

Strategy Evaluation Worksheet

Directions: Use this evaluation worksheet to evaluate five or fewer strategy options that are under consideration by your group. The discussion should be based on team dialogue and consensus. **Please identify the top TWO or THREE strategy options to report back to the large group.**

PROBLEM: Adverse childhood experiences (ACEs) are traumatic life events that are linked to more than 40 poor adult health outcomes. Up to two-thirds of drug use problems may be traced back to ACEs [1]. A comprehensive approach to the opioid epidemic must include investing in the resilience of children and measuring the impact of these investments on substance use.

DESIRED, ACHIEVABLE RESULT: Reduce the number of opioid overdose fatalities in the short or long term through strategies connected to reduction and prevention of ACEs.

	Example: Expanded access to substance abuse treatment during pregnancy	OPTION 1:	OPTION 2:	OPTION 3:	OPTION 4:
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STRATEGY TYPE

Ex: Legislative, Administrative, Regulatory, Other	Potential strategies include Medicaid expansion (legislative), improved integrated care (administrative - behavioral health care with prenatal care), increased funding for MAT (administrative)				
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RATING CRITERIA

Feasible

Political will, champion availability (rate low to high, identify potential champions)	High				
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Stakeholders can complete strategy or make substantial progress by 2021	Yes				
Builds on existing work in the state (what work, who are stakeholders, what is status)	Perinatal Health Strategic Plan (DHHS) – evidence-based clinical standards in SA and care coordination, Mental Health and Substance Abuse TF (NCIOM),				
Needed resources (rate low to high, identify specifics if possible – i.e. funding, personnel, etc.)	High – potentially new payment models needed, additional funding for more individuals, training of health care professionals				
Measurable					
Potential process metric(s)	# of pregnant women screened for substance use, # of women receiving substance abuse treatment during pregnancy				

Potential outcome metric (s)	# of babies born at low birth weight, # of babies born with NAS, # of overdose deaths in pregnant women				
Potential timeline for achievement (short or long term, including progress)	Short term				
Impactful					
Focus on relationship between opioid use and ACEs	Parental substance use is recognized as a risk factor for child maltreatment and child welfare involvement. Continued treatment post birth, combined with direct services such as home visiting programs, may reduce likelihood of ACEs. Impact of ACEs on women's likelihood to abuse substances.				
Based on evidence-based practices or research	Yes – SA treatment shown to improve birth outcomes. Parental substance use is recognized as a risk factor for child maltreatment and child welfare involvement.				

Multi-generational	Yes				
Impacts large # of children/families (estimate – indicate potential data sources for additional information if possible)	511% increase in infants diagnosed with NAS between 2004 and 2012 (rate was 637.9 per 100,000 live births in 2012) ** Need additional data				
Addresses racial or socioeconomic disparities; applies a health equity lens	Potentially – through Medicaid processes and/or expansion				
Stakeholder Led					
Who would be willing to take the lead on implementation of this strategy? (potential leads – brainstorm all)	Medicaid – through transformation/PHPs, pregnancy medical home. Private payers				

<p>Acknowledges power of relationships and collective action – who are partners in this work?</p>	<p>DHHS, private payers, providers,</p>				
<p>Alignment with other initiatives, actions, processes - Including – is this a new strategy for Opioid Action Plan, or does it enhance an existing strategy?</p>	<p>Perinatal Strategic Plan, Medicaid transformation, Gov. TF, NCIOM work. Enhances existing strategy – expanded treatment – but with a specific population.</p>				
<p>IS THIS A PRIORITY STRATEGY?</p>					