POMAAT Complaint Form

Participating Subdivision Information

Participating Subdivision:

City of Philadelphia

Contact Name:

Keli McLoyd

Contact Title:

Acting Director, Overdose Response Unit

Contact Email:

Contact Phone Number:

Complaint Information

Action Date:

June 20, 2024 Meeting; Notification Sent July 10, 2024.

Complaint:

The Trust applied additional restrictions to funding, far beyond those in the Commonwealth Court's Order creating the Trust, *after* the funds had already been spent in good faith compliance with the terms of the Order. Specifically, the Trust required multiple rounds of reporting after expenditure on short timelines, then imposed constraints on the expenditure of the funds. The Trust determined that Program 9 was non-compliant in its entirety on June 20, 2024, and notified Philadelphia of that decision on July 10, 2024. Because Program 9 consists of evidence-based or evidence-informed practices to prevent opioid misuse, it complies with

Exhibit E and should be approved.

Supporting Documentation:

[Uploads]

Remediation Program Information

Program Number:

9(a)-(e)

Reporting Date:

August 9, 2024

Complaint Rationale:

I. INTRODUCTION

Philadelphia's Kensington neighborhood is widely considered the country's epicenter of the opioid crisis. In failing to approve Philadelphia's expenditure of Trust funds on evidence-based and evidence-informed practices to prevent and treat opioid misuse in Kensington, the Trustees failed to follow the Commonwealth Court's Order and ignored the empirical relationship between trauma and substance use.

As discussed at a recent working group meeting, it appears there were two key sources of misunderstanding between the Trustees and Philadelphia during the multiple rounds of reporting: (1) whether Program 9 consisted of evidence-based or -informed practices to prevent Opioid Use Disorder ("OUD") and Substance Use Disorder ("SUD"); and (2) whether interventions must be targeted at individuals or, instead, can target a community. First, the projects that make up Program 9 are evidence-based or -informed to reduce the risk of SUD/Overdose ("OD"). Second, interventions targeting the communities most at risk of SUD/OD are effective at preventing opioid misuse and abuse. Leading researchers and practitioners alike advocate for both

individual and community-focused interventions, driven by evidence. Philadelphia targeted the Kensington community because its residents, including children, are at a higher risk for SUD/OD than their peers. Program 9 consists entirely of projects that—based on empirical studies—lower the risk of SUD in the target community. The effectiveness of such community-level interventions is supported by ample evidence. Thus, the funds spent on Program 9 are permitted by the plain language of the Court's order, and the Trust should reverse its decision and approve Program 9 in its entirety.

We look forward to presenting support for and answering any questions about Program 9 at the hearing before the Trust. We also would be pleased to welcome any Trustee who would like to visit Kensington for a tour of the neighborhood to learn about its challenges and ongoing programming.

BACKGROUND

A. The Commonwealth Court Establishes the Trust.

On July 12, 2022, the Court granted the parties' joint motions to enter final consent judgments in both *Commonwealth v. Johnson & Johnson*, No. 243 MD 2022, and *Commonwealth v. AmerisourceBergen*, No. 244 MD 2022, and directed the Prothonotary to docket them. Order of July 12, 2022 ("Order"). The Court's Order created the Pennsylvania Opioid Misuse and Addiction Abatement Trust ("Trust") to receive settlement funds from the defendants and provided for the distribution of those funds to the Commonwealth and local governments, including the City of Philadelphia. The Trust "shall have as its purpose to distribute Trust Funds obtained by the Commonwealth and its subdivisions from the Settlements and Other Settlements." Order at 9 (¶ V(A)). The Trust "shall receive Trust Funds, hold such funds until payment, and then disburse such funds pursuant to the terms and conditions set forth

herein." Order at 9-10 (¶ V(A)). The funds distributed by the Trust shall be used "only for the purposes set forth in Exhibit E to the Settlements and the Trust shall review expenditures by subdivisions which receive Trust Funds to insure that such spending was consistent with Exhibit E." Order at 10 (¶ (V(B)). "Exhibit E is incorporated into this Order by reference and all spending of funds allocated by this Order shall be consistent with the requirements of Exhibit E." *Id.* The Order establishes no other requirements, restrictions, or measures related to use of funds.

B. The Order Provides for Reporting on Expenditures.

The Order provides that "[e]ach County or the Health Department of the city of the First Class shall submit a report to the Board of Trustees [("Board")] by March 15 beginning in the year 2023 year [sic], showing the actual expenditures of such funds and the amount of funds received but not spent by the close of the previous calendar year." Order at 21 (¶ V(D)(11)). "Funds should be spent equitably across the County in a way that **most effectively abates the effects of the Opioid misuse and addiction** within the judgment of the County Commissioners, County Executive and County Council." *Id.* (emphasis added). And while "[t]he Board of Trustees shall set the requirements of such reporting, with input from qualified academic researchers," there is no provision permitting the Trustees to impose additional conditions on expenditures. Order at 21-22 (¶ V(D)(11)). Finally, the Board "may adopt any other operating procedures it deems fit, **so long as such procedures are consistent with this Order** and all applicable laws." Order at 22 (¶ V(D)(13)) (emphasis added).

C. Exhibit E to the Order Provides a List of Permitted Opioid Remediation Uses.

The funds must be used to "[s]upport treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that **may include, but are not limited to**, the

following" list, which is broken out into three categories: "Treatment," "Prevention," and "Other Strategies." Ex. E at 4-15 ("Schedule B") (emphasis added).

