

**California Opioid Settlement/Bankruptcy Technical Assistance**

The California Department of Health Care Services (DHCS) offers technical assistance to Participating Subdivisions seeking guidance on the eligibility of opioid remediation activities<sup>1</sup>, under the California opioid settlements and bankruptcies. Participating Subdivisions seeking guidance from DHCS on proposed eligible opioid remediation activities 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> Any other questions related to reporting requirements, financials, expense tracking and record keeping, or other issues should be directed to the DHCS Opioid Settlements Team at [OSF@dhcs.ca.gov](mailto:OSF@dhcs.ca.gov). **This form is only for Participating Subdivisions seeking DHCS review of proposed eligible opioid remediation activities.**

**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.*

**Contact Name** (you must be an identified contact for your Participating Subdivision to submit a Technical Assistance Form): \_\_\_\_\_ **Request Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

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

- Yes  No

*\* If you are unsure if your city or county is a Plaintiff Subdivision, please review the list of Plaintiff Subdivisions in Appendix 1 of the [California State-Subdivision Agreements](#), or check with your city, county or outside counsel handling opioid-related matters.*

<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 review [Exhibit E](#) and select the best option that aligns with your proposed activity.** The DHCS team will review and provide guidance on your selection during the technical assistance process.

- Treat Opioid Use Disorder (OUD)
- Support People in Treatment and Recovery
- Connect People Who Need Help to the Help They Need (Connections to Care)
- Address the Needs of Criminal Justice-Involved Persons
- Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with NAS
- Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
- Prevent Misuse of Opioids
- Prevent Overdose Deaths and Other Harms (Harm Reduction)
- First Responders
- Leadership, Planning, and Coordination
- Training
- Research

**Please describe the project(s) that will be funded (200 words):**

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

At least 50% of funds received from the California Abatement Accounts Fund must be used for one or more High Impact Abatement Activities (HIAA) in each calendar year. For more information about California’s HIAA’s, reference DHCS’ [BHIN 26-010](#).

The DHCS team will review and provide guidance on your selection during the technical assistance process.

Select	Activity
	1. The provision of matching funds or operating costs for substance use disorder facilities 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 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

**Please describe how the project meets the HIAA requirement (5-7 sentences):**

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