

ADVANCING HEALTH EQUITY THROUGH COUNTY OPIOID ABATEMENT STRATEGIES



Executive Summary

From 1999 to 2020, prescription opioids were involved in more than 263,000 overdose deaths in the U.S.¹ Prescription opioids were involved in more overdose deaths than any other substances during this period, including cocaine, heroin and psychostimulants, such as methamphetamine. Though not the only cause of the opioid epidemic, prescription opioids played a unique role in the onset of the epidemic due to years of false marketing and commercial distribution as non-habit-forming medicines.² Between 2014 and 2021, over 3,000 state, county and municipal governments filed lawsuits against companies in the pharmaceutical industry for the societal and economic costs associated with their products.

In 2021, to resolve lawsuits brought against them, opioid manufacturer Johnson & Johnson and three major pharmaceutical distributors (McKesson, Amerisource Bergen and Cardinal Health) offered a settlement of up to \$26 billion (“the master settlement”). To unlock the full offer, 90 percent of cities and counties in each of the 46 participating states needed to surrender their individual lawsuits and join their state agreements. Negotiated by a coalition of state attorneys general, an agreement was reached in early 2022 for \$26 billion – the maximum amount offered – to be distributed in annual payments over 18 years.³ Since the master settlement, six other companies have settled lawsuits with a national scope (Purdue, Walmart, Walgreens, CVS, Teva and Allergan). As of July 2023, the total amount of opioid settlement funds obligated to states, counties and cities is over \$50 billion.⁴

The master settlement agreement requires participating state and local governments to spend the majority (85 percent) of settlement funds on strategies that will mitigate the effects of the opioid epidemic.⁵ This requirement is codified in an extensive

– though not exhaustive – list of eligible expenditures. In addition to paying \$26 billion, the master settlement agreement requires the defendants to impose significant changes in their operations to improve safety and oversight over the distribution of their products.

Learn more about the nine priority abatement strategies outlined in the master settlement agreement.



The terms of the master settlement agreement allow counties to invest settlement funds in localized solutions. As disparities in substance use-related outcomes have increased in recent years, new investments are needed to meet the needs of community members who are at greatest risk. From 2019 to 2020, the overdose death rate among Black men and American Indian/Alaska Native men increased by 39 percent and 44 percent, respectively, compared to a 30 percent increase in the general population.⁶ Between 2017 and 2020, overdose deaths among pregnant and postpartum people more than doubled.⁷

As the level of government closest to the American people, counties understand how residents are performing across health indicators relative to one another and are well positioned to allocate resources, including opioid settlement funds, to intervene upon drivers of health disparities.

The U.S. Centers for Disease Control and Prevention (CDC) defines health equity as “the state in which everyone has a fair and just opportunity to attain their highest level of health.”⁸ Achieving health equity involves identifying the preventable

differences in health-related outcomes among members of a population and changing the systems and policies that contribute to these preventable health disparities. To support counties in utilizing opioid settlement funds to advance health equity, the National Association of Counties (NACo), in partnership with ChangeLab Solutions, developed case studies on five counties that are integrating opioid settlement funds into ongoing health equity initiatives. This resource details steps taken by these counties during the first year of payments from the master settlement and considerations for counties in other jurisdictions.

Learn more about health equity



Disclaimer

This publication was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award to ChangeLab Solutions totaling \$600,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

Suggested Citation

National Association of Counties. (2024). Advancing Health Equity through County Opioid Abatement Strategies. Available at www.naco.org/resource/OSC-health-equity



CASE STUDY

Alachua County, Florida

Health Equity Strategy

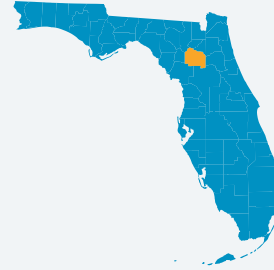
Alachua County is home to one of the largest regional hospital networks in the Southeastern United States. While the county is characterized by a strong presence of the health care industry, almost all health care providers are located in the county's west side. On the east side, where multiple zip codes with the poorest health outcomes in the county are located, there are only two health care providers, neither of which can serve residents in emergency situations.¹⁰ In 2020, the county completed a [community health needs assessment](#) and found that access to health services, particularly mental health care, was the greatest area of need.¹¹

"Improving access to health care is just one small step in a much longer journey to achieve health equity."

