



**FY23 Opioid Settlement:**  
***Spend Plan Background & Identified Needs***

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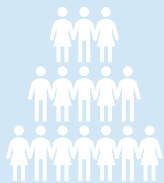
**Email: [opioidsettlementhelp@michigan.gov](mailto:opioidsettlementhelp@michigan.gov)**

**June 28<sup>th</sup>, 2023**

# MDHHS 2021-2022 Opioid Settlement Prioritization Survey



In 2021, MDHHS contracted with Center for Health and Research Transformation (CHRT) to analyze results from a survey of key Michigan respondents about the best ways to use opioid settlement dollars within state and federal guidelines. This information helped provide insight for Spend Plan decision making.



- Survey questions and response options based on federal settlement funding strategies and the State's Opioid Strategy strategic pillars
- Respondents were also able to write-in "other" priorities that were not included as selection options

# MDHHS 2021-2022 Opioid Settlement Prioritization Survey: Methods



- Online survey available between October 2021 – January 2022
- Snowball sampling method was implemented by emailing a survey link to 45 organizations with the option to complete the survey in one of three languages (English, Spanish, or Arabic)
- Primary survey takers were asked to share the survey with others
- To be included in final sample, survey respondents had to:

- Reside in Michigan
- Respond to at least one of the survey's priority questions)



- Respondents were able to write-in “other” priorities that were not included as selection options
- A **total of 1,040 survey respondents** were included in the final sample out of 2,009 who accessed the survey, for a response rate of fifty-two percent (52%)
- Survey was more successful in reaching respondents that were affiliated with organizations; 39% identified as being part of the mental health, substance use, or harm reduction workforce

# MDHHS 2021-2022 Opioid Settlement Prioritization Survey: Respondent Sample Limitations



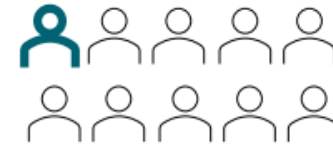
- Survey was more successful reaching individuals affiliated with organizations and less successful with reaching those unaffiliated
- Survey responses provided by those in recovery (17% in recovery; 1 in 3 reported lived experience with substance use)
- 39% of respondents identified as being part of the mental health, SUD, or harm reduction workforce
- Only 11% of respondents identified as being racial minorities

## Survey respondents included those in recovery

17 percent identified  
as being **in recovery**



11 percent  
identified as  
**racial minorities**



39 percent identified  
as mental health,  
substance use, or  
harm reduction  
**workforce**

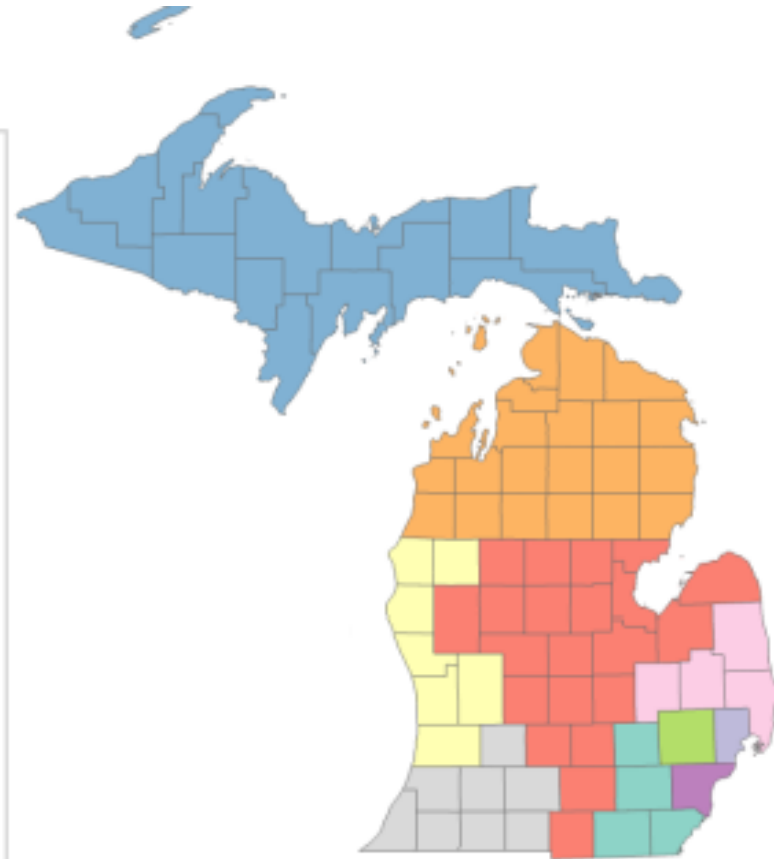
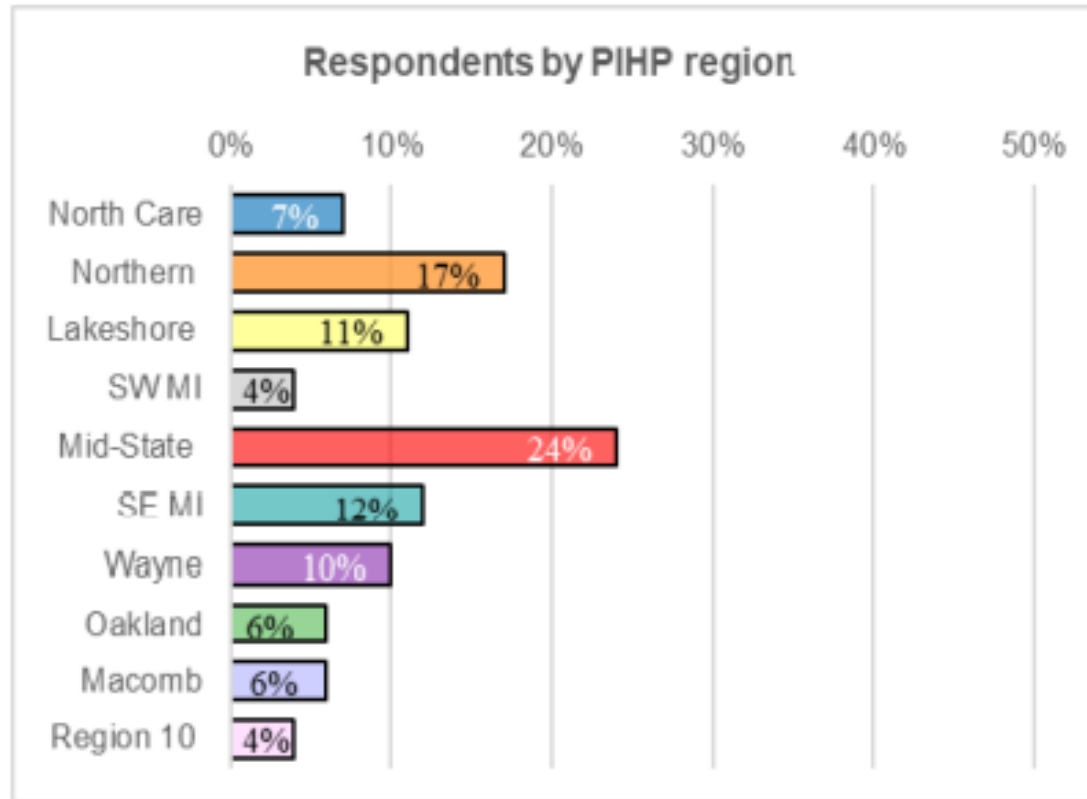


