

Michigan's Opioid Settlements

The United States is in the **midst of a crisis** on its streets and in its communities as **overdoses, homelessness, and disorder reach record levels**. Yet settlement proceeds secured by the State of Michigan present an **unprecedented opportunity for generational investment** in treatment capacity for chronic substance abuse (CSA) and severe mental illness (SMI).

Michigan is set to receive **more than \$1.75 billion** (\$1,792,774,802.43) in opioid settlement funds—equal to nearly one-fourth of the state's share of the monumental Tobacco Master Settlement Agreement.¹ With twenty-one separate settlements and payments spread out over decades, the funds are **at risk of being squandered** through ad-hoc allocations to **diffuse and disorganized efforts**.

The state must ensure that this opportunity for treatment investment is not underutilized. **Michigan can make targeted investments in treatment capacity** that will **honor those who suffered** in the opioid crisis and **ensure accessible care** for decades to come.

Michigan vested control of 50 percent of the opioid settlement proceeds (\$912,372,882.94) in the legislature, with the remaining 50 percent allocated to subdivisions.² The legislature subsequently created the 12-person opioid advisory commission, tasked with providing the legislature with recommendations for use of funds.³ However, the governorship has its own opioids task force, and in practice, several entities contribute to the ultimate recommendations.⁴ Michigan provides a decent level of transparency in funding priorities and appears to be allocating funds in a relatively responsible manner compared to other states.⁵

That being said, the state can do more to prioritize investments in comprehensive treatment networks. **Three priorities** (Certified Community Behavioral Health Clinics, secure psychiatric beds, and community SMI/CSA response) **will ensure these funds have the largest impact** on Michigan.

¹ With the exception of the McKinsey and Publicis settlements, in which the state controls 100 percent of funds.

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs, designed to ensure access to coordinated comprehensive behavioral health care, have stable funding and are supported by all recent presidential administrations. CCBHCs are a key response to the opioid crisis and can augment other services such as police crisis response teams, homelessness outreach and services, and outpatient psychiatric commitment services.

- **Solution: Fund the development and expansion of CCBHCs.**
 - o Expand the CCBHC footprint with an emphasis on a team-based approach to co-occurring disorders.
 - o Create a stepped approach to SMI/CSA treatment with services provided by the CCBHCs.
 - o Require CCBHCs to offer specific care pathways to meet the needs of individuals with co-occurring disorders.

State Psychiatric Hospitals

Inpatient beds in secure facilities are critical for serving the highest-acuity psychiatric patients. Michigan currently has only **2.7 state psychiatric beds** per 100,000 people available for civil (i.e., non-criminal) patients.^{6,7} Treatment Advocacy Center recommends a rate of 30-60 beds per 100,000. Even counting non-public secure psychiatric beds, Michigan still falls short of the minimum.⁸ Secure beds are a costly but necessary expenditure to protect patients with severe psychiatric disorders and the public at large.

- **Solution: Fund the expansion of civil psychiatric beds.**
 - o Invest in expanding state hospital capacity.
 - o Move forensic (criminal) commitments to a jail-based restoration facility.
 - o Apply for one of several Section 1115(a) waivers to expand Medicaid reimbursement for institutions for mental disease (IMDs).

Inpatient Stabilization Centers and Mobile Crisis Teams

Emergency departments (EDs) are supposed to be a last resort for times of true emergencies, but are increasingly used for all types of immediate-need medical care. This is especially true for low- to medium-acuity mental health crises. In order for CCBHCs and state psychiatric bed expansions to have the largest impact, there must be an immediate triage of low-acuity patients from higher-need patients, or else investments in these facilities will be drowned out, overburdened, and underutilized by those that need them most, just like emergency departments.

- **Solution: Fund community-based mental health response resources.**
 - Expand community-based recovery centers, including voluntary short-term respite housing, especially for young adults.
 - Leverage CCBHC resources to develop comprehensive mobile crisis response teams in conjunction with police crisis intervention teams (CIT).
 - Support integration of community resources with crisis networks such as the Lifeline to support those in need or provide guidance for concerned loved ones.

