City of Bedford

City Council Regular Meeting/Public Hearing

April 17, 2023

7:00 P.M.

*Minutes*

1. **Public Hearing-Consideration of Petition to Vacate Alley Requested by Health Care Corporation/Garden Villa-2111 Norton Lane-Attorney David A. Smith**
* Health Care Corp. is requesting to vacate the alley on Norton Lane.
* During the merger with Convalescent Care, it was discovered that the nursing facility was built on an alley way.
* The nursing home owns the property all around the alley.
* Planning verified that there are no easements, and the alley was vacated previously but the paperwork was not recorded.

***With there being no further public comments, the Public Hearing was closed.***

***Prayer: Judy Carlisle***

***Pledge of Allegiance: Larry Hardman***

***Call to Order: Mayor Samuel J. Craig***

The Common Council of the City of Bedford, Indianamet for a Public Hearing and *Regular* City Council Meeting on Monday April 17th , 2023, at 7:00 P M at StoneGate Arts & Education Center, 931 15th Street. Honorable Mayor Samuel J. Craig presided and called the meeting to order.

***Members in attendance*:**

* Judy Carlisle
* Penny May
* Dan Bortner
* Angel Hawkins
* Brad Bough
* Larry Hardman
* Ryan Griffith

**Reading of Minutes- March 20, 2023- Regular Meeting**

* Larry Hardman made the motion to approve the minutes,
* Ryan Griffith seconded the motion,
* ***All votes were in favor of the motion. No One Opposed, Passed***

***New Business*:**

1. **Ordinance 5-2023-Ordinance Vacating Alleyway- Garden Villa Bedford 2111 Norton Lane -David A. Smith**
* Dan Bortner made the motion to approve Ordinance 5-2023,
* Ryan Griffith seconded the motion, motion passed.
* Judy Carlisle made the motion for the second passage of Ordinance 5-2023,
* Penny May seconded the motion, motion passed.
* Brad Bough made the motion to suspend the rules and go to the third and final passage of Ordinance 5-2023,
* Angel Hawkins seconded the motion,
* Brad Bough made motion for the third and final passage of Ordinance 5-2023,
* Ryan Griffith seconded the motion,
* ***Third and Final Passage of Ordinance 5-2023, all votes in favor.***

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1. **Ordinance 6-2023-Amending Zone Map-For Martin Eager-2201 M Street (Old Georges Gateway Location) From R-3 to I-1 -Brandon Woodward**
* The Planning Commission held a public hearing on March 14, 2023, and April 11, 2023, to rezone the old Georges Gateway location from R-3 to I-1 for personal storage.
* The Planning Commission passed the request on April 11, 2023.
* Asking the Council to approve the request and suspend the rules and pass a third and final passage tonight so that the construction can begin. The time frame from start to finish with the request has been three months, if it doesn’t pass this evening it will be four months.
* All surrounding property owners were sent certified letters about the rezoning request.
* Rainbow Apartments sent a letter of recommendation and no residents spoke against it.
* Larry Hardman made the motion to approve Ordinance 6-2023,
* Judy Carlisle seconded the motion,
* Dan Bortner made the motion for the second passage of Ordinance 6-2022,
* Angel Hawkins seconded the motion,
* Brad Bough made the motion to suspend the rules and go to the third and final passage of Ordinance 6-2023,
* Angel Hawkins seconded the motion,
* Judy Carlisle made motion for the third and final passage of Ordinance 6-2023,
* Penny May seconded the motion,
* ***Third and Final Passage of Ordinance 6-2023, all votes in favor***

ORDINANCE N0. 6-2023

AN ORDINANCE AMENDING THE ZONE MAP

INCORPORATED IN AND MADE A PART OF

CHAPTER 150 OF THE CITY CODE OF 1984

**BE IT ORDAINED by** the Common Council of the City of Bedford,

Indiana:

Section 1. That the Zone Map incorporated in and made a part

of Title 15 (Chapters 150-157) of the Bedford City Code be and the same hereby is amended so as to classify the following described parcels of real estate in Lawrence County, Indiana, Light Industrial District (I-1), to-wit:

**SEC 23 TWP 5 R1W 1.87A PER PLAT S 1/2, SEC 23 TWP 5 R1W 1.22A PER PLAT, commonly referred to as 2201 M Street Bedford, IN 47421.**

**Parcel # 47-06-23-312-001.000-010**

**Parcel # 47-06-23-312-002.000-010**

Section 2. That all regulations applicable to Light Industrial (I-1) Districts under the terms and provisions of Chapter 155 of the

Bedford City Code shall hereafter apply to and regulate the above-described Territory is to which said Zone Map is hereby amended.

