RESOLUTION NO. 2024-040

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA, CREATING THE NASSAU COUNTY OPIOID SETTLEMENT TASK FORCE; PROVIDING FOR THE PROCEDURES, FOR APPOINTMENT TO, ADMINISTRATION OF, AND AUTHORITY OF THE NASSAU COUNTY OPIOID SETTLEMENT TASK FORCE; PROVIDING FOR LEGISLATIVE FINDINGS; AND PROVIDING AN EFFECTIVE DATE.

WHEREAS, the people of the State and its communities have been harmed by misfeasance, nonfeasance and malfeasance committed by certain entities within the Pharmaceutical Supply Chain; and

WHEREAS, the State, through its Attorney General, and certain Local Governments, through their elected representatives and counsel, were engaged in litigation seeking to hold many of the same Pharmaceutical Supply Chain Participants accountable for the damage caused to the State by their misfeasance, nonfeasance and malfeasance (the "Opioid Lawsuits"); and

WHEREAS, on July 26, 2021, the Board of County Commissioners took action to participate in the Opioid Lawsuits by Resolution 2021-156; and

WHEREAS, beginning in January, 2022, the State of Florida Attorney General negotiated settlement agreements of the Opioid Lawsuits with multiple parties requiring settlement payments be made over an 18-year period; and

WHEREAS, Nassau County entered into the Florida Opioid Allocation and Statewide Response Agreement (the "Agreement") between the State of Florida ('State") and certain Local Governments ("Local Governments"), collectively the "Parties"; and

WHEREAS, the proceeds from the settlement agreements with the Pharmaceutical Supply Chain Participants must be used to increase the amount of funding presently spent on opioid and substance abuse education, treatment, prevention and recovery services; and

WHEREAS, the Core Strategies and Approved Uses of Settlement Funds are limited to those identified in Exhibit "A" and Exhibit "B,", attached hereto, to ensure that the funds are expended in compliance with evolving evidence-based "best practices"; and

WHEREAS, the State and Local Governments entered into the Agreement and agreed to the allocation and use of the proceeds of any settlement as described below; and

WHEREAS, LSF Health Systems ("LSFHS") is the Managing Entity serving Nassau County and as the Managing Entity they have been designated to oversee and contract out the Regional opioid settlement funds for Nassau County; and

WHEREAS, the City/County Fund will receive 15% of all Opioid Funds to directly benefit all Counties and Municipalities; and

WHEREAS, for all other Counties, the State will appropriate the Regional Fund share for each County and pay through the Department of Children and Families ("DCF") to the Managing Entity providing service for that County; and

WHEREAS, the Managing Entity will be required to expend the monies in compliance with the Core Strategies and Approved Uses; and

WHEREAS, the Managing Entity shall expend monies from the Regional Fund on services for the Counties within the State that are nonqualified Counties to ensure that there are services in every County; and

WHEREAS, the State and each of the Local Governments shall report its expenditures to DCF no later than August 31st for the previous fiscal year; and

WHEREAS, the County seeks to appoint a Nassau County Opioid Settlement Task Force comprised of individuals and stakeholders, with the knowledge and direct or indirect experience with Opioid substance abuse and a vested interest in the reduction of Opioid misuse, to recommend to the Board of County Commissioners the most efficient use of settlement funds in accordance with the Core Strategies and Approved Uses as dictated by the settlement agreements.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners for Nassau County, as follows:

SECTION 1. FINDINGS. The above findings are true and correct and are hereby incorporated herein by reference.

SECTION 2. CORE STRATEGY, APPROVED USES, TASK FORCE.

a. Attached hereto as Exhibit "A" is the Core Strategies for Opioid Remediation as provided for in the settlement agreements.
b. Attached hereto as Exhibit "B" is the Approved Uses for Opioid Remediation as provided for in the settlement agreements.
c. Attached hereto as Exhibit "C" is the Nassau County Opioid Settlement Task Force Authority, Composition and Administrative procedures. The provisions defined in Exhibit "C" shall guide the creation and function of the Nassau County Opioid Settlement Task Force.

SECTION 3. EFFECTIVE DATE. This Resolution shall take effect immediately upon its passage.

DULY ADOPTED this 8th day of April, 2024.

BOARD OF COUNTY COMMISSIONERS
OF NASSAU COUNTY, FLORIDA

JOHN F. MARTIN, MBA
Its: Chairman

Attest as to Chairman's Signature

JOHN A. CRAWFORD
Its: Ex-Officio Clerk

Approved as to form by the
Nassau County Attorney:

DENISE C. MAY

EXHIBIT "A"

CORE STRATEGIES

A. **NALOXONE OR OTHER FDA-APPROVED MEDICATION 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 service.

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. 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.

