



# Agenda Report

2725 Judge Fran Jamieson  
Way  
Viera, FL 32940

## New Business - Community Services Group

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J.3.

10/26/2021

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### Subject:

Approval and Authorization, Re: Brevard County as "Qualified County" under Florida Opioid Settlement Plan

### Fiscal Impact:

Final amount from the various settlements is unable to be determined at this time. The Florida Attorney General has estimated approximately \$2.2 million in potential settlement funds for opioid abatement in Brevard County.

### Dept/Office:

Housing and Human Services

### Requested Action:

It is requested that the Board of County Commissioners (1) review and approve the draft Interlocal Agreement governing the Regional Opioid Settlement Funds with eligible municipalities as edited to reflect the Board's Implementation Option, (2) approve the County Manager to sign Interlocal Agreements with eligible municipalities upon County Attorney Office and Risk Management approval, and; (3) approve the Brevard County Opioid Misuse Abatement Plan as submitted by the Brevard Prevention Coalition's Opioid Task Force; (4) authorize the Housing and Human Services Department as the agency to be responsible for the administration, oversight, implementation, and monitoring of the Brevard County Opioid Settlement Funds; (5) authorize the Housing and Human Services Department to take all additional actions necessary to ensure Brevard meets the State's criteria for a "Qualified County"; (6) provide staff direction regarding Implementation Options; and, (7) authorize the Housing and Human Services Department to conduct a Request for Proposal (RFP) process.

### Summary Explanation and Background:

According to Project Opioid's report, "The COVID-19 Overdose Crisis: A Pandemic Fueling an Epidemic in Florida in 2020", Brevard County has the fifth highest rate (38.38) of overdose deaths per 100,000 in the state and has seen an 18% increase from 2019. The Brevard County Board of County Commissioners has taken steps to address this issue including joining litigation efforts against pharmaceutical manufacturers. On May 18, 2021, the Board of County Commissioners authorized a Resolution to commit to participating in the State of Florida's Memorandum of Understanding regarding the use and distribution of opioid settlement funds (the Florida Plan).

In order for Brevard County to maximize the amount of opioid settlement funds available to it under the Florida Plan, Brevard County must meet the State criteria to be a "Qualified County." If Brevard County is not designated a qualified county, then the majority of the funding it would have received will be directed to a Regional Entity, providing services in a service area likely to include multiple Counties.

In order to be a qualified county, Brevard County must:

**(1) Have an opioid taskforce for which it is a member or operates in connection with its cities or others on a local or regional basis**

Currently, the Brevard Prevention Coalition has an Opioid Misuse Task Force (OMTF) and the County is a member (represented by the Housing and Human Services Department) of the task force.

**(2) Have an abatement plan that has been either adopted or is being utilized to respond to the opioid epidemic**

At the request of the Housing and Human Services Department (HHS), the OMTF has created a Brevard County Opioid Misuse Abatement Plan (attached), which if adopted by Brevard County, would meet the requirement for the County to have an abatement plan to respond to the opioid epidemic.

**(3) Be currently either providing or is contracting with others to provide substance abuse prevention, recovery, and treatment services to its citizens**

Brevard County, through HHS, is contracted to provide prevention, recovery, and treatment services to residents. These services include a substance abuse hotline (prevention, recovery, and treatment) and juvenile and adult drug courts (recovery and treatment). These programs are funded through a combination of General Fund and grant funds.

**(4) Either has or enters into an agreement related to the expenditure of Opioid Funds with a majority of Municipalities (Majority is more than 50% of the Municipalities' total population)**

Brevard County has a population of 606,612 (per the 2020 census) and 382,954 reside within the boundaries of our sixteen Municipalities. This criterion requires Brevard County to enter into Interlocal Agreements (IA) with Municipalities whose population equates to more than 191,477 (50% of total Municipality population). The goal is to have an IA with every Municipality within Brevard.

While the State has not formally declared when the cut-off will be for determining who is a qualified county, it is possible (based upon information articulated during a conference call) the status could be determined as early as December 31, 2021.

**Implementation Options**

Option 1 - Utilize the Together in Partnership Advisory Board to annually prioritize activities in the abatement plan for inclusion in Request for Proposals and as the selection committee to recommend activities/agencies for funding to the Board of County Commissioners.

**Option 2** - Create a standing subcommittee (including representation from municipalities) under the Together in Partnership Advisory Board to annually prioritize activities in the abatement plan for inclusion in Request for Proposals and utilize Together in Partnership as the selection committee to recommend activities/agencies for funding to the Board of County Commissioners.

Option 3 - Create a new Advisory Board (including representation from municipalities) to annually prioritize activities in the abatement plan for inclusion in Request for Proposals and as the selection committee to recommend activities/agencies for funding to the Board of County Commissioners.

Option 4 - Other process as defined by the Board of County Commissioners.

These requested actions will enable the County to be considered a "Qualified County" under the Florida Plan and proactively provide the County and staff the flexibility to respond to the State expeditiously. It also provides the framework for oversight and allocation of funds in a manner that meets County procurement

requirements and the State's guidelines regarding the expenditure of funds on "Core Strategies" and "Approved Uses" (attached). It is estimated that if all the opioid litigation settlements are approved, and the Florida Plan is implemented, at least one of the settlement agreements would disburse settlement funds to the State of Florida as early as April 2022.

**Clerk to the Board Instructions:**

None



Kimberly Powell, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001  
Fax: (321) 264-6972  
Kimberly.Powell@brevardclerk.us

October 27, 2021

**MEMORANDUM**

TO: Ian Golden, Housing and Human Services Director

RE: Item J.3., Approval and Authorization of Brevard County as "Qualified County" under Florida Opioid Settlement Plan

The Board of County Commissioners, in regular session on October 26, 2021, reviewed and approved the draft Interlocal Agreement governing the Regional Opioid Settlement Funds with eligible municipalities, as edited, to reflect the Board's Implementation of Option 2: Create a standing subcommittee (including representation from municipalities) under the Together in Partnership Advisory Board to annually prioritize activities in the abatement plan for inclusion in Request for Proposals (RFP) and utilize Together in Partnership as the selection committee to recommend activities/agencies for funding to the Board of County Commissioners; approved the County Manager to sign Interlocal Agreements with eligible municipalities upon County Attorney Office and Risk Management approval; approved the Brevard County Opioid Misuse Abatement Plan as submitted by the Brevard Prevention Coalition's Opioid Task Force; authorized the Housing and Human Services Department as the agency to be responsible for the administration, oversight, implementation, and monitoring of the Brevard County Opioid Settlement Funds; authorized the Housing and Human Services Department to take all additional actions necessary to ensure Brevard meets the State's criteria for a "Qualified County"; provided staff direction for Implementation of Option; and authorized the Housing and Human Services Department to conduct a RFP process.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS  
RACHEL M. SADOFF, CLERK

  
Kimberly Powell, Clerk to the Board

/sm

cc: County Manager  
County Attorney  
Finance  
Budget

## **INTERLOCAL AGREEMENT**

### **BREVARD COUNTY REGIONAL OPIOID SETTLEMENT FUNDS**

THIS INTERLOCAL AGREEMENT ("Agreement") is made and entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 2021, by and between the following Parties: Brevard County, a political subdivision of the State of Florida, hereinafter referred to as the "County," and the eligible municipalities who have signed onto this agreement, as evidenced by their signature to this Agreement (hereinafter referred to as the "Signed Cities").

#### **RECITALS**

**WHEREAS**, a local, state and national crisis arose as a result of the manufacture, distribution and over-prescribing of opioid analgesics ("opioids") and resulted in opioid overdoses and addictions throughout municipalities, counties, states and the nation; and

**WHEREAS**, Brevard County and the municipalities therein are not immune from this nationwide crisis; and

**WHEREAS**, in 2018, a collaborative body known as the Brevard Prevention Coalition, a 501(c)(3) organized in the State of Florida, formed the Brevard County Opioid Misuse Task Force, hereinafter "Opioid Task Force", in response to the alarming increase in opioid-related drug misuse and opioid-related deaths within the geographic boundaries of Brevard County; and

**WHEREAS**, in August 2021, the Opioid Task Force implemented a comprehensive strategic plan that efficiently guides community members and resources in order to confront the crises caused by the opioid epidemic; and

**WHEREAS**, the Opioid Task Force meets periodically to study and analyze data related to the opioid epidemic and abatement programming; and

**WHEREAS**, the crisis has caused and is causing an undue strain on local government finances to implement programming to combat the opioid epidemic, to mitigate the harmful effects of the opioid epidemic in the community, and to increase educational campaigns to counteract mis-information about the addictive nature and harmful effects of opioids; and

**WHEREAS**, the opioid crisis is as pronounced within Brevard County and within certain municipalities within Brevard County as it was throughout most of the harder hit areas in the state of Florida and in the United States and despite the resources expended on combatting the epidemic, the opioid epidemic continues to impact the local community; and

**WHEREAS**, as a result of the national opioid crisis, many governmental entities throughout the country filed lawsuits against opioid manufacturers, distributors, and retailers, hereinafter referred to as the “defendants”, to hold them accountable for the damage caused by their misfeasance, nonfeasance and malfeasance, as well as to recover monetary damages for past harm and financial compensation for ongoing and future abatement efforts; and

