final minutes

Opioid Advisory Commission (OAC) Meeting
10:00 a.m. • May 11, 2023
Legislative Conference Room • 3rd Floor Boji Tower Building
124 W. Allegan Street • Lansing, MI

Members Present:
Ms. Kelly Ainsworth
Mr. Brad Casemore
Judge Linda Davis
Ms. Katharine Hude
Ms. Mona Makki
Mr. Scott Masi
Mr. Mario Nanos
Mr. Patrick Patterson

Members Excused:
Dr. Cara Poland
Mr. Kyle Rambo
Dr. Cameron Risma
Dr. Sarah Stoddard

Dr. Poland, Mr. Rambo, Dr. Risma, and Dr. Stoddard 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.

Mr. Patterson presided over the meeting for the purposes of conducting Commission business in Dr. Poland's absence.

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.

Dr. Stoddard joined in-person at 10:27 a.m.

I. Call to Order
The Chair called the meeting to order at 10:00 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 March 9, 2023 Meeting Minutes
The Chair directed attention to the proposed minutes of the March 9, 2023 meeting and asked if there were any changes. **Ms. Ainsworth moved, supported by Ms. Makki to approve the minutes of the March 9, 2023 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. Update Meeting Dates

The Chair reviewed the Commission's 2023 meeting dates to include a new date in September. All meetings are scheduled to begin at 10:00 a.m.

- July 20, 2023
- September 14, 2023
- October 12, 2023

V. Committee Member Appointments

The Chair directed attention to four Commission members whose terms are scheduled to expire in July of 2023. Per statue, after the first appointments, the term of a voting member of the Opioid Advisory Commission is 3 years or until a successor is appointed under subsection (2), whichever is later. The Chair discussed the purposes for the Commission is to vote on recommending the re-appointments of the following members for legislative leadership's consideration.

- Kelly Ainsworth

  The Chair directed attention to Ms. Ainsworth who was appointed to the Commission with recommendation from then Senate Minority Leader Ananich to a 1-year term. Current term will expire on July 18, 2023, with recommendation to legislative leadership to serve in a new 3-year term starting July 19, 2023, through July 18, 2026. The Chair opened for discussion. Ms. Ainsworth expressed interest in continuing service on the Commission. **Mr. Casemore moved, supported by Judge Davis to suggest to the Legislature the re-appointment of Ms. Ainsworth to the Opioid Advisory Commission. There was no further discussion and the Chair asked for a roll call vote. The motion prevailed.**

  Yay:
  Ms. Kelly Ainsworth
  Mr. Brad Casemore
  Judge Linda Davis
  Ms. Katharine Hude
  Ms. Mona Makki
  Mr. Scott Masi
  Mr. Mario Nanos
  Mr. Patrick Patterson

  Absent:
  Dr. Cara Poland
  Mr. Kyle Rambo
  Dr. Cameron Risma
  Dr. Sarah Stoddard

- Brad Casemore

  The Chair directed attention to Mr. Casemore who was appointed to the Commission with recommendation from then House Minority Leader Lasinski to a 1-year term. Current term will expire on July 18, 2023, with recommendation to legislative leadership to serve in a new 3-year term starting July 19, 2023, through July 18, 2026. The Chair opened for discussion. Mr. Casemore expressed interest in continuing service on the Commission. **Judge Davis moved, supported by Ms. Ainswoth to suggest to the Legislature the re-appointment of Mr. Casemore to the Opioid Advisory Commission. There was no further discussion and the Chair asked for**

a roll call vote. The motion prevailed.

Yay:
Ms. Kelly Ainsworth
Mr. Brad Casemore
Judge Linda Davis
Ms. Katharine Hude
Ms. Mona Makki
Mr. Scott Masi
Mr. Mario Nanos
Mr. Patrick Patterson

Absent:
Dr. Cara Poland
Mr. Kyle Rambo
Dr. Cameron Risma
Dr. Sarah Stoddard

- Mona Makki
  The Chair directed attention to Ms. Makki who was appointed to the Commission with recommendation from Governor Whitmer to a 1-year term. Current term will expire on July 18, 2023, with recommendation to legislative leadership to serve in a new 3-year term starting July 19, 2023, through July 18, 2026. The Chair opened for discussion. Ms. Makki expressed interest in continuing service on the Commission. **Ms. Hude moved, supported by Judge Davis to suggest to the Legislature the re-appointment of Ms. Makki to the Opioid Advisory Commission. There was no further discussion and the Chair asked for a roll call vote. The motion prevailed.**

Yay:
Ms. Kelly Ainsworth
Mr. Brad Casemore
Judge Linda Davis
Ms. Katharine Hude
Ms. Mona Makki
Mr. Scott Masi
Mr. Mario Nanos
Mr. Patrick Patterson

Absent:
Dr. Cara Poland
Mr. Kyle Rambo
Dr. Cameron Risma
Dr. Sarah Stoddard

- Dr. Sarah Stoddard
  The Chair directed attention to Dr. Stoddard who was appointed to the Commission with recommendation from Attorney General Nessel to a 1-year term. Current term will expire on July 18, 2023, with recommendation to leadership to serve in a new 3-year term starting July 19, 2023, through July 18, 2026. The Chair opened for discussion. Dr. Stoddard expressed interest in continuing service on the Commission. **Judge Davis moved, supported by Mr. Casemore to suggest the re-appointment of Dr. Stoddard to the Opioid Advisory Commission. There was no further**

discussion and the Chair asked for a roll call vote. The motion prevailed.

Yay:
Ms. Kelly Ainsworth
Mr. Brad Casemore
Judge Linda Davis
Ms. Katharine Hude
Ms. Mona Makki
Mr. Scott Masi
Mr. Mario Nanos
Mr. Patrick Patterson

Absent:
Dr. Cara Poland
Mr. Kyle Rambo
Dr. Cameron Risma
Dr. Sarah Stoddard

The Chair asked the clerk to prepare a letter of recommendation for legislative leadership's consideration for Dr. Poland to sign as Commission Chair and transmit to legislative leadership.

VI. OAC Key Items and Activities

The Chair directed attention to Ms. King to open discussion around key items and activities related to the report and OAC recommendations.

- Community feedback
- Status of OAC recommendations
- Opioid Planning Collaborative (Community Engagement and Planning Collaborative)

VII. OAC Opioid Planning Collaborative

- Proposed candidates
- Group specifics and timeline
- Next steps

The Chair called for break at 11:18 a.m.

The Chair called the meeting to order at 11:28 a.m. The Chair asked the clerk to take roll. The clerk reported a quorum was present. The Cahir asked for absent members to be excused.

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

VIII. Michigan Department of Health and Human Services (MDHHS): Department Updates
The Chair welcomed MDHHS attendees and opened the floor for MDHHS to discuss updates.

IX. Commission Member Comment
The Chair noted the Commission Member comments were discussed during MDHHS updates.

X. Public Comment
The Chair asked if there were any comments from the public.
Bringing attention to the Commission the harms that opioid prohibition has caused chronic pain patients (CPPs) and asked for support in correcting the problem.

- Ms. Darlene Berger, Chronic Pain Community and Michigan Doctor Patient Forum
- Ms. Jane Cavanagh
- Ms. Brandy Novicka, disabled paralympic athlete

XI. Next Meeting Date
The Chair announced the next meeting date for Thursday, July 20, 2023 at 10:00 a.m. The Chair reminded Commission members a majority of seven (7) Commission members in attendance is required to conduct Commission business and instructed Commission members to let the clerk know if availability has changed.

