OPIOID ADVISORY COMMISSION

2025 **Annual Report**

Community-Centered Frameworks
for Health, Healing, and Justice

MICHIGAN
OPIOID
ADVISORY
COMMISSION

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LETTER FROM THE CHAIR

As we conclude the third year of the Opioid Advisory Commission (OAC), I am both encouraged by our progress and keenly aware of the challenges ahead. This year's annual report reflects a deepened commitment to addressing Michigan's opioid crisis with a community-centered, data-driven approach. Together, we have advanced our understanding of the unique needs and strengths of Michigan's communities and the critical strategies required to address the addiction and mental health crises impacting our state.

This year, the Commission has focused on fostering collaboration across state agencies, local governments, and community organizations while remaining steadfast in our dedication to transparency, health equity, and evidence-based decision-making. Our work is informed by the latest data, input from community leaders, insights from residents, and ongoing dialogue with partners across all levels of government.

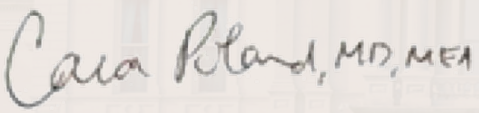
Central to our mission is recognizing that a statewide, evidence-based needs assessment is not just a statutory obligation but a critical tool for identifying and addressing service gaps. Such an assessment will provide a foundation for Michigan to develop a sustainable, multi-year strategy to guide the allocation of opioid settlement funds effectively. We also advocate for creating an endowment to ensure that these efforts extend beyond the life of the settlement, providing a long-term funding mechanism to address evolving needs.

In this report, you will find our recommendations for funding, policy, and programs to strengthen the four pillars of prevention, harm reduction, treatment, and recovery. These strategies are designed to maximize the impact of available resources, address systemic inequities, and save lives. Importantly, this report also highlights the vital role of community engagement in shaping effective and equitable solutions.

The work ahead is significant, but so is our resolve. Together, with the continued partnership of Michigan's legislative, executive, and judicial branches, as well as local governments, Tribal Nations, and community organizations, we can create lasting change. It is an honor to serve the Legislature and the people of Michigan in this critical effort to save lives, support recovery, and foster a healthier, more just future for all.

Thank you for your trust and collaboration.

With respect,



Cara Poland, MD, MEd, FACP, DFASAM
Chair, Opioid Advisory Commission

A STATEMENT ON HEALTH EQUITY AND JUSTICE

The OAC recognizes that social drivers of health (SDOH) significantly influence an individual's "health, well-being, and overall quality of life."[1] Economic stability, access to education, transportation, housing, health care, and community connectedness shape health outcomes across Michigan. These influences affect different populations uniquely, often leading to disparities in access to care and resources. Poverty remains a major contributor to health inequities, creating barriers that impact health outcomes statewide.

The OAC is committed to fostering meaningful inclusion and community collaboration to inform cultural understanding, strengthen partnerships, reduce health disparities, and improve health outcomes for all Michiganders.

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Commitment to Equity in Data

The OAC "aspires to present data humbly, recognizing numbers never tell the whole story. It strives to work with individuals and communities to learn and share their stories to improve collective understanding. Knowing that people across life circumstances have inequitable opportunities to achieve optimal health, the OAC commits to pair numbers and stories to inform policy and systems change to improve health for all." [2]

The OAC's Annual Report Aims to:

1. **Expand Community Engagement:** Enhance inclusion in planning and implementation efforts for opioid settlement funds.
2. **Inform the Legislature:** Provide detailed, timely information to maintain legislative awareness of settlement funding allocations and potential impacts. This will help legislators identify gaps in opioid remediation supports and services and inform their constituents.
3. **Collaborate Across State Entities:** Work with participating state agencies to provide the most accurate picture possible of settlement-related strategies and outcomes.
4. **Share Best Practices:** Gather and disseminate information statewide and nationally about lessons learned and effective strategies for opioid settlement funding and remediation.
5. **Promote Oversight and Transparency:** Increase access to information on priorities and guidelines for spending settlement funds while advocating for oversight measures to ensure accountability.
6. **Report Spending Outcomes:** Make results of settlement spending strategies publicly accessible to enhance transparency and trust.

Assessing Michigan's Needs to Ensure Health Equity and Justice

The OAC is statutorily required to provide a comprehensive needs assessment. The OAC is committed to continuing to pursue appropriate funding to perform a comprehensive needs assessment for all 83 Michigan counties and the twelve (12) Sovereign Nations (and, if allowed, Indigenous Urban Organizations), one that is data-driven, community-focused, and grounded in a commitment to serve the health and well-being of all Michiganders.

EXECUTIVE SUMMARY

In Michigan, the opioid crisis remains a significant public health issue, with synthetic opioids like fentanyl driving the majority of overdose deaths [10][11]. Despite ongoing efforts, nearly 3,000 individuals died from opioid overdoses in 2022. The most recent data from the Center for Disease Control (CDC) reports 2,997 overdose deaths occurred in 2022 [12]

We aim to engage with communities, especially those disproportionately impacted, by practicing humility, cultivating partnerships, and possessing an honest desire to listen and learn. Through this process, the unique needs and strengths of communities, and the solutions proposed by community members, can be better understood, and elevated to help inform state leaders and decision-makers, at all levels.

The OAC remains steadfast in its call for public transparency in state planning, decision-making, and use of opioid settlement dollars—this is the minimum standard our state should ensure. We endeavor to support meaningful collaboration at all levels—across Michigan's legislative, executive, and judicial branches, localities, communities, and the Sovereign Nations.

There is an indication that in 2024, based on provisional drug overdose death counts, Michigan is seeing a slight decrease in drug overdose deaths [13]. As of mid-November, there have been 1,282 suspected fatal overdoses. This decline is part of a broader trend, with the state reporting a 5.7% decrease in overdose deaths in 2023 compared to the previous year to date [14].

It is encouraging to see overall overdose deaths decreasing but there is still work to be done to ensure all communities experience a decline. Although racial disparities in overdose deaths persist, with Black and American Indian/Alaska Native residents being disproportionately affected. According to provisional data from 2023, Black residents are 2.8 times more likely, and American Indian/Alaska Native residents are 2.2 times more likely to die from an overdose compared to white residents[15] [16].

The state is slated to receive approximately $1.5 billion by the year 2040 in opioid settlement funds, which should be used to address health disparities, particularly in BIPOC, Tribal, rural, and justice-impacted communities [8]. In 2023-2024, the OAC prioritized Tribal communities from the twelve (12) Sovereign Nations by recommending an appropriation from the Michigan Opioid Healing and Recovery Fund to Tribal Nations for FY 2025. Additional progress is necessary. However, the OAC was pleased to find $2 million in the 2024- 2025 MDHHS budget appropriated directly to Tribal communities [17].

Guiding Documents, Principles and Strategic Priorities

The following items were used (and developed) to help guide the work of the OAC:

Guiding Documents
Public Act 83 of 2022 (MCL 12.253)
Public Act 84 of 2022 (MCL 4.1851)
Exhibit E of the National Opioid Settlements
2022 MDHHS Opioids Strategy
Johns Hopkins Bloomberg School of Public Health:
Principles for the use of Funds from Opioid Litigation

Guiding Principles
Advancing **Health Equity**
Effecting **Stigma Change**
Enhancing **Whole Person Care**
Expanding **Cross-System Collaboration**
Promoting **Service Innovation**

EXECUTIVE SUMMARY

In its third year, the OAC recognized several achievements, with some of its recommendations being adopted by the state of Michigan. The OAC is statutorily charged with making recommendations to the legislature, primarily for the purposes of funding and policy initiatives to address substance use disorders and co-occurring mental health conditions.

Dr. Cara Anne Poland, Chair of the OAC, provided testimony at the Senate Appropriations Subcommittee on DHHS during the Committee Hearing on the Opioid Settlement Funds, on February 28, 2024. Dr. Poland stressed the need to have meaningful collaboration between the Opioid Advisory Council (OAC) and the Department of Health and Human Services (DHHS). The OAC maintains an ex officio seat on its membership for DHHS and attends, as a public member, DHHS Opioid Task Force.

In 2024, the OAC held quarterly meetings with legislative leaders. We maintained regular communication with the DHHS Appropriation Committee leadership and members. We also engaged in conversations with Senate health policy leadership. Additionally, the OAC supported listening sessions with legislative members and staff in local communities. Guided by principles of health equity, stigma reduction, whole-person care, cross-system collaboration, and service innovation, the OAC remains committed to finding solutions based on evidence, expertise, and cultural and experiential knowledge.

The 2024 Annual Report recommended prioritizing Tribal communities by ensuring an appropriation from the Michigan Opioid Healing and Recovery Fund to Tribal Nations for FY 2025. The OAC consulted with the United Tribes of Michigan (UTM) and all twelve individual Sovereign Nations to determine appropriate funding mechanisms and distribution methods. The legislature approved a 2024-2025 budget that included $2 million for Michigan's federally recognized tribes[17].

In the 2024 Annual Report, the OAC also supported the Governor's recommendation to allocate opioid settlement funds to the Department of Health and Human Services. It advocated for a $6 million increase in a FY 2025 "Community Investments" set-aside, while this was not directly adopted, we are hopeful that low-barrier grants will be implemented. DHHS did include transportation assistance grants in their funding.

While the progress achieved is commendable, Michigan must systematically address existing gaps to strategically expand the reach of funded solutions and close critical service deficiencies. The OAC strongly recommends conducting a comprehensive statewide needs assessment and establishing a sustainable endowment. The needs assessment would identify gaps across Michigan's communities, providing essential data to guide informed, evidence-based regional and statewide funding recommendations. A sustainable endowment, as permitted under Michigan's statute, would ensure that funding gaps are addressed beyond the lifespan of the opioid settlement, creating a lasting framework to combat the opioid, addiction, and broader mental health crisis impacting Michiganders.

APPROPRIATIONS RECOMMENDATIONS FOR FY 2026

To ensure the effective and equitable use of opioid settlement funds, the Opioid Advisory Commission (OAC) submits the following appropriations recommendations. These dollars are different—they are neither part of the state budget nor federally funded. They represent a unique opportunity to transform Michigan's response to the opioid epidemic and must be utilized in ways that reflect their extraordinary purpose. The OAC strongly encourages decision-makers to honor this distinction and align expenditures with national best practices, including those outlined by the Bloomberg-Hopkins School of Public Health.

