

Michigan Opioid Settlement Funds Toolkit

A Guide for Local Spending

— January 2023

Table of Contents

Executive Summary	3
Purpose	4
What are the Opioid Settlements?	5
Statistical Overview and Accessing Local Data	9
Principles for Spending	11
Recommended Steps for Spending	14
- Stakeholder Engagement	16
- Gather Information.....	17
- Determine Process Moving Forward	19
- Monitoring and Accountability.....	20
Strategies for Spending	22
Conclusion	25
Resources	26
Glossary	27

This project was supported with funding from the
Bloomberg Philanthropies Overdose Prevention Initiative.

Executive Summary

Michigan lost more than 3,000 individuals to overdose and had approximately 31,000 non-fatal emergency department visits due to overdose in 2021.¹ The impact of the opioid overdose crisis, and the broader overdose epidemic, extends beyond the statistics of overdoses into personal, social, economic, medical and community-based factors and outcomes. The sections of this toolkit allow for targeted efforts from any starting place.

- **Purpose** - The toolkit begins with the purpose of the document, highlighting the intention to assist with planning for, and utilization of, opioid settlement funds.
- **Settlements overview** - The next section provides an overview of the opioid settlements, including information on the state and local agreement, estimated funds per county, future funds and tribal settlements.
- **Statistical overview and local data** - The toolkit describes the scope of the overdose crisis, providing state-level data and where to access local data.
- **Spending principles** – This section provides an overview of the spending principles laid out by Johns Hopkins Bloomberg School of Public Health and FXB Center for Health and Human Rights, as well as indicators for spending readiness from Johns Hopkins.
- **Steps for spending** – This section is the core component of the toolkit and provides a framework for where jurisdictions can begin their process and general steps to follow, including stakeholder engagement, gathering information, determining the process moving forward and monitoring and accountability.
- **Strategies for spending** - In the strategies for spending section, information is outlined providing key strategies from the State of Michigan, Exhibit E of the current settlements and Johns Hopkins.

Local governments sit at the forefront of the crisis and have the greatest ability to impart change. To request technical assistance through MAC, local governments can complete the [Opioid Settlement Subdivision Support Request Form](#).

¹ <https://www.michigan.gov/opioids/category-data>

Purpose

The purpose of this document is to provide a roadmap for local governments to plan for and use opioid settlement funds. This document is intended to be a tool and provide direction on process and linkage to existing resources provided by local and national entities.

Opioid settlement funds present an opportunity for utilization of funds with fewer restrictions than federal, state and other funding sources to address the changing needs of the overdose crisis. The drug overdose environment is constantly changing and this opportunity to strengthen prevention, reduce harms and support recovery is a critical step in changing the course for Michigan communities. Understanding the ever-shifting overdose environment and the increasing role of polysubstance use will be essential for future planning and sustainable strategies to support healthier and safer communities.

Collaboration, an equity lens and inclusion of those with lived experience with substance use disorder and people who use drugs will be crucial to ensure effectiveness and sustainability of chosen strategies. These core tenets should be centered in each step of the process and assessed along the way. This toolkit can assist in determination of next steps whether your county is ready to develop a spending plan or is in the early stages of beginning strategic planning to determine the needs of the community.

This toolkit is intended to be used in connection with the [Michigan Association of Counties \(MAC\) Opioid Settlement Resource Center website](#), [MAC Opioid Settlement Resource Library](#) and [technical assistance](#) through MAC and other organizations. This document complements resources that will be released in the future by external organizations, universities and commissions. These resources are expected to include detailed information to aid in spending plan development and monitoring and accountability. They will include recommended strategies to fund and detailed information on current strategies across Michigan, evidence to support these activities and where gaps are identified. Documents will also include information on assessing readiness and key performance indicators for monitoring and accountability of activities.

What are the Opioid Settlements?

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

The state of Michigan is slated to receive approximately \$776 million over 18 years. Fifty percent (50%) of the settlement amount will go to county and local governments. The national agreement also requires significant industry changes that aim to prevent this type of crisis from happening again.

Michigan Opioid Settlement Funds

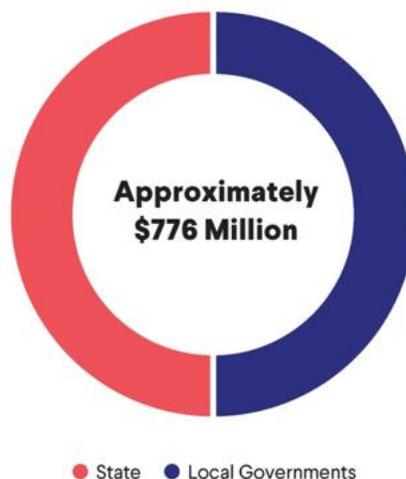


Table 1: Michigan Opioid Settlement Funds/[Opioid Litigation Global Settlement Tracker](#)

A state-subdivision agreement between the state of Michigan and local government directs how opioid settlement funds are distributed. All 83 counties in Michigan signed on to this agreement.² Allocation percentages can be found in Exhibit A of the [Michigan State-](#)

² At the time of distribution (January 12, 2023), subdivision funds are currently held up pending a dispute with one Michigan county around the national allocation model.

