State Targeted Response (STR) to the Opioid Crisis Grant

No Cost Extension Year Report
May 1, 2019 - April 30, 2020

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Contents

Introduction

Michigan is deeply impacted by the opioid crisis, as drug overdose deaths have become one of the leading causes of injury and death. Overdose deaths significantly increased due to an increase in prescription drug and heroin use. From 2016 to 2017, the synthetic opioid-involved death rate increased 48.5%. In 2018, the number of opioid overdose deaths was 2,036 (Drug Poisoning Deaths among Michigan Residents 1999-2018, MDHHS, Published June 2019). In 2017, through the Office of Recovery Oriented Systems of Care (OROSC), the Michigan Department of Health and Human Services (MDHHS) applied to the Substance Abuse and Mental Health Services Administration (SAMHSA) for the State Targeted Response (STR) to the Opioid Crisis grant. The purpose of the STR grant was to increase access to treatment, reduce unmet treatment need, and reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for Opioid Use Disorders (OUDs). Michigan was awarded $32,745,360 to support prevention, treatment, and recovery initiatives across the state from May 1, 2017 through April 30, 2019. SAMHSA approved a No-Cost Extension (NCE) year to continue spending the awarded funds for the period of May 1, 2019 through April 30, 2020 with $21,755,027 in outstanding funding. Evaluation for this grant was conducted by the Substance Abuse Research Team at Wayne State University School of Social Work.

STR funding was allocated regionally to Michigan's 10 Prepaid Inpatient Health Plans (PIHP) for publicly funded substance use disorder (SUD) programming. These 10 PIHPs function regionally as managed care organizations for Michigan's 83 counties. Each PIHP was awarded funding for prevention, treatment, and recovery programming to fit their population's needs. Prevention programming included the Strengthening Families Program (SFP): For Parents and Youth 10-14 - Iowa Model and Overdose Education and Naloxone Distribution (OEND). Treatment and recovery activities included a newly introduced program, the Alcohol and Substance abuse Services, Education and Referral to Treatment Project (Project ASSERT); Motivational Interviewing (MI); Medication Assisted Treatment (MAT) Enhancement; and Medication Assisted Recovery Specialist (MARS) Training. The Community Mental Health Association of Michigan (CMHAM) facilitated all trainings required for program implementation. Other STR funding was awarded statewide for prevention, treatment, and recovery initiatives to non-PIHP grantees including:

- Michigan Opioid Prescriber Engagement Network II (MI-OPEN II)
- Michigan State Police (MSP)
- Michigan Department of Licensing and Regulatory Affairs (LARA)
- Statewide media campaign through the MDHHS Office of Communications
- Inter-Tribal Council of Michigan (ITC) in supporting the Tribal Opioid Prevention (TOP) and for implementation of the Tribal Opioid Treatment and Recovery Project (TOTR)
- Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking in Criminal Justice (MISSION-CJ) Michigan Re-Entry Program (MI-REP)
- Michigan Opioid Collaborative (MOC)

In Grant Year One, STR grantees successfully implemented prevention, treatment, and recovery initiatives by forging partnerships between state and local stakeholders, putting in place processes and procedures, and prioritizing workforce development. Due to the

administrative process of the state system, the sub state infrastructure, and contractual partners, additional time was needed to administer the STR grant funds to the sub grantees. The contracting process, as it relates to grant funding, includes planning, contract initiation, contract solicitation, contract evaluation, contract award, and administration. Contractual agreements, including sub state contracts, interagency agreements, and master agreements required additional time for processing which led to a delay in program implementation. With the short planning phase for MDHHS and all grantees, budget revisions were also requested as parties began to update work plans and initiatives to prepare for implementation. This required grantees to send in budget revisions to MDHHS and Contracts and Grants. Additionally, the need to increase workforce capacity to conduct programming resulted in less spending during the first few months of implementation. Numerous trainings were conducted during this time to equip the incoming workforce of peers, prevention facilitators, and treatment staff with the skills necessary to implement the grant activities. The approved carryforward funds were used in the subsequent budget period to fulfill unmet needs.

As projects began to roll out, state and grantee administrative processes caused issues to arise. MDHHS and many grantees experienced difficulties such as the different fiscal year cycles, not enough start up time, needing further clarification and the need for additional staffing. The STR grant fiscal year cycles began from May to April versus, the standard October to September. Because of this, many grantees were confused about when reports were due and how to process and report funds. MDHHS and grantees were given a short notice of the STR award funding, not having the appropriate time to start up initiatives and needing more clarification on requirements by SAMHSA. Being an entirely new grant, communication between SAMHSA, MDHHS and state grantees took additional time as questions asked had to go through a number of individuals. Furthermore, MDHHS and state grantees were not being able to immediately hire the appropriate staff to oversee the STR grant and had to utilize current staffing from other projects to assist. Although these issues were presented, grantees understood that this was a learning process for all involved partners being that the STR grant was the first federal funding given to states, focusing on opioids. This led to better processes and communication for future opioid related funding.

During the NCE Year (May 1, 2019 - April 30, 2020), grantees continued to carry out STR initiatives and were able to strengthen resources to the providers and communities affected by the opioid crisis. During the NCE, the STR grant was able to reach unmet target objectives including completing SFP cohorts, employing peers in MAT settings, expanding OEND, increasing consultations with providers through MOC, completing MOC's toolkit for project replication, supporting the prisoner re-entry population, implementing evidence-based prevention and treatment interventions with accompanying fidelity instruments, and disseminating a statewide media campaign.

Throughout the three project years of the STR grant, grantees were able to make positive impacts in communities throughout Michigan. New and additional programming and initiatives brought forth many opportunities for those effected by opioids. With STR grant funding, MDHHS was able to partner with the Grand Rapids Red Project to offer one of the first programs to provide OEND to non-medically trained community members as well as law enforcement in the state. Michigan employed effective evidence-based practices (EBPs) to

improve engagement and retention in services, and the quality treatment and recovery services. This final report will provide overall programmatic narratives, outcomes, financial data, and highlights from the entirety of the STR grant.

Methodology

All grantees were asked to compile information at different benchmarks of the grant year to submit for evaluation. Key reporting requirements included data collection monthly, quarterly, mid-year, and annually. Reporting reminders were sent electronically to current Substance Use Prevention and Treatment (SAPT) Directors with separate links and documents. The evaluation team utilized Qualtrics surveys, an online survey software, to collect the monthly data from the PIHP grantees. Non PIHP grantees sent monthly qualitative and quantitative reports through email to OROSC administrative staff. Throughout the grant, the evaluation team updated the reporting templates to capture the activities of the grantee more accurately. For the quarterly, mid-year and annual report, separate detailed word document templates were emailed 30 days prior to each due date. Those documents included data collection tables on prevention, treatment, and recovery activities and delineated expenditures. Table One outlines the specific indicators and data collected for each program.

