



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNORELIZABETH HERTEL
DIRECTOR**Michigan Opioids Task Force Meeting**

May 14, 2025 | 1:00 – 3:00 p.m.

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

Members Present:

Dayna Bennett, MDE
 Elizabeth Boyd, MDOC (on behalf of Marti Kay Sherry)
 Marlon Brown, LARA
 Elizabeth Browne, EGLE
 Bradley Casemore, Region 4
 Helen Klingert, Region 9
 Darlene Owens, Region 7

Samuel Price, Region 5
 Amanda Scott, Region 6
 Kristie Schmiede, Region 8
 Andrew Smith, Michigan Supreme Court
 Hon. Tommy Stallworth, MDHHS (sitting in for Chair)
 Greg Toutant, Region 1
 Matthew Walker, AG

*Stephen Alsum, Region 3, arrived at 1:16 p.m.

Members Absent:

Dr. Natasha Bagdasarian, Chair
 Col. James Grady, MSP
 Brian Love, DMVA
 Kimberly Shewmaker, Region 10
 Kim Trent, LEO

Departmental Staff Present: Katie Abraham, Andrew Alshab, Dania Batarseh, Lisa Coleman, Seth Eckel, Robin Gregory, Brandon Hool, Heather Hosey, Haley Kehus, Macey Ladisky, Peter Lindeman, Nick Miller, Anthony Oliveri, Logan Oneil, Jacob Roemer, Angie Smith-Butterwick, Jared Welehodsky, Megan Zabinski

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

- a. The meeting was called to order at 1:00 p.m. by Hon. Tommy Stallworth, who served as acting Chair in the absence of Dr. Bagdasarian.** Tommy asked **Katie Abraham** to take roll and confirmed there was a quorum present.
- b. Approval of March 5, 2025, Meeting Minutes:** At 1:03 p.m., a quorum was noted, and Chair Stallworth directed attention to the proposed meeting minutes from March 5, 2025, and asked if there were any requests for changes. **Helen Klingert 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 March 5, 2025, Meeting Minutes were approved.
- c. Chair Stallworth** 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 packets and will be referred to in future meetings. **Katie Abraham** informed the members about the

ongoing efforts to provide a virtual option for board meetings, emphasizing the importance of increasing access.

II. Data Overview – Dr. Anthony Oliveri, MDHHS, and Harm Reduction Pillar Epidemiologist, Nick Miller, MDHHS, provided an overview of the Michigan data action dashboard, sharing updated overdose death rate projections.

- a. Noted a continued decline in overall overdose deaths since 2021, with persistent racial disparities.
- b. Updates on medetomidine detection in postmortem samples, with 13 cases identified in 2024–2025.
- c. Drug checking data from 5 HRAs using FTIR, showing consistent fentanyl presence and declining xylazine detection.
- d. New substances have been identified in drug checking, including unexpected results such as the presence of fentanyl in substances not expected to contain it.
- e. Clinical support has been provided for cases involving new substances, with ongoing efforts to understand and address these emerging trends.
- f. Please see the site for the dashboard: <https://www.michigan.gov/opioids/category-data>
- g. **Q & A:**

- **Q: Greg Toutant** inquired about the population disparity and Native American data, and how we can access indigenous data. Are prevalence and detox statistics in Michigan included in the data?

A: Haley Kehus confirmed that the indigenous data is being correctly represented. A linkage project with IHS is underway to better identify Native American individuals and ensure accurate representation in the data. **Seth Eckel** added that not everyone has a tribal affiliation.

- **Hon. Tommy Stallworth** inquired if the team that does consultation with tribes was included. Seth confirmed that they are included. Tommy emphasized the need to continue to inform the tribal liaison.

III. Guest Presentations:

- a. **Opioid Advisory Commission (OAC) – Christina Hawkins** provided an overview of the OAC’s statutory responsibilities and 2025 legislative priorities.
 - Recommendations included statewide needs assessments, endowment creation, and support for harm reduction and treatment access.
 - **Hon. Tommy Stallworth** added that the MDHHS Opioids Policy Team is in the process of assembling all data, needs assessments, and gaps analyses conducted to use as a balance sheet for priorities.
- b. **Gun Violence Prevention Task Force’s Jessica Roche** provided an update on the work of the Gun Violence Prevention Task Force, including the recommendations and the ongoing efforts to refine these recommendations.
 - The collection and analysis of data on firearm injuries and deaths was presented.
 - Recommendations: The Task Force’s recommendations for new policies and programs to address firearm-related violence, including community violence and school safety, were discussed.

- Implementation Plan: Ongoing efforts to refine the recommendations and develop an implementation plan, including collaboration with stakeholders and identifying funding sources, were highlighted.
- Please see slides for in-depth data.

IV. MDHHS Updates

- a. **Budget Process: Hon. Tommy Stallworth** explained the budget process, the next steps, and the importance of advocating for funding levels to match the governor's strategic priorities.
 - **Supplemental Budget: Hon. Tommy Stallworth** spoke about the possibility of addressing some funding needs through a supplemental budget process, which could provide additional resources before the next fiscal year.
- b. **Policy Agenda: Katie Abraham** reviewed the policy agenda, including the short-term and long-term priorities, and the importance of aligning with the legislative priorities.
 - Short-Term Goals: Increasing access to treatment and reducing regulatory burdens, were highlighted as immediate priorities.
 - Long-Term Goals: Including workforce development and infrastructure improvements, were discussed as essential for sustained progress in addressing substance use disorders.
- c. **Communications: Katie Abraham** discussed the ongoing communications effort, including the media campaign and the upcoming press releases.
 - Media Campaign: The ongoing media campaign to raise awareness about substance use issues and promote available resources was discussed, with a focus on reaching diverse audiences.
 - Press Releases: Upcoming press releases, including those related to the recovery housing project and the recovery-friendly workplace initiative, were mentioned as part of the communications effort.
 - The toolkit is available for sharing recovery resources.

V. Subcommittee Updates

- a. **Prevention – Kristie Schmiede and Lisa Coleman**, Prevention Pillar Co-leads, discussed the need for interventions for young females and the importance of leveraging existing networks to disseminate services and information.
- b. **Harm Reduction – Darlene Owens and Seth Eckel** highlighted the need for increased naloxone distribution in high-risk areas and the importance of addressing barriers to access and uptake. Five Harm Reduction Agencies have started drug checking via FTIR.
- c. **Treatment – Greg Toutant and Angie Smith-Butterwick** shared that the Treatment Subcommittee focused on workforce development, medication-first principles, and improving coordination between emergency departments and treatment providers.
- d. **Recovery – Sam Price and Brandon Hool** discussed efforts to expand recovery-friendly workplaces and the importance of certification processes to support individuals in recovery. The group has added 5 new members since the last Opioid Task Force meeting.

VI. Next Steps

- a. **Katie Abraham** shared facilitation updates and will be in contact with the next steps. **Katie** stated that the next meeting is currently scheduled for September 10, 2025, at 1:00 pm in Lansing, MI.

VII. Stakeholder and Public Comment

a. **Hon. Tommy Stallworth** asked if there were any comments from the public.

- Jeff VanTreese from Michigan Association of Recovery inquired about the tracking of the Middle Eastern or North African (MENA) population.
 - Haley Kehus stated that MDHHS is working on an Arab Surname Project as MENA ethnicity isn't catching. Also noted that Wayne State is also working on this.
- **Darlene Owens** shared that Detroit Rescue Mission Ministries is hosting The Weekend of Healing Summer Camp 2025. Designed to support youth 12-16 from Wayne County, Michigan, whose parents have died due to opioids or parents who have experienced an opioid overdose in Metro Detroit through grief recovery, life skills development, and emotional healing.
 - Girls' Camp: June 20–22, 2025
 - Boys' Camp: July 18–20, 2025

VIII. Adjourn

a. With no further business to discuss before the Task Force, **Hon. Tommy Stallworth** asked for a motion to adjourn. **The motion to adjourn was made by Samuel Price and supported by Darlene Owens. The motion to adjourn prevailed with unanimous support. Hon. Tommy Stallworth adjourned the meeting at 3:08 p.m.**

