2023

MDHHS Opioid Annual Report

Michigan Department of Health and Human Services

MDHHS
Michigan Department of Health & Human Services

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS)
2023 MDHHS OPIOID RESPONSE FRAMEWORK

NOTE TO READERS

The Michigan Department of Health and Human Services (MDHHS) would like to note that this document was developed in 2023 prior to the new membership appointments of the Governor's Opioids Task Force under the revised Executive Order 2022-12, and reflects the work of MDHHS staff.

MDHHS OPIOID POLICY GUIDING PRINCIPLES

- Use data to drive decision making.
- Meet people where they are at within the stages of change model (pre-contemplative, contemplative, determination, action, relapse, maintenance).
- Reduce harms and deaths.
- Collaborate across sectors to inform work.
- Approach this work with dignity and respect.
- Elevate voices with lived experience.

INTRODUCTION

Since the onset of the opioid crisis, numerous harms have been caused to Michiganders, from the micro, individual level, to the macro, community-wide, population level. These harms include overdose deaths, overdose emergencies and trauma, infectious diseases, acute injuries, mental health of the individual, criminal-justice involvement, lack of opportunities (employment, education, etc.), social determinants of health impact (housing, economic stability, etc.).

After years of having one of the highest rates of overdose, Michigan has likely beat the national trend on overdoses for five straight years. We saw declines in overdoses in 2018 and 2019. In 2020 and 2021, every state saw increases in overdoses, but Michigan saw significantly smaller increases than the national average.

In 2022, we are seeing decreases in overdoses. Michigan's rate of fatal overdose has gone from one of the highest in the country to below the national average. Total Michigan overdose deaths in 2021 increased by 13%, from 2,738 in 2020 to 3,096 in 2021. [1]

Provisional death data, available through November shows 2,633 overdose deaths in 2022. If trends continue, 2022 will see 2,887 overall deaths, which is higher than fatalities in 2020, though about a 7% decrease from 2021.

VULNERABLE POPULATIONS

Certain populations are more vulnerable to the harms caused by the opioid crisis, primarily individuals who are less likely to engage with or access services or experience health disparities. Vulnerable populations include: BIPOC community, justice-involved individuals, unhoused individuals, LGBTQIA+ community, indigenous population, pregnant/parenting individuals, migrants, refugees, and undocumented individuals, individuals below the poverty line, youth, unemployed, older adults.

MDHHS OPIOIDS RESPONSE FRAMEWORK

The MDHHS Opioid Response Framework (see Figure 1) outlines the key focus areas of the Department in addressing the opioid crisis. The strategy Framework is driven by the Michigan Opioids Task Force

[1] Centers for Disease Control and Prevention National Vital Statistics System. (2023). Provisional Drug Overdose Death Counts.

Opioids Strategy (see page 17 for more information) and includes core efforts that are currently in place and those that the Department aims to implement. The components of the framework include:

- An emphasis on equity and data in all pillars of the framework.
- Prioritization of the needs of vulnerable populations, such as those that are pregnant and/or parenting, justice-involved, or those with a high Social Vulnerability Index (SVI).
- Primary Prevention core efforts, such as the updates and mandate for the Michigan Automated Prescription System (MAPS), provider education, and primary prevention, including efforts that address risk and protective factors, including Adverse Childhood Experiences (ACEs).
- Harm Reduction core efforts, such as naloxone availability and training, Syringe Service Programs (SSPs), and treatment of wounds and infections.
- Treatment core efforts, such as increased treatment access through Medicaid expansion, removal of administrative barriers to Medications to treat Opioid Use Disorder (MOUD) access, incentives to grow the substance use disorder (SUD) workforce, fund SUD provider infrastructure improvements, and support transportation to treatment.
- Recovery Support core efforts, such as support for Recovery Community Organizations (RCOs), recovery housing, and supporting employment services.

More information on the core efforts is provided throughout this document.

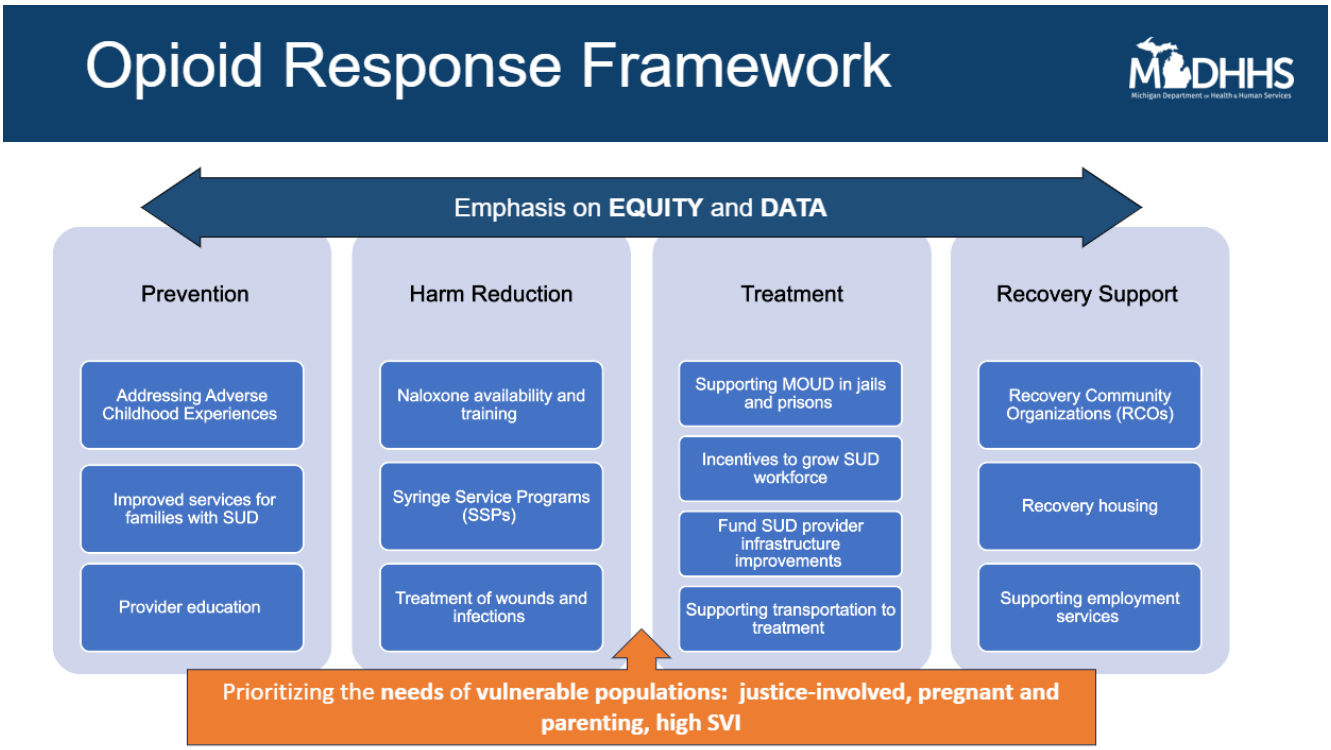


Figure 1.
MDHHS Opioid Response Framework

DEFINING THE PROBLEM

Much work has been focused on improving the opioid surveillance in Michigan that has helped MDHHS gain access internally to inform and drive response efforts, but to also share with the public.

The Michigan Overdose Data to Action (MODA) Data Dashboard available on the MDHHS Opioids website provides data on the metrics noted below, as well as other sources such as High Intensity Drug Trafficking Areas (HIDTA), Michigan State Police (MSP), Office for Highway Safety Planning (OHSP), Youth Risk Behavioral Surveillance Survey (YRBS), Michigan Profile for Health Youth Survey (MiPHY), etc.

While a wealth of data is available to us, there is still some data missing that may be difficult to capture or quantify, such as the number of overdose reversals as a result of naloxone administration. Unfortunately, these data gaps pose a challenge in helping us understand more about specific challenges with the opioid crisis, but also serve as an opportunity to explore how we might make improvements in surveillance and monitoring.

DATA ON OVERDOSE FATALITIES

After years of having one of the highest fatal overdose rates, Michigan is seeing overdose rates lower than the national average rate. Michigan has seen decreases in overdoses in 2018 and 2019. In 2020 and 2021, nearly every state saw increases in overdoses, but Michigan saw smaller increases than the national average. In 2022, we are seeing decreases in overdoses. Michigan's rate of fatal overdose has gone from one of the highest in the country to below the national average. Total Michigan overdose deaths in 2021 increased by 13%, from 2,738 in 2020 to 3,096 in 2021. Provisional death data, available through November 2022 shows 2,633 overdose deaths in 2022. If trends continue, 2022 will see 2,887 overall deaths, which is higher than fatalities in 2020, through about a 7% decrease from 2021 (see Figure 2). However, there is much work yet to do to address the opioid crisis in Michigan.

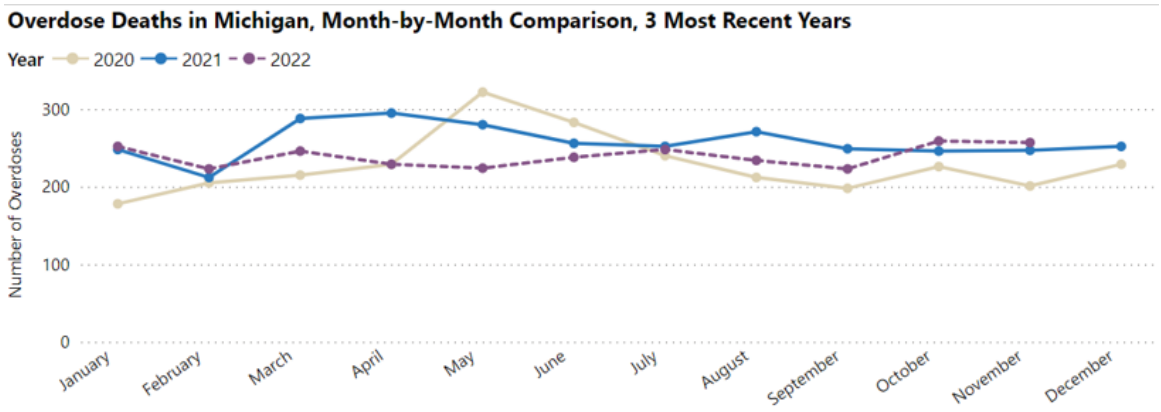


Figure 2.
Overdose Deaths in Michigan, Month-by-Month Comparison.
Source: Michigan Overdose Data to Action Dashboard

Nationally, we are grappling with a much more lethal illicit drug supply that contains synthetic opioids, mainly fentanyl and fentanyl analogs. In fact, in 2020, more than 56,000 deaths involving synthetic opioids (other than methadone) occurred in the United States, which is more deaths than from any other type of opioid. Synthetic opioid-involved death rates increased by over 56% from 2019 to 2020

and accounted for over 82% of all opioid-involved deaths in 2020.[2] Michigan is seeing an increase in polysubstance use, which means that individuals are using more than one substance at the same time, or unknowingly are using drugs that contain lethal quantities of fentanyl.[3] The COVID-19 pandemic also created significant issues, such as interruptions in treatment and riskier use practices, like using in isolation.[4] Further, in 2020, xylazine started showing up as a dangerous contaminant within heroin/fentanyl. Xylazine is a non-opioid veterinary tranquilizer approved by the FDA for veterinary use but not human use. Also known as "Tranq," it can cause severe wounds, including necrosis, that may lead to amputation, and causes complicated respiratory distress, especially when combined with opioids. The DEA reports that xylazine-positive fatal overdoses experienced a significant jump from 2020 to 2021 across the country.[5]

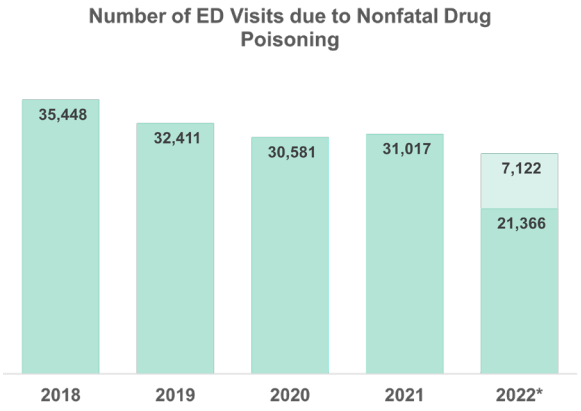


Figure 3.
Number of ED Visits due to Nonfatal Drug Poisoning. (Note: Final 2022 data through September 2022, final quarter is predicted.)
Source: Michigan Overdose Data to Action Dashboard.

DATA ON OVERDOSE EMERGENCY DEPARTMENT VISITS

MDHHS began receiving nonfatal overdose in 2018 to further inform our decision making. The number of Emergency Department (ED) Visits due to Nonfatal Drug Poisoning has also seen a decrease since 2018, with the exception of a slight increase between 2020 and 2021.

Final data through September 2022 shows 21,336 ED Visits due to Nonfatal Drug Poisoning in Michigan. An additional 7,122 are *predicted*, for a *predicted* total of 28,458. This would amount to a *potential* 8% decrease from 2021 (see Figure 3).

As noted above, Overdose Emergency Department Visits data was not available to the Department prior to 2018. The Department was successful in making overdose a reportable condition in order to get data from hospitals in an effort to ultimately improve overdose surveillance and implement targeted efforts. This is an example of the success of the work done by the Department over the last several years to address the crisis in Michigan.

DATA ON RACIAL DISPARITIES IN OVERDOSE AND EMERGENCY DEPARTMENT VISITS FOR OPIOIDS

While *total* overdose fatalities are seeing a decrease in Michigan, racial disparities in overdose fatalities continued to widen as evidenced by this data from the MODA Data Dashboard.

