



STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

ELIZABETH HERTEL  
DIRECTOR

**Michigan Opioids Task Force Meeting**

March 13, 2024 | 10:00 a.m. – 12:00 p.m.

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

**Members Present:**

Steve Alsum, Region 3  
Dr. Natasha Bagdasarian, Chair  
Bradley Casemore, Region 4  
Heather Hosey, LARA  
Evilia Jankowski, MDE  
Helen Klingert, Region 9  
Samuel Price, Region 5

Kristie Schmiede, Region 8  
Marty Kay Sherry, MDOC  
Andrew Smith, Michigan Supreme Court  
Tommy Stallworth, MDHHS  
Greg Toutant, Region 1  
Kim Trent, LEO

\*Karin Gyger, DIFS, arrived at 10:09 a.m., after voting on administrative duties took place.

\*Matthew Walker, AG, arrived at 10:12 a.m., after voting on administrative duties took place.

\*Brian Love, DMVA, arrived at 10:16 a.m., after voting on administrative duties took place.

\*Col. James Grady II, MSP, arrived at 10:20 a.m., after voting on administrative duties took place.

**Members Absent:**

Elizabeth Browne, EGLE  
Darlene Owens, Region 7  
Amanda Scott, Region 6  
Kimberly Shewmaker, Region 10  
Sue Winter, Region 2

**MDHHS Staff Present:**

Katie Abraham, Seth Eckel, Bilal Hammoud, Brandon Hool, Rita Seith, Rita Subhedar, Jared Welehodsky

**Reported Guests:**

Laura Barton, Sarah Clark, Mat Edick, Dr. Jeanne Kapenga, Christin Nohner, Melissa Riba

## I. Call to Order & Roll Call

- Chair Bagdasarian called the meeting to order at 10:04 a.m. and asked Jared Welehodsky to take roll call. Jared confirmed a quorum is present.
- **Approval of the January 24, 2024, Meeting Minutes:** Chair Bagdasarian directed attention to the proposed meeting minutes from January 24, 2024, meeting and asked if there were any requests for changes. **Brad Casemore motioned to approve, supported by Kristie Schmiede.** With no further discussion, the Chair asked for a vote. The motion prevailed with no opposition. The January 24, 2024, Meeting Minutes were approved.
- Chair Bagdasarian reminded everyone that the charges to the Task Force from Executive Order 2022-12 and the established guiding principles are attached to the agenda and will be referred to in future meetings.
- **Racial Equity Update: The Honorable Tommy Stallworth** referred to a letter that was sent to members and summarized that the racial equity work will be embedded into the pillar subcommittees and all work moving forward. MDHHS staff will help identify recommendations previously provided by the Racial Equity Work Group to be further discussed and evaluated in the subcommittees.
- **Expectations & Standards of Conduct: Chair Bagdasarian** asked members to review the Meeting Expectations & Standards document in the meeting packet and respond to Katie Abraham or Jared Welehodsky by April 1, 2024, with any proposed revisions.

## II. Guest Presentations

- **Rita Seith, MDHHS:** Rita Seith gave an overview of the Michigan Overdose Data to Action (MODA) dashboard: [Data \(michigan.gov\)](https://data.michigan.gov).
  - **Chair Bagdasarian** urged members to review the dashboard and utilize it in the subcommittee work. Suggestions for how to improve the dashboard are welcome. Chair Bagdasarian asked members to provide feedback about the dashboard by April 1, 2024.
  - **Q:** Kim Trent asked what factors are considered in the Substance Use Vulnerability Index (SUVI)?

