



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

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

January 14, 2026 | 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
 Caitlin Koucky, Region 2
 Steffany Muirhead on behalf of Brian Love, DMVA
 Darlene Owens, Region 7
 Samuel Price, Region 5
 Kristie Schmiege, Region 8

Marti Kay Sherry, MDOC
 Andrew Smith, Michigan Supreme Court
 Hon. Tommy Stallworth, MDHHS
 Kate Stojasih, DIFS
 Greg Toutant, Region 1
 Matthew Walker, AG
 Captain Keyonn Whitfield on behalf of Col. James Grady, MSP.

Steve Alsum, Region 3, arrived at 1:40pm

Members Absent:

Helen Klingert, Region 9
 Kim Trent, LEO
 Amanda Scott, Region 6

Departmental Staff Present: Katie Abraham, Andrew Alshab, Dania Batarseh, Lisa Coleman, Robin Gregory, Brandon Hool, Haley Kehus, Macey Ladisky, Peter Lindeman, Nick Miller, Anthony Oliveri, Logan O'Neil, Angie Smith-Butterwick, April Stevens, Jared Welehodsky, Megan Zabinski

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

- a. The meeting was called to order at 1:02 p.m. by Chair Bagdasarian. Chair Bagdasarian asked Jared Welehodsky to take roll and confirmed there was a quorum present.**
- b. Approval of November 5, 2025, Meeting Minutes:** At 1:04 p.m., a quorum was noted by **Jared Welehodsky**, and **Chair Bagdasarian** directed attention to the proposed meeting minutes from November 5, 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, **Chair Bagdasarian** asked for a vote. The motion prevailed with no opposition. The November 5, 2025, Meeting Minutes were approved.

c. Announcements:

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. Comments and questions will be discussed at the end of the meeting. 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.

Katie Abraham reviewed FY26 implementation plan for certain projects. It was also announced that the Opioid Task Force annual report will be released soon, and the team is planning for FY27.

- II. Guest Presentations - Opioid Advisory Commission (OAC) – Christina Hawkins (Absent)**
a. In the absence of **Christina Hawkins**, **Hon. Tommy Stallworth** indicated that the OAC met last week and reviewed their upcoming report. The report will be made public soon.

III. MDHHS Treatment Survey – Haley Kehus, MDHHS

- a. **Haley Kehus** provided an overview of the purpose of the survey, which is to collect information from SUD treatment facilities to identify workforce gaps/challenges.
b. The development of the survey structure was discussed, noting internal and external testing processes, and key survey topic areas.
c. It was noted that 70 facilities were selected for the pilot survey from a listing of 859.
d. A summary of preliminary findings was presented, along with proposed strategies to address identified issues after the survey has been completed.
e. It was noted that key informant interviews were finalized after pilot completion.
f. Strategies to address were client demographics, outcome disparities, equity initiatives, and assessment of access barriers.

Chair Bagdasarian stated whether outreach through colleagues alone would be sufficient and beneficial to ensure adequate survey participation. **Chair Bagdasarian** suggested coordinating outreach by having OTF members share the survey themselves.

Hepatitis C – Macey Ladisky MDHHS, Nick Miller MDHHS

- a. **Macey Ladisky** gave an overview on Hepatitis C, including transmission paths.
b. Noted the percentage of chronic Hepatitis C cases reporting SUD in MDSS from 2019-2024.
c. HCV shifted from a primary focus from the older adult's population to younger adults, due to opioid crisis.
d. **Macey Ladisky** discussed planned strategies to support affected individuals.
e. In 2021 MDHHS public health and Michigan Medicaid partnered with pharmaceuticals company AbbVie to launch the WTHC initiative. As a result, HCV treatment becomes virtually free for all Michigan Medicaid and healthy Michigan plan beneficiaries.
f. Trends in Hepatitis C case referrals from 2000-2025 noted a total decrease.

Nick Miller, MDHHS

- a. Chronic Hepatitis C case rates per 100,000 residents of Michigan county were presented.
b. **Nick Miller** discussed the combined burden of chronic Hepatitis C case rates and overdose death rates for Michigan counties in 2024.
c. Michigan chronic HCV case rates and fatal overdose rates by race and ethnicity were compared and presented.

Hepatitis C – Macey Ladisky, MDHHS

- a. A summary of the Hepatitis C presentation was provided, emphasizing how additional support could enable expansion in screening and treatment services in settings where individuals are already receiving care.
b. MICOM was discussed, noting its strategic focus on targeting areas with the highest burden of untreated Hepatitis C and overdose, ensuring resources are directed where they will have the greatest impact.

Chair Bagdasarian noted how crucial it is to work on assisting individuals with services to test and treat Hepatitis C since many do not know they even have it.

Hon. Tommy Stallworth requested clarification on how individuals are geographically placed, including locations and demographics and how vulnerable populations are identified.

Nick Miller stated that efforts are focused on reducing barriers and strengthening approaches to better reach and support vulnerable populations. Strategies are being refined as gaps are identified over time.

Macey Ladisky added they can view disparities on who is accessing Harm Reduction programs.

Hon. Tommy Stallworth reassured that they have been working to invest more in Harm Reduction so they can work on an analysis regarding why and how this is beneficial for the public.

Greg Toutant inquired about screening for jails and if it is standard protocol.

Macey Ladisky stated that they are common in corrections, but jails are hesitant to begin screening due to having to commit to treatment as well. They are currently working with the largest jails to implement Hepatitis C testing.

IV. MDHHS Campaign Review – Chair Bagdasarian

- a. The team participated in a campaign review activity. Multiple slides showcasing campaign materials and ads were shown and the team had to vote/rate whether they were informative, engaging or informational.
- b. Overall, most members concluded that audio would be helpful for these ads and signage in bathrooms and bus stops would reach more individuals. Some debate sparked over billboards and whether they were helpful or not in getting the message to the public of SUD or treatment. Lastly, many stated the ads should contain more informative information on where they are able to find naloxone and how to distribute it.

IV. Subcommittee Updates

a. Prevention – Kristie Schmiede & Lisa Coleman

- Working towards identifying programs that are effective thus far. They are working on receiving presentations from members and colleagues as well as working on scheduling presenters to discuss more.
- Noted they are working on an RFP and will be updated shortly.

b. Harm Reduction – Macey Ladisky, Darlene Owens

- Noted Berrien County Health department initiated on 10/1.
- Tuscola County Health Department will begin their Harm Reduction programs and will cover multiple counties.
- Kalamazoo has expanded into various counties via mobile unit.
- Confirmatory drug checking at BOL. Currently in the process of validating their protocols with standard samples.

c. Treatment – Greg Toutant & Angie Smith-Butterwick

- Discussions on MCBAP and opioid data team presentations on SUD provider distribution and shortages.
- Noted and gave a review of the provider survey pilot.
- Discussed on adolescent treatment access.

d. Recovery – Sam Price & Brandon Hool

- Discussed recovery housing updates and input on models and distribution.
- Noted recovery data collection and evaluation metrics to show stakeholders how the recovery pillar is investing their funds.
- Recovery workforce development and review of peer survey.

