Ordinance No. _____________ Introduced March 4, 2025

AN ORDINANCE OF THE COUNCIL OF THE CITY OF WHEELING WV AUTHORIZING THE CITY MANAGER TO ALLOCATE A PORTION OF THE WV OPIOID SETTLEMENT FUNDS TO ASSIST NORTHWOOD HEALTH SYSTERMS IN PROVIDING OPIOID RELATED ABATEMENT

Section 1. The City of Wheeling, WV is a participating local government in various opioid-related claims which were submitted to the jurisdiction of a panel overseeing the mass litigation proceeding captioned *In Re. (Opioid Litigation, Civil Action No. 21-C-9000 (W.Va. Cir. Ct. Kanawha County)*

Section 2. The City of Wheeling, WV was apportioned a share of the WV MLP Opioid Settlement Funds.

Section 3. The Legal Department of the City of Wheeling, WV believes that the First use proposed by Northwood Health Systems is within the criteria as outlined in the Memorandum of Understanding. *See:* The Legal Department Memorandum attached and incorporated herein.

Section 4. Northwood Health Systems has provided the purpose, background and associated costs for the proposed opioid abatement expenditures of Sixty-Six Thousand Dollars ($66,000.00). For Adding A Peer Recovery Support Specialist to the Assertive Community Treatment Team. Note they propose this annually, however this is a one-time allocation of $66,000.00 *See*: The supporting documentation is attached and incorporated herein. Such expenditures are to enable Northwood to provide a more comprehensive, “wraparound” approach to care, resulting in improved recovery outcomes and sustained success. *See generally:* Approved uses Opioid Settlement Funds-Exhibit A to West Virginia First Memorandum of Understanding; Schedule A- Core Strategies & Schedule B-Approved Uses are attached and incorporated herein.

By the Administration

CITY OF WHEELING

OFFICE OF THE CITY MANAGER
CITY COUNTY BUILDING
1500 CHAPLINE STREET
WHEELING, WEST VIRGINIA 26003
304-234-3617

MEMORANDUM

TO: Robert Herron

FROM: Rosemary Humway-Warmuth

DATE: February 27, 2025

RE: Allocation of portions of the WV Opioid Settlement Funds to assist Northwood Health Systems in providing Opioid Related Abatement.

The City of Wheeling, WV is a participating local government in various opioid-related claims which were submitted to the jurisdiction of a panel overseeing the mass litigation proceeding captioned *In Re. (Opioid Litigation, Civil Action No. 21-C-9000 (W.Va. Cir. Ct. Kanawha County).* The City of Wheeling, WV was apportioned a share of the WV MLP Opioid Settlement Funds.

The Legal Department of the City of Wheeling, WV believes that the First use proposed by Northwood Health Systems is within the criteria as outlined in the Memorandum of Understanding controlling the agreed use of the opioid settlement funds and that the Second & Third proposed uses do not, as explained in this Legal Department Memorandum attached and incorporated herein.

Northwood Health Systems has provided the purpose, background and associated costs for the proposed opioid abatement expenditures of Sixty-Six Thousand Dollars ($66,000.00). For Adding A Peer Recovery Support Specialist to the Assertive Community Treatment Team. Note they propose this annually, however this is a one-time allocation of $66,000.00 *See*: The supporting documentation is attached and incorporated herein. Such expenditures are to enable Northwood to provide a more comprehensive, "wraparound" approach to care, resulting in improved recovery outcomes and sustained success. *See generally:* Approved uses Opioid Settlement Funds-Exhibit A to West Virginia First Memorandum of Understanding; Schedule A-Core Strategies & Schedule B-Approved Uses. Similarly for the Second (Monetary Stipends to

Select Wheeling Employers) & Third (Naloxone Vending Machines for Public Access) the explanation of the belief as to why these are not appropriate allocations are also provided along with specific areas of concern which are included in the City Legal Department's Memorandum.

