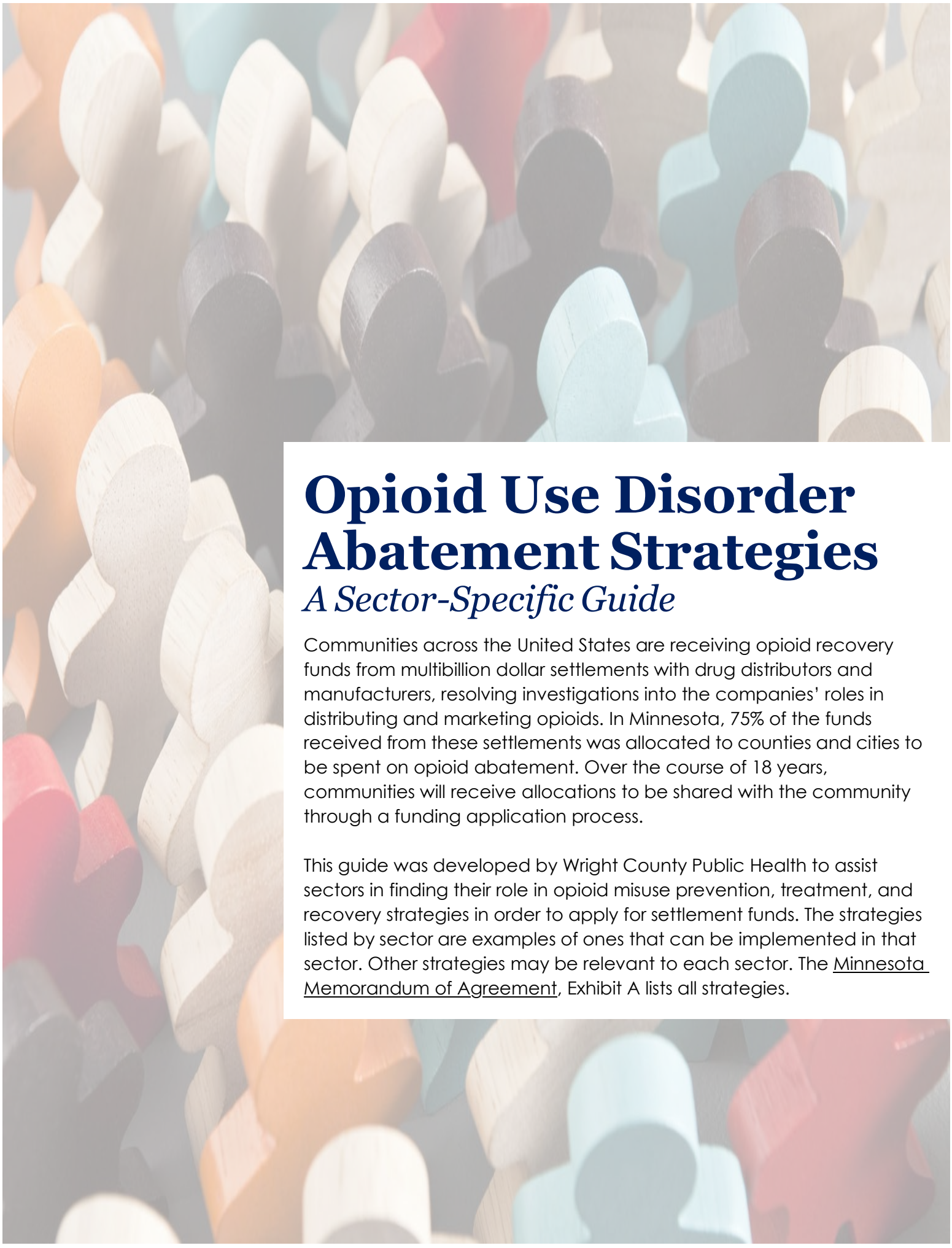

Opioid Use Disorder Abatement Strategies

A Sector-Specific Guide

Communities across the United States are receiving opioid recovery funds from multibillion dollar settlements with drug distributors and manufacturers, resolving investigations into the companies' roles in distributing and marketing opioids. In Minnesota, 75% of the funds received from these settlements was allocated to counties and cities to be spent on opioid abatement. Over the course of 18 years, communities will receive allocations to be shared with the community through a funding application process.

