Opioid Overdose Prevention Municipal Guide and Workbook for Connecticut Communities



A bird's eye view to help your community use opioid settlement funds and other prevention resources to keep residents safe.



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ABOUT THIS GUIDE

Intended Audience & Table of Contents



A practical guide for municipal and community leaders.

This guide is designed for Connecticut leaders who help prevent opioid overdose, coordinate local services, guide opioid settlement fund investments, or build a community-wide prevention and response system.

Intended Audience

Municipal leadership & administration
Chief elected officials, municipal managers, councils/boards, finance, legal, HR, procurement, and communications.

Public health & public safety
Local health departments/districts, police, fire, EMS, emergency management, and response partners.

Human services, schools & community functions
Human/social services, housing, youth services, parks and recreation, education, and community development.

Prevention, healthcare & community partners
Local Prevention Councils, coalitions, opioid task forces, healthcare, treatment/recovery providers, community groups, and people with lived experience.

How to use the guide: Start where your community is today. Use the sections and Quick Start Tools that best fit local readiness, priorities, and existing systems.

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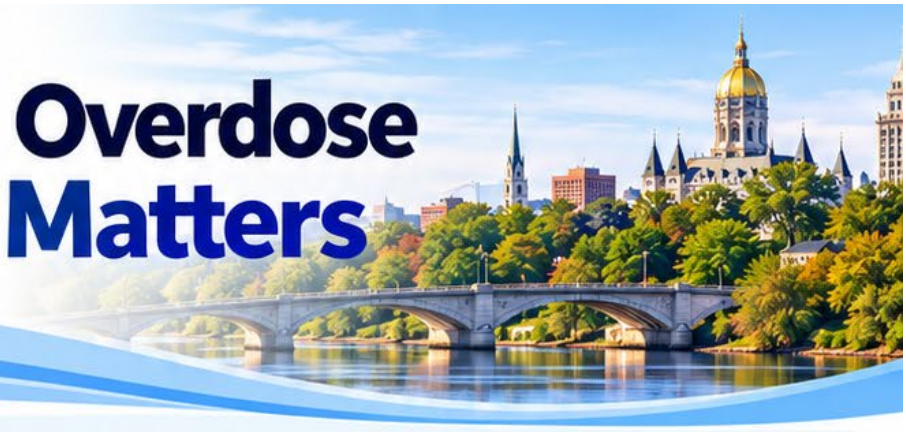
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Why Opioid Overdose Prevention Matters



Understanding Opioids in the Bigger Picture

Many substances can harm health and safety, including alcohol, nicotine, cannabis, stimulants, sedatives, and opioids. Opioids include prescription pain medicines, heroin, and fentanyl, and they are a critical public health issue because they can slow or stop breathing. Fentanyl can make overdose deaths more likely, and compared with many other substances, opioid overdoses can become fatal quickly, even in very small amounts.

Alcohol
Can impair judgment and increase risk of injury.

Nicotine
Can harm the heart, lungs, and overall health.

Cannabis
Can affect attention, learning, coordination, and driving.

Stimulants
Can increase heart rate, blood pressure, and risk of overdose.

Sedatives
Can slow the brain and breathing, especially when mixed with other substances.

Opioids
Can slow or stop breathing, and overdose can be fatal quickly, even in small amounts.

A Serious and Growing Impact

- Since 2015, over 12,000 unintentional drug overdose deaths have occurred in Connecticut, with illicit opioids identified as the principal cause.
- Opioid overdose is a leading cause of injury death in Connecticut.
- Fentanyl and other synthetic opioids are driving most overdose deaths.

Every loss is a neighbor, coworker, friend, or family member.

A Heavy Toll on Communities

- Opioid overdose strains emergency response, hospitals, schools, and social services.
- It increases costs for healthcare, criminal justice, and child welfare systems.
- It affects local economies through lost productivity, absenteeism, and reduced workforce participation.

It is not just a health issue—it is a community and economic issue.

Opioids Are Stronger Than Ever

- Illicit opioids today can be as much as **100 times stronger** than heroin.
- Counterfeit pills and powders often contain fentanyl that cannot be seen, tasted, or smelled.
- One pill or a small amount can be deadly.
- Illicit opioids may contain other toxic substances.

The risk is real. Anyone can be exposed.

When municipalities invest in **opioid overdose prevention,** they protect lives, strengthen families, and advance their mission to keep residents healthy and safe.



Why Opioid Overdose Prevention Matters



Communities Already Have Tools That Work

Local communities do not have to start from scratch. State and local resources can strengthen and expand prevention strategies that are already underway. When municipal leaders, community partners, and state resources work together, communities can prevent overdose, connect people to care, and keep residents safe.

Opioid Settlement Funds

Settlement funds can support a wide range of evidence-based strategies, from prevention to recovery. Municipal leaders can use these funds to strengthen local response efforts.

Local Prevention Councils

Community-driven councils bring partners together to assess needs, coordinate resources, and take action that fits local priorities.

Prevention Resource Partners

Statewide and regional partners provide data, training, technical assistance, and proven strategies to help communities succeed.

Local Community-Based Efforts

Municipalities and local partners are already using many prevention strategies in neighborhoods, schools, healthcare settings, and public safety systems.

Strategies Already Underway in Communities



NA Meetings and Peer Support

Peer support groups create connection, reduce isolation, and help people stay engaged in recovery.



Community Outreach

Trusted outreach workers meet people where they are, share information, and connect them to services.



Naloxone Distribution

Making naloxone widely available helps reverse overdoses and save lives.



First Responder Training

Police, fire, EMS, and other responders need training, tools, and strong referral pathways.



Prescription Drug Safety

Safe use, storage, and disposal of medications can reduce misuse and prevent harm.



Treatment and Recovery Resources

Communities need clear pathways to treatment, recovery support, housing, and other services.

Municipal leadership makes the difference.

Municipal officials help align partners, guide investments, and build a coordinated prevention response that protects health and safety across the community.



The Unique Role of Municipal Government in Opioid Overdose Prevention Strategies



Municipal leaders are uniquely positioned to build on existing prevention and service structures and add opioid-specific capabilities that reflect local needs, risks, and resources—advancing recovery for residents and municipal workers.

The Unique Value of Municipal Leadership



Set Direction

Signal that overdose prevention is a shared civic priority tied to health, safety, and community well-being.



Align Government

Bring public health, EMS, fire, police, schools, housing, and human services into a coordinated local response.



Authorize Action

Support practical opioid-specific functions such as naloxone access, outreach, linkage to care, and data-informed planning.



Establish Accountability

Set expectations, review progress, and sustain actions across departments and community partners.

A Whole-of-Government Approach

Substance misuse touches parents, youth, workers, older adults, and entire families. Behind every data point is a person, a story, and a community that deserves safety, dignity, compassion, and hope. Prevention matters because it protects life, opens the door to treatment, and supports the possibility of recovery.



