STATE OPIOID RESPONSE GRANT

Annual Program Summary

Grant Year Two

October 1, 2019 – September 30, 2020

WAYNE STATE
School of Social Work

MDHHS
Michigan Department of Health & Human Services

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Overview

The rate of drug overdoses involving opioids in Michigan has significantly increased over time. From 1999 to 2017, the rate of opioid-involved overdoses was over 17 times higher (Drug Overdose Deaths in Michigan, 2020). In 2018, over 2,500 people died from a drug overdose in Michigan and over 2,000 of these were opioid-involved overdoses (Drug Overdose Deaths in Michigan, 2017-2018). From 2017 to 2018, there was almost an 11% increase in the rate of drug overdose deaths involving synthetic opioids (e.g. fentanyl, fentanyl analogs, tramadol). Therefore, both trends over time and current data reflect a need to address the high rate of opioids-involved overdoses and deaths.

Seeking to address the rise in opioid-related deaths 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 previously been awarded the State Targeted Response to the Opioid Crisis grant by 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 medications approved by the United States Food and Drug Administration (FDA); (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 September 19, 2018, SAMHSA awarded Michigan the SOR grant for $27,914,639 per grant year. Funding began on October 1, 2018. SAMHSA also awarded Michigan a one-time SOR supplement on June 1, 2019 for $14,571,442. SAMHSA approved MDHHS and the SOR grant for a No Cost Extension (NCE) that will conclude September 29, 2021.

MDHHS allocated SOR funding 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) 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, and funding the cost of OUD treatment and OUD recovery services.

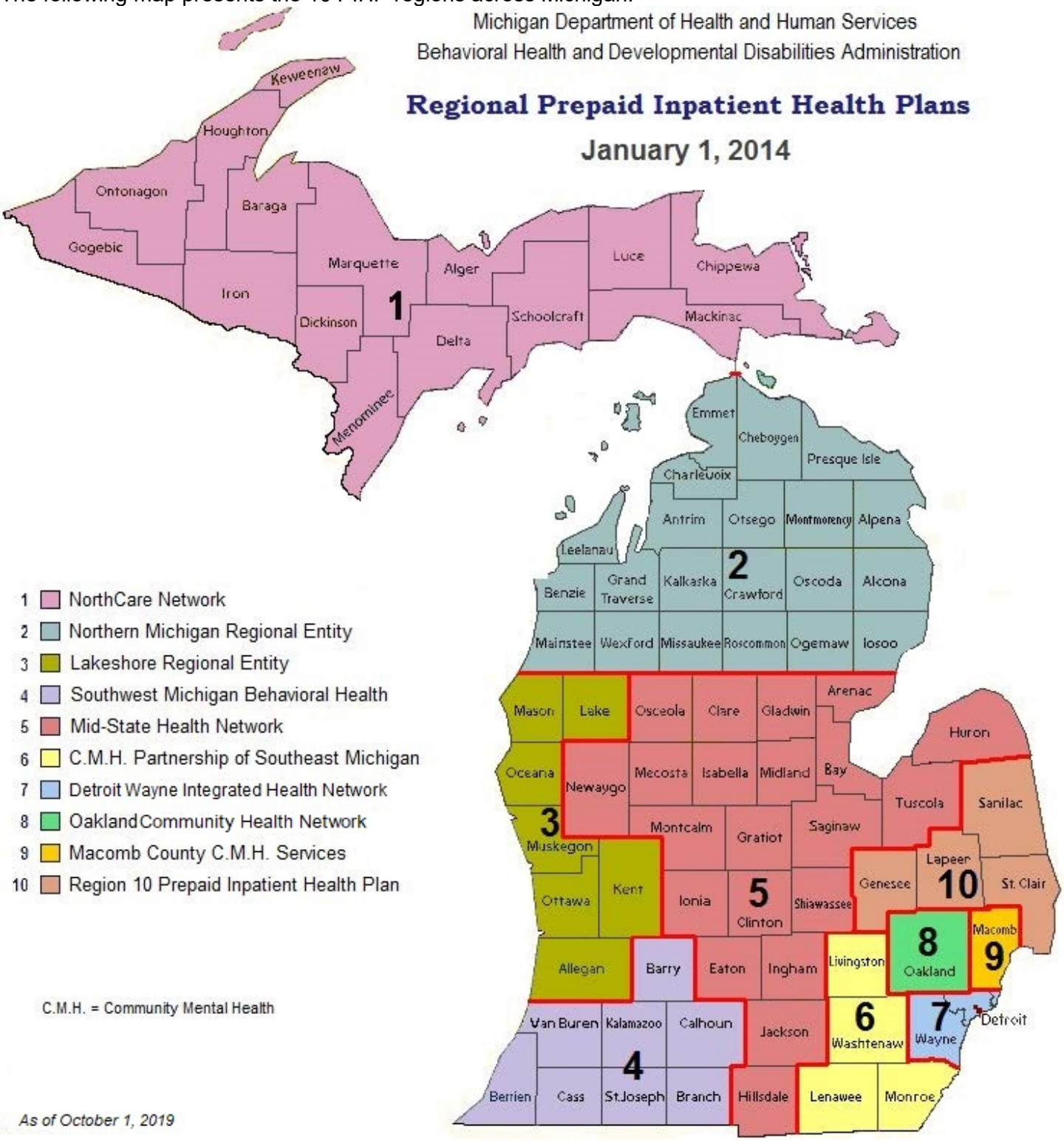
Additionally, Michigan awarded funds to organizations that implement statewide initiatives in prevention, treatment, and recovery. Grantees included:

- Inter-Tribal Council of Michigan
- Michigan Collaborative Addiction Resources and Education System
- Michigan State University Extension
- Michigan Opioid Collaborative
- Michigan Opioid Prescriber Engagement Network
- Michigan Opioid Partnership
- Michigan Association of Recovery Residences
- Michigan State Police
- Michigan Department of Corrections
- MDHHS Office of Communications
- MDHHS Public Health Administration

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

Prepaid Inpatient Health Plans across Michigan

The following map presents the 10 PIHP regions across Michigan.



Prevention Activities

SOR funded prevention activities include:

- Youth and Family Oriented Prevention Evidence-Based Practices
- Overdose Education and Naloxone Distribution with Harm Reduction
- Michigan Collaborative Addiction Resources and Education System
- Older Adult Prevention Evidence Based Practices
- Michigan Opioid Prescribing Engagement Network
- Statewide Media Campaign
- Syringe Service Programs
- Local Health Department Access to Overdose Data
- LARA Michigan Automated Prescription System (MAPS) Integration

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

In the second year of the SOR grant, each PIHP continued to implement youth and/or family-oriented evidence-based or promising practice programs. Regions 3, 4, and 7 utilized the supplemental funding to implement additional programs. Due to the COVID-19 pandemic, schools in Michigan closed in March. Prevention providers swiftly adapted to online methods of facilitating the EBPs. Northern Michigan and geographically rural sections of the state found an increase in attendance and retention with the switch to online programming.

Guiding Good Choices (GGC)

GGC is a family competency training program for parents of youth in middle school that gives parents the skills needed to reduce their children's risk for using alcohol and other drugs. 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. Regions 1, 4, 6, 8, and 10 implemented GGC. Across these regions, 159 families participated in GGC. The distributor of GGC, the University of Washington, worked with the regions to transition the curriculum online with fidelity. All five regions successfully implemented GGC online after April.

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 period. Participants complete pre and post tests and instructors complete fidelity observation checklists. Regions 4 and 7 implemented PTNDA. Across these regions, 960 individuals participated in PTNDA training and among these individuals, almost 400 received the PTNDA training online after April.

Botvin LifeSkills Training (LST)

LST is an interactive evidence-based substance abuse and violence prevention program. LST has curricula 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. The instructor or an observer can complete fidelity checklists for each module. Regions 2, 3, 5, and 7 implemented LST. Across these regions, 967 students participated in LST. Region 2 was able to reach more students after moving to online programming in April.

Prime For Life (PFL)

PFL is an evidence-based prevention and intervention program for universal, selective, and indicated audiences. It provides participants a way of understanding how alcohol and drug-related problems develop, what they can do to prevent them, and why they sometimes need help. PFL has been used for youth and adults aged 13 to 20 years old. PFL also includes a tool for assessing instructors' delivery and ensuring program fidelity called the Moving ForWarD Rating Scale. Regions 3, 5, 6, and 9 implemented PFL trainings. Region 6 continued their

partnership with Eastern Michigan University to implement PFL. Across these regions, 508 individuals participated in PFL.

Youth and Family Oriented Prevention Evidence-Based Practices	
Program	**Participants**
Guiding Good Choices	159 families
Project Towards No Drug Abuse	960 individuals
Botvin LifeSkills Training	967 individuals
Prime For Life	508 individuals

Overdose Education and Naloxone Distribution (OEND) with Harm Reduction

The SOR grant awarded each PIHP funds for additional naloxone purchasing and training opportunities that include harm reduction activities. Regions 1, 2, 3, and 7 utilized supplemental funding for additional OEND activities. Naloxone (Narcan®) is an opioid antagonist medication approved by the 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. Due to the COVID-19 pandemic, prevention providers moved their training curricula online and began offering virtual OEND trainings in April. Through this grant year, the regions distributed 13,917 naloxone kits and trained 13,231 individuals. Not all naloxone usage and saves are reported to the state; however, the regions reported 437 opioid overdose reversals. PIHP regions also used funding to support local harm reduction and prevention coalitions which distributed medication lock boxes, drug disposal bags, poke resistant gloves, and other supplies to law enforcement and community members.

In January 2020 MDHHS launched the statewide online Naloxone Portal which allows community organizations, law enforcement, providers, and other agencies to request Narcan nasal spray at no charge to their organization. MDHHS rolled out the portal in stages and first opened to police departments and treatment courts in February and March. Through September 2020, this has expanded to include local health departments, prisons/jails, academic institutions (i.e. universities and local school districts), hospitals/medical clinics, emergency services (i.e. fire departments and EMS) and faith-based institutions. The Naloxone Portal received requests for 52,032 kits from 371 different agencies.

