

OPIOID SETTLEMENT FUNDS

OPPORTUNITIES FOR MEDICAL EXAMINER AND CORONER OFFICES

Overview

Funds from the opioid settlements are being received as a result of the alleged harms caused by opioid manufacturers, distributors, marketers and retailers. The settlements are intended to mitigate the alleged harms caused by the opioid crisis. State and local governments are expected to receive approximately 57.1 billion dollars beginning in 2021. Additional national settlements may follow and certain state and local governments may also receive additional funds from non-national settlements.

States have different payment structures that may breakout funds to be paid directly to the state government, eligible local governments and/or statewide abatement councils or trusts.

Federally-recognized Tribes have also reached settlements with many companies to receive compensation as sovereign nations.

Legal documents from the national settlements can be found on the [National Opioid Settlement website](#). Documents from the Tribal settlements can be found at the [Tribal Opioid Settlement website](#).

Use of Funds

The national opioid settlements include [Exhibit E](#), a list of qualifying expenditures for use of settlement funds. Allowable uses focus on evidence-based strategies and promising practices specific to prevention, harm reduction, treatment and recovery.

Proposed and funded strategies should align with both Exhibit E and the legal definition of Opioid Remediation (nationalopioidsettlement.com). The funds created for state shares, local shares and abatement councils or trusts may also have additional requirements around how funds can be utilized.

Opioid Remediation is defined as (nationalopioidsettlement.com) :

Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures except where this Agreement restricts the use of funds solely to

future Opioid Remediation) designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic.

Guidance documents have been created to assist in managing and spending funds. Johns Hopkins Bloomberg School of Public Health issued guidance for use of national opioid settlement funds, [Principles for the Use of Funds from the Opioid Litigation](#). Johns Hopkins Center for Indigenous Health released the [Tribal Principles](#), a resource for use of funds from the Tribal opioid litigation and organizations serving Indigenous populations with national opioid settlement funds.

State and Local Governments

The process for applying for funds differs based on the funding structure and division within a specific state. There may be different processes to apply for funds based on the fund type including state, local or abatement council or trust. [Opioid Settlement Guides](#), created by [OpioidSettlementTracker.com](#) and [Vital Strategies Overdose Prevention Program](#), have created state-specific guides to assist in understanding opioid settlement structures and processes. State-specific information provided in the guides includes:

- Anticipated amount of funds and allocation model utilized
- Decision-making bodies and associated processes
- Website links for state-specific legal requirements, potential funding opportunities and available expenditure reports

Some state and local governments, as well as statewide abatement councils or trusts, have created public-facing websites outlining information planning, funded strategies and opportunities for funding. To see if relevant governments have created these platforms, it may be best to look for information in the following locations.

- State health or substance use and mental health department websites
- State attorney general websites
- Local government websites
- Local health department websites

Potential Strategies for Medical Examiner and Coroner Offices

Determination of allowability or qualification of expenditures differ across governments and fund types. The following strategies have been developed as potential proposal considerations for medical examiner and coroner offices. Strategies are divided into four key categories, including: Support Loved Ones, Improve Investigations and Capacity, Expand Data Infrastructure and Reporting and Increase Cross-System Collaboration.

While Exhibit E does not explicitly mention medical examiner or coroner offices, language from Exhibit E has been associated with each potential strategy. Exhibit E language may not exactly align, but the strategies outlined below illustrate ways in which medical examiner and coroner offices may tie into the goals of the settlements and potentially secure funding.

Most importantly, the spirit of the settlements is to abate the harms from the drug overdose crisis and reach and assist those most profoundly impacted. Proposed strategies should focus on prevention, harm reduction, treatment and recovery and avoid punitive and coercive approaches. Medical examiner and coroner offices should be intentional in proposing activities to reach and support the target population and avoid strategies associated with prosecution and enforcement.

Support Loved Ones

1. Establish Outreach Coordinator or Social Worker Positions Within Medical Examiner and Coroner Offices

- Provide grief counseling and support services to families who have lost loved ones to opioid-related causes.
- Facilitate connections to treatment and recovery resources for surviving family members and friends with the goal of decreasing the likelihood of additional overdoses.
- Coordinate community education and awareness programs.

Exhibit E Reference:

- **Expansion of Warm Hand-Off Programs and Recovery Service – E.5.** – Hire additional social workers or other behavioral health workers to facilitate expansions above.

2. Provide Education for Families Affected by the Opioid Epidemic Before, During and After a Death Investigation

- Develop or adapt informational materials on grief, legal considerations and available support services. Connect materials to overdose prevention and suicide after a loss.
- Hosting workshops in partnership with community organizations and healthcare providers.
- Enhance peer support networks to foster community and shared healing experiences.

