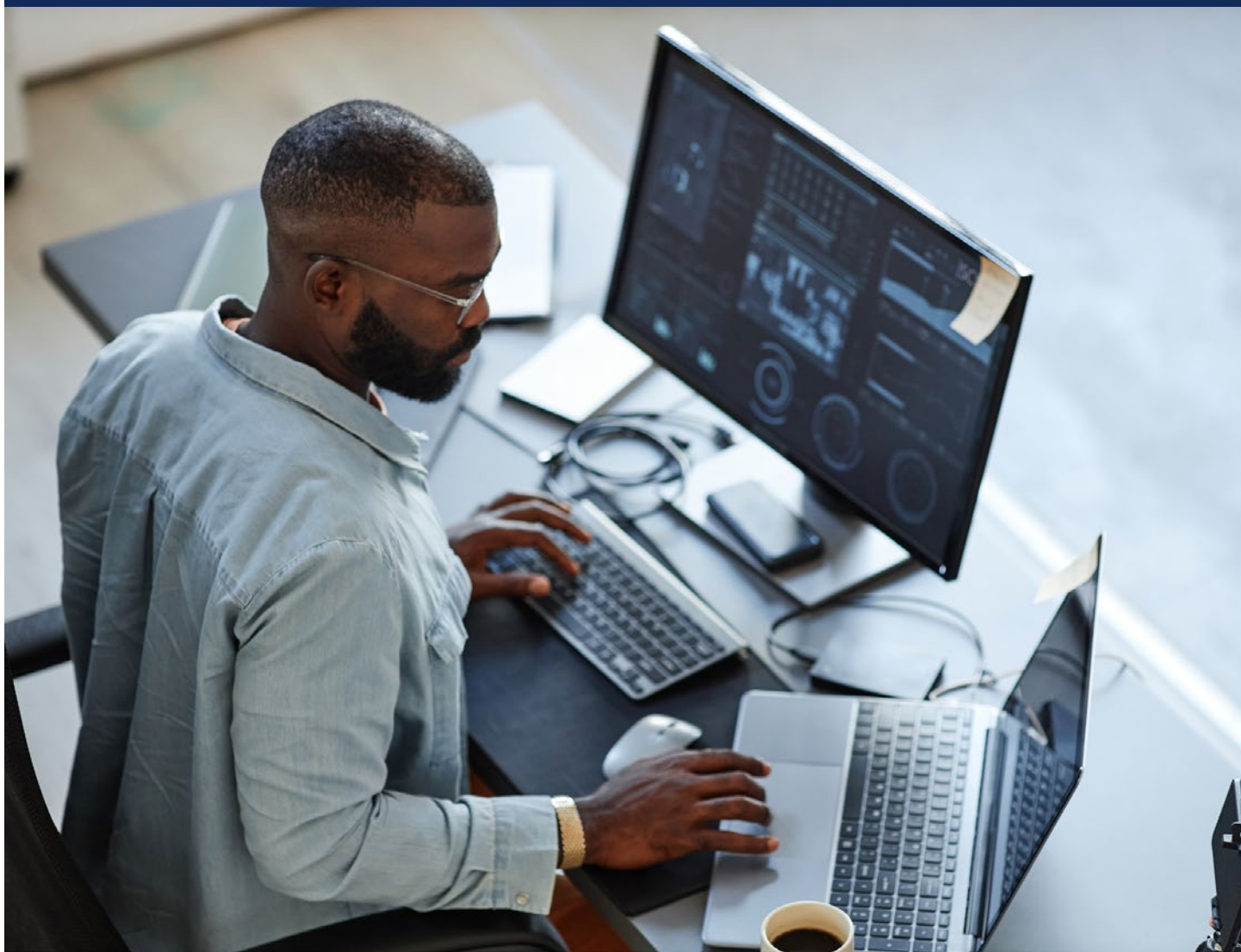# SUPPORTING DECISION MAKERS USING OPIOID SETTLEMENT FUNDS

How to Monitor, Evaluate, and Track the Impact of Opioid Settlement–Funded Initiatives

SEPTEMBER 2024

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Background and Context

Beginning in the 1990s, the opioid crisis was magnified through increased marketing of prescription painkillers by pharmaceutical manufacturers, leading to an alarming increase in medication misuse and overdoses over several decades. The crisis has progressed through distinct waves, including the increase of prescription opioids, the popularity of heroin as a cheaper alternative, the influx of cheaper synthetic opioids (i.e., fentanyl), and the co-use of synthetic opioids with stimulants (e.g., methamphetamine) (Ciccarone, 2021). From 1999 through 2020, opioid-involved overdose deaths in the United States skyrocketed, reflecting the devastating impact of these substances on public health (Congressional Research Service).

A collection of states first initiated a series of individual lawsuits, which led to a class action lawsuit to hold pharmaceutical companies and other corporate entities responsible and to collect funds to reverse this unprecedented crisis. The opioid settlement funds are the financial result of these legal agreements between state governments and the companies involved. The funds, totaling over $50 billion over 18 years, are intended to support efforts to address the opioid epidemic and its consequences. States are required to use at least 85% of these resources for opioid abatement strategies, which may include prevention, treatment, harm reduction, and recovery support services. The allocation and use of these funds varies by state, according to the terms of their agreements, with each state developing its own plan to distribute and use the money to combat the ongoing opioid crisis and support affected individuals and communities.

Monitoring and evaluating the use of opioid settlement–funded initiatives is a crucial part of ensuring their effectiveness. With millions of dollars being allocated, it is vital to confirm that these initiatives are achieving their intended outcomes in the communities they engage. The essential nature of evaluation is confirmed in the agreements themselves, with "Evidence-based data collection and research analyzing the effectiveness of the abatement strategies" listed as one of the few core strategies in the List of Opioid Remediation Uses[1] (Exhibit E of the Distributor Settlement Agreement; BrownGreer PLC, 2024). Evaluation helps identify what is successful, what is not, and the reasons behind the results. This allows priorities to be adjusted and funds to be effectively spent.

