NOAT II REPORTING

1. Access the Reporting Tool at http://www.noatii.com/reporting. The reporting is completed by drop-down menu. The reporting template is included as the second document of this packet.

Access is limited to NOAT II authorized representatives, or their designees. To request access, either e-mail reporting@noatii.com, or click the "Request Login Credentials" tab at www.noatii.com/reporting and follow the on-screen instructions to submit your request directly to the NOAT II reporting team.

2. Enter period covered by report – the deadline for report submission for funds received in 2023 is **March 1, 2024.**

3. For Question 4, the amounts received by each County are identified on Attachment A – the third document in this packet.

4. Refer to FAQs – the fourth document in this packet – for information concerning reporting.

NOAT II Beneficiary Abatement Use Report

[1] Period Covered by Report: to

[2] Beneficiary Name:

[3] Beneficiary Identifies as:

[4] NOAT II Abatement Distributions Received by the Beneficiary:

NOAT II Funding Cycle	Reference #	Disbursement Date	Disbursement Amount	Payment Method	Confirm

[5] Total NOAT II Abatement Distributions Received by the Beneficiary (Across All Funding Cycles):

[5a] Approved Administrative Expenses : Percentage of Total NOAT II Abatement Distributions Received by the Beneficiary that were Disbursed on Approved Administrative Expenses:

[6] Did the Beneficiary Disburse NOAT II Abatement Distributions during the Covered Period ? Yes No

[7] Total Amount of NOAT II Abatement Distributions Disbursed during the Covered Period on Approved Abatement Use Categories:

[8] Percentage of Total Abatement Distributions Disbursed during the Covered Period, by Abatement Use Category:

See Schedule B, Approved Opioid Abatement Uses, NOAT II TDP.

	Period	% NOAT II Abatement Distribution Disbursed	Approved Opioid Abatement Use Category	Approved Opioid Abatement Use Subcategory	Core Strategy
Example	*2023*	*20%*	*L – Research*	*L-1 – Monitoring, surveillance, data…*	*G. PREVENTION PROGRAMS*

Percentage values must sum to 100%

If additional rows are needed, append as an attachment to this report

[9] Authorized Person Completing this Report:

Name of Individual *Email Address*

[10] Authorized NOAT II Point of Contact:

[11] The information submitted in this report is provided by the Beneficiary identified above in accordance with the NOAT II governing documents.

Abatement Use Categories, per Schedule B of the NOAT II TDP

A. Treat Opioid Use Disorder (OUD)

B. Support People in Treatment and Recovery

C. Connect People Who Need Help to The Help They Need (Connections to Care)

D. Address The Needs of Criminal-Justice-Involved Persons

E. Address The Needs of Pregnant Or Parenting Women And Their Families, Including Babies With Neonatal Abstinence Syndrome

F. Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing Of Opioids

G. Prevent Misuse of Opioids

H. Prevent Overdose Deaths and Other Harms (Harm Reduction)

I. First Responders

J. Leadership, Planning and Coordination

K. Training

L. Research

Index of Abatement Use Categories, per Schedule B of the NOAT II TDP

Table of Contents

A	Treat Opioid Use Disorder (OUD)	Click to see Subcategories
B	Support People in Treatment and Recovery	Click to see Subcategories
C	Connect People Who Need Help to The Help They Need (Connections to Care)	Click to see Subcategories
D	Address The Needs of Criminal-Justice-Involved Persons	Click to see Subcategories
E	Address The Needs of Pregnant Or Parenting Women And Their Families, Including Babies With Neonatal Abstinence Syndrome	Click to see Subcategories
F	Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing Of Opioids	Click to see Subcategories
G	Prevent Misuse of Opioids	Click to see Subcategories
H	Prevent Overdose Deaths and Other Harms (Harm Reduction)	Click to see Subcategories
I	I. First Responders	Click to see Subcategories
J	Leadership, Planning and Coordination	Click to see Subcategories
K	Training	Click to see Subcategories
L	Research	Click to see Subcategories

Abatement Use Subcategories, per Schedule B of the NOAT II TDP

A. TREAT OPIOID USE DISORDER (OUD)

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 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. 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.
8. 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. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD 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. Dissemination 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. Development and dissemination of 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

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. 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. <u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>

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 Screening, Brief Intervention and Referral to Treatment (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. 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. <u>ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS</u>

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 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 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 PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

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. Training for obstetricians or other healthcare personnel that 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; 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 Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.

6. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Enhanced family supports 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 co-occurring SUD/MH conditions, including but not limited to parent skills training.

10. 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.

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

1. Fund 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. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Support 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. Increase electronic prescribing to prevent diversion or forgery.

8. Educate Dispensers on appropriate opioid dispensing.

G. <u>PREVENT MISUSE OF OPIOIDS</u>

1. Fund 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. Fund community anti-drug coalitions that engage in drug prevention efforts.

6. Support 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. Engage non-profits and faith-based communities as systems to support prevention.

8. Fund 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 of 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. Increase 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. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expand, improve, or develop 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. Educate 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. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Support 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. Provide 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. Support screening for fentanyl in routine clinical toxicology testing.

I. I. FIRST RESPONDERS

1. Educate 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.

October 24, 2023

NOAT II Notice of Abatement Distribution
Wisconsin

NOAT II is providing ten (10) days' notice to the NOAT II Beneficiaries of an upcoming Abatement Distribution to the State of Wisconsin. The upcoming Abatement Distribution results from the receipt of a distribution from MDT II on August 29, 2023.

The amount of the upcoming Abatement Distribution to the State of Wisconsin is summarized in Attachment A of this notice.

