Opioid Settlement

Prevention, Treatment and Recovery Board Meeting

Date: October 4, 2023
Locations: Zoom (link at end of agenda)
Time: 10:00 a.m. – 1:00 p.m.
Attendees:
1. *Temporarily vacant*
2. David Hart
3. John McIlveen
4. Tami Kane-Suleiman
5. Annaliese Dolph (Co-chair)
6. Zebuli Payne
7. Nicholas Ocón
8. Laurie Trieger
9. Skyler Brocker-Knapp
10. Joann Linville
11. Julia Hajduk
12. Carrie Brogoitti
13. Rick Treleaven
14. Fernando Peña
15. Captain Lee Eby (Co-chair)
16. Rep. Maxine Dexter, MD
17. Sen. Lew Frederick
18. Judge Ann Lininger

Meeting objectives

- Finalize vision and values conversation
- Learn about how other states are allocating funds
- Decide on priorities for funding allocations

TIME	ITEM	LEAD
10:00 a.m.	Welcome Roll call Review meeting objectives	Annaliese
10:05 a.m.	Project updates	Lisa

10:10 a.m.	Data subcommittee report	David
10:20 a.m.	Finalize vision of success and values conversation	Jenny
10:35 a.m.	State allocation overview	Kristen and Sarah Rose
10:55 a.m.	Crosswalk of Exhibit E strategies	Lisa
11:35 a.m.	*Break*	
11:45 a.m.	Priorities conversation • Given our vision of success, values, what we know about how other states are allocating funding and the strategies recommended by the state, where do we want to focus our funding efforts? Decide on priorities	Jenny Annaliese
12:35 p.m.	Next steps • Review and discuss allocation models	Jenny
12:50 p.m.	Public comment	Annaliese
1:00 p.m.	Adjourn	All

Zoom Meeting Link (accessible for public observation):
https://www.zoomgov.com/j/1617563940?pwd=cUxvNGROODZQS2RxUEE0U21vNVJEUT09
Meeting ID: **161 756 3940** Passcode: **060230**
Dial by your location +1 669 254 5252 US (San Jose) +1 646 828 7666 US (New York)

"What will success look like?" conversation

At the September 6, 2023 OSPTR Advisory Board Meeting, board members discussed their definition of success for their work. Following are board member statements, grouped by theme. Some statements are pertinent to multiple themes and so appear more than once.

Theme	Board members responses to the question, "What will success look like?"
Prevention *(Sub themes: Investments in workforce)*	• "Primary prevention. Prevent substance abuse and addiction in the first place. Give people the skills and supports they need so they won't start using opioids." • "Address proper treatment of chronic pain." • "Increase in chronic pain treatment education." • "Increase prevention education." • "Increase in prevention AND education." • "Education for physicians." • "Parity around chronic pain treatment in access and coverage." • "Identify the root causes of the addiction problem in Oregon." • "Decrease in usage in youth." • "How can we be active in creating a sense of worth and belonging for young people so they do not turn to drugs in the first place?"
Treatment and recovery *(Sub themes: Connections to care)*	• "Evidence-based treatment." • "Treatment IN community." • "Access to treatment for everyone." • "Access to treatment across Oregon for everyone." • "Sourcing emergency providers." • "Bridging the gap between when people first access treatment in the justice system and when they go back into the community." • "People in all areas have unrestricted access to treatment." • "Unrestricted access to medicated assisted treatment." • "Anyone who wants help has it." • "Peer recovery support available to anyone, anywhere around the state."
Harm reduction and overdose prevention	• "Overdose reversal. Focusing our efforts on the bottom up – keeping people alive." • "Data demonstrates a reduction in drug-related deaths." • "People's lives are no longer being ruined by drugs." • "Fewer people dead." • "Success is a reduction in lives lost due to the opioid epidemic." • "Focus on harm reduction, including in corrections."

Theme	Board members responses to the question, "What will success look like?"
Advance health equity	• "Resourcing underserved communities." • "Settlement funds are distributed in ways that reflect inequitable impact of the crisis (race, geography, age as considerations.) • "Equity." • "Center people."
Research and evaluation	• "Data demonstrates a reduction in drug-related deaths." • "Increase in chronic pain treatment education." • "Increase prevention education." • "Increase in prevention AND education." • "Decrease in usage in youth." • "Fewer people dead." • "Success is a reduction in lives lost due to the opioid epidemic."
Leadership, planning and coordination	• "Identify the root causes of the addiction problem in Oregon." • "Access to treatment across Oregon for everyone." • "Bridging the gap between when people first access treatment in the justice system and when they go back into the community." • "Unrestricted access to medicated assisted treatment." • "Resourcing underserved communities."

