



Michigan Opioids Task Force Annual Report

2020

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May 17, 2021

Michigan Community,

It is an honor to serve as Chair of the Michigan Opioids Task Force on behalf of Governor Whitmer and be at the forefront of such a critical issue in our state. In 2019, opioid overdoses killed 1,768 Michiganders, an average of almost five people every single day. The Task Force, Advisory Workgroup, and MDHHS are committed to continuing to understand and track how substance use disorders are impacting the lives of Michigan residents and will continue to work with communities to implement bold and robust strategies to address this epidemic. I am grateful for their willingness to serve and their collaborative approach to creating meaningful and lasting change.

This report details the actions of the Michigan Opioids Task Force to realize Governor Whitmer's goal of reducing opioid overdose deaths by 50 percent in five years. In 2020, MDHHS and the Opioids Task Force made progress on our seven-pillar statewide opioid strategic plan, covering prevention, treatment, harm reduction, criminal justice-involved populations, pregnant and parenting women populations, data, and equity initiatives. In 2020, we saw key successes in reaching people who use drugs – the Michigan naloxone portal, launched in June 2020, distributed over one hundred thousand kits across the state, we expanded emergency department-based access to medications to treat opioid use disorder programming to all corners of the state, and we launched a harm reduction campaign that put recovering voices at the forefront, all while adjusting to a pandemic. Yet, as the data shows, there is more work to be done. Strategies to address prevention, screening, and connection to treatment and interventions for opioid misuse must also be implemented understanding the opioid epidemic is encompassed in the broader substance use crisis.

In 2018 and 2019, overdose fatalities in Michigan showed promising decline, however in 2020, preliminary data shows overdose deaths likely increased in Michigan and across the country. The COVID-19 pandemic has required innovations on traditional strategies, including integrating telehealth options, allowing mail-order distribution of naloxone and harm reduction supplies, and moving town halls to a virtual platform that allowed even more participation from all parts of the mitten.

In 2021, I commit to leading a Task Force that is action-oriented, focused on evidence-based solutions, and further develops cross-agency partnerships for collaboration and innovation in order to better address increasing racial disparities, support long-term recovery, and prioritize voices with lived experience. With an understanding that the impacts of the opioid epidemic are intersectional with social determinants of health, the Michigan Opioids Task Force is unwavering in commitment to reduce the impacts of the opioid crisis.

Sincerely,



Dr. Joneigh Khaldun, MD, MPH, FACEP
Michigan Opioids Task Force Chair
Chief Medical Executive and Chief Deputy Director for Health
Michigan Department of Health and Human Services

Executive Summary

In 2019, opioid overdoses killed 1,768 Michiganders, an average of almost five people every single day. In Aug. 2019, Governor Gretchen Whitmer announced the creation of a task force to align and coordinate departmental efforts to fight the opioid epidemic in the state of Michigan. This task force builds on the work of two prior task forces: A [2015 task force](#) that assessed the causes of the epidemic and recommended high-level response actions and a [2018 commission](#) that made further recommendations on response.

The Michigan Opioids Task Force, chaired by Dr. Joneigh Khaldun, chief medical executive and chief deputy for health at the Michigan Health and Human Services (MDHHS), is comprised of internal state government officials and tasked with providing policy recommendations to the director of MDHHS and coordinating departmental activities. The task force convened for the first time in Oct. 2019 to finalize the high-level MDHHS opioid strategic plan and outline the proposed values to guide the task force.

Five key values were proposed to guide the work:

1. Prioritize voices with lived experience.
2. Promote evidence-based strategies backed by a strong body of research.
3. Use data to inform strategy and track outcomes.
4. Collaborate with departmental partners and external stakeholders on response actions.
5. Remain action-oriented to address an ongoing crisis.

In addition, the task force convened a Stakeholder Advisory Group that included key stakeholders from academia, insurers, health care and substance use treatment providers, local philanthropy, community organizations, court officials, law enforcement, state lawmakers and those with lived experience. Over the course of 2020, the task force met three times and the Stakeholder Advisory Group met three times. Due to constraints stemming from the COVID-19 pandemic, the task force and stakeholder group were unable to meet during the second quarter of 2020.

The COVID-19 pandemic has exacerbated the impact of the opioid epidemic in Michigan; preliminary data shows overdose deaths likely increased in 2020. In response to the impact of COVID-19 on opioid use, Michigan expanded telehealth services, relaxed rules on opioid treatment program take-home policies, expanded naloxone access, increased the settings offering medications to treat opioid use disorder (MOUD), and transitioned as much of the prevention and treatment systems as possible to a virtual setting.

Michigan Opioids Task Force Opioid Town Halls

The Michigan Opioids Task Force made it a priority to hear from the public. In 2020, MDHHS and the Michigan Opioids Task Force hosted six town halls to solicit feedback on the 2020 opioids strategy.

Town halls were hosted virtually and in-person, recordings of virtual town halls can be found linked below. A summary of key findings from the town hall series can be found in the Section IV.

- Detroit (in-person), Friday, Jan. 17, 2020.
- Northern Lower Michigan ([virtual link](#)), Wednesday, Sept. 23, 2020.
- Flint and Thumb Region ([virtual link](#)) Friday, Sept. 25, 2020.
- Upper Peninsula (virtual) Thursday, Oct. 8, 2020
- West Michigan ([virtual link](#)) Friday, Nov. 6, 2020.
- Macomb and Oakland counties ([virtual link](#)) Thursday, Dec. 3, 2020

Michigan’s Opioid Crisis

Background:

In 2000, 183 Michiganders died of an opioid overdose. By 2019, that number was more than nine times higher. Drug overdoses now kill more people than car crashes and are the leading cause of injury-related death in the United States. In Michigan, the epidemic touches all areas of our state. The top 10 counties (right) with the highest fatal opioid overdose rates span all regions of the state, underscoring the widespread nature of the epidemic.

In 2018 and 2019, there was a moderate decline in the number of opioid related overdoses. In 2019, total drug overdose deaths (includes opioids and unspecified substances) decreased by 9.4 percent and opioid-related deaths fell by 13.2 percent. But, in 2020, the challenges of the COVID-19 pandemic, such as increased social isolation and decreased access to treatment services, exacerbated the already deadly drug overdose epidemic. Provisional 2020 data indicates an increase in total drug overdose deaths in Michigan.

Data also shows alarming racial disparities in overdose deaths. In 2019, the age-adjusted opioid overdose mortality rate fell by 16.9 percent for White residents but rose by 0.7 percent for Black residents.

In addition, American Indian populations face disproportionately high rates of mortality in the state. National data indicates the COVID-19 pandemic is disproportionately impacting Black,

Top 10 Counties* Highest fatal opioid overdose rates (2019)		
County	Age-adjusted rate per 100,000 residents	Overdoses
Wayne	35.7	640
Genesee	35.4	138
Saint Clair	31.2	44
Ingham	28.1	78
Calhoun	26.1	31
Muskegon	26.0	44
Macomb	24.7	215
Monroe	23.2	30
Livingston	20.2	34
Washtenaw	17.3	58

2019 Death Certificates, MDHSS, Division for Vital Records and Health Statistics

* Counties with < 20 overdoses have been suppressed due to statistical unreliability and to protect the confidentiality of individuals.

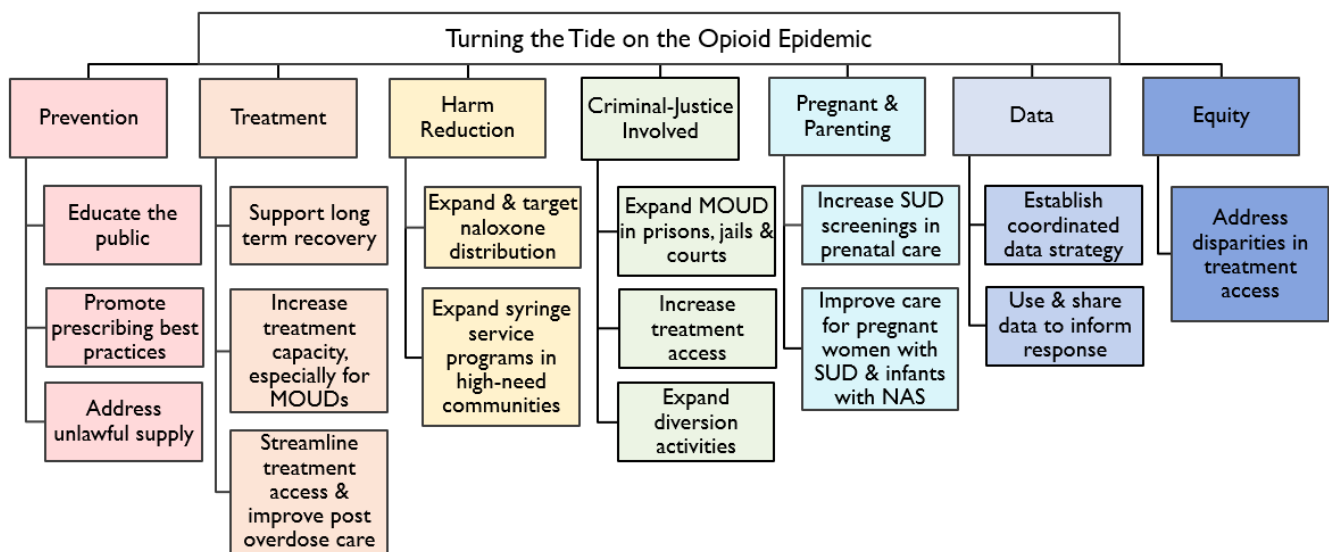
Indigenous, and other minority communities more severely than White communities, compounding with already growing racial disparities in Michigan.¹

Michigan Department of Health and Human Services (MDHHS) Opioids Strategy:

In 2020, MDHHS developed an opioids strategic plan that was reviewed and adopted by the task force as the guiding strategy for Michigan’s response to the epidemic. To catalyze action, Governor Whitmer announced a statewide goal to reduce overdose deaths by half in five years (by 2025). The opioids strategy begins with the framework of well-established public health principles: prevention, treatment and harm reduction. Within each of those categories, MDHHS and departmental partners have pursued recommended priorities likely to have the most significant impact on the epidemic, as demonstrated by available descriptive data, academic evaluations, and other states’ experiences.

