

Opioid Response Training and Toolkit

Training on facts, trends, and consequences of opioid and stimulate misuse, opioid settlement funds, data sources, evidenced based strategies, and resources for municipal planning and decision making.



FACTS & TRENDS



DATA & SOURCES



EVIDENCED-BASED STRATEGIES



RESOURCES FOR COMMUNITIES



STRONGER TOGETHER. HEALTHIER COMMUNITIES.

Building informed, coordinated, and compassionate responses across Connecticut.



CONNECTICUT
Mental Health & Addiction Services



Prevention
Training &
Technical
Assistance
Service Center

Housekeeping & Self-Care



Please use the chat for questions or comments



Please keep yourself on mute other than when participating



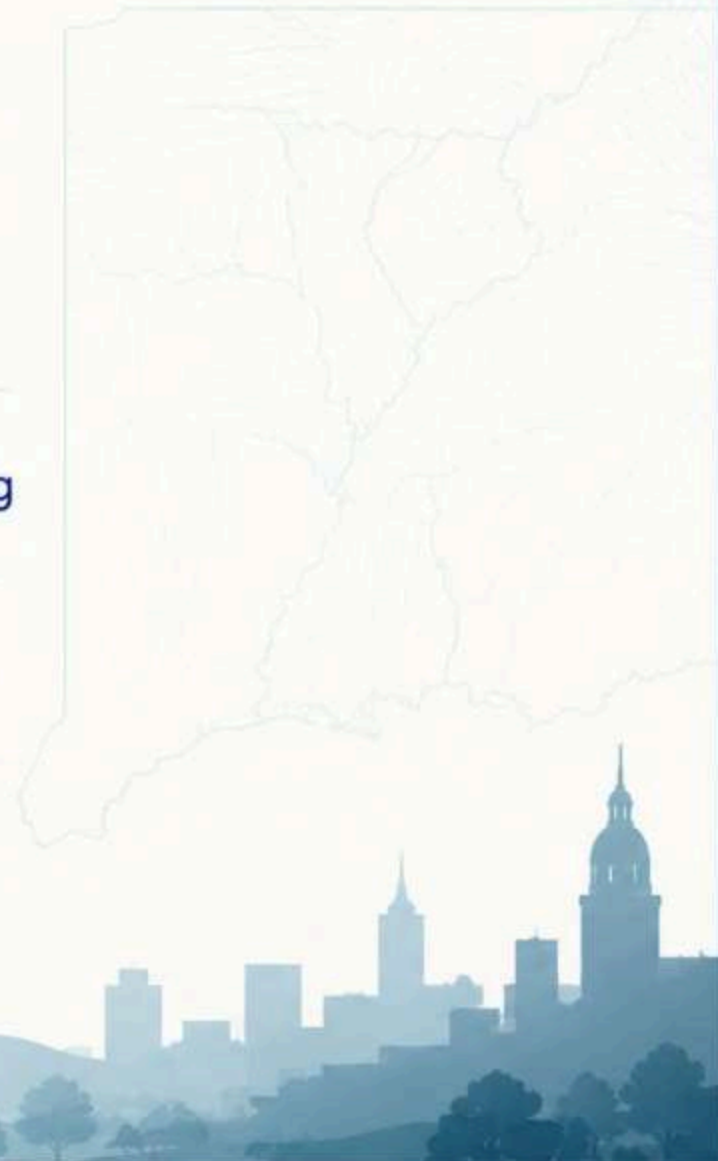
Take care of yourself through the presentation as needed



Instructions will be emailed to you to complete a brief evaluation survey and how to download your CEU



There will be a 30 minute break



Learning *Objectives*

By the end of this training, participants will be able to:

- Understand opioid facts, trends, and emerging substance use patterns.
- Identify stimulant trends and the evolving drug supply.
- Explore key opioid-related data sources and how communities use data.
- Learn about opioid settlement funds and municipal planning opportunities.
- Review the Municipal Guide and Workbook.
- Examine evidence-based prevention practices and community strategies.
- Explore youth-focused prevention strategies and supports.
- Identify strategies and resources for youth-serving organizations and professionals.
- Review parent and guardian prevention strategies and resources.
- Connect prevention efforts to the Strategic Prevention Framework (SPF).
- Learn approaches for building coordinated, community-wide prevention and response systems.



Why Are We Here Today?



The Impact in Connecticut

Current official data show progress — but fentanyl, cocaine, and nonfatal overdoses continue to shape the crisis.

12,398

Confirmed fatal drug
overdoses in Connecticut

2015–2025 combined



Every number is a neighbor, parent,
child, or coworker.



836

confirmed deaths
in 2025



45.5%

decline in annual
overdose deaths
since the 2021 peak



77,304

naloxone (Narcan) kits
distributed statewide
in 2025



THE THREAT REMAINS

Fentanyl, cocaine, and nonfatal overdoses
continue to pose a serious risk in 2025.



69.1%

of 2025 overdose deaths
involved **fentanyl**.



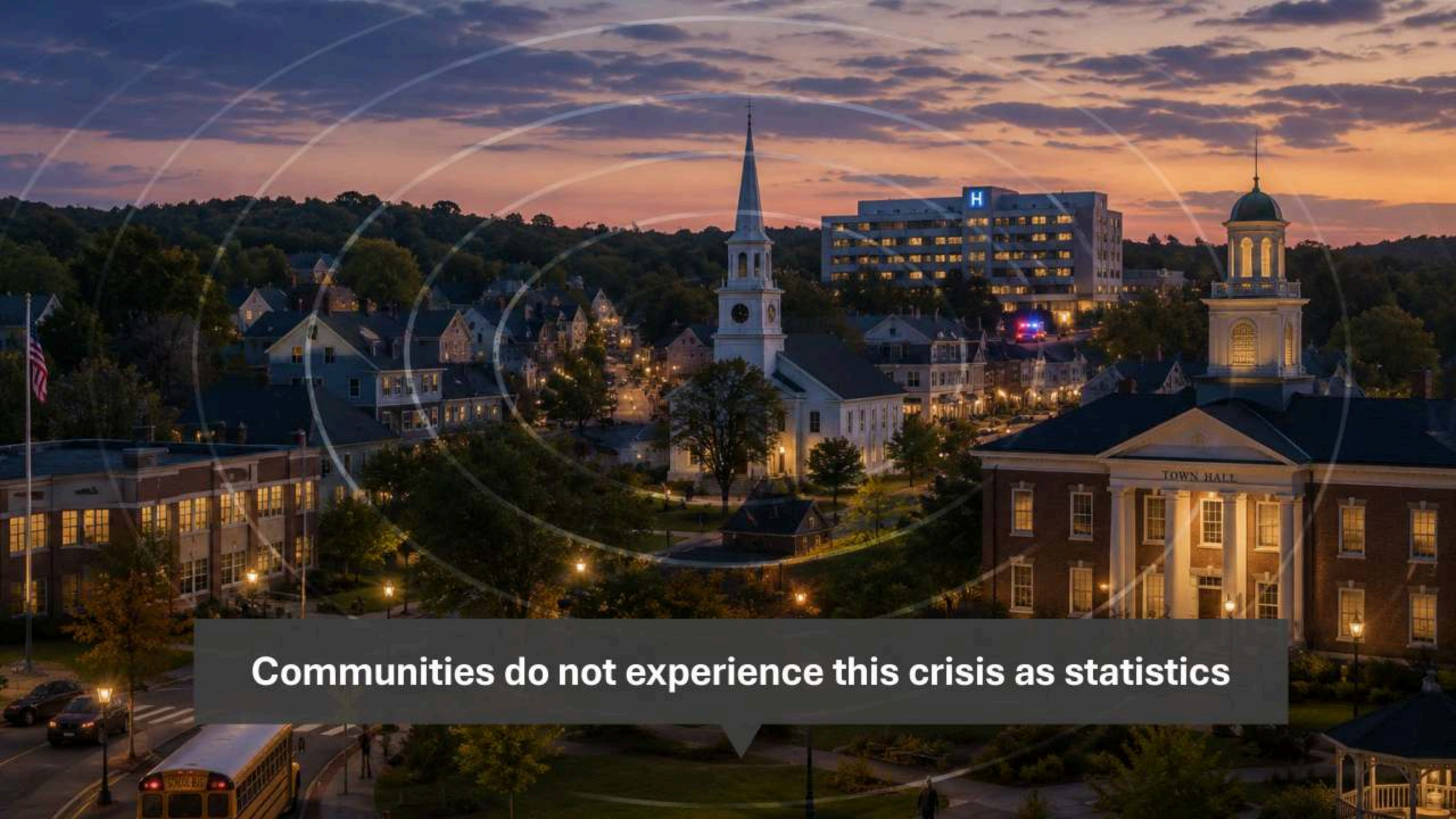
58.6%

of 2025 overdose deaths
involved **cocaine**.

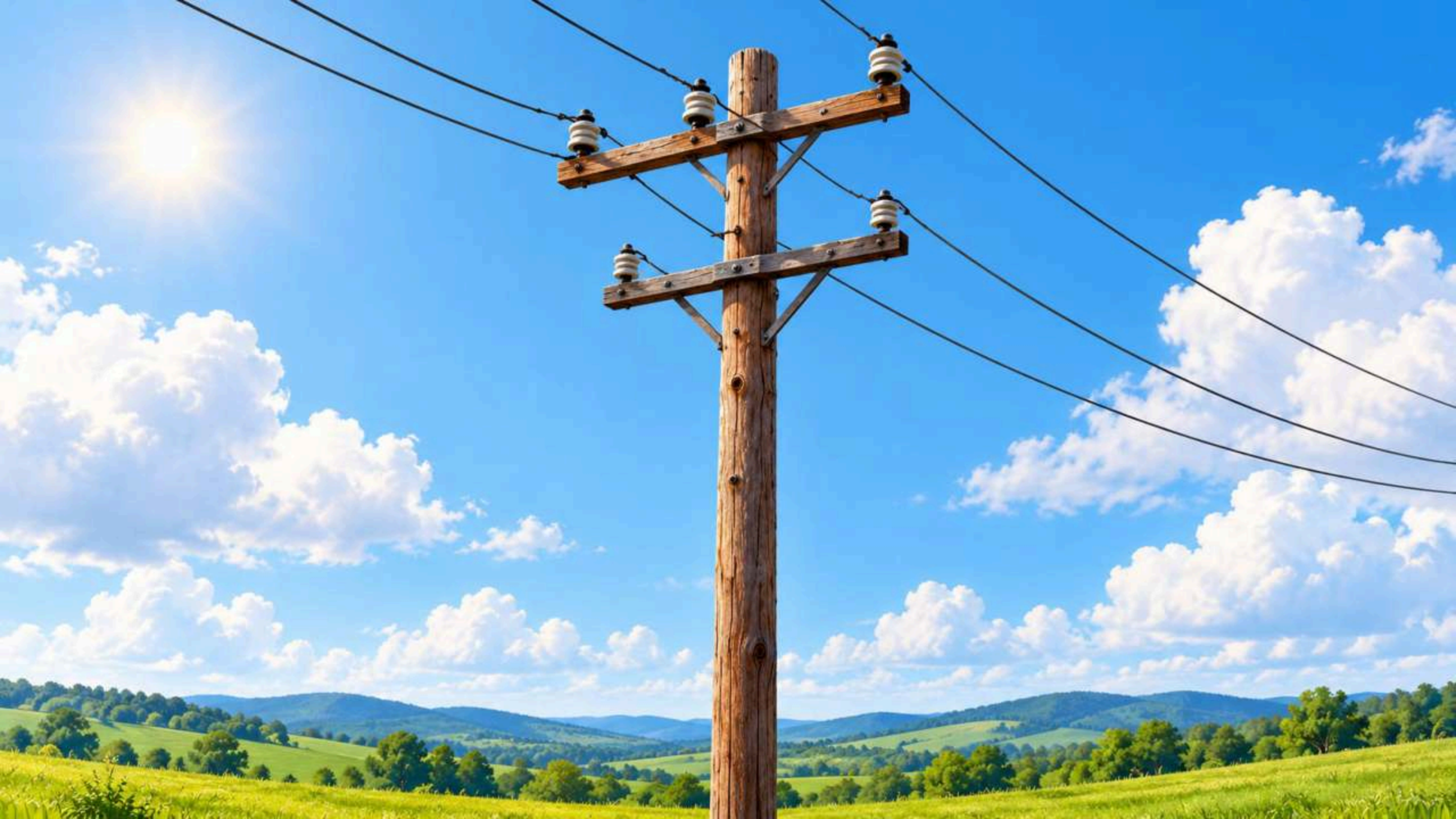


12,237

suspected drug-overdose
ED/urgent care visits in 2025
(+5.1% vs 2024)



