

# County Settlement Allocation Reporting

Response was added on 02/13/2024 3:27pm.

**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 Chester 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 \$3358127.34 from the Wilmington Trust.  Yes  
 No

Is this accurate?

What is the total amount of settlement funds remaining from the previous reporting period(s)? 0.00  
(This should be the same amount reported to the Trust Administrator.)  
Note: If this is your first time reporting, enter a comma.)  
0.00

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. Heather Revere

Provide the email address of the person entering the survey data. [Redacted]

Provide the phone number of the person completing this survey. [Redacted]

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. Jamie Johnson

County's primary contact email address: [Redacted]

Phone number of the county's primary contact: (610) 344-5630

**Current remediation program #1**

Provide the name of the remediation program/strategy.	International Overdose Awareness Day event
Provide the name of the organization managing the remediation program/strategy.	County of Chester Dept. of Drug and Alcohol Services
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
Provide the program/strategy manager's phone number.	(610) 344-5630
Provide the program/strategy manager's email address.	<span style="background-color: black; color: black;">[REDACTED]</span>
How much of your county's/subdivision's total allocation was spent on this remediation during this reporting period?  "Spent" is those funds that have been paid for the purposes of this program.	350.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	08-31-2017
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (International Overdose Awareness Day event)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input checked="" type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (International Overdose Awareness Day event). 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 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. 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

Sometimes programs have multiple sources of funding.  Yes  
 Did you receive any non-settlement funds for this remediation program/strategy?  No

Is this remediation (International Overdose Awareness Day event) 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. [FILE: International Overdose Aware....31.23.pdf]

Provide any other notes or comments about this remediation program/strategy. (For example, a link to a URL.)

We have been participating in International Overdose Awareness Day since 2017 to honor the lives lost and to reduce stigma related to OUD.

Does your county/subdivision have additional remediation program/strategies to report?  Yes  
 No

**Current remediation program #2**

Provide the name of the remediation program/strategy. Gaudenzia Wellness Seminar and Women with Children Conference

Provide the name of the organization managing the remediation program/strategy. Gaudenzia, Inc.

Provide the name of the individual managing the remediation program/strategy. Jacqueline Felker

Provide the program/strategy manager's phone number. [REDACTED]

Provide the program/strategy manager's email address. [REDACTED]

How much of your county's/subdivision's total allocation was spent on this remediation during this reporting period? 50000.00  
(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

When did this program begin? 10-01-1994

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 categories mostly closely describes the remediation (Gaudenzia Wellness Seminar and Women with Children Conference)? 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 (Connections to Care)
- D. Address the Needs of Criminal Justice-Involved Persons
- E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
- F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
- G. Prevent Misuse of Opioids
- H. Prevent Overdose Deaths and Other Harms (Harm Reduction)
- I. First Responders
- J. Leadership, Planning and Coordination
- K. Training
- L. Research

Select the specific Exhibit E -- Schedule B Approved Remediation (Gaudenzia Wellness Seminar and Women with Children Conference). You may select up to 3 options.

- 1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women-or women who could become pregnant-who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
- 2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
- 3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
- 4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.
- 5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
- 6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
- 7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
- 8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
- 9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
- 10. Provide support for Children's Services-Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.
- 99. Other

Sometimes programs have multiple sources of funding.  Yes  
 Did you receive any non-settlement funds for this remediation program/strategy?  No

Is this remediation (Gaudenzia Wellness Seminar and Women with Children Conference) 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 conference addressed both OUD and various mental health issues for this priority population.

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: Gaudenzia Women with Childre...eminar.pdf]

Provide any other notes or comments about this remediation program/strategy. (For example, a link to a URL.)

We are pleased to address the various issues with this priority population to the stakeholders attending.  
 URL: <https://www.gaudenzia.org/gaudenzia-hosts-29th-annual-women-and-childrens-conference/>

Does your county/subdivision have additional remediation program/strategies to report?  Yes  
 No



---

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?  Yes  No

---

Is this remediation (Naloxone/Narcan) 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.)

We have recently become a designated POPP recognized entity, therefore we no longer need to budget for Narcan in future periods since it will be provided through PCCD.

---

Does your county/subdivision have additional remediation program/strategies to report?  Yes  No

**Current remediation program #4**

Provide the name of the remediation program/strategy. Narcan kit supplies

Provide the name of the organization managing the remediation program/strategy. Chester County SCA

Provide the name of the individual managing the remediation program/strategy. Jamie Johnson

Provide the program/strategy manager's phone number. [REDACTED]

Provide the program/strategy manager's email address. [REDACTED]

How much of your county's/subdivision's total allocation was spent on this remediation during this reporting period? 6871.34 (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? 08-15-2019

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 categories mostly closely describes the remediation (Narcan kit supplies)? You may select up to 3 options.

- 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 ("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 (Narcan kit supplies).

- 1. Expand training for first responders, schools, community support groups and families.
- 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

---

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?  Yes  
 No

---

Is this remediation (Narcan kit supplies) 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.)

Cost is for bags for Narcan kits for community distribution.

---

Does your county/subdivision have additional remediation program/strategies to report?  Yes  
 No

**Current remediation program #5**

Provide the name of the remediation program/strategy.	Medication Lock Boxes
Provide the name of the organization managing the remediation program/strategy.	Chester County SCA
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	24977.51 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	01-10-2015
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Medication Lock Boxes)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input checked="" type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Medication Lock Boxes). You may select up to 3 options.

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
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 (Medication Lock Boxes) 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.)

Medication lock boxes are distributed to providers and community members to prevent overdoses and/or misuse of opiates.

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

Yes  
 No

**Current remediation program #6**

Provide the name of the remediation program/strategy.	Social Recovery Event for Families
Provide the name of the organization managing the remediation program/strategy.	Chester County SCA
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	1197.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Social Recovery Event for Families)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input checked="" type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Social Recovery Event for Families). 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

Sometimes programs have multiple sources of funding.  
Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

Is this remediation (Social Recovery Event for Families) 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. [FILE: THW.pdf]

Provide any other notes or comments about this remediation program/strategy. (For example, a link to a URL.)

