CHAMPAIGN COUNTY BOARD
OPIOID SETTLEMENT TASK FORCE

County of Champaign, Urbana, Illinois
Monday, February 24, 2025 - 6:30 p.m.

Shields-Carter Meeting Room
Brookens Administrative Center
1776 E. Washington St., Urbana

Committee Members:

Aaron Esry
John Farney
Jennifer Locke - Chair
Brett Peugh
Emily Rodriguez
Ed Sexton – Vice-Chair
Chris Stohr

Agenda Items **Page #'s**

I. Call to Order

II. Roll Call

III. Approval of Agenda/Addendum

IV. Approval of Minutes
A. November 13, 2024 1-3

V. Public Participation

VI. Communications

VII. New Business
A. Contract with CU at Home for dedicated beds for opioid impacted individuals 4-29

B. Funding Request for Harm Reduction Program at CUPHD 30-31

C. Next steps *(discussion only)*

VIII. Other Business
A. Date of next meeting

IX. Chair's Report

X. Adjournment

All meetings are at Brookens Administrative Center – 1776 E Washington Street in Urbana – unless otherwise noted. To enter Brookens after 4:30 p.m., enter at the north (rear) entrance located off Lierman Avenue. Champaign County will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities. Please contact Administrative Services, 217-384-3776, as soon as possible but no later than 48 hours before the scheduled meeting.

CHAMPAIGN COUNTY BOARD
OPIOID SETTLEMENT TASK FORCE
County of Champaign, Urbana, Illinois

MINUTES – *Subject to Approval*

DATE:	Wednesday, November 13, 2024
TIME:	6:30 p.m.
PLACE:	Shields-Carter Meeting Room Brookens Administrative Center 1776 E. Washington St., Urbana, IL 61802

Committee Members:

Present	Absent
Aaron Esry	Emily Rodriguez
Jennifer Locke (Chair)	Ed Sexton
Diane Michaels (Vice-Chair)	
Emily Rodriguez	
Jennifer Straub	

Others Present: Michelle Jett (Director of Administration), Kait Kuzio (Grant Coordinator), Julia Rietz (State's Attorney), Shannon Siders (Court Services Director), and Megan Robison (Recording Secretary)

Agenda Items

I. Call to Order

Chair Locke called the meeting to order at 6:35 p.m.

II. Roll Call

A verbal roll call was taken, and a quorum was declared present.

III. Approval of Agenda/Addendum

MOTION by Ms. Straub to approve the agenda; seconded by Ms. Michaels. Upon vote, the **MOTION CARRIED** unanimously.

IV. Approval of Minutes

A. August 7, 2024

MOTION by Mr. Esry to approve the minutes of February 20, 2024; seconded by Mr. Stohr. Upon vote, the **MOTION CARRIED** unanimously.

V. Public Participation

None

VI. Communications

None

VII. New Business

A. CU at Home – revised request for funding

Chair Locke reminded everyone of their previous vote to approve funding for CU at Home. In the meantime, they acquired additional funding for acquisition of the property and would like to amend their funding request.

Melissa Courtright, Executive Director, gave a quick recap of their program and the current plan for expansion. They have secured the full purchase price through the Housing Authority and are revising their request asking to use the whole $580,000 for renovations to the building. They want to design the space for optimal outcomes and for the safety of their clients. Cedar King, Project Manager, mentioned they are working on creating an intake matrix that gives opioid users priority.

Ms. Rietz joined the conversation and reminded the Task Force members that the settlement agreement has very specific parameters on how these settlement funds can be used by the County. She cautioned the Task Force because this project would serve more than opioid users and they must ensure the funds are only used to assist opioid users.

Task Force members continued to discuss ways they can use these funds to help CU at Home with their current project and stay within the parameters of the settlement agreement. Ms. Jett suggested working behind the scenes on a contract with the attorneys before bringing it back to the Task Force for additional discussion/vote.

B. Rosecrance – request for funding to offer a sign-on bonus for an Addiction Medicine Practitioner

Ms. Kuzio stated that Rosecrance is working on hiring a physician that would oversee the medically assisted treatment program. They have posted the position and stated they have a good pool of applicants. They believe a sign-on bonus of $7,500 would help with attracting a qualified person to the position. They have not selected an applicant so there isn't a pressing need to approve this right away. Task Force members decided to wait to discuss this item at a later date.

C. Probation Department – request for transportation support

Ms. Siders explained that they occasionally have a client that needs transportation to treatment and how difficult it is to staff for those needs. She would like to ask for funding to cover the transportation costs, but she doesn't know what the best option would be to get someone to treatment.

Task Force members continued to discuss different options for transportation. Ms. Rietz added that she believes this would fall under the parameters of the settlement agreement. Chair Locke suggested setting aside $2,000 for transportation and the Task Force members agreed. They directed admin to work on a contract for transportation.

D. Administration of Opioid Settlement Funds

Chair Locke stated when they began this Task Force, they wanted to get a lay of the land and learn from stakeholders what they thought the priorities should be for these funds. They decided to focus on housing, treatment and education. She agrees with Ms. Rietz that the Task Force is not the best solution

for administering the funds. One of their options would be to ask the Mental Health Board to administer the funds. Ms. Kuzio suggested some different options on how they could work with the Mental Health Board.

Mr. Stohr expressed concern that the Mental Health Board would run into the same issues they had tonight with approving expenses. Ms. Michaels thinks the Mental Health Board could create a subcommittee that includes a couple County Board members because she would like to see the County still have some oversight. Ms. Jett stated the Mental Health Board is fine with taking over the administration of these funds, but the County Board needs to take a vote to structure the agreement with them. Ms. Straub suggested having the Mental Health Board draft a proposal for the Board to approve.

