Indiana Family and Social Services Administration
Annual Opioid Settlement Report – Fall 2023

The State of Indiana is set to receive approximately $507 million over an 18-year period as part of a national settlement with opioid distributors AmerisourceBergen, Cardinal Health, and McKesson, and opioid manufacturer Johnson & Johnson. The settlements are governed by IC 4-6-15.

Under the terms of the statute governing distribution, these funds are distributed in the following manner:

(1) Fifteen percent (15%) to the state unrestricted opioid settlement account established by IC 4-12-16.2-5(1) for the benefit of the state.

(2) Fifteen percent (15%) to the local unrestricted opioid settlement account established by IC 4-12-16.3-5(1) for distribution as reimbursement to cities, counties, and towns according to a weighted distribution formula identified in settlement documents that accounts for opioid impacts in communities.

(3) Thirty-five percent (35%) to the state abatement opioid settlement account established by IC 4-12-16.2-5(2) to be used for statewide treatment, education, and prevention programs for opioid use disorder and any co-occurring substance use disorder or mental health issues as defined or required by the settlement documents or court order (Attachment E).

(4) Thirty-five percent (35%) to the local abatement opioid settlement account established by IC 4-12-16.3-5(2) for distribution to cities, counties, and towns according to a weighted distribution formula identified in settlement documents that accounts for opioid impacts in communities. However, if a city's or town's annual distribution under this subdivision is:
   a. for a distribution made before July 1, 2023, less than one thousand dollars ($1,000); or
   b. for a distribution made after June 30, 2023, less than five thousand dollars ($5,000)

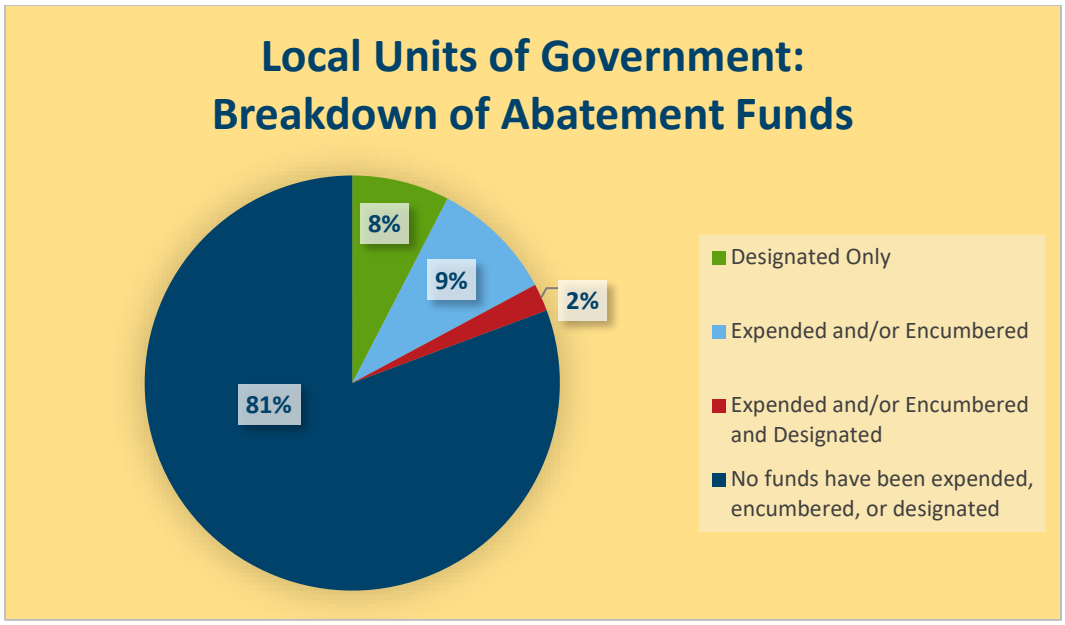
   the city's or town's annual distribution must instead be distributed to the county in which the city or town is located. Distributions under this subdivision may be used only for programs of treatment, prevention, and care that are best practices as defined or required by the settlement documents or court order (Attachment E).

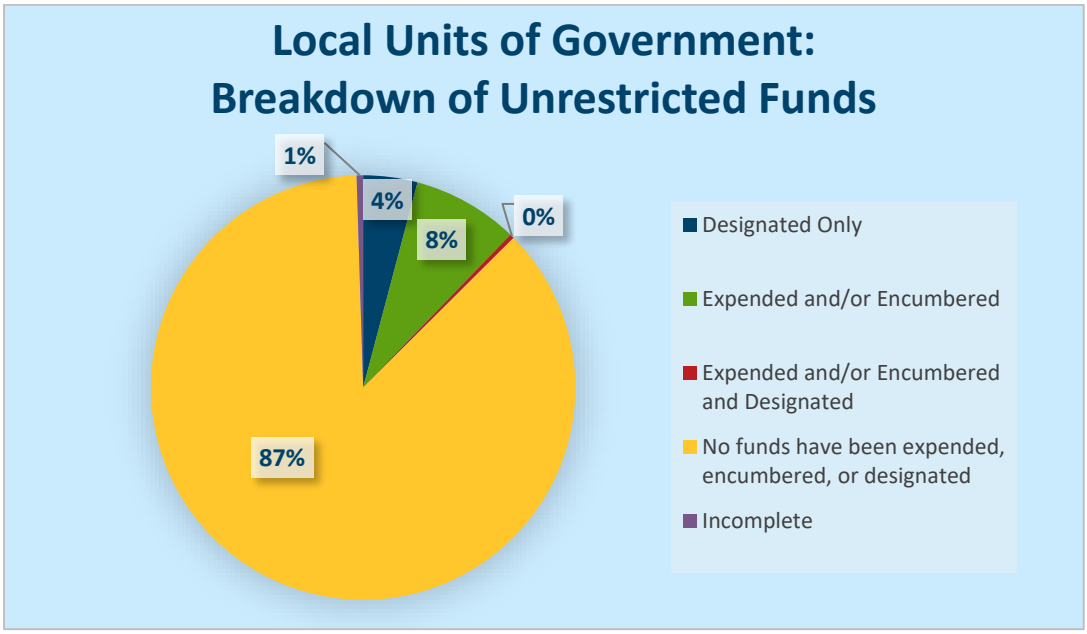
Pursuant to IC 4-6-15-4, the Indiana Family and Social Services Administration (FSSA) must submit an annual comprehensive report of the use of all opioid settlement funds, including funds received by local units of government, to the Indiana General Assembly.

In December 2022, the State of Indiana and 648 local units of government received a combined $107,381,021.29 as part of the 18-year settlement agreement. These funds were split 50-50 between the State and all 648 local units of government, then further split into unrestricted and abatement accounts:

- State Unrestricted Share: $16,107,153.20
- Local Unrestricted Share: $16,107,153.19
- State Abatement Share: $37,583,357.46
- Local Abatement Share: $37,583,357.44

All local units of government that received funds from the National Opioid Settlement were required to report their use of funds received between July 31, 2022, and August 1, 2023, no later than September 15, 2023, to FSSA using an online reporting form. Of the 648 local units of government, 606 towns, cities, and counties reported their use of funds. The following is a breakdown of how the local units of government reported their use of funds:





The Office of Drug Prevention, Treatment, and Enforcement in partnership with the Indiana Family and Social Services Administration - Division of Mental Health and Addiction and the Indiana Department of Health collaborated to develop a plan (Attachment B) for how the State of Indiana will spend the state's 2022-2024 abatement share of the national opioid settlement with distributors McKesson, Cardinal Health and AmerisourceBergen and manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson.

