

California's Opioid Settlements Expenditure Reporting Form

Cover Page Introduction

Participating Subdivisions receiving funds from California's Opioid Settlements are required to complete annual reporting to the Department of Health Care Services (DHCS). Opioid settlement funds in this instance refers to final and proposed agreements between California and opioid distributors and manufacturers: McKesson, Cardinal Health and AmerisourceBergen (collectively, the Distributors); Janssen Pharmaceuticals, Inc.; Teva; Allergan; and pharmacies Walmart, Walgreens, and CVS (collectively, the Pharmacies).

This reporting form covers the period of July 1, 2022 – June 30, 2023. Please ensure all responses reflect the 2022 – 2023 State Fiscal Year (SFY). This report is due September 30, 2023.

This form is intended to collect expenditure information from California Participating Subdivisions and Plaintiff Subdivisions receiving allocations from the California Abatements Account and California Subdivision Fund as part of California's Opioid Settlements.

- » A Participating Subdivision is a city or county eligible to receive funds from one or multiple of the settlements listed above. A definition for Participating Subdivisions can be found in Section 2(a) of the California State Subdivision Agreements.
- A Plaintiff Subdivision is a Subdivision located in California, other than a Litigating Special District, that filed a lawsuit, on behalf of the Subdivision and/or through an official of the Subdivision on behalf of the People of the State of California, against one or more Opioid Defendants prior to October 1, 2020.

A list of Participating and Plaintiff Subdivisions can be found in both the California State Agreements in Appendix 1. If you have questions about your Subdivision's status, please reference this appendix, or contact your City, County, or outside Counsel.



If you have any questions filling out this form, please review the Q&A document.

If you need to submit a revision to already submitted data, please contact the UCLA Evaluation team by emailing DHilderbrand@mednet.ucla.edu.

Necessary Materials

To see a comprehensive list of necessary materials and information, please view the <u>Necessary Materials Checklist</u>. You will need the following information to complete this form:

- The amount of funds received by your Participating Subdivision by settlement in SFY 2022-2023;
- The amount of funds expended by your Participating Subdivision, by activity, in SFY 2022-2023;
- Interest earned on settlement funds allocated to your Participating Subdivision in SFY 2022-2023;
- » Reallocations to/from other Participating Subdivisions;
- » The amount of settlement funds spent on administrative costs; and
- » A description of planned activities/programs for the next fiscal year

All Expenditure Reporting Forms must be submitted online. Word Document and PDF versions will not be accepted, they are for reference only.

If you would like to see a copy of the entire reporting form prior to completing it, please download the <u>Opioid Settlement Funds Expenditure Reporting Form</u>. All Expenditure Reporting Forms must be submitted online.

Submission Requirements

Participating Subdivisions shall only submit one (1) expenditure report annually for funds received from all settlements.

Do **not** send the expenditure reporting form to contractors or sub grantees to whom you may have awarded your opioid settlement funds. It is the Participating Subdivision's responsibility to collect all required information regarding the opioid settlement funds they have received and to compile it into a singular report.

The preparer of the Expenditure Report should be the only person to submit one (1) expenditure report for your Participating Subdivision.



1. General Information

This section of the survey will ask for general information about your Participating Subdivision and the person preparing the expenditure report.

Participating Subdivision: (Select the Participating Subdivision for which you are report	ing. A list of Participating	
Subdivisions can be found on the DHCS OSF website.)		
» Dropdown list of Participating Subdivisions. Select th you represent.	ne Participating Subdivision	
(Answer if "Other" selected above.) If your Participating Sine previous question, write the name of your Participating		
Participating Subdivision address: Please format as 0000 Street Name, City, State Initials Zip Co	ode.)	
Name of preparer: Please include the first and last name of the individual prepa	ring this form.) -	
Preparer email address:		
(This email will receive confirmation of the report submitted. correct.)	Please ensure that it is	
Confirm email address:	-	
Confirm email address: Preparer phone Number:		
(xxx-xxx-xxxx)		



2. Settlement Funds Information

This section will cover which settlement funds your Participating Subdivision has received.

Please select all settlement agreements for which your Participating Subdivision received opioid settlement funds. You must report expenditures on all settlement agreements

that your Participating Subdivision received.

Opioid settlement funds in this instance refers to final agreements between California and opioid distributors and manufacturers: McKesson, Cardinal Health and AmerisourceBergen (collectively, the Distributors); Janssen Pharmaceuticals, Inc.; Teva; Allergan; and pharmacies Walmart, Walgreens, and CVS (collectively, the Pharmacies).

More information on each settlement agreement can be found on the <u>DHCS OSF</u> website.

- » Allergan
- » CVS
- » Distributors
- Janssen
- » Teva
- » Walgreens
- » Walmart



3. California Abatement Account - Payments

This section will cover settlement dollars received as payments as well as interest earned from settlement accounts that were allocated to the California Abatement Account.

1. List all **settlement dollars received as payments** to your California Abatement Account by each settlement. If there were no payments made for a particular settlement, write in 0.

Note: Due to delays with receiving settlement funds, multiple payments were made for the Janssen and Distributor settlements within the 2022-2023 fiscal year. Please indicate the total amount received for the below settlements within FY 22-23.

	CA Abatement Account Payments Received in SFY 22- 23
Allergan	
CVS	
Distributors	
Janssen	
Teva	
Walgreens	
Walmart	

2. List all **interest earned** from your California Abatement Account by each settlement. If no interest was earned, please write in 0



	CA Abatement Account Interest Earned in SFY 22-23
Allergan	
CVS	
Distributors	
Janssen	
Teva	
Walgreens	
Walmart	

Reallocations To Other Participating Subdivisions

Participating Subdivisions may agree to reallocate their shares of the California Abatement Account Funds among themselves, provided that any direct distribution may only be to a Participating Subdivision and any Participating Subdivision must agree to their share being reallocated.

California Abatement account to another Participating Subdivision.
Settlement Administrator from the period of July 1, 2022 - June 30, 2023 from the
3. Did you reallocate any of your Participating Subdivision's funds received from the

()	VAC

O No



(Answer this if yes to question above.)

3a. For the **California <u>Abatement</u> Account**, enter the exact amount of funds that your Participating Subdivision **reallocated to** other Participating Subdivisions from the period of July 1, 2022 - June 30, 2023. Please list all reallocations individually below.

Number	Participating Subdivision that received the reallocated funds	Amount reallocated	Which Settlement Agreement were funds reallocated from?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Reallocations Received From Other Participating Subdivisions

Participating Subdivisions may agree to reallocate their shares of the **California Abatement Account** Funds among themselves, provided that any direct distribution may only be to a Participating Subdivision and any Participating Subdivision must agree to their share being reallocated.

4. Did you receive any of funds from another Participating Subdivision's during the period of July 1, 2022 - June 30, 2023 from their California <u>Abatement</u> account ?
○ Yes
○ No



(Answer this if yes to question above.)

4a. For the **California <u>Abatement</u> Account**, enter the exact amount of funds that your Participating Subdivision **received from** other Participating Subdivisions from the period of July 1, 2022 - June 30, 2023. Please list all reallocations individually below.

Number	Participating Subdivision that you received funds from	Amount reallocated	Which Settlement Agreement were funds reallocated to?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



4. California Abatement Account - Expenditures

In this section, Participating Subdivisions will report their expenditures of all opioid settlement funds from the **California Abatement Account.**

List all settlement dollars **expended from your California Abatement Account** by each settlement. If there were no funds expended for a particular settlement, put 0.

Note: Due to delays with receiving settlement funds, multiple payments were made for the Janssen and Distributor settlements within the 2022-2023 fiscal year. Please indicate the total amount expended for the below settlements within FY 22-23.

	CA Abatement Account Funds Expended in SFY 22-23
Allergan	
CVS	
Distributors	
Janssen	
Teva	
Walgreens	
Walmart	



5. Plaintiff Subdivision

This section will cover information about Plaintiff Subdivisions.

Is your Participating Subdivision also a Plaintiff Subdivision?

A Plaintiff Subdivision is a Subdivision located in California, other than a Litigating Special District, that filed a lawsuit, on behalf of the Subdivision and/or through an official of the Subdivision on behalf of the People of the State of California, against one or more Opioid Defendants prior to October 1, 2020.

()	Υ	es

O No

(If No is answered above, skip to Section 10.)



6. California Subdivision Fund - Payments

This section will cover settlement dollars received as well as interest earned from settlement accounts that were allocated to the California Subdivision Fund.

1	. List all settlement dollars received as payments to your California Subdivision Fund
b	y each settlement. If there were no payments made for a particular settlement, write in
0	

Note: Due to delays with receiving settlement funds, multiple payments were made for the Janssen and Distributor settlements within the 2022-2023 fiscal year. Please indicate the total amount received for the below settlements within FY 22-23.

	CA Subdivision Payments Received in SFY 22-23
Allergan	
CVS	
Distributors	
Janssen	
Teva	
Walgreens	
Walmart	

2. List **interest earned** from your California Subdivision Fund by each settlement. If no interest was earned, please write in 0.



	CA Subdivision Fund Interest Earned in SFY 22-23
Allergan	
CVS	
Distributors	
Janssen	
Teva	
Walgreens	
Walmart	

Reallocations To Other Participating Subdivisions

Participating Subdivisions may agree to reallocate their shares of the California Subdivision Funds among themselves, provided that any direct distribution may only be to a Participating Subdivision and any Participating Subdivision must agree to their share being reallocated.

California Subdivision Fund to another Participating Subdivision?	
Settlement Administrator from the period of July 1, 2022 - June 30, 2023 from the	
3. Did you reallocate any of your Participating Subdivision's funds received from the	5

` '
Yes

O No



(Answer this if yes to question above.)

3a. For the **California Subdivision Fund**, enter the exact amount of funds that your Participating Subdivision **reallocated to** other Participating Subdivisions from the period of July 1, 2022 - June 30, 2023. Please list all reallocations individually below.

Number	Participating Subdivision that received the reallocated funds	Amount reallocated	Which Settlement Agreement were funds reallocated from?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Reallocations Received From Other Participating Subdivisions

Participating Subdivisions may agree to reallocate their shares of the California Subdivision Funds among themselves, provided that any direct distribution may only be to a Participating Subdivision and any Participating Subdivision must agree to their share being reallocated.

4. Did you receive any of funds from another Participating Subdivision's during the period of July 1, 2022 - June 30, 2023 from the California <u>Subdivision</u> Fund ?
○ Yes
○ No



(Answer this if yes to question above.)

4a. For the **California <u>Subdivision</u> Fund**, enter the exact amount of funds that your Participating Subdivision **received from** other Participating Subdivisions from the period of July 1, 2022 - June 30, 2023. Please list all transfers individually below.

Number	Participating Subdivision that you received funds from	Amount reallocated	Which Settlement Agreement were funds reallocated to?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



7. California Subdivision Account - Expenditures

In this section, Participating Subdivisions will report their expenditures of all opioid settlement funds from the California Subdivision Fund.

List all settlement dollars **expended from your California <u>Subdivision</u>** Fund by each settlement. If there were no funds expended for a particular settlement, put 0.

Note: Due to delays with receiving settlement funds, multiple payments were made for the Janssen and Distributor settlements within the 2022-2023 fiscal year. Please indicate the total amount expended for the below settlements within FY 22-23.

	CA Subdivision Funds Expended in SFY 22-23		
Allergan			
CVS			
Distributors			
Janssen			
Teva			
Walgreens			
Walmart			



8. Past Opioid-Related Expenses



10. Administrative Expenses

Pursuant to Section 1 of the settlement agreements, qualifying expenditures may include reasonable related administrative expenses. Please refer to DHCS Administrative Costs policy for additional guidance.

What amount of your total allocation from the **California Abatement Account** was spent on administrative costs? Please list the total administrative expenses for each opioid settlement your Participating Subdivision received.

	Administrative Expenses for SFY 22-23
Allergan	
CVS	
Distributors	
Janssen	
Teva	
Walgreens	
Walmart	

(Answer only if you answered "Yes" in Section 5.) What amount of your total allocation from the **California Subdivision Fund** was spent on administrative costs? Please list the total administrative expenses for each opioid settlement your Participating Subdivision received.

	Administrative Expenses for SFY 22-23		
Allergan			
CVS			
Distributors			
Janssen			
Teva			
Walgreens			
Walmart			



•	Sign:
ć	allocation from the California Abatement Account for administrative costs.
	l acknowledge that Participating Subdivisions may not exceed a cap of 10% of the total



11. Allowable Expenses Reporting

In this section, Participating Subdivisions will be asked to categorize expenditures by activities and by Exhibit E allowable expenses. Please read the <u>Allowable Expenses</u> document prior to completing this section.

Programs or Activities are defined as specific projects or uses of opioid settlement funds. Programs may be a set of related activities to accomplish a project or outcome. Activities may be smaller scale or a singular use of funds. For example, a program may be a syringe exchange program while an activity may be passing out flyers for prevention education.

Examples of program or activity names and descriptions:

- Activity or Program Name: Naloxone purchase
 - Activity or Program Description: Our Participating Subdivision purchased 1,200 units of naloxone in February 2023 to distribute to unhoused individuals in Los Angeles City during a community distribution event led by a county community partner, Harm Reduction Organization.
- Activity or Program Name: Expanded a recovery treatment center
 - Activity or Program Description: Our Participating Subdivision expanded a recovery treatment center by adding two additional staff members and expanded the physical building to include extra rooms and beds.
- Activity or Program Name: Expanded syringe services in San Francisco City
 - Activity or Program Description: Our Participating Subdivision expanded safe syringe services in San Francisco City by installing safe syringe disposal units across the city. We also purchased safer drug use supplies to distribute at syringe exchanges and harm reduction centers in the city.

How mar	ny total ac	tivities or ${\scriptscriptstyle \parallel}$	programs	will you be	reporting	on for the	SFY 2022-
2023 (pe	riod of Jul	y 1, 2022 -	June 30, 2	2023)? Plea	se enter a	number.	



11. Allowable Expenses Reporting

Answer the fol	lowing set of	questions	for each	activity	or program	and you	will be
		repo	orting or	١.			

Please answer the following questions for A	ctivity #1.
1. Activity or Program Name:	
2. Activity or Program description (2-4 sente	nces):
3. List how much money was spent on this a Abatement Account by each settlement. If settlements, please write in 0.	
	Funds Expended in SFY 22-23
Allergan	
CVS	
Distributors	
Janssen	
Teva	
Walgreens	
Walmart	



	•	activity or program from your California no money was spent from certain settlements,
please w	vrite in 0.	· ·
		Funds Expended in SFY 22-23
Allerga	ın	
CVS		
Distribu	utors	
Jansser	n	
Teva		
Walgre	eens	
Walmai	rt	
7. Select	t all Allowable Expenditure type	s that apply for <u>this</u> activity.
activitie settlem	es by the list of approved uses in	ens will be asked to categorize their Exhibit E, including subcategories, of the are not listed in this PDF. Please review to review the subcategories.)
» (☐ Treat Opioid Use Disorder (C	DUD)
» [□ Support People in Treatmen	t and Recovery



