

final minutes

Opioid Advisory Commission (OAC) Meeting

10:00 a.m. • October 12, 2023

Legislative Conference Room • 3rd Floor Boji Tower Building
124 W. Allegan Street • Lansing, MI

Members Present:

Sheriff Daniel Abbott
Brad Casemore
Judge Linda Davis
Katharine Hude
Scott Masi
Mario Nanos
Patrick Patterson
Dr. Cara Poland
Kyle Rambo

Members Excused:

Mona Makki
Dr. Sarah Stoddard

Ms. Tara King serving as Program Coordinator to the Commission was in attendance.

Ms. Jennifer Dettloff serving as ex-officio to the Commission was in attendance.

Director Hertel serving as ex-officio to the Commission was in attendance.

I. Call to Order

The Chair called the meeting to order at 10:01 a.m.

II. Roll Call

The Chair asked the clerk to take roll. The clerk reported a quorum was present. The Chair asked for absent members to be excused.

III. Approval of the September 14, 2023, Meeting Minutes

The Chair directed attention to the proposed minutes of the September 14, 2023, meeting and asked if there were any changes. **Mr. Patterson moved, supported by Sheriff Abbott to approve the minutes of the September 14, 2023, meeting minutes. There was no further discussion and the Chair asked for a roll call vote. The motion prevailed and the minutes were approved.**

The Chair welcomed and introduced Assistant Attorney General Matt Walker to the meeting.

IV. Committee Member Appointments Update

The Chair indicated the Commission has not yet received confirmation of appointments to those members of the Commissions whose terms expired in July and expressed members currently in place will remain. The clerk will alert the Commission when confirmation is received from leadership.

The Chair announced newly appointed member to the Commission, Sheriff Daniel Abbott of Van Buren County.

Sheriff Abbott expressed appreciation and gratitude in working with the Commission.

V. Public Comment

The Chair asked if there were any comments from the public.

The Chair recognized Mr. Sean Forbes representing Recovering Homes. Mr. Forbes provided materials to the Commission.

The Chair recognized Assistant Attorney General Matt Walker. Mr. Walker provided feedback on use of language and understanding of language in OAC materials.

VI. OAC Key Items and Activities

The Chair directed attention to Ms. King to open discussion around key items and activities.

Ms. King provided materials for Commission discussion.

- General Updates
- Community Engagement and Planning Collaborative

Mr. Rambo moved to approve the Community Engagement and Planning Collaborative as presented, supported by Judge Davis to approve Community Engagement and Planning Collaborative as presented. There was no further discussion and the Chair asked for a roll call vote. The motion prevailed and the motion was approved.

Yeas – 8

Nay - 0

Sheriff Daniel Abbott
Brad Casemore
Judge Linda Davis
Scott Masi
Mario Nanos
Patrick Patterson
Dr. Cara Poland
Kyle Rambo

Ms. Hude stepped out of the meeting prior to motion and roll call vote.

- Quarterly Bulletin – October 2023

Ms. King indicated figures shown in the draft are estimates and not to be considered confirmed figures. Ms. King noted will be working with Assistant Attorney General Matt Walker to assist in receiving confirmed information.

The Commission had further discussion on use of language, placement of charts, diagrams, other figures, and the use of links to reference additional information in preparations for final draft review.

The Chair asked Commission members to follow-up with Ms. King with comments from discussion by Friday, October 20, 2023.

The Chair called for break at 11:08 a.m.

The Chair called the meeting to order at 11:16 a.m. The Chair asked the clerk to take roll. The clerk reported a quorum was present. The Chair asked for absent members to be excused.

Members Present:
Sheriff Daniel Abbott
Brad Casemore
Judge Linda Davis
Katharine Hude
Scott Masi
Mario Nanos
Patrick Patterson
Dr. Cara Poland
Kyle Rambo

Members Excused:
Mona Makki
Dr. Sarah Stoddard

The Chair directed attention to Ms. King to continue discussion around key items and activities.

Ms. King directed attention to the materials provided to continue discussion.

- “Community Voices” Initiative
 - Michigan Opioid Settlement Funds: Community Impact Survey
 - Community Listening Sessions
 - Engagement Efforts/Community Drop-Ins/Partner Roundtables
- Tribal Outreach Plan

VII. Commission Member Comment

The Chair asked if there were any comments from Commission members.

Judge Davis suggested the Commission reach out to key legislators as a follow-up once the report is sent to legislators.

The Chair asked Commission members to share follow-up recommendations along with other comments from previous discussion by Friday, October 20, 2023, to Ms. King.

Mr. Nanos asked Sheriff Abbott what program meant the most that he helped implement. Sheriff Abbott responded by getting involved with the specialty courts.

VIII. Next Meeting Date: Thursday, November 16, 2023

The Chair announced the next meeting date for Thursday, November 16, 2023, at 10:00 a.m.

The Chair reminded Commission members a majority of seven (7) Commission members in attendance is required to conduct Commission business and instructed Commission members to let the clerk know if availability has changed.

IX. Adjournment

There being no further business before the Commission the Chair adjourned the meeting at 12:00 p.m. with unanimous support.

Recovery Residence

The National Center for Drug Abuse Statistics (NCDAS) site says that one-third of all drug rehabilitation in Michigan is due to Heroin. Each person, on average, costs \$ 13,475, with nearly 45k people annually visiting a drug rehabilitation center in Michigan. Utilizing the environment of recovery residence costs an average of \$600 a month plus one staff per 20 residents to facilitate the homes at roughly \$55k a year. Using medically assisted treatment modalities with the residents can increase the outcome and decrease recidivism.

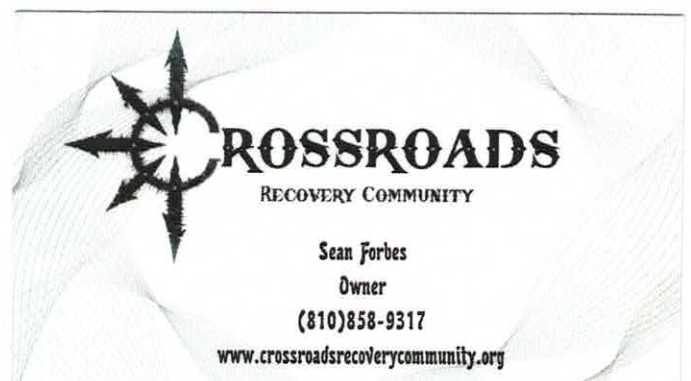
MOUD (medications for opioid use disorder) or MAT (medically assisted treatment) in opiate use disorder is an evidence-based practice that shows staggering results when accompanied by clinical and recovery support in a safe environment. Each form of MOUD or MAT, such as Suboxone, Subutex, Methadone, and Vivitrol, comes with barriers, yet it is an effective treatment for the disorder. The hurdles outweigh the cost of this cost-effective treatment route. Utilizing this type of treatment within the confines of a recovery residence can increase the results by requiring added recovery support, life skills, and clinical modalities to significantly decrease the recidivism rates in the community, increase the number of supportive members, and help reduce the stigma of those using these treatments.

