EXHIBIT A

EIGHTEENTH AMENDMENT TO THE JOINT OFFICE OF HOMELESS SERVICES INTERGOVERNMENTAL AGREEMENT (CONTRACT # 30005335)

This AMENDMENT NO. 18 TO THE JOINT OFFICE OF HOMELESS SERVICES INTERGOVERNMENTAL AGREEMENT (the "Amendment") is effective July 1, 2023 (the "Effective Date"), and is made pursuant to the Joint Office of Homeless Services Intergovernmental Agreement (Contract #30005335), dated July 1, 2016, as amended (the "Agreement"), by and between Multnomah County, a municipal subdivision of the state of Oregon ("County"), and the City of Portland, a municipal corporation of the state of Oregon, acting by and through the Portland Housing Bureau ("City" or "PHB"). County and PHB may be referred to jointly as the "Parties" and individually as a "Party." Except as otherwise noted, the meanings of defined terms in the Amendment are the same as those used in the Agreement.

RECITALS

A. WHEREAS, the County and PHB entered into that certain Intergovernmental Agreement for the Joint Office of Homeless Services dated July 1, 2016 (the "Original Joint Office IGA").

B. WHEREAS, the Parties are parties to the Agreement, as amended by that certain: First Amendment to the Agreement dated April 18, 2017, Second Amendment to the Agreement dated June 21, 2017, Third Amendment to the Agreement dated November 8, 2017, Fourth Amendment to the Agreement dated August 28, 2018, Fifth Amendment to the Agreement effective July 1, 2019, Sixth Amendment to the Agreement effective October 1, 2019, Seventh Amendment to the Agreement dated April 20, 2020, Eighth Amendment to the Agreement dated July 1, 2020, Ninth Amendment to the Agreement dated November 1, 2020, Tenth Amendment to the Agreement dated March 1, 2021, Eleventh Amendment to the Agreement dated July 1, 2021, Twelfth Amendment to Joint Office of Homeless Services dated December 15, 2021, Thirteenth Amendment to the Agreement dated May 12, 2022, Fourteenth Amendment to the Agreement dated October 3, 2022, Fifteenth Amendment to the Agreement dated July 1, 2022, Sixteenth Amendment dated May 16, 2023, and the Seventeenth Amendment dated June 28, 2023. The Original Joint Office IGA as amended by the First Amendment, Second Amendment, Third Amendment, Fourth Amendment, Fifth Amendment, Sixth Amendment, Seventh Amendment, Eighth Amendment, Ninth Amendment, Tenth Amendment, Eleventh Amendment, Twelfth Amendment, Thirteenth Amendment, Fourteenth Amendment, Fifteenth Amendment, Sixteenth Amendment, and Seventeenth Amendment is referred to herein as the "Agreement."

C. WHEREAS, the Parties desire to amend the Agreement to allocate the budget for FY23-24, as set forth in this Eighteenth Amendment which includes a revised Exhibit H with the actual allocated FY23-24 budget.

D. The FY23-24 budget includes funding specific to responding to the emergency shelter, housing placement and retention, supportive housing, homeless prevention services, and rental assistance for households at risk of homelessness including funds from the U.S. Department of Housing and Urban Development (HUD) and City fund sources.

AGREEMENT

NOW, THEREFORE, in consideration of the mutual covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereby agree as follows:

1. **Exhibit H: The City's FY23-24 Budget.** Exhibit H attached to the Agreement is hereby deleted in its entirety and replaced with the revised Exhibit H attached hereto as **Attachment 1**. Sample invoice forms are contained in **Attachment 2.**

2. **Description of Recreational Cannabis Tax (RCT) funding uses for FY23-24: Attachment 3** of this amendment provides a description of the uses of Recreational Cannabis Tax funds approved in the FY23-24 budget for transitional and supportive housing services. In exchange for a portion of the RCT funds, the City will retain $137,745 in City GF Ongoing to be allocated to the Risk Mitigation Pool for supportive housing units, as reflected in the revised amount of City GF Ongoing funds in Exhibit H of this amendment.

3. **Description of City Opioid funding uses and requirements for FY23-24: Attachment 4** of this amendment provides a description of the uses and reporting requirements for the City Opioid funds approved in the FY23-24 budget for the Service Coordination Team (SCT).

4. **No Other Changes**. All other terms and conditions of the Agreement remain unchanged and in force. In the event that any terms in the Amendment conflict with terms in the Agreement, the terms in the Amendment shall supersede and otherwise take precedence over the terms in the Agreement.

