INGHAM COUNTY BOARD OF COMMISSIONERS
P.O. Box 319, Mason, Michigan 48854 Telephone (517) 676-7200 Fax (517) 676-7264

THE HUMAN SERVICES COMMITTEE WILL MEET ON MONDAY, OCTOBER 3, 2022 AT 6:00 P.M., IN CONFERENCE ROOM A, HUMAN SERVICES BUILDING, 5303 S. CEDAR, LANSING AND VIRTUALLY AT https://ingham.zoom.us/j/83587032242.

Agenda

Call to Order
Approval of the September 19, 2022 Minutes
Additions to the Agenda
Limited Public Comment

1. Health Department
   a. Resolution to Reappoint Dr. Michael Markey, M.D. as Chief Medical Examiner
   b. Resolution to Authorize a 2022-2023 Agreement with the Michigan Department of Health and Human Services for the Delivery of Family Planning Services
   c. Resolution to Extend the Lease Agreement with CAMAO, Properties LLC
   d. Resolution to Renew a Provider Agreement with Ingham Health Plan Corporation

2. Opioid Litigation – Establishment of an Advisory Panel to the Board of Commissioners (*Discussion)*

Announcements
Public Comment
Adjournment

PLEASE TURN OFF CELL PHONES OR OTHER ELECTRONIC DEVICES OR SET TO MUTE OR VIBRATE TO AVOID DISRUPTION DURING THE MEETING

The County of Ingham will provide necessary reasonable auxiliary aids and services, such as interpreters for the hearing impaired and audio tapes of printed materials being considered at the meeting for the visually impaired, for individuals with disabilities at the meeting upon five (5) working days notice to the County of Ingham. Individuals with disabilities requiring auxiliary aids or services should contact the County of Ingham in writing or by calling the following: Ingham County Board of Commissioners, P.O. Box 319, Mason, MI 48854 Phone: (517) 676-7200. A quorum of the Board of Commissioners may be in attendance at this meeting. Meeting information is also available on line at www.ingham.org.

HUMAN SERVICES COMMITTEE
September 19, 2022
Draft Minutes

Members Present: Cahill, Crenshaw, Slaughter, and Trubac.

Members Absent: Naeyaert, Sebolt, and Tennis.

Others Present: Commissioner Peña, Lori Noyer, Charles Steinfield, Susan Russick, David Anderson, Jared Cypher, Kylie Rhoades and others

The meeting was called to order by Chairperson Trubac at 6:00 p.m. in Conference Room A of the Human Services Building, 5303 S. Cedar Street, Lansing, Michigan. Virtual public participation was offered via Zoom at https://ingham.zoom.us/j/83587032242.

Approval of the August 29, 2022 Minutes

MOVED BY COMM. CRENSHAW, SUPPORTED BY COMM. SLAUGHTER, TO APPROVE THE AUGUST 29, 2022 MINUTES.

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Naeyaert, Sebolt, and Tennis.

Additions to the Agenda

Removed –

5. Opioid Litigation – Establishment of an Advisory Panel to the Board of Commissioners (*Discussion)*

Chairperson Trubac stated that the discussion would occur at a later date.

Limited Public Comment

None.

MOVED BY COMM. CRENSHAW, SUPPORTED BY COMM. SLAUGHTER, TO APPROVE A CONSENT AGENDA CONSISTING OF THE FOLLOWING ACTION ITEMS:

2. Potter Park Zoo – Resolution to Authorize Converting Position #692030 from .5 FTE Level 300 to 1.0 FTE Level I

3. Parks Department
   a. Resolution to Authorize a Purchase Order to Bowman Contracting and Concrete for Concrete Disc Golf Tee Pads at Lake Lansing North County Park

b. Resolution to Authorize a Contract with Crawford Door Company Inc. for Supplying and Installing a Garage Door at Hawk Island County Park
c. Resolution to Authorize the Acceptance of the Project Agreement for a Michigan Natural Resources Trust Fund Grant #TF21-0118
d. Resolution to Authorize the Acceptance of the Project Agreement for a Michigan Natural Resources Trust Fund Grant #TF21-0057
e. Resolution to Authorize an Amendment to the Contract with Laux Construction, LLC for Lake Lansing Boat Launch Fencing
f. Resolution to Authorize a Memorandum of Understanding with Michigan State University Extension for the Hesse-Earl Youth Fishing Program
g. Resolution to Authorize a Contract with Northern Michigan Spray Foam for Supplying and Installing Spray Insulation at Hawk Island County Park

4. Health Department
   a. Resolution to Authorize an Agreement with Ascension Pharmacy for Participation in the 340B Drug Discount Program
   b. Resolution to Authorize an Agreement with Atlas Meds Pharmacy Inc. for Participation in the 340B Drug Discount Program
   c. Resolution to Authorize an Agreement with Central Pharmacy for Participation in the 340B Drug Discount Program
   d. Resolution to Amend Resolution #22-102 Authorizing an Agreement with the Michigan Department of Labor and Economic Opportunity
   e. Resolution to Renew a Representational Agreement with Daudi & Kroll P.C. for Kamar Alnerabieh
   f. Resolution to Amend Resolution #22-028 Authorizing an Agreement with Dignified Aging Project
   g. Resolution to Authorize COVID-19 Regional Health Equity Council Backbone Organization Grant Sub-Agreements with the Capital Area Health Alliance and TCB Consulting, LLC
   h. Resolution to Authorize an Increase of Position #601181 (Dentist) from 0.5 FTE to 0.75 FTE
   i. Resolution to Authorize Amendment #4 to the 2021-2022 Emerging Threats Master Agreement with the Michigan Department of Health and Human Services for the Delivery of Public Health Services Under the Comprehensive Agreement
   j. Resolution to Authorize an Agreement with Kulik Strategic Advisers for the Development of a Health Department Strategic Plan
   k. Resolution to Convert a WIC Health Program Assistant Position to a Community Health Representative II Position
   l. Resolution to Amend Resolution #21-314
   m. Resolution to Authorize an Agreement with AB Staffing Solutions

THE MOTION CARRIED UNANIMOUSLY. Absent: Commissioners Naeyaert, Sebolt, and Tennis.

THE MOTION TO APPROVE THE ITEMS ON THE CONSENT AGENDA CARRIED UNANIMOUSLY. Absent: Commissioners Naeyaert, Sebolt, and Tennis.

1. Ingham Health Plan – Health Services Millage Activities (*Presentation)*

Lori Noyer, Ingham Health Plan Corporation (IHP) Executive Director, stated that there were 1,250 individuals currently enrolled with Ingham Health Plan, and that they had served just over 1,400 members as of August 31, 2022. She further stated that there would be Ingham County residents who would become uninsured once the Public Health Emergency was declared over.

Ms. Noyer stated that the Public Health Emergency was set to expire October 12, 2022, however, Centers for Medicare and Medicaid Services (CMS) had agreed to provide states with 60 days notice before expiration which would have been August 11, 2022. She further stated that the assumption was that the Public Health Emergency would be extended until January 11, 2023.

Ms. Noyer stated that there were rumors that the Public Health Emergency would be extended until April 2023. She further stated that as a result of the delay, IHP would not see an increase in the number of Medicaid cases unwinding.

Ms. Noyer stated that IHP continued to outreach to community partners, who have continued to enroll individuals. She further stated that the online application continued to reach individuals who otherwise did not have access to the enrollment sites.

Ms. Noyer stated that there was a total of 142 new enrollments so far in 2022. She further stated that IHP had been working with Ingham Department of Health and Human Services to draft a letter to send to their emergency services only and spend down beneficiaries, as the population also qualified for IHP.

Ms. Noyer stated that the number of members enrolled, cost of services and utilization of services were the main factors that drove the cost of plans. She further stated that each factor was a variable and while IHP could have a lower number of individuals enrolled the utilization rate could be increased.

Ms. Noyer stated that IHP used a Medicaid fee schedule as the base to set the IHP reimbursement rate, and additionally included an eight percent provider incentive. She further stated that the formula was used for most services, with the exception of office visits.

Ms. Noyer stated that IHP could increase the incentive, or switch to a flat rate in 2023 to get more millage funds into the community. She further stated that at the start of 2018 IHP had a fund balance of roughly seven million dollars, and ended 2021 with $4,441,000.

Ms. Noyer stated that IHP had spent 1.6 million dollars of General Fund in 2018, which included $500,000 to cover healthcare costs for individuals who were not eligible for Medicaid. She further stated that in 2019 IHP had spend $468,000 of the General Fund, and had used $300,000 for health services that were millage eligible.

Ms. Noyer stated that in 2020 and 2021 IHP had used $250,000 each year to cover funds that were not millage eligible. She further stated the IHP Board was willing to utilize fund balances, but did so in an organized way so that they could continue to be a community safety net.

Commissioner Crenshaw asked if there was a way to differentiate the online enrollment between the computer-based web application and the smartphone application.

Ms. Noyer stated that there might be a way to do so but she had not year explored that option. She further stated that the enrollment application was smartphone friendly.

Commissioner Crenshaw stated that he knew of applications that were not compatible with smartphones, and wanted to make sure that citizens would not encounter any concerns.

Ms. Noyer stated that it was actually easier to apply on a smartphone, as the application required a few documents to be uploaded. She further stated that individuals could take pictures of the documents with there phone and directly upload it to the application.

Commissioner Crenshaw asked if IHP had established a QR code.

Ms. Noyer stated that IHP did have a QR code, and included it on several outreach materials. She further stated that the application was also available in Spanish.

Commissioner Cahill asked if individuals were able to apply in-person.

Ms. Noyer stated that there were six community sites, including the Allen Neighborhood Center and Cristo Rey Church, that assisted with enrollment.

Commissioner Slaughter expressed his thanks to Ms. Noyer and her staff for their hard work. He further stated that IHP was an invaluable asset to Ingham County and that he was glad to have included the Millage.

Chairperson Trubac stated his agreement with Commissioner Slaughter, and noted that IHP provided exemplary services. He further stated that IHP was the pride of Ingham County.

Announcements

None.

Public Comment

Charles Steinfield, Ingham County Resident, stated that he lived near the boat launch on the Northside of Lake Lansing. He further stated that from his understanding there was major work underway for the boat launch, which included the replacement of the surrounding fence.

Mr. Steinfield stated that he had heard of a few different plans, and wanted to encourage the Human Services Committee to improve the plan that included an aluminum fence. He further stated that there was currently an old chain link fence that was rusted and broken down.

Ms. Steinfield stated that the park was in a residential area, and a chain link fence might be more appropriate for an industrial zone. He further stated that he and his neighbors were in favor of the aluminum fence, which was more aesthetically pleasing.

Susan Russick, Ingham County Resident, stated that the existing fence had seen various stages of caretaking over the years. She further stated that she believed that the park could become a nice park, especially for kayakers.

Ms. Russick stated that the nice aluminum fence had originally been proposed for the front portion of the fence. She further stated that she was about to sell her home, and whoever lived there next would benefit from the fence matching the entire length.

Ms. Russick stated that the park has been a good neighbor to her, and encouraged the Human Services Committee to approve for all three portions of the fence to match.

Chairperson Trubac stated that the agenda item addressing the fence did pass on the consent agenda.

David Anderson, Ingham County Resident, stated that he thoroughly enjoyed the park. He further stated that he had quite a bit of wood over the fence, and that it would be nice for it to be cleaned up.

Mr. Anderson stated that he would like to encourage the addition of the aluminum fence.

Adjournment

The meeting was adjourned at 6:18 p.m.

OCTOBER 3, 2022 HUMAN SERVICES AGENDA
STAFF REVIEW SUMMARY

ACTION ITEMS:

The Deputy Controller is recommending approval of the following resolutions

1. *Health Department*

a. *Resolution to Reappoint Dr. Michael Markey, M.D. as Chief Medical Examiner*

This resolution authorizes the reappointment of Dr. Michael Markey, M.D., to the position of Chief Medical Examiner for Ingham County, effective January 1, 2023 through December 31, 2026.

b. *Resolution to Authorize a 2022-2023 Agreement with the Michigan Department of Health and Human Services for the Delivery of Family Planning Services*

This resolution authorizes entering into an agreement with MDHHS for the delivery of family planning services, effective October 1, 2022 through September 30, 2023 in an amount not to exceed $261,887. This grant is included in the 2023 budget.

c. *Resolution to Extend the Lease Agreement with CAMAO, Properties LLC*

This resolution authorizes extending the lease agreement with CAMAO, Properties LLC, for the location at 1115 S. Pennsylvania Avenue (Willow Community Health Center) an additional three years, effective October 1, 2022 through September 30, 2025.

d. *Resolution to Renew a Provider Agreement with Ingham Health Plan Corporation*

This resolution authorizes the renewal of the provider agreement with Ingham Health Plan Corporation (IHPC), effective October 1, 2022 through September 30, 2023. The provider agreement will allow IHPC to continue paying, on a fee-for-services basis, for primary care services provided to IHPC members assigned to the community health centers.

OTHER ITEMS:

2. *Opioid Litigation – Establishment of an Advisory Panel to the Board of Commissioners (Discussion)*

Agenda Item 1a

TO: Board of Commissioners Human Services Committee

FROM: Linda S. Vail, MPA, Health Officer

DATE: April 18, 2022

SUBJECT: Authorization to Reappoint Chief Medical Examiner Dr. Michael Markey, M.D

For the meeting agendas of October 3, 2022

BACKGROUND

This resolution authorizes the reappointment of Dr. Michael Markey, M.D., to the position of Chief Medical Examiner for Ingham County.

Through Resolution #18-493, the Ingham County Board of Commissioners appointed Dr. Michael Markey, M.D., as the Ingham County Medical Examiner for a term expiring December 31, 2022. Public Act 181 of 1953, Section 52.201 requires the board of commissioners of each county to appoint a Medical Examiner to hold office for a period of four years to fulfill the duties as outlined in state law. As County Medical Examiners shall be physicians licensed to practice within the State of Michigan, Dr. Michael Markey, M.D. is a board-certified forensic pathologist licensed to practice medicine in the State of Michigan, who currently serves as Medical Examiner for Ingham, Eaton, Ionia, Isabella, Montcalm, and Shiawassee Counties. This reappointment shall be effective January 1, 2023 through December 31, 2026.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

There is no financial impact associated with this resolution.

STRATEGIC PLANNING IMPACT

This resolution supports Goal A. Service to Residents: Provide easy access to quality, innovative, cost-effective services that promote well-being and quality of life for the residents of Ingham County.

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend that the Ingham County Board of Commissioners authorize the reappointment of Dr. Michael Markey, M.D., to the position of Chief Medical Examiner for Ingham County, effective January 1, 2023 through December 31, 2026.

Agenda Item 1a

Introduced by the Human Services Committee of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO REAPPOINT DR. MICHAEL MARKEY, M.D. AS CHIEF MEDICAL EXAMINER

WHEREAS, Ingham County Health Department (ICHD), wishes to authorize the reappointment of Dr. Michael Markey, M.D., to the position of Chief Medical Examiner for Ingham County; and

WHEREAS, through Resolution #18-493, the Ingham County Board of Commissioners appointed Dr. Michael Markey, M.D., as the Ingham County Medical Examiner for a term expiring December 31, 2022; and

WHEREAS, Public Act 181 of 1953, Section 52.201 requires the board of commissioners from each county to appoint a Medical Examiner to hold office for a period of four years to fulfill the duties as outlined in state law; and

WHEREAS, County Medical Examiners shall be physicians licensed to practice within the State of Michigan; and

WHEREAS, Dr. Michael Markey, M.D. is a board-certified forensic pathologist licensed to practice medicine in the State of Michigan, who currently serves as Medical Examiner for Ingham, Eaton, Ionia, Isabella, Montcalm, and Shiawassee Counties; and

WHEREAS, the re-appointment shall be effective January 1, 2023 through December 31, 2026; and

WHEREAS, the Health Officer recommends that the Ingham County Board of Commissioners authorize the reappointment of Dr. Michael Markey, M.D., to the position of Chief Medical Examiner for Ingham County effective January 1, 2023 through December 31, 2026.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners reappoints Dr. Michael Markey, M.D. to the position of Chief Medical Examiner for Ingham County effective January 1, 2023 through December 31, 2026.

BE IT FURTHER RESOLVED, that the Chairperson of the Board of Commissioners is hereby authorized to sign any necessary contract documents on behalf of the county after approval as to form by the County Attorney.