Overdose Education and Naloxone Distribution	
Kits distributed*	13,917
Individuals trained	13,231
Saves	437

*does not include kits distributed via the portal

Naloxone Portal Organizations		
Type of Organization	**Number Utilizing Portal**	**Number of Kits Requested and Shipped**
Community Organizations and Nonprofits	86	19,020
Pharmacies	84	5,712
Law Enforcement (i.e. MSP, DNR, City, County, Township)	72	6,216
Treatment/Recovery Centers	31	4,308
Correctional Facilities/Jails/Prisons	22	1,500
District/Regional/Drug Courts	18	636
Local Health Departments	17	5,208
Hospitals and Medical Clinics	15	1,464
Behavioral Health Services	10	1,080
Academic Institutions (i.e. colleges, universities, school districts)	7	1,176
Regional Prepaid Inpatients Health Plans (PIHPs)	4	5,328
Emergency Services (i.e. Fire Departments, EMS)	3	324
Faith-Based Institutions	1	12
Other	1	48

Michigan Collaborative Addiction Resources & Education System (MI CARES)

The mission of the MI CARES program is to address the lack of addiction medicine and addiction psychiatry specialists in Michigan. MI CARES goals are to create a curriculum to train physicians to attain accreditation in Addiction Medicine (AM) via the American Board of Preventive Medicine (ABPM) practice pathway. 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.

Curriculum

MI CARES continued to host the 18 modules of curriculum on the Michigan State University (MSU) learning management system, Desire2Learn (D2L). In grant year two MI CARES developed and added eight modules: alcohol, cannabis, club drugs/hallucinogens, nicotine/ tobacco, opioids, practice pathway, sedatives, and stimulants.

Physician Recruitment

MI CARES recruits physicians online, through medical school listservs, and at conferences. The MI CARES team has enrolled 224 physicians into the program. Over half of the physician specialties were family or internal medicine. Other physician specialties included addiction medicine, anesthesiology, diagnostic radiology, emergency medicine, maternal/fetal, OB/GYN, pediatrics, physical medicine rehabilitation, prevention and public health, psychiatry, and surgery. Thirty-five participants applied to sit for the October 2020 ABPM certification

examination. MI-CARES provided these physicians with guidance on preparing their application and documenting their patient hours.

Older Adult Prevention Evidence Based Practices (EBP)

The SOR grant funded 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), all with the goal of reducing the need for narcotic medications.

MSUE sites are embedded in all 83 counties in Michigan and have strong community ties. In the second year of the SOR grant, MSUE expanded their outreach by attending workgroup meetings, presenting at the Community Mental Health Association Winter Conference, and partnering with PIHP Regions 1 and 4. MSUE utilized supplemental funding to host single session trainings on mindfulness, WISE, CDSMP, and CPSMP. These single session trainings are more accessible for individuals who are hesitant to sign up for a multi-week program.

Stress Less with Mindfulness (SLM)

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. MSUE utilized supplemental funding to implement single session mindfulness trainings. They held 46 single session mindfulness trainings for 437 individuals.

MSUE staff transferred the SLM curriculum to online sessions in March. MSUE heard from multiple participants that the mindfulness strategies were particularly useful in coping with COVID-19 related stress. In grant year two almost 250 individuals participated in the SLM program. SLM was successfully implemented online and had greater reach into the Upper Peninsula, including participants from Gogebic and Chippewa counties.

Chronic Pain and Chronic Disease Self-Management Programs

CPSMP is an evidence-based program with goals to reduce pain and fatigue; increase medication adherence, quality of life, and sleep; reduce health distress and improve communication with doctors. CPSMP consists of two and a half hour sessions taught weekly over six weeks. The CPSMP curriculum includes light physical exercise. CDSMP is also a six-week self-management workshop that is designed to help participants take an active role in managing their chronic disease(s). Adults of all ages interested in managing their chronic diseases are welcome to attend, as well as their family members and caregivers. CPSMP and CDSMP have been integrated into MSUE's Personal Action Toward Health (PATH) programming along with diabetes management.

MSUE delivered about 25 CPSMP programs for over 185 individuals and two CDSMP programs for six individuals. MSUE hosted five and seven single sessions of CDSMP and CPSMP. MSUE facilitators successfully moved CPSMP and CDSMP to online implementation after March. MSUE trained 12 new CPSMP trainers in grant year two. Evaluation data shows 45% of CPSMP participants experience decreased pain and 48% have an increased confidence in pain management.

Wellness Initiative for Senior Education (WISE)

The WISE curriculum includes information on healthy aging, alcohol and drug use, stress management, and medication management. MSUE completed 11 WISE programs for over 50 individuals. MSUE held four single sessions of WISE for 86 individuals.

Michigan Opioid Prescribing Engagement Network (MI OPEN)

The SOR grant funded the University of Michigan's Michigan Opioid Prescribing Engagement Network (MI 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 by developing perioperative care pathways, refining and implementing prescribing recommendations through Collaborative Quality Initiatives (CQIs), and coordinating an interprofessional network focused on improving opioid stewardship and coordinated care. MI OPEN utilized SOR supplemental funding to distribute naloxone to emergency departments to give to patients with an SUD through collaboration with the Michigan Emergency Department Improvement Collaborative (MEDIC).

