Addressing Substance Use Disorders (SUDs) In Your Community

How To Launch and Lead a Successful Community Collaboration

Substance abuse disorders (SUDs) impact people in communities across the country. In response, many communities have found great success in forming **community collaborations**, which are groups of individuals and organizations that work together to address the impacts of SUDs.

This guide provides introductory information on how to launch and lead a community collaboration in your area. When done well, community collaborations can be an incredible resource in preventing, treating, and managing the impacts of SUDs.

What is a community collaboration?

A community collaboration is a group of people who come together to work on achieving shared goals. In the case of SUDs, these are individuals and representatives of organizations working to reduce incidences of SUDs—and related overdoses and deaths—across a community. The most effective collaborations involve members from diverse perspectives, including various sectors, demographics, and lived experiences.

Why would we need a community collaboration?

As the saying goes, "it takes a village." Reducing SUD-related deaths in a community can be challenging and complex work. There are numerous moving pieces, and the most successful approaches are informed by individuals who view the challenge and potential solutions from different perspectives. Working in partnership with others, you are better equipped to tackle larger challenges and have a greater likelihood of success.

Note: The intent of this piece is to provide introductory information on launching and leading a community collaboration. It borrows heavily from the Substance Abuse and Mental Health Services Administration (SAMHSA) publication Engaging Community Coalitions to Decrease Opioid Overdose Deaths Practice Guide, The Prevention Institute's Developing Effective Coalitions: An Eight Step Guide and Community Tool Box (specifically Chapter 5, Section 5: Coalition Building I and Chapter 13, Section 11: Collaborative Leadership). These source materials provide extensive information on forming community collaboratives; readers are encouraged to consult them for additional details.

A community collaboration can:

- Pool resources
- Plan and launch community-wide initiatives
- Develop or influence goals, policies, procedures or services provided
- Increase communication among key groups/partners; break down stigma and stereotypes
- Revitalize the energies of members of groups who are trying to do too much alone
- Build and empower community around substance use disorder
- Ensure policies, procedures, and services are optimally designed to meet the full spectrum of needs present within the community

While community collaborations can be incredibly powerful, they require resources—money, people, knowledge, skill, sustained focus, and more—to launch and maintain. Before forming one consider the following questions:

- Can the issue be better addressed if all concerned parties are working together and will a community collaboration help to accomplish that purpose?
- Will a collaboration increase the likelihood that all the factors impacting the issue are identified and addressed?
- Will a collaboration increase the coherence, strength, and effectiveness of the community's response to the issue?
- If the community already has a number of collaboratives, is another the best response to this issue? Could partnering with an existing collaborative be an effective option?

How do I go about creating a community collaboration?

Creating a community collaboration takes time. The following suggestions will help get your community collaboration off to a great start.

Assemble a core group of people. Look for individuals who have personal or professional knowledge about SUDs and who can see the value in a collaborative. Often, the tendency is to recruit individuals with professional knowledge or expertise in SUDs. These individuals and organizations are vital and highly beneficial. And so are the perspectives of people who have other experiences with SUDs—perhaps they had or have a SUD themselves, have or had a family member or loved one with a SUD, or who work with communities who have been impacted by drug overdoses. Aim for a mix of professional experts and people with lived experiences.

Reach outside your network. The advice is often to assemble a 'coalition of the willing,' but in doing so, your efforts risk being limited to simply a coalition of the willing that you know. Use the checklist provided in Appendix D for ideas on whom to invite into the collaboration.

Conduct a community assessment. As your collaboration gets started, you will need to understand the existing landscape: what is already being done in your community around SUDs and what else would be valuable. This information is essential as you launch your collaboration because it will inform: (a) whether a community collaboration is needed, (b) if so, what its goal(s) should be, and (c) what perspectives you need at the table. The following table can provide guidance:

Focus	Guiding Questions	Information Sources

Existing Services	• What are existing services for people at higher risk of drug overdoses in the community?
	• What substance abuse treatment services are available?
	  ◦ Recovery support?
	  ◦ Social services?
		• Speak with community members about available services, including:
		  ◦ People with lived experiences, including people who use drugs
		  ◦ Recovery support service providers
		  ◦ Treatment providers
		• Search online for community resources
		• Community Health Needs Assessments (CHNAs) already conducted by hospitals or community-based behavioral health clinics

