REPORT OF THE CHIEF LEGISLATIVE ANALYST

DATE: June 20,2025

TO: Honorable Members of the Housing and Homelessness Committee

FROM: Sharon M. Tso
Chief Legislative Analyst

Council File No. 23-0670-S2
Assignment No. 25-06-0527

SUBJECT: Follow Up Options - Opioid Remediation Program

SUMMARY

On April 23, 2025, the Housing and Homelessness Committee considered a Chief Legislative Analyst (CLA) report regarding a proposed Opioid Remediation Program to be administered by the Department of Disability (DOD) (C.F. 23-0670-S2). The goal of the previous report was to provide a framework for issuing a Request for Proposals (RFP) for the expansion of opioid related harm reduction services that would minimize the impact to the General Fund. The proposed program was modest in size and geographic scope due to personnel limitations at DOD. The goal was also to identify a lead City entity that could further develop expertise in utilizing the funds.

During the deliberation, committee members continued the matter and instructed our Office to report on the following:

- An analysis of proposed uses for Opioid Settlement funds;
- Consult with the Los Angeles Housing Department (LAHD) on their ability to manage an Opioid Remediation program, and determine whether the Opioid Settlement funds may be used in whole or as partial funding for the City's street medicine contract;
- Identify the most impactful uses of the Opioid Settlement funds;
- Consult with Los Angeles County and whether the service provider for the Crocker Campus Health Hub can be utilized for the proposed Westlake/MacArthur Park Area Harm Reduction Drop-In Center.

Currently, opioid related services, both direct and incidental, are being administered by the Mayor's Office, DOD, and LAHD. This report describes these programs and the eligible sections within the Opioid Settlement Agreement that would qualify the activities for reimbursement. This report includes a recommendation to request the Mayor's Office of Community Safety and instruct LAHD and DOD, in coordination with the City Administrative Officer (CAO), to

complete the necessary invoices and reporting requirements to ensure that opioid substance use disorder services receive Opioid Fund reimbursement.

In terms of additional context, the Fiscal Year (FY) 2025-26 Adopted Budget included an action to create a new Bureau of Homelessness Oversight within the Housing Department (C.F. 25-0600). Exhibit H - Other Budgetary Actions (Attachment F) contains the following action:

> Instruct LAHD to develop clear criteria regarding the deployment of City-funded street outreach programs, including (but not limited to): Inside Safe interventions, Recreational Vehicle operations, CARE+, street medicine, based on system best practices outlined in the April 22, 2025 CLA Report (Council File No. 23-1182), guidelines contained with the State of California's Encampment Resolution Funding Program, and the need for geographic equity.

The Housing and Homelessness Committee directed our Office to consult with LAHD on their ability to issue an RFP for opioid related services. The committee also expressed a desire to increase the size of the program by geography and contract amount. LAHD confirmed their willingness to lead such a program inasmuch as the scope of work is similar to the existing street medicine contract. Due to the larger size and capacity of LAHD, this report identifies the department as a potential lead entity in handling a larger scale RFP process and potential future Memorandum of Agreements (MOA) with Los Angeles County in the provision of services. This report also identifies DOD as an option for a smaller scale RFP process as DOD currently administers Harm Reduction Services contracts and was instructed to seek Opioid Fund reimbursement as part of the FY 25-26 Adopted Budget. Therefore, this report provides options for the Council to consider in potentially developing a larger RFP with LAHD (Option A) or a smaller RFP scope with DOD (Option B).

The Opioid Settlement Agreement allows the City to enter into a direct agreement with Los Angeles County to fund eligible opioid remediation programs and services. In coordination with Council District 1, our Office has approached the County's Department of Health Services to enter into a partnership in which the County would use their existing Crocker Campus Health Hub provider contract, with the City potentially adding opioid funds to increase the contract deliverables as part of a new Health Hub site in the Westlake area. This report includes a recommendation that our Office provide a progress report to Council in 90 days on the City - County partnership to establish the proposed Westlake Area Harm Reduction Drop-In Center.

