AGREEMENT BY AND BETWEEN THE COUNTY OF CHAMPAIGN, ILLINOIS AND CHAMPAIGN URBANA PUBLIC HEALTH DISTRICT REGARDING THE USE OF OPIOID SETTLEMENT FUNDS FOR THE PURCHASE OF HARM REDUCTION SUPPLIES

This **AGREEMENT** is entered into by and between the County of Champaign, Illinois ("County"); and Champaign Urbana Public Health District ("CUPHD") hereinafter collectively referred to as "the Parties", regarding funding for harm reduction supplies effective on the last date signed by a Party hereto.

Witnesseth:

WHEREAS, units of local government had conferred upon them the following powers by Article VII, Section 10, of the 1970 Illinois Constitution:

"(A) Units of local government and school districts may contract or otherwise associate themselves, with the State, with other States and their units of local government and school districts, and with the United States to obtain or share services and to exercise, combine or transfer any power or function, in any manner not prohibited by law or ordinance. Units of local government and school districts may contract and otherwise associate with individuals, associations, and corporations in any manner not prohibited by law or by ordinance. Participating units of government may use their credit, revenues and other resources to pay costs and to service debt related to intergovernmental activities"; and

WHEREAS, the County is a unit of local government within the meaning of Article VII, Section 1 of the Illinois Constitution of 1970 and is authorized to enter into contracts with individuals, associations, and corporations in any manner not prohibited by law or by ordinance; and

WHEREAS, the County wishes to utilize opioid settlement funding to address the opioid crisis and support evidence-based strategies for prevention, treatment, and harm reduction; and

WHEREAS, CUPHD operates a harm reduction program aimed at reducing the spread of infectious diseases and preventing overdoses through the distribution of sterile syringes and other resources; and

WHEREAS, harm reduction, especially syringe exchange programs, help to reduce the spread of diseases such as Hepatitis C, HIV and AIDS that are highly communicable and expensive to treat by providing sterile syringes, therefore reducing shared materials; and

WHEREAS, the Illinois Department of Public Health (IDPH) has provided funding in the amount of $15,000.00 to support CUPHD's harm reduction programming, but CUPHD estimates a funding gap of $12,000-$15,000.00 to purchase the anticipated necessary sterile syringes for one year; and

WHEREAS, the County recognizes the importance of harm reduction as a public health strategy and wishes to allocate a portion of its opioid settlement funds to support CUPHD's program; and

WHEREAS, both Parties agree that this funding will enhance community health outcomes and align with the intended use of Opioid Settlement Funds per Attachments C and D, List of Opioid Remediation Uses and Approved Uses of Opioid Settlement Funds; and

WHEREAS, such provision of Opioid Settlement funding shall be construed as a subaward, with CUPHD as the subrecipient, and this Agreement construed as a subrecipient agreement; and

NOW, THEREFORE, in consideration of the premises and the mutual covenants hereafter set forth, the Parties agree as follows:

Section 1. PREAMBLE

The foregoing preambles are hereby incorporated into this Agreement as if fully restated in this Section 1.

Section 2. COUNTY agrees to the following:

a. COUNTY shall provide CUPHD a one-time payment of ___$15,000_____ in opioid settlement funding to assist with purchasing harm reduction supplies for Champaign County opioid-impacted individuals. CUPHD acknowledges that this is a one-time payment and that future funding must be formally requested.

b. COUNTY shall provide CUPHD a copy of Final Distributor Settlement Agreement (Schedules A and B of Exhibit E of the Opioid Settlement Agreement, attached hereto and) incorporated by reference herein as Attachment C and/or D, and shall provide CUPHD with updates as to any additional terms, conditions, or related communications from the Illinois Department of Human Services and by the Illinois Office of Opioid Settlement Administration within.

Section 3. CUPHD agrees to the following:

a. CUPHD agrees to utilize the $15,000 in opioid settlement funding from the County to purchase harm reduction supplies, specifically sterile syringes, to meet their anticipated need for one year.

b. CUPHD agrees to use the funds exclusively for the purchase of harm reduction supplies,

including but not limited to sterile syringes, fentanyl test strips, naloxone, wound care materials, and other harm reduction tools that align with public health best practices to serve opioid-impacted individuals. Funds shall not be used for administrative expenses, salaries, lobbying activities, or any other purpose outside the scope of harm reduction services and the approved uses outlined in Attachment D of this agreement.

c. CUPHD agrees to comply with all applicable federal, state, and local statutes, rules, regulations, and guidelines governing the use, management, and reporting of opioid settlement funds, including all requirements set forth in Attachments C and D by the Illinois Department of Human Services and by the Illinois Office of Opioid Settlement Administration within.

d. CUPHD agrees to complete the reporting form attached as Attachment B on a quarterly basis for one year from the date the funds are disbursed and provide it to the Opioid Settlement Task Force; should the Task Force cease to exist the reporting form shall be provided to the Champaign County Board Justice and Social Services Committee. The Champaign County Board or any of its committees may request an in-person review of the reporting form and services provides by CUPHD at any point during the year.

e. CUPHD certifies that it is not debarred, suspended, proposed for debarment or permanent inclusion on the Illinois Stop Payment List, declared ineligible, or voluntarily excluded from participation in the award as set forth in Attachments C and D or in this Agreement by any federal department or agency, or by the State of Illinois.

Section 4. Terms & Conditions:

a) Compliance

CUPHD shall comply with all applicable federal, state, and local laws and regulations related to harm reduction services, including the lawful distribution of syringes and naloxone.

b) Record-Keeping

CUPHD shall maintain records of all purchases made with the provided funds for a minimum of 3 years and shall make such records available to the County upon request. The County may conduct a financial or programmatic review to verify the appropriate use of provided funds.

c) Independent Status

CUPHD acknowledges that it is acting as an independent entity and not as an agent, employee, or representative of Champaign County Government. This AGREEMENT does not create any legal partnership or joint venture between the parties.

d) Amendments

This AGREEMENT may be amended only by writing signed by both parties.

e) Duration; Termination

The AGREEMENT shall remain in effect for one year from the date of payment. The County reserves the right to terminate this Agreement if CUPHD fails to meet its obligations.

f) Repayment and Misuse of Funds

If CUPHD is found to have used funds for unauthorized purposes, fails to provide the required report, or ceases to provide harm reduction services during the AGREEMENT period, the County reserves the right to request repayment of funds in whole or in part.

g) Indemnification

Each Party agrees to indemnify and hold harmless the other Party and its affiliates, officers, agents, employees, and permitted successors and assigns against any and all claims, losses, damages, liabilities, penalties, punitive damages, expenses, reasonable legal fees and costs of any kind or amount whatsoever, to the extent they result from the negligence of the Indemnifying Party or its permitted successors and assigns in connection with the services provided under this Agreement, or to the extent they result from the breach of this Agreement by the Indemnifying Party. This indemnification and hold harmless obligation shall remain in full force and effect even after termination of the Agreement by its natural termination or the early termination by either party.

SIGNATURE PAGE

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized officers on the date(s) below.

The County of Champaign, Illinois

Approved: _____ Date: March 24, 2025

Steve Summers
County Executive
Champaign County

Approved: _____ Date: 3/24/2025

Jennifer Locke
Board Chair
Champaign County

Champaign-Urbana Public Health District

Approved: _____ Date: 03/31/2025

Julie Pryde
Public Health Administrator

Approved: _____ Date: _____

Joe Trotter
Harm Reduction Program Coordinator

Attachment A: CUPHD's Request

2/4/2025

Subject: Funding Request for Harm Reduction Program

To the Opioid Settlement Task Force,

The Champaign-Urbana Public Health District is requesting funding for the Harm Reduction program, which aims to reduce risks associated with substance use in our community. Our evidence-based approach focuses on providing life-saving resources, including overdose prevention, safe use education, access to clean supplies, and connections to treatment and support services.

Our program is currently experiencing a shortage of syringes. In the past, we have acquired syringes through grant funding and syringes purchased directly by Illinois Department of Public Health. In 2023 our program distributed our largest number of syringes at 300,000. Unfortunately, IDPH was only able to provide 15,000 of those syringes. In 2024, we received $15,000 in grant funding for syringes, but this still puts us behind the estimated total of $27,000 needed.

With $12,000 in funding, we will continue our outreach efforts, enhance service accessibility, and improve health outcomes for vulnerable populations. Your support will directly contribute to reducing overdose rates, preventing the spread of infections, and promoting overall public health and safety.

