

Southwest Michigan

B E H A V I O R A L H E A L T H

Substance Use Disorder Oversight Policy Board (SUDOPB)

Air Zoo Aerospace & Science Museum

6151 Portage Rd, Portage, MI 49002

Monday, January 29, 2024

4:00-5:30

Draft: 1/22/24

1. **Welcome and Introductions (Randall Hazelbaker)**
2. **Public Comment**
3. **Agenda Review and Adoption (Randall Hazelbaker) (d) pg.1**
4. **Financial Interest Disclosure and Conflict of Interest Handling**
 - None
5. **Consent Agenda (Randall Hazelbaker)**
 - November 20, 2023 Meeting Minutes (d) pg.2
6. **Board Actions**
 - Officer Elections (R. Hazelbaker)
7. **Board Education**
 - a) Fiscal Year 2024 YTD Financials (G. Guidry) (d) pg.5
 - b) PA2 Utilization Fiscal Year 23 YTD (G. Guidry) (d) pg.6
 - c) SUD Behavioral Health Treatment Episode (BH TEDS) Admission Data (J. Smith) (d) pg.8
 - d) 2023 Overdose Education and Naloxone Distribution Report (A. Malta) (d) pg.22
8. **Communication and Counsel**
 - Legislative and Policy Updates (J. Smith) (d) pg.24
9. **Public Comment**
10. **Adjourn**

The meeting will be held in compliance with the Michigan Open Meetings Act

Southwest Michigan

BEHAVIORAL HEALTH

Substance Use Disorder

Oversight Policy Board (SUDOPB) Meeting Minutes

November 20, 2023

3:00 – 4:30 pm

Draft: 11/27/23

Members Present: Randall Hazelbaker (Branch County); Richard Godfrey (Van Buren County); Michael Majerek (Berrien County); Diane Thompson (Calhoun County); Mark Doster (Barry County); RJ Lee (Cass County);

Members Absent: Rayonte Bell (Berrien); Rochelle Hatcher (Calhoun); Joanna McAfee (Kalamazoo); Jared Hoffmaster (St. Joseph County); Paul Schincariol (Van Buren County); Melissa Fett (Kalamazoo County)

Staff and Guests Present:

Joel Smith, Substance Use Treatment and Prevention Director, SWMBH; Garyl Guidry, Chief Financial Officer, SWMBH; Anastasia Miliadi, SUD Treatment Specialist, SWMBH; Tiffany Jackson, Financial Analyst, SWMBH; Achilles Malta, Prevention Specialist, SWMBH; Emily Flory, Strategic Initiatives Project Manager, SWMBH; Mila Todd, Chief Compliance Officer, SWMBH; Amy Dolinky, Technical Advisor, Opioid Settlement Funds Planning and Capacity Building

Welcome and Introductions

Randall Hazelbaker called the meeting to order at 4:00 pm. Introductions were made.

Public Comment

None

Agenda Review and Adoption

Motion Michael Majerek
Second Diane Thompson
Motion Carried

Financial Interest Disclosures

Mila Todd noted no financial interest disclosures for the Board's consideration.

Consent Agenda

Motion Diane Thompson moved to approve the 9/18/23 meeting minutes as presented.
Second Michael Majerek
Motion Carried

Board Actions

2024 SUDOPB Meeting Calendar

Randall Hazelbaker reviewed the 2024 meeting calendar as presented.

Motion Diane Thompson moved to approve 2024 meeting calendar as presented.

Second RJ Lee

Motion Carried

Board Education

Opioid Settlement Funds

Amy Dolinky, Technical Advisor, Opioid Settlement Funds Planning and Capacity Building reported as documented. Discussion followed.

Fiscal Year 2023 YTD Financials

Garyl Guidry reported as documented, highlighting numbers for Medicaid, Healthy Michigan, MI Child, Block Grant, and PA2. Discussion followed.

PA2 Utilization Fiscal Year 2023 YTD

Garyl Guidry reported as documented.

PA2 Year End Outcomes Report

Anastasia Miliadi reported as documented reviewing history and outcomes for 26 providers, 47 outcomes and 164 outcome measures. Discussion followed.

Barry County Budget Revision

Joel Smith noted the documented as presented in the packet, noting that no Board approval is necessary as no additional money is being requested. Discussion followed.

Communication and Counsel

Brad Casemore Testimony

Joel Smith reported as documented.

Intergovernmental Contract Status

Michelle Jacobs noted that 7 of the 8 counties have returned their signed Intergovernmental Contract. SWMBH is waiting for Berrien County's signed contract. Michael Majerek stated that it was approved at their Commissioner's meeting.

2023 SUDOPB Attendance

Michelle Jacobs reported as documented.

NY Times Article

Joel Smith reviewed the recent NY Times article which noted the Kalamazoo Public Library as having an onsite recovery coach to help people looking for mental health and/or substance use disorder information and services.

MiPHY Survey

Achilles Malta reviewed the MiPHY survey and its importance at the middle and high school level in order to gauge and provider prevention services in our region. Michelle Jacobs to email the Board information for them to share with their local school systems.

Public Comment
None

Adjourn
Randall Hazelbaker adjourned the meeting.

Meeting adjourned at 5:02



	A	D	E	F	G	H	I	J	K
1	Substance Use Disorders Revenue & Expense Analysis Fiscal Year 2024								
2	For the Fiscal YTD Period Ended 11/30/2023								
4		MEDICAID				Healthy MI			
5		Budgeted	Actual	YTD	Fav	Budgeted	Actual	YTD	Fav
6		YTD Revenue	YTD Revenue	Expense	(Unfav)	YTD Revenue	YTD Revenue	Expense	(Unfav)
7	Barry	40,643	41,197	8,157	33,040	91,435	74,921	23,507	51,414
8	Berrien	153,078	153,760	5,562	148,198	363,431	296,077	12,130	283,948
9	Branch	42,792	42,800	1,110	41,690	84,973	70,019	1,329	68,690
10	Calhoun	169,574	172,001	135,708	36,293	341,698	275,607	171,972	103,635
11	Cass	47,577	45,438	26,017	19,420	110,584	80,004	12,660	67,344
12	Kazoo	215,727	217,495	14,284	203,211	535,888	432,581	36,456	396,125
13	St. Joe	60,850	61,014	891	60,123	141,705	111,654	2,751	108,903
14	Van Buren	79,050	78,165	39,125	39,040	172,978	141,267	18,946	122,320
15	DRM	607,412	628,096	351,719	276,377	1,265,903	1,049,532	720,487	329,045
17	Grand Total	1,416,703	1,439,965	582,574	857,391	3,108,595	2,531,663	1,000,239	1,531,424
19		BLOCK GRANT				BLOCK GRANT BY COUNTY			
20	EGRAMS	Budgeted	Actual	YTD	Fav	Budgeted	Actual	YTD	Fav
21	SUD Block Grant	YTD Revenue	YTD Revenue	Expense	(Unfav)	YTD Revenue	YTD Revenue	Expense	(Unfav)
22	Community Grant	579,593	302,772	302,772	0	Barry	4,476	4,476	0
23	WSS	83,150	14,949	14,949	0	Berrien	22,617	22,617	0
24	Prevention	195,274	81,930	81,930	0	Branch	185	185	0
25	Admin/Access	64,399	27,553	27,553	0	Calhoun	37,711	37,711	0
26	State Disability Assistance	20,882	22,302	22,302	0	Cass	102,675	102,675	0
27	Gambling Prevention*	13,392	0	0	0	Kazoo	30,312	30,312	0
28	State's Opioid Response 3	543,333	166,059	166,059	0	St. Joe	771	771	0
29	Partnership for Advancing Coalition	15,833	6,582	6,582	0	Van Buren	12,262	12,262	0
30	Substance Use Disorder - Tobacco 2	667	0	0	0	DRM	171,769	171,769	0
31	COVID Community Grant Treatment	122,834	154,109	154,109	0	Admin/Access	44,427	44,427	0
32	COVID Prevention	37,295	141,551	141,551	0				
33	Women's SS Covid Supplemental	22,872	0	0	0		427,204	427,204	-
34	COVID SUD Admin	8,333	0	0	0				
35	ARPA Treatment	63,333	5,000	5,000	0				
36	ARPA Prevention	24,010	21,033	21,033	0				
37	Mental Health Block Grant								
38	Transitional Navigators	33,333	26,640	26,640	0				
39	Clubhouse Engagement	4,167	0	0	0				
40	Veterans Navigator	18,333	17,960	17,960	0				
41	Behavioral Health Disparities	41,667	15,784	15,784	0				
42	MHBG Childrens Covid-19	17,000	0	0	0				
43	SMI Adult Covid-19	12,500	13,708	13,708	0				
44	Bhvrl Hlth Wrkfrce Stabilization Spprt	11,333	0	0	0				
45	Admin/Access	0	0	2,075	(2,075)				
46	Grand Total	1,933,533	1,017,933	1,020,009	(2,075)				
47		PA2				PA2 Carryforward			
48		Budgeted	Actual	YTD	Fav	Prior Year	Current	Projected	
49		YTD Revenue	YTD Revenue	Expense	(Unfav)	Balance	Utilization	Year End Balance	
50	Barry	99,318	16,553	0	16,553	Barry	729,229	16,553	745,782
51	Berrien	417,276	69,546	12,921	56,625	Berrien	715,924	56,625	772,549
52	Branch	76,960	12,827	2,620	10,207	Branch	533,394	10,207	543,601
53	Calhoun	380,388	63,398	42,644	20,754	Calhoun	286,693	20,754	307,448
54	Cass	84,826	14,138	0	14,138	Cass	552,915	14,138	567,053
55	Kazoo	757,060	126,177	86,534	39,643	Kazoo	2,125,329	39,643	2,164,972
56	St. Joe	121,142	20,190	20,467	(276)	St. Joe	366,706	(276)	366,429
57	Van Buren	173,960	28,993	0	28,993	Van Buren	468,119	28,993	497,112
58	Grand Total	2,110,931	351,822	165,186	186,636		5,778,309	186,636	5,964,946