- e. **Katie Abraham** noted that a 3-pager can be sent out involving information and updates on the Harm Reduction Modeling Data.

V. Next Steps

- a. Next OTF Meeting: March 11, 2026

VI. Stakeholder and Public Comment – Chair Bagdasarian

- a. **Chair Bagdasarian** asked if there were any comments/questions from the public
- **Cornelius (Corn) Williams** inquired about the Hepatitis C presentation, specifically untreated Hepatitis C cases and the role that engagement in harm reduction services may play as a contributing factor. It was noted that building community trust and engagement is most effective when services are tailored to the specific needs of each community. **Cornelius (Corn) Williams** noted high engagement among high-risk individuals in Ypsilanti, specifically those seeking stabilization and housing supportive services. Addressing allowable funding to assist in housing supportive services and stabilization could be beneficial for high engagement regarding high-risk individuals.
 - **Anna Falkowski** inquired about assisting individuals in gaining access to phones.
 - **Macey Ladisky** stated that it is beneficial, but funding would be difficult to support this.
 - **Chair Bagdasarian** stated that this can be taken internally to find a solution.

VII. 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 March 11, 2026, at 1:00 p.m. in Lansing MI and asked for a motion to adjourn. **The motion to adjourn was made by Greg Toutant and supported by Darlene Owens. The motion to adjourn prevailed with unanimous support. Chair Bagdasarian adjourned the meeting at 2:34 pm.**

Michigan Opioids Task Force Meeting

January 14, 2026



Data Round-Up

January 14, 2026



Michigan Substance Use Treatment and Workforce Assessment (Mi-SUTWA)

Pilot Phase Summary



Mi-SUTWA Survey and Pilot Purpose

Survey Purpose:

Collect information from substance use disorder (SUD) treatment facilities that will identify and measure gaps and challenges in the SUD treatment workforce and infrastructure to inform policy decisions and improve treatment programs, focusing on knowledge, barriers and support needed for providers.

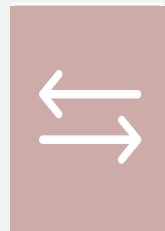
Survey Objectives:



Measure SUD provider capacity.



Measure SUD treatment quality.



Characterize transitions from treatment to recovery.



Characterize linkages to SUD treatment.

Pilot Purpose:

Roll out the survey to a subset of Michigan SUD treatment facilities to assess the data collection process, survey useability and ability to collect meaningful data. The pilot was conducted to ensure a smooth roll-out during the full survey launch.

Pilot Survey Development and Testing Methods

Survey Question and Structure Development:

- Survey questions developed by Opioid and Emerging Drugs (OED) Unit, drawing on framework of and including validated questions from National Substance Use and Mental Health Services Survey (NSDUH).
- Rockefeller Institute report on New York SUD workforce to guided development of workforce questions.
- With input from:

Opioid Task Force (OTF)
treatment subcommittee

MDHHS Health Services
Administration

MDHHS Environmental Health
Bureau Community
Engagement staff

Survey Testing:

Internal Testing:

- Six staff within OED Unit tested first survey draft.
- Provided feedback on:
 - Survey useability.
 - Question clarity.
 - Skip logic accuracy.
 - Time to complete survey.

External Testing:

- Ten staff outside OED Unit and without SUD expertise tested second survey draft.
- Provided feedback on:
 - Survey useability.
 - Question clarity.
 - Skip logic accuracy.
 - Time to complete survey.

MiSUTWA Survey Topics

Facility
information

Scope of facility
practice

Types of
treatment
provided,
including MOUD*

Payment
accepted

Populations
served

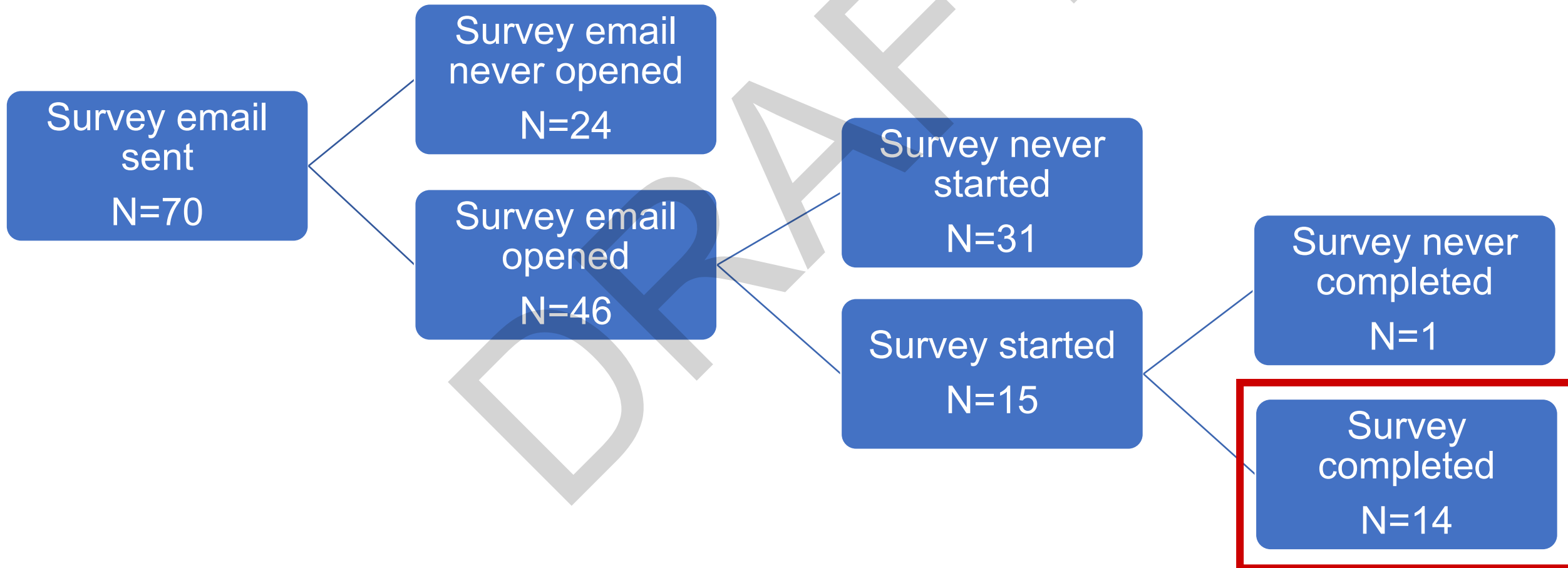
Client volume

Workforce
composition and
needs

Pilot Facility Selection

- **Seventy facilities** were selected for the pilot survey from the listing of 859, with the following criteria:
 - Three Catholic Health Service and three Dawn Farm sites selected.
 - At least 20 facilities known to be private (not publicly funded).
 - At least three facilities in Upper Peninsula.
 - At least 15 other rural facilities.
 - At least 10 known opioid treatment program (OTP) facilities.
- Within categories, simple random selection was used to select the pilot SUD treatment survey facilities.

Fourteen out of 70 facilities responded to the Pilot MiSUTWA survey



MiSUTWA Summary of Pilot Findings and Recommendations for Next Survey Cycle.

Findings:

- Only 20% completion rate.
- Survey felt long to some responders.
- Logic errors for question totals.
- MOUD reporting inconsistencies for client counts and reasons for not dispensing or prescribing MOUD.
- Missing zero-values for client counts and characteristics (left blank instead).
- Drop-down menu options not identified or utilized.

Strategies to Address:

- Longer period of data collection.
- Continue weekly email reminders.
- Call non-responders.
- Letter of Support from SUD agency licensing agency (LARA).
- Explore monetary incentives.
- Keep options to report either counts or percentages for client characteristics.
- Consider reducing the number of questions or consolidating questions.
- Add real-time validation for numerical totals.
- Add confirmation prompts for zero versus blank responses.
- Improve and clarify SUD workforce occupation definitions.

Key Informant Interviews Completed after MiSUTWA Pilot Completion

Survey Follow-Up Process

- End-of-survey prompting for interview consent.
- Contact information collection for volunteering participants.
- Brief 30-minute key informant interviews to evaluate survey effectiveness.

Interview Objectives

- Assess survey content and relevance.
- Evaluate usability and functionality.
- Collect recommendations to improve survey.

Interview Topic Areas

General Impressions

- Initial survey thoughts
- Navigation
- Survey length

Data Collection & Reporting

- Meaningful data collection
- Policy recommendation potential

Feedback & Suggestions

- Additional topic areas
- Final recommendations

MiSUTWA Key Informant Interviews: Summary of Findings and Recommendations



Survey Content and Topics

Findings:

- Questions were clear and relevant.
- Topics not specifically addressed by survey include:
 - Limited reimbursement for SUD-specific services compared to mental health services.
 - Many providers struggle to pass certain certifications, creating workforce gaps.
 - Challenges with naloxone distribution policies.
 - Possible impacts of cannabis legalization on workforce and treatment capacity.
 - Concerns about political climate impacting future funding and attention to SUD treatment.

Strategies to Address:

- Ensure workforce retention questions can capture issues related to pay disparities and excessive certification requirements.
- Keep open-ended comment question at the end of the survey.
- Consider changing some of the workforce questions to be more open-ended/qualitative rather than multiple choice.

Additional Feedback from OTF Treatment Subcommittee



Current survey lacks questions on bias, discrimination, race, ethnicity, or health disparities.

Strategies to Address:



Client Demographics

Add race/ethnicity demographic questions to capture client population served.



Access Barriers Assessment

Add open-ended question about barriers to treatment access and outcomes, with prompts for race/ethnicity-specific challenges and cultural considerations.



Outcome Disparities

Add question about differences in treatment completion, retention and outcomes across racial/ethnic groups served by the facility.



Equity Initiatives

Add question about specific programs, policies or interventions implemented to address health disparities and promote equity.

MiSUTWA Survey Cycle: data collection periods twice per year

Jan 2026

Survey Launch

- Expanded list of facilities.
- 6 to 8-week data collection period.
- Ongoing facility verification.
- Regular reminders.

March 2026

Analysis & Reporting

- Analyze expanded dataset.
- Prepare comprehensive report.
- Plan future survey cycles.
- Schedule qualitative key informant interviews.

July 2026

Survey Launch

- 6 to 8-week data collection period.
- Ongoing facility verification.
- Regular reminders.

Oct 2026

Analysis & Reporting

- Analyze expanded dataset.
- Prepare comprehensive report.
- Plan future survey cycles.
- Schedule qualitative key informant interviews.

Reaching the Right Populations: Data-Driven Identification of Hepatitis C & Overdose Gaps

Macey Ladisky

January 14, 2026



Reaching the Right Populations: Data-Driven Identification of Hepatitis C & Overdose Gaps

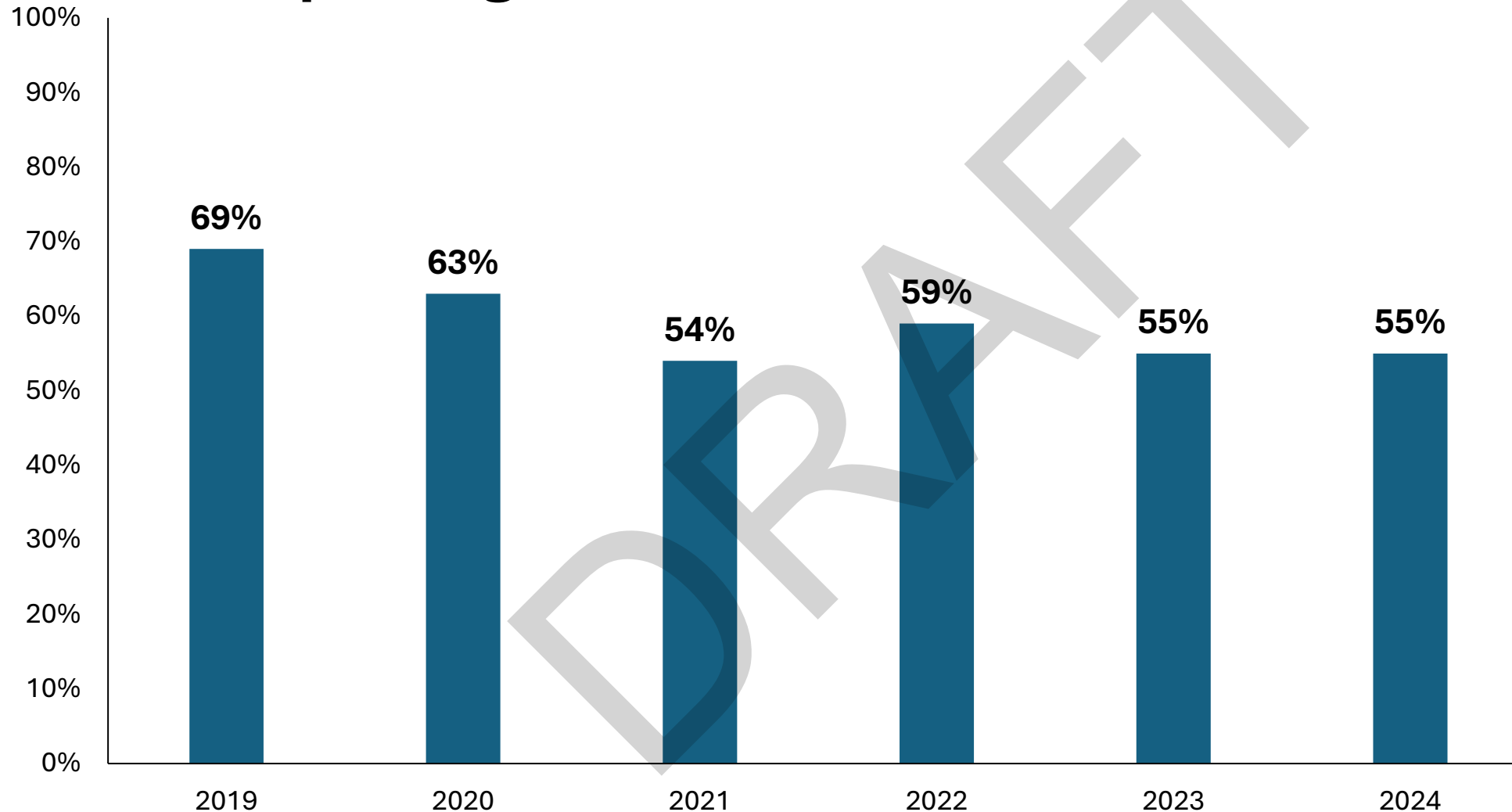
Nick Miller
Harm Reduction Pillar Epidemiologist
MDHHS

