

# proposed minutes

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## Opioid Advisory Commission (OAC) Meeting

10:00 a.m. • May 23, 2024

Legislative Conference Room • 3<sup>rd</sup> Floor Boji Tower Building  
124 W. Allegan Street • Lansing, MI

### Members Present:

**Judge Linda Davis**

**Katharine Hude**

**Scott Masi**

**Dr. Cara Poland**

**Dr. Sarah Stoddard**

**Jamie Stuck**

**Representative Mary Whiteford (Fmr.)**

### Members Excused:

**Mona Makki**

**Patrick Patterson**

**Kyle Rambo**

Ms. Jennifer Dettloff serving as ex-officio to the Commission was in attendance.

### **I. Call to Order**

The Chair called the meeting to order at 10:10 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 14, 2024, Meeting Minutes**

The Chair directed attention to the proposed minutes of the March 14, 2024, meeting and asked if there were any changes. **Judge Davis moved, supported by Ms. Hude to approve the minutes of the March 14, 2024, 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. Public Comment**

The Chair asked if there were any comments from the public.

Mr. A.J. Dunaway representing Oxford House Inc., a recovery program from drug and alcohol addiction, attending today's meeting to gain perspective of the Commission's work.

### **V. Community Engagement and Planning Collaborative (CEPC) Updates**

The Chair directed attention to Ms. Amy Dolinky for an update of the Health Equity Subcommittee.

Ms. Dolinky reported the subcommittee has finalized its key terms and consideration document for the Commission's review. Ms. Dolinky also reported the subcommittee has not taken on any new tasks; however, the subcommittee will continue to meet.

The Chair directed attention to Mr. Dominick Gladstone for an update of the Community Engagement & Planning Committee.

Mr. Gladstone provided materials for his report of the Community Engagement & Planning Committee.

## VI. Key Activities of the Opioid Advisory Commission (OAC)

- General Updates
- 2024 Action Guide
- Legislative Engagement
- Transition Plan
- Recruitment/Staffing Considerations

The Chair directed attention to Ms. Hude to open discussion around legislative engagement.

Ms. Hude provided materials regarding legislation activity and expressed the suggestion of drafting a letter to leadership and subcommittees reaffirming the recommendations from the Commission's annual report.

After further discussion, the Commissioners agreed for Ms. Hude to proceed to draft a letter reaffirming the Commission's recommendations. **Representative Whiteford moved, supported by Dr. Stoddard to approve Ms. Hude to draft a letter reaffirming the Commission's recommendations. There was no further discussion and the Chair asked for a roll call vote. The motion prevailed.**

Mr. Stuck noted that he was not re-elected to the Tribal Council but will continue to send reports to the tribe on behalf of the Commission.

The Chair opened for public comment. The Chair recognized Mr. Gladstone. Mr. Gladstone expressed the importance of being innovative. Mr Gladstone expressed concerns about getting caught up with the data and not listening to individuals in and working with communities.

The Chair recognized Ms. Dolinky. Ms. Dolinky noted she can assist with obtaining some reporting information.

Ms. Hude asked for an update on recruitment/staffing. Ms. Dettloff noted the OAC Program Coordinator posting is open until Tuesday, May 28, 2024.

## VII. Workgroup Member Comment

The Chair asked if there were any comments from workgroup members.

There were none.

## VIII. Commission Member Comment

The Chair asked if there were any comments from members of the Commission.

Judge Davis provided a book to Commissioners presented by Face Addiction Now (FAN) to educate today's youth about addiction and stigma. The book is entitled I'm Still A Person.

<https://www.stillaperson.com/>

## IX. Next Meeting Date: Thursday, July 11, 2024

## X. Adjournment

There being no further business before the Commission the Chair adjourned the meeting at 11:40 a.m. with unanimous support.

May 23, 2024

**Community Engagement and Planning Committee – REPORT**

From: CEPC

To: OAC

Ref: May 2, 2024 CEPC Meeting

The CEPC met May 2 for our regular monthly meeting. Without a current commission coordinator, we are moving forward but a little slower and more thoughtfully as we wait for a new coordinator to onboard.

We met as a whole and did not separate into our usual workgroups – Community Engagement and Health Equity. We are navigating our way through the process and making progress at each turn.

Our group is currently working on the following –

- The CEPC submitted a comprehensive list of key terms to the OAC for adoption. The key terms will provide clarity in our reports, findings, and recommendations. We reviewed this at our meeting.
- Members provided agency and opioid settlement updates as they knew them to be. We greatly value this information sharing time.
- Amy Dolinky provided us some additional information with website links to resources in the opioid space.
- We continue to identify barriers to communication and collaboration.
- We are identifying opportunities that could assist us in breaking barriers to communication.
- Better identifying the current landscape and gaps, leading toward proposed solutions.
- Our work plan is still in development and will continue to be a “work in progress” as we move toward our “findings and recommendations” report later this year.

We will continue our work and we appreciate the opportunity to be of service.

Respectfully submitted,

Dominick Gladstone

## HOUSE 5556 – 05.15.24

<https://www.legislature.mi.gov/documents/2023-2024/billengrossed/House/htm/2024-HEBH-5556.htm>

76,605,600 MDHHS – create or supplement opioid-related programs & services

As a grant:

30M PIHPS

8,333,300 non-Medicaid hospital peer recovery coach services

5M tribal

250,000 association of recovery community organizations for peer recovery coach training

3,620,000 Great Lakes Recovery 1 time

3.2 supplement grants to RCOs

3M Andy's Place 1 time

total: 130,008,900

## Activity

**Passed** in Senate (5/15/2024) 20-16

**Advanced to Third Reading** in Senate (5/14/2024) With committee substitute S-1 adopted.

**Passed** in House (5/8/2024) 56-50; immediate effect

**Reported** in House (5/1/2024) By Appropriations Committee; (Agenda); H1 sub adopted

**Introduced** (3/12/2024) To Appropriations Committee

## **SENATE 767 – passed 05.14.24**

<https://www.legislature.mi.gov/documents/2023-2024/billengrossed/Senate/htm/2024-SEBS-0767.htm>

23,199,000 MDHHS

1M	Specialized SUD detox project administered by 911 service district
1,644,500	peer recovery support services to Medicaid enrollees eligible for services under H0038
2M	nonprofit promote community
3M	permanent supportive recovery housing project

total: 30,843,500

## **Activity**

**Passed** in House (5/21/2024) 56-51; Given Immediate Effect; Earlier advanced to Third Reading with floor substitute H-1 adopted.

**Passed** in Senate (5/14/2024) 20-16

**Advanced to Third Reading** in Senate (5/7/2024) S-1 substitute adopted with floor amendments

**Committee Hearing** in Senate Appropriations Committee (5/2/2024) --Canceled

**Reported** in Senate (5/1/2024) By Appropriations Committee; (Agenda); S-1 substitute adopted

**Committee Hearing** in Senate Appropriations Health and Human Services Subcommittee (4/23/2024) Agenda

**Introduced** (3/7/2024) To Appropriations Committee

# OPIOID ADVISORY COMMISSION **2024 Action Guide**

A supplemental tool for planning and  
strategy implementation



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## 2. Invest in communities

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Recommendation 2.1 (FY 2025 Appropriation)

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Recommendation 3.4

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# 1. Listen to communities

**1.1 Ensure that initiatives funded by settlement dollars are representative of community input. Elevate voices with lived experience and create regular opportunities for communities to be included in planning and implementation efforts. Prioritize inclusion of individuals and families, directly impacted, and from communities most profoundly impacted.**

## **Legislature and Department of Health and Human Services**

a. Utilize findings from the OAC's Community Impact Survey and Community Listening Sessions, to help inform funding efforts.

