

County Settlement Allocation Reporting

Response was added on 02/15/2024 9:57pm.

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 Philadelphia 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 \$33733525.53 from the Wilmington Trust. Yes No

Is this accurate?

What is the total amount of settlement funds remaining from the previous reporting period(s)? (This should be the same amount reported to the Trust Administrator.) Note: If this is your first time reporting, enter 0.00. 0.00 (Provide exact amount (including cents), do NOT use a comma.)

Participating Subdivisions are required to report any funds not used for opioid remediation to the National Administrators every six (6) months. Has your county or subdivision reported any non-opioid remediation spending during the reporting period? Yes No

Are you applying for an extension to expend funds further than the 18-month spending window? Yes No

Implemented Remediation Program(s) and Strategy(s)

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

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

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


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

Reference Copy of Schedule A and B

[Attachment: "Exhibit-E-List-of-Opioid-Remediation-Uses.pdf"]

Name of the person completing this survey. Noelle Foizen

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

Provide the phone number of the person completing this survey. 

I am certifying that all funds received and distributed were used in accordance with Exhibit E. Yes
 No

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

County's primary contact email address: 

Phone number of the county's primary contact: 

Current remediation program #1

Provide the name of the remediation program/strategy.	Housing First Initiatives
Provide the name of the organization managing the remediation program/strategy.	City of Philadelphia Office of Homeless Services
Provide the name of the individual managing the remediation program/strategy.	David Holloman, Executive Director
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.	4482851.00 (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.	40086.00 (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?	03-15-2022
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 (Housing First Initiatives)? 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 (Housing First Initiatives). 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?
 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 (Housing First Initiatives) 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 Office of Homeless Services funded 400 innovative Housing First slots to support people experiencing homelessness at different stages of substance misuse. Programs include low-barrier, tenant-based housing and housing to support individuals and couples. The purpose of the Housing First initiatives is to interrupt cycles of homelessness, provide stability in outpatient treatment and open paths towards long-term recovery. In addition, funds were used to provide wraparound services and sustain street outreach services targeted towards People Who Use Drugs (PWUD).

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.

Expand MOUD Access in Prisons

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

City of Philadelphia Department of Behavioral Health and Intellectual Disability Services

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

Amanda David, Chief Program Officer/Director of Behavioral Health

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?

1400000.00
(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?

(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 (Expand MOUD Access in Prisons)? 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 (Expand MOUD Access in Prisons).

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service.
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse.
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders.
4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

Select the specific Exhibit E -- Schedule A Approved Remediation (Expand MOUD Access in Prisons).

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 (Expand MOUD Access in Prisons) 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.)

Nationally, over 58% of people incarcerated in prisons have a substance use disorder and face high risk of overdose upon release (1). The Department of Behavioral Health and Intellectual disAbility Services partnered with Philadelphia Department of Prisons and the Philadelphia Department of Public Health to expand availability of methadone in prisons, allow methadone inductions and improve the standard for buprenorphine dosing from 8mg to 16mg. By enhancing access to life-saving treatment in prisons, this initiative provides incarcerated individuals the resources to effectively treat their illness and continue treatment post-release.

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

Current remediation program #3

Provide the name of the remediation program/strategy.	Mobile Wound Care
Provide the name of the organization managing the remediation program/strategy.	City of Philadelphia Department of Behavioral Health and Intellectual Disability Services
Provide the name of the individual managing the remediation program/strategy.	Amanda David, Chief Program Officer/Director of Behavioral Health
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.	1360000.00 (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.	(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 (Mobile Wound Care)? 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 (Mobile Wound Care). 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 (Mobile Wound Care). 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

Select the specific Exhibit E -- Schedule B Approved Remediation (Mobile Wound Care). 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 (Mobile Wound Care) 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.)

Xylazine, also known as tranq, causes life-threatening wounds and can present a barrier to enrollment in behavioral health treatment and medical services. The Department of Behavioral Health and Intellectual disAbility Services used opioid settlement funds to expand its mobile wound care program to two vans, providing care to more individuals, with a wider geographic reach and operation after hours.

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.

Mobile Methadone

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

City of Philadelphia Department of Behavioral Health and Intellectual Disability Services

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

Amanda David, Chief Program Officer/Director of Behavioral Health

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?

1200000.00
(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 B Approved Uses categories mostly closely describes the remediation (Mobile Methadone)? 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 (Mobile Methadone). 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 (Mobile Methadone). 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

Select the specific Exhibit E -- Schedule B Approved Remediation (Mobile Methadone).

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 (Mobile Methadone) 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.)

Mobile methadone increases access to life-saving medication for individuals who use opioids. DBHIDS used funds to contract a provider that will operate mobile methadone units, offering same-day methadone inductions and ongoing methadone maintenance within target areas. Providing methadone inductions at the street level can decrease cravings and support individuals in seeking care, including behavioral health treatment and housing. Once individuals are stabilized, the program will help participants transition to a methadone clinic and continue to serve new individuals seeking care.

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. Citywide Overdose Prevention Canvassing

Provide the name of the organization managing the remediation program/strategy. City of Philadelphia Opioid Response Unit

Provide the name of the individual managing the remediation program/strategy. Noelle Foizen, Director

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?

373725.00
(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 B Approved Uses categories mostly closely describes the remediation (Citywide Overdose Prevention Canvassing)? 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 (Citywide Overdose Prevention Canvassing). 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 (Citywide Overdose Prevention Canvassing). 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

Select the specific Exhibit E -- Schedule B Approved Remediation (Citywide Overdose Prevention Canvassing). 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 (Citywide Overdose Prevention Canvassing) 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.)

