

Southwest Michigan

B E H A V I O R A L H E A L T H

Substance Use Disorder Oversight Policy Board (SUDOPB)

Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001

Monday, November 20, 2023

4:00-5:30

Draft: 11/6/23

1. **Welcome and Introductions (Randall Hazelbaker)**
2. **Public Comment**
3. **Agenda Review and Adoption (Randall Hazelbaker) (d) (pg.1)**
4. **Financial Interest Disclosure and Conflict of Interest Handling**
 - None
5. **Consent Agenda (Randall Hazelbaker)**
 - September 18, 2023 Meeting Minutes (d) pg.2
6. **Board Actions**
 - 2024 SUDOPB Meetings (M. Jacobs) (d) pg.5
7. **Board Education**
 - a) Amy Dolinky, MPPA, Technical Advisor, Opioid Settlement Funds Planning and Capacity Building (d) pg.6
 - b) Fiscal Year 2023 YTD Financials (G. Guidry) (d) pg.39
 - c) PA2 Utilization Fiscal Year 2023 YTD (G. Guidry) (d) pg.40
 - d) Fiscal Year 2023 PA2 Outcomes Report (A. Miliadi) (d) pg.42
 - e) Barry County Adult Specialty Court Revised Budget (J. Smith) (d) pg.49
8. **Communication and Counsel**
 - a) Legislative and Policy Updates (B. Casemore) (d) pg.52
 - b) Casemore Testimony House DHHS Appropriations Subcommittee (B. Casemore) (d) pg.61
 - c) Intergovernmental Contract Status (M. Jacobs)
 - d) 2023 SUDOPB Attendance (M. Jacobs) (d) pg.65
9. **Public Comment**
10. **Adjourn**

The meeting will be held in compliance with the Michigan Open Meetings Act

Southwest Michigan

BEHAVIORAL HEALTH

Substance Use Disorder Oversight Policy Board (SUDOPB) Meeting Minutes

September 18, 2023

3:00 – 4:30 pm

Draft: 9/19/23

Members Present: Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County); Michael Majerek (Berrien County); Jared Hoffmaster (St. Joseph County); Diane Thompson (Calhoun County); Mark Doster (Barry County); Melissa Fett (Kalamazoo County); RJ Lee (Cass County); Paul Schincariol (Van Buren County)

Members Absent: Rayonte Bell (Berrien), Rochelle Hatcher (Calhoun), Joanna McAfee

Staff and Guests Present:

Brad Casemore, CEO, SWMBH; Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Anastasia Miliadi, SUD Treatment Specialist, SWMBH; Cathy Hart, Clinical Grants Specialist, SWMBH; Tiffany Jackson, Financial Analyst, SWMBH; Achilles Malta, Prevention Specialist, SWMBH; Emily Flory, Strategic Initiatives Project Manager, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Geoff Sherman, IT Systems Analyst, SWMBH

Welcome and Introductions

Randall Hazelbaker called the meeting to order at 3:00 pm. Introductions were made.

Agenda Review and Adoption

Motion Paul Schincariol
Second Diane Thompson
Motion Carried

Public Act 2 Dollars

SWMBH Fiscal Year 2024 PA2 Budget Summary

Garyl Guidry presented the fiscal year 24 regional consolidated budget, individual county budget summaries, and three year PA2 fund balance projections for each respective county.

Board Questions and Answers

Board Member discussion and answers provided.

Public Comment

Many comments and testimonials from providers and persons served. Provider agencies in attendance included Community Healing Center, Recovery Institute of SW MI, Gryphon Place, Abundant Life Ministries, Kalamazoo Health and Community Services, Kalamazoo 8th District Court, Kalamazoo 9th Circuit Court, and Haven of Rest Ministries.

Board Actions

Fiscal Year 2024 PA2 Budget

Garyl Guidry presented as documented in the packet. Discussion followed.

Motion Richard Godfrey moved to approve Fiscal Year 2024 PA2 Budget as presented.

Second Diane Thompson

Motion Carried

Kalamazoo 8th District Court Budget Amendment

Garyl Guidry presented as documented in the packet. Discussion followed.

Motion Diane Thompson moved to approve Budget Amendment as presented.

Second Jared Hoffmaster

Motion Carried

Consent Agenda

Motion Jared Hoffmaster moved to approve the 7/17/23 meeting minutes as presented.

Second Diane Thompson

Motion Carried

Board Education

Fiscal Year 2023 YTD Financials

Garyl Guidry reported as documented, highlighting numbers for Medicaid, Healthy Michigan, MI Child, Block Grant, and PA2. Discussion followed.

PA2 Utilization Fiscal Year 2023 YTD

Garyl Guidry reported as documented.

International Overdose Awareness Day

Achilles Malta reported regional events and activities that took place to recognize the Annual August 31 International Overdose Awareness Day.

SWMBH SUD Three Year Strategic Plan

Joel Smith reported as documented, noting the plan was submitted to MDHHS for approval.

Michigan Marijuana Policy and Tax

Brad Casemore reported as documented.

Region 4 State Opioid Response 3 Site Visit Letter

Joel Smith reported as documented.

2023 SUDOPB Attendance

Joel Smith noted the documented as presented in the packet.

Communication and Counsel

Legislative and Policy Updates

Brad Casemore provided brief updates.

Intergovernmental Contract Status

Brad Casemore noted that contracts have been received by Barry, Calhoun, Kalamazoo, and Van Buren. Mr. Hoffmaster indicated that St. Joseph County will be reviewing the contract on September 19, 2023.

Public Comment

None

Adjourn

Motion Diane Thompson moved to adjourn the meeting.

Second Jared Hoffmaster

Motion Carried

Meeting adjourned at 4:25



Southwest Michigan Behavioral Health Substance Use Disorder Oversight Policy Board Meetings 2024

January 29, 2024 4:00-5:30pm

March 18, 2024 4:00-5:30pm

May 20, 2024 4:00-5:30pm

July 17, 2024 4:00-5:30pm

September 9, 2024 3:00-5:30pm

November 18, 2024 4:00-5:30pm

All scheduled meetings take place at Four Points by Sheraton, 3600 E. Cork St. Kalamazoo, MI 49001

SWMBH adheres to all applicable laws, rules, and regulations in the operation of its public meetings, including the Michigan Open Meetings Act, MCL 15.261 – 15.275

SWMBH does not limit or restrict the rights of the press or other news media.

Discussions and deliberations at an open meeting must be able to be heard by the general public participating in the meeting. Board members must avoid using email, texting, instant messaging, and other forms of electronic communication to make a decision or deliberate toward a decision and must avoid "round-the-horn" decision-making in a manner not accessible to the public at an open meeting.