— Commissioner Mary Alford

The results of the needs assessment prompted the Board of County Commissioners (BoCC) to task its Health Care Advisory Board with studying and developing a strategy to address the disparity in access to health care among east side residents. The advisory board was established by the BoCC to advise on the health-related needs of the county's low-income residents. In 2021, 20 percent of individuals in Alachua County lived under the federal poverty level, with Black residents experiencing poverty at almost twice the rate of White residents (29 percent and 17 percent respectively).¹² The advisory board

COUNTY CONTEXT



County Seat: **Gainesville**

2021 Population: **279,000**

2021 Overdose Death Rate: **20 deaths per 100,000 population⁹**

Size: **969 square miles**

Master Settlement Context (annual payments over 18 years)

- Florida total: **\$1,600,000,000**
 - State government share: 45-55%*
 - Regional fund: 30-40%*
 - Local government share: 15%
- Alachua County total: **\$2,000,000**

*Calculated annually. Regional funds distributed only to counties with at least 300,000 population.

is comprised of community members who have specific expertise (e.g., a representative of the health department, a person enrolled in Medicaid) and a staff liaison assigned to support the advisory board.

In 2021, after months of study and discussion among specialized subcommittees, the advisory board presented its recommended strategy to the BoCC. The strategy centers on hiring, training and employing certified Community Health Workers. Community Health Workers are people who belong to the same demographic group(s) and live in the same geographic area(s) as the populations they serve. As

culturally competent “lay” health workers, these staff engage closely with residents and their formal health care providers to improve communication, service navigation and engagement in ongoing care. The recommendation was approved by the BoCC and, under the oversight of the county health department, the county is in the process of training and contracting with agencies to employ Community Health Workers in specific zip codes on the county’s east side.

Learn more about Community Health Workers



Opioid Settlement Strategy

Alachua County is in the process of developing a plan for investing opioid settlement funds. Like many counties, the amount of the first payment received by the county differed from the amount expected. To develop a strategy that accounts for variation in annual payment amounts and other unique characteristics of opioid settlement funds, the county is gathering information from its county attorney, the state attorney general’s office and the City of Gainesville. Through a grant funded by the Office of National Drug Control Policy and CDC, the City of Gainesville is conducting a robust [data collection and community engagement project](#) to develop a targeted overdose prevention strategy. A liaison from Alachua County participates in the project and will incorporate its findings into the county’s plan. Once drafted, the plan will be presented at an open meeting of the BoCC to solicit public input.

Expanding the Continuum of Care

The [Alachua County Crisis Center](#) has operated a suicide and crisis hotline for 53 years. The Crisis Center is a longstanding member of the National Suicide Prevention Lifeline Network, which

transitioned to 988 in July 2022. With a service area spanning 12 counties in north central Florida, the center answers almost 50,000 calls annually. The local hotline, along with 988, responds to callers having thoughts of suicide or other forms of emotional distress, including those involving substance use. With a strong crisis response system in place, Alachua County is exploring how opioid settlement funds can enhance the provision of services to residents before a crisis occurs. One strategy under consideration is funding a syringe services program (SSP). SSPs are highly effective at distributing naloxone, linking people to medications for opioid use disorder and providing access to sterile use supplies that reduce the spread of communicable disease.¹³ Despite support from the community and BoCC, as of June 2023, state law prohibits the county from utilizing opioid settlement funds in this manner as the only approved SSP funding sources are federal or philanthropic grants.¹⁴

Learn more about syringe services programs



No Wrong Door

No Wrong Door is a systems transformation model that optimizes access to appropriate services for individuals with behavioral health conditions.¹⁵ Since 2016, the state has funded the implementation of this model through the establishment of centralized receiving facilities. These facilities serve as a central point of service for individuals experiencing behavioral health crises and enable law enforcement officers to connect people in crisis to community-based services, rather than utilizing jails or emergency departments. By building the capacity of counties to resolve crisis calls in the community, this approach aims to reach residents who might not otherwise be able to access the behavioral health services they need. In 2021, the

Gainesville City Commission and Alachua County BoCC jointly approved plans to renovate the local mental health center and open a central receiving facility to serve children and adults in crisis throughout the surrounding region. The facility will be funded through a mix of state, local and health insurance dollars and is scheduled to open in the summer of 2024. As the county prepares to add this element to its health care infrastructure, it will assess which barriers to services persist and how opioid settlement funds can help remove those barriers.

“We see housing as health care”

— Claudia Tuck, Director,
Community Support Services

Housing as Health Care

To promote economic opportunities in the county's east side, including for staff of the Community Health Worker program, the county is considering investments in workforce housing. The 2020



community health needs assessment found that housing was the biggest challenge experienced in the past year for 14 percent of survey respondents.¹¹ To hire and retain Community Health Workers who serve in the same neighborhoods where they live, quality and affordable housing is necessary. Housing expansion could be financed through a mix of federal grants, local sales tax and opioid settlement funds. In addition to these revenue sources, the county can leverage its partnerships with the regional hospital network, municipalities and other employers seeking to expand housing availability in the county.

