**Category 6: Community Preparedness Planning for Tribal Communities – Plan Template**

The goal of implementing community preparedness planning measures is to reduce injury or death related to overdose by facilitating the development and implementation of coordinated response strategies using existing resources. Public Health/Emergency Awareness in response to the opioid crisis is designed to occur in communities to address local needs regarding substance use misuse and abuse trends, community access to resources, and facilitate interaction between programs including but not limited to Opioid Use Disorder (OUD) treatment centers, health care centers, community centers, social service programs, and law enforcement.

# Required Format:

Each submitted Community Preparedness Plan **must** contain the following sections:

## PLAN DEVELOPMENT

Steps that are recommended in developing the framework for an action plan will be based on the resources that are available within your own communities. The following steps will assist in that development:

* Each community will need to identify and implement a real time overdose mapping system. This system will be utilized to track information that guides activities pre-overdose spike, during an overdose spike, and post overdose spike.
* Identify the stakeholders (e.g. EMS, Law Enforcement, Health Department, Coroners, treatment centers, etc.) that will be integral to your plan. Each stakeholder will need clear definitions of their role and responsibility.
* Select leaders that will assist with coordinating the action plan with the stakeholders. This group of leaders will assign responsibilities among the stakeholders based upon the community’s resources and needs. This may include the coalitions, Health Department, and/or local EMS.
* Create a clear definition as to what a spike of opioid overdoses will be in your community. A spike is the number of suspected overdoses in a certain timeframe that will trigger the response plan. To best develop this definition, historical data in your community will be needed to understand what constitutes a spike.
* Establish and determine pre-opioid spike, during opioid crisis spike and post-opioid spike activities.
* Communicate with the community to best identify local contributors to overdose risk. Factors may include local drug trends and use, availability and access to treatment, evaluation of current outreach strategies or materials.
* Establish line of communication with the press in the event of a spike in OD deaths, especially if due to fentanyl and/or carfentanyl in an area.
* Identify local resources and what assistance may be needed.
* Implement a system of evaluation to assess the effectiveness of the current plan and adjust as needed to remain operative.

## ENGAGEMENT

Community engagement is an important component to address both those individuals who are at risk of overdose and community members who are likely to engage with those who are at risk including family and friends. A system of information delivery of community resources will need to be developed. Communities will need access to information regarding services beyond treatment including:

* Establishment of naloxone distribution centers that are accessible to community members.
* Provide drug disposal and unused prescription medication drop off sites.
* Support meetings available for those who are at risk (i.e. NA, AA, SMART Recovery, etc) as well as those who support those individuals (i.e. Al-Anon, Nar-Anon, etc).
* Provide continued education on Good Samaritan Law protections and provisions.
* Deliver education on harm reduction strategies that can help prevent overdoses.
* Provide school and community education programs to raise awareness and educate citizens about the risk of opioid misuse, opioid overdose, and opioid overdose rescue training.

# Stakeholders

Some common agencies that may be utilized as stakeholders include local health departments, state health departments, first responders, coroner or medical examiner’s offices, hospital emergency departments, community coalitions, treatment facilities, parole & probation, correctional facilities, social services, schools, and media. Each agency can play an important role in community response and development.

Health Departments are important in coordinating between stakeholders and the Response Plan Team. They are in the best position to evaluate local plans following overdose spikes and provide feedback. Recommended actions for Health Departments include:

Pre-Overdose Spike:

* Work with the Response Plan Team and stakeholders to develop a local Overdose Spike Response Plan. It will likely be beneficial to coordinate with the State Health Department or your local health department to reduce duplicate efforts.
* Develop a public service announcement (PSA) template that can be easily implemented if an overdose spike occurs.
* Analyze historic data to define an overdose spike at the local level.
* Establish an information delivery system coordinating with media groups and develop a plan to distribute PSAs in the event of a spike.
* Provide training on criminal investigations (criminal/epidemiologic investigations course)
* Provide Crisis Intervention Team (CIT) Training