[2] Centers for Disease Control and Prevention. (2022). Synthetic Opioid Overdose Data. Synthetic Opioid Overdose Data | Drug Overdose | CDC Injury Center
[3] Michigan Dept. of Health and Human Services. (2023). Methamphetamine Use and Overdose Trends: Michigan 2019-2022. Methamphetamine Use and Overdose Trends, Michigan 2019-2022
[4] Ghose R, Forati AM, Mantsch JR. Impact of the COVID-19 Pandemic on Opioid Overdose Deaths: a Spatiotemporal Analysis. J Urban Health. 2022 Apr;99(2):316-327. doi: 10.1007/s11524-022-00610-0. Epub 2022 Feb 18. PMID: 35181834; PMCID: PMC8856931.
[5] United States Drug Enforcement Administration. (2023). Public Safety Alert: DEA Reports Widespread Threat of Fentanyl Mixed with Xylazine. DEA Reports Widespread Threat of Fentanyl Mixed with Xylazine | DEA.gov

According to a 2022 CDC Vital Signs report, in 2020, national overdose death rates (number of drug overdose deaths per 100,000 people) increased 44% for Black individuals and 39% for American Indian and Alaska Native (AI/AN) individuals compared with 2019, far outpacing the overdose rates during the same time period amongst the white population.[6]

Consistent with national statistics, Michigan data also reveals the startling overdose death rates amongst its Black, Non-Hispanic population, and the overdose disparities that were further exacerbated during the COVID-19 pandemic.

Further, 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).[7]

The increase in overdoses amongst Michigan's Non-Hispanic Black population indicate there is much more still to be done to reduce overdoses amongst all Michiganders and narrow the widening gap of racial health disparities and inequities.

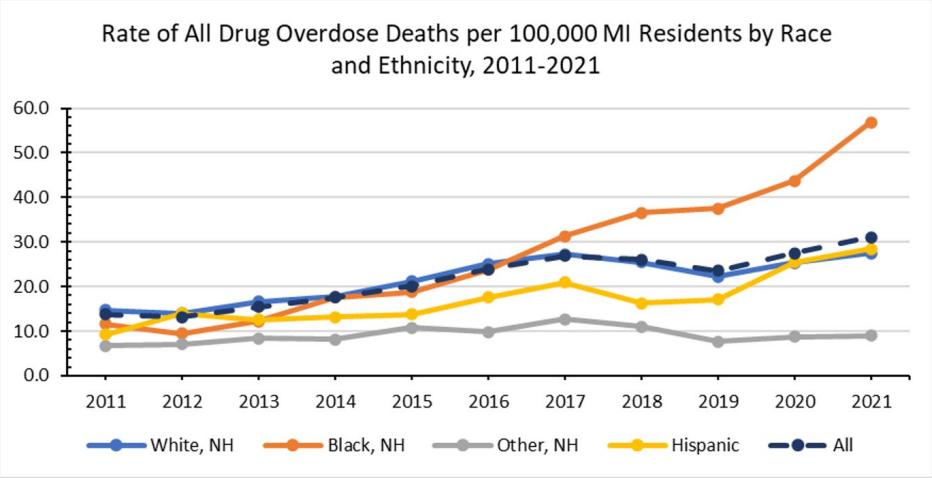


Figure 4.
Rate of All Drug Overdose Deaths per 100,000 MI Residents by Race and Ethnicity, 2011-2021
Source: Michigan Overdose Data to Action Dashboard

Additionally, overdoses amongst Michigan's American Indian and Alaska Native population are disproportionately high, as well as rates among Michigan's Hispanic population (see Figure 4). In 2022, Vital Strategies, a global health nonprofit, committed funding for a racial equity consultant to establish the Racial Equity Workgroup and drive the work of the Equity pillar forward. More information on the Racial Equity Workgroup is provided further on in this report on page 18.

SUBSTANCE USE VULNERABILITY INDEX

Overdose and substance use disorder (SUD) are significant and complex public health problems in Michigan, and, historically, overdose death data alone have often been used for SUD policy/program

[6] Center for Disease Control and Prevention. (2022). Overdose death rates increased significantly for Black, American Indian/Alaska Native people in 2020. Overdose death rates increased significantly for Black, American Indian/Alaska Native people in 2020 | CDC Online Newsroom | CDC

[7] MDHHS. (2021). Trends and Disparities in 2021 EMS Responses to Opioid Overdoses. Trends and Disparities in 2021 EMS Responses to Opioid Overdoses (michigan.gov)

planning. MDHHS recognizes that many factors influence a community's vulnerability to adverse outcomes associated with substance use and should be considered in policy and program planning. With these factors in mind, MDHHS developed the Michigan Substance Use Vulnerability Index (MI-SUVI) and publicly launched it in 2023 as a tool to help guide equitable SUD program and policy decision-making. MI-SUVI can be accessed by the public on the Michigan MODA Data Dashboard at https://www.michigan.gov/opioids/category-data. More information on the SUVI is provided later in this document on page _.

EMERGING SUBSTANCE TRENDS

FENTANYL

There has been a steady increase in the percent of drug overdose deaths that involved fentanyl, indicating the increasing threat this lethal contaminant poses within the illicit drug supply (see Figure 5).

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 across the U.S. There are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer.

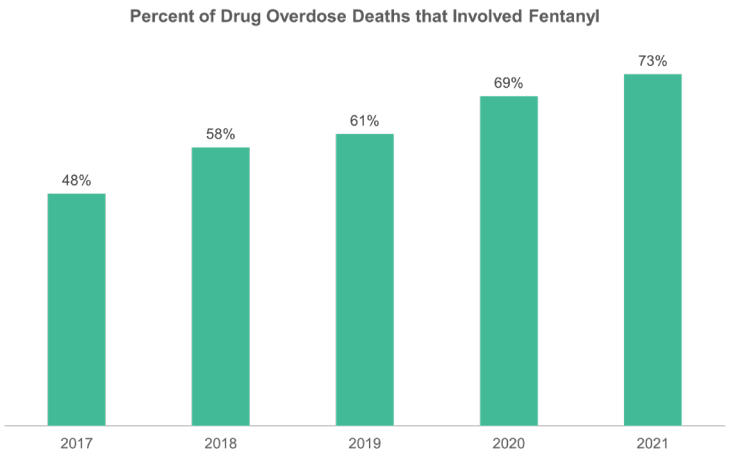


Figure 5.
Percent of Drug Overdose Deaths that Involved Fentanyl.
Source: Michigan Overdose Data to Action Dashboard

However, most recent cases of fentanyl-related overdose are linked to illicitly manufactured fentanyl, which is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

Illicitly synthesized fentanyl – a potent and inexpensive opioid that has driven the rise in overdoses since it emerged in 2014 – is increasingly replacing heroin. And because it is more prevalent and more readily available, fentanyl is increasingly becoming substance of choice amongst illicit opioid users.

Fentanyl and other synthetic opioids are the most common drugs involved in overdose deaths. Even in small doses, it can be deadly. Nationally, over 150 people die every day from overdoses related to synthetic opioids like fentanyl.[8] In Michigan, drug overdose deaths involving fentanyl have increased significantly since 2017.

Drugs may contain deadly levels of fentanyl, and you wouldn't be able to see it, taste it, or smell it. It is nearly impossible to tell if drugs have been laced with fentanyl unless you test your drugs with fentanyl

[8] Centers for Disease Control and Prevention. (2023). Fentanyl Facts. Fentanyl Facts (cdc.gov)

test strips, emphasizing the importance of harm reduction service options like Syringe Service Programs (SSPs).

XYLAZINE

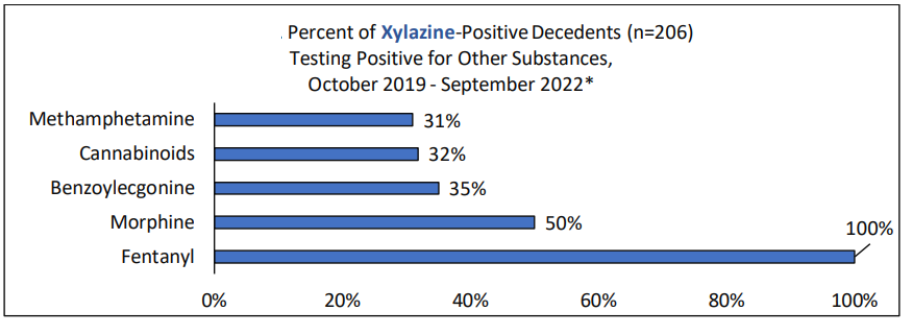
Figure 6 shows the percentage of xylazine-positive decedents that tested positive for other substances between October 2019 and September 2022. One hundred percent of the samples also tested positive for fentanyl.

Xylazine is a potent veterinary tranquilizer/sedative; never approved for human use but increasingly found in the illicit drug supply and frequently used along with fentanyl.

Xylazine causes sedation and anesthesia, respiratory depression, slow heart rate, muscle relaxation and potentiates pain relief; in humans, it also causes significant slowing of the heart rate and low blood pressure.

It is important to note that the Department urges the continued distribution and administration of naloxone to those that may be overdosing on an opioid adulterated with xylazine. While naloxone will not reverse a xylazine overdose, xylazine is almost always found in combination with opioids, including fentanyl. Therefore, naloxone should still be administered whenever an opioid-involved overdose is suspected.

Michigan is seeing xylazine-involved fatalities. This data comes from postmortem toxicology testing conducted by the Swift Toxicology of Overdose-Related Mortalities (STORM) program. STORM began in September 2017 to improve postmortem toxicological testing in Michigan and started testing for xylazine in October 2019. As of September 2022, STORM has detected 206 xylazine-positive decedents, of which 100% also tested positive for fentanyl.



**2019-2022 The Swift Toxicology of Overdose-Related Mortalities (STORM) Program at Western Michigan University Homer Stryker MD School of Medicine (WMed)*

Figure 6.
Percent of Xylazine-Positive Decedents Testing Positive for Other Substances, October 2019-September 2022.
Source: **Emerging Trend Update: Xylazine in Michigan**

Sixty-one of 83 Michigan counties have submitted at least one death for STORM testing since the program began.

Since October 2019, xylazine-positive deaths have occurred in 24 Michigan counties with most occurring in: Ingham (37 deaths), Calhoun (33), Genesee (33), Kalamazoo (21), and Muskegon (20), representing 70% of all xylazine deaths.

Comparing 2022 year-to-date with 2021, Berrien County had the largest increase in xylazine-positive decedents, from one in 2021 to six through September 2022.

According to the Michigan Poison and Drug Information Center (MiPDC), "fentanyl detection in deaths related to xylazine is very concerning," as "both xylazine and fentanyl can place users at increased risk of toxicity and even death due to their combined effects on the respiratory system and central nervous system.[9] Cardiovascular and respiratory support are recommended in overdoses involving xylazine, as well as naloxone; although naloxone is not an antidote to xylazine, xylazine is frequently used with opioids, which are reversed with naloxone.

There are currently no readily accessible devices in Michigan for detecting xylazine in illicit drugs. Color, texture, taste or smell do not reliably indicate the presence of xylazine, fentanyl or other adulterants. It is reasonable and safer to assume that all illicit drugs are contaminated with other substances and act accordingly.

In April 2023, the White House Office of National Drug Control Policy (ONDCP), officially designated Fentanyl Adulterated or Associated with Xylazine (FAAX) as an emerging threat to the US.[10]

OTHER TRENDS

EMERGENCY RESPONSE

Since early 2022 (see Figure 7), there has been an increase in EMS responses to multiple opioid overdose events in Michigan. Statewide in 2021, there was an average of three EMS responses to multiple opioid overdose events per week, with a weekly maximum of seven events; in 2022, the weekly

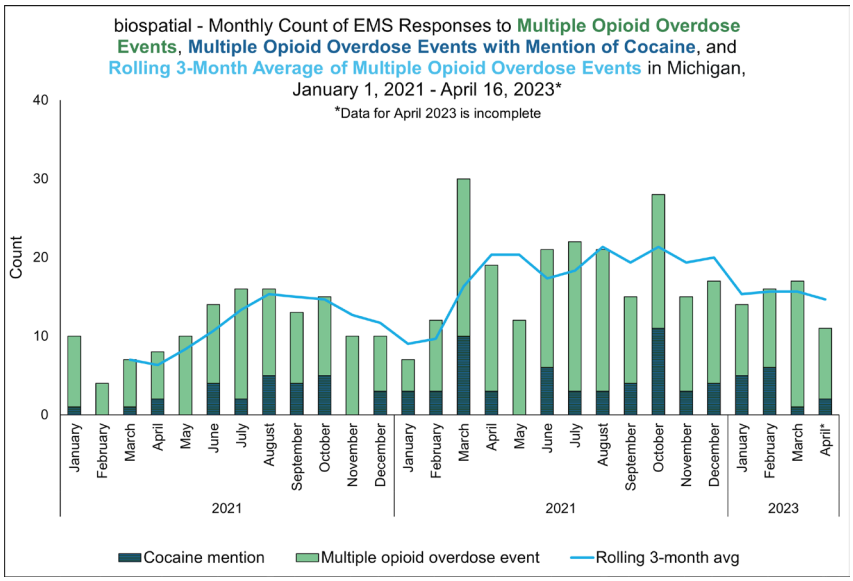


Figure 7.
Monthly Count of EMS Responses to Multiple Opioid Overdose Events, Multiple Opioid Overdose Events with Mention of Cocaine, and Rolling 3-Month Average of Multiple Opioid Overdose Events in Michigan.
Source: EMS Responses to Opioid Overdoses with Cocaine Involvement In Michigan, 2019-2022

[9] Wayne State University School of Medicine. (2020). Michigan Poison Center issues warning related to xylazine abuse. Michigan Poison Center issues warning related to xylazine abuse - School of Medicine News - Wayne State University

[10] The White House Office of National Drug Control Policy. (2023). Press Release: Biden-Harris Administration Designates Fentanyl Combined with Xylazine as an Emerging Threat to the United States.

average of EMS responses to multiple opioid overdose events was four, with a weekly maximum of 10 events.

In 2022, 94.1% of multiple opioid overdose events took place in the Southeast or Southwest Lower Peninsula of Michigan. In 2021, 20.5% (27/132) of EMS narratives for these multiple opioid overdose events mentioned patients taking what they thought was cocaine and experiencing an opioid overdose. In 2022, this increased to 24.2% (53/219) of EMS responses to multiple opioid overdose events mentioning cocaine.

YOUTH SUBSTANCE USE (ALCOHOL)

Figure 8 from the national Youth Risk Behavior Surveillance System (YRBSS) survey of middle and high schoolers shows a decrease in youth alcohol use between 1999 and 2019.

A 2019 study published in the American Journal of Preventive Medicine found that between 2012 and 2014, more than 4.2 million Americans ages 12 and older misused prescription opioids. More than half of those people also engaged in binge drinking, and binge drinkers were nearly twice as likely to misuse prescription opioids as nondrinkers.[11]

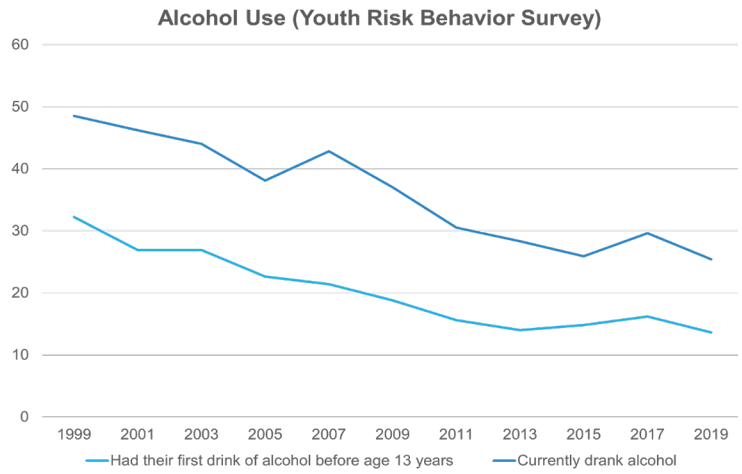


Figure 8.
Alcohol Use (Youth Risk Behavior Survey).
Source: Youth Online: High School YRBS - Home Page | DASH | CDC

A 12-year longitudinal research study published in 2021 in the Addiction journal found that cannabis, tobacco and alcohol use are prevalent among youth in the United States and may be risk factors for opioid use. The current study aimed at investigating associations between developmental trajectories of cannabis, tobacco and alcohol use in adolescence and opioid use in young adulthood in an urban cohort over the span of 12 years.[12]

YOUTH SUBSTANCE USE (MARIJUANA)

Figure 9 shows a general decrease in youth marijuana use between 1999 and 2019, with an uptick that happened in 2017, around the same time that many states moved to legalize recreational marijuana.

Again, like youth alcohol use, when we consider opioid misuse and opioid use disorder prevention, we need to consider and work on addressing other potential risk factors.

[11] Esser MB, Gery PG Jr, Zhang K, Brewer R. Binge Drinking and Prescription Opioid Misuse in the U.S., 2012-2014. American Journal of Preventive Medicine. 2019 June. DOI: https://doi.org/10.1016/j.amepre.2019.02.025

[12] Thrul J, Rabinowitz JA, Reboussin BA, Maher BS, Ialongo NS. Adolescent cannabis and tobacco use are associated with opioid use in young adulthood-12-year longitudinal study in an urban cohort. Addiction. 2021 Mar;116(3):643-650. doi: 10.1111/add.15183. Epub 2020 Jul 21. PMID: 32692425; PMCID: PMC7855765.

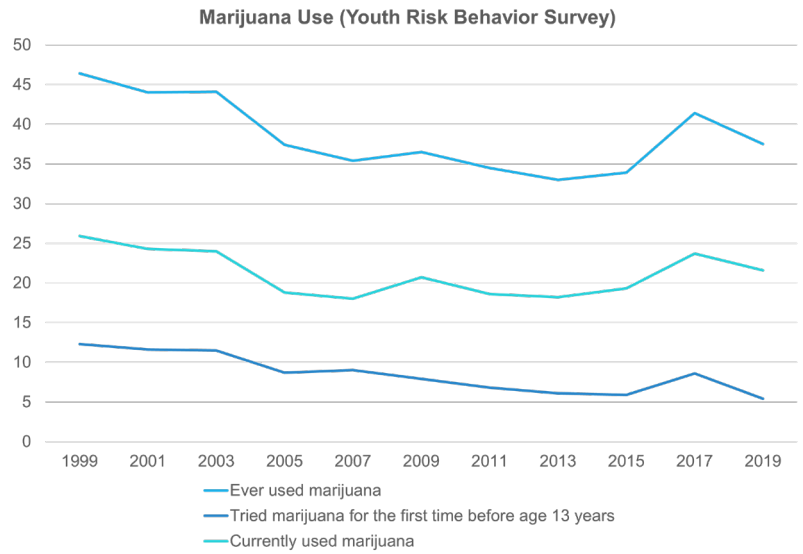


Figure 9.
Marijuana Use (Youth Risk Behavior Survey).
Source: Youth Online: High School YRBS - Home Page | DASH | CDC

YOUTH SUBSTANCE USE (AVAILABILITY OF ILLICIT DRUGS)

Figure 10 shows a general decrease in youth-reported availability of illicit drugs between 1999 and 2019. This could indicate that prevention efforts may have played a part in decreasing illicit substance access.

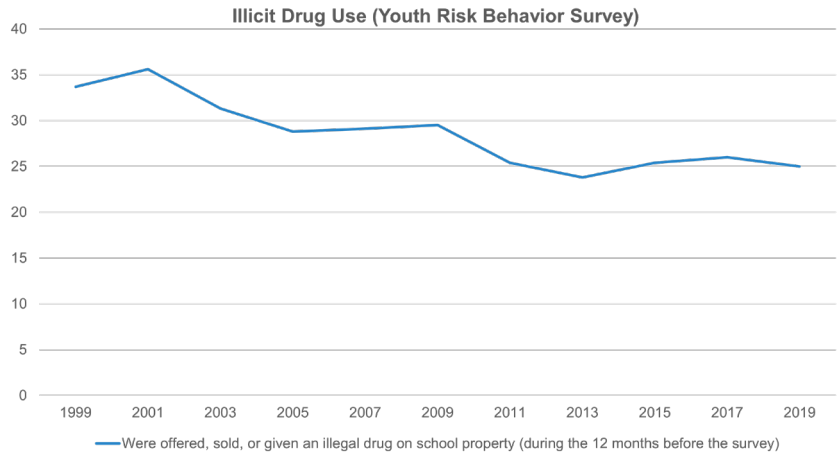


Figure 10.
Illicit Drug Use (Youth Risk Behavior Survey)
Source: Youth Online: High School YRBS - Home Page | DASH | CDC

INTERVENTIONS

TREATMENT SERVICES

While the number of publicly funded SUD treatment episodes have decreased, the median time to SUD treatment is three days, an increase since 2020. The median time to SUD treatment may be connected to workforce capacity issues within the treatment system, which may be related to the workforce capacity issues straining the system.

MDHHS removed the Medicaid prior authorization requirement in 2019 for most medications to treat opioid use disorder (OUD), including buprenorphine, which removed a key barrier for physicians prescribing MOUDs and ultimately helped increase access to and prevent unnecessary delays in starting treatment with medication. Figure 11 demonstrates the Buprenorphine Dispensing Rate in Michigan. There are higher rates in Northern Lower Michigan and the Upper Peninsula, indicating that rural, less populated Northern Michigan areas have access to buprenorphine treatment in Michigan. However, it should be noted that Northern Michigan has very few methadone providers and isn't an option to residents in this region; most methadone providers are located in the southern, more populated areas of the state.

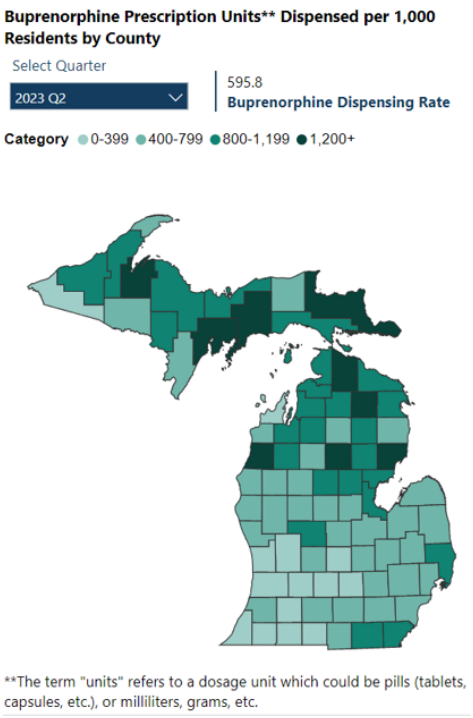


Figure 11.
Buprenorphine Prescription Units Dispensed per 1,000 Residents by County.
Source: Michigan Overdose Data to Action Dashboard

OPIOID PRESCRIPTION UNITS DISPENSED

Opioid prescribers play a vital role in facilitating the proper use of opioids and can help preventing opioid misuse, diversion, and overdose by altering their prescribing practices. MDHHS, the Michigan Department of Licensing and Regulatory Affairs (LARA), and other partners have been educating on the required use of Michigan's Automated Prescription System, (MAPS) by prescribers and dispensers. MAPS is Michigan's prescription drug monitoring program (PDMP) that tracks controlled substances, such as opioid prescriptions, to assess risk and prevent diversion and misuse. Michigan law requires all licensed providers prescribing controlled substances to register with MAPS. Prior to prescribing a controlled substance to a patient, providers must query and review MAPS.

Data from MAPS (see Figure 12) indicates a steady decrease in the opioid prescription units dispensed over the last decade. In 2020, Michigan saw a 3.72% reduction in total opioid prescriptions. From 2015-2020, total opioid prescriptions decreased by over 17% in Michigan.

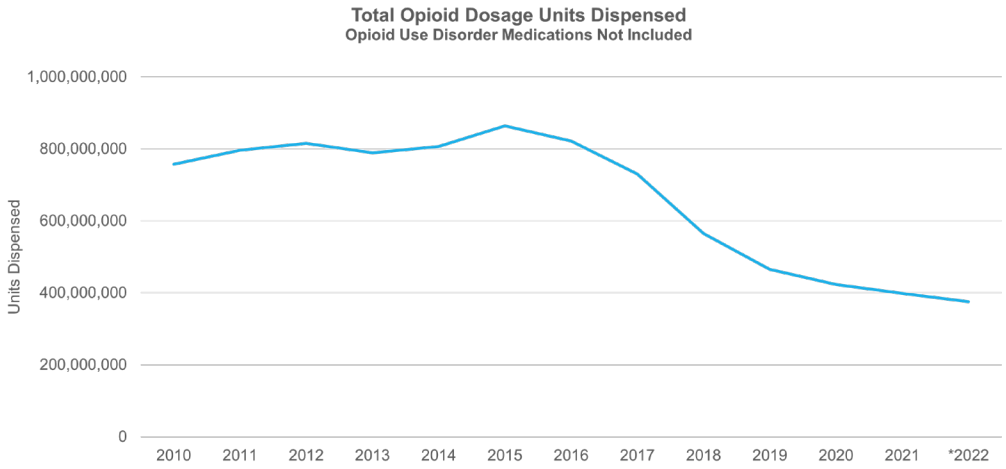


Figure 12.
Total Opioid Dosage Units Dispensed (Opioid Use Disorder Medications Not Included).
Source: LARA MAPS

HEPATITIS C

Traditionally, the cohort with birth year from 1945 to 1965 easily reported more hepatitis C cases each year in Michigan than any other cohort. As the screening recommendations expanded and the landscape has shifted, data indicates a newer focus population. In recent years, a second "peak" of new chronic HCV diagnoses developed in adults under 40 (18-39 years old). An emerging epidemic of hepatitis C infections in adults under 40 has been identified in areas across the U.S. and in Michigan. *The primary driver of this increase in hepatitis C cases is sharing of injection drug equipment and works, which is enhanced by the concurrent opiate and heroin epidemics.* In 2021 these factors, among others, caused the 18–39-year-old cohort to eclipse the new case count of the 1945- 1965 birth cohort for the first time in Michigan (see Figure 13). In response to the rapid increase of HCV cases in younger populations CDC

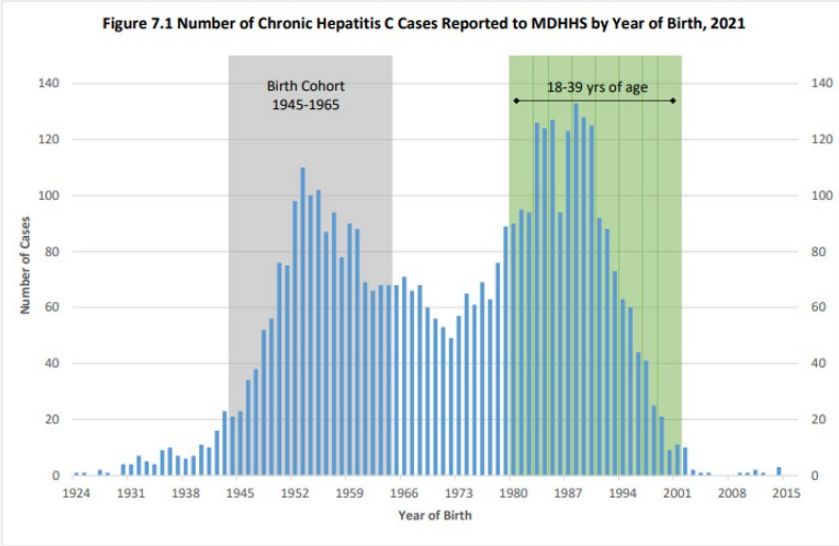


Figure 13.
Number of Chronic Hepatitis C Cases Reported to MDHHS by Year of Birth, 2021
Source: MDHHS Viral Hepatitis Unit

began recommending one-time hepatitis C testing of all adults (18 years and older) and all pregnant individuals during every pregnancy in 2020.[13]

HARM REDUCTION ACTIVITIES

SYRINGE SERVICE PROGRAMS (SSPs)

Data from around the United States demonstrate the beneficial impact of harm reduction activities, specifically Syringe Service Programs (SSPs).[14] SSPs can provide safe disposal of needles, reducing the chance of a needlestick from a needle that has not been properly disposed. A study of Connecticut police officers found that needlestick injuries were reduced by two-thirds after implementing SSPs.[15] An SSP in Portland, Oregon, research demonstrated a nearly 66% decrease in the number of improperly discarded syringes.[16]

SSPs are effective at reducing infectious diseases. New HIV infections have declined by 80% in the United States among persons who inject drugs since the implementation of SSPs in the late 1980s. Further, testing linked to Hepatitis C virus (HCV) treatment can save an estimated 320,000 lives. SSPs are effective in engaging individuals in treatment services. SSP clients are five times more likely to enter a drug treatment program than non-clients. Syringe service programs have operated for more than 30 years in the US. During that time, numerous studies have demonstrated their benefits to communities.[17] As of early 2023, 36 SSPs operate in Michigan and 87 sites are operated by these programs (see Figure 14).