The State Budget Committee approved this plan, as required by IC 4-12-16.2-5(2), at the December 15, 2022, meeting. During the reporting period of August 1, 2022, to July 31, 2023, FSSA expended $18,939,819.15 total. This includes:

- State Opioid Settlement Match Grant: $18,829,819.15 (Attachment C)
- Hope Academy Recovery High School: $110,000 (Attachment D)

Several of the initiatives listed in the State's 2022-2024 spending plan are in process and will be reported in the Fall 2024 Opioid Settlement Report.

In order to support full transparency of the use of opioid settlement funds, all reports will be made public by December 31, 2023.

The following communities did not submit a report by time this report was submitted: Alton, Amboy, Blountsville, Boswell, Burket, Cannelburg, Clifford, Crane, Fairland, Fowlerton, Hardinsburg, Hartsville, Haubstadt, Indian Village, Jonesville, Laurel, Mackey, Mecca, Medora, Mellott, Millhousen, Milltown, Mount Auburn, Mount Carmel, Nashville, New Middletown, Newtown, Oaktown, Onward, Oolitic, Ridgeville, Riley, River Forest, Saltillo, Sidney, St. Paul, Staunton, Town of Pines, Utica, Van Buren, Whitewater, and Wolcottville.

ATTACHMENTS

Attachment A: Local Units of Government Report (separately attached Excel document)

Attachment B: 2022-2024 State Spending Plan

Attachment C: State of Indiana Match Grant Recipients

Attachment D: Hope Academy Scope of Work

Attachment E: Approved Opioid Abatement Uses

ATTACHMENT B:
2022-2024 State Spending Plan

Eric Holcomb, Governor
State of Indiana

Indiana Family and Social Services Administration
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083

The Office of Drug Prevention, Treatment, and Enforcement in partnership with the Indiana Family and Social Services Administration - Division of Mental Health and Addiction and the Indiana Department of Health have collaborated to develop a plan for how the State of Indiana will spend the state portion of funds from the national opioid settlement with distributors McKesson, Cardinal Health and AmerisourceBergen and manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson.

House Enrolled Act 1193, passed by the Indiana General Assembly and signed by Governor Eric J. Holcomb in March 2022, creates a 50/50 state and local split, and defines the intensity metrics for how much money each locality will receive. Ind. Code §4-6-15-4 requires FSSA to submit a distribution plan for review to the State Budget Committee.

The Indiana Commission to Combat Substance Use Disorder has adopted the Johns Hopkins Five Guiding Principles for the Use of Funds from the Opioid Litigation to guide Indiana's spending of the national settlement. The principles are as follows:

1. Spend the money to save lives
2. Use evidence to guide spending
3. Invest in youth prevention
4. Focus on racial equity
5. Develop a fair and transparent process for deciding where to spend the funds.

The plan outlined below is the result of extensive discussion and considers the feedback of internal and external stakeholders representing all regions of the state. The plan was developed in conjunction with existing funding opportunities and is not the sole source of funding for our work. It is intended to complement existing funding streams available to the state (i.e., American Rescue Plan, Recovery Works, State Opioid Response, Overdose Data 2 Action, etc.).

Available funds for FY-2023:
2022 Payment 1: $37,583,357.46
2023 Payment 2: $6,724,825.68
Total: $44,308,183.14

Available funds for FY-2024:
Total: $8,332,591.41

Funding Plan:
Match Program **$25,000,000**
The Indiana Family and Social Services Administration – Division of Mental Health and Addiction (DMHA) in partnership with the Office of Governor Eric J. Holcomb will issue a Request for Funding (RFF), making available a one-time funding opportunity to local units of government to support evidence-based prevention, treatment, recovery, harm reduction,

behavioral health workforce, enforcement, jail treatment, recovery residences, and other services and initiatives in communities throughout the state. Applicants may apply for funding for any of the listed services and initiatives, however priority will be given to applicants who request funds for harm reduction, jail treatment, and recovery residences.

