

CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS
Sitting/Acting as Board of Health

Policy Session Worksheet

Presentation Date: June 12, 2024 **Approx. Start Time:** 2:30pm **Approx. Length:**

Presentation Title: County Opioid Settlement NOFO Award Recommendations

Department: Health, Housing & Human Services (H3S)

Presenters: Rodney Cook, H3S Director, and Denise Swanson, Deputy H3S Director

WHAT ACTION ARE YOU REQUESTING FROM THE BOARD?

Staff is requesting the Board review and approve recommendations for County Opioid Settlement funding.

EXECUTIVE SUMMARY:

During the Board of County Commissioner's (BCC) Policy Session on March 6, 2024, the BCC instructed H3S staff to conduct a Notice of Funding Opportunity (NOFO) for community partners to apply for County Opioid Settlement Funding in coordination with County Finance and Public & Government Affairs departments.

The BCC allocated up to \$1,000,000 in funds. Eligible community partner organizations were limited to \$200,000 per application period and were required to exhibit how their proposal would:

- align with and support the Clackamas County resolution setting forth the framework for a recovery-oriented system of care;
- fill an urgent gap or critical need in addressing issues related to substance use in Clackamas County;
- use evidence-based principles as list in Exhibit E, Opioid Abatement Strategies;
- delivers quality services that provide at least one of the County's priorities of prevention, treatment, recovery, and interventions that support justice-involved individuals;
- include evaluation metrics, such as numbers to be served/impacted, target success rate data, etc.; and
- the proposal serves an area of the County that has been disproportionately impacted-refer to geographic burden document or addresses a rural gap identified.

The NOFO closed on May 6, 2024 and resulted in 37 submitted proposals totaling \$6,587,988. To assure a fair process, a review committee comprised of staff from H3S, County Finance, County Administration, and an external partner with subject matter expertise evaluated and scored each proposal. The review committee recommends 6 of the proposals be awarded, as described in attachment #1, which funds projects across the continuum. The recommended proposals are highlighted in green in attachment #1.

FINANCIAL IMPLICATIONS (current year and ongoing):

Is this item in your current budget? YES NO

What is the cost? Clackamas County anticipates receiving \$24,726,052 in Opioid Settlement Funds over a 17-year period*. The County has received \$4,456,810.35 to-date and has \$1,206,810.35 unallocated, plus \$750,000 set aside for implementation of BCC and County priority projects, which may increase continuation of existing programming.

What is the funding source? Opioid Settlement Funds.

*There is a requirement to spend funding allocations within 5 years, ensuring entities act promptly to address the opioid crisis. Additionally, the payment scheduled provided by Oregon DOJ shows Clackamas County receiving approximately \$1-2 million annually between now and 2038. This total amount is reliant on the future business prospects of the entities participating in the settlement and is not guaranteed.

STRATEGIC PLAN ALIGNMENT:

- **How does this item align with your Department's Strategic Business Plan goals?**
Improve community safety & health
- **How does this item align with the County's Performance Clackamas goals?**

This effort aligns with the Performance Clackamas goal to *Ensure Safe, Healthy and Secure Communities*, by addressing the social determinants of health including: addiction, homelessness, lowering crime, employment, and links to critical behavioral health services.

Clackamas County's Opioid Settlement Framework aligns with the goal, to *Build Public Trust through Good Government*, by embedding community engagement, transparency, and accountability in all processes.

All programs recommended for funding through this Notice of Funding Opportunity support the Board's Resolution to develop a Recovery Oriented System of Care in responding to the Addictions, Mental health and Homelessness Crisis.

LEGAL/POLICY REQUIREMENTS:

In the National Settlement Agreement, local governments commit to use all funds for future opioid abatement per Exhibit E of the national settlement agreements ("Approved Abatement Uses"). All proposals recommended for funding meet the standard for abatement uses as outlined in Exhibit E.

PUBLIC/GOVERNMENTAL PARTICIPATION:

The Clackamas County Opioid Settlement Framework approved by the BCC in September of 2022 includes Community Engagement as a key area to ensure fair and transparent funding distribution based on the John Hopkins University framework.

OPTIONS:

1. Approve County Opioid Settlement Funding recommendations as presented.
2. Amend and approve County Opioid Settlement Funding.
3. Take no action.

RECOMMENDATION:

Staff respectfully recommends Option #1, approve County Opioid Settlement Funding recommendations as presented.

ATTACHMENTS:

- Attachment 1 – County Opioid Settlement NOFO Recommendations
- Attachment 2 – Exhibit E Allowable Use of Opioid Settlement Funds

SUBMITTED BY:

Division Director/Head Approval _____

Department Director/Head Approval _____

County Administrator Approval _____

Rodney A. Cook

Opioid Settlement NOFO Summary and Evaluation

Organization	Project/Program Details	Opioid Settlement Funds received from elsewhere	Committee Recommendation	Focus Area	Amount Requested	Amount Recommended
CODA	CODA seeks funding for a two-year project to expand access to Methadone treatment in Clackamas County Jail, implementing a centralized courtesy dosing model and launching the first jail integrated program.	No	RECOMMEND	Treatment	200,000	200,000
Northwest Family Services SUD	Northwest Family Services plans to provide outpatient treatment for 40 low-income pregnant and postpartum women across Clackamas County, including a Certified Doula and a family component. The project aims to increase community awareness of Substance Use Disorder-impacted pregnant women.	Yes for different services, current funding is directed at substance use prevention and intervention in Clackamas County Middle Schools (Rowe, Alder Creek, Kraxberger and Gardner). New funding will complement current efforts by supporting NW Family Services mission to address	RECOMMEND	Treatment	200,000	200,000
Northwest Family Services	Northwest Family Services plans to expand its substance use prevention services to Tumwata Middle School and Milwaukie High School. The services will include academic skills enhancement, prevention education, culturally focused activities, leadership, and youth skills development.	Yes for different services, current funding provides PreventNet Services at Rowe Middle School, aiming to improve academic performance and reduce risk behaviors among 60 unduplicated core youth.	RECOMMEND	Prevention	200,000	100,000
Todos Juntos	Todos Juntos plans to enhance youth and young adult substance use prevention services in Estacada at the Wade Affordable Housing Complex and enhanced services at Estacada Middle School, by addressing a lack of systemic investments in prevention programs in Clackamas County, a region facing a growing problem of overdose deaths.	Yes for different services, funding supports PreventNet programming at Sandy and Estacada Middle Schools. New funding will help site managers engage students in after-school activities and increase interventions for Estacada Middle School youth and Wade Creek Commons Affordable Housing Complex	RECOMMEND	Prevention	200,000	200,000
Parrott Creek	Parrott Creek plans to create a mobile service for individuals struggling with Substance Use Disorders in rural and under-served Clackamas County communities (Canby, Molalla, Mulino, Estacada, Sandy and Mt. Hood area). Services include outreach, assessments, counseling, treatment, and links to community resources.	No	RECOMMEND	Treatment & Recovery	200,000	200,000
4D Recovery	4D seeks funding for two years to expand its Recovery Outreach program (street -level outreach) , aiming to increase public safety partnerships and promote treatment engagement and resource navigation for young adults experiencing substance use disorders and homelessness.	No	RECOMMEND	Reduce Harms, Connection to Care and Recovery Support	200,000	100,000
Oregon City Together/ Oregon City School District	Oregon City Together aims to deliver school-based, evidence-based and evidence-informed prevention and early intervention programs in the Oregon City School District. Programs will work to reduce risks of substance use and increase protective factors addressing the root causes of opioid and other drug use among Oregon City youth.	Yes, Oregon City Together received \$20,000 in Opioid Settlement Funding from the city of Oregon City. These funds end June 30, 2024, and we hope to receive another \$20,000 from the city for July 1, 2024 to June 30, 2025.		Connection to Care	200,000	
Youth Era	Youth Era plans to add a full-time Recovery Peer Support Specialist (RPSS) to its Clackamas Recovery Team to improve support services for youth dealing with substance use disorders. The RPSS will provide mentorship, advocacy, and resource connections, fostering trust and understanding. The initiative aligns with Clackamas County's priorities.	No	ALTERNATE	Recovery Support	200,000	