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 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

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

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

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

2. Expand services for better continuum 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 navigators and 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 expansions 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. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. 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.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE FFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

EXHIBIT "B"

APPROVED USES

PART ONE: TREATMENT

A. 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]

1. 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.

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 SUD/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 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.

6. 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.

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

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[2] As used in this Exhibit "B", words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

8. 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.

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

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

11. 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.

12. 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.

13. Disseminate 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.

14. Develop and disseminate 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 programs or strategies that:

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, community navigators, 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 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.

11. 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.

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, including new Americans.

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, those that:

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 OUD treatment.

2. 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.

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 navigators and on-call teams to begin MAT in hospital emergency departments.

6. 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.

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 non-profits and the faith 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, those that:

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 OUD and any co-occurring SUD/MH conditions.

4. 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.

5. 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.

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, harm reduction, 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, those that:

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. 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.

4. 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.

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 NAS get referred to appropriate services and receive a plan of safe care.

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

7. Provide enhanced family support and child care 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. 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.

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. 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).

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

5. Supporting 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. Increasing electronic prescribing to prevent diversion or forgery.

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

6. 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*").

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

8. 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.

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 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:

1. 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.

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

5. Expanding, improving, or developing 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. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. 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.

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

11. 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.

12. 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.

13. Supporting 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. Education of 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 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.

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 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.

4. Provide resources to staff government oversight and management ofopioid 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, those that:

1. 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.

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 harm reduction and 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 and harm reduction opportunities 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.

EXHIBIT C

Article 1. Authority

The authority of the Nassau County Opioid Settlement Task Force (the "Task Force") shall be as follows:

A. The Task Force shall represent the County's interests by evaluating and recommending the settlement fund allocations within the County consistent with the Core Strategies and Approved Uses.

B. The Task Force shall consider matters related to and submitted by the County staff related to the use of opioid settlement funds.

Article II. Task Force Membership

A. Qualifications of Members:
The Task Force shall be comprised of seven (7) members. Four (4) members shall be employed by and representative of the Nassau County Sheriff's Department, Department of Health, Nassau County Fire Rescue Department, and Nassau County Board of County Commissioners. The remaining (3) members shall be representatives of entities dealing directly with opioid-related abuse. One (1) each from the areas of prevention, treatment, and recovery support services shall be appointed, where possible. Appointments to the Task Force shall be made based on prior experience in the prevention of, treatment for, and recovery from opioids as well as involvement in the community or surrounding area.

B. Appointment Procedures:

i. Staff shall seek appointed representatives for the four members representing the County and the State.
ii. Staff will publicly announce for the three additional members via an invitation for applications for residents or businesses to be considered to serve on the Task Force by, at a minimum, publishing one (1) advertisement in the local newspaper and posting an announcement on the County website. Nothing herein shall prevent County staff from publishing the announcement through other mediums including, but not limited to, social media, mass email, direct mailers, flyers, posters or other means to raise awareness of the opportunity to apply to serve on the Task Force.
iii. The window for accepting applications shall not be fewer than fourteen (14) calendar days.
iv. The public announcement shall define the date County staff will begin accepting applications to serve on the Task Force and the date County staff will stop accepting applications. This period shall hereafter be referred to as the "Application Period". Applications received after the Application Period will not be considered.
v. Interested applicants shall provide a complete application packet. Incomplete application packets will not be reviewed.
vi. Each application packet shall include the following:
    a) A completed application form;

b) A resume defining their qualifications to serve as defined herein;
c) A cover letter (optional); and
d) Letters of Recommendation (optional).

vii. At the conclusion of the Application Period, staff will provide all applications deemed complete and submitted by a qualifying individual within the defined Application Period to the Board of County Commissioners ("BOCC") for consideration.

viii. The BOCC shall decide the appointment of individuals to serve on the Task Force at a publicly noticed meeting of the BOCC which takes place at one of the weekday evening meetings.

ix. At the noticed public meeting, the BOCC will select three (3) qualifying individuals to serve on the Task Force.

C. Task Force Member Terms:

i. Task Force members will serve one-year terms.
ii. There shall be no term limit.

D. Rules of Conduct:

All members shall abide by Florida Sunshine Law, F.S. Ch. 286; Florida Public Records Law, F.S. Ch. 119; Florida Code of Ethics, F.S. Ch. 112; and all other applicable local or state statutes, ordinances, or rules.