- Rita Seith explained it's built from CDC's Social Vulnerability Index with health-care connectivity components.
  - Tommy Stallworth added that the specific components are outlined on the CDC website.
  - **Q:** Tommy Stallworth asked what are the areas where the data is being annualized and perhaps outdated, and when can we expect updates?
  - Rita Seith explained that data is aggregated to have high enough counts for more geographic and granular data. She also adds that mortality data is finalized 11-12 months after the calendar year, so in some cases we can use provisional data.
  - Tommy Stallworth highlighted the importance of using provisional data.
- **Chair Bagdasarian:** Presented data from the following report to discuss fentanyl contamination in stimulants skyrocketing in the United States: [resource.millenniumhealth.com/l/436602/2024-02-20/7np7cz/436602/1708454283M2NZA55N/MH\\_Signals\\_Report\\_Vol.\\_6.pdf](https://resource.millenniumhealth.com/l/436602/2024-02-20/7np7cz/436602/1708454283M2NZA55N/MH_Signals_Report_Vol._6.pdf)
  - **Q:** Steven Alsum: what specimens are they testing? Are they testing the actual substances, or the substances found in one's body?
  - Chair Bagdasarian stated that the data is obtained through urine drug screening.
  - **Q:** Brian Love: Does the study show that fentanyl was found in prescribed opioids?
  - Chair Bagdasarian clarified that the study was looking at prescription opioids.
  - Steven Alsum added that it's important to note that these are substances found in someone's body. Therefore, the correlation is among people using prescription opioids with fentanyl compared to using cocaine/stimulants with fentanyl.
  - Chair Bagdasarian confirmed Steve's point, and stated that this study is one example of the data that's available, and that there is other data showing an increase in fentanyl being added to the drug supplies.

- Helen Klingert referred to a presentation by the DEA about testing substance compounds that showed an increase in fentanyl found in stimulants.
- **Sarah Clark, University of Michigan:** Presented on the findings and key takeaways from the SUPPORT Act Section 1003 Report: [SUPPORT Act1003 Project Final Report.pdf \(michigan.gov\)](#)
  - **Q:** Greg Toutant: who was the original audience for the gaps assessment and how do we get this information out to PIHP directors and providers?
  - Sarah Clark stated that the original audience was the state of Michigan and behavioral health leadership. Sarah clarified that she's happy to conduct more presentations in various settings as needed.
  - Sam Price expressed concerns around criminal background checks for peer recovery coaches, and referred to federal regulations for felony convictions that impact the ability to retain qualified applicants. Sam states that DHHS interprets this federal law, but it's applied differently depending on the PIHP region.
  - Tommy Stallworth asked Matthew Walker to investigate this issue and follow up with the Task Force.
  - Chair Bagdasarian stated this is a Medicaid interpretation of the law and proposed further discussion and investigation in the subcommittee meetings.
  - Tommy Stallworth asked which 2-3 items from the report would you choose to elevate and prioritize?
  - Sarah Clark stated the items where she's seen action, including the expansion of transportation, increasing opportunities to involve primary care partners to coordinate with PIHPs, and the expansion of opioid health homes/substance use health homes.
  - Chair Bagdasarian wrapped up the discussion, and informed the group about news bulletins that will be going out. She requested for Task Force members to email Katie Abraham or Jared Welehodsky with a list of potential stakeholders for the news bulletin mailing list.
- **Seth Eckel, MDHHS:** Presented on existing programming, funding availability, and data for harm reduction.

- Marti Kay Sherry stated MDOC does not have enough funding to treat the volume of people coming in from the jails. She states they are appropriated enough to treat roughly 45 prisoners, but they have closer to 90 coming in per month.
- Steve Alsum added reference to HB 5178 and 5179 which are in committee to help address some of the issues identified in the presentation.
- Chair Bagdasarian suggested having a legislative update at the beginning of each harm reduction subcommittee meeting.
- Tommy Stallworth suggested forming a team to help improve language regarding what policy changes need to be made.
- Chair Bagdasarian encouraged the harm reduction subcommittee to focus on how to address overdose deaths caused by smoking.

### III. Subcommittees

- **Chair Bagdasarian** informed the group that all subcommittees have scheduled their initial meetings, and that the Prevention Subcommittee held their first meeting last week.
- **Kristie Schmiede** informed the group that the Prevention Subcommittee reviewed the proposed goals and associated metrics and went through supporting data for the Opioids Framework. The subcommittee also discussed having presentations from MDHHS staff to cover current prevention efforts.
- **Chair Bagdasarian** explained the objectives of the subcommittees as outlined on the slides displayed. (See below).

### IV. Next Steps

- **Chair Bagdasarian** announced that we are still trying to nail down the location for the next OTF meeting currently scheduled for May 15, 2024. She asked Katie Abraham to send a poll for members to indicate their location preference for the next meeting. Katie Abraham will send the poll and determine the location, then post the meeting information on their website: [News, Events & Legislation \(michigan.gov\)](https://www.michigan.gov/news-events-legislation)

### V. Stakeholder and Public Comment

- Chair Bagdasarian asked if there were any comments from the public.

- Laura Barton, a Healthcare Administrator, shared about her disappointment in how substance use is treated in hospital systems. She shared her experience about trying to get treatment for her son, and that she was told by a hospital that they could not help with connecting her son to treatment resources. She shared her frustration about families not being offered resources from health systems, and that her son died within 24 hours of leaving the hospital due to a drug overdose from fentanyl. She expressed her concerns about low reimbursement rates from Medicaid and how this impacts provider willingness to treat substance use disorder.
- No additional public comments were made.

## VI. Adjourn

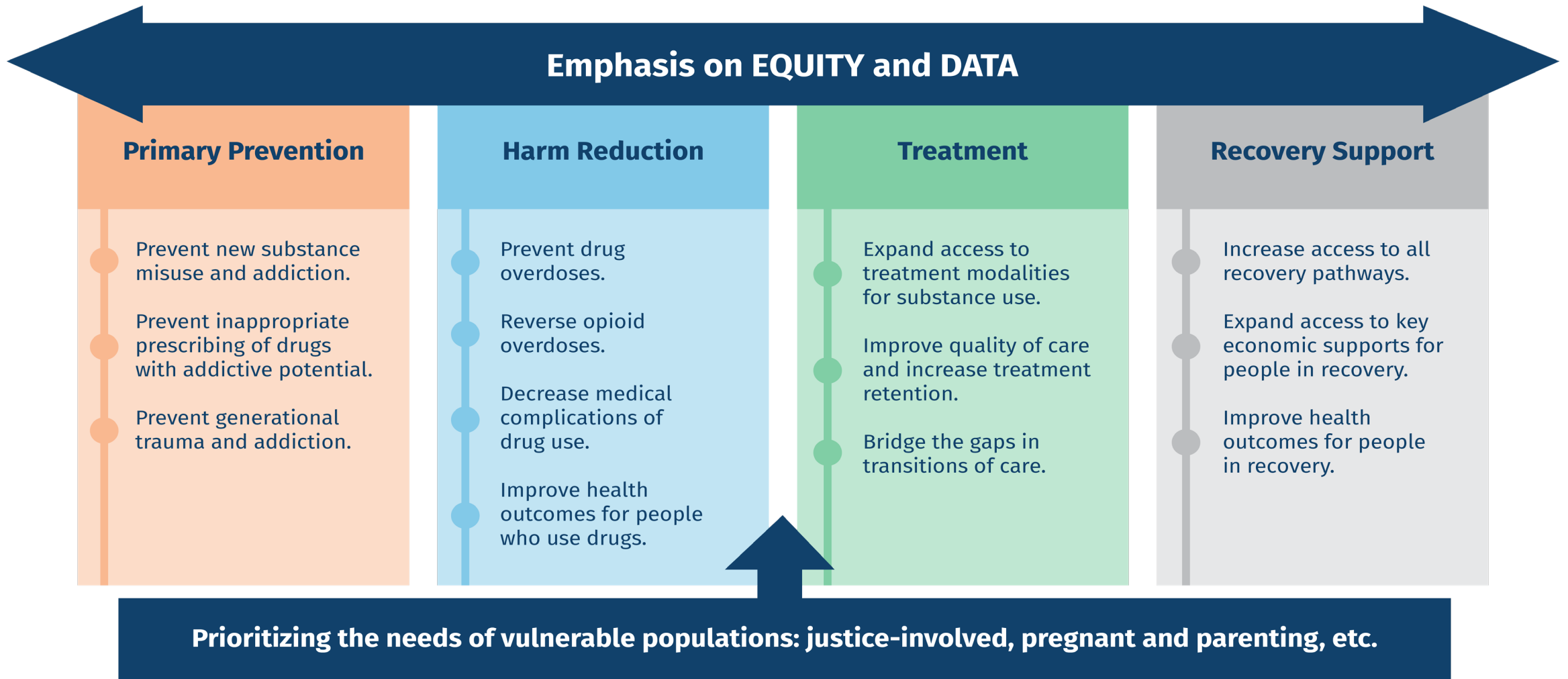
- With no further business to discuss before the Task Force, Chair Bagdasarian asked for a motion to adjourn. **The motion to adjourn was made by Kristie Schmiede and supported by Sam Price. The motion to adjourn prevailed with unanimous support.** Chair Bagdasarian adjourned the meeting at 12:03 p.m.