Vision of success

Staff took the responses to the question, "What will success look like?" and drafted a vision statement the Board can use to guide their allocation funding decisions going forward. Each assertion in the vision statement is tied to a theme from the "What will success look like?" conversation.

Oregon State's Opioid Settlement Prevention, Treatment and Recovery Board are working towards a future in which:

- Fewer people in Oregon use opioids to manage physical or mental pain, or to create a sense of belonging, resulting in fewer people with opioid substance use disorder. This is possible because there is a robust, statewide system of education, health care, and social and mental health supports for people of all ages. **(Prevention)**
- If people do suffer from opioid overdose, fewer die as a result, because emergency responders and bystanders are equipped and educated to reverse overdoses. **(Harm reduction)**
- People who have opioid substance use disorder have unrestricted access to high quality community-based medical treatment options, regardless of how much money they make, whether they have health insurance, where they live, their race, their housing status, or their involvement in the criminal justice system. Care is coordinated and continuous when people move, whether it is from town to town, or from the criminal justice system back to the community. Once people's acute substance use disorder has been treated, they have access to long term recovery support services, including counseling, supported family reunification, employment support, etc. **(Treatment and recovery)**
- Adequate resources for prevention, harm reduction, treatment, and recovery are available and accessible to community members who have been disproportionately impacted by the opioid epidemic. **(Advancing health equity)**
- There is adequate statewide or regional infrastructure for planning, coordinating, and supporting the work of the many different, and different kinds of, organizations and entities carrying out this work. **(Leadership, planning and coordination.)**
- There is infrastructure in place at state, regional, and local levels to collect, disseminate, learn from, and react to data about the state of opioid use, and the effectiveness of interventions in the areas of prevention, harm reduction, treatment and recovery, and advancing health equity. **(Research and evaluation)**

The Board will know it has been successful when measurably fewer people in Oregon are using opioids, fewer of those who use opioids are dying as a result, and those who are in recovery are able to live full, rich, and meaningful lives.

Principles

The Board had previously adopted the following principles into its bylaws:

The Board Shall be guided and informed by:

- The comprehensive addiction, prevention, treatment and recovery plan developed by the Alcohol and Drug Policy Commission
- The terms of the settlement agreements
- The board's ongoing evaluation of the efficacy of the funding allocations
- Input the board receives from the public
- Evidence-based and evidence informed strategies and best practices
- Equity considerations for underserved populations

Values

At the September 6, 2023 OSPTR Advisory Board Meeting, board members discussed their common values and the values they would like to guide the work of the group. Staff took those suggested values and drafted a working definition for each, and an example of how the Board will put that value into action. Staff then tied each value to a related principle from the Board's bylaws. The Board will refer back to these values and principles in their decision making.

Value	**Working definition**	**Value in action example**	**Related board-adopted principle** *"The board shall be guided and informed by:*
Empathy and compassion	Empathy is the ability to understand and share the feelings of another. The meaning of compassion is to recognize the suffering of others and then take action to help.	We will strive to allocate funds to reduce the harm caused by opioids in our communities, in ways that meet the expressed needs of those with lived experience of opioid use disorder.	• Input the board receives from the public
Integrity and honesty	Integrity is a quality of having and adhering to strong moral principles. Honesty implies a refusal to lie, steal, or deceive in any way.	We will work to do the right thing and to be transparent and truthful in our words and actions. We will demonstrate integrity and honesty through our actions, words, decisions and methods.	• The comprehensive addiction, prevention, treatment and recovery plan developed by the Alcohol and Drug Policy Commission • The terms of the settlement agreements
Evidence informed	An evidence-informed approach emphasizes the practical application of the findings of the best available current research.	Our decisions will be guided by the best available evidence, clinician's knowledge and skills, and patient's wants and needs, including cultural considerations.	• Evidence-based and evidence informed strategies and best practices
Accountability *(related term: Transparency)*	Accountability requires us to take responsibility for, and to be able to explain or justify our actions.	We will evaluate the impact of the funds we are distributing and report our findings back to the public.	• The board's ongoing evaluation of the efficacy of the funding allocations
Intersectional equity *(related term: Anti-racism)*	The idea of intersectional equity acknowledges the complex mix of factors involved in inequality, such as race, gender, language proficiency, citizenship status, and others, as well as the context and structures that shape privilege and disadvantage.	We understand that some people are harmed by the opioid epidemic more than others, due in part to factors related to intersectional inequity and systemic racism. We will factor that additional harm into our decision-making.	• Equity considerations for underserved populations
Innovation and flexibility *(related terms: Courage, Adaptability, Humility)*	Innovation is the process by which something is renewed by applying new processes, introducing new techniques, or applying new thinking. Flexibility implies a willingness to change or the ability to be easily modified.	While our decisions are evidence-informed, we will remain open to funding different, new, and promising ideas, solutions, and programs.	• Evidence-based and evidence informed strategies and best practices