Gaps or Possible Add	• What are the most pressing gaps between existing services and those needed? • What services have peoplea t higher risk of overdoes sought out and haven't been able to find? • What are the greatest needs expressed by community experts? • What populations are underserved?	• Speak with community members about service needs • Recovery support service providers • Staff at harm reduction agencies • Treatment providers

Create a charter. When beginning your collaboration, one of the most important things you can do is clarify what you're trying to accomplish with the collaboration. This can take a few tries, but a written charter can help. A charter is a document that spells out your collaboration's goals and agreements. There are no rules as to what goes into a charter, but it often provides direction on several things:

- Goals, purpose, and values
- Member responsibilities/expectations
- How your group approaches equity (in the design and execution of goals, but also the collaborative's composition)
- The collaboration's structure (i.e., sub-committees, etc.)
- How decisions are made
- How revenue, financial, and/or budgeting decisions are recorded, monitored, and/or shared with the group
- Meeting frequency, mode (i.e., virtual, hybrid), location, and how notes/decisions are documented
- What is considered private and confidential in meetings (i.e., photos and recordings), and if/how sensitive content is shared
- How, if at all, members are compensated
- Conditions upon which the group will dissolve (i.e., when goals achieved or upon majority vote, etc.).

Generating an initial draft of a charter can help with member recruitment but treat it as a draft and be willing to amend it. As you have discussions with others, its contents should become clearer and evolve to reflect the needs and preferences of the group.

Create norms. The charter is a great place to capture your group's norms, which articulate group expectations and desired behaviors. Thinking through key questions, such as those below, before the group encounters challenges will help the group successfully navigate difficult situations. Your norms might address:

- How the group will ensure that everyone has time to voice their perspective, opinions, and concerns
- How the group will work to avoid microaggressions, aggressions, stigmatizing language, etc.
- How differences in opinion will be handled
- How, when mistakes are made or principles of respect violated, missteps will be recognized, and repair sought in service to the group's collective connection
- How the group will ensure that everyone understands discussions, including the use of technical jargon, unfamiliar terms, and acronyms, and
- How the group will handle discussions that are incomplete at the end of a collaboration meeting.

As your group encounters challenging conversations and circumstances, turn to your norms to guide you. When things settle, be sure to make time to collectively evaluate the extent to which the norms were helpful and whether any changes may be needed.

Think outside the box. Get creative with your meetings. There is no one way to do this work. Think creatively with your fellow members to generate new ideas and open new avenues for action.

What's important when leading a community collaboration?

The leader of a community collaboration should focus on **managing the process, not the people**. The most successful leaders establish, maintain, and protect the collaborative process, enabling all members to fully participate and bring their best ideas and selves to the group's work. Individuals who assemble and/or lead a community collaborative are often very passionate about the group's goals. Learning to set aside their own needs, wants, and agendas so that they can, instead, ensure group members have what they need can take time and practice, but will ultimately lead to true collaboration and greater impact. See Appendix E for additional tips on effective leadership.

What challenges might we encounter in our community collaboration?

Any group attempting to accomplish important work together is likely to encounter challenges. There are a few common challenges your group might encounter:

Domination by the 'experts.' The perspectives of professionals working, in varying ways, to prevent drug overdoses are critical to your group's work. You'll undoubtedly need those individuals and organizations to be part of your group. And—particularly as your group gets started—they have the experience and knowledge that you need to leverage. However, there are community members who have lived experiences with substance use disorders (SUDs) who also need to be heard.

Oftentimes, community members with experiences around SUDs—perhaps people who had/have a SUD or who had a family member with a SUD, etc.—can feel their perspective is treated as secondary to that of the professional experts. Be sure to value, invite, and listen to the knowledge and perspectives of both those with professional and personal experiences with SUDs and/or drug overdoses. Your group needs both to do their best work. Reining in those who "believe they have all the answers" is often required.[1]

Inadequate connections to the community. If you don't have relationships with the community, the first step might need to be building some. Use the checklist in Appendix D for guidance on who to invite into your work as a member of your collaborative, advisor, or other capacity.

Limits on organizational/coordinating capacity. The more ambitious your collaborative's goals, the more administrative support you will need. Many collaboratives underestimate the amount of time it takes to coordinate the group's work, communicate effectively with members and external partners, and move the work forward. Depending on your goals, you may start out as an all-volunteer group but eventually require part- or full-time staff.

Insufficient funding. Reducing the incidence of SUDs and overdose deaths in your community is a significant effort that requires focused planning and coordination. It will very likely require financial resources. The more ambitious your agenda, the more likely you'll need to pay for a staff coordinator. You may also need funding to bring in consultants, facilitators, or trainers, or—depending on what you are asking of them—to pay collaborative members for their time.

