2. Opioid Preparedness Exercise Invitee Checklist and Sample Invitation Emails

**Directions:** The exercise invitee checklist and sample invitation emails are resources that ASTHO suggests state response teams use when planning an opioid preparedness exercise. The exercise invitee checklist includes a suggested list of key response partners who might participate in the opioid preparedness exercise. The state response team may use this document to brainstorm key response partners, track contact information, and invitation status for the exercise. While the checklist contains suggestions based on CDC and ASTHO experience with previous exercises, the state may choose to modify and add additional partners. Generally, the more partners present for the exercise, the more robust the discussion can be expected to be. Larger groups (i.e., those with more than 40 participants) may require more time for discussion. In addition to those listed, state response teams may consider inviting Federally Qualified Health Centers, state/regional healthcare-related associations (e.g., primary care, pharmacy, hospital), payers, insurers, public safety, and community-based organizations for harm reduction and/or recovery supports.

Exercise Invitee Checklist

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| Opioid Proposed Partner Checklist for Opioid Preparedness Exercise Calls |
| **Check if Invited to Meetings** | Suggested Key Partner | Name | Title | Organization | Email |
| [ ]  | *Ex: PDMP Administrator* | *Jane Doe* | *Director of Epidemiology* | *State Departmentof Health & Human Services* | *janedoe@state.gov* |
| [ ]  | State and Local Public Health |  |  |  |  |
| [ ]  | State and Local Behavioral Health |  |  |  |  |
| [ ]  | State Hospital Association and Large Health Systems |  |  |  |  |
| [ ]  | State Medical Licensing Board and Other Prescriber Organizations |  |  |  |  |
| [ ]  | PDMP Administrator |  |  |  |  |
| [ ]  | OD2A Principal Investigators |  |  |  |  |
| [ ]  | Overdose Response Strategy (Public Health Analysts and Drug Intelligence Officers) |  |  |  |  |
| [ ]  | Attorney General’s Office |  |  |  |  |
| [ ]  | Federally Qualified Health Centers |  |  |  |  |
| [ ]  | State/Regional Healthcare Related Associations (e.g., Primary Care, Pharmacy, Hospital) |  |  |  |  |
| [ ]  | Private Insurers/Managed Care Organizations |  |  |  |  |
| [ ]  | Public Safety |  |  |  |  |
| [ ]  | Substance Use Disorder Treatment and Prevention Partners |  |  |  |  |
| [ ]  | Community-based Organizations for Harm Reduction and/or Peer Recovery Supports |  |  |  |  |
| [ ]  | State Office of Emergency Preparedness and Response |  |  |  |  |
| [ ]  | State Health Agency’s Communications Office |  |  |  |  |
| [ ]  | Regional Health Officers |  |  |  |  |
| [ ]  | State Board of Pharmacy |  |  |  |  |
| [ ]  | State Medicaid Office |  |  |  |  |
| [ ]  | Behavioral Health Contractors |  |  |  |  |
| [ ]  | Hospital Systems and Emergency Departments |  |  |  |  |
| [ ]  | Primary and Ambulatory Care Clinics |  |  |  |  |
| [ ]  | Healthcare Associations |  |  |  |  |
| [ ]  | Health Commissioners |  |  |  |  |
| [ ]  | Healthcare Providers Willing and Able to Absorb Displaced Patients |  |  |  |  |
| [ ]  | Crisis Hotline Services (988, 211, etc.) |  |  |  |  |
| [ ]  | State Opioid Treatment Authority (SOTA) |  |  |  |  |
| [ ]  | Public Health Office of Emergency Management and Response |  |  |  |  |

Sample Invitation Emails

**Directions:** After the state response team has crafted the invitee checklist, the team may use and modify this suggested outreach language to contact exercise participants. Please insert information that is bracketed and in bold.

**To:**

**From:**

**Subject:** You’re Invited! [State] Opioid Preparedness Exercise

Greetings,

**[State Health Agency]** is hosting virtual preparedness exercise focused on preparing for and responding to disruptions in access to opioid prescriptions such as those resulting from law enforcement actions against a healthcare provider. This preparedness exercise will aim to provide information and build knowledge about opioid closure events, facilitate important planning discussions amongst key state agencies and organizations, and provide a structure for the development and/or refinement of a written response protocol to mitigate risks to patients who loss access to a prescriber of opioids and other controlled substances.

You have been identified as a key partner by the **[State Health Agency]** in this process, and your participation in this two-session exercise is important and appreciated. Please indicate your availability by **[MM, DD, YYYY]**. The time commitment is two hours per session, for a total of four hours over a two-week period.

**[State Healthy Agency]** will follow up with a meeting invitation and additional resources and materials as we approach the exercise dates.

Thank you so much,

**[Insert name]**

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