Community Opioid Overdose Reversal Medications (OORMs) Planning Toolkit

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SAMHSA
Substance Abuse and Mental Health Services Administration

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Acknowledgments

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Introduction

Community Opioid Overdose Reversal Medications (OORMs) Planning Toolkit Goals and Objectives

The Community Opioid Overdose Reversal Medications Planning Toolkit is designed to help local organizations, partners, and communities develop a plan to expand access to and use of naloxone and other opioid overdose reversal medications (OORMs) to save lives. The toolkit includes templates, brief community examples, key questions, and additional resources. This toolkit has four major objectives shown in **Exhibit 1** below.

Exhibit 1. *Community Overdose Medications Planning Toolkit Objectives*

Background

Overdose deaths in the United States remain a critical public health issue. Provisional data from the Centers for Disease Control and Prevention (CDC) indicates that in the 12-month period ending June 30, 2024, there were approximately 97,000 overdose deaths, a 14% decrease from the 113,000 deaths in the previous 12-month period.[1] The CDC provisional data also shows that synthetic opioids, primarily illicitly made fentanyl, are the leading driver of drug overdose deaths, involved in approximately 70% of overdose fatalities. The pervasive presence of illicit fentanyl, often mixed with other substances in the illicit drug supply, increases the risk of fatal overdoses, as individuals may unknowingly consume lethal doses.[2, 3] Deaths involving heroin have declined since 2017; however psychostimulant and cocaine-involved overdose deaths have increased, often with opioid

co-involvement.[1] Although progress has been made in reducing opioid overdose deaths, the overdose crisis continues to devastate communities across the nation, particularly communities of color and older adults. Making further progress requires sustained efforts in prevention, harm reduction, treatment, and recovery support to further reduce these tragic yet preventable deaths.

What is an Overdose?

An overdose occurs when someone takes more of a drug than their body can handle. In an overdose, the substances or medications that a person has taken can overpower the brain and other organs, preventing them from functioning normally. For example, an opioid overdose causes breathing to slow or even stop, depriving the brain and heart of life-sustaining oxygen. Without intervention, overdose can lead to death.[4] While this toolkit focuses on opioid overdoses—primarily involving substances like heroin, prescription opioids, and synthetic opioids—overdoses can also result from stimulants, alcohol, and polysubstance use.

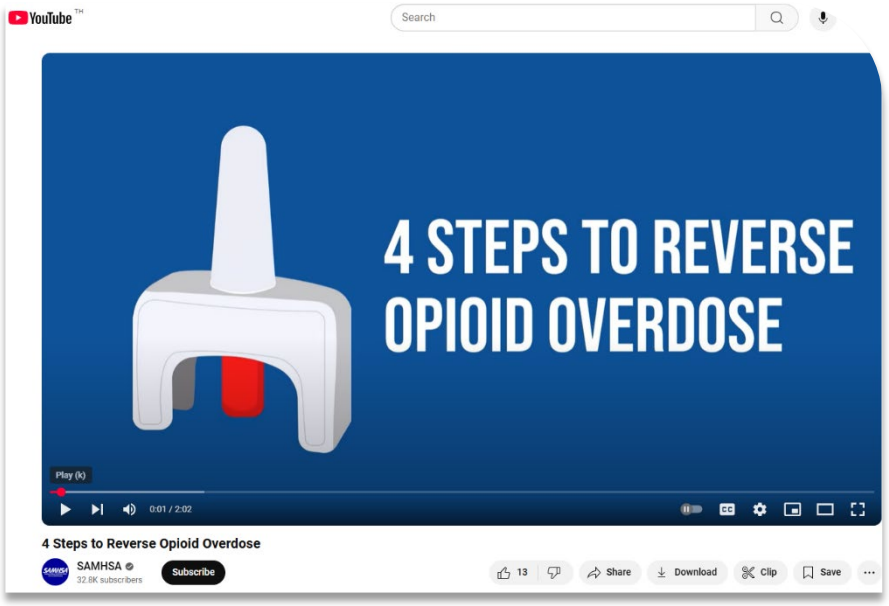
Who is at Risk?

A wide range of individuals may be at risk for opioid overdose.[5] People prescribed opioids for chronic pain management, if misused, may be at risk. Individuals who combine different drugs—for example, opioids with other sedating substances, such as benzodiazepines or alcohol, are at elevated risk. Individuals at particular risk for overdose are those who take drugs alone (e.g., the housing insecure, and those unfamiliar with the contents of the substance). Individuals with a history of overdose and/or substance use disorder (SUD), especially those in early recovery or having a period of recent abstinence, such as individuals transitioning out of incarceration or residential treatment programs where they did not receive medications for opioid use disorder (MOUD), are also at high risk.

In addition, individuals who do not have access to healthcare and resources such as drug testing equipment further compound their risks. To address this wide spectrum of needs, expanding the availability of naloxone and other OORMs to individuals who use drugs, their social networks, harm reduction programs, and first responders is essential.

What are OORMs?

Naloxone and OORMs can reverse the life-threatening effects of opioid use, including those caused by prescription opioids (e.g., oxycodone and hydrocodone) and illicit opioids (e.g., heroin and illicit fentanyl) when these substances are taken in larger quantities than what a given individual's body can tolerate. OORMs are available in nasal spray and injectable forms and work by reversing the effect of opioids in the body and restoring breathing during an opioid-related overdose.[6] The SAMHSA Overdose Prevention and Response Toolkit provides more detailed information about available OORMs. These medications are safe, easy to administer, and have no potential for addiction. Most importantly, they are effective in saving lives. For more information on how opioid overdose reversal medications save lives, see the helpful video from the SAMHSA YouTube channel.



Why Should Communities Expand Access to OORMs?

The timely administration of OORMs can prevent opioid overdose deaths. Making these medications easily accessible in local communities throughout the nation is critical to a community overdose prevention and response strategy. Research from SAMHSA, the National Institutes of Health (NIH), CDC, and the Centers for Medicare and Medicaid Services (CMS) underscores the critical role OORMs play in reducing the risk of fatal overdose. Studies have shown that the odds of experiencing a fatal overdose are reduced by 30% in the 12 months following a nonfatal overdose when naloxone is accessible.[7] This evidence highlights the importance of prioritizing OORM distribution as a key component of community overdose prevention strategies, particularly among populations at elevated risk. Providing overdose education, training, and distributing OORMs to people who use drugs and individuals in their social networks, friends and family members of people who use drugs, patients receiving prescription opioids for pain care or medications for OUD, first responders, and others who are most likely to witness an overdose, is vital to reducing opioid-involved overdose deaths. Together, community partners can work to develop a plan that best addresses local needs to distribute and ensure that the community strategy prioritizes populations and settings at greatest risk for overdose and thus have ready access to these life-saving medications.

Target Distribution

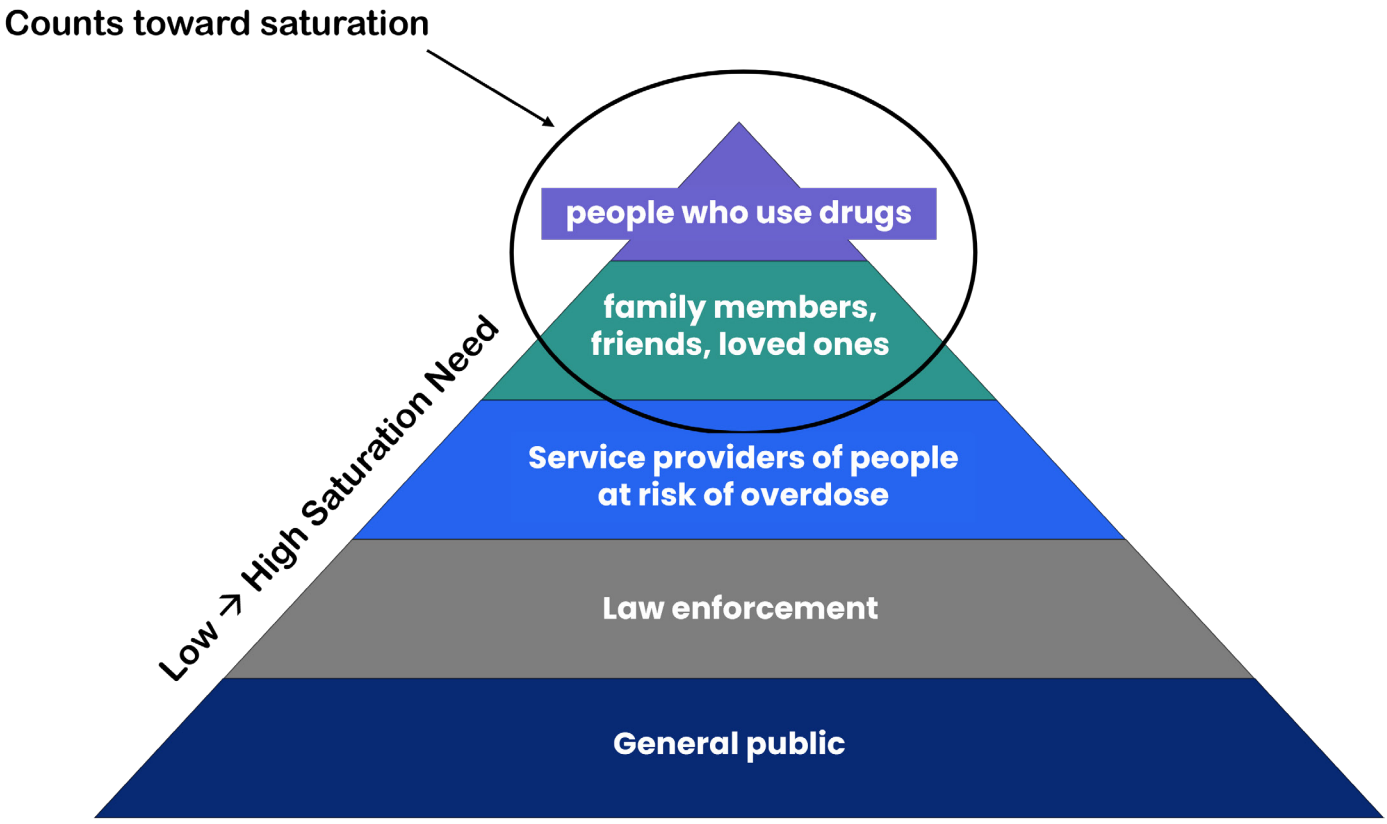
Ensuring access to OORMs requires prioritizing distribution to populations and locations at the greatest risk of overdose. This includes harm reduction programs, criminal justice and reentry settings, hotels, homeless shelters, and SUD treatment facilities.[8] Providing OORMs to individuals who use drugs, and their social networks has proven to be an effective strategy for reducing

overdose fatalities.[9] Collaborating with community organizations and leveraging local expertise helps address unique barriers and ensures that these tools reach the people most likely to witness or experience an overdose.[10]

Community harm reduction programs (CHRPs) have been shown to play a critical role in reaching individuals in high need and in reducing overdose.[11] These programs prioritize meeting individuals where they are, by empowering communities to distribute lifesaving tools like OORMs effectively. By systematically collecting data, engaging community partners, and implementing targeted strategies, communities can improve their capacity to prevent overdose deaths. This evidence-based approach fosters trust within communities and amplifies the impact of naloxone and other OORMs distribution.

The pyramid[12] in **Exhibit 2** emphasizes prioritizing those most likely to experience or respond to an overdose, starting with people who use drugs and their close networks, followed by service providers and law enforcement, with the general public playing a broader, supportive role in prevention. This model serves as an example of how communities can structure their overdose prevention and response efforts. However, it is critical to assess your community's unique needs, risk factors, and resources to create a tailored "pyramid" that reflects local priorities and effectively targets OORMs distribution and education efforts. By customizing this framework, communities can ensure their strategies are equitable, impactful, and aligned with their specific overdose prevention goals.