This guide is designed to support opioid settlement–funded initiative stakeholders, ranging from evaluation experts to those with no experience, who are considering monitoring and evaluation (M&E) as it relates to the two levels of opioid settlement funding we have identified (state-level advisory councils and community-level prevention and intervention providers). The main goal of this guide is to provide a concise and practical resource for understanding the various components of M&E and to lead the reader to some of the best and the most accessible resources available for each topic.

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1. The List of Opioid Remediation Uses is Exhibit E of the Distributor Settlement Agreement, one of seven nationwide settlement agreements that resolve all opioid litigation brought by state and local governments against specific parties. The official website of these settlements, which includes links to the text of each, is hosted by BrownGreer PLC.

Introduction: Principles and Frameworks for Effective M&E

The case for active M&E

The opioid settlement is the largest and most complex litigation in the United States since the tobacco settlements of approximately 25 years ago. To protect against the cautionary lessons of the tobacco settlements, local and state officials determining the most prudent uses of opioid settlement funds have stressed the importance of investing in abatement strategies that reduce the prevalence of opioid misuse, prevent overdose deaths, and other interventions that support those most impacted by the opioid epidemic. The major focal points for the opioid settlement funds that will be covered in this evaluation guide are how the funds will be allocated by state and local governments and their subsequent evaluation efforts.

Advocates and experts have also emphasized the need for opioid overdose prevention efforts to be grounded in evidence and supplemented with evaluation, including needs assessments, stakeholder engagement across sectors with an emphasis on engaging people with lived and living experiences (PWLLE), and plans for sustainability and the scaling of efforts. The Centers for Disease Control and Prevention (CDC) has published several frameworks to help guide a successful evaluation.

NPR reported on tobacco settlement funds being used in many cases for non-tobacco related cessation/initiation prevention efforts such as infrastructure (e.g., road work), tax relief, bolstering states' general funds, and even going to tobacco farmers. Public health advocacy groups have commented on the scope of the opioid settlement funds and the meaning of "opioid remediation" (where 85% of state settlement funds must go toward purposes outlined in Exhibit E of the national settlement agreement). These groups support the need to focus on evidence-based public health strategies including upstream prevention services, reducing drug-related harms, addressing stigma around opioid use disorder treatment, enhancing knowledge about safe drug use practices, and funding research on the effectiveness of these practices.

Figure 1. Recommended framework for program evaluation
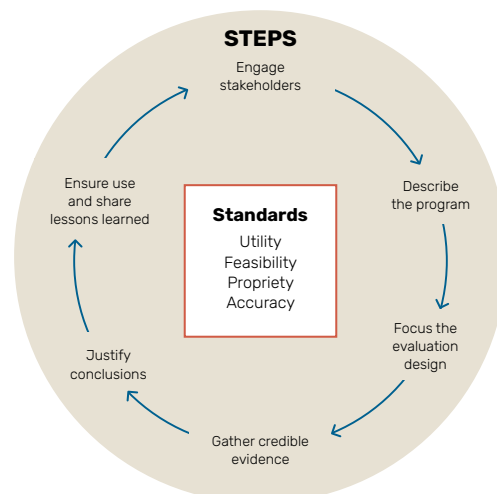
Source: Framework illustration courtesy of the CDC
https://www.cdc.gov/mmwr/PDF/rr/rr4811.pdf

Where and how to find an evaluator

While many parts of evaluation can be completed by non-experts, evaluation is typically conducted by people with many years of specialized training. Some readers may simply want to know where and how to find these people. We recommend three solutions:

Local university

Find the closest university that has a school of public health or a similar focus. Many institutions have research centers or labs dedicated to evaluation methodologies. The faculty web pages for these institutions are typically publicly available, complete with emails and phone numbers of potential experts. For help finding the correct expert, contact the department head in a relevant area or the administrator of the institution.

Small or large evaluation institute agency

Alternatively, there are many nonprofit and for-profit institutions such as RTI International (www.rti.org), the author of this guide, that specialize in this work as well. They may specialize in substantive areas like community-based substance use prevention or mental health. Search online for the topic area and terms like "research," "evaluation," and "institute."

American Evaluation Association

Finally, the American Evaluation Association (AEA) maintains a database of its evaluation professionals who provide independent evaluation consulting services. The database can be searched by name, area of expertise, or state. Navigate to the AEA website to use the Find an Evaluator Tool.

Scope and perspective

The guidance presented here is typically for the best-case scenario in which funding is available to conduct a robust evaluation. However, the best-case scenario is not likely for all readers. As such, Table 1 will aid evaluators in considering the appropriate level of robustness for each type of budget we typically see.

Table 1. Evaluation rigor appropriate for different levels of resources

Level of Resources and Bandwidth	Data Collection	Evaluation Type
Small community level	Internal administrative/ surveys	Outcomes/Impact
Medium to large community/ county level	First level + external administrative data and focus groups	Outcomes/Impact; Implementation
State and possibly large county level	First two levels + internal and external cost data	Outcomes/Impact; Implementation; Economic; Policy

Developing M&E plans

In general, developing a plan for monitoring or evaluating the uses of opioid settlement funds is not so different from developing effective M&E plans in other contexts. All evaluation plans start with defining an overarching goal: What should be accomplished through this initiative by the end of a defined period? The goal should define the main purpose and expected outcome of the project, directly tied to addressing the problem at hand. Next, shorter-term objectives and activities through which the overarching goal will be

accomplished should be defined with deadlines scheduled throughout the project duration. A useful framework to use in developing M&E is the SMART framework which recommends that objectives be specific, measurable, achievable, relevant, and time-bound (SMART). Developing SMART objectives allows evaluators to clearly define the goals of public health strategies and measure both short-term and long-term impact. The more focused and clear the vision and end goals are, the more succinct the evaluation and assessment of the allocation of the funds will be in the short and long term. Interpreting data collected (from primary and secondary data sources) using settlement funds will be key in determining correct courses of action over a state's allocation plan.

The CDC has an excellent evaluation brief on the topic of writing SMART objectives, and the Native Connections program (Substance Abuse and Mental Health Services Administration [SAMHSA]) has a related document on how to apply SMART objectives in the context of grant funding for a community-based initiative among tribal entities.

