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To: [Betsy Fitzgerald](#); [ONEil, Brendan](#); [Taranko, Haley](#); [bruce](#); [Mann, Benjamin](#); [Liz Blackwell-Moore](#); [chasily](#); [Courtney Allen](#); [ehsmall](#); [joe.everett](#); [Kinna Thakarak](#); [Myles Ouellette](#); [Paul Vinsel](#); [Smith, Gordon](#); [Todd Brackett](#); [Crafts, Lydia](#)
Subject: Fwd: NASHP
Date: Wednesday, August 16, 2023 12:42:28 PM

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Hello Everyone, Paul had the great opportunity with Gordon to attend the one day conference in Boston which met with the other states who are working with the opiate settlement dollars. He and Gordon will do a report out at the September meeting but Paul asked if I would circulate this information to all of you. My first read is that this is very helpful information and guidance as we move forward. Thanks for all you do, Pat

8/14/23

To: Maine Recovery Council

I want to thank the Recovery Council for providing me the opportunity to attend the National Academy for State Health Policy conference in Boston regarding Maximizing the Effects of Opioid Settlement Funds. This was an excellent meeting. We were able to hear from 27 different states, and multiple state and federal experts regarding effective use of these funds. I would like to review some of what I heard today.

Take Home Points from
National Academy for State Health Policy
Meeting 8/14/23 Boston

From Different States:

Several states have an Opioid Advisory Council with the final allocation decisions being made by legislature, governor, Attorney General, or DHS. Each state is unique in % of money going to the state vs. subdivisions.

Georgia hired a consultant for assistance with guardrails for distribution.

At least 10 states have distributed part or all of first year's funds.

Many states are in same position as MRC – Continuing to work on process without specific timetable.

Several states have partnered to supplement federal funds, state general funds, County and

local funds to distribute first year funds.

Money has been spent on naloxone distribution, syringe services programs, people leaving incarceration, low threshold housing, expanding MOUD with methadone, expanding statewide transportation for services.

Minnesota started funding in 2017 by raising licensing fees for companies distributing medication. This money is earmarked for opioid abatement. Opioid settlement funds are being blended with this to have more impact.

All states are working on transparency, developing reporting dashboards, ensuring accountability.

Recognized Best Practices

North Carolina – They are reporting on outcomes from the spending. 80% of funds went to communities.

Rhode Island – 80% of funds going to state. They were able to get money out 6 months after forming advisory committee. Collaborated with programs already planned or being implemented by the state. They also have set aside money for an emergency fund (funding short term unforeseen needs – wound care for xylazine wounds).

Colorado – money in AG office. They've set up an infrastructure fund to support money going out. AG is supporting several regional councils.

Key points:

What are reporting requirements for subdivisions?

Importance of Needs Assessment.

Connect with universities to assist with reporting requirements – graduate student projects.

Afternoon Session

Many recommendations to align funding streams with federal, state, county, and local funding. Coordinate outcomes with state partners

Braiding funds – opioid settlement funds are NOT the only source of funding available.

Alaska is placing opioid settlement funds in interest bearing account, then using 5% of the account yearly for abatement. The account will continue to grow for future use.

Stressed importance of addressing populations with higher risk of OD – black, native American. Increase in OD deaths in these groups are due to structural and social inequities, not due to increased use of drugs.

My takeaways:

Maine has some great advantages:

Members of MRC with lived experience

We have significant naloxone distribution presently (thank you Gordon and Governor Mills)

We have recovery centers which are ripe for partnership.

My recommendations:

Partner with the state. They have outreached the public, performed needs assessments,

understand the gaps, and have significant money going toward opioid abatement. This will allow us to get money out the door and into the communities.

Continue working on innovative strategies, and partner with smaller community groups that typically struggle with funding from larger sources.

Build a reporting dashboard looking for specific outcomes. Require reporting from all programs using MRC funds.

Consider setting aside money for an emergency fund, for unforeseen issues that need to be addressed in a timely manner.

I hope to have time in the next MRC meeting to give an overview of the day, and answer questions of other committee members. Please feel free to contact me by email if you have any questions now.

Thank you very much.

Sincerely,

Paul Vinsel

NOTES FROM NATIONAL ACADEMY OF STATE HEALTH POLICY OPIOID SETTLEMENT
CONFERENCE, August 14, 2023, Boston, MA

From: Gordon Smith, J.D., Director of Opioid Response

Twenty-seven states participating

1. Lots of variation in the amounts coming to state and subdivisions and in the relative authority of advisory commissions. We are fortunate to have decision making authority. Some states have as many as 45 individuals on their commissions/councils and most are only advisory to the legislature or executive branch.
2. 17 states have spent some of the funds, 10 states have published reports and another 10 states have begun awarding funds for specific activities. Procurement rules differ from state to state. For instance, in Georgia, awards to non-profit organizations do not need to be competitive.
3. Some states, including Rhode Island, have set aside a specific amount for emergent needs. RI has \$500,000 in that account. Their longer term priorities include youth prevention and addressing disparities/equity.
4. Most states have websites/portals to accept public comments and to report spending.
5. Only Alaska seems to be going the route of securitization.
6. Many states are using outside organizations (universities consultants, etc) to assist in preparing strategic plans and to review applications for funding. For instance, Yale School of Medicine is revising an opioid response strategic plan for the Connecticut Settlement Advisory Committee (OSAC). The District of Columbia hired a firm to prepare a toolkit to assist the local authorities. The Commonwealth of Virginia contracted with Virginia Commonwealth University to develop a tool kit and held an "Abatement Academy" to provide education and technical assistance to subdivisions.
7. Most states have no control over the funds going to local subdivisions. At least three states reported enticing the subdivisions to report their spending to the state or to a public website by offering matching grants. I think this is an approach we should consider, along with the possibility of a convening event offering education and technical assistance to the 39 subdivisions which could serve to better align the local and state spending.
8. Kentucky and some other states have held virtual or in-person town hall events.
9. Some states, including Kentucky, have set aside funds for the benefit of small non-profit organizations which frequently do not have the staff and capacity to compete for funding opportunities. I really like this idea.
10. MA is exploring providing matching grants, has developed a reporting template for subdivisions and grantees and is providing training and technical assistance to subdivisions.