**WHEREAS**, two governmental entities in Brevard County deemed the opioid crisis significant enough to secure litigation counsel and individually elect to file suit against the defendants to wit: The City of Palm Bay and the County; and

**WHEREAS**, the lawsuits filed by Palm Bay and the County were consolidated with other lawsuits filed by state, tribal and local governmental entities into what is known as the National Prescription Opiate Litigation in the United States District Court of the Northern District of Ohio, Eastern Division, case number 1:17-MD-2804; and

**WHEREAS**, as a result of this litigation, multiple defendants have begun to negotiate settlements; and

**WHEREAS**, the Attorney General for the State of Florida (hereinafter “Attorney General”) anticipates that Settlement funds will be distributed to the State of Florida over multiple years as part of a global settlement, and not directly to the City of Palm Bay and County, despite their position as party plaintiffs; and

**WHEREAS**, the Attorney General has proposed entering into agreements with local governments within the State of Florida to receive Settlement funds. This agreement (hereinafter referred to as the “State MOU”), as currently drafted, divides settlement funds into three portions designated as City/County (hereinafter individual settlement funds), Regional and State funds; and

**WHEREAS**, it is anticipated that the State MOU will set forth the amount and manner of distribution of City/County and Regional Settlement funds within Florida, the requirements to receive and manage Regional funds, and the purposes for which Regional funds may be used. The current draft of the State MOU is attached hereto as Exhibit A; and

**WHEREAS**, the Parties recognize that local control over Settlement funds is in the best interest of all persons within the geographic boundaries of Brevard County and ensures that Settlement funds are available and used to address opioid-related impacts within Brevard County and are, therefore, committed to the County qualifying as a “Qualified County” and thereby receiving Regional funds pursuant to the State MOU; and

**WHEREAS**, the State MOU requires that in order for Brevard County to become a Qualified County eligible to receive Regional Funding, there must be an interlocal agreement among Brevard County and Municipalities, as defined in the MOU, with combined population exceeding 50% of the total population of the Municipalities within Brevard County, with the term “Municipalities” being defined for the purpose in this Agreement as those municipalities with a population of 10,000 or more as required by the State MOU; or with population less than 10,000 who were party plaintiffs; population for purposes of the MOU is determined by specific Census data; and

**WHEREAS**, historically, government-funded programming geared toward abating the opioid crisis has been data driven based upon community impacts without regard to governmental jurisdictional boundaries; and

**WHEREAS**, the Parties recognize that it is in the best interest of the County and the Cities to enter into this interlocal agreement to ensure Brevard County is a “Qualified County” to receive Regional Funding pursuant to the State MOU.

**NOW, THEREFORE**, in consideration of the covenants herein contained, and other good and valuable consideration, the Parties agree as follows:

**Section 1. RECITALS.**

The recitals above are true and correct and incorporated into this Agreement by this statement.

**Section 2. DEFINITIONS.**

- A. Unless otherwise defined herein, all defined terms in the State MOU are incorporated herein and shall have the same meanings as in the State MOU.
- B. “Brevard County Regional Funding” shall mean the amount of the Regional Funding paid to Brevard County in its role as a Qualified County, plus any contribution by a Signed City.
- C. “Eligible Municipalities” means: The City of Palm Bay, the City of Melbourne, the City of Titusville, the City of Cocoa, the City of Cape Canaveral, the City of Cocoa Beach, the City of Satellite Beach, the City of Indian Harbour Beach, City of West Melbourne,

City of Rockledge, Town of Indialantic, Town of Grant-Valkaria, and the Town of Palm Shores, Melbourne Village, Malabar, and Melbourne Beach.

- D. Service Area: The geographical service areas for this interlocal shall be the unincorporated areas of Brevard County and the geographical areas of any signed City.
- E. "Signed City" or "Signed Cities" means: all eligible municipalities that have signed this interlocal agreement, and the memorandum of understanding with the State of Florida.

### **Section 3. CONDITIONS PRECEDENT.**

This Agreement shall become effective on the Commencement Date set forth in Section 4, so long as the following conditions precedent have been satisfied:

- A. Execution of this Agreement by the County and at least the minimum number of governing bodies of the municipalities as required by the State MOU to enable Brevard County to become a Qualified County and directly receive Brevard County Regional Funding; and
- B. Execution of all documents necessary to effectuate the State MOU in its final form; and
- C. Brevard County being determined by the State of Florida to qualify as a "Qualified County" to receive Regional Funding under the State MOU; and
- D. Filing of this Agreement with the Clerk of the Circuit Court for Brevard County as required by Florida Statutes, Section 163.01.

### **Section 4. EXECUTION.**

This Agreement may be executed in counterparts all of which, taken together, shall constitute one and the same Agreement.



**Section 5. TERM AND TERMINATION.**

The term of this Agreement and the obligations hereunder commences upon the satisfaction of all conditions precedent, runs concurrently with the State MOU, and will continue until one (1) year after the expenditure of all Brevard County Regional Funding, unless otherwise terminated in accordance with the provisions of the State MOU. Obligations under this Agreement which by their nature should survive, including, but not limited to any and all obligations relating to record retention, audit, and indemnification will remain in effect after termination or expiration of this Agreement.

**Section 6. PROCESS FOR FUND USE.**

- A. Brevard County Regional Funding will be used to fund opioid abatement in accordance with the requirements of the State MOU, this Interlocal, and any guidelines set forth by the County. Additionally, the periodic selection of opioid abatement services will take into consideration guidance by the Brevard Prevention Coalition's Opioid Misuse Task Force's Abatement Plan, as adopted by the County.
- B. The Opioid Abatement Services will be provided to residents of all service areas.
- C. The Brevard Prevention Coalition, a not-for-profit, 501(c)(3) organization exists to build a healthy, safe and substance abuse-free community in Brevard County (hereinafter, the Coalition). The Coalition coordinates and manages the Brevard County Opioid Misuse Task Force and periodically updates the Brevard County Opioid Misuse Abatement Plan, based on the data compiled for and arising out of its meetings. The abatement plan considers the State of Florida's Memorandum and reviews the data available from previous years, tending to evidence the local status of the opioid epidemic and the effect of abatement programming. Periodically, the Task Force's Opioid Misuse Abatement Plan will be submitted to the County Commission for approval, at which point it will be the County's approved Opioid Misuse Abatement Plan, until such time as the Board approves an updated plan.
- D. Once the County approves an Opioid Misuse Abatement Plan, (TBD based upon the Implementation Option approved by the Board of County Commissioners)

- E. Brevard County Regional Funding may be used to enhance current programs or develop new programs. Regional funding is not intended to supplant current funding sources and general funds, and County staff will continue to seek funding for opioid related abatement at the levels opioid abatement programs were funded as of the effective date of this agreement.
- F. The County shall use its best efforts to fund services and programs that are available to residents of Brevard County in the applicable service areas and shall strive to allocate funding and services in a manner that equally benefits residents of Brevard County in those service areas.
- G. The County shall provide the State with all required reporting on the use of Regional funds.

**Section 7. ADMINISTRATIVE COSTS.**

The County is responsible for administering the "Regional Funds" remitted pursuant to the State MOU and, shall provide all support services including but not limited to legal services, as well as contract management, program monitoring, and reporting required by the State MOU and is entitled to the maximum allowable administrative fee pursuant to the State MOU. The administrative fee will be deducted annually from the amount of available Brevard County Regional Funds, and the remaining Brevard County Regional Funds will be spent as provided in the State MOU and as provided herein.

**Section 8. SIGNED CITY CONTRIBUTIONS.**

Any Signed City may contribute its' individual settlement funds to the County for use in all service areas. To the extent that a signed City contributes its' individual settlement funds to the County that Signed City must timely satisfy all reporting requirements of the State of Florida Memorandum of Understanding (MOU), and provide any other reporting required by County.

**Section 9. NON-APPROPRIATION.**

This Agreement is not a general obligation of the County. It is understood that neither this Agreement nor any representation by any County official, officer or employee creates any

obligation to appropriate or make monies available for the purposes of the Agreement beyond the fiscal year in which this Agreement is executed. The obligations of the County as to funding required pursuant to the Agreement are limited to an obligation in any given fiscal year to budget and appropriate from Brevard County Regional Funds annually which are designated for regional use pursuant to the terms of the State MOU. No liability shall be incurred by the County beyond the monies budgeted and available for the purpose of the Agreement. If funds are not received by the County for any or all of this Agreement for a new fiscal period, the County is not obligated to pay or spend any sums contemplated by this Agreement beyond the portions for which funds were received and appropriated. The County agrees to promptly notify the Signed Cities in writing of any subsequent non-appropriation.

**Section 10. INDEMNIFICATION.**

Each Signed City and the County shall be responsible for their respective employees' acts of negligence when such employees are acting within the scope of their employment and shall only be liable for any damages resulting from said negligence to the extent permitted by Section 768.28, Florida Statutes. Nothing herein shall be construed as a waiver of sovereign immunity, or the provisions of section 768.28, Florida Statutes, by any Party. Nothing herein shall be construed as consent by either Party to be sued by third Parties for any matter arising out of this Agreement.