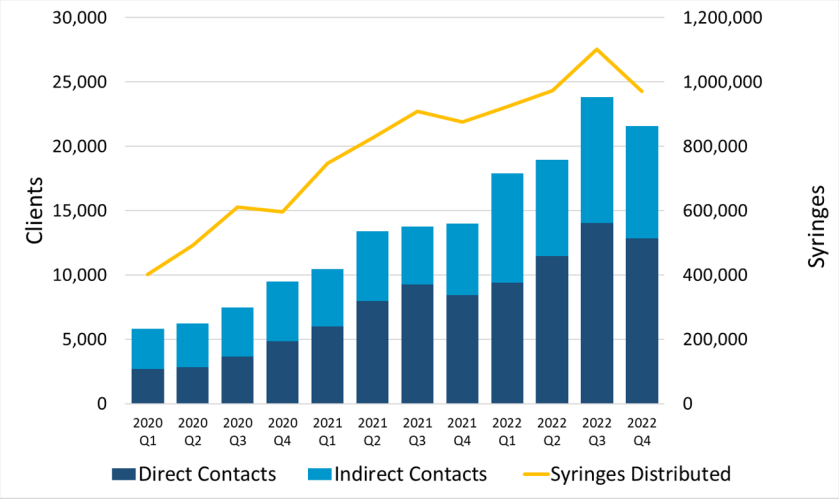


Figure 14.
Syringe Service Program Delivery
Source: Michigan SSP Utilization Platform

[13] MDHHS. (2022). 2021 Hepatitis B an C Annual Surveillance Report.
[14] Centers for Disease Control and Prevention Syringe Service Programs. (2023). Summary of Information on the Safety and Effectiveness of Syringe Service Programs (SSPs).
[15] Groseclose SL, Weinstein B, Jones TS, Valleroy LA, Fehrs LJ, Kassler WJ. Impact of increased legal access to needles and syringes on practices of injecting-drug users and police officers--Connecticut, 1992-1993. J Acquir Immune Defic Syndr Hum Retrovirol. 1995 Sep 1;10(1):82-9. PMID: 7648290.
[16] Oliver KJ, Friedman SR, Maynard H, Magnuson L, Des Jarlais DC. Impact of a needle exchange program on potentially infectious syringes in public places. J Acquir Immune Defic Syndr (1988). 1992;5(5):534-5. doi: 10.1097/00126334-199205000-00021. PMID: 1560355.
[17] MDHHS. (2023). SSP 101. SSP 101 (michigan.gov)

NALOXONE DISTRIBUTION

Data on the Naloxone Distribution and Utilization through Syringe Service Programs (SSPs) in Michigan demonstrates the steady increase of kits distributed and poisonings reversed since 2020 (see Figure 15). All Michigan SSPs provide low-barrier Narcan access to clients and other community members.

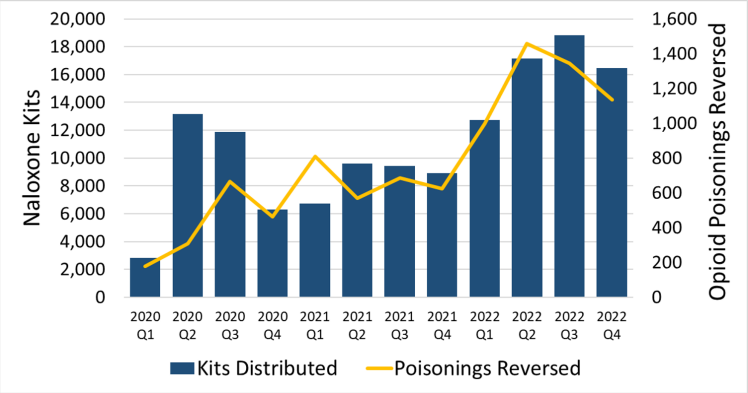


Figure 15.
Narcan Distribution and Utilization Through Syringe Service Programs
Source: Michigan SSP Utilization Platform

People who are actively using illicit substances have a higher likelihood of witnessing an overdose event and are in an ideal position for responding to that overdose.[18] The effectiveness of Narcan is time-dependent and the chances of someone surviving an overdose increases the sooner Narcan can be administered. Michigan SSP clients have proven to be effective first responders and have contributed to reducing overdose deaths in Michigan.

It is estimated that approximately one in 10 Narcan rescue kits distributed through a Michigan SSP is used to successfully reverse an opioid overdose.

MDHHS believes that naloxone kits should be in as many locations as possible, even if they do not end up being utilized. The American Medical Association (AMA) House of Delegates, the legislative and policy-making body of the AMA, supports the widespread implementation of easily accessible naloxone rescue stations (such as public availability of naloxone through wall-mounted display/storage units that also include instructions) throughout the country following distribution and legislative edicts similar to those for automated external defibrillator (AED).[19]

TACKLING THE OPIOID CRISIS IN MICHIGAN

The MDHHS Internal Program Team works in partnership with and support from MDHHS program staff and leadership to advance ideas and strategies to the Michigan Opioids Task Force and external stakeholders to plan and implement efforts to tackle the opioids crisis in Michigan.
Specifically, the Internal Program Team includes MDHHS staff that have specific expertise related to the Michigan Opioids Strategy and associated efforts. They exist amongst different administrations and sections of MDHHS, including but not limited to:

- Opioids Policy Team within the Office of the Chief Medical Executive.
- Office of the Chief Deputy for Health.
- Public Health Administration (PHA).
- Behavioral and Physical Health and Aging Services Administration (BPHASA).

[18] Hanson BL, Porter RR, Zöld AL, Terhorst-Miller H. Preventing opioid overdose with peer-administered naloxone: findings from a rural state. Harm Reduct J. 2020 Jan 9;17(1):4. doi: 10.1186/s12954-019-0352-0. PMID: 31918740; PMCID: PMC6953279.
[19] Berg, S. Lifesaving Naloxone should be available almost everywhere. American Medical Association. 2019 June.

The Internal Program Team works to elevate plans and strategies to MDHHS internal leadership, which includes the MDHHS senior deputies for health, who provide oversight, feedback, and approval. They include:

- MDHHS Chief Medical Executive.
- MDHHS Chief Deputy Director for Health.
- MDHHS Senior Deputy Director, Public Health Administration.

Typically, once MDHHS Internal Leadership have provide oversight, feedback, and approval, ideas, strategies, and plans are shared with the Opioids Task Force and/or external partners for further buy-in. External partners include, but are not limited to:

- People with lived experience.
- Michigan Opioids Task Force.
- Stakeholders within other State of Michigan Departments.
- Legislators.
- Local leaders.
- SUD experts.
- Prevention, treatment, harm reduction, and recovery service providers.
- Philanthropic funders.
- Advocacy groups/boards/committees.

Depending upon the feedback and direction received from the Opioids Task Force and/or external partners, it may be necessary for the Internal Program Team to revisit and revise plans and projects and cycle back through feedback process.

The work, input and agreement of all partners in this process leads to action and implementation.

MICHIGAN OPIOIDS TASK FORCE

In 2019, opioid overdoses killed 1,768 Michiganders, an average of almost five people every single day. In August 2019, Governor Gretchen Whitmer issued Executive Order 2019-18 which announced the creation of a task force to align and coordinate departmental efforts to fight the opioid epidemic in the state of Michigan.

The Michigan Opioids Task Force was chaired by MDHHS Chief Medical Executive and Chief Deputy Director for Health and was comprised of internal state government officials tasked with providing policy recommendations to the director of MDHHS and coordinating departmental activities. Members of the Task Force are ex officio members and serve at the pleasure of the governor. See link for more details: https://www.michigan.gov/opioids/crisis-response.

The Opioids Task Force convened for the first time in 2019 upon the Governor's Executive Order and established the Michigan Opioids Strategy. Their overarching goal in setting out in their work was to reduce overdose deaths by 50% in five years. Also established in 2019 was the Stakeholder Advisory Group, which is made up of stakeholders from around the state that help inform the work of the Task Force.

In 2020, the Task Force had to confront the challenges brought on by the COVID-19 pandemic and their work pivoted towards counteracting the service disruptions and changes, stress and isolation caused by the pandemic to prevention worse outcomes from happening. It is important to note that despite the challenges of 2020, Michigan weathered the pandemic better than most states and emerged with overdose data that matched the national average, rather than being higher.

In 2021, the task force advocated legislation, PA 176 of 2022, to permit the state's Chief Medical Executive to issue a standing order for community-based organizations to directly purchase and distribute naloxone. During this time, the task force also decided to form a Racial Equity Workgroup and create a distinct equity pillar to address disparities in SUD treatment services access and overdose deaths. The task force recognized that racial equity is a foundational framework to the entire opioids strategy that impacts all of the work, but to address the disparities Michigan sees, specific programming helps focus specifically on reducing racial inequity.

Based on feedback received, the task force also created a distinct Recovery pillar within the opioids strategy (see Figure 16) with the recognition that supports need to be increased for those in or seeking recovery.

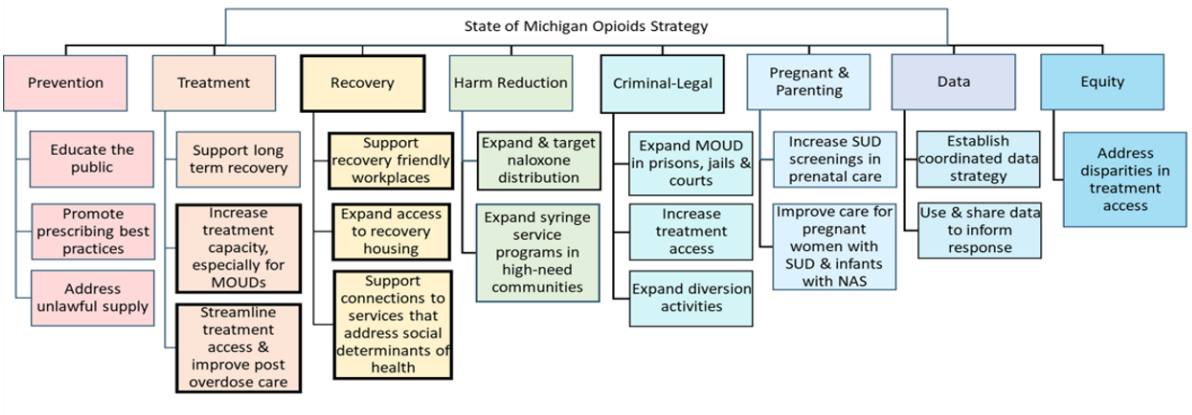


Figure 16.
Michigan Opioids Task Force Opioids Strategy (2021)

Equity-focused efforts advanced in 2022 with the formation of the Racial Equity Workgroup through the hiring of a racial equity consultant and equity program manager who are facilitating this important work. In late 2022, Governor Gretchen Whitmer updated the Executive Order that was issued to create the Task Force by signing Executive Order 2022-12. The updated Executive Order allowed for the opportunity to expand task force membership and will allow for the appointment of representatives from each of the 10 Prepaid Inpatient Health Plan (PIHP) regions.

From 2020 through 2022, MDHHS and the Opioids Task Force made progress on the statewide opioid strategic plan, covering prevention, treatment, harm reduction, criminal justice-involved populations, pregnant and parenting women populations, data, and equity initiatives.

While progress had been made under the previous task force and the opioids strategy, much more remains to be done and it was determined that the task force be updated to optimize its work and to allow it to efficiently receive and distribute resources. Therefore, Governor Whitmer issued Executive Order 2022-12 to adjust the membership of the Michigan Opioids Task Force. Membership appointments were made to the updated task force in June 2023.

TASK FORCE STAKEHOLDER ADVISORY GROUP

In addition to the task force, a Stakeholder Advisory Group was convened in 2020 to advise the Opioids Task Force on the State's Opioids Strategy.

More specifically, the Stakeholder Advisory Group was 100+ person workgroup that included key stakeholders from a variety of sectors, including academia, insurers, health care, SUD treatment providers, SUD treatment payers, harm reduction programs, people in long-term recovery, law enforcement, university partners, philanthropic organizations, etc.

