



Michigan's Opioids Settlement – MDHHS FY23 Spend Plan Programming Planning Overview

Overview

This Planning Overview document was designed as a tool to track efforts currently under way that are funded through the State of Michigan's share of [Michigan's Opioid Healing and Recovery Fund](#) (Opioids Settlement). Its purpose is to aid Michigan Department of Health and Human Services (MDHHS) teams in the coordination of cataloging settlement-related activities, and outputs and strive toward the shared goal of accountability and transparency. It will also assist in ensuring that equity has been considered and built into program activities and subsequent outputs, as well as helping begin to plan how program success should be defined and measured through outcome development and evaluation moving forward.

The Planning Overview was purposely set up to include typical components of a [logic model](#); however, it must be noted that this document does not yet include short-term, intermediate, or long-term outcomes. The goal of the initial year of funding is to establish programming that aligns with the Michigan Opioids Task Force's Opioids Strategy and to begin addressing the primary problem(s) noted. This document was developed with the goal of assisting an expert evaluator, whom will be onboarded through a forthcoming formal procurement process, assess funded efforts and their intended impact, and guide the development of specific and measurable outcomes with the ultimate goal of reducing overdose deaths and harms associated with the opioids crisis in Michigan.

In regard to Opioids Settlement program monitoring:

- ✓ In general, all funded contractors and subrecipients of MDHHS are required to submit regular reports and are subject to standard program and fiscal monitoring by the Department as a condition of receiving funding.
- ✓ MDHHS spend-plan leads, with support of the MDHHS Opioids Policy Team and oversight of MDHHS leadership, provide oversight and monitoring of each funded initiative's contract/agreement and the associated activities and outputs, including equity-specific outputs provided within this Planning Template.
- ✓ The MDHHS Opioids Policy Team holds regular meetings with MDHHS Behavioral Health Budget staff to monitor expenditures.
- ✓ And, as noted above, MDHHS is exploring options for procurement of program evaluator to onboard during FY24 to provide expertise on outcome evaluation and provide monitoring and evaluation support for future funding years.

Planning Overview Components

Michigan Opioids Task Force Strategy Pillar: This is the Michigan Opioids Task Force Opioids Strategy Pillar in which the settlement-funded program has been categorized.

FY23 Approved Pillar Funding: In July 2022, the Michigan Legislature approved the Opioid Healing and Recovery Fund (settlement funds) appropriation of the FY 22 supplemental request (\$16 million) and FY 23 authorization (\$23.2 million) to MDHHS without restrictions. Funds were divided and allocated across the pillars of the Opioids Strategy and are reflected in this column.

FY23 Estimated Budget Allocation YTD: This column reflects the amount of appropriated funding to be utilized by programming listed year-to-date. Due to the delayed receipt of the payments from the Distributors (December 2022) and Janssen (January 2023), not all appropriated funds have been/will be allocated to programming for FY23.

Strategy/Program: This column includes the name of the strategy/program that is receiving funding.

Primary Problem: This column provides background information and data regarding the issue that is being addressed by the strategy/program listed.

Rationale: This column provides the rationale behind the selection of the strategy/program listed and is driven by the primary problem. *The Rationale column is highly important because it makes sure the strategy/program selected for funding and the program's theory-of-change has some kind of evidence or clear rationale making it reasonable or likely to make an impact on reducing overdoses.*

Activities: This column includes the strategy/program's activities, which are the things the strategy/program will do. Activities are what the program does with the resources. Activities are the processes, tools, events, technology, and actions that are an intentional part of the program implementation. These interventions are used to bring about the intended program changes or results. *Because this is a working draft, Activities may be added or edited throughout the year.*

Outputs: This column includes outputs, which are data about activities. Outputs should reflect the direct results of program activities. They are usually described in terms of size and scope of the services or products delivered or produced by the program. They indicate whether or not a program was delivered to the intended audiences at the intended "dose." Time periods may be included to outputs to further specify expectations or just added to the monitoring plan, similar to how deliverables are often written in contracts. *Because this is a working draft, Outputs may be added or edited throughout the year.*

Equity-Specific Outputs: This column reflects how the program has included the concept of equity or is addressing equity issues within its outputs. It is possible that the information in this column overlaps with the previous Outputs column. *Because this is a working draft, Equity Outputs may be added or edited throughout the year.*

Program Start Date: This column identifies the anticipated program start date, if available.

Program Owner: This column identifies the MDHHS program that is providing the leadership and oversight of the funded program listed.

MDHHS FY23 Spend Plan Programming Planning Overview*

*This is a working document that may evolve as work is planned and implemented throughout the fiscal year. Revisions may be necessary as efforts progress.

Michigan's Opioid Task Force Strategy Pillar	FY23 Approved Pillar Funding	FY23 Estimated Budget Allocation YTD	Strategy/ Program	Primary Problem	Rationale	Activities	Outputs	Equity-Specific Outputs	Program Start Date	Program Owner
Prevention	\$2,400,000	\$2,400,000	Expansion of MDHHS Adolescent and School Health Michigan Model for Health (MMH) Curriculum to include ACEs content (Statewide)	Adverse Childhood Experiences (ACEs) are associated with younger age of opioid initiation, injection drug use, and lifetime overdose ¹ Experiencing trauma before age 18 is associated with increased odds of opioid misuse; the odds of opioid misuse are approximately three times higher among adults with four or five or more different experiences of trauma ²	An increased awareness of the dangers of using drugs should result in a decrease in the incidence of addiction in teens (social learning model)	<ul style="list-style-type: none"> Expand the MMH curriculum, including ACE, trauma-informed care, social and emotional care, and family support resources. Provide funding to support digital licensing for teachers across the state. Support on-going maintenance of the system which is housed outside of MDHHS and requires external maintenance. 	<ul style="list-style-type: none"> Number of schools provided with expanded MMH curriculum. Number of teachers licensed to teach the curriculum. 	<ul style="list-style-type: none"> Number of curricular modules created for ESL applications. Number of schools provided with expanded MMH curriculum that are situated in geographic areas with a high MI-SUVI rating and/or other social indicators of health outcomes. 	02/01/2023	MDHHS Public Health Administration, Injury and Violence Prevention Section
			Expansion of MDHHS MI BRFS to gather ACEs data (Statewide)	In 2016, 2/3 of Michigan's adults reported having experienced at least one Adverse Childhood Experience ³	Adding questions to BRFS should result in more actionable data for addressing addiction in teens	<ul style="list-style-type: none"> Add additional questions to the Mi-BRFS. Collect ACEs data. Analyze data to identify future service/program needs. 	<ul style="list-style-type: none"> Number of questions added to Mi-BRFS. Number of incidences of program support using data gathered from the questions. 	This will be used as an opportunity to develop and implement cross-section collaborations and leverage funding to have a larger community impact on injury and chronic disease.	09/01/2023	
			Early Childhood Investment Corporation- Health Outcomes for Positive Experiences (HOPE) curriculum for communities (Tufts Medicine) (Genesee, Washtenaw, St.Clair, Taylor, Saginaw, Bay City, Midland, Ingham, Calhoun, Northern MI (counties TBD))		Positive childhood experiences drive healthy development and mitigate the long-term effects of toxic stress and adversity	<ul style="list-style-type: none"> Partner with Early Childhood Investment Corps. Implement HOPE curriculum pilot. Train communities on building protective factors to mitigate ACEs. 	<ul style="list-style-type: none"> Number of sites where the HOPE curriculum is implemented. Number of communities trained on building protective factors. 	Number of communities in geographic areas with high Mi-SUVI ratings and/or other social indicators of health outcomes, in which the HOPE curriculum is implemented.	07/01/2023	
			UM Pathways for Youth- Youth Enrichment and Program/Strengthening Families Program (Genesee, Wayne, Northern Michigan (counties TBD))	Adverse Childhood Experiences (ACEs) are associated with younger age of opioid initiation, injection drug use, and lifetime overdose ⁴ Experiencing trauma before age 18 is associated with increased odds of opioid misuse; the odds of opioid misuse are approximately three times higher among adults with four or five or more different experiences of trauma ⁵ In 2016, 2/3 of Michigan's adults reported having experienced at least one Adverse Childhood Experience ⁶ 20% of youth report using drugs/offered drugs/ and or sold drugs on school property. 12% report using prescription drugs without doctors prescribing or differently than prescribed. ⁷	Positive childhood experiences drive healthy development and mitigate the long-term effects of toxic stress and adversity	<ul style="list-style-type: none"> Host training sessions for participants of Strengthening Families Program. Host sessions for summer enrichment program. Create outreach strategies to recruit youth and families by working with schools, Drug Free Communities coalitions and community partners. Host meeting with schools. Host meeting with community partners and coalitions. 	<ul style="list-style-type: none"> Number of entities provided with the Strengthen Families Program, including families post release from state and local correctional facilities and investment in fathers to strengthen family protective factors. Number of youth attending program. Number of trainings conducted. 	Number of communities in geographic areas with high Mi-SUVI ratings and/or other social indicators of health outcomes in which the Strengthening Families Program and summer enrichment activities are implemented.	07/01/2023	

¹ Centers for Disease Control and Prevention: National Center for Injury Prevention and Control. (2022). Urgent, Related, Preventable: Adverse Childhood Experiences, Overdose, and Suicide, https://www.asam.org/docs/default-source/advocacy/cross-priority-fact-sheet.pdf?sfvrsn=11f95ac_2

² Centers for Disease Control and Prevention. (2022). Urgent. Related. Preventable, file:///C:/Users/postmusk/OneDrive%20-%20State%20of%20Michigan%20DTMB/Documents/Settlement/Prevention%20Programs/IVP/Urgent-Related-Preventable_Fact-Sheet.pdf

³ Michigan Department of Health and Human Services. (2020). Using BRFS ACEs Data as a Catalyst to Build Capacity in Michigan Communities, [2021 MiBRFS State Added ACE Question ASK.docx.pdf](2021_MiBRFS_State_Added_ACE_Question_ASK.docx.pdf)

⁴ Centers for Disease Control and Prevention: National Center for Injury Prevention and Control. (2022). Urgent, Related, Preventable: Adverse Childhood Experiences, Overdose, and Suicide, https://www.asam.org/docs/default-source/advocacy/cross-priority-fact-sheet.pdf?sfvrsn=11f95ac_2

⁵ Centers for Disease Control and Prevention. (2022). Urgent. Related. Preventable, file:///C:/Users/postmusk/OneDrive%20-%20State%20of%20Michigan%20DTMB/Documents/Settlement/Prevention%20Programs/IVP/Urgent-Related-Preventable_Fact-Sheet.pdf

⁶ Michigan Department of Health and Human Services. (2020). Using BRFS ACEs Data as a Catalyst to Build Capacity in Michigan Communities, [2021 MiBRFS State Added ACE Question ASK.docx.pdf](2021_MiBRFS_State_Added_ACE_Question_ASK.docx.pdf)

⁷ Drug and Opioid-Involved Overdose Deaths — United States, 2017–2018 | MMWR (cdc.gov)