**Section 11. SEVERABILITY.**

If any provision of this Agreement is held invalid, the invalidity shall not affect other provisions of the Agreement which can be given effect without the invalid provision or application, and to this end, the provisions of this Agreement are severable.

**Section 12. AMENDMENTS TO AGREEMENT.**

This Agreement may be amended, in writing, upon the express written approval of the governing bodies of all the Parties.

**Section 13. FILING OF AGREEMENT.**

The County shall file this Agreement with the Clerk of the Circuit court as provided in Section 163.01(11), Florida Statutes.

**Section 14. GOVERNING LAW.**

The laws of the State of Florida shall govern this Agreement.

**Section 15. NOTICES.**

Any notices required or permitted by this Agreement shall be in writing and shall be deemed delivered upon hand delivery, or three (3) days following deposit in the United States postal system, postage prepaid, return receipt requested, addressed to the Parties at the addresses specified on the Party's signature page to this Agreement.

**Section 16. PUBLIC RECORDS AND AUDITING.**

- a. In performance of this Contract, the Parties shall keep books, records, and accounts of all activities related to this Agreement in compliance with generally accepted accounting procedures.
- b. All documents, papers, books, records and accounts made or received by the Parties in conjunction with this Agreement, and the performance of this Agreement shall be open to inspection during regular business hours by an authorized representative of the County. The County or any of its duly authorized representatives reserves the right to audit the Party's records related to this Agreement at any time during the performance of this Agreement and for a period of five (5) years after final payment is made, or otherwise required by law. The Parties shall retain all documents, books and records for a period of five (5) years after termination of this Agreement, unless such records are exempt from section 24(a) of Article I of the State Constitution and Chapter 119, Florida Statutes, or the Parties turn said records over to County.
- c. All records or documents created by or provided to the Parties by the County in connection with this Agreement are public records subject to Florida Public Records Law, Chapter 119, Florida Statutes. All records stored electronically must be provided to the County, upon request from the County's custodian of public records, in a format that is compatible with the information technology systems of the COUNTY.
- d. All Parties understand that each is subject to the Florida Public Records Law, Chapter 119, Florida Statutes. The Parties agrees that any written communication with the Parties, to include emails, email addresses, a copy of this Agreement, and any supporting documentation are subject to public disclosure upon request, unless otherwise exempt or confidential under Florida Statute.

e. "Public Records" are defined as "all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency." (section 119.011(12), Florida Statutes).

f. Pursuant to Florida Statute Chapter 119, generally, and 119.0701 specifically, if records created by the County related to the performance of the services under this Agreement do not fall under a specific exemption under Florida or federal law, the records must be provided to anyone making a public records request. It will be the Party's duty to identify any information in records created by the Party which it deems is exempt under Florida or federal law and identify the statute number which requires the information be held exempt.

g. Pursuant to Section 119.0701, a request to inspect or copy public records relating to this Agreement must be made directly to the County. The County shall direct individuals requesting public records to the public records custodian listed below. If the County does not possess the requested records, the County shall immediately notify the applicable Party of the request and the applicable Party must provide the records to the County or allow the records to be inspected or copied within twenty-four (24) hours (not including weekends and legal holidays) of the request so the County can comply with the requirements of section 119.07, Florida Statutes. The applicable Party may also provide a cost estimate to produce the requested documents consistent with the policy set forth in Brevard County Administrative Order AO-47, incorporated by this reference. A copy of AO-47 is available upon request from the County's public records custodian designated below.

h. Should any person or entity make a public records request of the County which requires or would require the County to allow inspection or provide copies of records which a Party maintains are exempt under the Public Records Law or otherwise confidential, it shall be the Party's obligation to provide the County within a reasonable time of notification by the County to the applicable Party of the records request, of the specific exemption or confidentiality provision to allow the County to comply with the requirements of section 119.07(1)(e) and (f), Florida Statutes.

i. Should the County face any kind of legal action to require or enforce inspection or production of any records provided by the Party to the County which the Party maintains is exempt or confidential from such inspection/production as a public record, said Party agrees to indemnify the County for all damages and expenses, including attorney's fees and costs, to the extent permitted by State law. The applicable Party shall hire and compensate attorney(s) who shall represent the interests of the County as well as the Party in defending such action. The Party shall also pay any costs to defend such action and shall pay any costs and attorney's fees which

may be awarded pursuant to section 119.12, Florida Statutes, to the extent permitted by Florida state law.

j. Should a Party fail to provide the public records to the County within a reasonable time, the Party may be subject to penalties under section 119.10, Florida Statutes, including civil liability for the reasonable cost of enforcement incurred by the entity requesting the records and may be subject to criminal penalties. The Party's failure to comply with public records requests is considered a material breach of this Agreement and grounds for termination.

k. Each Party shall ensure that all public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the Agreement term and following completion of the Agreement if the Party does not transfer the records to the County.

l. Upon completion of the Agreement, each Party shall transfer, at no cost, to the County all public records in possession of the Party or keep and maintain public records required by the County to perform the service. If a Party transfers all public records to the County upon completion of the Agreement, that Party shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If a Party keeps and maintains public records upon completion of the Agreement, the Party shall meet all applicable requirements for retaining public records.

**IF ANY PARTY HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO SAID PARTY'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS BRITTANY RAY, 2725 JUDGE FRAN JAMIESON WAY, B-103, VIERA, FL 32940, BITTANY.RAY@BREVARDFL.GOV, AT (321) 633-2076**

**Section 17. EMPLOYMENT ELIGIBILITY VERIFICATION (E-Verify).**

A. The PARTIES shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by each Party during the term of the Agreement. Upon request, the Party shall provide acceptable evidence of their enrollment. Acceptable evidence shall include, but not be limited to, a copy of the fully executed E-Verify Memorandum of Understanding for the business.

B. Each Party shall expressly require any subcontractors performing work or providing services pursuant to this Agreement to likewise utilize the United States Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the term of this Agreement.

C. Each Party agrees to maintain records of its participation and compliance with the provisions of the E-Verify program, including participation by its subcontractors as required by section 448.095(2)(b), Florida Statutes, and to make such records available to the County consistent with the terms of Party's enrollment in the program.

D. Compliance with the terms of this section is made an express condition of this Agreement and the County may treat a failure as grounds for immediate termination of this Agreement as to any applicable Party.

E. A Party who registers with and participates in the E-Verify program may not be barred or penalized under this section if, as a result of receiving inaccurate verification information from the E-Verify program, the Party hires or employs a person who is not eligible for employment.

F. Nothing in this section may be construed to allow intentional discrimination of any class protected by law.

**Section 18. ENTIRETY, CONSTRUCTION OF AGREEMENT.**

This Agreement represents the understanding between the Parties in its entirety and no other agreements, either oral or written, exist between the Parties. The Exhibits are attached and incorporated into this Agreement by this reference. The Parties acknowledge that they fully reviewed this agreement and had the opportunity to consult with legal counsel of their choice, and that this agreement shall not be construed against any Party as if they were the drafter of this Agreement. Each Party warrants that it is possessed with all requisite lawful authority to enter into this Agreement, and the individual executing this Agreement is possessed with the authority to sign and bind that Party. All conditions and assurances required by this Agreement are binding on Parties and their authorized successors in interest.

[SIGNATURE PAGES TO FOLLOW]

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

BREVARD COUNTY, a political subdivision  
of the State of Florida

ATTEST:

\_\_\_\_\_  
CLERK

By: \_\_\_\_\_  
Rita Pritchett, Chair

As approved by the Board: \_\_\_\_\_

Reviewed for legal form & content

\_\_\_\_\_  
County Attorney

All notices under this Agreement shall be sent to:  
Brevard County Housing and Human Services Department  
c/o Director  
2725 Judge Fran Jamieson Way, B-103  
Viera, FL 32940



IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**CITY OF CAPE CANAVERAL, FLORIDA**

By: \_\_\_\_\_

Bob Hoog, Mayor

Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

City Attorney

\_\_\_\_\_  
City Clerk

All notices under this Agreement shall be sent to:

City of Cape Canaveral

c/o Todd Morley, City Manager

100 Polk Avenue

Cape Canaveral, FL 32920

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**CITY OF COCOA, FLORIDA**

By: \_\_\_\_\_

Mike Blake, Mayor

Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

City Attorney

\_\_\_\_\_  
City Clerk

All notices under this Agreement shall be sent to:

City of Cocoa

c/o Stockton Whitten, City Manager

65 Stone Street

Cocoa, FL 32922

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**CITY OF COCOA BEACH, FLORIDA**

By: \_\_\_\_\_

Ben Malik, Mayor

Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

City Attorney

\_\_\_\_\_  
City Clerk

All notices under this Agreement shall be sent to:

City of Cocoa Beach

c/o Jim McKnight, City Manager

2 S Orlando Avenue

Cocoa Beach, FL 32932

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**TOWN OF GRANT-VALKARIA, FLORIDA**

By: \_\_\_\_\_

Del Yonts, Mayor

Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

Town Attorney

\_\_\_\_\_  
Town Clerk

All notices under this Agreement shall be sent to:

Town of Grant-Valkaria

c/o Jason Mahaney, Town Administrator

1449 Valkaria Road

Grant Valkaria, FL 32950

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**TOWN OF INDIALANTIC, FLORIDA**

By: \_\_\_\_\_

Dave Berkman, Mayor                      Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

Town Attorney

\_\_\_\_\_  
Town Clerk

All notices under this Agreement shall be sent to:

Town of Indialantic

c/o Michael Casey, Town Manager

216 5th Avenue

Indialantic, FL 32903

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**CITY OF INDIAN HARBOUR BEACH, FLORIDA**

By: \_\_\_\_\_

Scott Nickle, Mayor

Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

City Attorney

\_\_\_\_\_  
City Clerk

All notices under this Agreement shall be sent to:

City of Indian Harbour Beach

c/o Mark Ryan, City Manager

2055 South Patrick Drive

Indian Harbour Beach, FL 32937

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**TOWN OF MALABAR, FLORIDA**

By: \_\_\_\_\_

Patrick T. Reilly, Mayor

Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

Town Attorney

\_\_\_\_\_  
Town Clerk

All notices under this Agreement shall be sent to:

Town of Malabar

c/o Matthew Stinnett, Town Manager

2725 Malabar Road

Malabar, FL 32950

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**CITY OF MELBOURNE, FLORIDA**

By: \_\_\_\_\_

Paul Alfrey, Mayor

Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

City Attorney

\_\_\_\_\_  
City Clerk

All notices under this Agreement shall be sent to:

City of Melbourne

c/o Shannon Lewis, City Manager

City Hall

Fifth Floor

900 East Strawbridge Avenue

Melbourne, FL 32901



IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**TOWN OF MELBOURNE BEACH, FLORIDA**

By: \_\_\_\_\_  
Wyatt Hoover, Mayor                      Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

Town Attorney

\_\_\_\_\_  
Town Clerk

All notices under this Agreement shall be sent to:

Town of Melbourne Beach  
c/o Elizabeth Mascaro, Town Manager  
507 Ocean Avenue  
Melbourne Beach, FL 32951

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**TOWN OF MELBOURNE VILLAGE, FLORIDA**

By: \_\_\_\_\_

Tabitha Niemann, Mayor      Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

Town Attorney

\_\_\_\_\_  
Town Clerk

All notices under this Agreement shall be sent to:

Town of Melbourne Village

c/o Jimmy Collen, Town Clerk/Treasurer

555 Hammock Road

Melbourne Village, FL 32904

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**CITY OF PALM BAY, FLORIDA**

By: \_\_\_\_\_

Rob Medina, Mayor

Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

City Attorney

\_\_\_\_\_  
City Clerk

All notices under this Agreement shall be sent to:

City of Palm Bay

c/o Suzanne Sherman, City Manager

120 Malabar Road

Palm Bay, FL 32907

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**TOWN OF PALM SHORES, FLORIDA**

By: \_\_\_\_\_  
Carol M. McCormack, Mayor                      Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

Town Attorney

\_\_\_\_\_  
Town Clerk

All notices under this Agreement shall be sent to:

Town of Palm Shores  
c/o Patricia J. Burke, Town Clerk  
5030 Paul Hurtt Lane  
Palm Shores, FL 32940

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**CITY OF ROCKLEDGE, FLORIDA**

By: \_\_\_\_\_

Thomas J. Price, Mayor      Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

City Attorney

\_\_\_\_\_  
City Clerk

All notices under this Agreement shall be sent to:

City of Rockledge

c/o Brenda Fettrow, City Manager

1600 Huntington Lane

Rockledge, FL 32955

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**CITY OF SATELLITE BEACH, FLORIDA**

By: \_\_\_\_\_

Steve Osmer, Mayor

Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

City Attorney

\_\_\_\_\_  
City Clerk

All notices under this Agreement shall be sent to:

City of Satellite Beach

c/o Courtney Barker, City Manager

565 Cassia Boulevard

Satellite Beach, FL 32937

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**CITY OF TITUSVILLE, FLORIDA**

By: \_\_\_\_\_

Daniel E. Diesel, Mayor

Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

City Attorney

\_\_\_\_\_  
City Clerk

All notices under this Agreement shall be sent to:

City of Titusville

c/o Scott Larese, City Manager

555 S Washington Avenue

Titusville, FL 32796

IN WITNESS WHEREOF, the Parties have caused this Agreement to be signed by their duly authorized representative, as of the day and year first written above.

**CITY OF WEST MELBOURNE, FLORIDA**

By: \_\_\_\_\_

Hal J. Rose, Mayor

Date

As approved by the Board: \_\_\_\_\_

Approved as to form and  
legal sufficiency:

Attest:

City Attorney

\_\_\_\_\_  
City Clerk

All notices under this Agreement shall be sent to:

City of West Melbourne

c/o Scott Morgan, City Manager

2240 Minton Road

West Melbourne, FL 32904





2226 Sarno Rd., Suite 108, Melbourne, FL 32935  
www.BrevardPrevention.org

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## Brevard County Opioid Misuse Task Force Brevard County Opioid Misuse Abatement Plan

Version date: October 14, 2021

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**Summary:** Given the overlap of the COVID-19 pandemic with the opioid epidemic, accompanied by the societal issues of stimulants misuse and vaping, there is a great need for more community capacity to effectively prevent substance use before it starts while effectively addressing the needs of those currently with opioid use disorder (OUD). Accordingly, there is also an increased need to address the intensified negative impacts of substance misuse, addiction, and erosion of socioemotional health resulting from COVID-19. Considering this, Brevard Prevention Coalition is grateful for the opportunity to propose the below abatement plan as part of Brevard County Government's coordinated effort to address the opioid crisis. Brevard Prevention Coalition is a 501(c)(3) nonprofit organization that operates Brevard County's opioid misuse task force. Local and state agencies and community members are active members of the coalition and its opioid misuse task force initiative, including Brevard County Government, State of Florida Department of Children & Families, Florida Department of Juvenile Justice, Florida Department of Health in Brevard County, Brevard Public Schools, local law enforcement, the local hospital systems, clinics, substance use disorder (SUD) treatment providers, as well as a host of social services and substance misuse prevention providers.

To specifically counteract or impede the increase in misuse of opioids and other drugs, the Centers for Disease Control and Prevention (CDC) has recommended certain substance misuse prevention strategies, especially in the wake of the pandemic (Centers for Disease Control, 2020). Key amongst those recommendations is expanding the provision and use of naloxone and overdose prevention education, as well as early intervention with individuals at the highest risk for overdose. Moreover, with reference to COVID-19's impact on substance abuse, the CDC endorses implementing those strategies with 1) public health departments, 2) community-based organizations, 3) healthcare providers, 4) harm reduction organizations, 5) first responders to overdoses, and 6) public safety agencies (law enforcement/criminal justice) (Centers for Disease Control, 2020). Even when the pandemic concerns have subsided, these strategies are still overall best practices to abate the increase of substance use disorders as well as impede, forestall or prevent the misuse of substances. Hence, this general abatement plan makes use of these strategies as best practices.

In accordance with the CDC's recommendations and the Center for Substance Abuse Prevention's (CSAP) strategies, Brevard Prevention Coalition's proposal includes additional support and resources to the following:

- Brevard Public Schools
- Brevard County Jail
- Treatment providers located in Brevard County

- Healthcare providers in Brevard County
- Institutions of higher learning in Brevard County (colleges, universities, trade schools etc.)
- Non-profit social services agencies/providers, faith-based organizations and community coalitions

The abatement plan utilizes research-based and evidence-based approaches through nine (9) core strategies:

- A. Naloxone, or other FDA-approved drug, to reverse opioid overdoses
- B. Medication-Assisted Treatment (“MAT”) distribution and other opioid-related treatment
- C. Pregnant & Postpartum Women
- D. Expanding Treatment for Neonatal Abstinence Syndrome
- E. Expansion of Warm Hand-off Programs and Recovery Services
- F. Treatment for Incarcerated Population
- G. Prevention Programs
- H. Creating and Expanding Syringe Service Programs
- I. Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the State/County.

Agencies, entities, and providers participating in this plan are strongly encouraged to be active members of Brevard Prevention Coalition. The Brevard Prevention Coalition understands that once Brevard County adopts this plan as the Brevard County Opioid Misuse Abatement Plan, that Brevard County may select one or more of the Plan’s components to fund, in its sole discretion, and Brevard County may choose to accomplish one or more of the Plan’s components through any organization or contractor the County awards a grant or contract to, in keeping with its procurement and grant award processes.

### **Brevard County OUD/SUD Abatement Plan: Core Strategies**

#### **A. Naloxone or other FDA-approved drug to reverse opioid overdoses**

1. Brevard Prevention Coalition and its member providers/agencies in cooperation with Brevard County Government, Brevard County Emergency Medical Services (EMS) and each Brevard County city municipality’s emergency responders, will help facilitate Naloxone training for first responders, applicable Brevard Public Schools staff, community support groups and families.