OSPTR – States' allocation of Opioids Settlement Funds

This summary shows how some states have chosen to approach a variety of areas:

- breakdown of settlement funds
- allocations to Tribes
- high impact strategies
- community engagement.

It is not a comprehensive explanation of other states' approaches to using settlement funds; rather, an orientation to the general landscape.

Breakdown of Funds

Some states have shared how they intend to allocate funds between program areas.

New York – FY 2023

- Harm reduction: 22%
- Treatment: 12%
- Investments across service continuum: 16%
- Priority populations: 15%
- Housing: 10%
- Recovery: 10%
- Prevention: 7%
- Transport: 5%
- Public awareness: 2%
- Research: 1%

Rhode Island - FY 2024

- Social determinants of health: 17%
- Harm reduction: 21%
- Treatment: 17%
- Recovery: 10%
- Prevention: 19%
- Evaluation and staffing: 11%
- Emergency response: 5%

Michigan – FY 2023

FY 2023 Intended Uses:

- Treatment: 35.3%
- Harm reduction: 22.4%
- Recovery: 17.2%
- Prevention 16.1%
- Admin and special projects: 9%

Allocations to Tribes

Four states have allocated or have formal plans to allocate money to Tribes or Tribal communities.

Colorado:

- Colorado gave lump sums to each of its two federally-recognized Tribes: $1,274,536 to the Southern Utes, and $747,178 to the Ute Mountain Utes. These amounts were based on an impact formula also used to determine allocations to towns and counties.

Minnesota:

- The legislation that created the state's Opiate Epidemic Response Account included an annual set-aside to tribal social service agencies to provide services to children whose families are affected by addiction. The same bill made one-time appropriations from the Opiate Epidemic Response Account to be awarded to Tribal nations or urban Indian communities to support traditional healing practices and increase the capacity of culturally specific behavioral health providers. (NASHP)

Wisconsin:

- Wisconsin's 2023 FY spending plan includes $6,000,000 for Tribal nation needs: "This funding is for prevention, harm reduction, treatment, and recovery services for tribal members with the specific services funded determined by local needs."
- All 11 federally recognized Tribes in Wisconsin received funding from this in 2023.

Washington:

- Eight workgroups – including an American Indian/Alaskan Native Workgroup – are responsible for implementing the action steps within Washington's Opioid and Overdose Response Plan. From the 2021 – 2022 plan: "The short-term goals of this workgroup are to establish and convene a committee committed to focusing on addressing OUD for AI/AN individuals in Washington, to develop a comprehensive resources and gaps analysis, and develop a plan that includes goals, objectives, and strategies to address this significant concern. The AI/AN ORW plan to share their plan with the larger Statewide Opioid Response committees to ensure that their strategies are embedded within the Statewide Opioid Response plan."
- The plan also states an intention to "provide grants to federally recognized Tribes for specific strategies to prevent youth opioid misuse and abuse," and lists Tribes as "priority partners" in the distribution of Naloxone.

High Impact Strategies

In addition to Exhibit E, some states have identified high impact strategies for use of settlement funds. In some states, putting money towards these strategies is an incentive; in some states it's a requirement.

