CORE COMPETENCIES FOR ROBUST SUBSTANCE USE DISORDER SYSTEMS OF CARE: AN ASSESSMENT AND PLANNING TOOL SCORING MANUAL

This scoring manual is intended to be used in tandem with Indiana's Local SUD System Core Competency Assessment Tool

Developed in partnership between the Indiana Office of Drug Prevention, Treatment and Enforcement and the Indiana Family and Social Services Administration Division of Mental Health and Addiction

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Letter from the Executive Director for Drug Prevention, Treatment and Enforcement

In recent years, the State of Indiana has received millions of dollars earmarked for prevention and treatment of substance use and mental health disorders. From the American Rescue Plan to the National Opioid Settlement, Indiana is better positioned than ever before to care for our most vulnerable Hoosiers.

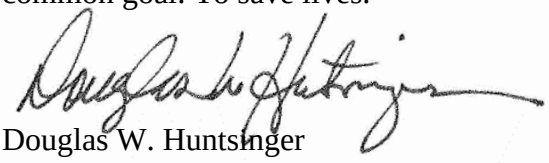
Countless communities across our 92 counties have invested a tremendous amount of time and resources in building out their system of care for individuals with substance use disorders. For many others, however, resources are scarce; local leaders are unsure of where to start; and efforts are siloed.

Witnessing this stark contrast firsthand prompted me to ask: How do we provide locals with a menu of options to help them build out the full continuum of care for Hoosiers with SUD in their communities?

In 2022, in partnership with the Indiana Division of Mental Health and Addiction, we set out to create the core competencies assessment, a tool to assist Indiana counties in identifying the needs and strengths of their existing treatment and recovery infrastructure. The tool collects input from the community about their current processes, programs, and partnerships related to SUD and assigns a score based on *what* is currently available within the existing local continuum of services and supports, *who* is impacted, and *how* the local community approaches planning, monitoring, and operating the SUD system of care.

While developing the assessment, we realized that assigning a score to a community based on their ability to implement programs and interventions or how well they use data to inform decisions doesn't matter so much as the tool's ability to initiate conversation among the "do-ers" in the community. The goal of the core competencies assessment is not to achieve the highest score; it is to get the right people at the table, start a dialogue, learn from one another, and discover ways you can collaborate to get the best results for the Hoosiers you serve.

You'll find in the manual that counties will still add up their responses to receive a numeric score upon completion of the assessment. Rather than focusing on the score, put your energy into building cross-sector relationships and understanding how you can work together toward a common goal: To save lives.



Douglas W. Huntsinger
Executive Director, Drug Prevention, Treatment and Enforcement
Chairman, Indiana Commission to Combat Substance Use Disorder

County Competency Initiative Goals

The Indiana Division of Mental Health and Addiction (DMHA), in partnership with the Executive Director for Drug Prevention, Treatment and Enforcement, has designed a support tool to assist Indiana counties and regions in assessing the needs and strengths of their local system(s) as they address substance use in their communities.

The goal is to outline a set of core competencies specific to substance use disorder (SUD) systems of care; and specifically create an infrastructure to measure a county/region's capacity to:

- implement programs and interventions addressing substance use within their community
- support culturally responsive systems of care; and
- participate in an integrated, person-centered approach to addressing SUD.

In some regions of the state, multiple counties may routinely collaborate and partner to support a regional approach. This tool is intended to support these kinds of partnerships along with individual counties. This assessment also captures the efforts and opportunities across multiple county/regional systems that can directly impact Hoosiers with SUD.

Results of the assessment are intended to support local planning and monitoring efforts associated with the SUD care continuum. This manual provides instructions for scoring associated with the assessment and competency definitions. Scores for these elements are combined to assign a county score for each of three focus areas. A robust, evidence-based, culturally responsive, collaborative, and integrated approach falls within the highest score range.

