

Opioid Settlement Expenditures Methodology

Initial Survey and Project Launch

In November 2023, KFF Health News, the Johns Hopkins Bloomberg School of Public Health, and Shatterproof sent a survey to several opioid settlement councils and state administrators overseeing the funds. The [survey asked](#) how states planned to track settlement spending and how a potential data collection project could be aligned to that. Most respondents said they would track spending by calendar year and categorize expenditures into four buckets (prevention, treatment, recovery, and harm reduction) and the [nine core strategies](#) listed in Exhibit E of most settlements. The current project was formatted accordingly and launched in January 2024.

Determining Total Opioid Settlement Funds Received

State websites, including those of the attorney general, the health department, and any statewide opioid settlement councils, were searched for records indicating how much opioid settlement money the state and its local entities received in calendar years 2022 and 2023. If information was not found, then the website of [court-appointed settlement administrator BrownGreer](#) was used.

If funds received were documented only by fiscal year, all amounts for fiscal years 2022, 2023, and 2024 were used, because in most states those overlap with at least six months of the period of interest: Jan. 1, 2022, to Dec. 31, 2023. (The same reasoning was applied to expenditures reported by fiscal year.)

Although some states received money in 2021 from McKinsey, this project focused on calendar years 2022 and 2023 because that is when money from the larger settlements began flowing.

Determining How Much Money Was Spent or Committed

Reports of opioid settlement spending were located via state websites, [OpioidSettlementTracker.com](#), Google searches, and public records requests. The focus was on reports created by or for a statewide entity specifically about opioid settlement funds spent or committed during the calendar years 2022 and 2023.

Although state budgets and county- and city-level documents were sometimes used as supplemental records to verify details from opioid settlement reports, they were not the primary targets of this research.

The search for records was conducted from Jan. 1, 2024, to May 2, 2024.

Uses of the money noted in opioid settlement reports were counted as expenditures if they had a specific dollar amount and one of the following:

- 1) The name of a receiving body/department/organization
- 2) A program description that included actions or activities funded

For example, “\$5,000 to Residential Rehab Center A” and “\$5,000 to purchase naloxone” would both count as expenditures.

Because many reports did not differentiate between money committed to a program or service and money that had actually gone out the door, this project comprises data on both money spent and money committed during calendar years 2022 and 2023. Speculative future spending that was subject to change was not included.

If a commitment spanned multiple years — for example, \$1 million for recovery housing to be spent from 2023 to 2025 — and there was no breakdown of expenditures by year, then the entire dollar amount was included, as the commitment was made during the period of interest.

Categorizing the Money Spent

Many state reports included categorization of their expenditures within the four buckets or nine core strategies. However, there were significant discrepancies in their definitions. For example, some states categorized prevention as efforts to deter the development of addiction in children, while others classified it as reducing overdose deaths among people using drugs. To apply a consistent approach to all states, the project team developed its own categorization methodology.

Each expenditure was categorized in two ways.

The first categorization system involved the main buckets of spending that most legal experts, public health officials, and researchers recognize: prevention, treatment, recovery, and harm reduction. Additional buckets were added for clarity. Below are brief descriptions of each bucket:

- Prevention: Efforts focused on preventing people from developing addictions and screening people for substance use disorders
- Treatment: Medication-assisted and nonmedication addiction treatment, including counseling and related efforts
- Recovery: Housing, transportation, legal aid, peer support, education, or vocational training for people in recovery, and related efforts
- Harm reduction: Syringe service programs, naloxone, and related efforts
- Government entities: Money given to entities such as health departments, sheriffs, municipalities, or tribal nations without details about how they will use it
(Note: This does not include money given by a state to localities per the state’s general opioid settlement formula. For example, 85% of New Hampshire’s settlement funds are controlled by the state and 15% by localities. The state government distributes that 15% to counties. Because that is a default allocation, it does not count as an expenditure. Only if the state gave a locality money from its 85% share would that be considered an expenditure to a government entity.)
- Administration: Costs not centered on direct services, such as administrative staff pay, conference registration fees, etc.