**Public Act 2 (PA2) Utilization Report
Fiscal Year 2024**

Program	FY23 Approved Budget	Utilization FY 24 November 2023	PA2 Remaining	YTD Utilization
Barry	481,596	216	481,380	0%
Barry County-Adult Specialty Court	424,736	216	424,520	0%
BCCMHA - Outpatient Services	56,860	-	56,860	0%
Berrien	441,642	77,847	363,795	18%
Abundant Life - Healthy Start	73,500	18,152	55,348	25%
Berrien County - Treatment Court Programs	23,225	-	23,225	0%
Berrien County - SUD Intake/Assessment Coordinator	54,540	-	54,540	0%
Berrien MHA - Riverwood Jail Based Assessment	18,036	-	18,036	0%
CHC - Jail Services	36,421	889	35,532	2%
CHC - Niles Family & Friends	6,545	-	6,545	0%
CHC - Wellness Grp	11,220	1,076	10,144	10%
CHC - Niles Recovery House	30,000	20,494	9,506	68%
Sacred Heart - Juvenile SUD Services	88,155	20,568	67,586	23%
Berrien County Health Department - Prevention Services	100,000	16,668	83,332	17%
Branch	25,000	3,464	21,536	14%
Pines BHS - Outpatient Treatment	25,000	3,464	21,536	14%
Calhoun	491,535	55,900	435,636	11%
Calhoun County 10th Dist Sobriety Treatment Court	174,535	11,307	163,229	6%
Calhoun County 10th Dist Veteran's Treatment Court	7,000	2,513	4,487	36%
Calhoun County 37th Circuit Drug Treatment Court	220,000	24,657	195,343	11%
Haven of Rest-Haven Life Recovery Program (Men's)	40,000	7,273	32,727	18%
Michigan Rehabilitation Services - Calhoun	25,000	6,250	18,750	25%
Calhoun County Juvenile HUD Services	25,000	3,900	21,100	16%
Cass	93,940	-	93,940	0%
Woodlands - Meth Treatment & Drug Court Outpatient Services	82,500	-	82,500	0%
Woodlands BHN-Family Education Group	11,440	-	11,440	0%
Kalamazoo	773,163	104,918	668,245	14%
8th District General Probation Court	14,850	4,553	10,297	31%
8th District Sobriety Court (OWI)	29,590	4,133	25,457	14%
8th District Mental Health Recovery Court	4,950	174	4,776	4%
9th Circuit Problem Solving Courts	80,000	12,976	67,024	16%
CHC - Adolescent Services	21,876	5,472	16,404	25%
CHC - Bethany House	26,154	11,284	14,870	43%
CHC - New Beginnings	47,627	20,174	27,453	42%
Gryphon Gatekeeper - Suicide Prevention	20,000	-	20,000	0%
Gryphon Helpline/Crisis Response	36,000	-	36,000	0%
KCHCS Healthy Babies	87,000	-	87,000	0%
ISK - EMH	56,400	14,100	42,300	25%
ISK - FUSE	25,000	4,167	20,833	17%
ISK - IDDT Transportation Participant Support	16,500	-	16,500	0%
ISK - Mental Health Services Court	65,000	16,250	48,750	25%
ISK - Oakland Drive Shelter	34,000	5,667	28,333	17%
Michigan Rehabilitation Services - Kalamazoo	17,250	4,313	12,938	25%
Recovery Institute - Recovery Coach	102,692	-	102,692	0%

WMU - BHS Engagement Via Text Messaging	7,623	1,656	5,967	22%
WMU - Jail Groups	80,651	-	80,651	0%
St. Joseph	106,725	33,546	73,179	31%
3B District - Drug/Alcohol Testing-Sobriety Court	31,200	4,770	26,430	15%
3B District -Ignition Interlock Court Services	5,000	-	5,000	0%
CHC - Hope House	27,325	21,011	6,314	77%
Pivotal (CMH) - Court Ordered Drug Assessments	43,200	7,765	35,435	18%
Van Buren	172,138	-	172,138	0%
Van Buren CMHA- Substance Abuse Treatment	107,373	-	107,373	0%
Van Buren County-Speciality Courts and Pretrial Services	64,765	-	64,765	0%
Totals	2,585,740	275,891	2,309,849	11%

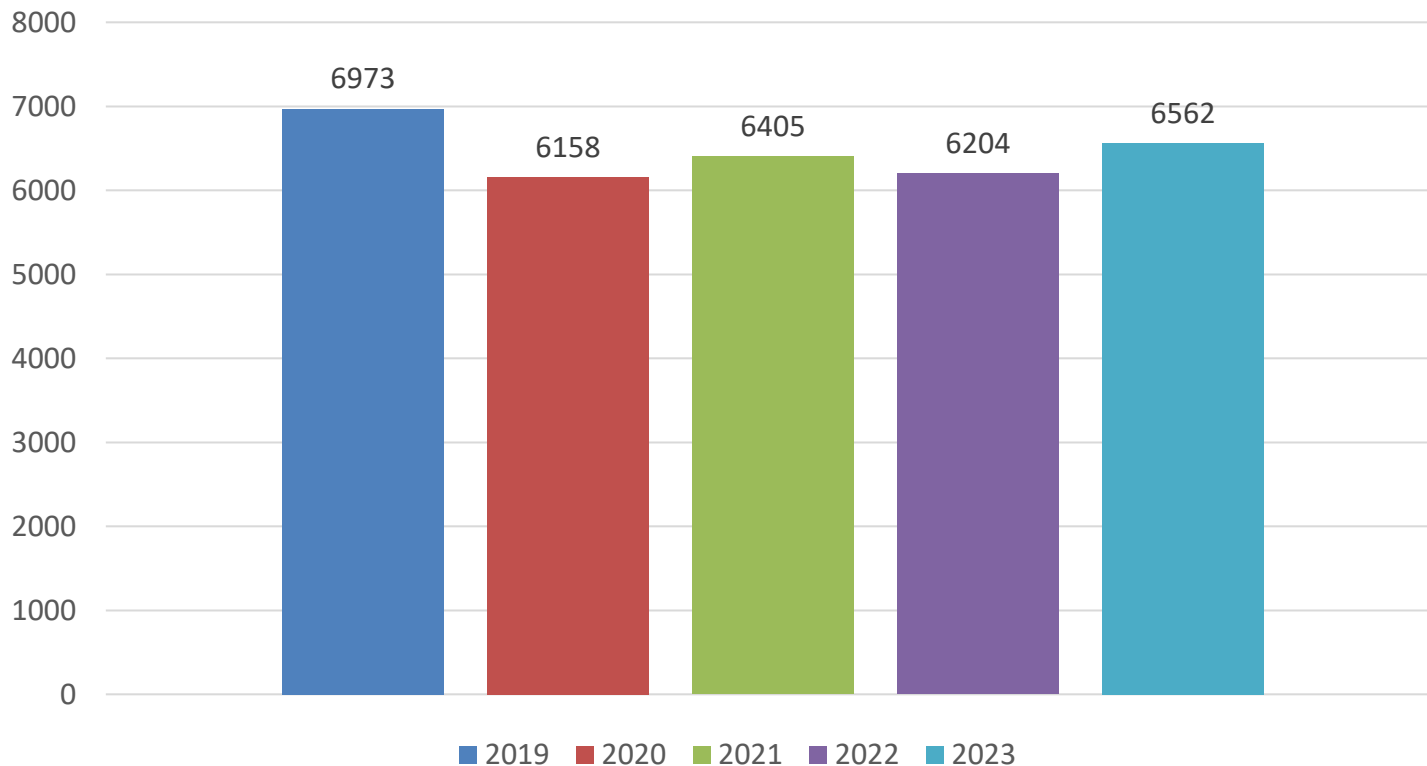
Behavioral Health Treatment Episode Data Set Admission Data: Fiscal Year 2023



