

Opioid Restitution Funds

Presentation to the Prince George's County Board of Health
November 12, 2024



Angela D. Alsobrooks
County Executive



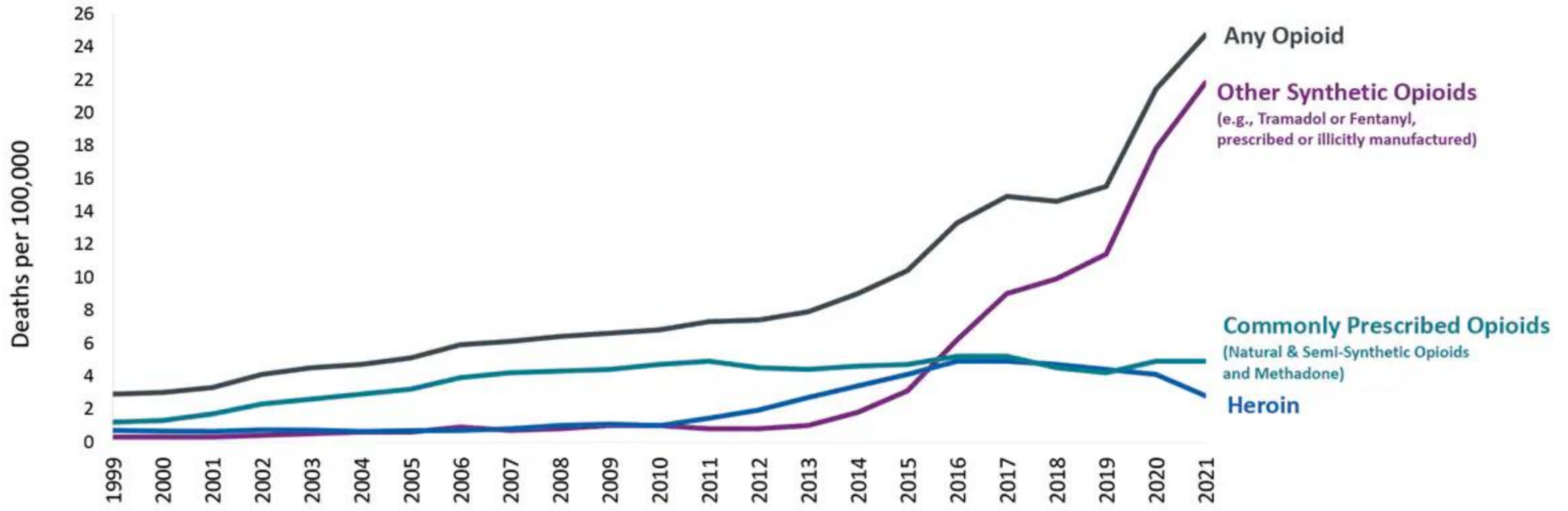
Background: The Opioid Crisis in the U.S.



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Three Waves of Opioid Overdose Deaths



↑
Wave 1: Rise in Prescription Opioid Overdose Deaths Started in the 1990s

↑
Wave 2: Rise in Heroin Overdose Deaths Started in 2010

↑
Wave 3: Rise in Synthetic Opioid Overdose Deaths Started in 2013

SOURCE: National Vital Statistics System Mortality File.

