MICHIGAN OPIOID ADVISORY COMMISSION

OPIOID ADVISORY COMMISSION

Michigan Opioid Settlement Funds: Community Impact Survey

Data Snapshot: November 2023

DISCLAIMER: The following information is subject to change. This document was created using information available at the time of its development and may be updated at any time to reflect necessary and/or suggested changes. The data used in this report was based on a convenience sample. The Opioid Advisory Commission (OAC) recommends caution when using this data, as it is not fully representative of the geographic, racial, social, economic, and ethnic diversity of the state of Michigan. The OAC and Michigan Legislative Council are not responsible for any interpretation or re-use of data contained herein and encourage a full and thoughtful review of any findings and limitations, noted.

Background

The "Community Voices" initiative was developed in 2023 to help support the Opioid Advisory Commission (OAC) in carrying out its statutory tasks, including recommending funding initiatives to the state legislature and developing goals and recommendations to reduce disparities in service access.

The aim of the "Community Voices" initiative is to:

1. Engage and include voices of individuals and families who have been directly impacted by Michigan's addiction and mental health crisis, by way of:
   - Lived experience with substance use disorders (SUD), mental health conditions, and/or co-occurring disorders (COD);
   - Lived experience with the criminal-legal system;
   - Lived experience losing a family member to overdose, substance-related death, and/or suicide;
   - Lived experience with active (current) use of drugs/substances.

2. Engage and include voices of professionals who are closest to the issue(s); those that provide direct or indirect services around health, prevention, treatment, recovery, and/or harm reduction, as well as professionals representing key sectors serving individuals who are directly impacted (e.g., criminal-legal system, hospitals/emergency departments, recovery networks, public SUD/mental health treatment providers, emergency/supportive housing providers, faith-based communities, overdose fatality review teams, community task forces).

3. Engage and include voices of the public.

As part of the initiative, the OAC launched the Michigan Opioid Settlement Funds: Community Impact Survey[1], in late October 2023. The survey is ongoing and remains publicly accessible through the OAC's website[2].

The following represents a "snapshot" of survey data collected between October 24, 2023, and November 30, 2023. Initial findings are presented below. Additional analysis of the data is planned and will be reported in upcoming annual and/or quarterly reports of the OAC.

Commitment to Equity in Data

The OAC has adopted the following data equity commitment from the Public Health Institute at Denver Health (PHIDH)[3], as it aligns with the Commission's understanding and vision for use and interpretation of data.

The OAC "aspires to present data humbly, recognizing numbers never tell the whole story. We strive to work with individuals and communities to learn and share their stories to improve collective understanding. Knowing that people across life circumstances have inequitable opportunities to achieve optimal health, we commit to pair numbers and stories to inform policy and systems change to improve health for all".[4]

[1] https://council.legislature.mi.gov/Council/OAC
[2] OAC Website: https://council.legislature.mi.gov/Council/OAC
[3] https://www.phidenverhealth.org/
[4] https://www.phidenverhealth.org/about-us/health-racial-equity/data-commitment-and-principles

Important limitations to note: "BIPOC" (Black, Indigenous, People of Color)[5] and "Medicaid-covered" [6] individuals are underrepresented in the survey results. To increase the visibility of input provided by individuals from these underrepresented groups, the OAC presents the data from "BIPOC" and "Medicaid/Uninsured" respondents alongside data from "All respondents".

Given these limitations, the OAC also intends to utilize additional data sources for any/all considerations involving public input.

Additional data sources may include but are not be limited to the following:

- OAC community listening sessions and roundtables;
- OAC virtual listening sessions;
- Community (non-OAC) listening sessions and roundtables; local/regional;
- Community needs assessments;
- Findings of and recommendations from lateral advisory bodies, including but not limited to the Opioids Task Force Racial Equity Workgroup (REWG) and the OAC's Community Engagement and Planning Collaborative (CEPC).

A full description of limitations can be found later in this document[7] accompanied by suggested strategies to address identified limitations.

Data Collection

The primary aim of the OAC's Community Impact Survey is to solicit input from the public, especially individuals and families who have been directly impacted[8] to (1) identify priorities for the use of state opioid settlement dollars and (2) identify potential information/service gaps.

The survey is web-based and publicly available through the OAC's website[9]. A preview (printable) version of the survey was also available through the OAC's website[10], providing an opportunity for interested parties to view/print content, prior to taking the survey.

