Attachment A: Opioid Settlement Framework

This document outlines the County of San Diego's framework for the utilization of opioid remediation funds from anticipated opioid settlement awards.

Phase I programs will be implemented immediately once opioid settlement funds are awarded to the County and available for allocation and will be prioritized for ongoing funding where appropriate. Existing programs will be augmented using the opioid settlement funds.

Phase II programs will be implemented once funds and infrastructure are available and will receive ongoing funding where appropriate.

Healthcare Integration

Program	Description	Phase
Medicated Assisted Treatment (MAT)	1. Establish funding for medicated assisted treatment (MAT) for individuals who are uninsured or low-income individuals whose insurance does not cover the needed service and integrate into primary healthcare. 2. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments. 3. Provide MAT education and awareness training to healthcare providers, emergency medical technicians (EMTs), law enforcement personnel, and other first responders. 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 with other support services. 5. Provide care coordination and support services for continuity of care for individuals with substance use needs including MAT.	I
Emergency Department (ED) Relay Model and Other Services	1. Establish a 24/7 service called the ED Relay Model that dispatches "Wellness Advocates" to hospitals to meet patients in substance use crises. Wellness Advocates stay in contact with patients for up to 90 days and connect them to appropriate support services, including overdose prevention, harm reduction, substance use disorder treatment, social services, eligibility programs, and emergency housing. 2. Establish additional supportive services which ensure after-care follow-up and linkage to resources and services.	I
Other Therapies	1. Support contingency management services, cognitive behavioral therapy, and other evidence-based therapies for people with substance use disorders (SUD), opioid use disorders (OUD) (and/or any co-occurring mental health conditions). 2. Broaden scope of recovery services to include co-occurring SUD or mental	I

	health conditions.	
Justice-involved Persons	1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/mental health (MH) disorders within and transitioning out of the criminal justice system. 2. Increase funding for jails to provide treatment to people who are incarcerated with OUD, with consideration of utilizing telemedicine. 3. Provide wrap-around services and connection to peer support specialists for people leaving incarceration. 4. Provide funding for a technology hub for medical information and data exchange between jails, County departments, community-based organizations, and health and hospital systems, which may include integration with the Community Information Exchange and Health Information Exchange. 5. Provide authority and funding for utilization of different types of opioid antagonists in jails with broader access to staff with incorporation of vending machines and modular naloxone hubs. 6. Investigate investment in bracelet technology that provides signal of medical distress. 7. Provide funding for a full range of harm reduction services in jails.	I
Pregnant & postpartum	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 SUD or 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. Expand services for neonatal opioid withdrawal syndrome for women in custody.	II

Harm Reduction and Prevention

Program	Description	Phase
Public Health Messaging Campaign	1. Funding for media campaigns to prevent opioid use (similar to the Truth campaign to prevent youth from misusing tobacco). 2. Funding for evidence-based prevention programs in schools. 3. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment (similar to the Michigan.gov End The Stigma campaign to promote. first-person language, education on opioid use disorder treatments, and avoid messages made to villainize persons with OUD).	I

Drug Disposal	1. Funding for community drug disposal programs. 2. Delivery of drug disposal bags to all households in the County coupled with a public health awareness campaign on safe disposal.	I
Opioid Antagonist Distribution	1. Increased availability and distribution of opioid antagonists 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, regionalized family justice center employees, care coordinators, intake specialists and co-located onsite partners persons being released from jail or prison, or other members of the general public. 2. Expand training for first responders, schools, community support groups, and families on opioid antagonist use. 3. Provide funding to implement a pilot program for paramedic use of buprenorphine in conjunction with naloxone which would also explore the establishment of overdose-receiving centers to provide a warm handoff for follow-up and wrap-around services. 4. Provide opportunity for funding other appropriate pilot programs implementing the use and community distribution of different Food and Drug Administration (FDA) approved opioid antagonists than naloxone. 5. Address barriers to opioid antagonist certification and distribution.	I
Treatment/ Access to Treatment Efforts	1. Provide low-threshold evidence-informed harm reduction programs suitable to the geographic location, demographic considerations, and needs of the community including mobile services accompanied with wrap-around services to reduce harms associated with drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl avoidance, connections to care, and the full range of harm reduction and treatment services provided by these programs. 2. Establish additional detoxification and sobering centers and supportive services to improve acute sobering and treatment capacity.	I
Evaluation and Data	1. Evaluate programs and strategies described in this opioid abatement strategy list. 2. Explore the use of data tracking software and applications for overdoses and naloxone revivals.	II

Social Supports and Services

Program	Description	Phase
Wrap-Around Services	1. Broaden scope of recovery services to include co-occurring SUD or mental health conditions. 2. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare. 3. Provide community support services through County partners and community-based organizations, including social and legal services, to assist in the reintegration of justice-involved persons with OUD and any co-occurring SUD/MH conditions. 4. Provide housing and supportive services for individuals with SUD/MH conditions that are involved in the CARE Court and other collaborative court systems. 5. Hire additional social workers or other behavioral health workers to facilitate the expansions above. 6. Fund family-centered programs with technology-rich approaches to address a range of behavioral-health challenges in addition to training and support services for parents and family members.	I
Housing	1. Provide access to housing for people with OUD and any co-occurring or dual diagnoses SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate Federal Food and Drug Administration approved mediation with other support services. 2. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those in assisted housing who need it to persons with OUD and any co-occurring SUD/MH conditions.	II
Workforce Investment	1. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions. 2. Fund workforce development, training programs, apprenticeship, and education costs for peer support specialists that offer a range of services, including health education, encouragement, empathy, coping skills, recovery modeling, and concrete assistance in overcoming the situational barriers to treatment retention.	II
Rural Communities and Tribal Partners	1. Support impacted tribal communities, the Dream Weaver Consortium, and other tribal healthcare and community-based partners through funding culturally competent OUD/SUD program treatment and prevention services. 2. Fund and expand OUD/SUD prevention, education, and treatment services in rural communities. 3. Engage tribal and rural leaders on matters related to OUD/SUD efforts. 4. Address barriers to access for rural and tribal partners. 5. Investigate opioid remediation funding opportunities and programs being implemented and invested in through the U.S. Department of Agriculture that	I

	can be implemented locally.	