



# Michigan Opioids Task Force

## 2024 - 2025 Fiscal Year Summary Report

*February 2026*



(October 2024 -  
September 2025)

Michigan Department of  
Health and Human Services

Office of the Chief Medical Executive

## Table of Contents

Message from the Chair.....	3
Introduction .....	5
Michigan’s Strategy and Current State of the Opioid Crisis.....	5
Background .....	5
Task Force Activities .....	6
Michigan’s Current Opioid Landscape .....	7
How Michigan Invested Settlement Funds in FY 24–25.....	8
Progress Achieved and Identified Gaps in Michigan’s Response .....	8
Overall Goal.....	10
Prevention Goal.....	12
Harm Reduction Goal .....	14
Treatment Goal .....	15
Recovery Goal.....	17
Where We’re Going .....	19
Appendix.....	21
Opioid Task Force Membership .....	27

# Michigan Opioids Task Force 2024-2025 Summary Report

## Message from the Chair

Over the past year, Michigan has continued to make meaningful progress in addressing the opioid epidemic while strengthening systems that support long-term prevention, treatment and recovery. Since 2023, the state's overdose death rate has fallen by more than 35%, with 2024 data showing fewer than 2,000 overdose deaths. This is a significant reduction compared to nearly 3,000 deaths seen annually in the past and places Michigan among the best performing states nationally in reducing overdose deaths. Thanks to sustained investments in evidence-based strategies and strong coordination across state and local partners, we expect this trend to continue.

This year also marked an important step forward in understanding the full impact of Michigan's approach. [New modeling](#) conducted by the [Michigan Department of Health and Human Services \(MDHHS\)](#) estimated that harm reduction efforts are not only preventing overdose deaths, but also significantly reducing emergency department visits, hospitalizations and the spread of infectious disease. Almost 1.7 million naloxone kits have been distributed statewide since 2020 through programs like the NARCAN Direct portal. Between 2018 and 2024, expanded access to naloxone and other harm reduction services saved more than 1,600 lives, more than 13,000 hospitalizations prevented, averted approximately 13,200 emergency department visits and avoided thousands of hepatitis C infections. These findings reinforce what communities and providers have long observed — harm reduction is a critical component of a comprehensive public health response and a sound investment in community well-being.

As this report details, progress has been driven by a clear statewide strategy, robust local engagement and the responsible use of opioid settlement funds. At the same time, significant challenges remain. Disparities persist across race and geography, workforce shortages continue to limit access to care and housing instability remains a barrier to sustained recovery. Looking ahead to 2026 and beyond, the Michigan Opioids Task Force continues to be focused on strengthening prevention and early intervention, sustaining and scaling harm reduction, expanding treatment access and workforce capacity, reinforcing recovery infrastructure, and advancing data and accountability systems.

Continued progress will also depend on federal priorities. Uncertainty around federal funding streams, behavioral health workforce support, Medicaid authorities and related public health grant programs could affect the scope and pace of Michigan’s work. Even amid this uncertainty, the task force remains committed to evidence-based investments, strong partnerships with counties and tribal governments, and a unified statewide strategy that ensures every community has access to the resources needed to prevent overdose and support recovery.

A handwritten signature in black ink, appearing to read 'NB', followed by a long horizontal line.

Natasha Bagdasarian, M.D., MPH, FIDSA, FACP  
Chief Medical Executive  
State of Michigan

## Introduction

Since 2021, Michigan has been reshaping its response to the opioid epidemic through one of the largest coordinated public health efforts in state history. Michigan Attorney General Dana Nessel joined a bipartisan coalition of attorneys general to secure nearly \$1.8 billion in opioid settlement funds for Michigan governments — resources obtained from major manufacturers and distributors including Johnson & Johnson, Walgreens, Walmart, CVS, Allergan, Teva, Mallinckrodt, Meijer, Publicis Health, Kroger, McKinsey & Co. and Purdue Pharma.

These settlement dollars joined the hundreds of millions already invested each year by the state to prevent substance abuse, expand treatment and save lives. Half of all funding is directed to local governments and will continue to be issued over 15 more years, allowing for a long-term source of support for communities across Michigan. The remaining half enters the state’s Opioid Healing and Recovery Fund, overseen by the Michigan Treasury and guided by the Michigan Opioids Task Force, which is charged with advising on how these resources are used strategically, equitably and transparently. A full list of members can be found in the appendix.

## Michigan’s Strategy and Current State of the Opioid Crisis

### Background

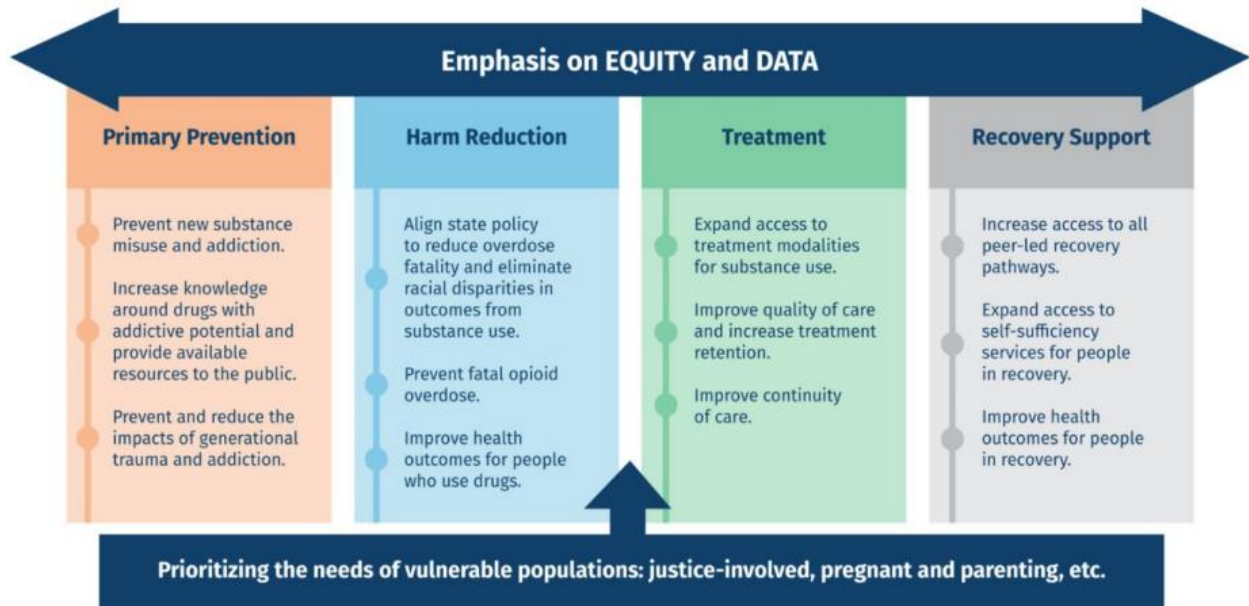
The [Michigan Opioids Task Force](#) was established in 2019 through [Executive Order 2019-18](#) to guide the state’s strategy for addressing the opioid epidemic and ensure Michigan’s response is coordinated, data-driven and equitable. In 2022, [Executive Order 2022-12](#) expanded and updated the task force’s membership and charge to better align with the long-term management of opioid settlement resources and the evolving needs of communities across the state.