1 in 3 reported  
**lived experience**  
with substance  
use



# MDHHS 2021-2022 Opioid Settlement Prioritization Survey: Respondent Map

## Mapping respondents to PIHP regions



# MDHHS 2021-2022 Opioid Settlement Prioritization Survey: Top Priorities

Survey respondents identified three top priorities for opioid settlement funding

1

**Recovery support services** including peer support specialists and wrap-around services for individuals with substance use disorder and co-occurring mental health diagnoses.

2

**Prevention programming** including training and education, media campaigns, and drug disposal programs.

3

**Expanding access to medications that effectively treat opioid use disorder (MOUD)** and other opioid-related treatment.



# MDHHS 2021-2022 Opioid Settlement Prioritization Survey Findings

Priorities for opioid settlement funding	% ranked #1 priority
<b>Recovery support services</b> , including peer support and wrap-around services for individuals with Substance Use Disorder (SUD) and co-occurring mental health diagnoses	36%
<b>Prevention programming</b>	19%
<b>Expanding access to Medications to treat Opioid Use Disorder (MOUD)</b> and other opioid-related treatment	16%
<b>Support for pregnant &amp; post-partum women</b> affected by substance use, and infants with Neonatal Abstinence Syndrome (NAS)	9%
<b>Naloxone distribution and training</b>	7%
<b>Treatment for incarcerated population</b>	6%
<b>Syringe Service Programs (SSP)</b>	4%
<b>Research and evaluation of abatement strategies</b>	3%

Source: [Opioid settlement prioritization survey results 2021-22 - CHRT](#)

# MDHHS 2021-2022 Opioid Settlement Prioritization Survey Findings

Treatment and Recovery Support Services		% ranked #1
Residential/inpatient treatment programming		24%
Wrap-around service programs to address spectrum of social factors (transportation, housing, employment, etc.)		20%
Access to Medications to treat Opioid Use Disorder (MOUD), including methadone, buprenorphine, and naltrexone		19%
Harm Reduction Activities		% ranked #1
Expand programming to divert/deflect individuals from criminal-legal system		40%
Naloxone distribution and training		24%
Expanding capacity in existing Syringe Service Programs (SSPs) to provide more wrap-around services and linkages to treatment resources		22%
Prevention Activities		% ranked #1
Evidence-based prevention programs in k-12 schools		28%
Training for first-responders on programming to connect at-risk individuals with services and supports		27%
Medical provider education and outreach around opioid prescribing best practices		25%
Population/ Communities		% ranked #1
Individuals with co-occurring mental health diagnoses and/or other Substance Use Disorders (SUD)		41%
Pregnant and post-partum women		13%
Rural communities		13%

Source: [Opioid settlement prioritization survey results 2021-22 - CHRT](#)



# MDHHS 2021-2022 Opioid Settlement Prioritization Survey Findings: Service Priorities

Respondents prioritized these key services from a selection of survey options



## Treatment and Recovery Support Services

Residential / inpatient programming	24%
Wrap-around service programs to address a spectrum of social factors	20%
Access to medications used to treat opioid use disorder (MOUD)	19%



## Prevention Programming

Evidence-based prevention programs in K-12 schools	28%
First-responder training to connect at-risk individuals with support	27%
Provider education / outreach on opioid-prescribing best practices	25%



## Harm Reduction

Expand programs to divert-deflect individuals from criminal-legal system	40%
Naloxone distribution and training	24%
Expand capacity in existing Syringe Service Programs (SSPs) to provide more wrap-around services and links to treatment resources	22%

# MDHHS 2021-2022 Opioid Settlement Prioritization Survey Findings: Priority Differences Across Respondent Groups

## Key priority differences across respondent groups



### BY ORGANIZATION

Local government including local health departments and social service agencies were more likely to prioritize **expanding diversion programs** as a harm reduction priority.