Exhibit 2. *Overdose Response Priority Pyramid*



1. People who experience recent abstinence: leaving incarceration, hospital stay, or treatment stay
2. Friends and family of people who use drugs, identified through support groups, family-run organizations, advocate groups, etc.
3. People who live in areas where there are high numbers of overdoses

Saturation and Abundance in OORMs Distribution

An important element of an effective overdose prevention and response strategy is maintaining community saturation or abundance of OORMs. *Saturation refers to the point at which OORMs are sufficiently distributed within a community so that they are readily accessible to all individuals who may need them at the time of an overdose.* This includes not only those at risk of an overdose but also bystanders and first responders who may need to administer it. Saturation is achieved when there are no significant gaps in coverage, meaning OORMs are available in all high-risk areas and populations, and the community is well-informed about how to access and use them.[13]

Abundance goes beyond saturation and refers to an ample and easily accessible supply of OORMs throughout a community. It implies that not only is the medication available, but it is plentiful enough to meet or exceed the demand. In an abundant distribution scenario, there is excess supply to ensure that unexpected increases in demand can be met without shortages. For more information on implementing strategies to achieve saturation and abundance in OORMs distribution, see **Implementation Strategies: Data-Driven Approaches.**

Toolkit Contents and Organization

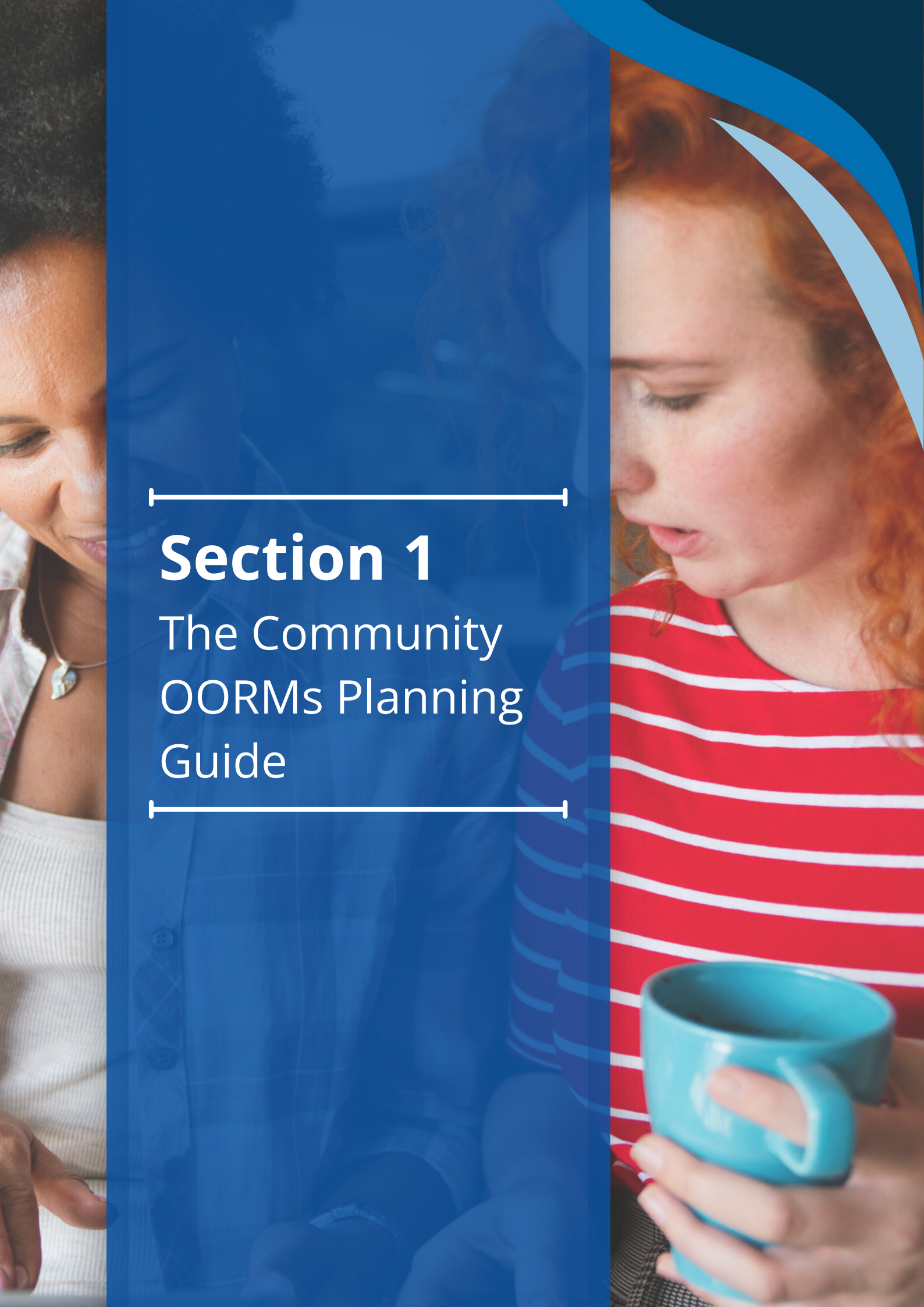
This toolkit is organized into four sections and provides practical steps and concrete examples to enhance community readiness and response to opioid-related overdoses.

Section 1: The Community OORMs Planning Guide: Steps 1-3 of the Community OORMs Planning Guide focus on the process communities can follow to establish a planning body and to mobilize it based on your community's readiness, needs, gaps, and strengths. Step 4 of the Community OORMs Planning Guide emphasizes the application of these steps to develop a strategic plan. To eliminate repetition, the steps in the planning guide will reference each other in a complementary fashion.

Section 2: Implementation Strategies: This section provides real-world examples of strategies that communities and localities have or are currently implementing.

Section 3: Other Implementation Considerations: This section describes how communities can provide additional substance use prevention, harm reduction, treatment of OUD, and recovery support for people who have experienced a non-fatal overdose and their families and loved ones.

Section 4: Additional Resources to Aid Community Planning and Implementation: This section provides helpful links to training and technical assistance that can support communities in planning and implementing an overdose prevention and response plan.



Section 1

The Community OORMs Planning Guide

The Community OORMs Planning Guide

STEP 1

MOBILIZE & ORGANIZE A PLANNING BODY

Step 1: Mobilize and Organize a Planning Body

To expand access to OORMs, the first step for communities to take is **mobilizing and organizing a diverse, representative, and influential planning body**. A planning body (e.g., steering or planning committee) gathers information and data on a community's needs with a focus on prioritizing resources for persons at the highest risk of overdose; identifying where efforts are already happening; laying out a strategy to address the need and any gaps; engaging the community to work together toward a common mission; and identifying resources to implement the strategy.[13]

Establish a Community Definition and Boundaries

Define the community you aim to serve to ensure your planning efforts for OORMs are focused and tailored. Consider the geographical boundaries, which may include city or county limits or neighborhoods. Additionally, understand the legal limits and structures that may affect your initiatives at a local level. As a component of this activity, it is important to consider the geographic distribution and mobility of people who use drugs.

Determine and Engage Key Partners

Identify key partners involved in overdose prevention and response, including community substance use service providers, public health, and relevant sectors such as people who use drugs, affected individuals/families, and organizations that provide needed services. For example, these organizations include SUD and mental health treatment and recovery providers, community-based harm reduction and syringe services programs (SSPs), public health and aging departments, general healthcare providers, businesses, law enforcement, emergency medical services, hospitals, and other community organizations. It is critical to ensure that this process is grounded in the experiences and voices of those with lived and living experience and those community members who have been disproportionately impacted by substance use and overdose. Answering the questions in **Exhibit 3** on the following page can help you determine the partners most critical to the planning process for your community.

MOBILIZE & ORGANIZE A PLANNING BODY

Partner Engagement Guidance

For partner engagement guidance focused on preventing opioid overdose, explore the community engagement guide developed by SAMHSA and the National Institute on Drug Abuse (NIDA).
https://store.samhsa.gov/sites/default/files/pep23-06-01-002.pdf

Exhibit 3. *Key Partners Determination Tool: Who Should be Involved?*

Answering the following questions can help you determine who should be involved.

- Which individuals or support networks directly **affected by** opioid overdose or OUD should be included?
- Which **historically marginalized or underrepresented groups** within the community **are crucial** to include in planning access to naloxone and other OORMs?
- Which organizations or community groups **are actively involved** in increasing access to naloxone or other OORMs and addressing opioid overdose?
- Which healthcare providers, SUD treatment centers, harm reduction programs, and social service agencies have **a vested interest in success**?
- What community members possess **relevant expertise or knowledge** about OORMs and overdose prevention?
- Which local businesses or commercial entities have **roles that are significant in implementing or supporting** the initiative?
- Which government agencies or officials **should be actively involved** in expanding access to naloxone and other OORMs and preventing overdose deaths?
- Which community leaders or organizations can **help mobilize support, resources, or partnerships** to strengthen access to OORMs and address the overdose crisis?
- Who are the influential decision-makers and partners **shaping access** to OORMs and overdose prevention efforts?

Examples of Individuals and/ or Key Partner Organizations

Example Individuals

- People who use drugs
- Families impacted by overdose
- Peers & Allies
- Community Health Workers
- Community Leaders & Influencers
- Local Government Officials
- First Responders

Example Organizations

- Community-Based Harm Reduction Programs
- Syringe Services Programs
- Local Hospitals & Clinics
- Pharmacies
- Substance Use Disorder Treatment Centers
- Homeless Shelters
- Transportation Providers
- Youth Serving Organizations
- Social Services Agencies such as those in the aging network
- Veterans' Associations
- Prevention Coalitions
- Emergency Medical Services (EMS)
- Law Enforcement & Correctional Facilities
- Mental Health Clinics
- Local Schools & Educational Institutions
- Local Businesses
- Religious Organizations
- Recovery Support Providers
- Local Media & Social Media Outlets

Key considerations as you identify these partners are shown in **Exhibit 4**.

Exhibit 4. Partner Identification Tool

Build New and Strengthen Existing Partnerships

Establish and/or enhance strong connections within your community to support the creation of an effective planning body and its future implementation efforts. The effectiveness of your planning body relies on the relationships members cultivate, both among themselves and with the respective segments of the community they represent. Engaging both new and existing partners throughout the planning process will ensure the actions are relevant and supported by the community.[14]

These relationships help connect with the community through:

- **Holding regular community forums and workshops** to enable those affected by substance use and overdose to share their experiences and insights. These key voices should be prioritized in strategic and operational planning.
- **Organizing informational sessions** on overdose prevention at local schools and educational institutions to engage students, educators, and families, including the differences and intersection between substance use and SUD.
- **Holding listening sessions** with community harm reduction providers, first responders, public health agencies, SUD prevention, treatment, and recovery support services providers,

mental health centers, prevention coalitions, social services agencies, homeless shelters, and faith-based organizations to support vulnerable populations and facilitate input and collaboration.

To broaden your impact, consider forming strategic partnerships with key entities and individuals, including, but not limited to, the examples provided in **Exhibit 3** that align with your community's unique needs and characteristics.

Develop a Joint Mission, Values, Goals, and Objectives

Foster alignment and direction among partners by developing a joint mission statement, core values, and shared goals, and by setting clear, agreed-upon objectives (see **Exhibit 5**). These processes will also help when developing an overdose prevention and response strategy, including an OORMs saturation plan. A unified, comprehensive vision that encapsulates these elements is pivotal in guiding community efforts.

- **Craft a Clear Mission Statement**: Collaborate closely with partners to formulate a mission statement that is clear, concise, and focused on overdose prevention, access and distribution of OORMs, and saving lives.
- **Promote Core Values:** Embed equity, inclusivity, and community well-being in the mission, displaying a commitment to leaving no one behind, recognizing that there are some people and groups that are at higher risk of overdose or more likely to witness and respond to an overdose than others.
- **Define Shared Goals:** Develop shared goals that align with the mission, outlining what your collective efforts aim to achieve.
- **Set Clear, Smart, Measurable, Achievable, Relevant, and Time-Bound (SMART) Objectives**: Establish clear, agreed-upon objectives that provide specific, measurable targets to guide your actions and measure success.

Exhibit 5. *Mission, Values, Goals, and Objectives Development Tool*

	Mission	Values	Goals	Objectives
Purpose & Scope	The mission provides a broad, high-level vision that defines why your community is working towards preventing overdose deaths.	Values define the ethical framework and moral compass that guide the decision-making process.	Goals represent the key areas or categories in which you want to make a significant impact.	Objectives are specific and concrete, outlining the desired outcomes in quantifiable terms.
Timeframe	Mission statements have a long-term perspective, are enduring, and guide the organization's activities over an extended period.	Values are timeless and unchanging, providing a consistent foundation for the organization's culture and actions over time.	Goals can span a medium-term to long-term horizon, outlining what you aim to achieve over a defined period.	Objectives are typically short to medium-term in nature; they represent milestones that need to be reached to accomplish the goals.
Example	An example mission statement is: "Our mission is to save lives and prevent overdose deaths in our community through collaborative efforts, equity, and evidence-based interventions."	Example values are: • Compassion: Showing empathy and support to those affected by substance use and overdose • Lived Experience: Including the voice of people with lived and living experience in carrying out the mission • Integrity: Upholding ethical standards in all our actions • Collaboration: Working together with partners and the community to achieve our mission	Example goals may include: • Reduce overdose deaths by 20% within the next five years • Increase naloxone and OORMs distribution to people who use drugs by 50% over the next year • Promote awareness and education about overdose prevention and response through monthly outreach campaigns	Example objectives include: • Train 300 persons likely to witness an overdose in OORM administration by year-end and ensure 80% of participants report increased confidence in responding to an overdose scenario • Secure funding for the distribution of 1,000 naloxone kits in the next six months • Establish five new partnerships with local healthcare providers for overdose prevention programs in the next month

Define a Governance Structure with Clear Roles and Responsibilities

Define a governance structure that delineates the roles and outlines the responsibilities of each partner involved to ensure mutual understanding, accountability, coordination, and efficient implementation of the community plan for naloxone and other OORMs. The governance structure will also specify the decision-making process and who is authorized to make decisions. The following actions can help form an effective governance structure:

- **Outline the specific responsibilities of each partner** within the planning body, including their tasks related to naloxone and other OORMs education, training, distribution, and saturation tracking. For example, the public health representative may oversee data collection and analysis related to opioid-involved and other drug-involved overdoses; healthcare providers may lead the development of training protocols and guidelines for OORMs use; people who use drugs and community partners can focus on outreach and awareness campaigns to reduce stigma and promote access.
- **Appoint leadership roles within the planning body,** such as a chairperson or co-chairs, who are responsible for facilitating meetings, setting agendas, and ensuring that objectives are met. These leaders should possess strong leadership, communication, and organizational skills. To promote inclusivity and fresh perspectives, establish a timeline for role rotation, allowing different members to assume leadership positions while maintaining continuity in achieving objectives.
- **Consider establishing subcommittees or workgroups within the planning body**, each concentrating on a specific aspect of distributing OORMs. The subcommittees or workgroups can be charged with achieving specific goals and objectives. For example, an Education Subcommittee could be responsible for developing educational materials, organizing training sessions, and collaborating with community-based harm reduction programs, SSPs, and local schools and institutions to integrate OORM education and distribution.
- **Foster regular communication and coordination among partners** to maintain a cohesive and well-coordinated effort. Implement a communication plan that includes regular meetings, email updates, and a shared platform for information sharing.