This supports people in recovery to include families and grandfamilies raising a child due to an opiate fatality.

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

- Yes  
 No

**Current remediation program #7**

Provide the name of the remediation program/strategy.	Recovery Support Literature
Provide the name of the organization managing the remediation program/strategy.	Chester County SCA
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	4927.50 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Recovery Support Literature)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input checked="" type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Recovery Support Literature). 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 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. 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

Sometimes programs have multiple sources of funding.  
Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

Is this remediation (Recovery Support Literature) 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.)

Supports people in recovery with identified pathway.

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

- Yes  
 No

**Current remediation program #8**

Provide the name of the remediation program/strategy.	Media Campaign
Provide the name of the organization managing the remediation program/strategy.	Chester County SCA
Provide the name of the individual managing the remediation program/strategy.	Kathy Collier
Provide the program/strategy manager's phone number.	(610) 344-6032
Provide the program/strategy manager's email address.	<span style="background-color: black; color: black;">[REDACTED]</span>
How much of your county's/subdivision's total allocation was spent on this remediation during this reporting period?  "Spent" is those funds that have been paid for the purposes of this program.	3070.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	07-01-2018
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input checked="" type="radio"/> Schedule A <input type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (Media Campaign)? You may select up to 3 options.	
<input type="checkbox"/> A. Naloxone or other FDA-Approved Drug to Reverse Opioid overdoses <input type="checkbox"/> B. Medication-assisted Treatment ("MAT") Distribution and other Opioid-Related Treatment <input type="checkbox"/> C. Pregnant & Postpartum Women <input type="checkbox"/> D. Expanding Treatment for Neonatal Abstinence Syndrome ("NAS") <input type="checkbox"/> E. Expansion of Warm Hand-off Programs and Recovery Services <input type="checkbox"/> F. Treatment for Incarcerated Population <input checked="" type="checkbox"/> G. Prevention Programs <input type="checkbox"/> H. Expanding Syringe Service Programs <input type="checkbox"/> 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 (Media Campaign).

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.
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.

---

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

---

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 source(s).

(This question is voluntary and not required.)

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

---

Is this remediation (Media Campaign) 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.)

Media Campaign for medication safety.

---

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

- Yes  
 No

**Current remediation program #9**

Provide the name of the remediation program/strategy.	Community Recovery Resources
Provide the name of the organization managing the remediation program/strategy.	Chester County SCA
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	25025.04 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	6035.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	07-01-1990
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Community Recovery Resources)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input checked="" type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Community Recovery Resources ). You may select up to 3 options.

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.
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 (Community Recovery Resources ) 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.

[FILE: Family Help Book - 7.23 FINAL.pdf]

Provide any other notes or comments about this remediation program/strategy. (For example, a link to a URL.)

Family Guide is available in English and Spanish to provide recovery resources to community members and stakeholders.

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

Yes  
 No

**Current remediation program #10**

Provide the name of the remediation program/strategy.	Warm Hand Off Expansion
Provide the name of the organization managing the remediation program/strategy.	Holcomb Behavioral Health
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
Provide the program/strategy manager's phone number.	[REDACTED]
Provide the program/strategy manager's email address.	[REDACTED]
How much of your county's/subdivision's total allocation was spent on this remediation during this reporting period?  "Spent" is those funds that have been paid for the purposes of this program.	69529.73 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	135240.27 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	04-01-2018
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input checked="" type="radio"/> Schedule A <input type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (Warm Hand Off Expansion)? You may select up to 3 options.	
<input type="checkbox"/> A. Naloxone or other FDA-Approved Drug to Reverse Opioid overdoses <input type="checkbox"/> B. Medication-assisted Treatment ("MAT") Distribution and other Opioid-Related Treatment <input type="checkbox"/> C. Pregnant & Postpartum Women <input type="checkbox"/> D. Expanding Treatment for Neonatal Abstinence Syndrome ("NAS") <input checked="" type="checkbox"/> E. Expansion of Warm Hand-off Programs and Recovery Services <input type="checkbox"/> F. Treatment for Incarcerated Population <input type="checkbox"/> G. Prevention Programs <input type="checkbox"/> H. Expanding Syringe Service Programs <input type="checkbox"/> 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 (Warm Hand Off Expansion).

- 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.
- 5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

---

Sometimes programs have multiple sources of funding.  Yes  
Did you receive any non-settlement funds for this remediation program/strategy?  No

---

What other source(s) of funding are being used?  Organization  
Check all that apply.  Municipal  
 County  
 State  
 Federal  
 Other

---

Please enter the amount received from other funding source(s). \_\_\_\_\_  
(This question is voluntary and not required.) (Provide exact amount (including cents), do NOT use a comma.)

---

Is this remediation (Warm Hand Off Expansion) 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. [FILE: COPE Brochure 7.23.pdf]

---

Provide any other notes or comments about this remediation program/strategy. (For example, a link to a URL.)  
The expansion includes a warm hand-off from OB-GYN and primary care physician offices.

---

Does your county/subdivision have additional remediation program/strategies to report?  Yes  
 No

**Current remediation program #11**

Provide the name of the remediation program/strategy.	Valley Creek Crisis stabilization
Provide the name of the organization managing the remediation program/strategy.	Holcomb Behavioral Health
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	8708.57 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	26291.43 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	02-01-2010
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Valley Creek Crisis stabilization)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input checked="" type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Valley Creek Crisis stabilization).  
You may select up to 3 options.

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.
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 (Valley Creek Crisis stabilization) 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.

Supports co-occurring SUD and mental health conditions.

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.

---

Provide any other notes or comments about this remediation program/strategy. (For example, a link to a URL.)

<https://chimes.org/about/chimes-family/holcomb-behavioral-health-systems/chester-county-crisis-services/>

---

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

- Yes
- No

**Current remediation program #12**

Provide the name of the remediation program/strategy.	Prevent Future Overdoses (Toxicology Testing)
Provide the name of the organization managing the remediation program/strategy.	Chester County Coroner's Office
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	57209.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	82791.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Prevent Future Overdoses (Toxicology Testing))? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input checked="" type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Prevent Future Overdoses (Toxicology Testing)). You may select up to 3 options.

