Board of County Commissioners (BCC)

Meeting: 08/13/24 05:00 PM

Department: Finance
Prepared By: Audra Garcia
Director: Shirley Ragin
DCM: Shirley Ragin
Sponsors: Shirley Ragin

Title: Opioid Funding Budget and Appropriation

Action:

Motion to approve Financial Resolution **FR 2024-__** accepting and budgeting of funds from BG Distributors (Allergan & Teva) Opioid Settlement Distribution #2 and Opioid Settlement Distribution #4 for the total amount of $939,584.56.

Summary:

On May 23, 2024, Bernalillo County was notified by the Directing Administrator of the National Opioid Settlements that on or around July 15, 2024, the County will receive its second distribution from BG Distributors (Allergan & Teva) in the amount of $368,282.17. On or around July 15, 2024, the County will receive its fourth distribution (Year 4) of $571,302.39 from BG Distributors. The County received all three settlement payments on July 31, 2024. BG distributors collects the payments to the participating local governments of opioid settlements and intends to make distributions annually for settlement payments.

The following table summarizes the distribution:

Defendant	Settlements received by BG Distributors as of 07/15/2024	Bernalillo County's Allocation	Distribution to Bernalillo County
Allergan	$ 1,011,626.59	0.186169293	$188,333.81
Teva	$ 966,584.55	0.186169293	$179,948.36
Distributor Yr 4	$ 3,068,725.17	0.186169293	$571,302.39
Total	**$ 5,957,698.33**		**$939,584.56**

The County has received a total of $24,052,785.87 of settlement payments as of 07/31/2024 including this distribution. (See table below)

Distributor	Amount Received
Distributors (Years 1-4,7)	$ 1,870,690.01
Janssen (Full Settlement)	$ 3,200,772.11
Mallinckrodt Bankruptcy	$ 274,733.80
Distributors Yr 1 & 2 (BG) - Allergan	$ 376,503.88
Distributors Yr 1 &2 (BG) - Teva	$ 340,281.05
Various Distributors/Office of Attorney General:	
Walgreens	$ 1,111,074.31
KVK-Tech	$ 23,294.43
Amneal	$ 12,991.13
Hikma	$ 35,837.59
CVS	$ 1,274,559.67
Walmart	$ 9,071,348.85
Kroger	$ 5,142,189.03
Albertsons	$ 1,318,510.01
Total	**$ 24,052,785.87**

Background:

Additionally, on October 10, 2023, the County Commission approved Administrative Resolution AR 2023-105 establishing a policy for the evidence-based and planned application of Opioid Settlement monies. Through careful, deliberate, and strategic planning and consideration of the best practices and principles established by public health policymakers, opioid settlement funding can be used to make strategic investments that have real and lasting impacts on our community by combining opioid settlement resource planning with the City of Albuquerque ("CABQ"), the. State of New Mexico, and other local governments will further strengthen the ability to meet the biggest opioid use disorder needs in our community while avoiding duplication of effort and building a strong and coordinated support network. Any appropriations of opioid settlement monies previously receipted and of additional settlement monies received by the County after the effective date of AR 2023-105, shall be deferred until the processes listed in Section 1 been successfully implemented unless such appropriations are otherwise directed by the Board of County Commissioners.

Of the funds going directly to participating states and subdivisions, at least 85% must be used for abatement of the opioid Epidemic, with the overwhelming bulk of the proceeds restricted to funding future abatement efforts by state and local governments. Opioid settlement monies are being provided to address the damages inflicted by the widespread marketing and misuse of synthetic opioids. The settlement monies must be expended in accordance with Exhibit E of the Distributor Settlement Agreement reached with the various parties.

Attachments:

- 1. Agenda Item Deadlines and Briefing Info Opioid Settlement AG Office (PDF)
- 2. Financial Analysis Form-$939K (XLSM)
- 3. Financial Resolution Form - $939k (DOCX)
- 4. $368,282.17 NM Payment Year 2 Allocations for Allergan and Teva (XLSX)
- 6. AR 2023-105_10-10-2023 (PDF)
- 5. $571,302.39 New Mexico Payment Allocations - Distributor Payment 4 (XLSX)
- 7. Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21 (PDF)

Staff Analysis Summary:

Procurement & Business Services Natasha Millenbah Review Completed 08/02/2024 3:05 PM

No comment required on the proposed motion; however, proper Purchasing procedures will be followed for any and all related procurements. Natasha Millenbah, Purchasing Administrator, 08/02/2024.

