Technical Appendix

Pathways to Progress: A Community Guide for Sustainable Opioid Settlement Fund Investments

Leveraging opioid settlements to support sustainable community-based Substance Use Disorder (SUD) treatment and recovery infrastructure

Key Recommendations

- **Assess**
  - Conduct a needs assessment by utilizing data tools, engaging in community-level participatory research, and other community engagement activities, and incorporating voices from individuals in recovery and underserved communities.
  - Understand potential investment areas and local resources across the care continuum to inform next steps after conducting a needs assessment.
- **Collaborate**
  - Co-design Opioid Use Disorder (OUD) interventions and integrate in existing care systems through strategic and operation plans, working with regional partners to facilitate the design, implementation, and operational management of OUD interventions.
  - Facilitate shared learning by leveraging existing resources and establishing learning collaboratives.
  - Maximize resources by pooling funds and using newly developed guidance to inform decision on how to best leverage opioid-related funding.
- **Fund**
  - Create a financial roadmap together with strategic partners that identifies the major revenue streams available to different strategic initiatives relative to the fund's specific allowable uses, reporting requirements, timelines, and other pertinent factors.
  - Use opioid settlement dollars to invest in essential infrastructure for supporting person-centered, community-centric SUD opportunities, including chronically underfunded areas such as workforce support and data support where other funding is unavailable.

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About Duke-Margolis

The mission of the Robert J. Margolis, MD, Institute for Health Policy at Duke University is to improve health, health equity, and the value of health care through practical, innovative, and evidence-based policy solutions. For more information, visit www.healthpolicy.duke.edu

About Third Horizon Strategies

Third Horizon Strategies is a boutique strategy and advisory firm focused on shaping a future system that actualizes a sustainable culture of health nationwide. Third Horizon Strategies serves as the manager of the Alliance for Addiction Payment Reform, a national cross-sector learning collaborative working to advance value-based principles leveraging recovery-oriented system design for Substance Use Disorders. Learn more at www.thirdhorizonstrategies.com.

Introduction

Municipal, county and state leaders are grappling with the effects of the opioid crisis, as Opioid Use Disorder (OUD) has evolved into a severe public health crisis affecting millions of Americans. The widespread opioid epidemic has disproportionately affected people with lower incomes, people with disabilities, and communities of color. For example, the risk of lethal overdose is higher in lower-income and disabled populations and greater disparities in opioid overdoses exist in low-income counties among Black people.

Despite the success demonstrated by evidence-based methods in stemming the tide of the epidemic and better linking patients with treatment and recovery options, several systemic and structural barriers have impeded the implementation of these innovations. These barriers include a lack of funding to invest infrastructure to improve behavioral health, pervasive stigma, an inadequate workforce, system fragmentation, and other barriers related to health coverage and reimbursement. A 2021 SAMHSA report found that 43.7 million people aged 12 or older required substance use treatment; however, only approximately four million received any form of treatment. Moreover, as illustrated in Figure 1, the nature of the opioid crisis has evolved over time, transitioning from prominent misuse of prescription opioids to the adoption of illicit drugs.

Figure 1: 12-Month-ending drug overdose deaths by drug class, United States

Legend for Drug or Drug Class

- Heroin (T40.1)
- Methadone (T40.3)
- Natural & semi-synthetic opioids (T40.2)
- Opioids (T40.0-T40.4,T40.6)
- Synthetic opioids, excl. methadone (T40.4)

