SUPPORTING DECISION MAKERS USING OPIOID SETTLEMENT FUNDS

A Snapshot of Spending and Opportunities

EXECUTIVE SUMMARY

JULY 2024

BIG CITIES HEALTH COALITION
Bigcitieshealth.org

PREVENTION INSTITUTE
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THE BIG CITIES HEALTH COALITION (BCHC) is a forum for the leaders of America's largest metropolitan health departments to exchange strategies and jointly address issues to promote and protect the health and safety of the 61 million people they serve.

PREVENTION INSTITUTE is a national nonprofit whose mission is to build prevention and health equity into key policies and actions at the federal, state, local, and organizational level to ensure that the places where all people live, work, play, and learn foster health, safety, and wellbeing.

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Opinions in this report represent collaborative work between BCHC and Prevention Institute and do not necessarily reflect the view of, nor serve as an endorsement by, the CDC or HHS.

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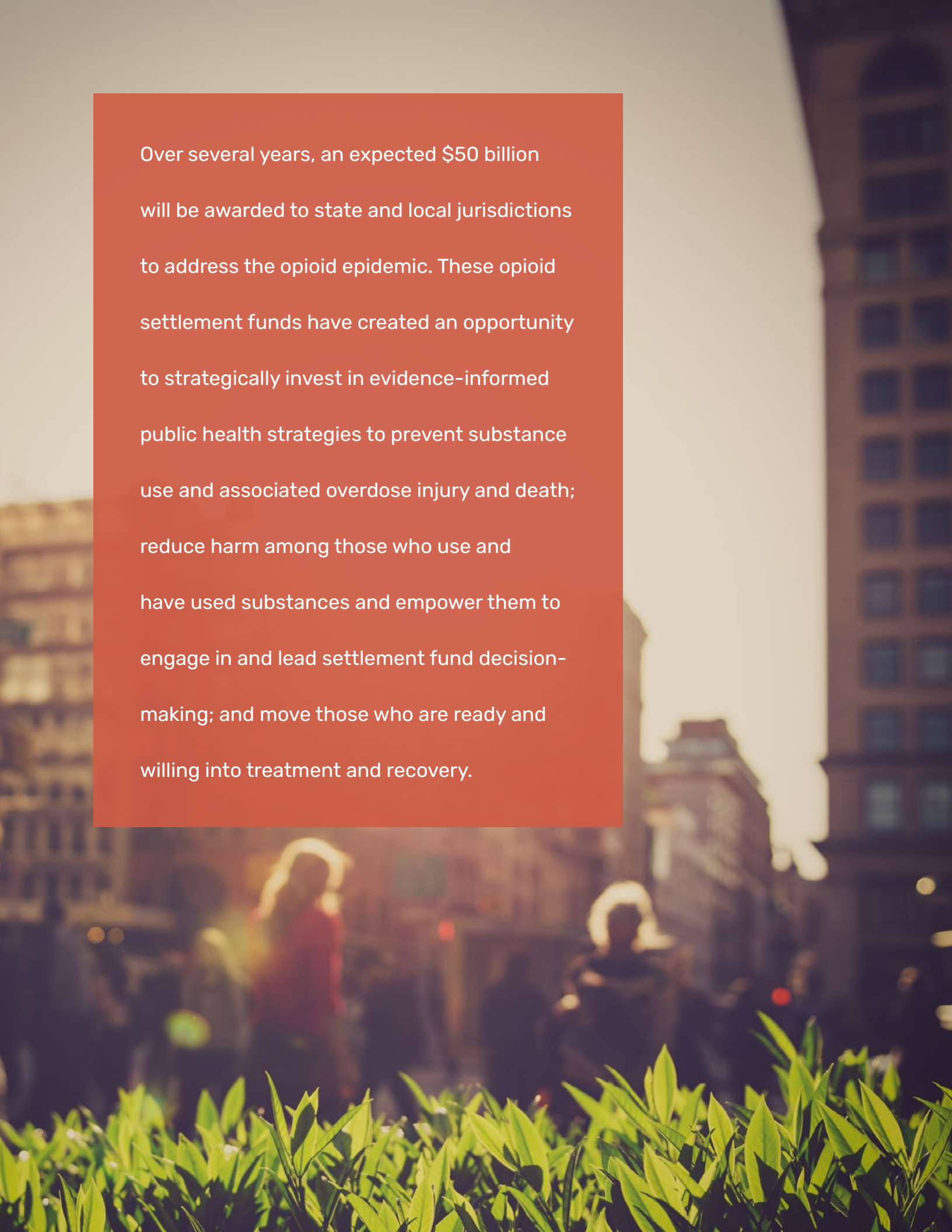


Over several years, an expected $50 billion will be awarded to state and local jurisdictions to address the opioid epidemic. These opioid settlement funds have created an opportunity to strategically invest in evidence-informed public health strategies to prevent substance use and associated overdose injury and death; reduce harm among those who use and have used substances and empower them to engage in and lead settlement fund decision-making; and move those who are ready and willing into treatment and recovery.

Introduction

Over the course of several years, an expected $50 billion will be awarded to state and local jurisdictions and more than $1.5 billion to tribal communities across the United States to address the consequences of the opioid epidemic, including rising overdose deaths and the spread of infectious diseases associated with substance use. These opioid settlement funds have created an opportunity to strategically invest in evidence-informed public health strategies to prevent substance use and associated overdose injury and death; reduce harm among those who use and have used substances and empower them to engage in and lead settlement fund decision-making; and move those who are ready and willing into treatment and recovery.

In 2023, Prevention Institute (PI) received funding from the Centers for Disease Control and Prevention to lead the project "Supporting Local Governments Using Opioid Settlement Funds on Evidence-Based Programs." Through this project, PI sought to provide technical assistance and capacity building to state and local government officials to identify, select, and fund evidence-based strategies through opioid settlement dollars to prevent substance overdose and reduce the negative consequences of substance use. Through a collaboration with partners, PI and the Big Cities Health Coalition (BCHC) have identified a set of promising practices that can be adopted using opioid settlement funds to further prevent substance misuse, overdose, and death, and reduce the consequences of substance use more generally.

This summary of findings compiles promising practices into three main categories:

1. Key Stakeholder Engagement
2. Multisector and Interagency Collaboration
3. Addressing All Levels of Prevention

Partners in the Work

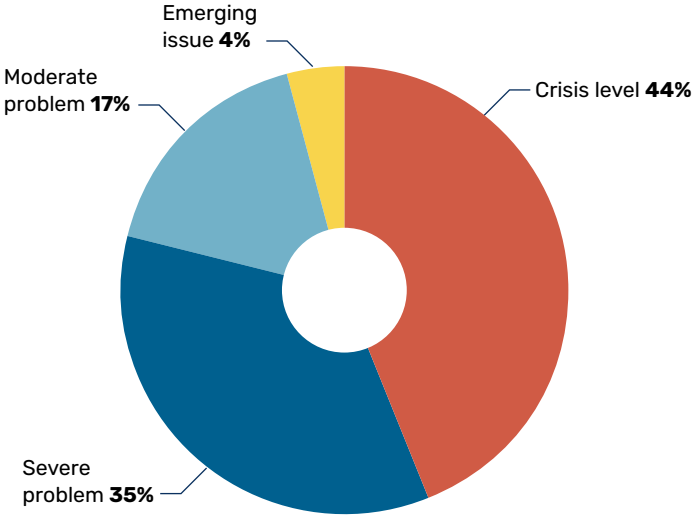
The following findings were informed by research conducted by the Urban Health Collaborative (UHC) at Drexel University's Dornsife School of Public Health. BCHC and PI worked in partnership on this research, with staff from RTI International reviewing and providing additional guidance on the research findings and full landscape analysis. More information on the research process can be found in Appendix A.

Context

The UHC completed a limited landscape analysis to provide a snapshot-in-time understanding of the planning, processes, opportunities, and challenges related to opioid settlement fund initiatives. **The analysis consisted of a survey among 22 U.S. jurisdictions and review of six publicly available settlement fund plans (SFPs).**

Most of the survey respondents indicated that, prior to receiving settlement funding, the opioid epidemic was at a "crisis level" or a "severe problem" in their jurisdiction (Figure 1).