MICHIGAN

[Download all Michigan opioid settlement documents](#)

[View settlement fund dashboard](#)

STATE-CONTROLLED FUNDS	ALL FUNDS	2025 EOY FUNDS RECEIVED - STATE	2025 EOY FUNDS RECEIVED - ALL	Av. Receipt (All Funds) / Yr (*20)
\$912,372,882.94	\$1,792,774,802.43	\$298,985,395.01	\$566,929,017.67	\$89,638,740.12

2021 National Opioid Settlement

Michigan v. Distributors

- [Final Consent Judgment](#) [p. 3]
 - Exhibit A “Distributor Settlement Agreement” [p. 15]
 - Exhibit B “Attorney General’s Release of Opioid-Related Claims Pursuant to the Distributors Settlement Agreement” [p. 587]
 - Exhibit C “Michigan State-Subdivision Agreement for Allocation of Distributor Settlement Agreement and Janssen Settlement Agreement” [p. 590]
- State of Michigan, ex rel. Dana Nessel, Attorney General, v. Cardinal Health, Inc., et al., Third Circuit Court in the County of Wayne, Case No. 19-016896-NZ

Michigan v. Janssen

- [Final Consent Judgment](#)
 - Exhibit A “Janssen Settlement Agreement” [p. 14]
 - Exhibit B “Attorney General’s Release of Opioid-Related Claims Pursuant to the Distributors Settlement Agreement” [p. 523]
 - Exhibit C “Michigan State-Subdivision Agreement for Allocation of Distributor Settlement Agreement and Janssen Settlement Agreement” [p. 526]
- State of Michigan, ex rel. Dana Nessel, Attorney General, v. Johnson & Johnson, et al., Third Circuit Court in the County of Wayne, Case No. 22-006735-NZ

2022 National Opioid Settlement

Michigan v. CVS

- [Final Consent Judgment](#)
 - [Exhibit A “agreement dated as of December 9 2022”](#)
 - [Exhibit B “Michigan State-Subdivision Agreement for Allocation of Allergan, Teva, CVS, Walmart, and Walgreens Settlement Agreements”](#)
- State of Michigan, ex rel. Dana Nessel, Attorney General v CVS Pharmacy, Inc., Third Circuit Court in the County of Wayne, Case No. 23-016458-NZ

*Michigan v. Walgreens*ⁱⁱ

- [Consent Judgment](#)
- [Settlement Agreement](#)
- State of Michigan, ex rel. Dana Nessel, Attorney General, v. Cardinal Health, Inc., et al., Third Circuit Court in the County of Wayne, Case No. 19-016896-NZ

Michigan v. Walmart

- [Final Consent Judgment](#)
 - [Exhibit A “agreement dated as of November 14 2022”](#)
 - [Exhibit B “Michigan State-Subdivision Agreement for Allocation of Allergan, Teva, CVS, Walmart, and Walgreens Settlement Agreements”](#)
- State of Michigan, ex rel. Dana Nessel, Attorney General v Walmart, Inc., Third Circuit Court in the County of Wayne, Case No. 23-016460-NZ

Michigan v. Allergan

- [Final Consent Judgment](#)
 - [Exhibit A “Allergan Public Global Opioid Settlement Agreement”](#)
 - [Exhibit B “Michigan State-Subdivision Agreement for Allocation of Allergan, Teva, CVS, Walmart, and Walgreens Settlement Agreements”](#)
- State of Michigan, ex rel. Dana Nessel, Attorney General v Allergan Limited, et al., Third Circuit Court in the County of Wayne, Case No. 23-016457-NZ

Michigan v. Teva

- [Final Consent Judgment](#)
 - Exhibit A “Teva Global Opioid Settlement Agreement” [p. 15]
 - Exhibit B “Michigan State-Subdivision Agreement for Allocation of Allergan, Teva, CVS, Walmart, and Walgreens Settlement Agreements” [p. 582]
 - Exhibit C “Attorney General’s Release of Opioid-Related Claims Pursuant to the Teva Global Opioid Settlement Agreement” [p. 597]
- State of Michigan, ex rel. Dana Nessel, Attorney General v Allergan Limited, et al., Third Circuit Court in the County of Wayne, Case No. 23-016457-NZ