E. Chairperson:

The Chairperson shall serve as the presiding officer at all meetings of the Task Force and shall preside over meetings, as specified herein. It shall be the duty of the Chairperson to sign correspondence and other documents representing the Task Force. The Chairperson shall be elected by the majority of the total membership of the Task Force at its initial meeting and the term of office shall be for one (1) year. The Chairperson shall be eligible for re-election following the initial term. However, no individual shall serve more than two consecutive terms as Chairperson. The Chairperson shall serve as spokesperson for the Task Force and shall serve to transmit recommendations of the Task Force to the BOCC.

F. Vice-Chairperson:

The Vice-Chairperson shall be elected by the appointed Task Force Members in the same manner and for the same term as the Chairperson and shall be eligible for re- election. The Vice-Chairperson shall assume the responsibilities of the Chairperson in the absence or inability of the chairperson to act and shall serve as the Acting Chairperson in his or her absence. In the event of the absence or inability of the Chairperson or Vice-Chairperson, the membership shall select one (1) of the Task Force Members present to act as acting chairperson for that meeting.

G. The Task Force members serve at the pleasure of the BOCC.
H. Staff:
i. The Task Force will be administered by the County Manager's Office, or as otherwise assigned by the County Manager to a county department or managing entity. The County Manager's office may assign administrative duties to a county department or other governing entity as deemed appropriate.
ii. Minutes shall be taken and produced by the Clerk of the Circuit Court.

iii. The County Attorney shall serve as legal counsel to the Task Force.

Article IIII. Meetings

A. Regular Meetings:

Initially, the meetings of the Task Force shall be held monthly, unless otherwise determined by the Task Force. At its initial meeting, the Task Force shall establish a regular meeting schedule outlining the time and date of future meetings. The Task Force shall meet at least twice annually. Except as otherwise defined herein, meetings shall be held in the County Commission Chambers at 96135 Nassau Place, Yulee, FL 32097.

Special meetings may be called at any time by the Chairperson or at the request of three (3) or more members of the Task Force. The Chairperson shall request the BOCC staff to give, or cause to be given, at least five (5) days written notice of the time and place of any special meeting to each member of the Task Force and the public via website notice, or other medium deemed appropriate. Special meetings shall be held at the regular meeting location adopted by the Task Force.

B. Continued Meetings:

The Task Force may continue a regular or special meeting if all business cannot be conducted on the advertised date. Reasonable public notice shall be provided, including the time, date, and place of the resumption of said meeting.

C. Cancellation of Meetings:

Whenever there is no business for the Task Force or whenever a majority of its members notify the Chairperson of their inability to attend, the Chairperson may dispense with the meeting by instructing the staff to give written or oral notice to all members not less than twenty-four (24) hours prior to the time set for the meeting. In addition, said notice of meeting cancellation shall be posted in a conspicuous place within or at the scheduled meeting location and on the County web site not less than twenty- four (24) hours prior to the time set for the meeting.

D. Conduct of Meetings:

All meetings shall be open to the public and meetings shall be noticed, and minutes recorded in accordance with the Florida Sunshine Law. The order of business at regular meetings shall be generally as follows:

I. Call to Order
II. Public Comments
IIII. Old Business
IV. New Business
V. Board Members Comments
VI. Staff Comments
VII. Adjournment

E. Quorum:
The Task Force will consist of seven (7) members. A quorum shall consist of four (4) members for

official action of all business, except as otherwise specified herein. However, in the event a quorum is not present, two (2) members of the Task Force shall constitute a quorum for the sole purpose of calling the meeting to order, non-action items and postponing the meeting to the next regularly scheduled meeting stating the place, time and date of the meeting. Any Task Force member who is present shall vote, except as otherwise provided in Section 112.3143, Florida Statutes.

F. Absences:
If a member is absent for three (3) regularly scheduled consecutive meetings without being excused by the chairperson, said member may be removed from his or her position. The BOCC will name a replacement.

G. Motions:
Motions on any official action matter shall be approved only upon concurrence of a majority of the members present and eligible to vote, provided that a quorum is present. In the case of tie votes, the motion shall not carry and will result in no recommendation.

Article IV. Staff Access

The Task Force may have reasonable access to the assistance of County staff to the extent that staff are reasonably able to render assistance to the Task Force. Assistance will be limited to the areas of authority granted to the Board and for purposes of inquiry only. No Task Force Member may give direction to the staff. Matters outside the authority of the Task Force may be handled through the appropriate channels. The County Manager, or designee, will determine reasonable access to staff and, if deemed appropriate, provide direction as requested by the Task Force.

Article V. Amendment of Procedures

This formation document may be amended or repealed at any regular meeting of the BOCC, provided that the title of any such amendment shall have been set forth in a notice of public meeting at least two (2) days prior to said meeting.