SUPPORTING DECISION MAKERS USING OPIOID SETTLEMENT FUNDS

A Snapshot of Spending and Opportunities

LANDSCAPE REPORT

JULY 2024

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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.

This project was supported by Cooperative Agreement Number NU38OT000305 from the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS).

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.

SUGGESTED CITATION:
Supporting Decision Makers Using Opioid Settlement Funds: A Snapshot of Spending and Opportunities—Landscape Report. Big Cities Health Coalition and Prevention Institute, July 2024.

PHOTO CREDITS
San Francisco Department of Public Health (cover).

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Background

Overview and Purpose

In response to the national opioid epidemic in the United States, local and state governments initiated a series of lawsuits against pharmaceutical opioid manufacturers, distributors, and retailers, seeking damages for their role in perpetuating this major public health crisis. Settlement funds[1] resulting from those lawsuits have been distributed to all 50 states and many localities within those states.

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. In support of this work, the Big Cities Health Coalition (BCHC), partnering with PI and ChangeLab Solutions in their efforts to support state and local jurisdictions receiving opioid settlement funds, engaged the Urban Health Collaborative (UHC) at the Dornsife School of Public Health at Drexel University to conduct a limited landscape analysis of settlement fund spending and processes to date to inform PI's work in this area.

Project Aims:

1. Conduct a survey among BCHC's Substance Use Working Group and ChangeLab Solutions' jurisdictional partners to gather high-level information about current and planned settlement fund activities, potential impacts, opportunities, and challenges
2. Conduct a limited landscape analysis of the settlement fund plans for six jurisdictions—identifying themes, approaches, opportunities, and challenges

For both aims, jurisdictions of focus were chosen by BCHC in coordination with the UHC, PI, and their project partners. Research was conducted between December 2023 and January 2024.

Methods and Sources

1. An electronic survey was distributed to BCHC's Substance Use Working Group, comprised of 15 BCHC member jurisdictions–which includes 35 senior deputies from BCHC member health departments–and five ChangeLab Solutions jurisdictional partners
2. Online research was conducted looking at publicly available settlement fund plans and progress

Twenty-four *online Qualtrics survey responses* were collected in December 2023 from 22 cities and counties across the U.S. All but one respondent were receiving opioid settlement funds at the time of survey distribution.

The *survey* consisted of 17 questions focused on high-level priorities, focus areas, aims, interests, challenges, and opportunities. Throughout this report, we indicate if information came from the survey results, settlement fund plan analysis, both data collection instruments, or an additional source.

Online research of settlement fund plans and progress focused on three counties: Maricopa (which includes Phoenix, AZ), Mecklenburg (which includes Charlotte, NC), and Milwaukee County (WI); and three states: Arizona, North Carolina, and California. Sources for online research included publicly available websites–including county and state sites–reports, plans, and press releases.

The *settlement fund plan analysis* also used publicly available information, mostly from needs assessment reports, to identify community challenges that could be addressed through settlement funding. The online research of settlement fund plans captured more detailed information on funding, public plans, and examples of activities within focus areas than the survey.

Finally, an opioid settlement tracker[22] and journalistic reporting are also referenced throughout the document to provide additional context on the opioid settlement process.

Findings and Analysis

Existing Conditions Prior to Settlement Funding

Describing the current opioid situation

Surveyed jurisdictions were asked to describe the current local opioid situation prior to receiving settlement funding. **Respondents described it as "crisis level" (n=10) or a "severe problem" (n=8) (Figure 1)**.

Pre-existing challenges in addressing the opioid crisis

Surveyed jurisdictions were asked to list the primary challenges they faced in addressing their local opioid crisis prior to receiving settlement funding, and if these challenges adversely affected specific populations. Specific populations identified by respondents included Black populations, Native American populations, recently incarcerated people, and those living in supportive housing. Pre-existing challenges shared by respondents fell into two primary categories: organizational capacity (Table 1A) and societal conditions (Table 1B).

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

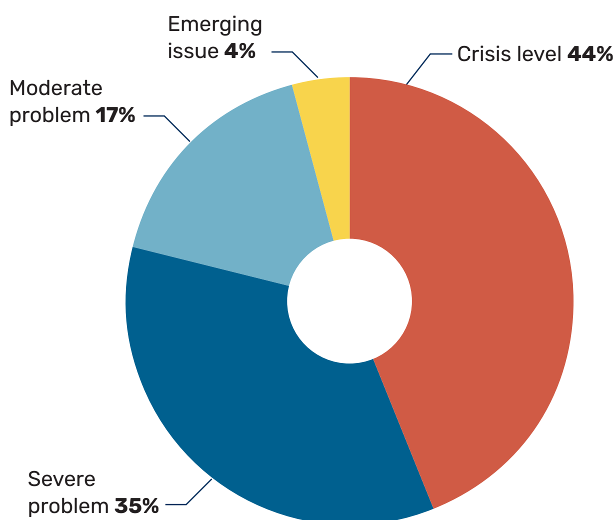


Table 1A

Capacity in Government, Nonprofit, and For-profit (e.g., Staffing, Funding, Space, Knowledge, Belief)
Service coordination, silos, wraparound support
Capacity of smaller organizations
Inpatient treatment capacity
Real-time data
Stigma in mental health and healthcare settings
Equitable pay and hire of peer staff
Geographic isolation
Effective communication for evidence-based treatment
States and jurisdictions wary of harm reduction
Challenging policy/political environment

Table 1B

Societal Conditions (e.g., Homelessness, Mental Health, Drug Supply, Harm Reduction Access)
Housing shortages
Community backlash
Trauma
Poverty
Stigma - around services, support, location of housing
Naloxone access
Test strip access
Safe supply access
Transportation
Polysubstance overdose, testing, education, understanding

The settlement fund plan analysis also identified pre-existing challenges among the six focus jurisdictions. Notable examples of challenges identified through this analysis are listed below in Table 2A (organizational capacity) and 2B (societal conditions). **Some of the challenges were identified in more than one jurisdiction's settlement fund plan, particularly, lack of housing and residential services; lack of social support and transportation services; and stigma against people with substance use disorder (SUD).**

Table 2A

Capacity in Government, Nonprofit and For-Profit (e.g., Staffing, Funding, Lack of Services, Organizational Issues)
Lack of appropriate/available treatment (long wait lists or lack of services in underfunded regions)[2]
Lack of criminal justice-related treatment alternatives[5]
Availability of qualified staff[5]
Long wait for appointments[5]
Absence of centralized database of community-based providers[6]
Fragmented delivery of SUD (substance use disorder) services by dozens of providers who operate in silos[6]
Reductions in funding and resources for schools[2]
Inconsistent requirements from funders for data and evaluation[3]
Availability of medication for opioid use disorder (MOUD)[5]
Reliable funding[3]

Table 2B

Societal Conditions (e.g., Homelessness, Mental Health, Drug Supply, Harm Reduction)
Stigma for people with SUD associated with accessing treatment and other services[2,4]
Lack of transportation services[4,5]
Cost of medication[5]
Lack of social supports in the community[2,4]
Social barriers due to discrimination by race, ethnicity, gender, sexual orientation, and/or economic status[4]
Legalization of cannabis and the normalization of substance use in society[2]
Lack of housing and residential services[4,5,6]
Lack of insurance (uninsured and underinsured)[5]
Limited information about how to obtain services[5]
Shortage of detox and bridge services[6]
Lack of youth services[5]
Polysubstance use[4]

Successful strategies in reducing opioid misuse

Surveyed jurisdictions were asked to list strategies or initiatives that they would describe as successful in reducing opioid misuse and overdose and their consequences. Successful strategies provided by respondents were organized into the three categories in Table 3 below (Prevention + Education; Treatment; Harm Reduction Supplies), with examples for each. Respondents also noted that, because many strategies are still in early phases of implementation, it is too soon to determine their success.