In response to rising overdose rates among Black and Brown Philadelphians, the Office of Community Empowerment and Opportunity partnered with the Opioid Response Unit to launch citywide canvassing for overdose prevention. Philly Counts canvassers knock on doors and engage residents in conversations around substance use, overdose prevention and treatment options, distributing naloxone and fentanyl test strips in ZIP Codes with high fatal overdose rates.

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.	Police Assisted Diversion (PAD) Expansion
Provide the name of the organization managing the remediation program/strategy.	City of Philadelphia Office of Criminal Justice
Provide the name of the individual managing the remediation program/strategy.	Kurt August, Director
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.	325000.00 (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.	(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?	12-01-2017
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 (Police Assisted Diversion (PAD) Expansion)? 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 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 (Police Assisted Diversion (PAD) Expansion). 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

Select the specific Exhibit E -- Schedule B Approved Remediation (Police Assisted Diversion (PAD) Expansion). 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 (Police Assisted Diversion (PAD) Expansion). 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. 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 (Police Assisted Diversion (PAD) 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.

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

The Office of Criminal Justice used funds to enhance the Police Assisted Diversion (PAD) program, ensuring accessible and immediate support for individuals in crisis with a new ADA-compliant vehicle and additional crisis shelter beds for participants.

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.	Alternative Response Two - Sustainment
Provide the name of the organization managing the remediation program/strategy.	City of Philadelphia Office of Criminal Justice
Provide the name of the individual managing the remediation program/strategy.	Kurt August, Director
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.	375000.00 (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.	(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?	04-01-2019
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 (Alternative Response Two - Sustainment)? You may select up to 3 options.	
<input checked="" 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 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 (Alternative Response Two - Sustainment). 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 (Alternative Response Two - Sustainment). 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 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 (Alternative Response Two - Sustainment). 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

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 (Alternative Response Two - Sustainment) 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 Philadelphia Fire Department sustained behavioral health support for its special paramedics unit, Alternative-Response 2, to continue providing connection to behavioral health services for individuals who experienced a non-fatal overdose on the street. In 2022, over 80% of individuals seen by AR-2 accepted enrollment into treatment.

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.	Overdose Prevention and Community Healing Fund
Provide the name of the organization managing the remediation program/strategy.	City of Philadelphia, Opioid Response Unit
Provide the name of the individual managing the remediation program/strategy.	Noelle Foizen, Director
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.	3500000.00 (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.	(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 (Overdose Prevention and Community Healing Fund)? 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 checked="" 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 (Overdose Prevention and Community Healing Fund).

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 (Overdose Prevention and Community Healing Fund). 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

Select the specific Exhibit E -- Schedule B Approved Remediation (Overdose Prevention and Community Healing Fund). 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 (Overdose Prevention and Community Healing Fund) 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 City launched the Overdose Prevention and Community Healing Fund, a participatory grantmaking program that uses opioid settlement dollars to mobilize community-based organizations doing work in overdose prevention, community healing, and/or substance use prevention. In partnership with the Thomas Scattergood Behavioral Health Foundation, the Fund awarded grants to 27 local, nonprofit organizations selected by community granting groups in June 2023. A second round of grants will be announced in spring 2024.

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.	Kensington Resident Support
Provide the name of the organization managing the remediation program/strategy.	City of Philadelphia, Opioid Response Unit
Provide the name of the individual managing the remediation program/strategy.	Noelle Foizen, Director
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.	6300000.00 (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.	1200000.00 (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 (Kensington Resident Support)? 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 (Kensington Resident Support). 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

If other, please explain.

The City invested \$7.5M to support the Kensington Plan, a community-led planning process to improve the quality of life for residents in the Kensington area, widely known as the epicenter of the nation's overdose crisis. As stated in a recent report, "Kensington is suffering from poverty, systemic racism, homelessness, drug and alcohol addiction, gentrification, housing exploitation, and a lack of support for mental health. While the narcotics trade is not the root cause of these conditions in Kensington, it does reinforce and create a cascade of profoundly destructive effects on safety and the quality of life in the neighborhood."

Residents in the Kensington area live in a state of constant trauma due to 24 hour open-air drug market. On a daily basis, Kensington residents are inundated with real world visual and visceral representations of the overdose crisis including intravenous drug use, open air sex work, human feces, blood and other hazardous materials, and witness to both fatal and non-fatal overdose. Additionally, narcotics trade-related violence permeates the life of all Kensington residents, with the Kensington area experiencing an incredibly high rate of violent crime which further adds to daily trauma. As a result of this narcotics-related violence and daily trauma related to living among the conditions described above, according to a 2021 CDC report, Kensington residents report disproportionate rates of poor mental health. As heavily studied, documented and reported, there are clear connections between trauma, poor mental health and addiction. Specifically and in no uncertain terms, "Exposure to traumatic experiences, especially those occurring in childhood, has been linked to substance use disorders (SUDs), including abuse and dependence." That Kensington residents are subject to daily harms as a result of the opioid epidemic is well documented and undeniable - these same harms amount to trauma that significantly increases Kensington residents' risks related to development of substance use disorder.

Funds were designated for site and security improvements in local schools and parks to ensure these spaces can be accessed safely by children and families living among the epicenter of the overdose crisis, as well as basic system home repair, rent relief and eviction prevention for residents. New Kensington Community Development Corporation and Impact Services continue to facilitate the community engagement process, working with local stakeholders to manage the funds.

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

- Yes
 No

Is this remediation (Kensington Resident Support) 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

Current remediation program #70

The Total Amount spent from settlement funds on all remediation programs that you have entered is \$17742851. 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 \$2813811. 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

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 = \$33733525.53

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 = \$17742851

You specified an alternate total spent = \$

The calculated total committed to all remediation programs = \$2813811

You specified an alternate total committed = \$

This is the amount left over from your allocation = \$13176863.53

Total budgeted for all future plans entered = \$