Items highlighted in green are recommended for funding

Clackamas Community College	The proposal is request for a Spanish-speaking Alcohol and Drug Counselor program to prepare students and workers to help individuals overcome substance use disorders in human service settings, focusing on understanding signs, societal impact, interviewing skills and workforce development.	NO		Treatment	200,000	
City of Gladstone Police Department	The city is proposal is for a dual certified Mental Health Services Coordinator to support officers in responding to individuals with substance use and mental health concerns. The City of Gladstone is proposing to use the funds to purchase a position from the Clackamas County Behavioral Health Division, leveraging the existing mobile crisis response infrastructure	Yes, the City is applying opioid settlement money received from the City of Gladstone towards a two-year pilot project, to include, monies received through the duration of the project if approved. To date, the City of Gladstone has received \$87,997.73.		Connection to Care	200,000	
Morrison Child and Family Services	Morrison Child & Family Services' Peer Parent Mentoring model addresses parental substance use and child welfare involvement. Mentors with lived experience provide case management, treatment readiness approaches, and support for accessing services like assessments, transportation, and medical care. They also assist parents in navigating the Child Welfare system and utilizing community resources.	No		Prevention, Harms Reduction, Connection to Care & Recovery Support	200,000	
LatinoNetwork	Latino Network aims to address a gap in opioid prevention services for Latino youth and parents in Clackamas County. The project will employ a part-time Community Health Worker to connect youth referred to violence diversion programs for culturally specific services.	No		Prevention, Harms Reduction, and Connections to Care	200,000	
RecoveryWorks NW	The project aims to reduce opioid use disorder morbidity and mortality in Clackamas County by addressing the gap in evidence-based treatment. Recovery Works NW will establish new services, enhance existing ones, and strengthen community linkages at their new clinic location by providing ongoing treatment, recovery support, and education for individuals with OUD and other mental health conditions.	No		Treatment & Connections to Care	200,000	
Alano Club of Portland	Project RED (Reduction, Education, Distribution), a harm reduction and overdose prevention program, aims to serve 1,300 individuals in Clackamas County by increasing access to overdose prevention supplies, educational materials, and recovery support. It will also provide resources to various organizations, reducing stigma and enhancing access to culturally responsive services.	No		Prevention, Harms Reduction, Connection to Care & Recovery Support	136,348	
Harmony Academy	Madrona Recovery and Harmony Academy are partnering to pool resources to improve the services provided to high school students with substance use disorders and mental health disorders. The project aims to increase access to clinical services, reduce transportation barriers, and broaden the youth-specific recovery community.	No		Treatment	200,000	
Oregon City Police Department	The program intends to expand the Behavioral Health Unit to include a Case Manager to better respond to growing calls related to mental health, homelessness, and drug use. This will reduce the need for incarceration or hospitalization, provide Trauma Informed Care training, and create a referral system for successful recovery.	Yes and they plan to use our Opioid settlement Funds to pay for a 50% match of the BHU Case Manager position.		Connection to Care	200,000	

Madrona Recovery	Madrona Recovery and Harmony Academy are partnering to pool resources to improve the services provided to high school students with substance use disorders and mental health disorders. The project aims to increase access to clinical services, reduce transportation barriers, and broaden the youth-specific recovery community.	No		Treatment	200,000	
Outside In IDUHS	The project aims to improve harm reduction services and overdose prevention in Clackamas County by deploying a mobile van twice a week, delivering Naloxone, education, referrals, and translation services, focusing on evidence-based practices and community engagement.	NO		Harm Reduction	100,000	
CASA of Clackamas County	CASA in Clackamas County is supporting the Family Treatment Court (FTC), a free, voluntary program launched in November 2023, to help parents overcome substance use disorders and reunite with their children in foster care. With this funding they will be able to support 20+ parents annually with opioid settlement funding,	No		Connection to Care	52,898	
Outside In SBHC	The Outside Inn's Youth Wellness Initiative in Clackamas County aims to provide substance use prevention and support services to youth, including education, naloxone distribution, and advocacy. Key components include collaboration with teacher champions, expanding the School-Based Health Center, and advocating for increased resources and recovery services to improve overall health and quality of life.	No		Prevention	100,000	
CRC Health Oregon, LLC	CRC Health Oregon, a member of Acadia Healthcare's Comprehensive Treatment Center Division, will use the funds to increase access to SUD treatment including MOUD for Clackamas County residents by funding treatment costs for uninsured patients and addressing social determinants of health and barriers to access.	Yes/No, The Parent company, Acadia Healthcare has nationally received but not CRC Health		Treatment	200,000	
Transcending Hope	Transcending Hope is a non-profit organization providing rapid rehousing programs for Substance Use Disorder and Mental Health participants. It offers case management, referrals, and support, supplementing the Clackamas County Aid & Assist program. The program serves up to eight participants and funding would supplement current funding gaps for the home for the next two years.	No		Harm Reduction	200,000	
Young People in Recovery	Young People in Recovery (YPR) is launching a new community-based chapter and life-skills curriculum program in Clackamas County. The program includes bi-weekly recovery meetings, workshops to reduce stigma, and monthly pro-social activities for youth and young adults. It also implements My Recovery Is EPIC, a life-skills curriculum for adults aged 18+, measuring recovery capital outcomes.	No		Recovery Support	150,697	
Lifeworks NW	The funding will be used to hire an addictions psychiatry consultant and a Certified Recover Mentor to improve mental health and substance use services in Clackamas County. The consultant will develop policies and procedures to integrate care for clients with co-occurring mental health and substance use disorders, improving coordination with other systems and enhancing community-based programming.	NO		Treatment, Recovery Support	200,000	

Lines for Life	Lines for Life's Construction Suicide Prevention Partnership (CSPP) aims to improve the lives of construction workers, who have the highest death rate from opioid overdose and the second-highest rate of suicide for any industry. The project will launch an interactive training module targeting the Clackamas County construction community, promoting opioid awareness, alternative pain management, naloxone access, and harm-reduction resources.	NO		Prevention	199,676	
Tualatin Together	Tualatin Together (TT) uses the Strategic Prevention Framework to enhance prevention strategies by enhancing education and capacity for community members. They plan to reduce opioid use, fentanyl use, and overdose through culturally and linguistically appropriate messaging, informational campaigns, and youth-led programming. They will partner with METRO, Borland Free Clinic, and provide overdose prevention and naloxone training.	No		Prevention, Harm reduction	105,987	
Recovery Network of Oregon project of OregonRecovers	The Recovery Network of Oregon, a centralized navigation system for addiction recovery services in Oregon, is proposing to expand its reach across Clackamas County. The proposal includes a pilot program that installs tablets loaded with the app in high-traffic rural, youth, and senior spaces., a print and digital campaign, and real-time listing updates for medicalized care and housing providers. The goal is to improve access to care for individuals with substance use disorder.	No		Connection to Care	200,000	
Collective Roots APG	Collective Roots APG is a community-based program that provides support, prosocial activities, and case management for adolescents struggling with substance use and self-destructive behaviors. It helps families during the first 18 months to 4 years of recovery, involving family participation in early intervention and structured activities. The proposal aims to shape a new peer group, make sobriety more fun, and help families heal.	NO		Prevention, Harm Reduction, Connection to Care & Recovery Support	200,000	
Community Living Above	Community Living Above is implementing The KnowYourNeuro.org program, to equip students with knowledge and tools to navigate adolescence effectively. The program, based on neuroscience principles, includes staff training, interactive presentations, and family involvement. It aims to develop critical executive functions like decision-making, self-regulation, and emotional control.	NO		Prevention	200,000	
Song for Charlie	Oregon teen drug deaths increased in the 12 months ending June 2023, with fentanyl being the most common drug involved. However, only 66% of parents are knowledgeable about fentanyl. SFC, a nonprofit, and Clackamas County-based organizations, Community Living Above and Harmony Academy Recovery High School, plan to educate more families through PSAs and a social media strategy. The program will provide parents with knowledge, resources, and tools to discuss fentanyl's dangers and protect their youth.	NO		Prevention	163,300	

Collective Roots (Suspension)	The funding will be used to support a project with Community Living Above (CLA) to implement an alternative-to-suspension program in the West Linn/Wilsonville School District for substance-related infractions on campus. The program will provide educational resources, support services, and guidance to both youth and their families, aiming to prevent escalation of substance abuse problems.	NO		Prevention, Harm Reduction, Connection to Care & Recovery Support	200,000	
The Insight Alliance	The Insight Alliance, assists justice-involved individuals aged 12-80 to overcome incarceration and post-incarceration barriers. They offer culturally relevant services focusing on resilience and well-being. Their flagship program, "Insight to Well-being," reduces risk factors for destructive thinking, addiction, violence, and depression, based on the 3 Principles Paradigm, which has been internationally successful in reducing violence and mental health issues.	No		Prevention	200,000	
NW Resiliency Project	NW Resiliency Project is a community-driven initiative promoting mental health education and resilience-building strategies for all age groups. It focuses on early intervention in preventing substance abuse among youth, covering stress management, coping skills, emotional regulation, and healthy relationships. Collaboration with local schools and professionals empowers individuals and families.	NO		Prevention, Harm Reduction	200,000	
RAJ Consultants	RAJ Consultants' Criminal Justice Interventions Program offers comprehensive support to individuals with Substance Use Disorder (SUD) in the justice system. The program aims to improve public safety, promote rehabilitation, and reduce recidivism by addressing care gaps, offering substance use prevention, early intervention, targeted treatment, and recovery support, with collaborations with local organizations.	NO		Prevention	200,000	
NW Treatment	The proposal proposes funding to expand specialized training for three staff members, increase trauma response training, and create a new position to better serve clients. The services will include Dialectical Behavior Therapy and Eye Movement Desensitization and Reprocessing, and bilingual services, including training a Peer Specialist in Spanish.	NO		Treatment	179,081	
Father's Heart Street Ministry	The funding will be utilized to reserve a bed at Jackson House for dual-diagnosed individuals on the Clackamas County CIT list. The multi-disciplinary, multi-agency team will be able to make arrangements for the next steps toward permanent housing during this period of stabilization.	No		Harm Reduction, Connection to Care	100,000	
LoveOne	In connection with the Fathers Heart, this funding will be utilized to reserve a bed at Jackson House for dual-diagnosed individuals on the Clackamas County CIT list. This will serve as a period of stabilization while the multi-disciplinary, multi-agency team makes preparations for the subsequent steps toward permanent housing.	No		Harm Reduction, Connection to Care	100,000	

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*”).¹⁴

- 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.

¹⁴ 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:¹⁵

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.

¹⁵ 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 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.
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 medication 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 (“*PAARP*”);
 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 (“*CTP*”), 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.