**See OAC 2024 Annual Report Appendix H: Data Snapshot (November 2023).**

b. Commit to ongoing inclusion of Michigan's communities as part of the state opioid settlement planning/budgeting process; provide opportunities for accessible and consistent community listening sessions.

c. Create intentional opportunities for engagement and inclusion of disproportionately impacted communities in the state opioid settlement planning/budgeting process—ensure that these activities are ongoing.

d. Create intentional opportunities for engagement and inclusion of Tribal communities in the state opioid settlement planning/budgeting process—ensure that these activities are ongoing.

e. Encourage the OAC and OTF to work together to monitor state practices around community inclusion in state opioid settlement planning/implementation. Support accountability by encouraging assessment of state practices through public findings (e.g., OAC Annual Report; OTF Annual Report).

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**1.2 Support an annual allocation of state settlement funds for outreach and engagement activities with disproportionately impacted communities.**

## **Legislature**

a. Develop and adopt a resolution supporting (i) public reporting of 100% of state settlement expenditures; (ii) community inclusion and engagement in state settlement planning; (iii) cross-system and intergovernmental collaboration in the planning, development, an implementation of state opioid response measures.

**See recommendations 7.1 and 7.2**

b. Appropriate funds from the Michigan Opioid Healing and Recovery Fund to support outreach and engagement activities with disproportionately impacted communities (as outlined in OAC **recommendation 2.1**).

## **Department of Health and Human Services**

a. Prioritize outreach and engagement with disproportionately impacted communities by allocating \$500,000 of opioid settlement funds within the Department of Health and Human Services' FY 2025 budget to support this aim.

**See recommendation 2.1**

b. Utilize the expertise of local communities, the OAC, the Community Engagement & Planning Collaborative (CEPC), the OTF, and the Office of Equity and Minority Health (OEMH) to help guide outreach and engagement activities.

## 2. Invest in communities

**2.1 Support the Governor’s recommendation for appropriation of opioid settlement funds to the Department of Health and Human Services. Support an increase of \$6 million for a FY 2025 “Community Investments” set-aside. Ensure that these dollars are used to create low-barrier community funding opportunities, administered by the Department of Health and Human Services.**

**Notes:** The following options have been presented in alignment with the strategic priorities, guiding principles, and current opinion of Opioid Advisory Commission. While initial recommendation was made for appropriation of state opioid settlement funds for the creation of “Community Investment” grant opportunities within the Department of Health and Human Services, concerns exist around (i) the Department’s capacity to administer low-barrier competitive funding opportunities on a quarterly basis; (ii) the Department’s current planning, communication, development, and implementation practices; and (iii) the potential suitability of other Department(s), and/or independent entities to administer grant funding opportunities, based on community proximity, service/sector specialization, demonstrable practices in intergovernmental and cross-system collaboration, and proven experience in both coordinating and administering competitive funding opportunities.

**Three (3) options are presented for consideration by the state leaders, noting that Options A and B are strongly preferred by the members of the Opioid Advisory Commission, over Option C, previously outlined in the OAC’s 2024 Annual Report.**

### Legislature [Option A]

Alternative State Department or Other Independent Entity(s);  
Department of Health and Human Services

**Option A.** Calls for the creation and administration of a “Community Investments” grant opportunity by an entity other than the Department of Health and Human Services; the entity may be another state agency or an independent entity with a statewide presence and/or local presence in all 83 counties of Michigan; the entity shall be determined by the Michigan Legislature.

### Details

a. Appropriate a total of \$23,699,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services for FY 2025.

(i) Support the Governor’s proposed budget by appropriating \$23,199,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services.

(ii) Appropriate an additional \$500,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services for community engagement activities with disproportionately impacted communities.

b. Appropriate a minimum of \$5,500,000 from the Michigan Opioid Healing and Recovery Fund to an entity with (i) a presence in and/or engagement with all in all 83 counties of the state; (ii) proven experience administering competitive grant opportunities to community entities/providers; and (iii) capacity to administer competitive grant opportunities on a recommended quarterly basis for FY 2025.

Prioritization given for an entity with existing knowledge of and experience in the state opioid settlement space and existing coordination with state and/or community entities.

### Process

Direct appropriation of \$5,500,000 from the Michigan Opioid Healing and Recovery Fund to an entity determined by the Legislature; direct appropriation to be administered through the Department of Health and Human Services budget or another departmental budget, as desired by the Legislature.

Informal agreement between House and Senate Health and Human Services Appropriations Subcommittees, House and Senate Appropriations Committees, Legislative Leadership and the Department of Health and Human Services regarding integration of community engagement activities for FY 2025, with a minimum budget of \$500,000.

### Proposed Boilerplate Language

See pages 15-16 for [Option A] proposed boilerplate language.

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### Legislature [Option B]

Regional Entity(s);

Department of Health and Human Services

**Option B.** Calls for the creation and administration of a “Community Investments” grant opportunity by a regional entity other than the Department of Health and Human Services, as determined by the Michigan Legislature.

### Details

a. Appropriate a total of \$23,699,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services for FY 2025.

(i) Support the Governor’s proposed budget by appropriating \$23,199,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services.

(ii) Appropriate an additional \$500,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services for community engagement activities with disproportionately impacted communities.

b. Appropriate a minimum of \$5,500,000 from the Michigan Opioid Healing and Recovery Fund to an entity with (i) a regional presence in the state of Michigan; (ii) proven experience administering competitive grant opportunities to community entities/providers; and (iii) capacity to administer competitive grant opportunities on a recommended quarterly basis for FY 2025.

Prioritization given for an entity with existing knowledge of and experience in the state opioid settlement space and existing coordination with state and/or community entities.

### Process

Direct appropriation of \$5,500,000 from the Michigan Opioid Healing and Recovery Fund to a regional entity determined by the Legislature; direct appropriation to be administered through the Department of Health and Human Services budget, as desired by the Legislature.

Informal agreement between House and Senate Health and Human Services Appropriations Subcommittees, House and Senate Appropriations Committees, Legislative Leadership and the Department of Health and Human Services regarding integration of community engagement activities for FY 2025, with a minimum budget of \$500,000.

### **Proposed Boilerplate Language**

See pages 16-18 for [Option B] proposed boilerplate language.

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### **Legislature [Option C]**

Department of Health and Human Services

**Option C.** Calls for the creation and administration of a “Community Investments” grant opportunity by the Department of Health and Human Services, as recommended in the OAC 2024 Annual Report.

#### **Details**

a. Appropriate a total of \$29,199,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services for FY 2025.

(i) Support the Governor’s proposed budget by appropriating \$23,199,00 million from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services.

(ii) Appropriate an additional minimum of \$6,000,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services for the creation of “Community Investments” (low-barrier, competitive grant opportunities) and community engagement activities with disproportionately impacted communities.

#### **Process**

Informal agreement between House and Senate Health and Human Services Appropriations Subcommittees, House and Senate Appropriations Committees, Legislative Leadership and the Department of Health and Human Services.

### **Proposed Boilerplate Language**

See pages 18-19 for [Option C] proposed boilerplate language.

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### **Department of Health and Human Services**

a. Ensure minimum allocations within the FY 2025 budget, for each of the four (4) priority areas: prevention, treatment, recovery, and harm reduction.

**See proposed boilerplate language** (pages 15-19)

b. Honor the spirit of “Community Investments” by creating low-barrier funding opportunities within the FY 2025 budget for competitive grants to entities providing “prevention, treatment, recovery, and harm reduction” services in/to disproportionately impacted communities.

**See [Option C] proposed boilerplate language** (pages 18-19)

c. At a minimum, offer “Community Investment” funding opportunities on a quarterly basis to increase community access and awareness.