Communities do not experience this crisis as statistics



Our Journey Begins at Town Hall



*Before we travel through the community,
we need to understand the larger municipal picture.*



Town Hall helps establish:

- ✓ The community's priorities
- ✓ The people responsible for leading the response
- ✓ The resources available
- ✓ The needs and gaps that must be addressed
- ✓ The partnerships needed to create lasting change



SCHOOL



POLICE
STATION



FAITH



LIBRARY

Who's Involved in the **Municipal Prevention Team**?



Municipality = The Backbone of the System

Municipal systems enable coordinated, community-wide response by:



STRONGER COMMUNITIES. BETTER OUTCOMES.



PROVIDING DATA

- Police, EMS, and health departments generate real-time data
- Identifies trends, high-risk populations, and emerging issues
- Informs decision-making and resource allocation



DRIVING POLICY & LEADERSHIP

- Mayors, town managers, and councils set priorities & direction
- Establish policies that shape community environments
- Align departments & partners around shared goals



ENSURING SUSTAINABILITY

- Manage funding streams (e.g., opioid settlement funds, grants)
- Support staffing, infrastructure, & long-term planning
- Sustain efforts beyond short-term programs or funding cycles



MONITOR & EVALUATE

- Track progress toward goals and outcomes
- Use data to assess what's working and identify areas for improvement
- Ensure accountability and inform continuous improvement



Municipalities are not just one partner—they are the structure that connects and sustains the entire system.



Before Choosing a Strategy, Understand the Community



Municipalities should begin by asking:

- ✓ What does our local data tell us?
- ✓ Who is being most affected?
- ✓ What services and programs already exist?
- ✓ Where are the most significant gaps?
- ✓ What are residents and community partners experiencing?
- ✓ Which departments and organizations need to be involved?



Data

+



Community Voice

+



Existing Resources



**Needs and Gap
Assessment**



**Shared Municipal
Priorities**

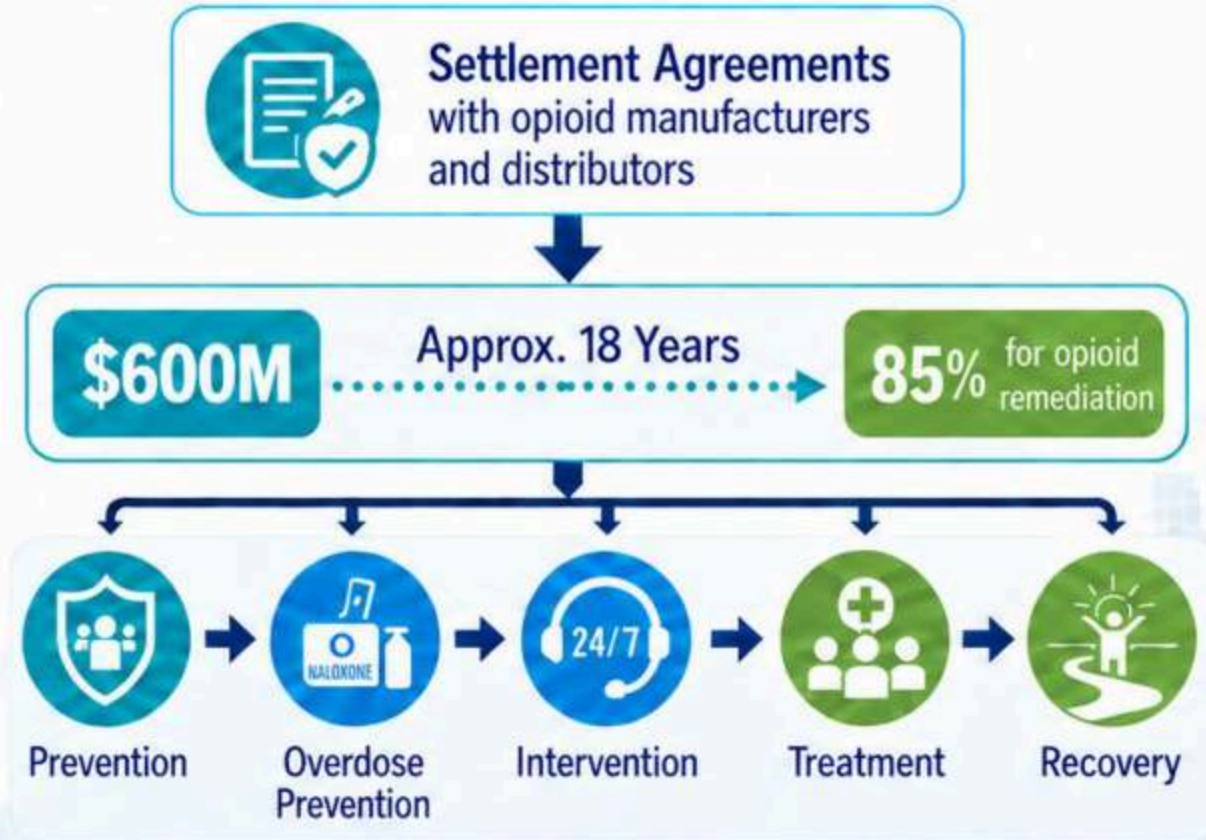
The strategy should follow the need—not the other way around.

Opioid Settlement Funds: A Resource for Communities



Opioid settlement funds come from legal agreements with opioid manufacturers and distributors.

- ✓ Connecticut is expected to receive approximately \$600 million
- ✓ Payments are distributed over approximately 18 years
- ✓ At least 85% of the funds must support opioid remediation
- ✓ Funds are intended to strengthen prevention, intervention, treatment, recovery, and overdose prevention efforts



These are **long-term, restricted** resources intended to address the impact of the opioid crisis.



Municipalities Have Both an Opportunity and a Responsibility



A portion of Connecticut's opioid settlement funding goes directly to cities and towns.

Municipal leaders help determine:

- ✓ Who oversees the funds
- ✓ How local needs are identified
- ✓ Which strategies receive support
- ✓ How departments and partners are involved
- ✓ How spending and results are documented



15%
goes directly to
municipalities



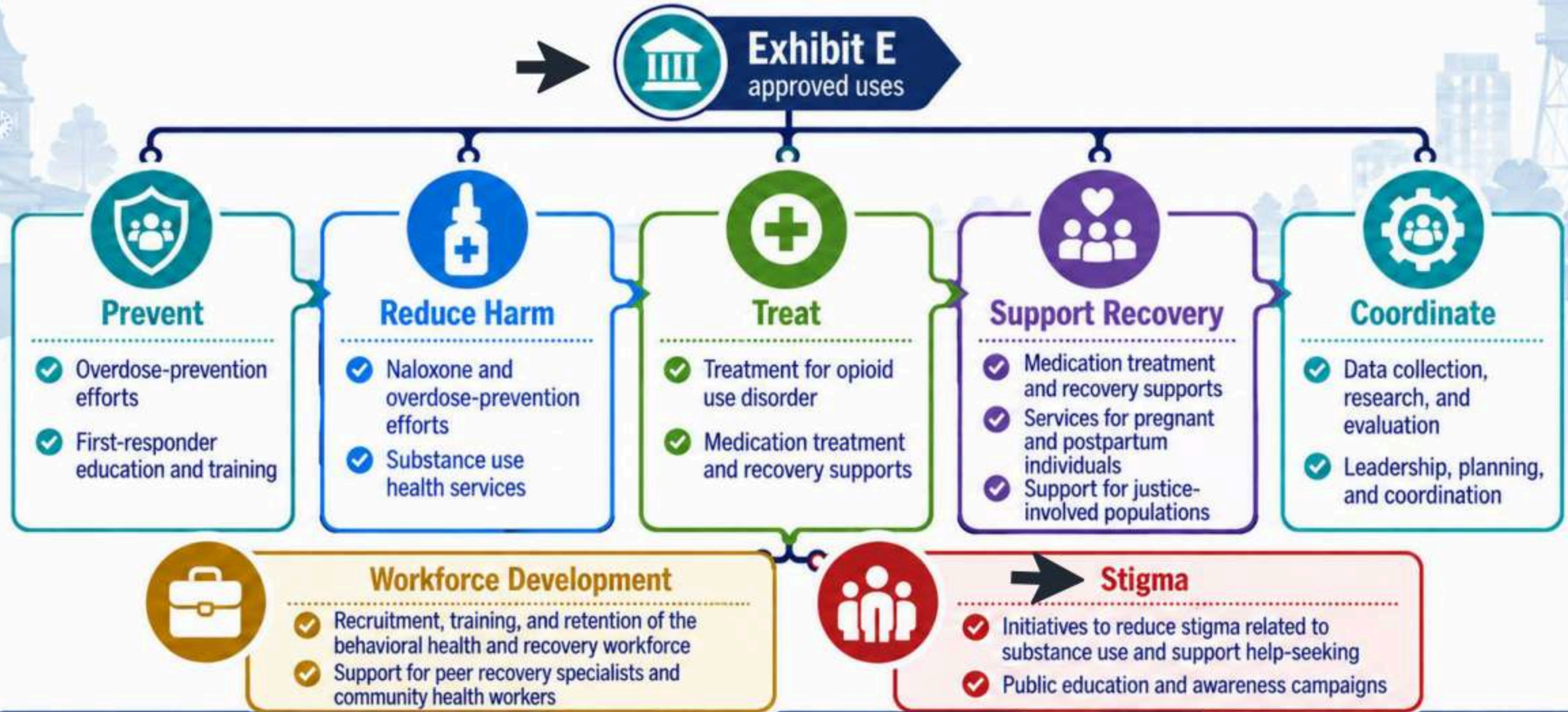
IMPORTANT DISTINCTION

Local discretion does not mean unrestricted spending.

Municipal decisions must remain consistent with the terms of the settlement agreements and approved opioid-remediation uses.

What Can the Funds Be Used For?

Approved uses are outlined in Exhibit E of the settlement agreement.



