

OPIOIDS SETTLEMENT: FY2023 SPEND PLAN

PROPOSED EFFORTS

MDHHS has developed a proposed Opioid Settlement Spend Plan for the State of Michigan’s Fiscal Year (FY) 2023 funding that has been driven by data, including the [Opioid Settlement Prioritization Survey 2021–22](#), as well as ongoing programming needs and gaps due to federal funding restrictions. Proposed FY23 Spend Plan efforts relate to MDHHS’ overarching goal to reduce harm associated with the opioid crisis. A brief overview of key efforts and investments are summarized below.



TREATMENT

- Invest in initiatives aimed to increase substance use disorder (SUD) treatment capacity, such as workforce training and loan repayment incentives, and infrastructure grants.
- Invest in capacity building for evidence-based practices for stimulant and polysubstance use.



PREVENTION

- Increase awareness and education around adverse child experiences (ACEs) by exploring ways to impact or reduce ACEs by bringing awareness to the relationship between ACEs and SUDs and implementing evidence-based primary prevention programming with a goal to foster positive experiences and health outcomes at the individual, family and community levels.
- Expand Quick Response Teams, a collaborative and community-led initiative that focuses on promoting pathways to treatment and recovery and preventing fatal drug overdoses. The expansion of this initiative aims to increase presence in rural counties, homeless populations and parents exiting criminal justice systems.



RECOVERY

- Expand recovery housing sites to offer stable, safe and sober housing options that are critical to those in recovery.
- Provide grant opportunities to Recovery Community Organizations that help ensure community supports are available for those in recovery.



HARM REDUCTION

- Invest in resources that reduce harm associated with substance use, such as overdose and infectious disease. Continue to fund the MDHHS Naloxone portal, which supplies an overdose reversal medication to community organizations, as well as syringe service programs, which provide access to supplies including, but not limited to, fentanyl test strips, naloxone and sterile syringes.



CRIMINAL-LEGAL

- Support the provision of Medications to treat Opioid Use Disorder in jails and prisons, which are medications that have been proven to reduce the risk of overdose.



PREGNANT & PARENTING

- Expand capacity in hospitals to support “Rooming In,” where mothers with infants experiencing Neonatal Abstinence Syndrome can stay together promoting recovery and family preservation.
- Expand the implementation of evidenced-based screening tools designed to identify SUDs in pregnant women; to be used in prenatal clinics across the state.
- Invest in supports for families vulnerable to child removal due to involvement with substance use, with the goal of reducing the rate of children removed from family homes and supporting family recovery and family reunification.



DATA

- Allow state-level data infrastructure investments with settlement funds for critical data capturing and monitoring.



EQUITY

- Fund recommendations of the Opioid Task Force’s Racial Equity Workgroup to reduce disparities in substance use.



LOCAL GOVERNMENT TECHNICAL ASSISTANCE & RESOURCES

- Funds will allow experts from Michigan State University, University of Michigan and Wayne State University to provide technical assistance to interested communities regarding best practices for addressing opioid use disorders. The universities will also be able to provide technical assistance in tailoring programs to vulnerable populations, such as the justice-involved and pregnant and parenting populations.
- Create an Opioid Settlement website that will serve as a resource hub for local governments to utilize as they determine how to invest their settlement allocations.



ADMINISTRATION

- Invest approximately 5% of all settlement dollars to fund the necessary staff to successfully implement projects related to the settlement dollars. This follows requirements of Substance Abuse and Mental Health Services Administration grants that has historically been sufficient to administer funds while maximizing service dollars.