Region V Systems Opioid Remediation Settlement Fund Blueprint

Addressing the Opioid Epidemic

MARCH 2024

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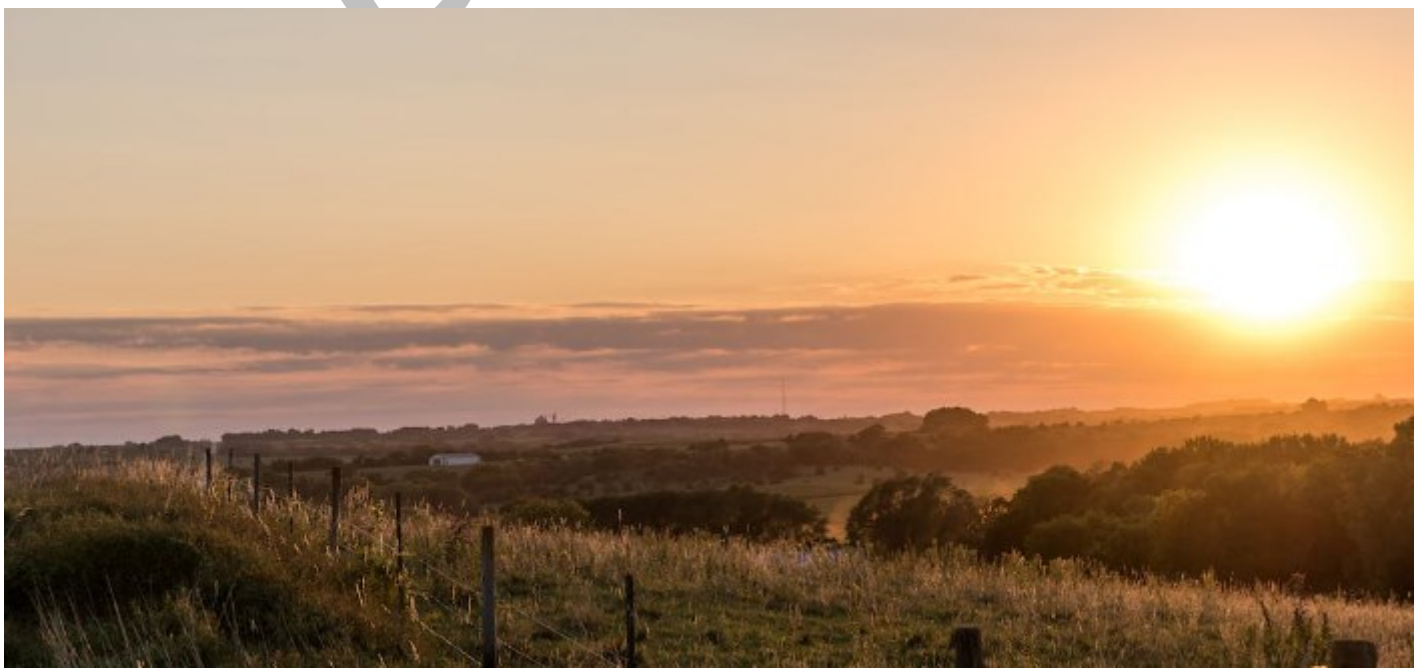
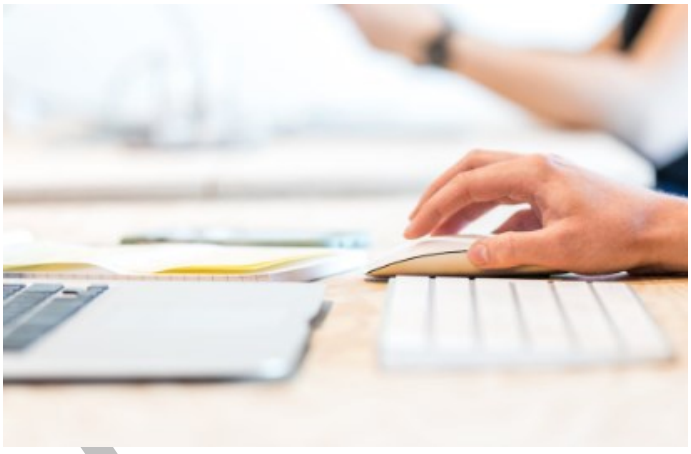


