3/24

AUTHORIZATION FOR AGREEMENTS, MOUs, OR OTHER DOCUMENTS OBLIGATING THE CITY

All contracts, agreements, grant agreements, memoranda of understanding, or any document obligating the city (with the exception of purchase orders), requires the completion of this form. The City Manager will sign these documents after all other required information and signatures are obtained.

Document: City - Health District IGA Date: 2/6/24

Statement of Purpose: Relating to Disbursement of Opioid Settlement Funds and NW Biggs St improvements at the Samaritan Coastal STARS Facility

Department Head Signature: _____

Remarks, if any: _____

City Attorney Review and Signature: (email attached) Date: 2/5/24

Other Signatures as Requested by the City Attorney: _____
Name/Position

_____ Date: _____
Signature

Budget Confirmed: Yes ☑ No ☐ N/A ☐

Certificate of Insurance Attached: Yes ☐ No ☐ N/A ☑

City Council Approval Needed: Yes ☑ No ☐ Date: 2/5/24

After all the above requested information is complete and signatures obtained, return this form, along with the original document to the City Manager for signature. No documents should be executed prior to the City Manager's approval as evidenced by signature of this document.

City Manager Signature: _____ Date: _____

Once all signatures and certificates of insurance have been obtained, return this document, along with the original, fully-executed agreement, MOU, or other document to the City Recorder. A copy of grant agreement and all project funding documents, must be forwarded to the Finance Department for tracking and audit purposes.

City Recorder Signature: _____ Date: _____

Date posted on website: _____

INTERGOVERNMENTAL AGREEMENT BETWEEN THE CITY OF NEWPORT AND PACIFIC COMMUNITIES HEALTH DISTRICT RELATING TO DISBURSEMENT OF OPIOID SETTLEMENT FUNDS AND NW BIGGS STREET IMPROVEMENTS AT THE SAMARITAN COASTAL S.T.A.R.S. FACILITY

This Intergovernmental Agreement ("Agreement") is between the Pacific Communities Health District, a political subdivision organized under ORS Chapter 440 ("District") and the City of Newport, an Oregon municipal corporation ("City").

Both entities are units of local government, organized and operated under the laws of the State of Oregon. Oregon Revised Statutes (ORS) Chapter 190 specifically authorizes written agreements between units of local government for the performance of any or all functions and activities that a party to the Agreement has authority to perform. There is no intergovernmental entity created by this Agreement.

RECITALS

A. District owns property at 5840 and 5842 NW Biggs Street, identified as Parcel 1 of Partition Plat 2015-05 (Lincoln County Assessor's Map 10-11-29-BB, Tax Lot 04902). It is 0.67 acres in size ("Property").

B. The Property is developed with a 4,700 sq. ft. building that will be renovated into a residential facility serving 16 clients. An 8,300+/- sq. ft., two-story, office addition will be constructed on the east side of the building. The addition will be used for counseling and support services for both the residential unit and extended outpatient programs. District will fund the improvements, and Samaritan Pacific Health Services will be responsible for operating and maintaining the facility, which will be known as Samaritan Coastal S.T.A.R.S. (Samaritan Treatment and Recovery Services).

C. On July 10, 2023, the Newport Planning Commission approved District's Conditional Use Permit and Adjustment application to construct the above facility (Case File #4-CUP-23/2-ADJ-23). One of the conditions of the Planning Commission's approval is that NW Biggs Street be paved to a width of 20-ft. with 4-ft. shoulders between NW 58th and NW 59th Street. The condition of approval further noted that the District could complete the improvements itself or negotiate with the City of Newport, acting by and through its Urban Renewal Agency ("Agency"), to extend NW Biggs Street further north, to intersect with NW 60th Street. This Agreement implements the latter arrangement between the City, Agency and the District.