According to the CDC, nearly 11,000 dollars on average taxpayers for every opioid overdose. The number of fatal overdoses is now an average of 105 people a day nationwide. A critical factor in these treatment modalities is the reduction of overdoses.

Reducing services and less time in inpatient treatment is a large part of the reduction in the cost of services. After withdrawal management, the services rendered at an inpatient facility can be utilized in an outpatient environment if the monitoring of the participant continues with a level of accountability for use. Each service provided can be outsourced by a recovery residence and monitored to ensure adherence to the programming. Therefore, reducing services could happen quicker, giving a more cost-effective and less restrictive option than just residential inpatient treatment alone.

One of the most significant gaps in treatment is the adherence to aftercare from inpatient treatment. This gap has been attempted to be filled in many ways, such as the “warm hand-off” or execution of “direct-to-services” release. None of which gives the accountability of a recovery residence program that is behavioral in a manner that implements protocols to require outpatient services such as therapy, medication management, and recovery-based programming.

Utilizing the recovery community organizations, peer coaching, and recovery residences to work in unison will give an all-wellbeing approach to aftercare. Using funds to help increase the gaps in services and use the effectiveness of firsthand experience in conjunction with a community of recovery and a safe environment will allow for improved results.



Cost of Recovery Residence Per 20 Clients

Estimated Total Per Facility (Year 1 = \$166,000) (Years 2-10 = \$136,000/year)

1. Initial Start-up (one-time cost per facility) x2	\$30,000
2. Data Tracking and Analysis	\$5,000
3. Staffing cost	\$55,000
4. Lease per facility (10 residents) x2	\$36,000
5. Operational Costs	\$40,000
Total Year 1 (including set up)	\$166,000

This treatment model is \$22.75 a day per resident with one staff and two homes that can each fit ten people for the first year and \$18.63 a day after the first year. This is a rough cost of \$600 per month per person.

Opioid Advisory Commission

Per [Public Act 84 of 2022](#) (MCL 4.1851), the Opioid Advisory Commission (OAC) serves to advise the state legislature relative to Michigan's opioid crisis by establishing priorities to address substance use disorders and co-occurring mental health conditions, identifying strategies to reduce disparities in access to health and behavioral health services, assessing the impact of state opioid settlement funds, and making recommendations on funding and policy.

Community Engagement & Planning Collaborative (CEPC)

Statement of Purpose: To support and advise the Opioid Advisory Commission (OAC) on key priority areas related to community engagement and health equity. The CEPC will achieve this through:

- Collaboration with Michigan communities and Tribes;
- Awareness and inclusion of the needs and desires expressed by specific communities, directly impacted by the opioid epidemic;
- Informed dialogue with culturally diverse populations (e.g. racial, ethnic, economic, geographic, gender identity/sexual identity), impacted throughout the state.

Priority Areas

1. **Community Engagement:** Identifying potential barriers to community inclusion efforts and recommending solutions; researching, developing, and expanding community engagement activities; identifying strategies to enhance community partnerships; identifying strategies for community inclusion and representation in state opioid advisory spaces; identifying community-specific and/or population health considerations for overdose prevention.
2. **Reducing Health Disparities:** Developing strategies to reduce disparities in access to health care, prevention, treatment, recovery, and harm reduction services for individuals with substance use disorders (SUD), mental health conditions, co-occurring disorders (COD), and individuals who use substances. Determining community-specific and/or population health considerations for prevention, treatment, recovery, and harm reduction services. Identifying and determining strategies to address root causes of health disparities and drivers/determinants of health.
3. **Planning and Assessment:** Developing key indicators for "opioid abatement"¹; identifying frameworks and measures to assess state progress.
4. **Applying an Equity Lens to Review of all OAC Operations, Activities & Products:** Ensuring all OAC recommendations, products and projects, and activities are developed with attention to equity, inclusion, and diversity; identifying equitable practices for activities within the broader state opioid settlement space; identifying and implementing equitable practices for activities of all OAC work groups.

¹ "Opioid abatement" may be defined as the condition(s) in which impacts from the state's opioid epidemic are mitigated and/or lessened in severity. "Opioid abatement and remediation" include "programs, strategies, expenditures, and other actions designed to prevent and address the misuse and abuse of opioid products and treat or mitigate opioid use or related disorders or other effects of the opioid epidemic." A general definition for "opioid abatement and remediation purposes" is found in Tennessee's statutory language of [Public Charter 491](#). The definition encompasses multiple references from both national settlement language and State guidance. For the purpose of identifying a single definition where one did not exist for Michigan, Tennessee's statutory language has been used.

OPIOID ADVISORY COMMISSION

Community Engagement & Planning Collaborative (CEPC)

Approval Date: October 5, 2023

Confirmation Date: TBD

Review Date: TBD

This charter constitutes the rationale, structure, operations, membership, and responsibilities of the Opioid Advisory Commission's Community Engagement and Planning Collaborative (advisory workgroup). The charter will be reviewed on an annual basis and will follow an iterative process, with the possibility for more frequent revisions/modifications based on the need(s), directive(s), and/or requirements of the state legislature, legislative council, and/or the Opioid Advisory Commission.

Purpose

The Community Engagement and Planning Collaborative (CEPC) is intended to promote partnership and dialogue with Michigan communities and Tribes related to deployment of state and local opioid settlement funds, while assisting the OAC in fulfillment of its [statutory functions](#). The CEPC will improve direct engagement with Michigan's communities and Tribes, helping better inform Commission understanding of (a) community needs, gaps, and priorities; (b) cultural considerations for recommendations of the OAC to the State legislature; considerations of diversity, equity and inclusion for recommendations of the OAC to the State legislature; (c) strategies to reduce disparities in access to prevention, treatment, recovery and harm reduction services; (d) community/cultural considerations for overdose prevention; (e) community-specific goals and implementation strategies related to treatment and recovery services for substance use disorders (SUD), mental health conditions and co-occurring disorders (COD); (f) opportunities to enhance community/Tribal engagement activities; and (g) possible service innovations.

Rationale

In accord with [national guidance](#), the OAC recognizes that community inclusion is critical to any discussion of opioid settlement planning and implementation; ongoing dialogue about community gaps, priorities, recommendations, and cultural considerations is paramount to informed decision-making.

While members of the OAC are legislatively appointed, there are no statutory requirements ([MCL 4.1851](#)) that provide for equitable community or Tribal representation. The CEPC would help promote equity through strategic community partnerships, enhancing statutory functions of the OAC and acting as a direct conduit between communities and the Commission.

Considerations of equity should be made in consultation with racial/health equity experts and community/Tribal leaders. Initial suggestions include but are not limited to, prioritization of representatives from Michigan's "vulnerable communities" as measured by Michigan Department of Health and Human Services' [Substance Use Vulnerability Index](#) (MI-SUVI "Z" Score; 75th to 100th percentile) or other comparable/suggested measure(s); Tribal representation is prioritized, irrespective of community assessment/measure.

