

ABOUT TOPICS ADVOCACY RESOURCES EVENTS & EDUCATION NEW



📎 Reports & Toolkits Behavioral Health Health Justice & Public Safety Opioid Epidemic

f y in

Through the Opioid Solutions Initiative, NACo empowers local leaders to invest resources in effective treatment,

recovery, prevention and other public health practices that save lives and address the underlying causes of

substance use disorder.

VISION

HEALTHY, SAFE AND VIBRANT COUNTIES across America

MISSION

STRENGTHEN AMERICA'S COUNTIES

ABOUT NACo

THE NATIONAL ASSOCIATION OF COUNTIES (NACo)

STRENGTHENS AMERICA'S 3,069 COUNTIES, serving nearly

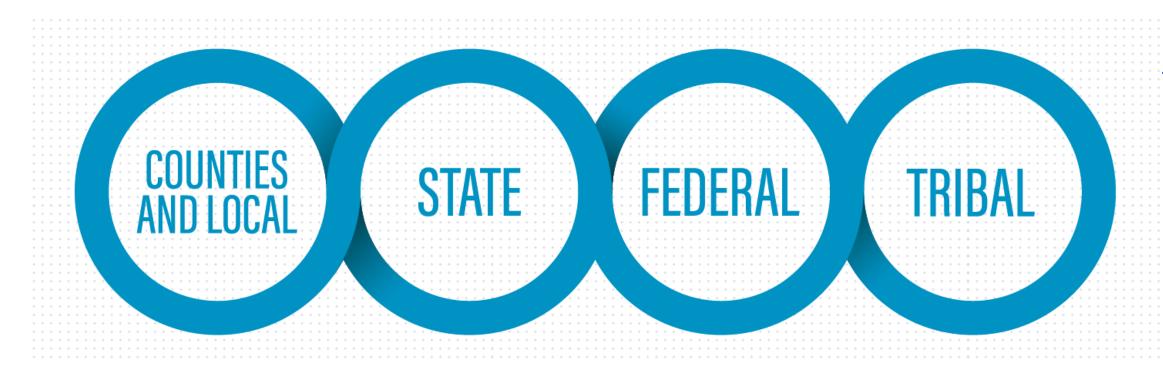
40,000 county elected officials and 3.6 million county employees

Founded in 1935, NACo unites county officials to:

- Advocate county priorities in federal policymaking
- Promote exemplary county policies and practices
- Nurture leadership skills and expand knowledge networks
- Optimize county and taxpayer resources and cost savings
- Enrich the public's understanding of county government

The NACo Blueprint is focused on
harnessing the collective powers, knowledge
and innovations of America's county officials,
ultimately helping people and places to thrive.

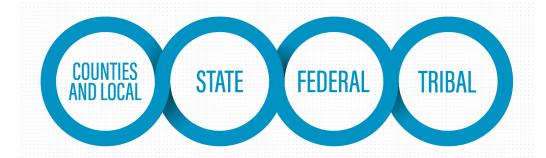
ROLE OF NACO AND AMERICA'S COUNTIES IN OUR INTERGOVERNMENTAL SYSTEM



Under America's form of federalism, the intergovernmental system is about the

balance, division, and sharing of power and responsibilities between levels of government.

BIG 7 COALITION: STATE AND LOCAL GOVERNMENT ASSOCIATIONS



As national representatives of general-purpose state and local governments, led by our publicly elected officials, our associations are distinguished from the larger world of nonprofits and special interest groups, mainly by our governmental membership and our connections to governmental policy. As public entities, our collective missions are to represent the broader, public interest in public affairs.

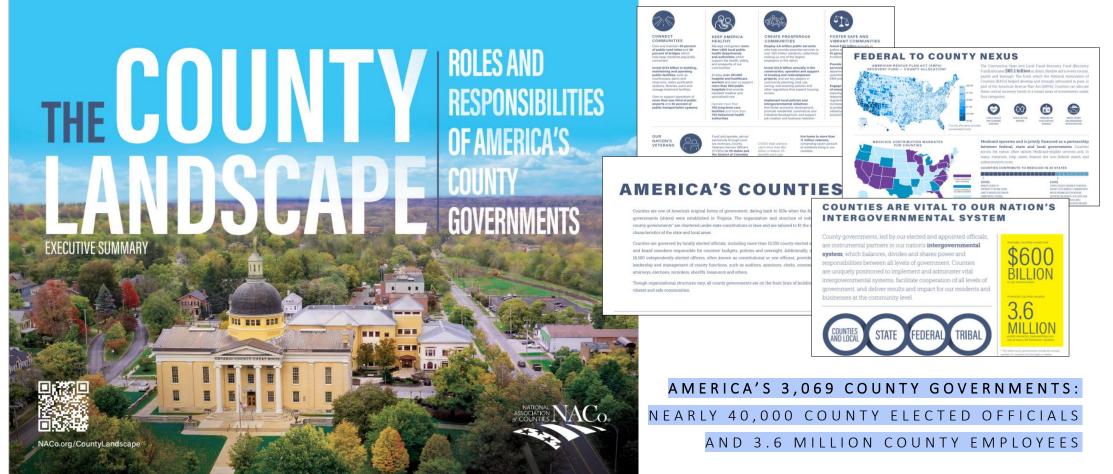
The White House and each federal department has an office assigned specifically as liaisons to the Big 7 and our individual memberships:

- National Association of **Counties**
- Council of State Governments
- National Conference of **State Legislatures**
- National Governors Association
- National League of **Cities**
- U.S. Conference of **Mayors**
- International City/County Management Association
 (Only non-elected official group)

COUNTY GOVERNMENT ROLE IN OUR NATION'S INTERGOVERMENTAL SYSTEM

BLUEPRINT

NACo



Our Mindset for Optimal Performance and Wellbeing

- + Data makes us credible
- + Knowledge makes us valued
- + Relationships make us present
- + Stories make us memorable



NACo BLUEPRINT

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NETWORKS OF NACO

The **county government** is the official member of the association.

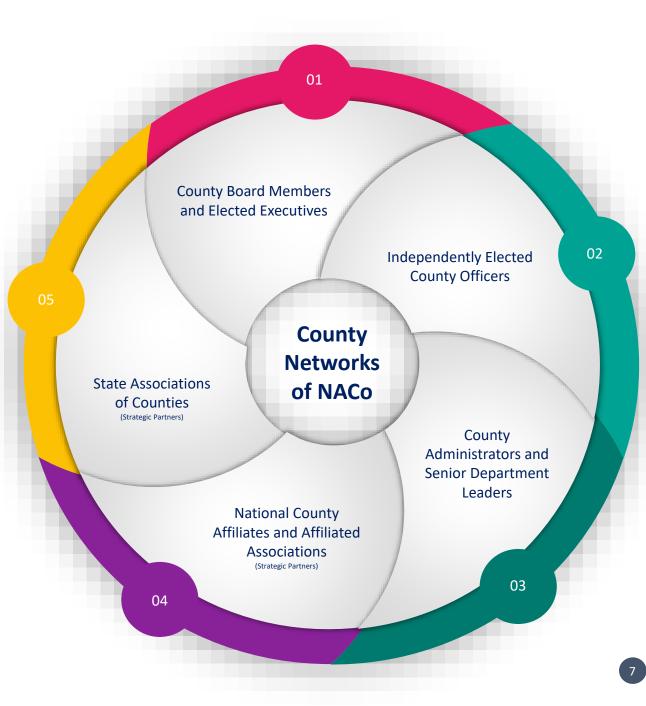
NACo brings elected and

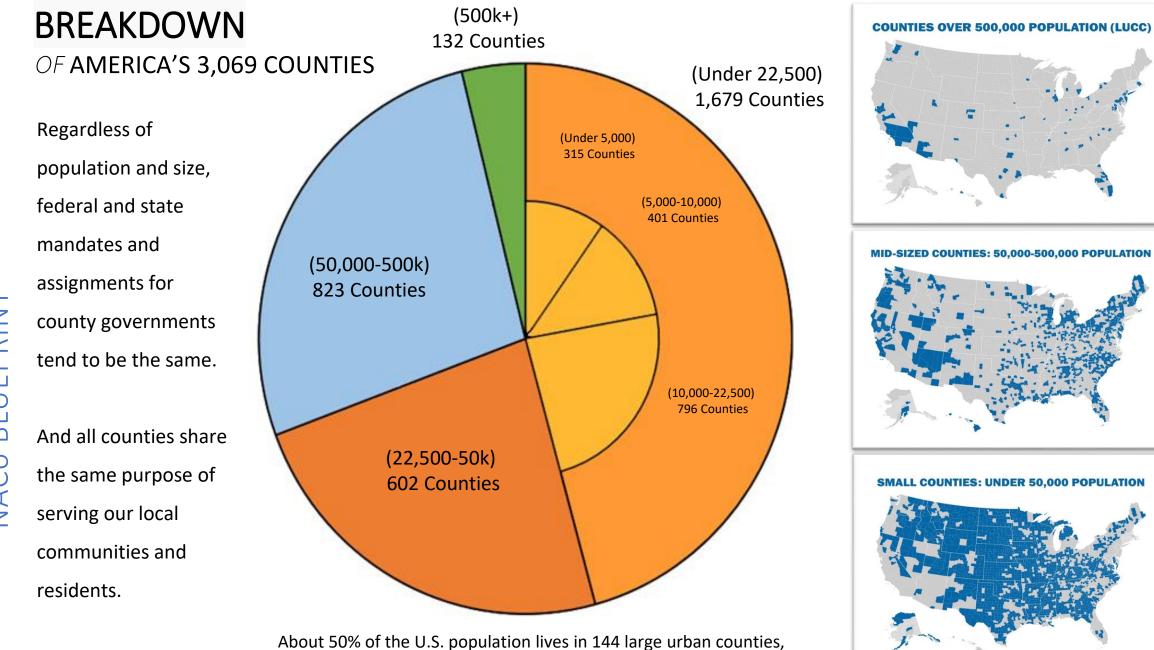
appointed county officials

together with a shared mission

- of strengthening America's
- 3,069 county governments.*







with the remaining 50% residing in more than 2,900 counties.

NACo BLUEPRINT



Familiar Faces Initiative: Improving Outcomes through Coordinated Heath & Justice Systems

The Familiar Faces Initiative empowers communities to share data and integrate care options between health and justice systems so they can intervene earlier, improve outcomes and reduce incarceration and hospitalization rates.



The Economic Mobility Leadership Network (EMLN) is a NACo cohort of county leaders that facilitates and incubates countyspecific discussion and problem-solving on issues of economic mobility and helps county leaders identify and assess their current barriers to mobility and share scalable and transferable programs across the country.



The NACo Resilient Counties Initiative builds leadership capacity to identify and manage risk, and prepare counties to become more flexible and responsive to system shocks and stresses. It has a holistic approach to resilience, examining social and economic resilience, sustainability and disaster management.



Economic Mobility Leadership Network

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Counties not only play a pivotal role in building thriving communities for an estimated 16 million children ages birth to three across the United States, but also invest in core policies and services that help

to shape early childhood systems.







Creative Placemaking Toolkit for Counties

The Creative Counties Placemaking Initiative supports counties as they work to identify and strengthen ways to integrate arts into solutions to local challenges.