Section G permits expenditures to "Prevent Misuse of Opioids." Ex. E at 11-12 (Schedule B, Section G). Section G provides:

> Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies **that may include, but are not limited to**, the following:
>
> 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.

Ex. E at 11-12 (emphasis added).

D. The Board's Review of Philadelphia's Expenditures.

On Wednesday, March 1, 2023, notification regarding reporting of Payments 1 and 2 (payments sent to the counties in December of 2022) was sent to the counties informing the relevant representatives, "As Subdivisions only recently received their funds, it is unlikely significant expenditures have taken place. The 3/15/2023 Instrastate Report is not due this year."

Then, on September 13, 2023, correspondence from the Trust clarified that "[i]n order to comply with the reporting requirements of the National Administrator, any Participating Subdivision that spent settlement funds for non-opioid remediation purposes, must notify the Trust of the amount and purpose of the expenditures . . . " and defined "Opioid Remediation" as:

> Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures [including amounts paid to any governmental entities for past expenditures or programs] . . .) designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) **mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic**. . . . Qualifying expenditures may include reasonable related administrative expenses. However, Opioid Remediation **does not** include funds used to pay (or reimburse for) attorneys' fees, investigation costs, litigation costs, or costs related to the operation and enforcement of the settlement agreements. (emphasis added).

On Monday, November 20, 2023, the Trust administrator notified counties that reporting requirements for recipients of Trust funds had been finalized and provided:

1. A memo outlining the reporting requirements, including a proposed reporting timeline;
2. A preview of the reporting tool; and
3. Instructions for completing the report.

This information is also available on the Trust's website at: https://paopioidtrust.org/payment,-spending-and-reporting.

Philadelphia submitted a draft report on February 14, 2024, and the final report on March 15, 2024. On May 2, 2024, Keli McLoyd sent further supplemental information at the Trust's request, including documents titled Exhibit E Overdose Community Fund Crosswalk and Opioid Settlement Supplemental Trust Report 5.2.24.

On May 13, 2024, ORU was sent "Notification of Approval and-or Additional Information Required" requesting additional information for Program 9, including:

> What percentage of funds identified as spent on or committed to this program are related to Opioid Use Disorder (OUD)? How was this percentage determined?
>
> If your answer to the foregoing questions is less than 100%, how much of the spent and committed dollars reported is OUD related?
>
> Please provide additional detailed explanation to assist the Trust in determining how this program is compliant with Exhibit E.

In response to this inquiry, Philadelphia stated that 100 percent of funds were related to OUD, as all funded projects funded through Program 9 are evidence-based or -informed OUD prevention strategies. Additionally in response, the City resubmitted the Opioid Settlement Trust Report, PLANNING KENSINGTON TOGETHER — Opioid Settlement Funds Overview, and PLANNING KENSINGTON TOGETHER — Housing Stability Assistance. On June 20, 2024, at the public Trust meeting, the Trust voted to disapprove the entirety of Project 9.

II. PROGRAM 9 — THE KENSINGTON RESIDENT SUPPORT PROGRAM — IS PERMITTED UNDER EXHIBIT E

The Kensington Resident Support Program is a permitted use of Trust funds because the funds were used for evidence-based or evidence-informed efforts to discourage or prevent misuse of and addiction to opioids.

A. The Kensington Neighborhood Is the Epicenter of the Opioid Crisis In Pennsylvania and the East Coast.

Residents of Kensington live in a state of constant, compounding trauma due to the intense concentration of people struggling with active addiction and open-air drug markets that operate 24/7 in the neighborhood. The perimeter of the neighborhood for OUD/OD initiatives extends roughly from Tioga Street to Somerset Street, and Front Street to Aramingo Avenue. This area is targeted because it is the "most impacted by intersecting issues including poverty, lack of affordable housing, the opioid epidemic, and violence." NKCDC, 2023. Kensington residents consistently face real-world visual and visceral representations of the addiction and overdose crisis, including daily exposure to intravenous drug use, open air sex work, discarded syringes, human feces, blood and other hazardous materials, and witnessing fatal and non-fatal overdose in public spaces. (Caiola, 2022; Rushing, Myers, Griffin, 2024; Whelan, 2018; Wolfram, 2019).

In addition, Kensington has an extremely high rate of crime associated with the narcotics trade, further amplifying the daily trauma experienced by residents. Kensington is the epicenter of drug crime and arrests, and a hot spot for violent crime, including shootings. The high incidence of gun violence threatens the safety of children walking to school and often leads to school lockdowns. About ***half*** of Kensington-area households with children live below the poverty line, almost double the City average of 23 percent. Kensington residents also report disproportionate rates of poor mental health compared to other areas of Philadelphia.

Indeed, Philadelphia is often referred to as the "poorest big city" in America and the epicenter of the opioid epidemic on the east coast. (Cooper, 2024; Percy, 2018). Within this context

of widespread poverty and disadvantage across neighborhoods, the Kensington neighborhood has the highest (or among the highest) rate of the following negative, trauma-inducing conditions:

- Families living in poverty
- Poor mental health
- Struggling renters & at-risk homeowners (defined by HUD)
- Overdose deaths (by location)
- Overdose deaths by residents
- Drug-related crime
- Violent crime
- Shootings (fatal & nonfatal)
- School lockdowns due to violence/threats
- Unhoused and unsheltered individuals

Together, these experiences amount to a form of trauma that research indicates has a direct link to substance misuse and overdose. To be discussed in more detail below, **a substantial body of literature shows that witnessing crime and overdose, living in extreme poverty, and residing in a neighborhood characterized by disadvantage and disorder increase individuals' chances of substance misuse, addiction, and overdose**. It is critical for effective, evidence-informed prevention strategies to address these sources of trauma at both the individual and community levels to successfully effect sustainable change in Kensington. The following section explains what evidence-based prevention strategies are and why they matter, and then describes the robust body of evidence that supports each initiative within Program 9.

B. Evidence-Based and Evidence-Informed Practices Prevent Opioid Misuse and Addiction.

A growing body of research indicates that evidence-based or -informed interventions are effective for treatment and prevention of OUD, including interventions that target social determinants of health, adverse childhood experiences, neighborhood disorder, and collective efficacy.

1. Evidence-Based or -Informed Practices

The term "evidence-based" broadly indicates that a concept or strategy is supported or informed by objective information. More specifically, the term is typically used to refer to concepts backed by high-quality research that has been vetted through peer-reviewed publications. In most cases, evidence-based approaches are supported not by a single piece of research, but by a body of recent and rigorous empirical studies. The process involves an ongoing, critical review of research literature to determine what information is credible, and what policies and practices would be most effective given the best available evidence. From this body of literature, evidence-based practices ("EBP") are derived. EBPs are considered "best practice" since they are grounded in the most up-to-date knowledge we have on a given issue.

To be clear, this does not mean that every single program or initiative considered "evidence-based" was itself studied or tested, especially within the specific context or under the exact conditions in which it will ultimately be implemented. Instead, stakeholders create and augment their approaches to be in line with EBP that have been rigorously studied, which constitute evidence-based or -informed practices. For example, while Philadelphia's home repair initiative was not itself evaluated for its impact on SUD or OD, providing support for housing infrastructure so people can remain in their homes to decrease incidences of homelessness **is empirically supported**, and thus is an evidence-based approach to preventing SUD and OD. (South et al., 2021; Thomson et al., 2013).

When deciding how to allocate opiate settlement money, Philadelphia stakeholders have been and remain committed to funding only evidence-based or evidence-informed approaches to preventing and addressing SUD and OD.

2. *Evidence-Based or -Informed Prevention Is More Effective Than Traditional Approaches.*

When opioid settlement funds began flowing to states and cities, many organizations came forward to advise fund recipients on the best use of their money. Trusted and respected entities such as the Substance Abuse and Mental Health Services Administration ("SAMHSA"), the Centers for Disease Control ("CDC"), and the American Society of Addiction Medicine ("ASAM") emphasized the importance of allocating a large proportion of funds to prevention activities. In fact, the National Drug Control Strategy for 2022 from the White House Office of National Drug Control Policy ("ONDCP") detailed a plan to **encourage jurisdictions to increase use of evidence-based prevention programming at the community level**. (White House, 2022). In an article aptly titled "Multiplying the Impact of Opioid Settlement Funds by Investing in Primary Prevention," RAND researchers suggest jurisdictions support economic opportunities in their communities as a means of addressing root causes of opioid use (i.e., primary prevention). (Faherty et al., 2020). This means implementing **programs that address issues known to precede and increase one's risk of substance abuse, thus preventing SUD and OD.**

Prevention programs target issues at both the individual- and community-level. Effective interventions can be **universal** (i.e., meant to reach all members of a given population), **selective** (i.e., aimed at a high-risk population subgroup), or **indicated** (i.e., targeted to individuals who already use substances but do not have a substance use disorder or addiction). (Faherty et al., 2020; Latimore et al., 2023). Effective prevention can mean reducing the presence of negative stimuli/experiences or increasing positive opportunities for growth, learning coping skills, and building resiliency. As stated by Fishbein and Sloboda (2022) in response to the National Drug Control Strategy for 2022:

> Investments in this approach are expected to **result in significantly lower rates of SUD in current and subsequent generations of youth** and, therefore, **will reduce the burden on our communities** in terms of lowered social and health systems involvement, treatment needs, and productivity. [...] These strategies work **by improving child development, supporting families, enhancing school experiences, and cultivating positive environmental conditions.**

Id. at 1 (emphasis added).

Put simply, an entire body of research and recommendations from leaders in the field indicate that community-focused interventions are one of our most effective tools at preventing SUD/OD.

3. *Social Determinants of Health & Adverse Childhood Experiences Demonstrably Increase the Risk of SUD.*

The direct link from school and park improvement as a community-level intervention to SUD/OD prevention is rooted in an understanding of Social Determinants of Health ("SDoH") and Adverse Childhood Experiences ("ACES").

First, SDoH are the conditions that exist within a person's home or community that can impact their ability to remain physically and psychologically healthy. (Health People 2030, n.d.). There is a large body of research on SDoH at the individual **and neighborhood levels** which has consistently found a link to substance use, misuse, and overdose risk. (For a review, *see* Sistani et al., 2023). Leading researchers and practitioners in this space have argued that opiate settlement spending could elicit an even greater impact on communities if they target SDoH (Faherty et al., 2021).

