



Allegheny County Opioid Settlement Fund 2024 Report

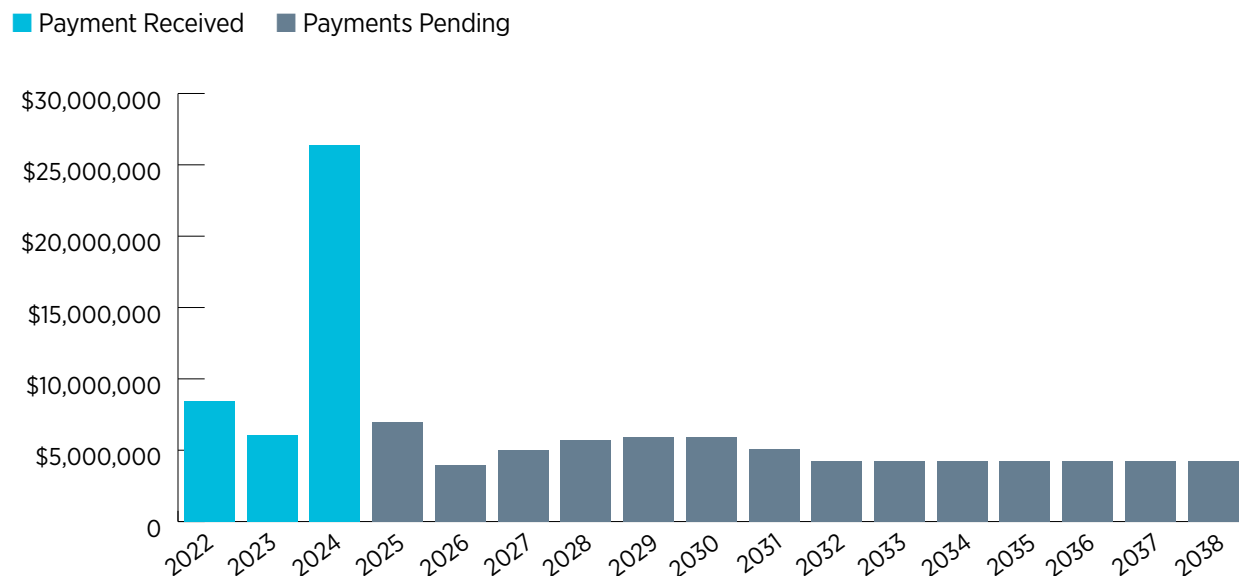
September 2025

EXECUTIVE SUMMARY

In 2024, Allegheny County invested the \$6,052,086 of opioid settlement funds it received from the [Pennsylvania Opioid Misuse and Addiction Abatement Trust \(POMAAT\)](#) in December 2023 towards initiatives designed to prevent and treat substance use disorder and reduce fatal overdoses. While fatal overdoses declined over the course of the year, opioid mortality remained at historic levels throughout the United States, and Allegheny County continued to focus on three primary strategies to address this epidemic:

1. Increasing accessibility of treatment and recovery services for Opioid Use Disorder (OUD)—including Medication for Opioid Use Disorder (MOUD)—especially for people who are underserved or most impacted
2. Supporting harm reduction programs that provide essential supplies and services to prevent disease transmission, overdose and a myriad of other negative outcomes (e.g., homelessness, crime, violence)
3. Monitoring, surveillance and data collection to inform Allegheny County's response to the opioid epidemic

FIGURE 1: Allegheny County Estimated Payment Amounts, 2022 through 2038



Allegheny County receives payments from the Pennsylvania Opioid Misuse and Addiction Abatement Trust in December each year. Funds received in December are spent in the calendar years that follow, e.g., funds received in 2024 will be spent in 2025 and 2026. This report covers the funds received in 2023.

