Naloxone Distribution Program

Roles & Communication Plan

*This document is designed to be used by corrections, jail medical staff and behavioral health/SUD staff in [INSERT COUNTY NAME] County to identify roles and contact information for all involved parties.*

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| --- | --- | --- |
| Role | Name | Contact Information |
| Monitor naloxone supply and re-order |  | Phone:  Email: |
| Provide naloxone training and document participation |  | Phone:  Email: |
| Place naloxone kit in property boxes |  | Phone:  Email: |
|  |  | Phone:  Email: |
|  |  | Phone:  Email: |