



Fact Sheet

WYOMING OPIOID SETTLEMENT FUNDS

June 2024

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QUESTION

Please provide information about Wyoming's opioid settlement funds and how the funds are spent.

SHORT ANSWER

As of June 6, 2024, nearly \$15 million in opioid settlement funds have been distributed to Wyoming. Of this total, approximately 35 percent of funds were paid to the State (Statewide Share) and 65 percent distributed to 33 local governments (Localized Share). The Statewide share is distributed to the Wyoming Department of Health, while the Localized Share is paid directly to each of the participating local governments according to an allocation formula. Both the Department of Health and local governments are required to report settlement funds received and expended in each calendar year.

The Wyoming Department of Health reported the Department received a total of \$4,381,572 and expended a total of \$63,477 in CY 2023. Local governments reported receiving a total of \$7,602,400 and expending a total of \$422,395 in CY 2023.

DISCUSSION

NATIONAL OPIOID SETTLEMENTS¹

In 2021, nationwide settlements were reached to resolve all opioids litigation brought by states and local political subdivisions against manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson (collectively "J&J") and the three largest pharmaceutical distributors, McKesson, Cardinal Health, and AmerisourceBergen ("Distributors"). Under the national settlements, J&J will pay up to \$5 billion over no more than nine years and the Distributors will pay up to \$21 billion over 18 years to participating states and local governments.

¹ Executive Summary of National Opioid Settlements (updated 5/6/2024), <https://nationalopioidsettlement.com/executive-summary/>.

Payments under the Distributor settlement began in May 2022. Payments under the J&J settlement began in October 2022.²

In late 2022, nationwide settlement agreements were announced with two additional manufacturers, Allergan and Teva, and three pharmacy chains, CVS, Walgreens, and Walmart. The first payments under the 2022 agreements were made in January 2024. The process by which participating local governments will receive funding is being finalized. Assuming maximum participation by local governments, the 2022 settlements require the following payments to states and participating local governments:

- Teva to pay up to \$3.34 billion over 13 years and to provide either \$1.2 billion of its generic version of the drug Narcan over 10 years or \$240 million of cash in lieu of product, as each state may elect;
- Allergan to pay up to \$2.02 billion over 7 years;
- CVS to pay up to \$4.90 billion over 10 years;
- Walgreens to pay up to \$5.52 billion over 15 years;
- Walmart to pay up to \$2.74 billion in 2023, and all payments to be made within 6 years.

Under the 2021 and 2022 national settlements, at least 85 percent of the funds going directly to participating states and subdivisions must be used for abatement of the opioid epidemic, with 70 percent of payments restricted to funding future abatement efforts.

Agreements with other defendants, including Kroger and Hikma Pharmaceuticals, are in the process of being finalized.

WYOMING PARTICIPATION IN THE NATIONAL SETTLEMENTS³

Wyoming and 33 political subdivisions, comprised of the State's 23 counties and ten municipalities with populations greater than 10,000, participated in each of the 2021 and 2022 national settlements.⁴ The State and local governments signed memoranda of agreement (Wyoming MOAs) in 2021 and 2023 establishing the State's share of settlement funds (Statewide Share) as 35 percent and the participating local government share (Localized Share) as 65 percent.⁵

² National Opioid Settlements Dashboard – Distributor and Janssen (as of June 5, 2024),

<https://nationalopioidsettlement.com/wp-content/uploads/2024/06/Opioid-Payment-Dashboard-6.5.24.pdf>

³ OneWyo Opioid Settlement Memorandum of Agreement (signed December

2021), <https://nationalopioidsettlement.com/wp-content/uploads/2022/05/WY-Final-Consent-Judgment-and-Dismissal-w-Prejudice-5.17.22.pdf>; OneWyo II Opioid Settlement Memorandum of Agreement (signed April 2023), <https://nationalopioidsettlement.com/wp-content/uploads/2024/06/21-4-23-OneWyo-II-MOA-EXECUTED-FINAL.pdf>.

⁴ National Opioid Settlement State Participation Status (updated 5/23/2024),

<https://nationalopioidsettlement.com/state-participation-status/>; telephone interview with Ryan Schelhaas, Chief Deputy Attorney General, Wyoming Attorney General's Office (June 11, 2024).

⁵ There is one exception to the 35% State/65% local government distribution: under the Teva settlement agreement, 25% will be distributed to the State and 75% to local governments.

The Statewide Share is to be distributed to the Wyoming Department of Health to be used exclusively for abating the opioid crisis throughout Wyoming. The Localized Share is distributed to the 33 participating local governments according to an allocation formula. See **Appendix A** for the Participating Local Government Allocation Proportions.

Allowed Uses of Settlement Funds

The Wyoming MOAs require all settlement funds to be used “in a present and forward-looking manner to actively abate and alleviate the impacts of the opioid crisis and co-occurring substance abuse in Wyoming.” No settlement funds are to be used as restitution for past expenditures. Both MOAs include a list of approved uses, which include treatment, prevention and research. See **Appendix B** for the approved uses list.

Settlement Funds Paid to Wyoming to Date

As of June 2024, payments made to Wyoming and the 33 local government under the 2021 and 2022 settlement agreements total \$14,890,645.⁶ See **Figure 1** for a breakout of payments made to date.

Figure 1. Wyoming Settlement Agreement Payments as of June 2024

Settlement Agreement	Total Statewide & Localized Shares paid as of 6/6/2024
2021 Distributor Settlement: Payment of Years 1-3	\$6,594,239
2021 Distributor Settlement: Prepayment of Payment Year 7	\$897,047
2021 J&J Settlement: Payment of Years 1-3	\$6,420,502
2022 Allergan Settlement: Payment of Year 1	\$514,538
2022 Teva Settlement: Payment of Year 1	\$464,319
TOTAL	\$14,890,645

Source: Information compiled by LSO from National Opioid Settlements dashboards: Distributor/Janssen Settlements Dashboard, Teva/Allergan Dashboard, and Walmart, Walgreens, & DVS Settlements Dashboard.

⁶ Information compiled by LSO from National Opioid Settlements dashboards: Distributor/Janssen Settlements Dashboard, Teva/Allergan Dashboard, and Walmart, Walgreens, & DVS Settlements Dashboard, <https://nationalopioidsettlement.com/>.

WYOMING SETTLEMENT FUNDS EXPENDED TO DATE

Statewide Share⁷

The Wyoming MOAs require the Wyoming Department of Health, as the recipient of the Statewide Share of settlement funds, to publish an annual online report detailing for the preceding calendar year the amount of Statewide Share funds received, the amount of Statewide Share funds expended by the Department, and the amount of any grants awarded.⁸

The Department's online January 2024 report summarizes funds received, allocated and expended in calendar year 2023. The report states the Department of Health received a total of \$4,381,571.71 in two installments:

- \$829,184.80 in June 22; and
- \$3,552,386.91 in January 2023.

As of the January 2024 report, the Department of Health had allocated all but approximately \$57,000 of the received funds to the Department's Behavioral Health Division and Public Health Division for a variety of projects. Of the allocated amounts, \$63,476.72 had been expended by the date of the report. See **Appendix C** for the January 2024 Wyoming Statewide Share of Opioid Funds Report.

Localized Share

The Wyoming MOAs require each of the participating local governments to submit a report to the Attorney General each year certifying all settlement funds received were used in accordance with the MOA and detailing for the preceding calendar year the amount of Localized Share received, the amount of the Localized Share expended, and the amount of any allocations awarded by the participating local government.

The Attorney General provided LSO with 2023 annual reports submitted by the 33 participating local governments.⁹ LSO compiled the reports into a summary table (See **Appendix D**). According to LSO's calculation, the 33 participating Wyoming local governments received a total of \$7,602,400.47. Of this amount, \$422,394.95 was expended, leaving an unspent balance of \$7,180,005.52.

⁷ Wyoming Department of Health, Wyoming Statewide Share of Opioid Funds Report (January 2024), https://health.wyo.gov/wp-content/uploads/2024/01/WDH_Statewide-Share-of-Opioid-Funds-Report_January-2024.pdf.

⁸ OneWyo Opioid Settlement Memorandum of Agreement (signed December 2021), <https://nationalopioidsettlement.com/wp-content/uploads/2022/05/WY-Final-Consent-Judgment-and-Dismissal-w-Prejudice-5.17.22.pdf>; OneWyo II Opioid Settlement Memorandum of Agreement (signed April 2023), <https://nationalopioidsettlement.com/wp-content/uploads/2024/06/21-4-23-OneWyo-II-MOA-EXECUTED-FINAL.pdf>.

⁹ Email from Ryan Schelhaas, Chief Deputy Attorney General (June 6, 2024).

Exhibit B

Participating Local Government Allocation Proportions	
Local Government	Percentage of Localized Share
Albany	1.63%
Big Horn	3.03%
Campbell County	4.44%
Carbon County	3.70%
Casper	7.35%
Cheyenne	1.23%
Converse County	1.90%
Crook County	0.54%
Evanston	1.97%
Fremont County	6.74%
Gillette	1.74%
Goshen County	1.64%
Green River	0.61%
Hot Springs County	0.86%
Jackson	0.56%
Johnson County	0.93%
Laramie	3.42%
Laramie County	15.59%
Lincoln County	3.12%
Natrona County	7.90%
Niobrara County	0.15%
Park County	5.80%
Platte County	1.75%
Riverton	1.27%
Rock Springs	1.53%
Sheridan	0.34%
Sheridan County	3.91%
Sublette County	0.71%
Sweetwater County	7.64%
Teton County	1.33%
Uinta County	4.39%
Washakie County	1.50%
Weston County	0.78%

Exhibit A

OPIOID ABATEMENT STRATEGIES

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

1. Expanding availability of treatment, including Medication-Assisted Treatment (MAT), for OUD and any co-occurring substance use or mental health issues.
2. Supportive housing, all forms of FDA-approved MAT, counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it.
3. Treatment of mental health trauma issues that resulted from the traumatic experiences of the opioid user (e.g., violence, sexual assault, human trafficking) and for family members (e.g., surviving family members after an overdose or overdose fatality).
4. Expand telehealth to increase access to OUD treatment, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
5. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
6. Scholarships for certified addiction counselors.
7. Clinicians to obtain training and a waiver under the federal Drug Addiction Treatment Act to prescribe MAT for OUD.
8. Training for health care providers, students, and other supporting professionals, such as peer recovery coaches/recovery outreach specialists, including but not limited to the following: Training relating to MAT and harm reduction.
9. Dissemination of accredited web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.

10. Development and dissemination of new accredited curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service Medication-Assisted Treatment.
11. Development of National Treatment Availability Clearinghouse – Fund development of a multistate/nationally accessible database whereby health care providers can list locations for currently available in-patient and out-patient OUD treatment services that are accessible on a real-time basis by persons who seek treatment.
12. Support and reimburse services that include the full American Society of Addiction Medicine (ASAM) continuum of care for OUD.
13. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-informed practices such as adequate methadone dosing.

B. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (INTERVENTION)

1. Ensuring that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders.
3. Training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on the late adolescence and young adulthood when transition from misuse to opioid disorder is most common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management and/or support services.
6. Support work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
7. Create school-based contacts who parents can engage with to seek immediate treatment services for their child.
8. Developing best practices on addressing OUD in the workplace.

9. State assistance programs for health care providers with OUD.
10. Engaging non-profits and faith community as a system to support outreach for treatment.

C. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

1. Address the needs of persons involved in the criminal justice system who have opioid use disorder (OUD) and any co-occurring substance use disorders or mental health (SUD/MH) issues.
2. Support pre-arrest diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH issues, including established strategies such as:
 - a. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
 - b. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 - c. “Naloxone Plus” strategies, which work to ensure that individuals who have received Naloxone to reverse the effects of an overdose are then linked to treatment programs;
 - d. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model; or
 - e. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network.
3. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH issues to evidence-informed treatment, including MAT, and related services.
4. Support treatment and recovery courts for persons with OUD and any co-occurring SUD/MH issues, but only if they provide referrals to evidence-informed treatment, including MAT.
5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH issues who are incarcerated, on probation, or on parole.
6. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate re-entry services to individuals with OUD and any co-occurring SUD/MH issues who are leaving jail or prison or who have recently left jail or prison.

7. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

D. ADDRESS THE NEEDS OF WOMEN WHO ARE OR MAY BECOME PREGNANT

1. Evidence-informed treatment, including MAT, recovery, and prevention services for pregnant women or women who could become pregnant and have OUD.
2. Training for obstetricians and other healthcare personnel that work with pregnant women and their families regarding OUD treatment.
3. Other measures to address Neonatal Abstinence Syndrome, including prevention, care for addiction and education programs.
4. Child and family supports for parenting women with OUD.
5. Enhanced family supports and child care services for parents receiving treatment for OUD.

E. SUPPORT PEOPLE IN TREATMENT AND RECOVERY AND REDUCE STIGMA

1. The full continuum of care of recovery services for OUD and any co-occurring substance use or mental health issues, including supportive housing, residential treatment, medical detox services, peer support services and counseling, community navigators, case management, and connections to community-based services.
2. Identifying successful recovery programs such as physician, pilot, and college recovery programs, and providing support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
3. Training and development of procedures for government staff to appropriately interact and provide social and other services to current and recovering opioid users, including reducing stigma.
4. Community-wide stigma reduction regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
5. Engaging non-profits and faith community as a system to support family members in their efforts to manage the opioid user in the family.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE PROPER PRESCRIBING OF OPIOIDS

1. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
2. Academic counter-detailing.
3. Continuing Medical Education (CME) on prescribing of opioids.
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Development and implementation of a National Prescription Drug Monitoring Program – Fund development of a multistate/national prescription drug monitoring program (PDMP) that permits information sharing while providing appropriate safeguards on sharing of private health information, including but not limited to:
 - a. Integration of PDMP data with electronic health records, overdose episodes, and decision support tools for health care providers relating to opioid use disorder (OUD).
 - b. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database (DOT EMT overdose database).
6. Educating Dispensers on Appropriate Opioid Dispensing.

G. PREVENT MISUSE OF OPIOIDS

1. Corrective advertising/affirmative public education campaigns.
2. Public education relating to drug disposal.
3. Drug take-back disposal or destruction programs.
4. Fund community anti-drug coalitions that engage in drug prevention efforts.

5. School-based programs that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, or training of coalitions in evidence-informed implementation.
7. School and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
8. Engaging non-profits and faith community as a system to support prevention.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

1. Increasing availability and distribution of naloxone and other drugs that treat overdoses to first responders, overdose patients, opioid users, families and friends of opioid users, schools, community navigators and outreach workers, drug offenders upon release from jail/prison, and other members of the general public.
2. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, and other members of the general public.
3. Developing data tracking software and applications for overdoses/naloxone revivals.
4. Public education relating to emergency responses to overdoses.
5. Public health entities provide free naloxone to anyone in the community.
6. Public education relating to immunity and Good Samaritan laws.
7. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
8. Syringe service programs, including supplies, staffing, space, peer support services, and the full range of harm reduction and treatment services provided by these programs.
9. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

PART THREE: OTHER STRATEGIES

I. SERVICES FOR CHILDREN

1. Support for Children's Services – Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

J. FIRST RESPONDERS

1. Law Enforcement – Participating Local Governments may also use their share of funds for law enforcement expenditures relating to the opioid epidemic.
2. Educating first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
3. Increase Electronic Prescribing to Prevent Diversion and Forgery.

K. LEADERSHIP, PLANNING AND COORDINATION

1. Community regional planning to identify goals for opioid reduction and support efforts or to identify areas and populations with the greatest needs for treatment intervention services.
2. A government dashboard to track key opioid-related indicators and supports as identified through collaborative community processes.

L. TRAINING

1. Funding for programs and services regarding staff training and networking to improve staff capability to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-systems coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD (e.g., health care, primary care, pharmacies, PDMPs, etc.).

M. RESEARCH

1. Funding opioid abatement research.
2. Research improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
3. Support research for novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
4. Support for innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
5. Expanded research for swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).
6. Research expanded modalities such as prescription methadone that can expand access to MAT.