OVERDOSE DATA AND TRENDS

For the time period between January and August,¹ fatal overdoses in Allegheny County decreased in 2024, with 301 fatalities recorded by the Office of the Medical Examiner (OME), compared to 466 in the same period in 2023. This is in line with declining national drug overdose deaths. The Center for Disease Control recently released data showing that US drug fatalities dropped by 27% in 2024.² Despite this improvement, drug overdose deaths remained a leading cause of death for Americans ages 18 through 44.³ Within Allegheny County, between January and August of 2024, the highest number of fatal overdoses (85) occurred within the 35–44 age demographic, and White males made up 49% of all overdose deaths. While the total number of fatal overdose deaths are highest amongst White individuals, the overdose death rate for Black individuals is about two times higher, showing that the harms of the opioid epidemic are not proportionately distributed.

Similar to national trends, synthetic opioids, particularly fentanyl,⁴ continue to be the current defining characteristic of the opioid epidemic within the county, with 77% of overdose deaths between January and August 2024 involving fentanyl. However, while fentanyl continues to be the most common synthetic opioid, new substances such as xylazine⁵ and medetomidine⁶ (both powerful sedatives commonly used in veterinary practice) have begun to enter the illicit drug supply, highlighting the need to be able to quickly adapt to the epidemic as it evolves.

Wastewater Testing and Trends

In March of 2024, as one of its opioid settlement projects, Allegheny County partnered with Biobot to test wastewater at its central plant for illicit substances. The substances currently being monitored are fentanyl, xylazine, cocaine and methamphetamines, plus the metabolites of each that are detectable in the wastewater.

1 2024 overdose data are still being finalized. Most recent confirmed data are from January through August.

2 *U.S. Overdose Deaths Decrease Almost 27% in 2024*. Centers for Disease Control and Prevention | CDC. (May 2025). from https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2025/20250514.htm.

3 CDC Reports Nearly 24% Decline in U.S. Drug Overdose Deaths. Centers for Disease Control and Prevention | CDC. (February 2025). from <https://www.cdc.gov/media/releases/2025/2025-cdc-reports-decline-in-us-drug-overdose-deaths.html>.

4 Fentanyl is a lab-made opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. Illegally made fentanyl is commonly mixed with other drugs because of its extreme potency, which makes the drugs it is mixed with more powerful, addictive and dangerous. *Fentanyl Facts / Stop Overdose* / CDC. Centers for Disease Control and Prevention | CDC. (n.d.). from <https://www.cdc.gov/stop-overdose/caring/fentanyl-facts.html>.

5 Xylazine is a non-opioid sedative or tranquilizer that can be mixed with other drugs. Xylazine can slow down the brain and breathing, decrease heart rate, lower blood pressure and lead to severe infections which may require amputation. *What You Should Know About Xylazine / Overdose Prevention* /

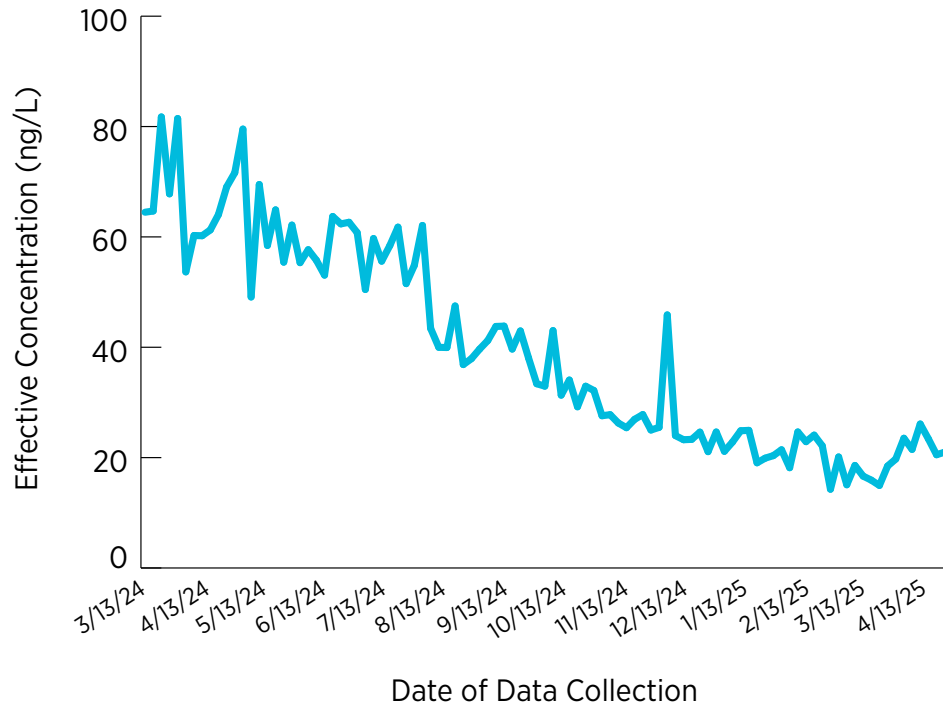
CDC. Centers for Disease Control and Prevention | CDC. (n.d.). <https://www.cdc.gov/overdose-prevention/about/what-you-should-know-about-xylazine.html>.

