**Needs Assessment Template for Deliverable 1**

**Summary of site visit with Region Capacity Coach- Please provide the following information:**

**Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of site visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency/coalition representatives that participated in visit:**

**Summary/Highlights of what was discussed during visit (3-5 bullet points):**

**Drug(s) identified to focus on for the county’s needs assessment process:**

**Provide 3-5 data points that helped lead to that decision:**

**Data Collection Plan/Milestones**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Target Audience** | **Methodology** | **How Many?** | **Who (responsible party)** | **By When?** | **Training Needed** | **Do you have Instrument? If not, who will develop and by when?** |
| ***Law Enforcement*** | ***Key Informant Interview*** | ***6-one with each police chief/sheriff in county or their designee*** | ***Prevention Director*** | ***December 15, 2014*** | ***No*** | ***Yes- already developed from CAST*** |
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**Summary of TA/Training needed in order to complete data collection:**

**Plan Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Region Capacity Coach (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**