

final minutes

Opioid Advisory Commission (OAC) Meeting

10:00 a.m. • September 14, 2023

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

Members Present:

Brad Casemore

Katharine Hude

Scott Masi

Mario Nanos

Dr. Cara Poland

Kyle Rambo

Dr. Sarah Stoddard

Members Excused:

Sheriff Daniel Abbott

Judge Linda Davis

Mona Makki

Patrick Patterson

Dr. Cameron Risma

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

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 10:18 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 July 20, 2023 Meeting Minutes

The Chair directed attention to the proposed minutes of the July 20, 2023 meeting and asked if there were any changes. **Mr. Casemore moved, supported by Mr. Rambo to approve the minutes of the July 20, 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. Committee Member Appointments Update

The Chair announced newly appointed member to the Commission, Sheriff Daniel Abbott of Van Buren County. The Chair indicated the Commission has not yet received confirmation of appointments to those members of the Commissions whose terms expired in July and expressed members currently in place will remain. The clerk will alert the Commission when confirmation is received from leadership.

V. Approval of Proposed Meeting Dates

The Chair directed attention to the proposed meeting dates for upcoming Commission meetings. The Chair opened for discussion, there was none. **Ms. Hude moved, supported by Dr. Stoddard to approve the proposed meeting dates. There was no further discussion and the Chair asked for a roll call vote. The motion prevailed and the minutes were approved.**

Thursday, October 12, 2023	10:00a-12:00p
Thursday, November 16, 2023	10:00a-12:00p
Thursday, December 14, 2023	10:00a-12:00p
Thursday, January 11, 2024	10:00a-12:00p
Thursday, February 8, 2024	10:00a-12:00p
Thursday, March 14, 2024	10:00a-12:00p
Thursday, April 18, 2024	10:00a-12:00p
Thursday, May 16, 2024	10:00a-12:00p

VI. Public Comment

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

VII. Acknowledgement of Workgroup Members

The Chair updated the Community Engagement and Planning Collaborative has been formed and held its first meeting last week. The Chair indicated this group is an advisory workgroup to the OAC. The Chair directed a round robin introduction with OAC members.

VIII. OAC Key Items and Activities

The Chair directed attention to Ms. King to open discussion around key items and activities.

- Quarterly Report (Q1, FY2023-2024)
- Regional Listening Sessions
- Community Impact Survey
- Preliminary Tribal Outreach Plan

The Chair called for break at 11:09 a.m.

The Chair called the meeting to order at 11:16 a.m. The Chair asked the clerk to take roll. The clerk reported a quorum was present. The Chair asked for absent members to be excused.

Members Present:

Brad Casemore
Katharine Hude
Scott Masi
Mario Nanos
Dr. Cara Poland
Kyle Rambo
Dr. Sarah Stoddard

Members Excused:

Sheriff Daniel Abbott
Judge Linda Davis
Mona Makki
Patrick Patterson
Dr. Cameron Risma

The Chair directed attention to Ms. King to continue discussion around key items and activities.

The Chair recognized Dr. Chontay Taylor Glenn attending virtually.

Dr. Chontay Taylor Glenn expressed concern and question how the Commission will track the family members of the deceased due to opioids through settlement dollars.

Ms. King indicated that could be addressed as part of the FAQ section of the quarterly report.

Mr. Nanos directed attention to the impact survey indicating an opportunity to address that concern in the survey.

IX. Commission Member Comment

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

Mr. Rambo updated the Commission to a meeting had with Attorney General Nessel about opioid settlement dollars. Mr. Rambo provided a handout for the Commission's awareness of an intended follow-up memo to the Attorney General based on discussions at the meeting.

Mr. Casemore updated the Opioid Task Force have a meeting scheduled in September and November. Mr. Casemore provided a handout for Southwest Michigan Behavioral Health 8th Annual Regional Healthcare Policy Forum recognizing Dr. Poland as a panelist.

Dr. Risma announced his resignation from the Commission due to a heavy professional workload indicating today being his last meeting. Dr. Risma expressed gratitude and appreciation to the Commission.

The Chair expressed gratitude and appreciation to Dr. Risma for his service to the Commission. The Chair indicated the Commission will reach out to leadership for an appointee to succeed Dr. Risma.

Mr. Masi expressed gratitude and appreciation to Commission members for the outreach due to the passing of family member.

X. Next Meeting Date: Thursday, October 12, 2023

The Chair announced the next meeting date for Thursday, October 12, 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.

XI. Adjournment

There being no further business before the Commission the Chair adjourned the meeting at 11:58 a.m. with unanimous support.

OPIOID ADVISORY COMMISSION

Principles in Action—Project Overview

Principles in Action

Recognizing local communities throughout the state that are demonstrating “Principles in Action” through adoption of the Bloomberg/Hopkins Principles in local planning and implementation efforts.

Rationale

The Opioid Advisory Commission (OAC) is required by statute to review local initiatives and provide a summary of local funding used to address substance use disorders and co-occurring mental health conditions. While these tasks are required by law, limitations exist in the OAC’s capacity to obtain certain information on local spending practices, particularly that relating to use of opioid settlement funds.

The OAC has recommended expanding interjurisdictional collaboration, enhancing community inclusion efforts, and increasing public transparency around use of opioid settlement funds. While the OAC has no jurisdiction over local governments or their spending practices, the OAC does support alignment with the Bloomberg/Hopkins Principles. As such, it aims to highlight communities (local governments) that are engaging in practices that embrace the principles in action; hence, “Principles in Action”.

Context

The Opioid Advisory Commission (OAC) is transitioning to a quarterly reporting structure.

Quarterly reports are intended to fulfill statutory requirements of the OAC, while providing succinct progress reports (“snapshots”) to the legislature, Governor, Attorney General, and the public.

Content of quarterly reports may include but is not limited to:

- Opioid settlements and state spending practices
- Regional/state statistics
- OAC initiatives and recommendations for legislative action
- Updates and recommendations from the OAC advisory workgroup
- State initiatives
- Local initiatives
- Tribal considerations/recommendations

Methods

As interjurisdictional collaboration remains a priority, the OAC hopes to build on existing relationships with local representative agencies to develop a collaborative process for identifying communities that are demonstrating “Principles in Action”. While processes and procedures have not yet been identified, preliminary processes (suggested) include development of a publicly available survey/application, accessible through the OAC’s website or other recommended means.

Eligible applicants include local communities (local governments and/or entities responsible for administering local opioid settlement funds) with the possibility for referral/nomination by agencies that are knowledgeable of local spending practices (local opioid advisory commissions/councils, etc.).

Applicants and/or nominations will be reviewed by the OAC and OAC staff, for consideration of inclusion in Commission report(s).

“Principles in Action” and identification of local spending practices is intended to be a standing subsection of quarterly and/or annual reports of the Opioid Advisory Commission.

Target Implementation

Development of a survey/application process is projected for Q1 of fiscal year 2023-2024. If supported by local representative agencies, project summary would be included in the OAC’s Q1, FY 2023-2024 report, with formal inclusion in the Q2, FY 2023-2024 report, and all applicable, subsequent reports.

Noting minimum annual frequency with maximum quarterly frequency; frequency to be determined by the OAC and project partners.

OAC DRAFT

Attachment A.

Johns Hopkins Bloomberg School of Public Health Principles for Use of Funds from the Opioid Litigation

Principles and How Strategies Can Adopt the Principles

Principle 1: Spend money to save lives

- Establish a dedicated fund
- Supplement rather than supplant existing funding
- Don't spend all the money at once
- Report to the public on where the money is going

Principle 2: Use evidence to guide spending

- Direct funds to programs supported by evidence
- Remove policies that may block adoption of programs that work
- Build data collection capacity

Principle 3: Invest in youth prevention

- Direct funds to evidence-based interventions

Principle 4: Focus on racial equity

- Invest in communities affected by discriminatory policies
- Support diversion from arrest and incarceration
- Fund anti-stigma campaigns
- Involve community members in solutions

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

- Determine areas of need
- Receive input from groups that touch different parts of the epidemic to develop a plan
- Ensure that there is representation that reflects the diversity of affected communities when allocating funds

DRAFT

Opioid Advisory Commission (OAC)
Michigan Opioid Settlement Funds:
Community Impact Survey

Understanding the survey, its purpose, and how this information will be used.

The Opioid Advisory Commission.

This survey was created by the Opioid Advisory Commission (OAC), an agency of the legislative council. The OAC is required to provide recommendations to the state legislature for the purpose recommending funding initiatives around prevention, treatment, recovery, and harm reductions services, related to substance use disorders (SUD) and co-occurring mental health conditions.

Providing recommendations to the legislature on how to spend state opioid settlement funds, is one of the OAC's key tasks.

These dollars are different.

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

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

Intent and Impact.

This survey is intended to elevate community voices in state conversations, by creating a mechanism for members of the public to provide direct input.

It was developed to help the OAC learn more about the unique experiences, needs, and priorities of individuals throughout the state—and to better understand how community members—especially those who have been directly impacted by Michigan's opioid epidemic—believe state opioid settlement funds should be used.

Information from this survey may be discussed in public meetings, referenced in reports written by the OAC, and used to help the OAC develop recommendations to the state legislature for funding and policy initiatives.

The OAC is especially interested in hearing individuals and families who have been directly impacted by Michigan's opioid epidemic. This includes individuals and families who have lived experience...

- with substance use disorders (SUD), mental health conditions, and/or co-occurring substance use and mental health disorders (COD)
- in the criminal-legal system
- with loss of a family member(s) and/or friend(s) to overdose, suicide, and/or substance-related death
- receiving prevention services, treatment and recovery services, and/or health

and harm reduction services (example: syringe services programs).

This also includes hearing from individuals who are currently using substances.

The OAC is also interested in hearing from individuals and families from communities that have been most impacted by Michigan's opioid epidemic. This may include...

- **Communities of color, specifically Black or African American communities.**
- **Communities with high vulnerability to adverse substance use outcomes.**

What to expect

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

This survey does not ask...

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

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

This survey does ask...

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

Why? The OAC is hoping to better understand the experiences, needs, and recommendations from different communities. Understanding where you live or spend most of your time will help the OAC identify different community trends. This understanding can help with developing recommendations that may better address specific needs.

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

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

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

Your experiences receiving or providing health and behavioral health services—this may include prevention services, treatment and recovery services, and/or health and harm reduction services.

