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December 20, 2023

Kent Carper, President
Kanawha County Commission
400 Virginia Street, E., #230
Charleston, WV 25301

RE: Partnership of the Offices of the West Virginia Attorney General and West Virginia Auditor relating to city and county opioid settlement funds

Dear Mr. Carper:

Today Auditor J.B. McCuskey and I are announcing a partnership between the Attorney General's Office and the West Virginia State Auditor's Office, wherein the State Auditor will supplement our efforts to ensure that the money obtained through the settlements in the opioid litigation is being used for its intended purposes.

As part of the West Virginia First Memorandum of Understanding, a quarter of the settlement dollars will be distributed directly to local governments around the state. I am pleased to partner with the State Auditor's Office to bring its proven track record of transparency, accountability, and service to local governments to amplify the collaborative effort between the Attorney General's Office and local governments around the state.

With the court's approval of the first distribution of settlement money from the opioid litigations, you may soon be receiving a portion of the money as set forth in the Memorandum of Understanding. This letter is intended to provide some initial basic information and guidance on best practices that may be helpful for you as you begin the process of receiving and spending these funds.

Pursuant to the Memorandum of Understanding, the local governments have broad discretion to decide which approved uses are best to spend their share of the settlement money. This new partnership with the State Auditor's Office will help ensure that not only the terms of the settlement are met but also provide additional resources for local governments as they put these monies to use combating the terrible drug crisis.

First, due to the yearly reporting requirement and restrictions on use of abatement funds, each city and county should create a separate account to receive the funds. Doing so will greatly improve your ability to easily perform the accounting and auditing necessary to ensure that the funds have been utilized in compliance with the MOU.

Second, you should familiarize yourself with the Approved Purposes in the MOU. A copy of the Approved Purposes list is enclosed with this letter. These Approved Purposes are the only purposes that this money may fund. Some uses require resolutions to authorize the spending.

Third, you should evaluate your community's specific needs and determine a plan consistent with the Approved Purposes to utilize this money, and the money that will be disbursed in the future, to best address those needs. You may also want to talk with subdivisions in your region to pool resources. A copy of the Regional Map is enclosed for reference.

Finally, part of the settlement with Teva included units of naloxone (Narcan). The first shipment of product was received at the University of Charleston School of Pharmacy on September 12, 2023; a copy of the June 2023 letter explaining how to request product is also enclosed with this letter.

We have an opportunity to fight back against the drug crisis like never before. I am excited to have the Auditor joining our efforts to ensure we help the greatest number of West Virginians possible.

Sincerely yours,

Patrick Morrisey
Attorney General

APPROVED USES
OPIOID SETTLEMENT FUNDS

Exhibit A to West Virginia First Memorandum of Understanding
Schedule A – Core Strategies
Schedule B – Approved Uses

EXHIBIT A

SCHEDULE A - CORE STRATEGIES

The Parties 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 services.

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. 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.

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 and 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

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As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs. Priorities will be established by the Opioid Abatement Foundation.

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

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME

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

2. Expand services for better continuation 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 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 expansion above.

F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

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

G. PREVENTION PROGRAMS

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

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

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

4. Funding for community drug disposal programs; and

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

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

I. LAW ENFORCEMENT

1. Funding for law enforcement efforts to curtail the sale, distribution, promotion or use of opioids and other drugs to reduce the oversupply of licit and illicit opioids, including regional jail fees.

J. RESEARCH

Research to ameliorate the opioid epidemic and to identify new tools to reduce and address opioid addiction. Holistically seek to address the problem from a supply, demand, and educational perspective. Ensure tools exist to provide law enforcement with appropriate enforcement to address needs.

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:[2]

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

1. Support treatment of Opioid Use Disorder (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 SUB/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 intervention, treatment, and recovery services, offered by qualified professionals and service providers, including but not limited to faith-based organizations or peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

8. Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach

[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. Priorities will be established by the Opioid Abatement Foundation.