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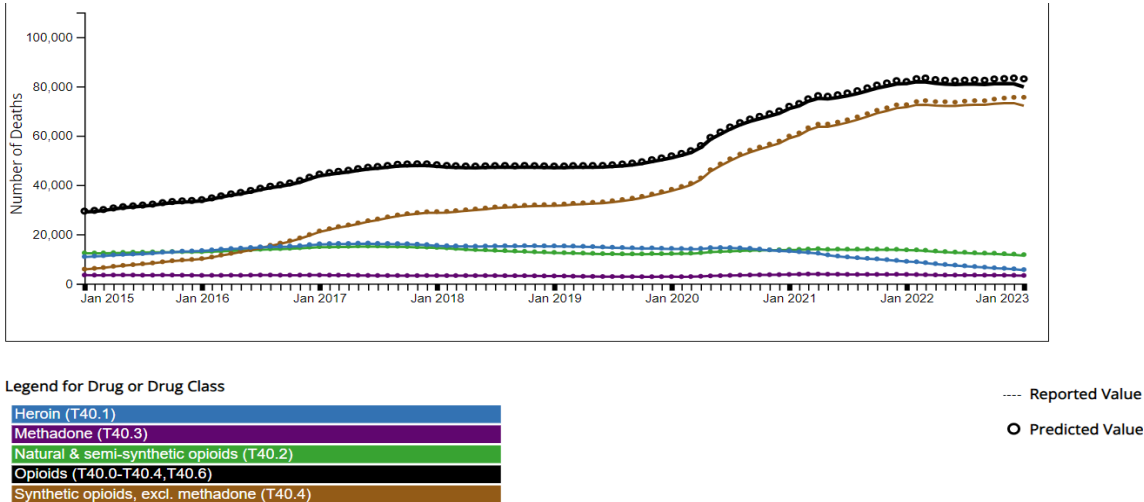
Opioid Funds and New Policies Present New Opportunities and Challenges

The recent nationwide opioid settlements provide new, flexible funding streams exceeding $50 billion to invest in prevention, treatment, and recovery services for OUD. Opioid settlements take place in a larger context with multiple federal and state government funds supporting a variety of opioid response efforts available. Moreover, several policy flexibilities implemented during the acute phase of the COVID public health emergency are being renewed or reviewed for

additional flexibility. Notably, initiatives such as the elimination of the "X-waiver" requirement for providers to treat patients with OUD and the implementation of chronic pain management codes have enhanced prevention, treatment, and recovery services across the care continuum.

Despite having these resources and some guidance provided to national, state, and local stakeholders in building systems to respond to the crisis, (e.g., Principles for the Use of Funds From the Opioid Litigation) stakeholders remained challenged in charting the recovery path for their communities and managing funding opportunities. Specifically, a lack of coordination among disparate community and regional stakeholders has resulted in a fragmented response to the opioid epidemic, further complicating implementation. The lack of data and comprehensive assessments guides to inform decision-making on optimal opportunities has hindered timely action. Additionally, incomplete guidance with limited insights on how communities should address the sustainability of investments after settlement funds concludes has heightened concerns among stakeholders.

In light of these challenges, and the complex environment, we developed this guide for local and state leaders tasked with overseeing the use of opioid settlement funds. This guide was informed by a multiphase project that included a targeted literature review, and semi-structured interviews and a convening with state, county, and municipal leaders, opioid subject matter experts, payers, providers, patient advocates, persons with lived experience, and trade associations. The resulting framework identifies investment opportunities to create sustainable, recovery-oriented systems of care across the prevention, treatment, harm, and recovery domains. Within this guide, we offer valuable resources to empower county and state leaders to take impactful actions across the three focal areas illustrated in Figure 2 and described below:

1) **Assess**—The first step in the decision-making process is to evaluate the needs of your community and identify existing resources (or gaps) to meet those needs. This section will include strategies for evaluating the historical, current, and future needs of your community relative to existing resources and capacities to identify where strategic investments from settlement funds can have the greatest impact.
2) **Collaborate**—Sustainability of any investment is unlikely unless you work with local, regional, and state level partners, as this maximizes the use of funds, avoids duplication, and can leverage economies of scale. This section of the guide will provide steps to collaboration and highlight examples at the state and local level.
3) **Fund**—This section will describe key elements of developing a vision for how opioid settlements might integrate with existing funding streams for OUD and planning for long-term sustainability of funded programs.

