



## STATE OF MICHIGAN

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

November 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  
Dayna Bennett, MDE  
Marlon Brown, LARA  
Bradley Casemore, Region 4  
Helen Klingert, Region 9  
Caitlin Koucky, Region 2  
Darlene Owens, Region 7  
Samuel Price, Region 5

Kristie Schmiede, Region 8  
Marti Kay Sherry, MDOC  
Andrew Smith, Michigan Supreme Court  
Hon. Tommy Stallworth, MDHHS  
Kate Stojasih, DIFS  
Greg Toutant, Region 1  
Kim Trent, LEO  
Matthew Walker, AG

\*Amanda Scott, Region 6, arrived at 1:28 p.m.  
\*Marti Kay Sherry, MDOC, left at 2:17 p.m.  
\*Marlon Brown, LARA, left at 2:36 p.m.

**Members Absent:**

Elizabeth Browne, EGLE  
Col. James Grady, MSP  
Helen Klingert, Region 9  
Brian Love, DMVA

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

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

**a. The meeting was called to order at 1:06pm by Chair Bagdasarian.** Chair Bagdasarian asked **Katie Abraham** to take roll and confirmed there was a quorum present.

**b. Approval of September 10, 2025, Meeting Minutes:** At 1:08pm p.m., a quorum was noted by **Katie Abraham**, and **Chair Bagdasarian** directed attention to the proposed meeting minutes from September 10, 2025, and asked if there were any requests for changes. **Darlene Owens motioned to approve, which was supported by Kristie Shmeiege.** With no further discussion, the Chair asked for a vote. The motion prevailed with no opposition. The September 10, 2025, Meeting Minutes were approved.

**c. Proposed Bylaws Amendment**

- **Katie Abraham** noted that the bylaws serve as the guiding framework established when the Task Force was initially appointed. It was also noted on the need to

clarify language within the bylaws related to subcommittees – specifically to outline the process for joining a subcommittee and to ensure consistent understanding of how the bylaws applies.

- **Brandon Hool** added that the bylaws were created to ensure fairness and consistency throughout the process.
  - A motion was made to amend the bylaws by **Darlene Owens**, which was supported by **Sam Price**. The motion to amend the bylaws has been approved.
- d. **Chair Bagdasarian** reminded everyone of the new virtual option available for the public to attend Opioid Task Force meetings. It was noted that members should state their names before speaking to ensure clarity and proper record-keeping. The importance of maintaining Task Force expectations and standards of conduct during meetings were presented. Lastly, tentative meeting times for 2026 are enclosed in meeting packets and will be posted on the website.

## II. Guest Presentations

### LARA SUD Administrative Rules - Director Marlon Brown & Larry Horvath

- a. **Marlon Brown** introduces **Larry Horvath** (Director of Bureau of Community and Health Systems) and **Heather Hosey** (Task Force Designee and LARA Staff) Updates will be provided on the administrative rule sets under development by the department.
- b. Noted that 20% of these rules are targeted for revision at least once within a five-year period to reduce duplication of licensure needs and achieve administrative efficiencies.
- c. **Larry Horvath** provided an overview of the SUD program, highlighting its focus areas, licensing needs, services implemented, and number of programs initiated.
- d. Largest portion of the proposed rule changes involves eliminating the requirement for a SUD license for outpatient counseling services.
- **Marlon Brown** requested a brief update on where they are in this process.
  - **Larry Horvath** stated they do informational town hall meetings that are held to allow providers to review proposed changes and be able to ask questions. Final steps will be to announce a formal public hearing.
  - **Sam Price** expressed concern about protecting the general marketplace, noting that not all outpatient providers contract with PIHPs or with the state.
  - **Larry Horvath** noted that the state has authority to determine who may provide counseling services. If a complaint is received involving an unlicensed or uncertified provider, the State retains jurisdiction to investigate the matter and refer it to the Attorney General's Office.
  - **Angie Smith-Butterwick** stated that without a license, MDHHS will be needed to certify every outpatient provider and assign them a license number for them to interact with our systems.
  - **Larry Horvath** emphasizes he is open to discussing the continuation of outpatient licensing.
  - **Heather Hosey** noted for the SUD programs, specifically outpatient, had no complaints regarding those services.
  - **Chair Bagdasarian** noted for anyone to contact LARA for any further information/questions
- e. Proposed changes include eliminating the requirement that an individual must have a diagnosis with OUD with one year or longer to receive methadone treatment.

### III. Data Overview – Dr. Anthony Oliveri, Seth Eckel, Nick Miller

#### Dr. Anthony Oliveri, MDHHS

- a. Provided updates on provisional death data indicating rates decreasing for Michiganders overall.
- b. Michigan's overdose death rates have decreased since 2021.
- c. Provisional 2025 counts showing overdose deaths continuing to decrease.
- d. Rapid toxicology testing through STORM allows quicker detection for carfentanil in overdose-related deaths and reports all substances detected.
- e. Medetomidine has been identified on 20 postmortem samples. All identified via STORM.
  - **Chair Bagdasarian** has concern that carfentanil is contaminating drugs that are not considered opioids.
  - **Dr. Anthony Oliveri** stated it is impossible to determine whether the contamination was intentional but will bring more data to the next meeting.
  - **Nick Miller** noted low risk of contaminants in the samples tested and that carfentanil cannot be detected via FDIR.

#### Nick Miller, MDHHS

- a. Provides an overview of the process of drug testing as well as an update on drug checking.
- b. 5 HRA's have started drug checking via FTIR. Updates for HRA drug checking results discussed by month for 2025 as well as FTIR results classified by drug type.
- c. Noted that Oakland County will begin testing soon.
- d. Fentanyl has consistently been detected. Xylazine has decreased since beginning of the year on FTIR.
- e. Provided information on the percentage of opioid samples containing select substances on FTIR from January to June in 2025.
  - **Amanda Scott** inquired if the drugs are being checked for other substances other than the ones discussed.
  - **Nick Miller** responded by noting that they are slowly getting this data operationalized and working on pulling some data with other substances during sampling.
  - **Chair Bagdasarian** noted that data should show what individuals are bringing in for testing vs. what it is contaminated with. Requests research from PHA, subcommittees, and EPI team involved in data.

### IV. Policy Updates – Hon. Tommy Stallworth

- a. Highlights various bills introduced that are currently in the House of Senate.
- b. Current policy action items discussed: next steps, MDHHS policy team, legislative affairs, and leadership working with legislators to move these items forward.
- c. Refer to OTF & Subcommittee policy agenda items to move up next round of priorities as we move forward.
- d. Reviews set of topics and actions taken by legislators.
  - **Matthew Walker** inquires if SB399 and HB4497 will be combined or moved.
  - **Hon. Tommy Stallworth** states that it may require intervention and facilitation, but

they are considered stuck and have not been able to make progress.

## V. Opioid Advisory Commission (OAC) – Christina Hawkins

- a. Shares document that demonstrates a tracking system of all bills being tracked by the Opioid Advisory Commission and the Opioid Task Force.
- b. Noted which bills the OAC has taken a position of support for.
- c. Noted OAC and OTF alignment through discussions on bill packages.
- d. OAC is in the process of developing the required annual report and will be presented in January at the next OAC meeting.

## VI. MDHHS Budget Updates – Hon. Tommy Stallworth

- a. Discussed FY25 budget process and what was asked vs. what was given. FY26 budget updates were discussed shortly after.
- b. Updates regarding how funding will be appropriated and main priorities associated with each pillar.
- c. Update on the Wellspring development in Southfield opening for permanent housing units which included opportunities for family reunifications.
- d. Noted that the team began looking at the FY27 budget.
  - **Matthew Walker** noted that the AG office will be sending Bill SB616 to the Senate committee which is in reference to the legislative bar to help ensure the state receives the maximum available funding.
  - **Caitlyn Koucky** inquired about which organizations received earmark fundings.
  - **Hon. Tommy Stallworth** stated there is no clarification to know which organizations receive these fundings.

## VII. Subcommittee Updates

### a. Prevention – Kristie Schmiede & Lisa Coleman (Absent)

- The Youth Risk Index assists by identifying counties where youth are at elevated risk for developing an SUD.
- **Kristie Shmiede** noted they have begun focusing on what is successful to ensure duplication into other areas.
- **Chair Bagdasarian** suggested that prevention deliverables could be to identify two programs with promising data and focus on replicating that process.
- **Kristie Shmiede** inquired about potential conflicts of interest as RFPs are released, noting that members who are affiliated with provider organizations would not result in disqualification of their respective organizations if they were participating in the subcommittees.
- **Jared Welehodsky** and **Chair Bagdasarian** clarified, since these members would not be involved in directly reviewing the RFPs, there would be no conflict of interest.

