



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSINGGRETCHEN WHITMER
GOVERNORELIZABETH HERTEL
DIRECTOR**Michigan Opioids Task Force Meeting**

March 5, 2025 | 1:00 – 3:00 p.m.

S. Grand Building, 333 S. Grand Avenue, Lansing, MI 48933 – Grand Conference Room

Members Present:

Dr. Natasha Bagdasarian, Chair
 Marlon Brown, LARA
 Bradley Casemore, Region 4
 Helen Klingert, Region 9
 Darlene Owens, Region 7

Samuel Price, Region 5
 Kristie Schmiede, Region 8
 Andrew Smith, Michigan Supreme Court
 Tommy Stallworth, MDHHS
 Elizabeth Browne, EGLE

*Stephen Alsum, Region 3, arrived at 1:07 p.m.

*Karin Gyger, DIFS, arrived at 1:08 p.m., and left at 2:35 p.m. No voting matters took place after this time.

Members Absent:

Col. James Grady, MSP
 Dayna Bennett, MDE
 Brian Love, DMVA
 Amanda Scott, Region 6
 Marti Kay Sherry, MDOC

Kimberly Shewmaker, Region 10
 Greg Toutant, Region 1
 Kim Trent, LEO
 Matthew Walker, AG

Departmental Staff Present: Katie Abraham, Dania Batarseh, Lisa Coleman, Seth Eckel, Brandon Hool, Macey Ladisky, Peter Lindeman, Logan O'Neil, Angie Smith-Butterwick, April Stevens, Jared Welehodsky, Heather Hosey, Jacob Roemer, Nick Miller, Megan Zabinski, Andrew Alshab, Haley Kehus, Nina Bowser, Anthony Oliveri and Darice Darling

Meeting Minutes**I. Call to Order & Welcome**

a. Chair Bagdasarian called the meeting to order at 1:02 p.m. and asked Jared Welehodsky to take roll call. Jared confirmed there was no quorum present.

b. Approval of the January 29, 2025, Meeting Minutes: At 1:18 p.m., a quorum was noted and Chair Bagdasarian directed attention to the proposed meeting minutes from January 29, 2025, and asked if there were any requests for changes. **Darlene Owens motioned to approve, which was supported by Samuel Price.** With no further discussion, the Chair asked for a vote. The motion prevailed with no opposition. The January 29, 2025, Meeting Minutes were approved.

c. Chair Bagdasarian reminded everyone that the charge to the Task Force from Executive Order 2022-12 and the established Standards of Conduct are attached to the member's packets and will be referred to in future meetings.

II. Data Overview – Dr. Anthony Oliveri, MDHHS, provided an overview of the Michigan data

action dashboard, highlighting its features and the types of data available, including overdose deaths, emergency department visits, and health disparities.

- a. **Timely Data:** The importance of timely data was emphasized, noting that emergency healthcare data and EMS data are more up-to-date compared to death data. This timely data is crucial for making informed decisions and addressing public health issues promptly.
- b. **New Dashboard Additions:** New additions to the dashboard, including the health disparities and social determinants of health pages, which provide detailed data on overdose deaths by demographic subgroups and geographic regions.
- c. **Monthly Comparison:** The monthly comparison feature provides data on overdose deaths and emergency department visits over the past three years. This feature helps identify seasonal trends and other patterns in the data.
- d. Please see site for dashboard: <https://www.michigan.gov/opioids/category-data>

III. **Guest Presentation: Beth Boyd and Amber Slaby, Michigan Department of Corrections**

- a. **Beth Boyd** presented on the work that MDOC is doing. Highlighting key points: new intake is screened using the SASSI (Substance Abuse Subtle Screening Inventory).
- b. Levels 3 or 4 receive SUD treatment; Levels 1 or 2 can be recommended for treatment under certain criteria.
- c. Comprehensive treatment includes 52 sessions.
- d. MAT (Medication-Assisted Treatment) is continued for individuals entering prison or the Parole Violators Unit.
- e. Reentry on MAT includes scheduling appointments with community providers and providing medication supplies.
- f. **Amber Slaby** presented the outcomes of the Recovery Advocacy and Program Support (RAPS) program, highlighting its success in reducing new charges, parole violations, and positive drug screens. They emphasized the importance of recovery coaches in changing lives and improving outcomes for individuals in recovery.
- g. RAPS is funded through SAMHSA (State Opioid Response 3) for FY25.
- h. Goals include connecting individuals with recovery pathways and linking them to community supports.

- **Q & A:**

- **Q: Steve Alsum** inquired whether the program is removing individuals for testing positive on a drug screen, despite it being a symptom of the condition for which they are receiving treatment. He expressed his gratitude for the availability of medication. Additionally, Steve emphasized the importance of prioritizing methadone and asked if there are any plans to implement it.
- **A: Beth** confirmed that individuals who have positive drug screens are being asked to restart the curriculum and try again. Their goal is to ensure you succeed before you leave. She also mentioned that the MDOC is meeting internally to discuss how to prioritize methadone treatment. Currently, they are providing a 30-day supply of Naltrexone, a 7-day supply of Suboxone, and three additional 7-day prescriptions sent to their pharmacy.

IV. **MDHHS Updates**

- a. **Communications – Darice Darling** presented the campaign that started from November 2024 to August 2025 targeting various demographics. Media includes digital display, paid search, posters, billboards, radio, TV, and social media.

- Toolkit content for the current campaign will be disseminated once available.
- **Q & A:**
 - **Q: Darlene Owens** asked if this campaign will be available in different languages
 - **A: Darice** confirmed that the standard is to switch to Arabic American.
 - **Q: Lisa Coleman** asked if prevention will be included in the toolkit.
 - **A: Darice** mentioned that if there is anything needed in the toolkit, to inform MDHHS Communications Team.

- b. **Community needs assessments and TAC update – Brandon Hool** presented on providing technical assistance to local governments receiving opioid settlement funds.

- Focus on evidence-based best practices and strategies to reduce opioid overdose deaths.
- 14 webinars have taken place to date, and the recordings are available on the website.
- **Q & A**
 - **Q:** What programs are dedicated to raising awareness of SUD and suicide?
 - **A: Nina Bowser** mentioned that Central Michigan has a program dedicated to raising awareness of SUD and suicide, particularly within the Divine 9 and African American communities. There is a lot of community involvement working with schools. Dr. Bagdasarian also mentioned involving trade schools.

- c. **Budget – Tommy Stallworth** Total opioid settlement revenues and MDHHS appropriations for prior years.

- FY 2026 Budget Proposal includes \$70 million with \$15 million for one-time investments and \$55 million for ongoing investments.

- d. **Policy Agenda and subcommittee recommendations – Tommy Stallworth** provided an update on policy priorities, which include protections for harm reduction resources and reducing barriers to peer recovery coach certification.

V. Subcommittee Updates

- a. **Prevention – Kristie Schmiede and Lisa Coleman** shared that the Prevention Subcommittee is focused on identifying prevention networks and programs, exploring non-traditional strategies for public awareness campaigns, and targeting messaging to specific populations, including college campuses.
- b. **Harm Reduction – Darlene Owens and Seth Eckel** provided an update on harm reduction efforts, including drug checking and naloxone distribution. They shared preliminary data on drug checking and discussed the need to address barriers to accessing harm reduction services, particularly in Detroit.

- 5 HRAs have started drug checking via FTIR.

- **Darlene** mentioned that they are providing materials to providers and asking for feedback. People are taking the materials and getting them within the shelters. Wayne State is moving in phases, putting up posters that allow people to feel comfortable. Faith-based people are listening and trying to be a part of it. One-page guides on how to do it are being provided to help people save lives. When you put it in front of your place, you open it up. They also took clients to a Pistons game. Some of the ordinances need to be fought.
- **Dr. Bagdasarian** mentioned that they offered materials to Wayne County Medical Society and will tell people how to get resources. They will send the materials to PPP and communications, adding a logo to make it more effective. As they look at older Black men, going to church is another route. They aim to connect the dots and loop into the conversation.
- **Q & A**
- **Q:** What are the plans for naloxone distribution in Detroit?
- **A: Seth** mentioned that there will be a meeting next week for Detroit to get together, focusing on a model for Detroit specifically, including the health department. Dr. B was talking about outreach, and they are having a think tank to develop with the agencies to provide a safe space in the community for honest feedback to drive next steps.
- **Q:** How is drug checking progressing in Detroit?
- **A:** Drug checking is going well, but there is a need to get more drug checking into Detroit. This has been delayed due to federal activity, but there is optimism about moving forward.

c. Treatment – Greg Toutant and Angie Smith-Butterwick shared that the Treatment Pillar met on 2/11 and 2/25. The group reviewed several components of the 2025-2026 Policy Agenda for the Treatment Pillar. The SMEs provided feedback on the problem statements, proposed change, and needed actions.

- **Tommy** commented that local jail administrators can't serve people who live in their jail but not in their county. Once entered jail, there is no Medicaid.
- **Helen Klingert** mentioned that Macomb County has introduced naloxone and kept the program focused on county residents. They collaborated with the jail on OTF initiatives, and the jail has absorbed the costs. They have a limited amount of funds and infrastructure in place, even without that grant, and they have rolled those resources over. Tommy wanted to confirm whether this issue is a problem and if the subcommittee and chairs can act on it.

d. Recovery – Sam Price and Brandon Hool shared that the recovery subcommittee addressed barriers to recovery, including criminal exclusions and the need for employer incentives, and discussed re-engagement with the subcommittee based on policy initiatives.

- **Dr Bagdasarian** mentioned that the community needs assessment brought by Amanda Scott highlighted the needs for budget and recommendations. Policy and agenda review for department policy and criminal exclusions that keep people out were discussed.

VI. Next Steps

a. Chair Bagdasarian stated that the next meeting is currently scheduled for May 14, 2025, at

1:00 pm in Lansing, MI.

VII. Stakeholder and Public Comment

a. Chair Bagdasarian asked if there were any comments from the public.

- No public comments were requested nor shared.

VIII. Adjourn

a. With no further business to discuss before the Task Force, Chair Bagdasarian asked for a motion to adjourn. **The motion to adjourn was made by Darlene and supported by Kristie Schmiede. The motion to adjourn prevailed with unanimous support. Chair Bagdasarian adjourned the meeting at 3:00 p.m.**

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www.michigan.gov/mdhhs • 517-373-3740

Data Round-Up

Dr. Anthony Oliveri

March 5, 2025



Guest Presentations

Beth Boyd, MDOC

March 5, 2025



Substance Use Treatment Services

Opioids Task Force
3/5/2025



Prison Based Programming



SUD Screening

- Every new intake is screened utilizing the SASSI (Substance Abuse Subtle Screening Inventory) for Substance Use treatment needs.
- SASSI is normed for MDOC population with scores of 1-4
- Levels 3 or 4 receive SUD treatment
- SASSI scores of 1 or 2 can be recommended for treatment within certain criteria

Curriculum

CBI-CC

University of Cincinnati Corrections
Institute

- Addresses all 8 criminogenic risk factors
- Evidenced-based
- Applicable to both men and women
- Internal training option available
- Comprehensive treatment-52 sessions



Positive Drug Screens

- If an individual has a positive drug screen before the mid-term summary they may be continued in the group. The therapist will do a behavioral contract with them. If the therapist believes they haven't been an active member in group, they may be terminated.
- If an individual has a positive drug screen after the mid-term they are terminated from the group and will need to redo the group.

Milestones

DRAFT

Milestones

Programming Level 4 prisoners

Milestones

Programming Level 4 prisoners

Initiating programming earlier
during the term of
incarceration

WAT

MAT

Anyone who comes into prison or the Parole Violators Unit on a MAT medication continues medication

Any staff member can refer someone to MAT by filling out the Referral

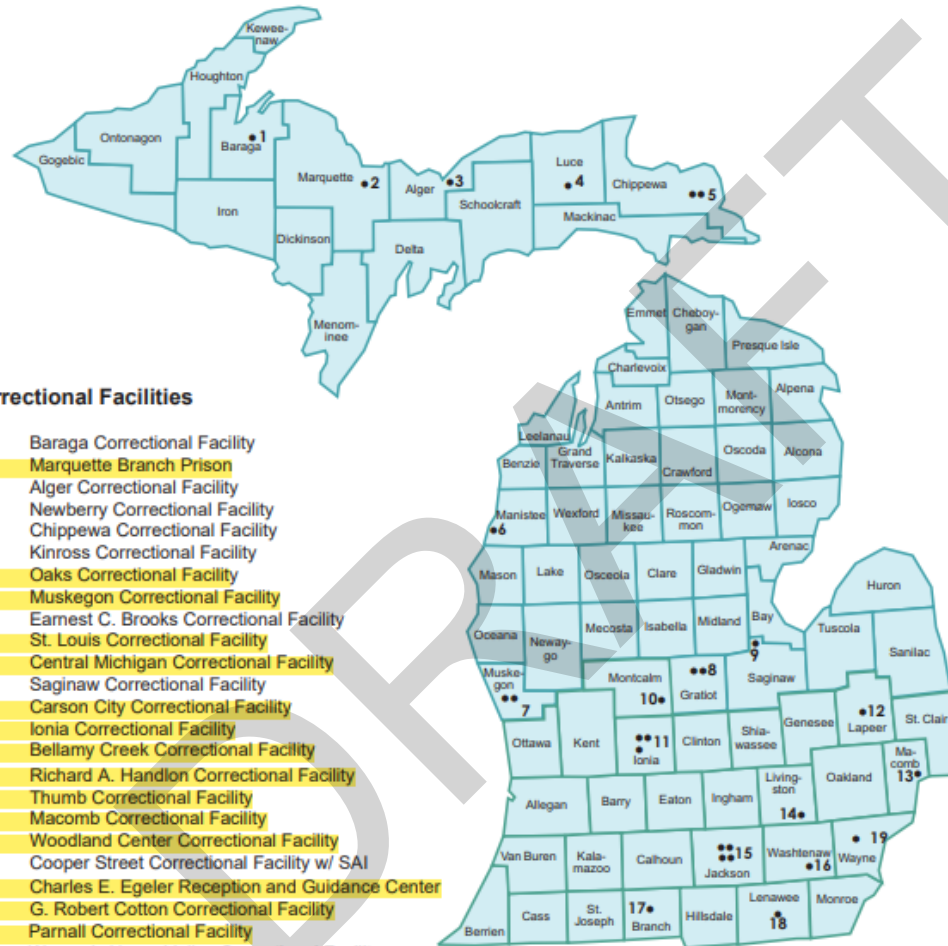
Self referral – anyone can ask for a referral at any time during their incarceration