The Task Force recommends having the Chair and one other member meet with the Director of the Mental Health Board and discuss their options.

E. Next steps discussion

Continue working on details of agreements for future approval.

VIII. Other Business

A. Date of next meeting

To be determined

IX. Chair's Report

None

X. Adjournment

Chair Locke adjourned the meeting at 8:00 p.m.

AGREEMENT BY AND BETWEEN THE COUNTY OF CHAMPAIGN, ILLINOIS AND C-U AT HOME REGARDING THE USE OF OPIOID SETTLEMENT FUNDS FOR THE RENOVATION OF A MID-BARRIER SHELTER HOUSING CAMPUS

This **AGREEMENT** is entered into by and between the County of Champaign, Illinois ("County"); and C-U at Home, LLC. ("C-U at Home'') hereinafter collectively referred to as "the Parties", regarding the renovation of property at 1207 S Mattis Ave, Champaign, IL 61821 ("the Facility"), effective on the last date signed by a Party hereto.

WITNESSETH:

WHEREAS, units of local government had conferred upon them the following powers by Article VII, Section 10, of the 1970 Illinois Constitution:

"(A) Units of local government and school districts may contract or otherwise associate themselves, with the State, with other States and their units of local government and school districts, and with the United States to obtain or share services and to exercise, combine or transfer any power or function, in any manner not prohibited by law or ordinance. Units of local government and school districts may contract and otherwise associate with individuals, associations, and corporations in any manner not prohibited by law or by ordinance. Participating units of government may use their credit, revenues and other resources to pay costs and to service debt related to intergovernmental activities"; and

WHEREAS, the County is a unit of local government within the meaning of Article VII, Section 1 of the Illinois Constitution of 1970 and is authorized to enter into contracts with individuals, associations, and corporations in any manner not prohibited by law or by ordinance; and

WHEREAS, C-U at Home desires to renovate an existing property to construct a mid-barrier shelter program, as defined by federal regulations, in accordance with the plans incorporated into this Agreement as Attachment A; and

WHEREAS, COUNTY wishes to provide C-U at Home with up to $580,000 in eligible, unobligated Opioid Settlement funding to assist in the renovations of a mid-barrier shelter housing campus located within the City of Champaign, Illinois; and

WHEREAS, it is an approved use of Opioid Settlement Funds per Attachments C and D, List of Opioid Remediation Uses, Schedule B, Section A: Treat Opioid Use Disorder (OUD), Section B: Support People in the Treatment and Recovery, Section C: Connect People Who Need Help To

the Help They Need (Connections To Care), and Section D: Address the Needs of Criminal Justice-Involved Persons to provide financial assistance to develop and support a OUD residential treatment facility.

WHEREAS, such provision of Opioid Settlement funding shall be construed as a subaward, with C-U at Home as the subrecipient, and this Agreement construed as a subrecipient agreement; and

WHEREAS, the Parties desire to address the opioid crisis and support individuals in recovery in Champaign County by providing stable housing and rehabilitation opportunities;

NOW, THEREFORE, in consideration of the premises and the mutual covenants hereafter set forth, the Parties agree as follows:

Section 1. PREAMBLE

The foregoing preambles are hereby incorporated into this Agreement as if fully restated in this Section 1.

Section 2. COUNTY agrees to the following:

a. COUNTY shall provide C-U at Home up to ___$580,000_____ in opioid settlement funding to assist with the renovation of the Mid-Barrier Shelter Housing Campus located at 1207 S. Mattis Avenue in Champaign, IL.

b. COUNTY shall provide C-U at Home a copy of Final Distributor Settlement Agreement Exhibit E, Schedule A and B of the Opioid Settlement Agreement attached hereto and incorporated by reference herein as Attachment C and/or D, and shall provide C-U at Home with updates as to any additional terms, conditions, or related communications from the Illinois Department of Human Services and by the Illinois Office of Opioid Settlement Administration within.

Section 3. C-U at Home agrees to the following:

a. C-U at Home agrees to renovate the property at 1207 S. Mattis Avenue in Champaign, IL as outlined in Attachment A.

b. C-U at Home agrees to comply with all applicable federal, state, and local statutes, rules, regulations, and guidelines governing the use, management, and reporting of opioid settlement funds, including all requirements set forth in Attachments C and D by the Illinois Department of Human Services and by the Illinois Office of Opioid Settlement Administration within.

c. C-U at Home will designate 10 beds in the Facility the County contribution is used to renovate,

outlined in Attachment A, exclusively for County-engaged individuals impacted by opioids. Eligible individuals may include, but are not limited to, Champaign County Drug Court, Champaign County Probation Services, and/or being released from the Champaign County Paul Lawrence Pope Adult Detention Facility. In accordance with Attachments C and D, all individuals served through these designated beds must have documented opioid-related impacts. "Opioid-impacted" encompasses anyone or any group adversely affected by the direct or indirect consequences of opioid-related issues. These individuals are expected to participate in the C-U at Home program and abide by the program rules and requirements. This agreement is in place for 10 years from the date the Facility is functioning with at least 10 beds available to participants.

d. The 10-beds designated for County-engaged, opioid-impacted individuals shall not be filled by individuals who do not meet the opioid impact criteria outlined in Attachments C and D, even if those beds are temporarily unoccupied, so as no individuals occupying these beds are removed to accommodate a new County-engaged, opioid impacted individual; rather, these designated beds shall only be used for County-engaged, opioid-impacted individuals.

