

SUPPORTING DECISION MAKERS USING OPIOID SETTLEMENT FUNDS

Making Meaningful Investments at the Local Level



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EXECUTIVE SUMMARY

Payments from opioid settlements—expected to total more than \$50 billion over an 18-year period (2022–2040)—are being disbursed to state, local, and tribal governments across the United States. These funds provide a critical opportunity for policymakers to invest in public health interventions that save lives and mitigate growing racial inequities in overdose deaths. This resource is intended to support local leaders as they work to maximize the impact of opioid settlement funds and respond to their communities' needs.

City and county leaders are well-positioned to advance policy and programming to reduce overdose and other drug-related harms. Local governments may be able to stand up tailored interventions more quickly than their state and federal counterparts and nimbly adjust in response to changing needs. At the same time, they may face complex challenges including federal and state policy barriers to harm reduction and inadequate funding, infrastructure, or staff capacity to scale and sustain necessary interventions.

There are three key strategies local decision-makers can explore to guide the planning and implementation of their settlement activities:

- **Conduct community assessments** to understand the local landscape of drug-related harm and identify existing assets and barriers to services
- **Build partnerships** with people who use drugs, others with lived and living experience, organizations, and institutions who can provide

first-hand insight about the needs of people at the greatest risk of overdose and help deliver needed interventions

- **Blend and braid funding** from other federal, state, or philanthropic sources to supplement opioid settlement dollars

Local decision-makers should invest in public health solutions that are supported by evidence and tailored to reach those experiencing disproportionate harm. They will likely need to leverage strategies in each of the following categories to address the underlying conditions that contribute to risky substance use as well as the needs of people facing acute risk of overdose:

- **Upstream/primary prevention**, such as housing assistance and wraparound services for community members struggling to meet their basic needs and behavioral health support for youth
- **Harm reduction**, such as naloxone and fentanyl test strip distribution, community drug checking, and syringe services to support access to life-saving supplies for safer drug use
- **Evidence-based treatment**, such as expanding access to medications for opioid use disorder for all who need them


In addition to offering considerations to increase access to these solutions, this resource also describes the approaches that some localities have taken to maximize the impact of their opioid settlement funds, highlighting efforts in Milwaukee County, WI; Allegheny County, PA; and Mecklenburg County, NC.

INTRODUCTION

In recent years, drug overdoses have claimed more lives across the United States than at any other point in history.¹ Provisional data from the Centers for Disease Control and Prevention estimate that more than 107,500 people in the US died from a drug overdose in 2023.²

While drug overdoses affect every community in our nation, overdose deaths are increasingly characterized by inequities across race, income, and geography. Policies and systems that uphold structural racism have made Black, Indigenous, and other people of color (BIPOC) communities more vulnerable to drug-related health harms and undermined their access to treatment, harm reduction, and other resources that reduce overdose risk and promote health.³ As a result, Black, Native American, and Alaska Native people are shouldering some of the most acute and fastest-growing impacts of the overdose crisis.⁴

Local policymakers can leverage funds from opioid-related litigation to help stem the rising tide of overdose deaths and advance health equity in their jurisdictions. These funds, which are expected to total over \$50 billion distributed over an 18-year period (2022–2040),⁵ are the result of the settlements of lawsuits aimed at holding companies involved in the manufacturing, distribution, and marketing of prescription opioids accountable for their role in fueling the epidemic. The National Settlements, which account for the majority of settlement funds,⁶ require participating states and localities (i.e., cities and counties) to spend at least 70 percent of settlement funds on “opioid remediation,” codified in a non-exhaustive list of approved uses.^{7,8} Participating states and localities can use this funding to advance evidence-based strategies and tailored interventions that aim to rectify the harms experienced by BIPOC communities, people with low income, people who are unhoused, and others who face disproportionate

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risk of overdose. In addition to the National Settlements, settlements were reached in cases brought against manufacturers, retailers, and distributors by American Indian Tribal Nations. These settlements total more than \$1.5 billion for Tribes and Tribal health organizations.⁹

