

# South Dakota Opioid Settlement Memorandum of Agreement

**Whereas**, the people of the State of South Dakota and its communities have been harmed by serious and substantial wrongdoing committed by certain entities within the Pharmaceutical Supply Chain;

**Whereas**, the State of South Dakota, through its Attorney General, and certain Participating Local Governments have separately engaged in investigation, litigation, and settlement discussions seeking to hold Pharmaceutical Supply Chain Participants accountable for the damage they have caused in South Dakota;

**Whereas**, other Participating Local Governments, while not engaged in separate litigation, have supported the State's efforts in the legal fight against the opioid crisis;

**Whereas**, the State and all Participating Local Governments share a common desire to abate and alleviate the impacts of the Pharmaceutical Supply Chain Participants' misconduct throughout the State of South Dakota;

**Whereas**, jointly approaching Settlements with Pharmaceutical Supply Chain Participants benefits all Parties by improving the likelihood of successful Settlement and maximizing the recovery from any such Settlement;

**Whereas**, specifically, the State and Participating Local Governments understand that Settlements with major Pharmaceutical Supply Chain Participants have taken the form of a national resolution (National Settlement Agreement);

**Whereas**, the State and Participating Local Governments intend this agreement to facilitate their compliance with the terms of the National Settlement Agreement;

**Whereas**, the State and Participating Local Governments understand that the National Settlement Agreement provides a default allocation between each state and its political subdivisions unless they enter into a state-specific agreement regarding the distribution and use of payments (State-Subdivision Agreement);

**Whereas**, specifically, the State and Participating Local Governments intend this agreement to serve as a State-Subdivision Agreement under the National Settlement Agreement involving Johnson & Johnson, AmerisourceBergen, Cardinal Health, and McKesson, and Bankruptcy Resolutions concerning Purdue Pharma, L.P. and Mallinckrodt plc entered into by the State and the Participating Local Governments;

**Now, therefore**, in consideration of the foregoing, the State and its Participating Local Governments, enter into this "South Dakota Opioid Settlement Memorandum of Agreement" (MOA) relating to the allocation and use of the proceeds of any Settlement as described in this MOA;

## **I. Definitions**

As used in this MOA:

- A. "Approved Use(s)" means purposes related to opioid abuse treatment, prevention, and recovery programs that fall within, or otherwise consistent with, the list of uses set out in Exhibit A, attached hereto and incorporated herein by reference.
- B. "Bankruptcy Resolution" takes the meaning set out in the above recitals.
- C. "Localized Share" takes the meaning set out in Section II of this MOA.
- D. "National Settlement Agreement" takes the meaning set out in the above recitals.
- E. "Opioid Funds" means the monetary amounts obtained through a Settlement as defined in this MOA.
- F. "Participating Local Governments" means all counties, cities, and towns within the geographic boundaries of the State of South Dakota that have signed this MOA. The Participating Local Governments may be referred to separately in this MOA as "Participating Count(ies)" and "Participating Cit(ies)."
- G. "Parties" means the State of South Dakota and all Participating Local Governments.
- H. "Pharmaceutical Supply Chain" means the process and channels through which opioids or opioid products are manufactured, marketed, promoted, distributed, or dispensed.
- I. "Pharmaceutical Supply Chain Participant" means any entity that engages in or has engaged in the manufacturing, marketing, promotion, distribution, or dispensing of opioids.
- J. "Settlement" means the negotiated resolution of legal or equitable claims against a Pharmaceutical Supply Chain Participant when that resolution has been jointly entered into by the State and the Participating Local Governments, including but not necessarily limited to the National Settlement Agreement involving Johnson & Johnson, AmerisourceBergen, Cardinal Health, and McKesson and a Bankruptcy Resolution concerning Purdue Pharma L.P.
- K. "State-Subdivision Agreement" takes the meaning set out in the above recitals.
- L. "Statewide Share" takes the meaning set out in Section II of this MOA.
- M. "The State" means the State of South Dakota.

## **II. Allocation of Opioid Funds**

- A. All Opioid Funds will be divided proportionally with 70% allocated to the State (Statewide Share) and 30% allocated to the Participating Local Governments (Localized Share) pursuant to SDCL 34-20B-116.
- B. The Localized Share will be allocated to the Participating Local Governments in the proportions set out in Exhibit B, attached hereto and incorporated herein by reference, which is based upon the opioid negotiation class model developed in connection with In re: Nat'l Prescription Opiate Litigation, MDL 2804 (N.D. Ohio). The proportions set forth in Exhibit B provide payments to (1) all South Dakota counties who have signed on to both the Janssen Participation Agreement and the Distributors Participation Agreement, and (2) all South Dakota cities and towns with populations over 10,000 based on the United States Census Bureau's Vintage 2019 population totals pursuant to the National Settlement Agreement who have signed on to both the Janssen Participation Agreement and the Distributors Participation Agreement.
- C. If a county or city listed on Exhibit B does not join this MOA, then that non-Participating Local Government's allocation of the Localized Share as identified in Exhibit B will be reallocated to the Statewide Share. Distributions allocated to non-participating local governments identified in Exhibit B will be directed to the Statewide Share.
- D. Any Participating Local Government allocated a share in Exhibit B may elect to direct its share of current or future annual distributions of Localized Share Funds to the Statewide Share.

## **III. Use of Opioid Funds**

- A. Regardless of allocation, all Opioid Funds must be used in a manner consistent with the Approved Uses definition. No Opioid Funds will be used as restitution for past expenditures. Rather, Opioid Funds must be used in a present and forward-looking manner to actively abate and alleviate the impacts of the opioid crisis and co-occurring substance abuse in South Dakota. Compliance with these requirements will be verified through Section VI's reporting requirements.
- B. The Statewide Share must be used only for (1) Approved Uses within the State of South Dakota or (2) grants for Approved Uses within the State of South Dakota. The State of South Dakota, Department of Social Services will serve as the lead agency responsible for distributing and using the Statewide Share in a manner that in its judgment will best address the opioid crisis within the State.
- C. The Localized Share must be used only for (1) Approved Uses by Participating Local Governments or (2) grants for Approved Uses.

- D. Each Participating County shall regularly consult with and receive input from its constituent cities and towns regarding effective distribution and use of the Localized Share Funds. Each Participating County shall make reasonable and good faith efforts to not only secure the collaboration of each of its constituent cities and towns, but also to use the Opioid Funds in a manner that benefits the residents of each constituent city and town.
- E. Notwithstanding any term of this MOA, Participating Local Governments may collaborate with local governments both within and beyond their borders for the purpose of more effectively using Opioids Funds to abate the opioid crisis.

#### **IV. Method of Distribution of Opioid Funds**

- A. The Statewide Share will be distributed to the opioid abatement and remediation fund. All money in the opioid abatement and remediation fund may only be used for purposes relating to opioid abuse treatment, prevention, and recovery programs in South Dakota and must be appropriated through the normal budget process. Expenditures of the state from the fund must be assigned to the Department of Social Services. The Localized Share will be distributed directly to each Participating Local Government in accordance with the terms of any Settlement.

#### **V. Payment of Attorney Fees and Attorney Expenses**

No attorneys' fees or attorneys' expenses relating to the State of South Dakota's investigation and litigation of the Pharmaceutical Supply Chain Participants will be paid from the Statewide Share. Similarly, no attorneys' fees or attorneys' expenses related to the representation of any Participating Local Government in litigation against any Pharmaceutical Supply Chain Participant will be paid from the Statewide Share. Rather, the Statewide Share will be used exclusively to abate and alleviate the opioid crisis consistent with the terms of this MOA.

#### **VI. Compliance Certification, Reporting, and Dispute Resolution**

- A. Before receiving any disbursement under this MOA, each Participating Local Government must certify under this MOA that it will allocate and use Opioid Funds in accordance with this MOA on projects, programs, and strategies that constitute Approved Uses.
- B. By January 31 of each calendar year, each Participating Local Government shall certify to the Advisory Committee that all Opioid Funds expended during the preceding calendar year were used in accordance with this MOA on projects, programs, and strategies that constitute Approved Uses. In submitting this certification, each Participating Local Government shall include a report detailing for the preceding calendar year: (1) the amount of the Localized Share received by the Participating Local Government; (2) the amount of Localized Share expended by the Participating Local Government—broken down by funded

project, program, or strategy; and (3) the amount of any allocations awarded by the Participating Local Government—listing the recipients, amounts awarded, amounts disbursed, disbursement terms, and the projects, programs, or strategies funded.

- C. If any Party believes another Party has violated the terms of this MOA, the alleging Party may seek to enforce the terms of this MOA in Hughes County Circuit Court, provided the alleging Party first provides notice to the alleged offending Party of the alleged violation and a reasonable opportunity to cure the alleged violation.
- D. If a Party believes another Party, Region, or individual involved in the receipt, distribution, or administration of Opioid Settlement Funds has violated any applicable ethics codes or rules, a complaint shall be lodged with the appropriate forum for handling such matters.
- E. If a Party believes another Party, Region, or individual involved in the receipt, distribution, or administration of Opioid Settlement Funds violated any South Dakota criminal law, such conduct shall be reported to the appropriate criminal authorities.
- F. By December 31 of each calendar year, the State shall publish in a report online detailing for the preceding fiscal year: (1) the amount of the Statewide Share received; (2) the amount of the Statewide Share expended and a description for each program of activity receiving funds; and (3) the amount of any grants awarded—listing the recipients, amounts awarded, amounts disbursed, disbursement terms, and programs, strategies, and projects funded.

## **VII. Effectiveness**

- A. This MOA may be executed in counterparts. Each counterpart, when executed and delivered, shall be deemed an original and all counterparts together shall constitute one and the same MOA. Each person signing this MOA represents that he or she is fully authorized to enter into the terms and conditions of, and to execute, this MOA, and that all necessary approvals and conditions precedent to his or her execution have been satisfied.
- B. This MOA is effective until one year after the last date on which any Participating Local Government spends Opioid Funds pursuant to Settlements.

## **VIII. Amendments**

- A. The Parties agree to make such amendments as necessary to implement the intent of this MOA.

## **IX. Advisory Committee**

- A. An Advisory Committee consisting of the representatives in part B of this subsection will ensure that the State and the Participating Local Governments have equal input into the distribution of the Statewide Share for Approved Uses across the South Dakota. Committee terms will be three years, and members may serve more than one term.
- B. The Advisory Committee shall consist of the following twenty-two (22) members:
1. Six State representatives recommended by their respective agency as follows:
    - a) Representative of the South Dakota Department of Health;
    - b) Representative of the South Dakota Department of Social Services;
    - c) Representative from the South Dakota Board of Pharmacy;
    - d) Representative from the South Dakota Board of Medical & Osteopathic Examiners;
    - e) Representative of the Attorney General; and
    - f) Member of the South Dakota Legislature.
  2. Six Participating Local Government representatives recommended by the mayor of a designated city within the region as follows:
    - a) Representative from a city/county or city/county designee from South Dakota Behavioral Health Region 1;
    - b) Representative from a city/county or city/county designee from South Dakota Behavioral Health Region 2;
    - c) Two Representatives from a city/county or city/county designee from South Dakota Behavioral Health Region 3;
    - d) Representative from a city/county or city/county designee from South Dakota Behavioral Health Region 4; and
    - e) Representative from a city/county or city/county designee from South Dakota Behavioral Health Region 5;
  3. Five Expert Representatives drawn from fields including but not limited to: public health, pharmacology, epidemiology, emergency medicine, behavioral health, and recovery.
  4. Five At-Large Representatives who bring a perspective related to opioid abatement.