D. Agency has agreed to provide City with funds needed to reimburse District for costs it incurs to extend NW Biggs Street to NW 60th Street, less District's required frontage improvements, because doing so will improve mobility through the neighborhood and create a north-south alternative to NW Rhododendron Street, which has been impacted by a slow moving slide block making it challenging for the City to maintain. Further, the parties agree that extending NW Biggs Street to NW 60th Street will improve access to the Samaritan Coastal S.T.A.R.S. facility and is a logical connection point for storm drainage that would be conveyed via roadside ditch along NW Biggs Street, north to the City's piped drainage system at NW 60th Street.

E. On September 19, 2022, the Newport City Council committed the first five (5) years of funding it receives from the national opioid settlements under the Oregon

statewide allocation agreement toward the construction and opening of the Samaritan Coastal S.T.A.R.S facility. Funding will be directed to the District and may be used to pay for capital improvements needed to stand up the facility, a crisis stabilization center, and treatment and recovery support services.

F. On September 18, 2023, the Newport City Council supplemented settlement funds that it had previously authorized for the Samaritan Coastal S.T.A.R.S. facility, with additional opioid settlement funds under the Oregon statewide allocation agreement, and directed that funds the City receives from any future opioid settlements be directed to the Samaritan Coastal S.T.A.R.S. facility, if collected within the first five (5) years that the City receives funding.

G. District and City wish to enter into this Agreement to spell out obligations of both parties relative to disbursement and use of the opioid settlement funds and the improvements to NW Biggs Street.

TERMS OF AGREEMENT

1. District's NW Biggs Street Obligations. District agrees to construct NW Biggs Street to a paved width of 20-feet with 4-foot shoulders from its intersection with NW 58th Street north to NW 60th Street, as generally depicted on Exhibits A and B to this Agreement. The existing road surface will be excavated to its subgrade before being improved with 10-inches of rock and a 4-inch asphalt layer covering a little more than 5,000 sq. ft. Approximately 130 tons of shoulder rock will be placed, with drainage being managed via 410 lineal feet of new roadside ditch and 80 lineal feet of new 8-inch storm drain line that ties into the City's existing structured drainage system at NW 60th Street. The storm drainage work includes the installation of two catch basins and a 48-inch manhole. These District obligations are referred to herein as the "NW Biggs Street Improvements" or "Improvements".

2. City's NW Biggs Street Obligations. City shall reimburse District for costs associated with the NW Biggs Street Improvements that are above and beyond the expenses District will incur to construct its required frontage Improvements. This amounts to City picking up 82.7% of the costs, with the District being responsible for 17.3%. The apportionment of project costs is graphically depicted on Exhibit C. District's cost estimate for the NW Biggs Street Improvements is $181,290, with City's share being $149,926.83 and District's being $31,363.17.

3. Scope of Work Refinements. District and City may refine the scope of Improvements described in Section 1, and cost sharing responsibilities outlined in Section 2, provided such refinements are agreed upon, in writing, by duly authorized representatives of both parties.

4. Reimbursement of NW Biggs Street Construction Costs. District shall invoice City for the cost of its share of the work covered by this Agreement. Such invoices shall be accompanied by supporting documents breaking out material quantities, labor and other costs for both the City and District's share of the expenses.

5. Disbursement of Opioid Settlement Funds. City will disburse to District opioid settlement funds it has received during fiscal years 2022-23 and 2023-24 on or about August 1, 2024. This will amount to at least $75,000. Opioid settlement funds

collected by the City in fiscal years 2024-25, 2025-26 and 2026-27 will be disbursed to District annually on or about August 1st following the close of each fiscal year. City may retain a nominal amount of the funds each year for fiscal years 2024-25 and 2025-26 to satisfy fiscal auditing requirements for the reserve account where the settlement funds have been placed, with all remaining funds being released to District on or about August 1st following the close of fiscal year 2026-27.