Risk Management Review Pending

Capital Improvement Program Katherine S. Korte Review Pending

Budget Review Pending

Finance Shirley Ragin Review Pending

Legal Review Pending

Finance Shirley Ragin Review Pending

Board of County Commissioners Julie A. Baca Meeting Pending 08/13/2024 5:00 PM

Agenda Item Deadlines

- ✓ **Agenda Review- All items must be in MT in at least draft form by 10:30 am Agenda Review. This will allow the Chair and CM to review all items and set the agenda per the Rules of Procedure.**
- ✓ **7-Day Rule: All agenda items must begin routing on Friday, 7 business days prior to the BCC meeting date the agenda item will be heard. See Routing Schedule for exact dates for each meeting.**
- ✓ **96 Hour Publication: To allow review of all agenda items and publish 96 hours prior to the BCC meeting date, your agenda items must be complete and fully routed by noon on the Thursday prior to the BCC meeting date the agenda item will be heard.**

Briefing Sheet

Department Name: Finance Division

Agenda Item #: 22690

Agenda Item Title: Opioid Funding Budget and Appropriation

Impacted Commission District(s): All

Commissioner(s) Sponsored: No

Have the Commissioner(s) been briefed? (Yes/No) Yes

Should the agenda item be considered for Consent Agenda?(Yes/No) Yes

If yes, please explain why:

The Finance DCM will send an email briefing to the Commissioners prior to the meeting.

The County has received a total of $23.1 million to date, prior to this distribution. With this distribution, the total amount is $24.1 Million. This Agenda Item is being sponsored by the County Manager.

Additional pertinent agenda item details for CM and Chair review/consideration

FINANCIAL ANALYSIS FORM

SECTION 1: GENERAL INFORMATION

Request Type: **Agenda Item/Financial Resolution (FR)**
Date: August 13, 2024
Department: Finance Division
Form Prepared By:
(Name, Title & Phone Number) Audra Garcia, Special Projects Coordinator, 505.448.1067

Form Reviewed By:
(Budget Office Staff Name, Title, & Phone Number) Jasmin Gomez, Budget Analyst, 505.224.1606
(1 thru 5 or all) BCC District: ALL

SECTION 2: REQUEST OVERVIEW

Requesting budget increase of $939,584.56 (Allergen $188,333.81, Teva $179,948.36, and $571,302.39 Distributors (Cardinal & AmerisourceBergen) from Brown Greer (BG) Distributing Administrators resulting from the Nationwide Opioid Settlement Agreement. These are based on the allocation percentages in the settlement documents.

CIP Database Project ID number(s):

SECTION 3: FUNDING SOURCE AND/OR REVENUE IMPACT

REQUIRES IMPACTED DEPARTMENT ACTION TO BUDGET IN FUTURE FISCAL YEARS

Funding Source	NEW	EXISTING	#NAME?	#NAME?	#NAME?	#NAME?	#NAME?	TOTALS
RECURRING								
								$ -
								$ -
								$ -
								$ -
								$ -
								$ -
SUB-TOTAL RECURRING			-	-	-	-	-	$ -
NON-RECURRING								
Opioid Settlement		X	939,584.56					939,584.56
								-
								-
								-
								-
								-
SUB-TOTAL NON-RECURRING			**939,584.56**	-	-	-	-	939,584.56
Total Revenues			**939,584.56**	-	-	-	-	**939,584.56**

***New** = New Funding Request/Not Currently Budgeted **OR**
Existing = Funding Exists in the Budget

TOTAL REVENUES **$ 939,584.56**

SECTION 4: EXPENDITURE & STAFF IMPACT

REQUIRES IMPACTED DEPARTMENT ACTION TO BUDGET IN FUTURE FISCAL YEARS

Expenditure Description	NEW	EXISTING	#NAME?	#NAME?	#NAME?	#NAME?	#NAME?	TOTALS
RECURRING								
								$ -
								$ -
								$ -
								$ -
								$ -
								$ -
SUB-TOTAL RECURRING			-	-	-	-	-	$ -
NON-RECURRING								
Opioid Settlement		X	939,584.56					939,584.56
								-
								-
								-
								-
								-
SUB-TOTAL NON-RECURRING			**939,584.56**	-	-	-	-	939,584.56
Sub-total Operating Expenditures			**939,584.56**	-	-	-	-	**939,584.56**