Create a Process for Decision-Making

Establish a well-structured decision-making process for the planning body that is transparent, inclusive, and promotes shared accountability for success. This tailored process should facilitate meaningful participation from all partners, including those with lived and living experience with substance use, ensuring that diverse perspectives related to overdose prevention and OORMs distribution are not only heard, but also effectively integrated into planning efforts.

Consider the practices in **Exhibit 6** as you build a robust decision-making framework.

Exhibit 6. *Considerations for a Decision-Making Process*

Structured Meetings: The planning body holds regular (e.g., monthly) meetings with a predefined agenda, scheduled in advance.

Agenda Setting: The designated meeting leader, with input from partners, sets meeting agendas, including relevant data, planning, funding, policy, and implementation updates.

Data-Driven Decision-Making: The planning body relies on state and local opioid-related data to make informed decisions.

Feedback Mechanisms: Members provide feedback after each meeting to enhance the planning body's operations.

Voting: On issues without a consensus, decisions are made by a simple majority vote, with each member having one vote.

Consensus Building: The planning body aims for consensus in significant decisions, fostering collaborative solutions aligned with the initiative's mission and goals.

Record Keeping: Document detailed meeting summaries to capture discussions, decisions, and action items.

Inclusive Discussions: All members contribute to education, distribution, and evaluation, valuing diverse perspectives and addressing power dynamics to ensure a safe and welcoming environment for all participants, including those directly impacted.

STEP 2

DETERMINE READINESS

Step 2: Determine Readiness

Once a planning body is established, determining readiness is the next step in the planning process. The community's readiness **defines the starting point of your initiative and informs decisions regarding timing and approach.** A readiness assessment determines how systems or organizations are currently working. It provides information on current commitment and capacity to make changes before implementing new processes.

For more information about community readiness and how to conduct community readiness assessment, see Colorado State University's Tri-Ethnic Center for Prevention Research's Community Readiness for Community Change guide.

Understand the Community's Level of Commitment

Evaluate the community's commitment to supporting overdose prevention and OORMs saturation planning to clarify the extent to which community members and organizations are actively engaged and invested in these efforts. Understanding the level of dedication within the community helps in mobilizing support, building partnerships, identifying potential barriers, and fostering a collective sense of responsibility for disseminating OORMs.

Evaluate if Partners Have the Necessary Systems and Resources

Assess whether community partners possess the necessary systems and resources (e.g., data and data systems, effective communication platforms, and funding) to support OORMs implementation.

Exhibit 7. *Methods to Understand the Elements of Community Readiness*

This assessment helps identify gaps and opportunities for strengthening partner capacity to contribute effectively to overdose prevention and OORMs initiatives by understanding the community infrastructure, partnerships, and resources required. **Exhibit 7** provides examples of potential methods that you can use to assess community readiness related to naloxone and other OORMs.

STEP 3

CONDUCT A NEEDS ASSESSMENT & GAP ANALYSIS

Step 3: Conduct a Needs Assessment and Gap Analysis

Conduct a needs assessment with a gap analysis as the next step in understanding community preparedness for overdose prevention and OORMs saturation initiatives. **This combined process allows you to pinpoint specific community needs and identify gaps in services, vulnerabilities, and policy barriers, laying the groundwork for tailored strategies, efficient resource allocation, and effective partner engagement.** By understanding community needs and gaps, you can concentrate efforts where they matter most. This integrated analysis is the cornerstone of a well-informed and successful community planning process.

Gather and Analyze Quantitative and Qualitative Data to Determine Community Needs, Assets, and Resources

Collect and analyze both quantitative and qualitative data to understand the community's needs and identify where gaps may exist. Data should also be collected on community strengths and resources gathered from the information captured in the readiness assessment (e.g., established business partnerships, and successful education campaigns).

Communities can consider asset mapping, the general process of identifying and gathering information about a community's assets, to support these efforts.[15] This "Toolkit for Community Assessment: Community Asset Mapping," guides the community assessment and community asset mapping process.

CONDUCT A NEEDS ASSESSMENT & GAP ANALYSIS

Community-level data from CDC's State Unintentional Drug Overdose Reporting System (SUDORS) can be used to inform public health actions and policies.

It provides a wealth of information on opioid overdose like overdose death rates, opioid prescribing rates, and more. You can access these resources at: https://www.cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html?CDC_AAref_Val=https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html

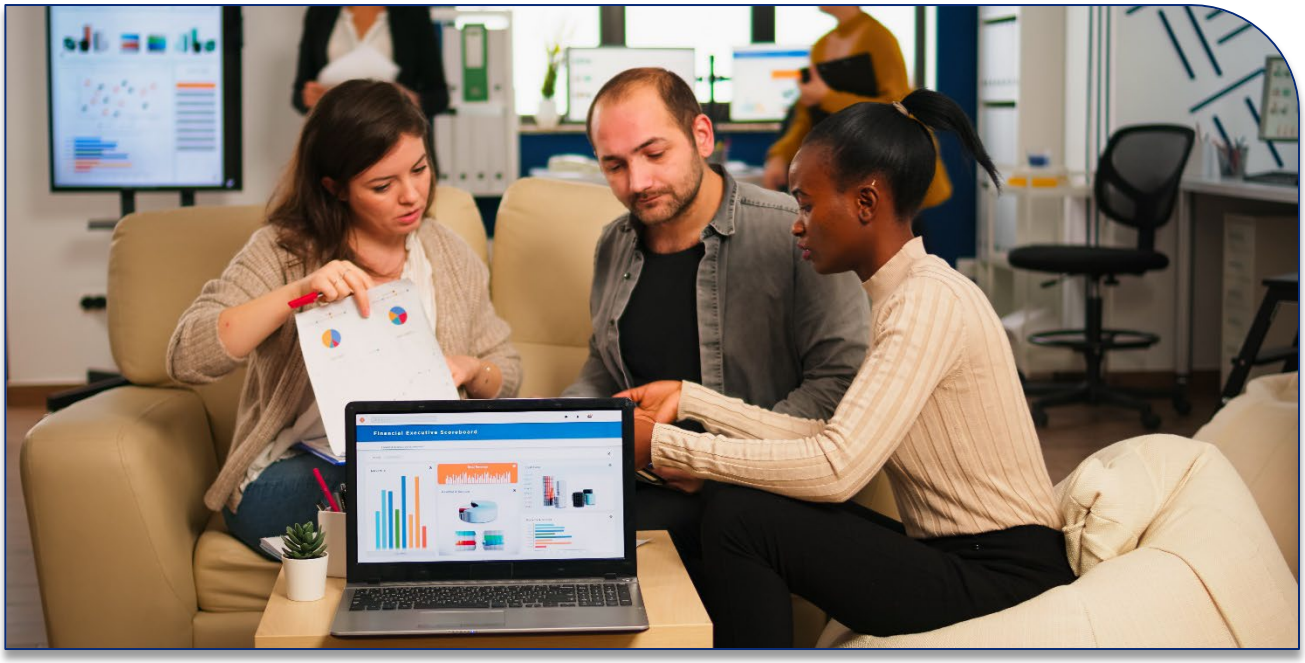
Qualitative data offers non-numerical insights that help you understand the quality and characteristics of various aspects of the issue. When community partners, in particular people who use drugs and those who have experienced a nonfatal overdose, share their stories, thoughts, or feelings about OORMs and distribution, this provides valuable data. It enables understanding of the human side of the issue, such as why some individuals may be hesitant to use naloxone or other OORMs, the challenges they face in accessing it, the impact of policies on their lives, and their attitudes toward overdose prevention efforts.

Quantitative data, or measurable information expressed in numbers, provides concrete insights. It includes figures like the number of nonfatal and fatal opioid-involved overdoses, witnessed and unwitnessed overdoses, quantities of OORMs distributed, or the percentage of individuals aware of OORMs, all preferably by demographic characteristics and zip codes. Analyzing these local data reveals patterns, trends, and areas requiring attention. Quantitative data serves as a benchmark for assessing the extent of the issue and evaluating the effectiveness of current policies and resources and the impact of policy changes. As OORMs saturation is an iterative and evolving process, gathering

and tracking key quantitative data will help your community understand how to best leverage and shift resources as the need changes.

Identify Populations and Settings Who are at Greater Risk

Collect or gather community data to identify the specific populations most impacted by substance use and overdose. There are many groups and settings with the potential for a higher risk of overdose. By systematically collecting data from settings where individuals face increased risk, communities can better identify and prioritize individuals who need the most support.



In the example below, the Washington State Opioid and Overdose Response Plan focuses on key populations and settings for distributing naloxone.

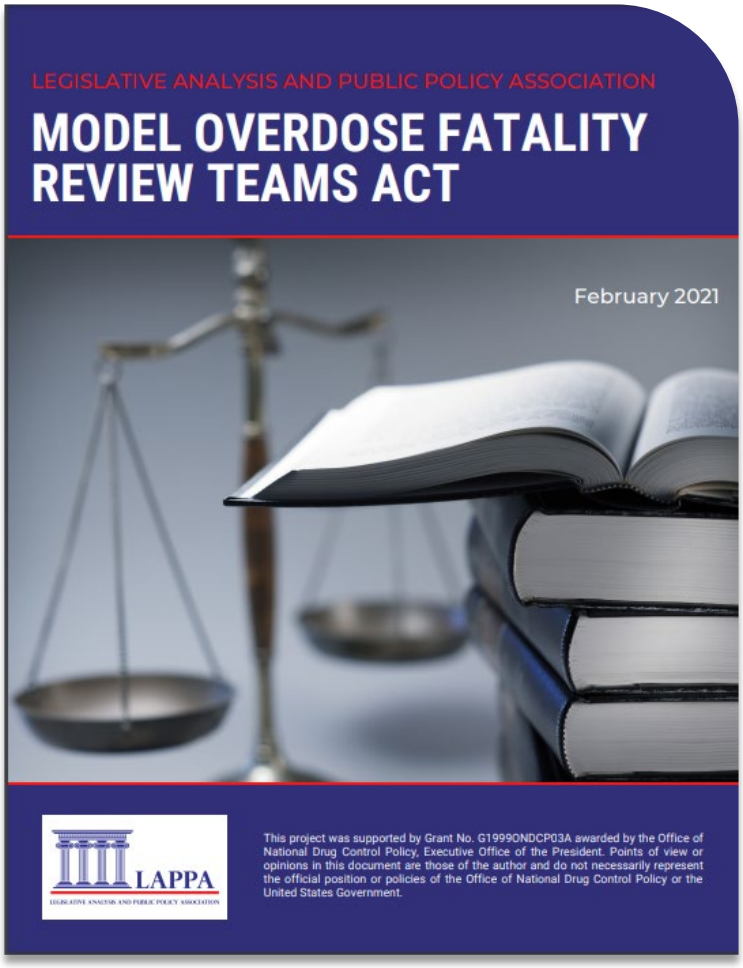
***Exhibit 8**. Washington State Opioid Plan Target Populations*

Primary	Secondary	Distribution Targets for Publicly Funded Naloxone	
People who use drugs	• Friends and family members who may witness/respond to an overdose. • Professionals who may witness/respond to an overdose.	• Syringe services programs (SSPs) • Jails and other entities that work with them • Local health jurisdictions involved in the criminal legal system • Emergency medical personnel • Housing and social service providers, outreach	• Organizations providing workers, and organizations serving people with SUD or experiencing homelessness • EMS "leave behind" programs • Federally recognized tribes • Law enforcement officers

Track metrics such as overdose rates, emergency department utilization for overdose and substance-related reasons, EMS calls and administration of naloxone and other OORMs, and SUD treatment admissions, for valuable insights that drive continuous improvement in public health strategies.

Assess Current Policies and Laws

Analyze state and local laws and policies (e.g., standing orders, Good Samaritan laws, legality of SSPs, drug paraphernalia laws, and school policies on distribution) related to OORMs to help identify potential needs and policy barriers to determine the legal and policy landscape. Model legislation can help you assess current policies and laws. The Model Overdose Fatality Review Teams Act from the Legislative Analysis and Public Policy Association (LAPPA) offers guidelines for creating county-level, multidisciplinary Overdose Fatality Review (OFR) teams. OFR teams, also known as review boards, panels, or committees, are multidisciplinary groups focused on preventing overdoses by collaboratively reviewing cases and contributing unique perspectives to the process. By analyzing local laws and policies, OFR teams can help identify needs and address policy barriers to improve overdose prevention efforts.



Assess Funding Sources

Evaluate the community's funding avenues to determine funding sources and if they are adequate to support the purchase of naloxone and other OORMs, as well as distribution and saturation efforts. A detailed investigation into financial resources will help identify the amount of funding available for an overdose prevention and OORMs saturation plan.

Examples of funding sources may include government grants such as SAMHSA grants (e.g., Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS Block Grant); State Opioid Response/Tribal Opioid Response (SOR/TOR); First Responder-Comprehensive Addiction and Recovery Act (FR-CARA), Grants to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)), Rural EMS; opioid settlement funds; local philanthropies; local special funds (e.g., tax funds and fees); and health insurance reimbursement such as Medicaid, Medicare, and commercial insurance. **See the Implementation Strategies section for more information and examples of funding strategies.**

STEP 4

DEVELOP A STRATEGIC PLAN

Step 4: Develop a Strategic Plan

Develop a strategic plan to serve as the backbone of an overdose prevention and OORMs saturation initiative. **The strategic plan breaks down your mission into actionable objectives, strategies, and tasks, ensuring that you are on the right path** to making a significant impact on OORMs distribution and saturation in your community. This section guides you through the process of crafting a strategic plan aligned with the unique challenges and needs of your community.

Define the Problem Statement

Define the community problem statement to lay the groundwork for a strategic plan by clearly identifying the specific challenges the initiative aims to address. Using a method like Bennett's Hierarchy,[16] you can structure your problem statement to encompass key elements such as Inputs (resources and investments), Activities (planned actions), Participation (targeted individuals or groups), and the desired outcomes, including KASA (Knowledge, Attitudes, Skills, and Aspirations) Changes, Practice Change, and End Results. This sequential framework ensures a comprehensive understanding of the problem by linking the resources and actions required to achieve measurable, long-term impacts. By anchoring the problem statement in this model, you can align it with your broader strategic goals and ensure that all subsequent planning efforts are focused and actionable.

Develop and Prioritize Goals and Objectives

Use the Partner Identification Tool (Exhibit 4 in Step 1) to understand the distinctions between mission, goals, objectives, and values and document them to align efforts effectively. After defining the mission, identifying specific goals, and setting and prioritizing SMART objectives, the next step is to act. This section will help identify key strategies, break down tasks, and define milestones to ensure that your OORMs saturation initiative progresses smoothly.

Create Action Steps and Break Down Tasks

Develop action steps that will guide you in achieving your objectives. To turn strategies into actionable steps, break them down into specific tasks. Each strategy should be deconstructed into manageable components.

Develop Timelines and Define Milestones

Construct a comprehensive timeline that outlines the sequence of activities and associated deadlines, providing a clear roadmap for the plan. This timeline should account for both short-term and long-term objectives. Set milestones within the timeline to track progress and ensure your overdose prevention and OORMs saturation initiative stays on course. Milestones serve as checkpoints to assess whether tasks are advancing as planned and to monitor progress effectively. **Exhibit 9** is a tool with an illustrative example of how to create milestone-based action steps.

***Exhibit 9**. Community Overdose Response Action Plan Tool*

Objective: *Increase community capacity to respond to overdoses by training residents in naloxone and other OORM administration and distributing 500 OORM kits by 12/31/2025.*				
Milestone	**Target Date**	**Tasks**	**Key Partners**	**Success Measure**
Training Program Development	March 31, 2025	• Finalize training curriculum focusing on opioid overdose recognition and OORMs administration. • Recruit and train facilitators experienced in SUD, overdose prevention and response and emergency response.	• Program Coordinator for Overdose Prevention • SUD Treatment Professional • Local EMS/Fire Department Trainer	Training curriculum approved and facilitator team assembled.
Community Training Sessions	June 30, 2025	• Conduct a series of 10 community training sessions with a focus on training populations and settings that are high-risk. • Ensure sessions are accessible across different community areas, including providing evening and weekend options.	• Training Program Manager • Community Outreach Specialist • Harm Reductionist	At least 200 community members trained in OORM administration.
Naloxone Kit Distribution	August 31, 2025	• Secure 500 OORM kits through funding or partnerships. • Distribute kits to trained community members, with priority given to people most likely to experience or witness an overdose.	• Supply Chain Coordinator • Grant/Funding Specialist • Community Health Worker	500 OORM kits were distributed, with at least 70% in areas with higher risk.
Follow-Up and Impact Assessment	December 31, 2025	• Conduct follow-up surveys with training participants and kit recipients. • Evaluate the program's impact on community preparedness and response to opioid overdoses.	• Data Analyst/Program Evaluator • Survey Coordinator • Community Partner Liaison	At least 80% participant satisfaction; recorded increase in community readiness to respond to opioid overdoses.

Assign Responsible Parties

Assign responsibilities to specific individuals or teams to successfully implement your strategic plan. Specify who is accountable for each task or action step based on their expertise, skills, and availability.

Establish Communication Channels

Establish clear channels of communication and regular update schedules to ensure that responsible parties can work together. Open and transparent dialogue enables your team to address challenges as they arise and share successes in real-time.

Evaluate and Adjust the Strategic Plan

Implement continuous and regular evaluation and feedback mechanisms to assess the progress and effectiveness of the strategic plan for your OORMs saturation initiative. These checkpoints could involve quarterly reviews of the milestones and objectives. Establish feedback channels, such as surveys and focus groups and pre- and post-evaluations to assess progress. Modify the strategic plan in response to new data, feedback, or changing community needs. Schedule quarterly or semi-annual strategy meetings to review the overall progress and discuss adjustments in response to feedback or changing circumstances. Communicate any changes to partners.

Section 2

Implementation Strategies

Implementation Strategies

The Implementation Strategies section includes real-world community examples to consider as you develop your community's implementation plan to expand access to, and use of, naloxone and other OORMs.

Data-Driven Approaches

Saturation and Abundance

Achieving saturation and abundance in the distribution of OORMs is a data-driven strategy that ensures these life-saving resources are readily available and effectively utilized in communities. By systematically analyzing overdose trends, utilization patterns, and accessibility gaps, this approach seeks to address disparities, optimize distribution, and empower communities to respond effectively to overdose emergencies. When implementing community saturation or abundance initiatives, consider the following actions:

Overdose Rates: Track trends in overdose fatalities and their stabilization or decline in areas where OORMs are distributed. Identify disparities between OORMs availability and rising overdose rates in specific areas.

Utilization Reports: Look at high utilization rates of OORMs and frequent resupply requests as strong indicators of active use and ongoing need.

Accessibility: Ensure OORMs are accessible at various community points such as community-based harm reduction programs, SSPs, pharmacies, community centers, and SUD treatment programs, enhancing their reach and potential for use in emergencies.

Awareness and Training: Make sure community members, including those at risk and potential bystanders likely to witness or respond to an overdose, are aware of the availability of OORMs and trained in their use to ensure readiness and capability to act in overdose situations.

Equitable Distribution: Analyze geographic and demographic data to ensure all high-risk areas and populations have equal access to OORMs, thereby reducing disparities in overdose response capabilities.

Community Feedback: Gather input from people who use drugs, their families, friends, or caregivers, community-based harm reduction programs, and other community organizations about the accessibility and perceived adequacy of OORMs supplies, providing valuable qualitative data on any barriers to access.

Two prominent models for determining OORM naloxone distribution saturation are provided below. Both models provide valuable frameworks for public health officials to strategize naloxone distribution effectively, aiming to maximize the availability of this life-saving intervention among populations at highest risk of opioid overdose. Other models have also been developed (e.g., PROFOUND, Coffin).

- **Irvine Model:** The Irvine Model,[17] developed by Michael A. Irvine and colleagues, estimates the necessary naloxone distribution to achieve effective saturation across various opioid

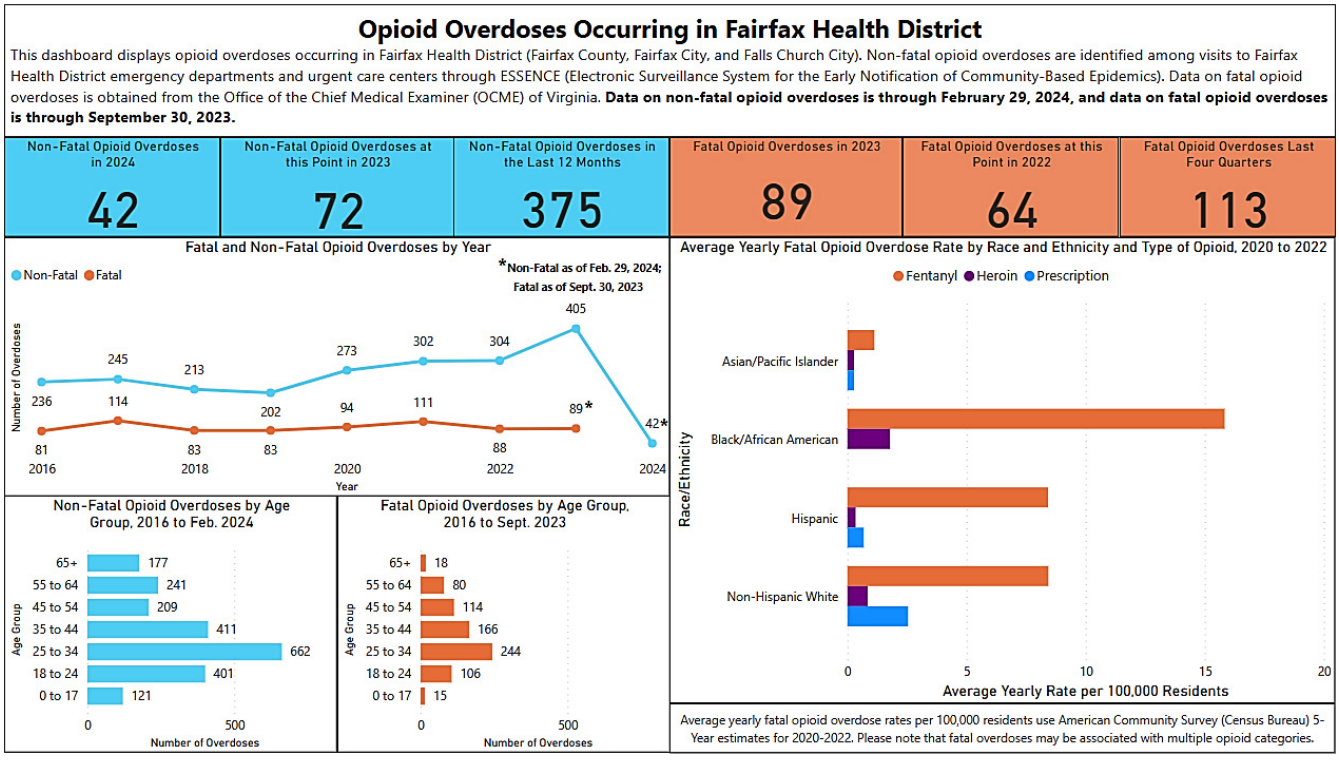
epidemics, including those involving fentanyl, heroin, and prescription opioids. It utilizes mathematical modeling to determine the number of naloxone kits required per 100,000 population to ensure that naloxone is available in at least 80% of witnessed overdoses. For instance, applying this model in Connecticut indicated a need for 1,270 kits per 100,000 people to meet the target saturation level.

- **Bird Model:** The Bird Model,[18] proposed by Sheila M. Bird and colleagues, focuses on estimating the proportion of opioid-related deaths that could be prevented through widespread naloxone distribution. It emphasizes targeting high-risk populations, such as individuals recently released from incarceration, who are at elevated risk of overdose. The model suggests that strategic distribution of naloxone to these groups can significantly reduce overdose fatalities. Arkansas, for example, adopted a hybrid approach based on both the Bird and Irvine models to determine naloxone saturation goals and distribution rates by county.

To determine what constitutes saturation or abundance in a community, use nonfatal overdose and mortality data alongside OORMs distribution metrics to determine the progress and effectiveness of your efforts. Analytical techniques can help you identify potential overdose hotspots, guiding strategic medication placement.

The Virginia Opioid Overdoses Dashboard **(Exhibit 10**) illustrates the practical application of a data-driven approach. This dashboard shows the trends in opioid overdoses in the Fairfax Health District in Fairfax County, Virginia. It can be used to inform naloxone and other OORMs planning efforts in the Fairfax community, while also keeping the public informed of the trends (up or down) of overdoses.

***Exhibit 10**. Sample Data Dashboard: Fairfax County, VA*



The Tri-County Health Department of Colorado leveraged Esri's ArcGIS Open Data solution to create an open data site combining various data sources. This site visualizes overdose deaths, naloxone retailers, and treatment facilities, facilitating strategic naloxone placement. The platform enhances public understanding and helps partner agencies identify high-need communities, boosting discussions around naloxone and other OORMs use. This data-driven platform, with over 9,000 site visitors, underscores the importance of using analytical techniques to guide strategic resource allocation for opioid overdose prevention.

The Overdose Detection Mapping Application Program (ODMAP) initiative provides near real-time suspected overdose surveillance data by linking first responders and record management systems across jurisdictions. ODMAP is available, for free, to government (federal, state, local, or tribal) agencies serving the interests of public safety and public health. Data may be filtered by states, counties, date range, fatality, naloxone administration, zip codes, and primary suspected drug.

