County Settlement Allocation Reporting

Response was added on 03/14/2024 3:19pm.

Settlement, please answer the following questions regarding use of settlement dollars between August 1, 2022 and December 31, 2023.

Note: This information shall be made public.

This survey is for Blair County.

Reporting Period Start Date: 08-01-2022

For the Baseline report please use August 1, 2022.

As a Pennsylvania county or subdivision receiving monies from the National Opioid

roi the baseline report please use August 1, 2022.	
Reporting Period End date:	12-31-2023
For the Baseline report please use December 31, 2023.	
According to our records, your county/subdivision has received \$951200.95 from the Wilmington Trust.	⊗ Yes ○ No
Is this accurate?	
What is the total amount of settlement funds remaining from the previous reporting period(s)? (This should be the same amount reported to the Trust Administrator.) Note: If this is your first time reporting, enter 0.00.	0.00 (Provide exact amount (including cents), do NOT uso a comma.)
Participating Subdivisions are required to report any funds not used for opioid remediation to the National Administrators every six (6) months. Has your county or subdivision reported any non-opioid remediation spending during the reporting period?	○ Yes ⊗ No
Are you applying for an extension to expend funds further than the 18-month spending window?	⊗ Yes ○ No

Implemented Remediation Program(s) and Strategy(s)

The following set of questions will ask for information and spending for the remediation program(s) your county/subdivision has implemented. Please answer this set of questions for each remediation program. Once all questions are answered you will be prompted if there are additional remediation efforts you need to report. If there are additional remediation efforts to report, select "yes", and complete the required questions.

This section will ask you to identify which Exhibit E strategy(s) of the National Opioid Settlement documentation most closely matches your remediation effort.

If you are working with other counties/subdivisions on a joint remediation effort, please report your county's/subdivision's dollars spent on the remediation effort. In the notes section, indicate which counties/ subdivisions you are working with on this effort.

If you are a county with disbursements to subdivisions, at this time, you will need to report on subdivision remediation efforts and spending, in addition to county level remediation efforts and spending.

Reference Copy of Schedule A and B	
[Attachment: "Exhibit-E-List-of-Opioid-Remediation-Uses.pdf"]	
Name of the person completing this survey.	Lindsay Dempsie
Provide the email address of the person entering the survey data.	
Provide the phone number of the person completing this survey.	
I am certifying that all funds received and distributed were used in accordance with Exhibit E.	⊗ Yes ○ No
Name of the county's primary contact for proposals for services/products related to opioid remediation.	Nicole Hemminger
County's primary contact email address:	
Phone number of the county's primary contact:	



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Current remediation program #1	
Provide the name of the remediation program/strategy.	SAP Evidence-Based Curriculum
Provide the name of the organization managing the remediation program/strategy.	Blair County Drug & Alcohol Program, Inc
Provide the name of the individual managing the remediation program/strategy.	Judy Rosser
Provide the program/strategy manager's phone number.	
Provide the program/strategy manager's email address.	
How much of your county's/subdivision's total allocation was spent on this remediation during this reporting period?	10715.00 (Provide exact amount (including cents), do NOT use a comma.)
"Spent" is those funds that have been paid for the purposes of this program.	
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?	0.00 (Provide exact amount (including cents), do NOT use a comma.)
"Committed" is those funds that have a signed or awarded contract or memorandum of understanding but not yet spent. Do not include spent funds in this amount.	
Was this remediation program in place prior to receiving the Opioid funding?	○ Yes ⊗ No
Will you be reporting information on the remediation program/strategy using Schedule A or B?	⊗ Schedule A ○ Schedule B
Select which of the Exhibit E Schedule A Approved Uses cat Evidence-Based Curriculum)? You may select up to 3 options.	
 □ A. Naloxone or other FDA-Approved Drug to Reverse Opioic □ B. Medication-assisted Treatment ("MAT") Distribution and □ C. Pregnant & Postpartum Women □ D. Expanding Treatment for Neonatal Abstinence Syndrom □ E. Expansion of Warm Hand-off Programs and Recovery Se □ F. Treatment for Incarcerated Population □ G. Prevention Programs □ H. Expanding Syringe Service Programs □ I. Evidence-based Data Collection and Research Analyzing within the State 	other Opioid-Related Treatment ne ("NAS") ervices

Select the specific Exhibit E Schedule A Approved Remediation (SAP Evidence-Based Curriculum).	
 □ 1. Funding for media campaigns to prevent opioid use (similar youth from misusing tobacco). □ 2. Funding for evidence-based prevention programs in schoo □ 3. Funding for medical provider education and outreach rega consistent with the 2016 CDC guidelines, including providers □ 4. Funding for community drug disposal programs. □ 5. Funding and training for first responders to participate in presponse teams, or similar strategies that connect at-risk ind supports. 	ls. rding best prescribing practices for opioids at hospitals (academic detailing). pre-arrest diversion programs, post-overdose
Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?	Yes ⊗ No
Is this remediation (SAP Evidence-Based Curriculum) effort still active?	⊗ Yes ○ No
Does this effort have a dual role? For example, does the remediation target treating opioid use and treatment of a mental health diagnosis.	⊗ Yes ○ No
If yes, please explain the dual role of the remediation effort.	
Prevention programs target to intervene on at-risk factors that o	could contribute to substance use.
What percentage of the funds used in this dual role program are from this opioid settlement funds for this reporting period?	100
If able, please upload any relevant background information about this program such as a brief description, RFP (Request for Proposal), or other informative materials.	[FILE: Opioid Settlement Funding Detail.docx]
Provide any other notes or comments about this remediation program/strategy. (For example, a link to a URL.)	
Does your county/subdivision have additional remediation program/strategies to report?	⊗ Yes ○ No

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Current remediation program #2	
Provide the name of the remediation program/strategy.	Drug Court
Provide the name of the organization managing the remediation program/strategy.	Blair County Adult Probation and Parole
Provide the name of the individual managing the remediation program/strategy.	Scott Schultz
Provide the program/strategy manager's phone number.	
Provide the program/strategy manager's email address.	
How much of your county's/subdivision's total allocation was spent on this remediation during this reporting period?	322733.81 (Provide exact amount (including cents), do NOT use a comma.)
"Spent" is those funds that have been paid for the purposes of this program.	
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?	0.00 (Provide exact amount (including cents), do NOT use a comma.)
"Committed" is those funds that have a signed or awarded contract or memorandum of understanding but not yet spent. Do not include spent funds in this amount.	
Was this remediation program in place prior to receiving the Opioid funding?	⊗ Yes ○ No
When did this program begin?	01-01-2000
Will you be reporting information on the remediation program/strategy using Schedule A or B?	○ Schedule A⊗ Schedule B
Select which of the Exhibit E Schedule B Approved Uses categ Court)? You may select up to 3 options.	gories mostly closely describes the remediation (Drug
 □ A. Treat Opioid Use Disorder (OUD) □ B. Support People in Treatment and Recovery □ C. Connect People Who Need Help to the Help They Need (Co □ D. Address the Needs of Criminal Justice-Involved Persons □ E. Address the Needs of Pregnant or Parenting Women and T Abstinence Syndrome □ F. Prevent Over-Prescribing and Ensure Appropriate Prescribi □ G. Prevent Misuse of Opioids □ H. Prevent Overdose Deaths and Other Harms (Harm Reduct □ I. First Responders □ J. Leadership, Planning and Coordination □ K. Training □ L. Research 	Their Families, Including Babies with Neonataling and Dispensing of Opioids

Select the specific Exhibit E Schedule B Approved Remediation	(Drug Court). You may select up to 3 options.
 □ 1. 1. Support pre-arrest or pre-arraignment diversion and defl co-occurring SUD/MH conditions, including established strated Angel Programs or the Police Assisted Addiction Recovery Init □ 1. 2. Support pre-arrest or pre-arraignment diversion and defl co-occurring SUD/MH conditions, including established strated the Drug Abuse Response Team ("DART") model. □ 1. 3. Support pre-arrest or pre-arraignment diversion and defl co-occurring SUD/MH conditions, including established strated work to ensure that individuals who have received naloxone to linked to treatment programs or other appropriate services. □ 1. 4. Support pre-arrest or pre-arraignment diversion and defl co-occurring SUD/MH conditions, including established strated as the Law Enforcement Assisted Diversion ("LEAD") model. □ 1. 5. Support pre-arrest or pre-arraignment diversion and defl co-occurring SUD/MH conditions, including established strated as the Leon County, Florida Adult Civil Citation Network or the Treatment Initiative. □ 1. 6. Support pre-arrest or pre-arraignment diversion and defl co-occurring SUD/MH conditions, including established strated as the Leon County, Florida Adult Civil Citation Network or the Treatment Initiative. □ 2. Support pre-trial services that connect individuals with OUD evidence-informed treatment, including MAT, and related servidence-informed treatment, including MAT, and related servidence-informed treatment, including MAT, and related services to individuals with OUD and any co-occuprison or have recently left jail or prison, are on probation or proper supervision, or are in re-entry programs or facilities. □ 5. Provide evidence-informed treatment, including MAT, recovappropriate services to individuals with OUD and any co-occuprison or have recently left jail or prison, are on probation or proper supervision, or are in re-entry programs or facilities. □ 6. Support critical time interventions ("CTI"), particularly for informed tre	gies such as: Self-referral strategies such as the liative ("PAARI"). lection strategies for persons with OUD and any gies such as: Active outreach strategies such as lection strategies for persons with OUD and any gies such as: "Naloxone Plus" strategies, which to reverse the effects of an overdose are then lection strategies for persons with OUD and any gies such as: Officer prevention strategies, such lection strategies for persons with OUD and any gies such as: Officer intervention strategies such a Chicago Westside Narcotics Diversion to lection strategies for persons with OUD and any gies such as: Co-responder and/or alternative liter SUD expertise. Do and any co-occurring SUD/MH conditions to vices. Do and any co-occurring SUD/MH conditions to vices. Do and any co-occurring sudden or other rring SUD/MH conditions who are incarcerated in very support, harm reduction, or other rring SUD/MH conditions who are leaving jail or parole, are under community corrections Individuals living with dual-diagnosis OUD/serious the risks and service needs and risks upon To of criminal justice-involved persons with OUD correctional, or judicial personnel or to
Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this	⊗ Yes ○ No
remediation program/strategy?	
What other source(s) of funding are being used? Check all that apply.	☐ Organization ☐ Municipal ☐ County ☑ State ☐ Federal ☐ Other
Please enter the amount received from other funding	
(This question is voluntary and not required.)	(Provide exact amount (including cents), do NOT use a comma.)
Is this remediation (Drug Court) effort still active?	⊗ Yes ○ No

Does this effort have a dual role? For example, does the remediation target treating opioid use and treatment of a mental health diagnosis.	○ Yes ⊗ No
If able, please upload any relevant background information about this program such as a brief description, RFP (Request for Proposal), or other informative materials.	
Provide any other notes or comments about this remediation pro	ogram/strategy. (For example, a link to a URL.)
Does your county/subdivision have additional remediation program/strategies to report?	○ Yes ⊗ No



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Current remediation program #70	
The Total Amount spent from settlement funds on all remediation programs that you have entered is \$333448.81. Please review and indicate whether you agree that this is the total spent.	⊗ Yes ○ No
Spent funds are those funds that have been paid for the purposes of these programs.	
Please enter an alternate spent total if you disagree:	
	(Provide exact amount (including cents), do NOT use a comma.)
The Total Amount committed from settlement funds to all remediation programs that you have entered is \$0. Please review and indicate whether you agree that this is the total committed.	⊗ Yes ○ No
"Committed" is those funds that have a signed or awarded contract or memorandum of understanding but not yet spent.	
Please enter an alternate committed total if you	
disagree:	(Provide exact amount (including cents), do NOT use a comma.)

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Future Plans #1	
Note: Program information listed in this section is for refere and will not be made public.	nce only. This information will be reviewed by the Trust
Does your county/subdivision have any future plans or ideas on approaches to spend settlement monies that have not been implemented to date?	○ Yes ⊗ No



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This is the final page; please remember to click "Submit" (if you are finished) or "Save &
Return" (if you wish to return later).
A summary of your totals follows. You may wish to print this page for your records.
According to our records, your county/subdivision has received = \$951200.95
You specified an alternate amount received = \$
Amount of funds remaining from previous period = \$0.00
Amount of non-opioid remediation spending reported = \$0
The calculated total spent on all remediation programs = \$333448.81
You specified an alternate total spent = \$
The calculated total committed to all remediation programs = \$0
You specified an alternate total committed = \$
This is the amount left over from your allocation = \$617752.14



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Total budgeted for all future plans entered = \$_____