Types of evaluation designs

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It is important to know that there are many different types of evaluation designs and that they serve different purposes and have different requirements. Some common evaluation designs that may be useful in the context of evaluating opioid settlement fund spending on initiatives include outcome evaluations, implementation evaluations, and economic and cost-benefit evaluations. The Rural Health Information Hub has an excellent primer on evaluation designs that includes many perspectives and links to additional resources. A new Federal Evaluation Toolkit from the U.S. Office of Budget and Management, although designed for federal employees, may be of use to many stakeholders in the evaluation of opioid settlement fund spending. It is

important to note that these evaluation frameworks are not mutually exclusive, and they can often be combined or complemented with other evaluation approaches to provide a comprehensive understanding of the effectiveness or impact of an initiative.

Implementation evaluations

This type of evaluation focuses on assessing the process of implementing an initiative. It aims to identify the factors that facilitate successful implementation and those that may be barriers. This type of evaluation can help determine whether an initiative is implemented as intended, what factors are essential to the success of the initiative, and what challenges were encountered. Most importantly, this type of evaluation helps to clarify what adjustments may be necessary for future implementations and for scaling an initiative. The Center for Implementation and The Implementation Science Resource Hub are user-friendly places to learn more about implementation evaluations.

Outcome evaluations

Outcome evaluations are designed to assess how effectively an initiative achieves its intended objectives or outcomes. It is distinct from an impact evaluation, which focuses on "the effect that a program had on participants and stakeholders of the project" (Rural Health Information Hub, 2024). These evaluations measure the changes or impacts resulting from the initiative, such as changes in knowledge, attitudes, behaviors, or health outcomes. Outcome evaluations can be quantitative (using statistical analyses) or qualitative (using methods like interviews or focus groups). In either case, it is critical to consider how to design the evaluation to eliminate alternative explanations that could help to explain any changes in outcome. Is the change due to the initiative and not to some external factor that may be occurring in the population? The CDC's Framework for Program Evaluation in Public Health is a practical guide to public health outcome evaluation involving many different types of stakeholders.

Economic evaluations

These evaluations analyze the costs associated with implementing an initiative and compare those costs to the economic value of the benefits or outcomes achieved. They help determine whether the investment of resources (financial, human, or material) is justified by the benefits to the population being served or cost savings in other areas. Economic evaluations can inform decision-making processes by providing a comprehensive understanding of the economic implications by taking a big picture view. It is important to note that there are four distinct types of economic evaluations, all of which provide slightly different answers to the question, "Is this initiative worth the investment?" The two most common designs are cost-benefit analysis and cost-effectiveness analysis. The CHOICES project created an excellent primer explaining the uses of these two designs.

Policy evaluations

Policy evaluations assess the effectiveness, impact, and consequences of policies or regulations implemented by governments, organizations, or institutions. These evaluations can examine the intended and unintended impacts of policies, their implementation processes, and their alignment with broader goals or objectives. Policy evaluations are typically beyond the scope of what many community-level organizations can accomplish with a smaller budget, yet they are a critical tool for state-level advisory groups, researchers, or government agencies to evaluate the overall impact of a new policy.

UNDERSTANDING SHORT-TERM VS. LONG-TERM OUTCOMES

When evaluating initiatives aimed at reducing overdose, it is crucial for community members, policymakers, and other stakeholders to consider both short-term and long-term outcomes and to set realistic expectations based on the outcomes of interest. Short-term outcomes, such as increased awareness, distribution of naloxone, or immediate reductions in overdose rates, may be achievable within a relatively short time frame. However, some outcomes are not likely to change overnight, or even within a year or two. Outcomes such as sustained changes in attitudes, behaviors, and systemic factors contributing to substance use disorders often require more time and sustained efforts. This point is especially important when evaluating prevention programs, which tend to have much longer-term goals. Consider a school-based drug use prevention program for 5th-graders:

Reductions in substance use or overdose measures should not be expected to be detectable until this cohort matures into adolescence or early adulthood, ages at which most young people begin experimenting with drugs.

Stakeholders should understand that while short-term outcomes are important indicators of progress, achieving systemic change and lasting reductions in overdose rates may take years of consistent investment and implementation. At the same time, these broader systemic changes have the biggest potential of any of the initiative types to positively impact public health. The CDC's Health Impact in 5 Years initiative highlights how focusing on social determinants of health can improve the health of everyone living in a community.

Feedback from participants and providers

Feedback from participants and providers is essential for evaluating drug use prevention or intervention efforts. Firsthand experiences offer valuable insights into the strengths, weaknesses, acceptability, barriers, and facilitators of these initiatives. This feedback can be critical to ensuring real-world impact of the approaches. Incorporating feedback from those who are directly involved allows for continuous refinement and enhancement of prevention and intervention strategies, ensuring they remain responsive and effective.

Data collection and dissemination

As data collection is listed as a "Core Strategy" in the List of Opioid Remediation Uses in the Distributor Settlement Agreement (BrownGreer PLC, 2024), stakeholders should consider using opioid settlement funds to develop (or strengthen) data collection and sharing (or dissemination) capacity. The ability to capture pertinent data and share insights gleaned in the form of dissemination products (such as annual reports or data dashboards) demonstrates transparency and accountability. It also makes for a more informed public, which may improve stakeholder feedback. Sharing data also facilitates collaboration among organizations working on drug use prevention and generally promotes research and evaluation. By making data publicly available, localities can promote evidence-based policymaking and strengthen their efforts to address critical public health issues.

USING PUBLICLY AVAILABLE DATA TO INFORM THE COMMUNITY AND TRACK OUTCOMES*

The following scenario illustrates the process outlined in Figure 1 (page 4).

Rebecca settled in at her desk and pulled up the NC Opioid Data Dashboard on her computer. As the public health director for Forsyth County, she relied heavily on this resource to guide the county's opioid prevention and response efforts. The color-coded maps immediately caught her eye, with overdose hotspots glaring in red across certain census tracts. To her dismay, Rebecca saw that Forsyth County had one of the highest rates of illicit drug overdoses in North Carolina. Rebecca began to think about strategies to reduce this alarming rate of illicit drug overdoses.