Transitions of Care (TOC)

MI OPEN's TOC project seeks to optimize transitions of care for surgical patients currently using opioids, who have an OUD, or who may be at risk of new persistent opioid use. MI OPEN developed and pilot tested a tool to screen patients preoperatively into categories of risk for poor opioid-related outcomes. To understand how physicians utilized the TOC screening tool, MI OPEN conducted semi-structured interviews with anesthesia providers, primary care physicians, and surgical providers who used the tool. Anesthesiologists found the screening most useful, followed by surgical providers, and then primary care physicians. Providers across specialties agreed the screening tool would be best utilized with a patient early in the preoperative phase.

Massive Open Online Course (MOOC)

At the beginning of grant year two in October 2019, MI OPEN launched a MOOC. The MOOC, called Impacting the Opioid Crisis: Prevention, Education, And Practice for Non-Prescribing Providers, consists of six modules on the epidemiology of the opioid crisis, understanding pain and drug targeting, prevention, clinical care and population health, and addiction treatment. Course participants have the opportunity to obtain continuing education hours. The modules are non-sequential and self-paced and are provided through Coursera and EdX. At the end of grant year two, there were 4,258 participants.

Collaborative Quality Initiatives (CQIs)

Much of the work collaborating with CQIs was put on hold due to COVID-19. However, the Obstetrics Initiative (OBI) was able to move forward with planning a hospital training program for both prescribers and non-prescribing healthcare professionals on alternatives to opioids during and after childbirth. The OBI selected four labor support skill development programs and one doula program to educate over 400 staff members at 16 hospitals on the proper use, education, and promotion of alternatives to opioids during and after childbirth. The team is working on the logistics of implementing trainings virtually.

Michigan Emergency Department Improvement Collaborative (MEDIC) Collaboration

Michigan OPEN partnered with MEDIC to increase the distribution of naloxone to patients in emergency departments that are treated for opioid overdose and patients who are at high risk of future overdose. MI OPEN established contracts with nine emergency departments: Ascension St. John Hospital, Detroit Medical Center Receiving, Detroit Medical Center Sinai-Grace, Hurley Medical Center, Michigan Medicine, Munson Medical Center, Sparrow Hospital, Spectrum Health Butterworth Hospital, and St. Joseph Mercy Hospital. Over 884 naloxone kits were distributed to patients among the hospitals.

Statewide Media Campaign

MDHHS contracted with Brogan & Partners in Project Year 1 to create an opioid anti-stigma media campaign. The campaign advertisements continued into Project Year 2. The objective of the media campaign is to start a conversation that reworks the narrative, helps end the stigma of OUD, and leads to healing. 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 Genesee, Lapeer, Macomb, Sanilac, St. Clair, and Wayne Counties. More information about the campaign can be found at michigan.gov/opioids.

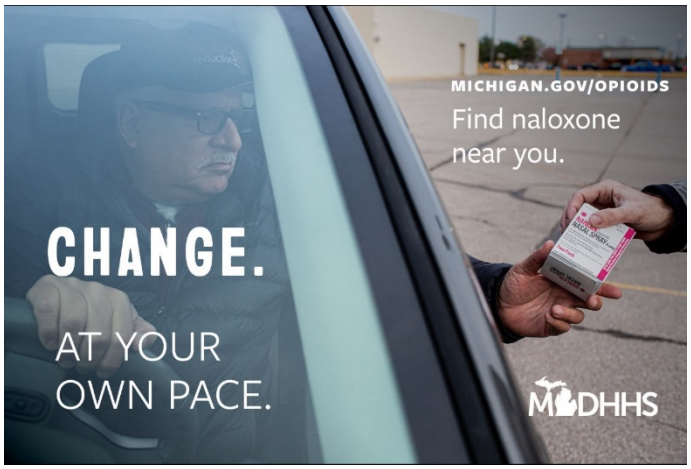
Media Campaign Impressions	
Media	**Impressions**
Outdoor	55,011,374
MAB TV/Radio	41,464,304
Radio	21,522,800
Cross-Screen Digital	16,751,831
Minority Digital	8,107,284
YouTube	3,143,554
Transit	2,897,083
Cable/Connected TV	2,770,292
Social	1,713,123
Michigan Chronicle	363,129
Paid Search	60,170

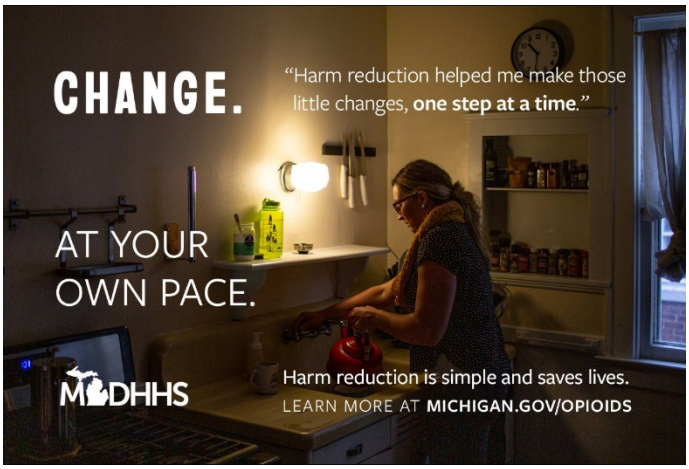
The End the Stigma campaign included advertisements on radio, cable television, billboards, transit, Google search, Facebook, Instagram, YouTube, and Michigan Chronicle. The advertisements ran from November 2019 through April 2020. The number of impressions of each element of the media campaign are in the table to the right.

The End the Stigma campaign website encourages individuals to share the messages, images, and videos on their social media networks. The website includes images like the one below and sample social media posts such as, “Conversations don’t come with autocorrect, so when you talk about opioid use disorder, it’s important to be aware of what you say, and how it impacts those affected. Learn how you can start a conversation that leads to healing at Michigan.gov/Opioids.”

The End the Stigma campaign website also includes information about stigmatizing language and preferred language when discussing OUD, concrete suggestions for reducing stigma, and tips for talking to a loved one with SUD.

The Project Year 2 media campaign targets individuals who are actively using and provides resources for harm reduction such as Syringe Service Programs, HIV and Hep A/B/C testing, and Naloxone. The ads have been completed and the media campaign will be implemented in the new year. The campaign seeks to reduce health disparities in harm reduction services with the ads and will be focused on Southeast Michigan and Northern Michigan. In addition, a portion of the Michigan.gov website has been devoted to the campaign and resources for treatment, recovery supports and harm reduction. A sample of the ads appears below.





Syringe Service Programs (SSP)

Syringe Service Programs (SSP) are an essential harm reduction approach to reduce the risk of using substances to both the individual and the community. Across the state of Michigan, there are a total of 65 SSP. SSP connect marginalized individuals to their communities and empower them to make positive changes. These programs focus on building relationships and linking individuals to services like substance use treatment. SSPs offer a variety of other services including naloxone distribution; human immunodeficiency virus (HIV) and hepatitis C (HCV) testing; hepatitis A (HAV) and B (HBV) vaccinations; as well as various trainings. SSP also provides items like needle disposal boxes, gloves, alcohol wipes, and personal hygiene kits.

In the second year of the SOR grant beginning in April 2020, funds were dispersed across 16 SSP provided by health departments and social service organizations. SSP conducted outreach and provided trainings on stigma reduction with SOR funds. SSP also utilized funds to provide referrals to SUD treatment and distribute naloxone, as shown in the table below. SOR funds supported HIV and HCV testing. The tables below present the number of tests administered and the number of positive tests.

Clients and Referrals	
Clients Seen	**Clients Referred to Treatment**
4,085	35

Naloxone & Overdose Reversals	
Naloxone Kits Distributed	**Overdose Reversals**
20,215	269

HIV Testing	
Tests Conducted	**Positive Tests**
119	0

HCV Testing	
Tests Conducted	**Positive Tests**
138	36

Overall, SSP engaged with over 4,000 clients and 35 were referred to SUD treatment. Over 20,000 naloxone kits were distributed and over 250 overdoses were reversed by these kits. Additionally, over 250 HIV and HCV tests were conducted.

Local Health Department Access to Overdose Data

The System for Opioid Surveillance (SOS) was created through a partnership between the University of Michigan Injury Prevention Center and the Michigan High Intensity Drug Trafficking Areas. The SOS provides close to real-time mapping of fatal and non-fatal overdoses. The public can access county-level data, while authorized public health and safety officials can access more detailed data and demographic information. The SOS is a data-driven tool to inform prevention efforts and reduce overdose injuries and fatalities.

In year two of the SOR grant, funds were utilized to develop statements of work for local health departments and guide local health departments in developing an evaluation process. The MDHHS technical assistance team worked with local health departments to use the SOS to determine high risk areas and identify naloxone distribution sites. This information was used to inform statements of work. COVID-19 however redirected the focus of local health departments and transitioned staff to address the pandemic. This delayed the development of statements of work and corresponding evaluation processes.

LARA Michigan Automated Prescription System (MAPS)

The Licensing and Regulatory Affairs Michigan Automated Prescription System (MAPS) is Michigan's prescription drug monitoring program. Prescribers and pharmacists utilize MAPS to determine if patients are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse. SOR funds are used to cover the cost for integration of MAPS into existing electronic medical records and pharmacy dispensation systems. MAPS provides MDHHS with data that includes the numbers of health systems, hospitals, physician's offices, and pharmacies that are integrated with MAPS and the number of each that are pending integration with MAPS. Data also includes the number of registered MAPS users by prescribers, pharmacists, as well as the number of users that are utilizing MAPS.

Since implementation and through September 2020, 395 health systems, hospitals, pharmacies, and physician's offices, integrated with MAPS, and another 343 were pending integration (e.g. in talks, received request). Physician's offices utilize MAPS most frequently, followed by pharmacies, health systems, and hospitals. There are a total of 83,741 online registered MAPS users, which are most frequently prescribers, followed by delegates, and pharmacists. During each quarter of the second year of the SOR grant, there was an average of over 36,000 users actively utilizing MAPS.

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
- Angel Program
- Opioid Health Homes

Peers in Federally Qualified Health Centers, Urgent Care, and Other Outpatient Settings

Nine PIHP regions received funding to support peer support specialists in outpatient settings such as Urgent Care or Federally Qualified Health Centers (FQHC). Peers are individuals with lived experience of SUD recovery who can connect with individuals currently struggling in a meaningful, empowering way. Through this initiative, agencies placed peers placed in outpatient treatment settings to conduct Screening, Brief Intervention, and Referral to Treatment (SBIRT) for individuals at risk of OUD. Peers work with clinicians collaboratively and are essential to support and enhance the work of fully integrated behavioral health delivery systems.

In the second year of the SOR grant, peer support specialists from nine regions made 2,821 initial contacts with individuals at risk of OUD, and 5,540 follow-up contacts with the same individuals. Peer programming was implemented in 23 different locations across Michigan. While COVID-19 limited the ability of peers to engage new clients and expand programming to new locations, many were able to connect with clients virtually.

Mobile Care Units

Mobile care units are retrofitted RV's and health vans that provide SUD screening, referral to treatment, SUD counseling, peer supports, overdose education, naloxone distribution, drug screening, and basic primary care supports. Transportation is consistently a barrier for individuals seeking resources and health care services for OUD. Mobile care units help address this barrier by bringing prevention and treatment services directly to the individuals that require them. Providers place mobile care units strategically throughout the community to reach individuals in rural areas and underserved populations. Through community partnerships, mobile care units are also able to offer ancillary services such as referrals to housing, clothing, and food support.

In the first year of the SOR grant, Region 5 established a mobile care unit and in year two, they began serving clients in Arenac, Bay, Eaton, Gladwin, Isabella, and Midland counties. This unit provided over 65 services to more than 25 individuals, as well as providing two Vivitrol ® injections. Routine service delivery was severely impacted by COVID-19.

Region 7 received funding to support two existing mobile care units in Detroit and throughout Wayne County. In the second grant year, these units provided over 7,100 services to more than 3,100 individuals and had 34 reported naloxone saves. Due to COVID-19, the mobile care unit adapted services to include basic needs for the community like hygiene and personal protective equipment.

Through SOR carryforward funding, the Michigan Primary Care Association also received funding to partner with a local health center to implement mobile MAT services. During the second grant year, MPCA contracted with Great Lakes Bay Health Center, developed a treatment model, and accepted bids for a provider to build the mobile unit.

The table presents the types and numbers of services provided by Regions 5 and 7. Both Regions 5 and 7 implemented COVID-19 testing on their mobile care units.

Region 10 experienced numerous delays due to COVID-19. However, they were able to obtain a vehicle, establish MOUs with health care partners, and hire staff. They began providing COVID-19 testing and telehealth services in September 2020.

Mobile Care Unit Services	
Type of Service	**Number of Services Provided**
SUD Screening	1,902
Peer Supports	1,714
Drug Screening	1,161
Referral to SUD Treatment	620
Referral to Ancillary Services	462
OEND and Harm Reduction	926
SUD Counseling	233
Basic Primary Care Supports	232

Jail-Based Medication Assisted Treatment (MAT) Expansion

Medication assisted treatment (MAT) is the use of FDA-approved medications, in combination with counseling, to treat alcohol, opioid, or tobacco addiction. For addressing OUD, medications bind or block opioid receptors in the brain to address craving and withdrawal symptoms. This helps manage symptoms and alter brain chemistry to fight the opioid addiction. Research shows MAT can successfully treat OUD and help maintain recovery by decreasing opioid use and overdose deaths, while increasing treatment retention. There are three types of medications specific to OUD: buprenorphine, methadone, and naltrexone.

- Buprenorphine (Suboxone ®, Sublocade ®) is a partial opioid agonist that binds with brain receptors to limit the euphoric effects of other opioids, which reduces craving and withdrawal symptoms. Only authorized prescribers with special training can provide buprenorphine. 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. Only specially licensed clinics can provide methadone, and it 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. Any health professional who is licensed to prescribe medication can prescribe naltrexone, and it is taken through a daily pill or monthly injection.

In the second year of the SOR grant, nine regions either continued existing jail-based MAT programming and/or expanded programming to new jails. Eleven facilities across Michigan implemented jail-based MAT through SOR and supplemental funds and an additional six facilities were in talks to implement jail-based MAT, as shown in the table below.

Facilities Implementing Jail-Based MAT	
Jackson County Jail	Kalamazoo County Jail
Kent County Jail	Macomb County Jail
Muskegon County Jail	Oakland County Jail
Ottawa County Jail	Otsego County Jail
Schoolcraft County Jail	St. Clair County Intervention Center
William Dickerson Detention Facility	----------
Facilities in Talks to Implement Jail-Based MAT	
Calhoun County Jail	Chippewa County Jail
Livingston County Jail	Marquette County Jail
Washtenaw County Jail	Wexford County Jail

In partnership with the Wayne State University Center for Behavioral Health and Justice (CBHJ), the Michigan Opioid Partnership (MOP) utilized SOR supplemental funds for an Opioid Treatment Ecosystem Jail Initiative. During this year, MOP and CHBJ were able to provide funding, develop memoranda of understanding, and facilitate the implementation of OUD screening and the provision of MAT in the Jackson County and Muskegon County Jails. The Jackson County Jail enrolled 15 individuals. Muskegon County Jail enrolled 47 individuals, all of whom agreed to post release MAT. Wayne and Washtenaw counties worked throughout the year with CBHJ planning for implementation, but did not begin implementation. Additionally, MOP granted funds to Schoolcraft Memorial Hospital to conduct assessments, provide therapeutic services, conduct appropriate lab testing, and administer Vivitrol injections to inmates at Schoolcraft County Jail. The Nurse Practitioner provided services via Zoom due to COVID-19, and one individual received Vivitrol.

Overall, more than 650 individuals received jail-based MAT programming. Staff provided over 300 doses of medication along with other services such as counseling, referrals to treatment, peer services, and post-release follow-up contact. The table below presents the number of people served by medication type.

Jail-Based MAT Medications	
Medication	**People Served**
Buprenorphine (Suboxone ®)	184
Methadone	95
Naltrexone (Vivitrol ®)	58

COVID-19 had a major impact on jail-based services. In March 2020, an executive order (2020-29) was issued that limited access to correctional facilities and most regions had to temporarily suspend programming. Through the order, county jails were also encouraged to consider early release for certain individuals to try to reduce the

risk of spreading COVID-19. This included, “Anyone with behavioral health problems who can safely be diverted for treatment.” As such, many individuals eligible for jail-based MAT were diverted to other programming.

Opioid Use Disorder (OUD) Treatment Costs

PIHPs provided agencies with SOR funding to cover the costs of OUD treatment services for patients who are uninsured or under-insured. Agencies also used these funds to cover the salary and wages of essential staff who provide treatment services. Covered services include case management, drug testing supplies and lab costs, medication for treatment (buprenorphine, methadone, naltrexone), transportation, or web-based treatment services. In the second year of the SOR grant, seven regions used funds to cover treatment costs for OUD. The table presents the different types and number of services. Overall, the seven regions provided over 2,000 OUD treatment services to more than 1,100 patients.

PIHP Region One also received funding to support the development of an Opioid Treatment Program (OTP) in the Upper Peninsula. Opioid Treatment Programs are licensed to dispense methadone to clients with OUD. There are currently no OTPs in the Upper Peninsula. While progress was delayed by COVID-19, Region 1 partnered with a provider that has secured a building and is working toward implementation of services.

OUD Treatment Services	
Type of Service	**Number of Services Provided**
Case Management	542
Transportation to Treatment	447
Web-Based/Telehealth Treatment	324
Drug Testing Supplies & Lab Costs	311
Buprenorphine (Suboxone ®)	114
Outpatient Treatment	122
Peer Recovery Coaching & Services	93
Outreach Navigator Coaching	41
Opioid Overdose Recovery Program	8
Extension of Treatment Days	3 patients

Telehealth to Support Rural Communities

Rural areas of Michigan have limited access to MAT for OUD. Few physicians in rural areas have the necessary training to prescribe MAT. The physicians who are trained often lack resources and ongoing professional support to successfully deliver telehealth services and MAT.

The Michigan Opioid Collaborative (MOC) of the University of Michigan received funds to address this problem by studying the efficacy of telehealth supports for patients receiving MAT, as well as providers offering MAT. Through MOC, physicians who prescribe MAT can receive a same-day consultation with an addiction psychiatrist or local Behavioral Health Consultant (BHC) on case consultations, clinic practices, or general OUD treatment and MAT information. Additionally, patients experiencing transportation barriers can participate in telehealth-based therapy with their MAT provider to eliminate this barrier to treatment.

In year two of the SOR grant, MOC implemented telecounseling services with 25 patients through 11 providers. Providers first completed an orientation process with MOC to provide eight-week MI-teleCONNECT to their patients. While telecounseling focuses on providing MAT to patients, telementoring supports MAT providers by including University of Michigan Addiction Specialists in patient appointments (alongside their provider) to support the provider in assessment and treatment planning for patients with OUD, via videoconference. MOC established site agreements and completed orientation with two sites for telementoring. These sites each also participated in surveys during the second year of the SOR grant for feedback on program improvement.

MISSION Michigan Reentry Program (MI-REP) Expansion

The Wayne State University CBHJ in partnership with the Michigan Department of Corrections (MDOC) and Regions 3, 6, 7, 8, and 9 implemented the evidence-based, integrated behavioral health intervention Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking (MISSION). Developed by the University of Massachusetts Medical School, MISSION was designed to meet the unique needs of individuals with co-occurring substance use and mental health disorders. Michigan adapted MISSION specifically for individuals released from prison and reentering the community with OUD and mental health disorders. The MI-REP team works with corrections department staff to receive referrals for programming, conduct screenings, and enroll clients meeting eligibility criteria. Once enrolled, staff assign clients 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 have the services needed to support their recovery in the community. Clients receive an initial dose of Vivitrol ® while they are incarcerated. Upon release, they are linked to community MAT providers, as well as to other recovery resources through their CMH or PIHP.

MI-REP utilized funds from the second year of the SOR grant for staffing and client services to continue programming in Kent and Monroe counties. In April of 2020, existing MI-REP services in Macomb, Oakland, and Wayne counties transitioned to SOR funding, although the ability to offer services was limited due to COVID-19 and its impact on access to correctional facilities. The table below presents the number of referrals, screenings, enrollments, and graduates for Kent and Monroe counties. Altogether, Kent and Monroe counties received almost 400 referrals and completed over 125 screenings. MI-REP 2 also enrolled 93 clients and had 14 graduates in the second year of the SOR grant. The MI-REP evaluation team conducted separate evaluation on staff perceptions and client outcomes.