Transforming County Human Services Network

Counties Matter in Human Services There are over 257,000 county human services employees across the country delivering vital services to our nation's most vulnerable populations.

BUILDING KNOWLEDGE NETWORKS





National Center for Public Lands Counties Advancing the policy and practice study of America's public lands counties

> Powered by the Western Interstate Regi and the NACo Research Foundation



A NACo-led national initiative to help advance counties' efforts to reduce the number of adults with mental illnesses and co-occurring substance use disorders in jalls.



Brief History of the 2022 Opioid Settlements

Multi-district litigation (MDL) between states and opioid manufacturers and distributors

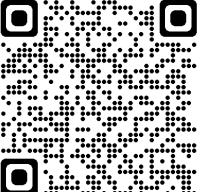
To resolve their liabilities in 3,000+ lawsuits nationwide, opioid manufacturer Johnson & Johnson (\$5 billion) and the "big three" distributors McKesson, Amerisource Bergen and Cardinal Health (\$21 billion) offer a \$26 billion settlement.

Jul 2021

Participating states are entitled to about half of the offered (base) payout. To unlock the full amount, states must convince counties, cities to surrender individual suits and join their state agreements.

Deadline: 90% of eligible counties, cities surrender individual suits and join their state agreements, increasing the base payout by about 50%.





First payments expected.

Aug 2021

Deadline: 46 states confirm participation in the MDL (Ala., Okla., Wash., and W.Va. elect not to participate).

Jan 2022

Jul 2022 Feb 2022

Deadline: Defendants agree MDL has reached

critical mass, finalize the \$26 billion settlement.

| Defendant(s) | Settlement Amount | Paid Over | Date of First Payment |
|-----------------------------|---|--------------|--------------------------|
| "Big three" distributors | \$21 billion | 18 years | 2022 |
| 1&1 | \$5 billion | 9 years | 2022 |
| Purdue | \$6 billion | 9 years | TBD |
| Walgreens | \$5.5 billion | 15 years | July 2023 |
| CVS | \$4.9 billion | 10 years | June 2023 |
| Walmart | \$2.7 billion | 6 years | July 2023 |
| Теvа | \$3 billion cash + \$1.2 billion naloxone | 13 years | August 2023 |
| Allergan | \$2.0 billion | 7 years | August 2023 |

The New York Times

Companies Finalize \$26 Billion Deal With States and Cities to End Opioid Lawsuits

By Jan Hoffman Feb. 25. 2022

KFF Health News

PAYBACK: TRACKING OPIOID CASH

\$50 Billion in Opioid Settlement Cash Is on the Way. We're Tracking How It's Spent.

By Aneri Pattani MARCH 30, 2023

Overview of the National Settlements

Empower county leaders to

leverage opioid settlement

funds and other resources for

effective treatment,

recovery, prevention and

other public health practices

that save lives and address

the underlying causes of

substance use disorder.

OPIOID SOLUTIONS

Empowering local leaders to leverage opioid settlement funds and other resources for effective treatment, recovery, prevention and other public health practices that save lives and address the underlying causes of substance use disorder.

NACo's Opioid Solutions Initiative features

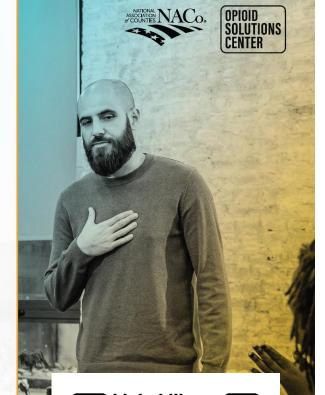
Opioid Solutions Center

A web-based resource center for best practices and case examples related to addressing opioid and substance use disorder

Leadership Network

A national network of county officials focused on reducing overdose deaths and addressing substance use disorder in their communities

NACo will begin accepting applications to the Opioid Solutions Leadership Network in September 2022.



Principles for the Use of Funds From the Opioid Litigation

PRINCIPLE 1 SPEND THE MONEY TO SAVE LIVES

PRINCIPLE 2 USE EVIDENCE TO GUIDE SPENDING

PRINCIPLE 3 INVEST IN YOUTH PREVENTION

PRINCIPLE 4 FOCUS ON RACIAL EQUITY

PRINCIPLE 5

DEVELOP A FAIR AND TRANSPARENT PROCESS FOR DECIDING WHERE TO **SPEND THE FUNDING**

The Principles Quick **Guide to Conducting** a Needs Assessment



The Principles for the Use of Funds From the Opioid Litigation are nationally recognized guidance for states. counties, and cities receiving money from the lawsuits against entities that contributed to the opioid epidemic. These planning Principles, coordinated by faculty at the Johns Hopkins Bloomberg School of Public Health, can help jurisdictions create a foundation for effective spending of the monies to save lives from overdose

The Principles for the Use of Funds From the Opioid Litigation encourage communities to use settlement funds to supplement existing opioid abatement work (Principle 1) and invest in effective evidencebased interventions (Principle 2). Conducting a local needs assessment is an important early step in determining how to disburse these limited resources for maximum impact.

What is a needs assessment? sment is a systematic process for identifying a community's health needs and assets. In the context of opioid settlement planning, a needs assessment is used to identify the areas in which interventions can save the most lives.

Needs assessments rely on local data. Both quantitative data (e.g., number of overdose events, number of individuals receiving treatment, and length of waitlists for care) and qualitative data (e.g., community-identified priorities) help tell the story of a community's opioid challenges and current methods for navigating them. Needs assessments use this data to identify discrepancies between a community's needs and its system capacity that warrant further investigation and investment.

Who conducts a needs assessment?

In many counties, needs assessments are entirely administered by the local health department, though it may also contract with other organizations to conduct all or part of the assessment (e.g., schools of public health, non-profit organizations).

When should a needs assessment be conducted?

The Substance Abuse and Mental Health Services Administration suggests conducting a needs assessment every three years. As we have seen during the COVID-19 pandemic and with the introduction of synthetic opioids like fentanyl into the drug supply, the substance use landscape in the United States can change quickly. Periodic needs assessments help counties tailor their oploid response strategies to their population's evolving needs.

Why is a needs assessment important for planning opioid settlement spending?

Opioid settlement funds are arriving after years of county-led opioid response efforts. A needs assessment can help counties invest this new funding strategically to expand the reach of currently funded solutions and close gaps in services, either where needs are not being met or where new needs arise. These funds will be disbursed annually over many years depending on the settlement terms. A needs assessment is a powerful tool counties can use to ensure settlement funds create a sustainable, long-term reduction in opioid misuse and overall substance use disorder.

Many jurisdictions already possess sufficient resources and data to conduct a needs assessment. This guide will serve as a quick reference to aid counties in conducting such an assessment to assist in investing their opioid litigation funds.