Table 3

Prevention + Education	Treatment	Harm Reduction Supplies (*e.g.,* 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

For a complete list of survey responses for the topics discussed above, please refer to Appendix B.

Settlement Funding Levels

The settlement fund plan analysis identified the amount of opioid settlement funding already received and planned to be received over time by the studied jurisdictions. Among the three states of focus, California was planned to receive the largest amount of funding over time ($2 billion) and had received the most funding to date (approximately $120 million). Of the three counties of focus, Maricopa was planned to receive the largest amount of funding over time ($370 million) and had received the most funding to date ($25 million).

Funding received to date and planned total to be received over time is shown below in Table 4.

Table 4

Jurisdiction	Funding Received to Date	Total Funding to be Received
Arizona	$36 million[7]	$1.14 billion[12]
Maricopa County, AZ	$26 million[3]	$370 million[3]
North Carolina	$44 million[8]	$1.4 billion[13]
Mecklenburg County, NC	As of May 17, 2023 $11 million[9]	$73 million[14]
California	As of November 2023 1. $108,119,472.73 - Jannsen and Distributors[10] 2. $13,099,917.73 - Mallinckrodt Bankruptcy[10]	$2.05 billion[15]
Milwaukee County, WI	As of February 13, 2023 $11 million[11]	$71 million

Public Accessibility of Settlement Fund Plans

The settlement fund plan analysis considered whether a jurisdiction had a formal plan for opioid settlement implementation, a web presence for that plan, and/or plans to provide publicly available updates on spending. According to the research, two of the six studied jurisdictions did not have any formal plan for funding use from opioid settlements. **Five of the six jurisdictions plan to eventually provide public updates on their spending.**

Formal plans, web presence, and public accessibility of information are shown below in Table 5.

Table 5

Jurisdiction	Formal Plan?	Web Presence for the Plan?	Plan to Provide Public Updates?
Arizona	**Yes** The One Arizona Distribution of Opioid Settlement Funds Agreement[17]	**Yes** Link to the Document	**Yes** Arizona will report 100% of their Distributor and Janssen settlement funds.[22] (No later than September 30 of each year)
Maricopa County, AZ	**No**	**N/A**	**Yes** All local government entities receiving settlement funds in the State of Arizona, including Maricopa County and its cities and towns, will be required to submit annual reports to the State Attorney General.[22] (No later than July 31 of each year)
North Carolina	**Yes** 1. Memorandum of Agreement (MOA)[18] 2. Opioid Action Plan[19]	**Yes** Link to the Agreement Link to the Action Plan	**Yes** North Carolina will report 100% of their settlement funds. 85% of funds will go to local governments, who must report their expenditures to the statewide opioid settlement dashboard.[22]
Mecklenburg County, NC	**Yes** Opioid Settlement – Wave One 2023–2025 Spending Plan[20]	**Yes** Link to the Document	**Yes** Local governments must report their expenditures to the State of North Carolina opioid settlement dashboard.[22] (The annual financial report for local governments is due 90 days after the end of the fiscal year)
California	**Yes** Distributor's Settlement Agreements.[21]	**Yes** Link to the Document	**Yes** California will be publicly reporting the expenditures of the 70% CA Abatement Accounts Fund and the 15% local shares. The rest (15%) of the settlements belong to the State and its expenditures will not be reported.[22] (No later than September 30 of each year)
Milwaukee County, WI	**No**	**N/A**	**No** Subject only to intrastate reporting requirements: Local governments in the State of Wisconsin must submit an "accounting" of their receipts and disbursements to the Attorney General and legislature.[23]

Decision-Making Processes for Settlement Funding

Survey findings: Allocation and coordination of funding

The survey that was distributed to BCHC and ChangeLab Solutions' partner jurisdictions asked the following three questions:

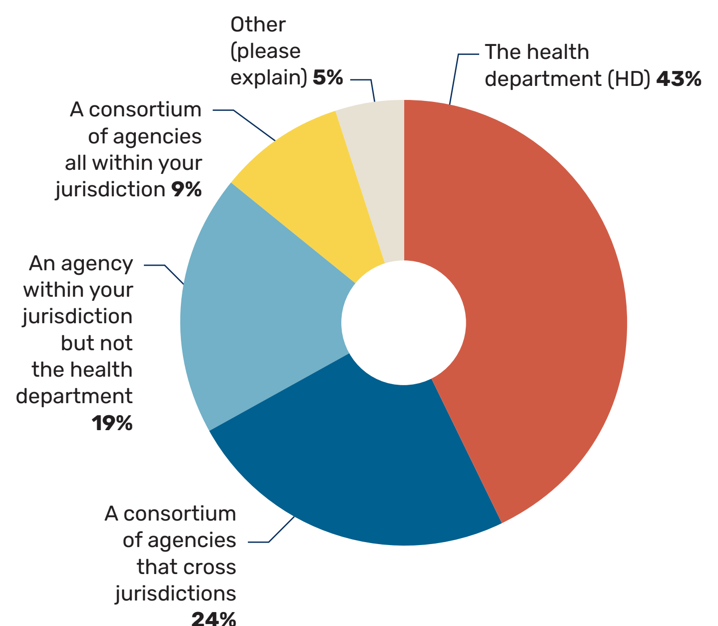
1. How are funds being allocated in your jurisdiction?
   a. To the health department
   b. To an agency within your jurisdiction but not the health department
   c. To a consortium of agencies all within your jurisdiction
   d. To a consortium of agencies that cross jurisdictions
   e. Other (please explain)
2. Who is coordinating settlement activities?
   a. The health department
   b. An agency within your jurisdiction but not the health department
   c. A consortium of agencies all within your jurisdiction
   d. A consortium of agencies that cross jurisdictions
   e. Other (please explain)
3. Who determines spending priorities?
   a. Local health department
   b. State health department
   c. Independent advisory board
   d. Other local entity
   e. Other state entity
   f. Other (please explain)

Across all three questions, respondents cited similar lead entities. **Allocation of funding, leadership in coordinating funding, and determination of spending priorities have been mainly controlled by local and/or state health departments in partnership with other government agencies.**

For decisions about *allocation of funds*, respondents predominantly identified health departments (n=9) and "other" entities (n=9), which included (Figure 2):

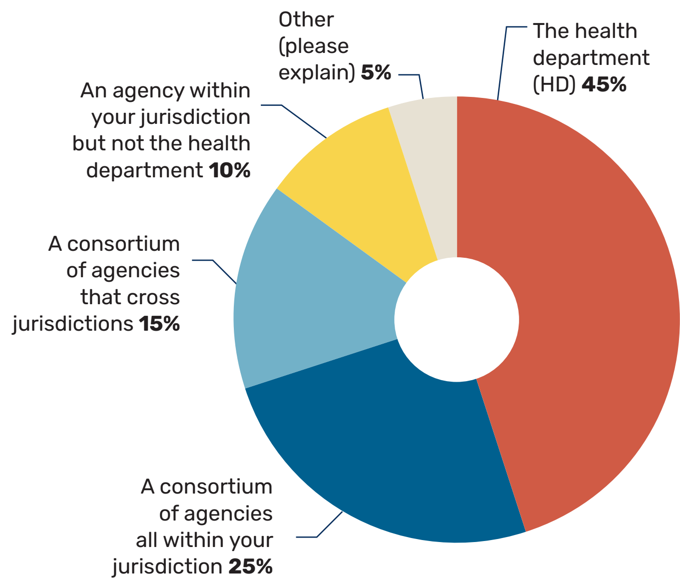
- County administration who disburses funding based on applications and contracts
- County chairs
- Health and hospital systems
- County health authorities
- Mayor's offices

Figure 2. How Opioid Funding is Allocated



For *coordination of funding,* respondents also predominantly identified the health department (n=9) and "other" entities (n=7). "Other" entities included mayor's offices and county chairs (Figure 3).

