

GETTING STARTED ROAD MAP

COMMUNITIES THAT HEAL PHASE 1



During Phase 1, coalition members will draft and approve a charter that describes their and roles and responsibilities. The coalition will also fill key leadership roles and review the Opioid-Overdose Reduction Continuum of Care Approach (ORCCA), a menu of evidence based strategies for responding to the opioid crisis.

This set of Road Maps is designed for individuals working to address the opioid crisis, including community coalition members, treatment providers, recovery support specialists, policymakers, and those with lived and living experience. It aims to support the creation of new coalitions or the reimagining of existing ones to enhance prevention, treatment, harm reduction, and recovery efforts in their communities.

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Key Terms and Definitions

TERM	DEFINITION
The Communities That HEAL (CTH) Intervention	An intervention that collaborated with community coalitions to develop data-driven plans and implement evidence-based strategies—such as overdose education and naloxone distribution, medications for opioid use disorder, and safer prescribing—to reduce opioid overdose deaths.
Evidence-based strategies	Interventions that have been shown, through research and evaluation, to be effective in changing people’s knowledge, attitudes, and behaviors to improve social and health outcomes.
Intervention	In a research study, an intervention is when researchers introduce or apply a change—such as a treatment, program, or method—to observe how it affects the participants or outcomes.
Medications for opioid use disorder (MOUD)	Medications that are FDA-approved for the treatment of opioid use disorder. They are often used in combination with counseling and other behavioral therapies and include buprenorphine, methadone, and naltrexone in different formulations.
Naloxone	A medication that can reverse an opioid-related overdose. It can be given as a nasal spray (Narcan®) or injected into the muscle, under the skin, or into the veins.
Opioid-Overdose Reduction Continuum of Care Approach (ORCCA)	A set of evidence-based strategies aimed at reducing overdose deaths. It is organized into three categories: opioid overdose education and naloxone distribution, medications for opioid use disorder, and safer prescribing practices.
Overdose education and naloxone distribution (OEND)	Overdose education programs train and empower people to recognize and administer naloxone to someone who they suspect may be overdosing. Overdose education programs can be coupled with naloxone distribution with the goal of making naloxone more accessible and available in communities.
Safer Disposal	In the ORCCA, safer disposal refers to strategies that encourage proper discarding of unused, expired, or unwanted opioid medications to prevent accidental poisoning. Safer disposal practices include drug take-back events, permanent drug drop kiosks, and take-home disposal mechanisms.
Safer Prescribing	In the ORCCA, safer prescribing refers to strategies that promote responsible and effective opioid prescribing practices. These include training prescribers and pharmacists to manage patients with chronic pain safely and providing education on opioid safety to healthcare professionals and patients.



Overview

Phase 1 Activities

- Establish when, where, and how often your coalition will meet.
- Determine a basic meeting flow and standard agenda items.
- Recruit members to fulfill various roles and responsibilities.
- Introduce members to data-driven decision making and evidence-based strategies.

Timeline: 2 months*



Activity 1.1: Setting Your Coalition Up for Success

As the coalition organizer, your first step in forming the coalition will be to reach agreement on how the group will make decisions that lead to action. You should collaborate with your coalition to establish a charter or other form of partnership agreement.

This activity includes the following:

- Setting up rules and expectations related to how coalition members and community partners will communicate.
- Determining how to integrate existing coalition or community efforts to address the opioid crisis with the CTH intervention (if applicable).
- Setting expectations for coalition's relationships with other collaborators, such as the organizations that may implement specific evidence-based strategies.



What is a charter?

A charter is a partnership agreement that outlines how a group will work together, defining roles, responsibilities, decision-making processes, and shared goals. It sets clear expectations for collaboration, communication, and coordination among coalition members and partner organizations, ensuring everyone is aligned and working toward common objectives.

* Timelines are estimates based on the HEALing Communities Study; please note that activities may take longer depending on the level of community support, local policies, and availability of resources.

- Establishing a standard process for managing requests for support from organizations not represented on the coalition.

Approach

A charter serves as a foundational document that outlines a coalition’s purpose, structure, and operating principles, ensuring that all coalition members and other community members have a clear, shared understanding of roles and how to work together in the Communities That HEAL intervention.