At the end of 2020, the Task Force reviewed and revamped to produce the 2021 Opioids Strategy (below) that maintains focus on 2020 priorities while increasing focus on reducing racial disparities. The strategy has outlined seven strategic pillars: 1) prevention, 2) expanding access to treatment, 3) harm reduction, 4) data, and 5) equity, along with efforts targeted to population at heightened risk of overdose, 6) pregnant women and new mothers and 7) criminal justice-involved populations. The task force’s highest priority is to turn the tide of the opioid epidemic that took more than 2,400 Michigander’s lives last year.

MDHHS 2021 OPIOIDS STRATEGY



¹ Haley DF, Saitz R. The Opioid Epidemic During the COVID-19 Pandemic. *JAMA*. 2020;324(16):1615–1617. doi:10.1001/jama.2020.18543

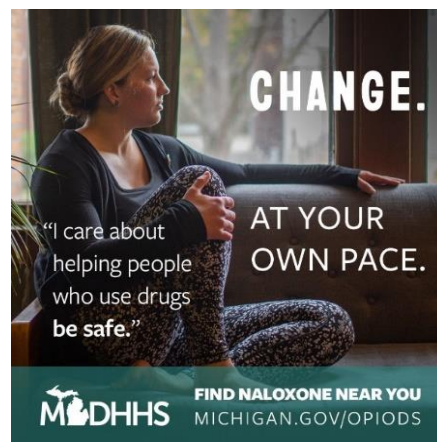
Prevention

Prescription opioids account for the majority of opioid use (of 2.1 million individuals with opioid use disorder, 1.8 million reported using prescription opioids, and 650,000 reported heroin use (overlapping)).² While illicit opioid use is the primary driver of mortality, research suggests that prescribing patterns play a substantial role in use: the greatest predictor for length of opioid use is length of prescription rather than diagnosis or similar criteria.^{3 4} MDHHS, the Michigan Department of Licensing and Regulatory Affairs (LARA), and other partners have been promoting the use of Michigan's prescription drug monitoring program, which tracks opioid prescriptions. Since 2015, total opioid prescriptions have decreased by 25 percent.

Decreasing prescriptions offers an impactful prevention measure, but directing educational outreach primarily to providers touches a significant lever of change. MDHHS is working closely with the Michigan Opioid Prescription Engagement Network (MI-OPEN) that educates medical professionals on best practices in perioperative pain management through prescribing guidelines developed with their clinical expertise.

MDHHS has provided support for local stakeholders to provide evidence-based prevention curriculum to vulnerable populations. The Prepaid Inpatient Health Plan (PIHP) regions were able to implement five youth and family focused evidence-based programs in their communities: The Strengthening Families Program, Botvin LifeSkills, Guiding Good Choices, Prime for Life, and Project Toward No Drug Abuse. Additionally, MDHHS, in partnership with Michigan State University Extension, is supporting prevention efforts for older adults (55 years and older) with high-risk behaviors that may lead to opioid use disorder. In total, these programs have reached over 2,000 Michigan youth and over 1,800 older adults.

MDHHS has also undertaken two significant public media campaigns to educate the public on opioid risks, reduce stigma, and increase awareness of harm reduction services. The latest media campaign (examples below) runs March 2021 through Sept. 2021, with a primary focus on increasing awareness of harm reduction services as essential to decreasing fatal overdose.



² [National Survey on Drug Use and Health](#), figure 20.

³ [CDC Injury and Prevention](#), Nationally, opioids were involved in 69.5% of all drug overdose deaths in 2018.

⁴ Cite OPEN research.

Treatment

The opioids strategy includes a targeted focus on improving access to quality treatment for opioid use disorder (OUD). The National Academy of Sciences has found medications to treat opioid use disorder remain underutilized due to stigma, lack of provider training, and regulatory constraints.⁵ A qualitative study in Michigan found similar barriers to MOUD but also identified lacking supports for social determinants of health, especially transportation, and potential implicit or explicit biases by race.^{6, 7}

A key goal for MDHHS and the Michigan Opioids Task Force is to increase the number of physicians DATA 2000 waived to prescribe buprenorphine. In partnership with MDHHS, the Michigan Opioid Collaborative (MOC) is assisting in the promotion of Blue Cross Blue Shield (BCBS) DATA 2000 waiver training and offering one-on-one physician support for treating patients with substance use disorder (SUD). In 2019, MDHHS removed prior authorization requirements for medications used to treat opioid use disorder, including buprenorphine, removing a key barrier for physicians prescribing MOUDs.

Michigan has also seen an increase in buprenorphine providers. In 2019, 16 counties did not have a buprenorphine provider, by 2020, only nine of 83 Michigan counties did not have a buprenorphine provider. In addition, the MDHHS Medical Services Administration (MSA) is reviewing Medicaid policy around payment for MOUD-related services in office-based settings through fee-for-service, with the anticipated final policy being published in spring 2021.

To address an insufficient number of addiction medicine and addiction psychiatry specialists in the state of Michigan, MDHHS partnered with the Michigan Collaborative Addiction Resources & Education System (MI CARES). MI CARES recruits, trains, and provides guidance to physicians who certify in Addiction Medicine through the American Board of Preventive Medicine (ABPM) practice pathway. To date, 43 physicians nationally have passed the exam to become certified in addiction medicine, 11 of those reside in Michigan. MDHHS is also working to build a provider network for treating patients with SUD. Over the course of 2020, the Michigan Opioid Treatment Access Loan Repayment Program provided medical education loan repayment to 20 medical providers. These providers, in turn, expanded the availability of opioid use disorder treatment in their community, increasing their net treatment numbers from 1,410 patients with OUD seen to 3,488 patients.

MDHHS is also supporting expansion of opioid-related treatment and recovery programming. Michigan's PIHP regions have expanded the use of peer support specialists in emergency departments, Federally Qualified Health Centers (FQHCs), urgent care, and other outpatient settings. PIHPs have also bolstered treatment and recovery for OUD by covering the costs of

⁵ See National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on Medication-Assisted Treatment for Opioid Use Disorder; Mancher M, Leshner AI, editors. Medications for Opioid Use Disorder Save Lives. Washington (DC): National Academies Press (US); 2019 Mar 30. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK538936/> doi: 10.17226/25310

⁶ Public Sector Consultants, Assessing Counseling Barriers for MAT Patients, internal study for MDHHS

⁷ [Lagisetta PA, Ross R, Bohnert A, Clay M, Maust DT. Buprenorphine Treatment Divide by Race/Ethnicity and Payment. JAMA Psychiatry. 2019;76\(9\):979–981. doi:10.1001/jamapsychiatry.2019.0876](#)

uninsured and under-insured persons' care, providing transportation support to needed services and increasing the workforce in their respective regions. Additionally, PIHPs have increased the number of recovery homes certified by the Michigan Association of Recovery Residences (MARR), improving the infrastructure to support individuals' recovery from OUD. Mobile care units have been outfitted and implemented in communities where transportation to essential prevention and treatment services is limited or services are not available. Select PIHP regions have implemented Individualized Placement and Support (IPS) to assist individuals with co-occurring mental health disorders and OUD to secure stable employment. Finally, PIHP regions 1, 2, 4, and 9 have worked with MDHHS to implement Opioid Health Homes (OHH), which provide an intensive level of care management and coordination for qualifying individuals with an OUD and co-occurring diagnosis. PIHP regions 6, 7, and 10 are developing opioid health homes for implementation in 2021.

American Indians are especially vulnerable to OUD. MDHHS has partnered with the Inter-Tribal Council (ITC) to implement prevention, treatment, and recovery initiatives within the twelve federally recognized tribes in Michigan. These initiatives include the implementation of tribal action plans, which when enacted, require the federal government to assist tribes' efforts to address substance use in their community; the implementation of culturally tailored peer recovery support programs; tribal telehealth programs; expanded MOUD services; and enhanced evidence-based trainings to support tribal efforts, including overdose education and naloxone distribution.

The strategy also emphasizes increasing referrals to treatment or direct provision of MOUD at key intercept points for individuals with an addiction, namely emergency departments, and the criminal-legal system, which have staggering overdose risk upon release.

Hospital emergency departments (EDs) are significantly impacted by this crisis, treating an estimated 25,000 visits in Michigan for drug overdoses a year. Hospitals typically treat and release these patients, sometimes with a referral to an external substance use treatment provider. MDHHS, in partnership with the Michigan Opioid Partnership (MOP), is helping implement emergency-department based MOUD programming in hospitals across the state. In 2019, the partnership launched ED-based MOUD programs in three hospitals, by 2020, it had doubled to six ED-based MOUD programs. In 2021, MOP plans to expand to a total of 17 hospitals. Additionally, MDHHS, in partnership with the Michigan Health and Hospital Association (MHA) and MOP, is pursuing legislation to expand buprenorphine access into all emergency departments in the state.

In 2020, the Department of Insurance and Financial Services (DIFS) received federal approval to add two new benefits to treat opioid use disorder to the Essential Health Benefits Plan starting 2022 that will increase access to buprenorphine and naloxone across public and private health insurance. MDHHS is also working with partners at LARA to remove administrative barriers to MOUD provision by decreasing regulation of MOUD providers and promoting the use of telehealth through revisions to the administrative rules governing substance use treatment. These strategies have been particularly important in response to the COVID-19 pandemic restrictions on access to treatment.

Harm Reduction

The strategy also incorporates two key harm reduction initiatives – naloxone distribution and syringe service programs. Naloxone distribution decreases overdose deaths, and the strategy incorporates evidence-backed distribution tactics: targeting naloxone to high-risk individuals, areas, or social networks, addressing stigma, and offering naloxone through syringe service programs (SSPs).⁸

Research suggests that SSPs provide benefits beyond overdose reduction, including increasing the likelihood of entering treatment and decreasing communicable disease prevalence.^{9,10} MDHHS has continued to expand SSPs across the state to a total of 65 SSPs in operation. As of March 2021, Michigan SSPs have distributed 31,964 naloxone kits and referred 2,036 individuals to treatment. During the COVID-19 pandemic, MDHHS has offered technical assistance to SSPs to adjust programming for the safety of clients and to reopen SSPs after temporary closures.

In Sept. 2019, the state of Michigan conducted one of the nation’s largest single-day naloxone distribution days providing over 20,000 free naloxone kits statewide. Building on naloxone distribution day, Michigan publicly launched the Statewide Online Naloxone Portal for community-based organizations, local health departments, and PIHPs to access naloxone kits at no cost in June 2020. From Jan. 2020 through June 2020, pre-launch outreach was done to jails, SUD treatment providers, law enforcement, and Michigan Department of Corrections (MDOC) to increase naloxone distribution to individuals in active use or with a high risk of overdose, and those in closest proximity to them. Alongside the launch, MDHHS released an official [statewide naloxone guidance](#) prioritizing distribution to those actively using, ensuring individuals at highest risk have naloxone, and reducing barriers to access. MDHHS has also partnered with NEXT Naloxone to offer free mail-order naloxone to individuals. In addition, Chair Dr. Joneigh Khaldun hosted a statewide webinar with local opioid task forces encouraging adoption of the naloxone guidance. As of March 2021, the portal had distributed 88,812 kits.

During the COVID-19 pandemic, MDHHS data showed a significant increase in emergency medical services (EMS) responses for opioid overdoses, including a 33 percent increase from April to May 2020 alone. In response, MDHHS partnered with EMS providers to launch the [EMS Leave Behind Naloxone Program](#) that equips EMS providers with naloxone to leave behind with the patient, family and friends, or bystanders at the scene of a non-fatal overdose. Currently, Medical Control Authorities (MCAs) covering 20 counties in Michigan have adopted the protocol. In 2021, the task force and departmental partners will continue to do outreach to MCAs to encourage adoption of the protocol.

To compliment the ED-based MOUD programming implemented by the Michigan Opioid Partnership, MI-OPEN is supporting emergency departments in the development of naloxone distribution protocols for patients presenting to the ED with symptoms of an overdose. As of March 2021, MI-OPEN has partnered with 19 emergency departments and distributed over 1,241

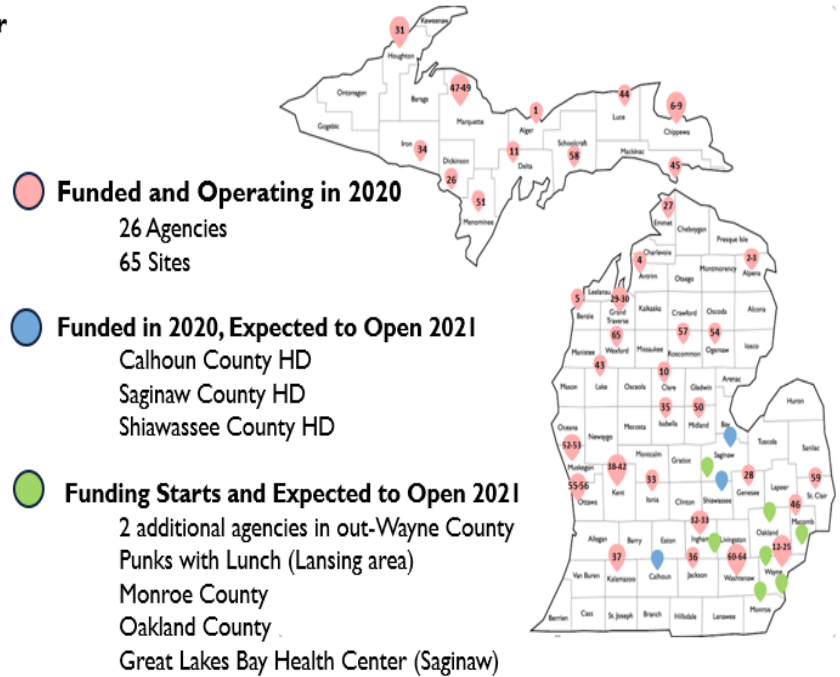
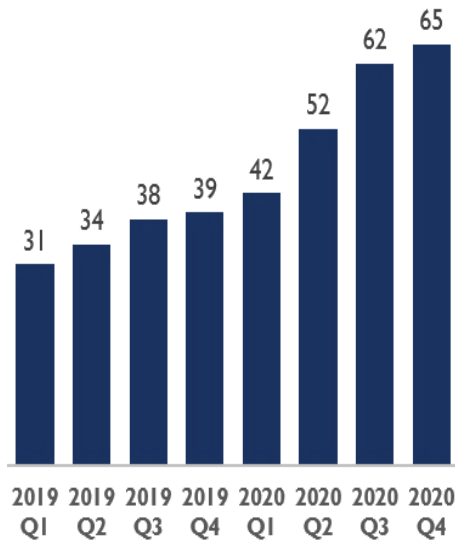
⁸ Id.; also <https://www.fda.gov/media/121183/download>

⁹ SSP Quarterly Results Summary, internal MDHHS document.

¹⁰ See CDC Evidence Summary, <https://www.cdc.gov/ssp/syringe-services-programs-summary.html#linkage>

naloxone kits. In 2021, MOP will work with seven local organizations to develop post overdose rapid response teams that connect with individuals in the community up to 72 hours after

Number of Michigan SSP Locations by Quarter



2020 SSP Directory, MDHHS, Viral Hepatitis Surveillance and Prevention

experiencing an overdose. The individuals will be connected to harm reduction, treatment, or other community resources for ongoing support.

Justice Involved Populations

In carceral settings, MDHHS and the Michigan Department of Corrections (MDOC) have partnered with Medicaid, PIHPs, the Michigan Sheriff’s Association, Wayne State’s Center for Behavioral Health and Justice and local jails to make tremendous strides in increasing access to MOUD and streamline Medicaid re-activation for returning citizens post-release. Studies have shown higher engagement with treatment and improved outcomes for individuals receiving MOUD in those settings; for example, Rhode Island’s statewide MOUD program in prisons and jails decreased mortality for returning citizens by a full 60 percent.¹¹ Currently, four MDOC facilities are piloting MOUD programs with the goal of expanding MOUD access to all facilities.

Individuals released from correctional facilities are 40 times more likely than the general population to die of an opioid overdose within the first two weeks following release.¹² Prior to

¹¹ Alexandria Macmadu, Joëlla W. Adams, S.E. Bessey, Lauren Brinkley-Rubinstein, Rosemarie A. Martin, Jennifer G. Clarke, Traci C. Green, Josiah D. Rich, Brandon D.L. Marshall, Optimizing the impact of medications for opioid use disorder at release from prison and jail settings: A microsimulation modeling study, International Journal of Drug Policy, 2020, 102841, ISSN 0955-3959, <https://doi.org/10.1016/j.drugpo.2020.102841>.

¹² Shabbar I. Ranapurwala, Meghan E. Shanahan, Apostolos A. Alexandridis, Scott K. Proescholdbell, Rebecca B. Naumann, Daniel Edwards Jr, and Stephen W. Marshall, 2018: [Opioid Overdose Mortality Among Former North](#)

launch of the naloxone state portal, targeted outreach was done to criminal-legal partners to emphasize the need for naloxone distribution from correctional settings. In addition, MDHHS is funding peer recovery coaches in MDOC probation offices to improve connections to post-release services and supporting the MISSION- Michigan Reentry Program (MI-REP) that offers pre-release services and post-release support to individuals with SUD.

The Michigan Joint Task Force on Jail and Pretrial Incarceration identified possession or use of a controlled substance as the sixth most common offense among jail inmates, recommending increased interventions to prevent individuals substance use needs from entering (“deflection”) or staying in (“diversion”) the justice system.¹³ In response, MDHHS partnered with Vital Strategies to support the implementation of Law Enforcement Assisted Diversion (LEAD) programming in three communities – the City of Detroit, and Washtenaw and Muskegon counties – to prevent incarceration for opioid and other substance related offenses through referrals to treatment, harm reduction, and other social services. Additionally, in 2021 the State Court Administrative Office will expand supportive services for problem-solving court participants, and the Michigan Judicial Institute will provide training to judges on MOUD. PIHPs continue to work with local jails to implement and support the use of MOUD in jails. MDHHS also continues to support the Michigan State Police’s (MSP) Angel Program and Families Against Narcotics’ Hope Not Handcuffs, both of which leverage local and state police departments to connect individuals with treatment.

Pregnant and Parenting Women Populations

The strategy also includes a focus on pregnant and parenting women, as cases of neonatal abstinence syndrome (NAS) have sharply increased, and postpartum women face very high overdose risk. Pregnant and parenting women often face stigma from health care providers and are reluctant to pursue services as a result. To mitigate stigma and increase screenings for pregnant and parenting women, MDHHS is funding the High Touch, High Tech (HT2) project in select areas. HT2 uses a tablet-administered app to screen pregnant women for mental health and substance use disorders and offers a variety of options for follow-up. These include sharing the information with their medical provider, referral information for treatment services, and the use of a mobile application with additional resources based on their need. In 2021, HT2 will be expanding from small clinics to prenatal clinics throughout the Upper Peninsula and the Thumb region.

Infants born to women with opioid dependence often experience withdrawal symptoms in the hours and days following birth. Usually, infants with NAS are treated in a neonatal intensive care unit (NICU) using pharmacological solutions. Although, in recent years, studies have found a different approach of rooming-in with mothers after birth and providing a quiet room for skin-to-skin time, swaddling, feeding, etc. along with pharmacotherapies, if necessary, improved

[Carolina Inmates: 2000–2015](https://doi.org/10.2105/AJPH.2018.304514), American Journal of Public Health 108, 1207_1213, <https://doi.org/10.2105/AJPH.2018.304514>

¹³ [The Michigan Joint Task Force on Jail and Pretrial Incarceration Report and Recommendations](#)

outcomes for infants with NAS.¹⁴ In the eastern Upper Peninsula of Michigan, MDHHS in partnership with War Memorial Hospital in Sault Ste. Marie has retrofitted several rooms to serve infants with NAS and parenting women with opioid dependence. MDHHS is also working with Hurley Medical Center in Flint and Munson Medical Center in Traverse City to implement rooming-in care.

Data

The opioids strategy also includes a focus on improving data tracking. MDHHS continues to develop a data strategy to align numerous data sources to derive insights and use those insights to drive the Task Force, inform policy decisions, and share with external stakeholders to inform their decision-making as well.

Care Connect 360 (CC360), an MDHHS owned care coordination platform, is being leveraged to facilitate data sharing between health systems, community providers, Medicaid, and jails. Initiatives to provide access to CC360 in new settings are underway as well as projects to bring new data into the MDHHS data warehouse to support more informed and rapid responses to opioid related crises in patients across the state. A key project emerging in response to the COVID-19 pandemic would allow Michigan's Prepaid Inpatient Health Plans and PIHP contracted providers access to opioid Admission Discharge Transfer (ADT) notifications to perform light touch outreach (i.e., telephone calls) to overdose survivors to check their wellness and connect them with resources and services that decrease risk of future overdose mortality.

MDHHS partnered with the Bureau of Licensing and Regulatory Affairs to integrate Michigan's prescription drug monitoring program, called the Michigan Automated Prescription System (MAPS), into existing electronic medical records and pharmacy dispensation systems. In the year-long partnership, 395 health systems, hospitals, pharmacies, and physicians' offices integrated MAPS into their service protocol, and another 343 were pending integration.

MDHHS also partnered with the University of Michigan Injury Prevention Center and the Michigan High Intensity Drug Trafficking Areas to expand the System for Opioid Surveillance (SOS), which provides close to real-time mapping of fatal and naloxone administration to authorized public health and safety officials. Select local health departments have been chosen to develop statements of work and evaluation processes to enhance prevention efforts and reduce overdose injuries and fatalities.

MDHHS Overdose Data to Action (OD2A) grant team, through funding from the Centers for Disease Control and Prevention (CDC), is helping improve data collection from sources such as emergency departments, EMS responses, and medical examiner's offices, etc. Through this work, Michigan is able to better track the complex drug overdose epidemic and tailor prevention efforts.

Additionally, MDHHS is developing a dashboard to monitor progress on the state opioids strategy and its impact on fatal and non-fatal overdose across the state. The dashboard will

¹⁴ MacMillan KDL, Rendon CP, Verma K, Riblet N, Washer DB, Volpe Holmes A. [Association of Rooming-in With Outcomes for Neonatal Abstinence Syndrome: A Systematic Review and Meta-analysis](#). JAMA Pediatr. 2018 Apr 1;172(4):345-351. doi: 10.1001/jamapediatrics.2017.5195. PMID: 29404599; PMCID: PMC5875350.

provide data to the public and help to monitor the extent to which the opioid strategy is having its intended impact.

Equity

Finally, the opioids strategy includes a focus on racial equity to address the disparities seen in mortality data. MDHHS recognizes that racial equity is a foundational framework to the entire opioids strategy that impacts all of the work, but to address the disparities Michigan sees, specific programming focuses on reducing racial inequity.

MDHHS is funding community-based organizations to target outreach of services in majority-minority communities and conducting surveys with beneficiaries to understand how our crisis response can be more effective for these communities. The Department of Licensing and Regulatory Affairs is also releasing guidance on mandated implicit bias training for all licensed healthcare professionals to address racial bias in healthcare settings. The training is anticipated to be taken by over 400,000 healthcare providers.

Key Recommendations for Long-term Investments

In 2019, Michigan and many of its municipalities filed lawsuits against numerous corporations in the opioid industry in response to the increase in overdose deaths. Settlement negotiations regarding these lawsuits are ongoing, sparking discussions on potential avenues for long-term investment.

MDHHS recommends these key principles to guide future funding:

- Address systemic barriers to treatment – Michigan funds substance use disorder treatment through Medicaid, Healthy Michigan, and the federal Substance Abuse Prevention and Treatment Block Grant that provide services following federal rules. Michigan received additional discretionary grants to fund short-term services that provide more flexibility than existing federal funding but are slated to end in the near term. Settlement dollars should focus on critical services that are not eligible for ongoing federal funding.
- Provide equitable distribution of funding – Reducing disparities must be a focus of all programs funded with settlement funds. Funds to prevent harm should be allocated in a manner calculated to do the most good with the funds available, including by reducing harm among demographic groups that have been disproportionately impacted.
- Sustain Syringe Service Program infrastructure. SSPs offer critically needed resources, supplies, naloxone, and treatment referrals to those using injection drugs to prevent overdose and disease transmission. Michigan has expanded the number of SSPs with federal discretionary grant funding that is slated to end in 2022. Direct funds to maintain operations of existing SSPs and fund to the creation of new SSPs.
- Establish sustained funding to support the provision of Medications to treat Opioid Use Disorder in jails, prisons and juvenile justice facilities, and enhance coordination between

community and carceral settings for direct care delivery to be successful. Persons with opioid use disorder are disproportionately represented in the criminal legal system and are as much as 40 times more likely to overdose post-release. Medicaid does not fund services in carceral settings, leaving them underfunded relative to need. Michigan has used federal discretionary grants to provide funding for treatment services in jails in prisons that is slated to end in 2022.

Appendix

2020 Town Halls Key Findings and Response

In 2020, MDHHS and the Michigan Opioids Task Force hosted six town halls to solicit feedback on the 2020 opioids strategy. One stakeholder roundtable event was hosted before the Detroit Town Hall with local stakeholders to discuss how the opioid epidemic is impacting stakeholders in Wayne County. Due to the COVID-19 pandemic forcing future town halls onto a virtual platform, stakeholder roundtables were not hosted before virtual town halls.

- 1. Expanding access to treatment.** Residents across the state expressed that there is not enough treatment available in their communities. Rural communities emphasized the lack of access to Methadone clinics.

In response,

- MDHHS is expanding treatment access by funding hospitals to begin emergency department-based Medication Assisted Treatment (MAT) programs.
- MDHHS through a partnership with MOP is also funding six post-overdose follow up response teams to do in-person outreach 24-72 hours after an overdose and connect individuals to services.
- MDHHS directed funding to stand up a new Methadone clinic in St. Ignace in the Upper Peninsula, previously there were no Methadone clinics in the U.P.
- MDHHS through a partnership with the Michigan Opioid Collaborative continues to fund technical assistance to providers treating individuals with opioid use disorder.

- 2. Expanding harm reduction services.** Residents encouraged the state to increase access to clean injection supplies and naloxone.

In response,

- In June 2020, MDHHS launched a naloxone portal to provide free naloxone to community organizations across the state. MDHHS also partnered with NEXT Naloxone so that individual Michiganders to access mail order Naloxone.
- MDHHS has continued to expand the number of syringe service programs from 25 operating SSPs in 2018 to 64 operating SSPs in 2020.
- MDHHS is pursuing legislation to clarify state and local laws regarding the legality of SSPs.

- MDHHS Viral Hepatitis Team, alongside the National Harm Reduction Coalition (NHRC), are providing technical assistance to syringe service programs statewide.

3. Stigma in the delivery of substance use disorder services. Residents emphasized the impact of stigma when accessing treatment for substance use disorder, often wanting to know what concrete actions MDHHS and the Opioids Task Force plan to take to address stigma.

In response,

- In 2020, MDHHS launched a media campaign focused on stigmatizing language. In March 2021, MDHHS, with support from Vital Strategies, launched a media campaign focused on reducing stigma in majority-minority communities, particularly around harm reduction services.

4. Rise in polysubstance use and increase in non-opioid drug use and overdose. Residents called particular attention to the rise in cocaine and meth use in their communities.

In response,

- In response, MDHHS is now able to use federal opioid funding to treat stimulant use disorders.
- MDHHS is funding training for providers Contingency Management, a treatment practice that has been shown to be effective for individuals using stimulants.
- MDHHS Viral Hepatitis Team, alongside NHRC, are providing harm reduction technical assistance specifically for people who use stimulants.

5. Enhanced treatment services for those with an OUD that are involved in the criminal-legal system.

In response,

- MDHHS is funding technical assistance and programmatic support in county jails across the state to expand medication assisted treatment.
- MDHHS is implementing a grant-funded initiative to improve data sharing between jails and Medicaid and enhance care coordination using Care Connect 360, a state-owned care coordination platform.
- MDHHS has funded MDOC to provide MOUD in their facilities and to equip parole offices with peer support specialists.

6. Supporting individuals in recovery. Residents expressed concerns about a lack of housing, transportation, and employment for those in recovery from substance use disorder.

In response,

- MDHHS funds recovery housing and transportation through block grant and federal discretionary grants.

- MDHHS is actively exploring options and additional funding to expand these services.

7. Impact of COVID-19. COVID-19 caused disruptions in the delivery of services and residents wanted to know how MDHHS plans to address changes to service delivery due to the pandemic moving forward.

In response,

- MDHHS relaxed treatment rules, promoted telehealth and issued emergency policy changes to pay for telehealth services to ensure continued access to care during the pandemic.
- MDHHS is implementing an initiative to provide opioid overdose Admission, Discharge, Transfer data to regional coordinating entities to do direct outreach and create a direct path to services for high-risk individuals.

Overview of Opioid Task Force Legislation

The Michigan Department of Health and Human Services, in partnership with Michigan legislative partners from the Stakeholder Advisory Group, are pursuing three pieces of legislation to strengthen the state's response to the opioid crisis.

1. Require that hospitals have a post-overdose care protocol that includes the capability to induce patients on opioid agonist medication and connect them to community care.
2. Permit the state's Chief Medical Executive to issue a standing order for community-based organizations to directly purchase and distribute naloxone, mirroring the existing standing order that allows pharmacists to dispense naloxone to patients without an individualized prescription.
3. Strengthen existing legal protections for syringe service programs, which distribute clean syringes and other equipment to decrease the spread of communicable diseases. Under current state law, syringes distributed by public health programs are not drug paraphernalia; proposed legislation would clarify state law.

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The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.