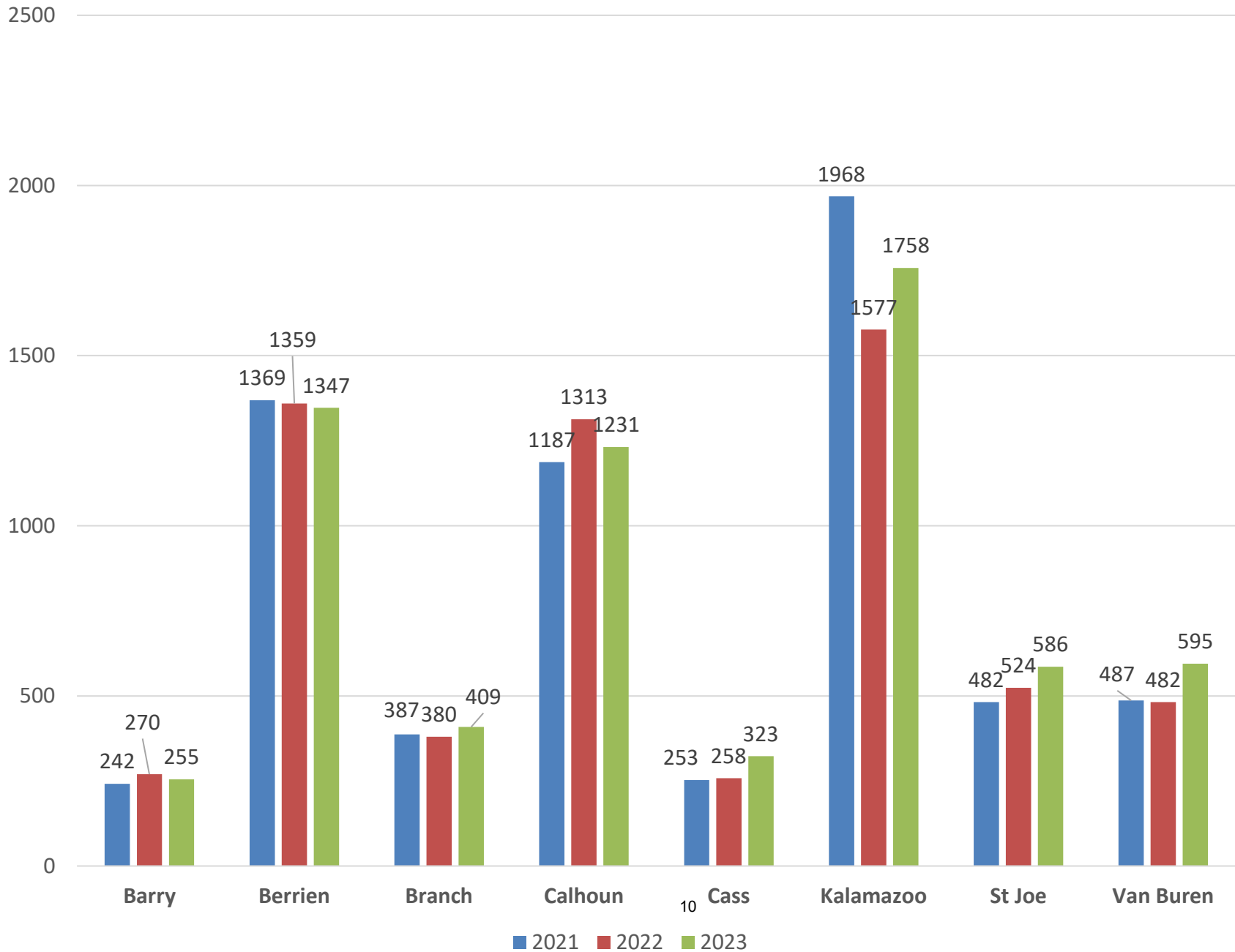
Overview:

As required by the MDHHS contract, a Behavioral Health Treatment Episode Data Set (BH-TEDS) is completed for every admission to SUD treatment. In fiscal year (FY) 2023, the SWMBH region had **6,562** treatment admissions to service. This count includes all customers for all levels of care. For example, if a customer went to detoxification services first and then to outpatient services, they would be counted twice (two separate services). County specific information is based on the customer’s county of residence.