Collaboration members don't feel like the collaboration is accomplishing much. Part of a leader's job is to generate and ensure progress toward both short-term and long-term goals. If everything is a long-term goal, members may feel that little value is being created today, and the collaboration isn't worth their time. Achieving short-term wins—such as forming new partnerships or completing key steps on the path to longer-term goals—can help members feel that the group's efforts are valuable and are adding up.

[1] https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coaltion/main

Sources

Center for Community Health and Development. (n.d.) Chapter 5: Coalition Building I and Chapter 13, Section 11: Collaborative Leadership. University of Kansas. Retrieved March 2024, from the Community Tool Box: https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coaltion/main and https://ctb.ku.edu/en/table-of-contents/leadership/leadership-ideas/collaborative-leadership/main.

Cohen L, Baer N, Satterwhite P. Developing effective coalitions: an eight-step guide. In: Wurzbach ME, ed. Community Health Education & Promotion: A Guide to Program Design and Evaluation. 2nd ed. Gaithersburg, MD: Aspen Publishers Inc; 2002: 144-161.

Substance Abuse and Mental Health Services Administration: Engaging Community Coalitions to Decrease Opioid Overdose Deaths Practice Guide. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2023.

Appendices

- Appendix A: Collaborative Readiness Assessment
- Appendix B: Collaborative Charter Template
- Appendix C: Sample Evaluation Questions
- Appendix D: Membership Checklist
- Appendix E: Community Engagement Dos and Don’ts
- Appendix F: SMARTIE Goals
- Appendix G: Sample Equity Statement

Appendices

Appendix A—Collaborative Readiness Assessment[2]

Overview of Community	
Population	
Total Population	
African American or Black (%)	
Latino/Hispanic (%)	
White (%)	
(other key demographic) (%)	
(other key demographic) (%)	
Overdoses (#/Rates per 100,000 population)	
Fatal Drug Overdoes	
Non-Fatal Drug Overdoses	
Medication for Opioid Use Disorder (MOUD)	
MOUD Providers (#)	
MOUD Prescriptions (#)	
Opioid Overdose Education & Naloxone Distribution (OEND)	
EMS	
Law Enforcement	
Overdose Prevention Specialists	
Local Prevention, Treatment, and Recovery Resources	
Persons with Use Disorder (PWUD) Peer Champions & Community Experts	

Collaboration History & Structure	
Name of Collaboration	
Name of Collaboration Lead	
Year Established	
Fiscal Agent	
Anchor / Lead Agency / Organization	
Collaboration Staff	
Program Manager	
Data Coordinator	
Other (position name)	
Workgroups and Champions	
Collaboration Mission	
Meeting Frequency	
Funders (Current)	
Funders (Past)	

Composition of Current Collaborative	
County Representatives	
Criminal Justice	
Jail/Prison	
Courts	
Police	
Probation/Parole	
(Other)	
Healthcare	
Behavioral Health	
SUD Treatment Providers	
MOUD Providers	
Hospitals	
Primary Care	
Maternal Health	
Pharmacies	
Other (position name)	
Emergency Response (EMS, Fire, etc.)	
Peer Organizations	
People with Lived Experiences (PWLE) & Loved Ones	
PWLE People with SUD(s) Family & Friends of People with SUD(s)	

Composition of Current Collaborative	
Government Agencies	
Local Prevention, Treatment & Recovery Resources/Organizations	
Elected Officials	
Faith-Based Organizations	
Housing	
Communications	
Local Media	
Other	
Local Businesses	
Veterans	
Does the collaborative membership accurately reflect the community demographics in terms of age, gender identity, sexual orientation, race, ethnicity, socioeconomic status, and other priority demographics?	
age	(Yes/To a certain extent/No)
gender identification	(Yes/To a certain extent/No)
sexual orientation	(Yes/To a certain extent/No)
race	(Yes/To a certain extent/No)
ethnicity	(Yes/To a certain extent/No)
socioeconomic status	(Yes/To a certain extent/No)
(other critical demographic)	(Yes/To a certain extent/No)
If only somewhat, what groups do we feel are missing, and how might we reach them with invitations?	
Does the collaborative reflect different municipal sub-units or geographic areas of the community?	
If not, who is missing, and whom might we consider inviting?	

