

Substance Use Disorder Treatment Community of Practice

Agency Name:

Contact Name:

E-mail Address:

PROBLEM STATEMENT: What problem(s) are you experiencing as an agency that you would like to work on in this Community of Practice?

GOALS: What goal(s) would you and your agency like to focus on?

OBJECTIVES: What are some measurable, realistic, and specific steps you as an agency can do to achieve your goal(s)?

METHODS: What are resources available to help you achieve your goal(s)/objective(s)?