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APPENDIX D. COALITION COMPOSITION ASSESSMENT TOOL

The foll	owing are recommended for members in a coalition to address opioid
overdo	se deaths.
	People with lived experience with opioid use disorder (OUD), particularly those that have experience with medications for OUD as a pathway to remission and recovery (e.g., peer support specialists, attendees of recovery meetings supportive of medications for opioid use disorder [MOUD], and those identified as key opinion leaders that support harm reduction efforts).
	People employed in the criminal legal sector (e.g., local jail employee, community supervision programs, drug court and law enforcement).
	People employed by agencies providing medication for OUD (e.g., prescribing providers, case workers/care navigators in MOUD providing agencies).
	People familiar with safe opioid prescribing, dispensing, and disposal (e.g., opioid-prescribing MDs, PA, and APRNs; pharmacists; pharmacy technicians and members of regulatory or prescription drug monitoring boards or programs).
	People familiar with local challenges and opportunities related to naloxone (e.g., local harm reduction staff, quick response teams, pharmacists, pharmacy technicians, and health department employees).
	People who are local opinion leaders and influential in local and organizational decision-making (e.g., local coalition chairs, local governmental leaders, and organizers of local community events and trainings).
	People involved in providing ancillary services relevant to remission and recovery from OUD (e.g., social support services and assistance programs).
	People involved in local emergency response (e.g., emergency management services, fire departments, police, quick response teams, and social work teams).
	Family and friends of people with OUD.
	People involved in monitoring or collecting local data relevant to OUD.
	Leaders and providers from healthcare settings.
	Members of faith-based communities.
	Members of cultural and traditional community groups.

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How might the curre	nt makeup of this coalition influenc	e decision-making?
Does the coalition ref race, and ethnicity? □ Yes □ Somewhat	Tlect county demographics with res	pect to age, gender, sexuality,
If no or only somewho	at, what groups do you feel are mis 5?	sing and how may we reach
adequate representa	st above, do you feel that the coalition from every sector on the *prior , and who might we consider invitir	ity list? ☐ Yes ☐ No
Name	Organization/role	Contact information
Name	Organization/role	Contact information
Name	Organization/role	Contact information
adequate coverage	lists above, do you feel that the coal for the areas listed that were not ma g, and who might we consider invit	arked with *s? □ Yes □ No
Name	Organization/role	Contact information

Continued

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·	currently make up the coalition hav ving on the coalition?	e the necessary time to commit
☐ Yes, all do ☐ Son	ne do, but others may not 🏻 No	
If no or only some d	o, who does or may not?	
Name	Organization/role	Contact information
Name	Organization/role	Contact information
Name	Organization/role	Contact information
	sider/have considered inviting in the r staff or colleagues, or a person fro	
Name	Organization/role	Contact information
Name	Organization/role	Contact information
Name	Organization/role	Contact information

Source: Kentucky HEALing Communities Study

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