A worthwhile community activity is **not automatically** an allowable settlement-fund expense. It must align with an **approved opioid-remediation use**.

Use a Thoughtful Municipal Decision-Making Process



From Settlement Dollars to Community Impact

Municipalities should use a structured, collaborative process to make informed decisions that align with community needs and drive lasting impact.



Settlement funds should **support a plan**—**not become the plan.**

Plan Carefully. Document Clearly. Use Available Tools.



Municipal Accountability

Municipalities are expected to:

- ✓ Track funds received and spent
- ✓ Complete required expenditure reporting
- ✓ Document the purpose of funded activities
- ✓ Monitor progress and results
- ✓ Communicate how funds are benefiting the community

Support and Resources

Resources available:

-  Municipal settlement-payment information
-  Exhibit E approved uses
-  Connecticut CORE Report funding priorities
-  Municipal reports on use of funds
-  Municipal Guide and Workbook
-  Funding Priorities, Strategies, and Activities Tool
-  Technical assistance and follow-up support



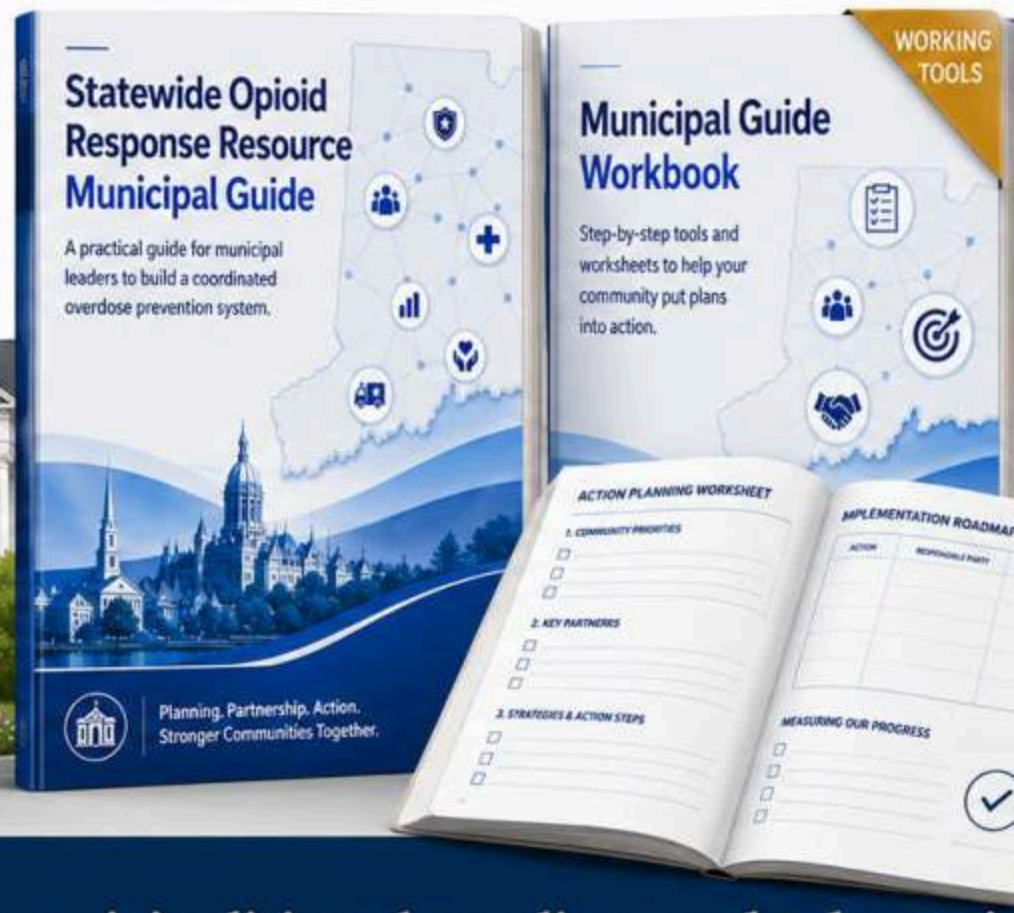
The goal is not simply to spend the funds—it is to use them **strategically, transparently, and sustainably.**

TTASC Featured Resource

Municipal Guide and Workbook

Practical tools for municipal leaders to strengthen prevention, connect resources, and drive lasting community change.


**ARRIVAL
RESOURCE STOP**

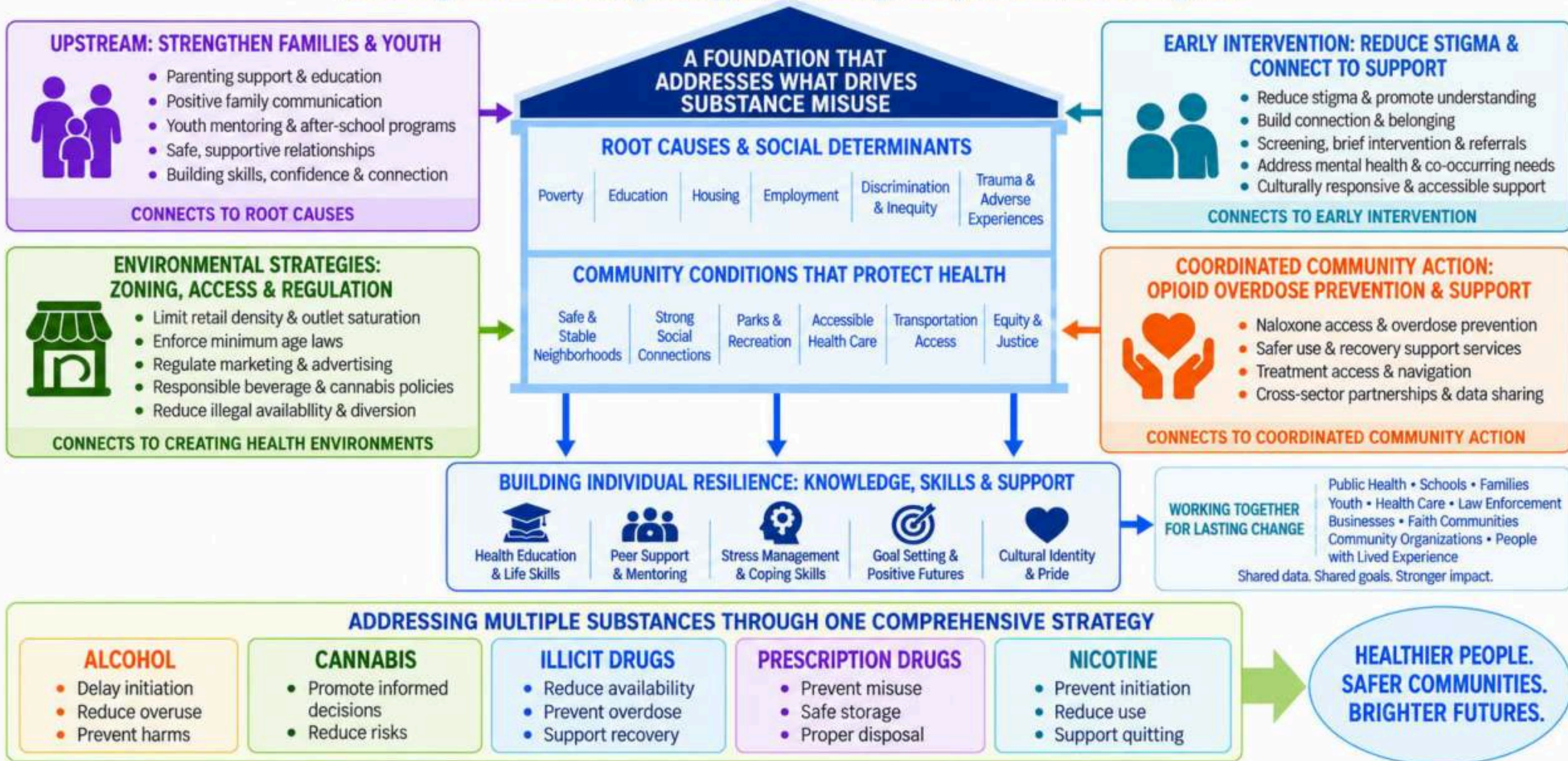


A practical tool to help municipalities plan, align, and take action.



ONE COMPREHENSIVE COMMUNITY STRATEGY. MULTIPLE SUBSTANCES. ONE STRONGER COMMUNITY.

Addressing root causes. Strengthening people. Creating healthy environments. Saving lives.





ONE ACTION. WIDE RIPPLE. STRONGER COMMUNITY.

A single prevention activity can spark change—but it's the connected strategy that creates lasting impact.

THE STARTING POINT

A single prevention activity makes an important first move.



Peer education
and access to
caring adults.

INITIAL IMPACT

- Raises awareness
- Sparks conversation
- Plants a seed for change

Important.
But just the beginning.



THE RIPPLE EFFECT

Stronger systems.
Healthier community.
Lasting impact.

-  **Healthier Youth**
Fewer start using, more thrive
-  **Fewer Overdoses & Deaths**
More lives saved
-  **Stronger Families & Communities**
More connected, more resilient
-  **Lower Costs, Greater Value**
Less strain on health, justice, and social systems
-  **Sustainable Change**
Data-driven, community-led, built to last



GOVERNMENT & POLICY



**POLICE CHIEF & FIRE CHIEF
IMPLEMENTING NEW
OVERDOSE PREVENTION
PROTOCOLS**



**CITY COUNCIL
ALLOCATE FUNDS FOR**



THE MUNICIPAL OPIOID STRATEGY RIPPLE EFFECT: INTEGRATED PREVENTION & INTERVENTION



**MUNICIPAL
LEADERSHIP**



EDUCATION & YOUTH



HIGH SCHOOL TEACHER



PUBLIC HEALTH & EMERGENCY SERVICES



**FIRST RESPONDERS
(EMS & POLICE)**



**ADMINISTERING
NALOXONE (NARCAN)**



PUBLIC HEALTH NURSE



**SYRINGE SERVICE
PROGRAM**



FAMILY & COMMUNITY

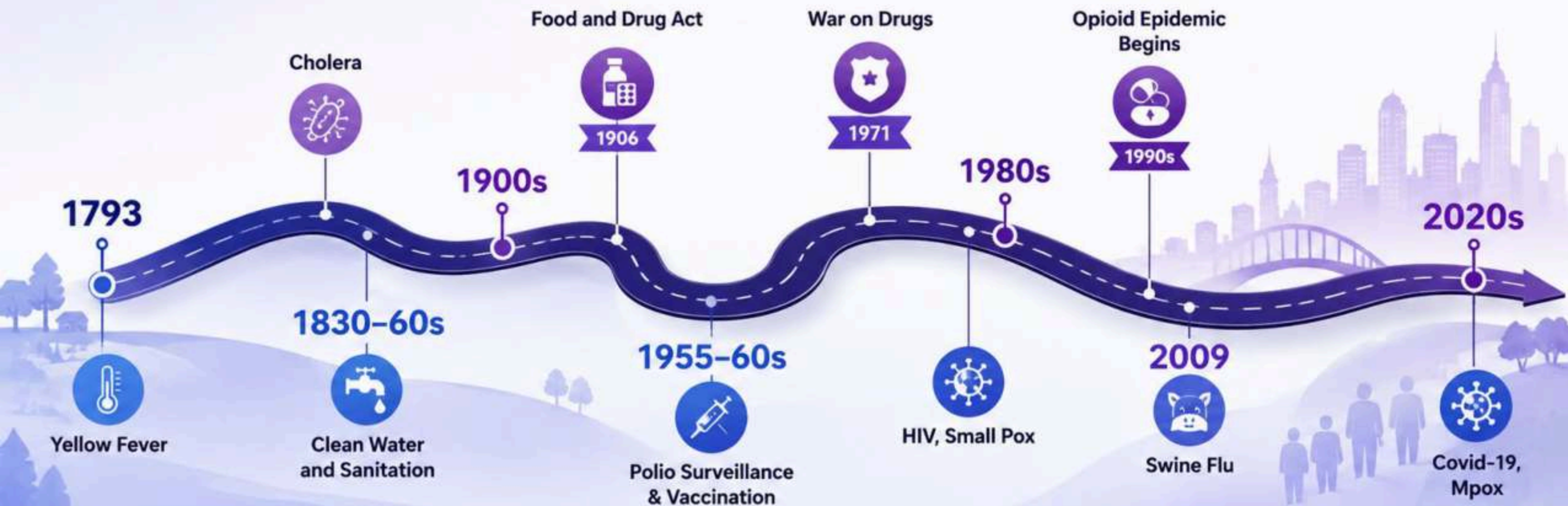


PARENTS



Communities Will Continue to Face Complex Challenges

*The issue changes—but the need for **coordinated, system-level response** does not.*



From public health battles to today's complex crises, one truth remains:
Strong communities are built through coordinated, system-level response.