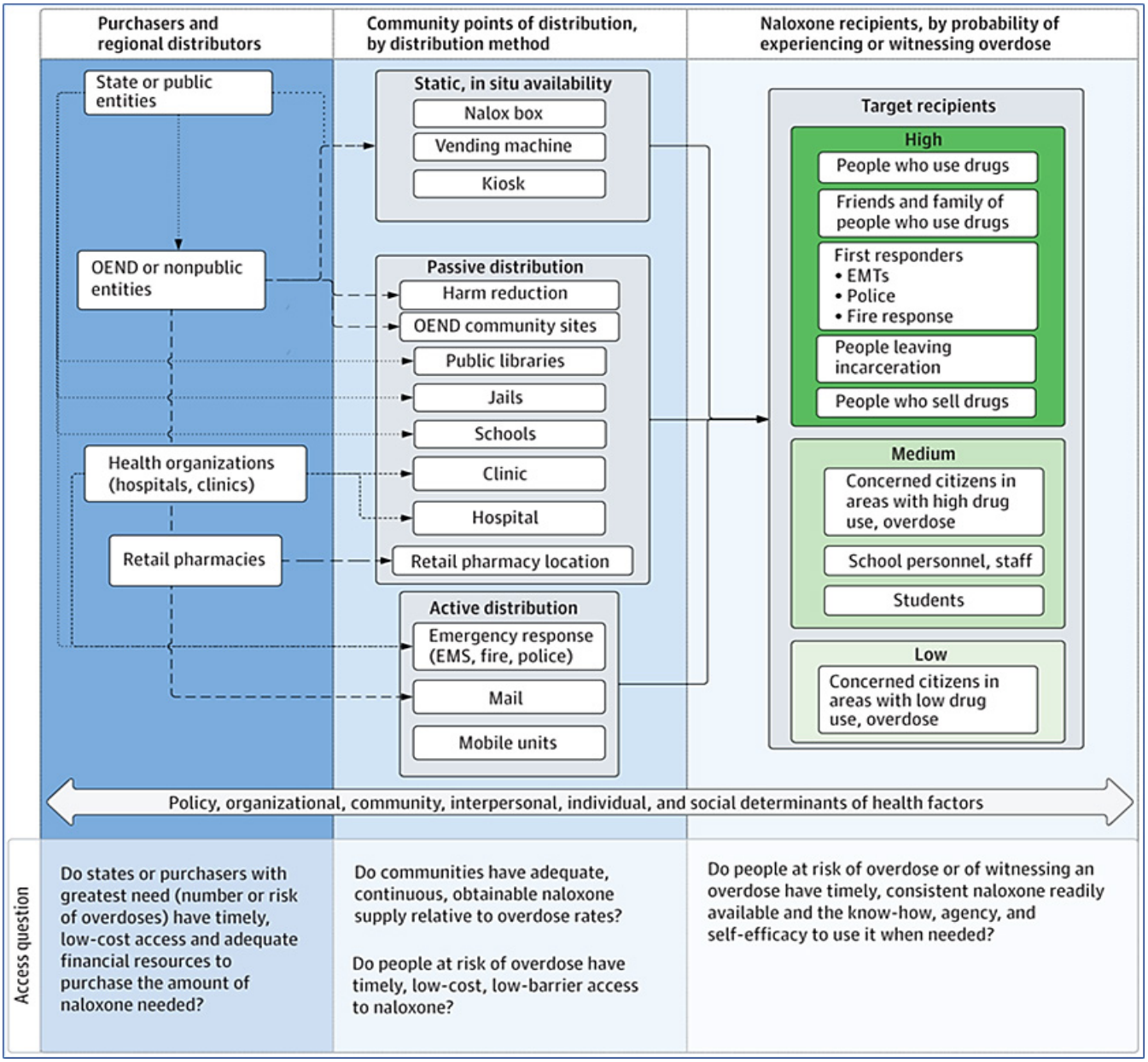
Several localities and communities have successfully implemented the ODMAP to enhance their naloxone planning efforts. For example, the Tulalip Tribes in Washington State utilize ODMAP to track and monitor overdose incidents, which aids in efficient Narcan® (naloxone) distribution. They coordinate with the Tulalip Pharmacy and Recovery Services to educate the community about Narcan® and distribute kits. This approach ensures that families have the necessary information and tools to help loved ones and allows expired kits to be exchangeable at designated locations.

Another example of how a community used data to inform their efforts is "The Community Harm Reduction and Improved Outcomes Team (CHARIOT)," a program operated by Overdose Lifeline working closely with the City of Indianapolis Office of Public Health and Safety. Its primary focus is to prevent overdose deaths within Marion County by analyzing drug seizure data, reports of adulterated or particularly potent illicit drug supplies, and spikes in overdoses. CHARIOT organizes pop-up health events to distribute harm reduction services, such as fentanyl test strips and/or naloxone, and to connect community members with local organizations that can address other health needs. This initiative represents a community-based approach to addressing SUD and preventing overdose by engaging with affected communities and offering harm reduction services.

Distribution Methods and Pathways

The "Naloxone Distribution Pathway" provides a visual framework for understanding how naloxone moves from regional or community sources to target recipients based on their likelihood of witnessing an overdose. This model (**Exhibit 11**) highlights the importance of targeting individuals and groups at varying levels of risk to ensure effective naloxone distribution.[19] Incorporating such a pathway helps communities assess gaps in their distribution systems and refine strategies to improve access for those most likely to administer naloxone during overdose emergencies.

Exhibit 11. *Naloxone Distribution Pathway from Regional or Community Source to Target Recipients by Risk of Witnessing an Overdose*

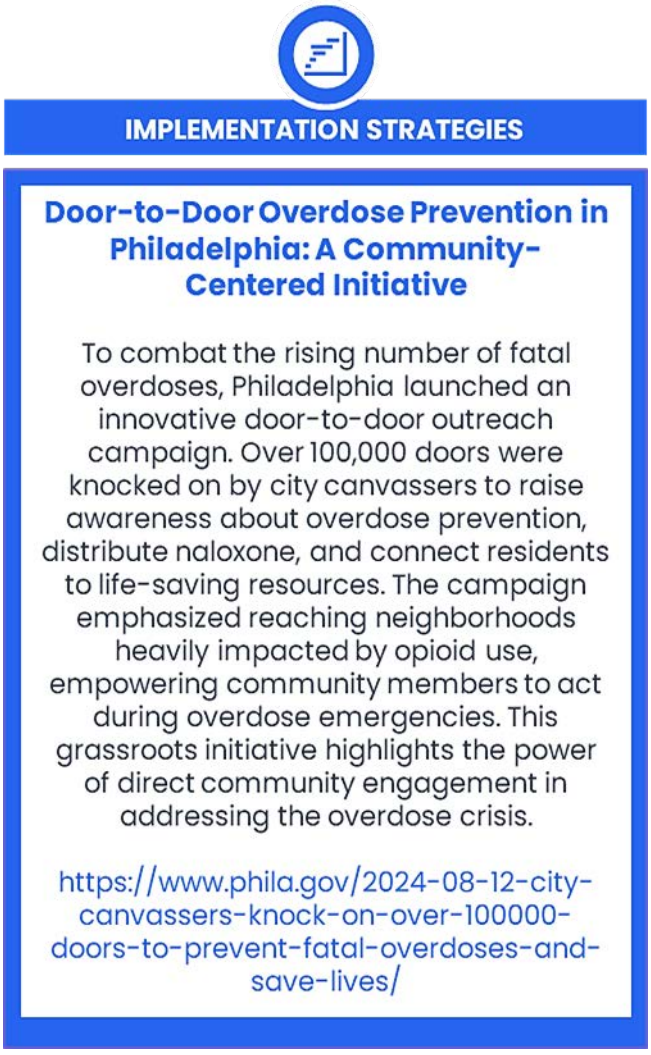


Use novel distribution methods like vending machines, mail order services, centralized ordering systems, and 24/7 helplines to improve access to OORMs. Distribution methods, like vending machines, require a review of state and local policy and legal issues. See the **Policies and Legal Issues** section below.

Consider centralizing distribution and using technology, such as a website that can accept and track medication requests. Integrating naloxone and other OORMs distribution with existing health initiatives can also enhance accessibility across diverse communities.[20]

Examples of novel distribution initiatives include:

- The Center for Behavioral Health and Justice (CBHJ) at Wayne State University in Detroit, Michigan has implemented naloxone vending machines across Michigan. These machines are placed in county jails, community treatment centers, probation/parole offices, and harm reduction agencies, providing free access to naloxone kits. This initiative aims to reduce opioid overdose deaths by making naloxone readily accessible to individuals at high risk, especially those recently released from incarceration.
- Missouri has significantly enhanced naloxone distribution through strategic partnerships with a community harm reduction program (CHRP). A notable collaboration involves NEXT Distro and the Missouri Network for Opiate Reform and Recovery (MO Network, facilitating mail-based naloxone services for residents, particularly those unable to access in-person resources.



- The Wake County (North Carolina) Drug Overdose Prevention Coalition provides resources for education, outreach, and naloxone distribution. The coalition includes a helpline for individuals seeking information on overdose prevention and how to obtain naloxone. The coalition focuses on improving access to naloxone and supporting SSPs while connecting individuals to treatment services.
- The "Staying Alive" program in Baltimore, Maryland, managed by the Baltimore City Health Department, focuses on community-level naloxone distribution through EMS and community organizations. The program effectively integrates naloxone distribution with EMS services, significantly improving the reach and effectiveness of overdose prevention efforts. Training EMS personnel and community members in naloxone administration has led to rapid responses to overdose incidents and increased survival rates. Since its inception in 2004, the program has trained over 12,000 individuals and saved more than a thousand lives through overdose reversals.[21]

Education and Communications

Educate individuals about the facts on overdose, OORMs, harm reduction, treatment, recovery, and how to access OORMs through free government-funded programs, community-based programs, or lower-cost prescription options to ensure that access is widespread.

Utilize digital platforms for education and outreach. Mobile apps, social media campaigns, and virtual reality simulations can provide engaging and effective overdose response training, appealing to a wide audience. However, innovative solutions can also focus on where affected communities live, work, and gather. For example, the call-out box highlights New York City's innovative approach to piloting a naloxone awareness campaign in twenty-three nightlife venues.[22]

The City of Minneapolis is actively working to provide naloxone distribution and training to Native American, African American, and Somali populations through partnerships with various community organizations. These include the Native American Community Clinic (NACC), Southside Harm Reduction Services, Metro Youth Diversion, and Hue-Man. Hue-Man has notably trained over 400 people in just 4-6 weeks, focusing on naloxone distribution and education about xylazine.[23] The NACC has provided specialized training at conferences for healthcare providers serving indigenous populations, aiming to enhance overdose prevention efforts and improve community health outcomes.

IMPLEMENTATION STRATEGIES

Addressing Fentanyl Contamination in Nightlife Venues: A Public Health Campaign

To raise awareness of fentanyl overdose risk among people who use cocaine, the NYC Department of Health and Mental Hygiene pilot tested an awareness campaign in 23 NYC nightlife venues. The campaign distributed educational materials, including posters and palm cards with overdose prevention messaging, and trained venue staff on recognizing overdoses and administering naloxone. Although 87% of venue owners/managers were aware of fentanyl, no participating venues had naloxone on the premises prior to the intervention.

This initiative successfully increased awareness about fentanyl contamination among nightlife staff and patrons. Some venues began stocking naloxone on-site and were better prepared to respond to overdoses. The campaign also engaged nightlife stakeholders, fostering support for public health efforts, and addressed barriers such as stigma around naloxone and drug use.

https://www.researchgate.net/publication/341080368_Delivering_Opioid_Overdose_Prevention_in_Bars_and_Nightclubs_A_Public_Awareness_Pilot_in_New_York_City

Another example of an innovative communications approach is A Dose of Reality (ADOR), a robust media campaign in New Mexico, with tailored, specialized, and localized community messaging that specifically names current local providers to help people find and access treatment through a user-friendly treatment locator map. The campaign utilizes digital, geofenced, and selective audience strategies using paid advertising, social media channels, and a user-friendly website that provides information to the public about overdose prevention, naloxone use, MOUD treatment, and combating stigma toward treatment of persons with OUD.

Partnerships

Expand collaborations beyond traditional healthcare networks to enhance naloxone and other OORMs accessibility. Partnering with the hotel and entertainment industry, technology firms for app development, and social media influencers can foster broader community engagement and support innovative access solutions. As an example, Ohio's hotel industry partnered with Ohio's Department of Mental Health and Addiction Services (OhioMHAS), RecoveryOhio, and the Trumbull County Mental Health and Recovery Board to launch an awareness and informational campaign aimed at getting as many hotels as possible to keep a supply of Narcan® (naloxone) nasal spray on site, and to train hotel staff on its safe use in resuscitating individuals.

Policies and Legal Issues

Stay informed about the legal landscape surrounding overdose prevention and OORMs. Understand how laws, regulations, and standards impact your ability to achieve your goals and educate key policymakers on barriers and needed changes that support them. As an example, the following legal considerations should be discussed if distributing OORMs through vending machines.