Michigan Opioids Task Force Meeting

May 14, 2025



Data Round-Up

Dr. Anthony Oliveri & Seth Eckel

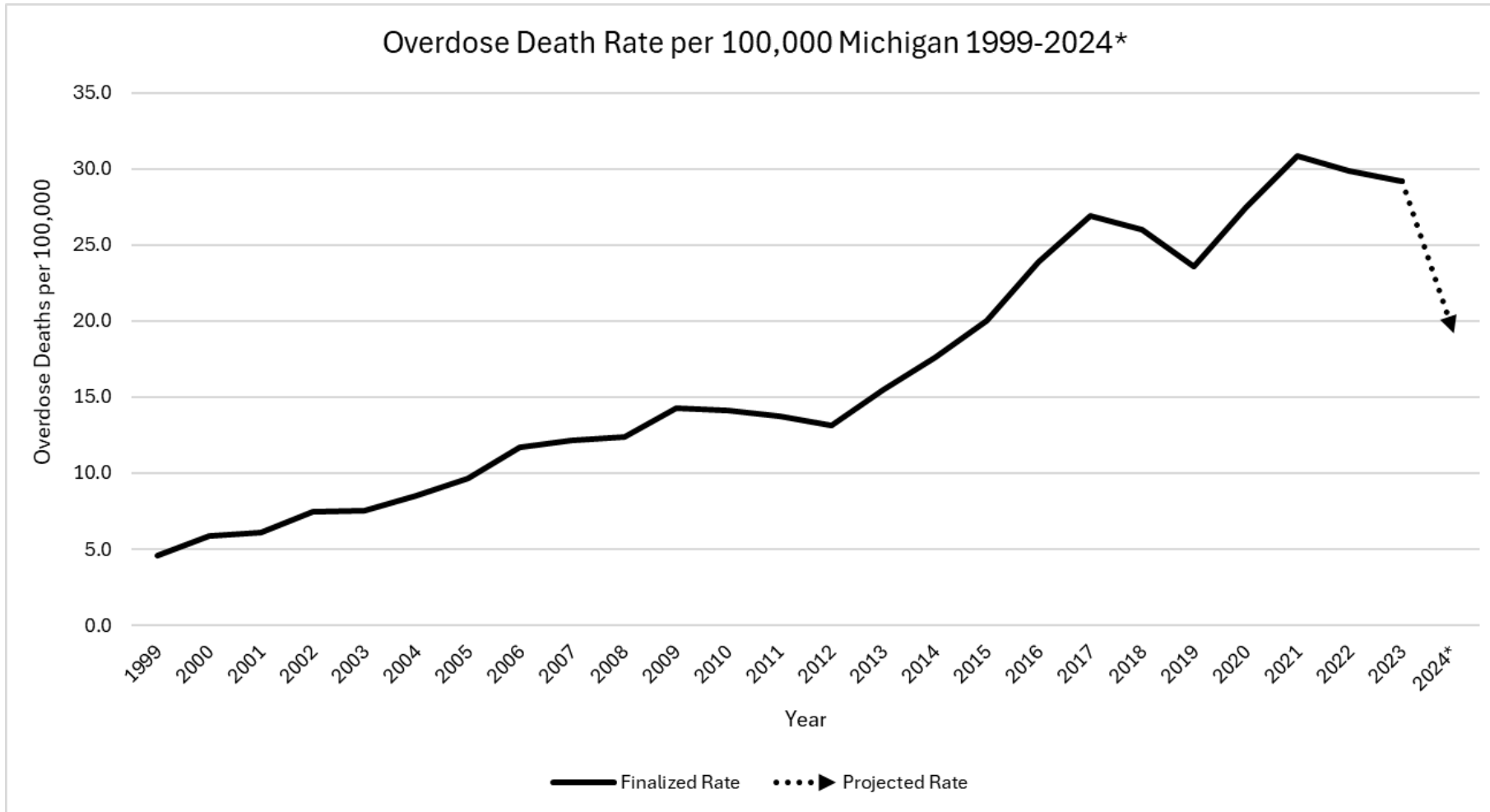
May 14, 2025



Overview

- Data Round-Up:
 - Updated death rate projections
 - Updates on medetomidine
 - Updates on drug checking
- Analysis on number of children whose parent(s) died due to drug poisoning

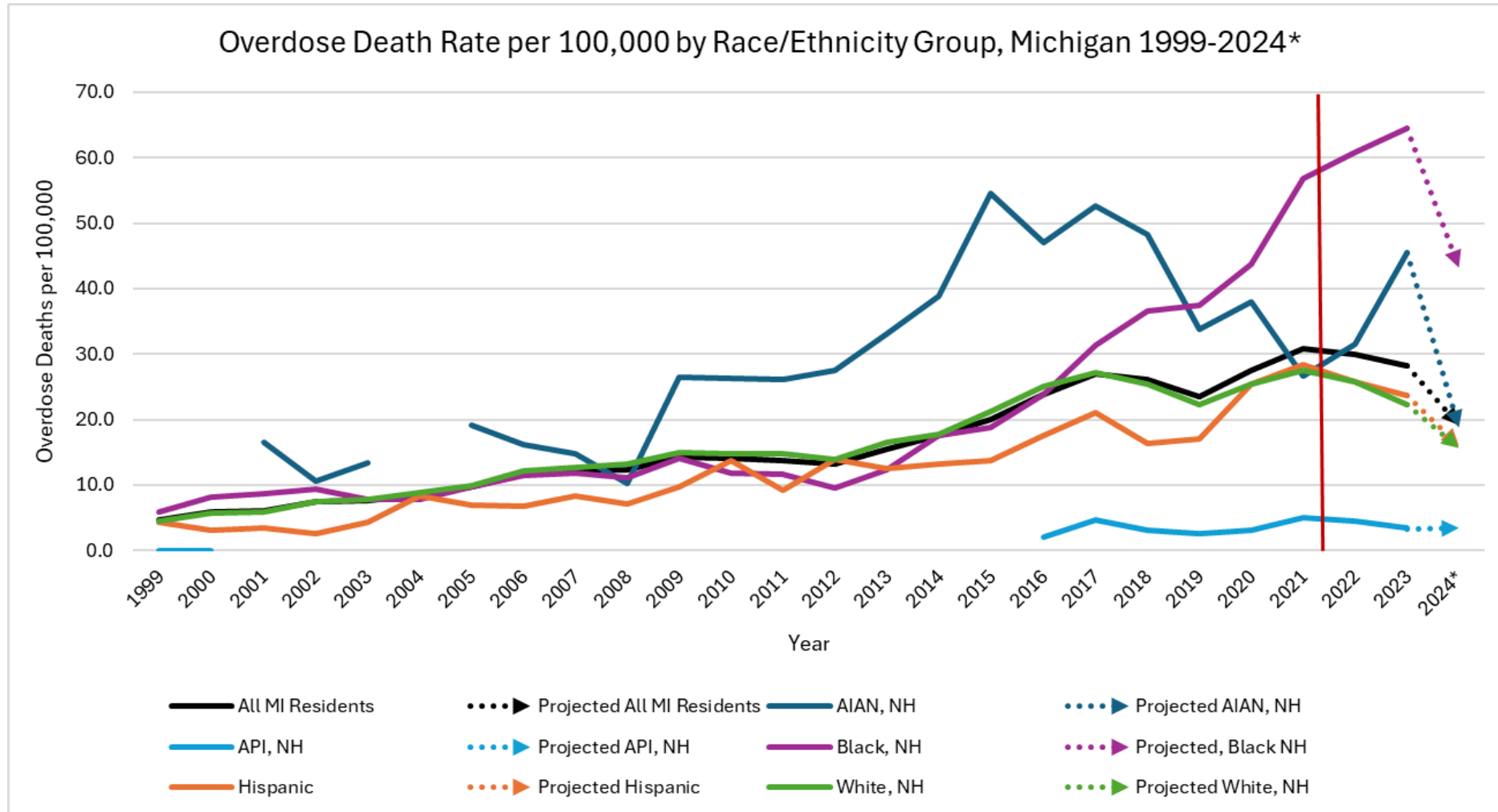
Overdose death rates decreasing



- Overdose death rates among all MI residents have decreased since 2021.

**2024 data are projections based on January-August 2024 preliminary data.*

Overdose death rates decreasing; however racial disparities persist



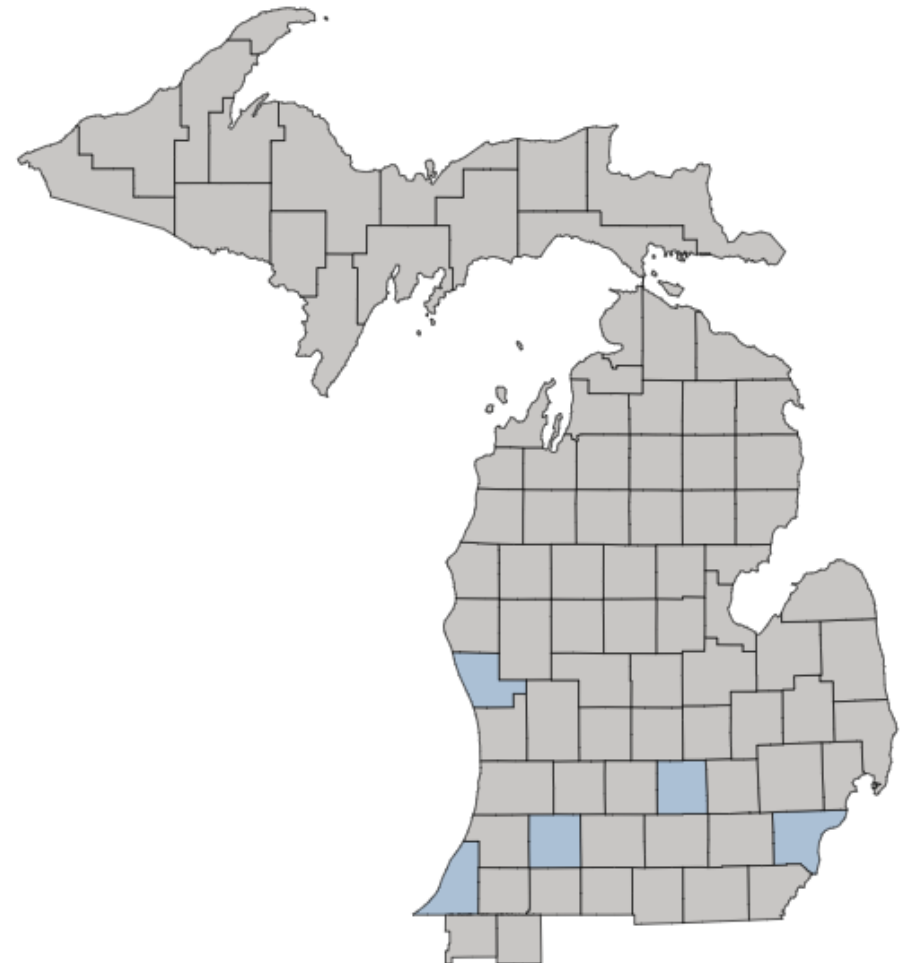
- Rates among Black and AIAN populations have continued to rise; Black residents were 2.9 times more likely to die of an overdose than white residents in 2023.
- Projections for 2024 suggest rates may further decline, including among Black and AIAN populations.

*2024 data are projections based on January-August 2024 preliminary data.

Emerging Drug Update: Medetomidine in Michigan

- Medetomidine has been identified in 13 postmortem samples (8 in 2024, 5 in 2025, +4 since last update).
 - All identified via the Swift Toxicology of Overdose-Related Mortalities (STORM) program.
 - First death was in early March.
 - Kalamazoo, Muskegon, Ingham, Berrien and Wayne counties.
 - 12 out of 13 samples also tested positive for fentanyl, and 6 also tested positive for xylazine.