6 Medetomidine is a veterinary tranquilizer, similar to xylazine, that can cause adverse effects including slowed heart rate, low blood pressure and decreases in brain and spinal cord activity. Like xylazine, it is not reversed by medications such as naloxone or Narcan. It is more potent than xylazine and testing strips are not yet available to detect it. *Novel Psychoactive Substances: Medetomidine* | Legislative Analysis and Public Policy Association | (2024). from <https://legislativeanalysis.org/wp-content/uploads/2024/06/Medetomidine-Factsheet.pdf>.

The biweekly data are used in conjunction with other data sources to monitor trends in drug use in the region.

The testing shows a decrease in traces of fentanyl in wastewater from March 2024 through the end of the year. There was also a decrease of more than 60% in the average effective concentration (ng/L) of norfentanyl⁷ during this time (**Figure 2**). This is significant because fentanyl and norfentanyl are associated with higher rates of overdose. Xylazine consumption has similarly declined (**Figure 3**).

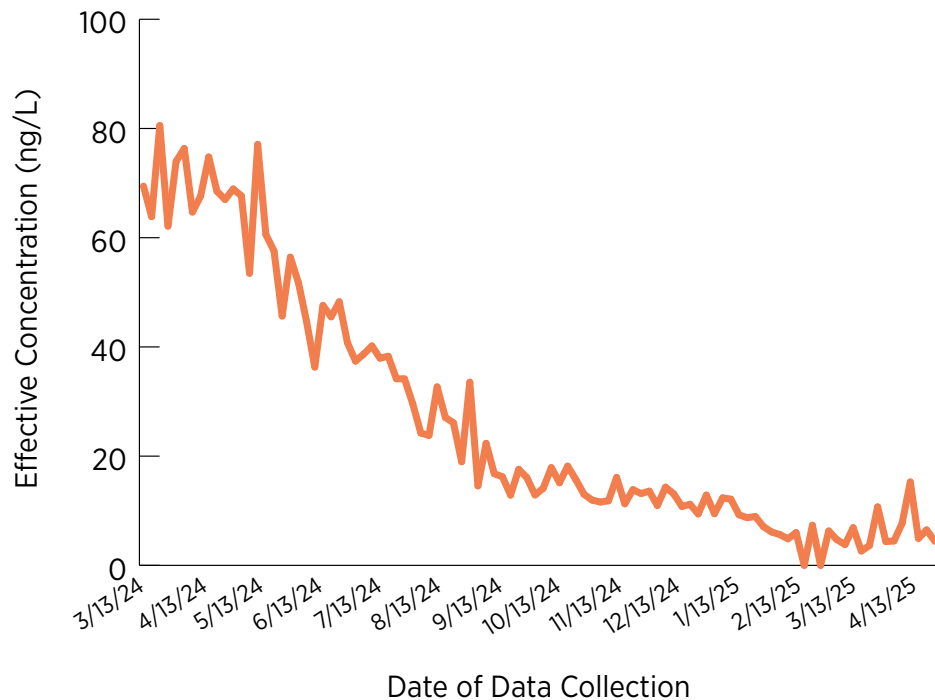
FIGURE 2: Trend in Effective Concentration of Norfentanyl in Allegheny County Wastewater



⁷ Norfentanyl is the inactive form of the drug fentanyl that remains after it is metabolized by the human body. Though it can be a byproduct of illicit fentanyl manufacturing and can be found in the raw drug in small amounts,

it is a better marker compared to fentanyl for how much fentanyl is being ingested rather than disposed of without use. Bird, H. E., Huhn, A. S., & Dunn, K. E. (2023). Fentanyl Absorption, Distribution, Metabolism

and Excretion: Narrative Review and Clinical Significance Related to Illicitly Manufactured Fentanyl. *Journal of addiction medicine*, 17(5), 503–508. <https://doi.org/10.1097/ADM.0000000000001185>.

FIGURE 3: Trend in Effective Concentration of Xylazine in Allegheny County Wastewater

There is a lag between when a new substance enters the illegal drug supply and when Biobot is able to begin testing for it. Biobot has not been testing for the presence of drugs that have recently become more prevalent in the illicit drug supply, such as medetomidine. As the illicit drug supply continues to shift, the County will continue to develop more ways to understand and respond to these changes.

OPIOID SETTLEMENT FUND STRATEGY, ALLOCATIONS AND INITIATIVES

Allegheny County allocated its third opioid settlement payment to three overarching strategies:

- Increase access to treatment and recovery support
- Reduce the harms of substance use
- Collect, monitor and analyze data to inform the selection of interventions

Table 1 shows how Payment 3 funds were allocated across these strategies. For each strategy, a list of funded initiatives is included along with a summary of each one's purpose and progress, and whether it is a continuing or newly funded initiative.

TABLE 1: Payment 3 Opioid Settlement Funding Allocations, by Strategy⁸

PAYMENT 3 OPIOID SETTLEMENT FUNDING ALLOCATIONS, BY STRATEGY		
STRATEGY	AMOUNT ALLOCATED	PERCENT OF TOTAL
Increase access to treatment and recovery support	\$5,202,286	86%
Reduce the harms of substance use	\$500,000	8%
Collect, monitor and analyze data to inform the selection of interventions	\$350,000	6%

STRATEGY 1: Increase access to treatment and recovery support

Barriers to OUD treatment and recovery support are a significant problem because they prevent individuals from accessing potentially life-saving care, leading to increased rates of overdose, relapse and other negative health outcomes. In particular, medications for opioid use disorder (MOUD) are markedly underused, despite being the most effective treatment⁹ option for people seeking recovery from OUD. The most frequently reported barriers are gaps in knowing where to go for treatment, a lack of prescribers and treatment openings leading to long wait times, geographical distance from treatment providers, and cultural differences between those seeking services and the available providers.¹⁰

These barriers are particularly challenging in areas of Allegheny County where residential segregation and the lack of accessible health and social services result in racial disparities in overdose rates and other key outcomes. In recognition of this, the County invested the majority of Payment 3 funds (86%) in initiatives that improve the accessibility of appropriate and evidence-based treatment and recovery models, outlined in **Table 2** and described in detail below.

8 Since 2019, Allegheny County, through its Health Department (ACHD), has received \$5.3M per year from a [Centers for Disease Control and Prevention \(CDC\) Overdose Data to Action grant opportunity](#). The grant is designed to improve the surveillance of nonfatal and fatal drug overdoses and to collect and access data to inform and enhance local prevention activities. As of September 2023, ACHD will receive \$2.9M each year from this opportunity.

9 National Academies of Sciences, Engineering and Medicine 2019. Medications for Opioid Use Disorder Save Lives. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25310>.

10 Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration.

TABLE 2: Strategy 1 Initiatives and Investments

INITIATIVE	AMOUNT	CONTINUING OR NEW
Low-barrier mobile medication services	\$155,256	Continuing
Warm handoff processes from Emergency Departments and other locations to SUD treatment organizations	\$193,406	Continuing
MOUD and certified peer support in the Allegheny County Jail	\$3,916,207	New
Interventions that are led, designed and/or operated by highly impacted communities	\$937,417	New

Low-barrier medication services

Allegheny County invested funds to expand mobile MOUD services operated by **Prevention Point Pittsburgh (PPP)** in partnership with Allegheny Health Network's Center for Inclusion Health, serving 600 unique patients in 2024. PPP takes MOUD services, specifically the medication buprenorphine (one of the safest and most effective in this class), directly to communities in need. These mobile services are key to engagement and retention in treatment when transportation is a barrier.