This grant program aims to promote innovative, collaborative, community-driven, cross-sector responses to substance use disorder issues. All applicants must provide matching funds. Matching funds may come from any source, including local distributions from the National Opioid Settlement, Federal ARPP Funds, local general funds, private contributions, or philanthropy dollars. Use of state-issued grants (i.e., Community Catalyst, Accelerator, Community Coordination, etc.) is not permitted for match funds.

Understanding that not every community will receive enough money via the settlement to have a maximum impact, local subdivisions are encouraged to pool together funding and regionalize their efforts. State awards may be greater than or less than the applicant's requested amount or match amount. Final proposals will be judged on the totality of responses.

Treatment **$3,500,000**
Adolescent Residential Infrastructure
Jail Treatment and Recovery Supports
ATLAS – Treatment Locator

Prevention **$4,000,000**
At-risk
School Based
After School Programs

Harm Reduction **$1,500,000**
Street Outreach Teams
Mobile Integrated Response Teams
Naloxone and Harm Reduction Strategies

Enforcement & Justice System **$5,000,000**
Law Enforcement Equipment and Training (SHIELD)
Problem Solving Courts
Services for Justice-Involved Youth

Workforce **$10,000,000**
In coordination with the recommendations from the Governor's Public Health Commission and the Behavioral Health Commission

Administrative Costs **$1,000,000**
Planning
Evaluation
Reporting
Staff – E7 and PD2 positions

ATTACHMENT C:
State of Indiana Match Grant Recipients

Eric Holcomb, Governor
State of Indiana

Indiana Family and Social Services Administration
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083

Opioid Settlement Match Grant Awardee Overview

Recipient	County	Main Objective(s)	Amount Awarded
Allen County: Project.ME, YWCA Northeast, The Lutheran Foundation and Purdue University Fort Wayne	Allen	To provide SUD services and housing to women and women with children (YWCA). To reach areas of high overdose rates through Project.ME's Harm Reduction Street Outreach (HRSO) team. To provide contract oversight and administrative assistance to Allen County awardees (The Lutheran Foundation and Purdue Fort Wayne).	$2,663,724.20
Bridge to Dove	Bartholomew	To purchase property for an Indiana Affiliation of Recovery Residences (INARR) Level IV women's recovery house. Additionally, to cover the cost of interior furnishings for the house.	$324,000
Centerstone	Bartholomew	To provide start-up funding for an Indiana Affiliation of Recovery Residences (INARR) Level III Centerstone Transitional Housing facility. Additionally, to cover the cost of interior furnishings for the facility.	$262,000
Volunteers of America	Bartholomew	To expand an existing Indiana Affiliation of Recovery Residences (INARR) Level II women's recovery housing facility into a Level III facility. This project includes case management for women to develop a plan for recovery and permanent housing.	$132,280
City of Shelbyville	Shelby	To provide funding for uninsured mothers and first responders to access treatment for co-occurring substance use and mental health needs. Funding will also support programming in transition services from the jail into the community.	$406,898

6/13/2023

City of Valparaiso	Porter	To create a Community Recovery Coordinator position to efficiently connect Valparaiso community members with SUD to inpatient recovery services.	$211,335.07
Clark County Health Department	Clark	To support transportation and peer services for individuals in recovery in Clark County.	$442,263
Clinton County Community Collaborative	Clinton	To complete a 16-bed addition to the ONE80 Recovery Resources men's recovery residence, bringing the facility to a total of 32 beds.	$452,000
Community Foundation of Pulaski County, Inc.	Pulaski	To support the county's Community Action Plan by hiring a Prevention Coordinator, establishing a drug court, and expanding services of Intrepid Phoenix paramedicine.	$402,800
Dubois County: Dove Recovery House for Women, Next Steps, Memorial Hospital and Healthcare Center	Dubois	To support transitional and permanent housing for women who are exiting Dove Recovery House. To expand access to recovery housing through rental support at Next Steps Recovery. To expand tele-medicine-based behavioral health support through Memorial Hospital and Healthcare Center. Additionally, to expand interpretation and translation services and supports.	$435,220
Fayette County: House of Ruth and Connection Café	Fayette	To expand services provided by the House of Ruth, including transportation. To reach areas of high overdose rates through Connection Cafe's Harm Reduction Street Outreach (HRSO) team.	$890,000
Floyd County Justice Reinvestment Advisory Council	Floyd	To hire and employ a Jail Transition Coordinator to connect incarcerated individuals to recovery resources upon release.	$180,150
Huntington County Health Department	Huntington	To provide evidence-based curriculum to the local jail and community corrections, including Medication Assisted Treatment and utilization of Peer Recovery Coaches.	$301,574
Jay County Drug Prevention Coalition	Delaware, Jay, and Blackford	To provide reliable transportation to places of employment, SUD and mental health treatment, court, and other services. This includes the purchase of a vehicle.	$190,033

