



Rural Overdose Prevention & Response Implementation Blueprint: Planning Roadmap

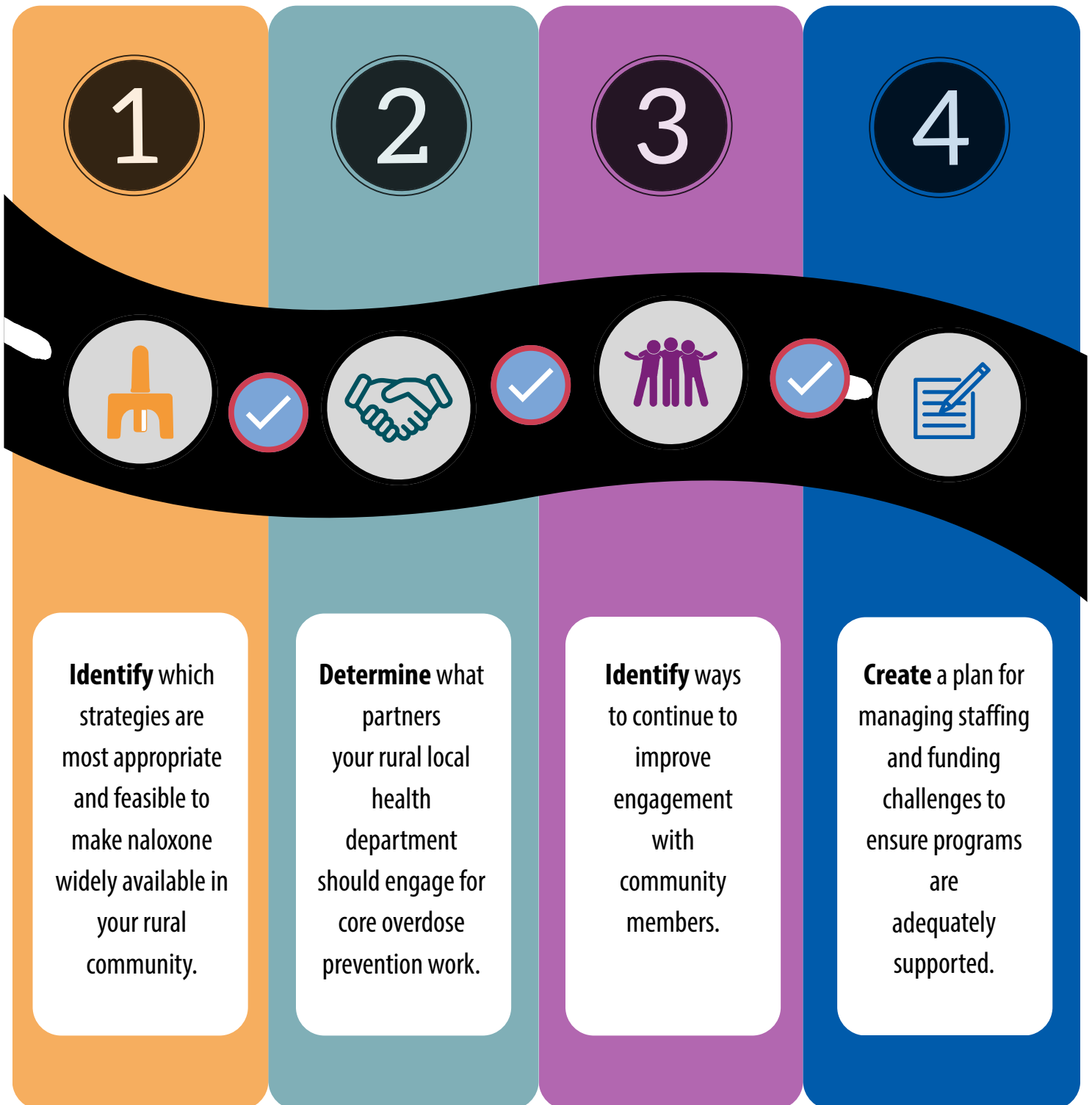
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ROADMAP FOR PREVENTION PROGRAM IMPLEMENTATION



 = EVALUATION CHECKPOINT

STEP ONE: PRE-IMPLEMENTATION

What strategies can rural local health departments (LHDs) use to make naloxone widely available in rural communities?