***New** = New Funding Request/Not Currently Budgeted **OR**
Existing = Funding Exists in the Budget

Staff Position Title	Status*	New	Existing	#NAME?	#NAME?	#NAME?	#NAME?	#NAME?	TOTALS
Non Applicable									
									$ -
"Staffing Request Detail"									
Sub-total Staff Cost Expenditures				-	-	-	-	-	$ -

***Status** of Position enter **FT =** Full-Time Equivalent, **PT** = Part-Time FTE, **T** = Term

TOTAL EXPENDITURES		**939,585**	**-**	**-**	**-**	**-**	**939,584.56**

TOTAL EXPENDITURES **$ 939,584.56**

FINANCIAL ANALYSIS FORM

SECTION 5: NARRATIVE

FISCAL IMPLICATIONS

Historical Information and Existing Funding (include match and in-kind funding) - Funds resulting from the National Opioid Settlement Agreement. Nationwide settlements have been reached to resolve all opioids litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors: McKesson, Cardinal Health and Amerisource Bergen ("Distributors"), and manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson (collectively, "J&J"). These settlements will provide substantial funds to states and local governments for abatement of the opioid epidemic across the country and will impose transformative changes in the way the settling defendants conduct their business.

Current Financial Impact of Proposed Action - The $969,584.56 in funding is part of the nationwide settlements and will be used for opioid remediation in Bernalillo County.

Future Financial Implications - These are payments due to Bernalillo County from various Companies (Walgreens, KVK-Tech, Amneal, Hikma, CVS, Walmart, Kroger & Albertsons) for payment year 2022 & 2023. We will expect funds every year from Walgreens, Teva, Allergan, Amneal, KVK, & Hikma through 2037 and from the "Distributors" (Cardinal, McKesson, and AmerisourceBergen) through 2038. The funds will be used until they are exhausted.

OTHER SIGNIFICANT ISSUES

Departmental Impacts - This fund will be monitored by the Chief of Government Affairs in conjunction with the Finance Division to ensure funds are spent properly according to settlement agreement.

Impacts to Other Departments - Finance Division in conjunction with Accounting and Budget Department will ensure proper budgeting and posting of funding. Public Safety may need to offer training for first responders.

Interdepartmental Communication - Communication will be needed with various departments to ensure funds available for use and funds are spent according to settlement guidelines.

JUSTIFICATION

Mandated - Per Opioid Settlement Agreements for BG Distributors: Teva Pharmaceutical Industries LTD, Allergan PLC, AmerisourceBergen Corporation, & Cardinal Health Inc, any appropriations of opioid settlement monies must be appropriated in accordance with Administrative Resolution 2023-105 approved by the County Commission on October 10, 2023.

Program Relevance - This is supported by the Government Accountability Goal of the Strategic Plan to be a good steward of taxpayer dollars and the Public. These funds will aide in addressing the damages inflicted by the misuse of synthetic opioids which impacts our public safety, on families and individuals, and the local economy. This will help address addiction, homelessness due to addiction, prevention, intervention and treatment programs.

Other Relevant Information - A fund has been established to ensure accurate posting of activities.

ALTERNATIVES

Settlement funds will be expended in compliance with the Opioid Settlement Agreements and AR2023-105 or any subsequent Resolution adopted by the BCC, until fully exhausted.

BUDGET OFFICE REVIEW

The Budget Office has reviewed the financial analysis form and sees no issues prohibiting approval.

BERNALILLO COUNTY

BOARD OF COUNTY COMMISSIONERS

FINANCIAL RESOLUTION NO._____

To request the following BUDGET INCREASE for the purpose of accepting and budgeting funds from BG Distributors (Allergen $188,333.81, Teva $179,948.36), & Distributors (Cardinal & AmerisourceBergen) $571,302.39) to support the abatement of the opioid epidemic as described in the settlement agreement.

WHEREAS, at a regular meeting of the BOARD OF COUNTY COMMISSIONERS OF BERNALILLO COUNTY, held on August 13, 2024, the following was among the proceedings:

Source:	Amount
OPIOID SETTLEMENT	
12601 | 110601 | 486101 |	$939,584.56
TOTAL SOURCES	$939,584.56
Expenditure:	
OPIOID ABATEMENT FUND	
12601 | 110601 | 521050 |	$939,584.56
TOTAL EXPENDITURES	$939,584.56

WHEREAS, the above budget increase is necessary, and funds are available from the above stated source.

WHEREAS, after approval from the Department of Finance and Administration, Local Government Division, the above action shall be taken and all necessary adjustments shall be made.

NOW, THEREFORE, be it resolved by the Board of County Commissioners, the governing body of the County of Bernalillo that this budget increase having been duly heard is hereby adopted this 13th day of August, 2024.

BOARD OF COUNTY COMMISSIONERS

_____
Barbara Baca, Chair

_____
Eric C. Olivas, Vice-Chair

_____
Steven Michael Quezada, Member

_____
Adriann Barboa, Member

_____
Walt Benson, Member

ATTEST:

_____
Linda Stover, County Clerk

REVIEWED BY:

_____
Shirley Ragin, Deputy County Manager for Finance

APPROVED AS TO FORM:

_____
W. Ken Martinez, County Attorney

National Opioid Settlements

BrownGreer Directing Administrator

PAYMENT ALLOCATIONS TO NEW MEXICO
(As of 5/23/24)

	State / Subdivision	Allergan Payment 2	Teva Payment 2	TOTAL
1.	New Mexico	$1,096,682.32	$1,078,681.44	**$2,175,363.76**
2.	Backstop Held by Administrator	$327,369.77	$350,472.84	**$677,842.61**
3.	Alamogordo City	$9,796.11	$9,359.95	**$19,156.06**
4.	Albuquerque City	$230,185.77	$219,936.88	**$450,122.65**
5.	Artesia City (Pooled funds with Eddy County acting as Administrator)	$0.00	$0.00	**$0.00**
6.	Bernalillo County	$188,333.81	$179,948.36	**$368,282.17**
7.	Bernalillo Town	$2,896.77	$2,767.80	**$5,664.57**
8.	Catron County	$1,143.08	$1,092.18	**$2,235.26**
9.	Chaves County	$25,653.72	$24,511.50	**$50,165.22**
10.	Cibola County	$7,812.94	$7,465.08	**$15,278.02**
11.	Clovis City (Pooled funds with Curry County acting as Administrator)	$0.00	$0.00	**$0.00**
12.	Colfax County	$7,535.14	$7,199.65	**$14,734.79**
13.	Curry County	$14,219.90	$13,586.76	**$27,806.66**
14.	Deming City	$2,513.76	$2,401.84	**$4,915.60**
15.	Dona Ana County	$41,486.62	$39,639.46	**$81,126.08**
16.	Eddy County	$26,282.04	$25,111.85	**$51,393.89**
17.	Española City	$10,995.60	$10,506.03	**$21,501.63**
18.	Farmington City	$14,284.57	$13,648.56	**$27,933.13**
19.	Gallup City	$7,812.69	$7,464.83	**$15,277.52**
20.	Grant County	$18,267.27	$17,453.93	**$35,721.20**
21.	Guadalupe County	$1,890.92	$1,806.73	**$3,697.65**
22.	Harding County	$103.86	$99.24	**$203.10**
23.	Hidalgo County	$1,988.36	$1,899.83	**$3,888.19**
24.	Hobbs City	$5,541.39	$5,294.66	**$10,836.05**
25.	Las Cruces City	$28,112.81	$26,861.10	**$54,973.91**
26.	Las Vegas City	$9,619.87	$9,191.55	**$18,811.42**
27.	Lea County	$13,347.04	$12,752.77	**$26,099.81**
28.	Lincoln County	$12,350.62	$11,800.72	**$24,151.34**
29.	Los Alamos County	$5,984.23	$5,717.79	**$11,702.02**
30.	Los Lunas Village	$10,689.81	$10,213.85	**$20,903.66**
31.	Lovington City	$1,749.28	$1,671.40	**$3,420.68**
32.	Luna County	$5,958.06	$5,692.78	**$11,650.84**
33.	Mckinley County	$10,333.43	$9,873.34	**$20,206.77**
34.	Otero County	$16,249.39	$15,525.90	**$31,775.29**
35.	Portales City	$2,274.82	$2,173.53	**$4,448.35**
36.	Quay County	$4,788.56	$4,575.35	**$9,363.91**
37.	Rio Arriba County	$35,521.98	$33,940.39	**$69,462.37**
38.	Rio Rancho City	$23,728.97	$22,672.45	**$46,401.42**
39.	Roosevelt County	$3,184.74	$3,042.94	**$6,227.68**
40.	Roswell City (Pooled funds with Chaves County acting as Administrator)	$0.00	$0.00	**$0.00**
41.	San Juan County	$24,344.29	$23,260.37	**$47,604.66**
42.	San Miguel County	$7,235.05	$6,912.92	**$14,147.97**
43.	Sandoval County	$19,477.79	$18,610.56	**$38,088.35**
44.	Santa Fe City	$45,936.91	$43,891.59	**$89,828.50**
45.	Santa Fe County	$35,551.79	$33,968.87	**$69,520.66**
46.	Sierra County	$10,428.34	$9,964.03	**$20,392.37**
47.	Socorro County	$7,448.67	$7,117.02	**$14,565.69**
48.	Sunland Park City	$2,035.81	$1,945.17	**$3,980.98**
49.	Taos County	$17,631.77	$16,846.72	**$34,478.49**
50.	Torrance County	$7,153.74	$6,835.23	**$13,988.97**
51.	Union County	$1,121.82	$1,071.87	**$2,193.69**
52.	Valencia County	$28,038.32	$26,789.93	**$54,828.25**
53.	Carlsbad City	$0.00	$0.00	**$0.00**
54.	Mora County (Partially reallocated to New Mexico)	$1,444.55	$1,380.23	**$2,824.78**
55.	De Baca County (Reallocated to New Mexico)	$0.00	$0.00	**$0.00**
56.	**TOTALS**	**$2,434,538.87**	**$2,394,649.77**	**$4,829,188.64**