XII. Adjournment
There being no further business before the Commission the Chair adjourned the meeting at 12:02 p.m. with unanimous support.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Boilerplate for Behavioral Health Services

FY 2022-23 CURRENT LAW	FY 2023-24 EXECUTIVE	FY 2023-24 HOUSE	FY 2023-24 SENATE
(2) New House Language.		**(2) On a semiannual basis, the department shall provide a report to the report recipients required in section 246 of this part on all of the following: (a) Total revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund since the creation of the fund. (b) Revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund during the previous 6 months. (c) The estimated revenues to be deposited into and the spending plan for the Michigan opioid healing and recovery fund for the next 12 months.**	

OPIOID ADVISORY COMMISSION

May 11, 2023

FOCUS AREAS

i. **Status Updates: OAC recommendations for legislative action**
   a. Updates regarding General Government and DHHS budget bills (House/Senate appropriations subcommittees)
   b. OAC Funding recommendations and alternative paths
   c. Next Steps

ii. **OAC reporting structure**
   a. Quarterly progress reports (proposed)
   b. Reporting/review timeline
   c. Contents
   d. Distribution plan and public access
   e. Annual Report

iii. **Regional listening sessions**
   Steps to support community inclusion and qualitative data collection
   a. Plan for monthly regional listening sessions (proposed)
   b. Logistics and coordination—member participation
   c. Data collection methods
   d. Roll-Out: Timeline/Dates (proposed)

iv. **Community Engagement and Planning Collaborative (Opioid Planning Collaborative)**
   Community work group to support statutory functions of the OAC
   Steering committee for key projects
   a. Overview and project details
   b. Selection process and public transparency
   c. Informational/engagement sessions
   d. Roll-Out: Timeline/Dates (proposed)
   e. Monthly consultation sessions (proposed)
      - **Tribal partners**
      - Individuals with lived experience
      - Health equity

OPIOID ADVISORY COMMISSION

REGIONAL LISTENING SESSIONS

9 of 10 PIHP regions covered by current members

Dr. Poland
Kent County/Region 3 Lakeshore

Patrick Patterson
St. Clair/Region 10

Kelly Ainsworth
Genesee/Region 10

Brad Casemore
Kalamazoo/Region 4 Southwest Behavioral

Judge Linda Davis
Macomb/Region 9 Macomb County CMH Services

Katharine Hude
Ingham/Region 5 Mid-State Health

Mona Makki
Wayne/Region 7 Detroit-Wayne Mental Health Authority

Scott Masi
Oakland/Region 8 Oakland County CMH Services

Mario Nanos
Livingston/Region 6 CMHPSM

Kyle Rambo
Marquette/Region 1 NorthCare

Dr. Risma
Kent/Region 3 Lakeshore

Dr. Stoddard
Washtenaw/Region 6 CMHPSM

PLANNING CONSIDERATIONS

- Monthly sessions, effective June 2023
- Determination of consistent days/times *Last Tuesday of the month at 4:00p (proposed)*
- Sessions to be held virtually, via Zoom
- Commissioner inclusion/collaboration necessary for regional awareness and engagement
- Strategies for building community awareness/engagement in listening sessions
- Collaboration with members of the "Collaborative"
- Strategies for ongoing regional engagement
- Identification of key stakeholders
- Standing agenda item *Reporting on listening session from month prior*

PROPOSED SCHEDULE

Full schedule to be developed/finalized by next OAC session

Tuesday, June 27, 2023 **4:00-6:00p** Region ____________

Commissioner:____

Tuesday, July 25, 2023 **4:00-6:00p** Region ____________

Commissioner:____

Tuesday, August 29, 2023 **4:00-6:00p** Region ____________

Commissioner:____

Tuesday, September 26, 2023 **4:00-6:00p** Region ____________

Commissioner:____

Tuesday, October 24, 2023 **4:00-6:00p** Region ____________

Commissioner:____

OPIOID ADVISORY COMMISSION

COMMUNITY PLANNING AND ENGAGEMENT COLLABORATIVE

"Opioid Planning Collaborative" as referenced in the OAC 2023 Annual Report

PURPOSE

The Community Planning and Engagement Collaborative (the "Collaborative") is intended to promote partnership and dialogue with Michigan communities and Tribes related to deployment of state and local opioid settlement funds, while assisting the OAC in fulfillment of its statutory functions. The "Collaborative" will improve direct engagement with Michigan's communities and Tribes, helping better inform Commission understanding of (a) community needs, gaps, and priorities; (b) cultural considerations for recommendations of the OAC to the State legislature; considerations of diversity, equity and inclusion for recommendations of the OAC to the State legislature; (c) strategies to reduce disparities in access to prevention, treatment, recovery and harm reduction services; (d) community/cultural considerations for overdose prevention; (e) community-specific goals and implementation strategies related to treatment and recovery services for substance use disorders (SUD), mental health conditions and co-occurring disorders (COD); (f) opportunities to enhance community/Tribal engagement activities.

RATIONALE

In accord with national guidance, the OAC recognizes that community inclusion is critical to any discussion of opioid settlement planning and implementation; ongoing dialogue about community gaps, priorities, recommendations, and cultural considerations is paramount to informed decision-making.

While members of the OAC are legislatively appointed, there are no statutory requirements (MCL 4.1851) that provide for equitable community or Tribal representation. The "Collaborative" would help promote equity through strategic community partnerships, enhancing statutory functions of the OAC and acting as a direct conduit between communities/Tribes and the Commission.

Considerations of equity should be made in consultation with racial/health equity experts and community/Tribal leaders. Initial suggestions include but are not limited to, prioritization of representatives from Michigan's "vulnerable communities" as measured by substance use vulnerability index (SUVI "Z" Score; 75th to 100th percentile) or other comparable/suggested measure(s); Tribal representation is prioritized, irrespective of community assessment/measure.

FUNCTION

The "Collaborative" is intended to:

1. Operate as a "Steering Committee" for any key projects of the OAC, including but not limited to (a) a statewide needs assessment*; (b) county and Tribal "planning incentives" *; (c) community engagement activities (ongoing).

**If legislatively approved for FY 2024*

2. Operate as an advisory body to the OAC on community/Tribal needs, gaps, priorities, and cultural considerations for all matters concerning opioid settlement policy and funding recommendation(s) to the State legislature.

3. Provide recommendations, formal or informal, for consideration by the OAC and/or inclusion in the annual report. Recommendations may include but not be limited to:

(a) Strategies for diversity, equity and inclusion, applicable to policy and/or funding recommendations of the OAC;
(b) Projects and/or goals advancing health equity;
(c) Considerations for the development/enhancement of community/Tribal engagement activities;
(d) Cultural considerations for "key indicators" of opioid remediation and/or opioid abatement;
(e) Community and/or cultural-specific strategies for reducing disparities in access to prevention, treatment, recovery, or harm reduction programming;
(f) Community-specific considerations for program sustainability, applicable to any funding recommendations of the OAC.

OVERVIEW
Per the OAC's 2023 Annual Report:
The OAC should act as a neutral convener of the Opioid Planning Collaborative, which should include, at a minimum partners from (a) state government, (b) local government and/or representative agencies, (c) Tribes and/or Tribal representative agencies, (d) community mental health and public SUD providers, (e) non-profit community foundations, (f) community health organizations, (g) recovery community organizations, (h) criminal justice system and/or organizations serving justice-involved persons (i) emergency/transitional/recovery housing organizations (j) health equity and (k) community engagement fields. Considerations of equity should be made in terms of representation on the Opioid Planning Collaborative, with prioritization for representatives from Michigan's "vulnerable communities" as measured by substance use vulnerability index (MI-SUVI) or other comparable measure. Membership shall not exceed fifteen (15) total members.