Proposal #1

Add Peer Recovery to Support Specialist to Assertive Community Treatment Team. See Schedule A- Core Strategies- Section E. Entitled "Expansion of Warm Hand-Off Programs and Recovery Services" Subsection #5- Hiring od additional social workers or other behavior health workers to facilitate expansion above. – One Time Allocation Appropriate use ($66,000.00)

Proposal #2

Stipend for select Wheeling employees willing to employ people in recovery. This request is believed to be outside of the priorities in dispensing the settlement allocations, which are public funds, to private employees as monetary incentives to hire individuals into positions of employment. Regarding the Application of Approved Uses see below:

EXHIBIT A

SCHEDULE A - CORE STRATEGIES

The Parties shall choose from among the abatement strategies listed in Schedule B. **However, priority shall be given to the following core abatement strategies (Core Strategies).**

The support documents of Northwood, as stated, are NOT Core A priority abatement strategies. They lie in Schedule B uses see below:

SCHEDULE B – APPROVED USES

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

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

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.

Job Opportunities, Stipends to " Selected Employers "is not the intent of the MOA . The intention is to provide Recovery & assistance with the Basic Requirements for persons served to be able to Apply for a Job, Not to give Public Money to " Select Employers". The Northwood

Proposal Stretches the Boundaries of Allocation Distribution. Be Cognizant that the City Must Report All Distributions and justify such in Accordance with the Opioid Settlement Memorandum. The City, as all others, must report to the WV State Attorney General and Auditor on Opioid Expenditures Pursuant to the Governing Body Approved Allocations.

In addition to the comments provided earlier in giving stipends to "select employers", the request to have Peer Recovery Support Specialist appears to overlap as already providing wrap-around services such as those noted above such as assisting in job placement and allocating $1000 per employee who obtains 6 months employment. Allocate $50,000.00 for such.

The Legal Department notes that this request falls, if at all, under the Secondary considerations which are not Priority Core Uses and such expenditures of public monies would be difficult to justify as an appropriate allocation of the Opioid Settlement Funds.

Proposal #3

Addition of a Naloxone Vending Machine for public access. First, the few cities and states that have such distribution machines have accompanying legislation which concerns a myriad of legally associated issues and liability issues for all parties which are not the least of the concerns. Such legislation at a State level is relied upon for such dispensing machines which can be associated with dispensing of drug paraphernalia. There are liability issues including potential criminal, civil and professional sanctions. WV does not have legal protections and comprehensive legislation in place such as Michigan or NYC which have vast regulations, requirements, registrations, protocol and oversight. These machines also, as proposed, will dispense other "Hygiene Products". The approximate cost of the start up and for one year is $27,400.00. Nor is this believed to be allowable stating:

Section A.2 indicates funds may be used to "increase distribution (of naloxone) to individuals who are uninsured or whose insurance does not cover the needed services." *Additionally, Schedule B- Approved Uses, Section H contains several bullets indication the proposal is an approved use of the funds.

*As to Core uses although the use of such vending machine "may" increase distribution to uninsured persons, the Legal Department recognizes that the Police Department, fire Department, City/County Health Department are among community agencies that provide such services and in light of the concerns expressed above believe that allocating funds for such machines, which do not currently have established laws to allow such placement is troubling. Also as to this proposal the same concerns as noted in Core B Strategies exist as to whether these machines are of assistance through "evidence-based or evidence-informed programs or strategies.

Proposed Uses for Opioid Settlement Funding

December 12, 2024

Following are three proposals for uses of opioid settlement funding received by the City of Wheeling. These proposals focus on helping people with substance use disorder (SUD), including the homeless population, obtain treatment and begin recovery.

1. Add Peer Recovery Support Specialist to Assertive Community Treatment Team

Peer Recovery Support Specialists (PRSSs) play a vital role in facilitating recovery from substance use disorders. PRSS professionals are trained, certified, and bring the invaluable perspective of their own successful recovery journey to the treatment and recovery process of others. Their lived experience uniquely equips them to extend support beyond traditional clinical settings, reaching individuals in their communities and homes. By providing this personal, relatable guidance, a PRSS enhances the continuum of care and promotes meaningful progress in recovery.

