

This document is adapted from the Delaware Prescription Opioid Settlement Distribution Commission (POSDC) Opioid Abatement & Remediation Strategies document. The document informs applicants about the allowable usage for County settlement funds. This document also guides the categorization of grantees and informs the specific reporting metrics used to track program progress and measure abatement outcomes.

Overview and Outline

All County grant proposals must align with one or more of the established subcategories.

Treatment and Recovery Supports

1. Treatment of Opioid Use Disorder (OUD)
 2. Recovery Support
 3. Connections to Care
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Treatment and Recovery Supports:

1. Treatment of Opioid Use Disorder (OUD):

- a. **Evidence-based Treatment:** Support and expand the availability of evidence-based treatment for OUD and any co-occurring SUD/MH condition. This includes Medication Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration (FDA) and other treatments that align with the American Society of Addiction Medicine (ASAM) national practice guidelines.
- b. **Withdrawal Management:** Provide withdrawal management (detoxification) services for individuals with OUD and any co-occurring mental health conditions.
- c. **Telehealth Access:** Expand the availability of OUD treatment and any co-occurring SUD/MH care through the use of telehealth services.
- d. **Mobile Services:** Fund mobile intervention, treatment, and recovery services utilizing qualified professionals and peer recovery coaches.
- e. **Trauma-Informed Care:** Support treatment of trauma (e.g., violence, adverse childhood experiences) for individuals with OUD and their family members, including training for healthcare personnel.
- f. **Quality Improvement & Oversight:** 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.
- g. **MAT Training & Waivers:** Provide MAT training for a wide range of professionals, including healthcare providers, first responders, students, and peer support professionals. Provide training and technical support for clinicians to get the waivers needed to prescribe MAT.
- h. **Workforce Development & Incentives:** Support workforce development for

addiction professionals. Offer scholarships, fellowships, or loan repayment incentives for providers, especially those working in rural or underserved areas.

- i. **Curriculum Dissemination:** Develop and disseminate evidence-based or established training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service.

2. Recovery Support:

- a. **Comprehensive Wrap-around Services:** Offer essential resources like housing, transportation, education, job placement/training, and childcare.
- b. **Full Continuum of Care:** Provide the entire range of treatment and recovery services, including supportive housing, peer support/counseling, community navigators, case management, and connections to community-based services.
- c. **Medication Access:** Ensure counseling, peer support, recovery case management, and residential treatment are available, with access to FDA-approved medications for those who need it.
- d. **Community Support & Deinstitutionalization:** Offer social and legal services to assist in transitioning individuals out of institutional settings.
- e. **Peer-Recovery Centers:** Support or expand centers offering support groups, social events, computer access, and other services.
- f. **Successful Recovery Programs & Capacity Building:** Identify, support, and provide technical assistance to increase the number and capacity of high-quality programs (e.g., physician, pilot, college recovery programs).
- g. **Community Engagement:** Engage non-profits, faith-based groups, and community coalitions to support those in treatment/recovery and their family members.
- h. **Stigma Reduction & Staff Training:** Support efforts to reduce stigma (including stigma toward effective treatment) and train government staff on appropriate interaction and service provision.
- i. **Culturally Appropriate Services:** Create or support culturally appropriate programs for all persons with OUD, including new Americans.
- j. **Youth Recovery Support:** Create and/or support recovery high schools.
- k. **Workforce Development:** Hire or train behavioral health workers to provide or expand any of the listed services.

3. Connections to Care:

- a. **Healthcare Provider Training and Screening:** Ensure healthcare providers are trained and equipped to screen for OUD and risk factors, and can appropriately counsel, treat, or refer patients.
- b. **Emergency Department (ED) Services:** Support and expand hospital programs that provide peer support, discharge planning, MAT initiation, and other services in the ED.

- c. **Peer Support and Warm Handoffs:** Fund peer support specialists or recovery coaches in various settings (EDs, detox, recovery housing) to offer services and expand warm hand-off services for smooth transitions into recovery care.
- d. **Crisis Stabilization Centers:** Support crisis stabilization centers that serve as an alternative to EDs.
- e. **Emergency Medical Services:** Support the work of emergency medical services, including peer support specialists, to connect individuals to treatment and/or other appropriate services.
- f. **Comprehensive SBIRT Implementation:** Fund SBIRT programs (including for uninsured pregnant women), provide long-term training and implementation in key systems (health, schools, criminal justice) focused on youth, and support the purchase of automated SBIRT technology.
- g. **Centralized Information:** Support centralized call centers for information and connections to appropriate services.
- h. **Community Outreach:** Engage non-profits and the faith community to support outreach for treatment.
- i. **Targeted Assistance Programs:** Support assistance programs for healthcare providers with OUD.
- j. **Youth-Focused Contacts and Programs:** Create or support school-based contacts for parents to seek immediate treatment for their child, and support other youth-focused prevention, intervention, treatment, and recovery programs.
- k. **Workplace Best Practices:** Develop and support best practices on addressing OUD in the workplace.
- l. **Infectious Disease Testing and Treatment:** Expand access to testing and treatment for infectious diseases (like HIV and Hepatitis C) resulting from intravenous opioid use.
- m. **Mobile Outreach Services:** Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, and healthcare to persons who use opioids or have OUD.
- n. **Harm Reduction Training:** Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, and other care professionals.
- o. **Data Tracking and Screening:** Expand and improve data tracking software for overdoses/naloxone revivals and support routine clinical toxicology testing for fentanyl screening.