**Consortium Name:** Insert Here

**County:** Insert Here

**Date Submitted:** Insert Here

**COP-RCORP Workforce Development Strategy Description Form**

**Overview of the Strategy (Please answer each question using 100 words or less for each response.)**

Using the results of your needs assessment as a guide, please provide a concise description of your strategy including the following twelve (12) elements:

1. Who is the intended recipient (priority population) of this strategy?

Please type your response here.

1. How will you address the unique needs of the service population?

Please type your response here.

1. What is the strategy that will be implemented?

Please type your response here.

1. What is the history of this strategy in the community? (i.e., Has this strategy been implemented before in the community? Is it a continuation of an existing strategy? Is it an expansion of an existing strategy? Is it a brand new strategy?)

Please type your response here.

1. What agency/organization will implement the strategy? Why is this agency/organization taking the lead on this strategy?

Please type your response here.

1. How will this strategy be funded and what is the anticipated cost associated with the strategy? (Please specify source of funds – grant, general revenue, in-kind support, etc.; funding agency/organization if applicable; etc.).

Please type your response here.

1. Where will it be implemented?

Please type your response here.

1. When will it be implemented?

Please type your response here.

1. How will it be implemented?

Please type your response here.

1. What challenges and/or barriers do you expect to encounter when implementing the strategy?

Please type your response here.

11. How does the proposed strategy impact affordability and/or accessibility of services delivered to the priority population?

Please type your response here.

12. How does the proposed strategy contribute to eliminating or reducing cost of treatment for uninsured or underinsured patients?

Please type your response here.

**Demonstrate a Conceptual Fit with the Community’s Opioid-Related Priorities (250 words or less)**

How is the strategy relevant to the data from your needs assessment?

Please type your response here.

**Demonstrate a Practical Fit: Theoretical “if-then” Proposition**

Please include the “if-then” proposition for this strategy from your coalition/group’s strategic plan map.

Please type your response here.

**Demonstrate a Cultural Fit (250 words or less**

Based on the results of your needs assessment, how does this strategy align with the needs of the population? Think about the following:

* Why are you choosing this specific strategy for this specific population?
* How does your workforce/partnerships/collaborations for this project reflect the needs of the population?

Please type your response here.

**Demonstrate a High Likelihood of Sustainability within the Community (250 words or less)**

How will the opioid ecosystem sustain this strategy in the community? Please consider the following resources: time, money, human resources, political support, etc..

Please type your response here.

**Demonstrate Effectiveness (What is the evidence that the strategy will work?)**

A. If you are implementing a **workforce development or infrastructure development strategy**, please place an “X” next to the description that best fits the strategy:

* This is not a workforce development of infrastructure development strategy.
* Expand evidence-based treatment for opioid use disorder, including MAT and behavioral therapies.
* Improve education in treatment of opioid use disorder for health care providers.
* Increase access, availability, and provision of evidence-based resources for women with opioid and/or other substance use disorders who are pregnant and/or newly parenting
* Increase access, availability, and provision of high-quality, evidence-based pain care that reduces the burden of pain for individuals, families, and society while also reducing the inappropriate use of opioids and opioid-related harms
* Improve access, availability, and distribution of overdose-reversing drugs
* Improve access, availability, and distribution of safe injection equipment or other harm reduction strategies.
* Improve access to comprehensive and sustainable (i.e., beyond one day events) drug take-back programs.
* Increase access, availability, and provision of supportive housing for individuals in recovery
* Increase access, availability, and provision of mental health consumer organization groups to provide peer recovery support (e.g., self-help, advocacy, stigma reduction, etc.)
* Increase the availability and quality of long-term recovery supports for individuals in or seeking recovery from addiction.

B. For **any other strategy**, please describe the evidence or support for documented effectiveness to select the intervention and include it in the strategic plan. And complete the supplemental document.

1. Is the strategy included in Federal registries of evidence-based interventions?
	1. Yes or No
	2. If yes, please provide supporting documentation. Please type your response here or you may attach any additional information.
	3. If no, please continue to question 2.
2. Has the strategy been reported (with positive effects on the priority targeted outcome) in peer reviewed journals?
	1. Yes or No
	2. If yes, please list supporting documentation. Please type your response here or you may attach any additional information.
	3. If no, please continue to question 3.
3. Does the strategy have documented effectiveness supported by other sources of information and the consensus judgement of informed experts as described in the following set of guidelines, *all of which must be met*:
	1. Guideline 1: The intervention is based on a theory of change that is documented in a clear logic or conceptual model.
		1. Please provide supporting documentation. Please type your response here or you may attach any additional information.
	2. Guideline 2: The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
		1. Please provide supporting documentation. Please type your response here or you may attach any additional information.
	3. Guideline 3: The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.
		1. Please provide supporting documentation. Please type your response here or you may attach any additional information.
	4. Guideline 4: The intervention is reviewed and deemed appropriate by a panel of informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions similar to those under review; local prevention practitioners; and key community leaders as appropriate, e.g., officials from law enforcement and education sectors or elders within indigenous cultures.
		1. Please provide supporting documentation. Please type your response here or you may attach any additional information.

**Evaluation**

1. Please describe your intervening variable and your outcome variable and how you will track outcomes and demonstrate success. Please indicate any quantitative or qualitative measures you will be tracking.

Please type your response here.

1. Who will collect and analyze data?

Please type your response here.

1. How the data will be shared and with whom?

Please type your response here.

1. What costs are associated with the evaluation and how will the evaluation be funded? If there are no costs, please explain why there are no costs.

Please type your response here.

**Action Planning: Theory of Action**

Please detail the action steps necessary to implement this strategy. Please be as specific as you can! This section will provide a roadmap for your implementation team to ensure high-quality implementation of the selected strategy. Please add rows as necessary by right-clicking on the last row and selecting “Insert” then “Insert Rows Below”.

| **Workforce Development Outcome:**  |
| --- |
| **Causal Factor:**  |
| **Root Cause:**  |
| **[Strategy Name] Activity Table** |
| **Activities** | **Timeline** | **Responsible Party** | **External Partners** | **Cost and Possible Funding** | **Metrics/ Indicators of Progress** |
| **Start Date** | **End Date** |
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