The Assertive Community Treatment (ACT) program operates as a multidisciplinary team composed of a psychiatrist, physician extender, licensed team leader, registered nurse (RN), two counselors, and a bachelor's-level case manager. This team is dedicated to serving individuals in community settings who face severe mental illness, substance use disorders, frequent use of inpatient psychiatric hospitalization or crisis stabilization services, and often homelessness. The ACT program's goal is to deliver intensive, person-centered care—with a "minimum" of four contacts with each client per week—to support stability and independence in the community.

Introducing a substance use disorder (SUD)-focused position within the ACT team represents an exciting opportunity to enhance our program. By incorporating a PRSS, we can deepen our commitment to addressing the needs of individuals living (both housed and unhoused) with substance use disorders. This addition would enable us to provide a more comprehensive, wraparound approach to care, resulting in improved recovery outcomes and sustained success for those we serve in the Wheeling community.

We believe this clearly ties into the core strategies for opioid settlement funds. Schedule A – Core Strategies, Section E.3. indicates funds may be used to "broaden the scope of recovery services to include co-occurring SUD or mental health conditions". Section E.5. also indicates funds may be used to "hire additional social workers or other behavioral health workers to facilitate expansion". In addition this proposal meets one or more approved uses in Schedule B.

The cost of this position with salary, benefits and related expenses would be $66,000 annually.

2. Stipend for Select Wheeling Employers Willing to Employ People in Recovery

According to the US Bureau of Labor Statistics, the unemployment rate in the Wheeling area is roughly 5% over the last 6 months. Doubling this rate for people with substance use disorder (SUD) calculates an estimated 280 unemployed individuals with SUD in the Wheeling area who may be seeking employment.

A frequent barrier to successful recovery from a SUD is getting and keeping a job. Obtaining employment is often challenging for the person in recovery because the employer may be asked to schedule around treatment programs, the person in recovery may have charges that appear on a criminal background check, and the stigma associated with SUDs is itself often a barrier.

We recommend providing stipends to select local employers who are willing to employ people in treatment and recovery from SUDs. The program would be administered by Northwood via a contract or memorandum of understanding with 3 to 4 local employers. Regular reporting on use of the program would be made to the Wheeling City Manager and City Council, and based on that data the program could be reviewed for continued funding annually.

The proposed stipend program would pay employers up to $1,000 per employee hired with a verified SUD who remained employed for at least 6 months. The stipend may be paid only once per year per person employed.

We believe this clearly ties into the approved uses for opioid settlement funds. Schedule B – Approved Uses, Section B.1. indicates funds may be used to "provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing…job placement, job training….".

The cost of this proposal, assuming 50 individuals with SUD obtain employment for six months or longer each year would be $50,000 annually.

3. Addition of a Naloxone Vending Machine for Public Access

The opioid crisis has claimed thousands of lives across our state, creating a dire need for emergency intervention strategies. Naloxone is a life-saving medication used to reverse opioid overdoses, approved by the FDA for over-the-counter use. Increasing access to naloxone has become an essential tool in combating the opioid crisis. This recommendation for a public access Naloxone Vending Machine located in Wheeling recognizes the immediate benefits of the medication, focusing on its role in saving lives, reducing public health costs, and providing a critical opportunity for addiction treatment. Many states have implemented this naloxone distribution strategy and it is paying dividends in reducing overdoses. However, in WV the number of naloxone vending machines deployed is far too few. In fact, the City of Wheeling would become one of the first cities in the state to promote access to naloxone in such an innovative way.

The project would include placing the vending machine in a well-lit public access location (tentatively the front vestibule of Northwood's homeless shelter). The machine would be stocked with naloxone nasal spray overdose reversal kits along with other resources such as fentanyl test strips and various hygiene products – all offered free of charge.

Northwood would be responsible for inventory management of the machine and would bill the city for purchase of more naloxone kits as needed. Each kit would be individually stamped with phone numbers and referral information for local SUD treatment providers.

