD/COD prevention, SUD/COD treatment, HIV, VH, and STI services for the population of focus.
   - Assess availability of *resources* needed to provide SUD/COD prevention, SUD/COD treatment, HIV, VH, and STI services using EBPs, CAPs, and CDEPs.
   - Assess availability of *resources* needed to provide culturally responsive SUD/COD prevention, SUD/COD treatment, HIV, VH, and STI services for the population of focus.
   - Assess data collection capacity.
2. *<u>Community Readiness:</u>* Assess community understanding of need for and support of prevention and treatment services for the population of focus.
   - Assess community understanding of the need for and support of SUD/COD prevention and treatment services.
   - Assess community understanding of the need for and support of HIV, VH, and STI prevention, screening, testing, and referral services.
   - Consider potential and existing relationships with community partners.
3. *<u>Environmental Prevention Strategies</u>:* Assess current status regarding identification, selection, and implementation of environmental strategies aimed at influencing community norms to promote healthy behaviors for the prevention of substance use, HIV, VH and STI.
   - Assess current status related to the identification of environmental strategies that align with the needs of your population of focus and goals of the project.
   - Assess current status related to the selection of environmental strategies that align with the needs of your population of focus and goals of the project.
   - Assess current status related to the implementation of environmental strategies that align with the needs of your population of focus and goals of the project.

Results of the MAI-ORA will:

- Provide a clear picture of your program's current capacity to deliver the MAI PT Pilot program effectively.
- Identify areas for capacity building to strengthen alignment with the SPF principles and cross-cutting principles.
- Inform development of culturally responsive and equitable programming tailored to the needs of your priority population.
- Support implementation of EBPs, CAPs, and CDEPs, ensuring interventions are sustainable within your community context.

[1] *Evidence-based practices* (EBPs) are interventions that are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the persons receiving the services that promote individual-level or population-level outcomes. A *culturally adapted practice* (CAP) refers to the systematic modification of an EBP that considers language, culture, and context in a way that is compatible with the clients' cultural patterns, meaning, and values. *Community-defined evidence practices* (CDEPs) are practices that communities have shown to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community.

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SELF-ASSESSMENT

1. Service Delivery Capacity

To compete this section, your team will need to assess your project's current capacity to provide, assess, and monitory culturally responsive substance use prevention, SUD/COD screening, assessment and treatment, and HIV, VH, and STI prevention, screening, testing, and referral/lineage services for the population of focus.

1a. Rating capacity: Staff with experience implementing EBPs, CAPs, and CDEPs

Please rate your project's current capacity by indicating how strongly you agree or disagree with each statement regarding staff experience with using of EBPs, CAPs, and CDEPs. *Note*: Staff includes not only organizational personnel assigned to the project, but also subrecipients, contractors and consultants, if applicable.

1. We have the necessary staff experienced in using EBPs, CAPs, or CDEPs to deliver ...	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
a. Substance use prevention strategies				
b. SUD screening and assessment services				
c. SUD treatment services				
d. COD screening and assessment services				
e. COD treatment services				
f. HIV prevention services				
g. HIV screening services				
h. HIV testing services				
i. HIV treatment referral/linkage services				
j. VH prevention services				
k. VH screening services				
l. VH testing services				
m. VH treatment referral/linkage services				
n. STI prevention services				
o. STI screening services				
p. STI testing services				
q. STI treatment referral/linkage services				

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1b. Rating capacity: Staff trained in culturally responsive service delivery

Please rate your project's current capacity by indicating how strongly you agree or disagree with each statement regarding staff training. *Note*: Staff includes not only organizational personnel assigned to the project, but also subcontractor and consultants, if applicable.

2. We have the necessary staff trained to deliver culturally responsive...	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
a. Substance use prevention strategies				
b. SUD screening and assessment services				
c. SUD treatment services				
d. COD screening and assessment services				
e. COD treatment services				
f. HIV prevention services				
g. HIV screening services				
h. HIV testing services				
i. HIV treatment referral/linkage services				
j. VH prevention services				
k. VH screening services				
l. VH testing services				
m. VH treatment referral/linkage services				
n. STI prevention services				
o. STI screening services				
p. STI testing services				
q. STI treatment referral/linkage services				

1c. Rating capacity: Resources needed to implement EBPs, CAPs, or CDEPs

Please rate your project's current capacity by indicating how strongly you agree or disagree with each statement regarding resources (e.g., supplies, curricula, technology) needed to implement EBPs, CAPs, or CDEPs.