Macey Ladisky
Viral Hepatitis & Tuberculosis Section Manager
MDHHS

What is hepatitis C?

- Liver disease that spreads when blood from a person infected with hepatitis C virus (HCV) enters the body of someone who is not infected.
- Most common risk factor is sharing injection drug use equipment.
- Vertical transmission of HCV can occur from mom to baby.
- No vaccine, but there are effective and safe treatment that can cure HCV via pills in only eight to 12 weeks.

Percent of Chronic, Hepatitis C Cases Reporting SUD in MDSS from 2019-2024



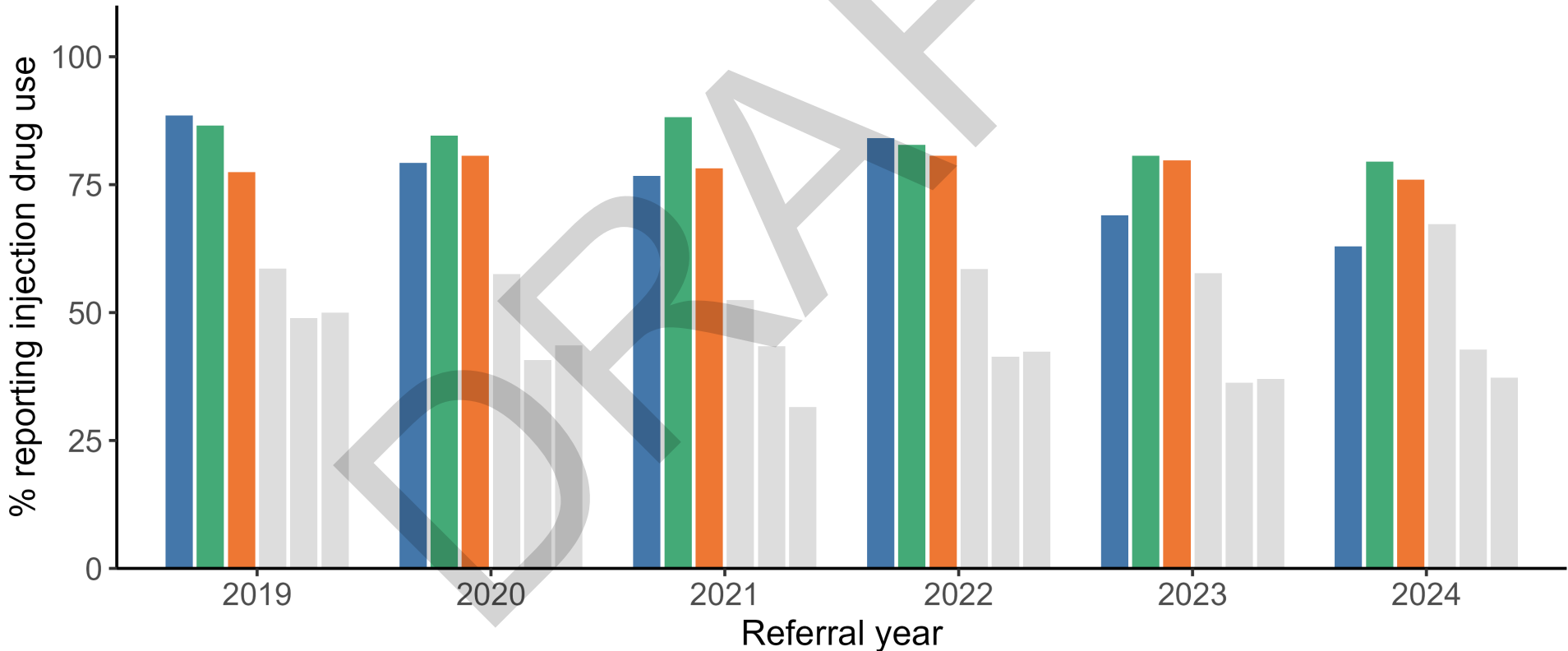
Key Finding:

When DIS or LHDs can contact HCV cases, **more than half** of chronic HCV cases self-report a history of or current substance use.

A demographic shift in HCV, moving from the Baby Boomer focus (born 1945-1965) towards younger adults (Millennials & Gen Z) due to the opioid crisis

Chronic Hep C Cases: Injection Drug Use by Age Group

Percent reporting injection drug use, by referral year



Data Source: MDSS

Age group
■ <25 ■ 25-34 ■ 35-44 ■ 45-54 ■ 55-64 ■ 65+

Michigan's Hepatitis C Landscape

First HCV DAA treatment receives FDA approval ~ \$84K/treatment **(2013)**

Medicaid covers HCV DAAs. Restrictions on who can access **(2016)**:

1. Liver Fibrosis
2. Provider Restriction
3. Sobriety restriction. Using substances = no treatment

Liver fibrosis restriction removed **(2019)**

HCV elimination workgroups, drafting of elimination plan, DAA RFP **(2020)**

Published Michigan's Hepatitis C Elimination Plan and launched the We Treat Hep C Initiative **(2021)**

We Treat Hep C Initiative (WTHC):

In April 2021, MDHHS Public Health and Michigan Medicaid partnered with pharmaceutical company AbbVie to launch the WTHC. As a result:

- HCV treatment became virtually free for all Michigan Medicaid and Healthy Michigan Plan beneficiaries.
- Medicaid restrictions on HCV treatment have been lifted (sobriety & provider).
- With limited investment, we have been able to:
 - Partner with two health systems to provide clinical case consultation and trainings to providers new to treating HCV.
 - Hire an academic detailer to train medical students and new providers on managing patients living with HCV.
 - Hire a team of DIS that outreach to people living with HCV to link to curative treatment.
 - Created a hepatitis C treatment telehealth program.