Table One: Evaluation Methods

Program/Activity	Indicators and Data	Source
Strengthening Families Program (SFP 10-14)	Number trained by region; Number enrolled vs. completed, observational fidelity tools; Pre & post tests for parents and youth	PIHPs: bi-monthly, monthly Community Mental Health Association of Michigan (CMHAM): as requested/quarterly
Michigan OPEN II	Number of opioid analgesic prescriptions (MAPS); Number of brochure downloads; Number of prescribers and support staff educated; Number of dental practices involved in QI	MI OPEN II staff: quarterly MAPS
Overdose Education & Naloxone Distribution	Number of kits distributed; Number of kits purchased; Number of new communities with distribution; Number of people trained	PIHPs: bi-monthly, monthly
Tribal Prevention Initiative	Number of people trained; Satisfaction surveys after trainings; Number of naloxone kits purchased and distributed; Number of participants in evidence-based programming; Number of people reached by media campaigns	ITC: quarterly
Media Campaign	Mode of delivery; Number of campaigns delivered; Number of people reached; Pre and post survey outcomes	OROSC: annually
Tribal Opioid Treatment and Recovery Project	Type of services provided to each individual for treatment costs; Number of individuals served	ITC: quarterly
Project ASSERT	Number of peers hired; Number of hospitals engaged; Number of referrals and types of referrals, such as referrals to peer educators, specialized treatment, primary care and linkages to care; Number of screenings; Number of Brief	PIHPs: bi-monthly, monthly, annually

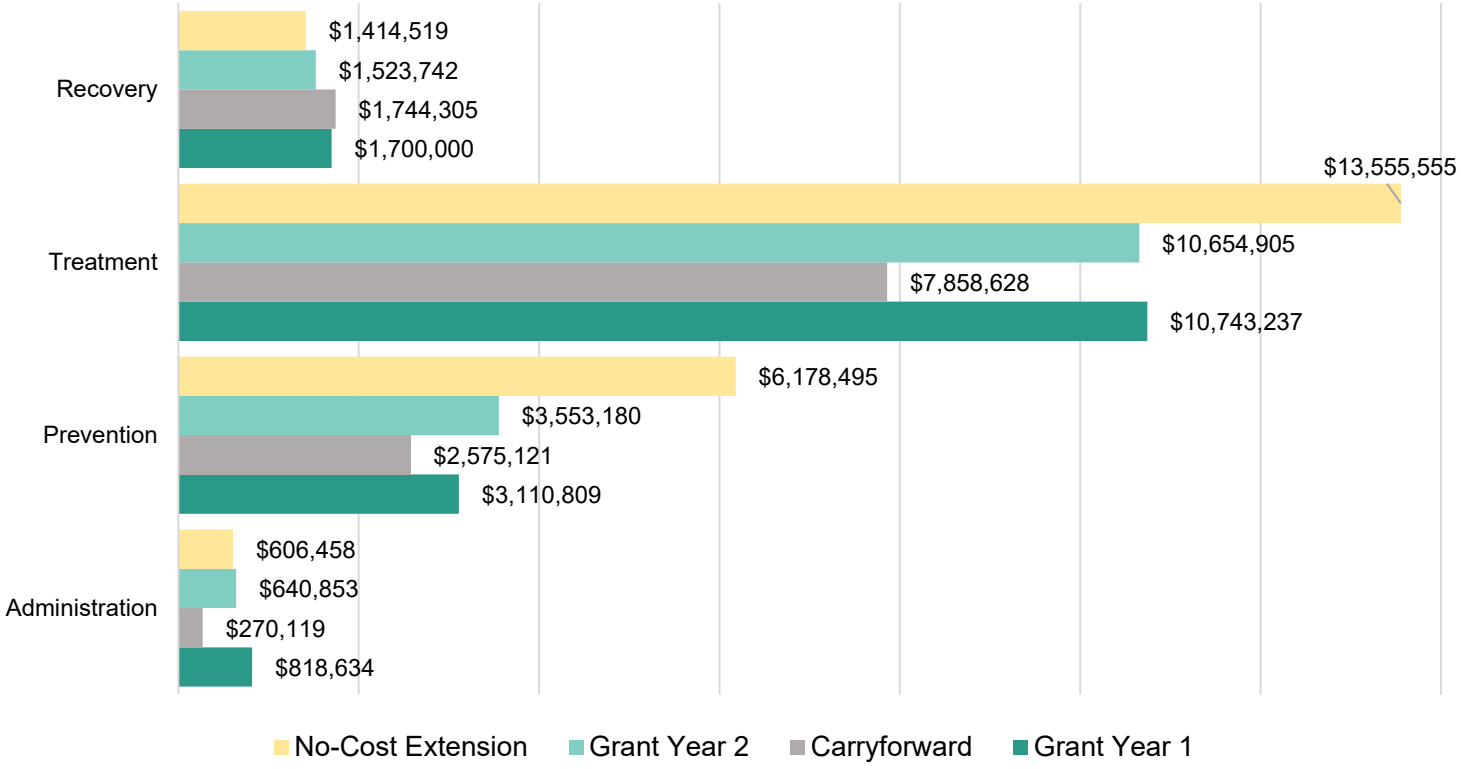
	Negotiation Interviews; Number of successful follow ups	
Michigan Opioid Collaborative	Number and types of consultations to providers; Number of providers/clinics enrolled; Number of tele-psychiatry and consultant services regarding patients; Number of new MAT patients; Number of prescribers newly prescribing MAT	MOC staff: quarterly
MAT Enhancement	Number of providers implementing MAT; Types of providers and services; Number of clients accessing the MAT Program; Number of individuals served by each MAT initiative	PIHPs: quarterly, annually
MISSION MI-REP	Number of inmates eligible and enrolled inmates; Types and number of available treatment services; MAT initiation; Number of referrals made to community services, relapse of inmates, recidivism of inmates, and mental health symptoms of inmates	Center for Behavioral Health and Justice team: quarterly, annually
Motivational Interviewing	Number of individuals trained via sign in sheets; Satisfaction surveys after training; Summary of MIFAST fidelity reports; VASE-R scores – longitudinal	Community Mental Health Association of Michigan: quarterly

Financial Review

The STR grant awarded the State of Michigan $16,372,680 per year over the course of two years for a total of $32,745,360. The funds were distributed to the 10 PIHPs, contractual partners, and tribal communities to continue to expand prevention, treatment, and recovery programming for OUD. At the completion of Grant Year One, grantees spent a total of $3,924,507, with a balance of $12,448,173 remaining unspent. Michigan submitted a carryforward request to SAMHSA and was approved to continue programming and initiative expansion with the remaining balance. Upon completion of Grant Year Two, grantees spent $7,065,826, with a balance of $21,755,027. MDHHS requested a NCE from SAMSHA to utilize the remaining funds and support continued programming initiatives. The NCE was approved for $21,755,027.

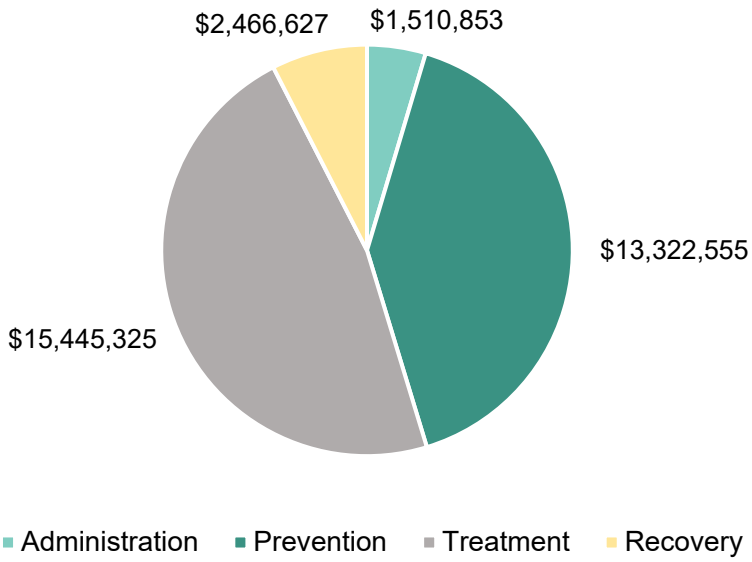
There were several implementation barriers that prohibited the state from expending all funds within the two-year period. Those barriers included high workforce development needs, accommodations for increased workforce turnover, systemic changes across state government systems, a statewide MAT provider workforce shortage, and delays in funding distribution due to the established practices of distributing funds within a sub-state entity. By the end of Grant Year Two, administrative issues were resolved and partner agencies had gained knowledge of how to appropriately spend the allocated funds, built partnerships and were ready to expend additional funding. In addition to the continuation and expansion of programming, two additional efforts were approved for the NCE. First, funding was given to the Michigan Opioid Treatment Access Loan Repayment Program (MIOTA LRP) in the amount of $875,000. Additional unobligated funding of $4,588,827 was used to purchase and distribute naloxone to pharmacies across the state for the Naloxone Distribution Day on September 14, 2019. Twenty thousand Narcan kits were distributed to pharmacies and another 35,000 Narcan kits were distributed to providers, community agencies, and correctional facilities for distribution to anyone in the community at no cost to the individual. Allocations throughout the entirety of the grant are reflected in Chart One.

