# Opioid Settlement Funds:
## Policy Recommendations and Implementation Insights

*Milbank Quarterly* Webinar
January 9, 2026

# Panelists

- **Brandon Marshall**, Professor, Brown University School of Public Health
- **Katherine Keyes**, Professor, Columbia University Mailman School of Public Health
- **Chinazo Cunningham**, Commissioner, New York State Office of Addiction Services and Supports

# Disclosures & Acknowledgements

# Opioid Settlements 101

1. Payments are to be made over an 18-year time horizon

2. Three spending "buckets":
   The state share (controlled by a state agency)
   The local share (flows to cities and counties)
   A statewide 'abatement fund' (legal frameworks vary widely)

1. Funding allocation varies widely across states:
   Example: in Connecticut, 85% goes to a state abatement fund, 15% to localities
   Example: in North Carolina, 15% goes to the state, 85% to localities

1. Each state is required to establish an opioid settlement remediation advisory committee

**Figure 2.** Distribution of Committed Opioid Settlement Funding Allocations by Category, 2022 to 2023



Funds Committed
2022-2023

Other
15.1%

Admin
3.3%

Gov't Entities
10.2%

Harm Reduction
16.5%

Prevention
9.8%

Non Remediation
11.1%

Recovery
15.1%

Treatment
19.1%
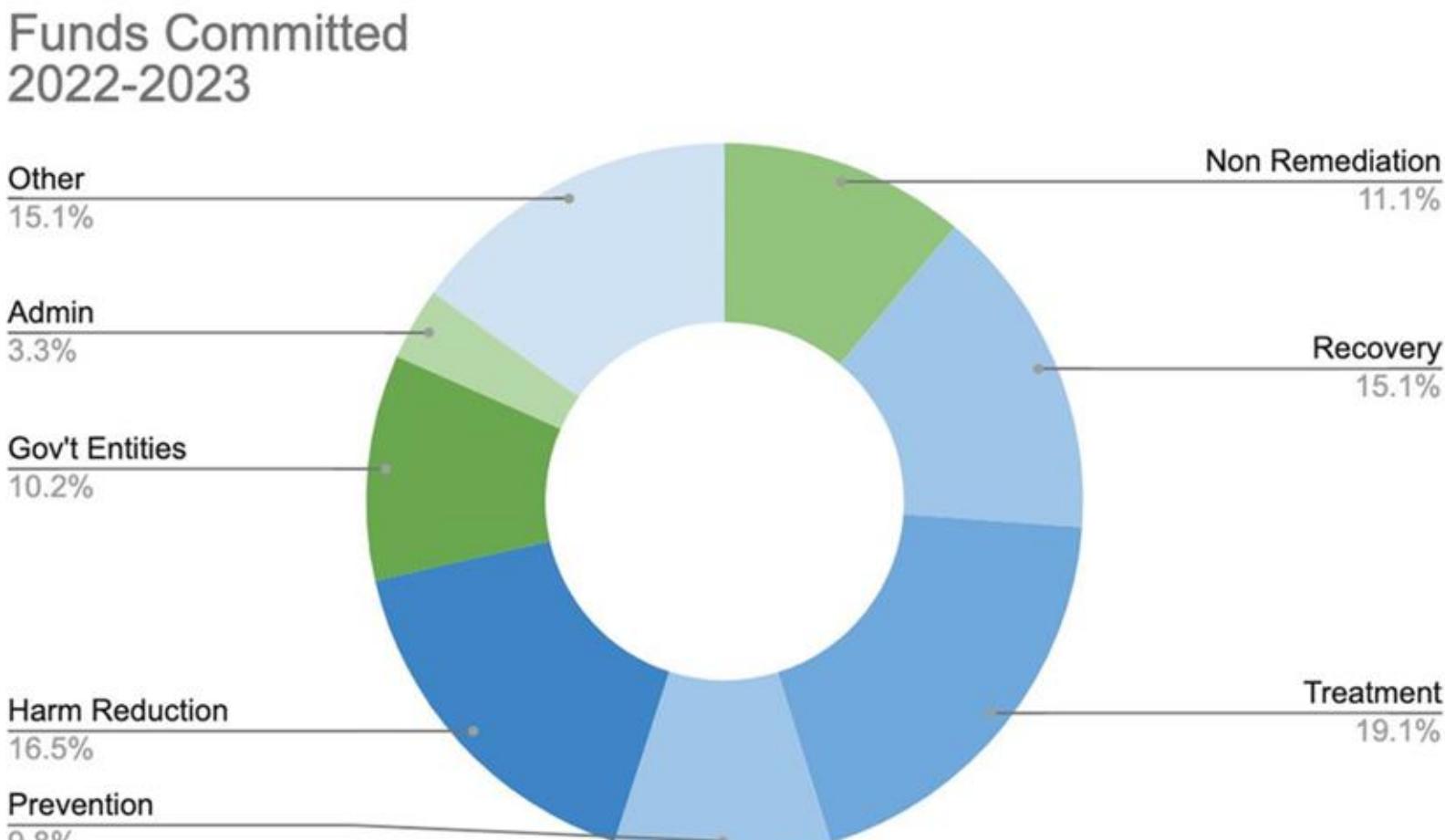
Data derived from analysis of publicly available reports.