Michigan's Opioid Task Force Strategy Pillar	FY23 Approved Pillar Funding	FY23 Estimated Budget Allocation YTD	Strategy/ Program	Primary Problem	Rationale	Activities	Outputs	Equity-Specific Outputs	Program Start Date	Program Owner
				<p>Death rates involving synthetic opioids increased from 9.0 per 100,000 population in 2017 to 9.9 in 2018 and accounted for 67.0% of opioid-involved deaths in 2018. These rates increased from 2017 to 2018 among males and females, persons aged ≥25 years, non-Hispanic whites, non-Hispanic blacks, Hispanics, non-Hispanic Asian/Pacific Islanders, and in large central metro, large fringe metro, medium metro, and small metro counties.⁸</p> <p>Findings related to overdose deaths among adolescents (persons aged 10–19 years):</p> <ol style="list-style-type: none"> 1) deaths have increased substantially since the end of 2019. 2) a majority of deaths involved illicitly manufactured fentanyl (IMFs). 3) nearly ¼ of deaths included evidence of counterfeit pills. 4) 2/3 of decedents had a potential bystander present, although most provided no overdose response. 5) approximately 41% of decedents had a history of mental health conditions or treatment. Overdose prevention efforts promoting awareness of dangers of IMFs and aiming to treat underlying mental health and substance use disorders might help reduce adolescent overdose deaths.⁹ 						
			MDHHS Injury and Violence Prevention Section Statewide Educational and Awareness Campaign (Urgent, Related and Preventable) (Statewide)	Deaths associated with alcohol, drugs, and suicide took the lives of 186,763 Americans in 2020, a 20% one-year increase in the combined death rate and the highest number of substance misuse deaths ever recorded for a single year ¹⁰	An increased awareness of the dangers of using drugs should result in a decrease in the incidence of addiction and suicide in teens (social learning model)	<ul style="list-style-type: none"> Attend site visit with Suicide, Overdose, and Adverse Childhood Experiences Prevention Capacity Assessment Tool (SPACECAT) through ASTHO to receive technical assistance in conducting a partnership mapping project, identify common intersection points and developing an action plan to aide in creating cross-sectional injury project that share common risk and protective factors. Conduct partnership mapping. Identify common risk/protective factors. Create action plan for statewide educational awareness campaign implementation process. Develop common messaging plan to target multiple sectors, including internal/external partners. Develop written content. 	<ul style="list-style-type: none"> Number of messages developed. Number of targeted sectors. Number of activities conducted in partnership with the ACE coordinator and suicide prevention staff. Number of Action Plans developed. 	<ul style="list-style-type: none"> Number of culturally relevant messages for individuals and agencies that work with historically marginalized populations. 	08/01/2023	

⁸ Drug Overdose Deaths Among Persons Aged 10–19 Years — United States, July 2019–December 2021 | MMWR (cdc.gov)

⁹ Tanz LJ, Dinwiddie AT, Mattson CL, O'Donnell J, Davis NL. Drug Overdose Deaths Among Persons Aged 10–19 Years — United States, July 2019–December 2021. MMWR Morb Mortal Wkly Rep 2022;71:1576–1582. DOI: <http://dx.doi.org/10.15585/mmwr.mm7150a2>

¹⁰ Pain in the Nation. (2022). <https://pitn.org/>

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						<ul style="list-style-type: none"> Develop outreach/recruitment. Identify target audiences. Work with approved marketing consultant if appropriate. 				
			Support for Corewell Health's Taylor Teen Center Prevention Education Assistance and Community Engagement (PEACE) Project (Wayne County/Taylor, MI)	<p>20% of youth report using drugs/offered drugs/ and or sold drugs on school property. 12% report using prescription drugs without doctors prescribing or differently than prescribed.¹¹</p> <p>Death rates involving synthetic opioids increased from 9.0 per 100,000 population in 2017 to 9.9 in 2018 and accounted for 67.0% of opioid-involved deaths in 2018. These rates increased from 2017 to 2018 among males and females, persons aged ≥25 years, non-Hispanic whites, non-Hispanic blacks, Hispanics, non-Hispanic Asian/Pacific Islanders, and in large central metro, large fringe metro, medium metro, and small metro counties.¹²</p> <p>Findings related to overdose deaths among adolescents (persons aged 10–19 years):</p> <ol style="list-style-type: none"> 1) deaths have increased substantially since the end of 2019. 2) a majority of deaths involved illicitly manufactured fentanyls (IMFs). 3) nearly one quarter of deaths included evidence of counterfeit pills. 4) two thirds of decedents had a potential bystander present, although most provided no overdose response. 5) approximately 41% of decedents had a history of mental health conditions or treatment. Overdose prevention efforts promoting awareness of dangers of IMFs and aiming to treat underlying mental health and substance use disorders might help reduce adolescent overdose deaths.¹³ <p>For the 2021-22 Graduation/Drop Out Rate for Taylor, MI, 81% graduated, 1% Other Completer (GED, etc.), 9.8% Off-Track and 8.19% Dropout Rate.¹⁴</p> <p>For the 2022-23 school year 76.84% of students were economically</p>	The Corewell Health Taylor Teen Health Center's mission is to positively impact the health of adolescents and young adults in partnership with them, their families, schools, and communities. Change occurs in the context of family, school, neighborhood, and the larger culture. Effective change approaches include knowledge dissemination, teaching skill building (including self-management and social skills), connecting with peers, and focusing on protective factors, such as positive self-image, support, access to services, positive, healthy relationships, mentoring, nurturing parenting skills, school enrollment and educational attainment, and overall ACE mitigation. Some of the theory includes Transtheoretical Model of Health Behavior Change (AKA stages of change), Social learning model, Risk and Protective Factor Theory of Alcohol, Tobacco and Other Drugs (ATOD) prevention and Peer Education Theory.	<ul style="list-style-type: none"> Implement curriculum from Botvins Life Skills, Nurturing Parenting Curriculum, Coping and Support Training, Prime for Life, SAVE Peer Educator. Develop/expand resource list for referrals. Facilitate support groups for LGBTQ Teens. Train pregnant/parenting teens. Train caregivers (parents/foster parents/grandparents/and other support persons). Train peer educators. Train Youth Assistant Program participants. Develop/revise training content. 	<ul style="list-style-type: none"> Number of pregnant and parenting teens trained. Number of foster parents trained. Number of LGBTQ+ youth trained. Number of high-risk, multi-problem teens trained. Number of peer educators trained. Number of support groups held. Number of referrals to supportive services. 	<ul style="list-style-type: none"> Number of students/parents/grand parents/caregivers/ participating in this program who are from communities in geographic areas with high Mi-SUVI ratings. 	04/01/2023	

¹¹ Centers for Disease Control and Prevention. Drug and Opioid-Involved Overdose Deaths — United States, 2017–2018 | MMWR (cdc.gov)

¹² Centers for Disease Control and Prevention. Drug Overdose Deaths Among Persons Aged 10–19 Years — United States, July 2019–December 2021 | MMWR (cdc.gov)

¹³ Tanz LJ, Dinwiddie AT, Mattson CL, O'Donnell J, Davis NL. Drug Overdose Deaths Among Persons Aged 10–19 Years — United States, July 2019–December 2021. MMWR Morb Mortal Wkly Rep 2022;71:1576–1582. DOI: <http://dx.doi.org/10.15585/mmwr.mm7150a2>

¹⁴ MI School Data. 2021-2022. Graduation/Dropout Rate. <https://www.mischooldata.org/graddropout-rate/>

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				<p>disadvantaged, within the Taylor School District.¹⁵</p> <p>Michigan Profile for Health Youth (MIPHY), 2021-2022 School Year, Wayne County (which Taylor resides in):</p> <p>67.2% (n=2423) of high school students who have at least one best friend who made a commitment to stay drug free during the past year.</p> <p>13.1% (n=567) of high school students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months</p> <p>50.8% (n=1928) of high school students whose parents tell them they're proud for something they've done.¹⁶</p>						
			<p>Support Greater Flint Health Coalition collaboration within Faith-based Communities (Genesee) guided by strategies outlined in the US Dept. Of Health and Human Services Center for Faith and Opportunity Initiatives' Opioid Crisis Practical Toolkit: Helping Faith-based and Community Leaders Bring Hope and Healing</p>	<p>MI 2021 Overdose Deaths N=3,096¹⁷</p> <p>Michigan BRFS 2019-2021 Regional and Local Health Department Estimates – Region 2 (includes Genesee County):</p> <p>Poor physical health on at least 14 days in the past month = 17%, N=1,146</p> <p>Poor mental health on at least 14 days in the past month = 16.4%, N=1,141</p> <p>Activity limitation on at least 14 days in the past month (either poor physical health or poor mental health kept them from doing their usual activities, such as self-care, work, and recreation) = 13%, N=1,156</p> <p>No Leisure Time Activity (not practicing in any leisure time physical activity or exercises over the last month) = 30.8%, N=1,140</p> <p>High Blood Pressure (if ever told by a doctor they had high blood pressure) = 40.3%, N=907¹⁸</p>	<p>Faith-based institutions are particularly effective in community mobilization and timely response to crises. Faith communities are adept at facilitating quality group interactions focused on overcoming traumatic experiences that impact overall health outcomes and increase risk.</p> <p>Social Connection Theory: refers to the feeling of belonging and relatedness between people. Faith and community leaders are often the first point of contact when individuals and families face mental health problems or traumatic events. In fact, in times of crisis, many will turn to trusted leaders in their communities before they turn to mental health professionals.¹⁹</p> <p>Because racial inequalities are embedded in American popular and political cultures as well as in medicine, the federal and state governments should develop more culturally targeted programs to benefit Black communities in the opioid crisis. Such programs include the use of faith-based organizations to deliver substance use prevention and treatment services.²⁰</p>	<ul style="list-style-type: none"> Recruit faith-based partners/champions. Convene meetings. Conduct training modules (topics will include but not limited to: building strong partnerships, social supports, overdose response strategies, harm reduction strategies, SUD 101). Develop resources/referral list/guide (that will assist in helping connect congregation members to services). Discuss capacity to build community driven response to opioid and polysubstance misuse and overdoses and develop actionable steps. Establish and maintain a planning group to build strategic alliances with faith-based and community groups. Develop ways to partner and assist with local response efforts (i.e., QRTS, treatment, mental health supports, etc.). 	<ul style="list-style-type: none"> Number of faith-based communities recruited. Number of training modules conducted. Action plan developed. Development of Local Resource List Strategies to partner and strengthen local response efforts. 	<ul style="list-style-type: none"> Increases in community participant satisfaction in culturally responsive, community driven SU/SUD prevention outreach. 	03/01/2023	

¹⁵ MI School Data. 2021-2022. Student Enrollment Counts Report. <https://www.mischooldata.org/student-enrollment-counts-report/>

¹⁶ Michigan Profile for Healthy Youth. 2021-2022. Wayne County. <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>

¹⁷ Michigan Department of Health and Human Services. (2023). Michigan Overdose Data to Action Dashboard, <https://www.michigan.gov/opioids/category-data>

¹⁸ Michigan Dept. of Health and Human Services. Michigan BRFS Regional and Local Health Dept. Tables. 2019-2021. <https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/epidemiology/chronicepi/bfrs/reglocal/michigan-brfs-regional-and-local-health-dept-tables>

¹⁹ SAMHSA. 2023. For Community and Faith Leaders. <https://www.samhsa.gov/mental-health/how-to-talk/community-and-faith-leaders>

²⁰ James K, Jordan A. The Opioid Crisis in Black Communities. J Law Med Ethics. 2018 Jun;46(2):404-421. doi: 10.1177/1073110518782949. PMID: 30146996