While some localities receive funding directly from their own settlements, most receive funds as they are allocated to them by their state governments. States vary in how they control, proportion, and allocate the funding they give to their localities, with some state Memoranda of Agreement or Understanding or other relevant legislation establishing additional requirements for how funds may be spent.¹⁰ Large cities and counties may receive millions of dollars in settlement funds, while smaller localities may receive as little as several thousand dollars.¹¹

As funding flows down to the local level, localities generally have broad discretion to decide how to spend funds, but specific governance structures vary.^{12,13} Some localities make decisions through elected officials such as mayors and city councils. Others may apportion funding and delegate the responsibility to relevant agencies such as public

health departments. Localities may also form advisory bodies with representation from community members, government staff, or both, to conduct needs assessments and make recommendations, provide oversight, or make decisions themselves.

This resource is intended to support local decision-makers and community advocates as they consider how to use their opioid settlement funding. The sections below discuss unique opportunities and challenges facing localities, summarize equity-centered uses for the funding, and outline case examples.

OPPORTUNITIES & CHALLENGES

Localities with opioid settlement funds have numerous opportunities and advantages they can leverage as well as challenges they must navigate. While some of these opportunities and challenges exist at all levels of government, others reflect the unique position of localities within the US federal governance system.

Opportunities

Localities are typically nimbler when acting.

Smaller and less centralized than their state and federal counterparts, cities and counties can be more agile and responsive in their governance. Local officials can more quickly implement and adjust policies in response to feedback from constituents, emerging trends, or evolving societal needs. This enables cities and counties to enact timely solutions that may not be feasible at the state or federal levels.

Further, localities often have the flexibility to form partnerships and collaborate with community-based organizations (CBOs), research institutions, and private entities like philanthropic foundations or businesses. Through these collaborations, localities may be able to leverage additional resources, expertise, and support, enabling their solutions to be even more responsive and effective.

Localities better understand the unique contexts of their constituents. Local officials are closer to their constituents, allowing policymakers to have a more intimate and nuanced understanding of local needs, preferences, and challenges. This proximity also allows for more direct engagement with community members.

Localities can partner with neighboring jurisdictions for regional impact. Cities and counties can combine funding or coordinate efforts with nearby jurisdictions to increase their collective impact.¹⁴

Challenges

Localities may be preempted or prohibited from funding or engaging in certain activities. For example, some state laws restrict or prohibit the distribution of syringes and other supplies for safer drug use. Federal law may also restrict approaches like overdose prevention centers, where people can use drugs that they have obtained elsewhere in a setting monitored by staff who can intervene in the event of an overdose.¹⁵ While some states and localities have enacted enabling legislation or built partnerships with CBOs to implement these programs,¹⁶ localities should consult an attorney if in doubt about the legality of an activity.

Localities may face policy barriers that impede engagement in certain activities. Even when a proposed funding activity is not explicitly prohibited by federal or state law, there may be additional restrictions or barriers that affect some aspect of the proposed activity. For example, even if syringe services programs (SSPs) are not explicitly prohibited under state law, drug paraphernalia laws or the way they are enforced may make the programs difficult to operate effectively.¹⁷ Other policies, like local zoning ordinances, can also hinder the siting and opening of harm reduction and drug treatment programs.¹⁸



EAGLE SUMMIT III IN DENVER, CO. PHOTO BY KATE MIYAMOTO OF USFWS

Localities may encounter opposition from officials or residents. Opposition from local elected officials or the public may cite fiscal, philosophical, political, or other concerns regarding a proposed use of funding. Some may question the cost effectiveness of the project, while others may categorically object to the activity, based on personal experiences or, commonly, stigmatizing or prejudicial beliefs. Elected officials may believe the proposal is unpopular with their constituents.

Beyond simply opposing evidence-based public health uses of settlement funds, some voices may seek to fund activities that do not effectively address the overdose crisis or even worsen harm, such as increasing law enforcement budgets¹⁹ or covering budget shortfalls.^{20,21} Approaches that rely on criminalization will not end the opioid epidemic; jurisdictions with higher rates of drug imprisonment are not associated with lower rates of drug use²² and incarceration itself increases the risk of overdose death.²³ Fear of arrest for drug use or possession may also deter individuals from seeking help when someone experiences an overdose.²⁴

To overcome these challenges, localities should work to understand who the supporters and opponents of a proposal are, listen to the concerns they have,

and build support by conducting outreach, providing education, and collaborating with key partners to address concerns.

Localities may require additional funds or infrastructure. Settlement funds, on their own, will likely not be sufficient to fully fund the policy and programs needed to end overdose deaths in any jurisdiction. Some smaller localities, especially, will not receive enough settlement dollars to design, implement, and sustain new interventions. Also, because of their smaller scale and budgets, localities may not always have the necessary service infrastructure, staff, or expertise to implement more complex strategies.

PLANNING & IMPLEMENTING EFFECTIVE INTERVENTIONS

There are several strategies available to help local leaders ensure funds from opioid settlements are invested in ways that best respond to their communities' needs. As localities plan and implement settlement-funded activities, they should work to understand the specific needs of people who use drugs (PWUD) and others at risk of drug-related harm in their communities, build partnerships across the institutions that touch their lives, and examine how investments can be bolstered and sustained.

Conduct Community Assessments

Community assessments are processes by which communities identify health needs and assets. In the opioid settlement context, community assessments should consult local data as well as PWUD and the organizations that serve them to understand the most pressing risks of drug-related harms, where and for whom those risks are concentrated, and gaps in or barriers to existing harm reduction and treatment services. This should include an understanding of the historical and ongoing harms of the “war on drugs,” which targets Black and other BIPOC communities with over-policing, arrest, and mass incarceration and has enacted punitive policies that have exacerbated the overdose crisis.^{25,26} As important, assessment processes should identify existing assets a community can leverage to address overdose, such as harm reduction organizations, health care providers, grassroots coalitions, faith-based institutions, and other entities that provide services and foster community connectedness.

Community assessments can help direct spending to activities that best respond to community needs and be used to encourage decision-makers to prioritize investments when resources are limited. Even if municipalities have conducted needs assessments in the past, local decision-makers should periodically update their assessments to monitor changing needs—especially regarding drug supply and drug use trends—and assess the impact of settlement spending to date.

The following resources offer more information on needs assessments in the opioid settlement context and two local examples:

- *The Principles: A Quick Guide to Conducting a Needs Assessment* (National Association of Counties & Johns Hopkins Bloomberg School of Public Health)
- *Opioid and Substance Use Needs Assessment:*

Final Report (Maricopa County Department of Public Health)

- *Mitchell County Opioid Planning Needs Assessment (Part One) and Community-Guided Learning Process around Substance Use in Mitchell and Yancey Counties (Part Two)* (Mitchell County and Yancey County Governments)

Build Partnerships

Municipalities can use settlement funds to facilitate collaboration among people and entities whose insight or support can help address the overdose crisis. This should foremost include PWUD and others with lived and living experience, including people in recovery, those at high risk of developing substance use disorders, and family members and friends of people who have experienced overdose. It should also include CBOs that serve PWUD and local grassroots or base-building organizations, which can provide critical, first-hand insight about the needs of people most at risk of overdose and build support for public health interventions. Other key partners include health care providers, researchers and policy experts, state and local government public health, behavioral health, and human services agencies, and corrections or law enforcement programs that support PWUD, like jail-based treatment providers. Settlement funding can be used to offset labor costs to ensure organization and agency staff are able to engage in partnerships and coordinate and plan for collective action. To maximize the benefits of these collaborations, municipalities should not just consult with PWUD and CBOs to plan the use of settlement funds, but also partner with them as decision-makers, making space for their expertise on advisory councils or within other local governance structures.

Local policymakers can also leverage settlement funds to enhance or open doors for new CBO services. CBOs—especially those led by people directly

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affected by drug-related harm or criminalization—are often better positioned than government agencies to deliver harm reduction and other services²⁷ given their reach, culturally specific expertise, and trusted relationships with historically marginalized groups. Granting settlement dollars to these organizations also affords community members agency to fund their own priorities and helps counteract long-term disinvestment in communities impacted by the “war on drugs.” CBOs may include local harm reduction organizations that distribute naloxone or administer syringe service programs, community-based treatment and recovery services, or nonprofits offering quick response. Decision-makers should work to make settlement funding accessible to these organizations, including by conducting outreach to ensure CBOs are aware of funding opportunities, providing support to navigate application and reporting processes, and making those processes as straightforward as possible.

Blend or Braid Funding

Blended and braided funding combine two or more funding sources to support a program or activity. The two are differentiated by their tracking and reporting

practices; braided funding separately tracks and reports on each source while blended funding does not continue to differentiate or track individual sources.²⁸ Both require administrative capacity and knowledge to manage the separate streams.

Opioid settlement funds can be blended or braided with other state or federal funding sources, such as Medicaid, block grants, or grants from the Centers for Disease Control and Prevention (CDC) (e.g., Overdose Data to Action) or the Substance Abuse and Mental Health Services Administration (SAMHSA) (e.g., State and Tribal Opioid Response Grants). Settlement funds may be more flexible than federal or state funding streams, allowing municipalities to cover gaps in more restrictive funding. For example, settlement funds could be used to purchase syringes and other safer drug use supplies if other existing sources are limited to other aspects of SSP operations.

In localities that receive smaller amounts of funds, policymakers may also consider pooling funds with neighboring jurisdictions to support regional investments and maximize impact. This approach may be particularly useful in jurisdictions with less governmental infrastructure or staff to operationalize settlement funds.

Allegheny County, PA is one example of a locality utilizing funding from multiple federal, state, and private sources, including Medicaid, CDC’s Overdose Data to Action program, SAMHSA’s Harm Reduction Grant Program, Pennsylvania’s Department of Drug and Alcohol Programs, and a local health system. By braiding and blending different sources of funding, Allegheny County is able to allocate more of its settlement funds to programs where blending or braiding may not be possible, or to programs that need temporary bridge funding until other more permanent sources can be secured.²⁹

The following resources offer more information on blending or braiding funding to support policies to combat the opioid overdose crisis:

- *Examining the Use of Braided Funding for Substance Use Disorder Services* (Substance Abuse and Mental Health Service Administration)
- *Transcending MET (Money, Ego, Turf): A Whole Person, Whole Government Approach to Addressing Substance Use Disorder Through Aligned Funding Streams and Coordinated Outcomes* (O'Neill Institute for National and Global Health Law at Georgetown Law)

Maximizing the Impact of Funds

To maximize the impact of opioid settlement funds, localities must account for the range of supports needed to both save lives in the immediate term and prevent substance use disorders and overdoses before they occur. Localities likely need to invest in multiple strategies across the continuum of prevention, harm reduction, and treatment to make sustainable progress in their work to mitigate drug-related harm.

While the strategies below represent several key evidence-based approaches to reducing overdose and other drug-related harm, they are far from exhaustive. As local decision-makers work to prioritize the needs of PWUD and others with lived and living experience in their communities, they can also look to recommendations from leading public health experts for additional spending guidance. The following resources are great places to start:

- *Principles for the Use of Funds from the Opioid Litigation* (Johns Hopkins Bloomberg School of Public Health)
- *Tribal Principles* (Center for Indigenous Health)
- *Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic* (Harvard T.H. Chan School of Public Health, et al.)

- *Strategies for Effectively Allocating Opioid Settlement Funds* (RAND)

Upstream & Primary Prevention

Upstream interventions. Upstream interventions aim to build the social, economic, and environmental infrastructure needed to prevent further opioid- and other drug-related harm. These strategies address the drivers of the overdose crisis, such as socioeconomic inequality, unstable housing, and community safety, to support and ultimately alleviate long-standing reliance on other remediation strategies.

Within cities and counties, policymakers can leverage opioid settlement funds to finance permanent supportive housing or provide short-term rental assistance to help people maintain stable housing. The city of Oakland, CA, for example, is using a portion of its opioid settlement funds, along with funding from other county and state sources, to transition over 150 unhoused people to temporary shelter and ultimately place them in permanent supportive housing.³⁰ Jurisdictions can further support housing for PWUD by prioritizing Housing First approaches, in which housing is not conditioned upon abstinence from drugs,³¹ and providing wraparound services to connect people with treatment, employment support, and other resources.

In another example, Spokane, WA has invested \$500,000 in settlement funds to expand the fire department's Community Assistance Response program. The program aims to identify and address underlying needs of individuals following an encounter with emergency services, such as for housing, food, health care, and other resources, and make connections with appropriate supports.^{32,33}

Localities may also choose to invest in local programs to help people meet basic needs, reduce poverty-related stress, and support recovery. These may include programs that bolster state or federal food, childcare, or transportation assistance, or pilot



PHOTO BY ALLISON SHELLEY FOR AMERICAN EDUCATION

programs that provide cash directly, such as guaranteed basic income.³⁴

Youth prevention strategies. Opioid settlement funds present an opportunity to invest in youth-focused primary prevention strategies, which may help young people reduce or avoid risky substance use, access mental health support, and navigate other pressures of school and family life. Localities can consider using settlement funds to improve or expand youth behavioral health supports (e.g., by funding school-based mental health services and/or increasing district staffing to ensure that all students have access to counselors or social workers);³⁵ implement universal screening programs in schools, health care settings, or community programs to identify and support youth experiencing substance use and overdose risk;³⁶ or adopt credible, evidence-based prevention programming that aims to support overall youth well-being.^{37,38} Rhode Island, for example, has used settlement funds to place master's-level student assistance counselors in all middle and high schools across the state, each of whom is specially trained to identify and provide intervention for students who experience risk factors related to drug and alcohol use.³⁹ Cities and counties can consider using settlement funds to support similar investments in their local school districts.

Community-based programs are also worthy of local investment and can increase the quality and responsiveness of youth prevention. This is especially true of those that directly engage youth as leaders and partners, through youth coalitions, advisory boards, or participatory action that empowers youth to identify and address conditions driving drug-related harm.^{40,41}

Harm Reduction

Naloxone distribution. Naloxone is a medication used to quickly reverse the effects of an opioid overdose. It is available as an intranasal spray and an intramuscular injection, among other forms, and can be easily administered by emergency responders as well as laypeople without formal medical training.⁴² Naloxone is safe, effective, and carries no risk of abuse.⁴³ When purchased in bulk, the intranasal version costs agencies and organizations approximately \$22–60 per kit, while the injectable version is only a few dollars per dose.^{44,45} Research shows that naloxone distribution programs are associated with reduced opioid-involved overdose deaths and do not increase illicit drug use.^{46,47}

Particularly in municipalities where funds are insufficient to establish new programs and services, policymakers can consider using settlement dollars

to help saturate their communities with naloxone, so that it's available everywhere PWUD and others likely to witness an overdose may need it. They can also maximize accessibility through low-barrier methods of distribution, such as vending machines⁴⁸ and online ordering,^{49,50} and distribution strategies tailored to reach people facing high risk of overdose. Tailored distribution strategies may include street outreach to people who are unhoused,⁵¹ distribution to people exiting incarceration,⁵² peer distribution,⁵³ and emergency room-based distribution to patients treated for nonfatal overdose or other drug-related harm.⁵⁴ Several counties across North Carolina, for example, have installed free naloxone vending machines in their jails and detention centers, increasing hands-off, judgment-free access for people who are incarcerated and those preparing for reentry.⁵⁵

Supply of fentanyl test strips and other drug checking equipment. Fentanyl test strips (FTS) can help prevent drug overdose by detecting the presence of fentanyl and fentanyl analogs in drugs. Other rapid drug test strips can detect the presence of high-risk substances such as xylazine. More complex methods of drug checking, like infrared or mass spectrometry, can check substances for a broad range of adulterants and are often performed at SSPs, health departments, or labs with technicians who are trained to analyze the results. Comparatively, FTS are inexpensive, costing between \$1–3 per strip, or less when purchased in bulk. They are also easy to use⁵⁶ and associated with the adoption of safer drug use behaviors that may reduce overdose.⁵⁷

As with naloxone, local policymakers can increase access to FTS by purchasing them in bulk and distributing them to PWUD or funding CBOs to do so. For example, Maricopa County, AZ has granted approximately \$124,000 in settlement funds to a community-based harm reduction organization to expand distribution of FTS and other safer use supplies.⁵⁸

Local health departments may be well-positioned to implement more advanced methods of drug checking and systems to comprehensively monitor the local drug supply.⁵⁹ Settlement funds can be used to cover start-up costs for these efforts, sponsoring equipment, reference materials, or technical training.⁶⁰ For example, the New York City Department of Health and Mental Hygiene partners with OnPoint NYC, a community-based overdose prevention center and SSP, to provide on-site drug checking with a Fourier-transform infrared spectroscopy machine and secondary testing with a partner lab. Participants and staff can test samples before use to protect against overdose and after an adverse reaction to track adulterants in the drug supply.⁶¹

Provision of syringes and other safer use supplies. Many blood-borne infections among PWUD can be prevented by the provision of sterile syringes and other drug use supplies. Many organizations provide access to sterile syringes, syringe disposal, and often offer other equipment for safer drug use, such as naloxone, FTS, and first aid supplies. These organizations, which can include SSPs, local health departments, community clinics, and emergency departments, can also serve as critical linkage points for substance use disorder treatment and related health care, such as access to medications for opioid use disorder, infectious disease care, and vaccinations. They can also connect individuals with other supportive services, like mental health care and food assistance.

As deaths involving methamphetamine and cocaine—often in combination with opioids—are on the rise, SSPs and other organizations can further their impact by offering safer smoking kits to reduce dangers associated with using broken or shared pipes, help delay injection drug use, or encourage safer routes of consumption.^{62,63} Safer smoking equipment can also help better serve Black and Latinx communities, which have faced dramatic increases



PHOTO BY OFFICE OF THE GOVERNOR OF PENNSYLVANIA (TOM WOLF).

in stimulant-involved overdoses in recent years.⁶⁴ Providing sterile and safer use equipment for all routes of consumption is ideal in order to reach the broadest audiences possible.

Despite a wealth of evidence that SSPs are effective in preventing the spread of infectious diseases and helping protect against overdose deaths,^{65,66,67} prevailing criminalization-focused law and policy render the distribution of syringes and other safer use supplies impermissible in many localities. To date, only a minority of counties have SSP services.⁶⁸ Funding limitations also pose a significant barrier, as most federal and some state funding streams prohibit the purchase of syringes.^{69,70} Public funding streams may also prohibit the purchase of safer smoking kits.⁷¹ As mentioned above, considerably more flexible settlement dollars represent an opportunity for some local leaders to address this gap.⁷² Local policymakers should review policies to remove barriers restricting access to safer use supplies. They can also partner with CBOs or the health department to increase access to safer drug use supplies, cover supply procurement costs, and otherwise expand services so they are available to more PWUD. St. Louis County, MN, for example, dedicated approximately \$49,000 in settlement funding to expand services in two local SSPs, extending their hours of operation and launching testing for HIV, hepatitis C, and syphilis.⁷³

Local decision-makers may face legal barriers to harm reduction.

Some state drug paraphernalia laws leave people vulnerable to arrest or prosecution for possession or use of syringes, FTS, other drug checking equipment, and other items considered paraphernalia.⁷⁴ This can affect not only PWUD, but also program employees, volunteers, and others who distribute supplies for safer drug use. Some states have also enacted policies to ban SSP operations outright.⁷⁵ At the local level, policymakers can work to understand their specific legal environment and leverage any flexibility in state law to support harm reduction. Even when some restrictions exist, paraphernalia laws may exempt certain items, like syringes or FTS, from the definition of paraphernalia or allow certain entities, like health departments or organizations that work with PWUD, to possess and use such items. Localities can also use their law enforcement discretion to decline to enforce or prosecute offenses related to paraphernalia.