To establish one effectively, members should collaboratively define their shared vision, roles, and decision-making processes to ensure clarity and alignment from the outset. **The charter is not a legal document—it’s an agreement on how to work together.**

Meeting Operations

RECOMMENDATIONS FOR ESTABLISHING A CHARTER	
RECOMMENDATION	DESCRIPTION
Develop a shared vision statement	<ul style="list-style-type: none"> • A shared vision statement can inform and facilitate decision-making. • It is a brief statement that captures what the coalition wants to achieve in the community.
Establish rules of engagement	<ul style="list-style-type: none"> • Establishing rules of engagement helps create an environment where all members feel comfortable participating. • Addressing the following questions may help coalitions develop or refine their rules of engagement: <ul style="list-style-type: none"> – How can we ensure everyone has time to voice opinions and concerns? – How do we handle differences in opinion? – How can we ensure everyone understands the discussion without using jargon or unfamiliar terms? – How will we manage discussions that we do not have time to complete during coalition meetings?
Cover meeting logistics	<ul style="list-style-type: none"> • Determine meeting frequency and location. • Determine whether there be subcommittees or smaller working groups of members to keep efforts moving. • When working with existing coalitions, every effort should be made to honor the existing meeting schedule. • Consider holding meetings virtually or rotating in person meetings in different locations to minimize travel burden. • Consider a standing agenda or standing items on existing coalition’s agenda.
Determine how discussion and decisions will be documented	<ul style="list-style-type: none"> • If agreeable, the charter should note that meetings will be recorded for notetaking processes and if they will be available to members for later review. • Minutes can be reviewed, amended, and approved by coalition members to ensure they accurately reflect meeting discussion and decisions.

Describe a process by which coalition committee meetings or subcommittees will operate. If program-related activities will take place in the context of other standard/existing meetings, the information below may describe or reference those meetings.

- **Meeting frequency:** The coalition meetings will be held on [date].
- **Meeting platform:** Meetings will be held [in person, online, both].
- **Agenda:** The agenda for a meeting will be created by [names of individuals] and distributed by a designated member [name or title] at least a certain number of hours in advance of the meeting.
- **Facilitation:** Meetings will be convened or facilitated by [facilitator's name].
- **Documentation:** Notes will be taken at all meetings to ensure follow-up and shared through the designated platform within an agreed upon timeframe.
- **Decision-making:** The coalition will engage in decision-making and approval of actions consistent with strategic priorities, using an agreed upon decision-making strategy. For example, will you need a quorum to conduct a meeting, a certain percentage of members to be present for a vote to take place, and a specified majority of those present that will be needed for a vote to pass.

Communication Procedures

The group will agree upon rules of engagement with respect to communication and interactions, which include:

- **Roles and responsibilities:** Document the roles of individuals or organizations on the coalition and their responsibilities.
- **Schedule of meetings:** Create a calendar of monthly coalition and sub-committee meetings, note whether the meeting is in person or takes place via phone, Zoom, or another platform.
- **Timeline and milestones:** Add a timeline for desired milestones.

Structure:

- Coalitions with a large number of individuals or organizational members may elect to establish a leadership, executive, or steering committee of a smaller number of members as part of their structure.
- Coalitions may also want to create working groups so different members can address different issues simultaneously.

* Timelines are estimates based on the HEALing Communities Study; please note that activities may take longer depending on the level of community support, local policies, and availability of resources.

Workgroups

Workgroups are small, specialized teams that focus on specific tasks or objectives. Communities That HEAL includes specialized workgroups focused on the following:

- OEND workgroup
- MOUD workgroup
- Safer Prescribing workgroup
- Communications workgroup
- Surveillance and Data workgroup

Build on Existing Efforts

Your coalition will want to build upon existing efforts to reduce opioid overdose already at work in the community. Consider how your coalition can expand or enhance current efforts to expand treatment, prevent overdose, or reduce the harms associated with opioid use.

The following are key considerations when deciding whether and how to incorporate or expand upon existing plans.

Priorities to Guide Decision-making

The coalition should ensure all decision-making is guided by the following strategic priorities:

1. Take advantage of local expertise.
2. Build on existing assets or progress already underway in the community.
3. Collect, analyze, and apply local data about opioid overdoses.

CONSIDERATION	RECOMMENDED STRATEGY FOR ADDRESSING GAPS
Are coalition members familiar enough with existing plans and potential alternatives to make informed comparisons?	Orient members to the existing plans and evidence-based strategies from the ORCCA so they can make an informed decision about how to proceed.
Do existing plans align with ORCCA guidelines?	Explore options for refining existing plans for greater alignment with the CTH.
How far along are existing plans, partnerships, and implementation and evaluation in terms of progress toward putting activities into practice?	Explore options for incorporating plans or projects in the early stages of development into the CTH planning phases.
What data have informed the development of the existing plan?	Review data that informed the development of the existing plan and identify gaps in resources before proceeding. If data were not analyzed in the development of the existing plan, consider seeking out data to support decision making and the selection of practices.
Will it be possible to monitor and refine activities that are part of this existing plan or project?	Put into practice the existing plan independently of the CTH framework if monitoring and refinement is not possible.
Do members generally agree that the coalition should build on the existing plan to put the CTH into practice?	Defer the decision to build on the existing plan until members have had a chance to review relevant data for selecting and prioritizing evidence-based strategies if members of the coalition are uncertain.

Elements of a coalition charter

Element	Brief Description	Key Considerations
Goals and purpose	A high-level summary of what the coalition is aiming to do	Clearly state the impact the coalition hopes to have on the opioid crisis.
Member responsibilities and membership	<ul style="list-style-type: none"> Attendance and participation expectations Term limits Procedure for new members joining the coalition (Who orients members? What training is provided?) Procedure for existing members (Is there a debrief? How do you ensure continuity of activities?) 	<ul style="list-style-type: none"> Incorporate membership targets that relate to the goals of the coalition (e.g., ensure representation of healthcare providers, criminal legal system, people with lived experience). State membership targets around community representation.
Equity statement	A statement of the coalition's commitment to equity, diversity, and inclusion	See Diversity, Equity, and Inclusion (DEI) for more information.
Coalition structure	<ul style="list-style-type: none"> Description of key leadership positions (e.g., coalition chair, co-chair, champions) and responsibilities Description of any committees and process of creating or disbanding 	Suggested champion roles and committees are at Determine Coalition Roles: Chairs and Champions .
Decision-making process	<ul style="list-style-type: none"> Approach taken to making coalition decisions (democratic process vs. consensus building vs. another approach) with specifics (for example, XX percent of membership must be present for a vote to take place) Clarification of who can vote for coalition decisions Build in options for electronic voting Include a time limit on voting 	Carefully consider how to encourage engagement in decision-making for marginalized populations and people with lived experience. Coalition leadership should be sensitive to the fact that coalition members have likely had experiences of not being included within decisions that affected them directly. Ensure power sharing.
Fiscal management and budgeting	<ul style="list-style-type: none"> Details of how fiscal decisions will be recorded, monitored, and reported back to the coalition 	Ensure that any funding requirements from grants or government partners are considered.
Meeting operations	<ul style="list-style-type: none"> Description of meeting frequency (quarterly, monthly, etc.), platform (in person, Zoom), facilitation, communication (notes, slides shared, etc.), and documentation 	Consider including relevant protocols for sharing sensitive content (e.g., no personal identifiers when disclosing past or current substance use, incorporating notices before sharing potentially distressing information).
Privacy and confidentiality	<ul style="list-style-type: none"> Clarification of whether information shared during coalition meetings is confidential or public Plans for recording meetings or opening the meetings to the public 	Set expectations regarding any recording or photos. For example, coalition members will be notified at least 24 hours ahead of time if the meeting will be recorded.
Compensation	<ul style="list-style-type: none"> Description of protocol and expectations related to reimbursing members for meeting attendance 	Reimbursement can be used to help offset expenses related to participating in coalition meetings (e.g., transportation, childcare costs), Note that this amount should correspond with the time commitment required to fill the role, and it should not be coercive.



Activity 1.2: Recruit Champions, Introduce Data-Driven Decision-Making Approach, and Initiate Review of Landscape Analysis Data with Coalition

Timeline: 3 months*



To the extent possible, coalitions should elect a chair and champions in key program areas (i.e., communication, data, MOUD, OEND, and safer prescribing) to support implementation.

This activity focuses on:

- Identifying and engaging coalition members who are willing and able to serve as leaders or “champions”;
- Introducing data-driven decision-making; and
- Engaging coalition members in a review of the landscape analysis data to ensure an accurate and comprehensive assessment of serves and resources in the community.

What is a champion?

A “champion” is a person with combined interest and expertise in a subject area who is situated to lead coalition activities related to that subject area.

* Timelines are estimates based on the HEALing Communities Study; please note that activities may take longer depending on the level of community support, local policies, and availability of resources.

Approach

Key Positions

ROLE	RESPONSIBILITIES
Coalitions	Review local data; select and track implementation of evidence-based strategies and communications plans.
Chair/liaison	Nominates and elects a chair, and if desired, a vice chair. Organizes the monthly meeting and oversees all activity of coalition.
Communications Champion(s)	Have knowledge about and interest in community-based health communication campaigns and experience with local communication campaigns or connections to local media sources.
Data Champion(s)	Support data-driven decisions through enhanced data dashboards and other activities to enhance coalitions members' engagement with and understanding of data as well as experience using and sharing data are helpful qualifications.
ORCCA Champion(s) 1 champion per evidence-based strategy within the ORCCA	Show an interest in one or more of the three components of the ORCCA: <ul style="list-style-type: none"> • OEND • Enhanced delivery of MOUD • Improved prescription opioid safety Professional or living or lived experience with these interventions and being well-connected in these areas are helpful qualifications.
People Who Use Drugs*	Bring lived and living experience and serves as a liaison between the coalition and the community. Engaging people who use drugs is critical for deploying strategies that reach, resonate, and work for people at risk for overdose. Establishing a community champion to meaningfully engage with people who actively use drugs may be warranted.
Community Organizations	Implement and sustain evidence-based strategies.
Local and State Agencies and Officials	Facilitate collaboration, access to data, policy changes, and support for sustainability.

* Ultimately, the approach to engaging people who use drugs should:

- Respect the engagement preferences of people who use drugs, including ensuring anonymity, if requested;
- Protect the safety of people who use drugs and address any concerns related to criminalization;
- Address any barriers to participation, such as limited transportation, mobility, schedule, or internet access;
- Aim for diverse representation of people who use drugs (age, gender, race, ethnicity, and sexual orientation); and
- Include protocols for addressing stigma or related conflict within the coalition.

Reimbursement

Serving on a coalition or in a coalition leadership role can be resource intensive. Coalitions may decide some level of reimbursement is necessary to help offset expenses related to serving on the coalition or in the chair or champion role. Other roles that could be reimbursed include serving on leadership committee, chairing work groups, providing logistics, and offering administrative support. If members are reimbursed, the amount should be commensurate with the time commitment required to fulfill that role and should not be coercive. The contribution of a member's professional, community, or lived experience should be considered when determining the reimbursement amount but should not be based solely on professional status. Reimbursement decisions can be documented in the charter.

Reimbursement considerations:

- Who is eligible to receive reimbursement for what (e.g., time, travel, logistical costs)?
- How will people serving in reimbursable roles (i.e., paid for their time) be supervised and held accountable?
- How might the decision to reimburse people affect coalition dynamics?
- Is our strategy for reimbursing sustainable?

Introduce Data-Driven Decision-Making

► What are community data?

Community data refer to any reliable source of information that give insight into a problem occurring within the community. Examples of community data include overdose death surveillance reports, hospital admission rates, or the number of programs or facilities helping people with substance use in operation.

Data-driven decision-making refers to the selection of evidence-based strategies based on community data, including the following:

- Opioid overdose deaths,
- Naloxone unit distribution at the community level,
- The number of people receiving medications for opioid use disorder, and
- The number of people receiving high-risk opioid prescriptions.

Additionally, landscape analysis results can be used to select evidence-based strategies because it will capture available resources for addressing the opioid crisis, like substance use disorder treatment and recovery facilities and harm reduction programs. For additional information on landscape analyses, refer to the Phase 0 Road Map.

Identifying data champion(s) will help position the coalition to make data-driven decisions. The use of data frameworks, such as Data Across Sectors for Health (DASH), can assist coalitions in addressing local health problems by sharing data and enhance a coalition's ability to make data-driven decisions.



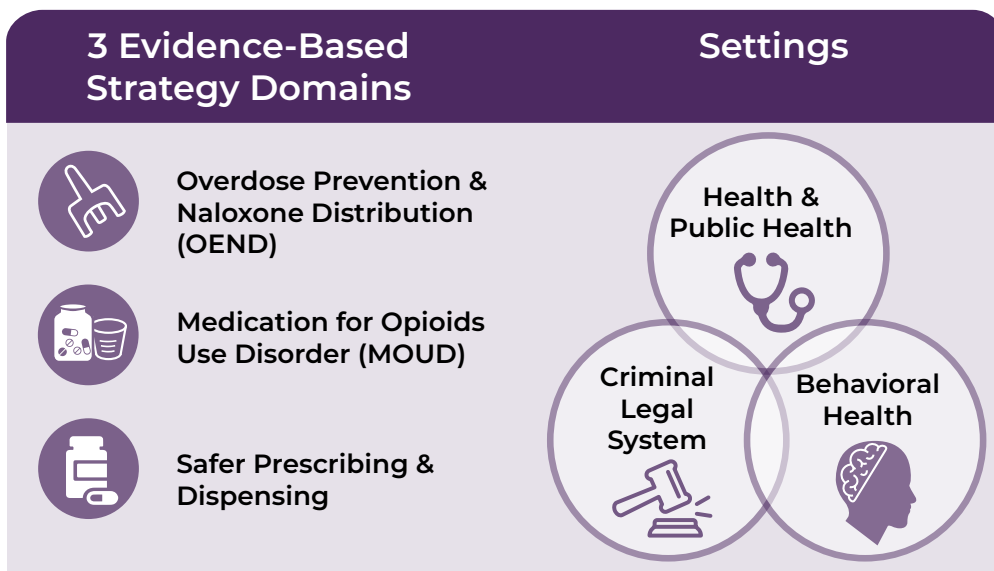
Activity 1.3: Review Evidence-based Strategies from the ORCCA Menu

Timeline: 1 month*

Early in the formation of your coalition, you will present an overview of the menu of evidence-based strategies and address coalition questions.

Approach

Evidence-based strategies are interventions put to use in healthcare settings, pharmacies, behavioral health services, schools and universities, government locations, and other public places that have been tested by researchers for effectiveness. CTH uses a menu of strategies that communities can consider based on local needs, resources, opportunities, and barriers.



* Timelines are estimates based on the HEALing Communities Study; please note that activities may take longer depending on the level of community support, local policies, and availability of resources required to start a coalition.

Evidence-based Strategy Domains and Settings

- 1) Increasing **OEND** in high-risk populations.
 - **Active OEND.** Proactive strategies designed to get prevention, education, and overdose response resources, including naloxone, to people at highest risk and their social contacts.
 - **Passive OEND (Optional).** Strategies designed to make prevention, education, and overdose response resources available through referrals, such as healthcare providers, or through publicly accessible venues.
 - Naloxone Administration (Optional)
- 2) Enhancing delivery of **MOUD** maintenance treatment, including agonist/partial agonist medication and outreach and delivery to high-risk populations.
 - Expand MOUD Treatment Availability
 - Linkage to Services
 - Treatment Engagement and Retention
- 3) Ensuring **safer opioid prescribing and dispensing**.
 - Safer Opioid Prescribing/Dispensing Practices
 - Safer Opioid Disposal Practices (Optional)

The [Opioid-Overdose Reduction Continuum of Care Approach \(ORCCA\) Practice Guide](#) contains additional resources for understanding how evidence-based strategies within each domain can be put into practice. These resources may be helpful as your community considers the necessity, feasibility, and impact of each potential strategy.

Evidence for OEND

- Naloxone administration by bystanders during an overdose significantly increases the odds of survival compared with no naloxone administration during an overdose.
- Communities with enrollment in OEND programs had lower rates of opioid overdose deaths.^{1, 2}

Evidence for Why MOUD is Effective

- Decreases opioid use and crime.³
- Increases retention in treatment and saves lives.^{4, 5}

Evidence for Safer Opioid Prescribing and Dispensing⁶

- Nearly 8.6 million people misused prescription opioids in 2023.
- Over 5 million Americans 12 years and older reported a prescription use disorder in 2023.
- Of those who reported misuse of prescription pain relievers in 2023, more than two-thirds reported misusing to relieve physical pain, and more than a quarter obtained their pain reliever from a friend or relative.

Small Group Activity: Evidence-Based Strategies

► Put Your Knowledge to Practice

1. In groups of four to five people, answer the following two questions for each category of evidence-based strategies: OEND, MOUD, and safer prescribing. Record answers on flip chart paper (3 minutes).
 - What has worked well or you are most proud of in addressing this practice in your county?
 - Where are there gaps or opportunities?
2. When you get the signal, rotate to the next evidence-based strategy on flip chart paper. Repeat until you have answered both questions for all three practices.
3. Use red dots to indicate if urgent or immediate response is needed from the particular Steering Committee or workgroup.

Introduction to the CTH

The CTH program was a community-engaged intervention to develop a comprehensive, data-driven community response plan to use evidence-based strategies in many different places and venues to reduce opioid overdose deaths within highly affected communities.





How will the evidence-based strategies be put to action?

There are three menus of implementation strategies that correspond to the three evidence-based strategies.

- Strategy selection will vary based on community needs, feasibility, readiness, desirability, sustainability, stage of current implementation and expected impact.
- Strategies will engage high-risk populations across multiple sectors (health care, behavioral health, criminal legal system).
- The coalition will approve evidence-based strategies and associated funding allocations. This becomes the Community Action Plan.
- Guidance, data, and technical assistance will be provided throughout the selection process.

What's Next:

In Phase 2, you will begin the selection process for evidence-based strategies and start developing a plan of action.



References

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