Individuals unaffiliated with an organization made up just 3% of all survey respondents but were more likely to prioritize **naloxone distribution and training** as an overall priority.



### BY DEMOGRAPHICS

18 to 24-year-olds, those of Latinx/ Hispanic, or Spanish origin and Native American respondents were more likely to select **recovery housing** as a top priority for treatment and recovery services.

Black or African American respondents were more likely to select **peer supports** as a top priority for treatment and recovery services.



### BY GEOGRAPHY

North Care Network and Region **10** were more likely to prioritize **pregnant and post-partum women and infants with NAS**.

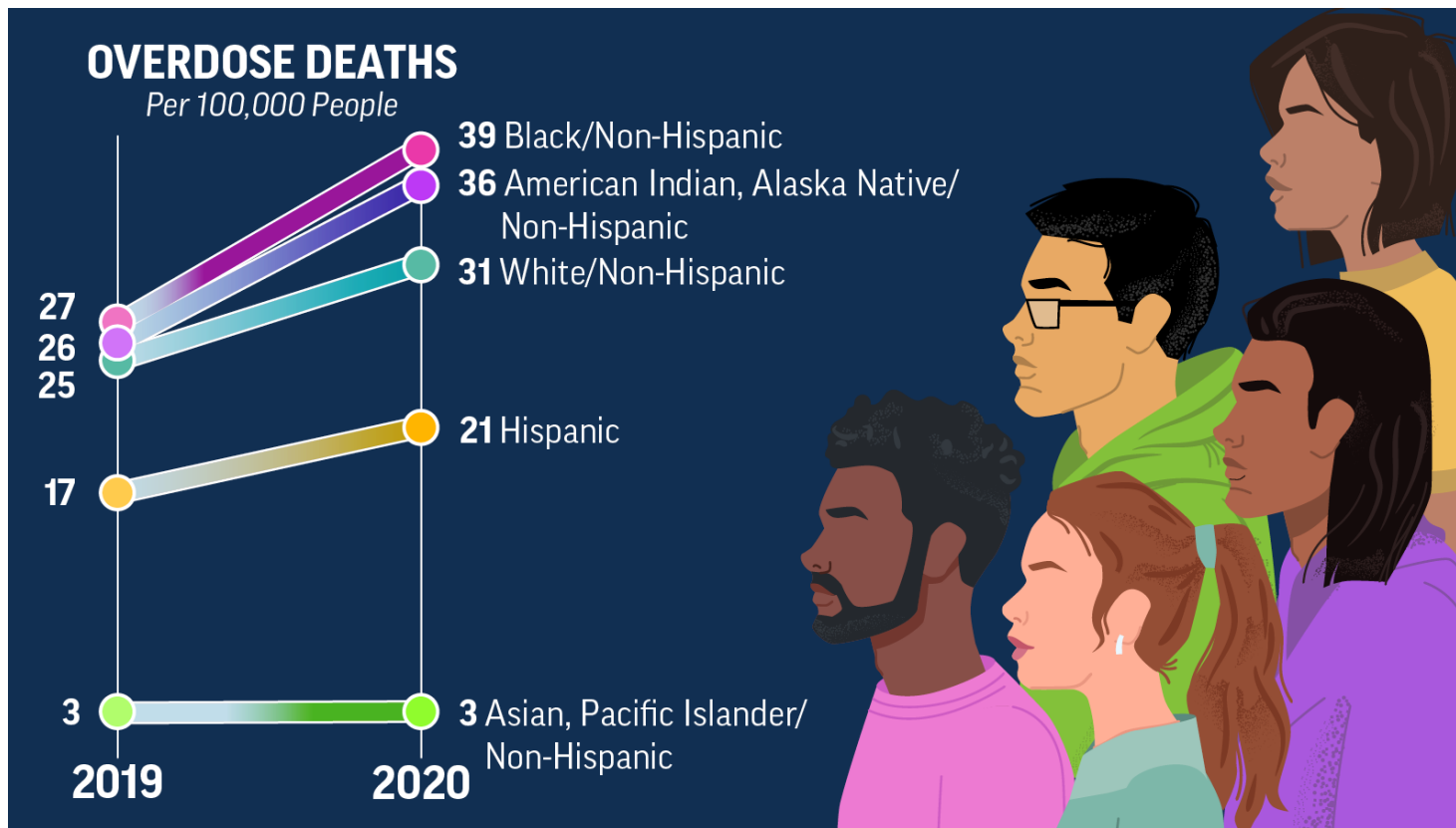
Southwest MI and CMH of Southeast MI were more likely to prioritize **treatment for those who are incarcerated**.