Family members can reach out and to have someone referred for MAT

Referrals from the Parole Board

Michigan Department of Corrections Correctional Facilities Map

As of November 2022



Correctional Facilities

1. Baraga Correctional Facility
2. Marquette Branch Prison
3. Alger Correctional Facility
4. Newberry Correctional Facility
5. Chippewa Correctional Facility
5. Kinross Correctional Facility
6. Oaks Correctional Facility
7. Muskegon Correctional Facility
7. Earnest C. Brooks Correctional Facility
8. St. Louis Correctional Facility
8. Central Michigan Correctional Facility
9. Saginaw Correctional Facility
10. Carson City Correctional Facility
11. Ionia Correctional Facility
11. Bellamy Creek Correctional Facility
11. Richard A. Handlon Correctional Facility
12. Thumb Correctional Facility
13. Macomb Correctional Facility
14. Woodland Center Correctional Facility
15. Cooper Street Correctional Facility w/ SAI
15. Charles E. Egeler Reception and Guidance Center
15. G. Robert Cotton Correctional Facility
15. Parnall Correctional Facility
16. Women's Huron Valley Correctional Facility
17. Lakeland Correctional Facility
18. Gus Harrison Correctional Facility
19. Detroit Detention Center

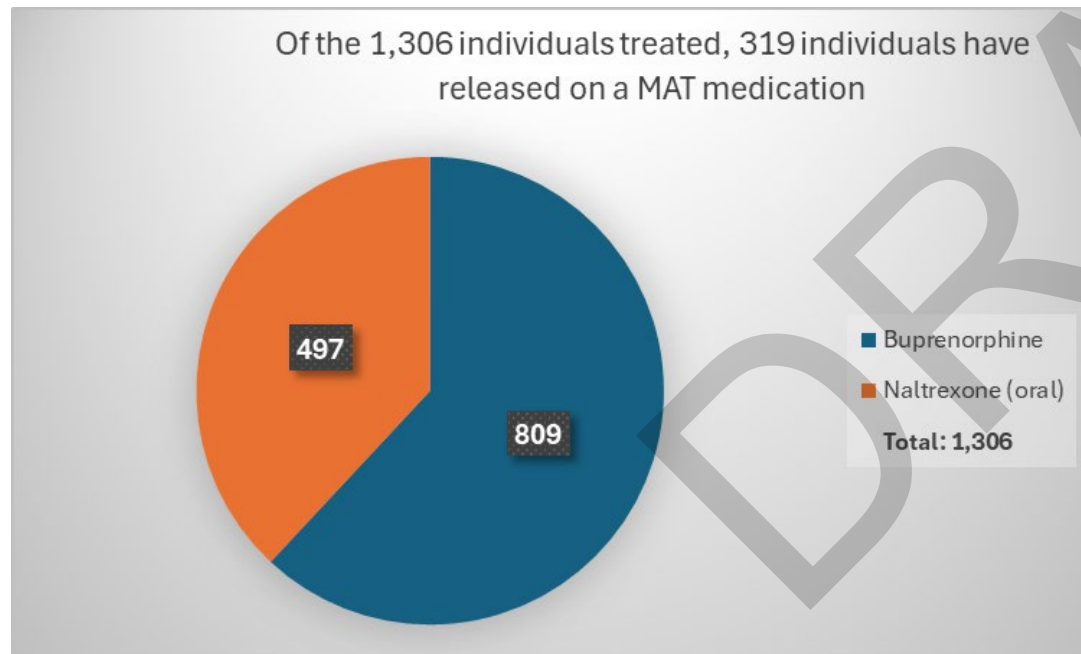
Buprenorphine Sites are highlighted in yellow

Reentry on MAT

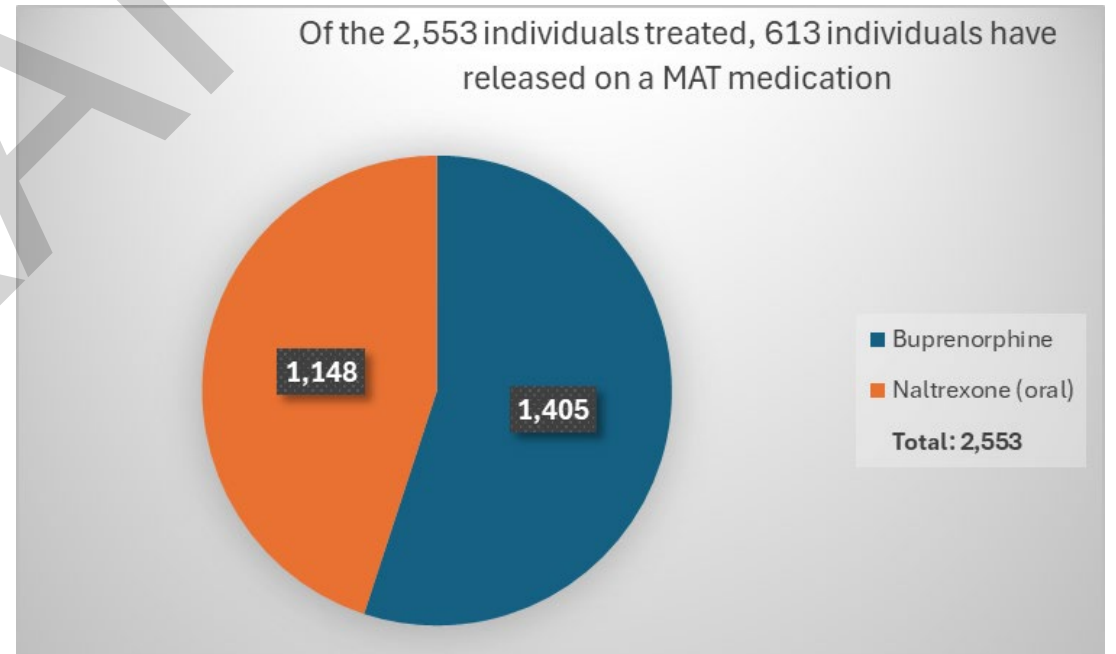
- Individuals on MAT medication are scheduled for an appointment with a community provider prior to release
- Individuals prescribed an oral medication will receive a 30-day supply
 - Suboxone-7 days in hand & three additional 7-day prescriptions sent to their pharmacy of choice
 - Naltrexone-30 days in hand
- Individuals prescribed an injectable, Sublocade or Vivitrol, will not receive additional medication upon release
- Refer to RAPS program if county of residence has an assigned recovery coach

MAT Data 2023 & 2024

**Total number of individuals receiving MAT from
October 2022-September 2023**



**Total number of individuals receiving MAT from
October 2023-July 2024**



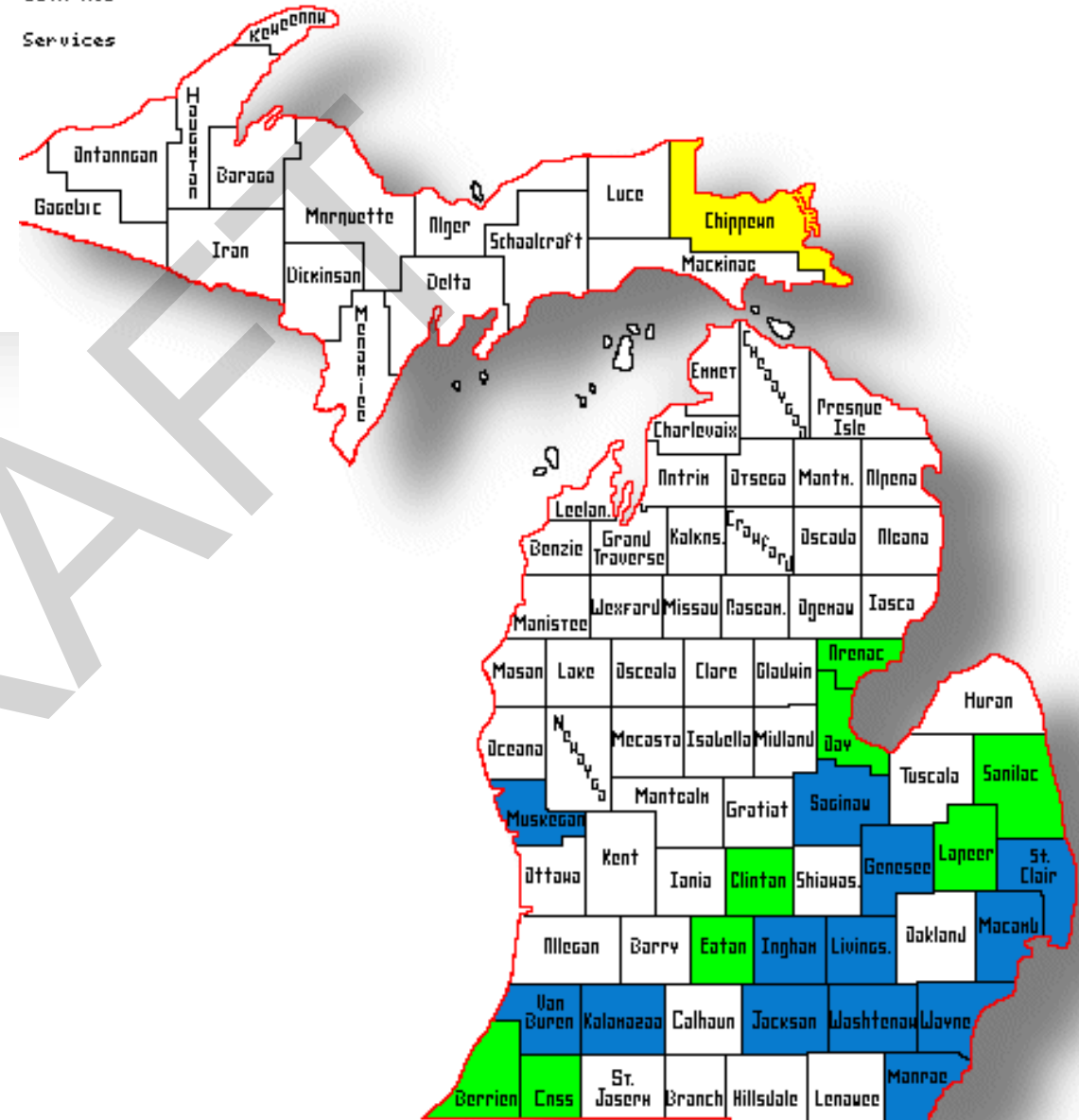
Community

- Individuals under MDOC supervision are considered a **priority population** due to public safety needs related to their MDOC involvement.
- PIHP's must ensure timely access to supports and services, including admission to treatment with 14 days of referral.
- Each PIHP has referral process for MDOC, including designated staff to assist with MDOC referral, screening and assessment problem identification and resolution

RAPS

with RCs
Services

- Since 2021, Peer Recovery Coaches have been embedded within MDOC probation and parole offices
- The RAPS program has twenty Recovery Coaches in thirteen counties throughout Michigan, including virtual recovery coach support in Chippewa County.





Goals



Connecting individuals with their
pathway to recovery



Goals



Connecting individuals with their
pathway to recovery



Introduction to a Recovery Family



Goals



Connecting individuals with their pathway to recovery



Introduction to a Recovery Family



Advocating for open and honest communication



Goals



Connecting individuals with their pathway to recovery



Introduction to a Recovery Family



Advocating for open and honest communication



Building confidence to utilize resources after coaching ends



Goals



Connecting individuals with their pathway to recovery



Introduction to a Recovery Family



Advocating for open and honest communication



Building confidence to utilize resources after coaching ends



Addressing barriers to success

How We Connect



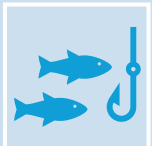
Regular communication and contact with participants

- Send inspirational messages
- Provide support
- Build and reinforce skills



Meet in the community

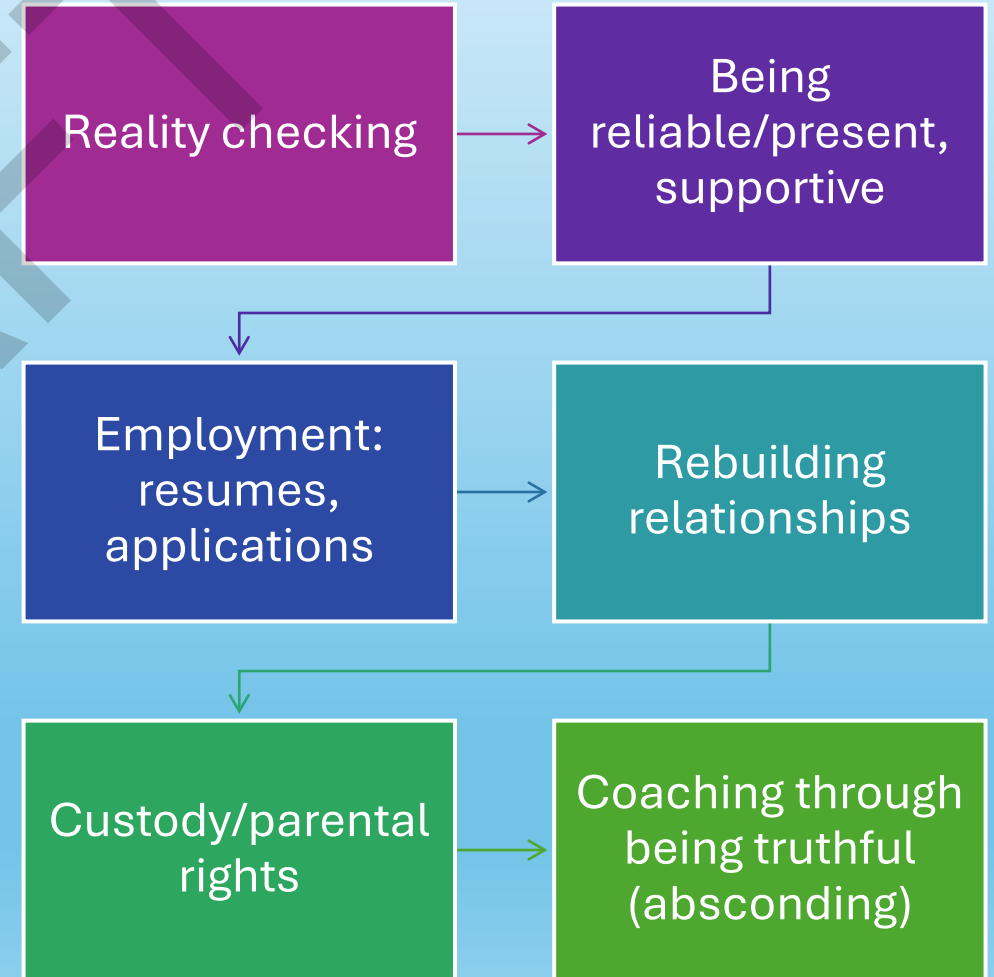
- Coffee shops
- Libraries
- Recovery meetings