This guide was developed by Wright County Public Health to assist sectors in finding their role in opioid misuse prevention, treatment, and recovery strategies in order to apply for settlement funds. The strategies listed by sector are examples of ones that can be implemented in that sector. Other strategies may be relevant to each sector. The Minnesota Memorandum of Agreement, Exhibit A lists all strategies.

Table of Contents

Abbreviations

CME: Continuing Medical Education
MH: Mental Health
MOUD: Medications for Opioid Use Disorder
NOWS: Neonatal Opioid Withdrawal Syndrome
OTP: Opioid Treatment Provider
OUD: Opioid Use Disorder
PDMP: Prescription Drug Monitoring Program
SBIRT: Screening, Brief Intervention, and Referral to Treatment
SUD: Substance Use Disorder

Healthcare

Healthcare organizations play a vital role in opioid abatement. They can collaborate to find solutions, implement new practices in a variety of settings, and set new standards to both treat and prevent the harms caused by the opioid epidemic.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of MOUD approved by the U.S. Food and Drug Administration.	Part One, A1
Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine continuum of care for OUD and any co-occurring SUD/MH conditions.	Part One, A2
Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH condition, including MOUD, as well as counseling, psychiatric support, and other treatment and recovery support services.	Part One, A3
Improve oversight of OTPs to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.	Part One, A4
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.	Part One, A5
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.	Part One, A6

Healthcare, cont.

Strategies	Exhibit A Reference
Support detoxification (detox) and withdrawal management services for people with OUD and any co-occurring SUD/MH conditions, including but not limited to medical detox, referral to treatment, or connections to other services or supports.	Part One, A7
Provide training on MOUD 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.	Part One, A8
Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH or mental health conditions.	Part One, A9
Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.	Part One, A10
Offer scholarships and supports for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, licensed mental health counselors, and other mental and behavioral health practitioners or workers, including peer recovery coaches, peer recovery supports, and treatment coordinators, 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, continuing education, licensing fees, or other incentives for providers to work in rural or underserved areas.	Part One, A11
Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("DATA 2000") to prescribe MOUD for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.	Part One, A12
Dissemination 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.	Part One, A13
Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.	Part One, A14

Healthcare, cont.

Strategies	Exhibit A Reference
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.	Part One, B2
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.	Part One, B9
Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.	Part One, B12
Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including but not limited to new Americans, African Americans, and American Indians.	Part One, B13
Hire or train behavioral health workers to provide or expand any of the services or supports listed [in the Memorandum of Agreement, Exhibit A].	Part One, B15
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.	Part One, C1
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.	Part One, C2
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.	Part One, C3
Purchase automated versions of SBIRT and support ongoing costs of the technology.	Part One, C4
Expand services such as navigators and on-call teams to begin MOUD in hospital emergency departments.	Part One, C5
Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MOUD, recovery case management or support services.	Part One, C6

Healthcare, cont.

Strategies	Exhibit A Reference
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.	Part One, C7
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.	Part One, C10
Expand warm hand-off services to transition to recovery services.	Part One, C11
Support assistance programs for health care providers with OUD.	Part One, C14
Support evidence-based or evidence-informed treatment, including MOUD, recovery services and supports, and prevention services for the perinatal population—or individuals who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to caregivers and families affected by NOWS.	Part One, E1
Expand comprehensive evidence-based treatment and recovery services, including MOUD, for uninsured individuals with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.	Part One, E2
Provide training for obstetricians or other healthcare personnel who work with the perinatal population and their families regarding treatment of OUD and any cooccurring SUD/MH conditions.	Part One, E3
Expand comprehensive evidence-based treatment and recovery support for NOWS babies; expand services for better continuum of care with infant-caregiver dyad; and expand long-term treatment and services for medical monitoring of NOWS babies and their caregivers and families.	Part One, E4
Provide training to health care providers who work with the perinatal population and caregivers on best practices for compliance with federal requirements that children born with NOWS get referred to appropriate services and receive a plan of safe care.	Part One, E5

Healthcare, cont.

Strategies	Exhibit A Reference
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).	Part Two, F1
Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.	Part Two, F2
CME on appropriate prescribing of opioids.	Part Two, F3
Providing support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.	Part Two, F4
Supporting enhancements or improvements to PDMPs, including, but not limited to, improvements that: Increase the number of prescribers using PDMPs; 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 enable states to use PDMP data in support of surveillance or intervention strategies, including MOUD 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.	Part Two, F5
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.	Part Two, F6
Increasing electronic prescribing to prevent diversion or forgery.	Part Two, F7
Educating dispensers on appropriate opioid dispensing.	Part Two, F8
Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.	Part Two, H10
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.	Part Two, H12

Healthcare, cont.