The task force includes state agency leaders, regional representatives with expertise in prevention, harm reduction, treatment, recovery, criminal-legal system involvement, maternal health, education and community engagement. Its overall purpose is to advise on the state’s goals in policy, funding decisions and measurable action. Four standing subcommittees have also been established to more thoroughly inform and carry out the work of the task force. The subcommittees are Prevention, Harm Reduction, Recovery and Treatment. These subcommittees are co-led by one task force member and MDHHS employee, and they are comprised of task force members, state employees and community experts. The task force encourages participation from diverse voices, and

individuals interested in serving on a subcommittee may apply through the state’s application process.

Central to the work of the task force is Michigan’s Substance Use Response Framework, a statewide strategy built around four pillars: Primary Prevention, Harm Reduction, Treatment and Recovery Support.

### Michigan’s Substance Use Response Framework



Originally adapted from national best practices and refined through task force subcommittees, the framework emphasizes equitable access, community partnership, and the use of evidence and real-time data to shape decisions. Racial equity — which was initially conceptualized as a standalone pillar — has instead been embedded throughout every component of the response. This shift recognizes that disparities in overdose death rates, access to care, and recovery outcomes cannot be addressed in isolation, and must instead guide all program design, investment decisions and metrics.

### Task Force Activities

#### *Meetings and Partnerships*

In 2025, the task force met five times (January, March, May, September and November) to review trends in data, discuss policy and legislative priorities, and guide settlement-funded investments for FY 26. The group highlighted continued declines in overdose death rates while also tracking emerging contaminants in the unregulated drug supply, like carfentanil and medetomidine. Additionally, the task force’s subcommittees continued to meet on a

monthly basis between official meetings to refine performance metrics, [conduct gaps analysis](#), inform spending decisions and collaborate with new partners across the state.

Throughout the year, the task force strengthened partnerships with state and local partners like key harm reduction and recovery organizations, treatment providers, the Michigan Association for Local Public Health (MALPH), the Michigan State Police (MSP) and License and Regulatory Affairs (LARA). The group also bolstered their collaboration with Michigan's Opioid Advisory Commission by identifying and advancing policy priorities and align spending priorities through data and statewide gaps analysis.

### *Technical Assistance Collaborative*

Beginning in 2023, and continuing through FY 2025, MDHHS contracted with Michigan State University, University of Michigan and Wayne State University to offer technical assistance and expertise in planning and investing opioid settlement funds at no cost to counties, municipalities and cities. The universities worked in close partnership with the Michigan Association of Counties to deliver services to more than 20 counties and reached an additional 2,000+ community leaders through [Learning Series webinars](#).

### *Policy Guidance*

The task force formed a policy agenda and monitored key legislative and regulatory developments in coordination with the Opioid Advisory Commission through a shared tool for bill tracking. This guidance will be used to help shape statewide decision-making and support consistent, effective responses across advisory boards.

## **Michigan's Current Opioid Landscape**

Michigan continues to navigate a shifting substance use landscape marked by both progress and persistent challenges. While preliminary data indicate a notable decline in overdose deaths, substance-related harms remain a significant public health concern, with disproportionate impacts across communities. Black men over age 55 continue to face the highest overdose mortality rates, while residents in areas with limited treatment access experience increased vulnerability due to reduced availability of prevention, treatment and recovery services.

The state benefits from a coordinated response structure grounded in the four pillars of the Substance Use Response Framework and strengthened by the work of counties, tribal governments, providers and harm reduction agencies. Even with this progress, longstanding issues, such as behavioral health workforce shortages and housing instability for individuals leaving treatment, are significant barriers to sustained recovery.

This landscape underscores the importance of Michigan’s ongoing investments. Opioid settlement funds, alongside existing state and federal resources have allowed the state to expand services, build infrastructure and support local partners. The next section outlines how these settlement dollars were invested in FY 24-25 to advance the state’s long-term strategy.

## How Michigan Invested Settlement Funds in FY 24–25

In FY 25, \$48,202,300 in new investment was allocated by the legislature and governor from the Opioid Healing and Recovery Fund. This brought the total dollars allocated from the settlements to \$110,602,300. Between these new investments and spending of dollars allocated in previous years, the state of Michigan spent \$41,503,461 in FY 25. This included more than two dozen projects across all pillars of the state’s opioid framework, as well as maximizing impact category and other standalone investments, with the largest allocations being:

- \$6,530,263 in syringe service programs and \$2,930,856 in naloxone distribution.
- \$3,800,000 to expand recovery and permanent supportive housing options.
- \$3,620,000 to support a new treatment center in the Upper Peninsula.
- \$1,500,000 to expand treatment services in jails.

See appendix for a full description of funded programs, including key metrics and outputs of each investment.

## Progress and Identified Gaps in Michigan’s Response

### *Strategic Direction and Pillar Priorities*

Michigan’s opioid response is guided by a clear, coordinated strategy designed to aggressively disrupt and reverse overdose trends, associated deaths and persistent disparities; while building sustainable systems that will support long-term substance use disorder (SUD) prevention, treatment and recovery. By leveraging opioid settlement funds, alongside state, local and philanthropic partnerships, Michigan is strengthening infrastructure, addressing longstanding gaps and positioning the state as a national leader in opioid and substance use disorder response.

To advance this strategy, Michigan has focused on a series of initiatives:

- Doubling down on targeted naloxone distribution and harm reduction investments.
- Expanding adolescent prevention programming through focused investments.

- Launching comprehensive public health campaigns to increase awareness and influence behavior.
- Partnering with provider networks and local agencies to target prevention and education in communities facing the highest risk.
- Expanding the awareness and availability of harm reduction tools in priority areas.
- Increasing access to effective treatment through workforce development and targeted service expansion.
- Closing gaps in recovery through transitional and permanent housing solutions.
- Maximizing the impact of all investments through improved data use, policy alignment and technical assistance to local governments.
- Moving beyond data collection toward deeper problem analysis, outcome measurement and accountability.

These initiatives are organized within the pillars of Michigan’s Substance Use Response Framework. Each pillar is aligned with a set of intended outcomes that guide funding decisions, program design and evaluation.

**Pillar priorities: Intended outcomes for future settlement-funded initiatives**

<b>Prevention</b>	<b>Harm Reduction</b>	<b>Treatment</b>	<b>Recovery</b>
Delay the average age of first use of drugs or alcohol.	Increase use of harm-reduction tools to reduce overdose deaths.	Increase capacity of SUD treatment providers to serve more clients through workforce development.	Increase number of recovery and long-term housing solutions to provide more stable environments for individuals in recovery.

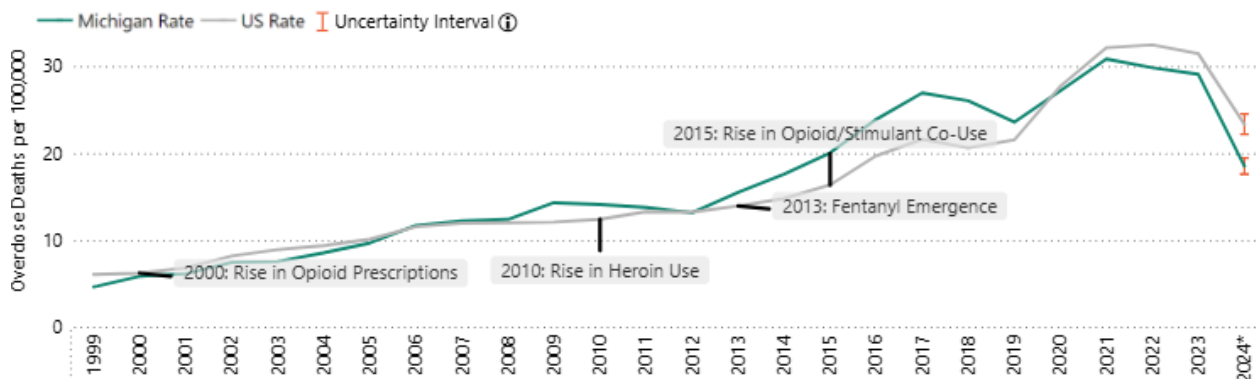
Across all pillars, Michigan prioritizes tailoring strategies to address existing and emerging racial and geographic disparities. The following sections below outline the progress achieved and opportunities for future improvement based on gaps identified within each pillar area, illustrating how this strategy is being operationalized and where continued focus is needed to sustain and accelerate progress.

# Overall Goal: Decrease fatal overdose rates and eliminate demographic and geographic disparities

## Progress

Michigan continues to make measurable progress in reducing overdose deaths statewide. For much of the past decade, overdose fatalities hovered around 3,000 annually. Preliminary 2024 data now project roughly 1,877 deaths, marking a substantial decline<sup>1</sup>. These gains reflect the cumulative impact of expanded access to naloxone, stronger coordination across the four pillars of the framework and increased community engagement.

**Overdose Deaths per 100,000 Residents, Michigan vs United States, 1999 to 2024**

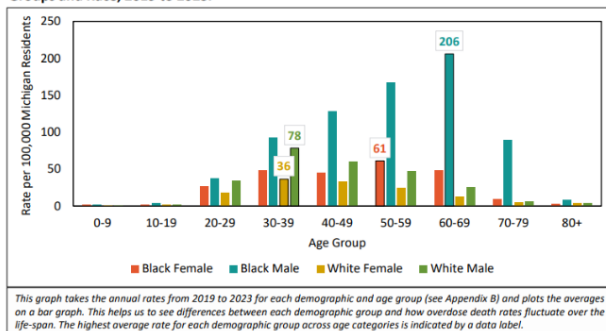


\*2024 data are preliminary data and subject to change upon finalization.

## Opportunities for Future Improvement

2024 provisional data suggest that demographic disparity in overdose deaths may be narrowing but is still significant. In 2023, Black Michiganders died from overdose at almost three times the rate of white Michiganders. 2024 provisional data show this has reduced to about 2.5 times.

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



**Table 3. Trends from Figure 3.**

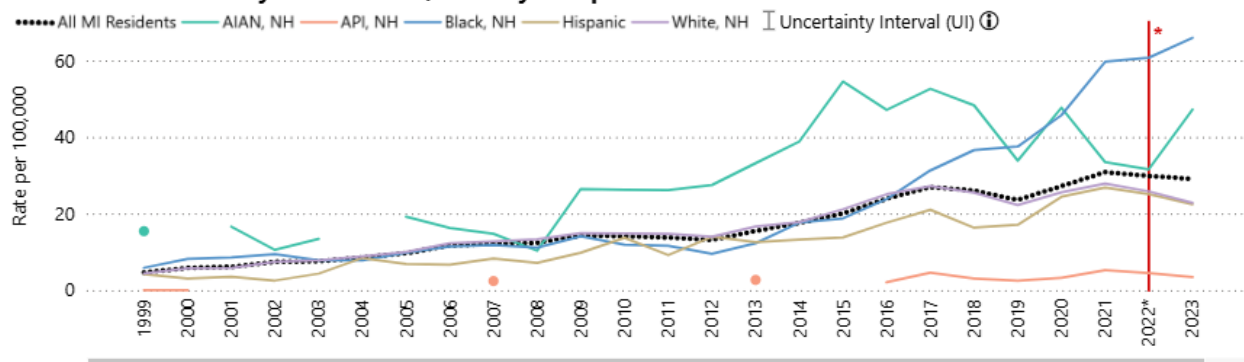
Race & Sex	Age Group with Highest Rate	Summary for Figure 3	Line Graph
Black Female	50-59	Rates for Black females mostly increase incrementally until ages 50-59 and then decrease.	
Black Male	60-69	Rates for Black males increase incrementally until age 60-69 and then decrease. The highest rate, which was seen in the 60-69 age group, is 2 to 100 times that of other demographic and age groups.	
White Female	30-39	Rates for white females increase until ages 30-39 and then decrease incrementally.	
White Male	30-39	Rates for white males increase until ages 30-39 and then decrease incrementally.	

Overdose death rates are **2 to 100 times higher** for **Black males** compared to other race, sex, and age groups. In addition to having the highest rates, **Black males** overdose death rate peaks later in life compared to white residents.

<sup>1</sup> 2024 data are preliminary data and subject to change upon finalization. Historically, the final numbers see a slight increase as out of state deaths and pending investigations are added to the tracking system.

Further, provisional data showed that American Indian/Alaskan Native fatal overdose rates (20.9 per 100,000) are much closer to that of all residents (18.5), whereas in 2023 their overdose rate was 64% higher than non-Indigenous Michigan residents. Please note, misclassification of race and Hispanic origin on death certificates results in the underestimation of death rates by as much as 34% for American Indian and Alaska Native non-Hispanic people, detailed in a [March 2024 Data Brief](#).

### Overdose Death Rate by Year and Race/Ethnicity Group



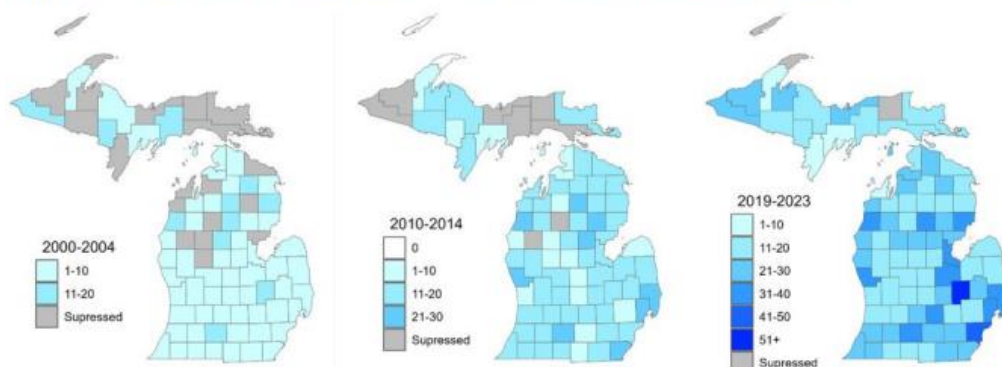
**\*Race categorization changed in 2022; data prior to and from 2022 onward are not directly comparable. See technical documentation.**

†2024 race data are 12-month preliminary data and are subject to change upon finalization of death records.

All regions, urban cities and almost all counties in Michigan experienced declines in overdose death rates in preliminary 2024 death data. Despite decreases in overdose deaths, urban counties/regions continue to experience disproportionately higher overdose rates than the rest of the state. The overdose death rate in urban counties was 24% higher than the total state rate in 2024 (preliminary).

In particular, while the City of Detroit and Genesee County experienced decreases in overdose deaths in 2024, both continued to experience overdose death rates of more than double the state of Michigan rate. These counties also have the two highest proportions of Black residents in the state, highlighting the persistent disparities in health and overdose outcomes among the Black population.

5-year Rate of Fatal Overdose per 100,000 Residents in Michigan, 2000-2004, 2010-2014, 2019-2023

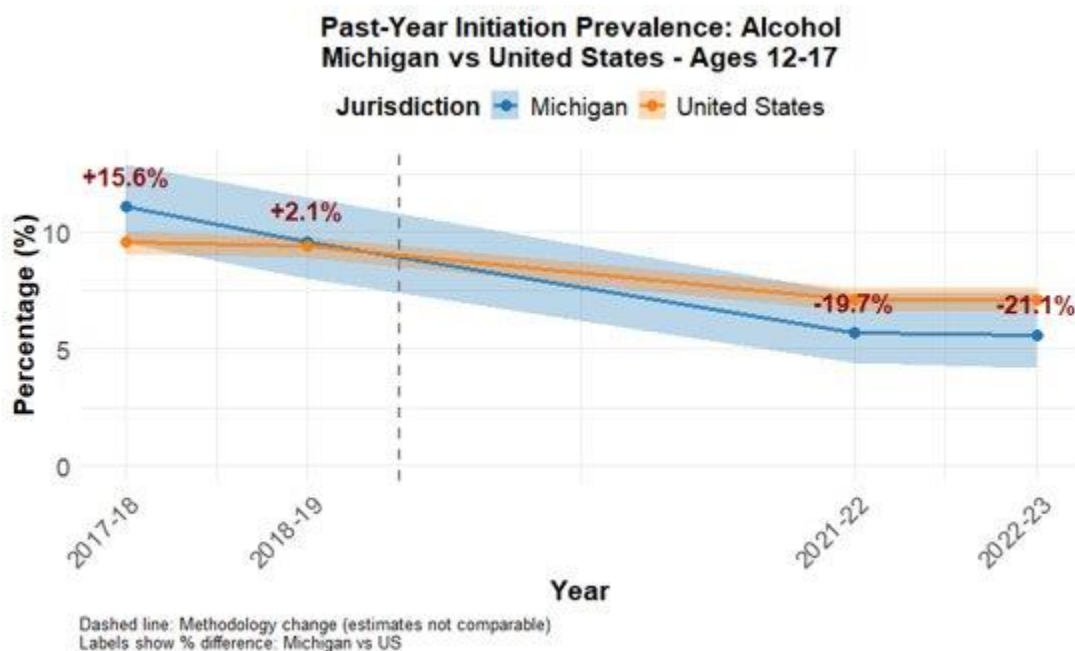


Continuing to reduce disparities through targeted investments is a key opportunity for future years.

## Prevention Goal: Delaying drug use, increasing knowledge and preventing generational impact

### Progress

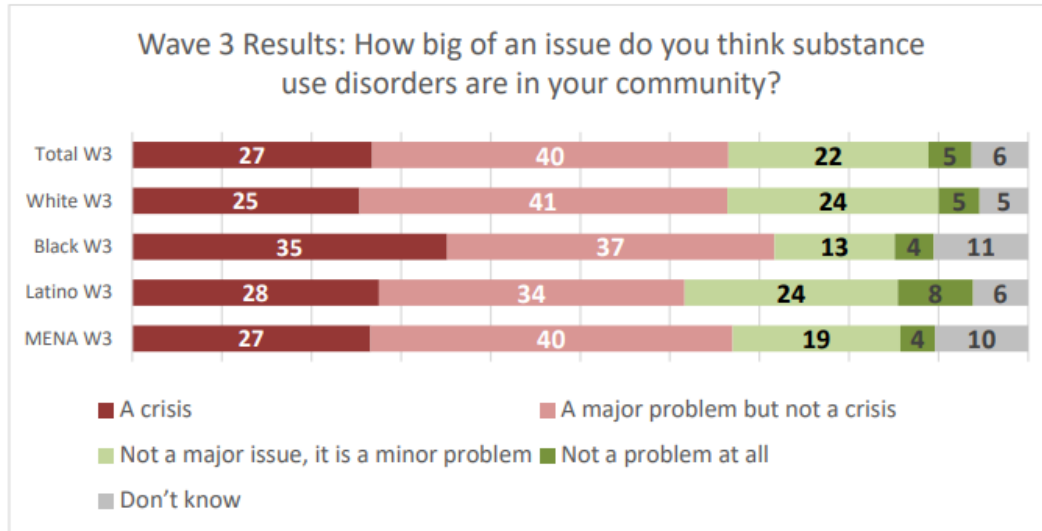
From 2017 to 2023, Michigan youth substance initiation rates have trended downward and been consistently at or below the national rate. For example, in the most recent year of data from the National Survey on Drug User Health, Michigan youth from 12 to 17 reported a rate of alcohol initiation of roughly 5%. That is 21% lower than the national average. This trend is similar to that observed for initiation of other substances, including cannabis, prescription pain relievers and stimulants, and cigarettes.



A 2024-2025 survey of Michigan residents also found moderate to high levels of belief awareness about substance use impact and resources. In Wave 3 of the survey, 67% of respondents viewed SUD as a crisis or major issue in their community. Eighty-four percent believed effective treatments are available for SUD, and 65% said they were willing to carry nasal spray naloxone to help prevent an overdose death.

While these measures remained relatively stable over time, they reflect a strong foundation of public awareness and attitudes that Michigan can continue to build upon through sustained prevention and education efforts.

### Substance Use Disorders as "A Crisis"



### Percent Who Chose "Effective treatments are available for people with substance use disorders"

Group	Wave 1	Wave 2	Wave 3	W1→W3 Change
Total	82%	83%	84%	+2 points
White	84%	84%	86%	+2 points
Black	78%	82%	76%	-2 points
Latino	73%	83%	74%	+1 point
MENA	64%	79%	83%	+19 points

### Willingness to Carry Naloxone Nasal Spray

Percent Answering "Yes"

Group	Wave 1	Wave 2	Wave 3	W1→W3 Change
Total	72%	62%	65%	-7 points
White	72%	61%	64%	-8 points
Black	70%	67%	71%	+1 point
Latino	71%	73%	67%	-4 points
MENA	68%	72%	64%	-4 points

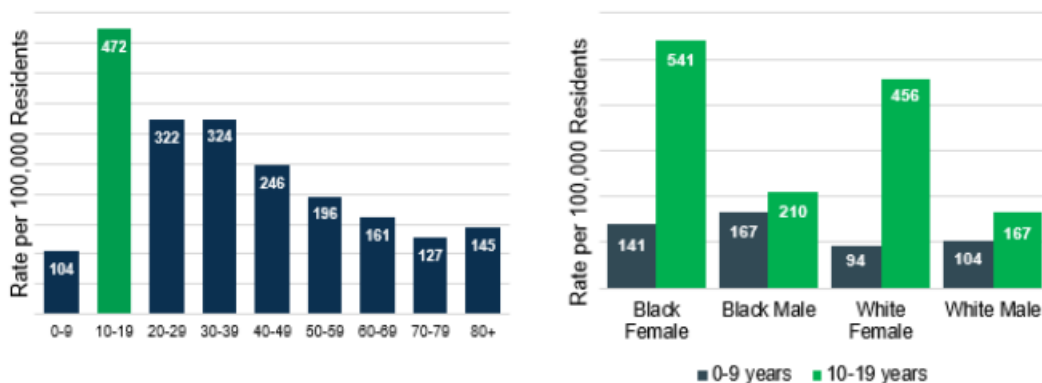
### Opportunities for Future Improvement

While it is encouraging for Michigan to be below national averages in substance use initiation, given the strong connection between drug use at an early age and developing an SUD later in life, it is important to continue delaying the age of first use. This is particularly

important for youth in key demographic or geographic groups facing elevated risk of SUD risk due to social determinants of health.

Emerging data highlight young women and girls, in particular Black young women and girls, who experience higher rates of emergency department visits for nonfatal overdose, often linked to co-occurring mental health conditions.

Four-Year Average Rate of All-Drug Overdose Among Females (left graph) and Among Residents 0-19 (right graph), 2020-2023



These findings underscore the need to build on existing awareness levels with more targeted, culturally responsive prevention strategies that address both substance use and mental health risk factors.

## Harm Reduction Goal: Increase use of harm reduction tools, improve community health and reduce overdose

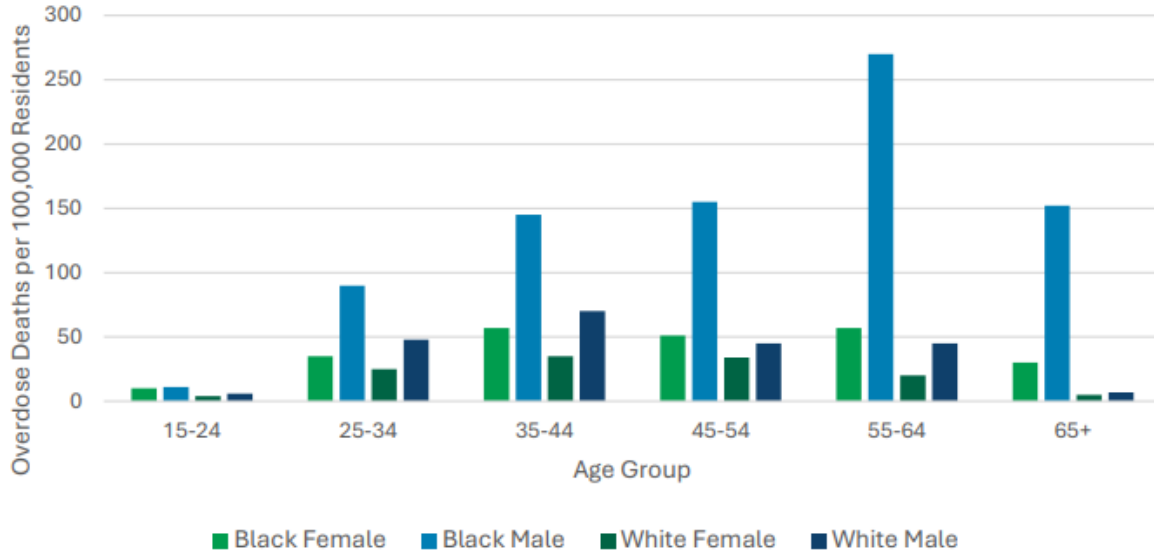
### Progress

Naloxone distribution and harm reduction efforts remain among the state’s most significant successes. A modeling study conducted by MDHHS in FY 25 shows that harm reduction efforts, including naloxone use, safer use supplies and infectious disease prevention, were associated with an estimated 1,600 lives saved, 13,200 emergency department visits averted, 4,000 less cases of HCV and more than 13,000 hospitalizations prevented.

### Opportunities for Future Improvement

In 2025, [MDHHS released a report](#), titled “Escalating Disparity: Drug Overdoses Disproportionately Impact Black Men in Michigan.” This report showed that Black men ages 60–69 have the highest overdose-related emergency department (ED) visit rate of any demographic group in the state. Fatal overdose rates reflect a similar trend. Black men in their 60s are dying of overdoses at rates up to 100 times higher than other groups.

Overdose Deaths per 100,000 Residents by Age Group, Race, and Sex, Michigan, 2023



In line with this data, older Black men are significantly less likely to access harm reduction and treatment services. According to the report, they are more likely to refuse EMS transport after an overdose, less likely to be screened for substance use in medical settings and 35 times less likely to be prescribed medications like buprenorphine than white patients. The reasons behind these disparities are complex and deeply rooted in structural racism, stigma, health care inequities and a long history of justified medical mistrust — and addressing these barriers will remain a priority for Michigan’s opioid response in 2026 and beyond.

Another opportunity for growth in harm reduction is ensuring consistent drug paraphernalia laws that protect harm reduction activities and supports statewide implementation.

### Treatment Goal: Increase capacity of SUD treatment providers through workforce development, improve access to treatment programming and improve retention in care

#### Progress

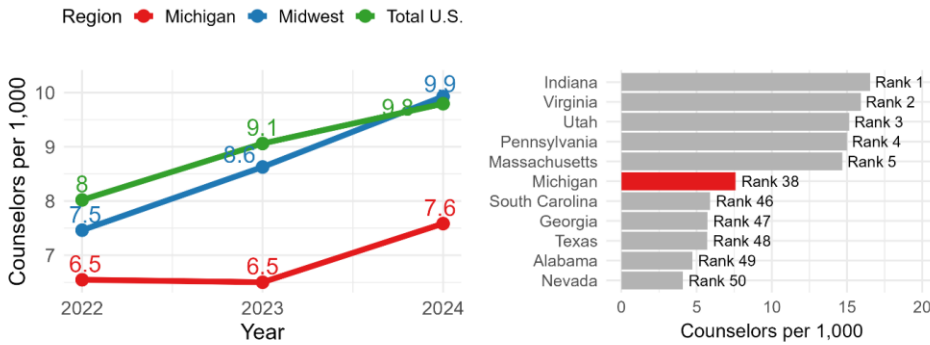
Workforce gaps affect treatment availability, waiting lists and service quality across the state. Michigan faces a severe behavioral health workforce shortage, with only 7.6 SUD counselors<sup>2</sup> per 1,000 persons (age ≥ 12) who met the criteria for a substance use disorder

<sup>2</sup> Includes addiction, behavioral disorder and mental health counselors (BLS occupational code 21-1018).

in 2024. This rate is 22% below the national average. However, it does represent improvement. In 2023, Michigan’s ratio was 29% below the national average.

**SUD, Behavioral Disorder, and Mental Health Counselors:  
Michigan's Trends and National Ranking**

Michigan ranks #38 nationally with 7.6 counselors per 1,000 people with SUD (2024)



**Data Notes:** Employment data from the U.S. Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics (OEWS). Includes counselors who advise and assist individuals suffering from alcoholism, drug addiction, mental health issues, and other behavioral problems. SUD population data (age ≥ 12) from the National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA).

*Opportunities for Future Improvement*

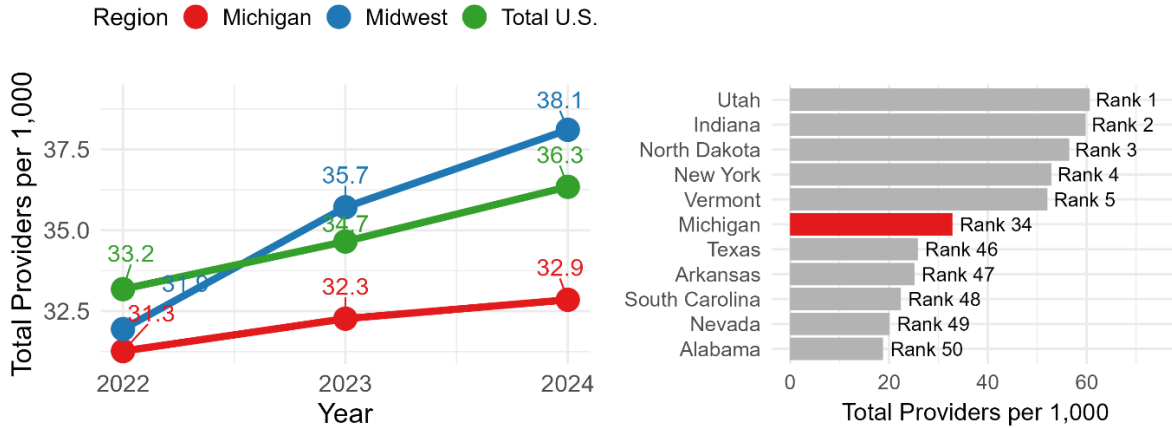
While some improvement was seen between 2023 and 2024, there is still substantial room for further growth in the number of SUD counselors in Michigan through targeted workforce development efforts. In recent years, that state has taken steps to strengthen workforce capacity by expanded treatment capacity, supporting provider infrastructure and prioritizing workforce development as part of its broader substance use response strategy.

However, when looking at the health care workforce providing services to people with SUD, including clinical and counseling psychologists, community health workers, emergency medicine physicians, mental health and substance abuse social workers, nurse practitioners, physician assistants, psychiatrists, social and human service assistants, and substance abuse, behavioral disorder and mental health counselors, there is even more work to be done.

Michigan ranked 34th among all states in the ratio of total SUD-related providers per 1,000 people with SUD in 2024. However, unlike SUD counselors, Michigan’s increases in SUD-related workforce providers lagged behind national trends.

## Total SUD-Related Workforce Providers: Michigan's Trends and National Ranking

Michigan ranks #34 nationally with 32.9 total providers per 1,000 people with SUD (2024)



**Data Notes:** Employment data from the U.S. Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics (OEWS). Occupations and BLS codes included for SUD-related workforce are clinical and counseling psychologists (19-3033), community health workers (21-1094), Emergency Medicine Physicians (29-1214), Mental Health and Substance Abuse Social Workers (21-1023), Nurse Practitioners (29-1171), Physician Assistants (29-1071), Psychiatrists (29-1223), Social and Human Service Assistants (21-1093) and Substance Abuse, Behavioral Disorder, and Mental Health Counselors (21-1018). SUD population data (age ≥ 12) from the National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA).

## Recovery Goal: Increase recovery housing solutions, improve recovery capital and increase access to all recovery pathways

### Progress

Housing instability also continues to impede long-term recovery. Statewide treatment data show that one in five (unique) individuals who went to and exited publicly funded SUD treatment at least once in 2024 lacks stable housing, increasing their vulnerability to relapse and overdose. This gap complicates care coordination and heightens risk during the transition from treatment to community reintegrating, reinforcing the importance of ongoing investments in both transitional and permanent supporting housing opportunities.

Recovery housing capacity has expanded in meaningful ways. Through the Recovery Housing Investment Program and targeted capital projects, Michigan has supported the creation of 100 new recovery beds statewide and 110 permanent supportive housing units, offering critical stability for individuals transitioning out of treatment or early recovery.



*Andy's Place (Spring 2025 updates) – Jackson, MI*

### *Opportunities for Future Improvement*

While strides have been made through initial investments in the recovery housing and permanent supportive housing spaces, building on these in future years is needed, especially in communities disproportionately impacted by SUD. Several communities throughout Michigan still have relatively few housing options for people in recovery. This includes both organization and peer-managed homes throughout the state, and larger developments in communities like Detroit and Genesee County. Multiple strategies for expanding housing in these communities are needed. In addition to the infrastructure, there is also a need for housing assistance to ensure individuals can afford to stay in whatever housing best meets their recovery needs.

## Where We're Going

Michigan's progress over the past several years demonstrates that a clear and coordinated strategy can meaningfully shift the trajectory of the opioid epidemic. Overdose deaths are declining, harm reduction efforts are preventing thousands of injuries and hospitalizations, and investments across prevention, treatment and recovery have expanded the state's capacity to meet community needs. These achievements underscore that Michigan's approach is working. However, they also reinforce that the opioid epidemic is still a crisis and Michigan must continue to treat it with urgency and sustained commitment.

Early improvements in statewide metrics, along with the progress outlined throughout this report, show that Michigan has moved the needle. Yet significant gaps remain. Racial and geographic disparities persist, workforce capacity continues to limit treatment access and housing instability undermines long-term recovery outcomes. Additionally, recent findings from the [African American Research Collaborative \(AARC\)](#) public awareness study reveal that many residents no longer perceive opioids as an urgent crisis, even as fatal and non-fatal harm continues. This disconnect highlights the need for localized communication efforts, targeted messaging and sustained public engagement to reinforce the seriousness of the epidemic and ensure communities remain both informed and supported.

In FY 26 and beyond, the state's focus will center on strengthening prevention and early intervention, sustaining and scaling up harm reduction efforts, expanding treatment access and workforce development, boosting recovery infrastructure, and advancing data and accountability systems. This includes enhancing the state's ability to measure progress by improving metrics, setting clearer statewide benchmarks, conducting regular treatment access surveys and supporting counties as they evaluate and refine their local strategies.

Michigan now has the foundation to move from a short-term response to long-term transformation. Continued progress will depend on sustained investments, strong local and tribal partnerships, and a consistent statewide narrative that reflects the urgency of the crisis and the measurable impact of Michigan's efforts. We have to continue to maintain a unified, evidence-based strategy in order to build on the gains achieved and ensure every Michigander has access to services and support needed to survive, recover and thrive.

### *Helpful Links*

While this report is a high-level overview of the direction of the Opioids Task Force and settlement fund investments, people interested in more data and detailed information may also refer to the [MDHHS website for opioids](https://www.michigan.gov/opioids) (URL: [Michigan.gov/opioids](https://www.michigan.gov/opioids)) and the [Michigan Attorney General's opioid settlement website](https://www.michigan.gov/ag/initiatives/opioids) (URL: [Michigan.gov/ag/initiatives/opioids](https://www.michigan.gov/ag/initiatives/opioids)).

The [Michigan Opioids Dashboard](https://www.michigan.gov/opioids/category-data) tracks overarching data on overdose deaths within the state of Michigan and contains links to reports studying trends and responses to the opioid epidemic. (URL: [Michigan.gov/opioids/category-data](https://www.michigan.gov/opioids/category-data)).

Additional information on Michigan's use of opioid settlement funding, including news, events and briefings can be found on the [state's Opioid Settlements website](https://www.michigan.gov/opioids/opioidsettlements) (URL: [Michigan.gov/opioids/opioidsettlements](https://www.michigan.gov/opioids/opioidsettlements)).