Public Safety



Public Health



Finance, HR, and Legal

Residents, families, and community well-being



Schools, Youth, Recreation



Housing and Human Services



Economic and Community Development

The Unique Role of Municipal Government in Opioid Overdose Prevention Strategies



The Multiplier Effect

Municipal leaders can do more than respond to opioid overdose. They can connect people, funding, services, and settings to build a coordinated prevention strategy that saves lives and strengthens the community.



Use State Data to Guide Action

Work with state data resources to identify trends, hotspots, and community needs.



Align with Regional Partners

Coordinate with regional partners and neighboring municipalities so efforts reinforce one another.



Bring Efforts Together Across Municipal Functions and Settings

Integrate policy, budget, programming, personnel, communications, schools, healthcare, public safety, faith communities, and neighborhood groups.

From a Single Activity to a Coordinated Community Strategy

The example shows how a single activity can make a difference, but a coordinated community strategy reaches more people, expands naloxone access, and connects individuals to the help they need.

A SINGLE ACTIVITY
(IMPORTANT, BUT LIMITED IMPACT)



Naloxone training for EMS

Builds critical skills and can save lives, but on its own reaches only a small number of people.

A COORDINATED COMMUNITY NALOXONE STRATEGY
(BIGGER REACH, STRONGER, LONGER-LASTING IMPACT)



Schools

Train students, staff, and families and make naloxone available.



Faith Communities

Provide training, raise awareness, and offer naloxone in places of worship.



Healthcare Settings

Integrate naloxone training and distribution in clinics, hospitals, and treatment settings.



Neighborhood Groups

Engage local residents, provide training, and increase naloxone access in neighborhood settings.



First Responders / Public Safety

Train and equip police, fire, and EMS, and support community referrals to treatment.



Community Education and Public Awareness

Share clear information, reduce stigma, and promote naloxone access across the community.

Local Government Actions and Your Roadmap to Success



Local government can take meaningful steps to prevent opioid and other drug overdoses by strengthening internal operations, building community partnerships, and aligning with state, regional, and national resources. These actions help close gaps, make the best use of available resources, and create healthier, safer communities.

Strengthen Municipal Operations

Take actions within municipal functions and for municipal personnel to support overdose prevention and connect people to care and recovery.

Key Actions

- Provide training for municipal staff (e.g., overdose response, recognizing risk, how to refer to services).
- Review and support employee benefits, including health insurance coverage for substance use health services.
- Update workplace policies and protocols (e.g., naloxone availability, emergency response).
- Use data to guide internal practices and identify training and resource needs.

Build and Coordinate Community Partnerships

Work with community partners to expand prevention, connect people to services, and address the factors that increase risk.

Key Actions

- Collaborate with public health, healthcare providers, treatment and recovery services, and people with lived experience.
- Support referral pathways and warm handoffs to services.
- Engage schools, housing providers, community organizations, and faith-based groups.
- Share data and insights to identify local trends, needs, and gaps.
- Involve people with lived experience in planning and decision-making.

Align with State, Regional, and National Resources

Use and help shape policies, funding, and initiatives at the state, regional, and national levels to support local efforts.

Key Actions

- Leverage state and federal funding opportunities to support local programs and services.
- Align local policies with state and national best practices.
- Participate in regional initiatives and coalitions.
- Advocate for policy changes to address local needs (e.g., expanded access to substance use health services, housing, transportation).
- Track and share progress to inform continuous improvement and sustain momentum.

By taking action in these three areas, local leaders can create stronger systems, improve access to care, and build healthier, safer communities.



Local Government Actions and Your Roadmap to Success



Each action step should identify the lever the municipality will use. Local government can act directly, fund and contract services, convene partners, set policy, communicate clearly, and partner or advocate regionally to close gaps and protect residents.

Choosing the actions that best match resources and needs

Direct

What it means

Change a municipal department function, employee practice, facility protocol, data process, or emergency response.

Examples

- Naloxone in municipal facilities
- Staff training
- Standard referral workflow

Fund

What it means

Support a community or regional service, position, outreach function, transportation resource, or evaluation activity.

Examples

- Peer navigation
- Recovery support
- Data analysis
- Family support

Contract

What it means

Purchase a service with a clear scope, access standards, equity expectations, deliverables, and performance measures.

Examples

- Post-overdose outreach
- Mobile substance use health services
- Regional coordinator

Convene

What it means

Bring independent entities into a shared operating structure with common priorities and referral pathways.

Examples

- Hospital, EMS, health, treatment, recovery, housing, and lived-experience partners

Set Policy

What it means

Use municipal authority to update policies, administrative procedures, procurement, employee supports, facility operations, and reporting.

Examples

- Recovery-friendly workplace policy
- Overdose-response protocol
- Settlement reporting process

Communicate

What it means

Provide accurate, non-stigmatizing, multilingual information and targeted alerts.

Examples

- Service access campaign
- Overdose spike communication
- Family resource guide

Partner / Advocate

What it means

Create regional agreements or request changes outside municipal authority.

Examples

- Shared outreach team
- Transportation solutions
- Expanded MOUD access



A practical roadmap helps local leaders match needs with the right actions—so resources are coordinated, gaps are addressed, and residents stay healthier and safer.

Use a Supply and Demand Framework as a Starting Point



Opioid overdose is driven by the availability of opioids (supply) and the factors that increase risk or reduce protection (demand). Municipal leaders and their departments play a role in addressing both supply and demand. Effective prevention strategies address both sides—supply and demand—to reduce overdoses, save lives, and support recovery.

Applying a Supply and Demand Lens

SUPPLY

Reduce the availability of opioids and disrupt illegal markets



- Strengthen law enforcement and investigative tools



- Support safe medication disposal and take-back programs



- Reduce prescription misuse and overprescribing



- Improve data sharing and intelligence to identify trends and hot spots

TWO SIDES OF THE SAME ISSUE

DEMAND

Reduce risk, meet needs, and build protective factors



- Prevent initiation and early use



- Increase access to treatment and recovery supports



- Address behavioral health, trauma, and social needs



- Strengthen family, school, and community supports

How Municipal Departments Contribute



Elected officials — Both

Set priorities, align partners, and support policy and budget decisions.



Public health — Both

Lead prevention, use data, support outreach, and link people to care.



Public safety — Both

Support enforcement, overdose response, naloxone access, and referrals.



Human and social services — Demand

Help meet basic needs and connect people to support.



Public housing — Demand

Support housing stability and safer living environments.



Education — Demand

Build prevention, student supports, and family engagement.



Parks and recreation — Demand

Create healthy activities, youth engagement, and positive connections.



Economic and community development — Demand

Strengthen neighborhoods, opportunity, and community conditions.