The Numbers April 1, 2021 – November 30, 2025

648,745

People screened for Hep C

7,861

People started Hep C treatment*

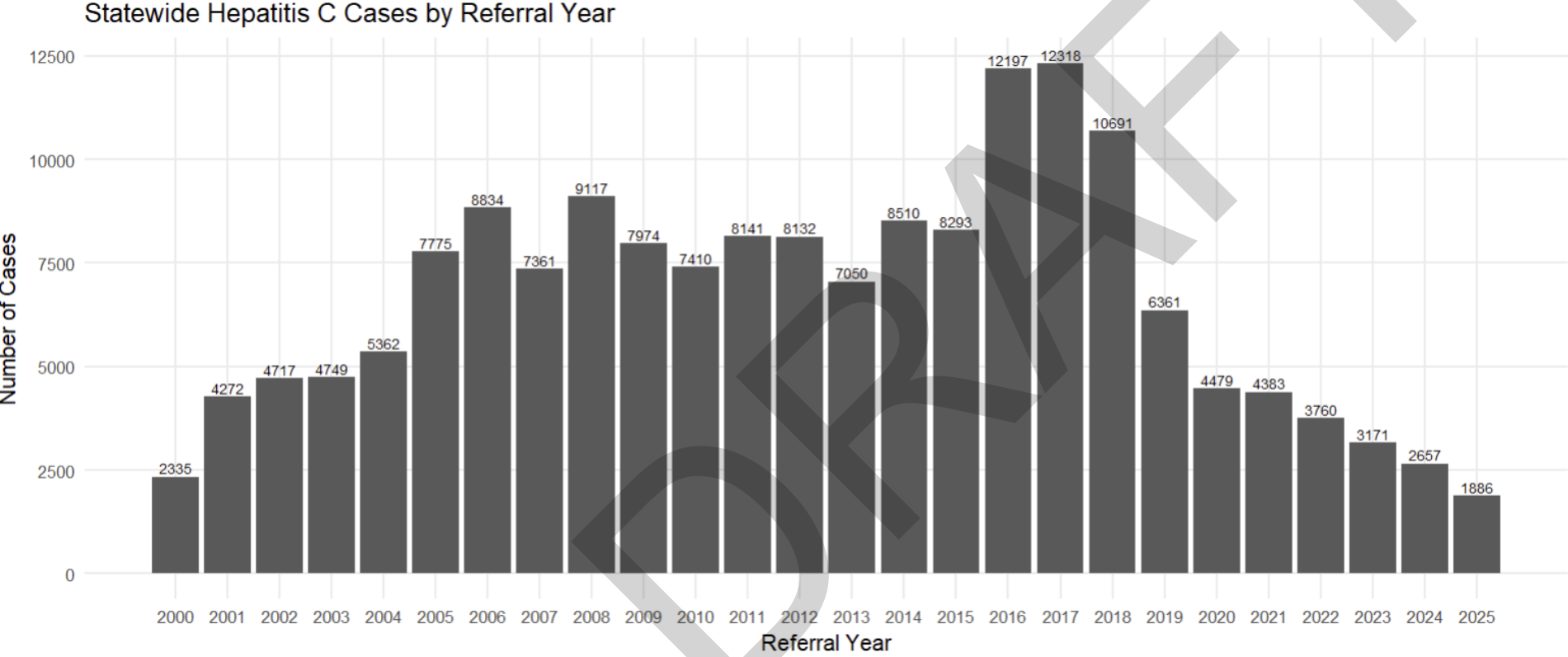
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New providers treating Hep C

Data source: Michigan Medicaid Data Warehouse.

*Includes Medicaid beneficiaries who were prescribed a direct acting antiviral for the treatment of HCV.

Number of Hepatitis C Cases Referred into MDSS by Referral Year, 2000 - 2025



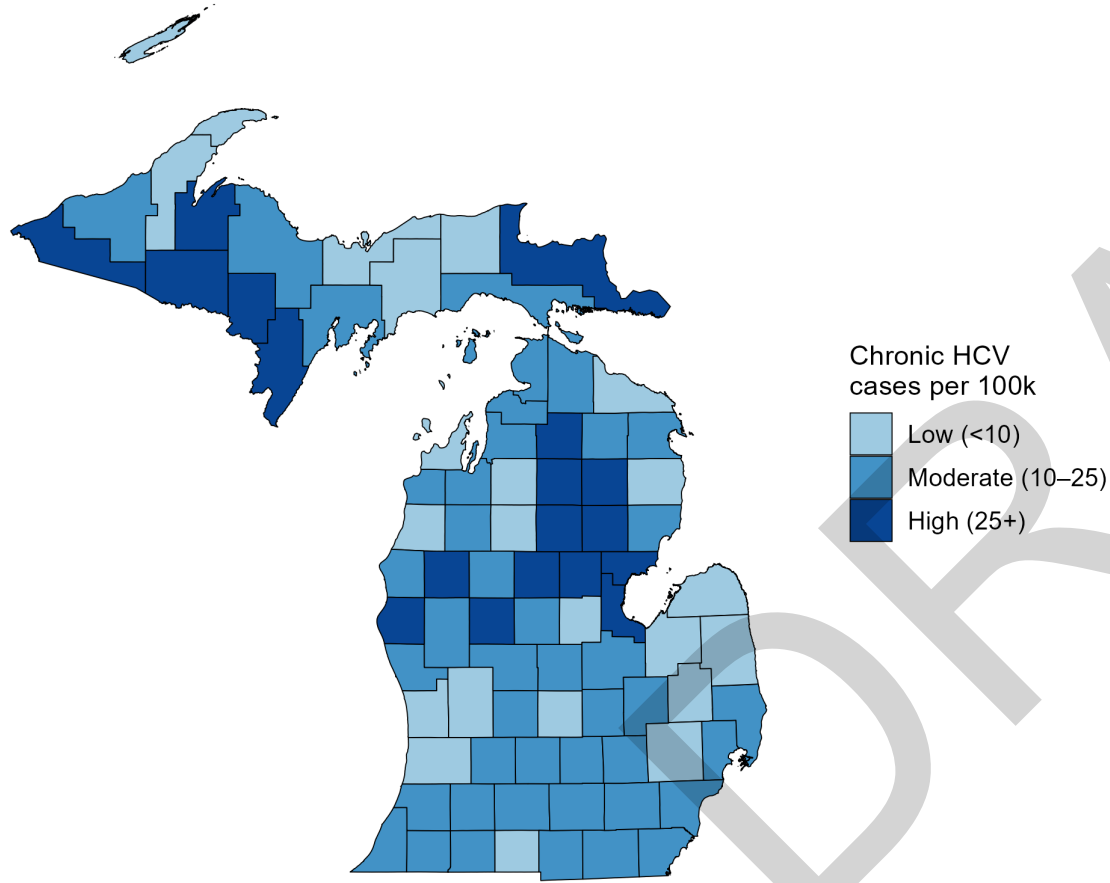
Key Finding:

Hepatitis C elimination is achievable for Michigan!

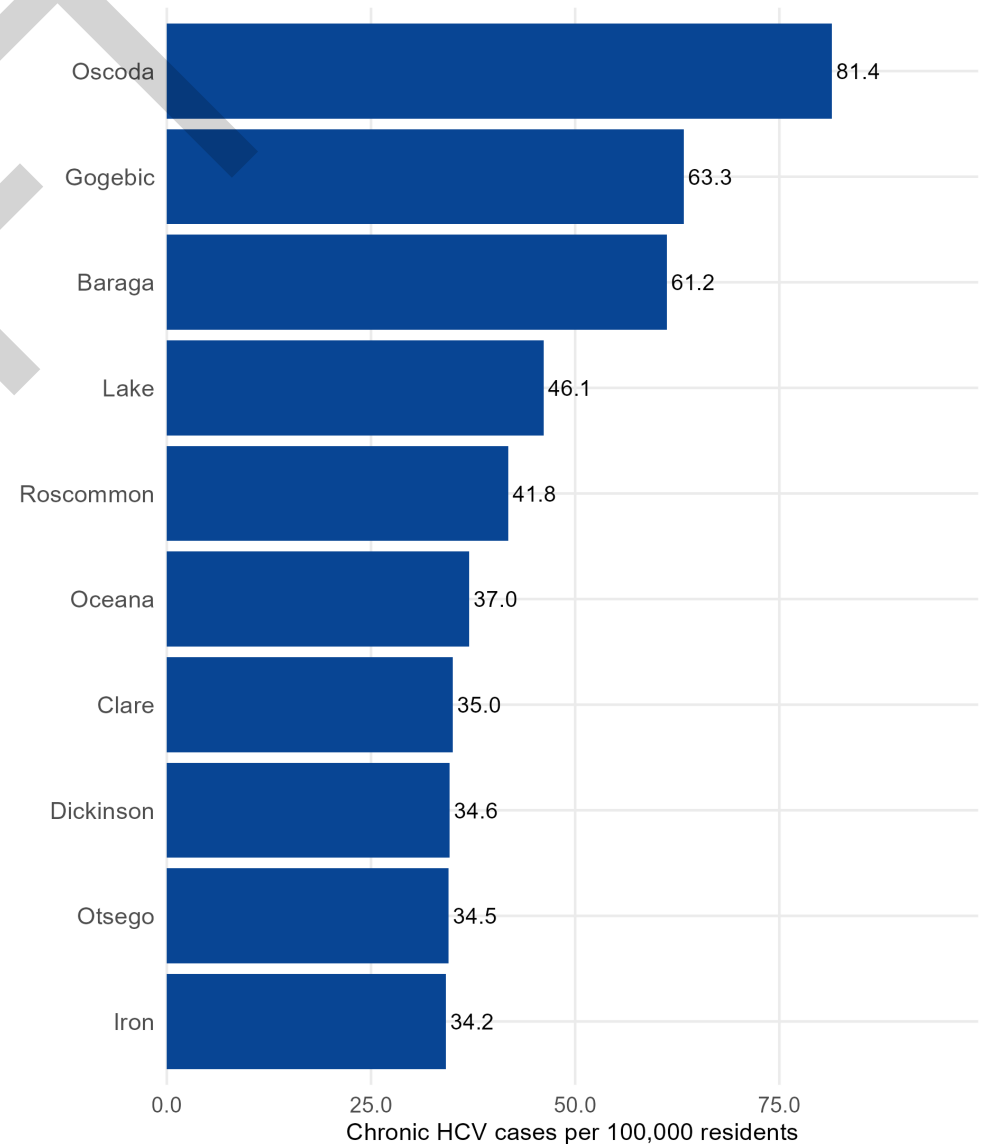
Data source: MDSS

Chronic Hepatitis C Case Rates per 100,000 Residents, By Michigan County, 2024

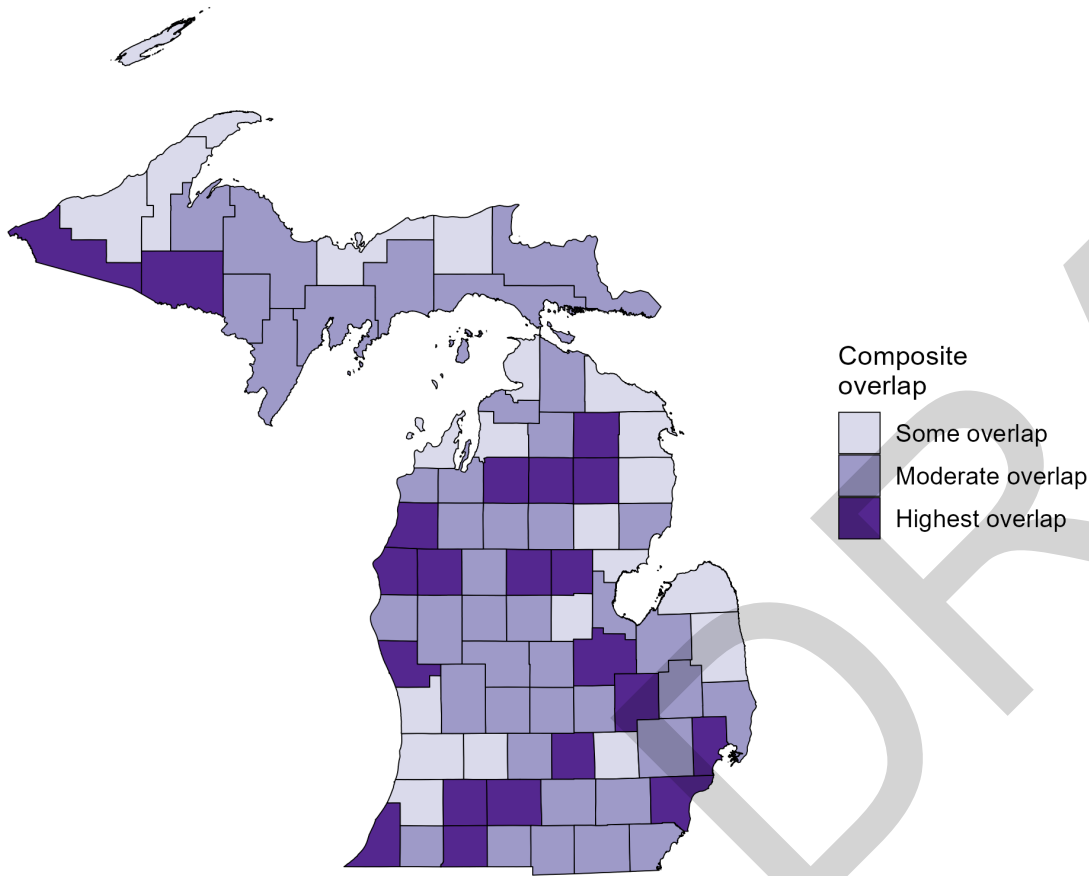
Grouped by low, moderate, and high burden