# Policy Recommendations & Early Lessons Learned

1. Take a comprehensive, holistic approach

   - *It is not possible to predict which combinations of interventions will maximize public health benefits of opioid settlement funds*

   - *Mathematical modeling studies suggest that comprehensive strategies are required, focusing on:*

     - *Reducing the number of people at risk for overdose (prevention, recovery)*

     - *Decreasing the likelihood of overdose among people at risk (treatment)*

     - *Lowering the probability of death per overdose event (naloxone, harm reduction)*

# Shifting Investments Across the Continuum of Care: Recommended %s

**Social Determinants**
- FY 23: $3.45 Million (17%)
- FY 24: (15%)
- Investing in foundational needs for the community and our responders

**Harm Reduction**
- FY 23: $4.5 Million (23%)
- FY 24: (25%)
- Investing in lifesaving initiatives while we redesign systems

**Treatment**
- FY 23: $2.8 Million (14%)
- FY 24: (20%)
- Investing in necessary treatment infrastructure and access needs

**Recovery**
- FY 23: $2.0 Million (10%)
- FY 24: (15%)
- Investing in supportive environments to promote healthy living

**Prevention**

FY 23: $6.0 M (30%)     FY 24: (25%)

Investing in our youth, community partners, and systems to curb substance misuse and addiction.

Source: Rhode Island EOHHS OSAC Website (https://eohhs.ri.gov/Opioid-Settlement-Advisory-Committee)

# Policy Recommendations & Early Lessons Learned

## 2. Engage with community members

- *Every effort should be made to support the meaningful inclusion of people with lived and living experience of substance use in decision-making*

- *A recent analysis found that only 7% of community members nationally identify as people with lived/living experience*

## 3. Promote transparency

- *Strategies include listening sessions, online dashboards, and ensuring that all committee meeting are fully accessible to the public*

# Policy Recommendations & Early Lessons Learned

## 4. Consider sustainability of programming

- *Annual disbursement decreases dramatically over 18-year time horizon*

- *Although opioid settlement funds should not be used to **replace** existing funding streams (i.e,. supplantation), decision makers should consider how best to braid funding together and/or expand on existing programs*

## 5. Ensure strong individual and institutional leadership

- *Leaders can offer technical assistance, Opioid Abatement Academies, etc. to county & local stakeholders*

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**keep in touch!**

# Stemming the Tide of the US Overdose Crisis: How Can We Leverage the Power of Data Science and Artificial Intelligence?

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# Opioid settlement represents a unique opportunity for localities to make a substantial and equitable investment in evidence-based programs and services



**Tackling social drivers of drug use-related harms**



**Reducing harms**
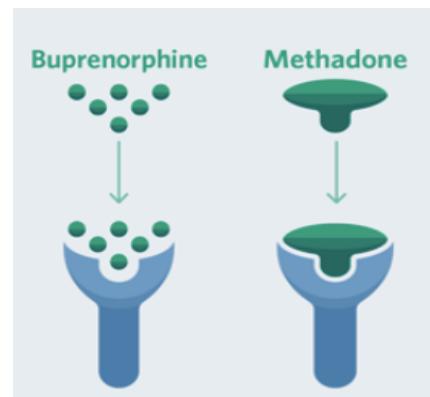


**Improving access to treatment**



**Regulating opioid supply**

# What role do public health scientists play?

- We can help governments answer four critical questions:

    - (1) What impact do state and local laws have on access to evidence-based interventions and overdose risk?

    - (2) In what geographic areas should we target interventions?

    - (3) What type of heterogeneity exists across demographic subgroups in overdose risk and in the reach and effectiveness of evidence-based interventions?

    - (4) What types of interventions will work best and be most cost-effective for each setting and population, given our understanding of population-level effects, geographic targeting and subgroup heterogeneity in intervention reach and effectiveness?

    **We can leverage tools from data science and artificial intelligence to accelerate the pace at which we can help inform an effective overdose prevention response**

# Case study 1: Geographic targeting of interventions

PROVIDENT

**Machine learning models:**

Identify 20% of neighborhoods with 40% of overdose deaths in next 6 months

## Study Design

- Apply machine learning models
- Randomize towns to receive predictions and steer service delivery to prioritized sites