6. District Reporting of Opioid Settlement Fund Use. On or about the end of each calendar year following the first disbursement of funds, District shall submit a report to City documenting how the funds were used, with evidence of paid invoices, and a written explanation as to how such use fits within the parameters of permissible use of opioid settlement funds. A permissible use of the funds includes:

> *"Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing oversubscribing, opioid misuse, or opioid overdoses, treating those with OUD [opioid use disorder] and any co-occurring SUD/MH [substance use disorder or mental health] 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." Section J.3, pages E-13-14 of attached Exhibit E from national opioid settlements.*

District shall provide a written summary report within six months of City's final disbursement, documenting how the funds were used for permissible purposes as outlined in this section. District shall retain the reports and supporting documentation for six (6) years following the City's final disbursement, and shall provide them to City, at no cost, in the event of an audit.

7. Term of Agreement. District's obligations under this Agreement related to the construction of NW Biggs Street Improvements shall cease once the Improvements are accepted, in writing, by the City of Newport Public Works Department. Except as otherwise noted in this Agreement, all other provisions of this Agreement are to remain in effect until the District provides a written summary report documenting the use of the opioid settlement funds pursuant to Section 6 of the Agreement.

8. Relationship to Conditional Use Permit. This Agreement outlines a cost sharing arrangement between the City and District for Improvements to public facilities described in Sections 1 and 2. Some of the Improvements are also identified in the City approved Conditional Use Permit and Adjustment for the Samaritan Coastal S.T.A.R.S. facility (Case File #4-CUP-23/2-ADJ-23). This Agreement does not, in any way, alter the City's approval of the Conditional Use Permit or Adjustment, including the conditions of approval listed therein.

9. Insurance. The parties represent that they are insured according to statutory limits set in the State of Oregon for any liability, property, or automobile claims. The parties represent that they will maintain insurance to cover any claim that may result from or arise out of this Agreement. If a party is a subject employer under the Oregon Workers' Compensation Law, that party shall comply with ORS 656.017, which requires that party to provide Workers' Compensation coverage for all its subject workers. Furthermore, both the City and District agree to obtain and maintain in force at all times during the term of this Agreement a policy or policies of general

liability insurance with liability limits of at least $2,000,000 (two million dollars) per occurrence and $3,000,000 (three million dollars) in the annual aggregate, with the City policy or policies naming the District and its officers, employees, and agents as additional insureds, and the District policy or policies naming the City and its officers, employees, and agents as additional insureds.

10. Notice. All notices required under this Agreement shall be written and sent to the parties at the following addresses, or such other address to which either party may have properly notified the other:

City of Newport
Attention: City Manager
169 SW Coast Highway
Newport, Oregon 97365

Pacific Communities Health District
Attention: Chairperson
P.O. Box 873
Newport, Oregon 97365

11. Attorney Fees. If either party commences any arbitration, legal action, suit, or proceeding against the other to rescind, interpret, enforce, or recover damages for breach of the terms of this Agreement, the parties agree that the prevailing party shall be awarded reasonable attorney fees and costs incurred in any such arbitration, action, suit or proceeding and in any later appeals filed as a consequence thereof. Such costs shall bear interest at the statutory legal rate from the date incurred, until the date paid.

12. Indemnification. Subject to the limits of the Oregon Constitution and the Oregon Tort Claims Act, each party shall indemnify, defend, and hold the other party and its officers, agents, and employees harmless from any liability, claims, losses, injury, demand, expenses, or lawsuits and actions arising out of or based upon damages or injuries to persons or property caused by the indemnifying party, or its officers, agents, or employees, in the performance of or failure to perform under this Agreement. Each party shall be responsible for the negligent or otherwise wrongful acts or omissions of its own officers, employees, and agents. No party to this Agreement will be required to indemnify or defend the other party for any liability arising solely out of wrongful acts of another party or third party, or that other party's own officers, employees, or agents. Indemnity and defense for claims arising during the term of this Agreement shall survive expiration or termination of this Agreement.

13. Governing Law. The provisions of this Agreement shall be governed by and construed in accordance with the laws of the State of Oregon, and any legal action involving any question arising under this Agreement must be brought in Lincoln County Circuit Court.

14. Force Majeure. Neither party shall be responsible for delay or default caused by any contingency beyond its control, including but not limited to war or insurrection, strikes, lockouts, or walkouts by the party's employees, fires, natural calamities, riots, or demands or requirements of governmental agencies other than the District or the City.