3. We have the necessary resources to implement EBPs, CAPs, or CDEPs to deliver...	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
a. Substance use prevention strategies				
b. SUD screening and assessment services				
c. SUD treatment services				
d. COD screening and assessment services				
e. COD treatment services				

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3. We have the necessary resources to implement EBPs, CAPs, or CDEPs to deliver…	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
f. HIV prevention services				
g. HIV screening services				
h. HIV testing services				
i. HIV treatment referral/linkage services				
j. VH prevention services				
k. VH screening services				
l. VH testing services				
m. VH treatment referral/linkage services				
n. STI prevention services				
o. STI screening services				
p. STI testing services				
q. STI treatment referral/linkage services				

1d. Rating capacity: Resources needed for culturally responsive service delivery

Please rate your project's current capacity by indicating how strongly you agree or disagree with each statement regarding resources needed for culturally responsive service delivery.

4. We have the necessary resources to deliver culturally responsive…	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
a. Substance use prevention strategies				
b. SUD screening and assessment services				
c. SUD treatment services				
d. COD screening and assessment services				
e. COD treatment services				
f. HIV prevention services				
g. HIV screening services				
h. HIV testing services				
i. HIV treatment referral/linkage services				
j. VH prevention services				
k. VH screening services				
l. VH testing services				

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4. We have the necessary resources to deliver culturally responsive...	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
m. VH treatment referral/linkage services				
n. STI prevention services				
o. STI screening services				
p. STI testing services				
q. STI treatment referral/linkage services				

1e. Rating capacity: Data collection to assess need and monitor service delivery

Please rate your project's current capacity by indicating how strongly you agree or disagree with each statement regarding data collection.

5. We have the necessary staff and resources to collect data to ...	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
a. Assess population needs.				
b. Ensure grant-funded services are reaching priority populations.				
c. Evaluate the effectiveness of program services in meeting the needs of the focal population.				

2. Community readiness

To compete this section, your team will need to assess community readiness in your service area, including community understanding, support, and engagement.

2a. Rating readiness: Community understanding

Please rate your community's current readiness by indicating how strongly you agree or disagree with each statement regarding *community understanding* of focal population needs.

6. The community within our service area understands the need to provide the population of focus with...	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
a. Substance use prevention strategies				
b. SUD screening and assessment services				
c. SUD treatment services				
d. COD screening and assessment services				
e. COD treatment services				
f. HIV prevention services				
g. HIV screening services				

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6. The community within our service area <u>understands</u> the need to provide the population of focus with...	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
h. HIV testing services				
i. HIV treatment referral/linkage services				
j. VH prevention services				
k. VH screening services				
l. VH testing services				
m. VH treatment referral/linkage services				
n. STI prevention services				
o. STI screening services				
p. STI testing services				
q. STI treatment referral/linkage services				

2b. Rating readiness: Community support

Please rate your community's current readiness by indicating how strongly you agree or disagree with each statement regarding *<u>community support</u>*.

7. The community within our service area <u>supports</u> providing the population of focus with...	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
a. Substance use prevention strategies				
b. SUD screening and assessment services				
c. SUD treatment services				
d. COD screening and assessment services				
e. COD treatment services				
f. HIV prevention services				
g. HIV screening services				
h. HIV testing services				
i. HIV treatment referral/linkage services				
j. VH prevention services				
k. VH screening services				
l. VH testing services				
m. VH treatment referral/linkage services				

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7. The community within our service area supports providing the population of focus with…	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
n. STI prevention services				
o. STI screening services				
p. STI testing services				
q. STI treatment referral/linkage services				

2c. Rating readiness: Community engagement

Please rate your community's current readiness by indicating how strongly you agree or disagree with each statement regarding *community engagement*.

8. We have established…	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
a. Good working *relationships* with community organizations that can support our outreach and service delivery efforts.				
b. *Formal agreements* (e.g., memorandum of understanding) with community organizations to support our outreach and service delivery efforts.				
c. Good working *relationships* with community organizations that can support provide capacity-building support for program implementation.				
d. *Formal agreements* (e.g., memorandum of understanding) with organizations to provide capacity-building support for program implementation.				

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3. Environmental prevention strategies

To complete this section, your team will need to assess and report your project's current status regarding the identification, selection, and implementation of environmental strategies aimed at influencing community norms to promote healthy behaviors for the prevention of substance use, HIV, VH and STI.

3a. Identification of environmental prevention strategies

Please indicate your project's current status regarding identification of environmental prevention strategies.

9. We have identified environmental strategies aimed at influencing community norms to promote health behaviors related to….	**Yes**	**No**
a. Substance use prevention		
b. HIV prevention		
c. VH prevention		
d. STI prevention		

3b. Selection of environmental prevention strategies

Please indicate your project's current status regarding the selection of environmental prevention strategies.

10. We have selected environmental strategies aimed at influencing community norms to promote health behaviors related to….	**Yes**	**No**
a. Substance use prevention		
b. HIV prevention		
c. VH prevention		
d. STI prevention		

3c. Implementation of environmental prevention strategies

Please rate your project's current status regarding implementation of environmental prevention strategies.