The National Opioid Abatement Trust II

Attachment A.

Summary of NOAT II Abatement Distributions Wisconsin

National Opioid Abatement Trust II

State / Territory	Wisconsin	
Does the Beneficiary have a Statewide Abatement Agreement ("SAA")?	Yes	
Are Beneficiary subdivisions directly paid by NOAT II?	Yes	
Computational Summary	**NOAT II Funding Cycle 1 MDT II Distribution Received 6/17/22**	**NOAT II Funding Cycle 2 MDT II Distribution Received 8/29/23**
A. Total Amount of NOAT II Funds Available for Distribution	**$153,000,000.00**	**$180,000,000.00**
B. Wisconsin's Allocation Percentage (per Schedule C of NOAT II TDP)	1.7582560561%	1.7582560561%
C. Amount Available for Distribution to Wisconsin (A * B)	$2,690,131.77	$3,164,860.90
D. Total NOAT II Abatement Distributions to Wisconsin, including Subdivisions directly paid by NOAT II		
Department of Health Services	[Paid] $807,039.53	$949,458.27
ADAMS COUNTY	[Paid] $6,157.71	$7,244.37
ASHLAND COUNTY	[Paid] $4,236.96	$4,984.66
BARRON COUNTY	[Paid] $9,001.18	$10,589.62
BAYFIELD COUNTY	[Paid] $2,335.03	$2,747.10
BROWN COUNTY	[Paid] $54,609.67	$64,246.68
BUFFALO COUNTY	[Paid] $2,372.70	$2,791.41
BURNETT COUNTY	[Paid] $4,218.13	$4,962.50
CALUMET COUNTY	[Paid] $7,268.74	$8,551.45
CHIPPEWA COUNTY	[Paid] $13,106.32	$15,419.20
CLARK COUNTY	[Paid] $4,914.87	$5,782.20
COLUMBIA COUNTY	[Paid] $20,262.07	$23,837.73
CRAWFORD COUNTY	[Paid] $3,672.03	$4,320.04

Cudahy city	[Paid] $1,638.29	$1,927.40
DANE COUNTY	[Paid] $155,317.45	$182,726.41
DODGE COUNTY	[Paid] $24,517.86	$28,844.54
DOOR COUNTY	[Paid] $5,310.32	$6,247.44
DOUGLAS COUNTY	[Paid] $10,432.33	$12,273.33
DUNN COUNTY	[Paid] $8,323.27	$9,792.08
EAU CLAIRE COUNTY	[Paid] $22,164.00	$26,075.29
FLORENCE COUNTY	[Paid] $998.04	$1,174.16
FOND DU LAC COUNTY	[Paid] $22,521.78	$26,496.22
FOREST COUNTY	[Paid] $2,391.53	$2,813.56
Franklin city	[Paid] $2,918.79	$3,433.87
GRANT COUNTY	[Paid] $9,377.80	$11,032.71
GREEN COUNTY	[Paid] $8,775.21	$10,323.78
GREEN LAKE COUNTY	[Paid] $5,272.66	$6,203.13
Greenfield city	[Paid] $3,069.44	$3,611.11
IOWA COUNTY	[Paid] $5,253.83	$6,180.97
IRON COUNTY	[Paid] $1,148.69	$1,351.40
JACKSON COUNTY	[Paid] $4,444.10	$5,228.35
JEFFERSON COUNTY	[Paid] $19,791.30	$23,283.88
JUNEAU COUNTY	[Paid] $8,247.94	$9,703.46
Kenosha city	[Paid] $2,474.11	$10,722.55
KENOSHA COUNTY	[Paid] $69,900.38	$82,235.75
KEWAUNEE COUNTY	[Paid] $2,937.62	$3,456.03
LA CROSSE COUNTY	[Paid] $31,052.19	$36,531.99
LAFAYETTE COUNTY	[Paid] $2,523.34	$2,968.64
LANGLADE COUNTY	[Paid] $5,875.25	$6,912.06
LINCOLN COUNTY	[Paid] $6,590.82	$7,753.91
MANITOWOC COUNTY	[Paid] $26,419.78	$31,082.10
MARATHON COUNTY	[Paid] $23,708.13	$27,891.92
Marinette city	[Paid] $602.59	$708.93
MARINETTE COUNTY	[Paid] $9,471.95	$11,143.48
MARQUETTE COUNTY	[Paid] $4,632.41	$5,449.89
MENOMINEE COUNTY	[Paid] $1,506.47	$1,772.32
Milwaukee city	[Paid] $147,163.66	$173,133.72
MILWAUKEE COUNTY	[Paid] $474,934.69	$558,746.70
MONROE COUNTY	[Paid] $12,334.25	$14,510.89
Mount Pleasant village	[Paid] $2,203.22	$2,592.02
Oak Creek city	[Paid] $3,125.93	$3,677.57
OCONTO COUNTY	[Paid] $6,327.19	$7,443.75
ONEIDA COUNTY	[Paid] $9,905.07	$11,653.02
OUTAGAMIE COUNTY	[Paid] $34,573.57	$40,674.79
OZAUKEE COUNTY	[Paid] $19,508.84	$22,951.57
PEPIN COUNTY	[Paid] $1,035.70	$1,218.47
PIERCE COUNTY	[Paid] $7,287.57	$8,573.61
Pleasant Prairie village	[Paid] $1,111.02	$1,307.09
PORTAGE COUNTY	[Paid] $13,727.74	$16,150.29
PRICE COUNTY	[Paid] $2,805.81	$3,300.95

RACINE COUNTY	[Paid] $60,409.60	$71,070.12
RICHLAND COUNTY	[Paid] $4,105.14	$4,829.58
ROCK COUNTY	[Paid] $55,494.73	$65,287.92
RUSK COUNTY	[Paid] $2,994.12	$3,522.49
SAUK COUNTY	[Paid] $23,086.71	$27,160.84
SAWYER COUNTY	[Paid] $4,858.38	$5,715.74
SHAWANO COUNTY	[Paid] $7,871.33	$9,260.38
SHEBOYGAN COUNTY	[Paid] $26,551.60	$31,237.18
South Milwaukee city	[Paid] $1,807.77	$2,126.79
ST CROIX COUNTY	[Paid] $15,610.83	$18,365.69
Sturtevant village	[Paid] $338.96	$398.77
Superior city	[Paid] $1,675.95	$1,971.71
TAYLOR COUNTY	[Paid] $2,994.12	$3,522.49
TREMPEALEAU COUNTY	[Paid] $6,025.90	$7,089.29
Union Grove village	[Paid] $131.82	$155.08
VERNON COUNTY	[Paid] $6,063.56	$7,133.60
VILAS COUNTY	[Paid] $8,812.87	$10,368.08
WALWORTH COUNTY	[Paid] $29,621.04	$34,848.28
WASHBURN COUNTY	[Paid] $3,483.72	$4,098.49
WASHINGTON COUNTY	[Paid] $37,492.37	$44,108.67
WAUKESHA COUNTY	[Paid] $113,644.62	$133,699.55
WAUPACA COUNTY	[Paid] $11,411.54	$13,425.34
WAUSHARA COUNTY	[Paid] $4,349.94	$5,117.58
Wauwatosa city	[Paid] $5,818.76	$6,845.59
West Allis city	[Paid] $7,118.09	$8,374.22
WINNEBAGO COUNTY	[Paid] $40,976.09	$48,207.16
WOOD COUNTY	[Paid] $15,855.64	$18,653.69
YORKVILLE TOWN	[Paid] $37.66	$44.31

For computational details, see Annex 1 (NOAT II Funding Cycle 1) and Annex 2 (NOAT II Funding Cycle 2)

Attachment A

Annex 1. NOAT II Funding Cycle 1 Wisconsin Computation

National Opioid Abatement Trust II

State / Territory		Wisconsin
A. Total Amount Available to Distribute, Funding Cycle 1		**$153,000,000.00**
B. Wisconsin's Allocation % (per Schedule C of NOAT II TDP)		1.7582560561%
C. Amount Available to Distribute to Wisconsin (A * B)		**$2,690,131.77**
D. Computation (per Wisconsin Statewide Abatement Agreement)		
1. 30% to the State Share		$807,039.53
2. 70% to Local Government Share		$1,883,092.24
E. Computation Detail (per Wisconsin Statewide Abatement Agreement)		
1. State Share		**Final Allocation**
Department of Health Services		**$807,039.53**
2. Local Government Share (% from Wisconsin SAA, Exhibit)	**Percentage Allocated**	**Final Allocation**
ADAMS COUNTY	0.3270%	**$6,157.71**
ASHLAND COUNTY	0.2250%	**$4,236.96**
BARRON COUNTY	0.4780%	**$9,001.18**
BAYFIELD COUNTY	0.1240%	**$2,335.03**
BROWN COUNTY	2.9000%	**$54,609.67**
BUFFALO COUNTY	0.1260%	**$2,372.70**
BURNETT COUNTY	0.2240%	**$4,218.13**
CALUMET COUNTY	0.3860%	**$7,268.74**
CHIPPEWA COUNTY	0.6960%	**$13,106.32**
CLARK COUNTY	0.2610%	**$4,914.87**
COLUMBIA COUNTY	1.0760%	**$20,262.07**
CRAWFORD COUNTY	0.1950%	**$3,672.03**
Cudahy city	0.0870%	**$1,638.29**
DANE COUNTY	8.2480%	**$155,317.45**
DODGE COUNTY	1.3020%	**$24,517.86**

DOOR COUNTY	0.2820%	**$5,310.32**
DOUGLAS COUNTY	0.5540%	**$10,432.33**
DUNN COUNTY	0.4420%	**$8,323.27**
EAU CLAIRE COUNTY	1.1770%	**$22,164.00**
FLORENCE COUNTY	0.0530%	**$998.04**
FOND DU LAC COUNTY	1.1960%	**$22,521.78**
FOREST COUNTY	0.1270%	**$2,391.53**
Franklin city	0.1550%	**$2,918.79**
GRANT COUNTY	0.4980%	**$9,377.80**
GREEN COUNTY	0.4660%	**$8,775.21**
GREEN LAKE COUNTY	0.2800%	**$5,272.66**
Greenfield city	0.1630%	**$3,069.44**
IOWA COUNTY	0.2790%	**$5,253.83**
IRON COUNTY	0.0610%	**$1,148.69**
JACKSON COUNTY	0.2360%	**$4,444.10**
JEFFERSON COUNTY	1.0510%	**$19,791.30**
JUNEAU COUNTY	0.4380%	**$8,247.94**
Kenosha city	0.4840%	**$9,114.17**
KENOSHA COUNTY	3.7120%	**$69,900.38**
KEWAUNEE COUNTY	0.1560%	**$2,937.62**
LA CROSSE COUNTY	1.6490%	**$31,052.19**
LAFAYETTE COUNTY	0.1340%	**$2,523.34**
LANGLADE COUNTY	0.3120%	**$5,875.25**
LINCOLN COUNTY	0.3500%	**$6,590.82**
MANITOWOC COUNTY	1.4030%	**$26,419.78**
MARATHON COUNTY	1.2590%	**$23,708.13**
Marinette city	0.0320%	**$602.59**
MARINETTE COUNTY	0.5030%	**$9,471.95**
MARQUETTE COUNTY	0.2460%	**$4,632.41**
MENOMINEE COUNTY	0.0800%	**$1,506.47**
Milwaukee city	7.8150%	**$147,163.66**
MILWAUKEE COUNTY	25.2210%	**$474,934.69**
MONROE COUNTY	0.6550%	**$12,334.25**
Mount Pleasant village	0.1170%	**$2,203.22**
Oak Creek city	0.1660%	**$3,125.93**
OCONTO COUNTY	0.3360%	**$6,327.19**
ONEIDA COUNTY	0.5260%	**$9,905.07**