The Stakeholder Advisory Group's expertise and lived experience helped shape the task force's recommendations and offered suggestions and feedback related to the opioids strategy.

RACIAL EQUITY WORKGROUP OVERVIEW

In 2022, Vital Strategies, a global health nonprofit, committed funding for a racial equity consultant to establish the Racial Equity Workgroup and drive the work of the equity pillar forward.
The workgroup is made up of 15 appointed members from around Michigan that have passion, experience, and expertise related to racial equity in the response to overdose and health in BIPOC communities.
The Racial Equity Workgroup's Charge is to:

- Commit to ongoing learning from BIPOC with lived experience, disaggregated data, racial justice advocates related to health equity for people who use drugs and individuals in recovery from substance use disorder.
- Develop a strategic action plan to guide the Michigan Opioids Task Force in transforming systems to be more racially equitable.
- Act as an accountability partner to Michigan Opioids Task Force by supporting racially equitable actions and challenging racially inequitable actions.

OPIOID ADVISORY COMMISSION (LEGISLATIVE)

Public Act 84 was passed in 2022 and established a legislative Opioid Advisory Commission as part of a legislative package to receive and distribute the state's share of a nationwide opioid settlement and oversee how funds are used.

The Legislative Commission's role is advisory, and responsibilities include:

- Tasked to review local, state, and federal initiatives and activities related to education, prevention, treatment, and services for individuals and families affected by substance use disorders and co-occurring mental health conditions.
- Establish priorities to address substance use disorders and co-occurring mental health conditions for purpose of recommending funding initiatives to the legislature.

It should be noted that the Opioid Advisory Commission is distinct from the Michigan Opioids Task Force. They are distinct entities appointed through different processes and are tasked with differing roles and responsibilities.

The OAC is a legislative commission, whereas the Executive branch called for the formation of the Michigan Opioids Task Force. The OAC is tasked to review initiatives/activities related to SUD services and establish priorities to address SUD/co-occurring conditions for purpose of recommending funding initiatives to the legislature. The Michigan Opioids Task Force is charged with identifying root causes of the opioid epidemic and implementing response actions.

The OAC reports to the Legislative Council Administrator and overall purpose is to advise the legislature, whereas the Michigan Opioids Task Force reports to MDHHS. The OAC's role is advisory. The Michigan

Opioids Task Force will be required to report to the Governor regularly and will be expected to issue an annual report.

KEY INITIATIVES

PREVENT OPIOID ADDICTION:

MICHIGAN AUTOMATED PRESCRIPTION SYSTEM (MAPS): Opioid prescribers play a vital role in facilitating the proper use of opioids and can help preventing opioid misuse, diversion, and overdose by altering their prescribing practices. MDHHS, the Michigan Department of Licensing and Regulatory Affairs (LARA), and other partners have been promoting the use of Michigan's Automated Prescription System, MAPS, by prescribers and dispensers. MAPS tracks controlled substances, such as opioid prescriptions, to assess risk and prevent diversion and misuse. In 2020, Michigan saw a 3.72% reduction in total opioid prescriptions. From 2015-2020, total opioid prescriptions decreased by more than 17% in Michigan.[20] There has also been a decrease in prescription opioids as the identified primary drug of choice of those seeking treatment, which is indicative that prevention measures in this space have been impactful.

PROVIDER EDUCATION: MI-CARES, Michigan Collaborative Addiction Resources and Education System, is a training program for family medicine and other physicians to recognize and treat addiction, and it has been impactful in expanding access to treatment. MDHHS works with MI-CARES to integrate addiction medicine training into undergraduate medical education programs in Michigan. In 2021, the MI-CARES programmed enrolled more than 200 physicians into their Addiction Medicine and American Board of Preventative Medicine (APBM) practice pathway that will increase the number of addiction medicine specialists in the field. In 2022, MI-CARES opened their curriculum to physicians nationwide. For more information, visit: https://micaresed.org/

PRIMARY PREVENTION: Evidence-Based Primary Prevention Programs for youth and families are delivered across Michigan in a variety of settings including schools, juvenile correctional centers, and community settings such as Boys and Girls Clubs, churches, camps, and youth centers. From Sept. 2020-Sept. 2021 alone, programming was adapted to be provided in a virtual setting and reached more than 10,000 individuals. MDHHS continues to expand and support the utilization of the Michigan Model for Health Curriculum, which provides more than 2,500 digital curriculums per year to schools across Michigan, to address adolescent health including substance use/misuse prevention. Examples of evidence-based primary prevention programming including the Strengthening Families Program, Guiding Good Choices, Botvins Life Skills, and Prime for Life. While all of these programming efforts include different curriculums, their common theme is providing children, youth and families with information and guidance that emphasizes family bonds, provides strategies towards building better health, making healthy choices, coping and substance refusal skills, and provides education on both the psychological and physical effects of substances.

PREVENT HARMS ASSOCIATED WITH OUD

Increasing access to harm reduction services continues to be an integral component of the state of Michigan's fight against the drug overdose epidemic. Harm reduction services include safe use resources (i.e., naloxone, fentanyl test strips, sterile syringes, etc.) as well as primary health services, such as referrals to treatment or SUD counseling, and supportive services, such as connections to housing and

[20] Michigan Dept. of Licensing and Regulatory Affairs. (2023). Annual Drug Utilization Reports. Annual Drug Utilization Reports (michigan.gov)

employment. Harm reduction services focus on the fundamental principle that drug overdose deaths are preventable and that people who use drugs deserve health and safety.

SYRINGE SERVICE PROGRAMS: SSPs reduce the harms of substance use by building relationships and providing connections to vital services. Services include: HIV and Hepatitis C testing and linkage to care; Training in overdose prevention and response with access to Narcan/naloxone; Hepatitis A and B vaccines; Recovery coaching and linkage to substance use disorder treatment; Assistance in accessing medical care; Basic wound care that reduces emergency room visits and hospitalizations from untreated minor injuries; and Access to safer sex education and supplies.

As of December 2022, Michigan has 87 operating SSP sites, with one additional SSP sites expected to onboard in 2023. From Oct. 2018 to Dec. 2022, Michigan SSPs have supported more than 121,855 participants and provided more than 9.9 million safe use syringes.

PROMOTE TREATMENT OF OUD

HEALTHY MICHIGAN PLAN: The availability of the Healthy Michigan Plan (HMP) through Medicaid expansion in 2014 has allowed for more individuals to be served under Medicaid and receive SUD services they would otherwise not be covered for or would need to be funded through other funding sources, such as the SAMHSA Substance Abuse Prevention and Treatment Block Grant funding and State Opioid Response (SOR) dollars. HMP has been crucial in not only helping to better meet treatment demand but allowing more people the ability to receive treatment services at the frequency, scope and duration needed to address individual needs. In FY21, HMP SUD-related expenditures totaled close to $89 million; Medicaid SUD-related expenditures totaled almost $46 million.[21]

SUPPORT FOR SUD WORKFORCE: MDHHS has implemented efforts to support the SUD workforce by supporting direct care wage increases, implementing loan repayment programs for SUD professionals, and offering addiction fellowships. There are continued efforts through the Opioids Settlement to address workforce capacity issues by incentivizing work in the SUD field through loan repayment programs.

REMOVAL OF PRIOR AUTHORIZATION: MDHHS removed the Medicaid prior authorization requirement in 2019 for most medications to treat opioid use disorder (OUD), including buprenorphine, which removed a key barrier for physicians prescribing MOUDs and ultimately helped increase access to and prevent unnecessary delays in starting treatment with medication.

PREVENT DEATHS ASSOCIATED WITH OUD

NARCAN PORTAL: In 2020, MDHHS launched the online intranasal naloxone portal, Narcan Direct, and as of early 2023, the portal has distributed more than 530,000 naloxone kits across Michigan. Through the portal, naloxone can be mailed at no-cost to community organizations and nonprofits, pharmacies, law enforcement, treatment and recovery centers, correctional facilities and jails, drug courts, local health departments, hospitals, academic institutions, the PIHPs, emergency service providers (i.e., fire departments, emergency medical services, etc.), and faith-based institutions. The portal is located at: https://www.michigan.gov/opioids/find-help/naloxone-page

NALOXONE STANDING ORDER: In 2016, Michigan passed a Naloxone Standing Order law that pre-authorizes pharmacists to dispense naloxone to any Michigander. In 2019, almost 60% of pharmacies in the State of Michigan were registered under the Naloxone Standing Order. In July 2022, Michigan passed legislation that permits the state's Chief Medical Executive to issue a standing order for

[21] MDHHS. (2022). Report for Section 904: Community Mental Health Service Programs Demographic and Cost Data FY2021 – State of Michigan.

community-based organizations to directly purchase and distribute naloxone, mirroring the existing standing order that allows pharmacists to dispense naloxone to patients without an individualized prescription.

DATA COLLECTION AND ANALYSIS

MODA DATA DASHBOARD: In 2021, MDHHS launched an interactive data dashboard to highlight current trends in drug overdoses among Michigan residents and monitor the use of overdose prevention and substance use disorder treatment services. The new dashboard provides the most current data available on fatal on nonfatal overdoses in Michigan through data visualizations, including graphs, charts, and maps. The Michigan Overdose Data to Action (MODA) dashboard will support local partners' data needs for grant writing and support local facilities in implementing data-driven local response actions. The dashboard offers data regarding monthly comparisons in overdose deaths, and quarterly rates by race and ethnicity for the last three years; preliminary overdose deaths by month; emergency department visits for overdose; naloxone distributed; EMS responses for probable overdose; buprenorphine providers per 100,000; syringe service program client encounters, and other key overdose data points. The MI-Substance Use Vulnerability Index (MI-SUVI) was added to the dashboard in 2023. The dashboard is available at: https://www.michigan.gov/opioids/category-data

MI-SUVI: Overdose and SUD are significant and complex public health problems in Michigan. Historically, overdose death data alone have often been used for SUD policy/program planning. MDHHS recognizes that many factors influence a community's vulnerability to adverse outcomes associated with substance use and should be considered in policy and program planning. With this in mind, MDHHS developed the Michigan Substance Use Vulnerability Index (MI-SUVI) and publicly launched it in 2023 as a tool to help guide equitable SUD program and policy decision-making. The MI-SUVI is a single, standardized score that considers multiple factors that influence a community's vulnerability related to substance use, including indicators related to substance use burden, resources, and social vulnerability. The MI-SUVI score is standardized, and counties can be assessed by how far above or below the county average they fall in the total MI-SUVI score, as well as in their substance use burden, substance use resources, and social vulnerability scores.

NONFATAL OVERDOSE DATA COLLECTION: On October 26, 2018, MDHHS filed an emergency reporting rule, followed by a final ruling, that required overdose cases be submitted to MDHHS. At that point, the Opioids and Emerging Drugs (OED) Unit finally was able to access identifiable overdose information which allowed for critical data linkages and analyses to be conducted, such as the examination of repeat overdoses.

KEY PROGRAM IMPACTS

- 40,997 Michigan residents received SUD treatment through HMP in FY22. This was made possible through the launch of Medicaid expansion that allowed for hundreds of thousands of Michiganders to become eligible for SUD services.
- More than 530,000 doses of naloxone were distributed in the community resulting in at least 5,473 overdose reversals through the launch of the bulk order portal for community to obtain naloxone at no cost.
- Recovery housing beds increased from 400 to 2,500 in three years by funding recovery housing in partnership with the Michigan State Housing Development Authority (MSHDA) and the PIHPs.
- 7,300 received services from post overdose response efforts through the implementation of post overdose response teams across the state with community partners.

- Expanded SSP primary encounters from 2,797 to 62,093 in four years by increasing the number of high impact settings that offer naloxone distribution and other comprehensive harm reduction services for people who use drugs.
- Expanded the number of Medicaid SUD providers from 1,200 to 2,949 in four years by removing barriers for providers and offered incentives such as loan repayment to launch or expand services.

FY 2021 SUD EXPENDITURES BY FUNDING SOURCE

Numerous sources of funding are used to respond to the overdose epidemic.

In Fiscal Year 2021 (10/1/2020-9/30/2021), expenditures on Substance Use Disorder services surpassed $200 million. Funding from these sources have gone toward allowable services across the SUD continuum of care, including efforts connected to the Michigan Opioids Task Force Strategy (See Figure 17).

However, federal funding restrictions have limited what funds are able to cover (for example, federal funds cannot cover certain harm reduction services, such as sterile syringes).

The Health Michigan Plan SUD expenditures emphasize how significant the 2014 Medicaid expansion has been in allowing for more individuals to be served under Medicaid and receive SUD services they would otherwise not be covered for or would need to be funded through other funding sources, such as the SAMHSA State Opioid Response (SOR) dollars, thus taking funds away from other needed SUD services.

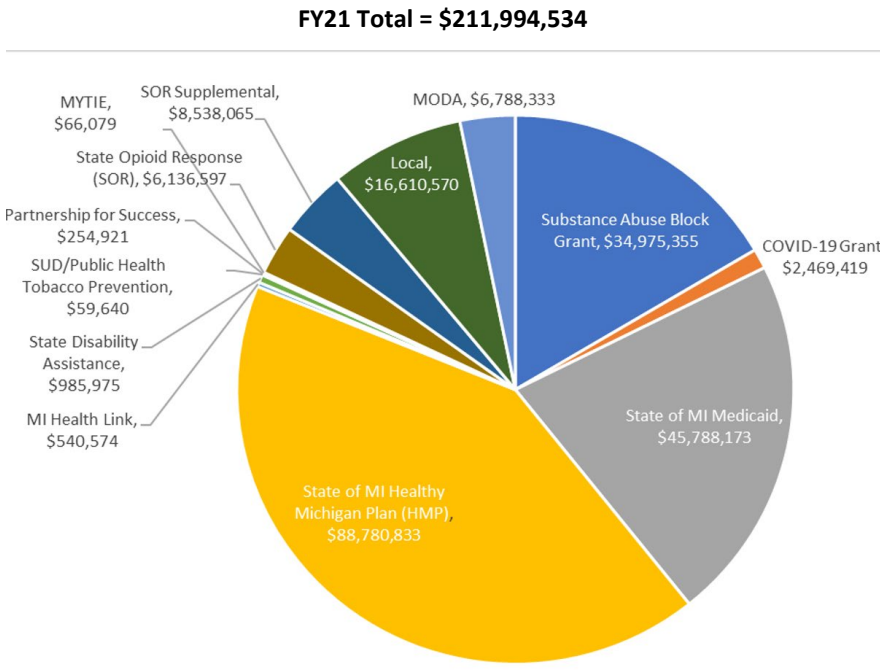


Figure 17.
FY 2021 SUD Expenditures by Funding Source
Source: MDHHS Report for Section 904: Community Mental Health Service Programs Demographic and Cost Data FY2021 – State of Michigan.