Counties are encouraged to conduct self-assessments utilizing the tool to identify strengths and opportunities within their current processes, programs, and partnerships related to SUD. Counties may leverage existing collaboratives to complete the tool or convene stakeholders for this purpose. The intent is to provide local geographies the flexibility to utilize a process that works best for them in completing the assessment. Results from the assessment may inform focus areas for future planning efforts.

Assessment Tool Overview

The assessment tool is divided into three "focus areas." The focus areas include *what* is currently available within the existing local continuum of services and supports, consideration and inclusion of *who* is impacted by SUD, and *how* the local community approaches planning, monitoring, and operating the SUD system of care. A scoring rubric for each component under these focus areas is outlined below.

In addition, definitions and examples of each component are provided to support a standardized approach to scoring.

The Assessment Tool is designed with the following goals:

- Minimal administrative burden in terms of complexity and time to administer
    - Sustainable long term and for a variety of uses by a county or the state
- Allowance for, and consideration of, local and regional variations
- Balanced approach when considering the *what, who, and how* of a county/region's activities

- Adaptable to State Epidemiological Outcomes Workgroup (SEOW) findings from year to year, without significant modifications necessary to the process or tool when shifts occur
    - Structure not built upon issue-specific or drug-specific content
    - Adaptable with changing environment

Systems Focus

The tool supports an assessment across the multiple county/regional systems that may have a role in addressing SUD at the local level. Local systems included with the tool are:

Behavioral Health: Includes behavioral health prevention, treatment, and/or recovery program and service providers licensed or certified by the state of Indiana and operating within the county/region

Child Welfare: Includes the local/county Department of Child Services (DCS) offices, and providers contracted through DCS to provide SUD services to youth and families.

Justice: Includes local jails, local community corrections departments, county prosecutors and defense attorneys, local courts including specialty courts, and local law enforcement agencies.

Public Health: Local Health Department

Education: Includes local K-12 school districts, local higher education Institutions such as community colleges, universities, and technical schools

Human Services Organizations: Includes food banks, housing authorities, benefit enrollment entities

Each system has a row within the tool to allow scoring across the components, where applicable. In cases where scoring may not be applicable, the area has been greyed out.

Scoring

County/regional systems are provided a total score for each of the three focus area components. Each focus area has a scoring rubric(s) that is applied to the individual components. Within each focus area section, criteria for scoring are provided (within the applicable rubric), in addition to the definitions for the individual components.

Scoring Input

The assessment tool is designed for the reviewer/user to input a score using the drop-down option within each component cell. Scores are automatically calculated for each focus area.

In cases where scoring may not be applicable, the area has been greyed out.

Focus Area 1: SUD Programs, Services, Intercept Points

SUD Programs, Services, and Intercept Points: Interventions designed to prevent, screen for, assess, and/or treat emerging or existing substance use, misuse, or dependency disorders

SUD Programs, Services, Intercept Points Scoring Rubric

Score	Criteria	Other Considerations
0	No programs or service within county (If capacity or waitlists are an issue, the score is a "1", 0 reflects no service within the geography)	
1	Program or service exists within county (If capacity or waitlists are an issue, the score is a "1", 0 reflects no service within the geography)	May be considered within a regional geography in rural counties with formal partnerships
2	Co-occurring Enhanced (COE) Programs that meet all of the standards for the base level of care plus the additional COE standards defined in ASAM Criteria 4th ed.	Only applicable for ASAM 1.7-4.0 levels of care

Focus Area 2: Culturally Responsive Systems of Care

Culturally Responsive Systems of Care enables individuals and organizations to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognizes, affirms, and values their worth. Being culturally responsive requires having the ability to understand cultural differences, recognize potential biases, and look beyond differences to work productively with children, families, and communities whose cultural contexts are different from one's own. Integrating cultural responsiveness in the design, delivery, and evaluation of the local ecosystem's response to SUD is essential to meeting the needs of a diverse population.