#### b. Harm Reduction – Darlene Owens & Seth Eckel

- **Darlene Owens** discussed various approaches to increasing awareness of harm reduction efforts, such as applying focus groups and mobile units in the communities.
- **Seth Eckel** highlighted the data portion and how harm reduction is focusing on diverse angles to reach community impact.
- **Chair Bagdasarian** highlighted the importance of sharing personal stories from individuals impacted by harm reduction as well as supportive data.
- **April Stevens** was asked to develop a focus group to engage individuals who have experienced addiction. The committee will assist in developing questions for this focus group to highlight key challenges and service availability.
- **Caitlyn Koucky** suggests campaigns that are targeted within the recovery community around harm reduction.
- **Amanda Scott** proposes campaigns emphasizing positive outcomes and the benefits harm reduction provides within communities.
- **Chair Bagdasarian** suggests focusing on stories including data, personal experiences as well as how to present them to local governments, police and EMS.

#### c. Treatment – Greg Toutant & Angie Smith-Butterwick

- **Greg Toutant** discussed focus on improving efficiency and encouraging integrated care that is aligned with physical health services.
- **Chair Bagdasarian** commented that this is an opportunity to utilize existing networks and begin engaging PIHP regions in collaboration about what the ideal system framework should look like.

#### d. Recovery – Sam Price & Brandon Hool

- **Sam Price** highlighted the focus, which was identifying those with lived experience in the workforce within RCOs and other sectors of the system of care.
- **Darlene Owens** inquired about information regarding educational mindfulness.
- **Sam Price** stated recovery is actively recognizing ways on how to strategically identify success in the field the best they can.

### VIII. Next Steps

- a. Next OTF Meeting: January 14, 2026

### IX. Stakeholder and Public Comment – Chair Bagdasarian

- a. **Chair Bagdasarian** asked if there were any comments/questions from the public
  - No public comments/questions at this time.

### X. Adjourn

- a. With no further business to discuss before the Task Force, **Chair Bagdasarian** asked for any questions through our virtual chat. With no further questions, **Chair Bagdasarian** stated the next meeting is currently scheduled for January 14, 2026, at 1:00 p.m. in Lansing, MI and asked for a motion to adjourn. **The motion to adjourn was made by Darlene Owens and supported by Sam Price. The motion to adjourn prevailed with unanimous support. Chair Bagdasarian adjourned the meeting at 3:00 p.m.**