Examples of SDoH, supported by research and linked to SUD/OD, include the following levels:

- **Individual** (e.g., physical and mental health, trauma)
- **Interpersonal** (e.g., access to opioids/drugs, family history of substance

use, access to peer/family support)

- **Community** (e.g., access to healthcare, opportunities for treatment)
- **Societal** (e.g., economic wellbeing, housing stability, structural racism)

(Healthy People 2030, n.d.).

A specific group of SDoH are referred to as ACES, which are negative and traumatic events that happen before the age of 18 and are implicated in a range of negative outcomes. **Research consistently finds that ACES are associated with future substance misuse and overdose.** (Dube et al., 2003; Stein et al., 2017; Wisdom et al., 2022).

While most research on ACES examines individual experiences like physical or sexual abuse, parental neglect, or parental substance abuse, a growing body of work demonstrates the impact of "household dysfunction" on a child's odds of developing SUD. Forms of household dysfunction targeted by Program 9 include economic difficulties (i.e., poverty) and witnessing community violence. (Broekhof et al., 2023; Dube et al., 2003; Zinzow et al., 2009). **A recent study found that children who experienced these forms of household dysfunction were 3.3 times more likely to develop a substance use disorder.** (Broekhof et al., 2023).

To reiterate, more than half (56.3 percent) of families with children in Kensington live below the poverty line and Kensington has the highest incidence of violent crime across all neighborhoods in Philadelphia. Additionally, the Philadelphia ACES study found 30.1-45 percent of the population in Kensington (zip 19134) have experienced four or more ACES. (PHMC, 2013). It is essential to address broad childhood exposure to these prevalent risk experiences in order to prevent future adverse outcomes, such as SUD and OD. There is a wide body of empirical evidence linking ACES and SDoH to increased risk of SUD and OD. Addressing both ACES and SDoH represents a robust, evidence-based prevention

strategy that is widely accepted and endorsed by experts as best practice in the field.

4. <u>*Neighborhood Disorder & Collective Efficacy*</u>

All of the approaches under Program 9 are meant to improve the built environment and reduce instances of crime and disorder. There are numerous studies that find an association between neighborhood disadvantage and substance use. (Bernhardt & King, 2022; Boardman et al., 2001; Cobert et al., 2020; Ford et al., 2017; Karriker-Jaffe, 2013; Pear et al., 2019; Piza et al., 2023; Williams and Latkin, 2007). Evidence also shows that youth who live in neighborhoods with low "collective efficacy" (i.e., little interest or capacity of residents to improve/maintain their neighborhoods) are at greater risk of prescription drug misuse. (Higgins & Hunt, 2016; Jesmin and Amin, 2020). <u>**Another way to conceptualize the evidence-based approach taken through Project 9 activities is to rely on this body of literature, which suggests that decreasing neighborhood disorder, thus increasing collective efficacy, is a verified way to impact risk for SUD and OD.**</u>

C. The Initiatives That Make Up Program 9 Are Evidence-Based and Community-Focused

Philadelphia stakeholders are committed to funding only evidence-based or evidence-informed approaches to preventing, treating, and addressing SUD and OD. We are confident that all spending under Program 9 was allocated to evidence-based prevention approaches.

1. *Selecting the Target Community—Kensington*

As explained *supra*, Program 9 targeted Kensington for individual and community level interventions because of the confluence of circumstances that, together, greatly increase the risk of SUD/OD for Kensington residents. The perimeter of the neighborhood for OUD/OD initiatives extends roughly from Tioga Street to Somerset Street, and Front Street to Aramingo Avenue. This area is the "most impacted by intersecting issues including poverty, lack of affordable housing, the opioid epidemic, and violence." NKCDC, 2023.

2. *Improvements to Schools & Parks*

Program 9 funding was given to the six schools located in Kensington that educate children within this community. Schools used the money on cleaning and repairing the buildings and schoolyards to make them safer and more secure. Prior to these investments, principals reported removing drug paraphernalia from the schoolyard and immediate vicinity daily, finding individuals sleeping inside or in dumpsters on school grounds—or worse, deceased—and otherwise fearing for the safety of children in attendance.

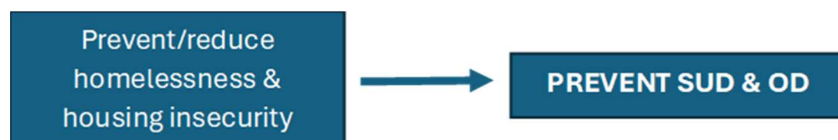
Six parks in Kensington were awarded money to similarly clean and increase safety in public spaces. The parks in Kensington are notoriously littered with needles and paraphernalia, and are the site of open-air drug use, sales, and violence. This means children and residents of Kensington are not able to make use of these public green spaces, which **research suggests is pivotal to well-being and quality of life**, (Kondo et al., 2018), factors proven to contribute

to SUD risk. It also means that children and residents often witness negative conditions and behavior, such as active intravenous drug sales and use, individuals in the midst of the effects of drug use and overdose, and violence, especially related to SUD and OD, as they walk through their community. These forms of disorder in key public spaces in the Kensington neighborhood cause trauma and are preventable. Schools and parks were therefore awarded money to make these essential improvements.

These key safety improvements lower the risk of youth exposure to SUD and, thus, the risk of youth developing SUD themselves.