The Culturally Responsive Systems of Care focus area is designed to identify the extent to which the county/regional ecosystem has practices in place to meet the needs of diverse populations, including by race, ethnicity, gender, sexual orientation, geography (e.g. rural, urban), etc.) There are three (3) domains: Community Engagement, Culturally Responsive Interventions, and Data and Outcomes Monitoring for Subpopulations.

Community Engagement Scoring Rubric[1]

Score	Definition	
0	Not Started	There are no mechanisms for engaging stakeholders for information sharing or input.
1	Inform	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.
2	Consult	To obtain public feedback or analysis, alternatives and/or decisions.
3	Involve	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.
4	Collaborate	To partner with the public in each aspect of the decision including the development of alternatives and the identification of preferred solutions.
5	Empower	To place final decision making in the hands of the public.

[1] Definitions for Community Engagement rubric adapted from https://sonomahealthaction.org/

Culturally Responsive Interventions Scoring Rubric[2]

Score	Definition	
1	Incapacity	A system functioning at cultural incapacity expects clients from diverse backgrounds to conform to services rather than agencies/service providers/the system being flexible and adapting services to meet client needs. Treatment of diverse individuals is often paternalistic, limiting their active participation in treatment planning or minimizing the need for culturally congruent treatment services.
2	Blindness	The core belief that perpetuates cultural blindness is the assumption that all cultural groups are alike and have similar experiences. Taking the position that individuals across cultural groups are more alike than different, organizations can rationalize that "good" treatment services will suffice for all clients regardless of ethnicity, race, religion, sexual orientation, national origin, or class. Consequently, organizations that operate at this level will continue developing and implementing policies and procedures that propagate discrimination.
3	Pre-Responsive	Organizations within the system begin to develop a basic understanding of and appreciation for the importance of sociocultural factors in the delivery of SUD services and interventions. This level involves recognition of the need for more culturally responsive services, further exploration of steps toward creating more appropriate services for culturally diverse populations, and a general commitment characterized by small organizational/system changes.
4	Responsive	Organizations within the system are aware of the importance of integrating services that are congruent with diverse populations. Organizations understand that a commitment to cultural competence begins with strategic planning to conduct an organizational self-assessment and adopt a cultural competence plan. There is a willingness to be more transparent in evaluating current services and practices and in developing policies and practices that meet the diverse needs of the treatment population and the community at large.
5	Proficient	Proficiency on an organizational level is characterized by an ongoing commitment to workforce development, training, and evaluation; development of culturally specific and congruent services; and continual performance evaluation and improvement.

Data and Outcomes Monitoring for Subpopulations Scoring Rubric[3]

Score	Definition	
1	Collecting	Systems and processes are in place to collect disaggregated demographic data, including race, ethnicity, gender identity, age, disability, veteran status, etc.
2	Analyzing	Data is regularly and systematically analyzed by subpopulation to determine the extent to which any gaps or themes emerge in experiences or outcomes.
3	Refining	Decision makers use disaggregated data analysis to assess gaps in services; strengthen the performance of programs, organizations, or systems; and assess the impact of services on outcomes of interest. As more information is collected, the process continues in an iterative manner, with additional evidence producing new insights and subsequent questions for further data collection and analysis by subpopulations.

[2] Definitions for Culturally Responsive Interventions adapted from https://www.ncbi.nlm.nih.gov/
[3] Definitions for Data and Outcomes Monitoring rubric adapted from https://www.jbassoc.com/

Focus Area 3: Structural Elements/Factors

The Structural Elements/Factors focus area represents activities that promote well integrated systems of care, including collecting and leveraging data in planning efforts; sharing a commitment to outcomes measurement and performance improvement; maximizing funding streams; and inclusiveness of individuals with lived experience in system planning and implementation efforts.