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. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

    Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SLTD 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.

11. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

12. 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.

13. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

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, 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 and support non-profits, faith-based communities, and community coalitions to support, house, and train people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Training and development of procedures for government staff to appropriately interact with 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.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

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

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

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 OLTI treatment.

2. Fund Screening, Brief Intervention and Referral to Treatment (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 on-call teams to begin MAT in hospital emergency departments.

6. 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 and support non-profits and the faith-based community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

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

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:

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

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

    c. "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;

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

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

f. 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 OLTD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, 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, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison, 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, 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, the following:

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. Training for obstetricians or other healthcare personnel that 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; 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 Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.

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

7. Enhanced family supports and childcare 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. 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. Fund 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, or other recognized Best Practice guidelines, 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. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

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

   a. Increase the number of prescribers using PDMPs;

   b. 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

   c. 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. Increase electronic prescribing to prevent diversion or forgery.

8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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

1. Fund media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Fund community anti-drug coalitions that engage in drug prevention efforts.

6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction — including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

7. Engage and support non-profits and faith-based communities as systems to support prevention.

8. Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER OPIOID-RELATED INJURIES

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

1. Increase 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, and community 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. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expand, improve, or develop 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. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

10. Support mobile units that offer or provide referrals to 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.

11. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

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

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

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

J. LEADERSHIP, PLANNING AND COORDINATION

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

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing negative outcomes related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

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

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

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

K. TRAINING

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

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

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

L. RESEARCH

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

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

2. Research non-opioid treatment of chronic pain.

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

4. Research on novel 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 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.

M. LAW ENFORCEMENT

Ensure appropriate resources for law enforcement to engage in enforcement and possess adequate equipment, tools, and manpower to address complexity of the opioid problem.