Exhibit E Reference:

- **Training – K. 1.** – Provide funding for staff training or networking programs and services to improve the capability of government, community and not-for-profit entities to abate the opioid crisis.
- **Training – K.2.** – Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses and treat those with opioid use disorder (OUD) and any co-occurring substance use disorder/mental health (SUD/MH) conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, prescription drug monitoring programs [PDMPs], etc.).

Improve Investigations and Capacity

3. Enhance Toxicology Testing and Surveillance

- Implement routine screening for fentanyl and other synthetic opioids in toxicology tests. This aligns with the settlement's emphasis on supporting screening for fentanyl in routine clinical toxicology testing.
- Review investigative case narratives to identify high-risk sub-groups and inform targeted public health programming.
- Integration of findings into overdose prevention strategies.
- Collaborate with public health laboratories to ensure standardized and expanded testing procedures.

Exhibit E Reference:

- **Harm Reduction – H.13.** – Supporting screening for fentanyl in routine clinical toxicology testing
- **Research – L.7.** – Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
- **Research – L.8.** – Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

4. Establish Medicolegal Death Investigator Positions or Provide Specialized Overdose Training to Medicolegal Death Investigators

- Hire medicolegal death investigators specializing in drug-related deaths to assist with scene investigations, autopsies, and data collection.
- Provide specialized overdose training or designate a speciality role to medicolegal death investigators including, overdose scene training, local overdose-centered data collection and analysis, overdose liaison with first responders, etc.
- Use collected data to assist with regional or jurisdictional preventative and educational projects.

Exhibit E Reference:

- **Training – K.1.** – Provide funding for staff training or networking programs and services to improve the capability of government, community and not-for-profit entities to abate the opioid crisis.
- **Training – K.2.** – Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).
- **Research – L.1.** – Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

5. Training and Capacity Building

- Provide specialized training for death investigators and pathologists in all aspects of opioid-related fatalities.
- Invest in staff retention and well-being, recognizing the psychological toll of high caseloads in overdose deaths.
- Standardize and prioritize timeliness of death investigations and certification processes to ensure consistent and accurate reporting. Consistency in death investigations allow for contribution to state and national datasets allowing for comparisons across locations and time.

Exhibit E Reference:

- **Leadership, Planning and Coordination – J.1.** – Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
- **Training – K.1.** – Provide funding for staff training or networking programs and services to improve the capability of government, community and not-for-profit entities to abate the opioid crisis.
- **Training – K.2.** – Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

Expand Data Infrastructure and Reporting

6. Develop a Public Health Dashboard Within a County or Regional Office

- Visualize key health indicators, such as overdose rates and toxicology findings.
- Mapping of areas most profoundly impacted.
- Hire a forensic epidemiologist or coordinate with local or state public health offices for epidemiological support.

Exhibit E Reference:

- **Leadership, Planning and Coordination – J.2.** – A dashboard to (a) share reports, recommendations or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

7. Improve Data Reporting and Interoperability of Overdose Fatalities

- Enhance data systems to integrate with state and national public health surveillance networks like NVDRS (National Violent Death Reporting System), SUDORS (State Unintentional Overdose Reporting System) and ODMAP (Overdose Detection Mapping Application Program).
- Standardize death reporting for drug-related cases to improve real-time trend analysis and response.
- Coordinate with the Centers for Disease Control and Prevention (CDC) guidelines on overdose classification and documentation.
- Standardize and prioritize timeliness of death investigations and certification processes to ensure consistent and accurate reporting. Consistency in death investigations allow for contribution to state and national datasets allowing for comparisons across locations and time.

Exhibit E Reference:

- **Leadership, Planning and Coordination – J.2.** – A dashboard to (a) share reports, recommendations or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
- **Research – L.9.** – Geospatial analysis of access barriers to medications to treat opioid use disorder (MOUD)/medication assisted treatment (MAT) and their association with treatment engagement and treatment outcomes.

8. Support for Post-Mortem Data Utilization

- Use death data to identify drug trends and inform community-based interventions.
- Collaborate with local and state health offices for epidemiological studies on overdose deaths.
- Apply findings to forecast emerging threats (e.g., novel substances).
- Develop or contribute to overdose fatality review teams.

Exhibit E Reference:

- **Leadership, Planning and Coordination – J.1.** – Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
- **Leadership, Planning and Coordination – J.3.** – Invest in infrastructure of staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of prevention of overprescribing, opioid misuse, or opioid overdose, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
- **Training – K.2.** – Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses and treat those with OUD and

- any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).
- **Research – L.1.** – Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

Increase Cross-System Collaboration

9. Implement Overdose Fatality Review Teams

- Establish teams comprising law enforcement, drug treatment facilities, toxicologists and other stakeholders to review overdose fatalities.
- Analyze data to identify trends and inform prevention strategies.

Exhibit E Reference:

- **Leadership, Planning and Coordination – J.1.** – Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
- **Training – K.2.** – Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).
- **Research – L.1.** – Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

10. Implement Early Warning Systems and Spike Alert Protocols

- Leverage toxicology and death investigations to contribute to early warning systems for new or dangerous drug batches entering the community.
- Alert public health, emergency medical services, harm reduction and treatment providers to prevent additional overdoses.
- Consider utilization of existing models, including:
 - [Response to an Overdose Spike: A Guide for State Health Departments - ASTHO](#)
 - [Overdose Anomaly Toolkit - CSTE](#)
 - [Overdose Spike Response Framework - HIDTA](#)
 - [Overdose Spike Response Framework for Communities and Local Health Departments - NACCHO](#)

Exhibit E Reference:

- **Leadership, Planning and Coordination – J.3.** – Invest in infrastructure of staffing at government or not-for-profit agencies to support collaborative, cross-system

coordination with the purpose of prevention of overprescribing, opioid misuse or opioid overdose, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

11. Participation in Multidisciplinary Task Forces

- Join or help lead opioid response coalitions, task forces, fatality review teams or public health advisory groups.
- Ensure death data is used as a core component of strategy development and community education.

Exhibit E Reference:

- **Prevention – G.5.** – Funding community anti-drug coalitions that engage in drug prevention efforts.
- **Prevention – G.6.** – Supporting community coalition in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Administration (“SAMHSA”).
- **Support People in Treatment and Recovery – B.10.** – Engage non-profits, faith-based communities and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

Case Studies

State Government Opioid Settlement Funding

- **New York: Resources to Offset Overdose Fatality Reporting Costs**
 - Awardee: New York State Department of Health AIDS Institute Office of Drug User Health
 - The Drug Overdose Report Submission Reimbursement Program supports county coroner and medical examiner offices by offsetting the increasing costs associated with the growing volume and complexity of drug overdose deaths. Accurate and timely submission of autopsy, forensic and toxicology reports to the State Unintentional Drug Overdose Reporting System is critical to informing New York’s statewide overdose surveillance and response. Reimbursement to offices is provided based on the number of completed and submitted reports ([Link](#)).
 - \$350,000 over two years
- **Utah: Resources to Improve Medical Examiner and Coroner Family Support**
 - Awardee: Utah Office of the Medical Examiner
 - Utah is enhancing its drug overdose surveillance system by expanding its capacity to monitor opioid-related deaths and strengthening its family support team. These efforts

aim to improve public health responses and provide compassionate care to families who have lost loved ones to drug overdose ([Link](#)).

- \$1,040,000 ongoing

- **Indiana: Resources for Supporting Families**

- Awardee: Marion County Coroner Office
 - Marion County has implemented programs to support families affected by opioid overdoses. These include hiring social workers to connect families to local resources, establishing a treatment voucher program for mental health and substance use disorder services, and delivering ongoing public education and training in safe, trusted community settings ([Link](#)).
 - \$1,000,000 over one year

Local Government Opioid Settlement Funding

- **York County, Pennsylvania: Resources for Supporting Families**

- Awardee: York County Coroner Office
 - York County will hire a social worker family advocate embedded in the Coroner's Office to serve as a liaison between staff and families affected by fatal overdoses. The advocate will support trauma-informed care for survivors and connect next of kin, who may also struggle with opioid use disorder, substance use disorder, or co-occurring substance use and mental health conditions, to treatment. Funding covers salary, benefits, office supplies and family support items ([Link](#)).
 - \$350,000 over one year

- **Milwaukee County, Wisconsin: Resources for Increased Staffing**

- Awardee: Milwaukee County Office of Medical Examiner
 - Milwaukee County is using opioid settlement funding to support additional staffing within the medical examiner's office. Additional staffing will support death investigations, including scene response, examinations, and toxicology. The added positions will expand the office's capacity to perform timely investigations and provide accurate data to public health and safety partners ([Link](#)).
 - \$2,290,541 over three years

- **Cuyahoga County, Ohio: Resources for Toxicology Testing**

- Awardee: Cuyahoga County Office of Medical Examiner
 - Cuyahoga County will fund new toxicology testing instruments and staffing, including a full-time epidemiologist and one social worker to work with families who have lost loved ones and to connect them to services ([Link](#)).
 - \$600,000 over one year



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