Agenda Item 1b

TO: Board of Commissioners Human Services and Finance Committees

FROM: Linda S. Vail, Health Officer

DATE: September 13, 2022

SUBJECT: FY 23 Family Planning Services Agreement with the Michigan Department of Health and Human Services
For the meeting agendas of October 3 and October 5, 2022

BACKGROUND

Ingham County Health Department's (ICHD) Community Health Centers (CHCs) wish to enter into an agreement with Michigan Department of Health and Human Services (MDHHS) for the delivery of family planning services effective October 1, 2022 through September 30, 2023 in an amount not to exceed $261,887. ICHD's CHCs currently receive family planning services funding from MDHHS through the Comprehensive Agreement via Resolution #21-420.

ALTERNATIVES

There are no alternatives.

FINANCIAL IMPACT

The grant amount, detailed in the agreement, is included in the FY 23 CHC Operating budget.

STRATEGIC PLANNING IMPACT

This resolution supports the long-term objection of Promoting Accessible Healthcare, specifically section A.1(e) of the Action Plan – Expand access to healthcare for county residents, with an emphasis on the uninsured and underinsured.

RECOMMENDATION

Based on the information presented, I respectfully recommend that the Ingham County Board of Commissioners authorize entering into an agreement with MDHHS for the delivery of family planning services effective October 1, 2022 through September 30, 2023 in an amount not to exceed $261,887.

Agenda Item 1b

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO AUTHORIZE A 2022-2023 AGREEMENT WITH THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE DELIVERY OF FAMILY PLANNING SERVICES

WHEREAS, Ingham County Health Department (ICHD) Community Health Centers (CHCs) wish to enter into an agreement with Michigan Department of Health and Human Services (MDHHS) for the delivery of family planning services effective October 1, 2022 through September 30, 2023 in an amount not to exceed $261,887; and

WHEREAS, ICHD's CHCs currently receive family planning services funding from MDHHS through the Comprehensive Agreement via Resolution #21-420; and

WHEREAS, the grant amount, detailed in the agreement, is included in the 2023 budget; and

WHEREAS, the Ingham Community Health Centers Board of Directors and the Health Officer support entering into an agreement with Michigan Department of Health and Human Services (MDHHS) for the delivery of family planning services effective October 1, 2022 through September 30, 2023 in an amount not to exceed $261,887.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes an agreement with Michigan Department of Health and Human Services (MDHHS) for the delivery of family planning services effective October 1, 2022 through September 30, 2023 in an amount not to exceed $261,887.

BE IT FURTHER RESOLVED, that the Health Officer, Linda S. Vail, MPA, Health Officer, or her designee, is authorized to submit the 2022-2023 Family Planning Agreement electronically through the Mi-E Grants system after approval as to form by the County Attorney.

Agenda Item 1c

TO: Board of Commissioners Human Services and Finance Committees

FROM: Linda S. Vail, MPA, Health Officer

DATE: September 13, 2022

SUBJECT: Authorization to Extend the Lease Agreement with CAMAO, Properties LLC

For the meeting agendas of October 3 and October 5, 2022

BACKGROUND

Ingham County Health Department's (ICHD) Community Health Centers (CHCs) wish to extend the lease agreement with CAMAO, Properties LLC, for the location at 1115 S. Pennsylvania Avenue for an additional three years effective October 1, 2022 through September 30, 2025. The Willow Community Health Center is currently located in this facility which offers 10,316 square feet of space for patient care. Per Resolution #19-356, the current lease agreement is set to expire on September 30, 2022.

ALTERNATIVES

Not renewing this lease would result in a loss of needed Community Health Center space which serves Ingham County residents within this region.

FINANCIAL IMPACT

Currently, the rent for the location at 1115 S. Pennsylvania Ave. is $167,944.48 a year. With the amended agreement, the cost will increase by a total of $10,212.84 over the three-year period. Please see the rent break out below for the square footage.

Period	Rent/Sq. Ft.	Monthly Rental	Period Rental
10/1/2022 - 9/30/2023	$16.50	$14,184.50	$170,214.00
10/1/2023 – 9/30/2024	$16.85	$14,485.38	$173,824.60
10/1/2024 – 9/30/2025	$17.27	$14,846.44	$178,157.32

STRATEGIC PLANNING IMPACT

This resolution supports the overarching long-term objective of promoting accessible healthcare, specifically section A.1(e) of the Action Plan – Expand access to healthcare for county residents, with an emphasis on the uninsured and underinsured.

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend that the Ingham County Board of Commissioners authorize extending the lease agreement with CAMAO, Properties LLC, for the location at 1115 S. Pennsylvania Avenue an additional three years effective October 1, 2022 through September 30, 2025.

Agenda Item 1c

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO EXTEND THE LEASE AGREEMENT WITH CAMAO, PROPERTIES LLC

WHEREAS, Ingham County Health Department's (ICHD) Community Health Centers (CHCs) wish to extend the lease agreement with CAMAO, Properties LLC, for the location at 1115 S. Pennsylvania Avenue an additional three years effective October 1, 2022 through September 30, 2025; and

WHEREAS, the Willow CHC is currently located in this facility which offers 10,316 square feet of space for patient care; and

WHEREAS, per Resolution #19-356, the current lease agreement is set to expire on September 30, 2022; and

WHEREAS, currently the rent for the location at 1115 S. Pennsylvania Avenue is $167,944.48 a year; and

WHEREAS, with the amended agreement, the cost will increase by a total of $10,212.84 over the three-year period; and

WHEREAS, the square footage cost is as follows:

Period	Rent/Sq. Ft.	Monthly Rental	Period Rental
10/1/2022 - 9/30/2023	$16.50	$14,184.50	$170,214.00
10/1/2023 – 9/30/2024	$16.85	$14,485.38	$173,824.60
10/1/2024 – 9/30/2025	$17.27	$14,846.44	$178,157.32

; and

WHEREAS, the Ingham Community Health Center Board of Directors and the Health Officer recommend that the Ingham County Board of Commissioners authorize extending the lease agreement for the location at 1115 S. Pennsylvania Avenue an additional three years, effective October 1, 2022 through September 30, 2025.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes extending the lease agreement with CAMAO, Properties LLC for 1115 S. Pennsylvania Avenue an additional three years, effective October 1, 2022 through September 30, 2025.

BE IT FURTHER RESOLVED, the square footage cost is as follows:

Period	Rent/Sq. Ft.	Monthly Rental	Period Rental
10/1/2022 - 9/30/2023	$16.50	$14,184.50	$170,214.00
10/1/2023 – 9/30/2024	$16.85	$14,485.38	$173,824.60
10/1/2024 – 9/30/2025	$17.27	$14,846.44	$178,157.32

BE IT FURTHER RESOLVED, that the Controller/Administrator is authorized to make any budget adjustments consistent with this resolution.

BE IT FURTHER RESOLVED, that the Chairperson of the Board of Commissioners is hereby authorized to sign any contract documents on behalf of the county after approval as to form by the County Attorney.

Agenda Item 1d

TO: Board of Commissioners Human Services and Finance Committees

FROM: Linda S. Vail, MPA, Health Officer

DATE: September 13, 2022

SUBJECT: Authorization to Renew a Provider Agreement with Ingham Health Plan Corporation.

For the meeting agendas of October 3 and October 5, 2022

BACKGROUND

Ingham County Health Department's (ICHD's) Community Health Centers (CHCs) wish to renew the provider agreement with Ingham Health Plan Corporation (IHPC) effective October 1, 2022 through September 30, 2023. IHPC has historically contracted with ICHD's CHCs to provide members of the Ingham Health Plan with services from physicians and other professional healthcare providers, and to provide funding for healthcare services to support low-income populations in Ingham County. Per Resolution #21-469, the current provider agreement is set to expire on September 30, 2022.

ALTERNATIVES

If the provider agreement is not renewed, low-income residents of Ingham County, who are presently IHPC members, will lose access to primary care services.

FINANCIAL IMPACT

The provider agreement will allow IHPC to continue paying, on a fee-for-services basis, for primary care services provided to IHPC members assigned to ICHD's CHCs. ICHD's CHCs will continue to receive the same fee-for-service payment as other IHPC medical providers, whereby the reimbursement amount will be no less than Medicaid reimbursement rates, minus co-payments, deductibles, and other similar amounts.

STRATEGIC PLANNING IMPACT

This resolution supports the overarching long-term objective of promoting accessible healthcare, specifically section A.1(e) of the Action Plan – Expand access to healthcare for county residents, with an emphasis on the uninsured and underinsured.

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend that the Ingham County Board of Commissioners authorize the renewal of the provider agreement with Ingham Health Plan Corporation, effective October 1, 2022 through September 30, 2023.

Agenda Item 1d

Introduced by the Human Services and Finance Committees of the:

INGHAM COUNTY BOARD OF COMMISSIONERS

RESOLUTION TO RENEW A PROVIDER AGREEMENT WITH INGHAM HEALTH PLAN CORPORATION

WHEREAS, Ingham County Health Department's (ICHD's) Community Health Centers (CHCs) wish to renew the provider agreement with Ingham Health Plan Corporation (IHPC) effective October 1, 2022 through September 30, 2023; and

WHEREAS, IHPC has historically contracted with ICHD's CHCs to provide members of the Ingham Health Plan with services from physicians and other professional healthcare providers, and to provide funding for healthcare services to support low-income populations in Ingham County; and

WHEREAS, per Resolution #21-469, the current provider agreement is set to expire on September 30, 2022; and

WHEREAS, the provider agreement will allow IHPC to continue paying, on a fee-for-services basis, for primary care services provided to IHPC members assigned to ICHD's CHCs; and

WHEREAS, ICHD's CHCs will continue to receive the same fee-for-service payment as other IHPC medical providers, whereby the reimbursement amount will be no less than Medicaid reimbursement rates, minus co-payments, deductibles, and other similar amounts; and

WHEREAS, the CHC Board of Directors and the Health Officer recommend that the Ingham County Board of Commissioners authorize renewing the provider agreement with Ingham Health Plan Corporation effective October 1, 2022 through September 30, 2023.

THEREFORE BE IT RESOLVED, that the Ingham County Board of Commissioners authorizes the renewal of the provider agreement with Ingham Health Plan Corporation effective October 1, 2022 through September 30, 2023.

BE IT FURTHER RESOLVED, that the Chairperson of the Board of Commissioners is hereby authorized to sign any contract documents on behalf of the county after approval as to form by the County Attorney.

Agenda Item 2

TO: Board of Commissioners Human Services Committee

FROM: Jared Cypher, Deputy Controller

DATE: September 26, 2022

SUBJECT: Opioid Litigation Advisory Panel

For the meeting agenda of October 3, 2022

BACKGROUND

In 2018, prior to and concurrent with Ingham County's approval of a contract with Weitz & Luxenburg, P.C. to represent the County in litigation against opioid manufacturers and distributors, an informal group representing staff and elected officials met several times to discuss the impact of potential litigation, how to advise the Board to move forward, and how to respond to information requests as litigation proceeded. This group consisted of representatives from:

- Controller/Administrator
- County Attorney
- Budget Director
- Human Resources
- Health Dept./Medical Examiner
- Sheriff
- Prosecutor
- Circuit Court - Family Division

Now that settlement funds are on the horizon and the use of settlement funds are restricted to certain activities, the Board of Commissioners may wish to consider forming a similar panel to advise on programming and initiatives for the use of settlement funds.

ALTERNATIVES

The Board of Commissioners could choose to form a citizen advisory panel, or allocate the funding without a panel.

FINANCIAL IMPACT

Ingham County is projected to receive just under $7.4 million in opioid litigation settlement funds over the next 18 years. The first payment of approximately $172,000 is pending.

STRATEGIC PLANNING IMPACT

This action supports the overarching goals of preventing and controlling disease, promoting accessible healthcare, assisting in meeting basic needs, and supporting public safety.

OTHER CONSIDERATIONS

There are no other considerations.

RECOMMENDATION

Based on the information presented, I respectfully recommend that the Ingham County Board of Commissioners form an advisory panel to provide recommendations to the Board for utilization of settlement funds from the litigation against opioid manufacturers and distributors.

EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[14]

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and

2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

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.

[14] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("*OUD*") and other Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")**

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

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

F. **TREATMENT FOR INCARCERATED POPULATION**

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; and

2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

Schedule B
Approved Uses

Support 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:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support 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, those that:[15]

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.

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[15] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

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.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

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. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for 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.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

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.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

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:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

    2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

    3. "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;

    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

    5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

    6. 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.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;

2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

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.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

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.

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.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.