2025

Hillsborough
County Florida

Hillsborough County Opioid Settlement

IMPLEMENTATION PLAN

Health Care Services Department

TABLE OF CONTENTS

EXECUTIVE SUMMARY 2
HILLSBOROUGH COUNTY OPIOID SETTLEMENT TIMELINE 2
FUNDING ALLOCATIONS RATES 3
RFA PROCESS 4
MONITORING AND EVALUATION 5
FINAL COMMENTS 5
IMPLEMENTATION STRATEGIES 5

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EXECUTIVE SUMMARY

The Hillsborough County Health Care Advisory Board (HCAB) and its Behavioral Health Task Force (BHTF) prepared this implementation plan to provide long-term framework for the planning and funding priorities to address opioid use and other substance abuse disorders in Hillsborough County. The Florida Department of Children and Families (DCF) requires settlement fund recipients to submit this plan annually for their anticipated opioid implementation activities. This plan will be reviewed annually, and changes made will be based on community needs and input.

This implementation plan outlines how Hillsborough County intends to allocate and utilize the opioid settlement funds in alignment with the requirements of Schedules A and B of the opioid settlement. This plan details the specific areas of focus, the amount of funds dedicated to each area, and any associated hiring, fixed capital outlay projects, and vehicle purchases.

The Hillsborough County Board of County Commissioners (BOCC) is provided this plan for final review and approval to include funding needed to establish contracts for services with selected providers.

HILLSBOROUGH COUNTY OPIOID SETTLEMENT TIMELINE

Litigation by the State of Florida and the County against opioid manufacturers, distributors, and other involved entities provided a means to secure additional long-term funding to address the opioid crisis. The resulting settlements required additional activity by Hillsborough County for post-litigation responsibilities. The following timeline provides an outline of activities undertaken.

February 2019 – 2021: Hillsborough County mobilizes for action. The Health Care Services Department (HCS) actively participated in discussions related to the Opioid Litigation. HCS shared data on the negative impact opioids had on the county, which helped support this litigation.

September 2021: The Hillsborough County BOCC approved a resolution accepting a Memorandum of Understanding (MOU) with the Florida Attorney General's Office. This MOU divided the settlement funds into three categories: City/County, Regional, and State. Hillsborough County was designated as a "Qualified County" allowing it to receive both the Regional implementation funding and the designated County portion. The MOU also outlined acceptable uses for the settlement funds.

April 2023: Hillsborough County takes additional action. HCS organized a second Opioid Strategy Summit. This Summit focused on defining and prioritizing ways to address the community's needs related to the opioid crisis. Community leaders, providers, medical examiners, drug court representatives, law enforcement officials and the public were all invited and participated in real-time online voting for the County's priorities. Discussions explored best practices and the challenges surrounding the opioid crisis, particularly fentanyl.

November 2023 – April 2024: Awarding the funds becomes the focus. The County Attorney's Office determined a competitive process was needed to distribute the funds. With approval from Procurement, HCS decided to model the application process on the Ryan White Program's Request for Applications (RFA) using the e2hillsborough platform with slight modifications. HCS first drafted the RFA in December 2023 and finalized it in April 2024.

December 2024: The BOCC received a workshop to discuss the actions taken by Hillsborough County to address the opioid crisis. These actions include pre-litigation and current post settlement fund activities to address the opioid crisis. The workshop included funding overview, recommendations on percent allocations and next steps such as the issuance of the RFA. This RFA is anticipated in the 2nd quarter of fiscal year 2025 with contracts to be issued in fiscal year 2025.

Additionally:

- Interlocal Agreements were signed between Hillsborough County, the City of Tampa, Plant City, and Temple Terrace. Those BOCC-approved agreements designated Hillsborough County as responsible for administering the funds, excluding those sent directly to the municipalities by the State of Florida.
- The Interlocal Agreements assigned to the Behavioral Health Task Force (BHTF) the responsibility for identifying community needs and collaborating with the community to utilize the settlement funds to address those needs.
- The Florida Department of Children and Families (DCF) established the Florida Opioid Implementation and Financial Reporting System to which HCS staff now have access. The County will need to enter its Implementation Plan annually and will be responsible for providing quarterly reports for funds received, expenditures, and final balances.

FUNDING ALLOCATIONS RATES

The Hillsborough County Behavioral Health Task Force held publicly noticed meetings with community subject matter experts regarding possible funding allocations. Through the discussions the following funding percentages for the opioid settlement funds received by Hillsborough County were identified. Note these rates are subject to final approval by the Hillsborough County Board of County Commissioners.

The estimated allocation for the current year implementation plan (FY2025) is $26,000,000 at the following amounts:

Prevention: Approximately 15% or est. $3,750,000
Education: Approximately 15% or est. $3,750,000
Treatment: Approximately 45% or est. $11,250,000
Recovery: Approximately 25% or est. $6,250,000
Courts: Approximately $1,000,000/year to the Problem Solving Courts of the 13th Judicial Circuit Court

Current Settlement Funds: $26 million for this year's implementation plan.

Total Projected Settlement Funds: $126.5 million.

The Total Projected Settlement funds includes lump sum payments as well as payments ranging from 10, 11, 15, and 18 years in duration. The amounts are subject to change based upon future completed settlements.

Schedule A Allocation for Core Strategies identified in the Memorandum of Understanding will be determined based upon RFA applications received and approved for funding.

Schedule B Allocation for Approved Uses identified in the Memorandum of Understanding will be determined based upon RFA applications received and approved for funding.

These allocations provide a guide for funding in the four domains as well as a reserved funding for problem solving courts and they are subject to redetermination based upon community conditions and needs over time.

RFA PROCESS

In leveraging funds secured from recent legal settlements with the various companies affiliated with the opioid crisis, the County will issue a Request for Applications (RFA) to organizations dedicated to combating this public health emergency.

These funds represent a critical opportunity to make a real difference in the lives of Hillsborough County residents struggling with addiction. The use of RFAs seeks innovative and effective proposals for programs that address the various aspects of the opioid crisis, from prevention and education to treatment and recovery support.

The RFA encourages applications from a diverse range of qualified organizations, including but not limited to behavioral health treatment centers, community outreach programs, and educational institutions. Funded programs will directly support Hillsborough County residents through the use of services approved in the Memorandum of Understanding (MOU) between Hillsborough County and the State of Florida. Further, the County is not dictating which strategies will receive funding so long as the awarded entity implements a strategy identified in the MOU. The County will allocate funds in the four domain areas of Education, Prevention, Treatment and Recovery. These areas will provide focus components for interested entities to submit proposals for funding. This will allow the community to bring forward innovative and evidenced based projects that will have a true impact on meeting this crisis.

The County recognizes the current challenges that possible responsive agencies have indicated regarding the use of funds received. These agencies indicated issues regarding staffing and recruitment for the last three years. In addition, agencies indicate their capacity challenges to provide new services includes a need for significant financial allocations. In recognizing these issues Hillsborough County will issue an RFA every two to three years. This method will allow the yearly allocations to accumulate to fully support

impactful programs that need time to implement. Hillsborough County understands that new programs need multiple years of operation to truly impact the crisis within the community.

Implementation Timeline:

- **Q2 FY 2025: Issue RFA for consideration and review applications.**
- **Q3 FY 2025: Contract negotiations and BOCC approval.**
- **Q4 FY 2025: Implementation of all funded programs.**
- **Q1 FY 2026: Ongoing implementation and monitoring of all funded programs.**

MONITORING AND EVALUATION

Regular monitoring and evaluation will be conducted to ensure the effectiveness of funded programs. Reports will be submitted to the appropriate oversight committee detailing progress, outcomes, and any necessary adjustments to the implementation plan.