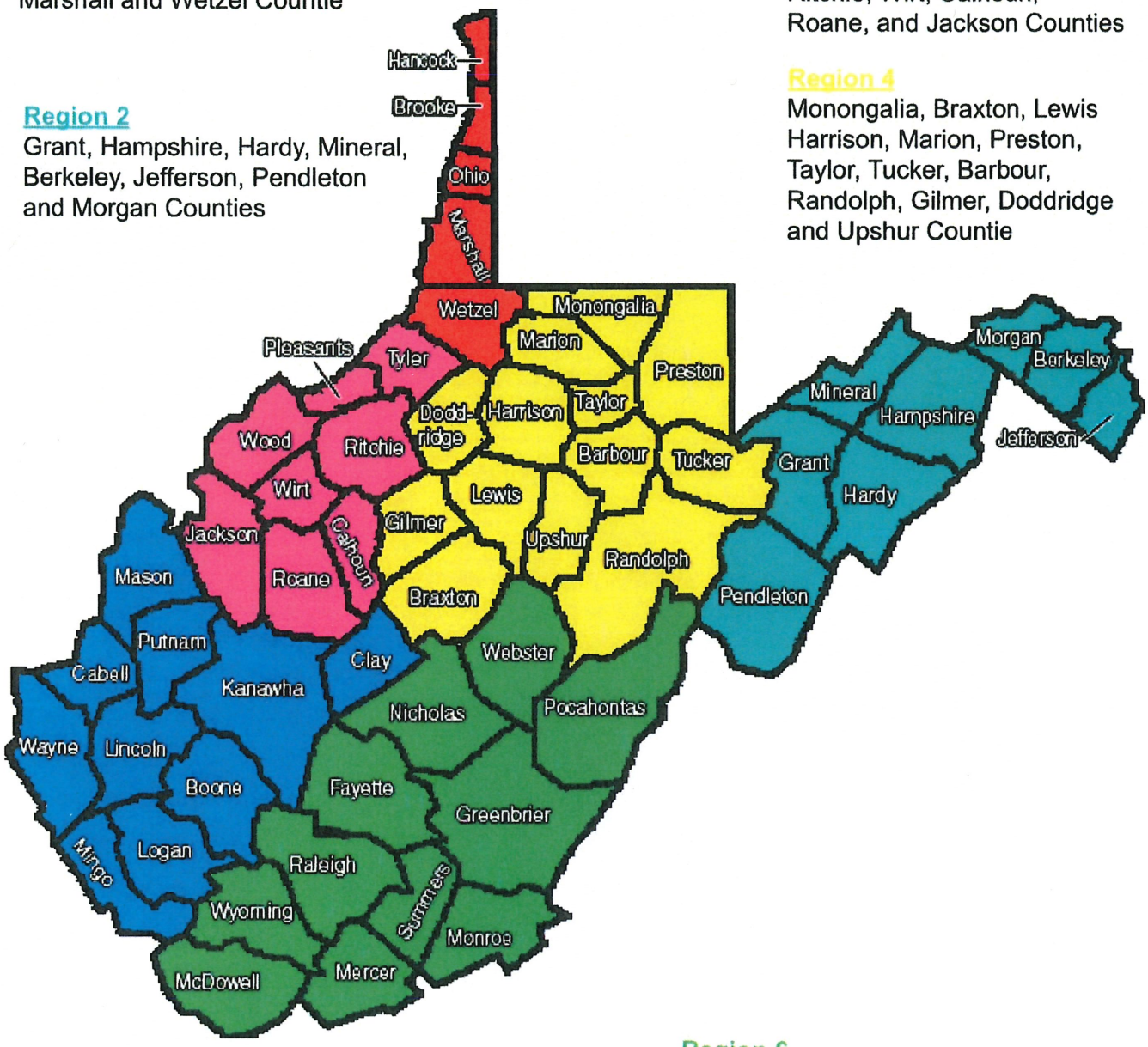
EXHIBIT B.
OPIOID REGIONAL MAP

Region 1
Brooke, Hancock, Ohio
Marshall and Wetzel Countie

Region 2
Grant, Hampshire, Hardy, Mineral,
Berkeley, Jefferson, Pendleton
and Morgan Counties

Region 3
Wood, Tyler, Pleasants,
Ritchie, Wirt, Calhoun,
Roane, and Jackson Counties

Region 4
Monongalia, Braxton, Lewis
Harrison, Marion, Preston,
Taylor, Tucker, Barbour,
Randolph, Gilmer, Doddridge
and Upshur Countie



Region 5
Cabell, Clay, Boone, Kanawha,
Lincoln, Logan, Putnam, Mason,
Mingo, and Wayne Counties

Region 6
Fayette, Monroe, Raleigh, Summers,
Nicholas, Webster, Greenbrier,
Pocahontas, Mercer, Wyoming, and
McDowell Counties

State of West Virginia
John B. McCuskey
State Auditor

Office of the State Auditor
State Capitol, Building 1, Suite W-100
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Charleston, West Virginia 25305

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Memorandum

To: County Commissioners
County Administrators
Mayors
City and Town Councilors
City Managers

From: John B. McCuskey
West Virginia State Auditor

Date: 12/21/2023

RE: Opioid Settlement Funds Assistance

Our cities and counties in West Virginia are in line to receive money through the historic West Virginia First Foundation, established by West Virginia Attorney General Patrick Morrisey. This opioid settlement money is intended to help communities across West Virginia respond, overcome and rebuild from the devastating impacts of the opioid crisis. I am proud to partner with the Attorney General's Office to provide our counties and towns guidance and a mechanism to transparently track the funds.

This partnership will build upon the strong relationship forged between our local governments and the Auditor's Office, and follow the model established during the COVID pandemic for tracking CARES and ARPA funds. Our local governments did an amazing job at ensuring those once in a lifetime dollars went to projects that would impact communities for generations to come and I was so proud to work with so many of you throughout that process.