During a Spike:

* During a spike, Health Departments will be responsible to implement local response plans, issue PSA if appropriate, and coordinate with local stakeholders
* Confirm ODMAP spike with syndromic surveillance
* Conduct epidemiologic investigation

Post-Spike:

* Evaluate data and distribute findings to stake holders to improve response strategies
* Debrief for lessons learned

First responders (including fire departments, EMS, and law enforcement) are often the first to encounter those experiencing an overdose. During periods of overdose spikes, first responders will need to prepare for increased volume of cases. Recommended actions for first responders include:

Pre-Overdose Spike:

* Identify necessary information to be disseminated during an overdose spike.
* Supervisors will be responsible for developing a plan to reduce first responder burnout (e.g. access to employee assistance programs or critical incident stress management).
* Provide continuing education for first responders in overdose reversals and safe handling guidelines and epidemiologic investigations (criminal/epidemiologic investigations course)
* Plan engagement activities to improve community view of law enforcement.
* Provide Crisis Intervention Team (CIT) Training

During a Spike:

* Contact Overdose Spike Response Plan Team.
* Coordinate with local emergency departments to ensure appropriate treatment for overdose reversal and concerns of unusual symptoms.
* Increase law enforcement presence in known hotspots to increase naloxone availability.
* Deploy investigative plan.
* Promote information sharing across jurisdictions.
* Maintain an appropriate supply of naloxone to account for spikes.
* Establish field narcotic detection testing of product.

Post-Spike:

* Coordinate with coroner/medical examiners to expedite analysis in the event of a spike.
* Implement employee assistance/critical incident stress management plan, as needed.
* Debrief for lessons learned.

Coroner’s or medical examiners offices assist law enforcement agencies in investigating overdose spikes through analysis of evidence. This assists in identifying substance trends and contributing concerns to better guide Response Plans. Recommended actions for forensics include:

Pre-Overdose Spike:

* Develop coordinated plans for expediting evidence during spikes.
* Develop a communication plan with law enforcement.
* Collect necessary evidence to better understand and address possible public health threats.
* Provide training for epidemiologic investigations (criminal/epidemiologic investigations)

During a Spike:

* Prioritize evidence analysis based upon plan.
* Implement communication plan with law enforcement.
* Collect necessary evidence to better understand and address possible public health threats.

Post-spike:

* Debrief for lessons learned.
* Make any necessary changes to the Plans.

Hospital emergency departmentswill likely be a point of contact for individuals who have experienced an overdose. They are in a position to educate individuals and connect them to available resources. Recommended actions for emergency departments include:

Pre-Overdose Spike:

* Establish discharge protocols to expedite connection to treatment services.
* Establish a follow up process and a point of contact.
* Develop a resource contact list and contact plan in the event of a spike. (Contact mobile response team, if a team exists within your local jurisdiction. If no mobile response team exists create a plan to coordinate with community paramedicine providers).
* Identify detox resources.
* Identify staff that are responsible for educating patients at discharge and provide take home education and naloxone.
* Prepare 42 CFR / 45 CFR (HIPAA) complaint release of information paperwork for any 3rd party follow-up or referrals.
* Provide CIT Training.

During a Spike:

* Implement Overdose Spike Response Plan.
* Maintain an appropriate supply of naloxone to account for spikes.
* Report increased trend to local health department (as appropriate).
* Follow discharge protocols based upon plan.

Post-spike:

* Debrief for lessons learned.
* Make any necessary changes to the Plans.

Parole and Probation officers are regular points of contact with individuals that offers opportunity for brief intervention for those who may be at risk of overdose or family members of those who are. Harm reduction messages and treatment encouragement may decrease risk or help others respond appropriately when they observe an overdose.

Pre-Overdose Spikes:

* Provide access to and promotion of educational materials (e.g. Naloxone training and distribution, Good Samaritan Law awareness, treatment resources, etc.).
* Coordinate with Response Plan Team.
* Identify information to be shared during a spike to those on probation/parole and their families.