A Whole-of-Government Approach to Community Challenges

Complex community challenges require coordinated systems—not isolated efforts

Aligns People & Partners

Municipal departments and community organizations work toward shared goals.



Connects Data & Resources

Information, funding, and decisions are coordinated across sectors.



Breaks Down Silos

Separate programs become one connected community strategy.



Supports the Full Continuum

Prevention →
Intervention →
Treatment →
Recovery



Shared Community Goal

Healthier, safer, more resilient communities





A tall, silver flagpole stands on a green grassy field. A blue flag is flying from the pole, featuring the text "5 minute break" in white. The sky is a clear blue with scattered white clouds.

5 minute break

Mapping the Route

A Community Guide to Opioid Prevention and Response



Our community is stronger when we work together. This guide connects key places and partners to build prevention, support, and hope at every stop.

- ✓ Connect community sectors and resources
- ✓ Share information and promote awareness
- ✓ Build prevention and early support
- ✓ Respond to challenges together
- ✓ Guide people to care and ongoing support



TOWN HALL



SCHOOL



POLICE
STATION



FAITH



LIBRARY

At Each Stop, We Will Explore



Who are the people?

Understanding the communities we serve.



Supply and Demand?

Identifying needs and matching them with opportunities.



What does the data say?

Using data to uncover trends and guide decisions.



What strategies and resources are available?

Highlighting solutions and tools to drive impact.

HOW SUPPLY AND DEMAND FACTORS INFLUENCE SUBSTANCE USE AND PREVENTION STRATEGIES IN A COMMUNITY

A Balanced Approach: Reduce Availability. Reduce Risk. Increase Protection. Strengthen Communities.

SUPPLY SIDE FACTORS (AVAILABILITY)

How substances get into the community



Retail Access

Ease of obtaining substances from stores and outlets.



Pricing / Affordability

Lower prices increase access and use.



Illegal Trafficking

Illicit supply networks increase availability and risk of quality.



Zoning & Density Laws

More outlets and weaker zoning increase availability.



Taxes

Lower taxes may increase use; higher taxes can reduce it.



Enforcement & Interdiction

Stronger laws, enforcement, and interdiction reduce supply and accessibility.



DEMAND SIDE FACTORS (MOTIVATION)

Why people choose to use substances

RISK FACTORS (Increase Likelihood of Use)



Social Norms / Stigma

Perceived acceptance of use or stigma that prevents help-seeking.



Unrelated Trauma and Mental Health

Trauma, stress, depression, and anxiety increase risk.



Marketing Influence

Advertising and promotion increase appeal and use.

PROTECTIVE FACTORS (Reduce Likelihood of Use)



Prevention Education

Knowledge and skills to make informed, healthy choices.



Health Coping Skills

Positive ways to manage stress, emotions, and challenges.



Caring Adults, Family and Peer Network

Strong relationships and support promote healthy decisions.



Early Interventions

Early support for at-risk individuals prevents or reduces substance use.

HOW SUPPLY AND DEMAND FACTORS VARY ACROSS COMMUNITY SEGMENTS

 COMMUNITY SEGMENTS	SUPPLY SIDE (AVAILABILITY) Key Influences	DEMAND SIDE (MOTIVATION)		IMPLICATIONS FOR PREVENTION STRATEGIES
		RISK FACTORS	PROTECTIVE FACTORS	
 Retail Store Owners	Affected by pricing, taxes, zoning laws, retail density, enforcement, and penalties.	Profit incentives, customer demand, community norms.	Training, clear policies, community partnerships, support for compliance.	 Strengthen compliance, responsible retailing, and reduce outlet availability.
 Active Users	Perceive availability, price, and quality; impacted by trafficking and retail access.	Trauma, mental health challenges, peer influence, coping with stress.	Supportive relationships, treatment access, coping skills, overdose prevention.	 Expand treatment, overdose prevention, and recovery support services.
 At-Risk Youth	Exposure to availability through retailers, social sources, and marketing.	Curiosity, peer pressure, stress, exposure to marketing, community norms.	Prevention education, caring adults, mentoring, healthy activities, early interventions.	 Invest in youth prevention, mentoring, and early support programs.
 General Population	Impacted by overall availability, pricing, zoning, and community enforcement.	Community stress, normalization of use, stigma, misinformation.	Strong community norms, access to information, supportive environments.	 Build community awareness, reduce stigma, and promote healthy norms.





Time to Get on the Bus!

Before we arrive at our first stop...

- What are opioids and stimulants?
- How do they work?
- How did the crisis evolve?
- What is the impact in Connecticut?



What Are Opioids?

A class of drugs that change how the brain experiences pain and reward.

TYPES OF OPIOIDS



Natural

Made from the opium poppy. Examples: morphine, codeine, opium.



Semi-Synthetic

Chemically processed from natural opioids. Examples: heroin, oxycodone, hydrocodone.



Synthetic

Manufactured entirely in labs. Examples: fentanyl, methadone, tramadol.

HOW THEY WORK



01

Bind to opioid receptors

Travel through the bloodstream to the brain and spinal cord.

02

Block pain signals

Stop pain messages and dull the brain's perception of pain.

03

Slow breathing

Suppress respiration — the leading cause of overdose death.

04

Activate the reward system

Trigger dopamine release, reinforcing repeated use and addiction.

WHY THIS MATTERS Fentanyl is 50–100× stronger than morphine and is often hidden in other drugs — a single dose can be fatal.

What Are Stimulants?

Drugs that speed up the body and brain — and the focus of Wave 4 of the epidemic.

TYPES OF STIMULANTS



Prescription Stimulants

Used to treat ADHD and narcolepsy. Examples: Adderall, Ritalin, Vyvanse.



Cocaine

Plant-derived stimulant; short-acting and highly addictive in any form.



Methamphetamine

Long-acting synthetic stimulant with severe effects on the brain and body.



Synthetic / “Bath Salts”

Lab-made cathinones; unpredictable potency and high overdose risk.

HOW THEY WORK



01

Boost dopamine and norepinephrine

Flood the brain's reward system, driving alertness and euphoria.

02

Raise heart rate and blood pressure

Speed up the cardiovascular system — high cardiac and stroke risk.

03

Suppress appetite and sleep

Sustained use breaks down physical and mental health.

04

Drive compulsive use

Powerful crash and craving cycle that reinforces addiction.

WHY THIS MATTERS Wave 4 is here: stimulants are increasingly cut with fentanyl — users often don't know, and one dose can be deadly.



THE FOUR WAVES OF THE OPIOID EPIDEMIC

A Crisis Over Time. A Call to Action for Connecticut.

The opioid epidemic has evolved over decades. Understanding the history helps us target prevention, save lives, and build a healthier Connecticut.



THE EPIDEMIC IS LOCAL.
THE SOLUTION IS TOGETHER.

Data shows the problem.
Together we create the solution.

WAVE 1



PRESCRIPTION PAIN RELIEVERS

1990s – Early 2000s

A surge in opioid prescriptions for pain led to more people becoming dependent.

RATE OF DRUG OVERDOSE DEATHS
(ALL OPIOIDS)

NATIONAL

CONNECTICUT



2.1 12.4
per 100,000 per 100,000
in 1999 in 1999

2.6 11.9
per 100,000 per 100,000
in 1999 in 2010



WHAT HAPPENED?

Aggressive marketing, increased opioid prescribing, and lack of awareness about addiction risk.

WAVE 2



HEROIN

2010 – 2013

As prescription opioids became harder to get and more tightly regulated, heroin use increased.

RATE OF DRUG OVERDOSE DEATHS
(HEROIN)

NATIONAL

CONNECTICUT



1.0 3.7
per 100,000 per 100,000
in 2010 in 2013

3.0 15.7
per 100,000 per 100,000
in 2010 in 2013



WHAT HAPPENED?

Heroin was cheaper and more accessible. Purity increased, overdose risk rose.

WAVE 3



SYNTHETIC OPIOIDS (FENTANYL)

2013 – 2019

Fentanyl, a synthetic opioid up to 50x stronger than heroin, drove a sharp increase in overdose deaths.

RATE OF DRUG OVERDOSE DEATHS
(SYNTHETIC OPIOIDS)

NATIONAL

CONNECTICUT



2.9 14.6
per 100,000 per 100,000
in 2013 in 2019

14.5 46.0
per 100,000 per 100,000
in 2013 in 2019



WHAT HAPPENED?

Illicit fentanyl flooded the drug supply—often mixed into heroin, cocaine, and counterfeit pills.

WAVE 4



POLYSUBSTANCE & STIMULANTS

2020 – PRESENT

Fentanyl remains widespread, now combined with stimulants like cocaine and meth, increasing risk.

RATE OF DRUG OVERDOSE DEATHS
(ALL DRUGS)

NATIONAL

CONNECTICUT



21.6 26.0
per 100,000 per 100,000
in 2020 in 2023*

65.5 79.3
per 100,000 per 100,000
in 2020 in 2023*



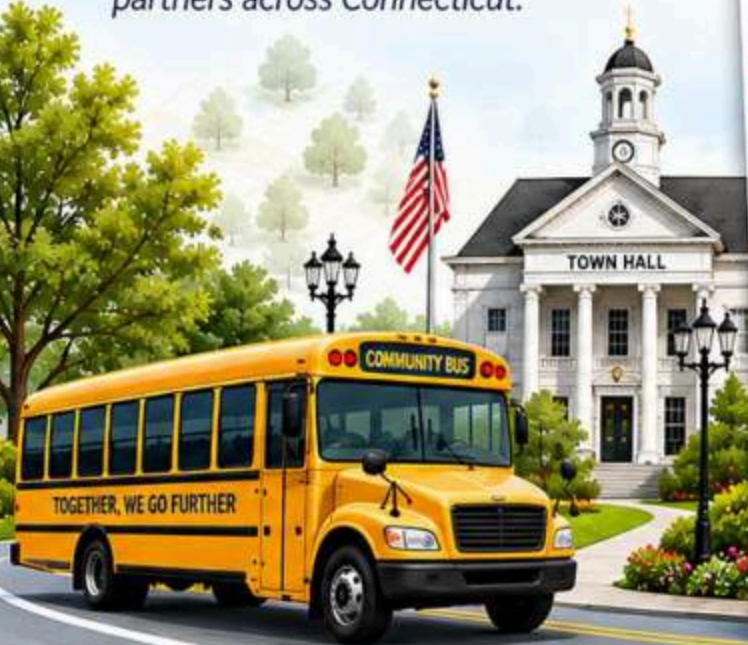
WHAT HAPPENED?