Figure 1. Perceptions of the Current State of the Opioid Epidemic



The survey responses and reviewed SFPs also revealed several pre-existing challenges in addressing the opioid epidemic. These challenges fell into two categories: capacity barriers and societal conditions.

- **Capacity barriers** within government, non-profit, and for-profit sectors included a range of challenges related to staffing, funding, physical space for services and programming, and knowledge and beliefs surrounding substance use.
- **Societal conditions** like homelessness, mental health concerns, the illicit drug supply, and limited harm reduction access also impacted the ability to adequately respond. More specifically, societal challenges related to a lack of housing and residential services, social support, transportation, and stigma associated with substance use and treatment were identified in more than one jurisdiction (further details can be found in Appendix B).

Additional funding provided by settlement dollars can support the organizational infrastructure needed to remedy capacity barriers and also move solutions upstream to strategically address societal conditions like housing, workforce development, and employment. Improved organizational infrastructure also supports the implementation of successful and promising strategies identified by survey respondents to strengthen prevention and education, treatment, and harm reduction initiatives (additional details on these strategies and initiatives can be found in Appendix C).

Promising Practices

Key Stakeholder Engagement

Preliminary research findings highlight the importance of engaging key stakeholders, such as local community advocates and organizations, people with lived and living experience (PWLLE), legalistic authorities (*e.g.,* state Attorney General (AG) offices and municipal attorneys), governmental partners (*e.g.,* public health, behavioral health, and social services), first responders and law enforcement, and community-based and grassroots organizations in opioid settlement fund planning. Opportunities to increase and improve stakeholder engagement represent an avenue to further promote this public health strategy.

Though limited in scope, the UHC landscape analysis revealed common trends in how select state and local jurisdictions are engaging community members as they coordinate opioid settlement funds. For example, 14 out of 18 respondents indicated that community engagement processes were being used to inform spending priorities. Community engagement processes were also named in four out of the six SFPs reviewed. Examples of these community engagement processes included surveys, interviews, and town hall meetings.

Most responding jurisdictions (78%) specified that their community engagement efforts included reaching out to PWLLE. For instance, some jurisdictions have implemented or planned a community needs assessment among people who use substances and/or have had researchers with lived experience conduct interviews with community members.

Findings from the landscape analysis demonstrate that community engagement approaches are top of mind for some jurisdictions. **Thus, there is a ripe opportunity to support jurisdictions already familiar with and open to community engagement with the information and tools needed to more effectively involve key community stakeholders, including PWLLE.**

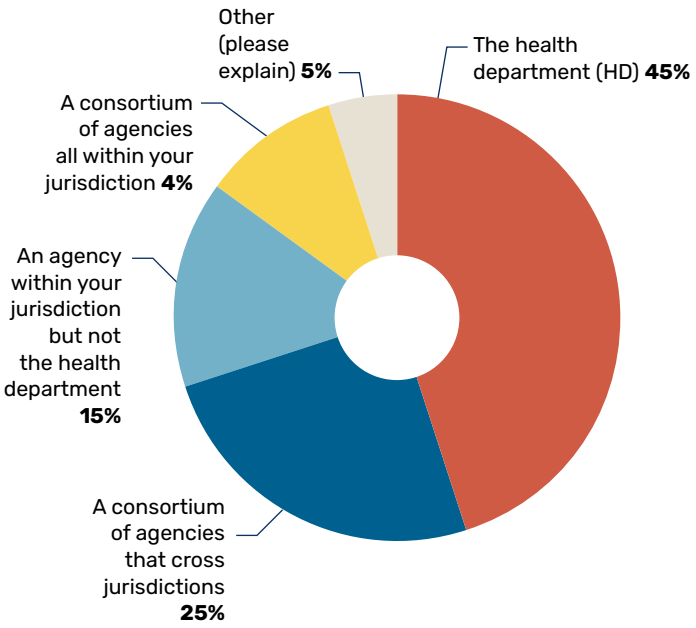
Meaningfully engaging and empowering PWLLE in this work requires careful navigation of power dynamics, stigma, and the need for anonymity. For example, someone with a less socially acceptable relationship with substances (*i.e.,* non-abstinence recovery

or continuing to use) could be less likely to actively participate in a town hall meeting than someone who is in treatment or abstinent recovery. As such, special considerations should be made to cultivate safe and welcoming environments, reduce stigma, and ensure people with a range of lived and living experiences, from recovery to active use, feel included in decision-making processes. Further, there is both a need and an opportunity to define what meaningful community engagement is and put systems and plans in place that allow for such engagement, rather than have it be a "box checking" exercise.