Many statewide datasets are combined, including surveillance & census data

Data is analyzed by researchers using spatial predictive models

Predictions are made into tools that are used for targeted interventions
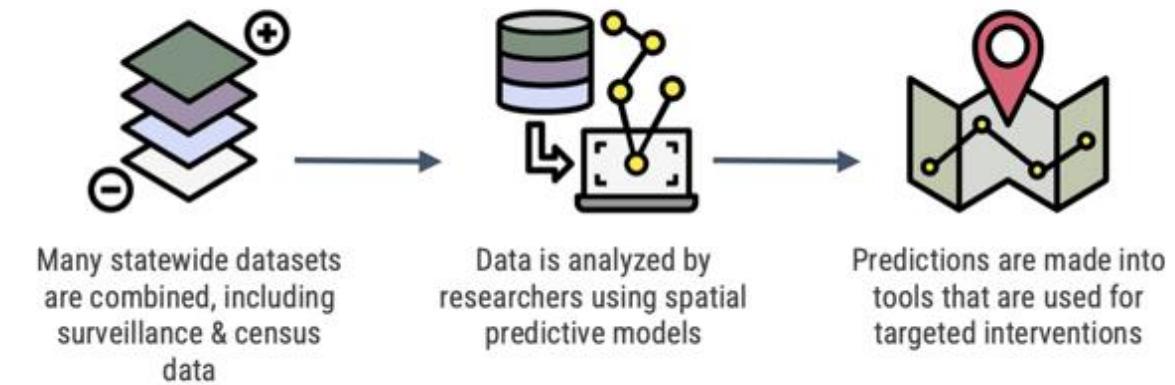
# PROVIDENT model predictions outperformed historical fatal overdose data in predicting future overdose
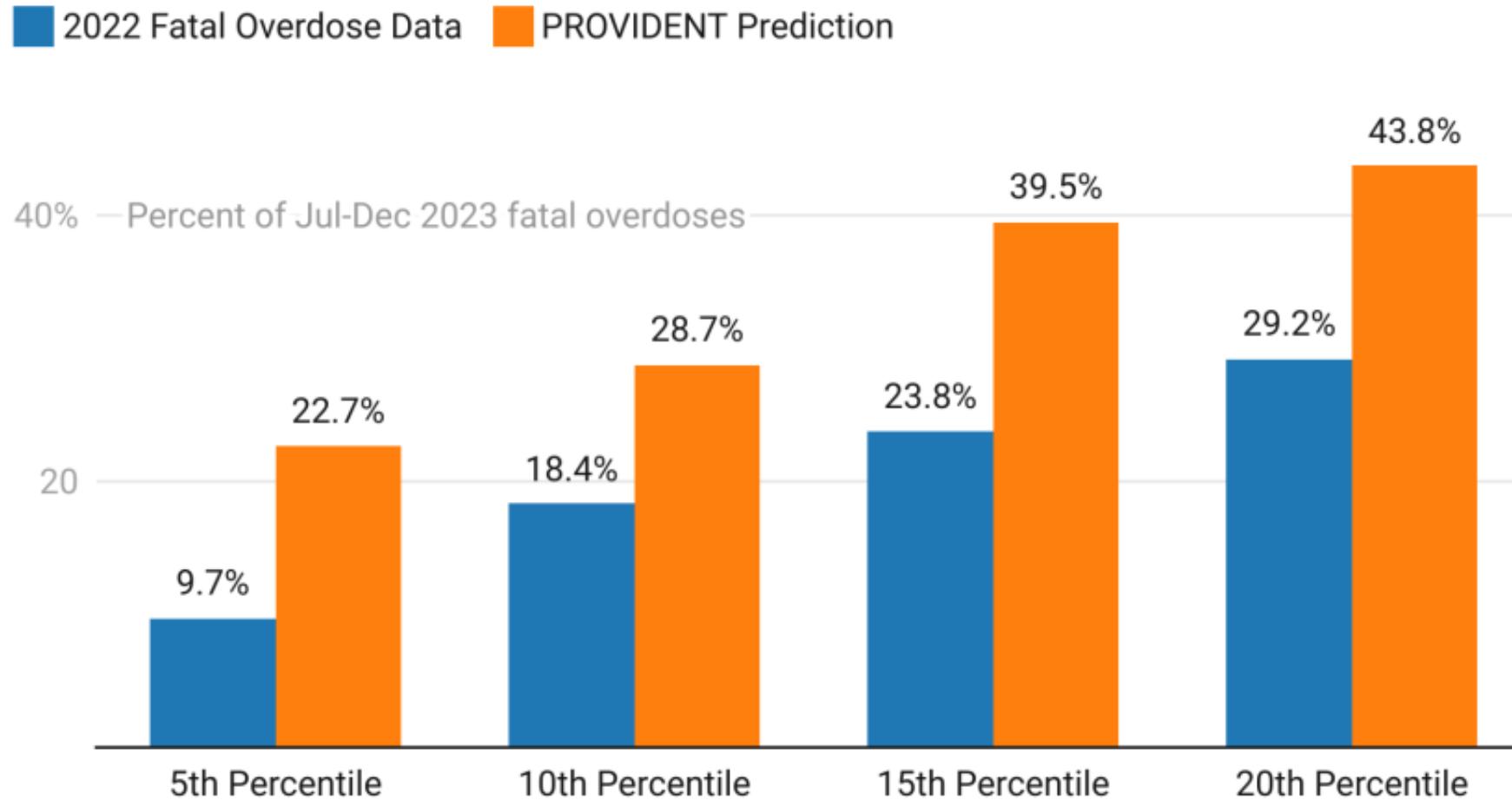
# Predictions shared through an online dashboard



End-users **1.3-2.4** times more likely to engage with prioritized block groups than non-prioritized block groups

Engagement decreased over time

Skinner A et al. J Public Health Management Pract. 2025.
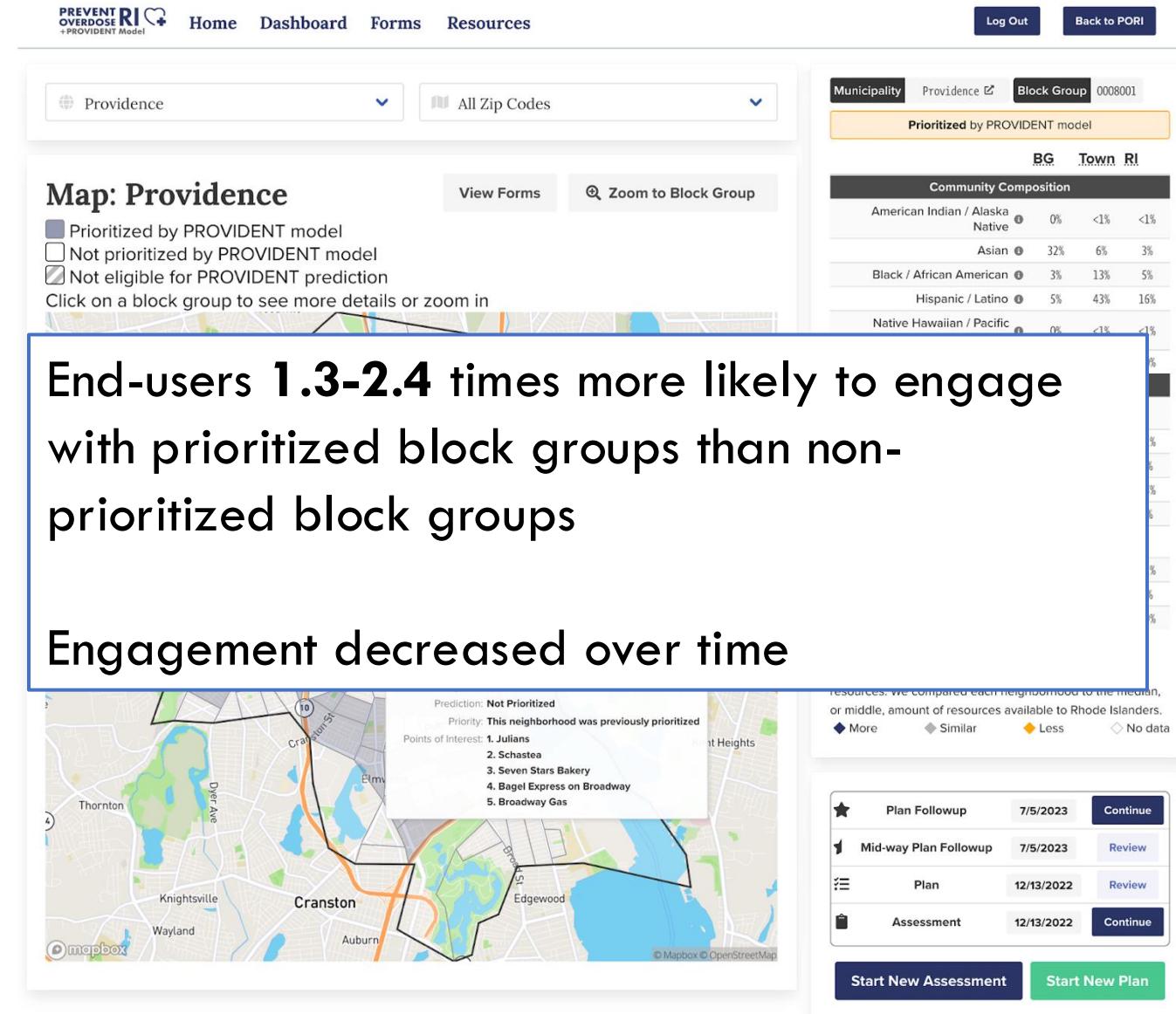
# Case study 2: **heterogeneity in risk, reach, and effectiveness**

New machine learning and causal inference methods identify and quantify heterogeneity across many subgroups of a population defined by multiple data dimensions, including disparities, inequities in access to treatment, and heterogeneous treatment effects.

**HTE-Scan** methods developed by Niel et al. identifies heterogeneity in the causal effect of a treatment or exposure across multidimensional population subgroups.

The approach, at a high level:
1) Model treatment assignment and weight each non-treated individual by their odds of receiving treatment;
2) Learn a model of the outcome from the weighted non-treated observations, and predict outcomes for each treated individual; and
3) Identity intersectional subgroups of treated individuals whose outcomes differ significantly from expectations.

# Case study 2 - overdose

**HTE-Scan** can identify heterogeneous effects of a treatment or exposure across multidimensional subgroups.

During the COVID pandemic (Mar–Dec 2020), overdoses increased <span style="color:red">21%</span> as compared to pre-pandemic levels for the New York State Medicaid population.

However, HTE-Scan identified two large multidimensional subgroups with statistically significant heterogeneity:

- Overdoses increased by <span style="color:red">54%</span> for Black and Hispanic males aged 45-64 with no documented OUD.
- Overdoses increased by <span style="color:red">57%</span> for blind or disabled individuals aged 45-64 with no documented OUD.

Rhode Island expanded methadone access for opioid treatment programs (OTPs) in March 2020. Overall, there was <span style="color:red">no significant change</span> in 6-month retention in treatment following this policy change.

However, HTE-Scan found two subgroups with <span style="color:red">significantly increased retention</span>:

- Patients with below high school education and a <span style="color:blue">past-month arrest</span>.
- Male, non-Hispanic white or Hispanic/Latino patients with heroin or fentanyl use and a <span style="color:blue">past-month arrest</span>.

# Case study 3: What types of interventions will work best for each setting, and how much to invest

We can use simulation models to help local jurisdictions figure out optimal investment needed to achieve overdose prevention targets

- How much would delivery of medication to treat opioid use disorder and naloxone have to increase in each county, to reduce overdose death in one year?
  - A focus on the New York Healing Communities Study counties in 2020-2022
  - Scale-up may differ depending on existing level of treatment access and county urbanicity:
    - Stratified by baseline treatment receipt and urbanicity

# Opioid ABM Schematic
Agents transition between forms of opioid use, OUD, MOUD, naloxone use, and overdose/death.

**NSDUH:** Prescribed Opioid Use

**NSDUH:** Non-medical Opioid Use - Prescribed

**NSDUH:** Non-medical Opioid Use - Not Prescribed

**NSDUH:** Heroin Use

No Opioid Use

**NSDUH:** Active OUD

**IQVIA:** Relapse

**IQVIA:** Use Buprenorphine/ Naltrexone

**OASAS:** Use Methadone

Sustained Recovery

**HCUP/All-Payer Claims:** Opioid Overdose

**IQVIA/OEND:** Naloxone

**Vital Statistics:** Overdose Death
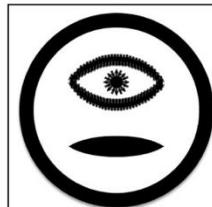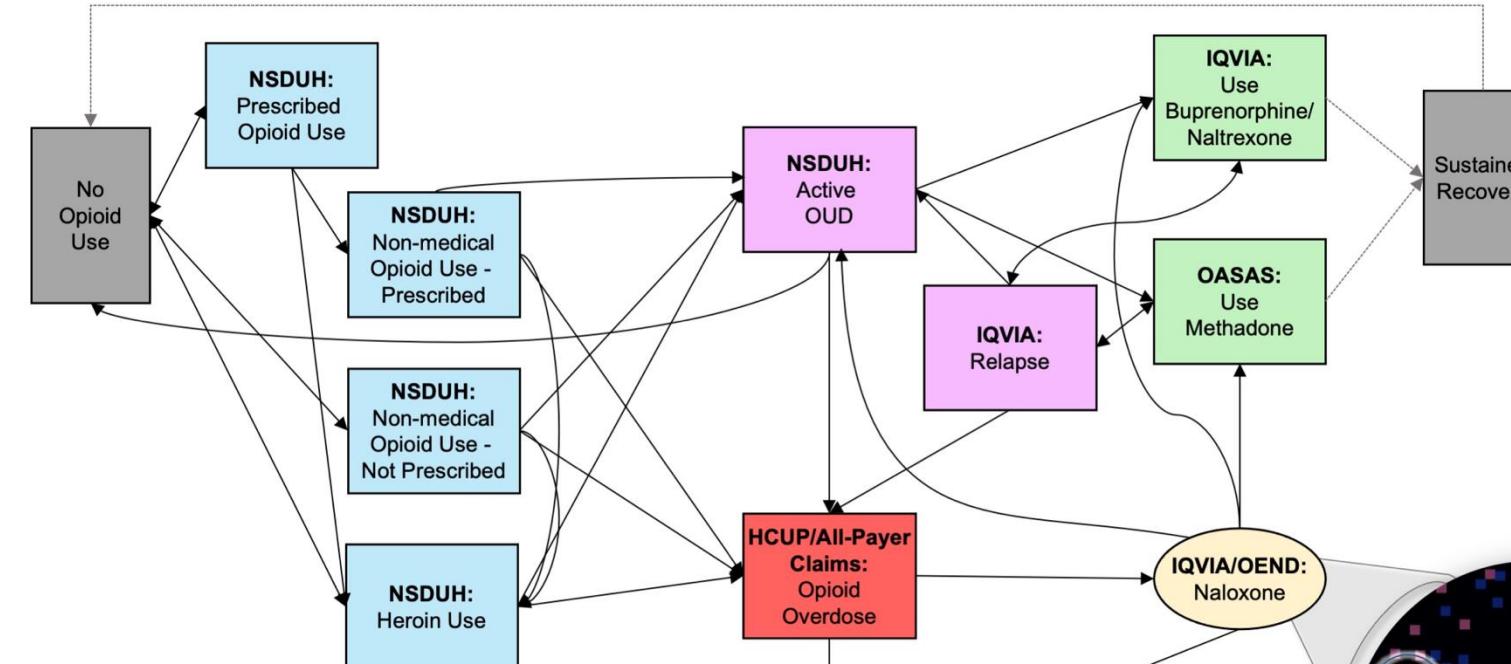
**SiCLOPS**
Simulation of
Community
Level
Overdose
Prevention
Strategies
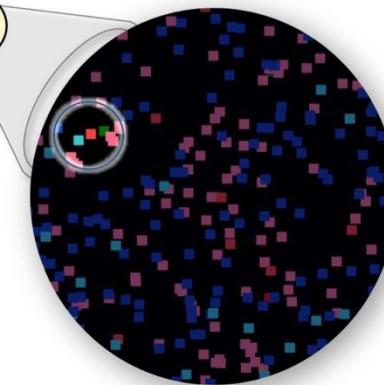
# Increase in naloxone and treatment for opioid use disorder needed to reduce overdose deaths, urban/high treatment county

Cerdá M, Hamilton AD, Hyder A, Rutherford C, Bobasheve G, Epstein JM, Hatna E. Krawczyk N, El-Bassel N, Feaster DJ, Keyes KM. Simulating the Simultaneous Impact of Medications for Opioid Use Disorder and Naloxone on Opioid Overdose Death in Eight New York Counties. *Epidemiology*, 2024.
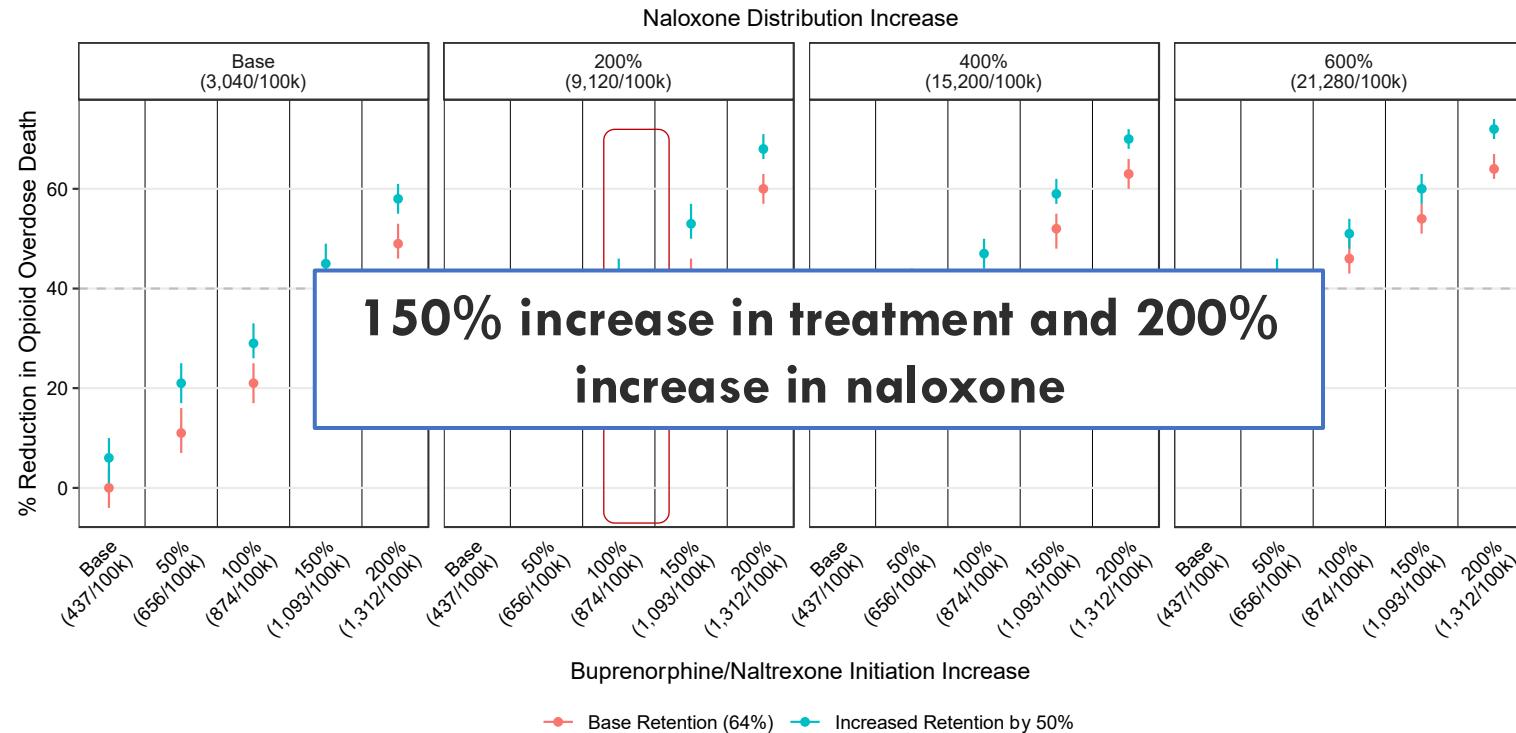
Counties were able to directly manipulate the agent-based model using sliders to simulate projected overdose deaths based on combinations of interventions



**Projected Opioid Overdose Deaths**

— Model Projected Rate: Status Quo  — Model Projected Rate: with intervention(s)  ---- Margin of Error (95% Confidence Interval)

*Overdose Death Rate per 100,000 (From Simulation)*

*Year*

More Info

**Naloxone Availability**

| 1,090 | 3,270 | 5,450 | 7,630 | Number of naloxone kits distributed |

| 0% | 200% | 400% | 600% | Percent increase from status quo |

**Buprenorphine/Naltrexone Initiations**

| 805 | 1,060 | 1,300 | 1,515 | 1,725 | 1,985 | 2,150 | 2,350 | 2,570 | Number of annual initiations |

| 0% | 25% | 50% | 75% | 100% | 125% | 150% | 175% | 200% | Percent increase from status quo |

**Buprenorphine/Naltrexone Retention %**

| 56 | | 79.5 | Percent of people on Buprenorphine/Naltrexone retained in treatment for 6 months |

| 0% | | 50% | Percent increase from status quo |

After 1 year of intervention, the projected reduction in OOD is **29.2%** (from **36.6** to **25.9** deaths per 100,000 pop.) when implementing a **400%** increase in Naloxone availability, a **100%** increase in Buprenorphine/Naltrexone initiation, and a **0%** increase in Buprenorphine/Naltrexone retention.

# Conclusion

- Extraordinary developments in data science offer new opportunities for researchers to partner with policymakers and practitioners to inform evidence-based approaches to address the overdose crisis

- We need to bring together experts with diverse disciplinary perspectives and different methodological and modeling expertise to integrate a range of data sources that offer different strengths

- With such a consortium, we can work with local stakeholders to identify and answer important questions communities would like answered, offering local governments a "modeling toolbox" they can leverage to inform intervention targets and to devise optimal responses to this continued overdose crisis.

# Medication for Addiction Treatment (MAT) in NYS Prisons and Jails

**Chinazo O. Cunningham, MD, MS**
*Commissioner, NYS Office of Addiction Services and Supports (OASAS)*

JANUARY 9, 2026

# Physical & Behavioral Health in New York State

**NYS Executive Office**

**Physical Health**

**Behavioral Health**

Department of Health

**Office of Addiction Services and Supports**

Office of Mental Health

- ~1,300 staff
- ~$1.3B annual budget
- >1700 addiction programs
- >730,000 people served
- Service Areas: Prevention | Treatment | Harm Reduction | Recovery
- Substance use and gambling disorder services
- Certify, regulate, support all addiction services
- 12 Addiction Treatment Centers

# Opioid Settlement Fund (OSF)

- **Over $454M** made available to date—faster than any other state
- OASAS accepts recommendations from the OSF Advisory Board—and identifies priority areas for future initiatives
- OASAS manages/administers ~53% of total OSF dollars
- Online spending tracker available



