## Template: Community Needs Assessment and Gap Analysis

**(CONSORTIUM NAME)**

**(CITY, STATE)**

**(DATE)**

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| Grantee Organization |  | |
| Grant Number |  | |
| Address |  | |
| Service Area |  | |
| Project Director | Name: |  |
| Title: |  |
| Phone number: |  |
| Email address: |  |
| Contributing Consortium Members and Stakeholders (organization name or individual descriptor – i.e., “person in recovery” – is sufficient; individual names are not required) |  | |
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1. **Introduction/Background Information**

Include a summary of the geographical areas addressed in this needs assessment, including community culture and history.

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1. **Vision/Mission/Planning Values**

Example of your values may include transparency, community input, equity, and data-informed processes.

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1. **Needs Assessment Methodologies**

Include strategies for collection and use of quantitative and qualitative data.

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1. **Overview of Results/Findings**

Provide an overview of the findings from your needs assessment. The overview should

incorporate include both quantitative and qualitative data drawn from relevant, timely, and

reliable sources, including community members impacted by OUD/SUD. Data should be

gathered using a variety of methods including review of the available data sets, review of

existing community resources and services, surveys, focus groups, and key informant

interviews. Please include citations for all data sources, and be sure to address each of

HRSA’s requirements below:

* Availability of and access to OUD/SUD prevention, treatment and recovery services;
* Availability of and access to OUD/SUD harm reduction services, including human immunodeficiency virus/hepatitis C (HIV/HCV) testing and treatment;
* Opportunities and gaps in local systems for engaging of people who use drugs, screening, diagnosing, and referring to treatment and other support services;
* Issues impacting the OUD/SUD health workforce, including recruitment, retention, and worker capacity/skills;
* Needs of special/vulnerable groups within the target rural service area, such as pregnant/parenting women, adolescents, racial/ethnic minorities, incarcerated/formerly incarcerated individuals, etc.;
* Underlying social determinants of health that are most significantly relevant to SUD/OUD within the target rural service area (reference pg. 17 of this onboarding package for resources on social determinants);
* Presence and impact of stigma, including health worker and community perceptions/biases of people who use(d) drugs;
* Existing resources that could be leveraged within the target rural service area, including existing federal, state, or local funding opportunities; and
* Opportunities and challenges related to maintaining a consortium and sustaining SUD/OUD services in the target rural service area.
* A description of the methods used to engage community members and key stakeholders in the target rural service area. **A good faith effort must be made to engage directly impacted individuals, such as people in recovery from substance use disorder, impacted family members, people who use drugs, etc., through focus groups, surveys, personal interviews, or other methods as appropriate;**
* A list of community members and stakeholders in the target rural service area that participated in data collection (organization name or individual descriptor – i.e., “person in recovery” – is sufficient; individual names are not required).

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