Section 3. This ordinance shall be in effect from and after its

Passage and approval by the Mayor.

Passed and adopted by the Common Council of the City of

Bedford, Indiana, this 17th day of April 2023.

1. **Ordinance 7-2023-Amending Zone Map for Hoosier Uplands Economic Development Company-South Shawnee Drive Property from B-3 to R-3-Brandon Woodward**

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* The Planning Commission held a public hearing on March 14, 2023, and April 11, 2023, to rezone the location on Shawnee Drive from B-3 to R-3 to build a 32-unit apartment complex for age 55 and older and seniors with special needs. Public notices were sent.
* The Planning Commission passed the request on April 11, 2023.
* Natalie Powell with Hoosier Uplands stated that the obligations for funding were due in July. They will be asking for a tax abatement and the estimated completion is August of 2025.
* The hotel next to the property has a few questions about the project and had no issues.
* A water line found on the property will be moved by the landowner with no cost to the city.
* The city must have a $25,000 development within a quarter mile of the location. Could be fire hydrants etc.
* Asking the Council to approve the request and suspend the rules and pass a third and final passage tonight so that the project can move forward.
* Larry Hardman made the motion to approve Ordinance 7-2023,
* Judy Carlisle seconded the motion,
* Brad Bough made the motion to approve the second passage of Ordinance 7-2023,
* Penny May seconded the motion,
* Dan Bortner made the motion to suspend the rules and go to the third and final passage of Ordinance 7-2023,
* Brad Bough seconded the motion,
* Judy Carlisle made motion for the third and final passage of Ordinance 7-2023,
* Ryan Griffith seconded the motion,
* ***Third and Final Passage of Ordinance 7-2023, all votes in favor.***

ORDINANCE N0. 7-2023

* AN ORDINANCE AMENDING THE ZONE MAP
* INCORPORATED IN AND MADE A PART OF
* CHAPTER 150 OF THE CITY CODE OF 1984
* **BE IT ORDAINED by** the Common Council of the City of Bedford,
* Indiana:
* Section 1. That the Zone Map incorporated in and made a part
* of Title 15 (Chapters 150-157) of the Bedford City Code be and the same hereby is amended so as to classify the following described parcels of real estate in Lawrence County, Indiana, Medium Density Residential District (R-3), to-wit:
* **SEC 27 TWP 5 R1W 4.5A E ½ NW, commonly referred to as**
* **S Shawnee Dr Bedford, IN 47421.**
* **Parcel # 47-06-27-200-074.000-010**
* Section 2. That all regulations applicable to Medium Density Residential (R-3) Districts under the terms and provisions of Chapter 155 of the Bedford City Code shall hereafter apply to and regulate the above-described Territory is to which said Zone Map is hereby amended.
* Section 3. This ordinance shall be in effect from and after its
* Passage and approval by the Mayor.
* Passed and adopted by the Common Council of the City of Bedford Indiana, this 17th day of April, 2023.
1. **Ordinance 8-2023-Amending Zone Map-For Adam Chastain-702 I Street- From B-2 to R-3 -Brandon Woodward**
* The Planning Commission held a public hearing on March 14, 2023, and April 11, 2023, to rezone the location from B-2 to R-3 for new home.
* The Planning Commission passed the request on April 11, 2023.
* Asking the Council to approve the request and suspend the rules and pass a third and final passage tonight so that the construction can begin immediately.
* The lot is vacant, and a new house is being built next to the location by Mr. Chastain. The heavy equipment is already at the location.
* No comments were made by the public.
* Larry Hardman made the motion to approve Ordinance 8-2023,
* Ryan Griffith seconded the motion,
* Judy Carlisle made the motion to approve the second passage of Ordinance 8-2023,
* Dan Bortner seconded the motion,
* Larry Hardman made the motion to suspend the rules and go to the third and final passage of Ordinance 8-2023,
* Judy Carlisle seconded the motion,
* Dan Bortner made motion for the third and final passage of Ordinance 8-2023,
* Brad Bough seconded the motion,

