



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

## **Michigan Opioids Task Force Meeting**

November 1, 2023 | 11:00 a.m. – 12:30 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  
Elizabeth Browne, EGLE  
Bradley Casemore, Region 4  
Karen Gyger, DIFS  
Heather Hosey, LARA  
Elivia Jankowski, MDE  
Helen Klingert, Region 9

Darlene Owens, Region 7  
Samuel Price, Region 5  
Kristie Schmiede, Region 8  
Kimberly Shewmaker, Region 10  
Andrew Smith, Michigan Supreme Court  
Kim Trent, LEO  
Matthew Walker, AG  
Sue Winter, Region 2

\*Amanda Scott, Region 6, arrived at 12:04 p.m., after voting on all administrative duties took place.

### **Members Absent:**

Col. James F. Grady II, MSP  
Elizabeth Hertel, MDHHS  
Marti Kay Sherry, MDOC  
Greg Toutant, Region 1

### **CME Staff Present:**

Katie Abraham, Maricruz Moya, Katie Postmus, BritteNee Simpson, Jared Welehodsky

### **Reported Guests:**

Audrey Anderson, Kristen Green, Tara King, Quintin Sproull, Tommy Stallworth, Cornelius Williams



- Chair Bagdasarian proposes two subcommittees: Work Plan Subcommittee and Recommendations Review Subcommittees. Task Force members can volunteer to join a subcommittee and meet virtually between official meetings, but **a quorum cannot be present**. Subcommittees will then present their developments to the Task Force at official meetings. **Chair Bagdasarian calls for a motion to create the Task Force subcommittees. Darlene Owens motions to approve, supported by Kristie Schmiede for further discussion.** Chair Bagdasarian opened for discussion.
  - **Q:** Sam Price asked if the Recommendations Review Subcommittee can make decisions.
  - Chair Bagdasarian clarifies that no decisions will be made in the subcommittees.
  - **Q:** Kim Trent asked if subcommittees have the authority to leave out recommendations.
  - Chair Bagdasarian states that would have to be decided by the whole Task Force.
  - **Q:** Sue Winter asked about conflict of interest.
  - Chair Bagdasarian stated that there is a conflict of interest section in the Bylaws, which will apply to subcommittees.
  - Chair Bagdasarian invited more discussion, there was none. Chair Bagdasarian called for a vote. **The motion to create two subcommittees prevailed with no opposition.**

### III. Presentation – Racial Equity Work Group (REWG)

- Chair Bagdasarian introduced the Racial Equity Work Group, an advisory group to the Task Force. Chair Bagdasarian reminded Task Force members about the table that was handed out prior to the meeting for note taking purposes, then turned to REWG members to introduce themselves. REWG members provided individual introductions sharing their personal and professional experiences with substance use, then proceeded to present their **working/draft recommendations** to the Task Force. REWG members who presented:
  - **Audrey Anderson:** Background in nursing, community health, primary care, and case management.
  - **Quintin Sproull:** Michigan Liberation.

- **Cornelius Williams:** Board member for Decriminalize Nature Michigan, Students for Sensible Drug Policy, Officer for Colligate Recovery Program Advisory Council for Washtenaw Care-Based Safety Program, SOAR, and MI Drug User’s Health Alliance.
  - **Kristin Green:** Co-founder of Bimose Ode (Walk with Heart in Ojibwe), a harm reduction agency serving indigenous communities.
- Chair Bagdasarian opened the meeting to allow members to ask questions, make comments, or ask for additional information. Key themes that emerged during the discussion:
  - Clarification for the term “BIPOC” (Black, Indigenous, People of Color), cultural humility training, and consideration of the racial makeup of the Task Force.
  - Considerations about decriminalization and Overdose Prevention Centers; effectiveness in other states/countries; the importance of addressing infrastructure and providing evidence-based data.
  - Clarification on the role of subcommittees in reviewing recommendations now and in the future: Recommendations subcommittee will be digesting and discussing feasibility and implementation; bringing findings to the next official Task Force meeting for the whole group to consider. Work Plan committee will be writing out a work plan for the next year and beyond, to present and discuss with the entire Task Force. Voting cannot take place during subcommittee meetings.
  - Preliminary discussion around collaboration and communication between the REWG, the Task Force, and the incorporation of community feedback.
  - The impact of law enforcement and infrastructure on disparities in overdose deaths, particularly among Black and Indigenous communities.

#### **IV. Next Steps**

- Chair Bagdasarian closed discussion and asked members to reach out to Katie Abraham or Jared Welehodsky (CME staff) if interested in joining a subcommittee.
- Subcommittees will be formed and will meet before the next Task Force meeting.

## V. Stakeholder and Public Comment

- Chair Bagdasarian asked if there were any comments from the public.
  - Tara King, Opioid Advisory Commission (OAC): Thanked the REWG for their work. Would like an opportunity for the recommendations to be made public to help extend this work beyond the Opioids Task Force. Stated she is available to provide more information on the OAC's Community Voices Initiative.
  - 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 Kimberly Shewmaker and supported by Amanda Scott.** The motion passed with unanimous support. Chair Bagdasarian adjourned the meeting at 12:31 p.m.

# **MICHIGAN OPIOIDS TASK FORCE BYLAWS**

## **I. BYLAWS**

### **1. Task Force Meetings**

- (a) The Task Force's procedural activities are governed by Robert's Rules of Order Newly Revised.
- (b) In accordance with Executive Order 2022-12 Sec. 3(c), the Task Force shall meet at least four times per year to review strategic planning efforts, proposed policy actions, progress toward numeric goals, and other topics as needed.
- (c) Task Force members must attend a meeting in person to count toward quorum and to vote. Task Force members may only participate remotely as a member of the general public unless otherwise permitted by the Open Meetings Act, 1976 PA 267, as amended (MCL 15.26 *et seq.*).
- (d) When a Task Force member will be unable to attend a meeting, every effort should be made to give advance notice to the MDHHS Task Force Staff.
- (e) In consultation with the Department, the chairperson shall set a tentative agenda for each meeting.

### **2. Quorum and Voting Procedures**

- (a) A quorum shall consist of a majority of all serving members of the Task Force. A quorum is required before voting shall occur.
- (b) A majority vote of all serving members of the Task Force is needed for official action to occur. For example, officially adopting a report or an action plan.
  - (1) An official vote is not needed for participating Departments to take policy actions within their scope of authority that contribute to the Task Force's mission. Similarly, an official vote is not required for Task Force designees to make recommendations to participating Departments, who opt whether to take these actions via their standard processes.
- (c) Department designees may vote on behalf of members, depending on the needs and process of their departments.

### **3. Workgroups**

- (a) The Task Force or the Department may create advisory workgroups to the extent permitted by law under Executive Directive 2022-12, Sec. 3(j). Any workgroup established shall be limited to making recommendations to the Task Force. A quorum of Task Force members is not allowed to be present at or party to the

communications of an advisory workgroup outside of official meetings. The workgroup shall provide its recommendations, supporting documentation, progress and updates, and related matters to the Task Force for review and evaluation. Representatives of a workgroup may be invited to attend meetings of the Task Force to present their recommendations and answer questions.

- (b) “The Task Force may establish advisory workgroups composed of individuals or entities participating in Task Force activities or other members of the public as deemed necessary by the Task Force to assist it in performing its duties and responsibilities.”<sup>1</sup>
- (c) “The Task Force may adopt, reject, or modify any recommendations proposed by an advisory workgroup.”<sup>2</sup>
- (d) The Task Force must review the membership of existing workgroups on a semi-annual basis. The Task Force may adjust the membership of a workgroup and determine the ongoing need of a workgroup at any time.

#### **4. Communications, Stakeholder and Public Engagement, and Legislation**

- (a) The chairperson or designated MDHHS staff shall serve as the designated member who may have authority to speak on behalf of the Task Force when necessary.
- (b) The Task Force shall incorporate public commentary during official meetings to maintain community outreach and public engagement.
  - (1) Public comments may be presented in person or submitted in written format via email at [MDHHS-OpioidsTaskForce@michigan.gov](mailto:MDHHS-OpioidsTaskForce@michigan.gov).
  - (2) The Task Force will limit public comment to a maximum of three (3) minutes per person at any Task Force meeting. A second public comment period may be included in agendas and implemented at the Chairperson’s discretion.
- (c) The Task Force may make policy statements or develop strategies to address issues related to opioids and may take positions on specific pieces of legislation in line with these policy statements. The Task Force shall work with the Governor’s Policy and Legislative Affairs Offices and the Department’s Office of Legislative Affairs prior to taking a position on legislation.

#### **5. Standards of Conduct and Conflict of Interest**

- (a) Task Force members may be subject to the provisions of:
  - (1) Act 317 of 1968, as amended (MCL 15.321 *et seq.*) (contracts of public servants with public entities);

---

<sup>1</sup> Executive Order 2022-12 Sec. 3(j)

<sup>2</sup> Executive Order 2022-12 Sec. 3(j)

- (2) Act 196 of 1973, as amended (MCL 15.341 *et seq.*) (code of ethics for public officers and employees); and
- (3) Act 472 of 1978, as amended (MCL 4.411 *et seq.*) (lobbyists and lobbying regulation).

(b) Definition – Conflict of Interest

- (1) Under the State Ethics Act, 1973 PA 196, as amended (MCL 15.341 *et seq.*), a conflict of interest for Task Force members exists when the individual member has a financial or personal interest in a matter under consideration by the Task Force.
- (2) A Task Force member must abstain from deliberating and voting upon the matter in which the member’s personal interest is involved.
- (3) A Task Force member may deliberate and vote on matters of general applicability that do not exclusively benefit a certain organization or program that employs the Task Force member, even if the matter involves the member’s employer or those for whom the member’s employer does work.
- (4) Deliberating includes participation in discussion of a subject matter at any time before an official vote.

(c) Procedures – Conflict of Interest

- (1) A Task Force member must disclose any potential conflict of interest after the start of a meeting, when the Task Force begins to consider a substantive matter, or, where consideration has already commenced, when a conflict or potential conflict of interest becomes apparent to the member.
- (2) A Task Force member who is disqualified from deliberating and voting on a matter under consideration due to conflict of interest may not be counted to establish a quorum regarding that particular matter.
- (3) Where a Task Force member has not disclosed any conflict of interest, any other member may raise a concern whether another member has a conflict of interest on a matter. If a second member joins in the concern, the Task Force must discuss and vote on whether the member has a conflict of interest before continuing discussion or acting on the matter under consideration. The question of conflict of interest is settled by an affirmative vote of a majority of all serving members of the Task Force, excluding the vote of the member or members in question.
- (4) The minutes of the meeting must reflect when a conflict of interest had been

determined and that an abstention from deliberation and voting had occurred.

**6. Procedure and Legal Counsel**

- (a) The Task Force Chair will use the laws of the State, these Bylaws, and Robert's Rules of Order Newly Revised to resolve any question arising concerning procedure at a meeting of the Task Force.
- (a) The Attorney General of the State of Michigan, or the duly designated Assistant Attorney General, serves as legal counsel to the Task Force.

**7. Amendment of Bylaws**

- (a) These Bylaws may be amended by a majority vote of all serving members of the Task Force after the Task Force members have been given advance notice to consider the proposed amendments in written form.
- (b) Upon adoption of any amendment to these Bylaws, the Department must provide the Task Force members with a copy of the updated Bylaws.
- (c) These amendments to the original bylaws supersede and replace the bylaws created by the previous Task Force and shall be effective upon the Task Force final action of approval.

These amended Bylaws were adopted by the Opioids Task Force on November 1, 2023.

# Opioid Task Force Deliverables 2024



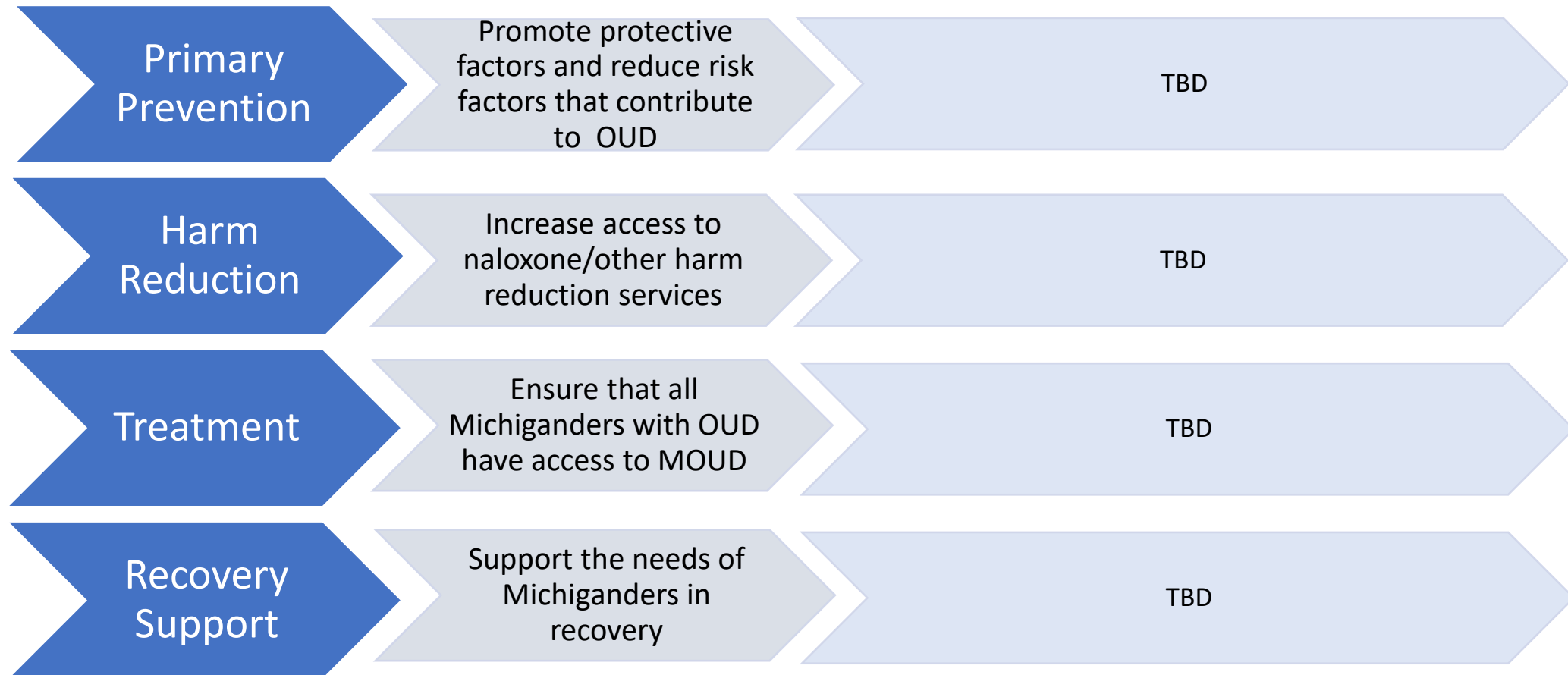
- Define Success (Initially and review annually)
  - Review strategic priorities
- Make recommendations on allocation of FY25 funds (6/2024)
  - Regionally
  - Pillars
- Make recommendations about policies/legislation (ongoing)
  - Recommend new policies or modifications to existing policies related to goals
  - Propose legislation or review proposed legislation related to goals

# 2024 Timeline

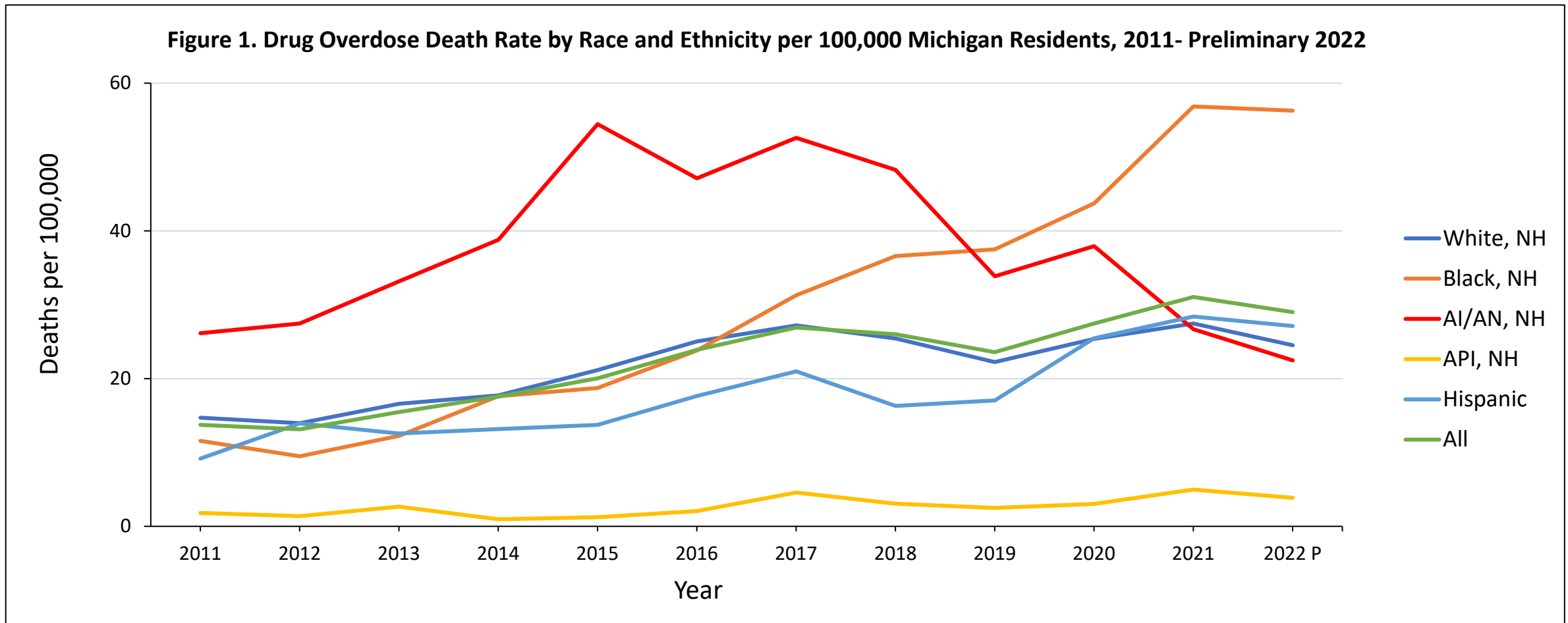


# To Discuss Goals & Measures of Success

- Move MI to the top-performing quartile by 2026 in terms of state rankings of overdose deaths
- Eliminate racial disparities in overdoses



# Overdose Deaths: racial disparities have increased



Source: 2011-2021 Mortality: Finalized Michigan Resident Death files, Office of Vital Records and Health Statistics, MDHHS.

2022 P: Provisional Michigan Resident Death files, Office of Vital Records and Health Statistics, MDHHS, provided for the MiVDRS and SUDORS projects.

# Subcommittee Requests



- Volunteers Needed from Opioid Task Force
  - Workplan Subcommittee
  - Recommendation Review Subcommittee