MOBILE DISTRIBUTION AND OUTREACH

- Use data to identify hotspots.
- Talk to community members, local businesses, and community partners to identify locations to visit.
- Decide on frequency and consistency of mobile distribution efforts.
 - Depending on community context, LHDs may choose to regularly change locations to reach individuals they have not previously connected with or going to the same location(s) to build rapport and recognition.
- Mobile distribution can be done with a dedicated mobile unit, though other vehicles owned by the organization or staff may also be used.
 - Ensure staff are reimbursed for gas and other expenses associated with personal vehicle use.

PASSIVE METHODS OF NALOXONE SATURATION

- Potential methods include public health vending machines and naloxboxes.
- Identify locations for placement by engaging community members, businesses, and other organizations. Coalitions and community taskforces can help brainstorm locations and make introductions.
- Eliminate or relax caps on the amount of naloxone an individual can receive at one time to allow them to share with their social network.
- Identify locations that serve as hubs for distribution, such as community spaces frequented by people at risk of overdose, and provide naloxone and other overdose and infectious disease prevention materials to be further distributed.



Explore how [Nicholas County Health Department](#) and [Southeast Utah Health Department](#) implemented a mobile distribution program.



Explore how [Ross County Health District](#) implemented public health vending machines and [San Benito County Health Department](#) implemented naloxboxes.

COMBINE BASIC OVERDOSE & INFECTIOUS DISEASE PREVENTION SERVICES AND/OR BASIC NECESSITIES DISTRIBUTION PROGRAMS

Consider adding naloxone and/or other overdose and infectious disease prevention supplies to existing programs that focus on basic necessities distribution and/or health services provision to engage community members who may not be explicitly seeking overdose and infectious disease prevention services.



Explore how [Nicholas County Health Department](#) added overdose and infectious disease prevention supplies to their basic necessities distribution program.

ADDRESS STIGMA

- Consider [cost-effectiveness and compassionate dosing](#) when purchasing naloxone, including feasibility of intramuscular naloxone.
- Conduct direct outreach to people at risk of overdose to build trusting relationships and solicit guidance and feedback on programs.
- Identify local champions in key partner fields such as public safety or healthcare to promote overdose and infectious disease prevention and evidence-based recovery support.



Explore how [Berkshire Regional Planning Commission](#) addresses stigma.

EVALUATION CHECKPOINTS

1

In order to identify locations for mobile distribution before or during implementation, consider conducting focus groups/listening sessions with community members and local coalitions. In addition to locations, these listening sessions can also be focused on needs in the community, strategies for building trust, and how to further engage people at risk of overdose. [Click here for information on Naloxone Distribution Programs.](#)

2

Consider surveying community partners and local organizations about their observations of stigma in the community (i.e., exploring barriers, what worked in the past, what has not worked, and what strategies could be introduced). [Conduct stigma assessments](#) among community members and provide education and training to prevent misinformation concerning substance use and addiction. [Click here for information on implementing an overdose response communication campaign.](#)

Note: Evaluation checkpoints serve as places where LHDs could consider conducting evaluation activities, but it is not necessary to do all. Identifying one or two places for consistent evaluation is a good starting point for LHDs that are just getting started.

STEP TWO: PRE-IMPLEMENTATION

What partners should rural LHDs consider engaging with for overdose prevention work?

EMS

- Can be a key partner when establishing post-overdose response programs.
- EMS partners can help mitigate transportation barriers among people at risk of overdose by utilizing their vehicles to distribute services directly in the community.
- Share data with EMS to identify service gaps and focus overdose prevention activities.
- Consider working with public safety partners to include naloxone alongside mandated automated external defibrillators (AEDs) to ensure emergency access.



Explore how the [San Benito County Health Department](#) developed a partnership with EMS.

PUBLIC SAFETY PARTNERS

- The volume of interactions between people at risk of overdose and public safety partners make them important partners to consider.
 - Be mindful of appropriate roles in public safety-public health partnerships and consider the importance of building trust.
- Use deidentified data to communicate to public safety partners the need for overdose prevention activities.
- Establish data sharing agreements with public safety partners who collect important and relevant data.
- To promote buy-in, emphasize the impact partnership can have on reducing the burden of overdose prevention and response currently shouldered by public safety.



Explore how the [Southeast Utah Health Department](#) works with public safety partners.