e. C-U at Home agrees to complete the reporting form attached as Attachment B on a quarterly basis and provide it to the Opioid Settlement Task Force, should the Task Force cease to exist the reporting form shall be provided to the Champaign County Board Justice and Social Services Committee. The Champaign County Board or any of its committees may request an in-person review of the reporting form and services provides by C-U at Home at any point during the life of this contract.

f. C-U at Home certifies that it is not debarred, suspended, proposed for debarment or permanent inclusion on the Illinois Stop Payment List, declared ineligible, or voluntarily excluded from participation in the award as set forth in Attachments C and D or in this Agreement by any federal department or agency, or by the State of Illinois.

g. In the event the Facility is not operational by December 31, 2026, as defined herein, C-U at Home will be obligated to refund the County the full contribution amount of $580,000. Operational is defined as serving at least 10 beds in a mid-barrier shelter setting located at 1207 S Mattis Avenue, Champaign, IL, with recovery services for opioid-impacted individuals. This refund must be paid in full within 90 days of the missed operational deadline unless an alternative repayment agreement is mutually agreed upon by the County and C-U at Home. If no such agreement is reached, the full refund remans due within the specified 90-day period.

h. In the event the Facility is no longer providing in-patient, mid-barrier shelter setting with

recovery services for opioid-impacted individuals before the 10-year agreement timeframe has been reached, C-U at Home will be obligated to refund the County $58,000 per year for a maximum of 10 years the Facility is not providing the previously stated services, up to $580,000 if the Facility is not operational by December 31st, 2026. Operational is defined as serving at least 10 beds in a mid-barrier shelter setting with recovery services for opioid-impacted individuals. The County and C-U at Home may enter into an agreement regarding the terms of repayment, if no agreement is reached, the full refund is due to the County within 90 days of the Facility ceasing to provide at least 10 beds in a mid-barrier shelter setting with recovery services for opioid-impacted users.

i. In the event the Facility is not used for 10 years from the date it is operational as defined in Section 3, item g, to provide in-patient, mid-barrier shelter setting with recovery services for opioid-impacted users this contract transitions to the facility that replaces that service for C-U at Home for the duration of the 10 years or C-U at Home can refund the remaining years to the County as outlined in Section 3, item h.

j. In the event C-U at Home, as a registered 501(c)3, ceases to exist during the life of this contract, the contract is transferred to the entity replacing C-U at Home. If there is no replacement entity, C-U at Home is obligated to repay the County in the structure outlined in Section 3, item h.

Section 4. General Terms & Conditions:

a) This agreement is contingent upon the County's access to opioid settlement funds and its authority to distribute those funds for the purposes outlined herein. In the event that the County no longer has access to the settlement funds or receives notice that the funds may not be used for this purpose, this agreement shall be considered void. C-U at Home agrees to return any funds already disbursed in the structure outlined in Section 3, item h.

b) This agreement does not constitute a general obligation of the County. Under no circumstances shall C-U at Home have any claim, right, or entitlement to any County funds, assets, or resources beyond the opioid settlement funds expressly allocated for the purposes outlined in this agreement.

c) C-U at Home shall maintain insurance coverage for the Facility, including fire and other damage, with a coverage amount of no less than $580,000. Champaign County shall be listed as a beneficiary on the policy to ensure the County's financial interest in the property is protected. Proof of insurance, including documentation listing Champaign County as a beneficiary, must be provided to the County upon request and annually for the duration of this agreement.

d) C-U at Home shall defend, indemnify, and hold harmless Champaign County, its officers, agents, and employees from any and all claims, demands, actions, suits, or liabilities arising out of or related to the Facility, its operations, or the use of County-contributed funds for its renovation.

e) Furthermore, C-U at Home waives any and all claims of liability against Champaign County, its officers, agents and employees pertaining to the Facility, including but not limited to its construction, renovation, maintenance, or operation.

f) All notices required or permitted hereunder shall be in writing and may be given by either (a) depositing the same in the United States mail, addressed to the party to be notified, postage prepaid and certified with the return receipt requested, (b) confirmation of receipt.

If to the County: Champaign County Executive
1776 E. Washington Street
Urbana, IL 61802
PHONE: 217-384-3776
EMAIL: countyexecutive@champaigncountyil.gov

If to C-U at Home: NAME
ADDRESS
Attention:
PHONE
EMAIL:

Or such address or counsel as any party hereto shall specify in writing pursuant to this Section from time to time.

g) This Agreement shall be interpreted and enforced under the laws of the State of Illinois. In case any provision of this Agreement shall be declared and/or found invalid, illegal or unenforceable by a court of competent jurisdiction, such provision shall, to the extent possible, be modified by the court in such manner as to be valid, legal and enforceable so as to most nearly retain the intent of the parities, and if such modification is not possible, such provision shall be severed from this Agreement, and in either case the validity, legality, and enforceability of the remaining provisions of this Agreement shall not in any way be impaired thereby.

h) This Agreement may be executed in counterparts (including facsimile signatures), each of which shall be deemed to be an original and both of which shall constitute one and the same Agreement.

i) This Agreement represents the entire Agreement between the Parties and there are no other promises or conditions in any other Agreement whether oral or written. This Agreement supersedes any prior written or oral agreements between the Parties and may not be modified except in writing acknowledged by all Parties.

j) Nothing contained in this Agreement, nor any act of County, COUNTY or C-U at Home pursuant to this Agreement, shall be deemed or construed by any of the parties hereto or by third persons, to create any relationship of third-party beneficiary, principal, agent, limited or general partnership, joint venture, or any association or relationship involving the Parties.

k) County and C-U at Home each hereby warrant and represent that their respective signatures set forth below have been, and are on the date of this Agreement, duly authorized by all necessary and appropriate corporate and/or governmental action to execute this Agreement.

