

COMMUNITY ACTION PLANNING ROAD MAP

COMMUNITIES THAT HEAL PHASE 4



The overarching goal of Phase 4 are for coalitions to (1) set clear goals related to reducing opioid overdoses and (2) select ORCCA strategies that advance those goals. Goals and selected ORCCA strategies should address the service gaps identified in community profiles.

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.

Table of Contents



3 **Key Terms and Definitions**
Communities That HEAL:
Definitions

4 **Overview**
Phase 4 Activities

4 **Activity 4.1:**
Set Community
Goals

6 **Activity 4.2:**
Select ORCCA Strategies
that Align with
Community Goals

7 **Activity 4.3:**
Create a Community
Action Plan

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 U.S. Food and Drug Administration (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 4 Activities

- Develop ORCCA specific goals for the community (e.g., OEND, MOUD, and prescriber safety).
- Discuss and prioritize evidence-based strategies that align with community goals.
- Establish community action plans.

Activity 4.1: Set Community Goals

Timeline: 1 month*

The work completed in Phase 3 on community profiles and data dashboards can provide valuable insights into what is already being done to address the opioid crisis in the community. Phase 4 aims for coalitions to set clear overdose reduction goals and select ORCCA strategies addressing service gaps from community profiles.

Coalitions are encouraged to select at least five strategies from the three menus of evidence-based strategies for implementation:

- One strategy for OEND.
- Three different strategies for MOUD to improve the care process (including expanding treatment access, increasing linkage to care, and enhancing retention on MOUD).
- One strategy for safer opioid prescribing and dispensing. These tools offer a clear picture of where services are being provided and how effectively the community is reaching individuals at high risk for overdose. These tools also highlight service gaps and groups and areas highly affected by overdose deaths.

* 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

To effectively inform your community's goal-setting process and strategy development, you can use a variety of data sources, including the following:

- Landscape analysis data from [Phase 0.2](#)
- Community profiles from [Phase 3](#)

Setting SMART Goals

Goals are the long-term outcomes coalitions hope to achieve. As part of the CTH intervention, coalitions set goals related to reducing opioid overdose deaths. Goals should be SMART (Specific, Measurable, Achievable, Relevant, Time-bound). To meet the Relevant requirement of SMART, goals should align with information gathered in previous phases:

- Landscape analysis data (Phase 0)
- Other data sources specific to your community (Phase 0)
- Coalition feedback-driven data from examining evidence-based strategy menus (Phase 1)
- Coalition members' feedback during review of the ORCCA strategies (Phase 2)
- Community profiles and data dashboards (Phase 3)
- Evidence-based strategies selected from the [HCS Opioid Settlement Decision Support Tool](#) (Phase 4)





Activity 4.2: Select ORCCA Strategies that Align with Community Goals



Timeline: 1 to 2 months*

Coalitions will identify evidence-based strategies aligned with community goals, address gaps from profiles and data, ensure equitable and practical impact, and fostering community acceptance. Potential partners outside the coalition should also be involved in the strategy selection process.

Approach

Coalitions can use the [HCS Overdose Crisis Community Decision Tool](#) to prioritize and select evidence-based strategies to reduce opioid overdose. This brief questionnaire offers opioid settlement decision-makers and community members with evidence-based strategies, tailored to their communities, for reducing opioid-overdose deaths.

Factors to Consider When Prioritizing Evidence-Based Strategies:

- Prioritize both high-impact and highly feasible strategies because they will guide initial action plans.
- Ensure chosen evidence-based strategies align with specific community goals and data identified in the community profile.
- Consider the level of community acceptance for each strategy, as low acceptance may reduce their effectiveness and reach.
- Ensure that the chosen strategies promote equitable outcomes for Black, Indigenous, and other people of color, and for other groups disproportionately affected by opioid overdose-related inequities.

Each community's approach to implementing evidence-based strategies will vary based on local needs and resources, but using a template can help clearly assess the impact and feasibility of each strategy. We recommend reviewing the feasibility impact template as a valuable guide for making informed, data-driven decisions tailored to your community.

Coalitions should involve potential partner organizations in discussions about possible strategies to help assess their feasibility. If these organizations are not coalition members, they can be invited to strategy meetings or asked to provide input via email or separate meetings.

Updating Timelines: Extend timelines to allow for training new partner organizations or their champions.

* 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.



Activity 4.3: Create a Community Action Plan

Timeline: 1 to 2 months*



Action plans define community goals, selected evidence-based strategies, timelines, sustainability effort, and partner involvement in implementation planning. In this activity, your coalition will collaborate to create a comprehensive community action plan that outlines goals, strategies, and steps for implementation.

Approach

With your coalition, review the previously set priorities and then draft action plans and identify high-priority strategies for implementation. When possible, involve partner organizations in the action planning process, but be aware of potential conflicts of interest. As your community progresses, you may need to update action plans may need to be updated based on challenges faced, lessons learned, and changing community needs and resources.

Drafting Action Plans

When drafting the action plan, the coalition should engage partner organizations by sharing goals, updates, and roles; assessing readiness and capacity; and collaborating on next steps for a joint implementation plan. Your coalition may choose to develop a plan for each ORCCA menu (OEND, MOUD, safer prescribing) or to cover all strategies in a single action plan. The questions below may help your coalition develop its action plans. As a reminder, action plans should be flexible, accommodating adjustments as you evaluate new data and outcomes are evaluated. Keep in mind that you may need to engage implementation partners to answer some questions. These discussions may continue into Phase 5, which focuses on moving from broad action plans to more detailed implementation plans.

- What key activities are needed to implement this strategy?
- What activities are needed to ensure that evidence-based strategies reach high-risk populations (e.g., people who use opioids, have had a prior opioid overdose, have reduced opioid tolerance, or use other substances)?

* 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.

- What activities are needed to ensure that evidence-based strategies reach special populations experiencing fatal opioid overdose-related inequities (e.g., Black, Indigenous, and other people of color, immigrants, people who are unhoused, rural populations without transportation)?
- For this strategy, do different organizations within and across different venues need to cooperate or coordinate their efforts to achieve this goal? If so, how will cooperation/coordination be accomplished?
- What obstacles or barriers to implementation should we anticipate and plan to avoid or address for this strategy?
- What is a realistic timeframe for implementing this strategy?
- What are the estimated costs associated with implementing this strategy?
- How will we know that the action plan is being implemented as intended?
- What is our initial strategy for sustaining efforts outlined in the plan?



Have a Flexible Approach to Plan Development

Although a single action plan will eventually cover selected strategies for OEND, MOUD, and safer prescribing, these sections may be developed at different times. Understanding this, these evidence-based strategies can move forward through Phase 4 and to Phase 5 (implementation) independently.

Specifically, coalitions should:

- Ensure that fast-moving strategies align with a commitment to equity.
- Ensure that strategies, such as those related to MOUD, receive thoughtful attention, even if they may be more challenging to plan for and implement.
- Move ready-to-implement strategies forward quickly but protect available time and funding to develop other strategies.
- Recognize the need to balance resources across all selected strategies, ensuring that fast-moving ones do not exhaust available funding and resources.
- Identify and address any conflicts of interest, including any concerns around favoring larger or more established agencies.

When you complete all menu sections are completed, you should compile them into one cohesive action plan that outlines clear steps, timelines, and responsibilities for implementation. This action plan will serve as a road map for the coalition, guiding your efforts to address identified challenges and achieve community goals. The plan should include key milestones, metrics for tracking progress, and assigned roles to ensure accountability. Additionally, you can revisit and adjust the action plan can be revisited and adjusted as needed to reflect changes in community needs or emerging data, ensuring it remains a dynamic and responsive tool for ongoing improvement.

What's Next:

In Phase 5, you will be creating implementation plans for the selected strategies, put them into action, and launch your communications campaign.