15. Modification or Amendment. No waiver, consent, modification, or change in the terms of this Agreement shall bind either party unless in writing signed by both parties.

16. Severability. In the event any provision of this Agreement is unenforceable as a matter of law, the remaining provisions will stay in full force and effect.

17. Entire Agreement. This Agreement contains the entire agreement and understanding between the parties as to the subject matter herein and supersedes all prior agreements, commitments, representations, and discussions between the parties, whether written or verbal, relating to the subject matter of this Agreement.

18. Authority. Each party and their undersigned represent that they have the authority to sign and enter into this Agreement on behalf of their respective public body.

IN WITNESS WHEREOF, the parties have executed this Agreement by the date set forth below.

PACIFIC COMMUNITIES HEALTH DISTRICT

Quincy L. Thompson

By: Health District Authorized Representative

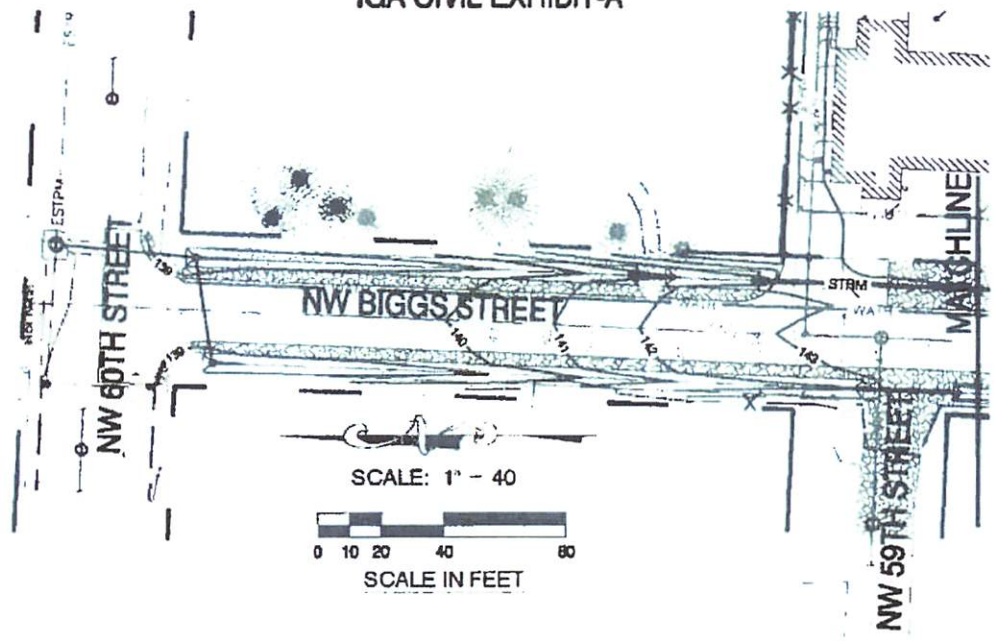
Date: 02/06/24

CITY OF NEWPORT

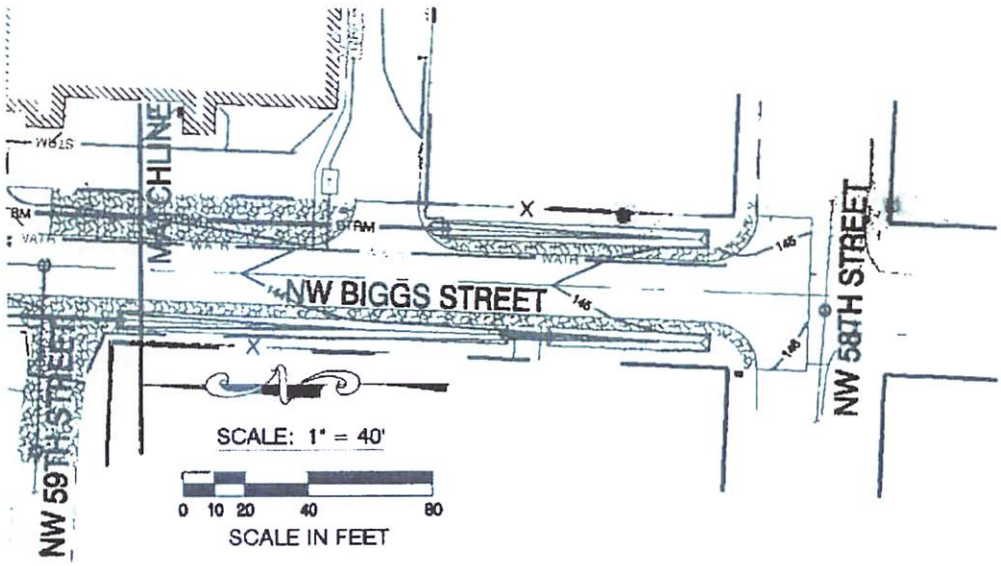
By: City Manager

Date: 02/06/24

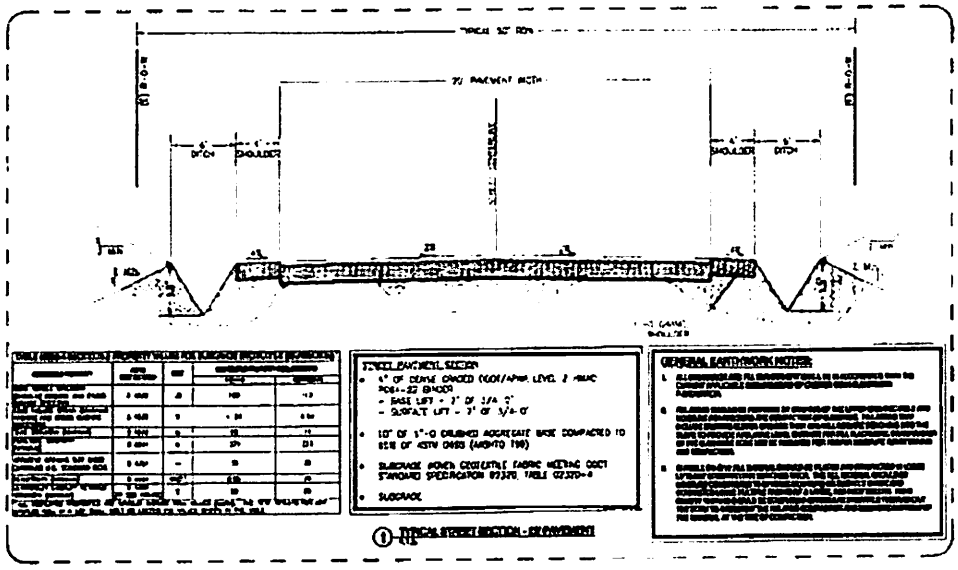
IGA CIVIL EXHIBIT-A



CONSTRUCT STREET SECTION PER SECTION 1/GA CV EX B1 B.