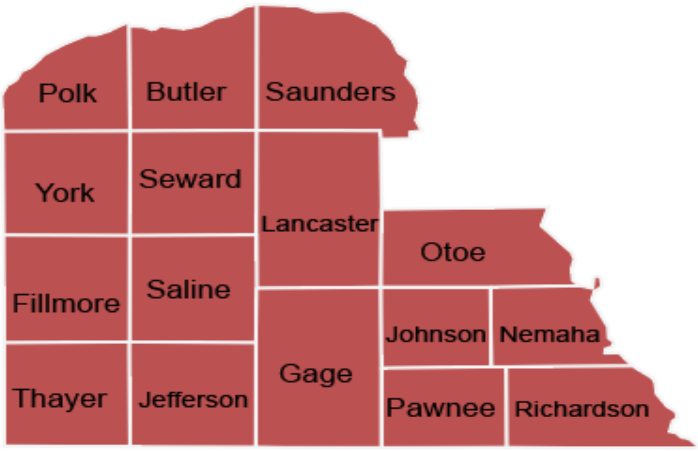
About this Blueprint

This Blueprint was designed to aid in providing the information needed to think strategically about the service gaps within Region V Systems catchment area. The tool at the end of the Blueprint will be utilized to prioritize the abatement strategies.

About Region V Systems

Region V Systems, who produced this publication, is one of six behavioral health authorities in the state of Nebraska. The mission of Region V Systems is to encourage and support the provision of a full range of mental health and substance use disorder programs and services to the youth and adults of Butler, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Saunders, Seward, Thayer, and York counties in Nebraska. Region V Systems contracts with a network of community behavioral health providers with a commitment to promote comprehensive partnerships in behavioral health within its 16-county catchment area.





Region V covers approximately 9,308 square miles. According to *U.S. Census 2020,* Region V has a population of 482,715, constituting approximately 25 percent of the state's population.

Acknowledgements

This Blueprint was modeled after the Colorado Opioid Response Blueprint which was developed by Colorado Consortium for Prescription Drug Abuse Prevention and the Colorado Health Institute to inform a spending strategy for Colorado. We thank them for their work and guidance in the creation of this document.

Additionally, we would like to thank the Opioid Response Network (ORN), Region V Systems' Opioid Steering Committee, as well as the resources cited in this Blueprint. We could not have been successful without these supports to guide our work.

About Region V Systems' Opioid Steering Committee

Region V Systems' Opioid Steering Committee was established in October of 2023 with over 60 stakeholders and constituents from the Region V Systems catchment area. The steering committee's purpose is to ensure that the resources from Region V Systems' opioid settlement funds are allocated effectively and efficiently within Region V Systems' service area.

For additional information on the work of Region V Systems' Opioid Steering Committee, their committee charter, or Region V Systems Remediation Settlement Fund awards visit www.region5systems.net.

Members we strive to have on our steering committee could include:

Behavioral Health
Substance Abuse
Education
Law Enforcement
First Responders
Housing
Medical Personnel
Health Department
Child and Family Services
Employment Services
Veterans
Administration
Minority Groups
Lived Experience
Faith-based and Community Centers