SIGNATURE PAGE(S) FOLLOW

SIGNATURE PAGE

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized officers on the date(s) below.

The County of Champaign, Illinois

Approved: _____ Date: _____
Steve Summers
County Executive

Approved: _____ Date: _____
Jennifer Locke
County Board, Chair

C-U at Home

Approved:_____ Date: _____
Melissa Courtwright
Executive Director

Approved: _____ Date: _____

Approved: _____ Date: _____

Housing Authority of Champaign County

Approved: _____ Date: _____

Attachment A: Description of Mid-barrier facility renovations

Design for Optimal Outcomes

C-U at Home is an organization that seeks to provide effective housing support services to unhoused people in the Champaign County area. C-U at Home provides these housing support services to assist individuals experiencing homelessness to move toward stability and community integration. This community integration allows clients to experience full participation in community life. Currently, C-U at Home is seeking to increase its ability to offer supportive service to clients in a Trauma-Informed, Recovery Support Environment that has consistent, beneficial, long-term outcomes for clients.

C-U at Home offers this housing support to unsheltered individuals as part of a shelter system. This system seeks to ensure that each person who experiences homelessness are provided with services that move them toward stability and community integration. C-U at Home is a Mid-Barrier to High Barrier service provider in this system.

This information seeks to address the capacity and design goals of the Mid-Barrier Shelter services in the Champaign County area. C-U at Home defines Mid-Barrier as, "Part of a system of care in which individuals experiencing homelessness are provided with intensive case management and needs are met to support stability and community integration". In the C-U at Home Shelter program clients must complete an intake process and agree to participate in the C-U at Home Shelter Program. Clients must consistently demonstrate they are working toward their goals. Each intake, case plan and goals are evaluated and developed on a case-by-case basis, structured to meet, and address the needs of the clients.

Design

"Homelessness deprives individuals of…basic needs, exposing them to risky, unpredictable environments. In short, homelessness is more than the absence of physical shelter, it is a stress-filled dehumanizing, dangerous circumstance in which individuals are at high risk of being witness to or victims of a wide range of violent events" (1). Homelessness is more than a lack of housing, homelessness itself is a traumatic experience most often precipitated by other traumatic events such a neglect, abuse, violence, untreated or undiagnosed mental health disorders, exposure to drugs and alcohol. While some people, who experiencing trauma, can find a support system or develop skills to cope with recovery others face long-lasting effects of on-going trauma. These long-lasting effects can include but are not limited to ongoing anxiety, depression, continuing untreated or undiagnosed mental health issues, the inability to self-regulate, loss of self-control, and the inability to have stable interpersonal relationships. (1)

C-U at Home seeks to provide appropriate housing support services that allow clients to experience stability and community integration. This type of support allows clients to participate in client-centered, recovery informed services. These recovery informed services provide the best outcomes when people who are experiencing homelessness live in a recovery informed environment. An environment that is recovery informed integrates recovery informed principles into not only the services but also the design structure of the environment. This recovery informed design structure promotes safety, well-being, and healing.

Providing housing support and promoting stability that leads to community integration through the physical design structure, "requires realizing how the physical environment affects identity, worth and dignity, and how it promotes empowerment" (2). A link coexists between our physiological state, our

emotional state, and the physical environment. (2) Serving people who are experiencing homelessness requires that staff have knowledge, understanding and practice of recovery informed care.

An appropriate Recovery Informed Design would provide spaces that are inviting, demonstrate safety, and provide some degree of privacy, while not interfering with staff needs to support clients in reaching their goals. C-U at Home is proposing a design model that is non-congregate but provides communal space. This environment would allow for a mixture of private and semi-private rooms alongside shared living areas. Clients would share a communal kitchen space, eating and living room areas, for example.

C-U at Home is working with a building and architectural team to implement a Recovery Informed Design Model. Within this partnership our team is answering the questions such as, "Does this physical environment promote a sense of safety, calming, and de-escalation; in what ways does the environment promote practical self-care; how does the environment promote stability, dignity and self-worth?"

Our organization, in partnership with the building and architectural team are employing Recovery Informed Care principles. "The principles of recovery informed design include reducing and removing known adverse stimuli and environmental stresses, actively engaging individuals in a dynamic, multisensory environment, supporting self-reliance, providing and promoting connection to the natural world, separating individuals from others who may be in distress, reinforcing a sense of personal identify and promoting the opportunity for choice while balancing program needs and the safety and comfort of the majority". (2)

When a person comes into a shelter that is recovery informed in its design the environment becomes another tool in the stabilization and healing process. An environment that is focused on healing will be deinstitutionalized look and feel like a place of safety, comfort, and healing. This type of space, will, for example avoid dark stairwells, clinical-looking spaces, black metal bed frames, all of which can be triggering. (3)

Within this environment, C-U at Home is also providing intensive case management services and recovery support, which include but are limited to one-on-one case management using a recovery informed, client-centered approach, staff that are assisting clients with accessing services to reach their identified goals, providing 24/7 staff support. The duration of the services is determined by the needs of the client, with the goal of being client community integration taking place between 6-18 months.

Program Overview

The Mid-Barrier Shelter Program are for clients who are willing to engage in case management and the Continuum of Care (CoC) system. Clients entering must agree to basic case management services. Clients need to present sober upon intake so that they are providing informed consent to enter the case management shelter program. If clients are unable to maintain sobriety following entrance into the program, clients must be willing to work toward that goal if sobriety is affecting their ability to move toward stability and community integration.