Structural Elements/Factors Rubric

Score	Definition	
1	Siloed	Organizations or entities work separately to achieve a common goal. No shared decision making or processes and irregular communication
2	Coordinated	Organizations or entities working to achieve a common goal with activities that are siloed but aligned through regular communication and agreed upon processes for working together. No shared decision making.
3	Collaborative	Working together to achieve a common goal with activities that are done separately but are based on shared decision-making, are mutually reinforcing, and are fluid and dynamic. Successful outcomes rely on strong partnership, trust and partners working equitably together. Shared decision making.
4	Integrated	Working together to achieve a common goal with activities done in unity as part of a single organizational framework

Interpreting Scores

Scores are intended to inform local SUD system planning and monitoring. The table below provides general guidelines for interpreting scores for each of the three focus areas.

Focus Area	Score Range	System Performance
SUD Programs, Services, and Intercept Points	1-23	Area of focus for planning or monitoring
SUD Programs, Services, and Intercept Points	24-47	Opportunities to enhance current services, programs, and/or supports
SUD Programs, Services, and Intercept Points	48-71	Meeting elements core to a SUD system of care
SUD Programs, Services, and Intercept Points	72-96	Exceeding core components of a SUD system of care
SUD Programs, Services, and Intercept Points	97-117	Leading, example for other counties/regions

Focus Area	Score Range	System Performance
Culturally Responsive Systems of Care	0-15	Area of focus for planning or monitoring
Culturally Responsive Systems of Care	16-31	Opportunities to enhance current approaches to SUD system of care
Culturally Responsive Systems of Care	32-47	Meeting elements core to a culturally responsive SUD system of care
Culturally Responsive Systems of Care	48-63	Exceeding core components of a culturally responsive SUD system of care
Culturally Responsive Systems of Care	64-78	Leading, example for other counties/regions

Focus Area	Score Range	System Performance
Structural Elements and Factors	1-33	Area of focus for planning or monitoring
Structural Elements and Factors	34-67	Some gaps in supporting structural elements and factors; minimal collaboration or integration across systems
Structural Elements and Factors	68-100	Has most or all structural elements and factors with some collaboration and integration across systems
Structural Elements and Factors	101-133	Has all structural elements and factors, with strong coordination and integration across multiple factors
Structural Elements and Factors	134-168	Leading, example for other counties/regions

Appendix A: Competency Component Definitions and Examples of Competency Achievement to Inform Scoring

COMPENTENCY	DEFINITION	EVIDENCED BY
Focus Area 1: SUD Programs, Services, Intercept Points		
Health Promotion		
Anti-stigma Campaigns	Anti-stigma campaigns aim to create awareness around drug use and drug-related stigma experienced by individuals who use drugs and help remove the stereotypes associated with individuals who use drugs.[4]	Written or other media campaigns aimed at organizations, providers, and community members.
Protective Factor Promotion	Conditions or attributes of individuals, families, communities, or the larger society that, when present, promote well-being and reduce the risk of negative outcomes.[5]	Initiatives and activities that promote the importance of applying and enhancing protective factors as well as collaboration across local agencies, providers, organizations, and systems to increase the availability of support services, resources and programming that build protective factors within the community.
Prevention		
Universal Approaches	A universal approach addresses the entire population (national, local, community, school, and neighborhood) with messages and programs aimed at preventing or delaying the use of alcohol, tobacco, and other drugs.[6]	Activities addressing the entire population such as substance abuse education in schools, parent training about drug use, prevention in the workplace programs, media and public awareness campaigns and programs implemented by coalitions.
Selected Approaches	A selected prevention approach targets subsets of the total population that are deemed to be at risk for	Activities that target a specific segment of the population considered at risk such as support groups for children of individuals with SUD, training programs for high-risk youth, outreach programs to those who

[4] Definition adapted from https://www.ncbi.nlm.nih.gov/

[5] Definition adapted from https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/

[6] Definitions for Universal, Selected, and Indicated Approaches adapted from https://dpbh.nv.gov/

