



We thank you for your time spent taking this survey.  
Your response has been recorded.

# California's Opioid Settlement Expenditure Reporting Form

Cities and counties receiving funds from California's opioid settlements must complete annual reporting to the Department of Health Care Services (DHCS). This form is intended to collect expenditure information related to the following settlements and bankruptcies:

- Distributors – McKesson, Cardinal Health and Cencora, previously Amerisource Bergen
- Janssen Pharmaceuticals, Inc.
- Mallinckrodt Pharmaceuticals

Please reference the [DHCS Opioid Settlements](#) webpage for more information about the requirements for settlements and bankruptcies. If you have questions about your city or county's status after referencing these resources, contact your city, county, or outside counsel handling opioid-related matters.

**This reporting form covers the period of July 1, 2023 – June 30, 2024. This report is due no later than September 30, 2024.**

If you need to revise data that has already been submitted, please email the UCLA Evaluation team at [DHilderbrand@mednet.ucla.edu](mailto:DHilderbrand@mednet.ucla.edu) and [HJNelson@mednet.ucla.edu](mailto:HJNelson@mednet.ucla.edu).

**Necessary Materials**

To see a comprehensive list of necessary materials and information, please view the [Necessary Materials Checklist](#). If you would like to see a copy of the entire reporting form prior to completing it, please download the [California Opioid Settlement Expenditure Reporting Form PDF](#).

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

### **Submission Requirements**

Cities and counties shall only submit one (1) expenditure report annually for funds received from all settlements and bankruptcies.

**Do not send the expenditure reporting form to contractors or subgrantees to whom you may have awarded your opioid settlement funds.** It is the city or county's responsibility to collect all required information and to compile it into a singular report.

**The preparer of the Expenditure Report should be the only person to submit one (1) expenditure report for your city or county.**

# 1. Settlements and Bankruptcies

This section of the survey will ask if your city or county received funds from the California opioid settlements and bankruptcies.

Please select whether your city or county has received settlement and/or bankruptcy funds.

- ☒ **Settlements (Janssen Pharmaceuticals, Inc. and/or Distributors - McKesson, Cardinal Health and Cencora, previously Amerisource Bergen)**
- ☒ **Mallinckrodt Pharmaceuticals - Bankruptcy (NOATII)**

## 2. General Information

This section of the survey will ask for general information about your city or county and the person preparing the report.

Do not include personal information such as phone numbers, email addresses, or personal health information (PHI, 432 CFR). Only submit business information related to the public entity that you are representing. These reports will be made available to the public.

**Participating Subdivision/Local Government:**

*(Select the Participating Subdivision/Local Government for which you are reporting. A list of Participating Subdivisions and Local Governments is available on the [DHCS OSF website](#).)*

Merced City

▼

**Participating Subdivision Address:**

Note: If you do not have an "Address Line 2," please fill in "N/A"

Address line 1:	678 W 18th St
Address line 2:	Finance Department
City:	Merced
State:	California
Zip Code	95340

**Department, agency, or organization:**

*(Please indicate the department, agency, or organization within your Participating Subdivision/Local Government that is responsible for preparing the expenditure reporting forms.)*

City of Merced Finance Department

**Name of preparer:**

*(Please include the first and last name of the individual preparing this form.)*

Venus Rodriguez

**Job title or classification:**

*(Please indicate the job title or job classification of the individual preparing this form.)*

Finance Officer

**Preparer email address:**

*(This email will receive confirmation of the report submission. Please ensure that it is correct. Do NOT submit a personal email address. Please utilize your business or organizational email.)*

**Confirm email address:**

**WARNING:** Once you click forward from this page, you will not be able to go back and make changes to any previous sections. Please ensure your responses are complete and accurate before proceeding to the next section.

**Preparer phone number:**

*(xxx-xxx-xxxx; Do NOT submit a personal phone number. Please utilize your business or organizational phone number.)*

### 3. Settlement Funds Information

The following sections will focus on settlement funds (Mallinckrodt Bankruptcy information will begin in Section 13). This section will cover which settlement funds your Participating Subdivision has received.

Please select all settlement agreements from which your Participating Subdivision received funds. More information on each settlement agreement can be found on the [DHCS OSF website](#). The Payment Information tab includes a List of Payments made to Participating Subdivisions.

