



# Michigan Opioids Task Force

## 2023-2024 Summary Report

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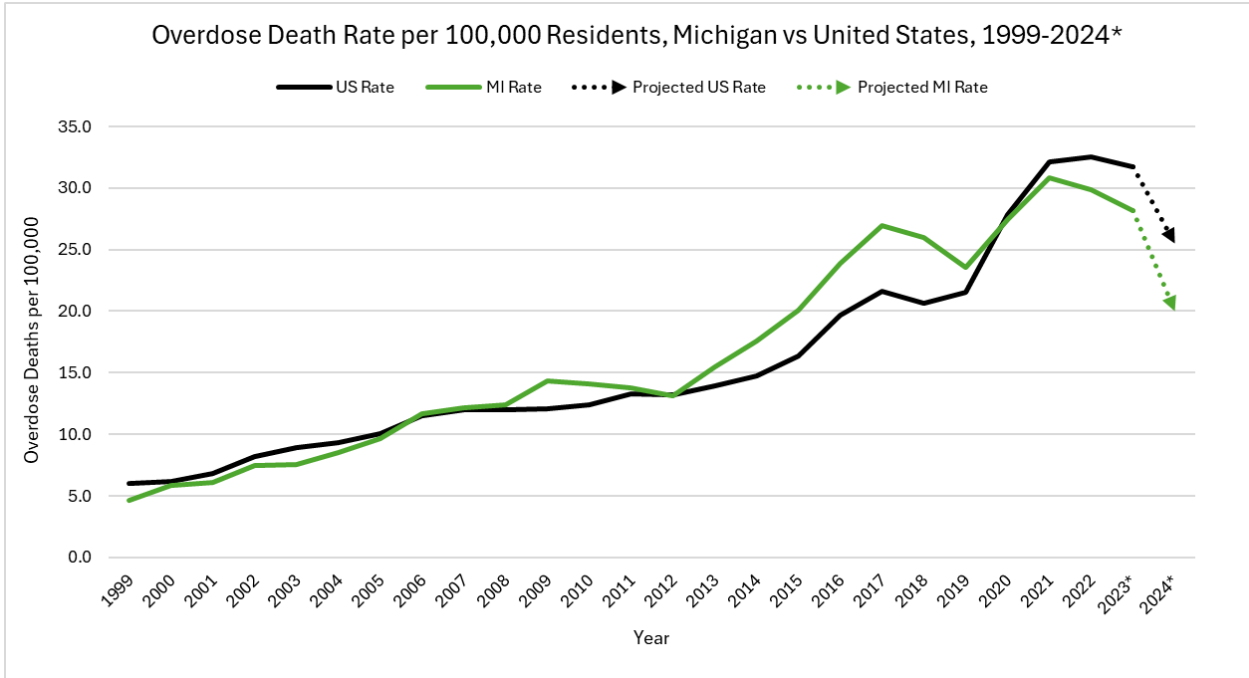
## Introduction

Since 2021, Michigan Attorney General Dana Nessel has joined a bipartisan coalition of attorneys general that has already secured nearly \$1.6 billion for Michigan governments, dedicated to opioid treatment and addiction prevention efforts. This total is estimated based on the following settlements from various opioid manufacturers and distributors: Johnson & Johnson (Janssen), Walgreens, Walmart, CVS, Allergan, Teva, Mallinckrodt, Meijer, Publicis Health, Kroger, and the consulting firm, McKinsey & Co. These funds will join the hundreds of millions of dollars already spent each year to address substance use disorders (SUDs) within the State of Michigan.

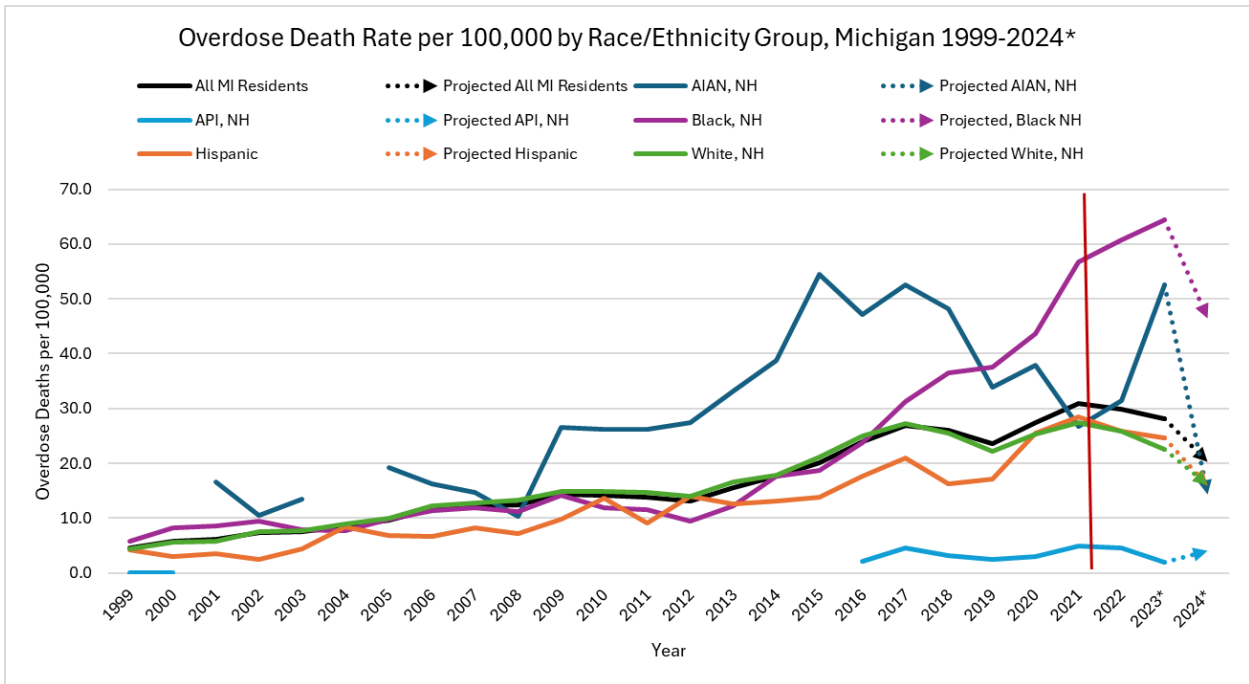
Half of the funding coming to the state is earmarked for local governments and will continue to be issued over 18 years, providing a sustainable source of funding to combat the generational ramifications of the opioid epidemic. Allocations for local governments have already been established, and the State of Michigan has formed varying levels of partnerships with 35 County governments to provide technical assistance as they plan the use of their funds. Federally recognized tribes have also filed lawsuits with opioid manufacturers and distributors to seek compensation as sovereign governments, separate from the lawsuits filed by states, counties, and cities.