Opioid Settlement Funds

Amy Dolinky

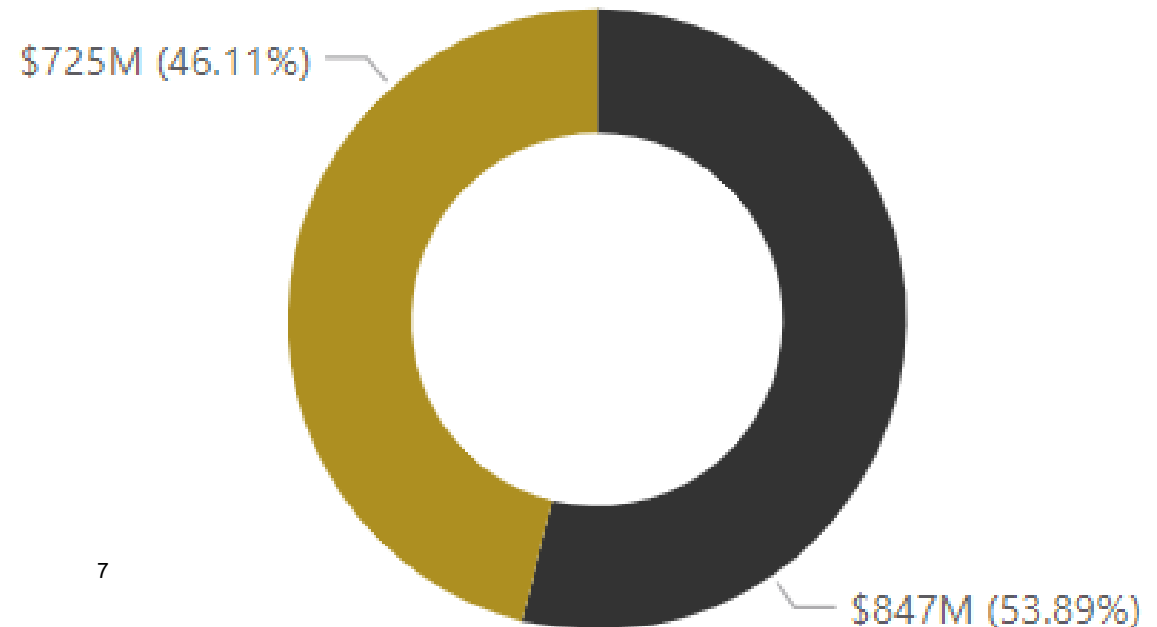
Technical Advisor

Michigan Association of Counties



Opioid Settlements Overview

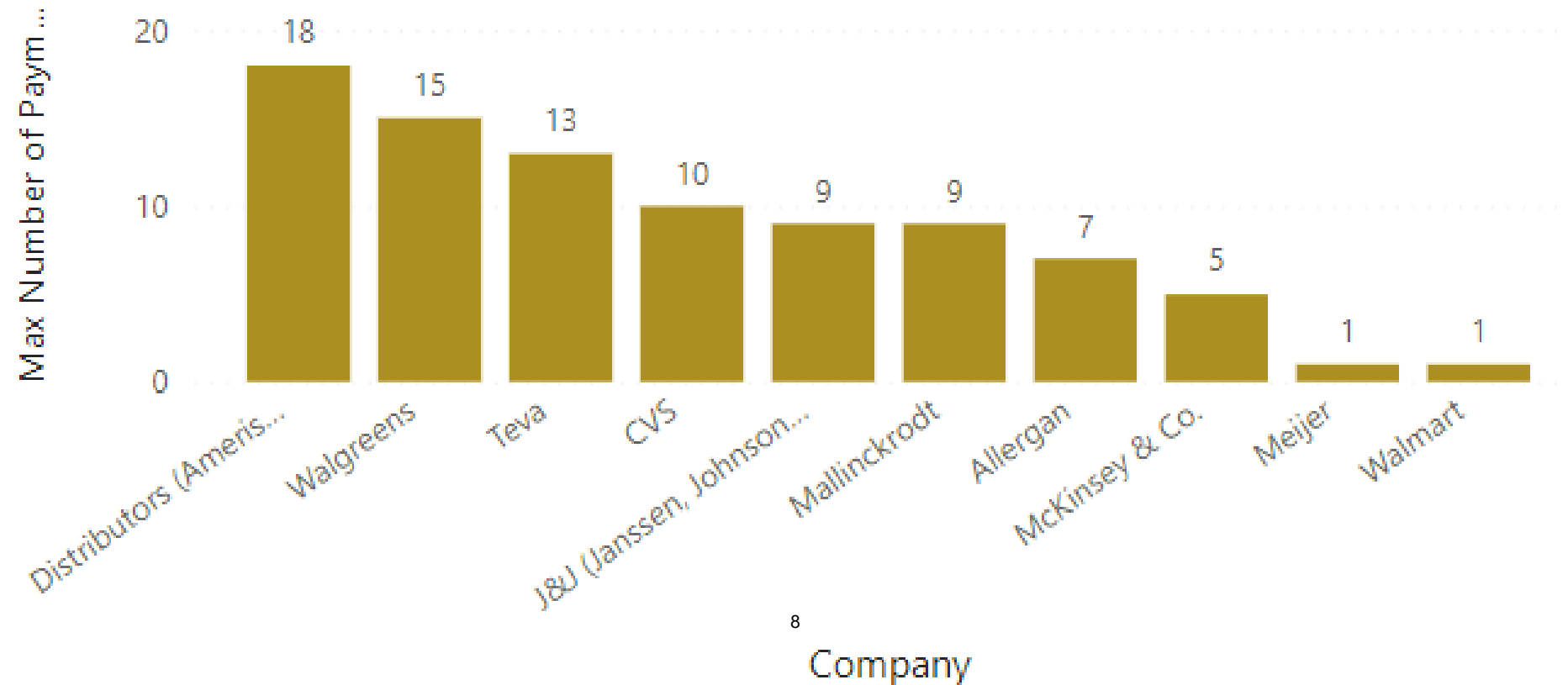
- Total estimated funds coming to Michigan - **\$1,572,482,366**
 - Total estimated state share - **\$847,440,366**
 - Total estimated subdivision share - **\$725,042,000**
 - Estimated totals from settlements with:
 - Distributors (McKesson, Cardinal Health, and AmerisourceBergen)
 - J&J
 - Walgreens
 - Walmart
 - CVS
 - Teva
 - Allergan
 - McKinsey & Co.
 - Mallinckrodt
 - Meijer



Maximum Number of Payments

Maximum Number of Payments by Company

(payment amounts will differ and may not be received annually)



Distribution of Funds

- After initial payments, payments should be made to counties annually in the summer
- Companies can frontload payments and skip payment in years, as long as consecutive years are not skipped
- Payment amounts will differ annually when payments are made

J&J and Distributors Settlements

- The state of Michigan is slated to receive nearly \$776 million over 18 years from two settlements, Distributors (McKesson, Cardinal Health and AmerisourceBergen) and J&J
- 50% of the settlement amount will be sent directly to county and local governments
- Allocation percentages can be found in Exhibit A of the [Michigan State-Subdivision Agreement for Allocation of Distributor Settlement Agreement and Janssen Settlement Agreement](#)
- Distribution to subdivisions began on January 31, 2023
- Tribal settlements are separate
- **Bi-annual reporting on non-opioid remediation activities**

Pharmacy and Manufacturer Settlements

- Expected to bring in around \$735 million to Michigan
- Sign-on for settlements with CVS, Walmart, Allergan and Teva are complete
- Local subdivision sign-on for the Walgreens settlement has also been completed
- 50% of the settlement amount will be sent directly to county and local governments
- **Distribution has not started**
- Tribal settlements are separate
- **Bi-annual reporting on non-opioid remediation activities**
- Meijer is a separate, non-national, settlement for which 4 counties, 3 cities, and 6 townships received funds during the summer of 2023

Allowable Uses

- Applies to: J&J, Distributors, CVS, Allergan, Teva, Walmart, & Walgreens
- [Exhibit E](#) provides a non-exhaustive list of opioid remediation activities
- 15% of funds have no requirements for use
- 85% of funds must be used for opioid remediation
 - 70% of the 85% must be used for future opioid remediation
- Opioid Remediation - Definition
 - 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.

Reporting Requirements

- Applies to: J&J, Distributors, CVS, Teva, Allergan, Walmart, & Walgreens
- Report bi-annually into BrownGreer payment portal on all expenditures that do not align with “opioid remediation” and/or Exhibit E
 - Cap at 15% of funds
- No additional reporting requirements

Expected Voluntary Reporting

- Anticipate annual voluntary survey from MAC on all spending, including
 - Area in which funds were used (prevention, treatment, recovery, etc.)
 - Percent of funds to each area
 - Percent of funds used for non-opioid remediation purposes
 - Public-facing information – links to website, reports, etc.
 - Stakeholders engaged in planning processes
 - Types of planning processes used

Additional Settlements

- Settlements pursuing bankruptcy plans
 - Mallinckrodt is expected to bring in \$37 million to Michigan
 - First payments made in May 2023
 - **Potential to not receive all funds due to second bankruptcy**
 - **Annual reporting on financial and opioid remediation activities**
 - Expected to take place in the future
 - Purdue Pharma
 - Endo
 - Kroger
- Distribution process, requirements on spending and reporting are will differ from other settlements

Allowable Uses & Reporting Requirements

- Specific to Mallinckrodt:
- Allowable uses in are outlined in [Schedule A](#)
- Reporting requirements available at: [*National Opioid Abatement Trust II Trust Distribution Procedure*](#)
- 70% of funds are dispersed to the State of Michigan and will be distributed to [regions](#) based on recommendation from the Michigan Opioids Task Force
- 30% of funds will be used for non-regional opioid spending
- Qualified block grantees are the only local subdivisions that will receive funds directly
 - Kent, Genesee, Wayne, Macomb, and Oakland

Support and Technical Assistance

Tools for Local Government Use

- Collaborative Opioid Settlement FAQ Documents ([Part I](#)) ([Part II](#))
- [MAC - Opioid Settlement Resource Center](#)
- [MAC - Opioid Settlement Resource Library](#)
- [Michigan Opioid Settlement Funds Toolkit: A Guide for Local Spending](#)
- [Opioid Advisory Commission](#)
- [Michigan Opioids Task Force](#)
- [National Association of Counties Opioid Solutions Center](#)
- [Johns Hopkins - Principles for the Use of Funds From the Opioid Litigation](#)
- No-Cost Technical Assistance

MAC Opioid Settlement Resource Center

- Includes:
 - Opioid Settlement Dashboard
 - Overview of each settlement
 - Toolkit for local governments
 - Templates for local government use
 - State of Michigan Resources
 - Opioid Settlement Resource Library
 - Technical assistance request form
 - *Updated in real-time

MAC Settlement Dashboard

MAC Opioid Settlement: Home Page

Funds provided are estimates and are subject to change

Funds

Technical Assistance

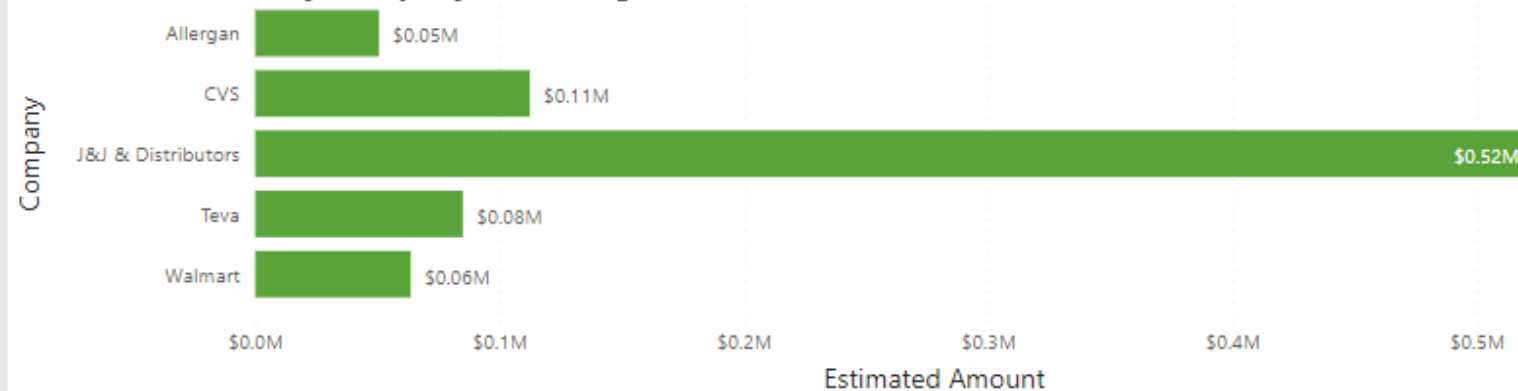
Engagement

Planning

Management

Strategies

Settlement Funds by Company for Michigan Counties



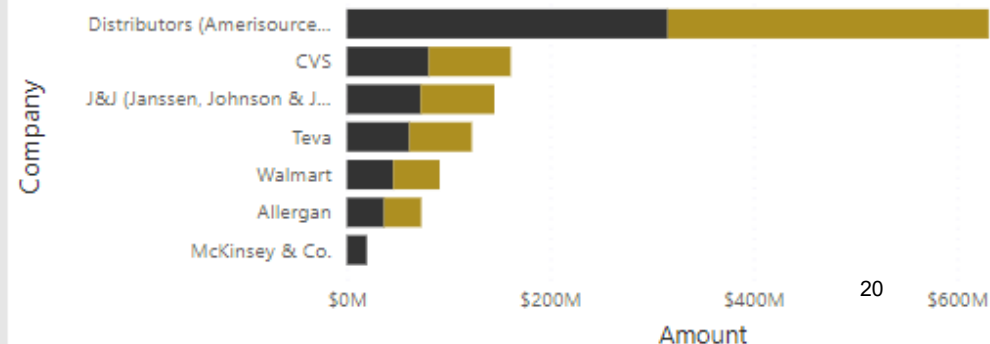
County

Huron

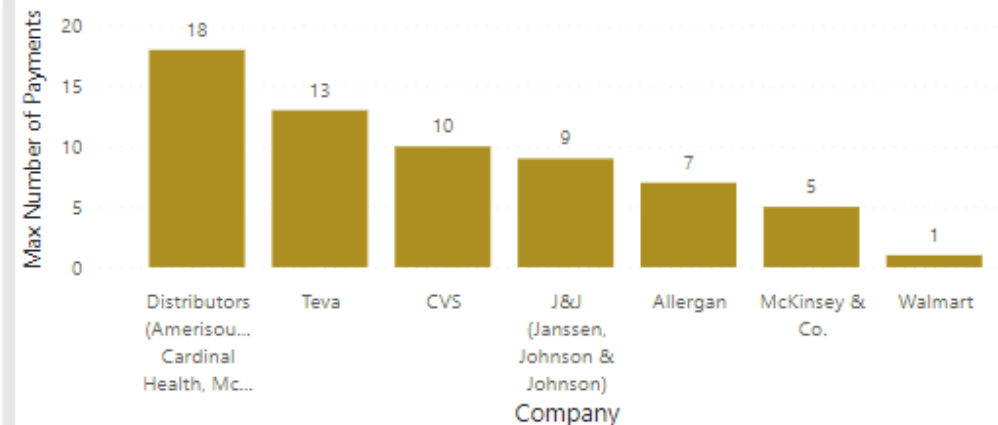
Company	Estimated Amount
Walmart	\$63,653.5
Teva	\$84,977.45
J&J & Distributors	\$523,236
CVS	\$112,405.51
Allergan	\$50,625.52
Total	\$834,897.98

Michigan Opioid Settlements Overview (hover over bars for more information)

● State Share ● Subdivision Share



Maximum Number of Payments by Company (payment amounts will differ and may not be received annually)



Templates for Local Government Use

- Spending Plan Template [\(PDF\)](#) [\(Excel\)](#)
- PowerPoint Presentation Template (March 2023) [\(PDF\)](#) [\(PowerPoint\)](#)
- PowerPoint Presentation Template (July 2023) [\(PDF\)](#) [\(PowerPoint\)](#)
- Annual Report Template [\(PDF\)](#) [\(Word\)](#)
- Request for Proposals and Associated Budget Template [\(PDF\)](#) [\(Word\)](#) [\(Excel\)](#)
- Request for Proposals Scoring Template [\(PDF\)](#) [\(Excel\)](#)
- Vendor/Contractor Agreement [\(PDF\)](#) [\(Word\)](#)
- Pass-through Entity Agreement [\(PDF\)](#) [\(Word\)](#)
- Public-facing Planning Process Document [\(PDF\)](#) [\(Word\)](#)
- Overdose Awareness Day and Recovery Month Proclamation (August 31 and September) [\(PDF\)](#) [\(Word\)](#)

Opioid Settlement Resource Library

Evidence-based and Promising Practices

Resource	Resource Type	Link
• Rand – Strategies	Report	https://www.rand.org/health-care/centers/optic/tools/fund-allocation.html
• Evidence Based Strategies for the Abatement of Harms	Report	TheOpioidEbatement-v3.pdf (Iac.org)
• Johns Hopkins – Preparing to Spend	Report	https://americanhealth.jhu.edu/news/preparing-states-and-local-governments-opioid-settlement-money
• Milbank – Pack – Optimizing Funds	Report	https://www.milbank.org/quarterly/articles/maximizing-public-benefit-from-opioid-settlement-resources/
• O'Neill Institute – Maximizing Impact	Report	https://oneill.law.georgetown.edu/projects/maximizing-the-impact-of-opioid-litigation-settlements/
• Evidence-based Strategies – CDC	Report	https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf
• Evidence-based Strategy Research	Journal Article	https://www.ncbi.nlm.nih.gov/books/NBK458653/
• AMA – Toolkit for Patient Care	Toolkit	https://www.manatt.com/Manatt/media/Documents/Articles/AMA-Toolkit-Resources-January-2022_f_FOR-WEB.pdf
• UMich – Strategies & TA	Toolkit	https://www.mha.org/Issues-Advocacy/Opioid-Epidemic/#Keystone
• MSU – Resource Center	Toolkit	https://mcrh.msu.edu/resources/opioid-resources
• LAPP – Performance Measures for MAT in Correctional Settings	Toolkit	https://legislativeanalysis.org/performance-measures-for-medication-assisted-treatment-in-correctional-settings-performance-measures-for-medication-assisted-treatment-in-correctional-settings-a-framework-for-implementation/
• LAPP – Peer Support Services in Justice and Public Safety Settings	Toolkit	https://legislativeanalysis.org/peer-support-services-in-justice-and-public-safety-settings-a-planning-and-implementation-toolkit/

- Explores principles and tracking, evidence-based and promising practices, local government tools, legal resources, equity resources, other toolkits and reports and additional opportunities for funding.

Michigan Opioid Settlement Fund Toolkit: A Guide for Local Spending

Michigan Opioid Settlement Funds Toolkit

A Guide for Local Spending

— January 2023

The Michigan Opioid Settlement Funds Toolkit: A Guide for Local Spending is a roadmap for local governments to assist with planning for, and utilization of, opioid settlement funds.

The toolkit is intended to provide direction on process and linkage to existing resources provided by local and national entities and to assist with creation of targeted efforts from any starting place.

https://micounties.org/wp-content/uploads/Michigan-Opioid-Settlement-Funds-Toolkit_Executive-Summary.pdf

Michigan Opioid Settlement Fund Toolkit: A Guide for Local Spending

- **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.

Michigan Opioid Settlement Fund Toolkit: A Guide for Local Spending

- **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.

Recommended Steps: 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, 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

Recommended Steps: 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 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

County-level Data

- [Michigan Overdose Data to Action Dashboard including Substance Use Vulnerability Index](#)
 - Data on overdose deaths, emergency department visits, emergency medical services (EMS) calls, access to resources such as syringe service programs and treatment
- [Michigan Department of Health and Human Services Opioids Webpage - EMS Responses](#)
 - “Public Use Dataset EMS Responses to Probable Opioid Overdose”, found under “Overdose Reports”
- [Michigan Substance Use Disorder Data Repository \(SUDDR\)](#) and [Data Visualizations](#)
 - Suspected fatal overdoses and emergency medical services naloxone administration data
- [University of Michigan Injury Prevention Center System for Opioid Overdose Surveillance \(SOS\)](#)
 - County-level data on overdose deaths, emergency department visits and emergency medical services (EMS) calls
- [Overdose Detection Mapping Application Program \(ODMAP\)](#)
 - Near real-time tracking of fatal and non-fatal overdoses and naloxone administration by public health and public safety
- [Wayne State University’s School of Social Work Center for Behavioral Health and Justice Dashboard](#)

Recommended Steps: 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
- Choose strategies that are allowable and align with the needs of your community and take into account sustainability due to polysubstance use and the changing overdose environment
- Ensure equity and lived experience are at the core of
- planning and design

Recommended Steps: Reporting & Evaluation

- There are no comprehensive reporting requirements for the Distributors and J&J settlements. While additional reporting is not 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.
- Evaluation of the outcomes and effectiveness of funding and programming should also be considered

Opioid Advisory Commission and Michigan Opioids Task Force

Opioid Advisory Commission (Legislative)

- Created by Public 84 of 2022 (MCL 4.1851) and charged with establishing priorities to address substance use disorders and co-occurring mental health conditions, for the purpose of **recommending funding initiatives to the legislature.**
- **Reports to legislative leadership**
- Tasked with conducting **statewide needs assessment**; developing **goals and recommendations to reduce disparities in access** to behavioral health services; **assessing use of opioid settlement funds and impact** on abating the opioid epidemic in Michigan
- **Consists of 12 voting members** with experience in prevention, health care, mental health, law enforcement, local government, first responder work, or similar fields. The Director of MDHHS and the Legislative Council Administrator serve as ex-officio members.
- **Required to submit annual report to legislative leadership, chairs of House and Senate Appropriations Committees, the Governor, and the Attorney General**

Michigan Opioids Task Force (Executive)

- Created by Executive Order 2019-18 and charged with identifying root causes of the opioid epidemic and implementing response actions
- Expanded by Executive Order 2022-12 to include regional and community representation
- **Reports to MDHHS**
- **Current membership appointed in June 2023**, with membership consisting of reps from State Departments, reps from local governments, and a rep from the Michigan Supreme Court; CME to serve as Chair
- Will be required to **report to Governor regularly** and expected to **issue an annual report**

Opioid Advisory Commission



2023 ANNUAL REPORT
A PLANNING GUIDE FOR STATE POLICY MAKERS

MICHIGAN LEGISLATIVE COUNCIL

- Open virtual monthly meetings – information at <http://council.legislature.mi.gov/Council/OAC>
- Inaugural report covers:
 - Overview of Michigan’s opioid epidemic and national opioid settlements
 - Opioid Advisory Commission: role and activities
 - Promoting better practices with national guidance
 - Recommendations for FY 2023-2024
- Quarterly reports and annual recommendations are expected to follow

OAC Community Impact Survey & Community Voices Listening Sessions

- [Community Impact Survey](#)
- [Community Voices Listening Sessions](#)



Michigan Opioids Task Force

- Next meeting November 1, 2023 in Lansing
 - Meeting information found under “Events” at <https://www.michigan.gov/opioids/nel>
- Will make recommendations on where state funds (settlement or otherwise) are directed and state opioid strategy
- Will make recommendations specific to use of “regional funds” associated with Mallinckrodt settlement and potentially future settlements

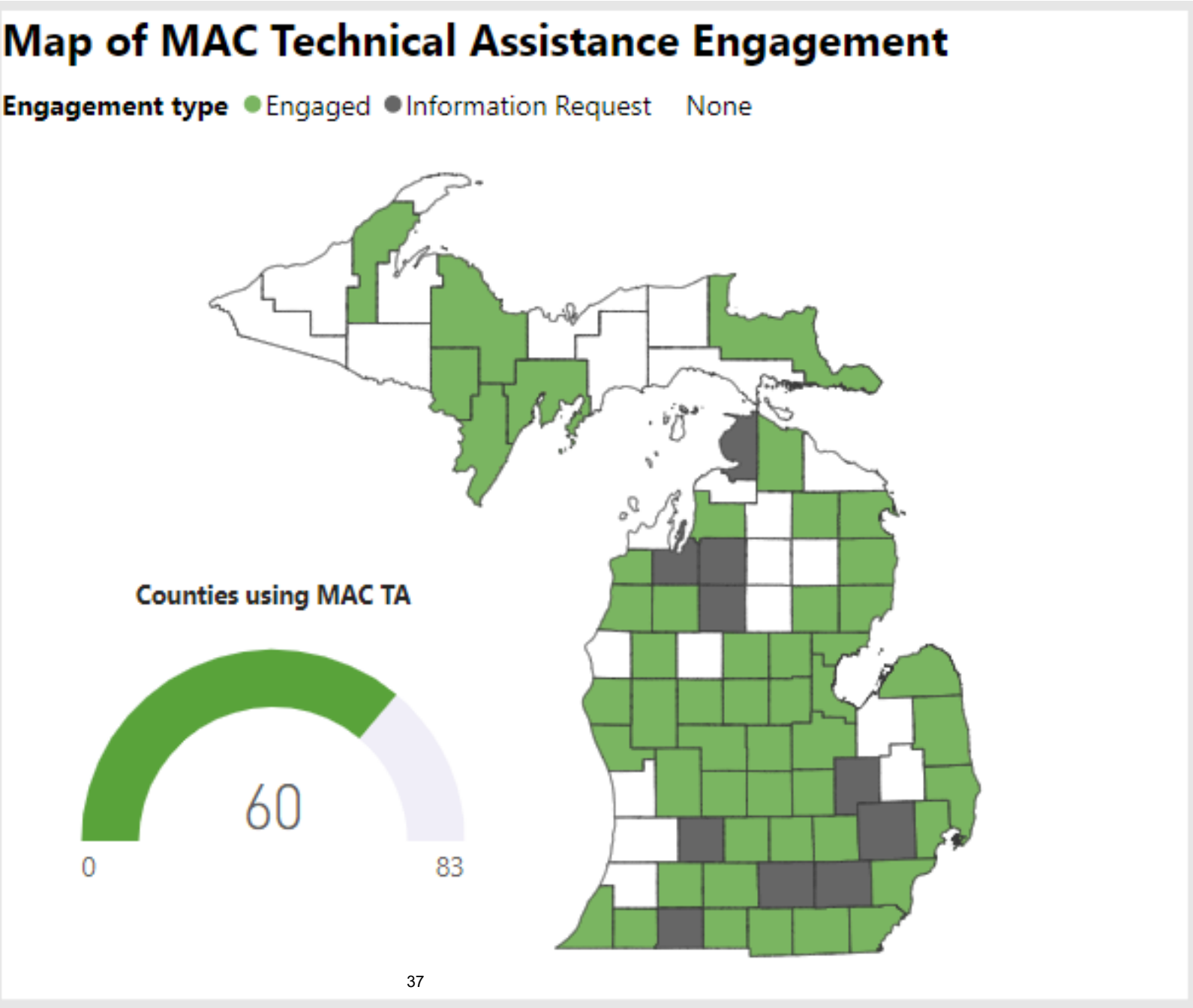
Principles for Use of Funds From the Opioid Litigation