## Appendix.

Prevention: \$3.1 million

Funds Expended in FY 2025	Investment Description	Metrics and Deliverables
\$2,108,750	Funding for SUD Family Support Program and peer support for families vulnerable to child removal due to involvement with substance use.	<p>Key Outcomes</p> <ul style="list-style-type: none"> <li>- 94% of families who received the PP-PRC program during FY 25 remained intact.</li> <li>- 92% of families who received SUDFSP during FY 25 remained intact.</li> <li>- 97% of families who received SUDFSP during FY 24 &amp; FY 25 remained intact.</li> <li>- 69% of families who completed a SUDFSP 3-month follow-up remained engaged in recovery supports.</li> <li>- 66% of families who completed a SUDFSP 6-month follow-up remained engaged in recovery supports.</li> <li>- 100% of families who completed the survey were satisfied with the services they received.</li> </ul>
\$500,000	Funds to repurpose COVID testing sites into permanent neighborhood wellness centers and provide SUD resources.	<p>During FY 25, there were:</p> <ul style="list-style-type: none"> <li>- Nineteen operating centers supported to integrate harm reduction resources into their list of services.</li> <li>- Twenty-four naloxone trainings hosted at the wellness centers.</li> <li>- 3,423 naloxone kits distributed by wellness centers.</li> </ul>
\$325,939	Funding for hospitals to create capacity for "rooming-in" mothers and infants with Neonatal Abstinence Syndrome (NAS) a place to stay in the days after birth.	<p>During FY 25, there were:</p> <ul style="list-style-type: none"> <li>- Fifty-seven families served by supported rooming in programs, staying on average between three and five days.</li> </ul>

<p>\$1,746,754</p>	<p>Prevention Media Campaign</p>	<p>In total, the campaign delivered 223,846,322 impressions, 77,328,335 video views, 144,788 clicks to the website and \$1,051,399 worth of added value.</p> <ul style="list-style-type: none"> <li>- The most impressions were delivered through outdoor B=billboards with 35,089,100 impressions served.</li> <li>- The most video views were served through Connected TV, Hulu and YouTube with 47,269,120 views.</li> <li>- Digital display ads drove the most clicks to the website with 71,786 clicks.</li> <li>- MAB TV &amp; Radio and MCTA amplified the message statewide delivering \$1,004,853 worth of added value.</li> <li>- With the launch of paid media in November 2024, website visits jumped from 3,663 in October to 19,696 in November.</li> </ul>
<p>\$70,000</p>	<p>Healthy Outcomes Positive Experience Framework (HOPE)</p>	<p>During FY 25</p> <ul style="list-style-type: none"> <li>- 175 school personnel participated in HOPE 101 Framework Trainings within three school districts impacting more than 2,000 students/families.</li> <li>- 250 Families/Parents participated in HOPE 101 Framework Trainings.</li> <li>- 167 Community Partners were trained in HOPE 101 Framework Training.</li> <li>- 15,975 Public Health professionals participated in HOPE 101 &amp; 102 Framework Trainings and Technical Assistance Trainings.</li> </ul>
<p>\$1,731,613</p>	<p>Contracts for multi-disciplinary “Quick Response Teams” to respond and offer services following an SUD-related emergency.</p>	<p>During FY 25, 10 operating QRTs did the following:</p> <ul style="list-style-type: none"> <li>- 1,526 individuals, public safety personnel and community organizations received QRT training.</li> <li>- 21,075 naloxone kits distributed.</li> <li>- 12,719 drug testing strips distributed.</li> <li>- 1,008 individuals engaged by QRTs.</li> <li>- 874 referrals to treatment.</li> <li>- 810 referrals to recovery supports.</li> <li>- 1,284 referrals to other supports.</li> </ul>
<p>\$250,000</p>	<p>Overdose Fatality Review (OFR) Teams</p>	<p>During FY 25:</p> <ul style="list-style-type: none"> <li>- Sixteen counties received technical assistance to launch or support overdose fatality review teams.</li> </ul>

		<ul style="list-style-type: none"> <li>- A total of 36 OFR meetings were supported, resulting in the review of 41 overdose cases and the development of 154 actionable recommendations to inform local prevention strategies.</li> </ul>
\$200,000	Support the Teen PEACE project at Corewell Health Teen Health Center.	<p>During FY 25:</p> <ul style="list-style-type: none"> <li>- 199 youth and family members received prevention education and mental health support.</li> <li>- Fourteen prevention and education workshops delivered on topics such as stress management, substance use awareness, healthy relationships and emotional regulation.</li> <li>- Seventy-eight parents trained in mental health awareness, stress management, communication skills and building resilience within families.</li> <li>- Eighty-seven referrals provided to community-based behavioral health services, social support agencies and academic counselors to address identified needs.</li> <li>- Partnered with six schools and four community organizations to expand outreach and access to prevention education.</li> </ul>
\$411,547	Funding to host the Opioid Coalition Academy, which gives communities tools to develop and sustain prevention strategies.	<p>As of the end of FY 25 there were:</p> <ul style="list-style-type: none"> <li>- A total of six weeks of training, four days per week (two cohorts, each with three weeks of training).</li> <li>- Twenty-five total coalitions attended.</li> <li>- Sixty-three Individuals attending at least one of the weeks of training.</li> <li>- All but one coalition graduated and completed the required products.</li> </ul>
\$200,000	Funding to support Michigan Adolescent Pregnancy & Parenting Program to provide a holistic and culturally	<p>During FY 25:</p> <ul style="list-style-type: none"> <li>- Ninety-two expectant and parenting mothers served.</li> <li>- Eighteen fathers engaged.</li> <li>- Eleven steering committee meetings conducted.</li> <li>- One youth advisory council established.</li> <li>- Seventy-eight referrals for child care,</li> </ul>

	responsive approach that promotes educational attainment, emotional wellness and family resilience.	housing and behavioral health support. - One FTE success coach hired at Pathways Academy (Detroit).
--	---	--

**Harm Reduction: \$5.9 million**

<b>Funds Expended</b>	<b>Investment Description</b>	<b>Metrics and Deliverables</b>
\$6,512,621	Support Harm Reduction Agencies in Expanding Service Provision.	These funds supported: <ul style="list-style-type: none"> <li>- Thirty-seven operating programs.</li> <li>- 145 operating sites throughout the state.</li> </ul> During FY 25, these organizations recorded: <ul style="list-style-type: none"> <li>- More than 165,000 service encounters.</li> <li>- More than 5,500,000 syringes distributed.</li> <li>- More than 100,000 naloxone kits distributed.</li> <li>- 4,300 referrals to SUD treatment made.</li> <li>- 150,000 test strips distributed.</li> <li>- 1,000 HCV tests conducted.</li> </ul>
\$2,432,172	Funding to increase the distribution of naloxone through the state portal.	During FY 25, this investment allowed for: <ul style="list-style-type: none"> <li>- 101,064 naloxone kits to be distributed.</li> </ul>

**Treatment: \$9.8 million**

<b>Funds Expended</b>	<b>Investment Description</b>	<b>Metrics and Deliverables</b>
\$1,293,975	Loan repayment to increase providers offering medications for opioid use disorder (MOUD) to Medicaid recipients.	During FY 25: <ul style="list-style-type: none"> <li>- Seventy-four providers were supported.</li> <li>- 1,286 patients were supported by providers.</li> </ul>

\$1,500,000	Increase access to MOUD in jails by providing jails with technical assistance and funding.	During FY 25 there were: <ul style="list-style-type: none"> <li>- Twenty-four county Jails receiving technical assistance and funding.</li> <li>- MOUD initiations: 1,181.</li> <li>- Naloxone Units Dispensed: 12,708.</li> </ul>
\$3,188,605	Recovery Incentives	<ul style="list-style-type: none"> <li>- Six participating PIHP Regions.</li> <li>- Fifty-two providers offering Recovery Incentives.</li> <li>- 150 patients enrolled.</li> </ul>
\$1,000,000	MDOC MOUD	548 sublocade medications provided to patients at Michigan Department of Correction (MDOC).
\$1,000,000	ED MOUD	Supported hospitals with technical assistance on MOUD, developed resources and explored sustainability options of ED MOUD.
\$234,308	SUD Treatment Provider Infrastructure Support.	List Psychological Services wrapped up the renovation of their new outpatient treatment location in downtown Sandusky, MI, and Sacred Heart broke ground on a new outpatient and residential treatment facility in Berrien Springs which has an anticipated opening date of spring 2026.