Short-Term Recommendations

Statewide Needs Assessment

Meeting the immediate requirement for a comprehensive statewide needs assessment is critical. As mandated by Public Act 84 of 2022 (Section 13.c.), this assessment will serve as the foundation for effective and equitable funding decisions. The OAC proposes the following:

- **Individualized County Reports:** Generate a county-specific needs assessment for each of Michigan's 83 counties, ensuring equitable access to data and insights for all communities.
- **Support of the Three Fires**: Offer partnerships to provide the same level of technical assistance and individualized reporting for Michigan's sovereign and federally recognized Tribal Nations and Indigenous Urban Organizations.
- **Statewide Report:** Develop a statewide report that identifies and visualizes trends across Michigan, enabling targeted and data-driven responses.

These combined efforts will create a comprehensive roadmap for prioritizing funding, addressing community needs, and supporting Michigan's fight against the opioid crisis. Annual updates to the needs assessment will further ensure that emerging trends and community feedback inform ongoing strategies at both local and state levels.

Medium-Term Recommendations

Addressing Gaps Across the Four Pillars

While the needs assessment is underway, the OAC acknowledges immediate gaps in prevention, harm reduction, treatment, and recovery services. To address these urgent needs, the Commission recommends funding life-saving programs that:

- Clearly and comprehensively identify and address existing gaps.
- Demonstrate measurable outcomes and accountability.
- Serve broader regions rather than isolated communities, excepting tribes, to ensure widespread impact.

All funding decisions should align with national best practices as defined by the Bloomberg-Hopkins School of Public Health and Exhibit E of the opioid settlement agreement. It is essential to recognize that these dollars are different and prioritize their use for activities not supported by other funding sources, such as general funds, Medicaid, or federal block grants.

Long-Term Recommendations

Sustainability Through an Endowment

To ensure the long-term sustainability of Michigan's opioid response efforts, the OAC recommends establishing an endowment within the Michigan Department of Treasury. This endowment will provide a dedicated funding source for addressing gaps in resources beyond the settlement's term. This approach directly supports the sustainability plans outlined in MCL 4.1851(13)(c)(ii).The endowment will safeguard against the volatility of other funding streams, ensuring that Michigan remains prepared to respond to evolving needs and challenges in the opioid crisis.These appropriations recommendations reflect the OAC's unwavering commitment to leveraging these unique funds to create lasting change. By prioritizing data-driven decision-making, equity, and sustainability, we can honor the intent of the opioid settlement and maximize its impact on all Michiganders.

LEGISLATIVE PRIORITIES FOR FY 2026

The Opioid Advisory Commission (OAC) presents the following legislative priorities to guide Michigan's ongoing efforts to combat the opioid crisis. These recommendations are rooted in evidence-based practices and reflect a commitment to prevention, harm reduction, treatment, and recovery. Through targeted legislative action, Michigan can enhance its response to the opioid epidemic, address systemic barriers, and create pathways for healing and recovery.

Overarching Legislative Priority: Establish an Opioid Healing and Recovery Endowment

The OAC recommends the legislative establishment of an Opioid Healing and Recovery Endowment within the Michigan Opioid Healing and Recovery Fund. This endowment will ensure the sustainability of funding for opioid-related programs beyond the settlement period, providing a long-term resource to support prevention, harm reduction, treatment, and recovery initiatives. Such a fund would safeguard against future funding shortfalls and create a stable foundation for addressing evolving needs.

Legislative Priorities by four Pillars:

I. Prevention

To prevent opioid misuse and its devastating consequences, the OAC recommends legislative action to:

- **Promote Evidence-Based Programs and Strategies**: Establish clear intervention criteria and leverage data from controlled studies and cost-benefit analysis to ensure prevention programming is evidence-based and tailored to community needs to maximize impact. Provide communities with assessment and capacity-building tools to prioritize risk and protective factors systematically.
- **Invest in Comprehensive Prevention Programs Across the Life Course:** This includes home visitation programs before and during infancy and family skills training initiatives that strengthen parenting abilities while mitigating the risks of adverse outcomes. For publicly funded school districts and postsecondary institutions, mandate the use of proven prevention programming that meets rigorous quality and effectiveness criteria.

II. Harm Reduction

Harm reduction strategies save lives by minimizing the risks associated with substance use.

- **Support the decriminalization of drug paraphernalia:** Enable individuals to access and have for personal use harm reduction paraphernalia, like syringes, without fear of legal repercussions.
- **Support safe use sites:** Develop a process for implentation of safe use sites in high-risk communities.

III. Treatment

Access to comprehensive and timely treatment is essential for individuals affected by opioid use disorder. The OAC recommends:

- **Establishing a Medicaid Working Group:** Create a task force to implement and train on team-based care coordination services. Such services would ensure a holistic approach to treatment, addressing medical, behavioral, and social needs.
- **Ensuring Pharmacists Dispense Addiction Medications:** Enact legislation affirming that pharmacies and pharmacists have a duty to dispense lawful prescriptions for addiction medications, including buprenorphine, without undue delay and to maintain a 7- day supply for patients.

IV.Recovery

Recovery is a lifelong journey that requires support across multiple systems. To foster recovery, the OAC recommends:

- **Promoting and funding diversion and deflection programs:** Divert individuals anyway from the criminal justice system and into treatment programs. These alternatives, prevent individuals from entering the criminal system, making it easier to find employment and alleviating the long-term consequences associated with a criminal justice history. Addiction is a disease and should be treated as such.
- **Promoting Alternative Sentencing**: Introduce policies that focus on rehabilitation and treatment rather than punitive measures for individuals with SUDs who encounter the criminal justice system. These alternatives can reduce recidivism, improve outcomes, and save public resources.
- **Easing the Criminal Justice Experience**: Enact reforms to require expansion of SUD services within jails and prisons that recognize addiction as a health condition that requires compassion and care.
- **Providing aftercare services**: Upon leaving jails and prisons, treatment should continue after incarceration to ensure individuals stay on a treatment course and are provided necessary services upon release from jail.

These legislative priorities reflect the OAC's commitment to addressing the substance use crisis with bold, evidence-based action. By enacting these measures, Michigan can lead the nation in developing innovative and effective strategies to prevent opioid misuse, save lives, and support lasting recovery for all its residents.

Michigan's Data Landscape
Overdose Death

2939

Overdose Deaths 2022

Michigan Overdose Data to Action (MODA)
Provisional Overdose Deaths Q4 2021- Q3 2022

2948

Overdose Deaths 2023

Michigan Overdose Data to Action (MODA)
Provisional Overdose Deaths Q4 2022-Q3 2023

3057

Reported Overdose Deaths 2023

CDC: National Vital Statistics System (NVSS)
Provisional Overdose Death Counts (June 2023-2024)

2357

Reported Overdose Deaths 2024 (-22.90%)

CDC: National Vital Statistics System (NVSS)
Provisional Overdose Death Counts (June 2023-2024)

3127

Predicted Overdose Deaths 2023

CDC: National Vital Statistics System (NVSS)
Provisional Overdose Death Counts (June 2023-2024)

2479

Predicted Overdose Deaths 2024 (-20.72%)

CDC: National Vital Statistics System (NVSS)
Provisional Overdose Death Counts (June 2023-2024)

American Indian/Alaska Native

23.7

Overdose Death Rate by Race Provisional overdose deaths per 100,000 July 2022 - June 2023 Michigan Overdose Data to Action (MODA)

Nationally,In 2021 and 2022, rates were highest for American Indian and Alaska Native people.
(Source: CDC National Center of Health Statistics Data Brief 491; 2024).
In 2022, 1,543 non-Hispanic American Indian and Alaskan Native people died by overdose, which was the highest rate of any racial or ethnic group."

Black or African American

57.3

Overdose Death Rate by Race Provisional overdose deaths per 100,000 July 2022 - June 2023 Michigan Overdose Data to Action (MODA)

Nationally, **Non-Hispanic Black people had the second highest drug overdose death rates in both 2020 and 2021**.(Source: CDC National Center of Health Statistics Data Brief 491; 2024).

White

22.3

Overdose Death Rate by Race Provisional overdose deaths per 100,000 July 2022 - June 2023 Michigan Overdose Data to Action (MODA)

Michigan's Data Landscape
Non-Fatal Overdose

29,234

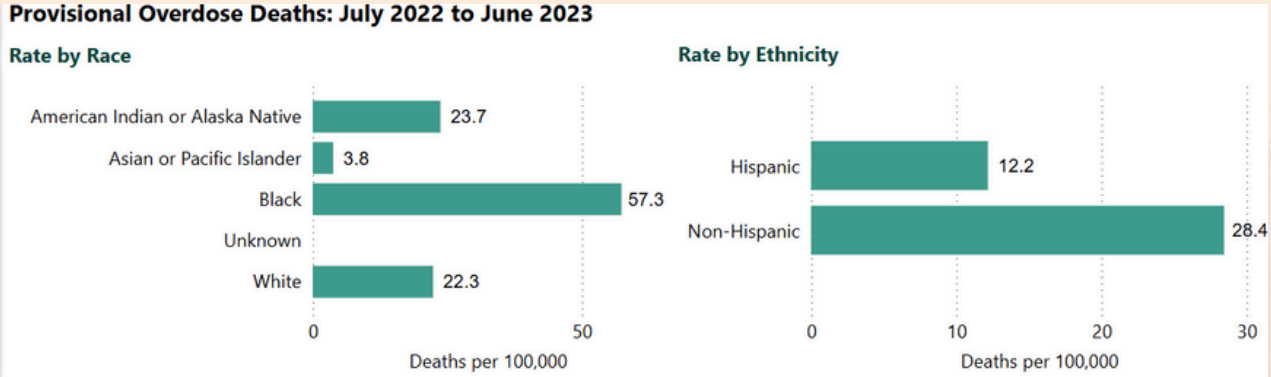
Total Emergency Department Overdose Visits 2022

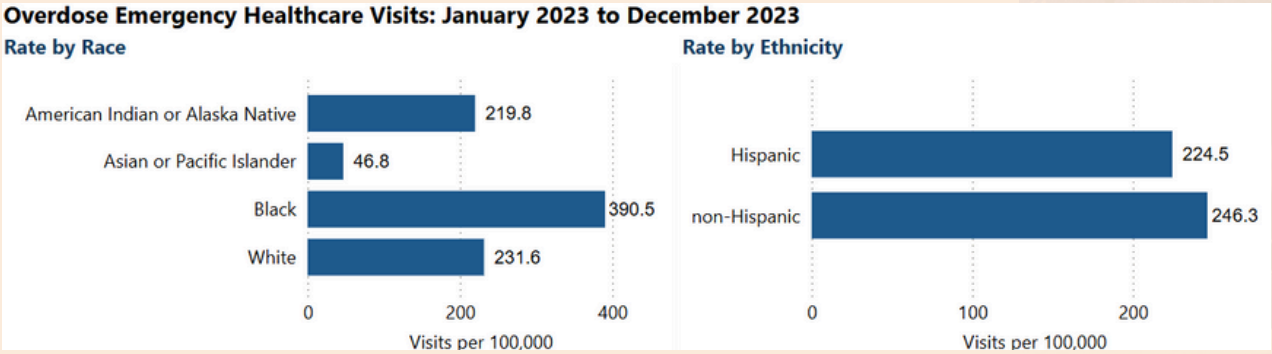
Michigan Overdose Data to Action (MODA)

28,297

Total Emergency Department Overdose Visits 2023

Q1 2022 - Q4 2022 Michigan Overdose Data to Action (MODA)





STATE OF MICHIGAN
Opioid Healing and Recovery Fund

Establishment

"Senate Bill 993 amended the Michigan Trust Fund Act to create the 'Michigan Opioid Healing and Recovery Fund' within the Department of Treasury and to require the State Treasurer to deposit into the Fund all proceeds received by the state as a result of a judgment or settlement pertaining to violations, or alleged violations, of law pertaining to the manufacture, marketing, and distribution of opioids" (Senate Fiscal Agency analysis). [113]

Supplement, Not Supplant

"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" (PA 83 of 2022; MCL 12.253). [114]

Unspent Funds

"Money in the Michigan Opioid Healing and Recovery Fund at the close of the fiscal year must remain in the Michigan opioid healing and recovery fund and must not lapse to the general fund" (PA 83 of 2022; MCL 12.253). [115]

Funds from the Michigan Opioid Healing and Recovery Fund are considered restricted revenues

$271,030,412 million

Estimated total state share, non-regional, and regional opioid settlement funds, received as of December 31, 2024

$228,398,967 million

Estimated balance of the Michigan Opioid Healing and Recovery Fund, as of December 31, 2024

$11,164,100 million

Estimated interest accrued through "Common Cash" [116] investments, as of September 30, 2023

MDHHS Work Projects

$11,653,400 million "Opioid Settlement Funds"

FY 21-23 Work Project/Carryforward

$9,759,600 million

"Opioid Response Activities"

FY 22-24 New Work Project

DEPARTMENT OF ATTORNEY GENERAL
Opioid Settlement Website and Payment Estimator

In November 2023, the Michigan Department of Attorney General (AG) released the "Opioid Settlement Payment Estimator". [117] The "Payment Estimator" is publicly available through the **AG's opioid settlement website** [118] and includes several worksheets covering information on estimated settlement payments by jurisdiction (state and local government), year, company, and estimated payment totals. "The worksheets...provide estimates of opioid settlement funding. These numbers are intended to provide guidance to Michigan governments for opioid settlement payments...Payment information is provided for both local governments and the State of Michigan". [119]

$109.2M
Estimated State Share Payments
2024

$52.1M
Estimated State Share Payments
2025

$53.9M
Estimated State Share Payments
2026

$841M 2021-2040
Estimated Total State Share Payments

$338.5M
Estimated State Share Payments
2021-2026

Source: www.michigan.gov/ag/initiatives/opioids (Department of Attorney General; Opioid Settlement Payment Estimator; February 2024)

MICHIGAN'S REPORT CARD

for the Planning, Use, and Management of
State Opioid Settlement Funds
2023-2024

Principle 1: Spend money to save lives

Strategies for Improvement Commit to 100% public reporting of state opioid settlement expenditures. Provide information on prior funding sources for multi-year projects that receive settlement dollars; ensure adherence with Public Act 83 of 2022 (MCL 12.253). [100]

B

Principle 2: Use evidence to guide spending

Strategies for Improvement Increase community outreach and engagement to enhance culturally responsive data collection [101] and program development efforts. Utilize cultural, traditional, and experiential knowledge as evidence to help guide the use of settlement dollars.

C

Principle 3: Invest in youth prevention

Strategies for Improvement Increase public reporting on youth prevention initiatives. Include communities in the development process. Prioritize disproportionately impacted communities and ensure that prevention strategies are culturally responsive, trauma-informed, and data-supported.

B

Principle 4: Focus on racial equity

Strategies for Improvement Prioritize racial equity through commitment to policy and authentic engagement practices. Improve meaningful inclusion of and outreach to BIPOC communities, including Tribal communities; maintain outreach and engagement efforts as an ongoing process of learning and collaboration. Prioritize communities impacted by historic harms and discriminatory policies. Utilize the Community Engagement and Planning Collaborative (CEPC), experts in racial equity, and community leaders, to move recommendations to action.

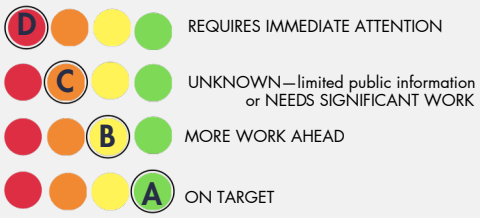
C-

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

Strategies for Improvement Increase public transparency around how decisions are being made for the direction and prioritization of settlement-funded initiatives. Ensure that communities are meaningfully included in decision-making processes; ensure that these processes are fair, transparent, and in alignment with community needs.

C-

UNDERSTANDING
THE REPORT CARD



The OAC used the Bloomberg-Hopkins Principles [102] as a framework to assess Michigan's practices in planning, use, and management of state opioid settlement funds. Only publicly available information was used, so information gaps could be more easily identified. The report card provides a snapshot of current practices and a comparison point for annual reassessment.

See "Adopting the Bloomberg-Hopkins Principles"

Grading: A final letter grade was assigned to each of the five (5) Principles, with, consideration of the fifteen (15) "Principle" strategies. Final grades represent the OAC's assessment, which has been supported by publicly available information. **Assigned grades are an interpretation of state practices, based on public information available at the time of assessment. Grades may not be reflective of actual practices, rather what can be understood from available (easily accessible) information, as assessed by the OAC.**

PRINCIPLE 1: Spend money to save lives

Michigan put significant effort into the prevention of overdose deaths by providing free naloxone to community groups, boosting distribution in high-risk areas[2], increased access to fentanyl and xylazine testing strips and Increased access to fentanyl and xylazine testing strips helps individuals detect these substances and reduce the risk of accidental overdose[2].A decline in overdose deaths are due in part to these efforts. However, racial gaps continue. Based on 2023 provisional data, Black residents are 2.8 times and American Indian/Alaska Native residents are 2.2 times more likely to die of an overdose than white residents.

PRINCIPLE 2: Use evidence to guide spending

Many Michigan communities are investing in evidence-based interventions although room for improvement exists. Increasing meaningful engagement with communities to gather cultural and experiential knowledge can help tailor programs to specific needs. This approach can ensure that interventions are culturally relevant and more effective In theory, evidenced-based practices (EBP), are an ideal measure of quality and results, however more can be achieved with culturally appropriate services specific racial and ethnic groups.

PRINCIPLE 3: Invest in youth prevention

Youth prevention initiatives can be strengthened by actively involving communities in the planning, development, and implementation stages, as in community training and outreach: Programs like The Youth Connection in Detroit provide naloxone training to community members, including law enforcement, schools, and churches[24].

PRINCIPLE 4: Focus on racial equity

Efforts to promote racial equity must be intentional and authentic. It's crucial that these initiatives are guided by individuals who not only understand the complexities of racial equity but also bring valuable cultural and lived experiences to the table. Recognizing and addressing the real impacts of social and economic disparities, historical injustices, and discriminatory practices on BIPOC and Tribal communities is essential for meaningful progress.

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

To provide accountability and transparency, it is recommended that Michigan can comprehensively identify areas of need. Use data to determine where additional funds could make the biggest impact. A gaps analysis of the state, including voices from the community, is critical in the decision-making process. This might include underserved communities or specific programs that require more resources.

Acknowledgements

OPIOID ADVISORY COMMISSION—MEMBERS
Cara Anne Poland,M.D, M.Ed.,**Chair**
Patrick Patterson,**Vice Chair**
Sheriff Charles Heit
Chad Audi, PhD
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Hon. Linda Davis (Ret.)
Katharine Hude
Mona Makki
Kyle Rambo
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Hon. Jamie Stuck
Representative Mary Whiteford (Former)
Jennifer Dettloff, Legislative Council Administrator (Ex-Officio Member)
Elizabeth Hertel, Director, Department of Health and Human Services (Ex-Officio Member)

Christina Hawkins, Program Coordinator

THE OPIOID SETTLEMENT LANDSCAPE

RESOURCE LIST

Michigan Opioid Settlement Resources

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

Michigan Opioid Settlement Funds Part I: Key Agencies and Settlements

Michigan Opioid Settlement Funds Part II: Frequently Asked Questions

OAC 2024 Annual Report

Michigan Association of Counties (MAC): Opioid Resource Center and Settlement Resource Library

Guide for Community Advocates on the Opioid Settlement: Michigan

2024 Michigan Opioid Healing and Recovery Fund Annual Financial Report

Michigan Department of Attorney General: Opioid Settlements

Michigan Department of Health and Human Services: Opioid Settlements

Michigan Department of Health and Human Services 2024 Opioid Report

2023 Michigan Opioid Healing and Recovery Fund Annual Financial Report

Michigan's Opioids Settlement – MDHHS FY23 Spend Plan Programming Planning Overview

Opioid Strategy and Implementation of Opioid Settlements

Michigan Opioids Task Force (OTF)

REWG Draft Recommendations

Michigan Overdose Data to Action Dashboard (MODA) tools
MDHHS

Michigan Substance Use Disorder Data Repository (MI-SUDDR)

Opioid Abatement Needs and Investment Tool (OANI)

National Opioid Settlement Resources

Johns Hopkins Bloomberg School of Public Health (JHSPH): Principles for the Use of Funds from Opioid Litigation

State Health Policy (NASHP): How are States Using Opioid Settlement Funds

National Association of Counties (NACo.): Opioid Solutions Center

Equity Considerations for Local Health Departments on Opioid Settlement Funds (NACCHO)

Opioid Settlement Tracker

National Opioids Settlements

National Opioid Abatement Trust II (NOAT)

National Governors Association Center for Best Practices Opioid Litigation Settlement Funds Summit

Vital Strategies: Opioid Settlement Funds State Level Guides

O'Neill Institute for National and Global Health Law at Georgetown Law: Conflicts of Interest and Opioid Litigation Proceeds: Ensuring Fairness and Transparency

APPENDICES

Appendix A Public Act 84 of 2022 (MCL 4.1851)

Appendix B Public Act 83 of 2022 (MCL 12.253)

Appendix C "Exhibit E" (Distributors Settlement)

Appendix D The National Opioid Settlement Landscape: State Practices in Tribal Prioritization

Appendix E High SUVI ZIP Codes

APPENDIX A

Public Act 84 of 2022 (MCL 4.1851)

Act No. 84
Public Acts of 2022
Approved by the Governor
May 19, 2022
Filed with the Secretary of State
May 19, 2022

EFFECTIVE DATE: May 19, 2022

STATE OF MICHIGAN
101ST LEGISLATURE
REGULAR SESSION OF 2022

Introduced by Senator Huizenga

ENROLLED SENATE BILL No. 994

AN ACT to amend 1986 PA 268, entitled "An act to create the legislative council; to prescribe its membership, powers, and duties; to create a legislative service bureau to provide staff services to the legislature and the council; to provide for operation of legislative parking facilities; to create funds; to provide for the expenditure of appropriated funds by legislative council agencies; to provide for the designation and authentication of certain electronic legal records as official; to authorize the sale of access to certain computerized data bases; to establish fees; to create the Michigan commission on uniform state laws; to create a law revision commission; to create a senate fiscal agency and a house fiscal agency; to create a commission on intergovernmental relations; to prescribe the powers and duties of certain state agencies and departments; to repeal certain acts and parts of acts; and to repeal certain parts of this act on specific dates," (MCL 4.1101 to 4.1901) by amending the title, as amended by 2018 PA 638, and by adding chapter 8A.

The People of the State of Michigan enact:

TITLE

An act to create the legislative council; to prescribe its membership, powers, and duties; to create a legislative service bureau to provide staff services to the legislature and the council; to provide for operation of legislative parking facilities; to create funds; to provide for the expenditure of appropriated funds by legislative council agencies; to provide for the designation and authentication of certain electronic legal records as official; to authorize the sale of access to certain computerized data bases; to establish fees; to create the Michigan commission on uniform state laws; to create a law revision commission; to create a senate fiscal agency and a house fiscal agency; to create a commission on intergovernmental relations; to create the opioid advisory commission and prescribe its powers and duties; to prescribe the powers and duties of certain state agencies and departments; to repeal certain acts and parts of acts; and to repeal certain parts of this act on specific dates.

CHAPTER 8A

OPIOID ADVISORY COMMISSION

Sec. 850. As used in this chapter:

(a) "Michigan opioid healing and recovery fund" means the Michigan opioid healing and recovery fund created in section 3 of the Michigan trust fund act, 2000 PA 489, MCL 12.253.

(b) "Opioid advisory commission" means the opioid advisory commission created in section 851.

Sec. 851. (1) The opioid advisory commission is created in the council.

(2) The opioid advisory commission must consist of the following members:

(a) Twelve voting members that have experience in substance abuse prevention, health care, mental health, law enforcement, local government, first responder work, or similar fields appointed as follows:

(*i*) Four members appointed by the senate majority leader.

(*ii*) Four members appointed by the speaker of the house of representatives.

(*iii*) One member appointed by the senate minority leader.

(*iv*) One member appointed by the minority leader of the house of representatives.

(*v*) One member appointed by the senate majority leader and the speaker of the house of representatives and selected from a list of 3 individuals provided by the governor.

(*vi*) One member appointed by the senate majority leader and the speaker of the house of representatives and selected from a list of 3 individuals provided by the attorney general.

(b) The director of the department of health and human services, or his or her designee, who shall serve as an ex officio member without vote.

(c) The council administrator, or his or her designee, who shall serve as an ex officio member without vote.

(3) In appointing members or providing a list from which members will be selected under subsection (2)(a), the governor, the senate majority leader, the speaker of the house of representatives, the senate minority leader, the minority leader of the house of representatives, and the attorney general shall ensure that the members of the opioid advisory commission, to the extent possible, reflect the geographic diversity of this state.

(4) All initial opioid advisory commission members must be appointed within 60 days after the effective date of the amendatory act that added this section.

(5) Of the first voting members appointed, 4 shall be appointed to 1-year terms, 4 shall be appointed to 2-year terms, and 4 shall be appointed to 3-year terms, as determined by the senate majority leader and the speaker of the house of representatives. After the first appointments, the term of a voting member of the opioid advisory commission is 3 years or until a successor is appointed under subsection (2), whichever is later.

(6) If a vacancy occurs on the opioid advisory commission, an individual must be appointed in the same manner as the original appointment to fill the vacancy for the balance of the term.

(7) The senate majority leader and the speaker of the house of representatives may concur to remove a member of the opioid advisory commission for incompetence, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause.

(8) The council administrator, or his or her designee, shall call the first meeting of the opioid advisory commission. At the first meeting, the opioid advisory commission shall elect a member as a chairperson and, except as otherwise provided in this subsection, may elect other officers that it considers necessary or appropriate. The council administrator, or his or her designee, shall serve as secretary. The opioid advisory commission shall meet at least quarterly. The opioid advisory commission may meet more frequently at the call of the chairperson or at the request of at least 7 members.

(9) Seven voting members of the opioid advisory commission constitute a quorum for transacting business. A majority vote of the voting members appointed and serving is required for any action of the opioid advisory commission.

(10) The opioid advisory commission shall conduct its business in compliance with the open meetings act, 1976 PA 267, MCL 15.261 to 15.275.

(11) A writing that is prepared, owned, used, possessed, or retained by the opioid advisory commission in performing an official function is subject to the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(12) A member of the opioid advisory commission is not entitled to compensation for service on the opioid advisory commission, but the opioid advisory commission may reimburse a member for actual and necessary expenses incurred in serving.

(13) The opioid advisory commission shall do all of the following:

(a) Adopt policies and procedures for the administration of the opioid advisory commission as allowed by law.

(b) Review 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, and establish priorities to address substance use disorders and co-occurring mental health conditions, for the purpose of recommending funding initiatives to the legislature.

(c) By March 30 of each year, provide a written report to the governor, the attorney general, the senate majority leader, the speaker of the house of representatives, and the chairs of the senate and house of representatives appropriations committees that includes all of the following:

Sec. 851. (1) The opioid advisory commission is created in the council. (2) The opioid advisory commission must consist of the following members: (a) Twelve voting members that have experience in substance abuse prevention, health care, mental health,

law enforcement, local government, first responder work, or similar fields appointed as follows:

(*i*) Four members appointed by the senate majority leader.

(*ii*) Four members appointed by the speaker of the house of representatives.

(*iii*) One member appointed by the senate minority leader.

(*iv*) One member appointed by the minority leader of the house of representatives.

(*v*) One member appointed by the senate majority leader and the speaker of the house of representatives and selected from a list of 3 individuals provided by the governor.

(*vi*) One member appointed by the senate majority leader and the speaker of the house of representatives and selected from a list of 3 individuals provided by the attorney general.

(b) The director of the department of health and human services, or his or her designee, who shall serve as an ex officio member without vote.

(c) The council administrator, or his or her designee, who shall serve as an ex officio member without vote.

(3) In appointing members or providing a list from which members will be selected under subsection (2)(a), the governor, the senate majority leader, the speaker of the house of representatives, the senate minority leader, the minority leader of the house of representatives, and the attorney general shall ensure that the members of the opioid advisory commission, to the extent possible, reflect the geographic diversity of this state.

(4) All initial opioid advisory commission members must be appointed within 60 days after the effective date of the amendatory act that added this section.

(5) Of the first voting members appointed, 4 shall be appointed to 1-year terms, 4 shall be appointed to 2-year terms, and 4 shall be appointed to 3-year terms, as determined by the senate majority leader and the speaker of the house of representatives. After the first appointments, the term of a voting member of the opioid advisory commission is 3 years or until a successor is appointed under subsection (2), whichever is later.

(6) If a vacancy occurs on the opioid advisory commission, an individual must be appointed in the same manner as the original appointment to fill the vacancy for the balance of the term.

(7) The senate majority leader and the speaker of the house of representatives may concur to remove a member of the opioid advisory commission for incompetence, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause.

(8) The council administrator, or his or her designee, shall call the first meeting of the opioid advisory commission. At the first meeting, the opioid advisory commission shall elect a member as a chairperson and, except as otherwise provided in this subsection, may elect other officers that it considers necessary or appropriate. The council administrator, or his or her designee, shall serve as secretary. The opioid advisory commission shall meet at least quarterly. The opioid advisory commission may meet more frequently at the call of the chairperson or at the request of at least 7 members.

(9) Seven voting members of the opioid advisory commission constitute a quorum for transacting business. A majority vote of the voting members appointed and serving is required for any action of the opioid advisory commission.

(10) The opioid advisory commission shall conduct its business in compliance with the open meetings act, 1976 PA 267, MCL 15.261 to 15.275.

(11) A writing that is prepared, owned, used, possessed, or retained by the opioid advisory commission in performing an official function is subject to the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(12) A member of the opioid advisory commission is not entitled to compensation for service on the opioid advisory commission, but the opioid advisory commission may reimburse a member for actual and necessary expenses incurred in serving.

(13) The opioid advisory commission shall do all of the following:

(a) Adopt policies and procedures for the administration of the opioid advisory commission as allowed by law.

(b) Review 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, and establish priorities to address substance use disorders and co-occurring mental health conditions, for the purpose of recommending funding initiatives to the legislature.

(c) By March 30 of each year, provide a written report to the governor, the attorney general, the senate majority leader, the speaker of the house of representatives, and the chairs of the senate and house of representatives appropriations committees that includes all of the following:

(*i*) A statewide evidence-based needs assessment that includes at least all of the following:

(A) A summary of current local, state, and federal funding used to address substance use disorders and co-occurring mental health conditions.

(B) A discussion about how to prevent overdoses, address disparities in access to health care, and prevent youth substance abuse.

(C) An analysis, based on quantitative and qualitative data, of the effects on this state of substance use disorders and co-occurring mental health conditions.

(D) A description of the most common risk factors associated with substance use disorders and co-occurring mental health conditions.

(*ii*) Goals and recommendations, including the rationale behind the goals and recommendations, sustainability plans, and performance indicators relating to all of the following:

(A) Substance use disorder and co-occurring mental health conditions prevention, treatment, recovery, and harm reduction efforts.

(B) Reducing disparities in access to prevention, treatment, recovery, and harm reduction programs, services, supports and resources.

(*iii*) An evidence-based assessment of the prior use of money appropriated from the Michigan opioid healing and recovery fund, including the extent to which such expenditures abated the opioid crisis in this state.

(*iv*) Recommended funding for tasks, activities, projects, and initiatives that would support the objectives of the commission.

(*v*) If applicable, recommended additional legislation needed to accomplish the objectives of the commission.

Enacting section 1. This amendatory act does not take effect unless Senate Bill No. 993 of the 101st Legislature is enacted into law.

This act is ordered to take immediate effect.

Secretary of the Senate

Clerk of the House of Representatives

Approved_____

_____
Governor

APPENDIX B

Public Act 83 of 2022 (MCL 12.253)

Act No. 83
Public Acts of 2022
Approved by the Governor
May 19, 2022
Filed with the Secretary of State
May 19, 2022
EFFECTIVE DATE: May 19, 2022

STATE OF MICHIGAN
101ST LEGISLATURE
REGULAR SESSION OF 2022

Introduced by Senator MacDonald

ENROLLED SENATE BILL No. 993

AN ACT to amend 2000 PA 489, entitled "An act to create certain funds; to provide for the allocation of certain revenues among certain funds and for the operation, investment, and expenditure of certain funds; and to impose certain duties and requirements on certain state officials," by amending section 2 (MCL 12.252), as amended by 2021 PA 137, and by adding section 3.

The People of the State of Michigan enact:

Sec. 2. As used in this act:

(a) "Community district education trust fund" means the community district education trust fund created in section 12.

(b) "Flint settlement trust fund" means the Flint settlement trust fund created in section 11.

(c) "Medicaid benefits trust fund" means the Michigan Medicaid benefits trust fund established in section 5.

(d) "Medicaid program" means a program for medical assistance established under title XIX of the social security act, 42 USC 1396 to 1396w-6.

(e) "Medicaid special financing payments" means the Medicaid special adjustor payments each year authorized in the department of health and human services appropriations act.

(f) "Michigan merit award trust fund" means the Michigan merit award trust fund established in section 9.

(g) "Michigan opioid healing and recovery fund" means the Michigan opioid healing and recovery fund created in section 3.

(h) "Strategic outreach and attraction reserve fund" means the strategic outreach and attraction reserve fund created in section 4.

(i) "Tobacco settlement revenue" means money received by this state that is attributable to the master settlement agreement incorporated into a consent decree and final judgment entered into on December 7, 1998 in *Kelly Ex Rel. Michigan v Philip Morris Incorporated, et al.*, Ingham County Circuit Court, docket no. 96-84281CZ, including any rights to receive money attributable to the master settlement agreement that has been sold by this state.

(j) "21st century jobs trust fund" means the 21st century jobs trust fund established in section 7.

Sec. 3. (1) The Michigan opioid healing and recovery fund is created in the department of treasury.

(2) The state treasurer shall deposit all proceeds received by this state as a result of any judgment, settlement, or compromise of claims pertaining to violations, or alleged violations, of law related to the manufacture,

marketing, distribution, dispensing, or sale of opioids into the Michigan opioid healing and recovery fund, except for proceeds received under the Medicaid false claim act. The state treasurer may deposit money or other assets from any other source into the Michigan opioid healing and recovery fund as provided by law.

(3) The state treasurer shall direct the investment of the Michigan opioid healing and recovery fund consistent with 1855 PA 105, MCL 21.141 to 21.147, and shall credit interest and earnings from the investments to the Michigan opioid healing and recovery fund.

(4) Money in the Michigan opioid healing and recovery fund at the close of the fiscal year must remain in the Michigan opioid healing and recovery fund and must not lapse to the general fund.

(5) The department of treasury is the administrator of the Michigan opioid healing and recovery fund for audits of the fund.

(6) Subject to subsection (7), the department of treasury shall expend money from the Michigan opioid healing and recovery fund, on appropriation, in a manner and for purposes consistent with the opioid judgment, settlement, or compromise of claims from which the money was received.

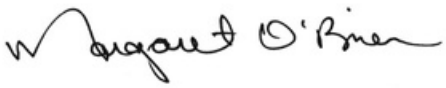
(7) Money in the Michigan opioid healing and recovery fund must be used to create or supplement programs or services. The money must not be used to replace any other governmental funds that would otherwise have been appropriated or expended for any other program or service.

(8) Subject to subsection (9), the department of the attorney general may expend money from the Michigan opioid healing and recovery fund, on appropriation, to pay for costs and reasonable attorney fees incurred in the pursuit of an opioid judgment, settlement, or compromise of claims, except for a pursuit under the Medicaid false claim act.

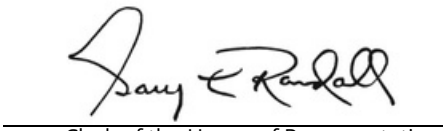
(9) If possible, the department of the attorney general shall attempt to have costs and attorney fees described in subsection (8) paid by a defendant or source other than the Michigan opioid healing and recovery fund.

(10) As used in this section, "Medicaid false claim act" means the medicaid false claim act, 1977 PA 72, MCL 400.601 to 400.615.

This act is ordered to take immediate effect.



Secretary of the Senate



Clerk of the House of Representatives

Approved_____

_____
Governor

APPENDIX C

"Exhibit E" (Distributors Settlement)

EXHIBIT E List of Opioid

Remediation Uses

Schedule A

Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[14]

A. NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement,and other first responders
4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

[14] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

C. PREGNANT & POSTPARTUM WOMEN

1. Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("*OUD*") and other Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. provide comprehensive wrap-around services and to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. <u>EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES</u>

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. TREATMENT FOR INCARCERATED POPULATION

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and
2. Increase funding for jails to provide treatment to inmates with OUD.

G. PREVENTION PROGRAMS

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. EXPANDING SYRINGE SERVICE PROGRAMS

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:15

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

[15] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

8. 9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

14.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. <u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");
    2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;
    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;
    5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
    6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

1. Increase the number of prescribers using PDMPs;

2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").
7. Engaging non-profits and faith-based communities as systems to support prevention.

8.Public education relating to immunity and Good Samaritan laws.

9. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws, Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

Supporting mobile units that offer or provide referrals to harm reduction services,

1. treatment, recovery supports, health care, or other appropriate services to persons
2. that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
3. Providing training in harm reduction strategies to health care providers, students,
4. peer recovery coaches, recovery outreach specialists, or other professionals that
5. provide care to persons who use opioids or persons with OUD and any co-
6. occurring SUD/MH conditions.
7. Supporting screening for fentanyl in routine clinical toxicology testing.

11.

12.

13.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes
of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

APPENDIX D

The National Opioid Settlement Landscape: State Practices in Tribal Prioritization

THE NATIONAL OPIOID SETTLEMENT LANDSCAPE

STATE PRACTICES IN TRIBAL PRIORITIZATION

DISCLAIMER: The following information is subject to change. This document was created using information available at the time of its development and may be updated at any time to reflect necessary and/or suggested changes. Information used for this document was obtained from multiple sources including but not limited to web-based publicly available information/materials and direct contact with members of state teams. This document is intended to support informational and advisory functions of the Opioid Advisory Commission and may be modified, accordingly. Sourcing for information contained herein, can be found within "References"(endnotes) of the Opioid Advisory Commission 2024 Annual Report.

THE NATIONAL OPIOID SETTLEMENT LANDSCAPE

STATE PRACTICES IN TRIBAL PRIORITIZATION

STATE	STATE APPROPRIATIONS	SETTLEMENT STRUCTURE & ESTIMATED TOTALS	TRIBAL INCLUSION IN STATE PLANNING*	TRIBAL REPRESENTATION ON STATE ADVISORY COUNCIL(S)
 MICHIGAN 12 Sovereign Nations (BIA Midwest Region)	A review of Michigan's settlement investments (FY 2024) and estimated spending (FY 2023 settlement expenditures) reveals **no funding priorities explicitly addressing the needs of Tribal communities.** The Opioid Advisory Commission (OAC) is recommending the appropriation of state opioid settlement funds to Sovereign Nations (2024 Annual Report).	**50% State / 50 % Local** **$1.5 billion** 2023 Michigan Opioid Healing and Recovery Fund Annual Financial Report Michigan Department of Health and Human Services (MDHHS) Opioid Settlement Website	**MDHHS:** Per report, consultative process for settlement spend plan development. **OAC:** Initiation of monthly Tribal Partnership Calls (2023). Goal: collaboration with Tribal partners to support mutual learning and recommendation development.	**OAC: Current representation**, however no statutory requirement (MCL 4.1851) codifying membership of Tribal representative(s). Additional language in the OAC's Community Engagement & Planning Collaborative (advisory workgroup) supporting Tribal membership, as designated by Tribal Leadership (see CEPC group charter).
 MINNESOTA 11 Sovereign Nations (BIA Midwest Region)	**$9.375 million** (since 2020) directed to Sovereign Nations through a combination of monies from the **Opioid Epidemic Response Fund (OERF)** including **$2 million annual, recurring appropriation** for Traditional Healing practices and capacity-building; **remaining percentage of OERF to support additional allocation to Tribal Social Service agencies** for CPS initiatives.	**25% State / 75% Local** **$570 million** Opioid Epidemic Response Spending Dashboard 2023 Minnesota Statutes: Opioid Epidemic Response Fund (OERF)	Consultative process with **additional "statutory requirements** for the Opioid Epidemic Response Advisory Council (OERAC) to conduct annual meetings with all eleven (11) Sovereign Nations for the purposes of collaboration and communication on shared issues and priorities."	**Direct representation on the Opioid Epidemic Response Advisory Council (OERAC)**, a 23-member joint council with legislative, executive, community, and Tribal inclusion. **Statutory requirements** for Tribal representation/membership: "…two members representing Indian tribes, one representing the Ojibwe tribes and one representing the Dakota tribes"; representation from "an urban American Indian community" is also included within the statute.
 WISCONSIN 11 Sovereign Nations (BIA Midwest Region)	**$6 million** (2023;19% of total state settlement spending for FY 2023) authorized for "Tribal Nation Needs". The appropriation supported "prevention, harm reduction, treatment, and recovery services for tribal members…each of the 11 federally recognized tribal nations…received comparable funding."	**30% State / 70% Local** **$754.9 million** Wisconsin Opioid Settlement Website Wisconsin: FY 2024 Q1 Opioid Settlement Summary	Consultative process including **listening sessions** held with Tribal partners.	**Unknown;** noting further exploration with the Wisconsin Department of Health Services and the Wisconsin Office of Tribal Affairs.
 WASHINGTON 29 Sovereign Nations (BIA Northwest Region)	**$15.45 million** in state settlement funds (2023) "to pass through to tribes and urban Indian health programs for opioid and overdose response activities. The funding must be used for prevention, outreach, treatment, recovery support services, and other strategies to address and mitigate the effects of the misuse and abuse of opioid related products."	**50% State / 50 % Local** **$1.1 billion** Washington AG: 2023 Opioid Abatement Account Settlement Report (2023 Legislative Session) WA Opioid Settlement Website	Consultative process with additional monthly "**learning community**" meetings (2024) that seek "to bring together state government leaders, Tribes, academic researchers, health care providers, individuals with lived experience, members of the community…".	**Unknown.** An American Indian/Alaskan Native (AI/AN) Workgroup is listed in association with the Washington Opioid and Overdose Response Plan (2021-2022); "to coordinate the action steps under each of the five goals of the plan". It is presumed that the eight workgroups (including the AI/AN workgroup) have transitioned into the "learning community". Formal Tribal representation on advisory and/or decision-making councils, is unknown.
 OREGON 9 Sovereign Nations (BIA Northwest Region)	**Potential $44 million (estimated) by 2040** to the nine (9) Sovereign Nations. The Opioid Settlement Prevention, Treatment and Recovery (OSPTR) Board recently voted (January 2024) to "**allocate 30% of the state's share of the settlement money to the nine tribal governments**".	**45% State / 55 % Local** **$748 million** OSPTR Board Website OSPTR for Tribal allocation Oregon Opioid Settlement Website	**Unknown;** noting further exploration of OSPTR and Oregon Health Authority practices.	**Statutory language for membership consideration of the OSPTR:** **(3)(a)(A)** "At least 75 percent of the members appointed by the Governor must be representatives of the following public health and health care stakeholder groups: …(ii) Indian tribes…" (ORS 430.221).