**See [Option C] proposed boilerplate language** (pages 18-19)

d. Work with the OAC, OTF, Community Engagement & Planning Collaborative (CEPC), Office of Equity Health, and community partners, to support low-barrier access in disproportionately impacted communities. Ensure that the application for funds is accessible and easily navigable; ensure that reporting/data collection is reasonable, with minimal administrative burden.

e. Support recommendation for implementation of community outreach and engagement activities to disproportionately impacted communities, as outlined in OAC **recommendations 1.2, 2.1, 2.2, 7.1, and 7.2.**

## **2.2 Ensure that communities, especially those most profoundly impacted, have awareness of potential funding opportunities, knowledge of application pathways, and adequate support to access potential funding.**

### **Legislature**

a. Develop and adopt a resolution supporting (i) public reporting of 100% of state settlement expenditures; (ii) community inclusion and engagement in state settlement planning; (iii) cross-system and intergovernmental collaboration in the planning, development, and implementation of state opioid response measures.

b. Support constituents and legislative districts by actively informing communities about state opioid settlement work, state resources (including the OAC), and available funding opportunities.

c. Review the Michigan Overdose Data to Action (MODA) Dashboard, specifically the Substance Use Vulnerability Index (MI-SUVI). Review Appendices E and F of the OAC's 2024 Annual Report to build familiarity with the counties and ZIP codes with highest vulnerability to adverse substance use outcomes, according to the State's Substance Use Vulnerability Index [75th-100th percentile; MI-SUVI 2020].

d. Prioritize outreach and engagement with disproportionately impacted communities in legislative districts, including but not limited to the following:

(i) High SUVI communities (75th – 100th percentile; MI-SUVI; 2020)

(ii) BIPOC communities

(iii) Justice-Impacted Individuals

(iv) Individuals and families impacted by housing instability, including those currently or recently unhoused

### **Department of Health and Human Services**

a. Integrate communication and support for funding opportunities within community outreach and engagement activities.

#### **See recommendation 1.2**

b. Work with existing offices and entities, including but not limited to the Office of Equity and Minority Health (OEMH), OAC, OTF, CEPC, and community partners, to develop communication, engagement, and technical assistance strategies for disproportionately impacted communities.

c. Increase communication and information distribution among state, regional, and local entities to increase awareness of funding pathways and upcoming opportunities.

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## **2.3 Explore opportunities for endowing a portion of state settlement funds for future opioid remediation.**

### **Legislature and Executive Office of the Governor (EOG)**

a. **Legislative Leadership:** Partner with the Governor's office to model collaboration. Jointly convene a semi-annual state opioid settlement meeting, with inclusion of all key partners.

b. An initial meeting should be held no later than Q1 of FY 2025. During this meeting, endowment opportunities should be explored.

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## 3. Prioritize communities most impacted

**3.1 Prioritize Tribal communities by ensuring an appropriation from the Michigan Opioid Healing and Recovery Fund to Tribal Nations for FY 2025. Consult with the United Tribes of Michigan (UTM) and all twelve (12) individual Sovereign Nations to determine appropriate funding mechanisms and distribution methods. Support data sovereignty and ensure low-barrier pathways for direct appropriation of state settlement dollars to Tribal Nations. Explore opportunities for traditional healing practices and culturally responsive care, through recurring funding to Tribal communities.**

### Legislature

a. Review the OAC's 2024 Annual Report, Appendix D: State Practices in Tribal Prioritization.

b. **Legislative Leadership:** Conduct direct outreach to Tribal Leaders from each Sovereign Nation and convene a group planning meeting within the next 60 days (Q3 FY 2024), with inclusion of Tribal Leadership, Tribal Health/Behavioral Health Directors, Legislative Leadership, Chairs and Minority Vice Chairs of the Appropriations Committees, Chairs and Minority Vice Chairs of the HHS Appropriations Subcommittees, and representatives from the House and Senate Fiscal Agencies, to determine the following:

- (i) Appropriation options to support recommendation 3.1;
- (ii) Appropriate funding mechanisms to support recommendation 3.1
- (iii) Distribution methods to support recommendation 3.1.

c. Develop boilerplate language within the state budget bill that supports recommendation 3.1. Ensure that language supports direct appropriation from the Michigan Opioid Healing and Recovery Fund to Sovereign Nations and exists in both chambers' bills prior to conference.

d. **[Statutory Change]** Amend Public Act 83 of 2022 (MCL 12.253) to support annual appropriation from the Michigan Opioid Healing and Recovery Fund to Sovereign Nations, for traditional healing practices and/or culturally responsive prevention, treatment, recovery, and/or harm reduction efforts in Tribal communities. See recommendation 3.2

e. Consult with Tribal Leadership from all twelve (12) Sovereign Nations and consider existing/proposed statutes from Minnesota and Washington to guide development of statutory language for amendment of Public Act 83 of 2022 (MCL 12.253).

### Proposed Boilerplate Language

See page 20 for proposed boilerplate language.

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**3.2 Create intentional funding opportunities for communities most profoundly impacted by the addiction and mental health crisis. Use objective measures to define and determine community vulnerability. Ensure that most settlement funds are directed for use in Michigan's most impacted communities.**

### Legislature

a. Adopt **recommendation 2.1** for the creation of "Community Investments" (grant opportunities) to community providers working in/with disproportionately impacted communities.

b.**[Statutory Change]** Amend Public Act 83 of 2022 (MCL 12.253) for the purpose of ensuring annual appropriation of opioid settlement funds to communities disproportionately impacted by the addiction and mental health crisis.

### **Target Areas for Legislative Amendment**

Public Act 83 of 2022 (MCL 12.253)

(i) Ensure that a minimum of \$[Appropriation Amount] be appropriated on a fiscal year basis to the Department of Health and Human Services for the administration of “Community Investments”, low-barrier competitive grant opportunities, to/with disproportionately impacted communities.

(ii) Ensure that a minimum of \$[Appropriation Amount] be appropriated on a fiscal year basis to the Department of Health and Human Services for facilitation of community outreach and engagement activities with disproportionately impacted communities.

(iii) Ensure that a minimum of \$[Appropriation Amount] be appropriated on a fiscal year basis for use with prevention supports and/or services.

(iv) Ensure that a minimum of \$[Appropriation Amount] be appropriated on a fiscal year basis for use with treatment supports and/or services.

(v) Ensure that a minimum of \$[Appropriation Amount] be appropriated on a fiscal year basis for use with recovery supports and/or services.

(vi) Ensure that a minimum of \$[Appropriation Amount] be appropriated on a fiscal year basis for use with harm reduction supports and/or services.

(viii) Ensure that a minimum of \$[Appropriation Amount] be appropriated on a fiscal year basis for use with development and or maintenance health equity initiatives.

(ix) Create a “Tribal healing and wellness” sub-fund within the Michigan Opioid Healing and Recovery Fund. Ensure that a minimum of \$[Appropriation Amount] be directed to the “Tribal healing and wellness” sub-fund for direct appropriation to Sovereign Nations. Direct appropriations from the “Tribal healing and wellness” sub-fund shall support traditional healing practices and/or culturally responsive prevention, treatment, recovery, and harm reduction services in Tribal communities.

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**3.3 Ensure that dollars are directed to support health equity. Prioritize the needs of BIPOC and rural communities in settlement-funded initiatives. Ensure that low-barrier funding opportunities are easily accessible to these communities.**

### **Legislature**

a.Encourage prioritization of BIPOC and rural communities, especially those with high SUVI [75th-100th percentile; MI-SUVI 2020] scores, in the development of Department Health and Human Services opioid settlement investments.

b.Through boilerplate language (Section 917), require legislative reporting from the Department of Health and Human Services to include (i) the geographic location of vendors/grantees (ZIP and/or county) funded by state opioid settlement dollars and (ii) description of expenditures to/in/with disproportionately impacted communities, if applicable.

**See proposed boilerplate language** (pages 15-20)



- c. Engage in ongoing dialogue with the OAC and encourage monitoring of state settlement investments for use with disproportionately impacted communities.
- d. Support **recommendation 3.2** "Target Areas of Legislative Amendment".