***Third and Final Passage of Ordinance 8-2023, all votes in favor***

ORDINANCE N0. 8-2023

AN ORDINANCE AMENDING THE ZONE MAP

INCORPORATED IN AND MADE A PART OF

CHAPTER 150 OF THE CITY CODE OF 1984

**BE IT ORDAINED by** the Common Council of the City of Bedford,

Indiana:

Section 1. That the Zone Map incorporated in and made a part

of Title 15 (Chapters 150-157) of the Bedford City Code be and the same hereby is amended so as to classify the following described parcels of real estate in Lawrence County, Indiana, Medium Density Residential District (R-3), to-wit:

**FOOTES ADD W END LOT 26; 60X83.5, FOOTES ADD E END LOT 26; 60x66.5, commonly referred to as 702 I Street Bedford, IN 47421.**

**Parcel # 47-06-14-104-031.000-010**

Section 2. That all regulations applicable to Medium Density Residential (R-3) Districts under the terms and provisions of Chapter 155 of the Bedford City Code shall hereafter apply to and regulate the above-described Territory is to which said Zone Map is hereby amended.

Section 3. This ordinance shall be in effect from and after its

Passage and approval by the Mayor.

Passed and adopted by the Common Council of the City of

Bedford, Indiana, this 17th day of April 2023.

1. **Ordinance 9-2023-Amending Zone Map-For Kyle Taylor-2501 8th Street- From I-1 to B-3 -Brandon Woodward**
* The Planning Commission held a public hearing on March 14, 2023, and April 11, 2023, to rezone the location from B-2 to R-3 for Essential Ingredients and Apron Strings Diner.
* The Planning Commission passed the request on April 11, 2023.
* The property was a trucking facility. The property owner has sent their plans to the state, and they were approved.
* The property that surrounds the location is owned by the city. No objections by nearby property owners.
* Asking the Council to approve the request and suspend the rules and pass a third and final passage tonight so that the project can begin.
* Ryan Griffith made the motion to approve Ordinance 9-2023,
* Penny May seconded the motion,
* Judy Carlisle made the motion to approve the second passage of Ordinance 9-2023,
* Larry Hardman seconded the motion,
* Dan Bortner made the motion to suspend the rules and go to the third and final passage of Ordinance 9-2023,
* Brad Bough seconded the motion,
* Angel Hawkins made motion for the third and final passage of Ordinance 9-2023,
* Larry Hardman seconded the motion,

***Third and Final Passage of Ordinance 9-2023, all votes in favor***

ORDINANCE N0. 9-2023

AN ORDINANCE AMENDING THE ZONE MAP

INCORPORATED IN AND MADE A PART OF

CHAPTER 150 OF THE CITY CODE OF 1984

**BE IT ORDAINED by** the Common Council of the City of Bedford,

Indiana:

Section 1. That the Zone Map incorporated in and made a part

of Title 15 (Chapters 150-157) of the Bedford City Code be and the same hereby is amended so as to classify the following described parcels of real estate in Lawrence County, Indiana, Planned Business District (B-3), to-wit:

**SEC 15 TWP 5 R1W NW PT NE 3.396A, commonly referred to as 2501 W 8th St. Bedford, IN 47421.**

**Parcel # 47-06-15-100-008.000-010**

Section 2. That all regulations applicable to Planned Business (B-3) Districts under the terms and provisions of Chapter 155 of the Bedford City Code shall hereafter apply to and regulate the above-described Territory is to which said Zone Map is hereby amended.

Section 3. This ordinance shall be in effect from and after its

Passage and approval by the Mayor.

Passed and adopted by the Common Council of the City of

Bedford, Indiana, this 17th day of April 2023.