Current & Past Evidence-Based Practices Implemented in the Community Address SUDs	
County	
Overdose Education & Naloxone Distribution	
Medications for SUDs	
Communications Channels, Campaigns & Press Coverage (Earned Media)	
County	
Website (URL)	
Social Media Channels	
Facebook	
Instagram	
X (Formerly Twitter)	
Current & Past Media Campaigns	
Earned Media Received (Examples)	
Collaborative's Access to Data & Ability to Share with the Public	
County	
Relationship with Medical Examiner	(Yes/No)
Relationship with County Coroner?	(Yes/No)
Utilize Overdose Detection Mapping Application Program (ODMAP)?	(Yes/No)
Existing Dashboard (on website, internal site, etc.)	

Appendix B—Collaborative Charter Template[2]

Collaborative Goal
Describe collaborative goal

Collaborative Priorities
Identify collaborative's priorities

Membership
List collaborative members and sub-committee members (if applicable).

Roles & Responsibilities
Describe the roles and responsibiliteis of the members/staff of the collaborative.

Committee/Sub-Committee Structures & Duties
If applicable, describe commttees/sub-committess that will support the work of the collaboration. List each of the committees, their composition, and goals.

Finances & Budgeting
Describe how financial decisions will be made, recorded, monitored and reported back to the collaborative.

Collaborative Operation Details

- **Meeting Frequency:** Describe frequency of collaborative meetings.
- **Meeting platform:** Describe where meetings will be held.
- **Agenda:** An agenda for each meeting is distributed by (who) at least (# days or hours) in advance of a meeting.
- **Facilitation:** Describe who will facilitate meetings.
- **Documentation:** Notes will be taken at all meetings to ensure transparency, clear communication, and follow-up. Notes will be shared by (who) within (# of days/hours) of the meeting.
- **Decision-making.** Describe how the collaborative will make decisions (i.e., consensus-based, how ties are resolved, etc.)

Communication Procedures
Describe how the collaborative will engage its members, communication protocols, etc.

Schedule of Meetings
List the collaborative committee/sub-committee meeting schedule(s). Note whether the meeting is in person, virtual or other.

Timeline & Milestones
Add a timeline and milestones.

Privacy & Confidentiality
Descirbe privacy and confientiality protocols (i.e., whether information shared at collaborative meetings is confidential, etc.)

Appendix C–Sample Member Evaluation[2]

The following are survey questions you might use in periodically surveying collaborative members about their experience with the collaborative.

Thinking about your work in this community collaborative, please rate your level of agreement with the following statements:					
	Strongly disagree	Slightly disagree	Neutral	Slightly Agree	Strongly Agree
I am committed to the work of the collaborative.	1	2	3	4	5
I can influence the decisions this collaborative makes.	1	2	3	4	5
This collaborative is effective in achieving its goals.	1	2	3	4	5
This collaborative can influence decisions that affect the community.	1	2	3	4	5
I am satisfied with the amount of influence I have over the decision that this collaborative makes.	1	2	3	4	5
Thinking about your work in this collaborative, please rate your level of agreement with the following statements. *(Note: The term "leaders" refers to the leadership of this collaborative.)*					
	Strongly disagree	Slightly disagree	Neutral	Slightly Agree	Strongly Agree
I am satisfied with the amount of influence I have over decisions that this collaborative makes.	1	2	3	4	5
The leaders guide the collaborative toward the accomplishment of its goals.	1	2	3	4	5
The leaders run effective meetings.	1	2	3	4	5
The leaders articulate the collaborative's vision.	1	2	3	4	5
The leaders encourage commitment to the collaborative process from collaborative members.	1	2	3	4	5
Comments:					

Appendix D—Membership Checklist[2]

Type of Organizations/Individuals	
People with lived experiences who can speak to needs, challenges, and preferences in their communities	
☐	People who are in recovery from substance use disorders (SUDs)
☐	People who are actively using opioids or other substances with potential for lethal consumption (i.e., methamphetamine or cocaine mixed with fentanyl)
☐	Family and network members of individuals who overdosed because of a SUD
☐	Peer organizations/collaboratives
Addiction treatment and recovery facilities	
☐	SUD treatment programs
☐	Settings providing medically managed withdrawal treatment or socially managed withdrawal treatment
Behavioral health treatment providers who are likely to implement evidence-based practices to reduce overdose deaths	
☐	Behavioral health treatment providers/facilities
Health systems, agencies, and health providers that are likely to implement evidence-based practices to treat with MOUD and to reduce overdose deaths	
☐	Hospitals (ERs and other divisions)
☐	Federally qualified health centers (FQHCs)
☐	Primary care practices
☐	Pain management clinics
☐	Maternal health practices (OBGYN, Planned Parenthood, etc.)
☐	Pharmacies
Emergency response units from municipal sub-units or geographic areas	
☐	EMS services
☐	Fire departments
Local law enforcement and/or criminal legal organizations	
☐	Jail/prison administrators
☐	Sheriffs
☐	District attorneys
☐	Narcotics units/squads
☐	Police (can be considered first responders)
☐	Drug or treatment courts
☐	Family courts
☐	Community supervision
Harm reduction services	
☐	Syringe service programs
☐	Mobile units