### **Department of Health and Human Services**

- a. Prioritize disproportionately impacted communities, especially BIPOC and rural communities with high SUVI [75th-100th percentile; MI-SUVI 2020] scores, in opioid settlement funding opportunities offered by the Department of Health and Human Services.

**Consideration:** Demonstrate prioritization in the scoring metrics for any competitive and/or non-competitive funding opportunities (Request for Funding Proposals; RFPs).

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**3.4 Ensure representation from disproportionately impacted communities in state advisory spaces. Support the OAC in amending Public Act 84 of 2022 (MCL 4.1851) to reflect Commission membership that is representative of the geographic, racial, ethnic, and cultural diversity of Michigan.**

### **Legislature**

- a. Collaborate with the OAC to explore recommended changes to existing statutory language of Public Act 84 of 2022 (MCL 4.1851). Consider Minnesota's Opioid Epidemic Response Advisory Council statute (256.042) as guidance for amendment to Public Act 84 of 2022.
  - b. Support suggested statutory changes of the OAC by introducing an amendment to Public Act 84 of 2022 (MCL 4.1851) for the 2025 legislative session.
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## 4. Develop a plan

**4.1 Act as an accountability partner for the Department of Health and Human Services to ensure the development of a clear, transparent, and publicly accessible state plan for the use of opioid settlement funds.**

### **Legislature**

a. Through the state budget-development process, encourage that the Department of Health and Human Services develop a multi-year opioid abatement plan, specific to the use of state opioid settlement funds. Encourage that the Department provide an outline and/or process map for plan development through publicly posting to the Department of Health and Human Services opioid settlement website no later than the end of Q1, FY 2025. Encourage that the initial plan be developed and made publicly available by end of Q2 FY 2025.

### **Department of Health and Human Services**

a. Utilize the expertise of lateral advisory groups such as the Opioid Advisory Commission, Opioids Task Force, Mental Health Diversion Council, Michigan Suicide Prevention Commission, as well as the Office of Equity and Minority Health (OEMH) and other community partners to develop a multi-year opioid abatement plan, specific to the use of state opioid settlement funds. Utilize asset mapping and landscape analysis as part of the strategic planning/development process.

**See recommendation 6.1**

b. Provide an outline and/or process map for plan development through public posting to the Department of Health and Human Services opioid settlement website no later than the end of Q1, FY 2025. Develop and provide public posting of a preliminary plan, no later than end of Q2 FY 2025.

**See recommendation 6.1**

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## 5. Optimize existing efforts

**5.1 Model collaboration and leadership by partnering with the Executive Office of the Governor (EOG) to establish an intergovernmental workgroup for information-sharing and coordination of state opioid settlement work.**

### **Legislature and Executive Office of the Governor (EOG)**

a. Hold an initial planning call by end of Q3 FY 2024 between Legislative Leadership offices and the EOG to explore action steps for establishment of an intergovernmental opioid settlement workgroup.

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**5.2 Ensure inclusion of the Opioid Advisory Commission, Opioids Task Force, local, regional, legislative, executive, judicial, and Tribal partners in the formation of a settlement workgroup.**

### **Legislature and Executive Office of the Governor (EOG)**

a. **Legislature:** Develop and adopt a resolution that calls for the formation of an intergovernmental opioid settlement workgroup.

b. Develop an implementation plan, including a timeline and key offices for membership. Ensure representation from the Opioid Advisory Commission and Opioids Task Force.

c. Ensure representation from key sectors through consideration of the following entities:

**Local:** Representative agencies that work with municipalities, townships, and/or counties.

**Regional:** Prepaid Inpatient Health Plans (PIHPs) and/or regional coalitions representing key sectors in health and/or behavioral health, treatment, recovery, and/or harm reduction.

**Legislative:** Chairs and Minority Vice Chairs and/or designees for appropriations committees and/or subcommittees; Chairs and Minority Vice Chairs and/or designees for health and behavioral health policy committees and/or subcommittees.

**Executive:** Department of Health and Human Services, Department of Attorney General, Department of Treasury, Department of Civil Rights, Department of Corrections, and the Michigan State Housing Development Authority.

**Judicial:** The judiciary and/or State Court Administrative Office (SCAO).

**Tribal Partners:** Tribal Leadership and/or Health/Behavioral Health Directors and/or designees, as determined by Leaders from the twelve (12) Sovereign Nations.

**Consideration:** Among the aforementioned entities/sector representatives, prioritize representation of individuals with lived experience, family members of individuals directly impacted, and/or individuals from disproportionately impacted communities.

**5.3 Utilize the convening power of the Governor’s office and support facilitation of the settlement workgroup. Prioritize facilitator expertise in health policy, behavior health policy, equity, and/or community engagement.**

**Legislature and Executive Office of the Governor (EOG)**

a.Ensure facilitator(s) expertise in health policy, behavioral health policy, equity, and/or community engagement, with consideration for a “co-facilitation” structure to support expertise of all aforementioned areas.

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**5.4 Appropriate a minimum of \$250,000 in non-settlement funds for the creation of an OAC budget under the Legislative Council (General Government). Support the OAC in carrying out its statutory obligations, as required by Public Act 84 of 2022 (MCL 4.1851).**

**Legislature**

a.Appropriate \$250,000 in non-settlement funds to the Legislative Council (General Government), for use with the Opioid Advisory Commission; monies appropriated for this purpose will support the Opioid Advisory Commission in fulfillment of its statutory requirements and key activities, as outlined in PA 84 of 2022 (MCL 4.1851).

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# 6. Invest for impact and sustainability

## 6.1 Conduct asset mapping of funds.

### Legislature

a. Through boilerplate language (Section 917), require legislative reporting from the Department of Health and Human Services to include prior funding sources for all settlement-funded initiatives receiving multi-year funding.

**See proposed boilerplate language** (pages 15-20)

b. Through legislative review of semiannual reports, conduct an audit of the Department of Health and Human Services for appropriate use of settlement funds in alignment with the (i) settlement agreement; (ii) Johns Hopkins Bloomberg School of Public Health "Principles"; and (iii) adherence to the statutory requirements of PA 83 of 2022 (MCL 12.253).

### Department of Health and Human Services

a. Utilize the expertise of lateral advisory groups such as the Opioid Advisory Commission, Opioids Task Force, Mental Health Diversion Council, Michigan Suicide Prevention Commission, as well as the Office of Equity and Minority Health (OEMH) and other community partners, to develop a multi-year opioid abatement plan, specific to the use of state opioid settlement funds. Utilize asset mapping and landscape analysis as part of the strategic planning/development process.

**See recommendation 4.1**

b. Provide an outline and/or process map for plan development through public posting to the Department of Health and Human Services opioid settlement website no later than the end of Q1, FY 2025. Develop and provide public posting of a preliminary plan, no later than end of Q2 FY 2025.

**See recommendation 4.1**

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## 6.2 Leverage settlement funds around the development of sustainability plans for all settlement-funded initiatives that are not considered "community investments" (low-barrier funding opportunities).

### Legislature

a. Through boilerplate language (Section 917), require legislative reporting from the Department of Health and Human Services to include status updates related to sustainability plan development. Noting a 3-year sustainability plan is recommended for use with all initiatives, with exception to "community investments" grant opportunities.

**See proposed boilerplate language** (pages 15-20)

### Department of Health and Human Services

a. Develop and routinely update a sustainability plan for settlement-funded initiatives that are not considered "community investments". Initiate this practice in FY 2025.

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# 7. Build trust through transparency (and engagement)

## 7.1 Commit to reporting 100% of state settlement expenditures to the public.

### Legislature

a. Develop and adopt a resolution supporting (i) public reporting of 100% of state settlement expenditures; (ii) community inclusion and engagement in state settlement planning; (iii) cross-system and intergovernmental collaboration in the planning, development, an implementation of state opioid response measures.

b. Through boilerplate language (Section 917), require legislative reporting from the Department of Health and Human Services to include (i) reporting of departmental expenditures of state opioid settlement funds, and (ii) public posting of settlement-related expenditure reports on the Department of Health and Human Services Opioid settlement website: [www.michigan.gov/opioids/opioidsettlements](http://www.michigan.gov/opioids/opioidsettlements)

See proposed boilerplate language (pages 15-20)

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### Department of Health and Human Services

a. Commit to reporting 100% of state settlement expenditures to the public through easily accessible means. Ensure clear and consistent language in the reporting of state settlement expenditures. Ensure that notice of posting is provided to community partners.

b. Collaborate with the Department of Treasury and State Budget Office to provide a quarterly “Snapshot” report that aligns with the reporting precedents set forth by the “[2023 Michigan Opioid Healing and Recovery Fund Annual Financial Report](#)”, currently available (Section 110 Opioid Response Activities Appropriation #57467 Fund 1584 FY 2023 Spending Plan; last updated November 15, 2023). Publicly post the “Snapshot” report, in alignment with the above recommendation for reporting 100% of state settlement expenditures to the public.

c. Post all legislatively required reports (Sec. 917) to the Department of Health and Human Services Opioid Settlement website, within 30 days of the statutorily identified submission date(s).

Settlement website: [www.michigan.gov/opioids/opioidsettlements](http://www.michigan.gov/opioids/opioidsettlements)

See proposed boilerplate language (pages 15-20)

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## 7.2 Increase strategic outreach, engagement, and information-sharing to communities—especially disproportionately impacted communities.

### Legislature

a. Develop and adopt a resolution supporting (i) public reporting of 100% of state settlement expenditures; (ii) community inclusion and engagement in state settlement planning; (iii) cross-system and intergovernmental collaboration in the planning, development, an implementation of state opioid response measures.

See recommendation 7.1.

b. Support constituents and legislative districts by actively informing communities about state opioid settlement work, state resources (including the OAC), and funding opportunities.

See recommendation 2.2

## **Department of Health and Human Services**

a. Prioritize outreach and engagement with disproportionately impacted communities by allocating a portion [\$500,000] of state opioid settlement funds within the Department of Health and Human Services' FY 2025 budget to support this aim.

**See recommendation 1.2 and recommendation 2.1**

b. Utilize the expertise of local communities, the OAC, CEPC, OTF, and the Office of Equity and Minority Health (OEMH) to help guide outreach and engagement activities.

**See recommendation 1.2**

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# Proposed Boilerplate Language

## Proposed Boilerplate Language [Option A]

Department of Health and Human Services Budget

### One-Time Appropriation (Single Entity)

A one-time appropriation in the amount of \$5,500,000 from the Michigan Opioid Healing and Recovery Fund shall be made to an entity with (i) a statewide presence or a presence in and/or engagement with all in all counties of the state of the Michigan; (ii) proven experience administering competitive grant opportunities to community entities/providers; and (iii) capacity to administer competitive grant opportunities on a recommended quarterly basis for FY 2025.

Prioritization shall be given for an entity with existing knowledge of and experience in the state opioid settlement space and existing coordination with state and/or community entities.

a. The use of funds from the Michigan Opioid Healing and Recovery fund must align with Public Act 83 of 2022 (MCL 12.253) created under section 3 of the Michigan Trust Fund Act, 2000 PA 489, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

OR

### One-Time Appropriation (Multiple Entities)

A one-time appropriation in the amount of \$[Appropriation Amount] from the Michigan Opioid Healing and Recovery Fund shall be made to an entity with (i) a statewide presence or presence in and/or engagement with all in all counties of the state of the Michigan; (ii) proven experience administering competitive grant opportunities to community entities/providers; and (iii) capacity to administer competitive grant opportunities on a recommended quarterly basis for FY 2025.

Prioritization shall be given for an entity with existing knowledge of and experience in the state opioid settlement space and existing coordination with state and/or community entities.

a. The use of funds from the Michigan Opioid Healing and Recovery fund must align with Public Act 83 of 2022 (MCL 12.253) created under section 3 of the Michigan Trust Fund Act, 2000 PA 489, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

### Sec. 917.

(1) From the funds appropriated in part 1 for opioid response activities, the department shall allocate \$23,699,000.00 from the Michigan opioid healing and recovery fund created under section 3 of the Michigan Trust Fund Act, 2000 PA 489, MCL 12.253, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

(2) Of the \$23,699,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$4,000,000 is recommended for use with prevention efforts.



(3) Of the \$23,699,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$4,000,000 is recommended for use with treatment efforts.

(4) Of the \$23,699,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$4,000,000 is recommended for use with recovery efforts.

(5) Of the \$23,699,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$4,000,000 is recommended for use with prevention efforts.

(6) Of the \$23,699,000.00 allocated from the Michigan opioid healing and recovery fund, \$500,000 is recommended for direct outreach and engagement activities to be carried out on an ongoing (minimum monthly) basis with communities in (a) counties and/or ZIP codes determined to be in the 75th-100th percentile of the Michigan Substance Use Vulnerability Index (MI-SUVI; 2020) and/or priority communities, including but not limited to (b) Tribal communities; (c) justice-impacted individuals; (d) Black, Indigenous, People of Color (BIPOC) communities; and/or (e) Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) communities, specifically LGBTQIA+ youth. The department shall determine the method and manner in which community outreach and engagement activities are carried out for FY 2025.

(7) On a semiannual basis, the department shall submit a report to the report recipients required in section 246 of this part on all of the following:

a. All revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund since the creation of the fund, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of expenditures to/in/with disproportionately impacted communities, if applicable; and (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.

b. All revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund during the previous 6 months, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of expenditures to/in/with disproportionately impacted communities, if applicable; and (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.

c. Estimated revenues to be deposited into and the Department's spending plan for use of funds appropriated from the Michigan opioid healing and recovery fund for the next 12 months.

d. Summary of community outreach and engagement activities to disproportionately impacted communities including description of activities and administration of engagement efforts.

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## **Proposed Boilerplate Language and Accountability Measures [Option B]**

Department of Health and Human Services Budget

### **One-Time Appropriation [Single Regional Entity]**

A one-time appropriation in the amount of \$5,500,000 from the Michigan Opioid Healing and Recovery Fund shall be made to an entity(s) with (i) a regional presence in the state of Michigan; (ii) proven experience administering competitive grant opportunities to community entities/providers; and (iii) capacity to administer competitive grant opportunities on a recommended quarterly basis for FY 2025.

Prioritization shall be given for an entity with existing knowledge of and experience in the state opioid settlement space and existing coordination with state and/or community entities.

a. The use of funds from the Michigan Opioid Healing and Recovery fund must align with Public Act 83 of 2022 (MCL 12.253) created under section 3 of the Michigan Trust Fund Act, 2000 PA 489, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

OR

**One-Time Appropriation (Multiple Regional Entities)**

A one-time appropriation in the amount of \$[Appropriation Amount] from the Michigan Opioid Healing and Recovery Fund shall be made to an entity with (i) a regional presence in the state of Michigan; (ii) proven experience administering competitive grant opportunities to community entities/providers; and (iii) capacity to administer competitive grant opportunities on a recommended quarterly basis for FY 2025.

Prioritization shall be given for an entity with existing knowledge of and experience in the state opioid settlement space and existing coordination with state and/or community entities.

a. The use of funds from the Michigan Opioid Healing and Recovery fund must align with Public Act 83 of 2022 (MCL 12.253) created under section 3 of the Michigan Trust Fund Act, 2000 PA 489, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

**Sec. 917.**

(1) From the funds appropriated in part 1 for opioid response activities, the department shall allocate \$23,699,000.00 from the Michigan opioid healing and recovery fund created under section 3 of the Michigan Trust Fund Act, 2000 PA 489, MCL 12.253, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

(2) Of the \$23,699,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$4,000,000 is recommended for use with prevention efforts.

(3) Of the \$23,699,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$4,000,000 is recommended for use with treatment efforts.

(4) Of the \$23,699,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$4,000,000 is recommended for use with recovery efforts.

(5) Of the \$23,699,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$4,000,000 is recommended for use with prevention efforts.

(6) Of the \$23,699,000.00 allocated from the Michigan opioid healing and recovery fund, \$500,000 is recommended for direct outreach and engagement activities to be carried out on an ongoing basis with communities in (a) counties and/or ZIP codes determined to be in the 75th-100th percentile of the Michigan Substance Use Vulnerability Index (MI-SUVI; 2020) and/or priority communities, including but not limited to (b) Tribal communities; (c) justice-impacted individuals; (d) Black, Indigenous, People of Color (BIPOC) communities; and/or (e) Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) communities, specifically LGBTQIA+ youth. The department shall determine the method and manner in which community outreach and engagement activities are carried out for FY 2025.

(7) On a semiannual basis, the department shall submit a report to the report recipients required in section 246 of this part on all of the following:

a. All revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund since the creation of the fund, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of expenditures to/in/with disproportionately impacted communities, if applicable; and (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.

b. All revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund during the previous 6 months, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of how the settlement investment(s) have supported disproportionately impacted communities, if applicable; (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.

c. Estimated revenues to be deposited into and the Department's spending plan for use of funds appropriated from the Michigan opioid healing and recovery fund for the next 12 months.

d. Summary of community outreach and engagement activities to disproportionately impacted communities including description of activities

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### **Proposed Boilerplate Language [Option C]**

Department of Health and Human Services Budget

#### **Sec. 917.**

(1) From the funds appropriated in part 1 for opioid response activities, the department shall allocate \$29,199,000.00 from the Michigan opioid healing and recovery fund created under section 3 of the Michigan Trust Fund Act, 2000 PA 489, MCL 12.253, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

(2) Of the \$29,199,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$4,000,000 is recommended for use with prevention efforts.

(3) Of the \$29,199,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$4,000,000 is recommended for use with treatment efforts.

(4) Of the \$29,199,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$4,000,000 is recommended for use with recovery efforts.

(5) Of the \$29,199,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$4,000,000 is recommended for use with prevention efforts.

(6) From the \$29,199,000.00 allocated from the Michigan opioid healing and recovery fund, a minimum of \$5,500,000 is recommended for the creation of "Community Investment" grant opportunities.

a. Funds used for this purpose shall align with the requirements of the opioid settlement and 2000 PA 489, MCL 12.253.

b. Funds used for this purpose are recommended for quarterly administration, with priority given for award to (i) entities providing prevention, treatment, recovery, and/or harm reduction services in counties and/or ZIP codes determined to be in the 75th-100th percentile of the Michigan Substance Use Vulnerability Index (MI-SUVI; 2020); (ii) Tribal governments and/or Tribal health/behavioral health entities; (iii) entities providing specialized prevention, treatment, recovery, and/or harm reduction services to priority communities, including but not limited to justice-impacted individuals, Tribal citizens, Black, Indigenous, People of Color (BIPOC) communities, and/or Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) individuals/youth.

(7) Of the \$29,199,000.00 allocated from the Michigan opioid healing and recovery fund, \$500,000 is recommended for direct outreach and engagement activities to be carried out on an ongoing basis with communities in (a) counties and/or ZIP codes determined to be in the 75th-100th percentile of the Michigan Substance Use Vulnerability Index (MI-SUVI; 2020) and/or priority communities, including but not limited to (b) Tribal communities; (c) justice-impacted individuals; (d) Black, Indigenous, People of Color (BIPOC) communities; and/or (e) Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LGBTQIA+) communities, specifically LGBTQIA+ youth. The department shall determine the method and manner in which community outreach and engagement activities are carried out for FY 2025.

(8) On a semiannual basis, the department shall submit a report to the report recipients required in section 246 of this part on all of the following:

a. All revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund since the creation of the fund, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of expenditures to/in/with disproportionately impacted communities, if applicable; and (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.

b. All revenues deposited into and expenditures and encumbrances from the Michigan opioid healing and recovery fund during the previous 6 months, including (i) grantee/vendor information; (ii) geographic location of vendors/grantees (ZIP and/or county); (iii) description of expenditures to/in/with disproportionately impacted communities, if applicable; and (iv) status of sustainability plans for all expenditures, excluding "Community Investments" vendors/grantees.

c. Estimated revenues to be deposited into and the Department's spending plan for use of funds appropriated from the Michigan opioid healing and recovery fund for the next 12 months.

d. Summary of "Community Investment" activities, including year-to-date grants administered, and description of grant recipients (entity name, entity type, location, primary services provided to/in disproportionately impacted communities).

e. Summary of community outreach and engagement activities to disproportionately impacted communities including description of activities and administration of engagement efforts.

## **Direct appropriation concerning Sovereign Nations**

Department of [Department Name] Budget, as determined by Tribal Leadership

*Noting "One-Time Appropriations" to be made from the Michigan Opioid Healing and Recovery Fund to each of the twelve (12) Sovereign Nations, on the fiscal year.*

### **One-Time Appropriation**

A one-time appropriation in the amount of \$[Appropriation Amount] from the Michigan Opioid Healing and Recovery Fund shall be made to the Sovereign Nation of [Federally Recognized Tribe] to support traditional healing practices and/or culturally responsive prevention, treatment, recovery, and/or harm reduction services in Tribal communities.

a. The use of funds from the Michigan Opioid Healing and Recovery fund must align with Public Act 83 of 2022 (MCL 12.253) created under section 3 of the Michigan Trust Fund Act, 2000 PA 489, to create or supplement opioid-related programs and services in a manner consistent with the opioid judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture, marketing, distribution, dispensing, or sale of opioids.