[Subdivision Agreement for Allocation of Distributor Settlement Agreement and Janssen Settlement Agreement.](#)³

Payments from the two settlements (Distributor Settlement and Janssen Settlement) will be received separately. There also will be separate notices for the two settlements and their applicable payments. BrownGreer is the national settlement distributor and is responsible for notifying local governments of their payments. [Exhibit E](#) of the settlement provides a non-exhaustive list of expenditures that qualify as being paid for opioid remediation.⁴ Payments are based on a national allocation formula which takes into account opioid overdose fatalities, prevalence of opioid use disorder and distribution of opioids. Consideration should also be given to the fact that the amount of funds received by each county will differ on an annual basis. Specific to the J&J and Distributor settlements, 85% of dollars must be spent on opioid remediation with 70% of payments for future opioid remediation.⁵ Opioid Remediation is defined as,⁶

Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures except where this Agreement restricts the use of funds solely to future Opioid Remediation) designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic.

Local governments have the ability to combine funds with counties, cities, townships and municipalities by voluntarily providing their allotted funds to another participating subdivision through the process outlined in the notice of payment. Funds may also be contracted out to other subdivisions, organizations and tribes.

³ <https://nationalopioidsettlement.com/wp-content/uploads/2022/01/Michigan-State-Subdivision-Agreement-1.5.22-with-Signature-and-Exhibit.pdf>

⁴ <https://www.attorneygeneral.gov/wp-content/uploads/2021/12/Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21.pdf>

⁵ [National Opioid Settlement](#)

⁶ [National Opioid Settlement](#)

The Michigan Attorney General’s Office previously provided “conservative” estimates of what each local government should receive in settlement payments over approximately 18 years. The initial number is an estimate and could change. For additional information, visit the [Michigan Department of Attorney General - Opioids](#) website.⁷



Special Circumstance Fund

The [Special Circumstance Fund](#) provides additional opioid abatement funding to address a special circumstance of the opioid overdose epidemic that was not addressed by the [original calculations](#) for local governments’ allocation percentage.^{8 9} Counties were eligible to apply to the Special Circumstance Fund by Oct. 28, 2022. In addition to applying to the Special Circumstance Fund, counties had the right to dispute the calculation of the payment they will receive within 21 calendar days of receiving their settlement payment notice.

Additional Settlements

While the current focus is on the two largest settlements, as they are furthest along, there are other settlements aimed at opioid abatement and remediation. Additional funds are expected to be received through companies Purdue Pharma and Mallinckrodt PLC, which are pursuing bankruptcy plans that include funding opioid abatement trusts. Nationally, settlements with Purdue Pharma and Mallinckrodt PLC are expected to total \$6 billion and \$1.7 billion respectively. Settlements nationally totaling \$13.8 billion are also expected with pharmacies CVS, Walgreens and Walmart. Additional settlements are expected with

⁷ <https://www.michigan.gov/ag/initiatives/opioids>

⁸ <https://www.michigan.gov/ag/initiatives/opioids/special-circumstance-fund>

⁹ <https://www.michigan.gov/ag/-/media/Project/Websites/AG/opioids/Negotiation-Class-Allocation-Model-Explanatory-Memo.pdf?rev=7aadd8cc45354852b90e863d2e109835&hash=1EA75003311B6C8F70C8926229D39DBD>

companies Teva, Allergan and Endo; these settlements are expected to nationally total \$4.25 billion, \$2.37 billion and \$450 million respectively. The state of Michigan has already received some of \$19.56 million in settlement funds from McKinsey and Co., a settlement from which all funds will be paid to the state. Tracking of global abatement amounts as well as state and subdivision shares can be found at the Settlement Tracking link on the [Michigan Association of Counties Opioid Settlement Resource Center website](#).¹⁰

Tribal Settlements

Federally recognized tribes have filed lawsuits to seek compensation as sovereign governments, separate from lawsuits filed by states, counties and cities. Settlements with the Distributors and J&J will result in approximately \$503 million across the country to tribes and Alaska native health organizations.¹¹ Nationally, tribes can also expect \$20 million to \$30 million from the Mallinckrodt settlement, to be paid over eight years¹² and an estimated \$150 million, paid over nine years from Purdue.¹³ Tribal settlements with Allergan, Teva, Walmart, CVS and Walgreens are also underway.

¹⁰ <https://micounties.org/opioid-settlement-resource-center/>

¹¹ <https://www.tribalopioidsettlements.com/>

¹² <https://www.tribalopioidsettlements.com/MallinckrodtBankruptcy>

¹³ <https://www.tribalopioidsettlements.com/PurdueBankruptcy>

Statistical Overview and Accessing Local Data

Statewide, more than 3,000 individuals lost their lives to overdose in 2021.¹⁴ In 2021, there were nearly 31,000 non-fatal overdose visits to emergency departments throughout the state.¹⁵ In 2020, the rate of overdose fatalities in Michigan was 28.6 per 100,000 people. Disparities in overdose exist for multiple demographic features.¹⁶ The most glaring is that individuals who are Black continue to experience the highest rates of fatal overdose in Michigan, with rates more than two times that of their white counterparts.¹⁷

While statistics allow for a greater understanding of the overall impact of the overdose epidemic, they do not reveal the whole story. The impact of the overdose crisis expands well beyond the numbers, as it affects individuals, families and communities across the state. The impacts are personal, social, economic, medical and community-based.

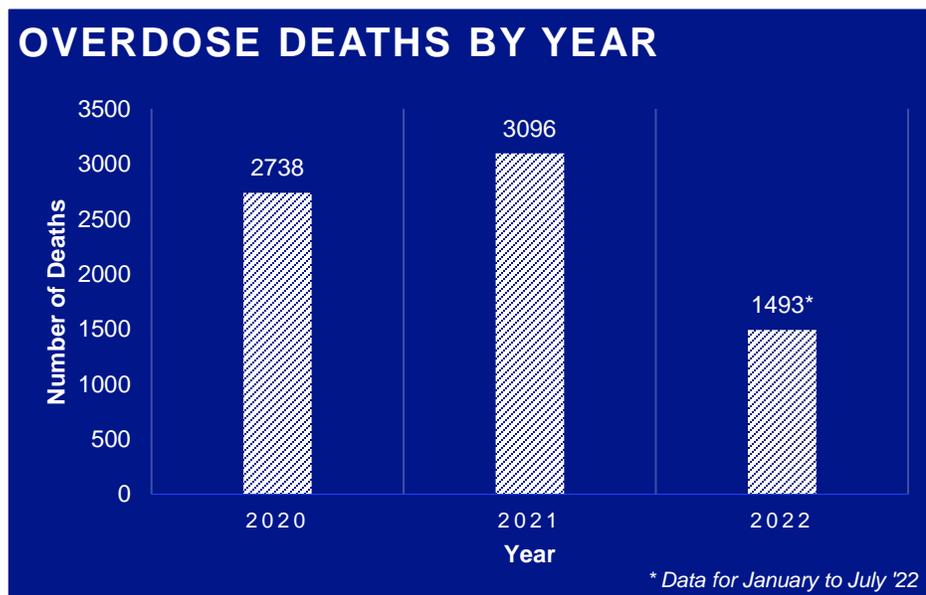


Table 2: Number of Overdose Deaths by Year/[Data \(michigan.gov\)](#)

¹⁴ <https://www.michigan.gov/opioids/category-data>

¹⁵ <https://www.michigan.gov/opioids/category-data>

¹⁶ https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

¹⁷ <https://www.michigan.gov/opioids/category-data>

Local Data

County-level data on overdose deaths, emergency department visits and emergency medical services (EMS) calls are available at the [Michigan Overdose Data to Action Dashboard](#).¹⁸ Data from the county level is available within the “Public Use Dataset EMS Responses to Probable Opioid Overdose”, which can be found under “Overdose Reports” at the Michigan Department of Health and Human Services [Opioids webpage](#).¹⁹ Data can also be found through the [Michigan Substance Use Disorder Data Repository \(SUDDR\)](#) and the associated dashboard at [SUDDR Overdose Death Data Visualizations](#).^{20 21} Suspected fatal overdoses and emergency medical services naloxone administration data are viewable by county on the [System for Opioid Overdose Surveillance \(SOS\)](#) through the University of Michigan Injury Prevention Center.²² Some areas of the state utilize the [Overdose Detection Mapping Application Program \(ODMAP\)](#), which allows for near real-time tracking of fatal and non-fatal overdoses, as well as naloxone administration by public health and public safety.²³ Wayne State University’s School of Social Work Center for Behavioral Health and Justice also provides a [dashboard](#) to view a customizable information on multiple topics including, behavioral health, public health, criminal justice, housing, demographic and other data at the county level.²⁴ The [Substance Use Vulnerability Index \(SUVI\) dashboard](#) can serve as a resource on syringe service program (SSP) availability, treatment availability and drive time as well as other factors.

Data and information also can be accessed through local communities within health departments, prevention coalitions, harm reduction providers, behavioral health providers, recovery support providers and other groups. Needs assessments, landscape analyses, gap inventories, reports, briefs, strategic plans and action plans are examples of additional information.

¹⁸ <https://www.michigan.gov/opioids/category-data>

¹⁹ <https://www.michigan.gov/opioids/category-data>

²⁰ <https://mi-suddr.com/>

²¹ <https://tbdsolutions.shinyapps.io/misuddr-app/>

²² <https://systemforoverdosesurveillance.com/>

²³ <https://www.odmap.org:4443/Content/docs/training/general-info/ODMAP-Overview.pdf>

²⁴ <https://behaviorhealthjustice.wayne.edu/news/new-data-dashboard-gives-michiganders-access-to-data-in-one-place-for-the-first-time-42141>

Principles for Spending

Johns Hopkins Bloomberg School of Public Health has released five key principles for opioid settlement spending. These principles are key for successful utilization of the funds provided. To learn more about each principle, visit the [Johns Hopkins Opioid Litigation Principles](#) website.²⁵ The principles include:

1. Spend the money to save lives

- Establish a dedicated fund in which to put the dollars
- Use the dollars to supplement rather than supplant existing funding
- Don't spend all the money at once

2. Use evidence to guide spending

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

3. Invest in youth prevention

- Direct funds to evidence-based interventions

4. Focus on racial equity

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

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

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

²⁵ <https://opioidprinciples.jhsph.edu/the-principles/>

The FXB Center for Health and Human Rights at Harvard University's report [From the War on Drugs to Harm Reduction: Imagining a Just Overdose Crisis Response: Expert Recommendations for the Use of Opioid Settlement Funds for Policy Makers and Advocates](#) sets forth two primary recommendations for spending.²⁶ Their recommendations call for cross-collaborative and integrative strategies between healthcare, mental health, housing, employment, family services and the criminal-legal system. The report states that, "The recommendations emerge from the point of view that the overdose crisis is rooted in health disparities, racially motivated drug policies, class inequalities, sustained disruption of social safety nets, loss of economic opportunities, and other long-standing structural barriers and violence."²⁷ Recommendations include:

1.) Supporting the full range of care, services and support for people who use drugs and people with opioid dependence

- a. Increase access to overdose reversal medication, safer use supplies, medications for opioid use disorder and basic health care
- b. Offer a broad range of evidence-based services, treatment and support with a focus on harm reduction and multiple pathways to recovery and personal health goals

2.) Rethinking prevention to address the underlying determinants of opioid use and dependence.

- a. Strategies should address the structural determinants that lead individuals to use and the inequities that worsen the consequences of use
- b. Address racial, social and economic inequalities that drive substance use. Consider race, ethnicity, sexual orientation, education, income, health insurance coverage, geographic regions and mental health

²⁶ <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2464/2020/12/Opioid-Whitepaper-Final-12-2020.pdf>

²⁷ <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2464/2020/12/Opioid-Whitepaper-Final-12-2020.pdf>

To assist with gauging readiness, Johns Hopkins Bloomberg School of Public Health has created a document titled, [Ten Indicators to Assess the Readiness of State and Local Governments to Receive the Opioid Settlement Funds](#). The following indicators are presented in the document.²⁸

- 1.) Has the jurisdiction established a dedicated fund for dollars received as a result of the opioid litigation?
- 2.) Is all of the money coming to the jurisdiction as a result of the opioid litigation required to be spent addressing substance use?
- 3.) Is there a prohibition on using money from the litigation to supplant existing spending on substance use?
- 4.) Is there a requirement that dollars be spent on evidence-based or evidence-informed practices?
- 5.) Has the jurisdiction created a formal agreement for regional collaborators?
- 6.) Does the process support meaningful input and participation by the public, public health leaders with substance use expertise, people with lived experience, people from communities of color and others with relevant expertise?
- 7.) Is there a recent, public assessment of substance use services and needs, broken down by race/ethnicity, that can be used to guide funding decisions?
- 8.) Has the jurisdiction conducted a recent, public review of its own laws, regulation and policies and their racial impact to identify obstacles to using settlement funds to support programs based in evidence and equity?
- 9.) Does the jurisdiction have a publicly available dashboard or annual report that tracks and shares information about progress toward jurisdiction-wide substance use goals, with data and goals by key demographics, including race, ethnicity and gender?
- 10.) Has the jurisdiction committed to a regular public evaluation of the use of settlement funds that includes sections on how the funds have supported evidence-based care, youth prevention and equity?

²⁸ [Implementation Tools - Opioid Principles \(jhsph.edu\)](#)

Recommended Steps for Spending

This roadmap is intended to assist with next steps in the process of planning for opioid settlement funds. The recommended steps outlined aid with understanding where to go next, based on the readiness of your jurisdiction and community.

1. Stakeholder engagement

- Utilize existing community resources to ensure that those with expertise are represented when planning for spending (health departments, prevention coalitions, harm reduction providers, behavioral health provider agencies, recovery support providers, people with lived experience, etc.)
- Consider additional collaborators, such as surrounding counties and regional entities
- Ensure an equity lens, consider who is not at the table
- Ensure those with lived experience with substance use disorder and people who use drugs are engaged in the process

2. Gather information

- Review needs assessments, landscape analyses, gap inventories, reports, plans and other information from stakeholders
- Identify if additional information on community priorities needs to be gathered
- Determine the specific needs of your community, consider new and existing programming
- Utilize the [MAC Opioid Settlement Resource Center's Resource Library](#) to explore principles and tracking, evidence-based and promising practices, statewide tools, local government tools, legal resources, equity resources, other toolkits and reports and additional opportunities for funding

3. Determine process moving forward

- Identify where to start (multi-sector strategic planning, strategy selection, spending plan development, etc.)
- Determine where capacity to support spending is present and sustainability of funding and strategies, including braiding activities and funding

- Choose strategies that are allowable and align with the needs of your community
- Sustainability planning should account for polysubstance use and the need to adapt strategies to address the changing drug use and overdose environment
- Ensure equity and lived experience with substance use disorder and people who use drugs are at the core of planning and design

4. Monitoring and accountability

- There are no comprehensive reporting requirements for the Distributors and J&J settlements; while such reporting is not legally required, it is essential to provide transparency and accountability for the spending process
- It is recommended that local governments create annual financial and impact reports; these reports may include the amount of funds spent, strategies and programs funded, impact of programs funded, process of strategy selection and dollar amount determinations and other relevant information
- Accountability and evaluation associated with the outcomes and effectiveness of funding and programming should also be considered

Technical assistance opportunities are available through multiple agencies to assist with these steps. To identify the technical assistance provider that can best support your needs, complete the [support request form](#).

Stakeholder Engagement

Stakeholder engagement associated with planning for opioid settlement funds is one of the most important aspects associated with development of effective and equitable strategies. Stakeholders for this work should be diverse and come from multiple sectors, allowing for a greater understanding of the far-reaching impacts of the overdose crisis and identification and avoidance of many unintended consequences. Additional focus should be placed on ensuring that the stakeholders at the table are representative of the community and stakeholders addressing the social determinants of health are included.

Below is a non-exclusive list of groups to consider including when planning for stakeholder engagement.

- Individuals with lived experience with substance use disorder and people who use drugs
- Communities that are and have been historically marginalized
- Family and friends of those with lived experience and people who use drugs
- Government officials and policymakers
- Prevention groups
- Harm reduction providers
- Treatment providers
- Mental health providers
- Recovery support providers
- Healthcare communities
- Medical examiners and coroners
- Local businesses
- Youth and family service providers
- Criminal-legal system and public safety
- Non-profits and community groups
- Schools and universities
- Faith-based communities

Gather Information

Determine the Specific Needs of Your Community

Opioid settlement funds present an opportunity for utilization of funds with fewer restrictions than other funds available to address behavioral health and the overdose crisis. Consider which strategies are more difficult, or not possible, to fund through other sources. Ensure settlement dollars are not used to supplant existing funds. Think about what can be built over the 18 years of funding, not only immediate short-term activities.

When considering the specific needs of the community, begin with the existing resources provided by stakeholders. These resources may include needs assessments, surveys, focus group responses, landscape analyses, gap inventories, data, reports, strategic plans, action plans and other information. Those working to address the overdose crisis and the associated fields of work that address the social determinants of health and drivers for substance use can provide a key starting place for identification of gaps in services, accessibility issues and programs that may benefit from expansion.

To assist in determining the needs of the community, inclusion of those most impacted by the overdose crisis should be integrated throughout the process. These populations include those with lived experience with substance use disorder and people who use drugs, as well as populations that have been underserved or historically marginalized.

Equity and Inclusion

This toolkit references the need for an equity lens throughout all steps of the process associated with planning for, and utilization of, opioid settlement dollars. The intention of an equity lens is to be intentional in decision-making processes. It is a process by which to assess the expected and actual impacts of policies and practices on marginalized communities and individuals, and address barriers. Considerations around groups of under-served populations may include, race, ethnicity, gender identity and expression, sexual orientation, disability status, indigenous populations, populations currently and formerly incarcerated, socio-economic status, national origin and others. Utilization of an equity lens includes a critical perspective on the assumptions that values that are included

in processes. It requires consideration of who is most affected and how to include those voices in discussions and decisions.

Throughout history, marginalized communities have been disproportionately impacted by the drug overdose crisis. These communities have been especially impacted by enforcement and sentencing practices. Policies throughout history have created discriminatory practices that increase incarceration and reduce access to services and care for marginalized communities. These structural issues, as well as many others including reduced access to healthcare and racial bias against people of color have all played a significant role in the treatment of people of color within the healthcare system. People of color have been under-prescribed opioids due to the biases that exist. The combination of structural barriers and racism that exist create a lack of trust in healthcare and public safety systems. It is important to acknowledge these practices to ensure that non-traditional types of services and service providers are brought into conversations to ensure equitable use of settlement funds and increased opportunity for care. These services may be more focused on meeting individuals within the community or provision of services through community-based organizations and faith-based communities.

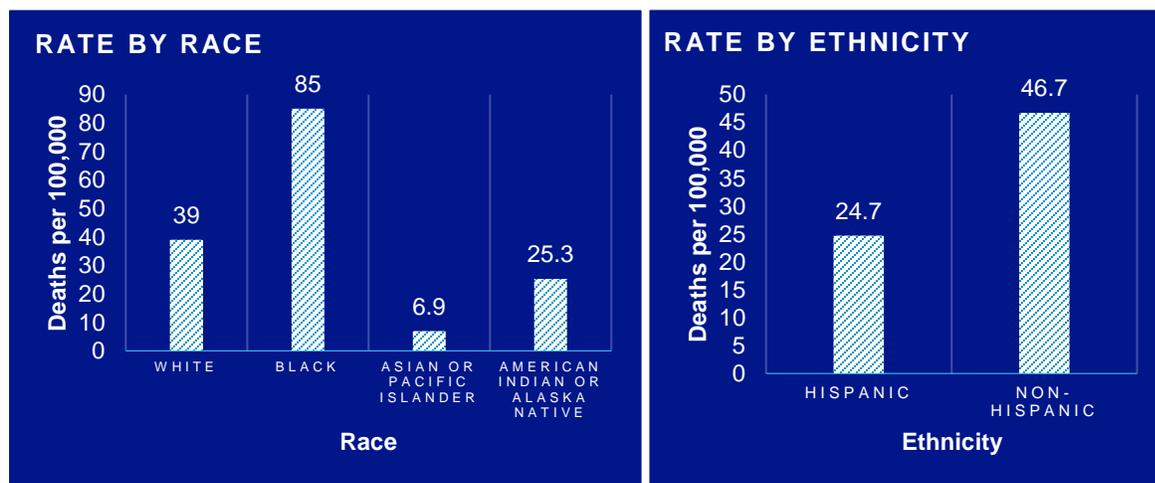


Table 3: Provisional Overdose Death Rates by Race and Ethnicity, Aug. 2021 to July 2022/[Data \(michigan.gov\)](#)

Determine Process Moving Forward

Identify Where to Start



To identify where to start in the planning process, assessment of existing work should be considered. Has the subdivision already determined where the dollars will flow through? Is there an existing group that has been preparing recommendations for local spending or a group that accurately represents the community and needs in the overdose space? Follow the key principle of providing a fair and transparent process for determining where to spend funds. Gauge where capacity exists to support the spending and how conditions may shift annually, as settlement dollar amounts will differ. Consider where contracting for services, monitoring, accountability or administrative support are necessary. While annual amounts of funding may seem insufficient to meet community needs, take into account what can be built on over the period of funding to create sustainable solutions. Over the funding period, the dominant substance used or substances causing overdose will change. Plan for solutions that can address numerous substances and polysubstance while ensuring alignment with the definition of “opioid remediation” and Exhibit E. To address root causes of substance use, changes in the overdose landscape and address recovery it is important to consider ways in which dollars can be used over time.

Monitoring and Accountability

While there are no comprehensive reporting requirements for the Distributors and J&J settlements, transparency and accountability of the spending process will be important to ensuring opioid settlement funds are used responsibly and in alignment with other requirements. In 2023, the release of a document to assess readiness for monitoring and a quick guide around gauging impact of settlement funds, including a variety of key performance indicators are expected to be released. It is recommended that local governments create action plans or funding plans as well as annual financial and impact reports; a general framework for assessing impact has been constructed below.

Local governments should consider if they have capacity and tools for monitoring and accountability or if partnerships with universities or other organizations are needed. Contracted services should also include monitoring and accountability elements to be reported back to the county. Local governments can anticipate data collection through annual survey requests from organizations and universities seeking to gain insight of overall impacts of the funding. This collection of data will allow for increased understanding of effectiveness of dollars, gaps in services, policy and other barriers as well as opportunities for increased support.

There are numerous options for assessing how settlement funds are allocated and the impact of those dollars. The framework outlined below can assist with questions that may arise around accountability by public, media and other stakeholders. Determining the extent to which chosen strategies reduce harms associated with opioids and the opioid overdose crisis reaches beyond key data points of fatal and non-fatal overdose, EMS response and hospital data.

Framework for Assessing Impact



1.) How do we know the specific needs or problems for our county?

- a. Provide an overview of the scope of the substance use issue in your community and the amount of funds received and expected through opioid settlements for current and future years
- b. Explain the process that was used for determining needs and the types of stakeholders or sectors that were engaged in the process, include other internal and external resources such as existing plans and data
- c. Highlight any equity considerations such as gaps in access to service by race, gender, age, geographic area of residence and other factors
- d. Highlight where and how those with lived experience with substance use disorder and people who use drugs were engaged

2.) What do we want to focus on?

- a. Explain the process for prioritizing needs and how specific activities were chosen
- b. Share activities that are not being funded, but are connected to the strategies funded to highlight the full scope of work in the county

3.) What are we doing to address it?

- a. Outline the number of deliverables associated with activities chosen (i.e., host four training sessions reaching a total of one hundred community members, expand prevention programming to three additional schools)
- b. Ensure deliverables are equitable and inclusive

4.) Why do we believe this program will work?

- a. Ensure selection of evidence-based or evidence-informed activities

- b. Provide rationale for selection of specific activities and interventions

5.) How will we know our efforts are working?

- a. Share what is expected to change as a result of the activities
- b. Highlight outcomes that can be observed during the funding period (i.e. percent increase of patients receiving or prescribers actively prescribing MOUD, percent increase in graduation rate in recovery court)

Strategies for Spending

The Michigan Association of Counties recognizes the distinct needs of local governments and the communities they serve. To assist with strategy selection, numerous sources of information have been provided in this section.

The [State of Michigan's Opioids Strategy](#) provides insight into the pillars, or areas of need, associated with the opioid overdose crisis and broader overdose epidemic.²⁹ These pillars include aspects of the continuum of care, such as prevention, harm reduction, treatment and recovery. The strategy also highlights specific populations, including those with criminal-legal involvement and individuals who are pregnant and parenting. The opioids strategy also provides cross-cutting pillars of data and equity, to ensure these considerations are utilized and assessed throughout each of the other strategies.

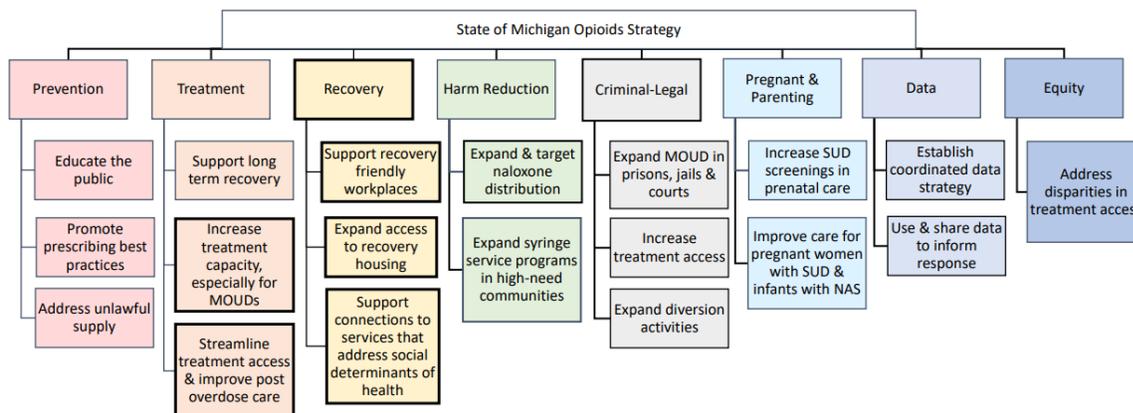


Table 4: State of Michigan Opioids Strategy/[Opioids Strategy \(michigan.gov\)](#)

²⁹ <https://www.michigan.gov/opioids>

In 2021, the state of Michigan released a survey to ask the community where they thought funds should be prioritized. There were more than 1,000 respondents, with representation from 78 of the 83 counties in Michigan. The survey was offered in English, Spanish and Arabic and was distributed electronically by the state and various organizations and entities. There were limitations to survey results as the dissemination of the survey used a snowball sample where respondents were asked to send the survey on to others. This resulted in significantly lower response rates among people of color. The results highlighted the top priority of respondents as recovery support services, prevention programming and expanding access to medication to treat opioid use disorder. Additional priorities include expanding programming to divert and deflect individuals from the criminal-legal system, increasing access to residential and inpatient treatment programming and assisting individuals with co-occurring mental health diagnoses and substance use disorders.

To learn more about the survey, view the full [Opioid Settlement Prioritization Survey](#) analysis from the Center for Health and Research Transformation and the Michigan Department of Health and Human Services.³⁰

These same pillars can be seen as critical areas for spending through national organizations and the initial settlement document within [Exhibit E](#), where a non-exhaustive list of allowable spending options are outlined.³¹ Exhibit E outlines the following areas for strategy selection.

1. Core strategies

- Naloxone or other FDA-approved drug to reverse opioid overdoses
- Medication-assisted Treatment (MAT) distribution and other opioid-related treatment
- Address the needs of pregnant and postpartum women
- Expanding treatment for Neonatal Abstinence Syndrome (NAS)

³⁰ https://chrt.org/wp-content/uploads/2022/05/MDHHS_FinalOpioidsReport_May2022.pdf

³¹ <https://www.attorneygeneral.gov/wp-content/uploads/2021/12/Exhibit-E-Final-Distributor-Settlement-Agreement-8-11-21.pdf>

- Expansion of warm hand-off programs and recovery services
- Treatment for incarcerated population
- Prevention programs
- Expanding syringe service programs
- Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

2. Approved uses – prevention

- Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids
- Prevent misuse of opioids
- Prevent overdose deaths and other harms (harm reduction)

3. Approved uses – treatment

- Treat Opioid Use Disorder (OUD)
- Support people in treatment and recovery
- Connect people who need help to the help they need (connections to care)
- Address the needs of criminal justice-involved persons
- Address the needs of pregnant or parenting women and their families, including babies with NAS

4. Approved uses – other strategies

- Supporting first responders
- Leadership, planning and coordination
- Training
- Research

Johns Hopkins Bloomberg School of Public Health created a report, [Primer on Spending Funds from the Opioid Litigation: A Guide for State and Local Decision Makers](#), which

outlines nine evidence-based strategies to assist in saving lives from the opioid overdose crisis.³² These strategies include the following:

- Broaden access to naloxone
- Increase use of medications to treat opioid use disorder
- Provide treatment and supports during pregnancy and the postpartum period
- Expand services for neonatal opioid withdrawal syndrome
- Fund warm hand-off programs and recovery services
- Improve treatment in jails and prisons
- Enrich prevention strategies
- Expand harm reduction programs
- Support data collection and research

Whether addressing the national landscape or the local one, the strategies above provide a starting place for evaluating the best solutions for each jurisdiction. Use of evidence-based strategies and an equity lens should be at the core of strategy selection. The inclusion of those with lived experience with substance use disorder and people who use drugs, those most directly impacted by the crisis, should also take place throughout each step of the process.

Conclusion

Thank you for your dedication to addressing the opioid overdose crisis within your communities. The Michigan Association of Counties will be compiling stories of how counties are responding to the opioid overdose epidemic and utilizing national opioid settlement fund dollars. To share your story or request technical assistance, contact Amy Dolinky, Technical Adviser – Opioid Settlement Funds Planning and Capacity Building, at dolinky@micounties.org.

³² <https://opioidprinciples.jhsph.edu/implementation-tools/#highlighted-downloads>

Resources

Opioid Settlements

- [Michigan Department of Attorney General - Opioids](#)
- [Michigan State-Subdivision Agreement for Allocation of Distributor Settlement Agreement and Janssen Settlement Agreement](#)
- [National Opioid Settlement](#)
- [Original Calculations](#)
- [Settlement Tracking - MAC Opioid Settlement Resource Center](#)
- [Special Circumstance Fund](#)

Principles for Spending

- [From the War on Drugs to Harm Reduction: Imagining a Just Overdose Crisis Response: Expert Recommendations for the Use of Opioid Settlement Funds for Policy Makers and Advocates - FXB Center for Health and Human Rights at Harvard University](#)
- [Johns Hopkins Opioid Litigation Principles](#)
- [Ten Indicators to Assess the Readiness of State and Local Governments to Receive the Opioid Settlement Funds - Johns Hopkins Bloomberg School of Public Health](#)

Accessing Local Data

- [Michigan Overdose Data to Action Dashboard](#)
- [Michigan Substance Use Disorder Data Repository \(SUDDR\) and SUDDR Overdose Death Data Visualizations](#)
- [Overdose Detection Mapping Application Program \(ODMAP\)](#)
- [System for Opioid Overdose Surveillance \(SOS\)](#)
- [Wayne State University's School of Social Work Center for Behavioral Health and Justice Dashboard](#)

Strategies for Spending

- [Exhibit E](#)
- [MDHHS Opioid Settlement Prioritization Survey](#)
- [Primer on Spending Funds from the Opioid Litigation: A Guide for State and Local Decision Makers - Johns Hopkins Bloomberg School of Public Health](#)
- [State of Michigan's Opioids Strategy](#)

Support and Technical Assistance

- [MAC Opioid Settlement Resource Center](#)
- [MAC Opioid Settlement Resource Library](#)
- [MAC Opioid Settlement Subdivision Support Request Form](#)

Glossary

- **Behavioral health** - Mental health and substance use disorders, life stressors and crises and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions.³³
- **Community** - Regional: The individuals, families, groups, agencies, facilities or institutions within the geographic area. Individualized: A person's self-selected associations pertaining to locations, populations and affiliations to which they connect through commonalities, comfort and support.³⁴
- **Co-occurring disorders** - A term used when a person has both a mental health disorder and a substance use disorder. Both the mental health and the substance use disorders may create significant challenges, but the interactions of these disorders require integrated treatment.³⁵
- **Dependence** - An individual's persistence in use of alcohol or other drugs despite problems related to use of the substance. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped. This can be diagnosed with or without physiological dependence, evidence of tolerance or withdrawal.³⁶
- **Equity** - Recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.³⁷
- **Harm reduction** - A set of practical strategies that reduce negative consequences of substance use.³⁸
- **Historically marginalized** - Groups and communities that experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions³⁹
- **Intervention** - A planned interaction with an individual who may be dependent on one or more psychoactive substances, with the aim of making a full assessment,

³³ [What is behavioral health? | American Medical Association \(ama-assn.org\)](https://www.ama-assn.org)

³⁴ [RECOVERY ORIENTED SYSTEMS OF CARE \(michigan.gov\)](https://www.michigan.gov)

³⁵ [RECOVERY ORIENTED SYSTEMS OF CARE \(michigan.gov\)](https://www.michigan.gov)

³⁶ [RECOVERY ORIENTED SYSTEMS OF CARE \(michigan.gov\)](https://www.michigan.gov)

³⁷ [Equity vs. Equality: What's the Difference? | Online Public Health \(gwu.edu\)](https://www.gwu.edu)

³⁸ [RECOVERY ORIENTED SYSTEMS OF CARE \(michigan.gov\)](https://www.michigan.gov)

³⁹ [Marginalized populations | National Collaborating Centre for Determinants of Health \(nccdh.ca\)](https://www.nccdh.ca)

overcoming denial, interrupting drug-taking behavior, or inducing the individual to initiate treatment.⁴⁰

- **Medicated for addiction treatment (MAT) or Medication to treat opioid use disorder (MOUD)** - Is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to treat substance use disorders.⁴¹
- **Naloxone** - a medication approved by the Food and Drug Administration (FDA) designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to opioid receptors and can reverse and block the effects of other opioids.⁴²
- **Neonatal abstinence syndrome (NAS)** - A treatable condition that newborns may experience as a result of prenatal exposure to certain substances, most often opioids. Neonatal opioid withdrawal syndrome (NOWS) is a related term that refers to the symptoms that infants may experience as a result of exposure to opioids specifically.⁴³
- **Overdose** - The inadvertent or deliberate consumption of a dose much larger than that either habitually used by the individual or ordinarily used for treatment of an illness, and likely to result in a serious toxic reaction or death.⁴⁴
- **Prevention** - Service designed to reduce the probability of developing and exacerbating substance use disorders and/or mental health problems.⁴⁵
- **Recovery** - A process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction. Recovery aims to improve the quality of life by seeking balance and healing in all aspects of health and wellness, while addressing an individual's consistent pursuit of abstinence, impairment in behavioral control, dealing with cravings, recognizing problems in one's behaviors and interpersonal relationships and dealing more effectively with emotional responses.⁴⁶

⁴⁰ [Stairway to Recovery: Glossary of Terms \(upenn.edu\)](#)

⁴¹ [Addictionary® – Recovery Research Institute \(recoveryanswers.org\)](#)

⁴² [What is Naloxone? | SAMHSA](#)

⁴³ [Neonatal Abstinence Syndrome | National Center on Substance Abuse and Child Welfare \(NCSACW\) \(hhs.gov\)](#)

⁴⁴ [Stairway to Recovery: Glossary of Terms \(upenn.edu\)](#)

⁴⁵ [RECOVERY ORIENTED SYSTEMS OF CARE \(michigan.gov\)](#)

⁴⁶ [BUPRENORPHINE \(chestnut.org\)](#)

- **Stakeholders** - Individuals or entities involved or potentially impacted by a certain phenomenon⁴⁷
- **Stigma** - The assignment of an attribute, behavior, or reputation that is socially discrediting.⁴⁸
- **Substance use disorder (SUD)** - Those disorders in which repeated use of alcohol and/or other drugs results in significant adverse consequences. Substance dependence and substance abuse are both considered substance use disorders.⁴⁹
- **Sustainable** - Meeting the needs of the present without compromising the ability of future generations to meet their own needs⁵⁰
- **Treatment** - Application of planned procedures to identify and change patterns of behavior that are maladaptive, destructive and/or injurious to health; or to restore appropriate levels of physical, psychological and/or social functioning.⁵¹
- **Opioid remediation** - Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures¹ except where this Agreement restricts the use of funds solely to future Opioid Remediation) designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic.⁵²
- **Polysubstance use** - The use of more than one drug. This includes when two or more are taken together or within a short time period, either intentionally or unintentionally.⁵³

⁴⁷ [What is Stakeholder | IGI Global \(igi-global.com\)](https://www.igi-global.com/what-is-stakeholder/)

⁴⁸ [RECOVERY ORIENTED SYSTEMS OF CARE \(michigan.gov\)](https://www.michigan.gov/recovery-oriented-systems-of-care)

⁴⁹ [RECOVERY ORIENTED SYSTEMS OF CARE \(michigan.gov\)](https://www.michigan.gov/recovery-oriented-systems-of-care)

⁵⁰ [Sustainability | United Nations](https://www.un.org/sustainabledevelopment/)

⁵¹ [Stairway to Recovery: Glossary of Terms \(upenn.edu\)](https://www.upenn.edu/stairway-to-recovery/glossary-of-terms/)

⁵² [National Opioid Settlement](https://www.michigan.gov/national-opioid-settlement)

⁵³ [Polysubstance Use Facts \(cdc.gov\)](https://www.cdc.gov/od/oc/substance-use-facts/)