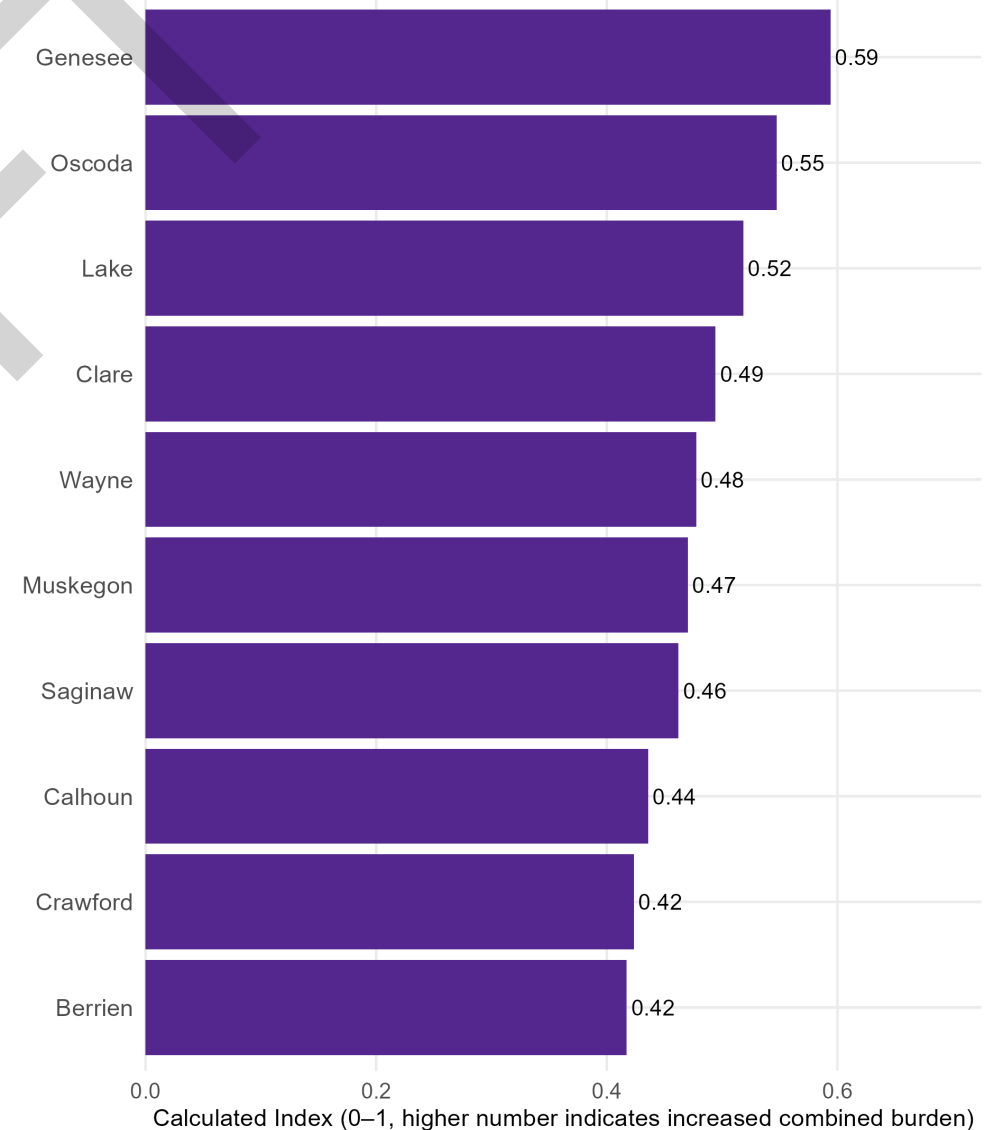
Michigan Counties With Highest Rates of Reported Chronic Hepatitis C Cases, 2024



Combined Burden of Chronic Hepatitis C Case Rates and Overdose Death Rates for Michigan Counties, 2024



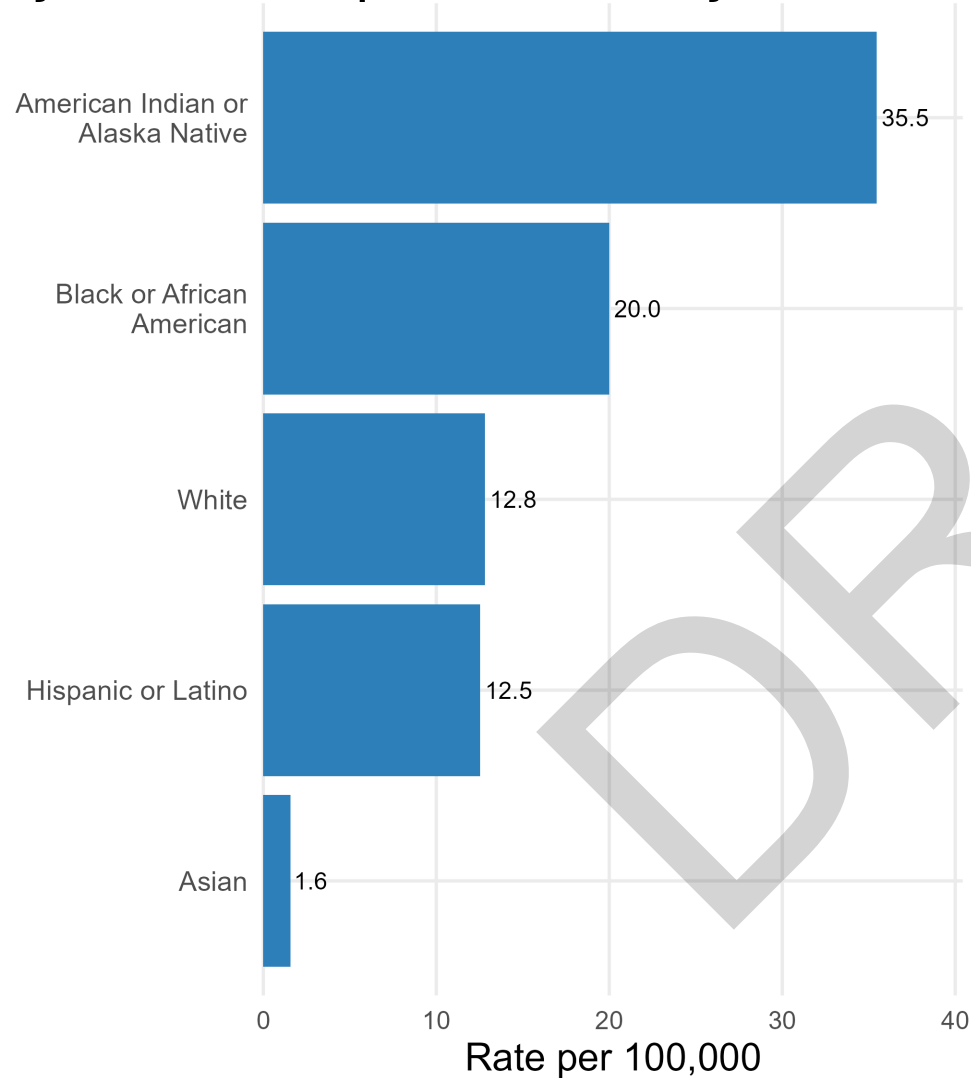
Michigan Counties With Highest Combined Burden of Hep C and Overdose Deaths, 2024



A composite county-level index combining hepatitis C case burden and overdose mortality was calculated to identify areas where both conditions co-occur at high levels. County-year values were standardized and weighted, then combined into a single score to highlight geographic overlap and areas with concurrent infectious disease and overdose burden.

Michigan Chronic HCV Case Rates

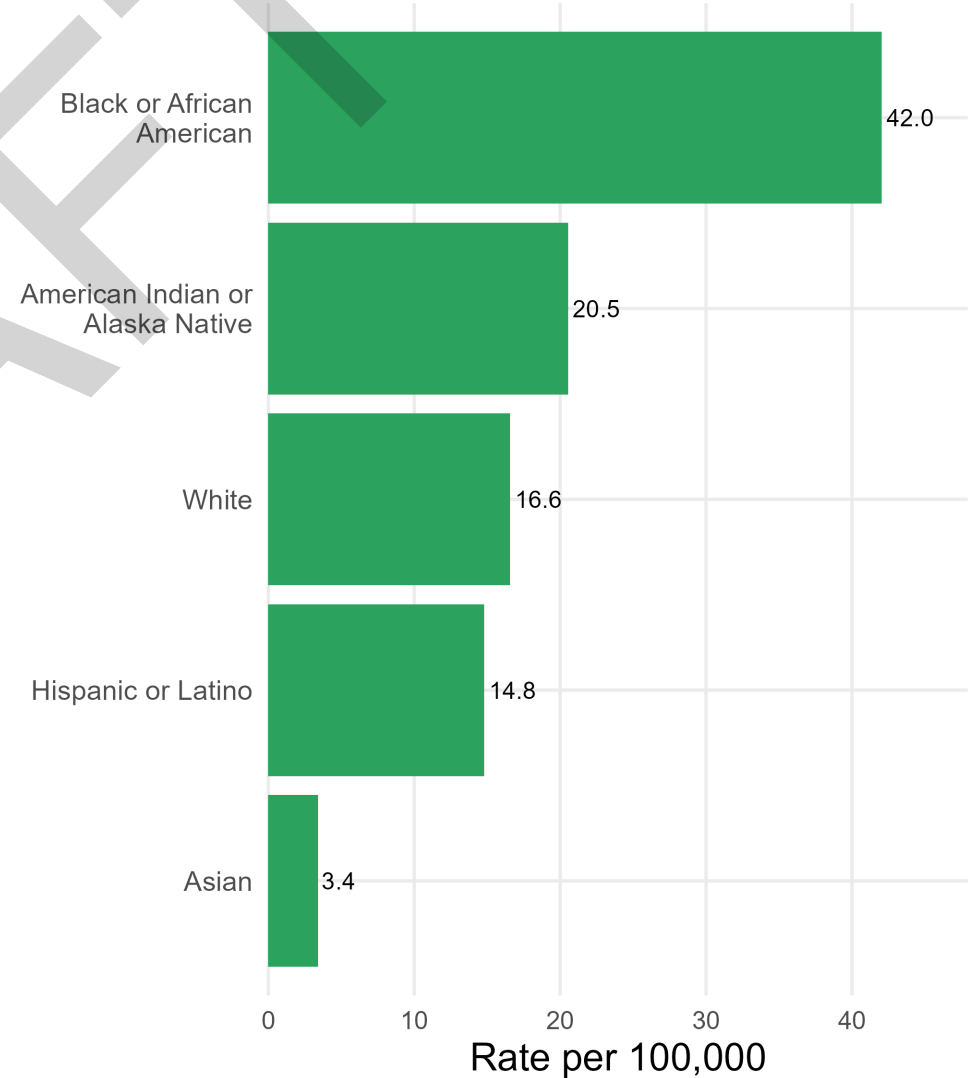
By Race & Hispanic Ethnicity, 2024



Data source: MDSS

Michigan Fatal Overdose Rates

By Race & Hispanic Ethnicity, 2024



Data source: Vital Records

Summary

- Hepatitis C is a proxy for substance use.
- Demographics are very similar when it comes to who is getting hepatitis C and those that experience an overdose.
- Harm reduction programs are well positioned to offer hepatitis C testing and linkage to care to their participants.

Opportunities

Additional support would allow for expansion in **screening and treatment** in settings where people are already receiving care:

- Harm reduction agencies
- Treatment programs
- Recovery programs
- **Prioritize data-driven and modeling analyses (MICOM)** to strategically target areas with the highest burden of untreated hepatitis C and overdoses, ensuring resources are directed where they will have the greatest impact.

MDHHS Campaign Review

January 14, 2026



Opioids Task Force Subcommittee Updates

January 14, 2026



Prevention Subcommittee Membership



Co-Leads:

- Kristie Schmiede • Lisa Coleman

Pillar Epi:

- Jacob Roemer

Members:

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

Prevention Updates

- Presentations arranged by Dayna Bennett, MDE – Effective school SUD and vaping prevention programs
- Prevention RFP Updates – Geographic and Demographic Priorities

DRAFT

Harm Reduction Subcommittee 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

Harm Reduction Updates

- Hepatitis C
- Harm Reduction Expansion
- Drug Checking
- putting a face on Harm reduction
- Measurable Impacts of Harm Reduction – Nick Miller, MDHHS
 - [Measurable Impacts of Harm Reduction PDF](#)

Treatment Subcommittee Membership

Co-Leads:

- Greg Toutant
- Angie Smith-Butterwick

Pillar Epi:

- Andrew Alshab

Members:

- Steve Aslum
- Dani Meier
- Cornelius Williams
- 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

Treatment Updates

- Discussions on MCBAP and opioid data team presentations on SUD provider distribution and shortages
- Review of provider survey pilot
- Discussion on adolescent treatment access

Recovery Subcommittee 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

Recovery Updates

- Recovery Housing discussions and input on models and distribution
- Recovery data collection and evaluation metrics
- Recovery workforce development and review of peer survey