Chart One: STR Budgeted Allocations



Several tracking mechanisms were deployed to monitor allocation and spending across all programmatic partners. OROSC collected Financial Status Reports (FSRs) monthly from all grantees, and PIHP expenditure reports quarterly, to monitor spending patterns and assess funding needs for future opioid grants. Chart Two highlights expenditures reported throughout the entire STR grant period across the four allowable spending categories.

Chart Two: STR Grant Expenditures



The largest portion of funds was spent on treatment initiatives, responsible for over 47% of the total expenditures. Prevention initiatives were the second largest area of funding with an expenditure total of 41%. Recovery and administration had the lowest expenditures, with administrative expenses capped at 5% by grant requirements.

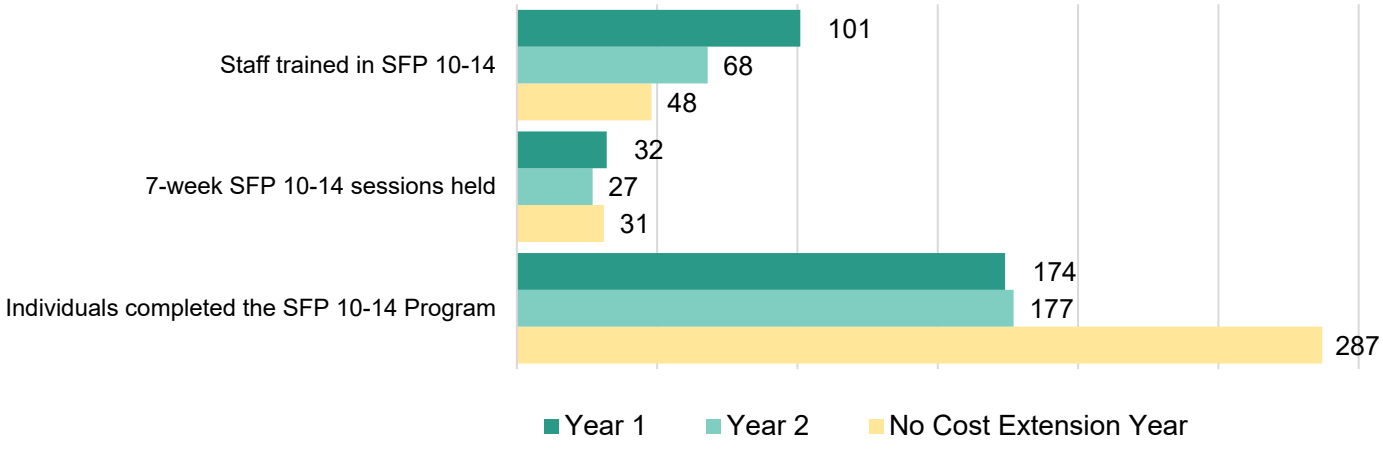
Overall grant funding flowed as expected according to our SAMHSA approved activities and priorities. Although administration issues caused delays, the NCE funding allowed the state and partners to take advantage of the lessons learned over time to increase the reach of programming. MDHHS has begun to request all grantees before the beginning of a new fiscal year to include detailed funding information with their proposals or work plans, and schedule follow-up one-on-one meetings to better communicate requirements. These procedures allow the state to have clear information to move the funding process faster, grantees will have a clear understanding of the finance schedule and requirements, and all parties involved will be able to push out funds in a timely manner. With the continuation of other opioid grant related funds, MDHHS and all grantees have a better understanding of rolling out the contracting process.

Strengthening Families Program – Iowa State University Model: For Parents and Youth 10-14

The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) is a seven-week family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10-14-year-olds. In the NCE year, programs focused on building upon the lessons learned from years one and two. Recruitment and retention continued to be cited as challenges for many of the regions. Several programs offered supports such as transportation assistance and relied on strong community partnerships to help families complete the program. Providers reported the meals and the format of having the family work separately then bringing the members back together for discussions were some of the most successful components of the program. The onset of the COVID-19 pandemic led to the disruption and cancellation of some cohorts in March-May, but overall the NCE year demonstrated participation rates exceeding the previous years.

Chart Four shows participation in the SFP 10-14 analyzed across grant years based on three metrics: number of individuals (parents and children) who completed the program, number of seven-week sessions held, and number of staff trained. In the NCE year, the number of new staff trained continued to decrease. Many individuals were already trained in grant years one and two. The total number of seven-week sessions completed and number of families who completed the program remained consistent over all three grant years, with the NCE year showing the greatest number of individuals completing the program. Moving forward, several regions have indicated they will continue programming in some form, including in-person cohorts as well as through web-based platforms. In a closeout evaluation interview, three PIHPs reported they view serving the participating families as one of the most lasting impacts of STR in their regions. However, some PIHP Prevention Coordinators thought the SFP curriculum was too intensive to be a good fit for the parents in their communities. One PIHP stated, “While Strengthening Families is an effective program, the selection of such an intensive program that required a lengthy training, many sessions, and the active participation of both parents and youth, posed significant challenges in even getting this off the ground in our region.”

Chart Four: Participation in SFP 10-14 Across Grant Years

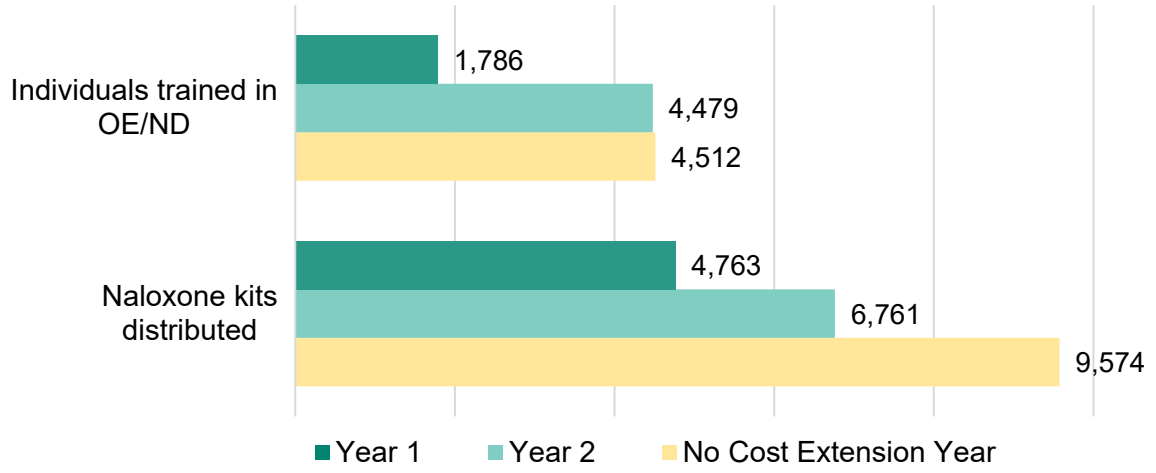


Overdose Education and Naloxone Distribution

Overdose Education and Naloxone Distribution (OEND) is the provision of education surrounding signs and symptoms of opioid overdose, the distribution of naloxone, and how to administer the naloxone medication. 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. The NCE year continued to expand upon the relationships built between community agencies, first responders, and the PIHPs in previous grant years. These relationships were integral to completing the work of STR and continuing OEND initiatives for future grants. Trainings were on track to exceed the previous years, but many trainings were cancelled due to COVID-19 in March and April. Community satisfaction and utilization remains high as the participating PIHPs reported overwhelmingly positive feedback regarding outreach and trainings. PIHPs who have partnered with law enforcement agencies are successfully implementing tracking protocols for numbers of kits used and numbers of lives saved. In the NCE year, 93 lives were saved through the administration of STR-funded naloxone.

Chart Five identifies the number of naloxone kit distributions and training numbers in all three grant years. All PIHPs reported continued positive experiences in the NCE year and annual numbers saw progressive increases. Three PIHPs described OEND initiatives as the most lasting prevention impact from the STR grant. There were 2,772 more naloxone kits distributed in the NCE than grant year two. Training numbers increased by 33 individuals, but this small margin is likely due to COVID-19 related cancellations.

Chart Five: Naloxone Kit Distribution and Training Numbers Across All Grant Years



In Table Two, the kit distribution numbers for grant year one, grant year two, and the NCE Year are displayed by PIHPs and the Inter-Tribal Council (ITC).

Table Two: Naloxone Kit Distribution for Grant Year One, Grant Year Two, and the No-Cost Extension Year

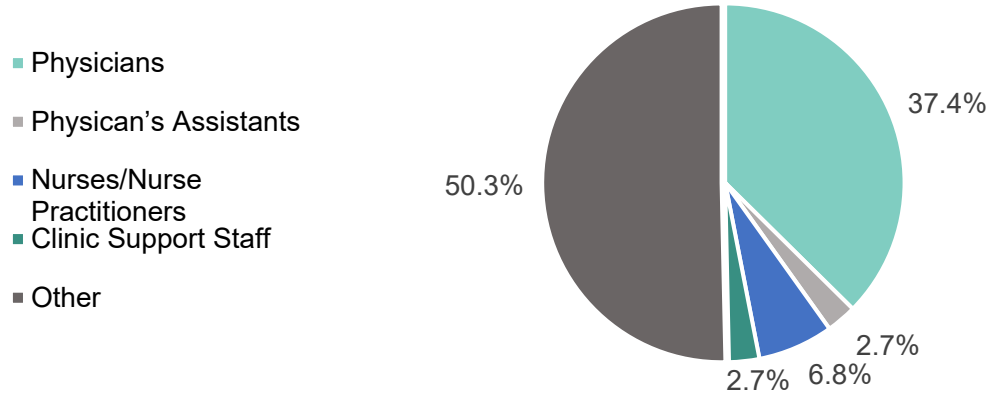
	Year 1	Year 2	NCE	Total
PIHPs	4,723	6,374	9,146	20,243
ITC	223	387	428	1,038

Michigan Opioid Prescribing Engagement Network II

Michigan Opioid Prescribing Engagement Network (MI-OPEN) is a collaborative, statewide program designed to identify best practices in opioid prescribing for common acute surgical procedures through the University of Michigan. The STR grant created a second iteration of this project, MI-OPEN II, to further optimize patient care for vulnerable patients, highlight opioid alternatives, develop best practices during transitions of care, and ensure accessible options for safe opioid disposal and storage. Additionally, MI-OPEN II is partnering with the Michigan Dental Association to optimize opioid prescribing for the dental community. This includes post procedural care for both oral and maxillofacial dental procedures. During the NCE year, MI-OPEN II continued to deliver education and training on prescribing guidelines to 16 different audiences. MI-OPEN II's prescribing recommendations for surgeons and dentists were shared on the Pain Medicine News website with 25,000 views; in the Journal of the Michigan Dental Association; and in the Michigan State Medical Society newsletter sent to 30,000 medical professionals. The MI-OPEN II team also coordinated a Drug Take Back event on October 26, 2019 with 99 sites collecting 3,367 pounds of medication.

The information in Chart Six shows individuals, by profession, who received prescribing education during the NCE year. The chart lists the following professions: physicians, physician assistants, nurses/NPs, clinical support staff, patients/family members, dentists/support staff, and other/uncategorized. Physicians were the highest single profession at 37.4%. Other/uncategorized were the majority at 50.3% and are comprised of attendees of the virtual Rx Drug Abuse & Heroin Summit.

Chart Six: Prescribing Education Received by Profession in the No Cost Extension Year



The Michigan State Police Angel Program

The Michigan State Police (MSP) Angel Program is a partnership between law enforcement, PIHPs, and community volunteers to assist any person seeking treatment for an OUD and increase the ability to respond to potential overdose emergencies. The program allows an individual to walk into any of MSP's 30 police posts during regular business hours and request assistance, without fear of being charged for possession of substances or paraphernalia. The posts are also equipped with naloxone for rapid emergency response.

During the NCE year, the Angel Program served 289 participants with an 87% Angel Program placement rate, an increase of seven percentage points from Year Two. Increased collaboration between law enforcement and behavioral health providers necessitated the instatement of an Angel Program Liaison. The liaison has become the statewide resource for collaboration and person-centered support service within this program. Through community outreach, the program is a known resource for those seeking help with substance use disorders. Bridges between agencies, families, and persons with OUD act as a strong support network with a goal of increasing access to treatment.

An additional benefit of the MSP program is MSP department members have become more knowledgeable about the science and the implications around SUD and OUD. MSP now possesses a deeper knowledge of the behavioral problems associated with individuals with an SUD. The program provides MSP an opportunity to serve and engage communities with a hands-on approach with each program participant, their families, and community partners.

To continue the work of the MSP Angel Program, program staff state they would need continued funding for travel reimbursement for the Angel volunteers and travel expenses for the analyst to provide education and program promotion throughout Michigan.

Licensing and Regulatory Affairs: NarxCare Integration

In a partnership between the Michigan Department of Licensing and Regulatory Affairs (LARA) and the MDHHS, the infrastructure for monitoring prescribing practices and behaviors was significantly enhanced through the STR grant. Michigan's Prescription Drug Monitoring Program, Michigan Automated Prescription System (MAPS), received a software called NarxCare. NarxCare is an analytics tool and care management platform that providers practitioners and pharmacies the ability to monitor patient prescription behaviors.

The use of NarxCare supplements ongoing activities that LARA has implemented in the area of monitoring, regulation, notification to practitioners of duplicative prescriptions, and identification of practitioners who are over prescribing, over dispensing and involved or engaging patients in drug diversion. During the NCE Year, there was a significant increase in the number of health care providers and systems utilizing NarxCare. In January 2020, 334 hospitals, health systems, physicians' offices, and pharmacies integrated the analytical tool with their existing electronic health record system. Over 37,000 prescribers, pharmacists, and delegates are now using MAPS with over 78,000 more pending production.

Media Campaign

MDHHS contracted with Brogan & Partners to create a statewide media campaign promoting awareness of the opioid crisis and reducing stigma towards individuals with an OUD. Through the Michigan Association of Broadcasters, the campaign utilized traditional radio, cable spots in high impact areas, digital engagement units, ads on the music streaming site Pandora, social media ads through Facebook, and targeted ads through Google Search.

Final reporting from the media campaign shows the following:

- 41,464,304 impressions through radio and television broadcasting
- 2,897,083 impressions through public transit media
- 55,011,374 impressions through outdoor media
- 3,889,613 video views through cross-screen digital
- 8,107,284 impressions, 27,889 clicks and 1,590,572 video completions through minority based mobile applications
- 1,371,267 video views on YouTube
- 1,230 clicks through paid search efforts
- 1,713,123 impressions,8,605 total clicks on Facebook/Instagram
- 363,129 impressions and 38 clicks through print media

Inter-Tribal Council: Opioid Prevention Project and Treatment and Recovery Project

The Inter-Tribal Council (ITC) of Michigan formed in 1968 to establish a joint Tribal organization of four Indian communities. Today, the ITC provides representation for the 12 federally recognized tribes in Michigan. Their mission is to act as a forum for member tribes, to advocate for member tribes in the development of programs and policies, and to provide technical assistance to member tribes. They also serve as the fiduciary for grants shared across tribal entities. Through the implementation of the Tribal Opioid Prevention (TOP) initiative, the ITC provided support, coordination, and evaluation to 11 of the 12 tribal communities. Many of the prevention initiatives implemented in Grant Year One focused on building awareness at the local level. Tribes used STR funding to create culturally relevant local media campaigns, develop and expand overdose education and naloxone distribution, and implement evidence-based programming including Families of Tradition, Life Skills Prevention, and trauma informed care. Integration of spiritual and cultural teachings, including traditional healing and talking circles, increased community responsiveness within the tribes. In Grant Year Two, data collected in first year of funding was analyzed for process evaluation and future strategic planning. Tribes noted an increased need for OEND. Therefore, additional naloxone trainings were conducted by the ITC and several local tribes with an increased distribution of naloxone kits within the community. Several of the tribes used the NCE for their media campaigns, which included personal stories of those in recovery from OUD, a web-based campaign *Clean Body, Clean Spirit* that featured community members in recovery and encouraged those with an OUD to seek treatment, and a *Stand up against Opioid Abuse*

campaign that played on two area radio stations. Due to different fiscal year cycles and not enough time, the ITC decided to shut down prevention services at the end of September 2019. Stated by many tribes and the ITC administration, the prevention initiatives made a positive impact in the American Indian population and if future funding was available to fund and sustain services, they would gladly reopen.

The ITC Anishnaabek Healing Circle Tribal Treatment and Recovery Initiative, also known as the Tribal Opioid Treatment and Recovery Project (TOTR), provided funding to Tribal Access and Care Coordination Centers for all 12 federally recognized tribes in Michigan. The Tribal Access and Care Coordination Centers have a network of tribal and non-tribal clinical and recovery support providers that offer a wide array of services. The providers use EBPs such as cognitive behavioral therapy, motivational interviewing, and motivational enhancement therapy within a trauma informed culturally competent service system. Indigenous healing services are also available at tribal sites with detox, outpatient, and residential treatment as well. The centers support SUD treatment and recovery services for uninsured and underinsured American Indians with an OUD who are 12 and older and reside within the service area of one of the 12 tribes.

Grant Year One and Grant Year Two had a target goal of 250 persons served for each year. With the updated voucher system, the ITC was able to treat an additional 200 persons during the NCE. The voucher system allowed the ITC to report the number of people receiving OUD treatment and recovery services, the number of providers implementing MAT, the number of providers trained and tribal rates of opioid use and OUD death rates. At the end of the STR grant, treatment services successfully completed with 709 clients enrolled, surpassing the original goal of 700 clients. The ITC and tribes have stated that these treatment centers have become an important resource for those affected by the opioid crisis, with many clients responding positively to treatment and recovery. The ITC has proved that these services are very impactful to the Native American community in Michigan. In Grant Year One, 315 tribal members were enrolled, exceeding the goal of 250 and in Grant Year One, 213 members were enrolled. Although treatment services closed at the end of March 2020, due to the national epidemic of COVID-19, centers were able to enroll the last 181 members under the project, making this a highly successful project under the STR grant. In collaboration with the Michigan Public Health Institute (MPHI), the ITC published infographics on the overall successful TOTR project.

Project ASSERT

Alcohol and Substance Abuse Services, Education, and Referral to Treatment (ASSERT) is an evidenced based model of Screening, Brief Intervention, Referral to Treatment (SBIRT) that implements peer wellness advocates in emergency room departments (EDs). Peers (persons in recovery) work with patients who screen positive for OUD, determine a patient's risk level, and work on a plan for change. For higher risk patients, the peers build rapport and use techniques such as the brief negotiated interview to develop a plan for change. The plan for change may include referrals to treatment or other services. The peer follows up with the patient after release from the hospital to determine if they were able to utilize the referral and if additional support is needed.

PIHPs received funding and worked to help secure agreements with emergency departments and recovery providers to hire peer wellness advocates. Introduced in Grant Year One, PIHPs began to form partnerships with local hospital EDs and provided training to staff related to the project. Stigma around having persons in recovery in an ED caused initial resistance to the program. Grant Year Two allowed for the expansion of additional hospitals across the state and additional peers trained in this program. Hospitals also gained a better understanding of the program and there was improvement in the workplace environment and working relationships with peers. Many PIHPs also stated that once hospital administration approved the project, the implementation process moved quickly. Because of the momentum built over time, during the NCE, PIHPs continued to train staff, converse with hospitals, and were able to implement Project ASSERT in 32 hospitals. Table Three lists the 32 hospitals with Project ASSERT trained peers at the end of the NCE. Many PIHPs stated that the project has created lasting partnerships with local hospitals, is an important gateway to treatment, and that it continues to make a positive impact throughout their region. Due to the national pandemic, COVID-19, future partnerships were put on hold and face-to-face appointments were changed to virtual or phone consultations. Almost all PIHPs that participated in closeout interviews stated that hospitals have positively responded to Project ASSERT and that the main barrier to continue is funding. MDHHS announced plans to continue implementation through another round of opioid grant funding set to begin in October of 2020. Chart Seven compares the number of Project ASSERT peers working in hospitals each year during the STR grant.

Chart Seven: Number of Peers Working in Hospitals

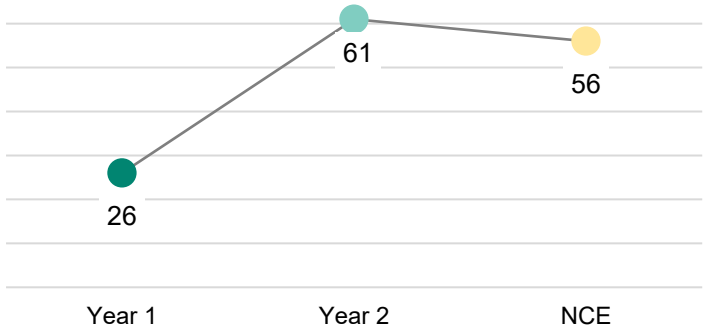


Table Three: Hospitals With Project Assert Trained Peers At The End Of The No-Cost Extension

PIHP	Name of Hospital	City
1	War Memorial Hospital	Sault Sainte Marie
2	McLaren Northern Michigan	Petoskey
2	MidMichigan Medical Center	Alpena
3	Spectrum Health Butterworth Hospital	Grand Rapids
4	Ascension Borgess Hospital	Kalamazoo
4	Bronson Battle Creek Hospital	Battle Creek
4	Bronson Methodist Hospital	Kalamazoo

4	Oaklawn	Battle Creek
5	Bay McLaren	Bay City
5	Eaton Rapids Medical Center	Eaton Rapids
5	Hillsdale	Hillsdale
5	Lakeview Spectrum Kelsey	Lakeview
5	McLaren Lansing	Lansing
5	Saginaw Ascension Saint Mary's	Saginaw
5	Sparrow Lansing	Lansing
5	Spectrum Health United Hospital	Greenville
6	ProMedica Monroe Regional Hospital	Monroe
6	Saint Joseph Mercy Hospital	Ann Arbor
6	Saint Joseph Mercy Livingston Hospital	Howell
6	University of Michigan Psychiatric Emergency Services	Ann Arbor
7	Ascension Saint John Hospital at Moross	Detroit
7	Beaumont	Taylor and Romulus
7	Detroit Medical Center	Detroit
7	Detroit Receiving Hospital	Detroit
7	Henry Ford Hospital	Detroit
7	Sinai Grace	Detroit
7	Wellness Plan	Detroit
9	Ascension Saint John Hospital Health	Warren
9	Henry Ford Macomb	Clinton Township
9	McLaren - Macomb Hospital	Mount Clemens
10	Lake Huron Medical Center	Port Huron
10	McLaren Hospital	Port Huron

MISSION- CJ Michigan Re-Entry Program

The Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking-Criminal Justice (MISSION-CJ) Michigan Re-Entry Program (MI-REP) served incarcerated individuals with co-occurring opioid use disorders and mental health conditions reentering general population. In the NCE year, programming continued in the Detroit Reentry Center (DRC) and Women's Huron Valley (WHV) within the same original three counties: Wayne, Oakland and Macomb. Wayne and Macomb counties maintained PIHP teams of at least one case manager and one peer support specialist per facility despite staff turnover, while Oakland utilized one team to cover both facilities. Caseloads were regulated to include 15 – 20 participants per team. During the NCE year PIHP teams focused on enrollment and retention. Referrals and enrollment declined greatly in the fourth quarter of the NCE year due to COVID-19. Table Four shows participant data through the NCE year.

Table Four: MISSION-CJ MI-REP NCE Year	
Referrals	638
Screens	364
Disenrolled	157
Ever Enrolled	322
DRC Current Participants (as of 4/30/2020)	10
WHV Current Participants (as of 4/30/2020)	46

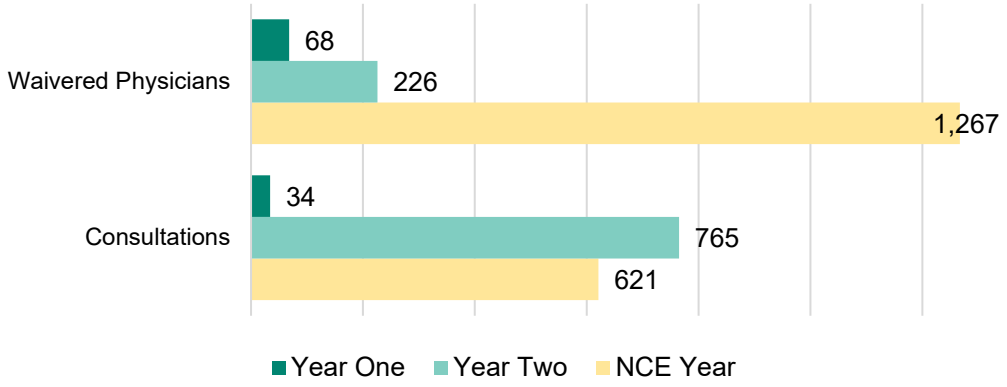
Throughout the NCE year, the implementation, evaluation, and fidelity teams worked to identify and implement data-driven improvements to the program. The implementation team focused on understanding inconsistent and declining referrals at DRC. The fidelity team collected survey data from staff to update and improve the Risk-Need-Responsivity tool. Based on positive feedback from the MI trainings and supervision, WSU provided trauma-informed-care trainings for the provider teams. Additionally, the Evaluation Team conducted surveys and interviews to better understand and address the disengagement and unsuccessful discharge. Thirty-eight interviews with program graduates and five interviews with disenrolled participants were completed this year. Despite COVID-19 and other setbacks, by the end of the NCE year 107 participants successfully graduated from the MI-REP program.

Michigan Opioid Collaborative

The University of Michigan (U of M) established a treatment consultation program to assist with increasing the number of Drug Addiction Treatment Act (DATA) 2000 waivered physicians prescribing buprenorphine throughout the State of Michigan. This new program, the Michigan Opioid Collaborative (MOC), provided consultation to both currently waivered physicians as well as newly interested providers and addressed barriers to MAT delivery in both the addictions specialty settings and in other clinical settings. Community based Behavioral Health Consultants (BHCs) were employed to connect providers to the MOC services. MOC ended the NCE year with 11 BHCs across the upper and lower peninsulas. Dedicated regional BHCs were cited as one of the most helpful program components, particularly in rural areas of Michigan. The program provided support to providers and prescribers with in-person and telephone-based consultations to support MAT service delivery. The program provided guidance on prescribing guidelines, clinical processes, training, and resources in 49 counties throughout 10 PIHP regions. During the COVID-19 pandemic, BHCs continued to offer support remotely and build process guides to assist providers with topics such as addressing stigma, care team roles, pain management while using buprenorphine, and more. MOC also offered patient-specific consultations regarding 76 patients in the NCE year. From all of these consultations, MOC has enrolled 1,936 providers into a resource database for MAT providers struggling with challenging OUD cases. This database enabled peer-to-peer consultations between physicians while reducing the apprehensions surrounding newer physicians

becoming DATA 2000 waivered.

Chart Eight: Waivered Physician Contacts and Consultations Across all Grant Years



The data in Chart Eight demonstrates the number of DATA waivered physician contacts and the number of consultations per clinic delivered throughout all grant years. Due to the presence of a full team of BHCs and previous years of relationship and awareness building, there was a significant increase in waivered physician contacts, with almost seven times more waivered physicians in the NCE year compared to Grant Year Two. Consultations per clinic were slightly lower in the NCE year than in Grant Year Two. This is likely related to more in-depth work with the enrolled clinics and some drop-off due to COVID-19 in the fourth quarter of the NCE year. The 621 clinic consultations in the NCE year represent over 2,200 consultations to individual providers/clinicians, staff, administration, and others affiliated with the clinics.

Michigan Opioid Treatment Access Loan Repayment Program

In the NCE year, MDHHS was able to expend funds by supporting the Michigan Opioid Treatment Access Loan Repayment Program (MIOTA). MIOTA is an education debt repayment program open to physicians, nurse practitioners, physician assistants, and SUD counselors who complete two years of service at one of 21 eligible practice sites around rural Michigan.

To qualify for the program, applicants must do one of the following:

1. Begin offering opioid treatment in Michigan by obtaining a Drug Enforcement Agency (DEA) registration certificate that clearly reflects the possession of a DATA 2000 Waiver, or
2. Be providing and expanding opioid treatment to patients in Michigan by having obtained a DEA registration certificate that clearly reflects the possession of a DATA 2000 Waiver, and in the case of physicians, will apply for a patient limit increase, or
3. Be a Substance Use Disorder Counselor that practices full time in an Opioid Treatment Program (OTP) or an Office-Based Opioid Treatment (OBOT) Practice.

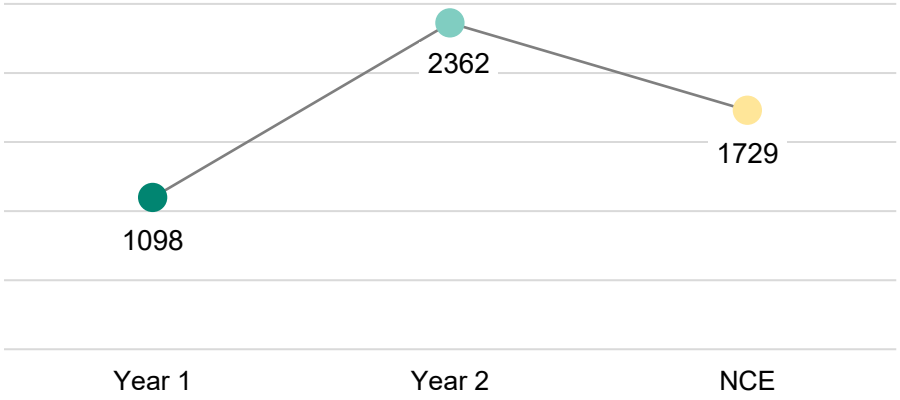
With the STR funding, the MIOTA program funded 17 medical providers and 27 SUD counselors providing OUD treatment across the state of Michigan. Out of those participants, 17 practice in the identified high need counties. Six medical providers were incentivized to receive their MAT certification and begin treating OUD patients. These 44 new opioid treatment providers help to address Michigan's workforce capacity issue in related to the opioid crisis.

