NC OPIOID SETTLEMENTS:

Collaborative Strategic Planning Toolkit, Version 1

North Carolina Association of County Commissioners

SMS

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Introduction and Background

NC Memorandum of Agreement

Under the [North Carolina Memorandum of Agreement](#) (NC MOA) that governs opioid settlement funds, your local government must spend opioid settlement funds on opioid remediation activities listed in [Exhibit A](#) and/or [Exhibit B](#). A local government may authorize spending for opioid settlement funds on strategies from Exhibit A at any time without undertaking a collaborative strategic planning process, though collaborative strategic planning activities are still helpful and encouraged.

Exhibit A includes high-impact strategies that have strong evidence or demonstrated examples of working well to prevent opioid overdose and reduce opioid use disorders. All the strategies in Exhibit A also appear in some form in Exhibit B. We strongly recommend that when a strategy appears in both places, you select the strategy in **Exhibit A if** it accurately describes the strategy your community would like to pursue. There are many tools and [resources](#) available to local governments seeking to implement Exhibit A strategies; and selecting Exhibit A strategies can also significantly simplify reporting.

If your local government is considering implementing *any* strategy in **Exhibit B** that is **_not_** in Exhibit A, you are **required** to complete and document *every* activity step in the collaborative strategic planning process as described in [Exhibit C](#) of the NC MOA. Also, you must repeat this process if you want to fund a **new** Exhibit B strategy, and you must repeat this process every four years (or more often if desired) to continue funding **any** Exhibit B strategy. For more details on these rules, see [Final Steps and Looking to the Future](#) in this document, as well as Section E.5. (pg. 8) of the [NC MOA](#) and #78 and #78A (pgs. 34-35) of the [FAQ on the NC MOA](#).

The twelve numbered **Exhibit A** strategies are:

1. **Collaborative strategic planning.** Support collaborative strategic planning to address opioid misuse, addiction, overdose, or related issues, including staff support, facilitation services, or any activity or combination of activities listed in Exhibit C to the MOA (collaborative strategic planning).

2. **Evidence-based addiction treatment.** Support evidence-based addiction treatment consistent with the American Society of Addiction Medicine's national practice guidelines for the treatment of opioid use disorder – including Medication-Assisted Treatment (MAT) with any medication approved for this purpose by the U.S. Food and Drug Administration – through Opioid Treatment Programs, qualified providers of Office-Based Opioid Treatment, Federally Qualified Health Centers, treatment offered in conjunction with justice system programs, or other community-based programs offering evidence-based addiction treatment. This may include capital expenditures for facilities that offer evidence-based treatment for OUD. (If only a portion of a facility offers such treatment, then only that portion qualifies for funding, on a pro rata basis.)

3. **Recovery support services.** Fund evidence-based recovery support services, including peer support specialists or care navigators based in local health departments, social service offices, detention facilities, community-based organizations, or other settings that support people in treatment or recovery, or people who use drugs, in accessing addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.

4. **Recovery housing support.** Fund programs offering recovery housing support to people in treatment or recovery, or people who use drugs, such as assistance with rent, move-in deposits, or utilities; or fund recovery housing programs that provide housing to individuals receiving Medication-Assisted Treatment for opioid use disorder.

5. **Employment-related services**. Fund programs offering employment support services to people in treatment or recovery, or people who use drugs, such as job training, job skills, job placement, interview coaching, resume review, professional attire, relevant courses at community colleges or vocational schools, transportation services or transportation vouchers to facilitate any of these activities, or similar services or supports.

6. **Early intervention.** Fund programs, services, or training to encourage early identification and intervention for children or adolescents who may be struggling with problematic use of drugs or mental health conditions, including Youth Mental Health First Aid, peer-based programs, or similar approaches. Training programs may target parents, family members, caregivers, teachers, school staff, peers, neighbors, health or human services professionals, or others in contact with children or adolescents.

7. **Naloxone distribution.** Support programs or organizations that distribute naloxone to persons at risk of overdose or their social networks, such as Syringe Service Programs, post-overdose response teams, programs that provide naloxone to persons upon release from jail or prison, emergency medical service providers or hospital emergency departments that provide naloxone to persons at risk of overdose, or community-based organizations that provide services to people who use drugs. Programs or organizations involved in community distribution of naloxone may, in addition, provide naloxone to first responders.

8. **Post-overdose response team.** Support post-overdose response teams that connect persons who have experienced non-fatal drug overdoses to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need to improve their health or well-being.

9. **Syringe Service Program.** Support Syringe Service Programs operated by any governmental or nongovernmental organization authorized by section 90-113.27 of the North Carolina General Statutes that provide syringes, naloxone, or other harm reduction supplies; that dispose of used syringes; that connect clients to prevention, treatment, recovery support, behavioral healthcare, primary healthcare, or other services or supports they need; or that provide any of these services or supports.

10. **Criminal justice diversion programs.** Support pre-arrest or post-arrest diversion programs, or pre-trial service programs, that connect individuals involved or at risk of becoming involved in the criminal justice system to addiction treatment, recovery support, harm reduction services, primary healthcare, prevention, or other services or supports they need, or that provide any of these services or supports.

11. **Addiction treatment for incarcerated persons.** Support evidence-based addiction treatment, including Medication-Assisted Treatment with at least one FDA-approved opioid agonist, to persons who are incarcerated in jail or prison.

12. **Reentry Programs.** Support programs that connect incarcerated persons to addiction treatment, recovery support, harm reduction services, primary healthcare, or other services or supports they need upon release from jail or prison, or that provide any of these services or supports.

In addition to consulting with the NCACC Opioid Settlement Technical Assistance Team, the NC Department of Justice has created a document of FAQ about Option A strategies that can help you determine if the activities you have in mind fit in Option A.

Besides the twelve Exhibit A strategies listed above, there are many Exhibit B strategies organized into the following lettered categories that could be considered by those **_not_** opting for Exhibit A strategies:

A. Treat opioid use disorder
B. Support people in treatment and recovery
C. Connect people who need help to the help they need (connections to care)
D. Address the needs of criminal-justice-involved persons
E. Address the needs of pregnant or parenting women and their families, including babies with neonatal abstinence syndrome
F. Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids
G. Prevent misuse of opioids
H. Prevent overdose deaths and other harms (harm reduction)
I. First responders
J. Leadership, planning, and coordination
K. Training
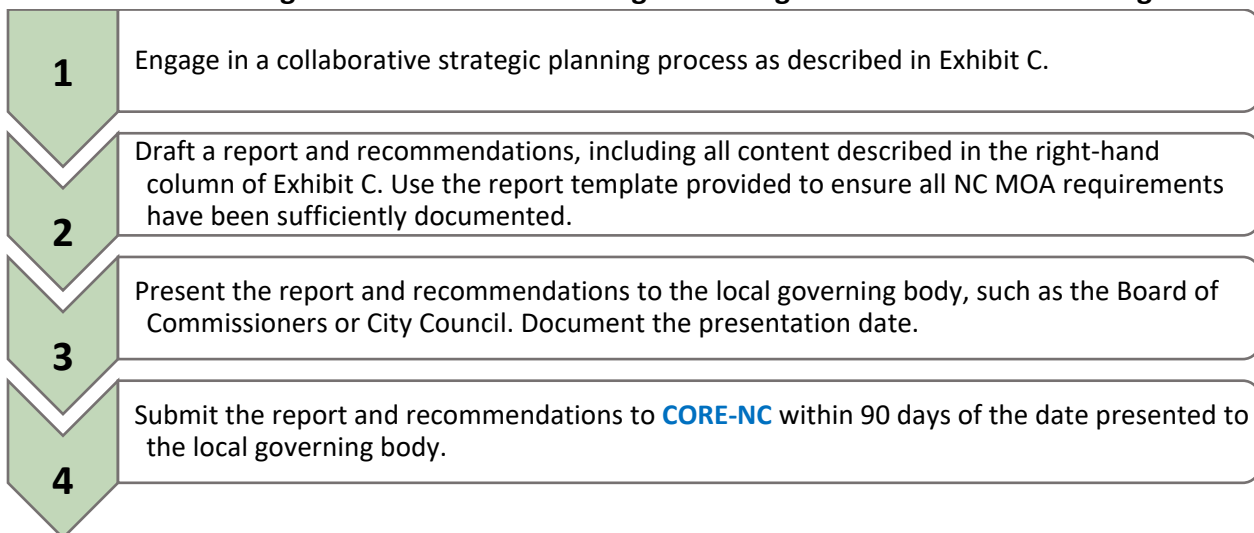L. Research

Collaborative Strategic Planning

Whether you decide to select Exhibit A strategies and/or complete each step in Exhibit C in order to unlock **Exhibit B** strategies, **collaborative strategic planning is a process** that can be carried out using opioid settlement funds to create a vision and defined plan for how to prevent opioid overdose deaths and collectively make your community safer and healthier.

Given that the epidemic is dynamic and ever changing, your community response may also need to change over time. The purpose of the collaborative strategic planning process is to develop priorities and make plans within the specific context of your community with input from diverse stakeholders. Collaborative strategic planning will give your local government and community a better understanding of the needs of your community, the relevant strategies that may address those needs, and the resources required to feasibly implement those strategies to maximize your positive impact.

Selecting strategies in advance of your assessment and planning increases the risks of mismatching your chosen strategies with your community's actual needs or duplicating services and efforts and could lead to poor use of resources, time, and efforts.

The four-stage process for "unlocking" **Option B** (i.e., allowing authorization of spending for **Exhibit B** strategies) for your community is summarized below. Each activity of the **Exhibit C** Collaborative Strategic Planning process is then detailed further in this toolkit.

Four Stages of Collaborative Strategic Planning to Unlock Exhibit B Strategies

1 Engage in a collaborative strategic planning process as described in Exhibit C.

2 Draft a report and recommendations, including all content described in the right-hand column of Exhibit C. Use the report template provided to ensure all NC MOA requirements have been sufficiently documented.

3 Present the report and recommendations to the local governing body, such as the Board of Commissioners or City Council. Document the presentation date.

4 Submit the report and recommendations to **CORE-NC** within 90 days of the date presented to the local governing body.

NOTE: **If** your local government does choose to move forward with **Option B**, use the NCACC **Exhibit C Collaborative Strategic Planning Worksheets for Option B Report and Recommendations**. The worksheets were developed to help you document each required activity step outlined in Exhibit C of the NC MOA and may be used to supplement the Option B Report and Recommendations presented to your local governing body. Using the worksheets to document your process, decisions, and plans helps to ensure that your local government has satisfied all the requirements for Option B. We strongly recommend including the complete worksheets when submitting your Option B Report and Recommendations to CORE-NC. This toolkit provides

additional guidance and resources to walk you through this process and help you make decisions about what to put in the worksheets.

