

**Monterey County Board of Supervisors  
Referral Submittal Form**

**Referral No. 2022.26**  
**Assignment Date: 11/22/22**  
(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on **Thursday prior to Board meeting:****

Date: 11/04/22	Submitted By: <b>LUIS ALEJO</b>	District # : 1
<b>Referral Title: OPIOID SETTLEMENT FUNDING PROGRAM FOR MONTEREY COUNTY</b>		
Referral Purpose: <b>To devise a comprehensive program utilizing the opioid settlement dollars designated for all Monterey County local governments for providing treatment and other services to local communities.</b>		
Brief Referral Description (attach additional sheet as required ): In 2018, Monterey County joined as a lead plaintiff in federal litigation against two dozen of the largest pharmaceutical manufacturers and distributors relating to the opioid abuse crisis in our county and across our nation. In 2021, settlement discussion ensued and agreements have been reached in federal court. Monterey County and its 12 cities are set to receive several million dollars collectively for services and programs to address the impact of the opioid crisis locally.		
This referral requests that the County Health Department devise a comprehensive program and strategy to effectively utilize this funding and provide services across our county, in partnership with our cities. The goal is gain the input and support of smaller jurisdictions so that the funding and services can be implemented collaboratively, instead of each jurisdiction attempting to create its own program with much smaller allocation amounts. This will help ensure that the limited dollars will have the most impact on countering the impacts of the opioid crisis in our communities, and to have a centralized program to provide treatment to those residents in need of services across our county.		
<b>Classification - Implication</b>		<b>Mode of Response</b>
<input type="checkbox"/> Ministerial / Minor	<input type="checkbox"/> Land Use Policy	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input checked="" type="checkbox"/> Presentation
<input type="checkbox"/> Social Policy		<b>Requested Response Timeline</b>
<input checked="" type="checkbox"/> Budget Policy	<input checked="" type="checkbox"/> Other: <b>Opioid Settlement Funding</b>	<input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks
		<input type="checkbox"/> Status reports until completed
		<input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office :**

Department(s): <b>Health</b>	Referral Lead: <b>Elsa Jimenez</b>	Board Date: <b>11/22/22</b>
------------------------------	------------------------------------	-----------------------------

**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

Department(s):	Referral Lead:	Date:
----------------	----------------	-------

**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By: _____	<b>Department's Recommended Response Timeline</b>
Date: _____	<input type="checkbox"/> By requested date
	<input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months
	<input type="checkbox"/> 1 year <input type="checkbox"/> Other/ Specific Date: _____

**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

Referral Response Date:	Board Item No.:	Referrals List Deletion:
-------------------------	-----------------	--------------------------

**Note:** cc: Nick Chiulos, Mary Zurita, and Ebby Johnson on all CAO correspondence relating to referrals.