

# Annual Opioid Settlement Report

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Prepared by the Office of Drug Prevention, Treatment and Enforcement  
Submitted by the Indiana Family and Social Services Administration

2024

## National Opioid Settlement in Indiana

The State of Indiana is set to receive approximately \$932 million over an 18-year period as part of a national settlement with opioid distributors, manufacturers, and marketers. The settlements are governed by [Ind. Code §4-6-15](#).

Under the terms of the statute governing distribution, these funds are distributed in the following manner:

- (1) Fifteen percent (15%) to the state unrestricted opioid settlement account established by [I.C. §4-12-16.2-5\(1\)](#) for the benefit of the state.
- (2) Fifteen percent (15%) to the local unrestricted opioid settlement account established by [I.C. §4-12-16.3-5\(1\)](#) for distribution as reimbursement to cities, counties, and towns according to a weighted distribution formula identified in settlement documents that accounts for opioid impacts in communities.
- (3) Thirty-five percent (35%) to the state abatement opioid settlement account established by [I.C. §4-12-16.2-5\(2\)](#) to be used for statewide treatment, education, and prevention programs for opioid use disorder and any co-occurring substance use disorder or mental health issues as defined or required by the settlement documents or court order (Attachment E).
- (4) Thirty-five percent (35%) to the local abatement opioid settlement account established by [I.C. §4-12-16.3-5\(2\)](#) for distribution to cities, counties, and towns according to a weighted distribution formula identified in settlement documents that accounts for opioid impacts in communities. However, if a city's or town's annual distribution under this subdivision is:
  - a. for a distribution made before July 1, 2023, less than one thousand dollars (\$1,000); or
  - b. for a distribution made after June 30, 2023, less than five thousand dollars (\$5,000)the city's or town's annual distribution must instead be distributed to the county in which the city or town is located. Distributions under this subdivision may be used only for programs of treatment, prevention, and care that are best practices as defined or required by the settlement documents or court order (Attachment E).

Pursuant to [I.C. §4-6-15-4](#), the Indiana Family and Social Services Administration (FSSA) must submit an annual comprehensive report of the use of all opioid settlement funds, including funds received by local units of government, to the Indiana General Assembly.

A complete list of distribution estimates for the State and 648 local units of government is available at <https://www.in.gov/attorneygeneral/about-the-office/complex-litigation/opioid-settlement/>.

## Local Units of Government

In accordance with [I.C. §4-6-15-4\(e\)](#), all entities receiving opioid settlement funds shall monitor the use of those funds and provide an annual report to FSSA no later than a date determined by FSSA.

Through a contractual agreement with FSSA (see *Attachment K*), Egis Group (formerly known as Beam, Longest and Neff, LLC) collaborated with FSSA to design and build a reporting platform. This platform was used to collect annual opioid settlement reports from over 600 local units of government.

On August 1, 2024, all local units of government received a link to access the reporting platform. The links, distributed by Egis, allowed them to report their use of opioid settlement funds for the reporting period of August 1, 2023, through June 30, 2024<sup>1</sup>. The links were provided to county auditors and clerk treasurers, unless otherwise specified by the local unit of government. The deadline for submitting completed reporting forms via the platform was September 6, 2024, at 11:59 p.m. Egis provided training and technical assistance to ensure local governments could accurately report the required data by the deadline. The reporting platform aggregated all submitted information, and Egis configured the data into a comprehensive, raw data report (see *Attachment A*).

Of the 648 local units of government, 644 counties and municipalities<sup>2</sup> successfully reported their use of funds. *Attachment A* provides a detailed breakdown of each community's responses, including:

- The total amount of funds received to date.
- The total amount of funds expended.
- The purpose of each expenditure.
- The qualifying strategy per [Exhibit E](#) (see *Attachment M*) of the National Opioid Settlement Agreements.

For privacy purposes, all contact information, such as phone numbers and email addresses, has been omitted from this report.

**Figure 1** illustrates a breakdown of how local governments reported their use of restricted, also referred to as “abatement”, funds. Restricted funds transferred by a city or town to respective county for compliance with [I.C. §4-6-15-4\(a\)\(4\)\(b\)](#) are not considered expenditures. Of the 644 reporting local units, 126 counties and municipalities reported expenditures using restricted funds.

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<sup>1</sup> Reports collected in 2025 and beyond will align with the state fiscal year, July 1 through June 30.

<sup>2</sup> The following communities did not submit a report prior to the September 6, 2024, deadline: Millhousen, New Middletown, Onward, and River Forest.

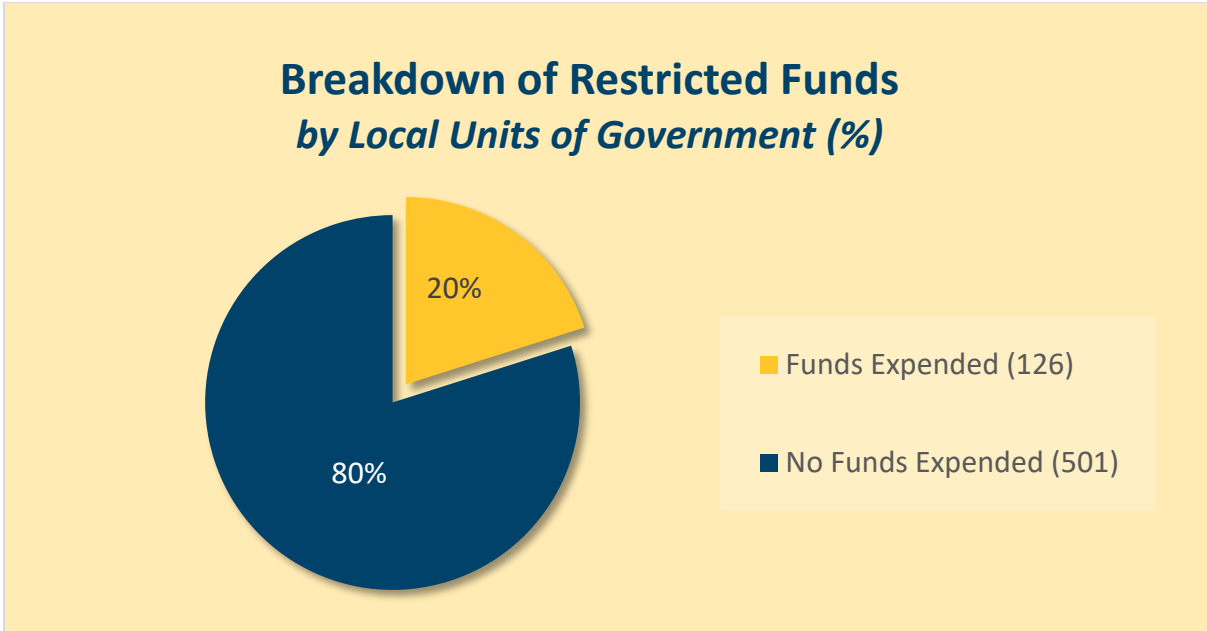


Figure 1

**Figure 2** provides a breakdown of the number of local units of government that reported expenditures using unrestricted funds. Of the 644 local units of government that reported, 118 counties and municipalities reported expenditures using unrestricted funds.

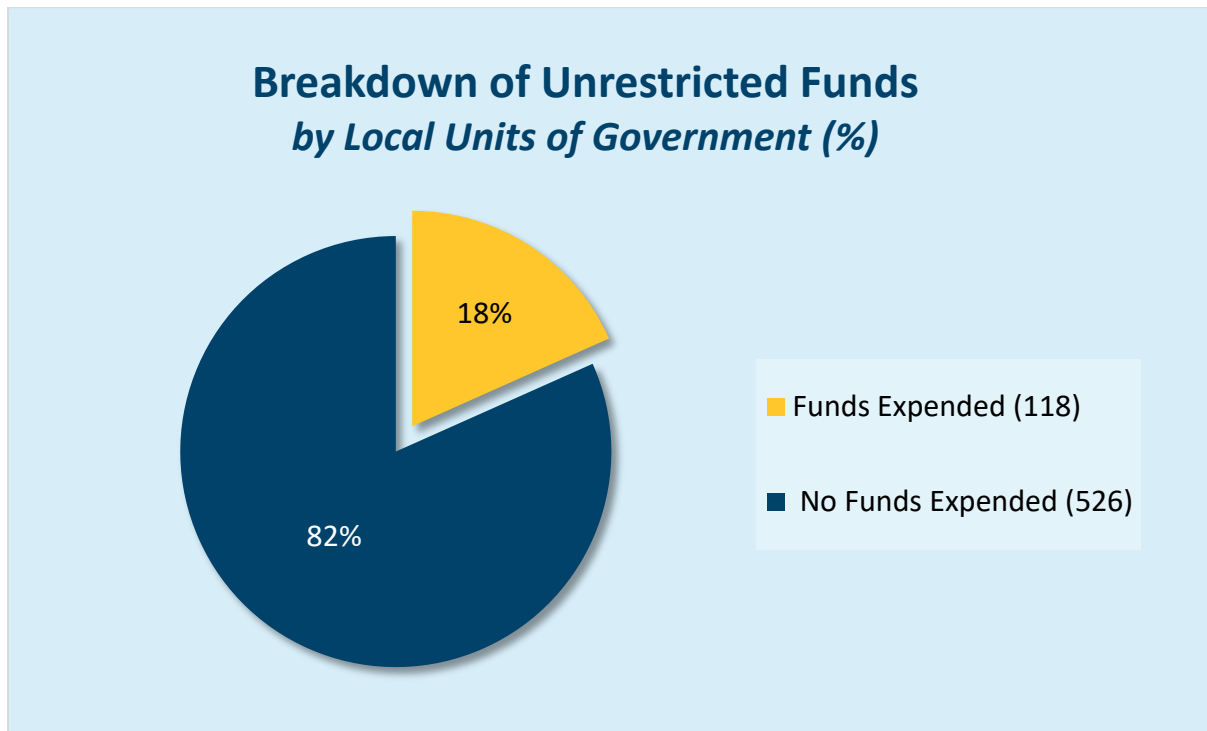


Figure 2

Although not required, local units of government were asked to indicate whether they had established a local committee to oversee the allocation of local opioid settlement funds. **Figure 3** illustrates the breakdown of local units that reported having such committees in place.

Upon analyzing the communities that indicated the formation of a committee, many of these were the same communities that reported at least one expenditure of restricted and/or unrestricted funds.