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					Rew and Wong (2006) found that, among 43 studies, most (84%) showed that religiosity, i.e., the intensity of religious involvement and practice, and/or spirituality had positive effects on health attitudes and behaviors. ²¹					
			Funding support for Flint Odyssey House Stigma Education/Awareness/Linkage to Care Prevention (St. Clair)	Research shows that health-related stigma for any condition is not just a social problem. It can have detrimental impacts on how health care is sought, accessed, and delivered, and slow scientific progress. Stigma is also associated with poor health outcomes and reduced service utilization. For example, stigma related to conditions like HIV, tuberculosis, epilepsy, and substance use, increases the likelihood that the individual will develop a related mental disorder like depression or anxiety. In addition, research shows that stigma reduces quality of life and makes individuals less likely to seek out needed care. ²²	Transtheoretical Model of Health Behavior Change (AKA stages of change) Social learning model when peer recovery coaches are used	<ul style="list-style-type: none"> Build capacity to launch stigma awareness campaign based on NAMI and SAMHSA anti-stigma guidance. Host community meetings. Host or develop educational workshops. Develop plan to address strategies to mitigate stigma, including response efforts. 	<ul style="list-style-type: none"> Number of messages developed. Number of rural communities engaged in workshops. Number of partnerships developed. Number of community meetings. 	<ul style="list-style-type: none"> Increase in community driven, culturally responsive SU/SUD/overdose stigma prevention strategies and response efforts. Increase awareness of how stigma prevention improve access to care, linkage to care, supportive services and overall positive health outcomes for people who use substances. 	03/01/2023	
			Funding to support Home of New Vision Wraparound Wellness Center (Genesee, Washtenaw)	<p>MI 2021 Overdose Deaths N=3,096²³</p> <p>Michigan BRFS 2019-2021 Regional and Local Health Department Estimates – Region 1 (includes Washtenaw County) and Region 2 (includes Genesee County):</p> <p>Poor physical health on at least 14 days in the past month – Region 1 = 10.2%, N=1,698; Region 2 = 17%, N=1,146</p> <p>Poor mental health on at least 14 days in the past month – Region 1 = 16.2%, N=1,715; Region 2 = 16.4%, N=1,141</p> <p>Activity limitation on at least 14 days in the past month (either poor physical health or poor mental health kept them from doing their usual activities, such as self-care, work, and recreation) – Region 1 = 7.8%, N=1,714; Region 2 = 13%, N=1,156</p> <p>No Leisure Time Activity (not practicing in any leisure time physical activity or exercises over the last month) – Region 1 = 14.6%, N=1,714; Region 2 = 30.8%, N=1,140</p>	Transtheoretical Model of Health Behavior Change (AKA stages of change) Wellness Model, Social connection theory – feeling of belonging and relatedness between people. Establishing connections to offers as well as healthy habits for personal growth.	<ul style="list-style-type: none"> Establish wraparound system of care center in Washtenaw and Genesee Counties. Establish community partners. Establish training/wellness models driven by SAMHSA's <i>Eight Dimensions for Wellness</i> Initiative as a model to prevent overdose (and mitigate overdose risk factors) by implementing: (1) Peer Led Holistic Wellness Support Groups (2) Treatment and Ancillary Resource and Referral HUB (3) Wellness Training Modules (4) Financial Literacy Training/Resources. Establish peer support network. 	<ul style="list-style-type: none"> Number of care centers established. Number of individuals trained using SAMHSA's Eight Dimensions of Wellness. Number of individuals linked to treatment and other support services. Number of community partners established. 	<ul style="list-style-type: none"> Description of how social determinants of health impact wellness such safe neighborhoods, access to education, access to healthy foods, financial security, clean air, green space, social connections and a sense of community, ability to balance work and leisure, and chronic stress. 	04/01/2023	

²¹ Rew L, Wong YJ. A systematic review of associations among religiosity/spirituality and adolescent health attitudes and behaviors. *Journal of Adolescent Health*. 2006;38(4):433–442. doi: 10.1016/j.jadohealth.2005.02.004

²² National Institute of Mental Health. 2023. Stigma and Discrimination Research Toolkit. [NIMH » Stigma and Discrimination Research Toolkit \(nih.gov\)](https://www.nimh.nih.gov/health/research/stigma-and-discrimination-research-toolkit)

²³ Michigan Department of Health and Human Services. (2023). Michigan Overdose Data to Action Dashboard, <https://www.michigan.gov/opioids/category-data>

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				High Blood Pressure (if ever told by a doctor they had high blood pressure) – Region 1 = 23.1%, N=1,196; Region 2 = 40.3%, N=907 ²⁴						
			Program with ACCESS re: focus on school aged youth/family around stigma prevention (Wayne/Dearborn)	<p>20% of Michigan HS youth report using drugs/offered drugs/ and or sold drugs on school property. 12% report using prescription drugs without doctors prescribing or differently than prescribed.²⁵</p> <p>Death rates involving synthetic opioids increased from 9.0 per 100,000 population in 2017 to 9.9 in 2018 and accounted for 67.0% of opioid-involved deaths in 2018. These rates increased from 2017 to 2018 among males and females, persons aged ≥25 years, non-Hispanic whites, non-Hispanic blacks, Hispanics, non-Hispanic Asian/Pacific Islanders, and in large central metro, large fringe metro, medium metro, and small metro counties.²⁶</p> <p>Findings related to overdose deaths among adolescents (persons aged 10–19 years):</p> <ol style="list-style-type: none"> 1) deaths have increased substantially since the end of 2019. 2) a majority of deaths involved illicitly manufactured fentanyls (IMFs). 3) nearly one quarter of deaths included evidence of counterfeit pills. 4) two thirds of decedents had a potential bystander present, although most provided no overdose response. 5) approximately 41% of decedents had a history of mental health conditions or treatment. Overdose prevention efforts promoting awareness of dangers of IMFs and aiming to treat underlying mental health and substance use disorders might help reduce adolescent overdose deaths.²⁷ <p>For the 2022-23 school year 76.29% of students were economically disadvantaged, within the Dearborn City School District.²⁸</p>	Increases awareness, decreases stigma, and educates students and parents on the dangers of opioids through creative culturally appropriate messaging content (Arabic/people of color)	<ul style="list-style-type: none"> • Develop campaign content to increase awareness, decreases stigma, and educates students and parents on the dangers of opioids misuse through creative culturally appropriate messaging content (Arabic/people of color). ACCESS will review and tailor prior public health education media campaigns that are based on evidence, utilizing anti-stigma strategies from NAMI and SAMHSA. • Develop messaging. • Develop graphic images for advertisement. • Conduct outreach mapping. • Conduct virtual training. 	<ul style="list-style-type: none"> • Number of digital advertisements/billboards/bus advertisement. • Number of hits/clicks/QR Code scanned. 	<ul style="list-style-type: none"> • Number of culturally relevant messages for under-resourced individuals and agencies that work with vulnerable population. 	05/01/2023	

²⁴ Michigan Dept. of Health and Human Services. Michigan BRFSS Regional and Local Health Dept. Tables. 2019-2021. <https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/epidemiology/chronicepi/bfrs/reglocal/michigan-brfss-regional-and-local-health-dept-tables>

²⁵ Centers for Disease Control and Prevention – Youth Risk Behavioral Surveillance System. (2021). Michigan 2021 Results. <https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=MI>

²⁶ Wilson N, Kariisa M, Seth P, Smith H IV, Davis NL. Drug and Opioid-Involved Overdose Deaths — United States, 2017–2018. MMWR Morb Mortal Wkly Rep 2020;69:290–297. DOI: <http://dx.doi.org/10.15585/mmwr.mm6911a4>

²⁷ Tanz LJ, Dinwiddie AT, Mattson CL, O'Donnell J, Davis NL. Drug Overdose Deaths Among Persons Aged 10–19 Years — United States, July 2019–December 2021. MMWR Morb Mortal Wkly Rep 2022;71:1576–1582. DOI: <http://dx.doi.org/10.15585/mmwr.mm7150a2>

²⁸ MI School Data. 2021-2022. Student Enrollment Counts Report. <https://www.mischooldata.org/student-enrollment-counts-report/>

Michigan's Opioid Task Force Strategy Pillar	FY23 Approved Pillar Funding	FY23 Estimated Budget Allocation YTD	Strategy/ Program	Primary Problem	Rationale	Activities	Outputs	Equity-Specific Outputs	Program Start Date	Program Owner
				<p>For the 2021-22 Graduation/Drop Out Rate for Dearborn City, MI, 91.54% graduated, .9% Other Completer (GED, etc.), 5.8% Off-Track and 1.82% Dropout Rate.²⁹</p> <p>2021-2022 School Year, Wayne County (which Dearborn resides in):</p> <p>67.2% (n=2423) of high school students who have at least one best friend who made a commitment to stay drug free during the past year.</p> <p>13.1% (n=567) of high school students who were offered, sold, or given an illegal drug on school property by someone during the past 12 months.</p> <p>50.8% (n=1928) of high school students whose parents tell them they're proud for something they've done.³⁰</p>						
Treatment	\$9,100,000	\$4,986,000	MI Opioid Treatment Access Loan Repayment Program (MIOTA LRP) 2.0	<p>The Final Report titled "SUPPORT Act Section 1003: Exploring Michigan's SUD Treatment Capacity and Access" indicated that: Of 986 clinicians who provided SUD counseling through the PIHP system in FY2018, only 43.5% continued through FY2021, while 26.6% continued counseling to Medicaid beneficiaries outside of the PIHP system, such as through a CMHSP or in an integrated health system. Finally, 29.9% discontinued serving Medicaid beneficiaries by FY2021.</p> <p>After clinician drop-out, beneficiaries had decreased counseling visits through the PIHP system: 50% of beneficiaries had no additional PIHP counseling visits, while the others had a median 84-day gap until they resumed counseling.</p> <p>Beneficiaries view engagement with clinicians as a key element of their SUD treatment. In phone interviews with over 2,000 Medicaid beneficiaries: • 15% said delays in getting counseling or other services was a major problem. • 1 in 3 respondents were somewhat (23%) or not (8%) confident they would be able to see</p>	<p>Low wages, staffing shortages, mandatory overtime, and burnout continue to plague the health care and direct care workforce.</p> <p>Hospital and health systems have over 50,000 vacancies.</p> <p>Average turnover rate for health care professionals is 27% and for direct care staff is 45%.</p> <p>OUD/SUD/StUD treatment providers will be able to provide services to an increased number of clients as loan reimbursement will incentivize staff to remain in workforce and increase target client numbers.</p>	<ul style="list-style-type: none"> • Incentivize healthcare providers to begin and expand providing OUD treatment to in Michigan by providing loan repayment for a two-year period to 74 individuals who meet specific criteria. • Approved grantees will set patient target goals. • Approved grantees will be requested to submit service verification data every six months regarding the size of the opioid treatment patient caseload and steps taken to meet the requirements of this program. • Approved grantees will be required to complete SAMHSA/DEA training. 	<ul style="list-style-type: none"> • Number of individuals that receive loan reimbursement over two years in exchange for starting or increasing OUD/SUD/StUD patient load. • Increased number of patients that will be served by awardees who receive loan reimbursement. 	<ul style="list-style-type: none"> • MDHHS goal is to reduce disparities in overdoses, as well as within availability of treatment and recovery services. The goal of this program is to increase staffing capacity within the provider system so those that need services are able to receive them. 	05/01/2023	MDHHS Policy and Planning

²⁹ MI School Data. 2021-2022. Graduation/Dropout Rate. <https://www.mischooldata.org/graddropout-rate/>

³⁰ Michigan Profile for Healthy Youth. 2021-2022. Wayne County. <https://mdoe.state.mi.us/schoolhealthsurveys/ExternalReports/CountyReportGeneration.aspx>

Michigan's Opioid Task Force Strategy Pillar	FY23 Approved Pillar Funding	FY23 Estimated Budget Allocation YTD	Strategy/ Program	Primary Problem	Rationale	Activities	Outputs	Equity-Specific Outputs	Program Start Date	Program Owner
				or talk with a provider if they were having a crisis. ³¹						
			Substance Use Disorder Treatment and Recovery Provider Infrastructure Support Grants	<p>The Final Report titled "SUPPORT Act Section 1003: Exploring Michigan's SUD Treatment Capacity and Access" indicated that:</p> <p>Of 986 clinicians who provided SUD counseling through the PIHP system in FY2018, only 43.5% continued through FY2021, while 26.6% continued counseling to Medicaid beneficiaries outside of the PIHP system, such as through a CMHSP or in an integrated health system. Finally, 29.9% discontinued serving Medicaid beneficiaries by FY2021.</p> <p>After clinician drop-out, beneficiaries had decreased counseling visits through the PIHP system: 50% of beneficiaries had no additional PIHP counseling visits, while the others had a median 84-day gap until they resumed counseling.</p> <p>Beneficiaries view engagement with clinicians as a key element of their SUD treatment. In phone interviews with over 2,000 Medicaid beneficiaries: • 15% said delays in getting counseling or other services was a major problem. • 1 in 3 respondents were somewhat (23%) or not (8%) confident they would be able to see or talk with a provider if they were having a crisis.³²</p>	In addition to primary problem data, feedback from PIHP leadership and SUD providers is that lacking physical infrastructure capacity has impacted their ability to serve clients. Infrastructure grants to licensed SUD providers would provide needed funds to expand/enhance infrastructure in order to increase capacity to serve individuals with OUD and co-occurring SUD/mental health conditions.	<ul style="list-style-type: none"> MDHHS to provide funding to 8 SUD Treatment and Recovery providers to expand/enhance their physical infrastructure to increase their service capacity. Providers utilize funds on allowable expenses to expand/enhance their physical infrastructure on MDHHS-approved project. Providers develop and track infrastructure project workplan, milestones and timeline. Providers develop and track plan that determines the impact of expanded/enhanced infrastructure. Providers develop and track plan that details sustainability of expanded/enhanced infrastructure for continued services to target population. 	<ul style="list-style-type: none"> Number of SUD treatment/recovery providers with expanded/enhanced infrastructure. Number of additional clients able to be served through the expanded/enhanced infrastructure. Submission of 4 monthly reports (through end of FY23) detailing status of project workplan, milestones and timeline. Submission of quarterly report detailing status of project workplan, milestones and timeline. Submission of year-end narrative report detailing final status of project workplan, milestones, and timeline. Participation in one announced and one unannounced site visit. 	<ul style="list-style-type: none"> Equity components built into RFP: Program priority is to reduce disparities in overdoses, as well as in treatment and recovery services. Applicants will be asked to describe the needs of the target population to be served, including who does not receive services now, as well as demographic information regarding the community they serve. Applicants will need to demonstrate that stakeholders' input was sought, and approvals were provided for the proposed project. Reviewers will consider the MI-SUVI ratings as they review applications. 	06/01/2023	MDHHS Behavioral and Physical Health and Aging Services Administration (BPHASA), Substance Use, Gambling and Epidemiology Section
			Phase I: Technical Assistance Consultants for Recovery Incentives (Contingency Management) Pilot through Michigan Medicaid & CMS Waiver Submission	<p>The percent of stimulant-involved drug overdose deaths that included methamphetamine in Michigan increased from 53% in 2016 to 92% in 2021.³³</p> <p>The number of all drug overdose deaths was decreasing year over year from 2017 to 2019 and began to increase in 2020. However, the number of stimulant-involved drug overdose deaths over that same time period was increasing steadily, with the greatest increase going from 2019 to 2020 (82%)³⁴</p>	<p>Recovery Incentives (Contingency Management) is an important clinical tool in the treatment of StimUD.</p> <p>The intervention also works well for treating opioid use disorder and other substance use disorders.^{44,45,46,47}</p> <p>Research finds that the effect of CM can last. A 2021 meta-analysis of 23 trials found that people who participate in CM had 22% higher odds of being abstinent 6 months after treatment ended compared to</p>	<ul style="list-style-type: none"> Inform the design of CM policy and regulatory requirements drawing from experience in other states, with a specific focus on recent progress in California. Update the MDHHS draft Concept Paper for the Pilot to reflect emerging design decisions and feedback from Michigan stakeholders. Support engagement with tribal health leaders and Michigan stakeholders, including by preparing materials for and participating in stakeholder meetings. Establish a process for selecting partners necessary for 	<ul style="list-style-type: none"> MDHHS Concept Paper for Pilot reflecting design decisions and stakeholder feedback. Progress Reports. Quarterly Reports. Number of MDHHS Workgroup Meetings. Number of stakeholder meetings. Scope of Work and procurement documents for Design and training partners; Evaluation partner; PIHPs; Incentive Manager vendor. Expression of Interest Survey for PIHPs. Presentations for MDHHS leadership, workgroup(s), and stakeholders. 	<ul style="list-style-type: none"> PIHPs will ultimately have the option to opt-in to the pilot and will be able to select if they will use Recovery Incentives for those with StUD and/or OUD. Substance use trends vary from region to region, so pilot will allow PIHPs and providers to offer services that fit the needs of their service population. 	01/01/2023	MDHHS Behavioral and Physical Health and Aging Services Administration (BPHASA), Bureau of Medicaid Care Management and Customer Service

³¹ Michigan Department of Health and Human Services. (2022). SUPPORT Act Section 1003: Exploring Michigan's SUD Treatment Capacity and Access Final Project Report.

³² Michigan Department of Health and Human Services. (2022). SUPPORT Act Section 1003: Exploring Michigan's SUD Treatment Capacity and Access Final Project Report.

³³ Michigan Department of Health and Human Services. (2021). Provisional Michigan Resident Death Files, Division of Vital Records & Health Statistics.

³⁴ Michigan Department of Health and Human Services. (2020). 2015-2020 Michigan Resident Death files, Division of Vital Records and Health Statistics.

⁴⁴ Dutra, L., Stathopoulou, G., Basden, S. L., Leyro, T. M., Powers, M. B., & Otto, M. W. C. I. N. (2008). A meta-analytic review of psychosocial interventions for substance use disorders. *Am J Psychiatry*, 165(2), 179–187. doi:10.1176/appi.ajp.2007.06111851

⁴⁵ Peirce, J. M., Petry, N. M., Stitzer, M. L., et al. (2006). Effects of lower-cost incentives on stimulant abstinence in methadone maintenance treatment: A National Drug Abuse Treatment Clinical Trials Network study. *Arch Gen Psychiatry*, 63(2), 201–208.

⁴⁶ Petry, N. M., Peirce, J. M., Stitzer, M. L., et al. (2005). Effect of prize-based incentives on outcomes in stimulant abusers in outpatient psychosocial treatment programs: A National Drug Abuse Treatment Clinical Trials Network study. *Arch Gen Psychiatry*, 62(10), 1148–1156.

⁴⁷ Roll, J. M. (2007). Contingency management: An evidence-based component of methamphetamine use disorder treatments. *Addiction*, 102(Suppl 1), 114–120.

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				<p>Using provisional 2021 data, the greatest percent increases, from 2020 to 2021, for stimulant-involved drug overdose deaths will be seen:</p> <ul style="list-style-type: none"> among females (49% increase) as compared to males; among those identifying as Hispanic (87% increase) as compared to other race/ethnicity groups; among those age 55 to 64 years old (64% increase) as compared to other age groups; and in the Northeast portion of Michigan (120% increase) as compared to other geographic regions.³⁵ <p>By race, American Indian/Alaskan Native residents had the highest national rate of methamphetamine-related deaths in 2021.³⁶</p> <p>Multiple studies conducted over the past 30+ years demonstrate that Contingency Management (CM) is the most effective intervention for stimulant use disorders, including methamphetamine, amphetamine, and cocaine use disorders. Given the lack of other treatment options for stimulant drugs, such as methamphetamine and cocaine (there are currently no FDA-approved medications for StimUD), CM is an important clinical tool in the treatment of StimUD. CM also works well for treating opioid use disorder and other substance use disorders.^{37,38,39,40}</p> <p>A 2021 meta-analysis found that use of CM for individuals receiving medication treatment for OUD was associated with increased abstinence from illicit opioid use at end-of-treatment.⁴¹</p> <p>A 2020 systematic review of five reviews found that CM programs were associated with consistently</p>	people who received other forms of treatment. ⁴⁸	<p>implementation and evaluation of a CM Pilot, including: Design and training partner; Evaluation partner; PIHPs; Incentive Manager vendor.</p> <ul style="list-style-type: none"> Advise MDHHS on the appropriate CMS authority to implement CM and support submission of an 1115 Waiver amendment and corresponding public comment period. Identify options for billing and reimbursement mechanisms for the CM Pilot Developing a training approach and scope of work for the selected Academic Training partner. Providing support to the selected Academic Training Partner. Development of the State Plan Amendment or Waiver language to support CM as a Medicaid benefit. Engaging in CMS negotiations and revising special terms and conditions as required. Assisting with developing specifications for an evaluation partner. Continuing to support stakeholder feedback on implementation decisions. Creation of draft Program Protocols. Facilitate kickoff meeting. Develop and maintain workplan. Facilitate weekly team meetings. Support and participate in stakeholder meetings as requested by MDHHS. Develop communications plan with MDHHS Communications Dept. to roll out pilot information. 	<ul style="list-style-type: none"> Plan identifying billing and reimbursement mechanisms. State Plan Amendment for submission to CMS. Number of communications and meetings with CMS to negotiate terms and conditions. Evaluation plan. Program Protocols. Communications plan. 			

³⁵ Michigan Department of Health and Human Services. (2021). *Provisional Michigan Resident Death Files*, Division for Vital Records & Health Statistics.

³⁶ NIDA. 2021, January 20. Methamphetamine overdose deaths rise sharply nationwide. Retrieved from <https://nida.nih.gov/news-events/news-releases/2021/01/methamphetamine-overdose-deaths-rise-sharply-nationwide> on 2023, June 26

³⁷ Dutra, L., Stathopoulou, G., Basden, S. L., Leyro, T. M., Powers, M. B., & Otto, M. W. C. I. N. (2008). A meta-analytic review of psychosocial interventions for substance use disorders. *Am J Psychiatry*, 165(2), 179–187. doi:10.1176/appi.ajp.2007.06111851

³⁸ Peirce, J. M., Petry, N. M., Stitzer, M. L., et al. (2006). Effects of lower-cost incentives on stimulant abstinence in methadone maintenance treatment: A National Drug Abuse Treatment Clinical Trials Network study. *Arch Gen Psychiatry*, 63(2), 201–208.

³⁹ Petry, N. M., Peirce, J. M., Stitzer, M. L., et al. (2005). Effect of prize-based incentives on outcomes in stimulant abusers in outpatient psychosocial treatment programs: A National Drug Abuse Treatment Clinical Trials Network study. *Arch Gen Psychiatry*, 62(10), 1148–1156.

⁴⁰ Roll, J. M. (2007). Contingency management: An evidence-based component of methamphetamine use disorder treatments. *Addiction*, 102(Suppl 1), 114–120.

⁴¹ Bolívar, H. A., Klemperer, E. M., Coleman, S. R. M., DeSarno, M., Skelly, J. M., & Higgins, S. T. (2021). Contingency management for patients receiving medication for opioid use disorder: A systematic review and meta-analysis. *JAMA Psychiatry*. Published online 2021. doi:10.1001/jamapsychiatry.2021.1969

⁴⁸ Ginley, M. K., Pfund, R. A., Rash, C. J., & Zajac, K. (2021). Long-term efficacy of contingency management treatment based on objective indicators of abstinence from illicit substance use up to 1 year following treatment: A meta-analysis. *Journal of Consulting and Clinical Psychology*, 89(1), 58. <https://pubmed.ncbi.nlm.nih.gov/33507776/>

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				<p>positive results, demonstrating their effectiveness compared to treatment as usual, as well as other interventions, including community reinforcement, pharmacotherapy, and CBT.⁴²</p> <p>The most common focus of CM interventions is on supporting abstinence from substance use. A 2016 systematic review reported that 74% of studies focused exclusively on increasing abstinence from drug use while the remainder focused on another therapeutic goal or a combination. The review found that CM was efficacious across all three targets.⁴³</p>						
Recovery	\$7,600,000	\$4,525,000	Michigan State Housing Development Authority (MSHDA) Recovery Housing Grants	<p>Housing insecurity serves as a risk factor for OUD and overdose death. The risk of death from an opioid overdose is 30 times higher for those that have experienced homelessness.⁴⁹</p> <p>Individuals recovering from an SUD consider housing one of their primary needs following treatment. Recovery housing provides residents with support and encouragement from peers who have endured similar struggles, offers assistance in transitioning back into society, and gives residents the opportunity to fulfill prosocial opportunities.⁵⁰</p> <p>Despite a large statewide demand for certified recovery housing following individuals' completion of SUD treatment programs, the Michigan Association of Recovery Residences (MARR) has only certified 2,131 beds, leaving thousands of people without safe, stable, recovery-support housing. Of Michigan's 83 counties, 50 counties (60%) lack recovery residences.⁵¹</p>	<p>Recovery Residences are peer residential communities wherein individuals who identify as living with a substance use disorder learn recovery management skills over an extended period of time while engaging in community-based meaningful activities including employment, education and volunteerism.</p> <p>Stable and reliable recovery housing is a form of recovery capital for individuals in treatment and recovery and is a social determinant of health needed to seek and maintain long term recovery. Michigan is in need of additional recovery housing options due to lack of options in many areas around the state. Recovery residences significantly decrease the danger of relapsing. For example, one study found that when opioid- or cocaine-dependent individuals underwent detoxification and subsequently lived in recovery housing, they were twice as likely to remain abstinent at 1, 3, and 6 month intervals following detoxification than opioid- or cocaine-dependent individuals who underwent detoxification and merely received referrals for after-care treatment ("usual care").⁵²</p> <p>Stable recovery-oriented supportive housing during a transition period (like reentry from</p>	<p>MSHDA will:</p> <ul style="list-style-type: none"> • Provide staffing and expertise for the development of competitive recovery housing funding opportunities. • Provide staffing and expertise to provide oversight and management of the RFP planning processes, the provision of funds to eligible awardees, and the oversight and compliance of awarded housing programs. Program requirements, unless specifically specified by MDHHS, are at the discretion of MSHDA staff and do not need prior approval from MDHHS staff. • Direct funds to counties with highest needs, as indicated by data provided by MDHHS. 	<ul style="list-style-type: none"> • Number of accredited recovery residences awarded funding through MSHDA. • Number of new recovery beds available to Michigan residents in recovery. • Number of new recovery beds in counties identified as high priority. 	<ul style="list-style-type: none"> • MSHDA has been provided with a data report that highlights the top 24 counties in the state in need of recovery housing as determined by a ranking algorithm that factored in the following data: <ul style="list-style-type: none"> • Social Vulnerability Index (SVI). • Fatal overdose rate. • Non-fatal overdose rate. • Recovery beds needed. • Funding will be prioritized for housing in the counties identified through this ranking. 	TBD	MDHHS, Office of the Chief Medical Executive/Michigan State Housing Development Authority (MSHDA)

⁴² Ronsley, C, Nolan S, Knight R, Hayashi K, Klimas J, Walley A, et al., 2020. Treatment of stimulant use disorder: A systematic review of reviews. PLoS ONE 15(6): <https://doi.org/10.1371/journal.pone.0234809>.

⁴³ Davis DR, Kurti AN, Skelly JM, Redner R, White TJ, & Higgins ST (2016). A review of the literature on contingency management in the treatment of substance use disorders, 2009–2014. Preventive Medicine, 92, 36–46. 10.1016/j.ypmed.2016.08.008 [PubMed: 27514250]

⁴⁹ Fine DR, Dickins KA, Adams LD, et al. Drug Overdose Mortality Among People Experiencing Homelessness, 2003 to 2018. *JAMA Netw Open*. 2022;5(1):e2142676. doi:10.1001/jamanetworkopen.2021.42676

⁵⁰ Tuten M, DeFulio A, Jones HE, Stitzer M. Abstinence-contingent recovery housing and reinforcement-based treatment following opioid detoxification. *Addiction*. 2012 May;107(5):973-82. doi: 10.1111/j.1360-0443.2011.03750.x. Epub 2012 Feb 28. PMID: 22151478; PMCID: PMC3421907.

⁵¹ Michigan Association of Recovery Residences. (2022). <https://michiganarr.com/>

⁵² Tuten M, DeFulio A, Jones HE, Stitzer M. Abstinence-contingent recovery housing and reinforcement-based treatment following opioid detoxification. *Addiction*. 2012 May;107(5):973-82. doi: 10.1111/j.1360-0443.2011.03750.x. Epub 2012 Feb 28. PMID: 22151478; PMCID: PMC3421907.

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					treatment, hospital, prison, jail) can lead to enhanced outcomes for individuals with substance use disorder (SUD). ⁵³					
			Recovery Community Organization Grants	Recovery capital or supports reduce the risk of relapse, reduce the number of people at risk of overdoses, and keep people in remission. Conversely, the lack of recovery supports can render even intensive, tailored support or treatment insufficient. ⁵⁴	Recovery community organizations (RCO's) provide social support, resource connection, and a positive community impact for individuals with OUD. Unlike treatment providers RCO's cannot bill Medicaid for their services and are sustained through fundraising efforts and discretionary grants.	<ul style="list-style-type: none"> Provide recovery support services, recovery capital assessment, and coaching for individuals with OUD. Promote positive social connections and substance-free activities and events. Conduct harm reduction trainings. Connect individuals with OUD to outside resources such as employment services. 	<ul style="list-style-type: none"> Number of events held. Number of attendees at events. Number of trainings held. Number of attendees at trainings. 	RCO's receiving discretionary grant funding (including settlement dollars) are required to demonstrate during the competitive bidding process how they will deliver services to a diverse population and in an equitable manner.	01/01/2023	MDHHS Behavioral and Physical Health and Aging Services Administration (BPHASA), Substance Use, Gambling and Epidemiology Section
Harm Reduction	\$8,500,000	\$8,500,000	Naloxone Portal (NARCAN Direct)	Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. It is a major contributor to fatal and nonfatal overdoses in the U.S. Fentanyl is commonly mixed with drugs like heroin, cocaine, and methamphetamine and made into pills that are made to resemble other prescription opioids. ⁵⁵ Top 10 substances found in death sample toxicology testing (STORM): 2022 Q4 = 29% Fentanyl/Fentanyl Metabolite ⁵⁶ MI 2021 Overdose Deaths N=3,096 ⁵⁷	Widespread naloxone distribution is an evidence-based way to reduce the number of overdose deaths. Michigan's overdose rate is climbing but at a slower rate than the US on average and we believe this is due in part to the amount of naloxone we are distributing. The NARCAN Direct portal itself allows for not just health organizations but also community organizations, schools, bars/nightclubs, law enforcement, and other relevant agencies to receive naloxone at no cost.	<ul style="list-style-type: none"> Advertise the availability of free naloxone to all organizations statewide. Maintain opioids website and PDF request form. Process and fulfill orders as they are received. Track the number of kits being distributed and to which agencies and localities. Collect data on number of reported reversals. Maintain partnership with Emergent Biosolutions which operates the online ordering website and shipping process. 	<ul style="list-style-type: none"> Naloxone kits are shipped to agencies on an as-requested basis; therefore, it is difficult to anticipate how much will be requested and to set a yearly distribution goal. In calendar year 2022, 199,668 kits were shipped through NARCAN Direct. Naloxoneneededtosave.org estimates that if 100,000 kits are distributed annually by community organizations in Michigan, there is a 95% probability that naloxone will be used during a witnessed overdose. Therefore we will distribute 100,000 per year at a minimum, and likely far more. Number of naloxone orders filled. Number of naloxone kits distributed. Number of organizations that ordered naloxone from the portal. 	Community agencies of all types are encouraged to request naloxone through NARCAN Direct. They do not need to have their own standing order or be connected to a health agency. We believe that the request process we have established (an online PDF that is sent to us via email) is low barrier and accessible to agencies that may not otherwise have access to many resources.	01/01/2023	MDHHS Behavioral and Physical Health and Aging Services Administration (BPHASA), Substance Use, Gambling and Epidemiology Section
			Syringe Service Programs Operations	Top 10 substances found in death sample toxicology testing (STORM): 2022 Q4 = 29% Fentanyl/Fentanyl Metabolite ⁵⁸ MI 2021 Overdose Deaths N=3,096 ⁵⁹ 78.0% of 2021 Chronic HCV cases aged 18-39 years old indicated a history of injection drug use. ⁶⁰	Needs based: Average user injects at least three times daily and injection frequency increases with polysubstance use. The need for accessible fentanyl test strips and naloxone through syringe service programs increases with polysubstance use.	<ul style="list-style-type: none"> Distribution of naloxone. Distribution of clean works and injection supplies. Distribution of fentanyl test strips. Distribution of xylazine test strips. 	<p>Anticipated totals entered by syringe service programs into Syringe Service Program Utilization Platform (SUP) during fiscal year:</p> <ul style="list-style-type: none"> 50,000 naloxone kits distributed (FY 22: 57,686 (including 4000 naloxone kits distributed through vending machine). 4,000 overdoses reversed (FY 22: 4,427). 50,000 fentanyl test strips distributed (FY 22: 52,523). 3,500,000 sterile syringes distributed (FY 22: 3,873,044). <p>Anticipated total manually gathered through narrative documentation within client notes:</p> <ul style="list-style-type: none"> 5,000 xylazine test strips distributed. 	<ul style="list-style-type: none"> Naloxone distributed directly to people who use drugs and are most likely to need/use it to reverse an overdose. Fentanyl test strips distributed directly to people who use drugs and may alter substance use behaviors to reduce risk of overdose based on fentanyl test strip results. Sterile syringes distributed directly to people who inject drugs and are at high risk for the transmission of blood borne infectious diseases as well as wound, skin, and soft tissues infections. Vending machines can dispense fentanyl test strips and naloxone in geographic areas that do not have an SSP nearby and outside of normal business hours. Vending machines also provide anonymity to people seeking fentanyl test strips and naloxone and provide people who would not seek SSP services due to confidentiality concerns 	01/01/2023	MDHHS Public Health Administration, HAI/Hepatitis/TB Section

⁵³ Substance Abuse and Mental Health Services Administration. (2016). Reentry Resources for Individuals, Providers, Communities, and States, https://www.samhsa.gov/sites/default/files/topics/criminal_juvenile_justice/reentry-resources-for-consumers-providers-communities-states.pdf

⁵⁴ Witbrodt, J., Polcin, D., Korcha, R., & Li, L. (2019). Beneficial effects of motivational interviewing case management: A latent class analysis of recovery capital among sober living residents with criminal justice involvement. Drug and Alcohol Dependence, 200, 124-132. doi: 10.1016/j.drugalcdep.2019.03.017

⁵⁵ Centers for Disease Control and Prevention: National Center for Injury Prevention and Control, Division of Drug Overdose Prevention. (2022). Fentanyl Facts, <https://www.cdc.gov/stopoverdose/fentanyl/index.html>

⁵⁶ Michigan Department of Health and Human Services. (2023). Michigan Monthly Overdose Update: January 2023, <https://app.powerbigov.us/view?r=eyJrJoiYzY4ZmQ4OTctYWU1ZC00YmMyLWJFjZTktOGExMzIxMDE0ODE4IiwidCI6ImQ1ZmI3MDg3LTM3NzctNDJhZC05NjZlTg5MmVmNDcyMjVjMkM5J9>

⁵⁷ Michigan Department of Health and Human Services. (2023). Michigan Overdose Data to Action Dashboard, <https://www.michigan.gov/opioids/category-data>

⁵⁸ Michigan Department of Health and Human Services. (2023). Michigan Monthly Overdose Update: January 2023, <https://app.powerbigov.us/view?r=eyJrJoiYzY4ZmQ4OTctYWU1ZC00YmMyLWJFjZTktOGExMzIxMDE0ODE4IiwidCI6ImQ1ZmI3MDg3LTM3NzctNDJhZC05NjZlTg5MmVmNDcyMjVjMkM5J9>

⁵⁹ Michigan Department of Health and Human Services. (2023). Michigan Overdose Data to Action Dashboard, <https://www.michigan.gov/opioids/category-data>

⁶⁰ Michigan Department of Health and Human Services. (2022). 2021 Hepatitis B and C Surveillance Report. [2021-Annual-Report v2.pdf \(michigan.gov\)](https://www.michigan.gov/2021-Annual-Report-v2.pdf)

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								different avenues for obtaining these lifesaving resources.		
Prioritizing Needs of Vulnerable Populations: Justice-Involved	\$4,000,000	\$2,500,000	Michigan Department of Corrections (MDOC) Medications for Opioid Use Disorder (MOUD)	<p>Research has shown that individuals who are incarcerated are at significant risk of experiencing both non-fatal and fatal overdose, post incarceration. A study examining overdose rates in Massachusetts, found that the rate of death from opioid overdose for former inmates is 120 times that of the general population, with opioid overdoses accounting for roughly half of all deaths for persons released from incarceration in Massachusetts.⁶¹</p> <p>Increased risk for overdose in the incarcerated population is partially attributed to the sporadic use or total abstinence of opioids while incarcerated, resulting in a lower tolerance to opioids, putting the individual at significant risk of overdose if they attempt to consume the same amount of drugs they were using pre-incarceration.⁶²</p>	<p>Medications for Opioid Use Disorder (MOUD), specifically buprenorphine and methadone, have proven to significantly reduce the risk of opioid related non-fatal and fatal overdoses. These medications, are opioid agonist medications, and help reduce cravings for illicit opioids and reduce symptoms of withdrawal by binding to the receptors in the brain that an illicit opioid would bind.⁶³</p> <p>By providing treatment with these medications, individuals who were incarcerated will have a reduction in cravings for illicit opioids, reducing the likelihood they return to using the same amount of drugs pre-incarceration.</p> <p>Nationally, more correctional settings have begun to offer MOUD including agonist medications, to inmates. In a state that offered all three forms of MOUD in its correctional system, there was a two-thirds reduction in statewide opioid overdose deaths.⁶⁴</p>	<ul style="list-style-type: none"> Refer inmates for further assessment for OUD, and eligibility for MAT program. Provide treatment with MOUD, to inmates identified as having an OUD, as appropriate. Activate Medicaid for paroling inmates on MOUD, to ensure continuity of treatment upon parole. Schedule appointments for paroling inmates on MOUD with community MOUD provider, to ensure continuity of treatment upon parole. 	<ul style="list-style-type: none"> Number of inmates referred for MAT. Number of inmates diagnosed with OUD. Number of inmates receiving MOUD. Number of inmates on MOUD, paroled with Medicaid. Number of inmates on MOUD, paroled with appointment scheduled with community MOUD provider. 	<ul style="list-style-type: none"> Goal: Move closer to offering MOUD services that are also in the community [build equity between those incarcerated and those not incarcerated]. 	TBD	MDHHS Office of the Chief Medical Executive/Michigan Department of Corrections (MDOC)
Prioritizing Needs of Vulnerable Populations: Pregnant & Parenting	\$2,900,000	\$2,900,000	High Touch High Tech (HT2) Expansion	<p>From FY2012 to FY2021, diagnosis of OUD during pregnancy doubled (from 1.3% to 2.8%).⁶⁵</p> <p>Among beneficiaries with an OUD diagnosis during pregnancy, the proportion who received medications for opioid use disorder (MOUD) increased over time (52.8% to 62.7%) while the proportion with SUD visits decreased slightly over time (74.8% to 61.3%). However, roughly one-third of pregnant women with OUD have no evidence of SUD treatment during pregnancy.⁶⁶</p> <p>Diagnosed NAS cases in Michigan increased from 2010 to 2016, peaking at 949 cases. Since 2016, the number and rate of diagnosed NAS cases has declined. In 2020, 650 infants were diagnosed with NAS.⁶⁷</p>	<p>The number of infants born substance exposed has not improved, and in some areas of the State it has actually gotten worse. It is also expected that the numbers captured by our data sources are underreported and case numbers may be higher.⁶⁸</p> <p>Information gathered through meetings with community partners, providers, town hall meetings, etc. Have indicated that the earlier a pregnant individual is identified as using substances in pregnancy, the sooner they can be offered treatment and connected to resources. Thus, hopefully, lower the amount of exposure the infant experiences.</p> <p>Dr. Steven Ondersma has conducted research that shows individuals are more likely to disclose mental and behavioral</p>	<ul style="list-style-type: none"> The HT2 team will recruit at least 4 prenatal care sites into full implementation and participation with the electronic app by September 30, 2023. The HT2 team will create and implement a public facing version of the app by September 30, 2023, that doesn't require the patient's prenatal clinic to participate in the app implementation. The HT2 team will implement a live chat feature in the app by September 30, 2023, to allow an immediate and secure connection with a peer navigator, counselor, etcetera. The HT2 team will implement additional enhancements to the current software by September 30, 2023. These enhancements could include things, such as converting the app to a 'AI app' which does not require an internet connection to utilize. 	<ul style="list-style-type: none"> Four prenatal care sites will fully implement the electronic app by September 30, 2023. 300 patients will be screened from these additional sites by September 30, 2023. Public facing/direct patient app will launch by July 31, 2023. 100 patients will be screened using the direct patient app by September 30, 2023. One additional enhancement will be added to the app by September 30, 2023. One feedback session will be held by September 30, 2023. 25 community members will be present at the feedback session. 	<ul style="list-style-type: none"> Equity is specifically addressed with utilization of the app in that this is a universally offered app. In clinics where the app is utilized, the screening tool is offered to every patient at their OB intake appointment. A patient can choose not to complete the screening tool, but it is offered to every patient. If the app becomes available as a 'native app' that doesn't require an internet connection for use, this will increase access for patients that may not have internet access or may live in an area in which internet is spotty. Garnering feedback on the content included in the app from community members from across the state will ensure that the content is demographically, geographically and culturally representative and resonates with the communities. 	01/01/2023	MDHHS Public Health Administration, Division of Maternal and Infant Health

⁶¹ Toyoshima T, McNeil D, Schonfeld A, Binder R. The Evolving Medicolegal Precedent for Medications for Opioid Use Disorder in U.S. Jails and Prisons. Journal of the American Academy of Psychiatry and the Law Online August 2021, JAAPL.200127-20; DOI: <https://doi.org/10.29158/JAAPL.200127-20>

⁶² Toyoshima T, McNeil D, Schonfeld A, Binder R. The Evolving Medicolegal Precedent for Medications for Opioid Use Disorder in U.S. Jails and Prisons. Journal of the American Academy of Psychiatry and the Law Online August 2021, JAAPL.200127-20; DOI: <https://doi.org/10.29158/JAAPL.200127-20>

⁶³ Pew. (2020). Issue Brief: Opioid Use Disorder Treatment in Jails and Prisons, <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2020/04/opioid-use-disorder-treatment-in-jails-and-prisons>

⁶⁴ National Commission on Correctional Health Care. (2021). Opioid Use Disorder Treatment in Correctional Settings, [Opioid Use Disorder Treatment in Correctional Settings \(2021\) - National Commission on Correctional Health Care \(nccchc.org\)](https://www.nccchc.org/Reports/2021-09-01-Opioid-Use-Disorder-Treatment-in-Correctional-Settings)

⁶⁵ Michigan Department of Health and Human Services. (2022). SUPPORT Act Section 1003: Exploring Michigan's SUD Treatment Capacity and Access Final Project Report.

⁶⁶ Michigan Department of Health and Human Services. (2022). SUPPORT Act Section 1003: Exploring Michigan's SUD Treatment Capacity and Access Final Project Report.

⁶⁷ Michigan Resident Live Birth Files Linked with Michigan Hospital Discharge Data, Division for Vital Records and Health Statistics, MDHHS

⁶⁸ Michigan Resident Live Birth Files Linked with Michigan Hospital Discharge Data, Division for Vital Records and Health Statistics, MDHHS

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					<p>health concerns to an electronic device, than to a human sitting in front of them. Thus, this is the basis of the HT2 program.⁶⁹</p> <p>The HT2 program uses an electronic app that can be accessed from a personal device via a QR code or through an iPad at a provider office. The screening and intervention is based on the SBIRT (Screening, Brief Intervention and Referral to Treatment) methodology. The app also offers the patient the option to share the results of the screening tool with their provider and thus, would then receive additional support, referrals to treatment and resources.</p>	<ul style="list-style-type: none"> The HT2 team will conduct at least one feedback session by September 30, 2023, in which community members from different regions in Michigan will provide input on current content included in the app. 				
			Rooming In Expansion	<p>From FY2012 to FY2021, diagnosis of OUD during pregnancy doubled (from 1.3% to 2.8%).⁷⁰</p> <p>Among beneficiaries with an OUD diagnosis during pregnancy, the proportion who received medications for opioid use disorder (MOUD) increased over time (52.8% to 62.7%) while the proportion with SUD visits decreased slightly over time (74.8% to 61.3%). However, roughly one-third of pregnant women with OUD have no evidence of SUD treatment during pregnancy.⁷¹</p> <p>Diagnosed NAS cases in Michigan increased from 2010 to 2016, peaking at 949 cases. Since 2016, the number and rate of diagnosed NAS cases has declined. In 2020, 650 infants were diagnosed with NAS.⁷²</p>	<p>As mentioned in the above strategy, and in the information in the previous column, our NAS rates are still high, and in some areas, have continued to rise.⁷³</p> <p>Previous models of care for infants born substance exposed required infants to be cared for in the Neonatal Intensive Care Unit (NICU) and assessed using the Finnegan scoring tool.⁷⁴</p> <p>Information gathered through meetings with community partners, town hall meetings, etc., indicate that not only can this model of care create a census issue in NICUs, but families are sometimes not able to travel to be with their infant during their NICU stay. There are areas of the state in which the nearest NICU is hundreds of miles away from the hospital in which the infant was born and/or from where the family resides. This creates many barriers for families to be able to visit, stay and bond with their newborn during their NICU admission.</p> <p>Nonpharmacological treatment of babies diagnosed with NAS has been gaining traction in the U.S. This model often includes low stimulating environments, rooming in with parents/caregivers, skin-to-skin, encouraging breastfeeding, etcetera.</p>	<ul style="list-style-type: none"> Recruit 1 rural and 1 urban birthing hospital in Michigan to implement or expand a rooming-in program by September 30, 2023. Support 1 rural and 1 urban birthing hospital in implementation of policies and procedures in establishing the rooming-in program. Participating birthing hospitals will establish criteria and policies/procedures around who is eligible for the program, length of stay, implementation of non-pharmacologic treatment, etcetera by September 30, 2023. Participating hospitals will perform minor room renovations, as needed, to ensure patient rooms serving the rooming-in program will offer a low stimulating environment by September 30, 2023. Participating birthing hospitals will educate and train providers, nurses and staff on the rooming-in program and procedures. Participating birthing hospitals will provide stigma training to providers, nurses and staff. 	<ul style="list-style-type: none"> Contracts established with two birthing hospitals to provide rooming-in services to families by September 30, 2023. Confirmation that the two contracted birthing hospitals have established criteria and policies and procedures for the rooming-in program. Each of the two contracting hospitals will have made improvements to 4 patient rooms each for the rooming-in program. Each of the two contracting hospitals will hold three training sessions for providers on rooming-in and non-pharmacologic treatment of NAS by September 30, 2023. 100 providers, nurses and staff will be educated/trained on the rooming-in program and non-pharmacologic treatment by September 30, 2023. Each hospital will provide a stigma training for providers, nurses and staff by September 30, 2023. 100 providers, nurses and staff will receive stigma training by September 30, 2023. 25 families will be served by these rooming in programs by September 30, 2023. 	<ul style="list-style-type: none"> Equity is being address through the recruitment of a rural and an urban hospital. This ensures that pregnant individuals in various geographic areas of the state have access to these services. There are currently rooming-in programs in 1 northern Michigan health system and 2 additional hospital (1 rural and 1 urban) that are being supported through other funds. Adding these 2 hospitals will allow for greater access in areas where NAS rates are high. These services are available to all families with infants born substance exposed and all families participating in the program should be assessed for and receive referrals to treatment and resources. 	04/01/2023	MDHHS Public Health Administration, Division of Maternal and Infant Health

⁶⁹ Martino S., Ondersma SJ, Forray A., et al. A randomized controlled trial of screening and brief interventions for substance misuse in reproductive health. Am J Obstet Gynecol 2018; 218:322, e1-12.

⁷⁰ Michigan Department of Health and Human Services. (2022). SUPPORT Act Section 1003: Exploring Michigan's SUD Treatment Capacity and Access Final Project Report.

⁷¹ Michigan Department of Health and Human Services. (2022). SUPPORT Act Section 1003: Exploring Michigan's SUD Treatment Capacity and Access Final Project Report.

⁷² Michigan Resident Live Birth Files Linked with Michigan Hospital Discharge Data, Division for Vital Records and Health Statistics, MDHHS

⁷³ Michigan Resident Live Birth Files Linked with Michigan Hospital Discharge Data, Division for Vital Records and Health Statistics, MDHHS

⁷⁴ Michigan Collaborative Quality Initiative: Eating, Sleeping, Consoling NAS/NOWS Management Guidelines – 2nd Guidelines, 2020

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					Implementing models of care in which non-pharmacological treatment and rooming-in is provided for families is important in the care of these infants. Especially in areas of the state in which the closes NICU could be on the other side of the state.					
			Substance Use Disorder Family Support Program (SUDFSP)	<p>US Dept. of Health and Human Services Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2021 data indicates that 3,837 children entered foster care during FY2021. 38% of those circumstances involved drug abuse of parent.^{75,76}</p> <p>Children are placed in foster care when a child protective services worker and court have determined that it is not safe for them to remain in their home. This decision should not be taken lightly: Separation from parents and disruptions from usual routines and familiar surroundings are traumatic for children. Children in foster care need strong relationships with caring adults, a network of social support, and services to cope with the challenging circumstances of family separation.⁷⁷</p> <p>Data indicates that the prevalence of parental alcohol or other drug (AOD) abuse as an identified condition of removal of children and placement in out-of-home care has increased from 2000 to 2019. Data from 2000 show a prevalence rate of 18.5%. This increased to 38.9% in 2019, an increase of 20.4%.⁷⁸</p> <p>Living in a household with drug and alcohol misuse is classified as an adverse childhood experience (ACE). (Brundage SC, Levine C. The Ripple Effect: The Impact of the Opioid Epidemic on Children and Families. March 2019. United Hospital Fund.) Further, quantitative and qualitative studies suggest that increases in parental opioid misuse and overdose death have resulted in concomitant increases in adverse childhood experiences and that many children are ending up in foster care.⁷⁹</p>	<p>SUDFSP began as a newly developed program in 2018 as a result of a partnership between CSA and OROSC. The program seeks to promote child safety and prevent child removal from the home by providing additional care and supportive services to substance using caregivers. In 2021, an evaluation was conducted and found that participants who received full SUDFSP programming show a lower incidence of any substantiated allegation of maltreatment at a statistically significant rate. Children's Services Agency would like to expand services to include both rural and urban.</p>	<ul style="list-style-type: none"> • Substance use/mental health assessments. • Motivational Interviewing. • Home visits. • Service coordination. • Service/Treatment planning. • Recovery planning. 	<ul style="list-style-type: none"> • Number of assessments completed. • Number of assessments completed. • Substance use treatment or recovery engagement. • Number of participants that complete the program. • Number of cases who complete recovery supports at the 6 month follow up. 	<ul style="list-style-type: none"> • All SUDFSP employees are required to complete competency trainings related to diversity, equity, inclusion. All clients referred from DHHS are afforded access to all programs and activities within the agency and are welcomed and respected into weekly support groups where their participation is valued, regardless of age, national origin, religion, disability, sexual orientation, socioeconomic status, education, marital status, language, physical appearance, or geography. 	10/01/2023	MDHHS Children's Services Administration, Prevention, Preservation and Protection Division

⁷⁵ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). The AFCARS Report: Michigan. <https://www.acf.hhs.gov/cb>

⁷⁶ Child Trends. (2023). State-level Data for Understanding Child Welfare in the United States: Foster Care. [State-level Data for Understanding Child Welfare in the United States - Child Trends - ChildTrends](#)

⁷⁷ Child Trends. (2023). State-level Data for Understanding Child Welfare in the United States: Foster Care. [State-level Data for Understanding Child Welfare in the United States - Child Trends - ChildTrends](#)

⁷⁸ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. AFCARS Data 2020-2019.

⁷⁹ Feder KA, Letourneau EJ, Brook J. Children in the Opioid Epidemic: Addressing the Next Generation's Public Health Crisis. Pediatrics. 2019 Jan;143(1):e20181656. doi: 10.1542/peds.2018-1656. Epub 2018 Dec 4. PMID: 30514782; PMCID: PMC6317647

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				Opioid misuse can have consequences that are lifelong and intergenerational. Children and adolescents exposed to the opioid crisis in their families may experience other related trauma, such as incarceration of a parent or sibling, witnessing the overdose or death of loved ones, separation from families, traumatic bereavement, stigma, interpersonal victimization, neglect, hunger, or poverty. Further, when opioid misuse leads to the impairment or death of parents, grandparents may take on the responsibility of caring for their grandchildren. ⁸⁰						
			Oregon Peer Recovery Coach Model	<p>US Dept. of Health and Human Services Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2021 Michigan data indicates that 3,837 children entered foster care during FY2021. 38% of those circumstances involved drug abuse of parent.^{81,82}</p> <p>Children are placed in foster care when a child protective services worker and court have determined that it is not safe for them to remain in their home. This decision should not be taken lightly: Separation from parents and disruptions from usual routines and familiar surroundings are traumatic for children. Children in foster care need strong relationships with caring adults, a network of social support, and services to cope with the challenging circumstances of family separation.⁸³</p> <p>Data indicates that the prevalence of parental alcohol or other drug (AOD) abuse as an identified condition of removal of children and placement in out-of-home care has increased from 2000 to 2019. Data from 2000 show a prevalence rate of 18.5%. This increased to 38.9% in 2019, an increase of 20.4%.⁸⁴</p> <p>Living in a household with drug and alcohol misuse is classified as an adverse childhood experience (ACE).⁸⁵ Further, quantitative and qualitative studies suggest that increases in parental opioid misuse</p>	The Children's Services Agency (CSA) at the Michigan Department of Health and Human Services is partnering with Abt Associates inc., R3 project, to replicate promising family recovery and reunification interventions that use recovery coaches. Currently, families access recovery supports by contacting regional Community Mental Health Special Programs. However, due to the demand and specific needs of families involved in child welfare who are substance affected, there is a need to improve access to and engagement in treatment and recovery support services with the goal of improving parental recovery as well as child welfare outcomes. Collaborating on the R3 project to conduct an impact and implementation evaluation would benefit Michigan families through service connectivity while also providing intervention technical assistance and opportunity to build evidence to become eligible for review by the Title IV-E Prevention Services Clearinghouse.	<ul style="list-style-type: none"> Hire and train peer recovery coaches. Receive referrals from caseworkers for the peer model program. Provide advocacy and system navigation and goal setting supports to clients referred to the program. 	<ul style="list-style-type: none"> Number of participants that successfully complete the program. 	<ul style="list-style-type: none"> The model has an equity lens that considers racial systemic oppression within the child welfare system and discriminatory treatment of people with substance use disorder. The model's fidelity standards call for hiring mentors that reflect the community they serve and ensure parents have the option of a culturally specific mentor. It also prioritizes access to culturally specific recovery options at all levels of SUD treatment, from community support groups to inpatient care as available. When hiring parent mentors, the model requires that mentors be able to provide culturally responsive service and the developer provides training on this topic. Parent mentors are also trained to advocate for parents with child welfare caseworkers, including noticing implicit bias and educating caseworkers on culturally based assumptions about ways that parents may engage with their case. Given the importance of equity to the PMP model and to child welfare policy and practice more broadly, the evaluation that will accompany the program (conducted by Abt Associates under contract to the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services) incorporates equity in multiple ways. First, the evaluation team will invite parent mentors, as lived experience experts, to provide guidance on the study recruitment and enrollment materials and help interpret study findings. In addition, the evaluation will examine (a) the effects of the model on 	10/01/2023	MDHHS Children's Services Administration, Prevention, Preservation and Protection Division

⁸⁰ The National Child Traumatic Stress Network. (2021). Policy Brief: Child Trauma and Opioid Use: Policy Implications. Child Trauma and Opioid Use: Policy Implications | The National Child Traumatic Stress Network (nctsn.org)

⁸¹ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2022). The AFCARS Report: Michigan. <https://www.acf.hhs.gov/cb>

⁸² Child Trends. (2023). State-level Data for Understanding Child Welfare in the United States: Foster Care. [State-level Data for Understanding Child Welfare in the United States - Child Trends - ChildTrends](#)

⁸³ Child Trends. (2023). State-level Data for Understanding Child Welfare in the United States: Foster Care. [State-level Data for Understanding Child Welfare in the United States - Child Trends - ChildTrends](#)

⁸⁴ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. AFCARS Data 2020-2019.

⁸⁵ Brundage SC, Levine C. The Ripple Effect: The Impact of the Opioid Epidemic on Children and Families. March 2019. United Hospital Fund.

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				<p>and overdose death have resulted in concomitant increases in adverse childhood experiences and that many children are ending up in foster care.⁸⁶</p> <p>Opioid misuse can have consequences that are lifelong and intergenerational. Children and adolescents exposed to the opioid crisis in their families may experience other related trauma, such as incarceration of a parent or sibling, witnessing the overdose or death of loved ones, separation from families, traumatic bereavement, stigma, interpersonal victimization, neglect, hunger, or poverty. Further, when opioid misuse leads to the impairment or death of parents, grandparents may take on the responsibility of caring for their grandchildren.⁸⁷</p>				subgroups defined by demographic factors associated with disparities in child welfare such as race-ethnicity and (b) what contextual, implementation, and system-related features may contribute to potential racial-ethnic differences.		
Prioritizing Needs of Vulnerable Populations: Addressing Racial Disparities	\$500,000	\$500,000	Neighborhood Wellness Hub Partnership	Covid-19 testing sites were created to address the disparities of covid - 19 resources and community services in BIPOC communities. Despite being at increased risk of exposure to the virus, people of color did not have markedly higher testing rates compared to White patients and were more likely to be positive when tested and to require a higher level of care at the time they tested positive. ⁸⁸	Current efforts to repurpose covid testing sites into permanent neighborhood wellness hubs and provide SDOH and SUD resources	<ul style="list-style-type: none"> Provide Narcan and fentanyl test training to established NWH. Hire Peer Recovery Coaches to provide onsite support. 	<ul style="list-style-type: none"> Number of Narcan and fentanyl test strips training across NWH. Number of engagements in with Recovery Coaches. 	<ul style="list-style-type: none"> The neighborhood testing sites are led by community entities such as churches, service agencies with the aim to reduce disparities and amplify voices in trusted communities. 	10/01/2023	MDHHS Office of the Chief Medical Executive
			Faith-Based Learning Collaborative	Stigma, mistrust, and limited access to harm reduction services are barriers to equitable treatment in BIPOC communities despite the widen disparities. Overdose death rates in older Black men were nearly seven times as high as those in older white men in 2020. ⁸⁹	Faith-based communities continues to be a solid pillar within urban and rural BIPOC communities in addressing spiritual and social needs. By educating faith-based leaders, congregations will have an increased awareness on the stigma revolving recovery, treatment and receive Narcan training.	<ul style="list-style-type: none"> Provide a statewide faith-based learning series for pastoral care/leadership team on stigma and path to recovery. 1–2-hour training virtual learning session to faith-based entities tailored to BIPOC communities MDHHS and guests on a bi-monthly basis (6 total) that addresses 6 common stigma/myth on substance use, harm reduction and recovery. Offer in person/virtual training to congregations in between learning series which will include a tailored toolkit with resources and Narcan training. Conduct a pre and posttest to measure skills and knowledge gain. 	<ul style="list-style-type: none"> Increase the number of Naloxone Portal Kit orders from 48 (Jan 2023) to 100. Number of naloxone kits ordered from the Naloxone Portal, by faith-based communities. Number of faith-based institutions participated in the learning community. Number of faith-based organizations that participated in the naloxone training. 	<ul style="list-style-type: none"> Faith-based communities continues to be a solid pillar within urban and rural BIPOC communities in addressing spiritual and social needs. By educating faith-based leaders, congregations will have an increased awareness on the stigma revolving recovery, treatment and receive Narcan training. 	TBD	MDHHS Office of the Chief Medical Executive
			Racial Equity Workgroup Activities	In Michigan, we see alarming disparities in overdose deaths among Black, Indigenous, and other People of Color (BIPOC) populations. From 2020 to 2021, the overdose mortality rate rose by 30% for Black residents and 11% for	The REWG will provide equity-based recommendations to the state Opioid Taskforce to help reduce disparities in access to services and community engagement.	<ul style="list-style-type: none"> Host statewide community engagement listening session. Host hybrid REWG member sessions. 	<ul style="list-style-type: none"> Set of recommendation document for the State Opioids Taskforce. Number of roadshow community listening sessions. 	<ul style="list-style-type: none"> One recommendation report to the Opioid Taskforce 	08/01/2023	

⁸⁶ Feder KA, Letourneau EJ, Brook J. Children in the Opioid Epidemic: Addressing the Next Generation's Public Health Crisis. Pediatrics. 2019 Jan;143(1):e20181656. doi: 10.1542/peds.2018-1656. Epub 2018 Dec 4. PMID: 30514782; PMCID: PMC6317647

⁸⁷ The National Child Traumatic Stress Network. (2021). Policy Brief: Child Trauma and Opioid Use: Policy Implications. Child Trauma and Opioid Use: Policy Implications | The National Child Traumatic Stress Network (nctsn.org)

⁸⁸ Rubin-Miller L, Alban C, Artiga S, Sullivan S. Covid-19 Racial Disparities in Testing, Infection, Hospitalization, and Death: Analysis of Epic Patient Data 2020, <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-racial-disparities-testing-infection-hospitalization-death-analysis-epic-patient-data/>

⁸⁹ Centers for Disease Control and Prevention Vital Signs. (2022). Drug Overdose Deaths Rise Disparities Widen: Difference Grew by Race, Ethnicity, and Other Factors, <https://www.cdc.gov/vitalsigns/overdose-death-disparities/index.html>

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				<p>Hispanic residents, compared to 8% for white residents.⁹⁰</p> <p>Nationally, from 2019 to 2020, drug overdose death rates increased by 44% and 39% among non-Hispanic Black (Black) and non-Hispanic American Indian or Alaska Native (AI/AN) persons, respectively. Significant disparities were found across sex, age, and racial and ethnic subgroups. In particular, the rate in 2020 among Black males aged ≥65 years (52.6 per 100,000) was nearly seven times that of non-Hispanic White males aged ≥65 years (7.7). A history of substance use was frequently reported. Evidence of previous substance use treatment was lowest for Black persons (8.3%). Disparities in overdose deaths, particularly among Black persons, were larger in counties with greater income inequality. Opioid overdose rates in 2020 were higher in areas with more opioid treatment program availability compared with areas with lower opioid treatment availability, particularly among Black (34.3 versus 16.6) and AI/AN (33.4 versus 16.2) persons.⁹¹</p> <p>In 2021, the rate of EMS responses to probable opioid overdoses in Michigan was more than double for non-Hispanic Black residents (245.3 per 100,000) compared to non-Hispanic white residents (113.1 per 100,000).⁹²</p> <p>Nationally, the rate of drug overdose deaths among American Indians and Alaska Natives is above the national average and recent data show this trend continuing.⁹³</p> <p>Mistrust and barriers to services remain in the BIPOC communities.⁹⁴</p>							
Other: Data	\$750,000	\$750,000	Sustained data collection and availability. Enhanced data collection platforms.	<p>Unstable and/or inadequate funding impacts necessary data collection. (data sources include MiCelerity, STORM, SUP, and MAPS).</p> <p>Trends in ED syndromic surveillance data can inform a more localized response. EMS encounter data, which are a timely option for</p>	The selected systems are crucial data work being conducted, their pause or discontinuation would have large negative ramifications. MiCelerity, STORM, and the SUP especially are helpful to not just the state but local levels as well. Leveraging settlement funds will provide stable funding for these systems, preventing their	Opioids and Emerging Drugs (OED) Unit	<ul style="list-style-type: none"> Number of STORM samples tested. Number of patient records in MiCelerity. Number of LHDs with access to MiCelerity. Number of data sources connected to MiCelerity via the data warehouse. 	<ul style="list-style-type: none"> Increased data on risk factors for overdose and SUD, including underserved populations. Improved drug-specific information on death certificates. 	09/01/2023	MDHHS Public Health Administration, Environmental Epidemiology and Analytics Section	
						Viral Hepatitis Unit	<ul style="list-style-type: none"> Number of syringes/naloxone/etc. delivered. 	<ul style="list-style-type: none"> Increased delivery of harm reduction services. 	01/01/2023		

⁹⁰ Michigan Department of Health and Human Services. (2023). Michigan Overdose Data to Action Dashboard, <https://www.michigan.gov/opioids/category-data>

⁹¹ Kariisa M, Davis NL, Kumar S, et al. *Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics — 25 States and the District of Columbia, 2019–2020*. MMWR Morb Mortal Wkly Rep 2022;71:940–947. DOI: <http://dx.doi.org/10.15585/mmwr.mm7129e2>

⁹² Michigan Overdose Data to Action. (2022). Trends and Disparities in 2021 EMS Responses to Opioid Overdoses Among Michigan Residents.

⁹³ Centers for Disease Control and Prevention, National Center for Health Statistics. (2021). Multiple Cause of Death 1999–2020 on CDC WONDER Online Database.

⁹⁴ Samra R, Hankivsky O. Adopting an intersectionality framework to address power and equity in medicine. The Lancet March 2021, DOI: 10.1016/S0140-6736(20)32513-7

Michigan's Opioid Task Force Strategy Pillar	FY23 Approved Pillar Funding	FY23 Estimated Budget Allocation YTD	Strategy/ Program	Primary Problem	Rationale	Activities	Outputs	Equity-Specific Outputs	Program Start Date	Program Owner
				detecting suspected drug overdoses, are especially important because they may detect overdoses that do not present to the ED. ⁹⁵	disruption, and will help inform, justify, and evaluate programming and interventions.	<ul style="list-style-type: none"> Continued Syringe Service Program Utilization Platform (SUP)*. Licensing and Regulatory Affairs (LARA) Launch of Wholesale/Distributor-PMP Module*. 	<ul style="list-style-type: none"> Number of clients served. Number of encounters. Number of distribution reports received from wholesale distributors and uploaded into the wholesale/distributor PMP module. 	<ul style="list-style-type: none"> Improved tracking of controlled substance distributions and identification of outlier shipments, in comparison to prescriptions. 	01/01/2023	
Other: Technical Assistance to Local Governments	\$680,000	\$680,000	Technical Assistance to Local Governments	<p>Local governments/subdivisions will receive a portion of the 50% local share of the \$776 million coming to Michigan over the next 18 years as a result of the nationwide Opioids Settlement with the three largest opioid distributors and manufacturer, Janssen.⁹⁶</p> <p>The State of Michigan and local governments in receipt of Settlement funds must follow Settlement documentation Exhibit E: List of Opioid Remediation Uses as they allocate funds towards programming. Opioid Remediation includes programming designed to: (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic. Exhibit E provides a non-exhaustive list of expenditures that qualify as being paid for Opioid Remediation. Qualifying expenditures may include reasonable related administrative expenses.⁹⁷</p>	Local governments may need technical assistance consultation to assist in planning and implementation of approved opioid remediation programming in their county. Technical assistance from a collaborative formed by Michigan State University, the University of Michigan, and Wayne State University will provide information and assistance on evidence-based practices suited to address the opioid crisis.	<ul style="list-style-type: none"> Establish foundation for collaborative. Develop implementation strategy for years 2-3 based on local governments'/counties' needs and level of interest. Develop community needs assessments and implementation plan for priority local governments/counties and build relationships with local governments/counties. Work with DHHS on creating a singular survey to determine the needs of the local governments and counties. Implement TA learning collaborative with the assistance of MDHHS. Organize and host community facing seminar series with MDHHS. Conduct a review of recommended community support offerings to include tools, evidence-based or evidence-informed programs or strategies, resources, and programs ready for potential expansion. Assist in developing and providing content for the MDHHS website, as well as other opioid-related tools and resources. Promote website and disseminate other communications materials in coordination with DHHS. Triaged TA requests will be routed to universities for response by assigned team/expert. Organize and facilitate connections between the appropriate experts across the three Universities and the 10 most vulnerable counties/local governments requesting technical assistance. 	<ul style="list-style-type: none"> Developed strategy/plan that explains foundation for collaborative and process for triaging requests. 10 county needs assessments and implementation plans. Survey created for local governments. Number of local government survey participants providing feedback. Number of learning collaborative plans created. Number of learning collaborative sessions scheduled and promoted. Numbers of learning collaborative sessions hosted. Number of learning collaborative session participants. Number of resources/tools created and posted. List of experts created and maintained. Number of local governments receiving technical assistance. 	<ul style="list-style-type: none"> Technical assistance will be prioritized for the 10 most vulnerable counties per the MI-SUVI. 	01/01/2023	MDHHS Office of the Chief Medical Executive

***Additional information on the Data programs:**

MiCelerity Maintenance and Data Warehouse Connection: MiCelerity is a real-time surveillance system that houses identifiable data on fatal and nonfatal overdoses. Data are from Admit, Discharge and Transfer (ADT) messages and the Electronic Death Registration System (EDRS). MiCelerity is available for access and use by all local health departments (LHDs) in Michigan, currently 93% of LHDs have at least one MiCelerity system user who are trained and able to use MiCelerity data. The identifiable nature of the data allows for connection to other data sources, such as the data warehouse which contains information on Medicaid patients, housing status, child welfare, and more.

STORM Program: The STORM program, which tests postmortem samples, is the sole source of rapid toxicology testing in Michigan. MDHHS receives data from traditional toxicology tests at least 4 months after the death, but the STORM project provides results to MDHHS and participating Medical Examiner (ME) offices weekly. STORM tests for about 60 different drugs for approximately one third of the state. STORM is a valuable resource for participating ME offices and the OED Unit as it is used to identify abnormal overdose events such as spikes, clusters, and emerging drug trends.

⁹⁵ Hoots BE. Opioid Overdose Surveillance: Improving Data to Inform Action. Public Health Rep. 2021 Nov-Dec;136(1_suppl):5S-8S. doi: 10.1177/00333549211020275. PMID: 34726970; PMCID: PMC8573783.

⁹⁶ Michigan State Subdivision Agreement for Allocation of Distributor Settlement Agreement and Janssen Settlement Agreement. (2021). <https://www.michigan.gov/ag/-/media/Project/Websites/AG/opioids/Resource-Documents/Michigan-State-Subdivision-Agreement-for-Distributor-and-Janssen-Settlement-Agreements.pdf?rev=7b72e1184d3f4dbd9ed200c5b8318cd7>

⁹⁷ Final Distributor Settlement Agreement: Exhibit E – List of Opioid Remediation Uses. (2021). https://www.michigan.gov/-/media/Project/Websites/AG/opioids/Pages_from_Final_Distributor_Settlement_Agreement_003_1.pdf?rev=2c0828e4bbe8496cbd337c8230280c68

SUP Maintenance: The SUP is a web-based, data collection tool housed within the Michigan Disease Surveillance System (MDSS) that collects client-level utilization and encounter data from syringe service program (SSP) partners in a culturally competent manner. SUP is designed to be adapted to the unique needs of various service models and populations throughout the state. Aggregate data collected from the SUP can be used to inform state and regional harm reduction efforts, as well as opioid crisis response as a whole.

Wholesale/Distributor-PMP Module (ARCOS): Automated Reports and Consolidated Ordering System (ARCOS) is an automated, comprehensive drug reporting system that monitors the flow of DEA controlled substances from manufacture to commercial distribution channels to point of sale or distribution at the dispensing/retail level (hospitals, retail pharmacies, practitioners, teaching institutions, etc.). ARCOS data would help Michigan identify abnormal shipments to pharmacies by comparing shipment data to dispensation data. This project would provide a solution designed to simplify a complicated process and allow the state to leverage these valuable data to identify outliers in the ARCOS data, ultimately providing an additional tool to identify and understand risk associated with the distribution of controlled substances.