



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

Michigan Opioids Task Force Meeting

May 15, 2024 | 1:00 p.m. – 3:00 p.m.

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

Members Present:

Steve Alsum, Region 3
Dr. Natasha Bagdasarian, Chair
Marlon Brown, LARA
Col. James Grady, MSP
Evilia Jankowski, MDE
Helen Klingert, Region 9
Darlene Owens, Region 7

Samuel Price, Region 5
Kristie Schmiede, Region 8
Marty Kay Sherry, MDOC
Kimberly Shewmaker, Region 10
Greg Toutant, Region 1
Matt Walker, AG

*Karin Gyger, DIFS, arrived at 1:27 p.m., after voting on administrative duties took place.

*Evilia Jankowski, MDE, left at 2:20 p.m.

Members Absent:

Elizabeth Browne, EGLE
Bradley Casemore, Region 4
Brian Love, DMVA
Amanda Scott, Region 6
Andrew Smith, Michigan Supreme Court
Tommy Stallworth, MDHHS
Kim Trent, LEO

MDHHS Staff Present:

Katie Abraham, Seth Eckel, Brandon Hool, Zekiye Lukco, Shelby Pasch, Katie Postmus, Rita Seith, Angie Smith-Butterwick, Rita Subhedar, Jared Welehodsky

Reported Guests:

Elizabeth Boyd, Elaine Dougherty, Mat Edick, Amy Iseler Kaitlin Justice, Dr. Jeanne Kapenga

I. Call to Order, Roll Call

- Chair Bagdasarian called the meeting to order at 1:05 p.m. and asked Jared Welehodsky to take roll call. Jared confirmed a quorum is present.
- **Approval of the March 13, 2024, Meeting Minutes:** Chair Bagdasarian directed attention to the proposed meeting minutes from March 13, 2024, meeting and asked if there were any requests for changes. **Helen Klingert motioned to approve, supported by Greg Toutant.** With no further discussion, the Chair asked for a vote. The motion prevailed with no opposition. The March 13, 2024, Meeting Minutes were approved.
- **Chair Bagdasarian** provided “housekeeping” reminders and reminded everyone that the charge to the Task Force from Executive Order 2022-12 and the established meeting expectations are attached to the member’s packets and will be referred to in future meetings.
- **Tokens of Appreciation: Chair Bagdasarian** thanked the Pillar Subcommittees for the time and effort they put into the subcommittee work. On behalf of the State of Michigan she presented symbol of leadership tokens to the subcommittee co-leads:
 - Kristie Schmiede & Katie Postmus (Prevention)
 - Darlene Owens & Seth Eckel (Harm Reduction)
 - Greg Toutant & Rita Seith (Treatment)
 - Sam Price & Brandon Hool (Recovery)
 - Katie Abraham (lead staff to subcommittees)

II. Data Presentations

- **Rita Seith, MDHHS:** Rita Seith provided updates from the Michigan Overdose Data to Action (MODA) dashboard: [Data \(michigan.gov\)](https://data.michigan.gov) including data on overdose deaths, opioid prescribing, syringe service programs, and social vulnerability index. She also showed a snapshot of a new dashboard for the subcommittee progress metrics.
 - **Chair Bagdasarian** reminded members that we will be starting all meetings with a data presentation to be data driven in everything we do and to keep the focus of the work on addressing racial disparities in overdoses.
- **Elaine Dougherty, MSP:** Elaine Dougherty presented data on contaminants in the drug supply in Michigan and explained the process and limitations of drug analysis conducted by the MSP labs.
 - **Q:** Chair Bagdasarian asked if we can dig into geographic differences across the state, perhaps where there are higher concentrations of fentanyl, for instance.

- Elaine answered that MSP does not calculate amounts or do any quantification with the samples they collect.
- Steve Alsum expressed concern that this data seems more reflective of who is targeted but may not be reflective of the community. He noted that their numbers decreased significantly when there were less traffic stops.
- Col. James Grady clarified that Michigan has a variety of narcotics teams working across the state, not just MSP, who also utilize their drug labs, and that the decrease Steve referenced was also reflective of the COVID-19 pandemic, where there was less engagement with the public.
- Elaine reiterated that this data is 100% dependent on policing and the work that their drug teams do.
- **Q:** Steve Alsum asked if the intent with this data collection is to prosecute people.
- Col. James Grady stated the intent of this data collection is to gather facts; to have information to prove a crime was committed or to prove innocence-both are equally important.
- **Q:** Chair Bagdasarian asked the group to think about what information is important for the public to know.
- Elaine Dougherty stated that she has a list she shared with another community in the state that she will share with the Opioids Task Force members.
- Darlene Owens expressed the need to provide community-based education based on this data.
- Steve Alsum noted that people need information in real-time, and emphasized the importance of quantitative data collection to help inform people who use drugs. He mentioned the importance of FTIR machines for drug checking but acknowledged one limitation is that those machines cannot detect amounts of contaminants.
- Elaine Dougherty confirmed that FTIR machines do not detect small amounts of contaminants, and that a GCMS machine is more accurate. She anticipated the cost of this equipment might drop in the near future.

- Matt Walker suggested to provide messaging to the public to take extra time to find out what is in your drug supply before using the substance.
- **Q:** Chair Bagdasarian asked if the messaging should differ based on geography?
- Seth Eckel said yes since the landscape can differ by region. He emphasized the importance of multiple data sources to paint the full picture, and suggested utilizing SSPs who are plugged into their communities for messaging.
- Steve Alsum indicated there should be general messaging across the state, in addition to messaging for geographic trends.
- Rita Seith reminded the group about the DMI meetings where a variety of data is presented from across the state.
- Chair Bagdasarian summarized the discussion concluding that we need two levels of communication: one for what we want the general population of Michigan to know, and one for localized information. She encouraged members to email her with additional thoughts.

III. Subcommittee Presentations: Each pillar subcommittee of the Opioids Task Force presented their top three goals, metrics, and recommendations in the following order:

- **Prevention Subcommittee**
- **Harm Reduction Subcommittee**
 - **Q:** Chair Bagdasarian asked how the identified sites were chosen.
 - Seth Eckel explained these are the highest-volume areas where there will be the best impact.
 - Chair Bagdasarian asked why there is no direct recommendation to expand naloxone distribution.
 - Darlene Owens explained that expanding naloxone distribution is embedded in the expansion of all harm reduction tools.
 - Steve Alsum noted that harm reduction agencies have been working on naloxone distribution for over a decade now, so the subcommittee wanted to focus on adding new, innovative tools and build out from these recommendations.

- Chair Bagdasarian agreed that we need to increase education and awareness so that people know these tools exist.

- **Treatment Subcommittee**

- **Q:** Chair Bagdasarian asked how adopting the medication-first principles will be impactful.
- Greg Toutant explained that by MDHHS adopting these principles, there will be a requirement for the publicly funded system to implement them, leading to increased availability of medications for opioids use disorder.
- **Q:** Darlene Owens asked if the group had any conversations about addressing workforce shortages.
- Greg Toutant said this group discussed the workforce issues, and that this was a topic of discussion in all subcommittees.
- **Q:** Sam Price asked how adopting the medication-first principles differs from what LARA already did in updating their administrative rules?
- Greg Toutant highlighted that this would allow the ability for patients to access medication from day one.

- **Recovery Subcommittee – Sam Price & Brandon Hool**

- **Q:** Greg Toutant asked what other priorities they identified that did not make the top three list.
- Sam Price explained that the group recommended providing tax incentives to employers affiliated with the recovery friendly workplace initiative and to conduct a statewide survey of the recovery community to incorporate the voices of the people who are served and assess their needs.
- **Q:** Chair Bagdasarian asked the treatment subcommittee why they did not identify transportation as a need
- Greg Toutant explained that it is a need, but they knew the recovery subcommittee was addressing transportation in their recommendations and did not want to be duplicative in their recommendations.

IV. Next Steps

- **Chair Bagdasarian** announced that the subcommittees can resume their work as learning tables and investigate best practices, monitor progress, and track what other states are doing. The group also discussed the complexity, urgency, and importance of centering equity in the continued subcommittee work.
- Chair Bagdasarian stated that the next meeting is currently scheduled for September 11, 2024.

V. Stakeholder and Public Comment

- Chair Bagdasarian asked if there were any comments from the public.
 - Cornelius Williams expressed his appreciation for working in two of the subcommittees, but wanted the group to keep in mind that the summary presented today was not reflective of the in-depth discussions and work that went into forming these recommendations. He expressed concern about the identified action steps not being impactful in addressing the current landscape of the opioid epidemic. He stated that people who use drugs know the supply is full of contaminants, and that legislators and policymakers need to be educated because people deserve a safe supply and equitable resources.
 - Chair Bagdasarian acknowledged these statements and reminded the group that the work is not finished, and that the subcommittees will have an opportunity to continue their work and develop long-term recommendations.
 - Seth Eckel appreciated the comments from Cornelius Williams and confirmed the importance of equity being the focus of all subcommittee work.
 - 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 Darlene Owens and supported by Helen Klingert. The motion to adjourn prevailed with unanimous support.** Chair Bagdasarian adjourned the meeting at 3:03 p.m.

Data Update

May 15, Opioid Task Force

Rita Seith

What's new in trends – Updated death data

Michigan Overdose Data to Action Dashboard

Home

Explore data

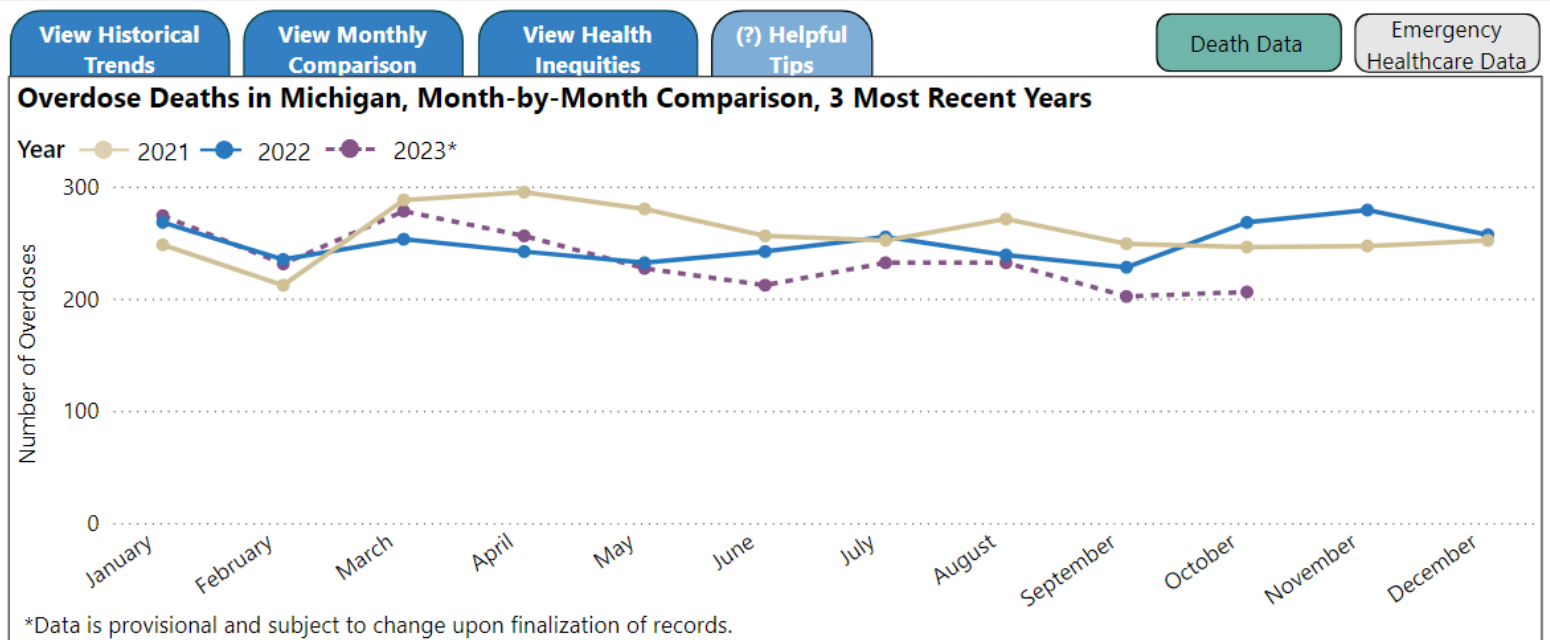
Current Trends

Technical Notes

Frequently Asked Questions

If you are in crisis, or know someone who needs help, contact the National Suicide Prevention Lifeline NOW at: 1-800-273-TALK (8255) www.suicidepreventionlifeline.org

[Click here](#) for information on programs and resources to prevent overdose and treat substance use disorder.



The Michigan Overdose Data to Action (MODA) Team

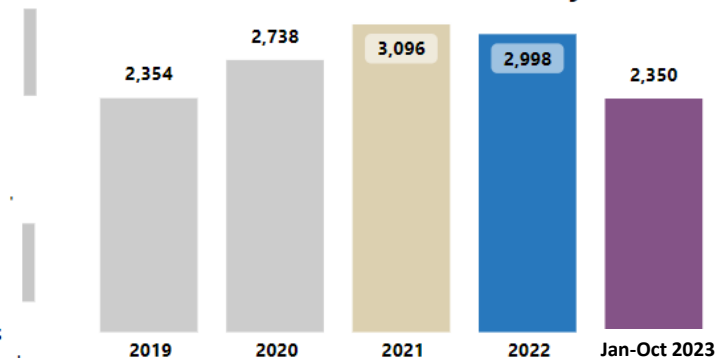
Please send questions about this dashboard to MDHHS-MODAsurveillance@michigan.gov.

The Michigan Department of Health and Human Services (MDHHS) MODA team is funded by the Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) grant to bring surveillance and prevention...

Historical Trends, Monthly Comparison and Health Inequities Data

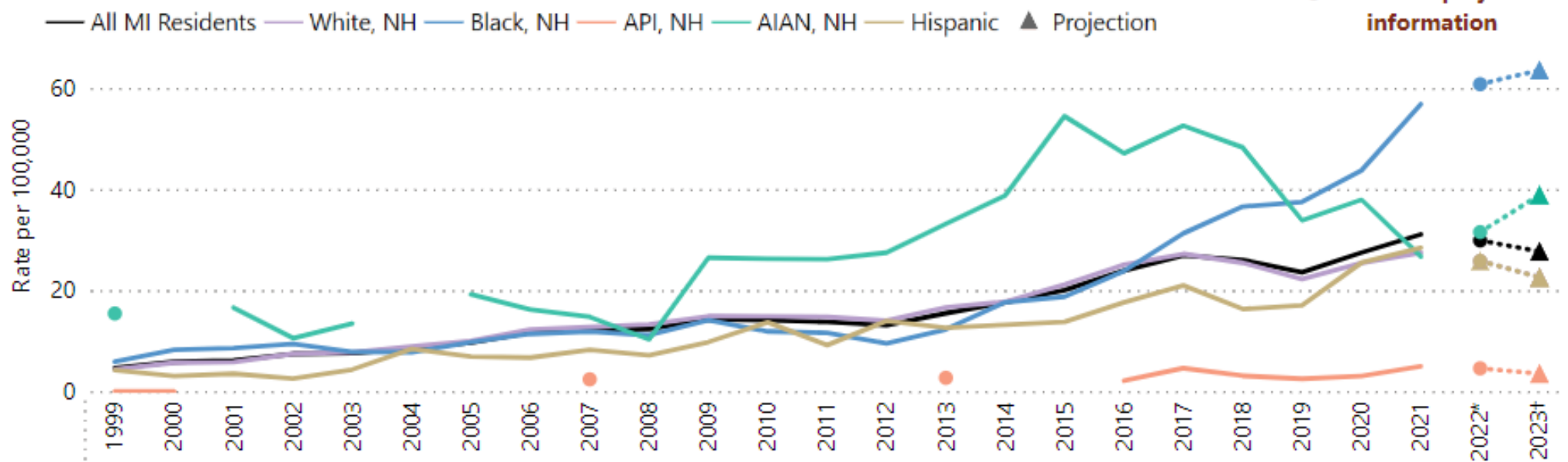
The charts above display the most recent Michigan overdose data available compared to US data, the previous year by month, and data regarding inequities in overdoses by race/ethnicity group in Michigan. On the inequities graph, NH stands for "non-Hispanic". API stands for "Asian/Pacific Islander" and...

Number of Overdose Deaths by Year



What's new in trends – Projections for death data by race

Overdose Death Rate by Year and Race/Ethnicity Group

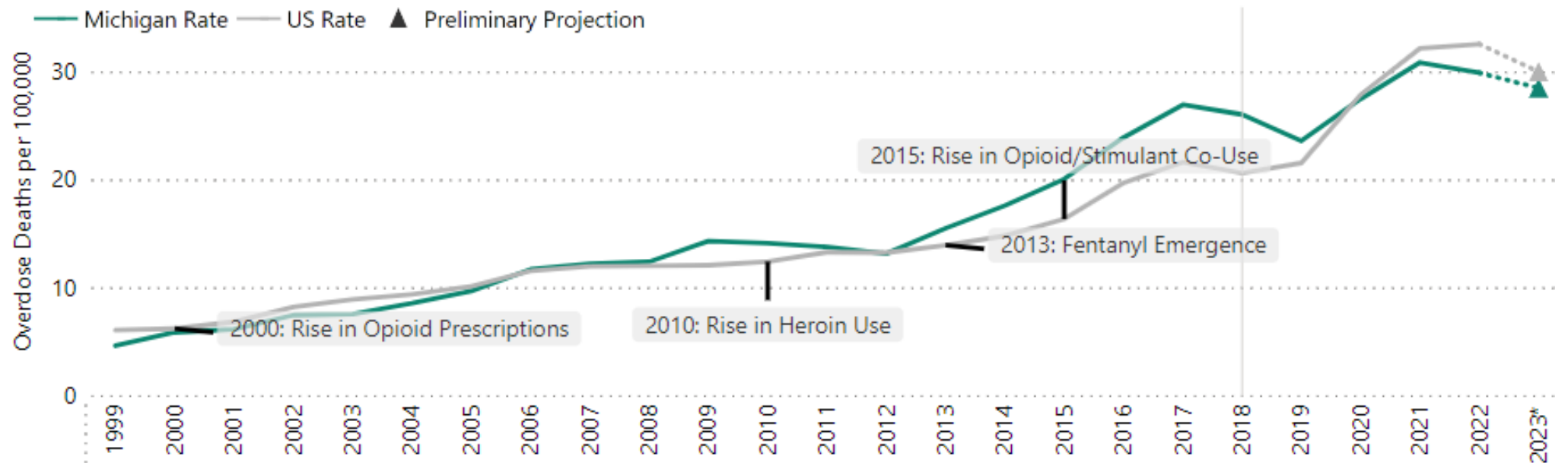


*Race categorization changed in 2022; the trendline is broken as data prior to and after 2022 are not directly comparable. See technical documentation.

†2023 data are preliminary data and subject to change upon finalization. 2023 race data are a projection based on January-June 2023 data.

What's new in trends – Historical US comparison

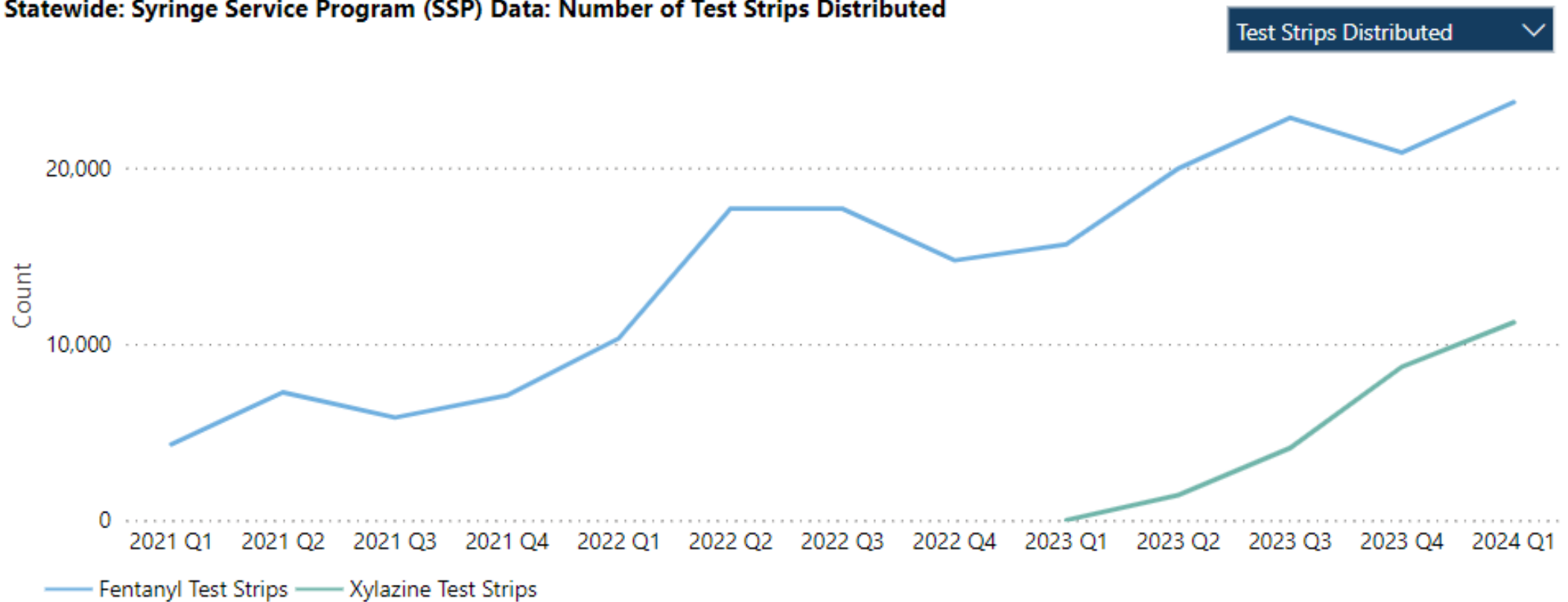
Overdose Deaths per 100,000 Residents, Michigan vs United States, 1999 to 2023



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

What's new in trends – test strip data

Statewide: Syringe Service Program (SSP) Data: Number of Test Strips Distributed

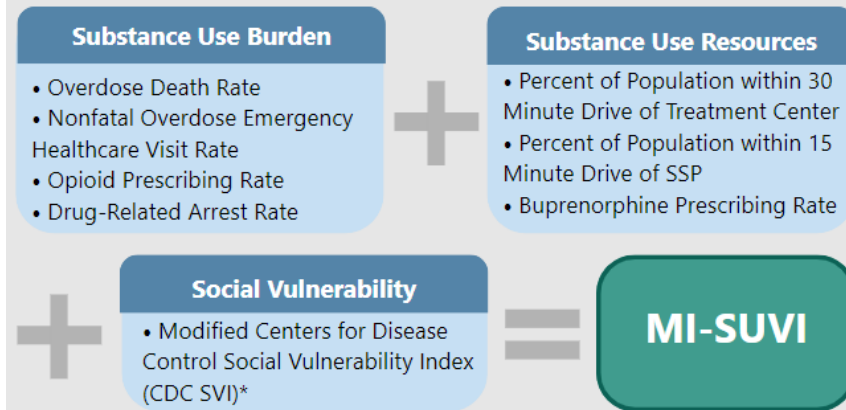


SUVI Update – 2022 data

Michigan Substance Use Vulnerability Index

[View MI-SUVI Overview](#)[View County Scorecard](#)[Compare Data Points](#)

The **Michigan Substance Use Vulnerability Index (MI-SUVI)** is a tool for program planning and policy decision-making. The MI-SUVI is a measure of vulnerability to individual and community adverse substance use outcomes, and is a standardized, composite score based on eight indicators related to three "components": substance use burden, substance use resources, and social vulnerability. The below diagram summarizes the MI-SUVI framework.



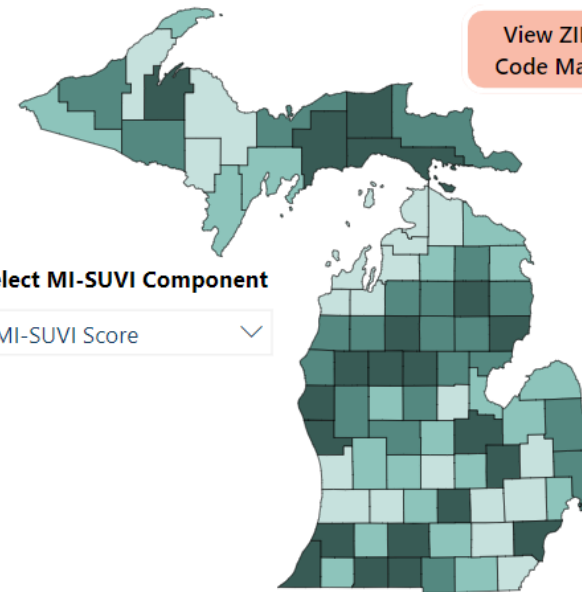
Each data indicator included in the SUVI is standardized by mean and standard deviation to a z-score. Before adding, the resource component is inverted so that a higher z-score corresponds with a worse outcome. Indicators are equally weighted in components, and components are equally weighted in the MI-SUVI score.