The steps of collaborative strategic planning as laid out in **Exhibit C** are:

A. Engage diverse stakeholders

B. Designate facilitator

C. Build upon any related planning

D. Agree on shared vision

E. Identify key indicators

F. Identify and explore root causes

G. Identify and evaluate potential strategies

H. Identify gaps in services

I. Prioritize strategies

J. Identify goals, measures, and evaluation plan

K. Consider ways to align strategies

L. Identify organizations

M. Develop budgets and timelines

N. Offer recommednations

How to Use this Toolkit

This toolkit can be used either as a step-by-step walkthrough of the entire **Exhibit C** collaborative strategic planning process (required for unlocking any **Exhibit B** strategies) or as a resource to consult about a specific collaborative strategic planning activity (e.g. under Exhibit A, Strategy #1). Each section of this toolkit

corresponds with an activity of Exhibit C of the NC MOA and will provide you with background, suggested tools, and additional readings and resources. There are links throughout the toolkit and in the Appendices that will lead you to other resources within and outside this document. If you have suggestions on additional resources or notice any broken links, please let us know by emailing OpioidSettlement@ncacc.org.

This toolkit is in no way exhaustive and does not include all the ways in which each of these Exhibit C steps can be completed. It is simply a resource to help you meet the minimum requirements of the NC MOA. We encourage you to make the process work best for you and your community. We have done our best to filter through the plethora of resources available and offer you a collection of options to explore and dig into as deeply as you need. We hope this toolkit will help make what might feel like a somewhat overwhelming task a bit less so.

Sections of this toolkit follow the order of the required Exhibit C steps. Complete the collaborative strategic planning process in the same order as is laid out in Exhibit C. You must complete all the steps, and you may need to reference or revisit earlier steps to ensure that your goals, prioritized strategies, and indicators (measures of success) align with your shared vision and identified community needs. Some activities may be ongoing throughout the process. For example, it's best to engage diverse stakeholders at multiple steps of the process – this helps ensure that you are most responsive to the needs of your community and those most impacted by the problem, and it helps build buy-in along the way so that subsequent implementation becomes easier.

> **It is essential not to choose strategies (Exhibit C, Step I) before you have explored root causes, identified gaps, and determined the most justified strategies to meet these needs (Steps A-H).**

The North Carolina Association of County Commissioners (NCACC) Opioid Settlement Technical Assistance Team (OSTAT) is available to provide guidance and support to you throughout your collaborative strategic planning process. Please be in touch early and often!

Tools

1. **Exhibit C Collaborative Strategic Planning Worksheets for Option B Report and Recommendations**
   Use these worksheets to report on your completion of each step of the collaborative strategic planning process. Completing these worksheets in their entirety is a good way to make sure you are complying with all the requirements of the NC MOA. If your local government is pursuing Option B (allowing you to fund Exhibit B strategies), you will need to include the completed worksheets when submitting your Option B Report and Recommendations to CORE-NC.

Key Resources

1. **CORE-NC (Community Opioid Resources Engine for North Carolina)**
   This website is a one-stop shop for all things related to the opioid settlements in NC. Here you will find many resources about the NC MOA and the Exhibit A strategies, as well as guides and templates for local governments completing mandatory reporting. You will also find data dashboards that present submitted local spending authorizations and Option B Report and Recommendations, as well as financial and impact reports for each local government.

2. **[NCACC's Opioid Settlement Technical Assistance Team (OSTAT)](#)**
   OSTAT strives to support local governments in utilizing opioid settlement funds to maximize resources and impact through technical assistance, outreach and training, and collaboration. OSTAT supports local governments in planning for, implementing, evaluating, and reporting on investments with opioid settlement funds. OSTAT's website has many resources specific to local governments. For additional questions or suggestions, please email opioidsettlement@ncacc.org.

To learn more about the NC MOA and principles behind planning for the use of opioid settlement funds, see [Appendix B](#) of this toolkit.

Exhibit C Collaborative Strategic Planning Steps

A. Engage Diverse Stakeholders

Collaborative strategic planning is, by its name, *collaborative*. Having stakeholders engaged from the start of and throughout the process builds buy-in, gives opportunities to listen thoughtfully and respond to your community, integrates diverse perspectives, alerts you early to potential barriers, and sets you up for successful implementation of your plans.

The [Item A Detail](#) section of Exhibit C specifies which stakeholders, at a minimum, **must** be involved in the collaborative strategic planning process. These stakeholders are:

A-1. Local officials: County and municipal officials, such as those with responsibility over public health, social services, and emergency services. *Examples: county commissioners or city council members, Board of Health members, county or city managers, health directors, Department of Social Services (DSS) or Emergency Management Services (EMS) heads, other county or city staff leaders.*

A-2. Healthcare providers: Hospitals and health systems, addiction professionals and other providers of behavioral health services, medical professionals, pharmacists, community health centers, medical safety net providers, and other healthcare providers. *Examples: representatives from local hospitals, clinics, or Federally Qualified Health Centers.*

A-3. **Social service providers**: Providers of human services, social services, housing services, and community health services such as harm reduction, peer support, and recovery support services. *Examples: local affordable housing providers, DSS or public health leaders and staff, syringe service program providers, or community naloxone distributors.*

A-4. Education and employment service providers: Educators, such as representatives of K-12 schools, community colleges, and universities, and those providing vocational education, job skills training, or related employment services. *Examples: representatives from local public and private schools, community colleges staff or educators, nonprofit agency representatives that provide training around employment.*

A-5. Payers and funders: Healthcare payers and funders, such as managed care organizations, prepaid health plans, LME-MCOs, private insurers, and foundations. *Examples: representatives from your LME/MCO, health insurance companies, local foundations or grant making organizations.*

A-6. Law enforcement: Law enforcement and corrections officials. Examples: *sheriff's office or local police representatives, or staff at jail or prison.*

A-7. Employers: Employers and business leaders, and other local groups who help with employment. *Examples: local Chamber of Commerce, Recovery to Work Programs, or business owners or managers.*

A-8. Community groups: Community groups, such as faith communities, community coalitions that address drug misuse, groups supporting people in recovery, youth leadership organizations, and grassroots community organizations. *Examples: interfaith council leaders and members, substance use or overdose prevention coalitions representatives, staff or volunteers from nonprofits that work with youth.*

A-9. Stakeholders with "lived experience:" Stakeholders with "lived experience," such as people with addiction, people who use drugs, people on medication-assisted or other treatment, people in recovery, people with criminal justice involvement, and family members or loved ones of the individuals just listed. *Examples: people who are served by syringe service programs, people in recovery, people who have experience navigating the substance use services systems.*

A-10. Stakeholders reflecting the diversity of the community: Stakeholders representing the racial, ethnic, economic, and cultural diversity of the community, such as people of color, Native Americans, members of the LGBTQ+ community, people with disabilities, and members of traditionally unrepresented or underrepresented groups. *Examples: local branch of NAACP, NC Commission of Indian Affairs, NC Tribal Communities, local LGBTQ+ resource center, women's resource center, coalitions or departments on aging, local Center for Independent Living.*

Many local governments already have substance use task forces and coalitions comprised of varied stakeholders. If you have an existing substance use task force or coalition that you would like to include in your collaborative strategic planning process, be sure to check that each stakeholder groups outlined in Item A Detail of Exhibit C (listed above) are represented in your planning group so that these important community perspectives are part of the process and that you meet the requirements of the NC MOA. If you don't already have a dedicated group addressing opioid overdose or substance use, you may consider forming a coalition or task force to undertake the collaborative strategic planning process.

Here are some questions to consider as you begin to engage diverse stakeholders in the collaborative strategic planning process:
- Is there a substance use task force or coalition in our community that may be able to help with the process? If so, how does its composition compare to the stakeholder categories in Item A Detail of Exhibit C?
- Who else could help with the collaborative strategic planning process, and do they represent a stakeholder category in Item A Detail of Exhibit C?
- If there is a local harm reduction organization, such as a syringe services program (SSP), how can we meaningfully involve its staff and/or participants?

- How will stakeholders' contributions to the process be credited or recognized?
- In what ways will stakeholders be compensated for their participation, especially those who are not being paid by their employer to participate?
- How will engagement with stakeholders be sustained throughout the collaborative strategic planning process?
- Are we open to listening to all stakeholder voices?
- Are we setting up systems that will allow all stakeholder voices to be heard?
- Are there people missing who we need to engage? Who are they and how can we invite them in?

Once you have a better idea of the people who can represent each of the stakeholder categories in your community, it is time to start reaching out to them. Some ways to begin engagement are face-to-face meetings, phone calls, e-mails, personal letters, mass mailings, public service announcements, media advertisements, flyers, and posters.

It's important to make sure that voices from all of these stakeholder categories are included. If your local government forms a task force or coalition and has trouble reaching representatives from specific stakeholder categories, consider trying different locations and times of meetings to better accommodate varying schedules. You could also host listening sessions for specific stakeholder groups in a format that works best for them and incorporate input from these sessions into the planning process.

After you have identified and engaged your stakeholders, it is important to have a clear structure for your collaborative strategic planning group, including some form of governance or leadership roles, rules by which your group will operate, and a clear distribution of work among members. Consider a steering committee, committee chair(s) and coordinator, task forces, action committees, workgroups, etc. Your group will also need a facilitator (see section "B. Designate Facilitator").

When you complete this section of your Option B Report and Recommendations and Exhibit C Collaborative Strategic Planning Worksheets, it is best practice to report the individual roles or titles of the people involved in planning (e.g., mayor, treatment facility medical director, person with experience with opioid use disorder). Be specific so that the reader can get a clear understanding of who was involved and why they may be relevant to that stakeholder group, but you are not required to use actual names if there are good reasons not to. Generally, if the person is representing a stakeholder group in their professional capacity, it is okay to include their names. For some roles (e.g. person with lived experience or family member), they may prefer not to be named in a public-facing document, therefore, it is best to check with them first.

Tools

1. **Developing an Organizational Structure for the Initiative | Section 1. Organizational Structure: An Overview (Community Tool Box)**
   This resource, developed by the Center for Community Health and Development at the University of Kansas, offers an overview of organizational structure with specific suggestions and ideas and examples of how groups can be structured. These examples can help your community develop a structure among the stakeholders of the collaborative strategic planning process that fits your needs.