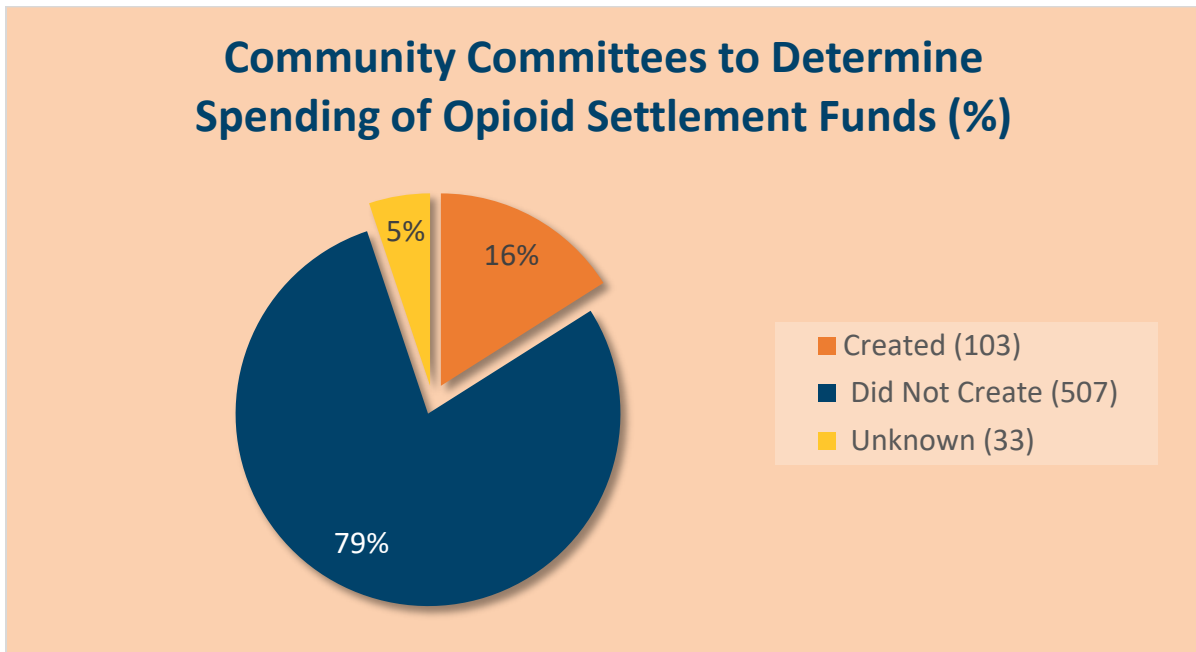


Figure 3

In response to the slow utilization of these funds, the Office of Drug Prevention, Treatment and Enforcement intends to propose recommendations to the Indiana Commission to Combat Substance Use Disorder to help guide and support communities more effectively.

## State of Indiana

The Office of Drug Prevention, Treatment, and Enforcement, in collaboration with the Indiana Family and Social Services Administration (FSSA) - Division of Mental Health and Addiction (DMHA) and the Indiana Department of Health (IDOH), developed a plan (see *Attachment B*) for the State of Indiana's use of its 2022-2024 restricted share of the national opioid settlements with opioid distributors, manufacturers, and marketers.

In accordance with [Ind. Code §4-12-16.2-5](#), FSSA submitted the distribution plan for review to the State Budget Committee at its December 15, 2022, meeting. As of October 1, 2024, FSSA has obligated **\$40,154,954.02** in restricted funds to the following initiatives:

- **State Opioid Settlement Match Grant:** \$18,829,819.15 (*Attachment C*)
  - Contract Duration: 2 years
- **Capital for Recovery Residences:** \$4,209,300.00 (*Attachment D*)
  - Contract Duration: 1 year<sup>3</sup>
- **Expansion of Harm Reduction Street Outreach:** \$1,454,955.00 (*Attachment E*)
  - Contract Duration: 1 year
- **Expansion of Certified Peer Support Professionals:** \$4,805,409.02 (*Attachment F*)
  - Contract Duration: 2 years
- **Hope Academy Recovery High School:** \$330,000.00 (*Attachment G*)
  - Contract Duration: 3 years
- **Glory Girl Productions:** \$84,500.00 (*Attachment H*)
  - Contract Duration: 1 year and 2 months
- **Office of Judicial Administration:** \$5,000,000.00 (*Attachment I*)
  - MOU Duration: 5 years
- **Indiana Department of Correction:** \$4,672,070.85 (*Attachment J*)
  - MOU Duration: 3 years<sup>4</sup>
- **Egis/BLN Emergency Management:** \$768,900.00 (*Attachment K*)
  - Contract Duration: 2 years

**Figure 4** provides a breakdown of the Exhibit E qualifying strategies under which all state restricted funds have been obligated. These strategies are divided into the following key categories:

- **Treatment and Recovery Strategies:** Supporting individuals in treatment and recovery, addressing the needs of justice-involved persons, connecting individuals to care, and treating opioid use disorder and co-occurring disorders.
- **Prevention Strategies:** Preventing overdose deaths and other harms, reducing opioid misuse, and mitigating associated harms.
- **Other strategies:** Research and training to further combat the drug epidemic.

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<sup>3</sup> Due to delays in acquiring properties, construction timelines, etc., multiple contracts have been amended to allow for an additional six months.

<sup>4</sup> The attached Memorandum of Understanding reflects the original two-year agreement. An amendment is in process to extend the MOU to three years.

## State Opioid Settlement Restricted Obligations Total Obligated by Exhibit E Strategies

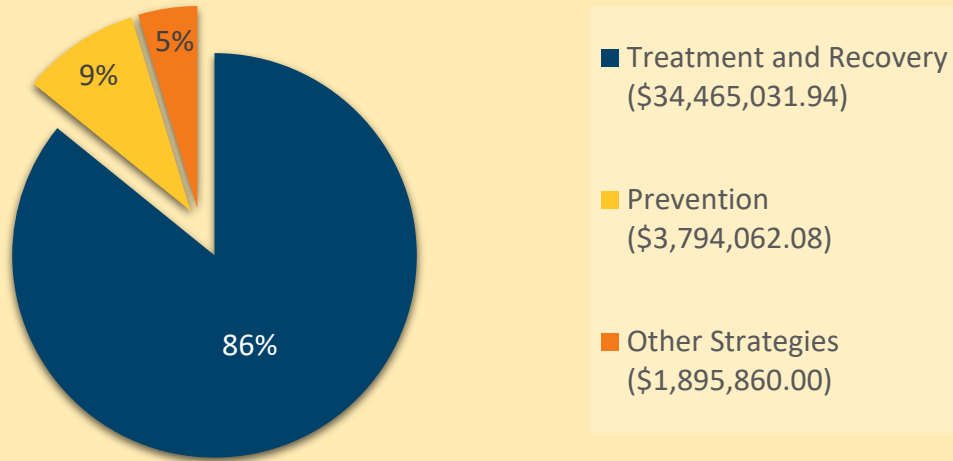


Figure 4

Pursuant to [I.C. §4-6-15](#), the state's 15% share of unrestricted funds is distributed to the state unrestricted opioid settlement account for the benefit of the state. In 2023, the Indiana General Assembly appropriated \$9.1 million in SFY24 and SFY 25 to DMHA for Substance Abuse Treatment, and \$5 million to the Office of the Governor for Substance Abuse Prevention, Treatment and Enforcement, for a total of \$28.2 million in unrestricted funds<sup>5</sup>. *Attachment C* provides a breakdown of how these funds have been expended and/or obligated.

To support full transparency of the use of all opioid settlement funds received by the State of Indiana and local units of government, all reports will be made public by December 31, 2024.

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<sup>5</sup> [House Enrolled Act 1001, 2023](#)

## **Attachments**

**Attachment A:** Local Units of Government Report (*separately attached Excel document*)

**Attachment B:** 2022-2024 State Spending Plan

**Attachment C:** State of Indiana Report (*separately attached Excel document*)

**Attachment D:** State of Indiana Match Grant Recipients

**Attachment E:** Capital for Recovery Residences Grant Recipients

**Attachment F:** Expansion of Harm Reduction Street Outreach Grant Recipients

**Attachment G:** Expansion of Certified Peer Support Professionals Grant Recipients

**Attachment H:** Hope Academy Scope of Work

**Attachment I:** Glory Girl Productions Scope of Work

**Attachment J:** Egis Scope of Work

**Attachment K:** Indiana Office of Court Services Memorandum of Understanding

**Attachment L:** Indiana Department of Correction Memorandum of Understanding

**Attachment M:** Approved Opioid Abatement Uses



**Attachment A:**  
***Local Units of Government Report***

*(see attached)*

**Attachment B:**  
***2022-2024 State Spending Plan***



Eric Holcomb, Governor  
State of Indiana

*Indiana Family and Social Services Administration*  
402 W. WASHINGTON STREET, P.O. BOX 7083  
INDIANAPOLIS, IN 46207-7083

The Office of Drug Prevention, Treatment, and Enforcement in partnership with the Indiana Family and Social Services Administration - Division of Mental Health and Addiction and the Indiana Department of Health have collaborated to develop a plan for how the State of Indiana will spend the state portion of funds from the national opioid settlement with distributors McKesson, Cardinal Health and AmerisourceBergen and manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson.

[House Enrolled Act 1193](#), passed by the Indiana General Assembly and signed by Governor Eric J. Holcomb in March 2022, creates a 50/50 state and local split, and defines the intensity metrics for how much money each locality will receive. [Ind. Code §4-6-15-4](#) requires FSSA to submit a distribution plan for review to the State Budget Committee.

The Indiana Commission to Combat Substance Use Disorder has adopted the [Johns Hopkins Five Guiding Principles for the Use of Funds from the Opioid Litigation](#) to guide Indiana's spending of the national settlement. The principles are as follows:

1. Spend the money to save lives
2. Use evidence to guide spending
3. Invest in youth prevention
4. Focus on racial equity
5. Develop a fair and transparent process for deciding where to spend the funds.

The plan outlined below is the result of extensive discussion and considers the feedback of internal and external stakeholders representing all regions of the state. The plan was developed in conjunction with existing funding opportunities and is not the sole source of funding for our work. It is intended to complement existing funding streams available to the state (i.e., American Rescue Plan, Recovery Works, State Opioid Response, Overdose Data 2 Action, etc.).

**Available funds for FY-2023:**

**2022 Payment 1:** \$37,583,357.46

**2023 Payment 2:** \$6,724,825.68

**Total:** \$44,308,183.14

**Available funds for FY-2024:**

**Total:** \$8,332,591.41

**Funding Plan:**

**Match Program** **\$25,000,000**

The Indiana Family and Social Services Administration – Division of Mental Health and Addiction (DMHA) in partnership with the Office of Governor Eric J. Holcomb will issue a Request for Funding (RFF), making available a one-time funding opportunity to local units of government to support evidence-based prevention, treatment, recovery, harm reduction,

behavioral health workforce, enforcement, jail treatment, recovery residences, and other services and initiatives in communities throughout the state. Applicants may apply for funding for any of the listed services and initiatives, however priority will be given to applicants who request funds for harm reduction, jail treatment, and recovery residences.

This grant program aims to promote innovative, collaborative, community-driven, cross-sector responses to substance use disorder issues. All applicants must provide matching funds. Matching funds may come from any source, including local distributions from the National Opioid Settlement, Federal ARPP Funds, local general funds, private contributions, or philanthropy dollars. Use of state-issued grants (i.e., Community Catalyst, Accelerator, Community Coordination, etc.) is not permitted for match funds.

Understanding that not every community will receive enough money via the settlement to have a maximum impact, local subdivisions are encouraged to pool together funding and regionalize their efforts. State awards may be greater than or less than the applicant's requested amount or match amount. Final proposals will be judged on the totality of responses.

