

# County Settlement Allocation Reporting

**As a Pennsylvania county or subdivision receiving monies from the National Opioid Settlement, please answer the following questions regarding use of settlement dollars between August 1, 2022 and December 31, 2023.**

**Note: This information shall be made public.**

**This survey is for [munic\_resp].**

Reporting Period Start Date:

For the Baseline report please use August 1, 2022.

Reporting Period End date:

For the Baseline report please use December 31, 2023.

According to our records, your county/subdivision has received \$\_\_\_\_\_ from the Wilmington Trust.

- Yes  
 No

Is this accurate?

Please enter the amount that your county/subdivision has received from your records.

\_\_\_\_\_  
(Provide exact amount (including cents), do NOT use a comma.)

What is the total amount of settlement funds remaining from the previous reporting period(s)?

(This should be the same amount reported to the Trust Administrator.)

Note: If this is your first time reporting, enter 0.00.

\_\_\_\_\_  
(Provide exact amount (including cents), do NOT use a comma.)

Participating Subdivisions are required to report any funds not used for opioid remediation to the National Administrators every six (6) months. Has your county or subdivision reported any non-opioid remediation spending during the reporting period?

- Yes  
 No

If yes, please enter the total amount of non-opioid remediation spending reported.

\_\_\_\_\_  
(Provide exact amount (including cents), do NOT use a comma.)

Are you applying for an extension to expend funds further than the 18-month spending window?

- Yes  
 No

**Implemented Remediation Program(s) and Strategy(s)**

**The following set of questions will ask for information and spending for the remediation program(s) your county/subdivision has implemented. Please answer this set of questions for each remediation program. Once all questions are answered you will be prompted if there are additional remediation efforts you need to report. If there are additional remediation efforts to report, select "yes", and complete the required questions.**

**This section will ask you to identify which Exhibit E strategy(s) of the National Opioid Settlement documentation most closely matches your remediation effort.**

**If you are working with other counties/subdivisions on a joint remediation effort, please report your county's/subdivision's dollars spent on the remediation effort. In the notes section, indicate which counties/ subdivisions you are working with on this effort.**

**If you are a county with disbursements to subdivisions, at this time, you will need to report on subdivision remediation efforts and spending, in addition to county level remediation efforts and spending.**

Reference Copy of Schedule A and B

[Attachment: "Exhibit-E-List-of-Opioid-Remediation-Uses.pdf"]

Name of the person completing this survey.

\_\_\_\_\_

Provide the email address of the person entering the survey data.

\_\_\_\_\_

Provide the phone number of the person completing this survey.

\_\_\_\_\_

I am certifying that all funds received and distributed were used in accordance with Exhibit E.

- Yes
- No

Please explain:

Name of the county's primary contact for proposals for services/products related to opioid remediation.

\_\_\_\_\_

County's primary contact email address:

\_\_\_\_\_

Phone number of the county's primary contact:

\_\_\_\_\_

**Current remediation program**

Provide the name of the remediation program/strategy.

\_\_\_\_\_

Provide the name of the organization managing the remediation program/strategy.

\_\_\_\_\_

Provide the name of the individual managing the remediation program/strategy.

\_\_\_\_\_

Provide the program/strategy manager's phone number.

\_\_\_\_\_

Provide the program/strategy manager's email address.

\_\_\_\_\_

How much of your county's/subdivision's total allocation was spent on this remediation during this reporting period?

\_\_\_\_\_  
(Provide exact amount (including cents), do NOT use a comma.)

"Spent" is those funds that have been paid for the purposes of this program.

How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?

\_\_\_\_\_  
(Provide exact amount (including cents), do NOT use a comma.)

"Committed" is those funds that have a signed or awarded contract or memorandum of understanding but not yet spent. Do not include spent funds in this amount.

Was this remediation program in place prior to receiving the Opioid funding?

- Yes
- No

When did this program begin?

\_\_\_\_\_

Will you be reporting information on the remediation program/strategy using Schedule A or B?

- Schedule A
- Schedule B

Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation ([remed\_name])? You may select up to 3 options.

- A. Naloxone or other FDA-Approved Drug to Reverse Opioid overdoses
- B. Medication-assisted Treatment ("MAT") Distribution and other Opioid-Related Treatment
- C. Pregnant & Postpartum Women
- D. Expanding Treatment for Neonatal Abstinence Syndrome ("NAS")
- E. Expansion of Warm Hand-off Programs and Recovery Services
- F. Treatment for Incarcerated Population
- G. Prevention Programs
- H. Expanding Syringe Service Programs
- I. Evidence-based Data Collection and Research Analyzing the Effectiveness of the Abatement Strategies within the State

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Select the specific Exhibit E -- Schedule A Approved Remediation ([remed\_name]).

- 1. Expand training for first responders, schools, community support groups and families.
- 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

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Select the specific Exhibit E -- Schedule A Approved Remediation ([remed\_name]).

- 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.
- 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.

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Select the specific Exhibit E -- Schedule A Approved Remediation ([remed\_name]).

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

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Select the specific Exhibit E -- Schedule A Approved Remediation ([remed\_name]).

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

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Select the specific Exhibit E -- Schedule A Approved Remediation ([remed\_name]).

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

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Select the specific Exhibit E -- Schedule A Approved Remediation ([remed\_name]).

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

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Select the specific Exhibit E -- Schedule A Approved Remediation ([remed\_name]).

- 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.
- 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.

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Select the specific Exhibit E -- Schedule A Approved Remediation ([remed\_name]).

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.

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Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation ([remed\_name])? You may select up to 3 options.

- A. Treat Opioid Use Disorder (OUD)  
 B. Support People in Treatment and Recovery  
 C. Connect People Who Need Help to the Help They Need (Connections to Care)  
 D. Address the Needs of Criminal Justice-Involved Persons  
 E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome  
 F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids  
 G. Prevent Misuse of Opioids  
 H. Prevent Overdose Deaths and Other Harms (Harm Reduction)  
 I. First Responders  
 J. Leadership, Planning and Coordination  
 K. Training  
 L. Research

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Select the specific Exhibit E -- Schedule B Approved Remediation ([remed\_name]). You may select up to 3 options.

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.  
 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.  
 99. Other

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If other, please explain.

Select the specific Exhibit E -- Schedule B Approved Remediation ([remed\_name]). You may select up to 3 options.

- 1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
- 2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
- 3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
- 4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
- 5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
- 6. Provide community support services, including social and legal services, to assist in deinstitutionalizing 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.
- 99. Other

If other, please explain.

Select the specific Exhibit E -- Schedule B Approved Remediation ([remed\_name]).

You may select up to 3 options.

- 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.
- 99. Other

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If other, please explain.

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Select the specific Exhibit E -- Schedule B Approved Remediation ([remed\_name]). You may select up to 3 options.

- 1. 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: Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("PAARI").
- 1. 2. 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: Active outreach strategies such as the Drug Abuse Response Team ("DART") model.
- 1. 3. 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: "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.
- 1. 4. 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: Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("LEAD") model.
- 1. 5. 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: Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative.
- 1. 6. 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: 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.
- 99. Other

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If other, please explain.

Select the specific Exhibit E -- Schedule B Approved Remediation ([remed\_name]). You may select up to 3 options.

- 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.
- 99. Other

If other, please explain.

Select the specific Exhibit E -- Schedule B Approved Remediation ([remed\_name]). You may select up to 3 options.

- 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. 1. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that: Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that.
- 5. 2. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that: 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.
- 5. 3. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that: 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.
- 99. Other

If other, please explain.



Select the specific Exhibit E -- Schedule B Approved Remediation ([remed\_name]). You may select up to 3 options.

- 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.
- 99. Other

If other, please explain.

Select the specific Exhibit E -- Schedule B Approved Remediation ([remed\_name]). You may select up to 3 options.

- 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.
- 99. Other

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If other, please explain.

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Select the specific Exhibit E -- Schedule B Approved Remediation ([remed\_name]). You may select up to 3 options.

- 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.
- 99. Other

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If other, please explain.

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Select the specific Exhibit E -- Schedule B Approved Remediation ([remed\_name]). You may select up to 3 options.

- 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.
- 99. Other

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If other, please explain.