OUTAGAMIE COUNTY	1.8360%	**$34,573.57**
OZAUKEE COUNTY	1.0360%	**$19,508.84**
PEPIN COUNTY	0.0550%	**$1,035.70**
PIERCE COUNTY	0.3870%	**$7,287.57**
Pleasant Prairie village	0.0590%	**$1,111.02**
PORTAGE COUNTY	0.7290%	**$13,727.74**
PRICE COUNTY	0.1490%	**$2,805.81**
RACINE COUNTY	3.2080%	**$60,409.60**
RICHLAND COUNTY	0.2180%	**$4,105.14**
ROCK COUNTY	2.9470%	**$55,494.73**
RUSK COUNTY	0.1590%	**$2,994.12**
SAUK COUNTY	1.2260%	**$23,086.71**
SAWYER COUNTY	0.2580%	**$4,858.38**
SHAWANO COUNTY	0.4180%	**$7,871.33**
SHEBOYGAN COUNTY	1.4100%	**$26,551.60**
South Milwaukee city	0.0960%	**$1,807.77**
ST CROIX COUNTY	0.8290%	**$15,610.83**
Sturtevant village	0.0180%	**$338.96**
Superior city	0.0890%	**$1,675.95**
TAYLOR COUNTY	0.1590%	**$2,994.12**
TREMPEALEAU COUNTY	0.3200%	**$6,025.90**
Union Grove village	0.0070%	**$131.82**
VERNON COUNTY	0.3220%	**$6,063.56**
VILAS COUNTY	0.4680%	**$8,812.87**
WALWORTH COUNTY	1.5730%	**$29,621.04**
WASHBURN COUNTY	0.1850%	**$3,483.72**
WASHINGTON COUNTY	1.9910%	**$37,492.37**
WAUKESHA COUNTY	6.0350%	**$113,644.62**
WAUPACA COUNTY	0.6060%	**$11,411.54**
WAUSHARA COUNTY	0.2310%	**$4,349.94**
Wauwatosa city	0.3090%	**$5,818.76**
West Allis city	0.3780%	**$7,118.09**
WINNEBAGO COUNTY	2.1760%	**$40,976.09**
WOOD COUNTY	0.8420%	**$15,855.64**
YORKVILLE TOWN	0.0020%	**$37.66**

Attachment A

Annex 2. NOAT II Funding Cycle 2 Wisconsin Computation

National Opioid Abatement Trust II

State / Territory	Wisconsin	
A. Total Amount Available to Distribute, Funding Cycle 2	**$180,000,000.00**	
B. Wisconsin's Allocation % (per Schedule C of NOAT II TDP)	1.7582560561%	
C. Amount Available to Distribute to Wisconsin (A * B)	**$3,164,860.90**	
D. Computation (per Wisconsin Statewide Abatement Agreement)		
1. 30% to the State Share		$949,458.27
2. 70% to Local Government Share		$2,215,402.63
E. Computation Detail (per Wisconsin Statewide Abatement Agreement)		
1. State Share		**Final Allocation**
Department of Health Services		**$949,458.27**
2. Local Government Share (% from Wisconsin SAA, Exhibit)	**Percentage Allocated**	**Final Allocation**
ADAMS COUNTY	0.3270%	**$7,244.37**
ASHLAND COUNTY	0.2250%	**$4,984.66**
BARRON COUNTY	0.4780%	**$10,589.62**
BAYFIELD COUNTY	0.1240%	**$2,747.10**
BROWN COUNTY	2.9000%	**$64,246.68**
BUFFALO COUNTY	0.1260%	**$2,791.41**
BURNETT COUNTY	0.2240%	**$4,962.50**
CALUMET COUNTY	0.3860%	**$8,551.45**
CHIPPEWA COUNTY	0.6960%	**$15,419.20**
CLARK COUNTY	0.2610%	**$5,782.20**
COLUMBIA COUNTY	1.0760%	**$23,837.73**
CRAWFORD COUNTY	0.1950%	**$4,320.04**
Cudahy city	0.0870%	**$1,927.40**
DANE COUNTY	8.2480%	**$182,726.41**
DODGE COUNTY	1.3020%	**$28,844.54**