3. *Housing Support & Preventing Homelessness*

Settlement funds were also allocated to a home repair program in Kensington, as well as housing supports including rental assistance for Kensington residents (at a cap of $5,000 per household). These initiatives were developed with the goal of preventing homelessness and increasing housing security, **as residential instability has been shown to increase individuals' risk of SUD and OD**. (Bradford & Lozano-Rojas, 2024; Chen et al., 2022; Jurewicz et al., 2021; Milaney el al., 2021; Yamamoto et al., 2019). Once homeless, people who use drugs are significantly more likely to develop SUD and to overdose. Homelessness is also a predictor of substance use in general, meaning even if a person has never used drugs before, housing instability increases a person's chances of initiating use. (Austin et al., 2021; Feng et al., 2013). **Helping people remain in their homes through home improvements and rental assistance is a proven, evidence-based approach to preventing serious substance abuse issues, including overdose.**



4. *Small Business Supports & Preventing Vacancies*

Businesses in the Kensington neighborhood have had longstanding troubles remaining open, safe, and functional. When a business in Kensington closes, it is typically left empty, resulting in a vacant building or lot. Closures also create an opportunity for anti-social (criminal) businesses and disorder to expand. Money was allocated under Program 9 to small business supports in an effort to avoid vacancies and improve and maintain pro-social elements of the community.

Empirical studies demonstrate the link between vacant properties and negative health-related outcomes, like SUD/OD. (Sivak et al., 2021). Specifically, research has identified health effects of vacant lots in neighborhoods, including increased rates of stress, mental health concerns, gun violence, and homicide – all of which are amplified as vacancies accumulate. (Sivak et al., 2021). **Witnessing crime and disorder is also linked to an increased chance of developing SUD and experiencing OD.** Thus, supporting community businesses prevents the accumulation of vacant lots, which in turn decreases the likelihood of community members developing SUD.

D. Program 9 Complies with the Terms of Exhibit E.

Trust funds may be spent on programs that "[s]upport efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies **that may include, but are not limited to**," the twelve uses listed in Section G (emphasis added). "The term 'include' is to be dealt with as a word of enlargement and not limitation," which is "especially true when followed by the phrase 'but not limited to.'" *Dechert LLP v. Commonwealth*, 998 A.2d 575,

580-81 (Pa. 2010) (internal quotations omitted). Thus, "the introductory verbiage 'including, but not limited to,' generally reflects the intent . . . to broaden the reach of a [provision], rather than a purpose to limit the scope of the [provision] to those matters enumerated therein." *Id.* at 581. And while the language "exhibits [an] . . . intent that the list that follows is not an exhaustive list[,] . . . any additional matters purportedly falling within that definition, but that are not express, must be similar to those listed . . . and of the same general nature." *DEP v. Cumberland Coal Res., LP*, 102 A.3d 962, 976 (Pa. 2014). Simply put, the Order permits funds to be spent on **any** program that uses evidence-based or -informed practices to prevent opioid misuse or addiction. Program 9 satisfies the criteria.

The Board is prohibited under the plain language of the Order from imposing additional restrictions or criteria. *See* Trust Notification of Approval and/or Additional Information Required Regarding Current Remediation Programs as Determined by the Board of Trustees of the Trust on June 20, 2024 (sent to Philadelphia on July 10, 2024) at 3, attached hereto as **Exhibit A**. While the determination was ostensibly made at a public meeting of the Board on June 20, 2024, the Board did not deliberate and instead merely voted on recommendations made before the meeting and presented by the working group that had reviewed Philadelphia's submission. Indeed, in the meeting of the working group that was closed to the public and consisted of five members of the Board, Board members expressed a subjective preference for programs that target individuals or include "just-say-no" type strategies. The working group also impermissibly considered other factors such as Philadelphia's other pending litigation and potential future opioid settlements. Rather than determining whether Program 9 funded evidence-based or evidence-informed practices to prevent opioid misuse and addiction in compliance with the Court's Order, the working group members imposed their own views of appropriate expenditures. The full Board replicated

the error by accepting the recommendation of the working group without deliberation.

The purpose of the permitted uses under Exhibit E, Section G is clear—to support efforts to discourage or prevent the misuse of opioids through evidence-based or evidence-informed programs or strategies. Any expenditure which meets those general criteria is permitted under the Schedule. And as described repeatedly in Philadelphia's submissions, the Trust funds spent on the Kensington Resident Support Program were specifically "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," Philadelphia Expenditure Report dated March 15th, at 31, attached hereto as **Exhibit B**. at 31, which are evidence-based or -informed practices to prevent opioid misuse and addiction at the community level.

Those efforts were selected because "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," as well as "an incredibly high rate of violent crime," contributing to "daily trauma" resulting in "disproportionate rates of poor mental health." *Id.* Such community-based harms are empirically shown to increase the risk of SUD, and community-focused programs are recommended by leading researchers and practitioners to combat those harms and lower the risk of SUD, as described *supra*. "As heavily studied, documented and reported, there are clear connections between trauma, poor mental health and addiction." *Id.* "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.'" *Id.*

The empirical evidence is ample, clear, and consistent that such community-level

interventions, especially in a neighborhood rife with the challenges that Kensington faces, help prevent opioid misuse and addiction. Exposure to trauma and to opioid misuse and addiction, including used needles, human feces and blood, overdoses, sex work, syringes, and violent crime, increases the chances that an individual will suffer from opioid misuse or addiction. Keeping children and families in their homes and providing them with safe and clean places to exist are community-level interventions that are empirically **more effective** at preventing opioid misuse and addiction than a just-say-no-style education program, and work in conjunction with individual interventions. Philadelphia's opioid misuse and addiction prevention and treatment strategies are based on the most recent empirical studies of substance use disorder—indeed, Philadelphia is a leader in the field in implementing the research and recommendations of the most respected organizations such as SAMHSA and the CDC. Any individual Trustee's views regarding the relative efficacy of individual- versus community-level interventions are not relevant to their consideration of the Program under the Order.