The California Department of Health Care Services (HCS) released various guidance documents to allocate Opioid Settlement Funds. HCS noted that opioid litigation is frequently compared to the Tobacco Master Settlement Agreement of the 1990s. Critics note that while states continue to collect billions of dollars from the tobacco settlements, only a small fraction of those funds are

expended on smoking prevention and cessation programs. For this reason, the structure of the opioid settlements is intended to avoid this issue by requiring participants to expend these funds on opioid remediation activities, such as prevention, treatment, recovery, and/or harm reduction, and to provide detailed reports to confirm eligible expenditures.

RECOMMENDATIONS:

That the Council:

1. Note and File the Chief Legislative Analyst (CLA) report, dated February 21, 2025.

2. Request the Mayor's Office of Community Safety and instruct the Los Angeles Housing Department and Department on Disability, in coordination with the City Administrative Officer, to complete the necessary invoices and reporting requirements to ensure that substance use disorder services administered by these respective entities receive Opioid Settlement fund reimbursement.

3. Instruct the CLA to provide a progress report to Council in 90 days on the City - County partnership to establish the proposed Westlake Area Harm Reduction Drop-In Center.

ADDITIONAL OPTIONS

The Council may wish to further consider additional options to establish an Opioid Remediation Program as outlined below:

OPTION A: Housing Department - Agreements with LA County
High Impact Activities
Harm Reduction Programs

That the City Council:

1. Instruct the Los Angeles Housing Department (LAHD) to draft a Request for Proposals for the delivery of opioid remediation in the following seven regions of the City: East Valley, West Valley, East, Central, Harbor, West and South Los Angeles;

2. Instruct the City Administrative Officer (CAO) to allocate $3,500,000 in Opioid Settlement Funds to a new line item entitled "Opioid Remediation Program - Housing Department" to support the delivery of opioid remediation services by community-based health organizations through a competitive bidding process, with a contract value of $500,000 for each area; and

3. Instruct the CAO, with the assistance of LAHD, to report on a staffing plan utilizing Opioid Settlement Funds to support the accounting, contract monitoring, data collection, and reporting requirements associated with the program.

OPTION B: Department of Disability - Harm Reduction Programs

That the City Council:

1. Instruct the Department on Disability (DOD) to draft a Request for Proposals for the delivery of community-based opioid remediation in the following seven regions of the City: East Valley, West Valley, East, Central, Harbor, West and South Los Angeles;

2. Instruct the City Administrative Officer (CAO) to allocate $2,100,000 in Opioid Settlement Funds to a new line item entitled "Opioid Remediation Program - Department of Disability" to support the delivery of opioid remediation services by community-based health organizations through a competitive bidding process, with a contract value of $300,000 for each area; and

3. Instruct the CAO, with the assistance of DOD, to report on a staffing plan utilizing Opioid Settlement Funds for temporary As-Needed staff and/or contractual services to support the accounting, contract monitoring, data collection, and reporting requirements associated with the program.

Allowable Activities with Opioid Settlement Funds

Attached to this report is a guidance document from the California Department of Health Care Services entitled "California Opioid Settlements - Allowable Expenditures" (Attachment A). The document provides detailed information on eligible activities. Most of the opioid remediation activities listed in Exhibit E pertain to public health or behavioral health services. California counties have local public health departments and behavioral health departments that oversee local services and programs. The Opioid Settlement Agreement allows the City to enter into a direct agreement with Los Angeles County to fund eligible programs and services. The County has reported that since many cities lack the service capacity and staff expertise in this subject area, they have transferred their settlement funds to the County for public programs.

Schedule A provides a list of core strategies identified in the National Settlements. The chart below details the eligible activity; options for implementation; and potential lead City department.

Schedule A - Core Strategies

No	ACTIVITY	IMPLEMENTATION OPTION	RECOMMENDED DEPARTMENT
A	Naloxone or Other FDA-Approved Drug to Reverse Opioid Overdoses	- Request for Proposal	LAHD / DOD
B	Medication-Assisted Treatment Distribution and Other Opioid Treatment	- Request for Proposal	LAHD / DOD
C	Pregnant and Postpartum Women	- MOA with the County	LAHD
D	Expanding Treatment for Neonatal Abstinence Syndrome	- MOA with LA County	LAHD
E	Expansion of Warm Hand-Off Programs and Recovery Services	- MOA with LA County	LAHD
F	Treatment for Incarcerated Population	- MOA with LA County	LAHD
G	Prevention Programs	- Request for Proposal	LAHD / DOD
H	Expanding Syringe Service Programs	- Request for Proposal	LAHD / DOD
I	Evidence Based Data Collection and Research Analyzing the Effectiveness of Strategies	- Request for Proposal	LAHD / DOD

Schedule B provides a list of additional strategies identified through the settlements. The chart below details the eligible activity; options for implementation; and potential lead City department.

Schedule B - Approved Uses

No	ACTIVITY	IMPLEMENTATION OPTION	RECOMMENDED DEPARTMENT
A	Treat Opioid Use Disorder	- Request for Proposal	LAHD / DOD
B	Support People in Treatment or Recovery	- Request for Proposal - MOA with the County	LAHD / DOD
C	Connections to Care	- Request for Proposal - MOA with the County	LAHD
D	Criminal Justice Involved Persons	- MOA with LA County	LAHD
E	Pregnant or Parenting Women; Neonatal Abstinence Syndrome	- MOA with LA County	LAHD

F	Prevent Overprescribing of Opioids	- MOA with LA County	LAHD
G	Prevent Misuse of Opioids	- Request for Proposal	LAHD / DOD
H	Prevent Overdose Deaths - Harm Reduction	- Request for Proposal	LAHD / DOD
I	First Responders	- Request for Proposal	LAHD / DOD / LAPD / LAFD
J	Leadership, Planning and Coordination	- Request for Proposal	LAHD / DOD
K	Training	- Request for Proposal	LAHD / DOD
L	Research	- Request for Proposal	LAHD / DOD

The State of California set its own list of High Impact Abatement Activities and the City must expend no less than 50 percent of the settlement funds on these activities. The chart below details the eligible activity; options for implementation; and potential lead City department.

High Impact Activities

No	ACTIVITY	IMPLEMENTATION OPTION	RECOMMENDED DEPARTMENT
1	Provision of matching funds or operating costs for SUD facilities within the Behavioral Health Continuum Infrastructure Program.	- Request for Proposal - MOA with LA County	LAHD
2	Creating new or expanded SUD treatment infrastructure.	- MOA with LA County	LAHD
3	Addressing needs of communities of color and vulnerable populations (homeless populations).	- Request for Proposal	LAHD / DOD
4	Diversion of people with SUD from the justice system.	- Request for Proposal - MOA with LA County	LAHD / DOD
5	Interventions to prevent drug addiction in vulnerable youth.	- Request for Proposal	LAHD / DOD
6	Purchase of naloxone for local entities for distribution and efforts to expand access to naloxone for opioid overdose reversals.	- Request for Proposal	DOD

City Programs Eligible for Opioid Settlement Reimbursement

Opioid related services, both direct and incidental, are being administered by the Mayor's Office, DOD, and LAHD. Below is a description of these programs and the eligible sections within the Opioid Settlement Agreement that would qualify the activities for reimbursement.

Program: **Crisis and Incident Response Community Led Engagement (CIRCLE)**
Lead Entity: Mayor's Office
Reimburse: Partial reimbursement / Incidental service delivery
Eligibility: Schedule B
Part I: A. Treat Opioid Use Disorder
Part II: H. Prevent Overdose Deaths and Other Harms (Harm Reduction)

The CIRCLE program operates under the Mayor's Office of Community Safety, which was created to prevent crime and violence through community-based strategies. CIRCLE is a 24/7 unarmed response program that deploys a team of mental health professionals and individuals with lived experience to address non-violent Police Department calls related to unhoused individuals experiencing crisis. CIRCLE operates in Hollywood, DTLA, South Los Angeles, Venice and the San Fernando Valley. CIRCLE teams are equipped with vehicles and supplies like water, snacks, clothing and Narcan to reverse opioid overdoses.

The FY 24-25 Adopted Budget provides $7.2 million (General City Purposes) for the CIRCLE program.

Program: **Street Medicine Program**
Lead Entity: Housing Department
Reimburse: Partial reimbursement / Incidental service delivery
Eligibility: High Impact Activity
No. 3: Addressing the needs of communities of color and vulnerable populations (homeless populations)

Schedule B
Part I: A. Treat Opioid Use Disorder
Part II: H. Prevent Overdose Deaths and Other Harms (Harm Reduction)

On November 29, 2022, Council adopted a CAO report relative to the expansion of the University of Southern California Street Medicine Services (Council File: 22-0755). The USC Street Medicine Program delivers full service primary care on the street, which includes treatment for acute and chronic disease, preventative medicine, treatment for psychiatric conditions, and substance use disorders. Instead of relying on referrals, all care is provided on-site, including dispensing medications and drawing blood for laboratory testing.

LAHD maintains annual reports that list the top 25 diagnosis codes. Opioid Use Disorder ranked as Number 5 in Fiscal Year 2022-23, and ranked Number 18 in Fiscal Year 2023-24.

During Fiscal Year 2024-25, the Street Medicine program was allocated $3 million in Homeless Housing, Assistance and Prevention (HHAP) and $2 million in General Fund, for a $5 million total and the contract runs through June 30, 2025.

The FY 2025-26 Adopted Budget includes one-time funding of $1.97 million in the LAHD contractual services account to provide medical services for individuals experiencing homelessness. Our Office has contacted the CAO regarding whether additional HHAP funding will be made available.

Program: **Harm Reduction Contracts**
Lead Entity: Department of Disability
Reimburse: Partial reimbursement
Eligibility: Schedule A
A. Naloxone or other FDA-Approved Drug to Reverse Opioid Overdoses
B. Medication-Assisted Treatment Distribution and Other Opioid Related Treatment

Schedule B
Part I: A. Treat Opioid Use Disorder
Part II: G. Prevent Misuse of Opioids
H. Prevent Overdose Deaths and Other Harms (Harm Reduction)

The Department of Disability reported in their budget letter that $890,000 of existing contracts are eligible for Opioid Settlement funds, which is 75 percent of the total AIDS Coordinator's Office contractual services funding of $1,184,305. Eight out of 14 current providers managed by the department are conducting harm reduction activities. Services include:

- Overdose prevention and education
- Naloxone distribution
- Outreach and engagement with drug users and unhoused individuals
- Substance use behavioural interventions
- Syringe exchange, including secondary syringe exchange
- Fentanyl and Xylazine test strip distribution
- Wound care, and wound care kit distribution
- Sharps container distribution
- Medication Assisted Treatment
- Medications for Opioid Use Disorder
- Referrals to in-house short term and long term substance use treatment
- Referrals to HIV testing, STD testing, Housing, Primary Care, Mental Health, HIV Treatment and Prevention Services

The FY 2025-26 budget increased the contractual services account by $520,000 in the AIDS Coordinator's Office for harm reduction contracts to be funded by Opioid Settlement funds.

The adopted budget also restored position authority and eight months of funding for four Management Analysts, one Senior Accountant, Administrative Clerk, and Community Program Assistant II (total for direct and indirect costs $799,726) to be funded by General Fund savings realized from Opioid Settlement fund reimbursements for 2024-25 contractual service costs.

The department noted that if the Council wishes to use Opioid Settlement funds for these contracts, it may be appropriate to discontinue the HIV/AIDS Prevention Services contracts and issue a new RFP in FY 2025-26 that would concentrate on substance abuse harm reduction and syringe exchange program that would be in full compliance with Opioid Settlement regulations.

Program: **Collaborative for Substance Use Care**
Lead Entity: Mayor's Office
Reimburse: Full reimbursement / Opioid program
Eligibility: High Impact Activity
No. 3: Addressing the needs of communities of color and vulnerable populations (homeless populations)

Schedule A
B. Medication-Assisted Treatment Distribution and Other Opioid Related Treatment

This program provides substance and/or opioid use disorder treatment to people experiencing homelessness currently residing in City interim housing and participants of Inside Safe encampment resolutions who desire such treatment. The program funds longer-term inpatient treatment, including withdrawal management, residential treatment, and/or bridge recovery housing and evaluates how to better connect unhoused residents with treatment.

As previously noted in the February 21, 2025 CLA Report, the Mayor's Office entered into one-year contracts with five treatment providers in amounts not to exceed $1.56 million each, for a total funding amount of $7.8 million. All contracts have a term end date in March 2025, consistent with the authority provided by the Declaration of Local Housing and/or Homelessness Emergency (C.F. 23-0652).

The General City Purposes section of the FY 2025-26 Adopted Budget provides $4 million for opioid abuse treatment for individuals in need of residential care for up to a year as part of the Inside Safe Initiative, which is to be administered by the Mayor and Council. Funding is provided by the Opioid Settlement Trust Fund.