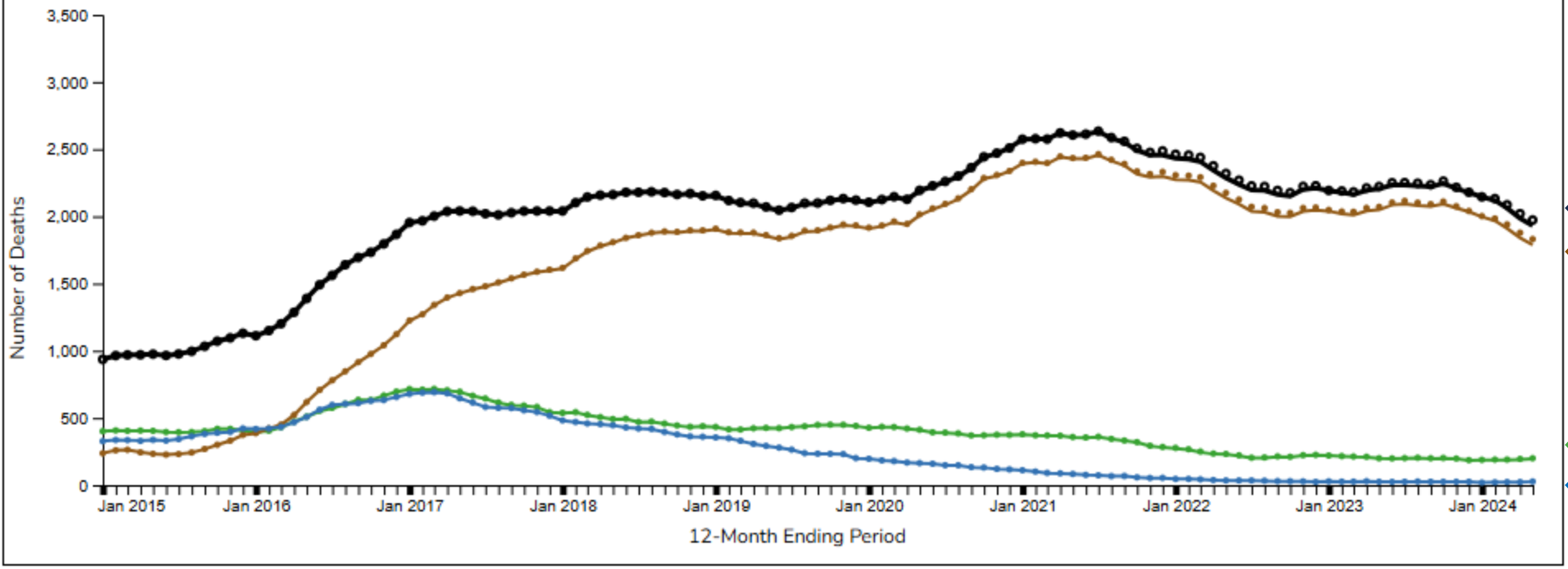
12 Month-Ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class

Based on data available for analysis on: October 6, 2024

After opening the *drug class dropdown*, click the top of the dropdown menu again to make the checkboxes disappear.

Select Jurisdiction: Maryland
Select specific drugs or drug classes: Select drug class

Figure 2. 12 Month-Ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: Maryland



← All opioids

← Fentanyl

← Rx opioids

← Heroin

Legend for Drug or Drug Class

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

- Reported Value
- Predicted Value

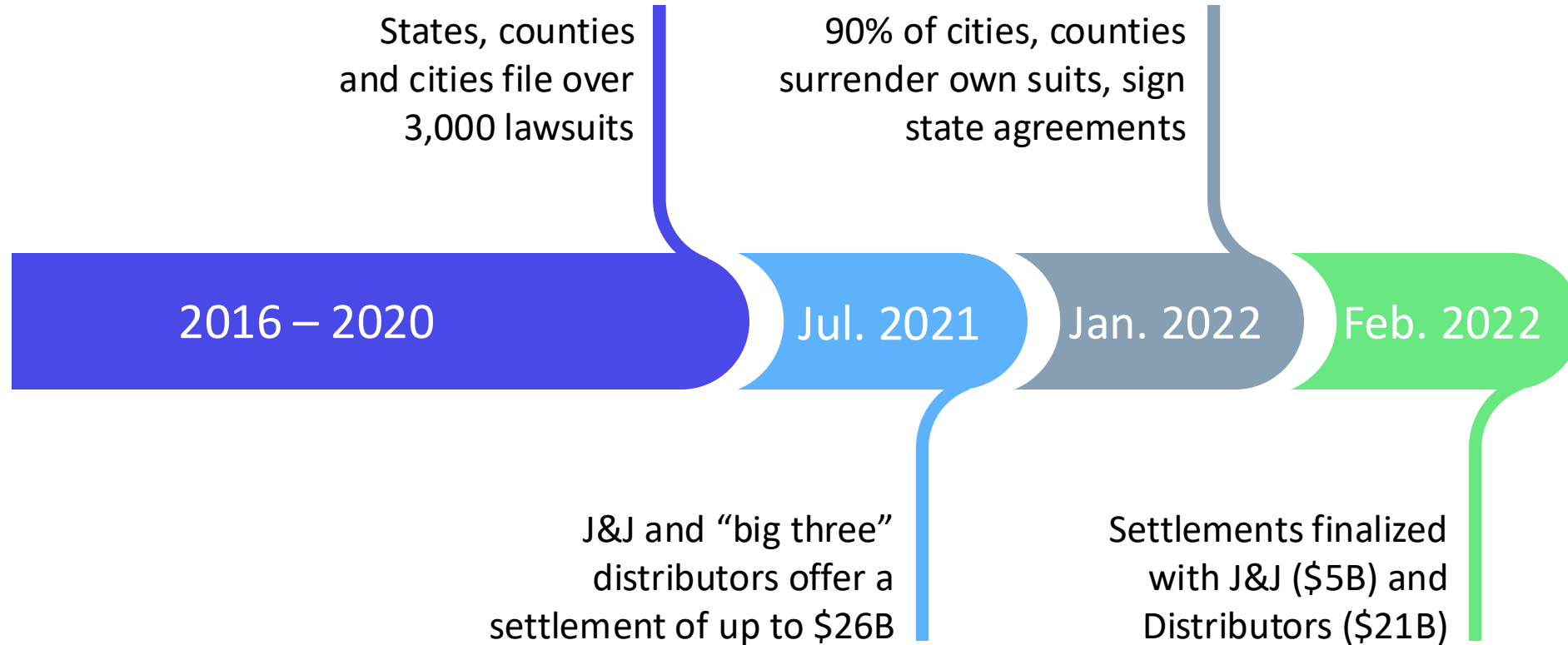
Background: The National Opioid Settlements



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Litigation Process



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National Agreements Reached to Date

Company	Settlement Total	Duration
Distributors	\$21 billion	18 years
Johnson & Johnson	\$5 billion	9 years
Walgreens	\$5.5 billion	15 years
CVS	\$5 billion	10 years
Walmart	\$2.7 billion	6 years
Teva	\$3.5 billion	13 years
Allergan	\$2 billion	7 years
Kroger	\$1.3 billion	11 years
Total	\$46 billion	

[Source](#)



State and County Allocations

Company	Settlement Total	Allocated to Maryland	Allocated to Prince George's County*
Distributors	\$21 billion	\$319 million	\$22.6 million
Johnson & Johnson	\$5 billion	\$77 million	\$5.4 million
Walgreens	\$5.5 billion	\$75 million	\$5.3 million
CVS	\$5 billion	TBD	TBD
Walmart	\$2.7 billion	\$55 million	\$3.9 million
Teva	\$3.5 billion	\$70 million	\$5.0 million
Allergan	\$2 billion	\$38 million	\$2.7 million
Kroger	\$1.3 billion	\$13 million	\$920,000
Total	\$46 billion	\$647 million	\$45.8 million

[Source](#)

*Values are estimates

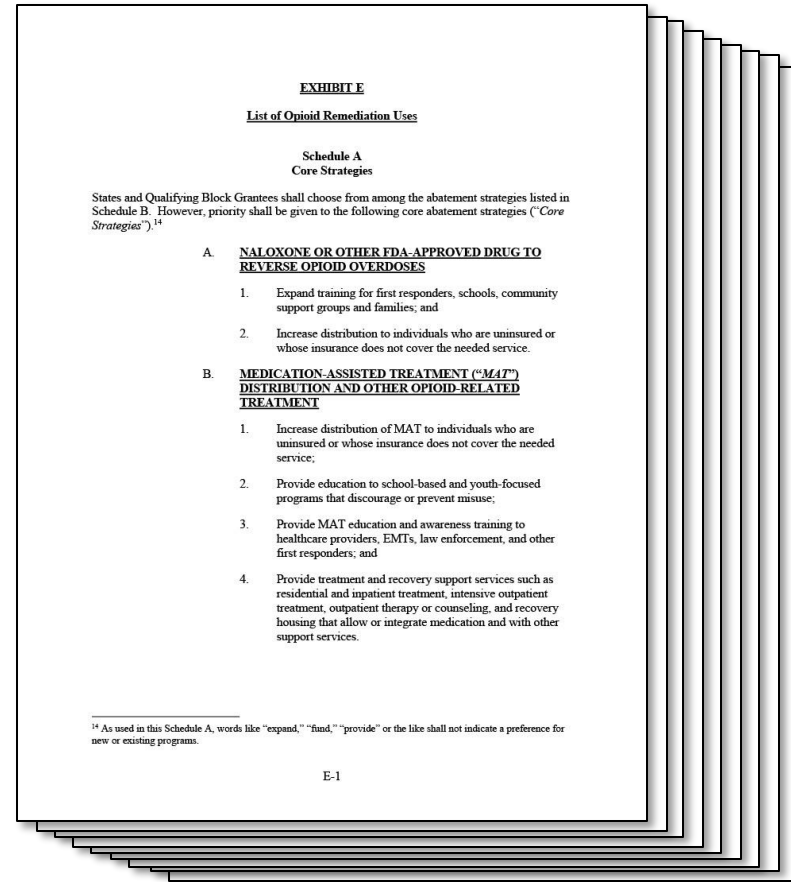


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Requirements – National Agreements

- At least 85% must be spent on Opioid Remediation
- Exhibit E provides a non-exhaustive list of expenditures that qualify as Opioid Remediation



[Source](#)



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Requirements – State Statute State Finance and Procurement §7–331

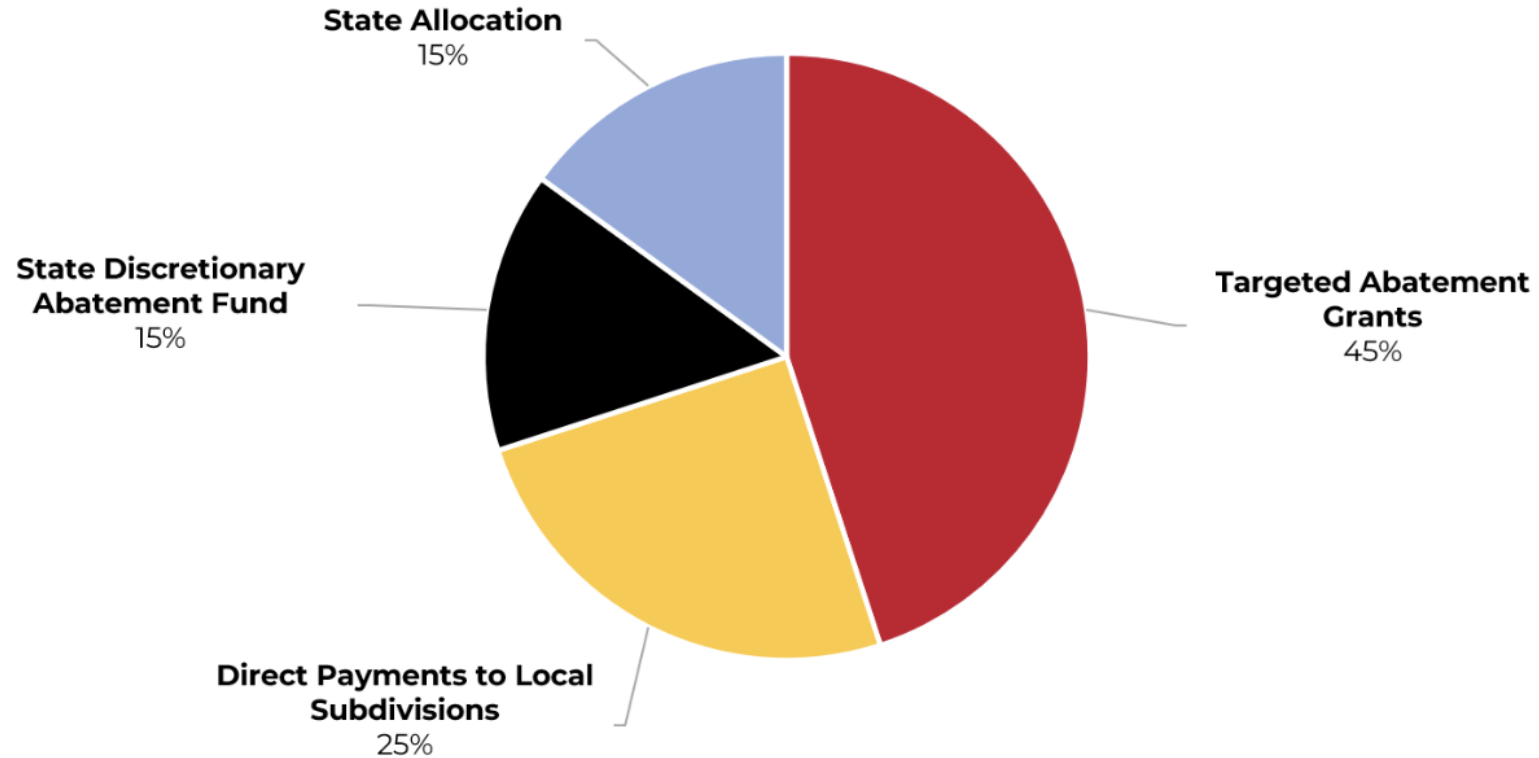
- Establishes the Opioid Restitution Fund
- Fund may be used only to provide funds for:
 - Improving access to naloxone
 - Peer support programs and screening, brief intervention, and referral to treatment
 - Increasing access to medications used to treat opioid use disorder
 - Heroin Coordinator Program*
 - Expanding access to crisis beds and residential treatment services
 - Safe stations, mobile crisis-response systems, and crisis-stabilization centers
 - Supporting the health crisis hotline
 - School education campaigns*
 - Enforcing laws regarding opioid prescriptions and sales*
 - Research and training for treatment and overdose prevention*
 - Other evidence-based prevention and treatment programs

*May cover administrative costs.

[Source](#)



Distribution Process



[Source](#)



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Our Approach and Progress to Date





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

[Source](#)



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PRINCIPLE 5
DEVELOP A FAIR AND TRANSPARENT PROCESS FOR DECIDING WHERE TO SPEND THE FUNDING

Started Here

[Source](#)



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Best Practices for Creating a Settlement Council

- Establish fixed size and structure
 - Should be as small as possible while including different areas of expertise and diversity
 - Can include additional modes of participation (sub-committees)
- Define the authority and scope of responsibilities
- Prepare for success: avert spending pressure by being strategic and working to identify the county's greatest areas of need
- Follow national guidance and ensure transparent decision making

The Principles Quick Guide to Creating a Settlement Council

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH | NATIONAL ASSOCIATION OF COUNTY OFFICIALS (NACo) | OPIOID SOLUTIONS CENTER

The Principles for 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 Spend Money to Save Lives (*Principle 1*) and Create a Fair and Transparent Process (*Principle 3*). Creating a council with expertise in issues related to substance use can help create an informed process that ensures dollars from the litigation are going toward identified areas of need. Establishing a council that represents the diverse needs, strengths, and experiences of community members can help address health disparities (*Principle 4*).

What is a settlement council?
In the context of the opioid litigation, a settlement council is an entity that works with county decision-makers to decide how best to use dollars from the opioid settlements. Settlement councils may take on an advisory role and provide advice or feedback to the county on the best use of the dollars, or they may have the authority to directly allocate funding.

Why have a settlement council?
By bringing together people from various backgrounds, the council can put forward recommendations that reflect both the scientific evidence and the needs and desires of the community.
A settlement council can engage members of the public by attending events hosted by other community-based organizations as well as holding open meetings that include time for members of the public to speak. Councils can also solicit public input by administering surveys or creating a digital platform to receive written comments. Councils can specifically solicit input from traditionally underserved communities by reaching out to community-based providers, nonprofit leaders,

or outreach workers who interact directly with people who use drugs, and encouraging their participation in the decision-making process. The inclusion of representatives from organizations with a proven track record of effectively working with underserved communities can help members of those communities engage throughout the process.

Who should be on a settlement council?
When composing a settlement council, counties should seek representatives from the communities that are most affected by the opioid epidemic and organizations that specialize in opioid abatement. These groups may include:

- People with lived/living experience of opioid use disorder, including those receiving medications for opioid use disorder.
- Public health practitioners who specialize in substance use and overdose prevention, from organizations such as local health departments or schools of public health.
- Primary prevention specialists, such as primary care providers or school-based clinicians
- Treatment providers, particularly those that engage with traditionally underserved populations.
- Recovery and other social service organizations; for example, a local Housing First program.

In addition to representing a variety of subject matter expertise, the council as a whole should represent the *diversity* of the county in the personal characteristics (such as gender, race, ethnicity, and sexual orientation), professional backgrounds, and life experiences of its members.

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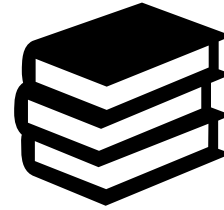
[Source](#)



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Prince George's County Opioid Abatement Task Force



- Ronald E. Gill, Jr., Director, Office of Homeland Security (Co-Chair)
- Dr. Matthew D. Levy, Health Officer (Co-Chair)
- Elana Belon-Butler, Director, Department of Family Services
- Imani Booker-Lewis, Manager, Local Behavioral Health Authority
- Dr. Sonya Bruton, President & CEO, CCI Health Services
- Dr. Elizabeth Faison, Associate Superintendent, Prince George's County Public Schools
- Rev. Dr. Yvonne Penn, Senior Pastor, First United Methodist Church of Hyattsville
- Malik Aziz, Chief, Prince George's County Police Department
- Tiffany Green, Chief, Prince George's County Fire & EMS
- Samantha Howard, Hispanic Liaison, Office of the County Executive
- Sheriff John. D. Carr, Prince George's County Sheriff's Office
- Dr. Jennifer Maehr, Medical Director, Department of Juvenile Services
- Gregory Mims, Peer Recovery Support Specialist, Behavioral Health Division, Health Department
- Walter L. Simmons, President & CEO, Employ Prince George's Inc.
- Dr. Jacqueline Somerville, Associate Director, Behavioral Health Division, Health Department
- Deputy State's Attorney Perry Paylor, Office of the State's Attorney for Prince George's County
- Joe Woods, Program Chief, Behavioral Health Division, Health Department
- Sharon Zalewski, Executive Director, Regional Primary Care Coalition
- Angela Wood, Chief Operating Officer, Family and Medical Counseling Services, Inc.
- Stephen Ligett-Creel, Acting Director, Department of Social Services



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Activity to Date

June 2024

- Task Force launch
- Overview of national opioid settlements and guiding principles
- Task force member introductions
- Informational requests

July 2024

- Introduction to Maryland's Office of Opioid Response
- Overview of state and local opioid overdose data infrastructure
- Overview of Local Overdose Fatality Review Team



Activity to Date

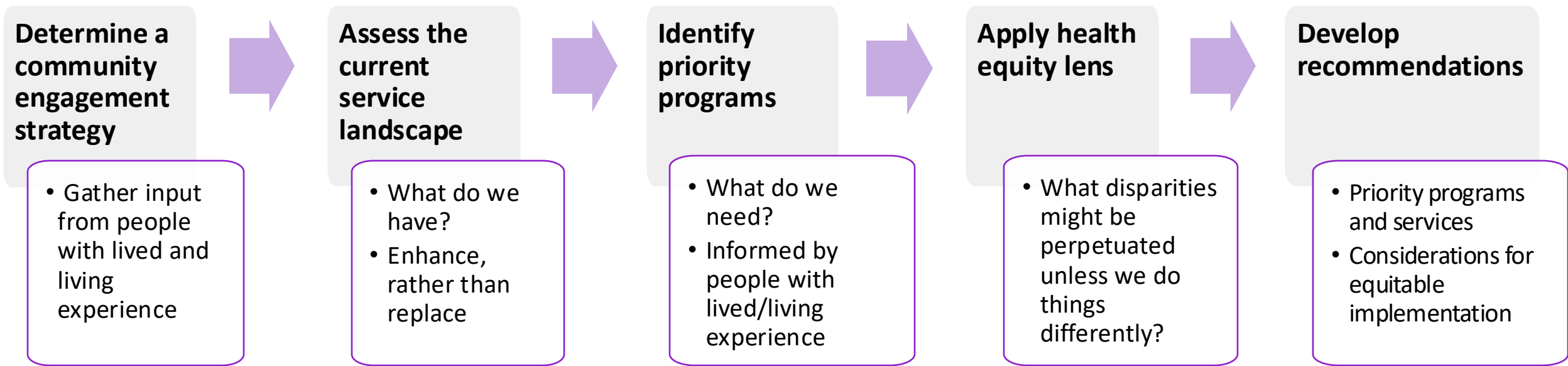
September 2024

- In-person meeting to facilitate relationship building among the task force's voting members
- Facilitated in an interactive activity to document the range of individual expertise and institutional knowledge represented on the task force
- Presented proposed process for how the task force would develop its recommendations, gathered participant feedback
- Information gathered during this meeting was used to inform working group structure and identify voices and/or perspectives that are not yet represented in the recommendation-making process



Recommendation-Making Process

(Carried out in working groups)



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Decision-Making Process

(Carried out by Task Force members and County Executive's Office)

Working Group chairs present recommendations to Task Force

Task Force members vote to approve

Working Group recommendations consolidated into report

Report submitted to Task Force Co-Chairs for approval

Report submitted to County Executive's Office for approval



Current Status

- Identified over 100 individuals to engage through five working groups:
 - Prevention
 - Harm Reduction
 - Treatment
 - Recovery
 - Public Safety
- Invitations sent Tuesday, October 29th
- First meetings to be held by end of year