**Recovery: \$9.8 million**

Funds Expended	Investment Description	Metrics and Deliverables
\$3,000,000	Funding community organizations to acquire and establish certified recovery homes.	Support six organizations to acquire 19 properties and establish 109 certified recovery beds.
\$3,000,000	Funding for community organizations and treatment	During FY 25, to help individual attend appointments or access other services, funded organization provided: <ul style="list-style-type: none"> <li>- 31,031 rides.</li> </ul>

	providers to offer transportation to help people access services.	<ul style="list-style-type: none"> <li>- 9,920 bus passes.</li> <li>- 1,707 gas cards.</li> <li>- 2,571 taxi trips.</li> </ul>
\$467,500	Recovery Support Services	<p>During FY 25, 10 recovery community organizations were supported.</p> <ul style="list-style-type: none"> <li>- These organizations were spread across the state, including one in the Upper Peninsula, and in high need cities such as Detroit, Jackson, Lansing and Flint.</li> <li>- They provided recovery support meetings, recovery coaching, transportation and multiple community recovery events.</li> </ul>
\$3,000,000	Funding to support the expansion of Andy’s Place permanent supportive housing.	During FY 25, Andy’s Place completed an expansion that added 26 new permanent supportive housing units, including 11 tailored for people with families.

**Maximizing Impact: \$3.3 million**

In FY 25, approximately \$3.3 million in opioid settlement funding was invested to maximize the impact of Michigan’s opioid response through strategic planning, coordination and accountability. These funds supported technical assistance to local governments as they planned and implemented their settle investments, helping ensure alignment with evidence-based strategies and statewide priorities. Investments also strengthened epidemiological and data capacity, grant administration and oversight, strategic planning and staff support — all critical functions that enable data-driven decision-making, effective implementation and continuous evaluations of outcomes across the state.

## Opioid Task Force Membership

### *Chair*

Dr. Natasha Bagdasarian, chief medical executive for the state of Michigan

### *Michigan Government Executive Branch Members*

- Elizabeth Browne, materials management division director, Michigan Department of Environment, Great Lakes, and Energy (EGLE)
- Col. James Grady II, director, Michigan State Police (MSP)
- Karin Gyger, chief deputy director, Michigan Department of Insurance and Financial Services (DIFS)
- Marlon Brown, director, Michigan Department of Licensing and Regulatory Affairs (LARA)
- Evilia Jankowski, state school nurse consultant, Michigan Department of Education (MDE)
- Brian Love, director, Michigan Veterans Affairs Agency (MVAA)
- Marti Kay Sherry, Bureau of Health Care Services administrator, Michigan Department of Corrections (MDOC)
- Andrew Smith, problem-solving court manager, Michigan Supreme Court
- Thomas Stallworth III, senior advisor, Michigan Department of Health and Human Services (MDHHS)
- Kim Trent, deputy director for prosperity, Michigan Department of Labor and Economic Opportunity, (LEO)
- Matthew Walker, assistant attorney general, Michigan Department of Attorney General (AG)

### *PIHP Region Representatives*

- Greg Toutant, Region 1, executive director of Great Lakes Recovery Centers, Inc.
- Caitlin Koucky, Region 2, executive director of Community Recovery Alliance
- Stephen Alsum, Region 3, executive director at Grand Rapids Red Project
- Bradley Casemore, Region 4, chief executive officer at Southwest Michigan Behavioral Health
- Samuel Price, Region 5, president of Ten16 Recovery Network
- Amanda Scott, Region 6, director of prevention programs at Detroit Recovery Project
- Darlene Owens, Region 7, vice president of programs at Detroit Rescue Ministries
- Kristie Schmiedege, Region 8, director of strategic initiatives at the National Council of Alcoholism and Drug Dependence – Greater Detroit Area

- Helen Klingert, Region 9, director, Substance Use Services at Macomb County Community Mental Health
- Kimberly Shewmaker, Region 10, retired director of program operations, Flint Odyssey House Inc. (Resigned Sept. 2025)

### *Subcommittee Members*

#### MDHHS Leadership

- Dr. Natasha Bagdasarian
- Thomas Stallworth
- Jared Welehodsky
- Katie Abraham

#### Prevention

- Lisa Coleman: Prevention pillar co-lead
- Kristie Schmiege: Prevention pillar co-lead
- Jacob Roemer: Prevention Pillar MDHHS epidemiologist
- Kelly Ainsworth (Joined August 2025)
- Dayna Bennett
- Samatha Borowiak
- Antwan Brown
- Elizabeth Brown
- Mona Hijazi
- Amber Horwitz
- James Hoyt
- Haley Kehus
- Brian Love
- Sean McCabe
- Steffany Muirhead
- Logan O'Neil
- Rachel Rhodes
- Nicole Storteboom
- Alexandra Williams
- Haley Winans

#### Harm Reduction

- Darlene Owens: Harm reduction pillar co-lead
- Seth Eckel: Harm reduction pillar co-lead

- Zekiye Salman: Harm reduction pillar co-lead MDHHS staff support
- Macey Ladisky: Harm reduction pillar co-lead MDHHS staff support
- Nick Miller: Harm reduction pillar MDHHS epidemiologist
- Stephen Alsum
- Anna Falkowski
- Col. James Grady
- Jasmine Hardy
- Pam Lynch
- Logan O’Neil
- Teresa Springer
- Matthew Walker
- Cornelius Williams

### Recovery

- Brandon Hool: Recovery pillar co-lead
- Samuel Price: Recovery pillar co-lead
- Megan Zabinski: Recovery pillar MDHHS epidemiologist
- Glynis Anderson
- Donna Appold-Dunn
- Devetta Blakely
- Samatha Borowiak
- Kyle Hanshaw
- Andre Johnson
- Caitlin Koucky
- Brenda Maks
- Logan O’Neil
- Salvatore Russo
- Amanda Scott
- Kimberly Shewmaker
- Andrew Smith
- Angela J. Smith-Butterwick
- Matt Statman
- Katie Stojisih
- Ronnie Tyson

## Treatment

- Angela J. Smith-Butterwick: Treatment pillar co-lead
- Greg Toutant: Treatment pillar co-lead
- Andrew Alshab: Treatment pillar MDHHS epidemiologist
- Stephen Alsum
- Dr. Chad Audi
- Brad Casemore
- Philip Chvojka
- Heather Hosey
- Helen Klingert
- Dr. Steve Logan
- Dr. Dani Meier
- Logan O'Neil
- Darlene Owens
- Jacob Roemer
- Kristie Schmiede
- Daid Schneider
- Amanda Scott
- Marti Kay Sherry
- Kim Trent
- Cornelius Williams