February 2024

APPENDIX E

High SUVI ZIP Codes (75th-100th percentile)

APPENDIX E High SUVI ZIP Codes (75th-100th percentile)

The following information has been extracted from "Michigan Substance Use Vulnerability Index Documentation – May 2024" (MDHHS) and presented within Appendix F to support reader awareness. The OAC encourages that the aforementioned document accompany any use of Substance Use Vulnerability Index (SUVI) data, and that appropriate consultation be had with the MDHHS Michigan Overdose Data to Action (MODA) and/or Opioid and Emerging Drugs Unit to support further understanding of data, methodology, strengths, and limitations, as related to the Michigan Substance Use Vulnerability Index (MI-SUVI).

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
Michigan Substance Use Vulnerability Index Documentation May 2024

Executive Summary and Public Health Implications
"Overdose and substance use disorder (SUD) are significant and complex public health problems in Michigan. Historically, overdose death data alone have often been used for SUD policy/program planning. The Michigan Department of Health and Human Services (MDHHS) recognizes that many factors influence a community's vulnerability to adverse outcomes associated with substance use and should be considered in policy and program planning.

With this in mind, MDHHS developed the Michigan Substance Use Vulnerability Index (MI-SUVI) as a tool to help guide equitable SUD program and policy decision-making. The MI-SUVI is a single, standardized score that considers multiple factors that influence a community's vulnerability related to substance use, including indicators related to substance use burden, resources, and social vulnerability. The MISUVI score is standardized and available at the county and ZIP Code Tabulation Area (ZCTA) levels. Counties/ZCTAs can be assessed by how far above or below the county/ZCTA average they fall in the total MI-SUVI score, as well as in their substance use burden, substance use resources, and social vulnerability scores.

All communities in Michigan are impacted by substance use. The MI-SUVI does not describe "communities" or "bad" communities with regards to substance use, but rather indicates the extent to which a county has been impacted in comparison to others. The MI-SUVI should not be used alone in decision-making but can be used as a strategic starting point for conversation and to highlight the extent to which certain communities may require further outreach or assessment.

Additional information, such as local knowledge and additional, relevant data indicators should be included in any SUD related decision-making.

The MI-SUVI is available at: Michigan.gov/OpioidsData. Questions regarding the MI-SUVI may be addressed to the MDHHS Opioid and Emerging Drugs Unit: **MDHHS-MODASurveillance@michigan.gov."**

APPENDIX E HIGH SUVI ZIP CODES—NOTES The information contained in Appendix E "High SUVI ZIP Codes" represents data sourced from the Michigan Overdose Data to Action Dashboard. Public Use Datasets, "County Substance Use Vulnerability Index Results". The OAC has presented this information in a simplified form to support accessibility to the reader, incorporating "ZCTA Ranks" and "Percentile Ranks" of ZIP Codes determined to fall within the 75th-100th percentile for substance use vulnerability (2020). Data has been sorted to present counties in descending order of MI-SUVI score (2020), beginning with those assessed at highest "vulnerability" by percentile and ZCTA rank.

ZCTA	Associated Counties	Associated County Subdivisions	MI-SUVI Score (2022) *Percentile Rank*
Average		**N/A**	**87.5**
49877	Dickinson	Felch township, West Branch township	99.9
49458	Mason	Branch township	99.8
49282	Hillsdale	Somerset township	99.7
48743	Iosco	Plainfield township	99.6
48342	Oakland	Pontiac city	99.5
48201	Wayne	Detroit city	99.4
49450	Allegan	Casco township, Cheshire township, Clyde township, Lee township, Valley township	99.3
48208	Wayne	Detroit city	99.2
49007	Kalamazoo	Kalamazoo charter township, Kalamazoo city	99.1
49883	Alger, Schoolcraft	Burt township, Doyle township, Germfask township, Manistique township, Seney township	99.0
48210	Wayne	Detroit city	98.9
48229	Wayne	Ecorse city, Lincoln Park city	98.8
49903	Iron	Bates township, Crystal Falls township, Hematite township	98.7
49074	Kalamazoo	Kalamazoo city	98.6
48211	Wayne	Detroit city, Hamtramck city	98.5
48502	Genesee	Flint city	98.3
49757	Mackinac	Mackinac Island city	98.2
48203	Wayne	Detroit city, Highland Park city	98.1
49043	Van Buren	Bangor township, County subdivisions not defined, Covert township	98.0
48505	Genesee	Flint city, Genesee charter township, Mount Morris township	97.9
49312	Newaygo	Merrill township, Monroe township	97.8
49459	Newaygo, Oceana	Beaver township, Colfax township, Crystal township, Elbridge township, Leavitt township, Troy township	97.7
48933	Ingham	Lansing city	97.6
48209	Wayne	Detroit city, River Rouge city	97.5

49667Missaukee	Aetna township, Butterfield township, Enterprise township, Norwich township, West Branch township Muskegon city Albee	97.4
49440Muskegon	township, Blumfield township, Bridgeport	97.3
48601Saginaw	charter township, Buena Vista charter township, Frankenmuth township, Saginaw city, Spaulding township Ecorse city, River Rouge city Bois Blanc township Detroit city	97.2
48218Wayne	Detroit city Hulbert township, McMillan	97.1
49775Mackinac	township, Whitefish township Detroit city,	97.0
48238Wayne	Hamtramck city Detroit city Detroit city Detroit	96.9
48213Wayne	city	96.8
49748Chippewa, Luce		96.7
48212Wayne		96.6
48206Wayne		96.5
48204Wayne		96.4
48228Wayne		96.3

49705Cheboygan	Ellis township, Koehler township, Nunda township, Walker township, Waverly township	96.2
48234Wayne	Detroit city	96.1
Alcona, Iosco, 48761Ogemaw, Oscoda	Curtis township, Goodar township, Mentor township, Mitchell township, Plainfield township	96.0
49255Branch, Hillsdale	California township, Camden township, Kinderhook township, Reading township	95.9
48503Genesee	Flint city	95.8
48705 Alcona	Hawes township, Millen township, Mitchell township	95.7
49960Ontonagon	Rockland township, Stannard township	95.6
48737Alcona, Iosco	Curtis township, Mikado township, Millen township, Mitchell township, Oscoda charter township, Plainfield township	95.5
Berrien, Van 49022Buren	Bainbridge township, Benton Harbor city, Benton charter township, County subdivisions not defined, Hagar township, Keeler township, Sodus township, St. Joseph charter township	95.4
48607Saginaw	Saginaw city	95.3
49915Iron	Caspian city	95.1
48214Wayne	Detroit city	95.0
48215Wayne	Detroit city	94.9
48207Wayne	Detroit city	94.8
48227Wayne	Detroit city	94.7
48141Wayne	Inkster city	94.6
48122Wayne	Melvindale city	94.5

49838	Mackinac	County subdivisions not defined, Newton township, Portage township	94.4
48202	Wayne	Detroit city	94.3
48340	Oakland	Pontiac city	94.2
49820	Mackinac	Newton township, Portage township	94.1
49868	Luce	Columbus township, County subdivisions not defined, Lakefield township, McMillan township, Pentland township	94.0
49884	Alger, Schoolcraft	Burt township, Hiawatha township, Manistique township, Munising township	93.9
49864	Delta	Nahma township	93.8
48766	Arenac	Arenac township, Au Gres township, Clayton township, Mason township, Turner township	93.7
49827	Mackinac	Garfield township, Newton township, Portage township Evergreen township, Lamotte	93.6
48426	Sanilac	township Detroit city Breen township,	93.5
48224	Wayne	Waucedah township Chippewa township,	93.4
49834	Dickinson	Hendricks township, Hudson township, Trout	93.3
49793	Chippewa, Mackinac	Lake township Flint charter township, Flint city, Mount Morris township	93.2
48504	Genesee		93.1
49057	Van Buren	Bangor township, Hartford city, Hartford township, Keeler township, Lawrence township	93.0
49718	Cheboygan, Emmet	Bliss township, Carp Lake township, County subdivisions not defined, Hebron township, Mackinaw township, Wawatam township	92.9
49056	Allegan, Van Buren	Arlington township, Bloomingdale township, Casco township, Cheshire township, Columbia township, Geneva township, Lee township	92.8
48109	Washtenaw	Ann Arbor charter township, Ann Arbor city	92.7
48647	Alcona, Oscoda	Big Creek township, Comins township, Elmer township, Mentor township, Mitchell township	92.6
48217	Wayne	Detroit city	92.5
49745	Mackinac	Clark township, Marquette township, St. Ignace township	92.4
49919	Baraga	Baraga township, Covington township, L'Anse township, Spurr township	92.3
48602	Saginaw	Carrollton township, Saginaw charter township, Saginaw city	92.2
48341	Oakland	Pontiac city, Sylvan Lake city, Waterford charter township	92.1
48205	Wayne	Detroit city	92.0