North Carolina

North Carolina has a list of "Option A" strategies that align with Exhibit E. From North Carolina's MOA: "Without any additional strategic planning […] Local Governments may spend Opioid Settlement Funds from the list of High-Impact Opioid Abatement Strategies attached as Exhibit A. This list is a subset of the initial opioid remediation strategies listed in the National Settlement Agreement."

Counties who wish to use settlement funds for strategies that don't fall under Exhibit A are subject to more rigorous planning and reporting requirements.

See Exhibit A strategies and corresponding resources here:

Strategy-Specific Resources - North Carolina Opioid Settlements (ncopioidsettlement.org)

Exhibit-A-to-NC-MOA-3.pdf (morepowerfulnc.org)

Virginia

Virginia's Opioid Abatement Authority (OAA) created a set of requirements – a "Gold Standard" -- that all cities and counties who receive payments from the state settlement must abide by. They also offered an incentive to localities receiving payments directly from the settlements: "for each fiscal year that a participating city or county agrees to use and report their Direct Distribution funds according to the same standards they are required to use and report their OAA Distribution funds (i.e., the Gold Standard), the Board agrees to increase that city or county's OAA Distribution by 25% above the base amount for that same fiscal year."

The Gold Standard requirements are as follows:

- Participating cities and counties will only utilize OAA Distributions to fund efforts designed to treat, prevent, or reduce opioid use disorder or the misuse of opioids through evidence-based or evidence-informed methods, programs, or strategies;
- Participating cities and counties shall not supplant funding of an existing program nor collect indirect costs; and
- Participating cities and counties shall provide the Authority with information on implementation of said methods, programs, or strategies and allow such monitoring and review as may be required by the Authority.
- Participating cities and counties must agree to certain base terms and conditions established by the OAA Board of Directors before receiving any OAA Distributions.

California

Participating subdivisions must spend at least 50% of Opioid settlement funds on California's list of High Impact Abatement Activities.

The High Impact Abatement Activities are:

- Provision of matching funds or operating costs for substance use disorder facilities within the Behavioral Health Continuum Infrastructure Program
- Creating new or expanded substance use disorder (SUD) treatment infrastructure
- Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD
- Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction
- Interventions to prevent drug addiction in vulnerable youth

- The purchase of naloxone for distribution and efforts to expand access to naloxone for opioid overdose reversals.

Community Engagement

Delaware

The Prescription Opioid Settlement Distribution Commission is supported by a Public Outreach and Community Input Committee, who hosted three listening sessions around the state over the summer – one in each county. According to the committee's chair, Tammy Anderson, "The forums will educate the public about the settlement fund and how it is helping remediate the opioid problem and will allow the committee to obtain input from all Delawareans on what resources they need to overcome any opioid-related problems they have. Community members' input will directly inform the expenditure of settlement funds."

Virginia

Virginia's Opioid Abatement Authority partnered with the Virginia Association of Community Services Boards to co-host seven listening sessions around the state. The sessions were open to the general public, and intended to elicit input on funding priorities and grant application processes.

Michigan

Michigan partnered with a research firm to conduct a survey gathering input on funding priorities throughout the state. The survey asked respondents to rank funding areas in order of overall importance before delving deeper into strategies and priorities within each area.

Find the survey results here: https://chrt.org/wp-content/uploads/2022/05/MDHHS_FinalOpioidsReport_May2022.pdf