This will include:

- **Awareness Events:** The Brevard Prevention Coalition staff will plan, host, and facilitate regular prevention resource fairs or conferences for Brevard County communities. The events will include Naloxone training, and Naloxone distribution, but also drug deactivation kit distribution (Detera, Dispose Rx, etc.), and distribution of Personal Protective Equipment (PPE). The events will also focus on how the community can socioemotionally reinforce itself after the increased negative impacts of opioid misuse, as well as the worsening mental health and substance misuse impacts that will linger after the COVID-19 pandemic. Local social services, education and prevention agencies will participate including the local school districts and neighboring regional coalitions. The

participating organizations will table the event and experts in the fields of prevention and mental health (psychological/emotional wellness) will be invited to present and speak on the latest effective strategies. Presenters will also include leaders in the community sectors of criminal justice, healthcare, treatment, and recovery, as well as educational sessions with the purpose of showing how evidence-based prevention strategies are effective. Substance use disorder treatment providers will be onsite to provide recovery resources and access to treatment. Healthcare providers will also be invited to discuss the medical concerns associated with substance use disorder, COVID-19 safety, appropriate use of PPE, and if possible, utilize the event as a vaccination site and administer COVID-19 tests. If possible, Continued Education Units (CEUs, CE, CMEs, etc.) will be provided for the applicable portions of the events.

- Supporting and facilitating naloxone training sessions to first/emergency responders including EMS, fire departments, etc.
  - Provision of ongoing training opportunities to community support groups on the use of and accessibility to naloxone
  - Partnering with Brevard Public Schools, colleges, universities, and area businesses to publicize the locations and availability of the next accessible naloxone training sessions. This will include partnering with these entities to host said trainings at their facilities to increase accessibility to families in the community. It will also include incentivizing the training sessions to encourage attendance by the general public beyond professional providers.
2. Brevard Prevention Coalition and its member providers/agencies in cooperation with Brevard County Government will increase naloxone distribution to individuals who are uninsured or whose insurance does not cover the needed service. This will include partnering with social services agencies to ensure they have an adequate supply of naloxone and ensuring the naloxone can be provided to uninsured or underinsured clients that do not have access to it through any other government-funded means.

#### **B. Medication-Assisted Treatment (“MAT”) Distribution and other opioid-related treatment**

1. Working with providers affiliated with Brevard Prevention Coalition, funds will be made available to local MAT providers in order to expand their capacity to treat clients in need of MAT. A focus will be on increasing distribution of MAT to non-Medicaid eligible or uninsured individuals through these providers.
2. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders (see also **G. Prevention Programs**)
3. Provide funding to Treatment and Recovery Support Services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication with other support services. These also include recovery support services such as peer coaching/support services at recovery community organizations, recovery centers, recovery high schools, etc. The goal would be to expand their capacity and provide an alternative option for individuals with OUD/SUD who are uninsured, under-insured, or do not qualify for Medicaid/Medicare.

#### **C. Pregnant & Postpartum Women**

1. Added support will be given to the agencies and providers participating in the existing Family Strengthening/Healthy Start Coalition in order to enhance substance abuse prevention and treatment for prenatal and postpartum women. Initiatives that will be enhanced and expanded include:
  - Qualified substance misuse counselors and supportive staff will be placed at the Health Department clinics and Brevard Health Alliance locations in the county. In addition, certified recovery peer support professionals (Certified Peer Recovery Support Specialist, Certified Recovery Peer Specialist, etc.) will be offered/provided to obstetrician offices or OB/GYN facilities to assist with some of the more challenging cases with Community Connect of Healthy Start Coalition of Brevard that are evaluated to need a peer. This will be in addition to existing counselors provided by regional service providers in order to expand capacity. Duties will include expanding Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) services to non-Medicaid eligible or uninsured pregnant women.
  - Supporting local providers to 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.
  - Increase the number of postnatal educational gifts and aftercare follow-up support (basic need items, follow-up sessions, etc.) provided to parents by Healthy Start Coalition on substance abuse/misuse prevention. A peer support specialist may be provided for use to perform said follow-up.
  - Support Healthy Start Coalition in biannually updating information given out pre- and postnatally to mothers/parents. In addition, the plan will include providing resources in the form of a prenatal book and supporting the development and maintenance of a mobile app that compliments both pre and postnatal needs.
  - Promote the Brevard operations and logistics of the Florida Department of Children & Families’ Substance Exposed Newborns (SEN) pilot program created to help the high number of removals of children/newborns from their parents’ custody in Brevard. These are removals related to substance misuse by the mother. Within this pilot, DCF has created a SEN specific unit, changed the ‘hotline’ responses, created a new substance exposed team and SEN position. Hence, these efforts can be expanded with added provider staffing as well as facilitate provider and trainings on how the SEN pilot functions.
  - Partner with local agencies to provide comprehensive wrap-around services to individuals with opioid use disorder (OUD) including housing, transportation, job placement/training, and childcare. This will include:
    - Rapid rehousing case management, one-time financial assistance process and aftercare follow-up designed to stabilize individuals with OUD and SUD headed for or maintaining their addiction recovery/sobriety.
    - Expanding existing transportation systems within the county (i.e. more buses, increased bus stop times, expanded bus routes, etc. and/or transportation vouchers for taxis or ride services like Lyft and Uber).
    - Expanded childcare services or funds to subsidize the cost for childcare, along with transportation to increase access to these childcare services.

#### **D. Expanding Treatment for Neonatal Abstinence Syndrome**

1. In order to support Neonatal Abstinence Syndrome (NAS) babies residing in Brevard County, there will be collaboration with Brevard County's major hospital systems through the Treatment & Recovery/ Healthcare Professionals subcommittee of the Brevard Prevention Coalition's Opioid Misuse Task Force (as well as Brevard Health Alliance locations and the Florida Department of Health clinics in Brevard) in order to:
  - Expand comprehensive evidence-based and recovery support for NAS babies
  - Expand services for better continuum of care with infant-need dyad
  - Expand long-term treatment and services for medical monitoring of NAS babies and their families.

#### **E. Expansion of Community Warm Hand-off Programs and Recovery Services**

1. Supply/fund support and staffing to implement this strategy in order to:
  - Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments
  - Expand warm hand-off services to transition to recovery services, broaden scope of recovery services to include co-occurring SUD or mental health conditions
  - Provide comprehensive wrap-around services to individuals in recovery including housing, transportation, job placement/training, and childcare
2. **Peer Recovery Support/Community Support Groups:**
  - A structured partnership or supporting relationship with existing support groups (NA, AA, etc.). These groups are a protective and supportive community. Thus, the goal would be to ensure they have the harm reduction resources they need to continue to maximize their positive impact. These include updated printed materials, video resources, as well as awareness of the latest treatment, medical and educational resources. Furthermore, greater awareness for the public on how to locate a support group.
  - A prevention resource and support group will act as a resource and resiliency tool for parents wanting to mitigate existing risk factors that have been worsened by the COVID-19 pandemic which also could lead to misuse of substances within the family. As a result of the pandemic, families are contending with a surge of parental and youth substance misuse, exacerbated addiction, increase in substance misuse risk factors (i.e., forced social isolation, healthcare crises, grief from unexpected deaths, etc.), sudden job loss, and general societal instability (American Medical Association, 2020). Brevard Prevention Coalition will develop, operate, and maintain a centralized online prevention community support group in partnership with other prevention and peer recovery support providers (certified recovery peer specialists, etc.). Facebook may be the initial platform utilized. However, the efficacy and needs will be assessed annually to evaluate the most effective medium to be used as well as the best conduit to in-person support. The prevention support and resource group, additionally, will serve as a protective measure for families seeking to avoid generational or intrafamilial substance misuse (i.e., a parent or other

sibling in the home battled/battles addiction and, thus, aiming to prevent another sibling/child from following that course). The group will be moderated and maintained by a professional specializing in addiction, prevention or mental health who carries a state certification, licensure or has sufficiently demonstrated competency and experience in an appropriate domain of the substance abuse field (CAP, MCAP, LMHC, LCSW, CAC, CPRS, CPS, CPP, etc.) – depending on the need. The facilitator moderating the group will be either an employee of Brevard Prevention Coalition or a qualified subcontracted community partner that is a member of the coalition.

### **3. Community Level:**

1. Brevard Prevention Coalition and Opioid Task Force organization of "warm handoff" of "warm touch" events to bring the community together in areas of high overdose deaths (EMS "hot spots"). The community events could include candlelight vigils, mini resource fairs, conferences, educational events, and/or recovery speakers. Even if organized events are not feasible, the coalition can still support distribution of grief packets to relatives and the community of individuals who have died of an overdose. The packets which will include treatment and recovery resources (MAT connections, peer support, counseling, etc.) for those who maybe seeking help and/or recovery. This contributes toward building safe spaces to stop the stigma of substance use disorder (SUD).