Finance, legal, and HR — Both

Support contracts, budgeting, workforce policies, and implementation.



Communications — Both

Share clear public messages, reduce stigma, and promote resources.

Municipal leaders can use a supply and demand framework to connect data, policy, funding, and community action—so prevention strategies work together for greater impact.



Use a Supply and Demand Framework as a Starting Point



Municipal leaders and their departments can use a supply and demand framework to build on what already exists, add opioid-specific strategies, and enable the work through strong coordination, policy, and resources.

Build On + Add + Enable

Use your existing prevention work, add opioid-specific strategies, and enable the effort through policy, funding, and cross-department coordination.

BUILD ON

Strengthen what already exists.

Leverage current substance use prevention efforts, community partnerships, and municipal programs that already address alcohol, tobacco, cannabis, and other substances.

- Use existing policies and resources
- Build on community coalitions
- Integrate with current prevention, education, and treatment services

ADD

Include opioid-specific strategies.

Add strategies that specifically address opioid prevention, overdose response, substance use health services, and recovery support.

- Expand naloxone access and training
- Use data to identify trends and hotspots
- Increase links to treatment and recovery services
- Target high-risk populations and settings

ENABLE

Support and sustain the work.

Create the conditions for long-term success through policy, funding, partnerships, and shared measurement.

- Align municipal policies, budgets, and programs
- Coordinate across departments and with regional partners
- Share data and track progress
- Support workforce training
- Use clear, consistent public messages

Municipal Officials and Leaders Can Facilitate Important First Steps

Inventory Existing Resources

- Existing prevention strategies and programs
- Local policies, funding, and opioid settlement investments
- Municipal departments, Board of Education, and partner roles
- Public-private partnerships, coalitions, and community resources
- Existing data, referral pathways, and service connections

Confirm Existing Needs and Gaps

- Overdose trends, hot spots, and priority populations
- Gaps in naloxone access, substance use health services, and post-overdose linkage
- Needs related to MOUD, treatment, recovery, and family support
- Policy, staffing, data-sharing, and coordination barriers
- Opportunities to strengthen governance, accountability, and performance review

Key Questions for a Municipal Opioid Prevention Response Plan



This page helps municipal leaders ask practical questions, identify priorities, and build a coordinated opioid overdose prevention response plan that fits local needs. Use these questions to guide planning, bring key partners together, and create a stronger, healthier community.

1 Clarify Leaders and Partners

- Who will lead, coordinate, and champion the work?
- Which municipal departments need to be involved?
- Which community partners, healthcare providers, schools, faith groups, housing partners, and people with lived experience should be at the table?

2 Understand the Local Picture

- What do local data show about overdoses, hot spots, and priority populations?
- Which neighborhoods, age groups, or settings need the most attention?
- What trends are changing right now?

3 Inventory Existing Resources

- What prevention, treatment, recovery, and substance use health services already exist?
- What programs, staff, and funding are already in place?
- What referral pathways or public education efforts already work well?

4 Identify Gaps and Needs

- Where are the biggest gaps in naloxone access, outreach, treatment referral, transportation, or follow-up care?
- Which residents face the greatest barriers to support?
- What municipal systems or policies need improvement?

5 Set Priorities and Choose Actions

- What are the top 3 to 5 priorities for the next 12 months?
- Which actions can the municipality take directly, support through partnerships, or align with regional/state resources?
- How will actions improve overdose prevention, service connection, and community safety?

6 Implementation and Accountability

- What funding, staffing, and policy supports are needed?
- How will progress be measured and reviewed?
- How will partners share information and stay accountable?
- How will the plan be updated over time?

Clarify Leaders and Partners



Who will lead, coordinate, and champion the work?

Municipal government can do more than support individual activities. It can lead, coordinate, and convene partners so overdose prevention remains a shared civic priority. By bringing the right people together, setting direction, and supporting accountability, municipalities can align departments, engage community partners, and build a coordinated, practical, and sustained local response.



Key Questions and Helpful Tips

Who will lead, coordinate, and champion the work?

- Consider the Mayor's Office or a designated lead department to provide visible leadership, set direction, and keep the work on track.
- Identify a staff person or small team to coordinate day-to-day activities and communication.
- Use existing structures such as a Local Prevention Council, prevention coalition, or opioid overdose task force to guide the work.



Which municipal departments need to be involved?

- Include departments that touch prevention, response, and recovery (e.g., public health, police/EMS, parks and recreation, housing, youth services, finance, legal, communications, and community development).
- Invite department leaders to participate in planning and implementation.
- Define clear roles and responsibilities for each department.



Which community partners, healthcare providers, schools, faith groups, housing partners, and people with lived experience should be at the table?

- Engage a broad and diverse group of partners who can inform strategies, reach priority populations, and support implementation.
- Include people with lived experience to ensure the plan reflects real-world insights and is culturally responsive.
- Build on existing coalitions and networks rather than starting from scratch.



Evidence of Success

These examples show what effective leadership and partnership look like in practice:

- **Coalition charter.** A written document outlining the group's structure, membership, goals, and working agreements.
- **Clear statement of purpose.** A shared understanding of what the group aims to achieve and why it matters.
- **Defined roles and responsibilities.** Clear expectations for who will lead, coordinate, support, and take action.
- **Regular meeting schedule and shared agenda.** A consistent time to meet, with a focused agenda and follow-up on action items.
- **Clear communication and decision-making process.** An agreed-upon process for sharing information, making decisions, and keeping all partners informed.



Opioid Settlement Fund Uses and Relationship to Municipal Departments



Opioid settlement funds may be used for the following approved strategies across core city/town functions.

Working together across departments to prevent overdose, save lives, and support recovery.

APPROVED USES OF OPIOID SETTLEMENT FUNDS (Strategic Categories)	CITY/TOWN DEPARTMENTS Illustrative Departments and Roles									
	Public Health	Public Safety (Police, EMS, Fire)	Social Services (Human Services)	Youth & Education (Schools, Youth Services)	Parks & Recreation	Planning & Community Development	Finnnce & Procurement	Courts & Legal	Communications & Outreach	All Departments & Community Partners
PREVENTION Prevent opioid misuse before it starts through education, awareness, and community-based programs.	✓			✓	✓	✓			✓	✓
OVERDOSE PREVENTION Reduce the risks and consequences of opioid use and prevent fatal overdoses.	✓	✓	✓	✓						✓
TREATMENT & RECOVERY SUPPORTS Link people to evidence-based treatment and support long-term recovery and well-being.	✓		✓	✓	✓					✓
SUPPORT FOR FAMILIES & COMMUNITIES Strengthen families and communities impacted by opioid use.			✓	✓		✓				✓
CRIMINAL JUSTICE INVOLVEMENT Support people at all points of the justice system to reduce opioid use and overdose.		✓	✓					✓	✓	✓
ADDRESSING SOCIAL DETERMINANTS OF HEALTH Invest in conditions that support health, opportunity, and equity.	✓		✓		✓	✓	✓			✓
DATA, EVALUATION & CONTINUOUS IMPROVEMENT Use data and evidence to guide decisions, improve outcomes, and ensure accountability.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

This crosswalk shows how opioid settlement funds can be used across municipal departments to align efforts, maximize resources, and create healthier, safer communities.