COMPENTENCY	DEFINITION	EVIDENCED BY
	substance abuse by virtue of their membership in a particular population segment.[7]	are in a high-risk population, and training on alternative pain management techniques to reduce use of and dependence on opioid drugs.
Indicated Approaches	An indicated prevention approach is designed to prevent the onset of substance abuse in individuals who do not meet the diagnostic criteria for addiction, but who are showing early danger signs.	Screening and early intervention programs, training of health care workers, teachers, and other members of the community in screening for addiction, targeted training, and education to those who have previously overdosed and their families/friends on risk-reduction strategies.
Harm Reduction	A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and a respect for, the rights of people who use drugs.[8]	Programs or initiatives related to overdose reversal education and training, linkage to HIV and viral hepatitis prevention testing and treatment services and facilitating access to harm reduction supplies such as naloxone kits, substance test kits, and medication lock boxes.
Approaches Across Lifespan	Interventions or activities that focus on reducing risk and increasing protective factors that target an array of developmental stages.[9]	Opportunities exist for people to participate in group activities outside of work or school, online support groups or chat rooms, activities and programs that support parenting and family relationships, initiatives that support a healthy diet and the benefits of exercise, programs that build self-regulation and problem-solving skills, and facilitated connections to age-appropriate social supports such as community clubs and groups.
Screening/Early Intervention		
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with	The use of SBIRT across healthcare settings in the community such as emergency departments and primary care.

[7] IBID
[8] Definition adapted from https://harmreduction.org/
[9] Definition adapted from https://www.ncbi.nlm.nih.gov/

COMPENTENCY	DEFINITION	EVIDENCED BY
	substance use disorders, as well as those at risk of developing those disorders.[10]	
Health Screening within SUD Treatment Settings	Provides primary care and communicable disease screening and monitoring of key health indicators and health risk.[11]	Specific initiatives exist to support primary care and other communicable disease screening within substance use treatment provider facilities.
Treatment		
Long Term Remission Monitoring ASAM 1.0	Provides ongoing monitoring for patients who have achieved long-term remission. This level could include ongoing medication management for patients in remission.	Licensed SUD providers with outpatient treatment sites within the county
Outpatient Therapy ASAM 1.5	Provides outpatient psychotherapy services for patients with mild to low-moderate SUD	SUD providers with outpatient treatment sites within the county
Medically Managed Outpatient ASAM 1.7	Provide outpatient psychosocial interventions, biomedical interventions, and withdrawal management services for patients with SUD who can be safely and effectively treated with low intensity outpatient services	SUD providers with outpatient treatment sites within the county
Intensive Outpatient Program ASAM 2.1	Programs provide intensive outpatient services. These programs generally provide 9-19 hours of structured programming per week consisting primarily of counseling and education about addiction and co-occurring mental health problems	Licensed SUD providers with intensive outpatient treatment sites within the county
High Intensity Outpatient ASAM 2.5	Programs provide high intensity outpatient services. These programs provide at least 20 hours of structured programming per week to address addiction and co-occurring mental health problems.	Licensed SUD providers with SUD partial hospitalization treatment sites within the county

[10] Definition adapted from https://www.samhsa.gov/sbirt
[11] Definition adapted from https://www.samhsa.gov/

COMPENTENCY	DEFINITION	EVIDENCED BY
Medically Monitored Outpatient ASAM 2.7	Level 2.7 programs provide outpatient biomedical, medication initiation, and withdrawal management services for patients who need daily access to nursing care with medical monitoring but do not need 24-hour nursing, medical monitoring, structure, or support. Level 2.7 programs should be able to provide all the services of a Level 2.5 program either directly or through formal affiliation with other programs. Services should be delivered under a defined set of physician-approved policies and physician managed procedures or medical protocols.	As evidenced by licensed SUD providers with OTP, OBOT, or ambulatory detox treatment sites within the county
Clinically Managed Low-Intensity Residential ASAM 3.1	Provides clinically managed low-intensity residential services for patients who need structure and support to build and practice their recovery and coping skills.	Licensed designated inpatient detox beds within the county
Clinically Managed High-Intensity Residential ASAM 3.5	Provides clinically managed high-intensity residential services for patients who need a safe and stable living environment to develop sufficient recovery skills so that they do not immediately relapse or continue to use in an imminently dangerous manner upon transfer to a less intensive level of care.	Licensed designated inpatient detox beds within the county
Medically Managed Intensive Residential ASAM 3.7	Provide medically managed intensive residential treatment focused on the management of withdrawal and biomedical comorbidities for patients who need 24-hour observation, monitoring, and treatment, but do not require the full resources of an acute care hospital. Level 3.7 programs provide coordinated services delivered by medical, nursing, and clinical professionals in a permanent residential facility. Medical services are delivered under a defined set of	Licensed designated inpatient detox beds within the county