PPP offers mobile MOUD services Tuesday through Friday for three hours each day. Uninsured and underinsured patients are served at mobile clinics and all costs—everything from doctor visits to prescriptions—are fully covered. In addition to making services more accessible via mobile units in communities hardest hit by the opioid crisis, PPP has used Lyft Concierge services to assist individuals who need transportation to the mobile units and to get their medication from the pharmacy.

There are no other MOUD programs in the area operating in such a low-barrier manner. The high number of people engaging in this service is an indication of the significant need it meets.

The **UPMC Bridge Clinic** provides fast-turnaround MOUD prescriptions (specifically buprenorphine and naltrexone) via telemedicine to people at high risk for overdose and other poor outcomes who need but cannot immediately access care (e.g., people leaving the jail, people without long-term providers, people experiencing homelessness). Through this program, patients can usually access medication within two hours. Telemedicine provides a valuable option for patients who have transportation limitations or who do not have providers willing to prescribe MOUD. Services are offered primarily in Allegheny County.

Since its opening in 2020, the Bridge Clinic has grown steadily; in 2024, it had a total of 2,146 encounters across all payer sources, including Medicaid. About half of these encounters involved unique individuals (while some people reuse the service, no one has used it more than 10 times a year). Initial results show that after a visit to the Bridge Clinic, patients immediately had a reduction in emergency department (ED) visits; 96% picked up their prescription within 30 days from the telemedicine visit and about 50% continued using buprenorphine 180 days beyond their visit.

Before the opioid settlement funding, the clinic relied on physicians using their spare time away from their normal duties to provide the telemedicine. This funding allowed the Bridge Clinic to hire a full-time advanced practice practitioner to run the program.

In 2025, the Bridge Clinic hopes to add a second full-time staff person and anticipates an increase in encounters.

Warm handoffs to treatment from emergency departments and other key locations

Each year, over 10,000 people in Allegheny County visit EDs following an overdose or for other substance use-related medical emergencies (e.g., wound care, infections, psychiatric symptoms or withdrawal). This makes EDs a critical access point for people who need treatment and intervention and may not otherwise seek care.

In light of this, the County invested opioid settlement funds to improve warm handoffs from two local health systems' EDs to treatment. As part of this initiative, both **Allegheny Health Network (AHN)** and **University of Pittsburgh Medical Center (UPMC)** are newly piloting a technology platform called [MATTERS](#) (Medication for Addiction Treatment & Electronic Referrals). This initiative supports ED staff in facilitating a rapid referral to treatment for patients with SUD, offering medication, transportation vouchers and peer referrals that help patients get to their first clinic appointment.

Additionally, Allegheny County awarded funds to both hospitals to hire staff to facilitate warm handoffs. AHN hired a social worker to provide warm handoff services in Allegheny General Hospital's (AGH) ED where, of 1,252 encounters with patients in 2024, 178 patients were diagnosed with an opioid use disorder and 114 were either prescribed or began treatment with MOUD (buprenorphine). UPMC hired a service coordinator to facilitate warm handoff services in Mercy Hospital's Uptown Pittsburgh location. Each day, this service coordinator serves three to four patients at Mercy as well as an average of five patients from other UPMC hospitals. On average, about 60% of these patients are interested in being connected to rehabilitation services, while others are interested in MOUD or only want harm reduction services. Follow-up calls are made to each patient (at an interval chosen by the patient) to offer continued services and other support.

MOUD and certified peer support in the Allegheny County Jail (ACJ)

Engaging incarcerated people with OUD in evidence-based treatment is crucial because of the significantly heightened risk of relapse and overdose for people released from correctional facilities. In recognition of this, Allegheny County has invested its opioid settlement funds to expand the availability and accessibility of MOUD for individuals in the Allegheny County Jail (ACJ) and connect these MOUD recipients with a peer support navigator to create connections to community-based treatment and recovery supports upon release.