Email announcements containing a description of the "Community Voices" initiative, including electronic link to the survey, were sent on October 30, 2023, to members of the OAC, OAC advisory workgroup(s), legislative offices, state partners (executive departments and judicial offices), local representative agencies, regional

[5] The "BIPOC respondents" subgroup was identified by response to survey question (Q5). *Please select all options that best describe your race/ethnicity*; responses containing one or more of the following selections were used/aggregated: American Indian or Alaskan Native; Asian or Asian American; Black or African American; Hispanic or Latino/a; Middle Eastern or North African; Native Hawaiian or Pacific Islander; Other. Response to Q5. was not mutually exclusive, with flexibility for respondents to select more than one race or ethnicity.

[6] The "Medicaid-covered respondents" or "Medicaid respondents" subgroup was identified by response to survey question (Q15.) *I have _____ health care coverage;* responses containing one of the following selections were used/aggregated: Medicaid; Medicaid and Medicare; I'm unsure; I have no coverage.

[7] See pages 16 -18 for "Limitations" and "Strategies to Address Limitations".

[8] The term "directly impacted" is intended to include personal and/or familial experience of substance use, substance use disorders (SUD), mental health conditions, involvement with the criminal legal system, and/or the loss of a family member due to overdose, substance-related death, or suicide.

[9] https://council.legislature.mi.gov/Council/OAC

[10] https://council.legislature.mi.gov/Council/OAC

collaborators, and Tribal partners. While no requests were made to distribute announcements, recipients were free to do so and the OAC encouraged distribution in by informal means; from this, what may be loosely considered snowball sampling, was utilized.

Respondents

There were 747 respondents between October 24, 2023, and November 30, 2023. Most (55.8%) reported personal "lived experience"[11], including lived experience with substance use disorders (34.1%), mental health conditions (39.8%), and current (active) use of substances (3.7%). Overdose was experienced by 8.4% of respondents, with 3.4% reporting experiences of multiple overdose. Lived experience around involvement in the criminal-legal system was reported by 16% of respondents, with prior experience in carceral settings (county or state correctional facilities) reported by nearly 11% of respondents.

Familial lived experience was reported by most (83.8%)[12], including substance use disorders (72.7%), mental health conditions (65%), and current (active) use of substances (28.4%). The experience of familial overdose was reported by 23% of respondents, with 13.3% reporting familial experience with multiple overdoses. Familial lived experience concerning involvement in the criminal-legal system was reported by 37.6% of respondents, with over 30% reporting a family member's experience in a carceral setting(s).

Most respondents (57.34%)[13] reported professional affiliation with at least one of eighteen (18) key sectors included in the survey. Of those, professionals providing substance use disorder treatment (29.9%), mental health services (24.1%), co-occurring disorder services (22.2%), specialized supports for justice-impacted populations (20.9%), peer support services (19.2%), recovery support services (18.1%), and harm reduction services (16.6%), were represented.

Total respondents: 747 (n=747)
A 79% completion rate was noted. [14]

Demographics

Age (Q3. 695 answered; 52 skipped)
The majority of respondents were older than 35, with 73% (n=508) between the ages of 35 and 64. Only 13% (n=91) of respondents were between the ages of 25 and 34, with only 1% of respondents between the ages of 18 and 24. No respondents were under the age of 18.

Race/Ethnicity* (Q5. 689 answered; 58 skipped)

[11] "Lived experience" as defined by selected responses to *Q8. "I have lived experience with…".* Total percentage (55.8%) determined from Q8. respondents (654 answered; 93 skipped). Noting 41.7% of Q8. respondents selected "None of the above" with 2.5% selecting "Prefer not to answer".
[12] "Familial lived experience" as defined by selected responses to *Q9. "My family member(s) has lived experience with…".* Total percentage (83.8%) determined from Q9. respondents (662 answered; 85 skipped). Noting 14.95% of Q9. respondents selected "None of the above" with 1.21% selecting "Prefer not to answer".
[13] "Professional affiliation" as defined by selected responses to *Q12. "I am a professional that provides…".* Total percentage (57.34%) determined from Q12. respondents (609 answered; 138 skipped). Noting 33.33% of Q12. respondents selected "None of the above" with 0.82% selecting "Prefer not to answer"; 8.54% of Q12. respondents selected "Other".
[14] "Completion rate" refers to "the number of surveys filled out and submitted, divided by the number of surveys started by respondents". https://www.surveymonkey.com/mp/what-is-the-difference-between-a-response-rate-and-a-completion-rate/

BIPOC (Black, Indigenous, People of Color)**: 14% (n=102) of respondents selected one (or multiple) of the following categories to describe their race or ethnicity:

- *American Indian or Alaska Native*
- *Asian or Asian American*
- *Black or African American*
- *Hispanic or Latino/a*
- *Middle Eastern or North African*
- *Native Hawaiian or Pacific Islander*
- *Other*

White or European: 84% (n=579) of respondents selected "White or European".