2	»	□ Care)	Connect People Who Need Help to the Help They Need (Connections to
2	>>		Address the Needs of Criminal Justice-Involved Persons
2	»	□ Includ	Address the Needs of Pregnant or Parenting Women and Their Families, ling Babies with NAS
2	»	□ Dispe	Prevent Over-Prescribing and Ensure Appropriate Prescribing and nsing of Opioids
2	>>		Prevent Misuse of Opioids
2	>>		Prevent Overdose Deaths and Other Harms (Harm Reduction)
2	>>		First Responders
2	>>		Leadership, Planning and Coordination
2	>>		Training
2	>>		Research
2	>		Other
Sub	div	ision	fifty percent (50%) of the funds received by a Participating from the Abatement Accounts Fund in each calendar year must be or more of the High Impact Abatement Activities (HIAA).
Whi	ch,	, if any	y, High Impact Abatement Activities does activity #1 meet?
			at apply and provide no more than 200 words to describe how this s the selected High Impact Abatement Activity.
			rovision of matching funds or operating costs for substance use disorder in the Behavioral Health Continuum Infrastructure Program
Pleas	se	descri	be:
		4 2: Ci ucture	reating new or expanded Substance Use Disorder (SUD) treatment
Plead	S P .	descri	he [.]



☐ HIAA 3: Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD
Please describe:
□ HIAA 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
Please describe:
□ HIAA 5: Interventions to prevent drug addiction in vulnerable youth
Please describe:
☐ HIAA 6: The purchase of naloxone for distribution and efforts to expand access to naloxone for opioid overdose reversals.
Please describe:
☐ This activity is not a High Impact Abatement Activity and do not meet the criteria as defined above.
(Answer if HIAA 3 is selected.) You selected: "HIAA 3: Addressing the needs of
communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD"
Please describe the population(s) this activity or program serves:

(Answer if HIAA 4 is selected.) You selected: "HIAA 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



reduction"
Please describe the population(s) this activity or program serves:
(Answer if HIAA 5 is selected.) You selected: "HIAA 5: Interventions to prevent drug addiction in vulnerable youth"
Please describe the population(s) this activity or program serves:
Please add anything else you would like to share about activity #1:



12. Additional Activities

Oo you have any other activities to report on?	
○ Yes	
○ No	
If No, skip to Section 13.)	
If yes, answer this question.) How many more activities do you need to report for SF 022-2023 (period of July 1, 20223 – June 30, 2024)? Please enter a number.	,
12. Additional Allowable Expenses Reporting	
Answer the following set of questions for each activity or program and you will be	

(If yes was selected above, repeat flow of Allowable Expenses Reporting pages 17-35 above for each additional activity.)

reporting on.



13. Planned Activities Reporting for SFY 2023 - 2024

In this section, Participating Subdivisions will report their planned activities for opioid settlement funds for the State Fiscal Year 2023-2024.

Participating Subdivisions will be asked to categorize planned expenditures by activities and by Exhibit E Allowable Expenses. Please read the <u>Allowable Expenses document</u> prior to completing this section.

Programs or Activities are defined as specific projects or uses of opioid settlement funds. Programs may be a set of related activities to accomplish a project or outcome. Activities may be smaller scale or singular uses of funds. For example, a program may be a syringe exchange program while an activity may be passing out flyers for prevention education.

1. Does your Participating Subdivision plan to maintain the same activities in the SFY 2023 – 2024 (period of July 1, 2023 – June 30, 2024)?
○ Yes
○ No
○ Unsure
2. Does your Participating Subdivision plan to add or change new activities in the SFY 2023-2024 (period of July 1, 2023 – June 30, 2024)?
○ Yes
○ No

(If Yes to 1. <u>AND</u> No to 2 to the questions above, then skip to Section 15. Technical Assistance.

Any other combinations of answers, please proceed to Section 14. Planned Activities Reporting.)



