

Opioid Settlement Funds Readiness Tool

Funding from opioid settlements presents a critical opportunity to invest in evidence-based programs focused on prevention, treatment, recovery, and harm reduction. As stewards of this funding, it is important to develop a strategic approach and organized process on how resources will be allocated in your community to best meet local needs and align with existing efforts.

This tool is designed to help your community develop an organized strategy to maximize local investment and, most importantly, save as many lives as possible. This includes developing a coordinated and transparent process, connecting to existing programs, identifying necessary partners, and prioritizing strategies.

Part 1 - Develop a Coordinated and Transparent Process

Settlement funds will be available for at least 18 years. It is essential to build an organized, transparent, and sustainable process for how funds will be allocated. Use the checklist below to integrate these planning steps into your process:

☐ **Review local data:** We have looked at our [local data](#) using the CDPH dashboard to prioritize funding towards our highest need communities. For example, some counties have disproportionate overdose rates within specific zip codes and among their black and tribal communities. Local health departments and/or coalitions can provide these analyses, including data from [ODMAP](#) to monitor zip codes with spikes in overdose rates. Based on the data, these are priorities in terms of location and demographics:

Priority population/region 1:

Priority population/region 2:

Priority population/region 3:

☐ **Establish vision and purpose:** We have outlined our overall vision and purpose for our opioid settlement funds. Articulating a specific vision statement builds a common focus and commitment among partners. It is also an opportunity to align opioid settlement funds with other local initiatives and funding streams dedicated to substance use prevention and treatment.

☐ **Build partnerships (see part 2):** We have a plan for conducting outreach to local leaders and organizations doing existing work around substance use prevention, treatment, and recovery to build a cohesive funding strategy. This includes local coalitions, public health departments, behavioral health departments, harm reduction organizations, and addiction treatment providers. As a part of this step, it is important to acknowledge any potential turf issues and challenges between local partners and take time to build trust.

☐ **Determine structure for decision-making and communications:** We have established a written process and structure for how opioid settlement funds will be allocated. This includes documentation of who makes decisions, how decisions are made, and how those decisions are communicated externally.

☐ **Conduct an "equity check":** We have identified a process to ensure that allocation of funds supports local organizations and interventions that serve those most impacted by addiction and overdose. This includes directly engaging those with lived and living experience and local leaders who represent communities of color, including Black, Indigenous and Latinx.

Part 2 - Connect to Existing Programs and Identify Necessary Partners

It is critical to know what work is already taking place in your community in order to expand and sustain existing programs instead of reinventing the wheel. It is also important to take inventory of which local partners have already been engaged or need to be engaged to take an “all hands-on deck” approach to overdose prevention.

Complete the table below to note which partners (individuals and organizations) you already have at the table and which ones you still need to be engage.



Partner	Already engaged?	Organizations and/or individuals already part of your planning process	Organizations and/or individuals you need to engage	Where to start? Reach out to local representatives from each sector. The links below include contacts for each county in California.
Behavioral health	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> • Behavioral health department • Behavioral Health Continuum Infrastructure Program
Health care	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> • Clinics and providers that offer Medication Assisted Treatment (MAT) • CA Bridge hospitals
Community	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> • Opioid/overdose coalition(s) • Local leaders representing communities of color (e.g., Black, Latinx, Tribal)

Tribes	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> Federally recognized tribal leaders California Consortium for Urban Indian Health (CCUIH) and California Rural Indian Health Board (CRIHB)
Harm reduction	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> Harm reduction programs Organizations that distribute naloxone (including which ones are utilizing CA's free Naloxone Distribution Project).
Local government	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> California State Association of Counties
Public health	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> Local health department
First responders (Law enforcement, fire, Office of Emergency Services/EMS)	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> Emergency Medical Services (EMS) Local agencies using ODMAP to monitor geographic regions of your community that experience spikes in overdose First responders (e.g., fire, sheriffs, police, probation, EMS). (Note: In many regions of California first responders have naloxone to administer in an overdose emergency and/or leave it behind following response to an overdose.)
Payors	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> Local Medi-Cal health plan
Pharmacies	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> Local pharmacies