Steering Committee

Name	Organization
Jackie Amos	PALS
Jerome Barry	The Bridge Behavioral Health
Jennifer Bender	Lived Experience
Jennifer Borrenpohl	BAART
Grant Brueggmann	Southeast Public Health District
Ryan Carruthers	CenterPointe
Jeff Curry	Adult Probation
Captain Ryan Dale	Lincoln Police Dept.
Bryan Davis	Peoples City Mission
Renee Dozier	FYI/Housing
Cheyenne Drudik	Lived Experience
Dr. LuAnn Even	Ponca Tribe Behavioral Health
Martha F	Lived Experience
Oscar Gonzales	Boys Town 988
Remonte Green	Child and Family Services
Theresa Henning	Region V Systems
Amy Holman	Nebraska Pharmacist Association
Colby Holz	Child and Family Services
Susan Isabel	American Job Center
Vic Johns	Mission Field Treatment Center
Jeri Johns	Mission Field Treatment Center
Ruth Karlsson	Released and Restored
Laila Khoudieda	Region V Systems
Stephanie Knight	Fillmore Co Hospital/BHAC
Patrick Kreifels	Region V Systems
Jill Kuzelka	PHS Health Dept
Jessica Loos	911 Communications Manager
Pat Lopez	Lincoln-Lancaster Health Dept.
Chad Magdanz	Mental Health Association
Chief Michon Marrow	Lincoln Police Dept.
Laura McDougall	Four Corners Health Dept.

Name	Organization
Suzanne Mealer	Ponca Health Services
Dave Miers	Bryan Health
Sandra Miller	Veterans Administration
Sandy Morrissey	Prevention
Rachel Mulcahy	BHAC
Sergeant Benjamin Murry	Nebraska City Police Dept.
Jen Nelson	Wellbeing Initiative
Laura Osborne	BHAC
Jill Pokorny	District 5 Probation
Traci Reuter	CHI St. Mary's
Simera Reynolds	4 Corners Health Dept.
Amy Reynoldson	Nebraska Medical Association
Mary Rittenburg	Lutheran Family Services
Dean Rohwer	Adult Drug Court Coordinator
Will Schmeeckle	Nebraska Medical Association
Kim Showalter	Public Health Solutions
Bullet Splichal	Peer Support
LeAnn Stevenson	BAART
Chad Street	Lived Experience
Tiffanie Street	BAART
Abbi Swatworth	Out Nebraska
Jerry Taylor	F Street Community Center
Ed Thornbrugh	The Bridge Behavioral Health
Sonya Turco	Atlas
Terra Uhing	Three Rivers Health Dept.
Sheila Vinton	Asian Center
Davidson Wissing	DHHS - Public Health
Kelsey Wollverton	Lived Experience
Joseph Wright	Lincoln Public Schools
Christa Yoakum	Lincoln County Commissioner
Natalya Young	St. Monica's

Presenting Problem

The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

In 2011, former state Senator Gwen Howard called prescription drug abuse the “fastest growing drug problem in the country.” Between 2016 and 2021 drug overdoses claimed the lives of 1,117 Nebraskans.