Polysubstance use is common. Stimulants + fentanyl = higher risk of overdose and death.

TTASC Featured Resource

New Opioid Prevention Fact Sheets & Online Learning Modules

Current data. Practical information.
Evidence-based learning. Tools to support
prevention professionals and community
partners across Connecticut.



TWO NEW FACT SHEETS

Essential, up-to-date information
on opioids and stimulants.



TWO ONLINE LEARNING MODULES

Each worth 0.75 CEUs.
Available on the TTASC LMS.



TOOLS FOR PREVENTION PROFESSIONALS

Build knowledge. Share data.
Support prevention efforts in your community.



Mapping the Route: Schools



Schools are a key stop on the route because they reach young people, families, and trusted adults every day.



Schools help:

- ✓ Share prevention messages early
- ✓ Build skills that support healthy choices
- ✓ Connect students and families to resources
- ✓ Identify needs before they become crises
- ✓ Strengthen partnerships beyond the classroom



Who's Involved in the **School-Based Prevention Team**?



How Schools Influence Supply and Demand



SUPPLY (Access & Environment)



Policies & Rules (drug-free zones, possession/use policies)



Enforcement & Compliance (school resource officers, accountability)



Access Controls (where/when substances are allowed or restricted)



Connection to Broader Policy (alignment with local laws, zoning, enforcement systems)



DEMAND (Motivation & Behavior)

Knowledge & Awareness (education, understanding risk)



Peer Norms & Perception (what students think is “normal”)



Social & Emotional Skills (coping, decision-making)



Mental Health & Trauma Supports (counselling, early intervention)



What Does the Data Say? – School-based

School-based data helps us understand needs from the local level to the national landscape.



LOCAL

- Youth surveys (YRBS/student surveys)
- School climate data
- Attendance, discipline, engagement
- Focus groups & student voice



STATE

- EdSight (school performance, discipline, attendance)
- CT DPH data (health trends)
- Regional data dashboards



NATIONAL

- CDC Youth Risk Behavior Survey
- SAMHSA (NSDUH)
- National youth mental health data



What Does this Data Help Us Identify?



Emerging Trends

- Opioid misuse patterns
- Vaping/substance trends
- Mental health concerns



At-Risk Populations

- Grade levels
- Demographic groups
- Geographic areas



Risk & Protective Factors

- Peer norms
- Perception of harm
- Connectedness
- School climate



Prevention Priorities

- Where to focus resources
- What strategies to select
- What gaps exist



Impact Over Time

- Are strategies working?
- What is changing?
- Where do adjustments need to happen?

What Evidence-Based Prevention Strategies Are **Used**?

Evidence-based prevention strategies are programs, policies, and practices proven effective through research and evaluation to reduce risk factors and strengthen protective factors.



Social Resistance Skills Training

- Refusal skills
- Decision-making
- Peer pressure resistance
- Healthy coping choices



Awareness & Opioid Education

- Risk awareness
- Substance effects
- Myth-busting education
- Safe storage / disposal



Classroom Opioid Education

- School-based lessons
- Age-appropriate content
- Teacher-led prevention
- Discussion & reflection



SEL & Resilience Building

- Self-awareness
- Emotion regulation
- Relationship skills
- Resilience training



Overdose Awareness & Response

- Recognizing overdose signs
- Emergency response steps
- Naloxone awareness
- Help-seeking and referral



Strategies for Parents and Guardians

- Parenting Skills and Training
- Positive Parent-Child Interaction
- Social and Emotion Support
- Preventative Parenting Behaviors
- Access to Resources

What Programs, Curricula, & Resources Support These Strategies?

— STRONGER STUDENTS • SAFER SCHOOLS • BRIGHTER FUTURES —



Social resistance skills training

- Botvin LifeSkills: grades 6–9, Prescription Drug and Opioid module, classroom or e-learning



Awareness & opioid education

- HOPE: Health and Opioid Prevention Education, grades K–12, 10 lessons
- DEA Operation Prevention: K–5 has 3 lessons, MS & HS has 2 lessons



Classroom opioid education

- NIDA/Scholastic: Opioids What You Need to Know, grades 6–12, 1 lesson



SEL & resilience building

- TTASC K–12 health curriculum standards, SEL



Overdose awareness & response

- NIDA/SHAPE America: Understanding an Overdose & How to Respond, grades 9–12
- This Is Not about Drugs: Opioids, grades 7–12



Parents and Guardians

- TTASC: A Parent's Guide to Opioid Prevention
- Connecticut Fatherhood Initiative
- SAMHSA: Talk. They Hear You. Opioids
- Discovery Education: Operation Prevention Parent Toolkit
- CDC Healthy Youth Parent Resources
- NIDA Parent Conversation Starters
- Partnership to End Drug Addiction: Online Parent Skills Course



From Prevention Activity to Prevention System

One Activity Raises Awareness. A System Creates Lasting Impact.

PREVENTION SOMETIMES LOOKS LIKE THIS... (IN ISOLATION)



ONE-TIME ACTIVITY

-  One-Time Assembly
-  Guest Speaker
-  Single Classroom Presentation about opioids

Raises awareness.

Important, but often short-term, limited in reach, and disconnected from the broader student environment.

COMPREHENSIVE SCHOOL PREVENTION SYSTEM (CONNECTED & REINFORCING)



Builds a network of connected supports that reinforce one another and create lasting impact for every student, every day.



One focuses on a single event.

The other shapes the environment students experience every day.



North Pole

CANADA

RUSSIA

Arctic Ocean

GREENLAND
(DENMARK)

USA

SWEDEN

FINLAND

NORWAY



Before we arrive at our next stop...

- Prevention strategies vs. needs of the community
- Different prevention approaches
- How communities select strategies



READING THE ROAD AHEAD

Communities must understand their environment before selecting prevention strategies.



Prevention strategies should match the needs of the community and population being served.



Different prevention approaches are used for different levels of risk and opioid use.



Communities should select strategies that are realistic, sustainable, and achievable.



Effective prevention combines the right approach, the right audience, and the right timing.

TWO ROADS OF PREVENTION

PRIMARY PREVENTION



- ✓ Prevent first misuse
- ✓ Reduce risk before addiction begins
- ✓ Focus on awareness, education, and safe practices



OVERDOSE PREVENTION



- ✓ Reduce injury and death
- ✓ Support people already at risk

DIFFERENT LEVELS OF PREVENTION



UNIVERSAL PREVENTION

For everyone

— EXAMPLES:

- School curriculum
- Community awareness
- Prevention campaigns



SELECTIVE PREVENTION

For groups with elevated risk

EXAMPLES:

- Youth exposed to substance use
- Patients prescribed opioids
- High-risk populations



INDICATED PREVENTION

For individuals already showing signs of use

EXAMPLES:

- Assessment
- Referral and support



THE AUDIENCE AND LEVEL OF RISK DETERMINE THE STRATEGY.

Selecting Evidenced Based Strategies



CONCEPTUAL FIT

Selecting a Strategy that is demonstrated to address the identified risk factor.

A “good conceptual fit” strategy should:



Demonstrate **evidence of effectiveness** with the target population.



Specifically address the **community's priority risk factors** and underlying conditions.



Drive **positive outcomes** in addressing the priority substance.



PRACTICAL FIT

Selecting a Strategy that fits within the community's capacity and readiness to implement the strategy.

Factors that influence practical fit are:



Time – Do we have the time to implement the strategy?



Readiness – Do we have staff, departments, volunteers, and community buy in to implement the strategy?



Resources – Do we have the resources to implement the strategy?: fiscal, human, material, capital, time.

A strategy is a “good practical fit” if:

- ✓ The organization/community has or can acquire the necessary staff and funding.
- ✓ The organization/community has the necessary community stakeholders (police, leaders, etc.)
- ✓ The community will support the approach.
- ✓ The strategy is sustainable to maintain over time.



Ideally strategies are selected that have both **Conceptual Fit** and **Practical Fit**,

Some common
EBS in CT:



Youth
Engagement



Enforcement
of Laws



Social
Marketing
Campaigns



Policy
Change



Raising
Awareness



Safe Storage
and Disposal



Training
and Education

TTASC Featured Resource

Evidence-Based Prevention (EBP) Fact Sheet

A practical guide to evidence-based strategies that reduce opioid and stimulant misuse for coalitions and prevention professionals in Connecticut.



EVIDENCE-BASED PREVENTION

A practical guide to evidence-based strategies that reduce opioid and stimulant misuse, for coalitions and prevention professionals in Connecticut.

5 EVIDENCE-BASED STRATEGIES IN THIS GUIDE

SPF THE 5-STEP STRATEGIC PREVENTION FRAMEWORK

4 LEVELS ADDRESSED, INDIVIDUAL TO SOCIETY

Fidelity IMPLEMENT WITH FIDELITY FOR REAL RESULTS

WHAT ARE EVIDENCE-BASED STRATEGIES

Evidence-based prevention strategies are interventions that have been rigorously evaluated and shown to reduce substance use, delay initiation, or lessen its consequences. They are grounded in theory, supported by data, and deliver results when implemented with fidelity.

THE STRATEGIC PREVENTION FRAMEWORK

The Strategic Prevention Framework (SPF) guides practitioners through a data-driven, culturally responsive planning cycle, with cultural competence and sustainability woven throughout.



THE FIVE STEPS

- 1 Assess local needs, resources, and readiness.
- 2 Build capacity by mobilizing partners and funding.
- 3 Plan with strategies matched to your data.
- 4 Implement with fidelity to what works.
- 5 Evaluate outcomes and refine.

FIVE EVIDENCE-BASED STRATEGIES



1. Youth Engagement
Youth as partners, not problems.



2. Social Norms Marketing
Correct misperceptions with data.



3. Environmental & Enforcement Strategies
Change the conditions around use.



4. Prescriber Education & PDMPs
Safer prescribing, fewer leftover pills.



5. Family & Parent Education
Equip the adults closest to youth.



EVIDENCE-BASED STRATEGIES



PRACTICAL TOOLS



STRONGER PARTNERSHIPS



LASTING COMMUNITY IMPACT

COMMUNITY SOLUTIONS AHEAD →



ONE FACT SHEET

Key strategies, data, and tools in one place.



EASY TO USE

Designed for prevention professionals and community partners.



SUPPORTS REAL-WORLD ACTION

Evidence-based approaches to build healthier, safer, and stronger communities.



Mapping the Route: Public Safety



Together, our public safety partners protect our community and strengthen prevention efforts before challenges arise.



Public safety helps:

- ✓ Build safe and healthy community environments
- ✓ Support prevention through outreach and education
- ✓ Respond to crises and connect people to help
- ✓ Strengthen coordination with schools and community partners
- ✓ Share data and frontline insight about community needs



Public Safety helps protect the path. Strong partnerships keep our community moving forward.



SCHOOL



POLICE
STATION



FAITH



LIBRARY

Who's Involved in the **Public Safety** Prevention Team?



How the Public Safety Ecosystem Influences Supply & Demand



SUPPLY (Access & Availability)



Enforcement & Interdiction (illegal trafficking, drug seizures, investigations)



Policies & Compliance (drug laws, diversion policies, public safety protocols)



Access Reduction (disrupting distribution networks, hotspot enforcement)



Intelligence & Monitoring (overdose mapping, seizure trends, dispatch/EMS reporting)



DEMAND (Behavior, Risk, Response)

Overdose Response (naloxone administration, emergency response)



Crisis Intervention (de-escalation, behavioral health response)



Diversion & Connection to Care (connecting individuals to treatment & recovery)



Community Engagement & Education (fentanyl awareness, outreach, prevention partnerships)



What Does the Data Say? – Public Safety

Public safety data helps us understand overdose trends and response needs from the local level to the national landscape.



What Does this Data Help Us Identify?



What Evidence-Based Prevention Strategies Are **Used**?



Evidence-based prevention strategies are programs, policies, and practices proven effective through research and evaluation to reduce risk factors and strengthen protective factors.



Overdose Response

- Naloxone distribution and training
- EMS overdose-response protocols
- Post-overdose outreach
- Syringe service programs
- Fentanyl/xylazine test strips
- Overdose-prevention education
- Linkage to treatment and recovery



Crisis Intervention & Behavioral Health Response

- Crisis intervention and de-escalation
- Co-response teams
- Behavioral health crisis response
- Mental health and substance-use referrals



Diversion & Connection to Care

- Pre-arrest diversion
- Drug diversion programs
- Juvenile diversion
- Recovery-coach connections
- Referral pathways to treatment



Community Safety, Policy & Prevention Partnerships

- Compliance checks
- Community policing
- School and community policy enforcement
- Zoning and permit-density collaboration
- Environmental scans
- Community education and outreach
- Public-safety prevention partnerships



What Programs, Curricula, & Resources Support These Strategies?



Overdose Response & Naloxone

- Connecticut Naloxone Administration Training
- First Responder Naloxone Programs
- EMS Overdose Response Protocols
- [NIDA/CDC Overdose Response Resources](#)



Crisis Intervention & Behavioral Health Response

- Crisis Intervention Team (CIT) Training
- Mental Health First Aid
- Behavioral Health Crisis Response Models
- SAMHSA Crisis Systems Resources



Diversion & Connection to Care

- Law Enforcement Assisted Diversion (LEAD)
- [Juvenile Review Boards in CT](#)
- Recovery Coach Programs
- Pre-Arrest Diversion Models



Overdose Prevention

- First Responder Leave-Behind Naloxone Programs
- Post-Overdose Outreach Programs (Quick Response Teams)
- Harm Reduction Training for First Responders
- Syringe Services & Community Harm Reduction Partnerships



Community Engagement & Prevention Partnerships

- ODMAP (Overdose Detection Mapping Application Program)
- [HIDTA Drug Intelligence Resources](#)
- Community Drug Awareness Campaigns
- Public Safety Prevention Partnerships



From Prevention Activity to Prevention System

One Activity Raises Awareness. A System Creates Lasting Impact.

PUBLIC SAFETY SOMETIMES LOOKS LIKE THIS... (IN ISOLATION)



ONE-TIME ACTIVITY

-  Community Drug Awareness Presentation
-  One Naloxone Training
-  One Enforcement Initiative
-  One Drug Take-Back Event

Raises awareness.

Important, but often short-term, limited in reach, and disconnected from broader prevention, treatment, recovery, and community support systems.



COMPREHENSIVE PUBLIC SAFETY PREVENTION SYSTEM (CONNECTED & COORDINATED)



Builds a coordinated network of prevention, response, diversion, treatment, recovery, and community partnerships that reinforce one another and create lasting impact.



One focuses on a single activity.

The other creates a coordinated public safety response that supports prevention, treatment, recovery, and community well-being.





Before we arrive at the next stop...

- What is the Strategic Prevention Framework?
- Why is it a public health planning tool?
- What questions guide prevention planning?
- How does it connect every stop?



STRONGER
HEALTHIER
COMMUNITIES

The Planning Tool Behind the Route



The Strategic Prevention Framework, or SPF, gives communities a structured way to plan prevention efforts.

- Understand the problem
- Engage the right partners
- Select appropriate strategies
- Put the plan into action
- Measure results and make improvements



The SPF is the map behind our prevention journey.

Five Questions That Guide Prevention Planning

The SPF turns technical planning steps into practical questions communities can answer together.



The SPF turns community concerns into an organized, collaborative action plan.

How the SPF Connects to the Whole-of-Government Approach

Every community sector has a role in the SPF.



Assessment

Shares local information, trends, experiences and community concerns.



Capacity

Brings partners, resources, trusted relationships and community knowledge.



Planning

Helps select strategies that fit the population and setting.



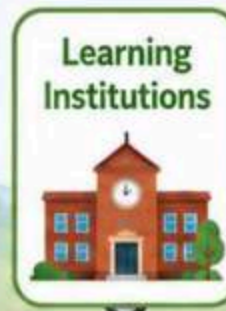
Implementation

Carries out programs, policies, practices and community activities.



Evaluation

Tracks participation, outcomes, lessons learned and opportunities to improve.



As we continue along the route, consider where each sector contributes to assessment, capacity, planning, implementation and evaluation.

Is the Community Ready to Move?

Community readiness reflects how prepared a community is to recognize a concern and take coordinated action.

- Awareness of the issue
- Community concern and support
- Leadership engagement
- Partnerships and participation
- Knowledge of existing efforts
- Staff, funding and other resources



The right strategy begins with understanding where the community is now.

From Community Insight to Prevention Action

How Community Readiness supports SPF planning



Assessment:
identifies perceptions, concerns, strengths and gaps



Capacity:
reveals partnerships, resources and readiness needs



Planning:
matches strategies to local conditions



Implementation:
supports coordinated sector action



Evaluation:
shows whether readiness and conditions are changing



Readiness informs
the starting point—
not the final
destination.

Community Data +
Community Voice +
Local Capacity →
Right-Sized
Prevention Action



Mapping the Route: Faith Based



Faith-based partners support our community by building trust, offering care, and strengthening prevention efforts.



Faith Based helps:

- ✓ Build trusted relationships in the community
- ✓ Create space for support, reflection, and connection
- ✓ Share prevention messages through outreach and care
- ✓ Connect people and families to needed resources
- ✓ Strengthen partnerships across the community



Faith Based partners *strengthen the path*. Trusted relationships help move the community forward.



Who's Involved in the **Faith-Based** Prevention Team?



How the Faith-based Ecosystem Influences Supply & Demand



SUPPLY (Access to Resources & Support)



Safe Medication Practices (safe storage education, prescription disposal, medication take-back promotion)



Overdose Prevention Resources (naloxone access, naloxone distribution events, overdose prevention education)



Treatment & Recovery Connections (treatment referrals, recovery resource navigation, service coordination)



Community Resource Access (food assistance, housing referrals, transportation support, basic needs services)



DEMAND (Behavior, Risk, Response)

Stigma Reduction & Compassion (person-first language, recovery-positive messaging, open dialogue, faith leader engagement)



Connection & Belonging (community support, social connectedness, reducing isolation, sense of purpose)



Protective Factors (family support, youth engagement, mentorship, resilience, spiritual wellness)

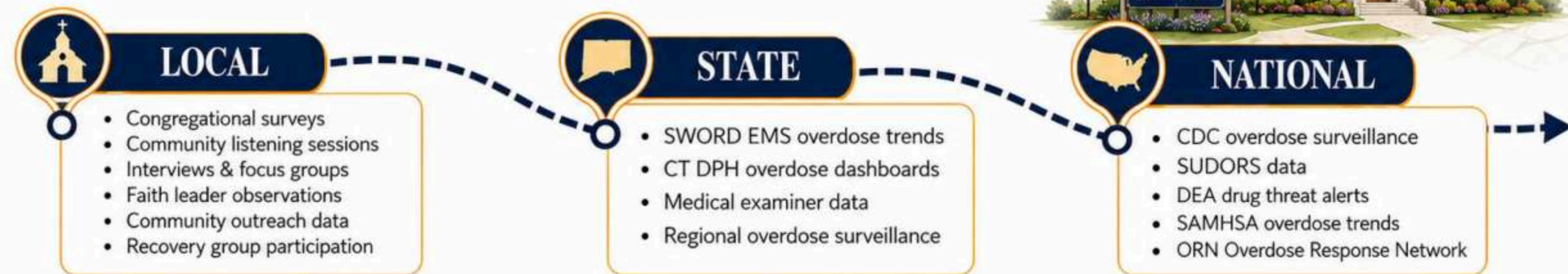


Recovery Support & Help-Seeking (peer support, recovery groups, treatment engagement, long-term encouragement)



What Does the Data Say? – Faith-based

★ Faith-based data helps us understand community concerns, service needs, and overdose response opportunities from the local level to the national landscape.



★ What Does this Data Help Us Identify?



Service Gaps

- Recovery support groups available in the community
- Access to transportation to treatment appointments
- Access to naloxone training
- Referral process for congregants seeking treatment



Community Needs

- Increased concern about fentanyl among parents
- Growing requests for grief support following overdose deaths
- Need for family education on substance use & recovery
- Demand for mental health & behavioral health resources



At-Risk Populations

- Youth experiencing adverse childhood experiences (ACEs)
- Families affected by substance use disorders
- Individuals returning from incarceration
- People experiencing grief, trauma, social isolation, or housing instability

What Evidence-Based Prevention Strategies Are **Used?**

Evidence-based prevention strategies are programs, policies, and practices proven effective through research and evaluation to reduce risk factors and strengthen protective factors.



Stigma Reduction & Social Norms

- Person-first language
- Recovery storytelling
- Open dialogue
- Welcoming environments
- Recovery-positive messaging
- Community support



Family & Youth Engagement

- Parent education
- Youth mentoring and leadership opportunities
- Positive role modeling
- Family communication enhancement
- Faith-based youth programming



Recovery Support & Peer Connection

- Recovery groups (NA Narcotics Anonymous, AA Alcoholics Anonymous, Celebrate Recovery)
- Peer support groups
- Family support for loved ones in recovery
- Community reintegration and belonging



Community Education & Resource Navigation

- Opioid education
- Naloxone awareness & training
- Treatment & recovery referrals
- Resource & information sharing
- Partnerships with prevention, treatment, & recovery organizations



What Programs, Curricula, & Resources Support These Strategies?



