

Inventory Existing Resources



Strong planning starts by taking stock of what is already in place.

Municipal leaders do not need to start from scratch. A strong opioid overdose prevention response begins by identifying the prevention, treatment, recovery, and substance use health services that already exist, along with the staff, funding, partnerships, and referral pathways that support them. A clear inventory helps communities build on strengths, avoid duplication, and see where added support is needed.



Key Questions and Helpful Tips

What prevention, treatment, recovery, and substance use health services already exist?

- List local prevention programs, naloxone access points, treatment providers, recovery supports, and outreach services.
- Include schools, public health, hospitals, coalitions, faith communities, and community organizations.
- Note which neighborhoods or populations each resource currently reaches.



What programs, staff, and funding are already in place?

- Identify municipal staff time, partner roles, opioid settlement funds, grants, and contracted services.
- Include school efforts, prevention councils, first responder activities, and community-based programs.
- Look for resources that could be expanded, aligned, or connected more effectively.



What referral pathways or public education efforts already work well?

- Review how people are connected to help after an overdose or when they ask for support.
- Identify strong referral workflows, warm handoffs, public awareness efforts, and trusted messengers.
- Document what is already working so it can be sustained and shared.



Evidence of Success

These examples show what a strong inventory of existing resources looks like in practice:

Shared resource inventory

Partners use one list or map of local programs, services, and contacts.

Funding and staffing picture completed

The community knows what people, funding, and programs already support the work.

Gaps and duplication identified

Leaders can see what is missing, what overlaps, and where coordination can improve.

Referral pathways documented

Partners understand how people move from outreach or response to care and recovery support.

Public education assets mapped

Trusted messages, messengers, and materials are identified and ready to use.