Key Takeaways

A common thread in Alachua County's approach to health equity is enhancing existing infrastructure by removing barriers to access. Key takeaways from Alachua County include:

- 1. Look upstream.** Responding to community members in crisis is a core function of county governments. Opioid settlement funds can help counties identify the underlying causes of crisis, such as lack of health care access, and meet the needs of community members before crisis occurs.
- 2. Ask for input.** Utilize existing advisory bodies, intergovernmental initiatives and protocols for receiving public comments to develop a plan that is responsive to community needs and desires.
- 3. Pool resources.** Relative to other funding streams for substance use services, the amount of opioid settlement funds may not be sufficient to finance a selected strategy on its own. However, counties can invest opioid settlement funds in partnership with cities, counties and other stakeholders in the region – such as hospitals and universities – to achieve common goals.

CASE STUDY

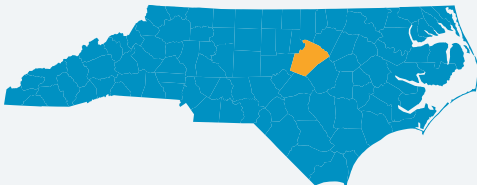
Wake County, North Carolina

Health Equity Strategy

The Wake County Board of Commissioners establishes strategic goals each year to identify the county's top priorities and guide policies, programs and resource allocations. Community health and vitality was one of its six strategic goals in 2023 and included targets to address specific health disparities, including infant death, access to maternal health care and access to substance use treatment.¹⁶ The county-wide goals are operationalized within individual county offices to align with their respective duties. These efforts are led by the county's director of diversity, equity and inclusion, a position created in the county manager's office to coordinate the implementation of equitable strategies across agencies.

A key element of the county's health equity strategy is [Live Well Wake](#), a public-private partnership that brings together the county's major health organizations to work towards equal opportunity for all residents to experience optimal health and wellbeing. The county's department of health and human services is part of the leadership team for Live Well Wake, which also includes local hospital systems and community-based service providers. Every three years, Live Well Wake conducts a robust community health needs assessment process to identify the areas of need within the county related to social determinants of health. The process is overseen by a steering committee which includes a member of the Board of Commissioners. [The 2022 community health needs assessment](#) identified three focus areas as county-wide priorities: affordable housing and homelessness; access to health care; and mental health.¹⁷

COUNTY CONTEXT



- County Seat: **Raleigh**
- 2021 Population: **1,129,410**
- 2021 Overdose Death Rate: **18 deaths per 100,000 population⁹**
- Size: **857 square miles**
- Master Settlement Context (annual payments over 18 years)
 - North Carolina total: **\$750,000,000**
 - State government share: **15%**
 - Local government share: **85%**
 - Wake County total: **\$35,000,000**

The Live Well Wake initiative engages the county government beyond the department of health. Building on the results of the 2022 community health needs assessment, the county's department of planning used geospatial mapping tools to develop a community vulnerability index and create the Social Equity Atlas, which visualizes data on a variety of social indicators across the county. Using this tool, the county is cross referencing social needs information with internal data on opioid-related health outcomes to allocate resources.

[Explore Wake County's Social Equity Atlas](#)

Opioid Settlement Funding in Wake County

In North Carolina, behavioral health services are primarily funded by the state and delivered by private regional entities. Though counties are not the primary provider of mental health and substance use services, in many cases counties fund community-based providers to fill gaps in services that exist on the local level. For example, Wake County's 2022 community health needs assessment found a gap between the *availability* and *affordability* of health care services in the county, particularly for residents who could not afford health insurance.¹⁵ From 2014-2019, an estimated 10 percent of Wake County residents under age 65 (the age at which individuals are automatically enrolled in Medicare) did not have insurance.¹⁷ The percent of uninsured residents is even higher for individuals age 18-64 (12 percent) and individuals under 200 percent of the federal poverty line (24 percent). Wake County plans to use opioid settlement funds to address the drivers of health disparities, such as health care costs, and ensure residents have access to a comprehensive and diverse array of substance use treatment options.

Community-Driven Spending Principles

Because settlement funds are separate from general revenue and more flexible than many federal programs, they offer an opportunity for counties to engage our communities directly in the planning and decision-making process. Wake County established its own settlement planning principles, which include being "responsive to community priorities, especially for those experiencing health disparities."¹⁸ The development of these principles was driven by a robust community engagement strategy, which included a three-hour meeting with more than 250 stakeholders. The meeting was livestreamed for transparency and accessibility and a [full report](#) was published afterwards.

"No single intervention is the answer – we need to address root causes and the layers that we carry as humans that lead to addiction."