# MDHHS 2021-2022 Opioid Settlement Prioritization Survey Findings: Summary

- ✓ Survey's purpose was to gather data to understand priorities for settlement funding among respondents across Michigan, including individuals with lived experience, to inform strategies to be conducted with funding.
- ✓ There were limitations within the respondent pool.
  - ✓ Feedback provided by 1,040 respondents between October 2021 and January 2022
  - ✓ Survey utilized snowball sampling method; 45 organizations received the survey and were asked to share with their networks
  - ✓ Most respondents were affiliated with an organization; 39% identified as being part of the mental health, substance use, or harm reduction workforce
  - ✓ Only 11% of respondents identified as being racial minorities
  - ✓ Not all regions were represented proportionately (i.e. limited responses from Wayne County PIHP region)
- ✓ **Recovery Support Services, Prevention Programming, and Expanding Access to MOUD** emerged as the top 3 priorities of respondents.

# Other Identified Needs: Equity-focused Programming

MDHHS recognizes that racial equity is a foundational framework to the entire opioids strategy that should impact all work, but to address the disparities Michigan sees, specific programming is needed to focus on reducing racial inequities.



**US Overdose Deaths by Race & Ethnicity Over One Year: Overdose deaths increased more for certain groups than others from 2019 to 2020.**

Source: CDC Vital Signs, 2022

Data from the CDC tells us...

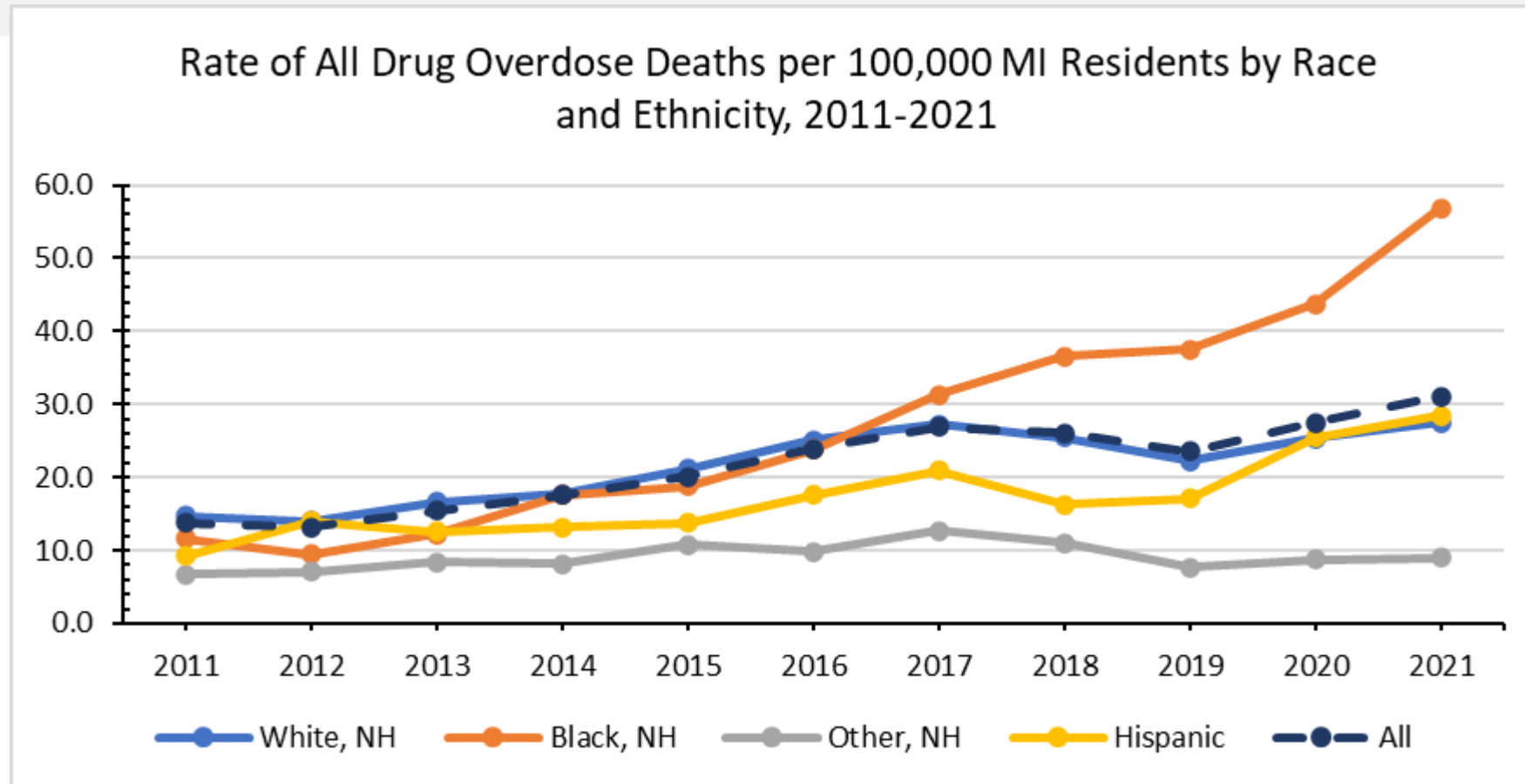
In US counties with more income inequality, overdose death rates for Black people were more than two times as high as in counties with less income inequality in 2020.

Overdose death rates in older Black men were nearly seven times as high as those in older White men in 2020.

Overdose death rates for younger American Indian and Alaska Native (AI/AN) women were nearly two times those of younger White women in 2020.

# Other Identified Needs: Racial Equity and Harm Reduction

Overdoses amongst Michigan's Non-Hispanic Black population continue to rise, indicating that there is much still to be done to reduce overdoses amongst all Michiganders and narrow the widening gap of racial health disparities and inequities.