Preliminary feedback from MIOTA indicates participants credited the program with providing an extra push to increase their OUD treatment capacity. Additionally, MIOTA brought added confidence to providers who wanted to provide OUD treatment. Stigma around the use of medication to treat OUD is still extant in the medical community, so this government-sponsored program geared toward solo and small group practitioners, provided a sense of legitimacy in offering OUD treatment. Due to the relatively recently implementation of MIOTA, there remains a lack of information on participants' follow-though in increasing the number of OUD treatment patients.

Medication Assisted Treatment (MAT) Enhancement

MAT enhancement initiative focused on increasing statewide access and utilization of evidence-based OUD treatment services. There has been an increased focus on treatment and recovery activities through the enhancement of MAT. Professional and community collaborations in expanding the availability of MAT has ensured that barriers are recognized and addressed regarding training, implementation, and sustainability of direct services. The incorporation of peer support specialists within health care systems, the Department of Corrections, and emergency medical departments has increased the connection of these systems to treatment and recovery support services. Additionally, collaboration with the tribal community has provided insight into the creation of culturally appropriate messaging, training, and treatment provisions from a statewide perspective. This initiative funds PIHPs to focus on both MAT services and MAT reimbursement rates with emphasis in the areas of training, promising practices, implementation of MAT standards of practice, and incentivizing MAT rates. MAT enhancement funding has been used to increase access to treatment by increasing the number and availability of MAT providers as well as increasing coverage of MAT for uninsured/under-insured patients. All 10 PIHPs accepted funds to continue to reduce transportation barriers by providing the distribution of gas cards, bus tokens, shuttles/bus lines, and Uber/Lyft rides to MAT clinics. In addition, many continued to work with existing partnerships to expand MAT services and implement jail-based MAT programs, considering that jails have one of the largest sources of organizational referrals to addiction resources, to provide treatment services to incarcerated persons and reentry general population and to reduce overdose rates. Jails are on the front lines of this epidemic and they are in a unique position to initiate treatment to a very high-risk population in a controlled, safe environment. Many of these individuals have OUDs and benefit from access to treatment. Chart Nine displays the number of individuals who received MAT across all grant years.

Chart Nine: Number of individuals who received MAT across all grant years

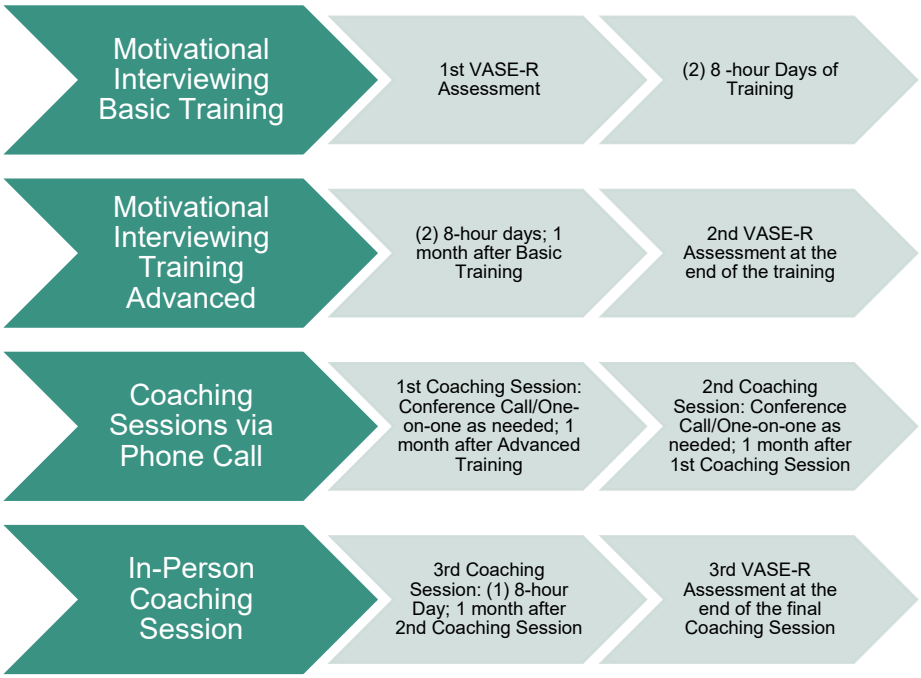


Michigan continued to provide Medication Assisted Recovery Services (MARS) trainings to educate peer recovery specialists on MAT. Trained peer recovery coaches and SUD professionals were able to increase their knowledge and awareness of the beneficial relationship between MAT and recovery services. SUD professionals can help new patients understand that recovery is a long-term commitment but by the time most patients enter an OTP, they have already been through a couple of meetings and may feel desperate. Incorporating peers into the MAT system enhances services. This allows MAT programs to develop a holistic approach that includes MAT education and a supportive peer community. The training also provided knowledge of basic tools for advocacy, managing simple issues that confront advocates, educating patients about their rights, handling grievances, legal issues, and working within communities to benefit patients and treatment. Due to the national pandemic, COVID-19, causing cancellations, two peers were trained during the NCE.

Motivational Interviewing

Motivational Interviewing (MI) is a powerful evidence-based counseling methodology that can be used in all behavioral health settings, as well as in everyday interactions, giving staff skills to help their clients succeed in drawing out and strengthening their own reasons for changing, instead of relying on another person's opinions or ideas. The STR grant funded training for clinicians and peer support specialists to facilitate the change process in clients with OUD. Staff trained in MI help encourage patients struggling with substance abuse to make positive changes in their lives. It has been found that individuals who received MI in an SUD treatment program were initially more contemplative of change, complied with the program longer, and relapsed less quickly than individuals who did not receive MI. This training is also an Advanced Facilitation Method based upon the way the brain responds to dialog. MI is extremely useful in MAT in two very significant ways: engagement and compliance. Several PIHPs utilized funding for MI in their area. The five-month program includes a two-day basic training, a two-day advanced training, two telephonic counseling sessions, and a one-day follow up session. Chart Ten provides details on the MI training curriculum.

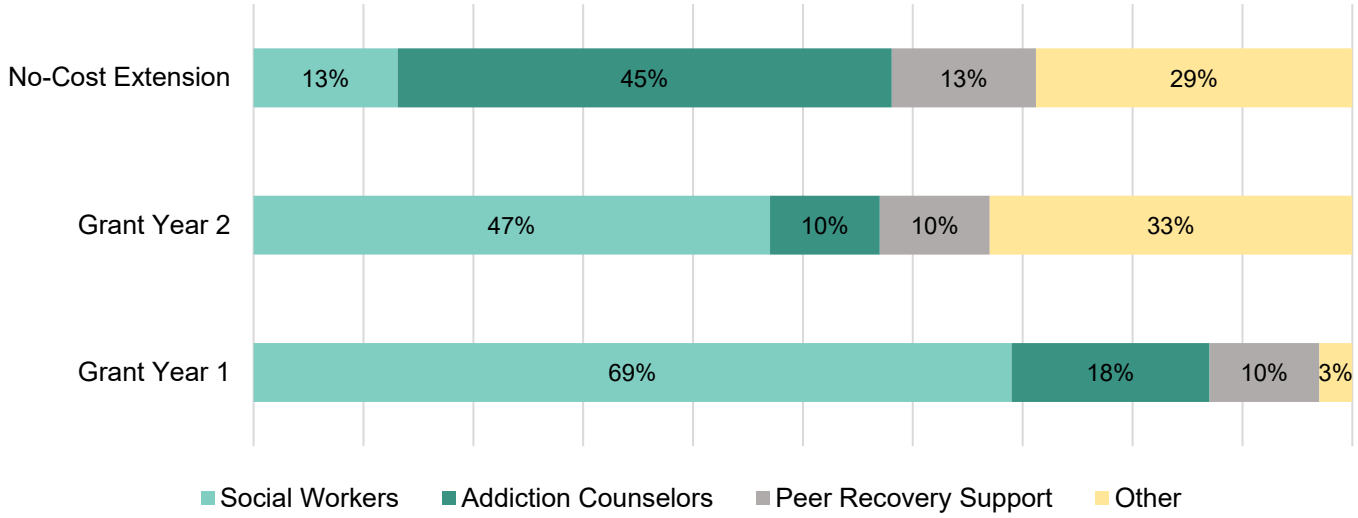
Chart Ten: Motivational Interviewing Training Curriculum



MI trainings increased the number of trained clinicians throughout the state and those who worked in MAT programs. In Grant Year One, PIHPs were able to hold Basic MI trainings with one region finishing the full five-month course through the CMHAM. In Grant Year Two, additional PIHPs were able to complete the full five-month training course with several facilities implementing counseling sessions and MAT programs using MI techniques for the first time. Fidelity VASE-R tests were administered through the PIHPs to providers that were trained during the first two years in order to evaluate fidelity of the model and assess needs for additional training. Although there were a few MI trainings during the NCE, PIHPs continued to implement the initiative through providers. Throughout the state, seven social workers, 24 addiction counselors, seven peer recovery support specialists, and 15 other healthcare professionals were trained in MI during the NCE. Overall, many PIHPs were positive about EBP trainings stating that any time there is a chance to improve staff capacity, it was a good thing.

Successful implementation of MI during the NCE occurred in PIHPs such as Region 5 and Region 7. Some examples include for Region 5, training was completed in the first and second year of the grant with coaching calls and fidelity testing. It allowed the PIHP to conduct chart reviews, during the last year, for individuals trained to fidelity and determine to what degree the training has been implemented into practice. Region 7 is currently measuring fidelity by updating the SUD auditing tool to include MI standards and would start MI fidelity reviews in July of 2020. Chart Eleven identifies those trained in MI across all grant years organized by their profession. These professions include social workers, addiction counselors, peer recovery support and others.

Chart Eleven: Motivational Interviewing Trainees Across All Grant Years Based on Occupation



Conclusion

The STR grant was the first grant in Michigan to focus on the prevention, treatment, and recovery of the growing opioid epidemic. Each of the funded programs and partners were selected to meet the goals of increasing access to OUD treatment, reducing unmet OUD treatment need, and reducing opioid overdose related deaths through the provision of services across the state at an individual, community, and infrastructure level.

Prevention

Training over 200 provider staff in prevention EBPs and fidelity has increased Michigan's prevention programming capacity; and over 600 residents have benefitted from completing the SFP prevention course. Increased funded for OEND training led to over 20,000 naloxone kits distributed to community members, law enforcement, medical staff, SUD treatment providers, and peers. These naloxone kits will prevent opioid overdose deaths across the state.

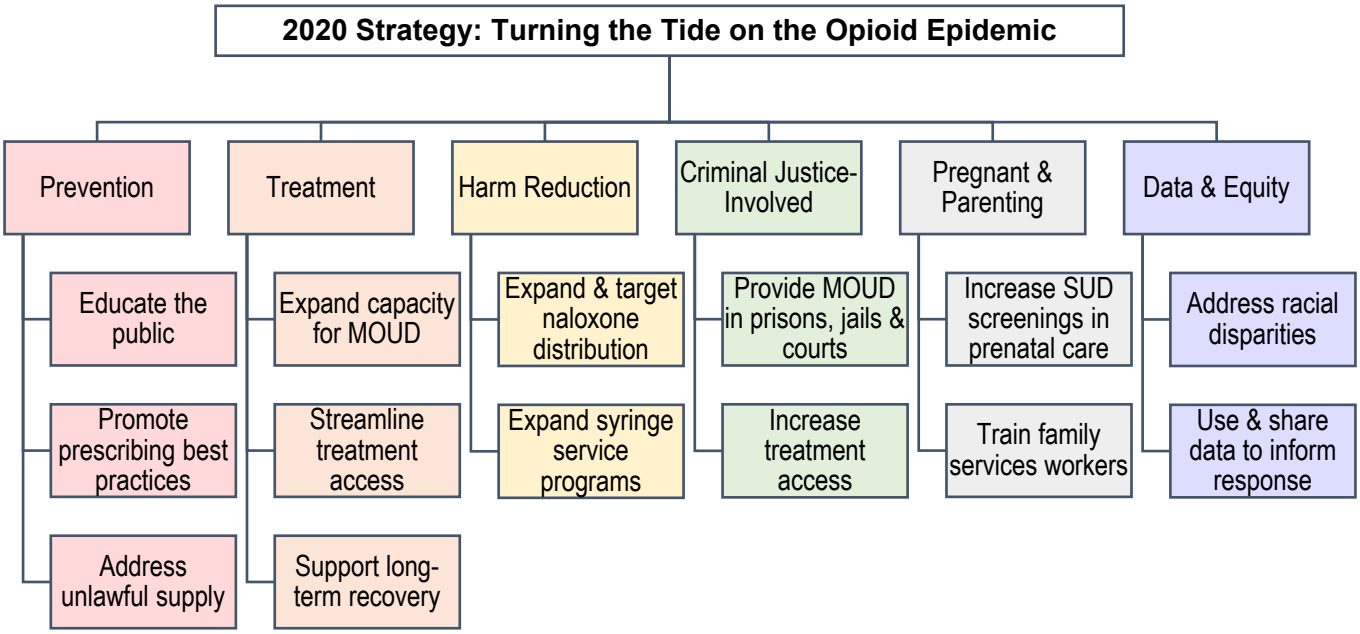
Treatment

Trained PRCs stationed at 32 hospitals throughout the state screened individuals for OUD and linked them to available treatment in their area. The access to high quality MAT and OUD treatment has been drastically improved through transportation initiatives that provided over 1,400 persons with OUD a way to get to treatment. Over 450 social workers, addiction counselors, and peers trained in motivational interviewing techniques and fidelity measures to make OUD treatment more effective for their clients. MOC worked to recruit and support over 300 physicians in obtaining their DATA 200 waiver and begin MAT delivery, thereby increasing treatment access.

Infrastructure

Improved working relationships between institutions including MDHHS, PIHPs, MDOC, WSU, U of M, and MSP and technological upgrades to MAPS has allowed for cross-sector information exchange and training leading to improved infrastructure for individuals with an OUD. This is particularly important for criminal justice-involved individuals with OUD.

The work of the STR grant laid the foundation for continued programming to comprehensively address the opioid crisis. The lessons learned and successful outcomes from MI OPEN, OEND, MAT enhancement, MI REP, MIOTA, Angel Project, and others will strengthen the efforts outlined in “2020 Strategy: Turning the Tide on the Opioid Epidemic” and have a lasting impact on OUD prevention, treatment, and recovery efforts in Michigan.



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