COMPENTENCY	DEFINITION	EVIDENCED BY
	physician-approved policies and physician-managed procedures or medical protocols. Level 3.7 programs should also be able to provide all the services of a Level 3.5 program either directly or through formal affiliations with other programs.	
Medically Managed Intensive Inpatient ASAM 4.0	Level 4 services are appropriate for patients whose acute intoxication, withdrawal, biomedical, psychiatric and/or cognitive conditions are so severe that they require 24-hour medically directed evaluation and treatment in an acute care inpatient setting. Because Level 4 program services are the most intensive in the continuum of care, their principal focus is the stabilization of the patient and preparation for his or her transfer to a less intensive setting for continuing care. Level 4 services may be offered in an acute care general hospital (Level 4 – General Hospital) or in an addiction treatment unit within an acute care general hospital with critical care services available on premises (Level 4 – Specialty Addiction Unit).	Licensed designated inpatient detox beds within the county
Recovery Support		
Peer Support	Peer support workers are people who have been successful in the recovery process who help others experiencing similar situations. Peer support workers help people come and stay engaged in the recovery process and reduce the likelihood of relapse.[12]	The inclusion of certified addiction peer recovery coaches across the local continuum of care and the inclusion of peer operated recovery support services.
Recovery Housing	Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery	Availability of recovery housing within the community such as Oxford Houses, National Alliance for Recovery Residences (NARR) Levels II, III and IV recovery

[12] Definition adapted from https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

COMPENTENCY	DEFINITION	EVIDENCED BY
	residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery.[13]	residences and/or Recovery Works Recovery Residences (for adults with criminal and justice involvement), Housing First models and permanent supportive housing models.
Supported Employment:	An approach to vocational rehabilitation for people experiencing SUD that emphasizes helping them obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace.[14]	Opportunities and programs exist in the community for individuals with SUD to obtain competitive work in the community and providing the supports necessary to ensure their success in the workplace. Supported employment programs help people find jobs that pay competitive wages.
Supported Education	The provision of individualized, practical support and instruction to assist people with SUD to achieve their educational goals[15]	Opportunities exist in the community for individuals with SUD to complete their education that prepares them to work and promotes career development to improve long-term work opportunities while pursuing their recovery goals. Local opportunities or programs may include career planning, information about colleges and training programs, direct assistance with enrollment & financial aid; and/or outreach including assistance with connecting individuals to campus resources, among other activities.
COMPENTENCY	**DEFINITION**	**EVIDENCED BY**
Focus Area 2: Culturally Responsive Systems of Care		
Community Engagement	A process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes. There are undeniable benefits to engaging communities in promoting health and wellbeing. At its core, community engagement enables changes in behavior,	See Scoring Rubric for more detail.

[13] Definition adapted from https://www.samhsa.gov/housing-best-practices
[14] Definition adapted from https://store.samhsa.gov/buildingyourprogram-supportedemployment
[15] Definition adapted from https://store.samhsa.gov/Supported-Education-EBP-KIT