Jennings County	Jennings	To employ a Program Coordinator who can connect individuals to services across the care continuum.	$84,863.00
Kosciusko County	Kosciusko	To purchase a building to serve as a recovery resource center and safe space for individuals in recovery.	$226,500
Marion Health	Grant	To increase safety net and wrap-around support for individuals and families with SUD and mental health concerns utilizing Marion Health services. Additionally, to support the hiring of a psychologist and two licensed therapists to provide psychological and behavioral wrap-around services for adults and youth.	$224,000
Monroe County: Indiana Recovery Alliance and Monroe County Health Department	Monroe	To purchase a building and vehicle for Indiana Recovery Alliance to continue and expand their harm reduction and syringe service program. Additionally, to provide harm reduction supplies to Monroe County Health Department.	$576,000
Muncie Police Department	Delaware	To create a Community Prevention, Engagement, and Navigation Division (CPEN) within the department. This division will hire & employ one licensed social worker and one community engagement officer.	$518,900
Next Level Whitley County: Mission25	Whitley	To construct a new facility for Mission25 recovery housing services.	$3,224,000
One Community One Family	Dearborn and Ripley	To renovate the CARE Resource Center and provide funding for 1Voice's community center. To provide reliable transportation for individuals in recovery to places of employment, SUD and mental health treatment, court, and other services.	$500,000
Our Lady of the Road	St. Joseph	To support the Motels 4 Now (M4N) program which provides shelter and wrap-around services to guests.	$2,562,700
Pathway to Recovery	Marion	To construct the Colts Connection Center, providing recovery housing to 115 residents.	$1,024,000
Safe Haven	Orange	To employ Peer Recovery Coaches who will work with the county jail and provide transportation for individuals in recovery. Additionally, to expand harm reduction services in the community.	$272,870

Schneck Medical Center	Jackson	To support recovery and harm reduction services, and to provide resources for incarcerated individuals in Jackson County.	$600,000
Tippecanoe Regional Opioid Settlement Community Committee	Tippecanoe	To implement a software system to connect multiple community partners to assist in following clients through their recovery. Additionally, to provide support to the Outreach Advocacy Center, where community partners collaborate to provide SUD services. Funds will also support prevention programming in Tippecanoe County.	$550,000
The Recovery Coalition	Montgomery	To purchase a building to serve as a recovery resource center and safe space for individuals in recovery.	$326,500
Three20 Recovery Center	Porter	To reach areas of high overdose rates through Three20 Recovery Center's Harm Reduction Street Outreach (HRSO) team.	$304,000
Warren County Circuit Court	Warren	To provide reliable transportation to places of employment, SUD and mental health treatment, court, and other services. To provide substance use and opioid education to adolescents, prescribers, service providers, and stakeholders to promote prevention and harm reduction.	$164,978
Warsaw-Wayne Fire Territory	Kosciusko	To support the CARES program, which employs a mental health professional to assist first responders when serving individuals with mental health and substance use needs. The CARES program also provides follow-up and referral services to community members who reach out directly for assistance.	$376,231

ATTACHMENT D:
Hope Academy Scope of Work

Scope of Work
Hope Academy
Opioid Settlement Funds
July 1, 2023 – June 30, 2024

Overview

The purpose of this contract is for DMHA to provide Opioid Settlement funds to Hope Academy to provide staff professional development, mental health services, and transportation support.