*The CDC SVI is included as a measure of social determinants of health and was modified to include information on technology and healthcare access.

2022 MI-SUVI County Results

Percentile Rank

● 0-25th ● 25th-50th ● 50th-75th ● 75th-100th
Least Vulnerable Most Vulnerable



Select MI-SUVI Component

MI-SUVI Score

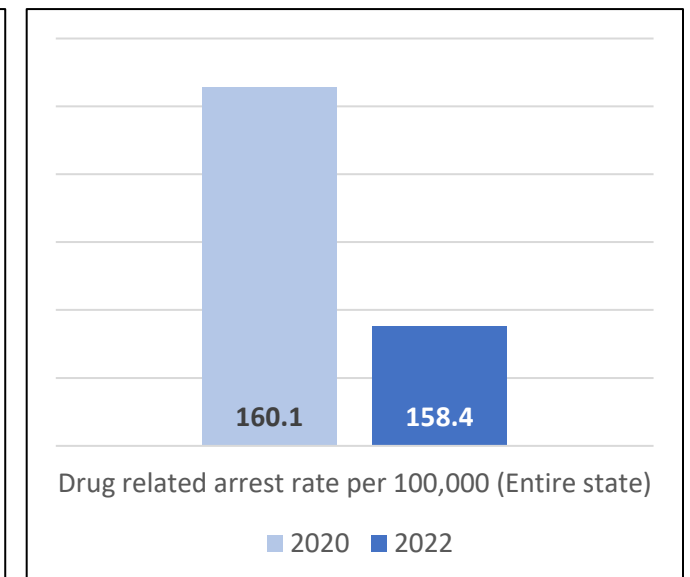
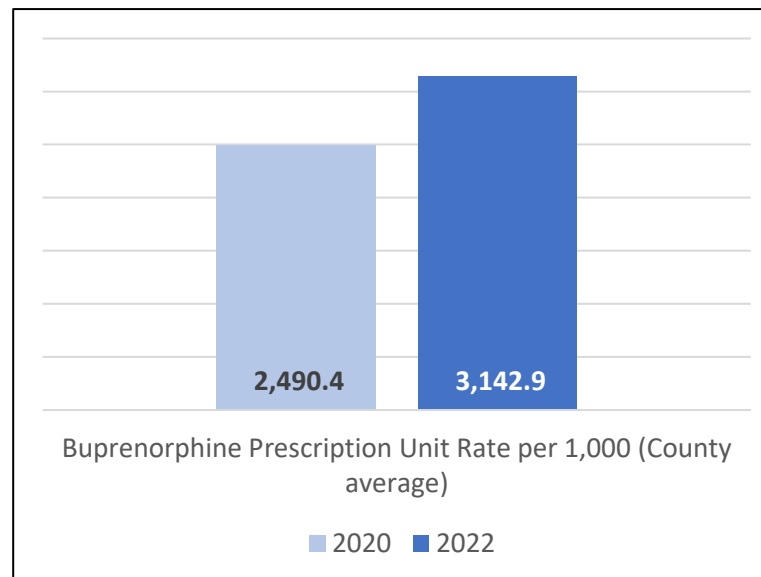
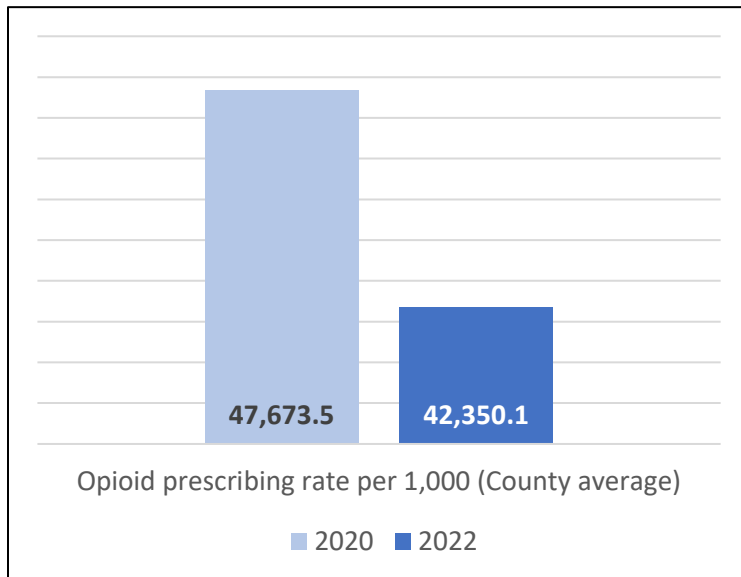
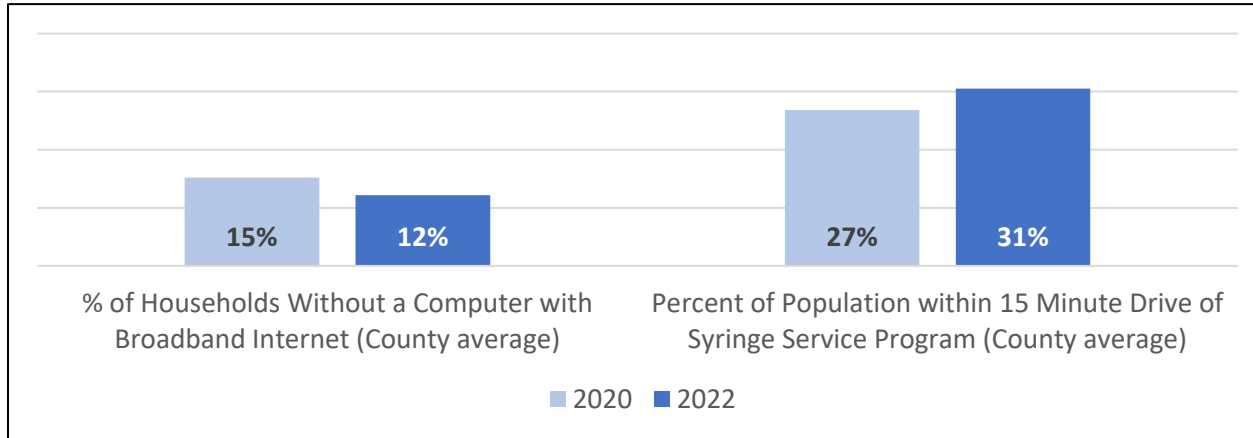


MI-SUVI and component scores are **Z-scores**. Hover over the info button to the left for an explanation of Z-scores.

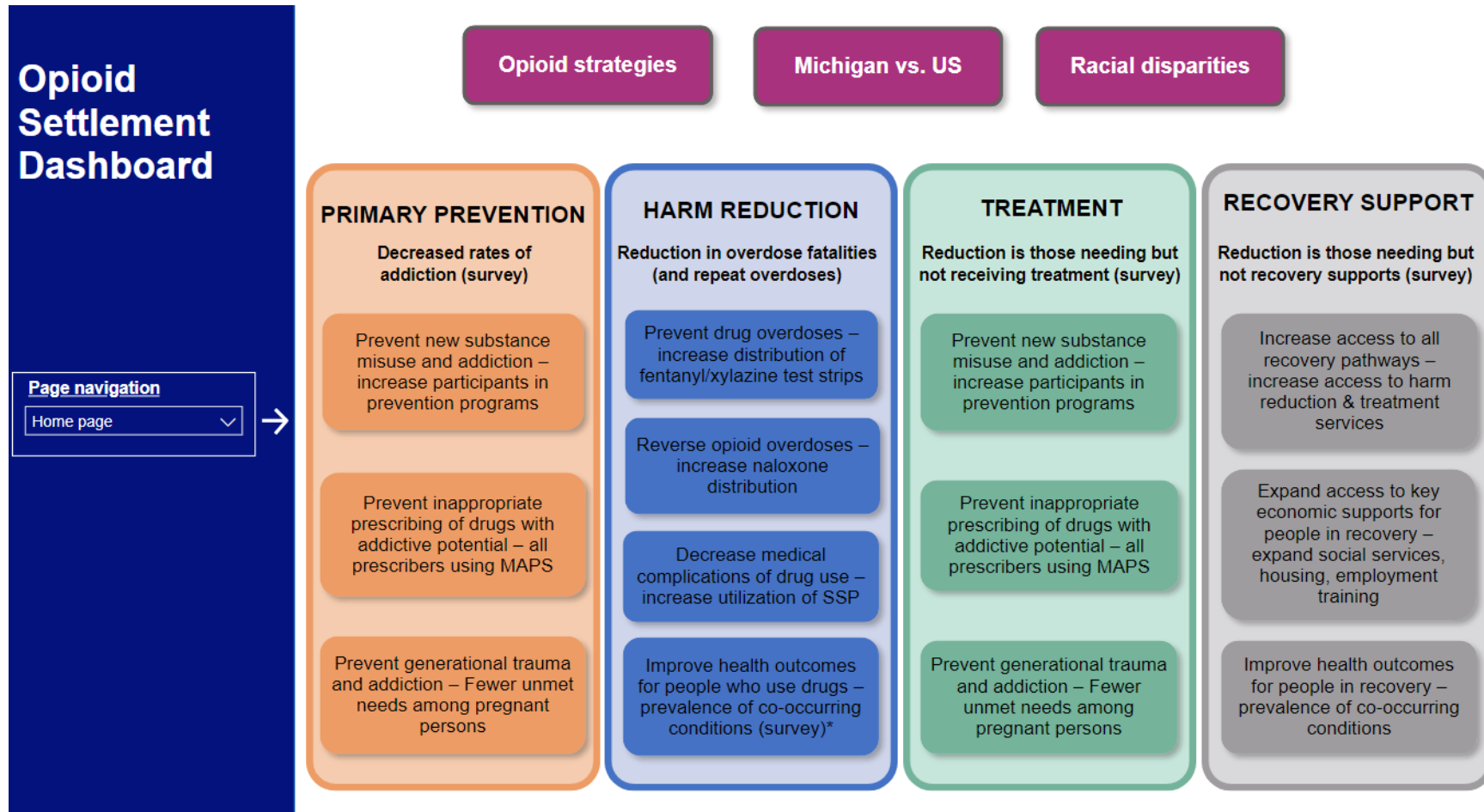
For more detailed information on the development and methodology of the MI-SUVI and included data indicators, please reference the [MI-SUVI documentation](#). An excel document of the MI-SUVI county/ZCTA-level results is available on Michigan.gov/OpioidsData below this data dashboard.

SUVI Update – 2022 data

Key SUVI indicators:
2020 compared to **2022**



New dashboard design



New dashboard design

Opioid Settlement Dashboard

Home page

Prevention

Harm reduction

Treatment

Recovery

Notes

Pillar goal

Goal 1

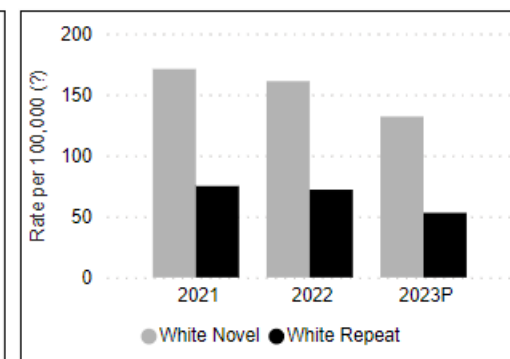
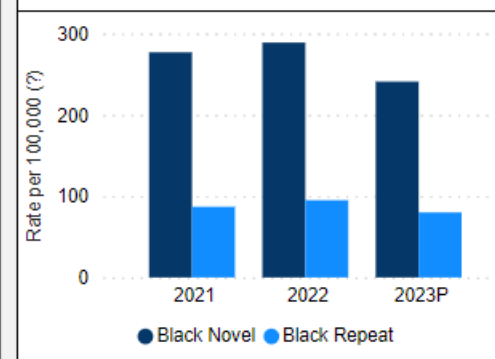
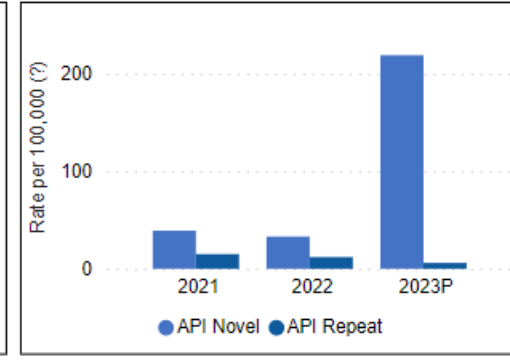
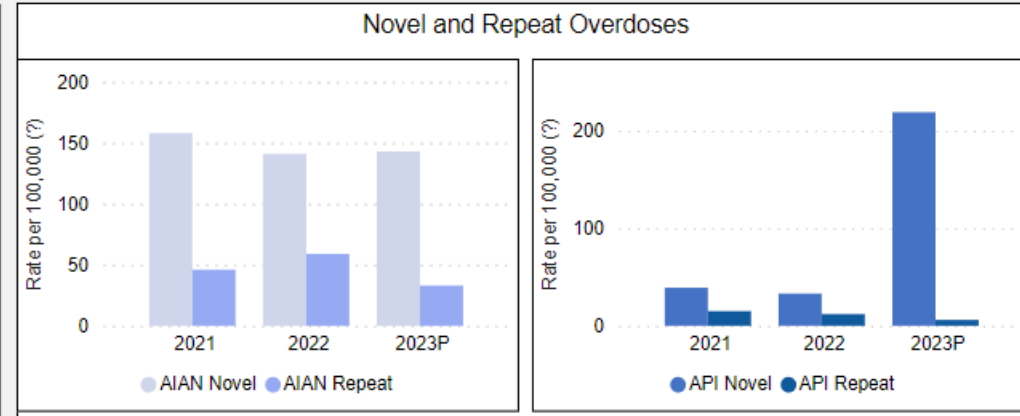
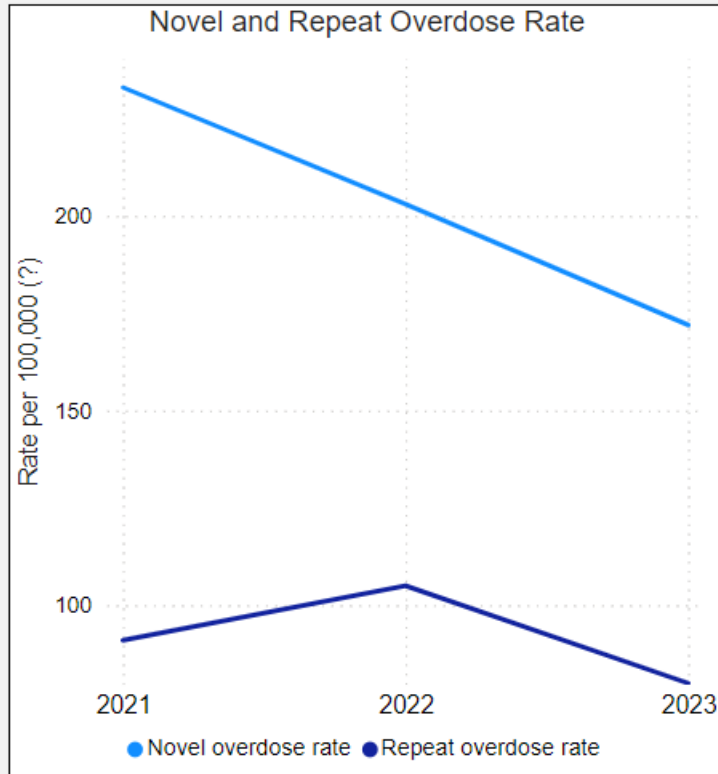
Goal 2

Goal 3

Goal 4

Historical context

Goal: Reduce overdose deaths and recurrence.
Metric: Fatal and non-fatal overdose deaths.



MSP Forensic Laboratory Seized Drug Analysis

Elaine Dougherty
Michigan State Police Forensic Science Division
Bridgeport Forensic Laboratory
doughertye@michigan.gov



MSP FSD Laboratories



Workflow

- Police agency submits evidence
- Evidence is assigned to a unit and is placed into the backlog
- Evidence is analyzed (with exceptions) in the order it was submitted
- A report is issued
- Evidence is returned to submitting agency

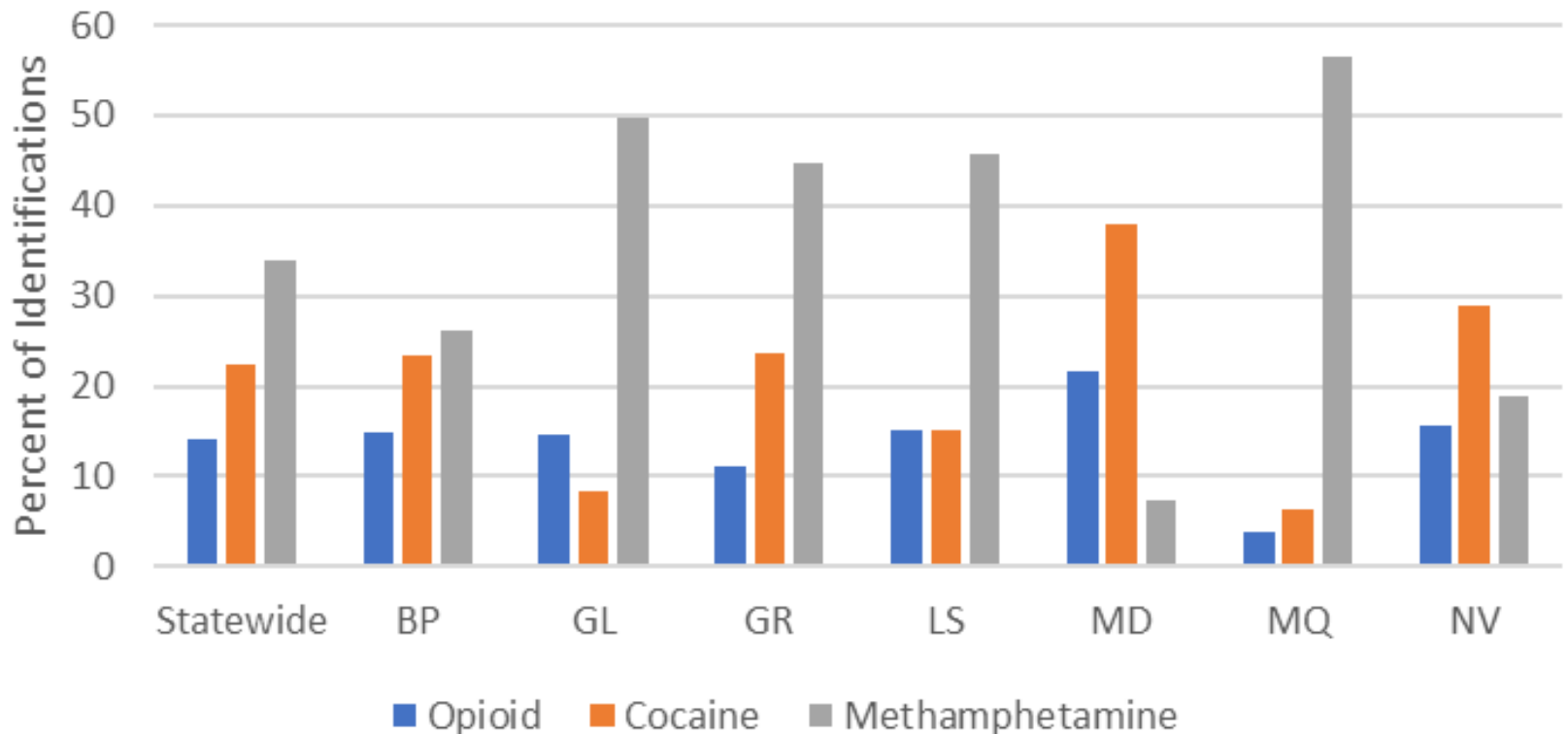
Drug Analysis Process

- Select what will be analyzed
 - Weight guidelines
 - Different drugs
- Weigh sample
- Identify whether or not a controlled substance is present using two independent tests
- Issue a report listing the controlled substances identified in each sample analyzed

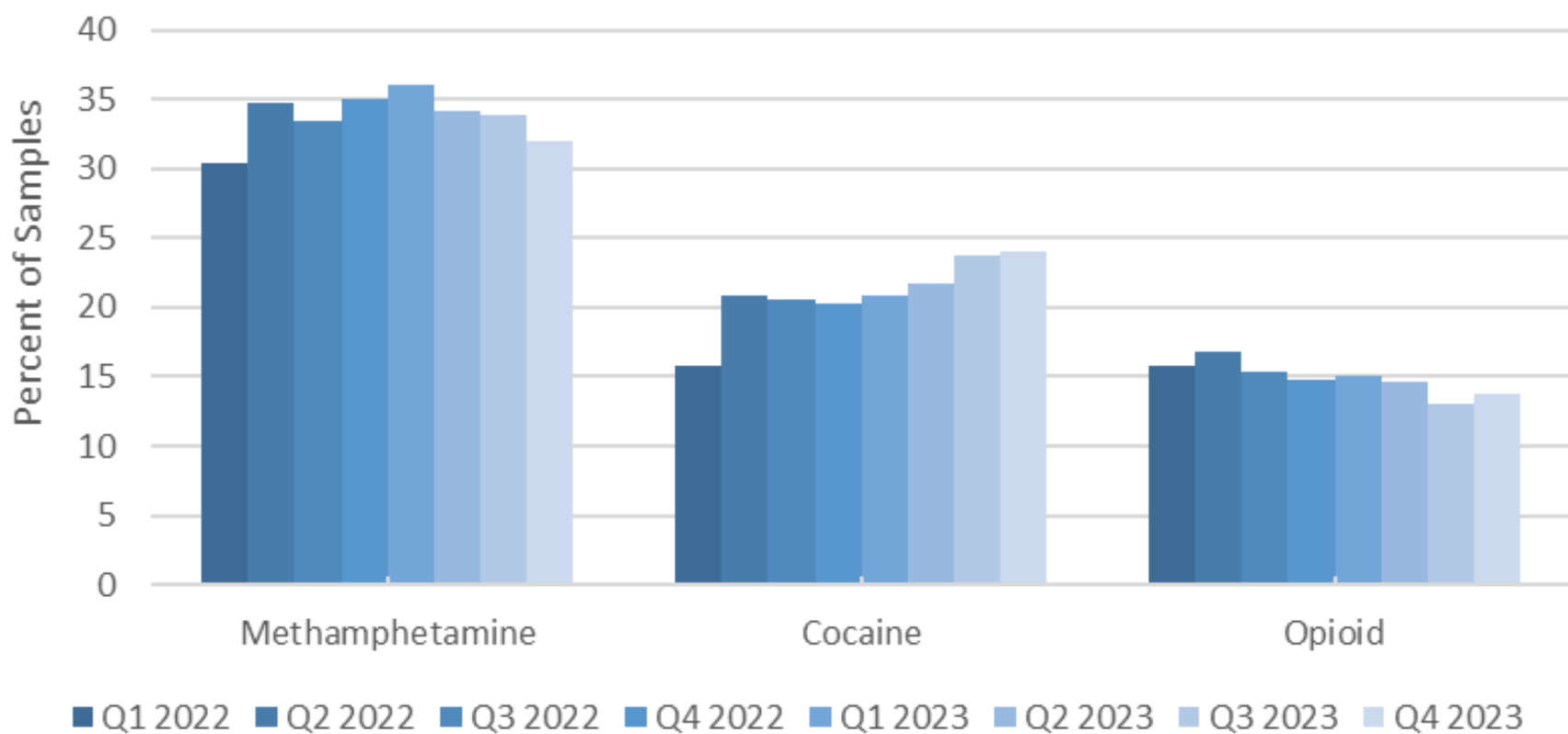
Data Limitations

- Not every agency submits evidence to MSP labs
- Not all evidence seized is submitted
- Not all evidence submitted is analyzed
- Only controlled substances are tracked, with a few exceptions
- Submitted evidence must be associated with a criminal investigation

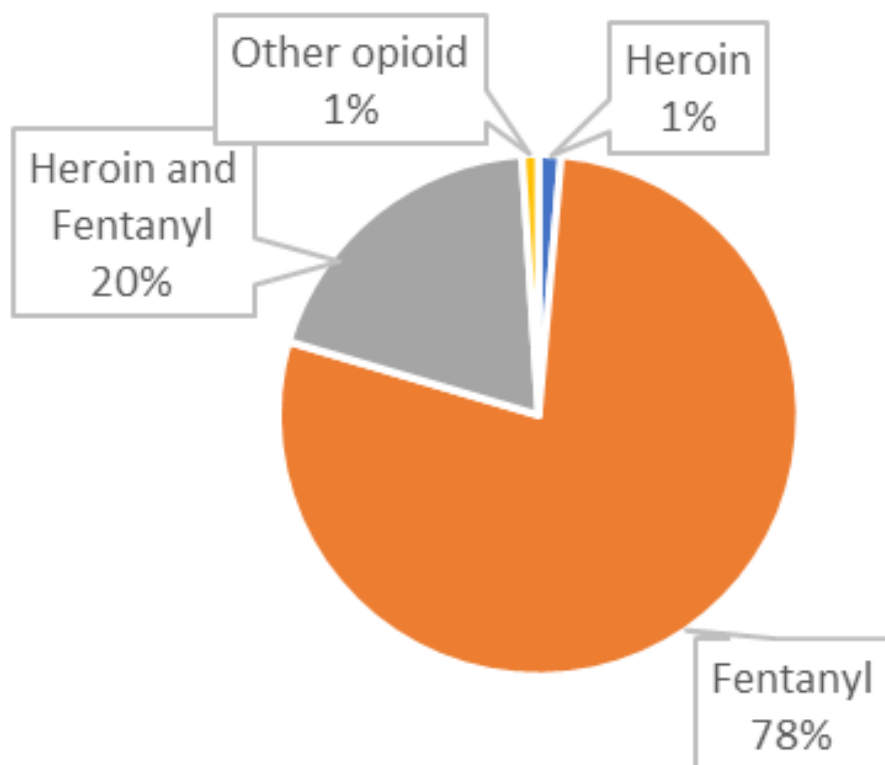
2023 Sample Identification by Laboratory 15,214 Samples Analyzed



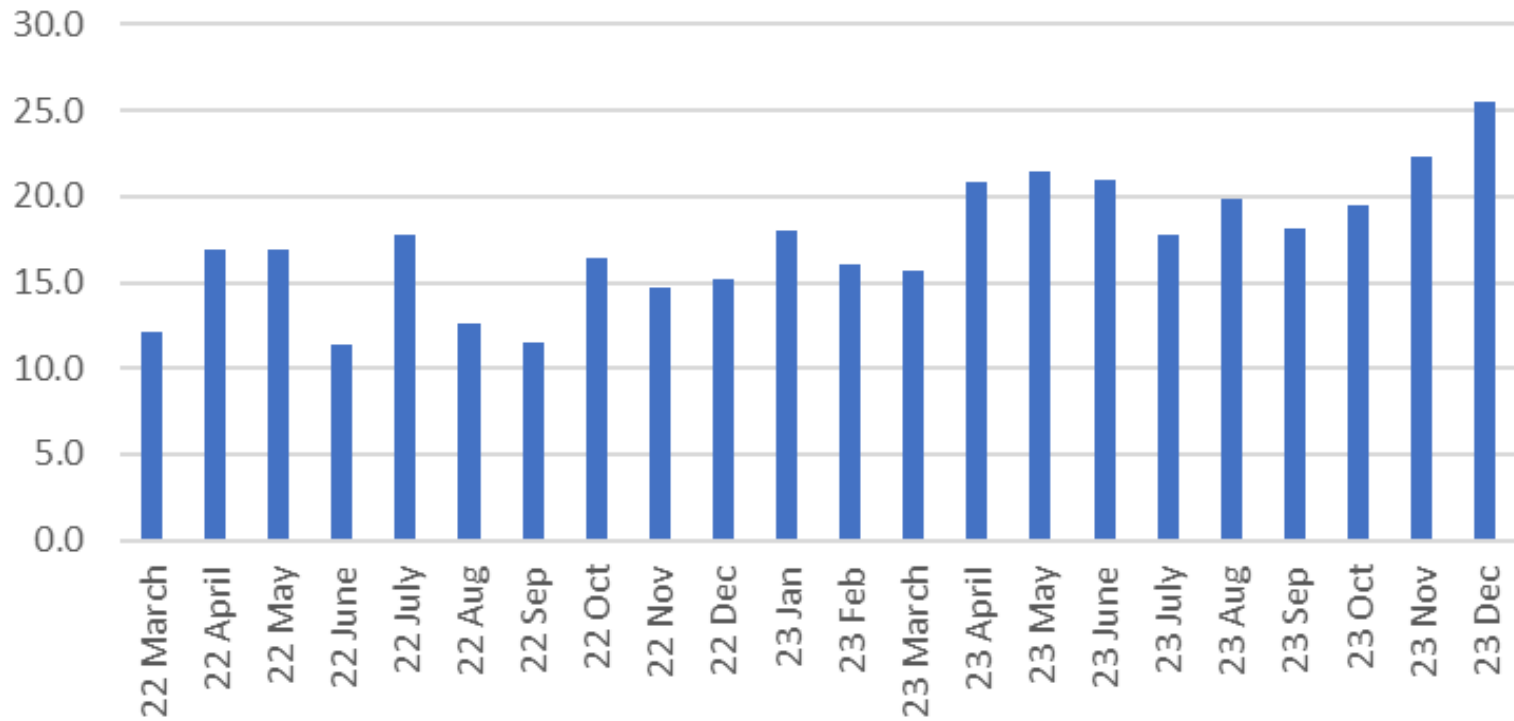
Statewide Change Over Time



Opioid Sample Composition - 2023



Percent of Opioid Samples Containing Xylazine 2022 and 2023



Other Info

- Nitazenes
- Fentanyl analogs
- Fentanyl/stimulant combinations
- 4-ANPP
- Fentanyl/cannabinoids
- Meth/MDMA
- Marijuana with other drugs
- Levamisole
- Synthetic cannabinoids
- Cathinones



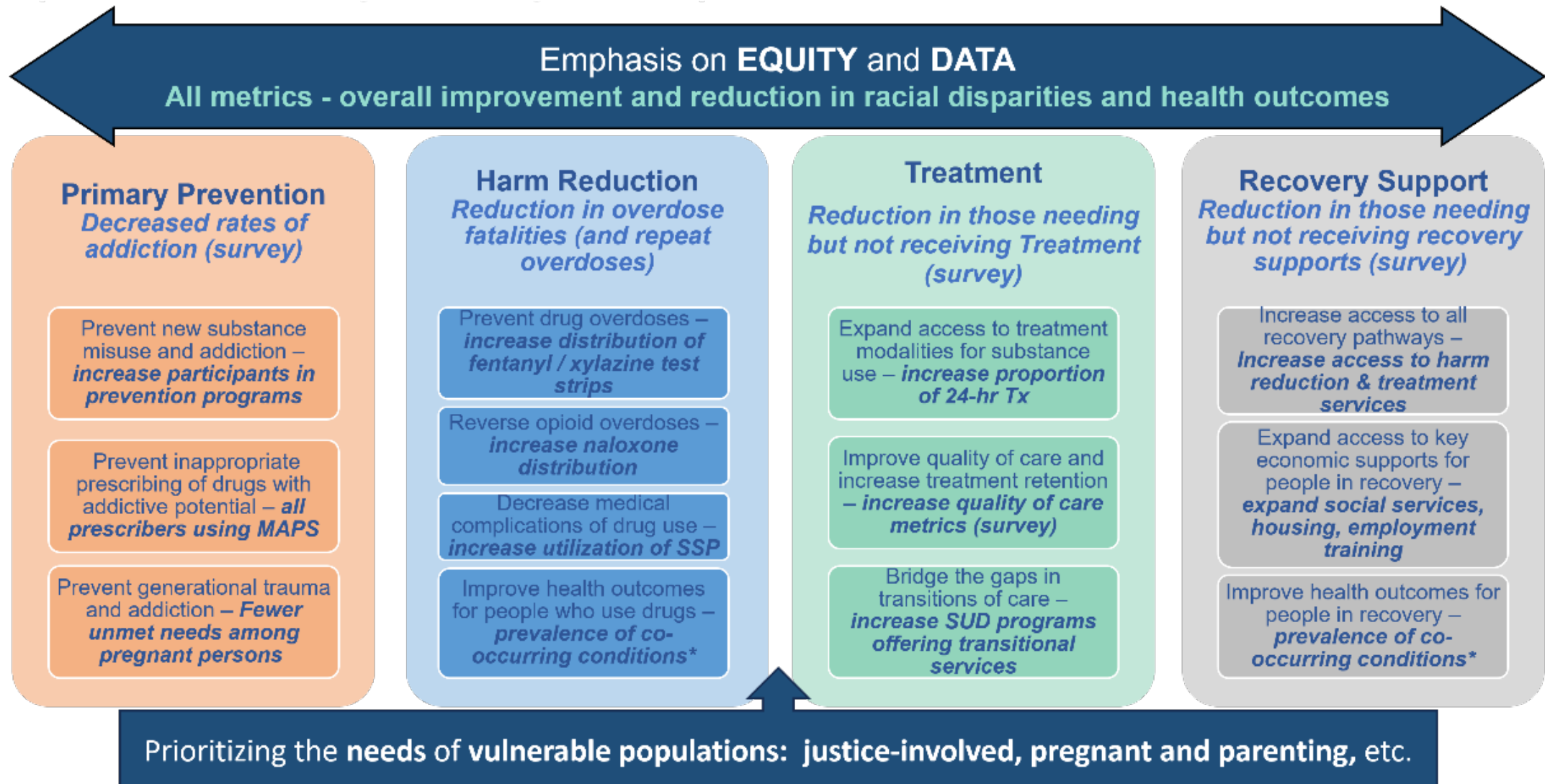
Elaine Dougherty
doughertye@michigan.gov

Opioid Task Force Meeting Pillar Subcommittee Presentation

May 15, 2024



Original Framework



Prevention Top 3 Goals & Associated Metrics

1. Goal: Prevent new substance misuse and addiction.
 - Metric: Increase number of participants in prevention programs, including established and emerging programs.
2. Goal: Increase knowledge of the impact of illicit drugs, counterfeit pills, prescription drugs with addiction potential, and available resources amongst the general public, targeting at risk communities, adolescents, young adults, and older adults.
 - Metric: Increase knowledge of impact and harms of illicit drugs, counterfeit pills, prescription drugs with addiction potential, and available supports and resources.
3. Goal: Prevent and reduce impacts of generational trauma and addiction.
 - Metric: Increase the number of Adverse Childhood Experience (ACEs) and trauma-informed trainings, and information on resources for services and supports, for human service personnel (e.g., healthcare professionals, school-based faculty and staff, law enforcement, children's welfare and services staff, homecare workers, community health workers, behavioral health professionals).

Prevention Top 3 Recommendations Actionable for the Next Year



1. In the next year, through a competitive Request for Proposal (RFP) process, increase funding for the implementation of innovative, evidence-based, culturally-appropriate, inclusive, equity-focused primary prevention services within counties with highest need as indicated by the Substance Use Vulnerability Index and additional relevant data, to increase the number of participants receiving direct prevention services by 10%, and require that all settlement-funded direct primary prevention services be tracked in the Michigan Prevention Data System to measure this increase. *(Additional Funding Request; Program Design/Development)*
2. In the next year, using the Substance Use Vulnerability Index and additional relevant data, conduct community engagement efforts with Michigan's most vulnerable populations to inform, develop, and implement an evidence-informed, equity-focused, inclusive, and relevant public health campaign to reach the general public, and also targeting adolescents, young adults, and older adults, particularly within at risk communities, to increase their knowledge of the impact and harms of illicit drugs, counterfeit pills, prescription drugs with addiction potential, and available supports and resources, as verified by a pre- and post-survey administered to a sample of individuals within focus communities, and quantified campaign engagement. *(Additional Funding Request; Program Design/Development)*
3. In the next year, invest in equity-focused, evidence-based Adverse Childhood Experiences (ACEs) and trauma-informed trainings to be provided to personnel that serve as touchpoints to youth/adolescents and/or work within the human services field (e.g., healthcare professionals, school-based faculty and staff, law enforcement, children's welfare and services staff, homecare workers, community health workers, behavioral health professionals) with the goal of 1) developing their knowledge and understanding of the connection between ACEs and trauma to substance use, substance/opioid use disorders, and risk and protective/resiliency factors, 2) learning of available resources for services and supports, and 3) preventing and reduce impact of ACEs and generational trauma, beginning with the most under resourced communities. *(Additional Funding Request; Program Design/Development)*

Harm Reduction Top 3 Goals & Associated Metrics



1. Goal: Align state policy to reduce overdose fatality and eliminate racial disparities in outcomes from substance use.
 - Metric: Passage of legislative bills that remove barriers to harm reduction services.
2. Goal: Prevent Fatal Opioid Overdose.
 - Metric: Measured through the multiple drug-checking methodologies and OD reversal strategies in communities with high overdose burden.
3. Goal: Improve Health Outcomes for People Who Use Drugs.
 - Metric: Decrease medical complications impacting PWUD through the expansion of healthcare access within harm reduction services in a variety of settings.

Harm Reduction Top 3 Recommendations Actionable for the Next Year



1. Continuous support of legislation or policy change to advance harm reduction interventions. Currently, in Michigan, these are HB 5178 & 5179. *(Legislative Action)*
2. By December 2025, an additional \$500,000 annually will be allocated among SSP Legacy sites in Ypsilanti, Flint, Detroit, and Grand Rapids to purchase and utilize Fourier-transform infrared (FTIR) spectrometers to increase drug-checking methodologies in MI. *(Additional Funding Request)*
3. By December 2025, Increase funding by \$2M annually for SSPs to distribute basic harm reduction equipment, services, and education, which will include rescue breathing supplies and training. *(Additional Funding Request)*

Treatment Top 3 Goals & Associated Metrics

1. Goal: Expand access to treatment modalities for substance use.
 - Metric: Reduced disparities, in median time to treatment, for vulnerable populations (ex: criminal justice involved, under the age of 18).
2. Goal: Improve quality of care and increase treatment retention.
 - Metric: Increase the percentage of treatment facilities offering MOUD and tailored programming.
3. Goal: Improved continuity of care.
 - Metric: Increase in maintenance of care provided throughout treatment.

Treatment Top 3 Recommendations Actionable for the Next Year



1. To expand state-wide access for MOUD within treatment modalities, by 2025, MDHHS will officially adopt Medication First principles as the standard for care for Opioid Use Disorders (OUD) and request the PIHPs to include them in their contracts with providers. Contracted programs can be audited to measure fidelity. These principles would make available MOUD at the earliest possible point of care for consumers. *(Policy Change)*
2. By October 2024, increase the availability of contingency management (CM) through increased funding and the removal of barriers to accesses reimbursement for contingency management. This can be accomplished with strategies like direct invoicing to contracted PIHP, Health Plans, and commercial carriers, increasing opportunities for CM implementation across all providers, regions, and diverse populations. This can be measured through the monitoring of funds appropriated and spent on contingency management to reflect a total increase in utilization. *(Additional Funding Request)*
3. In FY25, increase funding to establish additional Crisis Centers equipped to handle SUD throughout the state. Crisis Centers equipped to handle SUD would have programmatic availability for screening, stabilization, case management, MOUD, and navigation services. This can be measured by the number of newly added Centers throughout the state. This would be done through initiatives like the issuance of RFP's provide communities the opportunity to form partnerships and cultivate local resources in the design of Crisis Centers, with emphasis on how to integrate communities impacted by disparity and vulnerability. *(Additional Funding Request)*

Recovery Top 3 Goals & Associated Metrics



1. Goal: Increase access to all peer-led recovery pathways.
 - Metric: # of Recovery Community Organizations (RCOs) and other peer-led recovery support providers receiving public funds.

2. Goal: Expand access to self-sufficiency services for people in recovery.
 - Metric
 1. # of employers who are certified Recovery Friendly Workplace (RFW).
 2. # of MARR beds in certified recovery residences.

3. Goal: Improve health outcomes for people in recovery.
 - Metric: People with a history of SUD that are accessing primary care services.

Recovery Top 3 Recommendations Actionable for the Next Year



1. By end of FY25, increase state-level funding for RCOs by 100%, with multi-year awards, to support geographic expansion and access to new programs; prioritizing those that create safe spaces for MOUD, address transportation, promote Global Health. *(Additional Funding Request; Program Design/Development)*
2. By end of FY25, implement a capital investment strategy for Recovery Residence program development and expansion in targeted communities identified by a thorough assessment on the distribution of SUD recovery housing beds (\$20M/\$5M over 2 yrs for purchase/repairs). *(Additional Funding Request)*
3. By FY25, examine and resolve obstacles, such as Medicaid Fitness & eligibility criteria, hindering the equitable certification and employment opportunities of Certified Peer Recovery Coaches & peer workers. *(Policy Change)*