**Scan/Click** to view additional OSF info!

# Medication for Opioid Use Disorder Treatment in NY's Carceral System

# Treatment Need in NYS
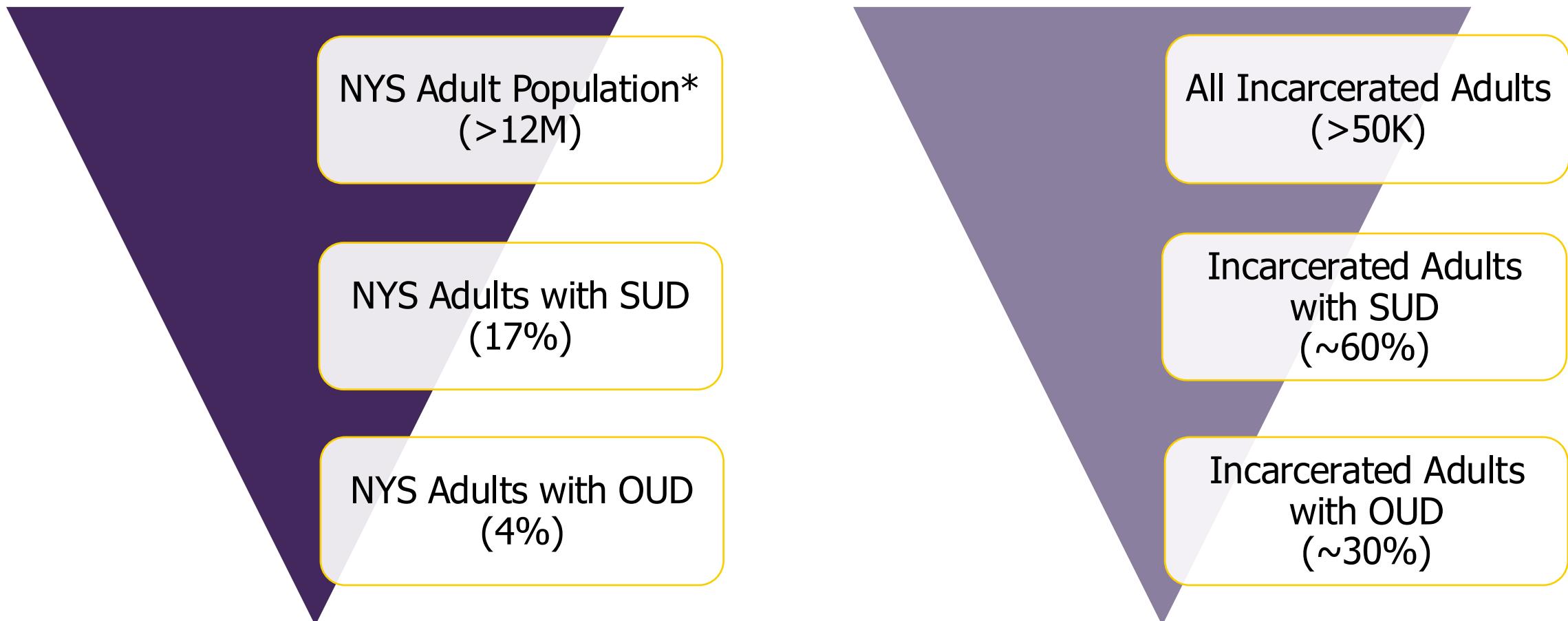
NYS Adult Population* (>12M)

NYS Adults with SUD (17%)

NYS Adults with OUD (4%)

All Incarcerated Adults (>50K)

Incarcerated Adults with SUD (~60%)

Incarcerated Adults with OUD (~30%)

# Benefits of MOUD in Prisons and Jails

Lowers overdose deaths

Improves health outcomes

Benefits for correctional facilities

Improves socioeconomic outcomes after release

Benefits to society at large

Sources: Leshner & Mancher, MOUD Save Lives; Hagan et al., 10.1093/infdis/jir196 Brinkley-Rubinstein et al. https://pubmed.ncbi.nlm.nih.gov/31614328/ Cioe et al., 10.1016/j.jsat.2020.108146; Grella et al., 10.1016/j.drugpo.2020.102768; National Commission on Correction Health Care, OUD Treatment in Correctional Settings Cates & Brown, 10.1186/s40352-023-00209-w; Medications for Opioid Use Disorder in County Jails — Outcomes after Release, New England Journal of Medicine, 393, 21, (2175-2176), (2025).
Abbreviations: MOUD, Medication for opioid use disorder

# Expanding Medication Treatment for Substance Use Disorder in Prisons and Jails
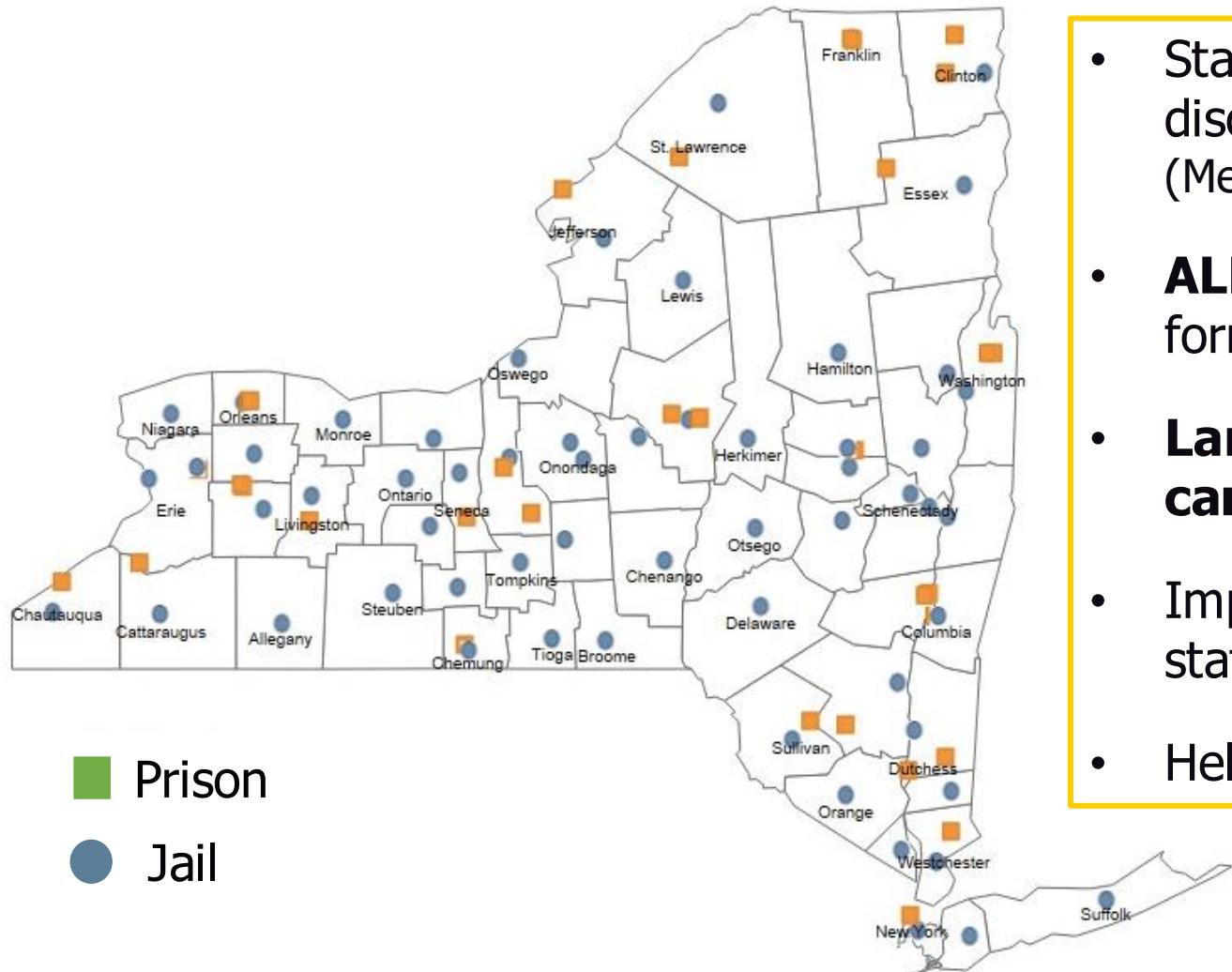


Prison

Jail

- State law requires treatment for all substance use disorders in carceral settings (Medication/Peer Support/Counseling/Re-entry Planning)

- **ALL** 42 prisons and 58 jails have implemented all forms of medication treatment for SUD

- **Largest implementation of MOUD in a state carceral system in the nation**

- Implemented through combination of existing state & opioid settlement funding

- Helped lower overdose deaths in NYS by **~30%**

*Abbreviations: Substance Use Disorder (SUD); medication for opioid use disorder (MOUD)*

# Select Challenges & Solutions to Implementing Largest Statewide Carceral OUD Program

| Domain | Challenge | Solution |
|---|---|---|
| **Funding** | • Insurance cannot be used<br>• New costs for medications & counseling | • Opioid Settlement Funds |
| **Organizational** | • Large number of facilities<br>• Multiple state & local governmental agencies | • Regular meetings with state & local agencies to coordinate & monitor care |
| **Workforce** | • Carceral staff not trained to deliver care<br>• New efforts to implement & monitor care | • Coordination between OTP & carceral staff<br>• Regular meetings with state agencies |
| **Geography** | • Proximity of OTPs & pharmacies<br>• Medication delivery/transport | • Incentivize OTPs to expand geographic reach<br>• Clarify transport process |
| **Mission alignment & stigma** | • OUD treatment not a priority in carceral setting<br>• Stigma of OUD & MOUD | • State law<br>• Trainings & case conferences |
| **Regulations** | • Federal regs for providing & disposing MOUD<br>• In-person evaluation for methadone | • Trainings<br>• Enhanced coordination & new workflows |

*Abbreviations: opioid use disorder (OUD), medication for opioid use disorder (MOUD), opioid treatment program (OTP)*

# Expansion of MOUD in NYS Prisons (2022-2025)

| | Number of people reported on July 1 | | | | Change 2022-2025 |
|---|---|---|---|---|---|
| | **2022** | **2023** | **2024** | **2025** | |
| **MOUD program** | | | | | |
| Participants | 460 | 2,997 | 3,731 | 3,277 | **+7x** ⬆ |
| MOUD initiation | 4 | 1,689 | 1,759 | 1,437 | **+360x** ⬆ |
| MOUD continuation | 456 | 1,308 | 1,972 | 1,840 | **+4x** ⬆ |
| **Medication type** | | | | | |
| Buprenorphine | 230 | 2630 | 3171 | 2756 | **+12x** ⬆ |
| Methadone | 225 | 345 | 500 | 449 | **+2x** ⬆ |
| Naltrexone | 5 | 22 | 60 | 72 | **+14x** ⬆ |

*Data shows number of people who are receiving services on July 1st at each year. Source: 2022-25 DOCCS MAT Legislative Reports
Abbreviations: MOUD, medication for opioid use disorder*

# Expansion of MOUD in NYS Jails (2022-2024)

| | Individuals reported January 1-December 31 | | | Change (2022-2024) |
|---|---|---|---|---|
| | **2022** | **2023** | **2024** | |
| **Screenings** | 9,525 | 28,412 | 33,229 | **+3x** ⬆ |
| **MOUD enrollments** | 2,756 | 12,136 | 11,076 | **+4x** ⬆ |
| **Transitional services** | 917 | 8,072 | 5,796 | **+6x** ⬆ |
| **Discontinuations** | 6.3% | 8.4% | 5.7% | **-10%** ⬇ |

**Medication for addiction treatment (2024*):** Buprenorphine (83%) | Methadone (16%) | Naltrexone (1%)

*Preliminary MOUD data

Abbreviations: Medication for Opioid Use Disorder (MOUD)
Source:  Substance use disorder treatment and transition services of local correctional facilities report, NYS State Commission of Corrections (SCOC) – 2025 (data is for 2024)

# Summary

## NYS Overdose Deaths Declined by ~30%

- Outpacing national average
- Aided by Opioid Settlement Fund & the prisons/jails initiative
- Incarcerated population remains at high risk of overdose post-release
- Research supports continued medication for opioid use disorder (MOUD) treatment
- OASAS & state/local partnerships brought MOUD to <u>all</u> NYS jails & prisons
- Builds on OASAS efforts to expand treatment to all New Yorkers—focused on:
  - Harm reduction
  - Data-driven, evidenced based approaches
  - Equity

# Moderated Discussion and Q&A