2. **Sample Meeting Agenda Topics**
   This sample agenda outlines possible items for an initial strategic planning coalition meeting.

Welcome & Introductions	Chair, County Board of Commissioners or
Opening Remarks:	Local official or leader of Taskforce
Understanding NC Opioid Settlements and Collaborative Strategic Planning	Local official working on the settlement or NCACC Opioid Settlement Technical Assistance
Who is in the room?	Facilitated Group Discussions
Flow of future meetings	Facilitated Group Discussions
What Tools Should We Add to our Toolbox?	Facilitated Group Discussions
How Do We Get Started?	Facilitated Group Discussions
Identifying a facilitator	Facilitated Group Discussions
Bold Next Steps	Group Reports
Wrap-Up	Local official or leader of taskforce
Concluding Remarks	Chair, Board of County Commissioners

3. **Sample Flyer**
   This sample flyer can be used to recruit participants for a community listening session. Listening sessions are a great way to gather input from community members.
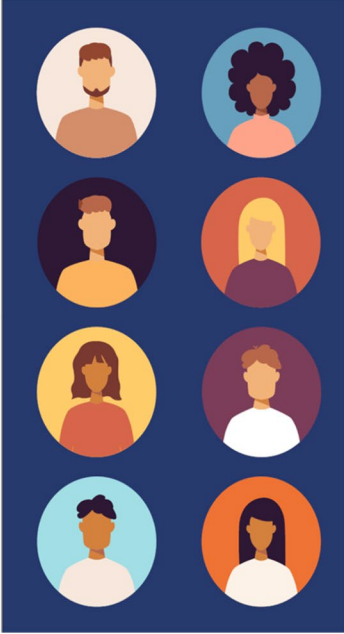
Opioid Settlements Fund

Community Meetings

COUNTY/CITY is facilitating a series of community meetings in **MONTHS/YEAR** to receive input about the strategies that may be supported with opioid settlement funds.

Feedback will be shared with the County Board of Commissioners **and/or** City Council to determine how funds will be spent.

[DAY, DATE]
[START AND END TIMES]
[Location Name]
[Address]

[DAY, DATE]
[START AND END TIMES]
[Location Name]
[Address]

[DAY, DATE]
[START AND END TIMES]
[Location Name]
[Address]

[DAY, DATE]
[START AND END TIMES]
[Location Name]
[Address]

To learn more about **why it is important** to engage with people with lived and living experience, **how to engage** people affected by opioid overdose and OUD, and **how to engage all stakeholders** in your coalition, including how to recruit and retain them, explore the resources in Appendix B.

B. Designate Facilitator

Exhibit C describes the next step of the collaborative strategic planning process, "designate a person or entity to facilitate the strategic collaborative planning process. Consider a trained, neutral facilitator." A facilitator is one role among several key roles in the collaborative strategic planning process. The facilitator may or may not be the same person as the planning group's chair, lead, or coordinator. The role of the facilitator is to design and support a neutral space where all participants' ideas are welcome and included, and to move the group toward building consensus and achieving its planning goals.

The facilitator can be someone from your community, someone from a statewide organization, or a paid outside consultant, as long as the individual is a trained and neutral facilitator. It is essential that the facilitator understands the collaborative strategic planning process as defined in the NC MOA and has knowledge of the NC MOA and the menu of options for opioid abatement that it provides to local governments. There are many ways to facilitate strategic planning – not all ways meet the requirements of the NC MOA. Facilitators with roots in the community may be more familiar with local stakeholders who should be involved in the process.

The facilitator acts as a guide who can help hold and sort through the stakeholders' ideas and experiences. When picking a facilitator, be clear about their scope of work and consider asking them the following questions:
- How do you get a group focused and interacting?
- How do you address group conflict or dysfunction?
- What orientation will you need?
- How do you create an atmosphere where meaningful learning can take place?
- What biases or assumptions do you have and how will you avoid their influence on a neutral process?

If you are completing the collaborative strategic planning process to prepare an Option B Report and Recommendations, you will need to report your facilitator's name, email address, and their organization/agency name to CORE-NC using the Exhibit C Collaborative Strategic Planning Worksheets.

Tools
1. **Sample Request for Applications to find a Facilitator**
   If you are a local government representative, you may contact OpioidSettlement@ncacc.org to get access to the NCACC RFA Guide.

To learn more about group facilitation roles and skills, see Appendix B.

C. Build upon Any Related Planning

The next step of the collaborative strategic planning process is to "build upon or coordinate with prior or concurrent planning efforts that address addiction, drug misuse, overdose, or related issues, including but not limited to community health assessments. Report any related planning efforts you will build upon or coordinate with."

During this important stage of the strategic planning process, explore other planning documents that your local government and other organizations have developed to gain a better understanding of the history of substance

use or related work in your community. By reviewing other assessments, strategic plans, and blueprints for change, you have more context for developing a relevant plan that is responsive to your community's needs related to opioid abatement. Be sure to also examine our state's plan, the *North Carolina Opioid and Substance Use Action Plan*.

You can reach out to the following partners to ask for their relevant planning documents:
- Health departments for community health assessments
- Continuums of Care for housing assessments and plans
- Regional Councils of Government for plans related to aging, community development, and more
- Local Management Entity/Managed Care Organizations (LME/MCOs) for community assessments and plans related to mental health/substance use services
- Hospitals for community health needs assessments
- Departments within your county or municipal government for other plans related to transportation, economic development, master plans, infrastructure, capital improvements, etc.

As you review these documents, consider the following questions:
- What key health-related issues are identified?
- If opioid use is mentioned, what does the report or plan say about the underlying causes of opioid use disorder and/or overdose? What solutions does it propose? What approaches are ongoing?
- What does this document have to say about factors related to poor health outcomes, such as inadequate housing, poor transportation, food insecurity, family separation, incarceration, and childhood trauma?
- What resources are identified to address health and health-related issues? What gaps are found?

Note that if you are completing the collaborative strategic planning process to meet the requirements for Option B, you should explore other planning documents, but you **cannot** use a previously developed plan as your submission for the Option B Report and Recommendations. You **must** develop a plan that is specific to the opioid settlements and meets the completion and frequency requirements of the NC MOA.

Report on which plans you reviewed in Section C of the Exhibit C Collaborative Strategic Planning Worksheets. Present a brief summary of the key findings from each reviewed plan, including what information you learned that is relevant to your current planning process. Include hyperlinks to the reviewed plans, if available.

To learn more about assessments, see Appendix B.

D. Agree on a Shared Vision

In the early stages of your collaborative strategic planning process, your community needs to "agree on a shared vision for positive community change, considering how strategic investments of opioid settlement funds have the potential to improve community health and well-being and address root causes of addiction, drug misuse, overdose, and related issues. Report on a shared vision for positive community change."

A shared vision should reflect the changes you would like to see in your community after the implementation of opioid abatement strategies and should be one that all the stakeholders agree on. It should be short (ideally one sentence), easy to understand and communicate, inspiring and uplifting.

The following is an example of a vision statement:

> Empowering 100 counties to work together for the betterment of one state. (NCACC)

Additional examples can be found in Chapter 8 of the Community Tool Box.

If you have specific strategies or approaches in mind, do not name them in your vision statement. Rather, the vision should describe how the community will look after your work using the opioid settlement funds is successfully implemented.

Your vision statement should be broad enough to be widely agreed upon, yet specific enough to help guide your work together. When determining your shared vision, think practically about the work you want to do. Consider the following questions when declaring your vision:

- What values do you want to reflect in your statement?
- Is there a timeframe in which you want to accomplish your goals?
- What is your geographic setting and how will it affect the work?
- What about the opioid settlement funds will help you achieve your goals?
- Think holistically about different types of opioid abatement strategies (i.e., prevention, harm reduction, treatment, and recovery). Does your shared vision broadly incorporate outcomes related to all four?

Report your vision statement in Section D of the Exhibit C Collaborative Strategic Planning Worksheets.

Tools

1. **Developing a Vision and Mission Statement Worksheet**
   From the Community Tool Box Chapter 8 (see additional reading in Appendix B for the full chapter), this worksheet includes basic considerations for developing a vision statement and instructions for a group discussion to develop a vision statement. The worksheet also has a second page about developing a mission statement that may be useful later in the process.

2. **Mind Mapping**
   Mind mapping is used to simplify information into key words or phrases through the visual of a tree. Mind mapping helps you categorize and then subcategorize information that is all connected to the initial key word. To learn more about mind mapping, visit What is Mind Mapping? What Are Its Uses? | Mindmaps.com.

E. Identify Key Indicator(s)

"Indicators" in this context refers to health indicators: measures of the health status (or of information related to the health status) of a group of people. They are collected regularly and can tell us about rates of health-related behaviors, needs, allocation of resources, health outcomes, and other useful information about a group or community. Tracking key indicators helps your community understand what has changed over time. Looking at indicators can also help your community see if different groups are having different experiences or outcomes. Therefore, indicators help you understand how close you are to reaching your shared vision, evaluate your local community's response to the opioid overdose crisis, and know if you might need to change course.

Exhibit C says that you must "identify one or more population-level measures to monitor in order to gauge progress towards the shared vision. (The NC Opioid Action Plan Data Dashboard contains several such measures). Report on the key indicators selected."

Population-level measures include indicators for a whole population in a particular geographic area (e.g., county, city, district, region) or for a particular demographic (e.g., age, gender, or income level). Your shared vision should have something to do with health, overdose reduction, or opioid use disorder (OUD) prevention. Thus, selected key indicators should also be relevant to the populations affected by opioid overdose and/or OUD, or otherwise served with opioid settlement funds. This step of the collaborative strategic planning process is meant to encourage you to look at data that is already available (called "secondary data") to better understand the scope of the problem.
- What does the opioid overdose crisis look like in our community?
- Who is affected the most?
- Where are they?
- Who is affected differently and in what ways?

The NC Department of Health and Human Services (DHHS) and Centers for Disease Control and Prevention (CDC) already track various health indicators that are relevant to opioid overdose and related health needs. NCACC has also created measures models that are specific to assessing work supported by the NC MOA. These measures models include two suggested population-level key indicators that are available at the county level through NC DHHS (see Tools, below):
- Rate of overdose deaths among residents
- Rate of overdose emergency department visits

You can find links to these indicator resources in the Tools section below. We suggest selecting multiple key indicators (and at minimum the two recommended above), because no single measure is enough to tell the whole story of your community.