Understand the Local Picture

Good planning starts with a clear understanding of what is happening in the community.

Municipal leaders can use local data, lived experience, and community insight to identify overdose trends, spot gaps, and focus action where it is needed most. A strong local picture helps partners make better decisions, use resources wisely, and respond to changing conditions.



Key Questions and Helpful Tips

What do local data show about overdoses, hot spots, and priority populations?

- Review overdose deaths, nonfatal overdoses, EMS calls, and emergency department visits.
- Look for hot spots, repeated incidents, and places where people may be at higher risk.
- Compare data by age, race and ethnicity, geography, and setting to identify who is most affected.



Which neighborhoods, age groups, or settings need the most attention?

- Identify neighborhoods, schools, housing settings, or public spaces where prevention and outreach may be needed.
- Consider which age groups or populations face the greatest barriers to care and support.
- Use community input to understand what the numbers do not fully explain.



What trends are changing right now?

- Watch for changes in substances involved, overdose patterns, or service demand.
- Track changes in naloxone use, referrals, treatment access, and other response indicators.
- Ask partners what they are seeing on the ground so the plan stays current.



Evidence of Success

These examples show what a strong understanding of the local picture looks like in practice:

Shared data review process
Partners regularly review data together and use common definitions.

Hot spots and priority groups identified
The community can name where risk is highest and who may need more support.

Community voice included
Residents, service providers, and people with lived experience help interpret the data.

Current trends monitored
Local partners track changes over time instead of relying on old information.

Data used for action
Information is used to guide outreach, partnerships, and resource decisions.

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.

Identify Gaps and Needs



Good planning also means identifying what is missing or not working well.

Municipal leaders can use data, community experience, and partner feedback to identify gaps in overdose prevention, treatment referral, recovery support, and substance use health services. A clear understanding of unmet needs helps communities focus resources, close service gaps, and improve how people get connected to help.



Key Questions and Helpful Tips

Where are the biggest gaps in naloxone access, outreach, treatment referral, transportation, or follow-up care?

- Map where naloxone is and is not easy to get, especially in high-risk neighborhoods and settings.
- Review outreach coverage, post-overdose follow-up, treatment referral pathways, and transportation barriers.
- Ask where residents fall through the cracks between first contact and ongoing support.



Which residents face the greatest barriers to support?

- Identify populations most affected by overdose or least connected to care, such as youth, people experiencing homelessness, people leaving incarceration, or residents with limited transportation.
- Consider language, stigma, cost, housing instability, and family needs that make support harder to access.
- Use lived experience and community feedback to understand barriers that numbers alone may miss.



What municipal systems or policies need improvement?

- Review whether referral protocols, data sharing, communication, and cross-department coordination are working well.
- Examine policies, staff training, and operational practices that may delay or limit access to support.
- Identify practical improvements that can strengthen overdose prevention, service connection, and accountability.



Evidence of Success

These examples show what a strong process for identifying gaps and needs looks like in practice:

Service gaps identified
Leaders can clearly name where access or follow-up is weak.

Priority populations named
The community knows who faces the greatest barriers and needs focused support.

Barriers documented
Transportation, stigma, housing, and workflow barriers are described clearly.

Improvement opportunities selected
Partners agree on the most practical changes to pursue first.

Findings used for action
Gap information directly informs priorities, funding, and implementation.

Set Priorities and Choose Actions



Good planning turns information into action.

Municipal leaders can use what they have learned about local conditions, existing resources, and unmet needs to choose a small set of practical priorities. Clear priorities help communities focus resources, strengthen overdose prevention, improve service connection, and protect community safety.



Key Questions and Helpful Tips

What are the top 3 to 5 priorities for the next 12 months?

- Choose a short list of actions with the greatest potential to save lives and close important gaps.
- Balance quick wins, such as naloxone access or referral improvements, with longer-term system changes.
- Focus on priorities that fit local data, community voice, available resources, and readiness to act.

Which actions can the municipality take directly, support through partnerships, or align with regional/state resources?

- Identify what the municipality can do itself, such as training staff, updating protocols, or improving communication.
- Identify actions that depend on schools, healthcare, community organizations, recovery supports, or other partners.
- Look for state, regional, or federal resources that can strengthen local work and reduce duplication.

How will actions improve overdose prevention, service connection, and community safety?

- Ask how each action will prevent overdose, expand access to help, or improve follow-up after an overdose.
- Consider whether the action reduces barriers for priority groups or high-risk neighborhoods.
- Define how success will be measured so progress can be reviewed and adjusted over time.







Evidence of Success

These examples show what strong priority-setting and action planning look like in practice:

Top priorities named
The community has a clear list of 3 to 5 near-term priorities.

Roles matched to actions
Partners know which actions the municipality leads, supports, or shares.

Actions tied to results
Each priority is connected to overdose prevention, service access, or community safety.

Measures identified
Simple indicators are chosen to track progress and guide updates.

Action plan ready
The community has a practical roadmap for the next 12 months.

Implementation and Accountability

A plan works best when communities put it into action, track progress, and keep improving.

Municipal leaders need to identify the supports needed to carry out the plan, monitor progress, keep partners informed and accountable, and update the plan over time. This helps ensure the work stays practical, effective, and responsive to the community's needs.



Key Questions and Helpful Tips

What funding, staffing, and policy supports are needed?

- Identify funding sources such as municipal budgets, opioid settlement funds, grants, and partner support.
- Assign staff time, leadership responsibility, and clear roles for implementation.
- Review policies, protocols, and purchasing or contracting needs that support the work.



How will progress be measured and reviewed?

- Choose a small set of practical measures, such as naloxone access, referrals completed, outreach reach, or training completed.
- Set a routine for reviewing progress, such as monthly or quarterly check-ins.
- Use data to identify what is working and where adjustments are needed.



How will partners share information and stay accountable?

- Identify who shares updates, how often, and with whom.
- Use shared agendas, action logs, and follow-up steps to keep work moving.
- Create clear expectations so municipal departments and community partners know their responsibilities.



How will the plan be updated over time?

- Review lessons learned from implementation, community feedback, and changing local conditions.
- Update the plan after major findings, overdose spikes, or annual review periods.
- Keep the plan flexible so priorities and actions can improve over time.



Evidence of Success

These examples show what strong implementation and accountability look like in practice:

Funding and staffing identified
Resources and roles are clearly assigned.

Measures selected
The team is tracking a few clear indicators.