DOOR COUNTY	0.2820%	**$6,247.44**
DOUGLAS COUNTY	0.5540%	**$12,273.33**
DUNN COUNTY	0.4420%	**$9,792.08**
EAU CLAIRE COUNTY	1.1770%	**$26,075.29**
FLORENCE COUNTY	0.0530%	**$1,174.16**
FOND DU LAC COUNTY	1.1960%	**$26,496.22**
FOREST COUNTY	0.1270%	**$2,813.56**
Franklin city	0.1550%	**$3,433.87**
GRANT COUNTY	0.4980%	**$11,032.71**
GREEN COUNTY	0.4660%	**$10,323.78**
GREEN LAKE COUNTY	0.2800%	**$6,203.13**
Greenfield city	0.1630%	**$3,611.11**
IOWA COUNTY	0.2790%	**$6,180.97**
IRON COUNTY	0.0610%	**$1,351.40**
JACKSON COUNTY	0.2360%	**$5,228.35**
JEFFERSON COUNTY	1.0510%	**$23,283.88**
JUNEAU COUNTY	0.4380%	**$9,703.46**
Kenosha city	0.4840%	**$10,722.55**
KENOSHA COUNTY	3.7120%	**$82,235.75**
KEWAUNEE COUNTY	0.1560%	**$3,456.03**
LA CROSSE COUNTY	1.6490%	**$36,531.99**
LAFAYETTE COUNTY	0.1340%	**$2,968.64**
LANGLADE COUNTY	0.3120%	**$6,912.06**
LINCOLN COUNTY	0.3500%	**$7,753.91**
MANITOWOC COUNTY	1.4030%	**$31,082.10**
MARATHON COUNTY	1.2590%	**$27,891.92**
Marinette city	0.0320%	**$708.93**
MARINETTE COUNTY	0.5030%	**$11,143.48**
MARQUETTE COUNTY	0.2460%	**$5,449.89**
MENOMINEE COUNTY	0.0800%	**$1,772.32**
Milwaukee city	7.8150%	**$173,133.72**
MILWAUKEE COUNTY	25.2210%	**$558,746.70**
MONROE COUNTY	0.6550%	**$14,510.89**
Mount Pleasant village	0.1170%	**$2,592.02**
Oak Creek city	0.1660%	**$3,677.57**
OCONTO COUNTY	0.3360%	**$7,443.75**
ONEIDA COUNTY	0.5260%	**$11,653.02**
OUTAGAMIE COUNTY	1.8360%	**$40,674.79**

OZAUKEE COUNTY	1.0360%	**$22,951.57**
PEPIN COUNTY	0.0550%	**$1,218.47**
PIERCE COUNTY	0.3870%	**$8,573.61**
Pleasant Prairie village	0.0590%	**$1,307.09**
PORTAGE COUNTY	0.7290%	**$16,150.29**
PRICE COUNTY	0.1490%	**$3,300.95**
RACINE COUNTY	3.2080%	**$71,070.12**
RICHLAND COUNTY	0.2180%	**$4,829.58**
ROCK COUNTY	2.9470%	**$65,287.92**
RUSK COUNTY	0.1590%	**$3,522.49**
SAUK COUNTY	1.2260%	**$27,160.84**
SAWYER COUNTY	0.2580%	**$5,715.74**
SHAWANO COUNTY	0.4180%	**$9,260.38**
SHEBOYGAN COUNTY	1.4100%	**$31,237.18**
South Milwaukee city	0.0960%	**$2,126.79**
ST CROIX COUNTY	0.8290%	**$18,365.69**
Sturtevant village	0.0180%	**$398.77**
Superior city	0.0890%	**$1,971.71**
TAYLOR COUNTY	0.1590%	**$3,522.49**
TREMPEALEAU COUNTY	0.3200%	**$7,089.29**
Union Grove village	0.0070%	**$155.08**
VERNON COUNTY	0.3220%	**$7,133.60**
VILAS COUNTY	0.4680%	**$10,368.08**
WALWORTH COUNTY	1.5730%	**$34,848.28**
WASHBURN COUNTY	0.1850%	**$4,098.49**
WASHINGTON COUNTY	1.9910%	**$44,108.67**
WAUKESHA COUNTY	6.0350%	**$133,699.55**
WAUPACA COUNTY	0.6060%	**$13,425.34**
WAUSHARA COUNTY	0.2310%	**$5,117.58**
Wauwatosa city	0.3090%	**$6,845.59**
West Allis city	0.3780%	**$8,374.22**
WINNEBAGO COUNTY	2.1760%	**$48,207.16**
WOOD COUNTY	0.8420%	**$18,653.69**
YORKVILLE TOWN	0.0020%	**$44.31**

NOAT II Beneficiary Abatement Use Reporting
Frequently Asked Questions

For answers to frequently asked questions, the Trustees of the National Opioid Abatement Trust II have prepared the following FAQs, which will be updated from time to time with additions and changes based on relevant circumstances and information. Capitalized terms used but not defined in these FAQs have the definitions given to them in the NOAT II governing documents. The Plan and other important documents are available here.

General FAQs

Who is required to submit a NOAT II Beneficiary Abatement Use Report?

Per Section 2.6 of the NOAT II Agreement and Section 7 of the NOAT II TDP, any State, Territory, or Qualifying Block Grantee that received an Abatement Distribution from NOAT II must submit a Beneficiary Abatement Use Report to the NOAT II Trustees.

Why do I have to submit a NOAT II Beneficiary Abatement Use Report?

The contents of the Beneficiary Abatement Use Report will enable (i) the Trust to satisfy its reporting requirements per Section 2.4 and Section 2.5 of the NOAT II Agreement and (ii) the NOAT II Beneficiaries to satisfy their reporting requirements to the Trust under Section 7.1 and Section 7.2 of the NOAT II TDP, as applicable.

How do I submit a NOAT II Beneficiary Abatement Use Report?

Per Section 2.6 of the NOAT II Agreement, the Trustees have established the NOAT II Beneficiary Abatement Use Reporting Tool as the primary means of receiving NOAT II Beneficiary Abatement Use Reports. Any State, Territory, or Qualifying Block Grantee that received an Abatement Distribution from NOAT II must submit a Beneficiary Abatement Use Report to the NOAT II Trustees using the Tool.

The NOAT II Beneficiary Abatement Use Reporting Tool is accessible at www.noatii.com/reporting. Access is limited to NOAT II authorized representatives, or their designees. To request access, either e-mail reporting@noatii.com, or click the "Request Login Credentials" tab at www.noatii.com/reporting and follow the on-screen instructions to submit your request directly to the NOAT II reporting team.

What is the NOAT II Beneficiary Abatement Use Reporting Tool?

Per Section 2.6 of the NOAT II Agreement, the Trustees have established the NOAT II Beneficiary Abatement Use Reporting Tool to facilitate the form, content, and due dates of periodic reports with respect to Approved Opioid Abatement Uses to be submitted by the NOAT II Beneficiaries.

The NOAT II Beneficiary Abatement Use Reporting Tool is the primary means approved by the Trustees for the submission of Beneficiary Abatement Use Reports by NOAT II Beneficiaries.

Who can use the NOAT II Beneficiary Abatement Use Reporting Tool?

Any State, Territory, or Qualifying Block Grantee that received an Abatement Distribution from NOAT II can use the NOAT II Beneficiary Abatement Use Reporting Tool. Access to the Tool is limited to the Beneficiary's NOAT II authorized representative, or their designees.

How do I access the NOAT II Beneficiary Abatement Use Reporting Tool?

The NOAT II Beneficiary Abatement Use Reporting Tool is accessible at www.noatii.com/reporting.

Access is limited to NOAT II authorized representatives, or their designees. To request access, either e-mail reporting@noatii.com, or click the "Request Login Credentials" tab at www.noatii.com/reporting and follow the on-screen instructions to submit your request directly to the NOAT II reporting team.

How will the information I submit through the NOAT II Beneficiary Abatement Use Reporting Tool be used?

Per Section 2.5 and Section 2.6 of the NOAT II Agreement, the Trustees shall cause to be prepared and filed with the Bankruptcy Court an annual report on the Approved Opioid Abatement Uses with respect to such period. The contents of the Beneficiary Abatement Use Reports submitted by NOAT II Beneficiaries shall inform this annual report.

The NOAT II Trustees shall (i) post a copy of the NOAT II Opioid Abatement Report on the NOAT II Website and (ii) deliver such NOAT II Opioid Abatement Report to MDT II, in each case when such report is filed with the Bankruptcy Court.

What is the deadline for submitting my NOAT II Beneficiary Abatement Use Report?

Access to the NOAT II Beneficiary Abatement Use Reporting Tool is available year-round.

The deadline for calendar year 2022 NOAT II Beneficiary Abatement Use Report submissions was March 1, 2023.

The NOAT II Trustees have not yet finalized the deadline for calendar year 2023 submissions. Once the Trustees have finalized a deadline, the due date will be posted to the landing page of the NOAT II Beneficiary Abatement Use Reporting Tool at: www.noatii.com/reporting; and to the NOAT II Website at: https://www.nationalopioidabatementtrust.com.

Can I submit NOAT II beneficiary abatement use data on a rolling basis?

Yes. Access to the NOAT II Beneficiary Abatement Use Reporting Tool is available year-round.

The Tool allows users to identify the period covered by their report, as well as individually itemize the timing of the abatement use data they are reporting, i.e., annually, semi-annually, quarterly, or monthly.

In the first quarter of each calendar year, the NOAT II Trustees will cause to be prepared the NOAT II Annual Report for submission to the Bankruptcy Court. At this time, there will be a four-week window during which the Tool will be unavailable to users. Advance notice of this deadline will be provided.

Where can I find the list of Approved Opioid Abatement Uses?
The list of Approved Opioid Abatement Uses is included as Schedule B of the NOAT II TDP.

The NOAT II TDP can be found at https://www.nationalopioidabatementtrust.com/Mallinckrodt/Documents or by clicking the link at the top right corner of this page under "Important Documents".

I received a NOAT II Abatement Distribution, but I have not spent any of the funds. Do I need to complete a NOAT II Beneficiary Abatement Use report?
Yes. The Tool will give you the option to confirm that no funds have been spent for the reporting period.

I received a NOAT II Abatement Distribution, but I only spent a portion of the funds. Do I need to complete a NOAT II Beneficiary Abatement Use report?
Yes. The Tool will give you the option to report the total amount of NOAT II Funds disbursed during the covered period, as well as the proportion of such monies that were disbursed during the covered period by approved opioid abatement use category.

I received a NOAT II Abatement Distribution. Is there a deadline by which I must disburse all of my NOAT II Funds?
The NOAT II governing documents do not provide a deadline by when you must disburse all of your NOAT II Funds.

I received a disbursement from a different opioid settlement. Am I required to submit a NOAT II Beneficiary Abatement Use Report?
If you are a State, Territory, or Qualifying Block Grantee and you received NOAT II Funds, you are required to submit a NOAT II Beneficiary Abatement Use Report using the NOAT II Beneficiary Abatement Use Reporting Tool.

FAQs for Local Governments that Received NOAT II Funds

I am a Local Government. Am I required to complete a NOAT II Beneficiary Abatement Use Report?
Per Section 2.6 of the NOAT II Agreement and Section 7 of the NOAT II TDP, any State, Territory, or Qualifying Block Grantee that received an Abatement Distribution from NOAT II must submit a Beneficiary Abatement Use Report to the NOAT II Trustees.