The other half of the funding is directed toward the State of Michigan and placed in a restricted fund, the Opioid Healing and Recovery Fund, managed by the Michigan Treasury. The Michigan Opioids Task Force was created to inform the state's strategy for effectively leveraging these resources.

The opioid epidemic is a generational crisis with long-lasting repercussions. Recent data shows that this epidemic does not impact all communities equally. Black residents experience significantly higher overdose death rates than other racial or ethnic groups. Since 2016, the disparity in overdose death rates between Black and white Michigan residents has been growing. Although projections for 2024 indicate that this gap may be narrowing, these data are based on preliminary data from January 2024 to April 2024 and should be interpreted with caution.



\* 2023 and 2024 data are preliminary data and are subject to change upon finalization. 2024 data are a projection based on January-April 2024 data.



\* Race categorization changed in 2022; the red line indicates that data prior to and after 2022 are not directly comparable.

\*\* 2023 and 2024 data are preliminary data and subject to change upon finalization. 2024 data are a projection based on January-May 2024 data.

More data is available on the Michigan Department of Health and Human Services (MDHHS) [Overdose Data to Action Dashboard](https://www.michigan.gov/opioids/category-data) (URL: [Michigan.gov/opioids/category-data](https://www.michigan.gov/opioids/category-data)). Addressing these disparities is crucial to creating an equitable response to the crisis. Another concern the State of Michigan seeks to address with its approach is balancing the need for urgent versus strategic spending. Strategic spending saves more lives more effectively, while urgent spending addresses the needs of today.

## Overview

### Background

On August 21, 2019, Executive Order 2019-18 established the Michigan Opioids Task Force to inform the state's strategy for addressing the opioid epidemic. In 2022, Executive Order 2022-12 updated the membership and the charge of the task force to optimize its work and allow it to efficiently receive and distribute resources.

The task force currently consists of 21 appointed volunteers with expertise in related fields and a drive to improve Michigan's future in the face of the opioid epidemic. When the task force began, Michigan's Opioids Strategy had seven pillars, three of which were focused on prioritizing groups with higher risk of experiencing overdoses. As the work continued, the task force realized that equity was not a separate component that could be addressed in isolation, but rather a key value that deserved to be emphasized within all areas of Michigan's response to the opioid epidemic.

The Opioids Task Force's overarching goal is to reduce overdose deaths and eliminate racial disparities. To achieve this, the task force prioritizes equity at the core of all programming and operations, addressing disparities in overdose death rates and improving access to resources. This approach aligns with the task force's commitment to data-informed decisions that leverage data sharing to guide strategic action. Additionally, a strong emphasis is placed on maximizing impact through ongoing monitoring and evaluation of program effectiveness, ensuring the work remains responsive to community needs.

Members of the former Racial Equity Work Group continue to play critical roles within the Opioids Task Force subcommittees to shape recommendations and recognize that equity is an integral value that must be embedded throughout all facets of the strategy.

### Substance Use Response Framework and Pillars

Michigan's Substance Use Response Framework has four pillars:

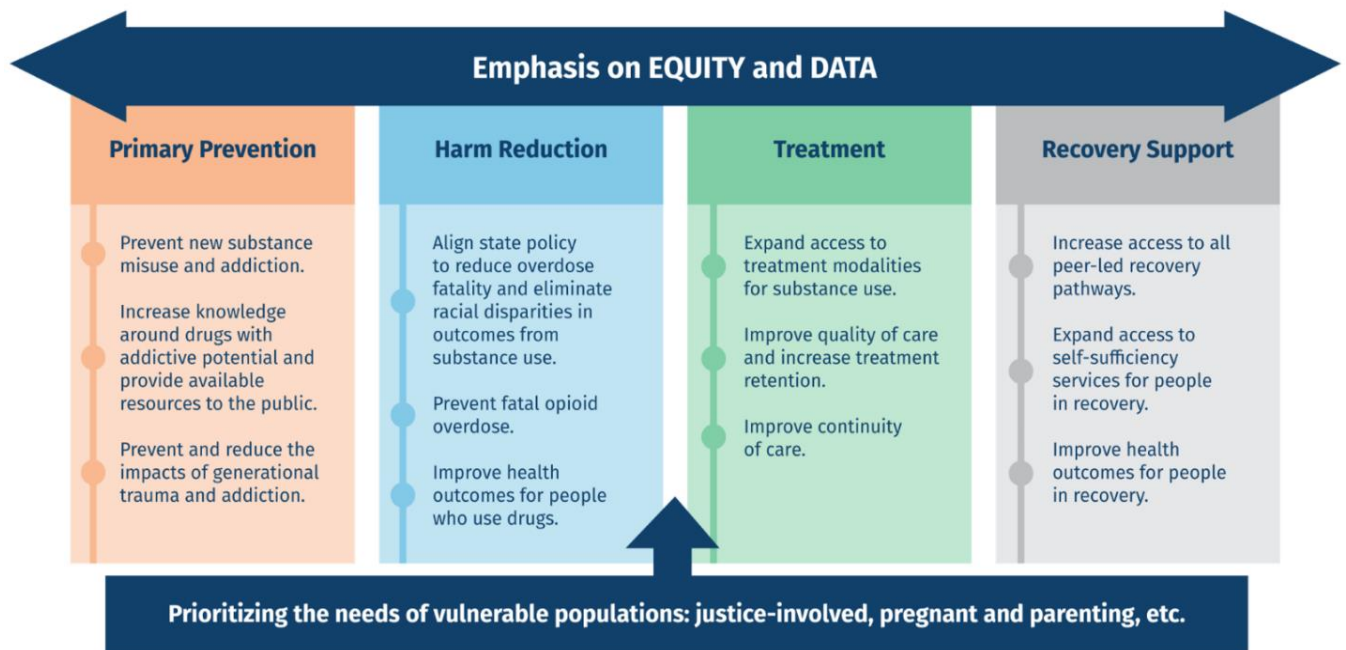
- Primary Prevention.
- Harm Reduction.

- Treatment.
- Recovery Support.

These pillars emphasize equity and data in their goals and progress metrics and prioritize the needs of marginalized groups, including justice-involved individuals and people who are pregnant and parenting. Each pillar incorporates evidence-based practices and consistent communication to build trust within the community, providing clear reports on how resources are spent to promote transparency and accountability.

The Substance Use Response Framework, shown below, highlights how the State of Michigan’s approach centers on these four pillars to address the multifaceted challenges of the opioid crisis. This framework was initially established by MDHHS and then given to the task force subcommittees to provide input and incorporate expertise from key partners across the state.

Each task force pillar subcommittee provided MDHHS with recommendations for progress and outcome goals that were incorporated into Michigan’s Substance Use Response Framework. Included here are the top three immediate strategic priorities for each pillar. The subcommittees are continuing to engage in discussions around these goals and related metrics, and innovative approaches to reach people who are not equitably served and are most affected by the opioid crisis.



### Guiding Principles of the Opioids Task Force

In addition to the four pillars established by the Opioids Task Force Work Plan Subcommittee, the task force has also adapted spending principles from the Johns

Hopkins Bloomberg School of Public Health to inform its discussion and decision-making process.

These principles are:

- Spend money to save lives.
- Use evidence to guide spending.
- Invest in youth prevention.
- Focus on racial equity.
- Develop a fair and transparent process for deciding where to spend the funding<sup>1</sup>.

The State of Michigan is committed to incorporating the advice of affected communities in the development of funding initiatives. The Opioids Task Force is incorporating each of its regional members' expertise, inviting the input of community voices, and addressing the needs unique to each community.

## Activities

In 2024, the Michigan Opioids Task Force had five meetings. These meetings involved discussing data and trends, reviewing findings and key takeaway information from new studies in the SUD treatment field, receiving partner and public comment, and discussing the progress and recommendations made in workgroups and subcommittees.

The workgroup recommendations aim to aggressively disrupt and reverse overdose trends, associated deaths, and disparities in the short term, to leverage funding through local collaboration for strategic SUD infrastructure service improvement, and to identify and address needed policy reforms to facilitate improved SUD outcomes.

In addition to the Opioids Task Force, members have regular meetings with representatives of the tribal nations to collaborate on the most effective approach to funding opioid initiatives. All requests for funding through the opioid grant process thus far have been awarded.

Each subcommittee's expertise influenced the direction of and provided feedback on the task force's strategic initiatives and spending. Development of strategic priorities and metrics is an ongoing process, refining and improving as data collection is enhanced and the work evolves. The initial subcommittee recommendations can be found in the Michigan Opioids Task Force meeting minutes for May 15, 2024, and as an appendix to this report.

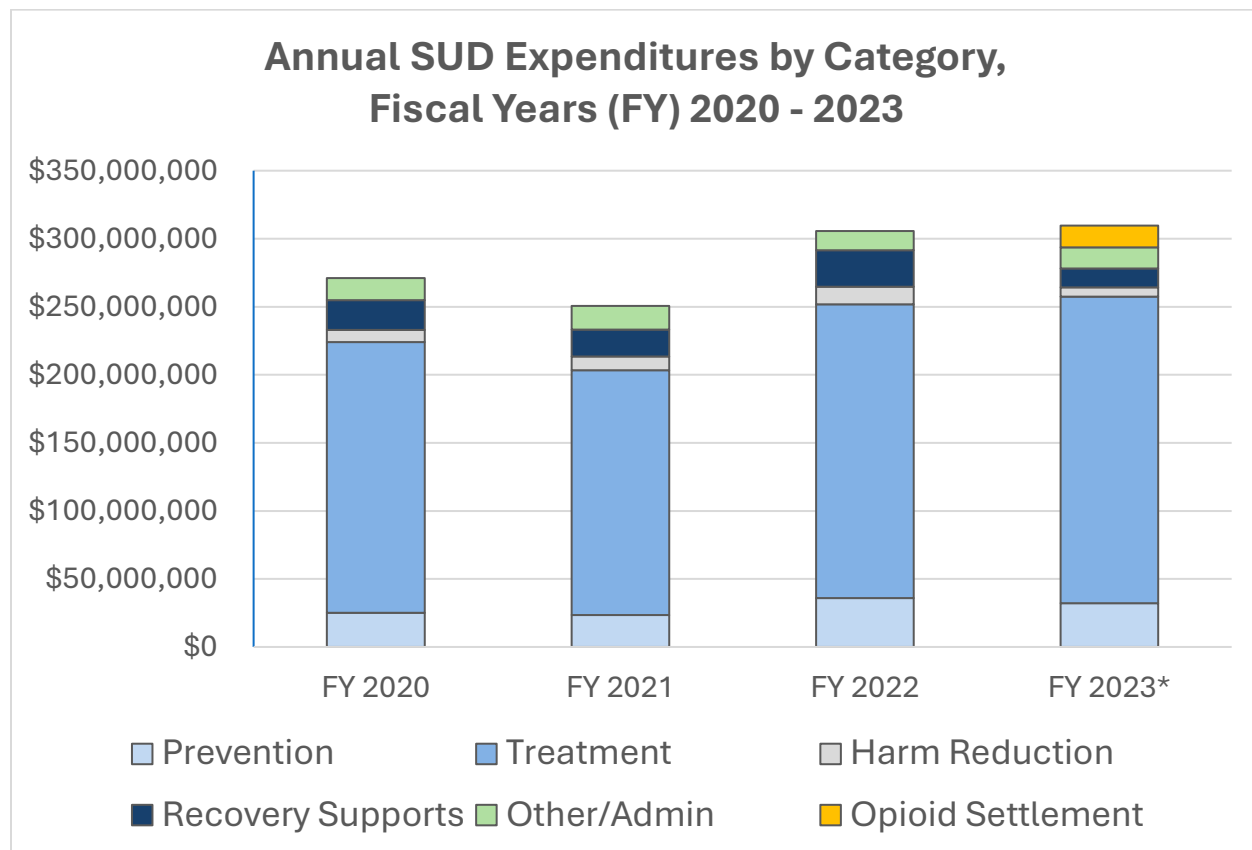
## Annual SUD Expenditures by Category

The task force is not the only way the state addresses the opioid epidemic. Long before opioid settlement payments were distributed, the State of Michigan was already investing

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<sup>1</sup> [The Principles - Opioid Principles \(jhsph.edu\)](https://www.jhsph.edu/principles-opioid-principles)

millions of dollars every year to address SUDs. Even now, the settlement funding represents just one part of the ongoing efforts.



## Opioid Settlement-Funded Program Highlights, Fiscal Years (FY) 2023-2024

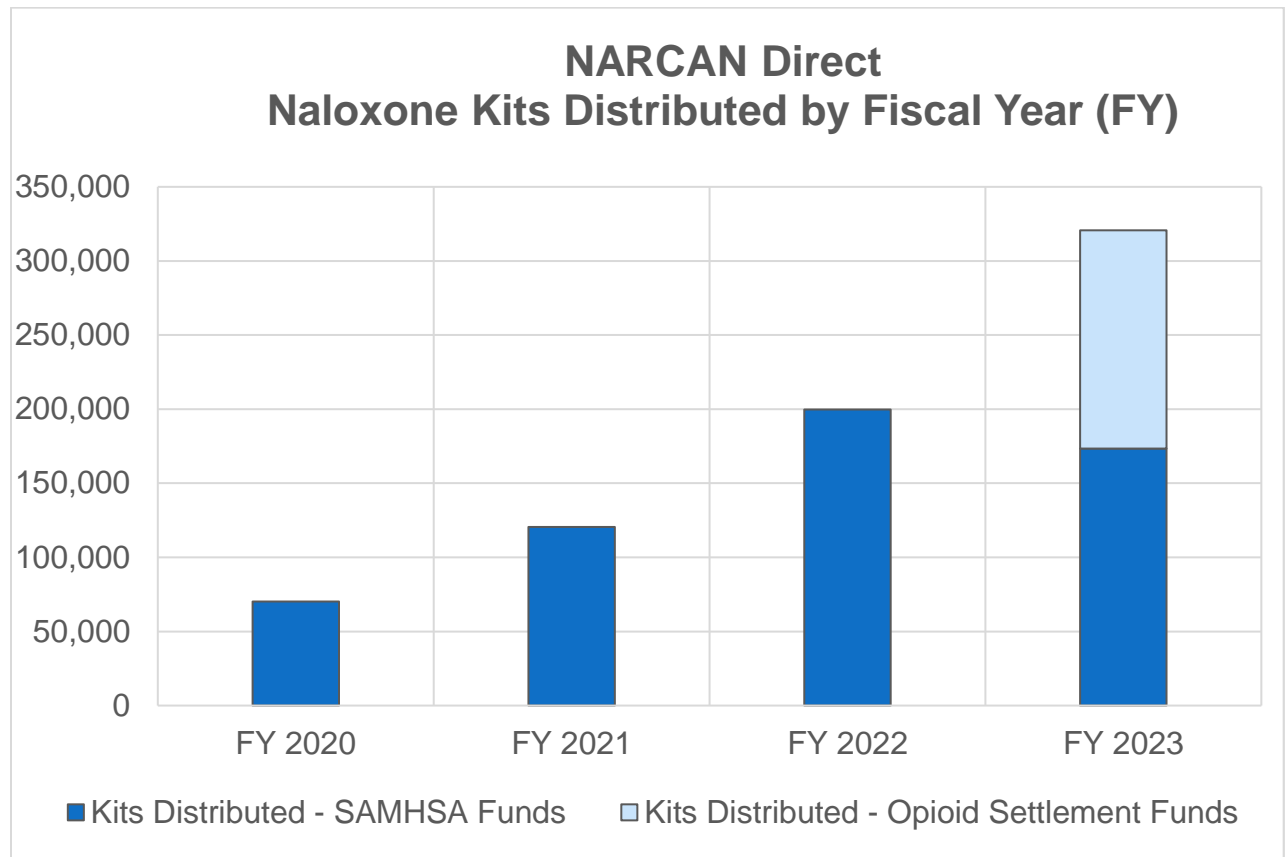
This is an evolving process, and this report shares some of the high-level initiatives, both long- and short-term, that the state is taking to address the opioid epidemic. These initiatives are in addition to the State of Michigan’s existing program planning and funding to address SUD. The state will continue to work toward addressing both today’s needs and the generational impact of SUDs.

The charts below show the progress of some of the initiatives already underway, highlighting the additional funding from the settlement in the past year.

### NARCAN Direct Naloxone Kits

One of the ways in which the State of Michigan has used settlement funds toward urgent spending needs is to expand the distribution of NARCAN kits. Settlement funds allowed the

NARCAN Direct Portal to distribute **an additional** 147,362 NARCAN kits to 404 unique organizations, and 2,605 overdose reversals were reported in Fiscal Year (FY) 2023.

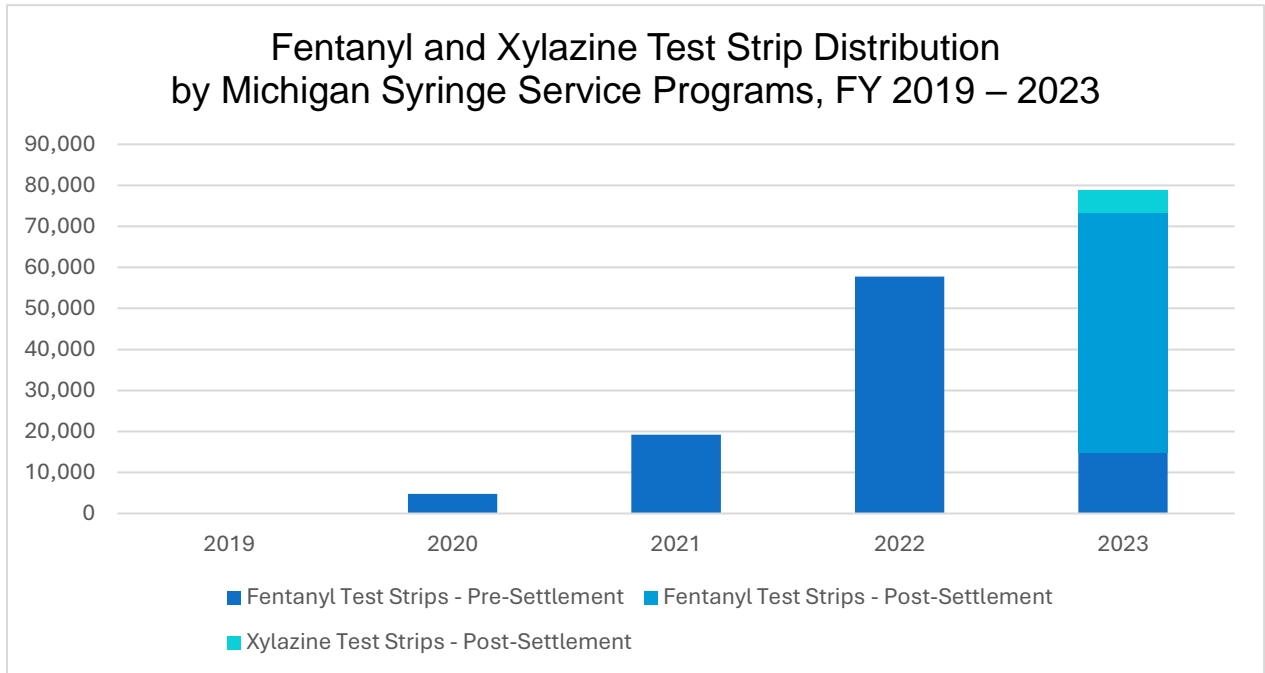


*\*Substance Abuse and Mental Health Services Administration (SAMHSA)*

### Fentanyl and Xylazine Test Strip Distribution by Michigan Syringe Service Programs, FY 2019-2023

One way to save the lives of people with SUD is to provide the means to test substances for fentanyl and xylazine. Knowing what is in a compound allows people to reduce their risk of overdose. FY 2023 settlement funds covered the cost of 58,450 fentanyl test strips and

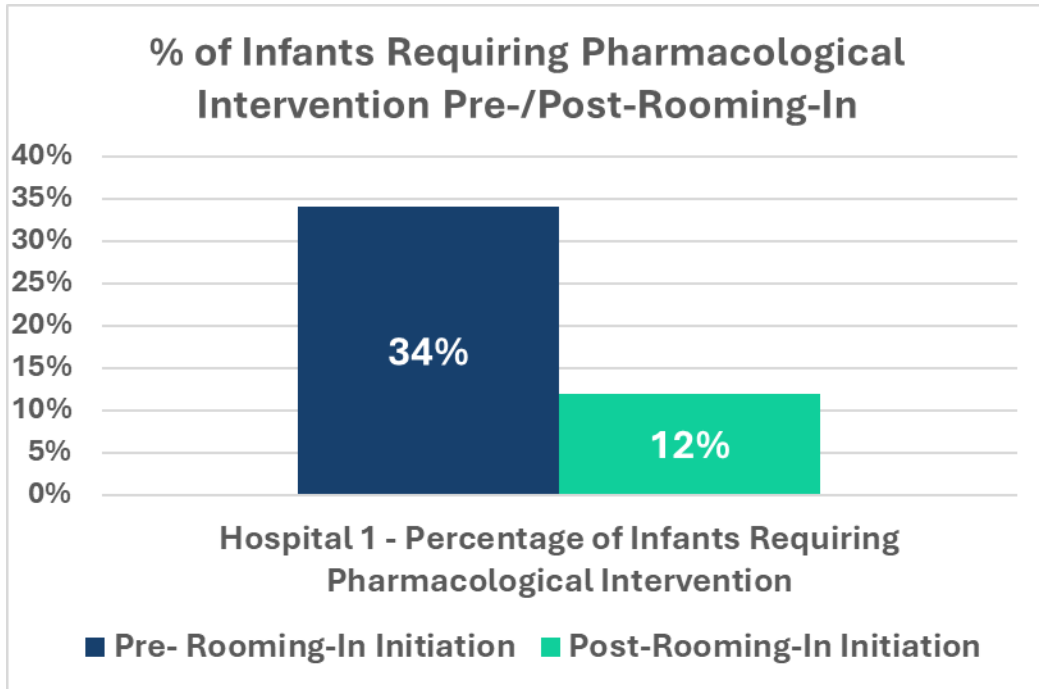
5,530 xylazine test strips through Syringe Service Programs (SSPs) in Michigan



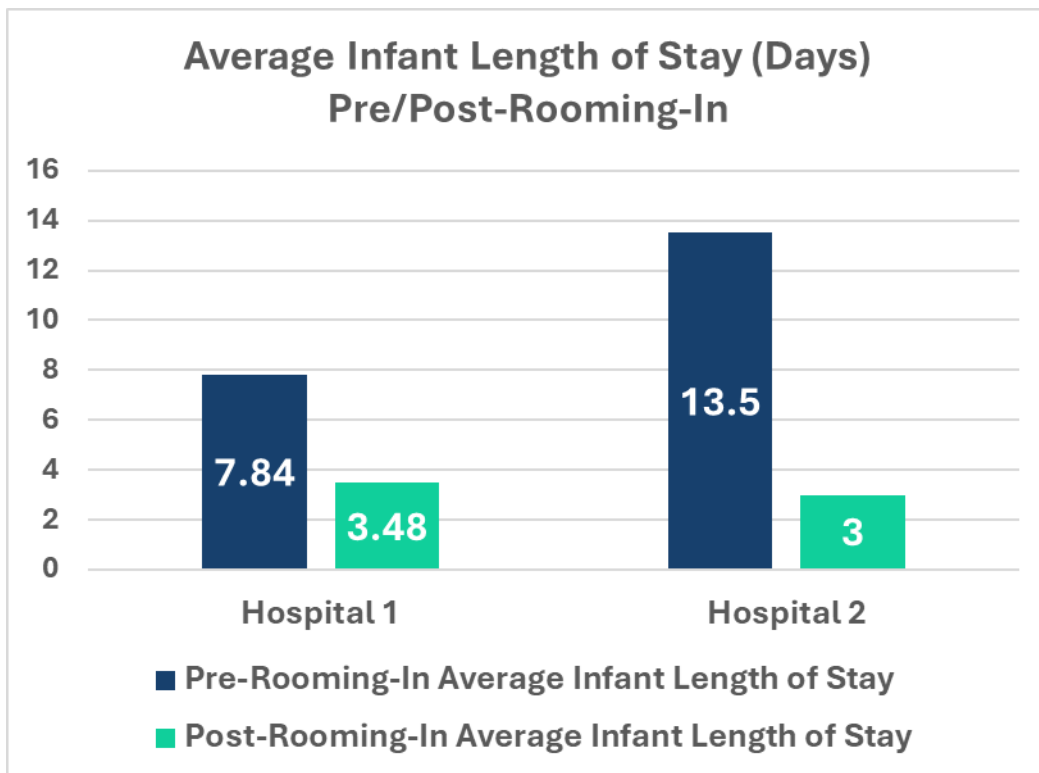
## Rooming-In

Infants who are born substance-exposed have historically been cared for in neonatal intensive care units (NICUs). However, studies have indicated that rooming-in or allowing birthing individuals/caregivers and babies to lodge in the same room after birth is another way to support infants who are born substance-exposed. State Opioid Response and Opioid Settlement funds have been distributed to birthing hospitals to support hospital room renovations and to train staff to support rooming-in. As of March 31, 2024, 282 families have been served by rooming-in programs.

The first chart, located on the next page, indicates the change in the percentage of infants requiring pharmacological intervention pre-rooming-in was 34% at Hospital 1, and that the percentage dropped to 12% after rooming-in was implemented.



The second chart, located below, indicates that the average infant length of stay in days dropped at two hospitals once rooming-in was implemented. At Hospital 1, the average dropped by 4.36 days; at Hospital 2, it dropped by 10.5 days.



## Next Steps

In 2025, the State of Michigan will continue to focus on eliminating racial disparities and identifying innovative programs that will further change the trajectory of this crisis. To that end, the state has developed specific strategic initiatives for FY 2025 while factoring in the recommendations provided to the department by the Opioids Task Force subcommittees. The estimates below come from total funds and are not settlement-specific.

The 2025 strategic initiatives call on the State of Michigan to:

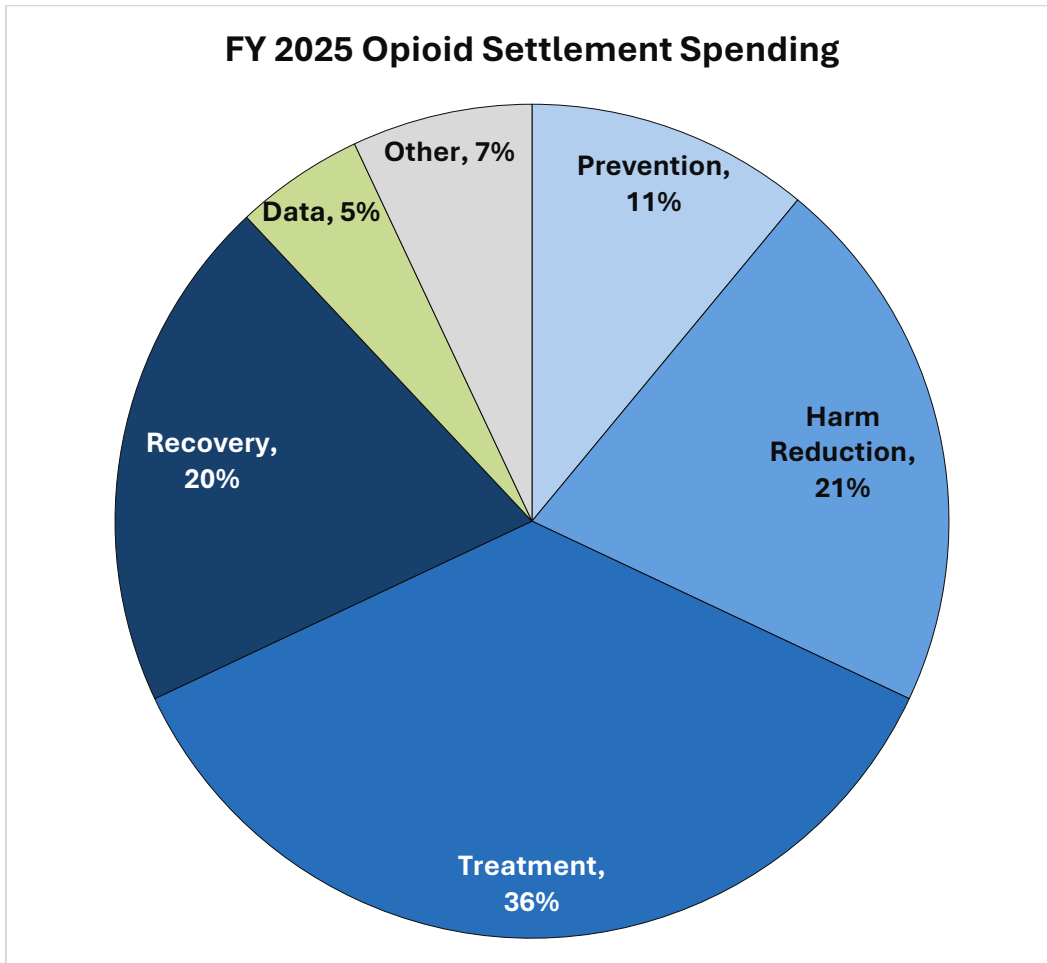
- Double down on strategic naloxone distribution.
  - An estimated \$16 million will be dedicated to this effort.
- Launch a comprehensive “public health campaign” for increased public awareness and behavioral change.
  - An estimated \$3.0 million will be dedicated to this effort.
- Increase access to treatment and its effectiveness through targeted facility and service investments.
  - An estimated \$7.5 million will be dedicated to this effort.
- Increase access to recovery and transitional housing through strategic project funding.
  - An estimated \$7 million will be dedicated to this effort.
- Invest in improved data collection and reporting.
  - An estimated \$2.0 million will be dedicated to this effort.
- Establish a policy reform agenda.

## FY 2025 Spending

For FY 2025, the State of Michigan has designated the following funding to each category of its strategic efforts to reverse the trajectory of opioid use in Michigan.

<b>Category</b>	<b>Funding</b>
Prevention	\$3,108,750
Treatment	\$9,870,000
Harm Reduction	\$5,943,550
Recovery	\$5,500,000
Data	\$1,500,000
<u>Other</u>	<u>\$1,900,000</u>
<b>TOTAL</b>	<b>\$27,822,300</b>

The scope of most of the boilerplate funding for FY 2025 is still to be determined.



## Helpful Links

While this report is a high-level overview of the direction of the Opioids Task Force, people interested in more data and detailed information may also refer to the [MDHHS website for opioids](https://www.michigan.gov/opioids) (URL: [Michigan.gov/opioids](https://www.michigan.gov/opioids)) and the [Michigan Attorney General's opioid settlement website](https://www.michigan.gov/ag/initiatives/opioids) (URL: [Michigan.gov/ag/initiatives/opioids](https://www.michigan.gov/ag/initiatives/opioids)).