<b>Treatment</b>	<b>\$3,500,000</b>
Adolescent Residential Infrastructure	
Jail Treatment and Recovery Supports	
ATLAS – Treatment Locator	
<b>Prevention</b>	<b>\$4,000,000</b>
At-risk	
School Based	
After School Programs	
<b>Harm Reduction</b>	<b>\$1,500,000</b>
Street Outreach Teams	
Mobile Integrated Response Teams	
Naloxone and Harm Reduction Strategies	
<b>Enforcement &amp; Justice System</b>	<b>\$5,000,000</b>
Law Enforcement Equipment and Training (SHIELD)	
Problem Solving Courts	
Services for Justice-Involved Youth	
<b>Workforce</b>	<b>\$10,000,000</b>
In coordination with the recommendations from the Governor's Public Health Commission and the Behavioral Health Commission	
<b>Administrative Costs</b>	<b>\$1,000,000</b>
Planning	
Evaluation	
Reporting	
Staff – E7 and PD2 positions	

**Attachment C:**  
***State of Indiana Report***

*(see attached)*

**Attachment D:**  
***State of Indiana Match Grant Recipients***



Eric Holcomb, Governor  
State of Indiana

**Indiana Family and Social Services Administration**  
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INDIANAPOLIS, IN 46207-7083

## Opioid Settlement Match Grant Awardee Overview

Recipient	County	Main Objective(s)	Amount Awarded
Allen County: Project.ME, YWCA Northeast, The Lutheran Foundation and Purdue University Fort Wayne	Allen	To provide SUD services and housing to women and women with children (YWCA). To reach areas of high overdose rates through Project.ME's Harm Reduction Street Outreach (HRSO) team. To provide contract oversight and administrative assistance to Allen County awardees (The Lutheran Foundation and Purdue Fort Wayne).	\$2,663,724.20
Bridge to Dove	Bartholomew	To purchase property for an Indiana Affiliation of Recovery Residences (INARR) Level IV women's recovery house. Additionally, to cover the cost of interior furnishings for the house.	\$324,000
Centerstone	Bartholomew	To provide start-up funding for an Indiana Affiliation of Recovery Residences (INARR) Level III Centerstone Transitional Housing facility. Additionally, to cover the cost of interior furnishings for the facility.	\$262,000
Volunteers of America	Bartholomew	To expand an existing Indiana Affiliation of Recovery Residences (INARR) Level II women's recovery housing facility into a Level III facility. This project includes case management for women to develop a plan for recovery and permanent housing.	\$132,280
City of Shelbyville	Shelby	To provide funding for uninsured mothers and first responders to access treatment for co-occurring substance use and mental health needs. Funding will also support programming in transition services from the jail into the community.	\$406,898

6/13/2023



City of Valparaiso	Porter	To create a Community Recovery Coordinator position to efficiently connect Valparaiso community members with SUD to inpatient recovery services.	\$211,335.07
Clark County Health Department	Clark	To support transportation and peer services for individuals in recovery in Clark County.	\$442,263
Clinton County Community Collaborative	Clinton	To complete a 16-bed addition to the ONE80 Recovery Resources men's recovery residence, bringing the facility to a total of 32 beds.	\$452,000
Community Foundation of Pulaski County, Inc.	Pulaski	To support the county's Community Action Plan by hiring a Prevention Coordinator, establishing a drug court, and expanding services of Intrepid Phoenix paramedicine.	\$402,800
Dubois County: Dove Recovery House for Women, Next Steps, Memorial Hospital and Healthcare Center	Dubois	To support transitional and permanent housing for women who are exiting Dove Recovery House. To expand access to recovery housing through rental support at Next Steps Recovery. To expand tele-medicine-based behavioral health support through Memorial Hospital and Healthcare Center. Additionally, to expand interpretation and translation services and supports.	\$435,220
Fayette County: House of Ruth and Connection Café	Fayette	To expand services provided by the House of Ruth, including transportation. To reach areas of high overdose rates through Connection Cafe's Harm Reduction Street Outreach (HRSO) team.	\$890,000
Floyd County Justice Reinvestment Advisory Council	Floyd	To hire and employ a Jail Transition Coordinator to connect incarcerated individuals to recovery resources upon release.	\$180,150
Huntington County Health Department	Huntington	To provide evidence-based curriculum to the local jail and community corrections, including Medication Assisted Treatment and utilization of Peer Recovery Coaches.	\$301,574
Jay County Drug Prevention Coalition	Delaware, Jay, and Blackford	To provide reliable transportation to places of employment, SUD and mental health treatment, court, and other services. This includes the purchase of a vehicle.	\$190,033



Jennings County	Jennings	To employ a Program Coordinator who can connect individuals to services across the care continuum.	\$84,863.00
Kosciusko County	Kosciusko	To purchase a building to serve as a recovery resource center and safe space for individuals in recovery.	\$226,500
Marion Health	Grant	To increase safety net and wrap-around support for individuals and families with SUD and mental health concerns utilizing Marion Health services. Additionally, to support the hiring of a psychologist and two licensed therapists to provide psychological and behavioral wrap-around services for adults and youth.	\$224,000
Monroe County: Indiana Recovery Alliance and Monroe County Health Department	Monroe	To purchase a building and vehicle for Indiana Recovery Alliance to continue and expand their harm reduction and syringe service program. Additionally, to provide harm reduction supplies to Monroe County Health Department.	\$576,000
Muncie Police Department	Delaware	To create a Community Prevention, Engagement, and Navigation Division (CPEN) within the department. This division will hire & employ one licensed social worker and one community engagement officer.	\$518,900
Next Level Whitley County: Mission25	Whitley	To construct a new facility for Mission25 recovery housing services.	\$3,224,000
One Community One Family	Dearborn and Ripley	To renovate the CARE Resource Center and provide funding for 1Voice's community center. To provide reliable transportation for individuals in recovery to places of employment, SUD and mental health treatment, court, and other services.	\$500,000
Our Lady of the Road	St. Joseph	To support the Motels 4 Now (M4N) program which provides shelter and wrap-around services to guests.	\$2,562,700
Pathway to Recovery	Marion	To construct the Colts Connection Center, providing recovery housing to 115 residents.	\$1,024,000
Safe Haven	Orange	To employ Peer Recovery Coaches who will work with the county jail and provide transportation for individuals in recovery. Additionally, to expand harm reduction services in the community.	\$272,870

Schneck Medical Center	Jackson	To support recovery and harm reduction services, and to provide resources for incarcerated individuals in Jackson County.	\$600,000
Tippecanoe Regional Opioid Settlement Community Committee	Tippecanoe	To implement a software system to connect multiple community partners to assist in following clients through their recovery. Additionally, to provide support to the Outreach Advocacy Center, where community partners collaborate to provide SUD services. Funds will also support prevention programming in Tippecanoe County.	\$550,000
The Recovery Coalition	Montgomery	To purchase a building to serve as a recovery resource center and safe space for individuals in recovery.	\$326,500
Three20 Recovery Center	Porter	To reach areas of high overdose rates through Three20 Recovery Center's Harm Reduction Street Outreach (HRSO) team.	\$304,000
Warren County Circuit Court	Warren	To provide reliable transportation to places of employment, SUD and mental health treatment, court, and other services. To provide substance use and opioid education to adolescents, prescribers, service providers, and stakeholders to promote prevention and harm reduction.	\$164,978
Warsaw-Wayne Fire Territory	Kosciusko	To support the CARES program, which employs a mental health professional to assist first responders when serving individuals with mental health and substance use needs. The CARES program also provides follow-up and referral services to community members who reach out directly for assistance.	\$376,231

**Attachment E:**  
***Capital for Recovery Residences Grant Recipients***



Eric Holcomb, Governor  
State of Indiana

*Division of Mental Health and Addiction*  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739

### Capital Expenses for Recovery Residences Awardee Overview

Recipient	County	Main Objective(s)	Amount Awarded
Bridges of Hope	Madison	Renovate current property to add 35 new beds for men and women and operate as a Level IV facility.	\$570,893
Dove House	Marion	Renovate current property to add 15 new beds for women and operate as a Level IV facility.	\$520,000
Inspiration Ministries	Dekalb & Noble	Purchase and renovate two new properties and renovate current property to add a total of 48 new beds in two Level II facilities and one Level III facility .	\$760,000
Lawrence County Recovery House	Lawrence	Purchase and renovate two new properties with 12 beds each for men and women and operate as a Level IV facility.	\$760,000
LIFEHouse Ministries	Hamilton	Purchase new property to create 20 beds for women and operate as a Level II facility.	\$685,700
Next Step Foundation	Vigo	Build new property to create 41 beds for pregnant and parenting women and operate as a Level IV facility.	\$760,000
Overdose Lifeline	Marion	Renovate current property to add seven new beds for pregnant and parenting women and operate as a Level III facility.	\$169,600
Stability First	Morgan	Renovate existing property to add 16 beds for men and operate as a Level III facility.	\$554,000

**Attachment F:**  
***Expansion of Harm Reduction Street Outreach  
Grant Recipients***



Eric Holcomb, Governor  
State of Indiana

**Division of Mental Health and Addiction**  
402 W. WASHINGTON STREET, ROOM W353  
INDIANAPOLIS, IN 46204-2739

## Harm Reduction Street Outreach 2024 Awardee Overview

Recipient	County	Main Objective(s)	Amount Awarded	Contract Length
Aspire and Step Up	Madison and Marion	Implement a Harm Reduction Street Outreach Team with two supervisors and four outreach workers who will provide outreach and resources to members of the community.	\$184,100	1/1/2024 – 12/31/2024
Damien Center	Marion	Implement a Harm Reduction Street Outreach Team with one supervisor and two outreach workers who will provide outreach and resources to members of the community.	\$98,300	1/1/2024 – 12/31/2024
Gary Harm Reduction	Lake	Implement a Harm Reduction Street Outreach Team with one supervisor and two outreach workers who will provide outreach and resources to members of the community.	\$104,300	1/1/2024 – 12/31/2024
Healthy Communities of Clinton County Inc.	Clinton	Implement a Harm Reduction Street Outreach Team with one supervisor and two outreach workers who will provide outreach and resources to members of the community.	\$98,300	1/1/2024 – 12/31/2024
Holding Space Recovery Project	Scott	Implement a Harm Reduction Street Outreach Team with one supervisor and two outreach workers who will provide outreach and resources to members of the community.	\$98,300	1/1/2024 – 12/31/2024
Imani Unidad	St. Joseph and Elkhart	Implement a Harm Reduction Street Outreach Team with one supervisor and two outreach workers who will provide outreach and resources to members of the community.	\$100,300	1/1/2024 – 12/31/2024

Recovery Café Lafayette and Gateway to Hope	Tippecanoe	Implement a Harm Reduction Street Outreach Team with one supervisor and two outreach workers who will provide outreach and resources to members of the community.	\$98,300	1/1/2024 – 12/31/2024
Wabash Valley Recovery Center	Vigo, Parke, Clay, Vermillion, Sullivan, Greene, Knox	Implement a Harm Reduction Street Outreach Team with one supervisor and four outreach workers who will provide outreach and resources to members of the community.	\$164,522	1/1/2024 – 12/31/2024
<b>Total:</b>			<b>\$946,422</b>	

### Harm Reduction Street Outreach 2021-2024 Amendments Overview

Recipient	County	Main Objective(s)	Amount Awarded	Contract Length
AIDS Ministries/Health Plus IN	St. Joseph	Implement a Harm Reduction Street Outreach Team with one supervisor and two outreach workers who will provide outreach and resources to members of the community.	\$115,233	11/1/2021 – 12/31/2024
Indiana Recovery Alliance and Delaware County	Monroe and Delaware	Implement a Harm Reduction Street Outreach Team with one supervisor and two outreach workers in each county (total of 2 teams) who will provide outreach and resources to members of the community. Indiana Recovery Alliance is serving as a fiscal passthrough for Delaware County. Indiana Recovery Alliance provides Technical Assistance to eight other Harm Reduction Outreach Teams.	\$233,850	11/1/2021 – 12/31/2024
Never Alone Project	Marion	Implement a Harm Reduction Street Outreach Team with one supervisor and two outreach workers who will provide outreach and resources to members of the community. Provide Technical Assistance to seven Harm Reduction Outreach Teams.	\$159,450	11/1/2021 – 12/31/2024
<b>Total:</b>			<b>\$508,533</b>	

**Attachment G:**  
***Expansion of Certified Peer Support Professionals***  
***Grant Recipients***





### **Certified Peer Support Professionals (CPSP) Expansion Awardee Overview**

RFF-2024-001 Expansion of Certified Peer Support Professionals awards a total of \$5.8 million for the expansion of 63 certified peer support professionals (CPSP) to address the gaps in services for individuals with mental health and substance use disorders. Contracts will begin October 1, 2024, and conclude on September 30, 2026.