CROSSWALK OF EXHIBIT E STRATEGIES TO ADDRESS THE OPIOID CRISIS AND RELATED HARMS

UPDATED: 9/29/2023

Contact: Lisa Shields

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Contents

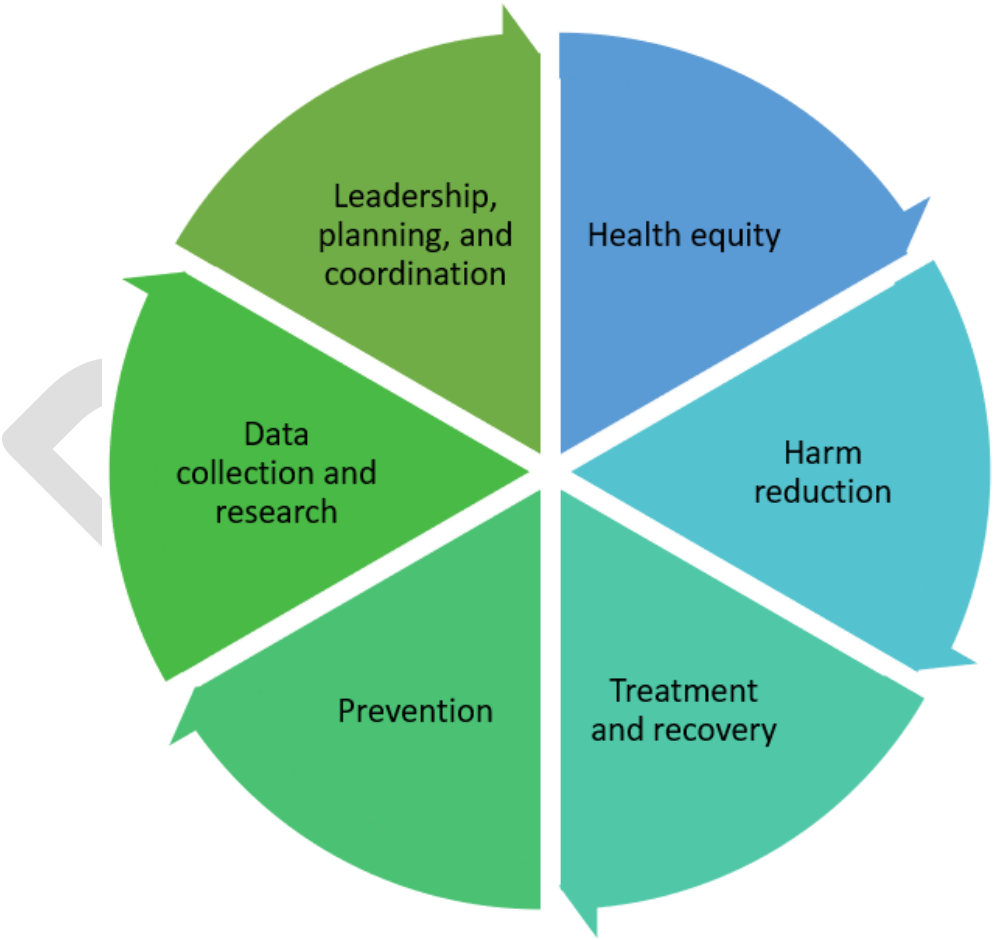
Background

This crosswalk is intended to help inform the Opioid Settlement Prevention, Treatment, and Recovery (OSPTR) Board's decision-making for initial opioid settlement fund allocation priorities. It is anchored in Exhibit approved uses, House Bill 4098 (2022) requirements, the Alcohol and Drug Policy Commission (ADPC) Oregon Statewide Strategic Plan, the Oregon Health & Science (OHSU) Substance Use Disorders Services Inventory and Gap Analysis, statewide data sources, and additional resources listed in the References section.

Allocation categories

The allocation strategies are organized into 6 recommended categories:

1. Health equity
2. Harm reduction and overdose prevention
3. Treatment and recovery
4. Prevention
5. Research and evaluation
6. Leadership, planning, and coordination



Strategy 1: Advance health equity for impacted populations

1.1 The Board shall be guided by equity considerations for underserved populations and by input the board receives from the public (2022 House Bill 4098).

1.2 Expand access to prevention, treatment, and recovery resources to populations disproportionately impacted by substance use disorders (SUD), overdoses, emergency department visits related to substance use, and unmet treatment need:

- **Tribal communities and communities of color** are disproportionately affected by harms from the war on drugs and barriers to care perpetuated by racism and stigma. In Oregon, the most disproportionately affected communities are American Indian/Alaska Native, African American/Black, Native Hawaiian/Pacific Islander, Hispanics, and Asians.
- People who identify **as lesbian, gay, bisexual, transgender, queer, questioning, intersex, two-spirit, and other diverse sexual orientations, gender identities, and expressions** experience disparities related to stigma and substance use disorders.
- All age groups are impacted by overdose and SUD and unmet treatment need, but there are significant disparities in access to treatment and services among **youth (12 and up)**, **young adults (18-24)**, **middle-aged adults (55-64), and older adults (65+).**
- Other disproportionately impacted groups include **rural and frontier populations, people experiencing homelessness, people with disabilities, and people within and transitioning out of the criminal justice system.**

1.3 Ensure linguistically and culturally relevant services and peer recovery support specialists.

1.4 Expand Tribal-specific services including family support and recovery support specialists.

1.5 Address the needs of pregnant or parenting people and their families, including babies with neonatal abstinence syndrome (NAS).

1.6 Expand access to evidence-based treatment such as MOUD and recovery support for people within and transitioning out of the criminal justice system.

1.7 Expand telemedicine and mobile MOUD to increase access in rural areas and for people who are houseless or unstably housed.

1.8 Expand rehab programs and recovery services for youth.

1.9 Expand LGBTQIA2S+ specific services, especially for LGBTQIA2s+ youth.

Strategy 2: Harm reduction and overdose prevention

2.1 Naloxone or other FDA-approved drugs to reverse opioid overdoses

- Increase availability and distribution of supplies that save lives, including overdose reversal drugs like naloxone, testing supplies and equipment, and harm reduction supplies.
  - $13 million was allocated to Save Lives Oregon harm reduction clearinghouse in March 2023.
- Expand overdose response training for first responders, schools, community support groups and families.

2.2 Expansion of syringe service programs and other harm reduction programs

- Provide comprehensive syringe services programs and other evidence-informed programs with **more wrap-around services** and the full range of harm reduction and treatment services provided by these programs.
- Invest in **mobile units** that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services
- Increase access to **culturally responsive harm reduction and overdose prevention services.**

Strategy 3: Substance use disorder (SUD) treatment and recovery

3.1 Provide the full continuum of care of treatment and recovery services

- Expand **counseling, peer support and recovery services, recovery case management, and residential treatment** with access to medications.
- Provide **comprehensive wrap-around services** to individuals with SUD, including low-barrier and recovery-oriented housing, transportation, job placement/training, and childcare.

3.2 Expand access to life-saving Medication for Opioid Use Disorder (MOUD) options

- Increase **Opioid Treatment Programs (OTP)** that provide the full spectrum of medications for Opioid Use Disorder (OUD), especially methadone access which is the "gold standard" for treatment of severe OUD, increasingly needed as the drug supply transitions towards illicitly manufactured fentanyl.
- Invest in **provider training, telemedicine, mobile services**, and strategies to reduce wait times and insurance pre-authorization for MOUD.

3.3 Connect people who need help to the help they need

- Increase care coordination: treat encounters in **emergency departments, hospitals, foster care, shelters and justice systems** as opportunities for connection to community treatment and naloxone distribution.
- Provide funding for **peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings**
- Support **crisis stabilization centers** and mobile crisis units that serve as alternatives to hospital emergency departments and uniformed first responders
- Support campaigns to decrease stigma and promote treatment and recovery resources for populations who have been historically underserved.

3.4 Expand warm handoff and recovery services and wrap-around services

- Expand services such as peer navigators and on-call teams to begin **MOUD in hospital emergency departments.**
- **Expand warm hand-off services to transition to recovery services.**

3.5 Strengthen the behavioral health workforce

- Increase **system ability to address gaps in substance use disorder workforce**, including peer support specialists, prescribers and credentialed staff providing essential prevention services and recovery supports.
- Promote and support **workforce diversity and development** through recruitment, retention, incentives, fellowships, scholarships, trainings, and supports.

3.6 Support first responders

- Provide **wellness and support services for first responders** and others who experience secondary trauma associated with opioid-related emergency events.

Strategy 4: Prevention

4.1 Implement programs to prevent misuse of opioids and other drugs

- Support **community-based prevention strategies**, education or intervention services for **families, youth, and adolescents at risk for substance misuse and SUD** through school-based programs, youth-focused programs, local public health authorities, community coalitions, non-profits, and faith-based communities.
- Increase access to **mental health services and supports for children, youth and young adults** who may be at risk for drug use and misuse.
- Prioritize strategies that target **affordable housing, education, and employment** to reduce risk of substance use disorders and their consequences and to support long term recovery.
- Develop targeted **media campaigns** to prevent substance misuse, especially for disproportionately impacted or at-risk populations.

4.2 Effective pain treatment and safe prescribing of opioids

- Increase access to effective **pain treatment and stress management.**
- Ensure appropriate prescribing and dispensing of opioids through **evidence-based or evidence-informed education, programs or strategies for patients and providers**.

Strategy 5: Research and evaluation

5.1 A unified and evidence-based state system for collecting, analyzing and publishing data about the availability and efficacy of substance use prevention, treatment and recovery services statewide.

- House Bill 4098 requirement
- $4M allocated in March 2023

5.2 Ensure data equity and evidence-based data collection, research, and evaluation analyzing the effectiveness of the funding allocations and abatement strategies.

- Strengthen and increase the ability of **data infrastructure** to support plan implementation and outcomes and strengthen the capability and capacity for service providers to manage and report data.

Strategy 6: Leadership, planning, and coordination

6.1 Develop statewide, regional, local or community regional infrastructure for planning, partnerships, overdose fatality reviews, emergency response protocols, and development of data-driven decision-making for reducing harms related to the opioid crisis.

- Statewide, regional, local or community regional planning to identify and address root causes of SUD and overdose, goals for reducing harms related to the opioid crisis, and areas and populations with the greatest needs for treatment and intervention services.

- Infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with SUD and any cooccurring SUD/mental health conditions.

Table organized by Exhibit E approved categories

Required sources:

- Exhibit E Approved Opioid Abatement Uses
- Oregon House Bill 4098 (2022)
- Alcohol and Drug Policy Commission (ADPC) Statewide Strategic Plan 2020 - 2025
- Oregon Health & Science University (OHSU) Substance Use Disorders Services Inventory and Gap Analysis (2022)

Additional sources:

- Oregon Overdose Initiative Work Plan (2022)
- Johns Hopkins Principles for Spending Opioid Settlement Funds
- *Healthier Together Oregon* State Health Improvement Plan 2020 – 2024
- Measure 110 Behavioral Health Resource Network implementation evaluation (Comagine Health, Fletcher Group)
- Recommendations by presenters to the Opioid Settlement Prevention, Treatment, and Recovery (OSPTR) Board, including Tribal governments, researchers, health care and treatment providers, harm reduction advocates, public health officials, criminal justice leadership, and people with lived experience.
- Data: SUDORS - State Unintentional Drug Overdose Reporting System, Emergency Department discharge data, Medicaid data

Key

ADPC/OHSU **and** Exhibit E **Core** Strategy **and/or** House Bill 4098 requirement: Yellow (highest priority)
ADPC and/or OHSU **and** Exhibit E **regular** strategy Green (second-highest priority)
Exhibit E Core Strategy only: Blue (third-highest priority)
Exhibit E Regular Strategy only: White (fourth-highest priority)

Table

Strategy Area	Aim	Strategy	Source
Health equity	Advance health equity for populations disproportionately impacted by substance use disorders (SUD), overdoses, emergency department visits related to substance use, and unmet treatment need	The Board shall be guided by equity considerations for underserved populations and by input the board receives from the public (2022 House Bill 4098).	House Bill 4098 (2022)
		Ensure linguistically and culturally relevant services and peer recovery support specialists.	Exhibit E Core strategy ADPC/OHSU House Bill 4098
Harm reduction	Prevent Overdose Deaths and Other Harms	Naloxone or Other FDA-Approved Drug to Reverse Opioid Overdoses	Exhibit E Core strategy ADPC/OHSU

		Syringe Service Programs and other harm reduction programs to provide more wrap-around services	Exhibit E Core strategy ADPC/OHSU
		Mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions	Exhibit E ADPC/OHSU
		Fentanyl screening in routine toxicology testing	Exhibit E
Treatment and recovery	Treat Substance Use Disorder (SUD)/Opioid Use Disorder (OUD) and any co-occurring substance use disorder or mental health conditions	Expand access to medications for opioid use disorder (MOUD) and other opioid-related treatment	Exhibit E Core strategy ADPC/OHSU
		Address the needs of pregnant or parenting people and their families, Including babies with neonatal abstinence syndrome	Exhibit E Core strategy ADPC/OHSU
		Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare	Exhibit E Core strategy ADPC
		Adolescent rehab programs and recovery models	Exhibit E ADPC/OHSU
		Create or support linguistically and culturally relevant services (including LGBTQIA2S+ specific services) and programs for persons with OUD and any co-occurring SUD/MH conditions	Exhibit E ADPC/OHSU
		Evidence-based withdrawal management services	Exhibit E
	Connections to care	Hire additional social workers or other behavioral health workers to facilitate expansions	Exhibit E Core strategy ADPC/OHSU
		Transportation to treatment or recovery programs or services	Exhibit E ADPC/OHSU
		Expansion of warm handoff and recovery services and wrap-around services	Exhibit E Core strategy
		Screening and referral training for health care providers and key systems such as EMS, hospitals, schools, criminal justice, and probation	Exhibit E
	Workforce	Address gaps in SUD workforce through workforce development, recruitment,	Exhibit E ADPC/OHSU

