



## **Michigan Opioid Settlement Funds: Community Impact Survey**

### **These dollars are different.**

Funds from the national opioid settlements are being received by state and local governments throughout the country. These dollars are being awarded for alleged harms, caused by the companies that marketed, manufactured, distributed, and sold pharmaceutical opioids.

Given the nature of the opioid settlements and an understanding that nearly all families in Michigan have in some way or another, been impacted by substance use, mental health, and/or involvement in the criminal-legal system, the [Opioid Advisory Commission](#) (OAC) believes there is an ethical responsibility to include community voices in conversations around planning and use of state opioid settlement funds.

**This survey is one way to do that.**



## Michigan Opioid Settlement Funds: Community Impact Survey

### What to expect

Before getting started, please take a moment to review the following information. It will cover the general content of this survey, so you know what to expect.

### This survey **does not** ask...

**Personally identifiable information such as your name, date of birth, address, or email address.**

**Why?** This survey is intended to help the OAC better understand the experiences and recommendations of individuals in all communities throughout Michigan. It is meant to be voluntary, meaning that it is your choice whether you choose to complete it—and anonymous, meaning that your responses are not tied to any personally identifiable information.

### This survey **does** ask...

**What county or Tribal community you live in (or spend most of your time in).**

**Why?** The OAC is hoping to better understand the experiences, needs, and recommendations from different communities. Understanding where you live or spend most of your time, will help the OAC identify different community trends, which may be used in developing recommendations to address specific community needs.

**Your age, military service, race/ethnicity, gender identity, lived experience, and lived experiences of family members.**

**Why?** Answers to these questions help the OAC better understand who is taking the survey. This information can help the OAC develop recommendations that may address more specific needs. It may also help the OAC understand where individuals are being left out.

If certain populations are “underrepresented” in survey responses, it is important to know where and which populations, so the survey (and the way the survey is written or distributed) can be improved to include more individuals who are representative of the diversity of Michigan.

**Your experiences receiving or providing services—this may include prevention services, treatment and recovery services, health and harm reduction services, or services from**

**the criminal-legal system.**

**Why?** The OAC is especially interested in hearing from individuals who are closest to these services—this helps provide an understanding of experiences, observations, and suggestions from individuals who know these services best.

**Your thoughts about how opioid settlement funds should be used (spent) by the state.**

**Why?** The OAC believes that inclusion of community voices—especially individuals and families who have been directly impacted—is necessary to developing meaningful solutions that support health and wellness for all Michiganders.



## Michigan Opioid Settlement Funds: Community Impact Survey

1. Please enter today's date:

Date

Date

MM/DD/YYYY



## Michigan Opioid Settlement Funds: Community Impact Survey Residency

2. All counties and Tribal communities are listed in alphabetical order

**From the menu below, please select which county or Tribal community you live in.**

**Individuals with alternative living arrangements:** If you are unhoused, have temporary or unstable housing, are residing in emergency, transitional, or recovery housing, or are currently receiving residential treatment services, please select the county or Tribal community where you stayed most often, over the last six months.

**If you are currently incarcerated,** please select the county or Tribal community you were staying in at the time of your incarceration.

Other (please list)



## Michigan Opioid Settlement Funds: Community Impact Survey

### Age and Military Service

#### 3. How old are you?

- |                                |  |
|--------------------------------|--|
| <input type="radio"/> Under 18 | <input type="radio"/> 45-54                |
| <input type="radio"/> 18-24    | <input type="radio"/> 55-64                |
| <input type="radio"/> 25-34    | <input type="radio"/> 65+                  |
| <input type="radio"/> 35-44    | <input type="radio"/> Prefer not to answer |

#### 4. Have you ever served in the armed forces?

- Yes
- No
- Prefer not to answer



## Michigan Opioid Settlement Funds: Community Impact Survey

### Voluntary Self-Identification

5. Please select all options that best describe your

#### Race/Ethnicity

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native                | <input type="checkbox"/> Middle Eastern or North African     |
| <input type="checkbox"/> Asian or Asian American                          | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American                        | <input type="checkbox"/> White or European                   |
| <input type="checkbox"/> Hispanic or Latino/a                             |  |
| <input type="checkbox"/> Other: My race/ethnicity is best described as... |  |

- Prefer not to answer

#### 6. Do you identify as transgender?

- Yes
- No
- Prefer not to answer

7. Please select all options that best describe your

**Gender Identity**

- Gender nonconforming
- Questioning or Unsure
- Genderqueer
- Woman
- Man
- Nonbinary
- Other: My gender identity is best described as...