— Denise Foreman,
Assistant County Manager

During the meeting, the community voted on its top priorities for the utilization of opioid settlement funds. The top two priorities, by vote, were 1) criminal justice diversion and 2) funding medications for opioid use disorder (MOUD) for uninsured or underinsured people. As both strategies are explicitly approved under the master settlement agreement, the county will be able to dedicate a significant proportion of its opioid settlement funds to addressing these two issues. Wake County intends to invest in a robust care navigation process for justice-involved individuals during incarceration and re-entry, as well as a program to provide access to MOUD for people who are incarcerated. Furthermore, the county will continue to work towards reducing the rate of incarceration among residents. From 2000 to 2020, the rate of incarceration among Wake County residents decreased by 46 percent.¹⁷ Efforts to reduce criminal justice involvement for people with substance use disorder are critical, as the risk of opioid overdose for those returning from incarceration is 40 times higher than the general population.¹⁹

Investing in Linkage to Care

Wake County is prioritizing spending settlement dollars on increasing equitable access to care by investing in wraparound services. Specifically, the county is exploring opportunities to enhance transportation services, expand evening and weekend hours of related

service providers and co-locate childcare and food services on county service provision sites. To further connect residents seeking substance use treatment to wraparound services, the county plans to invest in care navigator teams that will be able to identify and address the root causes that hinder treatment and recovery efforts (e.g., access to safe and affordable housing, transportation, stable employment). Care navigator teams will also focus on serving youth and their families as part of Wake County's focus on the need for early intervention and peer support.

Learn more about strategies to increase linkage to care.



Key Takeaways

Wake County's health equity strategy involves a unique balance of internal and cross-organizational practices. Key takeaways from Wake County include:

- 1. Invest internally.** As the owners and operators of public service systems, counties can identify the local drivers of health disparities and implement interventions that span multiple systems. Establishing a staff position, such as Wake County's director of diversity, equity and inclusion, can ensure change reaches across service silos.
- 2. Involve the community.** Understanding the lived experience of community members is critical to developing equitable interventions. Counties can learn from community members through inclusive and interactive public forums.
- 3. Stronger together.** Health equity requires changing systems, policies and practices that contribute to health disparities. This process is stronger when all aspects of a society work together, including the public sector, private sector and community members.



CASE STUDY

Mendocino County, California

Health Equity Strategy

Mendocino County is a rural county with a large land mass: it can take over two hours to drive from one point of the county to another. Mendocino County shares borders with 10 Federally Recognized Tribes, the fourth most of any county in the U.S.,²¹ and one non-federally recognized tribe. Across the country, American Indian and Alaska Native (AI/AN) people experience a disproportionate burden of preventable disease and death. In 2021, the life expectancy for non-Hispanic AI/AN people was 12 years lower than the life expectancy for the general population (65 years versus 76 years, respectively).²² Disparities in substance use-related outcomes are especially pronounced, with the rate of drug overdose deaths increasing twice as much among AI/AN people from 2019-2020 compared to White people.⁶ Mendocino County recognizes that multiple historical and contemporary injustices underlay these health disparities and is committed to addressing them through a range of intergovernmental partnerships, community engagement strategies and culturally-tailored services.

Learn more about Tribal Health



Cultural inclusivity is the foundation of Mendocino County's health equity strategy. In 2020, the Mendocino County Board of Supervisors established the [Office of Equity](#) to advance the county's capacity to employ a more representative workforce. Additional policies and practices are implemented at the department-level to align service delivery

COUNTY CONTEXT



County Seat: **Ukiah**

2021 Population: **91,305**

2021 Overdose Death Rate: **55.1 per 100,000 population⁹**

Size: **3,507 square miles**

Master Settlement Context (annual payments over 18 years)

- California total: **\$2,050,000,000**
 - State government share: **15%**
 - Local government share: **15%**
 - Abatement Accounts Fund: **70%***
- Mendocino County total: **\$9,344,707**

*Distributed to participating subdivisions with additional requirements for eligible expenditures.²⁰

and operating procedures with the needs and experiences of the county's diverse communities. For example, the Department of Behavioral Health and Recovery Services (DBH) develops an annual [Cultural Competence Plan](#) that outlines the county's contributions towards state-level targets, including: reducing racial, ethnic, cultural and linguistic disparities; engaging clients, family members and community members in decision-making; training staff in cultural competency; and hiring and retaining culturally and linguistically competent staff.