- Non-opioid remediation: Expenditures a jurisdiction self-reported as [non-opioid remediation](#)
- Other: Expenditures that fell into multiple categories (e.g., \$5,000 for treatment and recovery housing) or that did not fit in the listed categories, including certain funding for law enforcement and growing the treatment workforce

The second categorization system involved the nine core strategies laid out in [Exhibit E](#) of many settlement agreements. Below is a brief description of each strategy:

- Naloxone/overdose reversal drugs: Medications that reverse opioid overdoses and training to use them
- Medication-assisted treatment and other treatment: Medications such as buprenorphine and methadone, inpatient and outpatient treatment, counseling, etc.
- Pregnant and postpartum people: Screening, treatment, and services specific to this population
- Treatment for neonatal abstinence syndrome: Treatment for babies exposed to drugs in the womb
- Warm handoff programs and recovery services: Housing, transportation, legal aid, peer support, education, or vocational training for people in recovery, etc.
- Treatment for incarcerated populations: Medications for opioid use disorder, counseling, and other treatment within jails and prisons
- Prevention programs: Efforts to prevent people from developing addictions and screening people for substance use disorders
- Expanding syringe service programs: Providing sterile syringes and other safe-use equipment to people who use drugs
- Data collection and research: Creation and analysis of addiction data, evaluation of settlement funds, research into innovative treatments, etc.
- Other: Expenditures encompassing multiple categories or outside the listed categories, including certain funding for law enforcement and growing the treatment workforce

Expenditures were classified at the most specific level possible. For example, “\$5,000 for medications for opioid use disorder in the county jail” was classified under the core strategy of “treatment for incarcerated populations” because that is more specific than the strategy of “medication-assisted treatment and other treatment.”

Each expenditure’s categorization was independently reviewed by multiple team members.

The quality of the funded programs and their alignment with evidence-based practice were not assessed.

Any dollar amounts specified in a report as unused, pending future decisions, or subject to change because most details were yet to be determined were categorized as “set aside/not committed.”

If the tracked expenditures and money set aside/not committed did not account for all the opioid settlement funds a state received in calendar years 2022 and 2023, then the remaining amount was designated as “untrackable via public reports.” This indicates no public information could be found explaining how that money was spent or if it was spent at all.

Sharing Findings With States

To ensure transparency and accuracy, findings for each state were shared with state-level entities overseeing opioid settlement funds, typically including the attorney general’s office, a state administrator, and a member of an opioid settlement council. Although the findings included expenditures by local governments, outreach was limited to state entities, many of which hold oversight capabilities and coordinate reporting from local entities.

Initial emails were sent on June 20, 2024, to about 125 contacts across all 50 states and Washington, D.C. States were given seven weeks to review the data, engage in discussions with the project team, provide additional information for the team’s consideration, and submit a statement for publication. Throughout that time, the project team followed up by phone and email up to eight times per state.

Most states provided a statement or substantive feedback, but some said they did not have the resources to engage with the project team. If states submitted settlement spending reports the project team had overlooked, the project team updated the data accordingly. To be included, reports had to be public records produced on or before Aug. 12, 2024.

Limitations

This project is based on public records. It cannot capture the full extent of settlement spending because many jurisdictions do not publicly report their expenditures. In some states, the only publicly available information was non-opioid remediation reports. That does not necessarily mean the state spent money only on expenses unrelated to the crisis, just that these were the only publicly reported expenditures.

Differences in how states control the money, track spending (e.g., by calendar year versus fiscal year), and publicly report on it makes apples-to-apples comparisons between states nearly impossible. This database is better used to highlight where settlement money is flowing overall and which priorities are emerging.

Some states were unable to provide the total amount of opioid settlement funds they received in 2022 and 2023. They said the money was split between the state government and dozens of localities, and no one had the full picture. In such cases, the project team and the state agreed on an estimated total.

This project is a snapshot in time as of Dec. 31, 2023, and does not account for spending — or, in rare cases, reversal of spending decisions — that occurred in 2024. In many cases, archived

links are provided as sources to illustrate what the project team saw at the time of data collection.

The project team included KFF Health News' Aneri Pattani, Henry Larweh, and Megan Kalata; Johns Hopkins Bloomberg School of Public Health's Sara Whaley and Vivian Flanagan; and Shatterproof's Kristen Pendergrass and Sahvanah Prescott.

[KFF Health News](#) is a national newsroom that produces in-depth journalism about health issues and is one of the core operating programs at [KFF](#) — the independent source for health policy research, polling, and journalism.

The [Johns Hopkins Bloomberg School of Public Health](#) has taken a leading role in providing guidance to state and local governments on the use of opioid settlement funds. Faculty from the school collaborated with other experts in the field to create [principles for using the money](#), which have been endorsed by over 60 organizations.

[Shatterproof](#) is a national nonprofit that addresses substance use disorder through distinct initiatives, including advocating for state and federal policies, ending addiction stigma, and educating communities about the treatment system.

Shatterproof is partnering with some states on projects funded by opioid settlements. KFF Health News, the Johns Hopkins Bloomberg School of Public Health, and the Shatterproof team who worked on this report are not involved in those efforts.