IGA CIVIL EXHIBIT-B



Apportionment Map - Exhibit C

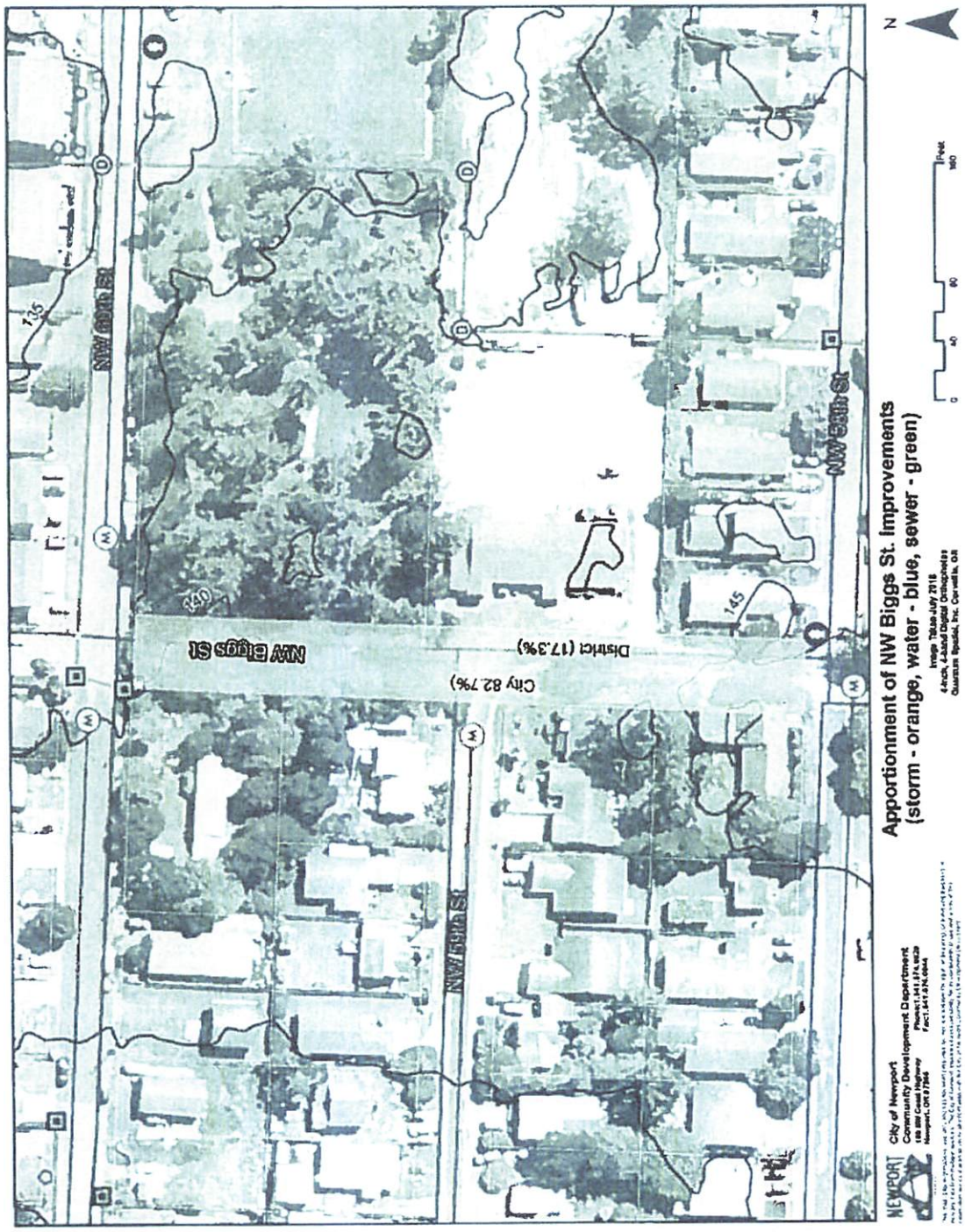


EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[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 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.

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

C. PREGNANT & POSTPARTUM WOMEN

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

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("*OUD*") and other Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

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

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

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

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

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

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

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

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

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

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

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

F. **TREATMENT FOR INCARCERATED POPULATION**

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

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

G. **PREVENTION PROGRAMS**

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

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

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

4. Funding for community drug disposal programs; and

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

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

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

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

Schedule B
Approved Uses

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

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

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

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

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

[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.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

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

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

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

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

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

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

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

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

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

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

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

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

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

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

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

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

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

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

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

14. Create and/or support recovery high schools.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART TWO: PREVENTION

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

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

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

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

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

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

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

    1. Increase the number of prescribers using PDMPs;

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

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

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

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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

1. Funding media campaigns to prevent opioid misuse.

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

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Public education relating to emergency responses to overdoses.

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

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

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

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

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

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

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

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

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

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

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

J. LEADERSHIP, PLANNING AND COORDINATION

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

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

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

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing

overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

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

K. TRAINING

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

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

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

L. RESEARCH

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

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

2. Research non-opioid treatment of chronic pain.

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

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

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

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

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

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

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