FY22 & FY23 SUBSTANCE USE DISORDER BY THE NUMBERS

- This slide highlights preliminary data available on Fiscal Year 2022:
  - Prevention services to 148,000 (children and adults).
  - 3,150 individuals served in Opioid Health Homes.
  - 325 unique licensed providers in the public system.
  - 63,000 individuals received treatment services.
- There are eight SUD grants that will support services in FY23, including:
  - Substance Abuse Prevention and Treatment Block Grant - $57.4 million.
  - State Opioid Response 3 - $36.9 million.
  - COVID Supplemental - $52.6 million (over three years).

MOVING THE WORK FORWARD

While the Michigan Opioids Task Force's Opioid Strategy was able to support and push forth key initiatives through existing, restrictive funding streams, there are still efforts that need to be addressed to be able to reduce overdoses and harms associated with the opioids crisis in Michigan.

The flexibility of Opioids Settlement dollars will enable MDHHS to implement strategy-related efforts that previous federal funding options could not cover.

TREATMENT OF OPIOID USE DISORDER

WHAT'S BEEN DONE ALREADY WITHIN TREATMENT WITH PREVIOUS FUNDING OPTIONS?

HEALTHY MICHIGAN PLAN: As mentioned previously, the availability of the Healthy Michigan Plan through Medicaid expansion in 2014 has allowed for more individuals to be served under Medicaid and receive SUD services they would otherwise not be covered for or would need to be funded through other funding sources.

REMOVAL OF MEDICAID PRIOR AUTHORIZATION FOR MOUD: As previously noted, MDHHS removed the Medicaid prior authorization requirement in 2019 for most medications to treat opioid use disorder (OUD), including buprenorphine, which removed a key barrier for physicians prescribing MOUDs and ultimately helped increase access to and prevent unnecessary delays in starting treatment with medication.

OPIOID HEALTH HOMES: In 2021, MDHHS continued to expand the Opioid Health Homes (OHH) model to new PIHP regions. The OHH provides a higher level of care management for qualifying individuals with OUD and co-occurring diagnoses. In 2020, MDHHS implemented the OHH model in PIHP regions 1, 2, 4, and 9. In 2021, MDHHS partnered with PIHP regions 6, 7, and 10 to implement the OHH model. Under the SUPPORT Act 2018, states can access 90% federal Medicaid match for 10 quarters of substance use disorder-focused health homes. The OHH models offers a sustainable mechanism to reimburse for services that help individuals reach long-term recovery, such as increased care coordination, care management, community support, etc. Expanded OHH region implementation is pending their addition to the Michigan State Plan Amendment. In 2022, all but one region is implementing the opioid health home.

SUPPORT FOR SUD WORKFORCE: As previously noted, MDHHS has implemented efforts to support the SUD workforce and continued efforts through the Opioids Settlement are needed to address workforce capacity issues by incentivizing work in the SUD field through loan repayment programs.

WHAT SHOULD WE DO NEXT?

EQUITY: A continued focus on equity, specifically on addressing racial disparities in treatment access and delivery, must be emphasized in every project moving forward. While efforts have been made to improve access to treatment and remove barriers, our data shows us that treatment may still not be reaching those who need or want it. Work must intentionally focus on removing barriers and addressing racial disparities to ensure equitable access and delivery of SUD/OUD treatment and other substance use disorder services. Efforts are underway to partner with trusted community partners, such as faith-based organizations, to improve service access in the Black communities.

PROVIDER INFRASTRUCTURE SUPPORT: Feedback from PIHP leadership and SUD providers is that lacking physical infrastructure capacity has impacted their capacity 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 SUD, including OUD and StUD. MDHHS issued a Request for Proposals on February 15, 2023, to SUD treatment providers to expand, increase or enhance their physical infrastructure to expand access to and capacity for SUD treatment and recovery services. The purpose of this opportunity is to provide one-time grant funding through the Michigan Opioid Healing and Recovery Fund (Settlement) to increase or expand access to and capacity for opioid use disorder (OUD) treatment, and treatment for other SUD or mental health co-occurring conditions, for Michiganders seeking services.

MOUD IN CRIMINAL JUSTICE SYSTEMS: Michigan has been working to expand MOUD treatment in jails and prisons and improve connections to the community after release through the use of State Opioid Response (SOR) grant funding. Increasingly litigation and federal rulings have required the provision of OUD services. More information on this topic is provided later on in this document on page 31. The investment of settlement funding would offset the cost of these medications (which can be as high as $1,800 per dose) to continue support jails and prisons in providing MOUD.

EXPANSION OF EVIDENCE-BASED TREATMENT OPTIONS FOR STUD AND OUD: Michigan is seeing a rise in stimulant use, including methamphetamines and cocaine, polysubstance use, and the presence of fentanyl in the illicit stimulant supply. Contingency Management is the only evidence-based practice for treating Stimulant Use Disorder (StUD), including methamphetamine use disorder; however, it is not widely implemented across the state. Settlement funding would cover costs to train new providers and will go towards the pilot the expansion of this work through Medicaid. Current funds are being utilized to work with a consultant to facilitate the waiver process with CMS.

TRANSPORTATION: Based on feedback from beneficiaries and providers, lack of reliable transportation is the most significant barrier to treatment access and retention. Funding options need to be explored and supported to ensure transportation is available to clients that need it.

RECOVERY FROM OPIOID USE DISORDER

WHAT'S BEEN DONE ALREADY WITHIN RECOVERY WITH PREVIOUS FUNDING OPTIONS?

PEER RECOVERY COACHES: Peer recovery coaching has been supported under State Opioid Response (SOR) since 2018 and nearly all PIHP regions have used funding for this. Funding toward certified peer recovery coaches provide outreach to individuals in a variety of settings, EDs or shelters. The goal is to engage with people not yet in treatment to connect them with services and offer support. Other peers work in treatment programs with multiple clients who are in treatment/recovery.

RECOVERY FRIENDLY EMPLOYMENT/WORKPLACE SUPPORTS: Following the New Hampshire Recovery Friendly Workplace model, SOR 3 funds are enabling Michigan Public Health Institute to develop training

during FY23 to educate employers on substance use disorder, stigma reduction, prevention, harm reduction, resource connection, policy considerations, health equity, and creating a culture of support for individuals in recovery. The trainings will be a required component of certification as a Recovery Friendly Workplace. MPHI will develop the training materials with assistance from a task force of multi-sector employers, HR representatives, health care workers, chambers of commerce, community health organizations, insurance providers, individuals in recovery, and other supportive entities. This is a new initiative under SOR 3 (began 10/1/22).

WHAT SHOULD WE DO NEXT?

EQUITY: Again, a continued focus on equity, specifically on addressing racial disparities within recovery support options, must be emphasized in every project moving forward. Work must intentionally focus on finding ways to ensure implemented recovery supports are equitable and that barriers to supports are removed so they can provide impactful to support all those who need them to maintain recovery.

RECOVERY COMMUNITY ORGANIZATIONS: Our 2021 Settlement Prioritization Survey indicated supporting recovery is the greatest need across the state. Recovery Community Organizations (RCOs) help ensure supports needed for those in recovery. However, funding for this work is limited and highly competitive and current funding from SAMHSA is not sufficient to meet the needs in the state. Settlement funding will expand grant opportunities that RCOs use to support their services and facilitate recovery communities across the state. Additional funds will be made available to support the development of new RCOs and provide training funds on the topic of grant writing and fundraising.

RECOVERY HOUSING: Stable, safe, and sober housing is essential for maintain recovery. MDHHS is working with the Michigan State Housing Development Authority (MSHDA) to plan how to support this critical service, with a focus on fostering new recovery housing sites. Current funding streams restrict the use of funds to subsidizing or expanding recovery housing within existing housing stock. These funds would promote the establishment of new recovery housing sites through loans and tax incentives, similar to other MSHDA initiatives to expand housing.

TRANSPORTATION: As with treatment, lack of transportation is a significant barrier to accessing recovery support services. Peer recovery coaches are often looked to informally provide this support to clients. Funding options need to be explored and supported to ensure transportation is available to clients that need it to maintain their recovery. A RFP was released late in fiscal year 2023 with funding to be awarded early in fiscal year 2024.

PREVENT AND REDUCE HARMS RELATED TO OPIOID USE/OUD

WHAT'S BEEN DONE ALREADY WITHIN PREVENTION WITH PREVIOUS FUNDING OPTIONS?

NALOXONE STANDING ORDERS: In 2016, Michigan passed a Naloxone Standing Order law that pre-authorizes pharmacists to dispense Naloxone to any Michigander. In 2019, almost 60% of pharmacies in the State of Michigan were registered under the Naloxone Standing Order. In July 2022, Michigan passed legislation that permits the state's chief medical executive to issue a standing order for community-based organizations to directly purchase and distribute naloxone, mirroring the existing standing order that allows pharmacists to dispense naloxone to patients without an individualized prescription.

EMS LEAVE BEHIND PROGRAM: The Emergency Medical Services (EMS) Leave Behind Program allows first responders to leave behind naloxone kits with an individual or family and friends at the scene of a nonfatal overdose. Since August 2020, Medical Control Authorities (MCAs) have worked to approve the EMS leave behind protocol that allows distribution of intranasal naloxone kits to overdose patients or

family and friends after an overdose. In total, there are 59 MCAs in the state; 25 of the 59 MCAs are operational with the program and additional MCAs are working through the local adoption and approval process. The program is supported by the state portal that provides no-cost naloxone, Narcan Direct, that is funded through federal discretionary grants. With the operational MCAs and those working through the adoption process, 51 counties will have EMS Leave Behind Naloxone available to our residents.

SSP UTILIZATION PLATFORM (SUP): SUP was launched by MDHHS in 2021 as a versatile, web-based data-collection system available to all syringe service programs in Michigan to allow for client-level data collection, while preserving client anonymity. SUP collects client-level utilization and encounter data from SSP partners in real-time. 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.

NALOXONE VENDING MACHINES: Vending machines carrying free naloxone have been placed at 31 different locations within Michigan, including jail lobbies. In February 2022, 1% of naloxone distributed by SSPs was accessed by vending machine; by February 2023, naloxone distribution through vending machines increased to 17%.

WHAT SHOULD WE DO NEXT?

While SSPs and the Narcan Portal have previously existed as harm reduction strategies funded through federal grants, settlement funds allow these programs continued funding to ensure services and supplies do not lapse with the end of federal funding support.

SYRINGE SERVICE PROGRAM EXPANSION: SSPs reduce the harms of substance use by building relationships and providing connections to vital services. Settlement funds can provide support gaps not covered through federal funding sources.

NARCAN PORTAL: In 2020, MDHHS launched the online Narcan portal, and as of early 2023, the portal has distributed more than 530,000 intranasal naloxone kits across Michigan. Through the portal, intranasal naloxone can be mailed at no-cost to community organizations and nonprofits, pharmacies, law enforcement, treatment and recovery centers, correctional facilities and jails, drug courts, local health departments, hospitals, academic institutions, the PIHPs, emergency service providers (i.e., fire departments, emergency medical services, etc.), and faith-based institutions.

OPIOID SPEND PLAN BACKGROUND & IDENTIFIED NEEDS

MDHHS 2021-2022 OPIOID SETTLEMENT PRIORITIZATION SURVEY

In 2021, MDHHS contracted with Center for Health and Research Transformation (CHRT) to analyze results from a survey of key Michigan respondents about the best ways to use opioid settlement dollars within state and federal guidelines. This information helped provide insight for spend plan decision making and was one tool for decision making.[22]

Survey questions and response options were based on federal settlement funding strategies and the state's opioid strategy strategic pillars.

Respondents were also able to write-in "other" priorities that were not included as selection options.

METHODS

[22] Center for Healthcare Research and Transformation. (2022). MDHHS Opioid Settlement Prioritization Survey 2021-22: Report.

Between October 2021 and January 2022, more than 1,000 respondents across Michigan completed a survey of priorities for opioid settlement funding dollars. The purpose of the survey was to gather data to understand priorities for settlement funding among respondents across Michigan, including individuals with lived experience, to inform strategies to be conducted with funding.

The survey was offered online, and a snowball sampling method was used, meaning that the survey was emailed out to 45 organizations and those who received it were asked to also share the survey with others.

The survey was offered in three different languages – English, Spanish, and Arabic.

In order for a respondent's feedback to be included in the final sample, the respondents needed to reside in Michigan and respond to at least one of the survey's priority questions.

2,009 accessed the survey, and a total of 1,040 respondents were included in the final sample, giving us a response rate of 52%.

TOP PRIORITIES

The top three priorities overall among respondents surveyed in the Opioid Settlement Prioritization Survey 2021-22 align with the Michigan Opioids Strategy, which includes long-term recovery support, prevention, and increased treatment capacity especially for medications to treat opioid use disorder (MOUDs).

