

**Janssen and Distributor Settlement Technical Assistance**

The California Department of Health Care Services (DHCS) offers technical assistance to Participating Subdivisions interested in reviewing eligible opioid remediation activities<sup>1</sup>, expense tracking and reporting requirements under the Janssen and Distributors (J&D) Settlements. Participating Subdivisions interested in receiving guidance from DHCS must complete and submit this form. Any guidance provided by DHCS does not indicate approval of expenditures or expense bookkeeping under J&D Settlements.<sup>2</sup>

All documentation, including quotes of item(s) to be purchased (if applicable), should be emailed to the DHCS Opioid Settlements Team at [OSF@dhcs.ca.gov](mailto:OSF@dhcs.ca.gov). Please include in the email subject “**J&D Technical Assistance Form – [name of your Subdivision]**”.

**Organization:** \_\_\_\_\_ **Request Date:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Subdivision Name (e.g., San Bernardino County or City of Los Angeles):**

**Technical Assistance Requested** (select all that apply):

- Allowable expenditures  Expense tracking and record keeping  
 Expense Reporting (reporting tool)  Other: \_\_\_\_\_

**CA Abatement Fund Source(s):**  Janssen Settlement  Distributors Settlement

**Are you a Plaintiff Subdivision using all or a portion of the CA Subdivision Fund for your effort?**

*If you are unsure if your city or county is a Plaintiff Subdivision, please contact the California Attorney General' Office at [OpioidSettlement-LocalGovernment@doj.ca.gov](mailto:OpioidSettlement-LocalGovernment@doj.ca.gov) to confirm before submitting this form.*

Yes  No

**Please indicate which funding source(s) you are using for the CA Subdivision Fund**

Janssen Settlement  Distributors Settlement

**Please include additional context that may aid DHCS staffs' understanding of your request:**

<sup>1</sup>Participating Subdivisions are not required to indicate their planned expenditures to DHCS.

<sup>2</sup>Pursuant to the Janssen Settlement Agreement and Distributors Settlement Agreement, a State-Subdivision Agreement may be revised, supplemented, or refined if it meets requirements established in the relevant Settlement Agreement(s).

**If your subdivision is interested in DHCS' guidance on planned or allowable expenditures<sup>3</sup>, please complete the following section:**

**Estimated total cost of project/expense:**

\_\_\_\_\_

**Total funds received from the J&D Settlements (include fiscal year):**

\_\_\_\_\_

**Amount of funds from the J&D Settlements to be used (include fiscal year):**

\_\_\_\_\_

**Please describe the project(s) that will be funded:**

<sup>3</sup>This form may not be used to satisfy DHCS annual reporting requirements for the J&D Settlements.

**Please describe how these expenses relate to [California’s High Impact Abatement Activities](#)**

(including activity number):

Num.	Activity
1	Provision of matching funds or operating costs for substance use disorder facilities with an approved project within the <a href="#">Behavioral Health Continuum Infrastructure Program (BHCIP)</a>
2	Creating new or expanded substance use disorder (SUD) treatment infrastructure <sup>4</sup>
3	Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD
4	Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction
5	Interventions to prevent drug addiction in vulnerable youth

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<sup>4</sup>May include cost overrun for BHCIP programs as needed.

Please describe how these expenses relate to the [List of Opioid Remediation Uses – Core Strategies and Approved Uses](#) (including section/activity number):

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**Subdivision Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_