48529	Genesee	Burton city, Flint city	91.8
48219	Wayne	Detroit city	91.7
49725	Chippewa	Detour township, Raber township	91.6
48235	Wayne	Detroit city	91.5
49760	Chippewa, Mackinac	Brevort township, Moran township, St. Ignace township, Trout Lake township	91.4
48043	Macomb	Clinton charter township, Mount Clemens city	91.3
49013	Van Buren	Arlington township, Bangor city, Bangor township, Columbia township, Geneva township, Waverly township	91.2
49762	Mackinac	County subdivisions not defined, Garfield township, Hendricks township, Hudson township, Moran township	91.1
48048	Macomb	Lenox township	91.0
48120	Wayne	Dearborn city, Melvindale city	90.9
49632	Missaukee	Aetna township, Butterfield township, Clam Union township, Holland township, Reeder township, Riverside township	90.8
49037	Calhoun	Battle Creek city, Bedford charter township, Springfield city	90.7
49736	Chippewa	Detour township, Pickford township, Raber township	90.6
49309	Lake, Newaygo	Beaver township, Home township, Lilley township, Merrill township, Monroe township, Troy township, Yates township	90.5
49507	Kent	Grand Rapids city, Wyoming city	90.4
48458	Genesee	Forest township, Genesee charter township, Mount Morris city, Mount Morris township, Richfield township, Thetford township, Vienna charter township	90.3
49232	Hillsdale	Amboy township, Camden township, Woodbridge township	90.2
49891	Alger	Limestone township, Mathias township, Rock River township	90.1
48434	Sanilac	Delaware township	90.0
48749	Arenac	Arenac township, Au Gres township, Clayton township, Deep River township, Mason township, Omer city	89.9
49768	Chippewa	Whitefish township	89.8
49644	Lake, Manistee, Mason	Eden township, Elk township, Meade township, Newkirk township, Norman township, Peacock township, Sauble township	89.7
48506	Genesee	Flint city, Genesee charter township, Richfield township	89.6

49953	Ontonagon	Bohemia township, Carp Lake township, Greenland township, Matchwood township, Ontonagon township, Rockland township	89.5
48770	Iosco, Ogemaw	Burleigh township, Grant township, Reno township, Richland township, Sherman township, Whittemore city	89.4
48745	Alcona, Iosco	Greenbush township, Gustin township, Harrisville township, Mikado township, Millen township, Oscoda charter township	89.3
49421	Newaygo, Oceana	Beaver township, Dayton township, Denver township, Elbridge township, Ferry township, Greenwood township, Leavitt township, Merrill township, Newfield township, Otto township	89.2
48756	Arenac, Ogemaw	Churchill township, Clayton township, Logan township, Mills township, Richland township	89.1
49452	Oceana	Grant township, Otto township, Shelby township	89.0
49304	Lake	Cherry Valley township, Lake township, Newkirk township, Peacock township, Pleasant Plains township, Sweetwater township, Webber township	88.9
49336	Mecosta, Montcalm, Newaygo	Aetna township, Big Prairie township, Deerfield township, Hinton township, Reynolds township, Winfield township	88.8
49619	Manistee	Bear Lake township, Brown township, Dickson township	88.6
49668	Manistee, Wexford	Antioch township, Colfax township, Hanover township, Marilla township, Slagle township, Springville township, Wexford township	88.5
49788	Chippewa	Kinross charter township, Pickford township	88.4
49835	Delta	Fairbanks township, Garden township Detroit	88.3
48216	Wayne	city Egelston township, Muskegon charter	88.2
49442	Muskegon	township, Muskegon city Cherry Valley township, Pleasant Plains township, Yates township	88.1
49642	Lake		88.0
49854	Delta, Schoolcraft	County subdivisions not defined, Doyle township, Garden township, Hiawatha township, Inwood township, Manistique city, Manistique township, Thompson township	87.9
49743	Presque Isle	Belknap township, Bismarck township, Case township, Metz township, Pulawski township	87.8

49638	Manistee, Wexford	Boon township, Dickson township, Henderson township, Norman township, Slagle township, South Branch township	87.7
49948	Houghton, Ontonagon	Bohemia township, Greenland township, Laird township, Rockland township, Stannard township	87.6
49645	Manistee	Bear Lake township, Brown township, Dickson township, Maple Grove township, Marilla township, Springdale township	87.5
48912	Ingham	East Lansing city, Lansing charter township, Lansing city	87.4
49879	Iron, Marquette	Crystal Falls township, Humboldt township, Mansfield township, Republic township	87.3
49833	Marquette	Forsyth township, Turin township	87.2
49795	Charlevoix, Cheboygan, Otsego	Charlton township, Corwith township, Dover township, Hudson township, Livingston township, Nunda township, Wilmot township	87.1
49967	Houghton, Iron, Ontonagon	Duncan township, Haight township, Interior township, Iron River township, Laird township, Stambaugh township, Stannard township	87.0
49752	Chippewa	Kinross charter township	86.9
49872	Delta	Baldwin township	86.8
49689	Manistee, Wexford	Brown township, Dickson township, Norman township, South Branch township, Stronach township	86.7
48126	Wayne	Dearborn city, Detroit city	86.6
48507	Genesee	Flint charter township, Flint city, Grand Blanc charter township, Mundy township	86.5
48724	Saginaw	Carrollton township	86.4
49782	Charlevoix	Peaine township, St. James township	86.3
48091	Macomb	Warren city	86.2
49935	Iron	Bates township, Caspian city, Crystal Falls township, Iron River city, Iron River township, Stambaugh township	86.1
48630	Roscommon	Roscommon township	86.0
49425	Muskegon, Newaygo, Oceana	Blue Lake township, Bridgeton township, Cedar Creek township, Greenwood township, Holton township, Otto township, Sheridan charter township	85.9
49840	Schoolcraft	County subdivisions not defined, Doyle township, Germfask township, Hiawatha township, Manistique township, Mueller township, Seney township	85.8

49765	Cheboygan, Presque Isle	Allis township, Bearinger township, Case township, Forest township, Grant township, North Allis township, Nunda township, Onaway city, Walker township, Waverly township	85.7
48625	Clare	Arthur township, Franklin township, Freeman township, Frost township, Greenwood township, Hamilton township, Harrison city, Hatton township, Hayes township, Lincoln township, Redding township, Summerfield township, Winterfield township	85.6
49825	Alger	Onota township, Rock River township	85.4
49444	Muskegon	Fruitport charter township, Muskegon Heights city, Muskegon charter township, Muskegon city, Norton Shores city, Sullivan township	85.3
49929	Ontonagon	Greenland township	85.2
49912	Ontonagon	Haight township, Interior township, Rockland township, Stannard township	85.1
49836	Mackinac, Schoolcraft	Germfask township, Mueller township, Portage township	85.0
49878	Alger, Delta	Baldwin township, Bay de Noc township, Brampton township, County subdivisions not defined, Ensign township, Garden township, Limestone township, Maple Ridge township, Masonville township, Mathias township, Nahma township	84.9
48089	Macomb	Warren city	84.8
49310	Isabella, Mecosta, Montcalm	Broomfield township, Fremont township, Hinton township, Home township, Millbrook township, Rolland township, Wheatland township	84.7
48834	Ionia, Montcalm	Bloomer township, Bushnell township, Fairplain township, North Plains township, Orleans township, Ronald township	84.6
49873	Menominee	Harris township, Meyer township, Spalding township	84.5
49874	Menominee	Harris township, Spalding township	84.4
49961	Houghton	Duncan township	84.3
49066	St. Joseph	Leonidas township	84.2
48437	Genesee	Genesee charter township	84.1
49927	Iron	Gaastra city, Stambaugh township	84.0
48223	Wayne	Detroit city, Redford charter township	83.9
49880	Delta, Marquette	Baldwin township, Ewing township, Forsyth township, Maple Ridge township, Skandia township, Turin township	83.8

49726	Chippewa	Drummond township	83.7
48610	Arenac, Gladwin, Ogemaw	Adams township, Bourret township, Clayton township, Clement township, Edwards township, Grim township, Horton township, Mills township, Moffatt township	83.6
49952	Houghton, Ontonagon	Bohemia township, Duncan township, Laird township	83.5
49679	Mecosta, Osceola	Evart township, Fork township, Orient township, Sylvan township	83.4
49709	Montmorency	Albert township, Avery township, Briley township, Hillman township, Loud township, Montmorency township, Rust township, Vienna township	83.3
48146	Wayne	Lincoln Park city	83.2
49815	Dickinson	Felch township, Sagola township, West Branch township	83.1
49908	Baraga	Baraga township, Covington township, L'Anse township	83.0
49665	Clare, Missaukee, Osceola	Clam Union township, Freeman township, Hartwick township, Highland township, Marion township, Middle Branch township, Redding township, Richland township, Riverside township, Summerfield township, Sylvan township, Winterfield township	82.9
48739	Iosco, Ogemaw	Goodar township, Hill township, Logan township, Plainfield township, Reno township	82.8
48632	Clare, Isabella, Mecosta, Osceola	Coldwater township, Fork township, Freeman township, Garfield township, Gilmore township, Lincoln township, Orient township, Sherman township, Surrey township	82.7
49625	Manistee, Wexford	Cleon township, Dickson township, Marilla township, Wexford township	82.6
48911	Eaton, Ingham	Delhi charter township, Delta charter township, Lansing city, Lansing city, Windsor charter township	82.5
49261	Jackson	Napoleon township	82.4
49817	Delta, Schoolcraft	Garden township, Inwood township	82.2
49920	Iron	Bates township, Crystal Falls city, Crystal Falls township, Hematite township, Mansfield township, Mastodon township, Stambaugh township	82.1
48621	Oscoda	Clinton township, Comins township, Mentor township	82.0
49848	Menominee	Mellen township	81.9
48226	Wayne	Detroit city	81.8

49728Chippewa	Bay Mills township, Chippewa township, Kinross charter township, Superior township, Trout Lake township, Whitefish township	81.7
49847 Menominee	Faithorn township, Meyer township, Spalding township	81.6
49410Mason	Branch township, Free Soil township, Sheridan township, Sherman township	81.5
48060St. Clair	Port Huron charter township, Port Huron city	81.4
48910Ingham	Alaiedon township, Delhi charter township, East Lansing city, Lansing charter township, Lansing city, Meridian charter township	81.3
49969Gogebic	Marenisco township, Watersmeet township	81.2
48708Bay, Saginaw	Bay City city, Buena Vista charter township, Hampton charter township, Merritt township, Portsmouth charter township, Zilwaukee township	81.1
49631Mecosta, Osceola	Cedar township, Chippewa township, Evart city, Evart township, Hartwick township, Hersey township, Middle Branch township, Orient township, Osceola township, Sylvan township	81.0
49032St. Joseph	Colon township, Florence township, Lockport township, Nottawa township, Sherman township	80.9
49968Gogebic	Bessemer township, Ironwood charter township, Marenisco township, Wakefield city, Wakefield township	80.8
49950 Keweenaw	Allouez township, County subdivisions not defined, Eagle Harbor township, Grant township, Houghton township, Sherman township	80.7
49503Kent	Grand Rapids charter township, Grand Rapids city, Wyoming city	80.6
48532Genesee	Clayton charter township, Flint charter township, Flint city	80.5
49895Schoolcraft	Alger, Delta, Au Train township, Garden township, Hiawatha township, Inwood township, Masonville township, Mathias township, Munising township, Nahma township	80.4
49454Mason	Amber township, Custer township, Eden township, Riverton township, Scottville city, Sherman township, Victory township	80.3
49715Chippewa	Bay Mills township, Chippewa township, Dafter township, Kinross charter township, Soo township, Superior township	80.2

