Susquehanna County

Opioid Remediation Grant Application

Program Guidelines | June 2026

Table of Contents

SECTION 1: Statement of Purpose

SECTION II: Eligible Applicant

SECTION III: Eligible Uses of Grant Funds

SECTION IV: Recommended Grant Amounts

SECTION V: Important Dates

SECTION VI: Application Procedures

SECTION VII: Application Narrative (to be submitted online)

SECTION VIII: Procedures for Accessing Funds

SECTION IX: Program Inquiries

APPENDIX A – List of Opioid Remediation Uses

APPENDIX B – FY 2026 Application Cover Page

APPENDIX C – Certification of Non-Contingency

APPENDIX D – Performance Measurement Information

SECTION I. Statement of Purpose

As part of the $26 billion national settlement, which is intended to resolve several thousand lawsuits against drug manufacturer Johnson & Johnson, which is based in New Jersey, and the country's three major pharmaceutical distributors: AmerisourceBergen, which is headquartered in Conshohocken, Texas-based McKesson, and Cardinal Health in Ohio, Susquehanna County will receive an allocation of funds. The companies have not admitted any wrongdoing under the settlement agreement and will make payments over 18 years.

The Pennsylvania Allocation is based on input from a Working Group of Local Government Stakeholders, Counsel and Treatment Community Voices and the allocation will be established as a Trust that cannot be amended later. The total dollars allocated to Pennsylvania is $1,070,609,642 with 70% allocated to counties based on metrics i.e., overdose deaths, hospitalizations, naloxone administrations, and Morphine Milligram Equivalents (MME), 15% to Litigating Counties, Subdivisions, DAs, and Special Districts, and 15% controlled by the Legislature.

85% of total funds on a nationwide basis must be utilized for opioid remediation. At least 70% of total monies on a nationwide basis must be utilized on forward-looking abatement rather than restitution. $150,000.00 will be given out in grants. Organizations can apply for grants to support projects and programs that provide abatement strategies and related services to local communities. Priority will be given to grantees utilizing the funding for projects and programs following core abatement strategies outlined in Appendix A, particularly as it relates to treatment and issues of staffing.

SECTION II. Eligible Applicants

A. Eligible Sponsors/Recipients

1. The Organization/Location of the Program must reside in Susquehanna County (must be authorized by the Board of Commissioners).

2. Non-Profit and For-Profit Organizations within Susquehanna County with a proven track record as it pertains to SUD, awareness, prevention and/or treatment that will use monies it receives through the Distributor Settlement solely for the purposes provided therein.

3. Municipalities but only if their application is joined in by an eligible sponsor/recipient identified above both (1) and (2)

   Beginning in 2025, applicants who have received previous funding through the Opioid Remediation Grant program may only re-apply if they provide documents regarding their program or **project Comparative Effectiveness Research.**

B. Sponsorship Requirements

1. **An entity that falls under Section II.A.3 must have an eligible sponsor for its application or the application will be rejected.**
2. All applications must include written evidence in the application submission that the application is sponsored or joined by an eligible sponsor on or before the application deadline.

SECTION III. Eligible Uses of Grant Funds

A. Eligible uses for funds include the following, so long as the use, need, costs, or project uses monies it receives through the Distributor Settlement solely for the purposes provided therein and States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B.

B. However, priority shall be given to the following core abatement strategies under Schedule A ("Core Strategies") with further priority given to Applicants who focus on 1) staff development and recruitment AND/OR 2) treatment options.

- ❖ APPENDIX A – List of Opioid Remediation includes:
  - a) Schedule A: Core Strategies
  - b) Schedule B: Approved Uses

C. Applicants applying for funds for programs or projects eligible for funding under Schedule A: Core Strategies will be given priority over programs and projects eligible for funding under Schedule B: Approved Uses.

D. Applicants that can provide evidence of revenue generation and a direct community impact will be considered with preference.

E. Applications for projects or programs that have an established record of success of 3 years or longer will be given greater preference than newly established or those in the early stages of development.

F. Applications that are submitted jointly by two or more entities and/or municipalities that can provide evidence of greater community impact will be considered with preference.

G. PLEASE NOTE, Applicants who receive grant approval and subsequent funds must participate in the Susquehanna County Comparative Effectiveness Research.

NOTE: Additional information on success and performance measurement can be found in Appendix D.