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Select the specific Exhibit E -- Schedule B Approved Remediation ([remed\_name]). You may select up to 3 options.

- 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.).
- 99. Other

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If other, please explain.

Select the specific Exhibit E -- Schedule B Approved Remediation ([remed\_name]). You may select up to 3 options.

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.
99. Other

If other, please explain

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

What other source(s) of funding are being used?

- Organization  
 Municipal  
 County  
 State  
 Federal  
 Other

Check all that apply.

Please enter the amount received from other funding source(s).

(This question is voluntary and not required.)

\_\_\_\_\_  
(Provide exact amount (including cents), do NOT use a comma.)

Is this remediation ([remed\_name]) effort still active?

- Yes  
 No

If known, please provide the date that this remediation program became inactive, and further information on why this program is no longer active (e.g., other funding picked up this program, the program was ineffective, etc.)

Does this effort have a dual role? For example, does the remediation target treating opioid use and treatment of a mental health diagnosis.

- Yes  
 No

If yes, please explain the dual role of the remediation effort.

---

What percentage of the funds used in this dual role program are from this opioid settlement funds for this reporting period? \_\_\_\_\_

---

If able, please upload any relevant background information about this program such as a brief description, RFP (Request for Proposal), or other informative materials.

---

Provide any other notes or comments about this remediation program/strategy. (For example, a link to a URL.)

---

Does your county/subdivision have additional remediation program/strategies to report?  Yes  No

---

The Total Amount spent from settlement funds on all remediation programs that you have entered is  $[\text{total\_remed\_spent\_total}]$ . Please review and indicate whether you agree that this is the total spent.  Yes  No

Spent funds are those funds that have been paid for the purposes of these programs.

---

Please enter an alternate spent total if you disagree:

\_\_\_\_\_  
(Provide exact amount (including cents), do NOT use a comma.)

---

The Total Amount committed from settlement funds to all remediation programs that you have entered is  $[\text{total\_remed\_commit\_total}]$ . Please review and indicate whether you agree that this is the total committed.  Yes  No

"Committed" is those funds that have a signed or awarded contract or memorandum of understanding but not yet spent.

---

Please enter an alternate committed total if you disagree:

\_\_\_\_\_  
(Provide exact amount (including cents), do NOT use a comma.)

## Future Plans

Note: Program information listed in this section is for reference only. This information will be reviewed by the Trust and will not be made public.

Does your county/subdivision have any future plans or ideas on approaches to spend settlement monies that have not been implemented to date?  Yes  No

Name of Future Plan: \_\_\_\_\_

What is the total budgeted cost of the future remediation program/strategy? \_\_\_\_\_ (Provide exact amount (including cents), do NOT use a comma.)

Does your county/subdivision have sufficient information to complete a Schedule A or B report for future plan?  Yes  No

Provide any additional notes or comments about future remediation program/strategy.

Will you be reporting information on a future remediation program/strategy using Schedule A or B?  Schedule A  Schedule B

Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the future remediation? You may select up to 3 options.

- A. Naloxone or other FDA-Approved Drug to Reverse Opioid overdoses
- B. Medication-assisted Treatment ("MAT") Distribution and other Opioid-Related Treatment
- C. Pregnant & Postpartum Women
- D. Expanding Treatment for Neonatal Abstinence Syndrome ("NAS")
- E. Expansion of Warm Hand-off Programs and Recovery Services
- F. Treatment for Incarcerated Population
- G. Prevention Programs
- H. Expanding Syringe Service Programs
- I. Evidence-based Data Collection and Research Analyzing the Effectiveness of the Abatement Strategies within the State

Select the specific Exhibit E -- Schedule A Approved future Remediation

- 1. Expand training for first responders, schools, community support groups and families.
- 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

Select the specific Exhibit E -- Schedule A Approved future Remediation

- 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.
- 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.

---

Select the specific Exhibit E -- Schedule A Approved future Remediation.

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

Select the specific Exhibit E -- Schedule A Approved future Remediation

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

Select the specific Exhibit E -- Schedule A Approved future Remediation

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

Select the specific Exhibit E -- Schedule A Approved future Remediation

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

Select the specific Exhibit E -- Schedule A Approved future Remediation

- 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.
  - 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.
- 

Select the specific Exhibit E -- Schedule A Approved future Remediation

- 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.

Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the future remediation?

You may select up to 3 options.

- A. Treat Opioid Use Disorder (OUD)
- B. Support People in Treatment and Recovery
- C. Connect People Who Need Help to the Help They Need (Connections to Care)
- D. Address the Needs of Criminal Justice-Involved Persons
- E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
- F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
- G. Prevent Misuse of Opioids
- H. Prevent Overdose Deaths and Other Harms (Harm Reduction)
- I. First Responders
- J. Leadership, Planning and Coordination
- K. Training
- L. Research

Select the specific Exhibit E -- Schedule B Approved future Remediation.

You may select up to 3 options.

- 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.
- 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.
- 99. Other

If other, please explain.

Select the specific Exhibit E -- Schedule B Approved future Remediation. You may select up to 3 options.

- 1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
- 2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
- 3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
- 4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
- 5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
- 6. Provide community support services, including social and legal services, to assist in deinstitutionalizing 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.
- 99. Other

If other, please explain.

Select the specific Exhibit E -- Schedule B Approved future Remediation.  
You may select up to 3 options.

- 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



- 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.
  - 99. Other
- 

If other, please explain.

---

Select the specific Exhibit E -- Schedule B Approved future Remediation.

You may select up to 3 options.

- 1. 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: Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("PAARI").
  - 1. 2. 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: Active outreach strategies such as the Drug Abuse Response Team ("DART") model.
  - 1. 3. 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: "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.
  - 1. 4. 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: Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("LEAD") model.
  - 1. 5. 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: Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative.
  - 1. 6. 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: 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.
  - 99. Other
- 

If other, please explain.

Select the specific Exhibit E -- Schedule B Approved future Remediation.

You may select up to 3 options.

- 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.
- 99. Other

If other, please explain.

Select the specific Exhibit E -- Schedule B Approved future Remediation.

You may select up to 3 options.

- 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. 1. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that: Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that.
- 5. 2. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that: 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.
- 5. 3. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that: 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.
- 99. Other

If other, please explain.

Select the specific Exhibit E -- Schedule B Approved future Remediation.  
You may select up to 3 options.

- 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.
- 99. Other

If other, please explain.

Select the specific Exhibit E -- Schedule B Approved future Remediation.  
You may select up to 3 options.

- 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.
  - 99. Other
- 

If other, please explain.

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Select the specific Exhibit E -- Schedule B Approved future Remediation.  
You may select up to 3 options.

- 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.
  - 99. Other
- 

If other, please explain.

---

Select the specific Exhibit E -- Schedule B Approved future Remediation.  
You may select up to 3 options.

- 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.
  - 99. Other
- 

If other, please explain.

---

Select the specific Exhibit E -- Schedule B Approved future Remediation.  
You may select up to 3 options.

- 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.).
- 99. Other

---

If other, please explain.

---

Select the specific Exhibit E -- Schedule B Approved future Remediation.  
You may select up to 3 options.

- 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.
- 99. Other

---

If other, please explain.

---

Does your county/subdivision have additional future remediation program/strategies to report?

- Yes  
 No

**This is the final page; please remember to click "Submit" (if you are finished) or "Save & Return" (if you wish to return later).**

**A summary of your totals follows. You may wish to print this page for your records.**

According to our records, your county/subdivision has received = \$\_\_\_\_\_

You specified an alternate amount received = \${wt\_disb\_amt\_county}

Amount of funds remaining from previous period = \${rem\_funds}

Amount of non-opioid remediation spending reported = \${non\_opioid\_amt\_calc}

The calculated total spent on all remediation programs = \${total\_remed\_spent\_total}

You specified an alternate total spent = \${total\_remed\_spent\_alt}

The calculated total committed to all remediation programs = \${total\_remed\_commit\_total}

You specified an alternate total committed = \${total\_remed\_commit\_alt}

This is the amount left over from your allocation = \${amt\_left\_over}

Total budgeted for all future plans entered = \${fut\_budg\_tot\_total}