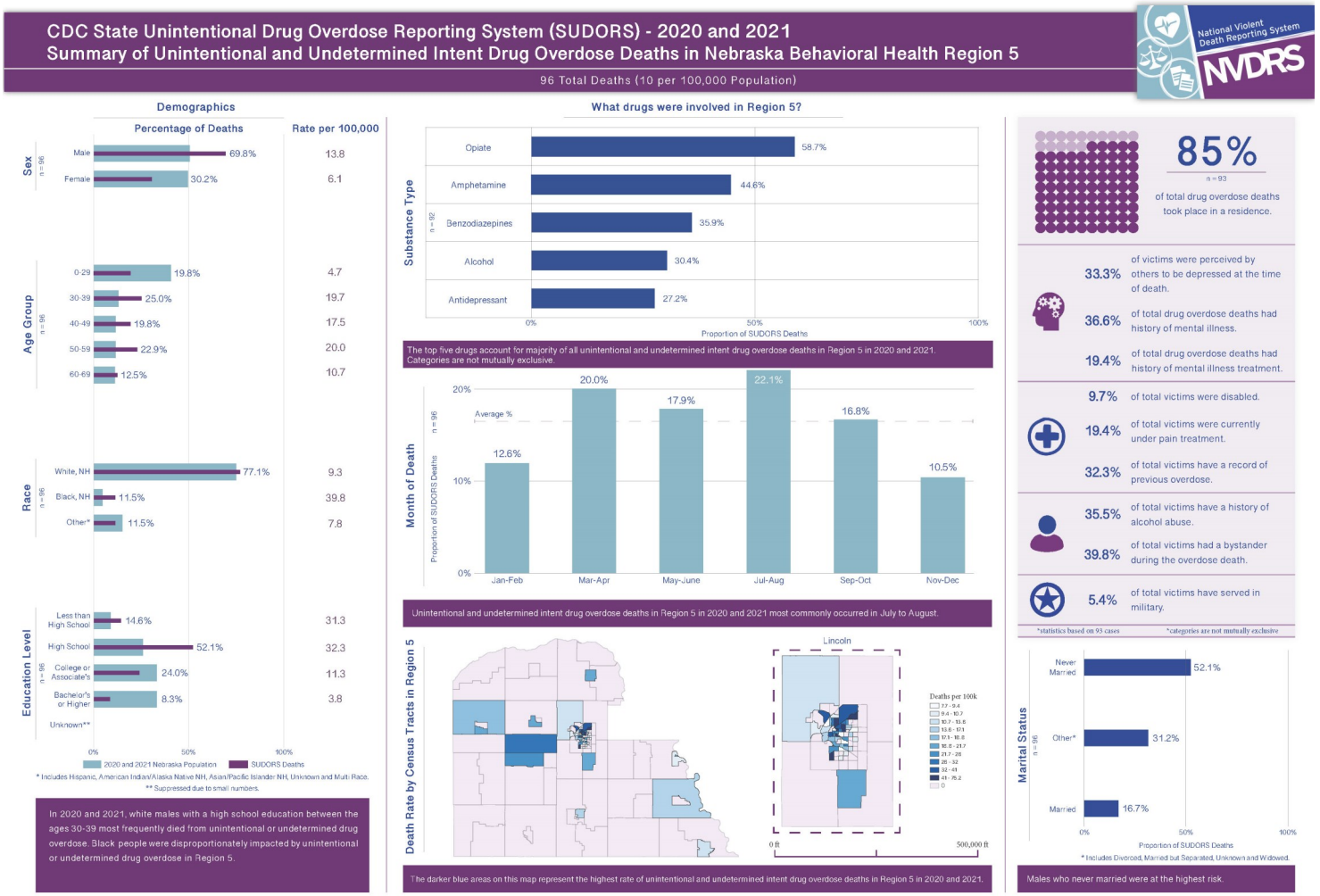
From 2017 to 2022 a total of 276 residents within Region V Systems catchment area died from a drug overdose. From 2017-2019 to 2020-2022 there was a 53% increase in drug overdose deaths within Region V Systems catchment area.

Drug overdose data shows that in Region V Systems catchment area the age group of 55-64 had a higher mortality rate than the overall state of Nebraska during the 2017-2022 time period. Additionally, the age group 64-74 showed a higher mortality rate than the overall state of Nebraska from 2017-2020 in the Region V Systems catchment area.

Demographic data on drug overdose shows a 37% increase of female deaths in Region V Systems catchment area from 2017 to 2022. While the 2022 rate for male drug overdose deaths is in line with the 2017 rate, there was an increase of 87% form 2017-2021 Of the racial/ethnic groups reported for in 2020-2022, the drug overdose rate in the Region V Systems catchment area was significantly highest amongst the African American population at 44.46 per 100,000 people, followed by 10.89 for the White population, and 8.72 for the Hispanic population.

85% of drug overdose deaths within Region V Systems catchment area took place in a residence and 40% had a bystander present during the overdose death.

This data demonstrates the need for opioid treatment, recovery, and prevention services for individuals who reside within the Region V Systems catchment area.



Opioid Settlement Funds History

In 2021, nationwide settlements were reached to resolve opioid litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors, McKesson, Cardinal Health, and AmerisourceBergen ("Distributors") and against the manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson ("J&J"). These National Settlements were finalized in early 2022. In all, the Distributors will pay up to $21 billion over 18 years, and J&J will pay up to an additional $5 billion over no more than nine years.