Figure 3. How Opioid Funding is Coordinated



Settlement fund plan analysis: Allocation and coordination of funding

The settlement fund plan analysis collected information about the institutions and entities in each jurisdiction responsible for allocation and coordination of funds and whether community members were involved in determining spending priorities. The online research revealed varying results across jurisdictions.

For allocation and coordination of activities, the settlement fund plan analysis identified two counties where the county boards authorized the allocation and expenditures of the opioid settlement funds. In another county, the health department was solely responsible for the administration of county funds.

For all state plans analyzed, settlement fund distribution and use were documented in the Settlement Agreements between state and local governments. In one state, the General Assembly was the body controlling and distributing the money, whereas in another, the Attorney General distributed the state's share of settlements with the consent from the legislature. In yet another state, a state-level health care department was the oversight and monitoring entity for opioid settlement funds.

Spending priorities

Respondents said spending priorities were largely determined by "other" groups (n=15) (Figure 4A), largely in conjunction with local health departments (HD). "Other" groups are listed below and in Figure 4B:

- The mayor's office, city council, city agencies, state agencies, and county chairs
- Health departments performing this function temporarily while other government agencies create advisory boards or consortiums that will then determine spending
- Advisory boards, advisory panels, and committees
- Local coalitions with local government officials
- Community engagement bodies

Figure 4A. Who is Determining Priorities

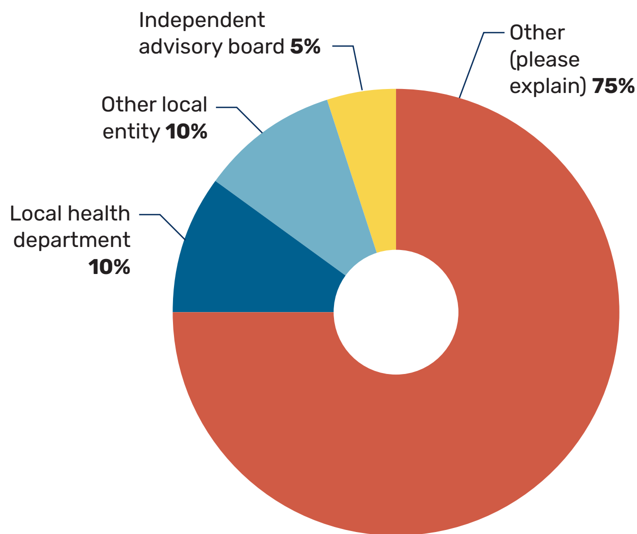


Figure 4B. The "Other" Groups Determining Priorities

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

Community engagement

According to 14 of the 18 (78%) respondents, community engagement processes were used to inform spending priorities. Community engagement was described by respondents in the following ways:

- Stakeholder meetings
- Surveys
- Interviews
- Community listening sessions
- Townhall meetings
- Community needs assessments
- Community liaisons
- Public attendance at opioid abatement council and strategic planning meetings

Community engagement processes were observed in four out of the six settlement fund plans analyzed. Community engagement processes mentioned in the settlement fund plans included:

- Community listening sessions
- Community engagement events
- Community meetings
- 8-person review panels, including community members and stakeholders
- Work with neighborhood-based coalitions and nonprofit organizations

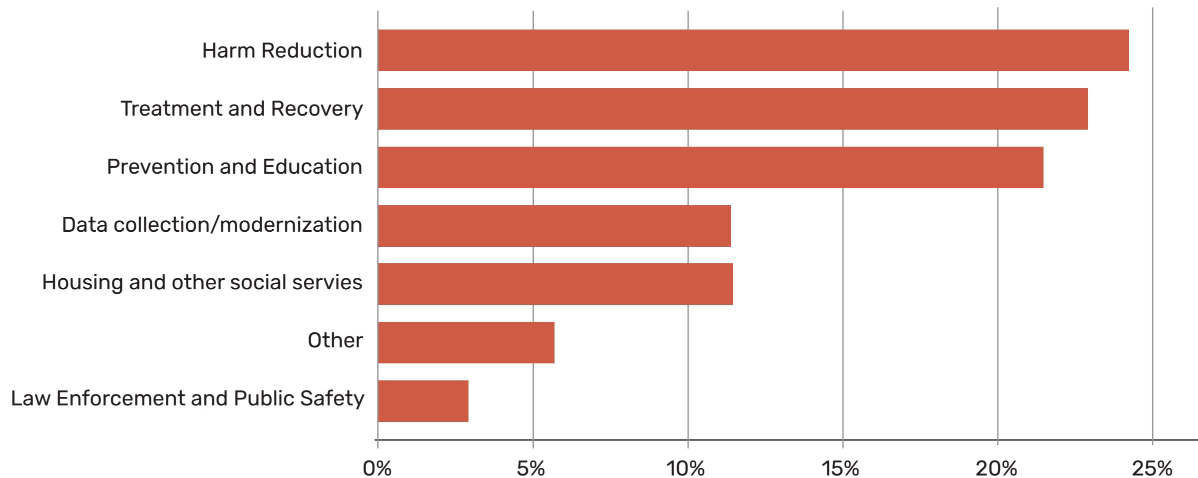
For a complete list of survey responses for the topics discussed above, please refer to Appendix C.

Settlement Fund Uses, Opportunities, and Challenges

Focus areas for use of funding

Prioritized areas of impact, or focus areas, for survey respondents were mainly Harm Reduction (n=17), Treatment and Recovery (n=16), and Prevention and Education (n=15) (Figure 5). These focus areas were also addressed in all six of the analyzed settlement fund plans. "Other" responses included funding medication for opioid use disorder (MOUD) treatment in jails, emergency medical services (EMS) and prison outreach, community grants, and community advisory boards.

Figure 5. Prioritized Focus Areas in Select Settlement Fund Plans



Chicago's Crisis Assistance Response and Engagement (CARE) Team.

EXAMPLE STRATEGIES FOR SELECT FOCUS AREAS

PREVENTION AND EDUCATION

EMS Opioid Educator (Office of Emergency Management) – Milwaukee County, WI[23]

This project establishes an opioid-specific first responder and public education program to increase the level of training to those called to respond to overdose cases.

Early Intervention (May 2023 through June 2025 = $2.25 million) – Mecklenburg County, NC[20]

Expansion of education training programs for entities that engage with young people. Training would include youth mental health first aid, Adverse Childhood Experiences (ACEs), and other programs designed to identify problematic use of drugs or other mental health conditions.

Neighborhood Ministries: $300,000 – Maricopa County, AZ[3]

Expand school- and community-based substance use prevention and awareness programming (English and Spanish) in the inner-city Phoenix area for adolescents, teens, and parents, including teen life skills training, harm reduction education, and active parenting classes to increase protective factors and build resiliency.

HARM REDUCTION

$6,000,000 to be allocated equally among the local management entities/managed care organizations (LME/MCOs) to support opioid remediation programs – North Carolina[24]

This money is to be used to purchase low-cost naloxone and other supplies and distribute them free of charge to harm reduction programs located in their respective catchment areas for the purpose of reducing the number of opioid-related overdoses and deaths.

Overdose Prevention and Harm Reduction Initiative – $15.250 million – California[25]

Funding will be used to provide grants to local health jurisdictions and community-based organizations to support syringe exchange and disposal program activities, including treatment navigators.

TREATMENT AND RECOVERY

SUD Provider Workforce Training – $51.113 million – California[25]

Funding to build out a substance use disorder (SUD) workforce with a focus on opioid treatment and to increase the number of licensed clinicians—including providers focused on addiction. The workforce build-out will be for all SUD services, with a focus on opioid treatment.

Maricopa County Correctional Health Services: $2.5M – Maricopa County, AZ[3]

Maricopa County has invested $2M with opioid settlement funds towards the expansion of a medication-assisted treatment (MAT) program in Maricopa County jails.

Settlement fund plan analysis: Example activities for focus areas

Activities for each focus area, as identified in the six analyzed settlement fund plans, fell under the seven categories in Table 6 (Prevention + Education; Harm Reduction; Treatment and Recovery; Data Collection and Modernization; Housing and Other Social Services (Primary Prevention); Law Enforcement and Public Safety; Other).

Table 6

Prioritized Areas of Impact	Focus of Area of Impact	Target Populations	Categories of Activities
Prevention + Education	• Prevention of over prescribing opioids • 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 • School-based education campaigns • Funding and engaging anti-drug coalitions, nonprofits, 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 treat overdoses. • Increase testing and treatment options for illness related to intravenous drug 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, or develop data tracking software and applications for overdoses/ naloxone revivals
Treatment and Recovery	• Evidence-based treatment • Medication- assisted treatment (MAT) • Medication for opioid use disorder (MOUD) • Screening, Brief 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 MAT and MOUD for opioid use disorder (OUD) • Support mobile intervention, treatment, and recovery services • Support treatment of mental health trauma • Expand telehealth • Screening, Brief Intervention, and Referral to Treatment (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

Table 6 continued

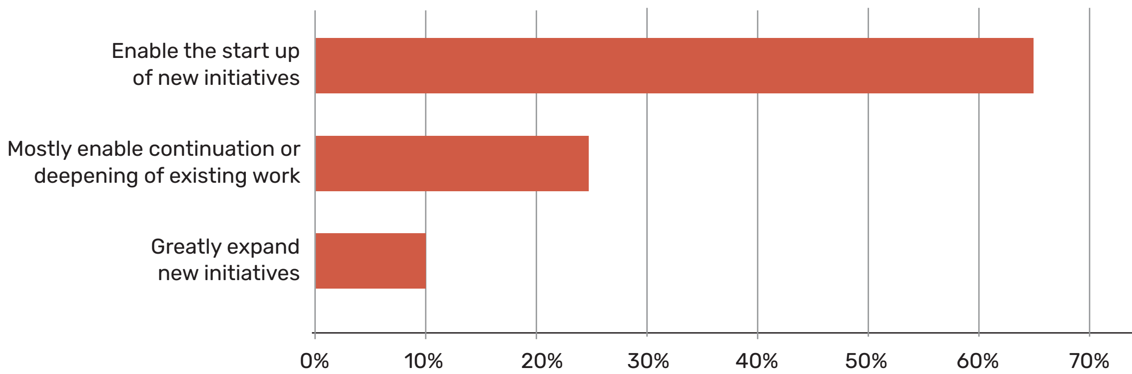
Prioritized Areas of Impact	Focus of Area of Impact	Target Populations	Categories of Activities
Data Collection and Modernization	• Improving real-time data collection • Sharing of data • Learning from data	• Government agencies • Healthcare institutions • Emergency medical services • Research institutions	• 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 jail, service providers, all emergency departments, police departments, and community members • Expand metrics by including race/ethnicity, gender, age, and additional information to highlight disparities • Track naloxone reversals by syringe services programs (SSPs), law enforcement, EMS, and community members
Housing and Other Social Services (Primary Prevention)	• Holistic approaches to housing • Employment • Education	• Individuals receiving MAT for OUD • People in treatment or recovery • People who use drugs • Social service providers • Housing organizations and providers	• Improve access to longer-term housing • Support programs offering rent-assistance, utility coverage, rental deposit coverage • 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 drugs • Education on MAT/MOUD • Expand MAT/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

Opportunities and challenges regarding settlement funding

Opportunities

Surveyed jurisdictions were asked if settlement funding would enable new initiatives or continue to deepen existing work. **Responses showed that funds were largely planned for use towards new initiatives (n=13) (Figure 6).**

Figure 6. Funding New v. Existing Initiatives



Examples of opportunities that new funding would provide, as identified by *surveyed jurisdictions*, included:

- Increased prevention campaigns and activities
- Wide dissemination of harm reduction strategies and supplies
- Increased treatment capacity, including new treatments
- Investment in housing resources for both people who currently use substances and those in recovery
- Data infrastructure and surveillance
- Interagency collaboration
- Targeted population approach, *e.g.,* incarcerated or recently incarcerated people, tribal governments, pregnant people, people with mental illness

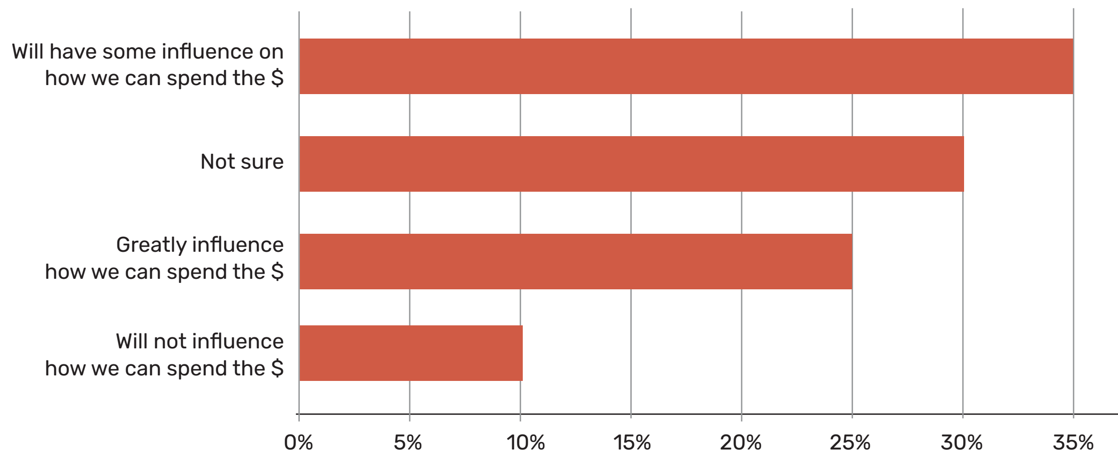
The *settlement fund plan analysis* also identified opportunities that the new funding would provide. Notable examples of opportunities identified in the settlement fund plans included the following:

- Prevention programs that are culturally competent, engaging, and up to date[2]
- Addressing internalized, interpersonal, and institutional stigma towards people with substance use disorder[4]
- Targeted media campaigns and systematic screening for mental health and substance use[3]
- Early Intervention and Syringe Service Programs (SSPs)[27]
- Expansion of treatment opportunities (more variety)[4]
- Evidence-based addiction treatment, addiction treatment for incarcerated people, and expansion of medication-assisted treatment (MAT)[27]
- Deploying a mobile unit with a paramedic, social worker, and peer counselor to reduce barriers to treatment[27]
- Expansion of culturally responsive recovery support, MOUD-allowed housing and community-based peer recovery centers[3]
- Recovery housing support, transportation, and employment-related services[4]
- Expansion of naloxone distribution and training, increasing access for harm reduction supplies and funding harm reduction outreach, education, and care navigation[3]
- Justice diversion and deflection[3]

Challenges

The influence of political considerations over how funds are spent varied for *surveyed jurisdictions* (Figure 7). **Most respondents acknowledged that there would be some political influence on how funds would be spent, but almost a third of respondents (n=6) were unsure.**

Figure 7. Political Influence on Spending



Respondents identified the following ways in which politics were expected to influence spending:

- State laws around prevention and harm reduction;
- Mayoral priorities and priorities of their partnerships; and
- Spending approval that must go through elected officials.

The *settlement fund plan analysis* tried to identify whether there was any political influence in the jurisdiction with respect to spending the settlement dollars. This information was based on whether the government participated in creating the formal plans or whether there were any decisions made by the authorities related to the spending priorities. In five out of six jurisdictions, there was a political influence detected.

As identified by *surveyed jurisdictions,* examples of additional challenges that would accompany new funding included:

- Coordination across government agencies and/or non-government partners
- Managing expectations – though there is a lot of money, it is distributed and utilized over a long period of time, and the money might not go as far as the public may expect
- Sustaining programs and initiatives
- Data collection, sharing, updating, and transparency within and across agencies and local partners and stakeholders
- Inefficient infrastructure to effectively scale to needed capacity in time and/or to best manage the funding
- Fragmented funding can equal a fragmented response
- Conflicting agendas and priorities

The *settlement fund plan analysis* did not return any clearly identified challenges in the use of funding that were made available online by the six jurisdictions.

For a complete list of survey responses for the topics discussed above, please refer to Appendix D.

Technical assistance

Surveyed jurisdictions were not asked to speak on specific technical assistance needs. Additionally, the *settlement fund plan analysis* identified only one jurisdiction that clearly mentioned the need for technical assistance.

Despite a lack of explicit discussion of technical assistance needs, the identification of challenges—including political and operational–clearly sets a direction for future technical assistance offerings. Resolving these challenges at the local and state level is essential to the full realization of the intent of the opioid settlement funds, and thus, support and assistance to jurisdictions in resolving those challenges is critical.

Study Limitations

Survey

The survey was sent to a sub-group of localities that received opioid settlement funds. Recipients were chosen based on affiliation with BCHC, which means they were mainly large urban cities and counties. Recipients were not required to respond to the survey, and if they did respond, were not required to answer all questions.

Information collected through the survey may have been subject to responder bias due to the format and nature of some of the questions. For instance, some questions asked respondents to respond based on how they "feel," allowing them to answer with their own individual belief. Review of settlement fund plans was somewhat more objective since the data was gathered from public reporting, plans, and statements.

Settlement fund plan analysis

The details provided through publicly accessible information varied both between jurisdictions and within the content areas of jurisdiction sites, documents, and press releases. Some jurisdictions outlined what they planned to fund in terms of types of initiatives, while others listed the exact organizations they would be working with and funding for those initiatives.

Language in publicly accessible information was often vague regarding whether efforts were new or expanding on existing efforts.

The focus of publicly accessible information was mainly on funding allocation and distribution–how much money was received and from where, where it was going to be used, and how it would be used. Topics such as political influence, challenges, opportunities, needs, *etc.*, though sometimes made public in relevant documents (such as a needs assessments), were not always available through online public access.

Jurisdictions were chosen for analysis if they had a strong publicly accessible presence, although how up to date the information on their sites was not part of our consideration. Many jurisdictions provided plans and listed progress that was not current or did not note when the plans, progress, or activities were conducted.

Timeline and scope of the project

The limited number of settlement fund plans and limited scope of the survey were due to our restricted two-month timeline. With such a short timeline, the decision was made to narrow the focus of the survey so we could request responses quickly and still ensure response rates were high enough to provide a meaningful analysis.

Relying solely on surveys and six settlement fund plans did not effectively address the myriad of strengths and weaknesses in the settlement fund process. For instance, journalistic reporting has identified other challenges around distribution and allocation of funds that need to be addressed.[28, 29, 30]

Real-time nature of the project

Information gathered in this report is likely already outdated due to the settlement fund process continuously unfolding and evolving. By the publishing of this report, jurisdictions have likely released information on new initiatives, changes to existing initiatives, new focus areas, and more updates. Recent efforts to hold jurisdictions more accountable have been reported through the use of federal oversight.[31] This is an evolving situation and efforts on behalf of the federal government may or may not be carried out. If they do, this could alter the plans and uses outlined in this report.

Baltimore City Health Department's Overdose Prevention Team.

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APPENDIX A: Existing Conditions Prior to Settlement Funding

1. Describing the current opioid situation

Answer	%	Count
No significant issue	0.00%	0
Emerging issue	4.35%	1
Moderate problem	17.39%	4
Severe problem	34.78%	8
Crisis level	43.48%	10
TOTAL	100%	23

2. Pre-existing challenges in addressing the opioid crisis (direct survey responses)

Capacity in Government, Nonprofit and For Profit (*e.g.,* Staffing, Funding, Space, Knowledge, Belief)	Societal Conditions (*e.g.,* 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 and support, location of housing, services
Equitable pay and hire of peer staff	Naloxone access
Geographic isolation	Test strip access
Effective communication around about evidence-based treatment available	Safe supply access
States and jurisdictions wary of harm reduction	Transportation
Challenging policy/political environment	Polysubstance overdose, testing, education, understanding
Inpatient treatment bed wait times	High rates of trauma
From the health department side, having the staff and administrative capacity to execute contracts and move funding to the community in timely and efficient ways	Legalization of cannabis and the normalization of substance use in society
Fentanyl and xylazine test strips are not legal so users are not able to test the drugs that they are using.	Cartels
Supporting smaller organizations (esp. harm reduction orgs) to sustain programming without placing undue administrative burden on them	Stigma around accessing any type of services, but especially treatment and recovery supports
Hiring of peer recovery coaches or other peer staff, and ensuring that they are paid a living wage	Spike in overdose deaths related to fentanyl
Understanding how community-distributed naloxone is utilized	Naloxone distribution is limited to what can be obtained and given out primarily as people cannot afford to pay the copay for what is available at pharmacies

Capacity in Government, Nonprofit and For Profit (*e.g.*, Staffing, Funding, Space, Knowledge, Belief)	Societal Conditions (*e.g.*, Homelessness, Mental Health, Drug Supply, Harm Reduction Access)
Understanding how often naloxone is used when 911 is not called	Complex intersection of crisis including housing, lack of mental health support, lack of recovery support infrastructure
Detecting and communicating about emerging changes to the drug supply, especially to people who use drugs	Getting enough free naloxone to give out to the community and provide at trainings
Developing metrics and program evaluation strategies that allow us to evaluate the impact of various programs on fatal and non-fatal overdoses	Reducing stigma
Capacity, staffing, funding	Endemically high rates in high-poverty neighborhoods
Timely (close to real-time) data on non-fatal overdoses so our community partners know how and where to respond	Increase in number and visibility of people experiencing homelessness resulting in community backlash against low-threshold services
Our state and jurisdiction are wary of harm reduction approaches	From Jan-Nov 23, we have seen a 30% increase in fatal OD compared to this time last year
Siloed mental health and substance use treatment systems	Majority of people using opioids prefer to smoke their drugs as opposed to inject, yet less community support for distribution of safer smoking supplies
Stigma against people who use drugs, in both healthcare and treatment settings	Lack of transportation
Challenging policy/political environment in which community members and policymakers are trying to address crises of public drug use and homelessness	Stigma
Funding is for opioids but the real problem is polysubstance use	Structural racism
Fentanyl test strips illegal in Texas	Unstable and unpredictable drug supply
Minimal safety net in Texas	Inequitable distribution of social determinants of health
Lack of trust in local government	Gap in understanding the “actual rate” of overdoses when police/emergency medical services (EMS) do not get involved
State legislature that does not always prioritize evidence-based public health responses to addressing overdose risk	Need for increased distribution of naloxone and training (we are working on this now)
Profound stigma by medical professionals	Our jails and prisons also have significant challenges and are inconsistent in how they continue or induce medications for OUD
Insufficient funding	Rise of inexpensive abundant fentanyl and poly substance use with inexpensive abundant stimulants (primarily methamphetamine)
Funding to support greater coordination of all efforts to address opioid overdoses	Polysubstance overdose deaths
Legal limitations in terms of what can be done in Texas in regards to harm reduction (fentanyl test trips and needle exchanges are not legal)	No safe consumption sites

Capacity in Government, Nonprofit and For Profit (*e.g.,* Staffing, Funding, Space, Knowledge, Belief)	Societal Conditions (*e.g.,* Homelessness, Mental Health, Drug Supply, Harm Reduction Access)
Need holistic centers that house and treat substance use, housing instability, and mental health. Currently many treatment centers turn people away after initial assessment because they cannot address the person's mental health issues	Lack of knowledge regarding Good Samaritan laws
Not having a coordinated response to the opioid settlement dollars prior to them being allocated	Lack of NARCAN distribution strategy in community to include lack of NARCAN vending machines
Lack of coordination; substance use money from statewide measure to divert marijuana tax to treatment services was constrained by a poorly designed funding distributions system (Measure 110). Fragmented approach.	Lack of harm reduction across the board
NIMBYISM providing political pressure to hide the problem but not willing to lean in on some of the evidence-based approaches such as safe smoking	Lack of housing
Oregon 50th in the nation for treatment and services	Economy leaving people behind
Incomplete data on overdoses, including geospatial information and substances used	Lack of people with health care access despite Medicaid and Medicare coverage
Stigma among healthcare providers for medication for opioid use disorder (MOUD)	Inaccessibility of linkage to care and other services due to insufficient transportation systems
Provider turnover leads to decreased access and trust	No/minimal resources for low-barrier MOUD access (*e.g.,* low-barrier buprenorphine, *etc.*)
Most programs show promise, but lack resources to scale up to the entire city for implementation to be most effective (*e.g.,* peers in emergency departments, MOUD access, harm reduction programs, *etc.*)	Minimal diversion resources for public safety

3. Successful strategies in reducing opioid misuse (direct survey responses)

Prevention + Education	Treatment	Harm Reduction Supplies (e.g., Narcan, 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
Accessibility to prevention materials	Peer ambassadors	Advocacy groups
Awareness campaigns	Treatment options	Libraries, transit, nightlife, housing
Increasing public awareness through public information campaigns	We are also preparing to contract with the State SAMH Managing Entity for Opioid Abatement funds to initiate a CORE Team	Narcan distribution

Prevention + Education	Treatment	Harm Reduction Supplies (e.g., Narcan, naloxone, test strips, syringes, safe smoking supply)
Increasing awareness through social media	Offering alternative activities to drug use	Looking forward to impact from the new contract signed with a Syringe Exchange Program provider. That is a program permitted under Florida statute as long as no County funds are used to support the operation.
Increasing awareness through student ambassadors	Increasing treatment capacity	Widespread installation of harm reduction vending machines offering free supplies
Explaining that substance use is a chronic medical condition has helped to reduce the stigma	Offering treatment/MOUD to people while they are incarcerated	Dissemination of supplies to frontline workers
Promoting the wider availability and distribution of Narcan	Narcotics Arrest Diversion Program - arrest diversion with optional treatment for individuals over 18 years arrested for possession of substances or paraphernalia	Starting a mobile MOUD unit
On-demand training for overdose prevention/naloxone administration and fentanyl test strips	Immediate MAR access via telehealth-Illinois Medication Assisted Recovery NOW (MAR NOW) Program offers 24/7/365 access to MOUD via telehealth and has connected hundreds of people to medications, with high retention in care rate	Distribution of Naloxone at music festivals, vending machines, first responders, and by local harm reduction advocacy groups
Drug checking program to detect adulterants, including xylazine, in client-submitted paraphernalia and related harm reduction counseling	MAR now - using telemedicine to increase uptake and at-home initiation of BUP/methadone	Opioid Response Team - 24-72 hour post-overdose follow up team operating on the West Side of Chicago
Weekly Harm Reduction outreach with multidisciplinary team in identified high overdose risk ZIP codes	MAT/MOUD in correctional health settings	Syringe service programs/mobile outreach and drug checking - operated by community harm reduction programs, conducting mobile outreach and FTIR drug checking in areas most affected by overdose
Community coalition (Southern Nevada Opioid Advisory Council SNOAC) promotes multi sector partnership and engagement across prevention, treatment, harm reduction, public safety, and recovery pillars to ensure communication continuity and identify areas for collaboration	Early start up initiatives	Narcan and test strip distribution through low-barrier and anonymous strategies at public sites (*e.g.*, libraries, transit)
Community-wide educational and awareness events ensure multifactored engagement across the continuum of care (*e.g.*, Black Monday, Substance Misuse and Overdose Prevention Summit, International Overdose Awareness Day, *etc.*)	Increased availability of buprenorphine	Community-wide distribution of naloxone and fentanyl test strips through Southern Nevada Health District and partner naloxone distribution sites