# Michigan Opioids Task Force Meeting

November 5, 2025



# Guest Presentation

Larry Horvath, LARA: SUD Administrative Rules Update

November 5, 2025



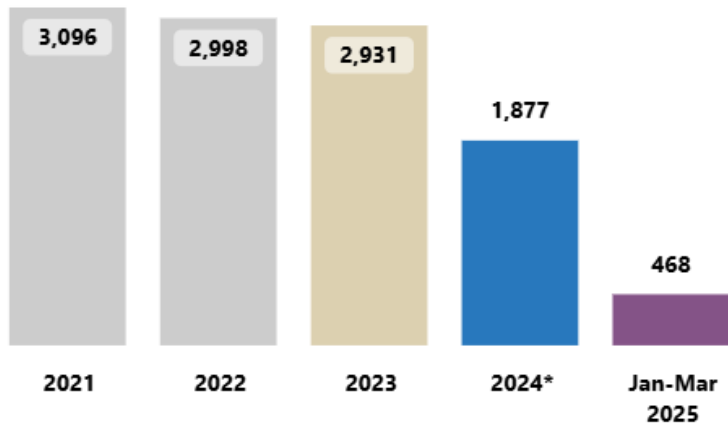
# Data Round-Up

November 5, 2025

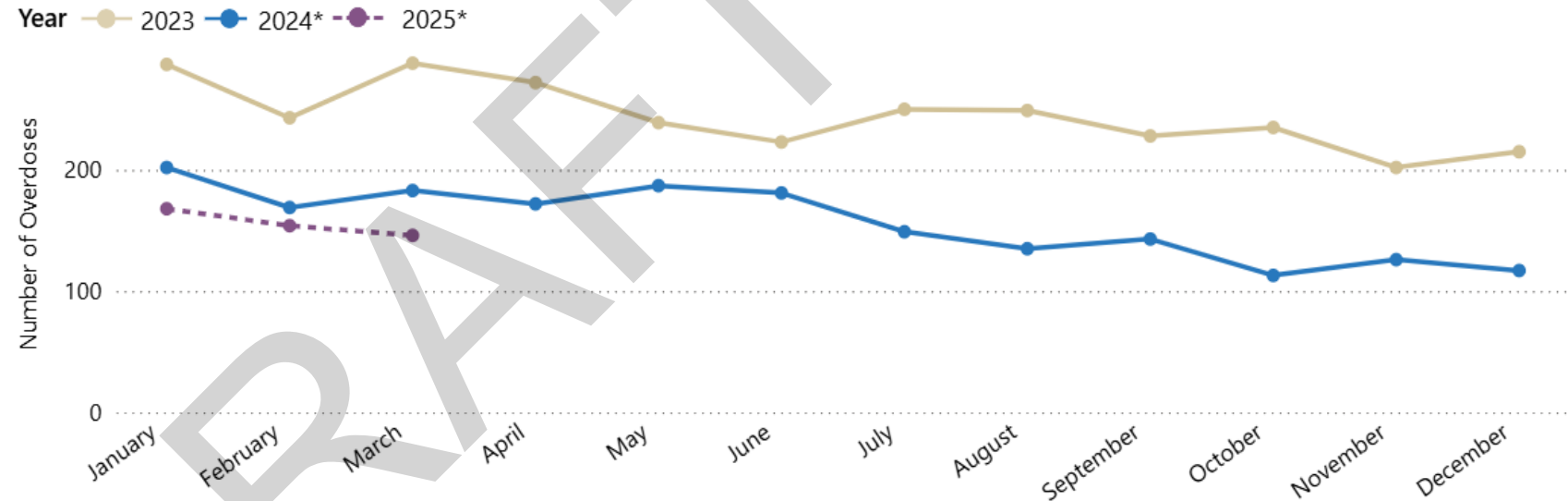


# Provisional death data shows rates decreasing for Michiganders overall.

### Number of Overdose Deaths by Year



### Overdose Deaths in Michigan, Month-by-Month Comparison, 3 Most Recent Years



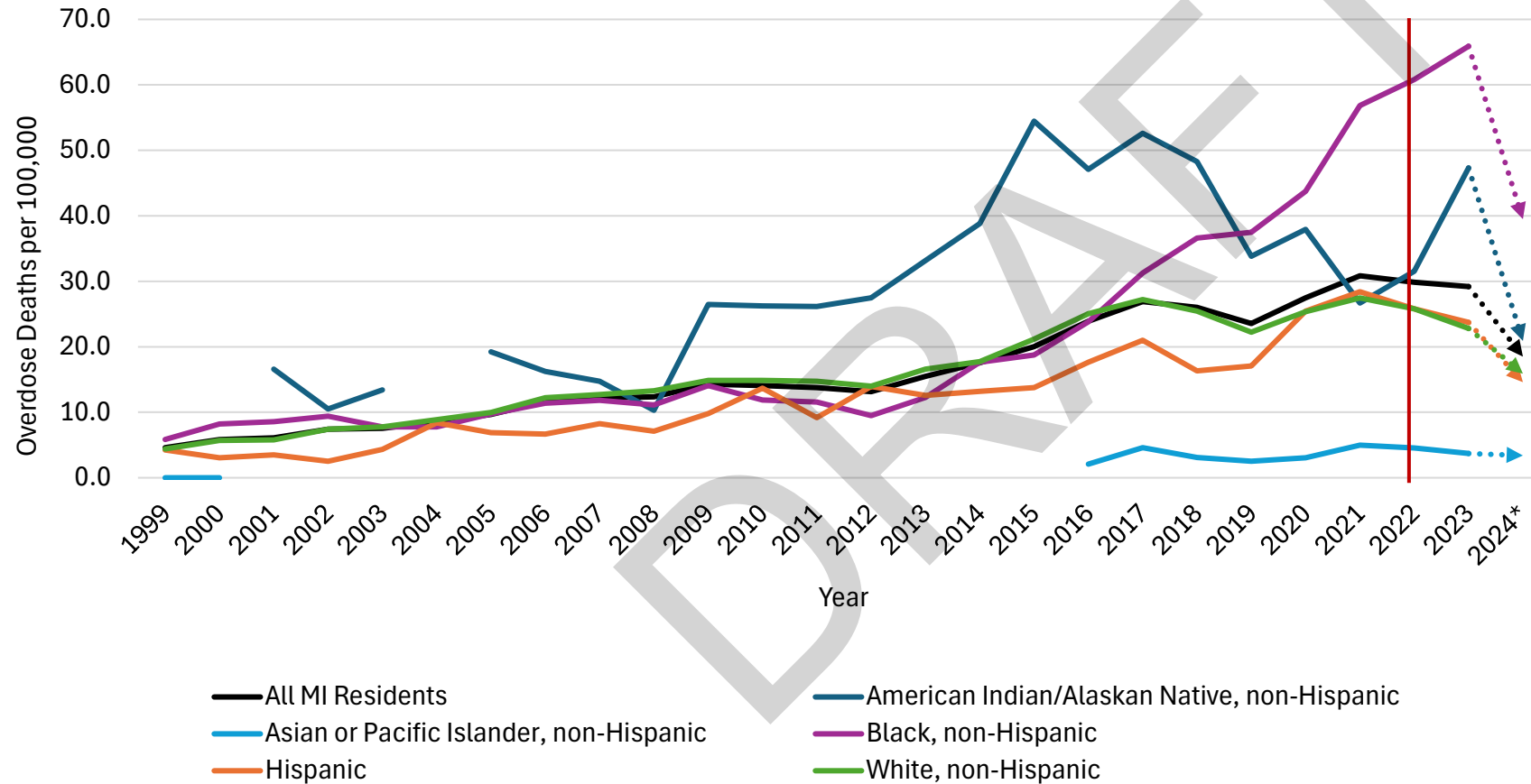
- Overdose death rates among all MI residents have decreased since 2021.
- Based on provisional 2024 counts, an estimated 39% reduction in deaths from 2023 to 2024.
- Provisional 2025 counts show overdose deaths continue to decrease.

Source: Michigan Resident Death Files.

\*2024-2025 data are provisional and subject to change.

# Racial disparities in death rates persist but may be narrowing.

Overdose Death Rate per 100,000 by Race/Ethnicity Group, Michigan 1999-2024\*

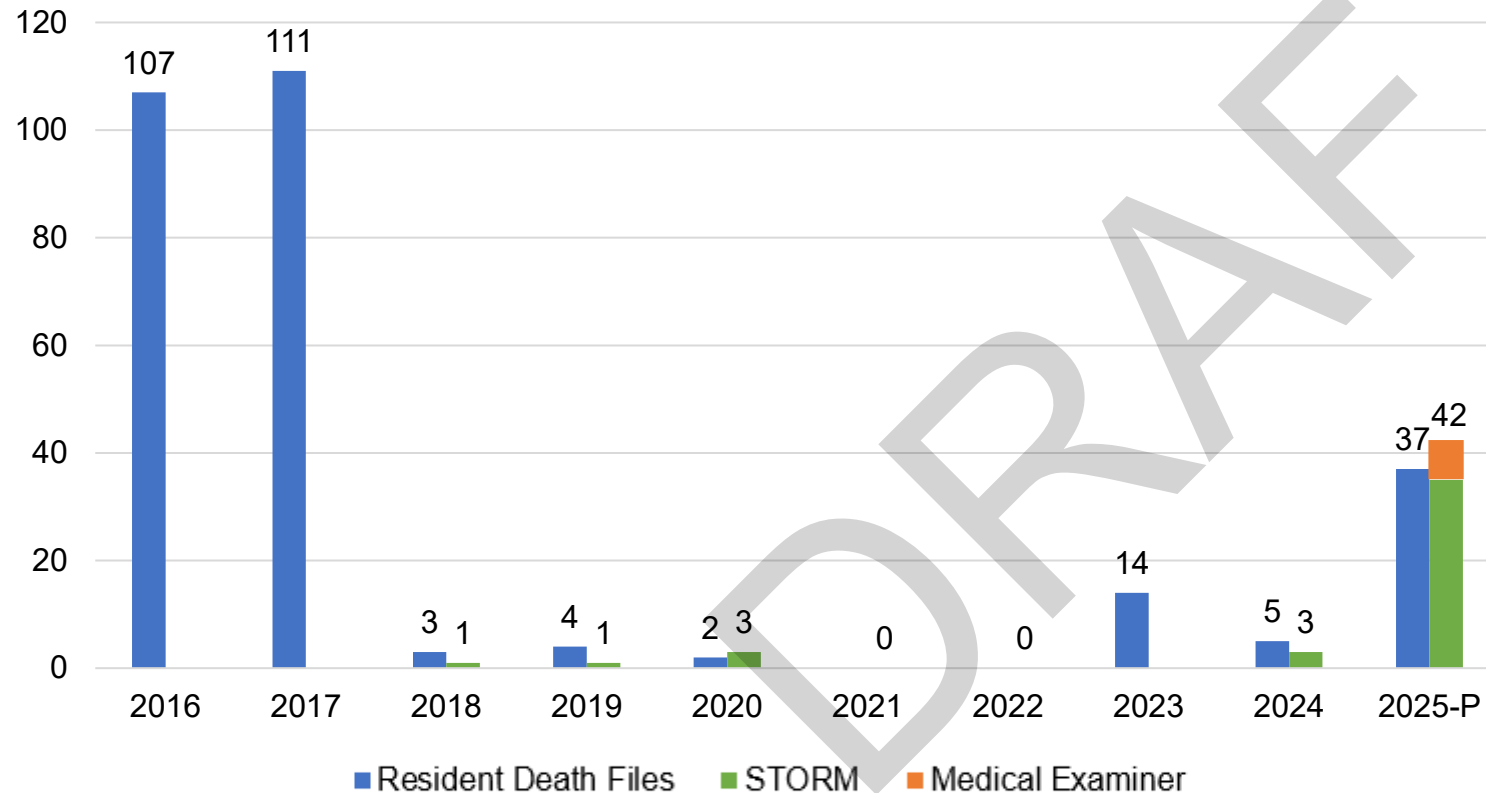


- 2024 provisional data suggest disparity in overdose deaths may be narrowing but is still significant.
- In 2023, Black Michiganders died from overdose at almost 3 times the rate of white Michiganders.
- 2024 provisional data show this has reduced to about 2.5 times.

Source: Michigan Resident Death Files.  
2024 data are provisional and subject to change.

# Carfentanil reemerges in Michigan, with 42 associated deaths since January 2025.

Carfentanil-involved deaths in Michigan, 2016-2025.



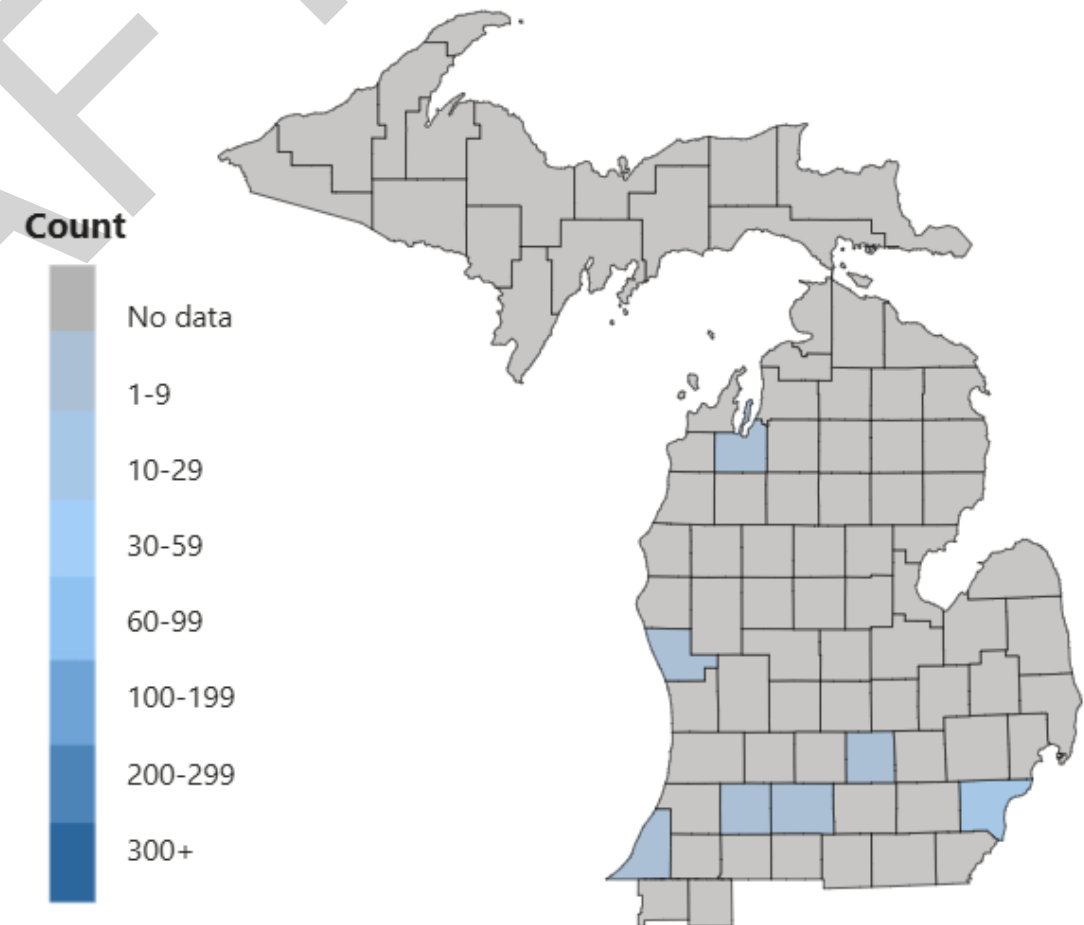
- Carfentanil has reemerged in Michigan, with 42 deaths involving carfentanil in 2025 thus far, after declining from a peak in 2016-2017 and disappearing in 2021-2022.
- Resident death files are an important source of information on causes of death across the state, but data have a greater delay and may not test for as many substances.
- Rapid toxicology testing through the STORM project allows for much quicker detection of carfentanil in overdose-related deaths and reports all substances detected, though it does not cover the entire state.

*\*2025 data are preliminary. STORM 2025 data includes January through mid-October 2025. Resident death files and STORM are not mutually exclusive groups. One carfentanil-related death may be counted in each group. Swift Toxicology of Overdose-Related Mortality (STORM) is a rapid toxicology testing project through Western Michigan University Homer Stryker MD School of Medicine funded by MDHHS.*

# Emerging Drug Update: Medetomidine in Michigan.

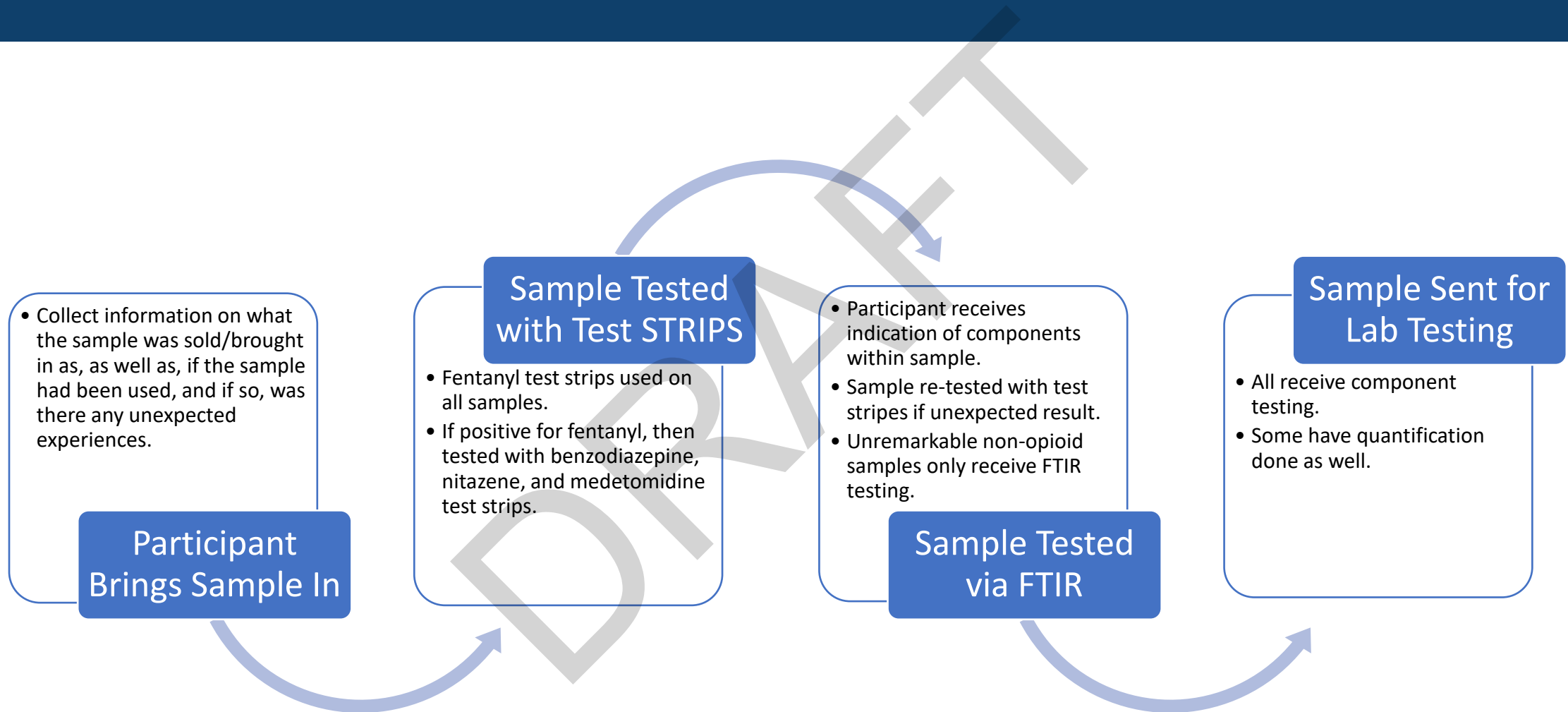
- Medetomidine has been identified in 20 postmortem samples (9 in 2024, 11 in 2025, +2 since last update).
  - All identified via the Swift Toxicology of Overdose-Related Mortalities (STORM) project.
  - First death was in early March.
  - Calhoun, Kalamazoo, Muskegon, Ingham, Berrien, and Wayne counties.
  - 17 out of the 18 samples also tested positive for fentanyl, and three tested positive for xylazine.

**Map of Post-Mortem Samples Testing Positive for Medetomidine, Michigan 2024-2025.**



# Drug Checking Update

# Drug Testing Workflow



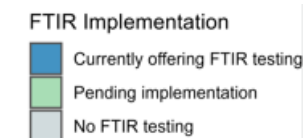
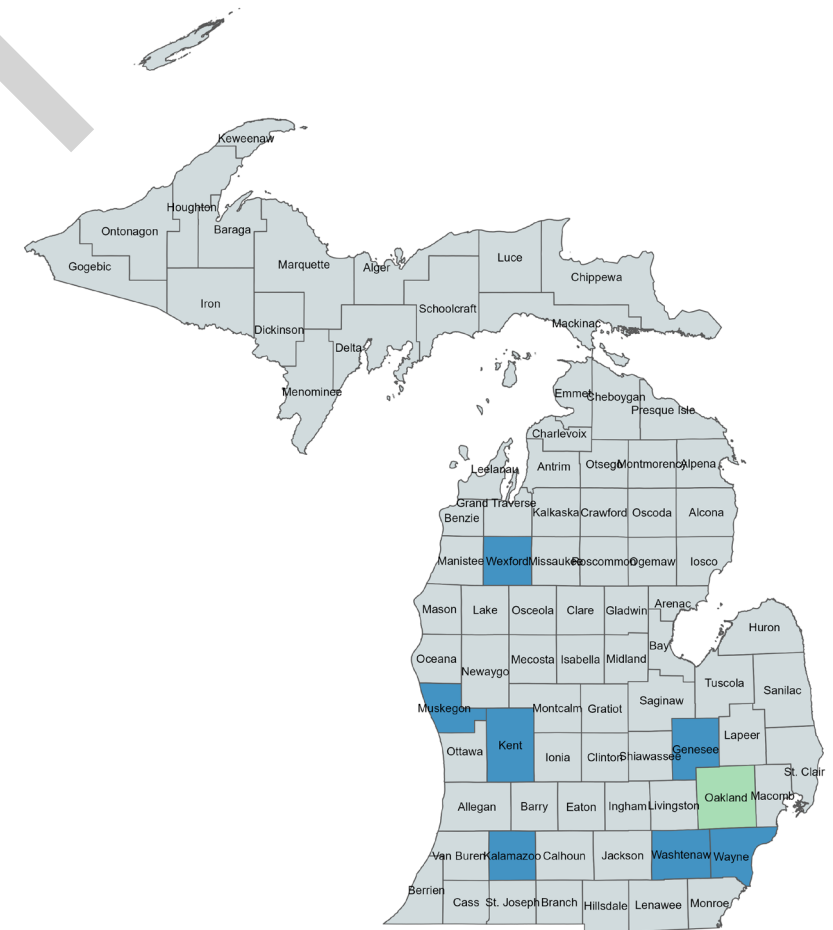
# Drug Checking Update

## Drug Checking

- 5 HRAs have started drug checking via FTIR
- Preliminary 2025 data:**

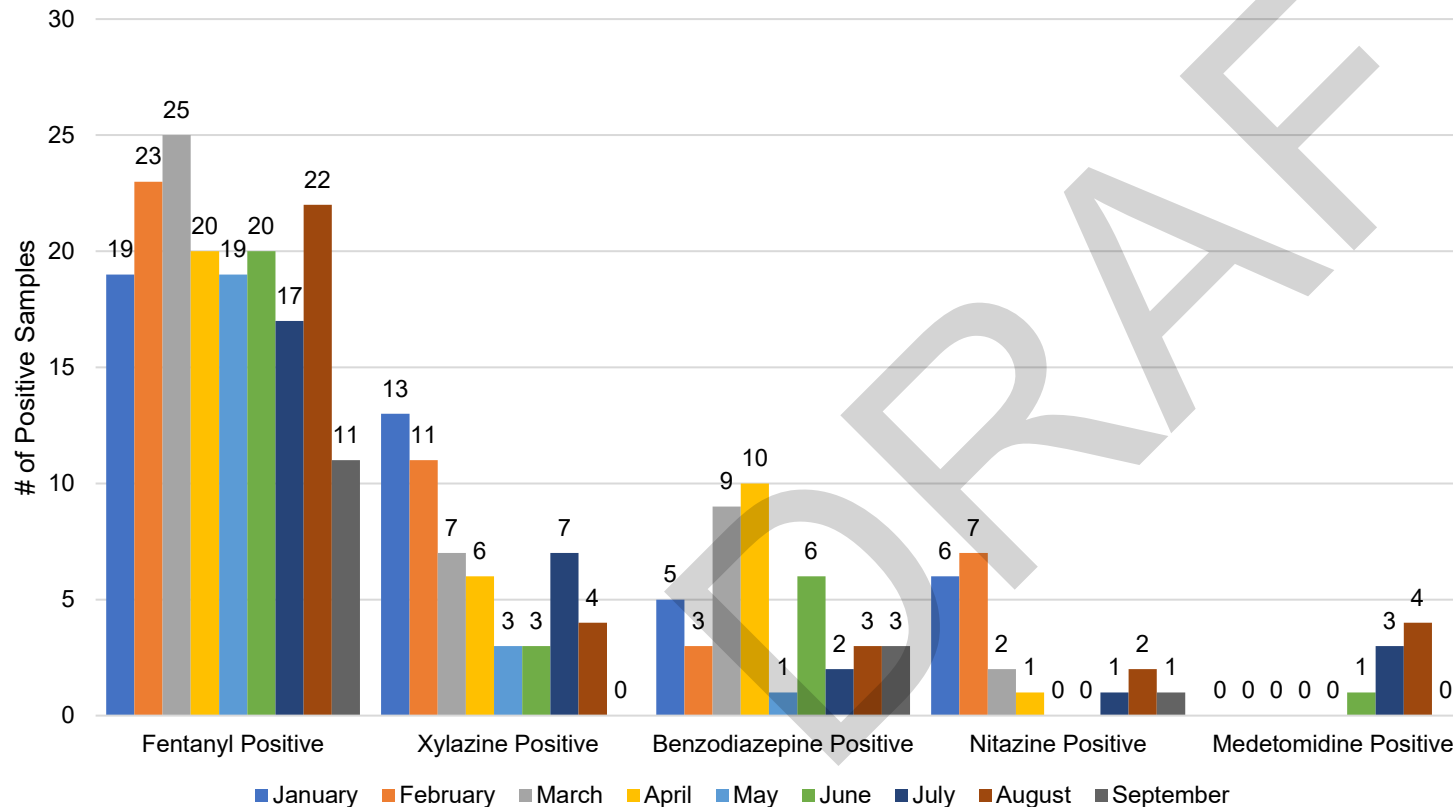
Month	Total FTIR Samples	Samples Sent for Lab Testing	Unexpected Results
January	30	22	1
February	32	30	3
March	40	26	2
April	54	38	0
May	55	37	6
June	39	26	1
July	39	14	3
August	37	24	2
September*	24	18	4

Source: SSP Utilization Platform (SUP)



# Drug Checking Results

HRA Drug Checking Results by Month, 2025

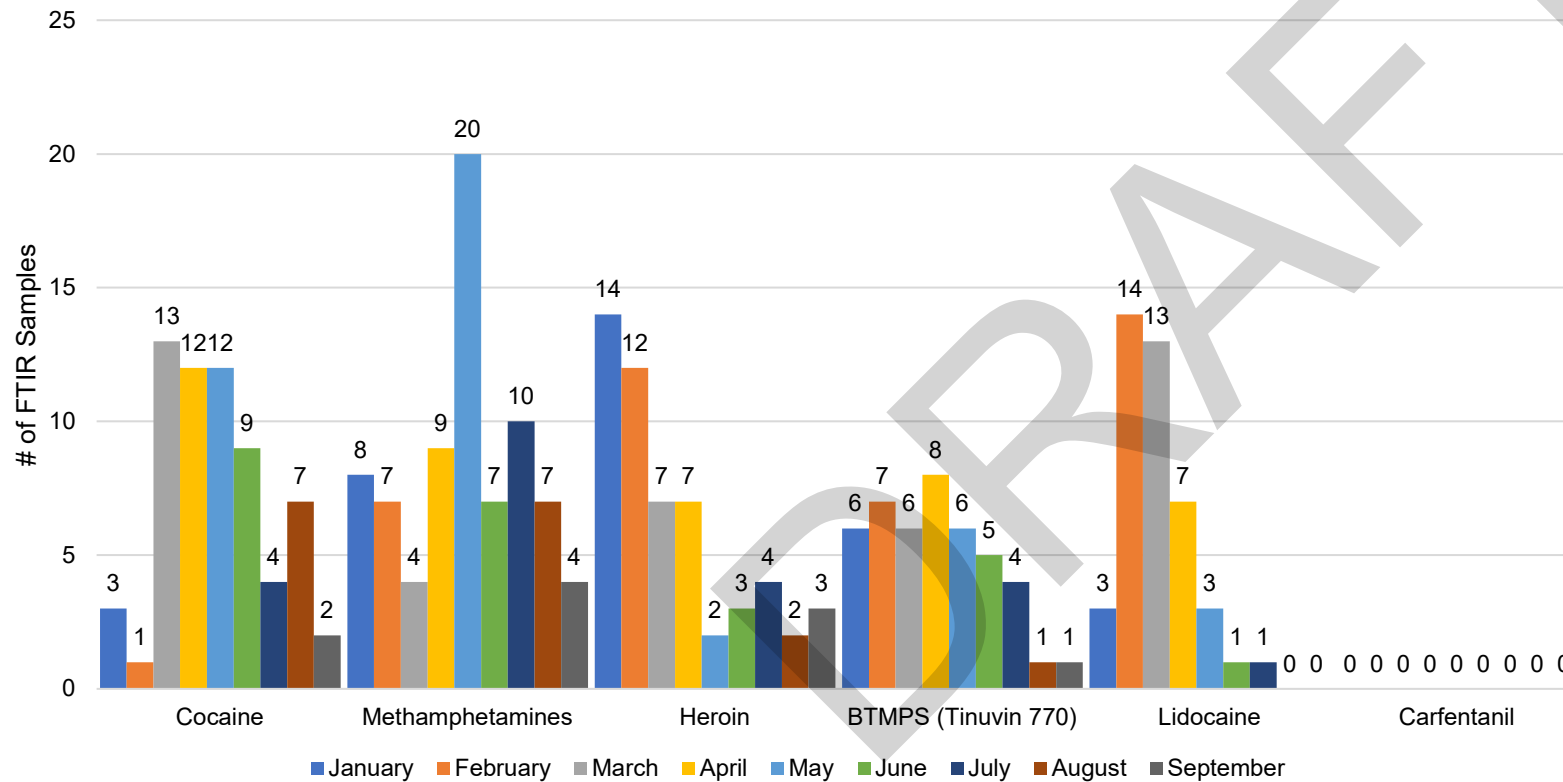


- Fentanyl has consistently been detected in most samples tested.
- Xylazine has decreased since the start of the year on FTIR/test strips.
- 21 samples had medetomidine in confirmatory testing since the start of the year.

Note: Combined FTIR and test strip results only. All samples are tested with FTIR but not all samples are tested with strips.

# Drug Checking Results

HRA FTIR Results Classified by Drug Type, 2025

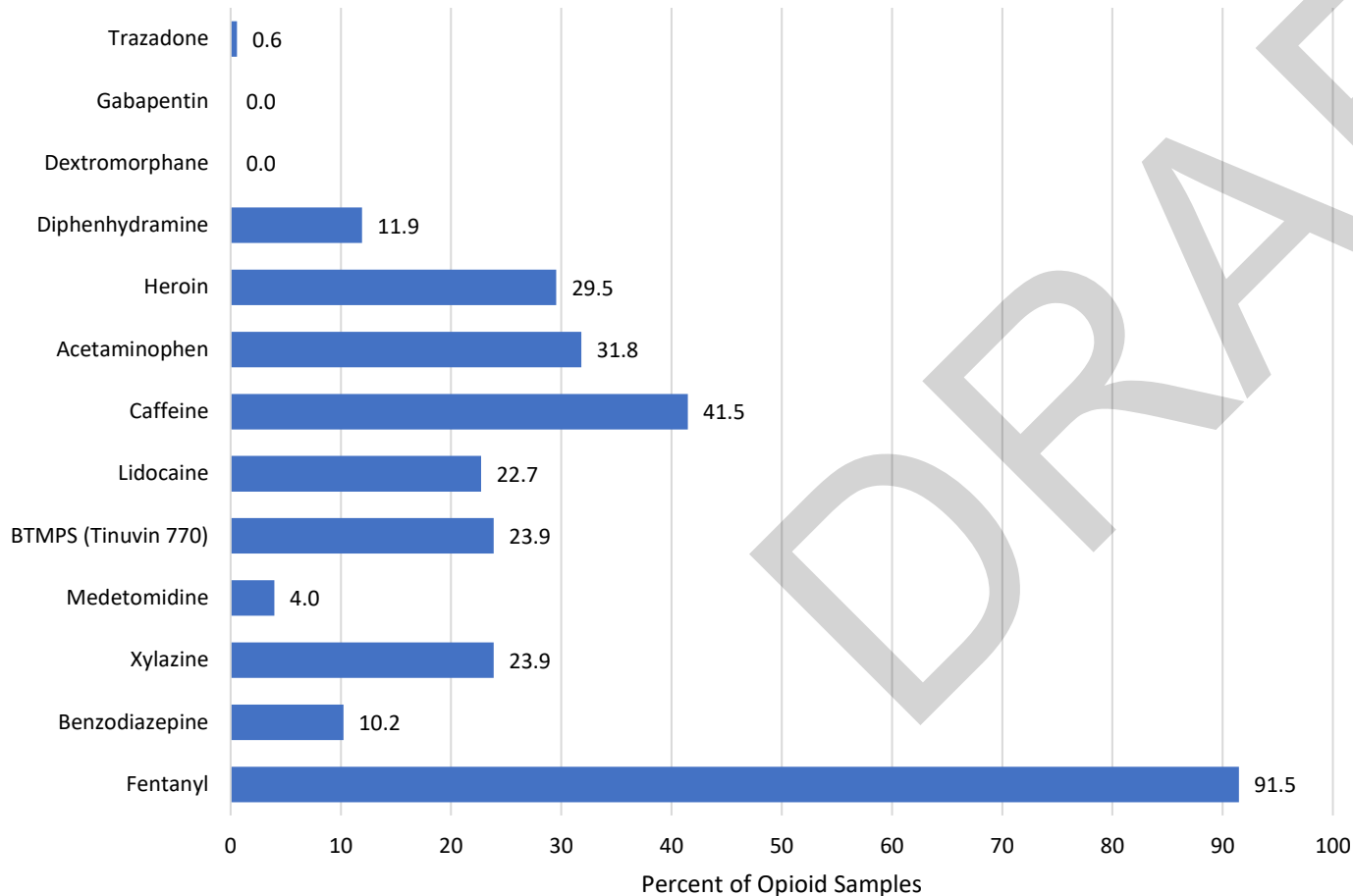


- Lidocaine was a common contaminant within samples from February to April.
- 7 samples had trace amounts of carfentanil in confirmatory testing.
- Most stimulants are not seeing contaminants like opioid samples.

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

# Opioid Samples

Percent of Opioid Samples Containing Select Substances on FTIR,  
January - June 2025



- Between January and September 2025, 176 samples were tested that were sold as/suspected as containing opioids, with 161 of those containing fentanyl.
- Still, 29.5% of opioid samples contained heroin.
- There were 54 unique substances found in opioid samples.

# The Measurable Impacts of Investing in Harm Reduction

# Introduction to This Modeling

- While the impacts of harm reduction have been evaluated in other locales, no evaluation of the associated impacts of Michigan's robust harm reduction infrastructure has been conducted.
- In order to do this evaluation, MDHHS staff fitted several negative binomial models to data on negative outcomes of drug use.
  - Outcomes include: fatal overdoses, hospitalizations due to infectious sequelae of injection drug use, emergency department (ED) visits due to drug use, and hepatitis C virus (HCV) cases.
- Estimates of the potential negative outcomes averted were created by plugging factual values into the fitted models, with the assumption that there would be no harm reduction interventions (counterfactual).

# Important Considerations

These models help explore potential impact, but when interpreting them, the following must be considered:

- **Associations, not causation:**

The models show statistical relationships between predictors and outcomes, not necessarily definitive proof that one caused the other.

- **These are statewide models:**

Results reflect trends and estimates for Michigan as a whole. They do not capture differences at local, regional, or community levels.

- **Models adjust for known factors only:**

Although key variables like population estimates for persons who inject drugs (PWID) and national overdose trends were included, the models could not account for every real-world influence (local dynamics, changes in drug supply, etc.)

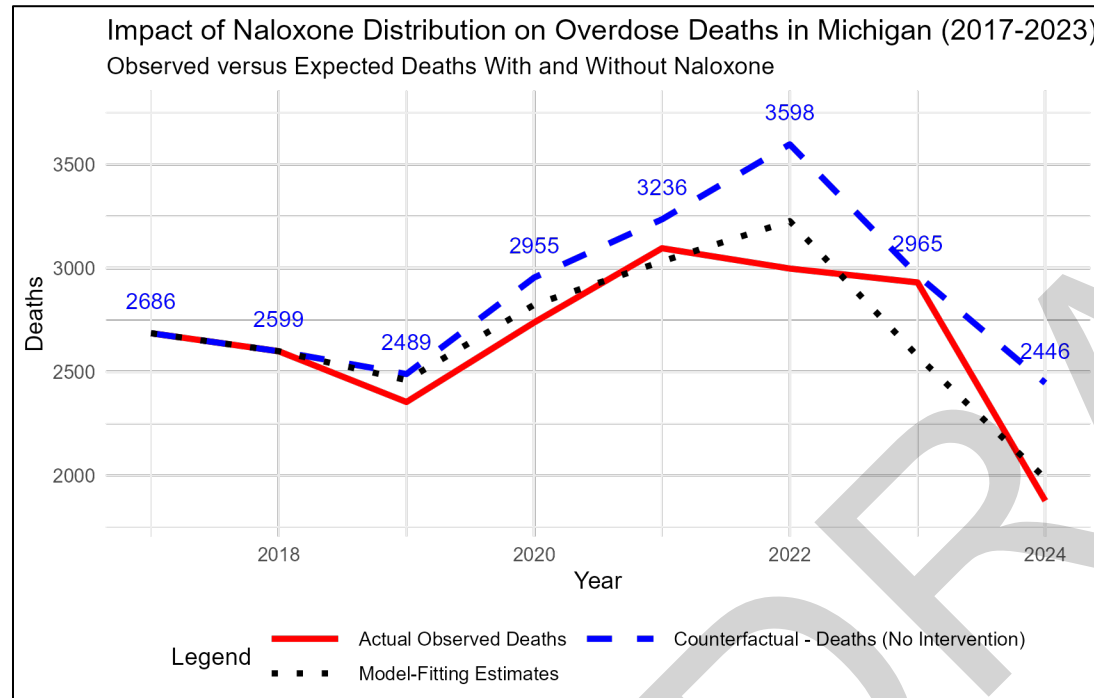
- **Counterfactuals are simplified estimates:**

“What could have happened” scenarios assume all other conditions stayed the same. Real-world situations are more complex.

