

HEALing Community Study (HCS)

Implementation Science Core Qualitative Codebook

Follow-Up Three Wave 1 Updates (Interview Dates November – December 2023)

Overview and Process Summary:

The following codebook was developed for the HCS. Each code was derived from the PRISM/RE-AIM framework; the codebook utilizes four “parent codes”- External Context, Internal Context, Intervention and Implementation Strategies, and Stories. In addition, each “parent code” has a varying number of “child codes” and “grandchild codes” to account for several specific facets of the study.

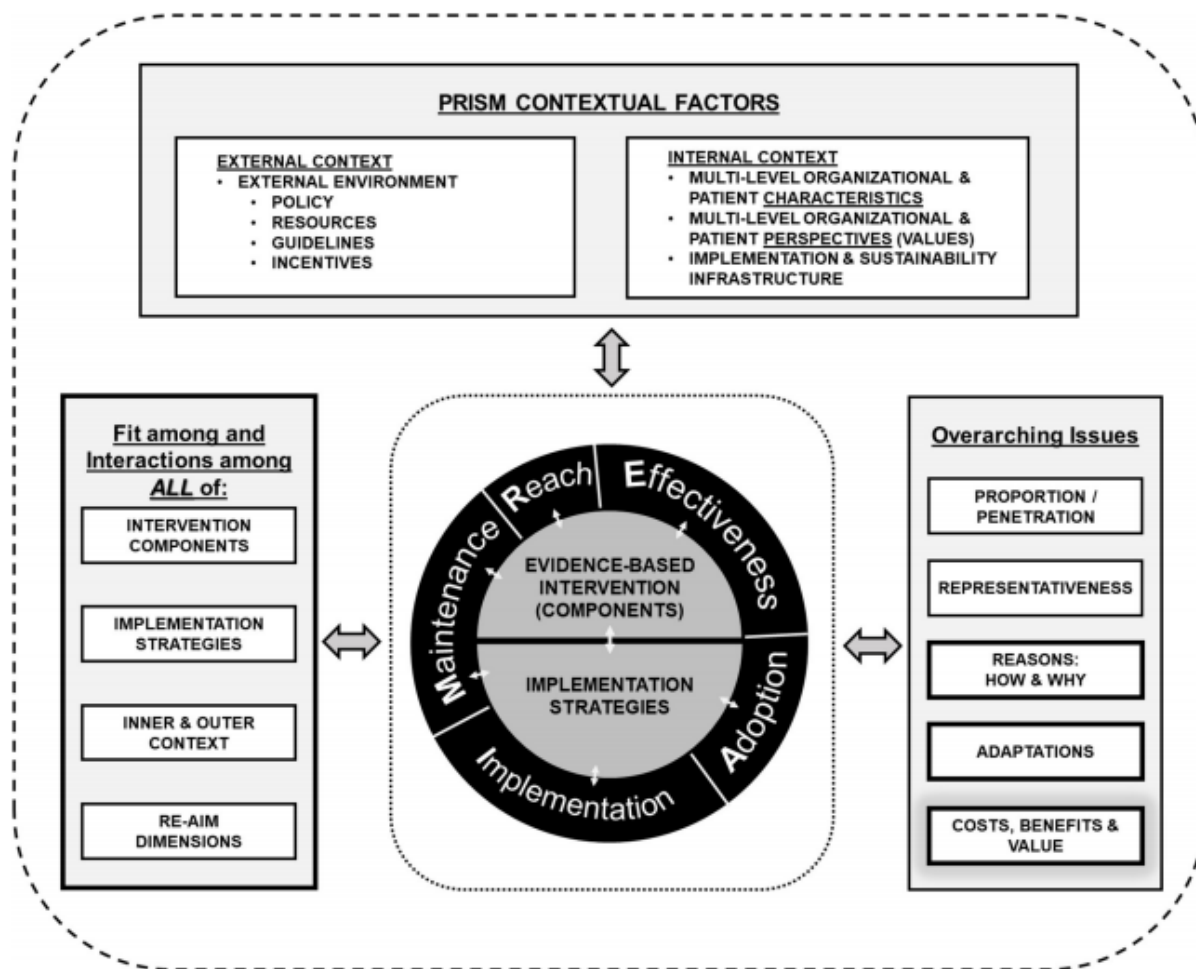
External Context was adapted to HCS to encompass components mentioned in interviews that do not directly deal with coalition activities, attitudes, or key informant or member interpretations. This parent code serves to account for any external factors such as policy, the local health services environment, and resources that exist in the community outside of the HEAL coalition. In contrast, the **Internal Context** parent code serves to include any actions, attitudes, knowledge, beliefs, and characteristics that stem directly from the HCS coalition, its members, or key stakeholders who may or may not become part of the coalition during the study. The **Intervention and Implementation** parent code focuses on the core components of the Communities That Heal (CTH) intervention and with each of the three core components of the ORCCA menu, Community Engagement, and Communications as child codes. **RE-AIM** grandchild codes appear underneath each of the Intervention and Implementation Strategy child codes, in order to categorize the anticipated process and outcome factors associated with the HEALing Communities Study including intervention reach, effectiveness, adoption, implementation, and maintenance. Lastly, the **Stories** parent code serves to capture narratives shared that describe an experience or help to illustrative a point. While there is varying overlap within the parent codes, and an anticipated need to sub-code in some areas, this codebook aims to recognize and effectively categorize the themes emerging from year 3 follow-up qualitative interviews conducted across four sites (New York, Ohio, Kentucky, and Massachusetts). As much as possible, the goal was to strive for consistency across years; thus, while new codes have been added, our goal was not to remove codes or substantially modify their inclusion/exclusion criteria.

In the codebook, each code and sub-code includes a definition and inclusion and exclusion criteria to assist in appropriately coding. A log of discrepancies and comments is included in a separate document as a means of tracking points of issue or discussion for the Implementation Science Qualitative Subgroup. It is anticipated that the codebook will be updated as coding progresses.

HEALing Community Study (HCS) Implementation Science Core
Qualitative Codebook

Directions: This codebook provides code definitions, inclusion and exclusion criteria for constructs identified from the PRISM/RE-AIM framework. Over time, the Implementation Science Core Qualitative Sub-Group may add other information such as de-identified examples of coded text to further clarify code definitions. Code definitions and inclusion/exclusion criteria may be updated based on cross-site consensus achieved during a Qualitative Sub-Group meeting. When the codebook is updated, please also update the ‘last modified’ date in the header.

Figure 1: PRISM/RE-AIM Framework



General Guidance about Coding

1. Coders should thoroughly read the entire codebook prior to coding any transcripts.
2. Before coding a transcript, read through the interview to get a sense of which codes may be applied. Reading through the transcript prior to coding will also help distinguish contextual clues regarding whether participants are discussing issues in the External, Internal Context or related to the Intervention (see #7 below).
3. Applying more than one code to a section: As much as possible, coders should aim to apply a single code to a passage of text, using the code that most closely aligns with the meaning of the passage. However, coders should apply multiple codes when a passage meaningfully describes several constructs.
4. Including the interview question: Context is critically important, so if a passage from a participant begins in a way where it is not initially clear what they are talking about, consider including the question that was posed by the interviewer in the passage being coded. However, so long as the passage is clear without including the interviewer's question, it is appropriate to not include the question in the passage.
5. Refer to all components of the coding dictionary including the definition and the inclusion criteria. The examples given in the inclusion criteria are not exhaustive, which is why it can be helpful to consider both the definition and inclusion criteria when deciding which code to apply to a passage.
6. Consider all codes as tension codes, meaning they can be used to code statements about the presence or absence of a given construct. For example, statements about the existence of or lack of existence of harm reduction services would both be coded to Health Services Environment. Another example – statements about the existence or lack of policies to support SUD treatment goals would both be coded to Policy. Statements about the success or failure of such policies to achieve their goals would also be coded to Policy.
7. Internal versus External context: It may not always be crystal clear when an interviewee is speaking about the coalition or the broader community (especially in Massachusetts and New York at baseline). Look for context clues to inform whether Internal (for the coalition) or External (for the broader community) codes should be applied. You may need to code the interviewer's question to provide that context if the interviewee's response is vague. If you are unclear, reach out to another coder to review this section with you and see if a consensus decision can be reached. If you remain unclear, reach out to someone who understands the coalition structure within your state.
8. Interviews should only utilize the External and Internal codes (see Figure 2, Coding Tree).
9. Do not apply Parent codes. Child and grandchild codes are linked to the parent codes (i.e. External Context, Internal Context, CTH Strategy and RE-AIM), which are intended to be domain names that generally group the related set of child and grandchild codes.
10. If the participant's baseline interview is centered around their work in a coalition that was/will be reorganized into their community's HCS coalition, the description of that original coalition should be coded using internal codes. The External/Other Coalition code should not be used to describe a participant's primary coalition at baseline.
11. If the question or overall passage implies but does not clearly state the participant is describing an HCS intervention, assume they are describing a HCS intervention and code appropriately under 'Intervention Components'.
12. References related to other drugs, as well as opioids, should be included and coded appropriately.