We welcome the opportunity to discuss how your investment can make a meaningful impact. Thank you for your time and consideration.

Sincerely,

Joe Trotter
Harm Reduction Program Coordinator
Champaign-Urbana Public Health District
201 W. Kenyon Rd.
Champaign, IL 61820
217-531-5370

Year	Total Syringes Distributed	Champaign County Only	% to Champaign County
2020	124536	112000	90%
2021	212610	198000	93%
2022	232331	208000	90%
2023	301437	254000	84%
2024	240527	180000	75%

Looks like 75% to 93% percent of all syringes distributed goes to Champaign County.

Attachment B: Reporting Form

Reporting form for harm reduction supplies distributed in Champaign County from May 01, 2025 through April 30, 2026 per use of opioid settlement funds.

Reporting Period 2/1/26 to 4/30/26

Submission Date: March 4, 2025

Contact Person:

Phone Number:

Email Address:

1. Total Distribution Data:
    a. The total number of harm reduction materials purchased with County-provided opioid settlement funds.
    b. The total number of syringes and other applicable harm reduction materials distributed to Champaign County program participants.
        i. The total number of syringes and other applicable harm reduction materials distributed to CUPHD program participants (not limited to Champaign County).
2. Geographic Distribution Analysis
    a. A ranking of zip codes served, based on highest number of requests and distribution.
    b. A breakdown of distribution by zip code, including the numbers of individuals served in each area in Champaign County.
3. Program Insights:
    a. Any notable trends in service demand.
    b. Challenges or barriers encountered in implementing the program.
    c. Any relevant participant feedback or observed outcomes.

By signing, I certify that the information provided in this report is accurate to the best of my knowledge.

X _____ March 4, 2025

Name, Title

Attachment C: List of Opioid Remediation Uses

Final Distributor Settlement Agreement – Exhibit E

Schedule A Core Strategies

Settling States and Exhibit G Participants may choose from among the abatement strategies listed in Schedule B. However, priority may be given to the following core abatement strategies ("*Core Strategies*").[1]

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

NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

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

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

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

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

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

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

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.

PREGNANT & POSTPARTUM WOMEN

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

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

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

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

Expand comprehensive evidence-based 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.

EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

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

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

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

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

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

TREATMENT FOR INCARCERATED POPULATION

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

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

PREVENTION PROGRAMS

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

Funding for evidence-based prevention programs in schools;

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

Funding for community drug disposal programs; and

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.

EXPANDING SYRINGE SERVICE PROGRAMS

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.

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

Attachment D: Approved Uses of Opioid Settlement Funds

Final Distributor Settlement Agreement – Exhibit E

Schedule B Approved Uses

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

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:

TREAT OPIOID USE DISORDER (OUD)

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

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.

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.

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.

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.

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.

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.

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

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.

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

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

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.

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.

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

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

SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

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

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.

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

Provide 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.

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

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.

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

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

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.

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

Provide 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.

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

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

Create and/or support recovery high schools.

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

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

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

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

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

Provide 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.

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

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

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

Support 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.

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

Support 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.

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.

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

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.

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

Support assistance programs for health care providers with OUD.

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

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

ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

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

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

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

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

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

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

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

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

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

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

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

Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any 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.

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

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

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

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal

abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Increase the number of prescribers using PDMPs;

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

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

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

Increasing electronic prescribing to prevent diversion or forgery.

Educating dispensers on appropriate opioid dispensing.

PREVENT MISUSE OF OPIOIDS

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

Funding media campaigns to prevent opioid misuse.

Corrective advertising or affirmative public education campaigns based on evidence.

Public education relating to drug disposal.

Drug take-back disposal or destruction programs.

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

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

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

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

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

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

Support 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.

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.

PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

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

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

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

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

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

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

Public education relating to emergency responses to overdoses.

Public education relating to immunity and Good Samaritan laws.

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

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

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

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

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

Supporting screening for fentanyl in routine clinical toxicology testing.

FIRST RESPONDERS

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

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

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

LEADERSHIP, PLANNING AND COORDINATION

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

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

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

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

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

TRAINING

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

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

Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any 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.).

RESEARCH

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

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

Research non-opioid treatment of chronic pain.

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

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

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

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

Epidemiological surveillance of 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.

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

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