Staff Professional Development: Hope Academy will send up to three recovery coaches to attend the Association for Recovery Schools conference. Hope Academy will also send five content educators to professional development conferences to build upon the tools necessary to help their students find success. This funding can cover registration fees and travel expenses. Hope Academy will provide a Staff Development report to DMHA when claiming funds for staff professional development.

The report will include, but not limited to:

- conference summary
- registration fees
- travel receipts
- number of staff attended

Mental Health Contract Services: Hope Academy will contract with a provider to provide 12 hours of mental health counseling a week to students for approximately 48 weeks. Hope Academy will provide a Mental Health Services report monthly to DMHA when claiming funds for mental health services.

The monthly report will include, but not limited to:

- how many students served
- demographics of students served
    - age, race, gender identity
- number of sessions for the month

Transportation Support: Hope Academy provides free transportation for nine counties. Funding will provide support to operate the bus routes. Funds can be used for mileage, transportation staff time, and general vehicle maintenance. Hope Academy will provide a Transportation Support report monthly to DMHA when claiming funds for transportation services.

The monthly report will include, but not limited to:

- number of students served
- number of miles driven
- student pickup/drop off zip codes
- general vehicle maintenance receipts
- transportation staff time

Conditions

- Grantee is expected to understand and follow all Additional Terms and Conditions, if included.
- Funds will be paid as detailed in Table below, following successful processing of claims invoice submissions.
- All invoices should be received by the 20th day of the month following the completion of the deliverable, unless otherwise noted. (Example: January monthly invoice is due no later than February 20th.)

- Grantee will submit invoices based on the activities below and will not invoice for amounts in excess of the allowable amount per activity.
- Forms, reports, and other documentation must be submitted along with invoices for consideration of successful completion of each project activity being billed. Invoices submitted without appropriate documentation will not be processed until documentation is received. Documentation required to be submitted with each monthly invoice and the corresponding line items are detailed in this document.
- Once contract is executed, an FSSA claims packet and claims form with instructions will be emailed to the appointed designee. Please follow all instructions on that form.
- Grantee is expected to "carbon copy" (CC) contract owner at DMHA when emailing claims for approval.

Table 1: SFY23

Project Activity/ Cost	Due Date	Unit	Total Units	Unit Rate	Maximum Allowed	Documentation for Invoicing
Staff Professional Development	July 2023 – June 2024	Actual Cost			$20,000	Staff Development Report that includes info describe in Overview Section of this SOW
Mental Health Contract Service	July 2023-June 2024 Monthly	Each	12	$6,000	$72,000	Mental Health Service Report that includes info describe in Overview Section of this SOW
Transportation Support	June 2023 -July 2024 Monthly	Each	12	$1,500	$18,000	Transportation Report that includes info describe in Overview Section of this SOW
				Total	$110,000	

Funding Source(s)

Award/Fund Description	State Fund #	Amount
FSSA/DMHA Opioid Settlement	57895	$110,000

ATTACHMENT E:
Approved Opioid Abatement Uses

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 mediation with other support services.

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

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

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

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

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

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

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

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

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

14. Create and/or support recovery high schools.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART TWO: PREVENTION

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

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

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

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

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

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

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

1. Increase the number of prescribers using PDMPs;

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

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

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

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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

1. Funding media campaigns to prevent opioid misuse.

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

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Public education relating to emergency responses to overdoses.

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

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

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

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

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

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

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

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

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

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

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

J. LEADERSHIP, PLANNING AND COORDINATION

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

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

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

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

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

K. TRAINING

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

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

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

L. RESEARCH

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

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

2. Research non-opioid treatment of chronic pain.

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

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

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

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

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

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

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