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.
99. Other

Sometimes programs have multiple sources of funding.  Yes  
Did you receive any non-settlement funds for this remediation program/strategy?  No

Is this remediation (Prevent Future Overdoses (Toxicology Testing)) 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.)

The Provider can request to cover the cost of expanded toxicology for all suspected drug related deaths and other cases as deemed appropriate to determine the cause and manner of death. The ability to perform expanded toxicology at the Provider's discretion will allow for more accurate tracking of deaths and drug trends in Chester County, providing a higher quality of service for its citizens. It will not only support the Provider in determining drug or medication use as the main cause of death, but also for the detection of drug use in other non-suspected drug deaths where it may ultimately be determined to be a contributing factor. Expanded toxicology allows for a more complete and accurate determination in a way that previous basic toxicology testing did not allow for.

Does your county/subdivision have additional remediation program/strategies to report?  Yes  
 No

**Current remediation program #13**

Provide the name of the remediation program/strategy.	Expanded testing
Provide the name of the organization managing the remediation program/strategy.	Chester County Adult Probation Office
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	36051.20 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	213948.80 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Expanded testing)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input checked="" type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Expanded testing). You may select up to 3 options.

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.
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 (Expanded testing) 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.)

The Provider shall make available extend hours for drug testing to begin at 7:30 to 6:30p. The additional hours will support those who are employed to stay working and test before (or after) work. With the additional this would also allow those coming out of jail or into advanced phases to have confidence when they find a job (as required), they will have the ability to test before and after work.

This may also include testing for Opiates and Fentanyl (2 separate tests) as deemed appropriate by APO.

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

Yes  
 No

**Current remediation program #14**

Provide the name of the remediation program/strategy.	Equestrian Recovery Supports
Provide the name of the organization managing the remediation program/strategy.	Gateway Horse Works
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	11622.71 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	2451.72 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Equestrian Recovery Supports)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input checked="" type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Equestrian Recovery Supports). 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 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. 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

Sometimes programs have multiple sources of funding.  
Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

Is this remediation (Equestrian Recovery Supports) 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.

[FILE: Gateway-Breaking Free One Sheet.pdf]

Provide any other notes or comments about this remediation program/strategy. (For example, a link to a URL.)

Service is to help the person in recovery to engage in the level of care and to improve their commitment in recovery.

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

- Yes  
 No

**Current remediation program #15**

Provide the name of the remediation program/strategy.	MAT in Chester County Prison
Provide the name of the organization managing the remediation program/strategy.	Primecare Medical
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
Provide the program/strategy manager's phone number.	[REDACTED]
Provide the program/strategy manager's email address.	[REDACTED]
How much of your county's/subdivision's total allocation was spent on this remediation during this reporting period?  "Spent" is those funds that have been paid for the purposes of this program.	209260.49 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	497976.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input checked="" type="radio"/> Schedule A <input type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (MAT in Chester County Prison)? You may select up to 3 options.	<input type="checkbox"/> A. Naloxone or other FDA-Approved Drug to Reverse Opioid overdoses <input type="checkbox"/> B. Medication-assisted Treatment ("MAT") Distribution and other Opioid-Related Treatment <input type="checkbox"/> C. Pregnant & Postpartum Women <input type="checkbox"/> D. Expanding Treatment for Neonatal Abstinence Syndrome ("NAS") <input type="checkbox"/> E. Expansion of Warm Hand-off Programs and Recovery Services <input checked="" type="checkbox"/> F. Treatment for Incarcerated Population <input type="checkbox"/> G. Prevention Programs <input type="checkbox"/> H. Expanding Syringe Service Programs <input type="checkbox"/> 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 (MAT in Chester County Prison).	<input checked="" type="checkbox"/> 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. <input type="checkbox"/> 2. Increase funding for jails to provide treatment to inmates with OUD.

---

Sometimes programs have multiple sources of funding.  Yes  
Did you receive any non-settlement funds for this  No  
remediation program/strategy?

---

Is this remediation (MAT in Chester County Prison)  Yes  
effort still active?  No

---

Does this effort have a dual role? For example, does  Yes  
the remediation target treating opioid use and  No  
treatment of a mental health diagnosis.

---

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.)

PCM will provide medical evaluation, medication, counseling and discharge planning to assist with the MAT program to individuals identified as viable candidates. Viable candidates are identified after an assessment by qualified professionals to meet the DSM-5 criteria for Substance/Opioid Use Disorder, all individuals receiving MAT will be evaluated by appropriately credentialed health care providers following an established procedure and will be followed by the Licensed and/or Credentialed Substance Abuse Counselor and case manager to coordinate programming, counseling, mental health services, and provide for discharge planning.

---

Does your county/subdivision have additional  Yes  
remediation program/strategies to report?  No

**Current remediation program #16**

Provide the name of the remediation program/strategy.	Community Mobilization
Provide the name of the organization managing the remediation program/strategy.	Chester County Department of Drug and Alcohol
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	80000.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	03-01-1999
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Community Mobilization)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input checked="" type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Community Mobilization). You may select up to 3 options.

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
99. Other

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

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 source(s).

(This question is voluntary and not required.)

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

Is this remediation (Community Mobilization) 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.)

Includes various meetings with community groups/members, coalitions or other professionals. Community meetings or coalitions may be comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers and other community activists who are mobilizing at the local level to make their communities safer, healthier and drug-free. Multi-agency collaboration refers to meetings with other agencies or professionals in which the purpose of the meeting is to have a direct impact on substance use prevention at the community/local level. Technical assistance includes attendance by prevention staff at a meeting in order to provide services, expertise or perspective that helps strengthen or enhance activities to promote prevention.

Implementing tasks to determine the need for prevention services, identify at-risk and high-risk populations, or determine priority prevention populations for service delivery. Examples are: • Conducting community prevention needs assessments, which includes focus groups, interviews, etc. • Conducting/administering surveys to assess community needs.