Other: 1% (n=9) of respondents selected "Other: My race/ethnicity is best described as…"
4% (n=30) of respondents preferred not to answer about their race or ethnicity.

**Noting that race/ethnicity was not mutually exclusive, with ability for respondents to select more than one race/ethnicity.*
***Noting that aggregation of responses from Q5. "Race/Ethnicity" into the "BIPOC Respondents" category was made due to small sample size.*

Gender Identity (Q6. 687 answered; 60 skipped; Q7. 687 answered; 60 skipped)
Most respondents (72%; n=492) identified as women, with 24% (n=164) identifying as men; less than 3% (n=13) identifying as transgender, nonbinary, gender nonconforming, gender queer, or questioning/unsure.

Veteran Status (Q4. 692 answered; 55 skipped)
Less than 3% (n=17) of respondents reported service in the armed forces.

Health Care Coverage (Q17. 617 answered; 130 skipped)

Medicaid-Covered and Uninsured
Only 8% (n=63) of respondents selected one of the following categories to describe their current healthcare coverage:

- *Medicaid (n=41)*
- *Medicaid and Medicare (n=4)*
- *I have no coverage (n=17)*
- *I'm unsure (n=1)*

Private Coverage
Most respondents (75%; n=461) reported private health care coverage.

Findings

The following represents a summary of findings, with limited analysis.

1. Most respondents believe their voice should be heard by state government officials; less than 40% believe that it will be.

Over 92% of respondents believe their voice should be heard by state government officials, while only 39% believe that their voice will be heard by state government officials; 56% of respondents believe that their voice will be heard by the Opioid Advisory Commission (OAC). Noting that BIPOC and Medicaid respondents endorsed slightly higher confidence that "my voice will be heard by state government officials" and by the OAC, as compared to all respondents.

Figure 1a. **All Respondents** (n=747; 588 answered; 159 skipped)

Q19. I believe that…					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
My voice should be heard by state government officials	73.25% 430	19.08% 112	6.13% 36	0.51% 3	1.02% 6
My voice will be heard by state government officials	21.03% 122	18.10% 105	27.41% 159	22.07% 128	11.38% 66
My voices will be heard by the OAC	27.74% 162	29.28% 171	28.77% 168	9.59% 56	4.62% 27

Figure 1b. **BIPOC Respondents** (n=102; 85 answered; 17 skipped)

Q19. I believe that…					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
My voice should be heard by state government officials	78.82% 67	16.47% 14	2.35% 2	0.00% 0	2.35% 2
My voice will be heard by state government officials	38.27% 31	18.52% 15	19.75% 16	11.11% 9	12.35% 10
My voices will be heard by the OAC	37.35% 31	28.92% 24	20.48% 17	4.82% 4	8.43% 7

Figure 1c. **Medicaid/ Uninsured Respondents** (n=63; 63 answered; 0 skipped)

Q19. I believe that…					
	Strongly Agree	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
My voice should be heard by state government officials	77.78% 49	17.46% 11	4.76% 3	0.00% 0	0.00% 0
My voice will be heard by state government officials	27.87% 17	16.39% 10	26.23% 16	18.03% 11	11.48% 7
My voices will be heard by the OAC	32.26% 20	24.19% 15	27.42% 17	9.68% 6	6.45% 4

2a. Most respondents believe that state opioid settlement funds should be directed back to communities.

540 respondents provided comment to Q16. "How do you think state opioid settlement funds should be used?" Of those responses, a central theme was identified in funding services and supports at the community level. While broader needs, including state-level anti-stigma campaigns and the development/expansion of inpatient treatment facilities (both for SUD and acute psychiatric needs), were also referenced, most comments seemed to involve the need for funding directed to core services, at the community level.

2b. Most respondents believe that state opioid settlement funds should be used in the following ways[15]:

Housing

- Funding to increase supports across the entire housing continuum including emergency housing, recovery housing, sober living, Housing First, transitional housing, and long-term supports. Funding to increase housing access for justice-impacted individuals.

Treatment

- Funding for the development/expansion of inpatient treatment facilities (both SUD and psychiatric), particularly in rural regions (e.g., Michigan's Upper Peninsula); extended care for long-term residential treatment and withdrawal management.

Supports for mental health and/or co-occurring disorders

- Funding to provide and expand necessary supports for co-occurring needs; integrated care in SUD and mental health treatment settings; funding to support mental health treatment, particularly in rural communities.

Prevention—with an emphasis on youth prevention, early intervention, and education

- Funding to support expansion of prevention efforts, especially youth prevention and early intervention response measures in the K-12 system.

[15] Listed items are non-exhaustive and only include the top ten (10) themes that appeared among respondent comments (n=540) to Q16. *"How do you think state opioid settlement funds should be used?"*

Recovery supports

- Funding to support local Recovery Community Organizations (RCOs), expansion of the peer professional workforce, and development/expansion of community-based youth recovery supports.

Harm reduction and overdose prevention

- Funding to support the continuation, expansion, and enhancement of local harm reduction services and safer-use practices (syringe service programs/providers).

Transportation

- Funding to support transportation services, especially those available in rural communities and for transportation to support SUD treatment, MOUD services, and immediate access to care.

Services to support justice-impacted individuals

- Funding to address the unique needs of justice-impacted individuals including those in carceral and community (supervised) settings. Funding to support diversion programming, service/treatment access, and linkage with specialized housing supports.

Increasing access to care

- Funding to improve immediate access to care, particularly in rural communities.

Wraparound services, transitional support, assertive outreach, and case management

- Funding for transitional and comprehensive support at the community level including wraparound services, outreach, engagement, and resource-linkages delivered at critical times (e.g., hospital discharge; discharge from residential SUD treatment facility; community re-entry from carceral settings), and case management services to support systems navigation.

3. Recovery supports are identified as a priority with the greatest funding need; housing and transportation are consistently identified priorities.

Among all respondents and respondent subgroups, "Recovery Supports" was identified as an area in most need of funds.

"Housing and Transportation Supports" and "Prevention and Anti-Stigma Efforts" were also prioritized by all respondents and respondent subgroups, with 21% of all respondents and 25% of Medicaid respondents selecting "Housing and Transportation" as the area in most need of funds; 16% of all respondents and 19% of BIPOC respondents selected "Prevention and Anti-Stigma Efforts" as the area in most need of funds.

Q7. What area is in most need of funding?

All Respondents (n=747; 580 answered; 167 skipped)

Prevention and Anti-Stigma Efforts	**16.38%** (95)
Supports for Co-Occurring Disorders	**12.07%** (70)
Recovery Supports	**21.21%** (123)
Supports for Harm Reduction and Overdose Prevention	**11.03%** (64)
Housing and Transportation Supports	**20.52%** (119)

Supports for Justice-Impacted Individuals	**7.59%** (44)
Supports for Pregnant and Parenting Persons	**2.24%** (13)
Supports for Impacted Families	**5.00%** (29)
Culturally and Community Specific Supports	**3.97%** (23)

BIPOC Respondents (n=102; 84 answered; 18 skipped)

Prevention and Anti-Stigma Efforts	**19.05%** (16)
Supports for Co-Occurring Disorders	**16.67%** (14)
Recovery Supports	**17.86%** (15)
Supports for Harm Reduction and Overdose Prevention	**15.48%** (13)
Housing and Transportation Supports	**11.90%** (10)
Supports for Justice-Impacted Individuals	**7.14%** (6)
Supports for Pregnant and Parenting Persons	**2.38%** (2)
Supports for Impacted Families	**1.19%** (1)
Culturally and Community Specific Supports	**8.33%** (7)

Medicaid/Uninsured Respondents (n=63; 62 answered; 1 skipped)

Prevention and Anti-Stigma Efforts	**14.29%** (9)
Supports for Co-Occurring Disorders	**7.94%** (5)
Recovery Supports	**19.05%** (12)
Supports for Harm Reduction and Overdose Prevention	**15.87%** (10)
Housing and Transportation Supports	**25.40%** (16)
Supports for Justice-Impacted Individuals	**7.94%** (5)
Supports for Pregnant and Parenting Persons	**0.00%** (0)
Supports for Impacted Families	**3.17%** (2)
Culturally and Community Specific Supports	**6.35%** (4)

4. Medicaid/Uninsured respondents (and their family members) are profoundly impacted by experiences of overdose, substance use disorders, mental health conditions, and involvement in the criminal-legal system.

Medicaid and uninsured respondents were found to be disproportionately impacted in all identified areas, as compared to non-Medicaid respondents[16]; Medicaid/Uninsured respondents experienced the highest rates of multiple overdose (19%), substance use disorders (76%), mental health conditions (59%), involvement in the criminal-legal system (41%) and incarceration (30%).

Family members of Medicaid/Uninsured respondents were also found to be disproportionately impacted in all identified areas, as compared to family members of non-Medicaid respondents. Medicaid respondents reported familial experiences of substance use disorders (90%), mental health conditions (73%), active/current use of substances (43%), multiple overdoses (29%), involvement in the criminal-legal system (52%) and incarceration (48%).

[16] The "Non-Medicaid respondent" subgroup was identified by response to survey question (Q15.) *I have _____ health care coverage;* responses containing one of the following selections were used/aggregated: Private (e.g., employer-sponsored); Medicare; Prefer not to answer; Other.

Medicaid/Uninsured respondents were also overrepresented in the loss of a friend or family member to overdose, substance-related death, and/or suicide; 43% of respondents reported the loss of a family member(s) due to overdose or substance related death, 25% experienced the loss of a family member to suicide, 67% experienced the loss of a friend to overdose, with 56% experienced the loss of more than one friend to overdose; 38% experienced the death of a friend to suicide, with 33% experiencing the death of more than one friend, to suicide.

Figure 4a.

Q8. I have lived experience with…	**All Respondents** (n=747; 617 answered; 130 skipped)	**Non-Medicaid Respondents** (n=554; 546 answered; 8 skipped)	**Medicaid / Uninsured Respondents** (n=63; 63 answered; 0 skipped)
None of the above	**41.74%** (273)	**44.32%** (242)	**14.29%** (9)
Substance Use Disorder(s)	**34.10%** (223)	**29.30%** (160)	**76.19%** (48)
Mental Health Condition(s)	**39.76%** (260)	**38.46%** (210)	**58.73%** (37)
Active (current) use of substances	**3.67%** (24)	**3.48%** (19)	**6.35%** (4)
Overdose	**8.41%** (55)	**6.23%** (34)	**25.40%** (16)
Multiple overdoses	**3.36%** (22)	**1.47%** (8)	**19.05%** (12)
Using Naloxone (Narcan) on someone	**10.40%** (68)	**8.97%** (49)	**22.22%** (14)
Having Naloxone (Narcan) used on me	**2.14%** (14)	**0.73%** (4)	**14.29%** (9)
Previous or current involvement in the criminal-legal system	**16.06%** (105)	**13.55%** (74)	**41.27%** (26)
Previous or current involvement in a county or state correctional facility (jail or prison)	**10.86%** (71)	**8.97%** (49)	**30.16%** (19)
Previous or current involvement on community supervision (probation or parole)	**15.29%** (100)	**12.64%** (69)	**41.27%** (26)
Prefer not to answer	**2.45%** (16)	**2.56%** (14)	**1.59%** (1)

Figure 4b.

Q9. My family member(s) have lived experience with...	**All Respondents** (n=747; 654 answered; 93 skipped)	**Non-Medicaid Respondents** (n=554; 553 answered; 1 skipped)	**Medicaid / Uninsured Respondents** (n=63; 63 answered; 0 skipped)
None of the above	**41.74%** (273)	**44.32%** (242)	**7.94%** (5)
Substance Use Disorder(s)	**34.10%** (223)	**29.30%** (160)	**90.48%** (57)
Mental Health Condition(s)	**39.76%** (260)	**38.46%** (210)	**73.02%** (46)
Active (current) use of substances	**3.67%** (24)	**3.48%** (19)	**42.86%** (27)
Overdose	**8.41%** (55)	**6.23%** (34)	**39.68%** (25)
Multiple overdoses	**3.36%** (22)	**1.47%** (8)	**28.57%** (18)
Using Naloxone (Narcan) on someone	**10.40%** (68)	**8.97%** (49)	**19.05%** (12)
Having Naloxone (Narcan) used on me	**2.14%** (14)	**0.73%** (4)	**30.16%** (19)
Previous or current involvement in the criminal-legal system	**16.06%** (105)	**13.55%** (74)	**52.38%** (33)
Previous or current involvement in a county or state correctional facility (jail or prison)	**10.86%** (71)	**8.97%** (49)	**47.62%** (30)
Previous or current involvement on community supervision (probation or parole)	**15.29%** (100)	**12.64%** (69)	**38.10%** (24)
Prefer not to answer	**2.45%** (16)	**2.56%** (14)	**0.00%** (0)

Figure 4c.

Q10. I have had...	**All Respondents** (n=747; 654 answered; 93 skipped)	**Non-Medicaid Respondents** (n=554; 546 answered; 8 skipped)	**Medicaid / Uninsured Respondents** (n=63; 63 answered; 0 skipped)
None of the above	27.52% 180	28.21% 154	11.11% 7
A family member die by overdose or substance-related death	26.15% 171	24.73% 135	42.86% 27
More than one family member die by overdose or substance-related death	9.17% 60	8.42% 46	17.46% 11
A family member die by suicide	21.87% 143	21.98% 120	25.40% 16
More than one family member die by suicide	5.20% 34	5.86% 32	3.17% 2
A friend die by overdose or substance-related death	36.09% 236	33.52% 183	66.67% 42

More than one friend die by overdose or substance-related death	25.08% 164	21.98% 120	55.56% 35
A friend die by suicide	31.04% 203	31.50% 172	38.10% 24
More than one friend die by suicide	14.22% 93	12.27% 67	33.33% 21
Prefer not to answer	1.22% 8	1.10% 6	0.00%

5. Substance use disorder (SUD) treatment, mental health services, supports for co-occurring disorders (COD), housing, and transportation supports are believed to have the greatest barriers to access.
Most respondents* identified the following services and supports as most difficult to access in their communities:

- Mental health services (74.9%)
- Substance use disorder (SUD) services (71.2%)
- Housing support services (64.0%)
- Transportation support services (60.4%)
- Services or supports for co-occurring disorders (COD) (55.9%)

**Noting that most respondents (57%) identified as professionals from key sectors, offering a unique understanding of potential service needs and gaps, given their professional affiliation. Of the respondents that identified as professionals from key sectors, with most represented the following services and supports:*

- Mental health services (24%)
- Substance use disorder (SUD) services (30%)
- Services or supports for co-occurring disorders (COD) (22%)
- Peer support services (19%)
- Services for individuals involved in the criminal-legal system (21%)

Figure 5a.

Q14. I believe others in my community may have difficulty accessing…	**All Respondents** (n=747; 614 answered; 133 skipped)	**BIPOC Respondents** (n=102; 89 answered; 13 skipped)	**Medicaid / Uninsured Respondents** (n=63; 63 answered; 0 skipped)
None of the above	3.91% 24	6.74% 6	4.76% 3
Mental health services	74.92% 460	67.42% 60	65.08% 41
Substance use disorder (SUD) treatment services	71.17% 437	67.42% 60	71.43% 45
Services or supports for co-occurring disorders (COD)	55.86% 343	52.81% 47	52.38% 33
Traditional or Indigenous healing practices	24.76% 152	25.84% 23	39.68% 25

Trauma-specific services	47.23% 290	50.56% 45	52.38% 33
Medication for Opioid Use Disorder	48.70% 299	53.93% 48	52.38% 33
Medications for a mental health condition(s)	49.19% 302	49.44% 44	47.62% 30
Recovery support services	49.67% 305	57.30% 51	55.56% 35
Peer support services	40.07% 246	44.94% 40	49.21% 31
Wraparound and/or intensive case management services	41.37% 254	48.31% 43	42.86% 27
General case management services	35.83% 220	37.08% 33	47.62% 30
Harm reduction/health promotion services	42.02% 258	47.19% 42	49.21% 31
Housing support services	64.01% 393	61.80% 55	71.43% 45
Transportation support services	60.42% 371	56.18% 50	65.08% 41
Justice-Involved: Services for individuals involved in the criminal-legal system	36.48% 224	47.19% 42	47.62% 30
Justice-Involved: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in jail or prison	37.13% 228	47.19% 42	46.03% 29
Pregnant & Parenting: Services for pregnant and postpartum persons	31.92% 196	41.57% 37	34.92% 22
Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy	31.11% 191	37.08% 33	38.10% 24

Figure 5b.

Q12. I am a professional that provides…	**All respondents** (n=747; 609 answered; 138 skipped)
None of the above	33.33% (203)
Mental health services	24.14% (147)
Substance use disorder (SUD) treatment services	29.89% (182)

Services or supports for co-occurring disorders (COD)	22.17% (135)
Traditional or Indigenous healing practices	1.48% (9)
Trauma-specific services	12.64% (77)
Medication for Opioid Use Disorder	9.36% (57)
Medications for a mental health condition(s)	7.72% (47)
Recovery support services	18.06% (110)
Peer support services	19.21% (117)
Wraparound and/or intensive case management services	7.88% (48)
General case management services	17.90% (109)
Harm reduction/health promotion services	16.58% (101)
Housing support services	11.82% (72)
Transportation support services	9.20% (56)
Justice-Involved: Services for individuals involved in the criminal-legal system	20.85% (127)
Justice-Involved: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in jail or prison	4.76% (29)
Pregnant & Parenting: Services for pregnant and postpartum persons	4.27% (26)
Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy	3.12% (19)

6. High SUVI (rural) counties are not represented

Limited representation from high-vulnerability rural communities, was observed. 17 of the 21 counties with the highest substance use vulnerability, had less than 1% in total survey respondents; 8 of these counties had no respondents. All of these counties are rural.[17]

Figure 6.

County of residence ("High SUVI" counties) [18]	**All respondents** (n=747; 604 answered; 143 skipped)
Oscoda	**0%** (0)
Wayne	**8.28%** (50)
Clare	**0.5%** (3)
Schoolcraft	**0%** (0)

[17] https://mcrh.msu.edu/aboutus/whoweserve

[18] Counties are listed in order of substance use vulnerability, as indicated by the Michigan Overdose Data to Action (MODA) Dashboard, Substance Use Vulnerability Index (MI-SUVI); counties reflected in the list represent counties in the 75th-100th percentile. https://www.michigan.gov/opioids/category-data

Oceana	**0%** (0)
Luce	**0%** (0)
Lake	**0.17%** (1)
Montmorency	**0%** (0)
Genesee	**1.82%** (11)
Branch	**0.33%** (2)
Van Buren	**0.5%** (3)
Crawford	**0.5%** (3)
Mackinac	**0.33%** (2)
Calhoun	**15.23%** (92)
Roscommon	**0%** (0)
Alger	**0.5%** (3)
Berrien	**1.66%** (10)
Osceola*	**0.17%** (1)
St. Joseph*	**0.5%** (4)
Baraga	**0%** (0)
Iosco	**0%** (0)
***Responses determined from comments in "Other"*	

7. Most respondents don't know or are unsure about where to find important information related to the state opioid settlement space.

Most respondents identified the following areas of uncertainty around where to find information related to the following:[19]

- How the state is actually spending opioid settlement funds (79%)
- How the state is making decisions on where to spend funds (78%)
- How communities are being included in opioid settlement conversations (76%)
- Ways the state can improve racial and health equity (73%)
- Agencies involved in the state opioid settlement space (71%)
- The national opioid settlements (66%)
- The Opioid Advisory Commission (55%)

[19] Responses from question (Q20.) *I know where to find information on…* were used; responses of "No" and "Unsure" were aggregated to determine all percentages/levels, reflected; topics are listed in descending order, by percentage/level (of uncertainty).

Figure 7.

Q20. I know where to find information on…	All Respondents (n=747; 585 answered; 162 skipped)		BIPOC Respondents (n=102; 84 answered; 18 skipped)		Medicaid / Uninsured Respondents (n=63; 63 answered; 0 skipped)	
	No	**Unsure**	**No**	**Unsure**	**No**	**Unsure**
Health and behavioral health services in my community	5.31% 31	9.25% 54	7.14% 6	8.33% 7	6.35% 4	11.11% 7
My local legislator(s)	18.79% 109	11.55% 67	30.49% 25	8.54% 7	25.81% 16	19.35% 1
The Opioid Advisory Commission (OAC)	36.90% 214	18.28% 106	44.58% 37	18.07% 15	35.48% 22	22.58% 14
The national opioid settlements	44.58% 259	20.48% 119	50.60% 42	22.89% 19	50.00% 31	20.97% 13
Agencies involved in the state opioid settlement space	49.57% 288	20.65% 120	48.78% 40	24.39% 20	43.55% 27	25.81% 16
How the state is making decisions on where to spend funds	55.92% 326	21.61% 126	56.63% 47	26.51% 22	53.23% 33	22.58% 14
How the state is actually spending opioid settlement funds	58.66% 342	20.41% 119	60.24% 50	24.10% 20	53.23% 33	22.58% 14
Ways the state can improve racial and health equity	49.05% 285	23.75% 138	53.01% 44	24.10% 20	51.61% 32	27.42% 17
How communities are being included in opioid settlement conversations	53.26% 310	22.68% 132	59.04% 49	22.89% 19	54.84% 34	22.58% 14

Limitations

Limited language options (English only)
Currently, the Michigan Opioid Settlement Funds: Community Impact Survey is only offered in English. This presents significant barriers for Michigan's non-English speakers that may be interested in taking the survey, but unable to do so due to language barriers.

Underrepresentation of BIPOC respondents
Only 14% (n=102) of respondents selected one (or multiple) of the following categories to describe their race or ethnicity:

- *American Indian or Alaskan Native*
- *Asian or Asian American*
- *Black or African American*
- *Hispanic or Latino/a*
- *Middle Eastern or North African*
- *Native Hawaiian or Pacific Islander*
- *Other*

Underrepresentation of Medicaid-covered/uninsured respondents
Only 8% (n=63) of respondents selected one of the following categories to describe their current healthcare coverage:

- *Medicaid*
- *Medicaid and Medicare*
- *I'm unsure*
- *I have no coverage*

Underrepresentation of respondents from high SUVI[20] (rural) communities
Responses from 17 of the 21 counties with the highest substance use vulnerability were either (1) not represented (n=0) or (2) accounted for less than 1% of total responses.

Small sample size (n=747)
Only 747 responses were received within the date range of October 24, 2023, to November 30, 2023. A 79% completion rate[21] was noted.

[20] "High SUVI" refers to communities (counties) assessed with a Substance Use Vulnerability Index (SUVI) score in the 75th to 100th percentile, as represented on the Michigan Overdose to Data Action (MODA) Dashboard of the Michigan Department of Health and Human Services; https://www.michigan.gov/opioids/category-data

[21] "Completion rate" refers to "the number of surveys filled out and submitted, divided by the number of surveys started by respondents". https://www.surveymonkey.com/mp/what-is-the-difference-between-a-response-rate-and-a-completion-rate/

Strategies to Address Limitations

1. Utilize multiple data sources for all OAC considerations/work involving community/public input. Additional data sources may include but are not be limited to the following:

- OAC community listening sessions and roundtables;
- OAC virtual listening sessions;
- Community (non-OAC) listening sessions and roundtables; local/regional;
- Community needs assessments;
- Findings of and recommendations from lateral advisory bodies, including but not limited to the Opioids Task Force Racial Equity Workgroup (REWG) and the OAC's Community Engagement and Planning Collaborative (CEPC).

2. Implement ongoing, direct outreach and engagement efforts with underrepresented groups.

3. Explore translation services to increase access and utilization of any/all surveys administered by the OAC; at a minimum, support translation of the Community Impact Survey into Spanish and Arabic.

4. Identify and develop key (strategic) partnerships in communities with the highest substance use vulnerability; develop relationships with organizations/entities serving underrepresented groups.

5. Develop specific strategies to increase penetration rates to Michigan's rural and frontier communities; especially those with greatest vulnerability to adverse substance use outcomes.

6. Partner with state, regional, local, and Tribal entities to (a) support resource-sharing, (b) improve data collection efforts, including strategies to support culturally responsive data collection, data equity, and data sovereignty, and (c) enhance engagement efforts with underrepresented groups.

7. Maintain ongoing communication and collaboration with key (community) partners, to support:
   - Relationship and trust-building;
   - Community awareness of the Opioid Advisory Commission (OAC) and its charge; the work of the OAC, including the Community Voices initiative and Community Impact Survey;
   - OAC awareness of community needs and barriers;
   - Community feedback on the Community Impact Survey and potential strategies for improvement;
   - Exchange of information related to the state opioid settlement space, opioid settlement resources, general resources.

Considerations for Capacity and Implementation

The OAC is presently a group of twelve (12) community members, and one (1) assigned staff person of the Legislative Council.[22] Members are legislatively appointed and serve in a voluntary capacity.

The OAC has no formal budget, nor has it been allocated any funds for the execution of key tasks including but not limited to community outreach and engagement, data collection, and/or analysis.

[22] https://council.legislature.mi.gov/Council/Index

By statute, the OAC is required to perform a "statewide evidence-based needs assessment" and develop "goals and recommendations, including the rationale behind goals and recommendations, sustainability plans, and performance indicators relating to all the following:

- Substance use disorder and co-occurring mental health conditions prevention, treatment, recovery, and harm reduction efforts.
- Reducing disparities in access to prevention, treatment, recovery, and harm reduction programs, services, supports, and resources."[23]

The OAC has one (1) assigned staff member presently carrying out activities related to design, distribution, data collection, assessment, and analysis of the Community Impact Survey, as well as the broader activities of the Community Voices initiative.[24]

[23] Public Act 84 of 2022 (MCL 4.1851) https://legislature.mi.gov/documents/2021-2022/publicact/pdf/2022-PA-0084.pdf

[24] https://council.legislature.mi.gov/Content/Files/OAC/OAC%20Community%20Voices%20Announcement.pdf