Regulatory Compliance: Ensure vending machines meet state and federal laws governing medication distribution.

Liability Protections: Understand Good Samaritan laws that provide immunity for administering OORMs.

Privacy Protections: Safeguard user data to ensure confidentiality.

Naloxone Access: Summary of State Laws by LAPPA provides an overview of state-specific laws governing naloxone access, including standing orders, third-party prescribing, and immunity protections. It is a valuable resource for policymakers, public health professionals, and other partners to understand legal frameworks, identify gaps, and align overdose prevention strategies with existing regulations.

The NEXT Distro Policies page provides comprehensive information on state policies and guidelines for distributing harm reduction supplies, such as naloxone and other OORMs, to individuals and communities. It outlines the legal and operational frameworks for their services, ensuring compliance with state and federal regulations.

Examples of how laws affect OORMs planning efforts are the Good Samaritan Overdose Law (Public Act 096-0361) (2009) and Heroin Crisis Act (Public Act 099-0480) (2015) enacted by the State of Illinois. The Good Samaritan Overdose Law provides legal immunity to individuals seeking emergency medical help during an overdose, while the Heroin Crisis Act expands access to naloxone, allowing pharmacies to dispense it without a prescription and mandating training for its administration. This law was the result of a collective effort involving numerous organizations, coalitions, and government agencies dedicated to harm reduction and overdose prevention. Grassroots advocacy and public health organizations, including the Illinois Harm Reduction and Recovery Coalition and local health departments, significantly supported these legislative successes. The Chicago Recovery Alliance (CRA) also played a pivotal role through its public awareness campaigns, advocacy efforts, and extensive naloxone distribution and education programs.

Standing Orders

Standing Orders enable pharmacies and organizations to distribute OORMs without individual prescriptions, increasing accessibility and facilitating timely overdose responses.[24] This example standing order from Ohio's Toledo-Lucas County shows how standing orders can be used to enhance the availability of naloxone, facilitating wider access to this life-saving medication.

Good Samaritan Laws

Good Samaritan laws are designed to offer legal protection to individuals who help in emergencies, encouraging bystanders to help those in need without fear of legal repercussions for their actions.[25] They aim to reduce overdose deaths by encouraging people to call for medical assistance without fear of prosecution for drug-related offenses. Good Samaritan laws vary significantly in their scope and protections, offering varying degrees of immunity to individuals who seek medical assistance during an overdose. For a detailed overview of existing state laws, refer to LAPPA's Good Samaritan Fatal Overdose Prevention: Summary of State Laws, which highlights differences in legal safeguards across jurisdictions.

Funding and Purchasing

Research various funding options. The costs of different OORMs vary significantly. The choice of which products to purchase should be based on the populations being served, preferences among that population for particular products, and cost. Funding your initiative may require innovative approaches that encompass a multifaceted strategy, drawing on a mix of financial sources, leveraging resources, and using novel funding mechanisms.

Recognizing that a single funding stream may be insufficient, this approach encourages exploring a combination of grants, partnerships, community support, and alternative funding models to ensure the sustainability and scalability of your initiative, including purchasing consortiums and crowdsourcing (i.e., obtaining input, ideas, or services from a large group of people, typically via the internet, to complete tasks or solve problems). See **Exhibit 12**.

IMPLEMENTATION STRATEGIES

Community-Driven Fundraising and Partnerships

The Drug Overdose Prevention & Education (DOPE) Project in San Francisco is an excellent example of how community-led responses can secure funding. A city planning council tasked a committee with developing recommendations in response to the City's heroin epidemic. The committee, comprised of researchers, clinicians, SUD treatment providers, outreach workers, social service providers, people who use drugs, and others developed recommendations for addressing heroin-related issues, including overdose prevention. Several of the committee's recommendations were funded later leading to the creation of the DOPE Project.

https://harmreduction.org/blog/dope-project-san-francisco-history/

For additional guidance on coordinating multiple funding streams, refer to SAMHSA's report on braided funding for substance use disorder services, which outlines strategies for aligning and leveraging diverse resources effectively. Apply for grant awards to localities and work with state funders to support the financing of OORMs.

State Opioid Response (SOR) Grants

The Single State Agency (SSA) for alcohol and drugs in each state and territory is awarded SOR grants. This grant is designed to address the opioid, and stimulant, crisis by enhancing access to Federal Drug Administration (FDA)-approved MOUD and supporting related services. For example, the County Opioid Overdose Program funds the Santa Fe County Fire Department and uses a social worker paired with an emergency medical technician (EMT) to perform follow-up calls and site visits to overdose survivors identified through 911 calls and emergency departments. They offer overdose prevention education, naloxone training and kits, health check-ups, and referrals to services (e.g., treatment and housing). This project was initiated using SOR funds and is now fully funded by Santa Fe County.

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) provides funds to the SSAs in each state, territory, and Red Lake Band of Chippewa Indians. Funding supports a wide range of SUD-related services. States and localities may allocate portions of these funds for

naloxone distribution, FDA-approved medications to treat OUD and alcohol use disorder (AUD), and prevention programs as part of their broader substance use prevention, treatment, and recovery strategies.

Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths

The purpose of SAMHSA's PDO grant program is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders. Eligible applicants are agencies within states, including the District of Columbia, territories, Pacific jurisdictions, and the Red Lake Band of the Chippewa Indians that manage the 20 percent prevention set-aside of the SUPTRS BG and have completed a comprehensive substance use prevention strategic plan.

First Responder-Comprehensive Addiction and Recovery Act (FR-CARA) and Rural EMS Training Program

The First Responder-Comprehensive Addiction and Recovery Act (FR-CARA) grants aim to equip first responders and other members of community sectors with training, administering, and distributing naloxone and other FDA-approved overdose reversal medications or devices. Eligible applicants for this program are states, local governmental entities, and American Indian/Alaska Native (AI/AN) tribes and tribal organizations. In addition, the Rural EMS Training Program aims to recruit and train EMS substance use and mental disorders. SAMHSA recognizes the great need for emergency services inD) rural areas and the critical role EMS personnel play across the country. Recipients train EMS personnel on SUD and COD, trauma-informed, recovery-based care for people with such disorders in emergencies and, as appropriate, maintaining licenses and certifications relevant to serving in an EMS agency. With this program, SAMHSA aims to develop the capacity of EMS staff to support residents in rural communities.

National Opioid Settlement

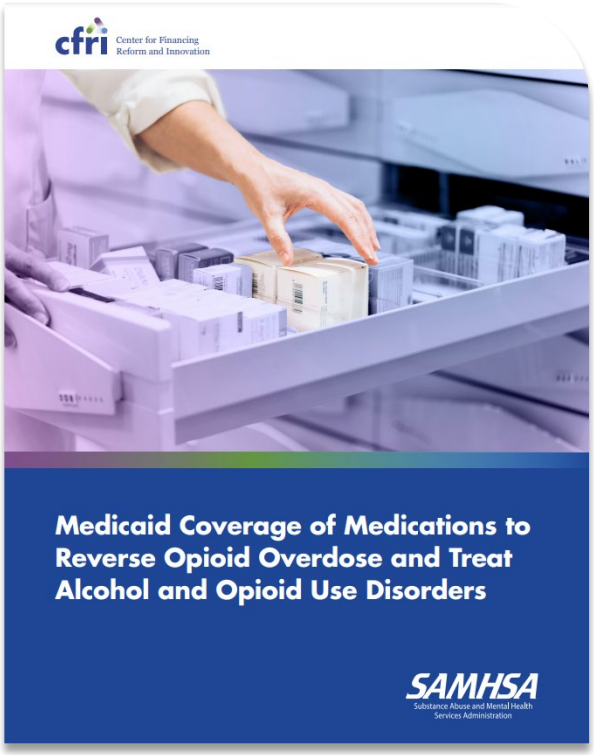
The National Opioid Settlement refers to a series of legal agreements reached between state governments, local governments, and several pharmaceutical companies and distributors. These settlements resolve lawsuits related to the companies' roles in the opioid epidemic.

To receive opioid settlement money, localities should first understand the specific guidelines and requirements set by their state or county. Receiving funds may involve preparing a proposal. Mecklenburg County, North Carolina, for example, is expected to receive $73 million over 18 years and has outlined specific uses for these funds, including expanding OUD treatment services and increasing the availability of harm reduction resources.[26] The county has also detailed a process for organizations to apply for funding in their state. This opioid tracker includes an opioid settlement community grant portal.

Medicaid and Medicare

Medicaid, the health insurance program for low-income adults, children, and people with disabilities, can play an important part in addressing the overdose epidemic. All state Medicaid programs cover naloxone, and 38 programs place at least one formulation of it on their preferred drug list.[27] A preferred drug list identifies outpatient drugs that payers deem medically appropriate, cost-effective, and generally do not require prior authorization. State-by-state information on coverage for naloxone can be found here: https://nextdistro.org/medicaid. Consult your state's Medicaid office or official website for the most accurate and detailed information on this topic.

In addition, the SAMHSA report, Medicaid Coverage of Medications to Reverse Opioid Overdose and Treat Alcohol and Opioid Use Disorders, provides a comprehensive overview of Medicaid's role in funding and coverage for medications used to treat opioid overdoses and SUD. It details the different types of medications covered, including naloxone for overdose reversal, and highlights the importance of Medicaid in expanding access to these life-saving treatments. The resource also discusses various state-level implementations and best practices to maximize the effectiveness of Medicaid-funded programs.



The Medicare program has also worked to expand access to overdose prevention, SUD treatment, and recovery support services. This includes coverage of MOUD, OORMs, especially for patients who are receiving opioids for pain care, as well as coverage of non-opioid pain management alternatives.

CDC Overdose Data to Action LOCAL (OD2A: LOCAL)

Overdose Data to Action: Limiting Overdose through Collaborative Actions in Localities (OD2A: LOCAL) grants are awarded to cities, counties, and territorial health departments to address the overdose crisis. This funding aims to enhance public health surveillance of overdoses and improve the implementation of prevention and response efforts, including increasing access to and use of naloxone. For more information on OD2A: LOCAL, see the **Additional Resources to Aid Community Planning and Implementation** section.

Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program (RCORP)

HRSA's RCORP grants aim to mitigate SUD, including OUD, in rural areas. It supports a broad range of activities, such as naloxone distribution and the funding of MOUD. Eligible applicants include all domestic public or private, non-profit, or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations. Applicants must form multi-sectoral consortia, or collaborative groups composed of diverse organizations and stakeholders from various sectors working together, to implement comprehensive SUD/OUD prevention, treatment, and recovery services. For more details on the program and how to apply, you can visit the HRSA website.

Department of Justice (DOJ) Grants

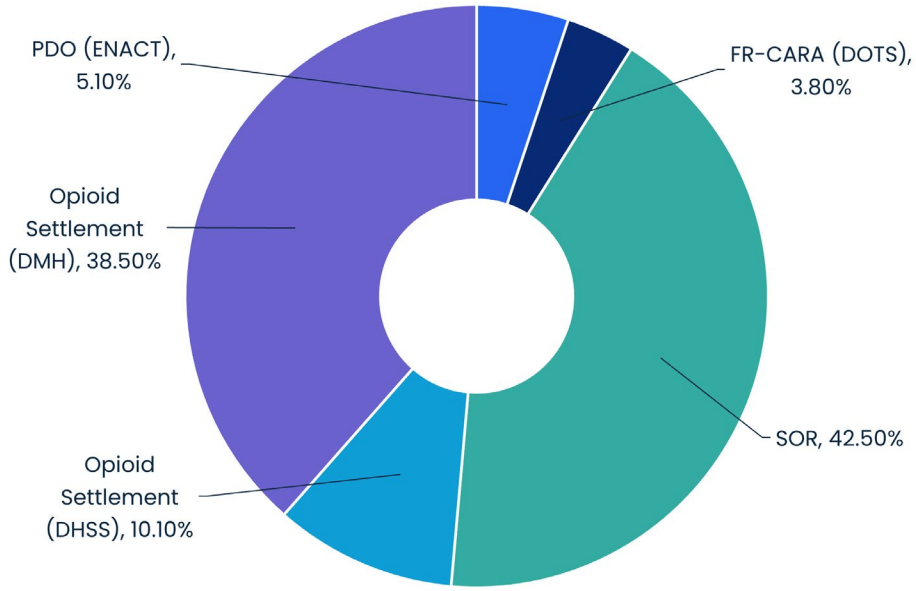
The Department of Justice (DOJ) supports naloxone distribution to justice-involved populations. For example, through the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program, funds can be used to facilitate naloxone distribution in county jails. This strategy aims to make naloxone accessible in a secure, organized, and stigma-free manner for detainees upon release.

***Exhibit 12**. Combination of Funding Sources in St. Louis*

Local Allocation of Funding for OORMs

St. Louis, Missouri exemplifies the use of innovative braided funding strategies for naloxone and overdose reversal medications initiatives. The Addiction Science Team at the University of Missouri-St. Louis effectively combines various funding sources, including the Opioid Settlement Grant, SOR funds, SAMHSA's PDO grant, and SAMHSA FR-CARA.

The chart shows the specific allocation of these funds, highlighting the comprehensive approach to addressing opioid overdoses through coordinated financial support.