In 2022, additional agreements were announced with three pharmacy chains, CVS, Walgreens, and Walmart and with two additional manufacturers, Allergan and Teva. The process to distribute funds under the 2022 National Settlements is currently still being finalized.

Each company in the 2022 National Settlements is expected to pay out as outlined below.

- Teva up to $3.34 billion over 13 years and to provide either $1.2 billion of its generic version of the drug Narcan over 10 years or $240 million of cash in lieu of product, elected by each state.
- Allergan to pay up to $2.02 billion over 7 years.
- CVS to pay up to $4.9 billion over 10 years.
- Walgreens to pay up to $5.52 billion over 15 years.
- Walmart to pay up to $2.74 billion in 2023, and all payments to be made within 6 years.

Under both the 2021 and 2022 National Settlements, at least 85% of the funds going directly to participating states and subdivisions must be used for abatement of the opioid epidemic, with the overwhelming bulk of the proceeds restricted to funding future abatement efforts by state and local governments.

Additionally, the settlements also imposed changes in the way the settling defendants conduct their business. Here are some examples:

- The Distributors will create a groundbreaking clearinghouse through which they will be required to account not only for their own shipments, but also the shipments of the other distributors, in order to detect, stop, and report suspicious opioids orders.
- J&J (which ceased marketing opioids in 2015 and ceased selling opioids in 2020) will not market or sell any opioid products in the next ten years and has agreed to cease lobbying concerning prescription opioids for ten years.
- Teva and Allergan have agreed to strict limitations on their marketing, promotion, sale, and distribution of opioids, including a ban on: (1) promotion and lobbying; (2) rewarding or disciplining employees based on volume of opioid sales; and (3) funding or grants to third parties.
- Walmart, CVS, and Walgreens are required to implement changes in how they handle opioids, including requirements addressing their compliance structures, pharmacist judgment, diversion prevention, suspicious order monitoring, and reporting on red-flag processes, as well as blocked and potentially problematic prescribers.

In 2020, the Nebraska unicameral passed the "Opioid Prevention and Treatment Act" (Neb. Rev. Stat. §§71-2485 to 71-2490) which provides for the use of a dedicated revenue for opioid treatment and prevention. This act requires that all dollars allocated to the state under any opioid settlement agreement go directly into the Nebraska Opioid Recovery Fund and requires adherence to all terms of any settlement agreements. The Division of Health and Human Services, Division of Behavioral Health (DHHS-DBH) must account for expenditures from the Nebraska Opioid Recovery Fund on an annual basis.

(Continued on page 7)

Opioid Settlement Funds History *(cont.)*

(Continued from page 6)

Nebraska expects to receive the following payments from the 2021 and 2022 National Settlements:

All payments from the 2021 and 2022 National Settlements, except for funds received from McKinsey&Company, have a 15% allocation to the 93 Nebraska counties and 16 eligible municipalities and an 85% allocation to the Nebraska Opioid Recovery Fund. The McKinsey&Company funds are allocated 100% to the Nebraska Opioid Recovery Fund.

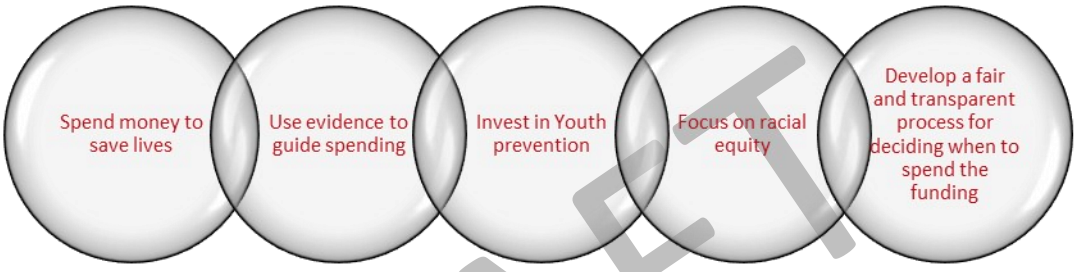
One of the National Settlement requirements is the creation of an "Opioid Settlement Remediation Advisory Committee" which in Nebraska is called the Nebraska Opioid Settlement Remediation Advisory Committee (NOSRAC). This committee is comprised of one representative of county government and one representative of municipal government from each of Nebraska's six behavioral health regions and 12 state members in accordance with the terms of the National Settlement Agreements.

NOSRAC's sole purpose is to provide recommendations for the use of opioid remediation funds to DHHS-DBH. These recommendations must comply with the Opioid Prevention and Treatment Act and terms of any National Settlement Agreements. In June of 2023 NOSRAC awarded $10 million to the Regional Behavioral Health Authorities. For more information on this committee, current payments received and distributed, please visit: https://dhhs.ne.gov/Pages/Opioid-Settlement-Workgroup.aspx.

Resources

National Settlement Funds received by Nebraska present an opportunity to save lives and mitigate lifelong harm from drug misuse. While this blueprint provides one guide, other state-level and national resources exist. Below are resources Region V Systems has used to guide its work in deciding how best to allocate the dollars to maximize their impact.

1. Bring Science to Bear on Opioids – a report and recommendations from the Association of Schools and Programs of Public Health (ASPPH)
2. Strategies for Effectively Allocating Opioid Settlement Funds – helpful hints for avoiding pitfalls and four takeaways for effectively spending opioid settlement funds in order to maximize impact and avoid ineffective spending of settlement dollars from RAND.
3. John Hopkins Principles for the Use of Funds for the Opioid Litigation- a national framework to guide jurisdictions in the use of opioid settlement funds. The John Hopkins Principles are:



4. SAMHSA's definitions of prevention, harm reduction, treatment, and recovery. These definitions, as outlined below, will provide guidance for funding recommendations.

SAMSHA definition of Prevention, Harm Reduction, Treatment and Recovery

Prevention	Harm Reduction	Treatment	Recovery
Prevention and early intervention strategies can reduce the impact of substance use and mental disorders in American communities. Prevention activities work to educate and support individuals and communities to prevent the use and misuse of drugs and the development of substance use disorders (SUD).	A practical and transformative approach that incorporates community-driven public health strategies- including prevention, risk reduction and health promotion- to empower PWUD and their families with the choice to live healthy and self-directed and purpose filled lives. Harm reduction centers the lived and living experience of PWUD, especially those in underserved communities, in these strategies and the practices that flow from them.	Treatment refers to the broad range of services, including identification, intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, social services, and follow-up for persons with substance abuse problems.	SAMHSA's working definition of recovery defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. There are four dimensions of Recovery: Health, Home, Purpose, Community.

Framework for Spending Funds

Region V Systems received its first disbursement of settlement funds from DHHS-DBH in June of 2023, as recommended by NOSRAC in May 2023. Region V Systems immediately began working with the Opioid Response Network (ORN) to plan the Region V Systems Opioid Response Summit. During this summit local stakeholders will receive education on the opioid epidemic, share their community gaps and needs, and prioritize spending areas. Additionally, Region V Systems began gathering information regarding other opioid funding and projects within its catchment area to ensure maximization of settlement funding and enhancement, not duplication, of current opioid efforts.

Region V Systems' Opioid Steering Committee will use local data from the Region V Systems Opioid Response Summit, community environmental scans, and other sources to identify funding allocations in each of the key areas identified on Region V Systems' Tool to Prioritize Allowable Opioid Abatement Strategies. Within these key areas (treatment, prevention, and other) the committee will prioritize specific strategies to address the opioid epidemic.

Prioritized strategies will then be utilized by Region V Systems in the creation of a grant application and/or a request for proposal. The chart to the right outlines the process for submission, review, and approval of grants and/or proposals.

