final minutes

Opioid Advisory Commission (OAC) Meeting
9:00 a.m. • January 12, 2023
Legislative Conference Room • 3rd Floor Boji Tower Building
124 W. Allegan Street • Lansing, MI

Members Present:	**Members Excused:**
Ms. Kelly Ainsworth	**Judge Linda Davis**
Mr. Brad Casemore	**Ms. Mona Makki**
Ms. Katharine Hude	**Mr. Scott Masi**
Mr. Patrick Patterson	**Mr. Mario Nanos**
Dr. Cara Poland	**Mr. Kyle Rambo**
Dr. Cameron Risma	
Dr. Sarah Stoddard	

Mr. Rambo joined virtually; therefore, was unable to be counted present for the purposes of quorum or act on voting items before the Commission per the Open Meetings Act.

Ms. Dettloff serving as an Ex-officio member to the Commission was in attendance.

Ms. King serving as Program Coordinator to the Commission was in attendance.

Mr. Nanos joined in-person at 9:05 a.m.

Ms. Makki joined in-person at 9:20 a.m.

Mr. Masi joined in-person at 9:40 a.m.

Director Hertel serving as an Ex-officio member to the Commission joined in-person at 10:10 a.m.

I. Call to Order
The Chair called the meeting to order at 9:01 a.m.

II. Roll Call
The Chair asked the clerk to take roll. The clerk reported a quorum was present. The Chair asked for absent members to be excused.

III. Approval of the December 8, 2022 Meeting Minutes
The Chair directed attention to the proposed minutes of the December 8, 2022 meeting and asked if there were any changes. **Mr. Casemore moved, supported by Mr. Patterson to approve the minutes of the December 8, 2022 meeting minutes. There was no further discussion and the Chair asked for a roll call vote. The motion prevailed and the minutes were approved.**

IV. Commission Report Discussion

The Chair expressed gratitude to Commission members for ongoing involvement with Ms. King for collaboration in the development of the Commission's report. The Chair directed attention to Ms. King for further action items.

- Review Plan for Group Discussion
- Settlement Updates
- Review OAC Handouts
- Review Annual Report: Outline
    - Executive Summary
        - Guiding Principles
            - Health Equity
            - Stigma Change
            - Cross-System Collaboration
            - Whole-Person Care
            - Service Innovation
        - Anchors
            - Equity
            - Data
            - Policy
        - Priority Populations
            - Justice-Involved Populations
              Incarcerated, Re-Entering, Community-Supervised Individuals
            - Unhoused and Housing Insecure Individuals
            - Pregnant People, Children and Families
            - Vulnerable Communities
              Communities Vulnerable to Adverse Substance Use Outcomes
    - SUD & MH Expenditures, Strategic Priorities & Recommendations
        - Funding/Spending
        - Prevention
        - Treatment
        - Recovery
        - Harm Reduction

The Chair called for break at 10:30 a.m.

The Chair called the meeting to order at 10:47 a.m. The Chair asked the clerk to take roll. The clerk reported a quorum was present. The Chair asked for absent members to be excused.

Members Present:
Ms. Kelly Ainsworth
Mr. Brad Casemore
Ms. Katharine Hude
Ms. Mona Makki
Mr. Scott Masi
Mr. Mario Nanos
Mr. Patrick Patterson
Dr. Cara Poland
Dr. Cameron Risma
Dr. Sarah Stoddard

Members Excused:
Judge Linda Davis
Mr. Kyle Rambo

Commission Report Discussion con't

The Chair directed attention back to the Commission Report Discussion. The Chair directed attention to Ms. King for further action items.

- Review Plan for Group Discussion
- Settlement Updates
- Review OAC Handouts
- Review Annual Report: Outline
    - Executive Summary
        - Guiding Principles
            - Health Equity
            - Stigma Change
            - Cross-System Collaboration
            - Whole-Person Care
            - Service Innovation
        - Anchors
            - Equity
            - Data
            - Policy
        - Priority Populations
            - Justice-Involved Populations
              Incarcerated, Re-Entering, Community-Supervised Individuals
            - Unhoused and Housing Insecure Individuals
            - Pregnant People, Children and Families
            - Vulnerable Communities
              Communities Vulnerable to Adverse Substance Use Outcomes
    - SUD & MH Expenditures, Strategic Priorities & Recommendations
        - Funding/Spending
        - Prevention
        - Treatment
        - Recovery
        - Harm Reduction

V. Commission Member Comment

The Chair asked if there were additional comments from Commission members. There was none.

VI. Public Comment

The Chair asked if there were any comments from the public. There was none.

VII. Next Meeting Date: Thursday,

The Chair announced the next meeting date for Thursday, February 9, 2023 at 9:00 a.m. The Chair reminded Commission members a majority of seven Commission members in attendance is required to conduct Commission business and instructed Commission members to let the clerk know if availability has changed.

VIII. Adjournment

There being no further business before the Commission the Chair adjourned the meeting at 11:29 a.m. with unanimous support.

OPIOID ADVISORY COMMISSION

Strategic Priorities

Intent of the Commission

Serious gaps exist between the services and supports needed for a growing population suffering from addiction and mental illness and the care they receive. All people suffering from substance use disorders, mental illness, or co-occurring disorders have the right to quality affordable services and supports. The commission intends to communicate our understanding and concerns of this critical situation, and recommend potential opportunities to mitigate some of the most serious Behavioral Health (BH) coverage gaps currently experienced and expected to continue in the future. Within the first year of the initial report and release of the initial opioid settlement funding, the commission hopes to have created additional awareness and understanding of the critical need for increasing supports and professional services while increasing the access to care and enhancing opportunities for all those suffering from Substance Use Disorders (SUD), Mental Illness (MI), and Co-Occurring Disorders (COD) in Michigan. Furthermore, we intend to decrease the stigma associated with the diseases while increasing support for those currently serving in the profession and advancing efforts to increase the BH workforce. We hope to increase the capability to analyze current programs and services that support our strategic priorities in order to improve the commission's ability to reinforce success, and recommend new, innovative approaches to BH supports and services. The Commission continues to review supports and services that address the current SUD and MI crises. Additionally, we remain postured to support the future implementation of proven successful innovative programs and services. Finally, the Commission is prepared to recommend legislation to address identified policy and funding shortfalls for current and innovative programs, services and initiatives that demonstrate proven results or potential success to address current needs while increasing the capability and capacity to serve a future generation.

The Commission intends to support the increase in access opportunities of receiving supports and services for treatment, recovery and harm reduction. To clarify, Co-Occurring Disorders (COD) are typically the rule rather than the exception, so care must support the whole person rather than focus on one disorder. Behavioral health equity includes identifying barriers to access, reviewing current laws, policies and programs to determine if they are improving access to health care and addressing gaps for under-resourced populations and communities. In addition to reviewing the demographic spectrum, health equity includes a review of systematic barriers to good health and enforcement of substance use disorder and mental health parity laws.

A shortage of BH professionals remains a significant barrier to access to care. Workforce development in BH can provide opportunities to support multiple strategic priorities of the commission. Recruitment efforts can increase understanding and awareness of addiction and mental illness and the critical need to maintain, improve and develop ways to better serve those suffering from these diseases. Both prevention and workforce development efforts can serve to reduce the prevalence of substance abuse and mental illness and the stigma associated to these diseases while increasing the number of available professionals required to serve this population. Workforce development will improve the access to care by increasing the availability of trained addiction and mental health professionals through improved incentives to serve in the profession. As a result, we intent to support the enhancement of recruiting, training and retention efforts in order to make the profession more desirable and reduce burn-out for those considering and entering into the profession.

Current SUD and MI supports and services have demonstrated measurable success, however, the ability to meet the demands for all those requiring those services falls well short. Increasing the availability of proven supports and services should generate similar results and increase access for a larger population seeking those same services.

An increase in funding intended to increase services must remain dedicated for the point of care rather than building larger administration networks. Funding, not dedicated for the point of service and the BH professionals providing the service, creates administration growth which pulls critical funding away from the

point of care. Additionally, administrative growth typically requires the recruitment of BH professionals away from serving in the field. The Commission envisions the reinforcement of existing evidenced based programs and services while supporting initiatives that expand opportunities for BH professionals currently serving. These efforts are intended to promote the growth of the profession in order to support the significant demands of a growing population in need of treatment, recovery, and harm reduction.

The commission will likely review the implementation of performance reporting systems and methods in order to determine the effectiveness of funded programs and services or recommend adjustments to the glide paths of established programs and practices. These recommendations are intended to improve performance or measures that impact newly implemented programs or initiatives. Evaluation and data collection methods will need to be available to review periodically to determine performance results, identify possible health inequities, and make informed evidenced based recommendations for change.

The commission continues to review and intends to support efforts to identify and fill current funding gaps and anticipate future needs for communities struggling with these diseases. As a result we expect to recommend policies, initiatives and strategies to advance our strategic priorities.

Strategic Priorities of the Commission

Prevention –Efforts to expand programs and policies to protect individuals and communities from substance use and SUDs, minimize the negative consequences of substance use for individuals and communities, and promote and advance health and equity. Prevention efforts target substance use and misuse, mental health issues, and co-occurring disorders to reduce or delay the incidence, impact, and severity of the disease and improve health outcomes.

- Continue support for community based prevention programs and services including policies which protect the health and increase the safety, and well-being of students.
- Reduce the stigma of addiction and mental illness by increasing community awareness and education.
- Promote and maximize opportunities for young people to enter the behavioral health profession.
- Review and consider support for innovative approaches to improve health outcomes and increase access to services and promote racial harmony.
- Support policies and funding that foster education, training, and increase access for individuals entering the BH profession.

Treatment – Services, supports, strategies, and interventions to improve health and wellness, safety, and self-control for those suffering from substance use disorders, mental illness, or co-occurring disorders which are chronic brain diseases that have the potential for both recurrence and recovery.

- Reinforce current evidenced based programs, services, and supports to increase capacity and fill the treatment gaps in BH services.
- Increase the access to care by building a larger professional BH workforce through the advancement of recruitment, training and retention efforts.
- Support funding that protects and promotes stability to build and maintain a viable BH workforce capable of meeting the current demands for treatment while preparing for the demands of future generations.
- Develop policies that ensure funding to increase supports and services remains dedicated for the point of care and those BH professionals serving this vulnerable population in the field.
- Reduce the stigma of addiction and mental illness by promoting treatment and the BH profession.
- Review and consider support for innovative approaches to treatment to improve health outcomes and increase access.
- Support policies that promote racial equity and increase access in providing treatment services and supports.

Recovery – A process of change through which individuals improve their health and wellbeing. Recovery services, supports, strategies, and interventions provide opportunities for long term change that leads to independent, self-directed living for those suffering from substance use disorders, mental illness, or co-occurring disorders.

- Reinforce current evidenced based programs, supports, services, and strategies to fill funding gaps and increase capacity.
- Support community based recovery services and supports that improve long-term health outcomes, increase access to recovery services and supports and reduce the stigma of addiction.
- Support comprehensive re-entry and criminal justice services for the formally incarcerated that support sobriety, independent living, and reduce recidivism.
- Reduce the stigma of addiction and mental illness by promoting recovery communities and independent living.
- Review and consider support for innovative approaches to recovery to improve health outcomes and increase access.
- Develop policies that ensure that funding for increasing supports and services remains dedicated for the point of care and those BH professionals serving in the field.
- Support policies that promote racial harmony and increase access for recovery supports and services.

Harm Reduction – Supports and services implemented to mitigate health risks associated with substance use disorders and mental health illnesses and improve health outcomes.

- Continue support for current community based harm reduction programs and services.
- Reduce the stigma of addiction and mental illness by increasing community awareness and promoting behavioral health services.
- Review innovative approaches to improve health outcomes for all.
- Develop policies that increase access to harm reduction measures, promote health equity and racial harmony.

NATIONAL OPIOID SETTLEMENTS
MICHIGAN UPDATES AS OF 12.22.2022

- **Distributors (McKesson, AmerisourceBergen, Cardinal Health)**
  - A national settlement with the Distributors was reached. Michigan signed on to the settlement. The total payments to the State of Michigan and Local Michigan Governments is $631,211,905.76 over 18 years. The State of Michigan share is approximately $315,605,905.88 over 18 years.
  - The first payment of the Distributors was received by the State earlier this month (the Local share was not paid due to a dispute by Ottawa County). The amount received by the State was $13,457,661.76.
  - The payment process for the second payment began on December 15; the deadline to dispute the calculations is January 5. Ottawa County has objected to this payment as well. The State's portion is $14,169,384.86.
- **Janssen**
  - A national settlement with Janssen was reached. Michigan signed on to the settlement. The total payments to the State of Michigan and Local Governments is $145,083,217.53 over 9 years. The State of Michigan share is approximately $72,541,608.50 over 9 years.
  - The payment process for the first payment began on December 15; the deadline to dispute the calculations is January 5. The State's portion is $54,638,181.13. The payment is larger because of an acceleration clause in the Janssen settlement for State's that achieve Incentive A. This is the payments 1 through 5 of Janssen.
- **McKinsey and Co.**
  - A national settlement with McKinsey was reached in 2021. Michigan's share of the settlement is $19,557,215.93 over 5 years. So far, we have received approximately $17 million of the settlement with 3 payments remaining (2023, 2024, 2025).
- **CVS**
  - A national settlement was announced. The deadline to sign on to the settlement is December 30.
- **Walgreens**
  - A national settlement was announced. Our case, filed in the Third Circuit Court in Wayne County, is scheduled for trial in February 2023.
- **Walmart**
  - A national settlement was announced. Michigan signed on to the settlement.
- **Purdue**
  - Purdue's bankruptcy plan is still on appeal.
- **Mallinckrodt**
  - Mallinckrodt payments may begin in 2023. The State amount is unknown at this time.

- **Teva**
  - A national settlement was announced. Michigan signed on to the settlement.
- **Allergan**
  - A national settlement was announced. Michigan signed on to the settlement.
- **Endo**
  - Endo has filed for Chapter 11 bankruptcy. A bankruptcy plan has not been reached.

Principles for the Use of Funds From the Opioid Litigation

Principles for the Use of Funds From the Opioid Litigation

States, cities, counties, and tribes will soon be receiving funds from opioid manufacturers, pharmaceutical distributors, pharmacies, and others as a result of litigation brought against these companies for their role in the opioid epidemic that has claimed more than half a million lives over the past two decades.

Governors, attorneys general, and legislators will face difficult decisions in determining the best use of these funds. We support the following principles:

1. **Spend money to save lives.**
   Given the economic downturn, many states and localities will be tempted to use the dollars to fill holes in their budgets rather than expand needed programs. Jurisdictions should use the funds to supplement rather than replace existing spending.

2. **Use evidence to guide spending.**
   At this point in the overdose epidemic, researchers and clinicians have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.

3. **Invest in youth prevention.**
   States and localities should support children, youth, and families by making long-term investments in effective programs and strategies for community change.

4. **Focus on racial equity.**
   States and localities should direct significant funds to communities affected by years of discriminatory policies and now experiencing substantial increases in overdoses.

5. **Develop a fair and transparent process for deciding where to spend the funding.**
   This process should be guided by public health leaders with the active engagement of individuals who use drugs and families with lived experience, clinicians, as well as other key groups.

This document describes these principles in greater detail.

Background

Addiction is an ongoing public health crisis in the United States; an estimated 20 million people have a substance use disorder related to alcohol or illicit drugs. Recent attention has understandably focused on the role of opioids—which have killed more than 500,000 people over the past two decades. Driven in large part by increases in overdose deaths and suicides (which are often associated with substance misuse), life expectancy in the United States dropped from 2014 to 2017, the first three-year decline in nearly a century.

Already dire, the situation has worsened with the COVID-19 pandemic. The economic downturn and social distancing mandates have increased the chance of overdose among people who use drugs. Preliminary data indicate that overdose deaths have increased in most states compared to a year ago, with some states reporting an estimated 30% increase in opioid-related deaths so far in 2020. Early evidence also indicates a significant increase in alcohol consumption, anxiety, and depression during the pandemic. Accordingly, addressing mental health and addiction should be part of any COVID-19 response.

Confronting this new crisis, many localities are already adopting interventions that save lives. Fortunately, new financial resources that can help states and communities fund additional programs are close at hand as a result of lawsuits brought by States, cities, counties, and tribes against opioid manufacturers, pharmaceutical distributors, and pharmacies. This is an unprecedented opportunity to invest in solutions to address the needs of people who use drugs.

For this to happen, jurisdictions must avoid what happened with the dollars that states received as part of the litigation against tobacco companies. Those landmark lawsuits were hailed as an opportunity to help current smokers quit and prevent children from starting to smoke. Unfortunately, most states have not used the dollars to fund tobacco prevention and cessation programs. Overall, less than 3% of revenue from the settlement and tobacco taxes went to tobacco control efforts. Failure to invest these dollars in tobacco prevention and cessation programs has been a significant missed opportunity to address the greatest cause of preventable death in the United States.

To guide jurisdictions in the use of these funds, we encourage the adoption of five guiding principles through specific actions outlined here. The principles are as follows:

1. **Spend money to save lives.**
2. **Use evidence to guide spending.**
3. **Invest in youth prevention.**
4. **Focus on racial equity.**
5. **Develop a transparent, inclusive decision-making process.**

Principle 1: Spend money to save lives.

Given the economic downturn, many states and localities will be tempted to use the dollars to fill holes in their budgets rather than expand needed programs. Jurisdictions should use the funds to supplement rather than replace existing spending.

In addition to its dramatic health impacts, the COVID-19 pandemic has also harmed the U.S. economy, leaving gaps in localities' operating budgets. Despite the increasing number of overdose deaths, many state and local governments have already made cuts to substance use and behavioral health programs.

However, at current funding levels, these programs are already not meeting the needs of people who use drugs. For example, only an estimated 10% to 20% of people with opioid use disorder are receiving any treatment at all. Accordingly, groups like the American Medical Association and the American Bar Association have called for all settlement funds to address the substance use epidemic.

How can jurisdictions adopt this principle?

1) *Establish a dedicated fund.*
Ensuring that funds from the opioid lawsuits are being used to help peoplewho use drugs is easier if dollars resulting from the various legal actions go into a dedicated fund. When establishing such a fund, jurisdictions should include specific language that the money from the fund cannot be used to replace existing state investments and outline the acceptable uses of the dollars when establishing this fund. (See *Principle 2—Use evidence to guide spending* for examples.)

2) *Supplement rather than supplant existing funding.*
In order to be sure that funds are being used to expand programs, jurisdictions should understand their baseline level of spending on substance use disorders, including prevention efforts. This will help ensure that dollars from any legal actions are additive to existing efforts. Most jurisdictions have already developed comprehensive strategic plans focused on opioid abatement these plans can be used as a starting point for prioritizing new investments.

3) *Don't spend all the money at once.*
Ameliorating the toll of substance use, and addressing the underlying root causes, will require sustained funding by states and localities. Jurisdictions should avoid the temptation to exchange future payments that result from the opioid litigation for an upfront lump sum payment, as happened in many states with dollars from the tobacco settlements. Should the opioid lawsuits result in a lump sum payment to jurisdictions, they should consider establishing an endowment so that the dollars can be used over time.

4) *Report to the public on where the money is going.*
Jurisdictions should publicly report on how funds from opioid litigation are being spent. The expenditures should be categorized such that it is easy to understand the goals of a particular program and the measures that they are using to determine success, such as, for naloxone distribution programs, the amount of naloxone distributed.

Principle 2: Use evidence to guide spending.

At this point in the overdose epidemic, researchers and clinicians have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.

Jurisdictions run the risk of using new dollars on programs that do not work or are even counterproductive if they do not rely on evidence to guide the spending. As one example, people with opioid use disorder in many residential treatment facilities are prohibited from being treated with methadone or buprenorphine, despite evidence that these medications reduce the chance of overdose death by 50% or more. To address this gap, jurisdictions can use the dollars to help residential programs transition to offering a full range of medication treatment options.

How can jurisdictions adopt this principle?

1) *Direct funds to programs supported by evidence.*
Jurisdictions should fund initiatives demonstrated by research to work and not fund programs shown not to work. Interventions that work, ranging from youth prevention efforts to harm reduction programs to communications campaigns that address stigma, have been compiled by a number of different organizations. See *Appendix 1* for examples of these summaries, which should serve as references as jurisdictions determine which interventions to fund. Additionally, state and local agencies that oversee substance use interventions have significant expertise regarding programs that work.

   Should jurisdictions fund programs that have not been studied, they should also allocate sufficient dollars to confirm their effectiveness.

2) *Remove policies that may block adoption of programs that work.*
In many jurisdictions, state and local policy change may need to occur in order for affected communities to implement evidence-based models. For example, state restrictions may cap the number of methadone clinics that may operate in the state, may make it difficult for nurse practitioners to prescribe buprenorphine, or may impede good harm reduction practices by banning syringe service programs. States should ensure that their regulations are not more restrictive than federal guidelines.

3) *Build data collection capacity.*
An important part of determining which programs are working in a given jurisdiction is collecting sufficient data. Jurisdictions should consider using opioid settlement funds to build the capacity of their public health department to collect data and evaluate policies, programs, and strategies designed to address substance use.

   In particular, jurisdictions should be sure that they have sufficient data to ensure that they are meeting the needs in communities of color. Localities should make data available to the public in annual reports and on publicly facing data dashboards.

Principle 3: Invest in youth prevention.

States and localities should support children, youth, and families by making long-term investments in effective programs and strategies for community change.

Any comprehensive effort to reduce the toll of substance use generally—and opioids specifically—must invest in youth primary prevention programs.

- Overdoses among children have increased steadily over the past decade; nearly 8,000 adolescents ages 15–19 died of an opioid overdose between 1999 and 2016.
- Substance use by children often persists into adulthood; approximately one-half of all people with substance use disorders start their substance use before age 14.

Primary prevention efforts—which are designed to stop use before it starts—can interrupt the pathways to addiction and overdose. Youth primary prevention also reduces the risk of substance use and lessens other negative outcomes, including low educational status, under- and unemployment, unintended parenthood, and an increased risk of death from a variety of causes.

Youth prevention programs also have a very favorable return on investment—$18 dollars for every dollar spent by one estimate.

How can jurisdictions adopt this principle

Direct funds to evidence-based interventions.
Youth primary prevention programs address individual risk factors (such as a favorable attitude towards substance use) and strengthen protective factors (such as resiliency); they can also address elements at the family and community levels.

Research demonstrates that not all prevention programs are created equal. While there are many examples of effective prevention programs, investments in ineffective prevention initiatives persist. Jurisdictions should be sure that the programs that they are funding are supported by a solid evidence base.

Numerous compilations of effective youth primary prevention interventions already exist, including the following:

- Blueprints for Healthy Youth Development.
- Facing Addiction in America, the Surgeon General's Report on Alcohol, Drugs, and Health, 2016.

Jurisdictions should also fund long-term evaluations of youth prevention programs to ensure that they are having their desired effect.

Principle 4: Focus on racial equity.

States and localities should direct significant funds to communities affected by years of discriminatory policies and now experiencing substantial increases in overdoses.

Although communities of color experience substance use disorders at similar rates as other racial groups, in recent years the rate of opioid overdose deaths has been increasing more rapidly in Black populations than in white ones. Additionally, historically racist policies and practices have led to a differential impact of the epidemic. In particular, people of color are more likely to face criminal justice involvement for their drug use. Black individuals represent just 5% of people who use drugs, but 29% of those arrested for drug offenses and 33% of those in state prison for drug offenses. Communities of color are also more likely to face barriers in accessing high-quality treatment and recovery support services.

These disparities have contributed to ongoing discrimination as well as racial gaps in socioeconomic status, educational attainment, and employment. Without a focus on racial equity when allocating settlement funds, localities run the risk of continuing a cycle of inequity.

How can jurisdictions adopt this principle?

1) *Invest in communities affected by discriminatory policies.*
   Historical patterns of discrimination will take sustained focus to overcome. Jurisdictions should fund programs in communities of color that will tackle root causes of health disparities and eliminate policies with a discriminatory effect.

2) *Support diversion from arrest and incarceration.*
   Localities should:
   - Elevate and expand diversion programs with strong case management and link participants to community-based services such as housing, employment, and other recovery support services.
   - Fund community-based harm reduction programs that provide support options and referrals to promote health and understanding for people who use drugs
   - Increase equitable access to treatments for opioid use disorder including medications for opioid use disorder.

3) *Fund anti-stigma campaigns.*
   Stigma against people who use drugs is pervasive and frames drug use as a moral failure. This stigmatization may contribute to the use of discriminatory punitive approaches to address the epidemic, particularly among communities of color, as opposed to more effective ones grounded in public health. In order to address this, jurisdictions should use funds to support campaigns based in evidence that reduce stigma.

4) *Involve community members in solutions.*
   Jurisdictions should fund programs in communities of color with diverse leadership and staff, and a track record of hiring from the surrounding neighborhood. Programs with a diverse workforce of staff, supervisors, and peers are more likely to provide relatable and effective services.

Principle 5: Develop a fair and transparent process for deciding where to spend the funding.

This process should be guided by public health leaders with the active engagement of people and families with lived experience, as well as other key groups.

How can jurisdictions adopt this principle?

1) *Determine areas of need.*
Jurisdictions should use data to identify areas where additional funds could make the biggest difference. For example, data may show that various groups in the state are not reached by current interventions; or that certain geographic areas would benefit from specific programs such as housing assistance or syringe services programs. Existing strategic plans may contain much of this information.

2) *Receive input from groups that touch different parts of the epidemic to develop the plan.*
Jurisdictions should draw upon public health leaders with expertise in addiction and substance use to guide discussions and determinations around the use of the dollars. They should also include groups with firsthand experience working with youth and people who use drugs—including prevention and treatment providers, law enforcement personnel, recovery community organizations, social service organizations, and others—who have insights into strategies that are working, those that need to be revised, and areas where new investments are needed. Once a jurisdiction has conducted an initial assessment of areas where additional resources would be helpful, it should solicit and integrate broad feedback to design a plan that will meet the needs of the local community.

   Jurisdictions should be sure to include people with lived experience, including those receiving medications as part of their treatment, as part of the decision-making process. The Ryan White Program, which distributes HIV funds to affected communities, demonstrates one way to do this; at least one-third of the members of the community Planning Councils that allocate funds to treatment providers must receive program services themselves.

   In addition to the groups from which a jurisdiction may formally seek input, they should also solicit and use input from the public. This will help raise the profile of the newly developed plan and give those with particular insights—such as families and other members of the recovery community—a chance to weigh in.

3) *Ensure that there is representation that reflects the diversity of affected communities when allocating funds.*
To ensure equitable distribution of funds to communities of color, representation from these communities should be included in the decision-making process. Community representatives, leaders, and residents can help leverage community resources and expertise while giving insights into community needs.

Appendix 1: Compilations of Evidence-Based Interventions

- *From the War on Drugs to Harm Reduction*, FXB Center for Health and Human Rights at Harvard University, December 2020.
- *Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic*, Coordinated by Richard Frank, Harvard University, Arnold Ventures, November 2020.
- *Bringing Science to Bear on Opioids*, Association of Schools & Programs of Public Health, November 2019.
- *Opioid Settlement Priorities,* Addiction Solutions Campaign, May 2018.
- *Addressing Access to Care in the Opioid Epidemic and Preventing a Future Recurrence,* American Psychiatric Association, American Society for Addiction Medicine, and other groups, April 2020.
- Substance Abuse and Mental Health Services Administration's Evidence-Based Practices Resource Center.
- Curated Library about Opioid Use for Decision-makers (CLOUD).

For a complete list of resources, visit our website: http://opioidprinciples.jhsph.edu/