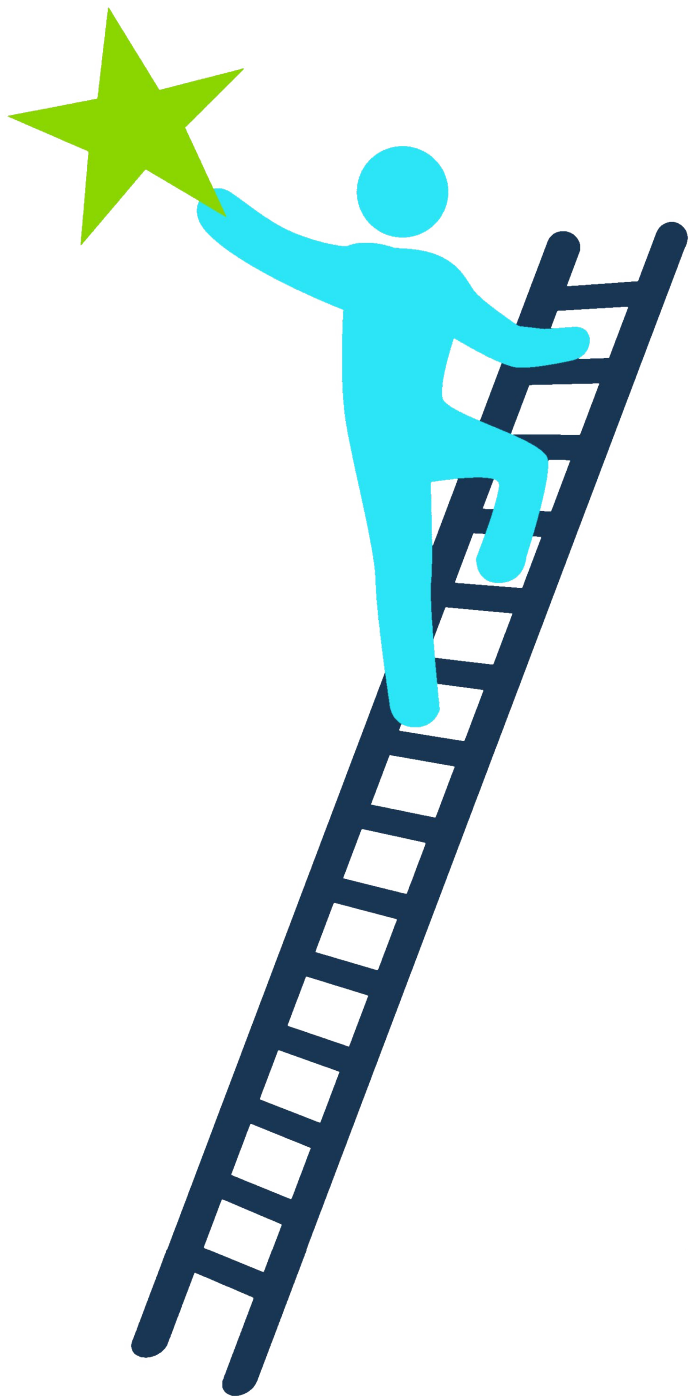


Pursue an activity together

- Fishing
- Art
- Fitness

What We Do

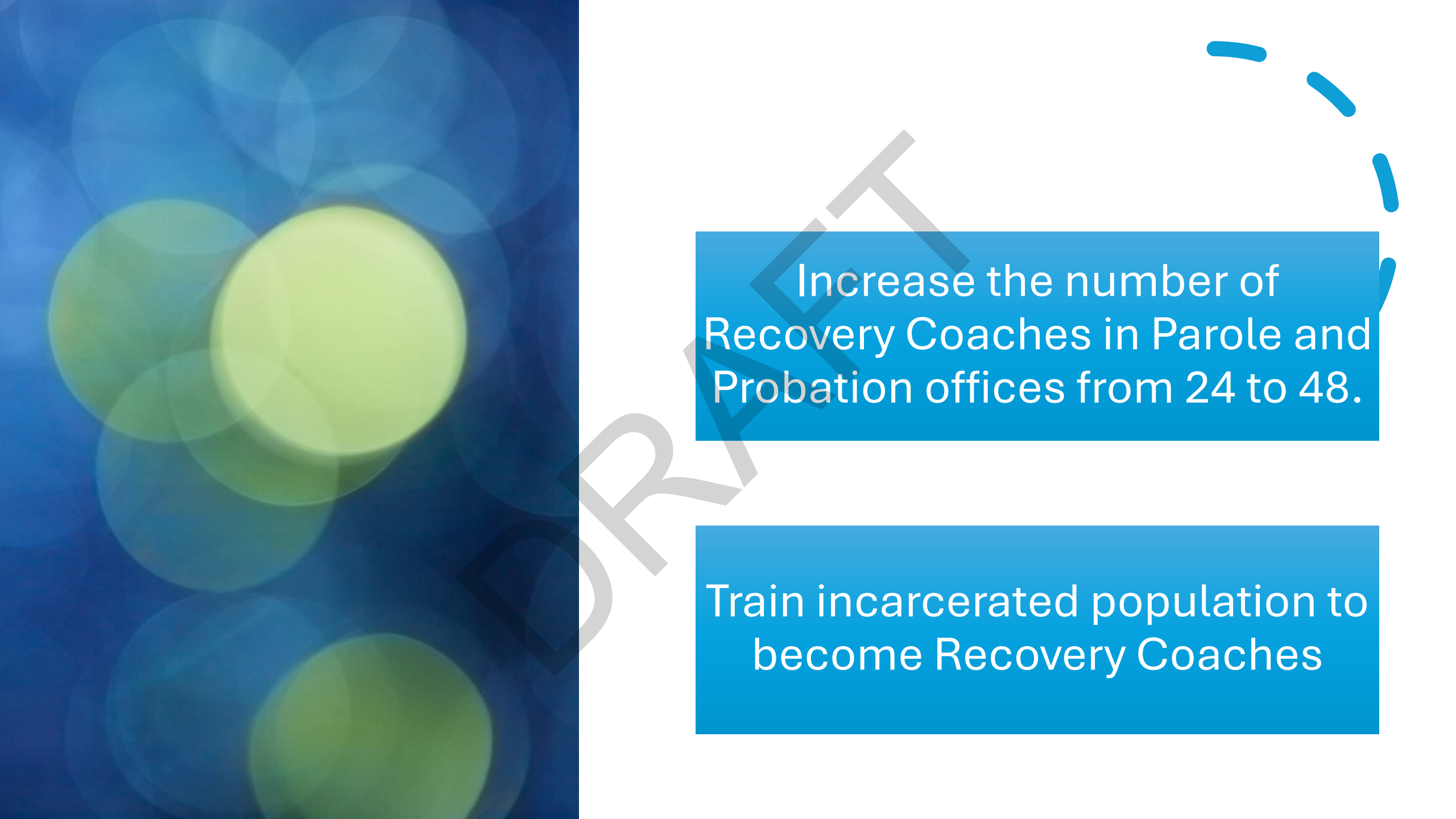




OUTCOMES

| | Enrolled | Not Enrolled | |
|-----------------------|----------|--------------|----------------------------|
| New Charges | 11.92% | 16.12% | *Parolees Only |
| Parole Violations | 9.60% | 15.05% | *Parolees Only |
| Positive Drug Screens | 16.19% | 27.47% | *Parolees and Probationers |

Looking Ahead FY 2026 Budget Proposal



Increase the number of
Recovery Coaches in Parole and
Probation offices from 24 to 48.

Train incarcerated population to
become Recovery Coaches

MDHHS Updates

March 5, 2025



Communications

Darice Darling

March 5, 2025



SUD Campaign Update

March 5, 2025



Campaign Overview



OBJECTIVE:

To educate Michiganders about substance use disorder prevention, harm reduction, treatment and recovery



TARGET AUDIENCE:

A18+ with emphasis on:

- Parents of children 12-18
- African American
- Hispanic
- Native American
- Arab American
- Young adults 14-21



GEOGRAPHY:

State of Michigan



TIMING:

November 2024 – August 2025

Media

- Digital display and paid search media began in November.
- In December, posters and table tents were posted in provider's offices, laundromats, convenience stores and bars.
- In January, outdoor billboards and bus shelter ads were posted.
- Broadcast radio started in February.
- TV through connected TV, Hulu, YouTube, MAB-paid PSA program, MCTA (cable)-paid PSA program and gas station TV begins in March.
- Audio streaming, social media, sponsored content, advertorials and print ads also begin in March.

Creative Examples

Videos

- Statistics - <https://vimeo.com/1060702327/a6cc75f069>
- Black Statistics - <https://vimeo.com/1056472579/6242b6ce13>
- Teen Statistics - <https://vimeo.com/1060550774/6e70bb58e1>
- Harm Reduction - <https://vimeo.com/1060647066/f8e98f8be7>
- Statistics Naloxone - <https://vimeo.com/1056469952/1faacbcf9f>

Radio

Hover to play



Statistics :60



Statistics :30



Teen Statistics :30



Black Community Statistics :30

Digital Samples

General



Parents



Black Community



Hover to play

Outdoor



**NALOXONE
CAN REVERSE
AN OVERDOSE IN MINUTES.
PROTECT YOURSELF AND OTHERS.**

Michigan.gov/SUD

MDHHS
Michigan Department of Health & Human Services



**NALOXONE
CAN REVERSE
AN OVERDOSE IN MINUTES.
PROTECT YOURSELF AND OTHERS.**

Michigan.gov/SUD

MDHHS
Michigan Department of Health & Human Services



**PREVENT DRUG
OVERDOSES.
TALK TO YOUR KIDS.**

Michigan.gov/SUD

MDHHS
Michigan Department of Health & Human Services



**PREVENT DRUG
OVERDOSES.
TALK TO YOUR KIDS.**

Michigan.gov/SUD

MDHHS
Michigan Department of Health & Human Services

Bus Shelters

**BLACK
OVERDOSE
DEATHS
IN MICHIGAN ARE
MORE
THAN
TWICE
THAT OF
ALL OTHER
RESIDENTS.**

Drug overdoses are preventable.

Keep naloxone on hand. It can reverse an overdose in minutes. If you are using street drugs, check them with xylazine and fentanyl test strips. Protect yourself and others. [Michigan.gov/SUD](https://michigan.gov/SUD)

MDHHS
Michigan Department of Health & Human Services





**MOST
STREET
OPIOIDS
CONTAIN A
POTENTIALLY
LETHAL
DOSE
OF FENTANYL.**

Today's drugs are deadlier than ever before.

Keep naloxone on hand. It can reverse an overdose in minutes. If you are using street drugs, check them with xylazine and fentanyl test strips. Protect yourself and others. [Michigan.gov/SUD](https://michigan.gov/SUD)

MDHHS
Michigan Department of Health & Human Services



Sponsored Content & Advertorials



COPY: Every year in Michigan, approximately 3,000 people die of drug overdose. Why is this happening? Today's street drugs are more accessible due to social media and the internet and more potent. Knowing the facts, how to reduce harm and prevent overdoses can help save lives.

Today's drugs are more addictive and deadlier than ever before.

Whether in pill or powder form, people may not be aware what is in today's street drugs. Here are some facts:

- Most street opioids tested contain a potentially lethal dose of fentanyl.
- Xylazine, a powerful tranquilizer that is not approved for use in humans, was found in 25% of the drugs tested.
- Almost 90% of Ecstasy (MDMA) tablets contained more addictive compounds like methamphetamine.
- Of the Adderall tablets circulating on the street, 1 in 5 are fake and could contain more dangerous substances.

Naloxone can save lives.

Most opioid overdoses happen in the home. In 1 out of 3 overdoses, another person is present. Naloxone can rapidly reverse an overdose in minutes. The results are lifesaving.

Drug overdoses are preventable.

Learn how to save lives at Michigan.gov/SUD or if you need immediate support during a crisis call 988.

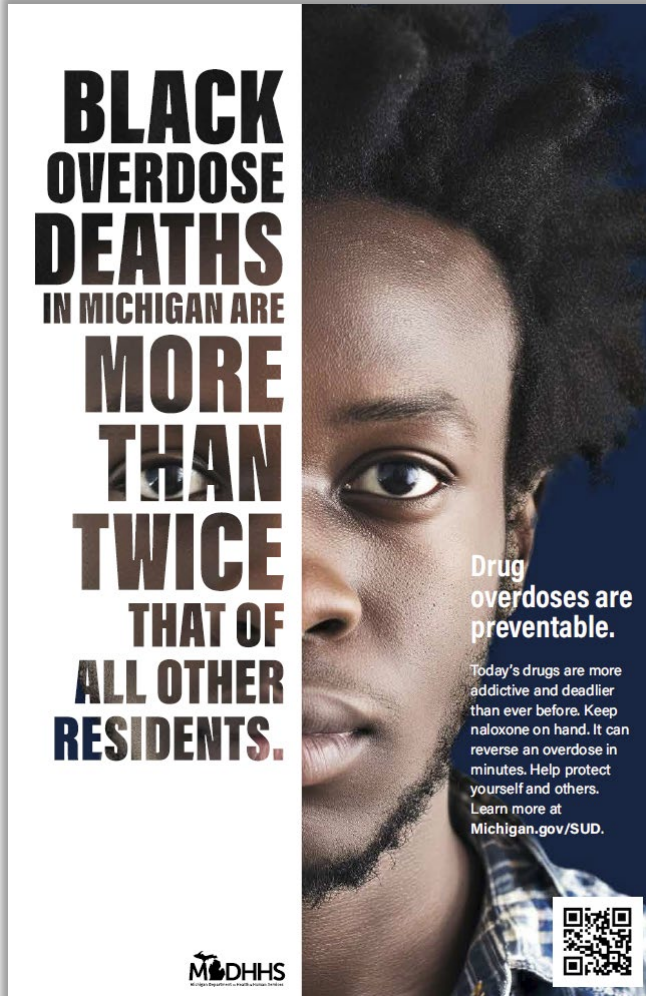
Next Steps

Next Steps

- Finalization of the toolkit, including flyers, posters and social media graphics.
- Fielding the next survey in late April to gauge progress with perceptions since the initial survey and campaign launch.
- Finalizing the Treatment creative campaign, “Consumed.” Tentative flight dates are May-August.

Toolkit

Poster Example



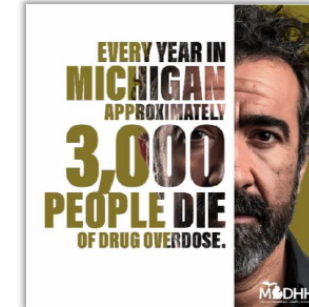
Flyer Example



Social Media Example

The social media copy and reference visuals are below. When posting on social channels, please download the image file from the "image link" – do not use the screenshot below.

GENERAL AUDIENCE – OPTION A



[Image Link](#)

STATUS COPY: The statistics on substance use disorder are staggering, but drug overdoses are preventable. Learn how to protect yourself and others at Michigan.gov/SUD.

GENERAL AUDIENCE – OPTION B



[Image Link](#)

STATUS COPY: Today's drugs are deadlier than ever before. Keep naloxone on hand. It can reverse an overdose in minutes. Learn how to protect yourself and others at Michigan.gov/SUD.

