

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,

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