SECTION IV. Recommended Grant Amounts

All applicants should carefully consider the amount of funding requested in the Opioid

Remediation Grant Application submitted. In order to enhance the impact and maximize the reach of the funding available, Susquehanna County has established the following recommended grant amounts to guide potential applicants:

A. Nonprofit- total request of not more than $35,000 in a single grant cycle.

B. Applicants submitted jointly by any two or more entities – a total request of not more than $50,000.

SECTION V. Important Dates

- July 7, 2026- Opioid Remediation Grant Application is OPEN
- September 1, 2026 – Opioid Remediation Grant Application deadline/Sponsorship request deadline to Susquehanna (See Section VII)

SECTION VI. Application Procedures

A. Applications for grants awarded by Susquehanna County must be submitted through the online application found on the Susquehanna County Webpage at www.susqco.com and include all project narrative information requested in Section VII of these Program Guidelines. Applications must be submitted by the close of business at 4:30 p.m. EST on September 1, 2026. *No paper or emailed applications will be accepted*

B. Grants will be awarded and administered by the Susquehanna County Commissioners.

C. The Susquehanna County Commissioner will review applications to ensure that each applicant and proposed project meets eligibility requirements.

D. Evaluation criteria will be developed by the Susquehanna County Commissioners. Priority will be given to public-private partnerships, those that leverage additional investment in the County, and projects that are ready to proceed and require a portion of Opioid Remediation funds for completion.

SECTION VII. Application Narrative (To be completed via the online submission form at www.susqco.com)

A project narrative is required as part of the application for each proposal and must contain the following:

A. A completed Application Cover Page (completed via the online submission form when completing the application)

B. A brief description of the project or program (limit response to 300 words).

C. An outline of the project or program objectives expected outcomes, and measurable project deliverables.

D. Identify how the proposed project will mitigate the harms stemming from opioid use disorder.

E. A description of the local and community support for the project or program.

F. A projected schedule and detailed timeline of the project or program.

G. A budget accompanied by a description of the basis of costs for the project and sources of funding and identifying the financial sustainability of the project or program.

NOTE: The application should identify the percentage that Opioid Remediation funds will constitute of the total project budget and details on how the project will leverage funds from other sources. For any multi-year project, cost information should be broken into phases, and applicants must detail the projected sources of funding for all phases and project completion.

H. If the Applicant is requesting grant funding to support new or existing staff salaries, insurance, or benefits, identify the time dedicated by the personnel in the positions to the provision of services pertaining to Opioid Use Disorder, Substance Use Disorder, or Mental Health-related programming.

I. Evidence of prior and anticipated interaction and/or work with the sponsoring organization/co-applicant.

NOTE: Municipal and Nonmunicipal applicants submitting applications sponsored by or joined by a co-applicant should show how the applicant and sponsor or co-applicants have interacted and/or worked together in the past as well as anticipating future interactions.

J. Evidence of conformity of the program or project with organizational strategic plans; if applicable.

K. A statement disclosing any instances of fraud or theft of applicant funds in the last five (5) years and measures taken by the applicant to prevent future theft and fraudulent events.

L. Describe any litigation, administrative proceeding and/or governmental approval related to the project.

NOTE: Litigation, administrative proceedings and governmental approvals should be identified whether or not the matter(s) could cause a delay, potentially prevent the project from being completed or otherwise have an impact on the project.

M. Outline in detail the community impact and performance measurement. The overall quality strategy must include the following components:

   a. An organizational culture that supports (through human capital and resources) and

values a continuous improvement process.

b. Adequate resources to support the planned activities of the project or program.

c. Evidence of the desired health or performance outcomes.

NOTE: Additional information on success and performance measurement can be found in Appendix D.

N. Documentation of support from the affected community, as well as any professional or expert studies, analyses or support related to the project or its need, uses, or costs.

O. A statement providing where the project ranks on the sponsor's list of priorities if the applicant has more than one project; and

P. An executed Certification of Non-Contingency, the form of which appears at Appendix C of these Program Guidelines, certifying that the applicant has not engaged any consultant or representative in relation to the application whose compensation is on a contingent fee basis.

SECTION XIII. Procedures for Accessing Funds

A grant agreement between the grantee and Susquehanna County will be required prior to release of grant funding. All grant agreements will include deliverables and funding amounts as awarded to the project. The other terms and conditions of the grant agreement are firm. A sample agreement is attached to these guidelines. In addition to the terms and conditions stated in the grant agreement, grantees must acknowledge and adhere to the following conditions and program requirements:

A. Nondiscrimination - No funding will be awarded to a grantee unless it certifies to the grantor that it shall not discriminate against any employee or against any person seeking employment because of race, religion, color, handicap, national origin, age, or sex.

B. Project Account – Grant monies are typically disbursed on an after-expenditure basis. For record maintenance and audit purposes, all Opioid Remediation grant funds must be deposited in a separate project account and be maintained by the grantee to hold and disburse all project funds.