Source: [Michigan Overdose Data to Action Dashboard](#)

## Other Identified Needs: Racial Health Equity and Harm Reduction

- ✓ **BIPOC individuals** have historically **not been connected to the same resources and don't have the same social supports to alleviate substance use-related harms** within their communities, which have already been **overburdened by long years of systemic racism** and may have a **lack of trust in healthcare systems**.
- ✓ **BIPOC individuals are more likely to face criminal justice involvement for drug use.** Black individuals represent just 5% of people who use drugs, but 29% of those arrested for drug offenses and 33% of those in state prison for drug offenses.
- ✓ Nationally, **communities of color are more likely to face barriers in accessing high-quality treatment and recovery support services.**
- ✓ **Disparities have also contributed to ongoing discrimination and racial gaps within social determinants of health, including socioeconomic status, educational attainment, and employment, which further exacerbates poor health outcomes.**



*Without a focus on racial health equity in addressing the opioids crisis, we run the risk of continuing a cycle of inequity.*



# Other Identified Needs: Racial Health Equity and Harm Reduction

Harm Reduction is an alternative approach that seeks to decrease direct and indirect harms associated with drug use.



- ✓ **Funding for community-based harm reduction programs** like Syringe Service Programs (SSPs) that **provide support options and referrals to promote health and understanding for people who use drugs (PWUD)** is an important component of practicing racial health equity.
- ✓ **MI harm reduction programs** have demonstrated **success reaching and establishing trust with BIPOC communities**, where a proven gap with other substance use service providers exist and **provide tools to keep people alive and connected to resources that reduce harms**.
- ✓ **SSPs help lower the risks of HIV and Hepatitis C** by limiting syringe sharing and providing safe disposal options. **Drug checking** allows PWUD to identify substance they intend using and **helps prevent harms associated with unknowingly consuming a substance adulterated with dangerous contaminants** like fentanyl.
- ✓ Future considerations should include **increased access to sterile harm reduction supplies aimed at making drug use safer across modes of ingestion**, as current efforts may miss out on reaching PWUD through different routes of administration, such as smoking or inhaling.

# Other Identified Needs: Substance Use Trends & Harm Reduction

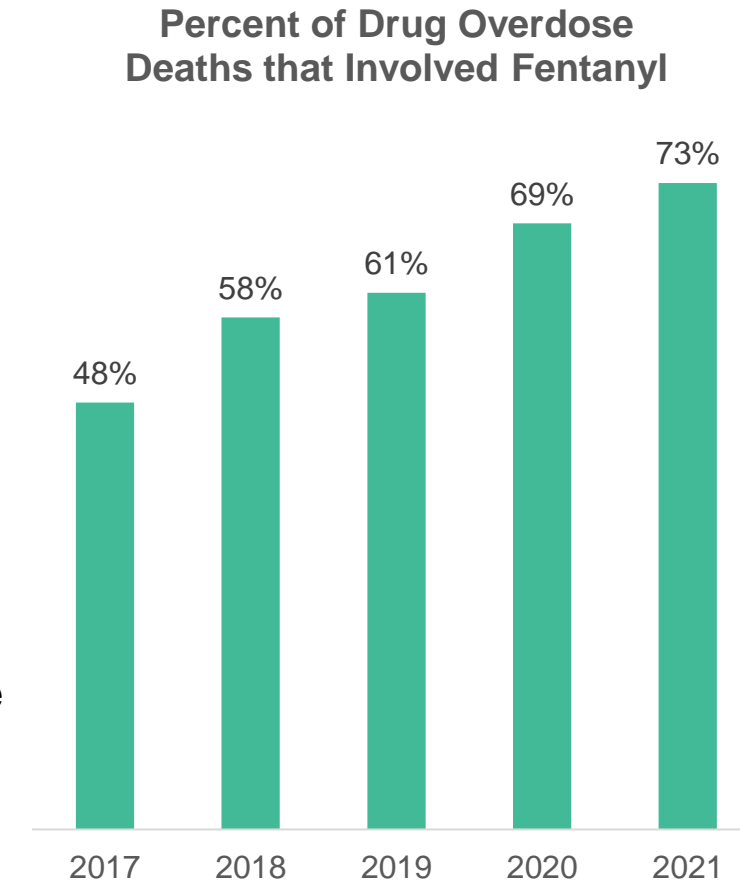
Data provided by the MDHHS Public Health Administration's Viral Hepatitis Unit indicates:

- ✓ **Average user injects at least three times daily and injection frequency increases with polysubstance use.** The need for accessible **fentanyl test strips** and **naloxone** through **Syringe Service Programs** increases with polysubstance use.
- ✓ **78.0% of 2021 Chronic HCV cases aged 18-39 years old** indicated a **history of injection drug use**.

**Fentanyl**, a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine, **is a major contributor to fatal and nonfatal overdoses across the US**. Fentanyl is increasingly present in the illicit drug supply.

