**Key Takeaways**

**Idaho Behavioral Health Council.** The Idaho Behavioral Health Council (IBHC), which was established by executive order prior to the settlements, is tasked with making spending recommendations to the Governor and the legislature’s Joint Finance–Appropriations Committee on state share spending. IBHC members include legislators, members of the public, and a treatment court judge, among others.

**40-40-20 allocation.** The Idaho Opioid Settlement Intrastate Allocation Agreement allocates funds across three shares: the state (40%), participating local governments (40%), and participating health districts (20%).

**100% public reporting.** The Attorney General must publish annual reports of the state’s expenditures on the AG’s website. Participating local governments and health districts must report their expenditures to the AG, who will also make them publicly available.

**Background**

The Idaho Opioid Settlement Intrastate Allocation Agreement (Agreement) establishes the state’s opioid settlement allocations: 40% to the state, 40% to participating local governments, and 20% to participating health districts. State law creates the State-Directed Opioid Settlement Fund to hold the state’s portion of settlement funds. All opioid settlement funds, regardless of allocation, must be spent on Approved Purposes, which are the Opioid Abatement Strategies described in the Agreement’s Exhibit A. Idaho’s Exhibit A is identical to the national settlement agreements’ Approved Uses list and includes prevention, harm reduction, treatment, and recovery services. The Agreement reinforces the national settlement agreements’ mandate “that at least 85% of funds be spent on opioid remediation, with 70% restricted to prospective abatement uses.”

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This resource is current as of 5/1/2023. For the most up-to-date information, please visit https://www.opioidsettlementtracker.com/settlementspending.
Decision-Making Process

**40% STATE-DIRECTED OPIOID SETTLEMENT FUND**

After the payment of attorney’s fees and costs, the state’s 40% share of settlement monies is deposited into the state treasurer-managed **State-Directed Opioid Settlement Fund**. The state’s share of funds must be spent on “purposes relating to opioid abuse prevention and recovery programs,” such as the strategies described in Exhibit A. The **Idaho Behavioral Health Council** (IBHC) recommends uses of Fund monies to the Governor and Joint Finance-Appropriations Committee, and the state may also coordinate with participating local governments and health districts to collect information about successful programs and share best practices. The legislature, however, ultimately determines specific uses of Fund monies and appropriates them accordingly.

The 13-member IBHC — previously established jointly by Idaho’s Governor, legislature, and court system — is responsible for creating and overseeing implementation of a statewide strategic plan to improve the state’s behavioral health system. In its 2022-2024 Behavioral Health Workforce Plan, the IBHC recommended using settlement funds to establish a loan repayment program for people providing substance use disorder treatment and other behavioral health care workers. IBHC members are appointed by the Governor, Chief Justice, and legislative leadership. They include, among others, members of the public, a county official, a treatment court judge, a representative from the Department of Education, and legislators. The Director of the Department of Health and Welfare and the Administrative Director of the State Courts co-chair the Council.
Decision-Making Process (Continued)

**40% LOCALITIES’ SHARE**

After the payment of attorney’s fees and costs, the “LG Share” is paid directly to participating local governments. Funds are allocated by formula according the percentages listed in the Agreement’s Exhibit B and must be spent on strategies described in Exhibit A. Non-participating local governments’ allocations are redirected to Idaho’s health districts, and participating local governments may choose to redirect their shares to health districts as well. In addition, participating local governments may enter into separate, written agreements to modify their intra-county allocations. Prior to spending their share of settlement funds, a participating locality’s governing body (i.e., board of county commissioners or city council) must pass a resolution or include in its budget an authorization of funds for specific approved purposes.

**LOCAL SPENDING EXAMPLE**

Gem County Commissioners formed the Opioid Settlement Recommending Committee to decide how funds would be spent in the community. A request for funding for a recovery community center was on the agenda for an April 2023 meeting of the Commissioners.

**20% HEALTH DISTRICTS’ SHARE**

After the payment of attorney’s fees and costs, the “HD Share” is paid directly to participating health districts. Funds are allocated by formula according to the percentages listed in the Agreement’s Exhibit C and must be spent on strategies described in Exhibit A. Non-participating health districts’ allocations are reabsorbed by the other health districts listed in Exhibit C. Prior to spending their share of settlement funds, a participating health district’s board of health must pass a resolution or include in its budget an authorization of funds for specific approved purposes. The state, participating local governments, and participating health districts may also coordinate spending and share best practices in their uses of funds.
Engaging in the Process

- The IBHC website encourages public input, including on priorities for spending the state’s share of opioid settlement funds. Contribute to its “Tell us your story!” box or contact the IBHC at IBHC@dhw.idaho.gov.
- Submit feedback on IBHC’s Strategic Action Plan by writing to IBHC@dhw.idaho.gov. The IBHC’s plan is required missing to integrate “broad stakeholder input.”
- Explore the IBHC location map, which maps available behavioral health services in Idaho by health district, “system focus area” (engagement, prevention, recovery, treatment), and facility type.
- Review IBHC meeting minutes for updates on the use of the state’s portion of settlement funds. Monitor the IBHC’s website for upcoming meeting dates, to access the IBHC’s meeting livestream, and to review information about the IBHC’s many workgroups.
- Encourage opportunities for community input on the use of funds at the state and local levels. For example, localities could create advisory bodies that include directly impacted people or hold townhalls to receive public feedback. The state could also ensure that the IBHC includes members with lived experience.

