Guide: How Kansas Municipalities Fight Addiction Fund Subdivisions Can Strategically Allocate Opioid Settlement Funds

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Table of Contents

Introduction - Opioid Settlements in Kansas

Kansas has reached multiple settlements with major pharmaceutical companies, distributors and related firms as part of the state's ongoing efforts to bring accountability to those that fueled the opioid-addiction crisis and to provide funds to support addiction services. The settlements will result in Kansas receiving more than $340 million through 2038 to treat and fight opioid and substance use addiction.

The Kansas Fights Addiction Act, codified as KSA 75-775 to -781, was enacted by the state legislature in 2021. The Act directs the Kansas opioid settlement dollars be deposited into two funds - 75 percent of dollars are deposited into the Kansas Fights Addiction Fund (KFAF) and 25 percent are deposited into the Municipalities Fight Addiction Fund (MFAF). The Kansas prescription drug monitoring program, K-TRACS, receives $200,000 annually from the KFAF. All opioids recoveries must be allocated to opioid and substance use disorder (SUD) abatement.

The settlement dollars allocated to MFAF are to be paid to the 205 participating subdivisions upon receipt of funds by the State. The calculated amount each subdivision receives is based on payment shares outlined in the distribution tool, pursuant to the Kansas Fights Addiction Act Memorandum of Understanding between the Kansas Attorney General's Office, the League of Kansas Municipalities, and the Kansas Association of Counties.

Per the Kansas Fights Addiction Act, the KFAF is administered through the Kansas Fights Addiction (KFA) Grant Review Board. This board, hereafter referred to as the KFA board, fulfills the national settlement requirement of a statewide advisory committee to oversee the funds. State agencies, local governments and not-for-profit entities may seek funding for addiction treatment and abatement through this board. For more information about the KFA Grant Review Board and funding visit the Kansas Attorney General's Office website.

Executive Summary

The purpose of this resource is to help subdivisions in Kansas identify opportunities to effectively and strategically allocate opioid settlement funds received under the Municipalities Fight Addiction Fund (MFAF). By utilizing this resource subdivisions can develop localized plans of action to combat substance use disorder (SUD) within their communities. This resource discusses four primary tools to assist a municipality with decision making on utilization of their opioids funding:

1. **Getting Started and Conducting Local Needs Assessment:** To start, it is crucial to understand the categorization of potential uses for the settlement funds found in Exhibit E to the Opioids Settlements. However, it is recommended to prioritize local needs assessments to begin. By utilizing publicly accessible data such as data on overdose deaths and emergency department visits, communities can identify areas of greatest need. This data can be used to pinpoint specific strategies to consider.

2. **Creation of a Local Advisory Group:** Best practice includes the formation of a local advisory group which will assess community data and propose potential solutions or strategies for investment. It is important to ensure that this group includes partners from various sectors such as treatment, prevention, recovery, healthcare providers, law enforcement, individuals with lived experience of substance use disorder, local health departments, and schools. It is essential to establish a fair and transparent process for fund disbursement and ensure the group consists of members experienced in substance use-related issues to facilitate informed decision-making.

3. **Utilize Relevant Resources:** Resources included help assist subdivisions in identifying local needs and how to identify potential strategies to implement as solutions and a framework for decision-making. Additionally, reviewing the Kansas Prescription Drug and Opioid Advisory Committee's state strategic plan and annual reports will provide a wider perspective on potential strategies.

4. **Detailed List of Allowable Uses and Practical Tools:** The guide concludes with a detailed list of allowable uses of opioid remediation funds as outlined in Exhibit E. This list serves as a reference for communities to ensure their spending aligns with the designated areas. Additionally, a suite of practical tools is provided, including specific resources by allowable strategy with emphasis on Kansas specific resources. These resources aim to assist subdivisions in effectively and efficiently leveraging the allocated funds to address the substance use disorder crisis within their communities.

By utilizing this guide, local communities in Kansas can strategically allocate opioid settlement funds to combat the challenges posed by substance use disorders. for municipalities to assess the needs of the local community, establish a diverse advisory group, and adhere the principles of transparency and science and data-driven interventions. With the aim of creating a sustained impact, communities can make informed decisions, collaborate with neighboring counties, and utilize the practical tools provided. Together, we can overcome the opioid crisis and foster healthier and safer communities in Kansas.

Getting Started: Identify Strategies to Fit Your Community Needs

Best practice recommends the prioritization of a local needs assessment to begin. By utilizing publicly accessible data such as data on overdose deaths, emergency department visits, community risk and protective factors, communities can identify areas of greatest need. This data, readily available online and broken down demographically, can be used to pinpoint specific strategies to consider.

Utilize Publicly Available Data or Request Community-Level Data

a. KDHE Overdose Data Dashboard
   - **Overview:** This dashboard provides insights into overdose deaths and emergency department visits by year, demographics, and county.
   - **Access:** Accessible online via the dashboard or by contacting KDHE for community-level data reports.
     - To view the data via the dashboard:
       - Click on the dark blue buttons to see data related to that indicator listed. For example, "Overdose Deaths by County" shows a county map of overdose deaths for each county with reportable data, click on any county to see rates and number of overdoses for that county.
   - **Local Example:** In Sedgwick County from 2013 to 2022, there were 1,194 drug poisoning deaths involving overdose. Identifying such trends may suggest a need for initiatives like increased naloxone distribution or overdose response teams.

b. Kansas Communities that Care Student Survey
   - **Overview:** Offers insights into youth perceptions and behaviors related to substance use for youth in 6th, 8th, 10th, and 12th grades which can be filtered by question, grade, and county.
   - **Access:** Accessible online via the website or by contacting Greenbush for community-level data reports.
     - To view the data via the website:
       - Click on view Survey Results. On the left-hand side of the screen you can select your county of interest and any category of interest to see your local data with state comparisons.
   - **Local Example:** In 2024, 90.68% of youth in Kansas believe there is risk of harm if they use prescription drugs not prescribed to themselves. However, in Seward County only 81.45% of youth believe there is a risk of harm if they use prescription drugs not prescribed to them. This discrepancy in perceptions of prescription drug risks among youth in Seward County may indicate a need for targeted education and awareness campaigns among the youth population to prevent prescription drug misuse and increase understanding of the potential harms. Implementing Operation Prevention in local schools is an example of a prevention education strategy. Example strategies to raise awareness may include the use of the It Matters KS media campaign materials or One Pill Can Kill to raise awareness in the community.

c. Kansas Young Adult Survey (KYAS)
   - **Overview:** The KYAS provides statewide data related to substance use from a

random sample of young adults between the ages of 18-25 both in college and not in college.

- **Access:** Accessible online through the website and/or reach out to Greenbush for a report of data available.
    - To view the data via the website:
        - Click on view KYAS Survey Results. Click on questions of interest such as Past 30-day Substance Use to see data regarding young adult use of different substances.
- **Kansas Example:** How much have you heard about Fentanyl – 81.90% of Kansas young adults taking the survey indicate they have heard about fentanyl and know what it is.
    - While the majority of young adults report familiarity with what fentanyl is, there is likely still a gap in knowledge indicating the possible need for targeting education associated with the risks of fentanyl to young adults in the state. An example strategy to address this need would be to implement education on this topic on college campuses.

d. Kansas Behavioral Health Indicators Dashboard

- **Overview:** This dashboard provides state and county level data related to income/poverty, crime, substance use, family functioning, depression/suicide, problem gambling, and SUD and mental health treatment related data.
- **Access:** Accessible online via the dashboard and/or reach out to Greenbush for a report of your community level data they have available.
    - To view the data via the dashboard:
        - Select your county of interest and click on buttons see relevant data under Substance Use and Substance Use & Treatment categories.
- **Local Example:** in 2024 Ness County experienced a higher rate of 1.48 as compared to the state rate of .15 for child removal due to parental substance use. An example strategy to address this need is to work with the local maternal health agencies, home visiting, and/or family preservation to provide additional support for these families in need.