*Note: These awards are a combination of funds from the National Opioid Settlement, including state restricted (\$4,805,409.02) and state unrestricted distributions (\$508,718.53), and the federal Substance Abuse Prevention and Treatment Block Grant (\$568,536), for a total of \$5,882,663.55.*

<b>Recipient</b>	<b>Counties Served</b>	<b>Amount Awarded</b>
1Voice	Decatur, Franklin, Ripley, Dearborn, Ohio, Switzerland	\$262,080
Choices Coordinated Care Solutions	Dearborn, Ohio, Jefferson, Switzerland, Decatur, Ripley, Franklin, Johnson, Morgan, Shelby, Wayne, Fayette	\$281,250
Community Health Foundation	Boone, Clinton, Hamilton, Hancock, Hendricks, Howard, Johnson, Madison, Marion, Shelby, Tipton	\$1,215,984
Crossroads Community of Adams County	Adams	\$171,380
Imani Unidad	St. Joseph, Elkhart	\$184,000
Indiana Recovery Alliance	Monroe	\$86,000
Jay County Drug Prevention Coalition	Wells, Huntington, Adams, Jay	\$181,545.60
LifeSpring Health Systems	Clark, Floyd, Crawford, Orange	\$205,504
Living in Transition Effectively (LITE)	Kosciusko, Marshall, Elkhart, St. Joseph, Cass, Fulton	\$105,000
Northeastern Center	Dekalb, LaGrange, Noble, Steuben	\$458,160

<b>Recipient</b>	<b>Counties Served</b>	<b>Amount Awarded</b>
Parkview Hospital Inc.	Allen, Huntington, Whitley	\$428,299.29
Project.ME	Allen	\$277,440
Recovery Cafe Fort Wayne	Allen	\$190,384
Recovery Cafe Lafayette	Tippecanoe	\$180,800
RISE Peer Recovery	Daviess, Knox, Dubois	\$378,400
Safe Haven REC	Lawrence, Orange, Crawford, Dubois, Perry, Pike, Martin, Daviess, Washington	\$317,716
Three20 Recovery	LaPorte	\$166,400
Thrive	Scott	\$287,601.60
Wabash Valley Recovery	Vigo, Parke, Vermillion, Clay, Sullivan, Greene, Knox, Owen, Putnam, Monroe	\$291,824
YWCA NE	Allen	\$212,895.06
<b>TOTAL</b>	<b>61 counties</b>	<b>\$5,882,663.55</b>

**Attachment H:**  
***Glory Girl Productions Scope of Work***

**AMENDMENT #1**  
**CONTRACT #000000000000000000081401**

This is an Amendment to the Grant Agreement (the "Grant") entered into by and between the Indiana Family and Social Services Administration, Division of Mental Health and Addiction (the "State") and GLORY GIRL PRODUCTIONS LLC (the "Grantee") approved by the last State signatory on February 20, 2024.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

The Grant is hereby amended as follows:

1. This Grant for providing a documentary that will address issues presented in "The Addict's Wake" feature length documentary is hereby amended to extend the term and update the scope of work.
2. This Grant shall terminate on **December 31, 2024**.
3. The consideration of the Grant does not change. Total remuneration under this Grant is not to exceed **\$84,500.00**.
4. The scope of work is amended to update project details. The scope of work is outlined in **Exhibit 1A**, which supersedes Exhibit 1 and is attached hereto and incorporated herein.

**All matters set forth in the original Grant and not affected by this Amendment shall remain in full force and effect.**

**Non-Collusion, Acceptance**

The undersigned attests, subject to the penalties for perjury, that the undersigned is the Grantee, or that the undersigned is the properly authorized representative, agent, member or officer of the Grantee. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Grantee, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Amendment other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Amendment, the Grantee attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

**Agreement to Use Electronic Signatures**

I agree, and it is my intent, to sign this Amendment by accessing State of Indiana Supplier Portal using the secure password assigned to me and by electronically submitting this Amendment to the State of Indiana. I understand that my signing and submitting this Amendment in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Amendment and this affirmation. I understand and agree that by electronically signing and submitting this Amendment in this fashion I am affirming to the truth of the information contained therein. I understand that this Amendment will not become binding on the State until it has been approved by the Department of Administration, the State Budget Agency, and the Office of the Attorney General, which approvals will be posted on the Active Contracts Database: <https://secure.in.gov/apps/idoa/contractsearch/>.

**In Witness Whereof**, the Grantee and the State have, through their duly authorized representatives, entered into this Amendment. The parties, having read and understood the foregoing terms of this Amendment, do by their respective signatures dated below agree to the terms thereof.

GLORY GIRL PRODUCTIONS LLC

Indiana Family and Social Services Administration, Division of Mental Health and Addiction

DocuSigned by:  
By: *Lisa M. Hall*  
5FAB2738541240E...

DocuSigned by:  
By: *Jay Chandhary-00410*  
AB7D1803DC3F4A9...

Title: Founder and Owner of Glory Girl Productions LLC

Title: Director

Date: 5/21/2024 | 15:29 EDT

Date: 5/21/2024 | 12:34 PDT

Electronically Approved by: Indiana Office of Technology  By: _____ (for) Tracy Barnes, Chief Information Officer	Electronically Approved by: Department of Administration  By: _____ (for) Rebecca Holwerda, Commissioner
Electronically Approved by: State Budget Agency  By: _____ (for) Joseph M. Habig, Acting State Budget Director	Electronically Approved as to Form and Legality: Office of the Attorney General  By: _____ (for) Theodore E. Rokita, Attorney General

## **Exhibit 1A Superseding Scope of Work**

### **Glory Girl Productions Law Enforcement/First Responder Documentary November 1, 2023 – December 31, 2024**

#### **Overview**

The purpose of this agreement is for DMHA to provide Opioid Settlement funds to Glory Girl Productions to create a documentary that's up to 36-minutes. This documentary will address issues presented in "The Addict's Wake" feature length documentary and assist in law enforcement/first responder training settings. This version is targeted at helping law enforcement officers and first responders understand the role they have in impacting the lives of those struggling with Opioid Use Disorder (OUD) and other Substance Use Disorder (SUD). The goal of this project is to assist in reducing stigma, by helping law enforcement/first responders to understand the importance of maintaining their own mental health, normalize seeking treatment for a SUD, and understand they are in a unique position to impact countless lives.

The documentary will be built on existing material as well as completely new story lines that allow for expansion to tell stories that focus on the relationship between law enforcement/first responder professionals and those who can find recovery. Glory Girl Productions will utilize both assets already shot in Brown County to depict rural struggles with substance use disorder, but also expand to film significant new footage in Fort Wayne and Indianapolis. This will bring in a more diverse perspective and therefore connect to a wider ranging audience in any jurisdiction. Glory Girl Production and DMHA will mutually agree upon the final content of the documentary and any complimentary materials.

Opioid Settlement funds provided by DMHA will cover the cost of production, crew, and professional expenses (i.e., licensing rights, insurance, marketing, music etc.).

#### **Conditions**

- Grantee is expected to understand and follow all Additional Terms and Conditions, if included.
- Funds will be paid as detailed in Tables below, following successful processing of claims invoice submissions.
- All invoices should be received by **the 20th day of the month following the completion of the deliverable**, unless otherwise noted. (Example: January monthly invoice is due no later than February 20th.)
- Grantee will submit invoices based on the activities below and will not invoice for amounts in excess of the allowable amount per activity.
- Forms, reports, and other documentation must be submitted along with invoices for consideration of successful completion of each project activity being billed. Invoices submitted without appropriate documentation will not be processed until documentation is received. Documentation required to be submitted with each monthly invoice and the corresponding line items are detailed in this document.
- Once contract is executed, an FSSA claims packet and claims form with instructions will be emailed to the appointed designee. Please follow all instructions on that form.
- Grantee is expected to "carbon copy" (CC) contract owner at DMHA when emailing claims for approval

**Table 1: SFY24**

<b>Project Activity/ Cost</b>	<b>Due Date</b>	<b>Unit</b>	<b>Maximum Allowed</b>	<b>Documentation for Invoicing</b>
Production	November 2023 – Dec. 2024	Actual Cost	\$6,500	Copy of invoices
Professional Expenses	November 2023 – Dec. 2024	Actual Cost	\$12,500	Copy of invoices
Crew	November 2023 –Dec. 2024	Actual Cost	\$65,500	Copy of invoices
		<b>Total</b>	\$84,500	

**Funding Source(s)**

<b>Award/Fund Description</b>	<b>State Fund #</b>	<b>Amount</b>
FSSA/DMHA Opioid Settlement	57895	\$84,500

**Attachment I:**  
***Egis/BLN Emergency Management Scope of Work***



**AMENDMENT #1**  
**CONTRACT #00000000000000000000082942**

This is an Amendment to the Contract (the "Contract") entered into by and between the Indiana Family and Social Services Administration, Division of Mental Health and Addiction (the "State") and Beam Longest and Neff LLC (the "Contractor") approved by the last State signatory on **May 22, 2024**.

In consideration of the mutual undertakings and covenants hereinafter set forth, the parties agree as follows:

1. This Contract for designing and building a reporting platform for FSSA/ DMHA to use in collecting Opioid Settlement annual reporting is hereby amended to update the scope of work.
2. The term of this Contract does not change. It shall terminate on **February 28, 2026**.
3. The rate details for this Amendment do not change. Total remuneration under the Contract is not to exceed **\$768900.00**. The rate details for this Amendment are set forth on **Exhibit 1A** which supersedes **Exhibit 1** and is attached hereto and incorporated herein.
4. The scope of work is amended to extend deadlines for deliverables from **June 2024** to **July 2024**. The scope of work is outlined in **Exhibit 1A** which supersedes **Exhibit 1** and is attached hereto and incorporated herein..

All matters set forth in the original Contract and not affected by this Amendment shall remain in full force and effect.

### Non-Collusion and Acceptance

The undersigned attests, subject to the penalties for perjury, that the undersigned is the Contractor, or that the undersigned is the properly authorized representative, agent, member or officer of the Contractor. Further, to the undersigned's knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Contract other than that which appears upon the face hereof. **Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC § 4-2-6-1, has a financial interest in the Contract, the Contractor attests to compliance with the disclosure requirements in IC § 4-2-6-10.5.**

### Agreement to Use Electronic Signatures

I agree, and it is my intent, to sign this Contract by accessing State of Indiana Supplier Portal using the secure password assigned to me and by electronically submitting this Contract to the State of Indiana. I understand that my signing and submitting this Contract in this fashion is the legal equivalent of having placed my handwritten signature on the submitted Contract and this affirmation. I understand and agree that by electronically signing and submitting this Contract in this fashion I am affirming to the truth of the information contained therein. I understand that this Contract will not become binding on the State until it has been approved by the Department of Administration, the State Budget Agency, and the Office of the Attorney General, which approvals will be posted on the Active Contracts Database: <https://secure.in.gov/apps/idoa/contractsearch/>

**In Witness Whereof**, the Contractor and the State have, through their duly authorized representatives, entered into this Contract. The parties, having read and understood the foregoing terms of this Contract, do by their respective signatures dated below agree to the terms thereof.