Program:	**Westlake Area Harm Reduction Services Drop In Center** (in development)
Lead Entity:	Chief Legislative Analyst; Department of Disability
Reimburse:	Full reimbursement / Opioid Program
Uses:	High Impact Activity
	No. 1: Provision of matching funds or operating costs for SUD facilities.
	No. 2: Creating new or expanded SUD treatment infrastructure.

On June 26, 2024, the Council instructed the CLA and CAO, with the assistance of the DOD, to develop a Westlake Area Harm Reduction Services Drop-In Center program, with an initial allocation of $3 million from the Opioid Settlement funds. Pursuant to Council action, our Office met with Council District staff, CAO, DOD, and the County Department of Health Services (DHS) to discuss their work in the Westlake area, as well as other best practices in the development of a potential harm reduction drop-in center.

Harm reduction drop-in centers have program requirements to address a client's physical and mental health. This work depends on a service expertise that is consistent with Los Angeles County's health operations. The Opioid Settlement Agreement allows the City to enter into a direct agreement with the County to fund eligible opioid remediation programs and services. In coordination with Council District 1, our Office has approached the County's Department of Health Services to enter into a partnership in which the County would use their existing Crocker Campus Health Hub provider contract, with the City adding funds to increase the contract deliverables and to include a new site in the Westlake Area. This report recommends that our Office provide a progress report to Council in 90 days on the City - County partnership to establish the proposed Westlake Area Harm Reduction Drop-In Center.

Most Impactful Uses

According to the LA County Department of Public Health people using harm reduction services are five times more likely to participate in drug treatment and three times more likely to reduce or stop injecting than those who have never accessed harm reduction services (Data Report: Fentanyl Overdoses in Los Angeles County, July 2024).

Evidence-based harm reduction services include connections to medical, mental health, substance use treatment services, peer engagement, distribution of opioid overdose reversal medication naloxone, distribution of fentanyl and xylazine test strips, infectious disease testing, syringe services programs, and other activities.

FISCAL IMPACT STATEMENT

There is no impact to the General Fund. The recommendations in this report pertain to Opioid Settlement funds. The Opioid Trust Fund currently has an appropriated balance of approximately $22 million, of which $7.9 million is encumbered for inpatient substance use disorder services

for people experiencing homelessness (C.F. 23-0670). Council also set-aside $3 million for the Westlake Area Harm Reduction Services Drop In Center, which is currently in development, leaving an available balance of approximately $11,100,000.

The City will continue to receive an estimated $4 to $5 million annually for the remainder of the Opioid Settlement payout period, which is approximately 18 years.

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Analyst

Attachment:

A California Opioid Settlements - Allowable Expenditures, California Department of Health Care Services, September 2023

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

CALIFORNIA OPIOID SETTLEMENTS

Allowable Expenditures

On July 21, 2021, California Attorney General Rob Bonta announced the final settlement agreements with prescription opioid manufacturer Janssen Pharmaceuticals and pharmaceutical distributors McKesson, Cardinal Health, and AmerisourceBergen (the Distributors). These were the first of several opioid settlements that will provide substantial funds for the remediation of the opioid crisis in California.

This document is intended to provide guidance for California's cities and counties (otherwise known as Participating Subdivisions) that receive funds from the California Abatement Accounts Fund through current and future California Opioid Settlements.[1]

This resource includes three sections:

- Section 1: Use of California (CA) Abatement Accounts Fund
- Section 2: High Impact Abatement Activities (HIAA)
- Section 3: List of Opioid Remediation Uses (Exhibit E) – Core Strategies and Approved Uses

Questions about the applicability of strategies to expend funds received from the CA Abatement Accounts Fund can be directed to DHCS at OSF@dhcs.ca.gov.

[1] Opioid settlements in this instance refers to final and proposed agreements between the State of California and opioid distributors and manufacturers: Janssen Pharmaceuticals and Johnson & Johnson (collectively "Janssen"); McKesson, Cardinal Health, and AmerisourceBergen (collectively, Distributors); Teva; Allergan; and pharmacies Walgreens, Walmart, and CVS (collectively, The Pharmacies), as well as any future opioid settlement agreements which follow the structure of these agreements.