Why? The OAC is especially interested in hearing from individuals who are involved in these services—this helps provide an understanding of experiences, observations, and suggestions from individuals who are currently, or who have previously, been

involved in receiving or providing prevention, treatment, recovery, and/or harm reduction services.

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

Why? Given the nature of the national opioid settlements and the reason behind why dollars are being received by the state, the OAC believes that inclusion of community voices—especially individuals and families who have been directly impacted—are necessary to the development of meaningful solutions that support health and wellness for all Michiganders.

1. **Please enter today's date:**

Date

Date

M,M/DD/YYYY



Residency

The following question asks about which county or Tribal community you live in or have stayed in most often, over the last six months.

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

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

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

Individuals in correctional facilities/carceral settings (Jail/Prison): If you are currently incarcerated, please list the county or Tribal community you plan to transition back to, upon your release. If you are unsure, please provide the county or Tribal community you were staying in at the time of your incarceration.

Other (please specify)

Age and Military Service

3. How old are you?

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

4. Have you ever served in the armed forces?

- Yes
- No
- Prefer not to answer

Voluntary Self-Identification

The following questions ask about your race/ethnicity and gender identity.

5. Please select all options that best describe your

Race/Ethnicity

- | | |
|---------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White or European |
| <input type="checkbox"/> Hispanic or Latino/a | |
| <input type="checkbox"/> Other: My race/ethnicity is best described as... | |
| <input type="text"/> | |
| <input type="checkbox"/> Prefer not to answer | |

6. Do you identify as transgender?

- Yes
 No
 Prefer not to answer

7. Please select all options that best describe your

Gender Identity

- | | |
|----------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Gendernonconforming | <input type="checkbox"/> Questioning or Unsure |
| <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Woman |
| <input type="checkbox"/> Man | |
| <input type="checkbox"/> Nonbinary | |
| <input type="checkbox"/> Other: My gender identity is best described as... | |
| <input type="text"/> | |
| <input type="checkbox"/> Prefer not to answer | |

Lived Experience

The following questions ask about personal lived experience with substance use disorders (SUD), mental health conditions, co-occurring disorders (COD), involvement in the criminal-legal system, and other related experiences—including overdose and Naloxone (Narcan) use.

There is also a question that asks about the loss of family members and/or friends to overdose death, suicide, or substance-related death.

8. Please select all items that may apply

I have lived experience with...

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

9. Please select all items that may apply

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

- | | | |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Substance Use Disorder(s) | <input type="checkbox"/> Multiple overdoses | <input type="checkbox"/> Previous or current involvement in County or State Correctional Facilities (jail or prison) |
| <input type="checkbox"/> Mental Health Condition(s) | <input type="checkbox"/> Using Naloxone (Narcan) on someone | <input type="checkbox"/> Previous or current involvement with community supervision (probation or parole) |
| <input type="checkbox"/> Both Substance Use Disorders (SUD) and Mental Health Conditions | <input type="checkbox"/> Having Naloxone (Narcan) used on them | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Overdose | <input type="checkbox"/> Previous or current involvement in the criminal-legal system | |
| <input type="checkbox"/> None of the above | | |

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

Please select all items that may apply.

I have had...

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

Services, Supports, and Access

The following questions ask about health and behavioral health services you may have received or provided—these include prevention services, treatment and recovery services, health and harm reduction services, services for justice-impacted individuals, as well as general supports.

11. Please select all options that may apply

I am currently receiving or have previously received...

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Medications for a mental health condition(s) | <input type="checkbox"/> Justice-Impacted: SUD, mental health, integrated care, re-entry, wraparound and/or case management services, specialized for individuals involved in the criminal-legal system |
| <input type="checkbox"/> Substance use disorder (SUD) treatment services | <input type="checkbox"/> Recovery support services (e.g. services delivered through a Recovery Community Organization) | <input type="checkbox"/> Justice-Impacted: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in a carceral setting (jail/prison) |
| <input type="checkbox"/> Integrated treatment and/or supports for co-occurring disorders | <input type="checkbox"/> Peer support services | <input type="checkbox"/> Pregnant & Parenting: Specific supports for pregnant and postpartum persons with substance use disorders (SUD), mental health conditions, and/or co-occurring disorders (COD) |
| <input type="checkbox"/> Culturally specific/culturally responsive supports for prevention, treatment, recovery, or harm reduction services | <input type="checkbox"/> Wraparound and/or intensive case management services | <input type="checkbox"/> Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy |
| <input type="checkbox"/> Traditional healing supports | <input type="checkbox"/> Health promotion/harm reduction services | |
| <input type="checkbox"/> Trauma-specific services | <input type="checkbox"/> Housing support services | |
| <input type="checkbox"/> Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services | <input type="checkbox"/> Transportation support services | |
- Other (please specify)
-
- Not applicable

12. Please select all options that may apply

I am a professional that provides...

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Medications for a mental health condition(s) | <input type="checkbox"/> Justice-Impacted: SUD, mental health, integrated care, re-entry, wraparound and/or case management services, specialized for individuals involved in the criminal-legal system |
| <input type="checkbox"/> Substance use disorder (SUD) treatment services | <input type="checkbox"/> Recovery support services (e.g. services delivered through a Recovery Community Organization) | <input type="checkbox"/> Justice-Impacted: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in a carceral setting (jail/prison) |
| <input type="checkbox"/> Integrated treatment and/or supports for co-occurring disorders | <input type="checkbox"/> Peer support services | <input type="checkbox"/> Pregnant & Parenting: Specific supports for pregnant and postpartum persons with substance use disorders (SUD), mental health conditions, and/or co-occurring disorders (COD) |
| <input type="checkbox"/> Culturally specific/culturally responsive supports for prevention, treatment, recovery, or harm reduction services | <input type="checkbox"/> Wraparound and/or intensive case management services | <input type="checkbox"/> Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy |
| <input type="checkbox"/> Traditional healing supports | <input type="checkbox"/> Health promotion/harm reduction services | |
| <input type="checkbox"/> Trauma-specific services | <input type="checkbox"/> Housing support services | |
| <input type="checkbox"/> Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services | <input type="checkbox"/> Transportation support services | |
- Other (please specify)
-
- Not applicable

13. Please select all options that may apply

I have had difficulty accessing...

- Mental health services
- Substance use disorder (SUD) treatment services
- Integrated treatment and/or supports for co-occurring disorders
- Culturally specific/culturally responsive supports for prevention, treatment, recovery, or harm reduction services
- Traditional healing supports
- Trauma-specific services
- Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services
- Medications for a mental health condition(s)
- Recovery support services (e.g. services delivered through a Recovery Community Organization)
- Peer support services
- Wraparound and/or intensive case management services
- Health promotion/harm reduction services
- Housing support services
- Transportation support services
- Justice-Impacted: SUD, mental health, integrated care, re-entry, wraparound and/or case management services, specialized for individuals involved in the criminal-legal system
- Justice-Impacted: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in a carceral setting (jail/prison)
- Pregnant & Parenting: Specific supports for pregnant and postpartum persons with substance use disorders (SUD), mental health conditions, and/or co-occurring disorders (COD)
- Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy
- Other (please specify)
- Not applicable

14. Please select all options that may apply

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

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Medications for a mental health condition(s) | <input type="checkbox"/> Justice-Impacted: SUD, mental health, integrated care, re-entry, wraparound and/or case management services, specialized for individuals involved in the criminal-legal system |
| <input type="checkbox"/> Substance use disorder (SUD) treatment services | <input type="checkbox"/> Recovery support services (e.g. services delivered through a Recovery Community Organization) | <input type="checkbox"/> Justice-Impacted: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in a carceral setting (jail/prison) |
| <input type="checkbox"/> Integrated treatment and/or supports for co-occurring disorders | <input type="checkbox"/> Peer support services | <input type="checkbox"/> Pregnant & Parenting: Specific supports for pregnant and postpartum persons with substance use disorders (SUD), mental health conditions, and/or co-occurring disorders (COD) |
| <input type="checkbox"/> Culturally specific/culturally responsive supports for prevention, treatment, recovery, or harm reduction services | <input type="checkbox"/> Wraparound and/or intensive case management services | <input type="checkbox"/> Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy |
| <input type="checkbox"/> Traditional healing supports | <input type="checkbox"/> Health promotion/harm reduction services | |
| <input type="checkbox"/> Trauma-specific services | <input type="checkbox"/> Housing support services | |
| <input type="checkbox"/> Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services | <input type="checkbox"/> Transportation support services | |
- Other (please specify)
-
- Not applicable

Recommendations for the state legislature

The following questions ask for your input on how state opioid settlement funds should be spent and areas that you think require further attention from the state legislature.

15. Please use the comment box below to provide your response

How should state opioid settlement funds be used?

16. Please use the comment box below to provide your response

How should state opioid settlement funds not be used?

17. Please select all items that apply

I believe the the following items require more attention from the state legislature:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Improving access and timely linkage to necessary health and behavioral health services | <input type="checkbox"/> Improving and expanding culturally responsive services; ensuring access to traditional healing practices |
| <input type="checkbox"/> Reducing disparities in access to necessary health and behavioral health services | <input type="checkbox"/> Increasing support to communities and populations that have been most impacted |
| <input type="checkbox"/> Increasing supports for co-occurring needs (substance use disorders and mental health conditions, co-occurring) | <input type="checkbox"/> Improving collaboration across state and local governments; increasing opportunities for government-community collaboration |
| <input type="checkbox"/> Increasing supports for polysubstance use (active use of more than one substance) | <input type="checkbox"/> Improving and enhancing service coordination across systems, sectors, and/or providers |
| <input type="checkbox"/> Increasing supports that address the whole-person | <input type="checkbox"/> Enhancing community inclusion efforts |
| <input type="checkbox"/> Expanding supports that are delivered at critical times and critical access points | <input type="checkbox"/> Ensuring representation in state advisory spaces; representation of individuals/communities that have been most impacted |
| <input type="checkbox"/> Increasing supports for housing and transportation | |
| <input type="checkbox"/> Other (please specify) | |

18. Please select answers that best reflect your level of agreement with each statement

I believe that...

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
my voice will be heard by the Opioid Advisory Commission (OAC)	<input type="radio"/>				
my voice will be heard by state legislators and state government officials	<input type="radio"/>				
my experiences, thoughts, and suggestions will be considered by the Opioid Advisory Commission (OAC)	<input type="radio"/>				
my experiences, thoughts, and suggestions will be considered by state legislators and state government officials	<input type="radio"/>				

19. I know where to find information on...

	Yes	No	Unsure
the national opioid settlements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
agencies involved in the state opioid settlement space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how the state is planning for use of opioid settlement funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how the state is currently spending opioid settlement funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
state advocacy spaces/opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
state strategies to improve racial and health equity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how communities will be included in planning efforts around state opioid settlement funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the Opioid Advisory Commission (OAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my local legislator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Please select answers that best reflect your interest

I am interested in learning more about...