Houghton, 49965Ontonagon	Adams township, Bohemia township, County subdivisions not defined, Elm River township, Laird township, Stanton township	80.1
49853Luce, Mackinac	Columbus township, Lakefield township, Portage township	80.0
49863Menominee	Nadeau township	79.9
49224Calhoun, Jackson	Albion city, Albion township, Clarence township, Concord township, Eckford township, Lee township, Marengo township, Parma township, Sheridan township, Springport township	79.8
49841Marquette	Ely township, Ewing township, Forsyth township, Richmond township, Sands township, Tilden township, Turin township, Wells township, West Branch township	79.7
48816Livingston	Cohoctah township	79.6
48765Arenac, Iosco	Au Gres township, Burleigh township, Sherman township, Turner township, Whitney township	79.5
	Almont township, Arcadia township, Attica township, Burnside township, Goodland township, Imlay City city, Imlay township, Lynn township, Mussey township	
	Colon township, Leonidas township, Matteson	
48444Lapeer, St. Clair		79.4
49040Branch, St. Joseph	township, Sherwood township	79.3
Branch, Calhoun, 49245Jackson	Albion township, Butler township, Clarendon township, Eckford township, Homer township, Pulaski township	79.2
49126Berrien	Benton charter township, Sodus township	79.1
49405Mason	Branch township, Custer township, Eden township, Logan township, Sheridan township, Sherman township	78.9
49925Ontonagon	Haight township, Matchwood township, McMillan township, Rockland township	78.8
49274Branch, Hillsdale	Algansee township, Allen township, California township, Cambria township, Camden township, Reading city, Reading township, Woodbridge township	78.7
49962Baraga	Arvon township, County subdivisions not defined, L'Anse township	78.6
49064Van Buren	Arlington township, Bangor township, Hamilton township, Hartford township, Lawrence township, Paw Paw township, Waverly township	78.5
49871Marquette	Richmond township	78.4

Crawford, Montmorency, 49756Oscoda, Otsego	Albert township, Big Creek township, Charlton township, Elmer township, Greenwood township, Loud township, Lovells township, Vienna township	78.3
49887 Menominee	Cedarville township, County subdivisions not defined, Daggett township, Holmes township, Ingallston township, Lake township, Mellen township, Stephenson city, Stephenson township	78.2
48728Alcona, Oscoda	Caledonia township, Clinton township, Comins township, Millen township, Mitchell township	78.1
49946Baraga	Arvon township, Baraga township, County subdivisions not defined, Covington township, L'Anse township, Spurr township	78.0
49816Alger	Limestone township, Mathias township, Rock River township	77.9
49639Mecosta, Osceola	Cedar township, Evart township, Grant township, Green charter township, Hersey township, Richmond township	77.8
49349 Newaygo	Big Prairie township, Brooks township, Denver township, Everett township, Goodwell township, Lincoln township, Merrill township, Monroe township, Norwich township, Sherman township, White Cloud city, Wilcox township	77.7
49656Lake	Cherry Valley township, Dover township, Eden township, Ellsworth township, Newkirk township, Peacock township, Pinora township	77.6
48865Ionia	Orleans township, Ronald township	77.5
48750Alcona, Iosco	Au Sable charter township, County subdivisions not defined, Greenbush township, Mikado township, Oscoda charter township, Plainfield township, Wilber township	77.4
49812 Menominee	Cedarville township, Faithorn township, Gourley township, Nadeau township, Spalding township	77.3
49910Ontonagon	Bergland township, Carp Lake township, Matchwood township	77.2
Baraga, 49861Marquette	Covington township, L'Anse township, Michigamme township, Republic township, Spurr township	77.1

48472	Sanilac	Argyle township, Austin township, Elmer township, Evergreen township, Lamotte township, Marlette township, Moore township, Wheatland township	77.0
49620	Grand Traverse, Wexford	Grant township, Hanover township, Mayfield township, Wexford township	76.9
49221	Lenawee	Adrian city, Adrian township, Dover township, Fairfield township, Madison charter township, Palmyra township, Raisin township, Rome township	76.8
49655	Lake, Osceola	Burdell township, Cedar township, Ellsworth township, Hartwick township, Le Roy township, Lincoln township, Rose Lake township, Sherman township	76.7
48453	Lapeer, Sanilac, Tuscola	Burlington township, Burnside township, Elmer township, Flynn township, Koylton township, Lamotte township, Marlette city, Marlette township	76.6
49808	Marquette	Champion township, County subdivisions not defined, Ishpeming township, Michigamme township, Powell township	76.5
48654	Ogemaw, Oscoda	Big Creek township, Cumming township, Foster township, Klacking township, Mentor township, Rose City city, Rose township	76.4
49090	Allegan, Van Buren	Bangor township, Casco township, County subdivisions not defined, Covert township, Ganges township, Geneva township, South Haven charter township, South Haven city, South Haven city	76.3
48221	Wayne	Detroit city	76.2
49017	Barry, Calhoun	Assyria township, Barry township, Battle Creek city, Bedford charter township, Johnstown township, Pennfield charter township	76.1
48850	Mecosta, Montcalm	Belvidere township, Cato township, Douglass township, Hinton township, Millbrook township, Pine township, Winfield township	76.0
49947	Gogebic, Ontonagon	Bergland township, Bessemer township, Marenisco township, Wakefield township	75.9
49821	Menominee	Cedarville township, Daggett township, Faithorn township, Holmes township, Lake township, Nadeau township, Stephenson township	75.7

49402	Lake, Mason, Oceana	Branch township, Colfax township, Lake township, Logan township, Sauble township, Sheridan township, Sweetwater township, Webber township	75.6
48651	Roscommon	Backus township, Denton township, Higgins township, Nester township, Roscommon township	75.5
49746	Alpena, Montmorency	Avery township, Green township, Hillman township, Montmorency township, Ossineke township, Rust township, Wellington township	75.4
49320	Mecosta	Chippewa township	75.3
49654	Leelanau	Glen Arbor township, Leland township	75.2
48906	Clinton, Eaton, Ingham	DeWitt charter township, Delta charter township, East Lansing city, Lansing charter township, Lansing city, Lansing city, Watertown charter township	75.1
48723	Tuscola	Almer township, Caro city, Columbia township, Dayton township, Ellington township, Elmwood township, Fairgrove township, Fremont township, Indianfields township, Juniata township, Wells township	75.0

Opioid Advisory Commission 2025 Annual Report: Community-centered frameworks for health, healing, and justice

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3. "Other statuses" referenced by the NIMHD include but are not limited to the following: gender; sexual orientation; gender identity; disability status; social class or socioeconomic status; religion
national origin; immigration status
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10. Current Addiction Statistics: 2024 Data on Substance Abuse & Trends
11. Source: 2000-2022 Michigan Death Files, Division for Vital Records and Health Statistics, Michigan Department of Health and Human Services.
12. Drug Overdose Mortality by State-CDC
12. Provisional Overdose Deaths -CDC
14. Michigan's overdose death rate declines nearly five times faster than ...
15. Overdose deaths are rising among Black and Indigenous Americans
16. Opinion | Why Drug Overdose Deaths Are Dropping for Some, Rising for Others - The New York Times
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Michigan's Data Landscape—Overdose Death

Notes: Primary sourcing for all data represented in "Michigan's Data Landscape—Overdose Death" attributed to the following: Michigan Overdose Data to Action (MODA) Dashboard (Accessed December 2024). Michigan Department of Health and Human Services.
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National Vital Statistics System (NVSS).
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ttMichigan Opioid Healing and Recovery Fund

Source(s): Information on the Michigan Opioid Healing and Recovery Fund, including but not limited to estimates on account balance, earned interest, departmental expenditures, work projects and/or carryforward work projects (estimates only), has been provided and/or confirmed by the House Fiscal Agency (HFA) and/or Department of Treasury. Noting that all figures related to Michigan Department of Health and Human Services (MDHHS) expenditures/spending and work projects should be confirmed with MDHHS for accuracy.

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23.https://www.michigan.gov/opioids/opioidsettlements/settlement-spending
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http://www.legislature.mi.gov/documents/2021-2022/publicact/pdf/2022-PA-0084.pdf

Appendix B: Public Act 83 of 2022 (MCL 12. 253)

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Appendix C: "Exhibit E" (Distributors Settlement)

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Appendix D: The National Opioid Settlement Landscape—State Practices in Tribal Prioritization

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1. https://www.bia.gov/regional-offices/midwest-region
2.https://mn.gov/mmb/impact-evaluation/projects/opioid-epidemic-response/spending-dashboard/
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7.*Information represented in "Tribal Inclusion in State Planning" section, obtained through state team presentation(s) in national learning networks, direct/independent meetings between Opioid Advisory Commission Coordinator and state team members (Minnesota and Wisconsin), and/or web-based, publicly available sources.
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22.https://waportal.org/partners/washington-state-opioid-settlements
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62.https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SU BSTANCEUSE/OPIOIDS/Pages/OSPTR-board.aspx

Appendix E: Michigan Department of Health and Human Services—Michigan Overdose Data to Action (MODA) High SUVI ZIP Codes

Notes: Content within Appendix F (overview) was extracted from "Michigan Substance Use Vulnerability Index Documentation—May 2024" offered by the Michigan Department of Health and Human Services (MDHHS). The OAC encourages that the aforementioned document accompany any use of Substance Use Vulnerability Index (SUVI) data, and that appropriate consultation be had with the MDHHS Michigan Overdose Data to Action (MODA) and/or Opioid and Emerging Drugs Unit to support further understanding of data, methodology, strengths, and limitations, as related to the Michigan Substance Use Vulnerability Index (MI-SUVI).

The Opioid Advisory Commission is a commission of the Michigan Legislative Council. Recommendations contained within the 2024 Annual Report are represented to support advisory functions only, and do not reflect the opinions or beliefs of the Legislative Council or its members.