Technical Assistance Collaborative Brandon Hool

March 5, 2025



Update on Opioid Settlement Technical Assistance Collaborative (TAC)

State Opioid Task Force Meeting
March 5, 2025 | 1:00 - 3:00 pm | South Grand Building

Brandon Hool
Policy Advisor on Drug User Health and Recovery
Michigan Department of Health & Human Services
Hoolb@michigan.gov | 517-420-4978



Technical Assistance Collaborative



Technical Assistance Collaborative (TAC) Overview

- Established in April 2023
 - Michigan State University, the University of Michigan, and Wayne State University
- Provides technical assistance and expertise at *no cost* to local governments receiving opioid settlement funds
- Focus on evidence-based best practices, promising programs, and strategies to remediate opioid overdose deaths



Why the TAC?

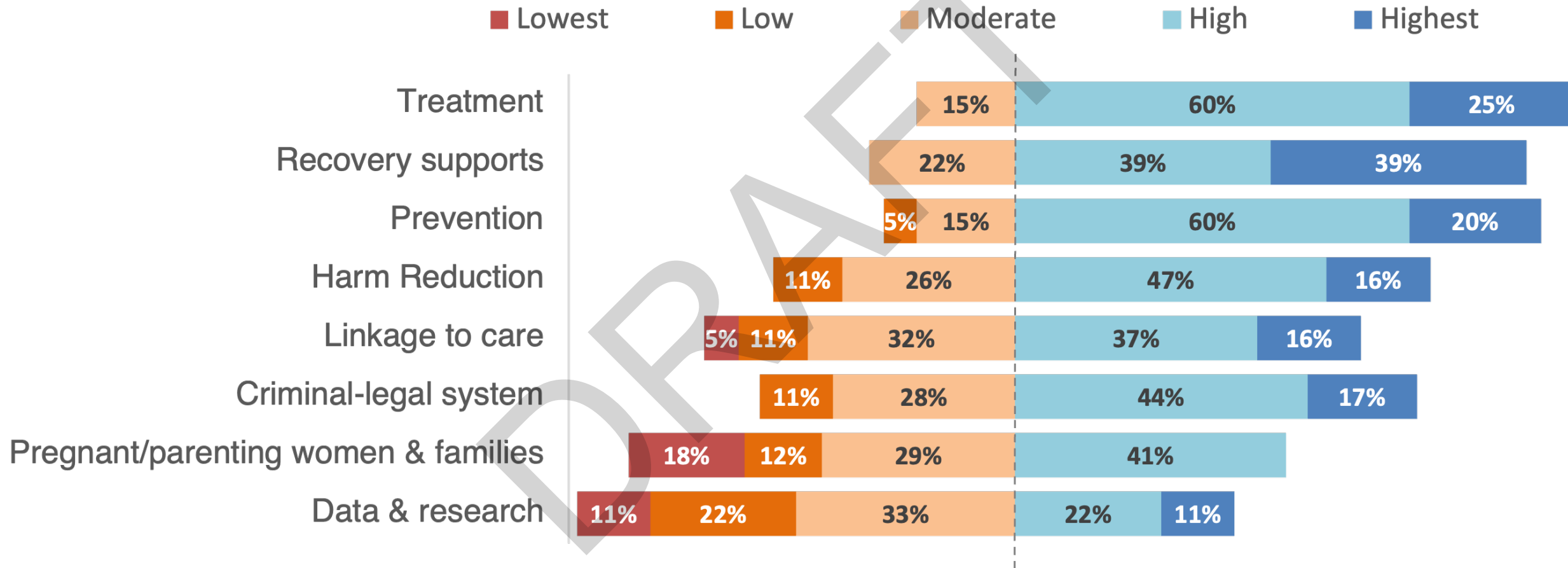
- MSU, U-M and WSU are working together with MDHHS to offer local governments assistance in developing abatement strategies to address the ongoing opioid epidemic (these strategies are in compliance with Exhibit E of the settlement agreements)
- TA provided is based on sound research methods to prevent bias, maintain confidentiality and establish collaborative engagements
- Mission and service-focused, the TAC provides resources such as timely community assessments, analysis with evidence-based recommendations, implementation support and evaluation of efforts to prevent and treat opioid use disorder

Analysis: Opioid Settlement Local Government Assessment

Data from the 2023 & 2024
Michigan Association of Counties (MAC) Surveys



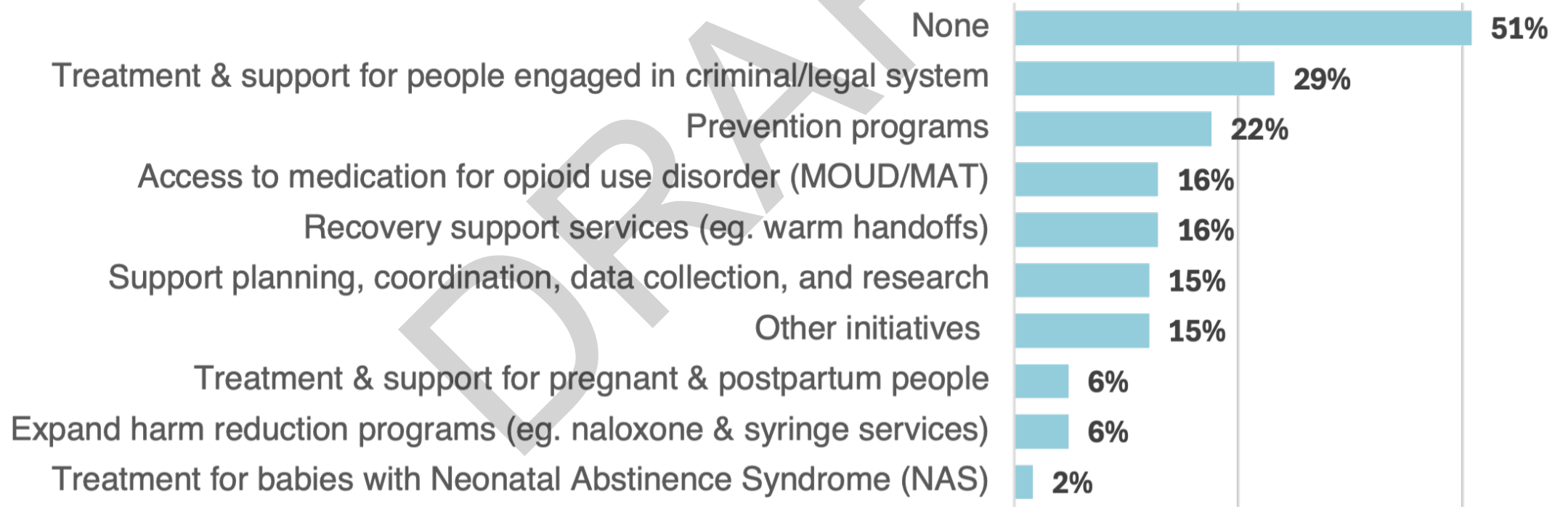
2023 Local Government Spending Priorities



Key takeaway: In 2023, **Treatment, Recovery, Prevention, and Harm Reduction** were the highest priorities for Michigan counties planning to spend settlement funds (n=20)

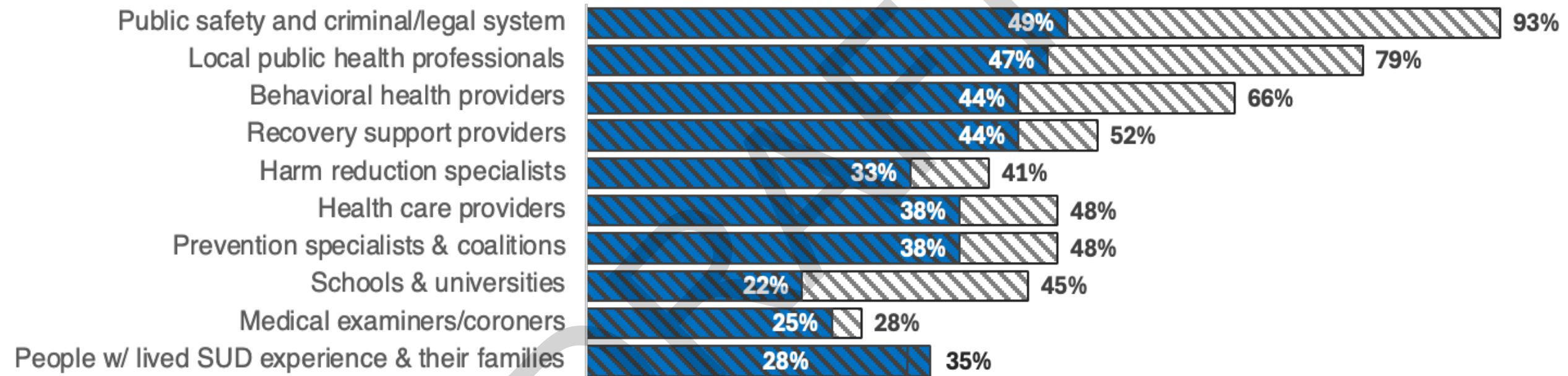
2024 Actual Settlement Spending by Strategy

Half of Michigan counties report no strategies for 2024 settlement spending;
followed by treatment and prevention (n=55)



2024 Actual vs. Expected Stakeholder Engagement (n=53)

■ Actually engaged (2024) ▨ Expected to engage (2023)



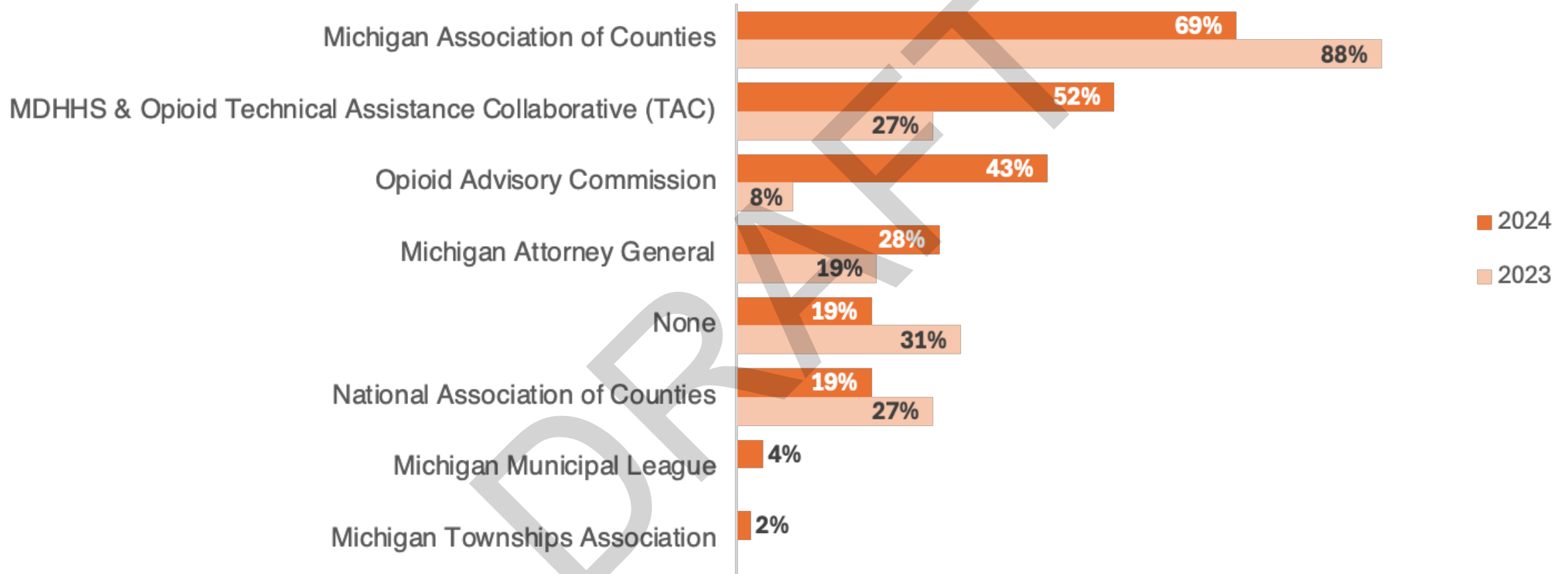
Key takeaways:

- A substantially **smaller proportion of counties** have actually engaged community stakeholders, compared to the proportion who expected to engage them
- **35% of counties** actually engaged **people with lived SUD experience & their families**, compared to **just 28%** of counties that expected to engage these stakeholders
- While **93%** of counties expected they would engage **public safety and criminal/legal system** stakeholders, **just 49%** have actually engaged them

Local Government and Community Engagement with TAC



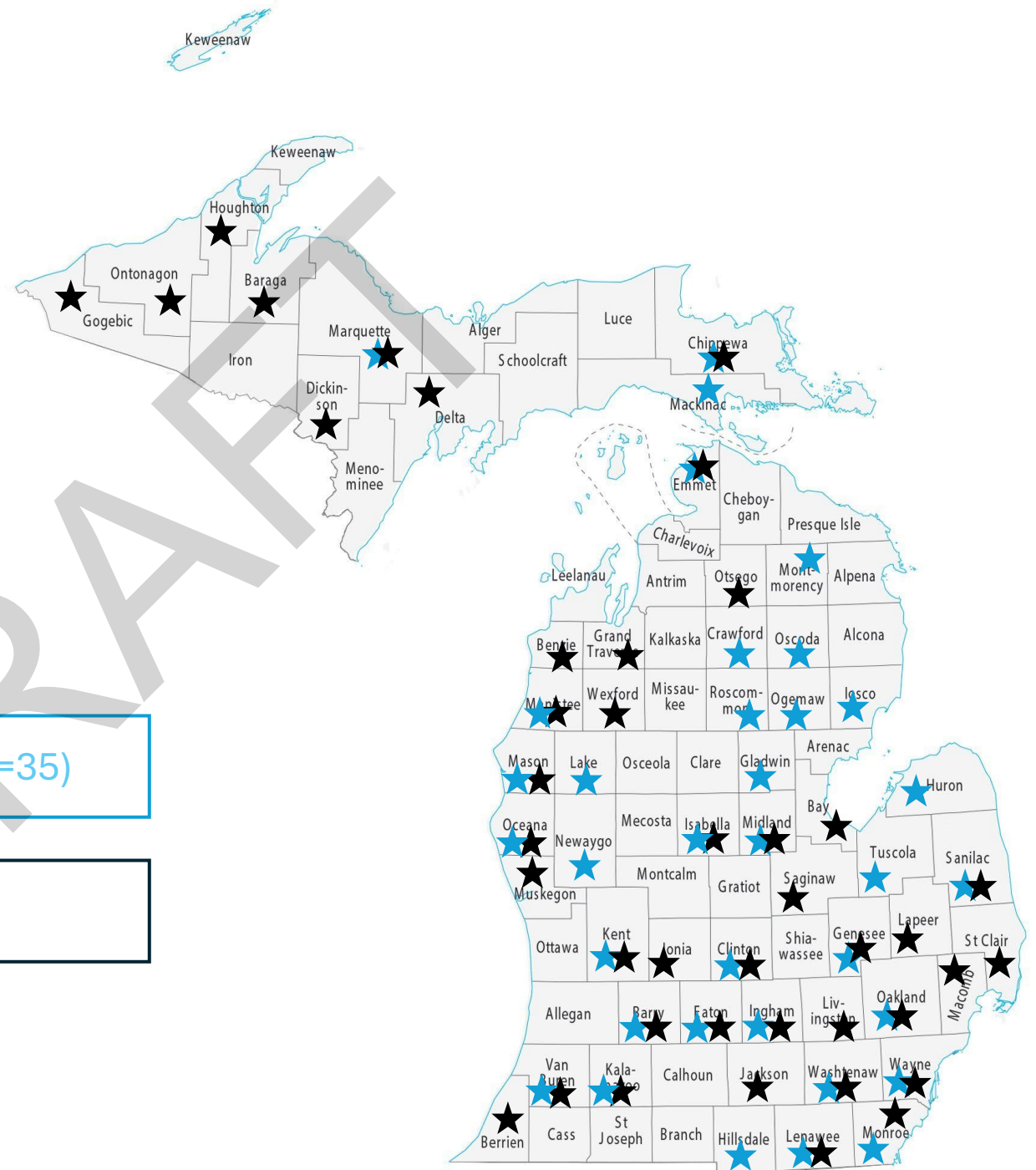
Michigan county engagement with resource providers in 2023 (n=26) and 2024 (n=55)



Key Takeaways:

- County engagement with MDHHS & Opioid Technical Assistance Collaborative (TAC) and the Opioid Advisory Commission **grew from 27%** of counties in 2023 (n=26) to **52%** of counties in 2024 (n=55)
- The majority of counties engaged Michigan Association of Counties in both 2023 (**88%**) and 2024 (**69%**)

TAC County Engagement (N=55)



TAC Learning Series

- **14 monthly webinars** held to date
- Topics: evidence-based programs and strategies to decrease opioid use disorder & overdose
- Attendees: county & local government representatives, community orgs from **42+ counties**
- **Recordings** available to participants and on the [MDHHS website](#)

Example Topics

Exhibit E &
Allowable
Expenses

Community
Assessment &
Evaluation

Harm Reduction

Leveraging Peer
Providers

MOUD in Jails &
Other Settings

Stigma &
Substance Use
Treatment &
Recovery Services

Local Government TA Requests

- **35** requests for community assessment
- **25 counties supported** through the TAC
- **3** counties in process of receiving **community needs assessment** support
- **7** counties only completed an **initial consultation(s)**
- **1 pilot** county working with TAC for **evaluation** support

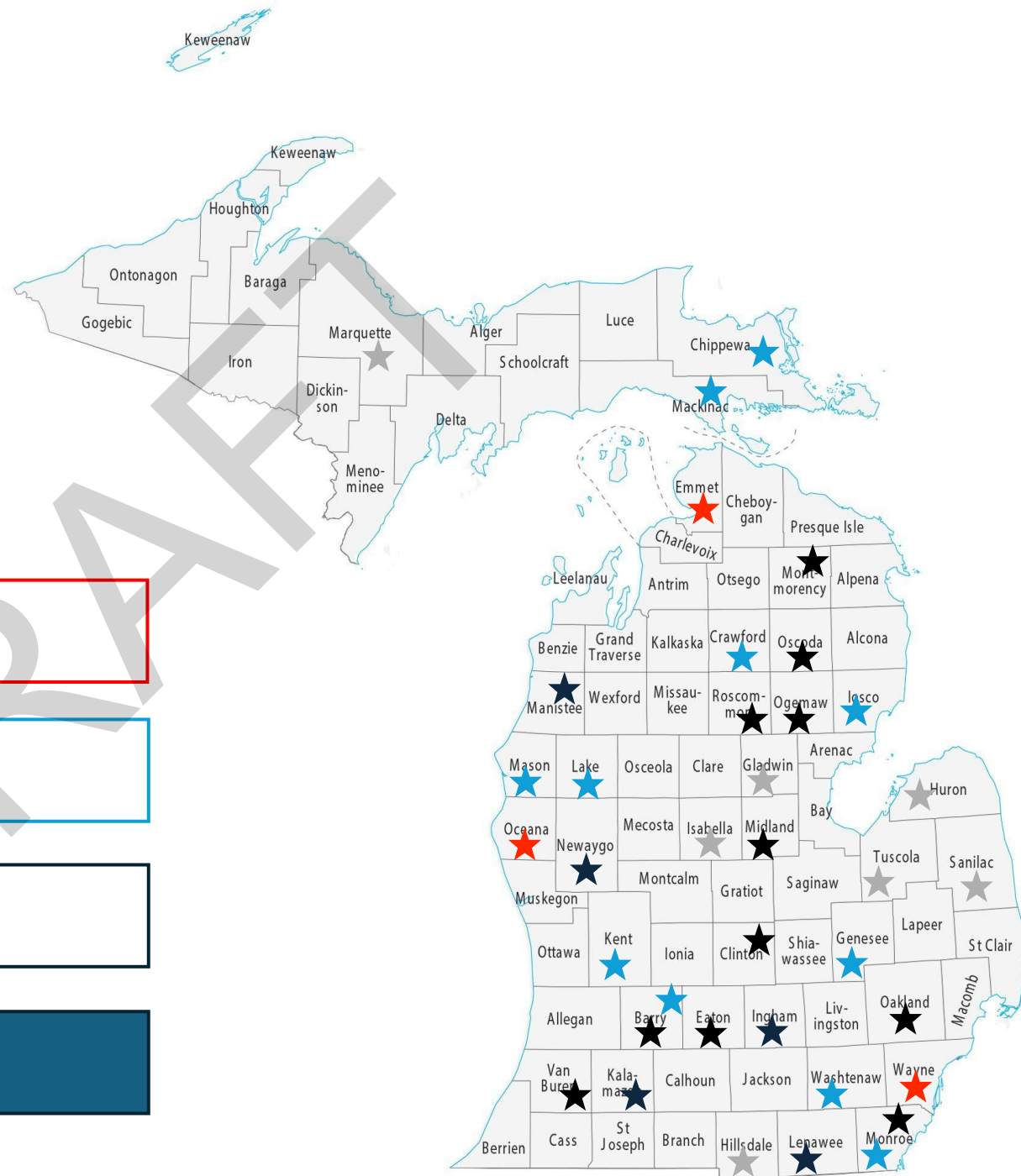
TAC County Engagement: Evaluation and Community Assessment Supports

★ Support being planned (N=3)

★ Active support (N=10)

★ Completed support and closed (N=15)

★ Closed after consult (N=7)



**1,311 directly
impacted people
surveyed**

TAC Community Assessment County Engagement

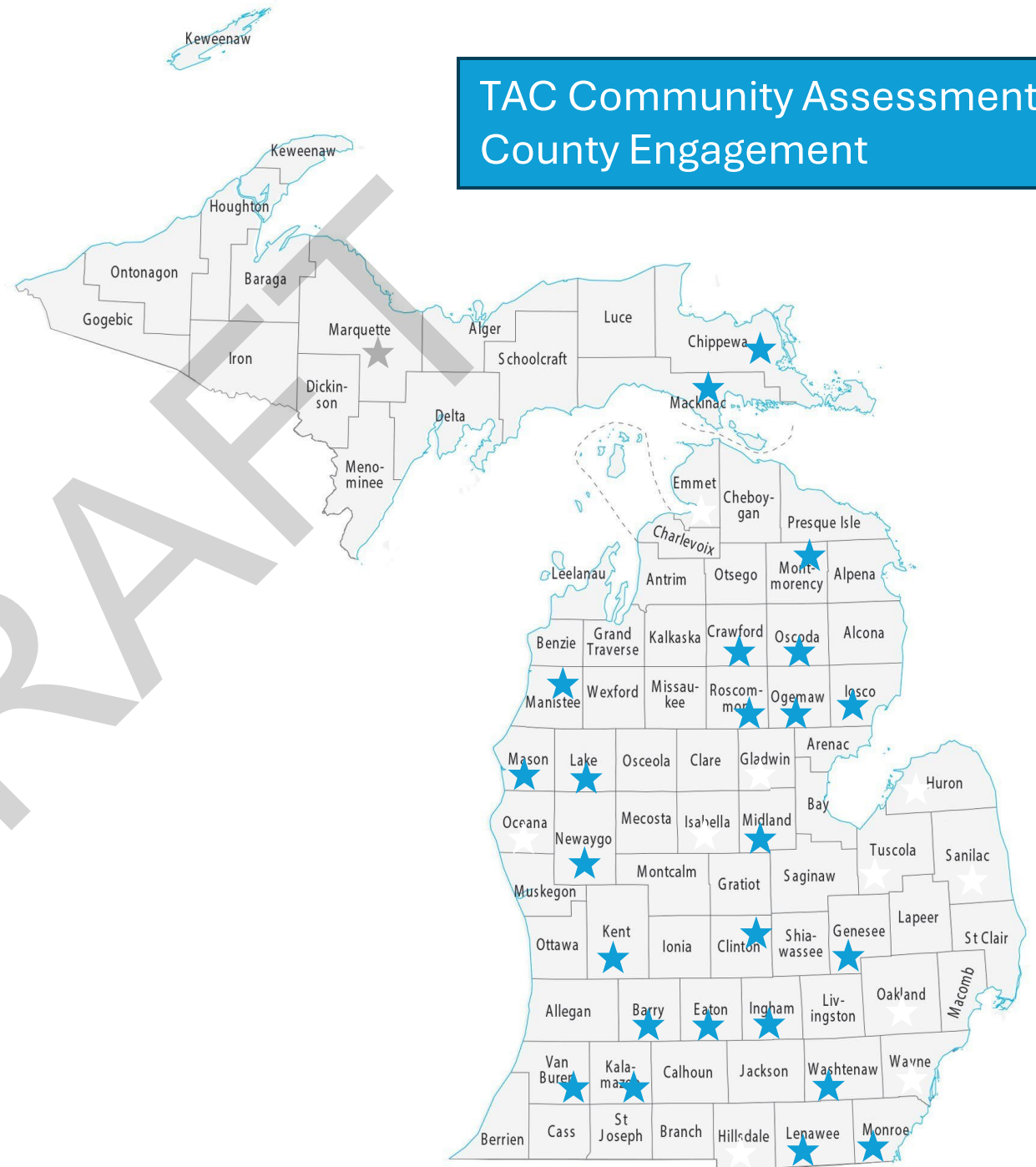
A map of Michigan showing all 83 counties. Each county is labeled with its name. Engagement status is indicated by symbols: a blue star for 'Yes', a grey star for 'No', and a grey square for 'Not Applicable'. A large grey 'X' is drawn across the upper left portion of the map, covering Keweenaw, Houghton, Baraga, Ontonagon, Gogebic, Iron, Marquette, Dickinson, and Menominee counties. The following table lists the counties and their engagement status based on the map:

| County | Engagement Status |
|----------------|-------------------|
| Keweenaw | Not Applicable |
| Houghton | Not Applicable |
| Baraga | Not Applicable |
| Ontonagon | Not Applicable |
| Gogebic | Not Applicable |
| Iron | Not Applicable |
| Marquette | No |
| Dickinson | Not Applicable |
| Menominee | Not Applicable |
| Delta | Yes |
| Alger | Yes |
| Schoolcraft | Yes |
| Luce | Yes |
| Chippewa | Yes |
| Mackinac | Yes |
| Emmet | Yes |
| Cheboygan | Yes |
| Charlevoix | Yes |
| Leelanau | Yes |
| Antrim | Yes |
| Otsego | Yes |
| Montmorency | Yes |
| Alpena | Yes |
| Benzie | Yes |
| Grand Traverse | Yes |
| Kalkaska | Yes |
| Crawford | Yes |
| Oscoda | Yes |
| Alcona | Yes |
| Manistee | Yes |
| Wexford | Yes |
| Missaukee | Yes |
| Roscommon | Yes |
| Ogemaw | Yes |
| Iosco | Yes |
| Mason | Yes |
| Lake | Yes |
| Osceola | Yes |
| Clare | Yes |
| Gladwin | Yes |
| Arenac | Yes |
| Oceana | Yes |
| Newaygo | Yes |
| Muskegon | Yes |
| Mecosta | Yes |
| Isabella | Yes |
| Midland | Yes |
| Bay | Yes |
| Huron | Yes |
| Tuscola | Yes |
| Sanilac | Yes |
| Montcalm | Yes |
| Gratiot | Yes |
| Saginaw | Yes |
| Lapeer | Yes |
| St Clair | Yes |
| Ottawa | Yes |
| Kent | Yes |
| Ionia | Yes |
| Clinton | Yes |
| Shiawassee | Yes |
| Genesee | Yes |
| Allegan | Yes |
| Barry | Yes |
| Eaton | Yes |
| Ingham | Yes |
| Livinston | Yes |
| Oakland | Yes |
| Macomb | Yes |
| Van Buren | Yes |
| Kalamazoo | Yes |
| Calhoun | Yes |
| Jackson | Yes |
| Washtenaw | Yes |
| Wayne | Yes |
| Berrien | Yes |
| Cass | Yes |
| St Joseph | Yes |
| Branch | Yes |
| Hillsdale | Yes |
| Lenawee | Yes |
| Monroe | Yes |