Review schedule in place
Progress is reviewed on a regular timeline.

Shared accountability process
Partners report on commitments and next steps.

Plan updated and improved
Information from practice is used to strengthen the response.

Sustainability and Alignment

Long-term success comes from connecting overdose prevention with broader substance prevention work.

Municipal leaders can make overdose prevention stronger and more sustainable when they align it with existing work on alcohol, tobacco, cannabis, and other drugs. This helps communities use resources wisely, keep messages consistent, build on existing partnerships, and create a prevention system that lasts over time.



Key Questions and Helpful Tips

How can opioid overdose prevention connect with other substance prevention efforts?

- Review where current efforts already address alcohol, tobacco, cannabis, or other drug use.
- Look for shared goals such as prevention, early support, public education, and safer communities.
- Add opioid-specific strategies without starting from scratch.



How can the work be sustained over time?

- Build the work into regular budgets, staffing, and work plans.
- Use opioid settlement funds strategically while planning for long-term support.
- Keep leadership, data review, and community accountability in place.



How can messages, training, and programs reinforce one another?

- Use clear, consistent public messages across departments and partners.
- Align training for schools, healthcare, public safety, and community groups.
- Connect education, overdose prevention, substance use health services, and recovery supports.



How can partners track progress and keep improving?

- Share data on trends, reach, and service connection.
- Review what is working for different populations and settings.
- Update strategies as community needs and substance trends change.



Evidence of Success

These examples show what strong sustainability and alignment look like in practice:

Shared prevention goals
Opioid prevention is linked with broader substance prevention priorities.

Stable leadership and staffing
Clear responsibility exists for keeping the work moving.

Coordinated messages and training
Partners use consistent language, education, and protocols.

Blended resources
Funding, partnerships, and programs are aligned across efforts.

Continuous improvement
Data and community feedback are used to refine the work over time.

Turning the Planning Cycle into Action



These six steps help municipal leaders move from planning to action. Use the cycle to organize the work, identify priorities, and track whether local overdose prevention efforts are making a difference.

Planning Step	Key Action Items	Evidence of Success
Clarify Leaders and Partners	• Name a lead person or convening body. • Identify municipal departments that need to be involved. • Bring key community partners to the table. • Define roles, meeting structure, and decision-making.	• A written charge or statement of purpose. • A core team roster and meeting schedule. • Clear roles and responsibilities. • A designated lead or coordinating body.
Understand the Local Picture	• Review overdose data, hot spots, and trends. • Identify priority populations, neighborhoods, and settings. • Gather input from residents, frontline staff, and partners. • Look for recent changes that need attention.	• A local overdose profile or dashboard. • Hot-spot maps or summary data tables. • A short community input summary. • A shared understanding of who is most affected.
Inventory Existing Resources	• List current prevention, treatment, recovery, and substance use health services. • Identify existing staff, funding, and programs. • Map referral pathways and public education efforts. • Note what is already working well.	• A service inventory or resource directory. • A map of programs, providers, or referral pathways. • A summary of current funding and staffing. • A list of existing strengths to build on.
Identify Gaps and Needs	• Compare community needs with current resources. • Identify gaps in naloxone access, outreach, treatment referral, transportation, and follow-up care. • Identify barriers faced by priority populations. • Review policies or system issues that need improvement.	• A written gap analysis. • Priority barriers named clearly. • Improvement opportunities identified. • Agreement on which gaps need attention first.
Set Priorities and Choose Actions	• Select the top 3 to 5 priorities for the next 12 months. • Choose actions the municipality, partners, or regional groups can take. • Identify early wins and longer-term actions. • Assign responsibility and timelines.	• A written priority statement. • An action plan with owners and timelines. • Early-action steps underway. • A record of decisions and rationale.
Implementation and Accountability	• Identify funding, staffing, and policy supports. • Put measures, reporting, and review routines in place. • Share information across partners. • Update the plan based on results and community feedback.	• Funding and staffing assigned. • A progress review schedule or dashboard. • Regular partner updates and accountability check-ins. • A refreshed plan based on lessons learned.

Success Stories
Across the Planning Cycle



Connecticut municipalities are using opioid settlement funds to move from planning to action. These examples show how towns at different stages are making a difference in their communities.

Clarify Leaders and Partners

New Britain



New Britain uses the NB Recovers structure, including an Opioid Task Force and recovery roundtables, the Local Prevention Council, a CAN homeless work group, and an executive committee that approves the action and strategic plan.

Settlement funds supported an EMS paramedic serving in a recovery-navigation role, Parent Cafés, and the BEE Responsible prevention program, which reached over 800 fifth-grade students and 800 sixth-grade students.

Understand the Local Picture

Griswold



Griswold PRIDE and the Community Action Team used HIDTA ODMAP data to identify overdose trends and hot spots, then used the findings to guide targeted strategies.

Settlement funds supported weekly substance use health services through the local health district, recovery navigation and support, transportation and housing assistance, and EMS naloxone leave-behind kits.

Inventory Existing Resources

Wallingford



Wallingford built on existing municipal and community assets by coordinating its Health Department, Youth and Social Services Department, and the Coalition for a Better Wallingford.

Settlement funds expanded naloxone availability in schools and community settings, supported the CredibleMind BH360 behavioral-health platform, hired a prevention-focused social worker, and expanded prevention education.

Identify Gaps and Needs

Milford



Milford's Collaborative on Opioid and Overdose Response (COOR) reviewed service gaps and directed settlement funds to Bridges Healthcare and the Milford Prevention Council with specific deliverables.

Funds supported youth prevention, prescriber education, naloxone access, and the Mobile Addiction Treatment Team (MATT) van.

Set Priorities and Choose Actions

Naugatuck



Naugatuck Police, Naugatuck Youth Services, and the YMCA assessed current activities and service gaps, then selected a Recovery Outreach Specialist as a priority.

Settlement funds supported a certified recovery coach who provided community naloxone training, SMART Recovery, and case management. In the first year, 17 residents received case management and 12 were reported as still in long-term recovery as of FY26.

Implementation and Accountability

Waterbury



Waterbury sustained three Overdose Response Technicians and a data analyst, strengthened epidemiology capacity, and used Connecticut DPH, emergency department, police, and EMS data to guide decisions.

The town also used the Unite Us referral platform to track whether referrals were completed.

Overdose Response Technicians responded to more than 200 overdose calls and facilitated more than 50 outreach and training events.

More Success Stories Across the Planning Cycle



These are additional Connecticut municipal examples showing how opioid settlement funds have supported practical action across different steps in the planning cycle.

Clarify Leaders and Partners

Manchester



- Formed an Opioid Settlement Funds working group that met monthly and brought together organizations and community members with expertise in prevention, mitigation, recovery, and related services.
- In FY24, the town focused on youth-related prevention, mitigation, recovery, and other services.