Now, we look to the next challenge, using the West Virginia First Foundation to make a positive impact in our local communities. Our first tool is a tracking spreadsheet to allow you to record and report on opioid expenses by category. We hope you find this tool helpful when reporting to

the West Virginia First Foundation and any other stakeholders or community partners with an interest in the data. The tracking spreadsheet allows you to visualize and report expenses pertaining to both the core abatement strategies and allowable uses of funds detailed in Schedules A and B from the West Virginia First Foundation Memorandum of Understanding.

Secondly, our Local Government Services Division has prepared some best practices, controls and requirements pertaining to recordkeeping and disbursement of opioid settlement funds. We believe this information can allow you to make informed decisions regarding the expenditure of funds while remaining in compliance with State laws and requirements on the expenditure of public monies.

Lastly, our office stands ready to assist you with any specific questions about the accountability and transparency of opioid settlement funds. We are providing contact information should you need to contact us via phone or e-mail.

As always, I invite your input and collaboration as we work together to make informed decisions about the use of these funds. Your insights and expertise are invaluable in ensuring that West Virginia's communities can heal together.

Thank you for your commitment to your communities and the people of West Virginia.

Sincerely,

John B. McCuskey
West Virginia State Auditor

WVSAO Opioid Tracking Workbook

What this tracking workbook is:

This tracking system is an Excel document for counties and municipalities to track the funds received from the West Virginia opioid settlement. The workbook can help local governments track expenses, report, and classify expenses by allowable categories.

What does this tracking workbook record?

This tracking workbook can help local governments and municipalities record the expenditure of funds from the opioid settlement. Users of the tracking workbook will be able to easily match expenses to the different categories and approved uses that have been approved by West Virginia First Foundation's Memorandum of Understanding. The Excel sheet can track information such as recipients of payments, categories, and additional information useful to the local government.

How can the workbook help local governments track opioid settlement expenses?

This provides local governments and municipalities easy access to see how the funds are being spent on their intended uses and can be used to their fullest potential to assist communities in the recovery process from the opioid epidemic. Utilizing this sheet will assist with the required reporting of the use of funds and provide in-depth data on how funds were used based on the West Virginia First Memorandum of Understanding approved uses.

Where it will be located?

You can find this tracking sheet at our website, www.wvsao.gov. Click the Local Government tile for the download near the bottom of the page.

For questions on the excel tracking sheet please contact:

budgetanalysis@wvsao.gov or 304-558-2251

West Virginia State Auditor's Office Contact Information for Municipalities & Counties:

LGS@wvsao.gov

Shellie Humphrey 304-627-2415 Ext 0304

Tiffany Hess 304-627-2415 Ext 0305

County Guidance Regarding Accounting for Opioid Settlement Funds

To account for the revenues that the counties expect to receive from the opioid lawsuits through the WV Attorney General's office, we have created a new fund in the County Uniform Chart of Accounts.

Fund 40 – Opioid Settlement

Your County Commission must also open up a new bank account to accompany this fund. Both the creation of the fund and opening of the bank account must be approved by the County Commission in a public meeting.

The bank account should be interest-bearing, and any interest earned will remain in the fund and be subject to the same restrictions as the other revenues in the fund. This fund is a governmental fund and therefore the account requires 3 signatures – President of the County Commission, County Clerk, and Sheriff. Invoices will be processed the same as invoices for all other county governmental funds. The County Clerk will write the checks, and the Sheriff will be responsible for the receipts and maintaining the bank accounts.

To record these revenues, you will use account #324 "Other Grants". The expenditure accounts utilized will be based on the decisions made by the County Commission when these funds are used. Counties should refer to the County Uniform Chart of Accounts when making these decisions.

There will be reporting requirements to the WV First Foundation. Those requirements are to be issued by the foundation at a future date.

Let us know if we can be of further service to you.

Municipal Guidance Regarding Accounting for Opioid Settlement Funds

To account for the revenues that municipalities expect to receive from the opioid lawsuits through the WV Attorney General's office, we have created a new fund in the Municipal Uniform Chart of Accounts.