Responsibilities and Duties

The CEPC will operate as an advisory body to the OAC on community-specific needs, gaps, priorities, and cultural considerations for matters concerning opioid settlement funding and/or policy recommendation(s) to the state legislature.

The CEPC may operate as a steering committee for any key initiatives of the OAC, as so determined by the OAC, the legislative council, and/or the state legislature.

The CEPC may provide recommendations, formal and/or informal, for consideration by the OAC for inclusion in quarterly and/or annual reports.

Recommendations may address the following priority areas, noting areas of “Community Engagement” and “Health Equity”, as those highest prioritized (July 2023):

Community Engagement

Identifying potential barriers to community inclusion efforts and recommending solutions; researching, developing, and expanding community engagement activities; identifying strategies to enhance community partnerships; identifying strategies for community inclusion and representation in state opioid advisory spaces; identifying community-specific and/or population health considerations for overdose prevention.

Health Equity—Reducing Health Disparities

Developing strategies to reduce disparities in access to health care, prevention, treatment, recovery, and harm reduction services for individuals with substance use disorders (SUD), mental health conditions, co-occurring disorders (COD), and individuals who use substances. Determining community-specific and/or population health considerations for prevention, treatment, recovery, and harm reduction services. Identifying and determining strategies to address root causes of health disparities and drivers/determinants of health.

Planning and Assessment

Developing key indicators for "opioid abatement"; identifying frameworks and measures to assess state progress.

DEI Review—Applying an Equity Lens to Review of all OAC Operations, Activities & Products

Ensuring all OAC recommendations, products and projects, and activities are developed with attention to equity, inclusion, and diversity; identifying equitable practices for activities within the broader state opioid settlement space; identifying and implementing equitable practices for activities of all OAC work groups.

Leadership Structure and Roles

Leadership Structure

A semi-formal leadership structure, including team leaders for different focus areas, as determined by consensus or vote, will be utilized by the CEPC, with opportunity for annual review and possible restructuring, as determined necessary by the group. An annual review of existing leadership structures/roles will occur as part of the annual charter review.

Leadership Roles

Inclusion of team leaders (“team leads”) within the workgroup will (a) provide a structure for organization and coordination of key tasks, (b) support workflow processes, (c) offer guidance for fellow members, (d) provide access points for coordination with OAC staff and/or Commission members.

Team leads will support the workgroup in executing its mission, goals, and objectives, as defined in its charter (to be developed). Team leads may also support a direct line of contact between the workgroup and the Commission, beyond that provided by OAC staff.

Team Leads: Roles and Responsibilities

General roles and responsibilities for team leads may include but not be limited to the following:

- Regular planning, collaboration, and coordination with OAC staff.
- Direct reporting (verbal and/or written) to OAC members, at OAC meetings.
- Facilitation and coordination of focus/break-out groups and/or subcommittees.
- Planning, development, and implementation of key projects.
- Communication, delegation, coordination, and monitoring of tasks related to workgroup projects, goals, and objectives.

Selection Process and Term Limits

A maximum number of five (5) team leads will be selected for the CEPC. Generally, team leads will serve a **one-year term**, with annual review to align with review of the group charter. Team leads may be re-selected based group consensus or vote.

Extended terms (past the one-year limit) may be adopted to support project continuity and/or completion, and as determined necessary by the CEPC. If applicable, determination of term extensions will occur by group consensus or vote.

The role of a team lead is considered voluntary. Member(s) selected and confirmed to serve in team leadership roles may discontinue their service at any time.

Group Facilitator(s)

The OAC Coordinator will act as the primary facilitator for the full workgroup and primary liaison for the CEPC and members of the Opioid Advisory Commission and/or state legislature.

Every effort shall be made by the group facilitator(s) to support coordination with team leads for purposes of meeting planning and collaborative, co-facilitation of group meetings and/or subcommittees. Noting team leads retain primary facilitation responsibilities for all subcommittees.

Additional facilitators, including but not limited to former OAC member(s), may be included to support co-facilitation efforts of the full workgroup. Formal inclusion of non-member co-facilitator(s) will be reviewed and confirmed by the group, prior to formal inclusion.

Membership

Expectations and Term Limits

- Participation on the CEPC is entirely voluntary; members may choose to end their participation at any time.
- Members on the CEPC will serve a two-year term, with the initial cohort beginning on September 7, 2023, and ending September 6, 2025.

- Members and member designees are expected to have an understanding of the Opioid Advisory Commission and statutory requirements of the Opioid Advisory Commission, as outlined by Public Act 84 of 2022 ([MCL 4.1851](#)).
- Members and member designees are expected to have an understanding of the Community Engagement and Planning Collaborative, as outlined in this charter.
- Members and/or designees, are expected to attend at least half of all scheduled meetings of the CEPC.

Member Designees

- Members may choose to identify a designee for participation on the CEPC. The primary function of a designee is act on behalf of the workgroup member—attending/participating in meetings, in the absence of a formal member.
- If applicable, identification of a designees should be made by members, to the facilitator(s), at earliest possible date.
- Member designees will be included on all group correspondence and all virtual meeting invitations—however for purposes of meeting participation and/or decision-making, attendance/involvement should be limited to the formal member **or** member designee—not both individuals.

Candidate Representation: Key Sectors and Fields

Minimum representation on the CEPC is recommended for the following key sectors and fields:

- State government (state departments)
- Local government (counties/municipalities/townships)/representative agencies for local government
- Tribal government (Tribes)/representative agencies, as designated by the Tribes
- Community mental health and public SUD providers
- Non-profit community foundations
- Non-profit social service organizations
- Community and/or public health organizations
- Emergency, transitional, and/or recovery housing organizations
- Recovery Community Organizations (RCOs)
- Criminal-legal system and/or organizations serving justice-impacted persons
- Faith-based communities
- *Leaders/experts in racial equity and/or health equity*
- *Leaders/expert(s) in community engagement*

Candidate Eligibility and Prioritization

Membership with the CEPC shall be considered for individuals who possess:

- Employment/affiliation/expertise with key sector(s)/fields.
- Employment/residency/affiliation with priority/vulnerable communities, as determined by the Michigan Substance Use Vulnerability Index ([MI-SUVI](#)).
- Prioritization of Tribal partners will be made, independent of geographic location.
- Prioritization of individuals who represent multiple key sectors/fields will be made.
- Prioritization of individuals who represent communities of color and Indigenous populations, lived experience (with substance use disorders, mental health conditions, co-occurring disorders and/or involvement in the criminal-legal system) and LGBTQ+ communities.

Candidate Referral Process

Candidate referrals will be addressed on a quarterly basis, aligning with the first month of the fiscal quarter, with the possibility for referral, review, and inclusion of new members, at any time, as determined necessary by the CEPC or as otherwise directed by the OAC.

Member referral sources include OAC members, OAC staff, current members of the CEPC, community stakeholders, key offices/state departments, and Tribal partners.

A referral method was utilized to identify candidates for the initial 2023-2025 cohort.

Decision-Making Context and Scope

The majority of all decisions made by the CEPC will occur by consensus or group agreement, with the noted possibility for group vote, in circumstances determined necessary/appropriate by the CEPC. Determinations of team leadership positions are considered a necessary/appropriate circumstance in which group vote may be utilized.

For purposes of a group vote, 10 members will constitute quorum and vote may occur during a regularly scheduled meeting or through electronic, web-based survey, in which the identity of voting members will be known only to co-facilitators.

Decisions including, but not limited to the following items may be made by the CEPC:

- Adoption of and/or modification to a group charter.
- Selection of members to serve in team leadership positions.
- Inclusion of new members to the workgroup.
- Development, enhancement, and/or confirmation of any products of the workgroup, including but not limited to formal recommendations to the OAC.
- General operations of the CEPC.

Meetings

Meetings of the CEPC will be held virtually, at a monthly frequency from 11:00a-12:30p on the first Thursday for the month. Alternative dates and/or group cancellation may occur due to coverage needs and/or office closure of the state legislature. Notification of meeting cancellations will be provided by group co-facilitators and/or team leaders.

Meetings of the CEPC will follow a semi-formal structure, with the inclusion of an agenda and meeting summary, to be developed and provided to all members (via email).

Session structure may vary depending on the formation of subcommittees.

Subcommittees

Subcommittees may be formed based on group interest and/or operational need. If formed, subcommittees are suggested to be organized around priority areas of the CEPC (see “Responsibilities and Duties”) and encouraged to be held during regularly scheduled meeting time of the workgroup.

A suggested meeting structure, with the inclusion of subcommittees, is as follows:

11:00a-11:15a: Full group convenes
11:15a-12:15p: Subcommittees convene (break-out session)
12:15p-12:30p: Full group reconvenes

Facilitation

Facilitation of the full workgroup will be conducted by the facilitator and/or co-facilitators. Facilitation of subcommittees will be conducted by team leaders; partnered/co-facilitation of subcommittees, is suggested to support coverage needs.

Member Conduct, Group Rules, Expectations, and Operations

Common Understanding and Respect for Others

- Each person represents their own individual perspective and does not speak for an entire demographic group.
- Every minority demographic has its own unique trajectory, including historical discrimination, trauma, marginalization, barriers, and current issues.
- Members will not interrupt while another is speaking. Given that this often happens inadvertently in virtual meetings, use of the hand raise function is advised.
- Members express their own views, rather than speaking for others at the table or attributing motives to fellow members.
- Members will avoid extended comments/speaking, that preclude everyone having a fair chance to speak.
- Members will not be verbally aggressive to one another. While challenging ideas is encouraged, disparaging or negative personal comments are not permissible.
- Members will seek to focus on the merits of what is being said, making a good faith effort to understand the concerns of others. Questions of clarification are encouraged.
- Members will seek to identify options or proposals that represent shared interests, without minimizing disagreements.
- Members will do their best to consider the interests of the group.

Meeting Efficiency

- Meeting facilitation will be primarily conducted by OAC staff, in coordination with team leads; facilitation of any subcommittees will be conducted by team leads, with support from OAC staff, as requested.
- Meeting schedule and times will remain consistent, noting opportunities for cancellation and/or alternative scheduling to accommodate holidays, coverage needs, and/or office closures.
- Meetings will be held virtually.
- An agenda and any related materials will be distributed at least 2 business days in advance of each meeting.
- Members shall be prepared for the agenda content and will be expected to have completed any related assignments on time.
- Members agree to make a strong effort to stay on track with the agenda and to move the deliberations forward.
- Members shall share the CEPC workflow such that no single member or members disproportionately carry the workload for others.

Coordination/Communication with Members of the Opioid Advisory Commission (OAC) OAC Coordinator

- The OAC Coordinator will act as primary liaison between members of the CEPC and members of the OAC.
- The OAC Coordinator will provide meeting materials, including but not limited to agendas, planning documents, and group summaries/minutes, to members of the OAC, to support awareness of workgroup activities. Additional items, including but not limited to weekly electronic group correspondence and documents related to work projects, may be provided to the members of the OAC as determined necessary by the Collaborative and/or the OAC.
- The OAC Coordinator will provide updates and information on the activities of the OAC, to members of the CEPC.
- Any writing that is used or prepared by the Opioid Advisory Commission in performing its official duties is subject to the Freedom of Information Act (FOIA), including electronic correspondence of the OAC Coordinator.

Team Leads

- Team leads will provide direct reporting to the Opioid Advisory Commission by way of verbal and/or written report at schedule OAC meetings.
- Team leads may also provide group updates, planning materials, questions, recommendations, and/or concerns to the OAC Coordinator (at any time) for review by the OAC.
- Team leads and the OAC Coordinator will work collaboratively to determine communication mechanisms that best support the needs of both the CEPC and Opioid Advisory Commission.

Current Membership—September 2023 Cohort

Group Members:

Thomas Adams—Team Lead
Judi Brugman
Carrie Chanter, MA, MCHES
Amy Dolinky, MPPA—Team Lead
Joyce Fetrow, CPRM, CHW, RCP
Dominick Gladstone—Team Lead
Chontay Taylor Glenn, PhD, RN, PMHNP-BC
David Harris, CPRC, CPSS
Benjamin Jones, PhD
Matthew LaCasse, D.O.
Jordana Latozas, RN, ACNP
Brenda Maks
Dani Meier, PhD, MSW, MA
Marissa Natzke, MPH, RD
Sarina Oden, MSA
Ruth Schwendinger, CPS
Deborah Smith, PhD, LPC, CAADC, MAC—Team Lead
Teresa Springer, MA

Facilitator(s): Tara King, OAC Coordinator

What is the Opioid Advisory Commission?

The Opioid Advisory Commission (OAC) is a non-partisan group of twelve (12) legislatively appointed members, representing subject matter expertise in the areas of substance use disorder treatment and overdose prevention, mental health care, recovery support, youth prevention, health, the criminal-legal system, local government, and first responder work. The Director of the Department of Health and Human Services and the Administrator of the Legislative Council also serve as two (2) non-voting members of the OAC.

The OAC was established per Public Act 84 of 2022 (MCL 4.1851) and is **the state-designated entity to advise Michigan's legislature on funding, policy, and planning concerning the use and management of state opioid settlement funds.**

The Opioid Advisory Commission is also charged with...

- Conducting a statewide evidence-based needs assessment.
- Examining strategies to reduce disparities in access to prevention, treatment, recovery, and harm reduction services.
- Establishing priorities to address substance use disorders and co-occurring mental health conditions, for the purpose of recommending funding.
- Reviewing 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.
- An evidence-based assessment on the use of state opioid settlement funds, including the extent to which such expenditures abated Michigan's opioid crisis.

Current Members

Cara Anne Poland, M.D., M.Ed. (Chair)
Patrick Patterson (Vice Chair)
Sheriff Daniel Abbott
Brad Casemore, MHSA, LMSW, FACHE
Judge Linda Davis
Katharine Hude, Esq.

Mona Makki
Scott Masi
Mario Nanos
Kyle Rambo, MPA
Sarah A. Stoddard, PhD, RN, CNP,
FSAHM, FAAN

Community Voices Partner. Listen. Learn.

These dollars are different.

Funds from national opioid settlements are being received by state and local governments throughout the country. These dollars are being given as a result of harms caused by the companies that marketed, manufactured, distributed, and sold pharmaceutical opioids.

Given the nature of the opioid settlements and an understanding that nearly all families in Michigan have, in some way or another, been impacted by substance use, mental health, and/or involvement in the criminal-legal system, **the OAC believes there is an ethical responsibility to include community voices in conversations around planning and use of state opioid settlement funds.**

Community voices matter.



The Opioid Advisory Commission (OAC) is interested in hearing from any members of the public who wish to share their experiences or offer input.

The OAC is especially interested in **hearing from individuals and families who have been directly impacted** by Michigan's opioid epidemic. This includes individuals and families who have lived experience, and individuals who are actively using substances.

The OAC is also interested in hearing from individuals and families from **communities that have been most impacted** by Michigan's opioid epidemic.

Individuals and families...

- who have lived experience with substance use disorders (SUD), mental health conditions, and/or co-occurring disorders (COD),
- who have lived experience with the criminal-legal system,
- who have experienced the loss of a family member(s) due to overdose, suicide, and/or substance-related death,
- who have lived experience receiving prevention, treatment, and recovery services, and/or health and harm reduction services (example: syringe services programs).



Communities most impacted



This may include but is not limited to...

- **Communities of color, specifically Black or African American communities.**
- **Communities with high vulnerability to adverse substance use outcomes.**
- **Tribal communities and Indigenous persons.**
- **Justice-involved individuals; persons impacted by involvement in the criminal-legal system.**

How will information be used?

Information from the survey and listening sessions may be discussed in public meetings, referenced in reports written by the OAC, and used to help the OAC develop recommendations to the state legislature for funding and policy.

Community Voices Partner. Listen. Learn.

Community voices matter.

The Opioid Advisory Commission (OAC) recently released its **Community Impact Survey** and will soon be holding a series of **listening sessions in your region**. More information can be found [here](#).

The OAC is especially interested in **hearing from individuals and families who have been directly impacted** by Michigan's opioid epidemic. This includes **individuals and families who have lived experience** with substance use disorders, mental health conditions, co-occurring disorders, and/or the criminal-legal system. The OAC is also interested in **hearing from individuals who are actively using substances**.

Community Impact Survey



The Michigan Opioid Settlement Funds: **Community Impact Survey** is now available through the OAC's website and can be found [here](#)—it takes roughly 10 minutes to complete.

The OAC encourages all individuals interested in providing input on the use of state opioid settlement funds, to please take the survey. More information on what to expect and how information from the survey will be used, can be found [here](#).

Listening Sessions

Listening sessions will be held virtually, accessible every Monday from 12:00-1:30 pm ET.

Upcoming dates:

Monday, November 6, 2023
Monday, November 13, 2023
Monday, November 20, 2023
Monday, November 27, 2023

Zoom Meeting Information:



Community Partners and Drop-Ins



Region 5 Communities

Counties

Arenac, Bay, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Osceola, Saginaw, Shiawassee, Tuscola

Tribal Communities

Saginaw Chippewa Indian Tribe

These dollars are different.

Funds from national opioid settlements are being received by state and local governments throughout the country. These dollars are being given as a result of harms caused by the companies that marketed, manufactured, distributed, and sold pharmaceutical opioids.

Given the nature of the opioid settlements and an understanding that nearly all families in Michigan have, in some way or another, been impacted by substance use, mental health, and/or involvement in the criminal-legal system, the [Opioid Advisory Commission](#) (OAC) believes there is an ethical responsibility to include community voices in conversations around planning and use of state opioid settlement funds.

This survey is one way to do just that.

What to expect

Before getting started, please take a moment to review the following information. It will cover the general questions and content of this survey, so you know you what to expect.

This survey **does not** ask...

Personally identifiable information such as your name, date of birth, address, or email address.

Why? This survey is intended to help the OAC better understand the experiences and recommendations of individuals in all communities throughout Michigan. It is intended to be voluntary, meaning that it is your choice whether you choose to complete it—and anonymous, meaning that your responses are not tied to any personally identifiable information.

This survey **does** ask...

What county or Tribal community you live in (or spend most of your time in).

Why? The OAC is hoping to better understand the experiences, needs, and recommendations from different communities. Understanding where you live or spend most of your time will help the OAC identify different community trends, which may be used in recommendations to better address specific community needs.

Your age, military service, race/ethnicity, gender identity, lived experience, and lived experiences of family members.

Why? Answers to these questions help the OAC better understand who is taking the survey. This information can help the OAC develop recommendations that may address more specific needs. It may also help the OAC understand where individuals are being left out.

If certain populations are “underrepresented” in survey responses, it is important to know where and which populations, so the survey (and the way the survey is written or distributed) can be improved to include more individuals who are representative of the diversity of Michigan.

Your experiences receiving or providing services—this may include prevention services, treatment and recovery services, health and harm reduction services, or services from the criminal-legal system.

Why? The OAC is especially interested in hearing from individuals who are closest to these services—this helps provide an understanding of experiences, observations, and suggestions from individuals who are most familiar with them.

Your thoughts about how opioid settlement funds should be used (spent) by the state.

Why? The OAC believes that inclusion of community voices—especially individuals and families who have been directly impacted—is necessary to developing meaningful solutions that support health and wellness for all Michiganders.

1. Please enter today's date:

Date

Date

MM/DD/YYYY

Residency

2. All counties and Tribal communities are listed in alphabetical order.

From the menu below, please select which county or Tribal community you live in.

Individuals with alternative living arrangements: If you are unhoused, have temporary or unstable housing, are residing in emergency, transitional, or recovery housing, or are currently receiving residential treatment services, please select the county or Tribal community where you stayed most often, over the last six months.

If you are currently incarcerated, please select the county or Tribal community you were staying in at the time of your incarceration.

Other (please list)

Age and Military Service

3. How old are you?

- | | |
|--------------------------------|--|
| <input type="radio"/> Under 18 | <input type="radio"/> 45-54 |
| <input type="radio"/> 18-24 | <input type="radio"/> 55-64 |
| <input type="radio"/> 25-34 | <input type="radio"/> 65+ |
| <input type="radio"/> 35-44 | <input type="radio"/> Prefer not to answer |

4. Have you ever served in the armed forces?

- Yes
- No
- Prefer not to answer

Voluntary Self-Identification

5. Please select all options that best describe your

Race/Ethnicity

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White or European |
| <input type="checkbox"/> Hispanic or Latino/a | |
| <input type="checkbox"/> Other: My race/ethnicity is best described as... | |
| <input type="text"/> | |
| <input type="checkbox"/> Prefer not to answer | |

6. Do you identify as transgender?

- Yes
- No
- Prefer not to answer

7. Please select all options that best describe your

Gender Identity

- Gender nonconforming
- Questioning or Unsure
- Genderqueer
- Woman
- Man
- Nonbinary
- Other: My gender identity is best described as...

- Prefer not to answer

Lived Experience

8. Please select all items that may apply

I have lived experience with...

- | | |
|--|--|
| <input type="checkbox"/> Substance Use Disorder(s) | <input type="checkbox"/> Previous or current involvement in the criminal-legal system |
| <input type="checkbox"/> Mental Health Condition(s) | <input type="checkbox"/> Previous or current involvement in a county or state correctional facility (jail or prison) |
| <input type="checkbox"/> Overdose | <input type="checkbox"/> Previous or current involvement on community supervision (probation or parole) |
| <input type="checkbox"/> Multiple overdoses | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Using Naloxone (Narcan) on someone | |
| <input type="checkbox"/> Having Naloxone (Narcan) used on me | |
| <input type="checkbox"/> None of the above | |

9. Please select all items that may apply

My family member(s) has lived experience with...

- | | |
|--|--|
| <input type="checkbox"/> Substance Use Disorder(s) | <input type="checkbox"/> Previous or current involvement in the criminal-legal system |
| <input type="checkbox"/> Mental Health Condition(s) | <input type="checkbox"/> Previous or current involvement in County or State Correctional Facilities (jail or prison) |
| <input type="checkbox"/> Overdose | <input type="checkbox"/> Previous or current involvement with community supervision (probation or parole) |
| <input type="checkbox"/> Multiple overdoses | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Using Naloxone (Narcan) on someone | |
| <input type="checkbox"/> Having Naloxone (Narcan) used on them | |
| <input type="checkbox"/> None of the above | |

10. **Disclaimer: This question will be asking about overdose death, suicide, and substance-related death.**

Please select all items that may apply.

I have had...

- | | |
|---|--|
| <input type="checkbox"/> a family member die by overdose or substance-related death | <input type="checkbox"/> more than one friend die by overdose or substance-related death |
| <input type="checkbox"/> more than one family member die by overdose or substance-related death | <input type="checkbox"/> a friend die by suicide |
| <input type="checkbox"/> a family member die by suicide | <input type="checkbox"/> more than one friend die by suicide |
| <input type="checkbox"/> more than one family member die suicide | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> a friend die by overdose or substance-related death | <input type="checkbox"/> None of the above |

Services, Supports, and Access

11. Please select all options that may apply

I am currently receiving or have previously received...

- | | | |
|--|--|---|
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Recovery support services (e.g. services delivered through a Recovery Community Organization) | <input type="checkbox"/> Justice-Involved: Services for individuals involved in the criminal-legal system |
| <input type="checkbox"/> Substance use disorder (SUD) treatment services | <input type="checkbox"/> Peer support services | <input type="checkbox"/> Justice-Involved: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in jail or prison |
| <input type="checkbox"/> Services or supports for co-occurring disorders (COD) | <input type="checkbox"/> Wraparound and/or intensive case management services | <input type="checkbox"/> Pregnant & Parenting: Services for pregnant and postpartum persons |
| <input type="checkbox"/> Traditional or Indigenous healing practices (e.g. smudging, healing ceremonies) | <input type="checkbox"/> General case management services | <input type="checkbox"/> Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy |
| <input type="checkbox"/> Trauma-specific services | <input type="checkbox"/> Harm reduction/health promotion services (e.g. access to sterile syringes; testing for disease) | |
| <input type="checkbox"/> Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services | <input type="checkbox"/> Housing support services | |
| <input type="checkbox"/> Medications for a mental health condition(s) | <input type="checkbox"/> Transportation support services | |
| <input type="checkbox"/> Other (please specify) | | |
| <input type="text"/> | | |
| <input type="checkbox"/> Not applicable | | |

12. Please select all options that may apply

I am a professional that provides...

- | | | |
|--|--|---|
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Recovery support services (e.g. services delivered through a Recovery Community Organization) | <input type="checkbox"/> Justice-Involved: Services for individuals involved in the criminal-legal system |
| <input type="checkbox"/> Substance use disorder (SUD) treatment services | <input type="checkbox"/> Peer support services | <input type="checkbox"/> Justice-Involved: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in jail or prison |
| <input type="checkbox"/> Services or supports for co-occurring disorders (COD) | <input type="checkbox"/> Wraparound and/or intensive case management services | <input type="checkbox"/> Pregnant & Parenting: Services for pregnant and postpartum persons |
| <input type="checkbox"/> Traditional or Indigenous healing practices (e.g. smudging, healing ceremonies) | <input type="checkbox"/> General case management services | <input type="checkbox"/> Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy |
| <input type="checkbox"/> Trauma-specific services | <input type="checkbox"/> Harm reduction/health promotion services (e.g. access to sterile syringes; testing for disease) | |
| <input type="checkbox"/> Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services | <input type="checkbox"/> Housing support services | |
| <input type="checkbox"/> Medications for a mental health condition(s) | <input type="checkbox"/> Transportation support services | |
| <input type="checkbox"/> Other (please specify) | | |
| <input type="text"/> | | |
| <input type="checkbox"/> Not applicable | | |

13. Please select all options that may apply

I have had difficult accessing...

- | | | |
|--|--|---|
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Recovery support services (e.g. services delivered through a Recovery Community Organization) | <input type="checkbox"/> Justice-Involved: Services for individuals involved in the criminal-legal system |
| <input type="checkbox"/> Substance use disorder (SUD) treatment services | <input type="checkbox"/> Peer support services | <input type="checkbox"/> Justice-Involved: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in jail or prison |
| <input type="checkbox"/> Services or supports for co-occurring disorders (COD) | <input type="checkbox"/> Wraparound and/or intensive case management services | <input type="checkbox"/> Pregnant & Parenting: Services for pregnant and postpartum persons |
| <input type="checkbox"/> Traditional or Indigenous healing practices (e.g. smudging, healing ceremonies) | <input type="checkbox"/> General case management services | <input type="checkbox"/> Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy |
| <input type="checkbox"/> Trauma-specific services | <input type="checkbox"/> Harm reduction/health promotion services (e.g. access to sterile syringes; testing for disease) | |
| <input type="checkbox"/> Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services | <input type="checkbox"/> Housing support services | |
| <input type="checkbox"/> Medications for a mental health condition(s) | <input type="checkbox"/> Transportation support services | |
| <input type="checkbox"/> Other (please specify) | | |
| <input type="text"/> | | |
| <input type="checkbox"/> Not applicable | | |

14. Please select all options that may apply

I believe others in my community may have difficulty accessing...

- | | | |
|--|--|---|
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Recovery support services (e.g. services delivered through a Recovery Community Organization) | <input type="checkbox"/> Justice-Involved: Services for individuals involved in the criminal-legal system |
| <input type="checkbox"/> Substance use disorder (SUD) treatment services | <input type="checkbox"/> Peer support services | <input type="checkbox"/> Justice-Involved: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided in jail or prison |
| <input type="checkbox"/> Services or supports for co-occurring disorders (COD) | <input type="checkbox"/> Wraparound and/or intensive case management services | <input type="checkbox"/> Pregnant & Parenting: Services for pregnant and postpartum persons |
| <input type="checkbox"/> Traditional or Indigenous healing practices (e.g. smudging, healing ceremonies) | <input type="checkbox"/> General case management services | <input type="checkbox"/> Pregnant & Parenting: Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services, provided during pregnancy |
| <input type="checkbox"/> Trauma-specific services | <input type="checkbox"/> Harm reduction/health promotion services (e.g. access to sterile syringes; testing for disease) | |
| <input type="checkbox"/> Medication for Opioid Use Disorder (MOUD), Medication Assisted Treatment (MAT), Medication Assisted Recovery (MAR) services | <input type="checkbox"/> Housing support services | |
| <input type="checkbox"/> Medications for a mental health condition(s) | <input type="checkbox"/> Transportation support services | |
| <input type="checkbox"/> Other (please specify) | | |
| <input type="text"/> | | |
| <input type="checkbox"/> Not applicable | | |

15. I have _____ health care coverage.

- Medicaid
- Medicare
- Medicaid and Medicare
- Private (e.g. employer-sponsored insurance)
- I have no health care coverage
- Prefer not to answer
- Other (please specify)

18. Please select all items that apply

Michigan should focus more on...

- | | |
|---|---|
| <input type="checkbox"/> Improving access to health and behavioral health services | <input type="checkbox"/> Ensuring that services are developed around culture and community |
| <input type="checkbox"/> Increasing supports for co-occurring substance use disorders and mental health conditions | <input type="checkbox"/> Increasing support to communities and groups that have been most impacted |
| <input type="checkbox"/> Increasing supports for polysubstance use (active use of more than one substance) | <input type="checkbox"/> Improving collaboration across state and local governments; increasing community partnerships |
| <input type="checkbox"/> Increasing supports that address the whole-person | <input type="checkbox"/> Improving coordination of services across systems and providers |
| <input type="checkbox"/> Expanding supports that are delivered at critical times and critical access points (e.g. in the emergency department, after an overdose) | <input type="checkbox"/> Increasing the ways that communities are included in planning and development of programs |
| <input type="checkbox"/> Increasing supports for housing and transportation | <input type="checkbox"/> Ensuring representation of communities and groups that have been most impacted, in state advisory spaces |
| <input type="checkbox"/> Other (please specify) | |

19. Please select answers that best reflect your level of agreement with each statement

I believe that...

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
my voice should be heard by state government officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my voice will be heard by the Opioid Advisory Commission (OAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my voice will be heard by state government officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. I know where to find information on...

	Yes	No	Unsure
health and behavioral health services in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
my local legislator(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the Opioid Advisory Commission (OAC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
the national opioid settlements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
agencies involved in the state opioid settlement space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how the state is making decisions on where to spend funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how the state is actually spending opioid settlement funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ways the state can improve racial and health equity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
how communities are being included in opioid settlement conversations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Fourth Annual

Statewide Tribal OPIOID SUMMIT

"Healing Our Families and Communities Together"

**Wednesday, Nov. 1, 2023
& Thursday, Nov. 2, 2023**

**Soaring Eagle Casino & Resort
Entertainment Hall**

For questions or more information, please contact:

Carol Jackson | 989.775.4805 | Carjackson@sagchip.org

April Osburn | 989.774.7107 | midcentralahec@cmich.edu



Saginaw Chippewa Indian Tribe of Michigan

"Working Together for Our Future"

7500 Soaring Eagle Blvd.
Mount Pleasant, MI 48858
989-775-4000
www.sagchip.org

OAC Final Meeting Minutes

The theme ~~October 12, 2023~~ Opioid Summit will feature presentations/ breakouts focused on the co-occurring issues of legal and illegal substance use and abuse that create moderate to severe substance abuse disorders in individuals who appear before the court. The training will cover the basic principles that govern an individual's response to punishment, the responses to behavior that motivates positive changes that reduce recidivism, as well as why judges and court personnel should care about the science of substance use disorders. Bringing together leading legal, medical, public health, and community resource leaders focused on action steps for new and innovative methods of grass roots community-based treatment, with the emphasis on prevention, intervention and treatment for families and communities.

Register online at:

To learn more and register before October 24, please visit:

<https://www.eventbrite.com/e/4th-annual-tribal-opioid-summit-healing-families-communities-together-registration-525838104927>

This in-person two-day event is \$75 per attendee and \$25 for students — pre-registration is required.

Target audience

This conference will benefit victim service providers, law enforcement, health care professionals (physicians, nurses, advanced clinical practitioners, physician assistants, social workers), educators, community organizers, human service workers, court personnel, therapists, addiction and recovery specialists, and students.

Healing to Wellness Panel

The Healing to Wellness Panel (HTW) is derived from four Saginaw Chippewa Indian Tribe community members who want to share their story of substance use and their recovery. The panel consists of community members from all walks of life who successfully completed the HTW program. The HTW is aimed at healing individuals with SUD's by providing individualized support through community resources to walk the Red Road of Wellbriety.

Conference contacts

Carol Jackson | 989.775.4801
Magistrate, Saginaw Chippewa Tribal Court

April Osburn | 989.774.7107

Executive Director, Mid Central Area Health Education Center, and CMU College of Medicine

Inquiries: midcentralahec@cmich.edu

Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Central Michigan University College of Medicine and Mid Central Area Health Education Center. CMU College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Central Michigan University College of Medicine designates this live activity for a maximum of 7.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Central Michigan University Social Work Program, an accredited social work education program, is authorized by the Michigan Licensure Law Administrative Rule 338.2965 to award Michigan social work continuing education contact hours. For this program, 3.5 CE hours of live training will be awarded for each day up to a maximum of 7 CE hours for the full event.

Michigan Certification Board for Addiction Professionals awards contact hours of education for those who participate in the conference. Please use the chart below to determine whether the content is specific (S) or related (R) and be sure to indicate that on the materials and certificate.

Title	Hours	S/R
Keynote Speaker: Alex Elswick, PhD	1	S
Keynote Speaker: Rebecca Nowak	1.25	R
Neonatal Abstinence Syndrome	1.5	S
Voices of Hope	1.5	S
Keynote Speaker: Joel Postma	1	R
Opioid Epidemic/Midwest	1.25	S
Regional Community Outreach Services Panel	1.25	S
Healing to Wellness Panel – Recovery and Storytelling	1.25	S
MMIP – Violence and Historical Trauma	1.25	R
Keynote Speaker: Megan Cavanaugh	1.25	R

Disclosures: The planners and speakers have no relevant financial relationships with ineligible companies to disclose.



Statewide Tribal OPIOID SUMMIT

"Healing Our Families and Communities Together"

Presented by the Bureau of Indian Affairs

Nov. 1 & 2, 2023
Soaring Eagle Casino & Resort
Mount Pleasant, Mich.

The Bureau of Indian Affairs' mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes, and Alaskan Natives.



Brought to you by the Saginaw Chippewa Indian Tribe and the Central and Western Area Health Education Center

Objectives

- While the previous conferences focused on education, information and knowledge building, action steps for new and innovative methods of grassroots community-based treatment, development of new access points, community participation in native healing therapies, and emphasized early prevention and intervention for youth, this conference will focus on Prevention, Intervention, and Treatment.
- Participants will discuss a variety of issues related to the opioid crisis, such as the principles that govern a punishment response, how to respond to behavior that motivates positive changes, and why judges and court personnel should be concerned about substance abuse.
- Training, panel discussions, and workshops focusing on the intersection of drugs and alcohol misuse with human trafficking and Missing Murdered Indigenous People. Training on the most recent findings, the most effective treatments, and behavior practices that address the increasing substance use and abuse issues in tribal courts will be presented.

Conference Agenda

*Information subject to change

Wednesday, November 1

7:30 – 8:15 AM | Entertainment Hall

- **Check-In, Breakfast/Coffee and Rolls**

8:15 – 9:00 AM | Entertainment Hall

- **Grand Entry and Flag Song**
- **Smudging** - Beatrice Menase Kwe Jackson and Daisy Kostas
- **Prayer** - Tribal Chaplain
- **Welcome and Opening Remarks** - SCIT Tribal Chief
- **Welcome and Introduce** - Tribal Court Judge(s)

9:00 – 10:00 AM | Entertainment Hall

- **Opening Conference Keynote Speaker**
MMIP: Megan Bishop & Trisha Tingle,
Bureau of Indian Affairs

10:00 – 10:30 AM | Entertainment Hall

- **Break, Networking and Exhibition Viewing**

10:30 – 11:30 AM | Entertainment Hall

- **Keynote Speaker - Alex Elswick, PhD**

Dr. Alex Elswick is a tireless advocate for people with substance use disorders. He currently serves the University of Kentucky as an Assistant Professor and Extension Specialist for Substance Use Prevention and Recovery. Alex is a trained researcher, recovery coach, and mental health therapist, as well as the co-founder of Voices of Hope, a peer-driven recovery community organization. But most importantly, Alex is himself a person in long-term recovery from the chronic disease of addiction.

11:30 AM – Noon | Entertainment Hall

- **Break and Networking**

Noon – 12:45 PM | Entertainment Hall

- **Lunch is served**
- **Supaman: Dance-Speaker**

12:45 – 1:30 PM | Entertainment Hall

- **Rebecca Nowak - Expungement Clinic**

1:30 – 2:30 PM | Entertainment Hall

- **Break, Networking, Conversation Catchers, and Exhibit Viewing**

2:30 – 4:00 PM | Ballroom in Three Rooms
Breakout Sessions (Workshop-based sessions)

- A. Neonatal Abstinence Syndrome**
 - Dr. Sanket Jani, Children's Hospital of Michigan
- B. Voices of Hope** - Alex Elswick, PhD
- C. Rural Health Equity: Using Telehealth to Bridge the Digital Divide**
 - Dr. Alison Arnold, Director, Rural Health Equity Institute
 - John Jervinsky, Manager Telehealth Programs, Rural Health Equity Institute

4:00 – 5:00 PM | Entertainment Hall

- **Exhibition Viewing**

7:30 – 10:00 PM | Entertainment Hall

- **Entertainment Hall - Miranda & The M-80's**

Thursday, November 2

8:00 – 8:30 AM | Entertainment Hall

- **Check-In (Breakout Included)**
- **Vendor/Sponsor Viewing**

8:45 – 9:45 AM | Entertainment Hall

- **Joel Postma**

MMIP Coordinator or Chief Judge Melissa Pope
Everyone deserves to feel safe in their communities. The Missing and Murdered Unit within the Office of Justice Services focuses on analyzing and solving missing and murdered cases involving American Indians and Alaska Natives. Joel was appointed the Missing & Murdered Indigenous Persons Coordinator for both Eastern and Western Districts in Michigan by the Dept of Justice. He has served as one of the original 11 MMIP Coordinators for all 12 Tribes in Michigan where he continues to serve.
(Beverages provided during breakouts in individual rooms)

10:00 – 11:15 AM | Ballroom in Three Rooms
Breakout Sessions

- A. Opioid Epidemic in the Midwest**
 - James Gerhart, PhD, Associate Professor & Director of Clinical Training, Central Michigan University
- B. Regional Community Outreach Services Panel**
 - Dr. Michael McConnon, Medical Director, Isabella Citizens for Health FQHC
 - Sam Price, MA, President & CEO, 1016 Recovery Network

11:30 – 12:45 PM | Ballroom in Three Rooms
Breakout Sessions

- A. Healing to Wellness Panel – Recovery and Storytelling** - Saginaw Chippewa Tribal Members
- B. MMIP – Violence and Historical Trauma**
 - Dr. Rachel Carr-Shunks, United Three Fires Advocate
 - Tribal Police

12:45 – 1:15 PM | Entertainment Hall

- **Break, Conversation Catchers, and Exhibit Viewing**

1:15 PM | Entertainment Hall

- **Lunch is served in**

2:15 - 2:30 PM | Entertainment Hall

- **Video-Macomb County Sheriff's department**
(Disclaimer: Could be sensitive to some viewers)

2:30 – 3:15 PM | Entertainment Hall

- **Megan Cavanaugh** – Michigan Supreme Court Justice, Treatment Courts

3:15 – 3:30 PM | Entertainment Hall

- **Closing Remarks** - Ziibiwing Dancers & Drum
- **Conference Wrap Up**



HEART

Hospital Engagement Addiction Resources Team

About Us

We are the HEART Initiative (Hospital Engagement Addiction Resources Team), the recipients of a Michigan Health Endowment Fund grant. HEART has partnered with the Michigan Health & Hospital Association Keystone Center to provide technical assistance to hospital systems interested in expanding addiction treatment services by supporting current prescribers in expanding addiction care or starting an inpatient addiction consult service.

The technical assistance we provide includes:

- Understanding billing
- Creating protocols
- Navigating common pitfalls
- Stigma training
- Coordinating with available outpatient services in your area to ensure smooth care transitions within your system

According to the U.S. Health and Human Services, over 100,000 people died from a drug overdose in 2022. According to the National Institute of Drug Abuse (NIDA), over 140,000 people died from alcohol-related causes in 2022.

Please contact Gresha Eberly, Program Manager,
at eberlygr@msu.edu, with any questions.