- Prefer not to answer





## Michigan Opioid Settlement Funds: Community Impact Survey

### Lived Experience

8. Please select all items that may apply

#### I have lived experience with...

- |   |  |
|---|--|
| <input type="checkbox"/> Substance Use Disorder(s)          | <input type="checkbox"/> Having Naloxone (Narcan) used on me   |
| <input type="checkbox"/> Mental Health Condition(s)         | <input type="checkbox"/> Previous or current involvement in the criminal-legal system                                |
| <input type="checkbox"/> Active (current) use of substances | <input type="checkbox"/> Previous or current involvement in a county or state correctional facility (jail or prison) |
| <input type="checkbox"/> Overdose                           | <input type="checkbox"/> Previous or current involvement on community supervision (probation or parole)              |
| <input type="checkbox"/> Multiple overdoses                 | <input type="checkbox"/> Prefer not to answer  |
| <input type="checkbox"/> Using Naloxone (Narcan) on someone |  |
| <input type="checkbox"/> None of the above                  |  |

9. Please select all items that may apply

### My family member(s) has lived experience with...

- |   |  |
|---|--|
| <input type="checkbox"/> Substance Use Disorder(s)          | <input type="checkbox"/> Having Naloxone (Narcan) used on them   |
| <input type="checkbox"/> Mental Health Condition(s)         | <input type="checkbox"/> Previous or current involvement in the criminal-legal system                                |
| <input type="checkbox"/> Active (current) use of substances | <input type="checkbox"/> Previous or current involvement in county or state correctional facilities (jail or prison) |
| <input type="checkbox"/> Overdose                           | <input type="checkbox"/> Previous or current involvement on community supervision (probation or parole)              |
| <input type="checkbox"/> Multiple overdoses                 | <input type="checkbox"/> Prefer not to answer  |
| <input type="checkbox"/> Using Naloxone (Narcan) on someone |  |
| <input type="checkbox"/> None of the above                  |  |

10. **Disclaimer: This question will be asking about overdose death, suicide, and substance-related death.**

Please select all items that may apply.

### I have had...

- |   |  |
|---|--|
| <input type="checkbox"/> a family member die by overdose or substance-related death             | <input type="checkbox"/> more than one friend die by overdose or substance-related death |
| <input type="checkbox"/> more than one family member die by overdose or substance-related death | <input type="checkbox"/> a friend die by suicide   |
| <input type="checkbox"/> a family member die by suicide   | <input type="checkbox"/> more than one friend die by suicide                             |
| <input type="checkbox"/> more than one family member die by suicide                             | <input type="checkbox"/> Prefer not to answer  |
| <input type="checkbox"/> a friend die by overdose or substance-related death                    | <input type="checkbox"/> None of the above   |



## Michigan Opioid Settlement Funds: Community Impact Survey Services, Supports, and Access

11. Please select all options that may apply

### I am currently receiving or have previously received...

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mental health services  | <input type="checkbox"/> Recovery support services (e.g. services delivered through a Recovery Community Organization)   | <input type="checkbox"/> Justice-Involved: Services for individuals involved in the criminal-legal system   |
| <input type="checkbox"/> Substance use disorder (SUD) treatment services   | <input type="checkbox"/> Peer support services   | <input type="checkbox"/> Justice-Involved: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in jail or prison    |
| <input type="checkbox"/> Services or supports for co-occurring disorders (COD)   | <input type="checkbox"/> Wraparound and/or intensive case management services  | <input type="checkbox"/> Pregnant & Parenting: Services for pregnant and postpartum persons   |
| <input type="checkbox"/> Traditional or Indigenous healing practices (e.g. smudging, healing ceremonies)   | <input type="checkbox"/> General case management services  | <input type="checkbox"/> Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy |
| <input type="checkbox"/> Trauma-specific services  | <input type="checkbox"/> Harm reduction/health promotion services (e.g. access to sterile syringes; testing for disease) | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services | <input type="checkbox"/> Housing support services  |   |
| <input type="checkbox"/> Medications for a mental health condition(s)  | <input type="checkbox"/> Transportation support services   |   |
| <input type="checkbox"/> Other (please specify)  |  |   |
| <input type="text"/>   |  |   |
| <input type="checkbox"/> None of the above   |  |   |

12. Please select all options that may apply

### I am a professional that provides...

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mental health services  | <input type="checkbox"/> Recovery support services (e.g. services delivered through a Recovery Community Organization)   | <input type="checkbox"/> Justice-Involved: Services for individuals involved in the criminal-legal system   |
| <input type="checkbox"/> Substance use disorder (SUD) treatment services   | <input type="checkbox"/> Peer support services   | <input type="checkbox"/> Justice-Involved: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in jail or prison    |
| <input type="checkbox"/> Services or supports for co-occurring disorders (COD)   | <input type="checkbox"/> Wraparound and/or intensive case management services  | <input type="checkbox"/> Pregnant & Parenting: Services for pregnant and postpartum persons   |
| <input type="checkbox"/> Traditional or Indigenous healing practices (e.g. smudging, healing ceremonies)   | <input type="checkbox"/> General case management services  | <input type="checkbox"/> Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy |
| <input type="checkbox"/> Trauma-specific services  | <input type="checkbox"/> Harm reduction/health promotion services (e.g. access to sterile syringes; testing for disease) | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services | <input type="checkbox"/> Housing support services  |   |
| <input type="checkbox"/> Medications for a mental health condition(s)  | <input type="checkbox"/> Transportation support services   |   |
| <input type="checkbox"/> Other (please specify)  |  |   |
| <input type="text"/>   |  |   |
| <input type="checkbox"/> None of the above   |  |   |

13. Please select all options that may apply

### I have had difficulty accessing...

- Mental health services
- Substance use disorder (SUD) treatment services
- Services or supports for co-occurring disorders (COD)
- Traditional or Indigenous healing practices (e.g. smudging, healing ceremonies)
- Trauma-specific services
- Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services
- Medications for a mental health condition(s)
- Recovery support services (e.g. services delivered through a Recovery Community Organization)
- Peer support services
- Wraparound and/or intensive case management services
- General case management services
- Harm reduction/health promotion services (e.g. access to sterile syringes; testing for disease)
- Housing support services
- Transportation support services
- Justice-Involved: Services for individuals involved in the criminal-legal system
- Justice-Involved: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in jail or prison
- Pregnant & Parenting: Services for pregnant and postpartum persons
- Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy
- Prefer not to answer

Other (please specify)

None of the above

14. Please select all options that may apply

### I believe others in my community may have difficulty accessing...

- Mental health services
- Substance use disorder (SUD) treatment services
- Services or supports for co-occurring disorders (COD)
- Traditional or Indigenous healing practices (e.g. smudging, healing ceremonies)
- Trauma-specific services
- Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services
- Medications for a mental health condition(s)
- Other (please specify)
- None of the above
- Recovery support services (e.g. services delivered through a Recovery Community Organization)
- Peer support services
- Wraparound and/or intensive case management services
- General case management services
- Harm reduction/health promotion services (e.g. access to sterile syringes; testing for disease)
- Housing support services
- Transportation support services
- Justice-Involved: Services for individuals involved in the criminal-legal system
- Justice-Involved: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in jail or prison
- Pregnant & Parenting: Services for pregnant and postpartum persons
- Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy
- Prefer not to answer

15. I have \_\_\_\_\_ health care coverage.

Medicaid

I'm unsure

Medicare

I have no health care coverage

Medicaid and Medicare

Prefer not to answer

Private (e.g. employer-sponsored insurance)

Other (please specify)





18. Please select all items that apply

### Michigan should focus more on...

- Improving access to health and behavioral health services
- Ensuring that services are developed around culture and community
- Increasing supports for co-occurring substance use disorders and mental health conditions
- Increasing support to communities and groups that have been most impacted
- Increasing supports for polysubstance use (active use of more than one substance)
- Improving collaboration across state and local governments; increasing community partnerships
- Increasing supports that address the whole-person
- Improving coordination of services across systems and providers
- Expanding supports that are delivered at critical times and critical access points (e.g. in the emergency department, after an overdose)
- Increasing the ways that communities are included in planning and development of programs
- Increasing supports for housing and transportation
- Ensuring representation of communities and groups that have been most impacted, in state advisory spaces
- Other (please specify)

### 19. I believe that...

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
my voice should be heard by state government officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my voice will be heard by state government officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my voice will be heard by the Opioid Advisory Commission (OAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 20. I know where to find information on...

	Yes	No	Unsure
health and behavioral health services in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my local legislator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the Opioid Advisory Commission (OAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the national opioid settlements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
agencies involved in the state opioid settlement space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how the state is making decisions on where to spend funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how the state is actually spending opioid settlement funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ways the state can improve racial and health equity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how communities are being included in opioid settlement conversations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>