☐	Naloxone programs
Organizations that address social determinants of health, including social services and entitlement program service providers	
☐	Housing providers (public, private, hotels, etc.)
☐	Transportation outlets/providers
☐	Food insecurity organizations (e.g., food pantries, WIC)
☐	Employers (varying sizes)
☐	Education (public, private, school administrators, post-secondary, etc.)
Local service organizations, civic leaders, and other potential influencers	
☐	County administrators and supervisors
☐	Legislators and other elected officials
☐	Prevention resource centers and providers
Other key partners	
☐	Clergy and/or faith-based organizations serve affected areas of the community
☐	Media and health messaging resources and outlets
☐	Local advocacy organizations (including other local collaboratives)
☐	Victim services
☐	Local businesses, Chamber of Commerce
☐	Veterans and organizations that serve veterans
☐	Different municipal sub-units or geographic areas of the community
Organizations that support specific demographic groups	
☐	Specific age groups (i.e., youth, seniors, etc.)
☐	BIPOC communities
☐	LGTBQIA+ communities

Appendix E—Community Engagement Dos and Don'ts[2]

DO

Make time & embrace the process

Make time to think critically about how you are engaging the community, checking your bliases and assumptions, sharing power and taking the community's lead. Community engagement success lies in the process.

Be inclusive

Ask, "Who is int he room and who is not?" Having diverse perspectives is about creating the clearest possible picture of strengths needs, and solutions.

Build trust & deeper relationships

Make sure that roles & responsibilities are clear & decision-making processes are agree upon. Engaging community requires bringing ourselves and our identities to the table to build trusting relationships where engagement can thrive. Be vulnerable; share yourself.

Co-Create with shared power & decisions

Work with communities and share the power of decision-making. The community has expertise that is critical to the success of the program. Listen to what community members want and why before providing input and guidance.

Be a universally great communicator

Really, really *listen.* Be clear and don't use jargon. Use "I" statements. Be present.

Keep perspective and mess up gracefully

Remember we are here to save lives together and do less community harm by working with community. You're bound to mess up -- try to do so with grace.

Cultivate the space

Create space where marginalized voices are welcome, disagreement is embraced, and unspoken power dynamics are named.

DON'T

Ignore community engagement and give into stress

When we are stressed, we are prone to bad decisions and community engagement can take a back seat. But times that can cause stress are often the times to focus most on thoughtful engagement processes.

Force your agenda

Don't leverage your expertise over community experience. Check your assumptions, preconceived notions and solutions, and entitlement at the door. Show up to listen and udnerssatnd before offering guidance.

Take the path of least resistance

Confrontation and conflict are key aspects of growth and moving forward. Don't avoid them for the sake of your comfort. Ask tough questions of yourself, your team, and coalitions. Be okay with being asked tough questions.

Ignore important dynamics

Keep structural and institutional lenses in mind when working to solve problems and check yourself. Don't try and fix things or people. Don't take up too much space, and don't ignore power dynamics in the room.

Appendix E—Sample Equity Statement[2]

An equity statement, like the one below, can help ground and explain your collaborative's work, ensuring it is inclusive and just. Equity statements can serve as a helpful 'north star' for members of the collaborative—guiding discussions and the design and implementation of goals—and externally—as you recruit new members and engage the community, partners, and other audiences.

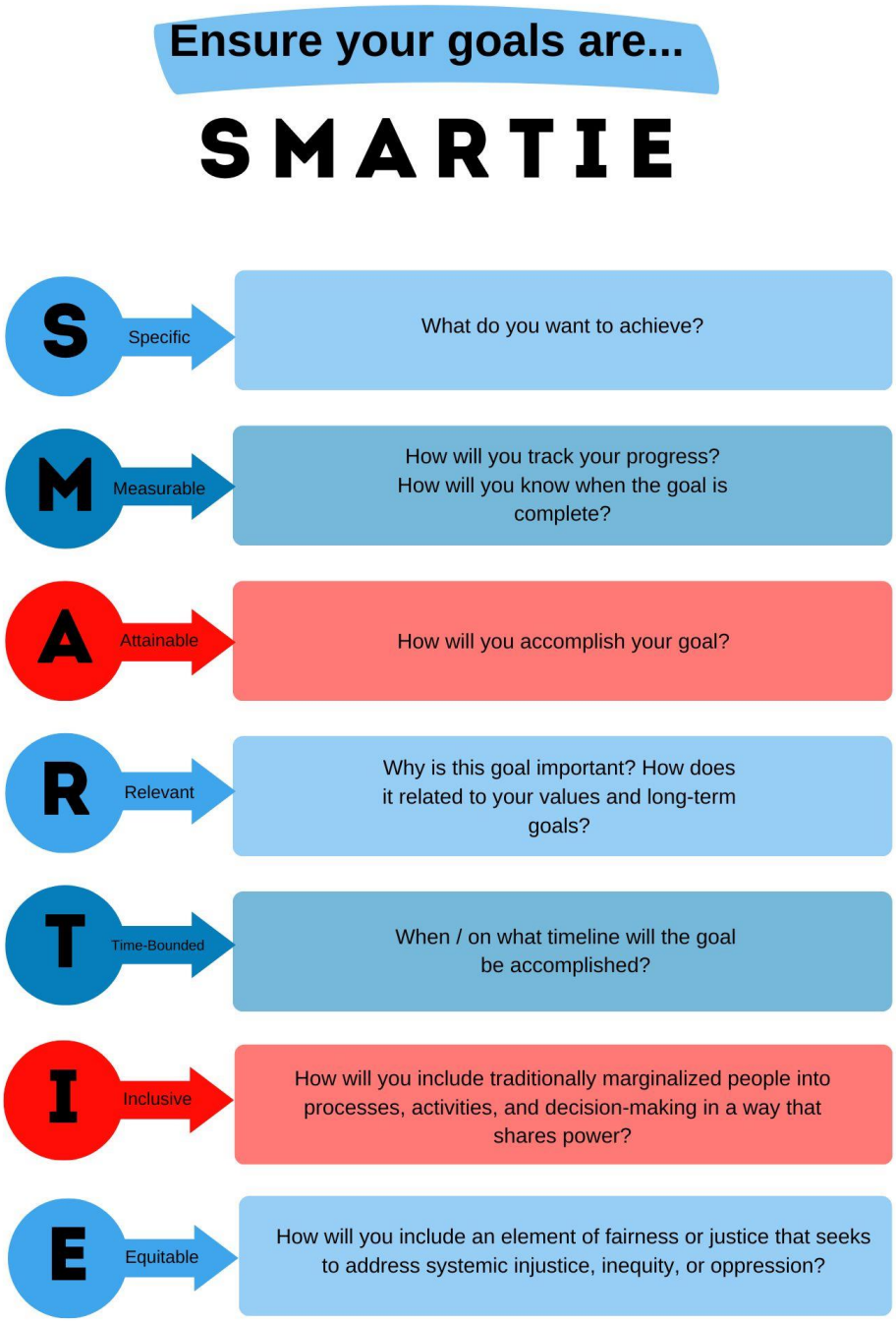
Example—

> *Our collaboration is committed to promoting and prioritizing racial equity for Black, Brown, and Indigenous individuals, as well as other people of color. We will strive to ensure equity, diversity, inclusion, and belonging when setting coalition goals and recruiting peer champions to be involved in or lead our efforts. We will be intentional about including Black, Brown, and Indigenous people, as well as other people of color, in the development and execution of our plans to ensure that all voices in our community are heard and that all community members have equitable access to the resources our collaborative develops.*

[2] Substance Abuse and Mental Health Services Administration: *Engaging Community Coalitions to Decrease Opioid Overdose Deaths Practice Guide*. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2023.

Appendix F—SMARTIE Goals[3]

The following questions can help ensure your collaborative's goals are SMARTIE: specific, measurable, attainable, relevant, time-bound, inclusive, and equitable.



[3] Source: American Academy of Pediatrics. *How to Write SMARTIE Objectives.* Retrieved March 2024 from: https://downloads.aap.org/AAP/PDF/SMARTIE-Objectives.pdf