1. **Bedford DLGF April 15th Report Information Update-Billie Tumey**
* TIF Report for information only.
* The report was submitted in Gateway before the April 15th deadline.
1. **Ordinance 10-2023-Amending Section 33-111(D)(3)-Post Accident Testing-Denise Henderson**
* Currently post-accident testing is required on all city employees to undergo a breathalyzer. This is whether it be a fender bender in a parking lot or tap going into a garage.
* The third-party administrator (DECA) recommends testing with reasonable suspicion testing. INDOT guidelines do not change.
* An amended proposal that includes the language “if reasonable cause exists “we can go through the steps of testing.
* Important to ask for the suspension of the rules to pass this tonight. It protects the city.
* This was shown to the City Attorney as for the urgency to get it done because we need some policy in place to address any issue we may have.
* Dan asked for a change on line D3 from “may be tested” to “shall be tested”.
* Brad stated that in case of a serious accident the state statue should be followed by police.
* Ryan asked if an accident happened at 2:30 in the morning, what procedure would be followed. If it is a DOT accident, they would follow their regulation, this procedure would be followed at all times with the department heads determination of reasonable suspicion.
* The City undergoes Drug and Alcohol Awareness training every two years for the department heads and supervisors to attend.
* There is a Drug and Alcohol policy that goes hand in hand with this ordinance in the handbook.
* If an employee refuses to take the test, it is considered a positive test.
* Motion entertained with the wording in (D) (3) changed from “may” to “shall”.
* Penny May made the motion to approve Ordinance 10-2023,
* Brad Bough seconded the motion,
* Dan Bortner made the motion to approve the second passage of Ordinance 10-2023,
* Ryan Griffith seconded the motion,
* Brad Bough made the motion to suspend the rules and go to the third and final passage of Ordinance 10-2023,
* Angel Hawkins seconded the motion,
* Judy Carlisle made motion for the third and final passage of Ordinance 10-2023,
* Angel Hawkins seconded the motion,

***Third and Final Passage of Ordinance 10-2023, all votes in favor***

ORDINANCE NO. 10 - 2023

AN ORDINANCE AMENDING § 33.111(D)(3) (Post Accident Testing)

OF THE BEDFORD CITY CODE

 BE IT ORDAINED by the Common Council of the City of Bedford as follows:

 Section I. That Bedford City Code § 33.111 (D)(3) post-accident testing shall be, and is hereby, amended as follows:

(D)(3)   In addition to the testing requirements outlined above for those holding a CDL, all other employees who are covered by this policy shall be tested for the following situations if reasonable cause exists:

(a)   Any accident/incident involving injury or death.

(b)   Any accident/incident involving property damage.

(c)   Any accident/incident where the employee receives a citation under

state or local law for a moving traffic violation arising from the incident.

(d)   Any accident/incident in which an employee’s involvement or actions could have caused or contributed to the cause of the accident/incident.

 Section II. Unless specifically modified herein, all other parts of Bedford City Code § 33.111 shall remain in full force and effect.

Section III. This ordinance shall be in full force and effect from and after its passage, approval by the Mayor and proper publication as required by Indiana law.

 Passed and adopted by the Common Council of the City of Bedford, Indiana, this 17th day of April 2023.

1. **Consideration of Approval of Donation of Opioid Funds with Required Memorandum of Understanding-$50,000 to $60,000- Ashlynne Bender, John Keesler**
* Asking for an approval of a donation to Families Forever from the Opioid Funds for between $50,000 to $60,000. The City is received around $126,000 from the state for the year 2022 and will receive $20,000 to $30,000 for the next 30 years.
* The funds would be used to fund programs for the opioid remediations listed in Exhibit E.
* John Keesler stated that the requested funds would be used to pilot a project for children’s mental health. A licensed clinical social worker would supply oversight **and** training and intervention with students from the School of Social Work. The students would come down here and work with Families Forever and the local school districts to help with mental health support.
* Will help mitigate or diminish the effects domestic violence or opioid abuse in the household through early intervention.
* Could also build on truancy and mentoring programs in our schools.
* Ryan stated that this is a good program but wanted to make sure the funds would be used for the requirements listed in Exhibit E.
* Brad was concerned that the funds would be used for needle exchange, and they will not be used for that purpose.
* Mayor Craig suggested that we use the amount of $55,000. Request that there are periodic updates on the programs and funding to council.
* Would like the program to be up and going in August of 2023.
* Ryan Griffith made motion to award $55,000 to Families Forever from the Opioid Funds to fund programs in Exhibit E,
* Larry Hardman seconded the motion,

***All votes were in favor of the motion, No One Opposed, Passed.***

**EXHIBIT E**

**List of Opioid Remediation Uses**

**Schedule A**

**Core Strategies**

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in

Schedule B. However, priority shall be given to the following core abatement strategies (“*Core*

*Strategies*”).14

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO**

**REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community

support groups and families; and

2. Increase distribution to individuals who are uninsured or

whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT (“*MAT*”)**

**DISTRIBUTION AND OTHER OPIOID-RELATED**

**TREATMENT**

1. Increase distribution of MAT to individuals who are

uninsured or whose insurance does not cover the needed

service;

2. Provide education to school-based and youth-focused

programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to

healthcare providers, EMTs, law enforcement, and other

first responders; and

4. Provide treatment and recovery support services such as

residential and inpatient treatment, intensive outpatient

treatment, outpatient therapy or counseling, and recovery

housing that allow or integrate medication and with other

support services.

14 As used in this Schedule A, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for

new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to

Treatment (“*SBIRT*”) services to non-Medicaid eligible or

uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and

recovery services, including MAT, for women with cooccurring

Opioid Use Disorder (“*OUD*”) and other

Substance Use Disorder (“*SUD*”)/Mental Health disorders

for uninsured individuals for up to 12 months postpartum;

and

3. Provide comprehensive wrap-around services to individuals

with OUD, including housing, transportation, job

placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL**

**ABSTINENCE SYNDROME (“*NAS*”)**

1. Expand comprehensive evidence-based and recovery

support for NAS babies;

2. Expand services for better continuum of care with infantneed

dyad; and

3. Expand long-term treatment and services for medical

monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND**

**RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to

begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery

services;

3. Broaden scope of recovery services to include co-occurring

SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals

in recovery, including housing, transportation, job

placement/training, and childcare; and

5. Hire additional social workers or other behavioral health

workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support,

including MAT for persons with OUD and co-occurring

SUD/MH disorders within and transitioning out of the

criminal justice system; and

2. Increase funding for jails to provide treatment to inmates

with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar

to the FDA’s “Real Cost” campaign to prevent youth from

misusing tobacco);

2. Funding for evidence-based prevention programs in

schools;

3. Funding for medical provider education and outreach

regarding best prescribing practices for opioids consistent

with the 2016 CDC guidelines, including providers at

hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in

pre-arrest diversion programs, post-overdose response

teams, or similar strategies that connect at-risk individuals

to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with

more wrap-around services, including linkage to OUD

treatment, access to sterile syringes and linkage to care and

treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND**

**RESEARCH ANALYZING THE EFFECTIVENESS OF THE**

**ABATEMENT STRATEGIES WITHIN THE STATE**

**Schedule B**

**Approved Uses**

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder

or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs

or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

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

Support treatment of Opioid Use Disorder (“*OUD*”) and any co-occurring Substance Use

Disorder or Mental Health (“*SUD/MH*”) conditions through evidence-based or evidenceinformed

programs or strategies that may include, but are not limited to, those that:15

1. Expand availability of treatment for OUD and any co-occurring SUD/MH

conditions, including all forms of Medication-Assisted Treatment (“*MAT*”)

approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American

Society of Addiction Medicine (“*ASAM*”) continuum of care for OUD and any cooccurring

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 evidencebased

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 (*e.g.*, violence, sexual

assault, human trafficking, or adverse childhood experiences) and family

members (*e.g.*, surviving family members after an overdose or overdose fatality),

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.

15 As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for

new or existing programs.

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. SUPPORT PEOPLE IN TREATMENT AND RECOVERY**

Support people in recovery from OUD and any co-occurring SUD/MH conditions

through evidence-based or evidence-informed programs or strategies that may include,

but are not limited to, the programs or strategies that:

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 mediation 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.

**C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED**

**(CONNECTIONS TO CARE)**

Provide connections to care for people who have—or are at risk of developing—OUD

and any co-occurring SUD/MH conditions through evidence-based or evidence-informed

programs or strategies that may include, but are not limited to, those that:

FINAL AGREEMENT 3.25.22

E-7

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.

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

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who

are involved in, are at risk of becoming involved in, or are transitioning out of the

criminal justice system through evidence-based or evidence-informed programs or

strategies that may include, but are not limited to, those that:

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:

1. Self-referral strategies such as the Angel Programs or the Police Assisted

Addiction Recovery Initiative (“*PAARI*”);

2. Active outreach strategies such as the Drug Abuse Response Team

(“*DART*”) model;

3. “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;

4. Officer prevention strategies, such as the Law Enforcement Assisted

Diversion (“*LEAD*”) model;

5. Officer intervention strategies such as the Leon County, Florida Adult

Civil Citation Network or the Chicago Westside Narcotics Diversion to

Treatment Initiative; or

6. 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 cooccurring

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 cooccurring

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 cooccurring

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 justiceinvolved

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 PREGNANT OR PARENTING WOMEN AND**

**THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE**

**SYNDROME**

Address the needs of pregnant or parenting women with OUD and any co-occurring

SUD/MH conditions, and the needs of their families, including babies with neonatal

abstinence syndrome (“*NAS*”), through evidence-based or evidence-informed programs

or strategies that may include, but are not limited to, those that:

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 cooccurring

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 cooccurring

SUD/MH conditions.

7. Provide enhanced family support and child care 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 cooccurring

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 APPROPRIATE**

**PRESCRIBING AND DISPENSING OF OPIOIDS**

Support efforts to prevent over-prescribing and ensure appropriate prescribing and

dispensing of opioids through evidence-based or evidence-informed programs or

strategies that may include, but are not limited to, the following:

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:

1. Increase the number of prescribers using PDMPs;

2. 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

3. 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**

Support efforts to discourage or prevent misuse of opioids through evidence-based or

evidence-informed programs or strategies that may include, but are not limited to, the

following:

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)**

Support efforts to prevent or reduce overdose deaths or other opioid-related harms

through evidence-based or evidence-informed programs or strategies that may include,

but are not limited to, the following:

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 cooccurring

SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

**I. FIRST RESPONDERS**

In addition to items in section C, D and H relating to first responders, support the

following:

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**

Support efforts to provide leadership, planning, coordination, facilitations, training and

technical assistance to abate the opioid epidemic through activities, programs, or

strategies that may include, but are not limited to, the following:

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 opioidor

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**

In addition to the training referred to throughout this document, support training to abate

the opioid epidemic through activities, programs, or strategies that may include, but are

not limited to, those that:

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 cooccurring

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**

Support opioid abatement research that may include, but is not limited to, the following:

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.

FINAL AGREEMENT 3.25.22

1. **Discussion**
* Brad Bough thanked Chief John Hughes for his Fire Prevention Program.
* Larry Hardman stated that he looked at the parking situation along 22nd Street, a dead-end street. He would like the chief to take a look at the location. It is a tight squeeze thought there and he would like to see no parking along the street.
* Mayor Craig stated that we need to stop and take a look at the permits that were reviewed tonight. The is a lot of activity in the community, with the building of new residences and businesses. And reach out to the city employees all of the work and effort it takes to accomplish this. They work hard and are interested in it and they really put forth the effort to get it done.
* Mayor Craig announced that he had been working with Ashlynn and applied for another small business grant in the amount of $250,000. We have received two grants in the past in the amount of over a half a million dollars. We were just notified today that we have been awarded another $250,000 for our small businesses. That process is beginning to start now with a quick turnaround time. The deadline to apply is due next Wednesday April 26th. Please share information that has been sent to new media, on social media and by email.
* The police station is coming along well. The main contractor should be done by the end of May. Two sub-contractors are still waiting on parts. We have received a lot of good comments on it. Looking at the September timeline but hopefully sooner. Anticipating an open house prior to the opening.

1. **Adjourn**
* Larry Hardman made the motion to adjourn,
* Brad Bough seconded the motion,
* ***All votes were in favor, No one opposed, Passed, Meeting Adjourned***

**Bedford City Council 2023**

* Judy Carlisle, President \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Penny May \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Ryan Griffith \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Angel Hawkins **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Dan Bortner  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Larry Hardman **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Brad Bough  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Attest: Billie Tumey

Clerk-Treasurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_