County Settlement Allocation Reporting

Response was added on 02/15/2024 9:49am.

As a Pennsylvania county or subdivision receiving monies from the National Opioid 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 Lebanon County.	
Reporting Period Start Date:	08-01-2022
For 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 \$710748.63 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 use 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.	James Donmoyer
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.	James Donmoyer
County's primary contact email address:	
Phone number of the county's primary contact:	



Provide the name of the remediation preserve a later to an	
Provide the name of the remediation program/strategy.	LCCF MAT maintenance Program
Provide the name of the organization managing the remediation program/strategy.	Lebanon County Correctional Facility
Provide the name of the individual managing the remediation program/strategy.	Warden Tina Litz
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?	80780.60 (Provide exact amount (including cents), do NOT us 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?	1835364.94 (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 ca MAT maintenance Program)? You may select up to 3 options	tegories mostly closely describes the remediation (LCCF
 A. Naloxone or other FDA-Approved Drug to Reverse Opiol 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 Set F. Treatment for Incarcerated Population G. Prevention Programs H. Expanding Syringe Service Programs I. Evidence-based Data Collection and Research Analyzing within the State 	id overdoses d other Opioid-Related Treatment ne ("NAS") ervices
Select the specific Exhibit E Schedule A Approved Remedia	tion (LCCF MAT maintenance Program).
 ☑ 1. Increase distribution of MAT to individuals who are unin needed service. ☑ 2. Provide education to school-based and youth-focused p 	sured or whose insurance does not cover the

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services. Select the specific Exhibit E -- Schedule A Approved Remediation (LCCF MAT maintenance Program).

☑ 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.

 \boxtimes 2. Increase funding for jails to provide treatment to inmates with OUD.

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?	⊖ Yes ⊗ No
Is this remediation (LCCF MAT maintenance Program) 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 program/strategy. (For example, a link to a URL.)

Does your county/subdivision have additional remediation program/strategies to report?

⊗ Yes ⊖ No



Provide the name of the remediation program/strategy.	LCCF Correctional officer to facilitate MAT Maintenace Program
Provide the name of the organization managing the remediation program/strategy.	Lebanon County Correctional Facility
Provide the name of the individual managing the remediation program/strategy.	Warden Tina Litz
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?	28056.00 (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?	523824.00 (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 ca Correctional officer to facilitate MAT Maintenace Program)? Y	tegories mostly closely describes the remediation (LCCF

- C. Pregnant & Postpartum Women
 D. Expanding Treatment for Neonatal Abstinence Syndrome ("NAS")
 E. Expansion of Warm Hand-off Programs and Recovery Services
- F. Treatment for Incarcerated Population
- G. Prevention Programs H. Expanding Syringe Service Programs
- I. Evidence-based Data Collection and Research Analyzing the Effectiveness of the Abatement Strategies within the State



Select the specific Exhibit E -- Schedule A Approved Remediation (LCCF Correctional officer to facilitate MAT Maintenace Program).

 1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service. 2. Provide education to school-based and youth-focused programs that discourage or prevent misuse. 3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders. 4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services. 		
Select the specific Exhibit E Schedule A Approved Remediati Maintenace Program).	on (LCCF Correctional officer to facilitate MAT	
 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. 2. Increase funding for jails to provide treatment to inmates with OUD. 		
Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?	⊖ Yes ⊗ No	
Is this remediation (LCCF Correctional officer to facilitate MAT Maintenace Program) 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 program/strategy. (For example, a link to a URL.)

Does your county/subdivision have additional remediation program/strategies to report?

 \otimes Yes \bigcirc No



Provide the name of the remediation program/strategy.	Adult Probation Case Manager
Provide the name of the organization managing the remediation program/strategy.	Lebanon County Adult Probation
Provide the name of the individual managing the remediation program/strategy.	Chief Audrey Fortna
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?	81809.39 (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?	1561884.19 (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 B Approved Uses ca Probation Case Manager)? You may select up to 3 options. A. Treat Opioid Use Disorder (OUD) B. Support People in Treatment and Recovery	
 C. Connect People Who Need Help to the Help They Need D. Address the Needs of Criminal Justice-Involved Persons E. Address the Needs of Pregnant or Parenting Women an Abstinence Syndrome F. Provect Over Prescribing and Fragment Approximation Parentics 	d Their Families, Including Babies with Neonatal
 F. Prevent Over-Prescribing and Ensure Appropriate Presc G. Prevent Misuse of Opioids H. Prevent Overdose Deaths and Other Harms (Harm Red I. First Responders 	

- I. First Responders
 J. Leadership, Planning and Coordination
 K. Training
- L. Research



Select the specific Exhibit E -- Schedule B Approved Remediation (Adult Probation Case Manager). You may select up to 3 options.

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

- 3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
- 4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.
- 5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
- 6. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
- 7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
- 8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
- 9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
- □ 10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
- 11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
- 12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
- 13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
- □ 14. Create and/or support recovery high schools.
- 15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.
- 🗌 99. Other

Select the specific Exhibit E -- Schedule B Approved Remediation (Adult Probation Case Manager). You may select up to 3 options.

- 1. 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: Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("PAARI").
- 1. 2. 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: Active outreach strategies such as the Drug Abuse Response Team ("DART") model.
- 1. 3. 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: "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.
- 1. 4. 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: Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("LEAD") model.
- 1. 5. 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: Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative.
- 1. 6. 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: 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 02/15/1500 of have recently left jail or prison, are on probation or parole, are under confining fifth fifth to precise the service of the ser

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.
- 2 99. Other

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?	⊖ Yes ⊗ No
Is this remediation (Adult Probation Case Manager) 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.

The probation officer's case load primarily is made up of OUD clients, however, the officer also has clients who are SUD and co-occurring. The majority of his clients are OUD.

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	

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?

informative materials.

O Yes ⊗ No

The Total Amount spent from settlement funds on all remediation programs that you have entered is \$190645.99. 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 \$3921073.13. 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

(Provide exact amount (including cents), do NOT use a comma.)

REDCap"

Future Plans #1

Note: Program information listed in this section is for reference only. This information will be reviewed by the Trust and will not be made public.

Does your county/subdivision have any future plans or \bigcirc Yes ideas on approaches to spend settlement monies that have not been implemented to date? \bigcirc No



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 = \$710748.63

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 = \$190645.99

You specified an alternate total spent = \$

The calculated total committed to all remediation programs = \$3921073.13

You specified an alternate total committed = \$_____

This is the amount left over from your allocation = \$-3400970.49

Total budgeted for all future plans entered = \$_____

