

## *North Dakota's Opioid Settlements*

The United States is in the **midst of a crisis** on its streets and in its communities as **overdoses, homelessness, and disorder reach record levels**. Yet settlement proceeds secured by the State of North Dakota present an **unprecedented opportunity for generational investment** in treatment capacity for chronic substance abuse (CSA) and severe mental illness (SMI).

North Dakota is set to receive **more than \$80 million** (\$87,538,190.02) in opioid settlement funds. With twenty separate settlements and payments spread out over decades, the funds are **at risk of being squandered** through ad-hoc allocations to **diffuse and disorganized efforts**.

The state must ensure that this opportunity for treatment investment is not underutilized. **North Dakota can make targeted investments in treatment capacity** that will honor those **who suffered** in the opioid crisis and **ensure accessible care** for decades to come.

North Dakota reserves 85 percent of settlement funds (\$75,456,604.21) for use by the state with the remainder allocated to subdivisions.<sup>1</sup> The legislature is tasked with appropriating funds to the Department of Health in Human Services (HHS), in an amount not to exceed \$8 million per year.<sup>1</sup> The Department receives recommendations from the seven-person Opioid Settlement Advisory Committee, comprised mostly of representatives of local governments, and ultimately decides how to allocate funds. **The state should amend the statute and vest final allocation authority in the legislature.** In the latest grant cycle, (HHS) granted an organization \$160,000 to expand syringe exchanges and \$225,000 to a county public health district to implement a “K-9 evidence-based substance use prevention curriculum,” among other priorities.<sup>2</sup> **These expenditures will not provide the systemic expansion of necessary treatment capacity.**

The state must rein in the misallocation of these funds and prioritize investments in comprehensive treatment networks. **Three priorities** (Certified Community Behavioral Health

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<sup>1</sup> With the exception of the McKinsey and Publicis settlements, in which the state controls 100 percent of funds.

Clinics, secure psychiatric beds, and community SMI/CSA response) **will ensure these funds have the largest impact** on North Dakota.

## **Certified Community Behavioral Health Clinics (CCBHCs)**

CCBHCs, designed to ensure access to coordinated comprehensive behavioral health care, have stable funding and are supported by all recent presidential administrations. CCBHCs are a key response to the opioid crisis and can augment other services such as police crisis response teams, homelessness outreach and services, and outpatient psychiatric commitment services.

- **Solution: Fund the development and expansion of CCBHCs.**
  - o Expand the CCBHC footprint with an emphasis on a team-based approach to co-occurring disorders.
  - o Create a stepped approach to SMI/CSA treatment with services provided by the CCBHCs.
  - o Require CCBHCs to offer specific care pathways to meet the needs of individuals with co-occurring disorders.

## **State Psychiatric Hospitals**

Inpatient beds in secure facilities are critical for serving the highest-acuity psychiatric patients. North Dakota currently has only **7.3 state psychiatric beds** per 100,000 people available for civil (i.e., non-criminal) patients.<sup>3,4</sup> Treatment Advocacy Center recommends a rate of 30-60 beds per 100,000. Even counting non-public secure psychiatric beds, North Dakota still falls short of the minimum.<sup>5</sup> Secure beds are a costly but necessary expenditure to protect patients with severe psychiatric disorders and the public at large.

- **Solution: Fund the expansion of civil psychiatric beds.**
  - o Invest in expanding state hospital capacity.
  - o Move forensic (criminal) commitments to a jail-based restoration facility.
  - o Apply for one of several Section 1115(a) waivers to expand Medicaid reimbursement for institutions for mental diseases (IMDs).

## **Inpatient Stabilization Centers and Mobile Crisis Teams**

Emergency departments (EDs) are supposed to be a last resort for times of true emergencies, but are increasingly used for all types of immediate-need medical care. This is especially true for low- to medium-acuity mental health crises. In order for CCBHCs and state psychiatric bed expansions to have the largest impact, there must be an immediate triage of low-acuity patients from higher-need patients, or else investments in these facilities will be drowned out,

overburdened, and underutilized by those that need them most, just like emergency departments.

- **Solution: Fund community-based mental health response resources.**
  - o Expand community-based recovery centers, including voluntary short-term respite housing, especially for young adults.
  - o Leverage CCBHC resources to develop comprehensive mobile crisis response teams in conjunction with police crisis intervention teams (CIT).
  - o Support integration of community resources with crisis networks such as the Lifeline to support those in need or provide guidance for concerned loved ones.