Philadelphia respectfully requests that the Board reverse its decision and approve Program 9 in full.

References

American Society of Addiction Medicine (ASAM). (2023). *Public Policy Statement on Prevention.* https://www.asam.org/advocacy/public-policy-statements/details/public-policy-statements/2023/09/27/prevention

Austin, A. E., Shiue, K. Y., Naumann, R. B., Figgatt, M. C., Gest, C., & Shanahan, M. E. (2021). Associations of housing stress with later substance use outcomes: a systematic review. *Addictive Behaviors, 123*, 107076.

Bernhardt, C., & King, C. (2022). Neighborhood disadvantage and prescription drug misuse in low-income urban mothers. Drug and alcohol dependence, 231, 109245.

Boardman, J. D., Finch, B. K., Ellison, C. G., Williams, D. R., & Jackson, J. S. (2001). Neighborhood disadvantage, stress, and drug use among adults. *Journal of health and social*

behavior, 151-165.

Broekhof, R., Nordahl, H. M., Tanum, L., & Selvik, S. G. (2023). Adverse childhood experiences and their association with substance use disorders in adulthood: A general population study (Young-HUNT). *Addictive behaviors reports, 17*, 100488.

Caiola, S. (2022, July 28). 'Children still live there': The fight for safe summer play in Kensington. *The Philadelphia Tribune.* *'Children still live there': The fight for safe summer play in Kensington | Local News | phillytrib.com*

Chen, K. L., Miake-Lye, I. M., Begashaw, M. M., Zimmerman, F. J., Larkin, J., McGrath, E. L., & Shekelle, P. G. (2022). Association of promoting housing affordability and stability with improved health outcomes: a systematic review. *JAMA Network Open, 5*(11), e2239860-e2239860.

Cobert, J., Lantos, P. M., Janko, M. M., Williams, D. G., Raghunathan, K., Krishnamoorthy, V., JohnBull, E. A., Barbeito, A., Gulur, P. (2020). Geospatial variations and neighborhood deprivation in drug-related admissions and overdoses. *Journal of Urban Health, 97*, 814-822.
Cooper, K. (2024, January 10). *Philadelphia is 'America's poorest big city.' Here's what that actually means*. WHYY. https://whyy.org/articles/philadelphia-americas-poorest-big-city-poverty/

Dube, S.R., Felitti, V.J., Dong, M., Chapman, D.P., Giles, W.H., and Anda, R.F. (2003). Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: The Adverse Childhood Experiences Study. *Pediatrics, 111*(3), 564-572.

Faherty, L. J., Hadland, S. E., Stein, B. D., & Patrick, S. W. (2020). Multiplying the impact of opioid settlement funds by investing in primary prevention. *Journal of Hospital Medicine, 15*(10), 625.

Fischer, W., Rice, D., & Mazzara, A. (2019). Research shows rental assistance reduces hardship and provides platform to expand opportunity for low-income families. *Center on Budget and Policy Priorities, Washington, DC.*

Fishbein, D. H., & Sloboda, Z. (2023). A national strategy for preventing substance and opioid use disorders through evidence-based prevention programming that fosters healthy outcomes in our youth. *Clinical child and family psychology review, 26*(1), 1-16.

Ford, J. A., Sacra, S. A., & Yohros, A. (2017). Neighborhood characteristics and prescription drug misuse among adolescents: The importance of social disorganization and social capital. *International Journal of Drug Policy, 46*, 47-53.

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [7/30/24], from

https://health.gov/healthypeople/objectives-and-data/social-determinants-health

Karriker-Jaffe, K. J. (2013). Neighborhood socioeconomic status and substance use by US adults. *Drug and alcohol dependence, 133*(1), 212-221.

Khoury, L., Tang, Y. L., Bradley, B., Cubells, J. F., & Ressler, K. J. (2010). Substance use, childhood traumatic experience, and posttraumatic stress disorder in an urban civilian population. *Depression and anxiety, 27*(12), 1077–1086. https://doi.org/10.1002/da.20751

Kondo, M. C., Fluehr, J. M., McKeon, T., & Branas, C. C. (2018). Urban green space and its impact on human health. *International journal of environmental research and public health, 15*(3), 445.

Latimore, A. D., Salisbury-Afshar, E., Duff, N., Freiling, E., Kellett, B., Sullenger, R. D., & Salman, A. (2023). Primary, Secondary, and Tertiary Prevention of Substance Use Disorders through *Socioecological Strategies. NAM perspectives*, 2023.

New Kensington Community Development Corporation ("NKCDC") (2023). *Kensington Planning Process. https://static1.squarespace.com/static/6392faa74156ad7c7e9fb28b/t/65b3face374b2831d0f10e8a/1722822358329/report*

Percy, J. (2018, October 10). *Trapped by the "Walmart of heroin."* The New York Times. https://www.nytimes.com/2018/10/10/magazine/kensington-heroin-opioid-philadelphia.html

Piza, E. L., Wolff, K. T., Hatten, D. N., & Barthuly, B. E. (2023). Drug overdoses, geographic trajectories, and the influence of built environment and neighborhood characteristics. *Health & place, 79*, 102959.

Public Health Management Corporation (PHMC) (2013). *Findings from the Philadelphia Urban ACES Survey*. https://www.rwjf.org/en/insights/our-research/2013/09/findings-from-the-philadelphia-urban-ace-survey.html

Rushing, E., Myers, M., Griffin, J. (2024, June 25). An 8-year-old shot in the head on her way home from school shows what's at stake in Kensington. *The Inquirer.*

Schapiro, R., Blankenship, K., Rosenberg, A., & Keene, D. (2022). The effects of rental assistance on housing stability, quality, autonomy, and affordability. *Housing Policy Debate, 32*(3), 456-472.
Sistani, F., de Bittner, M. R., & Shaya, F. T. (2023). Social determinants of health, substance use, and drug overdose prevention. *Journal of the American Pharmacists Association, 63*(2), 628-632.

South, E. C., MacDonald, J., & Reina, V. (2021). Association between structural housing repairs for low-income homeowners and neighborhood crime. *JAMA network open, 4*(7), e2117067-e2117067.

Stein, M. D., Conti, M. T., Kenney, S., Anderson, B. J., Flori, J. N., Risi, M. M., & Bailey, G. L. (2017). Adverse childhood experience effects on opioid use initiation, injection drug use, and overdose among persons with opioid use disorder. *Drug and alcohol dependence, 179*, 325-329.

Tempalski, B., Williams, L. D., Kolak, M., Ompad, D. C., Koschinsky, J., & McLafferty, S. L. (2022). Conceptualizing the socio-built environment: an expanded theoretical framework to promote a better understanding of risk for nonmedical opioid overdose outcomes in urban and non-urban settings. *Journal of Urban Health, 99*(4), 701-716.

Thomson, H., Thomas, S., Sellstrom, E., & Petticrew, M. (2013). Housing improvements for health and associated socio-economic outcomes. *Cochrane database of systematic reviews*, (2).

Whelan, A. (2018, November 23). The other victims of Kensington's opioid crisis: Children bearing witness. *The Inquirer.*

White House. (2022, April 21). *FACT SHEET: White House Releases 2022 National Drug Control Strategy that Outlines Comprehensive Path Forward to Address Addiction and the Overdose Epidemic.* Washington DC. https://www.whitehouse.gov/briefing-room/statements-releases/2022/04/21/fact-sheet-white-house-releases-2022-national-drug-control-strategy-that-outlines-comprehensive-path-forward-to-address-addiction-and-the-overdose-epidemic/

Williams, C. T., & Latkin, C. A. (2007). Neighborhood socioeconomic status, personal network attributes, and use of heroin and cocaine. *American journal of preventive medicine, 32*(6), S203-S210.

Wisdom, A. C., Govindu, M., Liu, S. J., Meyers, C. M., Mellerson, J. L., Gervin, D. W., ... & Holland, K. M. (2022). Adverse childhood experiences and overdose: lessons from overdose data to action. *American journal of preventive medicine, 62*(6), S40-S46.

Wolfram, J. (2019, October 22). Going to school in Kensington amid drug crisis: 'We need to be beacons of hope'. *WHYY. In Philly opioid crisis zone, children get lessons in coping - WHYY*

Zinzow, H. M., Ruggiero, K. J., Hanson, R. F., Smith, D. W., Saunders, B. E., & Kilpatrick, D. G. (2009). Witnessed community and parental violence in relation to substance use and delinquency in a national sample of adolescents. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies, 22*(6), 525-533.

EXHIBIT A

Subject: Communication re: Non-Compliant Programs

To: Philadelphia County

From: Pennsylvania Opioid Misuse and Addiction Abatement Trust

Date: July 10, 2024

Below is a list of the program(s) submitted by your County on March 15, 2024, which the Board of Trustees ("Board") of the Pennsylvania Opioid Misuse and Addiction Abatement Trust ("Trust") deemed non-compliant with Exhibit E to the national opioid settlements.

To dispute an action(s) taken by the Trust, Participating Subdivisions (i.e., Counties and Litigating Subdivisions) must use the authorized form found on the Trust's website: **Complaint Submission Form**. All disputes submitted via the Trust's online form will be submitted to and determined by the Dispute Resolution Committee. Disputes related to the Trust's categorization of programs as non-compliant must be submitted to the Trust within thirty (30) days of the date of this Notification.

Funds allocated to programs which have been deemed non-compliant with Exhibit E must be repurposed towards programs/strategies that are complaint with Exhibit E within the applicable deadline for the expenditure of such funds. To request an extension of the deadline by which funds must be spent or committed, please visit the Trust's website: **Extension Request Form**.