450 providers surveyed

★ CA surveys & interviews

TAC Community Assessment County Engagement



TAC Community Assessment County Engagement

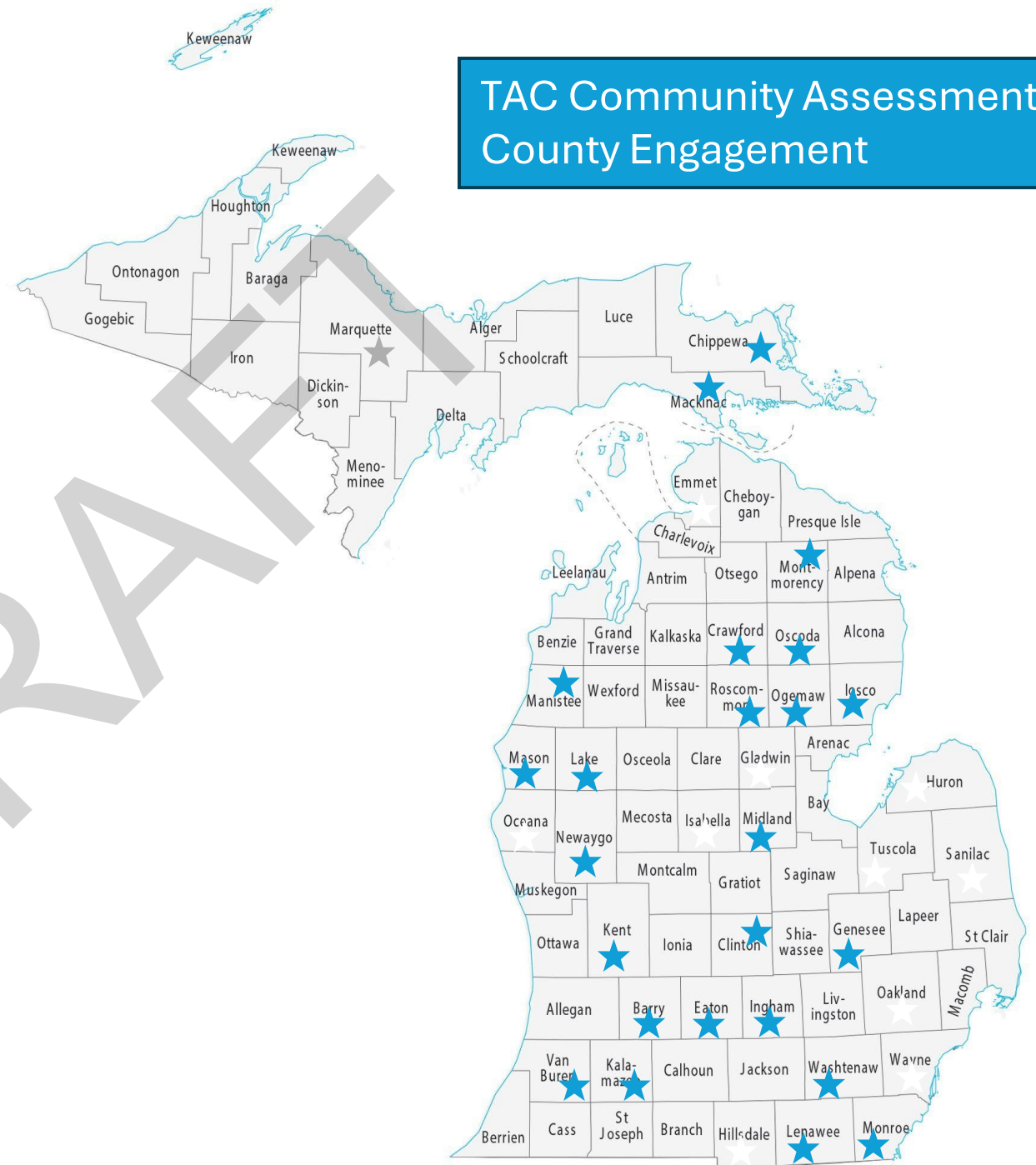
**577 people with lived
& living experiences
interviewed**

★ CA surveys & interviews



TAC Community Assessment County Engagement

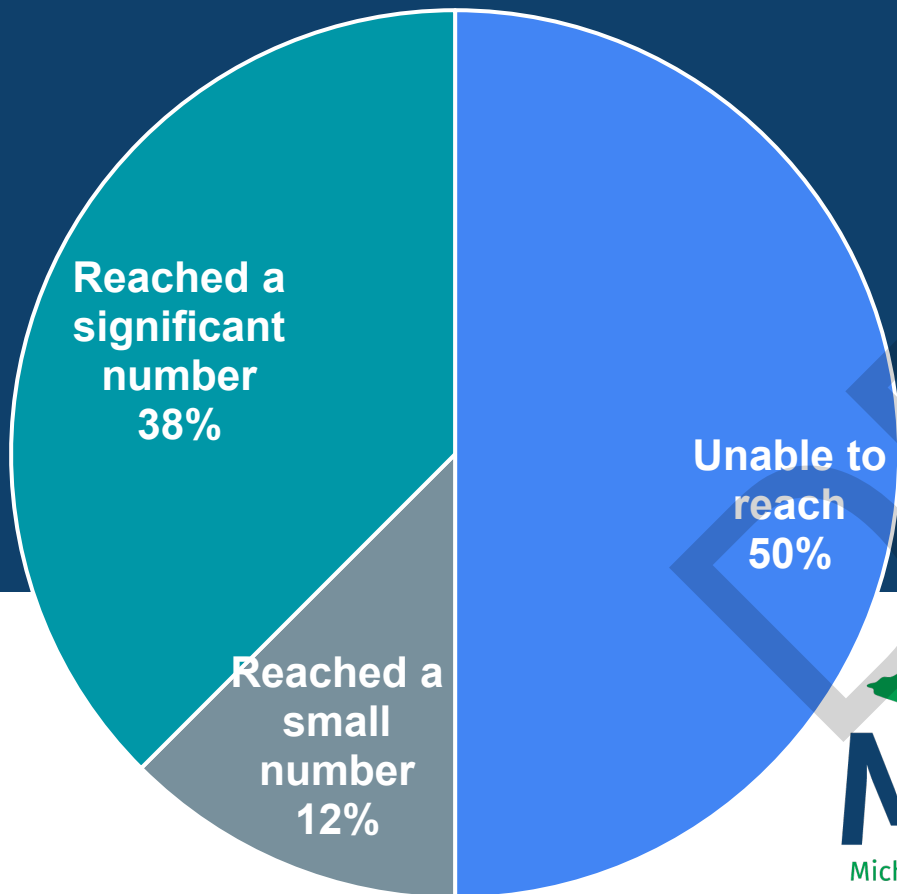
242 providers interviewed



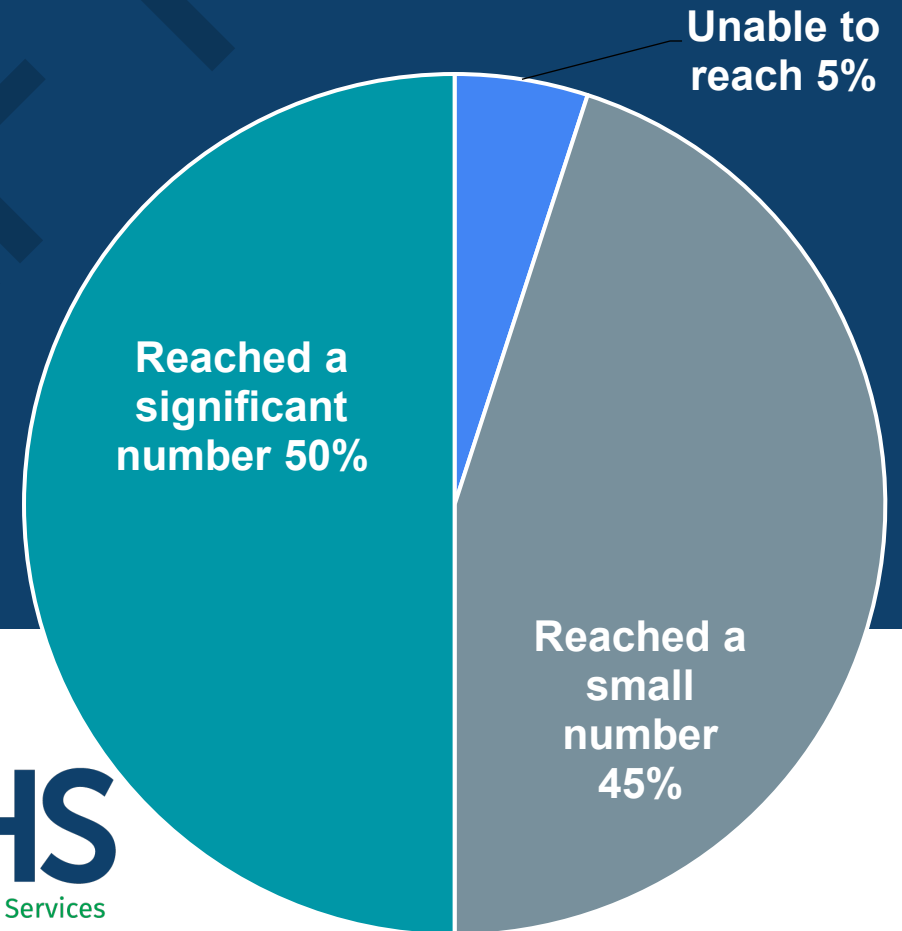
★ CA surveys & interviews

Community assessments: Reaching those most in need

People with Living Experiences



People with Lived Experiences



Community Assessment: Categories of Identified Needs

1. Lack of housing and basic needs
2. Presence of stigma
3. Lack of availability & accessibility of behavioral health, SUD, and psychiatric care services
4. Lack of coordination within and across systems: Medical, legal, and SUD/behavioral health systems coordination
5. Lack of essential harm reduction services and outreach
6. Other additional needs

A word from our communities...

Housing Instability

“You can't think beyond the scarcity.”

– People With Lived Experience (PWLE)

“You can't convince somebody to stay sober when they're on the street and they have nowhere to go. So, they're going to end up in flophouses and places where they know they can go, which unfortunately is going to put them in a situation where they know they shouldn't be.”

– SUD Professional

Permanent Housing

“How do you give a person a place to stay for two months?

Do you see him getting his stuff together?

Okay. Ooh, got his license. Never had a license. Never had a license in my life. I finally got my driver's license. That's huge. I can go to my doctor's appointments now. I'm doing different things now.

I finally got assistance with food stamps, and I have things going on now.

Taking my daughters to the movies and doing stuff with my son. I'm being a dad, being a human being. That's a lot when you're able to relate with society. I've never been able to do that before. I've always been insecure. I've always been hiding. I'm able to get out now. I'm able to be free.

Then they say, ‘Your two months is up, you got a week and a half. What are you going to do? You got to go.’

‘I got to go where? I don't have nowhere to go.’”

– PWLE

Housing for Families

*“So when I found out I was pregnant, I immediately decided to come back out to this community. I thought the resources were much better out here, not just for me but for baby. And so when I left treatment, I came into transition housing. And my baby's due [soon], so I'm **having a hard time finding housing that accommodates me and my baby**, that I can still stay in the recovery community with. So that's something that I've been struggling with.*

*Also, one of the main ones that is in this area, **you can only have one child at. I have two other children**. I want them in my home with me. But it would only accommodate for me and my newborn, so that would be also a difficult thing. **It's not like I can just go to a house with both my kids and stay in sober living**. So I think that's something we're definitely lacking in this area.”*

– PWLE

Employment

*“I can't get no job. So I think with the situation, y'all should help people, especially with disabilities because a lot of people that's on these meds are disabled people. They need help with jobs. **I need help with a job. I would prefer a job over disability.** But it's like I'm getting shoved off into this corner, **I can't live. I just want to live.** It's like I'm dying to live.”*

– PWLE

Basic Needs: Phone

“If you don't have a steady and stable phone for them to contact you to, that automatically makes you ineligible for the wait list for transitional housing in [this] County. So even if you successfully go through treatment and everything like that, if you don't have a cell phone, you're not able to get into transitional. So that's also been a bit of a barrier because those government phones break within 30 seconds of use sometimes, and then you can't get a new one automatically. So it's putting people in a really tricky situation out in the community.”

– SUD Professional

*“No, they actually make it pretty easy. **They give reminders on your phone, but I never have a phone.** I lose my phone or sell my phone, lose it, or I don't know, something crazy. Mostly lose it or get it stolen.”*

– PWLE

Stigma: Healthcare

*“When I tell somebody that I do meth, the look on their face, my own doctor, my own PA, **they don't hear anything after that. I did meth.** They're stuck on that. I'm a bad person. I'm an addict. Why do I still have teeth? You know how many times I've heard that. It's not fun.”*

– PWLE

*“The medical field, it's almost like they have free rein I think, to be able to just push that stigma. Because that's where I think, as an addict, I know that's where I felt the most of a stigma was anywhere in the healthcare, from dental to urgent care to emergency room, all of that. **So, you hear it enough, you're treated like it enough, you become that.**”*

– PWLE

*“**I'm afraid to tell my doctors I'm even in methadone treatment because they treat you differently.**”*

– PWLE

Stigma: Healthcare

*“So they end up in the ER, we confirm everything, we give them their dose of Suboxone, but now it's time to discharge them and **we cannot discharge them with a script for Suboxone** because they don't have health insurance and they don't have cash to pay for it out of pocket. So we call our social worker and we say, ‘Well, if this was an antibiotic, we could send the script to the outpatient pharmacy, which is currently open. They would fill it and the bill for that script would be added to their ED visit.’ But because it's an opiate, they say, ‘No, we're not allowed to do that.’ So **a life-saving medication, more life-saving than an antibiotic for a dental infection is denied to this patient because of rules that honestly, in my opinion, are very much based in stigma.**”*

– SUD Professional

Stigma: Recovery Community

*“When I first got sober, it took me a year and a half to even go to an AA meeting because **I was worried about how people might think of me** or the people I might run into or back doing the shit. So, I mean it affected me huge.”*

– PWLE

*“And then you put them back out on the street, and she's like, ‘What do I do? Where do I go?’ And to be **afraid to tell somebody you're on methadone or Suboxone**, or whatever it might be, it's challenging and it's really difficult. Or then you tell your other peers that are in recovery that you're on something, just like, ‘Well, that's not sobriety.’ But it is. Because of the stigma of saying, **if you're on something other than complete abstinence, it's just a no.**”*

– PWLE

Stigma: Young People

*“I have had a couple conversations with kiddos on my caseload who, they have the desire to want to kind of stay on that straight path and to stay clean, but just one kiddo particularly, he told me, he said, 'I don't want to use substances, but at this point I'm **already labeled a, quote-unquote, druggie,** so why, if this is the way that I'm perceived, **what's the difference of trying to change and make something different out of where I already sit within the high school culture?**' Those unfortunate labels that get tagged on kids, and he said it's just really hard to kind of pull away from that.”*

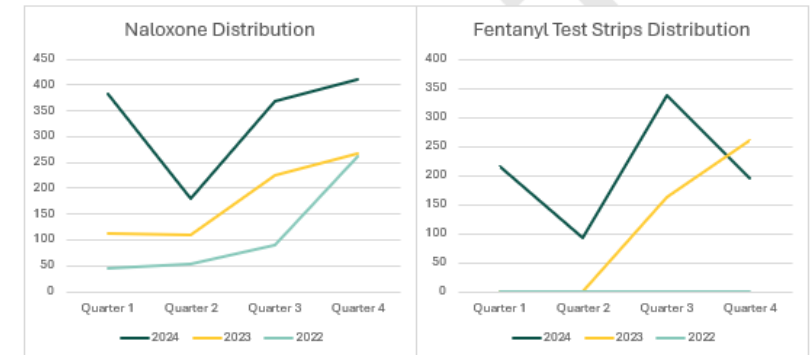
– SUD Professional

TAC Evaluation Technical Assistance Overview

- **Evaluation efforts led by Wayne State University in collaboration with TAC members.**
- **Partnering with counties and building on existing processes**
 - Enhancing the reporting process to improve data quality and usability
 - Supporting programs in identifying key barriers and facilitators to their work to inform strategic decision-making
 - *Building evaluation capacity of individual programs*
 - *Reducing the administrative burden that can pose a barrier to building/enhancing outcome reporting and progress monitoring processes.*
- Ensuring evaluation methods are *relevant and beneficial* to counties and programs



In 2024, the distribution of all supplies was substantially higher than previous years. The increase in Xylazine test strip distribution is not shown on a graph, because no xylazine test strips were distributed in previous years.

