

**California Opioid Settlement/Bankruptcy Technical Assistance**

The California Department of Health Care Services (DHCS) offers technical assistance to Participating Subdivisions interested in reviewing eligible opioid remediation activities<sup>1</sup>, expense tracking and reporting requirements under the California Opioid Settlements and California Opioid Bankruptcies. Participating Subdivisions interested in receiving guidance from DHCS must complete and submit this form. Any guidance provided by DHCS does not indicate approval of expenditures or expense bookkeeping under the opioid settlements and bankruptcies.<sup>2</sup>

All documentation, including quotes of the item(s) to be purchased (if applicable), should be emailed to the DHCS Opioid Settlements Team at [OSF@dhcs.ca.gov](mailto:OSF@dhcs.ca.gov). Please include in the email subject “**CA Opioid Settlement/Bankruptcy Technical Assistance Form – [name of your Subdivision]**”.<sup>3</sup>

**Organization:** \_\_\_\_\_ **Request Date:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Subdivision/Local Government Name (e.g., San Bernardino County or City of Los Angeles):**

*If you are an entity funded by a Participating Subdivision/Local Government, please have your Participating Subdivision/Local Government submit this form.*

\_\_\_\_\_

**Technical Assistance Requested** (select all that apply):

☐ Allowable expenditures Expense  
☐ Reporting (reporting tool)

☐ Expense tracking and record keeping  
☐ Other: \_\_\_\_\_

**Please indicate which fund source will be used for the proposed activity:**

☐ CA Bankruptcy (Mallinckrodt – NOAT II)  
☐ CA Abatement Accounts Fund  
☐ CA Subdivision Fund\*

*\* If you are unsure if your city or county is a Plaintiff Subdivision, please contact the California Attorney General's Office at [OpioidSettlement-LocalGovernment@doj.ca.gov](mailto:OpioidSettlement-LocalGovernment@doj.ca.gov) to confirm before submitting this form.*

**If you are a Plaintiff Subdivision, have you consulted with your city/county counsel or outside counsel regarding the use of CA Subdivision Funds on the proposed activity or expense?**

☐ Yes ☐ No

\_\_\_\_\_

<sup>1</sup> Participating Subdivisions are not required to indicate their planned expenditures to DHCS.

<sup>2</sup> Pursuant to the provisions established in the California State Subdivision Agreements, a State Subdivision Agreement may be revised, supplemented, or refined if it meets the requirements established in the relevant agreement(s).

<sup>3</sup> This form may not be used to satisfy DHCS annual reporting requirements for the opioid settlements or opioid bankruptcies.

**Please describe the project(s) that will be funded:**

Please describe how these expenses relate to the [List of Opioid Remediation Uses – Core Strategies and Approved Uses](#) (including section/activity number):

If applicable to the project and using funds from the CA Abatement Accounts Fund, please describe how these expenses relate to California’s High Impact Abatement Activities (including activity number):

Num.	Activity
1	Provision of matching funds or operating costs for substance use disorder facilities with an approved project within the <a href="#">Behavioral Health Continuum Infrastructure Program (BHCIP)</a>
2	Creating new or expanded substance use disorder (SUD) treatment infrastructure <sup>4</sup>
3	Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD
4	Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction
5	Interventions to prevent drug addiction in vulnerable youth
6	The purchase of naloxone for distribution and efforts to expand access to naloxone for opioid overdose reversals.

<sup>4</sup> May include cost overrun for BHCIP programs as needed.

**If applicable, please include information pertaining to questions about expense reporting, expense tracking and record keeping, or other issues in the box below:**

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**Subdivision Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_