Opioid Settlements, Opioid Strategy, and Opioid Task Force

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What’s New in Trends – Historical U.S. Comparison

Overdose Deaths per 100,000 Residents, Michigan vs United States, 1999 to 2023

- Michigan Rate
- US Rate
- Preliminary Projection

- 2000: Rise in Opioid Prescriptions
- 2010: Rise in Heroin Use
- 2013: Fentanyl Emergence
- 2015: Rise in Opioid/Stimulant Co-Use

*2023 data are preliminary data and subject to change upon finalization. 2023 data are a projection based on January-September 2023 data.
What's New in Trends – Projections for Death Data by Race

Overdose Death Rate by Year and Race/Ethnicity Group

- All MI Residents
- White, NH
- Black, NH
- API, NH
- AIAN, NH
- Hispanic
- Projection

*Race categorization changed in 2022: the trendline is broken as data prior to and after 2022 are not directly comparable. See technical documentation.

‡2023 data are preliminary data and subject to change upon finalization. 2023 race data are a projection based on January-June 2023 data.
Substance Use Response Framework (Goals)

**Primary Prevention**
- Prevent new substance misuse and addiction.
- Increase knowledge around drugs with addictive potential and provide available resources to the public.
- Prevent and reduce the impacts of generational trauma and addiction.

**Harm Reduction**
- Align state policy to reduce overdose fatality and eliminate racial disparities in outcomes from substance use.
- Prevent fatal opioid overdose.
- Improve health outcomes for people who use drugs.

**Treatment**
- Expand access to treatment modalities for substance use.
- Improve quality of care and increase treatment retention.
- Improve continuity of care.

**Recovery Support**
- Increase access to all peer-led recovery pathways.
- Expand access to self-sufficiency services for people in recovery.
- Improve health outcomes for people in recovery.

Prioritizing the needs of vulnerable populations: justice-involved, pregnant and parenting, etc.
The Michigan Substance Use Vulnerability Index (MI-SUVI) is a tool for program planning and policy decision-making. The MI-SUVI is a measure of vulnerability to individual and community adverse substance use outcomes, and is a standardized, composite score based on eight indicators related to three "components": substance use burden, substance use resources, and social vulnerability. The below diagram summarizes the MI-SUVI framework.

### Substance Use Burden
- Overdose Death Rate
- Nonfatal Overdose Emergency Healthcare Visit Rate
- Opioid Prescribing Rate
- Drug-Related Arrest Rate

### Substance Use Resources
- Percent of Population within 30 Minute Drive of Treatment Center
- Percent of Population within 15 Minute Drive of SSP
- Buprenorphine Prescribing Rate

### Social Vulnerability
- Modified Centers for Disease Control Social Vulnerability Index (CDC SVI)*

Each data indicator included in the SUVI is standardized by mean and standard deviation to a z-score. Before adding, the resource component is inverted so that a higher z-score corresponds with a worse outcome. Indicators are equally weighted in components, and components are equally weighted in the MI-SUVI score.

*The CDC SVI is included as a measure of social determinants of health and was modified to include information on technology and healthcare access.

MI-SUVI and component scores are Z-scores. Hover over the info button to the left for an explanation of Z-scores.

For more detailed information on the development and methodology of the MI-SUVI and included data indicators, please reference the MI-SUVI documentation. An excel document of the MI-SUVI county/ZCTA-level results is available on Michigan.gov/OpioidsData below this data dashboard.
Michigan will receive $776 million in Settlement funding from 3 major opioid distributors (McKesson, Cardinal Health, and AmerisourceBergen) and opioid manufacturer (Janssen, aka Johnson & Johnson), split 50/50 between state and local governments.

1. Provides additional, flexible, sustainable resources to successfully implement Opioids Strategy.

2. Restricted only to address impact of opioid epidemic.

3. Forming long-term partnerships with local governments to ensure successful implementation of funding.

More info available at https://www.michigan.gov/opioids/opioidsettlements
Michigan’s Opioid Settlements: Walgreens

In June 2023, Michigan Attorney General announced a settlement with Walgreens Pharmacy worth $338 million for their role in Michigan’s opioid epidemic.

- Settlement requires Michigan to join the Walgreens National Opioid Settlement, which provides funds over 15 years.
- By participating, eligible local governments will have the opportunity to participate in this portion of the settlement and receive direct payments.
- Specific information about payments, payment schedule, and settlement conditions is TBD.
Michigan's Opioid Settlements: Teva, Allergan, CVS, Walmart

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

- National settlements are anticipated to bring over $445 million to Michigan governments.
- Structured like McKesson, Cardinal Health, AmerisourceBergen, and Janssen settlements with a 50/50 state/local split.
- By participating, eligible local governments will have the opportunity to participate in this portion of the settlement and receive direct payments.
Michigan's Opioid Settlements: Additional Settlements

There are other settlements that the State of Michigan is involved in, including pending settlements.

- McKinsey & Co: $573 million settlement reached in 2021 with one of the world’s largest consulting firms for role in helping opioid companies promote their drugs and profiting from the opioid epidemic. Michigan will receive more than $19.5 million from the settlement.
- Mallinckrodt: $233 million settlement reached in 2022 with company that sells and markets pharmaceutical products. Michigan will receive close to $11.3 million from the settlement.
- Additional funds may also be issued to Michigan through Purdue Pharma and Endo International, who both are pursuing bankruptcy plans that include opioid abatement trusts funds.
SUD Expenditures by Category

Annual SUD Expenditures by Category
(Fiscal Years 2020 - 2023)

*Includes preliminary FY23 expenditures; amounts may fluctuate pending finalization of reporting.
Key Program Impacts: Treatment

Number of Unique Providers with MAT Prescription/Outpatient Administration to ≥1 Medicaid Beneficiary, by Fiscal Year
Key Program Impacts: Harm Reduction Activities

As of December 2023:

- 36 SSPs operate in Michigan.
  - 103 sites are operated by these programs.
- More info on SSPs and complete directory can be found at: Michigan.gov/SSP.

Data source: Michigan SSP Utilization Platform.
Key Program Impacts: Harm Reduction Activities

Naloxone Distribution & Utilization Through Syringe Service Programs (SSP)

- Approximately **1 in 10** Naloxone rescue kits distributed through a Michigan SSP is used to successfully reverse an opioid overdose.

- Opioid Poisonings Reversed is self-reported by participants that interact with SSP staff.

Data source: Michigan SSP Utilization Platform.
Key Program Impacts: Overdose Prevention

NARCAN Direct
Naloxone Kits Distributed by Fiscal Year

Settlement funds allowed the NARCAN Direct Portal to distribute an additional 147,000 NARCAN kits to 404 unique organizations and 2,605 overdose reversals were reported.
FY23 settlement funds covered the cost of **58,450 fentanyl test strips** and **5,530 xylazine test strips** through SSPs in Michigan.
Key Program Impacts: Harm Reduction

Self-Reported Behavior Change Following Positive FTS Result Among SSP Participants 2021-2023, n=1,709

Responses are voluntarily self-reported at subsequent encounters and is not a requirement for SSP participation. Participants may use more than one strategy and responses are not mutually exclusive.

Data Source: Michigan SSP Utilization Platform

FTS = Fentanyl Test Strip, SSP = Syringe Service Program
Key Program Impacts: Pregnant & Parenting Supports

- Rooming-in supports infants who are born substance-exposed, allowing birthing individuals/caregivers and babies to lodge in the same room after birth.
- State Opioid Response and Opioid Settlement funds have been distributed to birthing hospitals to support hospital room renovations and to train staff to support rooming-in.
- As of March 31, 2024, 282 families have been served by rooming-in programs.

### % of Infants Requiring Pharmacological Intervention Pre-/Post-Rooming-In

- **Hospital 1**
  - Pre-Rooming-In: 34%
  - Post-Rooming-In: 12%

### Average Infant Length of Stay (Days) Pre/Post-Rooming-In

- **Hospital 1**
  - Pre-Rooming-In: 7.84 days
  - Post-Rooming-In: 3.48 days

- **Hospital 2**
  - Pre-Rooming-In: 13.5 days
  - Post-Rooming-In: 3 days
Support to Local Governments

The Michigan Opioid Settlement Technical Assistance Collaborative

- MDHHS has contracted with Michigan State University, the University of Michigan, and Wayne State University to provide technical assistance to local governments to ensure they have resources available to make the most impactful Opioid Settlement investment decisions for their communities.

- Together with MDHHS, the Universities have formed the Technical Assistance Collaborative (TAC) to share information with local governments regarding best practices for opioid related issues.

- The TAC provides individualized technical assistance to counties requesting assistance, as well as educational webinars and resources that are available to all local governments across Michigan.
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<tr>
<th>Individualized Technical Assistance</th>
<th>Informational Webinars</th>
<th>Resources</th>
<th>Community Presentations</th>
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| • Local governments can submit TA Request forms that are referred to TAC for engagement and consultation.  
• As of April 2024, TAC has engaged with **30 counties** across Michigan that have requested TA for their communities.  
• TA requests focused primarily on guidance for conducting community needs assessments and support for evaluation. | • Local governments are invited to monthly TAC webinars that provide education on Settlement-specific topics, including evidence-based opioid abatement efforts, such as Settlement Agreement overview & compliance, determining local needs and assets through engaged community assessments, and treating opioid use disorder in jails. | • TAC links governments to virtual resources on evidence-based opioid abatement strategies and is developing additional content to share.  
• Virtual resources are accessible to community members providing advocacy or are involved in community planning efforts. | • MDHHS has provided numerous presentations to stakeholders across Michigan to provide an overview of Settlement-related efforts and network with local communities to connect them to information and resources. |
As of April 2024, **30 counties** have engaged with the TAC for technical assistance on evidence-based investments for their opioid settlement funds.