Figure 2: Framework for Sustainable Opioid Settlement Fund Investments
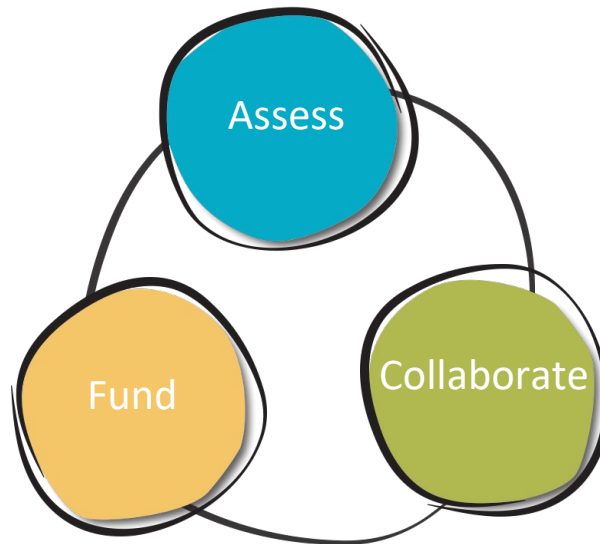
Assess: Evaluate Your Community for Strategic Prioritization of Investment Opportunities across the Care Continuum

Recognizing the distinct needs of each community, it is imperative state and local leaders to start the process by assessing the underlying causes, as well as present and future needs of their community. Additionally, leaders should gauge the existing resources and capacity available to address these needs. Actionable steps local and state leaders can take to identify their community needs and resources across the care continuum using opioid-related funding are presented below.

Assessing Current and Future Needs

Several data tools exist to support community leaders in conducting these needs assessments, including Duke Margolis's Opioid Abatement Needs and Investment Tool. This tool allows users to identify key factors related to opioid dependency, including per capita income, high school completion rate, and opioid related hospitalizations. It also assesses region's capacity to respond to the opioid crisis across social determinants of health domains. In addition to Duke-Margolis' tools, several other resources also can support opioid settlement stakeholders in conducting a needs assessment. For example, NORC at the University of Chicago developed a Recovery Ecosystem Index Map for stakeholders to assess counties' performance across a variety of metrics around SUD support. The data derived from these tools serve as a starting point for shared learning and collaboration among stakeholders, contributing to the creation of customized resource guides that can be used to address identified needs and assist policymakers in priority-setting discussions for allocating opioid settlement funds. Examples of counties successfully completing community needs assessments include Cambria County Drug and Alcohol

program, Wake County, NC's community health needs assessment and an assessment led by the Healthcare Foundation of La Porte, IN. These assessments showcase the diverse applications of leveraging data driven tools to inform strategic decision making and foster collaboration in response efforts. To identify local needs and resources, local and state leaders should also engage with community representatives to contextualize and supplement findings. Community engagement, in this context, involves the inclusion of people with lived experiences, family members and caregivers, community-based organizations and patient advocacy groups. Evidence shows engaging communities helps to support health promotion, address public health emergencies, and advance health equity by ensuring the voices of communities who have been historically underserved are used to help inform policies and investments needed to reduce health inequities. However, it is essential to note that community engagement alone does not guarantee improved health outcomes. To achieve effective and meaningful community engagement, efforts must be designed with health equity as a central focus, engaging diverse communities, facilitating power-sharing, promoting bidirectional learning, and integrating community voices into research and decision-making processes.

Extensive work has been done to promote effective and meaningful community engagement in both research and in practice. For example, approaches such as community-based participatory research and community-engaged research are established and valued research approaches where researchers involve communities in informing policies processes, preventing harmful research practices, and promoting equity. In addition, deliberative public forums, or mini-publics, that emphasize public participation in policy decision-making have emerged as key pathways to elevate community voices in the policy decision-making process. Several experts have also developed community engagement frameworks and set forth principles to guide efforts to meaningfully engage communities. Drawing from our literature scan, key steps local and state leaders can take to engage and elevate community voices include:

- ***Incorporating underrepresented stakeholder groups into formal governance processes***: For example, local and state leaders can reserve specific seats for people with lived experiences and other groups experiencing disparities attributable to clinical conditions, geographic location, and race and ethnicity into formal groups with investment authority.
- ***Developing opportunities to collect input and keep diverse stakeholders engaged***: Local and state stakeholders can establish coalitions, listening sessions, call lines, surveys, and other public forums/mini-publics, like Pennsylvania has utilized, to collect input and keep diverse stakeholder groups engaged and informed, especially on settlement funds. In addition, state and local leaders can seek support from third-party entities to help establish channels that facilitate cross-sectoral collaboration, coordination, and communication to collect feedback iteratively and adapt approaches as needed.