- the state/national opioid settlements
- the agencies involved in the state opioid settlement space
- how the state is planning for use of opioid settlement funds
- how the state is currently spending opioid settlement funds
- state advocacy spaces/opportunities
- state strategies to improve racial and health equity
- how communities will be included in planning efforts around state opioid settlement funds
- the Opioid Advisory Commission (OAC)
- my local legislator(s)
- Other (please specify)

DRAFT

**Opioid Advisory Commission (OAC)
Tribal Outreach Plan**

OPIOID ADVISORY COMMISSION

Tribal Outreach Plan *Proposed*

Purpose

The purpose of the Opioid Advisory Commission's (OAC) Tribal Outreach Plan (TOP) is to identify initial pathways for outreach, communication, information-sharing, and relationship-building between the Opioid Advisory Commission¹ and Tribal governments.

The Tribal Outreach Plan represents the first step of a multi-phased approach to building collaborative partnerships with both federally recognized and state historic Tribes, in an effort to support Tribal inclusion and representation in (a) the state opioid settlement space and (b) in the work of the OAC, as a legislatively established advisory body.

Proposed efforts outlined in the OAC's Tribal Outreach Plan have been developed with intentionality and consideration for the unique relationship that exists between state and Tribal governments.

Statement of Acknowledgement

The OAC acknowledges historical trauma in the experiences of Indigenous peoples and Tribal communities, resulting from the policies and practices of state and federal governments.

The OAC believes that acknowledgement of this history, with recognition of adverse, intergenerational impacts experienced by Indigenous and Tribal communities, is necessary in any work which explores state-Tribal partnership.

The OAC also acknowledges and adopts the following principles (previously developed by the Michigan Department of Health and Human Services)² which shall help guide all work, including but not limited to communication, outreach, and engagement, with Tribal governments:

1. The Tribes are sovereign governments.
2. The Tribes have jurisdiction over their lands and citizens.
3. The Tribes possess the right to self-governance and self-determination.
4. The United States government has a unique trust relationship with the Tribes.
5. The State of Michigan has a unique government-to-government relationship with the Tribes.

Considerations

The OAC is an advisory body to the Michigan state legislature³ and is an agency of the Legislative Council⁴. While the OAC aims to increase Tribal inclusion and representation, limitations exist in the OAC's ability to enact legislation, as that power remains vested with the state legislature and its members. The OAC is limited to providing recommendations for funding and policy, and developing strategies that support key tasks, as outlined by statute (Public Act 84 of 2022; MCL 4.1851)⁵.

¹ <https://council.legislature.mi.gov/Council/OAC>

² https://www.michigan.gov/som/-/media/Project/Websites/SOM/Media/SOM-Government---Tribal-Government/Tribal-Consultation-Policies/MDHHS_CONSULTATION_POLICY_Final.pdf?rev=26215589aa59409185d7ce402d12df1f&hash=01D7E3D0B4F555C5546707115E3D85FB

³ [https://www.legislature.mi.gov/\(S\(w2we1idou1fo4ckwoo2wl3sg\)\)/mileg.aspx?page=home](https://www.legislature.mi.gov/(S(w2we1idou1fo4ckwoo2wl3sg))/mileg.aspx?page=home)

⁴ <https://council.legislature.mi.gov/Council/Index>

⁵ <https://www.legislature.mi.gov/documents/2021-2022/publicact/pdf/2022-PA-0084.pdf>

However, the OAC strives to support meaningful inclusion and representation of Tribal partners in its work, as input from and collaboration with Tribal governments (and their citizens), plays a vital role in informing, developing, and enhancing strategies for opioid remediation and wellness.

The perspectives, expertise, and innovations offered by Tribal partners are crucial to understanding the unique needs, priorities, and solutions for addressing substance use disorders (SUD), mental health conditions, and co-occurring disorders (COD) within our Tribal communities. **Without which, the OAC is limited in the scope of recommendations it may offer for legislative action.**

Further, there is a national precedent for the inclusion of Tribal partners in consultation, planning, and implementation of **state opioid settlement funds**, as observed in the strategies, methods, and funding priorities shared by various litigating states.⁶

There is also consideration for health disparities and disproportionate impacts from substance use disorders (SUD) and mental health conditions, experienced by American Indian and Alaskan Native populations, as compared other groups.

Per the Centers for Disease Control and Prevention (CDC):

“Overdose deaths have continued to increase over the last 20 years, including among American Indian and Alaska Native (AI/AN) people. A recent CDC Vital Signs⁷ showed that in just one year, overdose death rates (number of drug overdose deaths per 100,000 people) increased 39% for non-Hispanic (NH) AI/AN people. In 2019 and 2020, drug overdose death rates were highest for AI/AN people compared to other racial and ethnic groups”.⁸ Similarly, “American Indian and Alaska Native people are at higher risk of dying by suicide compared with other Americans. In 2021, non-Hispanic AI/AN people had a suicide rate 99% greater than the general population”⁹, experiencing the highest rates of suicide compared to all other racial and ethnic groups.¹⁰

The OAC recognizes that Indigenous populations and Tribal communities have been disproportionately impacted by the opioid epidemic and experience high rates of overdose and suicide (nationally) among all racial and ethnic groups; that there is a national precedent for Tribal inclusion efforts in state opioid settlement spaces; that there are instances in which Tribal governments have been historically left out of conversations which have direct relevance to, and impact on, Tribal citizens; that advisory efforts which do not actively strive for meaningful outreach, engagement, and inclusion of Tribal partners, fail to fully provide an understanding of the needs, priorities, and potential solutions to support health and wellness for **all state citizens**.

Rationale and Process Overview

It is for these reasons that the OAC is prioritizing relationship-building with Tribal governments to increase community inclusion and direct representation of the Tribes, in legislative advisory spaces. To do so, the OAC supports a thoughtful, intentional, and equitable approach to initial communication and outreach efforts with Tribal partners.

As the first step to building a collaborative and informed relationship, the OAC has proposed six (6) steps, as the foundation for all initial outreach and communication activities.

⁶ Noting that Tribal inclusion remains a priority for the OAC, irrespective of Tribal participation in the Tribal opioid settlements.

⁷ <https://www.cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm>

⁸ <https://www.cdc.gov/mmwr/volumes/71/wr/mm7129e2.htm>

⁹ <https://www.cdc.gov/suicide/programs/tribal/index.html>

¹⁰ <https://www.cdc.gov/suicide/facts/index.html>

Initial Outreach and Communication Plan

Step 1.

Outreach/correspondence to the United Tribes of Michigan (UTM)

Description: Notification/correspondence to be sent to UTM leadership (President) and staff (Executive Director) with request for dissemination to Tribal leaders.

Step 2:

Outreach/correspondence to Tribal leaders and Tribal Health/Behavioral Health Directors

Description: To occur within 7 days of initial send-out to UTM; notification/correspondence to be sent simultaneously to each of the twelve (12) Tribal Chairs/designated leadership teams and Health/Behavioral Health directors. See Attachment A.

Noting exploration of “designated leadership teams” with each Tribal government, upon further discussion.

Step 3:

Outreach/correspondence to Tribal service organizations and/or representative agencies

Description: To occur within 7 days of initial send-out to Tribal leaders and Health/Behavioral Health directors; notification/correspondence to Tribal service organizations and/or representative agencies. See Attachment A.

Step 4: Outreach/correspondence to State historic Tribes

Description: To occur within 7 days of initial send-out to Tribal leaders and Health/Behavioral Health directors; notification/correspondence to State historic Tribes. See Attachment A.

Step 5:

Outreach/correspondence to Tribal lobbyists

Description: To occur within 7 days of initial send-out to Tribal leaders and Health/Behavioral Health directors; notification/correspondence to Tribal lobbyists, if/as applicable.

Step 6:

Facilitation of a monthly OAC/Tribal call for all interested Tribes and/or Tribal affiliates

Description: Initial Zoom call to align with OAC sessions, generally held 2nd Thursday of the month. Noting that meeting schedule is subject to change based on input from attendees/participating Tribes.

UPCOMING DATES *Proposed*

Thursday, October 12	2:00-3:00p
Thursday, November 16	2:00-3:00p
Thursday, December 14	2:00-3:00p
Thursday, January 11	2:00-3:00p

OAC Community Engagement and Planning Collaborative (advisory workgroup): The OAC also supports Tribal representation on the Community Engagement and Planning Collaborative. Present (proposed) language of the workgroup includes Tribal prioritization through a minimum of two (2) Tribal representatives, as designated by the Tribes.

The Community Engagement and Planning Collaborative (advisory workgroup) formally convened in September, 2023.

Information to be Shared by the OAC

- Information/updates related to national opioid litigation, state opioid settlement funds (Michigan Opioid Healing and Recovery Fund), and activities within the state opioid settlement space
- Information/updates related to the work of Opioid Advisory Commission, including but not limited content of OAC meetings, quarterly/annual reports*, formal recommendations, regional listening sessions, updates/priorities of workgroup(s), planning considerations, etc.
- Information/updates related to activities of the State-Local Opioid Settlement workgroup
- Information/updates related to national trends, strategies, and promising practices
- Information/updates regarding resources and contacts
- Information/updates on legislative action

Information Sought from Tribal Partners

- Need, priorities, strengths, barriers, and gaps observed within the community; relevant to substance use disorders (SUD), mental health conditions, and/or co-occurring disorders (COD); prevention, treatment, recovery, and harm reduction services.
- Tribal-specific considerations for existing state behavioral health initiatives
- Tribal-specific considerations for existing local behavioral health initiatives
- **Direct recommendations for funding, as applicable to the charge/scope of the OAC**
- **Direct recommendations for planning, use, and appropriation of state opioid settlement funds**
- **Direct recommendations for policy, as applicable to the charge/scope of the OAC**
- Programs/practices to highlight; current Tribal behavioral health initiatives, programming, and/or promising practices for substance use disorder (SUD), mental health conditions, and/or co-occurring disorders
- Tribal-specific and/or culturally responsive considerations for prevention, treatment, recovery, and harm reduction efforts for substance use disorder (SUD) and mental health conditions
- Tribal-specific and/or culturally responsive considerations for overdose prevention work
- Tribal-specific and/or culturally responsive considerations for youth prevention work
- General input/feedback/suggestions related to the work of the OAC, proposed Tribal Outreach Plan (TOP), and information needs/requests

The OAC supports inclusion of a Tribal-specific section in its quarterly and annual reports, to allow for direct identification of needs, priorities, strengths, barriers, and recommendations for legislative action, as applicable to the charge of the OAC and **as identified by the Tribes.*

Initial Outreach

Initial outreach efforts to take place by October 2023. Documents to be expected in initial correspondence:

- OAC Introduction (Letter/Email)
- OAC Tribal Outreach Plan *Proposed Attachment*
- Monthly OAC/Tribal Call: Agenda and Access Information **Attachment**
- Michigan Opioid Settlement Funds Part I: Key Agencies and Settlements Attachment
- Michigan Opioid Settlement Funds Part II: Frequently Asked Questions Attachment

Final Considerations

As the OAC's Tribal Outreach Plan is in early stages of implementation, any input/feedback from Tribal partners is strongly encouraged.