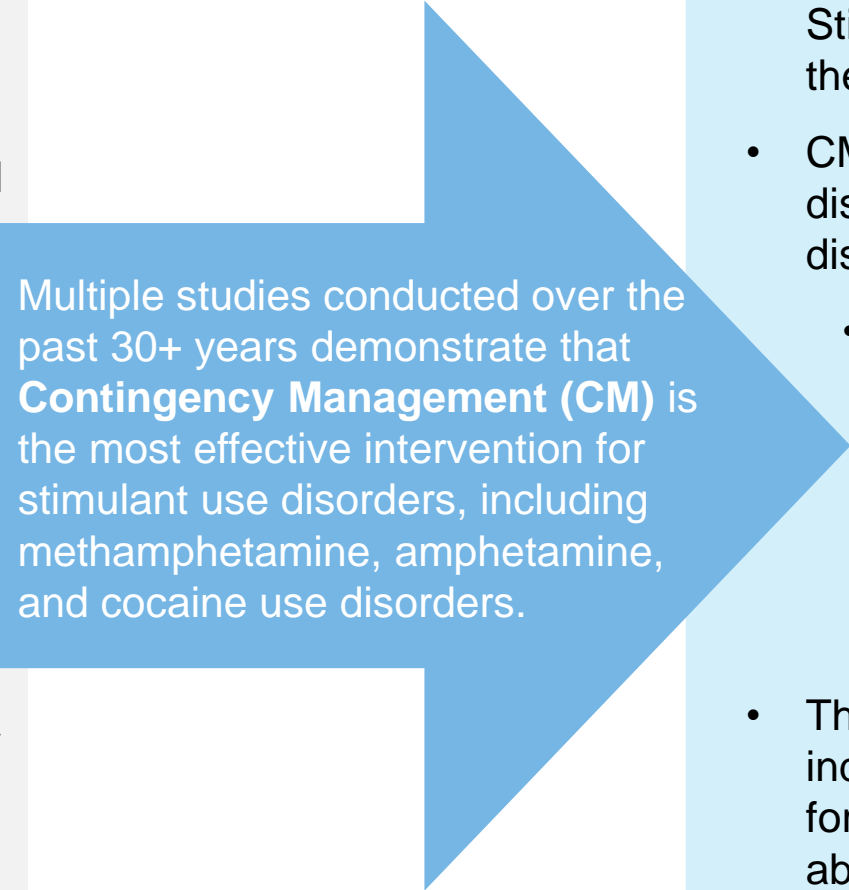
In April 2023, the White House Office of National Drug Control Policy (ONDCP), officially designated **Fentanyl Adulterated or Associated with Xylazine (FAAX) as an emerging threat** to the US.

- ✓ **Xylazine** is a **non-opioid veterinary tranquilizer** approved by the FDA for veterinary use but not human use.
- ✓ Also known as "**Tranq**," Xylazine **can cause severe wounds**, including necrosis, that may lead to amputation, and **complicated respiratory distress**.
- ✓ **Xylazine and Fentanyl test strips** and **drug checking** will be an important harm reduction **tool for individuals who use opioids**.



# Other Identified Needs: Polysubstance Use and Stimulant Use Disorder

- The percent of stimulant-involved drug overdose deaths that included methamphetamine in Michigan increased from 53% in 2016 to 92% in 2021.
- Using provisional 2021 data, the greatest percent increases, from 2020 to 2021, for stimulant-involved drug overdose deaths will be seen:
  - Among females (49% increase) as compared to males;
  - Among those identifying as Hispanic (87% increase) as compared to other race/ethnicity groups;
  - Among those age 55 to 64 years old (64% increase) as compared to other age groups; and
  - In the Northeast portion of Michigan (120% increase) as compared to other geographic regions.



Multiple studies conducted over the past 30+ years demonstrate that **Contingency Management (CM)** is the most effective intervention for stimulant use disorders, including methamphetamine, amphetamine, and cocaine use disorders.

- Given the lack of other treatment options for stimulant drugs, such as methamphetamine and cocaine (there are currently no FDA-approved medications for StimUD), CM is an important clinical tool in the treatment of StimUD.
- CM also works well for treating opioid use disorder and other substance use disorders.
  - Research finds that the effect of CM can last – a 2021 meta-analysis of 23 trials found that people who participate in CM had 22% higher odds of being abstinent 6 months after treatment ended compared to people who received other forms of treatment.
- The same study found that use of CM for individuals receiving medication treatment for OUD was associated with increased abstinence from illicit opioid use at end-of-treatment.

# Other Identified Needs: SUD Treatment Provider Workforce Capacity Challenges



- Low wages, staffing shortages, mandatory overtime, and burnout continue to plague the health care and direct care workforce.
- Hospital and health systems have over 50,000 vacancies.
- Average turnover rate for health care professionals is 27% and for direct care staff is 45%.

- Further, the *SUPPORT Act Section 1003: Exploring Michigan's SUD Treatment Capacity and Access Report* highlighted a key recommendation that MDHHS should prioritize actions to support clinician recruitment and retention in the SUD system.
- This recommendation was bolstered by data indicating that beneficiaries view engagement with clinicians as a key element of their SUD treatment.

In phone interviews with over 2,000 Medicaid beneficiaries:

- 15% said delays in getting counseling or other services was a major problem.
- 1 in 3 respondents were somewhat (23%) or not (8%) confident they would be able to see or talk with a provider if they were having a crisis.