Prevention + Education	Treatment	Harm Reduction Supplies (e.g., Narcan, naloxone, test strips, syringes, safe smoking supply)
Recovery initiatives that promote peer recovery and peer support in multiple venues (*e.g.,* recovery coach training for PRSS, recovery friendly workplace initiatives)	Medication-supported recovery in the carceral settings.	Harm reduction and linkage to care services specifically tailored to new and expectant mothers and birthing persons through a partner academic institution
Safe, Healthy Infants and Families Thrive (SHIFT) collaboration to support pregnant and parenting mothers	Pharmacist delivering buprenorphine to clients in more than 25 supportive housing facilities	Harm reduction and linkage to care services specifically tailored to the LGBTQ+ community, incarcerated individuals, pregnant persons, and those accessing syringe services programs
Early start up initiatives	EMS piloting new field buprenorphine	Public Health Vending Machines (PHVMs) promote access to harm reduction supplies across the community
Public awareness campaigns	Expanded hours of the buprenorphine hub (in hub-and-spoke) has resulted in increase in number of clients seen	Syringe Service Programs increasing likelihood of people who use drugs to seek treatment
Youth focused campaign in Beaverton School District	Growth in methadone program that is supportive of rapid dose titration for people with OUD	Narcan leave-behind kits
Attorney General Rosenblum Fentanyl Convening in November 2023 which brought all sectors together to discuss	Street medicine (volunteer-run)	Successful naloxone distribution system through a network of opioid overdose prevention programs
Issuing NARCAN (with training on how to use it) to high school students who self-identify as being around others who use substances as indicated by a health questionnaire	Walk-in events that provide access to ancillary services for treatment access	Increased access to fentanyl and xylazine test strips and other drug-checking technology
Be Well Texas: https://bewelltexas.org/	Establishing mobile wound care options	Safe smoking pilot was short-lived but saw many people come out of the shadows and present to our harm reduction site; some for the first time in years
Good collaboration among city, county, nonprofits, philanthropy for many years now	Culturally specific treatment that includes wrap around services and tailored resources in a holistic way: addressing physical, mental, and spiritual trauma and needs. We are just starting down this path.	Installation of more than 100 overdose response kits in supportive housing
Pop-up outreach for Naloxone and Fentanyl Test Strip Distribution	Lots of medications for opioid use disorder expansion	https://www.morenarcanplease.com/ and the harm reduction nonprofits listed on that page
Media and marketing messaging focused on specific populations		Mail-order Naloxone
Partnering with local businesses, libraries, and community-based organizations		A strong coalition led by Columbus Public Health with over 100 member agencies and people with lived experience to help share information and resources and conduct outreach during a surge anomaly

Prevention + Education	Treatment	Harm Reduction Supplies (e.g., Narcan, naloxone, test strips, syringes, safe smoking supply)
Community partner "Rolling Recovery" program to bring resources to people		Establishing an Alternative Response Unit (partnership between Fire Department, Public Health, and Behavioral Health).
We facilitate outreach; education and Narcan distribution in "Hot Spots" via non-conventional avenues including; Gas stations, hotels, trap houses, etc.		Harm Reduction Outreach Services (syringe services, OEND, fentanyl test strips, wound care, HIV and hep C testing) provided by LHD and three partners at 10 sites
Prevention education		Naloxone Saturation including "vending" machines, active, and passive distribution
We have contracted with a local harm reduction agency to hire 2 peer prevention coordinators to do outreach and training on naloxone, harm reduction, and linkage to services with individuals who are formerly incarcerated, as well as outreach and education in nightlife spaces.		Overdose Quick Response Team
We have implemented media campaigns on fentanyl, how to use naloxone, and other topics related to overdose prevention		Partnership with jail to place naloxone inside each dormitory to empower incarcerated people to respond to in-custody overdoses
We are coordinating with County leadership, EMS, and our hospital district on overdose prevention strategies.		Naloxone distribution
We are about to begin an academic detailing project with the UT College of Pharmacy for health care providers.		Syringe Service Program (SSP) needle exchange
		Lots of naloxone in hands of people who use substances
		Focused efforts for unsheltered individuals

APPENDIX B: Decision-Making Processes for Settlement Funding

1. Allocation of funding

Answer	%	Count
Other (please explain)	4.76%	1
To a consortium of agencies all within your jurisdiction	9.52%	2
To an agency within your jurisdiction but not the health department	19.05%	4
To a consortium of agencies that cross jurisdictions	23.81%	5
To the health department	42.86%	9
TOTAL	100%	21

2. Coordination of funding

Answer	%	Count
Other (please explain)	5%	1
An agency within your jurisdiction but not the health department	10%	2
A consortium of agencies that cross jurisdictions	15%	3
A consortium of agencies all within your jurisdiction	25%	5
The health department	45%	9
TOTAL	100%	20

3. Spending priorities

Answer	%	Count
State health department	0%	0
Other state entity	0%	0
Independent advisory board	5%	1
Local health department	10%	2
Other local entity	10%	5
Other (please explain)	75%	12
TOTAL	100%	20

“Other” breakdown (n=12) for Table 3	%	Count
Consortium within Jurisdiction without HD	8%	1
Community Engagement Process	8%	1
Unknown	8%	1
Consortium across Jurisdictions with HD	17%	2
Consortium within Jurisdiction with HD	58%	7
TOTAL	100%	12

4. Community engagement

Answer	%	Count
No	22.22%	4
Yes	77.78%	14
TOTAL	100%	18

Engagement was used or was planned to be used to determine spending priorities in the following ways, as identified by survey respondents (direct responses):

- Townhall meetings held to discuss priority issues raised by people with lived experience and providers in the harm reduction community
- A community needs assessment and people who use drugs assessment informed the strategic planning for the health department
- Stakeholders were convened in listening sessions to provide input on prioritization. A liaison will work with community partners and other residents to inform future priorities
- Researchers with lived experience conducted an input process: Interviewed 14-18 groups of individuals with lived experience or who work with individuals with lived experience and developed a report

APPENDIX C: Settlement Fund Use, Opportunities, and Challenges

1. Focus areas for use of funding

Answer	%	Count
Law Enforcement and Public Safety: Funds may also be used to support law enforcement efforts to combat opioid-related crimes, such as the illegal distribution of opioids.	2.86%	2
Other (please explain)	5.71%	4
Data collection/modernization	11.43%	8
Housing and other social services	11.43%	8
Prevention and Education: Funds allocated to prevention programs, public awareness campaigns, and educational initiatives aimed at reducing opioid misuse and addiction.	21.43%	15
Treatment and Recovery: Funds allocated toward expanding addiction treatment services, including medication-assisted treatment (MAT), counseling, and recovery support programs.	22.86%	16
Harm Reduction: Funds allocated towards safer use, managed use, and meeting users where they are.	24.29%	17
TOTAL	100%	70

2. Expansion of existing efforts vs. launching new initiatives

Answer	%	Count
Not make a big difference	0.00%	0
Greatly expand new initiatives	10.00%	2
Mostly enable continuation or deepening of existing work	25.00%	5
Enable the startup of new initiatives	65.00%	13
TOTAL	100%	20

3. Funding opportunities identified by survey respondents

- Increased prevention campaigns and activities
  - RADkids in schools
  - Prevention marketing campaign
  - Increased awareness
  - Increased prevention activities
  - Raising awareness of the impact in the local community
  - Deliver evidence-based primary prevention to youth
  - Public health prevention communications campaigns targeted to different groups
- Wide dissemination of harm reduction strategies and supplies
  - Creating pathways to treatment through harm reduction services
  - Expand access to harm reduction services to all residents
  - Additional resources are greatly needed to provide harm reduction services
  - Being able to support innovative opioid response activities