Importantly, the County expanded access to MOUD in the ACJ both 1) by making more medications available so incarcerated individuals with an active prescription can continue treatment using their medication of choice and 2) by improving efforts to identify those with OUD and inducting them into treatment. The County partnered with **Pittsburgh Community Treatment Centers (CTC)**, **Tadiso**, **Kane** and **Diamond Drugs** to provide comprehensive on-site continuation and induction for methadone, buprenorphine and naltrexone.

As shown in **Table 3**, the number of individuals receiving MOUD during their stay at ACJ more than doubled from 889 in 2023 to 1,800 in 2024. To increase transparency for the public and support monitoring of outcomes for quality improvement, DHS released a public [Medication for Opioid Use Disorder in ACJ](#) dashboard that reports this information on a real-time basis.

TABLE 3: Individuals (unduplicated) receiving MOUD in the Allegheny County Jail, 2023 and 2024

MEDICATION	2024	2023
Naltrexone	113	97
Buprenorphine	1,482	616
Methadone	234	185
Total	1,800	889

Note: Some individuals may have transitioned from one medication to another during the year, thus individual medication totals may exceed the total number served.

Once inducted, individuals using MOUD in the ACJ receive a referral to re-entry peer support services provided by **Unity Recovery**. Re-entry peer support specialists meet with individuals in ACJ and the community to offer a wide range of re-entry supports, including overdose prevention and a warm handoff to community treatment upon release. In 2024, 755 individuals accepted re-entry peer support services and 7,578 one-on-one peer engagements were completed. Participants in these services showed a significant increase from baseline in the number of recovery-support resources they accessed, as measured by the Brief Assessment of Recovery Capital (BARC-10). This is associated with an increased likelihood of successful recovery.

Interventions led, designed and/or operated by highly impacted communities

Recognizing that not all communities have been impacted equally by the opioid epidemic, and that some neighborhoods, municipalities or groups have experienced significantly higher rates and numbers of overdose deaths, Allegheny County issued a Request for Proposals (RFP) in June 2023 seeking community led, designed and/or operated interventions. From a pool of 19 RFP respondents, DHS made awards to seven providers that best demonstrated their ability to deliver services in disproportionately impacted communities, including the Black community.

Allegheny County awarded opioid settlement funding to seven providers for implementation of interventions in disproportionately impacted communities: **Women's Center & Shelter (WC&S)**, **Hugh Lane Wellness Foundation**, **Sojourner House**, **JADE Wellness Center**, **Heuer House**, **Three Rivers Youth** and **Sisters Place, Inc.** We have provided updates on four of these agencies:

Women's Center and Shelter (WC&S) hired a Substance Use and Recovery Counselor to meet the complex needs of residential clients experiencing both interpersonal violence (IPV) and SUD. In addition to individual and group counseling and support, the counselor connects clients to SUD and mental health treatment providers qualified to address their combined needs. She also provides SUD, harm reduction and naloxone (Narcan) training for WC&S staff and connects residents to harm reduction supplies.

In 2024, the counselor served 62 clients and provided 257 hours of direct service. She conducted 155 individual counseling sessions, 52 group counseling sessions, six IPV/SUD education and awareness trainings, and 26 consultations for nine community organizations. Her services remain available to clients after they leave the shelter.

Hugh Lane Wellness has worked with the LGBTQ community in Pittsburgh since 2017. Hugh Lane used opioid settlement funds to support its community health team, which provides legal, financial, transportation and food assistance. The funding enables the team to increase service referrals and community outreach and to distribute naloxone, fentanyl test strips and wound care supplies to people at community events or at Hugh's Kitchen, the agency's food pantry. The opioid settlement fund also funded an expansion of Hugh Lane's on-site afterschool program from one day per week to three days per week.

Sojourner House offers rehabilitation and housing services to women in recovery and their children in Homewood, Negley and the East End, and is well connected with faith communities in these neighborhoods. Opioid settlement funding enabled the agency to hire a community health worker and two people with lived experience to target outreach to previously unserved areas, referring community members to treatment providers and distributing naloxone, fentanyl test strips, COVID-19 test kits, food and water. The team also raises awareness of naloxone and the Good Samaritan Law, which grants legal immunity to people who are trying to help someone who has overdosed, by such activities as erecting a billboard on Frankstown Avenue to promote knowledge of this law and to decrease stigma and fear. Future plans include the development of a trauma response team to help communities grieve after traumatic local events.

JADE Wellness Center provides extended recovery housing, intensive outpatient and outpatient treatment programs, psychiatric care, peer support, MOUD and contingency management at three locations in Allegheny County. JADE delivers evidence-based, individualized treatment to meet the needs of individuals living with SUD—particularly those who are low-income, unhoused, or have limited access to care following release from the ACJ, hospitalization or other institutional settings.

In July 2024, Allegheny County provided opioid settlement funding that allowed JADE to launch a new initiative, [Access Immediate Medication Services \(AIMS\)](#). This program enhances engagement with underserved populations by providing same or next day MOUD prescriptions and certified recovery specialist services to individuals who might not otherwise access these resources. Between July and December 2024, AIMS served 204 unique individuals and facilitated 129 collaborative interactions with other community providers. Looking ahead, JADE plans to expand AIMS by purchasing a van to deliver mobile services directly to high-need areas.

STRATEGY 2: Reduce the harms of substance use

Harm reduction is important because it focuses on minimizing the negative health and social impacts of substance use and related risky behaviors, rather than solely requiring abstinence. It acknowledges that not everyone is ready or able to stop using substances completely and meets individuals where they are without judgment. Harm reduction programs provide essential supplies and services to prevent disease transmission, overdose and a myriad of other negative outcomes (e.g., homelessness, crime, violence). These efforts seek not only to prevent tragedy but also to preserve the hope and possibility that these individuals will ultimately choose recovery and enter treatment. The County's investments in harm reduction initiatives are listed in **Table 4** and described in more detail below.

TABLE 4: Strategy 2 Initiatives and Investments

INITIATIVE	AMOUNT	CONTINUING OR NEW
Syringe Service Programs	\$400,000	Continuing
Naloxone distribution	\$100,000	Continuing

Opioid settlement funding awarded to **Prevention Point Pittsburgh (PPP)** supports their comprehensive syringe service programs operated weekly at multiple locations around the County (Homewood, Overbrook, East Liberty, the Hill District and Perry Hilltop). PPP typically depends on donations and small grants, but opioid settlement funds have allowed the agency to reduce its focus on fundraising and put more resources toward service provision and supply distribution. In 2024, syringe services were provided to approximately 700 new and 3,000 returning visitors. Syringe service program participants returned used supplies in sharps containers provided by PPP, meaning that approximately 40 cubic feet of medical waste is being diverted and disposed of in appropriate waste streams each month.

Opioid settlement funding allocated for the **Allegheny County Health Department's (ACHD)** naloxone distribution continues a multi-year investment prioritized due to high rates of opioid overdose. Naloxone, also known as Narcan, works by temporarily stopping the effects of opioids on the brain and body. It is safe, simple, easy to administer and begins working immediately to reverse an overdose. Naloxone is safe to use by people of all ages, including children, and will not cause any negative effects if someone is not overdosing on opioids.

With opioid settlement funds, ACHD purchased 3,024 Narcan kits in July 2024 and used this supply to stock vending machines, newspaper stand boxes and cabinets across the County. ACHD identified locations and partners to host these naloxone dispensers by assessing County areas with higher overdoses and less access to harm reduction resources. Currently, there are 10 active newspaper stand boxes across the County and five cabinets placed on Pittsburgh university campuses. In total in 2024, ACHD deployed 24,456 Narcan kits* to program partners and community members using a variety of strategies, including community engagement, organizational training, low-barrier naloxone dispensers and direct order. In 2025, ACHD plans to enhance its low-barrier access to naloxone initiatives by expanding dispenser locations and placing two outdoor vending machines in areas with higher rates of overdose.