Strategies	Exhibit A Reference
Supporting screening for fentanyl in routine clinical toxicology testing.	Part Two, H13
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.	Part Three, J1
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.	Part Three, J2
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.	Part Three, J3
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.	Part Three, K1
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.).	Part Three, K2
Research non-opioid treatment of chronic pain.	Part Three, L1
Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.	Part Three, L2
Geospatial analysis of access barriers to MOUD and their association with treatment engagement and treatment outcomes.	Part Three, L9

Healthcare, cont.

Resources/Examples

- Linkage to Care Initiatives
- Overdose Fatality Reviews
- Public Health Surveillance with PDMP Data and Public Dissemination of Results
- PDMP Data Use to Inform Clinical Practice and Improve Patient Safety
- Academic Detailing
- Implementing an Overdose Communication Campaign
- A Campaign to Reduce Stigma
- For Hospitals, A Blueprint for Fighting the Opioid Epidemic
- The Opioid Crisis: Hospital Prevention and Response
- Pain Management Best Practices Inter-Agency Task Force Report
- Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States
- Neonatal Abstinence Syndrome (NAS) Road Map
- Opioid Use Disorder Prevention Playbook

Treatment Facilities

An essential part in ending the effects of the opioid epidemic is treating those who have Opioid Use Disorder. Treatment providers are on the front lines as they caringly meet the needs of clientele who were directly harmed by the epidemic.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of MOUD approved by the U.S. Food and Drug Administration.	Part One, A1
Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine continuum of care for OUD and any co-occurring SUD/MH conditions.	Part One, A2
Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH condition, including MOUD, as well as counseling, psychiatric support, and other treatment and recovery support services.	Part One, A3
Improve oversight of OTPs to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.	Part One, A4
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.	Part One, A5
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.	Part One, A6

Treatment Facilities, cont.

Strategies	Exhibit A Reference
Provide training on MOUD 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.	Part One, A8
Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH or mental health conditions.	Part One, A9
Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.	Part One, A10
Offer scholarships and supports for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, licensed mental health counselors, and other mental and behavioral health practitioners or workers, including peer recovery coaches, peer recovery supports, and treatment coordinators, 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, continuing education, licensing fees, or other incentives for providers to work in rural or underserved areas.	Part One, A11
Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("DATA 2000") to prescribe MOUD for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.	Part One, A12
Dissemination 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.	Part One, A13
Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.	Part One, A14
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.	Part One, B1

Treatment Facilities, cont.

Strategies	Exhibit A Reference
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.	Part One, B2
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.	Part One, B3
Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.	Part One, B7
Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.	Part One, B12
Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including but not limited to new Americans, African Americans, and American Indians.	Part One, B13
Hire or train behavioral health workers to provide or expand any of the services or supports listed [in the Memorandum of Agreement, Exhibit A].	Part One, B15
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.	Part One, C1
Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MOUD, recovery case management or support services.	Part One, C6
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.	Part One, C7
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.	Part One, C9

Treatment Facilities, cont.

Strategies	Exhibit A Reference
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.	Part One, C10
Expand warm hand-off services to transition to recovery services.	Part One, C11
Support assistance programs for health care providers with OUD.	Part One, C14
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.	Part One, C16
Support evidence-based or evidence-informed treatment, including MOUD, recovery services and supports, and prevention services for the perinatal population—or individuals who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to caregivers and families affected by NOWS.	Part One, E1
Expand comprehensive evidence-based treatment and recovery services, including MOUD, for uninsured individuals with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.	Part One, E2
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.	Part Two, H1
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 Two, H9
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.	Part Two, H11

Treatment Facilities, cont.

Strategies	Exhibit A Reference
Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any cooccurring 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.).	Part Three, K2
Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.	Part Three, L4
Geospatial analysis of access barriers to MOUD and their association with treatment engagement and treatment outcomes.	Part Three, L9

Resources/Examples

- Naloxone Distribution Programs
- Overdose Fatality Reviews
- Implementing an Overdose Communication Campaign
- A Campaign to Reduce Stigma
- Federal Guidelines for Opioid Treatment Programs
- Medications for Opioid Use Disorder - Treatment Improvement Protocol
- Peers Supporting Recovery from Substance Use Disorders
- Integrating Peer-Support Services
- Post-Overdose Response Team (PORT) Toolkit
- Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities
- Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States

Recovery Organizations

Recovery from an Opioid Use Disorder is a lifelong process. Recovery organizations provide resources, provide peer support, remove access barriers, and share connections for those who have used opioids and their loved ones.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
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.	Part One, A5
Provide training on MOUD 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.	Part One, A8
Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH or mental health conditions.	Part One, A9
Offer scholarships and supports for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, licensed mental health counselors, and other mental and behavioral health practitioners or workers, including peer recovery coaches, peer recovery supports, and treatment coordinators, 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, continuing education, licensing fees, or other incentives for providers to work in rural or underserved areas.	Part One, A11
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.	Part One, B1

Recovery Organizations, cont.

Strategies	Exhibit A Reference
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.	Part One, B2
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.	Part One, B3
Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.	Part One, B4
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.	Part One, B6
Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.	Part One, B7
Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.	Part One, B8
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.	Part One, B9
Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.	Part One, B12
Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including but not limited to new Americans, African Americans, and American Indians.	Part One, B13
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.	Part One, C10

Recovery Organizations, cont.

Strategies	Exhibit A Reference
Expand warm hand-off services to transition to recovery services.	Part One, C11
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.	Part One, C12
Support evidence-based or evidence-informed treatment, including MOUD, recovery services and supports, and prevention services for the perinatal population—or individuals who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to caregivers and families affected by NOWS.	Part One, E1
Expand comprehensive evidence-based treatment and recovery services, including MOUD, for uninsured individuals with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.	Part One, E2
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.	Part Two, H1
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.	Part Two H2
Public education relating to immunity and Good Samaritan laws.	Part Two, H7
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.	Part Two, H11
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.	Part Two, H12

Recovery Organizations, cont.

Strategies	Exhibit A Reference
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.).	Part Three, K2
Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.	Part Three, L4

Resources/Examples

- Naloxone Distribution Programs
- Overdose Fatality Reviews
- Implementing an Overdose Communication Campaign
- A Campaign to Reduce Stigma
- Peers Supporting Recovery from Substance Use Disorders
- Integrating Peer-Support Services
- Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States

Post-Mortem Service Providers

Post-mortem services can support loved ones of those passed from an opioid-related incident, inform the public safety and public health system of trends they are seeing, and provide information essential to supporting existing and developing new strategies to combat the opioid crisis.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
Toxicology tests for the range of opioids, including synthetic opioids, seen in overdose deaths as well as newly evolving synthetic opioids infiltrating the drug supply.	Part Three, M1
Toxicology method development and method validation for the range of synthetic opioids observed now and in the future, including the cost of installation, maintenance, repairs and training of capital equipment.	Part Three, M2
Autopsies in cases of overdose deaths resulting from opioids and synthetic opioids.	Part Three, M3
Additional storage space/facilities for bodies directly related to opioid or synthetic opioid related deaths.	Part Three, M4
Comprehensive death investigations for individuals where a death is caused by or suspected to have been caused by an opioid or synthetic opioid overdose, whether intentional or accidental (overdose fatality reviews).	Part Three, M5
Indigent burial for unclaimed remains resulting from overdose deaths.	Part Three, M6
Navigation-to-care services for individuals with opioid use disorder who are encountered by the medical examiner's office as either family and/or social network members of decedents dying of opioid overdose.	Part Three, M7
Epidemiologic data management and reporting to public health and public safety stakeholders regarding opioid overdose fatalities.	Part Three, M8

Resources/Examples

- Overdose Fatality Reviews

Emergency Medical Services

As a frontline organization, Emergency Medical Services plays a critical role in responding to the opioid crisis by providing immediate care for those who have overdosed, leading innovative community overdose prevention programs, and sharing timely data with partners such as public health and public safety.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
Provide training on MOUD 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.	Part One, A8
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.	Part One, C9
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.	Part Two, H1
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.	Part Two, H3
Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.	Part Two, H5
Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.	Part Two, H8
Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.	Part Two, I2

Emergency Medical Services, cont.

Strategies	Exhibit A Reference
Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.	Part Two, I3

Resources/Examples

- Naloxone Distribution Programs
- Overdose Fatality Reviews
- Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders
- Post-Overdose Response Team (PORT) Toolkit
- Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities

Law Enforcement

Law enforcement agencies are one of the first to see the direct impacts of the opioid crisis. Their unique role and experiences can help address the opioid epidemic through overdose response, training, treatment and prevention, and research and evaluation.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
Provide training on MOUD 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.	Part One, A8
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.	Part One, B11
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"); active outreach strategies such as the Drug Abuse Response Team ("DART") model; "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; officer prevention strategies, such as the Law Enforcement Assisted Diversion ("LEAD") model; officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.	Part One, D1
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.	Part One, D7
Public education relating to drug disposal.	Part Two, G3

Law Enforcement, cont.

Strategies	Exhibit A Reference
Drug take-back disposal or destruction programs.	Part Two, G4
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.	Part Two, H1
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.	Part Two, H3
Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.	Part Two, H5
Public education relating to emergency responses to overdoses.	Part Two, H6
Public education relating to immunity and Good Samaritan laws.	Part Two, H7
Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.	Part Two, H8
Law enforcement expenditures related to the opioid epidemic.	Part Two, I1
Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.	Part Two, I2
Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.	Part Two, I3
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.).	Part Three, K2
Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.	Part Three, L5

Law Enforcement, cont.

Strategies	Exhibit A Reference
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).	Part Three, L6

Resources/Examples

- Law Enforcement Opioid Resources
- Overdose Fatality Reviews
- Opioid Overdose Prevention Toolkit: Five Essential Steps for First Responders
- Post-Overdose Response Team (PORT) Toolkit
- The Sequential Intercept Model (SIM)
- Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities
- Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States

Corrections

Given the heightened vulnerability of those interacting with Corrections agencies, this sector can impact those who have been directly affected by the opioid crisis. Several avenues exist to enhance a Corrections agency's ability to abate the opioid epidemic, including screening, intervention, and treatment.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
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.	Part One, C2
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.	Part One, C3
Purchase automated versions of SBIRT and support ongoing costs of the technology.	Part One, C4
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.	Part One, C10
Provide evidence-informed treatment, including MOUD, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring SUD/MH conditions who are incarcerated in jail or prison.	Part One, D4
Provide evidence-informed treatment, including MOUD, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring 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.	Part One, D5

Corrections, cont.

Strategies	Exhibit A Reference
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.	Part One, D6
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.	Part One, D7
Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any cooccurring 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.).	Part Three, K2
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.	Part Three, L7

Resources/Examples

- Overdose Fatality Reviews
- The Sequential Intercept Model (SIM)
- Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings
- Treatment Courts
- Adult Drug Court Best Practice Standards
- Screening and Assessment of Co-Occurring Disorders in the Justice System

Court Systems

Many evidence-based strategies can be adopted by court systems to support individuals and families who are handling substance use-related issues, including specialized court programs. Those working in or involved with court systems have a unique perspective to share on multi-disciplinary teams looking to mitigate the damage done by the opioid crisis.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
Support pre-trial services that connect individuals with OUD and any cooccurring SUD/MH conditions to evidence-informed treatment, including MOUD, and related services.	Part One, D2
Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.	Part One, D3
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.	Part One, D7
Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any cooccurring 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.).	Part Three, K2

Resources/Examples

- Overdose Fatality Reviews
- The Sequential Intercept Model (SIM)

Workplaces

Workplaces can address the opioid crisis-related challenges to our workforce. They may serve people in recovery, connect those with active substance use to services, or develop employees who work in the prevention, treatment, and recovery fields.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
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.	Part One, B9
Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.	Part One, B12
Hire or train behavioral health workers to provide or expand any of the services or supports listed [in the Memorandum of Agreement, Exhibit A].	Part One, B15
Develop and support best practices on addressing OUD in the workplace.	Part One, C13
Support assistance programs for health care providers with OUD.	Part One, C14
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.	Part Two, G8

Resources/Examples

- Opioids and the Workplace: An Employer Toolkit for Supporting Prevention, Treatment, and Recovery
- Drug-Free Workplace Toolkit
- Recovery Friendly Workplaces
- Opioid Epidemic Response: Employer Toolkit
- Recovery Friendly Missouri

Faith Communities

Faith-based organizations and communities have a long history of supporting individuals and families affected by substance use. These efforts can be in prevention, treatment, and/or recovery. Faith communities can utilize their traditions, experiences, and resources to make an impact on their members in times of need.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
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.	Part One, B10
Engage non-profits and the faith community as a system to support outreach for treatment.	Part One, C15
Engage non-profits and faith-based communities as systems to support prevention.	Part Two, G7