Section 1: Use of California (CA) Abatement Accounts Fund

Funds from the California Opioid Settlements are intended to support opioid remediation activities. As defined in the National Opioid Settlement Agreements, opioid remediation is the "care, treatment, and other programs and expenditures designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid crisis."

Pursuant to the California State-Subdivision Agreements, funds from the CA Abatement Accounts Fund must be used for opioid remediation activities in one or more of the areas described in Exhibit E of the National Opioid Settlement Agreements. Section 3 of this document provides a copy of Exhibit E, which is divided into Schedule A and Schedule B strategies. Schedule A provides a list of core opioid remediation strategies identified through the National Opioid Settlements, while Schedule B provides a list of additional opioid remediation strategies identified through the settlements.

Pursuant to the National Opioid Settlement Agreements, funds from the CA Abatement Accounts Fund may also be used to support reasonable related administrative expenses for opioid remediation activities.

Section 2: High Impact Abatement Activities (HIAA)

California state officials, in partnership with counsel representing cities and counties, have agreed on a list of opioid remediation activities to prioritize within the State of California. These priorities, referred to as High Impact Abatement Activities (HIAA), can be found in the respective California State-Subdivision Agreements. Many of the activities listed in Exhibit E of the National Opioid Settlement Agreements can qualify as HIAA, depending on their focus.

Pursuant to the California State-Subdivision Agreements, **no less than fifty percent (50%)** of the funds received by a Participating Subdivision in each calendar year from the CA Abatement Accounts Fund will be used for one or more of the HIAA listed below:

Table 1: High Impact Abatement Activities (HIAA)

No.	Activity
1	Provision of matching funds or operating costs for substance use disorder (SUD) facilities within the Behavioral Health Continuum Infrastructure Program (BHCIP)
2	Creating new or expanded SUD treatment infrastructure[2]
3	Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD
4	Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction
5	Interventions to prevent drug addiction in vulnerable youth
6	The purchase of naloxone for local entities including for distribution and efforts to expand access to naloxone for opioid overdose reversals.

Section 3: List of Opioid Remediation Uses – Core Strategies and Approved Uses

Participating Subdivisions shall choose from among the opioid remediation strategies listed in "Approved Uses" (Schedule B) of Exhibit E, which are listed below. However, priority should be given to the following core opioid remediation strategies ("Core Strategies" (Schedule A)).

Pursuant to the National Opioid Settlement Agreements, words like "expand," "fund," or "provide" shall not indicate a preference for new or existing programs.

[2] May include cost overrun for BHCIP programs as needed.

Core Strategies (Schedule A)

A. Naloxone or Other FDA-Approved Drug to Reverse Opioid Overdoses

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

B. Medication-Assisted Treatment (MAT) Distribution and Other Opioid-Related Treatment

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

C. Pregnant and Postpartum Women

1. Expand Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to non-Medi-Cal 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 SUD/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. Expanding Treatment for Neonatal Abstinence Syndrome (NAS)

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

E. Expansion Of Warm Hand-Off Programs and Recovery Services

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. Treatment for Incarcerated Population

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. Prevention Programs

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. Expanding Syringe Service Programs

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. Evidence-Based Data Collection and Research Analyzing the Effectiveness of the Abatement Strategies Within the State

Approved Uses (Schedule B)

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

Part I: Treatment

A. TREAT OPIOID USE DISORDER (OUD)

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

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of 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 tele-mentoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication– Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

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

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

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co- occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid- related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

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

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("PAARI");
    2. Active outreach strategies such as the Drug Abuse Response Team ("DART") model;
    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("LEAD") model;

5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co- occurring SUD/MH conditions who are incarcerated in jail or prison.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co- occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions ("CTI"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal justice- involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

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

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

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co- occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.
5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co- occurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
9. Offer home-based wrap-around services to persons with OUD and any co- occurring SUD/MH conditions, including, but not limited to, parent skills training.
10. Provide support for Children's Services — Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

Part II: Prevention

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

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

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that:
    i. Increase the number of prescribers using PDMPs;
    ii. 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
    iii. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co- occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health

needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

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

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

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

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

Part III: Other Strategies

I. FIRST RESPONDERS

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

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid- related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

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

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH

conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

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

K. TRAINING

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

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co- occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

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

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g., Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("ADAM") system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.