



Overdose Prevention Capacity Assessment Tool (OPCAT)

Form Approved
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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 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.

Please provide us with the name of your health department:

Respondents please select the level that best reflects your current capacity

Multilevel Leadership

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

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

coordinating or
or unit or body identified
in health as a need
department within the
health
department

discuss
status of
work across
the health
department.
Leaders coordinate activities across the
health department (e.g., strategic planning of
efforts)

stakeholder sectors (i.e. law
enforcement, healthcare, POMP,
treatment services, etc.) to develop
and/or review and update coordinate

Unsure

Networked Partnerships

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

	No Capacity No partnerships exist with public sector	Low Capacity One or two public sectors	Medium Capacity Three public sectors	High Capacity Four or more public	
Partnerships with public sectors	No partnerships exist with public sector	One or two public sectors	Three public sectors	Four or more public	Unsure
Partnerships across jurisdiction levels	No partnerships across jurisdictional levels	Only within your jurisdiction level (e.g. state or territory)	Within your jurisdiction and one additional level (e.g., state and city)	Partnerships across all levels (state/territory, county, and city)	Unsure
Public-private partnerships (e.g., private entities are non-profits, universities)	No public-private partnerships exist	Public partnerships only	Mix of private and public (health)	Mix of private and public health and nonhealth)	Unsure
Level of engagement prevention activities	No partners are engaged in prevention	Partners have situational awareness of prevention activities	Partners regularly participate in and contribute to prevention activities; may serve as a Champion	Prevention focused partnerships are solidified via resource sharing or operational agreements like data sharing agreements, memoranda of understanding MOUs, etc.	Unsure
Level of engagement for surveillance activities	No partners are engaged in awareness of surveillance	Partners have situational awareness of surveillance	Partners regularly participate in and contribute to surveillance activities; sharing agreements, memoranda of understanding MOUs), etc.	Surveillance focused partnerships are solidified via resource sharing or operational agreements like data activities	Unsure may serve as a champion
Shared planning of prevention activities	No Capacity There are no shared planning of prevention activities	Low Capacity Prevention planning occurs exclusively within the health department with situational awareness of partner activities	Medium Capacity Prevention planning occurs by the health department in consultation with partners	High Capacity Prevention planning is strategic and deliberately coordinated with and the health department to plan, execute, and assess impact of prevention strategies	Unsure 0
Shared planning of surveillance activities	No Capacity There are no shared planning of surveillance activities	Low Capacity Surveillance planning occurs exclusively within the health department with situational awareness of partner activities	Medium Capacity Surveillance planning occurs by the health department in consultation with partners	High Capacity Surveillance planning is strategic deliberately coordinated with and the health department to plan, execute, and assess impact of prevention strategies	Unsure 0

Notes or comments

Respondents please select the level that best reflects your current capacity

Responsive Plans and Planning

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

	No Capacity	Low Capacity	Medium Capacity	High Capacity	Unsure
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.	Unsure
	0	0	0	0	0
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.	Unsure
	0	0	0	0	0
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)	Unsure
	0	0	0	0	0
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	Unsure
	0	0	0	0	0
Sustainability plan	No Capacity There is no planning for sustainability	Low Capacity Need recognized but no action taken on a sustainability plan	Medium Capacity Sustainability plan only applies for one or two strategies	High Capacity Sustainability plan exists for overdose prevention	Unsure
	0	0	0	0	0
Plan Updates	No Capacity There is no know updating process for the plan	Low Capacity Plan is updated rarely or ever 3 years	Medium Capacity Plan is only visited when there are emergent needs	High Capacity Plan is a living document; regularly reviewed and updated to address trends and respond to needs	Unsure
	0	0	0	0	0
Opioid response incorporated into other jurisdictional planning efforts (e.g., State Health Improvement Plan (SHIP))	No Capacity Overdose response is not incorporated ,no jurisdictional planning efforts	Low Capacity Overdose response needs to be incorporated into jurisdictional planning efforts	Medium Capacity Overdose response plan is referenced in jurisdictional planning efforts like the SHIP or action plan	High Capacity Overdose response plan is integrated into jurisdictional planning efforts like the SHIP or action plan	Unsure
	0	0	0	0	0

Notes or comments



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.

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

Notes or comments



Respondents please select the level that best reflects your current capacity

Managed Resources

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

	No Capacity	Low Capacity	Medium Capacity	High Capacity	Unsure
Funding sources	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
	0	0	0	0	0
Scope of funded activities	No Capacity There are currently no funds available to support prevention efforts.	Low Capacity Funds support work implemented only within the state or local or territorial health department	Medium Capacity Funds support work implemented outside the health agency across public government entities at multiple levels to expand and enhance (e.g., POMP administrators, fund local health districts/ departments)	High Capacity Funds support efforts implemented by partners across sectors or levels. This includes funding staff positions in other entities outside the health recovery coaches)	Unsure
	0	0	0	0	0
Staffing levels	No Capacity Health agency does not have the resources or mechanisms to staff all essential positions needed to support overdose prevention efforts (i.e. case abstractors, epi, prevention specialists, etc.) fill)	Low Capacity Overdose program has the resources but not the infrastructure mechanisms to fill staffing positions to manage and operate overdose prevention programs (e.g., vacancies are difficult to	Medium Capacity Overdose program has sufficient staff to manage and operate overdose prevention programs	High Capacity Overdose program has high quality staff to manage and operate programs and all essential positions are filled (e.g., vacancies have been easy to fill and attract high quality candidates to function as epis, prevention specialists, case abstractors, etc.)	Unsure
	0	0	0	0	0
Resource sharing	No Capacity Health department does not share any	Low Capacity Health department shares limited resources with a few partners (e.g., funding	Medium Capacity Health department and partners share resources (e.g., in-kind staff,	High Capacity Health department and partners share resources coordinated and strategic manner. Resources are	Unsure

	resources with in partners.	positions or efforts partner agencies, providing training or assistance) technical	training, technical assistance)	shared at multiple levels and forms (e.g., in-kind staff, training, technical	
	0	0	0	0	0
Social capital (e.g., features of an organization like networks, norms, and social trust that facilitate coordination and cooperation for mutual benefit)	No Capacity Potential partners do not currently work together. Therefore no social capital exists. and	Low Capacity Overdose prevention partners have a low degree of social capital (e.g., partners lack diversity, trust, coordination cooperation)	Medium Capacity Overdose prevention partners have sufficient social capital to move forward, but improvements could be made to strengthen partner trust, diversity, coordination, and cooperation	High Capacity Overdose prevention have high capital (e.g., trust is high, partnership is diverse, and active levels of coordination and cooperation exist)	Unsure
	0	0	0	0	0

Notes or comments

G



Topical Capacity

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

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

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

Notes/comments

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

Notes/comments

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

Notes/comments

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

Notes/comments

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

Notes/comments



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

No Capacity - No data sharing.

Notes/comments

Limited Capacity - limited data sharing.

Notes/comments

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

Notes/comments

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

Notes/comments

Full Capacity - Rapid data sharing and ongoing communication.

Notes/comments

G



Analysis and dissemination of ME/C data including toxicology by health department

No Capacity - No ongoing analysis or dissemination.

Notes/comments

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

Notes/comments

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

Notes/comments

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

Notes/comments

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

Notes/comments



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

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

Notes/comments

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

Notes/comments

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

Notes/comments

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

Notes/comments

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

Notes/comments



Naloxone

- Tracking and analysis of administration data to identify hot spots

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



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

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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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)

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



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

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



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

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



Public safety/first responders (police, EMS, Fire, 911, poison control) like training on naloxone administration, Good Samaritan Laws, or SUD; quick response teams

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



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

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



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

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



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

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



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 Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



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)

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



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

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



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

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



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

No Capacity - No efforts are currently

underway Notes/comments

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

plan) Notes/comments

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

remain Notes/comments

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

Notes/comments

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

Notes/comments



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

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