- Maximum **15 members** *Subject to change based on need/recommendation*
- OAC (staff) to function as a neutral convener to support group formation/development and ongoing facilitation; the OAC is not considered a member of the "Community Planning and Engagement Collaborative"
- Inclusion of representatives with "lived experience" is highly encouraged
- Minimum representation is recommended from the following key sectors/fields:
  a. **State government (state departments)**
  b. **Local government (counties/municipalities/townships)/representative agency for local government**
  c. **Tribal government (Tribes)/representative agency, if designated by the Tribes**
  d. **Community mental health and public SUD providers**
  e. **Non-profit community foundations**
  f. **Non-profit social service organizations**
  g. **Community and/or public health organizations**
  h. **Emergency, transitional, and/or recovery housing organizations**
  i. **Recovery Community Organizations (RCOs)**
  j. **Criminal legal system and/or organizations serving justice-impacted persons**

k. **Faith-based communities**
l. ***Leaders/experts in racial equity and/or health equity***
m. ***Leaders/expert(s) in community engagement***

CANDIDATE SELECTION

1. To the extent possible, every effort shall be made by the OAC to include recommended/referred candidates in the 2023-2025 cohort.
2. The OAC shall consider the following for candidate selection:
   a. Employment/affiliation with key sector(s)/fields
   b. Employment/residency/affiliation with priority/vulnerable communities (geographic)
   c. Prioritization of Tribal partners will be made, independent of geographic location
   d. Prioritization of individuals who represent multiple key sectors/fields will be made
   e. Prioritization of individuals who represent communities of color and Indigenous populations, lived experience (with substance use disorders, mental health conditions, co-occurring disorders and/or involvement in the criminal-legal system) and LGTBQIA+ communities, will be made
3. Considerations of equity should be made in terms of representation on the "Collaborative", with prioritization for representatives from Michigan's "vulnerable communities" as measured by Z-score in the 75th-100th percentile on the substance use vulnerability index (MI-SUVI) or other comparable measure.
4. Candidate referral sources include OAC members, OAC staff, community stakeholders, key offices/state departments and Tribal partners.
5. A referral method was utilized to identify candidates for the initial 2023-2025 cohort. The 2023-2025 cohort is being convened to assess project/work group feasibility within the target dates of the OAC 2023-2025 strategy.
6. The OAC intends to implement an equitable, public selection process for the 2025-2027 cohort; procedural recommendations include a public application process with accessible and transparent information on the "Collaborative", its functions and member expectations. The OAC recommends that all information on the application process, including timeline, selection metrics and selection process(es), be provided publicly and easily accessible.
7. The OAC shall provide publicly and easily accessible information on the "Collaborative", including but not limited to description, function and rationale, candidate identification methods, candidate selection processes and active members.

MEMBER EXPECTATIONS

1. Member understanding that participation in the "Collaborative" is entirely voluntary
2. Member understanding that participation in the "Collaborative" involves a two-year term limit, effective August 2023 – August 2025.
3. Member understanding that the "Collaborative" is an advisory work group, established in partnership with the Opioid Advisory Commission.
4. Member understanding of the Opioid Advisory Commission, statutory requirements of the Opioid Advisory Commission, and proposed function(s) of the Community Engagement and Planning Collaborative.
5. Member commitment to (a) advancing health equity, (b) elevating voices with lived experience, (c) engaging, including of and consulting with community and Tribal partners, (d) promoting public transparency and (e) developing meaningful collaboration across systems, sectors, jurisdictions, branches and communities.

6. Member commitment to participation in at least 50% of "Collaborative" sessions (annually)
7. Member consent to public listing of name as a representative of the "Collaborative"
8. If applicable, consent for financial disclosure/organizational affiliation to be made publicly available on the OAC website; applicable to individuals/organizations receiving state opioid settlement funds

MEETING SCHEDULE

Meeting schedule, frequency, and duration to be finalized by the "Collaborative" upon initial session

- Meeting Frequency
  - Minimum 1x/month
- Meeting Day/Time
  - Day: 1st Thursday of the Month
  - Time: 11:00-1:00p
- Meeting Type
  - Virtual: Zoom

PROPOSED SCHEDULE

Thursday, June 8, 2023 12:00 –1:00p Informational Meeting for Community and Tribal Candidates

Thursday, July 6, 2023 12:00 –1:00p Engagement Meeting for All Candidates

Thursday, August 5, 2023	11:00a – 1:00p	Opening Session (Session 1)
Thursday, September 7, 2023	11:00a – 1:00p	Session 2
Thursday, October 5, 2023	11:00a – 1:00p	Session 3
Thursday, November 9, 2023	11:00a – 1:00p	Session 4
Thursday, December 7, 2023	11:00a – 1:00p	Session 5
Thursday, January 4, 2024	11:00a – 1:00p	Session 6
Thursday, February 1, 2024	11:00a – 1:00p	Session 7
Thursday, March 7, 2024	11:00a – 1:00p	Session 8
Thursday, April 4, 2024	11:00a – 1:00p	Session 9
Thursday, May 2, 2024	11:00a – 1:00p	Session 10

CONSULTATION SESSIONS *(proposed)*

1. **Tribal Partners** *Monthly*
   - Monthly calls to support inclusion from all federally recognized and historic Tribes
   - Explore collaboration with Tribal liaisons
   - Proposed day/time: last Thursday of the month at noon*

     **Meeting day/time to be determined by Tribal partners upon initial consultation*

- Purpose: Direct consultation with Tribal partners on needs, gaps, priorities, state settlement updates, OAC updates, "Collaborative" updates; Tribal recommendation to OAC on use of state opioid settlement funds; considerations/recommendations for planning and implementation of state opioid settlement funds

Target Date: September 2023
Tentative dates identified, June-October 2023

2. **Individuals with lived experience** *Monthly*
   - Monthly calls to support inclusion of individuals with lived experience (substance use disorders, mental health conditions, co-occurring disorders and/or involvement in the criminal-legal system)
   - Explore collaboration with key stakeholders and community partners
   - Proposed day/time: third Thursday of the month at noon
   - Purpose: Direct consultation with priority populations on needs, gaps, priorities, state settlement updates, OAC updates, "Collaborative" updates; stakeholder recommendation to OAC on use of state opioid settlement funds; considerations/recommendations for planning and implementation of state opioid settlement funds

   Target Date: September 2023
   Tentative dates identified, June-October 2023

3. **Health Equity** *Monthly*
   - Monthly calls to support inclusion of the following communities:
     - Communities of color
     - Ethnic and cultural minority communities
     - LGBTQIA+
     - Rural communities
   - Explore collaboration with key stakeholders and community partners
   - Proposed day/time: third Tuesday of the month at noon
   - Purpose: Direct consultation with priority populations on needs, gaps, priorities, state settlement updates, OAC updates, "Collaborative" updates; stakeholder recommendation to OAC on use of state opioid settlement funds; considerations/recommendations for planning and implementation of state opioid settlement funds

   Target Date: September 2023
   Tentative dates identified, June-October 2023

MICHIGAN OPIOID ADVISORY COMMISSION
2023 ANNUAL REPORT

Key Takeaways for Tribal Partners

Consideration of Tribal communities and Indigenous populations is a priority of the OAC. While Tribes may be receiving funds through the Tribal Opioid Settlements, the OAC believes that Tribal inclusion in planning and implementation of state opioid settlement funds is needed

Tribal partnership is necessary

Intentional efforts for collaboration with Tribal communities and Indigenous populations is necessary for Tribal inclusion in settlement planning and implementation

OAC Priorities

- Ensure Tribal representation on the Opioid Advisory Commission: Opioid Planning Collaborative
- Identify sustainable pathways for information sharing with Tribal partners
- Increase and maintain engagement efforts with Tribal partners and representative organizations
- Establish and maintain strategic partnerships with Tribal leaders and representative organizations to help inform the OAC's awareness of Tribal priorities, community needs and funding gaps

The OAC recommends funding to support Tribal planning incentives

OAC recommendations for fiscal year 2024 include planning incentives funded by state opioid settlement dollars, for participating federally recognized Tribes

Recommendation Specifics

- Planning incentives are recommended in the amount of $25,000 for each participating federally recognized Tribe
- Requirements of the planning incentives are to be developed by the Opioid Advisory Commission: Opioid Planning Collaborative
- At a minimum, two (2) of fifteen (15) members of the Opioid Advisory Commission: Opioid Planning Collaborative are reserved for designated Tribal representatives
- The OAC is awaiting determination from the state legislature on adoption of its recommendations, including Tribal planning incentives

The OAC prioritizes health equity and culturally competent practices in prevention, treatment, recovery and harm reduction for substance use disorders, mental health conditions and co-occurring disorders

For more information, contact OAC Program Coordinator, Tara King, at tking@legislature.mi.gov
Visit the OAC website at https://council.legislature.mi.gov/Council/OAC

MICHIGAN OPIOID ADVISORY COMMISSION
2023 ANNUAL REPORT

Key Takeaways for Tribal Partners

Increase public transparency around planning, use, and management of "State Share" opioid settlement funds

Expand community engagement and inclusion in all planning and implementation efforts for opioid settlement funds

Enhance collaboration across branches, departments, jurisdictions, and communities to support meaningful strategies and innovative solutions for opioid remediation

Increase legislative oversight to improve alignment with national guidance for use of opioid settlement funds

Findings

1. Michigan's advisory structure presents strengths for balanced and effective oversight, but statutory changes and appropriations oversight are needed to compel cross-branch collaboration, public transparency, and responsible management of the Michigan Opioid Healing and Recovery Fund.

