



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ELIZABETH HERTEL  
DIRECTOR

### **Michigan Opioids Task Force Meeting**

January 29, 2025 | 1:00 – 3:00 p.m.

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

#### **Members Present:**

Dr. Natasha Bagdasarian, Chair  
Marlon Brown, LARA  
Elizabeth Browne, EGLE  
Dayna Bennett, MDE  
Helen Klingert, Region 9  
Steffany Muirhead (designee for Brian Love,  
DMVA)  
Darlene Owens, Region 7

Samuel Price, Region 5  
Kristie Schmiede, Region 8  
Amanda Scott, Region 6  
Marti Kay Sherry, MDOC  
Andrew Smith, Michigan Supreme Court  
Tommy Stallworth, MDHHS  
Greg Toutant, Region 1  
Matthew Walker, AG

\*Karin Gyger, DIFS, arrived at 1:08 p.m.

\*Col. James Grady, MSP, arrived at 1:14 p.m.,

#### **Members Absent:**

Stephen Alsum, Region 3  
Bradley Casemore, Region 4

Kimberly Shewmaker, Region 10  
Kim Trent, LEO

**MDHHS Staff Present:** Katie Abraham, Dania Batarseh, Lisa Coleman, Brandon Hool, Heather Hosey, Macey Ladisky, Logan O'Neil, Angie Smith-Butterwick, April Stevens, Jared Welehodsky, Peter Lindeman

#### **Meeting Minutes**

##### **I. Call to Order, Welcome & Updates**

- a. **Chair Bagdasarian** called the meeting to order at 1:00 p.m. and asked Jared Welehodsky to take roll call. They confirmed there was a quorum present.
- b. **Approval of November 13, 2024, Meeting Minutes:** Chair Bagdasarian directed attention to the proposed meeting minutes from November 13, 2024, and asked if there were any requests for changes. **Darlene Owens motioned to approve, supported by Kristie Schmiede.** With no further discussion, the Chair asked for a vote. The motion prevailed with no opposition. The November 13, 2024, Meeting Minutes were approved.
- c. **Chair Bagdasarian** reminded everyone that the charge to the Task Force from Executive Order 2022-12 and the established Standards of Conduct are attached to the member's packets and will be referred to in future meetings.

##### **II. Data Overview – Dr. Anthony Oliveri, MDHHS**

- a. Overdose Death Rates: Decreasing overall, but racial disparities persist. Black residents were 2.9 times more likely to die of an overdose than white residents in 2023. Projections for 2024 suggest a decline, including among Black and AIAN populations.
- b. High Overdose ED Visit Rates: Among older Black males, rates have increased significantly from 2020 to 2023.
- c. Emerging Drug Update: Medetomidine was identified in 9 postmortem samples, all also positive for fentanyl.
- d. Possible Re-emergence of Carfentanil: Six additional deaths since the last update.
- e. Please see slides below
- f. Question and Answer
  - **Q: Chair Bagdasarian** asked when we will have finalized 2024 data.
  - **A: Dr. Oliveri** says preliminary full-year data by mid-year and finalized data at the end of the year.
  - **Tommy Stallworth** raises concerns about confidence in our forecasts. Tommy suggests that perhaps we should just include finalized data, and not incorporate the forecasted data.
  - **A: Dr. Oliveri** will take this to the team.
  - **Q: Amanda Scott** asked if we know what month we see the most overdose deaths and if we see other drug trends.
  - **A: Dr. Oliveri**, yes, the data is on the dashboard. Dr. Oliveri said he would bring the monthly data to the next OTF meeting.
  - **Chair Bagdasarian** stated the need for the Harm Reduction Subcommittee to explore ways to reach older Black men, and for the Prevention Subcommittee to investigate strategies for reaching young girls in prevention efforts.
  - **Amanda Scott** asked if the data can tell us if young girls intended to take the drug they had chosen, or if there were suicide attempt implications. Regarding the Youth focused Public Education Campaign, she mentioned that social media is ineffective in Detroit; the community relies on word of mouth.
  - **Chair Bagdasarian** encourages the Prevention and Harm Reduction Subcommittees to think about the “how” and work with the subcommittee epidemiologists.
  - **Tommy Stallworth** adds to the discussion, asking if we are doing root cause analysis? What is driving these disparities? He also suggests connecting with Detroit Area Agency of Aging (DAAA) to learn more from the Dying Before Their Time comparative analysis studies of excess mortality in Detroit.
  - **Amanda Scott** commented that senior living communities are requesting Narcan in Detroit.
  - **Q: Amanda Scott** asked if Medetomidine in Michigan also had heroin.
  - **A: Dr. Oliveri** will investigate this and report back to the task force.

### III. Guest Presentations

- a. **Communications: PHAC, Marianne Udow-Phillips and PGP, Joe Smyser** presented on Health Communications Initiative: Launched in December 2024 to rebuild trust in public health messages by equipping individuals and

organizations to identify misinformation and provide accurate information. Please see the slides below.

- i. **Chair Bagdasarian** adds 5 topic areas funded by CDC funds, opioid topic funded with settlement funds.

**b. Program Update: HMA, Rich VandenHeuvel**

- i. **Michigan Learning Collaborative to Support MOUD in County Jails:**  
Focus on expanding access to evidence-based treatment for OUD.
  - **Q: Tommy Stallworth** asked if any local governments are using their own settlement fund.
  - **A: Rich VandenHeuvel** confirmed they were.

**IV. MDHHS Updates**

- a. **Pillar Priorities & Strategic Investments – Peter Lindeman** presented on establishing Michigan as a national leader in opioid and SUD response. Objectives include disrupting overdose trends, leveraging funding for SUD infrastructure, and identifying policy reforms
  - **Q: Tommy Stallworth** asked the Harm Reduction Subcommittee to investigate what is driving the racial disparities, particularly in older black men.
  - **Amanda Scott** brings up other needs such as community needs assessment and data collection, and concerns with the priorities.

**V. Subcommittee Updates**

- a. **Prevention – Kristie Schmiede & Lisa Coleman** spoke about focus on primary prevention networks, program reviews, and the Substance Use Disorder Youth Risk Index.
- b. **Harm Reduction – Darlene Owens & Macey Ladisky** (designee for Seth Eckel) presented on the expansion of harm reduction agencies and drug checking initiatives.
  - **Q: Amanda Scott** asked if the FTIR data is public facing. Chair Bagdasarian states alerts or newsletters will be helpful. Shelby Pasch added that they are starting small with Harm Reduction agencies, and eventually a public facing dashboard.
- c. **Treatment – Greg Toutant & Angie Smith-Butterwick** provided an update on the finalization of the Medication First White Paper, the provider assessment MiSUTWA (Michigan Substance Use Treatment and Workforce Assessment). Next steps will be to align work with the Fy26 Change Investment, utilizing the Treatment Pillar Recommendations spreadsheet.
- d. **Recovery – Sam Price & Brandon Hool** recommended forming a Recovery Housing AdHoc group to address recovery housing solutions. This group should include diverse providers and experts from across the state. Next steps will be to align work with the Fy26 Change Investment and the Recovery SC 2024 recommendations.

**VI. Next Steps**

- a. **Policy agenda –Tommy Stallworth** informed the group that the department is working on compiling a detailed policy agenda and may contact the subcommittees for their input.
- b. **Chair Bagdasarian** stated that the next meeting is scheduled for March 5, 2025, at 1:00 pm in Lansing, MI.