Recovery support services were most likely to be chosen as the overall top priority, with 36% of survey respondents identifying it as their top overall priority for settlement funding.

- Residential treatment programming was the most commonly chosen support service with 24% of respondents including it as the top priority for treatment and recovery support services.
- Individuals with co-occurring mental health diagnoses, and/or other substance use disorders were the most frequently selected priority population/community for treatment and recovery support services, selected by 41% of respondents.

Prevention programming ranked second overall, selected by 19% of respondents as the overall top priority.

- Prevention programs in K-12 schools (28%), training for first responders in programming to connect at-risk individuals with services and supports (27%), and medical provider education and outreach around opioid prescribing best practices (25%) were most commonly prioritized in the category of prevention programming.

Expanding access to medications to treat opioid use disorder (MOUD) and other opioid-related treatment ranked third overall, selected by 16% of respondents as the overall top priority.

SUMMARY

The purpose of the survey was to gather data to understand priorities for settlement funding among respondents across Michigan, including individuals with lived experience, to inform strategies to be conducted with funding.

There were limitations within the respondent pool.

- Feedback provided by 1,040 respondents between October 2021 and January 2022.
- Survey utilized snowball sampling method; 45 organizations received the survey and were asked to share with their networks.

- Most respondents were affiliated with an organization; 39% identified as being part of the mental health, substance use, or harm reduction workforce.
- Only 11% of respondents identified as being racial minorities.
- Not all regions were represented proportionately (i.e., limited responses from Wayne County PIHP region).

Recovery Support Services, Prevention Programming, and Expanding Access to MOUD emerged as the top 3 priorities of respondents.

OTHER PROGRAMMING NEEDS

EQUITY-FOCUSED PROGRAMMING

MDHHS recognizes that racial equity is a foundational framework to the entire opioids strategy that should impact all work, but to address the disparities Michigan sees, specific programming is needed to focus on reducing racial inequities.
The significance and urgency in addressing health equity and reducing racial disparities is emphasized by national statistics.
Data from the CDC tells us:

- In U.S. counties with more income inequality, overdose death rates for Black people were more than two times as high as in counties with less income inequality in 2020.
- Overdose death rates in older Black men were nearly seven times as high as those in older white men in 2020.
- Overdose death rates for younger American Indian and Alaska Native (AI/AN) women were nearly two times those of younger white women in 2020.[23]

Overdoses amongst our state's Non-Hispanic Black population continue to rise, indicating that there is much still to be done to reduce overdoses amongst all Michiganders and narrow the widening gap of health disparities and inequities.

Black, Indigenous, People of Color (BIPOC) individuals have historically been connected to the same resources and are less likely to have the same social supports to alleviate substance use-related harms within their communities, which have already been overburdened by long years of systemic racism and may have a lack of trust in health care systems. BIPOC individuals are more likely to face criminal justice involvement for drug use. Black individuals represent just 5% of people who use drugs, but 29% of those arrested for drug offenses and 33% of those in state prison for drug offenses.[24] Nationally, communities of color are more likely to face barriers in accessing high-quality treatment and recovery support services. Disparities have also contributed to ongoing discrimination and racial gaps within social determinants of health, including socioeconomic status, educational attainment, and employment, which further exacerbates poor health outcomes.[25]

It must be stated that without a focus on racial health equity in addressing the opioids crisis, we run the risk of continuing a cycle of inequity.[26]

[23] Centers for Disease Control and Prevention. (2022). Overdose death rates increased significantly for Black, American Indian/Alaska Native people in 2020.
[24] Johns Hopkins Bloomberg School of Public Health. (2023). Principles for the Use of Funds From the Opioid Litigation: Equity.
[25] Nugga N, Artiga S. Disparities in Health and Healthcare: 5 Key Questions and Answers. Kaiser Family Foundation. 2023 Apr.
[26] Johns Hopkins Bloomberg School of Public Health. (2023). Principles for the Use of Funds From the Opioid Litigation: Equity.

Funding for community-based harm reduction programs like Syringe Service Programs (SSPs) that provide support options and referrals to promote health and understanding for people who use drugs (PWUD) is an important component of practicing racial health equity. Michigan harm reduction programs have demonstrated success reaching and establishing trust with BIPOC communities, where a proven gap with other substance use service providers exist and provide tools to keep people alive and connected to resources that reduce harms. Future considerations should include increased access to sterile harm reduction supplies aimed at making drug use safer across modes of ingestion, as current efforts may miss out on reaching PWUD through different routes of administration, such as smoking or inhaling.

SUBSTANCE USE TRENDS & HARM REDUCTION

Data provided by the MDHHS Public Health Administration's Viral Hepatitis Unit indicates:

- The average user injects at least three times daily and injection frequency increases with polysubstance use.[27] [28] The need for accessible fentanyl test strips and naloxone through Syringe Service Programs increases with polysubstance use.[29]
- 78% of 2021 Chronic HCV cases aged 18-39 years old indicated a history of injection drug use.[30]
- Fentanyl, a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine, is a major contributor to fatal and nonfatal overdoses across the United States. Fentanyl is increasingly present in the illicit drug supply.[3132]

In April 2023, the White House Office of National Drug Control Policy (ONDCP), officially designated Fentanyl Adulterated or Associated with Xylazine (FAAX) as an emerging threat to the United States. More information about Xylazine is provided previously in this report. Xylazine and Fentanyl test strips and drug checking will be an important harm reduction tool for individuals who use opioids.[33]

POLYSUBSTANCE USE AND STIMULANT USE DISORDER

The percent of stimulant-involved drug overdose deaths that included methamphetamine in Michigan increased from 53% in 2016 to 92% in 2021.[34] Using provisional 2021 data, the greatest percent increases, from 2020 to 2021, for stimulant-involved drug overdose deaths will be seen:

- 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]

[27] Wagner K, et al. (2021). Hepatitis C virus infection and polysubstance use among young adult people who inject drugs in a rural county of New Mexico. *Drug Alcohol Depend.* 2021 March 01; 220. doi:10.1016/j.drugalcdep.2021.108527.
[28] Colledge S, Leung J, Larney S, Peacock A, Grebely J, Hickman M, Cunningham E, Trickey A, Stone J, Vickerman P, Degenhardt L. Frequency of injecting among people who inject drugs: A systematic review and meta-analysis. *Int J Drug Policy.* 2020 Feb;76:102619. doi: 10.1016/j.drugpo.2019.102619. Epub 2019 Dec 18. PMID: 31864107.
[29] MDHHS. (2023). Methamphetamine Use and Overdose Trends: Michigan 2019 – 2022.
[30] MDHHS. (2022). 2021 Hepatitis B an C Annual Surveillance Report.
[31] MDHHS. (2022). 2021 Hepatitis B an C Annual Surveillance Report.
[32] Centers for Disease Control and Prevention. (2021). Reported Law Enforcement encounters Testing Positive for Fentanyl Increases Across US.
[33] The White House Office of National Drug Control Policy. (2023). Press Release: Biden-Harris Administration Designates Fentanyl Combined with Xylazine as an Emerging Threat to the United States.
[34] Michigan Department of Health and Human Services. (2021). *Provisional* Michigan Resident Death Files, Division for Vital Records & Health Statistics.
[35] Michigan Department of Health and Human Services. (2021). *Provisional* Michigan Resident Death Files, Division for Vital Records & Health Statistics.

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. Contingency management is a behavioral therapy whereby small, non-cash rewards are given to substance users for positive behaviors, such as program engagement and non-use of substances. The rewards are an inherent and central element of contingency management. Substances, such as stimulants and opioids, can take over the natural reward pathway in the brain and contingency management helps revert the reward pathway into balance by offering people non-drug rewards in exchange for choosing abstinence. The immediate reward helps tip decision-making towards abstinence and to get through difficult periods when cravings are overwhelming. 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. [36373839]

- 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 six months after treatment ended compared to people who received other forms of treatment.[40]
- The same study 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.

SUD TREATMENT PROVIDER WORKFORCE CAPACITY CHALLENGES

Low wages, staffing shortages, mandatory overtime, and burnout continue to plague the health care and direct care workforce. Hospital and health systems have more than 50,000 vacancies. Average turnover rate for health care professionals is 27% and for direct care staff is 45%.

Further, the SUPPORT Act Section 1003: Exploring Michigan's SUD Treatment Capacity and Access Report highlighted a key recommendation that MDHHS should prioritize actions to support clinician recruitment and retention in the SUD system. This recommendation was bolstered by data indicating that beneficiaries view engagement with clinicians as a key element of their SUD treatment.

In phone interviews with more than 2,000 Medicaid beneficiaries:

- 15% said delays in getting counseling or other services was a major problem.
- One in three 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.[41]

MOUD IN PRISONS AND JAILS

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

[36] 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
[37] 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.
[38] 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.
[39] Roll, J. M. (2007). Contingency management: An evidence-based component of methamphetamine use disorder treatments. *Addiction, 102*(Suppl 1), 114–120.
[40] 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/
[41] Michigan Department of Health and Human Services. (2022). SUPPORT Act Section 1003: Exploring Michigan's SUD Treatment Capacity and Access Final Project Report.

population, with opioid overdoses accounting for roughly half of all deaths for persons released from incarceration in Massachusetts.[42]

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.[43]

This is a racial equity issue – people of color are more likely to face criminal justice involvement for their drug use. Black individuals represent just 5% of people who use drugs, but 29% of those arrested for drug offenses and 33% of those in state prison for drug offenses.[44]

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.

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.

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.

PREGNANT AND PARENTING PROGRAMMING

Support is needed for Pregnant Individuals and Infants:

- From FY2012 to FY2021, diagnosis of OUD during pregnancy doubled (from 1.3% to 2.8%).[45]
- Roughly one-third of pregnant women with OUD have no evidence of SUD treatment during pregnancy.[46]
- Diagnosed Neonatal Abstinence Syndrome (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.[47]

Support is needed for Parents and Children:

- The U.S. Department of Health and Human Services Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2021 Michigan data Michigan data indicates that 3,837 children

[42] Toyoshima T, McNiel 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

[43] Toyoshima T, McNiel 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

[44] Fellner J. (2009). Race, Drugs, and Law Enforcement in the United States, vol 20 Stanford Law & Policy Review 257.

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

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

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

entered foster care during FY2021. Thirty-eight percent of those circumstances involved drug abuse of parent.[48][49]

- 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.[50]
- 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%.[51]
- Living in a household with drug and alcohol misuse is classified as an adverse childhood experience (ACE).[52] 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.[53]
- 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.[54]

Solutions include programs such as High Touch High Tech, a web-based screening app for expectant mothers that screens for mental health and substance use risks and helps connect to care, as well as Rooming In, which integrates non-pharmacological methods for post-delivery care for an infant with NAS to decrease Neonatal Intensive Care Unit (NICU) use to promote family unification and support the health of mothers and babies affected by substance use. Substance Use Disorder Family Support Program and Peer Coaching promotes child safety and prevent child removal from the home by providing additional care and supportive services to substance using caregivers and provides family recovery and reunification interventions through the support of peer recovery coaches.

MICHIGAN'S OPIOID SETTLEMENTS

Michigan is set to receive $800 million from three of the largest prescription drug distributors (McKesson, Cardinal Health, and AmerisourceBergen) and opioid manufacturer, Janssen (Johnson and Johnson), as part of a $26 billion nationwide settlement for their role in the opioid epidemic. Half of the funding from the Distributors and Janssen are coming to Michigan is earmarked for local governments

[48] 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

[49] 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

[50] 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

[51] 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.

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

[53] 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

[54] 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)

and will be issued over 18 years, providing a more sustainable source of funding than the two- and three-year grants Michigan has relied upon for programming. Allocations for local governments have already been established. The other half of funding is directed toward the State of Michigan. A restricted fund called the Opioid Healing and Recovery Fund has been established with the Treasury to house the funds.

In 2022, additional settlements with pharmacies and manufacturers were announced, including Teva, Allergan, CVS, and Walmart. The four settlements are anticipated to bring in about $450 million to Michigan. The settlements are structured like McKesson, Cardinal Health, AmerisourceBergen, and Janssen settlements with a 50/50 state/local split. By participating, eligible local governments will have the opportunity to participate in this portion of the settlement and receive direct payments. Payments are anticipated by end of 2023.

In June 2023, Michigan Attorney General announced a settlement with Walgreens Pharmacy worth $338 million for their role in Michigan's opioid epidemic. The terms of the settlement required Michigan to join the Walgreens National Opioid Settlement, which provides approximately $200 million over 15 years. By participating, eligible local governments will have the opportunity to participate in this portion of the settlement and receive direct payments. Specific information about payments, payment schedule, and settlement conditions is currently to be determined.

There are other settlements that the State of Michigan is involved in, including pending settlements.

- McKinsey & Co: $573 million settlement reached in 2021 with one of the world's largest consulting firms for role in helping opioid companies promote their drugs and profiting from the opioid epidemic. Michigan will receive more than $19.5 million from the settlement.
- Mallinckrodt: $233 million settlement reached in 2022 with company that sells and markets pharmaceutical products. Michigan will receive close to $14.5 million from the settlement.
- Additional funds may also be issued to Michigan through Purdue Pharma and Endo International, which both are pursuing bankruptcy plans that include opioid abatement trusts funds.

Opioids settlement funding is more flexible than Medicaid, SAMHSA and CDC funding and is restricted only to address the impact and harm caused by the opioid epidemic, so these dollars cannot be diverted to other areas in state and local budgets. The settlement offers an opportunity for the state and/or local communities to fund treatment courts, MOUD, and efforts not typically covered by federal funding.

The state has formed partnerships with municipalities to help provide technical assistance as they plan to utilize their funds. We recently partnered with the Michigan Association of Counties, the Michigan Municipal League, and the Michigan Townships Association to host a webinar series on best practices in 2022.