COMMUNITY ORGANIZATIONS

- Community organizations are often known and trusted by people at risk of overdose. Partnering with them can increase community outreach and resource distribution opportunities.
- Consider consulting or partnering with community organizations on overdose prevention and response programs. This can improve program buy-in, avoid duplication of efforts, and increase overall capacity for all involved organizations.



Explore how the [Berkshire Regional Planning Commission](#) collaborates with community partners.

HEALTH SYSTEM PARTNERS

- Local health systems and hospitals can partner with LHDs on funding opportunities and share grant/program management responsibilities.
- LHDs can build bidirectional support with health systems partners and leverage partner funding to fill gaps in services, including post-overdose response programs.
- To promote buy-in, emphasize the impact partnership can have on reducing the burden of overdose prevention and response currently shouldered by health care organizations.



Explore how the [Ross County Health District](#) engages with health systems partners.

Note: This is not an exhaustive list of potential community partners. The role of included potential partners at rural health departments varies, based on capacity and available resources.

EVALUATION CHECKPOINT

Consider conducting a landscape analysis or resource mapping of partners within the community that can be engaged. This can explore which partners have strong relationships within community, have capacity to support overdose prevention efforts, and can help guide the direction of prevention work. This analysis can be done using existing resources and data (i.e., organization websites). [Click here for a resource on technical assistance to partners and communities.](#)

STEP THREE: IMPLEMENTATION

How can rural LHDs continue to improve engagement with community members?

EMPLOY AND PARTNER WITH PEER NAVIGATORS

- Peer navigators are individuals with experience of substance use and addiction who provide support to people at risk of overdose. Peers use their experience and understanding of the challenges people at risk of overdose face to establish trust with their clients and connect them to resources such as overdose and infectious disease prevention supplies, MOUD, and behavioral health and social support services.
- Can be employed through LHD or through other partners (EMS, health systems partners, community organizations).
- Peer navigators provide valuable insights and should be involved in program planning, implementation, and monitoring.
- To ensure this expertise is retained, organizations employing peers should plan for career progression as their staff grow more experienced. Additionally, LHDs should not limit candidates with lived experience to peer roles.



Explore how [Nicholas County Health Department](#) includes peer navigators within their overdose prevention programs.

ENCOURAGE COMMUNITY-BASED PARTICIPATION THROUGH LOCAL COALITIONS

- Establish coalitions with community champions who are well-connected throughout the community and interested in supporting overdose prevention efforts. This can include peers, local leaders such as county commissioners, local physicians, community-based organizations, etc.
- Coalitions bring multiple perspectives together to help ensure programs are relevant to the community, unify decision-making, and can build partnerships to better utilize overdose prevention funding.



Explore how the [San Benito County Health Department](#) and [Berkshire Regional Planning Commission](#) used local coalitions to broaden community participation.

EVALUATION CHECKPOINT

Health departments implementing peer navigator initiatives should consider doing regular process evaluation to ensure that navigators have adequate resources and support to do their work, particularly because peer navigators often have previous experience and the nature of their work can be very taxing. [Click here for a resource on care linkages.](#)

STEP FOUR: IMPLEMENTATION

How can rural local health departments manage staffing and funding challenges to make sure programs are adequately supported?

DIVERSIFY FUNDING SOURCES

- Apply for federal and state level grants. Consider applying for grants in collaboration with neighboring counties or community partners.
 - Explore corporate partnerships, sponsorships, and donations to fill gaps in supplies and other resources.
 - Leverage relationships with partners to support staff in program priorities.
- Explore programs from the state health department that offer naloxone and/or test strips at no-cost.

FLEXIBLE STAFFING MODELS

- Cross train employees to manage multiple tasks/projects.
- Establish interagency agreements to share specialized staff. Pooling resources can make specialized roles more financially sustainable.
- Develop relationships with universities for ongoing pipelines of interns from public health or social work programs.
- Utilize volunteers. Recruit community members, students, or retirees for roles like outreach, administrative support, or event assistance.
- Engage peer support workers, advisors, or educators, and compensate them fairly for their time and experience.



Explore how [Berkshire Regional Planning Commission](#) and [Southeast Utah Health Department](#) have diversified their funding sources, and how [Nicholas County Health Department](#) utilizes state health department supplies programs.



Explore how [Ross County Health District](#) implemented a flexible staffing model.