Evidence-Based Treatment

Medications for opioid use disorder. Medications for opioid use disorder (MOUD) are an evidence-based approach to treating opioid use disorder. Robust, long-term evidence demonstrates that MOUD reduce illicit drug use, curb risk of overdose death and infectious disease, and improve retention in treatment.⁷⁶ However, despite their clinical effectiveness, MOUD remain out of reach for many due to limited availability, cost, and the stigma associated with treatment.^{77,78} Methadone treatment remains accessible only through heavily regulated clinics that are often burdensome to access. Lower-barrier treatment is especially inaccessible for many BIPOC communities and people with low incomes, given inequitable geographic distribution of buprenorphine treatment providers, bias in prescribing practices, and disparities in access to health insurance coverage.⁷⁹ Pregnant and parenting people, too, face heightened barriers to MOUD access rooted in stigma, laws that criminalize prenatal drug use, and fear that seeking treatment may result in loss of child custody or other involvement in the child welfare system.⁸⁰

Local jurisdictions can leverage opioid settlement funds to expand access to MOUD for these communities and others facing risk of overdose by funding mobile MOUD services or transportation to clinics,^{81,82} providing on-demand MOUD hotlines that connect people to immediate care,⁸³ partnering with CBOs to reach people who may not be comfortable in traditional treatment settings,⁸⁴ and providing MOUD in county jails.⁸⁵ Cities and counties can also leverage existing emergency medical services to promote access to MOUD by implementing bridge programs that allow first responders to initiate treatment and connect patients to ongoing care.⁸⁶ The emergency medical services team of Austin-Travis County, TX, for example, operates a buprenorphine bridge program to provide care to patients who have experienced an overdose and are interested in treatment, meeting with them daily to administer buprenorphine until they can establish ongoing care with a MOUD provider.⁸⁷

CASE EXAMPLES

Allegheny County, Pennsylvania

Use of Funding

As of publication, Allegheny County, PA has spent nearly \$7.5 million in settlement funds on existing and new programs. The county is projected to receive at least \$90 million over an eighteen-year period from various opioid settlements. The largest expenditure categories to date include increasing access to treatment, including MOUD; supporting recovery and harm reduction efforts for recently incarcerated individuals; access to housing, such as low-barrier shelters;⁸⁸ and funding other evidence-based services.⁸⁹ The following activities are especially noteworthy:

- **A telehealth bridge clinic to expand access and reduce barriers to receiving MOUD treatment.** The Telemedicine Bridge Clinic at the University of Pittsburgh Medical Center opened in 2020 and has since served over 3,000 patients across over 8,000 visits. Settlement funding is anticipated to allow the clinic to expand up to four-fold, potentially adding capacity for over 9,000 visits per year to serve nearly one in six county residents experiencing opioid use disorder.
- **Programs to support incarcerated and recently released people.** Funds have been allocated to expand access to MOUD and certified peer support in the Allegheny County Jail. They are also supporting a local health clinic providing transitional services for people released from jail, including general medical care, treatment for substance use disorders, and support to address social determinants of health.
- **Low-barrier housing options for PWUD.** These options include shelters that do not require that residents pursue additional services, abstain from substances, or seek mental health care in order to stay.

For more information on Allegheny County's opioid settlement fund expenditures, see the county's [funding dashboard](#) and [funding plan](#) for fiscal year 2023–24. For more information on specific programs the county is funding, see their [2024 Opioid Settlement Annual Report](#).

Unique Approaches

In addition to the broad range of programs it funds, Allegheny County is unique in that it leverages its comprehensive data analytics department to better support policy development, improvement, planning, implementation, and decision-making.⁹⁰ This analysis is made possible through data sharing and collaboration across Allegheny County's various agencies and departments including the health department, department of human services, county jail, school districts, and others.

[This guide](#) from the Health Resources and Services Administration offers helpful strategies to address challenges common to interagency data sharing.

Mecklenburg County, North Carolina

Use of Funding

Mecklenburg County, NC is projected to receive \$73 million in opioid settlement funds over an eighteen-year period. As of 2023, the county has invested almost \$11 million in settlement funding across a variety of programs, organizations, and strategies. The following activities are especially noteworthy:

- **Distribution of naloxone throughout community spaces.** Settlement funds are being used to purchase and distribute naloxone in public schools, shelters, jails, and other spaces that may be frequented by PWUD. Naloxone is also made available for law enforcement and emergency services teams to distribute.
- **Prevention programs for foster care-involved youth and youth who may be at risk of developing substance use disorders.** These programs, offered by local organizations, include trauma-informed awareness and prevention training with youth and their families and tailored outpatient care.
- **Housing programs.** Mecklenburg County has invested in a range of housing programs, such as recovery housing for formerly incarcerated people re-entering the community and low-barrier Housing First programs that utilize critical time intervention principles and connect individuals with active and risky substance use immediately to housing and health care.

For more information on Mecklenburg County's opioid settlement fund expenditures, see the county's [spending plan](#).

Unique Approaches

Other programs Mecklenburg County funds include SSPs, medical groups providing MOUD to under- and uninsured patients, employment training for individuals entering or re-entering the workforce, and more. The broad range of funded programs reflects the county's commitment to providing a continuum of services to meet people with varying needs at varying stages of overdose risk, including pre-initiation of substance use, active use, or recovery.

Milwaukee County, Wisconsin

Use of Funding

Milwaukee County, WI is slated to receive \$102 million in opioid settlement funds over the next eighteen years. As of publication, the county has spent over \$16 million across fifteen projects, which include programs for harm reduction, increased access to MOUD, youth education, and outreach for unhoused populations.⁹¹ The following activities are especially noteworthy:

- **Harm reduction vending machines.** The county has sponsored eleven vending machines that provide free, on-demand naloxone, FTS, medication deactivation pouches, and medication lock bags. Canvassers were deployed in neighborhoods with vending machines to inform residents that these machines were available to dispense harm reduction supplies. Supplies from the vending machines have been readily received by the community, with 1,958 nasal naloxone kits, 2,286 FTS, 6,510 medication deactivation pouches, and 1,491 medication lock bags taken from the machines as of April 2024. The county intends to install an additional eight machines in 2024 and include drug checking equipment that can detect the presence of xylazine, an adulterant that has been detected in an increasing percentage of fatal drug overdoses.⁹²
- **Expansion of a medication-assisted treatment project.** This program, called “Behind the Walls,” provides access to MOUD treatment to individuals incarcerated in two Milwaukee County institutions. In 2023, Behind the Walls served 99 individuals.
- **Capacity increases within the Children, Youth, and Family Service Division of the county’s Department of Health and Human Services.** Leveraging settlement funds, the division will add a therapist and a clinical director to their staff in 2024 to improve drug education, treatment, and linkage to community-based services for justice-involved youth.

Unique Approaches

Milwaukee County’s settlement fund strategy also includes ensuring that money is disbursed equitably and received by organizations well-positioned to deliver locally informed and culturally responsive services. To further this goal, Milwaukee County hosted a series of community meetings to obtain feedback from community organizations and leaders. A key insight shared during these meetings was that smaller CBOs routinely faced challenges with writing competitive applications and did not always have the staff capacity or expertise to navigate complex grant requirements. In response, the county provided technical assistance to CBOs, providing grant writing support and helping organizations translate their programmatic activities into evidence-based narratives responsive to grant applications.

To ensure organizations serving populations disproportionately affected by the overdose crisis and drug criminalization could compete for funding, applicants were asked to describe which communities they were serving and their specific needs for funding. Currently, funded grantees include CBOs that serve Black, Hmong, and Spanish-speaking communities, as well as veterans.

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ChangeLab Solutions is a nonprofit organization that provides legal information on matters relating to public health. The legal information in this document does not constitute legal advice or legal representation. For legal advice, readers should consult a lawyer in their state.

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