Tracking Funds and Accountability

- The Attorney General must publish annual reports of the state’s expenditures on the AG’s website. Participating local governments and health districts must report their expenditures to the AG, who will also make them publicly available. Reports submitted by localities and health districts will include spending amounts, including breakdowns by Approved Purposes in the Agreement’s Exhibit A.
- Check out the Implementation Template on IBHC’s website, which contains updates on the body’s actions toward achievement of the recommendations in the 2021-2024 Strategic Plan.
- Participating local governments’ and health districts’ spending of settlement funds is subject to audit. If an audit reveals that monies have been misspent, the jurisdiction must alert the Attorney General.
- The state may impose consequences for participating local governments and participating health districts that misspend funds or do not make a good-faith effort to comply with reporting requirements including actions for breach of contract, restitution, and reductions of future payments.
Additional Resources

IDAHO BEHAVIORAL HEALTH COUNCIL
2021-2024 Strategic Action Plan

Implementation Template for IBHC’s nine priority recommendations in the Strategic Action Plan

Behavioral Health Workforce Plan

IDAHO OFFICE OF THE ATTORNEY GENERAL
Opioid Settlement

Fact Sheet: Idaho Opioid Settlement Intrastate Allocation Agreement

Opioid Distributor and Johnson & Johnson Settlement Agreements (powerpoint presentation)

IDAHO DEPARTMENT OF HEALTH & WELFARE
Documents establishing the Idaho Behavioral Health Council

OFFICE OF THE GOVERNOR
Press release - Executive, judicial, legislative branches unite efforts to improve behavioral health care for Idahoans
GUIDE FOR COMMUNITY ADVOCATES ON THE OPIOID SETTLEMENT

Idaho

References

1. From settlements with distributors McKesson, AmerisourceBergen, Cardinal Health and manufacturer Johnson & Johnson only. Idaho is also participating in several settlements that are likely to be finalized later this year, e.g., CVS, Walgreens, Walmart, Allergan, and Teva. See KHN’s “The Right to Know: Where Does Your State Stand on Public Reporting of Opioid Settlement Cash?” Interactive transparency map (located mid-article; click “Idaho” for state-specific participation information) and OpioidSettlementTracker.com’s Global Settlement Tracker for more information.

2. Neither Idaho’s MOU nor state law establishing the State-Directed Opioid Settlement Fund are limited by their definitions to the Distributor and Janssen Settlements. See Agreement A.11, Sec. 57-825(1)(a), and AG’s December 2022 FAQ (“Idaho’s Opioid Settlement Intrastate Allocation Agreement will apply to these settlements [with Walmart, CVS, Walgreens, Teva and Allergan]”). Note that many states’ mechanisms for opioid settlement spending were designed to comply with the requirements of the Distributor and Janssen settlement agreements, which require (among other provisions) that a minimum of 85% of settlement funds be spent on opioid remediation expenditures. Section V.B.1. Subsequent settlements require varying thresholds of opioid remediation spending: the CVS and Walgreens agreements, for instance, require a minimum of 95.5% and 95% opioid remediation spending, respectively. Section V.B.1. Keep an eye out for the ways states will amend their spending mechanisms, if at all, to comply with subsequent settlement terms.

3. Sec. 57-825(3).

4. EO No. 2020-04 Sec. 4(a)-(d).

5. Agreement B.1.


8. Sec. 57-825(1),(1)(a).


10. See, e.g., Sec. V.D.1 of the Distributor and Janssen agreements.

11. Agreement B.3. See also Agreement C.4(a), C.7 (providing that Section C’s attorneys’ fees and costs provisions do not apply to monies obtained from Purdue, Mallinckrodt, or “other future resolutions”).

12. Agreement B.3 and Sec. 57-825(1),(1)(a).

13. Sec. 57-825(3).


15. Sec. 57-825(3).


17. Sec. 57-825(2).

18. EO No. 2020-04 Sec. 4.

19. EO No. 2020-04 Sec. 1(a)-(b).


21. EO No. 2020-04 Sec. 4(b)-(d).

22. EO No. 2020-04 Sec. 4(a)-(d).

23. EO No. 2020-04 Sec. 5. Current Council Members may be found here.

24. B.4. See also Agreement C.5 and C.7.

25. B.1 and B.4. At least those with a population of 10,000 or more. Agreement A.13.


27. Agreement B.4.


29. Agreement D.2 and A.3. “The budget or resolution should: (1) indicate that it is an authorization for expenditure of Opioid Funds, (2) state the specific Approved Purpose the governing body intends to fund as identified in Exhibit A, and (3) state the amount dedicated to each Approved Purpose for a stated period of time.” Agreement D.2. The state, participating local governments, and participating health districts may also coordinate spending to collect data and best practices on effective uses of funds. Agreement B.6.

30. “Opioid settlement dollars begin flow to Gem County” and meeting minutes (December 2022) (referring to committee).

31. Agreement B.5. See also Agreement C.4(a) and C.7.

32. Agreement B.5 and A.4. See also Title 39, Chapter 4, Idaho Code.

33. Agreement B.5, B.2.

34. Agreement B.5.
35. Agreement D.2 and A.3. “The budget or resolution should: (1) indicate that it is an authorization for expenditure of Opioid Funds, (2) state the specific Approved Purpose the governing body intends to fund as identified in Exhibit A, and (3) state the amount dedicated to each Approved Purpose for a stated period of time.” Agreement D.2.


38. Agreement D.3.


40. EO No. 2020-04 Sec. 2(c).

41. See, e.g., voting on priority recommendations for the Governor at the July 2022 quarterly meeting.