## Other Identified Needs: MOUD in Prisons and Jails

- Research has shown that **individuals who are incarcerated are at significant risk of experiencing both non-fatal and fatal overdose post incarceration.**
- A study examining overdose rates in Massachusetts found that **the rate of death from opioid overdose for former inmates is 120 times that of the general population**, with opioid overdoses accounting for roughly half of all deaths for persons released from incarceration in Massachusetts
- Increased risk for overdose in the incarcerated population is **partially attributed to the sporadic use or total abstinence of opioids while incarcerated, resulting in a lower tolerance to opioids, putting the individual at significant risk of overdose** if they attempt to consume the same amount of drugs they were using pre-incarceration
- **This is a racial equity issue – people of color are more likely to face criminal justice involvement for their drug use.** Black individuals represent just 5% of people who use drugs, but 29% of those arrested for drug offenses and 33% of those in state prison for drug offenses.

- ✓ Medications for Opioid Use Disorder (MOUD), specifically buprenorphine and methadone, have proven to significantly reduce the risk of opioid related non-fatal and fatal overdoses. These medications, are opioid agonist medications, and help reduce cravings for illicit opioids and reduce symptoms of withdrawal by binding to the receptors in the brain that an illicit opioid would bind.
- ✓ By providing treatment with these medications, individuals who were incarcerated will have a reduction in cravings for illicit opioids, reducing the likelihood they return to using the same amount of drugs pre-incarceration.
- ✓ Nationally, more correctional settings have begun to offer MOUD including agonist medications, to inmates. In a state that offered all three forms of MOUD in its correctional system, there was a two-thirds reduction in statewide opioid overdose deaths.

# Other Identified Needs: Pregnant and Parenting Programming

## Support Needed for Pregnant Individuals and Infants

- From FY2012 to FY2021, diagnosis of OUD during pregnancy doubled (from 1.3% to 2.8%)
- Roughly 1/3 of pregnant women with OUD have no evidence of SUD treatment during pregnancy
- Diagnosed Neonatal Abstinence Syndrome (NAS) cases in Michigan increased from 2010 to 2016, peaking at 949 cases. Since 2016, the number and rate of diagnosed NAS cases has declined. In 2020, 650 infants were diagnosed with NAS.

## Support Needed for Parents and Children

- Michigan Child Welfare data between April 2017 and March 2020 revealed:
  - 30% of maltreatment report findings had a caregiver with a substance use risk factor
  - Of children with a maltreatment report finding with a caregiving substance use risk factor, 25% are removed within 12 months of the complaint.
  - Over 50% of **all** children removed (regardless of reason) within 12 months of complaint date had a caregiver with a substance

## High Touch High Tech

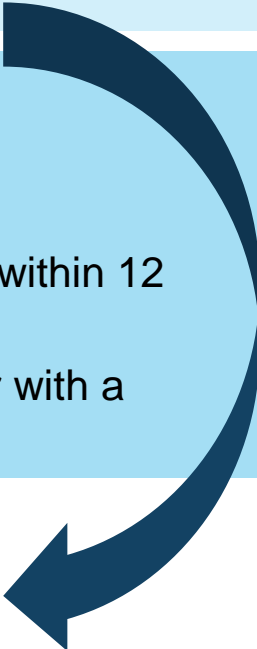
- Web-based screening app screens expectant mothers for mental health and substance use-related risk.
- Effective at identifying an SUD need in pregnant individuals, thus allowing them to connect with necessary care.

## Rooming In

- Integrates non-pharmacological methods for post-delivery care for an infant with NAS to decrease Neonatal Intensive Care Unit (NICU) use to promote family unification and support the health of mothers and babies affected by substance use.

## Substance Use Disorder Family Support Program + Peer Coaching

- Promotes child safety and prevent child removal from the home by providing additional care and supportive services to substance using caregivers.
- Provides family recovery and reunification interventions through the support of peer recovery coaches.