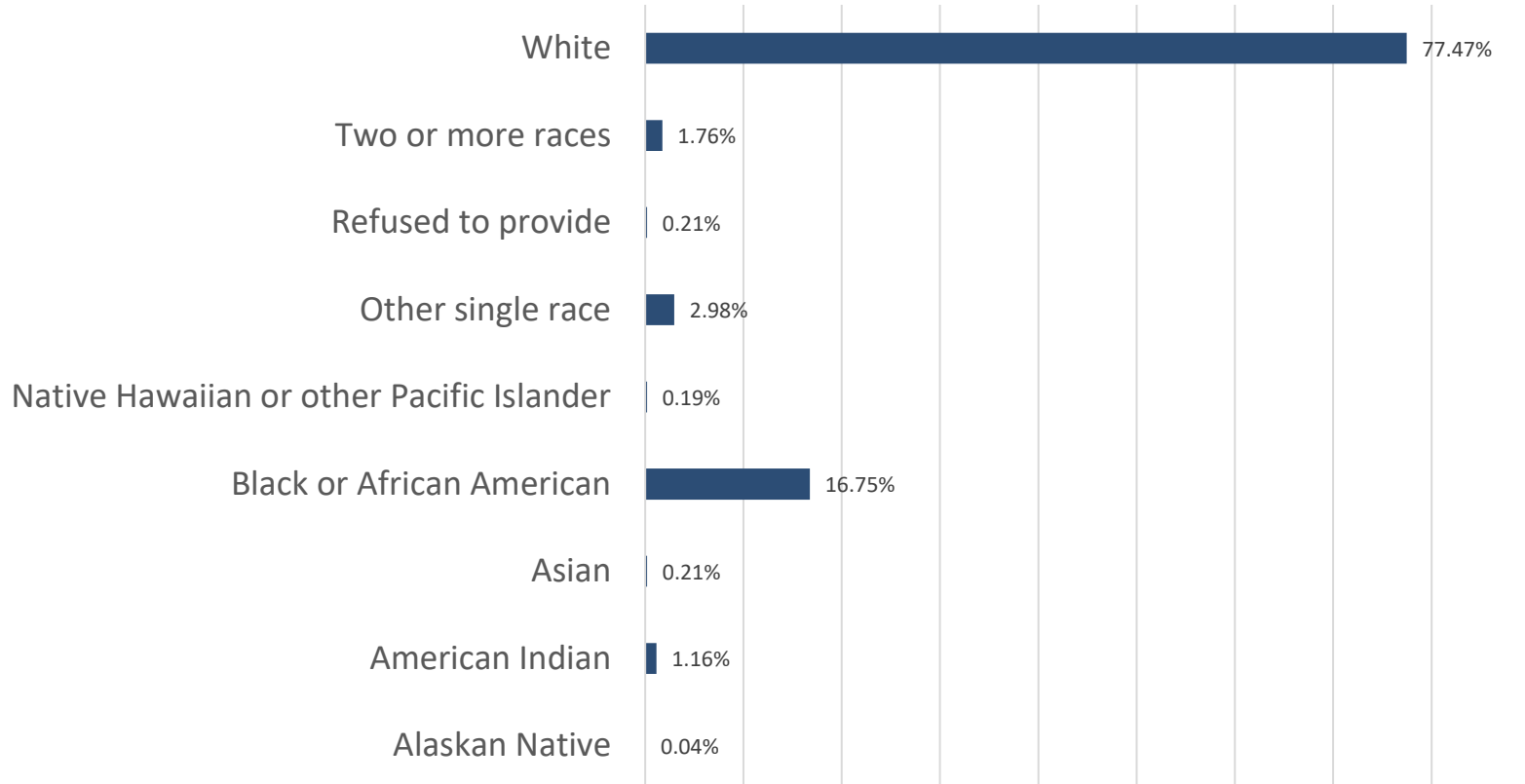
Total Treatment Admissions - SWMBH



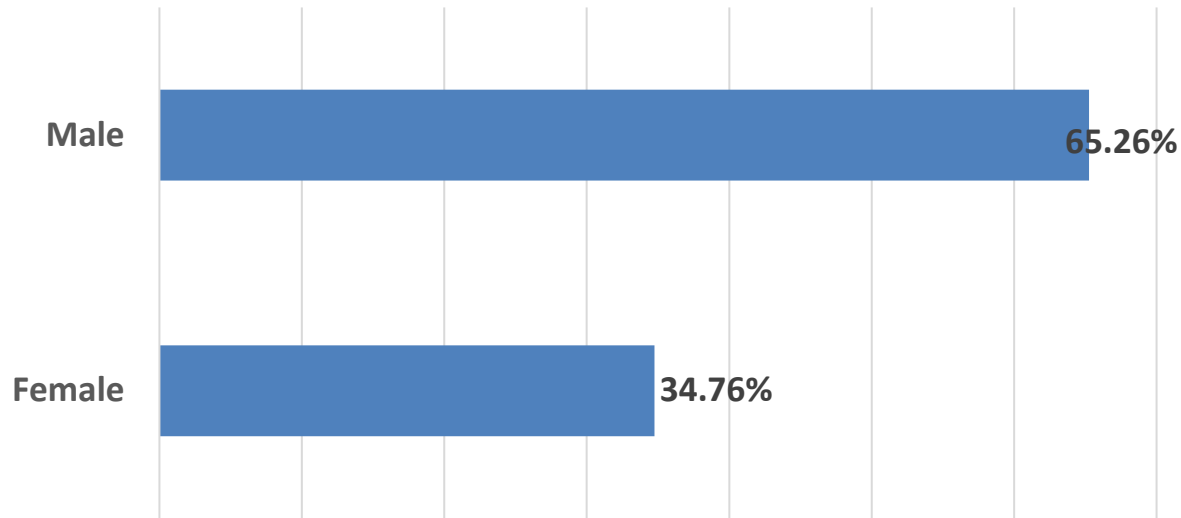
Treatment Admissions by County



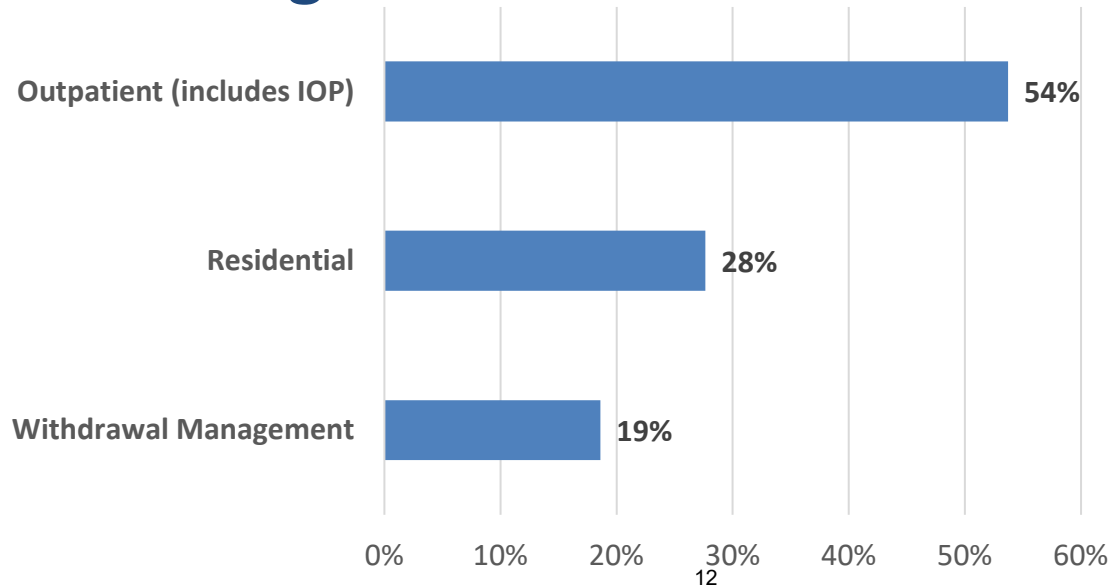
SWMBH Region: Race



SWMBH Region: Gender

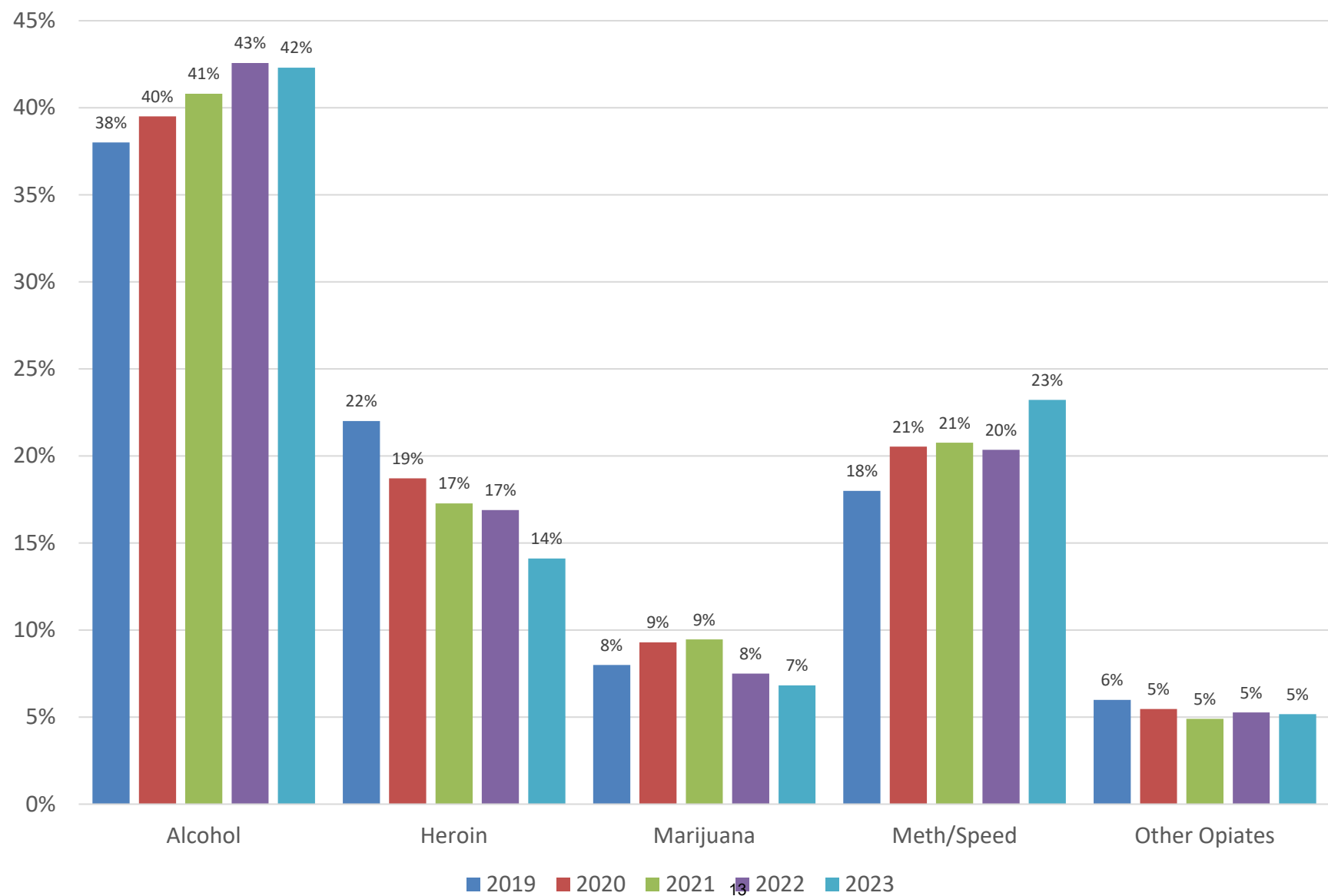


SWMBH Region: Treatment Service Setting