- ☒ **Distributors – McKesson, Cardinal Health and Cencora, previously Amerisource Bergen**
- ☒ **Janssen Pharmaceuticals, Inc.**

### 4. California Abatement Accounts Fund – Payments

This section will cover payments received from the **CA Abatement Accounts Fund**.



List all **settlement dollars received as payments during the SFY 23–24** to your Participating Subdivisions from the CA Abatement Accounts Fund. Payments must be reported by each settlement. Please only list the payments received July 1, 2023 – June 30, 2024.

CA Abatement Accounts Fund Payments Received in SFY 23–24

Distributors	46,296.16
Janssen	20,916.17

## 5. California Abatement Accounts Fund – Interest

This section will cover interest earned on funds from the **CA Abatement Accounts Fund**.

Is your Participating Subdivision depositing CA Abatement Accounts Fund payments from the National Settlement Administrator (BrownGreer, PLC) into an interest-bearing account?

- ☒ **Yes**
- ☐ No

Please list any interest earned on **all** funds from the CA Abatement Accounts Fund during the SFY 23-24 (July 1, 2023 – June 30, 2024). **Please do not include any interest previously reported in prior years.** If there was no interest earned, write in 0.

Interest Earned on all CA Abatement Accounts Funds in SFY 23-24

Distributors	11,800.18
Janssen	7,180.31

## 6. California Abatement Accounts Fund – Reallocations

Participating Subdivisions may agree to reallocate funds among themselves, provided that any exchange of funds is agreed upon and may only occur between Participating Subdivisions.

Reallocations are defined as funds received by a Participating Subdivision from the National Settlement Administrator (BrownGreer, PLC) and then transferred to another Participating Subdivision.

When cities opt out of receiving direct settlement payments, their payments are automatically directed to the county in which that city is located. These payments to counties are not considered reallocations. If your city did not join a particular settlement and the funds were sent directly to your county by the National Settlement Administrator, those payments do not need to be reported.

**Did you reallocate any funds received from the CA Abatement Accounts Fund to another Participating Subdivision during July 1, 2023 – June 30, 2024?**

☐ Yes

☒ No

Did you **receive** any funds from another Participating Subdivision reallocating their CA Abatement Accounts funds during July 1, 2023 – June 30, 2024?

☐ Yes

☒ No

## 7. California Abatement Accounts Fund – Allowable Expenses Reporting

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

Participating Subdivisions will be asked to categorize expenditures by [Exhibit E](#) allowable expenses. Please read the [Allowable Expenses document](#) prior to completing this section.

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

Examples of program or activity names and descriptions:

- Activity or Program Name: Naloxone purchase
  - Activity or Program Description: Our Participating Subdivision purchased 1,200 units of naloxone in February 2024 to distribute to unhoused individuals in Los Angeles City during a community distribution event led by a county community partner, Harm Reduction Organization.
- Activity or Program Name: Expanded a recovery treatment center
  - Activity or Program Description: Our Participating Subdivision expanded a recovery treatment center by adding two additional staff members and expanded the physical building to include extra rooms and beds.
- Activity or Program Name: Expanded syringe services in San Francisco City
  - Activity or Program Description: Our Participating Subdivision expanded safe syringe services in San

Francisco City by installing safe syringe disposal units across the city. We also purchased safer drug use supplies to distribute at syringe exchanges and harm reduction centers in the city.

**How many total activities or programs funded by the funds from the CA Abatement Accounts Fund will you be reporting on for the SFY 23-24 (period of July 1, 2023 – June 30, 2024)? Please enter a number.**

# 7. California Abatement Accounts Fund – Allowable Expenses Reporting

Answer the following questions for each activity or program you will be reporting on for funds from the **CA Abatement Accounts Fund**.

For monitoring purposes, it is assumed that Participating Subdivisions will spend the oldest eligible funds first when implementing opioid remediation activities. See the [California Opioid Settlement Expenditure Reporting Q&A](#) document for a more detailed explanation.

Please answer the following questions for **Activity #1**.

1. Activity or Program Name:

Drug Awareness Campaign

2. Activity or Program description (2-4 sentences):

Our Participating Subdivision purchased audio and video equipment to aid in providing public education regarding opioid misuse and spreading drug awareness through social media and community events.

3. List the associated direct and indirect costs and/or the funds encumbered for this activity or program from the **CA Abatement Accounts Fund** for each settlement. If no money was expended or encumbered from certain settlements, please write in 0.