---

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

Yes  
 No

**Current remediation program #17**

Provide the name of the remediation program/strategy.	Prevention Media Campaign
Provide the name of the organization managing the remediation program/strategy.	Chester County Department of Drug and Alcohol Services
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	5408.34 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	34591.66 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input checked="" type="radio"/> Schedule A <input type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (Prevention Media Campaign)? You may select up to 3 options.	
<input type="checkbox"/> A. Naloxone or other FDA-Approved Drug to Reverse Opioid overdoses <input type="checkbox"/> B. Medication-assisted Treatment ("MAT") Distribution and other Opioid-Related Treatment <input type="checkbox"/> C. Pregnant & Postpartum Women <input type="checkbox"/> D. Expanding Treatment for Neonatal Abstinence Syndrome ("NAS") <input type="checkbox"/> E. Expansion of Warm Hand-off Programs and Recovery Services <input type="checkbox"/> F. Treatment for Incarcerated Population <input checked="" type="checkbox"/> G. Prevention Programs <input type="checkbox"/> H. Expanding Syringe Service Programs <input type="checkbox"/> 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 (Prevention Media Campaign).

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.
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.

---

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?  Yes  No

---

Is this remediation (Prevention Media Campaign) 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.)

Development and dissemination of printed materials such as flyers, brochures and newsletters. Also includes the development of materials such as flyers, brochures, newsletters that will be disseminated via email. Development and dissemination of content for websites, blogs and social media.

---

Does your county/subdivision have additional remediation program/strategies to report?  Yes  No

**Current remediation program #18**

Provide the name of the remediation program/strategy.	Family Education Program
Provide the name of the organization managing the remediation program/strategy.	Be a Part of the Conversation
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	8334.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	1666.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	03-15-2021
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Family Education Program)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input checked="" type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Family Education Program). You may select up to 3 options.

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
99. Other

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

What other source(s) of funding are being used?

- Organization  
 Municipal  
 County  
 State  
 Federal  
 Other

Check all that apply.

Please enter the amount received from other funding source(s).

(This question is voluntary and not required.)

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

Is this remediation (Family Education 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.)

<https://conversation.zone/frc/>

Structured classes and programs intended to assist parents and families in addressing substance use risk factors, implementing protective factors and/or learning about the effects of substance use on individuals and families. Topics typically include parenting skills, family communications, decision-making skills, conflict resolution, family substance use risk factors, family protective factors and related topics.

---

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

Yes  
 No

**Current remediation program #19**

Provide the name of the remediation program/strategy.	SAP School Programs
Provide the name of the organization managing the remediation program/strategy.	Devereux Advanced Behavioral Health
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	69000.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	07-01-2020
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input checked="" type="radio"/> Schedule A <input type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (SAP School Programs)? You may select up to 3 options.	
<input type="checkbox"/> A. Naloxone or other FDA-Approved Drug to Reverse Opioid overdoses <input type="checkbox"/> B. Medication-assisted Treatment ("MAT") Distribution and other Opioid-Related Treatment <input type="checkbox"/> C. Pregnant & Postpartum Women <input type="checkbox"/> D. Expanding Treatment for Neonatal Abstinence Syndrome ("NAS") <input type="checkbox"/> E. Expansion of Warm Hand-off Programs and Recovery Services <input type="checkbox"/> F. Treatment for Incarcerated Population <input checked="" type="checkbox"/> G. Prevention Programs <input type="checkbox"/> H. Expanding Syringe Service Programs <input type="checkbox"/> I. Evidence-based Data Collection and Research Analyzing the Effectiveness of the Abatement Strategies within the State	



Provide any other notes or comments about this remediation program/strategy. (For example, a link to a URL.)

SAP School Programs include:

SAP Core Team Meetings - Structured core team consultation meetings. Only counted when the SAP Liaison is present at the meeting.

SAP Parent Meeting - Refers to meetings that SAP liaisons have with parents that can include teachers and the student. These meetings may take place face to face or by phone.

SAP Student Consultation with School Staff - Involves in-person meetings with school staff such as school counselor, school nurse, teacher, principal, or other administrator to discuss issues regarding a student who has been referred to SAP. Examples are: • Meeting with teacher to discuss student's academic progress and participation • After obtaining parental permission, SAP liaison meets with school counselor to discuss a student's return to school after completing treatment.

SAP Initial Screening - Initial Screening takes place subsequent to the initial referral to the Core Team to gather information related to drug and alcohol use, mental health, and other issues to help determine if the student needs to be referred to school, community or other professional resources/services such as a drug and alcohol level of care assessment.

SAP Group - Structured programs intended to educate and support students with substance misuse or other high-risk behaviors interfering with their education and life development. The groups may address topics such as ATOD specific education, building skills and resiliency, and addressing identified risk factors.

Referral Follow-up - Refers to a follow-up meeting with an individual SAP identified student to check-in regarding their progress/status. This meeting with the student takes place after they have been referred to the core team and discussed at a core team meeting. This code also captures non-SAP follow-up meetings that may take place to meet with parents, family members, or individual to address referrals. Examples are: • Checking-in with a SAP identified student after return from school or community based treatment services • Checking-in with a SAP identified student to see if they are benefiting from the SAP group support services they were referred to • Checking-in with individuals to ensure they received the services to which they were referred

Various meetings with community groups/members, coalitions or other professionals. Community meetings or coalitions may be comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers and other community activists who are mobilizing at the local level to make their communities safer, healthier and drug-free. Multi-agency collaboration refers to meetings with other agencies or professionals in which the purpose of the meeting is to have a direct impact on substance use prevention at the community/local level. Technical assistance includes attendance by prevention staff at a meeting in order to provide services, expertise or perspective that helps strengthen or enhance activities to promote prevention.

A group or individual session with youth or adults with problematic/risky substance use behaviors to include individuals assessed as needing 0.5 Early Intervention Level of Care. Session content could include, but is not limited to, discussing use and consequences to use, setting goals, and discussing and developing skills to reach goals such as coping skills, stress management, conflict resolution, etc. The session could also include additional screening and referring individuals to other services and resources.