AWARD OF OPIOID FUNDS THROUGH THE GRANT/ REQUEST FOR PROPOSALS PROCESS

- Steering Committee - Prioritizes Abatement Strategies and Funding Amount in each Category
- Region V Systems Creates Grant / RFP Application
- RFP / Grant Application Released
- Review of Responses to RFP/Grant Applications by Region V Systems Review Committee
- Steering Committee-Recommendation of Agencies/ Projects to be funded by Majority Vote
- Behavioral Health Advisory Committee Reviews Recommendations and Forwards to the Regional Governing Board for Approval
- Regional Governing Board Approves Recommendations

OPIOID STEERING COMMITTEE RECOMMENDATION APPROVAL PROCESS

- Opioid Steering Committee Makes a Recommendation by Majority Vote
- Region V Systems Researches for Fit and Feasibility
- Behavioral Health Committee Reviews Recommendations and Forwards to the Regional Governing Board for Approval (As Appropriate)
- Regional Governing Board Approves Recommendations (As Appropriate)

Additionally, the Region V Systems' Opioid Steering Committee may make recommendations at any time for obvious expenditures. Obvious expenditures are strategies that the committee believes to be of priority to fund to address the opioid epidemic based on review of local data, gaps, and needs. The chart to the left outlines this process.

Committee Recommendation Approval Process

To ensure due diligence and full transparency, all recommended awards of settlement funds will be reviewed and approved to move forward to the Regional Governing Board by Region V Systems' Behavioral Health Advisory Committee. Final approval for allocation of settlement funds will be completed by Region V Systems' Regional Governing Board.

Additional information on the ongoing work of Region V Systems' Opioid Steering Committee can be found at https://region5systems.net/RVS-Opioid-Project.

Tool to Prioritize Allowable Opioid Abatement Strategies

Region V Systems will use the tool that follows as they consider what programs already exist in their communities and what gaps remain. The following are the approved uses of the abatement strategies as outlined in Exhibit E: List of Opioid Remediation Uses from the Opioid Settlement Agreement.

STEP ONE:

Prioritize the abatement strategies in each category

STEP TWO:

Share your prioritized abatement strategies at the Region V Systems Opioid Settlement Funds Summit on March 19-20, 2024 at Wilderness Ridge Country Club

STEP THREE:

Results from the strategic planning during the Opioid Settlement Funds Summit, will be compiled by the Opioid Steering Committee and the Opioid Response Network

STEP FOUR:

The Opioid Steering Committee will review data to create final prioritized areas, abatement strategies, and funding allocations

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:

	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		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 tele mentoring to assist community-based providers in rural or underserved areas.
	Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any cooccurring SUD/MH conditions.		Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
	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.		Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
	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.		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.
	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.		Disseminate of 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.
	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.		Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication – Assisted Treatment.
	Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.		

TREATMENT

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:

	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.		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.
	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.		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.
	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.		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.
	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.		Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
	Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.		Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
	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.		Create and/or support recovery high schools.
	Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.		Hire or train behavioral health workers to provide or expand any of the services or supports listed above.
	Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.		

TREATMENT

CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED - CONNECTIONS TO CARE $

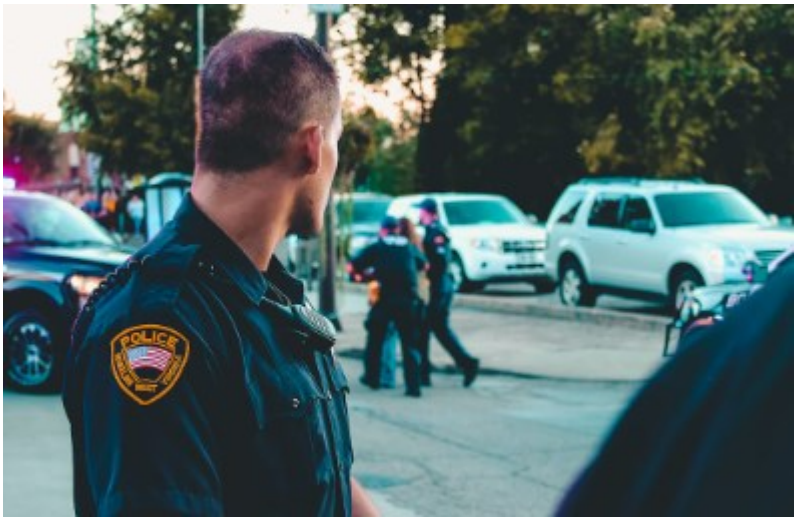
Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

