



# Opioid Research Institute

## Exhibit E: List of Opioid Remediation Uses

More information on Exhibit E



Scan or Click the QR Code

### Schedule A: Core Strategies

Priority Strategies to Remedy Opioid Use Disorder in Communities

### Schedule B: Approved Uses

Using Evidence Based Research to treat Opioid Use Disorder, Substance Use Disorder, or Mental Health

## Information About TAC & Exhibit E

### About the TAC

- Technical Assistance Collaborative (TAC) established in April 2023
- Comprised of MSU, U-M, WSU in partnership with MDHHS
- Provides technical assistance and expertise to communities at the county, municipal, and township level receiving opioid settlement funds
- Focused on evidence-based programs, strategies and best practices to remediate opioid overdose deaths
- TAC Community Learning Series: a monthly series of educational webinars with the goal of assisting county, city and township officials who have received settlement funding and are involved and/or interested in learning more about evidence-based practices and strategies

### Background

- By 2017, over 2,000 federal lawsuits had been filed by government entities against opioid-related defendants. Among those defendants were opioid distributors and manufacturers.
- In 2019, three of the nation's largest drug distributors - McKesson, Cardinal Health, and AmerisourceBergen - agreed to settlements. Janssen, an opioid manufacturer, also agreed to a settlement.
- 70 percent of opioid settlement funds are to be used to remediate opioid related deaths through the implementation of evidence-based or promising evidence-based programs.
- The State of Michigan will be receiving over \$800 million in opioid settlement funding during the next 18 years
- 50 percent of the state's \$800 million will be disbursed directly to participating county, municipal and local governments and the remaining will be dispersed by the state (initial settlement funds were issued beginning in January 2023)

## Opioid Settlements Overview

- 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.
  - Tribal settlements are separate.
- Fifty percent (50%) of the settlement amount will be paid 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
- 70% of funds must be used for future opioid remediation
- Exhibit E outlines allowable uses for settlement funds
- Distribution of funds began in January 2023

## Schedule A: Core Strategies



Naloxone or other FDA-approved drug to reverse opioid overdoses



MAT distribution and other opioid-related treatment



Pregnant & postpartum people



Expanding treatment for NAS



Expansion of warm hand-off programs and recovery services



Treatment for incarcerated population



Prevention programs



Expanding syringe service programs



Evidence-based data collection and research



### Naloxone or other FDA-approved drug to reverse opioid overdoses

- Expand training for first responders, schools, community support groups and families
- Increase distribution to uninsured or whose insurance does not cover



### Medication-assisted treatment (MAT) distribution and other opioid-related treatment

- MAT - Increase distribution of MAT to uninsured or whose insurance does not cover
- Prevention & Education - Provide education to school-based and youth-focused programs that discourage or prevent misuse
- Training & Awareness - Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders
- Treatment & Recovery - Provide treatment and recovery support services (residential/inpatient, intensive outpatient, therapy or counseling, recovery housing that integrates medication with other support services)



### Pregnant & postpartum people

- Expand Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to non-Medicaid eligible or uninsured pregnant people
- Expand comprehensive evidence-based treatment and recovery services, including MAT, for individuals with co-occurring Opioid Use Disorder (OUD) and other Substance Use Disorder (SUD)/Mental Health disorders for uninsured for up to 12 months postpartum

- Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare
- Increase distribution to uninsured or whose insurance does not cover



## Expanding treatment for neonatal abstinence syndrome (NAS)

- Expand comprehensive evidence-based and recovery support for NAS babies
- Expand services for better continuum of care with infant-need dyad
- Expand long-term treatment and services for medical monitoring of NAS babies and their families



## Expansion of warm hand-off programs and recovery services

- Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments
- Expand warm hand-off services to transition to recovery services
- Broaden scope of recovery services to include co-occurring SUD/MH conditions
- Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare
- Hire additional social workers or behavioral health workers to facilitate expansions above



## Treatment for incarcerated population

- Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system
- Increase funding for jails to provide treatment to inmates with OUD



## Prevention programs

- Media campaigns to prevent opioid use (FDA's "Real Cost" campaign to prevent youth from misusing tobacco)
- Evidence-based prevention programs in schools
- Medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing)
- Community drug disposal programs
- Training first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies connecting at-risk individuals to behavioral health services and supports



## Expanding syringe service programs

- Provide comprehensive syringe service programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases



## Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

- Michigan Department of Health and Human Services (MDHHS) is coordinating to assist counties, municipalities and townships
- Technical Assistance Collaborative providing additional guidance and assistance
- Michigan Association of Counties (MAC) is working with NACO and Vital Strategies on an evaluation tool
- Important to have standard metrics to measure and evaluate impact

# Schedule B: Approved Uses



Treatment



Prevention



Other  
Strategies



## Treatment

- **Treat Opioid Use Disorder (OUD)**
  - Expand availability for OUD treatment and any co-occurring SUD/MH conditions.
- **Support People in Treatment and Recovery**
  - Includes, but not limited to, the following evidence-based or evidence-informed programs or strategies for people in recovery from OUD and any co-occurring SUD/MH conditions
- **Connections to Care**
  - Provide connections to care for people who have-or are at risk of developing-OUD
- **Address the Needs of Criminal Justice-Involved Persons**
  - Includes persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system, provide the following evidence-based or evidence-informed programs or strategies.
- **Address the Needs of Pregnant or Parenting Women and Their Families, Including Babies with Neonatal Abstinence Syndrome (NAS):** Address needs through evidence-based or evidence-informed programs or strategies.



## Prevention

- **Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids**
  - Use evidence-based or evidence-informed programs or strategies.
- **Prevent Misuse of Opioids**
  - Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies Provider and patient naloxone resource.
- **Prevent Overdose Deaths and Other Harms (Harm Reduction)**
  - Support efforts through evidence-based or evidence-informed programs or strategies.



## Other Strategies

- **First Responders**
  - In addition to items in section C, D and H (opioid settlement agreement) relating to first responders.
- **Leadership, Planning and Coordination**
  - Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies.
- **Training**
  - In addition to the training referred to throughout Exhibit E of the Opioid Settlement Agreement, support training to abate the opioid epidemic through activities, programs, or strategies.
- **Research**
  - Support opioid abatement research.