

1. Consortium Member Readiness – Summary of Strengths, Challenges & Action Items

Narrative

Supporting Evaluation Input from BHC Members

1. CONSORTIUM MEMBER READINESS (PROJECT IMPLEMENTATION, CONSORTIUM MEMBER AND STAKEHOLDER INVOLVEMENT)

Motivation	Degree to Which Stakeholders Want to Complete the Needs Assessment Process	Strength – Challenge Rating
Relative Advantage	Does this project seem better than what we were doing?	1 2 3 4 5 n/i
Compatibility	Does this project fit with how we do (or should do) things?	1 2 3 4 5 n/i
Simplicity	Does this project seem adequately understandable?	1 2 3 4 5 n/i
Ability to Pilot	What is the degree to which this project can be tested and adapted?	1 2 3 4 5 n/i
Observability	Is there the ability to determine that this project leads to desired outcomes?	1 2 3 4 5 n/i
Priority	What is the importance of this project compared with other things we do?	1 2 3 4 5 n/i

Supporting Evaluation Input from BHC Members – Cont'd

1. CONSORTIUM MEMBER READINESS CONT'D

(PROJECT IMPLEMENTATION, CONSORTIUM MEMBER AND STAKEHOLDER INVOLVEMENT)

Task-Specific Capacity	What Is Needed to Complete This Task	Strength – Challenge Rating
Project-Specific Knowledge and Skills	Determine abilities needed to engage essential stakeholders; access, assess, and analyze data; negotiate priorities with stakeholder concurrence; and draft a set of plans.	1 2 3 4 5 n/i
Consortium Membership	Identify individuals from the community and stakeholder organizations who can work collaboratively to determine the needs that are most important to local residents and to pursue meaningful strategies to address those needs.	1 2 3 4 5 n/i
Champions	Activate well-connected persons to support and promote the importance of this effort.	1 2 3 4 5 n/i
Supportive Climate	Determine needed supports, processes, and resources to enable this project.	1 2 3 4 5 n/i
Interorganizational Relations	Establish relationships with organizations that support this project.	1 2 3 4 5 n/i
Population Representation	Identify persons with lived experience who have encountered inequity to be fully involved in this project.	1 2 3 4 5 n/i
Intra-organizational Relations	Establish relationships with individuals in the organization who support this project.	1 2 3 4 5 n/i

1. CONSORTIUM MEMBER READINESS CONT'D
(PROJECT IMPLEMENTATION, CONSORTIUM MEMBER AND STAKEHOLDER INVOLVEMENT)

General Capacity	Our Overall Functioning	Strength – Challenge Rating
Culture	The initiative is consistent with norms and values of how we do things.	1 2 3 4 5 n/i
Climate	Participants are engaged in this process.	1 2 3 4 5 n/i
Innovativeness	Stakeholders are open to change.	1 2 3 4 5 n/i
Resource Utilization	This project can acquire and allocate resources, including time, money, effort, and technology.	1 2 3 4 5 n/i
Leadership	Leaders can effectively engage, motivate, plan, and direct activities.	1 2 3 4 5 n/i
Internal Operations	This project is effective at communication and teamwork.	1 2 3 4 5 n/i
Staff Capacities	Staff comprises enough of the right people who can get things done and have specific technical knowledge to complete the necessary tasks.	1 2 3 4 5 n/i
Process Capacities	Meeting facilitators and interviewers are culturally competent and speak the language(s) spoken by interviewees. Facilitators and interviewers are trained in moderating interviews, including keeping participants on topic, facilitating concurrence, and maintaining neutrality.	1 2 3 4 5 n/i

2A. Needs Assessment - Populations of Focus - Summary of Strengths, Challenges & Actions

Narrative

Supporting Evaluation Input from BHC Members

2A. NEEDS ASSESSMENT FOR POPULATIONS OF FOCUS (SCOPE OF THE ISSUE, IMPORTANT CULTURAL FACTORS, AND DEMAND FOR SERVICES)

Task-Specific Capacity	What Is Needed to Complete This Task	Strength – Challenge Rating
Existing Data Sources	Identify and access state and county data (e.g., Treatment Episode Data Set, Statewide Epidemiological Outcomes Workgroup, emergency department [ED]/hospital records, criminal justice involvement).	1 2 3 4 5 n/i
Relevant Local Quantitative Data	Review data and estimate prevalence of and demand for services. Use data to support/inform possible community-level approaches and identify gaps in data. Take steps to avoid bias.	1 2 3 4 5 n/i
Relevant Local Qualitative Data	Use focus groups and key informant interviews to fill in where quantitative data may be unavailable. Use focus groups and key informant interviews to better identify and develop a profile of diverse populations, increase understanding of quantitative data, and minimize bias.	1 2 3 4 5 n/i
Essential Local Stakeholders	Obtain perspectives on the scope of the problem, its priority, and level of collaboration to define the cultural makeup of communities.	1 2 3 4 5 n/i
Essential Regional Stakeholders	Obtain perspectives on the scope of the problem, its priority, and level of collaboration to define the cultural makeup of communities.	1 2 3 4 5 n/i

Supporting Evaluation Input from BHC Members – Cont’d

2A. NEEDS ASSESSMENT FOR POPULATIONS OF FOCUS CONT'D
 (SCOPE OF THE ISSUE, IMPORTANT CULTURAL FACTORS, AND DEMAND FOR SERVICES)

Task-Specific Capacity	What Is Needed to Complete This Task	Strength – Challenge Rating
Persons with Lived Experience (including people who use drugs, people who engage in sex work, individuals in recovery and formally incarcerated people)	Obtain input for a comprehensive profile of diverse populations and their needs.	1 2 3 4 5 n/i
OUD Consequences	Document incidence of overdose, child welfare and criminal justice involvement, communicable disease transmission, and other consequences.	1 2 3 4 5 n/i
Social/Environmental Factors	Identify risk and protective factors to determine and target underlying conditions (e.g., social, economic, environmental) that act as detriments or assets (e.g., transportation, employment, literacy).	1 2 3 4 5 n/i
Data Analysis	Analyze data from the perspective of prevention, intervention, treatment, and/or recovery. Identify prevalence, severity, and impact of needs, as well as demand for services. Take steps to avoid bias.	1 2 3 4 5 n/i
Summary and Communication	Summarize quantitative and qualitative data that are unbiased, understandable, and actionable and present them to stakeholders to support a common understanding of the problem and an approach to solutions and actions.	1 2 3 4 5 n/i

Supporting Evaluation Input from BHC Members – Cont’d

2A. NEEDS ASSESSMENT FOR POPULATIONS OF FOCUS CONT'D
 (SCOPE OF THE ISSUE, IMPORTANT CULTURAL FACTORS, AND DEMAND FOR SERVICES)

General Capacity	What Is Needed	Strength – Challenge Rating
Knowledge and Skills	Staff and others have adequate skills to complete the above tasks. Staff have access to specific technical knowledge to complete their tasks.	1 2 3 4 5 n/i
Key Informants and Stakeholders	Key informants and stakeholders have been identified and are available.	1 2 3 4 5 n/i
Resource Utilization	Grantee has the ability to acquire, allocate, or leverage necessary resources, including time, money, effort, and technology.	1 2 3 4 5 n/i
Quantitative Data	State, county, or regional entity collects and shares relevant data.	1 2 3 4 5 n/i

2B. Needs Assessment – Service Systems - Summary of Strengths, Challenges & Actions

Narrative

Supporting Evaluation Input from BHC Members

2B. NEEDS ASSESSMENT FOR SERVICE SYSTEMS (SCOPE OF THE ISSUE, IMPORTANT CULTURAL FACTORS, AND DEMAND FOR SERVICES)

Task-Specific Capacity	What Is Needed to Complete This Task	Strength – Challenge Rating
SUD Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Identify access to care, current capacities, waiting lists, available levels of care, funding, institutional arrangements, assets, strengths, opportunities, gaps, constraints, and access to specific technical knowledge.	1 2 3 4 5 n/i
SUD Prevention	Identify existing prevention efforts, current capacities, strategies being implemented (direct or environmental), institutional arrangements, assets, strengths, opportunities, gaps, constraints, and access to specific technical knowledge.	1 2 3 4 5 n/i
Peer Support	Identify existing peer support networks or efforts, current capacities, institutional arrangements, assets, strength, opportunities, gaps, and constraints.	1 2 3 4 5 n/i
MAT	Identify access to care, current capacities, waiting lists, available levels of care, funding, institutional arrangements, assets, strengths, opportunities, gaps, constraints, and access to specific technical knowledge.	1 2 3 4 5 n/i

Supporting Evaluation Input from BHC Members – Cont’d

2B. NEEDS ASSESSMENT FOR SERVICE SYSTEMS CONT'D
 (SCOPE OF THE ISSUE, IMPORTANT CULTURAL FACTORS, AND DEMAND FOR SERVICES)

Task-Specific Capacity	What Is Needed to Complete This Task	Strength – Challenge Rating
Primary Care	Identify access to care, institutional arrangements, assets, strengths, opportunities, gaps, and constraints. Determine the need for specific services, such as universal screening (e.g., SBIRT); targeted screening of vulnerable populations (e.g., pain patients, patients with comorbid conditions); and specific settings, such as patient-centered medical homes (PCMHs) or primary care and behavioral health integration (PCBHI).	1 2 3 4 5 n/i
Pain Care	Describe access to care, institutional arrangements, assets, strengths, gaps, and constraints.	1 2 3 4 5 n/i
Hospitals	Describe access to care, institutional arrangements, assets, strengths, opportunities, gaps, constraints, targeted services (e.g., universal screening, SBIRT) for all populations, and targeted screening of vulnerable populations (e.g., those in PCMHs and PCBHI).	1 2 3 4 5 n/i
ED and First Responders	Describe access to care on discharge, institutional arrangements, assets, strengths, opportunities, gaps, and constraints. Specify services such as first responder and ED OUD intervention, engagement, peer recovery (e.g., Anchor Model), universal screening (e.g., SBIRT) for all populations, and targeted screening of vulnerable populations (e.g., pain patients).	1 2 3 4 5 n/i

Supporting Evaluation Input from BHC Members – Cont’d

2B. NEEDS ASSESSMENT FOR SERVICE SYSTEMS CONT'D
 (SCOPE OF THE ISSUE, IMPORTANT CULTURAL FACTORS, AND DEMAND FOR SERVICES)

Task-Specific Capacity	What Is Needed to Complete This Task	Strength – Challenge Rating
Mental Health	Identify access to care, current capacities, waiting lists, available levels of care, funding, institutional arrangements, assets, strengths, opportunities, gaps, constraints, and access to specific technical knowledge.	1 2 3 4 5 n/i
Financial Resources	Identify existing federal, state, and local resources that could be leveraged and maximized.	1 2 3 4 5 n/i
Gaps in Needed Services	Estimate prevalence of and demand for OUD services.	1 2 3 4 5 n/i
Dissemination of Findings	Identify assets for and gaps in the service systems and summarize information. Consider service systems asset and need mapping.	1 2 3 4 5 n/i

Supporting Evaluation Input from BHC Members – Cont’d

2B. NEEDS ASSESSMENT FOR SERVICE SYSTEMS CONT'D
 (SCOPE OF THE ISSUE, IMPORTANT CULTURAL FACTORS, AND DEMAND FOR SERVICES)

General Capacity	What Is Needed	Strength – Challenge Rating
Knowledge and Skills	Staff and others have adequate skills and specific technical knowledge.	1 2 3 4 5 n/i
Key Informants and Stakeholders	Key informants and stakeholders have been identified and are available.	1 2 3 4 5 n/i
Quantitative and Qualitative Data	Regional entities share relevant data and experiences.	1 2 3 4 5 n/i

2C. Needs Assessment – Workforce - Summary of Strengths, Challenges & Actions

Narrative

Supporting Evaluation Input from BHC Members

2C. NEEDS ASSESSMENT FOR WORKFORCE (WORKFORCE NEEDS ASSESSMENT AND PLANNING PROCESS)

Task-Specific Capacity	What Is Needed to Complete This Task	Strength – Challenge Rating
Workforce to Be Mobilized for This Effort	Identify the types of workers and areas of workforce shortage and surplus.	1 2 3 4 5 n/i
Necessary Core Competencies	Identify services to be delivered and necessary competencies for each type of worker. Estimate gaps in knowledge and skills.	1 2 3 4 5 n/i
Necessary Credentialing	Estimate service demands and gaps in the workforce (e.g., waived MAT prescribers). Estimate number of needed credentialed providers.	1 2 3 4 5 n/i
Adoption of Evidence-Based Practices (EBPs) With Fidelity	Identify EBPs, identify necessary competencies, and estimate gaps in knowledge and skills. Identify necessary capacity building for sustainable EBP implementation.	1 2 3 4 5 n/i
Resources to Support Workforce	Identify training and TA resources that can support ongoing workforce development.	1 2 3 4 5 n/i
Key Issues	Identify key workforce issues (e.g., no waived MAT prescribers, insufficient high-level staff, high turnover rate/low retention, inadequate delivery of EBPs).	1 2 3 4 5 n/i

Supporting Evaluation Input from BHC Members – Cont’d

2C. NEEDS ASSESSMENT FOR WORKFORCE CONT'D
 (WORKFORCE NEEDS ASSESSMENT AND PLANNING PROCESS)

General Capacity	What Is Needed	Strength – Challenge Rating
Knowledge and Skills	Staff and others have adequate skills and specific technical knowledge.	1 2 3 4 5 n/i
Key Informants and Stakeholders	Key informants and stakeholders have been identified and are available.	1 2 3 4 5 n/i
Quantitative and Qualitative Data	Regional entities share relevant data and experiences.	1 2 3 4 5 n/i

2d. Needs Assessment – Priority Setting - Summary of Strengths, Challenges & Actions

Narrative

Supporting Evaluation Input from BHC Members

2D. NEEDS ASSESSMENT FOR PRIORITY SETTING

(RECOGNIZE THAT PRIORITY SETTING IS INTRINSICALLY POLITICAL BECAUSE IT GUIDES RESOURCE ALLOCATION)

Task-Specific Capacity	What Is Needed to Complete This Task	Strength – Challenge Rating
Defined Scope of Priorities	Determine prevention, intervention, treatment, and/or recovery support.	1 2 3 4 5 n/i
Method for Priority Setting	Use a predetermined, priority-setting process and process facilitation.	1 2 3 4 5 n/i
Methodologies	Analyze quantifiable data. Use interpretive assessments based on views of informed stakeholders and data relevant to intended outcomes.	1 2 3 4 5 n/i
Values	Commit to equitable distribution of resources, transparency in the process, and stakeholder concurrence.	1 2 3 4 5 n/i
Concurrence	Use a defined process to facilitate consortium member concurrence. Include meaningful input from persons with lived experience and other community stakeholders.	1 2 3 4 5 n/i
Dissemination of Findings	Summarize priorities and present them in a manner that is unbiased and understandable and that supports actionable solutions.	1 2 3 4 5 n/i

Supporting Evaluation Input from BHC Members – Cont’d

2D. NEEDS ASSESSMENT FOR PRIORITY SETTING CONT'D

(RECOGNIZE THAT PRIORITY SETTING IS INTRINSICALLY POLITICAL BECAUSE IT GUIDES RESOURCE ALLOCATION)

General Capacity	What Is Needed	Strength – Challenge Rating
Knowledge and Skills	Staff and others have adequate skills to negotiate this process.	1 2 3 4 5 n/i
Key Informants and Stakeholders	Essential stakeholders participate in priority setting.	1 2 3 4 5 n/i
Quantitative and Qualitative Data	Grantee has the ability to acquire, allocate, or leverage necessary resources, including time, money, effort, and technology.	1 2 3 4 5 n/i

