

# County Settlement Allocation Reporting

AAA



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 Lancaster County.

Reporting Period Start Date:

08-01-2022 M-D-Y

*For the Baseline report please use August 1, 2022.*

Reporting Period End date:

12-31-2023 M-D-Y

*For the Baseline report please use December 31, 2023.*

According to our records, your county/subdivision has received \$2670906.07 from the Wilmington Trust.

- Yes  
 No

Is this accurate?

What is the total amount of settlement funds **remaining** from the previous reporting period(s)?  
*(This should be the same amount reported to the Trust Administrator.)*

0.00

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

**Note:** *If this is your first time reporting, enter 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

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## 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](#) (373.6 kB)

Name of the person completing this survey.

Provide the email address of the person entering the survey data.

Provide the phone number of the person completing this survey.

I am certifying that all funds received and distributed were used in accordance with Exhibit E.

Yes  
 No

\* must provide value

Name of the county's primary contact for proposals for services/products related to opioid remediation.

\* must provide value

County's primary contact email address:

\* must provide value

Phone number of the county's primary contact:

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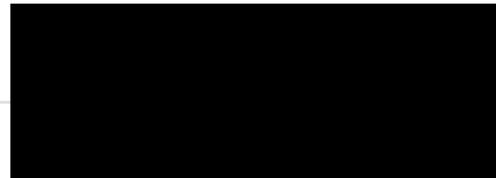
## Current remediation program #1

Provide the name of the remediation program/strategy.

Provide the name of the organization managing the remediation program/strategy.

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

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?

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?

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?

M-D-Y

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 (MAT Costs)? 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 (MAT Costs).**

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

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

**Is this remediation (MAT Costs) effort still active?**  Yes  No

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

**If able, please upload any relevant background information about this program such as a brief description, RFP (Request for Proposal), or other informative materials.**

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

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

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## Current remediation program #2

Provide the name of the remediation program/strategy.

BHDS Staffing

Provide the name of the organization managing the remediation program/strategy.

Lancaster County BHDS Division

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

Judy Erb

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?

69036.76

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

*"Spent" is those funds that have been paid for the purposes of this program.*

How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?

0.00

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

*"Committed" is those funds that have a signed or awarded contract or memorandum of understanding but not yet spent. Do not include spent funds in this amount.*

Was this remediation program in place prior to receiving the Opioid funding?

- Yes  
 No

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

- Schedule A  
 Schedule B

Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (BHDS Staffing)? 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 (BHDS Staffing).**

- 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 (BHDS Staffing) effort still active?**

- Yes  
 No

**Does this effort have a dual role? For example, does the remediation target treating opioid use and treatment of a mental health diagnosis.**

- Yes  
 No

**If able, please upload any relevant background information about this program such as a brief description, RFP (Request for Proposal), or other informative materials.**

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

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

- Yes  
 No

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## Current remediation program #3

Provide the name of the remediation program/strategy.

Blueprints for Addiction Recovery

Provide the name of the organization managing the remediation program/strategy.

District Attorney Offices

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

District Attorney Heather Adams

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?

75656.20

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

*"Spent" is those funds that have been paid for the purposes of this program.*

How much of your county's/subdivision's total allocation was committed to this remediation during this reporting period?

0.00

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

*"Committed" is those funds that have a signed or awarded contract or memorandum of understanding but not yet spent. Do not include spent funds in this amount.*

Was this remediation program in place prior to receiving the Opioid funding?

Yes  
 No

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

Schedule A  
 Schedule B

Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (Blueprints for Addiction Recovery)? 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 (Blueprints for Addiction Recovery).**

- 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. Did you receive any non-settlement funds for this remediation program/strategy?**  Yes  No

**Is this remediation (Blueprints for Addiction Recovery) effort still active?**  Yes  No

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

**If able, please upload any relevant background information about this program such as a brief description, RFP (Request for Proposal), or other informative materials.**

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

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

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## Current remediation program #4

Provide the name of the remediation program/strategy.

Drug and Alcohol Staffing

Provide the name of the organization managing the remediation program/strategy.

Lancaster County Drug and Alcohol Division

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

Rick Kastner

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?

140000.00

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?

70000.00

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

*"Committed" is those funds that have a signed or awarded contract or memorandum of understanding but not yet spent. Do not include spent funds in this amount.*

Was this remediation program in place prior to receiving the Opioid funding?

Yes  
 No

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

Schedule A  
 Schedule B

Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (Drug and Alcohol Staffing)? 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 (Drug and Alcohol Staffing).**

- 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 (Drug and Alcohol Staffing) effort still active?**

- Yes
- No

**Does this effort have a dual role? For example, does the remediation target treating opioid use and treatment of a mental health diagnosis.**

- Yes
- No

**If able, please upload any relevant background information about this program such as a brief description, RFP (Request for Proposal), or other informative materials.**

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

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

- Yes
- No

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## Current remediation program #5

Provide the name of the remediation program/strategy.

Community Prosecutor Program

Provide the name of the organization managing the remediation program/strategy.

District Attorney offices

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

District Attorney Adams

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?

58796.00

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?

25968.00

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

*"Committed" is those funds that have a signed or awarded contract or memorandum of understanding but not yet spent. Do not include spent funds in this amount.*

Was this remediation program in place prior to receiving the Opioid funding?

Yes  
 No

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

Schedule A  
 Schedule B

Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (Community Prosecutor Program)? 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 (Community Prosecutor Program).**

- 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. Did you receive any non-settlement funds for this remediation program/strategy?**

- Yes
- No

**Is this remediation (Community Prosecutor Program) effort still active?**

- Yes
- No

**Does this effort have a dual role? For example, does the remediation target treating opioid use and treatment of a mental health diagnosis.**

- Yes
- No

**If able, please upload any relevant background information about this program such as a brief description, RFP (Request for Proposal), or other informative materials.**

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

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

- Yes
- No

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## Current remediation program #6

Provide the name of the remediation program/strategy.

Other Programs

Provide the name of the organization managing the remediation program/strategy.

Commissioner's Offices

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

Pat Mulligan

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?

0.00

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?

5329.00

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

*"Committed" is those funds that have a signed or awarded contract or memorandum of understanding but not yet spent. Do not include spent funds in this amount.*

Was this remediation program in place prior to receiving the Opioid funding?

Yes  
 No

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

Schedule A  
 Schedule B

Select which of the Exhibit E -- Schedule A Approved Uses categories mostly closely describes the remediation (Other Programs)? 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 (Other Programs).**

- 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 (Other Programs) effort still active?**

- Yes
- No

**Does this effort have a dual role? For example, does the remediation target treating opioid use and treatment of a mental health diagnosis.**

- Yes
- No

**If able, please upload any relevant background information about this program such as a brief description, RFP (Request for Proposal), or other informative materials.**

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

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

- Yes
- No

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## Total Amounts from settlement funds on confirmed remediation programs

The Total Amount spent from settlement funds on all remediation programs that you have entered is \$468548.96. 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 \$176297. Please review and indicate whether you agree that this is the total committed.

- Yes  
 No

*"Committed" is those funds that have a signed or awarded contract or memorandum of understanding but not yet spent.*

Please enter an alternate committed total if you disagree:

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

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## Future Plans #1

**Note: Program information listed in this section is for 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

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This is the final page; please remember to click "Submit" (if you are finished) or "Save & Return" (if you wish to return later).

A summary of your totals follows. You may wish to print this page for your records.

According to our records, your county/subdivision has received = \$2670906.07

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 = \$468548.96

The calculated total committed to all remediation programs = \$176297

This is the amount left over from your allocation = \$2026060.11

Total budgeted for all future plans entered = \$ \_\_\_\_\_

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