[The Michigan Opioids Dashboard](https://www.michigan.gov/opioids/category-data) tracks overarching data on overdose deaths within the State of Michigan and contains links to reports studying trends and responses to the opioid epidemic. (URL: [Michigan.gov/opioids/category-data](https://www.michigan.gov/opioids/category-data)).

Additional information on Michigan's use of opioid settlement funding, including news, events, and briefings can be found on the [Opioid Settlements](https://www.michigan.gov/opioids/opioidsettlements) (URL: [Michigan.gov/opioids/opioidsettlements](https://www.michigan.gov/opioids/opioidsettlements)).

[Michigan's Crisis Response](https://www.michigan.gov/opioids/crisis-response) (URL: [Michigan.gov/opioids/crisis-response](https://www.michigan.gov/opioids/crisis-response)) provides more information on the Opioids Task Force, including links to the executive order that created the Opioids Task Force, meeting announcements and minutes, the 2023 Michigan Draft Substance Use Response Framework, and annual reports.

Additional information about [Tribal Opioid Settlements](https://tribalopioidsettlements.com) (URL: [Tribalopioidsettlements.com](https://tribalopioidsettlements.com)) can be found through the Michigan Attorney General.

## Appendix

### Opioids Task Force Membership

#### Chair

Dr. Natasha Bagdasarian, Chief Medical Executive for the State of Michigan

#### Michigan Government Executive Branch Members

- Elizabeth Browne, Materials Management Division Director, Michigan Department of Environment, Great Lakes, and Energy (EGLE)
- Col. James Grady II, Director, Michigan State Police (MSP)
- Karin Gyger, Chief Deputy Director, Michigan Department of Insurance and Financial Services (DIFS)
- Marlon Brown, Director, Michigan Department of Licensing and Regulatory Affairs (LARA)
- Evilia Jankowski, State School Nurse Consultant, Michigan Department of Education (MDE)
- Brian Love, Director, Michigan Veterans Affairs Agency (MVAA)
- Marti Kay Sherry, Bureau of Health Care Services Administrator, Michigan Department of Corrections (MDOC)
- Andrew Smith, Problem-Solving Court Manager, Michigan Supreme Court
- Thomas Stallworth III, Senior Advisor, Michigan Department of Health and Human Services (MDHHS)
- Kim Trent, Deputy Director for Prosperity, Michigan Department of Labor and Economic Opportunity, (LEO)
- Matthew Walker, Assistant Attorney General, Michigan Department of Attorney General (AG)

## PIHP Region Representatives

- Greg Toutant, Region 1, Executive Director of Great Lakes Recovery Centers, Inc.
- Sue Winter, Region 2, Executive Director of Northern Michigan Substance Abuse Services, Inc. (Retired from Representative position.)
- Steve Alsum, Region 3, Executive Director of the Grand Rapids Red Project
- Bradley Casemore, Region 4, Chief Executive Officer of Southwest Michigan Behavioral Health
- Samuel Price, Region 5, President of Ten16 Recovery Network
- Amanda Scott, Region 6, Director of Prevention Programs at the Detroit Recovery Project
- Darlene Owens, Region 7, Vice President of Programs at Detroit Rescue Mission Ministries
- Kristie Schmiede, Region 8, Director of Strategic Initiatives at the National Council on Alcoholism and Drug Dependence – Greater Detroit Area
- Helen Klingert, Region 9, Director, Substance Use Services at Macomb County Community Mental Health
- Kimberly Shewmaker, Region 10, Recently Retired Director of Program Operations, Flint Odyssey House Inc.

## Subcommittee Members

### *MDHHS Leadership*

- Dr. Natasha Bagdasarian
- Tommy Stallworth
- Jared Welehodsky
- Katie Abraham

### *Prevention*

- Kristie Schmiede: Prevention Pillar Co-Lead
- Lisa Coleman: Prevention Pillar Co-Lead
- Audrey Anderson
- Dr. Chad Audi
- Dayna Bennett
- Elizabeth Browne
- Heather Hosey
- James Hoyt
- Evilia Jankowski

- Dr. Steven Logan
- Brian Love

#### *Harm Reduction*

- Darlene Owens: Harm Reduction Pillar Co-Lead
- Seth Eckel: Harm Reduction Pillar Co-Lead
- Steve Alsum
- Col. James Grady II
- Zekiye Salman
- Teresa Springer
- Matt Walker
- Cornelius Williams

#### *Recovery*

- Brandon Hool: Recovery Pillar Co-Lead
- Samuel Price: Recovery Pillar Co-Lead
- Ricardo Bowden
- Karin Gyger
- Dr. Andre Johnson
- Dr. Steven Logan
- Angie Smith-Butterwick
- Amanda Scott
- Andrew Smith
- Kimberly Shewmaker

#### *Treatment*

- Greg Toutant: Treatment Pillar Co-Lead
- Rita Seith: Treatment Pillar Co-Lead
- Steve Alsum
- Dr. Chad Audi
- Brad Casemore
- Philip Chvojka
- Dr. Jeanne Kapenga
- Helen Klingert
- Dr. Steve Logan
- Dr. Dani Meier

- Amanda Scott
- Marti Kay Sherry
- Angela J. Smith-Butterwick
- Kim Trent
- Cornelius Williams