COMPENTENCY	DEFINITION	EVIDENCED BY
	environments, policies, programs, and practices within communities. There are different levels, depths and breadths of community engagement which determine the type and degree of involvement of the people.[16]	
Culturally Responsive Interventions	Interventions that acknowledge and respect diversity in the patient population and cultural factors that can affect health and health care, such as language, communication styles, beliefs, attitudes, and behaviors. Development and use of interventions that are specifically designed for diverse populations.[17]	See Scoring Rubric for more detail.
Data and Outcomes Monitoring for Subpopulations	The structure, tools, and ability to support the collection, monitoring, and policy and programmatic use of data reflective and inclusive of community subpopulations within the county/region. Subpopulations should include diverse demographics, including race/ethnicity, gender, gender identity, language, geography, etc.	See Scoring Rubric for more detail.
COMPENTENCY	**DEFINITION**	**EVIDENCED BY**
Focus Area 3: Structural Elements/Factors		
Partnerships	A partnership is composed of organizations that share a common focus and combine resources to implement joint activities. Partnerships can avoid duplication of effort, ensure synergy of resources, and enhance the overall leadership within the community.[18]	Structured, on-going activities and/or designated groups/coalitions in which community entities (e.g., hospitals, providers, businesses, community leaders, public health officials, citizens, etc.) share information, identify and address local substance use disorder needs and plan, develop and implement strategies for closing gaps in services or other community needs.

[16] Definition adapted from https://www.who.int/

[17] Definition adapted from https://effectivehealthcare.ahrq.gov/products/cultural-competence/research

[18] Definition adapted from https://www.cdc.gov/oralhealth/funded_programs/infrastructure/partnerships.htm

COMPENTENCY	DEFINITION	EVIDENCED BY
Data Use/ Exchange	A technology solution that enables healthcare providers and organizations to share patient information electronically between systems that would otherwise not be connected[19]	Health care providers and organizations use of electronic health records and participation in health information exchanges.
Quality Assurance /Quality improvement Outcomes Monitoring	Systematic, data-guided activities designed to bring about immediate, or nearly immediate, improvements in healthcare delivery[20]	Use of a defined QA/QI improvement process that is focused on data-driven activities that are responsive to community need, the development of a quality improvement plan, and the establishment of community goals, objectives and measures that are monitored and evaluated on an on-going basis.
Workforce Initiatives	Workforce development is designed to improve the behavioral health of individuals, families, and communities by ensuring that there is a workforce of appropriate size, composition, and competency to address mental health and substance use related needs in a specific geographic area or the nation at large.[21]	Existing initiatives that increase awareness of behavioral health careers, coordinated efforts to support recruitment and incentivize retention of behavioral health practitioners within the community, and/or collaborative efforts to support training and enhance the capacity of behavioral health practitioners across health care settings.
Consumer Engagement	The goal is to foster an atmosphere of active, ongoing listening, collaboration and conversation that reaches out to engage the full demographic range of consumers a delivery system serves, in order to constantly move forward in meeting their diverse health needs.[22]	Offering opportunities and outreach to educate and inform community members about local behavioral health issues, seeking input from a diverse set of community members, including those with lived experience and/or engaged in the local behavioral health system, involvement of the community in decision making, and empowering community members to inform and make changes within their community.

[19] Definition adapted from https://www.healthit.gov/ .
[20] Definition adapted from https://pubmed.ncbi.nlm.nih.gov/17438310/
[21] Definition adapted from https://mhttcnetwork.org/
[22] Definition adapted from https://www.healthinnovation.org/meaningful-consumer-engagement

COMPENTENCY	DEFINITION	EVIDENCED BY
(Blended/Braided) Funding	Blended funding merges funds from two or more sources together to fund a program or initiative. The blended funds are not allocated and tracked by individual funding sources. Braided funding is when two or more funding sources are coordinated to support the total cost of a service. Revenues are allocated and expenditures tracked by different categories of funding sources.[23]	Programs, services, or initiatives that are supported and sustained by multiple funding streams such as federal, state, local and/or private resources across multiple systems.
Lead Entity/Structure	An organized group of local stakeholders who meet regularly to facilitate strategic planning, monitoring, and quality assurance activities, and/or identify funding priorities	Active Local Coordinating Council (LCC), or other planning and coordinating body for addressing alcohol and other drug problems within the county

[23] Definition adapted from https://childcareta.acf.hhs.gov/