Resources/Examples

- Opioid Use Disorder Toolkit for Faith-Based Community Leaders
- The Opioid Crisis Practical Toolkit: Helping Faith-based and Community Leaders Bring Hope and Healing

Schools

Schools have a unique captive audience in which to prevent and mitigate the harm of substance use. Setting youth up for long-term success by preventing use saves lives, interrupts intergenerational cycles of addiction, and is cost-effective.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
Create and/or support recovery high schools.	Part One, B14
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.	Part One, C3
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.	Part One, C12
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.	Part Two, G8
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.	Part Two, G9
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.	Part Two, G11
Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health.	Part Two, G12

Schools, cont.

Strategies	Exhibit A Reference
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.	Part Two, H1
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.	Part Two, H3
Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.	Part Two, H4

Resources/Examples

- Operation Prevention
- Intervention IDEAs for Infants, Toddlers, Children, and Youth Impacted by Opioids
- Promising School-based Opioid Prevention Approaches
- Naloxone in Schools Toolkit

Community-based Organizations

Community-based organizations can be well-connected to and well-supported by those experiencing substance use. They have a long history of supporting individuals and families. These efforts include prevention, harm reduction, treatment, and/or recovery.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
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.	Part One, B1
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.	Part One, B2
Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.	Part One, B4
Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.	Part One, B5
Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.	Part One, B7
Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.	Part One, B8
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.	Part One, B10

Community-based Organizations, cont.

Strategies	Exhibit A Reference
Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.	Part One, B12
Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including but not limited to new Americans, African Americans, and American Indians.	Part One, B13
Engage non-profits and the faith community as a system to support outreach for treatment.	Part One, C15
Funding media campaigns to prevent opioid misuse, including but not limited to focusing on risk factors and early interventions.	Part Two, G1
Corrective advertising or affirmative public education campaigns based on evidence.	Part Two, G2
Public education relating to drug disposal.	Part Two, G3
Funding community anti-drug coalitions that engage in drug prevention efforts.	Part Two, G5
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").	Part Two, G6
Engaging non-profits and faith-based communities as systems to support prevention.	Part Two, G7
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.	Part Two, G8
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.	Part Two, G9

Community-based Organizations, cont.

Strategies	Exhibit A Reference
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.	Part Two, G10
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.	Part Two, H1
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.	Part Two, H3
Public education relating to emergency responses to overdoses.	Part Two, H6
Public education relating to immunity and Good Samaritan laws.	Part Two, H7
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 Two, H9
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.	Part Two, H11
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.	Part Three, J1

Community-based Organizations, cont.

Strategies	Exhibit A Reference
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.	Part Three, J3
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.	Part Three, K1

Resources/Examples

- Naloxone Distribution Programs
- Implementing an Overdose Communication Campaign
- A Campaign to Reduce Stigma
- Implementing an Overdose Communication Campaign
- A Campaign to Reduce Stigma
- The Sequential Intercept Model (SIM)
- The Opioid Crisis Practical Toolkit: Helping Faith-based and Community Leaders Bring Hope and Healing
- Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States
- Opioid Use Disorder Prevention Playbook

Human Services

Human services organizations work with individuals, providers, government systems, and other stakeholders to prevent, respond to, and mitigate the harms of the opioid epidemic. These agencies are often tasked with both working to prevent use and working with individuals who themselves are using opioids or other drugs. Therefore, many opioid abatement strategies can be implemented by this sector.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
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.	Part One, B1
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.	Part One, B2
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.	Part One, B3
Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.	Part One, B4
Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.	Part One, B5
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.	Part Two, G9

Human Services, cont.

Strategies	Exhibit A Reference
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.	Part Two, G10
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.	Part Two, G11
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.	Part Two, G12
Support evidence-based or evidence-informed treatment, including MOUD, recovery services and supports, and prevention services for the perinatal population—or individuals who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to caregivers and families affected by NOWS.	Part One, E1
Expand comprehensive evidence-based treatment and recovery services, including MOUD, for uninsured individuals with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.	Part One, E2
Provide child and family supports for caregivers with OUD and any co-occurring SUD/MH conditions, emphasizing the desire to keep families together.	Part One, E6
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.	Part One, E7
Offer home-based wrap-around services to persons with OUD and any cooccurring SUD/MH conditions, including, but not limited to, parent skills training.	Part One, E8
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 One, E9

Human Services, cont.