Beam Longest and Neff LLC

Indiana Family and Social Services Administration,  
Division of Mental Health and Addiction

DocuSigned by:  
By: *Thomas C. Longest*  
E7AEE91E2EBD42D...

By:

Title: president

Title: Director

Date: 7/16/2024 | 09:50 EDT

Date: 7/16/2024 | 06:50 PDT

Electronically Approved by: Indiana Office of Technology  By: _____ (for) Tracy Barnes, Chief Information Officer	Electronically Approved by: Department of Administration  By: _____ (for) Rebecca Holwerda, Commissioner
Electronically Approved by: State Budget Agency  By: _____ (for) Joseph M. Habig, Acting State Budget Director	Electronically Approved as to Form and Legality: Office of the Attorney General  By: _____ (for) Theodore E. Rokita, Attorney General

## Exhibit 1A Superseding Scope of Work

### BLN Emergency Management Opioid Settlement Reporting

#### Overview

*BLN Emergency Management (BLN EM) will design and build a reporting platform for FSSA/DMHA to use in collecting Opioid Settlement annual reporting from over 600 local units (political subdivisions) under IC 4-6-15-4. The project will include the following phases:*

**Phase 1 – Project Startup** – BLN EM will work collaboratively with the State to develop a reporting platform that will serve as a repository for opioid settlement fund reporting required under IC 4-6-15-4(f). BLN EM project startup will provide consistent and open communication with the State and transparency on deliverables and outcomes requested by the State.

**Deliverable:** Documentation of systems and processes as agreed upon with DMHA; deliverable rate is \$1,800

**Phase 2 - Reporting Platform Customization** – BLN EM intends to configure this reporting platform to automate processes to the greatest extent possible, while maintaining compliance in those instances which involve human participation. **Deliverable:** Delivery of Reporting Platform and business rules/handbook; Deliverable rate is \$89,100

**Phase 3 – Local Unit Onboarding** – BLN EM will provide training and technical assistance to all 600+ local units required to report under IC 4-6-15-4(e). BLN EM will perform three (3) live webinars prior to the reporting period, to instruct, inform and address questions on the system and data input processes. These webinars will include reporting guidelines, instructions on how to enter relevant data and information, intervals in which information must be provided, reviews of completed reports, and any other needs identified by BLN EM and the State during project startup.

**Deliverable:** Delivery of Report detailing successful onboarding of all local units and delivery of 3 informational webinars; deliverable rate is \$14,400

**Phase 4 – Reporting & Local Unit Management** –The reporting platform is expected to aggregate all information from local units into a single unified annual report. BLN EM is required to reach out to the nonresponsive local units and assist in obtaining required data. Upon State request, BLN EM will further configure this information to provide ad hoc reports, full raw data dashboards, and executive-level dashboards. BLN EM will give the State monthly updates on the needs and success of its local recipients. Additionally, if requested by the State, BLN EM can provide executive level KPIs to assist in overall management and critical decisions for the settlement funds. **Deliverable:** Delivery of a monthly report detailing monthly phase activity, successes and barriers, and readiness of local recipients to report settlement data. **In September, this will include an annual report to DMHA inclusive of all local recipients for the previous state fiscal year (ending 06/30).** SFY24 will have two (2) reports at the rate of \$19,800 per month. SFY25 and SFY 26 will have reports at the rate of \$31,200 per month.

As additional opioid settlements are finalized, BLN EM will work collaboratively with FSSA to update the reporting platform.

All data collected from local units must be shared with the State of Indiana.

*Contract Timeframe: 3/1/2024 – 2/28/2026*

**Conditions**

- Contractor is expected to understand and follow all Additional Terms and Conditions, if included.
- Funds will be paid as detailed in Table below, following successful processing of claims invoice submissions.
- All invoices should be received by the 20th day of the month following the completion of the deliverable, unless otherwise noted. (Example: January monthly invoice is due no later than February 20th.)
- Contractor will submit invoices based on the activities below and will not invoice for amounts in excess of the allowable amount per activity.
- Forms, reports, and other documentation must be submitted along with invoices for consideration of successful completion of each project activity being billed. Invoices submitted without appropriate documentation will not be processed until documentation is received. Documentation required to be submitted with each monthly invoice and the corresponding line items are detailed in this document.
- Once contract is executed, an FSSA claims packet and claims form with instructions will be emailed to the appointed designee. Please follow all instructions on that form.
- Contractor is expected to “carbon copy” (CC) contract owner at DMHA when emailing claims for approval.

**SFY24**

<b>Project Activity/ Deliverable</b>	<b>Due Date</b>	<b>Unit</b>	<b>Total Units</b>	<b>Unit Rate</b>	<b>Maximum Allowed</b>	<b>Documentation for Invoicing</b>
<i>Phase 1: Systems and Processes Report</i>	<i>7/31/2024</i>	<i>Each</i>	<i>1</i>	<i>\$1,800</i>	<i>\$1,800</i>	<i>DMHA approved report containing (1) system and processes of project, (2) Project activity</i>
<i>Phase 2: Reporting Platform</i>	<i>7/31/2024</i>	<i>Each</i>	<i>1</i>	<i>\$89,100</i>	<i>\$89,100</i>	<i>Business Rules and Handbook for delivered Reporting Platform</i>
<i>Phase 3: Onboarding Report</i>	<i>7/31/2024</i>	<i>Each</i>	<i>1</i>	<i>\$14,400</i>	<i>\$14,400</i>	<i>DMHA approved report detailing onboarding of all recipients, including participant list, slides, and recording of 1 of the 3 informational webinars</i>
<i>Phase 4: SFY 24 Monthly Status Reports May and June 2024</i>	<i>Reports due 20<sup>th</sup> of following month</i>	<i>Each</i>	<i>2</i>	<i>\$19,800</i>	<i>\$39,600</i>	<i>DMHA approved report detailing monthly technical assistance activity, successes and barriers, and readiness of local recipients to report.</i>
				<b>SFY24 Total</b>	<b>\$144,900</b>	

**SFY25**

<b>Project Activity/ Deliverable</b>	<b>Due Date</b>	<b>Unit</b>	<b>Total Units</b>	<b>Unit Rate</b>	<b>Maximum Allowed</b>	<b>Documentation for Invoicing</b>
<i>Phase 4: SFY 25 Monthly Status Reports July 2024 – June 2025</i>	<i>Reports due the 20<sup>th</sup> of following month</i>	<i>Each</i>	<i>12</i>	<i>\$31,200</i>	<i>\$374,400</i>	<i>DMHA approved report detailing monthly technical assistance activity, successes and barriers, and readiness of local recipients to report. <b>September report must include Annual Report.</b></i>
				<b>SFY25 Total</b>	<b>\$374,400</b>	

**SFY26**

<b>Project Activity/ Deliverable</b>	<b>Due Date</b>	<b>Unit</b>	<b>Total Units</b>	<b>Unit Rate</b>	<b>Maximum Allowed</b>	<b>Documentation for Invoicing</b>
<i>Phase 4: SFY 26 Monthly Status Reports July 2025 – February 2026</i>	<i>Reports due the 20<sup>th</sup> of following month</i>	<i>Each</i>	8	\$31,200	\$249,600	<i>DMHA approved report detailing monthly technical assistance activity, successes and barriers, and readiness of local recipients to report. <b>September report must include Annual Report.</b></i>
				<b>SFY26 Total</b>	\$249,600	

**Funding Source(s)**

<b>Award/Fund Description</b>	<b>State Fund #</b>	<b>Amount</b>
Indiana Opioid Settlement Funds	57895	\$768,900

**Attachment J:**  
***Hope Academy Scope of Work***

**Scope of Work**  
**Hope Academy**  
**Opioid Settlement Funds**  
July 1, 2023 – June 30, 2024

**Overview**

The purpose of this contract is for DMHA to provide Opioid Settlement funds to Hope Academy to provide staff professional development, mental health services, and transportation support.

**Staff Professional Development:** Hope Academy will send up to three recovery coaches to attend the Association for Recovery Schools conference. Hope Academy will also send five content educators to professional development conferences to build upon the tools necessary to help their students find success. This funding can cover registration fees and travel expenses. Hope Academy will provide a Staff Development report to DMHA when claiming funds for staff professional development.

The report will include, but not limited to:

- conference summary
- registration fees
- travel receipts
- number of staff attended

**Mental Health Contract Services:** Hope Academy will contract with a provider to provide 12 hours of mental health counseling a week to students for approximately 48 weeks. Hope Academy will provide a Mental Health Services report monthly to DMHA when claiming funds for mental health services.

The monthly report will include, but not limited to:

- how many students served
- demographics of students served
  - age, race, gender identity
- number of sessions for the month

**Transportation Support:** Hope Academy provides free transportation for nine counties. Funding will provide support to operate the bus routes. Funds can be used for mileage, transportation staff time, and general vehicle maintenance. Hope Academy will provide a Transportation Support report monthly to DMHA when claiming funds for transportation services.

The monthly report will include, but not limited to:

- number of students served
- number of miles driven
- student pickup/drop off zip codes
- general vehicle maintenance receipts
- transportation staff time

**Conditions**

- Grantee is expected to understand and follow all Additional Terms and Conditions, if included.
- Funds will be paid as detailed in Table below, following successful processing of claims invoice submissions.
- All invoices should be received by the 20th day of the month following the completion of the deliverable, unless otherwise noted. (Example: January monthly invoice is due no later than February 20th.)



- Grantee will submit invoices based on the activities below and will not invoice for amounts in excess of the allowable amount per activity.
- Forms, reports, and other documentation must be submitted along with invoices for consideration of successful completion of each project activity being billed. Invoices submitted without appropriate documentation will not be processed until documentation is received. Documentation required to be submitted with each monthly invoice and the corresponding line items are detailed in this document.
- Once contract is executed, an FSSA claims packet and claims form with instructions will be emailed to the appointed designee. Please follow all instructions on that form.
- Grantee is expected to “carbon copy” (CC) contract owner at DMHA when emailing claims for approval.

**Table 1: SFY23**

<b>Project Activity/ Cost</b>	<b>Due Date</b>	<b>Unit</b>	<b>Total Units</b>	<b>Unit Rate</b>	<b>Maximum Allowed</b>	<b>Documentation for Invoicing</b>
Staff Professional Development	July 2023 – June 2024	Actual Cost			\$20,000	Staff Development Report that includes info describe in Overview Section of this SOW
Mental Health Contract Service	July 2023- June 2024 Monthly	Each	12	\$6,000	\$72,000	Mental Health Service Report that includes info describe in Overview Section of this SOW
Transportation Support	June 2023 -July 2024 Monthly	Each	12	\$1,500	\$18,000	Transportation Report that includes info describe in Overview Section of this SOW
				<b>Total</b>	\$110,000	

**Funding Source(s)**

<b>Award/Fund Description</b>	<b>State Fund #</b>	<b>Amount</b>
FSSA/DMHA Opioid Settlement	57895	\$110,000

**Attachment K:**  
***Indiana Department of Correction***  
***Memorandum of Understanding***

## MEMORANDUM OF UNDERSTANDING

### Contract #000000000000000000083174

This Memorandum of Understanding ("Memorandum") is entered into by and between the Indiana Family and Social Services Administration, Division of Mental Health and Addiction (DMHA) and Indiana Department of Correction (IDOC). In consideration of those mutual undertakings, the parties agree as follows:

#### 1. Purpose.

The purpose of this MOU is to memorialize an agreement that provides funding for the Department of Correction to utilize Opioid Settlement funds in accordance with national guidelines to best address substance use disorder for justice involved individuals. A detailed list of approved activities can be found on **Exhibit 1**, which is attached hereto and incorporated herein.

This MOU is not intended to, nor shall it confer any right or expectation on any third party.

#### 2. Term

This MOU shall be effective for a period of two (2) years. It shall commence on **July 1, 2024**, and shall remain in effect through **June 30, 2026**.

#### 3. Consideration

DMHA agrees to provide funding to IDOC for the activities detailed on **Exhibit 1**, which is attached hereto and incorporated herein. DMHA shall provide funding up to **\$4,672,070.85** via Board of Finance transfer. IDOC shall provide a monthly report to DMHA on all activities by the 20<sup>th</sup> day of the following month. IDOC must submit a revised budget if the planned activities deviate more the 25% of the proposed budget. Any unused/ unspent funds as of June 30, 2026 shall be returned to DMHA.

#### 4. Disputes.

If any dispute arises with respect to this MOU, the parties agree to act immediately to resolve the dispute. If the parties to a dispute cannot resolve the dispute within ten (10) working days following notification in writing by either party of the existence of a dispute, then the following procedure shall apply: The parties agree to resolve such matters through submission of their dispute to the Secretary of FSSA and the Chief of Staff of the Department of Correction. Any dispute arising hereunder that cannot be resolved by the Secretary and the Chief of Staff, or their designees, shall cause this MOU to terminate immediately.

#### 5. Funding Cancellation.

When the Director of the State Budget Agency (SBA) makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this MOU, the MOU shall be canceled. A determination by the Director of the SBA that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

#### 6. Modification of Agreement.

The terms and provisions of the MOU may be modified only through a written agreement, executed by the parties and approved as required by the State of Indiana.

**7. Notice to Parties.**

Whenever any notice, statement or other correspondence is required under this MOU, it shall be sent to the following addresses, unless otherwise specifically advised:

A. Notices to FSSA/DMHA shall be sent to:  
Jay Chaudhary, Director  
Division of Mental Health and Addiction  
402 West Washington Street, W-353  
Indianapolis, IN 46204

B. Notices to IDOC shall be sent to:  
Elliot Anderson, Chief of Staff  
Indiana Department of Correction  
402 West Washington Street, E334  
Indianapolis, IN 46204

**8. Records and Inspection.**

Each party shall maintain books, records, and documents relative to this MOU. Either party shall upon the request of the other, provide all audits, monitoring reports documentation, and records related to the administration of funds under this MOU.

**9. Renewal.**

This MOU may be renewed under the same terms and conditions, subject to the approval of the State Budget Director in compliance with IC 5-22-17-4. The term of the renewed MOU may not be longer than one (1) year.

**10. Termination or Suspension.**

This MOU may be terminated or suspended by either party if the other party has failed to comply with the terms of this MOU, or for any reason if such termination is in the best interest of the terminating agency, upon thirty (30) days written notice. The notice of termination or suspension shall state the reasons for termination or suspension. Regardless of the reason for termination or suspension, the parties will be compensated for services properly rendered prior to suspension or termination of this MOU.

**THE REMAINDER OF THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK.**

**In Witness Whereof**, Indiana Department of Correction and the Indiana Family and Social Services Administration, Division of Mental Health and Addiction have, through their duly authorized representatives, entered into this Memorandum. The parties, having read and understood the foregoing terms of this Memorandum, do by their respective signatures dated below agree to the terms thereof.

Indiana Department of Correction

Indiana Family and Social Services Administration, Division of Mental Health and Addiction

DocuSigned by:  
By: *Elliot Anderson - 00615*  
2904A50C23B445B...

DocuSigned by:  
By: *Jay Chandhary-00410*  
AB7D1803DC3F4A9...

Title: Chief of Staff

Title: Director

Date: 5/17/2024 | 08:11 EDT

Date: 5/21/2024 | 12:06 PDT

Electronically Approved by: State Budget Agency  By: _____ (for) Joseph M. Habig, Acting State Budget Director	

**Exhibit 1  
Scope of Work**

**1. Medication-Assisted Treatment (MAT): Total: \$2,450,070.00**

DOC/Centurion has a quickly expanding population of patients on medication assisted treatment. Suboxone is a highly trafficked medication in the criminal justice setting and requires daily dosing with many factors in place to control diverting, including requiring the patient to attend medication line daily, sitting for 10 minutes, and then assessing their mouth/drinking water before they are allowed to leave. This is staff heavy for both nursing and custody. The population in Restrictive Housing experience additional barriers to receiving MAT due to the inability for staff to observe cell front every day for medication administration. Therefore, IDOC would like to purchase a supply of long -acting injectable buprenorphine medication.

Long-acting injectable medications would allow someone to come to medication line once a month and be returned to their housing location immediately after their injection. Intakes into IDOC on some form of MAT has been approximately 170 for the past 12 months; ensuring continued medication compliance and continuity of care for such a transient population is difficult, to say the least.

Current Restrictive Housing population on MAT is already at 16 and we have merely just begun. As of March 1, 2024, there are 186 Patients (up 20 patients since just last week) on Buprenorphine medication in the IDOC, with this number likely to increase similarly month over month.

Item Requested	Units	Price Per Unit	Recurring Cost	Cost
Injectable buprenorphine medication	1500	\$1,633.38	No	\$2,450,070.00
			<b>TOTAL:</b>	<b>\$2,450,070.00</b>

**2. Education Resources: Total: \$499,935.74**

IDOC would like to update and purchase additional curriculum for use in the addiction recovery group treatment and our co-occurring unit at Pendleton Correctional Facility. In addition, we request to purchase educational material to expand recovery libraries that are located within the facilities and housing locations for incarcerated individuals to access at all times and regardless if they are currently enrolled in treatment.

Item Requested	Vendor	Units	Price Per Unit	Recurring Cost	Cost
Hazelden Integrating DBT with the 12 Steps for juvenile facilities	Hazelden	3		\$695.00	No \$2,085.00
Youth and Drugs of Abuse DVD series	Hazelden	3		\$265.00	No \$795.00

DVD players for the juvenile facilities to play recovery DVDs		3	\$54.98	No	\$164.94
A New Direction Co-Occurring Disorders Collection patient workbooks, facilitator guide and DVD for IRT-D	Hazelden	150	\$9.99	No	\$1,498.50
A New Direction Alcohol and Other Drug Education patient workbooks, facilitator guide and DVD for IRT-D	Hazelden	150	\$9.99	No	\$1,498.50
A New Direction-Socialization	Hazelden	1000	\$9.95	No	\$9,950.00
A New Direction-Criminal and Addictive Thinking	Hazelden	1000	\$9.95	No	\$9,950.00
A New Direction-Relapse Prevention	Hazelden	1000	\$9.95	No	\$9,950.00
A New Direction-Preparing for Release	Hazelden	1000	\$9.95	No	\$9,950.00
A New Direction-Introduction to Treatment	Hazelden	1000	\$9.95	No	\$9,950.00
A New Direction-Alcohol and Other Drug Education	Hazelden	1000	\$9.95	No	\$9,950.00
Seeking Safety: A Treatment Manual for PTSD and Substance Abuse for IRT-D	Guilford Press	3	\$69.00	No	\$207.00
Severe Mental Disorders Program-Collection material for IRT-D	Hazelden	3	\$845.00	No	\$2,535.00
Matrix Model Criminal Justice Collection material for IRT-D	Hazelden	3	\$1,595.00	No	\$4,785.00

MAT journals	The Change Companies	20000	\$5.00	No	\$100,000.00
MAT Facilitator Guide	The Change Companies	25	\$26.00	No	\$650.00
Keep It Direct and Simple series Patient printed journals	The Change Companies	4500	\$34.10	No	\$153,450.00
Keep It Direct and Simple series Facilitator Guides	The Change Companies	2	\$218.00	No	\$436.00
Recovery Coaching-A Guide to Coaching People in Recovery From Addictions	Melissa Killeen	200	\$28.60	No	\$5,720.00
The Unfair Advantage: My Story of Conquering the Beast of Addiction	John Eddy	200	\$14.99	No	\$2,998.00
Find Your Truth: A Modern Day Story About Letting Go of Addiction and Finding Life's Purpose	Lou Redmond	200	\$12.95	No	\$2,590.00
Chasing The Dragon: A Former Narcotics Detective's Journey Through Drug Addiction, Prison, and Recovery	Hal Nevitt	200	\$16.95	No	\$3,390.00
Understanding Addiction: Know Science, No Stigma	Dr. Smith, Dr. Hunt	200	\$14.99	No	\$2,998.00
The Least of Us: True Tales of America and Hope in the Time of Fentanyl and Meth	Sam Quinones	200	\$14.04	No	\$2,808.00
High Achiever: The Incredible True Story of One Addict's Double Life	Tiffany Jenkins	200	\$9.16	No	\$1,832.00
The Weight of Air: A Story of the Lies about Addiction and the Truth about Recovery	David Poses	200	\$13.46	No	\$2,692.00
Grief Diaries Surviving Loss by Overdose	Linda Cheldelin	200	\$16.95	No	\$3,390.00



This Naked Mind: Control Alcohol, Find Freedom, Discover Happiness & Change Your Life	Annie Grace	200	\$15.05	No	\$3,010.00
I Am Your Recovery Coach	Arlene Sherman	200	\$19.99	No	\$3,998.00
Finding Your Best Self: Recovery from Addiction, Trauma, or Both	Lisa Navajits	200	\$18.95	No	\$3,790.00
The Art of Letting GO: How to Let Go of the Past, Look Forward to the Future, and Finally Enjoy the Emotional Freedom You Deserve!	Damon Zahariades	200	\$10.95	No	\$2,190.00
The Upside of Fear: How One Man Broke the Cycle of Prison, Poverty, and Addiction	Weldon Long	200	\$13.49	No	\$2,698.00
Change Companies App-21 facilitator accounts for Addiction Recovery staff to have updated material and complete CEUs. The initial set up and access provides access for 2 years	The Change Companies	2	\$15,000.00	No	\$30,000.00
Group kit bundle Recovery Cards	RI Learning	10	\$4,399.95	No	\$43,999.50
The Adolescent Addiction Planner	Red Wheel Wiser	1000	\$22.95	No	\$22,950.00
Recovery Bingo Teen Edition	Wellness Reproductions and Publishing	25	\$42.95	No	\$1,073.75
Recovery Bingo Adult Edition	Wellness Reproductions and Publishing	25	\$42.95	No	\$1,073.75
AA Big Book (Case of 20)	Hazelden	25	\$269.00	No	\$6,725.00
AA in prison	Alcoholics Anonymous	200	\$3.50	No	\$700.00
NA Basic Text	NA	450	\$27.44	No	\$12,348.00
Just for Today	NA	450	\$19.90	No	\$8,955.00