Wyoming Statewide Share of Opioid Funds (SSOF) Report

January 2024

As the lead agency for the Statewide Share of Opioid Funds received as part of the OneWyo Opioid Settlement Memorandum of Agreement, the Wyoming Department of Health is required to publish a public report on the following:

- The amount of funds received;
- The amount of funds expended, broken down by strategy, program, or project; and,
- The amount of any grants awarded, listing the recipients, amounts awarded, amounts disbursed, and disbursement terms, programs, strategies and projects funded.

Table 1, below, summarizes the amounts allocated by project for the Behavioral Health Division. Table 2, on the next page, shows the same breakdown for the Public Health Division. These funds were received in two installments by the Wyoming Department of Health: 1) \$829,184.80 in June 2022; 2) \$3,552,386.91 in January 2023. Additional funding in the amount of \$3,552,386.91 will be available in early 2024.

Table 1: SSOF allocated, encumbered, and expended by project- Behavioral Health Division

Project Name	Allocated	Encumbered	Expended	Description
Treatment/MAT for OUD	\$1,165,000	\$322,000.89	\$0	Supplement existing and expand Community Mental Health Center (CMHC) resources for treatment of opioid use disorder (OUD) and any co-occurring substance use or mental health issues including Medication Assisted Treatment (MAT).
Telehealth Expansion		\$0	\$0	Expand telehealth availability to increase access to OUD treatment.
Priority Population Outreach		\$0	\$0	Expand access to opioid treatment services for high-priority populations including justice-involved and women who are or may become pregnant.
Recovery Supports	\$450,000	\$0	\$0	Expand access to continuum of care recovery services for OUD.
Healthcare Administration Training and Workforce Development	\$60,000	\$0	\$0	Training for healthcare providers, students, and other supporting professionals for opioid treatment and recovery evidence-informed practices.
Quality Improvement	\$75,000	\$0	\$0	Improve oversight to ensure fidelity to evidence-informed opioid

				treatment practices and assist with quality improvement practices.
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Table 2: SSOF allocated, encumbered, and expended by project - Public Health Division

Project Name	Allocated	Encumbered	Expended	Description
Opioid Prevention Testing Capacity	\$300,000	\$0	\$0	Ensure personnel capacity and support services to coordinate state-level opioid testing for prevention work.
Health Systems Prevention Contractor	\$625,000	\$0	\$0	Contract to support healthcare providers and health systems for opioid overdose prevention and response efforts.
Alternatives to Pain Management Assessment/ Toolkit	\$150,000	\$0	\$0	Contract for summary report of healthcare provider and health system opioid abuse/misuse prevention best practices, alternative therapies, training, and toolkit development.
Qualitative Opioid Use Project	\$24,375	\$1,875	\$22,500	Collect qualitative data from persons with lived experience to inform decision making on how best to decrease the abuse/misuse of opioids. Contract is in place with Recover Wyoming who has begun work on this project.
Plans of Safe Care (POSC)	\$800,000	\$420,023.28	\$5,976.72	Service providers involved in POSC will use a cross-agency collaborative (Children and Recovering Mothers -CHARM model) to coordinate care for pregnant and postpartum mothers with a history of opioid use disorder and their affected infants. County contracts will ensure staffing, where capacity is limited, to provide home visiting to POSC participants and participation in the cross-agency collaborative. Contracts are in place with Casper Natrona County Health Department and Cheyenne Laramie County Health Department to support staffing and Western States Learning Corporation for facilitation of CHARM collaboratives. Other county support will be provided through state personnel expenses.

Workforce Assessment/ Toolkit	\$150,000	\$150,000	\$0	Contract for report of workforce best practices and development of a toolkit for workplace opioid abuse/misuse prevention policies. Through a competitive bid process, a contractor has been identified and the contract process has begun.
Workforce Media Support	\$100,000	\$65,000	\$35,000	Contract for opioid prevention training videos for opioid prevention in workplaces. A contract is in place with Warehouse 21 who has begun work on this project.
Public Education Campaign	\$425,000	\$0	\$0	Contract for educational media and website focusing on opioid prevention for a broad audience.

Appendix D. Wyoming Localized Shares Received and Expended in 2023

Participating Local Government	Localized Share received in 2023	Amount Expended in 2023	Expenditure Purpose	Remaining Unspent Funds
Albany County	\$134,507.67	\$0		\$134,507.67
Big Horn County	\$249,790.77	\$49,000.00	Northern Wyoming Treatment Court, Inc.,	\$200,790.77
Campbell County	\$365,695.55	\$5,486.60	Fentanyl resistant gloves	\$360,208.95
Carbon County	\$304,542.38	\$0		\$304,542.38
City of Casper	\$605,490.00	\$0		\$605,490.00
City of Cheyenne	\$101,213.91	\$0		\$101,213.91
City of Evanston	\$162,299.04	\$850.10	Narcan	\$161,448.94
City of Gillette	\$143,417.46	\$0		\$143,417.46
City of Green River	\$8085.43	\$0		\$8085.43
City of Laramie	\$281,575.80	\$0		\$281,575.80
City of Riverton	\$83,550.69	\$0		\$83,550.69
City of Rock Springs	\$100,051.68	\$4800.00 \$1,465.20	Training Equipment for first responders	\$93,786.48
City of Sheridan	\$564.05	\$564.05	Signed over to Sheridan County	\$0
Converse County	\$156,217.89	\$127,466.52 \$28,751.37	Unknown: attached report missing High Country Behavioral Health	\$0
Crook County	\$44,866.22	\$4851.00	Crook County Public Health for prevention	\$40,015.22
Fremont County	\$113,315.87	\$0		\$113,315.87
Goshen County	\$134,790.55	\$0		\$134,790.55
Hot Springs County ¹	\$70,506.84	\$0		\$70,506.84
Johnson County	\$15,669.77	\$0		\$15,669.77
Laramie County ²	\$56,290.47 \$1,283,884.64	\$0 \$0		\$56,290.47 \$1,283,884.64
Lincoln County	\$257,232.78	\$64.00 \$698.87	Prevention media campaign Naloxone	\$256,469.91

¹ Hot Springs County reported that \$3,105.19 of the received amount was from the National Opioid Abatement Trust (NOAT) II.

² Laramie County submitted two reports: a report dated 2/2/2024 of \$56,290.47 received and a report dated 2/13/2024 of \$1,283,884.64 received.

Participating Local Government	Localized Share received in 2023	Amount Expended in 2023	Expenditure Purpose	Remaining Unspent Funds
Natrona County ³	\$28,524.35 \$650,769.25	\$0 \$0		\$28,524.35 \$650,769.25
Niobrara County	\$10,292.76	\$0		\$10,292.76
Park County	\$392,356.38	\$0		\$392,356.38
Platte County	\$144,212.80	\$100.00	Narcan	\$144,112.80
Sheridan County	\$323,042.83	\$10,500.00 \$721.97 \$5,821.00	Drug Detection Dog Dog Kennel Drug Terminator	\$305,999.86
Sublette County	\$48,301.30	\$0		\$48,301.30
Sweetwater County	\$629,281.76	\$0		\$629,281.76
Teton County	\$109,488	\$0		\$109,488
Town of Jackson	\$46,118.91	\$0		\$46,118.91
Uinta County	\$361,719.95	\$73,241.99	Uinta County Drug Court for Deputy/Coordinator Patrol Truck	\$288,477.96
Washakie County	\$123,623.38	\$49,193.64 \$49,193.64	Cloud Peak Counseling Center Northern Wyoming Drug Treatment Court	\$25,236.10
Weston County	\$61,109.34	\$9,625.00	K9 course and e-collar system	\$51,484.34
TOTAL	\$7,602,400.47	\$422,394.95		\$7,180,005.52

Source: Information compiled by LSO from CY 2023 reports submitted by local governments to the Wyoming Attorney General.

³ Natrona County submitted two reports: a report dated 1/30/2024 of \$28,524.35 received and a report dated 2/22/2024 of \$650,769.25 received. The latter report stated \$622,244.90 was received from the National Opioid Settlement Fund Trust (the 2021 and 2022 National Settlements), \$15,418.57 from the National Opioid Abatement II Trust, and \$3,721.37 from the National Opioid II General Trust.