Encumbered funds are funds obligated to a particular project or program but have not been spent.

Indirect costs are described in the [DHCS Administrative Costs policy](#) for additional guidance.

Direct Costs for this activity in SFY 23-24	Indirect Costs (Administrative Expenses) for this Activity in SFY 23-24		Funds Encumbered for this activity in SFY 23-24



Please note that DHCS will assume that all expended funds, including HIAA, are being spent from the oldest available funds from each settlement. If your Participating Subdivision would like fund expenditures to be distributed differently, please contact your DHCS analyst or [OSF@dhcs.ca.gov](mailto:OSF@dhcs.ca.gov) to request a different distribution.

4. Did you previously encumber funds for this activity in SFY 22-23 that were not expended in SFY 23-24?

☐ Yes

☒ **No**

5. Activity Start Date (mm/dd/yyyy):

04/19/2024

6. List all local agencies or organizations who were given funds during SFY 23-24 to implement this activity/program:

n/a

7. Select **one** Allowable Expenditure category that applies to this activity.

Please review [Exhibit E](#) before completing this section to review the categories. Select the best option that aligns with the activity.

- ☐ Treat Opioid Use Disorder (OUD)
- ☐ Support People in Treatment and Recovery
- ☐ Connect People Who Need Help to the Help They Need (Connections to Care)
- ☐ Address the Needs of Criminal Justice-Involved Persons
- ☐ Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with NAS
- ☐ Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
- ☒ **Prevent Misuse of Opioids**
- ☐ Prevent Overdose Deaths and Other Harms (Harm Reduction)
- ☐ First Responders
- ☐ Leadership, Planning and Coordination
- ☐ Training
- ☐ Research

**No less than **fifty percent (50%)** of the funds received by a Participating Subdivision from the Abatement Accounts Fund in each calendar year must be used for one or more of the High Impact Abatement Activities (HIAA).**

Which, if any, High Impact Abatement Activities does activity #1 best meet? If HIAA 3, 4, or 5, you will also need to describe the population this activity or program serves. Please see the HIAA definitions in the [California Opioid Settlement Expenditure Reporting Q&A](#) document

**Select one HIAA category. Provide no more than 200 words** to describe how this activity meets the selected High Impact Abatement Activity.

**HIAA 1 :** Provision of matching funds or operating costs for substance use disorder facilities within the Behavioral Health Continuum Infrastructure

☐ Program

Please describe:

**HIAA 2:** Creating new or expanded Substance Use Disorder (SUD) treatment infrastructure

☐

Please describe:

**HIAA 3:** Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations)

☐ that are disproportionately impacted by SUD

Please describe, including the populations this activity or program serves:

- ☐ **HIAA 4:** Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction

Please describe, including the populations this activity or program serves:

- ☐ **HIAA 5:** Interventions to prevent drug addiction in vulnerable youth

Please describe, including the populations this activity or program serves:

- ☐ **HIAA 6:** The purchase of naloxone for distribution and efforts to expand access to naloxone for opioid overdose reversals

Please describe:

- ☒ **This activity is not a High Impact Abatement Activity and does not meet the criteria as defined above.**

# 7. California Abatement Accounts Fund – Allowable Expenses Reporting

Answer the following questions for each activity or program you will be reporting on for funds from the **CA Abatement Accounts Fund**.

For monitoring purposes, it is assumed that Participating Subdivisions will spend the oldest eligible funds first when implementing opioid remediation activities. See the [California Opioid Settlement Expenditure Reporting Q&A](#) document for a more detailed explanation.

Please answer the following questions for **Activity #2**.

1. Activity or Program Name:

Purchase and Distribution of Fentanyl Test Strips

2. Activity or Program description (2-4 sentences):

Our Participating Subdivision purchased fentanyl test kits to distribute to the Homeless Community during community outreach events. These events are specific to the homeless population and are hosted four times a year.

3. List the associated direct and indirect costs and/or the funds encumbered for this activity or program from the **CA Abatement Accounts Fund** for each settlement. If no money was expended or encumbered from certain settlements, please write in 0.

Encumbered funds are funds obligated to a particular project or program but have not been spent.

Indirect costs are described in the [DHCS Administrative Costs policy](#) for additional guidance.

Indirect Costs (Administrative Expenses) for this Activity in SFY 23-24		
Direct Costs for this activity in SFY 23-24		Funds Encumbered for this activity in SFY 23-24

Please note that DHCS will assume that all expended funds, including HIAA, are being spent from the oldest available funds from each settlement. If your Participating Subdivision would like fund expenditures to be distributed differently, please contact your DHCS analyst or [OSF@dhcs.ca.gov](mailto:OSF@dhcs.ca.gov) to request a different distribution.

4. Did you previously encumber funds for this activity in SFY 22-23 that were not expended in SFY 23-24?

☐ Yes

☒ **No**

5. Activity Start Date (mm/dd/yyyy):

04/09/2024

6. List all local agencies or organizations who were given funds during SFY 23-24 to implement this activity/program:

These funds were not given to any local agencies or organizations.

7. Select **one** Allowable Expenditure category that applies to this activity.

Please review [Exhibit E](#) before completing this section to review the categories. Select the best option that aligns with the activity.

- ☐ Treat Opioid Use Disorder (OUD)
- ☐ Support People in Treatment and Recovery
- ☐ Connect People Who Need Help to the Help They Need (Connections to Care)
- ☐ Address the Needs of Criminal Justice-Involved Persons
- ☐ Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with NAS
- ☐ Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
- ☐ Prevent Misuse of Opioids
- ☒ **Prevent Overdose Deaths and Other Harms (Harm Reduction)**
- ☐ First Responders
- ☐ Leadership, Planning and Coordination
- ☐ Training
- ☐ Research



**No less than **fifty percent (50%)** of the funds received by a Participating Subdivision from the Abatement Accounts Fund in each calendar year must be used for one or more of the High Impact Abatement Activities (HIAA).**

Which, if any, High Impact Abatement Activities does activity #2 best meet? If HIAA 3, 4, or 5, you will also need to describe the population this activity or program serves. Please see the HIAA definitions in the [California Opioid Settlement Expenditure Reporting Q&A](#) document

**Select one HIAA category. Provide no more than 200 words** to describe how this activity meets the selected High Impact Abatement Activity.

**HIAA 1 :** Provision of matching funds or operating costs for substance use disorder facilities within the Behavioral Health Continuum Infrastructure

☐ Program

Please describe:

**HIAA 2:** Creating new or expanded Substance Use Disorder (SUD) treatment infrastructure

☐

Please describe:

**HIAA 3:** Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations)

☐ that are disproportionately impacted by SUD

Please describe, including the populations this activity or program serves:

- ☐ **HIAA 4:** Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction

Please describe, including the populations this activity or program serves:

- ☐ **HIAA 5:** Interventions to prevent drug addiction in vulnerable youth

Please describe, including the populations this activity or program serves:

- ☐ **HIAA 6:** The purchase of naloxone for distribution and efforts to expand access to naloxone for opioid overdose reversals

Please describe:

- ☒ **This activity is not a High Impact Abatement Activity and does not meet the criteria as defined above.**

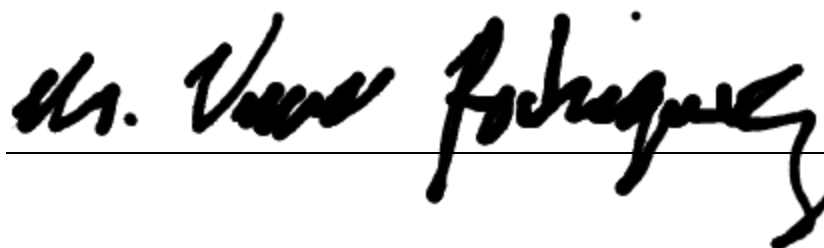
## 8. California Abatement Accounts Fund – Administrative Cost Policy

Please review the administrative expenses (indirect costs) policies below.

Pursuant to Section 1 of the National Opioid Settlement Agreements, qualifying expenditures may include reasonable related administrative expenses (indirect costs). Please refer to the [DHCS Administrative Costs policy](#) for additional guidance.

On behalf of my Participating Subdivision, I acknowledge that:

- Total administrative expenses (indirect costs) for a Participating Subdivision and its funded subrecipients shall be reasonable and should not exceed actual costs or ten (10) percent of the total allocation, whichever is less.
- Administrative expenses (indirect costs) must be related to an eligible opioid remediation activity (qualifying expenditure).
- Administrative expenses (indirect costs) are not considered to meet the intent of the HIAA outlined in the California State-Subdivision Agreements and the DHCS Behavioral Health Information Notice No.: 24-002 CA Abatement Accounts Fund.

  
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## 9. Plaintiff Subdivision

This section will cover information about Plaintiff Subdivisions.

**WARNING:** Once you click forward from this page, you will not be able to go back and make changes to any previous sections. Please ensure your responses are complete and accurate before proceeding to the next section.

Is your Participating Subdivision also a Plaintiff Subdivision?

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

☐ Yes

☒ No

## 15. Mallinckrodt Bankruptcy – Payments and Interest

This section will cover bankruptcy funds received from NOAT II, interest earned, and reallocations to and from your Local Government.

1. Did your Local Government receive funds from the Mallinckrodt Bankruptcy (NOAT II)?

☒ **Yes**

☐ No

2. Total amount of funds received from NOAT II from July 1, 2023 – June 30, 2024:

6,458.62

3. Is your Local Government depositing Mallinckrodt Bankruptcy payments from NOAT II into an interest-bearing account?

☒ **Yes**

☐ No

3a. Total interest earned on all funds received from NOAT II from July 1, 2023 – June 30, 2024:

1,141.39

# 16. Mallinckrodt Bankruptcy – Reallocations

In this section, please report funds received by your Local Government from NOAT II and then reallocated to a different Local Government.

Reallocations are defined as funds received by a Local Government from NOAT II and then transferred to another participating Local Government.

When Local Governments opt out of receiving direct payments, their payments are automatically directed to the county in which that city is located. These payments to counties are not considered reallocations. If your city has opted out of receiving funds from the Mallinckrodt Bankruptcy and informed NOAT II of this election, you are not required to report.

Did you **reallocate** any funds received from NOAT II to another Local Government during July 1, 2023 – June 30, 2024?

☐ Yes

☒ No

Did you **receive** any funds from another Local Government reallocating their NOAT II funds during July 1, 2023 – June 30, 2024?

☐ Yes

☒ **No**

## 17. Mallinckrodt Bankruptcy – Allowable Expenses Reporting

In this section, Local Governments will report their expenditures.

Did your Local Government expend any bankruptcy funds during the period of July 1, 2023 – June 30, 2024?

☐ Yes

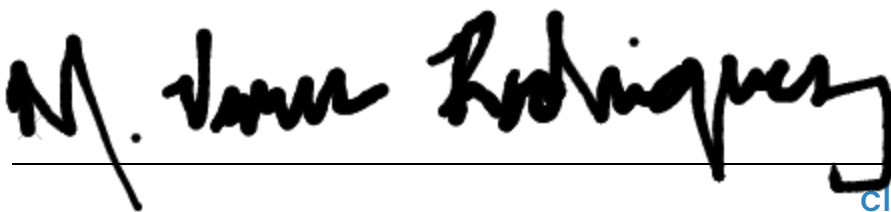
☒ **No**

# 18. Mallinckrodt Bankruptcy - Administrative Expenses (Indirect Costs)

Per Section 2 of the NOAT II Trust Distribution Procedures, qualifying expenditures may include reasonable related administrative expenses (indirect costs).

Per Section 2 of the NOAT II Trust Distribution Procedures, no more than five percent (5%) of the bankruptcy funds may be used to fund expenses incurred in administering the distribution for the Approved Opioid Abatement Uses.

I acknowledge on behalf of my Local Government that no more than five percent (5%) of the bankruptcy funds may be used to fund expenses incurred in administering the distributions for the Approved Opioid Abatement Uses.

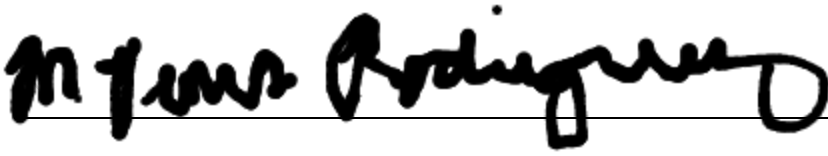
A handwritten signature in black ink, reading "M. Vance Rodriguez", is written over a horizontal line. The signature is cursive and stylized.

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# 19. Attestations

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

  
clear

Date of Signature:

03/04/2025