The OAC welcomes questions, suggestions, and any direct contact from Tribal partners and hopes to establish both collective and individual spaces for communication, to best support the interests and needs of all Tribal governments.

Please contact Tara King, OAC Program Coordinator, for all inquiries and suggestions:

tking@legislature.mi.gov

Attachment A.

“Tribes”; “federally recognized Tribes”; “Tribal governments”; and “sovereign nations” is intended to include the following:

Bay Mills Chippewa Indian Community

Grand Traverse Band of Ottawa and Chippewa Indians

Hannahville Potawatomi Indian Community

Nottawaseppi Huron Band Potawatomi (NHBP)

Keweenaw Bay Indian Community

Sault Ste. Marie Tribe of Chippewa Indians

Little Traverse Bay Band of Odawa Indians

Little River Band of Ottawa Indians

Match-e-be-nash-she-wish Band of Pottawatomi Indians of Michigan (Gun Lake Tribe)

Pokagon Band of Potawatomi Indians

Saginaw Chippewa Indian Tribe

Lac Vieux Desert Band of Lake Superior Chippewa Indians

“State historic Tribes” is intended to include the following:

Burt Lake Band of Ottawa and Chippewa Indians

Grand River Bands of Ottawa Indians

Mackinac Bands of Chippewa and Ottawa Indians

Wyandot of Anderdon Nation

“Tribal service organizations and/or representative agencies” includes, but is not limited, to the following:

American Indian Health and Family Services (AIHFS)

Inter-Tribal Council of Michigan, Inc. (ITCMI)

North American Indian Association of Detroit (NAIA)

South Eastern Michigan Indians, Inc. (SEMII)

MICHIGAN OPIOID SETTLEMENT FUNDS



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

As dollars from the national opioid settlements are now being received at both state and local levels, this guide is intended to help support an understanding of **Michigan's opioid settlement spaces and the key agencies, involved.**

DISCLAIMER: The following information is subject to change. Figures associated with the national opioid settlements, including but not limited to state and local payment information, represent estimates, only. Descriptions of agencies, processes, and/or policies have been sourced and/or developed by key offices to support public awareness of the subject matter. This document does not constitute a legal document, nor is the information considered legal advice. This document was created collaboratively, using information available at the time of its development and may be updated at any time to reflect necessary and/or suggested changes.

STATE GOVERNMENT

LEGISLATIVE BRANCH

Michigan State Legislature

[Find your Senator](#)

[Explore Senate Committees](#)

[Find your Representative](#)

[Explore House Committees](#)

Opioid Advisory Commission

[OAC Website](#)

The Michigan state legislature is the designated body for appropriating monies from the [Michigan Opioid Healing and Recovery Fund](#), including dollars received by the state government, as a result of participation in the national opioid settlements.

EXECUTIVE BRANCH

Executive Office of the Governor

[Office of Governor Gretchen Whitmer](#)

Michigan Department of Attorney General

[MI-AG Opioids Website](#)

Michigan Department of Health and Human Services

[MDHHS Opioids Website](#)

Opioids Task Force

[Opioids Task Force Website](#)

LOCAL GOVERNMENT REPRESENTATIVE AGENCIES



[MICHIGAN MUNICIPAL LEAGUE](#)



[MICHIGAN ASSOCIATION OF COUNTIES](#)



[MICHIGAN TOWNSHIPS ASSOCIATION](#)



KEY AGENCIES OF MICHIGAN'S OPIOID SETTLEMENT SPACES

LEGISLATIVE

State Legislature

In Michigan, the state legislature is the designated authority to “appropriate” or determine how settlement dollars from the Michigan Opioid Healing and Recovery Fund will be spent. The legislature has the authority to appropriate settlement funds in any way it chooses, provided appropriations follow the requirements of the opioid settlement agreements and those set forth by law (Public Act 83 of 2022; MCL 12.253). The Opioid Advisory Commission (OAC) provides recommendations to the state legislature on funding (including appropriation of opioid settlement funds) and policy.

Opioid Advisory Commission

The Opioid Advisory Commission (OAC) serves under the Legislative Council as an agency to advise the state legislature. Per Public Act 84 of 2022 (MCL 4.1851), the OAC is tasked with establishing priorities to address substance use disorders and co-occurring mental health conditions, conducting a statewide needs assessment, identifying strategies to reduce disparities in access to health care and behavioral health services, assessing the impact of opioid settlement funds, and making recommendations on funding and policy initiatives, to the state legislature.

EXECUTIVE

Executive Office of the Governor

The Governor of Michigan authorizes spending (through the Department of Treasury) of state budget appropriations, including dollars from the Michigan Opioid Healing and Recovery Fund. The Governor’s Office develops policy and budget priorities for state government and oversees all departments under the executive branch.

Michigan Department of the Attorney General

The Attorney General’s office represents the State of Michigan in the national opioid lawsuits. In Michigan, the Attorney General’s office is also the designated authority for enforcement. It is the Attorney General’s responsibility to enforce the requirements outlined in each opioid settlement agreement and to handle any claims of misuse of opioid settlement funds, at the local level. The Attorney General also submits reports regarding State of Michigan settlement dollars, as required by some of the opioid settlement agreements.

Michigan Department of Health and Human Services

The Department of Health and Human Services is one of the main executive offices that administers (spends or distributes) state opioid settlement funds appropriated by the legislature. The Michigan “Opioids Strategy” and the Michigan Opioids Task Force are both housed within the Department of Health and Human Services.

Michigan Department of Treasury

The Department of Treasury is responsible for managing the Michigan Opioid Healing and Recovery Fund, the account in which all state share opioid settlement dollars, are directed. The Department of Treasury is also responsible for directing the investment of dollars in the Michigan Opioid Healing and Recovery Fund and following appropriations of the legislature as well as requirements of the settlement agreements and state law (Public Act 83 of 2022; MCL 12.253), when spending dollars from the account.

Opioids Task Force

The Michigan Opioids Task Force was created as an advisory body within the Department of Health and Human Services. In September 2022, Governor Whitmer signed Executive Order No. 2022-12 expanding the Michigan Opioid Task Force to include one representative appointed by the Governor from each of the ten regions established by the Department for specialty Prepaid Inpatient Health Plans for Medicaid mental health and substance use disorder services and supports (“PIHP Regions”).

LOCAL

Michigan Association of Counties

The Michigan Association of Counties (MAC) serves county government officials on numerous topics including opioid settlement funds. MAC provides technical assistance and support through their Opioid Settlement Resource Center as well as a public-facing dashboard, toolkit, and templates.

Michigan Municipal League

The Michigan Municipal League (MML) represents more than 500 full-service cities, villages, and urban townships, providing education, advocacy, and support for municipal governments, including information and resources related to opioid settlement funds.

Michigan Townships Association

The Michigan Townships Association (MTA) represents 99% of Michigan’s 1,240 townships, providing education, information and advocacy resources and services, including support for opioid settlement-eligible members.



MICHIGAN'S OPIOID SETTLEMENTS

Distributors **\$631 million over 18 years**

AmerisourceBergen, Cardinal Health, McKesson

local share
\$315.6 million

state share
\$315.6 million

Janssen (J&J) **\$145 million over 9 years**

local share
\$72.5 million

state share
\$72.5 million

CVS **\$161 million over 10 years**

local share
\$80.5 million

state share
\$80.5 million

Walmart **\$91 million over 1 year***

local share
\$45.6 million

state share
\$45.6 million

Walgreens **\$313 million over 18 years***

local share
\$87.6 million

state share
\$225.6 million

Teva **\$122 million over 13 years**

local share
\$61 million

state share
\$61 million

Allergan **\$73 million over 7 years**

local share
\$36.6 million

state share
\$36.6 million

McKinsey & Co. **\$19 million over 5 years**

state share
\$19.56 million

Mallinckrodt **\$37 million over 8 years***

regional share
\$25.9 million

non-regional
\$11.1 million

Endo status pending due to bankruptcy

Purdue status pending—U.S. Supreme Court review

MICHIGAN'S OPIOID SETTLEMENTS

Janssen and Distributors Settlements

In 2021, a \$26 billion nationwide settlement was reached to resolve all Opioids litigation brought by states and local political subdivisions against the three largest pharmaceutical distributors: McKesson, Cardinal Health and AmerisourceBergen ("Distributors"), and manufacturer Janssen Pharmaceuticals, Inc. and its parent company Johnson & Johnson (collectively, "J&J").

The state of Michigan is slated to receive nearly \$800 million from these settlements over 18 years. Fifty percent (50%) of the settlement amount will be sent directly to county and local governments, and fifty percent (50%) will be sent to the State. The national agreement also requires significant industry changes that will help prevent this type of crisis from ever happening again.

Pharmacy and Manufacturer Settlements:

CVS, Walmart, and Walgreens; Teva and Allergan

In 2022, additional settlements with pharmacies and manufacturers were announced, including CVS, Walgreens, Walmart, Allergan, and Teva.

Sign-on for participation in settlements with CVS, Walmart, Allergan, and Teva are completed in Michigan, with payments anticipated by end of calendar year, 2023. These four settlements are expected to bring in over \$450 million to Michigan and are structured like Janssen and Distributors settlements with a 50/50 state/local split. *The payment schedule for Walmart (over what period payments are received) involves multiple factors and may exceed 1-year estimates.

The Walgreens settlement is just beginning to move forward in Michigan and will bring about \$313 million into the state. *Funds from Walgreens represent awards from both a national settlement (50/50 state/local split; payments received over 15 years) and an additional settlement (for state government, only; payments received over 18 years).