## NORTH DAKOTA

[Download all North Dakota opioid settlement documents](#)

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STATE-CONTROLLED FUNDS	ALL FUNDS	2025 EOY FUNDS RECEIVED - STATE	2025 EOY FUNDS RECEIVED - ALL	Av. Receipt (All Funds) / Yr (*20)
\$75,456,604.21	\$87,538,190.02	\$26,636,912.34	\$30,376,569.06	\$4,376,909.50

### 2021 National Opioid Settlement

*North Dakota v. Distributors*

- [Final Consent Judgment](#)
  - [Exhibit A "Distributor Settlement Agreement"](#)
- State of North Dakota, ex rel. Drew H. Wrigley, Attorney General, v. McKesson Corporation, et al., South Central Judicial District Court, Burleigh County, Case No. 08-2022-CV-00879

*North Dakota v. Janssen*

- [Final Consent Judgment](#)
  - [Exhibit A "Janssen Settlement Agreement"](#)
- State of North Dakota, ex rel. Drew H. Wrigley, Attorney General, v. Johnson & Johnson, et al., South Central Judicial District Court, Burleigh County, Case No. 08-2022-CV-00878

### 2022 National Opioid Settlement

*North Dakota v. CVS*

- [Consent Judgment](#)
  - [Exhibit A "agreement dated as of December 9 2022"](#)
- State of North Dakota, ex rel. Drew H. Wrigley, Attorney General, v. CVS Pharmacy, Inc., South Central Judicial District Court, Burleigh County, Case No. 08-2023-CV-02875

*North Dakota v. Walgreens*

- [Consent Judgment](#)
  - [Exhibit A "agreement dated as of December 9 2022"](#)
- State of North Dakota, ex rel. Drew H. Wrigley, Attorney General, v. Walgreen Co., South Central Judicial District Court, Burleigh County, Case No. 08-2023-CV-02878

*North Dakota v. Walmart*

- [Consent Judgment](#)
  - [Exhibit A "agreement dated as of November 14 2022"](#)
- State of North Dakota, ex rel. Drew H. Wrigley, Attorney General, v. Walmart Inc., South Central Judicial District Court, Burleigh County, Case No. 08-2023-CV-02877

*North Dakota v. Allergan*

- [Consent Judgment](#)
  - [Exhibit A "Allergan Public Global Opioid Settlement Agreement"](#)
- State of North Dakota, ex rel. Drew H. Wrigley, Attorney General, v. Allergan Finance, LLC, et al., South Central Judicial District Court, Burleigh County, Case No. 08-2023-CV-02530

*North Dakota v. Teva*

- [Consent Judgment](#)
  - [Exhibit A "Teva Global Opioid Settlement Agreement"](#)
- State of North Dakota, ex rel. Drew H. Wrigley, Attorney General, v. Teva Pharmaceutical Industries Ltd., et al., South Central Judicial District Court, Burleigh County, Case No. 08-2023-CV-02529

**Other Coalition Opioid Settlements**

*North Dakota v. McKinsey*

- [Consent Judgment](#)
- [McKinsey Allocation Amounts](#)
- State of North Dakota, ex rel. Rel. Wayne Stenehjem, Attorney General, v. McKinsey & Company, Inc. United States, South Central Judicial District Court, Burleigh County, Case No. 08-2021-CV-00223

*North Dakota v. Mallinckrodt*

- [NOAT II Agreement](#)
- [GPM Notice](#)
- [Notice of Abatement Distribution](#)

*North Dakota v. Publicis*

- [Consent Judgment](#)
- State of North Dakota, ex rel. Drew H. Wrigley, Attorney General, v. Publicis Health, LLC, South Central Judicial District Court, Burleigh County, Case No. 08-2024-CV-00296

*North Dakota v. Endo*

- [Global Public Trust Agreement](#)
- [Notice of Abatement Distribution](#)

**2025 National Settlements**

*North Dakota v. Purdue*

- [missing documentation]
- State of North Dakota, ex rel. Wayne Stenehjem, Attorney General v. Purdue Pharma L.P., et al., District Court of Burleigh County, Case No. 08-2018-CV-01300  
[unconfirmed]

*North Dakota v. Mylan*

- [missing documentation]

*North Dakota v. Hikma*

- [missing documentation]

*North Dakota v. Amneal*

- [missing documentation]

*North Dakota v. Apotex*

- [missing documentation]

*North Dakota v. Indivior*

- [missing documentation]

*North Dakota v. Sun Pharmaceuticals*

- [missing documentation]

*North Dakota v. Alvogen*

- [missing documentation]

*North Dakota v. Zydus*

- [missing documentation]

**Independent Settlements**

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<sup>1</sup> North Dakota Century Code § 50-36-02. <https://ndlegis.gov/cencode/t50c36.pdf#nameddest=50-36-01>.

<sup>2</sup> North Dakota Department of Health and Human Services, "North Dakota Opioid Settlement: 2025-2027 Grant Awards." Accessed 17 September 2025. <https://www.hhs.nd.gov/opioids/settlement>.

<sup>3</sup> Treatment Advocacy Center, "North Dakota Psychiatric Beds Report." 2023. <https://www.tac.org/wp-content/uploads/2023/10/NorthDakotabedsinformation.pdf>.

<sup>4</sup> United States Census Bureau, "2023 American Community Survey – Total Population." [https://data.census.gov/table/ACSDT1Y2023.B01003?q=population&t=Population+Total&q=010XX00US\\$0400000](https://data.census.gov/table/ACSDT1Y2023.B01003?q=population&t=Population+Total&q=010XX00US$0400000).

<sup>5</sup> Silver, Shanti, "Estimating Psychiatric Bed Need in the United States," p. 2-4. Treatment Advocacy Center Office of Research and Public Affairs. January 2024. [https://www.tac.org/wp-content/uploads/2024/03/TAC\\_ORPA\\_ResearchSummary1.24.pdf](https://www.tac.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf).