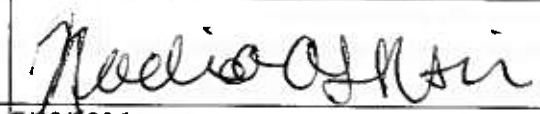
Request for Proposals

Isabella County Opioid Settlement Funds – FY 2026

RFP Posted	May 2026
Proposals Due	July 31, 2026
Anticipated Notice of Award	October 2026
Anticipated Performance Period	January 1 - December 31, 2027
Questions to: Jerry Jaloszynski	jjaloszynski @isabellacounty.org

To Be Completed by Entity Submitting Proposal:

(Note: Boxes will expand vertically to accommodate responses.
If necessary, supplemental pages may be attached to this application form)

1. Organization Information	
Organization Name	Exchange Central through the Central Michigan District Health Department (CMDHD)
Street Address	2012 E Preston St Mt. Pleasant, MI 48858
Email Address	areetz@cmdhd.org
Phone Number	(989)506-6419
Name of Project Director	Anna Reetz
Title of Project Director	Community Health Supervisor
Name of Authorized Representative	Nadia Ashtari
Title of Authorized Representative	Harm Reduction Health Educator
Signature of Authorized Representative	
Date	7/28/2026

2. Organization Description

Exchange Central is the harm reduction syringe service program (SSP) of the Central Michigan District Health Department (CMDHD), providing sterile drug use supplies, overdose prevention resources, and safer use education to people who use drugs (PWUD). Through a trauma-informed, participant-centered approach, Exchange Central works to reduce the transmission of HIV and Hepatitis C, prevent overdose deaths, and improve community health. As a trusted community partner, Exchange Central collaborates with healthcare providers, community organizations, and local stakeholders to increase access to harm reduction services, reduce stigma surrounding substance use disorder, and connect PWUD to healthcare, treatment, recovery, and other supportive services when they are ready.

3. Project Description Including Project Objectives

Funding will support Exchange Central's overdose prevention efforts by expanding the distribution of fentanyl, xylazine, benzodiazepine, and medetomidine test strips, overdose response kits, and supplemental oxygen canisters exclusively for Isabella County residents.

Test strips will be distributed directly to people who use drugs through Exchange Central's established harm reduction network, including syringe service program encounters, the 24/7 harm reduction vending machine located at Behavioral Health Group (BHG) in Mt. Pleasant, partnerships with Nimkee Health Clinic and Inline Vape Shop, CMDHD's mobile unit outreach services, community outreach events, and the Central Michigan District Health Department's 24/7 naloxone distribution box in Mt. Pleasant. Leveraging these existing community partnerships ensures overdose prevention supplies are accessible to individuals at highest risk.

Test strip distribution is an evidence-based harm reduction strategy that empowers individuals to make informed decisions about substance use, adopt safer use practices, and reduce overdose risk. It also provides valuable insight into local drug supply trends, allowing Exchange Central and community partners to adapt education and outreach efforts to emerging substances within Isabella County. Funding will also support the assembly and distribution of overdose response kits containing overdose response instructions, a rescue breathing mask, and gloves. Naloxone, supplied at no cost through the State of Michigan, will be included in each kit during distribution. These kits equip both people who use drugs and community members with the tools and education needed to respond quickly to an overdose while awaiting emergency medical services.

Additionally, funding will allow Exchange Central to provide supplemental oxygen canisters as an emerging harm reduction resource for syringe service program participants in Isabella County. This service expansion has been consistently requested by program participants and is intended to complement overdose response education by providing an additional tool that may be used in appropriate situations while awaiting emergency medical assistance.

Project Objectives:

- Increase access to evidence-based overdose prevention supplies for Isabella County residents at highest risk of overdose.
- Expand distribution of drug checking supplies through established community partnerships and trusted harm reduction access points.
- Improve overdose response preparedness by equipping individuals and community members with overdose response kits and education.
- Strengthen community harm reduction efforts by monitoring emerging drug trends and adapting education to meet the evolving needs of Isabella County.
- Increase engagement with people who use drugs through low-barrier services that foster trust and create opportunities for linkage to healthcare, treatment, recovery, and other supportive services.

4. Populations Served/Target Population and Geographic Area Served

The proposed project will exclusively serve Isabella County residents by expanding access to evidence-based overdose prevention supplies and harm reduction services for populations at increased risk of experiencing or witnessing an overdose. Target populations include:

- People who use drugs (PWUD)
- Individuals receiving medication for opioid use disorder (MOUD)
- Members of the Saginaw Chippewa Indian Tribe
- Central Michigan University students
- Friends and family members of people who use drugs
- Other Isabella County community members seeking overdose prevention education and supplies

Services and supplies will be distributed through Exchange Central's established harm reduction program, mobile unit outreach, community partnerships, and strategically located 24/7 access points throughout Isabella County. By utilizing trusted community partners and low-barrier distribution methods, the project will increase access to overdose prevention resources for individuals who may not otherwise engage with traditional healthcare settings.

5. Data to Support Need for Project

Exchange Central has demonstrated a clear and ongoing need for overdose prevention resources in Isabella County. Between January 1, 2025, and January 1, 2026, Exchange Central distributed 3,562 fentanyl test strips, 1,591 xylazine test strips, and 2,726 naloxone kits to Isabella County residents. During this same period, program participants self-reported 14 successful overdose reversals using naloxone distributed through Exchange Central, demonstrating the lifesaving impact of these services.

As the local drug supply continues to evolve, demand for additional drug checking tools has increased. In response to participant requests, Exchange Central introduced medetomidine test strips and distributed 546 test strips between October 1, 2025, and May 1, 2026. Likewise, 581 benzodiazepine test strips were distributed between October 1, 2025, and July 1, 2026, reflecting a growing need for expanded drug checking resources.

Exchange Central also piloted the distribution of supplemental oxygen canisters after receiving a donation from the Grand Rapids Red Project. Between October 30, 2025, and April 1, 2026, 53 oxygen canisters were distributed to syringe service program participants in Isabella County. The rapid utilization of these canisters, coupled with consistent participant requests for continued availability, demonstrates community interest in expanding this emerging overdose response resource.

This data highlights both the continued demand for evidence-based harm reduction services and the need to sustain and expand access to overdose prevention supplies for Isabella County residents.

6. Project Timeline Overview

Distribution efforts will occur January 1st, 2027, through December 31st, 2027. Exchange Central has an established harm reduction infrastructure, trained staff, and existing community partnerships. Distribution of test strips, overdose response kits, and supplemental oxygen canisters will begin immediately upon receipt of funding.