McKinsey and Co. Settlement

The state of Michigan has already received the majority of the \$19.56 million in settlement funds from McKinsey and Co., a settlement from which one-hundred percent (100%) of funds will be paid to the state government.

Mallinckrodt Settlement

Michigan received \$5.2 million from the Mallinckrodt settlement in May 2023 and is estimated to receive a total of \$37 million over eight (8) years, however *Mallinckrodt's bankruptcy status may impact total dollars received.

Mallinckrodt is structured differently than other settlements, in that it includes a 70/30 regional/non-regional split, with seventy percent (70%) of the funds going to designated regions and Qualified Block Grantees, and thirty percent (30%) dedicated to non-regional entities. The Opioids Task Force serves as the "Government Participation Mechanism" for the Mallinckrodt settlement and is tasked with making recommendations on the spending of regional and non-regional funds.

Purdue Pharma and Endo

Michigan may receive additional funds from Endo, which is pursuing a bankruptcy plan that includes funding opioid abatement trusts. Recent actions by the U.S. Supreme Court have blocked further movement on the Purdue Pharma settlement. The case is currently awaiting review by the U.S. Supreme Court, and its status remains pending.





MICHIGAN'S OPIOID SETTLEMENTS Frequently Asked Questions

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MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Information that can be found in this document:

Funding

1. How can opioid settlement funds be used? (page 2)
2. What is "opioid remediation"? (page 2)
3. What is "Exhibit E"? (page 2)
4. When did Michigan start receiving settlement payments? (page 2)
5. What is the Michigan Opioid Healing and Recovery Fund? (page 3)
6. Are there ways for community-based organizations to obtain state settlement funds? (page 3)
7. Are there ways for community-based organizations to obtain local settlement funds? (page 3)
8. How can community-based organizations apply for funding opportunities? (page 4)
9. Are there restrictions on which types of organizations funds can be directed to? (page 4)
10. Are there restrictions on when settlement funds must be spent by? (page 4)
11. Which state departments have been legislatively appropriated opioid settlement funds? (page 4)

Spending

12. Where can state and local governments find guidance about how to use funds? (page 5)
13. What are the Bloomberg/Hopkins "Principles"? (page 5)
14. Is there a public website where I can see how funds are being spent in Michigan? (page 6)
15. Where can I get information on the local settlement funds and decision-making process in my community? (page 6)
16. What happens if state or local governments do not spend funds in alignment with Exhibit E? (page 7)
17. What do I do if I have concerns about local spending practices? (page 7)
18. What do I do if I have concerns about state spending practices? (page 7)

Reporting

19. What are the reporting requirements of the opioid settlements? (page 8)
20. Which state departments have been legislatively appropriated opioid settlement funds for fiscal year 2023-2024? (page 8)
21. What are the reporting requirements for opioid settlement funds appropriated by the state legislature? (page 8)

Considerations for Tribal Partners

22. Can Tribes participate in the national opioid settlements? (page 9)
23. Are there separate opioid settlements for Tribal governments? (page 9)
24. Are there ways for Tribes to obtain state settlement funds? (page 9)
25. Are there ways for Tribes to obtain local settlement funds? (page 10)
26. Are the opportunities for Tribal citizens to provide input on planning and spending of opioid settlement funds? (page 10)
27. Who can Tribal citizens contact for more information on state and local settlement funds? (page 10)

Resources and Contacts

28. What is the Opioid Advisory Commission (OAC)? (page 11)
29. How can I contact the Opioid Advisory Commission (OAC)? (page 11)
30. What is the role of the legislative branch, as it concerns use of state opioid settlement funds? (page 11)
31. What is the Opioids Task Force? (page 12)
32. How can I contact the Opioids Task Force? (page 12)
33. What is the role of the executive branch as it concerns use of state opioid settlement funds? (page 12)
34. Are there offices I can contact for more information? (page 13)



MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Funding

1. How can opioid settlement funds be used?

The majority of all settlement funds must be used to support **opioid remediation** activities.

Exhibit E of the national opioid settlements provides a list of allowable uses for settlement funds. Allowable uses are primarily aimed at supporting those most impacted by the drug overdose crisis, including prevention, harm reduction, treatment, and recovery.

Exception: Specific to the Mallinckrodt settlement, Schedule A provides a list of allowable uses of funds.

2. What is “opioid remediation”?

The term “opioid remediation” is found in many of the national opioid settlement agreements. It is defined as:

Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures except where this Agreement restricts the use of funds solely to future Opioid Remediation) designed to...

- **Address the misuse and abuse of opioid products,**
- **Treat or mitigate opioid use or related disorders, or**
- **Mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic.**

3. What is “Exhibit E”?

Exhibit E is a document attached to most of the national opioid settlement agreements, providing a list of allowable uses for spending of opioid settlement funds. Exhibit E is organized into two (2) main sections: **Core Strategies** and **Approved Uses**.

It is a “non-exhaustive” list, which means that it includes some, but not all, of the possible ways that opioid settlement funds can be spent.

Core Strategies are intended to be prioritized over **Approved Uses**, however all items under Exhibit E represent allowable uses of opioid settlement funds.

Settlements that use Exhibit E or language found in Exhibit E:

- Distributors (Amerisource Bergen, Cardinal Health, McKesson), Janssen (Johnson & Johnson), CVS, Walmart, Walgreens, Teva, Allergan, and Mallinckrodt.

4. When did Michigan start receiving settlement payments?

Opioid settlement payments to the state government began in April 2021. The first three settlements to begin payments were:

- **McKinsey and Company: April 2021**
- **Distributors: December 2022**
- **Janssen: January 2023**

Opioid settlement payments to local governments began on or about January 31, 2023.



MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Funding

5. What is the Michigan Opioid Healing and Recovery Fund?

The Michigan Opioid Healing and Recovery Fund is the account where all settlement payments to the state government (“state share” funds) are directed. It is operated by the Department of Treasury.

Public Act 83 of 2022 (MCL 12.253) is the legislation that created the Opioid Healing and Recovery Fund. It outlines additional requirements for spending of state share opioid settlement funds, including that **“money in the Michigan opioid healing and recovery fund must be used to create or supplement programs or services. The money must not be used to replace any other governmental funds that would otherwise have been appropriated or expended for any other program or service.”**

6. Are there ways for community-based organizations to obtain state opioid settlement funds?

Potentially. Community-based organizations may have an opportunity to obtain settlement funds through local and/or state government. The following information covers a few of the most common ways that an organization might receive state opioid settlement funds:

Legislative Appropriation: The legislature has the power to appropriate state opioid settlement funds in any way it chooses, provided appropriations follow the requirements of the national opioid settlement agreements and state law (Public Act 83 of 2022; MCL 12.253).

Legislative appropriation of settlement funds to organizations may be made by an appropriation of opioid settlement funds, through a state department, directed to a specific community organization.

An appropriation of this sort would likely be guided by “boilerplate” language in the state budget bill, describing eligible recipients and any requirements for receiving and/or spending funds. Funds administered to organizations must follow requirements of the settlement agreements and state law (Public Act 83 of 2022; MCL 12.253).

Non-Competitive Funding Opportunities: State departments that have been legislatively appropriated dollars from the Michigan Opioid Healing and Recovery Fund and have the capability to administer funds through grants, may opt to develop non-competitive funding (grant) opportunities for specific community-based organizations. Non-competitive opportunities may be developed to help support state-level priorities or initiatives. Funds awarded to recipients must still follow requirements of the settlement agreements and state law.

Competitive Funding Opportunities: State departments that have been legislatively appropriated dollars from the Michigan Opioid Healing and Recovery Fund and have the capability to administer funds through grants, may opt to do develop competitive funding opportunities, in which community-based organizations may apply, if eligible. Competitive funding opportunities often exist in the form of grants or proposals, which allow multiple governments, organizations, or entities to apply for consideration of possible funding. Funds awarded to recipients must still follow requirements of the settlement agreements and state law.



MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Funding

7. Are there ways for community-based organizations to obtain local settlement funds?

Potentially. Any local unit of government participating in the national opioid settlements may choose to administer settlement funds to community organizations, through direct means (providing funds directly to the organization) or through competitive funding opportunities (grants, proposals, etc.), where recipients are evaluated and selected. Funds awarded to recipients must follow requirements of the settlement agreements.

8. How can community-based organizations apply for funding opportunities?

State: The Michigan Department of Health and Human Services utilizes the EGrAMS software to implement its outgoing grant agreements.

- EGrAMS is an Electronic Grants Administration & Management System to aid users in the grants process. The System is password protected and only authorized users can access the system. When Opioids Settlement-funded Requests for Proposals (RFPs) are issued by MDHHS, they will be posted on EGrAMS.
- To gain access to funding applications, and to complete application entry and submission, a step-by-step instruction manual is available for your use. Visit the EGrAMS website at <http://egrms-mi.com/mdhhs>, and click the link "About EGrAMS" on the left-side panel to access the manual.

Local: Organizations interested in receiving funds at the local level can contact their local government officials to inquire about opioid settlement dollars and possible funding opportunities.

9. Are there restrictions on which types of organizations funds can be directed to?

No. There are no restrictions outlined in the current settlements that specify the types of organizations that funds may be directed to. These may include nonprofits, local businesses, other governmental organizations, etc. This may also include local and/or Tribal governments.

10. Are there restrictions on when settlement funds must be spent by?

No. There are no restrictions outlined in the current settlements that stipulate when funds must be used.

11. Which state departments have been legislatively appropriated opioid settlement funds?

So far, the Department of Health and Human Services and the Department of Attorney General are the only state departments to have been appropriated opioid settlement funds. While actual use of funds has not been publicly reported, recent changes in the state budget bill will require that information on spending and planned use of funds, be provided to the legislature.



MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Spending

12. Where can state and local governments find guidance about how to use funds?

The Michigan Association of Counties: The Michigan Association of Counties' [Opioid Settlement Resource Center](#) provides information, tools and resources to local governments seeking support. The resource center includes the [Michigan Opioid Settlement Funds Toolkit: A Guide for Local Spending, Opioid Settlement Resource Library](#), as well as templates for local government use. The Michigan Association of Counties also provides technical assistance and linkage to other technical assistance providers at no cost. To request support, please email dolinky@micounties.org.

Technical Assistance Collaborative: The Michigan Department of Health and Human Services has contracted Michigan State University, Wayne State University, and the University of Michigan to provide [technical assistance](#) to county governments as they plan for investing Opioid Settlement funds.