2. The state must make deliberate efforts to facilitate community engagement and collaborative strategic planning to identify gaps in our state's opioid response activities and avoid redundancies in programming.

3. Existing sources of data are not being adequately leveraged to understand whether vulnerable, priority populations are receiving optimized care for co-occurring substance use disorders and mental health conditions.

View the OAC's 2023 Annual Report available at https://council.legislature.mi.gov/Council/OAC

MICHIGAN OPIOID ADVISORY COMMISSION

Key Takeaways from the 2023 Annual Report

Increase public transparency around planning, use, and management of "State Share" opioid settlement funds

Expand community engagement and inclusion in all planning and implementation efforts for opioid settlement funds

Enhance collaboration across branches, departments, jurisdictions, and communities to support meaningful strategies and innovative solutions for opioid remediation

Increase legislative oversight to improve alignment with national guidance for use of opioid settlement funds

Findings

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View the OAC's 2023 Annual Report available at https://council.legislature.mi.gov/Council/OAC

MICHIGAN OPIOID ADVISORY COMMISSION

Recommendations for the State Legislature Fiscal Year 2024

Support the OAC's FY 2023-2025 Strategic Plan

Dedicate appropriations not to exceed **$5 million** for a statewide needs assessment, county/tribal planning incentives, community engagement activities and a public dashboard

Section 5, Recommendations 1.6; 2.1-2.2; pages 43-44

1. Fund county and tribal planning incentives; incentive requirements to be determined by the OAC Opioid Planning Collaborative.
2. Fund a statewide needs assessment, as steered by the OAC Opioid Planning Collaborative.
3. Support ongoing community engagement activities, as directed by the OAC Opioid Planning Collaborative. Upon request of the OAC Opioid Planning Collaborative, ensure funding availability for community engagement activities.
4. Ensure creation of a consolidated, public dashboard specific to opioid settlement funds. Upon request of the OAC Opioid Planning Collaborative, ensure funding availability for development of a public dashboard.
5. Promote collaboration between legislators, the OAC and various state departments in the development of boilerplate language for the FY 2024 budget. Include language specific to "planning incentives", "statewide needs assessment", "community engagement activities" and a "public dashboard".

Implement detailed, public reporting requirements for state departments administering opioid settlement funds

Develop boilerplate language that ensures submission of annual settlement spend plans and regular reporting on use of opioid settlement funds to the OAC and public

Section 5, Recommendations 1.1-1.5; pages 40-42

1. Promote collaboration between legislators, the OAC and various state departments in the development of boilerplate language for the FY 2024 budget. Include language specific to "opioid settlement spend plans", "quarterly reports", "annual reports" and "data sharing agreements".
2. Establish reasonable statutory limits on annual legislative appropriations of monies from the Michigan Opioid Healing and Recovery Fund.
3. Compel the creation of "sub-funds" within the Michigan Opioid Healing and Recovery Fund.

Compel the Department of Health and Human Services to collect and report data on co-occurring substance use disorders and mental health conditions

Section 5, Recommendation 3.1; page 44

For more information, contact OAC Program Coordinator, Tara King, at tking@legislature.mi.gov

Visit the OAC website at https://council.legislature.mi.gov/Council/OAC

PROPOSED BY THE OPIOID ADVISORY COMMISSION (OAC)
Contact Information: Tara King, Program Coordinator; tking@legislature.mi.gov

FISCAL YEAR 2024

PROPOSED BOILERPLATE LANGUAGE FOR STATE DEPARTMENTS APPROPRIATED OPIOID SETTLEMENT FUNDS

Sec. _____. To adhere to recommendations of the legislature and the opioid advisory commission created under section 851 of the legislative council act, 1986 PA 268, MCL 4.1851, the department and any agency that receives opioid settlement funds under part 1 shall do all of the following:

(a) By October 31, provide an opioid settlement funds spend plan to the opioid advisory commission and chairs of the house and senate appropriations committees. All of the following apply to an opioid settlement funds spend plan:

(i) The plan must include all of the following:

(A) A rationale for proposed expenditures.

(B) A description of proposed processes for determining grantees or vendors, including proposed scorecard metrics.

(C) Target areas for opioid abatement measures.

(D) A description of measures for compliance monitoring.

(E) A description of equity strategies for planning, use, and implementation of opioid settlement funds.

(F) A description of sustainability considerations for initiatives and projects funded by opioid settlement funds.

(ii) The plan and any amendments to the plan must be released to the public not later than December 1. Modifications to language in the plan may be made for purposes of confidentiality.

(b) Within 30 days after the end of each fiscal quarter, provide a report to the opioid advisory commission on the department's or agency's use of opioid settlement funds. All of the following apply to a report under this subdivision:

(i) The report must include both of the following:

(A) Details of specific grant recipients contracted, encumbered, or issued payment of opioid settlement funds.

(B) Details of performance on the department's or agency's compliance metrics, as outlined in the department's or agency's opioid settlement funds spend plan.

(ii) The report must be made public within 90 days after submission to the opioid advisory commission. Modifications to language in the report may be made for purposes of confidentiality.

(c) By January 31, 2025, submit an annual report to the opioid advisory commission summarizing the department's or agency's use of opioid settlement funds. All of the following apply to an annual report submitted under this subdivision:

(i) The annual report must include all of the following:

PROPOSED BY THE OPIOID ADVISORY COMMISSION (OAC)
Contact Information: Tara King, Program Coordinator; tking@legislature.mi.gov

(A) A description of opioid settlement-funded projects and contracted providers.

(B) A summary and comparison of actual to intended uses of funds.

(C) A description of data collection, analysis, and evaluation methods.

(D) A description of key indicators for measuring opioid remediation and abatement.

(E) A description of equity practices in planning, use, and implementation of opioid settlement-funded projects.

(F) A description of community inclusion efforts in planning, use, and implementation of opioid settlement-funded projects, including a summary of community partnerships.

(G) A description of collaborative efforts, specific to cross-branch collaboration with legislative and judicial branches, interdepartmental partnerships, and state-local partnerships.

(H) A summary of sustainability considerations for settlement-funded projects.

(ii) The annual report must be made public within 90 days after submission to the opioid advisory commission. Modifications to language in the annual report may be made for purposes of confidentiality.

(d) By the end of the fiscal year, establish or be in the process of establishing a data sharing agreement with the opioid advisory commission. Details of the data sharing agreement must be determined between the department or agency, other departments and agencies receiving opioid settlement funds, and the opioid advisory commission.

PROPOSED BY THE OPIOID ADVISORY COMMISSION (OAC)
Contact Information: Tara King, Program Coordinator; tking@legislature.mi.gov

FISCAL YEAR 2024
BOILERPLATE LANGUAGE FOR FUNDING RECOMMENDATIONS OF THE OPIOID ADVISORY COMMISSION

Sec. _____. To adhere to recommendations of the legislature and the opioid advisory commission created under section 851 of the legislative council act, 1986 PA 268, MCL 4.1851, the department of treasury shall expend an amount, not to exceed $5,000,000.00 from the Michigan opioid healing and recovery fund, created in section 3 of the Michigan trust fund act, 2000 PA 489, MCL 12.253, to support the following:

(a) A planning incentive, not to exceed $25,000.00, granted to all eligible, voluntarily participating counties and all eligible, voluntarily participating, federally recognized tribes. Total appropriations for planning incentives and applicable administration fees must not exceed $2,500,000.00. All of the following apply to expenditures under this subdivision:

(i) The department of treasury shall administer the planning incentives for all eligible, voluntarily participating recipients.