She was reviewing the graph displaying emergency department visits related to opioid overdoses when her phone rang. It was Marcus, a retired counselor who now volunteered with an addiction peer support group. "Rebecca, I've been looking at that data dashboard you shared," Marcus said. "The number of illicit drug overdoses is certainly alarming. I also noticed that our overdose ED [emergency department] visits have remained somewhat stable, and our opioid prescription numbers have actually dropped."

Rebecca pulled up the graph he mentioned. "You're right! It's great to know that our provider education initiatives to reduce overprescribing are working well, but the number of illicit drug overdoses is troubling. Do you have any ideas as to how we can reduce the number of illicit drug overdoses?"

"Definitely," Marcus agreed. "The fact that illicit drug overdoses are increasing while our ED

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visits for overdose have remained stable might indicate a lack of emergency medical services. And based on what I'm seeing in the community, these folks have been unable to consistently access medication-assisted treatment."

"Those are excellent points," Rebecca said, making more notes. "Would you be willing to join our next opioid taskforce meeting? Your perspective would be invaluable." For the next hour, Rebecca and Marcus discussed various strategies using the public data as a roadmap. They decided that increasing the supply of naloxone and investing more in the county's emergency medical services might make a difference. Rebecca was grateful to have a well-informed partner like Marcus who could combine his firsthand experience with the publicly available data to help solve these problems. With community input, she knew the county could target its resources more effectively in the fight against the opioid crisis.

*The people and details in this vignette are fictional and are only representative of possible scenarios when evaluating opioid settlement–funded prevention strategies.

M&E of State-Level Advisory Committees

State-level advisory committees and their role

Each state, through negotiations led by its attorney general, has developed a plan to allocate the settlement funds. All states have either appointed a state-level entity or established a board or trust to do one or more of the following: (1) allocate the funds through a Request for Proposal solicitation process, (2) provide support to the localities that will allocate funds themselves, (3) develop data collection processes to capture impact through fund usage, (4) develop annual summary and allocation reports to be submitted to the General Assembly, with or without being made publicly available (see Figure 2). A few examples of state-level committees or councils that oversee the allocation of opioid settlement funds are the Tennessee Opioid Abatement Council, the Minnesota Opioid Epidemic Response Advisory Council, and the Colorado Opioid Abatement Council.

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Defining goals, objectives, and indicators

State-level advisory committees, as they have been coined, have varying levels of responsibilities and influence in each state depending on how the state's memorandum of agreement (MOA) is written. The MOA shapes the goals and objectives of the committee and what it focuses on.

One key role that these advisory committees have in most states is identifying strategies and efforts to allocate the funds toward strategies that will have the greatest positive impact on the opioid crisis in their communities. In many instances, the committees must develop metrics to measure impact to ensure the funds are being invested effectively.

States look to experts when deciding which evidence-based approaches to fund and how to measure outcomes. To help with these decisions, evidence-based clearinghouses have been developed and made publicly available. For prevention, two such resources are the United States Preventive Services Task Force Recommendations and the Administration for Children and Families' Title IV-E Prevention Services Clearinghouse, and for treatment and recovery from substance use disorders, the Substance Abuse and Mental Health Services Administration maintains an Evidence-Based Practices Resource Center.

The next problem to solve is how to measure progress. Researchers at Johns Hopkins University have developed an interactive tool to identify appropriate indicators for the core strategies in the List of Opioid Remediation Uses in the Distributor Settlement Agreement (BrownGreer PLC, 2024). For example, on the primary prevention continuum, states may want to assess the extent to which they are applying a public health approach within their health and human services systems. Some key indicators states may want to measure annually include the percentage of eligible children who receive early intervention services, the percentage of youth who are exposed to evidence-based prevention programs, or the percentage of eligible families who receive a predefined set of social supports (Johns Hopkins Bloomberg School of Public Health, 2024). States can pair these indicators with different strategies to measure the impact of funding on their targeted outcomes. Tools like this are helpful for state entities in narrowing specific strategies that would be beneficial to their communities while also establishing reporting systems to review implementation and process data to assess impact and re-align funding allocations as needed.

Community engagement and dissemination for state-level advisory committees

Members of state-level advisory committees may be interested in how to integrate the voice of their communities into the plans and decisions made at the state level. Community members provide local expertise and diverse perspectives and involving them increases the buy-in for the funded initiatives and fosters trust between the state and its people. Although there are many ways to engage the community, we provide two recommendations.

Providing fund allocation transparency where possible

The need for transparency with regards to how funds are to be allocated are critical to ensure the original intent behind the distribution of the settlement dollars, are being honored. This includes involving important stakeholders, including PWLLE, in the decision-making process to fund efforts that are responsive to community perceptions of the issue and seen as viable long-term solutions. The transparency around funding decisions will also help ensure there is proper monitoring and emphasis on use of the funds for opioid-impactful efforts in the short and long-term. As such, each state's MOA documents the agreed-upon level of public transparency about how settlement funds are allocated. Some states have agreed to be fully transparent; others agreed to only disclose how county and local municipalities spend the funds; and a few states have decided to keep information on funding allocations completely internal. The Opioid Settlement Tracker developed a map (Figure 2) to illustrate the level of funding transparency across the nation.

Figure 2. Map Courtesy of the Opioid Settlement Tracker
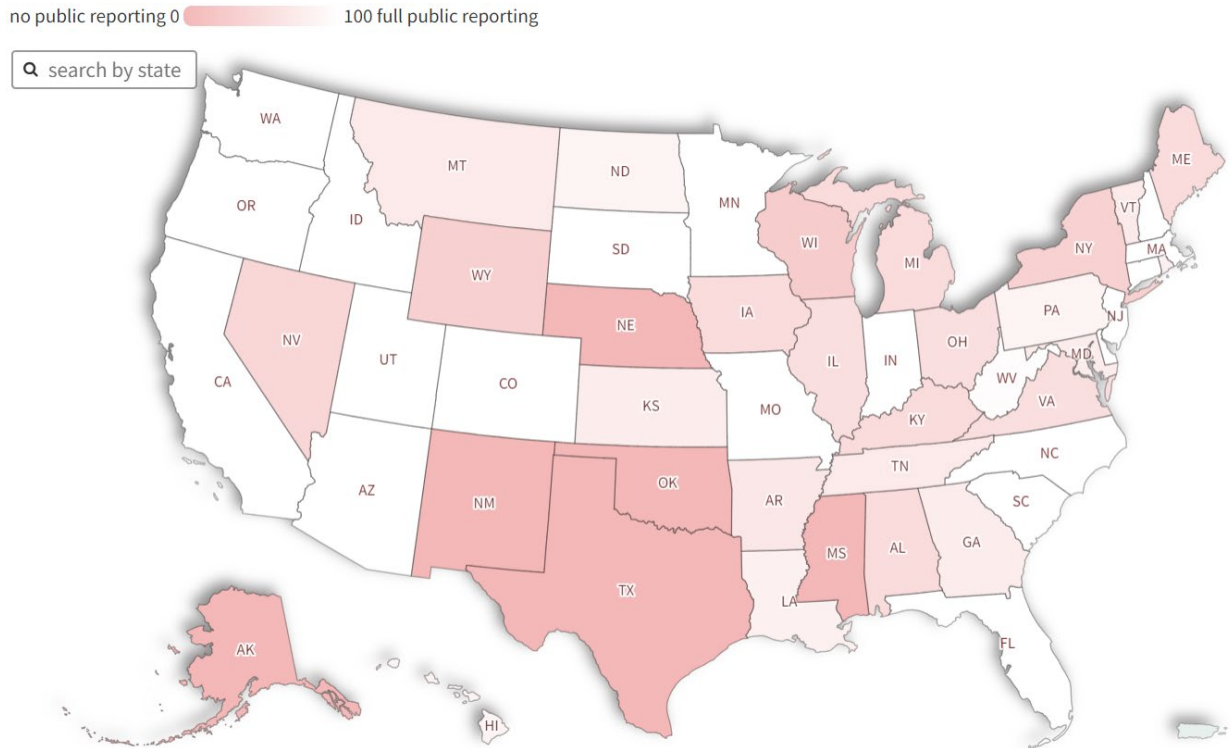
Source: https://www.opioidsettlementtracker.com/expenditures. Accessed on July 15, 2024

Partnership with local organizations

While not every community member can serve on the state-level advisory boards, appointing leaders of trusted community-based organizations to the state-level advisory boards, or other positions of influence, creates an information pathway between the local and state levels to inform decision making. Partnering with local organizations more broadly provides state-level advisory committees access to community-specific expertise, established trust, and efficient implementation channels.

Measuring the impact

Advisory boards can use opioid settlement funds to review historical data and make determinations on successful approaches based on the needs of communities and the demonstrated impact of those approaches. It is wise for advisory boards to reassess their approaches as additional data are collected.

Past frameworks and metrics for success provide advisory boards with a solid foundation to build their reporting infrastructure. For years, the prevention field has used SAMHSA's Strategic Prevention Framework (SPF) to measure success in the prevention space. The five steps and two cross-cutting principles that should be integrated into each of the steps of the SPF (Figure 3) offer a comprehensive approach to understanding and addressing the substance misuse (and related behavioral health) problems facing states and communities.

Figure 3. SAMHSA Strategic Prevention Framework Five Steps

Source: Illustration courtesy of the SAMHSA SPF Guidebook, https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf

The most relevant components of this framework for the purposes of evaluation are *Assess Needs* and *Evaluate*. Some additional defining characteristics from the SPF that are of value in evaluating opioid settlement–funded initiatives and deciding how to allocate funds include data-driven decision-making, reliance on a team mindset, and a dynamic and iterative approach to evaluating initiatives as lessons are learned from earlier fund allocations.

Conduct regular monitoring to ensure rigor

Regular monitoring of the allocation and use of opioid settlement funds is critical to ensuring transparency, accountability, and the success of funded initiatives. Here, we outline the key strategies to ensure a rigorous evaluation.

Collect and analyze data at predetermined intervals

Determining specific intervals (e.g., monthly, quarterly) for collecting data on funded activities is an important first step to ensure consistency. These intervals should be frequent enough to provide timely insights while also allowing adequate time for meaningful improvements to occur. It is often practical to start with a baseline for each indicator (e.g., a baseline survey question about cannabis use would be "Have you ever used cannabis before?"); in follow-up surveys, focus on the time interval since the last survey (e.g., for a monthly survey, "Have you used cannabis in the last month?").

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Monitor the implementation process, outputs, and outcomes of the initiatives

The implementation process should be monitored to assess whether activities are being carried out as intended and within the set time frames. These metrics should account for the implementation inputs, activities, outputs, and outcomes. For example, measuring the immediate outputs of activities can include tracking the number of training sessions conducted, the distribution of harm reduction supplies, or the establishment of support services. A logic model can be developed to illustrate the process, including short-term and long-term goals and activities (Figure 4 shows an example). Outcomes may include reduced opioid misuse and improved access to treatment.