Justice (law enforcement, jails)	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> • Jails and drug courts offering addiction treatment. Some jails also offer naloxone upon release. • Sheriffs, police, and probation offices. (Note: In many regions of California, law enforcement has naloxone to administer in an overdose emergency and/or leave it behind following response to an overdose. Some local law enforcement are also using ODMAP to monitor areas with spikes in overdose.
Schools and academia	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> • County Office of Education • Expanded learning/after-school programs that work closely with families • Local youth opioid response projects working on prevention and treatment • Facilities that offer addiction treatment for youth • Local school-based health clinics
Faith-based	<input type="checkbox"/> Y <input type="checkbox"/> N			
Businesses	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> • Chamber of Commerce
Housing	<input type="checkbox"/> Y <input type="checkbox"/> N			<ul style="list-style-type: none"> • Organizations working with people experiencing or at risk of homelessness



Part 3 - Prioritize Strategies

California's opioid settlement funding is structured to ensure that participating subdivisions invest in [evidence-based strategies](#) that will yield a high impact. Allowable activities can be found in Exhibit E of the settlement agreements. Exhibit E is broken into Schedule A (Core Strategies) and Schedule B (Approved Uses). Schedule A is a preferred list of evidence-based strategies that subdivisions are encouraged to prioritize. Schedule B is a full list of all approved uses. Additionally, California has its own list of High Impact Abatement Activities (HIAAs), and **participating subdivisions must spend no less than 50% of their funds on HIAAs**. Be sure to refer to the [Guiding Principles for Participating Subdivisions](#) in allocating your opioid settlement funds.

Use the table below to begin planning allocation for high impact abatement activities. This includes using data to justify investment in that activity, work already being done in the community, and next steps to take.

High Impact Abatement Activity		Justification of need for activity in community	Work already being done (names of programs, organizations, and people)	Next steps needed (e.g., build partnership with person/organization X)
1	Provision of matching funds or operating costs for substance use disorder facilities with an approved project within the Behavioral Health Continuum Infrastructure Program (BHCIP)			
2	Creating new or expanded substance use disorder (SUD) treatment infrastructure			
3	Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD			
4	Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction			
5	Interventions to prevent drug addiction in vulnerable youth			
6	The purchase of naloxone for distribution and efforts to expand access to naloxone for opioid overdose reversals			

Addendum - California's State Opioid Response (SOR) Programs

State Opioid Response (SOR) funded programs are already providing services that meet the state's high impact abatement activities throughout California. Below are descriptions of SOR programs and suggested high impact abatement activities that relate to each program.

Community-Based Organizations

May support High Impact Abatement Activity #3: Addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD.

Empowering Faith Leaders in California

The Clinton Foundation's Empowering Faith Leaders in California project addresses the opioid epidemic through a collaborative learning opportunity to empower religious leaders from diverse faith traditions to take on leadership roles in addressing substance use disorders (SUD) within their communities. Participating leaders are provided information on the opioid epidemic, SUDs, local supportive resources, speaking about addiction without stigma, connecting people to treatment and recovery, and recognizing and responding to an opioid overdose with naloxone.

California Overdose Prevention Network (COPN)

A statewide learning network for coalitions, organizations, and individuals working at the forefront of the overdose epidemic. COPN's mission is to build a movement to strengthen connections within communities and provide access to knowledge, training, and resources to implement solutions that save lives.

[Find a local coalition.](#)

Tribal and Urban Indian Local Opioid Coalitions

Tribal Local Opioid Coalitions are multisector, interagency partnerships of community members, stakeholders, and service providers who work together to reduce and eliminate opioid- and stimulant-related deaths and other impacts of opioid and stimulant use in Tribal communities.

Justice Related Programs

May support High Impact Abatement Activity #4: Diversion of people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction.

MAT in Jails and Drug Courts

This program focuses on expanding access to at least two forms of MAT in California's jails and drug courts.

Participating counties: Alameda, Calaveras, Fresno, Imperial, Inyo, Kings, Lassen, Mariposa, Mendocino, Monterey, Orange, Plumas, Riverside

DUI MAT Integration

This effort includes California Highway Patrol trainings to increase awareness of drug use and impairment and the creation of linkages between DUI treatment programs and MAT resources and referrals.