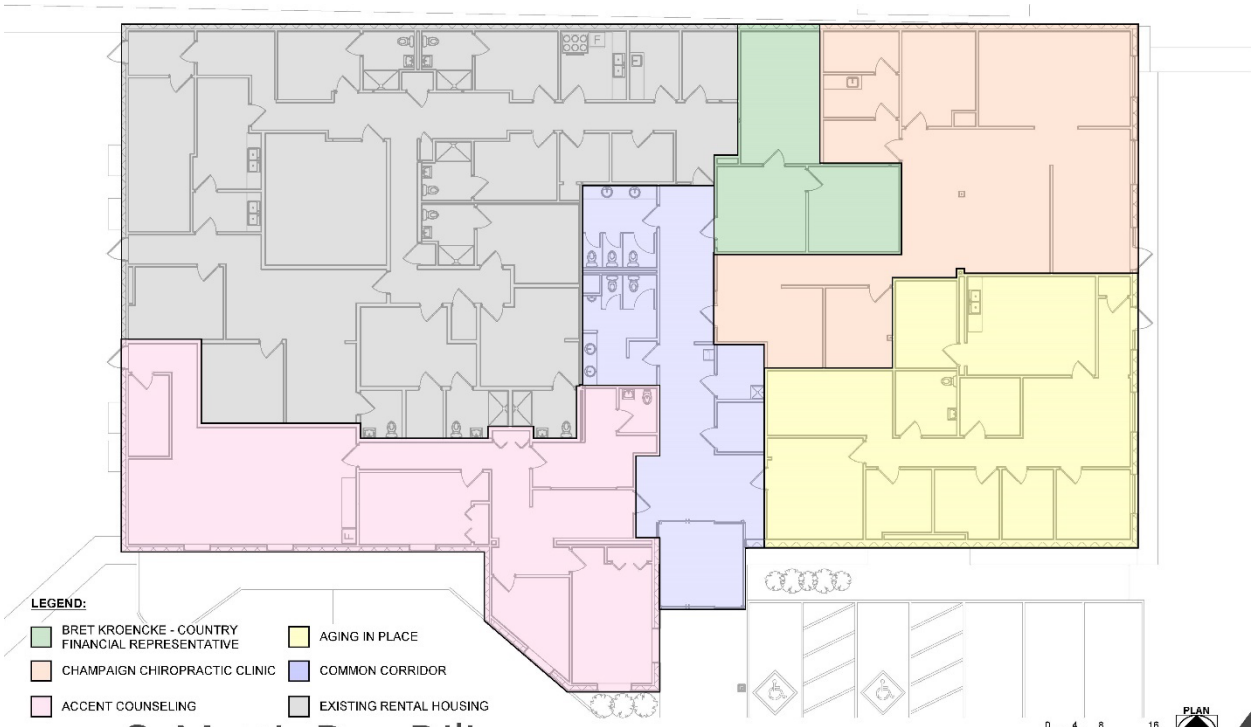
The Pathways to Progress Program has residential space that is open 24/7. The shelter allows clients to remain in a stable environment rather than contending with chronic survival and crisis. This stable, recovery-informed environment will decrease the number of relapses, use of unneeded hospitalizations and interactions with law enforcement as clients will no longer be forced to survive on the streets. This will also allow clients to increase their ability to address their mental health and recovery induced needs.

Upon entry into the C-U at Home Pathways to Progress clients are assigned a case manager. This case manager will be assigned to the client for the duration of the client's stay in the program. The case manager assigned to each client will have experience working with clients who have substance abuse disorder, mental health, and trauma. The case manager meets with a client to complete and monitor a client-centered, recovery informed goals and to assist the client in moving through the 4-Phase system. This plan will develop collaborative goals and interventions. The clients will move through a 4-Phase system that allows clients to address key areas of instability. These areas of instability include Physical Health, Mental Health, Recovery Support, Financial Health, Life Skills, and Housing.

Case managers will meet with clients in Phases 1-3 three times/week. Clients will also have access to 24/7 Life Skills Team Support during their time in the first three phases.

Throughout the time the client is in the shelter program, the case manager and client will assess the client's progress in the case plan. The case manager and client will collaboratively adjust the case plan and interventions as needed.

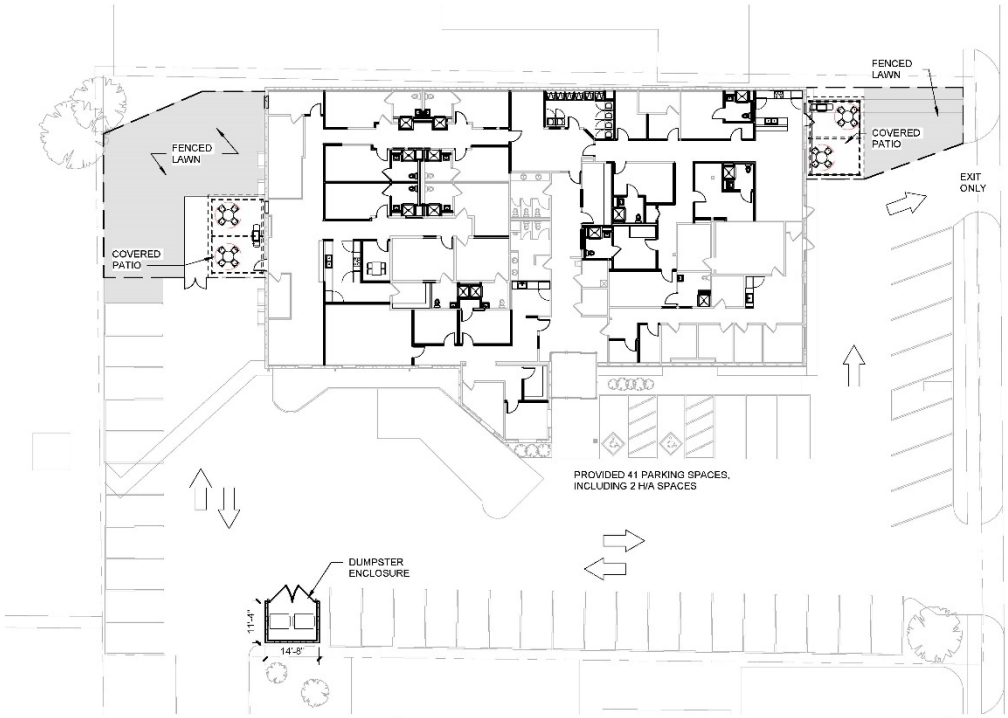
Allowing clients to utilize appropriate services in a recovery informed space rather than being forced to operate in a consistent state of crisis allows clients to address their hierarchy of needs and move toward stabilization and community integration.