14. Planned Activities Reporting

		is where your Participating Subdivision will note planned activities and return the upcoming fiscal year.
Please	e answe	er the following questions for <u>planned</u> activity #1.
1. Acti	ivity or	Program Name:
2. Acti	ivity or	Program description (2-4 sentences):
(In th activi settle	is secti ties by ment a	Allowable Expenditure types that apply for this activity. In this section, ion, Participating Subdivisions will be asked to categorize their the list of approved uses in Exhibit E, including subcategories, of the agreements. Subcategories are not listed in this PDF. Please review fore completing this section to review the subcategories.)
»		Treat Opioid Use Disorder (OUD)
»		Support People in Treatment and Recovery
»	□ Care)	Connect People Who Need Help to the Help They Need (Connections to
»		Address the Needs of Criminal Justice-Involved Persons
»	□ Includ	Address the Needs of Pregnant or Parenting Women and Their Families, ding Babies with NAS
»	□ Dispe	Prevent Over-Prescribing and Ensure Appropriate Prescribing and ensing of Opioids
»		Prevent Misuse of Opioids
		revent ivisuse of opioids



>>>	. (Leadership, Planning and Coordination
»	. (Training
»	. (Research
»	. (Other
Subd	ivi	sion	fifty percent (50%) of the funds received by a Participating from the Abatement Accounts Fund in each calendar year must be or more of the High Impact Abatement Activities (HIAA).
Whic	:h,	if any	, High Impact Abatement Activities does <u>planned activity</u> #1 meet?
			at apply and provide no more than 200 words to describe how this the selected High Impact Abatement Activity.
facilit	ies	withi	rovision of matching funds or operating costs for substance use disorder in the Behavioral Health Continuum Infrastructure Program
	AA		reating new or expanded Substance Use Disorder (SUD) treatment
Pleas	e c	lescrik	oe:
(inclu	dir		ddressing the needs of communities of color and vulnerable populations eltered and unsheltered homeless populations) that are disproportionately SUD
Pleas	e c	lescrik	pe:
includ	din swo	g by រ orn) a	version of people with SUD from the justice system into treatment, providing training and resources to first and early responders (sworn and and implementing best practices for outreach, diversion and deflection, restorative justice, and harm reduction
Pleas	e c	lescrik	pe:

First Responders

»



☐ HIAA 5: Interventions to prevent drug addiction in vulnerable youth
Please describe:
☐ HIAA 6: The purchase of naloxone for distribution and efforts to expand access to naloxone for opioid overdose reversals.
Please describe:
$\hfill\Box$ This activity is not a High Impact Abatement Activity and do not meet the criteria as defined above.
(Answer if HIAA 3 is selected.) You selected: "HIAA 3: Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD"
Please describe the population(s) this activity or program serves:
(Answer if HIAA 4 is selected.) You selected: "HIAA 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"
Please describe the population(s) this activity or program serves:

(Answer if HIAA 5 is selected.) You selected: "HIAA 5: Interventions to prevent drug addiction in vulnerable youth"



Please describe the population(s) this activity or program serves:
Please add anything else you would like to share about <u>planned</u> activity #1:



15. Technical Assistance

Does your Participating Subdivision want technical assistance on how to spend opioid settlement funds?
○ Yes
○ No
DHCS has created several resources for technical assistance and has an official TA request form where Participating Subdivisions can request consultation and assistance in how to spend their opioid settlement funds. These resources can be found on the DHCS OSF website . Please see the following technical assistance (TA) request form below. Please use the TA Request Form to formally submit a request for technical assistance or consultation. • Technical Assistance Request Form
16. Attestations
I certify and attest on behalf of my Participating Subdivision that no less than fifty percent (50%) of the funds received from the California Abatement Account were used for one or more of the High Impact Abatement Activities:
Sign:
I certify and attest on behalf of my Participating Subdivision that all funds received have been used in compliance with the requirements of the National Settlement Agreements and State Subdivision Agreements. Final versions of these agreements can be found on the CA Attorney General's website: https://oag.ca.gov/opioids
Sign:



I certify and attest on behalf of my Participating Subdivision that everything reported or
this Opioid Settlement Funds Expenditure Reporting Form is true and correct:
Sign:

