



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

Michigan Opioids Task Force Meeting

September 11, 2024 | 1:00 p.m. – 3:00 p.m.

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

Members Present:

Dr. Natasha Bagdasarian, Chair
Marlon Brown, LARA
Elizabeth Brown, EGLE
Bradley Casemore, Region 4
Lt. Col. David Sosinski, MSP
Karin Gyger, DIFS
Evilia Jankowski, MDE
Helen Klingert, Region 9
Samuel Price, Region 5

Kristie Schmiede, Region 8
Amanda Scott, Region 6
Kimberly Shewmaker, Region 10
Andrew Smith, Michigan Supreme Court
Tommy Stallworth, MDHHS
Greg Toutant, Region 1
Kim Trent, LEO
Matt Walker, AG

*Steve Alsum, Region 3, arrived at 1:33 p.m., after voting on administrative duties took place.

Members Absent:

Brian Love, DMVA
Darlene Owens, Region 7
Marti Kay Sherry, MDOC

MDHHS Staff Present:

Katie Abraham, Dania Batarseh, Lisa Coleman, Seth Eckel, Brandon Hool, Logan O'Neil, Rita Seith, Angie Smith-Butterwick, Jared Welehodsky

I. Call to Order, Roll Call

- Chair Bagdasarian called the meeting to order at 1:04 p.m. and asked Katie Abraham to take roll call. Katie confirmed a quorum is present.
- **Approval of the May 15, 2024, Meeting Minutes:** Chair Bagdasarian directed attention to the proposed meeting minutes from May 15, 2024, and asked if there were any requests for changes. **Greg Toutant motioned to approve, supported by Samuel Price.** With no further discussion, the Chair asked for a vote. The motion prevailed with no opposition. The May 15, 2024, Meeting Minutes were approved.

- **Chair Bagdasarian** reminded everyone that the charge to the Task Force from Executive Order 2022-12 and the established Standards of Conduct are attached to the member's packets and will be referred to in future meetings.

II. MDHHS Updates

- **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 among white populations vs. Black populations in Michigan, and contaminants such as Medetomidine and Carfentanil in illicit drug supply in specific areas of the state.
 - **Tommy Stallworth** added members should be thinking about how to respond quickly as new substances are introduced to the illicit drug supply.
 - **Q:** Matt Walker noticed the map on one slide showed 6 deaths in 4 counties, and asked if one county had significantly more deaths compared to others?
 - Rita Seith answered yes, Wayne County had multiple deaths, and that
- **Jared Welehodsky, MDHHS:** Presented on the MDHHS budget process and FY25 spend plan for state portion of opioid settlement funds.
 - **Amanda Scott** highlighted an additional department success: raising the maximum dose for suboxone from 24 mg to 32 mg through an MDHHS policy change. She expressed gratitude for this and noted that this was an impactful policy change.
- **Angie Smith-Butterwick, BPHASA:** Presented on how the State Opioid Response (SOR) grants are spent, focusing on the SOR 3 grant.
 - Several members discussed the purpose of the grants and asked questions about the federal requirements.
 - **Chair Bagdasarian** invited Angie to share more with the OTF subcommittees about specific programming questions.

III. Problem Identification (phase 1):

- **Tommy Stallworth** announced that after receiving the recommendations from the OTF subcommittees, MDHHS expanded their epidemiologist team to work on compiling data to support the recommendations to move

the work along from problem reporting to data analysis. He explained that as we are beginning to quantify the problems identified by the subcommittees, we are discussing solutions to have a better understanding of what the financial needs may be as a first step. This aligns with the OTF principles: being data-driven and focused on impact.

- **Chair Bagdasarian** added that the subcommittees will get a deeper dive into each specific analysis. Then introduced Rita Seith and Seth Eckel from MDHHS to present the gaps analyses.
- **Rita Seith & Seth Eckel, MDHHS:** Presented internal gaps analysis highlighting one focus area per pillar.
 - **Key themes discussed by members:**
 - Treatment services and access for youth and adolescents
 - Behavioral health workforce shortages including recruitment, reimbursement rates, certifications, state structural context, legislative challenges regarding costs and cost savings.
 - MDHHS will work on follow up data requests regarding these topics and discuss in further detail during subcommittee meetings.

IV. Next Steps

- **Chair Bagdasarian** announced that the subcommittees will receive a deeper dive into the respective analysis and draft priorities once they are identified and ready to share. She also noted that MPHI is developing a report that will be reflective of the OTF work and data analyses. This report will be sent to the the subcommittee chairs for review.
- Chair Bagdasarian stated that the next meeting is currently scheduled for November 13, 2024, at 1:00 pm in Lansing, MI.

V. Stakeholder and Public Comment

- Chair Bagdasarian asked if there were any comments from the public.
 - No public comments were requested nor shared.

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 Amanda Scott. The motion to adjourn prevailed with unanimous support.** Chair Bagdasarian adjourned the meeting at 2:55 p.m.

Michigan Opioids Task Force Meeting

September 11, 2024



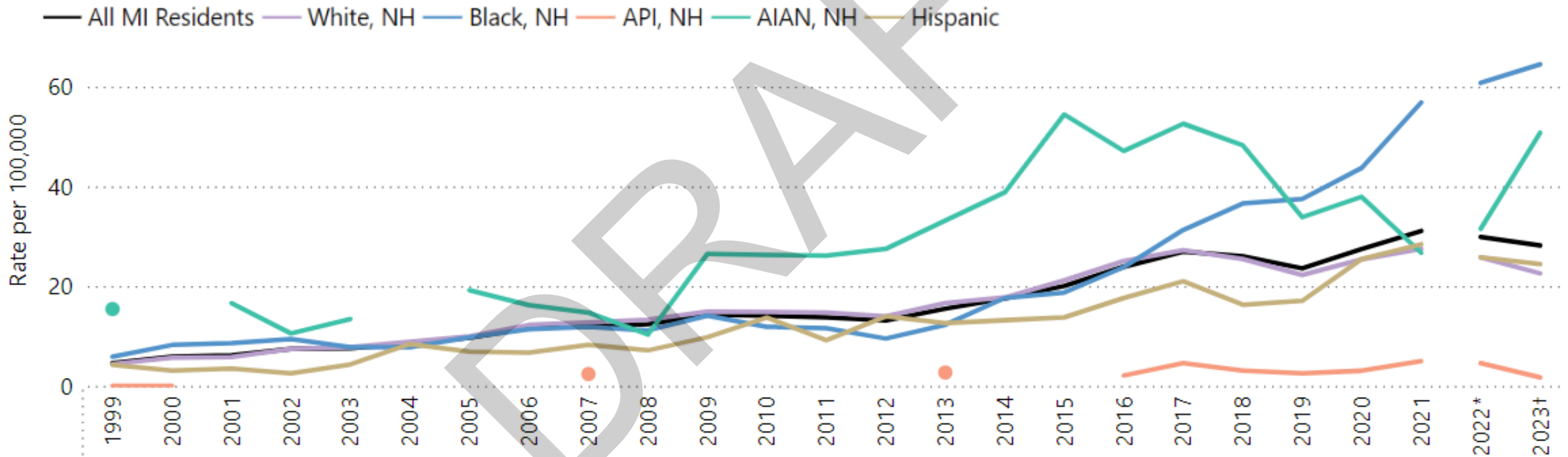
Data Round-Up

September 11, 2024



Current state: disparities and deaths

Overdose Death Rate by Year and Race/Ethnicity Group



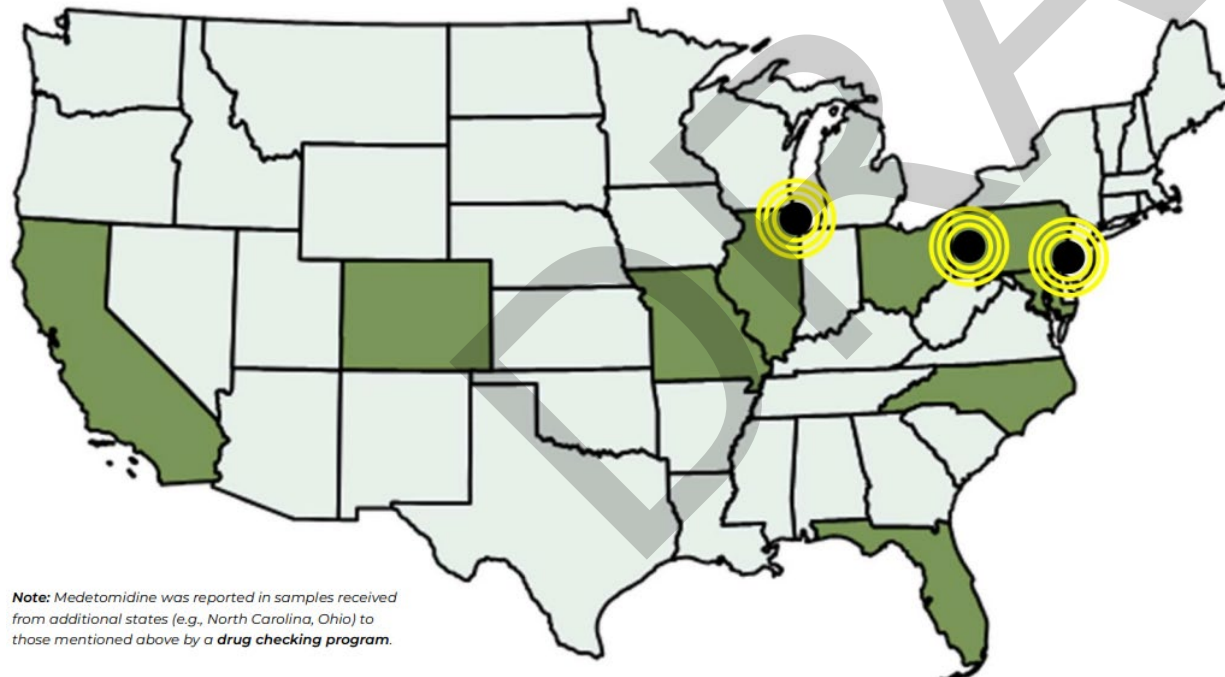
*Race categorization changed in 2022; the trendline is broken as data prior to and after 2022 are not directly comparable. See technical documentation.

†2023 race data are preliminary data and subject to change upon finalization.

Emerging drug: Medetomidine

May 20, 2024

Medetomidine Rapidly Proliferating Across USA — Implicated In Recreational Opioid Drug Supply & Causing Overdose Outbreaks



Note: Medetomidine was reported in samples received from additional states (e.g., North Carolina, Ohio) to those mentioned above by a drug checking program.

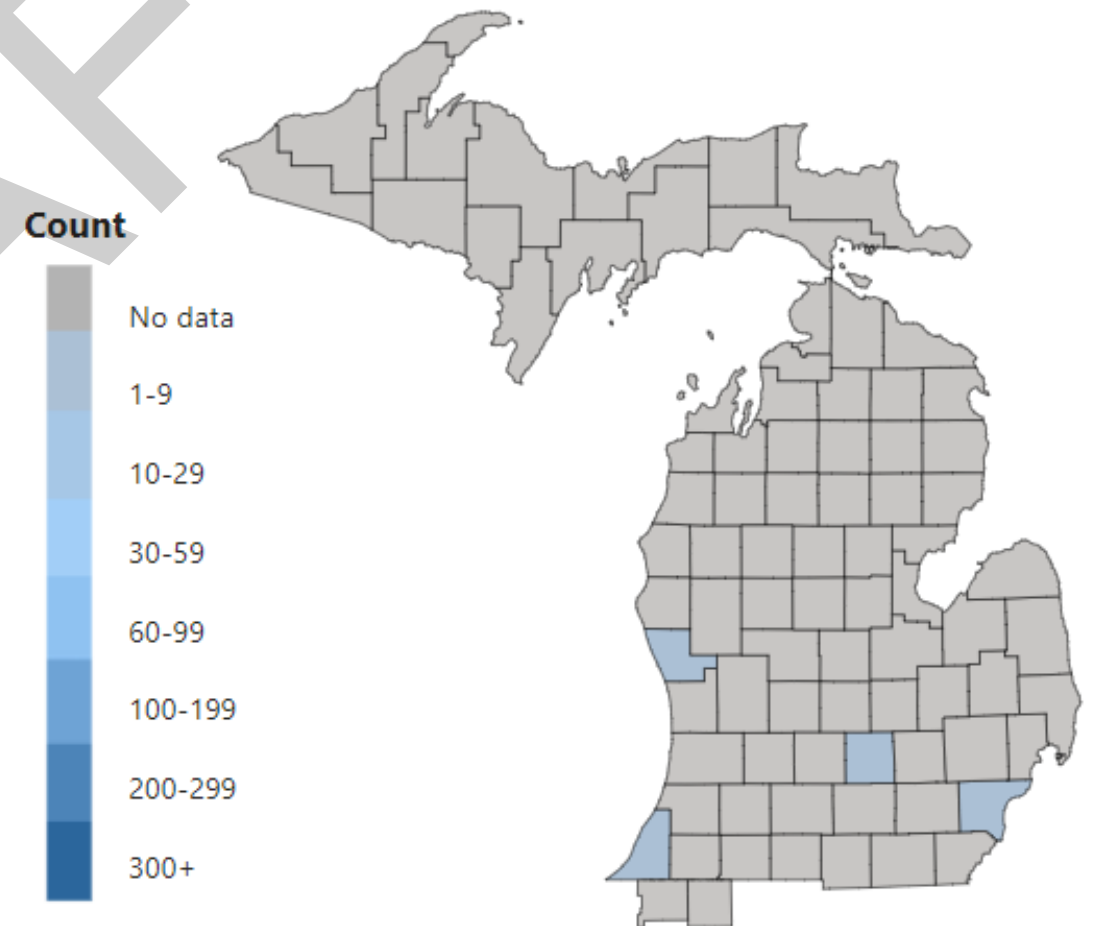
◀ GEOGRAPHICAL DISTRIBUTION OF MEDETOMIDINE EMERGENCE

Medetomidine has been identified across several states in the U.S. and Canada, and is recently being observed in severe overdose outbreaks in major metropolitan areas.

Medetomidine in Michigan

- Medetomidine has been identified in 6 postmortem samples
 - All identified via the Swift Toxicology of Overdose-Related Mortalities (STORM) program
 - First death was in early March
 - Muskegon, Ingham, Berrien, and Wayne counties

Map of Samples Testing Positive for Medetomidine
Michigan, 2024



Re-Emerging drug: Carfentanil

Warning Issued for Reemerging Synthetic Opioid in Ohio

9/29/2023

(COLUMBUS, Ohio) – Carfentanil, a lethal synthetic opioid, has reemerged in several Ohio drug cases, an increase that could foreshadow a rise in overdoses, and Ohio Attorney General Dave Yost is urging caution.

“Carfentanil is used by veterinarians to tranquilize elephants – this is an extremely powerful opioid that can have devastating effects,” Yost said. “For an opioid that potent, even a handful of cases is enough to trigger alarms.”

The warning comes after multiple recent identifications of carfentanil in the state:

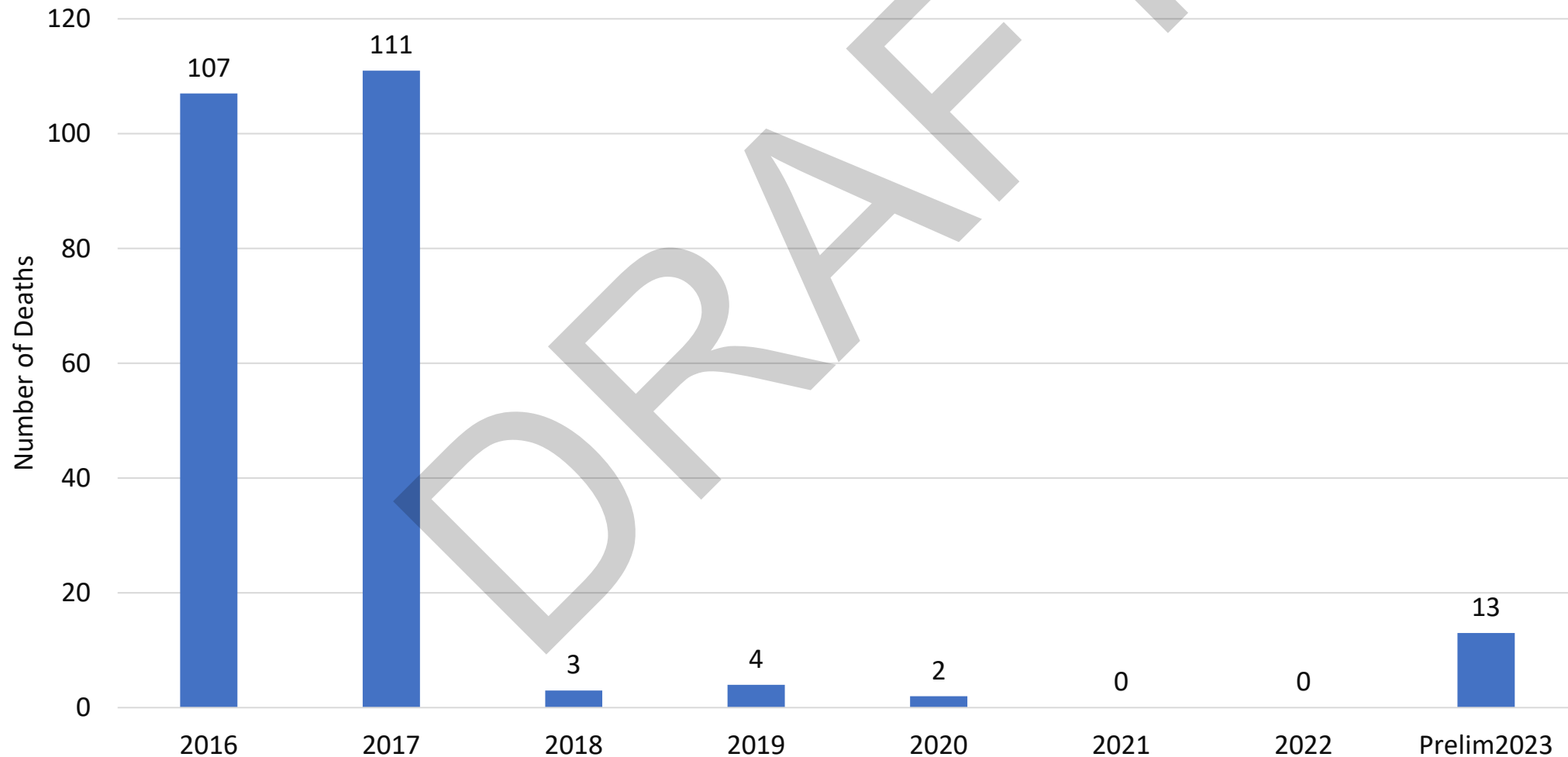
- The Bureau of Criminal Investigation’s (BCI) drug chemistry lab confirmed the presence of carfentanil in three separate drug cases submitted from Trumbull County law enforcement agencies in August. In one of the cases, the substance was located at the scene of an overdose.
- The Central Ohio Major Drug Interdiction Task Force, operating under the Ohio Organized Crime Investigations Commission (OOCIC), conducted a drug seizure last week that took 3 kilograms of carfentanil off Franklin County streets before it could be distributed.
- The Columbus Division of Police’s drug laboratory analyzed an additional case this month that involved the fatal overdose of a minor in which carfentanil was identified.

Each case remains under investigation.

Before this recent uptick, BCI testing had confirmed only two cases of carfentanil this year and five cases in all of 2022. Although law enforcement does not believe that the cases are connected, the trend suggests the reemergence of the drug.

Possible Re-emergence of Carfentanil in Michigan

Carfentanil-Involved Deaths, Michigan Residents, 2016-Preliminary 2023

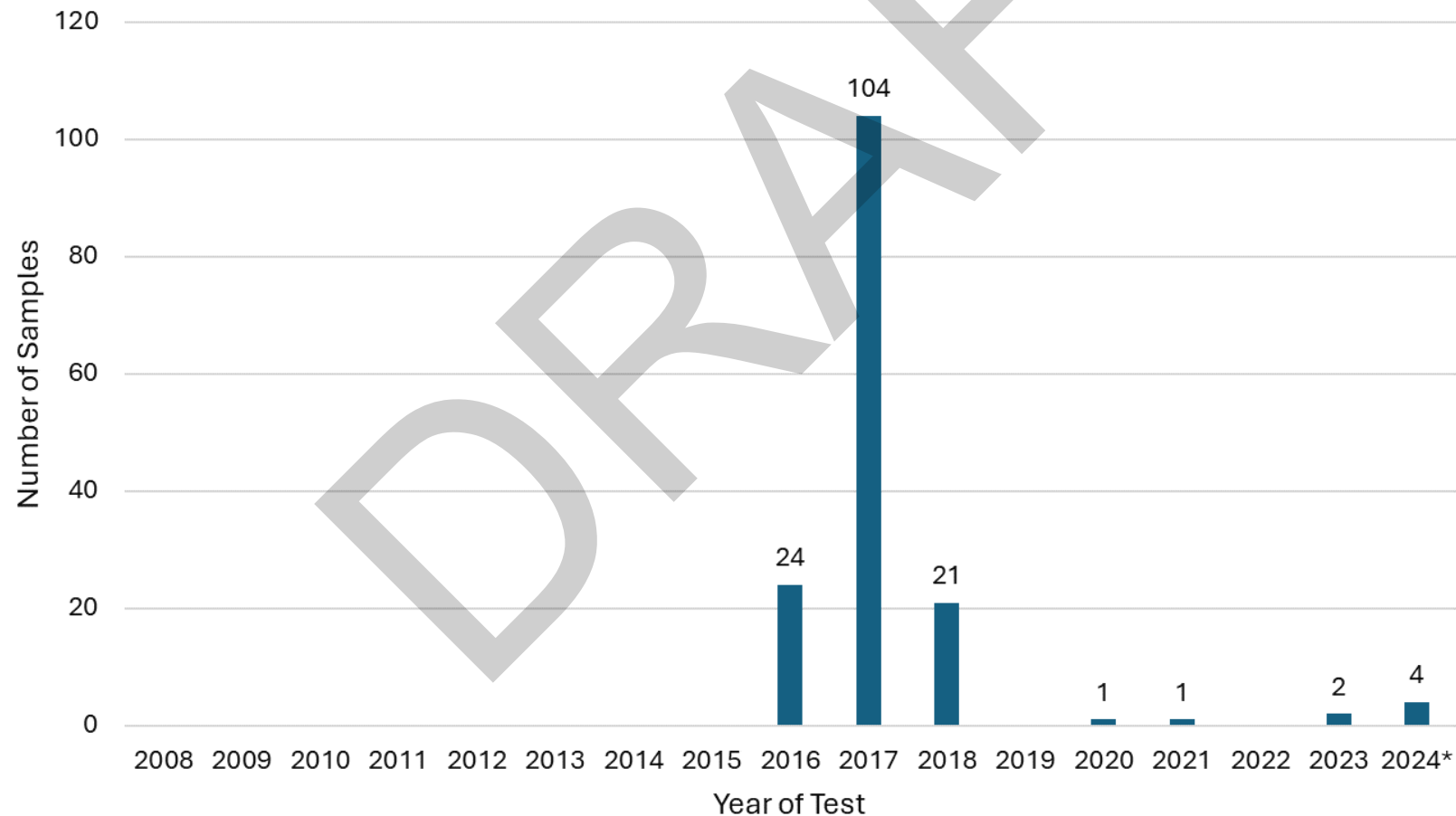


MSP Data Also Suggests Possible Re-emergence

MSP Drug Samples Testing Positive for Carfentanil

*2024 data are through March 2024

Data prior to 2021 are likely an underestimation due to data collection method changes



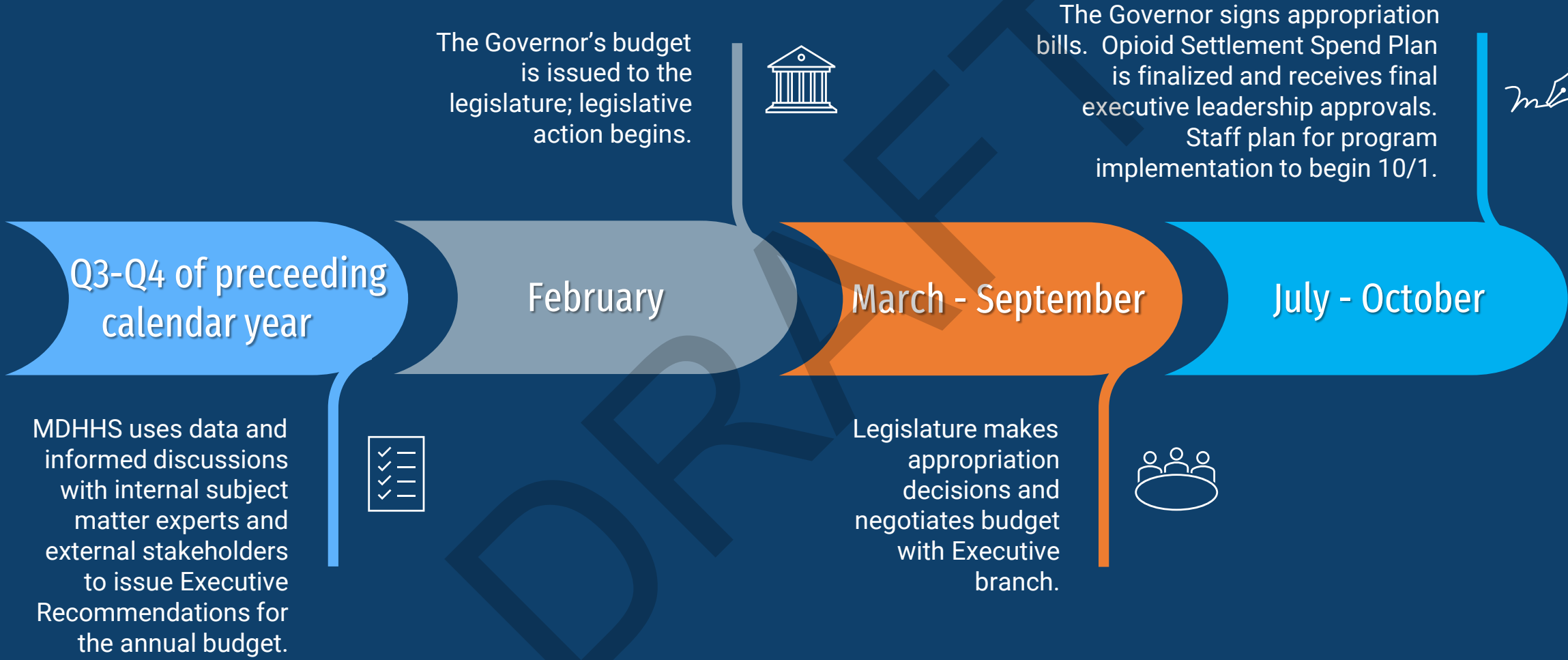
Key Takeaway: Continuing to push harm reduction in Michigan is important

Budget Process & Updates

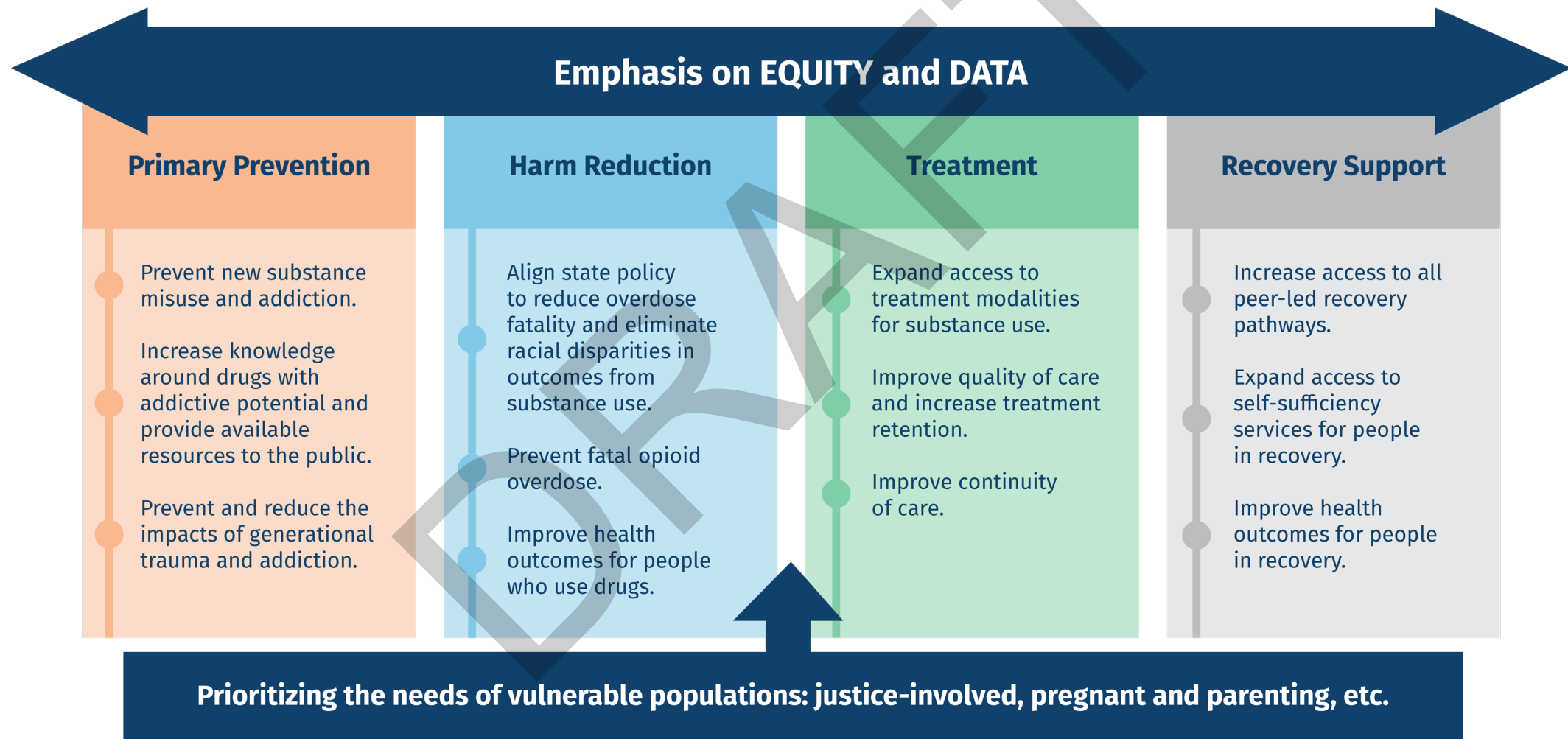
September 11, 2024



State of Michigan Budget Process



Substance Use Response Framework (Goals) – Updated June 2024



Summary: Recommendations & FY25 Spend Plan



Pillar	Subcommittee Recommendation Summary	New FY25 Spending <i>(these numbers do not reflect carry-forward and federal match)</i>
Prevention	<ol style="list-style-type: none"> 1. Increase funding for innovative primary prevention 2. Launch relevant public health campaign 3. Address ACEs to educate providers and the public around the connection between ACEs to substance use to prevent/reduce the impacts of generational trauma. 	<ol style="list-style-type: none"> 1. Improve primary prevention services in schools 2. \$3M public health media/social media campaign 3. \$500,000 Faith-based learning collaborative & neighborhood wellness centers
Harm Reduction	<ol style="list-style-type: none"> 1. Support HB 5178 & 5179 (legislative) 2. Purchase FTIR spectrometers and increase drug checking methodologies 3. Increase funding for SSPs 	<ol style="list-style-type: none"> 1. <i>See policy agenda</i> 2. Purchase 6 FTIR machines to increase drug checking methodologies 3. \$3.5M Syringe Service Program operations
Treatment	<ol style="list-style-type: none"> 1. Adopt Medication First Principles (policy) 2. Increase funding for CM programming 3. Increase funding to create additional SUD-specific crisis centers 	<ol style="list-style-type: none"> 1. <i>See policy agenda</i> 2. \$2M Expand capacity to treat OUD and StimUD through Medicaid Recovery Incentives (RI/CM) Pilot 3. \$5.6 Expand access to treatment facilities
Recovery	<ol style="list-style-type: none"> 1. Increase funding for RCOs to support expansion and increase access 2. Implement a capital investment strategy for recovery housing program development and expansion 3. Assess Medicaid fitness & eligibility criteria for certified peer recovery coaches & peer workers 	<ol style="list-style-type: none"> 1. \$5.88M Increase access to recovery support services through RCO expansion & funding for peers 2. \$3M Recovery housing development and expansion 3. <i>See policy agenda</i>

Policy Reform Agenda

- Harm Reduction
 - HB 5178: passed the Health Policy Behavioral Health Subcommittee on 6/13/24
 - HB 5179: passed the House and received in Senate to Health Policy Committee on 6/18/24
- Treatment
 - Adopt Medication First Principles: Subcommittee and MDHHS drafting white paper for leadership & legislators re: a proposed plan specific to what policies and procedures will change/additional resources required.
- Recovery:
 - Medicaid fitness/eligibility criteria: Internal analysis
- Workforce Shortages
 - MDHHS priority: loan repayment, Medicaid reimbursement structure & policies, PIHP contracts

State Opioid Response (SOR) Grants

September 11, 2024



SOR Grants

- SOR 3: Sept. 2022 – Sept. 2024
 - One year no cost extension under review
 - Year one \$36,852,749; year two \$38,139,924
- SOR 4: Sept. 2024 – Sept. 2027
 - Third year to be authorized by Congress
 - Two years at \$36,363,911 each
 - Sixth grant under State Targeted Response catalog
- SOR funds have been used to further develop the full continuum of care primarily implemented under Substance Use Block Grant

SOR Grants

- Prevention
 - Evidence-based programs in schools
 - Shatterproof anti-stigma media campaign
- Treatment
 - MOUD in treatment settings, jails, prisons
 - Inter-Tribal Council and Saginaw Chippewa tribe: outpatient, residential, and care coordination for pregnant/parenting families
 - Peer recovery coach linkage to treatment and overdose response
 - Michigan State Police Angel Program
 - Mobile care unit treatment and harm reduction services
 - Michigan Collaborative Addiction Resources and Education System (MI-CARES)
- Harm Reduction
 - NARCAN Direct online portal
 - Naloxone training, distribution box placement, syringe service programs
- Recovery
 - Recovery Friendly Workplaces and support for individuals seeking work
 - Recovery housing and certification
 - Peer recovery coaches in MDOC parole and probation offices
 - Recovery Community Organization support and technical assistance

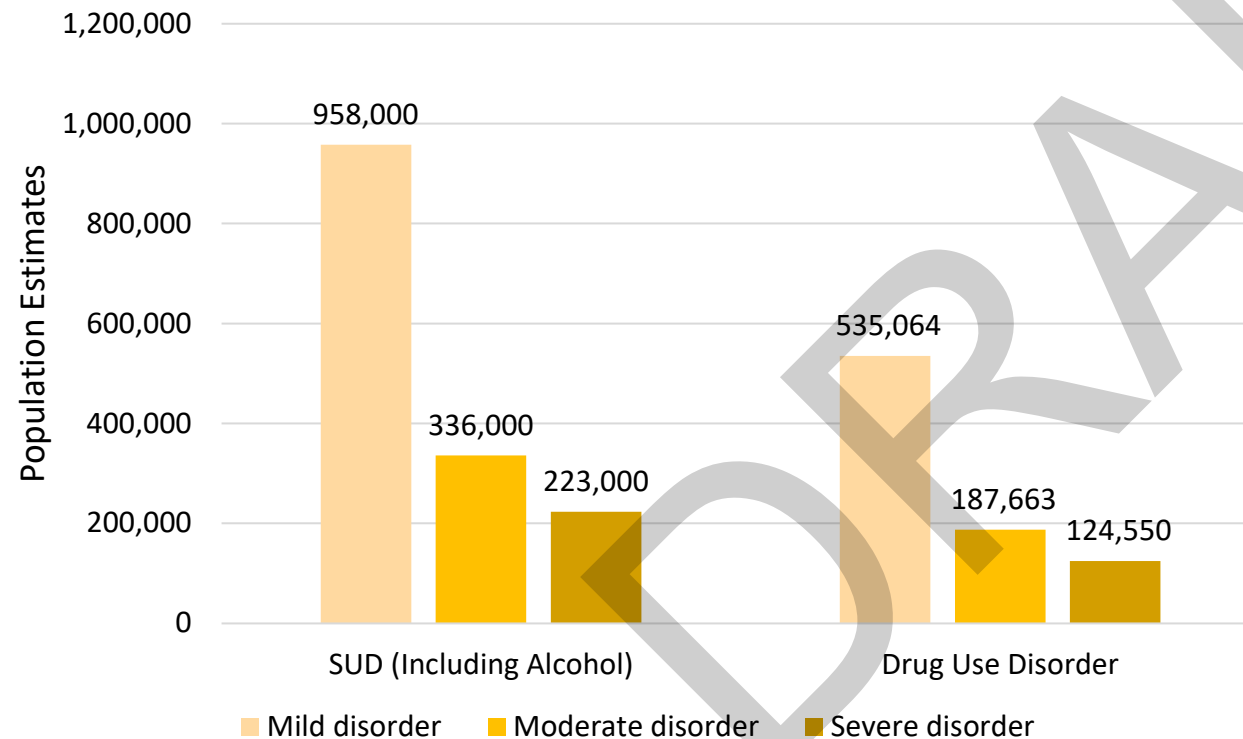
Gaps Analysis (Phase 1)

September 11, 2024



Prevention Problem: Nearly 10% of Michiganders aged 12+ have a drug use disorder

Substance Use Disorder (SUD) Population Estimates
National Survey on Drug Use and Health, Michigan 2022



1.5 million Michiganders, or 17.5% of those over the age of 12 have a substance use disorder. This includes nearly **850,000 Michiganders with a drug use disorder**, or almost 10% of those over the age of 12.

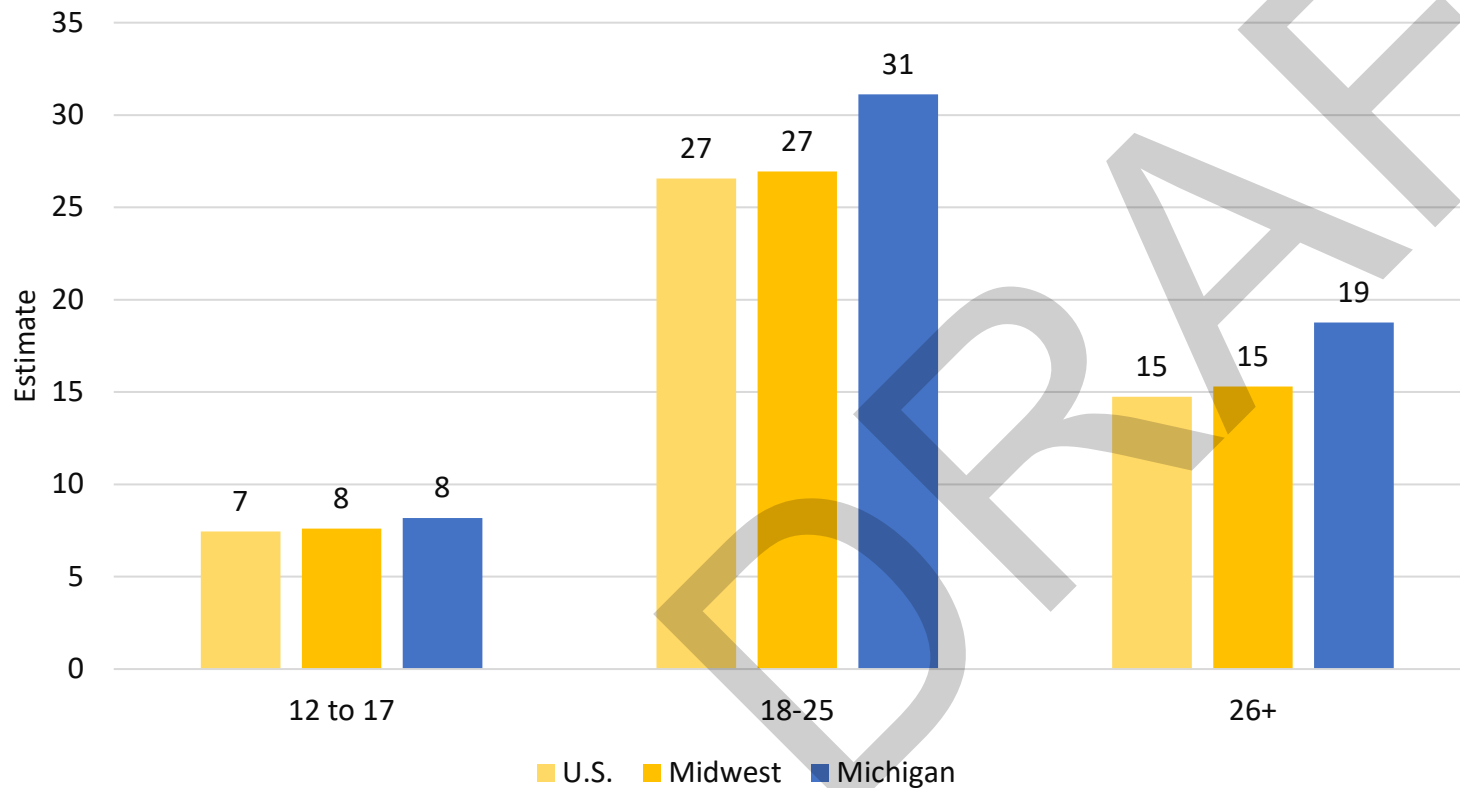
This population is at risk not only of overdose but of multiple other chronic and acute health issues, including mental disorders, HIV/AIDS, cardiovascular disease, and motor vehicle injuries.

¹MICHIGAN - National Survey on Drug Use and Health: 2021-2022 State-Specific Tables of Model-Based Estimates (Totals and Percentages) ([samhsa.gov](https://www.samhsa.gov))

²Addiction and Health | National Institute on Drug Abuse (NIDA) ([nih.gov](https://www.nih.gov))

Prevention Problem: 8% of children ages 12-17 report using drugs in the last month

Ilicit Drug Use in the Past Month: Among People Aged 12 or Older; by Age Group and State, Annual Average Percentages, 2021 and 2022



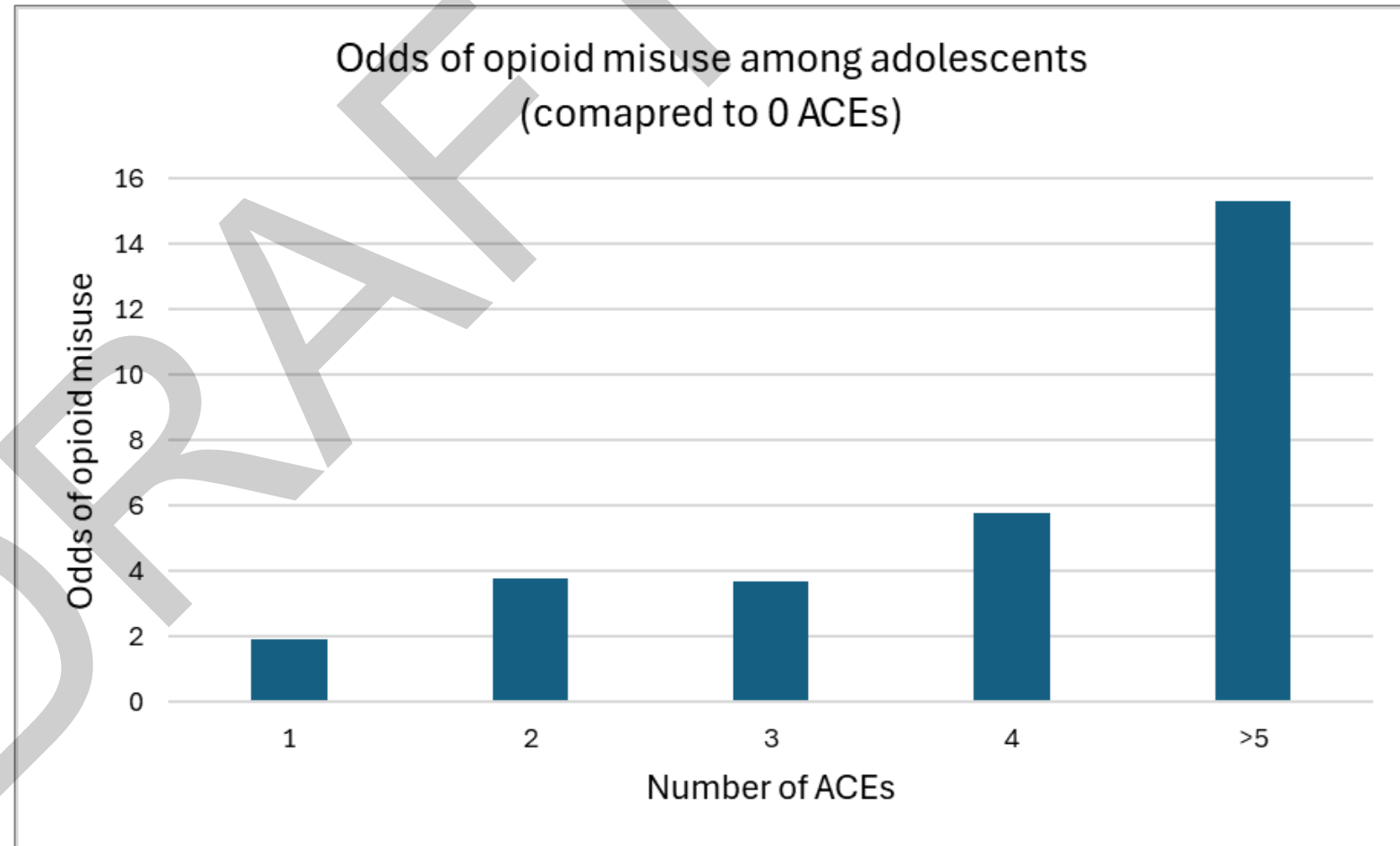
Adolescent drug use has been linked to a **2-4 fold increased odds of developing SUD**, as well as a more rapid development of SUD.

Sources:
SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021 and 2022.
[Identifying Early Risk Factors for Addiction Later in Life: A Review of Prospective Longitudinal Studies](#)
[Associations Between Early-Adolescent Substance Use and Subsequent Young-Adult Substance Use Disorders and Psychiatric Disorders Among a Multiethnic Male Sample in South Florida - PMC \(nih.gov\)](#)

Prevention Problem: Adverse child experiences increase the risk of opioid misuse

The odds of opioid misuse are **significantly higher in those with multiple Adverse Childhood Experiences (ACEs)**.

- Protective factors can reduce this risk
- 15% of Michigan youth have 4+ ACEs.

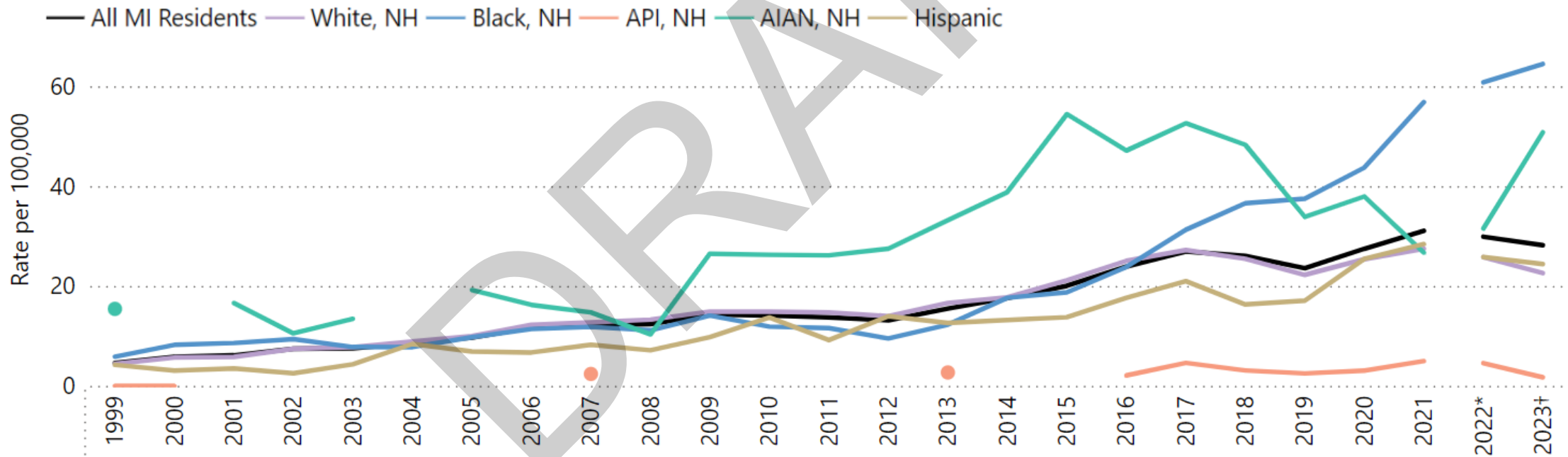


Harm Reduction Problem: Statewide increases in racial disparities in overdose deaths



Black Michiganders are 2.8x more likely to die of an overdose and American Indian / Alaska Native Michiganders are 2.2x more likely to die of an overdose, compared to white Michiganders.

Overdose Death Rate by Year and Race/Ethnicity Group



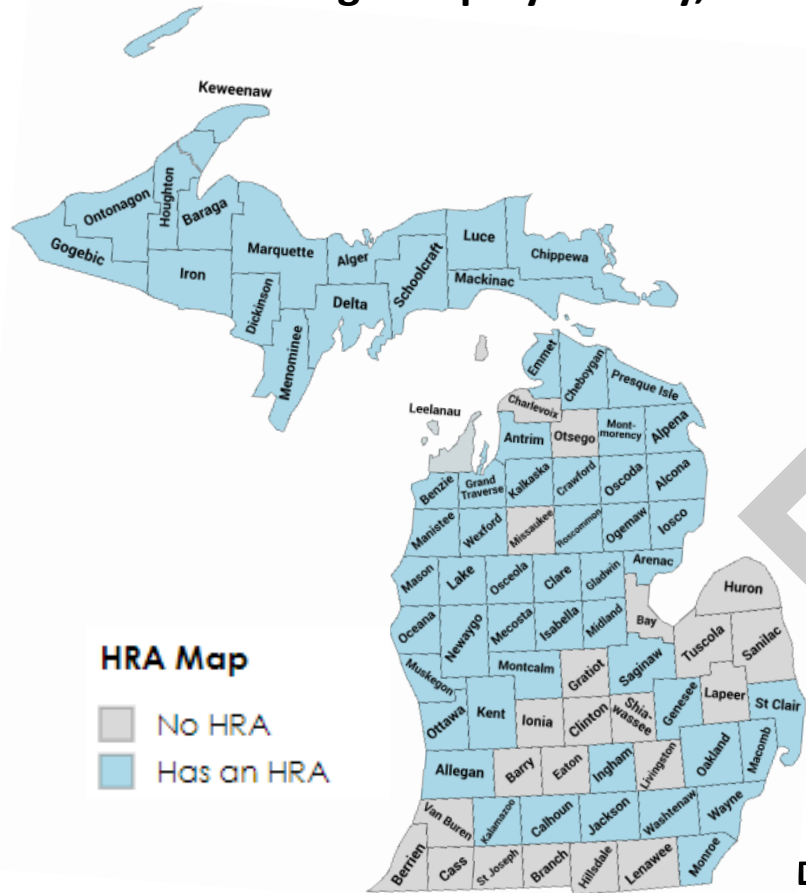
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Harm Reduction Problem: Not everyone who uses drugs has access to a harm reduction agency

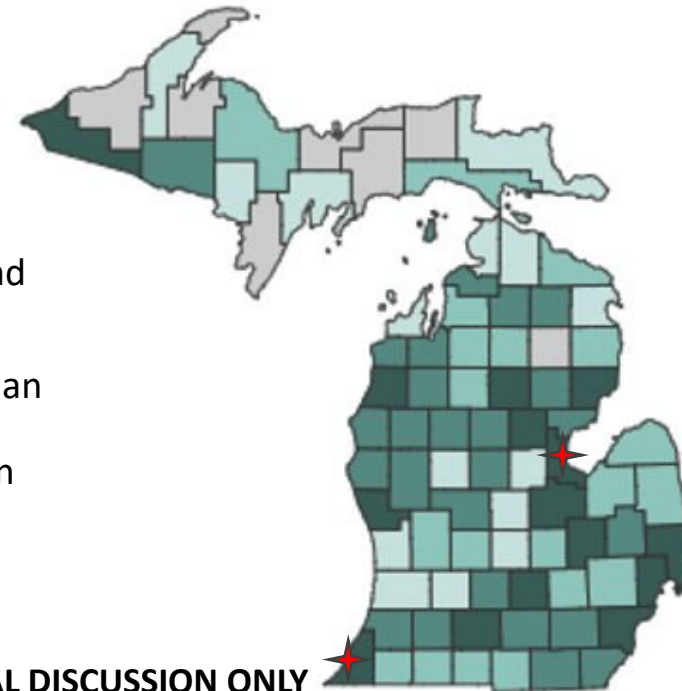
There are counties with high overdose rates that do not have an operating HRA. HRAs offer their participants access to life saving overdose prevention kits: naloxone and kits may also include rescue breathing masks, gloves, sanitizer, test strips, face shields, and educational materials on overdose.

HRA Coverage Map by County, 2024



Provisional 3-Year Avg. Overdose Death Rate per 100,000, Q4 2020 - Q3 2023

0-14 15-19 20-29 30+ Suppressed



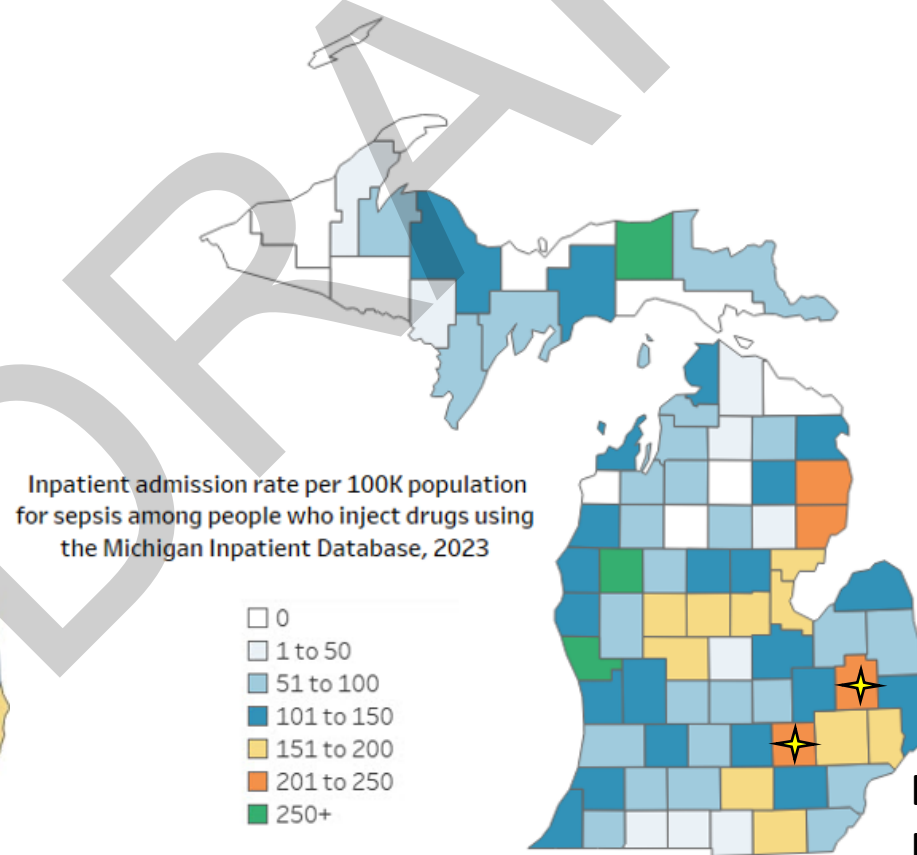
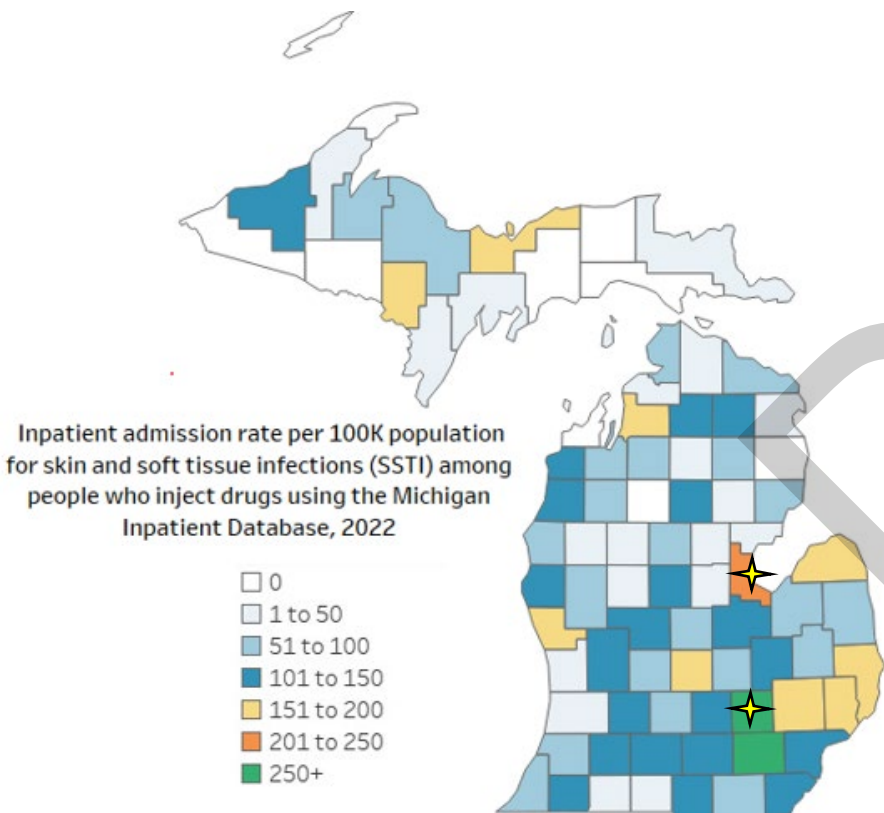
There are **35** operating HRAs and **107** operating sites.

Although 72% of counties have an operating HRA, there are still counties with **no HRA** and are in areas with higher rates of morbidity and mortality associated with drug use.

Bay and **Berrien** counties have some of the highest overdose death rates and do not have an operating HRA.

Harm Reduction Problem: People who inject drugs are at increased risk of wounds and skin & soft tissue infections

- Wounds and skin and soft tissue infections are common complications of injection drug use, which can be caused by contamination in the illicit drug supply and reusing and sharing injection equipment.
- Hospitalizations related to injection drug use are increasing.
- Sterile injection supplies, test strips, and wound care provided by HRAs can help prevent wounds related to injection drug use and xylazine use from requiring hospitalization and further morbidity and mortality.



Bay and **Livingston** counties have high inpatient admission rates for **skin and soft tissues infections** among people who inject drugs in 2022 and do not have an HRA.

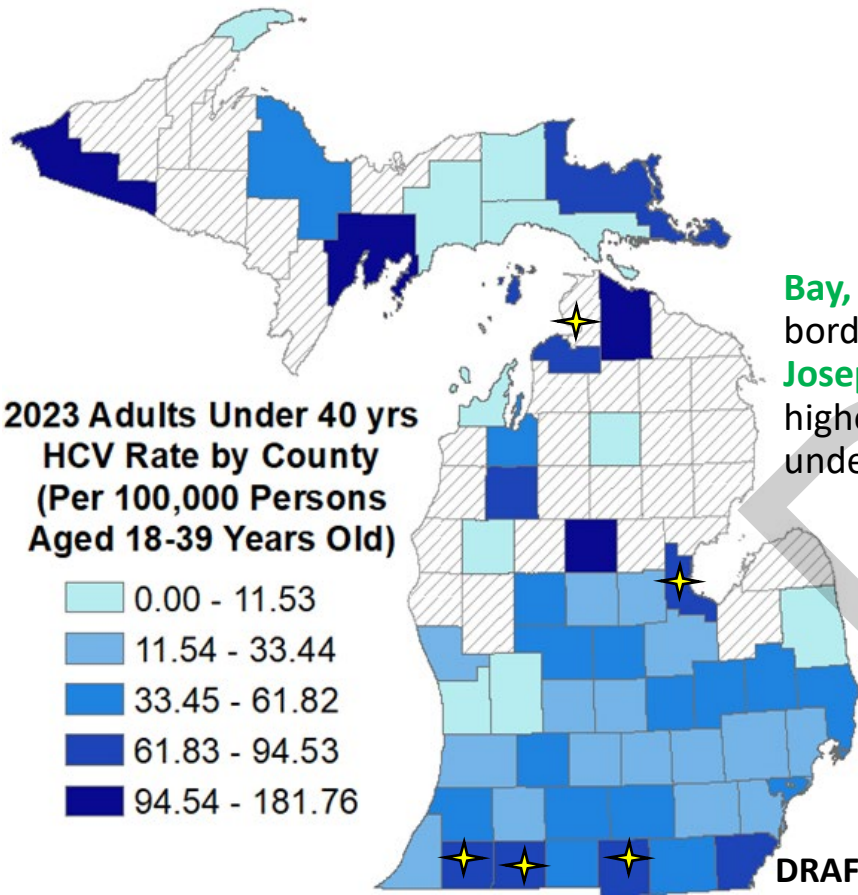
Lapeer and **Livingston** counties have high inpatient admission rates for **sepsis** among people who inject drugs in 2023* and do not have an HRA.

Data source: Michigan Inpatient Database
*2023 data is provisional

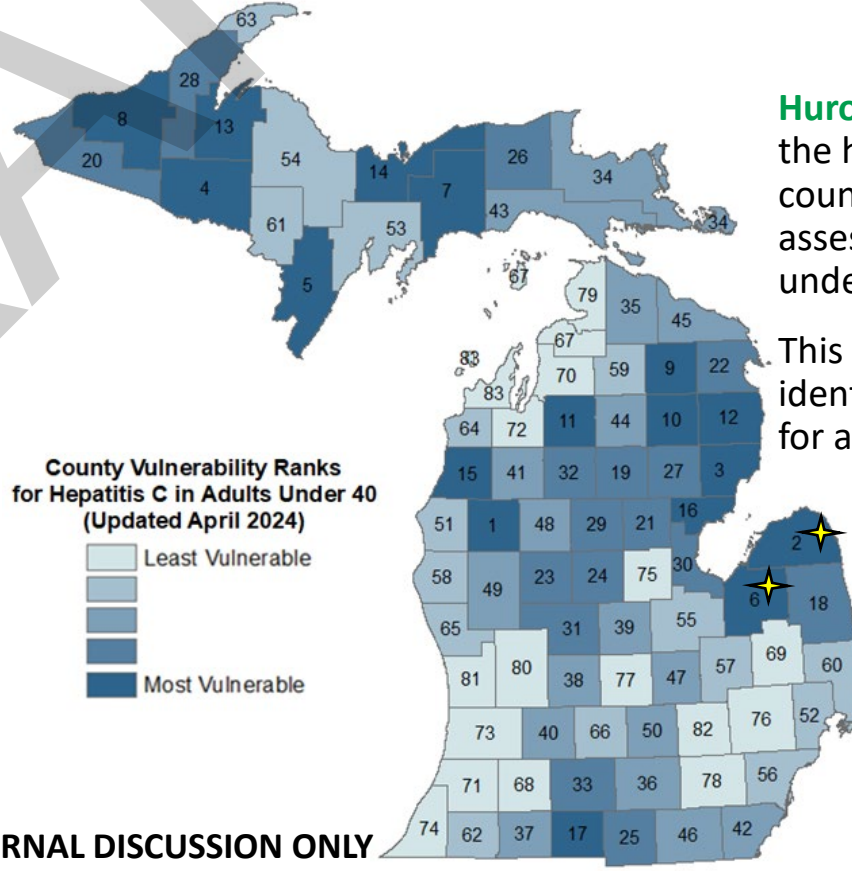
DRAFT DELIBERATIVE – FOR INTERNAL DISCUSSION ONLY

Harm Reduction Problem: PWUD are at an increased risk for contracting infectious diseases like hepatitis C

- Majority of our hepatitis C (HCV) cases 18-39 years old report substance use. Most common way to get HCV is through injecting drugs and sharing drug use equipment.
- If PWUD don't have access to an HRA, then they may not ever receive health services like HCV and HIV screening and linkage to care and treatment, vaccinations, safer sex supplies, and referrals to substance use disorder treatment.



Bay, Charlevoix, & southern border counties: Cass, St. Joseph, & Hillsdale have higher rates of HCV in adults under 40 years old & no HRA.



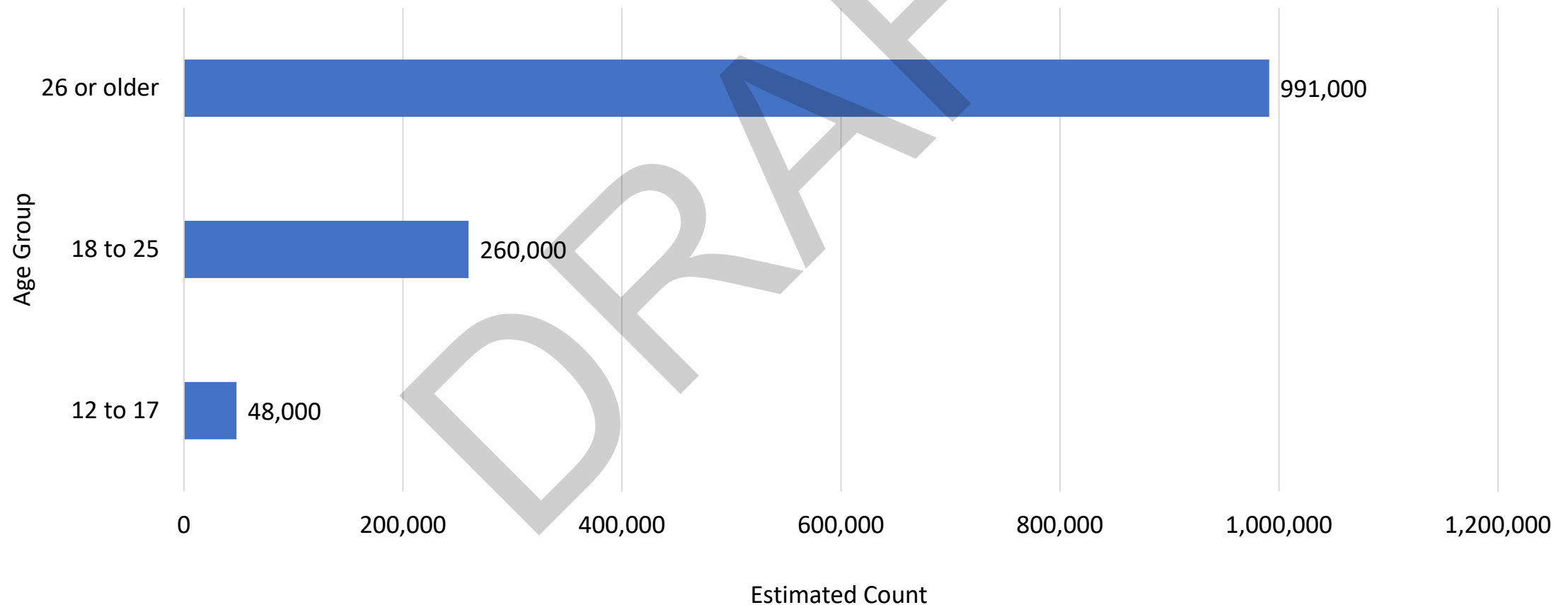
Huron & Tuscola counties rank the highest on Michigan's county vulnerability assessment for HCV in adults under 40 and no HRA.

This assessment helps to identify counties most at risk for an HCV outbreak.

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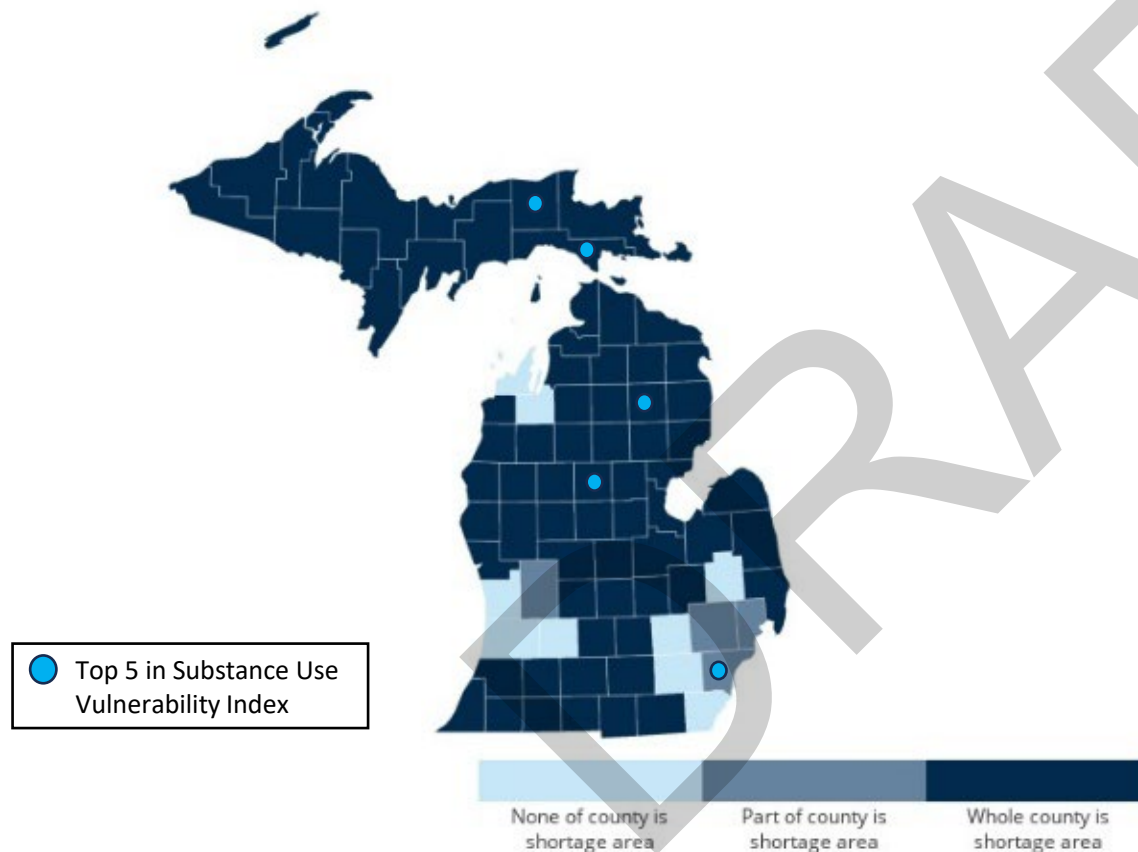
Treatment Problem: 1.3M need treatment for a drug or alcohol use disorder but are not receiving it.

Count of Michigan Residents with Substance Abuse Disorder Classified as **Needing but Not Receiving Substance Abuse Treatment** by Age Group, Age 12 years and Older, 2021-2022



Treatment Problem: 84% of MI counties are mental health professional shortage areas.

Health Professional Shortage Areas: Mental Health, by County, April 2024 - Michigan



Source: data.HRSA.gov, April 2024.

84% of MI counties are mental health professional shortage areas.

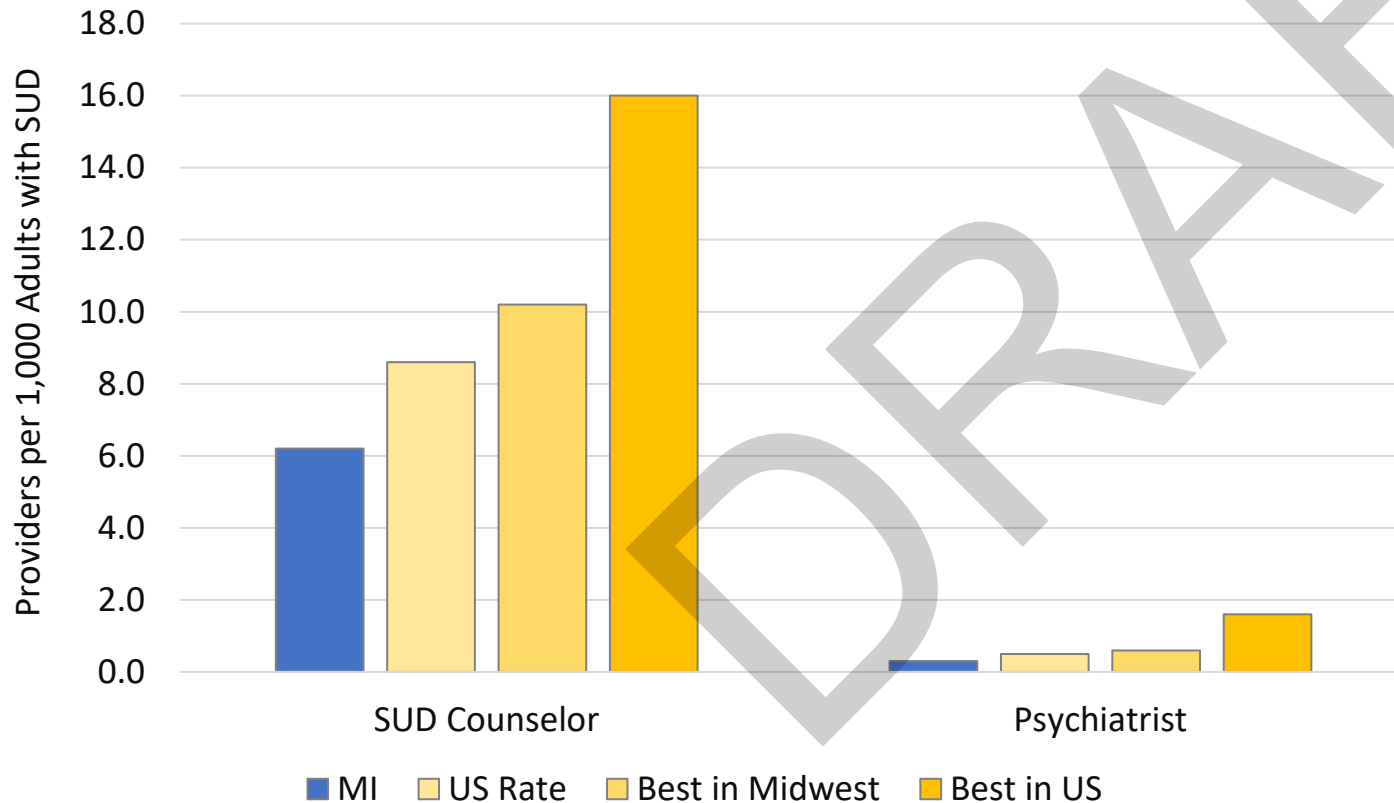
4 out of the 5 counties with the highest Substance Use Vulnerability Index Score are counties designated as mental health professional shortage areas.

DRAFT DELIBERATIVE – FOR INTERNAL DISCUSSION ONLY

Source: [Map of Health Professional Shortage Areas: Mental Health, by County, April 2024 - Rural Health Information Hub](#)

Treatment Problem: Michigan ranks 40th in the US for availability of SUD counselors and 32nd for availability of psychiatrists.

Rate of SUD Counselors and Psychiatrists per Adults with an SUD by US Region



To be tied with the best state in the nation, Michigan needs

- 14,244 more SUD counselors
- 1,855 more psychiatrists

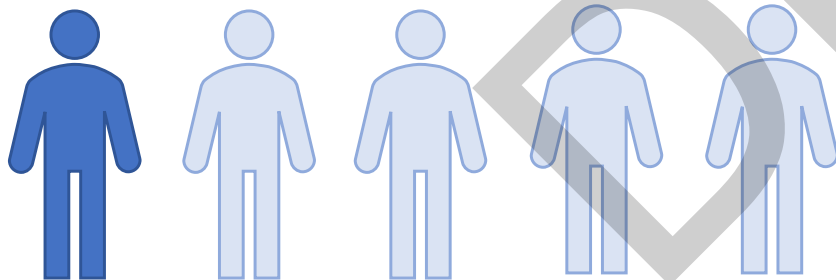
Recovery Problem: At least 1 in 5 fatal overdoses in Michigan had a history of housing instability

Unstable housing is associated with a higher prevalence of substance use disorders.

“Substance Abuse and Mental Health Services Administration (SAMHSA) found that **68% of cities reported that substance abuse was the largest cause of homelessness among single adults.**”

Stable housing is one of SAMHSA’s four major dimensions of recovery due to its association with positive outcomes.

History of homelessness among fatal overdoses in MI (n=12,554), 2019 - 2023)



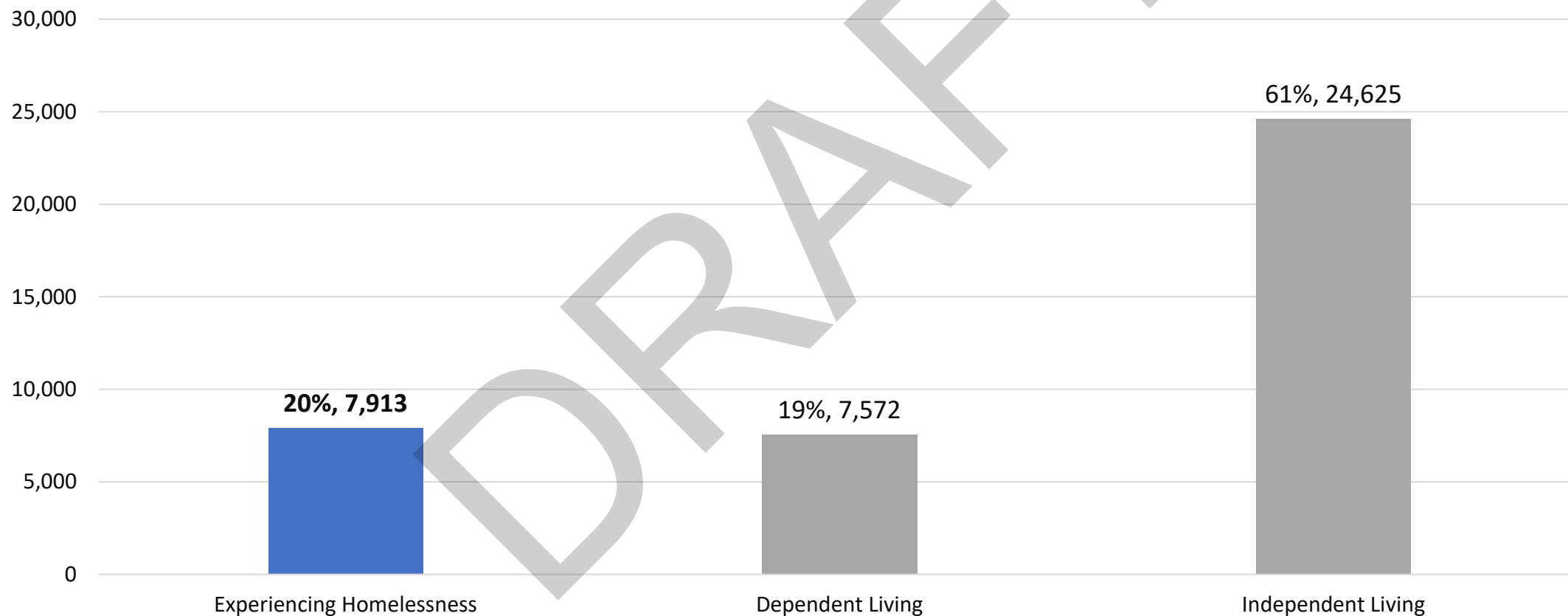
Those without stable housing are **9X more likely to die** from an opioid overdose.

19% of all fatal overdoses between January 2019 and December 2023 were among individuals with a history of homelessness, indicating a need for stable housing.

Recovery Problem: 7,913 Michiganders leave publicly funded treatment without stable housing



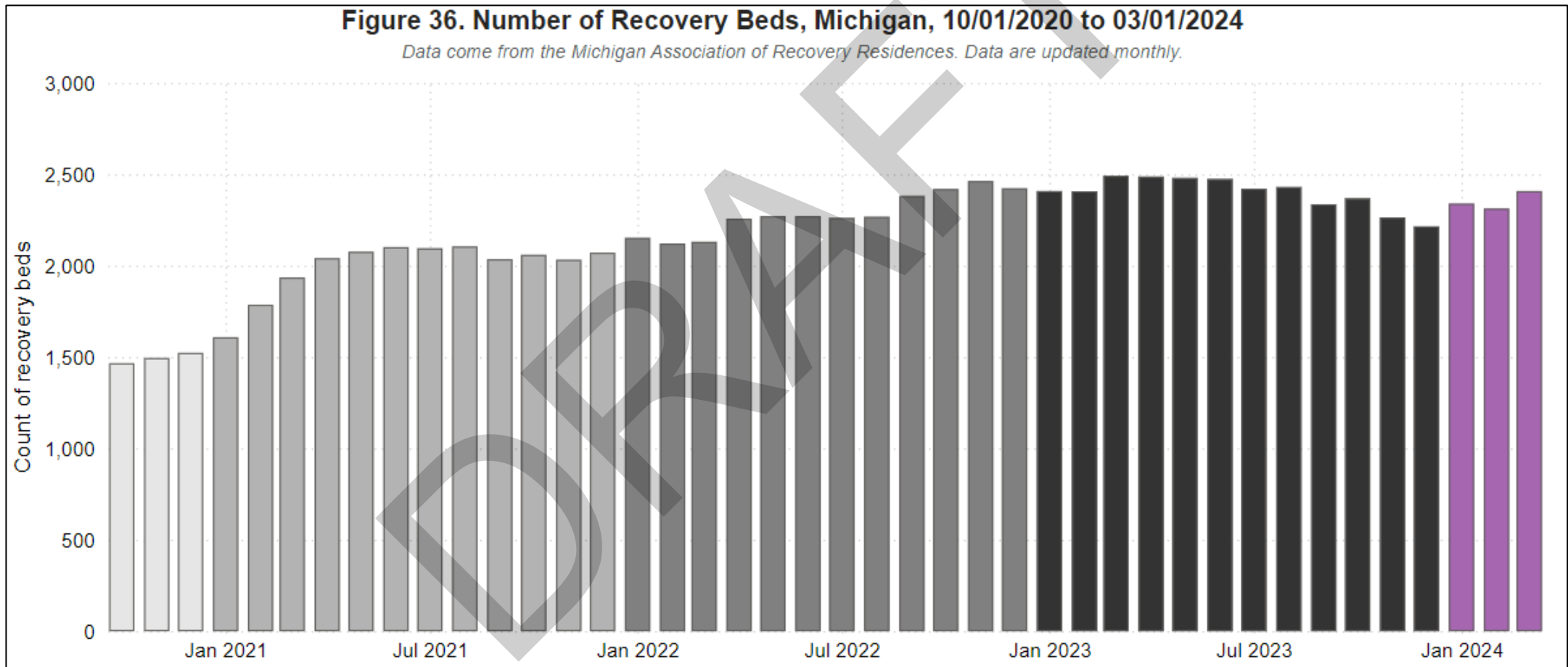
FY23 Living Arrangement at Discharge
Treatment Episode Dataset



DRAFT DELIBERATIVE – FOR INTERNAL DISCUSSION ONLY

Source: Behavioral Health Treatment Episode Dataset

Recovery Problem: Michigan only has 2,500 Recovery Beds



Source: Michigan Association of Recovery Residences

Recovery Problem: Percent of Black patients without housing is almost **double** that of white patients

Without Stable Housing at Discharge
Refused, Other, and Multi-race not displayed