- Harm reduction supply distribution
- Increase NARCAN distribution
- Expanded harm reduction strategies

▶ Increased treatment capacity, including new treatments
- Increased treatment capacity
- Reduce barriers for anyone seeking treatment
- Expansion of MOUD
- MSR in carceral setting
- Communications related to promoting hope and recovery

▶ Investment in housing resources for both people who use drugs and those in recovery
- Ability to invest in housing resources for people who use drugs and people in recovery
- Provide permanent supportive housing and wraparound services to residents experiencing homelessness

▶ Data infrastructure and surveillance
- Investment in data infrastructure and data surveillance systems that will allow for faster data collection and analysis to inform public health interventions
- Close the gap in data collection

▶ Interagency collaboration
- Incentive for interagency collaboration
- Coordinating and collaborating with other counties and cities to maximize regional opportunities
- Partnering with tribal governments to pool funds for larger capital and operating costs
- Giving us a forum to collaborate in a meaningful, long-term way with community partners and Denver metro region local public health authorities

▶ Targeted population approach- incarcerated people, recently incarcerated people, tribal governments, pregnant people, people with mental illness
- Expansion of methadone treatment, including to the city's jail system
- Helping families that are caring for children that have lost parents to overdose by providing financial assistance for kinship care that child protective services is not providing
- Create alternatives to incarceration for people with OUD
- Target pregnant women and those with mental illness

▶ Funding
- Funding to initiate a CORE Team
- Additional funds to expand and initiate new programs and support
- Increase funding to high priority populations (*e.g.,* Black/African American people and individuals living in supportive housing)
- Potentially pay for syringes, currently trying to persuade our attorneys--other federal funds cannot be earmarked for this. Syringe funds are desperately needed by the organizations on the ground
- Funding community partners addressing emerging trends
- Strategic planning for both settlement and general fund dollars as well as incorporating grants into strategic spending
- Scaling up of investments or tweaking them in innovative ways

- Overall increased investment could leverage more investment and grant opportunities
- Funding smaller community-based organizations that serve marginalized groups
- A lot of money for a long time
- Community grants

▶ Expansion of capacity and community resources

- Expansion of the capacity to provide resources to our community, especially those that are most affected
- Expansion of both services and organizational capacity to provide evidence-based care across the entire city for organizations doing harm reduction, treatment, and recovery services
- Getting resources to those who are most affected by the issue
- Build capacity for harm reduction organizations
- Resources

▶ Other

- Ability to focus on critically impacted areas equally
- Operationalize strategic planning
- Potential for new initiatives
- The ability to deepen work initially funded by grant opportunities
- Community advisory board

4. Political influence as a challenge to use of funds

Answer	%	Count
Will not influence how we can spend the $	10%	2
Greatly influence how we can spend the $	25%	5
Not sure	30%	6
Will have some influence on how we can spend the $	35%	7
TOTAL	100%	20

Ways in which survey respondents feel politics will influence spending (direct survey responses):

▶ The community and Board of Supervisors will have input on how the funds are spent

▶ Until the law of the State of Texas changes, we will not be able to distribute clean needles, fentanyl or xylazine test strips, or other harm reduction strategies that have been shown to save lives

▶ Mayoral priorities or key partnership leaders will influence the decision

▶ All expenditures/purposed projects need to be approved by our elected officials

▶ Our County Chair and her team decided how to use the funds. The position is inherently subject to political pressures of the City/Cities within the jurisdiction and constituents across the County

▶ Funds not approved to support overdose prevention centers due to lack of state authorization

▶ Some money being decided by the Mayor's Office to activities that are related to the overdose crisis but may not be the highest impact activities to reducing deaths (*e.g.,* addressing distressing street conditions). Elected officials have also pushed back on dollars being spent on harm reduction activities (https://www.sfchronicle.com/bayarea/article/matt-dorsey-sf-drugs-18280479.php).

- Council input aligns closely with our intention—strengthening data collection, more harm reduction--so gives stamp of approval to our existing plans.
- Dollars have to be shared with public safety, regardless of the model that public safety uses to address overdose deaths. We have to consider how the public will respond to how the dollars are spent and how their opinions impact elections.
- Spending must be approved by Mayor and City Council. Strategic Plan also requires mayor and council approval.
- With a new mayoral administration in Denver, the Mayor's Office may have priorities that will require funding support from settlement funds.

5. Funding challenges identified by survey respondents

- Coordination across government agencies and/or non-government partners
  - Coordination with partners to ensure engagement
  - Efficient management
  - Developing a trauma-informed peer-based council or committee that supports the development of the strategy, design, and execution of settlement-funded initiatives
- Managing expectations – though there is a lot of money, it is distributed and utilized over a long period of time, and the money will not go as far as the public may expect
  - Meeting all the needs, not enough funds to meet all the needs
  - Right-sizing everyone's expectations - it is a large settlement, but we are taking it over 18 years, so we will not be spending it all at once. We should be thinking of it more as a long-term funding source.
  - Many requests for these funds and managing high expectations that these dollars will begin to meet the need
- Sustaining programs and initiatives
  - Sustaining programs that are started
  - One challenge is creating programs and efforts that are sustainable since the initial funding is at a much greater level than the ongoing funding
  - Sustaining programs that are started
  - Measuring impact of each initiative or program, particularly when it comes to closing the racial life expectancy gap that is partially driven by fatal overdose
- Data collection, sharing, updating and transparency within and across agencies and local partners and stakeholders
  - Gathering data for planning and to obtain future resources
  - Engaging all provider stakeholders in the process through data sharing and transparency
  - Gathering data for planning and to obtain future resources
- Inefficient infrastructure to effectively scale to needed capacity in time and/or to best manage the funding
  - Maintaining capacity within the regional council and the health department to ensure the funds are being used in data-driven, evidence-based ways
  - Maintaining focus on long-term goals while also remaining agile to the changing needs and landscape of opioid use in Denver
  - Not having the infrastructure to best deploy the funds

- Fragmented funding can equal fragmented responses
  - Sporadic and fluctuating receipt of funds
  - Fragmented funding can create a fragmented response, despite our best efforts
  - Difficult to predict when more funding will come
- Political influence, tensions, conflicting agendas, and priorities
  - Political tension and decision-makers with conflicting agendas
  - Public health and clinical feeling that they have to be competitive in their efforts as well as bids to receive funding
  - Political climate that undermines evidence base
  - Multiple competing underfunded social determinants of health
  - State restrictions on harm reduction tactics
  - Political influence
- Other
  - Reaching those who are most vulnerable for prevention, treatment, harm reduction, and maintenance.
  - Complex root causes of OUD
  - Procurement processes
  - Limited ability to address the supply of substances flooding in
  - Not having a process for distribution in place
  - Setting up the right sized systems that support short-term solutions
- Financing and staffing
  - Short staffing in OMB and inefficient finance policies
  - The local health authority lacks total control of how the money is spent
  - Getting approval to spend the money in the current fiscal crisis despite it not coming from city tax levy dollars
  - Prioritizing what and who to fund and ensuring alignment with political leaders and community data
  - Internal to CDPH, ensuring that the health department has the staffing and capacity to manage the funds and quickly and efficiently move funding to community organizations to execute programs
  - Balancing immediate funding needs (esp. in harm reduction and treatment services) with more systemic investments in the drivers of the crisis itself

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