Opioid Settlement Strategy

Mendocino County is carefully considering how opioid settlement funds can best supplement existing behavioral health funding streams in the county. In 2017, Mendocino County passed the Mental Health Treatment Act (“Measure B”), a county ordinance that imposed a sales tax for the specific purpose of improving services, treatment and facilities for people with behavioral health conditions.²³ The ordinance also established a Citizens Oversight Committee to oversee projects funded through the sales tax, which include the development of a crisis triage center, psychiatric facility and professional behavioral health training facility. The Committee, appointed by the Board of Supervisors, includes county employees and representatives of community-based organizations, such as NAMI Mendocino County, which provides advocacy, education and mental health support to individuals affected by mental illness.

Leading up to the first payment from the national opioid settlements, DBH administered a community survey to identify gaps in behavioral health services that the county could address using remaining funds from Measure B and anticipated funds from the opioid settlements. The survey received over 380 responses that will inform the development of a request for proposals for projects to increase the availability of substance use services across the county. DBH leveraged its existing relationships with community-based providers, as well as new relationships formed through participation in the Citizens Oversight Committee, to engage stakeholders from diverse backgrounds. For example, NAMI Mendocino County receives funding from Measure B to facilitate monthly Native American Wellness Meetings with representatives from the neighboring tribal nations. By attending these meetings, representatives of DBH have formed relationships with representatives from two tribal nations and are engaging these individuals

“Health equity is all about working together, how we come together to reduce barriers and improve access to care for everyone.”

— Dr. Jenine Miller,
Director of Behavioral Health

in preliminary opioid settlement planning discussions. Mendocino County plans to include community stakeholders in the proposal review process but must first develop a conflict-of-interest policy to ensure that individuals do not unintentionally disqualify their organization from receiving funds by serving on the proposal review task force.

Cultivating Cultural Competency

Mendocino County utilizes multiple structures and procedures to promote cultural competency in behavioral health services. DBH operations are overseen by the [Behavioral Health Advisory Board](#), a body comprised of three community members from each district who serve as liaisons between their communities, the Board of Supervisors and the DBH director. Per state requirements, all DBH staff engage in two trainings per year to better understand the different cultures represented across the county (a policy that exceeds requirements set by the state). Lastly, Mendocino County operates a [Language Line](#) which provides free interpreter assistance, American Sign Language and Teletype service. Mendocino County’s longstanding commitment to delivering culturally competent services provides a strong foundation for equity-centered decision making around opioid settlement funds.

—
“We realized that words matter more than ever when you’re building that trust.”

— Dr. Jenine Miller,
Director of Behavioral Health

Trust Building

Mendocino County views trust and understanding as the foundation from which equitable health interventions can be built. One way DBH seeks to build trust and understanding with tribal communities is by partnering with tribal agencies to design and implement projects, ranging from overdose awareness campaigns to state and federal research projects. DBH will continue to partner with tribal agencies to design and implement projects funded by opioid settlement dollars. By creating inclusive and equitable partnership opportunities, DBH can create a respectful environment where historically underserved communities can comfortably share their voices and experiences.

Cross-Sector Coordination

Recognizing the intersection between behavioral health and the justice system, Mendocino County emphasizes cross-sector communication. Regular meetings between DBH, the crisis response team and the sheriff’s department ensure routine information sharing across entities. The county has successfully integrated substance use counselors into the jail and clinicians into the probation department, which promotes continuation of substance use care across county settings. Continuous relationship building and information sharing ensures that the crisis response roles and responsibilities of each agency are aligned.

Mendocino County will utilize these cross-sector communication systems to share information and coordinate resource allocation related to opioid settlement funds.

Key Takeaways

Mendocino County centers health equity by acknowledging historical injustices and engaging in active efforts to improve care for current and future generations. Key takeaways from Mendocino County include:

- 1. Acknowledge History.** Mendocino County explicitly acknowledges the intergenerational trauma caused by the forced displacement of AI/AN peoples from their native land. Starting from a place of acknowledgment equips the county to address unconscious biases, understand the lasting impact of historical injustices and work towards more equitable treatment of tribal community members.
- 2. Explore Various Engagement Modalities.** Mendocino County engages community members in multiple formats ranging from appointment-only committees to open application advisory boards. Offering different formats for community members to engage in county government promotes diversity, equity and inclusivity.
- 3. Create Shared Spaces for Decision Making.** From co-creating projects with tribal agencies to embedding DBH staff in correctional settings, Mendocino County benefits from cross-organizational collaboration. Creating a shared space for ideation, problem solving and relationship building promotes quality care across county systems.

CASE STUDY

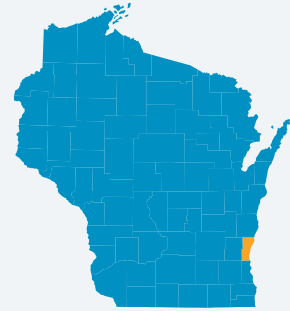
Milwaukee County, Wisconsin

Health Equity Strategy

As the first county in the nation to formally declare racism a public health crisis, Milwaukee County is leading the way in modeling how principles of health equity can be integrated into the full range of services provided by county governments. Health equity is not only a broad vision articulated in a strategic plan by county leadership, but also the central goal of every county agency. Since the declaration in May 2019, the county has created an Office of Equity, developed a public dashboard for accountability in their strategic focus areas and invested in equitable strategies such as Housing First, which provides low-threshold housing to people in greatest need. As part of the annual budget process, every county department submits a report using the [Racial Equity Budget Tool](#).

Housing segregation is a leading issue in Milwaukee County due to historic policies and practices, including redlining. This historical context is associated with contemporary health disparities, as demonstrated by disparities in health outcomes by zip-code.²⁴ While the county has seen growth in the overall number of overdoses, the rate of overdose death among American Indian/Alaska Native and Black residents is higher compared to white residents. For example, in 2022, Black people represented 37 percent of overdose deaths in the county, yet only 27 percent of the total population.²⁵ The practice of analyzing health outcomes by race is one example of how county departments operationalize the overarching health equity strategy. These data point county agencies to the root causes of deaths of despair, such as poverty, which must be addressed to change the growing trajectory of health disparities.

COUNTY CONTEXT



County Seat: **Milwaukee***

2021 Population: **928,000**

2021 Overdose Death Rate: **56 deaths per 100,000 population⁹**

Size: **1,189 square miles**

Master Settlement Context (annual payments over 18 years)

- Wisconsin total: **\$420,000,000**
- State government share: **30%**
- Local government share: **70%**
- Milwaukee County total: **\$71,000,000**

*The City of Milwaukee is also a settlement recipient, though payments to the city are separate from those made to the county.⁵

What is Redlining?



Opioid Settlement Funding in Milwaukee County

Milwaukee County Behavioral Health Services (BHS) manages a range of behavioral health funding streams, including state funds, county funds and federal grants. While the county can operate a robust behavioral health services system using the traditional revenue

sources, there are gaps in the current system. With the first year of opioid settlement payments, the county allocated funds to multiple agencies to address specific gaps, including access to harm reduction supplies; public education; prevention and treatment services for youth; and access to services for poly-substance use issues.²⁶ The flexibility of settlement funds, relative to state and federal funding sources, will help bridge gaps and strengthen the continuum of services available to residents. To ensure that settlement funds were allocated across multiple county agencies, the Milwaukee County Office of Strategy, Budget and Performance served as the coordinating agency for the county's opioid settlement funds. This allowed the county to develop a standard process for all county departments (e.g., sheriff's department, health and human services, emergency management) to apply for funds, including an assessment of each proposal's potential impact on racial equity. BHS is coordinating with the Milwaukee County Office of Equity to align its opioid settlement investments with initiatives led by other departments and the county at large.

Expansion of Services

The master settlement agreement names the expansion of recovery services as an eligible expense, including broadening the scope of services to include co-occurring disorders. In the state of Wisconsin, up to 15 percent of settlement funds can be used to address other substance use issues that have been negatively impacted by the opioid epidemic. For Milwaukee County, this flexibility is critical to addressing the unique experience of residents impacted by the high prevalence of alcohol use in the county. The City of Milwaukee has the second-highest number of bars

“It’s impossible to talk about health equity without talking about racial equity.”

— Dr. Matt Drymalski, Clinical Program Director, Division of Behavioral Health Services

per capita in the nation – just behind New Orleans.²⁷ Alcohol use and related health risks are a major concern for the county, but there is little funding available to address this issue. Poly-substance use is highly prevalent in Milwaukee

County; therefore BHS is analyzing data to explore if use of opioid settlement funds for alcohol, cocaine and/or THC addiction is an investment worth pursuing.

Harm Reduction

One strategy Milwaukee County is pursuing with settlement funds is the deployment of [harm reduction vending machines](#), which offer a variety of overdose prevention and health tools (e.g., naloxone, fentanyl testing strips, gun locks, medication lock boxes and medication deactivation bags). Over the next several years, the county will install 25 machines across its communities. The location of these vending machines is driven by data – a combination of overdose data, foot traffic patterns and the potential for accessibility (e.g., hours open during the day). In the first year of this program, the rollout of vending machines has helped drive public messaging about harm reduction as an effective public health strategy and normalize the presence of these services in public locations. As the rollout continues, the county will monitor inventory, usage and overdose prevalence data as well as collect community feedback to determine future decisions related to this program.

Investment in Community-Based Organizations

Historically, it has been challenging for small businesses, especially minority-owned community-based organizations (CBOs) to contract with

Milwaukee County government because of strict contractual requirements. BHS is exploring means to regrant settlement funds to CBOs providing related services in a fair, transparent and flexible manner. The updated grant review process was developed and informed by the community through a series of listening sessions.²⁸ Proposals will be scored transparently in a way that prioritizes racial equity and focusing on historically underserved populations. CBOs receiving these grants will also receive training to build organizational capacity for long-term fundraising, illustrating how opioid settlement funds can function as equitable community investments.



Key Takeaways

Milwaukee County is investing opioid settlement funds to enhance and strengthen existing health equity initiatives. Key takeaways from Milwaukee County include:

- 1. Start with Data.** Taking the time to disaggregate overdose and other behavioral health data by demographics (e.g., race, gender, economic status) can improve awareness and understanding of emerging trends and underlying issues contributing to health disparities. This approach can also help counties identify where and how to target interventions.
- 2. Incorporate Stories.** By fostering relationships with historically disadvantaged communities and listening to their experiences, counties can tailor program offerings to meet the expressed needs of these populations. The development of culturally competent programs can increase community buy-in and enhance service engagement.
- 3. Identify Common Goals.** County agency leaders recognize the barriers to services that their clients experience. To improve equitable access to services and promote efficiency, county agency leaders can work together to identify and intervene upon barriers between their respective systems of service.

“We use data as where we start, but that’s not the only thing that matters. Getting that community feedback... fostering those relationships and developing those mechanisms for safe and productive feedback is one of our biggest priorities.”

— Jennifer Wittwer, Director,
Milwaukee County Behavioral Health Services

CASE STUDY

Travis County, Texas

Health Equity Strategy

Travis County is a large urban county experiencing significant population growth. Between 2010 and 2020, the population grew by 26 percent, compared to 16 percent at the state-level and 7 percent at the national-level.²⁹ Publicly-funded health services in Travis County are delivered by Austin Public Health, the integrated city-county health department, and Travis County Health and Human Services (HHS), which administers over \$25 million in contracts for public health services each year. The [2022 Community Health Assessment](#), led by Austin Public

“Community input has been very loud and very clear here at the county, and that really spurred a lot of action and led us to determine how we’re going to use our opioid settlement funds.”

— Pilar Sanchez, County Executive for Health & Human Services

Health in partnership with the City of Austin, Travis County and community-based partners, involved a robust community engagement process. Through a combination of key informant interviews and focus groups with community members, the needs assessment found that stigma and limited access to mental health care were key barriers to health equity. In 2020, roughly one in four adults in Travis County reported experiencing five or more days of poor mental

COUNTY CONTEXT



County Seat: **Austin**

2021 Population: **1,305,154**

2021 Overdose Death Rate: **24.4 per 100,000 population⁹**

Size: **994 square miles**

Master Settlement Context (annual payments over 18 years)

- Texas total: **\$1,460,000,000**
 - State government share: **15%**
 - Local government share: **15%**
 - Regional fund: **70%**
- Travis County total: **\$4,704,473**

*The City of Austin is also a settlement recipient, though payments to the city are separate from those made to the county.

health in the past month, compared to one in five adults in 2016. Specific challenges were identified for Hispanic/Latino adults, who were more likely to report mental health challenges than other racial groups, and low-income residents. In 2021, an estimated 22 percent of Travis County's population lived at or below 200 percent of the federal poverty level.³⁰ To address the needs of these populations, Travis County is partnering with the City of Austin to create new services along the behavioral health continuum of care.

Opioid Settlement Strategy

Travis County HHS is responsible for making recommendations to the Board of Commissioners for the use of opioid settlement funds. The process for developing recommendations is guided by several principles: community involvement; strengthening existing programs by 'braiding' funds; complementing city-led abatement efforts; and making data-informed decisions. The Travis County community is actively involved in opioid settlement planning discussions. Travis County HHS has held seven listening sessions on the opioid crisis with community members, service providers and people with lived experience. During the listening sessions, community members stressed the need for education and anti-stigma campaigns as well as the need for expanded access to naloxone in the community and improved linkages to mental health and substance use disorder treatment. In response, Austin Public Health and Travis County HHS plan to designate a portion of settlement funds for increasing access to naloxone; increasing access to medications for opioid use disorder; and creating a criminal justice diversion system.