- C. The Advisory Committee shall meet twice annually and establish a process for receiving input from South Dakota's communities, provider organizations, and cities and counties regarding how the opioid crisis is affecting their communities, understanding their abatement needs, and considering proposals for opioid abatement strategies and responses.
- D. The Advisory Committee shall, at least annually, make formal recommendations to the Secretary of the Department of Social Services on the use of the Statewide Share. The Secretary shall review and consider the recommendations and shall make a good faith effort to incorporate the recommendations into the annual budget process. If the Secretary substantially deviates from the recommendations, the Secretary shall provide the Advisory Committee with a written explanation, that will be made public, of any substantial deviations.

#### **X. General Provisions**

- A. The purposes of this MOA are to serve as a State-Subdivision Agreement under any Settlement or Bankruptcy Resolution and to permit the Parties to cooperate in resolving claims against Pharmaceutical Supply Chain Participants and to distribute any Opioid Funds in a manner that will effectively and meaningfully abate and alleviate the opioid crisis throughout South Dakota.
- B. All Parties acknowledge and agree that any National Settlement Agreement will require Participating Local Governments to release its claims against relevant Pharmaceutical Supply Chain Participants to receive Opioid Funds. The Parties further acknowledge that a Participating Local Government will receive funds through this MOA only after complying with all requirements set out in a Settlement or Bankruptcy Resolution to release its claims.
- C. Unless otherwise required by an applicable Settlement, the construction, interpretation, and enforcement of this MOA shall be governed by the laws of the State of South Dakota. Venue for any action pertaining to or affecting this MOA shall be in the Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota.
- D. If any clause, paragraph, or section of this MOA shall, for any reason, be held illegal, invalid or unenforceable, such illegality, invalidity or unenforceability shall not affect any other clause, provision or section of the MOA and this MOA shall be construed and enforced as if such illegal, invalid, or unenforceable clause, section, or other provision had not been contained herein.
- E. The Parties acknowledge that this MOA does not excuse any requirements placed upon them by the terms of a Settlement or Bankruptcy Resolution, except to the extent those terms allow for a State-Subdivision Agreement to do so.
- F. The Parties do not intend to create in any other individual or entity the status of third-party beneficiary, and this MOA shall not be construed so as to create such status.

- G. Titles of sections of this MOA are for reference only and shall not be used to construe the language in this MOA.
- H. Nothing in this MOA shall be construed to affect or constrain the authority of the Parties under law.
- I. Except to enforce the terms of this MOA, the State of South Dakota and the participating Local Governments do not waive sovereign or governmental immunity by entering into this MOA and each fully retains all immunities and defenses provided by law with respect to any action based on or occurring as a result of this MOA.

**IN WITNESS WHEREOF**, the below undersigned agree to and enter into the above South Dakota Opioid Settlement Memorandum of Agreement.

**FOR THE STATE OF SOUTH DAKOTA**



Laurie Gill, Cabinet Secretary  
South Dakota Department of Social Services

9-16-22

Date



Mark Vargo, Attorney General  
South Dakota Attorney General's Office

9-15-22

Date



**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:

*Joe Gaa*

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Joe Gaa, City Manager  
Aberdeen, SD

9/22/2022

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Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:  
*Rachel Mairose*

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Rachel Mairose, State's Attorney  
Aurora County

9/22/2022

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Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:  
*Jill Hanson*  
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Jill Hanson, Auditor  
Beadle County

9/27/2022  
\_\_\_\_\_  
Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

  
\_\_\_\_\_  
Lisa Rothschadl, States Attorney  
Bon Homme County

9-26-22  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:

*Larry Larson*

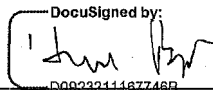
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Larry Larson, Mayor  
Box Elder, SD

9/26/2022

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Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

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Harry Buck, Mayor  
Brandon, SD

9/27/2022

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Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:

*Paul Briseno*

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Paul Briseno, City Manager  
Brookings, SD

9/23/2022

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Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

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*Lori Schultz*

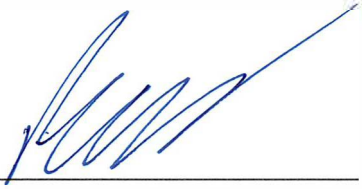
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Lori Schultz, Finance Officer  
Brookings County

9/27/2022

Date



FOR THE PARTICIPATING LOCAL GOVERNMENT



Ross Aldentaler, States Attorney  
Brown County

10/25/22  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:  
*Pamela Petrak*  
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Pamela Petrak, Auditor  
Brule County

9/22/2022

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Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

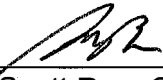
Kim Richards

Kim Richards, Chairman  
Butte County

10-4-2022

Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

  
\_\_\_\_\_  
Scott Rau, Chairman  
Campbell County

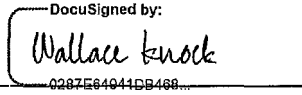
10-4-22  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:  
*Jason Gant*  
1378362 63392448  
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Jason Gant, Auditor  
Charles Mix County

9/22/2022  
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Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

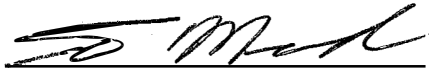
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Wallace Knock, Chairman  
Clark County

9/30/2022

Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

  
Travis Mockler, Chairman  
Clay County



9-27-2022  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:  
*Brenda Hanten*  
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Brenda Hanten, Chairman  
Codington County

9/28/2022

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Date

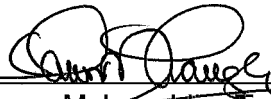


FOR THE PARTICIPATING LOCAL GOVERNMENT

  
\_\_\_\_\_  
Jacob Nehl, Chairman  
Corson County

9/27/22  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

  
Dawn McLaughlin, Treasurer  
Custer County

Sept 26, 2022  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:

*Susan Kiepke*

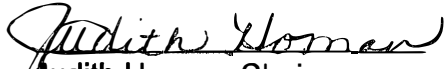
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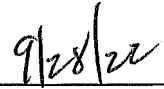
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Susan Kiepke, Auditor  
Davison County

9/29/2022

\_\_\_\_\_  
Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

  
Judith Homan, Chairman  
Deuel County

  
Date

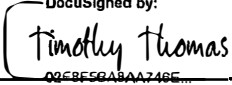
**FOR THE PARTICIPATING LOCAL GOVERNMENT**



Robert Berndt, Chairman  
Dewey County

10-6-22  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

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Timothy Thomas, Chairman  
Edmunds County

9/22/2022

\_\_\_\_\_  
Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

Joe Falkenburg  
Joe Falkenburg, Chairman  
Fall River County

10/6/22  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:

*Emily Marcotte*

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Emily Marcotte, State's Attorney  
Faulk County

9/23/2022

\_\_\_\_\_  
Date



FOR THE PARTICIPATING LOCAL GOVERNMENT

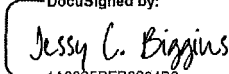


Doug Stengel, Chairman  
Grant County



Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

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Jessy C. Biggins, Chairman  
Gregory County

9/22/2022  
\_\_\_\_\_  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:

*Greg Palmer*

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Greg Palmer, Chairman  
Hand County

9/27/2022

\_\_\_\_\_  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:

*Lesla Trabing*

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Lesla Trabing, Auditor  
Hanson County

9/23/2022

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Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

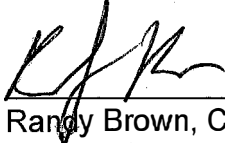
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*Charles Verhulst*

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Charles Verhulst, Chairman  
Harding County

9/22/2022

\_\_\_\_\_  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**



\_\_\_\_\_  
Randy Brown, Chairman  
Hughes County

10-3-22  
Date

FOR THE PARTICIPATING LOCAL GOVERNMENT



Gary Harrington, Mayor  
Huron, SD

11/15/2022

Date

ATTEST:

Paullyn Carey 11/15/2022  
Paullyn Carey, Finance Director      Date



FOR THE PARTICIPATING LOCAL GOVERNMENT

  
\_\_\_\_\_  
Mike Wolf, Chairman  
Hutchinson County

Sep 27 2022  
Date



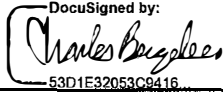
**FOR THE PARTICIPATING LOCAL GOVERNMENT**



Gerard L. Magelky, Chairman  
Jackson County

9/28/2022  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

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Charles Bergeleen, Chairman  
Jerauld County

9/22/2022

Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

  
\_\_\_\_\_  
Steve Iwan, Chairman  
Jones County

10/05/22  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:  
*Kelli Wollmann*  
CD421508EFD8448...

Kelli Wollmann, Chairman  
Lake County

10/5/2022

Date

FOR THE PARTICIPATING LOCAL GOVERNMENT



Robert Ewing, Vice-Chairman  
Lawrence County

9-6-2022

Date

FOR THE PARTICIPATING LOCAL GOVERNMENT



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Tiffani Landeen, Chairman  
Lincoln County

10/4/2022  
Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

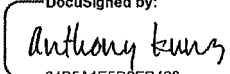


Steve Gordon, Chairman  
McCook County



Date


**FOR THE PARTICIPATING LOCAL GOVERNMENT**

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Anthony Kunz, Chairman  
McPherson County

9/22/2022  
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Date



**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:  
  
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Debra Brandsrud, HR Manager  
Meade County

9/27/2022

Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:  
*Jenny Galbraith*

Casey Krogman, Chairman  
Mellette County

9/22/2022

Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

  
Cindy Heiberger, Chairman  
Minnehaha County

10-4-22  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:

*Bob Everson*

BB6EB144CBE9474...

Bob Everson, Mayor  
Mitchell, SD

10/4/2022

Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

Eugenio White Hawk  
Eugenio White Hawk, Commissioner  
Oglala Lakota County

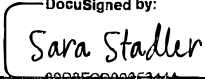
10/12/22  
Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

  
Jay Alderman, States Attorney  
Pennington County

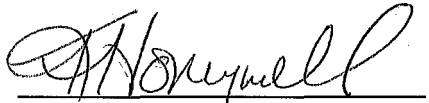
9/30/2022  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:  
  
Sara Stadler, Finance Officer  
Perkins County

9/22/2022  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**



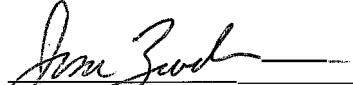
Kristi Honeywell, City Administrator  
Pierre, SD

9-23-22

Date




FOR THE PARTICIPATING LOCAL GOVERNMENT

  
\_\_\_\_\_  
Jesse Sweber, Chairman  
Potter County

11-14-2022  
Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

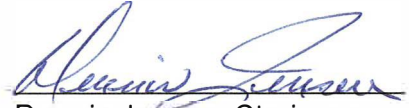


Steve Allender, Mayor  
Rapid City

10-26-22


Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

  
Dennis Jensen, Chairman  
Roberts County

9-27-2022  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

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Jeff Ebersdorfer, Chairman  
Sanborn County

10/4/2022

Date

FOR THE PARTICIPATING LOCAL GOVERNMENT



Paul TenHaken, Mayor  
Sioux Falls City

10/20/22

Date

attest:

Tamara Jorgensen  
asst. City Clerk  
10/20/22



**FOR THE PARTICIPATING LOCAL GOVERNMENT**

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*Steve McFarland*

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Steve McFarland, City Administrator  
Spearfish, SD

9/22/2022

Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

  
Theresa Hodges, Auditor  
Spink County



10-4-22  
Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

Susan B. Lamb  
Susan B. Lamb, Auditor  
Sully County

9.26.2022  
Date



FOR THE PARTICIPATING LOCAL GOVERNMENT



Gregg Grimshaw, Chairman  
Todd County

10-5-22

Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:  


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Mike Novotny, Chairman  
Tripp County

9/25/2022

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Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

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Misty Dahl, Auditor  
Turner County

9/22/2022

\_\_\_\_\_  
Date

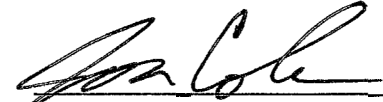
FOR THE PARTICIPATING LOCAL GOVERNMENT

Milton Ustad  
Milton Ustad, Chairman  
Union County



Date 10-4-22

FOR THE PARTICIPATING LOCAL GOVERNMENT

  
\_\_\_\_\_  
Jonathan D. Cole, Mayor  
Vermillion City


10/3/22  
Date

FOR THE PARTICIPATING LOCAL GOVERNMENT

  
\_\_\_\_\_  
James Houck, Chair  
Walworth County

Oct -19-2022  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

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Amanda Mack, City Manager  
Watertown, SD

9/23/2022

\_\_\_\_\_  
Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

DocuSigned by:  
*Ross DenHerder*

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Ross DenHerder, City Attorney  
Yankton, SD

9/22/2022

\_\_\_\_\_  
Date



FOR THE PARTICIPATING LOCAL GOVERNMENT



Dan Klimisch, Commissioner  
Yankton County

11 OCT 2022

Date

**FOR THE PARTICIPATING LOCAL GOVERNMENT**

Clinton Farlee

Clinton Farlee, Chairman  
Ziebach County

10-5-22

Date

# Exhibit A

## Approved Uses

### PART ONE: TREATMENT

#### A. TREAT OPIOID USE DISORDER (OUD)

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including FDA-approved Medication-Assisted Treatment (MAT).
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 and family members 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.
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. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED  
(INTERVENTION)**

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.

### **C. SUPPORT PEOPLE IN TREATMENT AND RECOVERY AND REDUCE STIGMA**

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 medication 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.

#### **D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS**

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 WOMEN WHO ARE OR MAY BECOME PREGNANT**

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 childcare 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 PROPER PRESCRIBING OF OPIOIDS**

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**

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)**

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**

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**

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 of opioid abatement programs.

## **K. TRAINING**

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**

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 B

### Participating Local Government Allocation Proportions

Local Government	Percentage of Localized Share
Aberdeen City	1.78%
Aurora County	0.12%
Beadle County	0.87%
Bennett County	0.18%
Bon Homme County	0.60%
Box Elder City	0.22%
Brandon City	0.40%
Brookings City	2.42%
Brookings County	0.28%
Brown County	1.77%
Brule County	0.80%
Buffalo County	0.18%
Butte County	0.89%
Campbell County	0.06%
Charles Mix County	0.80%
Clark County	0.25%
Clay County	0.44%
Codington County	0.87%
Corson County	0.34%
Custer County	1.08%
Davison County	0.68%
Day County	0.39%
Deuel County	0.40%
Dewey County	0.36%
Douglas County	0.28%
Edmunds County	0.25%
Fall River County	2.19%
Faulk County	0.27%
Grant County	0.69%
Gregory County	0.55%
Haakon County	0.17%
Hamlin County	0.33%
Hand County	0.24%
Hanson County	0.14%
Harding County	0.06%
Hughes County	0.81%
Huron City	0.83%
Hutchinson County	0.56%
Hyde County	0.06%
Jackson County	0.14%

Jerauld County	0.32%
Jones County	0.04%
Kingsbury County	0.37%
Lake County	0.82%
Lawrence County	2.38%
Lincoln County	1.26%
Lyman County	0.32%
Marshall County	0.56%
McCook County	0.30%
McPherson County	0.16%
Meade County	3.26%
Mellette County	0.18%
Miner County	0.16%
Minnehaha County	12.22%
Mitchell City	1.50%
Moody County	0.47%
Oglala Lakota County	1.39%
Pennington County	8.06%
Perkins County	0.37%
Pierre City	0.62%
Potter County	0.18%
Rapid City	6.94%
Roberts County	0.99%
Sanborn County	0.11%
Sioux Falls City	21.67%
Spearfish City	0.82%
Spink County	0.73%
Stanley County	0.17%
Sully County	0.06%
Todd County	1.06%
Tripp County	0.62%
Turner County	0.65%
Union County	1.45%
Vermillion City	0.59%
Walworth County	0.56%
Watertown City	1.61%
Yankton City	1.22%
Yankton County	1.42%
Ziebach County	0.30%