		retention, incentives, fellowships, scholarships, trainings, and supports for behavioral health and substance use disorder professionals	
		Funding and training for first responders to participate in prearrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports	Exhibit E Core strategy
		First Responders Education and Wellness	Exhibit E
	Support People in Treatment and Recovery	Provide full continuum of care and comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.	Exhibit E Core strategy ADPC/OHSU
		Counseling, peer support, recovery case management and residential treatment with access to medications	Exhibit E ADPC/OHSU
		Expand or support recovery support services in a variety of settings	Exhibit E ADPC/OHSU
	Crisis stabilization	Crisis stabilization centers for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose	Exhibit E
	Treatment for incarcerated population	Address the Needs of Criminal Justice-Involved Persons, including MAT, recovery support, harm reduction or other appropriate services	Exhibit E Core strategy ADPC/OHSU Potential niche for settlement funds. People transitioning back to the community from carceral settings are at highest risk for overdose (#1 cause of death for people leaving carceral services)
		Pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD	Exhibit E

		Pre-trial services and treatment and recovery courts	Exhibit E
Prevention	Prevent misuse of opioids	School-based and youth-focused programs that discourage or prevent misuse	Exhibit E Core strategy ADPC/OHSU
		Expand access to effective pain treatment and safer opioid prescribing through education and outreach for patients and providers	Exhibit E Core strategy ADPC
		Media campaigns to prevent opioid use	Exhibit E Core strategy ADPC
		Support community coalitions, non-profits, faith-based communities to implement evidence-informed prevention strategies and increase opportunities for positive social connection	Exhibit E ADPC/OHSU
		Community-based education or intervention services for families, youth, and adolescents at risk for OUD	Exhibit E ADPC
		Greater access to mental health services and supports for young people who may be at risk for drug misuse	Exhibit E ADPC/OHSU
	Primary prevention	Invest in affordable housing, education, and employment to reduce risk of substance use disorders	OHSU/ADPC
		Enhance or improve Prescription Drug Monitoring Programs (PDMP) to reduce risky prescribing	Exhibit E
Data collection and research	Evaluation	Analyze effectiveness of abatement strategies within the state PHD recommendation	Exhibit E Core strategy ADPC
	Data	HB 4098: A portion of the moneys shall be allocated toward a unified and evidence-based state system for collecting, analyzing and publishing data about the availability and efficacy of substance use prevention, treatment and recovery services statewide.	HB 4098 $4M allocated March 2023
	Research	Support opioid abatement research that may include data collection and evaluation, non-opioid chronic pain research, novel harm reduction and prevention efforts, innovative supply-side enforcement efforts,	Exhibit E ADPC

		epidemiological surveillance, qualitative and quantitative research, geospatial analysis	
Leadership, planning, and coordination	Infrastructure and coordination	Statewide, regional, local or community regional planning to identify root causes of SUD and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services	Exhibit E ADPC
		Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination	Exhibit E ADPC
		Staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.	Exhibit E ADPC
		Infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any cooccurring SUD/MH conditions	
	Leadership	Provide resources to staff government oversight and management of opioid abatement programs	Exhibit E

EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[1]

A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

1. Expand training for first responders, schools, community support groups and families; and

2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

[1] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

C. PREGNANT & POSTPARTUM WOMEN

1. Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("*OUD*") and other Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

2. Increase funding for jails to provide treatment to inmates with OUD.

G. PREVENTION PROGRAMS

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. EXPANDING SYRINGE SERVICE PROGRAMS

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:[2]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

[2] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

    2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

    5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

    6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

    1. Increase the number of prescribers using PDMPs;

    2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Funding community anti-drug coalitions that engage in drug prevention efforts.

6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing

overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("*ADAM*") system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.