Purchasing Options

Explore organizations that provide lower-cost medications (e.g., injectable naloxone). These strategies can reduce costs and support widespread distribution efforts. For example, Remedy Alliance for the People assists harm reduction programs in receiving low-cost naloxone for distribution in their communities.

Additional examples of purchasing programs are included below:

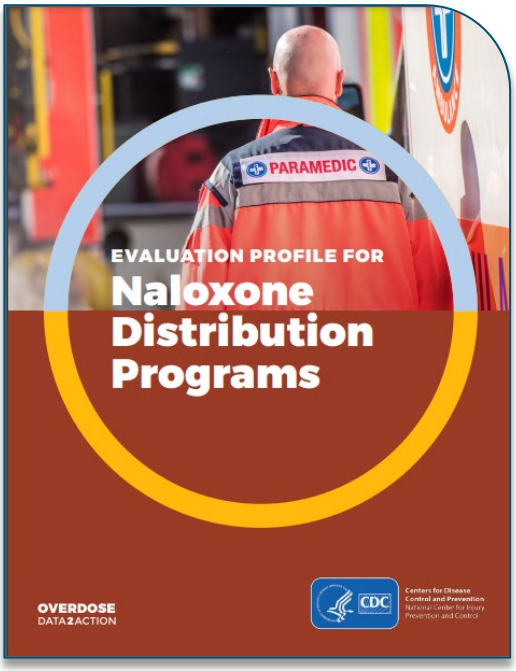
- The Massachusetts Community Naloxone Program (CNP) allows eligible organizations, such as health and human services programs, housing and homelessness providers, and community centers, to purchase Narcan®-brand naloxone at a subsidized rate through the State Office of Pharmacy Services (SOPS). This program is aimed at preventing opioid overdose deaths by increasing the availability of free naloxone to community members at risk.
- The Colorado Naloxone Bulk Purchase Fund, established by Colorado Senate Bill 19-227, allows eligible entities, including local governments, school districts, harm reduction agencies, and community service organizations, to purchase naloxone at low or no cost. The goal is to reduce the financial burden on key partners and increase public access to naloxone.
- The Virginia Opioid Reversal Agent Distribution Program enables community partners to access naloxone through local health departments, community service boards, and pharmacies. The program supports the distribution of naloxone to individuals and organizations, ensuring that those most likely to witness an overdose have access to the medication.

In addition, NEXT Distro is an online, mail-based platform that provides naloxone kits to people at risk for overdose, especially focusing on individuals who use drugs or have a connection to them. They collaborate with over thirty harm reduction programs nationwide. More information on funding is provided in the **Additional Resources to Aid Community Planning and Implementation** section.

Evaluation

Adopt evaluation metrics to assess program impact. From qualitative assessments of stigma reduction to quantitative analysis of the use of naloxone and other OORMs, these measures can inform ongoing improvements and highlight program successes.

For example, Hamilton County Public Health (HCPH) in Cincinnati led the Naloxone Distribution Collaborative (NDC) aimed to reduce opioid overdose deaths by increasing naloxone availability. Partnering with local health systems and community agencies, the program distributed over 28,000 naloxone kits at community events and health department locations, providing training on naloxone use. The program's impact was evaluated by measuring the number of naloxone kits distributed per 100,000 persons and the subsequent change in overdose deaths. The evaluation showed a significant increase in naloxone availability and community awareness, contributing to a measurable decline in opioid overdose fatalities in the county. This highlights the effectiveness of widespread OORMs distribution in reducing overdose deaths.



As part of the OD2A: LOCAL, the CDC has developed an evaluation profile for Naloxone Distribution programs. This resource shows how to use current program data for evaluations, yielding actionable insights. It helps inform managers and partners about program effectiveness and implementation quality. It also offers advice on evaluation questions, indicators, data sources, and collection methods for assessing prevention activities.

Section 3

Other Implementation Considerations

Other Implementation Considerations

Connecting People Who Have Experienced Non-Fatal Overdose, Families, and Loved Ones

People who have experienced a non-fatal overdose are at high risk of overdosing again and often face various challenges that contribute to their drug use, so enhancing the networks and mechanisms to support them is important.[28] Consider using peer support workers to connect to people who experience a nonfatal overdose and their families, who may also be at risk of overdose, to offer emotional support and to connect them to needed services.

As an example, the Community-based Post-Overdose Response Teams (PORTs), which often include peer recovery specialists, are successful in engaging individuals who have experienced an overdose and connecting them to treatment and support services. The Lake Superior Diversion and Substance Use Response Team in Minnesota highlights a successful community-led PORT. This team consists of only non-sworn personnel—four peer recovery specialists and a licensed social worker—who are all embedded in the Duluth Police Department—and provide follow-up services to individuals who have experienced a non-fatal overdose. Their approach has been associated with improved engagement in treatment and support services among individuals who have experienced an overdose. They found that more than 60 percent of referrals resulted in successfully contacting the referred individual in person, and 80 percent of those successfully contacted completed an engagement with a peer specialist, which is the intended goal of the program.[29]

Additionally, SAMHSA provides comprehensive resources on overdose and guidance on the importance of support networks and recovery support. These materials emphasize the multifaceted approach for effective recovery, including MOUD, counseling, behavioral therapies, and recovery support services.

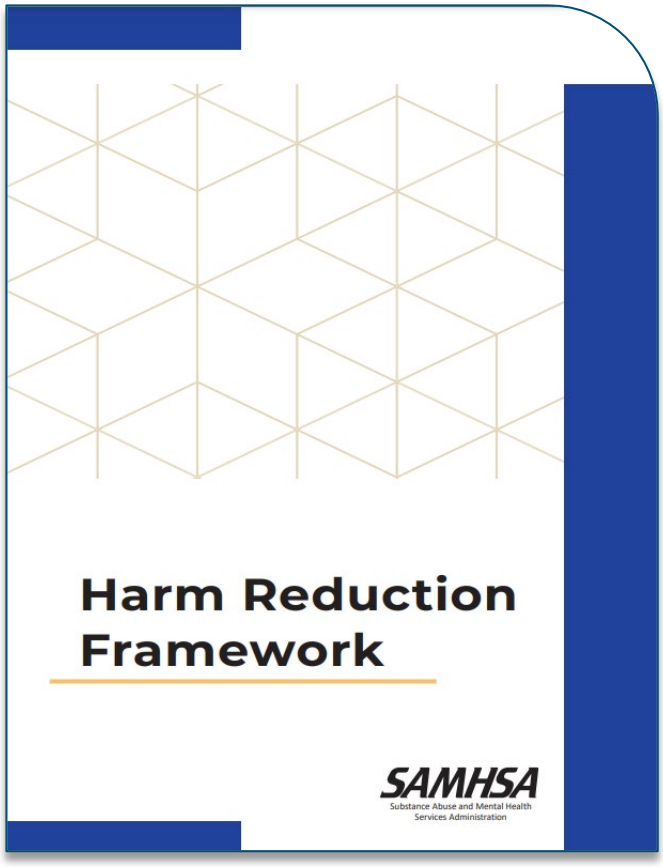
Prevention Services

A comprehensive prevention approach reaches the community at large, as well as at-risk populations for substance use, to ensure efforts are inclusive and prioritized. This includes children and families of those who use substances and those who have experienced an overdose. It also provides prevention services to individuals across the lifespan. South Dakota's prevention initiatives have shown success including their PharmaDrop Program, which has established 93 permanent drug take-back receptacles in retail pharmacies and hospitals statewide. This program facilitates the safe disposal of unused medications, reducing the risk of misuse. Additionally, the state offers free DisposeRx packets for at-home disposal and free medication lock boxes, enhancing safe medication storage and disposal practices. These efforts exemplify a proactive and inclusive strategy in preventing substance misuse across diverse community members.

Harm Reduction Services

Harm reduction approaches engage people who use drugs, many of whom may have previously overdosed, to prevent future overdose and infectious disease transmission, improve physical, mental, and social well-being, and offer low-barrier options for accessing health care services, including substance use disorder and mental health treatment. Collaborating with SSPs, infectious disease screening programs, and housing and food assistance programs provides needed services to populations at high-risk of overdose and other co-morbidities. Establishing these services can also improve access in underserved areas, ensuring that crucial health resources reach those who need them the most and ultimately reducing health disparities.[30]

The SAMHSA Harm Reduction Framework is a comprehensive guide outlining harm reduction's role within HHS. Developed in collaboration with experts and individuals with lived experiences, it provides a roadmap of best practices, principles, and pillars for harm reduction activities, programs, and policies. The framework emphasizes community-driven public health strategies aimed at empowering people who use drugs to lead healthier lives.



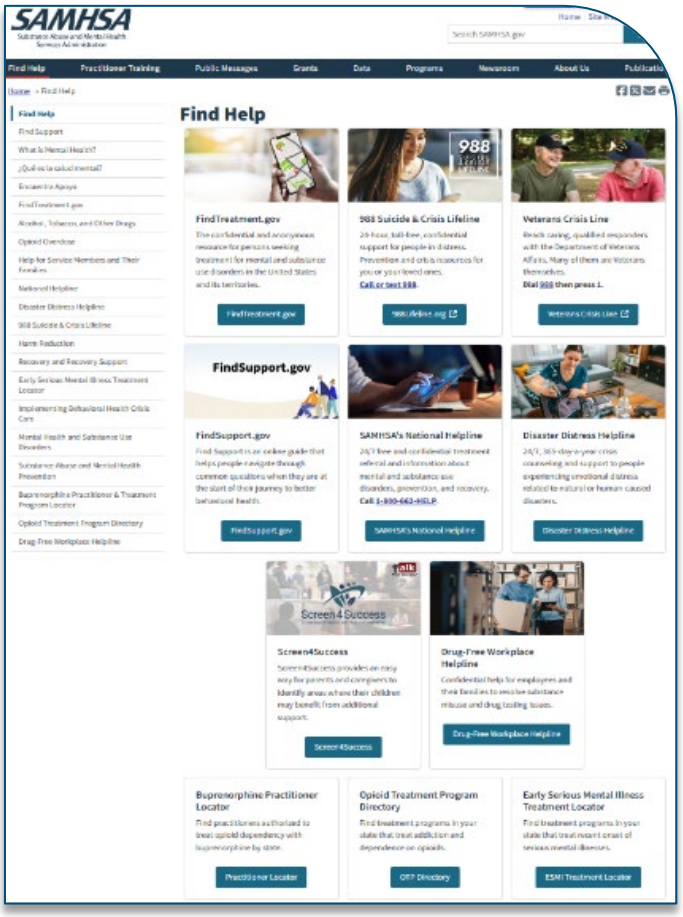
Recent updates to federal policies, including SAMSHA's revisions to 42 CFR Part 8, the federal rule governing Opioid Treatment Programs (OTPs), further highlight the critical role of harm reduction in addressing the overdose crisis. The updated rule modernizes standards for OTPs, integrating harm reduction approaches such as naloxone distribution and provides take-home medication flexibility to reduce overdose risks. These changes emphasize patient-centered care and align with harm reduction principles by lowering barriers to treatment and promoting accessibility for underserved populations.

The North Carolina Harm Reduction Coalition's (NCHRC) Overdose Prevention Project (OPP) educates individuals about overdose risks and naloxone administration, provides syringe services, testing for HIV, Hepatitis C counseling, and referral to SUD treatment. With over 130 volunteers statewide, NCHRC prioritizes distributing free overdose rescue kits to groups with higher risk, including people who inject drugs, individuals taking MOUD, formerly incarcerated individuals with a history of opioid use, sex workers, and transgender individuals.

Substance Use Disorder (SUD) Treatment

Access to SUD treatment resources is often needed for individuals who have experienced a non-fatal overdose, their families, and allies seeking care. Clarify the locations and process for accessing SUD treatment resources in your community for those who are seeking treatment. You can find national or state treatment locators through resources like SAMHSA's 'Find Help and Treatment' website. These locators provide valuable information about treatment options, including OTPs, buprenorphine practitioners, and other resources to support individuals with OUD.

Exhibit 13. *SAMHSA's Find Help and Treatment Website*



Providing low-barrier access to treatment, such as mobile care, bridge clinics, and medication-first approaches improves access to needed treatment. SAMHSA's Advisory on Low Barrier Models of Care for Substance Use Disorders offers strategies to enhance access to treatment by minimizing obstacles that hinder individuals from seeking care. These strategies include same-day treatment availability, integrated services, telehealth options, and peer support. Principles such as person-centered care, harm reduction, flexibility, cultural responsiveness, and trauma-informed approaches guide these models. Evidence suggests that low-barrier care improves treatment engagement, reduces substance use, and decreases hospitalization.

Arizona's Health Care Cost Containment System (AHCCCS) established low-barrier treatment by providing opioid treatment on-demand through access centers in high-overdose areas, offering 24/7 services at four locations. These centers integrate naloxone distribution with community OTPs and office-based practices to streamline access to both prevention and treatment services.