- **Data spans 2017-2024, with limitations:**

Program and Medicaid claims data were used to build these models, but gaps may exist due to later starts to some interventions, limited reporting, or incomplete availability.

# Naloxone Access Likely Averted Thousands of Overdose Deaths

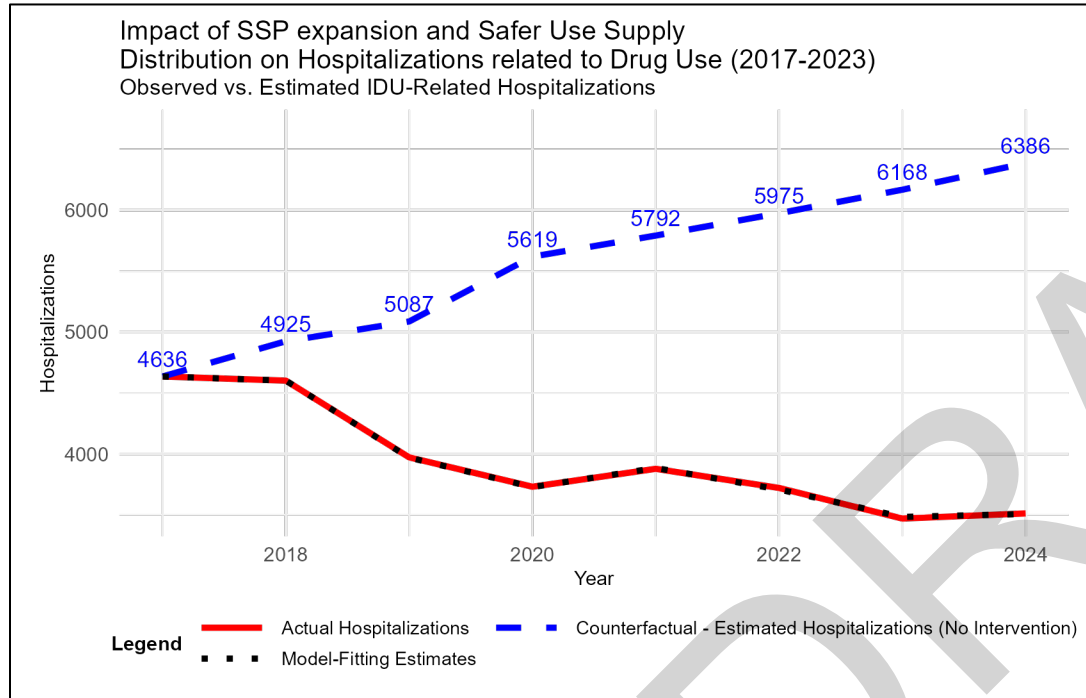


Year	Observed Deaths	Predicted Deaths (No Naloxone)
2017	2686	2686
2018	2599	2599
2019	2354	2489
2020	2738	2955
2021	3096	3236
2022	2998	3598
2023	2931	2965
2024	1877	2446

This model estimates the impact of naloxone distribution on overdose deaths in Michigan from 2017 to 2024, adjusting for ED-reported overdoses and reversals at Syringe Service Programs (SSPs). The solid red line shows observed fatal overdoses, while the dashed blue line represents projected deaths under a counterfactual scenario with no naloxone access. By incorporating emergency department overdose data and program-level reversals, this model accounts for broader overdose trends and intervention intensity. In 2023, the model suggests over 500 lives were potentially saved due to naloxone distribution alone.

**Key takeaway:** An estimated reduction of over 1,600 deaths from 2017-2024 may be attributable to increased naloxone access, based on model projections.

# SSPs and Safer Use Supply Distribution Associated with Fewer Hospitalizations

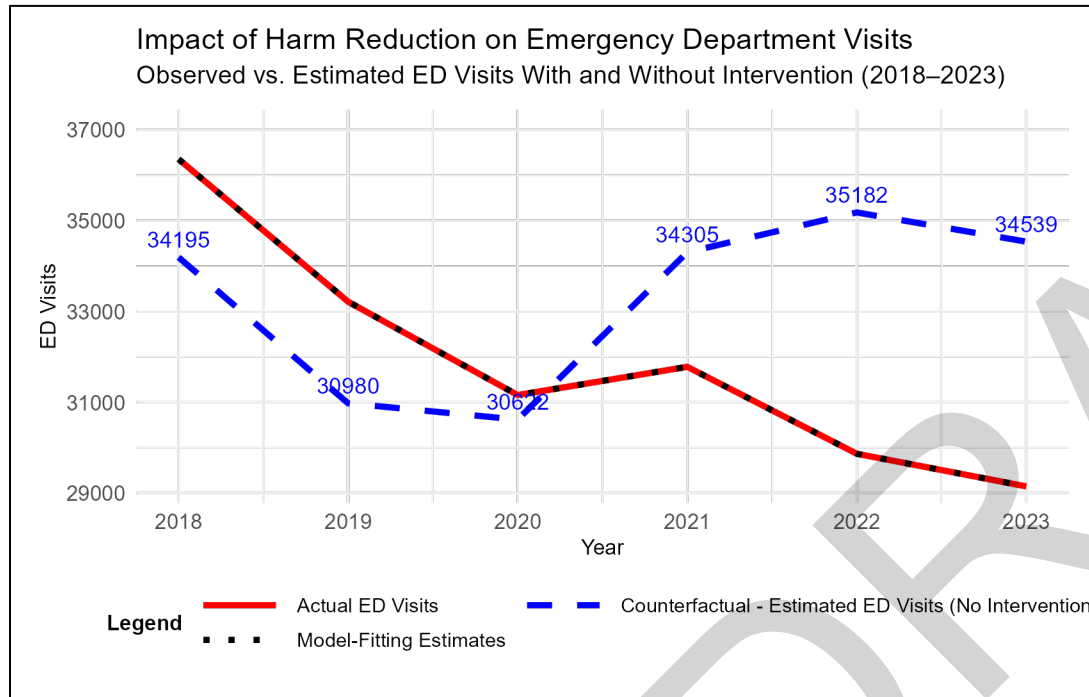


Year	Observed Hospitalizations	Predicted Hospitalizations (No Intervention)
2017	4636	4639
2018	4602	4925
2019	3973	5087
2020	3732	5619
2021	3879	5792
2022	3722	5975
2023	3471	6168
2024	3513	6386

The model suggests that hospitalizations from infections related to injection drug use in Michigan would have been substantially higher without harm reduction efforts such as the distribution of safer use supplies and expansion of SSPs. Supplies included sterile syringes, smoking pipes, and wound care kits (containing bandages, antibiotic ointment, and gauze). The dashed blue line shows estimated hospitalizations without these services, while the red line shows the actual numbers observed.

**Key takeaway:** Based on model estimates, Michigan could have seen over 13,000 additional hospitalizations related to injection drug use between 2018-2024 had there not been increases in the number of SSPs in the state providing harm reduction services and supplies.

# Harm Reduction Services May Have Reduced Drug Related Emergency Department Visits

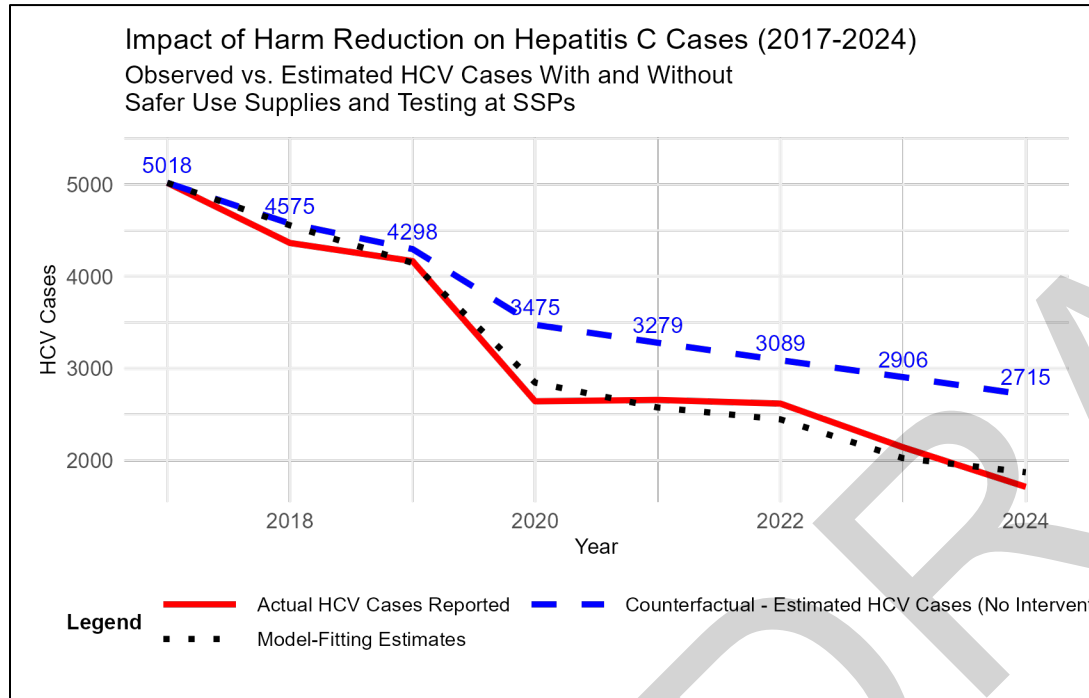


Year	Observed ED Visits	Predicted ED Visits (No Intervention)
2018	36,357	34,195
2019	33,218	30,980
2020	31,162	30,622
2021	31,784	34,305
2022	29,870	35,182
2023	29,151	34,539

The model shows that ED visits related to substance use in Michigan would likely have been higher without harm reduction services like distribution of Narcan and safer use supply kits. To strengthen the model, we accounted for the estimated population of PWID and national overdose death trends. These factors help isolate the impact of harm reduction by controlling for broader patterns in drug use and overdose risk. In earlier years (2018–2020), the model estimated fewer ED visits without these services, likely because harm reduction efforts were still growing and other influences, like national overdose trends, played a stronger role in calculating estimates. As harm reduction efforts expanded, the model shows a clear difference, with more ED visits likely prevented in later years.

**Key takeaway:** From 2018 to 2023, harm reduction efforts are linked to at least 13,200 fewer ED visits across Michigan.

# Testing, Prevention, and Treatment Slowed the Spread of Hepatitis C in Michigan



Year	Hepatitis C Cases Reported	Predicted Hepatitis C Cases (No Intervention)
2017	5018	5018
2018	4364	4575
2019	4167	4298
2020	2643	3475
2021	2658	3279
2022	2618	3089
2023	2143	2906
2024	1713	2715

Hepatitis C virus (HCV) testing through harm reduction programs helps identify more cases, so it's expected that expanding testing at SSPs might initially lead to higher reported case counts. However, the distribution of safer use supplies helps to reduce the risk of transmission by lowering the likelihood of sharing or reusing equipment. Additionally, Michigan has also implemented initiatives to expand HCV treatment access for Medicaid enrollees, which can reduce transmission and future case burden. The model illustrates how expanded testing, prevention, and treatment efforts likely contributed to a sustained decline in HCV cases beyond what would have occurred without these interventions.

**Key takeaway:** From 2018 to 2024, harm reduction and Medicaid treatment access are linked to over 4,000 fewer HCV cases statewide.

# Conclusion

- Counterfactual models show the potential reduction in negative outcomes from drug use attributed to investing in harm reduction interventions in Michigan.
- Further work will explore subgroup modeling and further refine estimates.
  - Exploring differences in geography, time, etc.
- Looking nationally, people who connect with HRAs are five times more likely to access substance use disorder and recovery services and three times more likely to reduce or fully stop their use<sup>1-3</sup>.

# Questions?

[millern23@michigan.gov](mailto:millern23@michigan.gov)



# Policy Agenda

November 5, 2025



# Current Policy Action Items

Topic	Actions
Exclude drug checking equipment/tools from drug paraphernalia	House: <b>HB 4497</b> Senate: <b>SB 399</b>
Provide protections for Harm Reduction Agencies/ SSPs. Provide Medicaid reimbursement for SSP services (SB 628)	House: <b>HB 4498</b> Senate: <b>SB 628 and SB 629</b>
Require pharmacy stocking of MOUD	House: Referred to Committee on Insurance Senate: <b>SB 403</b>
SUD Administrative Rules	Update memo and work with LARA on proposed changes to the rules.

## Next Steps:

- MDHHS Policy Team, legislative Affairs, and Leadership working with legislators to move these items forward.
- OTF members: Endorse and advocate as constituents. MDHHS can provide supporting materials.
- Refer to OTF & Subcommittee Policy Agenda Items to move up next round of priorities as we move forward.

# Budget Discussion

November 5, 2025



# Prevention

- \$1,500,000** Public health awareness and education campaigns.
- \$2,000,000** Support of families impacted by the opioid epidemic.
- \$3,750,000** Primary prevention activities.
- \$6,500,000** *Earmarks to specific organizations.*

# Harm Reduction

**\$10,500,000** Supporting harm reduction agencies and activities.

**\$3,000,000** Continuing naloxone distribution efforts.

**\$10,000,000** Diversion.

**\$2,000,000** Law enforcement training.

# Treatment

- \$11,000,000** Treatment workforce investments.
- \$2,000,000** Expanding MOUD access in jails.
- \$6,000,000** Expansion of evidence-based treatment programming.
- \$5,000,000** *Earmark to specific organization.*
- \$4,000,000** Investment in the peer services workforce.

# Recovery

- \$15,500,000** Recovery and permanent housing developments.
- \$12,000,000** Recovery and sober living organizations.
- \$10,000,000** Job training for people in recovery.

# Maximizing Impact

- \$2,500,000** Oversight and grants management.
- \$3,000,000** Data to inform investments and evaluate progress.
- \$2,500,000** Supporting and partnering with local governments.
- \$5,000,000** Investing in tribal communities.
- \$8,000,000** *Earmarks to specific organizations.*
- \$6,000,000** Investment in expanding access to peer services.

# Opioids Task Force Subcommittee Updates



# Prevention SC Membership

## Co-Leads:

- Kristie Schmiede • Lisa Coleman

## Pillar Epi:

- Jacob Roemer

## Members:

- Kelly Ainsworth
- Dayna Bennett
- Samantha Borowiak
- Antwan Brown
- Elizabeth Browne
- Lisa Coleman
- Mona Hijazi
- Amber Horwitz
- James Hoyt
- Haley Kehus
- Brian Love
- Sean McCade
- Steffany Muirhead
- Logan O'Neil
- Rachel Rhodes
- Haley Winans
- Kristie Schmiede
- Nicole Storteboom
- Alexandra Williams

# Harm Reduction SC Membership

## Co-Leads:

- Darlene Owens
- Seth Eckel

## Pillar Epi:

- Nick Miller

## Members:

- Col. James Grady
- Cornelius Williams
- Heather Luebs
- Matt Walker
- Pam Lynch
- Steve Alsum
- Teresa Springer
- Zekiye Salman
- Jasmine Hardy
- Anna Falkowski
- Logan O'Neil
- Macey Ladisky

# Treatment SC Membership

## Co-Leads:

- Greg Toutant
- Angie Smith-Butterwick

## Pillar Epi:

- Andrew Alshab

## Members:

- Steve Aslum
- Dani Meier
- Chad Audi
- Mila Todd
- Kimberly Trent
- Heather Hosey
- Marti Kay Sherry
- Brad Casemore
- Amanda Scott
- Haley Kehus
- Jeanne Kapenga
- Philip Chvojka
- Steve Logan
- Rita Subhedar
- Logan O'Neil
- Helen Klingert
- Kristie Schmiede

# Recovery SC Membership

## Co-Leads:

- Samuel Price
- Brandon Hool

## Pillar Epi:

- Megan Zabinski

## Members:

- Angie Smith-Butterwick
- Amanda Scott
- Andrew Smith
- Karin Gyger
- Steven Logan
- Andre Johnson
- Samantha Borowiak
- Donna Dunn
- Logan O'Neil
- Kyle Hanshaw
- Devetta Blakely
- Matt Statman
- Glynis Anderson
- Brenda Maks
- Ronnie Tyson
- Devetta Blakely
- Matt Statman