General Guidance for RE-AIM coding:

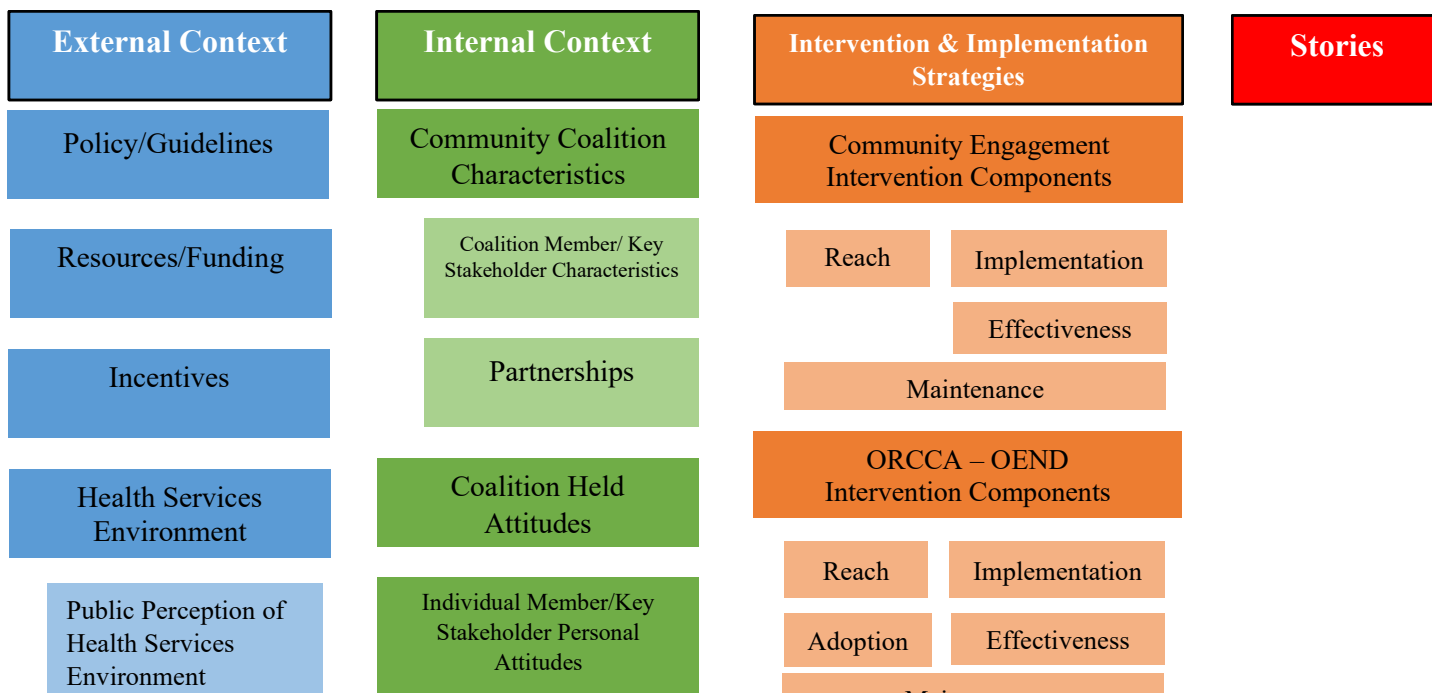
1. For interviews conducted during the pre-intervention period, no Intervention and Implementation Strategies or RE-AIM codes should be used. During the intervention period, do not use the Intervention and Implementation Strategies grandchild codes (RE-AIM) and instead only code statements about interventions to the corresponding Intervention and Implementation Strategies child code. For post-intervention period only use appropriate Intervention and Implementation Strategies grandchild codes (RE-AIM). **Please reference Table 1 for additional guidance on the application of these Intervention and Implementation codes over time.**
 - a. *For post-intervention period coding only follow coding guidance at the grandchild level – child coding guidance does not apply.*
2. Adoption for Communications has been included in our codebook in order to preserve the full integrity of the RE-AIM framework, however, we do not anticipate this code will be frequently utilized due to the challenges associated with applying the concept of organizational adoption to the communications interventions.
3. Adoption for Community Engagement has not been included in our codebook, because the Implementation Science Qualitative Subgroup determined that adoption could not be applied to the Community Engagement strategies. This is a modification to the RE-AIM framework.
4. The individual RE-AIM components have not been included for the Unspecified Intervention components child code, because of the imprecise nature of the unspecified interventions that do not directly discuss EBPs that are captured by this code. The code RE-AIM – Unspecified was created to capture these discussions at a more granular level.
5. Interwoven statements about 2 or more CTH intervention components may be double coded to appropriate RE-AIM codes underneath the appropriate intervention child codes.
6. Conversations about effectiveness may include some discussion of implementation, but the line between the two will be defined by the temporality of statements. If the primary theme of the conversation is about on-going processes code as implementation, but if the conversation is framed as a discussion of complemented or resolved action code as effectiveness.
7. Double coding of Race/Racism with RE-AIM child/grandchild codes is allowed when participant is discussing intervention implementation.
8. Double coding of RE-AIM child/grandchild codes with Maintenance is allowed when participants discuss aspects of interventions/strategies that have been sustained. However, when describing the implementation of the intervention, if the main point of the passage surrounds what has been sustained or has not been sustained, the passage should be coded only as Maintenance, and NOT double coded with Implementation.
9. Double coding of Maintenance CE and Community Coalition Characteristics is recommended when discussing the sustainment of the coalition.
10. Statements during **FU3 Wave 1 interviews** about an ongoing intervention should be coded as Maintenance (and the appropriate ORCCA code) rather than Implementation. If the predominant theme of the statement is related to reach or effectiveness, code as Reach or Effectiveness (and the appropriate ORCCA code) respectively, rather than Maintenance.
11. Statements during **FU3 Wave 1 interviews** about the reach or effectiveness of interventions that were not implemented during the CTH interventions period, but began **after** the CTH intervention period should be coded as Reach or Effectiveness (and the appropriate ORCCA code) respectively when applicable.
12. Only apply Adoption and Implementation (and the appropriate ORCCA code) codes to statements explicitly referring to activities that occurred before or during, but not after the intervention period.

Table 1: Guidance for application of Intervention & Implementation Strategy codes over time

	Baseline	First follow up (FU1)	Second follow up (FU2)	Third follow up (FU3)
Wave 1	Do not apply any Intervention & Implementation Strategies codes	Apply Intervention & Implementation Strategies child codes only	Apply Intervention & Implementation grandchild RE-AIM codes only	Apply Intervention & Implementation grandchild RE-AIM codes of Reach, Effectiveness, and Maintenance to statements discussing ongoing coalition activities. Grandchild RE-AIM codes of Adoption and Implementation can only be applied to statements discussing activities occurring before or during the intervention period.
Wave 2	Do not apply any Intervention & Implementation Strategies codes	Do not apply any Intervention & Implementation Strategies codes	Do not apply any Intervention & Implementation Strategies codes	Apply Intervention & Implementation grandchild RE-AIM codes only

Key:

	Pre-intervention
	Intervention period
	Post-intervention & sustainment



External Context [Parent Code]	<p>This code references the broader community setting (city/town/county), state, and federal/national environment.</p>
Policy/ Guidelines [Child Code]	<p><u>Definition:</u> A broad construct that includes statements regarding any organizational, local, state or federal policies, regulations or guidelines that affect coalitions (establishment, regulating membership, etc.) or impact substance use treatment or prevention, or naloxone distribution. The existence or need for guidelines or evidence-based recommendations to inform initiatives or change behavior.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include statements related to policies being barriers or facilitators to treatment, prevention or harm reduction activities. Federal policies might include the 21st Century Cures Act or the CARA Act. • Include statements about legal decisions regarding the use of pharmaceutical company settlements around opioid marketing and distribution. • Include statements about what the health insurer (e.g. Medicaid, commercial plan) includes/doesn't include in their benefit plan. • Include statements about policies or regulations that impact the continuum of care [e.g. standing order, supervised injection sites, syringe exchange, mandated services, opioid prescribing rules, etc.). • Include statements about the existence or need for guidelines or evidence-based recommendations to inform initiatives or change behavior. • Include statements related to opioid prescribing guidelines (e.g. CDC), local hospital/other health provider guidelines, recommendations from professional societies. • Include statements about impact of Covid-19 on Policy. <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements related to payer performance measures or other types of reward- or punishment-based systems and instead code those to Incentives. <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Double code passages about the impact of Covid-19 on policy to the Covid-19 code.
Resources/ Funding [Child Code]	<p><u>Definition:</u> The level of resources (e.g. financial, in kind) available to support treatment, prevention, and other non-HCS initiatives in the city/town/county. These resources are not HCS resources.</p> <p><u>Inclusion criteria:</u></p>