Map of Samples Testing Positive for Medetomidine
Michigan, 2025



Drug Checking Update

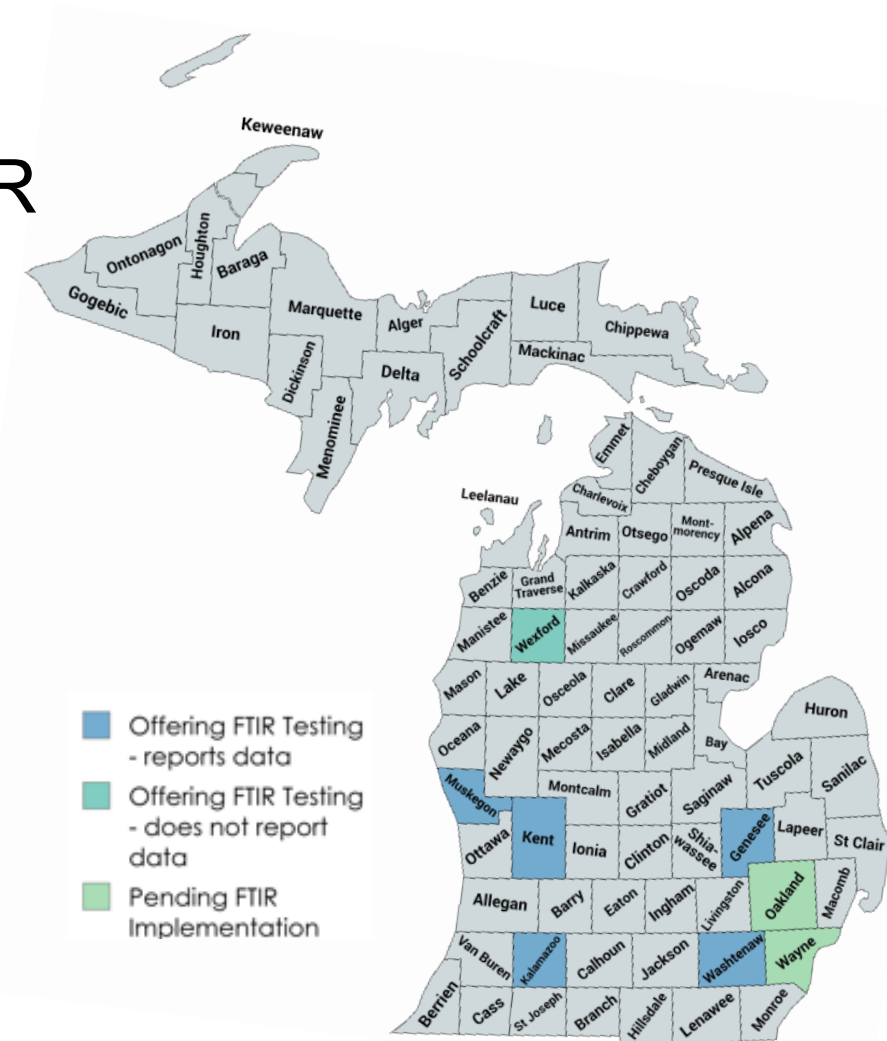
Drug Checking

- 5 HRAs have started drug checking via FTIR

Preliminary 2025 data:

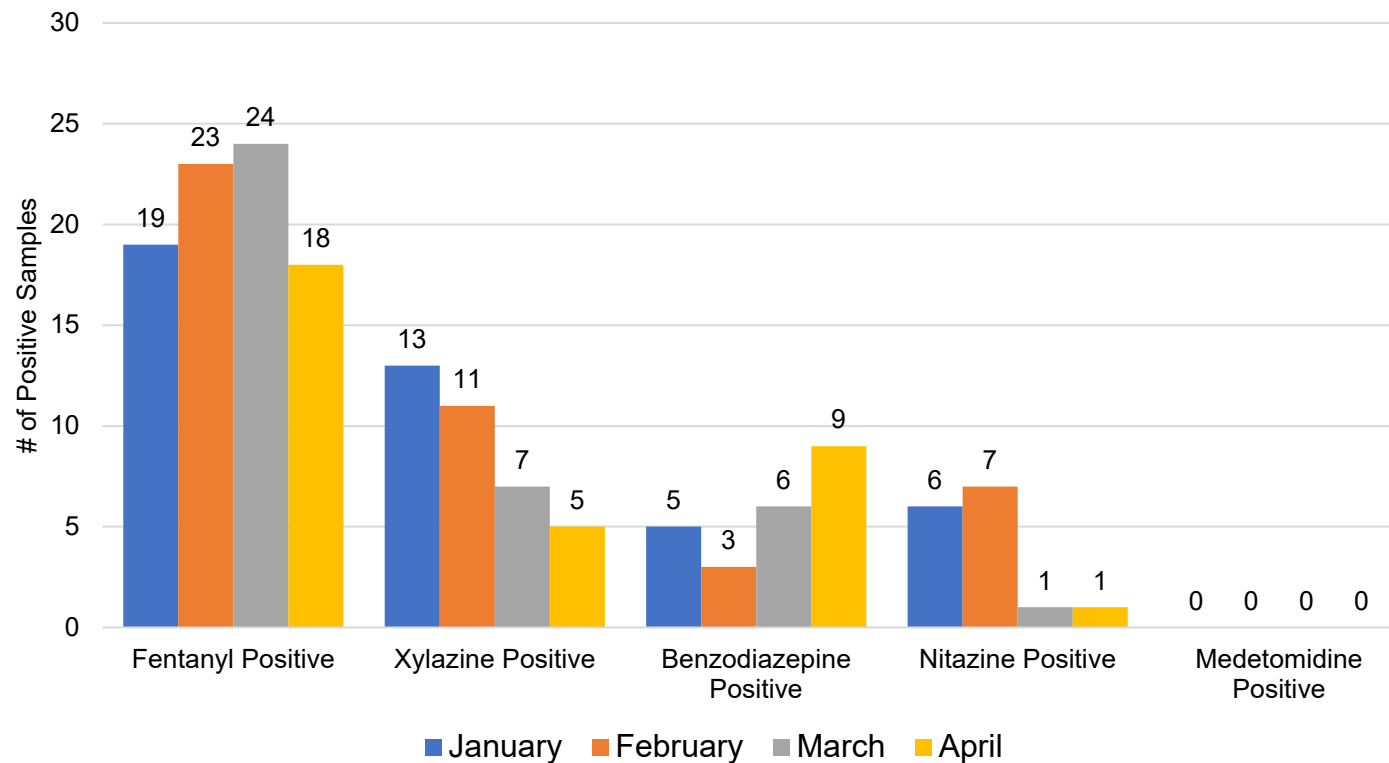
Month	Total FTIR Samples	Samples Sent for Lab Testing	Unexpected Results
January	30	22	1
February	32	30	3
March	39	25	2
April	40	24	0

Source: SSP Utilization Platform (SUP)



Drug Checking Results

HRA Drug Checking Results by Month, 2025

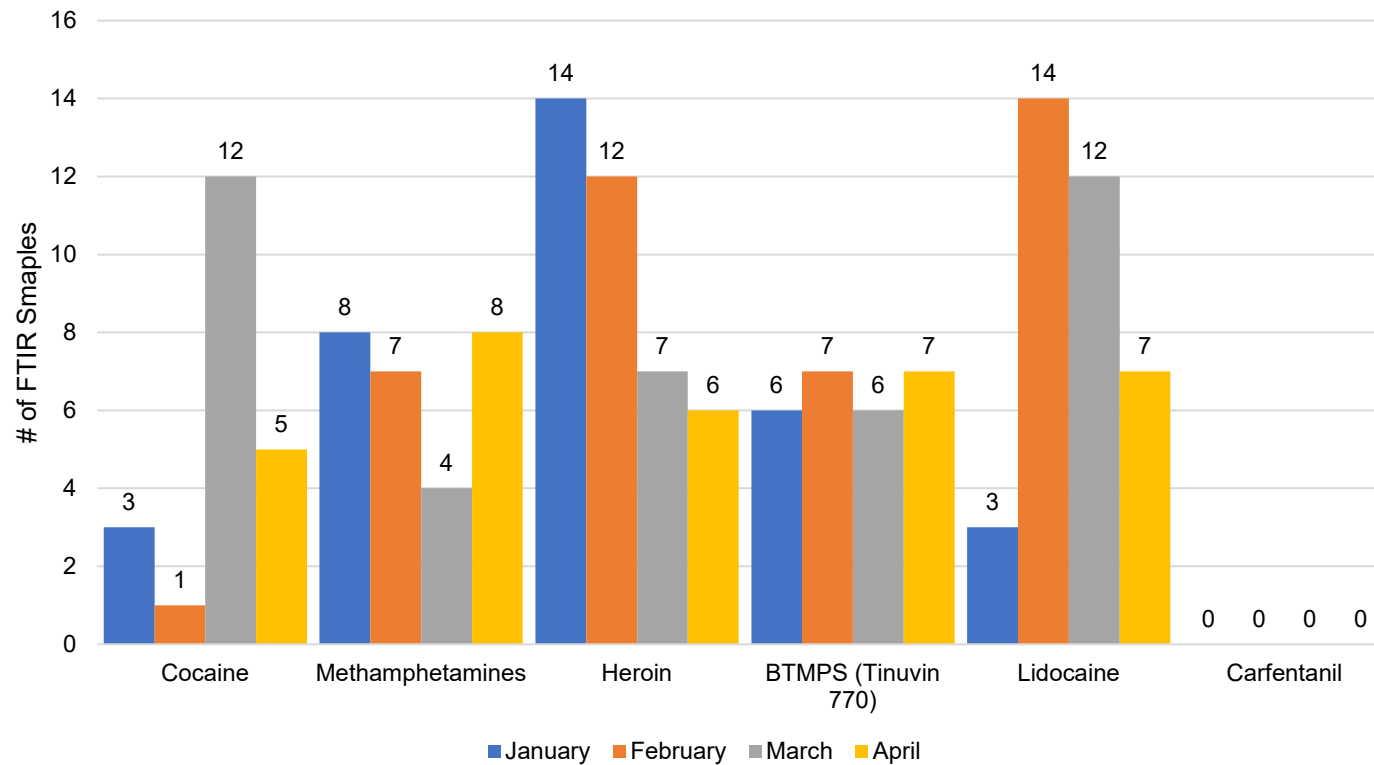


- Fentanyl has remained consistently in most samples tested.
- Xylazine has decreased each month this year.
- 9 samples had medetomidine in confirmatory testing since the start of the year but appears to be only in trace amounts.

Note: Combined FTIR and test strip results only. All samples are tested with FTIR but not all samples are tested with strips (no medetomidine strips were used).

Drug Checking Results

HRA FTIR Results Classified by Drug Type, 2025



- Lidocaine was a common contaminant within samples from February to April.
- 2 samples had trace amounts of carfentanil in confirmatory testing.
- Most stimulants are not seeing contaminants like opioid samples.

Substance types are not mutually exclusive, and one sample may have multiple substances identified from FTIR.

All Substances Found

17 Distinct Substances

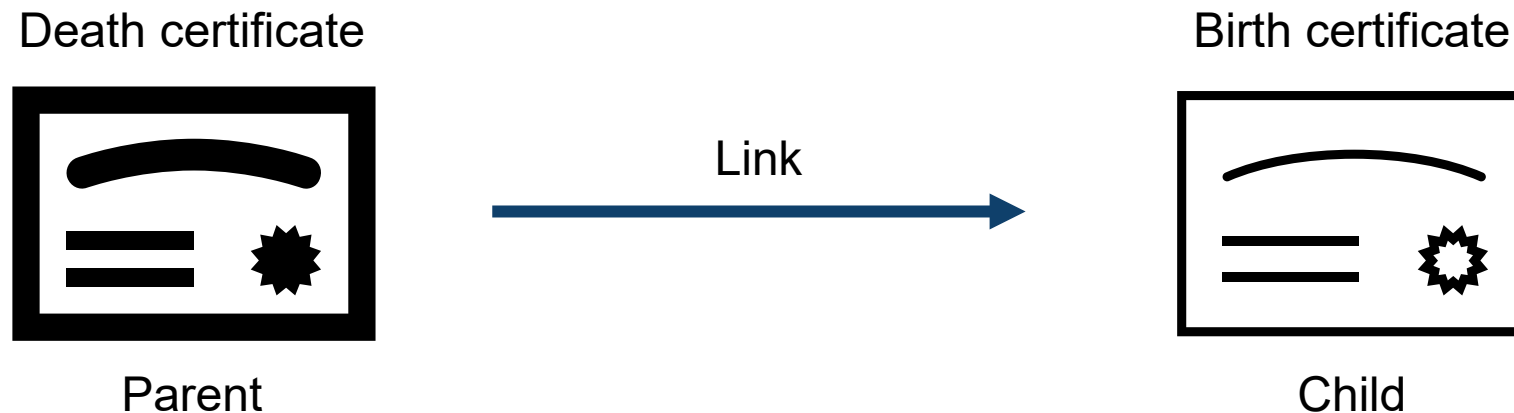
6-monoacetylmorphine (6-mam), benzocaine, bromazolam, btmps (tinuvin 770), caffeine, cellulose (microcrystalline cellulose), clobenzorex, cocaine, cocaine freebase (crack), dicalcium phosphate (parexyl), diphenhydramine (benadryl), erythritol, fentanyl hcl / analogue, flour, heroin, inositol, ketamine, lactose, levamisole, lidocaine, mannitol, methamphetamine, methylenedioxymethamphetamine (mdma), methylsulfonylmethane (msm or dimethyl sulfone), oil, para-fluorofentanyl, paracetamol (acetaminophen), paraffin wax, phenacetin, polyethylene glycol (peg), quinine, sucrose, testosterone, trenbolone acetate, uncertain benzodiazepine, uncertain nitazene, xylazine

**Birth-Death Certificate Linkage to Estimate Number
of Children Whose Parent(s) Died Due to Drug
Poisoning
Michigan, 2000-2022**



Purpose

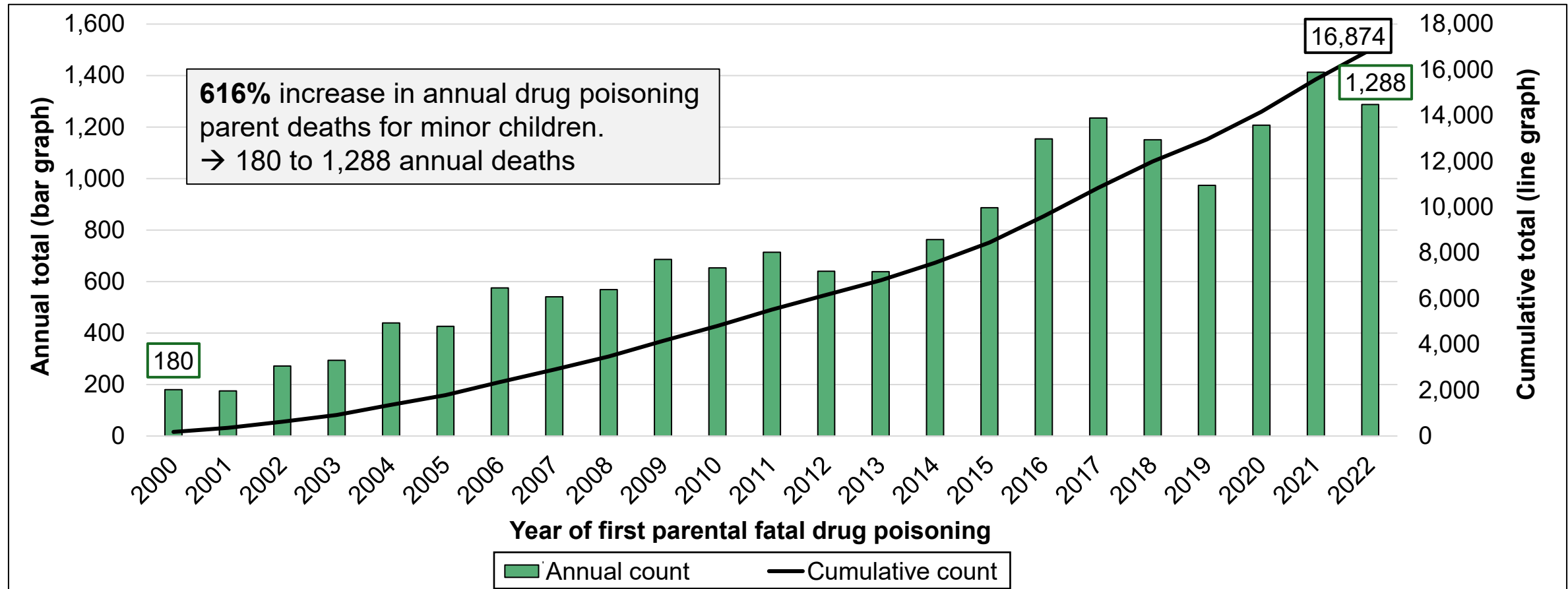
The Michigan Department of Health and Human Services (MDHHS) conducted a linkage of death and birth certificates to estimate the number of children whose parent(s) died due to drug poisoning in Michigan from 2000-2022.



- All cause deaths in Michigan, 2000-2022, linked to Michigan births, 1989-2022.
 - Match based on **biological parent's first name, last name and date of birth.**
- Linked records restricted to pairs where:
 - Parental deaths were due to **drug poisoning** (ICD-10 codes X40-X49, X60-X694, X85-X90 and Y10-Y19).
 - Decedent had **at least one minor child (less than 18 years old) at time of death.**
- Descriptive analyses conducted: age of children, numbers and proportions in trends over time.
- Note: If both parents died due to drug poisoning, the year of the first parental death is used in analysis.

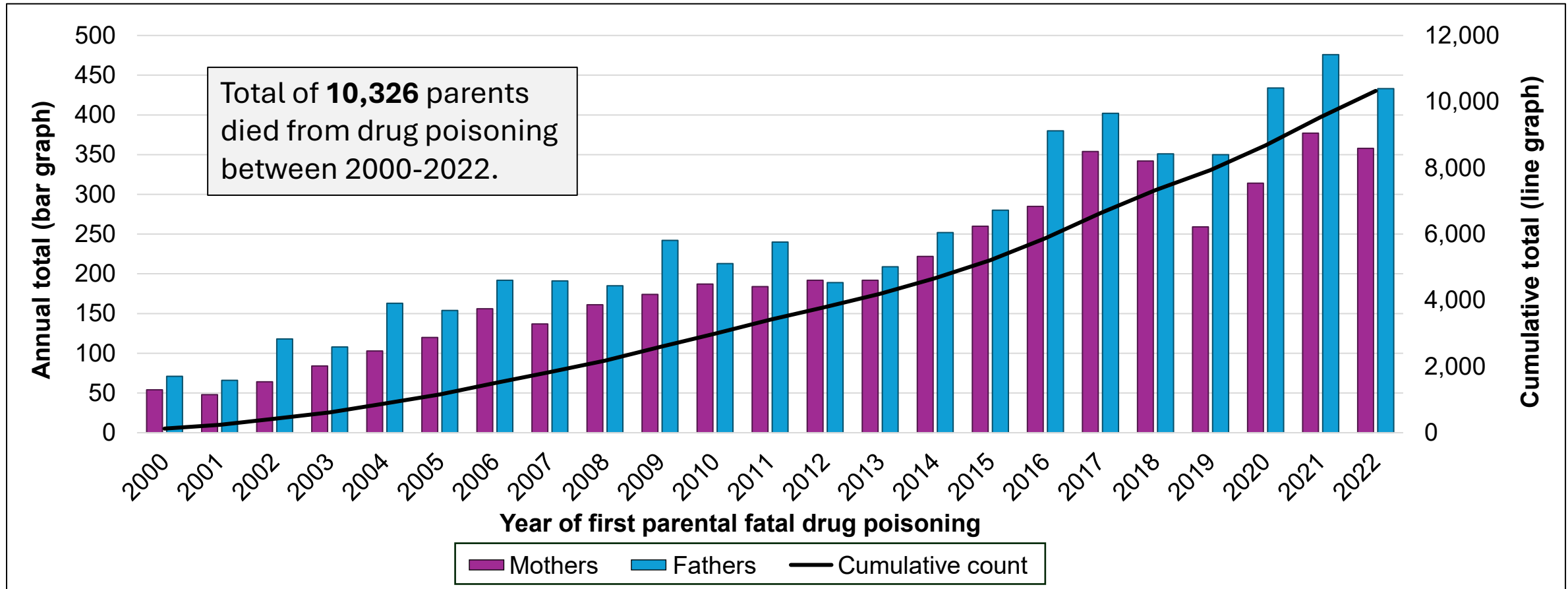
An increasing number of children are losing parents to drug poisonings.

Annual and cumulative count of minor children whose parent(s) died due to drug poisoning by year parent died, Michigan, 2000-2022.



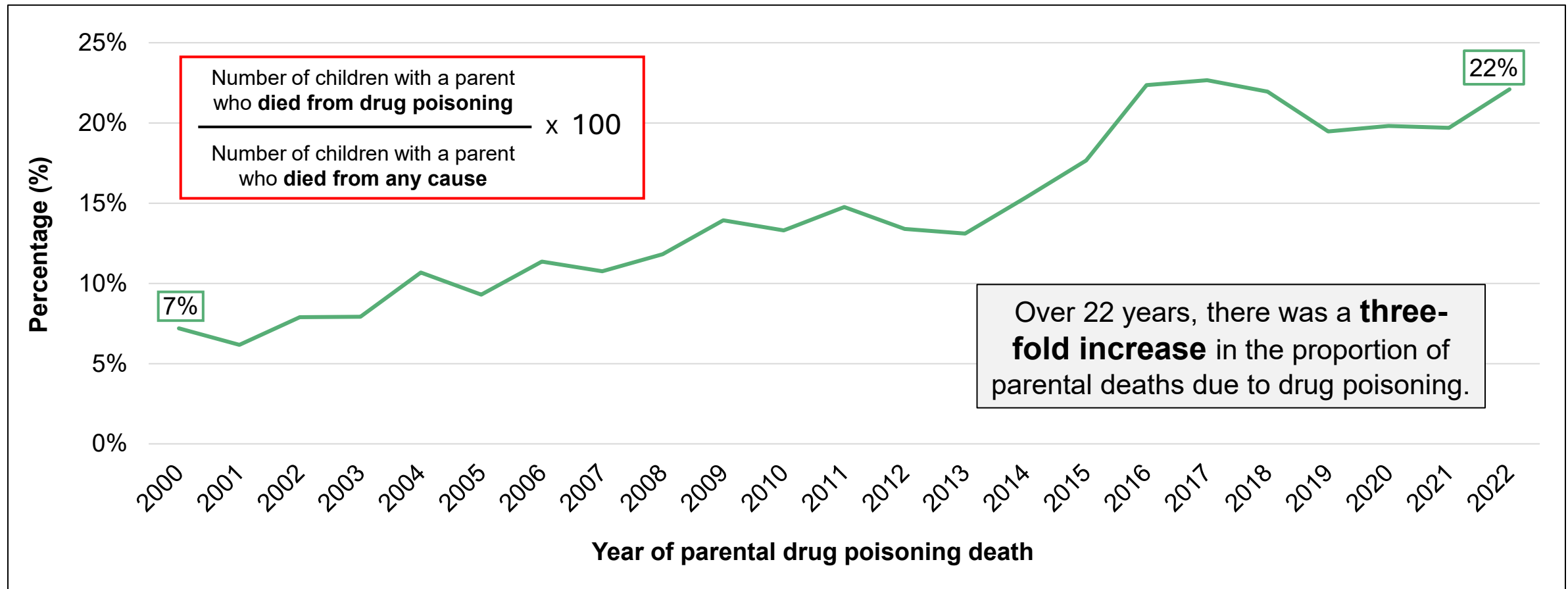
An increasing number of parents are dying from drug poisonings.

Annual and cumulative count of drug poisoning deaths between 2000-2022 by year among parents with at least one minor child born between 1989-2022, Michigan.



Drug poisonings make up an increasing proportion of parental deaths.

Proportionate mortality rate for drug poisoning among parents of minor children, Michigan, 2000-2022.



Conclusions

- This analysis estimates that a substantial proportion of parental deaths affecting minors were due to drug poisoning (**20%+ of parental deaths**).
 - This proportion has greatly increased from 2000-2022 (**3-fold increase**).
- **One-third** of minors were teenagers at time of parental death.
 - This age range has been found to be **most vulnerable to substance use** later in life.

Recommendations to support minor children.

- Provide childcare for parents seeking SUD treatment.
 - As of 2023 in Michigan,
 - **35%** of SUD treatment programs offer tailored programs for pregnant and post-partum people,
 - **less than 6%** offer childcare services,
 - and **less than 3%** offer residential beds for children.

Limitations

1. The **number of fathers** who died due to drug poisoning may be an **undercount** due to lack of a named father on a birth certificate. Approximately 36% of children whose mother died due to drug poisoning did not have a father listed on the birth certificate.
2. **Births before 1989 are not included** in dataset and therefore the number of children may be an undercount. Parent names and addresses were not recorded in the statistical files prior to 1989.

Guest Presentations

May 14, 2025



Opioid Advisory Commission (OAC)

Presentation to the Opioid Task Force

Christina Hawkins

Data Administrator, Opioid Advisory
Commission

May 14, 2025



Creation of the Opioid Advisory Commission

- Established by [Public Act 84 of 2022](#)
- Reviews initiatives related to substance use disorders and mental health
- Recommends funding initiatives to the legislature

Statutory Requirements

- Statewide evidence-based needs assessment
- Summary of current funding
- Prevention and treatment strategies
- Analysis of substance use disorders and mental health conditions
- Goals and recommendations
- Assessment of prior funding use

2025 OAC Annual Report Appropriations Recommendations

Short Term : Statewide Needs Assessment

- Individualized County Reports
- Support of the Three Fires
- Statewide Report

Medium Term: Addressing Gaps Across the Four Pillars

- Clearly and comprehensively identify and address existing gaps.
- Demonstrate measurable outcomes and accountability.
- Serve broader regions rather than isolated communities, excepting tribes, to ensure widespread impact.

Long Term: Sustainability Through an Endowment

- Establish an endowment within the Michigan Department of Treasury

2025 OAC Annual Report Legislative Priorities

PREVENTION

- Promote Evidence-Based Programs and Strategies:
- Invest in Comprehensive Prevention Programs Across the Life Course

HARM REDUCTION

- Support the decriminalization of drug paraphernalia
- Support safe use sites

TREATMENT

- Establishing a Medicaid Working Group
- Ensuring Pharmacists Dispense Addiction Medications

RECOVERY

- Promoting and funding diversion and deflection programs
- Promoting Alternative Sentencing
- Easing the Criminal Justice Experience
- Providing aftercare services

Contact Information

[Opioid Advisory Commission](#)

Email: oac@legislature.mi.gov or
chawkins@legislature.mi.gov

Phone: 517-373-1893

Charge of the Task Force

01

Collect, compile, and report on data

- Michigan vs. US over time
- Provide suggestions for how to improve the utility

02

Identify root causes & contributing factors

- Disparities & reasons populations are most at-risk
- Shared risk & protective factors

03

Assess effectiveness & identify gaps in current measures

- Current state of science
- Programs that address root causes & spectrum of prevention
- Michigan-specific gaps & challenges

04

Identify existing resources & develop strategies for maximizing, coordinating

- Enhance opportunities for coordination
- Strategy to fill gaps and uplift current programs
- Maximize existing resources

05

Recommend new changes to Michigan's law & policy

- Can be any level of government
- Ideas should be based on above tasks
- Include any barriers to recommended solutions

06

Establish a timeline for accomplishing goals & objectives

- Recommend priorities
- Should be reasonable

Task Force Subcommittees

New Policies

Implementation of Existing Legislation

Clinical Coalition

Suicide

Community Violence

School Safety

Intimate Partner Violence

ERPO & Domestic Violence Firearm Possession

Background Checks

Safe Storage

Representation in Subcommittees & Partners



More than 100 people are members of a subcommittee, with representation from:

- Governmental offices.
- State and local health departments.
- Advocacy organizations.
- Community-based service providers.
- People with lived experiences.
- Lawyers and legal professionals.
- Law enforcement.
- Medical professionals, including mental health providers.
- Students.
- Gun rights groups.
- Firearm owner coalitions.
- Firearm safety instructors.
- Superintendents and school personnel.
- Faith-based communities and organizations.
- Organizations working with Native American, African American and LGBTQ+ populations.

Administrative, Project Management & Research Support



**INSTITUTE FOR FIREARM
INJURY PREVENTION**

UNIVERSITY OF MICHIGAN

Initial Report

MICHIGAN GUN VIOLENCE PREVENTION TASK FORCE INITIAL REPORT

Executive Summary

The recommendations take into account all the data gathered by the Task Force, subcommittees and other key informants. Recommendations were evaluated for the level of financial resources needed and the number of obstacles they may encounter if implemented. These recommendations were then plotted on a chart to view which recommendations were likely the easiest to implement versus the most challenging to implement. In the below sections, the top recommendation based on voting by the Task Force is denoted with a green dot in the chart.

Overarching Recommendations

To decrease duplication between the various recommendations developed by the subcommittees, the Task Force developed overarching recommendations that affect all topic areas. These include:

- Develop funding mechanisms for the implementation of the Task Force Recommendations.
- Create a workgroup to implement the recommendations of the Task Force that includes directors or their representatives from various governmental agencies and non-government entities and organizations to increase the capacity and impact of firearm injury prevention programs and research.
- Create and implement statewide education and communication campaigns on firearm safety laws and evidence-based programs, incorporating community members and trusted messengers as leaders in prevention efforts.
- Expand the Office of Community Violence Intervention to include all firearm injury topics to improve coordination and collaboration in the state.
- Improve data infrastructure, collection and access across the state for firearm injury prevention programming and research.

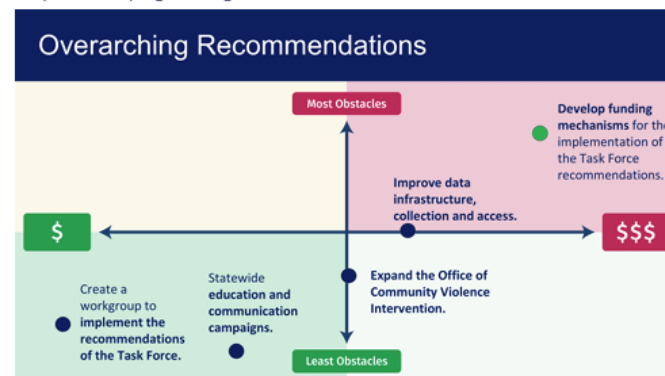


Figure 1: Plot of Overarching Recommendations.

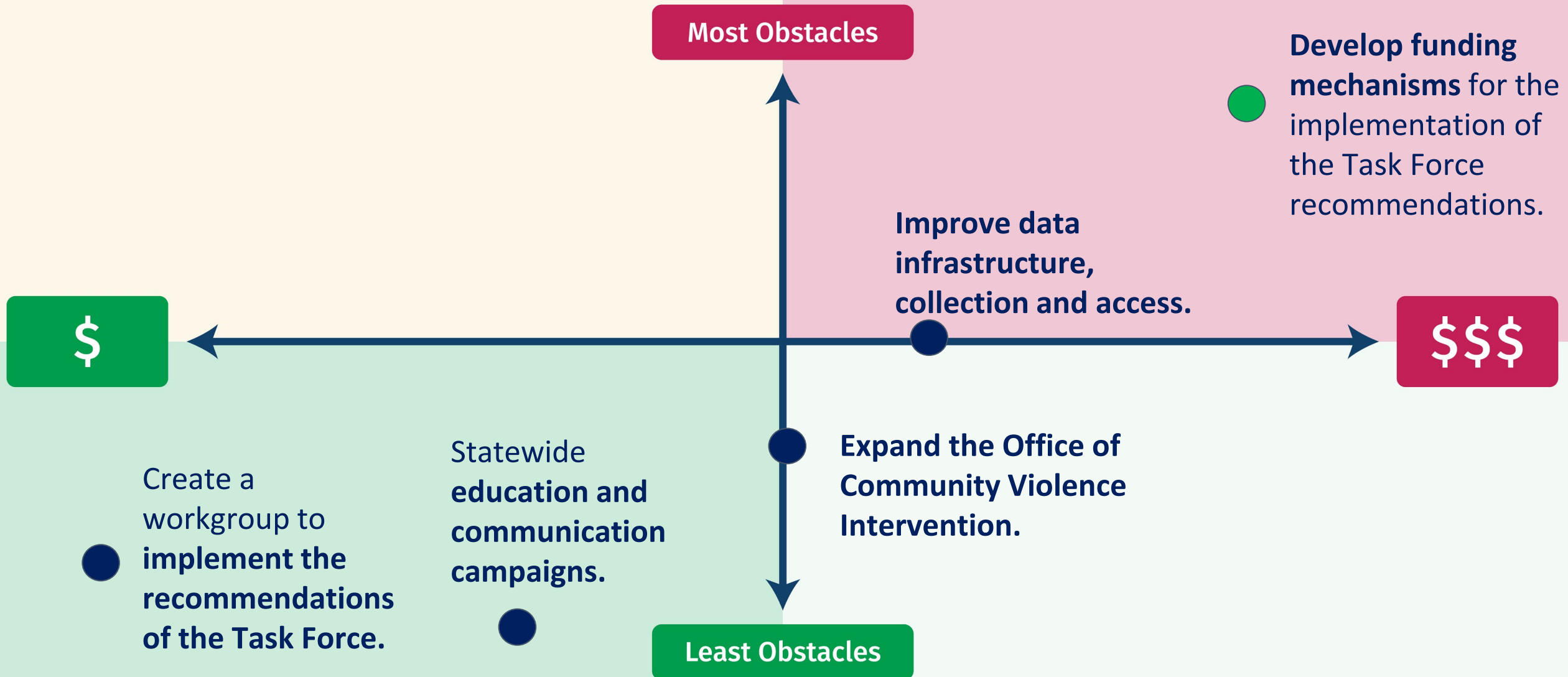
Addressing Firearm-Related Suicide:

Recommendations for Changes to Michigan's Law, Policy and Programs with the Goal of Reducing the Rates and Instances of Firearm Injury and Death

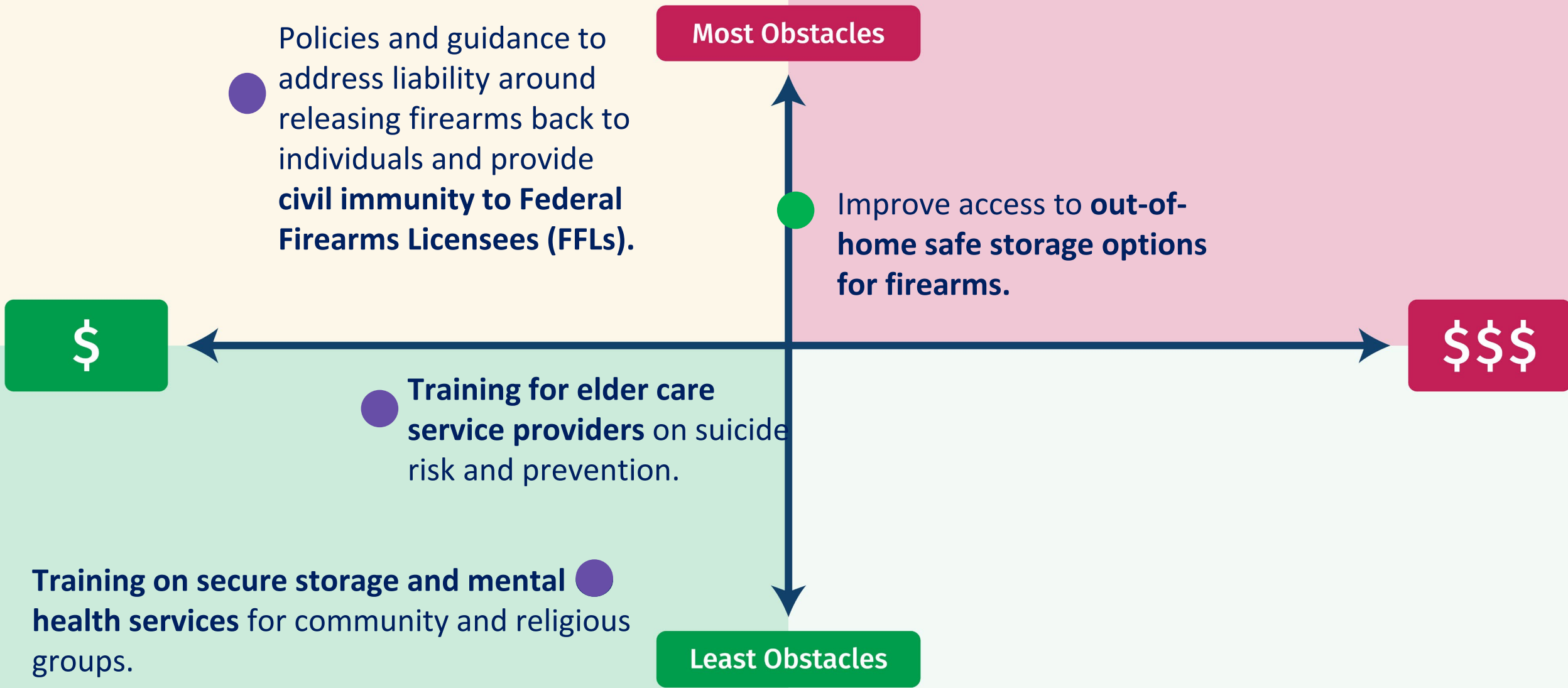
The Task Force has created six key recommendations for new programs, policies and legislation for addressing firearm-related suicide, with the goal of reducing rates and instances of firearm injury and death. These recommendations include:

- **Allocate dedicated funding to provide education and training about firearm secure storage, firearm-related suicide prevention and suicide awareness** - Dedicated funding pools for providing adequate firearm safety education and training are urgently needed, with improper storage significantly increasing risk of suicide. The investment required for these educational and training efforts yields substantial returns in lives saved compared to the immense economic and emotional costs of firearm-related suicide. Creating sustainably funded suicide prevention programming alongside trusted messengers will allow for community groups and organizations in Michigan to spread awareness, provide tailored resources to disproportionately affected communities (e.g., older adults, African Americans, veterans), and mitigate firearm-related suicide in Michigan. (Note: This recommendation has been included in the overarching recommendations. See Executive Summary on page 5).
- **Improve and increase data collection and infrastructure efforts for firearm-related suicide in Michigan** - Access to accurate and current data on firearm-related suicide in Michigan aids in mitigating significant gaps, inconsistencies and delayed reporting that hamper effective firearm-related suicide prevention strategies. Strengthening awareness and usage of publicly available data by providing tutorials and more user friendly software of data in Michigan (e.g., navigating Centers for Disease Control and Prevention (CDC) Wonder data, Michigan Violence Death Reporting System, Vital Statistics) would provide community members, researchers, healthcare providers and policymakers with current, comprehensive information on demographic patterns, risk factors and intervention effectiveness, enabling evidence-based approaches tailored to disproportionately affected populations. Standardized reporting across health jurisdictions can aid in examining regional trends, while more detailed circumstantial information would identify specific points for intervention. Moreover, a robust data infrastructure transforms isolated tragedies into potential roadmaps to change, allowing Michigan communities to implement upstream prevention measures before mental health crises occur and measure the impact of programs and policies over time to allow for improvement. (Note: This recommendation has been included in the overarching recommendations. See Executive Summary on page 5).

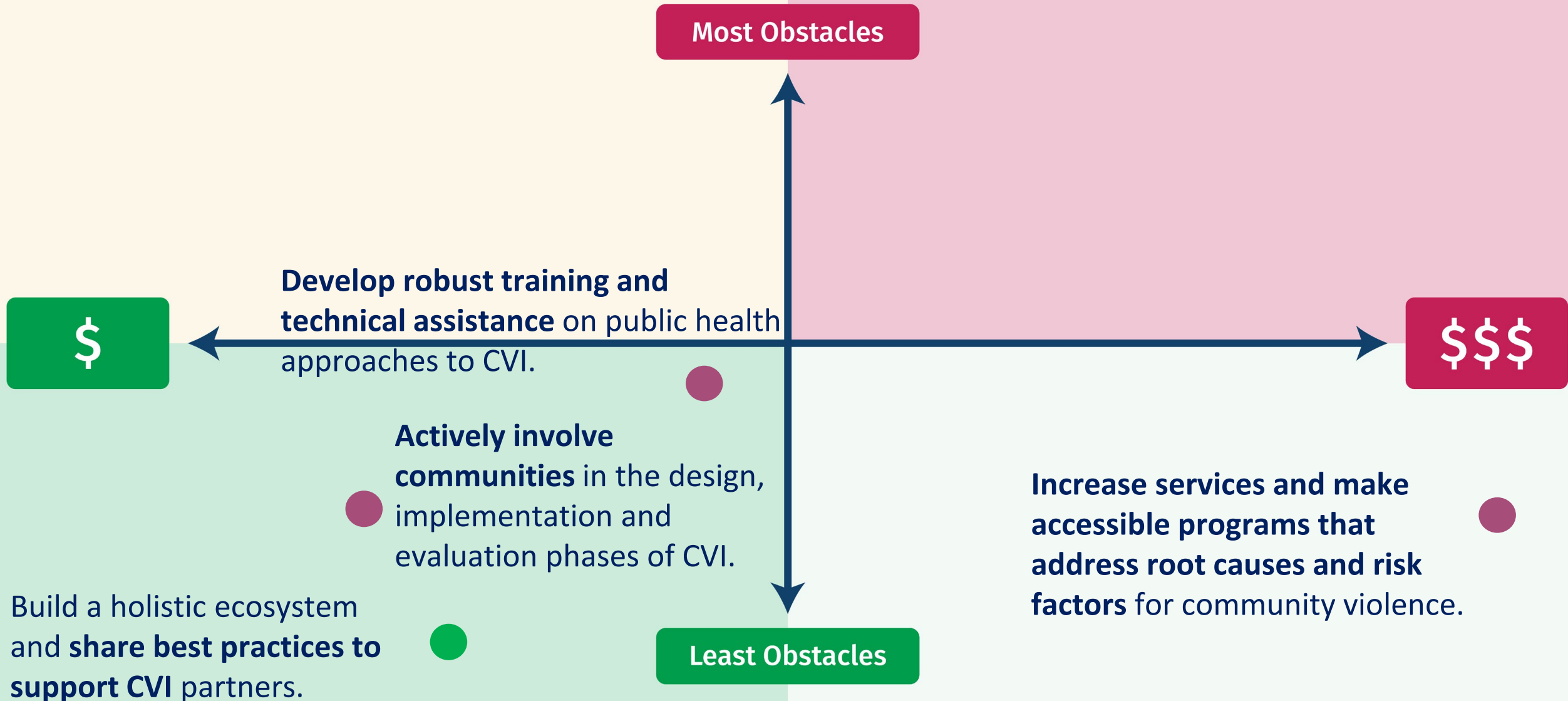
Overarching Recommendations



New Policies on Firearm-Related Suicide



New Policies on Community Violence Intervention



New Policies on School Safety

Review existing school safety legislation to **add non-compliance actions that would outline consequences for failing to follow the law.**

Most Obstacles

Develop training standards and maintain a community of practice for school safety liaisons and other school administrators involved in safety roles.

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Recommend OK2SAY as official school safety tip line; improve after-action reports and send to MSP for analysis.

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Create a standard definition of a school resource officer (SRO) with ongoing training and education.

Develop a robust **one-stop online hub** where Mich. schools can access safety resources and best practices.

Least Obstacles

New Policies on Intimate Partner Violence

- Amend law to **ensure that safe surrender and relinquishment of an illegal firearm** in PPO, MCDV, and ERPO cases hold no legal liability unless connected with a crime.

Most Obstacles

- Incentivize law enforcement to be responsible for PPO and ERPO service.

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- Create clear guidelines and tools for **firearm relinquishment** for law enforcement, judicial personnel.

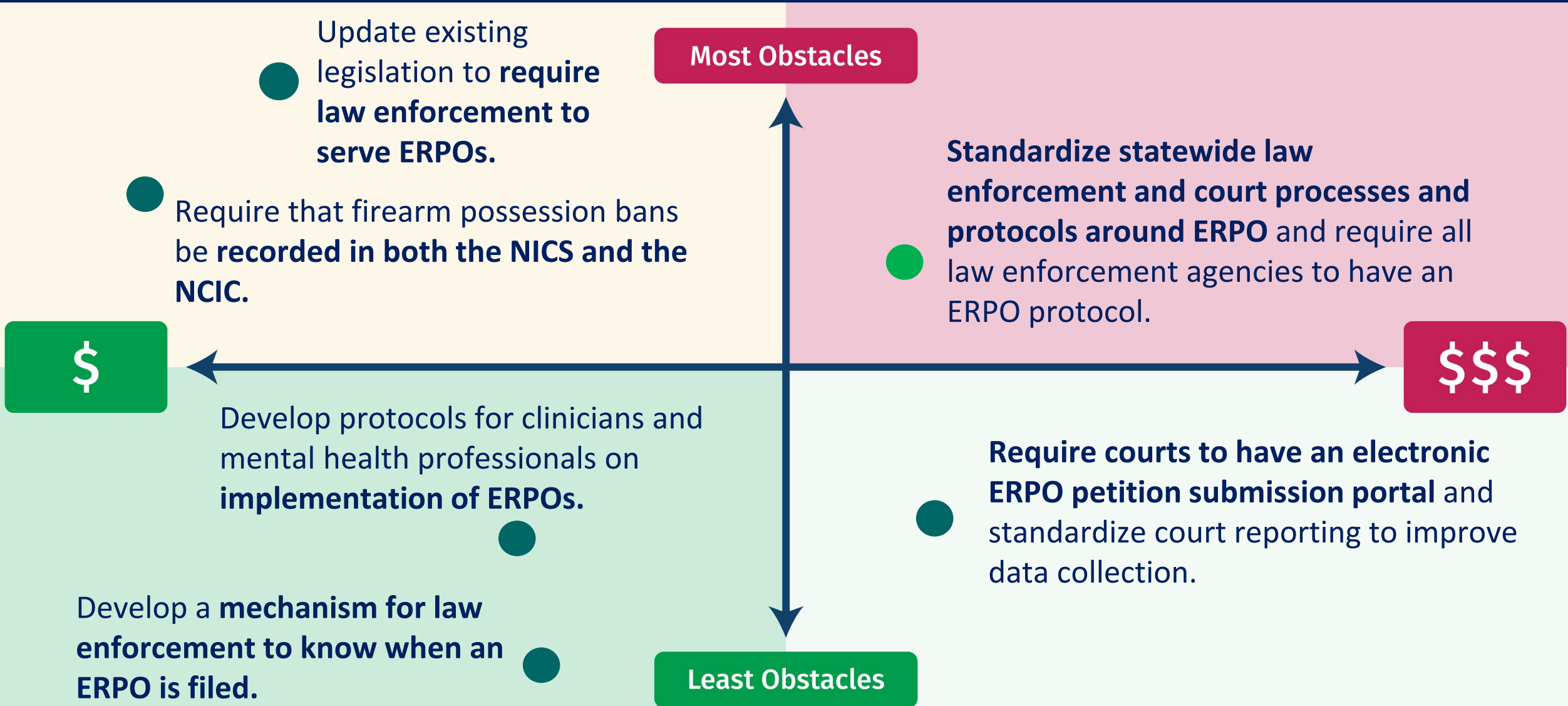
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- Create and strengthen firearm-related **intimate partner violence resources/programs** for Tribal communities.

Least Obstacles

- Work with communities to **develop Intimate Partner Violence High Risk teams** to safeguard those affected disproportionately.

Implementation of ERPOs Legislation



Implementation of Domestic Violence Firearm Possession Ban



Update existing legislation to require relinquishment, removal and storage of firearms after firearm possession ban.

Most Obstacles

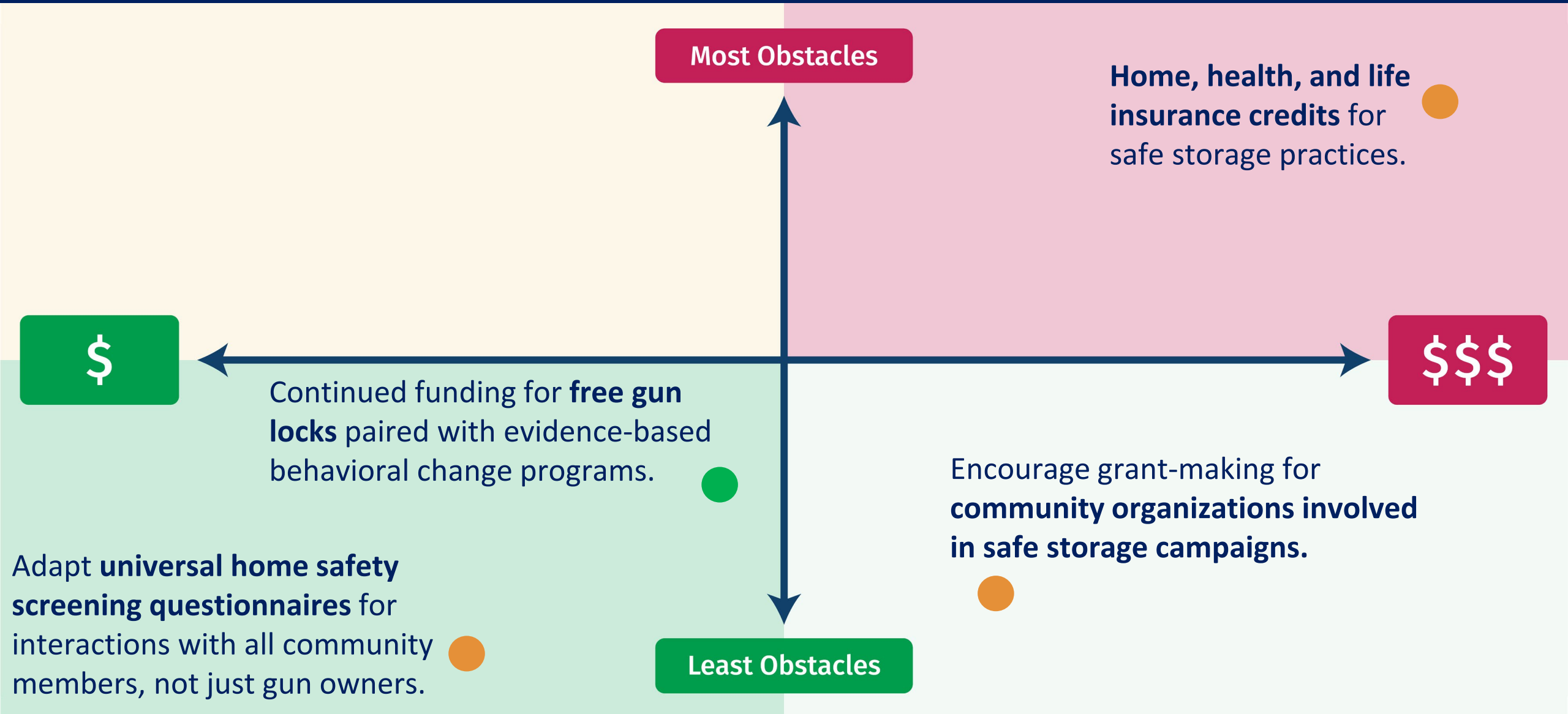
Least Obstacles

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Implementation of Safe Storage Legislation



Most Obstacles

Home, health, and life insurance credits for safe storage practices.

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Continued funding for **free gun locks** paired with evidence-based behavioral change programs.

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Encourage grant-making for **community organizations involved in safe storage campaigns**.

Adapt **universal home safety screening questionnaires** for interactions with all community members, not just gun owners.

Least Obstacles

Implementation of Background Check Legislation

Close the CPL loophole for purchasing a firearm.



Amnesty for self-reporting violations of the law when a firearm is transferred without the correct permit.



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Clarify the process of temporary transfers so those engaged in transfers are not in violation of the law.



Improve purchase permit accessibility by reducing or eliminating application fees



Most Obstacles

Least Obstacles

Improve state data reporting systems for inputting restraining orders in the background check systems.



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Next Six Months

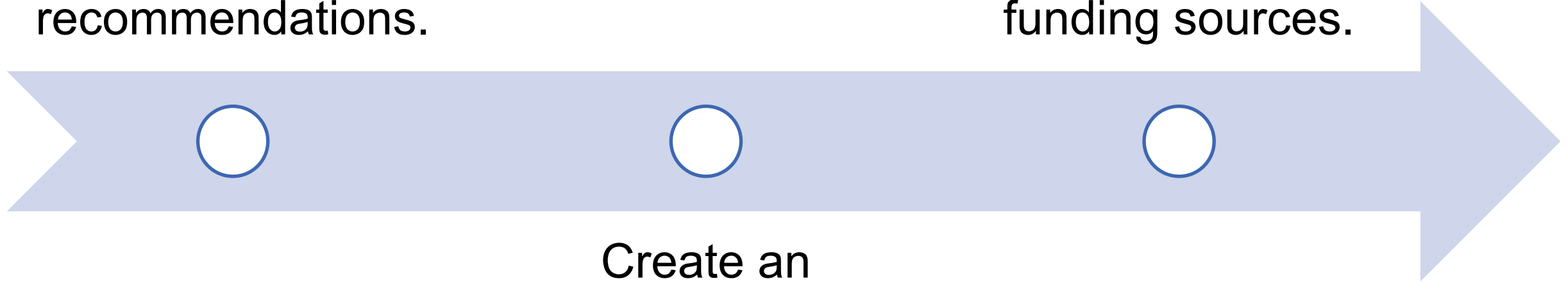
Refine
recommendations.



Explore
opportunities for
collaboration and
funding sources.



Create an
implementation
analysis and
roadmap.



MDHHS Updates

May 14, 2025



Accomplishments

Overall Goal: Dropped from 14th highest fatal overdose rate to 37th in six years.



Prevention

Launched media awareness campaign.

Using research and polling to tailor messaging and measure effectiveness.

Harm Reduction

Distributed more than 1 million naloxone kits, resulting in 29,000 overdose reversals.

Increased clients served from 10,000 in 2019 to more than 100,000 in 2024.

Treatment

Incentivized 64 providers to provide substance use disorder care to more than 12,000 through loan repayment programming.

Support infrastructure improvements in several facilities across the state.

Recovery

Invested in adding more than 200 beds in last two years.

Supported service delivery expansion in recovery organizations.

Pillar Priorities: Intended Outcomes for Future Settlement-Funded Initiatives

Prevention

Delay the average age of first use of drugs or alcohol.

Harm Reduction

Increase use of harm-reduction tools to reduce overdose deaths.

Treatment

Increase capacity of SUD treatment providers to serve more clients through workforce development.

Recovery

Increase number of recovery and long-term housing solutions to provide more stable environments for individuals in recovery.

Prioritize and tailor each pillar to address existing and emerging racial and geographic disparities.



Substance Use Disorder Funding



- Michigan spends more than \$300 million annually on publicly funded SUD services.
 - Settlement investments represent less than a quarter of total dollars invested in SUD services annually.

Primary Prevention	Harm Reduction	Treatment	Recovery	Maximizing Impact
<p>Estimated Total: \$39 million</p> <p>Funding is supported by:</p> <ul style="list-style-type: none"> • SAMHSA (Substance Abuse and Mental Health Services Administration). • Opioid Settlements. • CDC (Centers for Disease Control and Prevention). • General Fund. 	<p>Estimated Total: \$24 million</p> <p>Funding is supported by:</p> <ul style="list-style-type: none"> • SAMHSA. • Opioid Settlements. 	<p>Estimated Total: \$215 million</p> <p>Funding is supported by:</p> <ul style="list-style-type: none"> • Medicaid. • SAMHSA. • Opioid Settlements. • General Fund. 	<p>Estimated Total: \$25 million</p> <p>Funding is supported by:</p> <ul style="list-style-type: none"> • SAMHSA. • Opioid Settlements. • General Fund. 	<p>Estimated Total: \$13 million</p> <p>Funding is supported by:</p> <ul style="list-style-type: none"> • SAMHSA. • Opioid Settlements. • CDC.

FY26 Proposed Settlement Strategic Investments



Prevention Investment Total: \$7.5M Ongoing | \$3M Onetime

School-Age Prevention Programs
Nonprofit, youth engagement organizations.

Continue Public Health/Awareness Campaign

Conduct comprehensive, statewide media campaign including print, digital, TV, social media and more. Next phase to focus on youth awareness.

Continue Children Services Administration Programming
(Previously obligated investments, 2026 only.)

Harm Reduction Investment Total: \$9.5M Ongoing | \$1M Onetime

Supporting Expansion of Harm Reduction Agencies and Services
Build capacity of providers working in unserved and underserved communities to scale up existing programs or create new programs/locations.

Continue Naloxone Distribution Efforts

Increase use of harm reduction tools to reduce overdose deaths.

Treatment Investment Total: \$10M Ongoing | \$4.5M Onetime

Initiatives to Increase Workforce
Expand existing MDHHS scholarship, loan repayment and internship programs to support workforce increases.

Remove Barriers for Peer Recovery Coach Certifications

Jail Treatment
(Previously obligated investments, 2026 only.)

Recovery Investment Total: \$21M Ongoing | \$4M Onetime

Funding Housing Programs
PIHP continued cost-of-stay reimbursement.
Recovery Housing Investment Program (600 beds) and larger SUD housing solutions (e.g., Andy's Place, Wellspring).

Wraparound Services
Support programs, e.g., transportation, job search, coaching, etc.

Investing in Permanent Committed Affordable Housing Solutions

OTF Policy Agenda



Short-Term Policy Priorities	Budget & Purchasing Related Policy Priorities	Longer-Term Policy Priorities
<ol style="list-style-type: none"> 1. Provide protections for harm reduction resources: Reintroduce and support HB 5178 & HB 5179 2. Reduce licensing and regulatory barriers to MOUD treatment provision and prescription to increase a medication-first approach 3. Certify prevention specialists to be able to bill prevention codes in Medicaid: DHHS internal review & update of positions certified to implement and bill for prevention services to include certified Prevention Specialists 4. Reduce barriers to peer certification process: Remove in-person attendance requirements for CPRC continuing education and clarify interpretation of Medicaid fitness requirements 	<ol style="list-style-type: none"> 1. Reduce admin burden through RCO purchasing policies 2. HRA qualified uses of funding 3. Transportation Reimbursement Policies 	<ul style="list-style-type: none"> • Revise the Start Talking Form • Establish MOUD as an Opt-Out only option for publicly funded treatment providers • Incentivize adoption of MOUD services in hospitals • Remove barriers to certification for prospective treatment providers • Increase pharmacy stocking of Bup • Provide guidelines for statewide certification, supervision, reporting and billing standards to increase consistency for peer services amongst PIHPS • Better integrate peer services into MOUD & Treatment Programs • Address inconsistencies in PIHP authorization • Address parity in MH vs SUD reimbursement rates • Incentivize employer participation in the recovery friendly workplace initiative • Address consistency in funding recovery housing services

OTF Subcommittee Updates

May 14, 2025



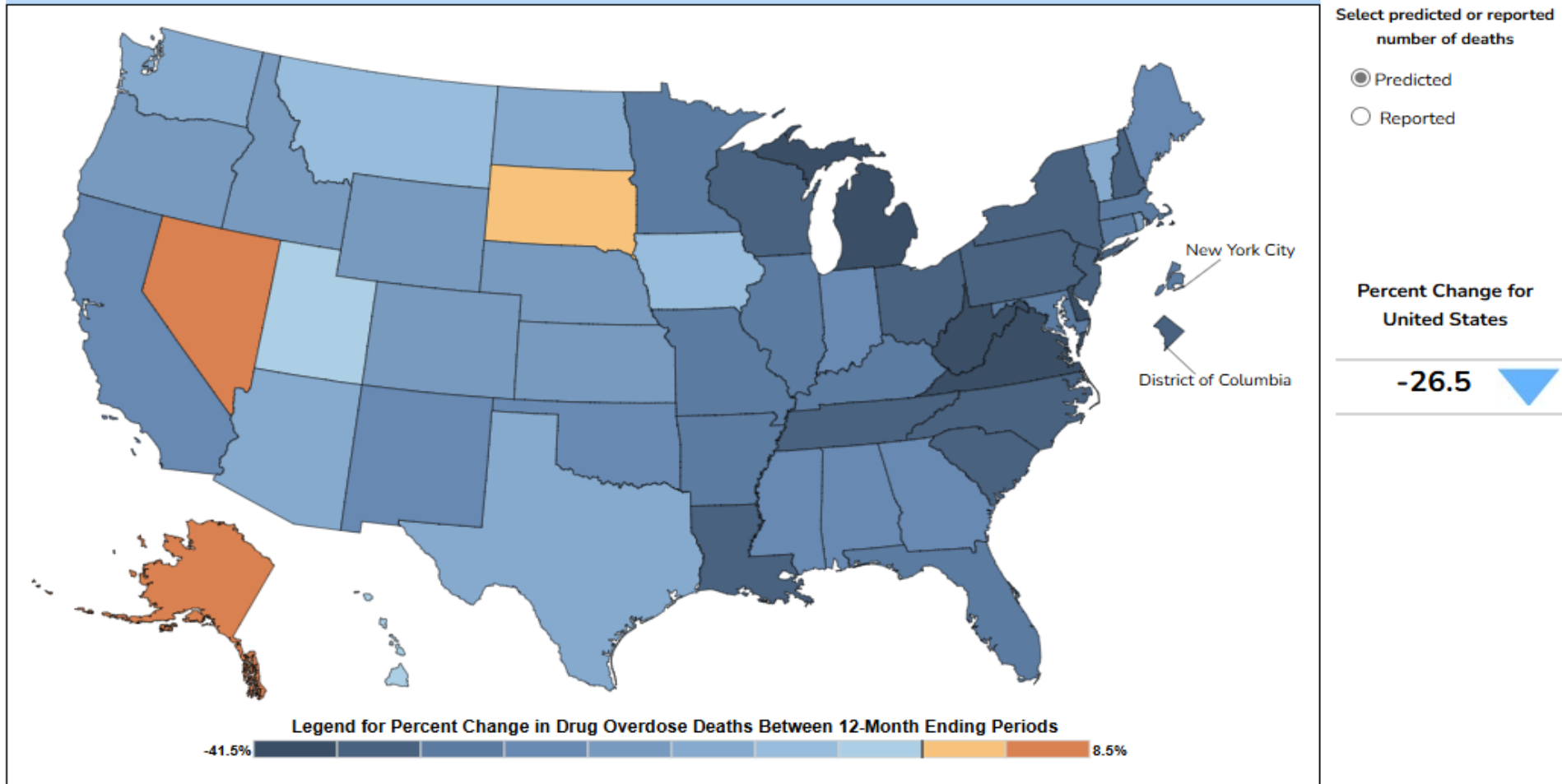
Appendix

May 14, 2025



CDC Provisional Drug Overdose Death Counts

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: November 2023 to November 2024



Additional Opioid Data Sources

- [Michigan's Crisis Response Website](#)
- [Settlement Data](#)
- [Michigan Overdose Data to Action](#)
- [Public Health Data by District](#)
- [MDHHS YouTube Channel](#)
- [Michigan's SUD Resources Website](#)