## VII. Stakeholder and Public Comment

- a. **Chair Bagdasarian** asked if there were any comments from the public.
  - **Cornelius (Corn) Williams, Harm Reduction and Treatment Subcommittee member:** Restated his concern that the disbandment of the racial disparities workgroup has resulted in a reduced focus on racial disparities within the task force work and the subcommittee recommendations
  - **A: Chair Bagdasarian** noted that each pillar subcommittee focuses on racial disparities, and data will drive the recommendations and priorities. She also reminded all members of the subcommittees that they are invited to attend other subcommittee meetings if those discussions are relevant to their work, and to elevate their perspective.

## VIII. Adjourn

- a. With no further business to discuss before the Task Force, Chair Bagdasarian asked for a motion to adjourn. **The motion to adjourn was made by Amanda Scott and supported by Andrew Smith. The motion to adjourn prevailed with unanimous support.** Chair Bagdasarian adjourned the meeting at 3:14 p.m.

# Michigan Opioids Task Force Meeting

January 29, 2025

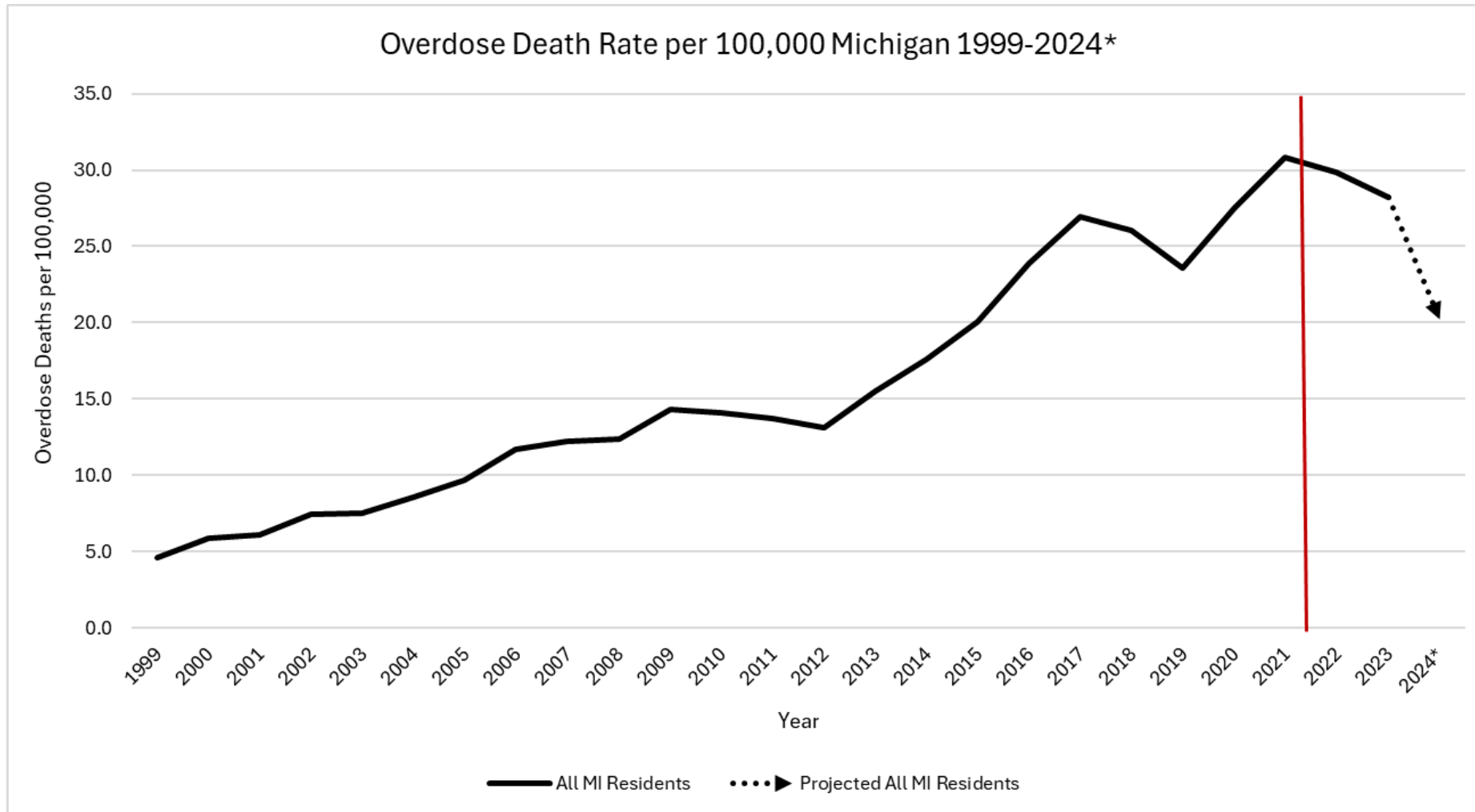


# Data Round-Up

January 29, 2025



# Overdose death rates decreasing; however racial disparities persist

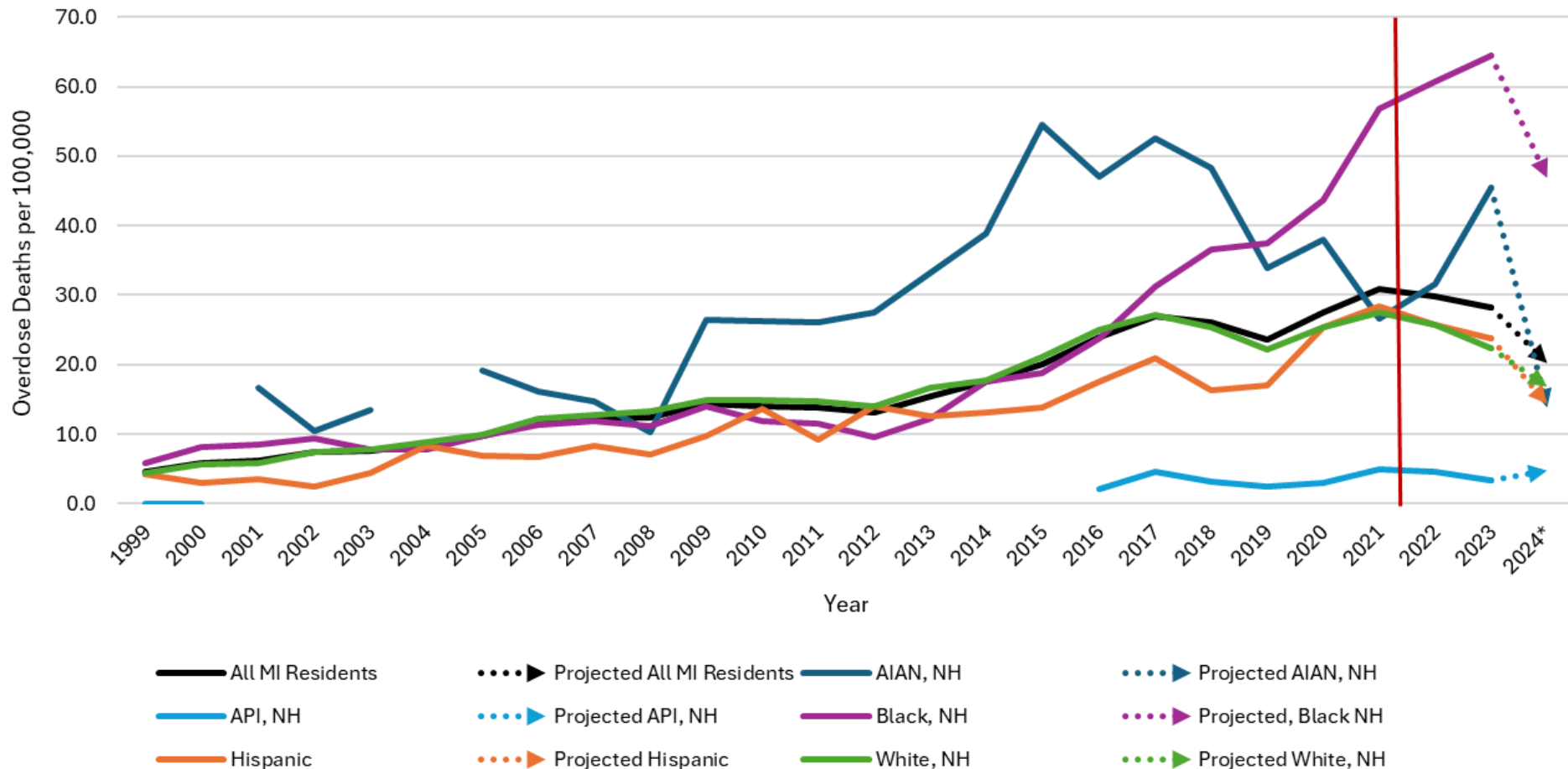


- Overdose death rates among all MI residents have decreased since 2021

\*2024 data are projections based on January-June 2024 preliminary data.

# Overdose death rates decreasing; however racial disparities persist

Overdose Death Rate per 100,000 by Race/Ethnicity Group, Michigan 1999-2024\*

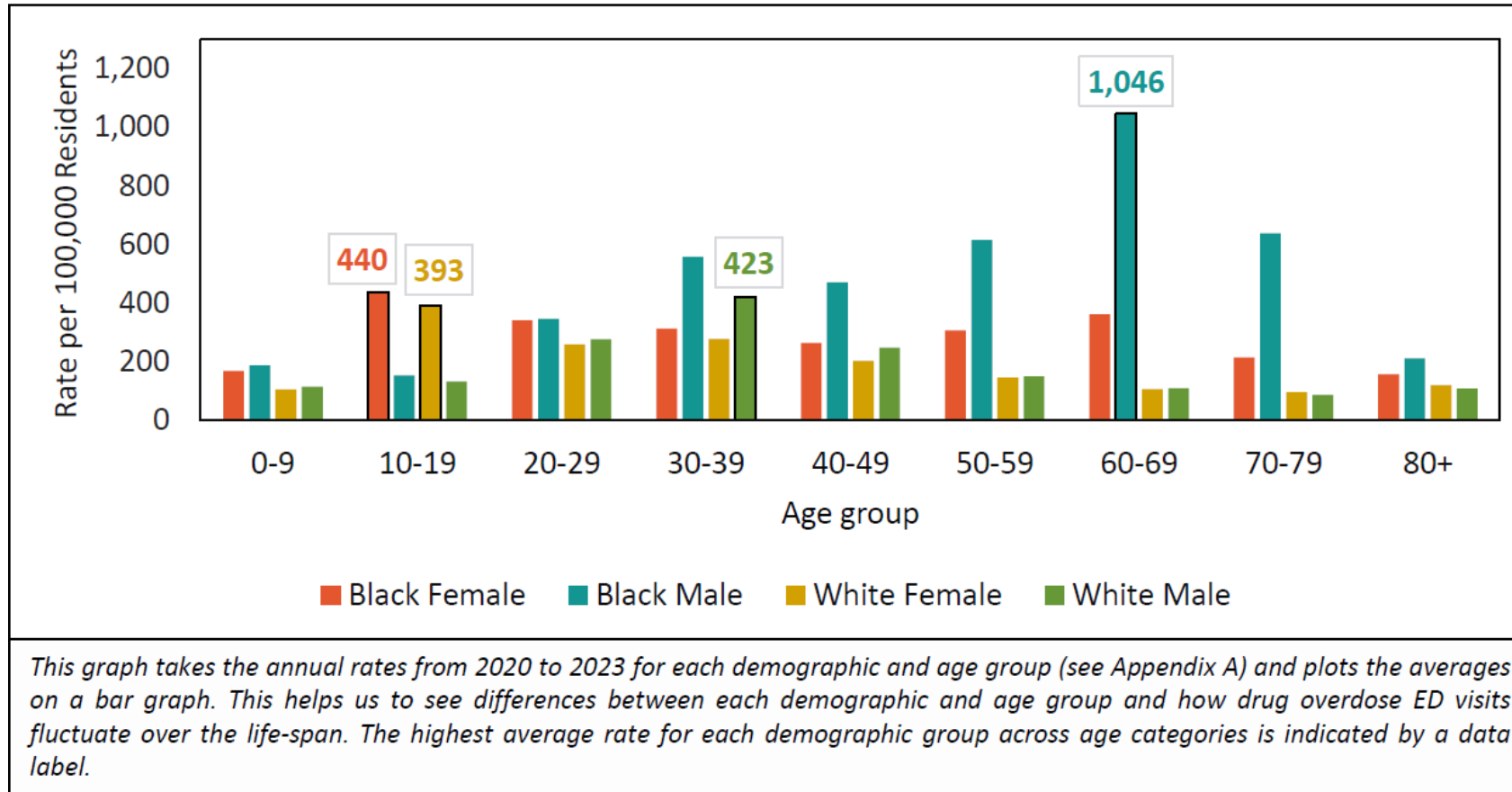


\*2024 data are projections based on January-June 2024 preliminary data.

- Rates among Black and AIAN populations have continued to rise; Black residents were 2.9 times more likely to die of an overdose than white residents in 2023
- Projections for 2024 suggest rates may further decline, including among Black and AIAN populations

