STATE OPIOID RESPONSE • LUNCH & LEARN

From Foundations to Local Action

Using Connecticut's Municipal Guide and Quick Start Tools

A practical starting point for healthier, safer communities.

THURSDAY, OCTOBER 29, 2026 | 11:00 AM



What this workshop is—and is not

No one has to complete a town-wide plan during a lunch break.

TODAY IS…

- A short refresher on the big ideas
- A preview of the guide and nine tools
- A place to share questions and barriers
- A starting point for your next local step

TODAY IS NOT…

- A repeat of the four-hour training
- A finished plan for every town
- A one-size-fits-all set of instructions
- Legal or medical advice on local decisions

Use local experts and community partners to adapt the worksheets to your town.

Our route: remember • explore • act

Three questions will guide the entire conversation.

REMEMBER

Why must communities work together?

Core ideas from our full-day training

EXPLORE

Which worksheet fits my town?

A first look at the six steps and nine tools

ACT

What will we do in 30, 60, 90 days?

A manageable next step with an owner

You do not need to start from zero—and you do not need to do it alone.

A changing crisis calls for an adaptable response

The overdose crisis has changed. Our response has to keep learning.

1990s

Prescription opioids

More prescribing and overdose risk

2010s

Heroin

The illegal drug supply expands

Mid-2010s

Fentanyl

A more potent and unpredictable supply

Today

Many substances

Opioids and stimulants may overlap

12,398 **overdose deaths in Connecticut, 2015–2025 (as reported in the foundational training)**

A town feels the impact long before it sees a report

Community safety is about people—and the everyday systems around them.



A family	looks for treatment or recovery support
A responder	sees another emergency call
A school	worries about a young person
A town leader	asks whether our work is connected

“A community does not experience a crisis as a statistic.”

Whole-of-government: connect what already exists

Municipal leadership can help partners work toward the same goal.

SET DIRECTION

Agree on the local goal

ALIGN DEPARTMENTS

Bring public health, public safety, schools and services together

SUPPORT ACTION

Use budgets, staff practices and partnerships

TRACK RESULTS

Decide what to review and who reports back



More connection, not more bureaucracy

ZOOM POLL 01

STARTING POINT

Where is your community right now?

Choose the answer closest to your experience.

- **A** We are deciding who should lead
- **B** We have activities, but they do not connect well
- **C** We coordinate through a team or coalition
- **D** We share results and improve the work together
- **E** I’m not sure yet

POLL OPTIONS ARE ALSO IN THE SPEAKER NOTES • GUIDE p. 23 / TOOLS 1–3



UTILITY POLE

Supply and demand: two sides of prevention

Think about both access to substances and the reasons people may use them.

SUPPLY: ACCESS

How available are substances?

- Medication safety and disposal
- Safer prescribing practices
- Reduce illegal sales and diversion

DEMAND: RISK + SUPPORT

Why are people at risk—and what helps?

- Youth and family prevention
- Early support and care
- Treatment and recovery connections

Different departments can influence both sides. Strong prevention plans connect them.

A good activity is a start. A connected plan goes further.

Example: naloxone training can become part of a wider response.

ONE ACTIVITY

Train EMS staff to use naloxone

Important. It saves lives.
But follow-up may still be missed.



CONNECTED STRATEGY

EMS
Respond

Health
Use local data

Recovery
Follow up

Schools
Prevent risk

Community
Share access

The activity did not become more complicated. It became more connected.

Build on • Add • Enable

You can often strengthen local efforts without creating a separate program.

01

BUILD ON

What is already working?

Local councils • school programs • partnerships

02

ADD

What opioid-related need is missing?

Naloxone access • referrals • focused outreach

03

ENABLE

How will it keep working?

Clear roles • budgets • shared review

Quick Start Tool 9 helps connect opioid work to existing prevention efforts.

ZOOM POLL 02

CONNECTING THE PIECES

What would most strengthen one activity in your town?

Choose the answer closest to your experience.

- **A** Bring the right partners to the table
- **B** Share better local information
- **C** Make referrals and follow-up easier
- **D** Clarify funding or staff roles
- **E** Make services easier for residents to find

POLL OPTIONS ARE ALSO IN THE SPEAKER NOTES • GUIDE pp. 5–6 / TOOL 9



FISHING POLE

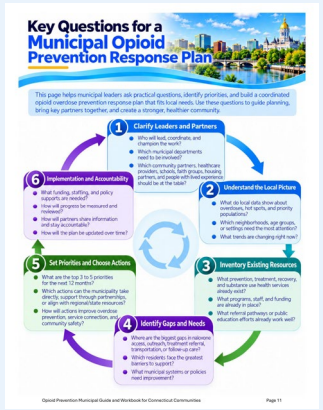
One resource, two jobs

The guide explains the approach. The worksheets help make it local.

PART 1 / THE GUIDE

Questions to ask

Local roles • existing efforts • data • needs • action steps



PART 2 / QUICK START TOOLS

A place to write it down

Nine sample formats for people, data, resources, decisions and follow-up



Start with the page you need. You do not have to fill out every worksheet in order.

Municipal leaders have more options than writing a check

A town can act directly—or help others act together.

DIRECT

Staff and services

FUND

Support local partners

CONTRACT

Set clear deliverables

CONVENE

Bring partners together

SET POLICY

Adjust local practice

COMMUNICATE

Make help visible

PARTNER

Work across town lines

Choose a lever that fits the need.

Connect the action to a named problem, a responsible partner and a way to check progress.

Six steps turn good intentions into a working plan

This is a simple cycle. Communities can return to any step as conditions change.

1. **Leaders + partners** →
2. **Local picture** →
3. **Existing resources**
4. **Needs + gaps** ←
5. **Priorities + actions** ←
6. **Implement + review**

Nine Quick Start Tools: pick your starting point

Use them in order, or choose only the formats your town needs now.

TOOLS 1–3

GET ORGANIZED

1 Planning team + contact

2 Existing local efforts

3 Shared charter / agreement

TOOLS 4–6

LEARN ABOUT YOUR TOWN

4 Community snapshot + data

5 Resources + funding

6 Needs and gaps

TOOLS 7–9

TAKE ACTION

7 Priorities + actions

8 Owners + accountability

9 Integration + alignment

No duplicate paperwork. Begin with the questions your community has not yet answered.

Tools 1–3: decide who is at the table

Before choosing a program, make sure someone owns the planning work.

TOOL 1 Point of Contact and Planning Team

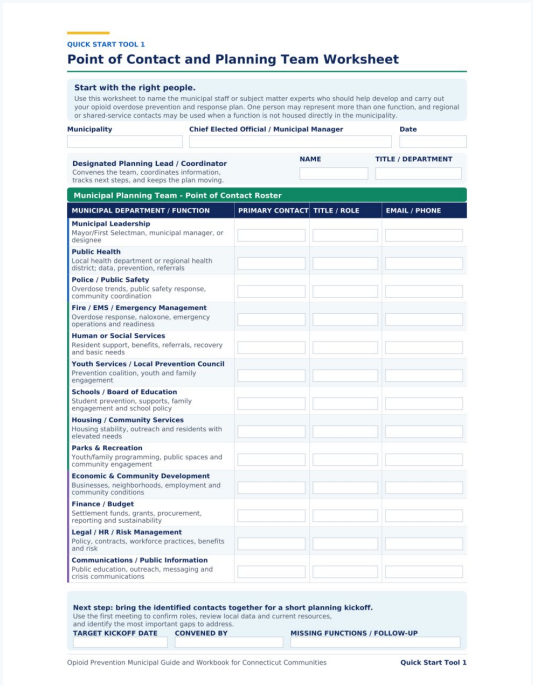
Who is leading? Which departments, partners and residents should join?

TOOL 2 Existing Community Efforts

What councils, coalitions and local groups already do this work?

TOOL 3 Collaboration Charter / Agreement

What will the team do, who decides, and how will it stay in touch?



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

Opioid Prevention Municipal Guide and Workbook for Connecticut Communities — Quick Start Tool 1

EXAMPLE WORKSHEET: TOOL 1

Tool 4: understand the local picture

Do not choose a favorite solution before you understand the need.

WHAT IS HAPPENING?

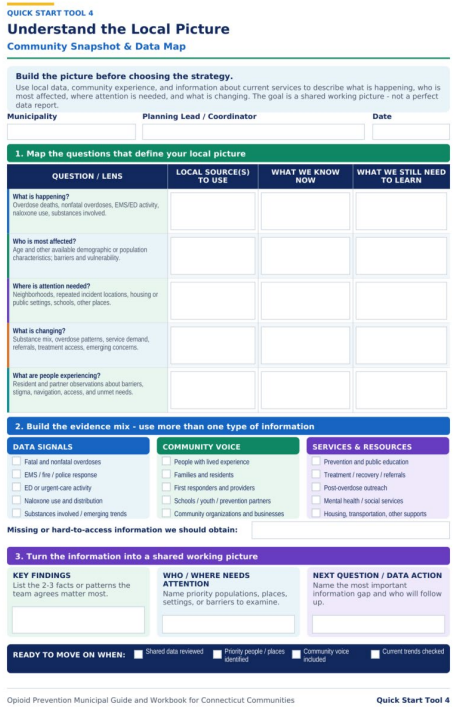
Overdose trends, EMS calls and local observations

WHO IS AFFECTED?

People, neighborhoods and groups needing attention

WHAT ARE WE MISSING?

Resident experience, referral barriers and information gaps



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	COMMUNITY VOICE	SERVICES & RESOURCES
Fatal and nonfatal overdoses	People with lived experience	Prevention and public education
EMS / fire / police response	Families and residents	Treatment / recovery / referrals
ED or urgent-care activity	First responders and providers	Post-overdose outreach
Naloxone use and distribution	Schools / youth / prevention partners	Mental health / social services
Substances involved / emerging trends	Community organizations and businesses	Housing, transportation, other supports

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

3. Turn the information into a shared working picture

KEY FINDINGS	WHO / WHERE NEEDS ATTENTION	NEXT QUESTION / DATA ACTION
List the 2-3 facts or patterns the team agrees matter most.	Name priority populations, places, settings, or barriers to examine.	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

Opioid Prevention Municipal Guide and Workbook for Connecticut Communities — Quick Start Tool 4

LOCAL SOURCES + COMMUNITY VOICE

Tool 5: take stock of what you already have

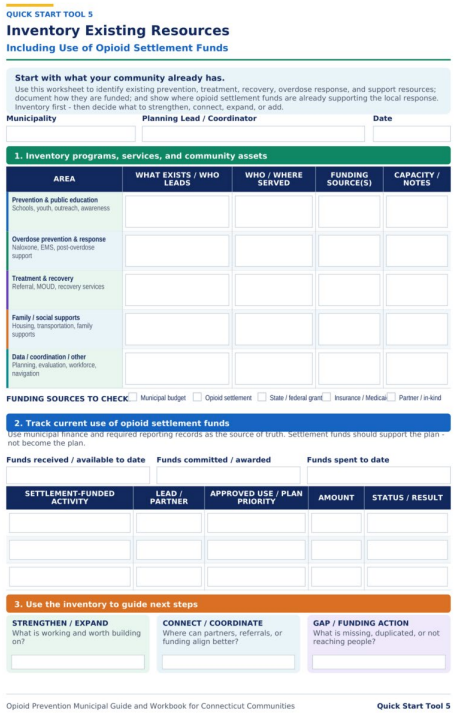
Look for services, partners, capacity, referral paths and dollars.

SERVICES What support is already offered?

PARTNERS Who runs it and who is served?

ACCESS Can people reach it and get a response?

FUNDING How is it supported—including settlement funds?



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 / Medicaid | 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?

Opioid Prevention Municipal Guide and Workbook for Connecticut Communities — Quick Start Tool 5

A resource list becomes useful when it helps people see overlaps, missing links and gaps.

ZOOM POLL 03

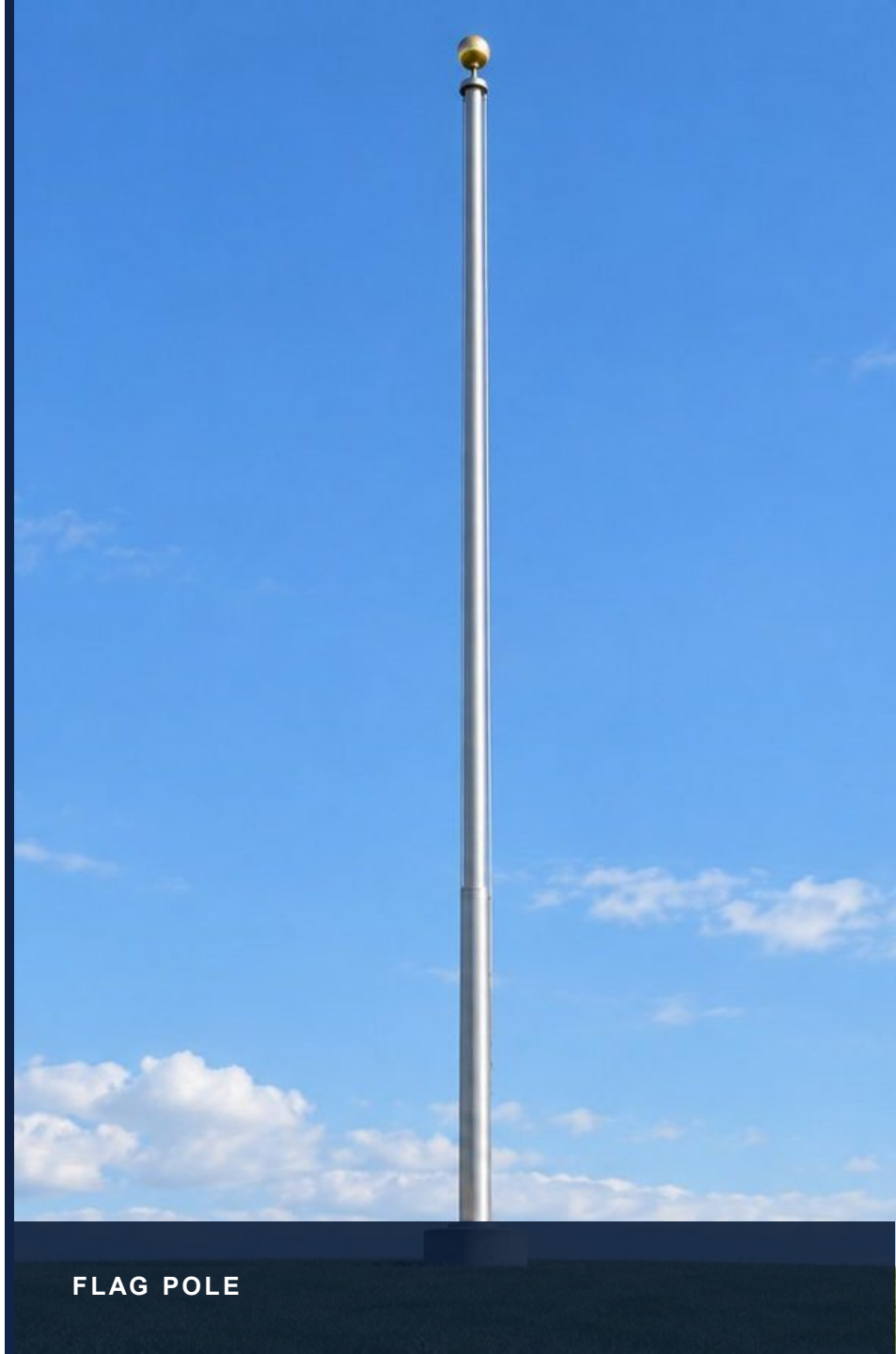
WHAT INFORMATION IS MISSING?

What would most help your town understand its biggest gap?

Choose the answer closest to your experience.

- **A** Better local data on overdoses and risk
- **B** A list of current services and who uses them
- **C** More input from residents and people with lived experience
- **D** A clearer picture of funding and capacity
- **E** I’m not sure where to begin

POLL OPTIONS ARE ALSO IN THE SPEAKER NOTES • GUIDE pp. 14–16 / TOOLS 4–6



FLAG POLE

Tool 6: find where a person gets stuck

A referral is not enough if a resident cannot reach the next service.

OVERDOSE
Emergency help

→

REFERRAL
Service suggested

→

CONNECTION
Service reached

→

FOLLOW-UP
Support continues

THE PLANNING QUESTION

Where does the handoff fail—and for whom?


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, and gaps in follow-up. Use this to name the priority gaps and barriers that may slow connection to help. Focus first on pairs 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 Training, availability, and local readiness				
Connect & post-overdose follow-up Reach 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, funding				

2. Apply a barrier and community experience lens

PEOPLE / PLACES MOST AFFECTED	WHERE PEOPLE FALL THROUGH THE CRACKS	SYSTEMS / POLICIES TO IMPROVE
Which residents, neighborhoods, settings, or groups face the greatest barriers?	Where do referrals, handoffs, follow-up, or service connections break down?	What protocols, policies, training, data sharing, or coordination need attention?

BARRIERS TO CHECK: ☐ Transportation ☐ Language / communication ☐ Cost / coverage ☐ Stigma ☐ Housing instability ☐ Work / 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: ☐ NEEDS AND GAPS ARE CLEAR ☐ MAIN BARRIERS ARE NAMED ☐ PRIORITIES ARE AGREED ☐ NEXT STEPS ARE ASSIGNED

Opioid Prevention Municipal Guide and Workbook for Connecticut Communities

Quick Start Tool 6

Tools 7–8: choose priorities and name an owner

A good idea becomes a plan when someone knows who will do what, by when.

TOOL 7: CHOOSE ACTIONS

What are our top 3–5 needs?
Which actions are realistic?
Who will benefit?

TOOL 8: MAKE ACTION VISIBLE

Lead partner + timeline + support + a way to check results



TOOL 7



TOOL 8

A small plan with an owner and a review date is better than an unassigned wish list.

Tool 9: fit opioid work into existing prevention

Strong communities connect opioid-specific action to broader prevention work.

WHAT EXISTS

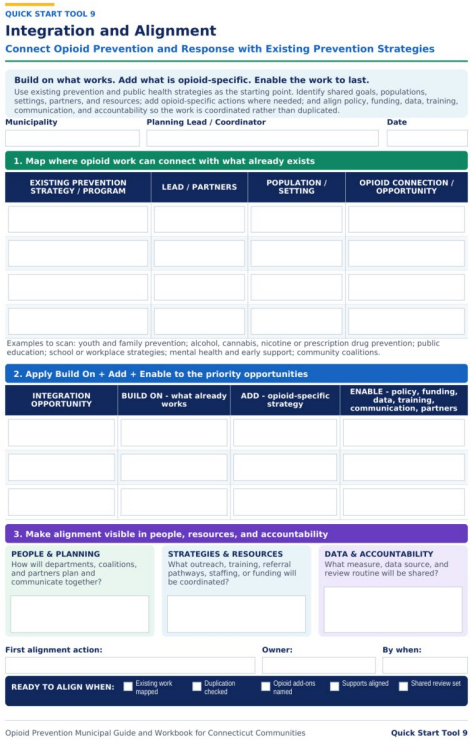
Youth programs, family support, coalitions and services

WHAT TO ADD

Opioid response, data sharing, referral connections

WHAT KEEPS IT GOING

Shared partners, budgets, staff support and review



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

Opioid Prevention Municipal Guide and Workbook for Connecticut Communities — Quick Start Tool 9

Use Tool 9 to reduce duplication and make partnerships, funding and progress visible.

