



State Opioid Response

Annual Program Summary
Grant Year 1

October 1, 2018 – September 30, 2019



WAYNE STATE
School of Social Work



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Overview

In 2017, 2,686 individuals died from a drug overdose in Michigan. Opioids were involved in 76 percent of these deaths. Between 1999 and 2017, opioid-involved overdose deaths increased more than 17 times; the sharpest increase occurring since 2012. In 2017, the American Indian/Alaskan Native (AI/AN) population had the highest rate of death due to opioid-involved overdose. During the same year, adults aged 25 to 34 showed the highest overdose death rates, and male overdose death rates were higher than female. (Drug Overdose Deaths in Michigan, 2016-2017, March 2019.)

Seeking to address the rise in opioid-related mortalities in Michigan, the Michigan Department of Health and Human Services (MDHHS) in 2018 applied for the State Opioid Response (SOR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Michigan had been previously awarded the State Targeted Response (STR) to the Opioid Crisis grant from SAMHSA and was quickly able to identify existing opioid initiatives around the state that would benefit from increased funding, in addition to other areas where gaps in service delivery resulted in unmet needs from the population of focus. Three core goals were set forth in the SOR grant application: (1) to increase access to Medication-Assisted Treatment (MAT) for the three FDA-approved medications; (2) reduce unmet treatment need; (3) and reduce opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorders (OUD). On Sept 19, 2018, Michigan was awarded the SOR grant in the amount of \$27,914,639 per grant year. Funding began on Oct 1, 2018 and will conclude Sept 30, 2020.

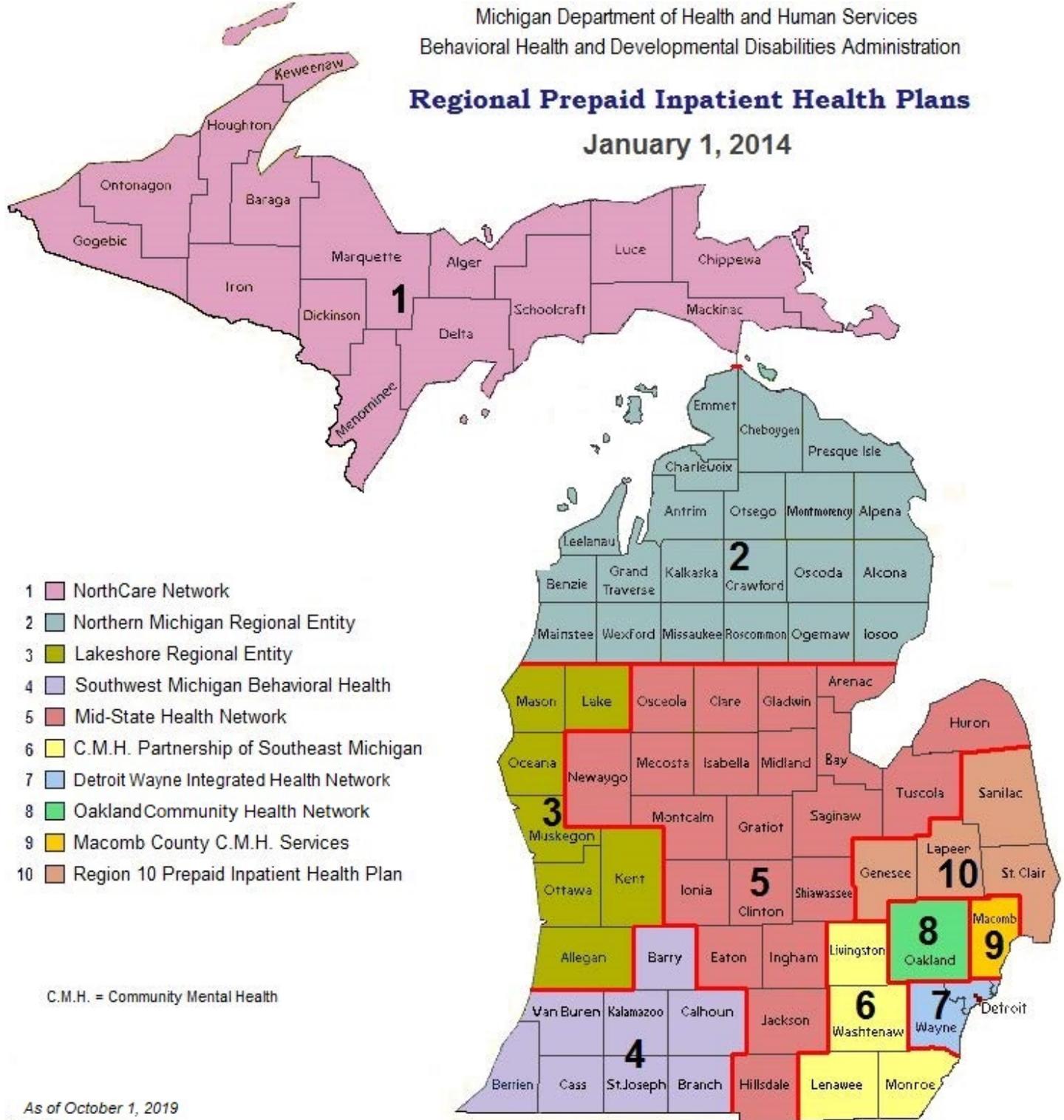
To best serve the needs of the population of focus, SOR funding was allocated on both a statewide and regional basis. Regionally, SOR funding was allocated to Michigan's 10 Prepaid Inpatient Health Plans (PIHPs), which serve as managed care organizations for publicly funded substance use disorder (SUD) programming. Michigan's 83 counties are divided among the 10 PIHPs. Each PIHP received funding to create and expand the programs that would be most impactful in their region. Prevention programming included Youth and Family Oriented Prevention Evidence-Based Practices (EBP) programming and Overdose Education/Naloxone Distribution (OEND) with Harm Reduction. The 10 regions also received funding to expand treatment and recovery services. These activities included placing Peer Recovery Coaches in Federally Qualified Health Centers (FQHC), expanding jail-based MAT services, securing mobile care units to deliver OUD services to individuals lacking transportation, expanding and enhancing recovery housing, providing employment support to individuals aged 18 to 25, and funding the cost of OUD treatment and OUD recovery services.

Additionally, funding was awarded to organizations that implement statewide initiatives in prevention, treatment and recovery. Grantees included the Inter-Tribal Council of Michigan (ITC), Michigan Collaborative Addiction Resources and Education System (CARES), Michigan State University Extension, Michigan Opioid Collaborative (MOC), Michigan Opioid Prescriber Engagement Network (OPEN), Michigan Opioid Partnership (MOP), Wayne State University (WSU) Center for Behavioral Health and Justice, Michigan Alliance of Recovery Residences, Michigan State Police (MSP), Michigan Department of Corrections (MDOC) and MDHHS Office of External Affairs and Communications.

This report is intended to provide brief narratives, data and highlights from the first year of SOR grant funding.

Prepaid Inpatient Health Plans across Michigan

The following map presents the t10 PIHP regions across Michigan.



Prevention Activities

SOR funded prevention activities include:

- Youth and Family Oriented Prevention Evidence-Based Practices (EBP)
- Overdose Education and Naloxone Distribution (OEND) with Harm Reduction
- Michigan Collaborative Addiction Resources and Education System (CARES)
- Older Adult Prevention Evidence Based Practices (EBPs)
- Optimizing Pain Management and Opioid Prescribing During Procedural Care

Youth and Family Oriented Prevention Evidence-Based Practices (EBP)

Each PIHP was able to choose two youth and/or family-oriented evidence-based or promising practice programs to fund during grant year one. Available programs included Guiding Good Choices, Project Towards No Drug Abuse, Botvin LifeSkills Training, and Prime for Life.

Guiding Good Choices (GGC)

GGC is a family competency training program for parents of youth in middle school. The program consists of five two-hour sessions. Youth attend one of the five sessions with their parents or caregivers. GGC has demonstrated outcomes in delaying the onset of substance use in the children of participants. Region 1, Region 6, Region 8, and Region 10 implemented GGC. Across these regions, seven facilitators were trained, and 98 families participated in GGC.

Project Towards No Drug Abuse (PTNDA)

PTNDA is a prevention program for individuals aged 14 to 19 years. The curriculum is comprised of 12 classroom-based sessions between 40 and 50 minutes in length that are delivered over a four-week time period. Region 4, Region 5, and Region 7 implemented PTNDA. Across these regions, five facilitators were trained and over 400 individuals participated in PTND training.

Botvin LifeSkills Training (LST)

LST is an interactive evidence-based substance abuse and violence prevention program. LST has curriculums designed for middle school, high school, and transition aged students. LST also has a specific Prescription Drug Abuse Prevention Module that many facilitators have incorporated into their training. Region 2, Region 3, and Region 7 implemented LST. Region 3 trained one facilitator in the high school and transitions curriculum. Region 2 held three LST programs at Charlevoix Montessori Academy of the Arts, East Jordan Middle School, and Boyne Falls for 34 students. Summer programming at Catholic Human Services included LST for over 730 students. Across these regions, almost 1,300 students participated in LST.

Prime for Life (PFL)

PFL is an evidence-based prevention and intervention program for universal, selective, and indicated groups. PFL has been used for youth and adults aged 13 to 20 years old. Region 2, Region 3, Region 5, Region 6, Region 8, Region 9, and Region 10 implemented PFL trainings. Region 6 partnered with Eastern Michigan University to train facilitators and implement PFL on campus in the fall semester 2019. Across these regions, 22 facilitators were trained and 183 families participated in PFL.

Overdose Education and Naloxone Distribution (OEND) with Harm Reduction

OEND is the provision of education and surrounding signs and symptoms of opioid overdose, the distribution of naloxone, and how to administer the naloxone kit. OEND initiatives have been implemented throughout Michigan to a wide audience, including but not limited to persons with OUD, friends and family, individuals in recovery, substance use disorder service providers, community centers, health departments, public establishments and law enforcement.

Naloxone (Narcan®) is an opioid antagonist medication approved by the Food and Drug Administration (FDA) to reverse an opioid overdose. The medication blocks opioid receptor sites, reversing the toxic effects of the overdose. Naloxone can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection. The SOR grant awarded PIHP funds for additional naloxone purchasing and training opportunities that include harm reduction activities.

PIHPs were able to build upon and expand the OEND initiatives they began during the STR grant. Region 4 was able to utilize SOR funds to distribute naloxone to fire departments. Regions 2, 5, 6, and 7 expanded their training efforts to previously uncontacted community stakeholders including bars, fast food restaurants, and libraries. Region 8 and Region 9 partnered with local community coalitions to fund additional OEND.

Naloxone across Regions	
Kits Purchased	Kits Distributed
10,595	9,153

Over 85 percent of the kits have been distributed

Michigan Collaborative Addiction Resources & Education System (CARES)

The goal of the MI CARES initiative is to address the lack of addiction medicine and addiction psychiatry specialists in Michigan by creating a curriculum to train physicians to attain accreditation in Addiction Medicine (AM) via the practice pathway during the transitional phase as the American Board of Medical Specialties (ABMS) and American Board of Preventive Medicine (ABPM) create an AM subspecialty. This practice pathway enables physicians to use a combination of experiential hours coupled with passing a board examination to become a board-certified AM provider. The curriculum closely follows the ABPM blueprint for the subspecialty certification exam. MI CARES is also developing a curriculum for medical students on addiction medicine.



Curriculum Development

In Grant Year 1, faculty members and subject matter experts at WSU, University of Michigan (UM), and Michigan State University (MSU) met and refined the curriculum. The curriculum includes 18 modules and eight submodules for individual substances. The full core content curriculum topics are as follows:

- Neurobiology of addiction
- Pharmacology and toxicology
- Epidemiology and biostatistics
- Individual substances (alcohol, cannabis, club drugs, hallucinogens, nicotine, opioids, sedatives, and stimulants)
- Medical co-morbidities
- Psychiatric co-morbidities
- Behavioral addictions (gambling, process addictions, and technology addictions)
- Behavioral interventions (cognitive behavioral therapy, motivational interviewing, and psychosocial interventions)
- Special populations (adolescents and young adults, elderly, pain and addiction, pregnancy and women’s health, veterans, and criminal justice)
- Prevention (harm reduction and public health/population health management)
- Ethics
- Confidentiality and the law
- Clinical trials

The full curriculum is housed on the MSU learning management system, Desire2Learn (D2L).

Physician Recruitment

The MI CARES team formed partnerships with Spectrum Health Center for Integrative Medicine, Upper Great Lakes Family Health Center, InterCare Community Health Network, Lakeland Care Network and Munson Healthcare for recruitment of doctors to participate in programs to fulfill the requirements of the ABMS practice pathway. MI CARES finalized marketing and communication designs to aid in recruitment efforts and launched their website at <https://micares.msu.edu/>. Below is an example of some of the available resources on this website.

		
<p>Statewide partnership</p> <p>The MI CARES program is a collaboration between Michigan State University, University of Michigan, Wayne State University and Spectrum Health created to address the opioid epidemic.</p> <p>About MI CARES</p>	<p>Become an Addiction Medicine specialist</p> <p>Meet the demand for prevention and treatment services by becoming a trained Addiction Medicine specialist.</p> <p>Enroll Now</p>	<p>Addressing the opioid crisis</p> <p>Bridge the gap between the 20 million people struggling with addiction with only 4,400 specialists nationwide.</p> <p>Learn More</p>

Recruitment efforts have also taken place at state and national conferences and on social media. Forty-seven physicians have enrolled in the program in the following specialties: 23 family medicine, seven internal medicine, six emergency medicine, three psychiatry, two obstetrics and gynecology, one addiction medicine,

one anesthesiology, one diagnostic radiology, one maternal-fetal health, one pediatrics, and one prevention and public health.

Older Adult Prevention Evidence Based Practices (EBP)

The SOR grant funded the Michigan State University Extension (MSUE) to offer evidence-based prevention programming for older adults across Michigan through the Chronic Pain and Chronic Disease Self-Management Programs (CPSMP, CDSMP), Stress Less with Mindfulness (SLM), and the Wellness Initiative for Senior Education (WISE).

MSUE sites are embedded in all 83 counties in Michigan and have strong community ties. Extension employees recruit for the EBP with promotional flyers, social media posts and e-mails. MSUE has found it is effective to implement these programs by partnering with community agencies such as senior centers, faith-based organizations and libraries. These community groups often offer a training location and assist with recruitment through their membership and listservs. To improve recruitment in the Train the Trainer sessions of CSMP, MSUE is exploring options for offering continuing education units and continuing medication education contact hours. To improve recruitment for the SLM, CDSMP and CPSMP, MSUE will be partnering more closely with the PIHPs to recruit participants in their regions.

Stress Less with Mindfulness

SLM is a research-based and practice-tested program that provides an introduction to a variety of mindfulness techniques taught in a series of five weekly one-hour lessons. The goals of SLM include increased personal self-awareness of stress symptoms and use of mindful breathing and mindful movement to calm the body and mind.

In Grant Year 1, MSUE delivered eight SLM series of trainings in Bad Axe, Grand Haven, Grand Rapids, Lincoln, Munising, Port Huron, Saginaw and Traverse City for over 75 individuals.

Chronic Disease Self-Management and Chronic Pain Self-Management Programs

CDSMP and CPSMP are evidence-based programs with goals to reduce pain and fatigue; increase medication adherence, quality of life, and sleep; reduce health distress and improve communication with doctors. Both programs are two and a half hour sessions taught weekly over six weeks. The CPSMP curriculum includes light physical exercise. Many participants cite this element as their favorite aspect of the program.

MSUE delivered one full CDMSP training for seven individuals in Detroit and began another program in August for nine individuals in Rockford. Sixteen MSUE staff received CPSMP facilitator training. MSUE delivered two full CPSMP trainings for six individuals in Jackson and six individuals in Rockford.

Wellness Initiative for Senior Education (WISE)

The WISE curriculum will be a new initiative for MSUE. New Jersey Prevention Network conducted a training of trainer's session for MSUE staff in November 2019. The six-week curriculum includes information on healthy aging, alcohol and drug use, stress management, and medication management. This WISE program can be implemented by one trainer and full implementation will begin in Grant Year 2.

Optimizing Pain Management and Opioid Prescribing During Procedural Care

The SOR grant funded UM’s Michigan Opioid Prescribing Engagement Network (Michigan OPEN) to facilitate the Optimizing Pain Management and Opioid Prescribing During Procedural Care project. This initiative is making advances in opioid- prescribing practices after surgery and dentistry by developing perioperative care pathways, refining and implementing prescribing recommendations through Collaborative Quality Initiatives (CQIs), educating dentists by creating a new Continuing Dental Education (CDE) curriculum, and coordinating an interprofessional network focused on improving opioid stewardship and coordinated care.

Resources from this project can be found on the website: WWW.michigan-OPEN.org. An example of the surgical and dental pamphlets for opioids and pain management are shown to the right.



In Grant Year 1, Michigan OPEN collaborated with 16 of the 18 UM Health System CQIs. These new CQI partnerships include:

- Anesthesiology Performance Improvement & Reporting Exchange (ASPIRE)
- BCBSM Cardiovascular Consortium-Percutaneous Coronary Intervention (BMC2)
- Michigan Arthroplasty Registry Collaborative Quality Initiative (MARCQI)
- Michigan Bariatric Surgery Collaborative (MBSC)
- Michigan Emergency Department Improvement (MEDIC)
- Michigan Surgical Quality Collaborative (MSQC)
- Michigan Trauma Quality Improvement Program (MTQIP)
- Michigan Urological Surgery Improvement Collaborative (MUSIC)
- Michigan Value Collaborative (MVC)
- Obstetrics Initiative (OBI)

Ten CQI collected pre-procedure opioid use data, and seven collected patient reported outcome data, including opioid data. This data helped inform prescribing recommendations.

Michigan OPEN developed a Preoperative Opioid Risk Assessment screening tool to assist with transitions of care for high risk patients. This assessment is embedded in MiChart, Michigan Medicine’s electronic health record (EHR), and generates a communication for the surgeon, anesthesiologist, and primary care physician with intervention recommendations including prescribing, counseling, and naloxone distribution. As part of the development of the tool, Michigan OPEN conducted qualitative interviews with physicians focused on issues surrounding transitions of care.

In Grant Year 1, Michigan OPEN developed a Massive Open Online Course (MOOC) called *Impacting the Opioid Crisis: Prevention, Education, and Practice for Non-Prescribing Providers*.

The MOOC's target audience is non-prescribing multidisciplinary professionals. The course is six modules of information that cover opioid prevention, intervention, treatment and policy.

Impacting the Opioid Crisis: Prevention, Education, and Practice for Non-Prescribing Providers

This course will empower non-prescribing providers to directly impact the ongoing opioid crisis in the United States through increased knowledge and tools that will transform practice and policies.

UNIVERSITY OF MICHIGAN



Michigan OPEN also co-hosted the Opioids: Policy to Practice Summit with Harvard University in May 2019. Over 350 individuals attended in person in Ypsilanti, Michigan, and over 250 participated in a live web stream of the conference.

Statewide Media Campaign

MDHHS contracted with Brogan & Partners to create an opioid anti-stigma media campaign. The objective of the media campaign is to reduce the stigma around receiving recovery services for opioid misuse and direct people to WWW.Michigan.gov/Opioids.



The primary target audience for the campaign is individuals aged 25 to 44 who misuse opioids, and their peers and family. The campaign is a statewide effort with emphasis on the following counties:

- Genesee
- Lapeer
- Macomb
- Sanilac
- St. Clair
- Wayne

Brogan & Partners utilized data from Scarborough Research to develop an appropriate media plan for the target audience. The Glengariff Group, Inc. conducted a series of four focus groups to test creative concepts for the media campaign. These lasted 90 minutes and were held in Southfield and Grand Rapids. This data was used to inform various concepts of the media campaign.

Brogan & Partners partnered with Michigan Association of Broadcasters to air radio advertisements in Detroit, Flint, Grand Rapids, Lansing, Saginaw and Traverse City, and television advertisements on top cable networks in Detroit, Flint and Grand Rapids. Transit in Flint and Grand Rapids will also receive interior advertising. Brogan & Partners planned eight outdoor boards in Flint and 12 outdoor boards in Detroit. The media campaign will also have a presence in online social media with pre-rolled video advertisements on YouTube, Google text advertisements, and Facebook and Instagram advertisements.

Brogan & Partners partnered with the *Michigan Chronicle* and *The HUB Detroit and Flint* to bring the campaign to online and in person news media. The *Michigan Chronicle* will partner with neighborhood associations to disseminate information at community meetings and events, send 12 dedicated e-blasts to their database, and publish five pieces of relevant content. *The HUB* will feature seven custom and original feature stories related to goals of the media campaign and utilize online advertising. Brogan & Partners focused on strategic planning, research, and partnerships for the media campaign in Grant Year 1, while implementation will occur in quarter one of Grant Year 2.

Treatment Activities

SOR funded treatment activities include:

- Peers in Federally Qualified Health Centers (FQHCs), Urgent Care, and Other Out-Patient Settings for Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Mobile Care Units
- Jail-Based Medication Assisted Treatment (MAT) Expansion
- Opioid Use Disorder (OUD) Treatment Costs
- Telehealth to Support Rural Communities
- MISSION Michigan Reentry Program (MI-REP) Expansion
- Direct Provider Support for Medication Assisted Treatment (MAT)
- Hope Not Handcuffs (HNH) Expansion

Peers in Federally Qualified Health Centers (FQHCs), Urgent Care, and Other Out-Patient Settings for Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Nine regions received funding to place Peer Support Specialists in outpatient settings such as Urgent Care and Federally Qualified Health Centers (FQHC). Peers are persons with lived experience of recovery from SUD who can connect with individuals currently struggling with SUD in a meaningful, empowering way. Through this initiative, Peers were placed in outpatient treatment settings to conduct SBIRT for individuals at risk of OUD. Peers work collaboratively with clinicians and are essential to support and enhance the good work of a fully integrated behavioral health delivery system.

In Grant Year 1, Peers from nine regions made a total of 1,858 initial contacts with individuals at risk of OUD, and a total of 4,012 follow-up contacts with the same individuals. By leveraging connections in their community, several Peers were able to expand beyond the outpatient provider setting and meet with individuals at local Salvation Armys, YMCAs, and shelters/warming centers.

Mobile Care Units

Mobile care units are retrofitted RVs that provide OUD screening, referral to treatment, counseling, peer supports, overdose education and naloxone distribution, drug screening, and basic primary care services. Transportation remains a large barrier for persons seeking resources and health care services for OUD. Mobile care units help remove this barrier by bringing prevention and treatment services directly to persons requiring these services. Through community partnerships, mobile care units are also able to offer ancillary services such as referral to housing, clothing, or food resources for individuals in need.

Funding was allocated to Region 5 and Region 7 to support the expansion of mobile care units.

Region 5 received funding to purchase and retrofit a new mobile care unit. In Grant Year 1, the Region purchased their new unit and worked with the unit provider to make the necessary adjustments to allow for

SUD treatment services. Region 5 also identified a SUD treatment provider that will lease the unit to offer prevention and treatment services. The contract was finalized, and scheduling has taken place for the first months of operation. In Grant Year 2, Region 5 aims to begin offering services in rural counties that may lack the appropriate number of resources and treatment providers for OUD.

Region 7 received funding to support two existing mobile care units in Detroit. In Grant Year 1, these two units provided over 3,000 services to over 1,000 individuals.

Mobile Care Unit Services	
Service Offered	Clients Who Received Service
SUD Screening	797
Peer Supports	662
Drug Screening	504
Referral to SUD Treatment	307
Referral to Ancillary Services	233
OEND and Harm Reduction	230
SUD Counseling	165
Basic Primary Care Supports	142

Jail-Based Medication Assisted Treatment (MAT) Expansion

MAT is the use of FDA-approved medications, in combination with counseling, to treat addictions to alcohol, opioids or tobacco. In the treatment of OUD, the medications in MAT either bind or block opioid receptors in the brain to address craving and withdrawal symptoms. This helps alter brain chemistry and fight the opioid addiction. There are three types of medications specific to OUDs for MAT: buprenorphine, methadone, and naltrexone.

- Buprenorphine (Suboxone[®]) is a partial opioid agonist that binds with brain receptors to limit the euphoric effects of other opioids, which reduces craving and withdrawal symptoms. Buprenorphine is only provided by authorized prescribers with special training. It can be dispensed daily in a dissolving tablet or cheek film, or a six-month implant under the skin.
- Methadone is a full opioid agonist that binds with brain receptors to limit the euphoric effects of other opioids, which reduces craving and withdrawal symptoms. Methadone is only provided at specially licensed clinics and is dispensed daily in liquid form.

- Naltrexone (Vivitrol[®]) is an opioid antagonist that blocks opioid receptors to eliminate the euphoric effects of other opioids, but it does not address craving or withdrawal symptoms. Naltrexone can be prescribed by any health professional who is licensed to prescribe medication and is taken through a daily pill or monthly injection.

Research has shown MAT can successfully treat OUD and help maintain recovery by decreasing opioid use and overdose deaths, as well as by increasing treatment retention. Considering the high rate of OUD among individuals in jail, the SOR grant provided funds to PIHPs to expand MAT programming to jail-based settings in their regions.

Eight regions, specifically Region 1, Region 2, Region 3, Region 4, Region 6, Region 7, Region 8 and Region 9, utilized SOR funding to expand MAT to jail-based settings. This allowed for the implementation of MAT in nine facilities, as well as discussions to implement MAT at an additional five facilities.

Facilities Implementing Jail-Based MAT		
Huron Valley Correctional Facility	Missaukee County Jail	Oakland County Jail
Kalamazoo County Jail	Monroe County Jail	Wexford County Jail
Macomb County Jail	Muskegon County Jail	William Dickerson Detention Facility
Facilities in Talks to Implement Jail-Based MAT		
Chippewa County Jail	Marquette County Jail	Washtenaw County Jail
Kent Correctional Facility	Roscommon County Jail	

In sum, eight regions used funding to expand MAT to jail-based settings and seven regions began implementation and provided the following:

- Almost 250 clients were served
- Over 100 clients were provided with MAT
 - 62 clients received buprenorphine
 - 40 clients received methadone
 - Nine clients received naltrexone
- Over 80 clients were provided with post-release follow-up services

Opioid Use Disorder (OUD) Treatment Costs

SOR funding was utilized to cover the costs of OUD treatment services for uninsured or under-insured patients, as well as to cover the salary and wages of essential positions like PRC who provide these treatment services. Covered treatment services included case management, drug testing and lab costs, medication for treatment (buprenorphine, methadone, naltrexone), transportation, or web-based treatment services.

Six regions utilized SOR funding to cover OUD treatment costs for uninsured and under-insured patients. Region 1 covered the cost of case management, doctors' visits, and buprenorphine for four clients. Region 2 provided over 175 case management services at four different county jails: Alpena, Charlevoix, Emmet, and Missaukee. One client also obtained coverage for transportation services. Region 3 covered over 35 case management services, as well as over 30 separate PRC and group therapy services. The cost of over 20 individual therapy sessions were also covered. Region 4 covered the cost of over 70 PRC and navigation services in the region's jails and courts. Region 6 covered the cost of almost 150 case management services, drug testing supplies and lab costs, as well as web-based treatment service costs. The region also covered costs for over 20 buprenorphine treatments. Region 7 covered the cost of drug testing supplies and lab costs for eight clients.

In sum, the types of treatment services that were most often covered included case management, buprenorphine, drug testing supplies and lab costs, as well as PRC and navigation. Together, the six regions covered the costs of over 825 OUD treatment services including:

- Over 350 case management services
- Over 150 drug testing supplies and lab costs
- Over 150 web-based treatment services
- Over 100 Peer Recovery Coach and Navigation services
- Over 50 individual or group therapy sessions
- Over 25 buprenorphine treatments

Telehealth to Support Rural Communities

Access to MAT for OUD is particularly limited in rural areas of Michigan where few doctors have received the necessary training to prescribe MAT. Many physicians who do prescribe MAT find themselves lacking the resources and ongoing professional support that is necessary to successfully deliver these services. This creates a major barrier for persons living in rural areas who are seeking treatment for OUD.

The MOC received SOR funding to address this problem by studying the efficacy of providing telehealth supports to both providers offering MAT and to persons receiving MAT. With the use of telehealth, physicians prescribing MAT can receive a same-day consultation from an addiction psychiatrist. Patients who identify transportation as a barrier in their treatment plan can also participate in telehealth-based therapy with their MAT provider.

In Grant Year 1, MOC conducted a needs assessment to determine the number of providers who were interested in using telehealth to support their existing MAT services. A total of six providers agreed to participate in the pilot study. The study into the feasibility of offering telehealth-based therapy to MAT clients was submitted to the Institutional Review Board (IRB) and MOC received approval to move forward with this part of the project. In Grant Year 2, MOC plans to submit an IRB application for tele-mentoring providers who prescribe MAT.

MISSION Michigan Reentry Program (MI-REP) Expansion

MI-REP 2 implemented the evidence-based, integrated behavioral health intervention MISSION. MISSION was developed by the University of Massachusetts Medical School to meet the unique needs of individuals with substance use and mental health disorders. In Michigan, MISSION was developed to specifically meet the needs of individuals with opioid use and mental health disorders of the prisoner re-entry population. Enrolled clients are assigned a Peer and Case Manager team for up to three months pre-release and up to nine months post-release. This team works with clients to ensure they received the services needed to support their recovery. Clients receive an initial dose of Vivitrol[®] while they are incarcerated. Upon release, they are linked to additional resources through their CMH or PIHP, as well as linked to MAT providers.

SOR funding was utilized to expand the services that were provided through MI-REP under Michigan's STR grant. The STR grant allowed for implementation of MI-REP MISSION in Macomb, Oakland, and Wayne counties. The SOR grant allowed for the expansion of MI-REP 2 to Kent and Monroe counties. Two facilities in each of these counties implemented MI-REP 2. Kent County implemented at Bellamy Creek Correctional Facility (IBC) and the Kent County Correctional Facility (KCCF). Monroe County implemented at the Monroe County Jail (MCJ) and the Women's Huron Valley Correctional Facility (WHV).

Planning

In Kent County, program facilitators provided OEND upon release, as well as provided clients with a *Medications for OUD Decision Guide* to help them determine which medication is appropriate for them. The MI-REP 2 team is worked to provide Vivitrol injections.

In Monroe County, the MI-REP 2 team developed a resource packet for the family members or friends' clients listed as part of their transition care team. This packet includes information on OEND including a list of pharmacies in the county where they can obtain free Narcan kits.

MI-REP 2 worked with UM to employ their mobile health platform to better conduct follow-up with clients.

Staffing & Training

In Grant Year 1, Monroe County sought to fill a male PSS provider position and Kent County sought to fill a female PSS position. Due to the high demand for MI-REP 2 programming in Kent County with males, the team worked to obtaining funding and hire a third clinical team, which is set to begin in 2020.

Teams from both counties attended Motivational Interviewing training with Mark Lewis, Risk-Needs-responsivity training by Dr. Debra Pinals, and the Train the Trainer training with the Red Project.

Implementation & Enrollment

At all locations in Grant Year 1, there were over 270 referrals, over 60 screenings conducted, and 52 clients enrolled.

MI-REP 2 Implementation & Enrollment				
County	Facility	Referrals	Screenings	Enrollments
Kent	Bellamy Creek Correctional Facility	150	17	6
	Kent County Correctional Facility	35	27	19
	Kent County Total	185	44	34*
Monroe	Monroe County Jail	21	16	16
	Women’s Huron Valley Correctional Facility	67	3	1
	Monroe County Total	88	19	18*

**Kent County had eight clients dis-enroll and one defer. Monroe County had two clients dis-enroll.*

Direct Provider Support for Medication Assisted Treatment (MAT)

The MOP is a unique public-private funding collaborative that aims to decrease Michigan opioid overdoses and deaths through prevention, treatment, harm reduction, and sustained recovery. MOP includes funders from The Community Foundation for Southeast Michigan, Blue Cross Blue Shield of Michigan, Blue Cross Blue Shield of Michigan Foundation, Ethel and James Flinn Foundation, The Jewish Fund, MDHHS, Michigan Health Endowment Fund and the Superior Health Foundation.

SOR funding assisted MOP in creating a grant program that encourages culture change in emergency departments and expansion of MAT. Traditionally, when an individual presented to the ED with symptoms of an overdose, the standard treatment was to stabilize the individual and discharge them from the ED. Applicants for this grant were required to demonstrate how they would use SOR funding to ensure that any person who presents at their Emergency Department with symptoms of an opioid overdose would be provided with a warm handoff to an outpatient OUD treatment provider.

Beaumont Hospital in Troy and Munson Medical Center in Traverse City were selected to receive funding in Grant Year 1. Beaumont Hospital hired an interim Project Manager and established the Beaumont Addiction Medicine team. In Grant Year 2, Beaumont will hire additional project staff and formally launch the program. Munson Medical Center hired a Project Manager and Peer Recovery Coach and finalized their referral process to community partners. In Grant Year 2, Munson will work to finalize Emergency Department and buprenorphine protocol, train nursing staff and recruit more providers to obtain the buprenorphine waiver.

Hope Not Handcuffs (HNH) Expansion

HNH is a program designed to help individuals access the treatment they need. HNH involves collaboration between the MSP and the Angel Project (AP). Partnering police departments allow individuals to voluntarily enter a police department for help. Upon enrollment in the program, clients are provided with an ‘Angel’ who

guides them with paperwork and provides support until they have entered treatment. Within the medical setting, HNH is referred to as Hope and Healing (HH).

SOR funds were utilized to strengthen the collaboration between MSP and the AP and expand HNH to ten additional counties. These counties included Genesee, Grand Traverse, Kent, Marquette, Midland, Monroe, Sanilac, St. Clair, Tuscola and Wayne counties.

Engaging New Sites

Through Grant Year 1, HNH engaged over 20 new sites across Michigan.

New Sites	
County	Site
Genesee	Burton Police Department
	Flint Metro Authority
	McLaren Hospital – Flint
Grand Traverse	Three Law Enforcement Agencies in Traverse City
Kent	Grand Rapids FAN Chapter
Midland	Coleman Police Department
Oakland	Beaumont Hospital – Troy
Otsego	Gaylord Community
Saginaw	Birch Run Police Department
	Bridgeport Police Department
	Frankenmuth Police Department
Sanilac	Multiple Local FAN Chapters
Tuscola	Multiple Local FAN Chapters
Wayne	Detroit Police Department

In addition to these expansions, there have been discussions with over 30 other groups to discuss implementing HNH or HH in the future.

In Talks to Implement	
County	Site
Chippewa	Chippewa County FAN
Dickinson	Iron Mountain Community
Genesee	Davison City & Davison Township
	Otisville Police Department
	Richfield Township Police Department
Grand Traverse	Munson Medical Center – Traverse City
Huron	McClaren Hospital – Bad Axe

Ingham County	12 Law Enforcement Sites
Jackson	Recovery Community (also to implement FAN)
Livingston	Livingston Police Department
Marquette	Marquette Community
Monroe	Community Members
	Law Enforcement Agencies
Shiawassee	Community Members (also to implement FAN)
St. Clair	Blue Water FAN
Wayne	Ascension Health Open Arms Program
	Beaumont Hospital – Grosse Pointe
	Hamtramck Community
	Van Buren FAN
	Wayne County Community College

Volunteer/Angel Recruitment & Training

Through Grant Year 1, HNH recruited as well as provided training and naloxone to over 250 Angels. From the highest number trained to the lowest, trainings were conducted in the following counties: Macomb, Genesee, Grand Traverse, Oakland, St. Clair, Wayne and Lapeer.

Participant Engagement & Follow-Up

On average, HNH was able to contact over 85 percent of their new participants in Grant Year 1. Together, HNH was able to successfully contact over 415 clients, as well as place over 500 participants in treatment. The region with the most activity is that in which HNH originated, Macomb County, with over 70 percent of the clients placed in treatment for this grant year.

Participant Engagement			
County	Attempted Follow-Up Contacts	Successful Follow-Up Contacts	Clients Placed in Treatment
Bay	23	20	24
Genesee	40	33	45
Lapeer	4	3	4
Macomb	356	318	369
Oakland	38	24	39
Wayne	25	20	27

Recovery Activities

SOR funded recovery activities include:

- Recovery Housing
- Individualized Placement and Support (IPS)
- Opioid Use Disorder (OUD) Recovery Services Costs

Recovery Housing

Recovery housing refers to safe, healthy and substance-free living environments that support individuals as a part of their treatment and recovery plan consisting of a structured environment with consistent peer support, ongoing connection to recovery supports and case management services.

SOR grant funds were used to cover the costs of housing for residents with OUD, wages for essential personnel, costs to create livable spaces, and costs associated with obtaining the Michigan Association of Recovery Residents (MARR) certification. MARR is the Michigan statewide affiliate of the National Alliance for Recovery Residences, Inc. (NARR). MARR and NARR certification requires recovery homes to meet 31 standards across four domains including: administrative operations, physical environment, recovery support, and good neighbor.

Allowable SOR funded home repairs and purchases included roof repair, window installation, beds and mattresses, hot water heaters and furnace repairs.

Region 1 and Region 6 utilized funds to hire Case Managers or Care Navigators at:

- Great Lakes Recovery Centers in Sault Ste. Marie
- Keweenaw Bay Indian Community in L'Anse
- Home of New Vision in Ann Arbor

Region 2 and Region 3 utilized funds to support individuals' stays at:

- Nathan's House in Boyne City
- Project Unity for Life in Traverse City
- Recovery Roads in Grand Rapids
- Randy's House in Greenville

In Grant Year 1, MARR certified 125 recovery homes.

Individualized Placement and Support (IPS)

IPS is an evidence-based model of supported employment for individuals with a mental health disorder. IPS assists clients with education, technical training, and regular employment to help build their recovery capital. IPS is based on eight essential principles:

- Benefits Planning

- Competitive Employment
- Integrated Services
- Rapid Job Search
- Systematic Job Development
- Time-Unlimited Supports
- Worker Preferences
- Zero Exclusion

Michigan adopted this program with SOR funding to pilot with clients aged 18 to 30 who had co-occurring mental health and OUD. Four specific areas in Michigan were identified because of the high number of individuals in the identified age range that were entering behavioral health treatment without employment.

Beginning in May and June 2019, Region 1, Region 7, Region 8, and Region 9 used SOR funds to implement the IPS program. SOR funds were utilized to launch four OUD modified IPS pilot sites to support clients aged 18 to 25 with a co-occurring OUD. Initially, an experienced IPS lead provided development support and ongoing technical support for each site.

The four regions met with community members and employers across Michigan to increase awareness of IPS and recruit IPS employment sites. Each of the regions developed mechanisms to recruit clients and obtain referrals from various treatment programs. While obtaining referrals can be challenging, referrals were most often obtained through inpatient and outpatient SUD treatment facilities.

In combination, the four regions hired and trained six employment specialists, as well as one project coordinator. The regions also received over 50 referrals and although Region 7 has not yet enrolled clients, the other implementing regions enrolled over ten clients. One client has successfully obtained employment through the program.

Opium Use Disorder (OUD) Recovery Services Costs

SOR funding was utilized to cover the costs of OUD recovery services for uninsured or under-insured patients, as well as to cover the salary and wages of essential positions like PRC and PSS who provide these recovery services. Covered recovery services often included case management, intake assessments, medication for treatment (buprenorphine, methadone, naltrexone), outreach, skill-based groups, support groups, and transportation.

Seven regions utilized SOR funding to cover the salary and wages of those who provide recovery services, OUD recovery costs for uninsured and under-insured patients, as well as a number of outreach events. The implementing regions included Region 1, Region 2, Region 4, Region 6, Region 7, Region 8 and Region 10.

All of the participating regions used SOR funds to cover the salary and wages of those who provide recovery services. PRC and PS positions were funded most frequently:

- Seven PRCs
 - Four full-time
 - Two half-time

- One .15 FTE
- Four PS
 - Two full-time
 - One .275 FTE
 - One .17 FTE

Region 6 also used funds to cover the hourly wage of one peer and mental health assistant and Region 2 used funds for over 225 hours of work from an executive director at Community Recovery Alliance.

Most regions also used SOR funds to cover OUD recovery service costs for uninsured and under-insured patients. Five regions covered the costs of over 700 recovery services for over 325 clients. Region 2 opened a Recovery Community Organization (RCO) and has conducted additional meetings to discuss the implementation of more RCO. Region 4 also supports Smart Recovery and Narcotics Anonymous meetings on site.

Region 6 used SOR funds to conduct outreach events to increase awareness of OUD and recovery from SUD, as well as to increase the presence of recovery supports across Michigan. Thousands of residents were reached through these outreach events.

Opioid Health Home

The Opioid Health Home (OHH) exists under Section 2703 of the Patient Protection and Affordable Care Act of 2010 (ACA). The Health Home service model is meant to help chronically ill Medicaid and Healthy Michigan Plan beneficiaries manage their conditions through an intensive level of care management and coordination. The OHH is centered on whole-person, team-based care, with peer recovery coaches at the center of care. The overarching goals for the OHH program include improving care management of beneficiaries with opioid use disorder; improving care coordination between physical and behavioral health care services; and improving care transitions between primary, specialty and inpatient settings of care.



In 2017, Region 2 successfully implemented Michigan’s first OHH program with the use of Medicaid funding. With SOR funding, Michigan was able to expand the OHH model to Region 1. In Grant Year 1, Region 1 focused on educating SUD providers about the OHH model and recruiting partners for implementation. In Grant Year 2, Region 1 aims to fully implement the OHH model focused on creating better care outcomes for beneficiaries. Michigan will look to amend the State Plan Amendment from the Centers for Medicare & Medicaid Services to allow for a sustainable care model both Region 1 and statewide.

Peer Recovery Support in Tribal Communities

The Inter-Tribal Council of Michigan (ITC), Anishnaabek Healing Circle provides a culturally tailored, evidence-based model that integrates peer recovery support services with culturally responsive and trauma informed treatment for clients with co-occurring mental health and substance use disorders.



ITC utilized SOR funds to develop a statewide strategic plan to combat opioid misuse in tribal communities and expand the culturally tailored and evidence-based model to four additional tribal communities: Bay Mills Indian Community, Grand Traverse Bay Band, Hannahville Indian Community, and the Pokagon Band of Potawatomi.

Each tribal community created or updated their Tribal Action Plan (TAP) to include integrated peer recovery services. Each community submitted contracts for the 2020 fiscal year, although only the Hannahville Indian Community and the Bay Mills Indian Community have signed and completed contracts.

Regarding staffing, the Hannahville Indian Community and Bay Mills Indian Community each have two PRC. The Grand Traverse Bay Band hired one PRSS but still has one position vacant, and the Pokagon Band of Potawatomi has one PRC.

Peer Recovery Support Enrollment	
Community	Enrolled Clients
Grand Traverse Bay Band	42
Pokagon Band of Potawatomi	27
Bay Mills Indian Community	4
Hannahville Indian Community	3

Evaluation Methods

Program/Activity	Indicators and Data	Source
Youth/Family Oriented Prevention EBP	<ul style="list-style-type: none"> • # of providers trained • # participants enrolled 	PIHPs: monthly
OEND with Harm Reduction	<ul style="list-style-type: none"> • # of naloxone kits purchased • # of naloxone kits distributed • # of new communities/sites with distribution • # of individuals trained • # of kits used; # of saves (pilot) 	PIHPs: monthly
Statewide Trainings for Prevention EBPs	<ul style="list-style-type: none"> • # of providers trained • # of new agencies trained & location • Trainee demographics 	Community Mental Health Association of Michigan (CMHAM): as requested/ quarterly
Statewide Media Campaign	<ul style="list-style-type: none"> • Mode of delivery • Status of campaign creation • # of views/hits 	Brogan & Partners: monthly
Michigan CARES	<ul style="list-style-type: none"> • Track meetings and progress • Curriculum updates • # of participants enrolled • Post participation satisfaction survey 	MI CARES: monthly
Older Adult Prevention EBP	<ul style="list-style-type: none"> • Type of program • # of programs delivered • # of participants & location 	MSUE: monthly
Michigan OPEN	<ul style="list-style-type: none"> • Materials developed • # of trainings delivered • Track meetings and progress 	Michigan OPEN: monthly
Peers in FQHCs, Urgent Care, and other out-patient settings for SBIRT	<ul style="list-style-type: none"> • # of peers hired • Training peers attended • Hours a week staffed • # of new FQHCs/ Urgent Care clinics engaged • # of clients engaged • # of screenings conducted • # of referrals made 	PIHPs: monthly
Mobile Care Units	<ul style="list-style-type: none"> • # of people served • # of services delivered by type • Days/hours of service • Geographic area covered 	PIHPs: monthly
OUD Treatment Services	<ul style="list-style-type: none"> • # of individuals served • Services paid for by type 	PIHPs: monthly

Opioid Health Homes Expansion	<ul style="list-style-type: none"> • Status of contracting process with providers 	PIHP Region 1: monthly
Jail-Based MAT Expansion	<ul style="list-style-type: none"> • # of people served • Services provided by type • # of trainings conducted 	PIHPs: monthly
Telehealth to support rural counties	<ul style="list-style-type: none"> • Status of program implementation • # of individuals served & location • Services provided by type 	MOC: monthly
MISSION MI-REP Expansion	<ul style="list-style-type: none"> • # of individuals served & location • Services provided • Staffing updates 	MI-REP: monthly
Direct Provider Support for MAT	<ul style="list-style-type: none"> • Status of new grant applications • Evaluation of funded projects 	MOP: monthly
DBT Training and Patient Follow Up	<ul style="list-style-type: none"> • # of providers trained • # of new agencies trained & location • Trainee demographics 	CMHAM: as requested/quarterly
Acudetox Training	<ul style="list-style-type: none"> • # of providers trained • # of new agencies trained & location • Trainee demographics 	CMHAM: as requested/quarterly
Mindfulness Training	<ul style="list-style-type: none"> • # of providers trained • # of new agencies trained & location • Trainee demographics 	CMHAM: as requested/quarterly
HNH Expansion	<ul style="list-style-type: none"> • # of intakes conducted • # of referrals • # of individuals engaged in treatment 	MSP: monthly
Recovery Housing	<ul style="list-style-type: none"> • # of individuals served • Type of services received 	PIHPs: monthly
IPS	<ul style="list-style-type: none"> • # of participating sites • # of individuals enrolled • # of individuals who secure employment 	PIHPs: monthly
OUD Recovery Services	<ul style="list-style-type: none"> • # of individuals served • Services paid for by type 	PIHPs: monthly
ITC Peer Recovery Support	<ul style="list-style-type: none"> • # of individuals served • Status of Tribal Action Planning 	ITC: quarterly