- Nationally recognized guidance for all governments
- Coordinated by Johns Hopkins with input from national experts
- Intended to help governments effectively invest opioid settlement funds to save lives
- [Principles for the Use of Funds From the Opioid Litigation](#)
 - Spend the money to save lives
 - Use evidence to guide spending
 - Invest in youth prevention
 - Focus on racial equity
 - Develop a fair and transparent process for determining where to spend the money

Supports through MAC

- General Settlement Questions and Settlement Landscape Assistance
- Strategic Planning
- Advising on Allowable Uses
- Spending Plan Development and Review
- Request for Proposals Development and Scoring
- Policy Analysis
- Resource Linkage
- Resource Library
- Reporting and Evaluation
- Story Sharing, Peer to Peer Learning
- Local Government Learning Community

MAC Engagement



Contact

Amy Dolinky, MPPA

Technical Advisor, Opioid Settlement Funds
Planning & Capacity Building

Michigan Association of Counties

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847.309.4340

Michigan Association of Counties Opioid
Settlement Resource Center

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



	A	D	E	F	G	H	I	J	K
1	Substance Use Disorders Revenue & Expense Analysis Fiscal Year 2023								
2	For the Fiscal YTD Period Ended 9/30/2023								
4		MEDICAID				Healthy MI			
5		Budgeted	Actual	YTD	Fav	Budgeted	Actual	YTD	Fav
6		YTD Revenue	YTD Revenue	Expense	(Unfav)	YTD Revenue	YTD Revenue	Expense	(Unfav)
7	Barry	202,722	242,998	60,669	182,328	504,342	550,343	121,798	428,545
8	Berrien	772,903	907,566	763,811	143,756	1,994,998	2,180,596	1,677,786	502,811
9	Branch	215,474	254,686	105,855	148,831	470,739	510,904	254,010	256,893
10	Calhoun	840,014	1,007,993	996,424	11,569	1,898,468	2,046,401	1,318,024	728,378
11	Cass	238,080	280,055	208,931	71,125	592,981	668,493	492,203	176,290
12	Kazoo	1,076,847	1,284,702	155,455	1,129,248	2,981,357	3,228,521	408,757	2,819,765
13	St. Joe	303,730	362,907	12,717	350,190	790,553	847,660	51,747	795,913
14	Van Buren	399,637	466,709	82,947	383,762	955,029	1,036,566	182,435	854,131
15	DRM	3,132,792	3,719,375	4,505,406	(786,031)	7,214,697	7,838,568	8,242,267	(403,699)
17	Grand Total	7,182,199	8,526,992	6,892,213	1,634,778	17,403,164	18,908,053	12,749,027	6,159,026
19		BLOCK GRANT				BLOCK GRANT BY COUNTY			
20	EGRAMS	Budgeted	Actual	YTD	Fav	Budgeted	Actual	YTD	Fav
21	SUD Block Grant	YTD Revenue	YTD Revenue	Expense	(Unfav)	YTD Revenue	YTD Revenue	Expense	(Unfav)
22	Community Grant	3,508,604	2,620,465	2,620,465	0	Barry	209,309	209,309	0
23	WSS	250,000	136,750	136,750	0	Berrien	238,331	238,331	0
24	Prevention	1,204,535	1,122,461	1,122,461	0	Branch	97,952	97,952	0
25	Admin/Access	80,000	80,000	80,000	0	Calhoun	319,803	319,803	0
26	State Disability Assistance	128,219	128,219	128,219	0	Cass	296,761	296,761	0
27	Gambling Prevention*	188,684	606	606	0	Kazoo	500,189	500,189	0
28	State's Opioid Response 3	3,260,000	1,305,806	1,305,806	0	St. Joe	113,305	113,305	0
29	Partnership for Advancing Coalition	95,000	95,000	95,000	0	Van Buren	223,110	223,110	0
30	Substance Use Disorder - Tobacco 2	4,000	3,998	3,998	0	DRM	1,792,707	1,792,707	0
31	COVID Community Grant Treatment	1,659,775	907,123	907,123	0	Admin/Access	377,602	377,602	0
32	COVID Prevention	1,227,967	1,127,898	1,127,898	0				
33	COVID SUD Admin	210,000	210,000	210,000	0				
34	ARPA Treatment	360,000	186,480	186,480	0				
35	ARPA Prevention	169,060	129,441	129,441	0				
36	Mental Health Block Grant								
37	Transitional Navigators	200,000	172,319	172,319	0				
38	Clubhouse Engagement	25,000	13,463	13,463	0				
39	Veterans Navigator	110,000	108,033	108,033	0				
40	Behavioral Health Disparities	250,000	123,319	123,319	0				
41	MHBG Childrens Covid-19	450,000	210,074	210,074	0				
42	SMI Adult Covid-19	425,000	184,323	184,323	0				
43	CCBHC Non-Medicaid Operations	188,469	187,871	187,871	0				
44	Admin/Access	0	0	29,590	(29,590)				
50	Grand Total	13,994,313	9,053,647	9,083,237	(29,590)		4,169,069	4,169,069	0
52		PA2				PA2 Carryforward			
53		Budgeted	Actual	YTD	Fav		Prior Year	Current	Projected
54		YTD Revenue	YTD Revenue	Expense	(Unfav)		Balance	Utilization	Year End Balance
55	Barry	75,467	79,679	0	79,679	Barry	631,178	79,679	710,857
56	Berrien	368,091	353,099	330,446	22,653	Berrien	617,996	22,653	640,649
57	Branch	64,983	63,293	16,122	47,171	Branch	471,324	47,171	518,495
58	Calhoun	336,071	325,712	558,477	(232,765)	Calhoun	430,067	(232,765)	197,302
59	Cass	75,305	67,804	20,981	46,824	Cass	490,131	46,824	536,954
60	Kazoo	665,057	656,610	570,049	86,561	Kazoo	1,911,350	86,561	1,997,910
61	St. Joe	106,590	90,029	87,524	2,505	St. Joe	328,667	2,505	331,172
62	Van Buren	153,165	145,906	89,359	56,547	Van Buren	379,308	56,547	435,855
63	Grand Total	1,844,728	1,782,132	1,672,958	109,175		5,260,019	109,175	5,369,194



Public Act 2 (PA2) Utilization Report Fiscal Year 2023

Program	FY23 Approved Budget	Utilization FY 23 Oct-July	PA2 Remaining	YTD Utilization
Barry	61,260	-	61,260	0%
BCCMHA - Outpatient Services	61,260	-	61,260	0%
Berrien	423,420	338,294	85,125	80%
Abundant Life - Healthy Start	73,450	73,450	-	100%
Berrien County - Drug Treatment Court	15,000	-	15,000	0%
Berrien County - Trial courts	52,757	48,746	4,011	92%
Berrien MHA - Riverwood Jail Based Assessment	18,058	954	17,103	5%
CHC - Jail Group	36,421	13,884	22,537	38%
CHC - Niles Family & Friends	6,545	-	6,545	0%
CHC - Wellness Grp	11,220	6,313	4,907	56%
CHC - Women's Recovery House	30,000	30,000	-	100%
Sacred Heart - Juvenile and Detention Ctr	79,969	64,948	15,022	81%
Berrien County Health Department - Prevention Services	100,000	100,000	-	100%
Branch	18,000	16,122	1,878	90%
Pines BHS - Outpatient Treatment	18,000	16,122	1,878	90%
Calhoun	663,702	545,762	117,940	82%
Calhoun County 10th Dist Drug Sobriety Court	182,016	157,041	24,975	86%
Calhoun County 10th Dist Veteran's Court	6,975	6,921	54	99%
Calhoun County 37th Circuit Drug Treatment Court	327,519	259,916	67,603	79%
Haven of Rest	37,095	37,095	-	100%
Michigan Rehabilitation Services - Calhoun	25,000	25,000	-	100%
Substance Abuse Council	29,310	29,232	78	100%
Substance Abuse Prevention Services	10,788	10,788	-	100%
Summit Pointe - SMART Recovery - Jail	20,000	-	20,000	0%
Calhoun County Youth Center	25,000	19,769	5,231	79%
Cass	93,940	20,981	72,959	22%
Woodlands - Meth Treatment and Drug Court Outpatient S	82,500	15,941	66,559	19%
Family Education Group	11,440	5,040	6,400	44%
Kalamazoo	707,134	593,948	113,186	84%
8th District Probation Court	10,890	12,846	(1,956)	118%
8th District Sobriety Court	29,590	24,381	5,209	82%
8th District Mental Health Recovery Court	7,700	3,757	3,943	49%
9th Circuit Drug Court	60,000	60,000	-	100%
CHC - Adolescent Services	21,876	21,170	706	97%
CHC - Bethany House	26,154	26,154	-	100%
CHC - New Beginnings	47,627	47,627	-	100%
Gryphon Gatekeeper - Suicide Prevention	20,000	20,000	-	100%
Gryphon Helpline/Crisis Response	36,000	36,000	-	100%
KCHCS Healthy Babies	87,000	83,343	3,657	96%
ISK - EMH	56,400	56,400	-	100%
ISK - FUSE	25,000	25,000	-	100%
ISK - IDDT Transportation	13,750	1,575	12,175	11%

ISK - Mental Health Court	65,000	65,000	-	100%
ISK - Oakland Drive Shelter	34,000	34,000	-	100%
Michigan Rehabilitation Services - Kalamazoo	17,250	17,250	-	100%
Recovery Institute - Recovery Coach	60,623	52,124	8,500	86%
WMU - BHS Text Messaging	7,623	7,323	300	96%
WMU - Jail Groups	80,651	-	80,651	0%
St. Joseph	100,265	87,524	12,741	87%
3B District - Sobriety Courts	3,200	2,200	1,000	69%
3B District - Drug/Alcohol Testing	26,540	24,966	1,574	94%
CHC - Hope House	27,325	27,325	-	100%
CMH - Court Ordered Drug Testing	43,200	33,033	10,167	76%
Van Buren	151,746	91,443	60,303	60%
Van Buren CMHA	106,746	49,662	57,084	47%
Van Buren County Drug Treatment Court	45,000	41,780	3,220	93%
Totals	2,219,467	1,694,074	525,394	76%

FY23 YEAR END PA2 FUNDED OUTCOMES REPORT

Reporting Period 10/1/22-9/30/23



BRIEF HISTORY

- ▶ Each County determines use of local PA2 SUD dollars.
- ▶ Each provider must submit their own outcome measures.
- ▶ SWMBH works with providers to make measures specific, measurable, attainable, and time limited.
- ▶ SWMBH works with providers to help determine the effectiveness of their programs



OVERVIEW OF PA2 FUNDED PROGRAMS: END YEAR FY23

26
Providers

47
Programs

164
Outcome
Measures

END YEAR MEASUREMENT DEFINITIONS

Met: Clearly meets or exceeds outcome.

Not Met: Not meeting outcome.

Information Not Applicable : No data due to no consumers fitting measurement requirements.

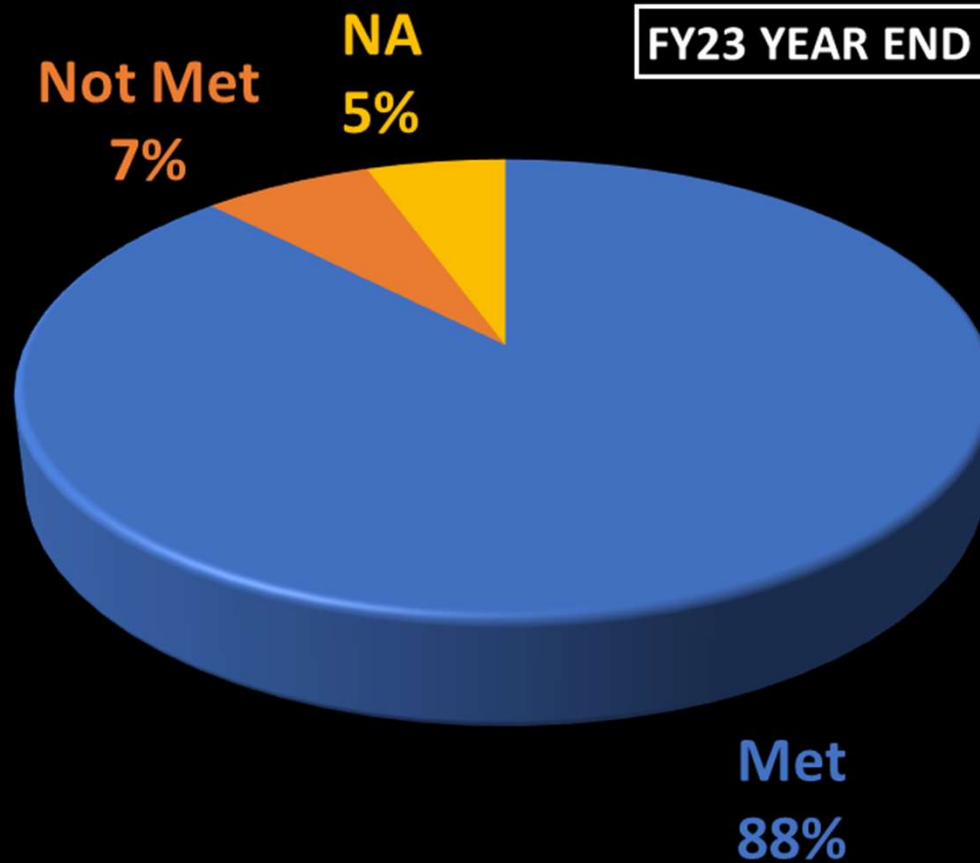
Not received: Provider did not submit their data.

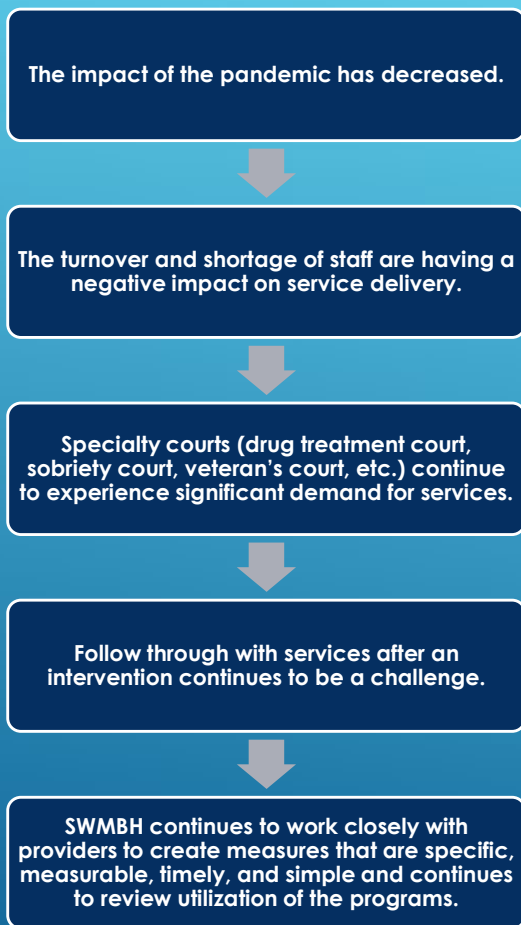


Outcomes by County

County	Total measures	Met	Not Met	NA	Information Not Received
Barry	5	4	0	1	0
Berrien	25	21	2	2	0
Branch	4	3	0	1	0
Calhoun	36	35	1	0	0
Cass	4	3	0	1	0
Kalamazoo	72	62	6	3	0
Saint Joe	8	7	1	0	0
Van Buren	10	8	1	1	0
	164	143	11	9	0

FY23 YEAR END REPORT





**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET SUMMARY**

POPULATION(S): ☐ MIA ☐ SED ☐ DDA ☐ DDC ☒ SA

PROGRAM:		PROGRAM	CFDA	DATE PREPARED:
Barry County Adult Specialty Courts		PUBLIC ACT 2 - PA2	N/A	10/15/2023
		- Please Select -	#N/A	BUDGET PERIOD:
		- Please Select -	#N/A	From: 10/1/2023
CONTRACTOR NAME:		- Please Select -	#N/A	To: 9/30/2024
Barry County				
MAILING ADDRESS (Number and Street):		BUDGET AGREEMENT:		
206 West Court Street, Ste. 104		<input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		
CITY:	STATE:	ZIP CODE:	AMENDMENT NO:	FEDERAL TAX ID:
Hastings	MI	49058		38-6004836

EXPENDITURE CATEGORY	Treatment (RPG, SS, and MRT)			TOTAL BUDGET
1. SALARIES AND WAGES	-			-
2. FRINGE BENEFITS	-			-
3. TRAVEL	-			-
4. SUPPLIES AND MATERIALS	1,500.00			1,500.00
5. CONTRACTUAL	318,600.00			318,600.00
6. EQUIPMENT	-			-
7. UTILITIES	-			-
8. INSURANCE	-			-
9. REPAIRS AND MAINTENANCE	-			-
10. RENTAL/ LEASE	-			-
11. OTHER EXPENSES	-	-	-	-
12. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-11)	\$ 320,100.00	\$ -	\$ -	\$ 320,100.00
13. INDIRECT COSTS Rate %	-	-	-	-
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13)	\$ 320,100.00	\$ -	\$ -	\$ 320,100.00
SOURCE OF FUNDS				
15. FEES AND COLLECTIONS	-	-	-	-
16. SWMBH	-	-	-	-
17. LOCAL/MATCH	-	-	-	-
18.- 21. SWMBH FUNDING SOURCE	-	-	-	-
PUBLIC ACT 2 - PA2	320,100.00	-	-	320,100.00
- Please Select -	-	-	-	-
- Please Select -	-	-	-	-
- Please Select -	-	-	-	-
22. OTHERS	-	-	-	-
23. TOTAL FUNDING	\$ 320,100.00	\$ -	\$ -	\$ 320,100.00

Original Approved Amount:

\$424,736.00

Revised Amount:

\$320,100.00

Difference:

(\$104,636.00)

SECTION 2.3.: ABILITY TO PAY DETERMINATION

☐ YES

☐ NO

SECTION 2.4: COORDINATION OF BENEFITS

☐ YES

☐ NO

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL**

PROGRAM: Treatment (RPG, SS, and MRT)	BUDGET PERIOD: From: 10/01/23 To: 09/30/24	DATE PREPARED: 10/15/23
CONTRACTOR NAME: Barry County	BUDGET AGREEMENT: <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT	AMENDMENT NO: 0

1. SALARIES AND WAGES POSITION DESCRIPTION	COMMENTS	FTE REQUIRED	TOTAL SALARY
			-
1. TOTAL SALARIES AND WAGES		0.000	\$ -

2. FRINGE BENEFITS (SPECIFY)	COMPOSITE RATE %	
<input checked="" type="checkbox"/> FICA <input checked="" type="checkbox"/> HEALTH INS <input type="checkbox"/> HEARING INS <input checked="" type="checkbox"/> SHORT TERM DISB		-
<input checked="" type="checkbox"/> UNEMPLOY INS <input checked="" type="checkbox"/> LIFE INS <input checked="" type="checkbox"/> DENTAL INS <input checked="" type="checkbox"/> LONG TERM DISB		
<input checked="" type="checkbox"/> RETIREMENT <input checked="" type="checkbox"/> VISION INS <input checked="" type="checkbox"/> WORK COMP <input checked="" type="checkbox"/> OTHER: specify		
2. TOTAL FRINGE BENEFITS		\$ -

3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)	-
3. TOTAL TRAVEL	\$ -

4. SUPPLIES AND MATERIALS (Specify if category exceeds 10% of Total Expenditures)	1,500.00
Supplies for groups including facilitator guides and participant workbooks, folders, journals, notebooks, paper, dry-erase supplies, pens, pencils, highlighters and general supplies needed for group; this will also include incentives for milestone achievements in groups -- including graduation Incentives not to exceed \$25/incentive.	
4. TOTAL SUPPLIES AND MATERIALS	\$ 1,500.00

5. CONTRACTUAL (Subcontracts)		Amount
Name	Address	
Mindset 2.0 PLLC	1778 S. M-37 Hwy; Hastings, MI 49058	18,720.00
	52 Relapse Prevention Groups; 52 Seeking Safety groups	
Pine Rest Christian Mental Health Services	300 68th St. SE; Grand Rapids, MI 49548	15,470.00
	52 male MRT groups; 52 female MRT groups	
First Step Testing Services, LLC (Sob Ct)	215 W. Main St; Ionia, MI 48846-1638 (Sobriety Ct)	67,000.00
First Step Testing Services, LLC (Drug Ct)	215 W. Main St; Ionia, MI 48846-1638 (Drug Ct)	140,300.00
First Step Testing Services, LLC (SSSPP)	215 W. Main St; Ionia, MI 48846-1638 (SSSPP)	61,510.00
Pine Rest Christian Mental Health Services	300 68th St. SE; Grand Rapids, MI 49548 (Rec Coach)	15,600.00
5. TOTAL CONTRACTUAL	50	\$ 318,600.00

**SOUTHWEST MICHIGAN BEHAVIORAL HEALTH
PROGRAM BUDGET - COST DETAIL**

6. EQUIPMENT (Specify)		<u>Amount</u>
6. TOTAL EQUIPMENT		\$ -
7. UTILITIES (Specify)		-
7. TOTAL UTILITIES		\$ -
8. INSURANCE (Specify)		-
8. TOTAL INSURANCE		\$ -
9. REPAIRS AND MAINTENANCE (Specify)		-
9. TOTAL REPAIRS AND MAINTENANCE		\$ -
10. RENTAL/LEASE (Specify)		-
10. TOTAL RENTAL/LEASE		\$ -
11. OTHER EXPENSES (Specify)		<u>Amount</u>
11. TOTAL OTHER EXPENSES		\$ -
12. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-11)		\$ 320,100.00
13. INDIRECT COSTS		
INDIRECT RATE 0.00%		-
13. TOTAL INDIRECT COSTS		\$ -
14. TOTAL EXPENDITURES FUNDED (Sum of Lines 12-13) ⁵¹		\$ 320,100.00

What is the Opioid Advisory Commission?

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

The OAC was established per Public Act 84 of 2022 (MCL 4.1851) and is a state-designated entity to advise Michigan's legislature on funding and policy related to services and supports for substance use disorders (SUD) and co-occurring mental health conditions—this includes **making recommendations for the use and management of state opioid settlement funds**.

The Opioid Advisory Commission is also charged with...

- Conducting a statewide evidence-based needs assessment.
- Examining strategies to reduce disparities in access to prevention, treatment, recovery, and harm reduction services.
- Establishing priorities to address substance use disorders and co-occurring mental health conditions, for the purpose of recommending funding.
- Reviewing local, state, and federal initiatives and activities related to education, prevention, treatment, and services for individuals and families affected by substance use disorders and co-occurring mental health conditions.
- Performing an evidence-based assessment on the use of state opioid settlement funds, including the extent to which such expenditures abated Michigan's opioid crisis.

Current Members

Cara Anne Poland, M.D., M.Ed. (Chair)
Patrick Patterson (Vice Chair)
Sheriff Daniel Abbott
Bradley Casemore, MHSA, LMSW, FACHE
Hon. Linda Davis (Ret.)
Katharine Hude, Esq.

Mona Makki
Scott Masi
Mario Nanos
Kyle Rambo, MPA
Sarah A. Stoddard, PhD, RN, CNP,
FSAHM, FAAN

Resources for understanding...



The Opioid Advisory Commission (OAC)

- [October 2023—Quarterly Bulletin](#)
- [OAC 2023 Annual Report: A Planning Guide for Policy Makers](#)
- [OAC 2023 Annual Report: Key Takeaways of 2023 Annual Report](#)
- [Public Act 83 of 2022 \(MCL 12.253\)](#)
- [Public Act 84 of 2022 \(MCL 4.1851\)](#)— legislation establishing the OAC
- [Public Act 85 of 2022 \(MCL 691.1673\)](#)
- [OAC Website: council.legislature.mi.gov/Council/OAC](#)

Michigan's opioid settlement spaces

- [Michigan Opioid Settlement Funds Part I: Key Agencies and Settlements](#)
- [Michigan Opioid Settlement Funds Part II: Frequently Asked Questions](#)
- [Michigan State-Level Guide for Community Advocates on the Opioid Settlement \(Vital Strategies and Opioid Settlement Tracker\)](#)
- Michigan Association of Counties: [Opioid Resource Center](#) and [Opioid Settlement Resource Library](#)
- Michigan Department of Attorney General: [Opioids Website](#)
- Michigan Department of Health and Human Services: [Opioids Website](#)
- Michigan Opioid Advisory Commission (OAC) [Website](#)

National guidance, best practices, and state trends

- Johns Hopkins Bloomberg School of Public Health—["Principles" Website](#)
 - [Principles for the Use of Funds from Opioid Litigation](#)
 - [Center for Indigenous Health: Tribal Principles](#)
- [National Academy for State Health Policy \(NASHP\)](#)
- [National Association of Counties \(NACo.\) Opioid Resource Center](#)
- National Governors' Association Center for Best-Practices (NGA Center) [Opioid Litigation Settlement Funds Summit: Issue Brief](#) (October 2023)
- [Opioid Settlement Tracker Website](#)
- [Vocal NY: A Roadmap for Opioid Settlement Funds: Supporting Communities and Ending the Opioid Crisis](#) (August 2023)

[National Opioid Settlements Website](#)



OPIOID ADVISORY COMMISSION

QUARTERLY BULLETIN

OCTOBER 2023

INTENT VS. IMPACT

Why a quarterly bulletin?

In Michigan, easily accessible information on the use of state opioid settlement funds, is limited.

In its second year, the Opioid Advisory Commission (OAC) will continue to support efforts for public transparency and access to actionable information.

The importance of transparency and accessibility cannot be overstated—it is essential to supporting meaningful community involvement, and facilitating innovative work to mitigate the opioid epidemic and broader addiction and mental health crisis.

To address the need for more information, the OAC will offer quarterly bulletins with content that is both **advisory to the legislature and informative to the public.**

These bulletins are intended to enhance an understanding of key topics, promising practices, and areas for improvement.

Every effort should be taken to provide information that is both timely and easily accessible to the public—**this is a minimum standard for information equity.** Transparency and access to information increases the ability for communities to be involved. This is especially important because those most affected by the opioid crisis have often and historically, been left out of important discussions—significantly limiting opportunities to advocate for life-saving resources and inform decision-makers about how to best use money to address unique community needs.

Publicly available information about state opioid settlement dollars and practices, is not a luxury and should not be viewed as a burden. **It is essential**—and only with this information can we have intentional conversations that lead to impactful strategies and collaborative solutions.

A space in flux.

The state opioid settlement space is one in transition. While Michigan is currently receiving payments from four (4) national settlements, it is also awaiting finalization and initial payments from five (5) national settlements (CVS, Teva, Allergan, Walmart, Walgreens), with two (2) settlements at various stages of bankruptcy (Endo) and federal review (Purdue Pharma). There is also the potential for one (1) new settlement ([Kroger](#)), as well as the possibility that additional national settlements may arise in the future.

The OAC is uniquely positioned to report on these issues. To do so most effectively, the OAC is increasing its reporting frequency to the legislature, so that decision-making for appropriation of funds can be informed and intentional. State opioid settlement funds should be directed toward data-driven, sustainable, and high-impact public health and behavioral health initiatives, to support the OAC's health impact framework. **An understanding of where dollars have been used, is essential to this process.**

Collaboration is key.

The OAC recognizes the necessity of collaboration and thanks all contributing partners of the State-Local Opioid Settlement Workgroup, for their continued and shared commitment to helping support public access to information.

The OAC encourages all individuals interested in learning more about Michigan's opioid settlements to explore the following documents and websites, or contact oad@legislature.mi.gov with questions, suggestions, or general comments.

- [Michigan Opioid Settlement Funds Part I: Key Agencies and Settlements](#)
- [Michigan Opioid Settlement Funds Part II: Frequently Asked Questions](#)
- Michigan Association of Counties (MAC): [Opioid Resource Center](#) and [Opioid Resource Library](#)
- Michigan Department of Attorney General (AG) [Opioids Website](#)
- Michigan Department of Health and Human Services (MDHHS) [Opioids Website](#)
- Michigan Opioid Advisory Commission (OAC) [Website](#)

MICHIGAN'S OPIOID SETTLEMENTS

State Share and Non-Regional Funds Received/Anticipated

Distributors \$631 million over 18 years

AmerisourceBergen, Cardinal Health, McKesson

Structure: 50/50 State-Local Split

State Share Total: \$315.6 million | Local Share Total: \$315.6 million

Funds Received
\$41.80 million
13% of state share

Anticipated Future Funds
\$273.80 million
87% of state share

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

Structure: 50/50 State-Local Split

State Share Total: \$75.4 million | Local Share Total: \$72.5 million

Funds Received
\$55.79 million
74% of state share

Anticipated Future Funds
\$19.60 million
26% of state share

McKinsey & Co. \$19.56 million over 5 years

Structure: 100% State Share Funds

State Share: \$19.56 million

Funds Received
\$17.88 million
91% of state share

Anticipated Future Funds
\$1.67 million
9% of state share

Mallinckrodt Total unknown, due to second bankruptcy

Structure: 70/30 Regional-Non-Regional Split

Non-Regional Funds Received: \$1.56 million

Regional Funds Received: \$3.64 million

CVS \$161 million over 10 years

Structure: 50/50 State-Local Split

State Share Total: \$80.5 million | First Estimated Payment: \$5.8 million

Walmart \$91 million over 1-6 years

Structure: 50/50 State-Local Split

State Share Total: \$45.6 million | First Estimated Payment: \$45.6 million

Walgreens \$313 million over 18 years

Structure: 50/50 State-Local Split + Additional State-Only Settlement

State Share Total: \$225.6 million | First Estimated Payment: \$6.8 million

Teva \$122 million over 13 years

Structure: 50/50 State-Local Split

State Share Total: \$61 million | First Estimated Payment: \$4.7 million

Allergan \$73 million over 7 years

Structure: 50/50 State-Local Split

State Share Total: \$36.6 million | First Estimated Payment: \$5.2 million

Endo status pending due to bankruptcy

Purdue status pending—U.S. Supreme Court review

SETTLEMENT RESOURCES

Learn more about **national opioid litigation** and the state opioid settlement space.

MICHIGAN OPIOID HEALING AND RECOVERY FUND

Public Act 83 of 2022 (MCL 12.253)

Understanding the 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 ([SFA analysis](#)).

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).

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

FUNDING OPPORTUNITIES

Learn more about state funding opportunities offered by the Michigan Department of Health and Human Services.

\$120.6 million

Estimated State Share, Non-Regional, and Regional Opioid Settlement Funds, Received

\$97 million

Estimated Balance of the Michigan Opioid Healing and Recovery Fund, as of October 2023

Total Appropriations from the Fund

MDHHS: \$62.4 million (FYs 22-24)

AG: \$11.285 million (FY 22-23)

Total MDHHS Work Projects

\$15.98 million

“Opioid Settlement Funds”

[FY 21-22 Work Project/Carryforward](#)

\$10 million

“Opioid Response Activities”

[FY 22-23 New Work Project](#)

\$26 million (66%) of FY 21-23 DHHS appropriations (\$39.2 million) estimated in work projects

\$12 million (31%) of FY 21-23 DHHS appropriations (\$39.2 million) estimated in spending

Estimates only. Please contact [MDHHS](#) for further information.

KEY TAKEAWAYS AND ACTION STEPS



Increase public transparency around planning, use, and management of “State Share” opioid settlement funds.

Assessment The Michigan Department of Health and Human Services (MDHHS) is developing a website, specific to the opioid settlements—this may be a valuable resource and a step toward improving access to information. **The website is anticipated to be publicly available by end of October 2023.**

OAC Actions

- **Recommendations to the state legislature**, for public reporting on how appropriated settlement funds are being planned for and used.
- **Implementation of quarterly, public-facing bulletins**, that provide additional information on matters related to the state opioid settlement space, including updates on activities of the OAC.



Expand community engagement and inclusion in all planning and implementation efforts for opioid settlement funds.

Assessment It is not clear that community engagement has been core to the planning, use, or management of state opioid settlement funds. The settlements are intended to mitigate the negative effects of the addiction and mental health crisis on our citizens. **There is a responsibility to include the voices of those harmed, in planning for how to spend the money.**

OAC Actions

- **Establishment of the Community Engagement and Planning Collaborative (CEPC)**, an 18-member advisory workgroup to the OAC; focus areas around community engagement and health equity.
- **Development of community listening sessions**, to be offered in each geographic region of the prepaid inpatient health plans (PIHP); effective November 2023.
- **Development of the Michigan Opioid Settlement Funds: Community Impact Survey**, accessible through the [OAC website](#). Ongoing efforts to increase opportunities for community and Tribal input, especially from individuals and families, directly impacted.

KEY TAKEAWAYS AND ACTION STEPS



Enhance collaboration across branches, departments, jurisdictions, and communities, to support meaningful strategies and innovative solutions for opioid remediation.

Assessment The opioid epidemic and broader addiction and mental health crisis should not be bound by government departments or partisan politics. Michiganders were harmed. The settlements are intended to mitigate those harms. **Leaders in Michigan need to work together to most effectively plan and use opioid settlement dollars to reduce harms and save lives.**

OAC Actions

- **Modeling collaboration** through maintenance of intergovernmental relationships, state-local partnerships, and regular involvement with community partners. The OAC recognizes the importance of Tribal inclusion and is taking steps to increase outreach to and engagement with Tribal communities.
- **Participation in the State-Local Opioid Settlement Workgroup**, including contribution to informational documents: Michigan Opioid Settlement Funds Part I and Part II.



Increase legislative oversight to improve alignment with national guidance for use of opioid settlement funds.

Assessment The legislature is responsible for monitoring appropriate use of state opioid settlement dollars and adherence with state law (Public Act 83 of 2022; MCL 12.253) on how funds can be used.

Without reporting from departments that have been appropriated settlement funds, the legislature cannot properly assess and monitor that appropriated dollars are being used to mitigate the opioid epidemic and addiction crisis. **Reporting is needed so that the legislature can perform its duties, most effectively.**

OAC Actions

- **Recommendations made for regular reporting on the use of opioid settlement funds**; supported by the state legislature with requirements for semiannual reporting reflected in appropriation requirements of the FY 2023-2024 state budget bill.

OAC PROJECTS

Community Engagement and Planning Collaborative (CEPC)

The OAC recently convened the [CEPC](#), an advisory workgroup, established to support the OAC on key priority areas related to community engagement and health equity. Updates on the work and recommendations from the CEPC can be expected in future bulletins (2024).

“Community Voices” Initiative

The OAC is interested in hearing from the public, especially individuals and families who have been directly impacted by Michigan’s opioid epidemic by way of substance use disorders (SUD), mental health conditions, co-occurring disorder (COD), and involvement in the criminal-legal system. The OAC will be releasing a community impact survey, engaging with community organizations, and initiating community listening sessions (November 2023) as part of its “Community Voices” initiative. For more information please visit the [OAC’s website](#).

LOCAL INITIATIVES

Local Spotlights

The OAC is partnering with local representative agencies, including the [Michigan Association of Counties](#) and [Michigan Townships Association](#), to spotlight localities that are demonstrating “Principles in Action”, “Promising Partnerships”, and “Community Innovations”. The aim of the initiative is to highlight communities that have adopted practices, in alignment with national guidance.

The project is currently in planning and can be expected to roll out in the coming months. More information and updates to be made available in future bulletins (2024).

Local Reporting

The Michigan Association of Counties (MAC) is partnering with Public Sector Consultants and McCall Hamilton, around advocacy for harm reduction services and local reporting. Advocacy efforts will surround funding to incentivize reporting on settlement dollar spending on the local level, across the state. MAC intends to release a voluntary annual survey to county governments to identify where opioid settlement funds are being used and this incentive would increase participation to ensure a broader picture of the impact of funds as well as increased public transparency through utilization of the MAC [Opioid Settlement Dashboard](#).

STATE UPDATES

State Opioids Strategy

The Michigan Department of Health and Human Services (MDHHS) recently presented an [updated version](#) of its 2022 Opioids Strategy. At this time, it is unknown if a strategic plan exists or will accompany the new strategy. Please contact [MDHHS](#) for more information.

Michigan Opioids Task Force (OTF)

The Michigan Opioids Task Force recently reconvened with inclusion of appointed representatives from each of the state’s ten (10) prepaid inpatient health plan (PIHP) regions. Proposed meeting minutes are available [here](#). Please contact [MDHHS](#) for more information.

Racial Equity Workgroup (REWG)

Recommendations from the OTF Racial Equity Workgroup are anticipated in the coming month. Please contact [MDHHS](#) for more information.

ON OUR RADAR

Learn more about policies, programs, and practices the OAC is tracking.

October 25, 2023

To: Michigan House of Representatives Appropriations Committee, Subcommittee on DHHS Appropriations, Committee Chair Christine Morse.

Honorable Committee Chair Morse and Committee Members,

Thank you for inviting me to testify.

My name is Bradley Casemore, speaking today as Chief Executive Officer of Southwest Michigan Behavioral Health (SWMBH), a *Regional Entity* formed by eight *Community Mental Health Authorities* under the Michigan Mental Health Code 330.1204b. SWMBH is one of ten state-designated ¹*Community Mental Health Entities* with statutory, regulatory, and contractual roles and authorities in substance use disorder prevention and treatment Planning, Policy, Programs and Performance. SWMBH serves as a *Prepaid Inpatient Health Plan* (PIHP) under contract to the Michigan Department of Health and Human Services (MDHHS) managing Medicaid and other state and federal behavioral health benefits for persons with mental health disorders, intellectual & developmental disabilities, and substance use disorders. SWMBH serves eight Michigan counties with 210,000 beneficiaries and a \$355 million annual budget.

I am proud to serve as a legislator-appointed Commissioner on the *Opioid Advisory Commission* created under PA 84 of 2022, and as a gubernatorial appointee to the *Opioids Task Force* reformed under Executive Order 2022-12. I am a Board member and founding Chair of the *Michigan Consortium for Healthcare Excellence* a Michigan non-profit corporation focused on Member - Partner collaborations in pursuit of the Quadruple Aim in healthcare. I hold Master of Health Services Administration and Master of Social Work degrees from the University of Michigan, and I am a Fellow of the American College of Healthcare Executives.

Severe suffering of individuals and families, premature deaths, and disruptions to communities from the opioid crisis in Michigan led to the opioid settlements. My career long dedication to policy and practices demonstrably improving substance use disorder services was reinvigorated because of a loved one experiencing an opioid use disorder.

As a direct result of the diseases and treatments of three cancers, seven back surgeries and a tremor disorder my wife became addicted to both opioids and benzodiazepines. Her suffering is similar, though fortunately less severe, than those of tens of thousands

¹ Community Mental Health Entity roles and authorities are derived from the Michigan Mental Health Code PA 258 or 1974 as revised sections 330.1210, 330.1269, 330.1274 and 330.1287.

of other Michiganders and their families. With competent professional care, she is a continuing joy to me, five children and seven grandchildren. My respect and condolences to all who have suffered from opioid use disorder. My deep gratitude to healthcare and human services providers who recognize opioid use disorder with the skill and compassion to support treatment and recovery without negative judgement.

Opioid settlement funds are distributed to the state of Michigan as well as directly to several hundred municipalities from small townships to large counties. Effective deployment and accountability are key to maximize the three quarter billion dollars of opioid settlement funds to come to Michigan.

I recommend adherence to the [Johns Hopkins Bloomberg School of Public Health Principles](#) to guide all discussions and decisions related to opioid settlement funds.

Spend Money to Save Lives

- Support and resource the *Michigan Association of Counties*, *Michigan Municipal League*, and *Michigan Townships Association* in their opioid settlement technical assistance efforts.
- Avoid demonizing opioids; they serve a legitimate and vital role in anesthesia and for persons with acute and chronic pain and for end of life palliative care.
- Create and resource career paths and educational tracks for those dedicated to the field of recovery. Acknowledge, honor, and support the valuable contributions of persons with lived experience.
- Resource ongoing stigma reduction programs enhancing recognition of opioid use disorder and other chemical dependencies as disease processes not moral failings.
- Resource the development of programs enhancing knowledge and skills for persons working in health and human services. Support identification, referral and treatment of opioid use disorder without negative judgement.

Use Evidence to Guide Spending

- Synchronize and leverage the work of the *Opioid Advisory Commission*, *Opioids Task Force*, MDHHS and municipalities to utilize all funds for programs and services shown to be best practices and promising practices reflective of local needs and values.
- Honor and leverage the roles, authorities, and expertise of the state designated *Community Mental Health Entities* aka PIHPs each of which are driven by data-rich community needs assessments and strategic plans.

- Resource via legislation primary and secondary research regarding remediation and mitigation of opioid crisis harm reduction, prevention, treatment, and recovery programs and services.
- Build upon the plentiful work and resources developed by MDHHS thus far related to opioid settlement funding and related health and human services programs.
- Listen to, hear, and incorporate the views of all interested agencies and persons especially those with lived experience.
- Consideration the recommendations of the National Governors Association August 2023 publication *Implementing Best Practices Across the Continuum of Care to Prevent Overdose*.

Invest in Youth Prevention

Resource programs and services on a long term basis for families - particularly youth - distressed and disabled by a loved one's opioid use, overdose, or death. Rely on subject matter experts such as the National Association for Children of Addiction <https://nacoa.org/> Resourced school and professional development efforts to broaden and deepen knowledge, skill, and abilities to best serve our youth in harm reduction, prevention, treatment, and recovery.

Focus on racial and ethnic equity

Destruction and deaths from opioid use disorder are disproportionately abundant in communities and persons of color. Resource, measure and improve healthcare access, quality, and outcomes for all of Michigan's racial and ethnic groups. Resource and build upon the ongoing efforts of MDHHS and the healthcare system in reducing racial and ethnic health disparities.

Use Fair and Transparent Processes to Decide Where to Spend

- Resource via legislation reporting of and accountability for state and municipal opioid settlement funds planning and uses.
- Develop and maintain ongoing communications channels for Policy makers, providers, persons served and communities to assure well-informed use of opioid settlement funds consistent with stakeholder views particularly those with lived experience and their loved ones.
- Adhere to the letter and spirit of the opioid settlement approved Remediation Uses found in Exhibit E of the Settlement Agreement.

- Recall that PA 83 of 2022 requires that opioid settlement funds be used to create and expand programs and services, not supplant other funding.
- Recall that PA 83 of 2022 requires that opioid settlement funds unused at year end flow back to the Opioid Healing and Recovery Fund, not to the General Fund.
- Use the Michigan Department of Health and Human Services Social Determinants of Health Strategy to improve programs and outcomes
<https://www.michigan.gov/mdhhs/inside-mdhhs/legislationpolicy/2022-2024-social-determinants-of-health-strategy>

My respect for and gratitude to Chair Morse and this Committee, Chair Rogers and the House Health Policy Committee, and Chair Brabec and the House Health Policy Behavioral Health Subcommittee. Further respect for and gratitude to Governor Whitmer, Attorney General Nessel, MDHHS Director Hertel, Opioid Advisory Commission Chair Dr. Poland, and Opioids Task Force Chair Dr. Bagdasarian for their dedication to assuring demonstrably effective uses of opioid settlement funds to the benefit of Michigan citizens. Again, thank you for inviting me to testify. I stand ready to support your policy development needs at any time.

Respectfully,

Bradley P. Casemore, MHSA, LMSW, FACHE
Chief Executive Officer, Southwest Michigan Behavioral Health
brad.casemore@swmbh.org



Southwest Michigan Behavioral Health (SWMBH)

2023 Substance Use Disorder Oversight Policy Board (SUDOPB) Attendance

Name	January	March	May	July	September	November
Mark Doster (Barry)	Green	Green	Green	Green	Green	
Michael Majerek (Berrien)	Green	Green	Red	Green	Green	
Rayonte Bell (Berrien)	Red	Red	Green	Red	Red	
Randall Hazelbaker (Branch)	Green	Green	Green	Green	Green	
Rochelle Hatcher (Calhoun)	Black	Red	Red	Red	Red	
Diane Thompson (Calhoun)	Black	Green	Green	Green	Green	
RJ Lee (Cass)	Green	Red	Green	Green	Green	
Joanna McAfee (Kalamazoo)	Red	Red	Red	Red	Red	
Melissa Fett (Kalamazoo)	Green	Red	Green	Green	Green	
Jared Hoffmaster (St.Joe)	Green	Green	Green	Green	Green	
Paul Schincariol (Van Buren)	Red	Red	Red	Green	Green	
Richard Godfrey (Van Buren)	Green	Green	Green	Green	Green	

Green = present

Red= absent

Black=not a member at that time

as of 9/18/23

<https://www.wsj.com/health/healthcare/library-services-homeless-mental-health-e1f513b7>

Libraries Are the New Front Line in America's Mental-Health Crisis

Librarians are reversing overdoses in bathrooms and defending against people brandishing guns

By Julie Wernau [Follow](#) | Photography by Rich-Joseph Facun for The Wall Street Journal

Oct. 23, 2023 10:34 am ET

HUNTINGTON, W.Va.—When Michael Bare started working as a library assistant, he thought he would be helping with term papers or leading a book club. Instead, he spends most of his time assisting patrons in crisis with nowhere else to go.

“They just want someone to talk to,” said Bare, 37, who has worked for four years at the library in this city of 46,000 on the Ohio River where West Virginia, Ohio and Kentucky meet.

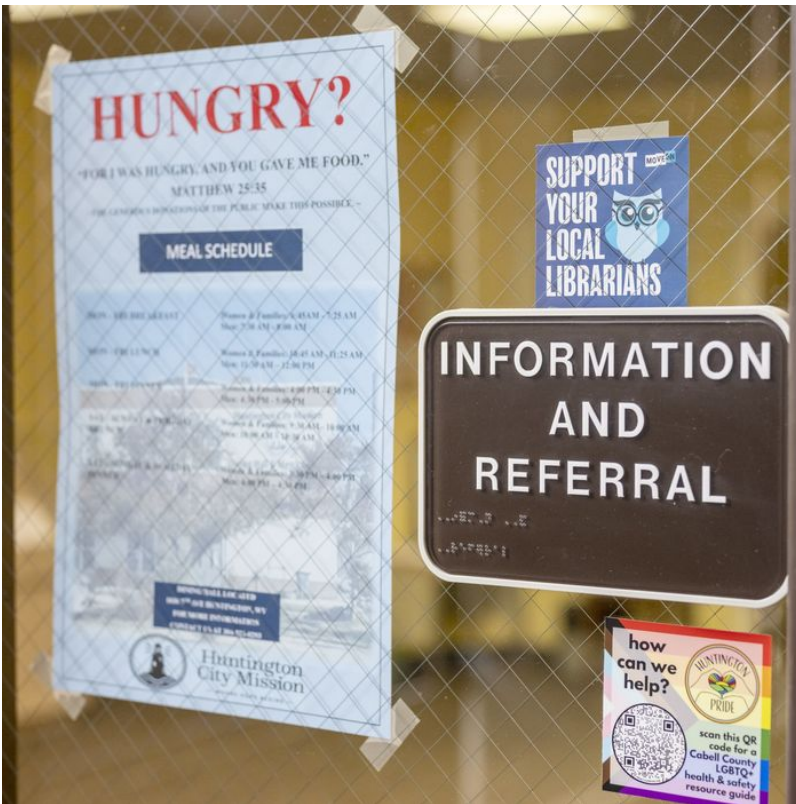
Libraries are the new front line in America's mental-health crisis. Librarians are helping more patrons in crisis, and many cities are hiring social workers to help them. About two-thirds of nearly 600 library workers surveyed by Urban Librarians Unite in 2022 said they had experienced violent or aggressive behavior from patrons.

One of the few indoor public spaces open to all comers, libraries are now the scene for all that ails a public scarred by the pandemic and an opioid epidemic. For staff, that means reversing overdoses in bathrooms; confronting patrons watching pornography; or defending against people brandishing guns, or a snake in a jar. Some people come to the library to sleep, get warm or use the bathroom. Others are looking for jobs, housing or just somewhere safe to read.

“They don't have anywhere else to go, and they don't trust other places. I love being that place. But after a while, it's taxing and wearing on you,” said Kevin King, head of community engagement at the Kalamazoo Public Library in Michigan.



Library assistant Michael Bare, in a blue top, attends a mental-health training for librarians in Huntington, W.Va.



The social-work program at the Cabell County Public Library in Huntington, W.Va., helps patrons access charitable resources for food.

The library is in the center of Kalamazoo, close to the hospital, bus-and-train station and mental-health agencies. When a homeless patron stops taking medication, security guards at the library give King a heads-up there could be trouble.

“We don’t kick people out,” said King, 51, who has worked at the library for 25 years. “We’ll say, ‘Today’s your day not to be in the library. Maybe come back in a couple of hours.’”

Every morning, a line forms of mostly homeless patrons waiting for the library to open at 9 a.m. Staff serve them doughnuts, fruit and coffee and ask what else they need.

“When there’s a lack of attention to mental-health services, places with open access like we have take on the brunt of it,” King said.

Kalamazoo’s library in 2019 started hiring peer navigators with experience of being homeless or using illicit drugs themselves, after a reference librarian didn’t know what to do when a developmentally disabled adult complained of being hungry.

Recently, a tall man was yelling angrily in the library. A peer navigator spoke with him and learned he was a veteran with a dead hearing-aid battery. He wasn’t taking his psychiatric medication. The navigator, also a veteran, worked with the veterans hospital to help replace the battery and get him back on his medication.



Dusty Davis and Kayla Acker receive assistance with notarizing documents for buying their first home at the Cabell County Public Library in Huntington, W.Va. Acker says the library helped her family with utility bills and food when she was younger.

“Sometimes what they need isn’t a book,” said Martha Link Yesowitch, community partnerships manager at Charlotte Mecklenburg Library in North Carolina, which has added a community health worker, social-work interns and de-escalation training for staff.

Six years ago, fewer than two dozen libraries in North America employed full-time social workers, said Sarah Johnson, a licensed social worker and adjunct lecturer at the University of Illinois Urbana-Champaign. Today, more than 100 employ social workers, and more have social-work interns, she said.

The library in Long Branch, N.J., became a haven for people during superstorm Sandy. Staff helped people who had lost everything apply for federal aid. Library director Tonya Garcia eventually hired David Perez as a full-time social worker to help with the needs of people who continued to turn to the library for assistance after the storm.

Today, Perez regularly helps local residents who have been evicted or who are using illicit drugs.

“It turned into this phenomenal universe-driven social innovation,” Garcia said.

Many libraries turn to Ryan Dowd, 45, who ran a homeless shelter in Aurora, Ill., before he started training library staff on the side in 2016. Soon, he couldn’t keep up with the requests for training with his company, Empathy Studios.



The social-work program at the Cabell County Library in Huntington, W.Va., is one of the country’s oldest, dating to the 1970s.



The Cabell County Public Library helps find treatment facilities for patrons with substance-use disorder and shelters for domestic-violence victims.

It wasn't just cities. Small towns wanted advice, too, saying libraries there were often the only place people could get help outside a hospital. Three years ago, Dowd began conducting training full-time.

"A lot of mental health sits dormant until stress makes it pop. Covid was pretty stressful. All of sudden, these dormant mental-health issues are popping up," he said.

The social-work program at the library in Huntington is one of the country's oldest, dating to the 1970s. On the third floor, social workers help patrons with substance-use disorder find treatment centers and victims of domestic violence find safe havens. They assist patrons with sorting out utility bills, bus tickets and housing.

"These were legitimate reference questions, we thought," said Judy Rule, who retired last year as director after more than 50 years at the library.

A rise in methamphetamine in Huntington's illicit drug supply has worsened some people's mental distress. City agencies are so overburdened that it can take a month to get a person who is struggling on the streets involuntarily committed at a hospital. The library is in danger of losing a third of its budget next year.

"Our community is trying to do something," said Breana Bowen, director at the Cabell County Public Library in Huntington. "A lot of places I've been, things are ignored and not talked about."



Breana Bowen, the Cabell County Public Library's director in Huntington, W.Va., says the library is trying to help address community problems that are often ignored.

Write to Julie Wernau at julie.wernau@wsj.com

Appeared in the October 24, 2023, print edition as 'Libraries Are on Front Lines Of U.S.'s Mental-Health Crisis'.