Other Coalition Opioid Settlements

Michigan v. Kroger

- [Final Consent Judgment](#)
- [Exhibit A “agreement dated as of March 22 2024”](#)
- [Exhibit C “Michigan State-Subdivision Agreement for the Kroger Settlement”](#)
- State of Michigan, ex rel. Dana Nessel, Attorney General, v. Kroger Co., Third Circuit Court in the County of Wayne, Case No. 25-001112-CP

ⁱⁱ Michigan executed an independent, parallel agreement with Walgreens in which Michigan agreed to participate in the National Settlement, and Walgreens agreed to pay an additional \$138,000,000 over 18 years in addition to the payments required in the National Settlement.

Michigan v. McKinsey

- [Final Consent Judgment](#)
- [McKinsey Allocation Amounts](#)
- State of Michigan v. McKinsey and Company, Inc., United States, Thirtieth Circuit Court in the County of Ingham, Case No. 21-72-CP

Michigan v. Mallinckrodt

- [NOAT II Agreement](#)
- [GPM Notice](#)
- [Notice of Abatement Distribution](#)
- [Notice of Abatement Distribution \(Genesee County\)](#)
- [Notice of Abatement Distribution \(Kent County\)](#)
- [Notice of Abatement Distribution \(Macomb County\)](#)
- [Notice of Abatement Distribution \(Oakland County\)](#)
- [Notice of Abatement Distribution \(Wayne County\)](#)

Michigan v. Publicis

- [Consent Judgment](#)
- State of Michigan, ex rel. Dana Nessel, Attorney General, v. Publicis Health, LLC, Third Circuit Court in the County of Wayne, Case No. 24-001559-CP

Michigan v. Endo

- [Global Public Trust Agreement](#)
- [Notice of Abatement Distribution](#)

2025 National Settlements

Michigan v. Purdue

- [missing documentation]

Michigan v. Mylan

- [missing documentation]

Michigan v. Hikma

- [missing documentation]

Michigan v. Amneal

- [missing documentation]

Michigan v. Apotex

- [missing documentation]

Michigan v. Indivior

- [missing documentation]

Michigan v. Sun Pharmaceuticals

- [missing documentation]

Michigan v. Alvogen

- [missing documentation]

Michigan v. Zydus

- [missing documentation]

Independent Settlements

¹ KFF, "Actual Tobacco Settlement Payments Received by the States (in millions)." Accessed 8 September 2025. <https://www.kff.org/health-costs/state-indicator/tobacco-settlement-payments>.

² MCL § 12.253. <https://www.legislature.mi.gov/Laws/MCL?objectName=mcl-12-253>.

³ MCL § 4.1851(13)(c)(iv). <https://www.legislature.mi.gov/Laws/MCL?objectName=MCL-4-1851>.

⁴ Vital Strategies, "Michigan's Opioid Settlements." Accessed 16 September 2025.

<https://www.opioidsettlementguides.com/michigan/decision-making/50-state-share>.

⁵ Michigan Department of Health and Human Services, "Settlement Spending." Accessed 16 September 2025.

<https://www.michigan.gov/opioids/opioidsettlements/settlement-spending>.

⁶ Treatment Advocacy Center, "Michigan Psychiatric Beds Report." 2023. <https://www.tac.org/wp-content/uploads/2023/10/Michiganbedsinformation.pdf>.

⁷ United States Census Bureau, "2023 American Community Survey – Total Population."

[https://data.census.gov/table/ACSDT1Y2023.B01003?q=population&t=Population+Total&g=010XX00US\\$0400000](https://data.census.gov/table/ACSDT1Y2023.B01003?q=population&t=Population+Total&g=010XX00US$0400000).

⁸ Silver, Shanti, "Estimating Psychiatric Bed Need in the United States," p. 2-4. Treatment Advocacy Center Office of Research and Public Affairs. January 2024. https://www.tac.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf.