Oversight Commission on Alabama Opioid Settlement Funds

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Kimberly G. Boswell, Commissioner Alabama Department of Mental Health

1. Spend money to save lives.

Expand needed programs rather than replace existing spending.

- a. Supplement rather than supplant existing funds
- b. Understand how current federal dollars are being spent
- c. Establish acceptable uses of dollars
- d. Encourage innovation, fill gaps, and fix shortcomings of existing system



2. Use evidence to guide spending.

At this point in the opioid epidemic, researchers and clinicians have built a substantial body of evidence demonstrating what works and what does not.

- a. Direct funds to programs supported by evidence
- b. Provide technical assistance so there is a clear understanding about practices
- c. Ask subject matter experts to review and rate grant applications



3. Invest in youth prevention.

Funds should support children, youth, and families by making long-term investments in effective programs and strategies for community change.

- a. 49% of children enter foster care as a result of parental substance abuse (Adoption and Foster Care Analysis and Reporting System, 2021).
- b. Target populations include foster care/kinship care and transition age youth.



4. Focus on underserved and vulnerable populations

Direct significant funds to communities most affected and now experiencing substantial increases in overdoses.

- a. Support diversion from arrest and incarceration
- b. Involve community members in solutions
- c. Invest in diverse communities



5. Develop a fair and transparent process for deciding where to spend the funding.

This process should be guided by public health leaders with the active engagement of individuals and families with lived experience, clinicians, as well as other key groups.

- a. Receive input from groups that touch different parts of the epidemic to develop the plan
- b. Ensure that there is representation that reflects the diversity of affected communities when allocating funds



Qualifying Conditions

- Prevention: All individuals. No limitation as anyone may be affected by substances at many points in their lifetime
 - Can be targeted toward at-risk groups or geographic locations
- Treatment: An individual with an Opioid Use Disorder/Stimulant Use Disorder
- Recovery Supports: An individual actively using substances or who is in active recovery



Priority Populations

- Foster care/kinship
- Justice involved
- Veterans
- Pregnant/parenting women
- People who inject substances
- Youth/adolescent/transition age individuals
- Rural populations
- Older adults



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