What this shows: The town created a standing group that brought the right people together to plan meaningful use of settlement funds.

Understand the Local Picture

Guilford



- Used coalition planning and review of needs-assessment information to guide its work.
- Focused on the broader community and used funds for prevention events, prevention education, and naloxone kit distribution.

What this shows: Community-wide information helped shape practical prevention and education activities.

Inventory Existing Resources

Ansonia



- Discussed options with first responder department heads.
- Used funds to purchase Narcan for first responders and provide training for residents.
- Public awareness increased.

What this shows: The city built on existing first-responder capacity and community education to strengthen available resources.

Identify Gaps and Needs

Berlin



- Held cross-functional meetings involving Social Services, the Board of Education, Police, and the Central CT Health District to brainstorm needs and ideas.
- Used funds for educational materials and sessions for at-risk groups.

What this shows: Cross-department discussion helped surface local needs and guide action for priority populations.

Set Priorities and Choose Actions

Barkhamsted



- Pooled funds regionally through the Northwest Hills Council of Governments Regional Opioid Response Fund.
- A multisector committee met quarterly to identify, develop, and implement evidence-based initiatives tailored to small rural communities.
- Funds supported leave-behind kits for ambulance crews and supplies for regional outreach.

What this shows: The town chose a regional strategy that fit local capacity and focused funds on practical high-impact actions.

Implementation and Accountability

Ashford



- Used funds for a service for parents, teachers, and others who work with adolescents to help them better understand the teen envirommment and spot possible signs of substance use.
- Parents, teachers, and others were educated to help identify signs of substance abuse.

What this shows: The town turned funding into a concrete educational activity with a clear audience and visible result.

QUICK START TOOLS

Introduction & Table of Contents

Practical Formats for Municipal Opioid Overdose Prevention Planning

Use these tools as practical starting points - adapt them to fit your community.

These sample formats can help municipal leaders and planning teams get organized and advance opioid overdose prevention and response work in their communities. Use the tools that best fit your current planning and project management practices.

Fillable PDFs available online

Fillable PDF versions of each Quick Start Tool are available at www.preventiontrainingcenter.org. Municipal and community leaders may use these formats directly or use other tools that better match local approaches and practices.

Additional planning and learning resources

The website also provides fact sheets, learning modules, coalition capacity-building information, and other national, state, and local resources that can support municipal opioid overdose prevention planning and implementation.

Quick Start Tools Table of Contents

1 **Point of Contact and Planning Team Worksheet**

2 **Existing Community Efforts and Alignment Worksheet**

3 **Sample Charter or Memorandum of Agreement to Support Collaboration**

4 **Understand the Local Picture: Community Snapshot & Data Map**

5 **Inventory Existing Resources Including Use of Opioid Settlement Funds**

6 **Identify Needs and Gaps**

7 **Set Priorities and Choose Actions**

8 **Implementation and Accountability**

9 **Integration and Alignment of Opioid Overdose Prevention and Response with Existing Prevention Strategies**

Use the tools in sequence or select only the formats that support your community's current stage of work.

QUICK START TOOL 1

Point of Contact and Planning Team Worksheet

Start with the right people.

Use this worksheet to name the municipal staff or subject matter experts who should help develop and carry out your opioid overdose prevention and response plan. One person may represent more than one function, and regional or shared-service contacts may be used when a function is not housed directly in the municipality.

Municipality	Chief Elected Official / Municipal Manager	Date

Designated Planning Lead / Coordinator Convenes the team, coordinates information, tracks next steps, and keeps the plan moving.	NAME	TITLE / DEPARTMENT

Municipal Planning Team - Point of Contact Roster

MUNICIPAL DEPARTMENT / FUNCTION	PRIMARY CONTACT	TITLE / ROLE	EMAIL / PHONE
Municipal Leadership Mayor/First Selectman, municipal manager, or designee			
Public Health Local health department or regional health district; data, prevention, referrals			
Police / Public Safety Overdose trends, public safety response, community coordination			
Fire / EMS / Emergency Management Overdose response, naloxone, emergency operations and readiness			
Human or Social Services Resident support, benefits, referrals, recovery and basic needs			
Youth Services / Local Prevention Council Prevention coalition, youth and family engagement			
Schools / Board of Education Student prevention, supports, family engagement and school policy			
Housing / Community Services Housing stability, outreach and residents with elevated needs			
Parks & Recreation Youth/family programming, public spaces and community engagement			
Economic & Community Development Businesses, neighborhoods, employment and community conditions			
Finance / Budget Settlement funds, grants, procurement, reporting and sustainability			
Legal / HR / Risk Management Policy, contracts, workforce practices, benefits and risk			
Communications / Public Information Public education, outreach, messaging and crisis communications			

Next step: bring the identified contacts together for a short planning kickoff.

Use the first meeting to confirm roles, review local data and current resources, and identify the most important gaps to address.

TARGET KICKOFF DATE	CONVENED BY	MISSING FUNCTIONS / FOLLOW-UP

QUICK START TOOL 2

Existing Community Efforts

& Alignment Worksheet

Build on what already exists.

Before creating a new group or strategy, identify the councils, coalitions, task forces, and community-wide efforts already working on prevention or overdose response. Use this worksheet to decide how the municipal plan should connect to them.

Municipality	Planning Lead / Coordinator	Date

1. Scan for existing community-wide groups and initiatives

COMMUNITY STRUCTURE / INITIATIVE	EXISTS? Y / N / ?	NAME / LEAD + CONTACT	CURRENT ROLE / VALUE TO PLAN
Local Prevention Council / Youth Services Council Existing municipal or youth-focused prevention structure.	☐ Y ☐ N ☐ ?		
Community Prevention Coalition Coalition addressing substance use prevention or related community risks.	☐ Y ☐ N ☐ ?		
Opioid Overdose Task Force / Response Team Group focused on overdose prevention, response, post-overdose outreach, or	☐ Y ☐ N ☐ ?		
Public Health / Treatment / Recovery Collaborative Local or regional partnership connecting public health, care, treatment, or	☐ Y ☐ N ☐ ?		
Regional or Multi-Town Prevention Initiative Shared effort that serves the municipality across town or district boundaries.	☐ Y ☐ N ☐ ?		
Other Community-Wide Initiative / Strategy Any other active partnership, campaign, strategy, or coordinated community effort.	☐ Y ☐ N ☐ ?		

2. What do existing efforts already cover?

Check the functions that are already active somewhere in the community. This helps identify overlap, strengths, and gaps.

- ☐ Local data, trends, and hot-spot review
- ☐ Youth, family, and community prevention
- ☐ Naloxone access and overdose response
- ☐ Post-overdose outreach and connection to care
- ☐ Treatment, recovery, and referral pathways
- ☐ Community outreach and public education
- ☐ Resident, family, or lived-experience input
- ☐ Funding, evaluation, or shared reporting

3. Decide how the municipal planning process will connect

- ☐ Use an existing group as the primary coordinating body.
- ☐ Create a joint workgroup for opioid overdose prevention and response.
- ☐ Coordinate specific strategies while keeping governance separate.
- ☐ Establish a standing liaison and routine updates with existing group(s).
- ☐ Align data review, priority setting, and action planning across groups.
- ☐ No suitable structure exists - convene a new planning group.

GROUP(S) TO CONNECT WITH	MUNICIPAL LIAISON	TARGET DATE

QUICK START TOOL 3

Sample Collaboration Charter

& Memorandum of Agreement (MOA)

Agree on how partners will work together.

Use this sample as a simple group charter or adapt it into a memorandum of agreement. Clarify purpose, roles, decision-making, communication, and accountability - and build from an existing coalition, council, or task force whenever possible.

Municipality	Group / Partnership Name	Effective Date

1. Shared purpose and scope

SAMPLE LANGUAGE

We agree to work together to reduce opioid overdose risk and strengthen prevention, response, treatment/recovery connections, and community well-being by aligning information, resources, and action.

OUR AGREED PURPOSE / FOCUS

This charter supports: ☐ Existing group ☐ Expanded existing group ☐ New planning group

2. Roles and participation

CORE ROLE	WHO FILLS THIS ROLE	WHAT THEY ARE RESPONSIBLE FOR
Convening / coordination Schedules meetings, keeps work moving, follows up.		
Data / local picture Brings available data, trends, and community information.		
Community voice / outreach Connects residents, families, lived experience, and partners.		
Strategy / implementation Coordinates actions across departments and organizations.		
Funding / accountability Tracks resources, decisions, progress, and reporting.		

3. How we will work together

MEETINGS & COMMUNICATION

Meet every: _____ Convener / host: _____

☐ Use a shared agenda, notes, and action list. ☐ Share information allowed by policy and law.

DECISION METHOD ☐ Consensus ☐ Majority vote ☐ Designated lead ☐ Other

DISAGREEMENTS / ESCALATION

4. Commitments, accountability, and review

PARTNER COMMITMENTS

☐ Participate and follow through.

☐ Report back to home organization.

SHARED DELIVERABLES

☐ Priorities and action plan.

☐ Routine progress review.

REVIEW & AGREEMENT

☐ Review this charter routinely.

☐ Disclose conflicts of interest.

ACKNOWLEDGED BY: MUNICIPAL LEAD - NAME / TITLE

PARTNER / COALITION LEAD - NAME / TITLE

Sample planning tool. If used as a formal legal MOA, review with municipal counsel before execution.

QUICK START TOOL 4

Understand the Local Picture

Community Snapshot & Data Map

Build the picture before choosing the strategy.

Use local data, community experience, and information about current services to describe what is happening, who is most affected, where attention is needed, and what is changing. The goal is a shared working picture - not a perfect data report.

Municipality	Planning Lead / Coordinator	Date

1. Map the questions that define your local picture

QUESTION / LENS	LOCAL SOURCE(S) TO USE	WHAT WE KNOW NOW	WHAT WE STILL NEED TO LEARN
What is happening? Overdose deaths, nonfatal overdoses, EMS/ED activity, naloxone use, substances involved.			
Who is most affected? Age and other available demographic or population characteristics; barriers and vulnerability.			
Where is attention needed? Neighborhoods, repeated incident locations, housing or public settings, schools, other places.			
What is changing? Substance mix, overdose patterns, service demand, referrals, treatment access, emerging concerns.			
What are people experiencing? Resident and partner observations about barriers, stigma, navigation, access, and unmet needs.			

2. Build the evidence mix - use more than one type of information

DATA SIGNALS

- ☐ Fatal and nonfatal overdoses
- ☐ EMS / fire / police response
- ☐ ED or urgent-care activity
- ☐ Naloxone use and distribution
- ☐ Substances involved / emerging trends

COMMUNITY VOICE

- ☐ People with lived experience
- ☐ Families and residents
- ☐ First responders and providers
- ☐ Schools / youth / prevention partners
- ☐ Community organizations and businesses

SERVICES & RESOURCES

- ☐ Prevention and public education
- ☐ Treatment / recovery / referrals
- ☐ Post-overdose outreach
- ☐ Mental health / social services
- ☐ Housing, transportation, other supports

Missing or hard-to-access information we should obtain:

3. Turn the information into a shared working picture

KEY FINDINGS
List the 2-3 facts or patterns the team agrees matter most.

WHO / WHERE NEEDS ATTENTION
Name priority populations, places, settings, or barriers to examine.

NEXT QUESTION / DATA ACTION
Name the most important information gap and who will follow up.

READY TO MOVE ON WHEN: ☐ Shared data reviewed ☐ Priority people / places identified ☐ Community voice included ☐ Current trends checked

QUICK START TOOL 5

Inventory Existing Resources

Including Use of Opioid Settlement Funds

Start with what your community already has.

Use this worksheet to identify existing prevention, treatment, recovery, overdose response, and support resources; document how they are funded; and show where opioid settlement funds are already supporting the local response. Inventory first - then decide what to strengthen, connect, expand, or add.

Municipality	Planning Lead / Coordinator	Date

1. Inventory programs, services, and community assets

AREA	WHAT EXISTS / WHO LEADS	WHO / WHERE SERVED	FUNDING SOURCE(S)	CAPACITY / NOTES
Prevention & public education Schools, youth, outreach, awareness				
Overdose prevention & response Naloxone, EMS, post-overdose support				
Treatment & recovery Referral, MOUD, recovery services				
Family / social supports Housing, transportation, family supports				
Data / coordination / other Planning, evaluation, workforce, navigation				

FUNDING SOURCES TO CHECK ☐ Municipal budget ☐ Opioid settlement ☐ State / federal grant ☐ Insurance / Medicai ☐ Partner / in-kind

2. Track current use of opioid settlement funds

Use municipal finance and required reporting records as the source of truth. Settlement funds should support the plan - not become the plan.

Funds received / available to date	Funds committed / awarded	Funds spent to date

SETTLEMENT-FUNDED ACTIVITY	LEAD / PARTNER	APPROVED USE / PLAN PRIORITY	AMOUNT	STATUS / RESULT

3. Use the inventory to guide next steps

STRENGTHEN / EXPAND
What is working and worth building on?

CONNECT / COORDINATE
Where can partners, referrals, or funding align better?

GAP / FUNDING ACTION
What is missing, duplicated, or not reaching people?

QUICK START TOOL 6

Identify Needs and Gaps

Where Current Resources Fall Short of Community Needs

Find the places where need exceeds the current response.

Compare what residents need with what already exists. Look for missing access, uneven reach, weak handoffs, barriers faced by priority populations, and municipal systems or policies that may slow connection to help. Focus first on gaps that matter most for safety, access, and continuity of support.

Municipality	Planning Lead / Coordinator	Date

1. Compare community need with the current response

AREA TO REVIEW	WHAT SHOULD BE AVAILABLE / WORKING?	WHAT IS HAPPENING NOW?	GAP OR BARRIER	WHO / WHERE AFFECTED
Naloxone & overdose response Access, availability, response readiness				
Outreach & post-overdose follow-up Warm handoffs and timely follow-up				
Treatment / referral / recovery Referral pathways, navigation, continuity				
Transportation / housing / social supports Practical supports that enable access				
Prevention & public education Reach, relevance, trusted information				
Municipal systems / policy / coordination Protocols, data sharing, training, accountability				

2. Apply a barrier and community experience lens

PEOPLE / PLACES MOST AFFECTED
Which residents, neighborhoods, settings, or groups face the greatest barriers?

WHERE PEOPLE FALL THROUGH THE CRACKS
Where do referrals, handoffs, follow-up, or service connections break down?

SYSTEMS / POLICIES TO IMPROVE
What protocols, policies, training, data sharing, or coordination need attention?

BARRIERS TO CHECK:

- ☐ Transportation
- ☐ Language / communication
- ☐ Cost / coverage
- ☐ Stigma
- ☐ Housing instability
- ☐ Hours / location

3. Name the top gaps to address first

#	PRIORITY GAP	WHY IT MATTERS / EVIDENCE	POSSIBLE IMPROVEMENT	OWNER / FOLLOW-UP
1				
2				
3				

READY TO MOVE ON WHEN:

- ☐ Gap analysis drafted
- ☐ Priority people/places named
- ☐ Barriers documented
- ☐ Team agrees on top gaps

QUICK START TOOL 7

Set Priorities and Choose Actions

Turn the Top Needs into a Focused 12-Month Action Agenda

Use what you learned to make a small number of clear choices.

Choose the priorities with the greatest potential to save lives, close important gaps, improve access, and strengthen community safety. Balance quick wins with longer-term system improvements, then select actions the municipality can take directly, support through partnerships, or align with regional and state resources.

Municipality	Planning Lead / Coordinator	Date

1. Narrow the list to the top 3 to 5 priorities for the next 12 months

NEED
Supported by local data and community voice

IMPACT
Could save lives, improve access, or close a major gap

REACH
Benefits priority people, places, or settings

FEASIBILITY
Municipality and partners can influence it now

ALIGNMENT
Fits available resources and partner capacity

CANDIDATE PRIORITY	WHY NOW? EVIDENCE / NEED	EXPECTED BENEFIT	MUNICIPAL ROLE	12-MO. FIT	ADVANCE
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Municipal role examples: Direct = municipality leads or changes its own operations | Partner = shared implementation | Align = connect to regional/state resources

2. Choose the actions that best move each priority forward

PRIORITY	ACTION TO TAKE	HOW?	LEAD / PARTNERS	12-MONTH RESULT / MEASURE

3. Build a balanced action agenda and name the first move

QUICK WIN - NEXT 90 DAYS
What can start soon and show visible progress?

LONGER-TERM SYSTEM CHANGE
What policy, coordination, access, or infrastructure change should begin now?

FIRST DECISION / NEXT STEP
What approval, partner commitment, or funding decision is needed next?

READY TO MOVE ON WHEN: ☐ Top priorities agreed ☐ Actions / roles matched ☐ Priority groups considered ☐ Funding fit checked ☐ Measures named

QUICK START TOOL 8

Implementation and Accountability

Put the Action Agenda into Motion

Make ownership, timing, support, and measures visible.

For each action, name who owns the work, what support is needed, when progress will be reviewed, and what evidence will show that implementation is on track. Use the review routine to solve problems early, document decisions, and update the plan as conditions change.

Municipality

Implementation Lead / Coordinator

Plan Period / Date

1. Translate priorities into a simple implementation roadmap

PRIORITY / ACTION	LEAD OWNER	KEY PARTNERS	FUNDING / STAFFING / POLICY SUPPORT	TIMING / MILESTONE	MEASURE / EVIDENCE

Support may include: budget or settlement funds, staff time, contracts, training, policy approval, data access, or partner commitments.

2. Set the accountability routine before the work starts

REVIEW SCHEDULE
How often will progress be reviewed, and who will convene the review?

PROGRESS INFORMATION
What measures, spending, milestones, or implementation data will be reviewed?

SHARED ACCOUNTABILITY
Who receives updates, and how will barriers or missed milestones be addressed?

Cadence: ☐ Monthly ☐ Quarterly

Convener / standing meeting:

3. Use each review to learn, decide, and keep the plan current

WHAT IS ON TRACK?
Name progress, completed milestones, or evidence that the action is working.

WHAT NEEDS ATTENTION?
Name delays, barriers, missed milestones, or places where support is needed.

DECISION / ADJUSTMENT
What will change, who owns the next step, and by when?

Next review date:

How changes / decisions will be communicated:

READY TO IMPLEMENT WHEN: ☐ Each action has an owner ☐ Supports confirmed ☐ Measures / data named ☐ Review schedule set ☐ Update path agreed

QUICK START TOOL 9

Integration and Alignment

Connect Opioid Prevention and Response with Existing Prevention Strategies

Build on what works. Add what is opioid-specific. Enable the work to last.

Use existing prevention and public health strategies as the starting point. Identify shared goals, populations, settings, partners, and resources; add opioid-specific actions where needed; and align policy, funding, data, training, communication, and accountability so the work is coordinated rather than duplicated.

Municipality	Planning Lead / Coordinator	Date

1. Map where opioid work can connect with what already exists

EXISTING PREVENTION STRATEGY / PROGRAM	LEAD / PARTNERS	POPULATION / SETTING	OPIOID CONNECTION / OPPORTUNITY

Examples to scan: youth and family prevention; alcohol, cannabis, nicotine or prescription drug prevention; public education; school or workplace strategies; mental health and early support; community coalitions.

2. Apply Build On + Add + Enable to the priority opportunities

INTEGRATION OPPORTUNITY	BUILD ON - what already works	ADD - opioid-specific strategy	ENABLE - policy, funding, data, training, communication, partners

3. Make alignment visible in people, resources, and accountability

PEOPLE & PLANNING
How will departments, coalitions, and partners plan and communicate together?

STRATEGIES & RESOURCES
What outreach, training, referral pathways, staffing, or funding will be coordinated?

DATA & ACCOUNTABILITY
What measure, data source, and review routine will be shared?

First alignment action:	Owner:	By when:

READY TO ALIGN WHEN: ☐ Existing work mapped ☐ Duplication checked ☐ Opioid add-ons named ☐ Supports aligned ☐ Shared review set