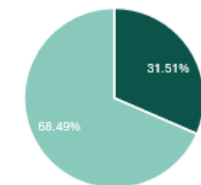


See Table 6 in Appendix for detailed data

Funding

| Total Funded Amount | Amount Spent | Amount Remaining |
|---------------------|--------------|------------------|
| \$15,000.00 | \$4,725.81 | \$10,274.19 |

Total Funded Amount: \$15,000



■ Amount Spent ■ Amount Remaining

Evaluation Example: Monroe County

- *Built on Monroe County existing semi-annual and annual reporting process.*
- **Building relationships with individual programs**
 - *Follow up with individual programs helped lay the groundwork for recommendations made to Monroe County*
- **Relevant and useful reporting**
 - *Report formatting was tailored to Monroe County's preferences, maximizing its usefulness to community members while also serving as a replicable model for other counties.*

Evaluation Example: Monroe County

- **Technical Assistance Recommendations & Work in Monroe**

1. **Enhancing the RFP process and progress monitoring tools**
 - *Providing revisions to RFP, application forms, program selection tools, and progress reporting forms used by awardees*
2. **Increase Capacity for Monitoring Progress at the Program Level**
 - *Providing TA to individual programs to build capacity for data collection; working towards standardization of reporting measures*
3. **Increase Capacity for Monitoring Progress at the Coalition Level**
 - *Establishing an Evaluation Group comprised of representatives from funded agencies and facilitated by WSU TA providers to improve communication and shared understanding of evaluation process*
4. **Engage voices of people with lived experience**
 - *Providing assistance in designing meaningful engagement strategies, building this expectation into the RFP process and TA to individual programs*
5. **Improve Access, Awareness, and Connections to Service**
 - *A number of recommendations addressed needs and gaps in access, as identified by funded programs*

TAC Supports & Services

In addition to community needs assessment services, evaluation support, and the learning series, the TAC can provide technical assistance in other areas such as:

- RFP development
- Strategic planning training
- Connections to other services ***provided for no fee***

QUESTIONS?

For questions and to make requests to the Technical Assistance Collaborative (TAC), please email MDHHS-opioidsettlementhelp@michigan.gov

For more information about Michigan Opioid Settlement Resources, please visit <https://www.michigan.gov/opioids/opioidsettlements/resources>



MISSION:

Michigan Department of Health and Human Services (MDHHS) provides opportunities, services, and programs that promote a healthy, safe and stable environment for residents to be self-sufficient.

Budget & Policy Agenda

Tommy Stallworth

March 5, 2025



Opioid Settlement Revenues & MDHHS Appropriations Prior Years

| Total Opioid Settlement SOM Treasury Receipts | |
|--|----------------------|
| 2022 | \$16,981,955 |
| 2023 | \$106,181,298 |
| 2024 | \$158,816,198 |
| TOTAL | \$281,979,451 |

| Total Opioid Settlement Legislature Appropriated to MDHHS | |
|--|----------------------|
| FY2022 | \$16,000,000 |
| FY2023 | \$23,200,000 |
| FY2024 | \$23,200,000 |
| FY2025 | \$48,202,300 |
| TOTAL | \$110,602,300 |

Significant reserves will be needed to support infrastructure and workforce development strategic Initiatives and to recruit matching local and philanthropic investments.

\$29 mil of the FY2025 appropriation was legislature driven without clear objectives. Such action resulted in reductions to dept. planned strategic investments and associated improvement impacts.

Budget Update

Process & Timeline



1. Total FY 2026 Budget: \$70 Million

- Onetime Investment \$15 Million
- Ongoing Investments \$55 Million

2. Next Steps:

- Briefing legislators
- Potential committee hearings
- Moving from strategy to implementation for each investment
- Potential role for task force members moving forward

Policy Agenda Update

Process & Timeline



1. Idea generation

- Reviewed subcommittee recommendations
- Integrated policy recommendations from other entities (e.g., Pew, Michigan Opioid Partnership)
- Leveraged staff knowledge and experience

2. Subcommittee and Co-Lead Review

3. Staff review and investigation

4. Staff draft agenda for OTF and MDHHS leadership review

5. DHHS Policy Team, Legislative Affairs teams collaborate to move priorities forward

Policy Agenda Update

Categories of Priorities (Draft)

Potential Policy Priorities



1. Provide Protections for Harm Reduction Resources
2. Address licensing and regulatory barriers to MOUD treatment provision and prescription to increase use of medication first approach
3. Allow for sustainable funding for prevention specialists leading SUD prevention programming
4. Reducing barriers to the peer recovery coach certification process

Budget and Purchasing Related Policy Priorities



Reviewing and Integrating Legislature Driven Priorities



Longer-Term Policy Priorities



Policy Agenda Update

Process for vetting new ideas and reviewing legislation

- Continue sharing ideas during subcommittee meetings and with Opioid Policy Team
- Share what you are hearing from others as potential state or local policy priorities so we can coordinate
- DHHS team will continue sharing opportunities for input, feedback, and advocacy on future bills and policy proposals



OTF Subcommittee Updates

March 5, 2025



Pillar Update: Harm Reduction

Drug Checking

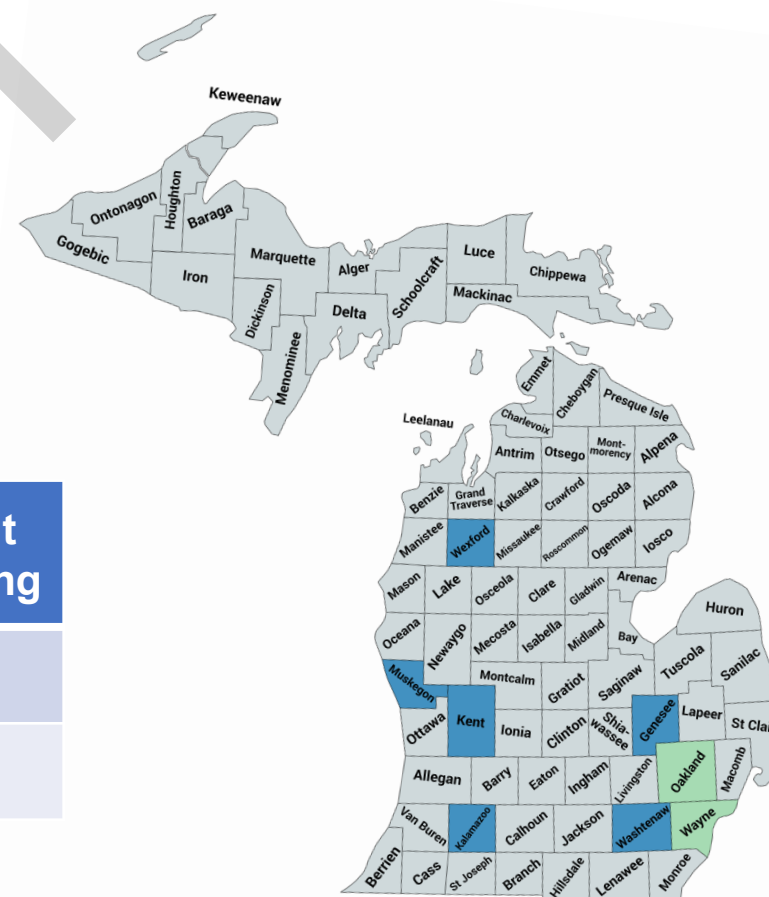
- 5 HRAs have started drug checking via FTIR

Preliminary 2025 data:

| Month | Total FTIR Samples* | Positive for Fentanyl | Results Unexpected | Samples Sent for Lab Testing |
|----------|---------------------|-----------------------|--------------------|------------------------------|
| January | 37 | 23 | 1 | 23 |
| February | 46 | 32 | 2 | 26 |

*Drug checking data received from 4 out of 5 HRAs

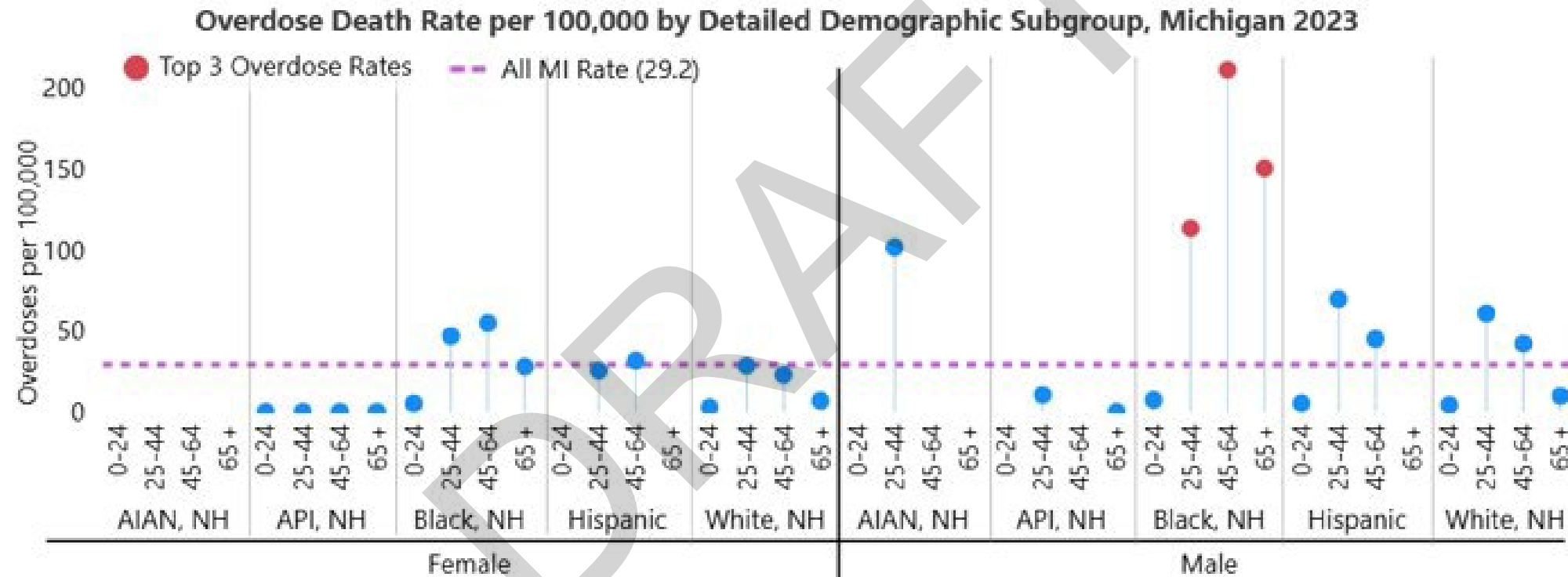
Source: Correspondence with Michigan harm reduction agencies



■ Currently offering
FTIR testing
■ Pending
implementation

Racial Disparities in Opioid Overdoses

Recap: Older Black males are dying at higher rates from overdoses in Michigan



Source: MODA Dashboard

Wayne County has the largest percentage of Black residents, the highest counts of overdose deaths, and a high rate of overdose deaths



Top 10 Counties with the Highest Percentage of Black Residents, 2020

| County | Percent Black Residents |
|-----------|-------------------------|
| Wayne | 37.0% |
| Genesee | 19.6% |
| Saginaw | 18.1% |
| Berrien | 13.9% |
| Muskegon | 13.8% |
| Oakland | 13.6% |
| Macomb | 12.6% |
| Ingham | 12.2% |
| Washtenaw | 11.6% |
| Kalamazoo | 11.5% |

Source: Census Bureau, MODA Dashboard

Top 10 Counties with the Highest Count of Overdose Deaths in Michigan, 2023

| County | # of Deaths |
|-----------|-------------|
| Wayne | 936 |
| Oakland | 243 |
| Macomb | 238 |
| Genesee | 229 |
| Kent | 111 |
| Ingham | 106 |
| Kalamazoo | 75 |
| Washtenaw | 72 |
| Muskegon | 71 |
| Saginaw | 61 |

DRAFT DELIBERATIVE – DO NOT DISTRIBUTE

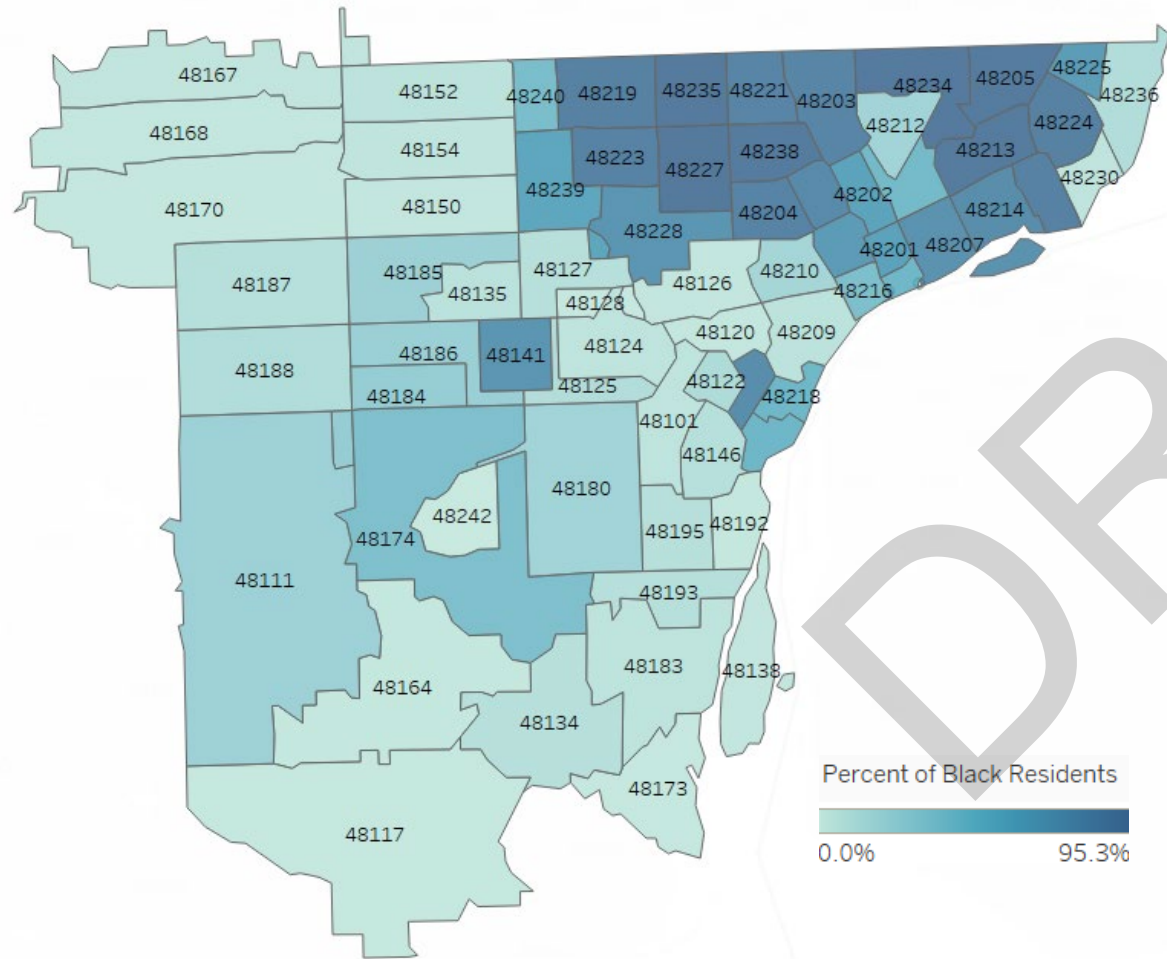
Top 10 Counties with the Highest Rate of Overdose Deaths in Michigan, 2021-2023

| County | Death Rate/100,000 Residents |
|-----------|------------------------------|
| Genesee | 56.1 |
| Wayne | 51.8 |
| Ingham | 40.2 |
| Muskegon | 39.5 |
| Calhoun | 38.8 |
| Manistee | 38.2 |
| Roscommon | 38.0 |
| Alger | 37.9 |
| Bay | 36.3 |
| Cheboygan | 36.0 |

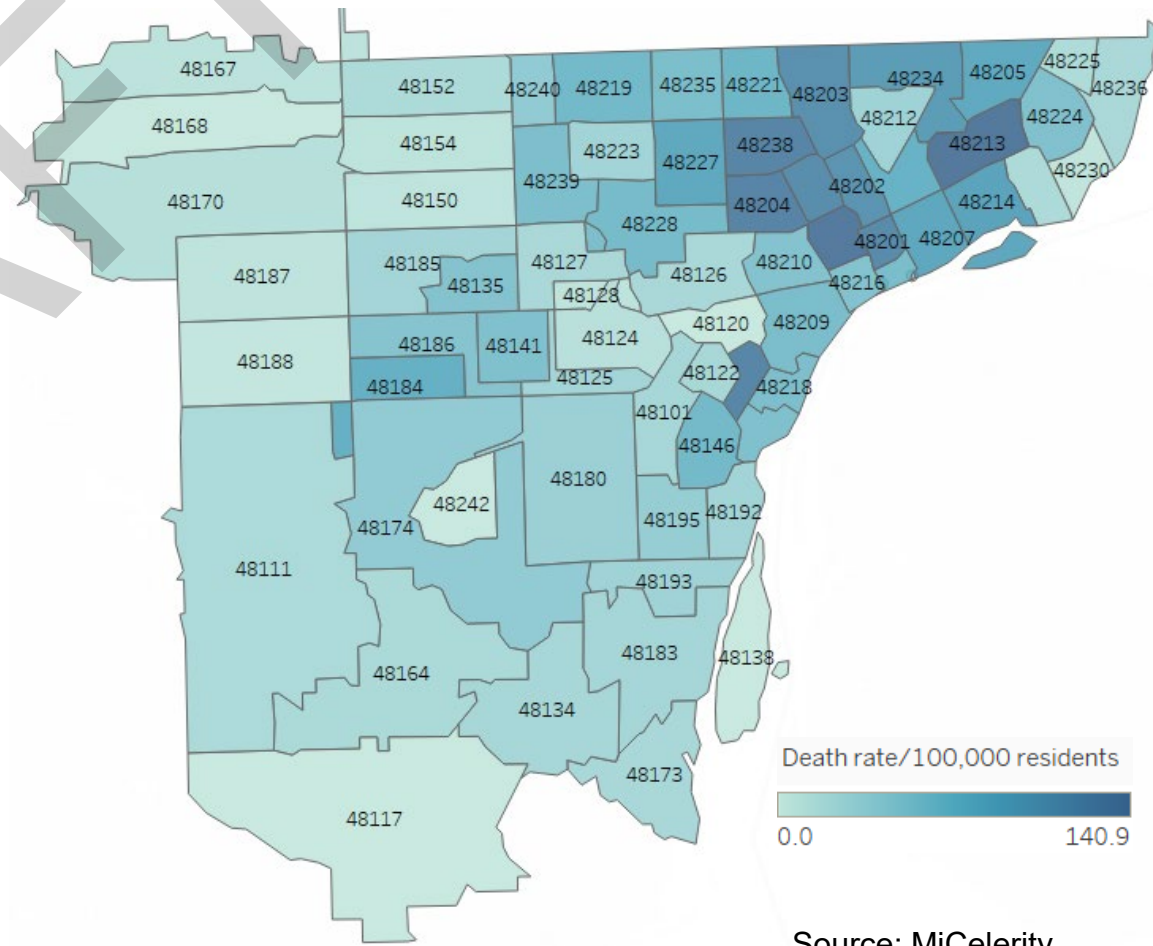
Note: Statewide rate is 30.0

Zip codes in Detroit have the highest percent of Black residents in Wayne County

Percent Black Residents by Zip Code in Wayne County, 2020



Opioid Overdose Deaths by Zip Code in Wayne County, FY 2024

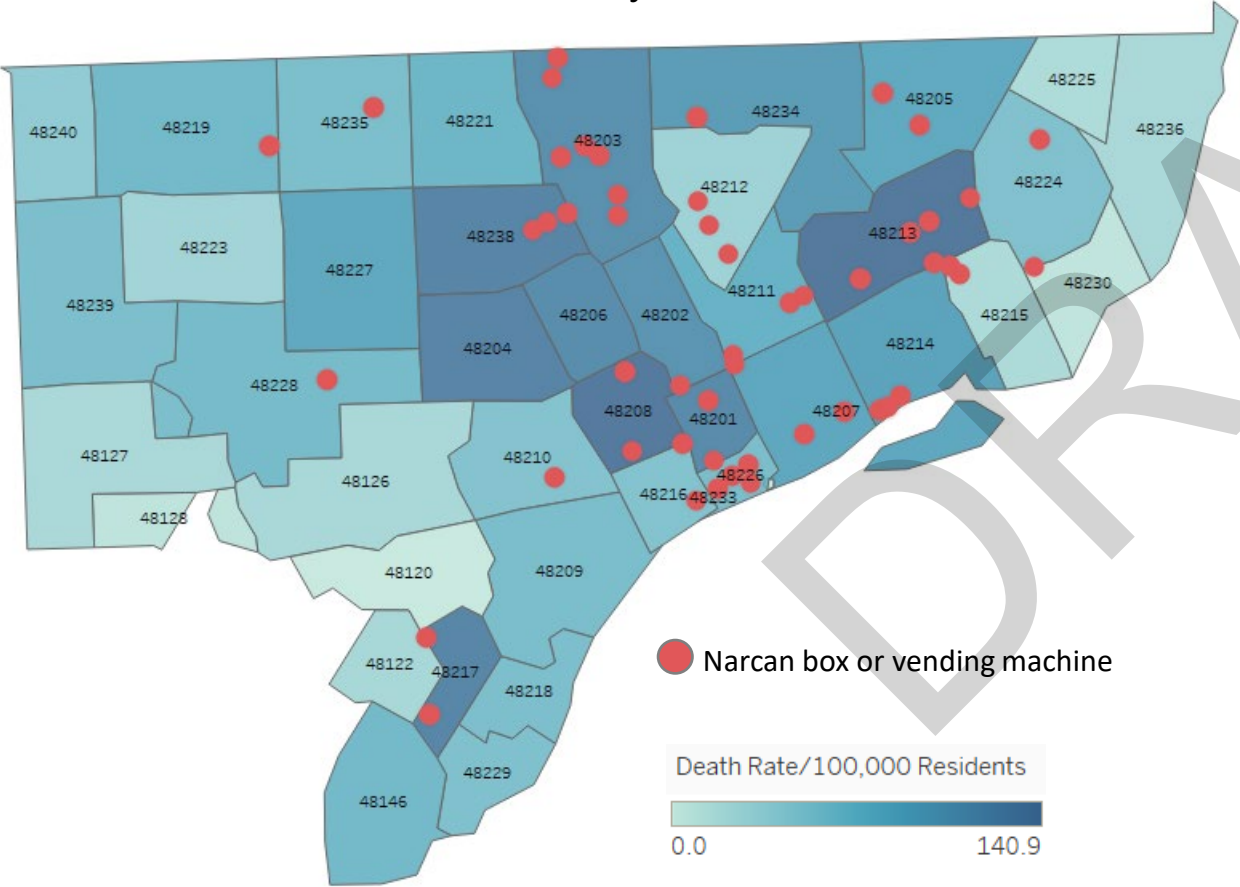


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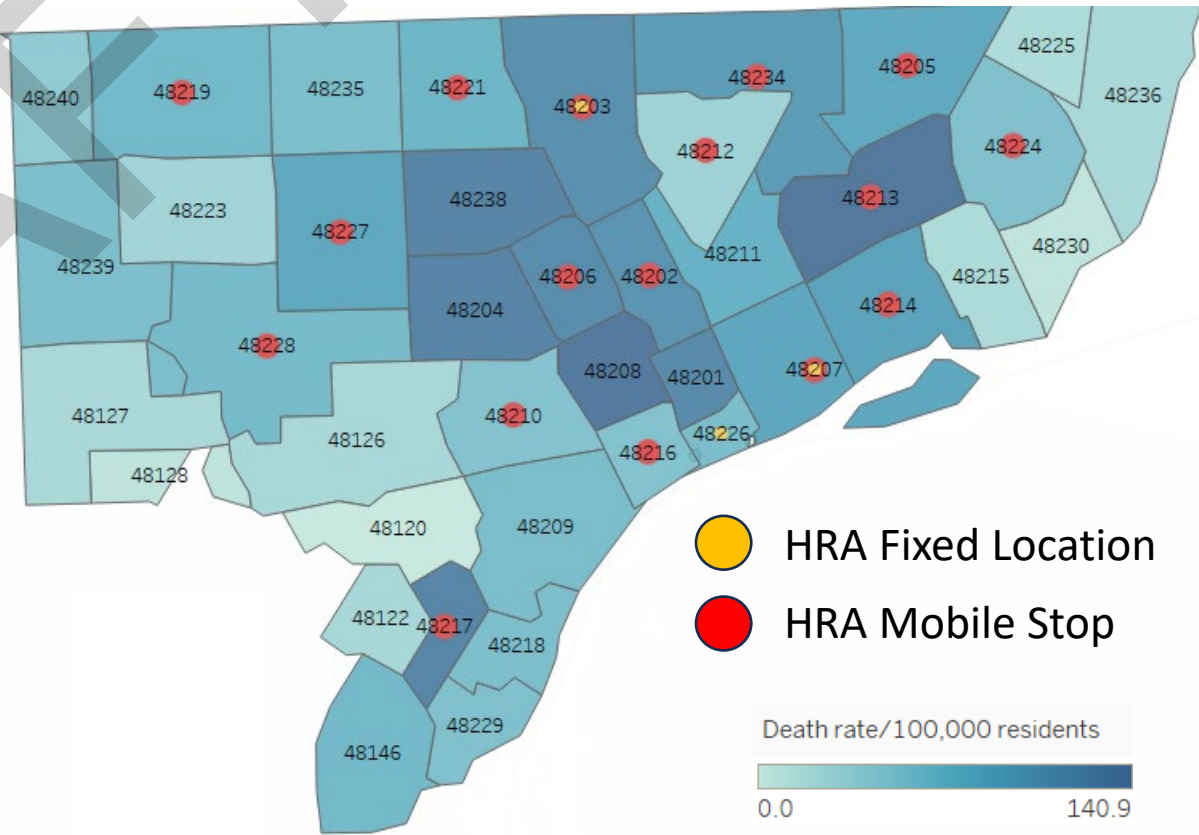
Source: MiCelerity,
CensusReporter.org

Gaps in naloxone distribution and HRAs within Detroit zip codes that have high percent of black residents and high overdose deaths rates

Naloxone Box and Vending Machines by Zip Code in Detroit City, 2025



Opioid Overdose Deaths/100,000 Residents in Detroit City and HRAs by Zip Code, FY 2024



Jurisdictions in Metro Detroit distribute less naloxone than leading counties

Top 10 Counties with the Highest Naloxone Distribution, 2023

| Rank | County | Naloxone/100,000 Residents |
|------|----------------|----------------------------|
| 1 | Grand Traverse | 23,873.1 |
| 2 | Baraga | 19,575.4 |
| 3 | Ogemaw | 14,070.4 |
| 4 | Barry | 13,524.4 |
| 5 | Otsego | 11,067.3 |
| 6 | Alger | 10,156.1 |
| 7 | Alpena | 8,905.8 |
| 8 | Genesee | 8,764.7 |
| 9 | Washtenaw | 8,554.1 |
| 10 | Montmorency | 8,543.7 |

Naloxone Distribution in Metro Detroit by Jurisdiction, 2023

| Rank | Jurisdiction | Naloxone/100,000 residents |
|------|--------------|----------------------------|
| 25 | Detroit City | 4,893.9 |
| 28 | Macomb | 4,763.4 |
| 30 | Oakland | 4,524.4 |
| 59 | Out-Wayne | 958.3 |

Naloxone Distribution in Detroit City by Agency Type, FY 2024

| Agency Type | Percent |
|-----------------------------------|---------|
| Harm Reduction Program | 32.4% |
| Community Organization | 19.7% |
| Health Department | 18.2% |
| School/University | 11.2% |
| Hospital/Medical Center/Pharmacy | 4.8% |
| SUD Treatment Provider | 2.9% |
| Government Agency | 2.0% |
| MI-OPEN/MEDIC | 2.0% |
| Vending Machine | 1.7% |
| Correctional Facility | 1.4% |
| Recovery/Treatment Services | 1.2% |
| Behavioral Health Services | 0.8% |
| Faith-Based Institutions | 0.8% |
| Federally Qualified Health Center | 0.3% |
| Law Enforcement | 0.2% |
| MCA | 0.2% |
| Government Agency | 0.1% |
| Other | 0.1% |

Next Steps

- Detroit HRA Meeting
- Think Tank
- Multiple naloxone distribution initiatives currently underway in Southeast Michigan. Jurisdictions and community-based organizations are meeting with MDHHS Viral Hepatitis Epidemiology Unit to share and review overdose data by zip code to target where more naloxone boxes could be placed.
- Working to get drug checking into the City of Detroit through an existing drug checking HRA.