MULTNOMAH COUNTY:

DO NOT EXECUTE

By: Jessica Vega Pederson, Chair
Multnomah County Board of Commissioners

Approved as to Form:

DO NOT EXECUTE

County Attorney

CITY OF PORTLAND:

DO NOT EXECUTE

By: Carmen Rubio, Housing Commissioner
City of Portland

Approved as to Form:

DO NOT EXECUTE

City Attorney

Attachment 1

EXHIBIT H
The City's FY23-24 JOHS Budget

	Revised Budget - FY23-24
City Funds:	
General Fund Ongoing	$29,153,534
One-Time Funding -	$8,859,481
Service Coordination Team - GF	$1,857,631
Returned to PHB for RMP	$ (137,745.00)
Total General Funds Sub-Total	**$39,732,901**
Recreational Cannabis Funds - FY23-24 (RMP Swap)	$137,745
Recreational Cannabis Funds - FY23-24	$200,000
Recreational Cannabis Sub-Total	**$337,745**
Service Coordination Team - Opioid One-time	$500,000
Total City Funds	**$40,570,646**
Federal Funds (Regular Allocation):	
HUD HOPWA - FY23-24 & PY 2022 Balance	$2,344,985
HUD ESG - FY23-24 & PY 2022 Balance	$729,474
Total Federal Funds	**$3,074,459**
Grand Total FY23-24 Funds	**$43,645,105**

Attachment 2

SAMPLE INVOICE TEMPLATES

Joint Office of Homeless Services

General Fund Reconciliation, Including Service Coordination Team (SCT)

Quarter 1: July - September 2022

Contract # 30005335

Date: _____

City of Portland / PHB
Attn: Dr. Uma Krishnan
1900 SW 4th Avenue, Suite 7007
Portland, OR 97204
Ph: 503-823-5129

Joint Office of Homeless Services
Antoinette Payne
721 SW Oak Street, Suite 100
Portland, OR 97205
Ph: 503-988-8689 X 88689

Program/Service Category Provider	IGA Budget	Expenditures Reported for the Current Quarter	Total Expenditures Reported YTD	Remaining Balance
OFFICE SUPPORT STAFF				
OFFICE LEASED SPACE				
CONSULTING - AHFE				
Administration and Operations				
211 INFO INC				
CENTRAL CITY CONCERN				
JOIN				
NORTHWEST PILOT PROJECT				
STREET ROOTS				
TRANSITION PROJECTS INC				
System Support Services				
211 INFO				
CASCADIA				
CATHOLIC CHARITIES				
CENTRAL CITY CONCERN				
DO GOOD MULTNOMAH				
HOME FORWARD				
HUMAN SOLUTIONS INC				
JANUS YOUTH PROGRAMS				
JOIN				
MENTAL HEALTH SHELTER ALTERNATIVES				
FACILITIES				
SHELTER PERSONNEL				

TEMPORARY WINTER SHELTER				
TRANSITION PROJECTS INC				
Safety Off the Streets				
CATHOLIC CHARITIES				
DO GOOD MULTNOMAH				
HOME FORWARD				
HUMAN SOLUTIONS INC				
JOIN				
NATIVE AMERICAN REHABILITATION ASSN				
NEW AVENUES FOR YOUTH				
NORTHWEST PILOT PROJECT				
OUTSIDE IN				
SELF ENHANCEMENT INC				
TRANSITION PROJECTS INC				
URBAN LEAGUE OF PORTLAND				
Housing Placement & Retention				
CASCADIA BEHAVIORAL HEALTHCARE				
CENTRAL CITY CONCERN				
DO GOOD MULTNOMAH				
HOME FORWARD				
HUMAN SOLUTIONS INC				
JOIN				
NATIVE AMERICAN REHABILITATION ASSN				
NEW AVENUES FOR YOUTH				
NEW NARRATIVE				
PSU				
SUPPORTIVE HOUSING PERSONNEL				
URBAN LEAGUE OF PORTLAND				
Supportive Housing				
CENTRAL CITY CONCERN				
HUMAN SOLUTIONS INC				
TRANSITION PROJECTS INC				
YWCA				
Diversion				
CENTRAL CITY CONCERN				
WORKSYSTEMS INC				
Employment				
Service Coordination Team				
Total	**39,732,901.00**	**-**	**-**	**0.00**

Joint Office of Homeless Services

Recreational Cannabis Tax (RCT) Fund Invoice

Quarter 1: July - September 2023

Contract # 30005335

Date: _____

City of Portland / PHB Attn: Dr. Uma Krishnan 1900 SW 4th Avenue, Suite 7007 Portland, OR 97204 Ph: 503-823-6633	Joint Office of Homeless Services Antoinette Payne 721 SW Oak Street, Suite 100 Portland, OR 97205 Ph: 503-988-8689 X 88689

Program/Service Category Provider	IGA Budget	Expenditures Reported for the Current Quarter	Total Expenditures Reported YTD
JOIN			
Recreational Cannabis Funds	**337,745.00**	**-**	**-**
Total Recreational Cannabis Billing	**337,745.00**	**0.00**	**0.00**

Joint Office of Homeless Services

Opioid One-Time Fund Invoice

Quarter 1: July - September 2023

Contract # 30005335

Date: _____

City of Portland / PHB Attn: Dr. Uma Krishnan 1900 SW 4th Avenue, Suite 7007 Portland, OR 97204 Ph: 503-823-6633	Joint Office of Homeless Services Antoinette Payne 721 SW Oak Street, Suite 100 Portland, OR 97205 Ph: 503-988-8689 X 88689

Program/Service Category Provider	IGA Budget	Expenditures Reported for the Current Quarter	Total Expenditures Reported YTD
Service Coordination Team	**500,000.00**	**-**	**-**
Total Recreational Cannabis Billing	**500,000.00**	**0.00**	**0.00**

Joint Office of Homeless Services

Federal Fund Invoice - HOPWA and ESG Grants

Quarter 1: July - September 2022

Contract # 30005335

Date: _____

City of Portland / PHB
Attn: Dr. Uma Krishnan
1900 SW 4th Avenue, Suite 7007
Portland, OR 97204
Ph: 503-823-6633

Joint Office of Homeless Services
Antoinette Payne
721 SW Oak Street, Suite 100
Portland, OR 97205
Ph: 503-988-8689 X 88689

Funding Source Budget Category	IGA Budget		Total Expenditures Reported YTD	Remaining Balance
ESG Grant FY23-24				
Total ESG FY23-24 Grant	**728,121.00**			
ESG Grant FY22-23 (carryover)	**1353.20**			
Total ESG FY22-23 Grant (carryover)	**1353.20**			
HOPWA Grant FY22-23				
Supportive Housing				
Cascade Aids Project				
Supportive Services				
TBRA				
PBRA				
STRMU				
Permanent Housing Placement				
Administrative Costs				
Central City Concern				
PBRA				
Administrative Costs				
JOHS HOPWA Administration				
Total HOPWA 23-24 Grant	**2,116,579.00**		**0.00**	**0.00**
HOPWA Grant FY22-23 (carryover)	**228,406.32**			
Cascade AIDS Project - SS				
Cascade AIDS Project - TBRA				
Cascade AIDS Project - STRMU				
TBD				
Total HOPWA FY21-22 Grant (carryover)	**228,406.32**		**0.00**	**0.00**
Total Fed Billing	**3,074,459.52**		**0.00**	**0.00**

Attachment 3
Description of Use of Recreational Cannabis Funds

PHB's allocation of $337,745 in Recreational Cannabis Funds to the JOHS for FY23-24 will pay for the following:

1. $200,000 will be programmed to provide staffing and/or operations support for programs serving individuals in need of treatment, recovery, and support services. This includes programming for JOIN's Mobile Permanent Supportive Housing (MPSH) team and treatment and support services in Central City Concern's Alcohol and Drug Free Community (ADFC) housing.

2. As per the agreement of PHB and JOHS, in exchange for receipt of a portion of RCT funds, JOHS will provide $137,745 in City general funds to the City to be allocated to the Risk Mitigation Pool for supportive housing units.

Attachment 4
Description of Uses and Requirements for City Opioid Funds

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").

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

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

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

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

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

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

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

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

C. PREGNANT & 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 evidenceinformed programs or strategies that may include, but are not limited to, those that:15

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 evidencebased or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

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

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

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

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

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

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

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

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

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

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

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14. Create and/or support recovery high schools.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. <u>ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS</u>

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 justiceinvolved 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. <u>ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME</u>

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 childcare services for parents with OUD and any co-occurring SUD/MH conditions.

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

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

10. 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. <u>PREVENT MISUSE OF OPIOIDS</u>

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. <u>PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)</u>

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 opioidor 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.

Reporting

Reporting requirements will be provided when finalized.