As you move through the later steps of the collaborative strategic planning process, you should revisit your key indicators to make sure they align with your prioritized strategies (Step I) and goals and evaluation plan (Step J).

Tools
1. **NC Department of Health and Human Services Department of Public Health Injury Violence Prevention (DHHS: DPH: IVPB): NC Overdose Epidemic Data (ncdhhs.gov)**

This webpage includes statewide and county-level overdose data and well as monthly overdose data updates.

2. **Community Drivers of Health Dashboard - North Carolina Opioid Settlements (ncopioidsettlement.org)**
This website offers population-level measures of poverty, unemployment, lack of health insurance, incarceration, housing, and other community drivers of health. The dashboard can be sorted by local government.

3. **Opioid and Substance Use Action Plan Data Dashboard | NCDHHS (ncdhhs.gov)**
This dashboard tracks metrics that support the goals of our state's Action Plan.

4. **Death Rate Maps & Graphs | Drug Overdose | CDC Injury Center (cdc.gov)**
This CDC dashboard contains maps and graphs of death rates due to overdose.

5. **NC Opioid Settlements Measures Models (ncacc.org/OSTAT)**
These measures models list population-level outcome measures and indicators associated with the planning and implementation of opioid abatement strategies.

To learn more about indicators, see Appendix B.

F. Identify and Explore Root Causes

Your collaborative strategic planning process must "explore root causes of addiction, drug misuse, overdose, and related issues in the community, using quantitative data as well as stakeholder narratives, community voices, the stories of those with lived experience, or similar qualitative information. Report on root causes as described."

Substance use is complicated, and the impact of the opioid overdose crisis has been felt throughout NC and the United States. Opioid settlements funds provide an opportunity for local governments to examine and address underlying factors that have fueled the opioid overdose crisis. During this stage of the collaborative strategic planning process, you will identify root causes of the opioid overdose crisis in your community and report on how proposed strategies will address these root causes.

Root causes are the underlying reasons behind a problem or an issue in a community. Identifying root causes requires us to ask why a problem is happening in the first place, and to dig deeper and keep asking why. They explore why people do what they do and in what context. For many issues, including for the opioid overdose epidemic, there are both individual-level root causes and social root causes. Individual root causes of the opioid overdose epidemic may have to do with experiences of trauma, or knowledge, attitudes, and behaviors that may increase the risk or lead individuals to experience an overdose. Social causes may have to do with connectedness, community resources, healthcare or human service systems, economic factors, collective trauma, policies, cultural norms, and more.

Essential reading for anyone doing this work is this American Journal of Public Health article, called *Opioid Crisis: No Easy Fix to Its Social and Economic Determinants*. It explores the roots causes and the social and economic determinates that led us to the current phase of the overdose crisis.

In addition to reading about root causes, meaningfully including the perspectives of people in your community who have experienced overdose and/or opioid use disorder is essential. While everyone's experience is different and it is problematic to generalize too broadly from one person's perspective, collecting information on individual experiences (primary qualitative data) is a great way to understand what root causes might be at play in your community. For example, individuals may be able to describe how limited access to treatment for a co-occurring mental health condition contributed to using illicit opioids to treat symptoms, or about losing a friend to overdose because no one present had naloxone and they were afraid to call 911. Looking for patterns in such stories leads to identification of themes, which can point to root causes. When collecting stories, you will ideally speak with people along the continuum of use (from active use to recovery), as people who are closest to the problem will have valuable perspectives on its causes.

OSTAT is happy to help if you would like to develop a survey or interview guide to collect information from community members. Just email OpioidSettlement@ncacc.org.

By understanding the specific root causes of the opioid overdose crisis in our communities, we can choose the most relevant and impactful strategies and create the right goals to fit our community's circumstances. To analyze the root causes in our community, a common approach is the "but why?" technique. Start by asking: **why do people in our community experience overdose?** Think of both individual and social root causes. Once you've listed them, ask, "but why?" In other words, why do each of those causes exist in your community? Keep asking "but why?" until you have reached the root of the problem.

The Louisiana Department of Health's guide to root cause analysis encourages us to take an extra step in the "but why?" approach, and explicitly identify the root causes that:
- are specific, identifiable underlying causes in your community;
- can be controlled or addressed by your team; and,
- allow for the development of effective recommendations for preventing recurrences.

This step in the collaborative strategic planning process reminds us that while root causes are deeper and more systemic, they often *can* be changed.

Types of Root Causes
There are many ways to structure your thinking and exploration of why people may do some things or experience what they do and in what context. Here are a couple of examples. Use the approach(es) that feel(s) like the best fit for your group and that make(s) the most sense to you.

1. **Three Kinds of Factors (The PRECEDE Model)**
The first phases of PRECEDE are most relevant to Step F, where you assess social, epidemiological, behavioral and environmental, educational and ecological, and administrative and policy factors. This planning model breaks factors into three categories that influence behavior, lifestyle, and responses to the environment.

Predisposing	Things that happen inside a person – knowledge, attitudes, beliefs, values, confidence
Enabling	Things outside a person that make it easier or harder to do something – resource availability, service access, laws, policies, skill training
Reinforcing	Things that affect the environment around a person – attitudes of the community or influential people that make it easier or harder to engage in healthy behaviors or be safe

2. Four[1] Levels of Factors (Social Ecological Framework)

Another way to think about or organize root causes is to dig into what is happening within an individual, their relationships, the organizations they access in their community, and the societal culture or policy environment around them. At each level of the Social Ecological Framework (SEF) there can be factors that hinder/hurt or help.

- Societal factors include social and cultural norms such as stigma about opioid use disorders and/or treatment, attitudes around opioid use, or attitudes toward coping methods. Policy factors could include local, state or national laws, rules, regulations, or ordinances.
- Community or organizational factors could include access to resources like safe and supportive housing or meaningful employment opportunities. They could also include services available for harm reduction, recovery support, and treatment, or mental health care, as well as how accessible these services are to people (hours open, locations, etc.).
- Relationships could be with family, caregivers, friends, peer supports, colleagues, or neighbors.
- Individual factors may include history of trauma, untreated mental illness, knowledge and beliefs, or personal coping skills.

The articles in Appendix B can be used as you start discussions with the stakeholders about the root causes of opioid use disorder and overdose in your community.

This process should not be oversimplified, and no one root cause is responsible for all overdose or OUD in your community. OSTAT is happy to help your team think through these big "why" questions from different angles and at many levels.

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[1] *Sometimes the Social Ecological Framework has five levels, with community and organizations levels separated. For simplicity, we are presenting the version with four levels here.*

Tools

1. **Chapter 17. Analyzing Community Problems and Solutions | Section 4. Analyzing Root Causes of Problems: The "But Why?" Technique | Tools | Community Tool Box (ku.edu)**
   This chapter of the Community Tool Box offers in-depth guidance for why, when, and how to identify root causes, and includes a discussion guide for identifying root causes in the "tools" subsection.

2. **How to Plan and Conduct Interviews | Evaluation Toolkit (cottagehealth.org)**
   This resource provides background and guidance on designing and conducting interviews with "key informants" or stakeholders. The "Collect Evaluation Data" section of their toolkit also includes information on conducting surveys and focus groups.

G. Identify and Evaluate Potential Strategies

Exhibit C of the NC MOA describes the next step as one where local governments will "identify potential strategies to address root causes or other aspects of the opioid epidemic; identify these strategies (by letter or number) on EXHIBIT A or EXHIBIT B and consider the effectiveness of each strategy based on available evidence. Identify and evaluate potential strategies."

Think of Exhibit A and Exhibit B as menus of options to select from. As you look through these "menus" of opioid abatement strategies, think about the issues each strategy addresses and how the implementation of each strategy might impact the root causes identified in your community. Remember that opioid settlements funds will be paid out to local governments over 18 years. The process of collaborative strategic planning provides community members an opportunity to think long-term about building or enhancing the infrastructure necessary to prevent opioid overdoses. As you begin to narrow down options and weigh the effectiveness and evidence behind each strategy available to you, create a shorter list of strategies for your community to consider.

As you put together your lists, make detailed note of whether strategies are presented in Exhibit A or B, the number or letter associated with it, and the name of the strategy. (Helpful hint/preview: You will need to carry this information forward through each of the remaining steps in the process and eventually into your local spending authorizations resolutions and reporting). For example, potential strategies under consideration may be written like this:
- Exhibit A, Strategy 3, Recovery Support Services
- Exhibit B, Part 2, Category F, Strategy 3, CME on Appropriate Prescribing of Opioids

Remember: All of the strategies in Exhibit A also appear in some form in Exhibit B. We strongly recommend that when a strategy appears in both places, you select the strategy in Exhibit A **if** it accurately describes the strategy your community would like to pursue. If you are unsure, get in touch with OSTAT. There are many tools and resources available to local governments seeking to implement Exhibit A strategies and selecting Exhibit A strategies can simplify reporting.

Also make note of how you think this particular strategy would be effective in addressing which specific identified root cause in your community.

Note: Sometimes, planners choose a strategy first and then use the planning process to justify that strategy. However, strategy selection in collaborative strategic planning should be guided by your understanding of the problem and root causes in your community and your collective desire to address these root causes, not the other way around. It is best to go through the collaborative strategic planning process with an open mind and with the understanding that the process is designed to lead you to choose opioid abatement strategies that address the root causes of opioid overdose in your specific locality effectively.

As noted earlier, completing the collaborative strategic planning process as described in Exhibit C allows local governments to select strategies in Exhibit B. However, you may come to realize that the focused list of strategies in Exhibit A not only sufficiently addresses the root causes you identified, but may also be simpler to implement and report. Either outcome is acceptable.

Examples of Root Causes and Paired Strategies

The following are some examples of pairing root causes with potential strategies, using the template from the Exhibit C Collaborative Strategic Planning Worksheets. Note that these examples cover both Exhibit A and Exhibit B strategies and the root cause(s) or aspect(s) they address.