FINAL COMMENTS

The Hillsborough County Implementation Plan provides a comprehensive approach designed to meet the true needs of the community to address this opioid crisis in a manner that aligns with the stipulations of Schedules A and B. Using the approved MOU provides the widest range of activities that can be implemented with local community organizations as well as other community partners. The Hillsborough County Implementation Plan may change from year to year due to the selected programs but will continue to focus on addressing the opioid crisis. For the initial year funding process, the use of an RFA will provide significant community feedback and information that will provide the basis of activities to use the allocated funding. Through strategic investment in prevention, treatment, recovery, public awareness, and law enforcement support, Hillsborough County aims to significantly reduce the impact of the opioid crisis in our community. The availability of these funds will serve as a significant resource to local providers and to the citizens.

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IMPLEMENTATION STRATEGIES

The following service domains (Education, Prevention, Treatment and Recovery) and underlining strategies can be used to address the opioid crisis in Hillsborough County and are available for funding through the opioid settlement funds as outlined in the MOU between the State of Florida and the BOCC.

SERVICE DOMAINS AND STRATEGIES

A. Education - Priority Strategies

A.1 Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

A.2 Fund media campaigns to prevent opioid misuse.

A.3 Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction- including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

A.4 Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

A.5 Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

B. Prevention - Priority Strategies

B.1 Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction- including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

B.2 Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

B.3 Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, individuals at high risk of overdose, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

B.4 Public health entities provide free Naloxone/Narcan to anyone in the community.

B.5 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.

C. Treatment - Priority Strategies

C.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.

C.2 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.

C.3 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.

C.4 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.

C.5 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.

D. Recovery - Priority Strategies

D.1 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.

D.2 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.

D.3 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.

D.4 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.

E. Education - Additional Strategies

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:

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

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

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

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

E.4 Educate Dispensers on appropriate opioid dispensing.

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:

E. 5 Public education relating to drug disposal.

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:

E.6 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.

E.7 Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

E.8 Public education relating to emergency responses to overdoses.

E.9 Public education relating to immunity and Good Samaritan Laws.

E.10 Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.

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:

E.11 Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

E.12 Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD 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.

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

E.14 Development and dissemination of new curricula, such as the American Academy of Addiction· Psychiatrist Provider Clinical Support Service for Medication-Assisted Treatment.

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

E.15 Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

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

E.16 Engage non-profits and the faith community as a system to support outreach for treatment.

E.17 Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

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

E.18 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:

E.19 Active outreach strategies such as the Drug Abuse Response Team (DART) model;

E.20 Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

E.21 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 connection with any of the strategies described in this section.

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

E.22 Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

E.23 Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a place of safe care.

Medication-Assisted Treatment ("MAT") Distribution and other opioid-related treatment:

E.24 Provide education to school-based and youth-focused programs that discourage or prevent misuse;

E.25 Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders

Prevention Programs

E.26 Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent the 2016 CDC guidelines, including providers at hospitals (academic detailing);

E.27 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.

First Responders

E.28 Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

Leadership, Planning And Coordination

E.29 Support efforts to provide leadership, planning, coordination, facilitation, training, and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

E.30 A dashboard to share reports, recommendations, or plans to spend opioid settlement funds; to show how opioid settlement funds have been spent; to report program or strategy outcomes; or to track, share, or visualize key opioid-related or health-related indicators and supports as identified through collaborative statewide, regional, local, or community processes.

Training

E.31 In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

E.32 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.

E.33 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.

Research

E.34 Support opioid implementation research that may include, but is not limited to, the following:

E.35 Monitoring, surveillance, data collection, and evaluation of programs and strategies described in this opioid implementation strategy list.

E.36 Research non-opioid treatment of chronic pain.

E.37 Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

E.38 Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

E.39 Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

E.40 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).

E.41 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.

E.42 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:

E.43 Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

F. Prevention - Additional Strategies

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

F.1 Increase the number of prescribers using PDMPs;

F.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

F.3 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.

F.4 Increase electronic prescribing to prevent diversion or forgery.

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:

F.5 Corrective advertising or affirmative public education campaigns based on evidence,

F.6 Drug take-back disposal or destruction programs

F.7 Fund community anti-drug coalitions that engage in drug prevention efforts.

F.8 Engage non-profits and faith-based communities as systems to support prevention.

F.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.

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

F.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.

F.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 other drug misuse.

Support efforts to prevent Qtr. 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:

F.13 Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.

F.14 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.

F.15 Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

F.16 Support 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/NIH conditions.

F.17 Provide 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.

F.18 Support screening for fentanyl in routine clinical toxicology testing.

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

F.19 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.

F.20 Develop and support best practices on addressing OUD in the workplace.

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

F.21 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:

F.22 "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;

F.23 Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;

F.24 Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or

F.25 Support critical time interventions (CTD, 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.

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

F.26 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.

Naloxone or other FDA-approved drug to reverse opioid overdoses:

F.27 Expand training for first responders, schools, community support groups and families; and

F.28 Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

Prevention Programs

F.29 Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost' campaign to prevent youth from misusing tobacco)

F.30 Funding for evidence-based prevention programs in schools;

F.31 Funding for community drug disposal programs; and

F. 32 Expanding Syringe Service Programs

F.33 Provide comprehensive syringe services programs with more wrap-around services linkage to OUD treatment, access to sterile syringes, and linkage to care and treatment of infectious diseases.

F.34 Evidence-based data collection and research analyzing the effectiveness of the implementation strategies within the State.

Leadership, Planning and Coordination

F.35 Support efforts to provide leadership, planning, coordination, facilitation, training, and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

F.36 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; to support training and technical assistance; or to. support other strategies to abate the opioid epidemic described in this opioid implementation strategy list.

F.37 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 implementation strategy list.

Training

F.38 In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

F.39 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 implementation strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

G. Treatment - Additional Strategies

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

G.1 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.

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:

G.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.

G.3 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.

G.4 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.

G.5 Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

G.6 Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telemonitoring to assist community-based providers in rural or underserved areas.

G.7 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.

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

G.8 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,

G. 9 Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

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

G.10 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.

G.11 Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

G.12 Provide training and Jong-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.

G.13 Purchase automated versions of SBIRT and support ongoing costs of the technology.

G.14 Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

G.15 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.

G.16 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.

G.17 Expand warm hand-off services to transition to recovery services.

G.18 Support assistance programs for health care providers with OUD.

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

G.19 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:

G.20 Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);

G.21 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.

G.22 Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

G.23 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 have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

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

G.24 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.

G.25 Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD.

G.26 Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need; expand long-term treatment and services for medical monitoring of NAS babies and their families.

Medication-Assisted Treatment ("MAT") Distribution and other opioid-related treatment:

G.27 Increase distribution of MAT to non-Medicaid eligible or uninsured individuals;

G.28 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 with other support services.

Pregnant & Postpartum Women

G.29 Expand Screening, Brief Intervention, and Referral to Treatment ("SBIRT") services to non- Medicaid eligible or uninsured pregnant women;

G.30 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;

Expanding Treatment for Neonatal Abstinence Syndrome

G.31 Expand comprehensive evidence-based treatment and recovery support for NAS babies;

G.32 Expand services for better continuum of care with infant-need; and

G.33 Expand long-term treatment services for medical monitoring of NAS babies and their families.

Expansion of Warm Hand-off Programs and Recovery Services

G.34 Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

G.35 Expand warm hand-off services to transition to recovery services;

Expansion of Warm Hand-off Programs and Recovery Services

G.36 Hire additional social workers or other behavioral health workers to facilitate expansions above.

Treatment for Incarcerated Population

G.37 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;

G.38 Increase funding for jails to provide treatment to inmates with OUD.

Leadership, Planning And Coordination

G.39 Support efforts to provide leadership, planning, coordination, facilitation, training, and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

G.40 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 implementation strategy list.

Training

G.41 In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

G.42 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 implementation strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

H. Recovery - Additional Strategies

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:

H.1 Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH condition.

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

H.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.

H.3 Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.

H.4 Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

H.5 Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

H.6 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.

H.7 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.

H.8 Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

H.9 Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

H.10 Create and/or support recovery high schools.

H.11 Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

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

H.12 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 ODD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

H.13 Expand warm hand-off services to transition to recovery services.

H.14 Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

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

H.15 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.

H.16 Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD.

H.17 Child and family supports for parenting women with OUD and any co-occurring SUD conditions.

H.18 Enhanced family supports and childcare services for parents with OUD and any co-occurring SUD/MH conditions.

H.19 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,

H.20 Offer home-based wrap-around services to persons with ODD and any co-occurring SUD/MB conditions, including but not limited to parent skills training.

H.21 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.

Medication-Assisted Treatment ("MAT") Distribution and other opioid-related treatment:

H.22 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 with other support services.

Pregnant & Postpartum Women

H.23 Provide comprehensive wrap-around services to individuals with Opioid Use Disorder (OUD) including housing, transportation, job placement/training, and childcare.

Expanding Treatment for Neonatal Abstinence Syndrome

H.24 Expand comprehensive evidence-based treatment and recovery support for NAS babies;

Expansion of Warm Hand-off Programs and Recovery Services

H.25 Expand warm hand-off services to transition to recovery services;

H.26 Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

H.27 Provide comprehensive wrap-around services to individuals in recovery including transportation, job placement/training, and childcare;

First Responders

H.28 Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

Leadership, Planning and Coordination

H.29 Support efforts to provide leadership, planning, coordination, facilitation, training, and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

H.30 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 implementation strategy list.

Training

H.31 In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

H.32 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 implementation strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

The following sources provide a wide range of information, guidelines, best practices, and research related to opioid prevention, education, treatment, and recovery and can serve as valuable references for further exploration and understanding:

1. Centers for Disease Control and Prevention (CDC): www.cdc.gov/drugoverdose/index.html
2. National Institute on Drug Abuse (NIDA): www.drugabuse.gov
3. Substance Abuse and Mental Health Services Administration (SAMHSA): www.samhsa.gov
4. World Health Organization (WHO): www.who.int/substance_abuse/en
5. American Society of Addiction Medicine (ASAM): www.asam.org
6. National Council for Behavioral Health: www.thenationalcouncil.org
7. National Association of State Alcohol and Drug Abuse Directors (NASADAD): www.nasadad.org
8. National Association of Addiction Treatment Providers (NAATP): www.naatp.org
9. National Association of County and City Health Officials (NACCHO): www.naccho.org
10. National Alliance for Medication-Assisted Recovery (NAMA): www.methadone.org
11. Community Anti-Drug Coalitions of America (CADCA): www.cadca.org
12. The Partnership to End Addiction: drugfree.org.
13. Harm Reduction Coalition: harmreduction.org.
14. Association for Addiction Professionals (NAADAC): www.naadac.org
15. American Association for the Treatment of Opioid Dependence (AATOD): www.aatod.org
16. American Medical Association (AMA): www.ama-assn.org
17. American Psychological Association (APA): www.apa.org
18. American Public Health Association (APHA): www.apha.org
19. National Governors Association (NGA): www.nga.org
20. National Institute for Health and Care Excellence (NICE): www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/substance-misuse
21. Opioid Response Network (ORN): opioidresponsenetwork.org
22. National Harm Reduction Coalition: nationalharmreduction.org
23. National Association of Attorneys General (NAAG): www.naag.org
24. Partnership for Drug-Free Kids: drugfree.org
25. Prescription Drug Safety Network: www.pdsnetwork.org
26. National Safety Council: www.nsc.org
27. American Pharmacists Association (APHA): www.pharmacist.com
28. American Nurses Association (ANA): www.nursingworld.org
29. National Association of Social Workers (NASW): www.socialworkers.org
30. American Dental Association (ADA): www.ada.org