Treatment

May support High Impact Abatement Activity #2: Creating new or expanded substance use disorder (SUD) treatment infrastructure.

Addiction Treatment Starts Here Equity-Centered Community Learning Collaborative and Learning Network

The Center for Care Innovation's Addiction Treatment Starts Here program includes a learning collaborative and network designed to increase access to MAT through primary care, behavioral health and community partnerships.

Counties with awardees: Alameda, El Dorado, Los Angeles, Monterey, Orange, Sacramento, San Diego, Sonoma, Yolo

CA Bridge Program

The California Bridge Program is developing hospitals and emergency rooms into primary access points for the treatment of acute symptoms of substance use disorders (SUDs) - enhancing and increasing access to 24/7 treatment in every community in the state.

[Find hospitals in your community with a CA Bridge Site.](#)

California Hub & Spoke System

The California Hub and Spoke System consists of narcotic treatment program (hubs) and office-based treatment settings (spokes) that provide ongoing care and treatment. The program aims to increase the number of providers prescribing buprenorphine for opioid use disorder.

[Find a hub and spoke system in your community.](#)

Increasing MAT in State Licensed Facilities

DHCS, with assistance from The Sierra Health Foundation: Center for Health Program Management (The Center), is providing funding to California's eligible residential SUD facilities to implement, expand, and/or improve their MAT services. This funding will assist with costs associated with recruitment, mentorship, training, and other associated costs to increase provider knowledge and comfort with providing MAT through a collaborative learning opportunity for facilities to implement best practices.

MAT Access Points

The aim of this project is to support MAT start-up activities and/or enhancement efforts in settings throughout California, with the goal of increasing the number of patients with substance-use disorders treated with medications, counseling, and other recovery services.

Counties with awardees: Alameda, Butte, Contra Costa, Fresno, Humboldt, Inyo, Kern, Lake, Los Angeles, Mendocino, Mono, Monterey, Nevada, Orange, Sacramento, San Diego, San Francisco, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Sonoma

Public Health/First Responder Collaborations

Through two pilot projects, the California Department of Public Health (CDPH) partners with public health departments, emergency medical services (EMS) agencies, and 911 transport providers that engage in opioid overdose prevention and treatment during EMS calls.

Tribal MAT Project

The Tribal MAT Program aims to improve MAT access for urban and tribal communities by increasing the total number of waived prescribers certified and providing expanded MAT services that incorporate the values and culture of the communities being served.

Systems of Care

This project aims to strengthen the addiction treatment ecosystems in California counties and decrease gaps in coordination of patient transitions moving between higher and lower levels of care.

Counties with awardees: Imperial, Mendocino, San Diego, Santa Barbara, Santa Cruz, Yolo

Youth-Focused

May support High Impact Abatement Activity #5: Interventions to prevent drug addiction in vulnerable youth.

California Youth Opioid Response

This program aims to increase access to care through expansion of MAT services and opioid and stimulant use prevention for youth and families.

Counties with awardees: Alameda, Contra Costa, Fresno, Humboldt, Imperial, Inyo, Kern, Kings, Los Angeles, Marin, Mendocino, Mono, Monterey, Nevada, Orange, Placer, Riverside, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Trinity, Tulare, Yolo

Young People in Recovery

Young People in Recovery will launch chapters and life-skills curriculum programs to youth in recovery from opioid use and substance use disorders.

[Find a chapter in your community.](#)

Youth Peer Mentor Program

The Youth Peer Mentor Program trains justice-involved youth to provide recovery support to peers with substance use challenges.

Naloxone

May support High Impact Abatement Activity #6: The purchase of naloxone for distribution and efforts to expand access to naloxone for opioid overdose reversals.

Naloxone Distribution Project

The Naloxone Distribution Project aims to reduce opioid overdose deaths through the provision of free naloxone in its nasal spray formulation.

[Apply for naloxone.](#)

DHCS encourages cities and counties to purchase naloxone directly from [naloxone manufacturers](#). Many manufacturers offer naloxone at a discounted price to local governments. Additional information about available naloxone products and manufacturers can be found on the Food and Drug Administration's [website](#).

For additional tools and resources on building effective partnerships and strategies in overdose prevention, visit the National Overdose Prevention Network (NOPN) Resource Library.

nopn.org/library