> **Spotlight: Elevating Community Voices through Cross-Sectoral Collaboration**
> The Northern Sierra Opioid Safety Coalition (NSOC) is a coalition that aims to prevent OUD and facilitate recovery for individuals affected by OUD. Established in 2016, the coalition consists of diverse stakeholder groups across four counties in northern California. These stakeholder groups include public health experts, local hospitals, the criminal justice system, law enforcement, nonprofits, and community members. Through the coalition's collaborative efforts and by elevating community voices, the regions within the coalition have seen a reduction in unsafe prescribing practices as well as a reduction in overdose-related deaths.

Assessments should be mindful of how potential partners can work collaboratively to sustain projects in the long run. The opioid epidemic is a complex public health crisis that involves a wide range of stakeholders, including but not limited to policymakers, providers, people with lived experiences, payers, community-based organizations, and others.

Understand Potential Investment Areas and Local Resources Across the Care Continuum

Prior to making spending decisions it is important to understand guidelines and requirements set by your state, county, and/or city for fund allocations and uses. The Opioid Settlement Tracker is a valuable tool that includes the status of state opioid settlement settlements and publicly available information on state allocation plans, where available. The National Academy for State Health Policy's tracker has information on the National Opioid Settlement specifically. Although specific strategies may vary by state and locality, the core abatement strategies described in the national settlement agreements span the care continuum as described below. A Primer on Spending Funds from the Opioid Litigation by the Johns Hopkins Bloomberg School of Public Health also provides a helpful guide on spending.

Prevention: For sustainable change, SUD interventions must identify and address the root causes of OUD that affect both the population and individuals prior to addiction. Health system factors, such as poor prescribing, are key drivers of the current opioid crisis, but structural conditions and factors outside the health system, including unemployment, housing instability, education, and poverty also influence a person's use or misuse of substances. Settlement dollars provide opportunities to mitigate these influences, and promote seeking help through anti-stigma campaigns and harm reduction services.

Treatment: Opportunities for treatment interventions are traditionally part of the health system (e.g., increasing access to affordable substance abuse treatment programs such as methadone, buprenorphine, and cognitive behavioral therapy) and focused on acute aspects of care. However, intervention can also look outside of health care and include harm reduction tactics such as access to Narcan.

Recovery: Recovery is an important phase of the patient's journey where critical investments are often lacking. Without robust recovery systems in place for chronic care of opioid use disorder, chronic care management of the patient is challenged and patients are more likely to relapse.

Some examples of supporting whole-person, accountable care include mutual-aid support meetings, recovery housing, and community centers.

Impact of Disparities: While opioid-related overdoses have risen among nearly all demographic groups, overdoses have risen most rapidly for non-Hispanic Black populations. Further, non-Hispanic Black people, non-Hispanic American Indian or Alaskan/Asian/Hawaiian/Pacific Islander people, and Hispanic people had 42%, 12% and 22% lower odds of receiving treatment such as buprenorphine than non-Hispanic White people. Effective community assessments must consider the effects of stigma, structural racism, and other systemic barriers contributing to disparities across vulnerable populations with high morbidity/mortality rates to target investments in prevention, treatment, and recovery efforts.

> **Recommendations**
> - Utilize empirical tools, such as Duke Margolis's Opioid Abatement Needs and Investment Tool, to conduct a needs assessment. Stakeholders should augment these assessments through community-level participatory research, mini-publics, and other community engagement frameworks, incorporating voices from individuals in recovery and underserved communities.
> - Understand potential investment areas and local resources across the care continuum to inform next steps after needs assessment.

Collaborate: Coordinate to Maximize Impact and Sustain Community-Based SUD Infrastructure

Assessment of local needs and capacity is vital for developing effective strategies for investing opioid settlement funds. However, these assessment plans also must promote and facilitate collaboration across stakeholder groups—both within local and state jurisdictions and across jurisdictional lines. This collaborative approach aims to establish non-redundant systems that prevent OUD, increase treatment access, and support OUD recovery. Collaboration is particularly crucial due to the fragmented nature of the health system, uncoordinated funding mechanisms, and insufficient capacity and resources in many areas of the care systems.

