



2026 Conference

Context & Connection: Reframing Childhood Adversity

Breakout Session Two

Understanding Substance Use Data in Michigan to Guide Prevention and Intervention Efforts

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Facilitated by: Kim Hekman

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Michigan Adverse Childhood Experiences (ACE) Data Dashboard

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MI ACE Data Dashboard



www.MiAceData.org

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Current Data Sources



- 1) Youth Risk Behavior Survey (YRBS) – 2017, 2019, 2021, 2023
 - Statewide data, high school youth.

- 2) Michigan Profile for Health Youth (MiPHY) – 2020, 2022, 2024
 - County data (for counties that participated), high school youth.

- 3) Syndromic Surveillance – 2019-2021, 2021-2023
 - Statewide Emergency Department (ED) data.

- 4) Social Determinants of Health (SDOH) data
 - Collaborated with Kids Count.

Introduction

PACE

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63%
of Michigan high school students have reported one or more adverse childhood experiences (ACEs)
Source: 2019 Michigan Youth Risk Behavior Survey

What are Adverse Childhood Experiences (ACEs)?
ACEs are potentially traumatic or stressful experiences that can happen to any of us before we turn 18

68% of Michigan adults have reported one or more ACEs

Source: 2019 Michigan Behavioral Risk Factor Survey

ACEs are common, and have the potential to significantly affect physical, mental, and economic health. Focusing on prevention can dramatically reduce their negative impacts on individuals and communities.

AMONG ALL MICHIGAN YOUTH...



4.4 Million

In 2019, an estimated 4.4 million Michigan adults reported experiencing at least one ACE among 6.5 million Michigan adults who answered the ACE questions.
Source: 2019 Michigan BRFS



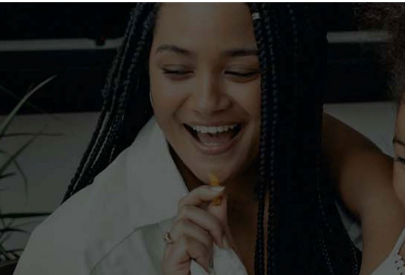
260,000

In 2019, an estimated 260,000 Michigan high school students reported experiencing one or more ACEs.
Source: 2019 Michigan YRBS



\$585 Billion

The estimated total economic burden of child abuse and neglect in the United States is as large as 585 billion dollars.
Source: Fang et al. 2012



Not all children who experience ACEs develop health problems. In fact many demonstrate resilience - living healthy, happy, and productive lives. Michigan children, families, and communities also have many protective factors, or positive experiences, that help kids overcome trauma and adversity.

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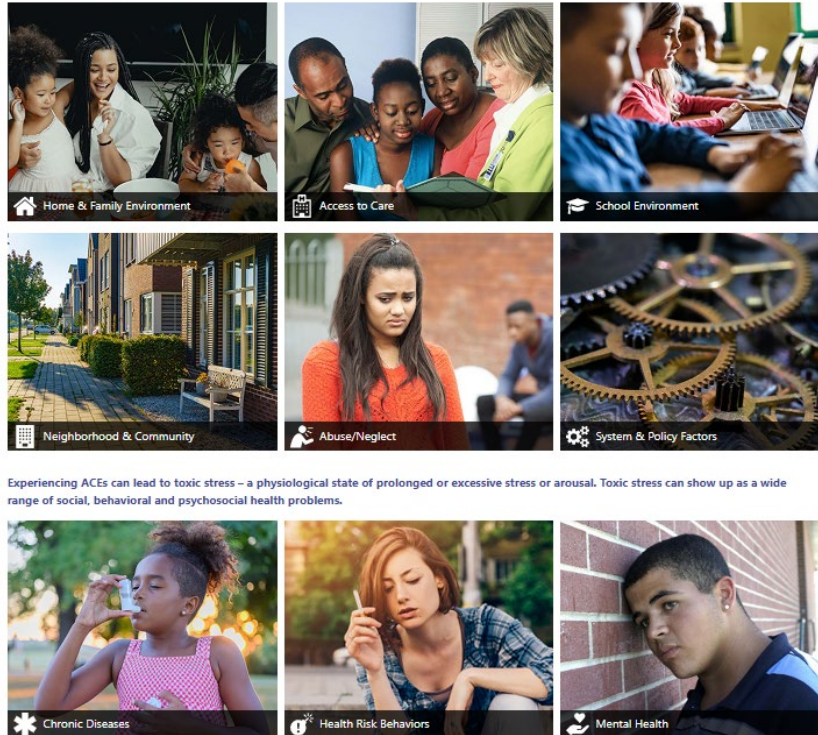
Dashboard Categories



Data Tell The Story

Click a card to view data based on that category.

Adverse experiences are events or risk factors that occur through many areas of a child's life. Within each area there are also many protective factors that support children and families.



Experiencing ACEs can lead to toxic stress – a physiological state of prolonged or excessive stress or arousal. Toxic stress can show up as a wide range of social, behavioral and psychosocial health problems.

Data organized into nine categories:

- Home & Family Environment.
- Access to Care.
- School Environment.
- Neighborhood & Community.
- Abuse/Neglect.
- System & Policy Factors.
- Chronic Diseases.
- High Risk Behaviors.
- Mental Health.

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Data Selection



MI ACE Data Dashboard

Home Categories Learn More Additional Resources

The Impact of ACEs in Michigan

Abuse/Neglect

Explore the latest Michigan-specific data to see the populations as well as negative health outcomes and protective factors related to ACEs in our state today.

[Learn more about the data sources used](#)

2023

YRBS

Select a county



View Dataset Demographics

Emotional Abuse

Physical Abuse/Violence

Sexual Abuse/Violence

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Data Display

During your life, how often has a parent or other adult in your home sworn at you, insulted you, or put you down?

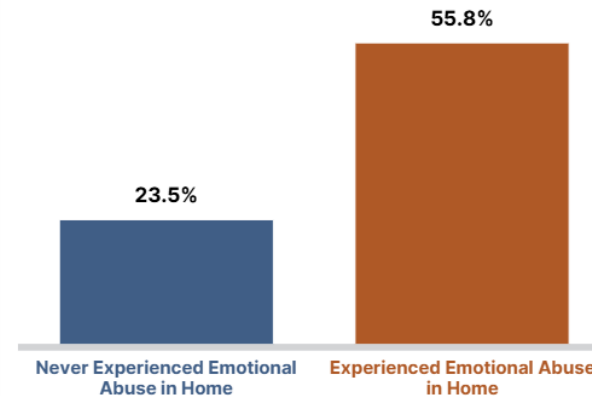
58.8%

of Michigan high school students in 2023 reported ever being sworn at, insulted, or put down by a parent or other adult in their home.



+ What do these data tell us?

Percent of Michigan High School Students that Reported Feeling Sad or Hopeless Broken Down by Ever Experiencing Emotional Abuse in Home, 2023*



* The difference between the two numbers is meaningful.

+ What do these data tell us?

ACEs Examples:

- Emotional, sexual and physical abuse.
- Teen dating violence.
- Bullying.

PCEs Examples:

- Caregiving monitoring.
- Supportive adults.
- Supportive teachers.

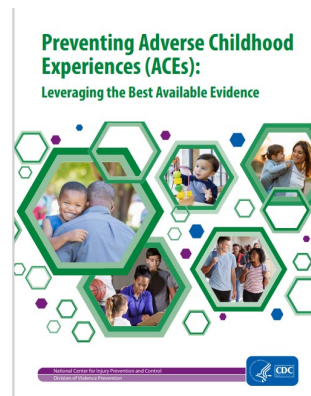
Data Interpretation

— What do these data tell us?

This figure shows us how many high school students said they were ever sworn at, insulted, or put down by a parent or other adult in their home.

Programs that work to prevent emotional abuse and to support students who have been emotionally abused include public education campaigns, healthy relationship skills programs, bystander efforts to mobilize allies in prevention and evidence-based interventions such as therapy to lessen harms. Knowing how many students were emotionally abused at home can help communities decide if any of these programs are right for them.

To learn more about proven programs to prevent emotional abuse and other bad experiences, [click here](#).



— What do these data tell us?

This figure shows how many high school students reported feeling sad or hopeless based on whether they reported ever being emotionally abused at home. This does not mean that experiencing emotional abuse causes students to feel sad or hopeless or that feeling sad or hopeless causes students to experience emotional abuse.

If youth are experiencing both emotional abuse and feeling sad or hopeless, prevention programs that address multiple conditions or risk factors may be most effective. If youth who experience emotional abuse are not currently reporting feeling sad or hopeless, programs that focus more specifically on preventing emotional abuse may be more appropriate.

Statistics were to determine meaningful differences. To learn more about how differences between groups were examined, [click here](#)

Understanding the Statistics Used in the PACE Data Dashboard

Percentages

Percentages are estimates of the proportion of respondents that have a specific characteristic or health-related behavior. When these percentages are weighted to be representative of a population, they can be used to help describe and understand the health profile of the entire population of interest.

Real world example: In 2019, 18.7% of Michigan high school students in the 2019 YRBS reported seriously considering attempting suicide in the past 12 months. This weighted percent can help understand the portion of all high school students in Michigan in 2019 that seriously considered attempting suicide. These data can be important for understanding and directing prevention efforts.

Comparing Groups

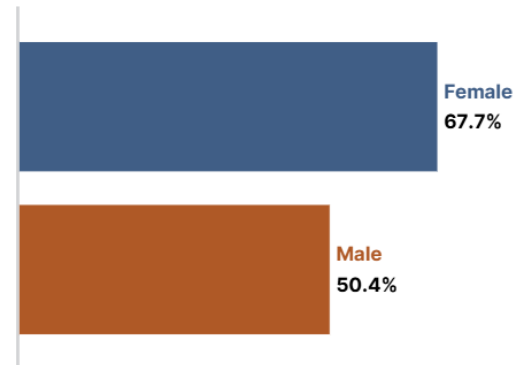
Comparing the proportion of a health-related behavior between groups shows whether the proportion is indeed higher or lower in one group or whether the proportions are similar. To help determine whether a difference exists, a statistical test such as a chi-square test can be used, and the p-value is examined (often at the 0.05 level). If the p-value is found to be less than 0.05, this means that the null hypothesis (which says that the proportion of a health-related behavior is the same between the two groups) can be rejected and there is sufficient evidence to assume a difference exists between the groups.

Real world example: In 2019, the proportion of Michigan high school females that reported past year sexual abuse was 17.7% while it was 5.8% for males. To determine whether there is a true difference in past year sexual abuse between sexes, a chi-square test was performed with a p-value found of less than .0001. Since the p-value was less than 0.05, there is sufficient evidence to conclude females were significantly more likely to report past year sexual abuse than males.

To learn more details about each of the datasets used in the Dashboard, please click here.

Data Display – Continued

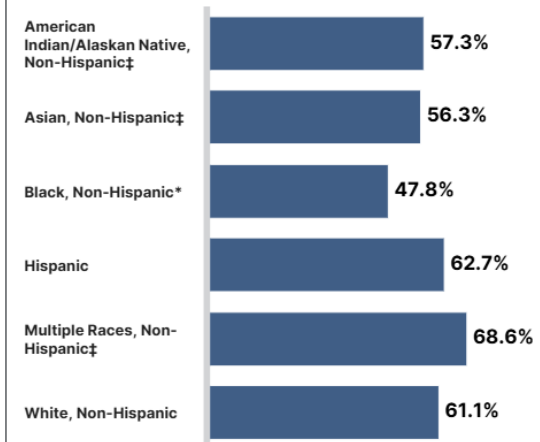
Percent of Michigan High School Students that Reported Ever Experiencing Emotional Abuse in Home by Sex, 2023*



* The difference between the two numbers is meaningful.

+ What do these data tell us?

Percent of Michigan High School Students that Reported Ever Experiencing Emotional Abuse in Home by Race/Ethnicity, 2023*



* When an asterisk (*) is shown next to the racial/ethnic group, there is a meaningful difference between this group and White, Non-Hispanic students. If an asterisk is not shown, the difference is not meaningful.

‡ The estimate should be interpreted with caution and may not be reliable (to learn more, [click here](#)).

+ What do these data tell us?

Syndromic Surveillance



- Emergency department (ED) real-time data used to examine trends.
- 4 ACEs related indicators:
 - Suspected or confirmed child abuse/neglect (0-17 yrs).
 - Mental health conditions (5-17 yrs).
 - Suspected suicide attempts (5-17 yrs).
 - Substance use problems (5-17 yrs).

Data Display: Syndromic Data



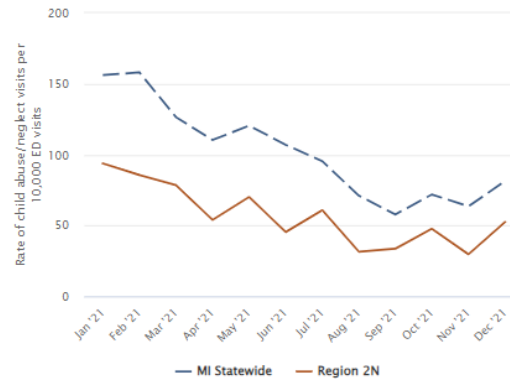
Trend in Emergency Department (ED) Visits Related to Suspected/Confirmed Child Abuse or Neglect, Michigan, 2019-2022*



* 97% of Emergency Department (ED) facilities in Michigan send data to the syndromic surveillance system. About 74% send data required to identify suspected or confirmed child abuse/neglect. Results presented may not represent the true rate of child abuse/neglect visits in Michigan since not all EDs statewide send the necessary data. To learn more details about data limitations, please [click here](#).

+ What do these data tell us?

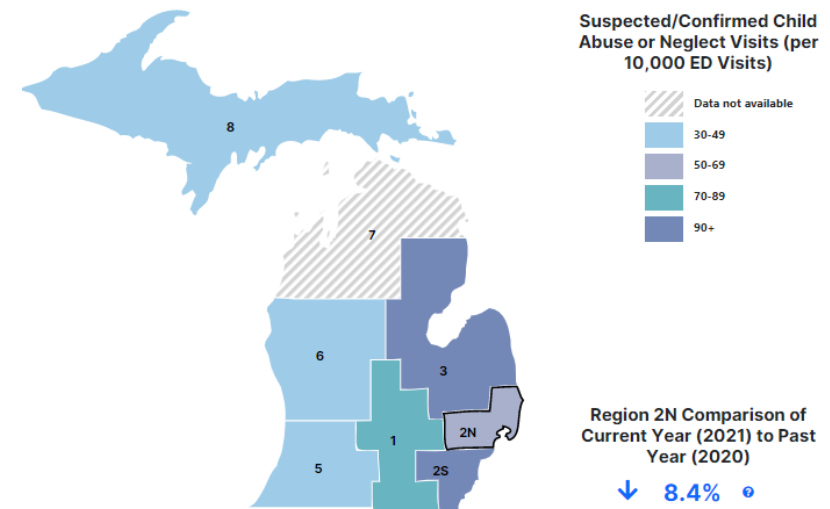
ED Visits Related to Suspected/Confirmed Child Abuse or Neglect, Statewide and by Public Health Preparedness Region, 2021*



* 97% of Emergency Department (ED) facilities in Michigan send data to the syndromic surveillance system. About 74% statewide and 76% for Region 2N send data required to identify suspected or confirmed child abuse/neglect. Results presented may not represent the true rate of child abuse/neglect visits in Michigan since not all EDs statewide send the necessary data. To learn more details about data limitations, please [click here](#).

+ What do these data tell us?

ED Visits Related to Suspected/Confirmed Child Abuse or Neglect by Public Health Preparedness Region, 2021*



Region 2N Counties: Macomb County, Oakland County, St. Clair County

* 97% of Emergency Department (ED) facilities in Michigan send data to the syndromic surveillance system. About 74% statewide and 76% for Region 2N send data required to identify suspected or confirmed child abuse/neglect. Results presented may not represent the true rate of child abuse/neglect visits in Michigan since not all EDs statewide send the necessary data. To learn more details about data limitations, please [click here](#).

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SDOH Data

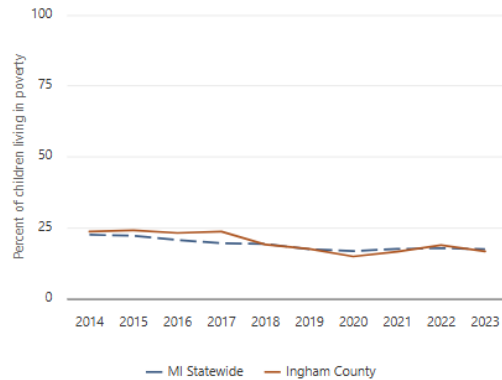


- Currently have four indicators using Kids Count Data:
 - Childhood poverty.
 - High housing cost burden.
 - Childcare cost.
 - Access to mental health care.

Data Display: SDOH Data



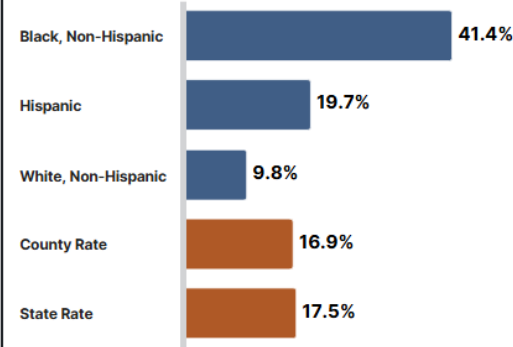
Percent of Children Living in Poverty, Statewide and in Ingham County, 2014-2023*



* The percent of children (ages 0-17 years) in Michigan that live in poverty was calculated using data from the U.S. Census Bureau (Small Area Income and Poverty Estimates program). To learn more about how the data were collected, [click here](#).

+ What do these data tell us?

Percent of Children Living in Poverty by Race/Ethnicity in Ingham County, 2019-2023*†

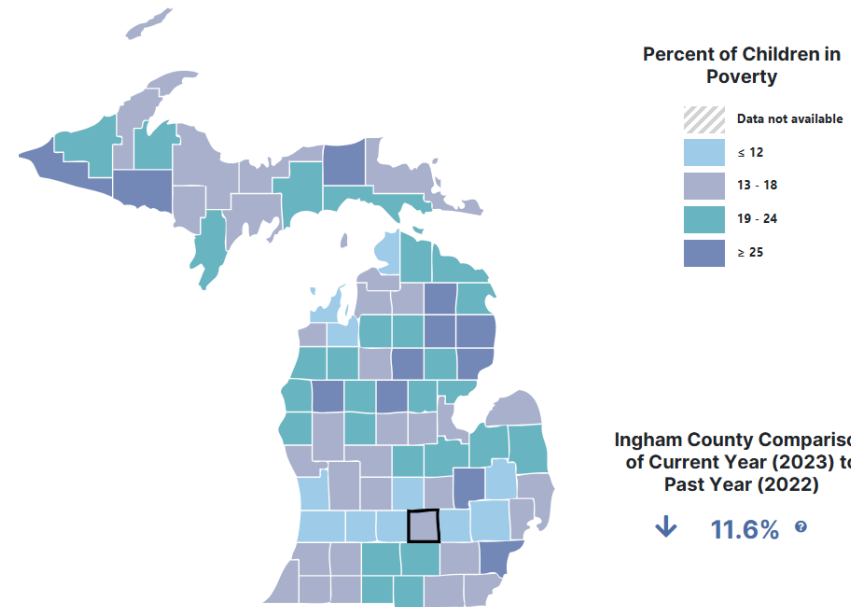


* The percent of children (ages 0-17 years) in Michigan that live in poverty. Five years of data were averaged from the U.S. Census Bureau (American Community Survey). To learn more about how the data were collected, [click here](#).

† Caution: The poverty data used above is from a different data source than in the left graph so the data will not align.

+ What do these data tell us?

Percent of Michigan Children Living in Poverty by County, 2023*



Ingham County Comparison of Current Year (2023) to Past Year (2022)

↓ 11.6% [Ⓜ]

* The percent of children (ages 0-17 years) in Michigan that live in poverty was calculated using data from the U.S. Census Bureau (Small Area Income and Poverty Estimates program). To learn more about how the data were collected, [click here](#).

Data to Action



- Dashboard can be used for:
 - Data-driven decision making.
 - Communication/collaboration.
 - Monitoring and tracking progress.
 - Highlighting areas of need.
- Examples:
 - Grant writing.
 - Presentations to local schools and substance use groups.
 - Using graphs to help raise awareness and help highlight areas of need.
 - Trainings to help explain to families, schools, and agencies the impact of ACEs.

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Questions?



- Contact Information:

Kim Hekman, HekmanK2@michigan.gov

Using Data to Inform Michigan's Substance Use Disorder Response

May 21, 2026

Brandon Hool, MPH
Opioids Policy Advisor
Office of the Chief Medical Executive

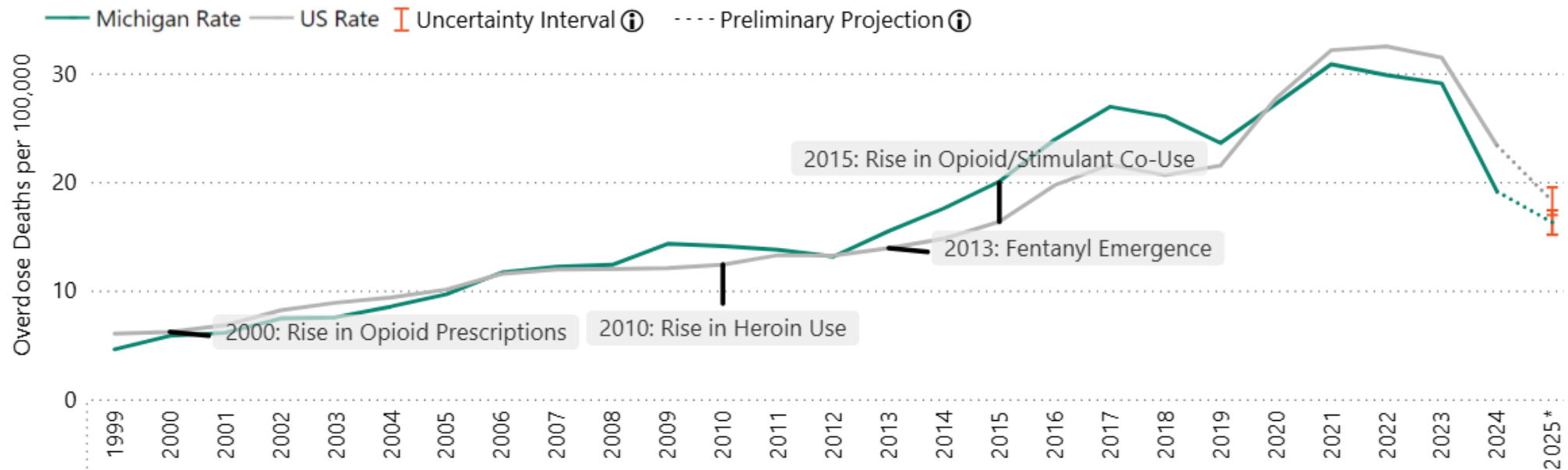


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Provisional death data shows rates decreasing for Michiganders overall.



Overdose Deaths per 100,000 Residents, Michigan vs United States, 1999 to 2025



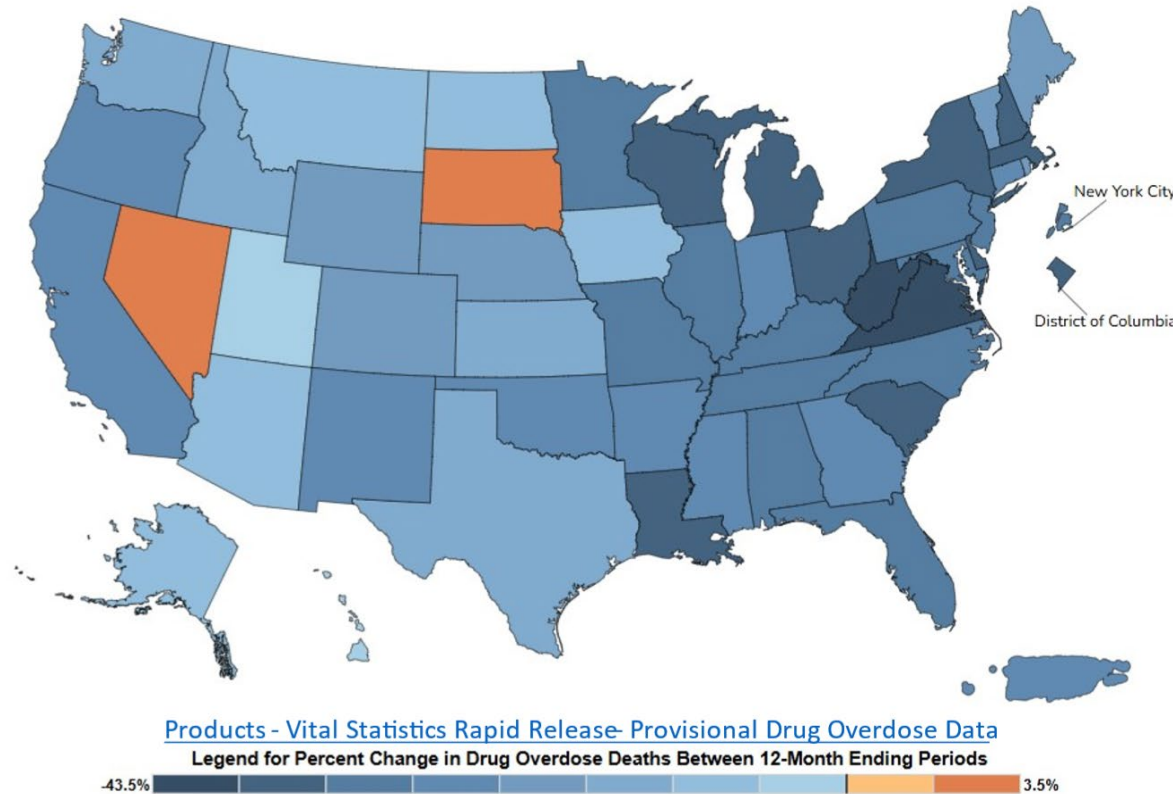
*2025 data are preliminary data and subject to change upon finalization. 2025 data are a projection based on January-June 2025 data.

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Significant Drop in Overdose Deaths



Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: December 2023 to December 2024



- Provisional data indicates a 36% reduction in drug overdose deaths from Dec. 2023 to Dec. 2024.
 - This means over 1000 lives saved in 2024 compared to 2023.
 - This puts Michigan in the top 5 performing states in the nation.

Explore MI Data:

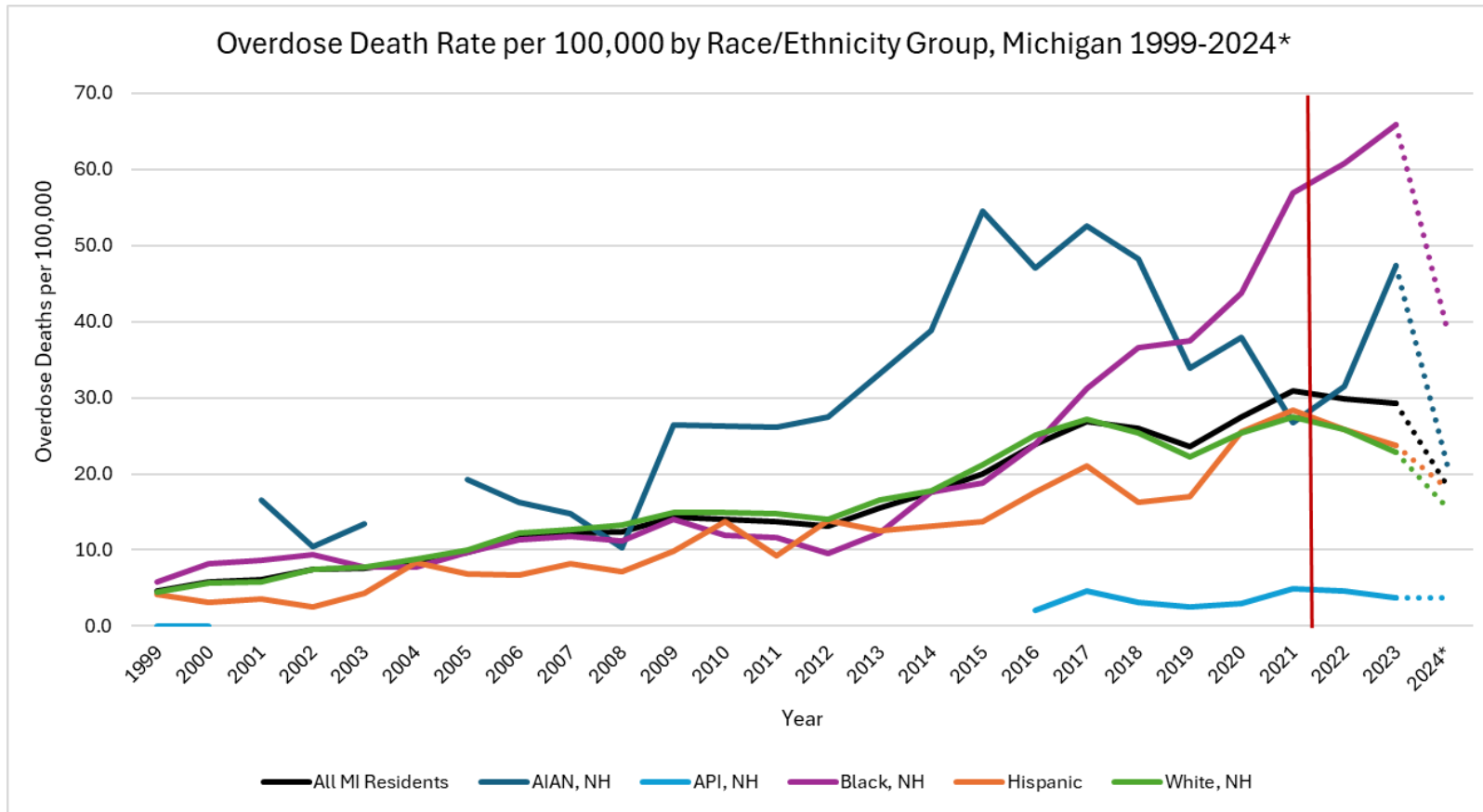


Request Naloxone:



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Racial disparities in death rates persist but may be narrowing.



Source: Michigan Resident Death Files. 2024 data are provisional and subject to change.

- 2024 provisional data suggest disparity in overdose deaths may be narrowing but is still significant.
- In 2023, Black Michiganders died from overdose at almost 3 times the rate of white Michiganders.
- 2024 provisional data show this has reduced to about 2.5 times.

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Michigan Opioids Task Force & MDHHS Strategic Planning



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Michigan Opioids Task Force



Executive Order 2019-18 Updated: Executive Order 2022-12

- **Lead statewide efforts to develop and recommend response actions to the opioid epidemic.**
- **Core functions:**
 - ✓ Identify root causes.
 - ✓ Guide strategic planning and policy development.
 - ✓ Advise on opioid settlement spending.
- **Reports to MDHHS and the Executive Office of the Governor.**
- **Current membership appointed in June 2023;** includes regional representatives with substance use disorder (SUD) expertise and state department representatives.

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Opioids Task Force Guiding Principles



What are we trying to do?

Overarching goal: Reduce overdose deaths and eliminate racial disparities

How do we get there?

Equity at the core

- Prioritize equity in all aspects of programming and operations.
- Address racial disparities in overdose deaths and access to services to achieve improved outcomes.

Maximize Impact

- Monitor and track program implementation and development.
- Identify overarching outcome/impact measures to show success.

Data-Informed Decisions

- Utilize available data and leverage data sharing agreements to drive strategic decisions.
- Ensure evidence-based practices guide our actions.

Communicate to improve trust

- Communicate openly, timely, and consistently to enhance trust.
- Ensure spending reports are clear and accessible; show where and how funds are being spent.

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OTF Subcommittees



2024 OTF Subcommittees: Prevention, Harm Reduction, Treatment, and Recovery



Subcommittees formed in March 2024 to update strategy and support implementation.



Through cross-sector collaboration created Substance Use Response Framework goals & metrics



Conducted gaps analysis for Michigan's SUD landscape.



Developed spending and policy recommendations.

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Strategic Goals

Overarching Goals

- Decrease fatal overdose rates.
- Eliminate demographic and geographic disparities in fatal overdose rates.

Primary Prevention

Delay the average age of first use of drugs or alcohol.

Increase public knowledge of the impact of substance use and available resources.

Prevent the intergenerational impact of substance use disorders.

Harm Reduction

Increase use of harm-reduction tools to reduce overdose deaths.

Reduce the spread of infectious disease and other drug use-related health conditions in communities.

Treatment

Increase capacity of SUD treatment providers through workforce development.

Improve SUD treatment initiation, engagement and retention.

Improve continuity of care for MOUD in a community setting.

Recovery Support

Increase number of recovery and long-term housing solutions to provide more stable environments for individuals in recovery.

Increase recovery capital among people in recovery.

Maximizing Impact

Ensure good governance through oversight and grant management.

Leverage data to inform investments and evaluate progress.

Build collaboration with local governments, tribal communities and philanthropy.

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Michigan's Opioid Settlements



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Opioid Settlement Background



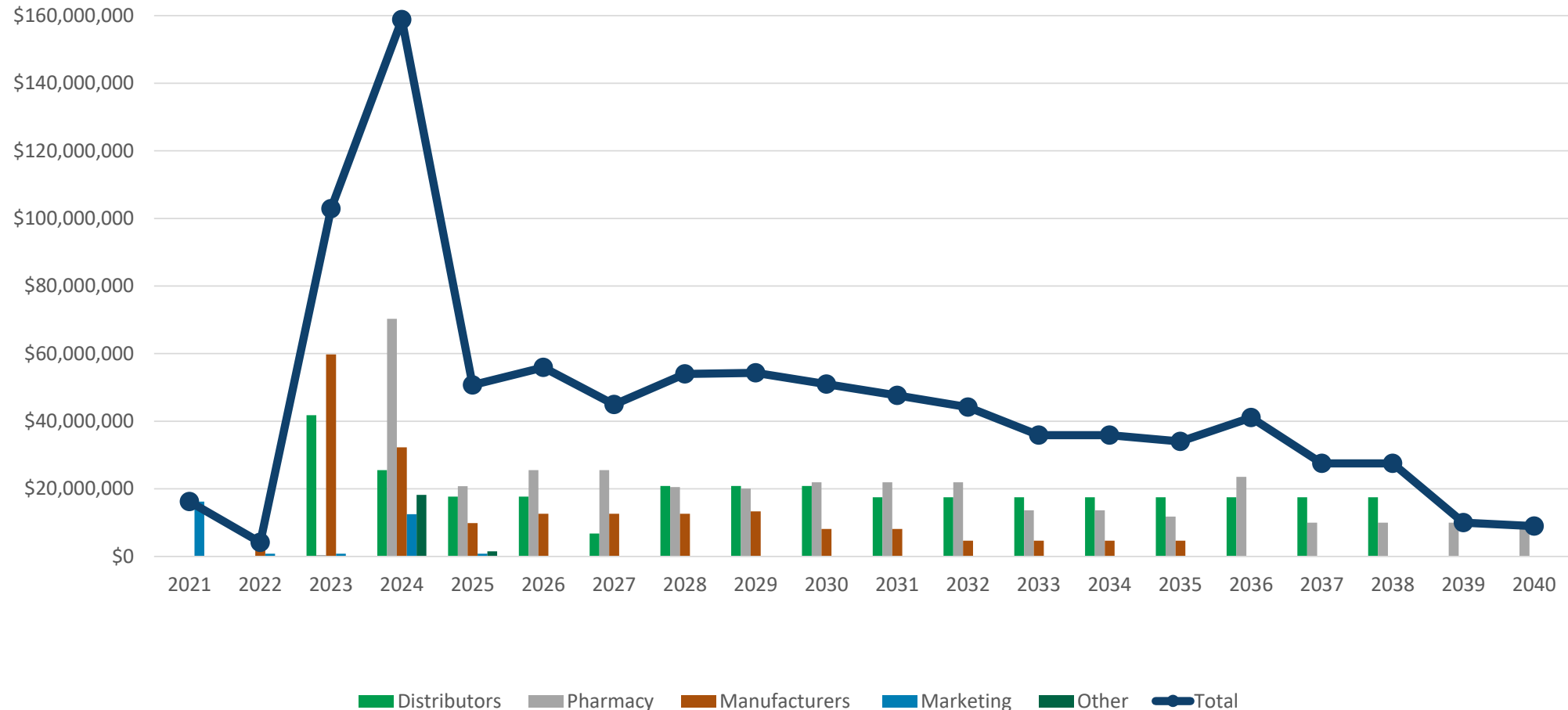
- The state of Michigan is slated to receive nearly \$1.8 billion from the opioid settlements over the next 18 years, split evenly between the state and local governments.
- The majority of funds received from the opioid settlements must be spent on **opioid remediation**.
- Distribution of funds started in January of 2023.

Opioid remediation: Care, treatment, and other programs and expenditures (including reimbursement for past such programs or expenditures except where this Agreement restricts the use of funds solely to future opioid remediation) designed to:

1. Address the misuse and abuse of opioid products.
2. Treat or mitigate opioid use or related disorders.
3. Mitigate other alleged effects of, including on those injured as a result of, the opioid epidemic.

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Settlement Payments Over Time



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FY26 Opioid Healing and Recovery Fund Strategic Investments



Prevention Investment Total: \$9.75M Ongoing \$4M Onetime	Harm Reduction Investment Total: \$13.5M Ongoing	Treatment Investment Total: \$10M Ongoing \$17M Onetime	Recovery Investment Total: \$15M Ongoing \$37M Onetime
<p>School Age Prevention Programs</p> <p>Continue Public Health/Awareness Campaign</p> <p>Continue Children Services Administration Programming</p> <p>Targeted investments for specific programming</p>	<p>Supporting the Expansion of Harm Reduction Agencies and Services</p> <p>Continue Naloxone Distribution Efforts</p>	<p>Initiatives to Increase the Workforce</p> <p>Remove barriers for peer recovery coach certifications</p> <p>Jail treatment</p> <p>Expansion of evidence-based treatment programming</p> <p>Targeted investments for specific programming</p>	<p>Funding Housing Programs</p> <p>Wraparound Services (Peer services, job training, transportation)</p> <p>Investing in Permanent Committed Affordable Housing Solutions</p> <p>Targeted investments for specific programming</p>

Data, Evaluation, and Standalone Investments:
Data collection and program evaluation, local government needs assessments, tribal communities, law enforcement training, diversion programs.

Substance Use Vulnerability Index (SUVI) – 2022 Data



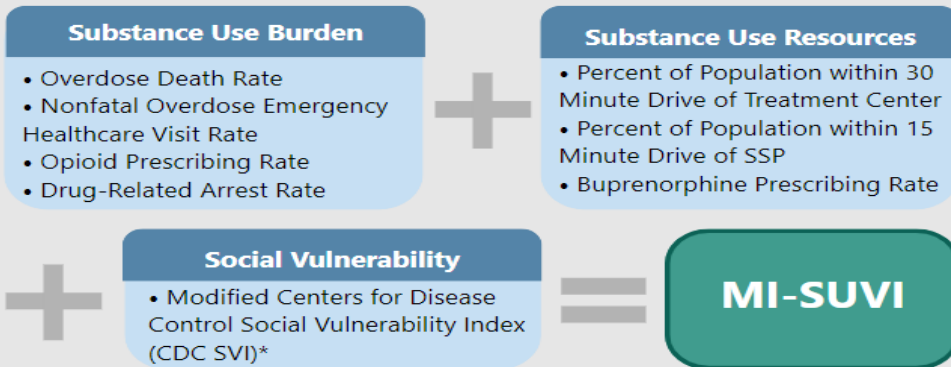
Michigan Substance Use Vulnerability Index

[View MI-SUVI Overview](#)

[View County Scorecard](#)

[Compare Data Points](#)

The **Michigan Substance Use Vulnerability Index (MI-SUVI)** is a tool for program planning and policy decision-making. The MI-SUVI is a measure of vulnerability to individual and community adverse substance use outcomes, and is a standardized, composite score based on eight indicators related to three "components": substance use burden, substance use resources, and social vulnerability. The below diagram summarizes the MI-SUVI framework.



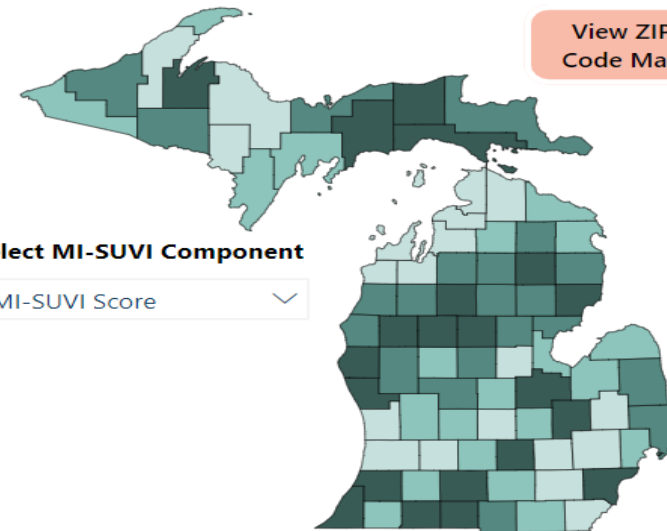
Each data indicator included in the SUVI is standardized by mean and standard deviation to a z-score. Before adding, the resource component is inverted so that a higher z-score corresponds with a worse outcome. Indicators are equally weighted in components, and components are equally weighted in the MI-SUVI score.

*The CDC SVI is included as a measure of social determinants of health and was modified to include information on technology and healthcare access.

2022 MI-SUVI County Results

Percentile Rank

● 0-25th ● 25th-50th ● 50th-75th ● 75th-100th
Least Vulnerable Most Vulnerable



Select MI-SUVI Component

MI-SUVI Score



MI-SUVI and component scores are **Z-scores**. Hover over the info button to the left for an explanation of Z-scores.

For more detailed information on the development and methodology of the MI-SUVI and included data indicators, please reference the [MI-SUVI documentation](#). An excel document of the MI-SUVI county/ZCTA-level results is available on Michigan.gov/OpioidsData below this data dashboard.

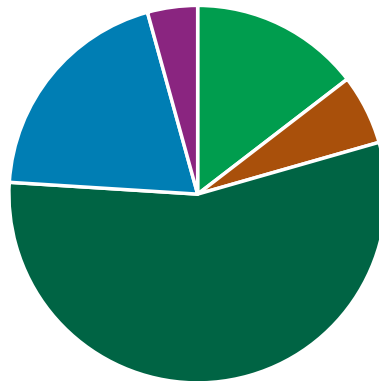
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Estimated Substance Use Disorder Funding



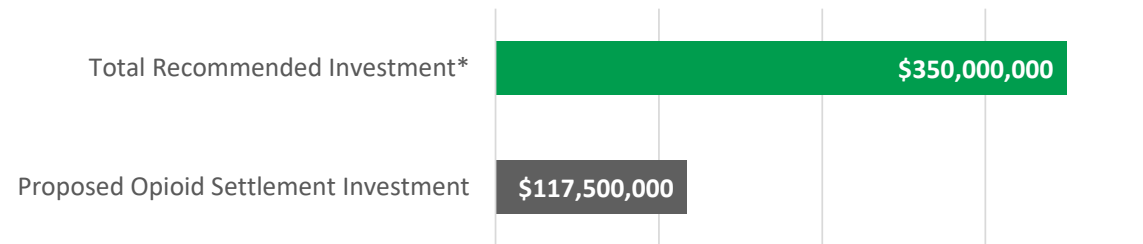
- In the Fiscal Year 2027, it is anticipated that the State of Michigan will spend approximately \$350 million on SUD services using a variety of state and federal funding sources.
 - In the Governor's recommendation, settlement investments represent about a third of total dollars invested in SUD services.

Proposed SUD Related Budget



■ Prevention ■ Harm Reduction ■ Treatment
■ Recovery Support ■ Maximize Impact

Recommended SUD Related Budget



*Includes federal funding (e.g., Medicaid, SAMSHA grants) and other state funding sources (e.g., general fund).

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2026 Programs - Current



NARCAN Direct

Recovery Incentives

Quick Response Teams

Wellness Hubs

Overdose Fatality Review Teams

Data Support

Great Lakes Recovery Center Women's Treatment

CSA After School Programming

CSA Family Support and Peer Programs

Parent toolkit

Earmark - Support Hype Athletics

Earmark - Support FAN

Earmark - Support LAHC

Harm Reduction Expansion

Great Lakes Recovery Center Treatment Other Project

Technical Assistance for Local Governments

Oxford Housing Program

Recovery Housing Investment Program

Recovery Supportive Services Grant Funding Opportunity

Prevention Grant Funding Opportunity

MIOTA Loan Repayment Program

Supporting KalRecovery

Parent toolkit

2026 Programs - In Progress



Planning Phase

Extended communication campaign
HMA Jail Treatment TA Expansion & Peer Programs
Expanding peer training
SUD Internships Program
Housing assistance pilot
Earmark - Support DRP
Earmark - Support NSO

Reviewing Proposals

Localized communications & outreach campaign
Law enforcement training
Diversion projects
SUD Scholarships Program
SUD Fellowship Program
Root cause analysis and harm reduction response planning
Partnering with Local Governments
Financial assistance to support peer retention
Emerging needs response to expand access to diverse treatment modalities
Job Training for People in Recovery
Supporting Future Recovery and PSRH Development

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Strategic Investments Needed To Continue Building on Progress Made in Recent Years



Estimated Illicit Drug Use in the Past Month

7.6%

By People Between 12 and 17 Years Old

(National average – 7.3%)

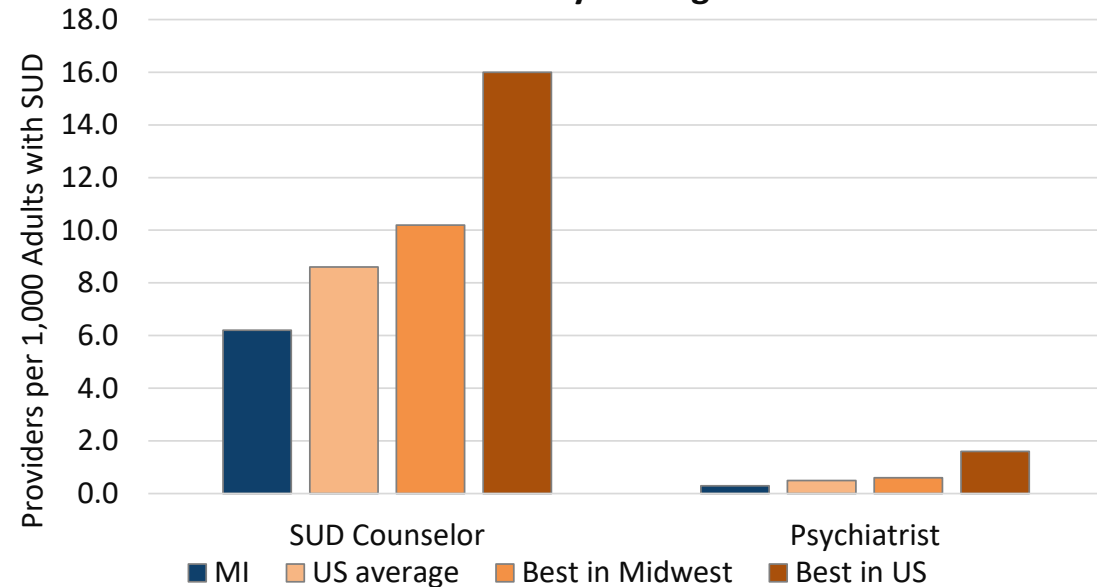
30.5%

By People Between 18 and 25 Years Old

(National average – 26.7%)

Source: 2023 National Survey of Drug User Health

Rate of SUD Counselors and Psychiatrists per Adults with an SUD by US Region

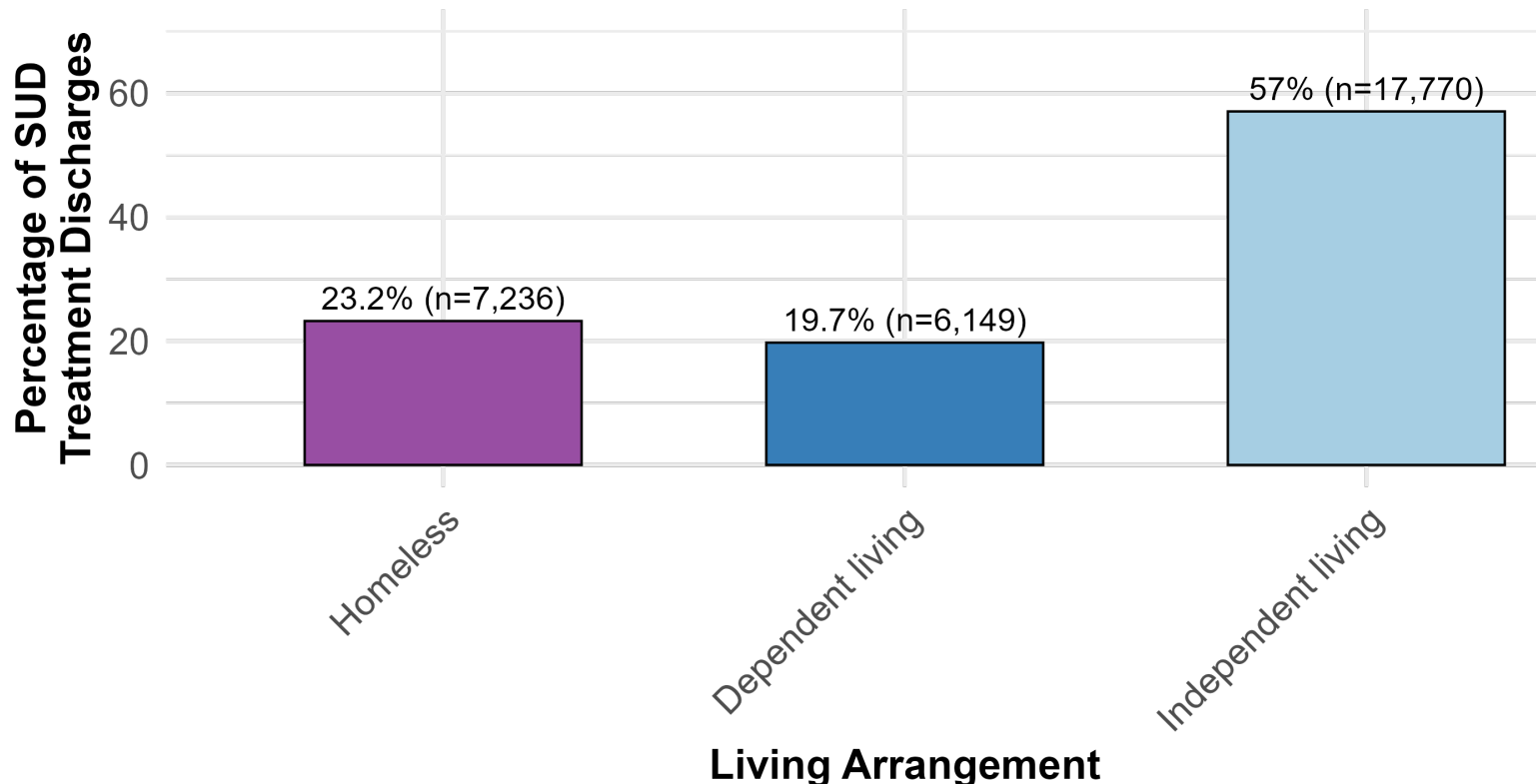


High Demand: Recent programs tailored to **behavioral health workforce** received more than 500 applicants. However, we were only able to fund 130.

Recovery Problem: 7,236 discharges from treatment without stable housing in 2024



Housing Status at SUD Treatment Discharge Michigan, 2024



In 2024, 23.2% (7,236) of Michigan publicly funded SUD treatment discharges lacked stable housing.

Source: 2024 Behavioral Health Treatment Episode Dataset

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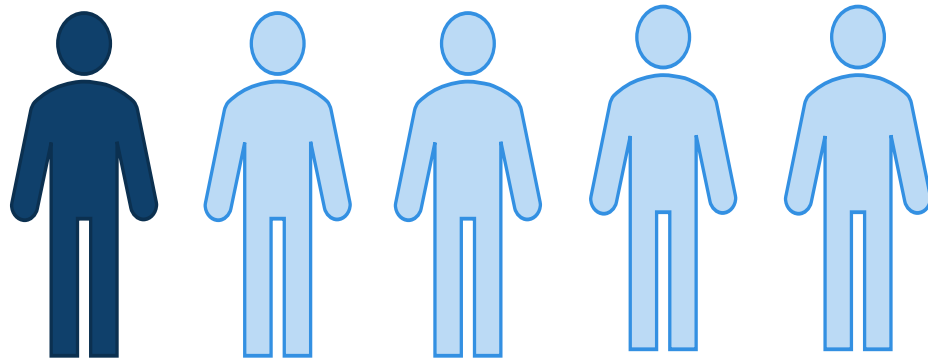
Recovery Problem: At least 1 in 5 fatal overdoses had history of housing instability



“Domestic violence, school absenteeism, and chronic and untreated physical, behavioral health and substance use issues compound the challenges to finding and keeping stable, safe housing.”

Stable housing is one of SAMHSA’s (Substance Abuse and Mental Health Services Administration) four major dimensions of recovery due to its association with positive outcomes.

19% of all fatal overdoses (n=2,390) between January 2019 and December 2023 (n=12,554) were among individuals who accessed homeless services at least once since 2015.



16x

The rate of fatal overdoses among People Experiencing Homelessness (PEH) is approximately 16x higher than those with no history of housing instability.

PEH are those who accessed homeless services within one year prior to a fatal overdose.

Data Source: MiCelerity Electronic Death Registration System (EDRS) linked with Homelessness Management Information System (HMIS)

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Infectious Sequelae of Injection Drug Use



Conditions resulting from injection drug use:

- **Endocarditis** is the inflammation of the inside lining of the heart chambers and heart valves (endocardium). It is caused by a bacterial or a fungal infection.¹
- **Skin and soft tissue infections (SSTI)** are bacterial or fungal infections of the skin, muscles or connective tissue such as ligaments or tendons.²
- **Sepsis** is the body's extreme response to an infection.³
- **Hepatitis C** is a liver disease caused by the hepatitis C virus (HCV) and can lead to liver problems like scarring and cancer.⁴
- **Human Immunodeficiency Virus (HIV)** is a virus that attacks cells that help the body fight infection and if left untreated, HIV can lead to the disease AIDS.⁵

TRENDS

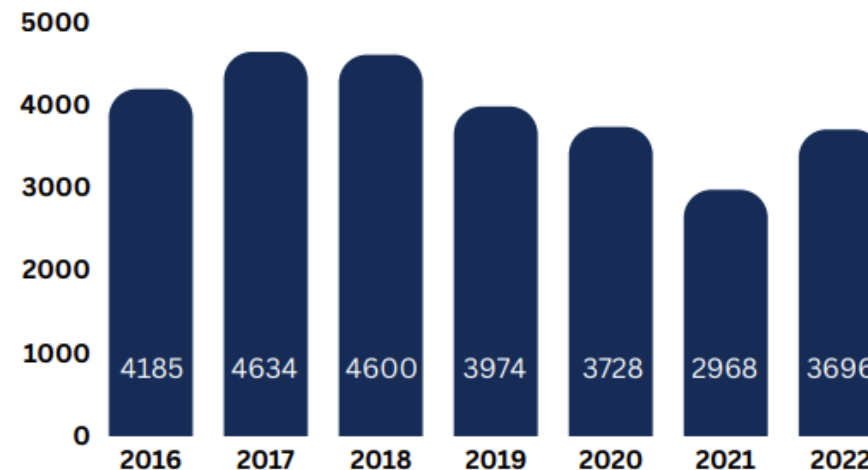
This report highlights Michigan's hospitalizations between 2016 and 2022 in persons aged 18 to 64 years that include ICD-10 codes for substance use and codes suggestive of invasive bacterial and fungal infections associated with injection drug use (IDU).

2016-2022 Hospitalizations

There were more than:

- ⊕ **221,000** IDU hospitalizations.
- ⊕ **5,000** deaths.

Counts of hospitalizations from IDU and infections related to IDU, Michigan, 2016-2022



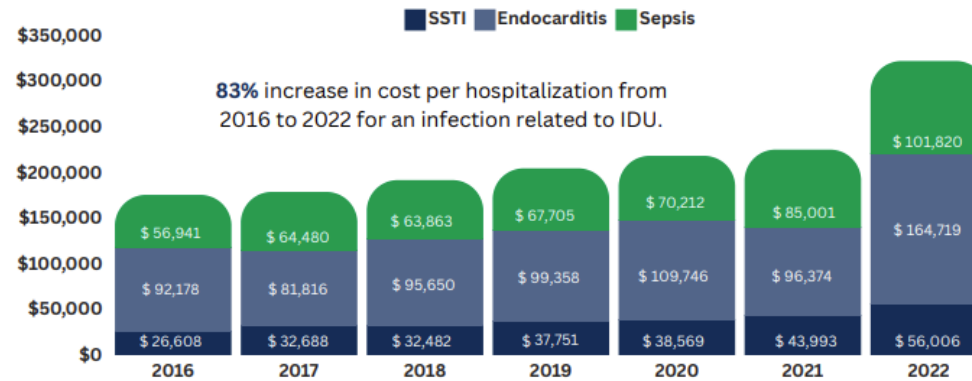
Infectious Sequelae of Injection Drug Use

CONSEQUENCES

2016-2022 Hospitalizations





- ⊕ **\$1.5 billion** in health care costs.
- ⊕ **87%** longer average length of stay compared to non-IDU hospitalizations.

Average cost per event(dollars) for hospitalizations with an infection related to IDU, 2016-2022



PREVENTION

Syringe service programs (SSP) are a harm reduction approach aimed at supporting the health and well-being of individuals who inject drugs. SSPs provide:

-  Sterile syringes to reduce syringe re-use and/or sharing.
-  Opioid overdose prevention education and distribution of naloxone.
-  Onsite wound care and safer injection instructions.
-  Hepatitis C and HIV screening and linkage to care.

Cost of one syringe:

9 cents



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Accomplishments to Date



Overall Goal: Dropped from 14th highest fatal overdose rate to 36th in six years.

Prevention

Launched media campaign using research and polling to tailor messaging and measure effectiveness.

Supported prevention and family preservation services for more than 400 families involved in the child welfare system resulting in at least 95% of families remaining intact.

Harm Reduction

Distributed over 1.8 million naloxone kits, resulting in 34,000 reported overdose reversals.

Expanded to 115 harm reduction sites from 5 in 2017 to reduce infection disease spread and prevent overdoses.

Increased clients served from 10,000 in 2019 to over 115,000 in 2025.

Treatment

Incentivized 202 providers to expand substance use disorder care to more than 12,000 clients through loan repayment programming.

Expanded access to medications for opioid use disorder in 25 county jails.

Supported infrastructure improvements in several facilities across the state.

Recovery

Invested in adding more than 200 beds in the last 2 years.

Supported service delivery expansion for 32 recovery community organizations.

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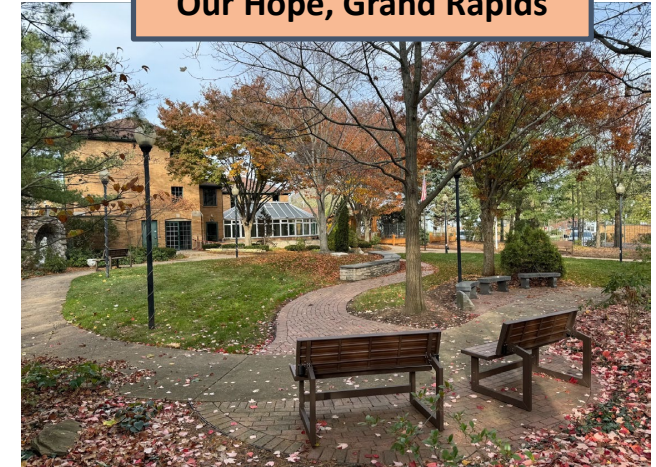
Examples of Recent Settlement-Funded Projects



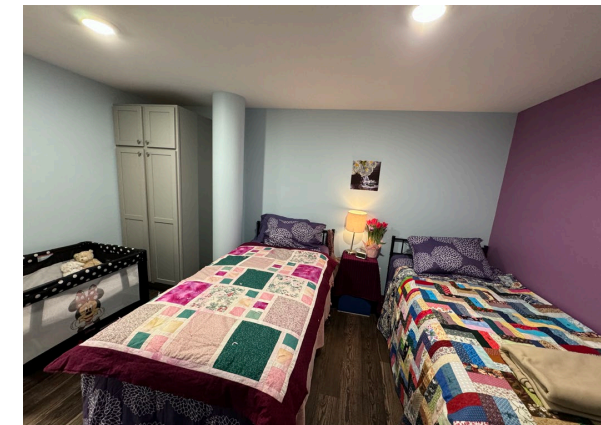
Andy's Place, Jackson



Our Hope, Grand Rapids





Sacred Heart's Serenity Hills, Berrien County



BLACK OVERDOSE DEATHS IN MICHIGAN ARE MORE THAN TWICE THAT OF ALL OTHER RESIDENTS.

Drug overdoses are preventable.

Today's drugs are more addictive and deadlier than ever before. Keep naloxone on hand. It can reverse an overdose in minutes. If you are using street drugs, check them with naloxone and fentanyl test strips. Learn more at Michigan.gov/SUD.



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Recovery Investments To Date



Recovery Housing Investment Program (RHIP)

Organization	County	# of New Beds	Target Area
Catholic Social Services of the UP	Menominee	5	YES
Crossroads Recovery	St. Clair/Sanilac	14	YES
Great Lakes Recovery Mission	Genesee	28	YES*
Live Rite Properties	Macomb	32	YES*
Personalized Nursing Light	Wayne	10	YES*
WAI-IAM, Inc.	Ingham	41	YES*

Totals as of December 2025:

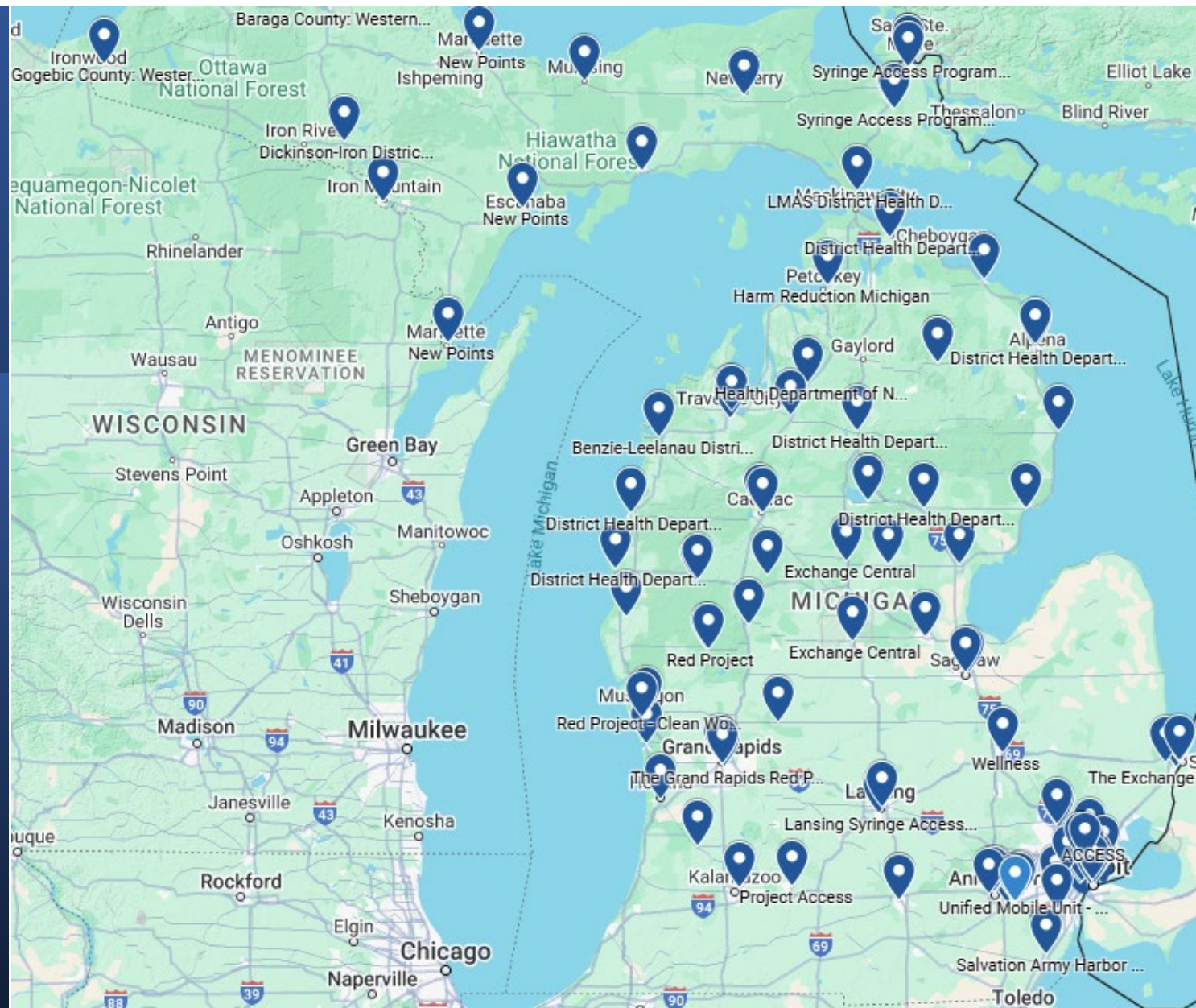
- ✓ **130** new recovery beds
- ✓ **6** target areas.
- ✓ **\$1,919,400.00** in grant reimbursements already made from settlement funds

*Asterisk are considered top 10 highest need

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Current State of SSP in Michigan

www.Michigan.gov/ssp



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Recovery Community Organizations



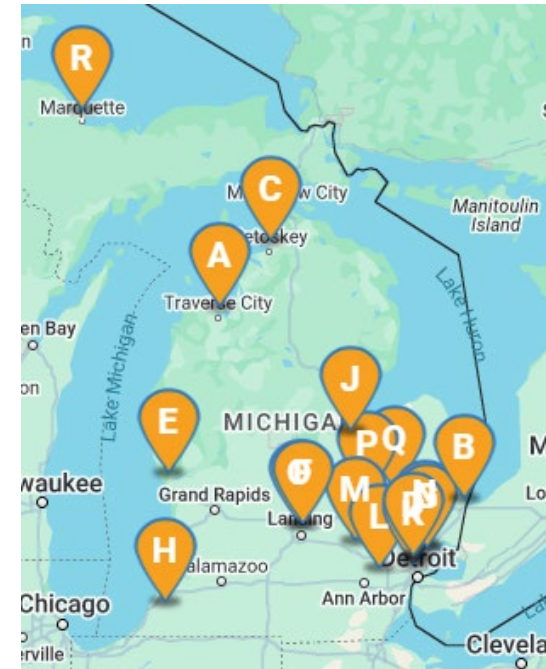
A Recovery Community Organization (RCO)

is a community-led, non-profit group focused on supporting long-term recovery from addiction.

They achieve this by:

- Advocacy:** Influencing policies to support recovery.
 - Education:** Raising awareness and understanding of recovery.
 - Peer Support:** Providing direct, experience-based support to individuals and families.
- Essentially, RCOs mobilize community resources to increase access to and quality of addiction recovery

<https://facesandvoicesofrecovery.org/>



<https://michiganarco.org/>

Opioid Settlements – 2027 and Beyond



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FY27 Proposed Investment: Prevention | \$12.5M



Metric/Benchmark:

Delay the average age of first use of drugs or alcohol.

Prevent the intergenerational impact of substance use disorders.

Increase public knowledge of the impact of substance use and available resources.

What we are proposing funding:

Scale up primary prevention activities & school programming, incorporating additional focus on mentorship, kinship, and family-based programs.

Reduce risks of multi-generational addiction and family separations through family SUD supports and youth programming.

Launch new initiative to tailor communication and outreach to high priority audiences.

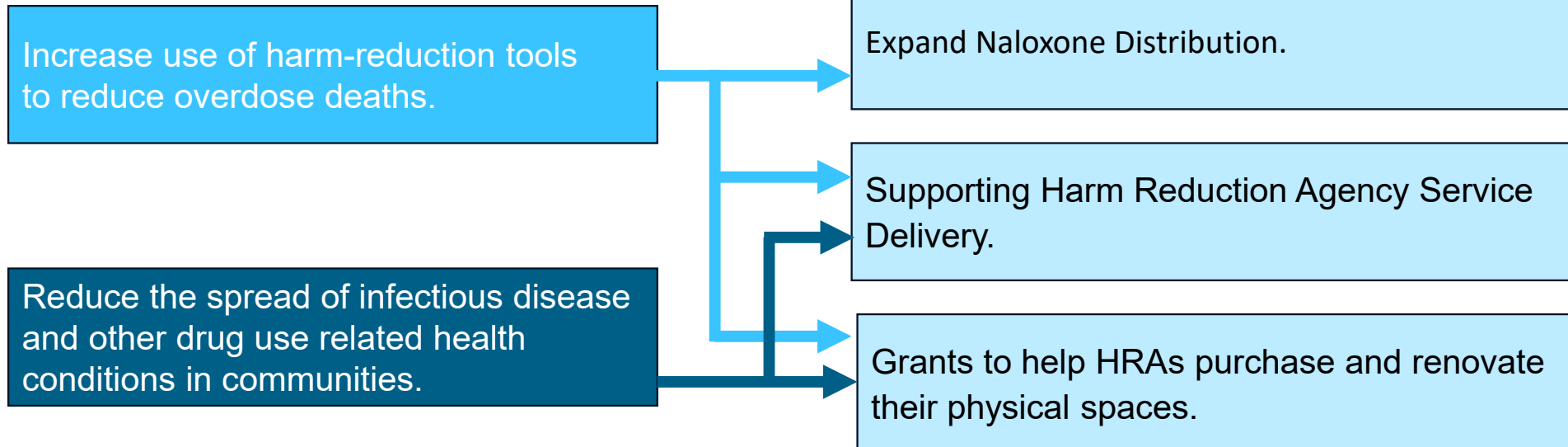
Continue public awareness media campaign.

FY27 Proposed Investment: Harm Reduction | \$21.5M

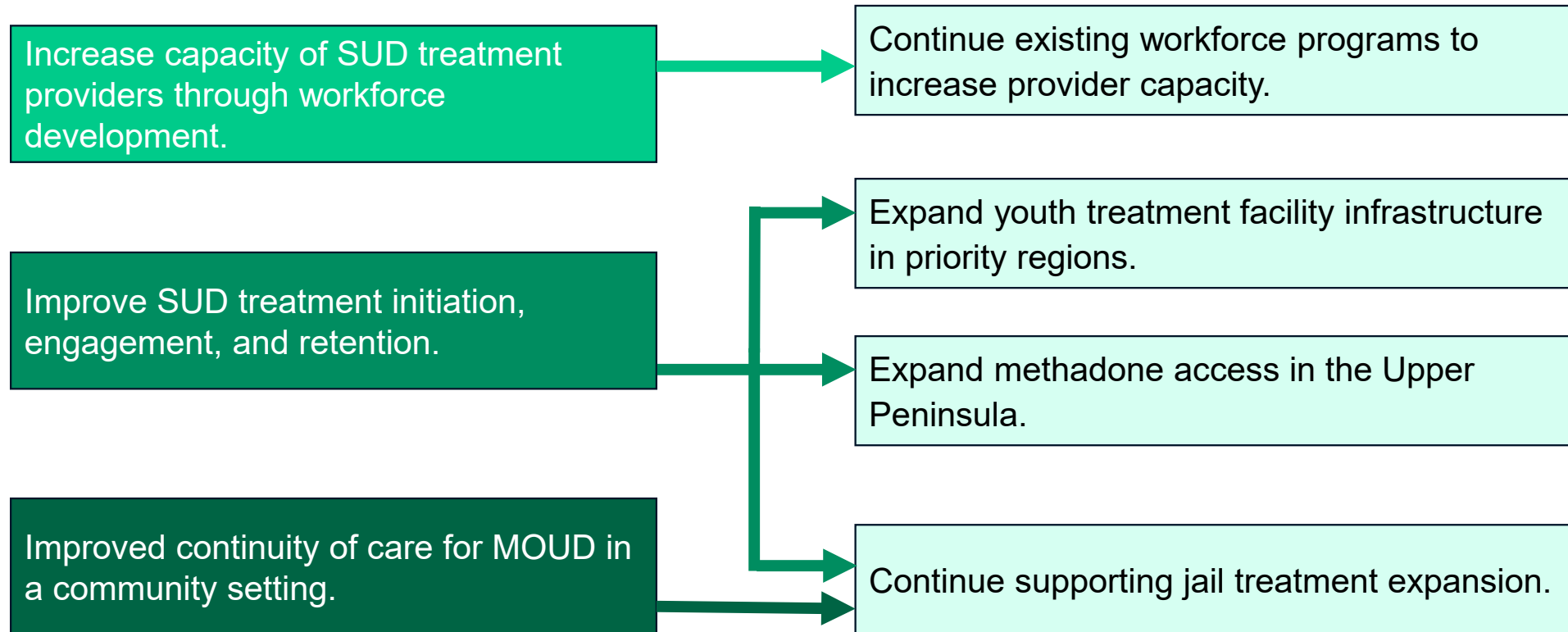


Metric/Benchmark:

What we are proposing funding:



FY27 Proposed Investment: Treatment | \$24M



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FY27 Proposed Investment: Recovery

| \$53.5M



Increase number of recovery and long-term housing solutions to provide more stable environments for individuals in recovery.

A series of housing developments and renovations to expand the number of permanent supportive apartment units and transitional recovery beds.

Increase recovery capital among people in recovery.

Ongoing recovery community organization grants, including a focus on youth and family recovery supports.

Support services direct funding (benefits navigation training, housing assistance fund for people in recovery).

FY27 Proposed Investment: Maximizing Impact | \$5M



Ensure good governance through oversight and grant management.

Staffing and Administration capacity building and maintaining.

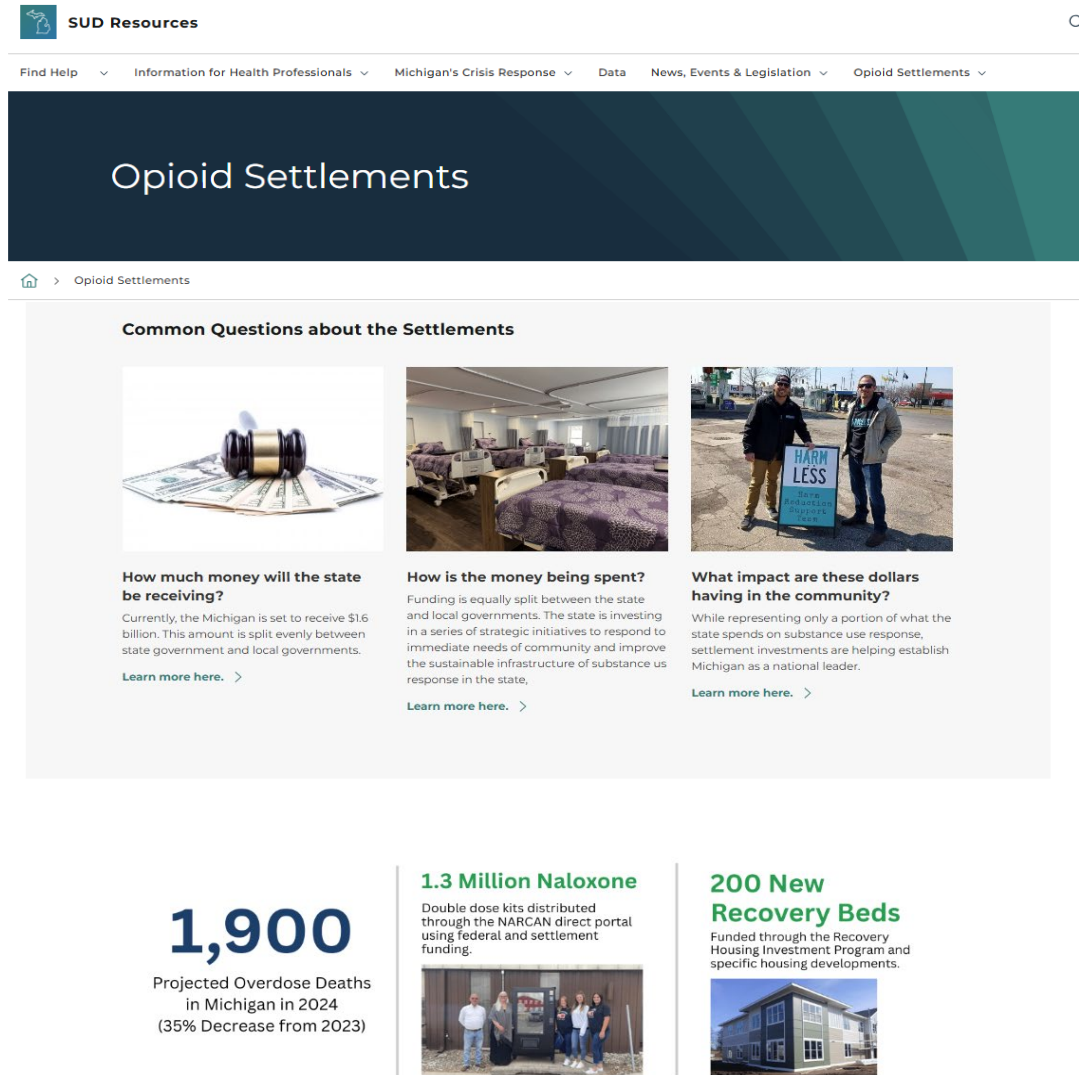
Leverage data to inform investments and evaluate progress.

Data collection & epidemiology. Conduct program evaluations.

Build collaboration with local governments, tribal communities and philanthropy.

Continue providing county technical assistance, support tribal governments and communities.

For More information on Michigan's opioid settlements, visit: www.Michigan.gov/opioid/opioidsettlements



The screenshot shows the 'SUD Resources' website with a navigation menu including 'Find Help', 'Information for Health Professionals', 'Michigan's Crisis Response', 'Data', 'News, Events & Legislation', and 'Opioid Settlements'. The main heading is 'Opioid Settlements'. Below this, a section titled 'Common Questions about the Settlements' features three columns of content:

- How much money will the state be receiving?** Currently, the Michigan is set to receive \$16 billion. This amount is split evenly between state government and local governments. [Learn more here.](#)
- How is the money being spent?** Funding is equally split between the state and local governments. The state is investing in a series of strategic initiatives to respond to immediate needs of community and improve the sustainable infrastructure of substance use response in the state. [Learn more here.](#)
- What impact are these dollars having in the community?** While representing only a portion of what the state spends on substance use response, settlement investments are helping establish Michigan as a national leader. [Learn more here.](#)

Below the questions, three key statistics are highlighted:

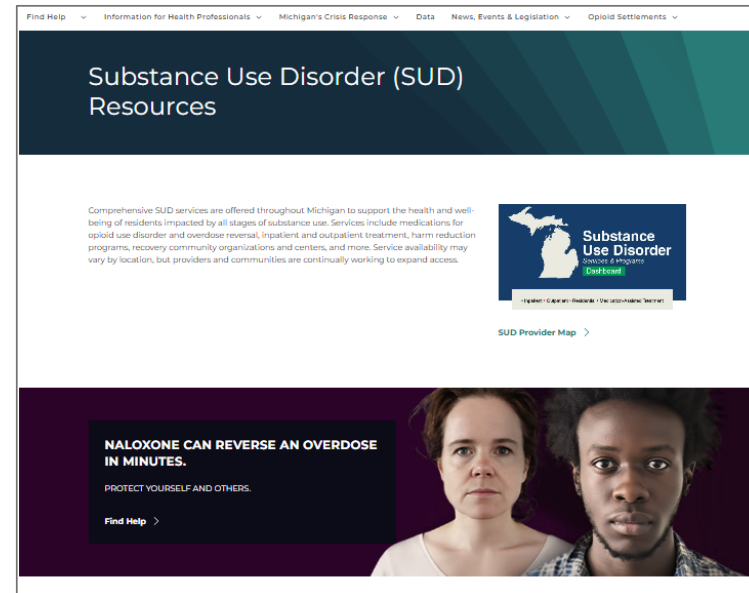
- 1,900** Projected Overdose Deaths in Michigan in 2024 (35% Decrease from 2023)
- 1.3 Million Naloxone** Double dose kits distributed through the NARGAN direct portal using federal and settlement funding.
- 200 New Recovery Beds** Funded through the Recovery Housing Investment Program and specific housing developments.

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Additional Opioid Data Sources



- [2025-Michigan-Opioids-Task-Force-Summary-Report_Final.pdf](#)
- [Michigan's Crisis Response Website](#)
- [Settlement Data](#)
- [Michigan Overdose Data to Action](#)
- [Public Health Data by District](#)
- [MDHHS YouTube Channel](#)
- [Michigan's SUD Resources Website](#)



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Questions or Comments? Thank you!

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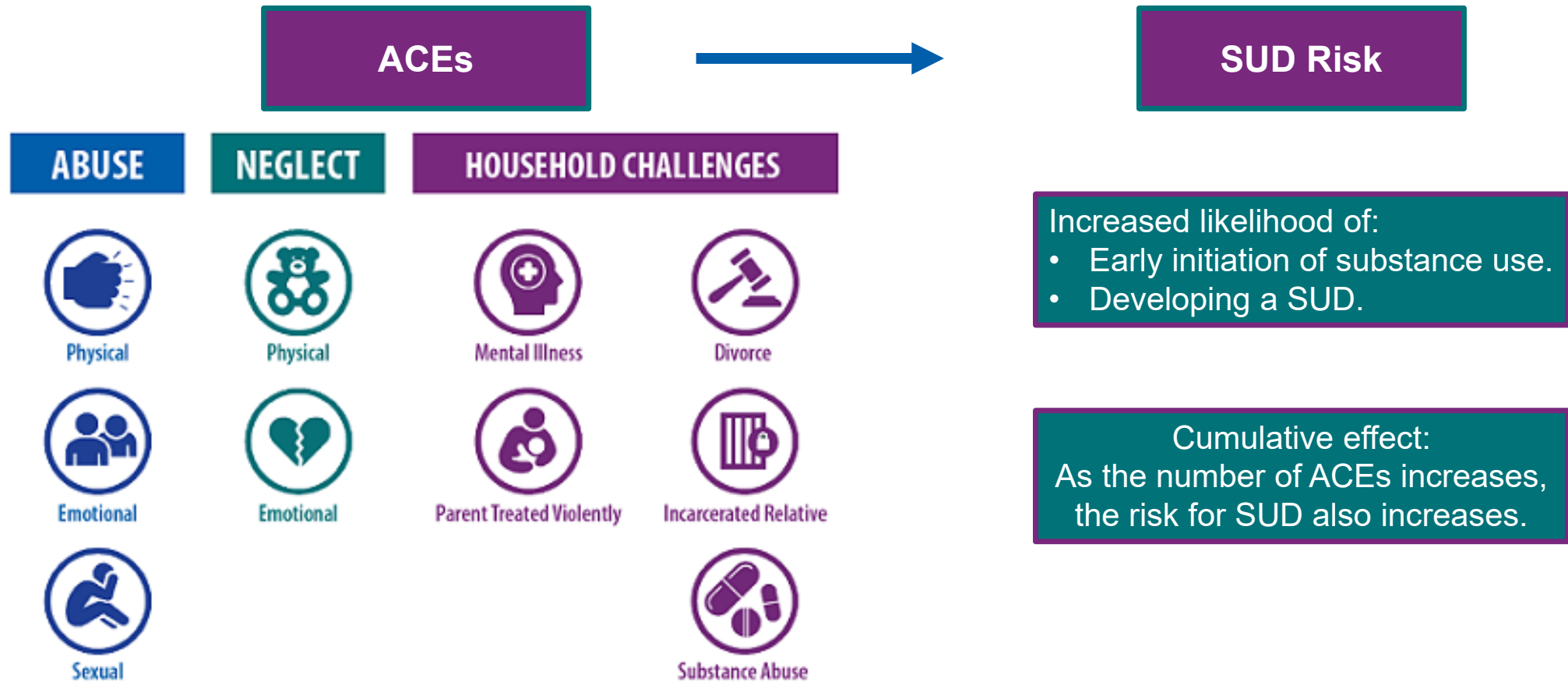
ACEs as an essential consideration in preventing substance use-related harms

Opioid and Emerging Drugs Unit, MDHHS



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How Adverse Childhood Experiences (ACEs) relate to substance use disorder (SUD).



Source: Centers for Disease Control and Prevention.

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Fatal overdoses in Michigan with history of child welfare involvement



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Evidence: Why Child Welfare History is Important for Prevention.



Opioid Task Force Prevention Pillar Strategic Goals

Delay the average age of first use of drugs and alcohol.

Increase public knowledge of the impact of substance use and available resources.

Prevent the intergenerational impact of substance use disorders.

Youth who experience early trauma or household instability are **more likely to initiate substance use at an earlier age.**

Unstable housing compounds barriers to:

- regaining custody,
- accessing SUD treatment,
- and maintaining recovery,

while also **increasing isolation that elevates overdose risk.**

→ **Cycle of housing instability driving child welfare interaction and fatal overdose risk.**

Family context is an important consideration for prevention.



Children with chronic pain, anxiety and/or depression are 40% more likely to initiate use of alcohol, tobacco or cannabis during their teenage years. However, this effect was lessened if parental rules and peers were considered.

Parental substance use is involved in roughly one-third to two-thirds of child welfare cases. Providing services for parental substance use is important for prevention.

Nearly 17,000 children in Michigan lost a parent to overdose between 2000 and 2022. Bereavement is an important area for intervention, but most children and youth receive no targeted services.

Youth in foster care are 2.5x more likely to have already initiated substance use at any given age and have up to 5x higher SUD rates.

Data sources linked to fatal overdoses.



Michigan Statewide Automated Child Welfare Information System (MiSACWIS)

- Tracks all child protective services interactions, investigations and assessments:
 - Interactions as children.
 - Interactions as adults.
 - Interactions as household members or other persons connected to a case.

Homeless Management Information System (HMIS)

- Homeless service providers at the regional level collect client-level data on the provision of services to individuals experiencing housing instability or homelessness, including those staying in emergency shelters or receiving street outreach services.

Data Linkage with Overdose Data

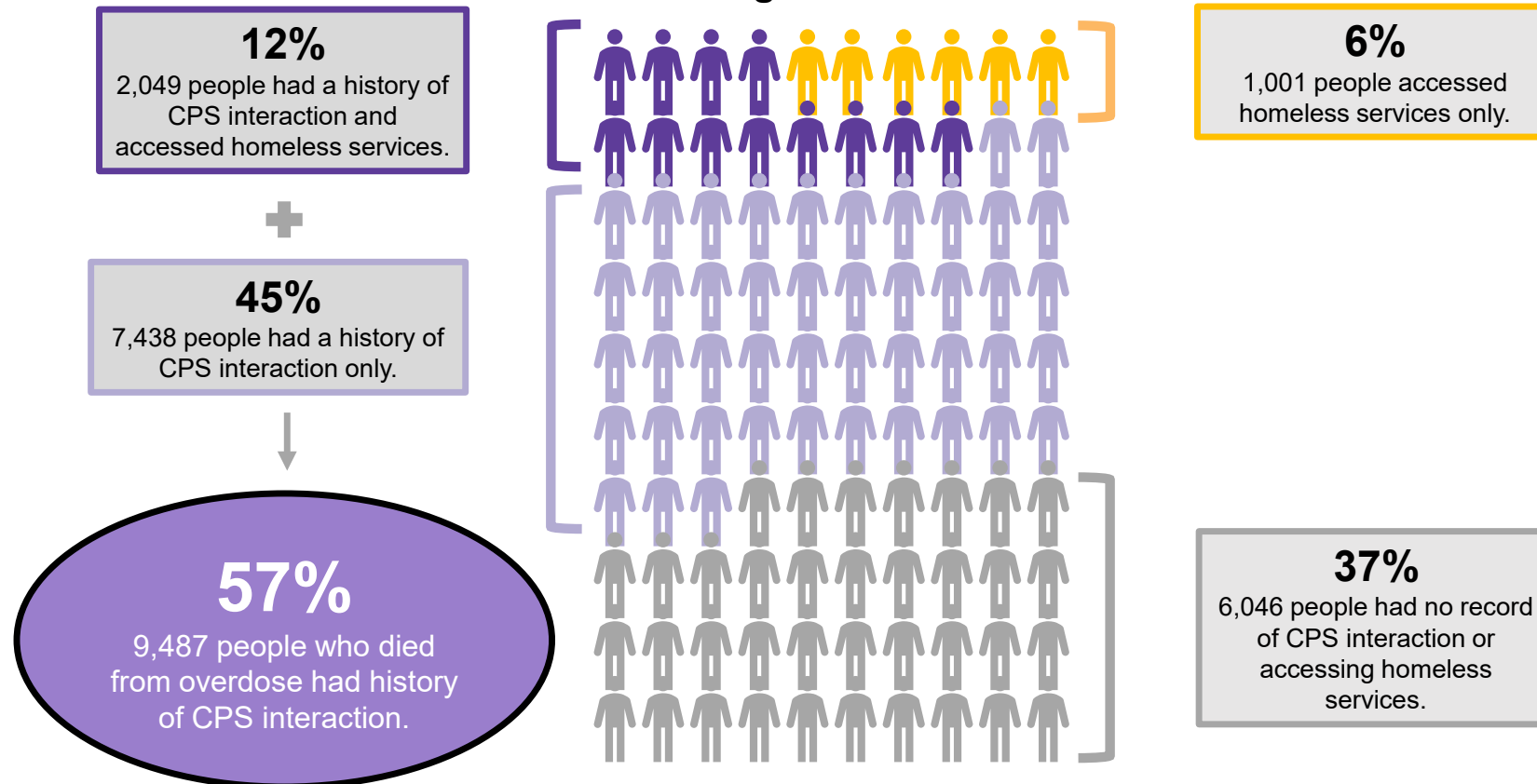
- Available for matching: any fatal overdose in Michigan occurring between 2019-2024.
- Matching to MiSACWIS ID numbers means the decedent interacted at least once with Child Protective Services in an alleged or substantiated case at any point prior to their death.*
- Matching to HMIS means the individual accessed homeless services at any point between January 2015 and their death.

**Note: CPS intake/investigation tracking was less systematically standardized before the 1980s.*

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Distribution of Fatal Overdoses by Prior System Involvement.

16,534 Fatal Drug Overdoses,
Michigan 2019-2024.



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Racial and Gender Disparities Among Overdose Decedents with Any History of CPS Interaction.



Racial Disparities

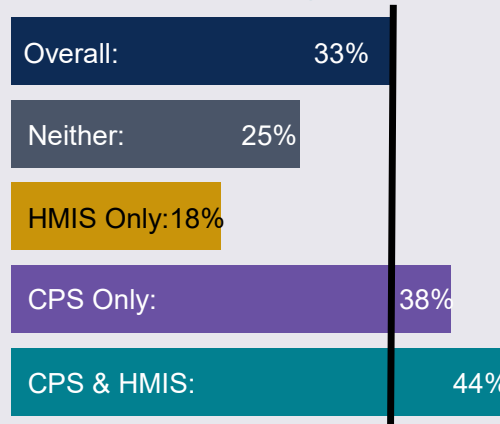
Black decedents were
2.5x
more likely to have
accessed homeless
services prior to a fatal
overdose (*compared to
white decedents*).

Black decedents were
1.4x
more likely to have any
CPS interaction **and**
homeless service history
prior to a fatal overdose
(*compared to white
decedents*).

The intersection of child welfare interaction and housing instability disproportionately affects Black families.

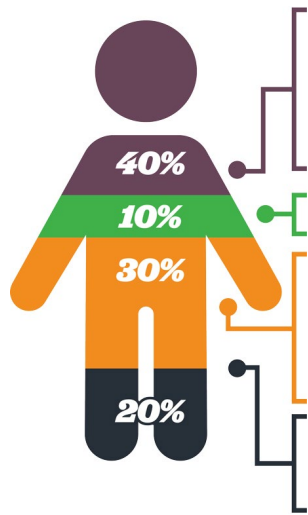
Gender Disparities

% Female among Overdose Decedents



Women were overrepresented among overdose decedents with any CPS interaction (38% CPS Only, 44% Both).

Intersection of Housing Instability and Child Welfare System.



Child welfare interaction **reflects underlying adversity**, not individual failure.

- Poverty
- Unemployment
- **Housing insecurity**
- Structural racism
- Trauma
- Limited healthcare access

Housing insecurity...

- Is a risk factor for **both** child welfare interaction and overdose risk.
- Amplifies overdose risk for **women** with child welfare interaction.

Child welfare interactions may present a critical touchpoint for preventing the intergenerational impact of substance use disorders.

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014).

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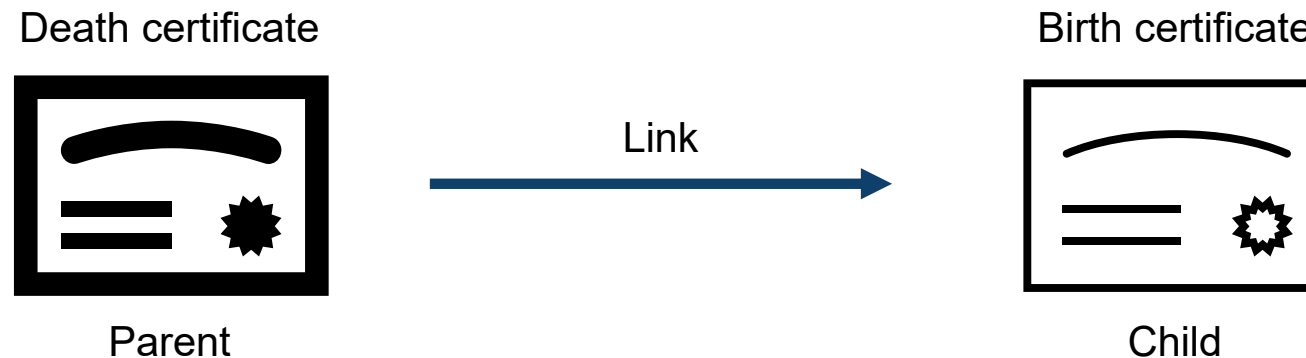
Birth-Death Certificate Linkage to Estimate Number of Children Whose Parent(s) Died Due to Drug Poisoning Michigan, 2000-2022



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Purpose

The Michigan Department of Health and Human Services (MDHHS) conducted a linkage of death and birth certificates to estimate the number of children whose parent(s) died due to drug poisoning in Michigan from 2000-2022.



Methods



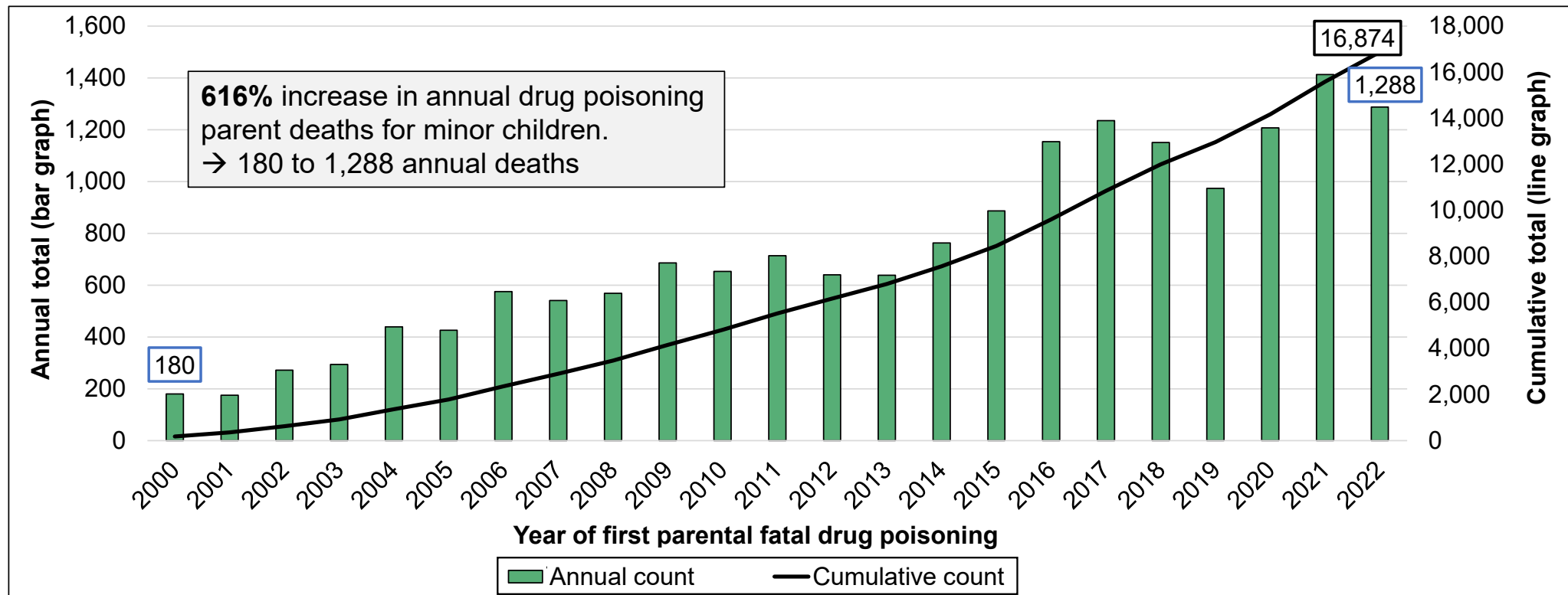
- All cause deaths in Michigan, 2000-2022, linked to Michigan births, 1989-2022.
 - Match based on **biological parent's first name, last name and date of birth.**
- Linked records restricted to pairs where:
 - Parental deaths were due to **drug poisoning** (ICD-10 codes X40-X49, X60-X694, X85-X90 and Y10-Y19).
 - Decedent had **at least one minor child (less than 18 years old) at time of death.**
- Descriptive analyses conducted: age of children, numbers and proportions in trends over time.
- Note: If both parents died due to drug poisoning, the year of the first parental death is used in analysis.

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An increasing number of children are losing parents to drug poisonings.



Annual and cumulative count of minor children whose parent(s) died due to drug poisoning by year parent died, Michigan, 2000-2022.

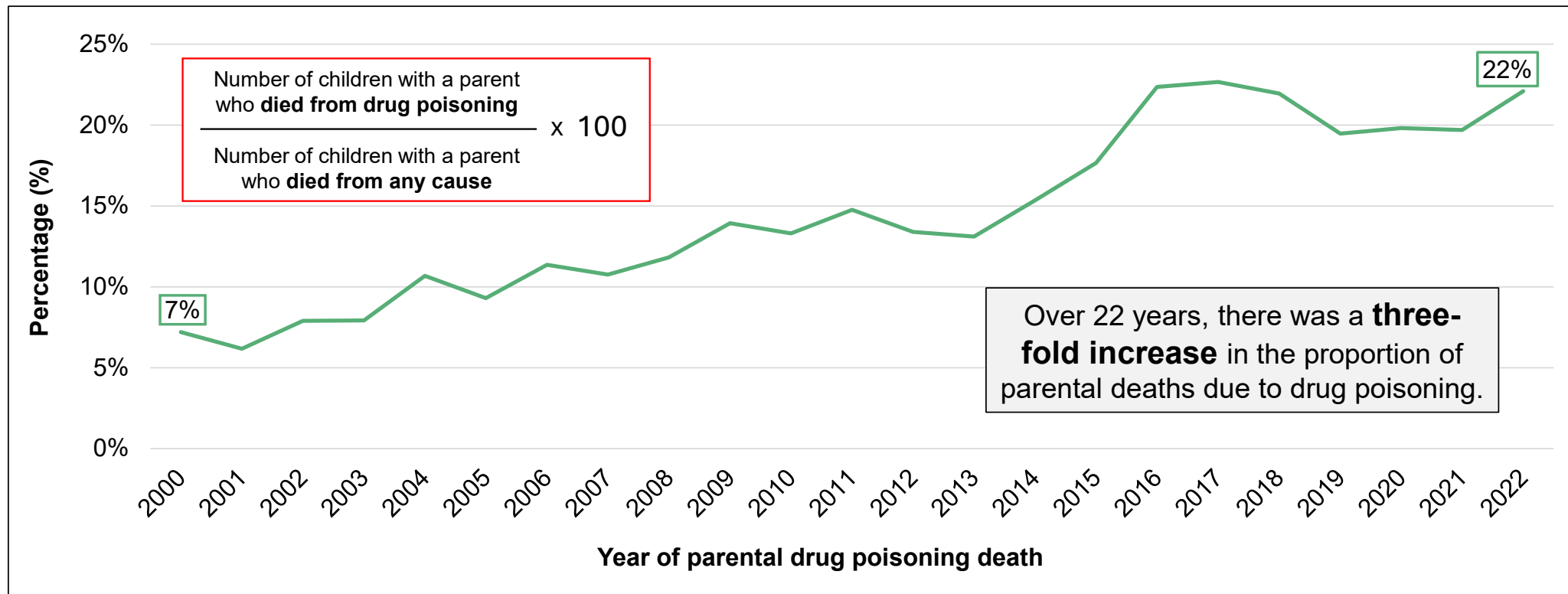


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Drug poisonings make up an increasing proportion of parental deaths.



Proportionate mortality rate for drug poisoning among parents of minor children, Michigan, 2000-2022.



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Conclusions



- This analysis estimates that a substantial proportion of parental deaths affecting minors were due to drug poisoning (**20%+ of parental deaths**).
 - This proportion has greatly increased from 2000-2022 (**3-fold increase**).
- **One-third** of minors were teenagers at time of parental death.
 - This age range has been found to be **most vulnerable to substance use** later in life.

Recommendations to support minor children.



- Provide childcare for parents seeking SUD treatment.
 - As of 2023 in Michigan,
 - **35%** of SUD treatment programs offer tailored programs for pregnant and post-partum people,
 - **less than 6%** offer childcare services,
 - and **less than 3%** offer residential beds for children.

Thank you!

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Chloe Bielby

- Dashboard & Reports:
 - Michigan.gov/OpioidsData
- Contact Information:
 - Haley Kehus
 - Kehush@michigan.gov