NOVEMBER 12, 2022

OPIOID SOLUTIONS: APPROVED STRATEGIES

NACO NATIONAL ASSOCIATION

of COUNTIES

¹⁴ As used in this Schedule A, words like "expand." "fund," "provide" or the like shall not indicate a preference for new or existing program E-1

- Provide treatment and recovery support services such as Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other 4 support services.
- Provide MAT education and awareness training to Provide MA 1 education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
- programs that discourage or prevent misuse; 2
- Provide education to school-based and youth-focused
- Increase distribution of MAT to individuals who are TREATMENT increase distribution of NAT to individuals who are uninsured or whose insurance does not cover the needed

MEDICATION-ASSISTED TREATMENT ("MAT") DISTRUBUTION AND OTHER OPIOID-RELATED

- Increase distribution to individuals who are uninsured or whose instruction to individuals who are uninstruc-whose insurance does not cover the needed service.
- Expand training for first responders, schools, community support groups and families; and
- NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES
- States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Strategies").14
- Schedule A Core Strategies

List of Opioid Remediation Uses

EXHIBIT E

E-2

- workers to facilitate expansions above.
- Hire additional social workers or other behavioral health
- Provide comprehensive wrap-around services to individuals Provide comprehensive wrap-around services to int in recovery, including housing, transportation, job placement/training, and childcare; and
- Broaden scope of recovery services to include co-occurring SUD or mental health conditions; 3.
- Expand warm hand-off services to transition to recovery 2.
- Expand services such as navigators and on-call teams to Expand services such as havigators and orean o begin MAT in hospital emergency departments;
- EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES
- Expand long-term treatment and services for medical monitoring of NAS babies and their families. need dyad; and
- support for NAS babies; Expand services for better continuum of care with infant-
- Expand comprehensive evidence-based and recovery D.

F.

- EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (***445**)
- Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare. 3.
- recovery services, including MA1, for women with co-occurring Opioid Use Disorder ("OUD") and other Substance Use Disorder ("SUD") Mental Health disorders for uninsured individuals for up to 12 months postpartum;
- uninsured pregnant women; Expand comprehensive evidence-based treatment and expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-2.
- Expand Screening, Brief Intervention, and Referral to Treatment ("SBIRT") services to non-Medicaid eligible or
- PREGNANT & POSTPARTUM WOMEN C.

- EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALAZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE 1.
- treatment of infectious diseases.
- EXPANDING SYRINGE SERVICE PROGRAMS Provide comprehensive syringe services programs with Provide comprehensive syringe services programs wim more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and
- Funding and training for first responders to participate in 4 r unoning and training tor tirst responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports. 5.
- hospitals (academic detailing); Funding for community drug disposal programs; and
- Funding for medical provider education and outreach Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at 3.
- misusing tobacco); Funding for evidence-based prevention programs in
- Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from 1
- PREVENTION PROGRAMS G.
- with OUD.

2.

H.

- Increase funding for jails to provide treatment to inmates 2.
- Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
- Provide evidence-based treatment and recovery support, F.

TREATMENT FOR INCARCERATED POPULATION

RESOURCES ADVOCACY

14

E-3







Medication-Assisted Treatment ("MAT") for Opioid Use Disorder



Syringe Services Programs



Naloxone to Reverse Opioid Overdose



Post-Overdose Response Teams





Effective Treatment for Opioid Use Disorder for Incarcerated Populations



Treatment and Recovery for Pregnant and Parenting People



| Treatment for Neonatal Abstinence Syndrome



Increasing Access to Evidence-Based Treatment

OPIOID SOLUTIONS: APPROVED STRATEGIES

NOVEMBER 12, 2022

NACo OPIOID SOLUTIONS LEADERSHIP NETWORK

NACo created a new national cohort of 30 county leaders pursuing innovative and evidence-based solutions with opioid settlement funds. The goals are to:

- Elevate the role of counties in effectively investing settlement funds to save lives and address the needs of people with substance use disorders and
- Provide a platform for county leaders to share knowledge and offer support to their counterparts across the country.





FEATURED RESOURCES



Planning Principles Toolkit

Tools, templates and strategic guidance for maximizing the impact of opioid settlement funds on your community's opioid abatement priorities.



Approved Strategies

The two largest opioid settlements include requirements on how funds can be spent. Learn more about approved uses of the funds that are high-impact and under county authority.



The Opioid Solutions Leadership Network

The Opioid Solutions Leadership Network is a learning and leadership-building community of county officials pursuing innovative and evidence-based solutions with opioid settlement funds.

NACo's Opioid Solutions Center



www.naco.org/opioid



STRONGER COUNTIES. STRONGER AMERICA.

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