# Michigan Opioids Task Force Meeting

March 13, 2024



# Substance Use Response Framework (Goals)



# Subcommittee Level-Setting

- Urgency!
- Expectations
  - Flesh out what is currently funded. Where are the gaps?
    - MDHHS guest speakers from SMEs
    - Gaps analysis with MDHHS input
    - Additional support staff
  - Identify & rank priorities
- Timeline
  - Standing weekly meetings
  - Identify priorities and present at next TF meeting (May)
- Flexibility
  - Consider new/emerging issues/trends, pivot when necessary

# Deliverables

1. Identify problem, associated goals and metrics
  - a) Short term, medium term, long term
2. Map the current state of SUD Programming
3. Identify and list gaps which could be filled by new/expanded programs
4. Rank new/expanded programs in terms of priority
  - a) Equity
  - b) Impact
  - c) Sustainability
  - d) Likelihood of success

# Substance Use Response Framework (Measuring Progress)

Emphasis on **EQUITY** and **DATA**

All metrics - overall improvement and reduction in racial disparities and health outcomes

## Primary Prevention *Decreased rates of addiction (survey)*

Prevent new substance misuse and addiction – **increase participants in prevention programs**

Prevent inappropriate prescribing of drugs with addictive potential – **all prescribers using MAPS**

Prevent generational trauma and addiction – **Fewer unmet needs among pregnant persons**

## Harm Reduction *Reduction in overdose fatalities (and repeat overdoses)*

Prevent drug overdoses – **increase distribution of fentanyl / xylazine test strips**

Reverse opioid overdoses – **increase naloxone distribution**

Decrease medical complications of drug use – **increase utilization of SSP**

Improve health outcomes for people who use drugs – **prevalence of co-occurring conditions\***

## Treatment

*Reduction in those needing but not receiving Treatment (survey)*

Expand access to treatment modalities for substance use – **increase proportion of 24-hr Tx**

Improve quality of care and increase treatment retention – **increase quality of care metrics (survey)**

Bridge the gaps in transitions of care – **increase SUD programs offering transitional services**

## Recovery Support

*Reduction in those needing but not receiving recovery supports (survey)*

Increase access to all recovery pathways – **increase access to harm reduction & treatment services**

Expand access to key economic supports for people in recovery – **expand social services, housing, employment training**

Improve health outcomes for people in recovery – **prevalence of co-occurring conditions\***

Prioritizing the needs of vulnerable populations: justice-involved, pregnant and parenting, etc.