(ii) Specific requirements for the planning incentives, including eligibility and participation requirements, will be determined by the opioid advisory commission opioid planning collaborative and must include considerations for recommendations as outlined by the opioid advisory commission, including but not limited to the following:

(A) Recipient participation in a statewide needs assessment.

(B) Demonstrable inclusion of community or tribal members in planning efforts for use of opioid settlement funds.

(C) Demonstrable efforts to increase public transparency around county or tribal use of opioid settlement funds.

(D) Identification of community needs, gaps, and priorities that may be used to inform spending of opioid settlement funds.

(E) Demonstrable efforts to adhere to nationally recognized guidance for the use of opioid settlement funds.

(F) Identification of proposed strategies to promote health equity.

(iii) The administrating agency shall provide recipients of the planning incentive with Exhibit E of the national opioid settlements, by the administrating agency.

(iv) To be eligible for the planning incentive, a recipient must commit to allocate and expend planning incentive money in adherence to Core Strategies or Approved Uses of the national opioid settlements, as outlined in Exhibit E.

(v) Administrative fees must not exceed 5% of total planning incentive costs.

(b) A statewide needs assessment, not to exceed $500,000.00. All of the following apply to expenditures under this subdivision:

Contact Information: Tara King, Program Coordinator; tking@legislature.mi.gov

(i) Project details, timeline, and implementation strategy for statewide needs assessment will be determined by the opioid advisory commission opioid planning collaborative and the opioid advisory commission.

(ii) The department of treasury, in partnership with the opioid advisory commission opioid planning collaborative and the opioid advisory commission shall determine vendors and selection processes and make considerations for data collection and analysis.

(iii) A web-based or comparable electronic portal, for purposes of registration and determination of eligible, voluntarily participating counties and tribes, is a component of the statewide needs assessment. Applicable vendors must possess the capacity to develop and maintain a web-based or comparable electronic portal.

(iv) Data collected as part of the statewide needs assessment must be made available to the opioid advisory commission and members of the opioid advisory commission opioid planning collaborative. All of the following apply to the data collected:

(A) Determination of data use and sharing must be made by the opioid planning collaborative and opioid advisory commission. Determinations must be made before completion of the statewide needs assessment.

(B) At a minimum, aggregated data collected from the statewide needs assessment must be made available for use in annual reporting of the opioid advisory commission.

(c) On request of the opioid planning collaborative or the opioid advisory commission, development and maintenance of a consolidated, public-facing dashboard on a website. The project, and any applicable administrative fees, must not exceed $1 million. All of the following apply to expenditures under this subdivision:

(i) A request for an independent, consolidated, public-facing dashboard, must be considered by the opioid planning collaborative or the opioid advisory commission if there is no such state-level publicly accessible dashboard on October 1, 2023.

(ii) The department of treasury, in partnership with the opioid planning collaborative or the opioid advisory commission, shall identify a vendor. To be eligible, a vendor must be able to develop and maintain an independent, consolidated, public-facing dashboard.

(iii) If applicable, administrative fees must not exceed 5% of total costs.

(iv) At a minimum, a public-facing dashboard must include all of the following:

(A) All applicable state department opioid settlement funds spend plans, quarterly reports, annual reports and expenditures of money from the Michigan opioid healing and recovery fund, as required by the legislature.

(B) Information on the national opioid settlements, including but not limited to estimated state share payments received, state allocation notices, applicable settlement agreements, and applicable state-local subdivision agreements.

(C) General resources related to prevention, treatment, recovery, and harm reduction services for substance use disorders, mental health conditions, and co-occurring disorders.

(D) General information and resources related to opioid remediation and abatement.

(E) Key indicators for opioid remediation and abatement as determined by the opioid advisory commission, opioid planning collaborative, department of health and human services, or other applicable entity.

(F) General information and resources related to health equity practices.

(G) General information and resources related to social drivers and determinants of health.

(H) General information and resources related to culturally responsive strategies for prevention and harm reduction practices.

(I) General information and resources related to naloxone, and naloxone access and distribution.

(d) On request of the opioid planning collaborative or opioid advisory commission, community engagement activities. The project, and any applicable administrative fees, must not exceed $1 million. All of the following apply to expenditures under this subdivision:

(i) The opioid planning collaborative or opioid advisory commission shall consider a request for community engagement activities in the first quarter of the fiscal year and determine the necessity of community engagement activities.

(ii) If community engagement activities are determined necessary, the opioid advisory commission opioid planning collaborative will develop a work plan and submit the plan to the chairs of the house and senate appropriations committees, not later than end of the second fiscal quarter. A work plan must include the following:

(A) A description of intended community engagement activities.

(B) The delivery of community engagement activities and the rationale for funding.

(C) If applicable, a proposed selection process for providers, consultants, and vendors.

(D) Strategic objectives, target dates, and intended outcomes of community engagement activities.

(E) A description of equity considerations for delivery of community engagement activities.

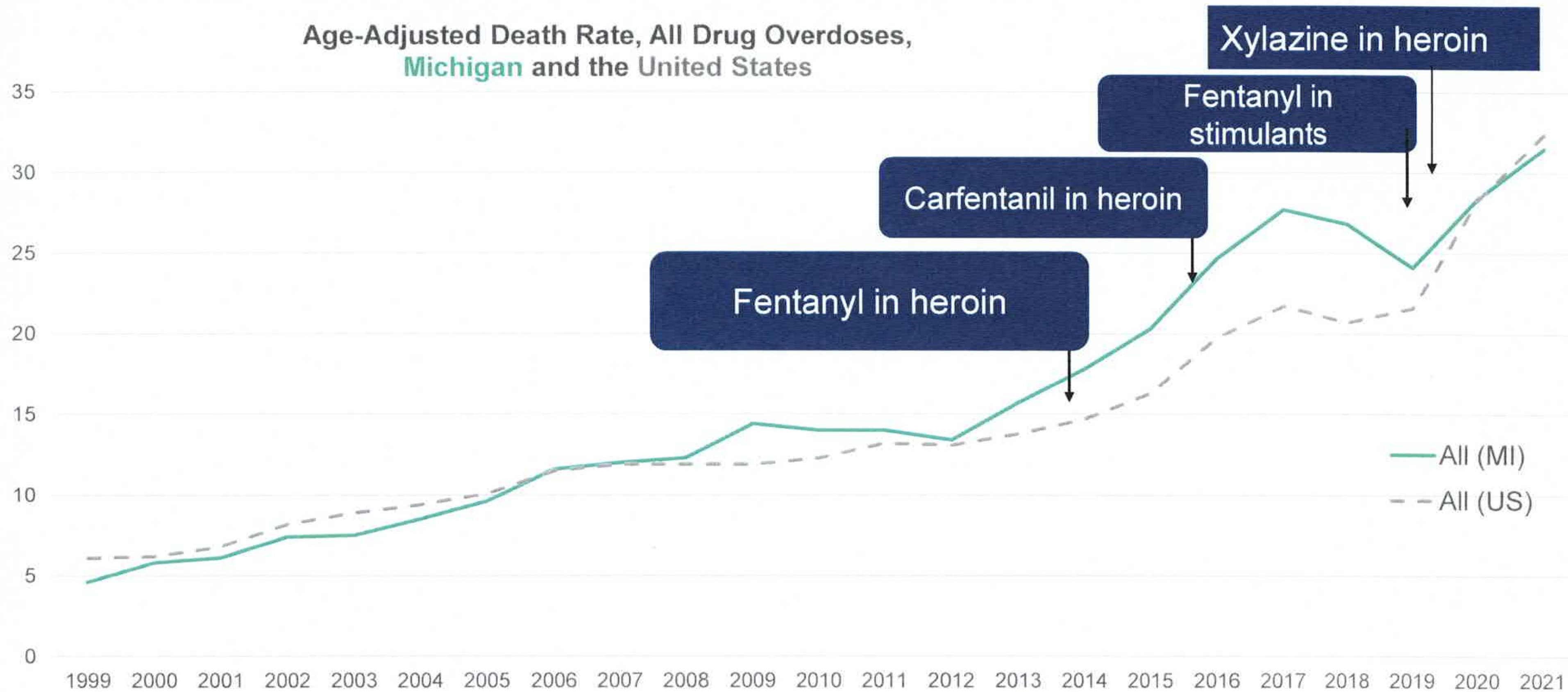
(F) A description of priority communities, rationale, and proposed engagement strategies.

(G) A proposed sustainability plan.

(iii) A summary of community engagement activities and applicable key findings must be included in the annual report of the opioid advisory commission.

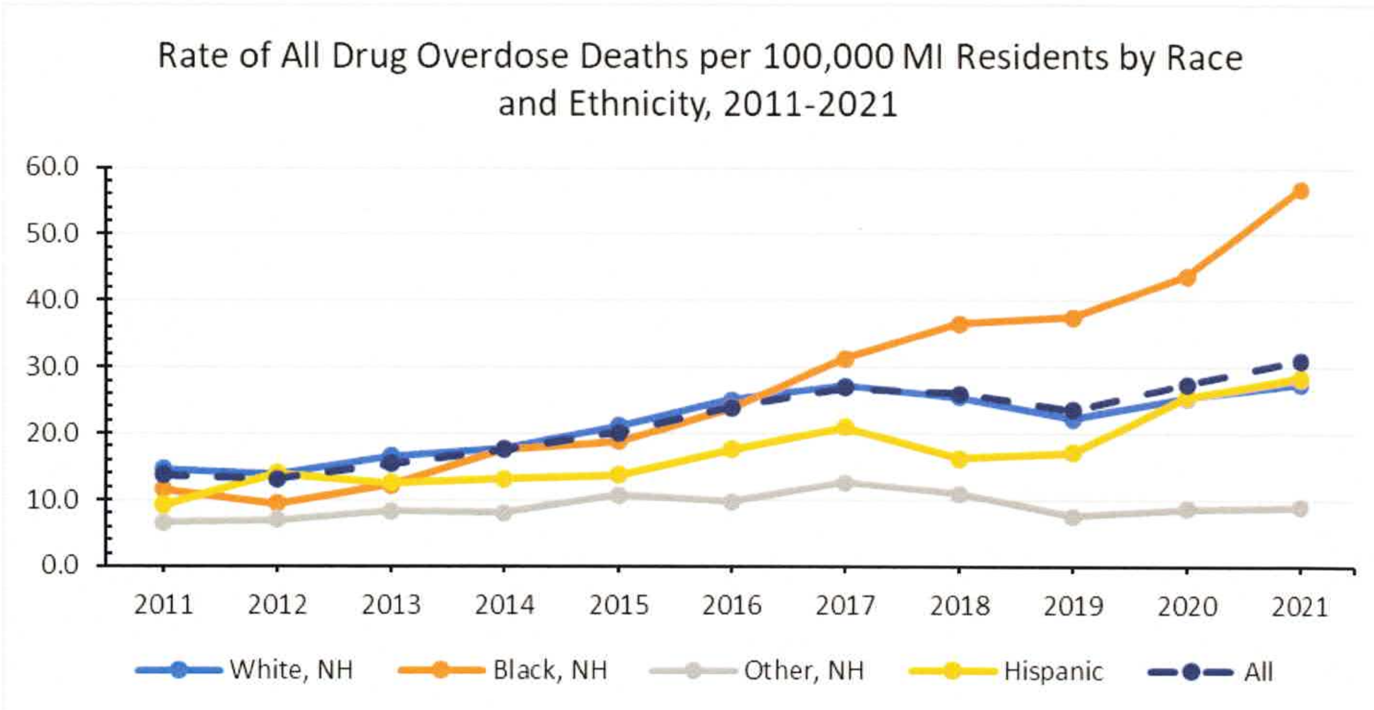
(iv) If applicable, administrative fees must not exceed 5% of total costs.

Overdose Deaths: a growing issue



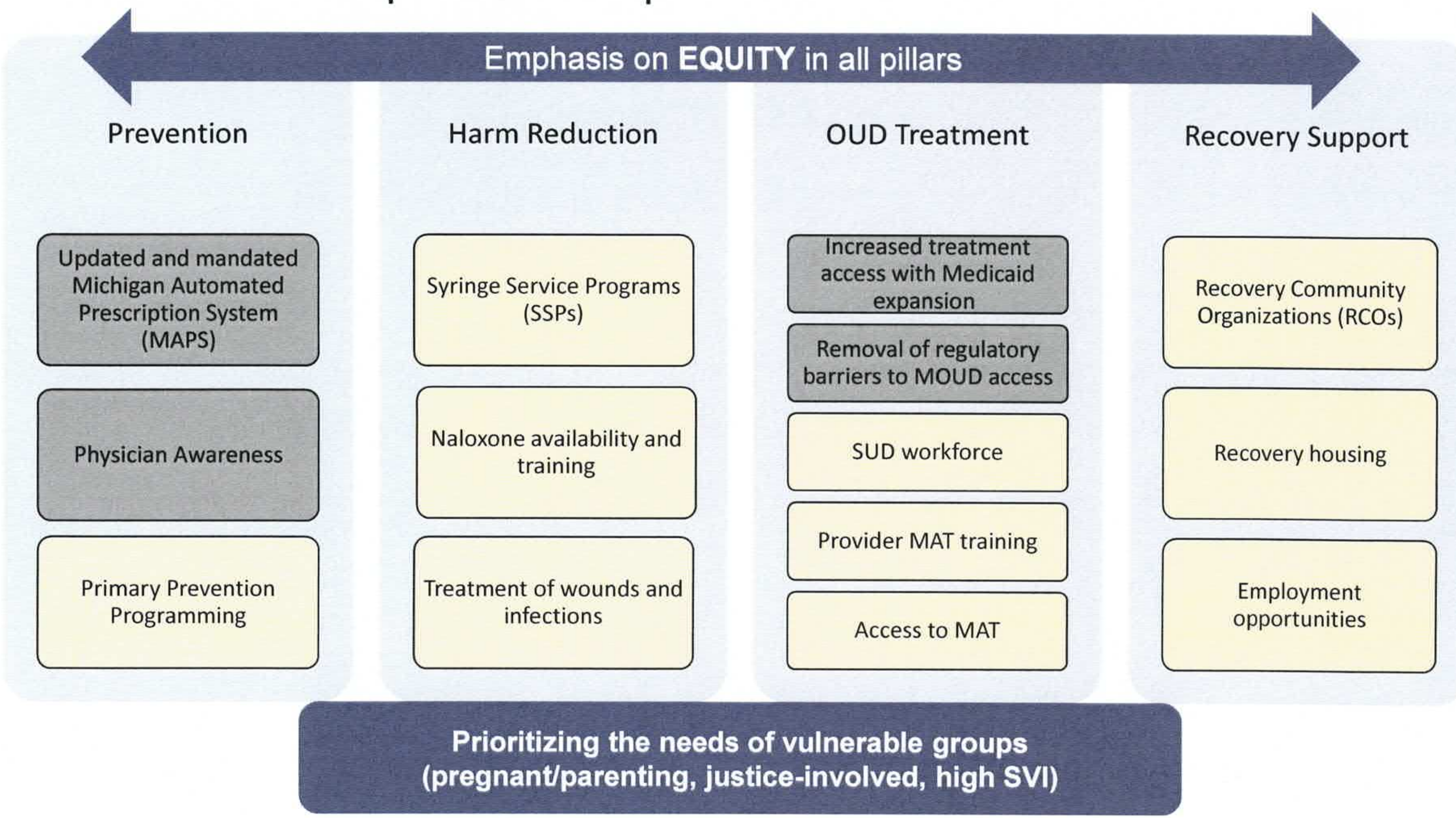
Source: Michigan Overdose Data to Action Dashboard

Overdose Deaths: racial disparities have increased



Source: Michigan Overdose Data to Action Dashboard

Opioid Response Framework



Treatment of Opioid Use Disorder

What's been done?

Increasing treatment access through the Healthy Michigan Plan

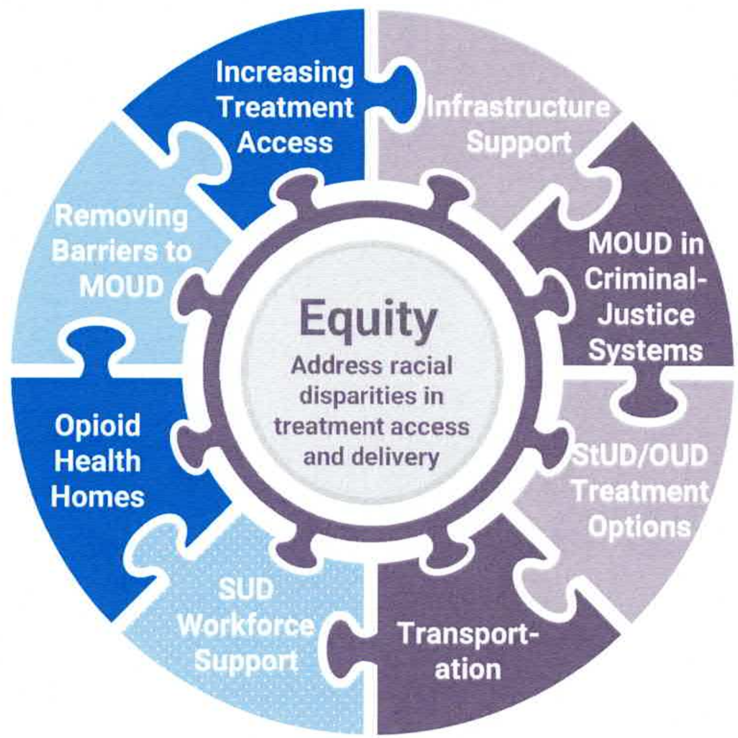
2014 Medicaid expansion has allowed for more individuals to receive SUD services.

Removing Medicaid MOUD Prior Authorization

Removed a key barrier in prescribing MOUD and helped increase access and prevent treatment delays.

Opioid Health Homes

Provide higher level of care management for qualifying individuals with OUD/Co-occurring Disorders.



What's next/continuing?

Provider infrastructure support

Enhancements and expansion of SUD providers physical infrastructure will increase capacity to serve clients needing services.

MOUD in criminal justice systems

Expansion of MOUD treatment to jails and prisons can prevent overdose risk and build connections to community treatment for individuals post-release.

Expansion of evidence-based treatment options for StUD & OUD

A rise in stimulant and polysubstance use has called for expansion of treatment options to include Contingency Management, the only evidence-based treatment for StUD.

Transportation

Reliable transportation is a significant barrier to treatment access and retention and better options need to be supported.

Support the SUD Workforce

Direct care wage increases, loan repayment programs for SUD professionals, and addiction fellowships implemented to support SUD workforce, **but more efforts needed under the Settlement to address continued workforce capacity challenges.**

Opioids Settlement: Spending timeline

- ✓ April 2022: First payment expected, did not occur until 9 months later
- ✓ July 2022: Legislature approved funding authorization
- ✓ October 2022: Notified of delayed payment due to Ottawa County litigation
- ✓ December 2022: First payment received by the State of Michigan from the Distributors
- ✓ January 2023: First payment received by the State of Michigan from Janssen

MDHHS
Michigan Department of Health & Human Services

Stakeholder engagement

- ✓ 2020: Statewide townhalls
- ✓ 2021: Engagement from over 100 person stakeholder advisory group on opioid settlement
- ✓ 2021-2022: Statewide community survey
- ✓ 2021-2023: Dozens of stakeholder meetings

MDHHS
Michigan Department of Health & Human Services

Engagement with partners

Meetings held with the following groups to discuss opioid settlements since 2021:

- ✓ Michigan's tribal governments and American Indian Health and Family Services
- ✓ Michigan Association of Counties
- ✓ Michigan Municipal League
- ✓ Michigan Townships Association
- ✓ Community Mental Health Association of Michigan
- ✓ Michigan Association for Local Public Health
- ✓ Michigan Association of Treatment Court Professionals
- ✓ Michigan Center for Rural Health
- ✓ Recovery Community Organizations
- ✓ Michigan Association of Recovery Residences
- ✓ Council of Michigan Foundations
- ✓ Michigan Sheriffs Association
- ✓ Many other organizations and community members

MDHHS
Michigan Department of Health & Human Services

Opioid Settlement FY23 Spend Plan Initiatives ($39 million)

Prevention
FY23: $4.5 million

- Adverse Childhood Experiences (ACEs) initiatives.
- Awareness campaigns.
- Quick Response Teams.

Treatment
FY23: $9.1 million

- Staffing incentives.
- Infrastructure grants.
- Expanding capacity to treat stimulant and polysubstance use.

Recovery
FY23: $7.6 million

- Recovery Community Organization grants.
- Recovery housing.
- Additional recovery supports.

Harm Reduction
FY23: $8.5 million

- Naloxone Portal.
- Syringe Service Programs Operations.

Other Initiatives
FY23: $9.3 million

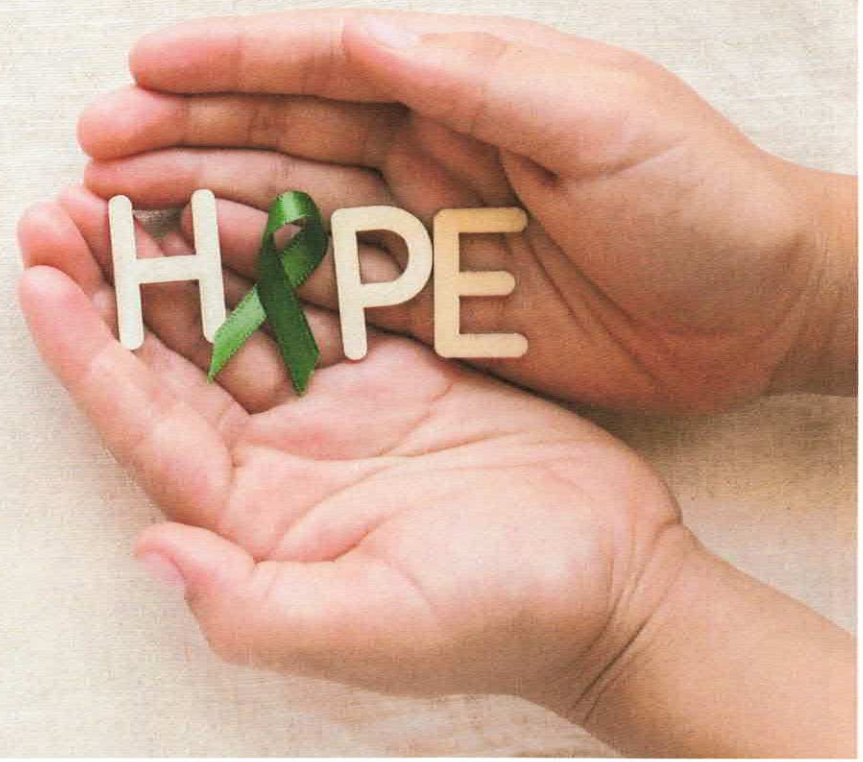
- Medications for opioid use disorder in prisons and jails.
- Overdose surveillance system improvements, maintenance, and rapid toxicology from medical examiners.
- High Touch High-Tech screening expansion for pregnant individuals.
- Rooming-In for infants born with Neonatal Abstinence Syndrome (NAS).
- Technical assistance to local governments on best practices.
- Projects related to opioids task force Racial Equity Workgroup.

MDHHS
Michigan Department of Health & Human Services

Local Partnerships

The Michigan Opioid Settlement Technical Assistance Collaborative

- ✓ In 2023, MDHHS contracted 3 universities to assist in providing technical assistance to county governments as they plan for investing Opioid Settlement funds
- ✓ Michigan State University, Wayne State University, and the University of Michigan will provide individualized technical assistance to priority counties
- ✓ Universities will also host learning collaboratives, and provide other resources, that will be made available to all local governments



Opioid Settlement Website

Goal launch date: June 2023

Website content will include:

- Overview and status of settlements
- Resources to support implementation of local opioid abatement strategies
- Allowable uses for funds and resources to aid in creation of strategies and spend plans
- A request form for accessing no-cost technical assistance for local governments
- A detailed description of state opioid abatement investments
- Program monitoring and evaluation dashboard for state initiatives
- Information on equity specific investments and equity considerations in all investments
- Contact information, including a link to a settlement-specific inbox at: MDHHS-opioidsettlementhelp@michigan.gov

Tribal partnerships

Partnership with Michigan's tribes:

- Met with the Michigan Association of Tribal Health Directors and Michigan Behavioral Health Communication Network in July 2022 to get feedback on opioid strategy, NGA polysubstance project, and racial equity workgroup
- Met with Michigan Association of Tribal Health Directors and Michigan Behavioral Health Communication Network to discuss contingency management pilot to address polysubstance use in 2023
- Worked with Director of Tribal Government Services and Policy to ensure opioid settlement fund RFPs would be inclusive of tribes and their service providers
- Working to better connect Indian Health Services data to MDHHS data in partnership with Great Lakes Intertribal Epidemiology Center to improve quality of SUD and overdose data and better identify American Indian/Alaskan Natives data
- Held numerous virtual meetings with tribal governments to discuss opioid settlements and to solicit and receive input from tribal practitioners about various opioid settlement initiatives being developed by MDHHS

MDHHS
Michigan Department of Health & Human Services

My public comments to
The Michigan Opioid Advisory Commission Meeting
May 11, 2023, 9:00 am to 12:00 pm

Good morning, thank you for allowing me to speak.

I want to start by bringing to your attention the harms that opioid prohibition has caused chronic pain patients (CPPs), and to ask for your support in correcting this problem.

Chronic pain patients have a lot in common with people who have use disorders the We both use opioids, and we're tired of being stigmatized for it. We both deserve to receive harm reduction services funded by opioid litigation money.

Some of you here know what horrible, intense pain feels like because you may have experienced childbirth, or a kidney stone, or a broken bone or other trauma from an auto accident; now imagine that pain never going away, never getting better, never healing. Imagine going to a doctor or an emergency department for help and being told you don't need opioid medication, you can just use Tylenol, or ibuprophen; or you can just do mindfulness meditation, or you can just go to therapy and be told to stop thinking about your pain, to just stop catastrophizing your pain.

Now imagine you were actually able to get a script for your intractable pain, but the pharmacist refuses to fill it.

This is happening all over our country. This is happening all over Michigan. We hear about it every day on the Michigan Doctor Patient Forum Facebook page.

Our doctors live in fear of losing their licenses and livelihoods to law enforcement, so they refuse to prescribe effective opioid medications for this type of long-term, intractable pain. Or they dismiss patients who ask for them because that's considered "drug-seeking behavior." Our doctors then document us as drug addicts undeserving of pain medication so they can avoid malpractice suits for denying appropriate pain care. And every doctor visit counts against us in our secret drug use risk score in MAPS.

This means CPPs are going without treatment. Parents can't take care of their kids; people lose their jobs because it's too painful to go back to work anymore, and they end up filing for disability. Some turn to illicit drugs or suicide.

Here's what CPPs want from the Commission:

1. We want funding for "Medication-Assisted Treatment (MAT)" for CPPs, too. Why should we be forced into failed opioid abstinence-only treatment when this isn't expected of people with use disorders? CPPs should not have to fake a substance use disorder to access subpar pain medication (buprenorphine and methadone).

2. We want CPPs to be supported with "comprehensive wrap-around services, including housing, transportation, education, job placement, job training, or childcare," and "peer support services and counseling, community navigators, case management," and "treatment with access to medications" the very same things you are suggesting the state provides for people with "OUD and any co-occurring SUD/MH conditions."

3. We want you to fund training for all types of practitioners to be trained in pain management, not in wholesale restriction of opioid use at any cost.

   a. We also want pharmacists stop denying scripts.

   b. We want doctors to stop torturing people with surgery and then refusing to supply them with opioid pain medication.

      It is frightening to us that there are groups in Michigan (OPEN) proposing the use of NO OPIOID MEDICATION after any type of surgery. Can any of you imagine going through a hip or knee replacement, or a spinal surgery without any opioid pain medication, or with only a few day's worth of medication? These surgeries take weeks and sometimes month to fully recover from the pain. This is unconscionable and should be recognized for the torture that it is.

      This is happening because certain doctors see a pile of money from opioid litigation and they want to get in on the payouts, so they put forth strategically misinterpreted studies to justify the promotion of "opioid-free surgeries and pain management."

4. We want the Commission to recognize that the pharmaceutical industry is manipulating us again. Indivior, the maker of buprenorphine, is exploiting opioid prohibition to capitalize on the use of its drug in MAT.

   Bupe stakeholders benefit from our criminalizing drug use and characterizing pain patients as addicts.

   Many people find buprenorphine more difficult to withdraw from than illicit drugs, heroin or fentanyl.

5. We want the Commission to know that the CDCs Guidelines for Prescribing opioids for Chronic Pain are not appropriate for use as a policy guideline because they were written by buprenorphine stakeholders and moral entrepreneurs who make (hundreds of thousands of dollars) their living by testifying in court against other doctors. It is in their best financial interests to characterize pain patients as addicts so that they can be exploited by the addiction and recovery industry and guided toward buprenorphine treatment.

6. We want you to stop using the Michigan Automated Prescription System, MAPS.

Because of this, **the Center for US Policy has petitioned the FDA to remove NarxCare products from the market**, and this includes MAPS, until the company, Bamboo Health/Appriss, can prove it is safe and effective.

MAPS is a prescription drug monitoring program based on NarxCare, a product that uses non-medical data, including method of payment for medication, distance traveled to a doctor's office, criminal justice records and insurance claims, and possibly data from banking, real estate, and other commercial transaction to conjure up a risk score that purports to show the likelihood that a patient will misuse substances or overdose. Because it's proprietary, we do not know about all the data used to calculate risk scores. But we can surmise that using non-medical data points to make medical decisions is going to perpetuate and exacerbate health disparities for black and Hispanic patients and for poor people.

When doctors us MAPS and wrongly denied medication for pain, OUD, anxiety, or insomnia, for example, the resultant harms include exposure to the illicit drug market, drug poisoning, suicide, and death.

7. In addition to funding programs focused on young people, **we want you to fund programs focused on supporting elderly and disabled people with chronic pain who require MAT.**

8. We want you to focus on supporting chronic pain patients in the workplace who require opioid medication.

9. We want CPPs to have access to free mental health services to address the wholesale gaslighting of their pain concerns.

10. In addition to providing free naloxone and fentanyl test strips to people who use illicit drugs, we want these things for CPPs, too, because current conditions are driving them to illicit markets for pain relief.

11. Finally, we want you to RESEARCH and seriously consider decriminalization and legalization of drugs. Please consider the Iron Law of Drug Enforcement in your deliberations about harm reduction: The law states that the more intensity you bring to drug law prohibition and enforcement, the more potent and dangerous the drugs become because it is easier to smuggle in powerful drugs in tiny amounts than larger amounts of safer, weaker drugs. The ACLU and many other organizations have come out in opposition to drug prohibition for this very reason: It does not work.

Thank you for allowing me to speak.

Sincerely,

Darlene Berger
Ferndale, MI