Additionally, consider co-locating MOUD within CHRP, medical, and community-based sites. Co-location is an approach to expand access to MOUD beyond specialty SUD treatment facilities. Research underscores the effectiveness of MOUD in reducing overdose risks. For instance, individuals

receiving buprenorphine or methadone experience a 40-60% reduction in overdose risk, emphasizing the importance of expanding access to these treatments alongside OORMs distribution efforts.[31] Integrating these services into diverse settings—including harm reduction programs, healthcare clinics, and mobile units—can amplify their impact, ensuring that individuals in high-risk populations receive comprehensive, accessible care.

Recovery Support Services

Recovery support services assist those who have experienced a non-fatal overdose and are seeking or in recovery. To assist individuals with recovery support, identify recovery support organizations and centers in your community. Work closely with these organizations to provide a diverse array of recovery services (e.g., recovery housing, recovery coaching, and childcare). By building and maintaining a comprehensive network of recovery support services, communities can ensure that individuals have access to the resources they need for sustained recovery and successful reintegration into the community.

Examples of effective recovery support organizations include Recovery Community Organizations (RCOs), which provide peer-based and other recovery support services.

There are also several online and in-person mutual aid/self-help groups in communities across the country (facesandvoicesofrecovery.org). Digital platforms, such as "In the Rooms," offer virtual recovery meetings, ensuring support is accessible anytime.

Family and caregiver support programs, such as Al-Anon and Nar-Anon offer mutual support and understanding from others with common lived experiences.

Peer-led Recovery Centers, Recovery Housing, and Sober Living Houses, such as Oxford House, provide safe spaces for individuals to support each other through shared experiences and responsibilities. For example, the Anne Arundel County Department of Health's Recovery Community Support Services Program (RCSS) in Maryland, provides access to services to engage and assist individuals in accessing the services needed to reach their individual recovery goals, such as peer support services, recovery housing for women and children, adolescent clubhouses, and recovery community organizations. Evidence shows that peer recovery support has a positive effect on participants and contributes to SUD health outcomes.[32]

Section 4

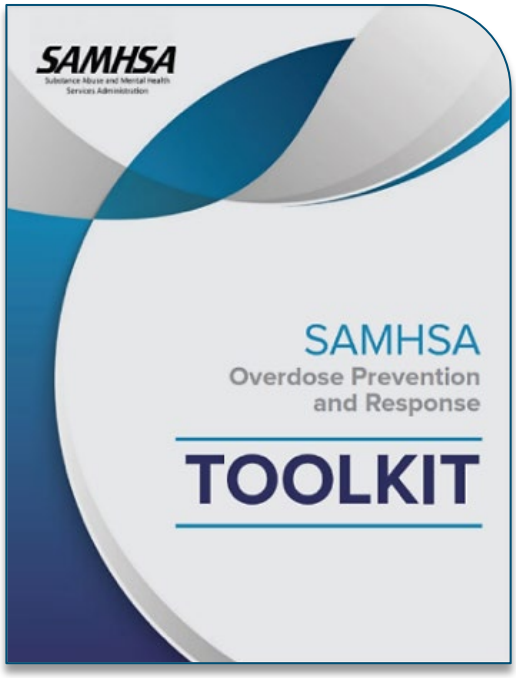
Additional Resources to Aid Community Planning and Implementation

Additional Resources to Aid Community Planning and Implementation

Training and Technical Assistance

SAMHSA Training and Technical Assistance Resources

SAMHSA Overdose Prevention and Response Toolkit



The SAMHSA Overdose Prevention and Response Toolkit is a comprehensive guide to educate a broad audience on overdose causes, risks, and signs, as well as the steps to take when witnessing and responding to an overdose. This toolkit is instrumental in planning naloxone and other OORMs saturation initiatives by providing detailed information on overdose signs, effective community strategies, and OORMs use, thereby aiding in the development of informed, proactive overdose response plans. The toolkit is also available in Spanish.

SAMHSA Harm Reduction Framework

The SAMHSA Harm Reduction Framework is a comprehensive guide that outlines evidence-based harm reduction strategies to address substance use and its associated risks. This framework emphasizes reducing the negative consequences of drug use through practical, community-driven, and health-focused approaches. It highlights key principles such as promoting dignity, reducing stigma, fostering partnerships, and supporting individual autonomy. The framework includes strategies like naloxone distribution, SSPs, and access to peer support, aiming to improve health outcomes and save lives.

SAMHSA Opioid Overdose Reversal Medications (OORMs) Guidance

In this guidance, SAMHSA outlines essential details about FDA-approved OORMs such as naloxone and nalmefene. Guidance emphasizes the importance of medical intervention following OORMs administration and provides guidance on where individuals can learn to administer these lifesaving medications.

SAMHSA Technology Transfer Centers

SAMHSA's Technology Transfer Centers develop and strengthen the specialized and primary care workforce that provides prevention, treatment, and recovery support services for SUD.

The Prevention Technology Transfer Center (PTTC) Network supports the delivery of effective substance use prevention interventions and provides training and technical assistance to the substance use prevention field. See these webpages for training and materials to prevent opioid misuse and naloxone distribution.

The Addiction Technology Transfer Center (ATTC) Network offers opioid-related training and products for SUD treatment and recovery support staff, including educational materials and training sessions focused on naloxone administration and overdose prevention.

SAMHSA Opioid Response and Tribal Opioid Response Technical Assistance

The SAMHSA-funded Opioid Response and Tribal Opioid Response technical assistance grant provides no-cost, evidence-based training, education, and implementation assistance tailored to local needs. This support is delivered through a network of forty-six partner organizations, addressing the opioid crisis and stimulants across all fifty states, nine territories, and tribal communities. See https://opioidresponsenetwork.org/ and https://mobilizeorn.org/ for more information.

SAMHSA Advisory on Low Barrier Models

SAMHSA's Advisory on Low Barrier Models provides guidelines and best practices for implementing low-barrier models of care for individuals with SUD. It emphasizes reducing obstacles to treatment access, such as stringent entry requirements, to improve engagement and retention in care. The advisory covers key components, strategies, and benefits of these models, aiming to enhance the accessibility and effectiveness of treatment services.

SAMHSA First Response: Working on the Front Lines of the Opioid Crisis Training

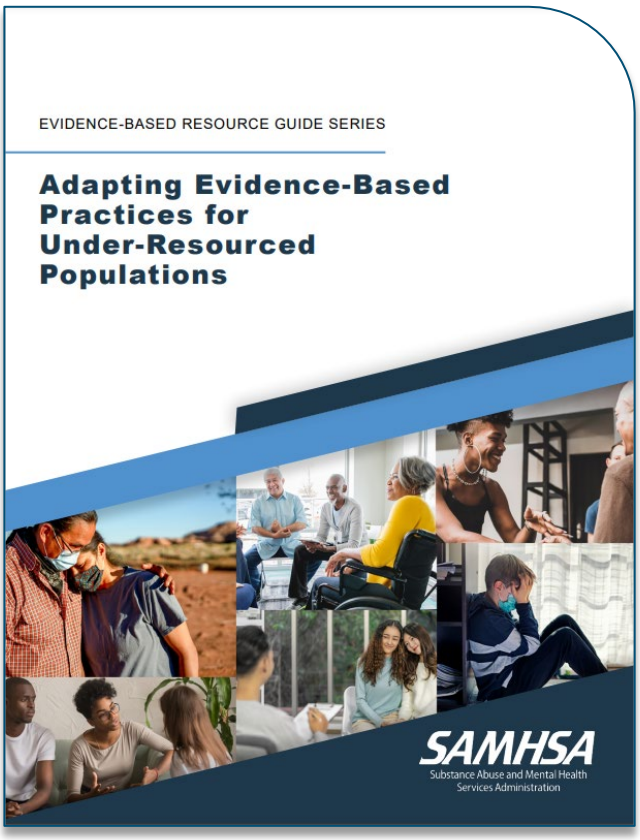
The SAMHSA First Response: Working on the Front Lines of the Opioid Crisis training is a one-hour online training that addresses the mental and physical stressors faced by first responders when responding to opioid overdose calls and provides evidence-based coping strategies and resources to mitigate the impacts of these stressful events.

SAMHSA Talking with Your Teen About Opioids

The Talking With Your Teen About Opioids brochure is designed to help parents talk to their teens about prescription opioid misuse. It describes areas such as the risks and harms of opioid misuse and proper storage and disposal of medications.

SAMHSA Adapting Evidence-based Practices for Under-resourced Populations

The SAMHSA Adapting Evidence-based Practices for Under-resourced Populations is a guide that focuses on research supporting adaptations of evidence-based practices (EBPs) for under-resourced populations. Adaptations involve tailoring care, programs, and services to the cultural, social, gender, and demographic contexts of the people served.



SAMHSA Federal Guidelines for Opioid Treatment Programs

The SAMHSA Federal Guidelines for Opioid Treatment Programs manual provides guidelines for operating an OTP. It covers patient-centered care planning, assessment, admission, and monitoring; medication administration and use; medical and clinical provisions and practices; certification and accreditation; and the importance of practitioner judgment in providing care.

Other Federal Training and Technical Assistance Resources

CDC Preventing Opioid Misuse Resource

The CDC's "Preventing Opioid Misuse" resource offers guidance on how individuals prescribed opioids can minimize risks. Key recommendations include working closely with doctors to manage pain, considering non-opioid treatments, following prescribed dosages, avoiding combining opioids with other substances, securely storing medications, and properly disposing of unused opioids. The resource emphasizes the importance of education and regular communication with healthcare providers to prevent misuse and ensure safe, effective pain management.

CDC Naloxone Toolkit

This CDC naloxone toolkit was designed for clinicians to raise awareness about naloxone. It can be used to help clinicians talk to patients and their family, friends, and caregivers about the benefits of naloxone.

RCORP-Rural Centers of Excellence on Substance Use Disorders

The RCORP Centers of Excellence are designed to build the evidence base to reduce SUD and OUD in rural communities**.** They identify, implement, evaluate, and share evidence-based programs and best practices. RCORP includes three Centers for Excellence: one on rural substance use prevention, one on rural SUD treatment, and one on rural SUD recovery**.**

Agency for Healthcare Research and Quality (AHRQ) Technical Brief: Prevention, Diagnosis, and Management of Opioids, Opioid Misuse, and Opioid Use Disorder in Older Adults

The AHRQ report on opioids in older adults provides evidence-based insights into the risks, benefits, and best practices to prevent, intervene, and treat opioid use disorder among older adults.

Indian Health Service First Responder (IHSFR) Naloxone Training Manual

The IHSFR Naloxone Training Manual is designed to educate law enforcement officers, fire departments, or other trained non-healthcare providers on opioid prescribing practices and safe use. This manual equips first responders with the knowledge and skills needed to identify individuals at risk of overdose and appropriately administer naloxone when necessary.

Department of Veterans Affairs Resource on Opioid Overdose

This Department of Veterans Affairs webpage provides information on the signs of overdose and use of naloxone for veterans and family members impacted by overdose.

Other Training and Technical Assistance

The National Harm Reduction Coalition

The National Harm Reduction Coalition offers a variety of training and educational resources aimed at reducing the harms associated with drug use, including opioid use. Their programs focus on naloxone distribution, overdose prevention education, and the promotion of safer use practices. The coalition provides both in-person and online training sessions, workshops, and conferences to empower communities and individuals with the knowledge and tools necessary for effective harm reduction strategies. They also provide a locator that helps communities and individuals find harm reduction resources, including naloxone.

Overdose Lifeline

Overdose Lifeline offers comprehensive naloxone training programs. They offer SUD and opioid training and continuing education as online self-paced courses, virtual and in-person training, and trainer programs.

Prescribe to Prevent

Prescribe to Prevent is a national initiative aimed at increasing health care providers' ability to prescribe naloxone and educate patients about its use. This program offers detailed guidance and training materials for prescribers, pharmacists, and health care systems, focusing on integrating naloxone prescribing into routine clinical practice. The resources include clinical guidelines, patient education materials, and training videos, all designed to enhance the accessibility and utilization of naloxone as a life-saving intervention.

Project Lazarus

Project Lazarus is a national nonprofit organization that provides training and technical assistance on opioid overdose prevention and response. The organization offers a comprehensive community toolkit that includes resources for education, data collection, and community engagement. Project Lazarus emphasizes a public health approach, integrating medical, public safety, and community sectors to develop tailored overdose prevention strategies. Their training modules cover naloxone administration, patient education, and the implementation of overdose prevention programs.

Shatterproof's Just Five Program

Shatterproof, a national nonprofit organization, offers the "Just Five" program, a free, evidence-based educational series designed to increase awareness and understanding of the opioid epidemic. The program consists of five-minute modules covering topics such as addiction science, stigma reduction, and naloxone administration. It provides a comprehensive yet concise overview that can be easily accessed online, making it a valuable resource for communities looking to educate their members on opioid use disorder and overdose prevention.[33]

The Safety First Program by Drug Policy Alliance

The Safety First Program, initiated by the Drug Policy Alliance, offers a comprehensive educational framework designed to inform teens and their communities about substance use, including opioid misuse and overdose prevention. The program provides a curriculum that includes evidence-based information on harm reduction, overdose prevention strategies, and the proper use of naloxone. It also offers training workshops for educators, parents, and community leaders to effectively communicate these critical issues. Safety First emphasizes a pragmatic approach to drug education, promoting safety and well-being through informed decision-making.

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SAMHSA

Substance Abuse and Mental Health Services Administration

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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