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# 2024 OPIOID ADVISORY COMMISSION RECOMMENDATIONS QUICK GUIDE

# 2024 OPIOID ADVISORY COMMISSION RECOMMENDATIONS

## QUICK GUIDE ACTION STEPS

RECOMMENDATIONS	FY 2025 APPROPRIATIONS	LEGISLATIVE ACTION	EXECUTIVE/DHHS ACTION	POLICY CONSIDERATIONS
<p><b>1. LISTEN TO COMMUNITIES</b></p> <p><b>Establish frameworks for community inclusion in state planning and decision-making.</b>                      Recommendation 1.1 (pg. 1)</p> <p><b>Support community outreach and engagement activities with opioid settlement funds.</b>                      Recommendation 1.2 (pg. 1)                      FY 2025 Appropriation</p>	<p>Prioritize outreach and engagement activities by <b>appropriating an additional \$500,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services</b> for this purpose.</p> <p>See "Proposed Boilerplate Language" (pgs. 15 - 20)</p>	<ul style="list-style-type: none"> <li>• <b>Appropriations (\$500,000).</b></li> <li>• Inclusion of communities as part of state planning/budgeting process.</li> <li>• Intentional engagement with disproportionately impacted communities.</li> <li>• Encourage OAC and OTF to work collectively on monitoring community inclusion.</li> </ul>	<ul style="list-style-type: none"> <li>• Allocate (\$500,000) within FY 2025 budget for community engagement activities with disproportionately impacted communities.</li> <li>• Utilize the expertise of communities, advisory groups, and the OEMH.</li> <li>• <b>EOG:</b> Encourage OAC and OTF to work collectively on monitoring community inclusion.</li> </ul>	<ul style="list-style-type: none"> <li>• Activities suggested under Recommendation 1: "Listen to communities", may help provide a framework for future policy development.</li> <li>• Appropriation of funds to support community outreach and engagement activities can "kick start" recommended practices; these activities may serve as a framework for long-term planning/development/implementation practices, including further amendment to Public Act 83 of 2022 (MCL 12.253).</li> </ul>
<p><b>2. INVEST IN COMMUNITIES</b></p> <p><b>Provide guidance for departmental spending of state opioid settlement funds. Ensure minimum appropriations for prevention, treatment, recovery, and harm reduction efforts; establish low-barrier "Community Investments" grant opportunities; fund community outreach and engagement activities.</b>                      Recommendation 2.1 (pgs. 2 - 4)                      FY 2025 Appropriation</p> <p><b>Ensure community awareness of potential funding opportunities; provide support for community access.</b>                      Recommendation 2.2 (pg. 5)</p> <p><b>Explore endowment of state opioid settlement funds.</b>                      Recommendation 2.3 (pg. 5)</p>	<p>Support the Governor's recommendation for appropriation of <b>\$23,199,000 from the Michigan Opioid Healing and Recovery Fund to the Department of Health and Human Services. Encourage minimum allocations of for each of the four (4) priority areas: prevention, treatment, recovery, and harm reduction.</b></p> <p><b>Appropriate an additional \$5,500,000 from the Michigan Opioid Healing and Recovery Fund to support creation of "Community Investments"</b> (low-barrier funding opportunities).</p> <p>Support recommendation 1.2 for community outreach and engagement activities.</p> <p>See "Proposed Boilerplate Language" (pgs. 15 - 20)</p>	<ul style="list-style-type: none"> <li>• <b>Appropriations (\$23,199,000).</b></li> <li>• <b>Appropriations (\$5,500,000).</b></li> <li>• Develop and adopt a resolution supporting (i) public reporting of 100% of state settlement expenditures; (ii) community inclusion and engagement in state settlement planning; (iii) cross-system and intergovernmental collaboration in the planning, development, an implementation of state opioid response measures.</li> <li>• Utilize the Michigan Substance Use Vulnerability Index (MI-SUVI 2020) as a tool to help inform geographic vulnerability.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure minimum allocations of \$4,000,000 (suggested) for each of the four (4) priority areas: prevention, treatment, recovery, harm reduction, within the FY 2025 budget.</li> <li>• If appropriated funds to support "Community Investments" (Option C; pgs. 18-19), work with key partners to develop low-barrier funding opportunities.</li> <li>• Collaborate with key partners to support development of communication, outreach, and engagement strategies that support information equity.</li> </ul>	<ul style="list-style-type: none"> <li>• Activities suggested under Recommendation 2: "Invest in communities", may help provide a framework for future policy development.</li> <li>• While competitive funding (grant) opportunities exist, the creation of low-barrier "Community Investments", with minimal administrative burden, limited reporting requirements, and prioritization of entities from and/or serving disproportionately impacted communities, should be offered on an ongoing basis, for the duration of the state opioid settlement payment schedule(s).</li> <li>• Implementation of a "Community Investments" grant opportunity for FY 2025 can initiate the process of implementing similar low-barrier funding opportunities, as part of a broader (long-term) state strategy.</li> <li>• "Community Investment" funding opportunities should be offered on a frequent and consistent basis (quarterly); notice of funding opportunities should occur through a coordinated and equitable communication plan to help support awareness in local communities.</li> </ul>

# 2024 OPIOID ADVISORY COMMISSION RECOMMENDATIONS

## QUICK GUIDE ACTION STEPS

RECOMMENDATIONS	FY 2025 APPROPRIATIONS	LEGISLATIVE ACTION	EXECUTIVE/DHHS ACTION	POLICY CONSIDERATIONS
<p><b>3. PRIORITIZE COMMUNITIES MOST IMPACTED</b></p> <p><b>Prioritize direct appropriation of opioid settlement funds to all twelve (12) Sovereign Nations. Support culturally responsive healing and wellness in Tribal communities.</b>                      Recommendation 3.1 (pg. 6)                      FY 2025 Appropriation</p> <p><b>Prioritize funding opportunities for disproportionately impacted communities.</b>                      Recommendation 3.2 (pgs. 6 - 7)</p> <p><b>Prioritize health equity and directing opioid settlement funds to BIPOC and rural communities.</b>                      Recommendation 3.3 (pgs. 7 - 8)</p> <p><b>Amend Public Act 83 of 2022 to support annual funding priorities, including health equity initiatives. Amend Public Act 84 of 2022 to support representation in state advisory spaces.</b>                      Recommendation 3.4 (pg. 8)</p>	<p><b>Ensure direct appropriation from the Michigan Opioid Healing and Recovery Fund to all twelve (12) Sovereign Nations.</b> Specific plans around appropriation amount(s) and mechanism(s) should be determined in partnership with Tribal Leaders.</p> <p>Additional consideration for FY 2025 appropriations include prioritizing funding to disproportionately impacted through development of the "Community Investments" grant opportunity (adoption of Recommendation 2.1).</p> <p>See "Proposed Boilerplate Language" (pgs. 15 - 20)</p>	<ul style="list-style-type: none"> <li>• <b>Direct appropriations to Sovereign Nations (appropriation amount to be determined in partnership with Tribal Leaders).</b></li> <li>• Adoption of Recommendation 2.1 for the creation of "Community Investments", with prioritization to entities from and/or working with disproportionately impacted communities.</li> <li>• <b>[Statutory Change] Amend Public Act 83 of 2022 (MCL 12.253) for the purpose of ensuring annual appropriation of opioid settlement funds to communities disproportionately impacted by the addiction and mental health crisis.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Prioritize disproportionately impacted communities, especially BIPOC and rural communities with high SUVI [75th-100th percentile; MI-SUVI 2020] scores, in opioid settlement funding opportunities.</li> <li>• Ensure ongoing outreach and engagement activities with disproportionately impacted communities, including but not limited to BIPOC communities, rural communities, justice-impacted individuals, High SUVI communities, Tribal communities, LGBTQIA+ communities (specifically LGBTQIA+ youth).</li> <li>• Ensure that a health equity lens is applied to all planning, development, and implementation activities.</li> </ul>	<ul style="list-style-type: none"> <li>• Activities suggested under Recommendation 3: "Prioritize communities most impacted", may help provide a framework for future policy development.</li> <li>• Prioritization of communities experiencing the greatest health disparities and those with increased vulnerability to adverse substance use outcomes, should remain a priority within any long-term state response strategy.</li> <li>• Increasing resources, including but not limited to funding opportunities, outreach and engagement activities, and tailored, state-level initiatives, helps improve awareness of social drivers of health and social inequities, while promoting the development collaborative response strategies that may most effectively reduce health disparities.</li> <li>• Proposed statutory changes to Public Act 83 of 2022 (MCL 12.253) codifies spending practices that support health equity and prioritize disproportionately impacted communities.</li> <li>• Proposed statutory changes to Public Act 84 of 2022 (MCL 4.1851) codifies equitable representation in state advisory spaces, ensuring that the Opioid Advisory Commission's membership is representative of the geographic, racial, ethnic, and cultural diversity of Michigan.</li> </ul>
<p><b>4. DEVELOP A PLAN</b></p> <p><b>Promote collaborative development of a multi-year state strategic plan.</b>                      Recommendation 4.1 (pg. 9)</p>	<p>No recommendations for FY 2025 appropriations.</p>	<ul style="list-style-type: none"> <li>• Through the state budget-development process, encourage that the Department of Health and Human Services develop a multi-year opioid abatement plan, specific to the use of settlement funds.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize a collaborative development process for creation of a multi-year opioid abatement plan, specific to use of settlement funds. Utilize asset mapping and gap analyses as part of the strategic planning/ development process.</li> </ul>	<ul style="list-style-type: none"> <li>• Activities suggested under Recommendation 4: "Develop a plan", may help provide a framework for future policy development.</li> <li>• <b>Development of a multi-year state strategic plan for the use of opioid settlement funds is paramount to all future policy and program development/implementation.</b></li> <li>• Planning and development efforts should be undertaken collaboratively to maximize the impact of all strategic objectives outlined within a plan.</li> </ul>