Opioid Advisory Commission (OAC): The OAC is required by law to complete an annual report to the state legislature, Governor, and Attorney General. Developing recommendations for funding initiatives, including the use of state opioid settlement funds, is considered a key task of the OAC.

- The [OAC's 2023 Annual Report](#) is a tool for both government and public use. It includes recommendations for the planning and spending of state opioid settlement funds, identification of strengths and areas for improvement in current practices, and an overview of topics relevant to Michigan's opioid epidemic.

Opioids Task Force: The Michigan Opioids Task Force was created as an advisory body within the Department of Health and Human Services and serves as the "[Government Participation Mechanism](#)" (GPM) for any opioid-related bankruptcy or settlements that require a GPM. It provides recommendations on use of funds from opioid settlements that require a GPM.

The Bloomberg/Hopkins Principles: The "Principles" are nationally recognized guidance for the spending of funds from opioid litigation and are outlined in the document "[Principles for Use of Funds From Opioid Litigation](#)".

13. What are the [Bloomberg/Hopkins "Principles"](#)?

In 2021, a group of over [30 professional and advocacy organizations](#) developed a set of five (5) principles to guide local and state governments in their use of funds received from the national opioid settlements.

The spending principles:

Principle 1. **Spend money to save lives**

Principle 2. **Use evidence to guide spending**

Principle 3. **Invest in youth prevention**

Principle 4. **Focus on racial equity**

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



MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Spending

14. Is there a public website where I can see how funds are being spent in Michigan?

The **Michigan Association of Counties' [Opioid Settlement Resource Center](#)** includes a dashboard to illustrate county readiness on planning and spending efforts currently underway across the state as well as information on the total dollar amounts that are expected to be received for each settlement in each county.

The website includes:

- Dashboard on all settlements, county readiness for spending, and eventually where local funds were used
- Toolkit/guide for local spending
- Templates and tools for local government use
- Resource library
- Overview of settlements
- Allocation notices
- A request form for accessing no-cost technical assistance for local governments

The **Michigan Department of Health and Human Services** is in process of developing [a public website](#) with information covering:

- 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

15. Where can I get information on the local settlement funds and decision-making process in my community?

At this time, there is limited information available on local settlement dollars. The Michigan Association of Counties [Opioid Settlement Resource Center](#) dashboard will eventually include links to available information.



MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Spending

16. What happens if the state or local governments do not spend funds in alignment with Exhibit E?

The majority of funds must be used to support opioid remediation activities. Any non-opioid remediation spending must be reported by the appropriating entity per the terms of the settlement.

Exhibit E of the national opioid settlements provides a list of allowable uses for settlement funds, and includes most, but not all, possible ways to spend funds.

Any concerns about local spending practices should be directed to the Department of Attorney General.

17. What do I do if I have concerns about local spending practices?

The **Michigan Department of Attorney General** is responsible for enforcement of all settlement agreements. This means that the Attorney General's office is the best contact for any concerns about inappropriate spending practices of local governments.

If you have concerns about any local spending practices related to opioid settlement funds, email ag-opioidlitigation@michigan.gov or contact the Corporate Oversight Division by phone at 517-335-7632.

18. What do I do if I have concerns about state spending practices?

The **Michigan State Legislature** is the best contact for any concerns about inappropriate spending practices of the state government.

The state must adhere to requirements set forth in the [national settlement agreements](#), the [State-Local Subdivision Agreement](#), and [Public Act 83 of 2022 \(MCL 12.253\)](#).

If you have concerns about state spending practices related to use of opioid settlement funds, please contact members of the state legislature:

Michigan State Senate

Senate Website: www.senate.michigan.gov

Find Your Senator: www.senate.michigan.gov/FindYourSenator

Senate Committees: www.committees.senate.michigan.gov

Michigan House of Representatives

House of Representative Website: www.house.mi.gov

Find Your Representative: www.house.mi.gov/#findarepresentative

House Committees: www.house.mi.gov/Committees



MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Reporting

19. What are the reporting requirements of the opioid settlements?

Presently, the national opioid settlements only require reporting on funds that are not used for purposes of opioid remediation. This reporting requirement applies to both state and local recipients.

- **Exception:** Funds received from the Mallinckrodt settlement have unique reporting requirements. See [National Opioid Abatement Trust II Trust Distribution Procedure](#) for more information.

20. Which state departments have been legislatively appropriated opioid settlement funds for fiscal year 2023-2024?

- The Department of Health and Human Services has been appropriated **\$23.2 million** in opioid settlement funds for [fiscal year 2023-2024](#).
- The Department of the Attorney General has been appropriated **\$11.285 million** in opioid settlement funds for [fiscal year 2023-2024](#).

21. What are the reporting requirements for opioid settlement funds appropriated by the state legislature?

Included in the fiscal year 2023-2024 state budget bill ([Public Act 119 of 2023](#)) is "boilerplate" language, outlining requirements for legislatively appropriated opioid settlement funds.

Department of Health and Human Services: For fiscal year 2023-2024 the state legislature requires the Department of Health and Human Services to submit semi-annual reports by September 30 and March 1, detailing:

- Total revenues (funds deposited into), expenditures (funds spent from), and encumbrances (funds awaiting spending) from the Michigan Opioid Healing and Recovery Fund.
- Revenues deposited into, expenditures, and encumbrances from the Michigan Opioid Healing and Recovery Fund in the last 6 months.
- Estimated revenues to be deposited into the Michigan Opioid Healing and Recovery Fund over the next 12 months.
- A "Spending Plan" for the Michigan Opioid Healing and Recovery Fund for the next 12 months.

The Department of Health and Human Services is required to submit semi-annual reports to the following agencies:

- Senate and House Department of Health and Human Services Appropriations Subcommittees
- Senate and House Fiscal Agencies
- Senate and House Policy Offices
- State Budget Office

Department of Attorney General: For fiscal year 2023-2024 the state legislature requires the Department of Attorney General to submit a report by February 1, detailing cumulative dollars spent, related to opioid litigation.



MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Considerations for Tribal Partners

22. Can Tribes participate in the national opioid settlements?

No. Federally recognized Tribes are not eligible for participation in any of the current national opioid settlements, however, federally recognized Tribes were/are eligible for participation in the **Tribal opioid settlements**.

23. Are there separate opioid settlements for Tribal governments?

Yes. Federally recognized Tribes, as sovereign entities, have filed lawsuits to seek compensation separate from lawsuits filed by states, counties and cities. Settlements with the Distributors and J&J will result in approximately \$503 million across the country to Tribes and Alaska Native health organizations.

Nationally, Tribes can also expect \$20 - 30 million from the Mallinckrodt settlement to be paid over eight years and an estimated \$150 million paid over nine years from Purdue. Tribal settlements with Allergan, Teva, Walmart, CVS, and Walgreens are also underway.

24. Are there ways for Tribes to obtain state settlement funds?

Potentially. Even if Tribes are participating in the Tribal opioid settlements, they may also be able to obtain funds from the state. The following information covers a few of the most common ways through which Tribes might receive state opioid settlement funds:

Legislative Appropriation: The legislature has the power to appropriate state opioid settlement funds in any way it chooses, provided those appropriations follow the requirements of the national opioid settlement agreements and state law (Public Act 83 of 2022; MCL 12.253).

Legislative appropriation of settlement funds to Tribal governments and/or entities (e.g. organizations representing multiple Tribal governments, Tribal health and behavioral health providers) would likely be guided by "boilerplate" language in the state budget bill, describing eligible recipients and any requirements for receiving funds.

Non-Competitive Funding Opportunities: State departments that have been legislatively appropriated dollars from the Michigan Opioid Healing and Recovery Fund, and have the capability to administer funds through grants, may opt to develop non-competitive funding (grant) opportunities, specific to Tribal governments and/or Tribal organizations. Non-competitive opportunities may be developed to help support state-level priorities or initiatives. Funds awarded to recipients must still follow requirements of the settlement agreements and state law.

Competitive Funding Opportunities: State departments that have been legislatively appropriated dollars from the Michigan Opioid Healing and Recovery Fund, and have the capability to administer funds through grants, may opt to do develop competitive funding opportunities in which Tribal governments may apply, if eligible. Competitive funding opportunities often exist in the form of grants or proposals, which allow multiple governments, organizations, or entities to apply for consideration of possible funding. Funds awarded to recipients must still follow requirements of the settlement agreements and state law.



MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Considerations for Tribal Partners

25. Are there ways for Tribes to obtain local settlement funds?

Potentially. Even if Tribes are participating in the Tribal opioid settlements, they may also be able to obtain funds through local government avenues/sources.

Any local unit of government participating in the national opioid settlements may choose to administer settlement funds to Tribal governments and/or Tribal entities through direct means (providing funds directly to Tribes or Tribal entities) or through competitive funding opportunities (grants, proposals, etc.). Funds administered to recipients must follow requirements of the settlement agreements.

26. Are there opportunities for Tribal citizens to provide input on planning and spending of opioid settlement funds?

Yes. At the state level, the Michigan state legislature, Opioid Advisory Commission, Governor's Office, Opioids Task Force, and Department of Health and Human Services are all agencies accessible to public, where input from Tribal governments and citizens, may be directed.

Tribal governments and their citizens can also reach out to local governments and/or local advisory councils to provide input on use of opioid settlement funds.

27. Who can Tribal citizens contact for more information on state and local settlement funds?

Matt Walker

Assistant Attorney General
Michigan Department of Attorney General
ag-opioidlitigation@michigan.gov

Tara King

Program Coordinator
Opioid Advisory Commission
oac@legislature.mi.gov

Amy Dolinky

Technical Advisor
Michigan Association of Counties
dolinky@micounties.org

General Resources for Tribal Citizens

Tribal Government Services and Policy Division

Michigan Department of Health and Human Services
MDHHS-Tribal@michigan.gov



MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Resources and Contacts

28. What is the Opioid Advisory Commission (OAC)?

The OAC is a group of twelve (12) legislatively appointed members, representing subject matter expertise in the areas of substance use disorder treatment and overdose prevention, mental health care, recovery, youth prevention, health care, the criminal-legal system, local government, and first responder work. The Director of the Department of Health and Human Services and the Administrator of the Legislative Council also serve as the two (2) non-voting members of the OAC.

The OAC was established per **Public Act 84 of 2022** (MCL 4.1851) and is the state-designated entity to advise Michigan's legislature on funding, policy, and planning concerning the use and management of State-share opioid settlement funds.

The Opioid Advisory Commission (OAC) is also charged with:

- Conducting a statewide evidence-based needs assessment.
- Examining strategies to reduce disparities in access to prevention, treatment, recovery, and harm reduction programs, services, supports, and resources.
- Establishing priorities to address substance use disorders and co-occurring mental health conditions, for the purpose of recommending funding initiatives to the legislature.
- Reviewing local, state, and federal initiatives and activities related to education, prevention, treatment, and services for individuals and families affected by substance use disorders and co-occurring mental health conditions.

29. How can I contact the Opioid Advisory Commission (OAC)?

Members of the public can contact the Opioid Advisory Commission several ways:

1. Attend a Commission meeting

OAC meetings are open to the public and accessible for in-person or virtual participation. Please see the [OAC website](#) for notice of upcoming meetings.

2. Provide input through the OAC website

Anticipated by October 2023, anyone with internet access will be able to provide input through electronic survey, available on the OAC's website: council.legislature.mi.gov/Council/OAC

3. Contact the OAC Program Coordinator

Tara King
Program Coordinator
oac@legislature.mi.gov

4. Contact the Commissioners

A list of all current members is available on the OAC's website:
council.legislature.mi.gov/Council/OAC

30. What is the role of the legislative branch, as it concerns use of state opioid settlement funds?

The state legislature is the designated body for appropriating monies from the [Michigan Opioid Healing and Recovery Fund](#), including dollars received by the state government as a result of participation in the national opioid settlements.



MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Resources and Contacts

31. What is the Opioids Task Force?

The Michigan Opioids Task Force was created as an advisory body within the Department of Health and Human Services.

In September 2022, Governor Whitmer signed **Executive Order No. 2022-12** expanding the Michigan Opioid Task Force to include one representative appointed by the Governor from each of the ten regions established by the Department for specialty Prepaid Inpatient Health Plans for Medicaid mental health and substance use disorder services and supports ("PIHP Regions").

Presently, the Opioids Task Force serves as the "Government Participation Mechanism" for the Mallinckrodt settlement and is tasked with making recommendations on the spending of regional and non-regional funds related to the settlement.

The Opioids Task Force is also charged with:

- Identifying and evaluating the epidemic's root causes and contributing factors in Michigan, and the effectiveness of response actions on all levels that have been undertaken or are currently being undertaken. Developing strategies for supporting or otherwise improving the efficacy of those response actions.
- Identifying and evaluating the nature and scope of the epidemic's impact on various locations and communities throughout the state and what response actions would be most effective in helping each of those impacted areas. Developing strategies for implementing those response actions.
- Identifying and evaluating what financial and other resources are available on all levels to combat the epidemic in Michigan. Developing strategies for securing, coordinating, augmenting, and deploying those resources.
- Developing strategies for increasing public awareness of the epidemic in Michigan, its causes and effects, the resources available to those afflicted by it, and the actions that can be taken to combat it.

32. How can I contact the Opioids Task Force?

Members of the public can contact the Opioids Task Force several ways:

1. Contact the Opioids Task Force by email:

MDHHS-OpioidsTaskForce@michigan.gov

2. Attend an Opioids Task Force meeting

The Opioids Task Force is expected to reconvene, and meetings will be open to the public. Please visit the Opioids Task Force website for more information: www.michigan.gov/opioids/crisis-response

More information on the Opioids Task Force should be available in coming months. Please visit the Opioids Task Force website for updates: www.michigan.gov/opioids/crisis-response

33. What is the role of the executive branch, as it concerns use of state opioid settlement funds?

As the head of the executive branch, the Governor authorizes spending of state budget appropriations, including dollars from the Michigan Opioid Healing and Recovery Fund. Despite legislative appropriation, the Governor has the authority to disapprove (reject) any item of the state budget bill.



MICHIGAN'S OPIOID SETTLEMENTS

Frequently Asked Questions

Resources and Contacts

34. Are there offices I can contact for more information?

Yes. The following offices are resources for information on state and local opioid settlements:

EXECUTIVE OFFICES

Executive Office of the Governor

EOG Website: www.michigan.gov/whitmer

Constituent Services: 517-335-7858

Department of Attorney General

AG Opioids Settlements Website: www.michigan.gov/ag/initiatives/opioids

Email: ag-opioidlitigation@michigan.gov

Department of Health and Human Services

MDHHS Opioids Website: www.michigan.gov/opioids

Email: MDHHS-opioidsettlementhelp@michigan.gov

Opioids Task Force

Opioids Task Force Website: www.michigan.gov/opioids/crisis-response

Email: MDHHS-OpioidsTaskForce@michigan.gov

LEGISLATIVE OFFICES

Opioid Advisory Commission

OAC Website: council.legislature.mi.gov/Council/OAC

Email: oac@legislature.mi.gov

Michigan State Senate

Senate Website: senate.michigan.gov

Find Your Senator: www.senate.michigan.gov/FindYourSenator

Senate Committees: www.committees.senate.michigan.gov

Michigan House of Representatives

House of Representative Website: www.house.mi.gov

Find Your Representative: www.house.mi.gov/#findarepresentative

House Committees: www.house.mi.gov/Committees

LOCAL GOVERNMENT—REPRESENTATIVE AGENCIES

Michigan Association of Counties (MAC)

MAC Opioid Resource Center: micounties.org/opioid-settlement-resource-center

Email: dolinky@micounties.org

Michigan Municipal League (MML)

MML Website: mml.org

Email: info@mml.org

Michigan Townships Association (MTA)

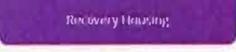
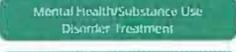
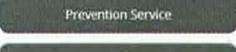
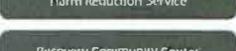
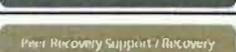
MTA Website: www.michigantownships.org

Contact MTA: michigantownships.org/contact-us/



Appendix

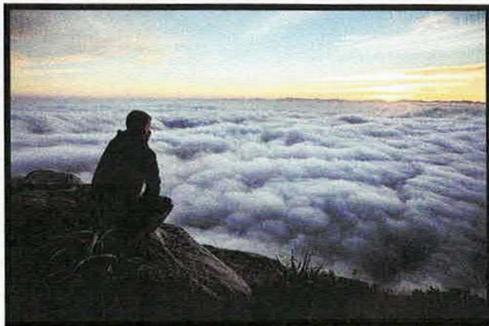
Michigan

	Need Index	Potential Need (variable measures)	County	State	Nat'l Avg	Recovery Investment Opportunities
 Economic Stability	 High need	Unemployment rate		5.9%	5.5%	 
		Per capita income		\$34,768	\$37,638	
		Labor force participation rate		61.55%	63.57%	
		Poverty rate		13.3%	12.63%	
		Severe housing problems		13.79%	16.96%	
 Education	 Low need	Aged 3-4 and Enrolled in School		46.66%	47.34%	 
		Completed High School		91.58%	88.87%	
		Completed College		30.62%	33.67%	
 Healthcare	 Moderate need	Medicaid expansion		Yes	<i>Not available</i>	  
		Supply of opioids reimbursed		4.88%	4.22%	
		Percent of people without health insurance		5.32%	8.77%	
		Opioid related hospitalizations		311.91/100,000	249.17/100,000	
		Needing but not receiving addiction treatment		7.11%	<i>Not available</i>	
		Distance to Nearest MAT Provider		21.18 mi	24.4 mi	
 Environment	 High need	Age-Adjusted Drug Poisoning Deaths per 100,000		26.36/100,000	22.43/100,000	  
		Adults Reporting Binge or Heavy Drinking		19.37%	17.21%	
		Non-Fatal Drug Overdoses		-7.49%	-14.07%	
		Opioid Overdose Deaths		26.36/100,000	16.03/100,000	
		Distance to Nearest Syringe Service Program		79.15 mi	106.95 mi	
 Social	 Moderate need	Physically Unhealthy Days		4.4 days (last 30 days)	4.1 days (last 30 days)	 
		Mentally Unhealthy Days		4.8 days (last 30 days)	4.4 days (last 30 days)	
		Percentage with no internet		10.74%	10.26%	
		Social Association per 10,000		9.7/10,000	9.2/10,000	

Do not stand at my grave and weep
I am not there,
I do not sleep.
I am a thousand winds that blow.
I am the diamond glints on snow.
I am the sunlight
On the ripened grain.
I am the gentle Autumn's rain.
When you awaken in the morning hush,
I am the swift uplifting rush
of quiet birds in circled flight.
I am the soft stars that shine at night.
Do not stand at my grave and cry.
I am not there.
I did not die.
— Hopi Prayer

*The friend who can be silent with us
in a moment of despair or confusion,
who can stay with us in an hour of grief
and bereavement, who can tolerate not
knowing, not curing, not healing and face
with us the reality of our powerlessness,
that is a friend who cares...*

- Henri Nouwen



*Remember how i laughed,
remember how i loved.
Use me as the reason you embrace life,
not the reason you don't...*
- anonymous

Gary and Denise Cullen lost their only child, Jeff, to an overdose after many years of struggling with addiction, and through these experiences, have a deep desire to ease the pain in any way for those left to cope with similar tragic deaths due to the illness of substance use disorder/addiction or misuse of substances. In the same way that Pat and Russ Wittberger, the founders of GRASP, began this effort after their daughter Jenny's death from a heroin overdose, we intend to continue to work on behalf of Jenny and Jeff, and so many, many others.

Mid-Michigan GRASP

First Thursday of each month, 6-7:30 PM

1730 East Grand River, East Lansing

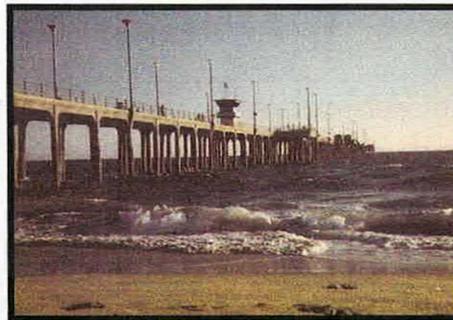
Register before first meeting:

MidmiGRASP@gmail.com

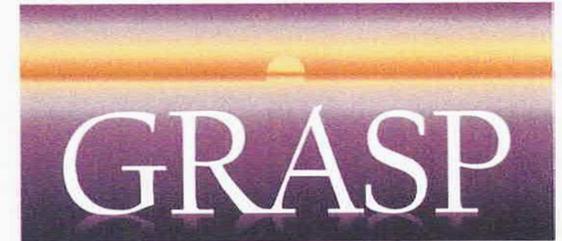
or Claudia at 517-339-4156

www.grasphelp.org

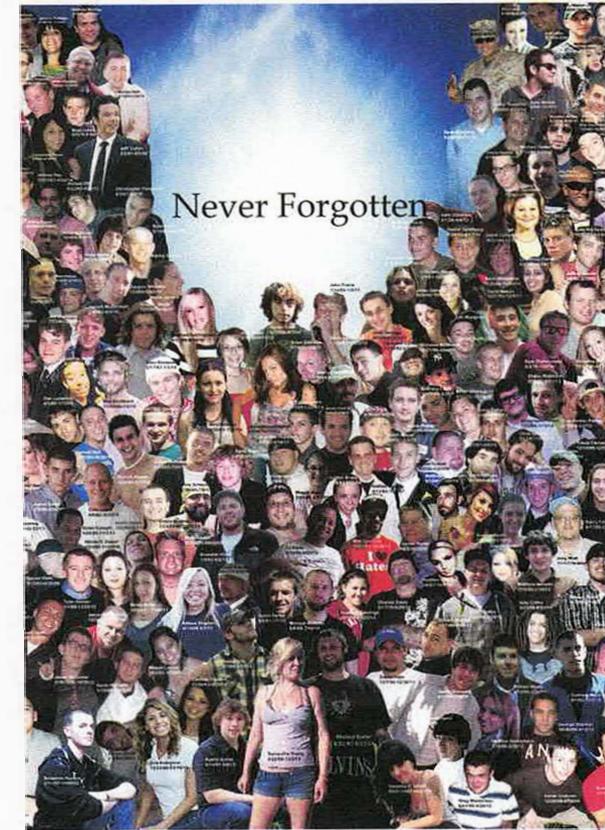
Look for online support on GRASP 



GRASP is a subsidiary of Broken No More, a tax exempt 501(c)(3) Organization.



Grief Recovery After a Substance Passing®



You Are Not Alone

What is GRASP?

GRASP Final Meeting Minutes
September 14, 2023

GRASP, (Grief Recovery After a Substance Passing) was created to help provide sources of help, compassion and most of all, understanding for families who have had a loved one die through drug use.



Those who are left behind find their grief overpowering. The sudden passing is nothing that had been planned for because as long as the person was alive there was still hope.

But where to turn? Society has grieving groups for when a child, a spouse or other loved one has died from accident, suicide, even murder. But, oddly, there is little help available for those who have lost a loved one through the disease of addiction/substance use disorder or misuse of drugs. GRASP is for all who have had loved ones slip away and to ease the pain in any way for those left behind to cope.

Visit the GRASP website: www.grasphelp.org, and become involved in the GRASP facebook group for support, direction, and most of all, a helping hand.



First we would like to express our sincerest, deepest sympathy to everyone who has experienced the passing of a beloved person because of substances of any kind.

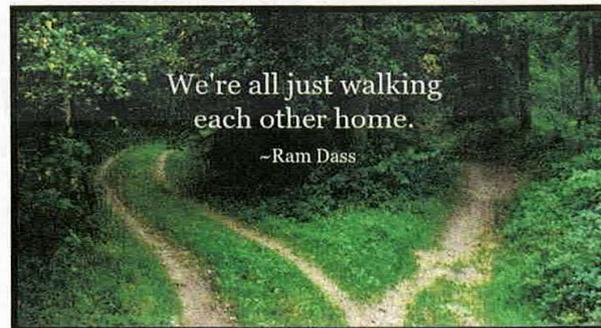
This is one of the most traumatic tragedies which, no doubt, has been preceded by weeks, months, even years of heartbreaking turmoil when you have searched, loved, and tried to understand and help your special one.

There have been many times when you have felt absolutely alone in your despair as you struggled through the best way you could... wondering, perhaps if you would be able to "weather the storm".

That was then. This is now.

You are not alone. There are many, many around you who share similar experiences, and are waiting to assist in any way to lovingly, gently bring you through these times. One thing is for sure. We will never stop loving these souls who have departed. And they continue to be a part of our lives as we think of them, share memories of them with others as well as ourselves.

These are our very special people who came into our lives to be cherished and who have left us with some special gifts of learning.



When you are experiencing a major loss, illness, death, separation or any life change, here are some tools for coping with the everyday thoughts, feelings and realities of living.

- Be gentle with your own feelings and thought process. Avoid self judgment. Don't put "I should have" or "if only" on yourself.
- Find a supportive person or persons you can trust. Share your honest feelings and ideas.
- Give yourself time for healing. The timing of grief cannot be rushed. Plan your day so that you have a specific time to focus on your loss, and special time to escape from the pain of the reality of what you are facing. Clearly, this is a guideline, as so often, grief and sadness will take over when you least expect it... a song, a place, a conversation played in your head... allow that and then move on.
- When you experience fear, anger, helplessness, sorrow, pain, emptiness, isolation, depression or relief, it can be very confusing.
- Try to maintain as regular a schedule as possible, while avoiding unrealistic expectations and goals for yourself.
- Maintain an awareness of your body's needs for nutrition and rest. If symptoms arise that are new to you, see a physician.
- For more help, we urge you to explore the GRASP website.

www.grasphelp.org

(Or see back cover to contact us personally)



Administration Office
97 S. Fourth Street, Suite C
Ishpeming, MI 49849
Phone: (906) 228-9699
Fax: (906) 228-0505
Toll Free: 1-855-906-GLRC
www.greatlakesrecovery.org

DATE: 09/11/2023

TO: Attorney General Dana Nessel

FROM: Greg Toutant, Kyle Rambo, Mark Maggio

SUBJECT: Follow Up From Escanaba Opioid Settlement Small Group Meeting

Dear Attorney General Nessel:

Thank you for the opportunity to meet with you during your Upper Peninsula tour this past August. As a follow up from the small group session held in Escanaba with treatment providers, we wanted to provide additional feedback to you regarding some of the barriers associated with access to care for those struggling with opioid addiction and other substance related conditions.

The opioid settlement funding will have a positive impact throughout the State of Michigan but it does spark the need for further discussion on systemic barriers that are needing to be overcome in order to create sustained increases in access to care. Some of the additional challenges include the following:

Fee For Service Medicaid

The current publicly funded substance use disorder treatment system is built upon a platform of fee for service for Medicaid recipients. This is in contrast to the long-standing community mental health funding set up for the 48 CMHs in the State. Fee for service, has the same requirements for Medicaid eligible recipients as our counter parts with CMH, but we assume significant risk in treating this vulnerable population because we do not get paid when consumers do not show up for appointments or service delivery. This tends to destabilize the publicly funded substance use disorder treatment system and causes increased difficulties with workforce development, recruitment, retention and access to care. We would like to propose a small work group that could meet with the State Medicaid Director and your office to assist with a more equitable financing system for SUD services that would create increased stability amongst the provider community to grow additional services and access to care. The opioid settlement funding can be a catalyst for streamlining an out of date and out of touch fee for service system.

Additional Comments on Medicaid

Inherent to the current fee for service system in the State, and without the immediate ability to alter the current system, providers would need to keep pace with the costs incurred by behavioral health

providers the Medicaid fee schedule in Michigan needs to be raised. Raising the Medicaid fee schedules in accordance with the actual costs to provide care will increase both provider participation and access to essential care. It appears the rate increases for FY'24, fall below the actuarial analysis.

Annual rate adjustments are critical since most behavioral health providers in the state accepting Medicaid are non-profit organizations. As a result, these non-profit providers can't operate in a deficit without cutting services, employees or both. To make matters worse, the donor cushion typically used to make up for non-profit losses has dried up when discretionary income dropped over the past two years.

Diversion Programming

One of the elements discussed during the small group session involved diversion/treatment courts. Diversion/treatment courts provide an invaluable resource to change lives in the community, provide accountability to change addiction behaviors and help parents maintain or regain parental rights for their kids. Unfortunately, our addiction professionals serving the treatment courts often have to volunteer their time because the courts are so underfunded. To aid in the stabilization of provider participation within diversion/treatment courts is the ability to have a stable funding source to offset the time for providers to participate. We would suggest a targeted line item from the State that bypasses managed care organizations like PIHPs so that funding for these efforts can go directly to providers.

Equity Among Commercial Insurance Carriers

In addition to the challenges impacting the publicly funded system, an equal access problem parallels itself with those clients that have commercial insurance coverage. There is no current relevant parity amongst insurance carriers about the amount, scope, duration and access to care for those struggling with addiction. We propose a balanced approach to hold insurance carriers accountable for access to care for their beneficiaries. We would recommend a small task force that could be developed to work with the insurance exchange commission and other regulatory bodies to establish baseline equitable service access with continuum of care options that mirror the publicly funded system of care. This would help to ensure that more providers would be able to accept and work with insurance carriers and would increase equitable access to care in the State.

Medicare

One of the disparities in the current SUD system in the State, is access to care for Medicare beneficiaries. Currently, there is no community based residential treatment options fundable by Medicare. Medicare utilizes an older outdated model of funding hospitals only for such care. In the past decade, hospitals have moved away from provided addiction treatment and the burden of treatment has swung to community-based providers. This creates a rather large hole in the paradigm of care in communities. We would encourage the ability to have your office work with MDHHS on providing a waiver to CMS to open up access for community based residential treatment programs to be funded.

As you can see from these comments as well as those provided in many community forums, changes are clearly needed to improve the current behavioral health system in Michigan. We appreciate the opportunity to share a provider level perspective on ways to improve the current system. These recommended modifications will increase access to care and create a more resilient behavioral health system in order to better serve Michiganders.

On behalf of Catholic Social Services of the Upper Peninsula, the Phoenix House and Great Lakes Recovery Centers, we look forward to working with you and your office in how we can work on any of the items contained in this correspondence.

I can be reached at 906-228-9699 or gtoutant@greatlakesrecovery.org.



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8th Annual Regional Healthcare Policy Forum

United States Senator Debbie Stabenow, invited

Panelists:

- State Representative Julie Rogers, Chair, House Health Policy
- Cara Poland, M.D., M.Ed., FACP, Chair Opioid Advisory Commission
- Kevin Fischer, Executive Director, NAMI-MI
- Amy Dolinky, Michigan Association of Counties, Technical Advisor, Opioid Settlement Funds

Friday, October 6, 2023

8:30 am to 2:00 pm

Four Points by Sheraton Kalamazoo

EMCEE: Scott Dzurka