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

Yes

No

**Current remediation program #20**

Provide the name of the remediation program/strategy.	Prevention Awareness and Alternate Activities
Provide the name of the organization managing the remediation program/strategy.	Compass Mark
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	4022.60 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	1188.13 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	07-01-2020
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Prevention Awareness and Alternate Activities)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input checked="" type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Prevention Awareness and Alternate Activities). You may select up to 3 options.

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
99. Other

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

What other source(s) of funding are being used?

- Organization  
 Municipal  
 County  
 State  
 Federal  
 Other

Check all that apply.

Please enter the amount received from other funding source(s).

(This question is voluntary and not required.)

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

Is this remediation (Prevention Awareness and Alternate Activities) 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.)

Free Activities - exclude the use of alcohol, tobacco and other drugs. Examples are: • After-prom parties • Alcohol, tobacco and other drug-free school and community events • Recreational after school or summer camp activities • Community or youth leader recognition • Activities at a teen, community, recreation, or drop-in center.

Mentoring/Leadership Development -Structured prevention services that use peers or mentors to provide guidance, support and other risk reduction activities for youth or adults. Also includes activities or events designed to assist in the development of leadership skills. Examples are: • Tutoring programs • Coaching activities • Leadership summit • Adult-led youth groups.

<https://www.compassmark.org/addiction-resources/>

Changing Policy (Rules and Laws) - Efforts intended to change or establish environmental policies, codes, ordinances, regulations, or other laws to reduce the availability of and/or access to ATOD, or incidence or prevalence of substance use. Examples: • Advocacy efforts aimed at local, state and federal officials • Zoning ordinances to prohibit new alcohol outlets • Working with school/college officials on school/college policy change.

Changing Practices or Procedures - Efforts intended to change or establish practices and or procedures that influence substance use. Examples: • Working with law enforcement or pharmacies to install a drug take back box • Advocacy at community meetings to eliminate alcohol at public events • Working with businesses, restaurants, community event organizers, etc. to ensure minors access to alcohol is restricted and monitored (e.g. bracelets, hand stamps, signage, designated areas for alcohol) • Working with real estate agents to implement a best practice to talk with homeowners about safe medication storage during open houses.

<https://www.compassmark.org/addiction-resources/resources/know-pot/>

---

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

Yes  
 No

**Current remediation program #21**

Provide the name of the remediation program/strategy.	Information Dissemination: Stall Stories
Provide the name of the organization managing the remediation program/strategy.	Holcomb Behavioral Health
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
Provide the program/strategy manager's phone number.	[REDACTED]
Provide the program/strategy manager's email address.	[REDACTED]
How much of your county's/subdivision's total allocation was spent on this remediation during this reporting period?  "Spent" is those funds that have been paid for the purposes of this program.	1400.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	43793.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	09-01-2015
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input checked="" type="radio"/> Schedule A <input type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (Information Dissemination: Stall Stories)? You may select up to 3 options.	
<input type="checkbox"/> A. Naloxone or other FDA-Approved Drug to Reverse Opioid overdoses <input type="checkbox"/> B. Medication-assisted Treatment ("MAT") Distribution and other Opioid-Related Treatment <input type="checkbox"/> C. Pregnant & Postpartum Women <input type="checkbox"/> D. Expanding Treatment for Neonatal Abstinence Syndrome ("NAS") <input type="checkbox"/> E. Expansion of Warm Hand-off Programs and Recovery Services <input type="checkbox"/> F. Treatment for Incarcerated Population <input checked="" type="checkbox"/> G. Prevention Programs <input type="checkbox"/> H. Expanding Syringe Service Programs <input type="checkbox"/> 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 (Information Dissemination: Stall Stories).

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.
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.

---

Sometimes programs have multiple sources of funding.  Yes  
Did you receive any non-settlement funds for this remediation program/strategy?  No

---

Is this remediation (Information Dissemination: Stall Stories) 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. [FILE: Chester-County-Stall-Stories...x2000).pdf]

---

Provide any other notes or comments about this remediation program/strategy. (For example, a link to a URL.)

Development and dissemination of printed materials such as flyers, brochures and newsletters. Also includes the development of materials such as flyers, brochures, newsletters that will be disseminated via email.

Development and dissemination of content for websites, blogs and social media.

---

Does your county/subdivision have additional remediation program/strategies to report?  Yes  
 No

**Current remediation program #22**

Provide the name of the remediation program/strategy.	Information Line
Provide the name of the organization managing the remediation program/strategy.	Compass Mark
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	316.37 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	895.63 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	07-01-1994
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Information Line)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input checked="" type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Information Line).

You may select up to 3 options.

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.
99. Other

Sometimes programs have multiple sources of funding.  
Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

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 source(s).

(This question is voluntary and not required.)

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

Is this remediation (Information Line) 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 information and referral line providers information on a variety of services, including substance use disorder and mental health.

---

What percentage of the funds used in this dual role program are from this opioid settlement funds for this reporting period? 90

---

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.)

<https://www.compassmark.org/find-help/chester/>

Telephone/E-mail Information Requests - Telephone and E-mail services, provided by prevention staff, intended to provide information about substance use prevention issues and services.

Examples are: • Information and referral lines • A call from a parent requesting information about youth substance use • A call or email from a school administrator requesting information about what prevention programs/services may be available.

---

Does your county/subdivision have additional remediation program/strategies to report?  Yes  No

**Current remediation program #23**

Provide the name of the remediation program/strategy.	Prevention Community Awareness
Provide the name of the organization managing the remediation program/strategy.	Holcomb Behavioral Health
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	3940.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	09-01-2015
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Prevention Community Awareness)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input checked="" type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Prevention Community Awareness). You may select up to 3 options.

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
99. Other

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

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 source(s).

(This question is voluntary and not required.)

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

Is this remediation (Prevention Community Awareness) 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.

Work with communities to figure out the most strategic ways to raise awareness of issues, to include mental health.

What percentage of the funds used in this dual role program are from this opioid settlement funds for this reporting period?

25

---

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.)

Technical Assistance/Multi-agency Collaboration - Includes various meetings with community groups/members, coalitions or other professionals. Community meetings or coalitions may be comprised of parents, teachers, law enforcement, businesses, religious leaders, health providers and other community activists who are mobilizing at the local level to make their communities safer, healthier and drug-free. Multi-agency collaboration refers to meetings with other agencies or professionals in which the purpose of the meeting is to have a direct impact on substance use prevention at the community/local level. Technical assistance includes attendance by prevention staff at a meeting in order to provide services, expertise or perspective that helps strengthen or enhance activities to promote prevention.

---

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

- Yes
- No

**Current remediation program #24**

Provide the name of the remediation program/strategy.	Ambulatory Services
Provide the name of the organization managing the remediation program/strategy.	MVP Recovery, LLC
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	259951.47 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	234369.26 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Ambulatory Services)? You may select up to 3 options.	
<input checked="" type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input checked="" type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Ambulatory Services). You may select up to 3 options.

- 1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("MAT") approved by the U.S. Food and Drug Administration.
- 2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("ASAM") continuum of care for OUD and any co-occurring SUD/MH conditions.
- 3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
- 4. Improve oversight of Opioid Treatment Programs ("OTPs") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
- 5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
- 6. Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
- 7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
- 8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
- 9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
- 10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
- 11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
- 12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("DATA 2000") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
- 13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
- 14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.
- 99. Other

Select the specific Exhibit E -- Schedule B Approved Remediation (Ambulatory Services). 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 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. 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



**Current remediation program #25**

Provide the name of the remediation program/strategy.	Medication Assisted Treatment
Provide the name of the organization managing the remediation program/strategy.	Chester County Dept of Drug and Alcohol Services
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	3880.14 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	5734.65 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	07-01-2015
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input checked="" type="radio"/> Schedule A <input type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (Medication Assisted Treatment)? You may select up to 3 options.	
<input type="checkbox"/> A. Naloxone or other FDA-Approved Drug to Reverse Opioid overdoses <input checked="" type="checkbox"/> B. Medication-assisted Treatment ("MAT") Distribution and other Opioid-Related Treatment <input type="checkbox"/> C. Pregnant & Postpartum Women <input type="checkbox"/> D. Expanding Treatment for Neonatal Abstinence Syndrome ("NAS") <input type="checkbox"/> E. Expansion of Warm Hand-off Programs and Recovery Services <input type="checkbox"/> F. Treatment for Incarcerated Population <input type="checkbox"/> G. Prevention Programs <input type="checkbox"/> H. Expanding Syringe Service Programs <input type="checkbox"/> 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 (Medication Assisted Treatment).

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service.
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse.
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders.
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.

---

Sometimes programs have multiple sources of funding.  
Did you receive any non-settlement funds for this remediation program/strategy?

Yes  
 No

---

Is this remediation (Medication Assisted Treatment) 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.)

Chester County supports all FDA approved forms of MAT.

---

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

Yes  
 No

**Current remediation program #26**

Provide the name of the remediation program/strategy.	Transportation to Recovery Events
Provide the name of the organization managing the remediation program/strategy.	ChesCo Connect
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	10840.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Transportation to Recovery Events)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input checked="" type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Transportation to Recovery Events). 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 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. 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

Sometimes programs have multiple sources of funding.  
Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

Is this remediation (Transportation to Recovery Events) 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.

[FILE: ChescoConnect\_Brochure.pdf]

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

**Current remediation program #27**

Provide the name of the remediation program/strategy.	Recovery Housing
Provide the name of the organization managing the remediation program/strategy.	MVP Recovery
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	10000.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Recovery Housing)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input checked="" type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Recovery Housing). 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 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. 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

Sometimes programs have multiple sources of funding.  
Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

What other source(s) of funding are being used?

- Organization  
 Municipal  
 County  
 State  
 Federal  
 Other

Check all that apply.

Please enter the amount received from other funding source(s).

(This question is voluntary and not required.)

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

Is this remediation (Recovery Housing) 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.

[FILE: MVP RHChester County flyer.pdf]

---

Provide any other notes or comments about this remediation program/strategy. (For example, a link to a URL.)

Chester County funded recovery houses previously; however MVP Recovery is a new recovery house provider.

---

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

- Yes
- No

**Current remediation program #28**

Provide the name of the remediation program/strategy.	Maternal Dependency Program
Provide the name of the organization managing the remediation program/strategy.	Gaudenzia, Inc.
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	47208.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	2792.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	07-01-2015
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Maternal Dependency Program)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input checked="" type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input checked="" type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Maternal Dependency Program). 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 (Maternal Dependency Program). You may select up to 3 options.

- 1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women-or women who could become pregnant-who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
- 2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
- 3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
- 4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.
- 5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
- 6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
- 7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
- 8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
- 9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
- 10. Provide support for Children's Services-Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.
- 99. Other

---

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?  Yes  
 No

---

What other source(s) of funding are being used?  Organization  
 Municipal  
 County  
 State  
 Federal  
 Other

Check all that apply.

---

Please enter the amount received from other funding source(s).

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

(This question is voluntary and not required.)

---

Is this remediation (Maternal Dependency 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.)

Maternal Dependency Counseling and Supportive Services, including but not limited to:

- a) Provide treatment services (OP and IOP) to women and women with children that include group counseling sessions and individual counseling services.
  - b) Case Management Services to include: engagement, service planning and goal setting, linkage to needed services, assessment/evaluation, coaching, education and monitoring.
  - c) Support Services to include: outreach to clients, child care for client's children and transportation of clients to and from appointments and treatment services or to provide in-home case management/supportive services.
- 

Does your county/subdivision have additional remediation program/strategies to report?  Yes  
 No

**Current remediation program #29**

Provide the name of the remediation program/strategy.	988 Crisis Center
Provide the name of the organization managing the remediation program/strategy.	Chester County Dept of Human Services
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	300000.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (988 Crisis Center)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input checked="" type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input checked="" type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (988 Crisis Center).