# 2024 OPIOID ADVISORY COMMISSION RECOMMENDATIONS

## QUICK GUIDE ACTION STEPS

RECOMMENDATIONS	FY 2025 APPROPRIATIONS	LEGISLATIVE ACTION	EXECUTIVE/DHHS ACTION	POLICY CONSIDERATIONS
<p><b>5. OPTIMIZE EXISTING EFFORTS</b></p> <p><b>Collaborate on the formation of an intergovernmental opioid settlement workgroup.</b>                      Recommendation 5.1 (pg. 10)</p> <p><b>Ensure inclusion of key partners in all intergovernmental efforts; promote meaningful collaboration.</b>                      Recommendation 5.2 (pg. 10)</p> <p><b>Utilize the convening power of the Governor’s office for formation and facilitation of an intergovernmental workgroup.</b>                      Recommendation 5.3 (pg. 11)</p> <p><b>Support the Opioid Advisory Commission in execution of its statutory obligations; appropriate non-settlement funds to support key activities of the Commission.</b>                      Recommendation 5.4 (pg. 11)                      FY 2025 Appropriation</p>	<p>Appropriate \$250,000 in non-settlement funds to the Legislative Council (General Government), for use with the Opioid Advisory Commission; monies appropriated for this purpose will support the Opioid Advisory Commission in fulfillment of its statutory requirements and key activities, as outlined in PA 84 of 2022 (MCL 4.1851).</p>	<ul style="list-style-type: none"> <li>• <b>Appropriations (\$250,000).</b></li> <li>• Hold an initial planning call by end of Q3 FY 2024 with the EOG to explore action steps for establishment of an intergovernmental opioid settlement workgroup.</li> <li>• <b>Develop and adopt a resolution that calls for the formation of an intergovernmental opioid settlement workgroup.</b></li> <li>• Develop an implementation plan, including a timeline and key partners for membership. Ensure representation from the Opioid Advisory Commission and Opioids Task Force.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>EOG:</b> Hold an initial planning call by end of Q3 FY 2024 with Legislative Leadership to explore action steps for establishment of an intergovernmental opioid settlement workgroup.</li> <li>• <b>EOG:</b> Develop an implementation plan, including a timeline and key partners for membership. Ensure representation from the Opioid Advisory Commission and Opioids Task Force.</li> <li>• <b>EOG:</b> Ensure facilitator(s) expertise in health policy, behavioral health policy, equity, and/or community engagement, with consideration for a “co-facilitation” structure to support expertise of all aforementioned areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Activities suggested under Recommendation 5: “Optimize existing efforts”, may help provide a framework for future policy development.</li> <li>• State leaders can model collaboration through the joint-convening of planning meetings and the formation of an intergovernmental workgroup. Collaborative efforts by state leaders to establish intergovernmental spaces for planning and development can serve as a “test run” for integrative policy.</li> <li>• If state leaders can demonstrate meaningful intergovernmental collaboration, with the inclusion of key partners in a workgroup and/or steering committee setting, it suggests that more formal mechanisms for collaboration/integration are possible.</li> <li>• Considerations for amendment to Public Act 84 of 2022 (MCL 4.1851) may be explored with regard to expansion and restructuring; repositioning the OAC as a joint commission, similar to advisory structures observed in other states (e.g., <a href="#"><u>Minnesota’s Opioid Epidemic Response Council</u></a>).</li> </ul>
<p><b>6. INVEST FOR IMPACT AND SUSTAINABILITY</b></p> <p><b>Encourage asset mapping as a best practice.</b>                      Recommendation 6.1 (pg. 12)</p> <p><b>Encourage state sustainability-planning for settlement investments.</b>                      Recommendation 6.2 (pg. 12)</p>	<p>No recommendations for FY 2025 appropriations.</p>	<ul style="list-style-type: none"> <li>• Through boilerplate language (Section 917), require legislative reporting from the Department of Health and Human Services to include prior funding sources for all settlement-funded initiatives receiving multi-year funding.</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize a collaborative development process for creation of a multi-year opioid abatement plan, specific to use of settlement funds. Utilize asset mapping and gap analyses as part of the strategic planning/development process.</li> <li>• Develop sustainability plans for settlement-funded initiatives that are not considered “community investments”.</li> </ul>	<ul style="list-style-type: none"> <li>• Activities suggested under Recommendation 6: “Invest for impact and sustainability”, may help provide a framework for future policy development.</li> <li>• Understanding assets and funding sources can support (a) informed decision-making around future settlement investments and (b) adherence to state law (MCL 12.253).</li> <li>• Asset mapping and landscape and/or gap analyses should be integrated into state planning and evaluation practices.</li> <li>• Sustainability considerations should be at the core of all multi-year state settlement investments.</li> </ul>

# 2024 OPIOID ADVISORY COMMISSION RECOMMENDATIONS QUICK GUIDE ACTION STEPS

RECOMMENDATIONS	FY 2025 APPROPRIATIONS	LEGISLATIVE ACTION	EXECUTIVE/DHHS ACTION	POLICY CONSIDERATIONS
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## 7. BUILD TRUST THROUGH TRANSPARENCY (AND ENGAGEMENT)

**Demonstrate public transparency.**  
Recommendation 7.1 (pg. 13)

**Ensure outreach, engagement, and information-sharing to communities—especially disproportionately impacted communities.**  
Recommendation 7.2 (pgs. 13 - 14)

No recommendations for FY 2025 appropriations.

- Develop and adopt a resolution supporting (i) public reporting of 100% of state settlement expenditures; (ii) community inclusion and engagement in state settlement planning; (iii) cross-system and intergovernmental collaboration in the planning, development, an implementation of state opioid response measures.
- Through boilerplate language (Section 917), require legislative reporting from the Department of Health and Human Services to include (i) reporting of departmental expenditures of state opioid settlement funds, and (ii) public posting of settlement-related expenditure reports on the Department of Health and Human Services Opioid settlement website.
- Support constituents and legislative districts by actively informing communities about state opioid settlement work, state resources (including the OAC), and funding opportunities.

- Commit to reporting 100% of state settlement expenditures to the public through easily accessible means.
- Ensure clear and consistent language in the reporting of state settlement expenditures.
- Ensure that notice of posting is provided to community partners.
- Collaborate with the Department of Treasury and State Budget Office to provide a quarterly “Snapshot” report.
- Publicly post the “Snapshot” report, in alignment with the above recommendation(s) for public reporting.
- Post all legislatively required reports (Sec. 917) to the Department of Health and Human Services opioid settlement website, within 30 days of the statutorily identified submission date(s).

- Activities suggested under Recommendation 7” “Build trust through transparency (and engagement)”, may help provide a framework for future policy development.
- Prioritizing public transparency can be demonstrated through legislative oversight and a commitment to reporting state planning practices, settlement expenditures, and collaborative efforts, through easily accessible means.
- Efforts taken to consistently assess and improve communication, information-sharing, and transparency with the public, especially to disproportionately impacted communities, should remain at the core of all state settlement work.
- Community outreach and engagement activities, with priority given to disproportionately impacted communities, can (and should) be codified by amendment to Public Act 83 of 2022 (MCL 12.253).
- Equity remains a central component of Michigan’s Substance Use Response Framework (2023). Consideration of equity in terms of equitable policies and practices that ensure all communities have access to information on opioid settlement resources, funding opportunities, access points, and updates, should be prioritized.