

REVIEW

EXHIBIT E – LIST OF OPIOID REMEDIATION USES

Section:	Number/Letter:	Omitted:	Addition:
Schedule A Core Strategies	A. – I.		See pages E-1 through E-3
Part One: Treatment - A.	a – e	See page 1 of original Opioid Abatement Strategies	
A.	11.		Offer scholarships and support 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.
B.	13.		Create or support culturally appropriate services and programs for person with OUD and any co-occurring SUD/MH Conditions, including new Americans.
B.	14.		Create and/or support recovery high schools.
B.	15.		Hire or train behavioral health workers to provide or expand any of the services or supports listed above.
C.	10.	See page 4 of original Opioid Abatement Strategies	

Section:	Number/Letter:	Omitted:	Addition:
C.	16.	See page 4 of original Opioid Abatement Strategies	
C.	17.	See page 4 of original Opioid Abatement Strategies	
C.	5.		Expand services such as navigators and on-call teams to being MAT in hospital emergency departments.
C.	11.		Expand warm hand-off services to transition to recovery services.
D.	g.	See page 5 of original Opioid Abatement Strategies	
E.	2.		Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
E.	4.		Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.
Part Two: Prevention - F.	a.	See page 8 of original Opioid Abatement Strategies	
F.	1.		Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with Guidelines for Prescribing Opioids

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			for Chronic Pain for the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
H.	2.	See page 9 of original Opioid Abatement Strategies	
H.	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.
Part Three: Other Strategies - I.		In addition to items C8, D1 through D7, H1, H3, and H8, support the following:	In addition to items in section C, D and H relating to first responders, support the following:
I.	1.	See page 10 of original Opioid Abatement Strategies	
I.	2.		Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.
J.	1.		added Statewide planning
J.	2.		(a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified

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			through collaborative statewide, regional, local or community processes.
L.	7.		Epidemiological surveillance of OUD-related behaviors in critical populations. Including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("ADAM") system.
L.	8.		Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
L.	9.		Geospatial analysis of access barriers to Mat and their association with treatment engagement and treatment outcomes.