Multisector and Interagency Collaboration

Another core theme identified by initial research findings is the importance of multisector and interagency collaboration. As discussed in the UHC landscape analysis, **a majority of the survey respondents indicated that settlements funds were coordinated by their local health department.** The second largest subset of respondents indicated that settlement funds were coordinated by a consortium of cross-jurisdictional local agencies (Figure 3).

Figure 3. How Opioid Funding is Coordinated



In most cases, those responsible for determining funding priorities included a consortium of local health departments and various decision makers (*e.g.,* county boards, stakeholder groups, the mayor's office, advisory panels, city council, behavioral health agencies, homeless services agencies, and opioid response units) (Figure 4A and B).

Figure 4A. Who is Determining Priorities

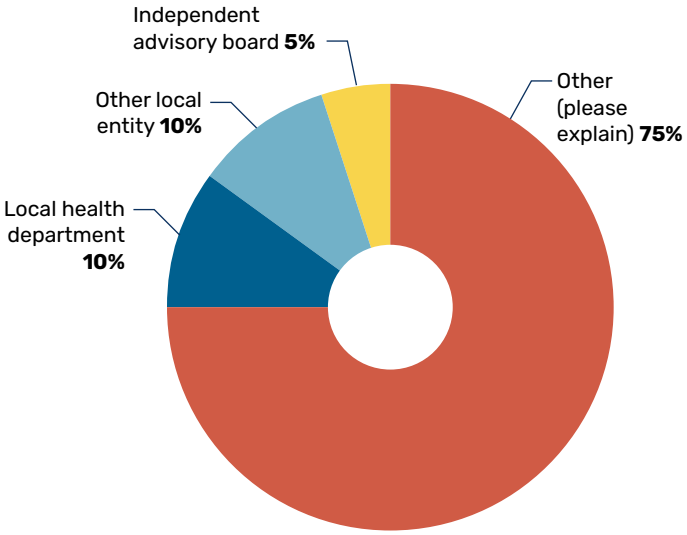


Figure 4B. The "Other" Groups Determining Priorities

Consortium within jurisdiction with HD	**58%**
Consortium across jurisdiction with HD	**17%**
Consortium within jurisdiction without HD	**8%**
Community engagement process	**8%**
Unknown	**8%**

Having multiple perspectives and skill sets at the decision-making table helps to ensure that opioid settlement funds are being used in a holistic manner to best serve people who use substances and others impacted by the opioid epidemic. However, coordinating efforts across government and non-government agencies is a challenge, one that was specifically mentioned by the UHC survey respondents. Managing expectations of uses of funding, collecting and sharing data, and addressing conflicting agendas and priorities are additional barriers that several jurisdictions identified.

Each identified challenge is also an opportunity to support better coordination throughout settlement funding planning and activities. **Considering that health departments typically already have established relationships with other government and non-government agencies, providing additional technical assistance can bolster these strengths and support the adoption of additional strategies to improve collaboration.** It takes concerted and thoughtful efforts to engage a diverse set of stakeholders in a productive way, and if not done well, could instead end up harming PWLLE, other members of the community, and their relationship with government entities. As such, decision makers should take care to implement transparent, inclusive processes to not only determine the uses of opioid settlement funding, but also evaluate the effectiveness of strategies over time.