Philadelphia County

- **Program No. #9(a) (Home Repairs Program)**: Deemed non-compliant by the Board as the information provided by the County did not establish any connection between the program and those with OUD or who are at risk of developing OUD. Instead, this program appears to support general community development.
- **Program No. #9(b) (Targeted Kensington Resident' Rent / Mortgage Relief):** Deemed non-compliant by the Board as the information provided by the County did not establish any connection between the program and those with OUD or who are at risk of developing OUD. Instead, this program appears to support general community development.
- **Program No. #9(c) (Parks Improvements)**: Deemed non-compliant by the Board as the information provided by the County did not establish any connection between the program and those with OUD or who are at risk of developing OUD. Instead, this program appears to support general community development.
- **Program No. #9(d) (Support for Schools):** Deemed non-compliant by the Board as the information provided by the County did not establish any connection between the program and those with OUD or who are at risk of developing OUD. Instead, this program appears to support general community development.

- **Program No. #9(e) (Small Business Support / Capacity Building)**: Deemed non-compliant by the Board as the information provided by the County did not establish any connection between the program and those with OUD or who are at risk of developing OUD. Instead, this program appears to support general community development.

EXHIBIT B

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.

Question	Response
Reporting Period Start Date: For the Baseline report please use August 1, 2022.	08-01-2022
Reporting Period End date: For the Baseline report please use December 31, 2023.	12-31-2023
According to our records, your county/subdivision has received $33733525.53 from the Wilmington Trust. Is this accurate?	⊗ Yes ◯ No
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.	noelle.foizen@phila.gov
Provide the phone number of the person completing this survey.	(267) 226-2875
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:	noelle.foizen@phila.gov
Phone number of the county's primary contact:	(267) 226-2875

Current remediation program #1

Question	Response
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.	(215) 686-7831
Provide the program/strategy manager's email address.	david.holloman@phila.gov
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?	⊗ Yes ◯ No
When did this program begin?	03-15-2022
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 (Housing First Initiatives)? 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 (Housing First Initiatives). You may select up to 3 options.

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

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

- (x) Yes
- ( ) No

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

Check all that apply.

- [ ] Organization
- [x] Municipal
- [ ] County
- [x] State
- [x] 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?

- (x) 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
- (x) 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

Question	Response
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.	(215) 685-5556
Provide the program/strategy manager's email address.	Amanda.David@phila.gov
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.	1400000.00 (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?	◯ 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.	(215) 685-5556
Provide the program/strategy manager's email address.	amanda.david@phila.gov
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?	◯ 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 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 mediation with other support services.
☐ 5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
☐ 6. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
☒ 7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
☐ 8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
☐ 9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
☐ 10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
☐ 11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
☒ 12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including

reducing the stigma on effective treatment.
☐ 13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
☐ 14. Create and/or support recovery high schools.
☐ 15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.
☐ 99. Other

Select the specific Exhibit E -- Schedule B Approved Remediation (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. Did you receive any non-settlement funds for this remediation program/strategy?	○ Yes ⊗ 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

Question	Response
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.	(215) 685-5556
Provide the program/strategy manager's email address.	Amanda.David@phila.gov
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.	______________________________ (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?	◯ 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 mediation with other support services.
- ☐ 5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
- ☐ 6. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
- ☒ 7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
- ☐ 8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
- ☐ 9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
- ☐ 10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
- ☐ 11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
- ☒ 12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including

reducing the stigma on effective treatment.
- ☐ 13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
- ☐ 14. Create and/or support recovery high schools.
- ☐ 15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.
- ☐ 99. Other

Select the specific Exhibit E -- Schedule B Approved Remediation (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.	(267) 226-2875
Provide the program/strategy manager's email address.	noelle.foizen@phila.gov
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.	______________________________ (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.	373725.00 (Provide exact amount (including cents), do NOT use a comma.)
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. Did you receive any non-settlement funds for this remediation program/strategy?

○ Yes
⊗ 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.	(215) 686-9027
Provide the program/strategy manager's email address.	kurtis.august@phila.gov
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?	⊗ Yes ◯ No
When did this program begin?	12-01-2017
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 (Police Assisted Diversion (PAD) Expansion)? 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 (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 mediation with other support services.
☐ 5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
☐ 6. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
☐ 7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
☐ 8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
☐ 9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
☐ 10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
☐ 11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
☐ 12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
☐ 13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
☐ 14. Create and/or support recovery high schools.
☐ 15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.
☐ 99. Other

Select the specific Exhibit E -- Schedule B Approved Remediation (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? 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 (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.	(215) 686-9027
Provide the program/strategy manager's email address.	kurtis.august@phila.gov
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?	⊗ Yes ○ No
When did this program begin?	04-01-2019
Will you be reporting information on the remediation program/strategy using Schedule A or B?	○ Schedule A ⊗ Schedule B

Select which of the Exhibit E -- Schedule B Approved Uses categories mostly closely describes the remediation (Alternative Response Two - Sustainment)? 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 (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 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 (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? 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 (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.	(267) 226-2875
Provide the program/strategy manager's email address.	noelle.foizen@phila.gov
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?	◯ 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 (Overdose Prevention and Community Healing Fund)? 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 (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. Did you receive any non-settlement funds for this remediation program/strategy?

- ◯ Yes
- ⊗ 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.	(267) 226-2875
Provide the program/strategy manager's email address.	Noelle.Foizen@phila.gov
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?	○ 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 (Kensington Resident Support)? 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 (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. Spent funds are those funds that have been paid for the purposes of these programs.	⊗ Yes ◯ No
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. "Committed" is those funds that have a signed or awarded contract or memorandum of understanding but not yet spent.	⊗ Yes ◯ No
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 = $______