	<ul style="list-style-type: none"> • Include statements related to state or federal funding (e.g. SAMHSA funds) to support initiatives, statements about paid or volunteer staff positions at the service provider or other individual organizations, office or activity space. • Include statements about availability and quality of data in the external environment <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements related to the existence or need for health services such as treatment programs and instead code those to Health Services Environment. • Exclude statements about non-HCS resources that coalitions have access to, and instead code those to Community Coalition Resources. • Exclude statements about opioid-related initiatives being supported by the coalition and instead code those to Other Community Coalition Initiatives. • Exclude statements about physical meeting space, staff and time that only are utilized by the coalition and instead code those to community coalition resources. • Exclude statements related to funding or support directly given to the community coalitions from the HCS study, and instead code that to Community Coalition Resources.
<p>Incentives [Child Code]</p>	<p><u>Definition:</u> A broad construct that includes any statements about the use (or potential use/need for) incentives to promote change in treatment and prevention initiatives in the town/city/county/state.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include statements related to the existence or non-existence of external performance measures, pay-for-performance, benchmark reporting or other publicly reported metrics to promote change in treatment and prevention initiatives in the community (e.g. public or political pressure). • Include statements about identifying incentives for individuals with substance use disorders to increase their access to and engagement in services. • Include statements about mechanisms to incentivize providers to work in the field. • Include statements about political incentives to encourage new treatment initiatives. <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements not related to incentives. • Exclude statements about non-HCS resources that coalitions have access to, and instead code those to Community Coalition Resources.

	<ul style="list-style-type: none"> • Exclude statements related to funding or support directly given to the community coalitions from the HCS study, and instead code that to Community Coalition Resources. • Exclude statements specific to an HCS intervention that utilizes an implementation strategy of financial incentives. Code these to CTH strategy/implementation strategy/financial incentives.
<p>Health Services Environment [Child Code]</p>	<p><u>Definition:</u> Statements about the availability, access to, quality of, evidence for, or need for health services related to substance use, mental health, primary care, recovery support services (e.g. recovery cafes, peer supports) or other treatment/prevention/harm reduction services, or other basic health-related needs. Sober/recovery homes and shelters are included as part of the health services environment.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include statements about the availability, absence, existence or access to health services not related to or funded by HCS. • Include statements about health services that are needed or need to be expanded. • Include statements about the observed or intended results of health services provided in the community. • Include statements about law enforcement related health initiatives (e.g. post-overdose outreach). <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude health services funded through coalition’s existing (pre-HCS) resources and instead code those to Other Community Coalition Initiatives or Community Coalition Resources as appropriate. • Exclude comments about the coverage of benefits in an insurance plan (e.g. Medicaid, commercial) and instead code those statements to Policy. <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe a lack of transportation services prohibiting individuals from accessing healthcare should be double-coded to Community Risks and Health Services Environment. • Interwoven statements that describe the general health services environment, what is missing in the community, and a specific HCS initiative to address it, should be double-coded to Health Services Environment and the specific intervention components code. • Double code statements that intertwine attitudes towards health services with availability and access to services in the community to Health Services Environment and Individual Member or Key Stakeholder Personal Attitudes • Passages that describe shelters should be double-coded to Community Risks and Health Services Environment.

	<ul style="list-style-type: none"> • Double code with Maintenance when the participant is discussing a strategy that has become part of their community’s health service environment following the end of the HCS intervention period.
<p>Public Perceptions of Health Services</p> <p>[Grandchild Code of Health Services Environment]</p>	<p><u>Definition:</u> Statements about the broader community’s perception of access to, availability/existence of, need for or quality of health services including substance use, mental health, primary care, and recovery services.</p> <p><u>Inclusion Criteria:</u></p> <ul style="list-style-type: none"> • Include statements about the broader community’s perception of the availability, access to, or quality of health services. • Include statements about the broader community’s lack of awareness of existing health services. • Include statements about perceptions of health service quality, groups’ (i.e. different populations within the community) general preference or experience with health services. <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements about the general existence of health services and instead code those to Health Services Environment. • Exclude statements about an interviewee’s perceptions about health services and instead code those to Health Services Environment or Individual Coalition Member/ Key Stakeholder Personal Attitudes as appropriate.
<p>Other Coalitions/Agencies/Organizations</p> <p>[Child Code]</p>	<p><u>Definition:</u> Statements related to other non-health services related coalitions, agencies, or organizations in the external environment.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include statements about non-HCS coalition entities. • Include statements about organizations engaging in advocacy to address the opioid epidemic. • Include statements about services in another county, community, state or country. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements about the HCS coalitions and instead code those to the Internal Context codes as appropriate. • Exclude statements about healthcare related external agencies/ organizations and instead code those to Health Services Environment. • Exclude statements about the HCS coalition working with external coalitions/agencies/organizations that do not include individuals who are members of the coalition and instead code those statements to Partnerships. • Statements about an organization’s delivery of opioid-related health services should be coded to Health Services Environment.

	<p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Double code with Maintenance when the participant describes activities of a sustained coalition that have occurred since the end of the intervention period.
<p>Community Risks [Child Code]</p>	<p><u>Definition:</u> A broad construct related to community/state risk factors for overdose, the general tenor of the opioid problem in the community, and community awareness about opioid use and the opioid epidemic.</p> <p><u>Inclusion Criteria:</u></p> <ul style="list-style-type: none"> • Include statements about high-risk populations for overdose, concerns about parts of communities that are known as active places to obtain drugs. High risk populations include individuals who inject drugs, history of overdose, individuals with reduced tolerance (recently released from jail, residential program detox, hospital). • Include statements about community/state risk factors related to overdose rates or substance use such as geographic hot spots for illicit opioid distribution, trafficking networks that exist in the area, overdose hot spots, high-risk/targeted populations, or other community risks like a general lack of transportation, or a lack of other non-healthcare services. • Include statements that describe the general tenor of the opioid problem and how it is perceived or handled in the community (e.g. local politics). Include coalition members’ or key stakeholders’ perceptions about how aware community members are about the opioid problem, and about opioid use in the community. • Include statements about special target populations such as people with mental illness, people experiencing homelessness or living in shelters and references to people living in poverty. • Include broad statements about lack of internet access or cell phone access <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements about the absence of health services as a risk factor, and instead code that to Health Services Environment. • Exclude statements about the broader community’s lack of awareness of existing health services, and instead code those as Public Perceptions of Health Services. Do not include individual organizational practices unless the risk to the community is specified. • Exclude statements about prescribing behavior (e.g. overprescribing) and code those passages to Health Services Environment. <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe a lack of transportation services or other barriers such as internet access or cell services prohibiting individuals from

	<p>accessing healthcare should be double-coded to Community Risks and Health Services Environment.</p> <ul style="list-style-type: none"> • Passages that discuss community risks interwoven with statements about specific race or ethnicities currently impacted by substance use disorder (overdose deaths) should be double coded as Race and Racism code. • Passages that describe shelters should be double-coded to Community Risks and Health Services Environment.
<p>Stigma [Child Code]</p>	<p><u>Definition:</u> A broad construct to include any statements about the broader community’s stigma toward substance use, people who have a history of substance use, different treatment/harm reduction approaches, or specific populations that may experience stigma impacting their access to or use of services.</p> <p><u>Inclusion Criteria:</u></p> <ul style="list-style-type: none"> • Include statements about the town/city/county not accepting MOUD as an evidence-based treatment, or preferring for abstinence-only treatment approaches. • Include statements about lack of willingness to carry naloxone by town/city/county members or lack of support for naloxone distribution. • Include statements about the social construction of opioid use disorder by community members (e.g., how they perceive people who use opioids). • Include statements about community members’ compassion fatigue. • Include statements about how stigma in the broader community has changed over time. <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude stigmatizing statements made that summarize perspectives of the coalition itself (i.e., not the broader community) or the interviewee and instead code those to Coalition Held Attitudes or Individual Coalition Member/Key Stakeholder Personal Attitudes, respectively. • Exclude statements about stigma coming from medical providers, law enforcement or other first responders and instead code those to Stigma from Service Providers. <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe stigma within the health services environment that create barriers to service creation or access should be double-coded to Stigma and Health Services Environment.
<p>Stigma from Service Providers [Grandchild Code of Stigma]</p>	<p><u>Definition:</u> Statements about how individuals operating in a professional role with people with opioid use disorder perceive people who have a history of substance use and treatment/harm reduction approaches. This includes but is not exclusive to: medical/treatment providers, law enforcement, EMS, or other first responders.</p>

	<p><u>Inclusion Criteria:</u></p> <ul style="list-style-type: none"> • Include statements about different providers not accepting certain treatment modalities, preferring abstinence only approaches, or ‘arresting their way out’ approaches. • Include statements about service providers’ willingness (or lack of willingness to) to carry naloxone. Include statements about providers’ compassion fatigue. Include statements about providers’ stigma toward addiction increasing or decreasing over time. <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements about stigma coming from the broader community and instead code those statements to Stigma.
<p>Covid-19 [Child Code]</p>	<p><u>Definition:</u> This is a broad construct that will include all statements referring to Covid-19 in any manner. Statements related to the impact of Covid-19 on all aspects.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Impact on Health services environment due to practice changes or demands due to Covid-19 • Impact of policy changes due to Covid-19 that impact opioid treatment delivery and access (no in-person services, telehealth) • Statements about the impact of both the disease of Covid-19 and the downstream effects from practices related to Covid-19 in the community (social isolation, employment, housing) on the target population. • Impact of additional opioid funding in the community due to Covid-19 relief funds • Statements about changes to meeting venue (shift to remote), number of meetings due to Covid-19 • Statements that include barriers, facilitators or adaptations due to the impact of Covid-19 on the functioning of the HCS coalition. • Statements about coalition members’ inability to attend or participate due to other demands from Covid-19 pandemic “bandwidth” • Include statements discussing impact on the current coalition that will become an “HCS coalition.” • Statements detailing situations of individuals not being physically present and available for an intervention interaction (diminished foot traffic in a court house or targeted area). <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • All interwoven statements discussing Covid-19 and other factors should be double coded for both. • If statement discusses the impact of Covid-19 on the Health Services environment double code for both.

	<p>If the statement discusses the impact on aspects of the intervention such as how Naloxone is being distributed in a “contactless fashion” due to Covid-19 – double code for both Intervention and implementation components AND Covid-19.</p> <ul style="list-style-type: none"> • Double code passages about the impact of Covid-19 on policy to the Policy/Guidelines code.
<p>Race and Racism [Child Code]</p>	<p><u>Definition:</u> Statements related to the influence of systemic racism on the opioid crisis/substance use crisis in their community/state. Statements describing the unequal impact on specific races or ethnicities of the opioid/other substances crisis, but not clearly stated as a systemic racism issue.</p> <p><u>Inclusion criteria</u></p> <ul style="list-style-type: none"> • Include statements about systemic racism in general. • Include statements explaining systems or structures that perpetuate racial injustice and inequality. • Include descriptions of community racial/ethnic demographics <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Any statements regarding healthcare access or delivery of healthcare should be coded under racism from service providers. <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that discuss community hot spots interwoven with statements about specific race or ethnicities currently impacted by substance use disorder (overdose deaths) should be double coded as Community Risk code. • Passages that discuss interventions and implementation in tandem with either race or racism should be double coded at the appropriate RE-AIM grandchild level.
<p>Racism from Service Providers [Grandchild Code of Race and Racism]</p>	<p><u>Definition:</u> Statements related to how individual health services organizations and providers treat individuals of different races and ethnicities. This includes but is not exclusive to: medical/treatment providers, law enforcement, EMS, or other first responders.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include statements about the health care system exhibiting institutional racism (structural racism). • Include statements about racial inequity in healthcare quality, experience, representation, and access <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • No specific exclusions. <p><u>Examples of Double Coding:</u></p>

	<ul style="list-style-type: none"> • Passages that discuss interventions or intervention implementation being impacted by racism from service providers should be double coded with the appropriate RE-AIM grandchild.
<p>Activism in Response to Racism [Grandchild Code of Race and Racism]</p>	<p><u>Definition:</u> Statements related to activism in the community specifically focused on racial inequality in general or in response to the opioid epidemic. For the purposes of this codebook, we have defined activism as an action towards bringing about social or political changes with means that surpass routine or conventional action.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • No specific exclusions. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude general statements about activism, grassroots activities, or community supported activities that are not directly related to racism. These should be coded under Health Service Environment or Other Coalitions/Agencies/Organizations. • Exclude statements about activism that are part of regular duties/responsibilities of the implementing organization and staff. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that discuss interventions or intervention implementation being impacted by activism in response to racism should be double coded with the appropriate RE-AIM grandchild.
<p>Internal Context [Parent Code]</p>	<p>This code refers to the HCS community coalition or other pre-existing coalitions that may become the HCS coalition. This code does not refer to the external context where the coalition and key stakeholders exist (community, county, state, etc.)</p>
<p>Community Coalition Characteristics [Child Code]</p>	<p><u>Definition:</u> Structural characteristics of the community coalition including the coalition mission and goals, size, membership, member roles/responsibilities (that reveal coalition structure), leadership, work groups/subcommittees.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include statements related to the kind of agencies, organizations or individuals included or not included in the coalition, processes for becoming a coalition member. • Include statements related to the membership and participation of different types of organizations, such as religious/faith-based, law enforcement, medical, etc. in the coalition. • Include statements related to coalition priorities. • Include statements related to an individual’s role as a HCS champion. • Include statements about coalition decision making process before the intervention has started as community coalition characteristics. Coalition

	<p>decision making once the intervention has started should be coded to the Community Engagement Intervention Components Code.</p> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements related to the existence of non-HCS coalitions working in the same geographic area but not working with the focal coalition and instead code those to External Context – Other Coalitions/Agencies/Organizations. • Exclude statements about individual coalition members’ demographics/ beliefs/ knowledge and instead code those to Coalition Member or Key Stakeholder Characteristics. • Exclude statements about coalition finances and instead code those to Community Coalition Resources. • Exclude statements about human resources (e.g. paid position and volunteers) and instead code those to Community Coalition Resources. • Exclude statements about the coalition decision-making process and instead code these to Community Engagement Components. • Description of HCS study staff with roles (including leadership roles) supporting the CTH intervention should be coded under Community Engagement Components <p><u>Examples of Potential Doubling Code:</u></p> <ul style="list-style-type: none"> • Interwoven statements that describe both the structure of the coalition and the process of coalition development once the intervention has started can be double coded to both Coalition Characteristic and Implementation (CE). • Statements about priorities related to HCS intervention components should be double coded to Community Coalition Characteristics and the appropriate Intervention Components code. • Statements related to an individual’s activities as an HCS champion should be double coded with the Coalition Member or Key Stakeholder Characteristics and the appropriate Intervention component code.
<p>Coalition Member or Key Stakeholder Characteristics</p> <p>[Grandchild Code of Community Coalition Characteristics]</p>	<p><u>Definition:</u> Individual community coalition members’ or key stakeholders’ demographics, including an individual’s professional or personal background/experience when those experiences relate to their reason for involvement in the coalition.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include statements related to individuals’ demographic characteristics and experiences, and their role in the coalition. • Include statements about professional training or lived experience with substance use or recovery that are related to an individual’s involvement with the coalition. • Include statements the interviewee makes about the demographic characteristics of another coalition member. For example, apply this code

	<p>if the statement describes Jane Doe, a coalition member having 10 years of experience working in opioid overdose prevention.</p> <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements related to individual coalition members’ or key stakeholders’ attitudes about substance use and toward intervention components (e.g. MOUD), or statements about individuals’ knowledge or beliefs or anecdotes and instead code those to Individual Member or Key Stakeholder Personal Attitudes. <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Statements that simultaneously describe an individual’s experience and attitudes may be double coded to Coalition Member or Key Stakeholder Characteristics and Individual Coalition Member or Key Stakeholder Personal Attitudes. • If a coalition member is simultaneously speaking about his/her work role and initiatives by his/her employer (e.g. s/he works at the Health Department and the Health Department is delivering naloxone), coders may double code those statements to Coalition Member or Key Stakeholder Characteristics and Health Services Environment.
<p>Partnerships</p> <p>[Grandchild Code of Community Coalition Characteristics]</p>	<p><u>Definition:</u> Formal and informal relationships between the focal community coalition and any other external coalitions, agencies, or organizations that are not represented on the coalition.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include statements that describe the internal coalition working with an external coalition, agency, or organization – whether they collaborate in ad hoc or long-term/ongoing ways. • Include statements related to working with media partners to disseminate and communicate information publicly. <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements about the mere existence of an external coalition, agency, or organization and instead code those to Other Coalitions/Agencies/ Organizations. • If the partnering organization being discussed is part of the coalition, then do not also include their organization as a partner. Instead code this to community coalition characteristics. • Exclude partnerships associated with implementation of an intervention component and instead only code those with the appropriate intervention component code <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • If the HCS coalition is described as working with an external healthcare provider, double code that statement to the Partnerships code and Health

	<p>Services Environment, unless referring to a coalition led effort and instead double code with Other Community Coalition Initiatives.</p> <ul style="list-style-type: none"> • If the internal coalition is working with partners as part of specific coalition led effort, double code that statement with Other Community Coalition Initiatives.
<p>Coalition Held Attitudes</p> <p>[Child Code]</p>	<p><u>Definition:</u> Beliefs and knowledge about substance use, treatment and prevention services that are widely shared by coalition membership and constitute the general perspective of a given coalition.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include statements that describe a general sentiment from the coalition as a whole about attitudes around the following: types of interventions, how the coalition is working/functioning, and substance use in general (e.g. ‘We feel...’, ‘Everyone thinks...’). • Include statements about how the CTH/HCS intervention has impacted coalition held attitudes • Include statements about a coalition’s passion for SUD-related work. <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements related to individual coalition member or key stakeholder attitudes and instead code those to Individual Member or Key Stakeholder Personal Attitudes. • Exclude statements about a specific ORCCA intervention and instead code those to the appropriate intervention components code.
<p>Individual Member or Key Stakeholder Personal Attitudes</p> <p>[Child Code]</p>	<p><u>Definition:</u> Individual coalition members’ or key stakeholders’ beliefs and knowledge about substance use, treatment and prevention services, their personal alignment with coalition decisions.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include statements related to an individual coalition member’s or key stakeholder’s pre-existing beliefs or attitudes toward certain prevention/harm reduction/treatment practices (e.g. EBPs), or how the informant thinks about people who use drugs, people in recovery, people seeking treatment. • Include statements related to how a coalition member or key stakeholder’s religion/faith impacts their attitudes toward certain EBPs or substance use, treatment and recovery. • Include statements about interviewee’s expectations and hopes for the HCS coalitions in Wave 1. • Include statements about an interviewee’s passion for SUD-related work. <p><u>Exclusion Criteria:</u></p>

	<ul style="list-style-type: none"> • Exclude statements related to an individual community coalition member demographics, knowledge of their role in the coalition, and instead code those to Coalition Member or Key Stakeholder Characteristics. • Exclude statements about the community coalition’s commonly shared attitudes and instead code those to Coalition Held Attitudes. • Exclude statements about how the coalition is structured (e.g. leadership, work groups) and instead code those to Community Coalition Characteristics. • Specific suggestions for “wanting to see more” types of a service should be coded to suggestions/recommendations. • Exclude specific statements about HCS ORCCA interventions and code to the appropriate Intervention Components code. <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Double code statements that intertwine attitudes towards health services with availability and access to services in the community to Health Services Environment and Individual Member or Key Stakeholder Personal Attitudes
<p>Community Coalition Resources [Child Code]</p>	<p><u>Definition:</u> Any HCS community coalition held resources that impact their ability to achieve its goals, including the existence of present and future funding (but not seeking out, applying for funding).</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include statements related to dedicated staff roles to support the coalition (e.g. paid positions, volunteer time), performance data, funding. • Include statements about the availability or lack of funding for the coalition. • Include statements that discuss data that the coalition has access to from non-HCS sources or discussions of data that are not directly related to HCS. <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements about community sentiment regarding support for the coalition and its activities, or additional factors/influences that are not related to the CTH intervention, instead these should be coded under External Context. • Exclude statements about seeking out, applying for or using grant funding and instead code those to Other Community Coalition Initiatives. • Exclude statements referencing resources for ORCCA interventions and code these under the appropriate intervention components code. • Exclude statements referencing resources for Community Engagement interventions and code these under Implementation (CE). • Exclude statements about funding or lack of funding for EBPs.

	<ul style="list-style-type: none"> Exclude statements about coalition roles/responsibilities of paid/volunteer positions without mention of funding. These should be coded to Community Coalition Characteristics. <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> Interwoven statements about the action of seeking out/applying for funding to support coalition initiatives AND how much money was received or how the funds constituted a new resource, should be double coded to Community Coalition Resources and Other Community Coalition Initiatives Double code statements that describe the existence of funding from a specified source to Community Coalition Resources and Other Community Coalition Initiatives (e.g. ‘we have a grant from NIDA to distribute naloxone). If the funding source is not named (e.g. ‘we have money/a grant to distribute naloxone’), only code these statements to Community Coalition Initiatives.
<p>Other Community Coalition Initiatives</p> <p>[Child Code]</p>	<p><u>Definition:</u> Any activities or initiatives that the coalition has planned, is discussing, or are currently/recently underway in the community that are either <u>not</u> HCS intervention/ORCCA components or are <u>not</u> done within the CTH timeline for that wave. Any statements about the evidence for or impact of activities/initiatives conducted by the coalition. These statements may include initiatives that are not focused on opioids or overdoses.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> Include statements related to coalition activities recently implemented/planned/being executed to address and prevent opioid overdoses outside of CTH. Include initiatives related to other substances besides opioids, as these may impact opioid initiatives. Include use of guideline-based or evidence-based recommendations to inform initiatives or change behavior. Include statements about seeking out, applying for or using obtained funding to conduct coalition activities. Include statements about the evidence for or impact of coalition activities. <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> Exclude statements related to initiatives or activities that are happening in the community that do not include or engage with the community coalition, and instead code those to External Context. Exclude statements about what the interviewee wishes was happening but is not occurring. Exclude statements about initiatives implementing organizations that are coalition members are working on but are unrelated to HCS interventions. <p><u>Examples of Potential Double Coding:</u></p>

	<ul style="list-style-type: none"> • Interwoven statements about the action of seeking out/applying for funding to support coalition initiatives AND how much money was received or how the funds constituted a new resource, should be double coded to Community Coalition Resources and Other Community Coalition Initiatives. • Double code statements that describe the existence of funding from a specified source to Community Coalition Resources and Other Community Coalition Initiatives (e.g. ‘we have a grant from NIDA to distribute naloxone). If the funding source is not named (e.g. ‘we have money/a grant to distribute naloxone’), only code these statements to Community Coalition Initiatives. • Double code statements about interventions that were initiated prior to HCS that have continued with HCS resources to Other Community Coalition Initiatives and the appropriate Intervention code.
<p>Suggestions/ Recommendations</p> <p>[Child Code]</p>	<p><u>Definition:</u> Statements about explicit recommendations or suggestions.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Coalition member/key informant suggestions or recommendations about how to address a given barrier, how to improve treatment, prevention or coalition functioning. • Explicit/concrete suggestions/recommendations indicated by statements (e.g. ‘we should have...’, ‘This would help us...’). If applying this code, the coder should be able to identify a concrete suggestion or recommendation being made by the interviewee (as opposed to merely highlighting a problem/barrier). • Include statements providing recommendations for what should be allowable HCS study activities. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements about general coalition plans for how to address the opioid epidemic, and instead code those to Other Community Coalition Initiatives or Coalition Held Attitudes, as appropriate. • Exclude statements that are not explicit recommendations/suggestions (e.g. ‘I wish we had...’) <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Should try to double code any suggestions/recommendations with any applicable codes. Ask yourself the question, “suggestion about what?” to guide double coding. For example, if the recommendation is to expand transportation then the statement should be double coded to Suggestions/Recommendations and Community Risks. If the statement is about expanding MOUD, then double code the statement to Suggestions/Recommendations and Health Services Environment. • Statements should not be double coded to Suggestions/Recommendations and Individual Coalition Member or Key Informant Personal Attitudes unless there is no other appropriate code.

<p>Intervention and Implementation Strategies</p> <p>[Parent Code]</p>	<p>This code refers to specific aspects of the CTH Intervention (i.e., components in the CTH Manual) and any activities or strategies used to promote uptake or implementation of CTH</p>
<p>Community Engagement Intervention Components</p> <p>[Child Code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> Descriptions and discussions of community engaged elements of the CTH process, including community engagement activities and the role of the HCS community facilitation team.</p> <p><u>Inclusion criteria:</u> <i>(For pre and active intervention coding only, if coding post intervention child coding guidance does not apply and only RE-AIM grandchild codes should be used)</i></p> <ul style="list-style-type: none"> • Include statements describing the individuals’ perception or feelings about either the quality or effectiveness of the HCS research staff interactions with the coalition or community and how it has impacted relationships within the coalition or community.¹ • Include statements discussing any barriers or facilitators encountered and perception of progress or perspective on the community engagement process.² • Include statements around building and/or growing an HCS coalition.³ • Include statements around maintaining and sustaining an HCS coalition.⁴ • Include statements generally referencing how “the study” is going.² • Include statements describing all aspects of the decision-making process used by coalitions once the CTH intervention has started, such as using the data-driven decision making process to select EBPs, using the data dashboard in decision-making, or the process used in general by the coalition to reach decisions.² • Include statements about decision-making on specific HCS financial allocations.² <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements related to coalitions’ or members’ interpretation of the ORCCA or the communications campaign components of the CTH. <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by stigma should be double-coded to stigma and the appropriate Intervention code. • Double code passages about decision-making on HCS financial allocations for specific interventions to the appropriate components code.

¹ For post intervention coding this inclusion criteria will be moved down and apply to the effectiveness grandchild code.

² For post intervention coding this inclusion criteria will be moved down and apply to the implementation grandchild code.

³ For post intervention coding this inclusion criteria will be moved down and apply to the adoption grandchild code.

⁴ For post intervention coding this inclusion criteria will be moved down and apply to the maintenance grandchild code.

<p>Reach - Community Engagement</p> <p>[Child code of Community Engagement Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> The characteristics and descriptions of the population that participated in HCS Community Engagement activities.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions related to engaging intended populations in the coalition or the broader CTH process • Include discussions around how representative the coalition membership is of the larger community. • Include discussions of the coalition’s success or difficulty in engaging coalition members with lived or living experience. • Include more qualitative descriptions such “most people”, “everyone”, “a lot”, etc. • Include descriptions of the increased or decreased engagement of specific populations, which may include discussions of specific populations by location like neighborhoods or regions. <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • No specific exclusion criteria. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Effectiveness - Community Engagement</p> <p>[Child code of Community Engagement Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> Statements about members’ perspectives on the impact/outcomes of HCS Community Engagement Activities.</p> <ul style="list-style-type: none"> • Possible outcomes include: effective coalition decision making, successful communication between HCS and coalitions, increased value of data driven decision making processes and increased partnerships and/or relationship building due to coalition involvement. <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions of the impact of Community Engagement activities. • Include statements describing the individuals’ perception or feelings about either the quality or effectiveness of the HCS research staff interactions with the coalition or community and how it has impacted relationships within the coalition or community. • Include statements in which an individual says “I don’t know” when asked about the impact or relative effectiveness of the HCS Community Engagement activities. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • No specific exclusions. <p><u>Examples of Double Coding:</u></p>

	<ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Implementation - Community Engagement</p> <p>[Child code of Community Engagement Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> The process of engaging community members in the CTH process and developing community coalitions.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include descriptions of the community engagement process including any barriers, facilitators, or modifications/adaptions. • Include broad discussions about the barriers or facilitators of engaging community members. • Include discussions about the administrative processes following action plan development. • Include descriptions of HCS involvement assisting or hindering the development of coalitions and/or other CE activities. • Include process-related statements discussing any barriers or facilitators encountered and perception of progress or perspective on the community engagement process. • Include statements generally referencing how “the study” is going. • Include statements describing all aspects of the decision-making process used by coalitions once the CTH intervention has started, such as using the data-driven decision making process to select EBPs, using the data dashboard in decision-making, or the process used in general by the coalition to reach decisions. • Include statements about decision-making on specific HCS financial allocations. • Include statements about how goals and priorities of the coalition have changed during the study period. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions of implementation factors, barriers, and facilitators related to sustainability and instead code to maintenance. Do not double code. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Interwoven statements that describe both the structure of the coalition and the process of coalition development once the intervention has started can be double coded to both Coalition Characteristic and Implementation (CE). • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.

<p>Maintenance - Community Engagement</p> <p>[Child code of Community Engagement Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> Descriptions of the interviewee’s expectations for any HCS CE activities and/or coalitions to continue over time, and any factors potentially impacting sustainability.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include descriptions of HCS involvement assisting or hindering the maintenance of CE and coalitions, including those that pre-date HCS involvement. • Include statements and predictions around maintaining and sustaining a coalition. • Include discussions of implementation barriers/facilitators as rationale for sustainability decisions. Do not double code with related intervention RE-AIM implementation codes. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • No specific exclusions. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>ORCCA – OEND Intervention Components</p> <p>[Child Code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> Descriptions of any ORCCA opioid education and naloxone distribution (OEND) interventions.</p> <p><u>Inclusion criteria:</u> <i>(For pre and active intervention coding only, if coding post intervention child coding guidance does not apply and only RE-AIM grandchild codes should be used)</i></p> <ul style="list-style-type: none"> • Include statements about the rationale or factors considered in what OEND interventions were implemented. • Include statements describing the individuals’ perception or feelings about how the OEND interventions are working in the community, perceived progress, and any barriers or facilitators encountered • Include statements describing expectations for the future of the intervention in the community. • Include passages describing TTA as a facilitator for OEND interventions. • Include statements about decision-making on HCS financial allocations for OEND interventions <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by stigma should be double-coded to stigma and the appropriate Intervention code. • Double code MOUD components and OEND components if statements about interventions that do both are described/referenced within the passage.

	<ul style="list-style-type: none"> • Statements about priorities related to HCS intervention components should be double coded to Community Coalition Characteristics and the appropriate Intervention Components code. • Interwoven statements about a specific OEND or MOUD intervention and the utilization of social media to promote it should be double coded to appropriate intervention code and the communications component code. • Passages detailing factors considered for decision making on a specific intervention should be double coded to OEND and CE • Double code passages about decision-making on HCS financial allocations for OEND interventions to Community Engagement Components.
<p>Reach – OEND</p> <p>[Child code of ORCCA – OEND Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> The amount and characteristics (ie: age, race/ethnicity, lived experience, gender, geography/neighborhood, etc.) of identified recipients of any ORCCA opioid education and naloxone distribution (OEND) interventions.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions related to reaching intended populations. • Include discussions around the saturation of naloxone in the community. • Include more qualitative descriptions such “most people”, “everyone”, “a lot”, etc. • Include descriptions of the increased engagement of specific populations, which may include discussions of increased or decreased engagement of specific populations by location like neighborhoods or regions. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions related to organizations choosing to offer OEND or participate in the HCS OEND intervention and instead code to adoption. • Exclude discussions related to organizational service delivery within a specific location and instead code to implementation. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Effectiveness – OEND</p> <p>[Child code of ORCCA – OEND</p>	<p><u>Definition:</u> Statements about members’ perspectives on the impact/outcome of any ORCCA opioid education and naloxone distribution (OEND) interventions on reducing overdose deaths and related outcomes.</p> <ul style="list-style-type: none"> • Possible outcomes include: reducing death, reduction in overdoses, increased accessibility of Naloxone, and delivery of OEND <p><u>Inclusion criteria:</u></p>

<p>Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<ul style="list-style-type: none"> • Include other proximal outcomes that are not the primary outcome of the intervention, i.e. stigma, increased accessibility and awareness of naloxone. • Include discussions of the impact of OEND strategies. • Include discussions or mentions of non-fatal overdose rates. • Include statements in which an individual says “I don’t know” when asked about the impact or relative effectiveness of OEND interventions. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • No specific exclusions. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Adoption - OEND</p> <p>[Child code of ORCCA – OEND Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> The organizational, agency, or partner willingness to participate in or start any ORCCA opioid education and naloxone distribution (OEND) interventions.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions of the implementing organizations’ enthusiasm or lack of engagement with the chosen intervention. • Include descriptions of any barriers or facilitators to organizational, agency, or partner willingness to participate or start. • Include descriptions of HCS involvement facilitating or hindering organizational buy-in or participation. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions about individual service recipients and instead code to reach. • Exclude discussions about an implementation not being fully delivered and instead code to implementation. • Exclude discussions related to administrative or technical delays and instead code to implementation. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Implementation - OEND</p>	<p><u>Definition:</u> The process of implementing any ORCCA opioid education and naloxone distribution OEND intervention, including elements like how it was implemented, when it was implemented, and who it was implemented by.</p>

<p>[Child code of ORCCA – OEND Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include descriptions of the implementation process including any barriers, facilitators, or modifications/adaptions. • Include broad discussions about the successes/barriers of the intervention. • Include discussions about the administrative processes following action plan development. • Include responses where the respondent indicates no knowledge of the EBP or intervention despite being directly asked about it. • Include descriptions of HCS involvement assisting or hindering the implementation <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions about delays as a result of a lack of organizational buy-in and instead code to adoption • Exclude discussions of implementation factors, barriers, and facilitators related to sustainability and instead code to maintenance. Do not double code. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Maintenance - OEND</p> <p>[Child code of ORCCA – OEND Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> Descriptions of the expectations of any ORCCA (OEND) intervention’s use and continuation over time, and any factors potentially impacting sustainability.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions around future maintenance. • Include descriptions of HCS involvement assisting or hindering the maintenance of interventions, including those that pre-date HCS involvement. • Include discussions of implementation barriers/facilitators as rationale for sustainability decisions. Do not double code with related intervention RE-AIM implementation codes. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • No specific exclusions. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.

<p>ORCCA – MOUD Intervention Components</p> <p>[Child Code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> Descriptions of any ORCCA medication for opioid use disorder (MOUD) interventions</p> <p><u>Inclusion criteria:</u> <i>(For pre and active intervention coding only, if coding post intervention child coding guidance does not apply and only RE-AIM grandchild codes should be used)</i></p> <ul style="list-style-type: none"> • Include statements about the rationale or factors considered in what MOUD interventions were implemented. • Include statements describing the individuals’ perception or feelings about how the MOUD interventions are working in the community, perceived progress, and any barriers or facilitators encountered. • Include statements describing expectations for the future of the interventions in the community. • Include passages describing TTA as a facilitator for MOUD interventions. • Include statements about decision-making on HCS financial allocations for MOUD interventions <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by stigma should be double-coded to stigma and the appropriate Intervention code. • Double code MOUD components and OEND components if statements about interventions that do both are described/referenced within the passage. • Statements about priorities related to HCS intervention components should be double coded to Community Coalition Characteristics and the appropriate Intervention Components code. • Interwoven statements about a specific OEND or MOUD intervention and the utilization of social media to promote it should be double coded to appropriate intervention code and the communications component code. • Passages detailing factors considered for decision making on a specific intervention should be double coded to MOUD and CE • Double code passages about decision-making on HCS financial allocations for MOUD interventions to Community Engagement Components.
<p>Reach - MOUD</p> <p>[Child code of ORCCA – MOUD Intervention Components]</p>	<p><u>Definition:</u> The amount and characteristics (ie: age, race/ethnicity, lived experience, etc.) of identified recipients of any ORCCA medication for opioid use disorder (MOUD) interventions.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions related to increased engagement of intended populations, which may include discussions of increased or decreased

<p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p>engagement of specific populations by location like neighborhoods or regions.</p> <ul style="list-style-type: none"> • Include more qualitative descriptions such as “most people”, “everyone”, “a lot”, etc. • Include discussions around the saturation of MOUD prescribing saturation in the community. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions related to organizations choosing to offer MOUD or participate in the HCS MOUD intervention and instead code to adoption. • Exclude discussions related to service delivery and instead code to implementation <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Effectiveness - MOUD</p> <p>[Child code of ORCCA – MOUD Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> Statements about members’ perspectives on the impact/outcome of any ORCCA medication for opioid use disorder (MOUD) interventions on reducing overdose deaths and related outcomes.</p> <ul style="list-style-type: none"> • Possible outcomes include: people being linked to care, increased accessibility, retention, recovery/remission from OUD and the prevention of death. <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include other proximal outcomes that are not the primary outcome of the intervention, i.e. stigma, increased awareness and access to MOUD. • Include discussions of the impact of MOUD strategies. • Include discussions of non-fatal overdose rates. • Include responses where the respondent indicates no knowledge of the EBP or intervention despite being directly asked about it. • Include statements in which an individual says “I don’t know” when asked about the impact or relative effectiveness of MOUD interventions. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • No specific exclusions. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.

<p>Adoption - MOUD</p> <p>[Child code of ORCCA – MOUD Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> The organizational, agency, or partner willingness to participate in or start any ORCCA medication for opioid use disorder (MOUD) interventions.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions of the implementing organizations’ enthusiasm or lack of engagement with the chosen intervention. • Include descriptions of any barriers or facilitators to organizational, agency, or partner willingness to participate or start. • Include descriptions of HCS involvement facilitating or hindering organizational buy-in or participation. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions about individual service recipients and instead code to reach. • Exclude discussions about an implementation not being fully delivered and instead code to implementation. • Exclude discussions related to administrative or technical delays and instead code to implementation. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Implementation - MOUD</p> <p>[Child code of ORCCA – MOUD Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> The process of implementing any ORCCA medication for opioid use disorder MOUD intervention, including elements like how it was implemented, when it was implemented, and who it was implemented by.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include descriptions of the implementation process including any barriers, facilitators, or modifications/adaptions. • Include broad discussions about the successes/barriers of the intervention. • Include discussions about the administrative processes following action plan development. • Include descriptions of HCS involvement assisting or hindering the implementing organization. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions about delays as a result of a lack of organizational buy-in and instead code to adoption • Exclude discussions of implementation factors, barriers, and facilitators related to sustainability and instead code to maintenance. Do not double code. <p><u>Examples of Double Coding:</u></p>

	<ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Maintenance - MOUD</p> <p>[Child code of ORCCA – MOUD Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definitions:</u> Descriptions of the expectations of any ORCCA MOUD intervention’s use and continuation over time, and any factors potentially impacting sustainability.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions around future maintenance. • Include descriptions of HCS involvement assisting or hindering the maintenance of interventions, including those that pre-date HCS involvement. • Include discussions of implementation barriers/facilitators as rationale for sustainability decisions. Do not double code with related intervention RE-AIM implementation codes. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • No specific exclusions. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>ORCCA Safer Prescribing Intervention Components</p> <p>[Child Code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> Descriptions of any ORCCA safer prescribing interventions.</p> <p><u>Inclusion criteria:</u> <i>(For pre and active intervention coding only, if coding post intervention child coding guidance does not apply and only RE-AIM grandchild codes should be used)</i></p> <ul style="list-style-type: none"> • Include statements about the rationale or factors considered in what safer prescribing interventions were implemented. • Include statements describing the individuals’ perception or feelings about how the safer prescribing interventions are working in the community, perceived progress and any barriers or facilitators encountered. • Include statements describing expectations for the future of the interventions in the community. • Include passages describing TTA as a facilitator for Safer Prescribing interventions. • Include statements about decision-making on HCS financial allocations for Safer Prescribing interventions <p><u>Examples of Potential Double Coding:</u></p>

	<ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by stigma should be double-coded to stigma and the appropriate Intervention code. • Statements about priorities related to HCS intervention components should be double coded to Community Coalition Characteristics and the appropriate Intervention Components code. • Double code passages about decision-making on HCS financial allocations for Safer Prescribing interventions to Community Engagement Components.
<p>Reach - SP</p> <p>[Child code of ORCCA Safer Prescribing Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> The amount and characteristics (ie: age, race/ethnicity, lived experience, etc.) of identified recipients of any ORCCA safer prescribing interventions. Include both people with lived experience and community members, as well as pharmacists, physicians and other clinicians who may be targets of the SP intervention.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions related to reaching intended populations. • Include discussions around the saturation of the safer prescribing intervention in the community. • Include more qualitative descriptions such “most people”, “everyone”, “a lot”, etc. • Include descriptions of the increased engagement of specific populations, which may include discussions of increased or decreased engagement of specific populations by location like neighborhoods or regions. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions related to organizations choosing to implement safer prescribing practices or participate in the HCS safer prescribing intervention and instead code to adoption. • Exclude discussions related to service delivery and instead code to implementation <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Effectiveness - SP</p> <p>[Child code of ORCCA Safer Prescribing Intervention Components]</p>	<p><u>Definition:</u> Statements about members’ perspectives on the impact/outcomes of any ORCCA safer prescribing interventions on reducing overdose deaths and related outcomes.</p> <ul style="list-style-type: none"> • Possible outcomes include: decrease in high risk prescriptions/increase guideline prescribing, increase in co-prescribing of Naloxone and opioids and reduction in opioid related deaths. <p><u>Inclusion criteria:</u></p>

<p>[Grandchild code of Intervention and Implementation Strategies]</p>	<ul style="list-style-type: none"> • Include primary outcomes that address the interviewee’s perception of the impact of the safer prescribing interventions. • Include other proximal outcomes that are not the primary outcome of the intervention, i.e. stigma, increased accessibility and awareness of safer prescribing promotion resources and trainings. • Include responses where the respondent indicates no knowledge of the EBP or intervention despite being directly asked about it. • Include discussions of non-fatal overdose rates related to the SP intervention. • Include statements in which an individual says “I don’t know” when asked about the impact or relative effectiveness of SP interventions. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements that are not specifically related to the safer prescribing interventions <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Adoption - SP</p> <p>[Child code of ORCCA Safer Prescribing Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> The organizational, agency, or partner willingness to participate in or start any ORCCA safer prescribing interventions.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions of the implementing organizations’ enthusiasm or lack of engagement with the chosen intervention. • Include descriptions of any barriers or facilitators to organizational, agency, or partner willingness to participate or start. • Include descriptions HCS involvement facilitating or hindering organizational buy-in or participation. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions about individual service recipients and instead code to reach. • Exclude discussions about an implementation not being fully delivered and instead code to implementation. • Exclude discussions related to administrative or technical delays and instead code to implementation. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be

	<p>double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.</p>
<p>Implementation - SP</p> <p>[Child code of ORCCA Safer Prescribing Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> The process of implementing any ORCCA safer prescribing intervention, including elements like how it was implemented, when it was implemented, and who it was implemented by.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include descriptions of the implementation process including any barriers, facilitators, or modifications/adaptions. • Include broad discussions about the successes/barriers of the intervention. • Include discussions about the administrative processes following action plan development. • Include descriptions of HCS involvement assisting or hindering the implementation. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions about delays as a result of a lack of organizational buy-in and instead code to adoption • Exclude discussions of implementation factors, barriers, and facilitators related to sustainability and instead code to maintenance. Do not double code. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Maintenance - SP</p> <p>[Child code of ORCCA Safer Prescribing Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definitions:</u> Descriptions of the expectations of any ORCCA safer prescribing intervention’s use and continuation over time, and any factors potentially impacting sustainability.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions around future maintenance. • Include descriptions of HCS involvement assisting or hindering the maintenance of interventions, including those that pre-date HCS involvement. • Include discussions of implementation barriers/facilitators as rationale for sustainability decisions. Do not double code with related intervention RE-AIM implementation codes. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • No specific exclusions.

	<p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Communications Intervention Components</p> <p>[Child Code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> Descriptions of any Communications intervention components, such as messaging campaigns, or social media posts, etc.</p> <p><u>Inclusion criteria:</u> <i>(For pre and active intervention coding only, if coding post intervention child coding guidance does not apply and only RE-AIM grandchild codes should be used)</i></p> <ul style="list-style-type: none"> • Include statements related to the communications campaign component of the CTH or barriers and facilitators to its implementation. • Include statements about the rationale or factors considered in how the communications campaign was implemented. • Include statements describing the individuals’ perception or feelings about how the campaigns interventions are working in the community, perceived progress, including changes in stigma, awareness, etc. • Include statements describing expectations for the future of the intervention in the community. • Include passages describing TTA as a facilitator for the Communications interventions. • Include statements about decision-making on HCS financial allocations for communications interventions <p><u>Exclusion Criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements related to coalitions’ or members’ interpretation of the community engagement or ORCCA components of the CTH. <p><u>Examples of Potential Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by stigma should be double-coded to stigma and the appropriate Intervention code. • Statements about priorities related to HCS intervention components should be double coded to Community Coalition Characteristics and the appropriate Intervention Components code. • Interwoven statements about a specific OEND or MOUD intervention and the utilization of social media to promote it should be double coded to appropriate intervention code and the communications component code. • Double code passages about decision-making on HCS financial allocations for communications interventions to Community Engagement Components.

<p>Reach – Comms</p> <p>[Child code of Communications Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> The amount and characteristics of individuals’ interactions with any Communications intervention components, such as messaging campaigns, social media posts, and billboards.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions related to Communications intervention components reaching intended populations. • Include discussions around the saturation of the Communications intervention components in the community. • Include more qualitative descriptions such “most people”, “everyone”, “a lot”, etc. • Include descriptions of the increased engagement of specific populations, which may include discussions of increased or decreased engagement of specific populations by location like neighborhoods or regions. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions related to organizational implementation and instead code to adoption. • Exclude discussions related to service delivery and instead code to implementation <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Effectiveness - Comms</p> <p>[Child code of Communications Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> Statements about members’ perspectives on the impact/outcomes of any Communications intervention components.</p> <ul style="list-style-type: none"> • Possible outcomes include: decrease in stigma within the community, increased awareness concerning the opioid epidemic, increased understanding of available resources, increased agency around utilization of Naloxone in response to Communications interventions, and overall impressions of the campaign from the community perspective. <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include responses where the respondent indicates no knowledge of the EBP or intervention despite being directly asked about it. • Include statements in which an individual says “I don’t know” when asked about the impact or relative effectiveness of the HCS Communications intervention. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • No specific exclusions.

	<p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Adoption – Comms</p> <p>[Child code of Communications Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> The organizational, agency, or partner willingness to participate in or start any Communications intervention components.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions of the implementing organizations’ enthusiasm or lack of engagement with the chosen intervention. • Include descriptions of any barriers or facilitators to organizational, agency, or partner willingness to participate or display communication components in their physical locations. • Include descriptions HCS involvement facilitating or hindering organizational buy-in or participation. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions about an implementation not being fully delivered and instead code to implementation. • Exclude discussions related to administrative or technical delays and instead code to implementation. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Implementation – Comms</p> <p>[Child code of Communications Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> The process of implementing any Communications intervention components, including elements like how it was implemented and when it was implemented.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include descriptions of the implementation process including any barriers, facilitators, or modifications/adaptions. • Include broad discussions about the successes/barriers of the intervention. • Include discussions about the administrative processes • Include descriptions of HCS involvement assisting or hindering the implementation. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude discussions of implementation factors, barriers, and facilitators related to sustainability and instead code to maintenance. Do not double code.

	<p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Maintenance – Comms</p> <p>[Child code of Communications Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definitions:</u> Descriptions of the expectations of sustainment any Communications intervention components.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include discussions around future maintenance of social media accounts, billboards, etc. • Include descriptions of HCS involvement assisting or hindering the maintenance of interventions, including those that pre-date HCS involvement. • Include discussions of implementation barriers/facilitators as rationale for sustainability decisions. Do not double code with related intervention RE-AIM implementation codes. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • No specific exclusions. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Unspecified Intervention Components</p> <p>[Child Code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> Descriptions of a CTH intervention component that do not clearly state the specific CTH intervention bucket (community engagement, OEND, MOUD, safer prescribing or communications).</p> <p><u>Inclusion criteria:</u> <i>(For pre and active intervention coding only, if coding post intervention child coding guidance does not apply and only RE-AIM grandchild codes should be used)</i></p> <ul style="list-style-type: none"> • Include passages that imply but do not clearly state the participant is describing a specific HCS intervention. • Include statements about coalition’s efforts to support HCS goals through additional activities that do not map onto specific intervention components. • Include statements discussing any barriers or facilitators encountered and perception of progress or perspective on the unspecified intervention • Include statements describing the planning for and creation of resource guides.

	<ul style="list-style-type: none"> • Include statements describing expectations for the future of the intervention in the community. • Include passages describing TTA as a facilitator for unspecified interventions. • Include statements about decision-making on HCS financial allocations for unspecified interventions <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Statements about a specific CTH intervention component (OEND, MOUD, safer prescribing, communities) should be coded to the appropriate child intervention component code rather than this more general code. <p><u>Examples for Potential Double Coding</u></p> <ul style="list-style-type: none"> • Passages that describe how the intervention has been impacted by stigma should be double-coded to stigma and the appropriate Intervention code. • Statements about priorities related to HCS intervention components should be double coded to Community Coalition Characteristics and the appropriate Intervention Components code. • Double code passages about decision-making on HCS financial allocations for unspecified interventions to Community Engagement Components code.
<p>RE-AIM- Unspecified</p> <p>[Child code of Unspecified Intervention Components]</p> <p>[Grandchild code of Intervention and Implementation Strategies]</p>	<p><u>Definition:</u> Statements referencing the general impact of the study without direct reference to a specific EBP, impact of unspecified interventions, and experience participating.</p> <p><u>Inclusion criteria:</u></p> <ul style="list-style-type: none"> • Include statements that discuss the general impact of the study, but do not reference a specific EBP or CTH intervention component. • Include statements that discuss feelings about participation and general response to the study. • Include statements that reference an HCS intervention, but do not clarify the specific intervention being discussed. <p><u>Exclusion criteria:</u></p> <ul style="list-style-type: none"> • Exclude statements that reference an EBP or specific CTH intervention component and instead code to the appropriate CTH intervention RE-AIM grandchild code. • Exclude discussions of the study increasing/decreasing connections within the community or data driven decision making and instead code to CE effectiveness. • Exclude discussions of changes in local OUD-related services that were not a part of HCS and instead code to Health Services Environment.

	<ul style="list-style-type: none"> Exclude discussions that reference communication materials or campaigns and instead code to appropriate Communications RE-Aim grandchild code. <p><u>Examples of Double Coding:</u></p> <ul style="list-style-type: none"> Passages that describe how the intervention has been impacted by External Context codes, such as Stigma or Community Risk, should be double-coded to the appropriate External Context child/grandchild code and the appropriate Intervention RE-AIM grandchild code.
<p>Stories [Parent Code]</p>	<p>This code refers to passages in the interview that are anecdotal narratives used to illustrate a point or an experience.</p> <p><u>Notes:</u></p> <ul style="list-style-type: none"> These passages may be larger chunks of the transcript. The consequences of broadly applying this code are minimal. <p>The Stories code should <u>always be double coded</u> with any other appropriate code. For example, if the interviewee is describing the need for safer prescribing behaviors and tells a story about his/her parent being prescribed large quantities of opioids, that passage should be double-coded to Stories and Individual Coalition Member or Key Stakeholder Personal Attitudes.</p>