# High Overdose ED Visit Rates Among Older Black Males

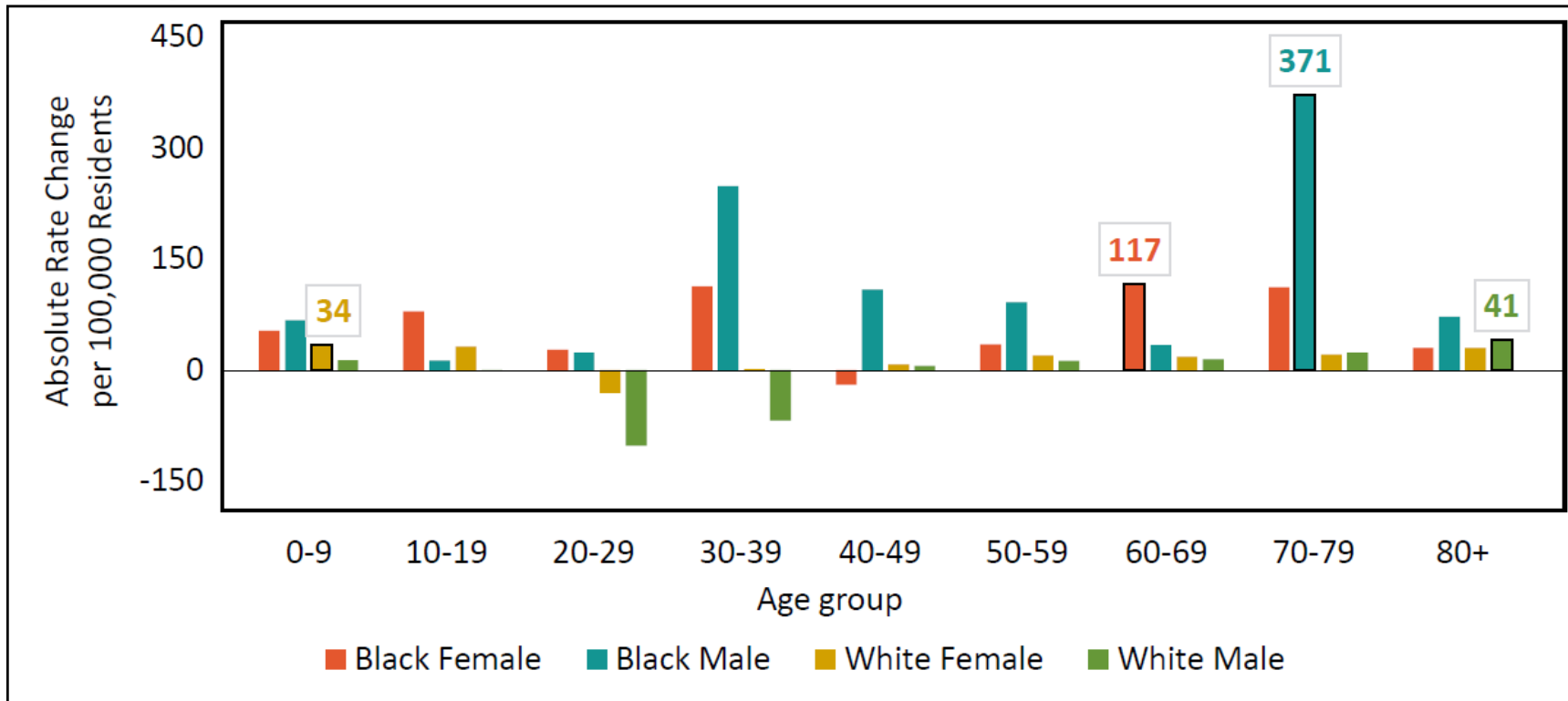
**Figure 1. Four-Year Average Rate of All-Drug Overdose ED Visits per 100,000 Michigan Residents, by Age Groups and Race, 2020 to 2023.**



- Rates for Black males diverge from other demographic groups beginning in their 30's.

# Increase in Overdose ED Visit Rates Among Older Black Males

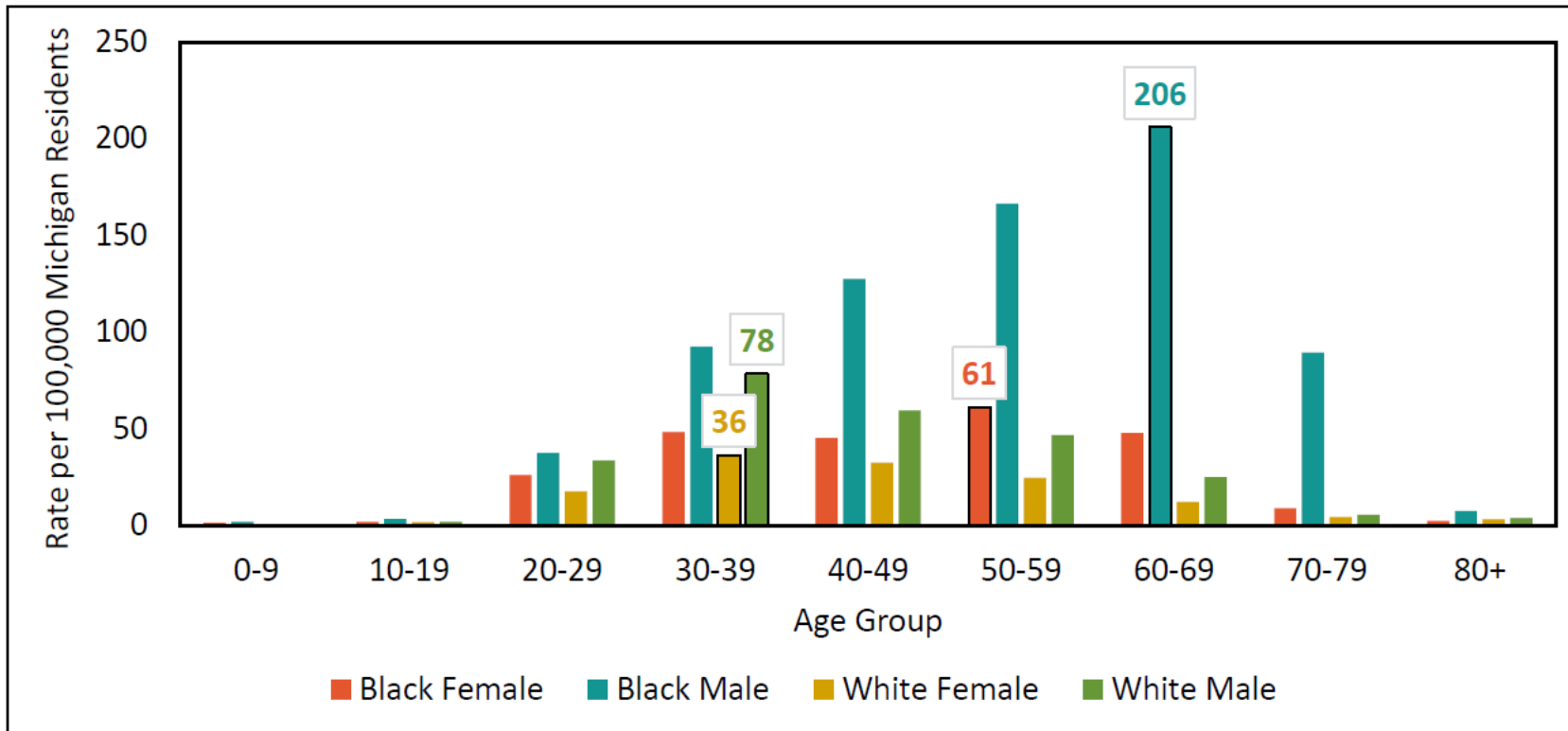
Figure 2. Rate Change in All-Drug Overdose ED Visits per 100,000 Michigan Residents, by Age Groups and Race, from 2020 to 2023.



- From 2020 to 2023, Black males 70-79 experienced the greatest *increase* in rates – 3 to 20x the rate change of any other demographic category.

# High Overdose Death Rates Among Older Black Males

**Figure 3. Five-Year Average Overdose Death Rate per 100,000 Michigan Residents, by Age Groups and Race, 2019 to 2023.**



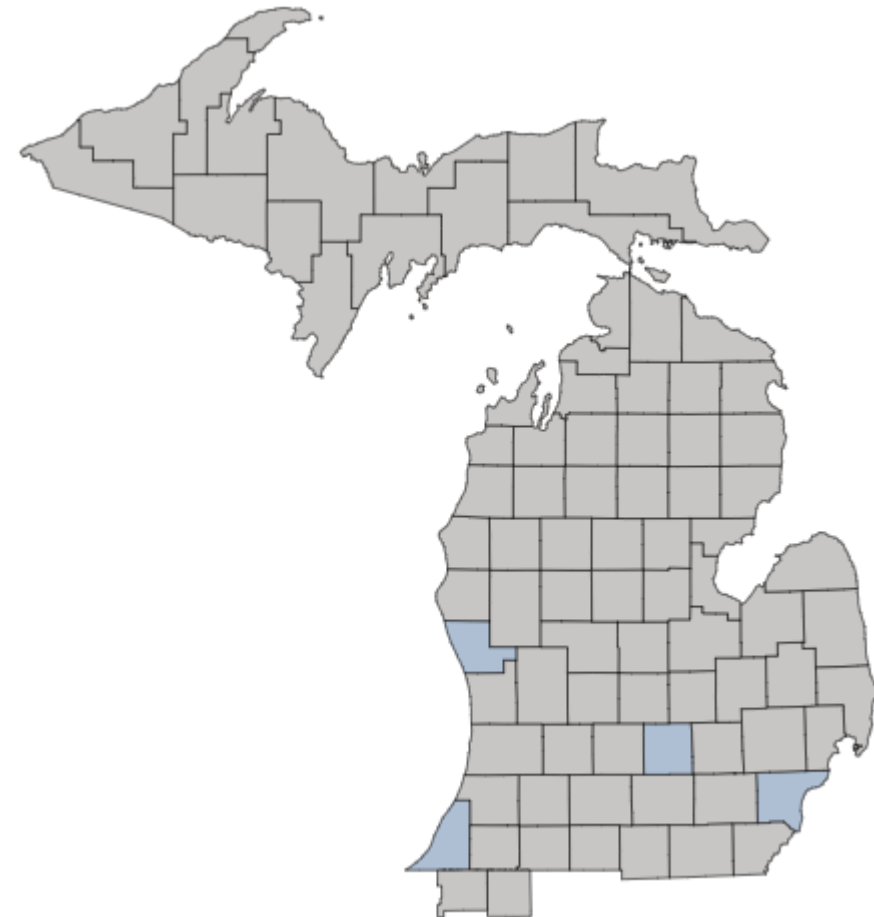
*This graph takes the annual rates from 2019 to 2023 for each demographic and age group (see Appendix B) and plots the averages on a bar graph. This helps us to see differences between each demographic group and how overdose death rates fluctuate over the life-span. The highest average rate for each demographic group across age categories is indicated by a data label.*

- As with ED visit rates, fatal overdose rates for Black males diverge from other demographic groups beginning in their 30's.
- Black males again have experienced the largest increase in rates from 2019 to 2023, particularly among older age groups

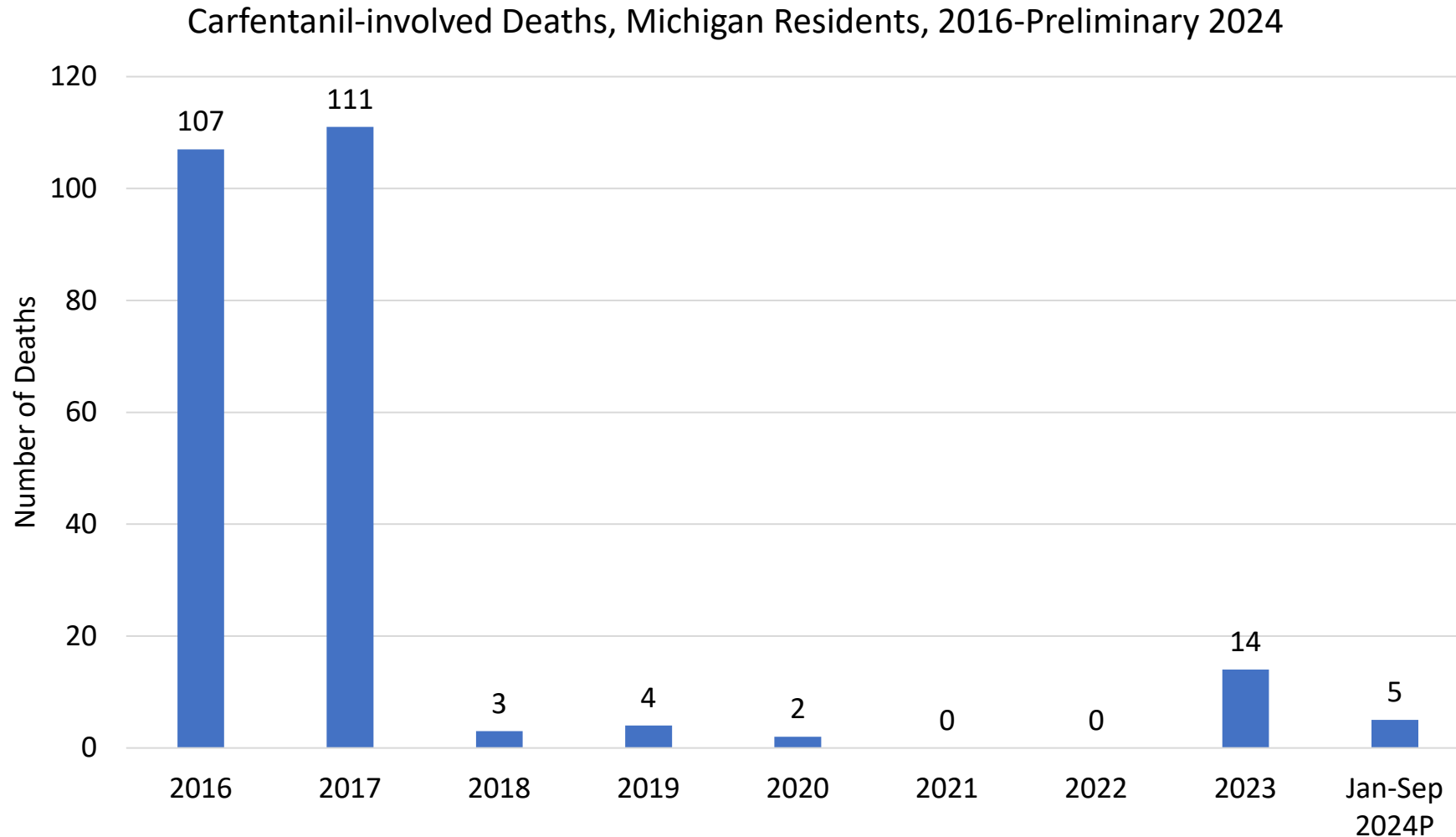
# Emerging Drug Update: Medetomidine in Michigan

- Medetomidine has been identified in 9 postmortem samples (8 in 2024, 1 in 2025, +2 since last update)
  - All identified via the Swift Toxicology of Overdose-Related Mortalities (STORM) program
  - First death was in early March
  - Muskegon, Ingham, Berrien, and Wayne counties
  - All samples also tested positive for fentanyl, and four tested positive for xylazine.

Map of Samples Testing Positive for Medetomidine  
Michigan, 2025



# Update: Possible Re-emergence of Carfentanil in Michigan



# Guest Presentations

PGP, PHAC: Communications

HMA: Program Update

January 29, 2025





▶ Michigan  
Health Communications Initiative

Rebuilding Trust in Public Health

# Project Purpose

- ▶ To rebuild trust in public health messages by equipping individuals and organizations to:
  - ▶ Identify misinformation and disinformation circulating in communities and media platforms.
  - ▶ Provide tools and strategies to respond with accurate, evidence-based information.
  - ▶ Strengthen public understanding of health programs and their benefits.
- ▶ This project launched in December 2024.