Stigma Reduction & Compassion

- [ORN Faith-Based Community Leaders Toolkit](#)
- [TTASC Stigma Reduction Resources](#)
- [PTTC Non-stigmatizing Language Campaign](#)
- [SAMHSA Recovery Month Materials](#)



Family & Youth Engagement

- [Strengthening Families Program \(SFP\)](#)
- [Search Institute Developmental Assets Framework](#)
- [Youth Mental Health First Aid](#)
- [Faith-based youth prevention programming & mentoring](#)



Recovery Support & Peer Connection

- [Celebrate Recovery](#)
- [AA & NA partnerships](#)
- [Certified Peer Support Specialist programs in CT](#)
- [CCAR Recovery Coach Academy / Recovery Community Centers](#)



Community Education & Resource Navigation

- [Naloxone training programs](#)
- [Local Prevention Coalitions & Behavioral Health Action Organizations](#)
- [TTASC opioid prevention resources](#)

From Faith Activity to Faith Prevention System

Singular Opioid Prevention Activity/Program vs. Comprehensive Strategy

ONE-TIME ACTIVITY

- ◆ Guest Speaker
- ◆ Single Awareness Event
- ◆ One Sermon
- ◆ One Naloxone Training



Raises awareness



COMPREHENSIVE FAITH PREVENTION SYSTEM



Creates lasting community impact





Before we arrive at our next stop...

- Understanding opioid stigma
- Shifting toward supportive responses
- Taking action to reduce stigma



UNDERSTANDING OPIOID STIGMA

How we speak, lead, and decide can either increase stigma — or help people feel respected, safe, and supported.

WHAT STIGMA MEANS

Opioid stigma happens when **labels, judgments, or policies** make people feel devalued or unwelcome. The way communities, professionals, and leaders talk about opioid use can either deepen stigma or support recovery.



WHERE STIGMA SHOWS UP



Community + Interpersonal

Words, attitudes, blame, or social distancing.



Self + Internalized

Shame, secrecy, or feeling undeserving of care.



Institutional + Structural

Policies, practices, or messages that make treatment, naloxone, housing, or care harder to access.



Intersectional

Stigma can overlap with racism, LGBTQ+ stigma, disability, poverty, rural isolation, or justice involvement.

WHAT HELPS



Use person-first language

Choose words that show respect and avoid blame.



Include lived experience

Involve people most impacted in planning and decisions.



Create safe environments

Make it easier for people to feel welcomed, respected, and heard.



Lead with compassion

Policies, messaging, and leadership can build trust and reduce harm.

CHANGE THE RESPONSE. CHANGE THE OUTCOME.

STIGMATIZING RESPONSES



Blame-based language

Labels people by a condition or behavior.



Judgment and fear

Makes people feel ashamed or unwelcome.



Excluding lived experience

Decisions are made without those most impacted.



Barriers to care

Rules or messages make help harder to access.



COMMON OUTCOMES

✗ Less trust | ✗ Delayed help-seeking | ✗ More harm

Shift the response

SUPPORTIVE RESPONSES



Person-first language

Uses respectful, accurate language.



Compassion and respect

Helps people feel safe, seen, and welcomed.



Include lived experience

People most impacted help shape decisions.



Safe, accessible care

Policies and settings support trust and access.



COMMON OUTCOMES

✓ More trust | ✓ Earlier help-seeking | ✓ Better recovery support



Small shifts in language, leadership, and practice can change whether people feel judged — or supported.

TURN AWARENESS INTO ACTION

A practical resource to help communities reduce opioid stigma and support respectful, person-first responses.

Opioid Stigma Identification and Reduction

A practical resource for communities, families, coalitions, and helping professionals.

**Every story is different.
Every person deserves respect.**

Every individual in a community can play a role in reducing stigma.

**Practical.
Evidence-informed.
Ready to use.**



Inside this guide

Understand stigma

What it is, where it shows up, and how it affects people, families, and communities.

See page 2

Why it matters

The impact of stigma on health, relationships, communities, and our systems.

See page 2

What works

Practical, evidence-based strategies communities can use to reduce stigma and support recovery.

See page 3

Tailor it to your community

Considerations and tips for reaching diverse populations with respect and cultural humility.

See page 4



Understand Stigma

Learn what stigma is, where it shows up, and why it matters.



Strengthen Communication

Promote person-first language and respectful messaging.



Improve Decisions

Include lived experience and reduce barriers in policies and practice.



Support Communities

Use practical strategies to create safer, more welcoming environments.



RESOURCE AVAILABLE

Download the *Opioid Stigma Identification and Reduction* guide at preventiontrainingcenter.org

Our Journey Continues at the Public Library



Libraries connect our community with knowledge, resources, and support for healthier, safer lives.



The Public Library helps provide:

- ✓ Access to trusted information and resources
- ✓ Programs that build skills and strengthen families
- ✓ Safe spaces for all ages to learn and connect
- ✓ Support for mental well-being and resilience
- ✓ Partnerships that expand community impact



SCHOOL



POLICE
STATION



FAITH



PUBLIC
LIBRARY

• **Libraries open doors. A stronger, healthier community starts here.** •

Who's Involved in the **Public Library** Prevention Team?



How the Public Libraries Influence Supply & Demand



SUPPLY (Access to Resources & Support)



Trusted Information Access (health information, prevention materials, digital access, community resource guides)



Overdose Prevention Resources (naloxone information, educational displays, safe disposal promotion, prevention awareness)



Referral & Resource Navigation (connections to treatment, recovery, mental health, housing, and social services)



Safe Community Space (welcoming environment, drop-in support, public programs, staff assistance)



DEMAND (Behavior, Risk, Response)



Stigma Reduction & Inclusion (person-first language, nonjudgmental service, open dialogue, inclusive outreach)



Connection & Belonging (community programs, clubs, events, reducing isolation, supportive relationships)



Protective Factors for Youth & Families (after-school learning, mentoring, literacy, positive activities, resilience)



Help-Seeking & Early Response (trusted staff, early identification of needs, warm handoffs, encouragement to seek support)

What Does the Data Say? – Libraries



Library data helps us understand community needs, service gaps, and prevention opportunities from the local level to the national landscape.



★ What Does this Data Help Us Identify?



Emerging Trends

- Increase in mental health resource requests
- Youth program participation trends
- Growth in digital resource use
- Rising interest in recovery and wellness topics



Community Needs

- Need for youth support programs
- Demand for mental health education & resources
- Adult learning & job skills needs
- Language & accessibility needs



Prevention Priorities

- Expand youth engagement & mentoring opportunities
- Increase access to mental health supports
- Promote digital & health literacy
- Strengthen partnerships & resource referrals



Impact Over Time

- Are program participation rates increasing?
- Are community needs being met?
- Are resource connections leading to positive outcomes?

What Evidence-Based Prevention Strategies Are Used?



Evidence-based prevention strategies are programs, policies, and practices proven effective through research and evaluation to reduce risk factors and strengthen protective factors.



Information Access & Health Literacy

- Trusted health information
- Media & digital literacy
- Prevention education displays & programming
- Resource guides & booklists
- Community learning workshops



Youth & Family Engagement

- Early literacy & family bonding
- After-school & summer programs
- Positive youth development
- Parent education & support
- Youth mentoring opportunities



Community Connection & Safe Spaces

- Welcoming, stigma-free environments
- Social connection & belonging
- Peer support & community dialogue
- Inclusive programming for all ages



Resource Navigation & Early Intervention

- Referrals to prevention, treatment & recovery supports
- Mental health & wellness resource navigation
- Naloxone and opioid education partnerships
- Staff training on recognizing needs
- Warm handoffs to community services



What Programs, Curricula, & Resources Support These Strategies?



Information Access & Health Literacy

- **Library-created prevention resource guides** (curated books, websites, local services, and community referral information)
- **Expert-led community health conversations** (Physician, pharmacist, public health, and recovery-led discussions on opioid risks, safe medication use, treatment, and prevention)



Youth & Family Engagement

- **Every Child Ready to Read** (family-centered early-literacy workshops that strengthen caregiver engagement & early protective factors like positive parent-child interaction)
- **Teen Summer Reading Programs** (teen-led events, discussion groups,, creative challenges, wellness themes, or partnerships with youth-serving organizations.)



Community Connection & Safe Spaces

- **Teen clubs and advisory groups** (Youth-led activities that build belonging, leadership, positive peer relationships, and connection to trusted adults.)
- **Drop-in resource hours** (scheduled times when patrons can meet with social workers, recovery navigators, outreach workers, or community health representatives)



Resource Navigation & Early Intervention

- **Community Naloxone Trainings (RBHAO-led)** (Workshops that teach community members how to recognize an overdose, administer naloxone, and connect to local prevention, treatment, and recovery resources.)

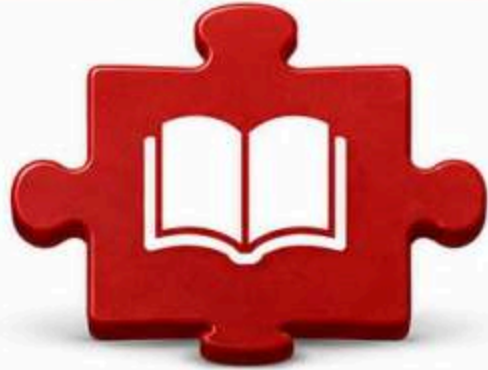
PEOPLE
IDEAS
HEALTH
OPPORTUNITY
COMMUNITY

Libraries
Build
Stronger
Communities

From One-Time Activity to a Comprehensive Prevention System

One Activity Sparks Awareness. A System Creates Lasting Impact.

PREVENTION SOMETIMES LOOKS LIKE THIS... (IN ISOLATION)



ONE-TIME ACTIVITY

-  One-Time Guest Speaker
-  One-Time Educational Display
-  One-Time Program or Workshop
-  One-Time Take-Home Resource

Raises awareness.

Important, but often short-term, limited in reach, and disconnected from broader prevention, support, and community systems.

COMPREHENSIVE LIBRARY PREVENTION SYSTEM (CONNECTED & REINFORCING)



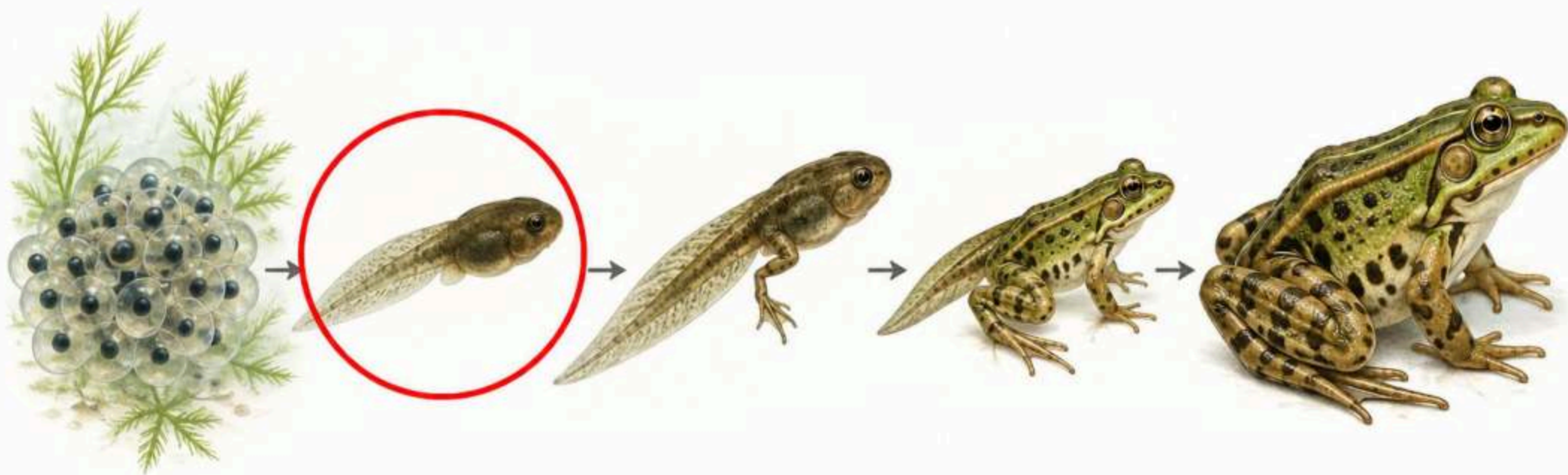
Builds a connected library ecosystem that strengthens individuals, families, and communities—creating lasting impact.