1207 S. Mattis Due Diligence

EXISTING CONDITIONS
| 10/02/2024

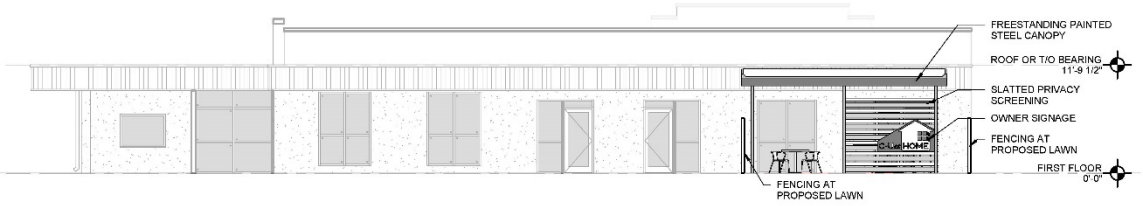
CU At Home | Farnsworth GROUP



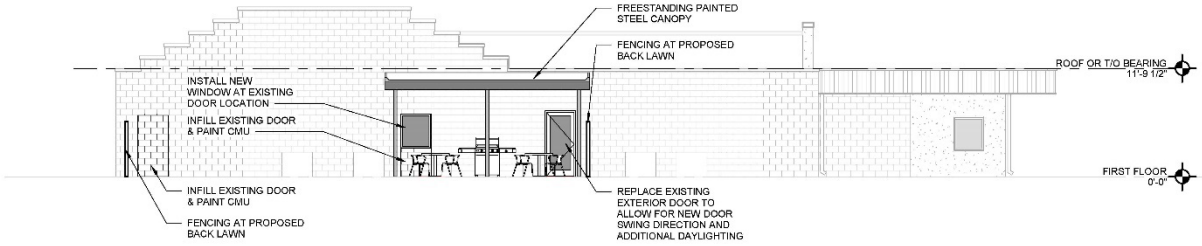
1207 S. Mattis Due Diligence

SCHEMATIC SITE PLAN
| 10/02/2024

CU At Home | Farnsworth GROUP



2 EAST ELEVATION
SCALE: 1/8" = 1'-0"

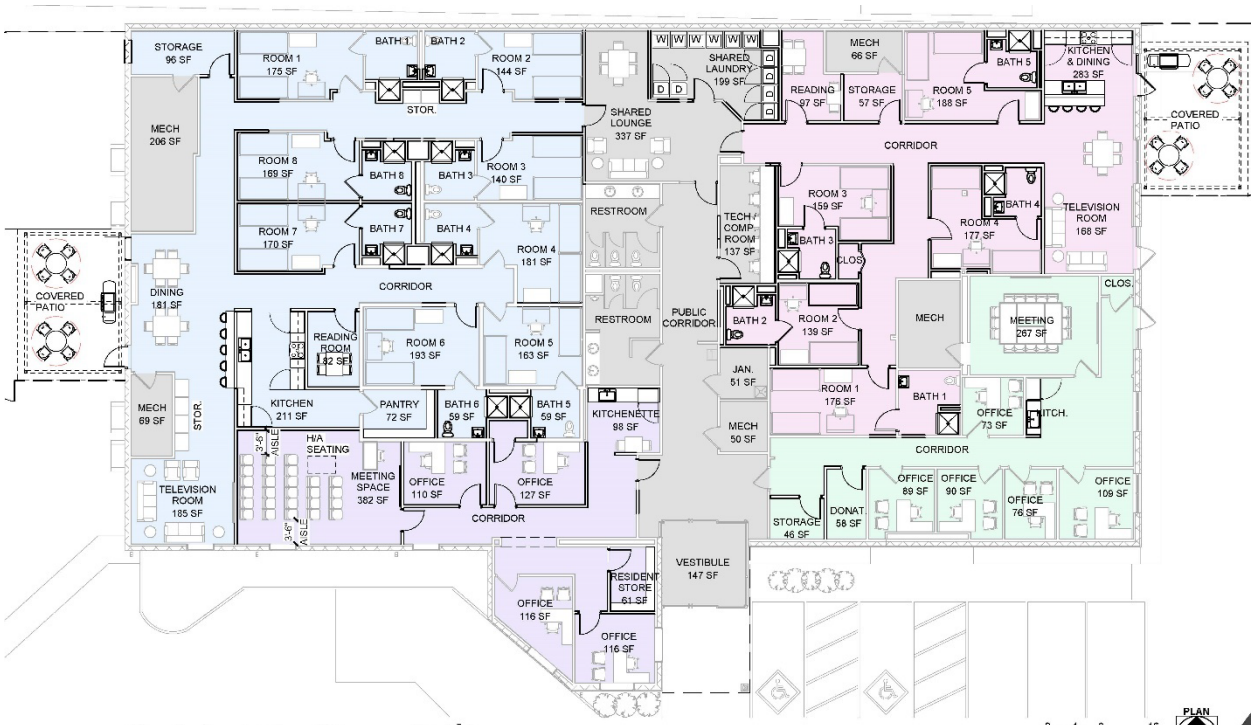


1 WEST ELEVATION
SCALE: 1/8" = 1'-0"

1207 S. Mattis Due Diligence

PROPOSED ELEVATIONS
| 10/02/2024

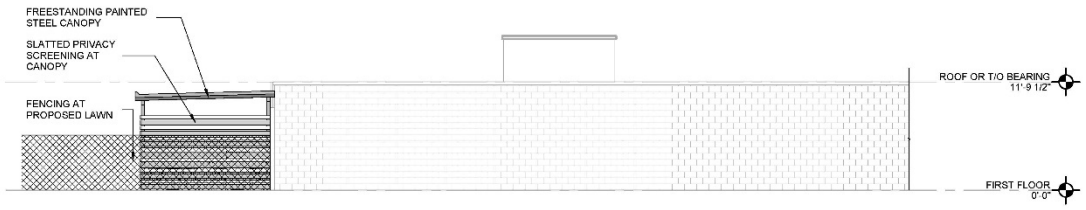
CU At Home | Farnsworth GROUP



1207 S. Mattis Due Diligence

PROPOSED FLOOR PLAN
| 10/02/2024

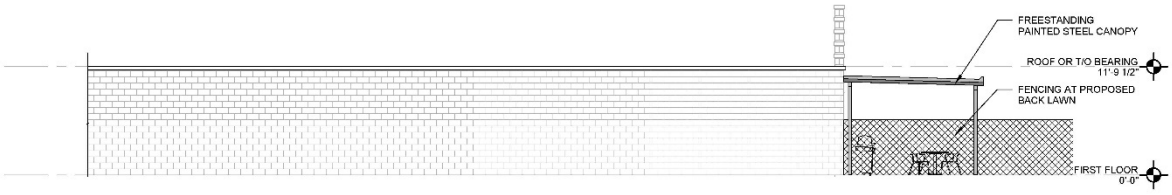
CU At Home | Farnsworth GROUP



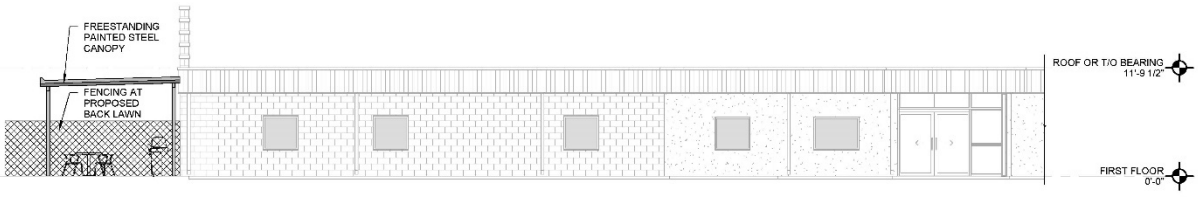
2 PARTIAL NORTH ELEVATION AT WOMEN'S
SCALE: 1/8" = 1'-0"

1 PARTIAL SOUTH ELEVATION AT WOMEN'S
SCALE: 1/8" = 1'-0"

1207 S. Mattis Due Diligence
PROPOSED ELEVATIONS
| 10/02/2024
CU At Home | Farnsworth GROUP



2 PARTIAL NORTH ELEVATION AT MEN'S
SCALE: 1/8" = 1'-0"



1 PARTIAL SOUTH ELEVATION AT MEN'S
SCALE: 1/8" = 1'-0"

1207 S. Mattis Due Diligence
PROPOSED ELEVATIONS
| 10/02/2024
CU At Home | Farnsworth GROUP

DODDS COMPANY

October 23, 2024

Melissa Courtwright
C-U at Home
PO Box 8816
Champaign Il 61826

RE: 1207 S Mattis Preliminary Budget

Dear Melissa,

We appreciate the opportunity to quote this work for you. We have reviewed the preliminary drawings provided by Farnsworth Group and the old drawings provided to us at the walk through. Our preliminary budget based on those two items along with some assumptions made about scope and finishes is **$1,569,591.00**

I have tried to split up the work by sections. There will be some crossover that will have to take place because we are adding a sprinkler system to the entire building.

I have attached our budget so you can see the full scope. We are happy to discuss any or all the line items and the assumptions we made.

We have also included security and cameras, door access control, and telcom.

I have a couple alternates listed at the bottom.

Please feel free to contact me with any questions.

DODDS COMPANY

Jason H Dodds

3001 Research Road, Suite F, Champaign, Illinois 61822 Phone: (217) 356-1455 Fax: (217) 356-1588

Attachment B: Reporting Form

Reporting form for services provided at 1207 S Mattis location per use of opioid settlement funds.

Reporting Period: Click or tap here to enter text.

Submission Date: Click or tap here to enter text.