Coordinating OUD Initiatives: Insights from stakeholder interviews indicate that local and state leaders can coordinate OUD initiatives by actively involving non-governmental stakeholder groups in the co-designing and integrating of these initiatives. Co-designing OUD initiatives informs local strategies to address the opioid crisis, helps to maintain stakeholder buy-in, and improves long-term sustainability and impact. Key opportunities to coordinate OUD initiatives include:

- ***Co-designing local and regional strategic plans***: Local and state leaders can co-design strategic resources to guide their investments; such strategic resources include but are not limited to regional strategic plans, toolkits, and financial roadmaps. In Minnesota, for example, the Minnesota Department of Health and the Minnesota Business Partnership co-developed a [toolkit](#) that employers can use to support the opioid epidemic response in the workplace. Co-designing these initiatives will help align goals across stakeholders.

- ***Integrating operational processes into existing care systems:*** Local and state leaders should encourage partnerships to integrate the operational processes associated with OUD initiatives where possible, as this approach reduces burden and promotes more [sustainable practices](#) across the across the SUD care continuum. Integration of new OUD initiatives funded by the settlement funds also encourage ongoing engagement and accountability across key stakeholders by fostering a sense of [shared commitment, goals, and responsibility](#) for outlined goals. In the context of a mental health system plagued by chronic underfunding and limited data sharing capacity, integrating operational aspects provides avenues for leaders to leverage the collective insights, expertise, and resources of various stakeholders involved in OUD initiatives, ultimately improving efficiency and reducing duplicative efforts.

  Integrating physical health, mental health, community and social services, and other aspects of whole-person care is well-established approach to improving health and well-being. This integration is [integral for a coordinated and cohesive OUD approach](#), aligning resources and efforts from various sectors and organizations and sharing insights and lessons learned for ongoing improvements. Seamlessly weaving these components into the health system will ultimately help local and state leaders to improve care coordination, streamline complex care processes, and design more adaptable, [equitable](#), and resilient frameworks for tackling the complex challenges associated with OUD treatment. Adopting this collaborative and innovative approach provides the most [optimal environment for successful OUD initiatives](#) and sets the stage for a more sustainable and cohesive public health response to the ongoing crisis.

Spotlight: Regional Approach to Coordinating OUD Initiatives
To coordinate and maximize the impact of its opioid response, Arapahoe County in Colorado launched a [regional council](#) along with its municipalities. This regional council consists of elected and local leaders and prioritizes regionalism, collaboration, and abatement in order to address the opioid crisis. Council members coordinate Arapahoe County's OUD initiatives by leveraging its two-year strategic plan developed to guide their opioid-related investments. As part of this strategic plan, localities within the regional council plan to join efforts to invest in anti-opioid programs and capital improvement projects, which are key areas to support opioid recovery and prevention.

Local and state leaders can continue to encourage and facilitate opportunities to align goals and improve integration of new opioid investments into existing public health, health care, and social services through shared learning by establishing or joining existing learning collaboratives:

- *Leverage existing resources:* For example, local, regional, and state leaders can adopt or build on payment and care delivery models developed specifically for the chronic nature of addiction such as the Addiction Recovery Medical Home Model—an alternative payment model designed to promote whole-person using flexible payment arrangements and through health system integration.

- *Establish joint learning collaboratives or forums*: Local and state leaders can also learn from each other through collaboratives and forums such as the Opioid Response Project, a two-year health promotion learning collaborative that successfully prepared ten local communities to address the opioid crisis at the community level. Through such collaboratives, stakeholders can learn how other leaders are leveraging opioid funds to address the OUD crisis and tailor lessons learned to their own context.

Aligning and sharing resources: Several resources are being deployed and developed to address the opioid crisis beyond the opioid settlement funds (e.g., data tools, financing principles, and other state-based guides). To maximize the impact of opioid settlement funds, localities and states can consider pooling their resources together as local and state policies allow. While pooling resources can help local and state leaders maximize the impact of their funds, it also facilitates opportunities to have a greater impact within their communities. Resource collaboration may include using newly developed guidance to inform decision-making. Several resources have recently been developed to guide the use of opioid settlement funds. Local and state leaders can use these newly developed resources to guide their decision-making and track their investments. Examples of resources developed to inform decision-making include the opioid settlement tracker and financing principles.