e. SAMHSA Treatment Locator

- **Overview:** This dashboard can be utilized to identify treatment resources available or the lack thereof in your community.
- **Access:** Accessible online via the dashboard.
    - To view SUD services that exist in or near your community: Indicate your county/city of interest under “Find a Treatment Facility” and you can find listings of providers by different types of SUD services and eligibility.
        - Note: this database is not always the most up-to-date but can be utilized as a starting point to identifying supports within and near your community.
- **Local example:** In Colby, KS the closest buprenorphine (a MOUD) provider is 21.13 miles away. An example strategy would be to work with a local doctor, MD, NP, PA, or APRN to begin providing this service in the community and reduce travel barriers to accessing care.

f. Recovery Ecosystem Index

- **Overview:** This dashboard can be utilized to identify how your county compares to the state and national rates for various indicators such as SUD Treatment Facilities per 10,000, Average Distance to Nearest MAT Providers, etc.
- **Access:** Accessible online via the dashboard.
    - To view the data on the dashboard click on your county of interest and to identify your community's "Recovery Ecosystem Index Score" or the strength of recovery resources in you community and view the associated relevant indicators.
- **Local Example:** In Graham County there is no drug court, SUD treatment facilities, buprenorphine MOUD providers, or a drug free communities coalition. Example strategies could be to establish one of these resources i.e., a substance use prevention coalition in the community and/or work with healthcare providers to begin providing treatment services within the community or provide transportation vouchers to patients who access SUD services in surrounding communities.

g. Kansas Prevention Collaborative Coalition Directory
- **Overview:** This directory can be utilized to identify coalitions already existing in your community that can serve as a resource and provide ideas for strategies to fit your community. This directory also includes contact information for the local coalitions listed.
- **Access:** Accessible online via the directory and map.
    - To view information about a coalition located in your community, clink on the location pin within your county to view the coalition name, contact information, and type of coalition/funding. This information is also contained in a table below the map.
- **Local example:** Kingman County is listed as having the Kingman/Norwich Substance Abuse Prevention Task Force (KNSAP) in the county. An example strategy would be to work with this local coalition to identify and implement SUD prevention initiatives.

h. 1-800-CHILDREN
- **Overview:** This database provides information on a variety of different services available in or near your community within the areas of food, housing, parenting, early childhood, health, money and employment, education, safety, legal, seasonal, and behavioral health.
- **Access:** Accessible online via the database directory or via phone.
    - To view information about relevant services in your area you can use this database to search zip code, type of service, or keyword. Sort by closest to find services physically located in your community. To identify SUD resources, click on the "Health" icon within the blue menu on the top of the screen and select "Substance Abuse" within the drop down.
- **Local example:** Dodge City, Kansas shows a limited number of providers to treat opioid dependency based on the search by zip code and the using the primary filter of "Substance Abuse" under the "Health" menu option and adding the Personal Filter of "Opioid Dependency". The vast majority of resources that come up are either virtual options or statewide options that are not physically located in Dodge City. This may indicate the need to do a deeper dive of providers in the community and increase Opioid Use Disorder (OUD) treatment availability locally.

Creating A Local Advisory Group

Utilize this local advisory group to review data and needs in the community and identify potential solutions/strategies to invest in.

When determining the allocation of local opioid settlement funds, leveraging the expertise and insights of a local advisory group holds immense significance. This group serves as a crucial conduit for gathering nuanced insights into the community's specific challenges and needs pertaining to opioid misuse and addiction.

Engaging the local advisory group in reviewing community data and needs fosters a comprehensive understanding of the extent and nature of the opioid crisis within the locality. This review process serves as the bedrock for informed decision-making regarding resource allocation.

Ensure a Variety of Stakeholder Involvement

Moreover, the involvement of partners from diverse sectors is pivotal throughout this process. By including representatives from treatment, prevention, recovery, healthcare, law enforcement, first responders, individuals with lived experience with Substance Use Disorder (SUD), community coalitions, educational institutions, local health departments, and corrections facilities, a holistic and multifaceted approach to addressing the opioid crisis is ensured.

Each stakeholder brings unique perspectives, experiences, and resources to the table, enriching the dialogue and broadening the scope of potential solutions. Collaboratively engaging in the review, planning, and decision-making processes ensures that proposed strategies are not only evidence-based but also culturally sensitive and tailored to the specific needs of the community.

Furthermore, this inclusive approach promotes transparency, accountability, and community buy-in, as stakeholders are actively involved in shaping the direction of resource allocation. By fostering partnerships and collaboration across sectors, the local advisory group becomes a catalyst for collective action and sustainable change in combating opioid misuse and promoting health and well-being within the community.

Ensure a Comprehensive Approach

When selecting the appropriate approach for your community it is important to look across all sectors and areas to ensure a comprehensive approach. Focusing on one area only will not have a significant impact on the issue in your community. To truly impact the issue a comprehensive approach is a necessity, ensure your community is implementing strategies across all sectors including prevention, treatment, recovery, harm reduction, linkages to care, healthcare, public health, law enforcement, corrections, first responders, etc.

Utilize Existing Resources to Build Allocation Plans

a. Opioid Response Network (ORN): Request FREE training or assistance in identifying MFAF allowable uses and/or implementation of allowable uses across all strategy areas.

b. Reach out to your local Community Support Specialist in your Kansas region for FREE assistance with conducting a local needs assessment and developing a strategic plan to address prevention.

c. Kansas Overdose Prevention Strategic Plan: Refer to the Kansas Prescription Drug and Opioid Advisory Committee's state strategic plan and annual reports for guidance. This state plan provides an overview of various strategies and recommendations for Kansas that could be implemented in your community and inform local decision making.

d. Access information about Kansas Fights Addiction Fund (KFAF) grant opportunities, current grantees, and annual reports on the KFA grant webpage. This page features summary reports of grant funded projects, which can aid in identifying opportunities for collaboration with community organizations.

e. National Association of Counties Opioid Solutions Center: View additional resources from NACo including Guides for Conducting a Needs Assessment and Establishing an Advisory Body
   - **The Principles Quick Guide to Conducting a Needs Assessment** Quick Guide The Principles encourage communities to use settlement funds to supplement existing opioid abatement work (Principle 1) and invest in effective evidence-based interventions (Principle 2). Conducting a local needs assessment is an important early step in determining how to disburse these limited resources for maximum impact.
   - **The Principles Quick Guide to Creating a Settlement Council** Quick Guide The Principles encourage communities to spend money to save lives (Principle 1) and create a fair and transparent process (Principle 5). Creating a council with expertise in issues related to substance use can help create an informed process that ensures dollars from the litigation are going toward identified areas of need.

f. Consider guiding principles and implementation tools from Johns Hopkins Bloomberg School of Public Health to ensure effective use of funds:
   - Spend the money to save lives
   - Use evidence to guide spending
   - Invest in youth prevention
   - Focus on racial equity
   - Develop a fair and transparent decision-making process

g. National League of Cities National Opioid Settlement Dashboard: Your City, Your Funds. Utilize this resource to assist your community in getting started with an initial brainstorm of strategies specific to your community.

- This dashboard enables selection of your state, city, and/or county. It will display the total settlement amount for your community and provide initial customized recommendations for opioid settlement funds spending. While not exhaustive, this list may serve as a valuable starting point for community-specific brainstorming.
    - *Note: dollar amount listed on this dashboard may not reflect actual, please refer to guidance provided by the Kansas Attorney General's Office.*

h. Strategic Prevention Framework (SPF): Utilize this decision-making framework developed by SAMHSA, provides a structured approach to strategic decision-making to aid your subdivisions in making decisions about how to allocate MFAF dollars. This framework assists communities in assessing community needs and identifying strategies to deploy to address needs. The SPF includes the following:
    - **Assessment:** Identify local needs based on data.
        - Figure out what the problem is and how it is unique to your community.
    - **Capacity:** Build local resources and readiness to address identified needs.
        - Identify what you have to work with in your community including human and financial resources, existing services and programming, coalitions, etc.
    - **Planning:** Identify promising practices and evidence-based strategies and implementation methods that best fit your community's needs.
        - Identify what you should do and how you should do it.
        - When selecting strategies to implement with MFAF dollars, be sure to consider strategies that are science and data-driven and the strategy's conceptual and practical fit for your community's needs.
            - Science and Data-Driven:
                - Consider data and science to support identified strategies. For example: evidence-based programs can be found in federal registries, peer-reviewed journals, systematic reviews, and individual evaluation reports.
                - Recommended strategies and other evidence-based programs can also be found in Kansas' State Plan.
            - Conceptual and Practical Fit:
                - Consider if the identified strategies are directly related to identified gaps and needs within your community level data and that the strategy is a good fit and most appropriate for your community population. For example, a strategy that is implemented in an urban county will likely need a different approach within a more rural county.
            - Best practice encourages communities to use settlement funds to supplement existing opioid abatement efforts and invest in proven evidence-based interventions.
    - **Implementation:** Execute chosen strategies effectively.
        - Put your plan into action.
    - **Evaluation:** Assess the outcomes of implemented programs and evaluate effectiveness.