# Project Organization & Evaluation

- ▶ Led jointly by the Public Health Advisory Council (PHAC) and Michigan Association for Local Public Health (MALPH)
  - ▶ Steering Committee: reviews progress and sets objectives.
  - ▶ Project Management Committee: oversees implementation.
- ▶ Evaluation:
  - ▶ Track newsletter engagement, resource downloads, and stakeholder feedback.
  - ▶ Monitor media mentions of priority topics.
  - ▶ Adjust program resources based on insights and metrics.

# Project Partners

- ▶ **Public Good Projects (PGP)**
  - ▶ Public health nonprofit specializing in large-scale media monitoring programs, social and behavior change interventions, and cross-sector initiatives.
  - ▶ PGP's Monitoring Lab provides ongoing analysis on priority topics, produces monthly newsletters for community partners, and supports the overall project evaluation.
- ▶ **Center for Health and Research Transformation (CHRT) at the University of Michigan**
  - ▶ Supports the project through qualitative analyses, including interviews with stakeholders to evaluate the impact of messaging.
- ▶ **BJW Strategies**
  - ▶ Connects project activities to broader communications, provides training for local health department staff, and identifies opportunities to amplify PGP products through media channels.

# Community Partner Organizations

Michigan-based community organizations work closely with local health departments and leverage their community connections to distribute accurate public health messaging and gather resident feedback.

- ▶ Access Health
- ▶ Greater Flint Health Coalition
- ▶ Health Net of West Michigan
- ▶ MI Community Care
- ▶ Southeast Michigan Health Alliance
- ▶ Thumb Community Health Partnership
- ▶ Upper Peninsula Health Care Solutions
- ▶ United Way of Bay County.

# Project Topics

- ▶ Sexually Transmitted Infections (STIs)
  - ▶ Perception regarding risk of STIs, specific risks for those who are pregnant, availability of treatment, and need for testing.
- ▶ Vaccinations
  - ▶ Seasonal (COVID / flu / RSV) in the winter.
  - ▶ Routine childhood schedule in the summer/fall.
- ▶ Mental Health
  - ▶ Access to care and related perceptions of the mental health care systems.

# Project Topics

- ▶ **Firearm Violence Prevention**
  - ▶ Perception and knowledge about recent firearm legislation and requirements regarding safe storage and ERPO laws.
- ▶ **Opioid/Substance Use**
  - ▶ Perception regarding risk of overdose, access to lifesaving harm reduction tools, treatment, and recovery supports.
- ▶ **Family Planning**
  - ▶ Knowledge and attitudes about various forms of contraception; what is legally available and what is covered by insurance.

# Michigan Learning Collaborative to Support MOUD in County Jails: Opioid Taskforce Update

PRESENTED BY:  
**Rich VandenHeuvel, MSW, HMA**

# INTRODUCTION



## **Rich VandenHeuvel, MSW**

Principal and Senior Coach  
Health Management Associates

# ABOUT THE LEARNING COLLABORATIVE

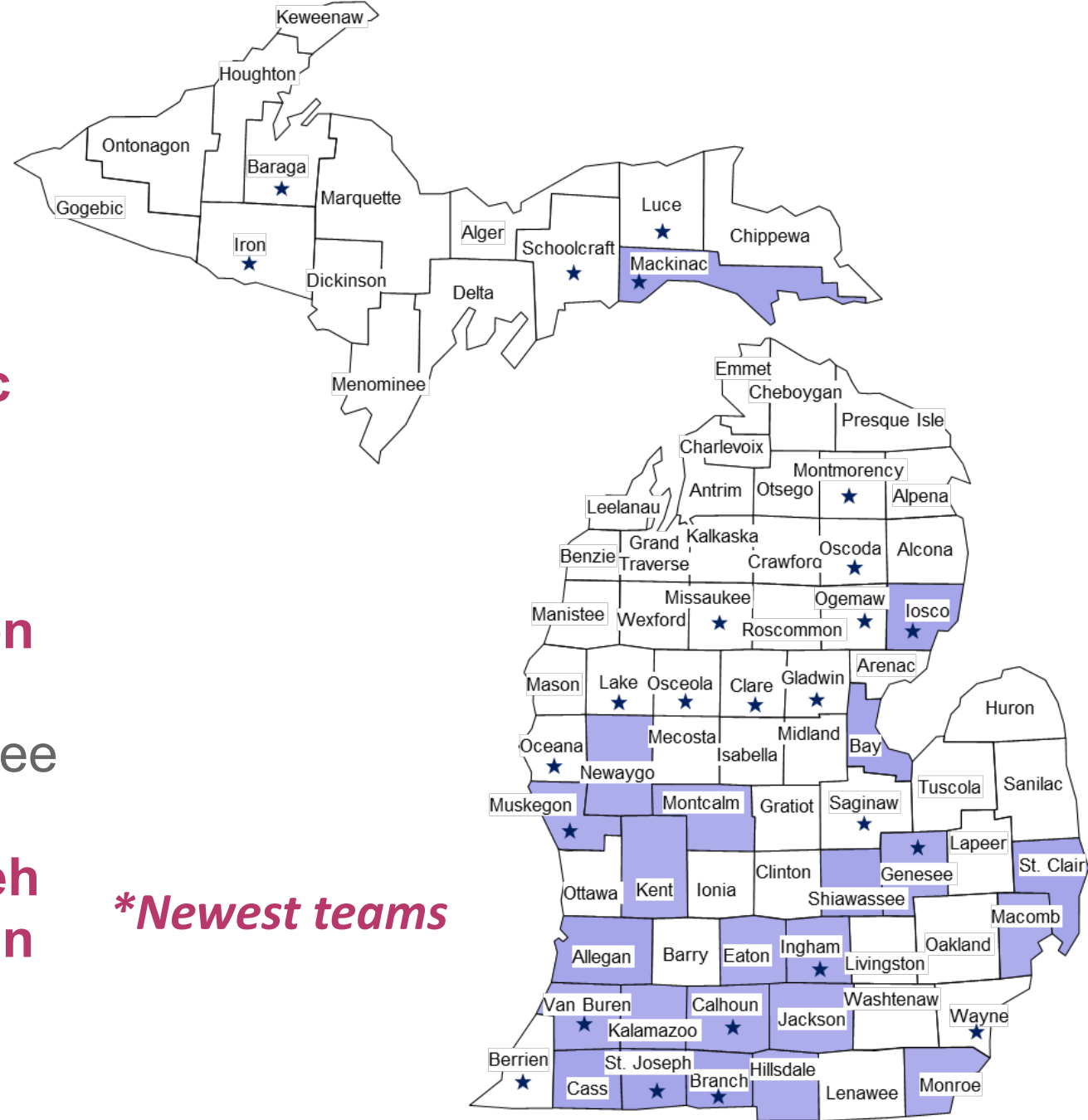
- Counties commit to ongoing coaching and support to expand access to evidence-based treatment for OUD, including “implementation of two or more forms of FDA approved medications for opioid use disorder”
- Support includes:
  - Assigned coaches w/ monthly coaching calls
  - On-site visit and assessment
  - Ongoing topical and ad hoc technical assistance
  - Twice annual in person learning collaborative events
  - \$ 25,000 grant funding to offset costs of implementation and participation