If a Local Government received an Abatement Distribution directly from NOAT II, its State may elect to have the Local Government submit a Beneficiary Abatement Use Report directly to the NOAT II Trustees. In such cases, the Trust will provide the Local Government access to the NOAT II Beneficiary Abatement Use Reporting Tool.

If you are unsure as to whether your State has elected to have your Local Government submit a NOAT II Beneficiary Abatement Use Report directly to the NOAT II Trustees, contact the NOAT II reporting team by sending an e-mail to: reporting@noatii.com.

Technical Support

I can't log in to the NOAT II Beneficiary Abatement Use Reporting Tool

Access is limited to NOAT II authorized representatives, or their designees.

To request access, either e-mail reporting@noatii.com, or click the "Request Login Credentials" tab at www.noatii.com/reporting and follow the on-screen instructions to submit your request directly to the NOAT II reporting team.

My login credentials were not accepted.

To request access, either e-mail reporting@noatii.com, or click the "Request Login Credentials" tab at www.noatii.com/reporting and follow the on-screen instructions to submit your request directly to the NOAT II reporting team.

How do I save my progress?

The Tool has auto-save and manual save features.

The Tool automatically saves all information entered when you leave or close the webpage. Any information entered in the form fields is stored and made available to you when you next access the Tool. To manually save your entries, click the "Save" button located in the top-left corner of the webpage.

I pressed submit, but my NOAT II Beneficiary Abatement Use Report was not accepted.

The Tool contains automatic data validation checks. Upon pressing "Submit," a pop-up window should appear explaining which data validation checks were not successfully met. If you are unable to correct the discrepancies, or require assistance, send an e-mail to: reporting@noatii.com. A member of the NOAT II reporting team will contact you.

I need to amend my NOAT II Beneficiary Abatement Use Report.

Access to the NOAT II Beneficiary Abatement Use Reporting Tool is available year-round. You may amend your NOAT II Beneficiary Abatement Use Report at any time, subject to the following exception.

In the first quarter of each calendar year, the Trustees will cause to be prepared the NOAT II Annual Report for submission to the Bankruptcy Court. At this time, there will be a four-week window during which the Tool will be unavailable to users. Advance notice of this deadline will be provided.

I closed the NOAT II Beneficiary Abatement Use Reporting Tool tab in my browser. Are my data lost?

No. The Tool automatically saves all information entered when you leave or close the webpage.

I am having difficulty using the NOAT II Beneficiary Abatement Use Reporting Tool.

If you require assistance, send an e-mail to: reporting@noatii.com. A member of the NOAT II reporting team will contact you.

Can I upload a data file to the NOAT II Beneficiary Abatement Use Reporting Tool instead of completing the form fields?

No. Quality control and data validation checks require that all of the form fields, as applicable, be completed.

I have additional questions regarding NOAT II reporting not answered here.

If you have additional questions or require assistance, send an e-mail to: reporting@noatii.com or *call: 877-586-8188. A member of the NOAT II reporting team will contact you.*

FAQs for Tool Users

Must I report my abatement use data on a calendar-year basis?

NOAT II recognizes that different NOAT II Beneficiaries may have different internal reporting periods.

The NOAT II Beneficiary Abatement Use Reporting Tool offers users a menu of reporting periods. Users can choose from this menu to individually itemize the timing of the abatement use data they are reporting, i.e., annually, semi-annually, quarterly, or monthly.

Per Section 2.5 of the NOAT II Agreement, within one hundred and twenty (120) days following the end of each calendar year, the NOAT II Beneficiary data collected through the Tool will be aggregated, and an annual report on the Approved Opioid Abatement Uses with respect to such period shall be prepared and filed with the Bankruptcy Court. The Trustees shall (i) post a copy of the NOAT II Opioid Abatement Report on the NOAT II Website and (ii) deliver such NOAT II Opioid Abatement Report to MDT II, in each case when such report is filed with the Bankruptcy Court.

Why am I asked to confirm the amounts of NOAT II Abatement Distributions received?

This information will enable the Trust to satisfy its reporting requirements per Section 2.4 and Section 2.5 of the NOAT II Agreement. Such confirmation will enable the Trust to satisfy the audited Annual Report requirements described in Section 2.4 of the NOAT II Agreement.

What constitutes an Approved Administrative Expense?

NOAT II refers you to the NOAT II Trust Distribution Procedures.

Are attorney's fees an Approved Administrative Expense?

No. NOAT II Funds may not be used to pay attorney fees.

Does the 5% limit on approved administrative expenses, per Issue 2 of the NOAT II TDP, apply to the total amount of NOAT II Funds disbursed during the covered period, or does the 5% limit apply to the total amount of NOAT II Funds received by the Beneficiary?

Per "Issue 2. Purpose" of the NOAT II TDP, no more than five percent (5%) of NOAT II Funds received may be used to fund expenses incurred in administering NOAT II distributions for Approved Opioid Abatement Uses.

The 5% limit on administrative expenses applies to the total amount of NOAT II Funds received by the Beneficiary. Administrative expenses cannot be frontloaded on the assumption that the Beneficiary will receive additional NOAT II Funds in future years.

I used NOAT II Funds to pay expenses related to approved opioid abatement uses on a rolling basis. Do I need to individually account for each line-item expenditure associated with a given approved abatement use?

The NOAT II Beneficiary Abatement Use Reporting Tool allows users to choose how to individually itemize the percentage of NOAT II Abatement Distributions disbursed on approved opioid abatement use categories.

Users may report their disbursements on an annual, semi-annual, quarterly, or monthly basis. The Tool affords users the flexibility to add as many rows as may be needed, based on the reporting interval(s) selected by the user.