## **F. Treatment for Incarcerated Population**

1. Create and maintain a "warm handoff" process between Brevard County Jail and local substance use disorder treatment providers associated with Brevard Prevention Coalition and its opioid misuse task force initiative. This would involve ensuring that individuals arrested and coming through Brevard County Jail are not only handed recovery resources upon release/discharge, but also have an actual guided path to recovery and/or appropriate interventions. This guided or enhanced path will be created and maintained in collaboration with Brevard County Jail's contracted medical provider and may involve cooperation with the Public Defender's Office in Brevard County, Brevard County Drug Court and applicable Circuit Courts in Brevard County.
2. Increase funding for jails to provide treatment to inmates with OUD/SUD.
3. The coalition will host and facilitate both police academy and in-service trainings on interacting with youth, specifically during substance abuse-related encounters, and with minority communities/people of culture. Topics will include how best to communicate with these populations during a tense confrontation, explaining to the individuals why the officer is taking particular actions, or what the officer will do next— this can help officers diffuse and deescalate these encounters. Furthermore, this helps officers use substance abuse-related encounters as potential prevention educational opportunities. These trainings will involve collaborating with professionals in the law enforcement field and certified trainers. When possible, CEUs/CE credits can be offered to law enforcement staff for participation in these trainings.

**SUPPORTIVE RESEARCH:** Increased positive interactions between law enforcement and youths, as well as structured strategies between both, which foster a greater understanding of the perspectives of each, have been shown to increase the same protective factors that prevent youth substance misuse.

Studies have revealed that behavior resulting in severe school discipline often leads to juvenile justice intervention and that juvenile justice involvement leads to lifelong issues, often including drug-using behavior (Dong & Krohn, 2020). The main contributing factors to each are often Adverse Childhood Experiences (ACEs), i.e. witnessing domestic violence, physical abuse, sexual abuse, negative impacts of poverty, etc.

Police officers are a key adult group that often interact with at-risk youths at critical developmental moments. Those interactions can either be part of a positive turning point for the youths or a negatively contributing factor which adds to the likelihood of youths coping through substance misuse into adulthood. However, it has been noticed locally that officers do not receive enough training on trauma-informed interactions with at-risk youths.

Studies support that this is a widespread issue. For instance, published research covering a three-year period detailed the post-traumatic stress issues in youths participating in the study (average age of 15) resulting from negative police encounters (Jackson et al., 2019). These negative encounters and their effects can act as precursors to youths' aversion to authority figures in the future and/or coping with the trauma through misuse of drugs and alcohol (Dong & Krohn, 2020).

Hence, researchers and prevention professionals posit that law enforcement officers need to understand ACEs just as much as doctors need to understand ACEs prior to prescribing potentially addictive medication (Folk et al., 2021). One of the community-based research projects stemming from a CDC collaboration with the ONDCP is called the Combatting Opioid Overdose Through Community-Level Intervention initiative (Compton et al, 2019). An example of this is The Martinsburg Initiative, a program which addresses ACEs/PACEs (positive and adverse childhood experiences) via a neighborhood school-based and community policing strategy. The goal of such strategies is to make law enforcement part of the community wraparound team that advocates for youths positive development and instills a sense of true community safety in youths instead of a perception of oppression, predation and fear that many at-risk youths already have toward law enforcement.

Feeling safe, nurtured and understood by figures in positions of authority, like law enforcement, are well-known protective factors for at-risk youths which reduce the likelihood of substance misuse and addiction, as well as violent crimes by youths (Freeze, 2019). Additionally, increased empathy toward and genuine familiarity with at-risk youths and their individual ACEs improves the effectiveness of law enforcement as part of the community wraparound substance abuse prevention mechanism. The mutually desired outcome is reduction in youth substance misuse and reduction in youth substance use-related offenses.

In addition, law enforcement and criminal justice professionals experience specific mental and emotional impacts of the pandemic. According to research shared by the National Institutes of Health (NIH), COVID-19 will have long lasting impacts on law enforcement which may lead to permanent changes in policing protocols (Stogner et al., 2020). These factors may affect critical decisions law enforcement officers make on the job and overall job performance. As public restrictions lessen, it is becoming clearer that police departments will need to reestablish community relationships and develop strategies to deal with a public that has been economically impacted and has increased mental health

issues (Stogner et al., 2020). Thus, experts assert that community policing and crisis intervention training will be essential in successful post-pandemic policing (Stogner et al., 2020). Effective prevention strategies should both nurture the mental health of law enforcement officers, as well as mitigate the challenges law enforcement have with relating to youth populations and communities of culture.

## **G. Prevention Programs**

### **1. *Use Only As Directed* Program:**

**CSAP Strategy:** Information Dissemination, Problem Identification and Referral

**IOM Target/Covered Services Category:** Universal Indirect

**Service region:** Brevard County

- Brevard Prevention Coalition will implement a prevention program based on Utah's *Use Only As Directed* campaign and social marketing strategy with Brevard County regional adaptations. This campaign emphasizes the importance of harm reduction, information dissemination and appropriate use of medications (prescription, nonprescription and over-the-counter) as well as their safe disposal methods. During the pandemic, businesses slowed operations or closed altogether, many people refrained from social interactions and frontline workers contended with COVID-19 directly. A research study cited by the U.S. Department of Health and Human Services predicted that the economic impact from the pandemic and the ensuing mass feelings of despair could lead to over 75,000 deaths from drug overdose, alcohol abuse, and suicide (Daker, 2020). Grimly, the CDC reports that it has already recorded over 80,000 overdose deaths alone as of February 2021. Reports of opioid-fatal and non-fatal overdoses have sharply increased in some areas across the country since the coronavirus pandemic began, reasons for which are multifaceted, but that do not negate the positive correlation. The implementation of the program based on the *Use Only As Directed* campaign aims to further mitigate the increase of substance misuse.
  - **Vendor/Businesses:** Establishments frequented by the 18- to 25-year-old age demographic such as local smoke shops, kava bars, vaping establishments, coffee houses and other similar entities, are a key population in addressing opioid use disorder as well as other substance use disorders. Young adults make up one of the largest demographics for substance use disorder and recent data reveals that two out of every three patients in treatment for opioid use disorder stated that their first usage occurred before the age of 25 (Silverstein, 2021). Brevard Prevention Coalition's Community Outreach Specialists will have the important task of fostering a culture of prevention, harm reduction and safety within these youth-targeting businesses. Each Outreach Specialist will have individually assigned regional sectors and aim to build positive relationships with these establishments to allow for promotion of harm reduction principals of substance misuse at their locations. This includes distribution, posting and updating of culturally sensitive flyers and signage that educate patrons on topics including, but not limited to 1) safe usage of controlled substances, 2) appropriate disposal of medications, 3) timely disposal of medications, 4) drug usage monitoring, and 5) practical lifesaving responses to overdoses. Where feasible, the Community Outreach Specialists will also host an information kiosk/table at several of these establishments quarterly where drug deactivation kits can be distributed.



- **Medical Clinics, including Health Department and Brevard Health Alliance locations:** Community Outreach Specialists will have an assigned list of medical clinics within a sector, or community, with the goal of educating and providing resources based on the *Use Only As Directed* safe usage messaging. This will include resources and materials about nonopioid alternatives to treating pain and safe opioid prescribing practices. Medical practitioners who prescribe opioids will be the focus (dentists, pain management centers, walk-in clinics, same-day surgery centers, etc.). As pharmaceutical representatives aggressively visited these medical professionals to promote pharmaceuticals, the Community Outreach Specialists similarly will diligently schedule visits to these medical offices to ensure they have sufficient materials to distribute to patients about proper medication disposal, nonopioid alternatives and safe usage practices.
- **Hospitals, Medical Centers, OB/GYN Facilities:**
  - a) ***Use Only As Directed clinical contact*** persons from the coalition (Nurse Practitioners, Physician's Assistants, Certified Addiction Professionals, or other qualified specialists), subcontracted or direct hires, will serve as informational substance abuse prevention points of contact for their assigned hospitals and/or healthcare professionals. This strategy does not include actual assessment for treatment services. Rather, it serves as a Prevention Screening and Referral Service as defined by CSAP which is geared toward behavior change, but not through therapy. Screening is to identify whether an individual can be served by primary prevention services or must be referred out to treatment. When possible, this will include use of designated in-kind space for the coalition staff member at the medical facility for specified days/dates and time periods in order to provide this service.
  - b) ***Community Outreach Specialists*** will host/table a *Use Only As Directed* patient-focused informational kiosk semiannually at each major hospital in Brevard County. Other medical facilities may be included. The focus will be distribution of *Use Only As Directed* informational materials, information on local approved medication disposal sites, and overdose prevention educational material. If permitted by the hospital, Deterra drug deactivation kits will be made available for patients visiting the hospital as well as for the hospital to keep in supply. Emergency departments will also be provided easy-to-carry informational cards on safe medication disposal to provide to applicable patients, along with local related resources. Furthermore, informational posters and quick reference guides will be provided for general patient areas, nursing stations, and waiting areas.
  - c) Increase and maintain number of recovery peer specialist/peer recovery support specialists at hospitals, Brevard Health Alliance locations, OB/GYN facilities and other medical facilities as capacity and funding allows. Peer Recovery Support Specialists are individuals who are in recovery from substance use or co-occurring mental health disorders. Their life experiences and recovery allow them to provide recovery support in such way that others can benefit from their experiences. According to National Alliance on Mental Illness, Florida Division (NAMI Florida), "research shows that peers can play a tremendous role in helping others in recovery from mental illness and addiction. Peers learn best from others who have been there.

Health insurers, treatment centers and others in the behavioral health arena are increasingly relying on peers to serve in leadership roles to assist others in recovery.”