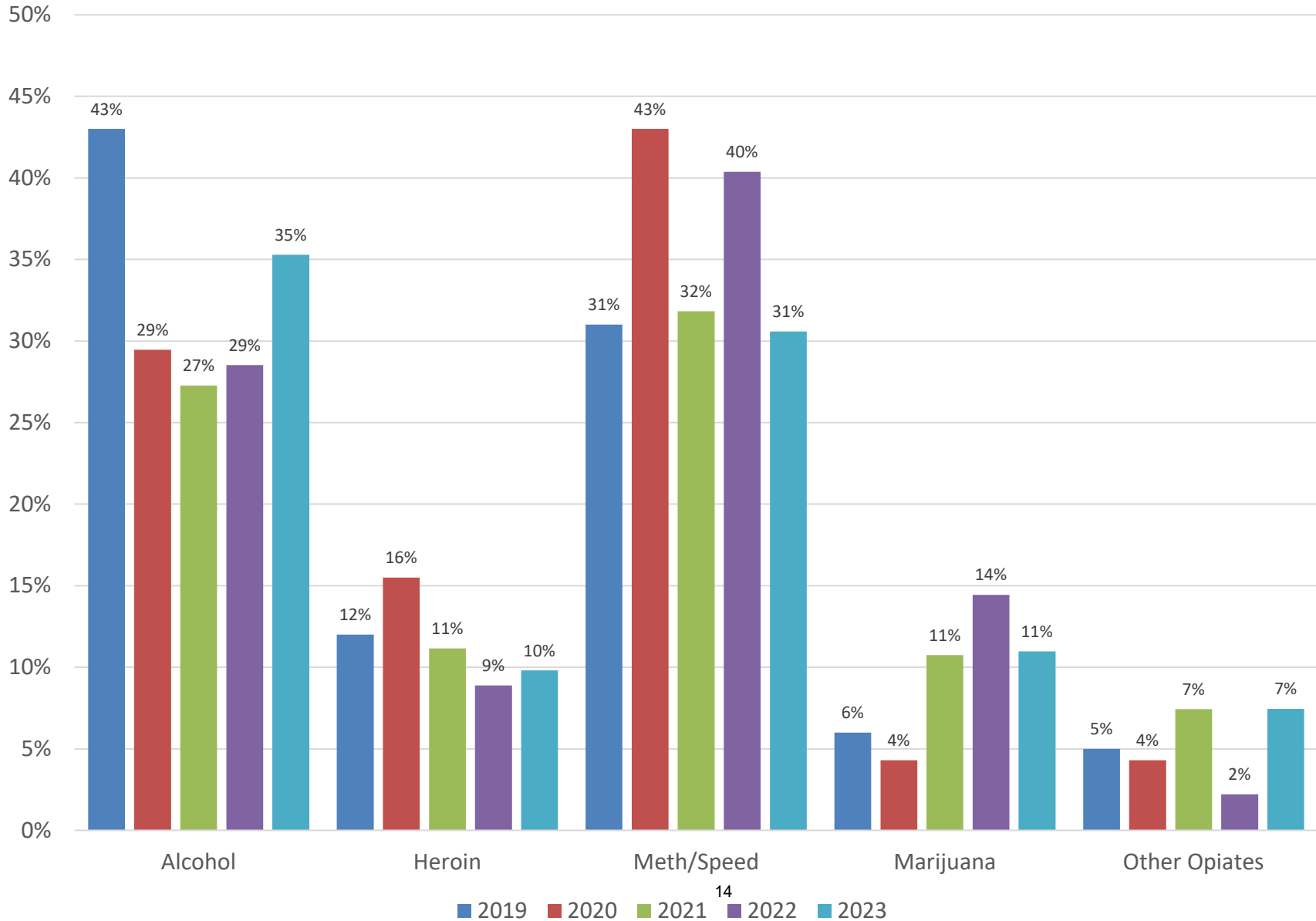


SWMBH Region

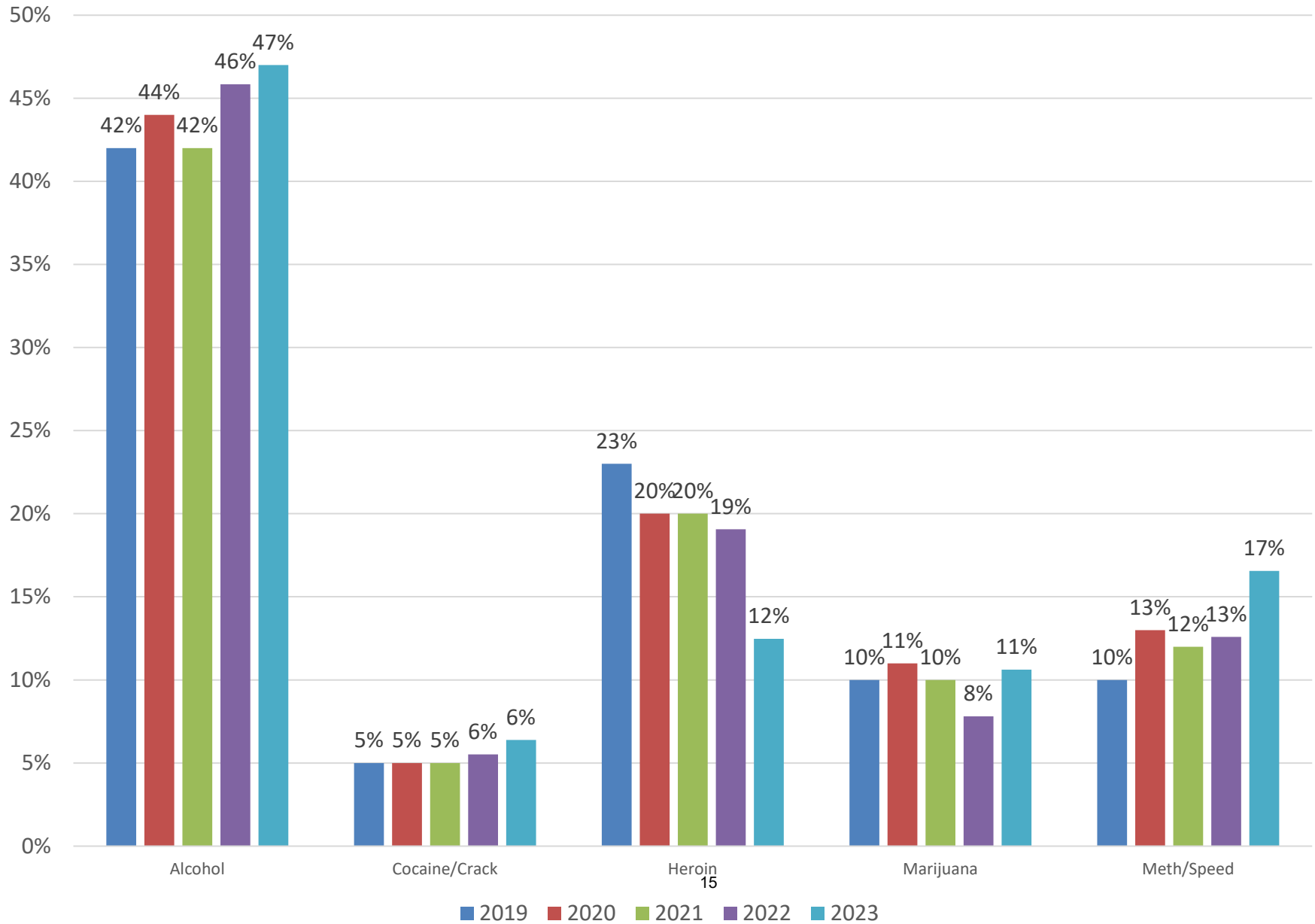
Primary Substance of Abuse at Admission



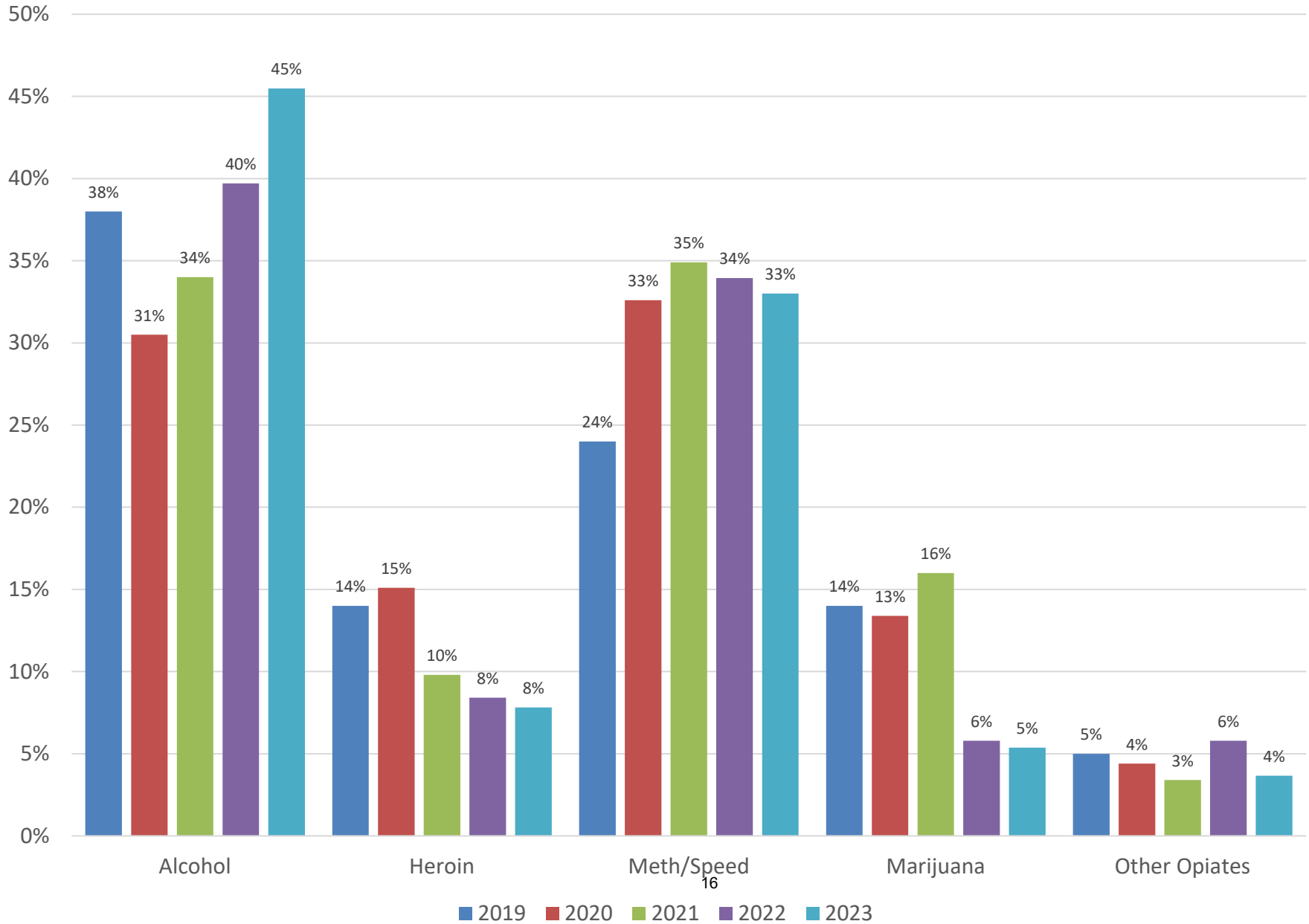
Barry County Primary Substance of Abuse at Admission



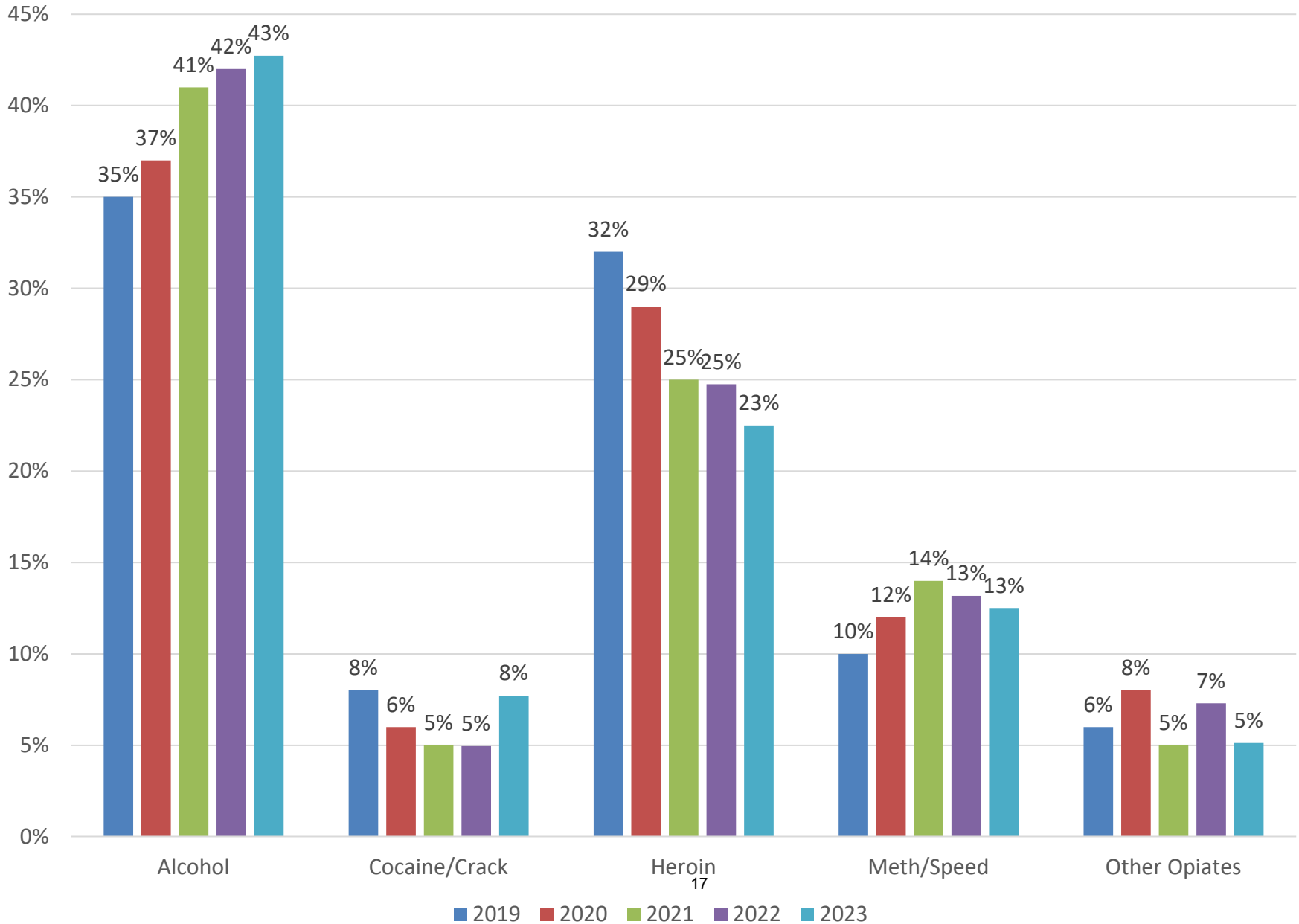
Berrien County Primary Substance of Abuse at Admission



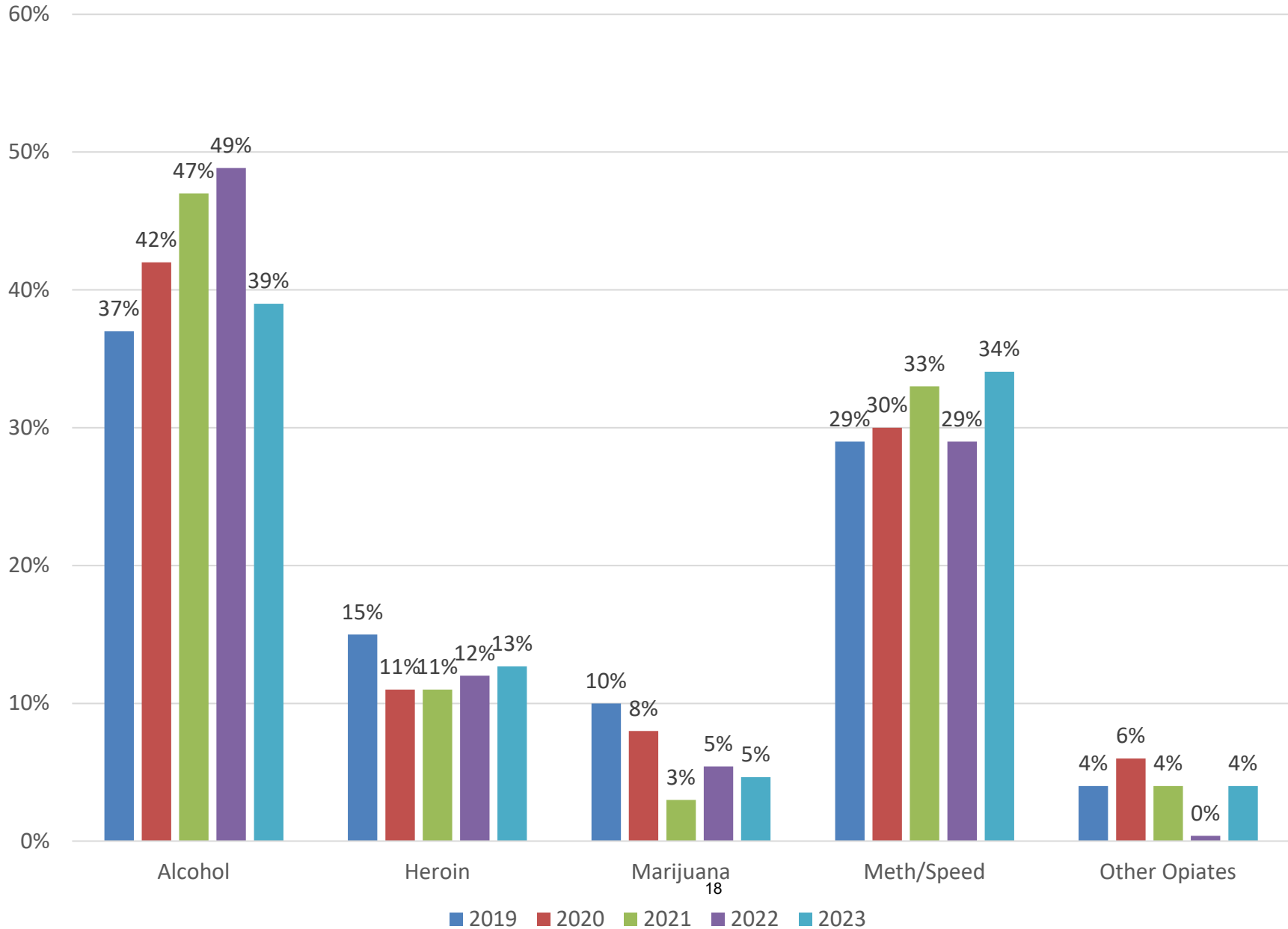
Branch County Primary Substance of Abuse at Admission



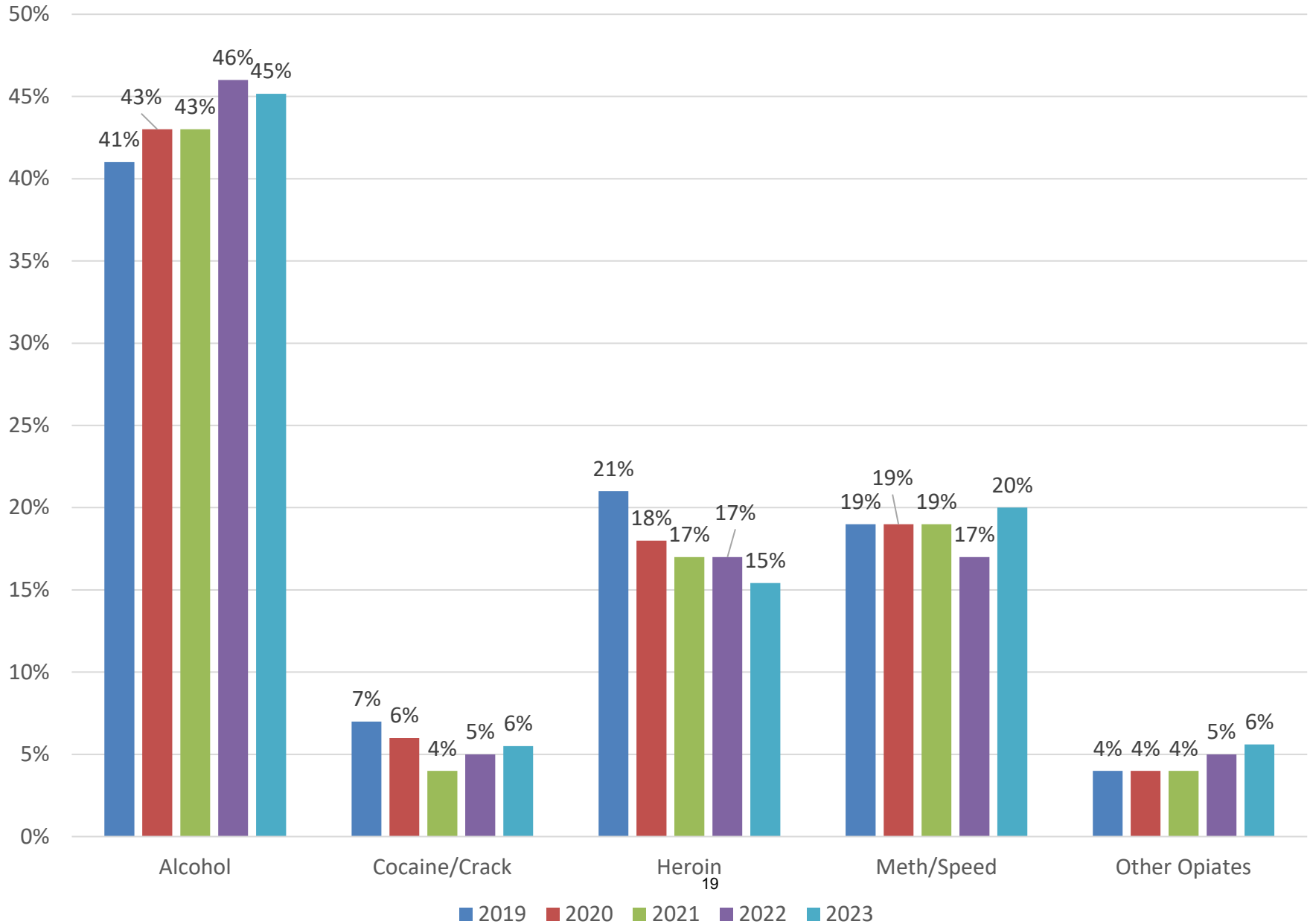
Calhoun County Primary Substance of Abuse at Admission



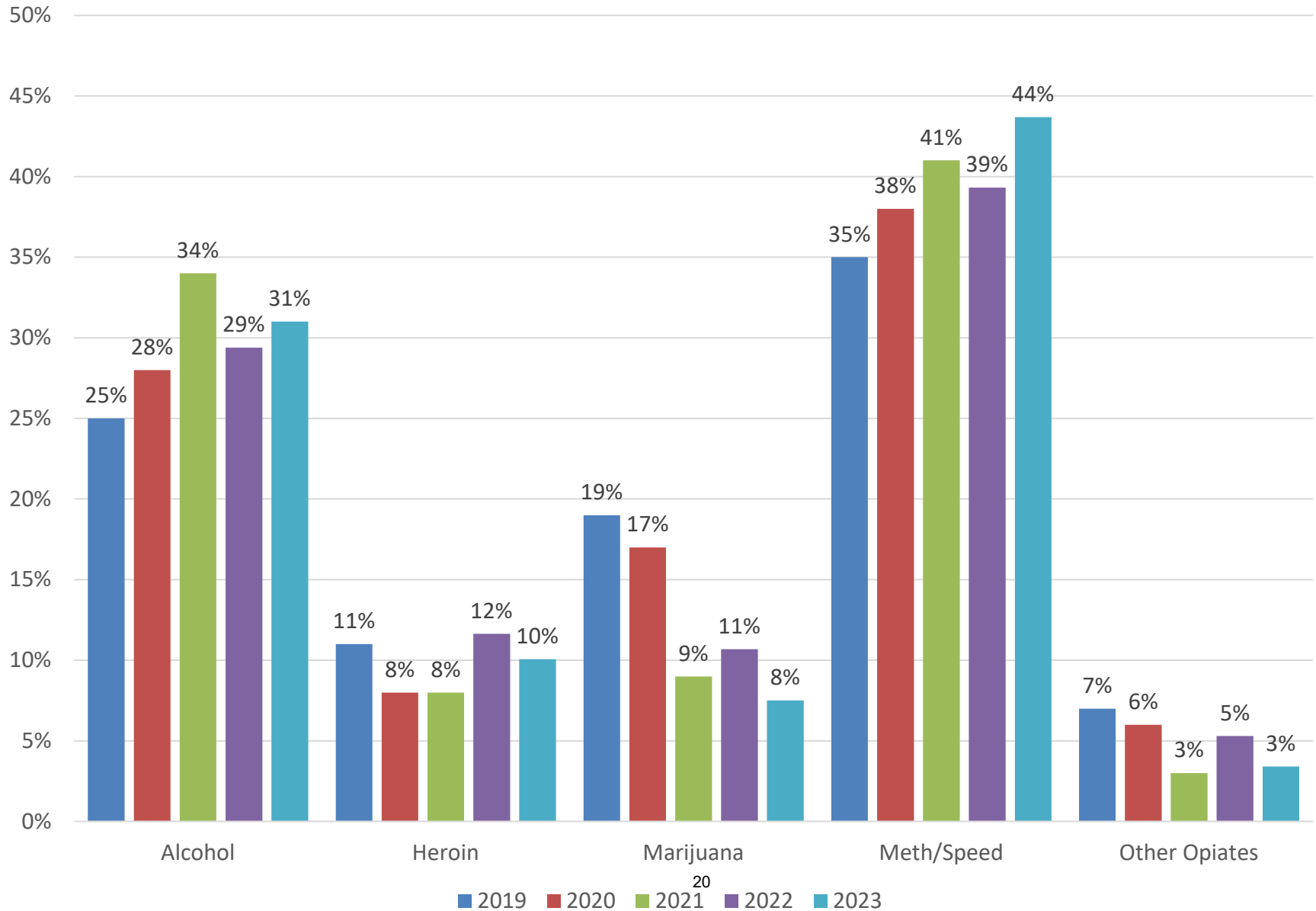
Cass County Primary Substance of Abuse at Admission



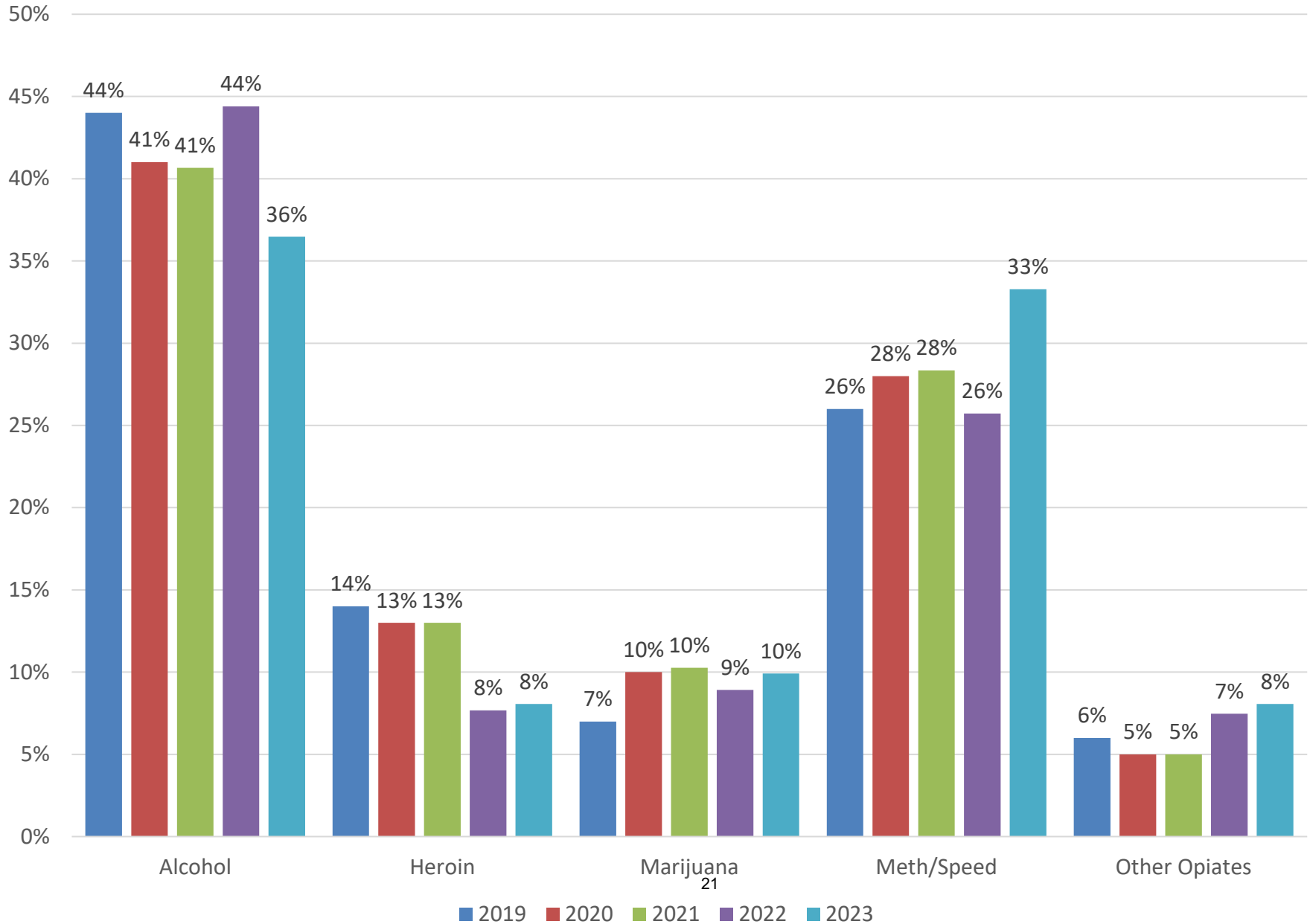
Kalamazoo County Primary Substance of Abuse at Admission



St Joe County Primary Substance of Abuse at Admission



Van Buren County Primary Substance of Abuse at Admission





Overdose Education and Naloxone Distribution: Law Enforcement & First Responder Naloxone (Narcan) Overdose Report January 1, 2023 - December 31, 2023

Year	# Reversed	# Fatalities	# No Effect	# OD Rescue Attempts
2016	39	4	1	44
2017	93	7	5	105
2018	117	10	8	135
2019	114	12	11	137
2020	171	10	5	186
2021	140	16	2	158
2022	143	3	15	161
2023	79	8	7	94
Totals	896	70 ²²	54	1,020



Overdose Education and Naloxone Distribution: January 1, 2023 - December 31, 2023

Law Enforcement (LE) & First Responders	# LE Officers & Fire Fighters Trained (online)	# Kits Distributed
2023	236	1,793

Community-based (agencies, schools & community members)		
Year	# Trained (in person)	Kits Distributed
2016	1,955	1,291
2017	2,052	1,482
2018	2,127	1,624
2019	2,698	2,189
2020	1,572	1,499
2021	2,892	3,022
2022	2,650	3,184
2023	3,893	5,170
Totals YTD	19,839₂₃	19,461

Act No. 313
Public Acts of 2023
Approved by the Governor
December 13, 2023
Filed with the Secretary of State
December 14, 2023
EFFECTIVE DATE: February 13, 2024

**STATE OF MICHIGAN
102ND LEGISLATURE
REGULAR SESSION OF 2023**

Introduced by Senators McCann, Webber, Bellino, Santana, Chang, McMorro, Bayer,
Polehanki, Geiss, Shink, Singh, Klinefelt and Cavanagh

ENROLLED SENATE BILL No. 133

AN ACT to provide for the review and prevention of deaths from drug overdose in this state; to allow for the creation of overdose fatality review teams; to provide for the powers and duties of the overdose fatality review teams; to regulate certain entities; to prescribe powers and duties of certain state and local governmental officers and entities; and to prescribe remedies for a violation of this act.

The People of the State of Michigan enact:

Sec. 1. This act may be cited as the “overdose fatality review act”.

Sec. 3. As used in this act:

(a) “Community overdose review” means performing a series of individual overdose reviews to identify systematic barriers to innovative overdose prevention and intervention strategies for that community.

(b) “County health officer” means a local health officer as that term is defined in section 1105 of the public health code, 1978 PA 368, MCL 333.1105.

(c) “Data sharing agreement” means an agreement that identifies the data that are shared and how the data are used.

(d) “Drug” means that term as defined in section 7105 of the public health code, 1978 PA 368, MCL 333.7105.

(e) “Drug overdose” means that term as defined in section 7403 of the public health code, 1978 PA 368, MCL 333.7403.

(f) “Hospital” means that term as defined in section 20106 of the public health code, 1978 PA 368, MCL 333.20106, except that it also includes a hospital licensed under the mental health code, 1974 PA 258, MCL 330.1001 to 330.2106.

(g) “Identifying information” means any representation of information that permits the identity of an individual to whom the information applies to be reasonably inferred by either direct or indirect means.

(h) “Individual overdose review” means the case review of an individual who has died as the result of a drug overdose, including, but not limited to, a review of both of the following:

(i) Consideration of the individual’s points of contact, if any, with health care systems, social services, educational institutions, child and family services, the criminal justice system, including law enforcement, and any other system.

(ii) Identification of the specific factors and social determinants of health that put the individual at risk of a drug overdose.

(i) “Mental health provider” means any of the following individuals:

(i) A psychologist as that term is defined in section 18201 of the public health code, 1978 PA 368, MCL 333.18201.

(ii) A licensed professional counselor as that term is defined in section 18101 of the public health code, 1978 PA 368, MCL 333.18101.

(iii) A marriage and family therapist as that term is defined in section 16901 of the public health code, 1978 PA 368, MCL 333.16901.

(iv) A licensed bachelor’s social worker as that term is defined in section 18501 of the public health code, 1978 PA 368, MCL 333.18501.

(v) A licensed master’s social worker as that term is defined in section 18501 of the public health code, 1978 PA 368, MCL 333.18501.

(j) “Multidisciplinary team” means a group of professionals from a variety of fields of study or sectors who work together toward a shared purpose.

(k) “Overdose fatality review team” means the multidisciplinary team established under this act by a county, a group of counties, or a tribe to conduct individual overdose reviews and overdose fatality reviews.

(l) “Participating county” means a county that, by itself or with 1 or more other counties, establishes an overdose fatality review team under section 5(1).

(m) “Recovery coach” means a professional who provides assistance to support long-term recovery from a substance use disorder.

(n) “Substance use disorder” means a pattern of using alcohol or other drugs that leads to clinical or functional impairment.

(o) “Substance use disorder treatment provider” means an individual or entity that is licensed in this state to treat an individual with substance use disorder using medications that are approved by the United States Food and Drug Administration to treat substance use disorder.

Sec. 5. (1) A county may establish an overdose fatality review team. Two or more counties may establish a single overdose fatality review team for those counties.

(2) Any of the following individuals may be a member of an overdose fatality review team:

(a) The following officials of the participating county:

(i) The county health officer.

(ii) The prosecuting attorney, or the attorney’s designee.

(iii) The director of the community mental health agency, or the director’s designee.

(iv) The county medical examiner, or the medical examiner’s designee.

(b) A law enforcement officer of the department of state police, the participating county, or a municipality within the participating county.

(c) A representative of a jail or detention center in the participating county.

(d) A health care provider who specializes in the prevention, diagnosis, and treatment of substance use disorders.

(e) A mental health provider who specializes in the treatment of substance use disorders.

(f) A substance use disorder treatment provider.

(g) A representative of an emergency medical services provider in the participating county.

(h) A representative from the department of corrections who has experience with parole, probation, or community corrections.

(i) An epidemiologist from a local health department or an organization in the participating county.

(j) A child protective services caseworker.

(k) A representative from the department of health and human services who is involved with issues regarding adult protective services.

(l) A representative of a hospital with a service area within the participating county.

(m) Any other individual whose membership is necessary for the overdose fatality review team to complete duties required under this act.

(3) At the first meeting of the overdose fatality review team, the overdose fatality review team shall elect a member as a chairperson and may elect other officers that it considers necessary or appropriate.

(4) The chairperson shall do all of the following for the overdose fatality review team:

(a) Solicit and recruit additional individuals listed under subsection (5) as provided under subsection (6)(e) to participate in individual overdose reviews and community overdose reviews.

(b) Call the meetings and implement the protocols and procedures.

(c) Oversee that confidentiality forms as described under section 7 are signed as needed.

(d) Request and collect the information needed to conduct individual overdose reviews and community overdose reviews.

(e) If a vacancy occurs, appoint an individual from the same or equivalent position or discipline under subsection (2).

(f) Make written requests for information under section 7 that are necessary to carry out the duties of the overdose fatality review team under this act.

(5) Any of the following individuals may be invited to participate in an individual overdose review or community overdose review:

(a) A prepaid inpatient health plan chief executive officer or that officer's designee, or the prepaid inpatient health plan substance use disorder director.

(b) A superintendent of a school in the participating county, or the superintendent's designee.

(c) A representative of a hospital in the participating county.

(d) A health care provider who specializes in emergency medicine.

(e) A health care provider who specializes in pain management.

(f) A pharmacist who has expertise in addressing prescription drug misuse and diversion.

(g) A representative from a poison control center.

(h) A mental health provider.

(i) A prescription drug monitoring program administrator.

(j) A representative from a harm reduction provider.

(k) A recovery coach, peer support worker, or other representative of the recovery community.

(l) A representative from a drug court in the participating county.

(m) A substance use disorder prevention specialist or representative.

(n) The director of the department of health and human services office in the participating county, or the director's designee.

(o) Any other individual necessary to complete the duties of the overdose fatality review team under this act.

(6) An overdose fatality review team shall do all of the following:

(a) Promote cooperation and coordination among agencies involved in the investigation of drug overdose fatalities.

(b) Identify potential causes and incidence of drug overdose fatalities in the participating county.

(c) Recommend and plan for changes within the agencies represented on the overdose fatality review team to prevent drug overdose fatalities.

(d) Propose potential changes to law, policy, funding, or practices to prevent drug overdoses.

(e) In consultation with the department of health and human services, establish and implement protocols and procedures to do all of the following:

(i) Recruit individuals listed under subsection (5) to participate in individual overdose reviews and community overdose reviews.

(ii) Plan and facilitate meetings.

(iii) Collect, analyze, interpret, and maintain data on drug overdose fatalities in the participating county.

(iv) Build a recommendation plan.

(f) Recommend prevention and intervention strategies, focusing on evidence-based strategies and promising practices, to improve the coordination of services and investigations among agencies represented by members of the overdose fatality review team to reduce drug overdose fatalities.

(7) Meetings of an overdose fatality review team may be conducted remotely through a secure platform.

(8) Subject to subsection (9), the overdose fatality review team shall submit an annual report to the public, the local health department of the participating county, and the department of health and human services that contains all of the following information:

- (a) The total number of drug overdose fatalities that occurred within the participating county.
- (b) The number of individual overdose reviews conducted by the overdose fatality review team.
- (c) Any recommendations.
- (9) The report under subsection (8) must not contain identifying information.

Sec. 7. (1) Except as otherwise expressly prohibited by federal or state law and subject to subsection (2), overdose fatality review team members and individuals invited under section 5(5) may discuss confidential matters and share confidential information, as outlined in data sharing agreements, during an overdose fatality review team meeting. This act does not authorize the disclosure of confidential information described under this subsection outside of the meeting.

(2) If an individual has not signed a confidentiality form, that individual must not participate in or observe an overdose fatality review team meeting, individual overdose review, or community overdose review. A confidentiality form required under this subsection must summarize the purpose and goal of the meeting or review, the requirements for maintaining the confidentiality of any information disclosed during the meeting, and any consequences for the failure to maintain confidentiality.

(3) Except as otherwise expressly prohibited by federal or state law and subject to subsection (5), on written request of the chairperson, a health care provider, substance use disorder treatment provider, hospital, or health system shall, not more than 30 business days after receiving the request, provide the chairperson information and relevant records regarding the physical health, mental health, or treatment for substance use disorder of an individual who is the subject of an individual overdose review of the overdose fatality review team.

(4) Except as otherwise expressly prohibited by federal or state law and subject to subsection (5), on written request of the chairperson, a person shall, not more than 5 business days after receiving the request, provide the chairperson the following information and records:

(a) The following information or records regarding the individual who is the subject of an individual overdose review:

- (i) Death investigative information.
- (ii) Medical examiner investigative information.
- (iii) Law enforcement investigative information.
- (iv) Emergency medical services reports.
- (v) Fire department records.
- (vi) Prosecuting attorney records.
- (vii) Parole and probation information and records.
- (viii) Court records.
- (ix) School records.
- (x) Information and records regarding resources provided by a social services agency.

(b) Information and records regarding resources provided by a social services agency to a family member of the individual who is the subject of an individual overdose review.

(5) A person that provides the chairperson records or information under subsection (3) or (4) may charge the overdose fatality review team a fee in the same manner as a public body may charge a fee under section 4 of the freedom of information act, 1976 PA 442, MCL 15.234.

(6) If a family member or friend of the individual who is the subject of an individual overdose review submits a request to submit information to an overdose fatality review team, a member of that team may contact, interview, or obtain the information about the individual from that family member or friend.

(7) Except as provided in section 5(8), information obtained or created by or for an overdose fatality review team is confidential and not subject to discovery, subpoena, or the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246. Documents and records otherwise available from other sources are not exempt from discovery, subpoena, or introduction into evidence from other sources solely because they were presented to or reviewed by an overdose fatality review team.

(8) An overdose fatality review team shall comply with federal and state laws pertaining to confidentiality and to the disclosure of substance use disorder treatment records, including, but not limited to, 42 USC 290dd-2 and 42 CFR part 2.

Sec. 11. If an overdose fatality review team member knowingly discloses confidential information in violation of this act, a person aggrieved by that violation may bring a civil action for damages and any costs and reasonable attorney fees allowed by the court.



Secretary of the Senate



Clerk of the House of Representatives

Approved _____

Governor