Putting the tools together: a fictional town

Maple Crossing has several services, but residents still report missed follow-up.

MAPLE CROSSING • ILLUSTRATIVE CASE ONLY — NOT A REAL CONNECTICUT TOWN

01 GET THE TEAM	Name a lead and invite EMS, health, recovery and residents	TOOLS 1–3
02 LOOK AT THE PATH	Review calls, referrals, existing services and barriers	TOOLS 4–6
03 CHOOSE ONE FIX	Agree on a follow-up process and who will test it	TOOLS 7–8
04 CONNECT IT	Build the fix into current meetings and plans	TOOL 9

ZOOM POLL 04

FIRST MOVE

What could your town realistically begin within 30 days?

Choose the answer closest to your experience.

- **A** Name or confirm a planning lead (Tool 1)
- **B** List current groups and resources (Tools 2 and 5)
- **C** Look at local information and gaps (Tools 4 and 6)
- **D** Agree on a few priorities (Tool 7)
- **E** Assign owners and a review date (Tool 8)

POLL OPTIONS ARE ALSO IN THE SPEAKER NOTES • GUIDE pp. 23–32 / TOOLS 1–8



SKI POLE

A practical first 90 days

These are suggested milestones—not a required schedule. Adjust them locally.

30 FIRST 30 DAYS

- Name a point person and partners
- Look at the groups and services already active
- Decide what information is missing

TOOLS 1, 2, 4, 5

60 BY 60 DAYS

- Review local trends and resident input
- Compare services with what people need
- Choose one to three clear priorities

TOOLS 4, 5, 6, 7

90 BY 90 DAYS

- Assign owners, partners and dates
- Begin one agreed action
- Set a date to review progress

TOOLS 7, 8, 9

Small actions, clear ownership and regular review can begin before major new spending.

ZOOM POLL 05

BARRIERS TO ACTION

What is the biggest barrier to your next step?

Choose the answer closest to your experience.

- **A** No clearly assigned lead
- **B** Not enough local information
- **C** Limited time or staffing
- **D** Getting the right partners engaged
- **E** Uncertainty about funding rules
- **F** Knowing how to check results

POLL OPTIONS ARE ALSO IN THE SPEAKER NOTES • GUIDE pp. 16–20 / TOOLS 6–9



FIRE POLE

Other Connecticut DMHAS prevention resources

You have local, regional and statewide partners to help with planning and action.

TTASC

Training, worksheets, on-demand learning and help using tools

OPEN RESOURCE ↗

CPES • UConn Health

Prevention data, trends and help making sense of information

OPEN RESOURCE ↗

Connecticut Clearinghouse

Free substance use prevention information and materials

OPEN RESOURCE ↗

Regional Behavioral Health Action Organizations

Regional partnerships, local needs and support across communities

OPEN RESOURCE ↗

Local Prevention Councils

Community-led prevention efforts; an existing place to connect

OPEN RESOURCE ↗

Other DMHAS resource links

Governor's Prevention Partnership, SERC and statewide supports

OPEN RESOURCE ↗

RESOURCE LINKS ARE CLICKABLE IN THIS PRESENTATION

OPEN DISCUSSION

What is the next useful conversation in your town?

START WITH A STRENGTH

What can you build on?

NAME THE BARRIER

Where does the current response fall short?

IDENTIFY THE PARTNER

Who could help move the next step forward?

SHARE BY VOICE OR IN THE CHAT • QUESTIONS, BARRIERS, OR ONE GOOD EXAMPLE

Use the guide with your local partners. Every town can choose a realistic starting point.

ONE OWNER.
ONE CONVERSATION.
ONE NEXT STEP.

Bring the guide to your local team.
Choose the tool that fits your next decision.

preventiontrainingcenter.org