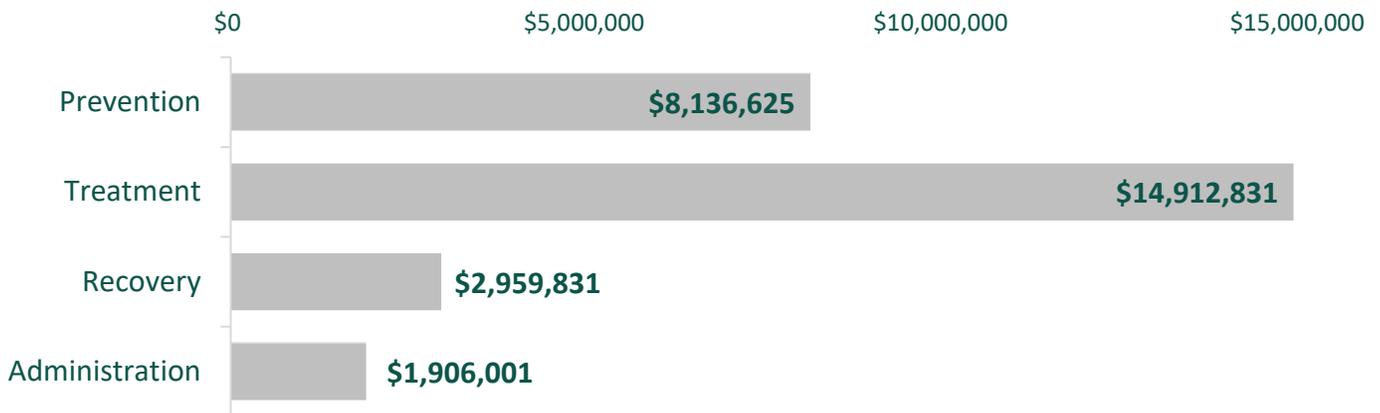
Financial Overview

The SOR grant was awarded to Michigan in the amount of \$27,914,639 per year for two years. Michigan was required to allocate funding to sub grantees according to the budget and narrative that was set forth in the grant application.

Sub grantees were required to submit a formal proposal and budget to MDHHS detailing how they would expend the funds allocated to them. Upon receipt of the funding, sub grantees were required to submit Financial Status Reports on a monthly basis for the purpose of documenting their expenditures.

Approximately \$11.7 million was expended in Grant Year 1. Michigan will submit an application to SAMHSA that will allow for carry-over of the unspent funds from Grant Year 1 to Grant Year 2.

Allocation of Funding Per Initiative Area, SOR Grant Year 1



Program Strengths and Challenges

Program/Activity	Strengths	Challenges
Youth/Family Oriented Prevention EBP	<ul style="list-style-type: none"> Classrooms provide an easy opportunity to engage with youth 	<ul style="list-style-type: none"> Difficult to measure impact
OEND with Harm Reduction	<ul style="list-style-type: none"> Kits are easy to distribute and have a quantifiable impact (number of lives saved) 	<ul style="list-style-type: none"> Difficult to track when a kit is used
Peers in FQHCs, Urgent Care, and other out-patient settings for SBIRT	<ul style="list-style-type: none"> Addressing a critical access point for persons needing SUD treatment services 	<ul style="list-style-type: none"> Hospitals either not interested in the program or have already created their own program
Mobile Care Units	<ul style="list-style-type: none"> Removes a barrier to treatment for persons lacking transportation 	<ul style="list-style-type: none"> Units are limited in types of services they can offer; it takes several months to build and deliver a new unit
Jail-Based MAT Expansion	<ul style="list-style-type: none"> Clients do not have to experience withdrawal symptoms while incarcerated 	<ul style="list-style-type: none"> New programs take many months to implement; requires support from many parties
OUD Treatment Services	<ul style="list-style-type: none"> Fills a gap in treatment for persons who are uninsured or underinsured 	<ul style="list-style-type: none"> Many eligible clients are already covered by Medicaid and Healthy Michigan funding
OUD Recovery Services	<ul style="list-style-type: none"> Provides persons with OUD critical services that will encourage long-term recovery 	<ul style="list-style-type: none"> Currently not enough recovery services/resources in Michigan to meet needs of population
Recovery Housing	<ul style="list-style-type: none"> Providing necessary service along continuum of care; improvements will last for decades 	<ul style="list-style-type: none"> Not enough recovery housing in Michigan to address needs of population
Opioid Health Homes Expansion	<ul style="list-style-type: none"> Will provide a sustainable model of care coordination for persons with OUD 	<ul style="list-style-type: none"> Recruiting providers and negotiating contracts can be a time-consuming process
IPS	<ul style="list-style-type: none"> Equipping persons with essential life and employment skills 	<ul style="list-style-type: none"> Some employers will not hire persons with a history of substance use
HNH Expansion	<ul style="list-style-type: none"> Garnering support from the law enforcement community is critical to the continued success of OUD prevention and treatment programming 	<ul style="list-style-type: none"> Not all police posts interested in participating
Telehealth to support rural communities	<ul style="list-style-type: none"> Six sites have agreed to participate in the study, including two sites in the Upper Peninsula 	<ul style="list-style-type: none"> IRB and legal approval process have delayed implementation

Michigan OPEN	<ul style="list-style-type: none"> Invested stakeholders from various medical specialties 	<ul style="list-style-type: none"> Disseminating information to practitioners outside of academia
MISSION MI-REP Expansion	<ul style="list-style-type: none"> Providing critical case management and care services to a vulnerable population 	<ul style="list-style-type: none"> Finding eligible clients; unforeseen client discharges
Michigan CARES	<ul style="list-style-type: none"> Many physicians from a variety of practices have enrolled 	<ul style="list-style-type: none"> Delayed release of funding
Older Adult Prevention EBP	<ul style="list-style-type: none"> Evidence-based curriculum that is well suited for older adult population. Low attrition rate 	<ul style="list-style-type: none"> Low turnout for the Train the Trainer sessions of Chronic Pain Self-Management
Direct Provider Support for MAT	<ul style="list-style-type: none"> Addressing critical gap in service delivery for persons with OUD 	<ul style="list-style-type: none"> Difficult to agree on data collection process between hospital and outpatient provider
ITC Peer Recovery Support	<ul style="list-style-type: none"> Providing culturally tailored, trauma-informed peer support to a critical population 	<ul style="list-style-type: none"> Stigma may prevent persons from seeking treatment and recovery services for OUD
Statewide Media Campaign	<ul style="list-style-type: none"> Addressing stigma will lead to better outcomes for persons with OUD 	<ul style="list-style-type: none"> Difficult to measure impact

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