Fund 026 – Opioid Settlement

Your Municipal Council must also open up a new bank account to accompany this fund. Both the creation of the fund and opening of the bank account must be approved by the Council in a public meeting.

The bank account should be interest-bearing, and any interest earned will remain in the fund and be subject to the same restrictions as the other revenues in the fund. This fund is a governmental fund and therefore the account requires 2 signatures. Invoices must be approved by council in a public meeting, as they are with invoices for all other municipal governmental funds.

To record these revenues, you will use account #367 "Other Grants". The expenditure accounts utilized will be based on the decisions made by the Council when these funds are used. Municipalities should refer to the Municipal Uniform Chart of Accounts when making these decisions.

There will be reporting requirements to the WV First Foundation. Those requirements are to be issued by the foundation at a future date.

Let us know if we can be of further service to you.

Municipal Guidance Regarding Accounting for Opioid Settlement Funds When the Municipal Share is Less Than $500.00

These funds will be "distributed to the county in which the Local Government lies to allow practical application of the abatement remedy;" therefore, you will not need to create the new fund or open a bank account for this purpose.

PATRICK MORRISEY
ATTORNEY GENERAL

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STATE OF WEST VIRGINIA
OFFICE OF THE ATTORNEY GENERAL

Consumer Protection
and Antitrust Division
(304) 558-8986
Consumer Hotline
1-800-368-8808
Preneed Funeral Services
(304) 558-8986
Senior Protection Hotline
(304) 558-1155
Fax: (304) 558-0184

June 12, 2023

Dear Local Government:

I write to you today to make you aware of an important component of the State's settlement with opioid manufacturer Teva. The settlement with Teva included both a monetary and a product component. The product, naloxone, known widely under the brand name Narcan, is a nasal spray opioid overdose reversal drug that can and does save lives.

Naloxone is an opioid receptor antagonist, meaning it binds to opioid receptors in the brain and reverses or blocks the effects of opioids for a short period of time. Once administered, this medicine can help restore breathing and consciousness in an individual who has overdosed and give first responders time to get the individual into emergency care.

Persons who can dispense naloxone include registered pharmacists and prescribers within the scope of practice. Thanks to a statewide standing order issued by West Virginia's DHHR, organizations like local governments can also distribute naloxone. For local governments, the most common method of distribution is through an agent of the local government, such as local health departments or law enforcement agencies.

The Teva settlement provides that the State can receive up to 25,000 two-dose naloxone kits per year for ten years at no cost. These kits will soon be made available to communities across the state. It is anticipated that the naloxone distribution program will be administered by the West Virginia First Foundation once the Foundation is operational. In the interim, however, West Virginia communities can access this life saving drug now through a partnership my office formed with the University of Charleston School of Pharmacy ("UC").

Upon request, UC will distribute naloxone kits to local governments and other permitted organizations, subject to important training, documentation and distribution requirements. An online portal for placing orders is in development. For the time being, local governments can place orders for naloxone kits by sending an email to naloxone@ucwv.edu. Importantly, agreements for the handling and distribution of naloxone must be completed before a first-time request can be honored. Mandatory education and training is required for all individuals who will distribute or administer naloxone. UC will work with local governments to facilitate the required training.

Specific questions about the process to obtain naloxone kits through the UC partnership should be directed to Lindsay Acree, Pharmacist-in-Charge, University of Charleston School of Pharmacy via phone at 304-357-4379 or via email at lindsayacree@ucwv.edu. Any additional questions should be directed to Ann Haight, Abby Cunningham, or Vaughn Sizemore in our Consumer Protection Division, 304-558-8986.

Having these kits available for use will provide life-saving treatment for an individual suffering from substance abuse addiction and this intervention may allow the individual to seek treatment and recovery. I am glad we can provide this product through the settlement we reached with Teva.

Sincerely,

Patrick Morrisey