# FY23 Opioid Settlement:

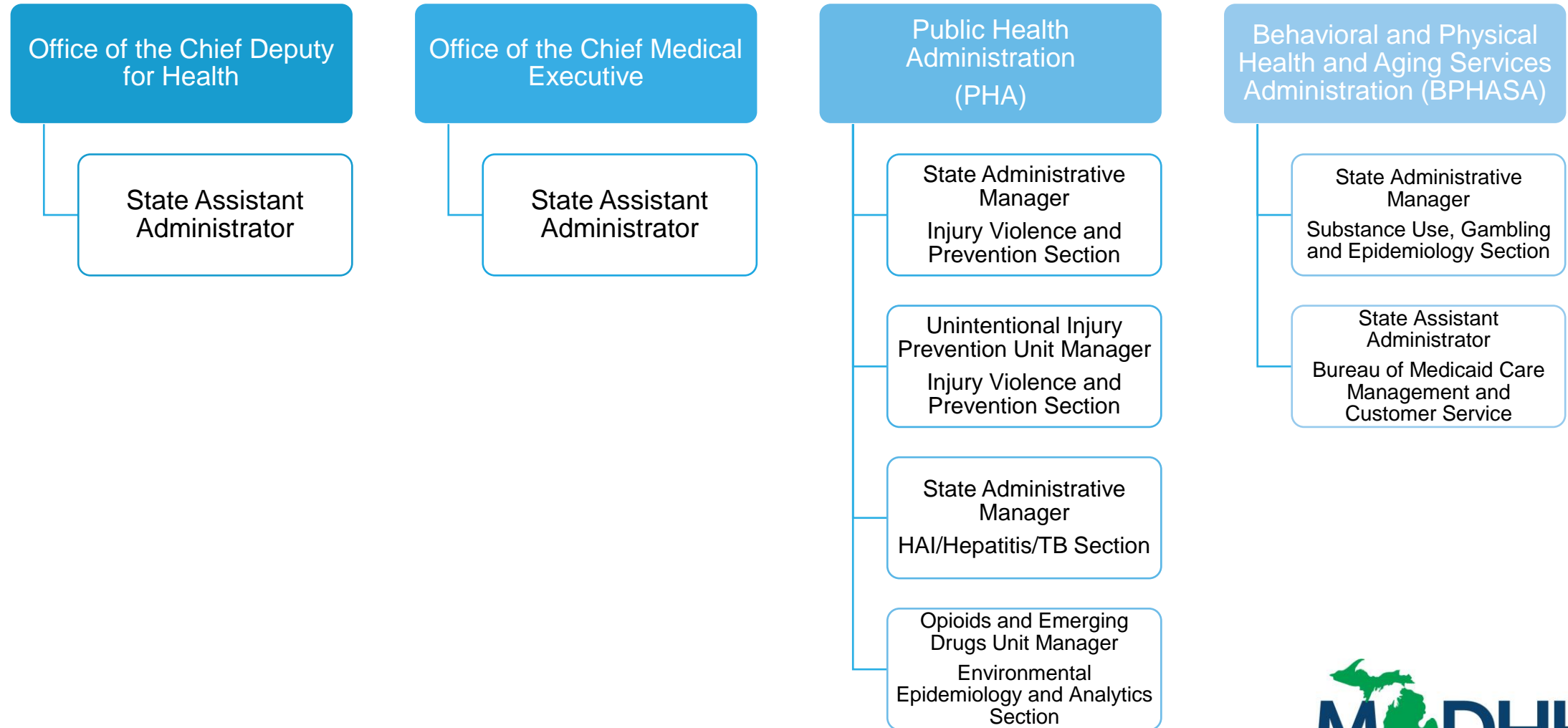
## *Spend Plan Overview*

# Opioid Settlement: Spend Plan Development



- ✓ April and May 2022: Program areas leads met to draft consensus spend plan developed based on identified needs and the Opioids Strategy to address the FY 22 supplemental request (\$16 million) and FY 23 authorization (\$23.2 million).
- ✓ June 2022: Deputy Directors of relevant administration areas met to discuss the consensus spend plan; the spend plan was approved at this meeting
- ✓ July 2022: Legislature approved funding without restrictions
- ✓ December 2022: First payment received by the State of Michigan from the Distributors
- ✓ January 2023: First payment received by the State of Michigan from Janssen

# Opioid Settlement FY23 Spend Plan Leads



# Opioid Settlement FY23 Spend Plan Initiatives (\$39 million)

## Prevention

**FY23: \$4.5 million**

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

## Treatment

**FY23: \$9.1 million**

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

## Recovery

**FY23: \$7.6 million**

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

## Harm Reduction

**FY23: \$8.5 million**

- Naloxone Portal.
- Syringe Service Programs Operations.

## Other Initiatives

**FY23: \$9.3 million**

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

# Opioid Settlement: Spend Plan Monitoring

- ✓ In general, all funded contractors and subrecipients of MDHHS are required to submit reports and are subject to standard program and fiscal monitoring by the Department as a condition of receiving funding.
- ✓ MDHHS spend plan leads, with support of the Opioids Policy Team, provide oversight and monitoring of each funded initiative's contract/agreement and associated activities and outputs, including equity-specific outputs.
- ✓ Opioids Policy Team hold regular meetings with Budget to monitor expenditures.
- ✓ MDHHS exploring options for procurement of program evaluator to onboard in FY24 to provide expertise on long-term outcome evaluation and provide evaluation support for future years.

**Primary Problem**

**Strategy/Program**

**Rationale**

**Activities**

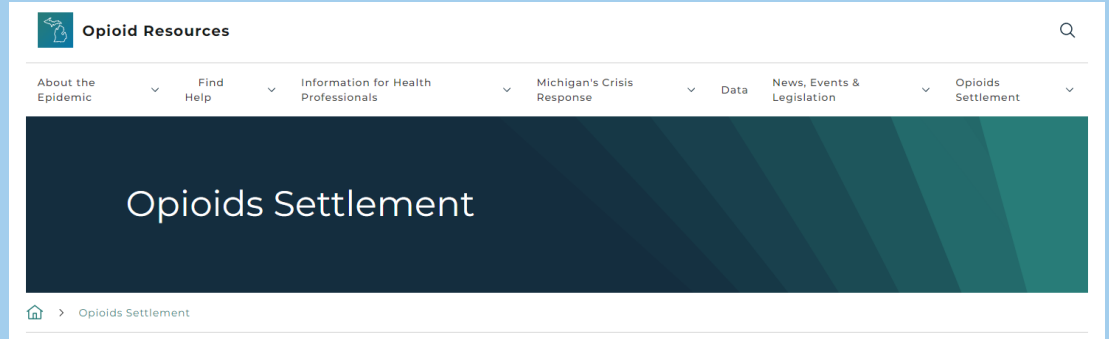
**Outputs**

**Equity  
Outputs**

# Opioid Settlement Website



Goal launch date: July 2023



## Website content will include:

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

**[www.michigan.gov/opioids/opioids-settlement](http://www.michigan.gov/opioids/opioids-settlement)**



# Local Partnerships

## The Michigan Opioid Settlement Technical Assistance Collaborative

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





**Thank You!**