BERNALILLO COUNTY

BOARD OF COUNTY COMMISSIONERS

ADMINISTRATIVE RESOLUTION NO. 2023 105

A RESOLUTION ESTABLISHING A POLICY FOR THE EXPENDITURE OF OPIOID SETTLEMENT MONIES

WHEREAS, opioid settlement monies are being provided to address the damages inflicted by the widespread marketing and misuse of synthetic opioids, its impact on our public health and safety, on families and individuals, and the local economy; and

WHEREAS, the term "opioid" can be used to include plant-derived opiates, semisynthetic opioids such as oxycodone, which have compounds from plant sources, and fully synthetic opioids which are completely humanmade via laboratories; and

WHEREAS, opioid settlement monies are insufficient to address the full spectrum of needs of our community as it relates to opioid use disorder, but these monies offer a unique and potentially transformational opportunity for targeted spending to address some of these needs; and

WHEREAS, opioid settlement monies are a one-time source of funding and should thus fund effective evidence-based, culturally responsive, trauma-responsive, and promising practices to address addiction, homelessness due to addiction and prevention, intervention and treatment programs and facilities; and

WHEREAS, the planned, strategic spending of these funds should include a focus on addressing community impacts of opioids, in alignment with the advice of behavioral health, community prevention, and addiction treatment providers who are experts in the area of behavioral health, positive youth development, family engagement, and public health and policy experts, such as the Johns Hopkins Bloomberg School of Public Health, the Rand

Corporation, the National Association of Counties, and local providers such as those on the ATAB (Addiction Treatment Advisory Board); and

WHEREAS, opioid settlement monies have a set of guidelines attached based on the settlement agreements reached with the various parties. While the range of possible uses of these funds is broad, many of the uses fall into the category of recurring expenditures and thus should include the understanding of the need to commit future dollars to these expenses; and

WHEREAS, opioid settlement monies will be received in payments over a number of years depending on the specific settlement agreement. The overall projected settlement fund and timeline of receipt of the funding should be a critical factor in the planning and decision-making processes rather than point-in-time snapshots of the funding available; and

WHEREAS, through careful, deliberate, and strategic planning and consideration of the best practices and promising best practices principles established by public health policymakers, behavioral health experts, and the Substance Abuse and Mental Health Services Administration ("SAMHSA"), opioid settlement funding can be used to make strategic investments that have real and lasting impacts in our community and for individuals and families most impacted; and

WHEREAS, combining opioid settlement resources and planning with the City of Albuquerque will further strengthen our ability to meet the biggest opioid use disorder needs in our community while avoiding duplication of effort and building a strong and coordinated support network.