During a Spike:

* Implement Overdose Spike Response Plan
* Reinforce best practices for reducing overdoses.
* Inform friends and families of those on probation/parole of spikes and promote evidence-based practices.

Post-spike:

* Debrief for lessons learned.
* Make any necessary changes to the Plans.

Individuals with a history of opioid use are at an increased risk of overdose following release from a correctional facility. Correctional facilities may become a resource to enforce harm reduction for individuals prior to and at the time of release regarding reduced tolerance levels and provide overdose education. Recommended actions for correctional facilities include:

Pre-Overdose Spike:

* Identify information to be shared with inmates upon release (e.g. overdose education, and reduced tolerance after periods of abstinence).
* Investigate opportunities to provide naloxone kits upon release.
* Identify a list of resources for OUD treatment.
* Identify support group resources.
* Provide CIT Training.

During a Spike:

* Implement Overdose Spike Response Plan.

Post-spike:

* Debrief for lessons learned.
* Make any necessary changes to the Plans.

OUD Treatment Facilities will likely see an increase in referrals during or immediately following a spike. They should remain in communication with referral sources such as emergency rooms and law enforcement regarding their current capacity. They also can provide education and outreach resources. Recommended actions for treatment facilities include:

Pre-Overdose Spike:

* Establish protocol for communicating resource availability to referral sources and appropriate members of the Response Plan Team.
* Identify information to be shared with existing clients during a spike (e.g. increased risk for overdose, resource cards, self-help meeting schedules, etc.).
* Provide info to Law Enforcement and Public Health appropriate of any awareness of increased OD activity or bad batch info.
* Provide CIT Training.

During a Spike:

* Implement Overdose Spike Response Plan.

Post-spike:

* Debrief for lessons learned.
* Make any necessary changes to the Plans.

Community coalitions are often organized stakeholders in the community that have established relationships within the community and have more accessibility for organizing outreach events. They tend to know where high-risk populations are and have established rapport with these individuals. Recommended actions for community coalitions include:

Pre-Overdose Spikes:

* Assist with overdose prevention measures (e.g. naloxone trainings, Good Samaritan Law promotions, Public Service Announcements, etc.).
* Identify information sharing channels that can be utilized during spikes.
* Share information about the community and needs with the Response Plan Team.
* Provide info to LE/PH as appropriate of any awareness of increased OD activity or bad batch info.

During a Spike:

* Implement Overdose Spike Response Plan.

Post-spike

* Debrief for lessons learned.
* Make any necessary changes to the Plans.

Social services and schools are able to address the needs of younger populations that may be impacted by overdose spikes. Recommended actions include:

Pre-Overdose Spikes:

* Ensure first responders are trained and aware of protocols for overdose incidents that involve a child.
* Identify information to be shared from first responders to Child Protective Services.
* Identify process for notifying a school resource officer, counselors, or appropriate staff during an overdose spike.
* Provide CIT Training.

During a Spike:

* Implement Overdose Spike Response Plan.
* Notify appropriate staff of overdose spike

Post-spike:

* Debrief for lessons learned.
* Make any necessary changes to the Plans.

Media outlets are a resource to effectively communicate messages to prevent overdoses. Recommended actions regarding media include:

Pre-Overdose Spike:

* Designate a Public Information Officer within the Response Plan Team to coordinate with media.
* Develop a protocol of how and when to use the media to disseminate messages to the public regarding overdose spikes.
* Prepare templates or scripts that can be swiftly tailored in the event of an overdose spike warranting messaging to the public.

During a Spike:

* Release prepared messages outlined in the plan.

Post-spike

* Debrief for lessons learned.
* Make any necessary changes to the Plans.

Plans may be annexed under existing community public health emergency preparedness plans.

# Plan Evaluation Criteria

Applicants must provide evidence of their capacity to successfully execute all proposed strategies and activities to meet the objectives outlined within the template.