11. We are currently implementing environmental strategies aimed at influencing community norms to promote health behaviors related to….	**Yes**	**No**
a. Substance use prevention		
b. HIV prevention		
c. VH prevention		
d. STI prevention		

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4. Narrative

Please utilize this space to provide a narrative of your project's capacity to deliver the required activities identified in the MAI PT Pilot NOFO and the allowable activities you included in the grant application. This will provide valuable insights to guide program planning and ensure effective service delivery to your priority population. In your narrative, please provide context for your responses above related to service delivery capacity, community readiness, and environmental strategies. Be sure to identify areas for capacity building to strengthen alignment with the SPF steps and cross-cutting principles. Your narrative should also highlight current strengths, opportunities, gaps, data collection plans, implementation strategies, and next steps.

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Appendix A: List of Definitions

List of Definitions

Alcohol Use Disorder (AUD): Alcohol use disorder (AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.[2]

Assess/Assessment: Assessment is a more in-depth evaluation that confirms a diagnosis, determines its severity, and specifies treatment options for addressing that diagnosis.[3]

Community-defined evidence practice(s) (CDEPs): Community-defined evidence practices are practices that communities have shown to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community.

Co-occurring substance use and mental health disorder (COD): COD refer to the co-existence of both a mental health and substance use disorder. COD may include the combination of one or more substance use or mental health disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR).[4]

Culturally adapted practice (CAP): A culturally adapted practice refers to the systematic modification of an EBP that considers language, culture, and context in a way that is compatible with the clients' cultural patterns, meaning, and values.

Environmental prevention strategies: Environmental prevention strategies establish or change written and unwritten community standards, policies, laws, codes, and attitudes. The intent of environmental prevention strategies is to influence the general population's use of alcohol and other drugs.

Evidence-based practice(s) (EBPs): EBPs are interventions that are guided by the best research evidence with practice-based expertise, cultural competence, and the values of the persons receiving the services that promote individual-level or population-level outcomes.[5]

Linkage/Linked: Linkage or linked is defined as a confirmed encounter with a support service for which an individual was provided information through verbal or written referral. See definition for "referral."

Population of focus: Population of focus refers to a group of individuals that prevention and treatment efforts are intended to reach or serve.

Prevention strategies: Prevention strategies are practices, policies, or programs intended to promote wellbeing and reduce the onset and progression of substance use and its related problems.

Prevention: Prevention is the active, assertive process of creating conditions and/or personal attributes that promotes the wellbeing of people. A proactive process designed to empower individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles. Substance use prevention is intended to promote wellbeing and prevent and reduce the onset and progression of substance use and related problems.

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[2] https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder

[3] https://store.samhsa.gov/sites/default/files/sma14-4736.pdf

[4] https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/co-occurring-disorders

[5] https://store.samhsa.gov/sites/default/files/pep23-06-01-001.pdf

Readiness: Readiness, as defined by the Strategic Prevention Framework (SPF), describes the motivation and willingness of a community to commit local resources to addressing identified substance use problems. Factors that affect readiness include (1) knowledge of the substance use problem, (2) existing efforts to address the problem; (3) availability of local resources; (4) support of local leaders, and (5) community attitudes toward the problem.

Referral: A referral is defined as the act of providing information about, or direction to, support services. A referral may be provided verbally or in writing.

Screen/screening: Screening is a formal interviewing and/or testing process that identifies areas of an individual's life that might need further examination. It evaluates for the possible presence or risk of a problem but does not diagnose or determine the severity of a disorder. For instance, screening for substance use might entail asking a few interview questions about drug use and related problems and using a brief screening scale for substance use and/or substance use disorder. [6]

Service delivery: Service delivery refers to efforts that promote mental health, prevent substance use, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.[7]

Sexually transmitted infection (STI): An STI is a virus, bacteria, fungus, or parasite people can get through sexual contact. Many STIs have no symptoms, so people can have an infection but not know it. For the purpose of this questionnaire, STIs include infections such as chlamydia, gonorrhea, and syphilis, but excludes HIV and viral hepatitis.

Substance use: Substance use is the use of illegal drugs and the excessive use of legal substances, such as alcohol and tobacco or the misuse of prescription drugs. This definition encompasses all forms and frequencies of using potentially harmful substances.

Substance use disorder: Substance use disorder is a health condition and diagnosis characterized by a cluster of cognitive, behavioral, and physiological symptoms related to an individual's compulsive and continued use of a substance despite significant adverse problems.

Treatment: Treatment refers to the provision of services intended to improve the wellbeing of individuals diagnosed with a physical or behavioral health condition or disorder.

[6] https://store.samhsa.gov/sites/default/files/sma14-4736.pdf
[7] https://www.samhsa.gov/sites/default/files/what-we-do-how-we-do-it-one-pager.pdf