NOW, THEREFORE, be it resolved by the Board of County Commissioners, the governing body of the County of Bernalillo, that

SECTION 1. Any appropriations of opioid settlement monies previously received and of additional settlement monies received by the County after the effective date of this Resolution shall be deferred until the following processes have been successfully implemented unless such appropriations are otherwise directed by the Board of County Commissioners:

1. An estimated "life of settlement" fund balance and timeline for receipt of such is projected by the County Attorney, the Deputy County Manager of Finance, and the County Manager;
2. Meaningful engagement and strategic collaboration with the City of Albuquerque is achieved to pass a joint strategic resource plan for opioid settlement monies;
3. The State of New Mexico, Tribal Governments, and other local governments are solicited for input;
4. The County contracts with an outside entity or contractor to design and implement a planning process including but not limited to a landscape analysis of current resources in the local behavioral health and addiction treatment system;
5. A facilitated public planning and meeting process is conducted to solicit public input on the use of opioid settlement monies. This shall include significant outreach to providers, impacted communities, and business groups among others;
6. Bernalillo County's projects are planned with alternate budget resources sufficient to operate these projects in the future, as opioid settlement monies are one-time money;
7. Bernalillo County projects are prioritized to assist in preventing, treating, and abating opioid use disorders to achieve long-term benefits to the community including, but not limited to:
    a. IT infrastructure and systems to support a collaborative and cross-system coordinated provider network across the Albuquerque metropolitan region and Bernalillo County; and
    b. Long-term supportive housing, recovery housing including sober living/transitional living, and transitional housing; and
    c. Expansion of evidence-based and promising, trauma-responsive, culturally sensitive prevention, intervention, and treatment, and detox such as long-term residential treatment facilities, medication-assisted treatment ("MAT") facilities and programming and facilities serving youth; and
    d. Treatment provider recruitment and expansion and workforce development.
8. Appropriation of the Opioid Settlement Fund Balance approved by the Bernalillo County Commission and implemented by the County may include the amount necessary to facilitate planning and development, including preparation of a strategic plan, taking into account evidence-based and promising best practices and principles established by behavioral and mental health experts, SAMHSA, and public health policymakers; and
9. Notwithstanding any other provision herein, any and all use of the opioid settlement funds must comply with the New Mexico Opioid Allocation Agreement ("NMOAA"), including the List of Opioid Remediation Uses, attached as Exhibit B to the NMOAA, and originally identified as Exhibit E to the Distributor Master Settlement Agreement and the J&J Master Settlement Agreement, which can be found at https://nationalopioidsettlement.com/. Any plan must account for the requirements of NMOAA.

10. Within two months of the passage of this Resolution, the County Manager shall report to the Bernalillo County Commission on the status of the planning process and shall report an update to the planning process again at six months. The planning process shall be completed with results presented to the Commission no later than 12 months after the passage of this Resolution and the resulting plan shall be submitted to the Commission for final approval. In the event that the Commission determines that the proposed plan fails to recommend careful, deliberate, and strategic use of opioid settlement funding as required by this Resolution, the Commission may modify the plan as appropriate to the intention and parameters of this Resolution.

SECTION 2. SEVERABILITY CLAUSE. If any section, paragraph, sentence, clause, word, or phrase of this Resolution is for any reason held to be invalid or unenforceable by any court of competent jurisdiction, such decision shall not affect the validity of the remaining provisions of this Resolution. The Commission hereby declares that it would have passed this Resolution and each section, paragraph, sentence, clause, word, or phrase thereof irrespective of any provision being declared unconstitutional or otherwise invalid.

DONE, this 10th day of October, 2023

BOARD OF COUNTY COMMISSIONERS

Barbara Baca, Chair

Adriann Barboa, Vice-Chair

Steven Michael Quezada, Member

Walt Benson, Member

Eric C. Olivas, Member

BERNALILLO COUNTY COUNTY CLERK SEAL STATE OF NEW MEXICO

APPROVED AS TO FORM:

Ken Martinez (Oct 13, 2023 13:03 MDT)

W. Ken Martinez, County Attorney

ATTEST:

Linda Stover, County Clerk

National Opioid Settlements

BrownGreer Directing Administrator

DISTRIBUTOR YEAR 4 PAYMENT ALLOCATION TO NEW MEXICO
(As of 5/23/24)

TABLE 1: YEAR 4 SUMMARY

		Total Payment 4	Backstop Held by Administrator
A.	**Exhibit M Total (Maximum)**	**$8,921,899.77**	
1.	Base	$5,165,310.39	
2.	Incentives A, B & C (Maximum)	$3,756,589.38	
(a)	Incentive A [Qualified]	$3,756,589.38	
(b)	Incentive B (Up to 62.5% of Incentive A) [N/A]	$0.00	
(c)	Incentive C (Up to 37.5% of Incentive A) [N/A]	$0.00	
3.	Incentive D (Not Applied Until Payment 6)	$0.00	
4.	Section XIII.B Offset Relating to Incentive A [N/A]	$0.00	
(a)	Payments 1 and 2 Incentive A Issued	N/A	
(b)	Payments 1 and 2 Incentives B and C Due	N/A	
5.	Additional Restitution	$0.00	
B.	**Total Allocation**	**$8,921,899.77**	
C.	**Allocation Method**	**NEW MEXICO OPIOID ALLOCATION AGREEMENT**	
1.	45% to State Share	**$4,014,854.88**	
2.	55% to Local Government Share (Less Row 3)	**$3,068,725.17**	
3.	New Mexico Backstop Fund (15% of Total LG Share divided by 7)	**$1,838,319.72**	**$1,838,319.72**

TABLE 2: ALLOCATION TO SUBDIVISIONS

	Subdivision	County	Allocation Percentage per Exhibit G	Allocation Percentage per Exhibit C to MOU	Elect Direct Distribution or Reallocate	Total Payment 4
1.	BERNALILLO COUNTY	BERNALILLO COUNTY	15.200597083%	18.616929270%	Direct	**$571,302.39**
2.	Albuquerque city	BERNALILLO COUNTY	26.170356850%	22.754024663%	Direct	**$698,258.48**
3.	CATRON COUNTY	CATRON COUNTY	0.112994005%	0.112994005%	Direct	**$3,467.48**
4.	CHAVES COUNTY	CHAVES COUNTY	1.093549444%	2.535887771%	Pool	**$77,819.43**
5.	Roswell city	CHAVES COUNTY	1.442338327%	0.000000000%	Pool	**$0.00**
6.	CIBOLA COUNTY	CIBOLA COUNTY	0.772314826%	0.772314826%	Direct	**$23,700.22**
7.	COLFAX COUNTY	COLFAX COUNTY	0.744854161%	0.744854161%	Direct	**$22,857.53**
8.	CURRY COUNTY	CURRY COUNTY	0.495295473%	1.405646625%	Pool	**$43,135.43**
9.	Clovis city	CURRY COUNTY	0.910351152%	0.000000000%	Pool	**$0.00**
10.	DE BACA COUNTY	DE BACA COUNTY	0.065072566%	0.065072566%	Direct	**$1,996.90**
11.	DONA ANA COUNTY	DONA ANA COUNTY	4.100981720%	7.081194518%	Direct	**$125,847.86**
12.	Las Cruces city	DONA ANA COUNTY	2.778971088%	0.000000000%	Direct	**$85,278.98**
13.	Sunland Park city	DONA ANA COUNTY	0.201241710%	0.000000000%	Direct	**$6,175.55**
14.	EDDY COUNTY	EDDY COUNTY	1.215570937%	2.597998585%	Pool	**$79,725.44**
15.	Artesia city	EDDY COUNTY	0.556279155%	0.000000000%	Pool	**$0.00**
16.	Carlsbad city	EDDY COUNTY	0.826148492%	0.000000000%	Pool	**$0.00**
17.	GRANT COUNTY	GRANT COUNTY	1.805732140%	1.805732140%	Direct	**$55,412.96**
18.	GUADALUPE COUNTY	GUADALUPE COUNTY	0.186918703%	0.186918703%	Direct	**$5,736.02**
19.	HARDING COUNTY	HARDING COUNTY	0.010266826%	0.010266826%	Direct	**$315.06**
20.	HIDALGO COUNTY	HIDALGO COUNTY	0.196550777%	0.196550777%	Direct	**$6,031.60**
21.	LEA COUNTY	LEA COUNTY	1.319364353%	2.040052272%	Direct	**$40,487.67**
22.	Hobbs city	LEA COUNTY	0.547769984%	0.000000000%	Direct	**$16,809.56**
23.	Lovington city	LEA COUNTY	0.172917935%	0.000000000%	Direct	**$5,306.38**
24.	LINCOLN COUNTY	LINCOLN COUNTY	1.220867584%	1.220867584%	Direct	**$37,465.07**
25.	LOS ALAMOS COUNTY	LOS ALAMOS COUNTY	0.591545449%	0.591545449%	Direct	**$18,152.90**
26.	LUNA COUNTY	LUNA COUNTY	0.588958233%	0.837445327%	Direct	**$18,073.51**
27.	Deming city	LUNA COUNTY	0.248487095%	0.000000000%	Direct	**$7,625.39**
28.	MCKINLEY COUNTY	MCKINLEY COUNTY	1.021466979%	1.793756573%	Direct	**$31,346.01**
29.	Gallup city	MCKINLEY COUNTY	0.772289594%	0.000000000%	Direct	**$23,699.44**
30.	MORA COUNTY	MORA COUNTY	0.190393416%	0.190393416%	Direct	**$5,842.65**
31.	OTERO COUNTY	OTERO COUNTY	1.606264014%	2.574616655%	Direct	**$49,291.83**
32.	Alamogordo city	OTERO COUNTY	0.968352642%	0.000000000%	Direct	**$29,716.08**
33.	QUAY COUNTY	QUAY COUNTY	0.473352061%	0.473352061%	Direct	**$14,525.87**
34.	RIO ARRIBA COUNTY	RIO ARRIBA COUNTY	3.511372666%	4.598295910%	Direct	**$107,754.38**
35.	Española city	RIO ARRIBA COUNTY	1.086923244%	0.000000000%	Direct	**$33,354.69**
36.	ROOSEVELT COUNTY	ROOSEVELT COUNTY	0.314813941%	0.539681021%	Direct	**$9,660.77**
37.	Portales city	ROOSEVELT COUNTY	0.224867081%	0.000000000%	Direct	**$6,900.55**
38.	SAN JUAN COUNTY	SAN JUAN COUNTY	2.406449845%	3.818489519%	Direct	**$73,847.33**
39.	Farmington city	SAN JUAN COUNTY	1.412039674%	0.000000000%	Direct	**$43,331.62**
40.	SAN MIGUEL COUNTY	SAN MIGUEL COUNTY	0.715190119%	1.666120704%	Direct	**$21,947.22**
41.	Las Vegas city	SAN MIGUEL COUNTY	0.950930585%	0.000000000%	Direct	**$29,181.45**
42.	SANDOVAL COUNTY	SANDOVAL COUNTY	1.925393506%	4.557367173%	Direct	**$59,085.03**
43.	Bernalillo town	SANDOVAL COUNTY	0.286348076%	0.000000000%	Direct	**$8,787.24**
44.	Rio Rancho city	SANDOVAL COUNTY	2.345625591%	0.000000000%	Direct	**$71,980.80**
45.	SANTA FE COUNTY	SANTA FE COUNTY	3.514319336%	3.514319336%	Direct	**$107,844.80**
46.	Santa Fe city	SANTA FE COUNTY	4.540895341%	4.540895341%	Direct	**$139,347.60**
47.	SIERRA COUNTY	SIERRA COUNTY	1.030848846%	1.030848846%	Direct	**$31,633.92**
48.	SOCORRO COUNTY	SOCORRO COUNTY	0.736306508%	0.736306508%	Direct	**$22,595.22**
49.	TAOS COUNTY	TAOS COUNTY	1.742912569%	1.742912569%	Direct	**$53,485.20**
50.	TORRANCE COUNTY	TORRANCE COUNTY	0.707152326%	0.707152326%	Direct	**$21,700.56**
51.	UNION COUNTY	UNION COUNTY	0.110892967%	0.110892967%	Direct	**$3,403.00**
52.	VALENCIA COUNTY	VALENCIA COUNTY	2.771607938%	3.828303011%	Direct	**$85,053.03**
53.	Los Lunas village	VALENCIA COUNTY	1.056695073%	0.000000000%	Direct	**$32,427.07**
54.	**TOTALS**		**100.000000000%**	**100.000000000%**		**$3,068,725.17**

EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[14]

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.

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

C. **PREGNANT & POSTPARTUM WOMEN**

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

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

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

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

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

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

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

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

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

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

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

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

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

F. **TREATMENT FOR INCARCERATED POPULATION**

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

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

G. **PREVENTION PROGRAMS**

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

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

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

4. Funding for community drug disposal programs; and

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

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

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

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

Schedule B
Approved Uses

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

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:[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 evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

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

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

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

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

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

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

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

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

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

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

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

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14. Create and/or support recovery high schools.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART TWO: PREVENTION

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

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

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

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

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

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

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

1. Increase the number of prescribers using PDMPs;

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

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

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

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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

1. Funding media campaigns to prevent opioid misuse.

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

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Public education relating to emergency responses to overdoses.

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

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

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

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

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

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

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

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

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

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

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

J. LEADERSHIP, PLANNING AND COORDINATION

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

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

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

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

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

K. TRAINING

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

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

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

L. RESEARCH

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

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

2. Research non-opioid treatment of chronic pain.

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

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

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

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

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

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

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