Contact Person: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

1. Facility Renovations
    a. Total funds received for renovations: $ Click or tap here to enter text.
    b. Total funds spent on renovations this quarter: $ Click or tap here to enter text.
    c. Attach a breakdown of how funds were spent this quarter.
    d. Describe the renovations progress this quarter: Click or tap here to enter text.
2. Reserved Beds for County Referrals (specifically within the 1207 S. Mattis mid-barrier facility)
    a. Number of beds reserved for county referrals: 10
    b. Number of opioid affected individuals who received or held beds this quarter: Click or tap here to enter text.
3. Outcomes and Impact
    a. Describe the impact of the mid-barrier facility renovations and services on county-referred individuals this quarter: Click or tap here to enter text.
    b. Attach success stories (optional)
4. Challenges and Barriers
    a. Did you experience any challenges related to facility renovations or serving county-referred individuals this quarter? Explain. Click or tap here to enter text.
    b. What additional resources or support would help improve your ability to meet these commitments? Click or tap here to enter text.
5. Attachments

    Please attach supporting documents, including:

    - Photos or descriptions of renovation progress
    - Financial documentation (e.g., receipts, invoices)
    - Supporting data on county-referred individuals served

By signing, I certify that the information provided in this report is accurate to the best of my knowledge.

X _____ February 21, 2025

Name, Title

Attachment C: List of Opioid Remediation Uses

Final Distributor Settlement Agreement – Exhibit E

Schedule A Core Strategies

Settling States and Exhibit G Participants may choose from among the abatement strategies listed in Schedule B. However, priority may be given to the following core abatement strategies ("*Core Strategies*").[1]

[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.

NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

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

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

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

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

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

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

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.

PREGNANT & POSTPARTUM WOMEN

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

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

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

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

Expand comprehensive evidence-based 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.

EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES

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

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

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

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

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

TREATMENT FOR INCARCERATED POPULATION

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

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

PREVENTION PROGRAMS

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

Funding for evidence-based prevention programs in schools;

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

Funding for community drug disposal programs; and

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.

EXPANDING SYRINGE SERVICE PROGRAMS

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.

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

Attachment D: Approved Uses of Opioid Settlement Funds

Final Distributor Settlement Agreement – Exhibit E

Schedule B Approved Uses

[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.

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:

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]

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.

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.

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.

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.

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.

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.

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

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.

Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

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

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.

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.

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.

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

SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

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.

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.

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.

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.

Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

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.

Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

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.

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.

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.

Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

Create and/or support recovery high schools.

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

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

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

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.

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.

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.

Purchase automated versions of SBIRT and support ongoing costs of the technology.

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

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.

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.

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.

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.

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.

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

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.

Develop and support best practices on addressing OUD in the workplace.

Support assistance programs for health care providers with OUD.

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

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.

ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

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

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.

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.

Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

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.

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.

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.

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.

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:

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.

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.

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.

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.

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.

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

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

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.

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.

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.

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:

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).

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

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

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

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

Increase the number of prescribers using PDMPs;

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

Enable states to use PDMP data in support of surveillance or intervention strategies, including 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.

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.

Increasing electronic prescribing to prevent diversion or forgery.

Educating dispensers on appropriate opioid dispensing.

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:

Funding media campaigns to prevent opioid misuse.

Corrective advertising or affirmative public education campaigns based on evidence.

Public education relating to drug disposal.

Drug take-back disposal or destruction programs.

Funding community anti-drug coalitions that engage in drug prevention efforts.

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

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

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

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.

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.

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.

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.

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:

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.

Public health entities providing free naloxone to anyone in the community.

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.

Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

Public education relating to emergency responses to overdoses.

Public education relating to immunity and Good Samaritan laws.

Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

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.

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

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.

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.

Supporting screening for fentanyl in routine clinical toxicology testing.

FIRST RESPONDERS

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

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

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

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:

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

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.

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.

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

TRAINING

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

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.

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.).

RESEARCH

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

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

Research non-opioid treatment of chronic pain.

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

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

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

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).

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.

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.

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

2/4/2025

Subject: Funding Request for Harm Reduction Program

To the Opioid Settlement Task Force,

The Champaign-Urbana Public Health District is requesting funding for the Harm Reduction program, which aims to reduce risks associated with substance use in our community. Our evidence-based approach focuses on providing life-saving resources, including overdose prevention, safe use education, access to clean supplies, and connections to treatment and support services.

Our program is currently experiencing a shortage of syringes. In the past, we have acquired syringes through grant funding and syringes purchased directly by Illinois Department of Public Health. In 2023 our program distributed our largest number of syringes at 300,000. Unfortunately, IDPH was only able to provide 15,000 of those syringes. In 2024, we received $15,000 in grant funding for syringes, but this still puts us behind the estimated total of $27,000 needed.

With $12,000 in funding, we will continue our outreach efforts, enhance service accessibility, and improve health outcomes for vulnerable populations. Your support will directly contribute to reducing overdose rates, preventing the spread of infections, and promoting overall public health and safety.

We welcome the opportunity to discuss how your investment can make a meaningful impact. Thank you for your time and consideration.

Sincerely,

Joe Trotter
Harm Reduction Program Coordinator
Champaign-Urbana Public Health District
201 W. Kenyon Rd.
Champaign, IL 61820
217-531-5370

From: Joe Trotter
Sent: Wednesday, February 5, 2025 9:56 AM
To: Kaitlyn M. Kuzio
Subject: Re: [EXTERNAL EMAIL]RE: [EXTERNAL EMAIL]RE: [EXTERNAL EMAIL]Harm Reduction Supplies Meeting Follow Up

Year	Total Syringes Distributed	Champaign County Only	% to Champaign County
2020	124536	112000	90%
2021	212610	198000	93%
2022	232331	208000	90%
2023	301437	254000	84%
2024	240527	180000	75%

Looks like 75% to 93% percent of all syringes distributed goes to Champaign County.