We believe this clearly ties into the approved uses for opioid settlement funds. Schedule A – Core Strategies, Section A.2. indicates funds may be used to "increase distribution (of naloxone) to individuals who are uninsured or whose insurance does not cover the needed services". Additinoally, Additionally Schedule B – Approved Uses, Section H contains several bullets indicating this proposal is an approved use of the funds.

The cost of this proposal would be $7,000 for the one-time purchase of the machine, and $1,700 per month for supplies. This estimate assumes use of 30 kits per month at $40 per kit, and assumes $500 per month use of other products in the machine.

Conclusion

Northwood firmly believes these proposals will reduce the number of overdoses and increase the number of people who are successfully treated, and recover from substance use disorder. We would be happy to provide additional information with regard to any or all of the above proposals.

EXHIBIT A

SCHEDULE A - CORE STRATEGIES

The Parties shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (**"Core Strategies).**[1]

A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

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

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

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

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

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

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

4. 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.

C. PREGNANT & POSTPARTUM WOMEN

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

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women and 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

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As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs. Priorities will be established by the Opioid Abatement Foundation.

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

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME

1. Expand comprehensive evidence-based treatment and recovery support for NAS babies;

2. Expand services for better continuation of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

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

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

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

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

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

F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

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

G. PREVENTION PROGRAMS

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

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

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

I. LAW ENFORCEMENT

1. Funding for law enforcement efforts to curtail the sale, distribution, promotion or use of opioids and other drugs to reduce the oversupply of licit and illicit opioids, including regional jail fees.

J. RESEARCH

Research to ameliorate the opioid epidemic and to identify new tools to reduce and address opioid addiction. Holistically seek to address the problem from a supply, demand, and educational perspective. Ensure tools exist to provide law enforcement with appropriate enforcement to address needs.

SCHEDULE B - APPROVED USES

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

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

1. Support treatment of Opioid Use Disorder (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 SUB/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 intervention, treatment, and recovery services, offered by qualified professionals and service providers, including but not limited to faith-based organizations or peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. 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. Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach

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[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. Priorities will be established by the Opioid Abatement Foundation.

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

    Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SLTD 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.

11. 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.

12. Dissemination 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.

13. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

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, case management, and connections to community-based services.

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

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

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

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

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

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

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

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

11. Training and development of procedures for government staff to appropriately interact with 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.

14. Create and/or support recovery high schools.

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

C. **<u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>**

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, the following:

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 OLTI treatment.

2. Fund Screening, Brief Intervention and Referral to Treatment (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 on-call teams to begin MAT in hospital emergency departments.

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

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

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

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

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:

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

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

   c. "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;

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

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

f. 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 OLTD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, 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, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison, 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, case management, or other services offered in connection with any of the strategies described in this section.

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

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

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. Training for obstetricians or other healthcare personnel that 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; 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 Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.

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

7. Enhanced family supports and childcare 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. Support for Children's Services -- Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

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

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

1. Fund 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, or other recognized Best Practice guidelines, 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. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

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

   a. Increase the number of prescribers using PDMPs;

   b. 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

   c. 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. Increase electronic prescribing to prevent diversion or forgery.

8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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

1. Fund 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. Fund community anti-drug coalitions that engage in drug prevention efforts.

6. Support 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. Engage and support non-profits and faith-based communities as systems to support prevention.

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

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

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

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

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

H. PREVENT OVERDOSE DEATHS AND OTHER OPIOID-RELATED INJURIES

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

1. Increase 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, and community 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. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expand, improve, or develop 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. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.

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

10. Support mobile units that offer or provide referrals to 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.

11. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

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

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

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

J. LEADERSHIP, PLANNING AND COORDINATION

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

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing negative outcomes 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, law enforcement, or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of reducing the oversupply of opioids, preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

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

K. TRAINING

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

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

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

L. RESEARCH

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

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

2. Research non-opioid treatment of chronic pain.

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

4. Research on novel 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 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.

M. LAW ENFORCEMENT

Ensure appropriate resources for law enforcement to engage in enforcement and possess adequate equipment, tools, and manpower to address complexity of the opioid problem.