Travis County will continue to work closely with the City of Austin as decisions are made about opioid settlement funds. Intergovernmental coordination is supported by Austin Public Health, the integrated city-county health department. For example, in March 2022, a spike in overdose deaths prompted Austin Public Health to convene a group of stakeholders including health care providers, law enforcement, EMS, harm reduction organizations, university partners and individuals with lived experience. After discussing data on the proportion of individuals who died of an overdose who had previously been involved in at least one opportunity to be linked to lifesaving care,³¹ the group identified a need for increased access to information for all stakeholder organizations. To address this need, Austin Public Health developed an [Opioid Overdose Dashboard](#) that tracks and reports

data on fatal and nonfatal overdoses as reported across local surveillance systems. The dashboard also publishes naloxone distribution figures reported by Austin Public Health, Travis County HHS and Austin-Travis County Emergency Medical Services (EMS). As a next step, Austin Public Health is working with community-based organizations to develop a culturally appropriate public education campaign on overdose prevention, as well as a campaign for health providers about caring for patients with opioid use disorder.

Creating a Diversion System

A common priority for Travis County and the City of Austin is to develop a coordinated diversion system for people experiencing behavioral health crises. In 2018, the [Sobering Center](#) was established through an interlocal agreement between Travis County and the City of Austin. The Sobering Center serves as a receiving and stabilization center for community members who interact with law enforcement or EMS as a result of public intoxication. Travis County donates the facility space for the Sobering Center and the City of Austin donates the cost of operating expenses. In 2022, the Sobering Center served 2,032 people and connected 97 percent of clients to appropriate care.³² In 2023, Travis County and the City of Austin announced plans to implement a pilot program that would divert individuals with behavioral health conditions, including substance use disorder, who have been charged with low-level offenses from jail to community-based care. Opioid settlement funds may be blended with other funding sources to sustain the Sobering Center and further the development of the criminal justice diversion program.

Increasing Access to Medications for Opioid Use Disorder

In 2006, recognizing the need for non-emergency care for vulnerable individuals, Austin-Travis County EMS began the [Community Health Paramedic Program](#)

(CHP). The program serves individuals who may struggle to access routine health care by addressing acute medical needs on site and connecting clients with primary and/or behavioral health providers for continued care. In 2020, CHP created the Buprenorphine Bridge Program, which dispatches EMS personnel to overdose calls who can initiate clients on buprenorphine, a medication treatment for opioid use disorder, should the client agree. In 2022, the program served 123 individuals.³³ Participants in the Buprenorphine Bridge Program receive regular follow-ups from EMS personnel to continue their access to buprenorphine until they transition to care received from a community-based provider. Within the first 18 months of the Buprenorphine Bridge Program, 92 percent of patients offered buprenorphine accepted the offer and initiated treatment.³⁴

Investing in Naloxone Expansion

Increasing access to naloxone is central to Austin-Travis County's opioid response strategy. Due to an insufficient supply of naloxone at the state-level, the county has relied on local tax dollars, federal funds and charitable donations to increase local supply.³⁵ In 2022, Austin Public Health reported that 12,142 doses of naloxone were distributed in Austin and Travis County. Naloxone distribution sites included local bars, harm reduction organizations, high schools and government settings. Per the Opioid Overdose Dashboard, there were 924 naloxone administrations reported in 2022, with each case representing a life that may have been saved as a result of this initiative.³³ Travis County plans to continue investing in this core opioid abatement strategy using opioid settlement dollars.

Key Takeaways

Austin-Travis County's approach to health equity centers on meeting residents' needs before crisis situations occur. Key takeaways from Austin-Travis County include:

- 1. Intergovernmental Collaboration.** Travis County and the City of Austin coordinate through formal structures, such as the integrated county-city health department, and in-kind partnerships, such as the joint contributions to the Sobering Center. Counties can partner with cities to complement our opioid settlement plans and strengthen community engagement.
- 2. Invest in New Ideas.** Based on the demonstrated success of the Sobering Center, Travis County is considering how opioid settlement funds could be invested in pilot programs to build out a comprehensive diversion system. Opioid settlement funds provide an opportunity for counties to adopt opioid abatement strategies with the greatest evidence of success, such as diverting people with opioid use disorder from carceral settings to community-based treatment settings.³⁶
- 3. Listen to Community Voices.** People with lived experience of substance use disorder hold valuable insight into the gaps and barriers to engaging in continued behavioral health care. Counties can utilize this information to ensure resources are directed to the areas of greatest need, as demonstrated by Austin-Travis County's naloxone distribution efforts.




Scan the QR code
to view the list of
sources referenced
in this brief.







660 North Capitol Street, N.W.
Suite 400 • Washington, D.C. 20001
202.393.6226 • www.NACo.org

[FB.COM/NACoDC](https://www.facebook.com/NACoDC) 
[TWITTER.COM/NACoTWEETS](https://twitter.com/NACoTWEETS) 
[YOUTUBE.COM/NACoVIDEO](https://www.youtube.com/NACoVIDEO) 
[WWW.NACo.ORG/LINKEDIN](https://www.linkedin.com/company/naco) 