11. A lot can be learned by simply reviewing all the relevant websites, as most states are being very transparent in their planning and spending.
12. New York State has focused on workforce, equity and infrastructure. The state has made recommendations for spending priorities and in the first year all but two of these recommendations were funded after receiving favorable action by the 20 member Advisory Council.
13. Some Councils are required to do a needs assessment and others require grantees to have a strategic plan. For instance, in Nevada, if a county applies for a grant, they must submit a plan.
14. Vermont appears to be the closest to Maine in terms of problems and priorities. The \$8.2 million Vt. has available is being used to improve connections to treatment, particularly in rural area. They are also prioritizing harm reduction and spending funds for naloxone, fentanyl test strips and wound care. Telehealth is being used for the latter. Also, increasing the number of outreach workers, similar to our OPTIONS behavioral health liaisons.
15. Several states reported initiatives locating vending machines with harm reduction supplies in public places including libraries and also in some correctional facilities. Wisconsin and the State of Washington are active in these initiatives.
16. I participated in the breakout session on reporting and evaluation. The challenge noted is moving beyond simply transparency to include collecting meaningful data on the impact of the spending (this is really difficult to do) and the need to have experts evaluate the data collected. We need to also evaluate the capacity of applicants to do the work they have contracted to do.

State Opioid Settlement Learning Network In-Person Meeting

August 14th, 2023



NATIONAL ACADEMY
FOR STATE HEALTH POLICY

nashp.org

Session Overview

- Welcome!
 - **Katie Greene**, *Director of Public Health, NASHP*
- Where Are We Now? Progress and Current Landscape of State Opioid Settlements
 - **Introductions from each state**
- Spending to Save Lives: What We've Learned About Best Practices for Opioid Settlement Spending
 - **Kristen Pendergrass**, *Vice President, State Policy, Shatterproof*
 - **Sara Whaley**, *Faculty Research Associate, Johns Hopkins Bloomberg School of Public Health*
- Special Interest Breakout Groups: Key Topics

Logistics

- NASHP staff introductions
- Restrooms are located...
- Conversation is off-the-record and not for attribution
- Invited expert introductions
- Please fill out the meeting evaluation in your conference app!

NASHP's State Opioid Settlement Learning Network



Ongoing forum with over **80 members** from **34 states** for state-to-state learning and discussion of the opioid settlement spending process

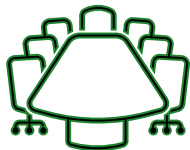


Discuss emerging challenges and promising practices related to opioid settlement administration, with recent featured topics being:

- Strategies for Naloxone distribution and collaboration with local partners
- Investing in evidence-based practices
 - Check out NASHP's latest blog on [How Kansas and Colorado Use Opioid Settlement Funds to Promote Evidence-Based Practices in Prevention, Treatment, and Recovery](#)



**Foundation *for*
Opioid Response
Efforts**



Other key resources include:

- [State Approaches for Distribution of National Opioid Settlement Funding](#)
- [An Early Look at State Opioid Settlement Spending Decisions](#)

The National Landscape: Where States are in the Spending Process



At least **17 states** have now determined and announced uses for an initial portion of settlement money (AZ, CA, CO, IN, KY, MA, MI, NC, NV, NY, RI, SC, TN, UT, VA, WI, WY).

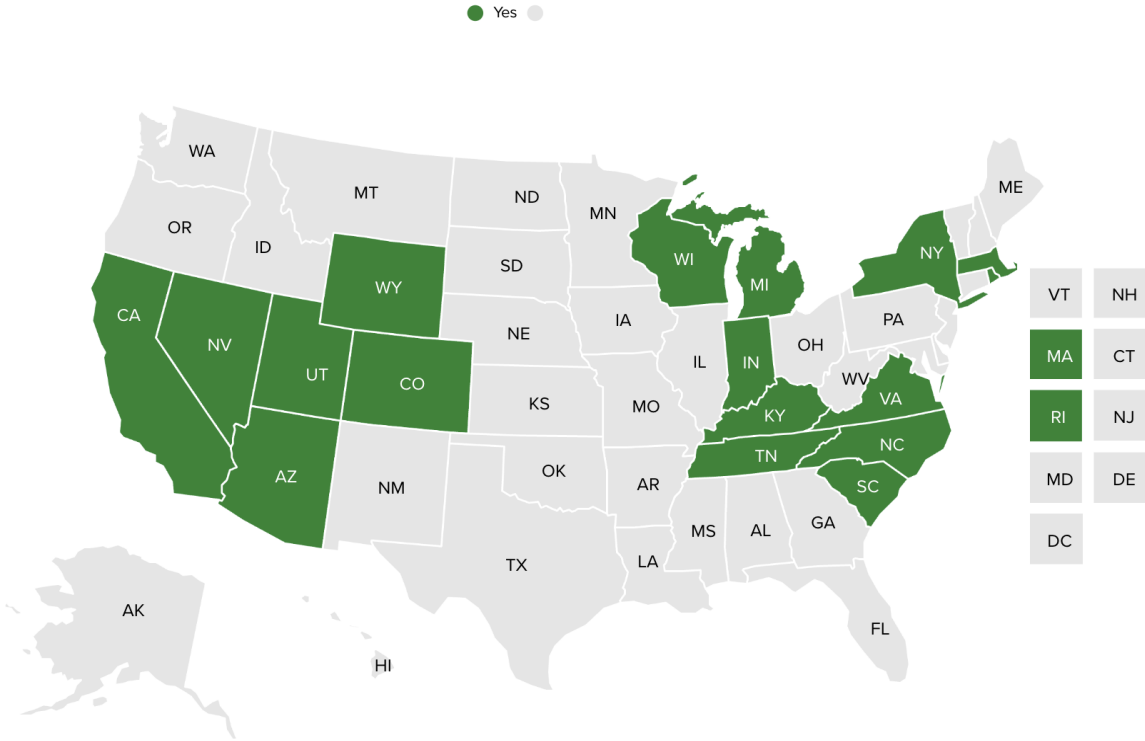


At least **10 states** have published annual reports on settlement activities (AL, MA, MI, NV, NY, RI, SD, TN, WI, WY)



At least **10 states** have begun awarding funding to specific abatement programs (AZ, CO, KY, MA, MN, NC, RI, SC, TN, VA, WI)

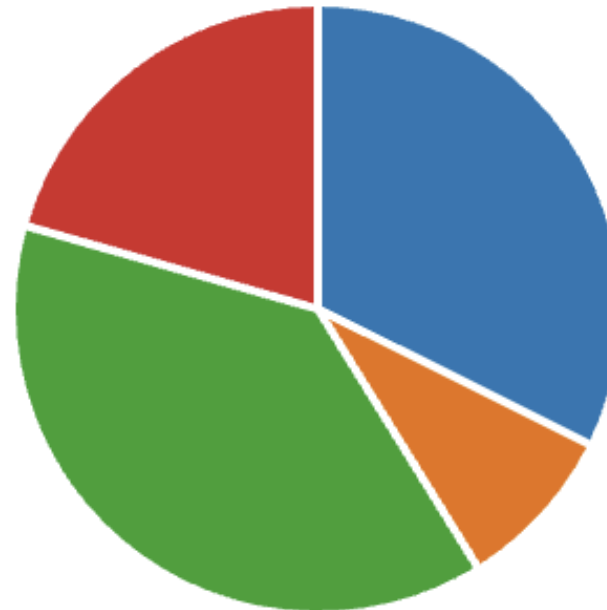
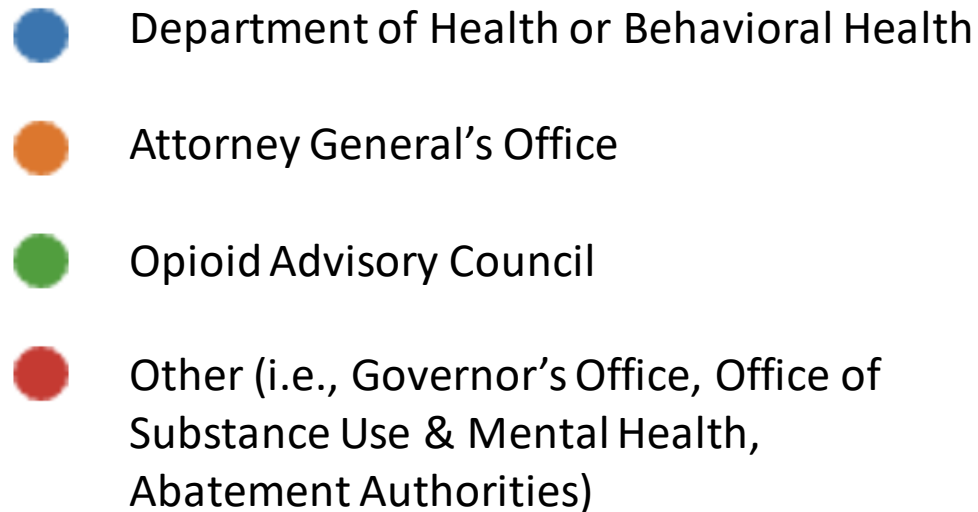
States that have announced uses for initial portion of settlement funds



Updated as of April 2023

Debriefing our pre-meeting survey

- Thanks to all who completed the survey!
- Grab a participant list to see who is here
 - A general breakdown of where everyone comes from:



Common challenges across opioid settlement administration

A word cloud of common challenges across opioid settlement administration. The words are arranged in a circular pattern around the central phrase 'Aligning priorities'. The words are in various colors (green, blue, black) and sizes, indicating their relative frequency or importance.

Information sharing
Lack of data
Engaging community organizations
Addressing racial disparities
Getting buy-in
Spending efficiency
Transparency
Evidence-based investments
Aligning priorities
Expanding infrastructure
Too little funding
Ensuring compliance
Engaging people with lived experience
Reporting
Stigma
Evaluation
Coordinating investment efforts

State Introductions



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State Opioid Settlement Introductions

ALABAMA (*Roll TIDE!*)

- **I'd like to hear more about...** (1) How to practically identify the priority of needs in this new and current climate in light of projected and expected substance use trends. My hope is that service delivery stays relevant and not like other things we have tried or done - especially considering the options this funding will provide for us. (2) Best tips for working with community collaborations for the use of funding; (3) Other creative means of identifying and awarding use of funds and related parameters other than via RFPs, contracts, MOUs, etc.
- **Ask me about...** Narcan Saturation and Distribution, Work with Pregnant and post-partum females, ConnectAL App, AlaHOPE website, VitAL Stigma and Opioid Conferences and website, Billboard and gas topper campaign, Peer Support Services, EBP pamphlets and the provision of these to our SUS providers, free trainings offered to our state certified providers; the on-going work of the Governor's State Opioid Overdose and Addiction Council over the last 6 years, and efforts of the 8 sub-committees which target broad angles of the service delivery spectrum.

State Opioid Settlement Introductions

ALASKA

- **I'd like to hear more about...** how others are getting money out to communities equitably.
- **Ask me about...** experiences putting together steering and governing bodies for funding oversight.



State Opioid Settlement Introductions

CONNECTICUT

- **I'd like to hear more about...** public participation portals, and reporting requirements.
- **Ask me about...** we have successfully engaged a local university to assist with revising our strategic plan. This strategic plan is a set of preliminary recommendations that align with Exhibit E and will provide timely guidance to the Connecticut Opioid Settlement Advisory Committee (OSAC).



Connecticut State Capitol

State Opioid Settlement Introductions

DISTRICT OF COLUMBIA

- **I'd like to hear more about...** your state's strategies
 - Ensuring opioid funds are spent timely and well, with appropriate oversight - even in tight budget environments
- **Ask me about...** DC's legislation on opioids funds
 - DC OAG introduced legislation passed by DC Council governing opioids settlement funds
 - Created Office of Opioid Abatement and Advisory Commission with representatives from OAG, Mayor, DC Council, agencies, community and medical professionals, impacted individual and family member
 - Focus on evidence-based prevention, treatment, recovery, and harm-reduction programs



State Opioid Settlement Introductions

GEORGIA on my mind

- **I'd like to hear more about...** how to get the infrastructure for the state and county (regional) levels moving efficiently and effectively.
- **Ask me about...** our successful anti-stigma campaign implemented with settlement that was direct to our agency. #GaRecovers #GaRecoversTogether



State Opioid Settlement Introductions

ILLINOIS

- **I'd like to hear more about...** states that fund the approved use: “Invest in infrastructure” – what process do you use to fund these requests and what funding limit and timelines
- **Ask me about...** Illinois Opioid Remediation Advisory Board's Working Groups (Access & Equity and Medical & Research)

State Opioid Settlement Introductions

INDIANA

- **I'd like to hear more about...** Currently, we are in the middle of developing a reporting process for our 648 local units of government that are receiving funds. We would be very interested to hear more about what other states are doing and the tools they are using to gather information and provide transparency to the spending.
- **Ask me about...** This year we have distributed \$19M from our two-year \$52M plan to spend the 50% state share of the settlement. We're on track to distribute a total of \$28M to communities and treatment and recovery service providers by the end this year.

State Opioid Settlement Introductions

KENTUCKY

- **I'd like to hear more about...** statewide infrastructure investments such as data linkage/evaluation, transportation, or provider training in evidence-based / evidence-informed practices.
- **Ask me about...** the role of the HEALing Communities Study in Kentucky.



State Opioid Settlement Introductions

MAINE

- **I'd like to hear more about...** procurement strategies that assist in getting funds out the door quickly.
- **Ask me about...** our 15-member Maine Recovery Council which has jurisdiction over one-half of the state's settlement funds.

State Opioid Settlement Introductions

MARYLAND

- **I'd like to hear more about...** settlement funds reporting and transparency requirements
- **Ask me about...** harm reduction and linkage to care strategies

State Opioid Settlement Introductions

MASSACHUSETTS

- **I'd like to hear more about...** how other states have engaged individuals and families most impacted by the opioid epidemic in their planning process
- **Ask me about...** how we were able to fund high priority initiatives including increased access to housing, MOUD access and harm reduction expansion quickly

State Opioid Settlement Introductions

MICHIGAN

- **I'd like to hear more about...** how states have established a foundation for evaluating the impacts of opioid settlement fund investments, especially equity impacts.
- **Ask me about...** the partnership of Michigan 3 largest universities, and local government associations, to implement the Technical Assistance Collaborative.

State Opioid Settlement Introductions

MINNESOTA

- **I'd like to hear more about...** alternatives to grant making and contracting to disperse funds
- **Ask me about...** Passage of House File 400 in 2019, which established the Opiate Epidemic Response Account, the Opiate Epidemic Response Advisory Council, and opiate product registration fees: [Chapter 63 - MN Laws](#)

State Opioid Settlement Introductions

MISSOURI

- **I'd like to hear more about...** annual reporting and coordination with local subdivisions receiving opioid settlement funding.
- **Ask me about...** coordination with other state departments receiving opioid settlement funding and coordination of OEND with other funding streams.

MISSOURI-THE SHOW ME STATE

St. Louis Arch



Lake of the Ozarks



Mark Twain



7,500 Caves



MISSOURI

Devoted Fans!



nashp.org



State Opioid Settlement Introductions

NEW JERSEY

- I'd like to hear more about...

- Ask me about...

State Opioid Settlement Introductions

NEW YORK

- **I'd like to hear more about...**
 - Workforce, and the impact of opioid settlement funds
- **Ask me about...**
 - State engagement with the field

State Opioid Settlement Introductions

NEVADA

- **I'd like to hear more about...**

- If there is an option for interstate compact in order to have a standardized reporting tool
- How other states defined priorities for funding versus what should be left to localities
- How to make those priorities actionable
- Details on granting dollars- are other states using a clearing house or are they releasing NOFO's/RFP's?
- How other states are collecting data/systems and completing the evaluation processes

- **Ask me about...**

- Completion of the statewide needs assessment and plan
- One Nevada Agreement to get dollars to localities
- Open, transparent and competitive processes to grant or allocate dollars quickly and efficiently



State Opioid Settlement Introductions

NORTH CAROLINA

- **I'd like to hear more about...** reporting and compliance
- **Ask me about...** collaboration between state and local governments



Oregon

- I'd like to hear more about: evaluation, and upstream prevention
- Ask me about: how Oregon is funding harm reduction

State Opioid Settlement Introductions

RHODE ISLAND

- **I'd like to hear more about...** innovative ideas that you have to use opioid settlement dollars to save lives – and whether you have thought about investing lump sums now, to make the dollars last longer.
- **Ask me about...** Rhode Island's ground-breaking Overdose Prevention Center (and our amazing beaches!)



RI HEALTH

First state-regulated overdose prevention center in US slated to open in Rhode Island in early 2024

The eventual center is expected to be staffed by the street outreach organization Project Weber/RENEW, in partnership with CODAC Behavioral Healthcare.

By [Alexa Gagosz](#) Globe Staff. Updated April 19, 2023, 2:23 p.m.

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A photograph showing a person's hands using a syringe at a medical station. There are boxes of Narcan (Naloxone) and a red sharps container on the table. The station is set up on a table with various medical supplies.

State Opioid Settlement Introductions

SOUTH CAROLINA

I'd like to hear more about...

- What is the potential good or harm that may come from the Supreme Court's Thursday, August 10th's, action to block the Purdue Pharma's multi-billion opioid settlement.
- South Carolina would also like to know is there a goal for uniform reporting nationally?

Ask me about...

- \$20 million has been distributed through GPS and Discretionary applications (\$12.5 governmental/ \$7.5 discretionary. The board was careful to distribute discretionary funds across research, medical, law enforcement, prevention, treatment, and recovery sectors.
- South Carolina has developed five cycles for funding requests (4 GPS & 1 Discretionary) through lessons learned.

State Opioid Settlement Introductions

TENNESSEE

- **I'd like to hear more about...** How have other states built out their state opioid settlement office, the various positions that are needed to support the work, the engagement of council members in the work
- **Ask me about...** Tennessee disbursed the first initial county payments in March 2023 and will soon be receiving the Semiannual report on how the counties are planning to spend the funds

The seal of the State of Texas is faintly visible in the background, featuring a five-pointed star in the center, surrounded by a wreath of olive and live oak branches, and the words "THE STATE OF TEXAS" in a circular border.

TEXAS OPIOID ABATEMENT FUND COUNCIL

National Academy of State Health Policy

8.14.23

Glenn Hegar

Texas Comptroller of Public Accounts



TEXAS OPIOID ABATEMENT FUND COUNCIL

OAFC Council & Staff Learning Opportunities

- Grant life-cycle procedures
 - Grant review processes
 - Reporting requirements
 - Coordination with other state agencies
- Schedule/frequency of distribution of funds
 - Coordination with the distribution of other state and federal funds
 - Reasoning for how to decide the schedule and amount of funds available for awarding grants



TEXAS OPIOID ABATEMENT FUND COUNCIL

Successes of the OAFC Council & Staff

- Council voted to adopt rules related to grant processes and procedures on 6/8
- Working groups established for targeted discussions: Code of Ethics, Peer Review, Hospital Districts Formula, Grant Cycles and Strategies,
- Active contract with UTHealth to conduct a comprehensive scientific literature review of opioid abatement strategies and state-wide survey of services to assist the Comptroller and Texas Opioid Abatement Fund Council in developing funding priorities
- Held or participated in over 57 meetings with stakeholder representatives, non-profits and communities who are part of the OUD space regarding education of the OAFC Program and relationship building



TEXAS OPIOID ABATEMENT FUND COUNCIL

Thank you!



State Opioid Settlement Introductions

VERMONT

- **I'd like to hear more about...** what percentage of settlement monies states allocate to primary prevention in the midst of a crisis in overdose deaths, and what types of primary prevention initiatives they are prioritizing.
- **Ask me about...** our Opioid Settlement Advisory Committee principles and decision-making process, and how we are spending settlement monies on novel harm reduction initiatives and strategies that better connect people with OUD to our hub and spoke treatment system

State Opioid Settlement Introductions

VIRGINIA

- **I'd like to hear more about...** securitization and investment strategies
- **Ask me about...** Virginia's "Gold Standard" incentives for cities and counties

State Opioid Settlement Introductions

WASHINGTON

- **I'd like to hear more about...** building relationships and collaboration between state and local agencies.
- **Ask me about...** setting aside 20% of settlement funds to be paid directly to Tribes.



State Opioid Settlement Introductions

WISCONSIN – Paul Krupski

- **I'd like to hear more about...** innovative ways states are using settlement funds across the continuum of care and throughout the social determinants of health
- **Ask me about...**
 - **Opioid Abatement Efforts Among Tribal Nations**
 - **Public Health Vending Machines**



Opioid Abatement in Tribal Nations

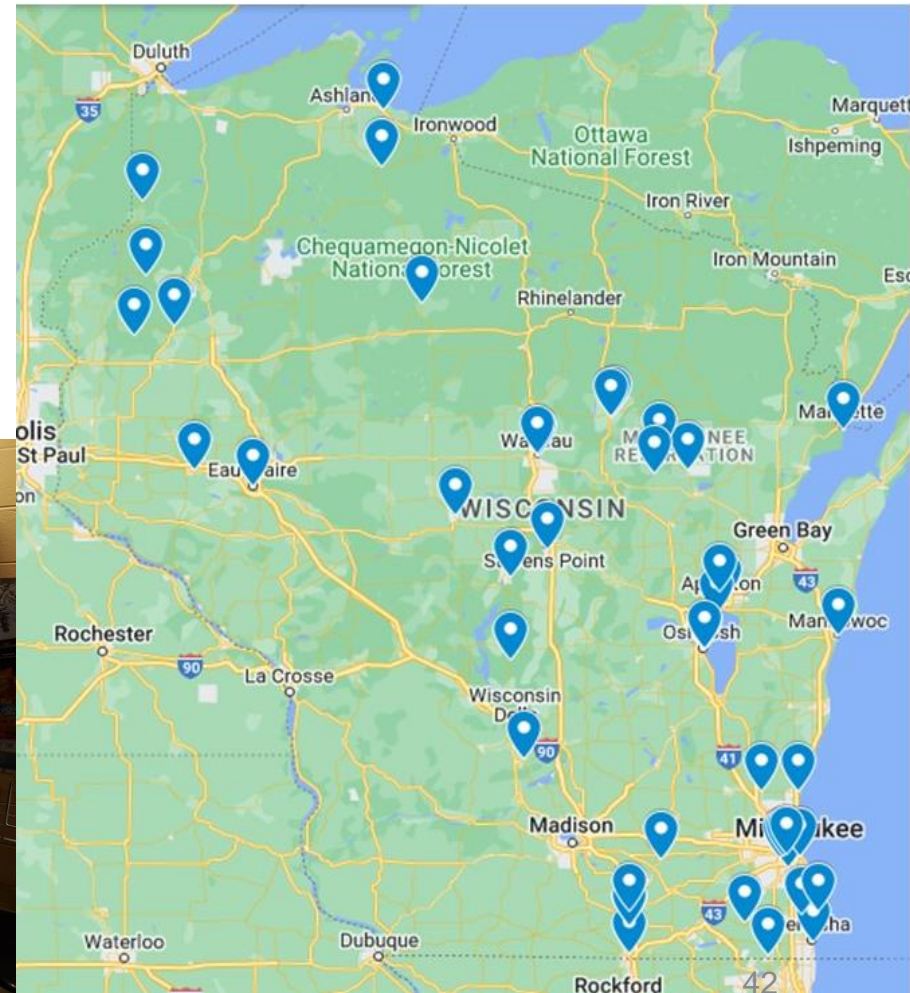
- Local problems require local solutions
- Strategies across prevention, harm reduction, treatment, and recovery
- Ability to support traditional healing strategies



Public Health Vending Machines

Program Goals

- Reduce overdoses and deaths
- Provide low barrier access
- Engage disproportionately impacted communities, both geographic and demographic
- Avoid the cost of a traditional brick-and-mortar provider
- Reduce stigma



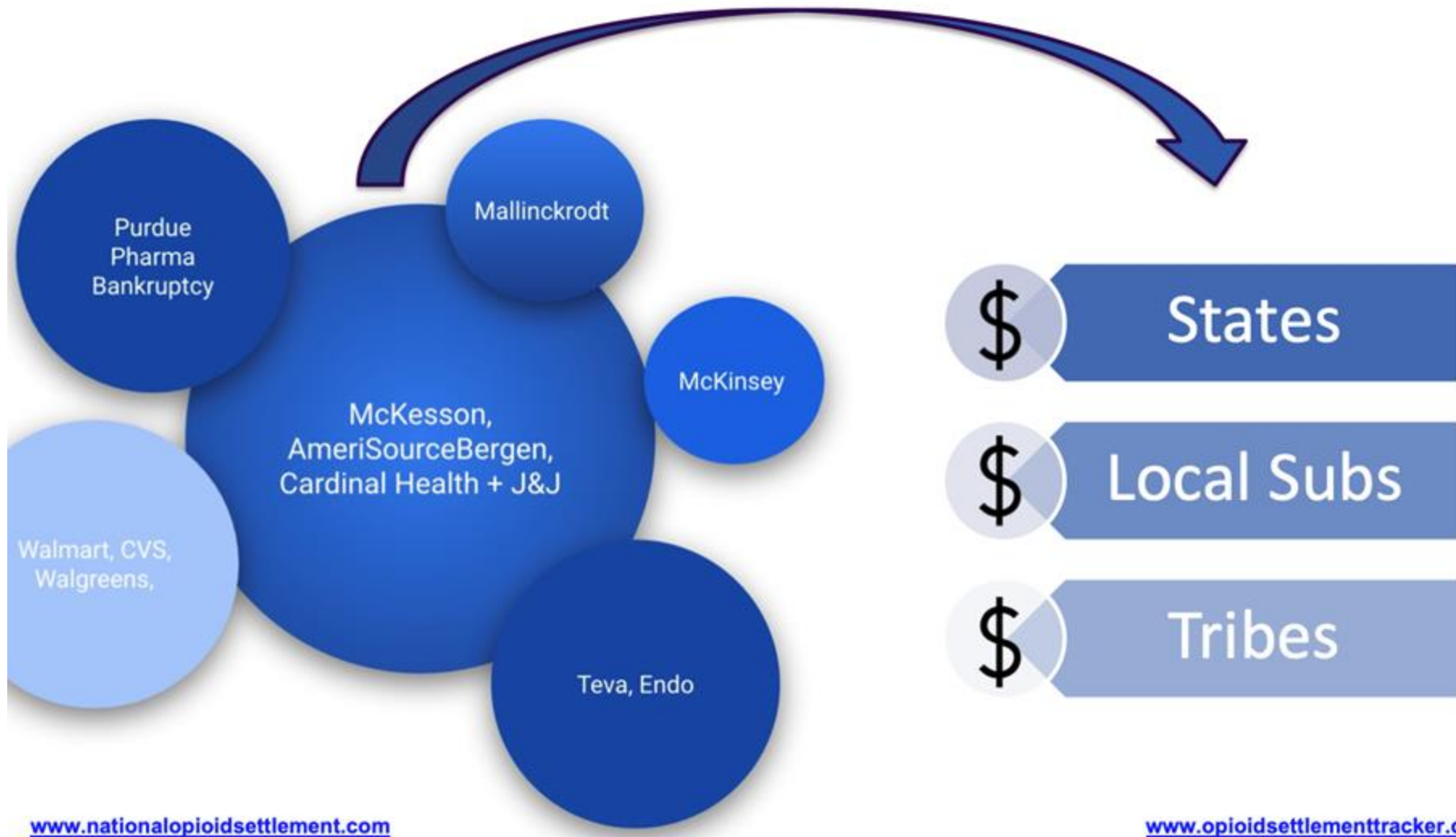


Spending to Save Lives:

What We've Learned About Best Practices for Opioid Settlement Spending

Kristen Pendergrass, Shatterproof & Sara Whaley, Johns Hopkins Bloomberg
School of Public Health

BOSTON
#NASHPCONF23
IT'S A MARATHON
NOT A SPRINT



www.nationalopioidsettlement.com

www.opioidsettlementtracker.com



#NASHP
CONF23



Principles for the Use of Funds from the Opioid Litigation

- 1 Spend Money to Save Lives
- 2 Use Evidence to Guide Spending
- 3 Invest in Youth Prevention
- 4 Focus on Racial Equity
- 5 Develop a Fair and Transparent Process

Reference: www.opioidprinciples.jhsph.edu

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Endorsed by over 60 organizations

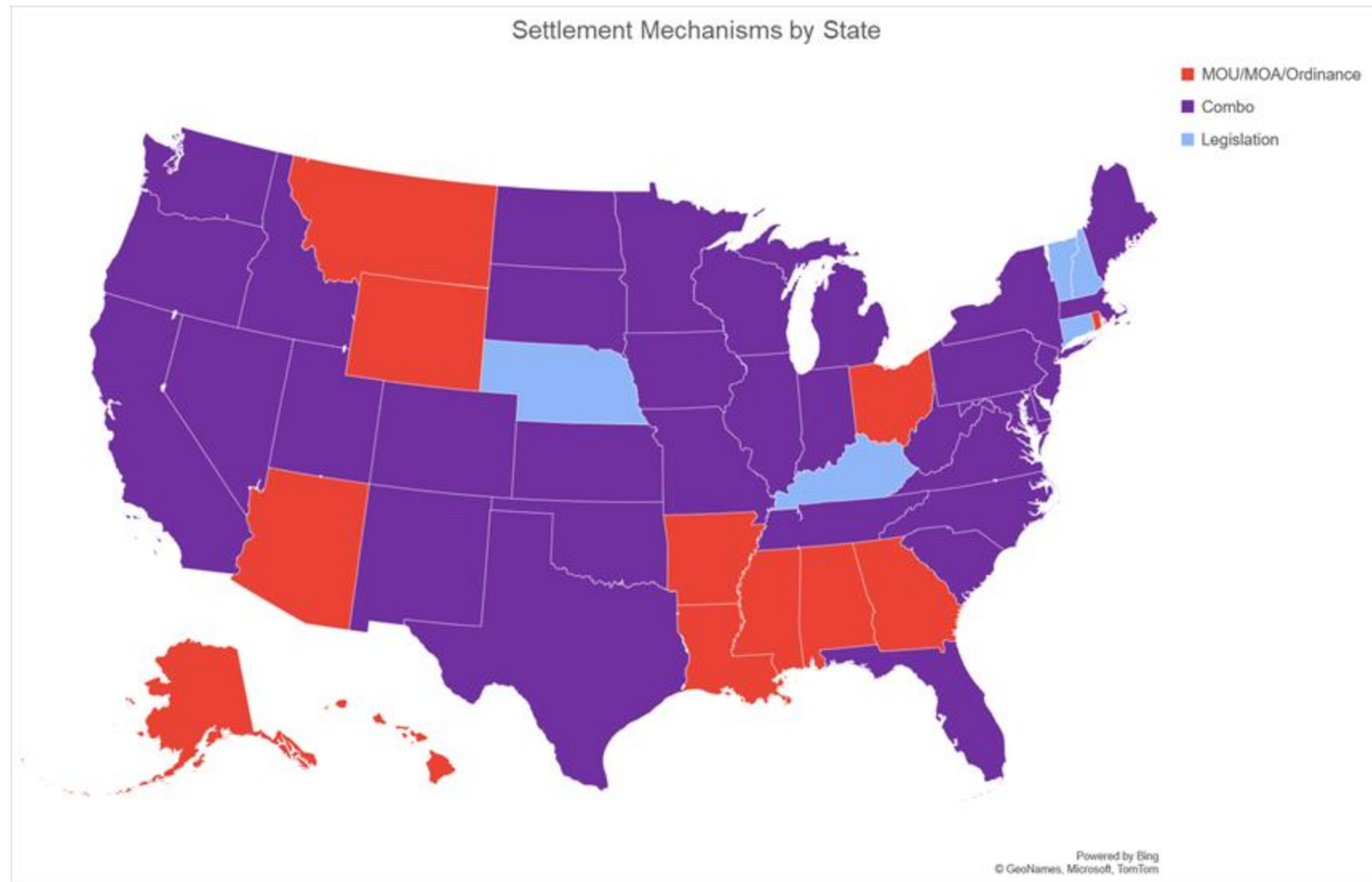


Reference: www.opioidprinciples.jhsph.edu

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Mechanisms

- State vs Local Allocations
- Dedicated Fund
- Council
- Decision-makers & process
- Transparency



Decision makers

- 39 States have advisory councils
- Nationwide, most seats are held by public health and human services representatives.

Find Out Who Is Controlling Opioid Settlement Cash in Your State

In 38 states and the District of Columbia, councils shape how opioid settlement dollars — totaling more than \$50 billion nationwide — are spent. Council size and power vary by state.

Which Voices Are Part of Your State's Council?

Across the country, council members generally fall into seven categories, but the ratios in which they're represented differ greatly and offer clues about a state's values. Percentages shown here are based on current membership rather than the category designations some states use for their councils.

Legend:

- Law enforcement and criminal justice
- Elected officials
- Government representatives
- Medical and social service providers
- Public health and human services
- Private health and human services
- Lived or shared experience
- Other

Alaska



Nationwide total

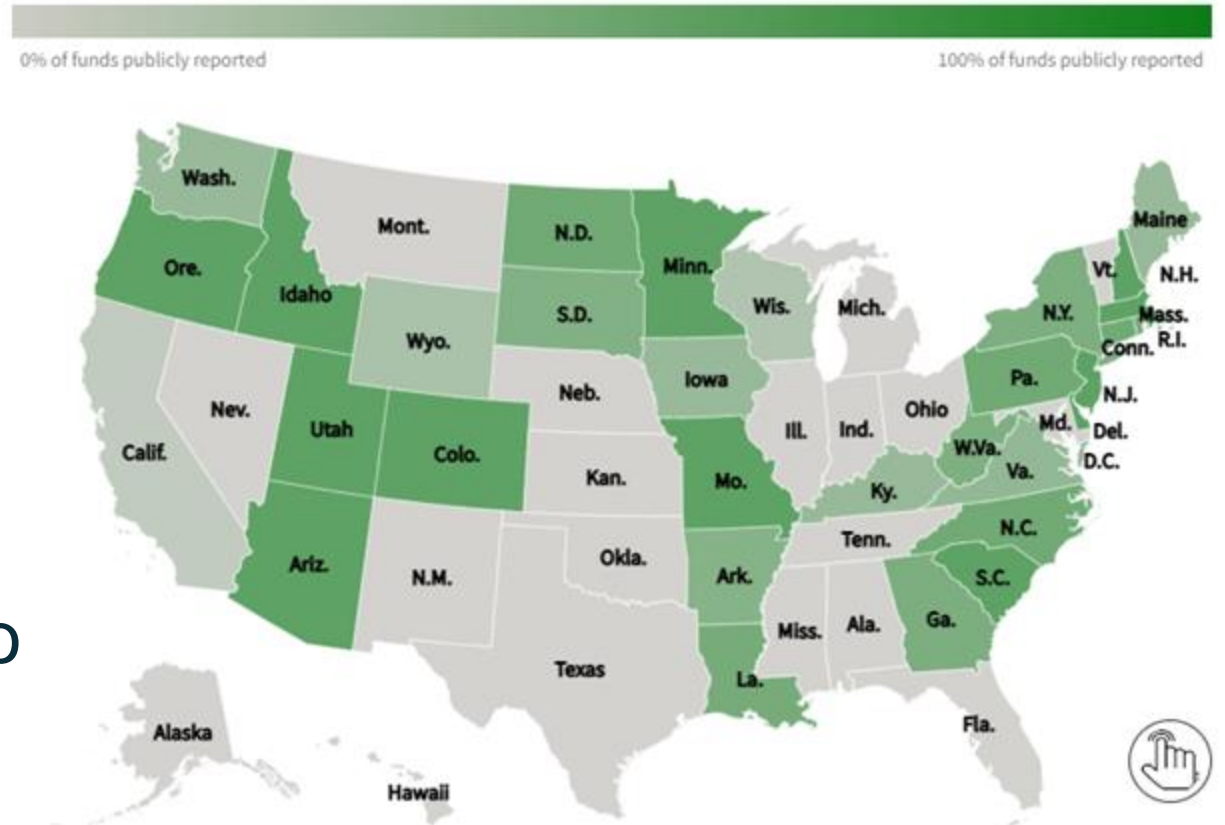


The Right to Know: Where Does Your State Stand on Public Reporting of Opioid Settlement Cash?

Christine Minhee, founder of [OpioidSettlementTracker.com](https://opioidsettlementtracker.com), has analyzed states' written commitments to report how they use opioid settlement dollars. [Her analysis](#), shared first with KHN, shows what percentage of funds states promise to publicly report in a way an average person could track. Click on a state to learn who controls its funds and how it will report on their use.

Transparency

- 15 States will publicly report 100% of expenditures
- Some states are planning to report expenditures even though they are not required to do so.



Case Study 1: North Carolina

- MOA: DOJ and NCACC
 - 85% to local
- Annual conference
- CORE-NC: Partnership with UNC-CH
 - Resources, data, metrics, reporting



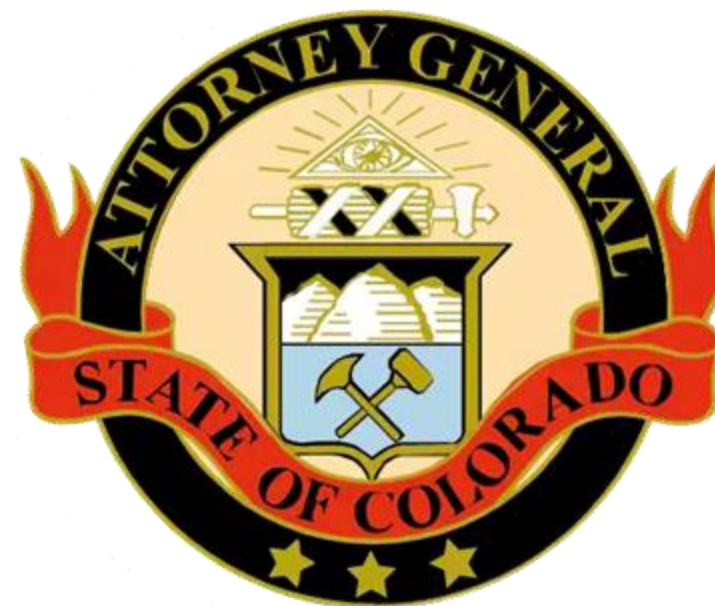
Case Study 2: Rhode Island

- MOA:
 - Allocation: 80% to state
 - Savings Account
 - Opioid Settlement Advisory Committee
- Transparency
- Long-term planning



Case Study 3: Colorado

- MOU:
 - Regional Approach
 - Infrastructure Fund
- Annual Conference
- Dashboards



Special Interest Breakout Groups – Key Topics

- **Breakout group topics include:**
 1. Reporting and evaluation
 2. Collaboration with local officials and other key partners
 3. Equity and addressing disparities
 4. Innovative approaches to harm reduction
 5. Communicating with legislators and state leaders
- **Feel free to stay in the same group or move around within the hour! Bring questions 😊**
- **A NASHP staff member will facilitate the discussion, assisted by an example state representative and subject matter expert**

Breakout Groups

1. Reporting and evaluation

- *Front left*

2. Collaboration with local officials and other key partners

- *Front right*

3. Equity and addressing disparities

- *Middle*

4. Innovative approaches to harm reduction

- *Back left*

5. Communicating with legislators and state leaders

- *Back right*