C. Project Records - The grantee must maintain full and accurate records with respect to the projects. The grantor shall have access to such records, as well as the ability to inspect all project work, invoices, materials, and other relevant records at reasonable times and places.

D. Reporting/Audit - The grantee must submit a close-out report on the use of the Opioid Remediation funds consistent with the grant agreement. Unless excused, an audit of the use of the grant proceeds by an independent certified public accountant will be required.

E. Bidding – Grantees are solely responsible for complying with applicable laws, regulations, and procedures for selecting contractors and other persons or entities performing work on proposed projects. The County may require proof of compliance with said procedures.

F. Prevailing Wage - The Pennsylvania Prevailing Wage Act (43 P.S. § 165-1 et seq.; 34 Pa. Code § 9.101 et seq.) may be applicable to a project funded under this program. The County makes no representation regarding the Act, and grantees are solely responsible for determining whether the Act applies. If applicable, the grantee is responsible for including prevailing wage rates in all projected budgets or grant application documents pertaining to the project. The Pennsylvania Department of Labor and Industry has final authority to make all prevailing wage applicability determinations.

SECTION IX. Program Inquiries

All inquiries should be directed to:
Rebekah Hubbard, Chief Clerk
31 Lake Avenue
PO Box 218
Chiefclerk@susqco.com
Montrose, PA 18801
570-278-6600

Appendix A
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*").[1]

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.

NOTE: Applicant's seeking grant funding for programs or projects related to Naloxone or other FDA-approved drugs to reverse opioid overdoses must show they have applied for support from other programs and were denied before soliciting this grant program due to the volume of other resources available locally for this core strategy. The Susquehanna County Opioid Remediation Grant Program should be the final source of funding for applicants seeking to support projects or programs that fall under this core strategy.

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.

[1] 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. 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.

H. 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:[2]

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.

[2] 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. Disseminate 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.

13. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

B. <u>SUPPORT PEOPLE IN TREATMENT AND RECOVERY</u>

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. <u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>

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. <u>ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS.</u>

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:

   - 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

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:

    i. Increase the number of prescribers using PDMPs;

    ii. 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

iii. 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 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

H. 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.

I. 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 inthis 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.

J. <u>TRAINING</u>

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.).

K. <u>RESEARCH</u>

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.

Appendix B
Susquehanna County Opioid Remediation Grant Program FY 2026 Application Cover Page (To be Submitted Online)

Applicant Legal Name: ____

Pa. Dept. of State Business File #: ____________________________________

Project Title: ____

Sponsor/Co-Applicant (if applicable): _________________________________

Sponsor/Co-Applicant Contact: ____________________________________

Amount of Funding Request: ______________________________________

Brief Description of the Project:_____________________________________

Applicant Contact: ____

Phone:____________________Email:______________________________

Authorized Signatory (for contracts): ________________________________

Authorized Signatory Title: _______________________________________

Phone:____________________Email:______________________________

Grant Writer (if applicable): ______________________________________

Phone:____________________Email: _____________________________

Opioid Remediation Applicable Use(s):

Schedule A: Core Strategies: _____________________________________

Schedule B: Approved Uses: ______________________________________

Appendix C

Certification of Non-Contingency

(To be Submitted Online)

I, ______________________________________ (name and title), an authorized representative of ______________________________ (Opioid Remediation Municipal Grant Applicant), subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities, hereby certify that neither the Opioid Remediation Grant Applicant, nor its affiliated entity or political subdivision, have engaged any person to lobby on its behalf in regard to its Opioid Remediation Grant Application in exchange for compensation contingent in whole or in part upon the approval, award, receipt, or denial of funds.

I understand that such violation or false certification hereunder shall be cause for the immediate termination and repayment of any Opioid Remediation Grant awarded to the Applicant.

This certification is given in support of the Susquehanna County Opioid Remediation Grant Application submitted by the Applicant.

Date

Authorized Representative

____

____

Appendix D
Performance Measurement

Applicants required to provide data on past performance (Section III – C) and applicants outlining how a project or program's performance will be measured (Section VIII – J) should identify which abatement strategy or strategies are being used to determine eligible and ensure that performance outcomes are consistent with the identified remediation uses.

Performance measurements should include but are not limited to;

A. All leveraged capital and resources.
B. Identified project or program goals and how those goals will be reached or how they have already been achieved.
C. Detailed organizational structure and support in place to facilitate the project or program.
D. If applicable, compliance with state or national standards or guidelines that govern the project or program.
E. Evidence-based metrics for operating the project or program.
F. Outcomes of the project or program must be reported to Susquehanna County after 1 year of receiving grant funds. The Susquehanna County Commissioners reserves the right to request information as to pertains to all outcomes of the project.