# Our North Star:

Access to  
MOUD for  
Justice-  
Involved  
Michiganders

# PARTICIPATING TEAMS (23)

1. Allegan
2. Bay
3. **Branch**
4. **Calhoun**
5. Cass
6. Eaton
7. **Genesee**
8. Hillsdale
9. **Ingham**
10. **Iosco**
11. Jackson
12. Kalamazoo
13. Kent
14. **Mackinac**
15. Macomb
16. Monroe
17. Montcalm
18. **Muskegon**
19. Newaygo
20. Shiawassee
21. St. Clair
22. **St. Joseph**
23. **Van Buren**



# MICHIGAN SUBSTANCE USE VULNERABILITY INDEX (SUVI) TOP 25

1. Baraga
2. Berrien
3. **Branch**
4. **Calhoun**
5. Clare
6. **Genesee**
7. Gladwin
8. **Ingham**
9. **Iosco**
10. Iron
11. Lake
12. Luce
13. **Mackinac**
14. Missaukee
15. Montmorency
16. **Muskegon**
17. Oceana
18. Ogemaw
19. Osceola
20. Oscoda
21. Saginaw
22. Schoolcraft
23. **St. Joseph**
24. **Van Buren**
25. Wayne

*\*Counties in LC*

# HIGHLIGHTS AND PROGRESS TO DATE

- Enrollment: Original project plan included 24 counties enrolled across lifetime of the project (@ three years) – and we have enrolled 23 counties in the first year!
  - Fastest we have ever grown in a statewide jail MOUD Learning Collaborative – *Congratulations to statewide efforts to date and congratulations to our counties, sheriffs and jail administrators!*
- Collaboration and engagement: Enrollment would not have been possible without endorsement and word of mouth from county to county
  - Several Counties have completed facilitated visits with peers to learn from and “cross pollinate” evidence-based practice with one another
  - Attendance and evaluation results at in person events and virtual technical assistance and topical webinars has been robust with positive evaluation results

# HIGHLIGHTS AND PROGRESS TO DATE

- **Access to Treatment for OUD:**
  - Upon enrollment in the Learning Collaborative:
    - 8 of 23 counties had effectively no MOUD treatment/program
    - 14 of 23 counties had some level of MOUD continuation (from very limited to continuation of all three MOUD medications)
    - 1 of 23 counties had a robust process to continue and initiate MOUD
  - Current Status:
    - All counties in the Learning Collaborative are either in the process or now currently continuing verified MOUD prescriptions
    - 7 of 23 counties are currently or in the process of initiating MOUD treatment with several others planning to do so

# LOOKING AHEAD

- Continued expansion:
  - Still looking for ways to support additional counties
  - High priorities include Wayne and Saginaw Counties – we are open to your assistance!
- Ongoing partnerships
  - 1115 readiness and coordination with MDHHS and jails
  - Collaboration between MDOC and county jails
  - Data Sharing Agreement between jails and MDHHS
  - Ongoing collaboration with the Michigan Sheriff's Association
  - Coordination with CMHSPs and PIHPs
  - Coordination with other community providers/partners



**QUESTIONS?**

# CONTACT US FOR ANY QUESTIONS OR ASSISTANCE

FOR ANY QUESTIONS OR COMMENTS

[MI JailMOUD LC@healthmanagement.com](mailto:MI_JailMOUD_LC@healthmanagement.com)



**Bren Manaugh**

Principal, HMA  
Project Director

# MDHHS Updates Pillar Priorities

January 29, 2025



# Establish Michigan as National Leader in Opioid & SUD Response



## Objectives

- Aggressively disrupt and reverse overdose trends, associated deaths and disparities in the short term.
- Leverage funding through local and philanthropic collaboration for strategic substance use disorder (SUD) infrastructure long-term service improvement.
- Utilize problem and gap analysis to target process improvements to most vulnerable populations.
- Identify and address needed policy reforms to facilitate improved SUD outcomes.

## Strategic Initiatives

- Increase adolescent prevention programming through targeted investments.
- Launch comprehensive “public health campaign” for increased public awareness and behavioral change.
- Increase access to, and effectiveness of, treatment through workforce development and targeted service investments.
- Close the gap in access to recovery, transitional, and permanent affordable housing through strategic project funding.
- Invest in moving beyond data collection and reporting to problem analysis and impact measurement.
- Establish policy reform agenda.

# Prevention – Increase the age of first use



## Barrier To Address in Prevention (Proposed Problem, Solution, and Scope)

**Problem Statement:** Adolescent drug uses has been linked to an increase in SUD and 8% of adolescents report using drugs in past month.

**Primary Solution:** Partner with provider networks and key agencies in counties with highest risk school districts to target prevention and education programming.

### Key Metrics:

- Reduce the number of individuals under the age of 25 using illicit drugs.
- Delay the average age of first use of drugs or alcohol.

## Proposal for Change Investment, 2026

### New or Expanded Investment in Priorities

- **School Age Prevention Programs**
  - Funding non-profit, youth engagement organizations with an RFP in targeted areas for prevention programming
  - Explore future options to leverage existing resources to expand programming in high priority school districts schools
- **Youth Public Awareness Campaign**
- **Continue Public Health/Awareness Campaign**
  - Conduct comprehensive, statewide media campaign including print, digital, TV, social media and more

### Previously Obligated Investments (2026 only)

- **Continue CSA Programming**

# Harm Reduction – Reduce overdose deaths, racial and geographic disparities

## Barrier To Address in Harm Reduction (Proposed Problem, Solution, and Scope)

**Problem Statement:** Fatal overdoses and racial disparities in overdose death persist and the drug supply has become more lethal. Meanwhile, there is not adequate access to harm reduction agencies due to gaps in location and capacity constraints.

**Primary Solution:** Expand the distribution and awareness of harm reduction tools in high priority communities.

### Key Metrics:

- Reduce number of overdose deaths.
- Reduce racial disparities in overdoses deaths.
- Increase use of harm reduction tools (e.g., naloxone, testing strips) in priority communities, particularly those with high racial disparities.

## Proposal for Change Investment, 2026

### New or Expanded Investment in Priorities

- **Harm Reduction Agencies**
  - Multi-year grant opportunity, or contract amendments, to build capacity of organizations working in unserved or under resourced communities, to scale up existing programming or create new programs/locations.
  - Annual grant opportunity, or contract amendments, for agencies in areas with racial disparities to increase equity efforts (e.g., tailored outreach, hiring more peer recovery coaches from that community).
- **Continue Naloxone Distribution Efforts**

# Treatment – Grow behavioral health workforce

## Barrier To Address in Treatment (Proposed Problem, Solution, and Scope)

**Problem Statement:** An estimated 1.3M Michiganders need treatment for drug or alcohol use disorder but are not receiving it. Workforce shortages among the traditional and emerging workforce are a barrier to treatment.

**Primary Solution:** Increase the capacity of SUD treatment to serve more clients through targeted investments in workforce development and retention and infrastructure.

### Key Metrics:

- Decrease the number of individuals needing but not accessing services.
- Increase number of SUD counselors and psychiatrists serving Michigan.

## Proposal for Change Investment, 2026

### New or Expanded Investment in Priorities

- **Initiatives to Increase the Workforce**
  - Expand existing MDHHS scholarship program to encourage prospective students to pursue an MSW and a career as a SUD providers
  - Focus existing MDHHS paid internship program to provide opportunities to students to work in SUD programs
  - Leverage existing MDHHS Loan Repayment program to support SUD workforce and increase the number of SUD clients being served

### Previously Obligated Investments (2026 only)

- Contingency management
- Jail treatment

# Recovery – Increase recovery beds & access to affordable housing

## Barrier To Address in Recovery Proposed Problem, Solution, and Scope

**Problem Statement:** Stable housing plays a critical role in recovery from a SUD. Approx. 8,000 people leave treatment or other institutional settings without stable housing.

**Primary Solution:** Increase the number of recovery and permanent housing solutions to provide more stable environments for individuals in recovery.

### Key Metrics:

- Increase the number of recovery beds by 2,300 over the next 5 years.
- Increase the number of long-term housing solutions by 7,500 over the next 5 years.

## Proposal for Change Investment, 2026

### New or Expanded Investment in Priorities

- **Funding Housing Programs**
  - Support for PIHP to continuing reimbursing the cost of stay of residents
  - Expansion of the Recovery Housing Investment Program
  - Investment in larger SUD housing solutions (e.g., Andy's Place, Wellspring)
- **Funding Wraparound Services**
  - Increase investments in wraparound support programs that allow individuals to stay in stable housing (e.g., transportation, employment).
- **Investing in Permanent Committed Affordable Housing Solutions**

# OTF Subcommittee Updates

January 29, 2025



# Pillar Update: Prevention



## ***Pillar Leads: Kristie Schmiede & Lisa Coleman***

### **Prevention Networks**

- The Subcommittee has created a primary prevention network document, identifying prevention networks that can be engaged to deliver or support ACE training, curricula, or prevention programming as prioritized by leadership.

### **Prevention Program Review**

- The Subcommittee has reviewed multiple prevention programs in schools and communities. Hosted speakers and engaged Subcommittee members with primary prevention programming implementation experience to discuss barriers encountered and describe successful strategies and Evidence-Based Programs.

# Pillar Update: Prevention



## ***Pillar Leads: Kristie Schmiede & Lisa Coleman***

### **Substance Use Disorder Youth Risk Index**

- The index currently includes the following categories: community and social determinants of health, family and living environment, mental health and adverse childhood experiences, school, and substance use. Each category encompasses specific metrics, such as the percentage of the population below the poverty line, healthcare access, unemployment rates, and more. Please note that these variables are preliminary and subject to change.
- The Youth Risk Index will identify the counties to prioritize prevention programming, curricula, or training as directed by leadership.
- Additionally, data on the Michigan Substance Use Disorder Data Repository MiPHY dashboard: <https://mi-suddr.com/michigan-profile-for-healthy-youth-miphy-2/> will be analyzed to identify areas of disparity.



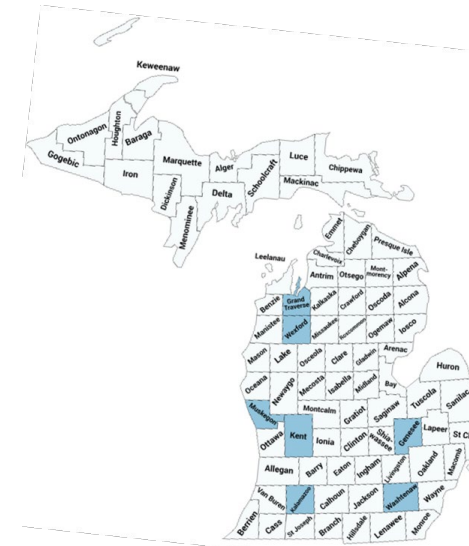
# Pillar Update: Harm Reduction

## ***Pillar Leads: Darlene Owens & Seth Eckel***

### **Drug Checking**

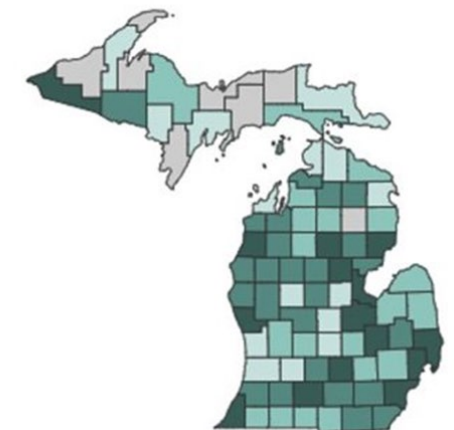
- MDHHS Bureau of Laboratories (BOL) is hiring a Toxicologist to perform LC-MS testing on samples submitted by HRAs.
- The Grand Rapids Red Project, BOL, and the MDHHS Harm Reduction Unit will meet this month to discuss the flow of testing and reporting.
- Counties with an FTIR machine:
  - Kent: **Drug checking**
  - Muskegon: **Drug checking**
  - Kalamazoo: Pending training
  - Washtenaw: **Started**
  - Grand Traverse: Pending training
  - Genesee: **Started**

HRAs with an FTIR Machine, 2025



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

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



# Pillar Update: Treatment



## ***Pillar Leads: Greg Toutant & Angie Smith Butterwick***

### **Medication First White Paper**

- The Subcommittee drafted a Medications for Opioid Use Disorder (MOUD) white paper to highlight the benefits of incorporating Medication First principles to reduce opioid-related deaths, improve treatment retention, and enhance overall public health in Michigan. This paper has been delivered to the Treatment Pillar Co-Leads, who will work with BPHASA to finalize and operationalize.

### **Learning Sessions**

- Presentation from Jennifer Mitchell, Executive Director, Michigan Certification Board for Addiction Professionals (MCBAP) to better understand credentialing barriers and disparities in Michigan.
- Presentation from Andrew Whitacre, Officer Substance Use Prevention and Treatment Initiative (Policy & State Strategy), The Pew Charitable Trusts to understand policy recommendations and support for policy implementations as outlined in the Michigan State Principles for Financing Substance Use Care, Treatment, and Support Services.

# Pillar Update: Treatment



## ***Pillar Leads: Greg Toutant & Angie Smith Butterwick***

### **Provider Assessment**

- MDHHS is finalizing the MiSUTWA (Michigan Substance Use Treatment and Workforce Assessment) to identify and measure gaps and challenges in the SUD treatment workforce and infrastructure.

### **Next Steps**

- The Treatment SC will review the approved priorities and utilize their Treatment Pillar Recommendations spreadsheet to align their work with the identified priorities, focusing on reducing health disparities.

# Pillar Update: Recovery



## ***Pillar Leads: Sam Price & Brandon Hool***

### **Recovery Housing Continuum**

- Subcommittee developed a recovery housing continuum worksheet utilizing common definitions.

### **Data Review**

- To focus on health equity and racial disparities, the Subcommittee reviewed MI SUVI scores and rate of recovery bed needs, compared to MARRs available beds by county data. The Subcommittee will discuss the potential of a Recovery Readiness Index to include additional predictors of health.

# Pillar Update: Recovery



## ***Pillar Leads: Sam Price & Brandon Hool***

### **Recovery Housing AdHoc Group**

- The Recovery Pillar recommends creating a Recovery Housing AdHoc group. This group will address the primary solution for recovery housing and the Proposal for Change Investment. The AdHoc group should include diverse recovery housing providers and SMEs from across the state.

### **Next Steps**

- The Recovery SC will review the Proposal for Change Investment for FY26 and utilize the group's May 2024 recommendation document to align where there is synergy to continue discussion and recommendations on goals and strategies.