Moving forward, MDHHS will utilize funds to incentivize local government collaboration on evidence-based, impactful investments.
Launched in Fall 2023, the MDHHS Opioid Settlements website includes:

- Overview and status of settlements.
- Resources to support implementation of local opioid abatement strategies.
- Allowable uses for funds and resources to aid in creation of strategies and spend plans.
- A request form for accessing no-cost technical assistance for local governments.
- A detailed description of MDHHS opioid abatement investments.
- Program monitoring and evaluation dashboard for state initiatives.
- Information on equity-specific investments and equity considerations in all investments.
- News, events, and announcements and an option to join the MDHHS Opioid Settlements mailing list.

Michigan.gov/opioids/opioidsettlements
## FY24 Opioid Settlement Spend Plan Summary

### Primary Prevention
- Quick Response Teams.
- Adverse Childhood Experiences primary prevention initiatives.
- Overdose fatality reviews.
- Community coalitions trainings.
- Neighborhood Wellness Centers.
- Faith-Based Learning Collaborative.

### Harm Reduction
- Naloxone Portal.
- Syringe Service Program operations.

### Treatment
- Transportation support.
- Expanding capacity to treat Substance Use Disorder.
- Emergency Dept. treatment access.
- Continued infrastructure, workforce support.
- Treatment in prisons/jails and criminal justice supports.
- Expansion of screenings for pregnant individuals and
  rooming-in for infants born with Neonatal Abstinence Syndrome.
- Programs for families engaged with child welfare.

### Recovery Support
- Recovery housing grants.
- Recovery Community Organizations funding.
- Certified Peer Recovery Coach trainers.

### Maximizing Impact
- Incentives for local governments.
- Training & technical assistance for local governments.
- Overdose data surveillance improvements/maintenance.
- Data collection and impact measurement process.
- Public health communications campaign.
- Administration.
Updated Michigan Opioids Task Force Overview

| Oversight | Identify root causes of opioid epidemic and implement response actions to help Michiganders struggling with opioid addiction access the recovery services they need  
|           | Raise public awareness about the opioid epidemic and the resources available to those impacted by it |

| Membership | Chaired by MDHHS Chief Medical Executive  
|           | State Representatives  
|           | Representatives from Local Governments (1 rep from each PIHP region)  
|           | Representative from Michigan Supreme Court |

| Meetings | Required to hold at least 4 public meetings each year  
|          | Must promote public participation, including from the former Opioid Task Force Stakeholders Advisory Group |

| Reports | Required to report regularly to the Governor  
|         | Issue annual reports on the Task Force’s website |

| Staff Support | MDHHS assists Task Force in performance of duties and provides personnel to staff the Task Force  
|               | Budgeting, procurement, and related management functions of the Task Force must be performed under the direction and supervision of the director of MDHHS |
In March 2024, the Task Force convened Pillar-Specific Subcommittees: Prevention, Harm Reduction, Treatment, Recovery

- Subcommittee workgroups included OTF members, MDHHS & MPHI staff, and community members including key stakeholders from a variety of sectors such as academia, healthcare, SUD treatment providers, harm reduction programs, people in long-term recovery, law enforcement, etc.

- Advised the Opioids Task Force on the state’s opioid strategy
  - Updated goals for Substance Use Response Framework and identified associated outcome and process metrics
  - Conducted a gaps analysis for the SUD landscape in Michigan
  - Provided key program and policy recommendations for opioid settlement budgeting and spending
1. Issue an RFP to increase funding for innovative primary prevention services, prioritizing counties with highest needs, to ultimately increase the number of participants receiving prevention services.

2. Launch a relevant public health campaign to target those most at risk populations and the public to increase knowledge around the harms caused by illicit drug use, counterfeit pills, prescription drugs with addiction potential, and provide available supports/resources. Issue a pre and post survey to sample individuals within focus communities to quantify campaign engagement.

3. Address Adverse Childhood Experiences (ACEs) through an equity lense to educate providers and the public around the connection between ACEs/trauma to substance use to prevent and reduce the impacts of generational trauma.
Harm Reduction Top 3 Recommendations

1. Continuous support of legislation or policy change to advance harm reduction interventions. Currently, in Michigan, these are HB 5178 & 5179.

2. By December 2025, an additional $500,000 annually will be allocated among SSP Legacy sites in Ypsilanti, Flint, Detroit, and Grand Rapids to purchase and utilize Fourier-transform infrared (FTIR) spectrometers to increase drug-checking methodologies in MI.

3. By December 2025, Increase funding by $2M annually for SSPs to distribute basic harm reduction equipment, services, and education, which will include rescue breathing supplies and training.
1. Expand access to MOUD within all treatment modalities by adopting the Medication First principles as the standard of care for Opioid Use Disorder (OUD)

2. Increase funding for contingency management programming

3. Increase funding to create additional SUD-specific crisis centers throughout the state to improve availability for screening, stabilization, case management, MOUD, and navigation services.
Recovery Top 3 Recommendations

1. Increase funding for RCOs to support geographic expansion and access to new programs

2. Implement a capital investment strategy for Recovery Housing program development and expansion

3. Assess Medicaid fitness and eligibility criteria for certification and employment opportunities for certified peer recovery coaches and peer workers.
Questions?

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