- Develop an evaluation plan prior to implementation and utilize the evaluation plan throughout implementation.
- Assess if your plan is succeeding or if adjustments may need to be made.
- Utilize the Johns Hopkins Opioid Settlement Indicators tool, organized by strategy which includes possible actions and indicators to measure for each associated strategy.

Strategy Considerations for Subdivisions Receiving Lower Payment Amounts

Even though your subdivision may not be receiving a large amount of funding year to year, there are still some approaches the subdivision can take to make upstream changes to combat addiction. One solution to consider is partnering with neighboring counties, municipalities, cities, townships, and existing coalitions to help support local efforts. Partnering would create the opportunity for a pooling of resources that can lead to a wider range of community benefit.

Subdivisions receiving lower amounts of funding may also consider focusing on one priority area at a time rather than attempting to address all priority areas and spreading funding too thin. For example, this may look like addressing the need to bring a MOUD provider into your community if that is identified as a gap in the community. Another example may be to work with a local coalition to implement education via school-based or after school programming. The subdivision may also consider letting the funding build up over time to invest in larger strategic approaches once funding has accumulated. Subdivisions may also consider applying for a grant through the Kansas Fights Addiction state opioid settlement process if the subdivision has an identified need and strategic approach. The KFA program releases funding opportunities periodically, information on this can be found here.

Interested in pooling your funds or combining efforts with other subdivisions in your community? Below are some resources to assist in this effort.

- National Association of Counties Resource: Building on a strong history of collaboration, including the National City-County Task Force on Opioids, NACo and the National League of Cities examined preliminary data on the distribution of opioid settlement dollars across cities, counties and states. This brief highlights how cities and counties are working together to abate the overdose crisis, including pooling opioid settlement funds to create a more comprehensive system of care for people with substance use disorder.
    - Download the brief to learn about the allocation of opioid settlement funds between cities, counties and states and how cities and counties are coordinating to maximize the impact of these funds.
- Counties in Action provides examples of what counties are doing across the nation to assist with your initial brainstorming of strategy allocations.

Detailed List of Allowable Uses and Practical Tools

This section will provide an overview of resources and examples, tailored to Kansas communities, for each allowable core strategy listed within Exhibit E of the National Settlement Agreements.

Exhibit E is a document contained within the national settlement agreements which provides a non-exhaustive list of allowable uses of settlement funds, providing guidance to states and localities on opioid spending. The document is split into two sections: Schedule A Core Strategies and Schedule B Approved Uses. The difference between core strategies outlined in Schedule A and approved uses detailed in Schedule B of Exhibit E for opioid settlement agreements lies in their respective focuses and functions within the agreement.

Core Strategies (Schedule A):

- Core strategies, as listed in Schedule A, typically represent overarching approaches or methods deemed essential for addressing the opioid crisis comprehensively.
- These strategies often encompass broad areas of intervention, such as prevention, treatment, recovery support, education, law enforcement, and public health initiatives.
- Core strategies serve as guiding principles or frameworks for how settlement funds should be allocated and utilized to combat opioid misuse and addiction within the community.
- They provide a strategic roadmap for stakeholders involved in implementing the settlement agreement, outlining key priorities and areas of emphasis.

Approved Uses (Schedule B):

- Approved uses, as specified in Schedule B, detail specific activities, programs, or interventions that are deemed acceptable for funding under the terms of the settlement agreement.
- These uses delineate the permissible ways in which settlement funds can be expended to address the opioid crisis.
- Approved uses may include funding for initiatives such as opioid overdose prevention programs, medication-assisted treatment (MAT) services, community education and awareness campaigns, law enforcement efforts targeting illicit opioid distribution, and support services for individuals in recovery.
- Unlike core strategies, which provide a broader strategic framework, approved uses offer granular guidance on the types of interventions and programs that qualify for funding under the settlement agreement.

In summary, while core strategies offer overarching guidance on how to approach the opioid crisis at a strategic level, approved uses provide specific examples of activities and programs that align with those strategies and are eligible for funding through the settlement agreement.

Schedule A 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.

A Resources

Naloxone, also known by its brand name Narcan, is a medication used to rapidly reverse opioid overdose. It works by binding to the same receptors in the brain that opioids bind to, effectively blocking the effects of opioids and restoring normal breathing in individuals experiencing an overdose. Naloxone is typically administered via injection or nasal spray and is considered a critical tool in emergency response efforts to prevent opioid-related fatalities.

- Request a free naloxone administration training for your organization or community from DCCCA. DCCCA manages the Kansas statewide naloxone program and are able to provide naloxone training for free to organizations in Kansas and Kansas residents as well as providing naloxone kits for free to individuals in Kansas. This program also offers a Training of Trainers on naloxone administration so that your organization can provide naloxone training to the community yourselves, if desired.
    - DCCCA can also assist in purchasing naloxone kits for your organization at a discounted rate. If interested, contact naloxone@dccca.org to request product.
- SAMHSA Overdose Prevention and Response Toolkit
- If unable to purchase naloxone for your community, provide information to individuals on how to request a free naloxone kit from DCCCA via the Naloxone Request Form. The free kit will be shipped directly to the address they enter on the form. Each kit comes with naloxone administration educational materials to provide guidance on how to administer naloxone and access further training.

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.

B Resources

B (1) & (4) MAT/SUD Treatment Resources

- Locate a treatment program in/near your community to partner with. While our resources for locating treatment facilities are not always the most up to date, they can serve as a starting point to identifying resources in your community.
    - Locate treatment and MAT resources by county for Kansas frontier, rural, and densely settled rural counties at https://www.dccca.org/sud-resource/.
    - SAMHSA Tx Locator you can search by state, county, city, zip code, type of services offered, etc.
    - KDADS November 2023 SUD Program List with program locations
    - KDADS Behavioral Health Services and Programs Overview

- Access MAT/MOUD resources
    - Substance Abuse and Mental Health Services Administration (SAMHSA) provides resources and guidance on MAT implementation, including toolkits, training materials, and best practices. Their website offers information on funding opportunities, technical assistance, and resources for healthcare providers.
    - American Society of Addiction Medicine (ASAM) offers resources and educational materials to support MAT implementation in various healthcare settings, including emergency departments. They provide guidelines, webinars, and training programs for healthcare providers.
        - ASAM also provides training opportunities to meet the new DEA education requirement for prescribers related to MAT/MOUD.
    - National Institute on Drug Abuse (NIDA) offers research-based information and resources on MAT/MOUD for opioid use disorder, including guidance on integrating MAT into emergency department settings.

B (2) Resources

- Locate a community coalition in your community to help brainstorm educational and awareness opportunities and/or provide the coalition funding to deliver identified educational and awareness opportunities.
    - Kansas Coalition Directory
    - No community coalition in your community? Reach out to your region's Community Support Specialist at DCCCA to discuss opportunities to start a coalition or identify other champions and resources that may exist in your community. DCCCA provides training and technical assistance to communities

in Kansas.
    - Identify evidence-based substance use prevention strategies by accessing the Kansas Evidence-Based Strategies Matrix.