CURRENT FUNDING BREAKDOWN

Current settlements with funding coming into the State of Michigan include:

- McKinsey – $19.5 million received by the State of Michigan.
- Cardinal, McKesson, and AmerisourceBergen (Distributors) and Janssen - $776 million over 18 years, split 50/50 between state and local governments.
- There is a potential for additional settlements in the future.

Year 1 Payment Total = $135.6M; the state share is $68.1M and the local share is $67.5M

- The first distributors payment was received by the State of Michigan in December of 2022.

- The first Janssen payment was received by the State of Michigan in January of 2023.
- The second distributors payment was received by the State of Michigan in January of 2023.

YEAR 1 PAYMENTS BREAKDOWN

The total year 1 local government share of settlement dollars is $67,458,623.20.

- Includes $13,482,437.84 from the distributors (Cardinal, McKesson, and AmerisourceBergen) and $53,976,185.46 from Janssen.

The total year 1 State share of settlement dollars is $68,095,842.80.

- Includes $13,457,661.78 from the distributors and $54,38.181.13 from Janssen.

FY23 OPIOID SETTLEMENT: SPEND PLAN OVERVIEW

The following is a timeline on the FY23 Opioids Settlement Spend Plan development:

- April and May 2022: Program areas leads met to draft consensus spend plan developed based on identified needs and the Opioids Strategy to address the FY 22 supplemental request ($16 million) and FY 23 authorization ($23.2 million).
- June 2022: Deputy directors of relevant administration areas met to discuss the consensus spend plan; the spend plan was approved at this meeting.
- July 2022: Legislature approved funding without restrictions.
- December 2022: First payment received by the State of Michigan from the distributors.
- January 2023: First payment received by the State of Michigan from Janssen and implementation of spend plan can commence.

OPIOID SETTLEMENT FY23 SPEND PLAN LEADS

The MDHHS internal team that has provided direction and guidance to the FY23 Opioids Settlement Spend Plan includes:

- The state assistant administrator for the Office of the Chief Deputy for Health.
- The state assistant administrator for the Office of the Chief Medical Executive.
- Management from the Public Health Administration (PHA), including:
  - State administrative manager for the Injury Violence and Prevention Section.
  - Unintentional injury prevention unit manager for the Injury Violence and Prevention Section.
  - State administrative manager for the HAI/Hepatitis/TB Section.
- Opioids and emerging drugs unit manager for the Environmental Epidemiology and Analytics Section.
- Management from the Behavioral and Physical Health and Aging Services Administration (BPHASA), including:
  - State administrative manager for the Substance Use, Gambling and Epidemiology Section.
  - State assistant administrator for the Bureau of Medicaid Care Management and Customer Service.

OPIOID SETTLEMENT FY23 SPEND PLAN INITIATIVES

PREVENTION PROGRAMMING INCLUDES:

- Primary, secondary, and tertiary efforts are administered by the Injury Violence and Prevention Section.

- The main focus of programming is on addressing Adverse Childhood Experiences (ACEs), including expanding the Michigan Model for Health Curriculum, adding ACEs questions to the MI Behavioral and Risk Factor survey, media campaign, and prevention curriculum implementation for children and families.
- Funds will also cover linkage to care programming efforts that support the Michigan Overdose Data to Action's (MODA) Quick Response Teams, which provide support and connection to resources for individuals that have experienced a non-fatal overdose.

TREATMENT PROGRAMMING INCLUDES:

- MDHHS issued a Request for Proposals on February 15, 2023, to Substance Use Disorder treatment providers to expand, increase or enhance their physical infrastructure to expand access to and capacity for SUD treatment and recovery services. The purpose of this opportunity is to provide one-time grant funding through the Michigan Opioid Healing and Recovery Fund to increase or expand access to and capacity for opioid use disorder (OUD) treatment, and treatment for other SUD or mental health co-occurring conditions, for Michiganders seeking services.
- MDHHS reopened the Michigan Opioid Treatment Access Loan Repayment Program (MIOTA) on February 27, 2023, to offer student loan repayment to eligible medical providers if they begin providing or expanding opioid addiction treatment programs. The goal of the repayment program is to increase availability of opioid use disorder treatment across the state, especially in areas where treatment is difficult to access. The program is being funded through the Michigan Opioid Healing and Recovery Fund.
- Michigan is seeing a rise in stimulant use, including methamphetamine and cocaine use, polysubstance use, and the presence of fentanyl in the illicit stimulant supply. Contingency Management is the only evidence-based practice for treating methamphetamine use disorder; however, it is not widely implemented across the state. Funding would include costs to train new providers and will go towards the pilot expansion of this work through Medicaid. Current funds are being utilized to work with a consultant to facilitate the waiver process with CMS.

RECOVERY PROGRAMMING INCLUDES:

- Recovery Community Organizations (RCOs) help ensure supports needed for those in recovery. However, funding for this work is limited and highly competitive. This funding has expanded grant opportunities that RCOs use to support their services and facilitate recovery communities across the state. Current funding from SAMHSA is not sufficient to meet the needs in the state. Our stakeholder survey indicated supporting recovery is the greatest need across the state. Additional funds will be made available to support the development of new RCOs and provide training funds on the topic of grant writing and fundraising.
- Stable, safe, and sober housing is essential for maintain recovery. MDHHS is working with the Michigan State Housing Development Authority (MSHDA) to plan how to support this critical service, with a focus on fostering new recovery housing sites. Current funding streams restrict the use of funds to subsidizing or expanding recovery housing within existing housing stock. These funds would promote the establishment of new recovery housing sites through loans and tax incentives, similar to other MSHDA initiatives to expand housing.

HARM REDUCTION PROGRAMMING INCLUDES:

- Michigan is an innovator across the nation in launching an online portal for bulk order intranasal naloxone and has distributed more than 530,000 kits since the launch of the online Narcan portal. Widespread dissemination of naloxone is essential to reversing the tide of overdose. However, given

the prevalence of strong opioids like fentanyl in the illicit drug supply, demand is high and additional funding is required.

- Syringe Service Programs have been a critical part of Michigan's response to the overdose epidemic. Michigan's expansion of these programs from four to more than 80 in four years is a significant reason why Michigan has done much better than the national average when it comes to overdoses. However, there is no sustained funding for these programs. Shifting money away from one-time grants to this funding is essential to reduce overdose deaths.

OTHER INITIATIVES INCLUDE:

- Criminal-Legal: Medications to treat opioid use disorder (MOUD) are proven to be an effective treatment for opioid use disorder. Michigan has been working to expand MOUD treatment in jails and prisons and improve connections to the community after release. Settlement funds can offset the cost of medications (which can be as high as $1,800 per dose) to support jails and prisons in providing MOUD. A Request for Proposals titled “Medications for Opioid Use Disorder Implementation in Jail Settings,” was released in June 2023. Once selected, a contracted TA and Training project administrator will recruit county jails to participate in individualized technical assistance and training to implement or expand access to MOUD. While training and technical assistance needs may vary by participating jails, technical assistance will include:
    - Implementing or expanding a MOUD continuum-of-care model from jail to release to the community.
    - Identifying incarcerated individuals with OUD.
    - Providing evidence-based treatment within the jail.
    - Establishing reentry to ensure continuity in medication and supportive services after release from incarceration.
    - Participating county jails will receive a stipend that must be used to cover the costs associated with MOUD programs, such as medications.
- Data: Representatives from MDHHS Epidemiology (Opioids and Emerging Drugs or OED Unit), Viral Hepatitis Unit, Bureau of Emergency, Trauma and Preparedness (BETP), Licensing and Regulatory Affairs (LARA), Michigan State Police (MSP), and Behavioral and Physical Health and Aging Services Administration (BPHASA) worked together to assess opioid overdose and substance use disorder (SUD)-related data needs and will be utilizing funds to support overdose data surveillance platforms that are integral in determining issues, trends, and needs across the state.
- Pregnant and Parenting**:** Hight Touch High Tech (T2) is a program that uses tablet-administered screening tools, via an app, to screen expectant mothers for mental health and substance use-related risk. The program is designed for easy uptake by new clinics, it is designed to easily fit into the workflow of prenatal clinics and has resources built into the programming to allow for easy resource distribution. It has been shown to be effective at identifying an SUD need in pregnant individuals, thus allowing them to connect with necessary care. These funds will expand of this program across the state.
- Rooming-In integrates non-pharmacological methods for post-delivery care for an infant with Neonatal Abstinence Syndrome (NAS). MDHHS has previously provided funds to three hospitals for rooming-in care and hiring specialized staff. All hospitals hired staff, identified rooms that will be converted, and are beginning to order specialized materials for care. This funding would expand this effort across the state to promote family unification and support the health of mothers and babies affected by substance use.

- Equity: A continued focus on equity, specifically on addressing racial disparities in treatment access and delivery, must be emphasized in every project moving forward. While efforts have been made to improve access to treatment and remove barriers, our data shows us that treatment may still not be reaching those who need or want it. Work must intentionally focus on removing barriers and addressing racial disparities to ensure equitable access and delivery of SUD/OUD treatment services. Equity work will advance efforts to address racial inequities contributing to overdoses in Michigan. Activities include piloting a faith-based learning collaborative with faith-based leaders and expanding Neighborhood Wellness sites services for training and naloxone distribution. Additional work focusing on equitable internal processes and evaluation measures will be implemented.
- Administration: It is critical to maximize the amount of this funding going to services. However, sufficient staffing is required to successfully implement programs. SAMHSA has a 5% cap on administration for grants and this provides the right balance of funding for services, while providing sufficient staffing. This funding would follow that 5% cap .
- Other: MDHHS has allocated settlement dollars to provide expert technical assistance (TA) to local governments on implementing best practices in their communities using their local share of Opioid Settlement funds for opioid remediation efforts. The department is working with Michigan State University, the University of Michigan, and Wayne State University to support the implementation of this TA program for communities, and the Michigan Opioid Settlement Technical Assistance Collaborative (TAC) has been formed between the Department, the universities, and the Michigan Association of Counties to work with local governments as they plan to utilize their Opioid Settlement funding.

SPEND PLAN MONITORING

In general, all funded contractors and subrecipients of MDHHS are required to submit 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 Opioids Policy Team, provide oversight and monitoring of each funded initiative's contract/agreement and associated activities and outputs, including equity-specific outputs. Opioids Policy Team hold regular meetings with Budget to monitor expenditures.

MDHHS exploring options for procurement of program evaluator to onboard in FY24 to provide expertise on long-term outcome evaluation and provide evaluation support for future years.

Figure 18 outlines components of a logic model planning template that settlement programming leads have been working on developing. It is anticipated that this document will be available to the public later this year (2023).

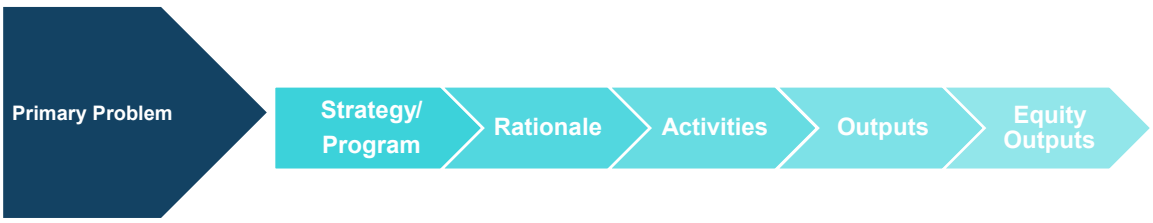


Figure 18.
Opioids Settlement Logic Model Planning Template

OPIOID SETTLEMENT WEBSITE

An Opioid Settlement website with information regarding the settlement, funded efforts, and resources for local governments will be made available to the public in the fall of 2023. Website content will include:

- Overview and status of settlements;
- Resources to support implementation of local opioid abatement strategies;
- Allowable uses for funds and resources to aid in creation of strategies and spend plans;
- A request form for accessing no-cost technical assistance for local governments;
- A detailed description of state opioid abatement investments;
- Program monitoring and evaluation dashboard for state initiatives;
- Information on equity specific investments and equity considerations in all investments; and
- Contact information, including a link to a settlement-specific inbox at: MDHHS-opioidsettlementhelp@michigan.gov.

LOCAL PARTNERSHIPS

The Michigan Opioid Settlement Technical Assistance Collaborative (TAC) has been formed to provide technical assistance to local governments as they plan to utilize their Opioid Settlement funding. Some highlights of the Technical Assistance Collaborative are:

- In 2023, MDHHS contracted three universities to assist in providing technical assistance to county governments as they plan for investing Opioid Settlement funds. Michigan State University, Wayne State University, and the University of Michigan will provide individualized technical assistance to priority counties. Technical assistance topics include conducting community needs assessments, providing guidance on evidence-based practices and evaluation, and connection to resources.
- Universities will also host learning collaboratives and provide other resources that will be made available to all local governments.
- As of July 2023, the TAC has provided individualized technical assistance to 20 counties on topics such as conducting community needs assessments and evaluation and has hosted three virtual webinars on Opioid Settlement requirements and compliance, treating OUD in jails, and conducting community needs assessments. Informational webinars will continue through the year.

CONCLUSION & NEXT STEPS

Over the next several months, MDHHS will continue to advance the work identified within the Opioid Response Framework (see Figure 1), with the guidance and strategic direction of the Michigan Opioids Task Force and community stakeholders to prevent overdose deaths in Michigan. Opportunities for community stakeholders to provide input at listening sessions will be forthcoming. Stakeholders are also invited to provide feedback on the Opioid Response Framework, the 2023 Opioid Settlement Spend Plan, or other information contained in this report, by submitting an email to the MDHHS Opioids Settlement inbox at MDHHS-OpioidSettlementHelp@michigan.gov.

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The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.