One focuses on a single activity.

The other builds a connected library ecosystem that promotes prevention, well-being, and community resilience every day.







Our Journey Ends Where It Began: **Town Hall**

Every stop on the route has a line in the Municipal Guide and Workbook. The workbook is the route in writing.



The Municipal Guide and Workbook, in order

- 1 Point of Contact and Planning Team *who is involved*
- 2 Fund Management
- 3 Stakeholders and Subject Matter Expertise *which groups are missing*
- 4 Information, Data and Needs Assessment *what does the data say*
- 5 Strategic Planning *the strategy follows the need*
- 6 Strategies Across the Seven Funding Priorities
- 7 Strategy Selection *strategies and programs*
- 8 Spending Plan
- 9 Monitoring and Evaluation *activity or system*
- 10 Tools: SWOT, Summary Worksheet, Sample Table of Contents



TOWN HALL



SCHOOL



POLICE STATION



CHURCH



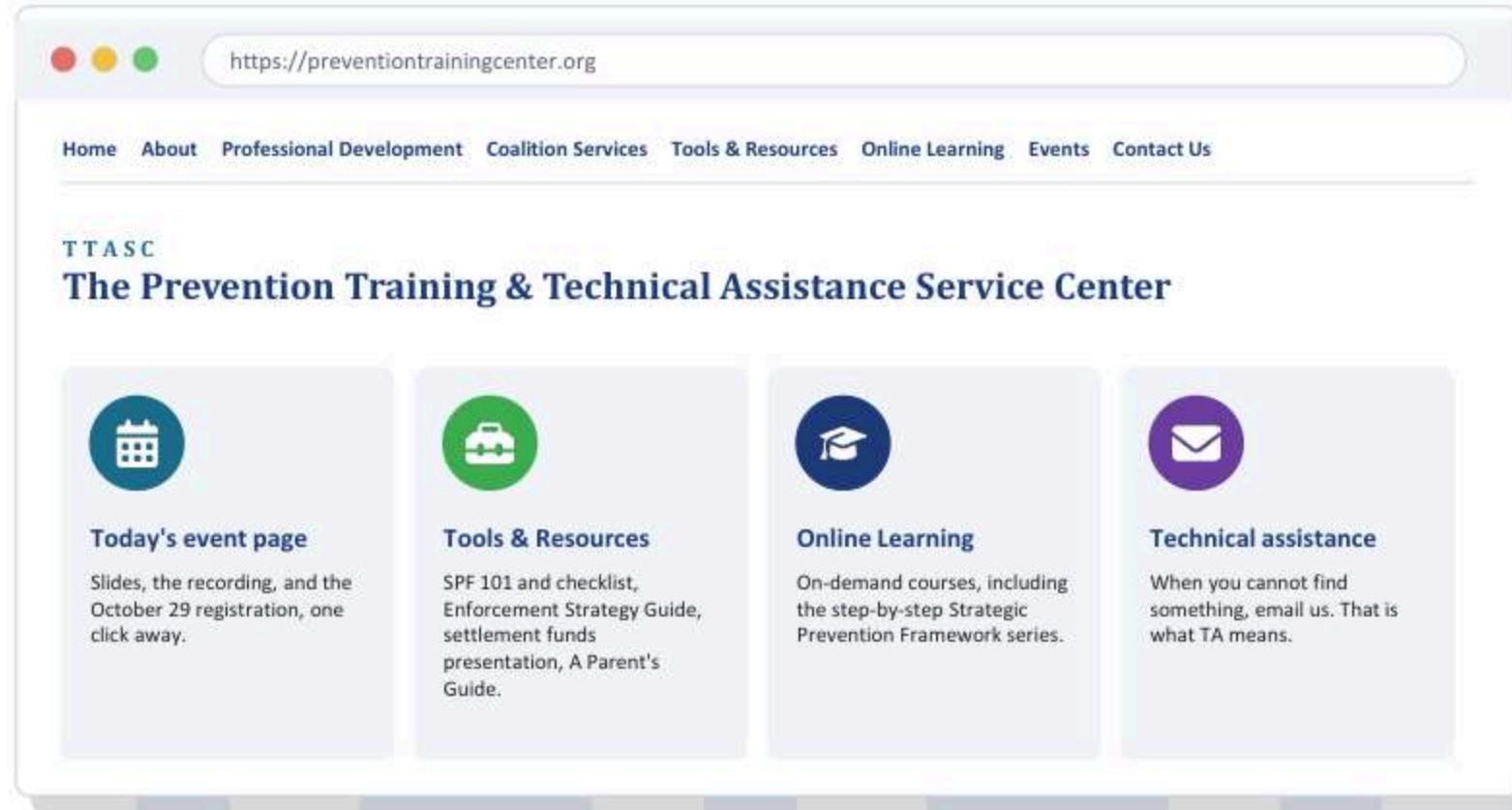
LIBRARY



Full circle. Every department that was a stop today has a line in this workbook.

Everything From Today *Lives Here*

preventiontrainingcenter.org



Do not write anything down.
You will get all of it by email with the recording.

Bookmark the site.
When you cannot find something, email us.

Your Backpack

The fourth question at every stop: what strategies and resources are available? All day we put things in a bag. Now we hand you the bag.



QR code here
and the link in the chat

What is inside

- ✓ The slide deck *posted after today*
- ✓ [Municipal Guide and Workbook](#) *the route in writing*
- ✓ [Online Learning Module on Opioid Prevention and Evidence Based Strategies](#)
- ✓ [Opioid, stimulant and strategies fact sheets](#)
- ✓ [Strategic Prevention Framework checklist](#)
- ✓ [A Parent's Guide to Opioid Use Prevention](#) *English and Spanish*
- ✓ [Stigma and Identification Guide](#)
- ✓ [K-12 prevention lessons for your schools](#)

Go ahead and play. Open it now. Click the thing closest to the problem your town has.

Your First 90 Days

Thirty days to know your need. Sixty to choose. Ninety to start. Every action below is a page in the workbook or an item in the backpack.



DAYS 1 TO 30

Stand up the team and see your data

- ✓ Name the point of contact and the planning team
Workbook p. 1
- ✓ Confirm the fund account, the balance, and who files the October state survey
Workbook, Fund Management
- ✓ Ask who receives the SWORD reports and ODMAP spike alerts, and get on the list
Public safety stop
- ✓ Inventory what already exists: assessments, plans, programs, coalitions
Workbook, Gather Information
- ✓ Bring page one to the October 29 Lunch and Learn
Day 14

DAYS 31 TO 60

Assess the need and choose strategies

- ✓ Run the missing-groups check and seat them: lived experience, faith, library, business
Workbook, Subject Matter Expertise
- ✓ Pull one data source from every stop; decide who leads the needs assessment
What Does the Data Say, five times
- ✓ Match needs to the seven funding priorities and check Exhibit E
Funding Priorities, Strategies and Activities tool
- ✓ Pick strategies by level of risk; write the proposal intake and criteria
Evidence-Based Strategies tool; Workbook, Strategy Selection
- ✓ Fill in the one-page summary worksheet: goals, inputs, outputs, measures
Workbook, Tools

DAYS 61 TO 90

Authorize, launch, and measure

- ✓ Set the spending plan: budget philosophy, approval points, invoices, supplement not supplant
Workbook, Spending Plan
- ✓ Bring the first proposal to the chief official and authorize one connected action
Activity to System slides
- ✓ Set measures of success and the data each strategy will collect
Workbook, Monitoring and Evaluation; SPF checklist
- ✓ Decide where the plan and the numbers live so residents can find them
Workbook, Monitoring and Evaluation
- ✓ Re-score the four questions and set the date you revisit the plan
Slide 25 test

The strategy should follow the need. The first thirty days are mostly phone calls, not money. Nothing on this slide needs a dollar before day 60.





TOWN HALL

Final
Thoughts

NEXT TRAINING · DAY 14 ON YOUR TIMELINE

STATE OPIOID RESPONSE MUNICIPAL GUIDE LUNCH AND LEARN

THURSDAY, OCTOBER 29, 2026

11:00 AM – 12:00 PM · VIRTUAL VIA ZOOM · 1 CEU

For municipal leaders, prevention coalitions and local departments who attended today or have read the materials on the TTASC website.

- The unique role of municipal leadership
- A leadership structure for settlement funds
- Supply and demand applied to your departments
- A crosswalk of fund uses by department
- A process to authorize work and expenditures
- Action plan template, monitoring and evaluation

[REGISTER ON THE TTASC EVENTS PAGE →](#)

Questions? Jennifer Jacobsen · jacobsen@xsector.com

CT PREVENTION TRAINING AND TECHNICAL ASSISTANCE SERVICE CENTER · ANNOUNCEMENT

STATE OPIOID RESPONSE MUNICIPAL GUIDE LUNCH AND LEARN

This training is for those who either attended the October 15, 2026 State Opioid Response Training and Municipal Toolkit, or have read the associated materials on the TTASC website from that training.

MUNICIPAL LEADERS · PREVENTION COALITIONS · LOCAL DEPARTMENTS

THURSDAY, OCTOBER 29, 2026

11:00 AM – 12:00 PM · VIRTUAL VIA ZOOM · 1 CEU

This one-hour virtual training will guide municipal leaders, prevention coalitions, and local departments through a process to help your municipality **leverage opioid settlement funds** by establishing a **whole-of-government approach** and building upon existing resources and strategies to establish coordinated services, decision making, progress monitoring, and improved outcomes for healthier communities.

LEARNING OBJECTIVES

- Understand the unique role of municipal leadership in setting direction and empowering action
- Review a leadership structure on opioid settlement funds
- Apply a supply and demand framework
- Review a crosswalk of opioid settlement funds by municipal department
- Identify existing resources, needs, and gaps
- Establish a process to authorize work and expenditures
- Select and implement effective strategies tailored to local needs and risks
- Receive a sample short- and long-term action plan template
- Monitor and evaluate progress
- Access additional planning resources

FORMAT
One-Hour Virtual Training
Live via Zoom

CREDIT
1 CEU
Continuing Education Unit

[REGISTER HERE →](#)



Questions? Contact Jennifer Jacobsen · jacobsen@xsector.com



Thank You *for Spending the Day With Us*



A short evaluation survey arrives by email. About five minutes. Tell us plainly what to change; "nothing, it worked" is a real answer too.



Instructions for downloading your CEU (continuing education unit) come in the same email.



One question for the chat as you go: what is one connection you will make in your town before October 29? One name. One department. One coffee.



See you Thursday, October 29, 11 to 12, for the Municipal Guide Lunch and Learn.

Your presenters



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