Mindfulness-Based Substance Abuse Treatment (MBSAT) for Adolescents 1st Edition paperback		5	\$40.36	No	\$201.80
				<b>TOTAL:</b>	<b>\$499,935.74</b>

**3. Training: Total: \$376,960.00**

**I. IDOC Staff Training: Total: \$66,972.00**

**New Employee Training**

Item Requested		Explanation of Request	Units	Price Per Unit	Recurring Cost	Cost
Training and Technical Assistance for improved New Employee Orientation Training on Substance Use	Content Creation with IDOC	Provide MAT education to New Employees during New Employee Orientation to share how to identify signs of substance use and overdoses events, the benefits to providing MAT treatment, and more.	1	\$2,500.00	No	\$2,500.00
	Year 1 train the trainer	Initial content creation and train the trainer of content would take place year 1. The consultant will be required to create a curriculum in conjunction with IDOC that would review the current IDOC training and update.	1	\$2,500.00	No	\$2,500.00

**Annual In-Service Training**

Item Requested		Explanation of Request	Units	Price Per Unit	Recurring Cost	Cost
Consultant to assist in improving the annual e-learning video/Computer Based Inservice trainings regarding substance use, MAT, and treatment for all employees	Content Creation	Improvement on the current computer-based training that is mandatory for all employees at annual Inservice training. Provide MAT education and awareness on how to identify signs of substance use and overdoses events, and the benefits to provide MAT to the incarcerated population to reduce the stigma. The consultant to create a curriculum in conjunction with IDOC that would be provided.	1	\$2,500.00	No	\$2,500.00

**Leadership Training**

Item Requested		Explanation of Request	Units	Price Per Unit	Recurring Cost	Cost
MAT and Substance Use educator contracted to present to Wardens and IDOC Leadership at the bi-annual Agency Leadership Symposium	Year 1	Provide MAT and Substance Use education to IDOC Leadership and Wardens. Would like to offer different trainings in Year 1 and Year 2 such as trends in Indiana year 1 and trends/corrections specific in year 2. Due to turn-over in leadership/wardens as well, it will be important to do each year.	1	\$2,500.00	Yes	\$2,500.00
	Year 2		1	\$2,500.00	No	\$2,500.00

**From Correctional Fatigue to Fulfillment Training (Certification and Recertification)**

Item Requested		Explanation of Request	Units	Price Per Unit	Recurring Cost	Cost
FCF2F Facilitator Certification - Desert Waters Correctional Outreach 5 day in person training.	Year 1	Vendor to provide Facilitator Certification training for 24 staff members enabling the agency to provide the FCF2F Course to staff throughout the agency. The FCF2F Program provides correctional employees with education and healthy coping strategies for managing the effects of trauma and secondary trauma. The program is designed to destigmatize mental health and substance use for employees while providing education on effective and healthy strategies that promote healthier and more productive workplace cultures. The FCF2F Facilitator Certification is valid for 3-years.	24	\$1,778.00	No	\$42,672.00
FCF2F Facilitator Recertification - Desert Waters Correctional Outreach Proficiency Exam	Year 1	Vendor to provide facilitate examination for recertification for IDOC's current cadre of FCF2F Facilitators. The FCF2F Facilitator Certification is valid for 3-years.	20	\$590.00	No	\$11,800.00

**II. Medical Vendor Staff Training; Total: \$8,988.00****Mindfulness-based Substance Abuse Treatment (MBSAT) Training for Youth:**

Item Requested	Explanation of Request	Units	Price Per Unit	Recurring Cost	Cost
MBSAT Facilitator Certification (train-the-trainer) 2 day live online training	Year 1 Training for 3 Youth Facility Directors and 1 Centurion Regional office staff to attend certification training with the Center for Adolescent Studies.	4 participant registrations	\$997.00 per person	No	\$3,988.00

**MAT Specific Education**

Item Requested		Explanation of Request	Units	Price Per Unit	Recurring Cost	Cost
1/2 day MAT training	Year 1	Vendor to provide 2 half day MAT specific training for all Contracted Medical Vendor Staff. Will require two options for staff attendance to ensure maximum participation while continuing to run minimum necessary services in the facility.	2	\$2,500.00	Yes	\$5,000.00

**III. Patient/Incarcerated Youth Education: Total: \$301,000****Youth Specific Workshops**

Item Requested		Explanation of Request	Units	Price Per Unit	Recurring Cost	Cost
Youth-specific substance use education training workshops	Content creation specific to DOC youth	In person, interactive education seminar to each youth facility (3) twice per year. Requesting contractors to provide training in person and multiple times based on juvenile learning styles and turn-over of population.	1	\$5,000.00	No	\$5,000.00
	Year 1		6	\$600.00	Yes	\$3,600.00
	Year 2		6	\$600.00	No	\$3,600.00

**Certified Addiction Peer Recovery Coach Training and Certification for 2 years**

Item Requested		Explanation of Request	Units	Price Per Unit	Recurring Cost	Cost
CAPRC Training	Year 1	In-person Recovery Support Fundamentals training and 2-day Recovery Support Ethics curriculum to four IDOC facilities annually for the incarcerated individuals. Up to 28 individuals per facility and 4 facilities per calendar year. Request to contract for 2 years	4 facilities	\$17,500.00	Yes	\$70,000.00
	Year 2		4 facilities	\$17,500.00	No	\$70,000.00
CAPRC Certification related activities	Year 1	Ability to proctor CAPRC exam in person at each DOC facility needed based on training provided. \$150 per exam delivered (up to 112 exams total between four facilities) \$100 certification fee per person (up to 112 certification fees based upon passing score on exam, \$125 ICAADA membership fee per person (based upon passing score on exam)	112 participants	\$375.00	Yes	\$42,000.00
	Year 2		112 participants	\$375.00	No	\$42,000.00
CAPRC Continuing Education	Year 1	Continuing education for credentialed CAPRCs still residing in the facilities. Conducted 2 times per year via remote platform with all facilities connected that have eligible participants. Request to contract for 2 years.	2 sessions	\$8,000.00	Yes	\$16,000.00
	Year 2		2 sessions	\$8,000.00	No	\$16,000.00

CAPRC Re-Certification related activities	Year 1	Ability to process re-certifications based upon continuing education conducted. \$200/per person re-certified (\$100 ICAADA membership renewal/\$100 CAPRC re-certification fee) up to 82 participants	82 participants	\$200.00	Yes	\$16,400.00
	Year 2		82 participants	\$200.00	No	\$16,400.00

#### 4. INPEP/ECHO: Total: \$1,345,105.11

Indiana Peer Education Program ECHO (INPEP ECHO) is requesting funding to maintain and expand current operations to meet the needs of people who are incarcerated in Indiana Department of Correction (IDOC), focused specifically on enhancing harm reduction services and recovery support for individuals with opioid use disorder (OUD) or cooccurring Substance Use Disorder (SUD)/Mental Health (MH) diagnosis. INPEP ECHO addresses priority health concerns unique to people experiencing incarceration, such as harm reduction, substance use disorders, hepatitis C and other preventable infectious diseases through peer education. Peer-to-peer education is a researched-backed model that improves the overall health and well-being of individuals by enhancing learning and trust through the lens of shared lived experience. Prospective peer educators go through an intensive 40-hour training led by the INPEP ECHO staff, during which they are trained to be certified INPEP ECHO Peer Educators. Upon graduation, Certified Peer Educators provide 10-hour workshops to the general population in their respective correctional facility, during which they cover various public health topics. Topics include SUD, OUD, MH, and harm reduction tools, as well as related communicable diseases. Many peer educators, as well as students attending the workshops, identify as being in recovery. Evaluative data demonstrate a statistically significant change in health knowledge and positive behavioral intention with participation in the INPEP ECHO 10-hour workshops. Funding will allow for sustained services in current facilities (CIF, IYC, ISR, MCU, IWP, ISF, WCC), as well as expansion to remaining IDOC facilities around the state. Requesting contractors to provide training. The Year 1 budget request is smaller because other funding sources for the short term were identified while this project gets off the ground, so that saved a little money for year 1.

	IUI ECHO	Year 1	Year 2
<b>Salary</b>	Lead	17,950	17,950
	Program Management Specialist	20,600	20,600
	Program Management/Data Specialist	37,500	37,500
	Evaluations Specialist	17,400	17,400
	Evaluations Specialist	7,800	7,800
	Program Coordinator	3,432	3,432
	ECHO Financial Associate	13,462	13,462
	Student Intern (Graduate)	4,160	4,160
	Student Intern (Graduate)	4,160	4,160
	Student Intern (Undergraduate)	1,980	1,980
	<b>Sub-Total</b>	<b>128,444</b>	<b>128,444</b>
<b>Fringe</b>	Lead	7,281	7,281
	Program Management Specialist	8,355	8,355
	Program Management/ Data Specialist	15,210	15,210
	Evaluations Specialist	1,140	1,140
	Evaluations Specialist	3,164	3,164
	Program Coordinator	225	225
	Student Intern (Graduate)	460	460
	Student Intern (Graduate)	460	460
	Student Intern (Undergraduate)	219	219
<b>Sub-Total</b>	<b>36,514</b>	<b>36,514</b>	

<b>Travel</b>	In-State Mileage: Monthly site Visits (11 sites in Y1, 12 sites in Y2, 2-3 staff)	3,050	10,700
	Overnight Lodging for Trainings (price varies by location)	0	4,000
	Training & Conference Travel	2,500	2,500
	<b>Sub-Total</b>	<b>5,550</b>	<b>17,200</b>
<b>Other</b>	Computer setup for new hire	3,600	0
	Peer Education Workshop Supplies (40-hour & 10-hour workshops; \$1000 per site; 11 sites in Y1, 12 sites in Y2)	11,000	12,000
	Printing (surveys, health information posters, pamphlets, manuals, etc; \$300 per facility, 11 sites in Y1, 12 sites in Y2)	3,300	3,600
	Technology Carts (\$3,500 each; 1 sites in Y1, 2 sites in Y2)	3,500	7,000
	Graduate student fee remissions	0	18,936
	Graduate student fee remissions	0	18,936
	Publication Costs/Documentation/Dissemination	1,800	1,800
	Mifi devices	1,152	1,152
	<b>Sub-Total</b>	<b>24,352</b>	<b>63,424</b>
	Total Direct Costs	<b>194,860</b>	<b>245,582</b>
	Total Indirect Costs	<b>0</b>	<b>0</b>
	<b>Total</b>	<b>194,860</b>	<b>245,582</b>

	<b>STEP-UP, INC.</b>	<b>Year 1</b>	<b>Year 2</b>
<b>Salary</b>	PEP Program Manager	\$59,976.00	\$63,598.08
	PEP Program Specialist 1	\$46,051.00	\$48,832.16
	PEP Program Specialist 2	\$46,051.00	\$48,832.16
	PEP Program Specialist 3	\$16,845.90	\$35,039.46
	PEP Engagement Specialist	\$46,051.00	\$48,832.16
	Quality manager	\$8,786.50	\$9,317.36
	Reentry Program Manager	\$17,136.00	\$18,170.88
	Director of Reentry	\$50,123.00	\$53,150.24
	<b>Sub-Total</b>	<b>\$291,020.40</b>	<b>\$325,772.50</b>
<b>Fringe</b>	PEP Program Manager	\$15,128.50	\$16,042.00
	PEP Program Specialist 1	\$14,264.00	\$15,125.76
	PEP Program Specialist 2	\$14,264.00	\$15,125.76
	PEP Program Specialist 3	\$5,989.21	\$12,457.56
	PEP Engagement Specialist	\$14,264.00	\$15,125.76
	Quality manager	\$2,256.00	\$2,392.00
	Reentry Program Manager	\$3,915.00	\$4,151.68
	Director of Reentry	\$9,953.00	\$10,553.92
	<b>Sub-Total</b>	<b>\$80,033.71</b>	<b>\$90,974.44</b>
<b>Cell &amp; Travel</b>	Cell	\$3,330.75	\$3,832.92
	In-State Travel	\$11,566.88	\$13,378.31
	Training & Conferences	\$13,882.20	\$16,045.54
	<b>Sub-Total</b>	<b>\$28,779.83</b>	<b>\$33,256.77</b>
<b>Office Supplies</b>	Printing/Copies (2,872 per year by 32 emp)	\$832.69	\$958.24
	Office Supplies (31,486 per year by 32 emp)	\$5,890.94	\$6,778.60
	<b>Sub-Total</b>	<b>\$6,723.63</b>	<b>\$7,736.83</b>
<b>Other Supplies</b>	Workshop supplies (posterboard, markers, cardstock, etc.)	\$5,250.00	\$6,240.00
	Manual Printing	\$4,500.00	\$9,360.00

	Travel & Presentation	\$4,875.00	\$10,140.00
	<b>Sub-Total</b>	<b>\$14,625.00</b>	<b>\$25,740.00</b>
	<b>Total</b>	<b>\$421,182.57</b>	<b>\$483,480.54</b>

**Summary**

Budget Category	Amount
MAT	\$2,450,070.00
Education Resources	\$499,935.74
Training	\$376,960.00
INPEP/ECHO	\$1,345,105.11
<b>TOTAL:</b>	<b>\$4,672,070.85</b>

**Funding Source(s)**

Fund Description	State Fund #	Amount
Indiana Opioid Settlement Funds	57895	\$4,672,070.85

**Attachment L:**  
***Indiana Office of Court Services***  
***Memorandum of Understanding***



**MEMORANDUM OF UNDERSTANDING**  
**Contract #000000000000000000081583**

This Memorandum of Understanding ("Memorandum") is entered into by and between the Indiana Family and Social Services Administration, Division of Mental Health and Addiction and Indiana Supreme Court, Indiana Office of Judicial Administration (OJA), Indiana Office of Court Services (IOCS). In consideration of those mutual undertakings, the parties agree as follows:

**1. Purpose.**

The purpose of this MOU is to memorialize an agreement that provides funding for the Office of Judicial Administration to utilize Opioid Settlement funds in accordance with national guidelines to best address substance use disorder for justice involved individuals. A detailed list of approved activities can be found on **Exhibit 1**, which is attached hereto and incorporated herein.

This MOU is not intended to, nor shall it confer any right or expectation on any third party.

**2. Term**

This MOU shall be effective for a period of five (5) years. It shall commence on **April 1, 2024**, and shall remain in effect through **March 31, 2029**.

**3. Consideration**

DMHA had agreed to provide payment to the OJA for the activities detailed on **Exhibit 1**, which is attached hereto and incorporated herein, for performing the duties set forth above and further detailed on **Exhibit 1**. DMHA will provide payment up to **\$5,000,000.00**. OJA should plan to draw no more than \$1,000,000 per State Fiscal Year unless otherwise approved by DMHA.

**4. Disputes.**

If any dispute arises with respect to this MOU, the parties agree to act immediately to resolve the dispute. If the parties to a dispute cannot resolve the dispute within ten (10) working days following notification in writing by either party of the existence of a dispute, then the following procedure shall apply: The parties agree to resolve such matters through submission of their dispute to the Secretary of FSSA and the Chief Administrative Officer of the Office of Judicial Administration. Any dispute arising hereunder that cannot be resolved by the Secretary and the Chief Administrative Officer, or their designees, shall cause this MOU to terminate immediately.

**5. Funding Cancellation.**

When the Director of the State Budget Agency (SBA) makes a written determination that funds are not appropriated or otherwise available to support continuation of performance of this MOU, the MOU shall be canceled. A determination by the Director of the SBA that funds are not appropriated or otherwise available to support continuation of performance shall be final and conclusive.

**6. Modification of Agreement.**

The terms and provisions of the MOU may be modified only through a written agreement, executed by the parties and approved as required by the State of Indiana.

**7. Notice to Parties.**

Whenever any notice, statement or other correspondence is required under this MOU, it shall be sent to the following addresses, unless otherwise specifically advised:

- A. Notices to FSSA/DMHA shall be sent to:  
Jay Chaudhary, Director  
Division of Mental Health and Addiction  
402 West Washington Street, W-353  
Indianapolis, IN 46204
  
- B. Notices to OJA shall be sent to:  
Justin P. Forkner, Chief Administrative Officer  
Office of Judicial Administration  
Justin.Forkner@courts.in.gov

**8. Records and Inspection.**

Each party shall maintain books, records, and documents relative to this MOU. Either party shall upon the request of the other, provide all audits, monitoring reports documentation, and records related to the administration of funds under this MOU.

**9. Renewal.**

This MOU may be renewed under the same terms and conditions, subject to the approval of the State Budget Director in compliance with IC 5-22-17-4. The term of the renewed MOU may not be longer than one (1) year.

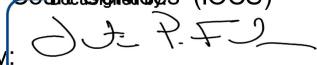
**10. Termination or Suspension.**

This MOU may be terminated or suspended by either party if the other party has failed to comply with the terms of this MOU, or for any reason if such termination is in the best interest of the terminating agency, upon thirty (30) days written notice. The notice of termination or suspension shall state the reasons for termination or suspension. Regardless of the reason for termination or suspension, the parties will be compensated for services properly rendered prior to suspension or termination of this MOU.

**THE REMAINDER OF THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK.**

**In Witness Whereof**, Indiana Supreme Court, Indiana Office of Judicial Administration (OJA), Indiana Office of Court Services (IOCS) and the Indiana Family and Social Services Administration, Division of Mental Health and Addiction have, through their duly authorized representatives, entered into this Memorandum. The parties, having read and understood the foregoing terms of this Memorandum, do by their respective signatures dated below agree to the terms thereof.

Indiana Supreme Court, Indiana Office of Judicial Administration (OJA), Indiana Office of Court Services (IOCS)

By:   
3E113FA95797487...

Title: Chief Administrative Officer

Date: 2/19/2024 | 08:56 EST

Indiana Family and Social Services Administration, Division of Mental Health and Addiction

By:   
AB7D1803DC3F4A9...

Title: Director

Date: 2/19/2024 | 06:15 PST

Electronically Approved by: State Budget Agency	
By: Zachary Q. Jackson, Director	(for)

## **Exhibit 1 Scope of Work**

OJA proposes allocating these funds to support the activities below:

1. Hire additional OJA staff, including:
  - Behavioral Health Director. This position will collaborate with trial courts, the state and local Justice Reinvestment Advisory Councils, the Office of the Governor, the Division of Mental Health and Addiction, and other state justice and behavioral health partners to promote evidence-based approaches to the identification, treatment, diversion, and supervision of persons diagnosed behavioral health disorders.
  - Justice System Data Analysts. These positions will work with the trial courts, the state and local Justice Reinvestment Advisory Councils, the Youth Justice Oversight Committee, and other state and local entities to ensure Indiana courts are collecting the data required to evaluate the effectiveness of problem solving courts, diversion programs, and pretrial services.
  - Community Supervision Learning Consultant. This position will work with other OJA staff to provide training and support to problem solving courts, adult and juvenile probation officers, pretrial officers, and other community supervision officers on evidence-based behavioral health interventions; risk assessment; case planning; case management; probation standards; motivational interviewing; principles of behavior modification; and other relevant topics. This includes providing education on the Medicaid waiver for justice involved youth.
2. Training and Technical Assistance for State JRAC and Local JRACs.  
OJA will contract with the Center for Effective Public Policy and other entities as appropriate to support the state and local Justice Reinvestment Advisory Council duties under Ind. Code § 33-38-9.5 and Ind. Code § 33-38-9.5-4. Activities conducted under this contract will include a review of how to improve and expand access to behavioral health services for justice-involved adults, youth, and families.
3. Justice System Research and Evaluation. OJA will contract with researchers to conduct process and outcome evaluations of problem solving courts, pretrial services agencies, juvenile diversion programs, and other justice programs.
4. Civil Legal Aid Services. OJA will work with one or more civil legal aid providers to offer no cost civil legal services to persons and families impacted by behavioral health disorders. This may include, but is not limited to, legal services related to expungements, driver's license reinstatement, educational services, and assistance to grandparents caring for grandchildren outside of the child welfare system.

### **Justification of Proposed Activities**

These activities are consistent with the *Schedule A* and *Schedule B Approved Uses* listed below:

- Evidence Based Data Collection and Research Analyzing the Effectiveness of Abatement Strategies within the State. See *EXHIBIT E: Schedule A:1*
- Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring substance use disorder or mental health condition. See *EXHIBIT E Schedule B: B(4)*

- Support pretrial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence informed treatment, including MAT and related services. *See EXHIBIT E Schedule B: D(2)*
- Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions. *See EXHIBIT E Schedule B: D(3)*
- Provide training on best practices for addressing the needs of criminal justice involved persons with OUD and any co-occurring SUD/MH condition to law enforcement, correction, or judicial personnel or to providers of treatment recovery, harm reduction, case management, or other services offering connection with any of the strategies described in this section. *See EXHIBIT E Schedule B: D(7)*
- 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 need for treatment intervention services, and to support training and technical assistance other strategies to abate the opioid epidemic described in this opioid abatement strategy list. *See EXHIBIT E Schedule B: J(1)*
- Provide resources to staff government oversight and management of opioid abatement programs. *See EXHIBIT E Scheduled B: J(4)*

**Funding Source(s)**

Fund Description	State Fund #	Amount
Indiana Opioid Settlement Funds	57895	\$5,000,000.00

**Attachment M:**  
***Approved Opioid Abatement Strategies***

**EXHIBIT E****List of Opioid Remediation Uses****Schedule A  
Core Strategies**

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies (“*Core Strategies*”).<sup>14</sup>

- A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**
1. Expand training for first responders, schools, community support groups and families; and
  2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.
- B. **MEDICATION-ASSISTED TREATMENT (“MAT”) DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**
1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
  2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
  3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
  4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

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<sup>14</sup> As used in this Schedule A, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment (“*SBIRT*”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“*OUD*”) and other Substance Use Disorder (“*SUD*”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

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

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

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

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.



F. **TREATMENT FOR INCARCERATED POPULATION**

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

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA’s “Real Cost” campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

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

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

**Schedule B**  
**Approved Uses**

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

PART ONE: TREATMENT
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**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:<sup>15</sup>

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.

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<sup>15</sup> As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“*DATA 2000*”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

**B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY**

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

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication 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 (“*PAARP*”);
  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 (“CTP”), 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
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**F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS**

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

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs (“*PDMPs*”), including, but not limited to, improvements that:



1. Increase the number of prescribers using PDMPs;
2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

**G. PREVENT MISUSE OF OPIOIDS**

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

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).
7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

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

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

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

<b>PART THREE: OTHER STRATEGIES</b>
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**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.