Resources/Examples

- Naloxone Distribution Programs
- Overdose Fatality Reviews
- Post-Overdose Response Team (PORT) Toolkit
- The Sequential Intercept Model (SIM)
- Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities
- Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States
- Opioid Use Disorder Prevention Playbook

Public Health

Public health organizations have deep experience in both working with clientele affected by opioid/substance use as well as collaborating with community partners to change policies, systems, and environments to better support individuals, families and communities experiencing substance use.

Below are abatement strategies that may impact this sector. There are other strategies not listed that may be addressed. For a list of all strategies, please see the Minnesota Memorandum of Agreement, Exhibit A. Additional sector-specific resources are provided at the end of this section.

For more direction and assistance in how this sector can be involved in opioid abatement strategies, please contact amyr@horizonph.org.

Strategies	Exhibit A Reference
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.	Part One, A5
Provide training on MOUD 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.	Part One, A8
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.	Part One, B1
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.	Part One, B2
Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.	Part One, B4
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.	Part One, B11

Public Health, cont.

Strategies	Exhibit A Reference
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.	Part One, C1
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.	Part One, C2
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.	Part One, C3
Purchase automated versions of SBIRT and support ongoing costs of the technology.	Part One, C4
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.	Part One, C10
Support evidence-based or evidence-informed treatment, including MOUD, recovery services and supports, and prevention services for the perinatal population—or individuals who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to caregivers and families affected by NOWS.	Part One, E1
Expand comprehensive evidence-based treatment and recovery services, including MOUD, for uninsured individuals with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.	Part One, E2
Provide training for obstetricians or other healthcare personnel who work with the perinatal population and their families regarding treatment of OUD and any cooccurring SUD/MH conditions.	Part One, E3
Expand comprehensive evidence-based treatment and recovery support for NOWS babies; expand services for better continuum of care with infant-caregiver dyad; and expand long-term treatment and services for medical monitoring of NOWS babies and their caregivers and families.	Part One, E4

Public Health, cont.

Strategies	Exhibit A Reference
Provide training to health care providers who work with the perinatal population and caregivers on best practices for compliance with federal requirements that children born with NOWS get referred to appropriate services and receive a plan of safe care.	Part One, E5
Provide child and family supports for caregivers with OUD and any co-occurring SUD/MH conditions, emphasizing the desire to keep families together.	Part One, E6
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.	Part One, E7
Offer home-based wrap-around services to persons with OUD and any cooccurring SUD/MH conditions, including, but not limited to, parent skills training.	Part One, E8
Funding media campaigns to prevent opioid misuse, including but not limited to focusing on risk factors and early interventions.	Part Two, G1
Corrective advertising or affirmative public education campaigns based on evidence.	Part Two, G2
Public education relating to drug disposal.	Part Two, G3
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.	Part Two, H1
Public health entities providing free naloxone to anyone in the community.	Part Two, H2
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.	Part Two, H3
Public education relating to emergency responses to overdoses.	Part Tow, H6

Public Health, cont.

Strategies	Exhibit A Reference
Public education relating to immunity and Good Samaritan laws.	Part Two, H7
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 Two, H9
Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.	Part Two, H10
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.	Part Two, H11
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 cooccurring SUD/MH conditions.	Part Two, H12
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.	Part Three, J1
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.	Part Three, J2
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.	Part Three, J3

Public Health, cont.

Strategies	Exhibit A Reference
Provide resources to staff government oversight and management of opioid abatement programs.	Part Three, J4
Support multidisciplinary collaborative approaches consisting of, but not limited to, public health, public safety, behavioral health, harm reduction, and others at the state, regional, local, nonprofit, and community level to maximize collective impact.	Part Three, J5
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.	Part Three, K1
Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any cooccurring 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.).	Part Three, K2
Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.	Part Three, L1
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.	Part Three, L8
Geospatial analysis of access barriers to MOUD and their association with treatment engagement and treatment outcomes.	Part Three, L9

Resources/Examples

- Naloxone Distribution Programs
- Overdose Fatality Reviews
- Public Health Surveillance with PDMP Data and Public Dissemination of Results
- Implementing an Overdose Communication Campaign
- A Campaign to Reduce Stigma
- Post-Overdose Response Team (PORT) Toolkit
- The Sequential Intercept Model (SIM)
- Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities
- Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States
- Opioid Use Disorder Prevention Playbook