You may select up to 3 options.

- 1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
- 2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
- 3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
- 4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
- 5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
- 6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
- 7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
- 8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
- 9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
- 10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
- 11. Expand warm hand-off services to transition to recovery services.
- 12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
- 13. Develop and support best practices on addressing OUD in the workplace.
- 14. Support assistance programs for health care providers with OUD.
- 15. Engage non-profits and the faith community as a system to support outreach for treatment.
- 16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.
- 99. Other

Select the specific Exhibit E -- Schedule B Approved Remediation (988 Crisis Center). 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

prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

- 6. Support critical time interventions ("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.
- 99. Other

---

Sometimes programs have multiple sources of funding.  Yes  
Did you receive any non-settlement funds for this remediation program/strategy?  No

---

Is this remediation (988 Crisis Center) 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.

988 serves behavioral health to include SUD and mental health.

---

What percentage of the funds used in this dual role program are from this opioid settlement funds for this reporting period? 50

---

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.)

Human Needs Network of Chester County (HNN):

-24/7/365 contact center for anyone in Chester County experiencing a mental or behavioral health crisis, as well as anyone seeking information on services that promote mental and behavioral health.

-Led by the Chester County Departments of Human Services, Managed Behavioral Health, Community Development, Drug and Alcohol and Mental Health / Intellectual and Development Disabilities.

---

Does your county/subdivision have additional remediation program/strategies to report?  Yes  
 No

**Current remediation program #30**

Provide the name of the remediation program/strategy.	Certified Recovery Supports
Provide the name of the organization managing the remediation program/strategy.	The Council of Southeast PA
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	89343.36 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	207407.64 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	07-01-2015
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Certified Recovery Supports)? You may select up to 3 options.	
<input checked="" type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input checked="" type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Certified Recovery Supports). You may select up to 3 options.

- 1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("MAT") approved by the U.S. Food and Drug Administration.
- 2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("ASAM") continuum of care for OUD and any co-occurring SUD/MH conditions.
- 3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
- 4. Improve oversight of Opioid Treatment Programs ("OTPs") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
- 5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
- 6. Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
- 7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.
- 8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
- 9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
- 10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
- 11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
- 12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("DATA 2000") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
- 13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
- 14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.
- 99. Other

Select the specific Exhibit E -- Schedule B Approved Remediation (Certified Recovery Supports). 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 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. 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



**Current remediation program #31**

Provide the name of the remediation program/strategy.	Project Sticker Shock
Provide the name of the organization managing the remediation program/strategy.	Holcomb Behavioral Health Services
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	1867.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	07-01-2014
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Project Sticker Shock)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input checked="" type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Project Sticker Shock). You may select up to 3 options.

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
99. Other

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

What other source(s) of funding are being used?

- Organization  
 Municipal  
 County  
 State  
 Federal  
 Other

Check all that apply.

Please enter the amount received from other funding source(s).

(This question is voluntary and not required.)

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

Is this remediation (Project Sticker Shock) 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.)

Project Sticker Shock - Designed to capitalize on community activism, cooperative efforts, and collective responsibilities to combat underage drinking and its related problems, such as adults providing alcohol to minors. Youth visit participating licensed beverage distributors and place stickers on cases of alcoholic beverages. The stickers warn that it is illegal to buy or provide alcohol for anyone under 21.

---

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

- Yes
- No

**Current remediation program #32**

Provide the name of the remediation program/strategy.	Prevention Information Dissemination
Provide the name of the organization managing the remediation program/strategy.	Compass Mark
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	37458.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	07-01-2020
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Prevention Information Dissemination)? You may select up to 3 options.	
<input type="checkbox"/> A. Treat Opioid Use Disorder (OUD) <input type="checkbox"/> B. Support People in Treatment and Recovery <input type="checkbox"/> C. Connect People Who Need Help to the Help They Need (Connections to Care) <input type="checkbox"/> D. Address the Needs of Criminal Justice-Involved Persons <input type="checkbox"/> E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome <input type="checkbox"/> F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids <input checked="" type="checkbox"/> G. Prevent Misuse of Opioids <input type="checkbox"/> H. Prevent Overdose Deaths and Other Harms (Harm Reduction) <input type="checkbox"/> I. First Responders <input type="checkbox"/> J. Leadership, Planning and Coordination <input type="checkbox"/> K. Training <input type="checkbox"/> L. Research	

Select the specific Exhibit E -- Schedule B Approved Remediation (Prevention Information Dissemination). You may select up to 3 options.

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
99. Other

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

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 source(s).

(This question is voluntary and not required.)

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

Is this remediation (Prevention Information Dissemination) 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.)

<https://www.compassmark.org/addiction-resources/>

Development and dissemination of printed materials such as flyers, brochures and newsletters. Also includes the development of materials such as flyers, brochures, newsletters that will be disseminated via email.

Web-based Media Development and Dissemination - Development of content for websites, blogs and social media.

Health Promotion - A wide array of services and methods for dissemination of information intended to inform individuals, schools, families and communities about specific substance use and health-related risks, risk reduction activities and other activities to promote positive and healthy lifestyles. An important purpose of participation in these activities is networking and building relationships with potential partners. Examples are: • Health fairs • Community events