Figure 4. Example of an Evaluation Logic Model

Inputs	>	Activities	>	Outputs	>	Outcomes	
						Short Term	**Long Term**
	>		>		>		
	>		>		>		
	>		>		>	**Impact**	
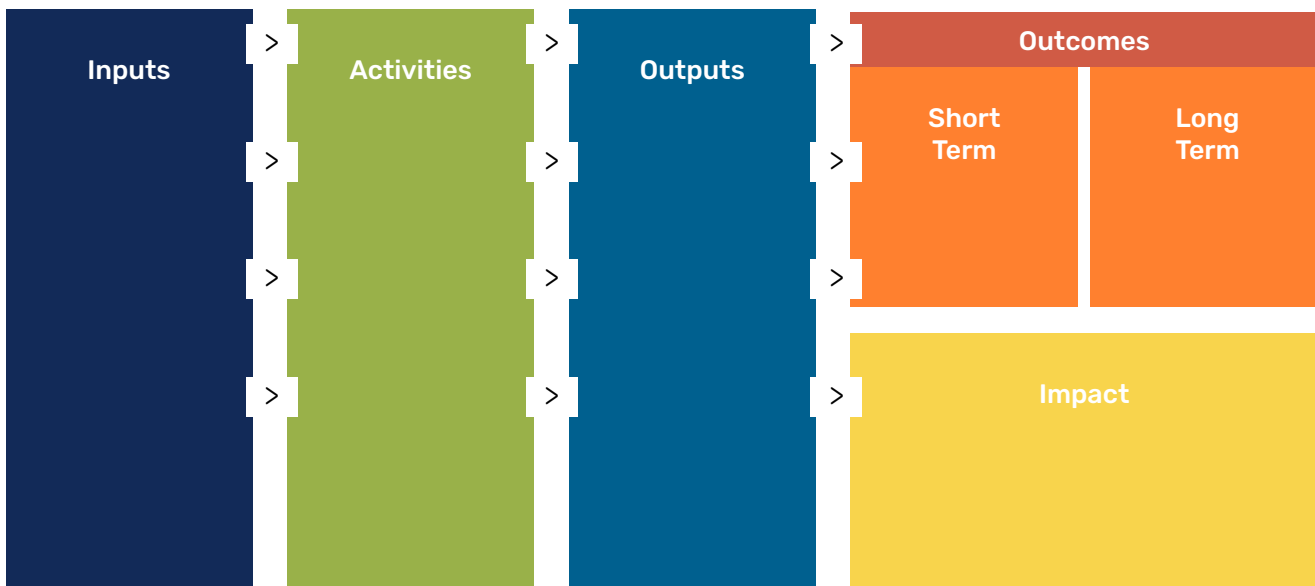
Identify and address any challenges or barriers to implementation

According to experts at the University of Washington, "Implementation science is the scientific study of methods and strategies that facilitate the uptake of evidence-based practice and research into regular use by practitioners and policymakers." Using implementation science to monitor challenges and barriers can involve scheduling regular review meetings with stakeholders, including implementers, beneficiaries, and community representatives, to discuss progress and challenges. Topics discussed could include logistic issues, resource constraints, or resistance from community members. To learn more about the approaches used by the experts at the University of Washington, visit its Implementation Science Resource Hub.

If an evaluation has sufficient funding and is interested in improving outcomes through a systematic study of the process, the Center for Implementation recommends a comprehensive assessment of barriers and facilitators that can be completed in four steps.

Reporting and dissemination for state-level advisory committees

Conducting regular monitoring and dissemination of findings is crucial for facilitating transparency, accountability, and continuous improvement of state-level advisory committees. Regular reports can summarize funding allocations and impacts, which can then be submitted to a state's legislature or shared publicly to raise awareness. Aside from information on funding allocations, it is important to incorporate and share feedback from other stakeholders, including PWLLE. This may include impact stories and testimonials from initiative recipients that illustrate the real-world impacts that opioid settlement funds have in changing communities. The Opioid Settlement Fund Advisory Board of New York provides a relevant example in how its annual recommendations are shared in a written report with the governor and other key stakeholder groups. Some of the items included in the report are the board's recommendations on funding allocations, updates on board membership, and meeting minutes. The board reviews data collected over the past year, including priority populations and types of initiative efforts, and uses them to reassess priorities for funding for the upcoming year.

M&E of Community-Level Prevention and Intervention Efforts

Defining goals, objectives, and indicators

As stated in the previous section regarding state-level evaluation considerations, community providers (e.g., local government entities, schools, harm-reduction coalitions, or recovery communities) should define the overarching goal for addressing the problem at hand, such as reducing community-level opioid overdoses. The goal, which in most cases will be unique to each community based on context and setting, should clearly state the expected outcome of the project by the end of a defined period along with SMART objectives and activities that will contribute to achieving the goal. These targeted and community-specific objectives and activities form the basis for monitoring progress and evaluating the initiative's effectiveness.

Create a comprehensive M&E plan

A comprehensive M&E plan should outline the specific data collection and analysis methods, timeline, responsible parties, and resources required. This plan serves as a roadmap to ensure consistent and systematic data collection and analysis. Determine ahead of time what data to use as a reference to establish benchmarks for comparison. Most evaluations take one of two approaches: (1) Comparing the same people before and after they have received an initiative and examining changes over time or (2) Comparing a group that received the initiative to a group that did not receive it during the same time frame. The United Nations Office of Drugs and Crime has an excellent resource on understanding and developing evaluation designs for substance use treatment programs that can be applied to any type of initiative. Alternatively, the Community Tool Box from the University of Kansas contains a chapter on methods for evaluating community initiatives. A toolkit developed by the National Association of County and City Health Officials provides strong guidance on the development of M&E measures at the local levels which is a vital step in the process. Resources provided in the above state-level section such as the Johns Hopkins University Interactive Tool, would also apply to efforts at the community-level for an evaluator of a local government agency or another local organization implementing the opioid remediation strategy.

Data collection strategies

In most cases, data collection can and should begin before the intervention. Data collection methods may include surveys, interviews, focus groups, administrative records, and other quantitative or qualitative approaches depending on the evaluation design. The timeline should specify the frequency of data collection (e.g., monthly, quarterly, annually) and key milestones for interim and final evaluations. Choosing the optimal type of data collection depends on the research questions and the scope of the initiative under analysis. First, we provide a primer on common types of data collection.