- Access NASHP State Strategies for Preventing Substance Use and Overdose Among Youth and Adolescents to learn more about implementing primary prevention initiatives.
- Research existing programs and services related to substance use disorder prevention. Such as the Title IV-E Prevention Services Clearinghouse. This clearinghouse can be filtered for "substance abuse" to provide examples of existing programs and services as well as the evidence base associated with each.
- Access the Prevention Institute's free webinars and resources for Supporting Local Governments Using Opioid Settlement Funds on Evidence Based Programs.

B (2) Example School-Based Programming/Curriculum

- **Operation Prevention** is a free educational program by the DEA and Discovery Education targeting middle and high school students to prevent opioid misuse. It offers resources like videos, lesson plans, and interactive activities to educate students about the dangers of opioid addiction and empower them to make healthy choices.
- **Sources of Strength** is a peer-led program focused on prevention, including substance use disorders (SUD). It's designed to enhance protective factors and promote positive behaviors among youth. The program utilizes peer leaders to spread messages of hope, help, and strength within schools and communities. By fostering supportive relationships and encouraging healthy coping strategies, Sources of Strength aims to prevent substance misuse and promote overall well-being among young people.
- **Botvin LifeSkills Training** is an evidence-based substance use prevention program for middle and high school students. It focuses on teaching social and self-management skills, resistance strategies, and drug-related knowledge through interactive lessons.
- **Generation Rx** is a school-based program designed to educate students about the dangers of prescription drug misuse and promote safe medication practices. It provides interactive lessons and resources to help young people understand the risks associated with prescription drugs and make informed, healthy choices.
- **Good Behavior Game (GBG)** is a classroom-based behavior management strategy that has shown promise in preventing substance use disorders (SUDs) among youth. By fostering a positive and structured environment, the GBG promotes teamwork, self-regulation, and healthy social interactions, which are protective factors against SUDs. Through reinforcement of positive behaviors and peer support, the GBG can help build resilience and coping skills, reducing the likelihood of engaging in substance misuse later in life.
- **Too Good for Drugs** is a school-based prevention program designed for elementary, middle, and high school students. It aims to reduce risk factors associated with substance use by teaching social and emotional skills, decision-making, and refusal

strategies.

- **Project ALERT** is a free middle school-based substance use prevention program that aims to prevent or reduce adolescent substance use. It includes interactive lessons focused on decision-making, communication skills, and resistance strategies.

B (3) Resources

- Submit a technical assistance (TA) request to the Opioid Response Network (ORN) covering Kansas. The Opioid Response Network provides tailored education, training, and educational resources utilizing evidence-based practices all at no cost to you.
    - Example request form topics:
        - *Our organization would like to bring a training for healthcare providers in our community in aims to increase awareness of MAT and encourage providers to begin providing MAT to those who need it.*
        - *Our organization would like to bring a training to our community for our EMS, LEOs, and first responders to decrease stigma related to SUD and MAT.*
        - Note: requests do not have to be specific, ORN can assist with identification of potential strategies to implement in your community and provide educational support to facilitate implementation of identified strategies.
- PCSS Resources
    - Providers Clinical Support System provides a variety of trainings for healthcare professional on evidence-based practices to improve healthcare and outcomes in the prevention of those at risk and treatment for individuals with an opioid use disorder (OUD
    - PCSS provides free training that satisfy the DEA training requirements for MAT providers, to view training options visit: https://pcssnow.org/medications-for-opioid-use-disorder/8-hour-moud-education-options/

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.

C Resources

Work with your SUD treatment providers, local health department, other community health centers, and primary care providers to provide education to their population on this issue.

C (1) Resources - Sample Action Step Guide included below.

C (2) Resources

- Work with your local Certified Community Behavioral Health Center (CCBHC), SUD treatment organization, Federally Qualified Health Center (FQHC), and other organizations that serve women with co-occurring diagnoses to provide needed physical, mental health, and SUD services for women with co-occurring diagnoses for at least 12 months postpartum.
    - Coverage in Kansas extends for up to 12 months post-delivery for beneficiaries of Kansas Medicaid and Medicaid and Children's Health Insurance Program (CHIP). These benefits include comprehensive coverage for new mothers, including routine check-ups to help with recovery from childbirth, behavioral health care, family planning, breastfeeding support, screenings for postpartum depression, and referrals to other services. Work with community partners to help ensure that this population is receiving the full benefits and all needed services under this program.
    - Provide funding and support to community partners in delivering and coordinating this level of service to the uninsured and underinsured populations.
    - Support the integration of behavioral health care and healthcare services for pregnant and postpartum women. Share resources such as the Agency for Healthcare Research and Quality (AHRQ) Pregnant and Postpartum Women and Behavioral Health Integration with community services providers that serve pregnant and postpartum women. Encourage collaboration and coordination of service providers in the community to expand integration of care for this population.

C (3) Resources

- Work with organizations in your community to provide or expand wrap around services.
    - Example partners: local recovery houses/oxford houses, SUD treatment providers, mental health centers, behavioral health/drug courts, schools, higher education, childcare centers, local home visiting programs such as Parents as Teachers, etc.)
    - Example strategies
        - Work with your local home visiting program to provide education and guidance on working with individuals with SUDs and/or identifying a potential undiagnosed SUD. Educate home visitors to provide linkages to SUD services and additional supports such as transportation vouchers for

client to attend services.

- Work with higher education in your community to implement programming that assists individuals with SUD or in recovery, with obtaining their high school diploma, GED, technical degrees, and job placement. Example in Wichita – A partnership between Goodwill and WSU Tech, NexStep Alliance provides the opportunity to earn a GED with the option to take college level classes and pursue a professional certificate, all on one campus.

- Work with childcare centers to provide childcare services for individuals attending SUD treatment and other wrap around service programming.

- Work with Friends of Recovery Association or other partner organizations to assist in establishing an oxford house in your community where gaps may exist or additional need for housing is present. Resource to locate oxford houses are within Kansas and nearest your community: https://www.friendsofrecovery.com/oxford_houses

    - Often these recovery houses can be opened with start-up cost assistance and sustained without the need for additional funding. Thus, is an impactful strategy that can be covered by a one-time funding opportunity and sustained.

  - Provide funding and support for recovery housing under various housing models such as National Alliance for Recovery Residences (NARR), Transitional Housing, Rapid Re-housing, Housing First, Permanent Supportive Housing, etc.

  - Partner with your local faith-based and SUD treatment organizations to implement and/or expand recovery housing in the community.

  - Consider ensuring equitable access to recovery housing in the community and ensuring that there are options for the MAT/MOUD population in local houses.

  - To learn more about recovery housing access resources such as SAMHSA's Best Practices for Implementation and Operation of Recovery Housing and HHS's Choice Matters: Housing Models that May Promote Recovery for Individuals and Families Facing OUD.

Sample C (1) Action Step Guide

Expanding Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to non-Medicaid eligible or uninsured pregnant women involves a systematic approach to identify substance use disorders, provide interventions, and connect individuals with appropriate treatment and support. Here's a step-by-step guide:

1. **Assess Current SBIRT Infrastructure:**

- Evaluate existing SBIRT services within healthcare facilities, community health centers, obstetric clinics, and other relevant settings.
- Identify gaps in SBIRT coverage for non-Medicaid eligible or uninsured pregnant women.

2. **Engage Stakeholders:**
   - Convene a multidisciplinary team including obstetricians-gynecologists, midwives, doulas, nurses, social workers, substance use counselors, home visitors, and community advocates.
   - Collaborate with local health departments, substance use treatment providers, and community organizations.
3. **Identify Screening Tools:**
   - Select validated screening tools appropriate for identifying substance use disorders in pregnant women, such as the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) or the Substance Use Risk Profile-Pregnancy (SURP-P).
4. **Train Healthcare Providers:**
   - Provide comprehensive training to healthcare providers on SBIRT protocols, including screening procedures, brief intervention techniques, and referral processes.
   - Ensure sensitivity to cultural factors, trauma-informed care principles, and confidentiality.
5. **Integrate SBIRT into Prenatal Care:**
   - Embed SBIRT procedures into routine prenatal care visits for all pregnant women, regardless of insurance status.
   - Implement standardized protocols for administering screenings, conducting brief interventions, and making referrals based on screening results.
6. **Offer Brief Interventions:**
   - Deliver brief interventions to pregnant women who screen positive for substance use, focusing on motivational interviewing techniques to explore readiness for change, raise awareness of risks, and promote behavior modification.
   - Provide education on the effects of substance use during pregnancy on maternal and fetal health, emphasizing harm reduction strategies and available treatment options.
7. **Facilitate Referrals to Treatment and Support Services:**
   - Establish partnerships with substance use treatment providers, mental health professionals, and community-based organizations offering supportive services.
   - Coordinate referrals for pregnant women identified as needing further assessment or treatment, ensuring timely access to appropriate care.
   - Provide assistance with navigation of insurance options, eligibility determination, and access to financial assistance programs for uninsured individuals.
8. **Ensure Continuity of Care:**
   - Implement care coordination processes to ensure continuity of care for pregnant women transitioning between prenatal care, substance use treatment, and other healthcare services.
   - Facilitate communication between healthcare providers, substance use counselors, and social service agencies to support comprehensive treatment planning and follow-up.
9. **Monitor and Evaluate SBIRT Implementation:**
   - Establish mechanisms for monitoring the implementation of SBIRT services, including tracking screening rates, intervention delivery, referral uptake, and patient outcomes.

- Collect feedback from healthcare providers, pregnant women, and community stakeholders to assess the effectiveness and acceptability of SBIRT services.
- Use evaluation findings to identify areas for improvement and inform ongoing quality assurance efforts.

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.

D Resources

Neonatal Abstinence Syndrome (NAS), also known as Neonatal Opioid Withdrawal Syndrome (NOWS), refers to a group of withdrawal symptoms experienced by newborns who were exposed to opioids while in the womb. When a pregnant person uses opioids, whether prescribed or illicit, these substances can pass through the placenta to the fetus, leading to physical dependence on the drugs. After birth, when the supply of opioids is suddenly cut off, the newborn's body may undergo withdrawal, resulting in a range of symptoms.

Treatment for NOWS typically involves providing supportive care to the newborn to help alleviate withdrawal symptoms and ensure their safety and comfort. This may include monitoring in a neonatal intensive care unit (NICU), providing a calming environment, encouraging frequent feeding, administering medications to taper off opioids gradually, and offering developmental support.

Long-term outcomes for infants with NOWS can vary, but with appropriate care and support, many infants go on to lead healthy lives. However, NOWS underscores the importance of addressing opioid use disorder among pregnant individuals through comprehensive prenatal care, substance use treatment, and support services to improve outcomes for both parent and child.

Expanding comprehensive evidence-based and recovery support for babies with Neonatal Abstinence Syndrome (NAS), also referred to as Neonatal Opioid Withdrawal Syndrome (NOWS), requires collaboration between hospitals, birthing centers, and community partners.

- Reach out to hospitals, birthing centers, pediatricians, obstetricians, neonatologists, and other healthcare providers to build collaborative partnerships to build initiatives around this topic.
- Engage community organizations, substance use treatment providers, mental health professionals, social service agencies, and peer support groups to expand the network of support for NAS/NOWS babies and their families.
- Provide training to healthcare providers on NAS/NOWS. Submit a Technical Assistance

(TA) request with the Opioid Response Network (ORN) for assistance with this, if needed.

- Provide training to home visiting programs on NAS/NOWS and educate them on providing support to mothers and their babies before and after birth.
- Utilize NAS/NOWS guideline resources from the Vermont Oxford Network (VON).
    - https://public.vtoxford.org/nas-guidelines/
- Implement programming that links new mothers to home visiting services in your community. Home visiting programs serve families through the stages of prenatal to age 5. To learn more or locate a home visiting program in your area visit the Kansas Home Visiting website.
- Sample step-by-step action guide below.

Sample D Action Step Guide

Here's a step-by-step approach to expanding treatment for Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS):

1. **Assess Current Resources and Needs:**
    - Assist your partners to evaluate existing resources, staffing, and protocols related to NAS/NOWS treatment in the healthcare facility.
    - Identify gaps in services, such as limited access to specialized care, lack of standardized protocols, or insufficient staff training.
2. **Form a Multidisciplinary Team:**
    - Assemble a multidisciplinary team comprising neonatologists, pediatricians, nurses, social workers, pharmacists, and addiction specialists.
    - Ensure representation from various departments to facilitate comprehensive care coordination.
3. **Develop Protocols and Guidelines:**
    - Collaborate with healthcare providers to identify the potential need to develop standardized protocols and clinical guidelines for screening, diagnosing, and treating NAS/NOWS in newborns, if not already in place.
    - If needed, encourage healthcare providers to establish protocols for providing evidence-based interventions, such as pharmacological treatment, non-pharmacological care, and developmental support for NAS/NOWS babies.
4. **Provide Training and Education:**
    - Submit a technical assistance (TA) request with the Opioid Response Network (ORN) to identify training options and other implementation resources.
    - Offer training sessions and educational programs for healthcare professionals on NAS/NOWS.
    - Provide NAS/NOWS training and education on support to provide to mothers pre- and post-natal to home visiting programs in your community.
    - Provide training on trauma-informed care, family-centered care, and cultural competence to support effective engagement with NAS/NOWS-affected families.
5. **Integrate Recovery Support Services:**
    - Integrate recovery support services into prenatal care, labor and delivery, and postpartum care settings to address the needs of pregnant women with substance use

disorders.
- Offer peer support programs, counseling services, case management, and referrals to substance use treatment and other supportive services for pregnant women and new mothers.
- Establish protocols to connect the new mother to home visiting services in the community.
    - To locate a home visiting program in or nearest your community visit the Kansas Home Visiting finding services webpage.

6. **Coordinate Care Transitions:**
    - Develop care coordination processes to facilitate seamless transitions for NAS/NOWS babies and their families between hospital care, pediatric follow-up, early intervention services, and community-based support services.
    - Ensure communication and collaboration among healthcare providers, social service agencies, and community organizations to support continuity of care and wraparound services.
7. **Promote Family Engagement and Empowerment:**
    - Involve parents and caregivers in treatment planning, decision-making, and advocacy efforts to support their active participation in the care of NAS/NOWS babies.
    - Provide resources, education, and support to empower families to navigate the healthcare system, access community resources, and promote the health and well-being of their children.

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.

E Resources

E (1) Resources

- Work with your local SUD treatment provider(s) and/or your local mental health center or FQHC to provide and/or expand such services within emergency departments or establish appropriate procedures for warm hand-offs and linkages to

these community services.

- Provide funding for emergency departments to establish necessary programming to begin MAT/MOUD within emergency departments with additional protocols to ensure continuity of care and appropriate follow-up care after discharge.

- Provide education to physicians in the hospital emergency departments on MAT and induction in the emergency department as well as appropriate referral, transition, and warm handoff to ongoing MAT and other treatment services upon discharge. Work with hospitals to ensure they are, not just referring or sharing information with patients, but that they are linking and connecting patients to continuity of care in community services post discharge to avoid potential gaps in care.

- Sample Action Step Guide included below.

E (2) Resources

- Warm hand-offs are more than just simply providing a list of treatment options. They involve the partner directly engaging with the patient, identifying potential services required, discussing various options available within or near the community, and subsequently connecting the patient directly with the chosen service provider. This hands-on approach ensures a more personalized and supportive transition for individuals seeking help.

- Work with hospitals and primary care providers (PCP) to coordinate with treatment centers in your community to identify patients presenting with a substance use concern. Work with these partners to establish necessary processes to facilitate warm-handoffs from the hospital/PCP by linking patients directly to SUD treatment, recovery, and other community services, ensuring a seamless transition to community services. Planning discussions should include confidentiality and information sharing agreements as well as processes to respect patient autonomy and choice.

- Establish a Criminal Justice System Liaison: Within the criminal justice system, warm hand-offs occur when individuals with substance use issues are identified during intake or during their involvement with the system. Liaisons within the system connect these individuals with substance use disorder treatment and recovery programs as well as other support services upon release or as part of their rehabilitation plan.

E (3) Resources

- Support programming that expands integrated care (physical, mental, and behavioral health). Work with providers in the community to address both substance use and mental health issues concurrently, rather than treating them separately. This may involve creating integrated care plans developed collaboratively by a team of professionals.

    - Work with local FQHCs, SUD treatment providers, CMHC/CCBHC, and other health systems to implement or expand integrated care.

- Work with your local provider systems to provide training and education for staff members to increase their understanding of co-occurring disorders and the complex interactions between substance use and mental health. This includes training on screening, assessment, and evidence-based treatment approaches for co-occurring disorders, such as Integrated Dual Diagnosis Treatment (IDDT).

- Provide funding to support peer support services specifically tailored to individuals with co-occurring disorders. Peer support specialists who have lived experience with both substance use and mental health challenges can provide valuable support, empathy, and encouragement to individuals navigating recovery.

- Work with community providers to involve family members and peers in the treatment process to provide additional support and encouragement for individuals with co-occurring disorders. Family therapy sessions and peer support groups can help individuals build stronger support networks and enhance their recovery journey.

E (4) Resources

Work with organizations in your community to provide or expand wrap around services.

- Example partners: local recovery houses/oxford houses, SUD treatment providers, mental health centers, behavioral health/drug courts, schools, higher education, childcare centers, local home visiting programs such as Parents as Teachers, housing/homelessness services, food banks, clothing closets, etc.
- Example strategies
    - Provide assistance with access to wrap around supports such as case management, peer support, housing, employment, financial literacy, legal, transportation, clothing, food, life skills, family and social support services, etc.
    - Work with higher education in your community to implement programming that assists individuals with SUD or in recovery, with obtaining their high school diploma, GED, technical degrees, and job placement. Example in Wichita – A partnership between Goodwill and WSU Tech, NexStep Alliance provides the opportunity to earn a GED with the option to take college level classes and pursue a professional certificate, all on one campus.
    - Work with childcare centers to provide childcare services for individuals attending SUD treatment and other wrap around service programming to reduce barriers to accessing these services.
    - Provide transportation assistance for patients in accessing necessary services, resources, and appointments related to SUD, health, and other needed resources.
    - Work with Friends of Recovery Association or other partner organizations to assist in establishing an oxford house in your community where gaps may exist or additional need for housing is present. Resource to locate oxford houses are within Kansas and nearest your community: https://www.friendsofrecovery.com/oxford_houses

E (5) Resources

- Provide funding for local organizations such as local SUD treatment providers, local health departments, hospitals, primary care clinics, FQHCs, etc. to hire behavioral health staff to facilitate expansions above.
    - Initial funding may be necessary to assist these organizations in startup costs of bringing new staff on board, the position could potentially be sustainable via billable services following the initial start-up phase.

- Encourage local organizations to develop credentialed clinicians/assist them with seeking credentials/provide supervision hours/etc. During this time period the staff person may not be able to bill for services until fully credentialed so additional funding from MFAF could be necessary.

- Provide funding to local organizations to support onboarding bonuses and incentives to assist in the recruiting/hiring process.

Sample E (1) Action Step Guide

Expanding services like navigators and on-call teams to initiate Medication-Assisted Treatment (MAT) in hospital emergency departments can significantly enhance patient care and address substance use disorders more effectively. Here's a step-by-step approach to expanding these services:

1. **Assessment of Current Resources**: Evaluate the existing resources, staff, and infrastructure in the emergency department (ED). Determine the availability of personnel who can be trained to provide MAT and identify any gaps in resources.
2. **Training and Education**: Provide comprehensive training to ED staff, including physicians, nurses, and social workers, on MAT protocols, opioid use disorder (OUD) treatment, and harm reduction strategies. Training should cover medication options (such as buprenorphine, methadone, or naltrexone), patient assessment, and management of opioid withdrawal.
3. **Integration of Navigators**: Integrate navigators or care coordinators into the ED workflow. These individuals can serve as liaisons between patients, healthcare providers, and community resources. Navigators can help patients navigate the treatment process, connect them with MAT providers, and provide ongoing support.
4. **On-Call Teams**: Establish on-call teams composed of addiction medicine specialists, psychiatrists, or other healthcare professionals with expertise in MAT. These teams can provide consultation to ED staff, assist with patient assessments, and prescribe medications as needed. Ensure that on-call services are available 24/7 to address the needs of patients presenting to the ED at any time.
5. **Protocol Development**: Develop standardized protocols and guidelines for initiating MAT in the ED. Include protocols for patient screening, assessment, medication initiation, monitoring, and follow-up care. Ensure that protocols align with evidence-based practices and regulatory requirements.
6. **Collaboration with Community Partners**: Foster partnerships with community-based organizations, MAT clinics, substance use treatment centers, and mental health providers. Collaborate to facilitate seamless transitions of care for patients discharged from the ED, ensuring access to ongoing MAT and supportive services in the community.

7. **Patient Education and Engagement**: Educate patients about MAT options, benefits, and risks. Address misconceptions and stigma surrounding MAT and opioid use disorder. Engage patients in shared decision-making regarding their treatment plan and provide ongoing support to enhance treatment adherence and retention.
8. **Data Collection and Evaluation**: Implement systems for collecting data on MAT initiation, outcomes, and patient satisfaction in the ED. Monitor key performance indicators such as the number of patients initiated on MAT, retention rates, and overdose-related outcomes. Use data to evaluate the effectiveness of the program, identify areas for improvement, and inform decision-making.
9. **Quality Improvement Initiatives**: Continuously monitor and evaluate the quality of MAT services in the ED. Implement quality improvement initiatives to enhance the delivery of care, optimize workflows, and address barriers to access and engagement

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.

F Resources

1. Provide funding for local jails to integrate SUD treatment including MOUD in jails and to provide reentry supports upon release which include linking to continuity of SUD services and additional supports needed.

2. Often jails contract SUD treatment services out to an organization that provides these services. Work with your local treatment provider for assistance starting programming such as this.

3. Move upstream and prevent this population from incarceration by implementing specialty courts, such as drug courts, within the judicial system.

    - A drug court is a specialized court program designed to handle cases involving individuals who have substance use disorders and who commit non-violent drug-related offenses. In lieu of incarceration, participants undergo substance abuse treatment, counseling, and regular judicial monitoring to promote recovery and reduce the likelihood of future criminal behavior. The court team, which includes judges, prosecutors, defense attorneys, treatment providers, and probation officers, collaborates to support participants through personalized treatment plans and incentives for compliance. Successful completion of the program often results in reduced charges or sentences, aimed at fostering long-term recovery and community reintegration.

- All Rise Drug Court Resource Library
- Sample action step guide for implementing a drug court in your community included below.

Sample F Action Step Guide

Starting a drug court in a community in Kansas involves several steps to ensure proper planning, collaboration with stakeholders, and adherence to legal requirements. Here's a step-by-step guide to help you navigate this process:

1. **Research and Planning:**
   - **Understand Drug Court Model:** Research different drug court models (e.g., adult, juvenile, family) to determine which type best suits your community's needs.
   - **Access Kansas Judicial Branch and local drug court resources:** Research which other districts in Kansas have established drug courts, and visit their court websites to review their manuals, handbooks, forms, and other resources related to the drug court program. For example:
     - Allen County Drug Court Program Handbook
     - Douglas County Drug Treatment Court manual, pamphlet, and participant handbook
     - Other Resources
       - All Rise - formerly National Association of Drug Court Professionals
       - National Treatment Court Resource Center (NTCRC)
       - Adult Treatment Court Best Practices I-VI
       - Adult Treatment Court Best Practices VII-X
   - **Assess Community Needs:** Identify the prevalence of substance abuse issues in your community and assess the existing resources and gaps.
   - **Engage Stakeholders:** Reach out to key stakeholders such as judges, prosecutors, defense attorneys, law enforcement, treatment providers, social services agencies, and community leaders to gauge interest and build support.
2. **Form a Planning Committee:**
   - **Convene Stakeholders:** Organize a planning committee comprising representatives from relevant agencies and organizations to guide the development of the drug court.
   - **Define Goals and Objectives:** Establish clear goals and objectives for the drug court, focusing on reducing substance abuse, improving public safety, and promoting rehabilitation.
   - **Outreach Established Drug Courts:** Reach out to established drug courts to learn how they started their program and lessons learned.
3. **Develop a Program Model:**
   - **Select Drug Court Type:** Based on research and stakeholder input, decide on the specific type of drug court (e.g., adult, juvenile, hybrid).
   - **Design Program Components:** Outline the key components of the drug court program, including eligibility criteria, participant screening and assessment procedures, treatment options, supervision requirements, and graduated sanctions

and incentives.