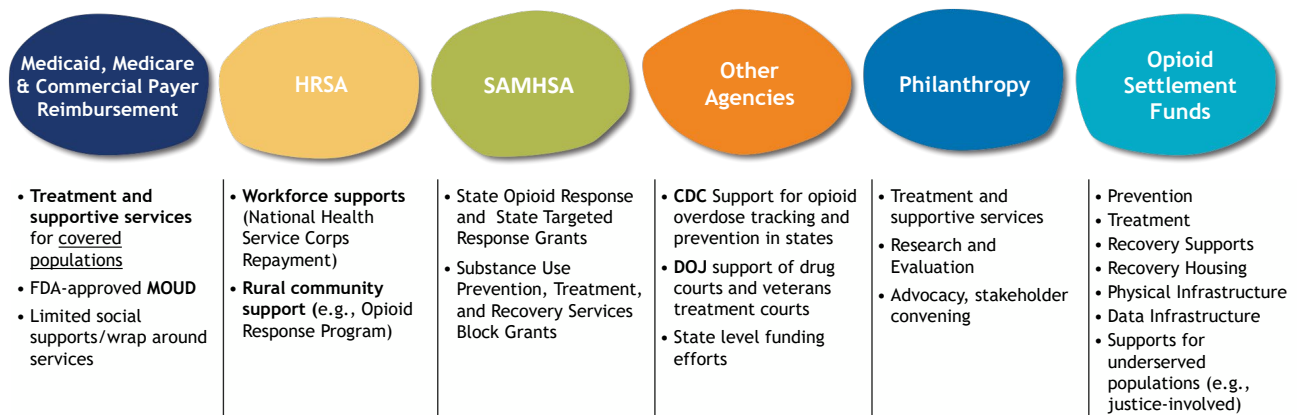---

Recommendations
- Co-design OUD interventions and integrate with existing care systems through strategic and operational plans, especially with regional partners.
- Facilitate shared learning by leveraging existing resources and establishing learning collaboratives.
- Align resources around newly developed guidance to inform decisions on how to best leverage opioid-related funding.

Fund: Create a Financial Roadmap that Incorporates Multiple Funding Stream and Promotes Long Term Sustainability

Local and state policymakers in charge of settlement fund oversight face explicit and implicit tradeoffs in choosing how they use settlement funds. While settlement funds have a longer distribution period—approximately two decades—their primary advantage lies in the flexibility granted by the allowed uses under the settlement [Exhibit E of Remediation Uses](link). Other funding streams often have highly targeted purposes, which have stymied systematic improvements to the SUD system until funding became available for those specific purposes. Stakeholders should be cognizant of which funds are available, for which purposes, and for what duration, so the tradeoffs between OUD and broader SUD funding opportunities are minimized. To that end, this section describes how to create a financial roadmap that leverages existing funding streams while investing in care system transformation.

Creating a Financial Roadmap that Leverages Existing Funding Streams: Opioid settlement dollars do not exist in isolation; various federal, state, and private funding streams are available to [state](link) and local stakeholders to help improve OUD systems of care (Figure 4). Based on community priorities identified in the assessment phase, policymakers need to create a financial roadmap to inform which investment opportunities align with the various funding streams. In doing so, policymakers must consider the allowable uses and requirements under each funding mechanism so they can maximize the potential of all funds available. For example, some funding mechanisms may have matching-fund or significant evaluation requirements that are not realistic even with robust collaborator support.

Figure 4: Sources of funding for OUD systems of care

Medicaid, Medicare & Commercial Payer Reimbursement	HRSA	SAMHSA	Other Agencies	Philanthropy	Opioid Settlement Funds
• **Treatment and supportive services** for covered populations • FDA-approved **MOUD** • Limited social supports/wrap around services	• **Workforce supports** (National Health Service Corps Repayment) • **Rural community support** (e.g., Opioid Response Program)	• State Opioid Response and State Targeted Response Grants • Substance Use Prevention, Treatment, and Recovery Services Block Grants	• **CDC** Support for opioid overdose tracking and prevention in states • **DOJ** support of drug courts and veterans treatment courts • State level funding efforts	• Treatment and supportive services • Research and Evaluation • Advocacy, stakeholder convening	• Prevention • Treatment • Recovery Supports • Recovery Housing • Physical Infrastructure • Data Infrastructure • Supports for underserved populations (e.g., justice-involved)

In light of the diverse funding sources available, policymakers must strategically craft a financial roadmap. This roadmap should inform which investment opportunities align with their priorities determined in the assessment phase relative to the allowable uses under each funding mechanism, as well as any potential efficiencies that can be gained by finding other funding mechanisms. The O'Neill Institute's Roadmap for States and Local Governments describes the important functions of blending and braiding funds to support improved access to evidence-based treatment and social supports like housing and transportation. Indeed, the recent proliferation of resources geared toward and uses of blending and braiding financial resources to improve health, despite some challenges in operationalizing these approaches, demonstrate the power of aligning financial resources.

While settlement dollars are broad, they are uniquely positioned to build care infrastructure needed to provide whole-person care to those with OUD that other funding streams cannot. For example, settlement funds can be used to fund recovery housing, data infrastructure, or to address other social determinates of health, as identified in the data tools noted above, that other funding streams may not. To that end, numerous stakeholders noted concerns that settlement fund flexibility opens the possibility of abuse— dollars being repurposed for purposes that will not directly benefit people directly impacted by the epidemic; for instance, filling state budget shortfalls related to health care spending, as seen with tobacco settlements. Stakeholders should ensure that investments are directly funding OUD care improvements and be utilized to help those impacted by the epidemic.

Spotlight: ChristianaCare

ChristianaCare health system in Delaware has leveraged both federal programs and in-state resources and partnerships to develop a robust behavioral health service system to support individuals with OUD. Project Engage provides early-intervention and referrals to SUD treatment through peer integration in clinical settings. Project SOS is a partnership with New Castle County where a team of engagement specialists will visit an individual in their home following an overdose. The team may offer education and access to resources like addiction counseling, training on Narcan administration, and options for long-term treatment.

Leveraging and Aligning with Existing Health Care Efforts: Efforts have been underway for a decade to transform the health system, including the mental and behavioral health systems, to be more responsive to whole-person needs and provide long-term management through the cyclical journey of those with OUD by changing the way we pay for and deliver health services. Currently, our health care system is based on fee-for-service (FFS), where each service, device,

or drug a health provider delivers has a code and a set dollar amount tied to it by a payer. This limits the types of services that can be delivered and incentivizes volume of services, often high-cost acute care, over value. However, health care payers are increasingly moving away from FFS and toward value-based payment (VBP) approaches that reward high-value, whole-person care by aggregating reimbursement across services and providers and encouraging population-level accountability. For example, reimbursing providers on a based on per-person per month or year payments linked to performance measures that are meaningful for patients and promote systematic improvements in SUD care.

While the uptake of VBP models is not yet widespread within behavioral health, the opioid settlement funds, and the renewed commitment to address the opioid crisis offer stakeholders an opportunity to explore ways to leverage VBP to sustain progress in addressing the opioid crisis. Specifically by leveraging settlement funds to invest in the infrastructure necessary to participate and succeed in VBPs. Local and state leaders may be able to collaborate with public health providers such as county hospitals that have existing relationships with payers to create sustainability plans for investments after settlement funds cease. Policymakers interested in leveraging lessons learned from VBP can take these actions:

- ***Explore different payment and delivery models and identify which models have the best possibility of promoting accountability within your jurisdiction.*** Health care organizations in your local communities can augment investments from opioid settlement funding by participating in payment and delivery models from the Centers for Medicare & Medicaid Services or other efforts across health insurers that often require action and buy-in from state policymakers and local health system leaders. Though local policymakers may not have the capacity to launch advanced VBP models, understanding them can highlight ways opioid settlement funds can plug into existing, often innovative models that prioritize high-quality, whole-person care. The spotlight below shows examples of current state and federal programs focused on OUD.

> **Spotlight: Payment and Delivery Models Supporting OUD Treatment and Recovery**
> **Value in Treatment Demonstration Program**
> The Center for Medicare and Medicaid Innovation's Value in Opioid Use Disorder Treatment (Value in Treatment) Medicare Demonstration Program includes a per beneficiary, per month care management fee, which can be leveraged for substance use disorder services that are not otherwise eligible for payment, and performance-based incentives to encourage evidence-based Medications for Opioid Use Disorder (MOUD).
>
> **Medicaid Health Homes:**
> Authorized by the Affordable Care Act's optional Medicaid State Plan benefit, Medicaid Health Homes are another model that supports integrated care for individuals with OUD. Though dependent on state action to initiate, these programs generally support and fund

> effective care coordination, a critical component of supporting treatment and recovery for individuals with OUD. Michigan's Opioid Health Home pilot program provides comprehensive care management and coordination services to Medicaid beneficiaries with OUD using a monthly case rate and a payment for quality performance. Opioid Health homes that increase initiation and engagement in treatment, increase follow-up after SUD-related Emergency Department visits, and decrease opioid-related hospitalizations receive enhanced reimbursements.

- ***Consider using opioid settlement dollars to strengthen the infrastructure needed for health care organizations to produce meaningful progress in the short- and long-term.*** Health care organizations are leveraging new reimbursement models to deliver new services for substance use and opioid use care. However, moving to those new models requires upfront investment and initial infrastructure.

  - **Care Management and Care Coordination:** Models such as Pennsylvania's Centers of Excellence for Opioid Use Disorder take a whole-person approach to OUD treatment and recovery through the provision of treatment services, care management, peer support, and wrap-around social supports provided either onsite or through community partners. Implementing such models in new places requires hiring new staff, training or re-training staff members, and additional technology capabilities (see below).

  - **Technology and Data Infrastructure:** In a series of interviews conducted for this project, health care organizations highlighted a lack of access to data at the local level as a key barrier to participating in more advanced care models that would provide greater supports to patients and communities affected by the opioid crisis. This challenge can be met by implementing cross-sector data sharing platforms, such as Virginia's Framework for Addiction Analysis and Community Transformation (FAACT). The FAACT is a secure data-sharing project led by the Department of Criminal Justice Services in collaboration with the Office of Data Governance and Analytics. The FAACT combines data from different agencies, secretariats, localities, social services, public safety and corrections, drug courts, community coalitions, and private health care systems. The goal is to provide actionable information to community leaders in support of their work to address the opioid epidemic.

  - **Recovery Support Services:** To make a major impact, health care organizations need workforce and partners to provide a range of services for MOUD and social drivers of health like housing, transportation, or finding employment. Organizations often need to set up partnerships or hire workers early to take advantage of new health care payment models. These services can be provided by

peers (i.e., individuals with lived experience with SUD), case managers, or other roles outside the traditional medical system.

Although health care payment models may provide some SUD services, opioid settlement funds have certain allowable uses—such as the nine core abatement strategies outlines in Exhibit E of the national settlements—that can support and expand services covered through the health care system. For example, although some states cover peer support services for adults with SUD who qualify for Medicaid, additional funding is often necessary to expand access to services for more populations (e.g., youth), to increase the types of services covered, and to support training for the peer workforce. Palm Beach County in Florida has developed a recovery-oriented system of care that leverages a network of health care community facilitators, care coordinators, recovery community organizations, and recovery community centers that provide critical services.

> **Recommendations**
> o Create a financial roadmap together with strategic partners that identifies the major revenue streams available to different strategic initiatives relative to the specific allowable uses, reporting requirements, timeline, and other factors.
> o Use opioid settlement dollars to invest in the infrastructure needed to support SUD recovery (e.g., workforce, data support) that are often unfunded in other financing streams, and draw on aligned resources from the health care system.

Conclusion

The opioid epidemic remains a central public and population health issue for the nation. While settlement funds represent a significant opportunity, decision-makers are challenged by a number of factors in implementing these funds strategically. We provide a framework (assess, collaborate, and fund) to guide local and state leaders in their use of settlement funds. Utilizing tools and leveraging community resources can help assess needs and capacity of a community. Collaboration on design, management, and implementation of OUD interventions through shared learning and pooled resources avoids fragmentation and redundant use of resources. Finally, creating a financial roadmap to leverage existing funding streams can help promote long term sustainability. Using this framework as a guide, leaders can maximize the potential use of settlement dollars and sustain these investments in the long run.