Addressing All Levels of Prevention

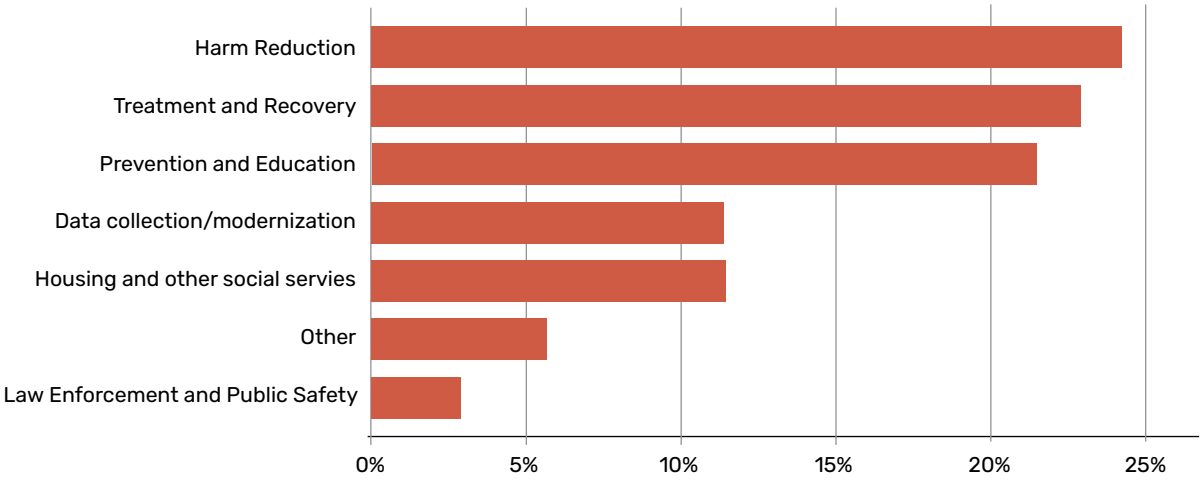
"Prevention" can be addressed in a variety of ways and hold several meanings, including prevention of substance use, misuse, overdose, injury, and death. Research from this project reflects the intention and desire of jurisdictions for all manners of prevention (including primary, secondary, and tertiary–see definitions below from *A Public Health Guide to Ending the Opioid Epidemic*) to be included in settlement fund planning and activities.

- **Primary prevention:** Primary prevention strategies and solutions are those that address population-level changes intended to reduce opioid and other substance exposure and use and prevent use disorders in the first place (*e.g.,* addressing community deterioration, economic despair, and hopelessness that can intensify opioid dependence).
- **Secondary prevention:** Secondary prevention strategies and solutions are those that focus on treating escalating use and misuse of opioids and other substances (*e.g.,* harm reduction strategies, improved access to clinical support, awareness and anti-stigma campaigns).
- **Tertiary prevention:** Tertiary prevention strategies and solutions are those that are implemented after the onset of substance and opioid use disorder, and seek to prevent overdoses and deaths (*e.g.,* treatment for opioid use disorder, rapid response and street outreach teams, naloxone distribution).

For example, **three prioritized areas of impact in the reviewed SFPs were identified: harm reduction; treatment and recovery; and prevention and education** (Figure 5) (more information can be found in Appendix D).

Research findings reflect an awareness of how addressing upstream factors associated with primary prevention and the social determinants of health, like improved housing, better access to care, and adequate mental health resources, play a critical role in substance use prevention efforts. Historically, jurisdictions have largely invested in medical and other individual-level interventions to respond to the opioid epidemic, but have struggled with addressing the societal conditions that can lead individuals to use substances in the first place. As such, there is a need for additional support and resources to be geared towards juris-

Figure 5. Prioritized Focus Areas in Select Settlement Fund Plans



dictions that want to better incorporate upstream prevention strategies into their work. Example prevention activities identified in the SFPs can be found in Appendix D (see "Prevention + Education" and "Housing and Social Services (Primary Prevention)"). Indeed, while the immediate crisis must be addressed through treatment and harm reduction services, the opportunity for addressing root causes to prevent further harm from occurring must also be a consideration.

Opportunities and Barriers

As noted in the UHC landscape analysis, settlement funding provides an opportunity to expand existing efforts and enable new initiatives. Examples from both the surveyed jurisdictions and reviewed SFPs are listed below.

Example opportunities from surveyed jurisdictions	Example opportunities from settlement fund plan analysis
Wide dissemination of harm reduction strategies and supplies	Targeted media campaigns and systematic screening for mental health and substance use
Increased treatment capacity, including new treatments	Expansion of Medication-assisted treatment (MAT)
Data infrastructure and surveillance	Deploying a mobile unit with a paramedic, social worker, and peer counselor to reduce barriers to treatment
Targeted population approach – (recently) incarcerated people, tribal governments, pregnant people, people with mental illness	Expansion of culturally responsive recovery support, MOUD-allowed housing and community-based peer recovery centers

In some jurisdictions, the political climate may greatly influence how opioid settlement funds are spent, including whether they are spent on evidence-based response strategies. Considerations regarding state laws pertaining to prevention and harm reduction; legal guidance on fund spending (*e.g.,* expansions of Exhibit E scheduled uses identified in the national settlements); state-level partisan politics and their influence on the types of strategies approved for funding; mayoral priorities and those of their partners; and spending approvals dictated by elected officials all have the potential to impact spending plans and activities. Other spending challenges, such as data collection and transparency, sustainability of programs and initiatives, and effective infrastructure to best manage the funding, are all potential barriers identified by surveyed jurisdictions.

Resolving these challenges at the local and state level is essential to the full realization of the intent of the opioid settlement funds, and support and assistance to jurisdictions in resolving those challenges is critical. While the UHC landscape analysis did not inquire about or find explicit information on jurisdictions' technical assistance needs, the identified challenges with navigating settlement funding provide a clear direction for future assistance. For example, technical assistance offerings could include support around coordination of efforts among multiple stakeholders; strategic planning for immediate funding needs (*e.g.,* harm reduction and treatment), balanced with long-term systemic investments in root causes and drivers of the opioid epidemic (*e.g.,* poverty and socioeconomic inequality); best practices for measuring the impact of initiatives and programs; and intentionally planning for sustainability.

Conclusion

While each jurisdiction has its own unique set of circumstances, preliminary research findings have identified three specific opportunities to support the use of evidence-based public health strategies in opioid settlement fund planning and implementation. Provided below are specific examples related to each opportunity:

- **Provide support around best practices to engage PWLLE in settlement fund planning and activities**
  - Ensuring a diversity of both demographics and experiences within the opioid epidemic are represented and engaged in opioid settlement funding decision-making
  - Ensuring that people who use substances and/or have an opioid use disorder (OUD)–a highly stigmatized condition–are protected in the process, including anonymization as needed
  - Incorporate best available research, contextual, and experiential evidence into settlement fund planning (see below for definitions)

    - **Best available research evidence:** Produced through scientific inquiry and process, and typically includes published, peer-reviewed material
    - **Experiential evidence**: Describes the experiences and expertise of those who have experienced the negative consequences of the opioid epidemic. Can be identified through interviews, community meetings, communities of practice, and focus groups
    - **Contextual evidence:** Information about whether or not a prevention strategy "fits" within the local, historical, and/or social context in which it would be implemented. Can leverage localized community data sources (*e.g.,* census data, needs and assets assessments) and histories (*e.g.,* surveys, focus groups)

- **Offer guidance for how local health departments can manage partnerships and collaboration with other governmental and non-governmental agencies**
  - Supporting coordination and finding commonalities in differing perspectives to reduce in-fighting and wasted resources
  - Breaking down silos within and between the public health, behavioral health, health care, and human services fields by instituting new collaboration routines (*e.g.,* convenings, shared data sources)
- **Create tools and resources for how upstream prevention efforts can be incorporated within overall prevention approaches (see Appendix D).**
  - Utilizing evidence-based media campaigns to reduce stigma and encourage help seeking support
  - Developing toolkits and training for primary care providers to actively avoid overprescription practices and screen for substance issues more regularly
  - Expanding services needed in a particular community (*e.g.,* telehealth services, medication for opioid use disorder (MOUD) provisions, housing assistance)
  - Supporting housing assistance policies that can support individuals and communities at high risk for substance and opioid misuse (*e.g.,* rental assistance programs, affordable and supportive housing production)
  - Rework government systems and policies to empower and sustainably fund smaller direct service organizations that support people who use substances

Appendices

Appendix A – Sources and Methods

The Urban Health Collaborative (UHC) at the Drexel University Dornsife School of Public Health completed a limited landscape analysis to provide a snapshot-in-time understanding of how cities and states plan to use their opioid settlement funds. This included conducting a survey with Big Cities Health Coalition (BCHC)'s Substance Use Working Group and ChangeLab Solutions' project participants to gather high-level information about current activities, plans for settlement dollars, potential impacts, opportunities, and challenges, as well as an analysis of publicly available settlement fund plans (SFPs) from six jurisdictions to better understand the planning, process, opportunities, and challenges associated with receipt of opioid settlement funds.

More details on the methodology are included below:

- Twenty-four *online Qualtrics surveys* were collected in December 2023 from 22 jurisdictions. All were cities and counties. All but one respondent (95%, n=21) are receiving opioid settlement funds.
- *Online research of settlement fund plans* and progress focused on three counties: Maricopa (surrounding Phoenix, AZ), Mecklenburg (surrounding Charlotte, NC), and Milwaukee County (WI), and three states: Arizona, North Carolina, and California. Sources for online research included publicly available websites, reports, plans, and press releases obtained through county and state websites.
    - The SFP analysis used publicly available information (mostly needs assessment reports) to identify challenges in communities. The online research of SFPs captured more detailed information on funding, public plans, and examples of activities within focus areas. It did not focus as much on aims, interests, challenges, and opportunities, as these topics were not as readily available for public access.
- The *survey* consisted of 17 questions focused on high level priorities, focus areas, aims, interests, challenges, and opportunities (survey questions can be found in Appendix A). Specific examples for each question were not requested.
- Finally, an *opioid settlement tracker and journalistic reporting* were also referenced to provide context on the background of the opioid settlement process and the limitations of focusing this work on government sourcing alone.

Appendix B – Pre-Existing Challenges In Addressing The Opioid Epidemic

Pre-existing challenges identified from surveyed jurisdictions:

Capacity in Government, Non-profit, and For-profit (Staffing, Funding, Space, Knowledge, Beliefs)	Societal Conditions (Homelessness, Mental Health, Drug Supply, Harm Reduction Access)
Service coordination, silos, wrap around support	Housing shortages
Capacity of smaller organizations	Community backlash
Inpatient treatment capacity	Trauma
Real-time data	Poverty
Stigma in mental health and healthcare settings	Stigma - around services, support, location housing
Equitable pay and hire of peer staff	Naloxone access
Geographic isolation	Test strip access
Effective communication for evidence-based treatment	Safe supply access
States and jurisdictions wary of harm reduction	Transportation
Challenging policy/political environment	Polysubstance overdose, testing, education, understanding

Pre-existing challenges identified from reviewed settlement fund plans:

Capacity in Government, Non-profit, and For-profit (Staffing, Funding, Lack of Services, Organizational Issues)	Societal Conditions (Homelessness, Mental Health, Drug Supply, Harm Reduction)
Lack of appropriate/available treatment (long wait lists or lack of services in underfunded regions)	Stigma for people with SUD associated with accessing treatment and other services.
Lack of criminal justice-related treatment alternatives	Lack of transportation services
Availability of qualified staff	Cost of medication
Long wait for appointments	Lack of social supports in the community
Absence of centralized database of community-based providers	Social barriers due to discrimination by race, ethnicity, gender, sexual orientation, and/or economic status
Fragmented delivery of SUD (substance use disorder) services by dozens of providers who operate in silos	Legalization of cannabis and the normalization of substance use in society
Reductions in funding and resources for schools	Lack of housing and residential services
Inconsistent requirements from funders for data and evaluation	Lack of insurance (uninsured and underinsured)
Medication for Opioid Use Disorder (MOUD) availability	Limited information about how to obtain services
Reliable Funding	Shortage of detox and bridge services
	Lack of youth services
	Polysubstance use

Appendix C – Strategies to Reduce Opioid Use, Misuse, Overdose, and Death

Strategies identified from surveyed jurisdictions:

Prevention + Education	Treatment	Harm Reduction Supplies (Naloxone, test strips, syringes, safe smoking supply)
Community education	Diversity of treatment options	Mobile units
Public information campaigns	Increased capacity of treatment centers	Vending machines
Social media	Telemedicine	Community events
Student ambassadors	Culturally specific approaches	First responders
	Peer ambassadors	Advocacy groups
		Libraries, transit, nightlife, housing

Appendix D – Example Activities for Prioritized Areas of Impact

Activities identified from reviewed settlement fund plans:

Prioritized Areas of Impact	Focus of Area of Impact	Target Populations	Categories of Activities
Prevention + Education	• Prevention of over prescribing • Misuse of opioids (using them in a non-prescriptive way)	• Medical professionals • Health care providers • Advocacy groups • Youth • General population	• Training • Continuing Education • Public education campaigns • Schoolbased education campaigns • Funding and engaging anti-drug coalitions, non-profits, and faith-based systems to support education • Drug take-back and disposal education and programs • Improvement to Prescription Drug Monitoring Programs • Support and education for treatment alternatives
Harm Reduction	• Prevention of overdose and illness	• School nurses • School staff • Staff at community health centers • Staff at community organizations • First responders • General population	• Increase accessibility of naloxone and other drugs to prevent overdoses • Increase testing and treatment options for illness related to intravenous substance use such as HIV and Hepatitis C • Training, education, supply, and support in emergency response and administration of naloxone and other drugs • Education around immunity and Good Samaritan laws • Expand, improve, and/or develop data tracking software and applications for overdoses/naloxone revivals.

Appendix D – Example Activities for Prioritized Areas of Impact (continued)

Prioritized Areas of Impact	Focus of Area of Impact	Target Populations	Categories of Activities
Treatment and Recovery	• Evidence-based treatment • Medication for Opioid Use Disorder (MOUD) • Screening, Briefing, Intervention and Referral to Treatment (SBIRT)	• Opioid users • Families affected by opioid use • Marginalized populations (e.g., people of color, LGBTQ+ people, incarcerated people, pregnant people) • Health care providers • Social service providers • Community organization workers • Emergency medical providers • Youth in transition • Uninsured and underinsured	• Expand availability of MOUD for Opioid Use Disorder • Support mobile intervention, treatment, and recovery services • Support treatment of mental health trauma • Expand telehealth • SBIRT programs to reduce the transition from use to disorders—in youth and criminal justice spaces • "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone for an OD are linked to treatment programs or other appropriate services • Support evidence-based addiction treatment consistent with the American Society of Addiction Medicine's national practice guidelines for the treatment of OUD
Data Collection and Modernization	• Improving real-time data collection • Sharing of data • Learning from data	• Government agencies • Healthcare institutions • Emergency medical services • Research institutions	• Research: non-opioid treatment, improved service delivery, supply-side enforcement efforts • Overdose surveillance • Facilitate shared knowledge: Data sharing across sectors, regions, dashboards, centralized databases • Real-time data from jails, service providers, all emergency departments, police departments, and community members • Expand metrics by including race/ethnicity, gender, and age data and additional information to highlight disparities • Track naloxone reversals by Syringe Services Programs, law enforcement, Emergency Medical Services, and community members

Appendix D – Example Activities for Prioritized Areas of Impact (continued)

Prioritized Areas of Impact	Focus of Area of Impact	Target Populations	Categories of Activities
Housing and Other Social Services (Primary Prevention)	• Holistic approaches to housing • Employment • Education	• Individuals receiving MOUD for OUD • People in treatment or recovery • People who use substances • Social service providers • Housing organizations and providers	• Improve access to longer-term housing • Support programs offering rent-assistance, utility coverage, rental deposit coverage, *etc.* • Fund programs offering full spectrum employment support services such as job training, skills, placement, interview coaching, resume review, professional attire, relevant courses at community colleges or vocational schools, transportation services or transportation vouchers, or similar services or supports.
Law Enforcement and Public Safety	• Education of law enforcement and public safety personnel	• Law enforcement personnel and other first responders • Populations at risk of incarceration • Incarcerated populations	• Criminal Justice diversion programs for pre-arrest, pre-trial, and post-arrest • Education on proper practices and precautions when dealing with fentanyl and other substances • Education on MOUD • Expand MOUD in correctional settings • Improve continuation of medication for re-entry populations
Other	• Greater collaboration • Holistic approaches	• Government agencies, infrastructure, and institutions • Cross-sector partnerships	• Regional strategic planning efforts • Cross sector collaboration to target upstream to downstream needs • Re-work systems and policies to empower smaller organizations • Increase capacity of county medical examiners

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