STRATEGY 3: Monitoring, Surveillance and Data Collection to inform Allegheny County's response to the Opioid Epidemic

TABLE 5: Strategy 3 Initiatives and Investments

INITIATIVE	AMOUNT	CONTINUING OR NEW
Monitoring, surveillance and data collection to inform Allegheny County's response to the Opioid Epidemic	\$350,000	New

Opioid settlement funds provided to the **Allegheny County Health Department (ACHD)** support its Epidemiology Program to monitor, collect and analyze data to guide decision-making by:

1. Assessing utilization and quality of health services (testing/treatment, mental health counseling) provided to people who use drugs
2. Documenting trends in morbidity and mortality, investigating comorbidities and identifying barriers to care for people who use drugs
3. Quantifying improvements made through treatment programs, harm reduction strategies and prevention efforts

In 2024, the ACHD team compiled nearly a dozen opioid-related health data sources. In the summer of 2025, the team will release a publicly available dashboard that will pool these data. Over time, the team will monitor and quantify improvements in health trends made through the County's harm reduction, prevention and treatment efforts.

The ACHD dashboard will complement other tools and analyses available to the public at <https://www.alleghenycounty.us/Projects-and-Initiatives/Opioid-Settlement-Dollars>.

* ACHD supplemented Narcan kits provided by opioid settlement funds with a supply from the Pennsylvania Opioid Prevention Program (POPP).

LOOKING AHEAD TO PAYMENT 4 AND BEYOND

The opioid settlement funding's flexible nature relative to other funding streams provides an opportunity to both invest in new, innovative solutions and pilots and support effective, existing programs where funding is ending or inadequate to meet current needs.

In Year 4, Allegheny County intends to maintain our focus on the three priority strategies previously identified. In addition, we will expand our focus on supportive housing options for people with OUD.

Key investments planned or in place for 2025-26 include:

1. **Continuing to expand access to low-barrier, high-quality, evidence-based MOUD and recovery support services, particularly in the Mon Valley.** Key partners include Prevention Point Pittsburgh, AHN, UPMC, the Allegheny County Health Department and MATTERS. ACHD will be starting MOUD services in McKeesport with this funding.
2. **Continuing to support treatment programs within the Allegheny County Jail, including continuity of care post-release.** Key partners include Kane, Pittsburgh Comprehensive Treatment Centers and Unity Recovery.
3. **Continuing to increase services in highly impacted communities, such as mobile units for wound care and MOUD, harm reduction services and targeted interventions for those at highest risk.** Key partners include Prevention Point Pittsburgh, Street Medicine at Pitt, Jade Wellness, Hugh Lane, Sojourner House, Women's Center & Shelter and ACHD.
4. **Expanding supportive housing options for individuals with OUD.** Key partners include Renewal, First Step and additional providers to be determined.

For many people, housing stability and substance use intersect, i.e., substance use may prevent an individual from maintaining a safe place to stay and/or an individual's lack of housing may influence their substance use. Too often, people with SUDs exit inpatient treatment or leave the ACJ having received treatment services while incarcerated, only to return to living environments that jeopardize their recovery or to a state of homelessness. Without a supportive living environment, they may struggle to establish a foundation in treatment, build a support network and a plan for maintaining recovery, and find a permanent place to live that is conducive to recovery. In recognition of the relationship between housing and substance use—and of the high prevalence of substance use among Allegheny County's unhoused population—Allegheny County allocated opioid settlement funding toward a variety of housing options including recovery housing and permanent supportive housing.

To support these strategies and other investments, DHS issued an [Open Solicitation for Programs that Prevent or Treat Opioid Addiction Under the Guidelines of the Opioid Settlement Fund](#) on May 8, 2025. Through this RFP, DHS aims to solicit additional ideas for improving the health and well-being of County residents through a broad range of strategies that include community-based solutions, research and technology, and novel approaches. DHS will consider proposals through the lens of feedback received from [community listening sessions](#) and designed to improve outcomes for groups disproportionately or hardest impacted by the opioid epidemic, particularly the Black community, people who are currently or recently incarcerated, individuals experiencing homelessness, people who inject drugs and people with chronic pain.