Throughout the project period, Exchange Central will monitor supply utilization, participant demand, and distribution data to ensure resources are effectively reaching populations at greatest risk of overdose and to guide future overdose prevention efforts within Isabella County.

7. Scope of Work

Activity	Outputs	Outcomes	Timeline
Distribute drug checking supplies to Isabella County residents through Exchange Central and community partners.	Fentanyl, xylazine, benzodiazepine, and medetomidine test strips distributed through Exchange Central, mobile unit outreach, the harm reduction vending machine, CMDHD's 24/7 naloxone box, and community partners.	Distribute 3,500 fentanyl, 1,200 xylazine, 800 medetomidine and 800 benzodiazepine test strips within Isabella County to increase access to drug checking tools, support informed decision making, and reduce overdose risk.	January 1st, 2027, through December 31st, 2027
Distribute overdose response kits and naloxone to Isabella County residents	Overdose response kits assembled and distributed with naloxone, rescue breathing masks, gloves, and overdose response education.	Distribute 600 overdose response kits to people who use drugs, their families and other community members to increase overdose preparedness and improve emergency response capacity in Isabella County.	January 1st, 2027, through December 31st, 2027
Expand 24/7 access to overdose prevention supplies through the CMDHD Isabella office	Test strips and overdose response kits stocked in the CMDHD 24/7 naloxone distribution box.	Increase low-barrier, around-the-clock access to overdose prevention supplies for Isabella County residents through an additional community distribution site.	January 1st, 2027, through December 31st, 2027
Expand harm reduction supplies to include supplemental oxygen canisters for SSP	Supplemental oxygen canisters distributed through Exchange Central syringe service program services and community outreach.	Distribute 80 to 100 supplemental oxygen canisters to Isabella County syringe service program participants to expand access to overdose response resources and respond to participant-identified needs.	January 1st, 2027, through December 31st, 2027

8. Success – How will success be measured?

Exchange Central will measure project success through established data collection and reporting systems, including the Michigan Department of Health and Human Services (MDHHS) Syringe Utilization Platform (SUP) and the program's internal syringe service program log. These systems allow for ongoing monitoring of supply utilization and participant outcomes.

Success will be measured by:

- Number of fentanyl, xylazine, benzodiazepine, and medetomidine test strips distributed to Isabella County residents.
- Number of overdose response kits distributed.
- Number of supplemental oxygen canisters distributed.
- Number of naloxone kits distributed in conjunction with overdose response kits.
- Number of self-reported overdose reversals using naloxone distributed through Exchange Central.
- Participant-reported behavior changes following test strip use (e.g., using less, using with another person present, carrying naloxone, not using a substance after a positive test result, or utilizing

other overdose prevention strategies).

- Distribution of supplies through established community partnerships and low-barrier access points to ensure overdose prevention resources reach populations at highest risk.

Exchange Central is committed to accountability and transparency and will complete all required quarterly reports to the Isabella Opioid Advisory Board, providing timely updates on project activities, distribution metrics, outcomes, and overall progress if funding is awarded.

9. Sustainability – How will the project be sustained after funding cycle?

Exchange Central is an established harm reduction program supported through the Michigan Department of Health and Human Services (MDHHS) Harm Reduction Unit, which provides funding for program staff and core harm reduction services, including overdose prevention supplies. However, existing funding is not sufficient to fully meet the growing demand for these resources within Isabella County.

Funding from the Isabella Opioid Advisory Board would enhance and expand existing overdose prevention efforts by increasing the availability of test strips, overdose response kits, and supplemental oxygen canisters for Isabella County residents. This investment would also allow Exchange Central to strategically utilize available MDHHS funding to support other critical harm reduction initiatives within the program, maximizing the impact of both funding sources and strengthening overall services for the community.

Following the grant period, Exchange Central will continue leveraging MDHHS funding, pursuing additional grant opportunities, cultivating community partnerships, and conducting fundraising activities to sustain and further expand overdose prevention services. By building upon an established, evidence-based program with existing staff, infrastructure, and community partnerships, Exchange Central is well positioned to continue providing these services to Isabella County residents beyond the funding cycle.

10. Budget – Total grant amount requested	**$ 5,411**

11. Budget Narrative – How will funds be used to meet project goals?

Grant funds will be used exclusively to support overdose prevention efforts for Isabella County residents through the purchase and distribution of evidence-based harm reduction supplies. Funding will support the purchase of 3,500 fentanyl test strips, 1,200 xylazine test strips, 800 medetomidine test strips, and 800 benzodiazepine test strips to expand access to drug checking resources and help individuals make informed decisions that reduce overdose risk.

Funds will also be used to purchase materials needed to assemble 600 overdose response kits, including rescue breathing masks, gloves, and educational materials. Naloxone, provided at no cost through the Michigan Department of Health and Human Services, will be included with each kit during distribution.

Additionally, funding will support the purchase of 80 to 100 supplemental oxygen canisters to expand overdose response resources available through Exchange Central. All requested supplies will be distributed through Exchange Central's established harm reduction program and community partnerships to advance evidence-based overdose prevention efforts in Isabella County.

12. New or Existing Project – Check one	_X_ - Existing X - New
12.a. If existing, how many unique individuals are served annually by the current project?	Exchange Central currently serves Isabella County residents through an established syringe service and overdose prevention program. While client encounters are tracked by county, unique individuals served are not reported separately for Isabella County. During calendar year 2025, Exchange Central documented the following service utilization in Isabella County: • **441** direct syringe service program client encounters • **309** secondary encounters (individuals receiving supplies through a primary participant) • **2,137** aggregate direct service encounters • **191** aggregate secondary service encounters This data demonstrates consistent utilization of Exchange Central's harm reduction and overdose prevention services throughout Isabella County and reflect ongoing demand for evidence-based harm reduction resources.
12.b. If new, is the project evidence-based or based on promising practices? (Check one and provide link to information on evidence base)	_X_ - Yes __ - No Link: Please see attachments for supporting material from Remedy Alliance; Supplemental Oxygen: an emerging practice and harm reduction innovation
13. Attachments – Supporting Documents	• Resume and/or biography of project director: Anna Reetz • Completed budget template (provided) • FTS and XTS Behavior Change Information Sheet • 2025 Exchange Central Progress Report • Remedy Alliance; Supplemental Oxygen: an emerging practice and harm reduction innovation

Resources

- Principles for Spending
  - Principles for the Use of Funds From the Opioid Litigation
- Evidence-Based Strategies and Promising Practices
  - Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic
  - Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States
- Local data
  - Michigan Overdose Data to Action Dashboard
    - Data on overdose deaths, emergency department visits and emergency medical services (EMS) calls and Substance Use Vulnerability Index
  - Michigan Department of Health and Human Services Opioids Webpage - EMS Responses
    - "Public Use Dataset EMS Responses to Probable Opioid Overdose", found under "Overdose Reports"
  - Michigan Substance Use Disorder Data Repository (SUDDR) and Data Visualizations
    - Suspected fatal overdoses and emergency medical services naloxone administration data
  - University of Michigan Injury Prevention Center System for Opioid Overdose Surveillance (SOS)
    - County-level data on overdose deaths, emergency department visits and emergency medical services (EMS) calls

- Overdose Detection Mapping Application Program (ODMAP)
  - Near real-time tracking of fatal and non-fatal overdoses and naloxone administration by public health and public safety
- Wayne State University's School of Social Work Center for Behavioral Health and Justice Dashboard
  - Customizable dashboard that shows multiple topics including, behavioral health, public health, criminal justice, housing, demographic and other data
- Data and information may also be accessed through local communities within health departments, prevention coalitions, harm reduction providers, behavioral health providers, recovery support providers and other groups.

Isabella County Opioid Settlement Funds

Proposed Project Budget

Applicant: Exchange Central - CMDHD **Date:** **July 27, 2026**

INCOME:

Source	$ Amount	Description
Isabella County Opioid Settlement Funds		Pending approval of Request by Isabella County Board of Commissioners
Total Income:	$0	

EXPENSES:

Description, including quantity, if applicable	$$$ Amount	Exhibit E (Ref. section(s) addressed)	Strategy Category (Prevention, Harm Reduction, Linkage to Care, Criminal-Legal System, Treatment, Recovery Supports, Pregnant or Parenting Women & Their Families, or Data & Research, Other)
Fentanyl Test Strips	$1,435	SchedA Sec H	Harm Reduction
Xylazine Test Strips	$912	SchedA Sec H	Harm Reduction
Medetomidine Test Strips	$1,280	SchedA Sec H	Harm Reduction
Overdose Response Kits - Gloves	$114	SchedA Sec H	Harm Reduction
Overdose Response Kits - CPR Face Mask	$310	SchedA Sec H	Harm Reduction
Overdose Response Instruction Cards	$200	SchedA Sec H	Harm Reduction
Suplemental Oxygen Canisters	$800	SchedA Sec H	Harm Reduction
Benzodiazepine Test Strips	$360	SchedA Sec H	Harm Reduction
Sub-Total Expenses:	$5,411		
Indirect costs:			
Total Expenses:	$5,411		

Indirect costs may not exceed ten percent (10%) of Sub-Total Expenses shown above.
Amounts rounded to the nearest dollar.
Total Income should equal Total Expenses for a balanced budget.

If proposed project budget is part of a larger program endeavor, please provide details in the Budget Narrative section of the RFP.

Supplemental Oxygen: an emerging practice and harm reduction innovation

What is "recreational" or "supplemental" oxygen?

"Recreational oxygen," also known as "supplemental oxygen," "portable oxygen," and "canned oxygen," applies to any oxygen product that is neither medical (prescription) oxygen or industrial oxygen. Under normal atmospheric conditions, ambient air contains about 21% oxygen. Supplemental oxygen products are enriched with a much higher concentration of oxygen – nearly five times the amount of oxygen in the everyday air we breathe.

Enriched oxygen supplementation offers critical support in maintaining oxygen levels and stabilizing physiological functions, especially when respiratory, cardiovascular, or metabolic challenges arise due to ingestion of substances, heat stress, or dehydration. While supplemental oxygen is not the same as medical grade oxygen tanks that are prescribed to people with respiratory illnesses or used by emergency medicine, they can be a useful tool for laypeople who do not have access to prescribed oxygen.

History and development of supplemental oxygen:

In 2003, Christine Warren, later the founder of Oxygen+, Inc., gathered the available research on oxygen supplementation and a team of product developers together to create supplemental oxygen, or portable, non-prescription oxygen in a can. Medical grade oxygen for respiratory illnesses was not accessible without a prescription and it is bulky, heavy and expensive. With her team, the Oxygen+ founder began envisioning the creation of oxygen products that were portable, easy-to-use, and consumer-friendly. Oxygen+ was the first supplemental oxygen product on the market available to consumers without a prescription, followed by other products such as BOOST, EVOLVE or O2Blast–which now make up an entire consumer product category.

Supplemental oxygen is not a medical product or intended for medical use, so it is neither regulated, nor approved by the FDA. It is however, produced in a FDA-registered facility which ensures the purity of the oxygen products by employing rigorous filling processes to ensure that source gas (Aviator Breathing Oxygen (ABO), which is 99.5% pure oxygen) is transfilled into lightweight aluminum canisters without any chance of impurity or cross-contamination.

Use of supplemental oxygen by people who use drugs:

In 2023, harm reduction programs and people who use drugs began sourcing supplemental oxygen products from retail establishments and paying for them out-of-pocket (they are available on Amazon, and through brick and mortar retailers like Walmart). As with every other harm reduction strategy and supply, the use of supplemental oxygen to reduce the harms associated with using substances was innovated by drug users. Due to lack of access to medical grade oxygen and medical establishment gatekeeping, people who use drugs decided to experiment with the consumer-accessible cans to see if they could provide any benefit.

Almost immediately, there were reports of successful uses of the cans for a variety of situations. Members of the National Urban Survivors Union in Greensboro, North Carolina reported successfully using the cans to reduce the effects of overamping (stimulant "overdose") and substance users via social media reported using them for preventing overdose, supplementing rescue breathing, and other uses.

Scaling up distribution and establishing emerging practice:

In the spring of 2024, following USU's lead, Remedy Alliance sourced a donation of oxygen cans and began offering them at no-cost to programs they work with to establish a proof of concept. Over the course of the remainder of 2024, over 1000 cans were distributed to harm reduction programs nationally. During this time, Remedy met with and negotiated a wholesale arrangement with woman-owned supplemental oxygen can original innovators Oxygen+ and began offering their product at lower-than-retail cost to harm reduction programs with some flexible funding, and at no-cost to unfunded programs.

Since 2024, Remedy Alliance has distributed over 13,600 Supplemental oxygen cans to harm reduction programs throughout the US and territories. While there is no formal evaluation in place, Remedy Alliance informally collects voluntarily provided use-cases from our partner programs. To date, there have been reports of supplemental oxygen used in the following situations by harm reduction programs and people who use drugs or are experiencing homelessness:

1. Administered to people who are heavily nodding out/with depressed respirations in lieu of needing to administer naloxone
2. To supplement rescue breathing for the overdose victim during an overdose reversal event
3. To support the person delivering rescue breathing during an overdose reversal event
4. Administered while experiencing the effects of stimulant use or "overamping"
5. As a training tool during trainings to emphasize the role of rescue breathing and oxygen during overdose response
6. To help people who inject drugs find a vein because the oxygen plumps the veins
7. Used by people experiencing homelessness during a heat wave to prevent and/or treat heat exhaustion
8. Used by people experiencing homelessness during wildfires when smoke inhalation was impacting respiratory health

How to use supplemental oxygen:

Since the cans are not designed for emergency use or for use on people who are not conscious, it is important to adapt them to these specific use cases. Individuals who have used them to supplement rescue breathing during an overdose event or for a person who is nodding out report that they work best when you open the airway as you would during rescue breathing, place the plastic mouthpiece over the mouth (instead of the nose) and plug the nose while "spraying" the oxygen in the mouth.

If the person is conscious and alert and using the cans for any of the other use cases above, they can administer to themselves by placing the plastic mask over their mouth or nose and breathing in.

Supplemental oxygen can specifications:

Each can contains 11L, or the equivalent of about 220+ breaths. The fill date for each can is located on the bottom of the canister. While the oxygen content inside the canister does not degrade over time, there is a possibility that a slight loss of pressure in the canister may occur after a 24-month period due to atmospheric pressure and temperature changes. The product should be stored properly in a cool, dry place and minimize exposure to temperatures exceeding 49°C/120°F. Stability testing has shown the contents of supplemental oxygen cans stored under proper conditions retain their integrity

well after the 24-month period. Some companies produce recreational oxygen that is flavored- **we do not recommend using flavored products for harm reduction purposes**.

How to integrate supplemental oxygen distribution into your programming:

The use of supplemental oxygen for harm reduction purposes is still an emerging practice. As with all harm reduction strategies, the practice emerged from the creative experimentation, innovation and risk-taking of people who use drugs. Whether we are talking about the repurposing of common items or items intended for other uses (unfinished bottle caps for cookers, dental cottons for filters, sterile waters, insulin syringes, etc.) or the self-taught use of medicines and tools intended for use by health professionals (naloxone) or law enforcement (fentanyl urine test strips), people who use drugs and harm reduction programs are always in the process of seeking out new creative ways of staying safe and surviving.

The following are some ways that harm reduction programs have incorporated the oxygen cans into their current practice:

1. Distribution at SSPs and during outreach to people who use drugs and/or are experiencing homelessness, including during encampment outreach
2. Distribution to people likely to witness an overdose during overdose response trainings
3. Stocking staff outreach bags and drop-in centers with cans of oxygen alongside other overdose response materials in case of overdose emergency
4. Using during overdose response trainings to demonstrate the importance of rescue breathing and oxygen support

Collecting feedback:

If you are interested in gathering feedback on use cases from program participants, we would strongly encourage providing compensation for feedback and ensuring that getting a new supply of the cans is not contingent on reporting a use. Some sample questions that may be helpful to include are:

1. What type of situation did you use the supplemental oxygen can for?
2. What other strategies did you use in this situation, if any?
3. How many cans did you use?
4. What was the observable outcome, if any?
5. Did you have any issues with using the can(s) related to the mouthpiece, pressure or spray trigger?

Supporting research:

There is no research specifically looking at the use of supplemental oxygen cans for any of the above use cases. However, in the situations discussed in the supporting research below, oxygen supplementation offered critical support in maintaining oxygen levels and stabilizing physiological functions, especially when respiratory, cardiovascular, or metabolic challenges arise due to ingestion of substances, heat stress, or dehydration.

1. Opioid overdoses (fentanyl with xylazine/sedatives)

Supplemental oxygen can mitigate respiratory depression caused by opioids like fentanyl, which reduce the brain's ability to detect low oxygen levels, leading to hypoxia. In cases of xylazine involvement, which is not responsive to naloxone, oxygen therapy can prevent critical oxygen deprivation until more advanced interventions are available.

Dahan A, et al. (2010) emphasized the role of hypoxia as the primary cause of death in opioid overdoses, advocating for oxygen supplementation to maintain oxygen saturation in opioid-induced respiratory depression.

- *Dahan A, Aarts L, Smith TW. Incidence, Reversal, and Prevention of Opioid-induced Respiratory Depression. Anesthesiology (2010); 112(1):226–38. doi:10.1097/ALN.0b013e3181c38c25.*

Boyer EW (2012) discussed the lack of response to naloxone in opioid overdoses involving non-opioid agents (e.g., xylazine), where oxygen becomes crucial for preventing death from hypoxia.

- *Boyer EW. Management of Opioid Analgesic Overdose. N Engl J Med (2012); 367:146-155. doi:10.1056/NEJMra1202561.*

2. Heat exhaustion (e.g., homeless encampments with no access to water or cooling)

In cases of heat exhaustion, the body struggles to maintain adequate oxygen delivery due to dehydration, hypovolemia, and organ stress. Supplemental oxygen improves oxygenation to vital tissues, preventing further deterioration into heat stroke and organ damage.

Rav-Acha M, et al. (2004) detailed that heat stress, exacerbated by dehydration, compromises respiratory function and oxygen delivery. Oxygen supplementation aids in stabilizing patients by providing immediate relief in high-heat environments.

- *Rav-Acha M, Hadad E, Epstein Y, et al. Fatal exertional heat stroke: a case series. Am J Med Sci (2004); 328(2):84–7. doi:10.1097/00000441-200408000-00006.*

Luks AM, Swenson ER (2011) highlighted the necessity of oxygen supplementation in cases of hyperthermia to reduce metabolic stress and protect against further systemic damage.

- *Luks AM, Swenson ER. Physiological Effects of Hyperthermia and Implications for Critical Care. Crit Care Clin (2011); 27(1):17-27. doi:10.1016/j.ccc.2010.10.005.*

3. Veins becoming more visible and accessible

Veins become more visible due to increased vasodilation, which can be induced by exercise or hydration, both of which enhance circulation and blood flow. Supplemental oxygen further improves peripheral oxygen saturation, aiding in venous dilation and accessibility, especially in dehydrated or low-oxygen conditions.

Goodwin ML, et al. (2007) examined the effects of oxygen supplementation on peripheral circulation, noting enhanced venous visibility due to increased blood flow and tissue oxygenation.

- *Goodwin ML, Harris JE, Hernández A, et al. Oxygen supplementation increases tissue oxygen delivery and venous visibility. J Appl Physiol (2007); 102(4):1407–1413. doi:10.1152/japplphysiol.00976.2006.*

Duke T, et al. (2014) also described that oxygen therapy during states of dehydration can assist in maintaining venous access by improving circulation and compensating for fluid loss.

- *Duke T, et al. Oxygen supplementation in children and adults: A practical guide. Lancet (2014); 367(2):10-16. doi:10.1016/S0140-6736(14)61078-2.*

4. Stimulant-related overdoses (meth, cocaine, etc.)

Stimulant drugs can cause hyperthermia, increased metabolic demand, and cardiovascular complications. Supplemental oxygen reduces the strain on the cardiovascular and nervous systems by improving oxygen supply to overworked organs, stabilizing patients experiencing hyperthermia, seizures, or cardiac events from stimulant overdose.

Richards JR, et al. (2016) noted that supplemental oxygen in stimulant-related overdoses aids in managing hyperthermia, seizures, and cardiovascular strain by restoring oxygen balance in critically stressed organs.

- *Richards JR, Garber D, Laurin EG, Albertson TE, Derlet RW, Amsterdam EA, Olson KR, Ramoska EA, Lange RA. Treatment of cocaine cardiovascular toxicity: a systematic review. Clin Toxicol (Phila). 2016 Jun;54(5):345-64. doi: 10.3109/15563650.2016.1142090. Epub 2016 Feb 26. PMID: 26919414.*

2025 ANNUAL REPORT

Exchange Central

Prepared by
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PROGRAM OVERVIEW

Overview

The Central Michigan District Health Department's Syringe Service Program, Exchange Central, provides harm reduction supplies and education to prevent the spread of HIV and Hepatitis C in our communities and decrease overdose occurences.

What's Inside

- Program Data
- Outreach Highlights
- Community Partnerships
- Strengths & Areas for Improvement
- Future Outlook

Our Story

Since launching in 2019 through Central Michigan District Health Department (CMDHD), Exchange Central has worked to reduce harm and improve health outcomes in rural communities at increased risk for Hepatitis C (HCV) due to injection drug use. Established in response to vulnerability identified by the Centers for Disease Control and Prevention (CDC) for potential HCV outbreaks, the program serves as a stepping stone toward improved health outcomes and positive substance use behavior changes by expanding access to sterile drug use supplies, overdose prevention resources, and low-barrier support services.

MEET THE TEAM

Anna Reetz

Community Health Supervisor

Madison Wisney

Community Health Coordinator

Nadia Ashtari

Health Educator

Kianna McConnell

Health Educator

Sarah VanHoose

Health Educator

25 Combined years of harm reduction experience

4,625 Miles traveled to serve our community

PROGRAM HIGHLIGHTS

These numbers reflect Exchange Central's continued commitment to reducing overdose deaths, preventing the spread of HIV and Hepatitis C, and expanding access to harm reduction services throughout our community.

2,571 **Naloxone kits distributed to community members and program participants.**

24 **Reported overdose reversals using naloxone provided through Exchange Central.**

25,420 **Sterile syringes distributed in Q4 2025, the highest quarterly total in program history.**

Most Reported Substance

Methamphetamine remains the most frequently reported substance among participants during intake assessments.

Expanded Screening Access

Participation in **HIV and Hepatitis C (HCV) screenings increased** following the implementation of annual testing **incentive cards**.

Secondary Distribution Network

Participants continue to extend harm reduction efforts by distributing supplies within their own networks, expanding program reach beyond direct encounters.

Record High Engagement

The highest number of combined primary and seconday encounters recorded during Q3.

PROGRAM HIGHLIGHTS

2025 Key Achievements

Nimkee Partnership

Established a partnership with Nimkee Medical Clinic to enhance the distribution of Exchange Central supplies and materials to their client population.

Naloxone Distribution Boxes

To expand community access, naloxone distribution boxes have been strategically placed across all six counties served by the Central Michigan District Health Department, including locations such as the Hayes Township Building, Sherman Township Building, Gladwin Library, and Mount Pleasant Library.

HIV and HCV Incentivization

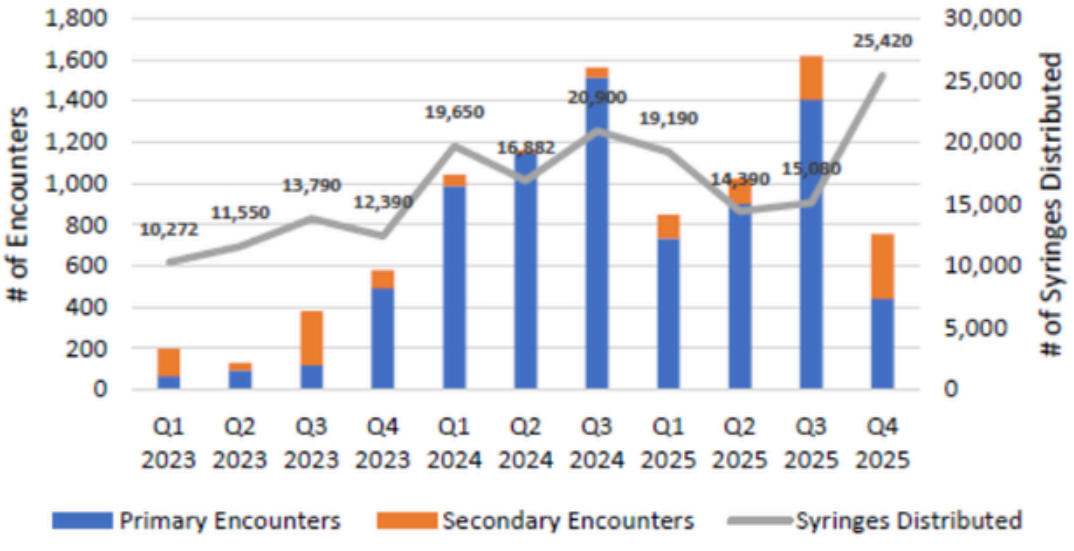
As part of efforts to increase hepatitis C and HIV screenings, we began offering incentives for blood draws to Exchange Central participants who completed a formal intake. In fiscal year 2025, this initiative resulted in 31 HIV and HCV tests conducted, with 5 positive HCV cases identified.

PROGRAM HIGHLIGHTS

Client Intakes and Encounters
(January 1, 2023 – December 31, 2025)

	Client Intakes	Unique Clients	Primary Encounters	Encounters per Unique Client
Q1 2023	8	20	65	3.25
Q2 2023	15	39	93	2.38
Q3 2023	6	30	117	3.90
Q4 2023	15	36	492	13.67
Q1 2024	26	51	986	19.33
Q2 2024	8	42	1,142	27.19
Q3 2024	12	48	1,542	31.54
Q4 2024	5	43	732	17.02
Q1 2025	12	51	732	14.35
Q2 2025	14	50	901	18.02
Q3 2025	8	42	1406	33.48
Q4 2025	11	43	440	10.23

Encounters and Syringes Distributed
(January 1, 2023 – December 31, 2025)

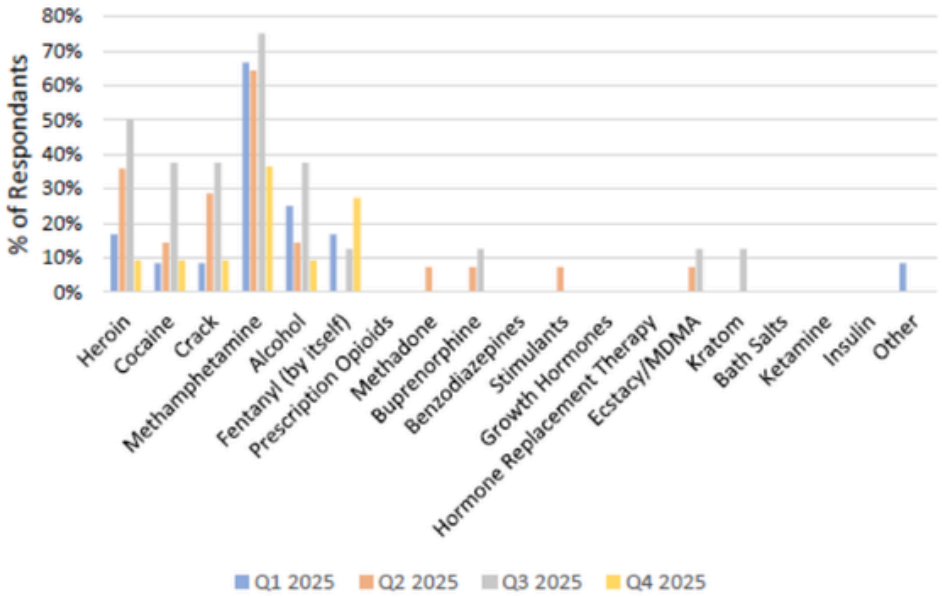


PROGRAM HIGHLIGHTS

Testing and Treatment
(January 1, 2023 – December 31, 2025)

	HIV Tests	HCV Tests	Treatment Referrals	Treatment Engagement
Q1 2023	1	1	0	1
Q2 2023	1	1	0	2
Q3 2023	1	3	2	7
Q4 2023	0	0	0	3
Q1 2024	3	3	2	8
Q2 2024	7	7	1	2
Q3 2024	29	31	0	0
Q4 2024	6	13	0	4
Q1 2025	8	19	0	4
Q2 2025	20	31	1	0
Q3 2025	28	31	1	0
Q4 2025	6	8	0	0

Substances Used, Last 30 Days
(January 1, 2025 – December 31, 2025)



OUTREACH EFFORTS

Mobile Outreach Services

Deliver harm reduction services directly to communities across four counties from May through September

- Regular outreach in Clare, Gladwin, Isabella and Roscommon counties
- Distribution of sterile supplies
- On-site STI testing
- Partnership with Community Health Worker and Nurse Practitioner

Education & Trainings

Provide education and capacity-building opportunities for community members and partners.

- Harm reduction education sessions
- Community Narcan trainings
- At-risk youth health and life skills education
- Central Michigan University student education presentations

Community Events

Engaged with community members through local events to increase awareness and connection to services.

- 16th Annual Central Michigan HIV/AIDS 5k
- Save a Life Day
- Wheatland Music Festival
- Health Fairs
- Client support groups
- Recovery events
- Medication take backs

OUTREACH EFFORTS

Public Awareness Campaign

Raised awareness and reduced stigma through targeted outreach and messaging efforts.

- Substance Use Disorder Awareness Campaigns - Internal & External efforts
- Social media campaigns
- Local media engagement to promote services

Community Engagement & Outreach

Connected with individuals through partner organizations to share resources and supplies

- Methadone clinic tabling
- Farmers market tabling
- Central Michigan University outreach events
- Tabling at harm reduction conferences
- Vape shop partnership to distribute harm reduction supplies

Increasing Access to Services

Expanded access to harm reduction resources by reducing barriers and meeting community needs.

- Nimkee partnership is expand access for Tribal Community
- Exchange Central program delivery days
- Harm reduction vending machine (24/7 access)
- Naloxone distribution boxes across entire region

COMMUNITY PARTNERS

The Gathering Food Pantry

Mobile Health Central

Stone Soup Kitchen Farwell

28 Community Partners

SWOT

Analysis Table

S

Strengths

- Client relationships with staff increase program access and new client intakes.
- Delivering supplies removes barriers for clients to access services.
- Strong partnerships with local prevention coalition extends our reach.

W

Weaknesses

- Limited staffing
- Limited funding
- Limited delivery availability
- Lack of participation of clients in programming decisions.
- Lack of program awareness throughout six county region

O

Opportunities

- Increasing engagement with tribal community
- Informed service delivery through client focus groups
- Increase in MDHHS funding to expand service delivery, staffing, and exploring possibility of an Opioid Fatality Review board.
- Data leads to a need for increased presence in Gladwin County.

T

Threats

- Increase program awareness but not having the funds or staff to meet the demand.
- Current political climate makes future funding unpredictable.
- Stigma surrounding harm reduction in rural Central Michigan.

LOOKING AHEAD TO 2026

Exchange Central looks forward to expanding its program reach in 2026. Through **additional funding** provided by the Michigan Department of Health and Human Services for harm reduction programming, Exchange Central will be able to **add an additional staff member** to the team. This expansion will increase program capacity and support greater community awareness, expanded harm reduction supply distribution, and increased access to HIV and Hepatitis C (HCV) screening services.

In 2026, Exchange Central will also strengthen efforts to gather meaningful client feedback. Staff will begin conducting **Client Focus Interviews**, incentivized with a $15 gas card, to provide participants an opportunity to share their experiences, identify areas for improvement, and give feedback on harm reduction supplies. Feedback collected through client surveys in 2025 has already informed program improvements, including the need for an additional weekly supply delivery day. With the addition of a new staff member, **Exchange Central will implement this additional delivery day in 2026.**

Exchange Central will continue to evaluate and strengthen community partnerships to better reach priority populations and expand service delivery. By **tracking supply distribution** at partner outreach events and mobile service locations, the program will use a data-driven approach to ensure staff time and resources are used effectively to meet community needs.

CONTACT US

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THANK YOU

We extend our sincere gratitude to all of our partners, community members, and supporters who make this work possible. Together, we are creating safer, healthier communities and we look forward to continuing this important work in the year ahead.

The availability and use of xylazine and fentanyl test strips have been linked to significant behavior changes among people who use drugs (PWUD). Some of these harm reduction behaviors include carrying naloxone, avoiding using substances alone, and reducing the amount of the tested substance used. A study conducted by Peiper et al. found that 77% of participants who used fentanyl test strips (FTS) felt better able to adapt their behaviors and prevent potential overdoses (2019). Participants who received a positive FTS result were five times more likely to change their drug use behaviors compared to those who received a negative result (Peiper et al., 2019).

Similarly, a study conducted by Gelberg et al. found that individuals who received a positive FTS result were 29% more likely to take turns using the tested substance, 54% more likely to use near someone carrying naloxone, and more than four times as likely to use less or none of the tested substance (2025).

Harm reduction behaviors were even more significant among PWUD who utilized xylazine test strips (XTS). Another study by Gelberg et al. found that individuals who used XTS were six times more likely to keep naloxone nearby, 1.5 times more likely to ask someone to check on them while using, and 1.4 times more likely to use a smaller “test shot” to assess the substance’s strength (2025).

A qualitative study conducted in partnership with The Red Project’s drug checking program in Grand Rapids found that many PWUD fear the effects of xylazine, resulting in safer substance use practices (Sibley et al., 2025). Interview participants identified three predominant changes in their substance use patterns due to the presence of xylazine: using less frequently or in smaller amounts, changing methods of use (such as smoking rather than injecting), and quitting or seeking treatment (Sibley et al., 2025). Many participants specifically cited the severe wounds associated with xylazine use as a primary motivator for reducing or completely stopping their substance use (Sibley et al., 2025).

Sources:

1. Gelberg KH, El-Bassel N, Babineau DC, Vickers-Smith RA, Fanucchi LC, Childerhose JE, Hall ME, Dzurec ME, Villani J, Russo MR, LeBaron P, Marks KR, Lancaster KE, Gilbert L, David JL, Eggleston BS, Roeber CA, Oga EA, Chandler RK, Walsh SL. Association of fentanyl test strip results and change in drug use behaviors: A multi-state, community-based observational study. Int J Drug Policy. 2025 Sep;143:104867. doi: 10.1016/j.drugpo.2025.104867. Epub 2025 Jun 9. PMID: 40494014; PMCID: PMC12243529.
2. Gelberg KH, Montero F, Chang M, Russo MR, Lootens MR, David JL, Chandler R, Oga E, Gilbert L, El-Bassel N. Xylazine Test Strip Use Among People Who Use Drugs in New York State. J Addict Med. 2025 Jul 22. doi: 10.1097/ADM.0000000000001550. Epub ahead of print. PMID: 40693665.

3. Peiper NC, Clarke SD, Vincent LB, Ciccarone D, Kral AH, Zibbell JE. Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States. Int J Drug Policy. 2019 Jan;63:122-128. doi: 10.1016/j.drugpo.2018.08.007. Epub 2018 Oct 3. PMID: 30292493.
4. Sibley AL, Miller CW, Joniak-Grant E, Bell A, Visnich M, Alsum S, Dasgupta N. A brick to a bundle: A qualitative study of behavioral responses to xylazine adulteration. Int J Drug Policy. 2025 Nov;145:105017. doi: 10.1016/j.drugpo.2025.105017. Epub 2025 Sep 27. PMID: 41016250.
5. Vickers-Smith RA, Gelberg KH, Childerhose JE, Babineau DC, Chandler R, David JL, D'Costa L, Dzurec M, Eggleston B, Fallin-Bennett A, Fanucchi LC, Fernandez S, Gilbert J, Gilbert L, Hall ME, Hiltz BE, Konstan MW, Lancaster KE, Linas B, Marks KR, Michaels N, Miles J, Montero F, Ramsey Harden HJ, Roeber C, Russo MR, Taylor R, Theis MA, Villani J, Oga E, El-Bassel N, Walsh SL, Freisthler B. Fentanyl Test Strip Use and Overdose Risk Reduction Behaviors Among People Who Use Drugs. JAMA Netw Open. 2025 May 1;8(5):e2510077. doi: 10.1001/jamanetworkopen.2025.10077. PMID: 40358945; PMCID: PMC12076174.

Direct links, quotes, and stats:

https://pmc.ncbi.nlm.nih.gov/articles/PMC12076174/

- In adjusted analyses, PWUD who used FTS had a mean daily composite score for overdose risk reduction behaviors that was 0.86 (95% CI, 0.34-1.38) units higher across follow-up compared with nonusers (score for FTS users, 7.37; nonusers, 6.51).
- Baseline FTS use was linked to key harm reduction behaviors, including having naloxone, testing drug strength, asking someone to check on them while using, and discarding drugs that seemed bad or unexpected.
- Vickers-Smith RA, Gelberg KH, Childerhose JE, Babineau DC, Chandler R, David JL, D'Costa L, Dzurec M, Eggleston B, Fallin-Bennett A, Fanucchi LC, Fernandez S, Gilbert J, Gilbert L, Hall ME, Hiltz BE, Konstan MW, Lancaster KE, Linas B, Marks KR, Michaels N, Miles J, Montero F, Ramsey Harden HJ, Roeber C, Russo MR, Taylor R, Theis MA, Villani J, Oga E, El-Bassel N, Walsh SL, Freisthler B. Fentanyl Test Strip Use and Overdose Risk Reduction Behaviors Among People Who Use Drugs. JAMA Netw Open. 2025 May 1;8(5):e2510077. doi: 10.1001/jamanetworkopen.2025.10077. PMID: 40358945; PMCID: PMC12076174.

https://pubmed.ncbi.nlm.nih.gov/40693665/

- Sixty-six participants (26%) had used XTS; 80% trusted the results, and 79% were confident in their ability to use XTS to detect xylazine. Those who had used XTS were more likely to have naloxone nearby (651%), use a test shot (143%), have someone check on them while using (152%), and watch someone use the same drugs (135%).

- Gelberg KH, Montero F, Chang M, Russo MR, Lootens MR, David JL, Chandler R, Oga E, Gilbert L, El-Bassel N. Xylazine Test Strip Use Among People Who Use Drugs in New York State. J Addict Med. 2025 Jul 22. doi: 10.1097/ADM.0000000000001550. Epub ahead of print. PMID: 40693665.

https://www.sciencedirect.com/science/article/pii/S0955395918302135

- 81% reported using FTS prior to consuming their drugs, 43% reported a change in drug use behavior, and 77% indicated increased perceived overdose safety by using FTS.
- PWID with a positive FTS test result had five times the odds of reporting changes in drug use behavior compared to those with a negative result.
- Using less drug than usual was the most commonly reported change in drug use behavior (32%) followed by performing a tester shot (17%), snorting instead of injecting (10%), and pushing the plunger more slowly (9%). <percentage of study participants
- Peiper NC, Clarke SD, Vincent LB, Ciccarone D, Kral AH, Zibbell JE. Fentanyl test strips as an opioid overdose prevention strategy: Findings from a syringe services program in the Southeastern United States. Int J Drug Policy. 2019 Jan;63:122-128. doi: 10.1016/j.drugpo.2018.08.007. Epub 2018 Oct 3. PMID: 30292493.

https://www.medrxiv.org/content/10.1101/2025.04.11.25325471v1.full

- Qualitative data from interviews in Michigan and Pennsylvania
- Fear and dissatisfaction are motivating safer use.
- Participants overwhelmingly noted that the presence of xylazine had driven their fentanyl consumption lower. We categorized three predominant consumption patterns in the wake of xylazine:
    - using less in amount or frequency
    - using differently (alternating use or changing route of administration)
    - quitting or seeking treatment
- Sibley AL, Miller CW, Joniak-Grant E, Bell A, Visnich M, Alsum S, Dasgupta N. A brick to a bundle: A qualitative study of behavioral responses to xylazine adulteration. Int J Drug Policy. 2025 Nov;145:105017. doi: 10.1016/j.drugpo.2025.105017. Epub 2025 Sep 27. PMID: 41016250.

https://www.sciencedirect.com/science/article/pii/S0955395925001677?via%3Dihub

- a positive FTS result was positively associated with using less drugs (Table 4; odds ratio (OR)=4.37
    - 29% more likely to take turns
    - 54% more likely to use near someone who has naloxone
    - Over 4 times more likely to use less of the substance
- Gelberg KH, El-Bassel N, Babineau DC, Vickers-Smith RA, Fanucchi LC, Childerhose JE, Hall ME, Dzurec ME, Villani J, Russo MR, LeBaron P, Marks KR, Lancaster KE, Gilbert L, David JL, Eggleston BS, Roeber CA, Oga EA, Chandler RK, Walsh SL. Association of fentanyl test strip results and change in drug use behaviors: A multi-state, community-based observational study. Int J Drug Policy. 2025 Sep;143:104867. doi: 10.1016/j.drugpo.2025.104867. Epub 2025 Jun 9. PMID: 40494014; PMCID: PMC12243529.

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EDUCATION

Central Michigan University, Mt. Pleasant, MI — Graduation: May 2019
Bachelor of Science: Community Health Education

Mid-Michigan Community College, Mt. Pleasant, MI — Graduation: December 2016
Associates in Arts Degree: Liberal Studies Transfer Degree

HONORS & AWARDS

- MDHHS HIV Prevention Division: Passion for Community Recognition — July 2025
- Mid-Michigan Emerging Leaders 40 Under 40 Recipient — Fall of 2024
- CMDHD Employee Recognition Award — September 2023
- CMU Community Health Education Major Recipient of the Year — August 2018 – May 2019
- Eta Sigma Gamma E-Board Member of the Semester — August 2018 – December 2018
- Eta Sigma Gamma General Member of the Month — April 2018

WORK EXPERIENCE

Central Michigan District Health Department
Community Health Supervisor — October 2023 - Present

- Supervise multidisciplinary staff and oversee MDHHS-funded HIV, Hepatitis C, STI, overdose prevention, and harm reduction programs across a six-county public health jurisdiction.
- Direct operations of the Exchange Central Syringe Service Program and a free HIV/STI testing clinic serving Isabella, Clare, and Gladwin Counties.
- Manage state and federal grant-funded public health programs, ensuring compliance with funding requirements, grant deliverables, budgets, and performance measures.
- Develop program goals, policies, standard operating procedures, and quality improvement initiatives to improve health outcomes related to HIV, Hepatitis C, sexually transmitted infections, substance use, and overdose prevention.
- Prepare grant applications, progress reports, program evaluations, and data-driven funding proposals to secure and sustain best practice public health initiatives.
- Build and maintain strategic partnerships with healthcare providers, community organizations, coalitions, and local stakeholders through collaborative initiatives and memorandums of understanding (MOUs) to expand access to prevention and harm reduction services.
- Analyze program data and emerging public health trends to evaluate program effectiveness and guide strategic planning and service delivery.
- Lead team meetings, provide staff supervision, coaching, and performance management, and ensure timely completion of program objectives and grant deliverables.
- Manage staff scheduling, approve payroll through Kronos, and coordinate staffing coverage across multiple service locations.
- Monitor data quality and submit required monthly reports through the MDHHS HIV Prevention Program and Syringe Utilization Platform (SUP), ensuring compliance with state reporting requirements.

Health Educator July 2019 – October 2023

- Conducted HIV and STI testing, counseling, education, and referrals to promote early diagnosis and linkage to care.
- Provided harm reduction services through the Exchange Central Syringe Service Program, including distribution of naloxone, sterile use supplies, safer use education, and safe disposal resources.
- Coordinated hepatitis C (HCV) and HIV linkage-to-care services, including participation in the Data to Care initiative and referrals to treatment and supportive services.
- Developed and delivered customized educational presentations and prevention resources on sexual health, HIV, STIs, hepatitis C, overdose prevention, and harm reduction for community partners and priority populations.
- Planned and implemented community outreach and health promotion initiatives to increase awareness of public health programs and expand access to prevention services.
- Coordinated logistics, fundraising efforts, and community engagement for the annual Central Michigan HIV/AIDS 5K event.
- Served as regional backbone staff for the North Central Community Health Innovation Region (CHIR), supporting Steering Committee meetings, MiThrive regional data assessments, and Community Health Improvement Planning (CHIP) initiatives.

Midland County Health Department, Midland, MI January 2019 – May 2019

Community Health Intern

- Participated in a collaborative internship between the Midland County Health Department, MidMichigan Hospital Midland, The Legacy Center for Community Success, and The Midland Area Community Foundation

PROFESSIONAL INVOLVMENT

Secretary of Isabella County Opioid Advisory Committee January 2026 – Present
Active Representative on Gladwin County Opioid Advisory Committee January 2024 - Present
Chair of Arenac County Prevention Coalition October 2025 - Present
Chair of Clare Gladwin Prevention Coalition October 2024 – October 2025
Chair of Isabella Substance Awareness Coalition October 2023 – October 2024

CAMPUS INVOLVEMENT

Advocacy Chair of Eta Sigma Gamma Public Health Fraternity, CMU Fall 2018 – May 2019
Treasurer of Eta Sigma Gamma Public Health Fraternity, CMU Fall 2018 – May 2019
Active Participant of Wear One Campaign, CMU Spring 2018 – May 2019

CERTIFICATIONS

- First Aid and CPR June 2025
- SBI with Adults November 2022
- Mental Health First Aid October 2022
- Technology of Participation (ToP) Facilitation Methods September 2020
- HIV CTR Modules 1, 2, and 3 February 2020
- MDHHS HIV Case Management Training October 2019