What is the root cause or aspect of the opioid overdose epidemic to be addressed? ROOT CAUSE EXAMPLE: *Low community awareness of and access to ways to reduce overdose deaths*			
Exhibit A or Exhibit B	**Number and/or Letter**	**Strategy Name**	**How do you know that this strategy will be effective at addressing the root cause/aspect mentioned above?**
A	*7*	*Naloxone distribution*	*Providing naloxone to people who use drugs and their social networks, along with education on when and how to use naloxone, will increase the chances that naloxone will be available and used to reverse an opioid overdose when it happens*
B	*H7*	*Public education relating to Good Samaritan laws*	*Improving public awareness of Good Samaritan laws and protections will increase the likelihood that someone witnessing an overdose will call 911*

What is the root cause or aspect of the opioid overdose epidemic to be addressed? ROOT CAUSE EXAMPLE: *Low access to safe and affordable housing for people (especially those with drug-related convictions) contributes to "revolving door" for jails and treatment centers*			
Exhibit A or Exhibit B	**Number and/or Letter**	**Strategy Name**	**How do you know that this strategy will be effective at addressing the root cause/aspect mentioned above?**
A	*4*	*Recovery housing support*	*Providing housing to people in recovery will help prevent return to unsafe environments and will make it easier for them to pursue other activities, such as employment, that contribute to sustained recovery*
A	*12*	*Reentry programs*	*People leaving incarceration experience particular challenges obtaining documentation and completing other steps required to get safe and affordable housing. Programs*

			providing tailored reentry support to people leaving incarceration can ease the burden of these challenges and therefore facilitate the securing of housing.
B	*C6*	*Training for emergency room personnel*	*Training emergency room personnel on effective post-discharge planning for people who have experienced an opioid overdose will improve connections to housing and other supportive services.*

What is the root cause or aspect of the opioid overdose epidemic to be addressed? *ROOT CAUSE EXAMPLE: Programs and organizations that provide services to people affected by the opioid overdose epidemic do not communicate/collaborate/coordinate enough – people who need help fall through the cracks*			
Exhibit A or Exhibit B	**Number and/or Letter**	**Strategy Name**	**How do you know that this strategy will be effective at addressing the root cause/aspect mentioned above?**
A	*1*	*Collaborative strategic planning*	*A full-time coordinator will bring together groups/organizations/agencies working with this population and encourage them to communicate and coordinate more. Ongoing collaborative strategic planning will continue to identify resources and gaps in our response to the opioid overdose epidemic.*

Tools

1. **[Strategy-Specific Resources (for Exhibit A) – North Carolina Opioid Settlements (ncopioidsettlement.org)](ncopioidsettlement.org)**
   CORE-NC provides resources specific to strategies approved under Option A, including implementation guides, toolkits, policy briefs, and opportunities for education.

For additional guidance and examples from other communities, see resources in Appendix B.

H. Identify Gaps in Existing Efforts

Once you and your stakeholders have created a shorter list of potential strategies, you must complete the following step: "for each potential strategy identified (or for favored strategies), survey existing programs, services, or supports that address the same or similar issues; and identify gaps or shortcomings. Report on survey of and gaps in existing efforts."

This step in the collaborative strategic planning process builds on the information that you have already gathered about the opioid overdose epidemic in your community. This is a chance to take a step back and inventory what efforts are already underway in your community and see where there are gaps.

There are three main components to a gap analysis:

1. **Identify the existing programs and services in your community**. It is important to get the perspectives of service providers and community members, particularly those with lived experience of drug use.

Service providers may be aware of more programs and resources than community members are. Community members can provide valuable information on which services are truly accessible to them and which are most helpful for meeting their goals.

2. **Describe the desired future state of programs and services in your community.** What do service providers wish they could do more of or less of? What do community members think would be the most useful combination of resources for them? What barriers do providers and community members want to get rid of? What additional or alternative approaches would be valued in your community?

3. **Identify where there are gaps between the present and the desired future state.** Compare the existing efforts and the desired future state and identify the gaps between them. What gaps in services or resources stand in the way of people accessing care that would improve their health and the health of the community as a whole?

Use the Exhibit C Collaborative Strategic Planning Worksheets to record the existing resources and gaps in services for each potential strategy.

Tools

1. **Tool 1: Community Capacity Inventory | Community Tool Box (ku.edu)**
   This list of types of community resources is a great place to start identifying the kinds of organizations that may be leading existing programs, services, and supports related to the opioid overdose epidemic.

For additional information about assessing community needs, see Appendix B.

I. Prioritize Strategies

Once you've identified potential strategies and assessed gaps in services, your local government must "prioritize strategies, taking into account your shared vision, analysis of root causes, evaluation of each strategy, and analysis of gaps in existing efforts. Report on prioritization of strategies."

At this stage in the collaborative strategic planning process, review the information you have gathered so far and developed in earlier steps and revisit your list of potential strategies from Step G (Identify and Evaluate Potential Strategies). As you begin deliberation over which strategies to recommend for funding, consider the following questions:

Do these strategies…
- align with our shared vision?
- have the potential to save the most lives amongst the folks who are most impacted by overdose in our community?
- have evidence to support their potential effectiveness?
- address the root causes we have identified in our community?
- span multiple levels of the social ecological framework to have the most impact?
- duplicate efforts that are available elsewhere or funded in other ways?
- fill a gap in community services?

- meet an urgent need in our community? Are community members who most need these services asking for them?
- seem feasible given our community's capacity, partnerships, political will, etc.?

Discuss these questions with stakeholders as you consider how to rank the opioid abatement strategies. Answers to these questions can help guide your group through the prioritization process. The tools below can be helpful to process your discussions and to visualize decision-making. The tools can also help clarify the answers to the key questions listed above.

Note: If a strategy is a priority for your community, it is important to include it in your list of priorities even if you think you will not be able to fund it right away with opioid settlement funds. The collaborative strategic planning process is meant to identify your community's needs and potential strategies to serve as a guiding document for opioid abatement work in your community, whether funded by opioid settlement funds or in some other way.

On the Exhibit C Collaborative Strategic Planning Worksheets, you will need to list your prioritized strategies in the tables under the next step, "J. Identify goals, measures, and evaluation plan."

## Tools

1. **SWOT Analysis**
   A SWOT analysis categorizes organizational operations by strengths, weaknesses, opportunities, and threats and can be used to analyze opioid abatement strategy options. The Minnesota Department of Public Health provides a helpful overview on what a SWOT analysis is, how to conduct a SWOT analysis, and what to consider about your findings. This Action SWOT Analysis guide from the Public Health Foundation goes a step further to help you identify what actions to take based on your SWOT analysis.

2. **Impact-Feasibility Matrix**
   This tool can help your community to prioritize strategies. The Impact-Feasibility Matrix tool from the Social Innovation Toolkit by Net Zero Cities provides instructions on how to facilitate a session to complete and interpret an impact-feasibility matrix.

Impact-Feasibility Matrix

3. **Ranked Choice and Dot Voting**
   Prioritizing through voting is a simple and effective option for ranking strategies. Ranked choice questions ask participants to order their choices from most to least desired, or to rank their top few choices in order. This approach gives more information about what's most important to people than does
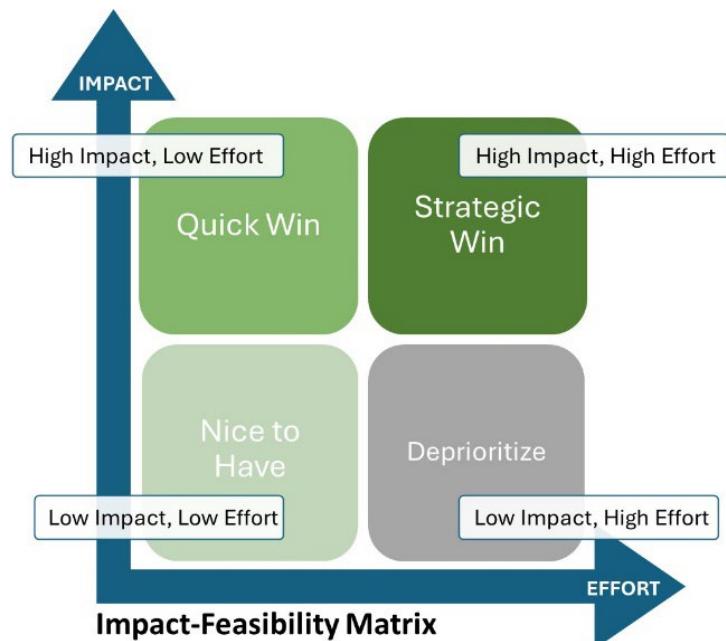
simply rating how important or appropriate each strategy is. This article from Qualtrics provides some guidance on designing a ranked voting process.

Dot voting is a simplified version of ranked choice voting, where participants have to choose their top few priorities and sometimes their bottom few priorities by putting physical dot stickers next to the options on a physical copy of the strategies, e.g., a flip chart. Dot voting is quicker and requires less preparation or analysis than ranked choice voting, but you lose information on what's most important vs. 2nd or 3rd most important to people. Also, because people can see each other's dots, voters' choices may be influenced by people who voted before them.

For additional information about methods for ranking and prioritizing community initiatives, see Appendix B.

J. Identify Goals, Measures, and Evaluation Plan

This stage of collaborative strategic planning requires that for each strategy prioritized you "develop goals and an evaluation plan that includes at least one process measure (How much did you do?), at least one quality measure (How well did you do it?), and at least one outcome measure (Is anyone better off?) Report on goals, measures, and evaluation plan for each chosen strategy."

During this step, your team develops goals and an evaluation plan for each of the strategies that were selected in the previous Step I. Remember to focus on *why* each strategy was prioritized as you consider your goals. What do you hope to accomplish by implementing these specific strategies?

1. **What is the goal of each strategy?**
It can be helpful to utilize the "SMART" framework when defining a goal. SMART stands for…

- **Strategic:** Goals should be focused on mitigating the opioid overdose crisis and improving community well-being. (e.g., reduction in opioid overdose rates, increase in opioid use disorder treatment provision, decrease in family separation related to opioid use).

- **Measurable:** Goals should be measurable – not just theoretically, but something you and your team or community can actually measure. How will you know where you are starting from (baseline) and whether you are making a change? (e.g., percentage change in rates, number of facilities offering treatment, number of families receiving services) Do/could you have data sources available?

- **Ambitious:** Goals should be ambitious enough to make a real difference – maybe even a "stretch" to achieve.

- **Realistic:** Goals should show consideration for actual resources and capacity, as well as stay within the bounds of the NC MOA and local, state, and federal laws.

- **Time bound:** Goals should have a clear deadline. (e.g., by 2030)

Remember that each strategy prioritized and selected in the previous step will require its own goal.


Some examples of SMART goals could include:
- By 2028, Cardinal County will have an operational PORT program that attempts follow-up on at least 75% of non-fatal overdose calls.
- By 2026, Dogwood County will offer all FDA-approved medications for opioid use disorder in its detention center.
- By 2030, there will be a 25% reduction in fatal overdoses in Plott Hound County.

2. What measures will be used to answer the evaluation question?

Once you have defined a goal for each identified strategy, you will need to decide what measures to use to track progress toward these goals.

The NC MOA requires your local government to report annually on at least three measures for each funded strategy. Therefore, the strategic planning process should identify at least three measures for each prioritized strategy. Measures should be based on the following evaluation questions, with at least one measure in each category:

Process	How much did you do?
Quality	How well did you do it?
Outcome	Is anyone better off?
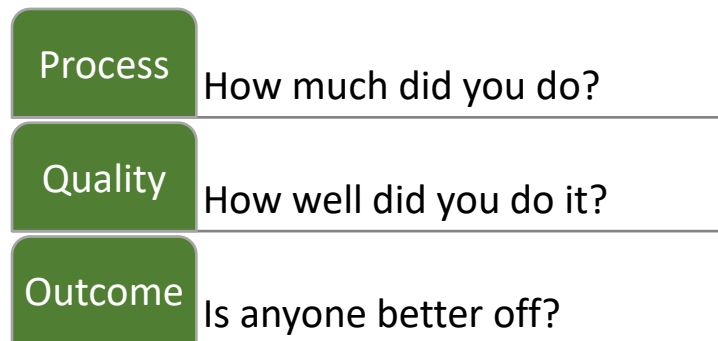
Process measures usually count or "quantify" the services provided or the work done by the team, so you know how much you did. Some examples of process measures are:
- Number of people with opioid use disorder served
- Number of referrals to housing support
- Number of peer support specialists hired
- Number of naloxone kits distributed
- Number of community advisory board meetings held

Quality measures dig deeper to explore how well the services were provided. These are often (but not always) percentages of a desired thing. Some examples of quality measures are:
- Percentage of participants who are satisfied with the services provided
- Percentage of referrals to Office-Based Opioid Treatment (OBOT) services that resulted in a first appointment attended
- Percent of planning committee members with lived experience

Outcome measures help you understand if anyone is better off as a result of the program or project. Outcomes can be measured at the program or population level. Some examples of outcome measures are:
- Number of people with opioid use disorder who stay in treatment for 6 months or more
- Percent of participants with opioid use disorder who report increased social connections
- County unemployment rate (population level)
- County overdose death rate (population level)

CORE-NC has developed an Impact Report Measures Workbook that most counties will use to complete their required annual impact reports. For each Exhibit A strategy, there are suggested process, quality, and outcome measures, as well as space to report your own measures. This workbook is a great place to start by looking at the suggested measures and selecting ones that link to your goals.

Note that at a minimum you are required to provide only ONE measure per category (process, quality, and outcome), but the more measures you collect, the better you will be able to understand the progress your community is making – or where you may need to pay more attention or adjust your approach.

3. Where will you find the information to answer the evaluation questions?

Because your local government will be required to report on the measures for any funded strategies each year, it is important to plan for where you will find the information to report (data). By planning ahead, you can make sure the data is available when you need it.

Some data will come directly from program implementers (departments, agencies, and organizations). You will mostly likely need to work with the program administrators or coordinators to get these data.

These data sources might include:

- Enrollment logs
- Referral forms
- Satisfaction surveys
- Naloxone supply logs

Other data will come from publicly available sources. The state of North Carolina maintains several resources that can be helpful, especially for population-level outcome measures. These resources include:

- NC Department of Health and Human Services NC Opioid Overdose Epidemic Data
- NC Department of Commerce Labor Market Data & Tools

Together, your goals, measures (process, quality, and outcome) for each goal, and data sources for each measure constitute your evaluation plan.
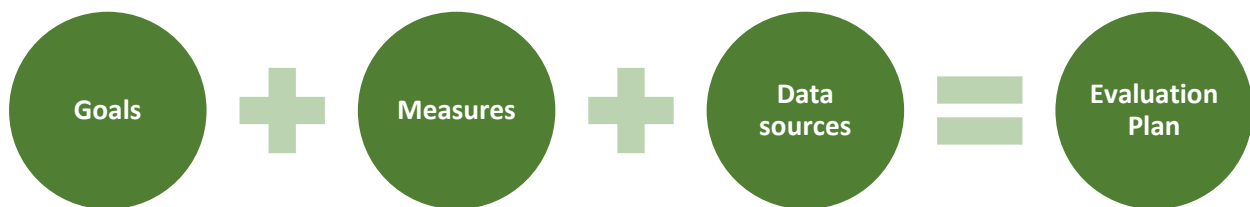
Use the J tables in the Exhibit C Collaborative Strategic Planning Worksheets to report your prioritized strategies, goals, measures, and data sources. **Complete one table for each prioritized strategy.**

Tools

1. **SMARTIE Goals Worksheet – The Management Center**
   This worksheet from the Management Center presents SMARTIE goals, which add equity and inclusion as components of goal setting.

2. **Impact Report Measures Models – NCACC OSTAT (ncacc.org/opioidsettlement)**
   These measures models were designed to help local governments report on process, quality, and outcome measures associated with the planning and implementation of opioid abatement strategies.

3. **Opioid Settlement Principles Resource and Indicators (opioidprinciples.jhsph.edu)**
   This interactive tool suggests population-level indicators as a starting point for local government considering what to track or monitor when implementing activities or programs supported by opioid settlement funds.

For additional information on evaluation planning, see the resources in Appendix B.

K. Consider Ways to Align Strategies

Along with setting goals and making evaluation plans, "for each potential strategy identified (or for favored strategies), consider opportunities to braid opioid settlement funds with other funding streams; develop regional solutions; form strategic partnerships; or to pursue other creative solutions. Report on opportunities to align strategies as described."

This step offers an opportunity to think critically about how you might leverage resources and sustain the prioritized strategies, even beyond settlement funds. Consider the following questions for each prioritized strategy:

- What opportunities exist to leverage settlement funds with other funding streams to implement and sustain the strategy?
  - What other funding sources (local, state, federal, foundation) exist that support similar goals?
  - What about ones that focus on the same population (e.g., people who use drugs, people who are justice-involved, parents and caregivers)?
  - What are limitations on other funding streams that do not exist for opioid settlement funds?
  - What restrictions on settlement funds might encourage pursuing other funding for that prioritized strategy?
  - Are there other grants with match requirements that you could use settlement funds to meet?

- How could a regional approach be used to implement and sustain this strategy?
  - What regional collaborations already exist (e.g., for planning, healthcare, economic development)?
  - How might the proposed strategies fit into broader efforts?

- Are there partnerships that could be developed or leveraged to aid in strategy implementation and sustainability?
  - Who else is doing similar or related work in your community? Nonprofits? Other agencies?

- What agencies or organizations manage services or infrastructure related to root causes and abatement strategies? (E.g., housing, transportation, local hospitals, EMS)

For additional information about braided and blended funding and sustainability planning, see Appendix B.

L. Identify Organizations

To prepare to move from planning to action, a key step in the collaborative strategic planning process is to "identify organizations and agencies with the responsibility to implement each strategy; and identify the human, material, and capital resources to implement each strategy. Identify organizations and needs to implement each strategy."

For each of your community's prioritized strategies, think about what resources will be needed and determine which organizations could provide these resources. This step is intended to provide somewhat of a catalog of organizations that could have a role in potentially supporting the implementation of that prioritized strategy – it should not be taken as a commitment to fund a specific organization. Remember that the recommendations from the collaborative strategic planning process are non-binding, and your local governing body will need to authorize any spending for any organizations. Even if you plan to select organizations based on an eventual RFA process, it could be helpful to name some potential recipients of the funding.

When identifying potential organizations, consider the following questions:

- Are there organizations in the community that have experience in implementing the types of programs or services that are provided through the strategy?

- If there are organizations in the community that are providing programs or services to people impacted by opioid use disorder, to what degree are people with lived and living experience satisfied with those programs or services? How do you know? If you don't know, how could you find out?

- Are the appropriate organizations already part of the collaborative strategic planning process? If not, are they willing to engage? How could you involve them in the collaborative strategic planning process as early as possible to ensure the organizations' buy-in to the plan and the plan's fit for their capacity?

- Are multiple organizations going to be responsible for strategy implementation? If so, how will each organization's roles and responsibilities be clearly delineated?
  - Will one organization serve as a backbone organization, with other groups supporting the work?
  - Will different organizations be responsible for different strategies?
  - What supports do identified organizations need from other community groups in order to be successful? Are those groups ready to commit to providing those supports?

- To what degree will the organizations involve people with lived and living experience in the design and implementation of the strategy? Ideally, the organization's work with people with lived experience should be toward the right-hand columns of the Spectrum of Public Participation.

- Would organizations need to hire staff or otherwise develop human resources to implement the strategy?

- What material resources, such as supplies, equipment, space, etc., would be needed to implement the strategy?

- Will capital resources be required to implement the strategy? If so, what kind? How would you manage ownership and maintenance?

For each prioritized strategy, complete Table L in the Exhibit C Collaborative Strategic Planning Worksheets.

Tools

1. **Collaboration Multiplier | Prevention Institute**
   This tool can help clarify partners' strengths, priorities, roles, and contributions to the work. Check out both the Collaboration Multiplier document and the Collaboration Multiplier Analysis Worksheet available on this webpage.

See Appendix B for resources that may help identify collaborators.

M. Develop Budgets and Timelines

Collaborative strategic planning groups must "develop a detailed global budget for each strategy with anticipated expenditures, along with timelines for completing components of each strategy. Report budgets and timelines for each strategy."

Budgets and timelines should be developed during the final stages of the collaborative strategic planning process. Take the information gathered in the previous step (i.e., identified organizations and related resources) and answers to the guiding questions above to develop a timeline for each of your prioritized strategies. Note that this step will be essential when your local governing body develops and approves local spending authorization resolutions, since these resolutions must indicate dollar amounts for each strategy and start and end dates for the allocated funds for each authorized strategy.

For the purposes of your required Option B Report and Recommendations to be submitted to CORE-NC, you will need to submit a budget that summarizes anticipated expenses in each of the following budget categories, along with a description of how the funds will be spent: personnel, operating costs, contracted services, and other items. **Note that indirect expenses are not allowed under the NC MOA** (see FAQs about the NC MOA, #51).

Your local government or governing body may have more detailed budget templates and requirements. You should follow any guidelines and timeframes (e.g., fiscal years, number of years that can be approved at once) laid out by your governing body or local government administration (including legal and finance teams). If your local government finance department does not have a preferred budget template for you to use, you may wish to use the detailed budget template tool below to do your budget planning. Either way, you will then summarize that detailed budget in NCACC's Exhibit C Collaborative Strategic Planning Worksheets for reporting to CORE-NC.

Tools

1. **Strong Nonprofits Toolkit: Budgeting | Wallace Foundation**
   This toolkit has a report and recorded webinar for step-by-step guidance on how to develop a budget, as well as a budget template you can edit that includes formulas to make your calculations easier.

For additional information about writing a budget, see Appendix B.

N. Offer Recommendations

The last step in the collaborative strategic planning process described in Exhibit C is to "offer recommendations to local governing body (e.g., the county board, city council, or other local governing body). Report recommendations to governing body."

After you have done all the above consultations, deep thinking, analyses, decision making, and documentation, this step should be relatively simple! You can prepare to present the results of your collaborative strategic planning steps and your list of recommended prioritized strategies in a formal report in whatever format you choose, or simply share the completed Exhibit C Collaborative Strategic Planning Worksheets with your local governing body.

Whether you choose your own format or use the worksheets provided, we strongly encourage local governments to include a brief summary or list of all recommended strategies with Exhibit A or Exhibit B, category (if relevant), number, and name – either in an executive summary at the beginning or clearly at the end of the Option B Report and Recommendations.

Though it is optional, we also highly encourage you to share your draft Option B Report and Recommendations – particularly the Exhibit C Collaborative Strategic Planning Worksheets – with NCACC's OSTAT for review _before_ you present it to your local governing body. We can help you make sure each step of the process has been completed and reported as required by the NC MOA. You may send your draft to OpioidSettlement@ncacc.org.

Final Steps and Looking to the Future

You have now completed your collaborative strategic planning process. But wait – you're not quite done yet! Remember that to complete the process for selecting Option B, you must also **present the Option B Report and Recommendations to your local governing body** (e.g., Board of Commissioners or City Council) and **submit your report to CORE-NC within 90 days** of presenting it to the local governing body.

Note that the recommendations generated through your Exhibit C collaborative strategic planning process are non-binding, which means that the members of your local governing body can choose whether or not to fund the recommended strategies. They also do not need to authorize funding for a strategy right away – they can wait until a future budget year (see some exceptions below). Local governments do not have to spend opioid settlement funds in the year that they are received, since the funds do not expire.

Be sure to note the date and save the agenda with materials from the meeting at which you present your Option B Report and Recommendations to your local governing body, as this "starts the clock" on several things:

1. You have **90 days** after presenting to the local governing body to submit your Option B Report and Recommendations to CORE-NC via this website. Note that the Option B Report and Recommendations will be made public via the CORE-NC dashboards.
2. During the **one year** following presentation of the Option B Report and Recommendations to your local governing body, the body may authorize spending on any Exhibit A or any Exhibit B strategy.
3. During **years two through four** following presentation of the Option B Report and Recommendations to your local governing body, the body may authorize spending on any Exhibit A strategy, or any Exhibit B strategy that was recommended in the Option B Report and Recommendations and/or authorized in the one year following presentation of the Option B Report and Recommendations.
4. **After four years** have passed since presenting your Option B Report and Recommendations to the local governing body, your government must repeat the collaborative strategy planning process if the body wants to continue funding any Exhibit B strategy. Local governments may also undergo the collaborative strategic planning process more often, if desired.

For more details on these time limits, check out the NC MOA FAQs #78 and #78A.
As a final reminder, once the Option B Report and Recommendations have been presented to them, the local governing body may authorize funding by passing a local spending authorization resolution. A template and guidance for these resolutions are available on the OSTAT website. Do not forget to submit local spending authorization reports to CORE-NC via their website **within 90 days of board action**.

Congratulations! You have completed the collaborative strategic planning process and taken a huge step toward supporting effective and impactful programs to address the opioid overdose epidemic in your community.

Tools

1. **CORE-NC Reporting Overview**
   This page contains instructions and links to the portal for submitting Option B Report and Recommendations and the Exhibit C Collaborative Strategic Planning Worksheets. It also links to the portal for reporting local spending authorizations. Remember that all materials must be submitted **within 90 days** of board/council action and will be made public via the CORE-NC dashboards.

2. **Sample Spending Authorization Language for County Resolutions or Ordinances**
   Use this template to draft spending authorizations for your local governing body to consider and approve. Remember that your local governing body must indicate how your community intends to spend opioid settlement funds by passing a spending authorization **before** any funds are spent.

Appendix A: Exhibit C to the NC MOA

EXHIBIT C TO NC MOA:
COLLABORATIVE STRATEGIC PLANNING PROCESS UNDER OPTION B

	ACTIVITY NAME	ACTIVITY DETAIL	CONTENT OF REPORT & RECOMMENDATIONS
A	Engage diverse stakeholders	Engage diverse stakeholders, per "ITEM A DETAIL" below, throughout the collaborative strategic planning process	Report on stakeholder engagement per "ITEM A DETAIL" below
B	Designate facilitator	Designate a person or entity to facilitate the strategic collaborative planning process. Consider a trained, neutral facilitator.	Identify the facilitator
C	Build upon any related planning	Build upon or coordinate with prior or concurrent planning efforts that address addiction, drug misuse, overdose, or related issues, including but not limited to community health assessments.	Report any related planning efforts you will build upon or coordinate with
D	Agree on shared vision	Agree on a shared vision for positive community change, considering how strategic investments of Opioid Settlement Funds have the potential to improve community health and well-being and address root causes of addiction, drug misuse, overdose, and related issues	Report on shared vision for positive community change
E	Identify key indicator(s)	Identify one or more population-level measures to monitor in order to gauge progress towards the shared vision. (The NC Opioid Action Plan Data Dashboard contains several such measures.)	Report on the key indicators selected
F	Identify and explore root causes	Explore root causes of addiction, drug misuse, overdose, and related issues in the community, using quantitative data as well as stakeholder narratives, community voices, the stories of those with lived experience, or similar qualitative information	Report on root causes as described
G	Identify and evaluate potential strategies	Identify potential strategies to address root causes or other aspects of the opioid epidemic; identify these strategies (by letter or number) on EXHIBIT A or EXHIBIT B, and consider the effectiveness of each strategy based on available evidence	Identify and evaluate potential strategies
H	Identify gaps in existing efforts	For each potential strategy identified (or for favored strategies), survey existing programs, services, or supports that address the same or similar issues; and identify gaps or shortcomings	Report on survey of and gaps in existing efforts
I	Prioritize strategies	Prioritize strategies, taking into account your shared vision, analysis of root causes, evaluation of each strategy, and analysis of gaps in existing efforts	Report on prioritization of strategies
J	Identify goals, measures, and evaluation plan	For each strategy (or favored strategy), develop goals and an evaluation plan that includes at least one process measure (How much did you do?), at least one quality measure (How well did you do it?), and at least one outcome measure (Is anyone better off?)	Report on goals, measures, and evaluation plan for each chosen strategy
K	Consider ways to align strategies	For each potential strategy identified (or for favored strategies), consider opportunities to braid Opioid Settlement Funds with other funding streams; develop regional solutions; form strategic partnerships; or to pursue other creative solutions	Report on opportunities to align strategies as described
L	Identify organizations	Identify organizations and agencies with responsibility to implement each strategy; and identify the human, material, and capital resources to implement each strategy	Identify organizations and needs to implement each strategy

M	Develop budgets and timelines	Develop a detailed global budget for each strategy with anticipated expenditures, along with timelines for completing components of each strategy	Report budgets and timelines for each strategy
N	Offer recommend-dations	Offer recommendations to local governing body (e.g., the county board, city council, or other local governing body)	Report recommendations to governing body

ITEM A DETAIL: STAKEHOLDER INVOLVEMENT

	STAKE-HOLDERS	DESCRIPTION	CONTENT OF REPORT & RECOMMENDATIONS
A-1	Local officials	County and municipal officials, such as those with responsibility over public health, social services, and emergency services	Report stakeholder involvement (who and how involved in process)
A-2	Healthcare providers	Hospitals and health systems, addiction professionals and other providers of behavioral health services, medical professionals, pharmacists, community health centers, medical safety net providers, and other healthcare providers	same as above
A-3	Social service providers	Providers of human services, social services, housing services, and community health services such as harm reduction, peer support, and recovery support services	same
A-4	Education and employment service providers	Educators, such as representatives of K-12 schools, community colleges, and universities; and those providing vocational education, job skills training, or related employment services	same
A-5	Payers and funders	Health care payers and funders, such as managed care organizations, prepaid health plans, LME-MCOs, private insurers, and foundations	same
A-6	Law enforcement	Law enforcement and corrections officials	same
A-7	Employers	Employers and business leaders	same
A-8	Community groups	Community groups, such as faith communities, community coalitions that address drug misuse, groups supporting people in recovery, youth leadership organizations, and grassroots community organizations	same
A-9	Stakeholders with "lived experience"	Stakeholders with "lived experience," such as people with addiction, people who use drugs, people in medication-assisted or other treatment, people in recovery, people with criminal justice involvement, and family members or loved ones of the individuals just listed	same
A-10	Stakeholders reflecting diversity of community	Stakeholders who represent the racial, ethnic, economic, and cultural diversity of the community, such as people of color, Native Americans, members of the LGBTQ community, and members of traditionally unrepresented or underrepresented groups	same

Appendix B: Additional Reading and Resources

Introduction and Background

1. **Principles for the Use of Funds from the Opioid Litigation - Opioid Principles (jhsph.edu)**
    These five principles can help guide the process of identifying abatement strategies and prioritizing spending of opioid settlement funds in your community.

2. **North Carolina Opioid Settlements – CORE-NC – Collaborative Strategic Planning**
    This webpage links to a webinar along with other resources to better understand how collaborative strategic planning can be done in accordance with the NC MOA.

A. Engage Diverse Stakeholders

To learn more about **why it is important** to engage with people with lived and living experience, explore the following resources.

1. **Methods and Emerging Strategies to Engage People with Lived Experience: Improving Federal Research, Policy, and Practice (hhs.gov)**
    This resource from the US Department of Health and Human Services does a good job explaining what lived experience is and the different roles people with lived experience can take within overdose prevention initiatives.

2. **Chapter 7. Encouraging Involvement in Community Work | Section 7. Involving People Most Affected by the Problem | Community Tool Box (ku.edu)**
    This toolkit from Kansas University includes a TED Talk, which highlights what you can learn from listening to people most affected by an issue. The Community Tool Box, referenced throughout this document, provides excellent resources for community engagement.

To learn more about **how to engage** with people with lived and living experience, explore the following resources.

3. **Human Rights Toolkit: How to Engage People with Lived Experience - PAN (paninbc.ca)**
    This toolkit from PAN (formerly Pacific AIDS Network) provides information on how to be supportive to those with lived and living experience as you engage them in the work.

4. **Nothing About Us Without Us - Open Society Foundations (opensocietyfoundations.org)**
    This guide gives examples of how countries have successfully included people who use drugs in decision making processes. If you are ready to engage people with lived experience and living experience, but are not sure how to get them involved, this is a great resource.

5. **NC Drug User Health Resource Guide (ncdhhs.gov)**
    This guide lists organizations in North Carolina that are resources for drug user health. These organizations may be able to help you connect with people with lived and living experience.

6. **What is the Spectrum of Public Participation? | Sustaining Community**
    Public participation occurs with varying levels of engagement. *The Spectrum of Public Participation,* developed by the International Association of Public Participation, explains some different ways the community can be involved in planning or decision-making, and what these levels of engagement look like in practice.

INCREASING IMPACT ON THE DECISION

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

7. **From tokenism to empowerment: progressing patient and public involvement in healthcare improvement (BMJ Quality & Safety)** .
    Similar to the previous article, this article looks at levels of engagement and also suggests ideas for working with diverse stakeholders. Though it is academic, it has a good visual that shows different ways to engage community members in different areas of work.

To learn more about **how to engage all stakeholders** in your coalition, including how to recruit and retain them, explore the following resources.

8. **Principles Quick Guide to Creating a Settlement Council (naco.org)**
   The National Association of Counties (NACo) and Johns Hopkins Bloomberg School of Public Health developed this *Quick Guide* to help local governments form settlement councils that can assist elected officials decide how best to invest dollars from the opioid settlements. It's important to note that the *Quick Guide* was developed with the broad national settlements in mind. In NC, funding recommendations that are made as a result of the collaborative strategic planning process are nonbinding. All funding decisions are the responsibility of the local governing body (e.g., county or city council). Under the NC MOA, while the local governing body can accept recommendations it cannot delegate its decision making to another board or council.

9. **Community Assessment Section 5. Coalition Building I: Starting a Coalition (Community Tool Box, ku.edu)**
   The University of Kansas's Community Tool Box offers a detailed guide with many specific suggestions and ideas for how to recruit stakeholders and engage them effectively in the early stages of collaboration. Be sure to explore the Main Section, Checklist, Examples, and Tools sections of this chapter.

10. **Coalition Building Resources (Society for Public Health Education's Center for Online Resources & Education)**
    This site offers many tools that are useful for engaging key stakeholders, including several coalition start-up tools, as well as planning tools (such as examples of coalition roles and job descriptions) and coalition building tools (such as a skills inventory worksheet, stages of team building, meeting agenda template, coalition member gap analysis, coalition meeting checkup guide, and guidelines for helping plan meetings). Note that to access the tools in this guide, users must create a free account on the website.

B. Designate Facilitator

1. **Chapter 16. Group Facilitation and Problem-Solving | Section 2. Developing Facilitation Skills | Community Tool Box (ku.edu)**
   This chapter of the Community Tool Box provides helpful details on facilitating groups.

2. **Introduction to the Role of Facilitator: The expertise that supports a group to do its best thinking (UNC School of Government)**
   This resource describes and provides tips for the four roles of a facilitator: encouraging full participation, promoting mutual understanding, fostering inclusive solutions, and cultivating shared responsibility.

C. Build upon any Related Planning

1. **2024 North Carolina Community Health Assessment Guidebook** and NC DPH **Local Data Analysis and Support** **(LDAS) Resources**
   This guidebook and webpage contain guidance and resources on conducting community health assessments (CHAs), community health improvement plans (CHIPs), and state of the county health (SOTCH) reports submitted for local health department accreditation.

2. **Community Readiness for Community Change (colostate.edu)**
   If you do not have any plans to pull from or want to do you own, think about conducting a Community Readiness Assessment. Colorado State University Tri Ethnic Center for Prevention Research provides this guide that explains community readiness assessments and how to conduct and score them.

D. Agree on a Shared Vision

1. **Chapter 8. Developing a Strategic Plan | Section 2. Proclaiming your Dream: Developing Vision and Mission Statements | Community Tool Box (ku.edu)**
   Chapter 8, Section 2 of the Community Tool Box includes a definition and examples of vision statements, as well as information on why they matter and how to create them and use them in your work.

2. **Strategic Planning: A Collaborative Process (nursingmanagement.com)**
   This article highlights the importance of a vision statement and how a solid vision statement will guide your planning process. Accessing this resource requires an adobe.com account, which is free to create.

3. **How do you form a Common Agenda? - Collective Impact Forum (collectiveimpactforum.org)**
   This podcast from the Collective Impact Forum discusses how to create a common agenda and achieve shared understanding among stakeholders.

E. Identify Key Indicator(s)

1. **Chapter 3. Assessing Community Needs and Resources | Section 4. Collecting Information About the Problem | Community Tool Box (ku.edu)**
   The third chapter in the Community Tool Box explains how to assess community needs and gather the data you need.

2. **Opioid Settlement Principles Resource and Indicators (opioidprinciples.jhsph.edu)**
   This interactive tool suggests population-level indicators as a starting point for local government

considering what to track or monitor when implementing activities or programs supported by opioid settlement funds.

F. Identify and Explore Root Causes

1. **Opioid Crisis: No Easy Fix to Its Social and Economic Determinants | AJPH | Vol. 108 Issue 2 (aphapublications.org)**
   This article explores the roots causes and the social and economic determinates that lead us to the current phase of the overdose crisis – essential reading for anyone in this work!

2. **Root Cause Analysis for Beginners (ldh.la.gov)**
   This article from the Louisiana Department of Health explains Root Cause Analysis and gives examples of how to identify root causes.

G. Identify and Evaluate Potential Strategies

1. **FAQ about Option A strategies (NC Department of Justice)**
   This document answers common questions about NC MOA Exhibit A strategies, which can help your planning team to determine which strategy your proposed activities fit best under.

2. **Opioid Solutions: Approved Strategies (naco.org)**
   This guide from NACo provides strategy briefs with evidence-based examples of strategies listed in the national MOA (and those listed in Exhibit B of the NC MOA). Scroll through the "Strategy Briefs" section to view all available briefs.

3. **Evidence-Based Strategies for Abatement of Harms from the Opioid Epidemic**
   This report from the Harvard Medical School Blavatnik Institute for Health Care Policy looks at different high impact strategies and the evidence supporting each of them.

4. **Benefit-Cost Results: Substance Use Disorders | Washington State Institute for Public Policy (wsipp.wa.gov)**
   This benefit-cost tool explores the evidence base for programs that address substance use disorders, showcases the benefit to taxpayers and the costs of strategy implementation, as well as the chance that the benefits will exceed the cost. Please note this website was last updated in December 2023.

H. Identify Gaps in Existing Efforts

1. **The Principles: A Quick Guide to Conducting a Needs Assessment (naco.org)**
   This resource from the National Association of Counties and the Johns Hopkins Bloomberg School for Public Health outlines the steps needed for conducting a community needs

assessment. It contains real-world examples from counties across the country that have conducted needs assessments to inform their opioid settlement funds spending decisions. Be sure to check out the showcase on North Carolina's own Wake County!

2. **Chapter 3. Assessing Community Needs and Resources | Section 8. Identifying Community Assets and Resources | Community Tool Box (ku.edu)**
This chapter of the Community Tool Box focuses on why, when, and how to identify community assets and resources and who should be involved in identifying them.

I. Prioritize Strategies

1. **Chapter 38. Some Methods for Evaluating Comprehensive Community Initiatives | Section 3. Rating Community Goals | Community Tool Box (ku.edu)**
This chapter of the Community Tool Box provides information about methods for ranking and prioritizing community initiatives.

J. Identify Goals, Measures, and Evaluation Plan

1. **Chapter 36. Introduction to Evaluation | Section 1. A Framework for Program Evaluation: A Gateway to Tools | Main Section | Community Tool Box (ku.edu)**
This chapter from the Community Tool Box explores program evaluation.

2. **Developing an Effective Evaluation Plan: Setting the Course for Effective Program Evaluation (cdc.gov)**
The CDC takes an in-depth look at creating an evaluation plan.

3. **EvaluACTION | VetoViolence (cdc.gov)**
This website further explains the CDC resource above and provides guidance for groups on completing an evaluation plan.

4. **Results Based Accountability (RBA) Training – Clear Impact (clearimpact.com)**
Clear Impact has several overviews around results based accountability trainings. The RBA 101 workshop with Mark Friedman is a little dated at this point, but a good place to start.

K. Consider Ways to Align Strategies

1. **Braided and Blended Funding | National Association of County & City Health Officials**
This NACCHO brief document explains what braided and blended funding are, and the benefits and challenges of these approaches. It also includes two case studies.

2. **Sustainability Planning Guide | CDC's Healthy Communities Program**

This is an in-depth CDC guide to planning for sustainability of a coalition's work to support healthy communities. Its strategy summaries may be useful in helping think about sustainability for opioid abatement work, and the detailed guide may be useful for ongoing sustainability planning.

L. Identify Organizations

1. **NC Drug User Health Resource Guide (ncdhhs.gov)**
   This guide catalogs regional resources across North Carolina and could be helpful in identifying organizations doing related work within and around your area.

2. **Syringe Services Program in North Carolina | NCDHHS (ncdhhs.gov)**
   This directory from NCDHHS will help you determine if there is a syringe services program (SSP) serving your area.

3. **NC Department of Health and Human Services (NC DHHS): LME/MCO Directory (ncdhhs.gov)**
   The LME-MCO directory from NC DHHS helps you identify which LME-MCO covers which counties in NC.

M. Develop Budgets and Timelines

1. **Chapter 43. Managing Finances | Section 1. Planning and Writing an Annual Budget | Main Section | Community Tool Box (ku.edu)**
   This chapter of the Community Tool Box takes an in-depth look at planning and writing an annual budget.

Contact Information

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Opioid Settlements Technical Assistance Team

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www.ncopioidsettlement.org