Figure 5. Decision Chart of Data Collection Strategies by Evaluation Type
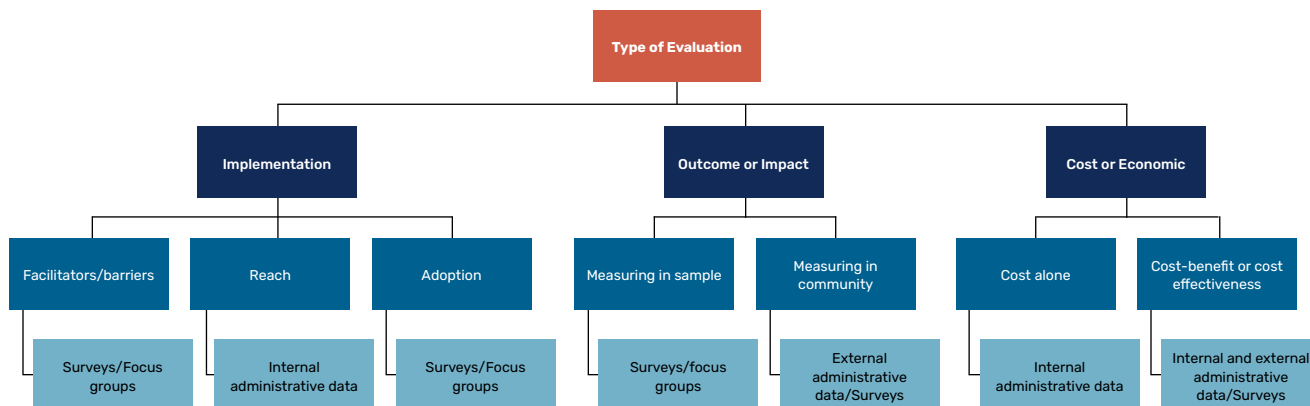
Surveys/Questionnaires are essentially standardized packages of questions that are asked of respondents or participants in a predetermined and standardized way. When used in rigorous research, they are typically previously validated questions (determined to measure the construct of interest in an unbiased way) that gather information on topics of interest. These research tools can provide data relevant to the outcome of interest and help guide the evaluation. Surveys and questionnaires can be conducted either in person or electronically (via online questionnaires or phone calls) and are great research tools to collect data from larger audiences in a relatively short amount of time compared to some other data collection strategies. The different methods for administering surveys or questionnaires all have unique strengths and weaknesses which should be assessed before deciding how participants will be reached (Barribeau *et al.,* 2005). In addition to deciding how to reach the audience, there are several types of questions that can be asked in a survey or questionnaire. Choosing the appropriate question type will depend on the type of information you are trying to ascertain. Question types range from dichotomous (e.g., yes or no responses), to multiple choice options, to open-ended response questions. Each type of question has its own strengths and weaknesses which the evaluator should consider when designing their data collection tool.

For more information on surveys, we recommend the following resources:

- The American Statistical Association: What is a Survey?
- University of Colorado: Guide to Survey Research
- Community Toolbox: "Collecting and Analyzing Data"
- CDC: Data Collection Methods for Program Evaluation. Evaluation Briefs No 14

Interviews allow you to ask "quantitative or qualitative questions orally of key participants. Quantitative questions are closed-ended and have specific response options that can be categorized and numerically analyzed" (CDC, 2018a). The CDC goes on to explain that interviews can be approached in different ways: (1) as informal conversations (least structured), (2) as semi-structured interviews (using "an outline of topics or issues to be covered"), and (3) as "standardized open-ended interviews." This CDC Evaluation Brief provides more information on when to use interviews, how to plan and conduct them, and what advantages and disadvantages they have.

FG TRADE VIA GETTY IMAGES.

A focus group is a group interview of approximately 6-12 individuals who share similar characteristics or common interests. A facilitator guides a discussion with a group based on a predetermined set of topics. Focus groups are a qualitative data collection method, meaning that the data are descriptive and cannot be measured numerically. Focus groups can be used to (1) gather more in-depth information on perceptions, insights, attitudes, and experiences; (2) gather additional information to supplement quantitative data; and (3) as part of a mixed methods evaluation approach. This CDC Evaluation Brief provides more information on when to use focus groups, how to plan and conduct them, and what advantages and disadvantages they have.

Administrative data refers to information collected and maintained as part of the routine operations and record-keeping of an organization or agency. These data are not primarily collected for research purposes but rather for administrative purposes such as registration, transaction processing, or service delivery. This type of data can provide insights into trends, patterns, and outcomes without the need for additional data collection efforts, which can be time-consuming and costly. As such, administrative data can be a useful and cost-effective source of information, particularly when supplemented with additional data collection. Administrative data are often used for monitoring trends over time, identifying potential areas of concern, or evaluating the reach and utilization of programs or services.

To evaluate efforts to reduce harms from the opioid crisis, consider using administrative data sources listed in Appendix 1.

Community engagement and dissemination for community-based organizations

As any community-based provider can attest, community involvement and dissemination are essential to the success and the mission of an organization and its programs or initiatives. There are several strategies that can be implemented to gather experiential and contextual insights from the community to help enrich the intervention efforts. For example, engaging PWLLE on the topic in question can often yield actionable insights that would be otherwise missed if PWLLE are not involved in these conversations. Building trust and establishing long-term partnerships with other community-based organizations and residents of the targeted area, which may include bringing them in to be part of the decision-making process for the efforts, is key in successful implementation and buy-in of the intervention effort by the community. To learn more strategies for engaging PWLLE and centering "experiential evidence," see Prevention Institute's materials on Uplifting Contextual and Experiential Evidence.

Reporting the results of the work being done in the community can also help build a strong reputation for the organization and show the value of community initiatives to stakeholders. Demonstrating the initiative's value will help attract new funding, which can be essential for long-term sustainability. The tone should be personable, strength-based, and focus on how the initiative positively impacted real community members. Visuals, stories, and language that resonate locally will make the report more engaging and actionable.

Finally, choose the methods for dissemination by considering the audience. How are they most likely to be reached? Including these reports on the organization's website is a good first step. Also consider venues for presenting results to local community groups and other local stakeholders (great for engaging other organizations), local newspapers, and local radio and news broadcasts (great for engaging the general population). Disseminating through targeted policy briefs is the best choice for engaging politicians and decision makers.