Can I report NOAT II disbursements related to approved abatement uses on a dollar basis instead of on a percentage basis?

Based on feedback received from NOAT II Beneficiaries, the Tool is limited to reporting on a percentage of funds disbursed to total funds received basis.

If you require assistance with your calculations, or if you have additional questions regarding the computations included in the Tool, send an e-mail to: reporting@noatii.com. A member of the NOAT II reporting team will contact you.

Can Local Governments in my state use the NOAT II Beneficiary Abatement Use Reporting Tool?

Per Section 2.6 of the NOAT II Agreement and Section 7 of the NOAT II TDP, any State, Territory, or Qualifying Block Grantee that received an Abatement Distribution from NOAT II must submit a Beneficiary Abatement Use Report to the NOAT II Trustees.

If a Local Government within your State received an Abatement Distribution directly from NOAT II, then the State may elect to have the Local Government submit a Beneficiary Abatement Use Report directly to the NOAT II Trustees using the NOAT II Beneficiary Abatement Use Reporting Tool.

To make this election, the State's NOAT II authorized representative should contact the NOAT II reporting team by sending an e-mail to: reporting@noatii.com. Upon confirmation of the State's request, NOAT II will send an email from reporting@noatii.com to the authorized point of contact for the Local Government. The e-mail will identify the steps necessary for the Local Government to obtain access to the NOAT II Beneficiary Abatement Use Reporting Tool.

Can I use the NOAT II Beneficiary Abatement Use Reporting Tool to satisfy the requirements of Section 7.1 and Section 7.2 of the NOAT II TDP, as applicable?

Yes. Per Section 2.6 of the NOAT II Trust Agreement , the Trust has endeavored to obtain efficiency in reporting by applicable NOAT II Beneficiaries with respect to NOAT II and other comparable opioid abatement trusts benefitting the NOAT II Beneficiaries. The Trust has done so by including an optional form to the NOAT II Beneficiary Abatement Use Reporting Tool.

NOAT II Beneficiaries may use the optional form to track additional detail regarding the use of NOAT II Funds received, per Section 7.1 and Section 7.2 of the NOAT II Trust Distribution Procedures, as applicable. This optional form also can be used to track detail regarding the use of funds received from other comparable opioid abatement trusts benefitting the NOAT II Beneficiaries.

The link to the optional form becomes available to users upon completing Section [8] of the NOAT II Beneficiary Abatement Use Reporting Tool. To access the optional form, click "Access Optional Form" located at the bottom of the NOAT II Beneficiary Abatement Use Reporting Tool, and follow the prompts as applicable.

Am I required to use NOAT II Beneficiary Abatement Use Reporting Tool's print-to-PDF feature to fulfill my reporting obligations under Section 7.1 and Section 7.2 of the NOAT II TDP, as applicable?

No. The print-to-PDF feature is provided in the interest of obtaining efficiency in reporting by applicable NOAT II Beneficiaries with respect to NOAT II and other comparable opioid abatement trusts benefitting the NOAT II Beneficiaries, per Section 2.6 of the NOAT II Agreement. The use of this feature is not required.

However, at least annually, you are required to publish to your, your lead agency's, and/or your Attorney General's website, as applicable, and deliver to NOAT II, the reporting information contemplated in Section 7.1 and 7.2 of the NOAT II TDP, as applicable.

NOAT II Beneficiaries may use the optional form to track additional detail regarding the use of NOAT II Funds received, per Section 7.1 and Section 7.2 of the NOAT II Trust Distribution Procedures, as applicable. This optional form also can be used to track detail regarding the use of funds received from other comparable opioid abatement trusts benefitting the NOAT II Beneficiaries.

The link to the optional form becomes available to users upon completing Section [8] of the NOAT II Beneficiary Abatement Use Reporting Tool. To access the optional form, click "Access Optional Form" located at the bottom of the NOAT II Beneficiary Abatement Use Reporting Tool, and follow the prompts as applicable. The print-to-PDF feature included with the optional form feature is designed to facilitate your ability to publish this detail to your, your lead agency's, and/or your Attorney General's website, as applicable.

Am I required to post to my website the Beneficiary Abatement Use Report generated by the NOAT II Beneficiary Abatement Use Reporting Tool?

No. The print-to-PDF feature is provided in the interest of obtaining efficiency in reporting by applicable NOAT II Beneficiaries with respect to NOAT II and other comparable opioid abatement trusts benefitting the NOAT II Beneficiaries, per Section 2.6 of the NOAT II Agreement. The use of this feature is not required.

Am I required to access and complete the Optional Form that is provided in the NOAT II Beneficiary Abatement Use Reporting Tool?

No. Per Section 2.6 of the NOAT II Trust Agreement, the Trust has endeavored to obtain efficiency in reporting by applicable NOAT II Beneficiaries with respect to NOAT II and other comparable opioid abatement trusts benefitting the NOAT II Beneficiaries by including an additional, optional form to this reporting platform.

NOAT II Beneficiaries may use the optional form to track additional detail regarding the use of NOAT II Funds received, per Section 7.1 and Section 7.2 of the NOAT II Trust Distribution Procedures, as applicable. This optional form also can be used to track detail regarding the use of funds received from other comparable opioid abatement trusts benefitting the NOAT II Beneficiaries.

The link to the optional form becomes available to users upon completing Section [8] of the NOAT II Beneficiary Abatement Use Reporting Tool. To access the optional form, click "Access Optional Form" located at the bottom of the NOAT II Beneficiary Abatement Use Reporting Tool, and follow the prompts as applicable.