- d) Informational sessions about the opioid crisis for the physicians and/or hospital board members will be hosted by the coalition staff and participating treatment providers. Such informational sessions may also be offered to other applicable medical facilities, such as OB/GYN clinics, etc. Educational sessions on safe opioid prescribing practices and nonopioid alternatives for patients will be shared with physicians and medical staff as well. More informational sessions may be scheduled if time and funding allow. These sessions will include training on ACEs (Adverse Childhood Experiences)/PACES (Positive and Adverse Childhood Experiences, regarding how unresolved trauma can lead to self-medication and the role medical professionals can play in the prevention of patients’ future substance misuse in these scenarios.
- **Healthcare workers and first responders:** Education and training will be provided to healthcare workers, professional first responders and potential first responders. The coalition will organize and host CEU events (quarterly or semiannually – depending on funding availability and timeframe) about ongoing factors attributed to increased opioid addiction as well as overdoses. The event(s) will educate attendees on MAT, the latest trends and usage rates surrounding opioid misuse and opioid use disorder as further impacted by the COVID-19 pandemic. The event(s) will also include development and distribution of *Use Only As Directed* opioid awareness and safe alternative materials and contact cards for first responders to distribute. Lastly, training on ACEs (Adverse Childhood Experiences)/PACES (Positive and Adverse Childhood Experiences) regarding how unresolved trauma can lead to self-medication will be provided to attendees.

## **2. Educational System Outreach:**

**CSAP Strategy:** Education, Information Dissemination, Community-based Process, Alternatives

**IOM Target/Covered Services Category:** Universal Direct

**Service region:** Brevard County

Several peer-reviewed research studies relate the impact the pandemic has had on teachers and students (Jain et al., 2021; Pokhrel & Chhetri, 2021). In addition, based upon lower enrollment and the resulting loss of FTE, or full-time equivalency funding, Central Florida School districts, including Brevard Public Schools, are facing large budget reductions in the upcoming school year. Schools will need the added supplementary support from prevention providers. Furthermore, schools will need support with helping students manage the socioemotional fallout from the pandemic’s societal impact. Thus, coalition staff will engage selected high schools and institutions of higher learning in Brevard County to fulfill the need of increased substance misuse prevention services. Public school selection will occur in collaboration with the local school district and these special strategies will focus on schools in at-risk communities seen as having the greatest need for prevention activities.

- **High Schools, Colleges and Universities:** The coalition **Prevention Specialists** along with local agencies which provide prevention services, the school faculty, and representatives from the local CareerSource will facilitate prevention-focused sessions, which include distribution of resource materials and interactive student participation. This proposed positive activity will occur quarterly or semiannually at each school location, as funding permits. The goal is preventing recreational use of opioids, alcohol,

and other drugs in teens/young adults during their critical formative years. Working with each school's guidance department, we will identify the most effective, appropriate way to present prevention strategies to high school students as well as colleges/universities with the goal of promoting a substance abuse-free life, along with highlighting the negative professional ramifications of substance misuse. Featured speakers will include professional athletes, professional creative artists, etc., preferably those with lived experience pertaining to substance misuse/substance use disorder. Furthermore, this component serves as a vocational awareness and occupational strategizing workshop. The resource material distribution will consist of materials from the Central Florida substance abuse prevention coalitions' media campaign called *Better Without It*, developed by Orange County's Office for a Drug-Free Community, Brevard Prevention Coalition, and Seminole Prevention Coalition. Résumé writing and career selection activities through CareerSource may also be included. Efficacy and impact will be measured with post-event/post-activity surveys.

- **Middle Schools and Elementary Schools:**

- **I Choose Me – “I Choose...Art” activities** - Based on the youth-focused *I Choose Me* media campaign concept developed by Brevard Prevention Coalition, Seminole Prevention Coalition, and Orange County's Office for a Drug-Free Community, the coalition will bring creative arts (music, painting, etc.) workshops to the students at selected elementary schools throughout Brevard County. These workshops will be in coordination with Brevard Public Schools and hosted at the school sites. The workshops will be co-facilitated by creative arts organizations with youth outreach programs and/or professional artists, along with a coalition **Prevention Specialist**. Materials for art workshops will be provided for the students and the activity will be framed in how the arts contribute to substance abuse prevention. Age-appropriate prevention resources will also be provided. Activities will include creative writing, lyrical expression, mural art, sketch art, and music. This will be a multidisciplinary program which offers youth a rare and safe outlet for healing, growth, and self-discovery through positive self-expression and mentorship. Creative writing, songwriting, and lyrical expression exercises equip youth with tools for personal reflection and interpersonal communication, as well as awareness of group collaboration and performance etiquette. Involvement in arts education has been shown to improve students' abilities to critique themselves, self-reflect, learn from mistakes, manage behaviors, improve decision making, maintain a positive self-concept, maintain self-efficacy, maintain school engagement, and respect others' perspectives. Efficacy and impact will be measured with post-event/post activity surveys administered to participating students.
- **Red Ribbon Week activities:** Red Ribbon Week is an alcohol, tobacco, and other drug and violence prevention awareness campaign observed annually October 23<sup>rd</sup>-31<sup>st</sup>. Coalition Prevention Specialists will actively participate in the Red Ribbon Week activities of select elementary and middle/junior high schools in Brevard County. Red Ribbon Week will be used as an opportunity to continue talking to students about the dangers of drugs. Coalition staff will also work with the Parent Teacher Student Association and other social services providers at the school to plan a school-wide Red Ribbon Rallies. For example, the Prevention Specialists may facilitate an activity where students design graphics for the National Red Ribbon Theme annually which can be submitted to the Red Ribbon organization for usage

consideration (contest). Alternatively, the school could permit the coalition to decorate the interior and exterior of the school with students in recognition of Red Ribbon Week and what it means. In addition, Prevention Specialists can help plan and participate in school parent/family nights where the Prevention Specialists and faculty talk to parents and students about securing and taking inventory of their home medicine cabinets. The goal would be to prevent prescription drug abuse as well as provide added prevention resources. If applicable, efficacy and impact will be measured with post-event surveys administered to participating students.

- **School-Based Prevention Program** – School-based Prevention Specialists through nonprofit providers will provide developmentally appropriate social-emotional education, small group, and individual services to elementary and middle school students at participating schools. The program is designed to focus on promoting positive behaviors to youth in order to enhance pro-social skills as well as prevent substance abuse, violent, and at-risk behaviors. Youth activities and tasks are appropriate to age and developmental abilities and support strength building and enhancing protective factors. The implementation of services exemplifies the Prevention program philosophy to promote positive youth development through guidance, education, support and problem-solving skills to help recover from crisis, cope with life transitions and daily living stresses, identify support systems, and improve individual functioning. Service implementation on classroom-based services will incorporate evidence-based curricula such as *Botvin Lifeskills*, *Too Good For Drugs & Violence*, or similar and decided upon in cooperation with Brevard Public Schools.
- Universal Indirect services offered in partnership with community agencies to provide youth and parent education, resource support, participate in prescription take back initiatives, and provide overdose prevention information.
- As needed, ACEs trainings will be made available and provided to the staff of school district employees. The regularity, method, venue, and training vendor/facilitator for such trainings will be coordinated and approved through the appropriate school district level personnel.
- Based on the “Interacting With Law Enforcement” curriculum developed by Stanford University, trainings will engage with Brevard Public Schools to introduce trainings including: 1) constitutional rights, responsibilities, and the law; 2) law enforcement’s responsibilities in the community; 3) implicit bias; and 4) communicating with law enforcement.

### **3. General Community Outreach:**

**CSAP Strategy(ies):** Community-based Process; Information Dissemination

**IOM Target/Covered Services Category:** Universal Indirect

**Service region:** Brevard County

1. **External Summits and Conferences:** Sponsor or scholarship criminal justice professionals, medical professionals, prevention professionals, treatment professionals, school district staff, and personnel or community coalition members to attend the annual National Rx Drug Abuse and Heroin Summit or events of equivalent caliber. Such summits and conferences allow jurisdictions and municipalities across the country to compare and evaluate effective methods that may be useful. In addition, it affords regions the opportunity to adopt improved methods of effectively addressing OUD and SUD.

2. **Occupational Training and Employment:** Since employment is an essential part of recovery, enhance the pathway to career readiness for individuals in recovery who are without stable, gainful or legal employment. Support and partnership will be provided to existing CareerSource Brevard/Workforce programs to connect those on path to recovery to employers. Resources will be used to expand the reach of CareerSource Brevard's Recovery Works program and promote it to the recovery community as well as to treatment providers who may be able to refer appropriate candidates. In addition, support will be provided to the capacity building efforts of Substance Use Disorder (SUD) Navigator program to enhance business and industry knowledge and acceptance of persons in recovery as an expanded talent pool for staffing needs.
3. As a prevention method, youth and law enforcement bonding activities will be hosted at school sites, at local community centers or other appropriate venues. Law enforcement agencies attending will participate in creative arts activities, sports, and group discussions with youths in the community. These events will include community leaders respected and recognized by youths and communities of culture who themselves may have had unfavorable interactions with law enforcement in the past, been involved in gang activity, or were otherwise at-risk, but who now have a positive impact on the community. The goal would be to help bridge the gap between law enforcement, youths, and at-risk populations. The program will also include law enforcement officers participating in social media challenges with youths and these special populations (i.e., a TikTok dance/viral video done with law enforcement as a group to be shared on social media, etc.). The goal will be to decrease tension in underserved communities, help humanize law enforcement to those that may automatically view them in an unfavorable light and help law enforcement to humanize groups that feel unfairly targeted. Law enforcement officers attending such events will be requested to wear their "community outfits" rather than full patrol gear, if permitted by their command staff. Appropriate attire may help remove engagement barriers between law enforcement and the community participants, i.e. youths, etc.

#### **4. Media Campaign**

**CSAP Strategy(ies):** Information Dissemination

**IOM Target/Covered Services Category:** Universal Indirect

**Service region:** Brevard County

1. Funding made available through the county and other funding sources will be used to supplement and expand the reach and development of the existing Central Florida substance abuse prevention coalitions' media campaign. A substance abuse prevention campaign is annually developed and operated, or enhanced, by Brevard Prevention Coalition, Seminole Prevention Coalition, and Orange County's Drug Free Office. Brevard County is a targeted market. This proposed campaign expansion will add on the *Use Only As Directed* campaign through online web-based and social media platforms as well as the traditional media of television PSAs, billboards, bus wraps, radio, bus stop shelters, retail store windows, etc. Furthermore, these will be cycled and integrated with the Gen-Z focused campaigns (currently *Better Without It*, also developed through the ongoing collaboration between Brevard Prevention Coalition, Seminole Prevention Coalition, and Orange County's Drug Free Office) already developed and set for use by the Central Florida regional substance abuse prevention coalitions.

#### **H. Creating and Expanding Syringe Service Programs (SSPs)**

Harm reduction appears to be one of the most realistic intermediate options on the path to effective abatement and prevention of substance use disorders. The county will work in accordance with experienced providers (i.e. Project Response, SUD treatment providers, MAT providers, etc.) and Brevard Prevention Coalition to support Syringe Services Programs. The plan will also include training to county officials on the logistics of SSPs as well as their efficacy.

Addiction can have intergenerational effects in the family and on peer groups. Hence, close associates, parents, siblings, and other family members with substance use issues can adversely impact their non-using relatives and acquaintances, increasing the chances of them acquiring a substance use disorder or suffering related impacts caused by intrafamilial or peer use. According to the CDC:

“Syringe services programs (SSPs) are also referred to as syringe exchange programs (SEPs) and needle exchange programs (NEPs). Although the services they provide may vary, SSPs are community-based programs that provide access to sterile needles and syringes, facilitate safe disposal of used syringes, and provide and link to other important services and programs such as:

- Referral to substance use disorder treatment programs.
- Screening, care, and treatment for viral hepatitis and HIV.
- Education about overdose prevention and safer injection practices.
- Vaccinations, including those for hepatitis A and hepatitis B.
- Screening for sexually transmitted diseases.
- Abscess and wound care.
- Naloxone distribution and education.
- Referral to social, mental health, and other medical services.”

#### **SUPPORTIVE RESEARCH ON SSPs:**

##### **From CDC.gov -**

“When people who inject drugs use an SSP, they are more likely to enter treatment for substance use disorder and stop injecting than those who don’t use an SSP. New users of SSPs are five times as likely to enter drug treatment as those who don’t use the programs. People who inject drugs and who have used an SSP regularly are nearly three times as likely to report a reduction in injection frequency as those who have never used an SSP.

Nonsterile injections can lead to transmission of HIV, viral hepatitis, bacterial, and fungal infections and other complications. By providing access to sterile syringes and other injection equipment, SSPs help people prevent transmitting bloodborne and other infections when they inject drugs. In addition to being at risk for HIV, viral hepatitis, and other blood-borne and sexually transmitted diseases, people who inject drugs can get other serious, life-threatening, and costly health problems, such as infections of the heart valves (endocarditis), serious skin infections, and deep tissue abscesses. Access to sterile injection equipment can help prevent these infections, and health care provided at SSPs can catch these problems early and provide easy-to-access treatment to a population that may be reluctant to go to a hospital or seek other medical care.

SSPs reduce health care costs by preventing HIV, viral hepatitis, and other infections, including endocarditis, a life-threatening heart valve infection. The estimated lifetime cost of treating one person living with HIV is more than \$450,000. Hospitalizations in the U.S. for substance-use-related infections cost over \$700 million each year. SSPs reduce these costs and help link people to treatment to stop using drugs.

Studies show that SSPs protect the public and first responders by providing safe needle disposal and reducing the presence of needles in the community.

SSPs do not cause or increase illegal drug use. They do not cause or increase crime.

SSPs help people overcome substance use disorders. If people who inject drugs use an SSP, they are more likely to enter treatment for substance use disorder and reduce or stop injecting. A Seattle study found that new users of SSPs were five times as likely to enter drug treatment as those who didn't use the programs. People who inject drugs and who have used an SSP regularly are nearly three times as likely to report reducing or stopping illicit drug injection as those who have never used an SSP. SSPs play a key role in preventing overdose deaths by training people who inject drugs how to prevent, rapidly recognize, and reverse opioid overdoses. Specifically, many SSPs give clients and community members "overdose rescue kits" and teach them how to identify an overdose, give rescue breathing, and administer naloxone, a medication used to reverse overdose."

(See <https://www.cdc.gov/ssp> for sources and additional supportive data)

#### **I. Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the county**

1. Partner with local colleges, universities or third-party evaluators to assess the effectiveness of the abatement plan strategies. The selected evaluator will provide statistical data on the impact of the plan, including areas of needed improvement and needed enhancements. The evaluation will include utilizing the local data collected from both the Brevard Medical Examiner's Office and EMS Community Paramedic "Heat Map" for overdoses in the county. The evaluation period should align with the start and end dates of the implementation of the plan which may not necessarily align with a calendar year, i.e. county, state or federal fiscal years, or a project period defined by the county or funded body.

#### **Core Strategies Conclusion:**

All the above referenced strategies will include hiring additional needed staffing, including social workers, specialists or other related behavioral health workers to facilitate expansions above. The unified implementation of each method will provide help to the most at-risk groups, such as adolescents, young adults, substance-exposed newborns, pregnant women, postpartum women, under-served populations and medical staff who may both prescribe/administer opioids and find themselves at risk of substance use disorder. In addition, the methods will offer needed education, prevention strategies and resources to communities, law enforcement agencies, first responders and providers in the substance use disorder field.

*(Activities, scope, and range of the proposed activities can be scaled up or down depending on the funding available to Brevard County).*

[END OF PLAN]

**Contact:**

**Stanley Brizz**

Executive Director

Brevard Prevention Coalition

(321) 426-1644

sbrizz@brevardprevention.org

Director of Prevention & Family Services

Eckerd Connects

(321) 253-0032

sbrizz@eckerd.org

DRAFT



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## **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**”)[, such that a minimum of \_\_% of the [aggregate] state-level abatement distributions shall be spent on [one or more of] them annually].<sup>1</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 non-Medicaid eligible or uninsured individuals;
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. Treatment and Recovery Support Services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication with other support services.

#### **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 Opioid Use Disorder (OUD) including housing, transportation, job placement/training, and childcare.

#### **D. Expanding Treatment for Neonatal Abstinence Syndrome**

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.

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<sup>1</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. Priorities will be established through the mechanisms described in the Term Sheet.

#### 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**

#### **PART ONE: TREATMENT**

##### **A. TREAT OPIOID USE DISORDER (OUD)**

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:<sup>2</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. Treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
8. 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. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD or mental health conditions, including but not limited to training,

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<sup>2</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. Priorities will be established through the mechanisms described in the Term Sheet.

scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. [Intentionally Blank – to be cleaned up later for numbering]

13. 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.

14. Dissemination 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.

15. Development and dissemination of 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 treatment for or 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 following:

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. 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 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, the following:

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 Screening, Brief Intervention and Referral to Treatment (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. 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, the following:

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:
  - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
  - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
  - c. “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;
  - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
  - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or



f. 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 have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

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

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

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. Training for obstetricians or other healthcare personnel that 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; 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 Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
6. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Enhanced family supports 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. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

## PART TWO: PREVENTION

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

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

1. Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with 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. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
  - a. Increase the number of prescribers using PDMPs;
  - b. 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

c. 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. Increase electronic prescribing to prevent diversion or forgery.

8. Educate 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. Fund 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. Fund community anti-drug coalitions that engage in drug prevention efforts.

6. Support 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. Engage non-profits and faith-based communities as systems to support prevention.

8. Fund 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 of 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 other 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. Increase 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, individuals at high risk of overdose, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities provide 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. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expand, improve, or develop 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. Educate 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. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Support 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. Provide 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. Support screening for fentanyl in routine clinical toxicology testing.

## **PART THREE: OTHER STRATEGIES**

### **I. FIRST RESPONDERS**

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

1. Educate 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, facilitation, 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; to support training and technical assistance; or to support other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to share reports, recommendations, or plans to spend opioid settlement funds; to show how opioid settlement funds have been spent; to report program or strategy outcomes; or to track, share, or visualize key opioid-related 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, the following:

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.