---

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

- Yes
- No

**Current remediation program #33**

Provide the name of the remediation program/strategy.	Prevention Evidence Based Education
Provide the name of the organization managing the remediation program/strategy.	Compass Mark
Provide the name of the individual managing the remediation program/strategy.	Jamie Johnson
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?  "Spent" is those funds that have been paid for the purposes of this program.	0.00 (Provide exact amount (including cents), do NOT use a comma.)
How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?  "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.	32622.00 (Provide exact amount (including cents), do NOT use a comma.)
Was this remediation program in place prior to receiving the Opioid funding?	<input checked="" type="radio"/> Yes <input type="radio"/> No
When did this program begin?	07-01-2020
Will you be reporting information on the remediation program/strategy using Schedule A or B?	<input checked="" type="radio"/> Schedule A <input type="radio"/> Schedule B
Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (Prevention Evidence Based Education)? You may select up to 3 options.	
<input type="checkbox"/> A. Naloxone or other FDA-Approved Drug to Reverse Opioid overdoses <input type="checkbox"/> B. Medication-assisted Treatment ("MAT") Distribution and other Opioid-Related Treatment <input type="checkbox"/> C. Pregnant & Postpartum Women <input type="checkbox"/> D. Expanding Treatment for Neonatal Abstinence Syndrome ("NAS") <input type="checkbox"/> E. Expansion of Warm Hand-off Programs and Recovery Services <input type="checkbox"/> F. Treatment for Incarcerated Population <input checked="" type="checkbox"/> G. Prevention Programs <input type="checkbox"/> H. Expanding Syringe Service Programs <input type="checkbox"/> 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 (Prevention Evidence Based Education).

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.
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.

Sometimes programs have multiple sources of funding. Did you receive any non-settlement funds for this remediation program/strategy?

- Yes  
 No

What other source(s) of funding are being used?

- Organization  
 Municipal  
 County  
 State  
 Federal  
 Other

Check all that apply.

Please enter the amount received from other funding source(s).

(This question is voluntary and not required.)

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

Is this remediation (Prevention Evidence Based Education) 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.)

<https://www.compassmark.org/addiction-resources/>

Classroom Educational Services - Prevention curricula, lessons, seminars, or workshops that are recurring and are presented primarily in a school or college classroom.

Education Services- Structured substance use prevention lessons, seminars, or workshops directed to a variety of youth and/or adults, as well as, organizations.

Parenting/Family Management Services - Structured classes and programs intended to assist parents and families in addressing substance use risk factors, implementing protective factors and/or learning about the effects of substance use on individuals and families. Topics typically include parenting skills, family communications, decision-making skills, conflict resolution, family substance use risk factors, family protective factors and related topics. Examples are:

- Parenting and family management classes
- Prevention programs targeting the family
- Programs designed to strengthen families (e.g. Strengthening Families Program)

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

- Yes  
 No

**Current remediation program #70**

The Total Amount spent from settlement funds on all remediation programs that you have entered is \$973034.37. 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 \$2042899.19. 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.)

## 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 ideas on approaches to spend settlement monies that have not been implemented to date?  Yes  
 No

Name of Future Plan: Mini Grants for Faith Based and Community Organizations

What is the total budgeted cost of the future remediation program/strategy? 100000.00  
(Provide exact amount (including cents), do NOT use a comma.)

Does your county/subdivision have sufficient information to complete a Schedule A or B report for future plan?  Yes  
 No

Will you be reporting information on a future remediation program/strategy using Schedule A or B?  Schedule A  
 Schedule B

Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the future remediation?

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 (Connections to Care)
- D. Address the Needs of Criminal Justice-Involved Persons
- E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
- F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
- G. Prevent Misuse of Opioids
- H. Prevent Overdose Deaths and Other Harms (Harm Reduction)
- I. First Responders
- J. Leadership, Planning and Coordination
- K. Training
- L. Research

Select the specific Exhibit E -- Schedule B Approved future Remediation.

You may select up to 3 options.

- 1. Funding media campaigns to prevent opioid misuse.
- 2. Corrective advertising or affirmative public education campaigns based on evidence.
- 3. Public education relating to drug disposal.
- 4. Drug take-back disposal or destruction programs.
- 5. Funding community anti-drug coalitions that engage in drug prevention efforts.
- 6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("SAMHSA").
- 7. Engaging non-profits and faith-based communities as systems to support prevention.
- 8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent teacher and student associations, and others.
- 9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
- 10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
- 11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
- 12. Support greater access to mental health services and supports for young people, including services and

supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

99. Other

---

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

Yes  
 No

## Future Plans #2

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.

Name of Future Plan:	Supports People and Families in Recovery
What is the total budgeted cost of the future remediation program/strategy?	220000.00 (Provide exact amount (including cents), do NOT use a comma.)
Does your county/subdivision have sufficient information to complete a Schedule A or B report for future plan?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Will you be reporting information on a future remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B

Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the future remediation?

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 (Connections to Care)
- D. Address the Needs of Criminal Justice-Involved Persons
- E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
- F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
- G. Prevent Misuse of Opioids
- H. Prevent Overdose Deaths and Other Harms (Harm Reduction)
- I. First Responders
- J. Leadership, Planning and Coordination
- K. Training
- L. Research

Select the specific Exhibit E -- Schedule B Approved future Remediation. 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 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. 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

---

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

- Yes
- No

### Future Plans #3

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.

Name of Future Plan:	Provider and Medical Professionals Training
What is the total budgeted cost of the future remediation program/strategy?	22193.78 (Provide exact amount (including cents), do NOT use a comma.)
Does your county/subdivision have sufficient information to complete a Schedule A or B report for future plan?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Will you be reporting information on a future remediation program/strategy using Schedule A or B?	<input type="radio"/> Schedule A <input checked="" type="radio"/> Schedule B

Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the future remediation?

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 (Connections to Care)
- D. Address the Needs of Criminal Justice-Involved Persons
- E. Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome
- F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
- G. Prevent Misuse of Opioids
- H. Prevent Overdose Deaths and Other Harms (Harm Reduction)
- I. First Responders
- J. Leadership, Planning and Coordination
- K. Training
- L. Research

Select the specific Exhibit E -- Schedule B Approved future Remediation.

You may select up to 3 options.

- 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.).
- 99. Other

Does your county/subdivision have additional future remediation program/strategies to report?	<input type="radio"/> Yes <input checked="" type="radio"/> 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 = \$3358127.34

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 = \$973034.37

You specified an alternate total spent = \$\_\_\_\_\_

The calculated total committed to all remediation programs = \$2042899.19

You specified an alternate total committed = \$\_\_\_\_\_

This is the amount left over from your allocation = \$342193.78

Total budgeted for all future plans entered = \$342193.78