4. **Establish Legal Framework:**
    - **Consult Legal Experts:** Work with legal experts to understand the legal requirements for establishing a drug court in Kansas, including statutory authority, court rules, and procedural guidelines.
    - **Draft Program Documents:** Prepare necessary program documents, such as rules of procedure, participant handbook, and agreements with treatment providers.
5. **Implement the Drug Court:**
    - **Recruit and Train Staff:** Hire qualified staff, including a drug court coordinator, case managers, treatment providers, and judicial personnel. Provide training on drug court principles, procedures, and evidence-based practices.
    - **Develop Referral Processes:** Establish referral processes from the criminal justice system and other agencies, ensuring clear communication and collaboration.
    - **Launch Pilot Phase:** Consider starting with a pilot phase to test the program's feasibility and make necessary adjustments before full implementation.
6. **Monitor and Evaluate:**
    - **Monitor Program Operations:** Implement systems to track participant progress, compliance with court orders, and outcomes related to substance use, recidivism, and rehabilitation.
    - **Evaluate Program Effectiveness:** Conduct regular evaluations to assess the impact of the drug court on participants, public safety, and community well-being. Use evaluation findings to make data-driven improvements.
7. **Sustain and Expand:**
    - **Build Community Support:** Engage with the community through outreach efforts, public education campaigns, and partnerships to garner support for the drug court.
    - **Seek Sustainability:** Develop long-term strategies for program sustainability, including securing ongoing funding, maintaining stakeholder commitment, and integrating the drug court into the local criminal justice system.
8. **Continuous Improvement:**
    - **Adapt and Innovate:** Stay informed about emerging trends, research, and best practices in drug court operations. Continuously adapt and innovate the program to enhance effectiveness and meet evolving community needs.

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.

G Resources

- Locate a community coalition in your community to help brainstorm educational and awareness opportunities and/or provide the coalition funding to deliver identified educational and awareness opportunities.
    - Kansas Coalition Directory
    - No community coalition in your community? Reach out to your region's Community Support Specialist at DCCCA to discuss opportunities to start a coalition or identify other champions and resources that may exist in your community. DCCCA provides training and technical assistance to communities in Kansas.
- SAMHSA Substance Misuse Prevention Amount Young Adults Guide
- Principles of Substance Abuse Prevention for Early Childhood
- Search the SAMHSA Evidence-Based Practices Resource Center or Kansas Evidence-Based Strategies Matrix to identify potential school-based programming options.

G (1) Resources

- It Matters KS, Kansas Prevention Collaborative media campaign. Free media campaign materials aimed at youth and young adults for substance use prevention and mental health promotion, developed by the Kansas Prevention Collaborative.
- DEA One Pill Can Kill The One Pill Can Kill Campaign offers an opportunity for the media, parents, teachers, educators, and community organizations to raise awareness about counterfeit prescription drugs. DEA has created free media materials to help you participate in raising awareness.
- CDC Rx Awareness Campaign free prescription opioid overdose prevention campaign materials. The Rx Awareness campaign is evidence-driven and tells the real stories of people whose lives were torn apart by opioid use and abuse.
- FDA Remove the Risk free media campaign materials aimed at raising awareness of the serious dangers of keeping unused opioid pain medicines in the home and provides information about safe disposal of these medicines.

G (2) Resources

- Work with your local schools to identify an evidence-based prevention curriculum to fit your population and needs in your community. Provide the schools or education provider with funding necessary to implement the curriculum within schools.
    - See examples of evidence-based SUD prevention curriculum within section B.

G (3) Resources

- Work with partners such as the Kansas Board of Pharmacy, Kansas Board of Healing Arts, Kansas Hospital Association, Kansas Healthcare Collaborative, KUMC Project, Echo, etc. to identify programming, technical assistance, and education needed.
- Provide support and/or funding to qualified educational institutions to provide

education on activities such as:

- **Academic Detailing Program:** Development and implementation of an academic detailing program targeted at medical providers, including those working in hospitals. Academic detailing involves one-on-one or small-group educational sessions led by trained professionals who provide evidence-based information on best practices in the field.
- **Online Training Modules:** Create online training modules or webinars that healthcare providers can access at their convenience.
- **Quality Improvement Initiatives:** Implementation of quality improvement initiatives within healthcare settings. This could involve developing standardized protocols for opioid prescribing, implementing electronic health record prompts or decision support tools such as K-TRACS utilization, and establishing regular audit and feedback mechanisms to monitor prescribing practices and identify areas for improvement.
- **Learning Collaboratives:** Facilitate peer-to-peer learning collaboratives among medical providers within healthcare networks. Collaboratives to facilitate opportunities for providers to share experiences, discuss challenges, and learn from each other's successes and failures in implementing best practices.

- Provide support to establish customized educational opportunities to address the specific needs of providers in your community, for the strategies above. Example topics may include opioid stewardship, responding to overdoses, opioid prescribing guidelines, risk assessment, alternative pain management strategies, utilization of K-TRACS, clinical support tools available, MOUD induction in emergency departments, managing acute pain in emergency departments, post-surgical care units, identifying and assessing patients for SUD and working with SUD populations, etc.
- Access resources such as PCSS Resources
    - Providers Clinical Support System provides a variety of trainings for healthcare professional on evidence-based practices to improve healthcare and outcomes in the prevention of those at risk and treatment for individuals with an opioid use disorder (OUD
    - PCSS provides free training that satisfy the DEA training requirements for MAT providers, to view training options visit: *https://pcssnow.org/medications-for-opioid-use-disorder/8-hour-moud-education-options/*
- Request free training and technical assistance from the Opioid Response Network (ORN).

G (4) Resources

- Provide public awareness and educational opportunities for the community relating to proper drug disposal.
- Establish or expand existing drug take-back disposal or destruction programs.
- Promote the DEA Drug Take-Back Days which typically occur the last Saturday in April and October.
- Host a community drug take-back day in partnership with local law enforcement to provide additional disposal opportunities in addition to the DEA's events held twice a year.
- Purchase or provide funding for the purchase of proper drug disposal methods to place in the community or to provide for in-home disposal.
    - Examples of drug disposal methods:

1. Install a medication disposal drop box such as MedSafe, Stericycle, or medication disposal kiosks. These disposal drop boxes provide for anonymity of the individual disposing of leftover medications and an accessible and convenient option for disposal outside of community disposal events. Costs typically include initial purchase of the kiosk and initial liners. Recurring costs include purchase of liners for the kiosk that can be shipped off for proper destruction once full.
    - Identify where these may already exist in your community to identify any gap areas by searching for your zip code or city on the DEA list of year-round drug disposal drop off locations.
    - If gaps do not exist in your community, provide education and awareness of this resource in the community to promote the use of existing resources.
2. Provide your community with in-home medication disposal options such as Deterra bags, Dispose Rx , and Rx Destroyer.
    - If unable to purchase these items, refer your community to resources to request free disposal resources such as via DCCCA's Medication Disposal Bag Request Form.
3. Many medications can be flushed down the toilet safely. Refer community members to the FDA Flush List and encourage individuals to flush medications on this list to prevent accidental poisonings and medication mistakes. The FDA reports that there are no signs of environmental effects caused by flushing recommended drugs.

G (5) Resources

- Reach out to the Overdose Response Strategy (ORS) team in Kansas. This team is comprised of a Drug Intelligence Officer with Midwest HIDTA and a Public Health Analyst with CDC Foundation. These staff provide free support and assistance with implementing diversion and deflection strategies as well as post-overdose response teams, overdose fatality review teams, or similar strategies.
- Access various training and resources from the Comprehensive Opioid, Stimulant and Substance Use Program (COSSUP). Explore resources available and/or submit a request for free Training/Technical Assistance (TTA) to assist your community in implementing relevant strategies within public safety and criminal justice to address the substance use crisis.
- Utilize NACo's Post Overdose Response Team Brief as a resource to establish this in your community.
- Implement diversion and deflection programming within law enforcement organizations.
    - Example law enforcement strategies such as those listed in Schedule B:
        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; or

5. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise. Learn more about Kansas Crisis Intervention Teams.

- Sample post-overdose response team action step guide below.

Sample G (5) Action Step Guide Post-Overdose Response Teams

Creating a post-overdose response team involves careful planning, collaboration with relevant stakeholders, and adherence to legal and operational considerations. Here's an action step guide to help you establish a post-overdose response team:

1. **Conduct Needs Assessment:**
    - **Research Local Data:** Gather information on overdose trends, response times, and existing resources in your community.
    - **Identify Stakeholders:** Engage with local law enforcement, emergency medical services (EMS), public health agencies, substance use treatment providers, community organizations, and elected officials to assess their roles and perspectives.
2. **Form a Planning Committee:**
    - **Convene Stakeholders:** Establish a multidisciplinary planning committee comprising representatives from key stakeholders identified in the needs assessment.
    - **Set Goals and Objectives:** Define clear goals for the response team, such as reducing overdose fatalities, improving access to treatment, and enhancing community safety.
3. **Develop Protocols and Procedures:**
    - **Design Response Protocols:** Outline standardized protocols for responding to overdose incidents, including dispatch procedures, scene assessment, naloxone administration, medical evaluation, and referral to treatment.
    - **Standard Protocol Examples include:**
        - **Identify Program Participants:**
            - Utilize EMS, fire, and/or law enforcement data to identify individuals who have experienced an overdose.
            - Ensure privacy through data use agreements between partners and obtain participant consent before conducting outreach.
        - **Form a Multidisciplinary Outreach Team:**
            - Include the following members:
                - Health provider (e.g., treatment providers, case manager, peer recovery coach, social worker) to lead the outreach encounter.
                - EMS personnel to assist with providing information and leaving behind naloxone.
                - Law enforcement, if involved, to support the health provider discreetly (e.g., using an unmarked vehicle and plain clothes).
        - **Schedule Outreach Promptly:**
            - Conduct outreach within a few days of the overdose event to maximize engagement and support.

- **Conduct Outreach Encounter:**
  - Approach the person at their residence or virtually.
  - Perform a comprehensive assessment of needs and risks.
  - Utilize motivational interviewing techniques to encourage goal-setting and empowerment.
  - Provide education on harm reduction strategies, including overdose prevention, naloxone distribution and administration, and Good Samaritan Laws.
  - Inform about local services available such as Syringe Service Programs (SSPs), Medications for Opioid Use Disorder (MOUD), and social services.
  - Connect the individual with a peer support specialist for ongoing care and recovery support.
  - Leave behind naloxone and informational materials about local services.
  - Arrange transportation if needed to access services.
- **Engage Family and Social Networks:**
  - Reach out to family members or social networks if the individual who experienced overdose is unavailable or not responsive.
- **Follow-Up:**
  - Conduct follow-up communication based on participant consent, either in-person, via text, or phone call, to provide ongoing support and reinforcement of goals.

4. **Train First Responders:**
   - **Provide Naloxone Training:** Train first responders, including law enforcement officers, firefighters, and EMS personnel, on the proper use of naloxone (Narcan) for opioid overdose reversal.
   - **Educate on Harm Reduction:** Offer training on harm reduction principles, including overdose prevention strategies and linkage to treatment and support services.
5. **Establish Data Collection and Evaluation Mechanisms:**
   - **Develop Data Collection Tools:** Create tools to collect data on overdose incidents, naloxone administrations, outcomes, and referrals to treatment.
   - **Monitor Program Effectiveness:** Implement regular evaluations to assess the impact of the response team, such as reductions in overdose fatalities and improvements in linkage to care.
6. **Engage with Community Partners:**
   - **Build Community Partnerships:** Forge partnerships with community organizations, substance use treatment providers, peer support groups, and other stakeholders to enhance the response team's effectiveness.
   - **Promote Public Awareness:** Conduct public education campaigns to raise awareness about overdose prevention, naloxone availability, and the role of the response team in saving lives.
7. **Secure Funding and Resources:**
   - **Identify Funding Sources:** Explore funding opportunities from local government budgets, state grants, federal grants (e.g., SAMHSA grants), private foundations, and community donations.

- **Allocate Resources:** Ensure adequate resources for naloxone supply, training materials, personnel costs, data management systems, and ongoing program evaluation.

8. **Launch Pilot Program and Scale Up:**
    - **Implement Pilot Phase:** Begin with a pilot program to test protocols, identify challenges, and make necessary adjustments.
    - **Evaluate and Expand:** Based on pilot program outcomes, refine protocols and expand the response team's coverage area and capacity to serve more overdose incidents effectively.
9. **Maintain Sustainability and Continuous Improvement:**
    - **Establish Sustainability Plan:** Develop strategies to sustain the response team long-term, including securing ongoing funding, maintaining stakeholder engagement, and integrating the team into local emergency response systems.
    - **Adapt and Innovate:** Stay informed about emerging trends and best practices in overdose response and continuously improve the team's protocols and services based on new evidence and community feedback.

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.

H Resources

Currently this strategy is illegal in Kansas, syringes used in this fashion are considered drug paraphernalia. However, strategies to link individuals to OUD treatment and for screening/treatment of infectious diseases are allowable strategies and can be implemented without syringe services.

- Work with your local health department to explore options for linkages to care and screening for infectious diseases.
- Work with any organization in your community that provides services to residents to screen, identify, and link people to SUD treatment as indicated. Example partners: schools, local health departments, community centers, benefit offices, healthcare facilities, hospitals, etc.
    - Example strategy is to implement SBIRT (Screening, Brief Intervention, and Referral to Treatment) screening within schools. Work with school administrators, nurses, and behavioral health staff to determine how to bring SBIRT into the school.
- Implement other harm reduction strategies that are allowable in Kansas. To learn more about harm reduction strategies visit the Harm Reduction Resource Center.

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

The Kansas Fights Addiction Board is conducting a comprehensive statewide SUD needs assessment which will be used to guide the future, long-term investment strategies of the KFA board. The needs assessment is anticipated to be released in early 2025 and will be relevant to all Kansas communities to utilize in their own planning processes.

This needs assessment shall represent a comprehensive view of the state's SUD system across the lifespan, including all sectors from early childhood and prevention through treatment and long-term recovery. In addition, the assessment should include relevant research into the more innovative, cutting-edge practices and approaches being implemented in other states and countries to address the breadth of SUD-related needs. Ultimately, the results of the needs assessment will guide the long-term investments of the KFA board and potentially be used by all SUD funders in Kansas to fuel implementation of strategies for real systems change to reduce substance use initiation and SUDs, save lives, and improve the SUD systems of care.

Unallowable Expenses under Opioid Settlement/MFAF

Funds from the opioid settlements including the Municipalities Fight Addiction Fund (MFAF), are generally limited to expenses for substance use disorder abatement and remediation projects and activities that prevent, reduce, treat or mitigate the effects of substance abuse and addiction.

The opioids crisis can be viewed as including both a supply side (the individuals and organizations providing legal and illicit opioids and other products) and a demand side (the individuals dealing with substance use disorder, their families, and their communities). The opioid settlement dollars are meant to addresses issues on the demand side of the equation, focusing on treatment, recovery, prevention, and other strategies that seek to address the underlying causes for substance use disorder. These dollars are not intended for supply side efforts, such as drug interdiction or criminal law enforcement. To evaluate whether a proposed use is acceptable, a subdivision should determine whether the purpose of the expense is to address the demand side or the supply side of the crisis.

The following are examples of unallowable expenses under MFAF:

- Guns
- Canine units
- Police vehicles
- Drones
- Campaign contributions
- Non-abatement activities
- Equipment expenses unrelated to substance use abatement or remediation

Schedule B Approved Uses

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:

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.

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 APPRORIATE 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.