To learn more about reporting and dissemination we recommend the following resources:

- Rural Health Information Hub's Rural Community Health Toolkit, Chapter 6: Dissemination
- University of Kansas' Community Tool Box, Chapter 45: Social Marketing of Successful Components of the Initiative

Continuous improvement

Regularly review and refine the M&E processes based on lessons learned. Feedback from initiative participants and providers can be invaluable for these purposes. Firsthand experiences offer valuable insights into the strengths, weaknesses, acceptability, barriers to, and facilitators of these initiatives. Incorporating feedback from those directly involved allows for continuous refinement and enhancement of prevention and intervention strategies, ensuring they remain responsive and effective.

One particularly effective strategy for continuous improvement in some communities is to adapt a previously created evidence-based strategy based on the feedback from participants, providers, and the evaluation. One prominently successful example of this is an adaptation of the Strengthening Families Program, Strong African American Families. For more information on adapting community initiatives, see Chapter 19 of the Community Tool Box from the University of Kansas.

Sustainability planning

While sustainability is not an essential element of evaluation, evaluation can be essential for sustainability. Tackling the complex and deeply rooted issues brought on by the opioid crisis requires a long-term, sustained commitment from community organizations. The opioid epidemic has affected multiple generations and is influenced by myriad social determinants that cannot be quickly reversed. A sustainable organizational approach allows for more impact in the community through continuous refinement of strategies based on evaluation data and community feedback.

To assess the long-term viability and scalability of an initiative, consider using the CDC's Program Sustainability Assessment Tool.

To identify strategies for sustaining successful components of the initiative, we highly recommend the University of Kansas' Community Tool Box, Chapter 46: Planning for Sustainability.

If applying for a grant seems to be the best path to sustaining an initiative, see the same Community Tool Box for an excellent chapter on Getting Grants and Financial Resources.

Ethical considerations

Finally, community-based organizations addressing the opioid crisis should consider the ethics of their operations and reporting. Several ethical codes were developed over the course of the past century in response to abuses and moral violations, including the Nuremberg Code (1947), the Belmont Report (1979), and the Declaration of Helsinki (2000).

Here, we describe a set of guidelines to help orient readers as to how they can apply these ethical considerations to their initiatives that are supported through opioid settlement funding, as well as to reports about the initiatives.

- Avoid coercive tactics and provide options for the level of visibility participants want.

- Ensure that M&E processes adhere to the principles of informed consent, privacy, and confidentiality.

- Collect sufficient data to ensure that the initiatives are meeting the needs of groups experiencing a disproportionate impact (e.g., communities of color, pregnant women, immigrants/refugees, incarcerated individuals).

- Ensure services, materials, and messaging are culturally relevant and resonate with the diverse populations being served.

- Avoid stigmatizing language or imagery that dehumanizes those struggling with opioid use disorder. Use person-first terminology.

- Be upfront about funding sources, potential conflicts of interest, and limitations of services.

To learn about how to ethically conduct or report on an initiative, consider reaching out to a local institutional review board (IRB), commonly found at universities and other independent research organizations. These review boards are experts in ethical considerations and can flag problem areas and recommend best practices. To find an IRB, use the Office for Human Research Protections database.

Summary of M&E Best Practices

This evaluation resource guide is purposely concise, outlining the most critical aspects of evaluation with links to some of the best tools and resources available for assessing the impact of opioid settlement funds on the core strategies for opioid remediation. The guide caters to a wide audience, from state-level advisory councils to community-level practitioners, and aims to equip stakeholders at all levels with the necessary knowledge and resources to consider the need for evaluating the use of settlement funds in addressing the opioid crisis. The conclusion of this report summarizes key takeaways and highlights the guide's potential to inform decision-making and improve outcomes, engagement, and sustainability of these critical opioid abatement efforts.

- Estimate the required budget for each step to ensure sufficient resources are available. Refer to Table 1 for help considering the appropriate level of evaluation for the funded initiative.

- Set a specific, clearly written objective – what will be done and who will do it – so that anyone can understand it. Remember the SMART principles.

- Establish a comprehensive timeline using the SMART principles. Know that it is never too early to consider collecting data.

- Define quantifiable indicators to measure impact or progress toward the goal; consider ways to ensure that all communities are represented in the data.

- Establish standardized protocols for implementing the initiative, ensuring that the initiative itself and the practitioners are culturally competent.

- Establish standardized protocols for data acquisition and analysis.

- Conduct systematic and regular analysis of the data, using the predefined method from your protocol.

- Disseminate findings through diverse channels and reporting mechanisms using plain language.

- Ensure comprehensive stakeholder engagement throughout the process with emphasis on PWLLE.

- Leverage the empirical findings to inform decision-making processes relevant to the initiative or project being evaluated.

- Begin planning for sustainability early.

Appendix 1. Administrative Data Sources and Uses

To evaluate your organization's efforts to reduce harms from the opioid crisis, consider using the following information types and sources of data

- Overdose deaths from death certificates, typically from state centers for health statistics or vital statistics. See Oregon's Death Data as an example.

- Health care treatment of overdose visits from electronic health records. Accessing electronic health records typically requires access to a health care system's or insurers' databases. Consider using the CDC's Drug Overdose Surveillance and Epidemiology (DOSE) system, which aggregates emergency department data from 42 states for this explicit purpose, or the Nonfatal Drug Overdose Surveillance Dashboard, which tracks suspected nonfatal drug overdose events in the pre-hospital care setting using nationally submitted emergency medical services data.

- Opioid prescriptions, or percentage of people with an opioid prescription from prescription drug monitoring programs. While the availability and accessibility of prescription drug data varies from state to state, many states publicly report opioid prescription data to some degree after the implementation of prescription drug monitoring programs and laws. See Massachusetts' Prescription Monitoring Program Data as an example.

Administrative data can also be incredibly useful in quantifying social determinants of health, which have an outsized impact on opioid overdose and drug use (Cesare et al., 2024; Heyman et al., 2019; Schell et al., 2022). Here are some quick examples and resources:

- Unemployment rates from the U.S. Bureau of Labor Statistics

- Incarceration rates from state departments of public safety

- Percentage of residents receiving government assistance, who have a high school education or higher, who have health insurance, living in poverty, the median income, and the percentage of vacant homes from the American Community Survey

- School grades, attendance, and disciplinary actions from state departments of education

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