	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.		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.
	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.		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.
	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.		Expand warm hand-off services to transition to recovery services.
	Purchase automated versions of SBIRT and support ongoing costs of the technology.		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.
	Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.		Develop and support best practices on addressing OUD in the workplace.
	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.		Support assistance programs for health care providers with OUD.
	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.		Engage non-profits and the faith community as a system to support outreach for treatment.
	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.		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.

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:

	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: Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI); Active outreach strategies such as the Drug Abuse Response Team (DART) model; "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; Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model; Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network, or the Chicago Westside Narcotics Diversion to Treatment Initiative; or Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
	Support pre-trial services that connect individuals with OUD and any cooccurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
	Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
	Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring SUD/MH conditions who are incarcerated in jail or prison.
	Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring 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.
	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.
	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.



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:

	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.
	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.
	Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any cooccurring SUD/MH conditions.
	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.
	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.
	Provide child and family supports for parenting women with OUD and any cooccurring SUD/MH conditions.
	Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions.
	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.
	Offer home-based wrap-around services to persons with OUD and any cooccurring SUD/MH conditions, including, but not limited to, parent skills training.
	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.

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:

	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).
	Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
	Continuing Medical Education (CME) on appropriate prescribing of opioids.
	Providing support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
	Supporting enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including, but not limited to, improvements that: Increase the number of prescribers using PDMPs; 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 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.
	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.
	Increasing electronic prescribing to prevent diversion or forgery.
	Educating dispensers on appropriate opioid dispensing.

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:

	Funding media campaigns to prevent opioid misuse.
	Corrective advertising or affirmative public education campaigns based on evidence.
	Public education relating to drug disposal.
	Drug take-back disposal or destruction programs.
	Funding community anti-drug coalitions that engage in drug prevention efforts.
	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).
	Engaging non-profits and faith-based communities as systems to support prevention.
	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.
	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.
	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.
	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.

PREVENTION

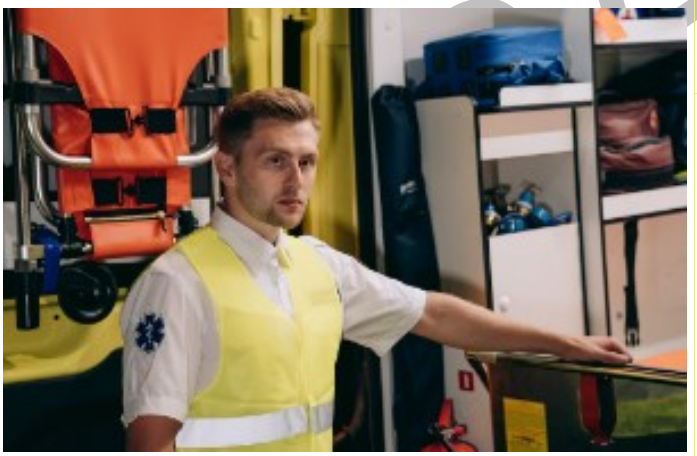
PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)	$

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:

	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.
	Public health entities providing free naloxone to anyone in the community.
	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.
	Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
	Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
	Public education relating to emergency responses to overdoses.
	Public education relating to immunity and Good Samaritan laws.
	Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
	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.
	Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
	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.
	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 cooccurring SUD/MH conditions.
	Supporting screening for fentanyl in routine clinical toxicology testing.

OTHER STRATEGIES

FIRST RESPONDERS	$
In addition to the items in the previous sections, support the following:	
	Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
	Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.



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

OTHER STRATEGIES

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:

	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.
	Support 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, 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.).

RESEARCH	$

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

	Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
	Research non-opioid treatment of chronic pain.
	Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
	Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
	Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
	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).
	Epidemiological surveillance of ODD-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.
	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.
	Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.