Implementation & Enrollment				
County	**Referrals**	**Screenings**	**Enrollments**	**Graduates**
Kent County	263	101	58	9
Monroe County	118	38	35	5

Direct Provider Support for Medication Assisted Treatment (MAT)

The Michigan Opioid Partnership (MOP) is a unique public-private funding collaborative aimed at decreasing opioid overdoses and deaths in Michigan 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 to implement culture-changing initiatives in emergency departments and expand MAT. Traditionally when an individual presented to the emergency department with symptoms of an overdose, staff stabilize and discharge them. MOP disburses funding to facilities that ensure any individual who presents at their emergency department with symptoms of an opioid overdose receives a warm handoff to an outpatient treatment provider for OUD.

During the second year of the SOR grant, MOP continued programming with the Beaumont Hospital Foundation at Royal Oak Beaumont and with the Munson Medical Center at Traverse City. MOP also began expanding to four additional locations who responded to an RFP: Sparrow Hospital, Spectrum Butterworth Hospital, St. Joseph Mercy Ann Arbor Hospital, and War Memorial Hospital. Four hospitals began seeing patients during the second year of grant, shown in the table below. The Sparrow Clinical Research Institute and War Memorial Hospital did not begin patient induction but developed policies related to initiating MAT in the ED (e.g. screening and chart review protocols), worked to get all ED physicians X-waivered, finalized budgets, established memoranda of understanding with providers, created workplans, and hired staff. Physicians at all of the hospitals were recruited to complete the X-waiver training and increase the ability for hospitals to treat patients with OUD. Over 15 physicians at these hospitals completed the training.

Together all four hospitals inducted over 60 individuals in MAT, provided 44 referrals to outpatient treatment, and provided 38 prescriptions upon discharge. COVID-19 had a significant impact on programming, the ability to access emergency departments, and furloughed staff who were unable to provide services.

Implementation of MAT in Emergency Departments			
Emergency Department	**Inducted in MAT in ED**	**Referrals to Outpatient Treatment**	**Prescriptions Provided on Discharge**
Munson Medical Center	9	8	4
Royal Oak Beaumont	12	10	4
Spectrum Butterworth	28	19	29
St. Joseph Mercy Ann Arbor	20	7	1

Hope Not Handcuffs (HNH) Expansion

Families Against Narcotics (FAN) started the HNH initiative, which brings together law enforcement, volunteers, and community organizations to help people access treatment for SUD. Partnering police departments allow people to voluntarily enter a police department and ask for help without fear of arrest. Once enrolled, clients are assigned a volunteer 'Angel' that conducts an intake to determine the most appropriate treatment. The Angel also guides them through paperwork and provides support until they enter treatment.

Through grant year two, FAN launched two new chapters with the City of Detroit and Shiawassee County. HNH launched six new sites, shown in the table below. There were multiple sites in talks to implement HNH, however COVID-19 stalled the launching of these sites. HNH trained over 300 new Angels, which also includes naloxone training. Over 500 other individuals received naloxone training. Most often these were family members and friends of individuals at risk for overdose, as well as police officers to be better equipped for responding to overdose situations.

New HNH Sites	
County	**Site**
Macomb	41B District Court
Genesee	Burton Police Department
	Metro Policy Authority
	Montrose Police Department
Otsego	Otsego County Sheriff
St. Clair	Yale Police Department

Despite issues related to COVID-19 and access to police departments and courts, HNH utilized their toll free number and online referral process to continue engaging potential participants, as well as their family and friends. Over 4,000 calls were received in the second year of the grant. The table below presents the number of individuals placed in treatment, as well as the number of attempted and successful follow up contacts. HNH placed over 1,100 individuals in treatment and conducted almost 1,000 successful follow-up contacts to continue engaging in treatment.

Participant Engagement			
Location*	**Follow Up Contacts**		**Placed in Treatment**
	Attempted	**Successful**	
Genesee County	103	90	110
Great Lakes Bay Region	131	111	133
Lapeer County	15	15	15
Macomb County	627	574	631
Oakland County	109	92	114
St. Clair County	30	24	30
Wayne County	88	73	90

**The downriver area implements HNH but reporting is inconsistent and as such, not presented.*

Angel Program

The Michigan State Police (MSP) Angel Program aims to connect people to treatment services to combat opioid overdoses and death. The program allows an individual struggling with an OUD to walk into any of MSP's 30 posts during regular business hours and ask for assistance, without fear of being charged for possession of substances or paraphernalia. The Angel Program increased MSP's ability to respond to overdose emergencies and administer life-saving naloxone by distributing 936 naloxone kits to each MSP post statewide. MSP reported 65 overdose reversals in year two.

Opioid Health Homes

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. Potential beneficiaries must have full Medicaid coverage, have an OUD diagnosis, and reside within specific counties in Michigan. 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 OUD; improving care coordination between physical and behavioral health care services; and improving care transitions between primary, specialty, and inpatient settings of care. Michigan's OHH model is comprised of a partnership between a Lead Entity (LE) and Health Home Partners (HHPs) that can best serve the needs of each unique beneficiary.

In the second grant year, Region 1 worked with Great Lakes Recovery, Upper Great Lakes Family Health, and UP Health System Marquette Family Medicine on planning an OHH model. Region 1, executing the role of LE, contracted with Great Lakes Recovery and Upper Great Lakes Family Health as HHPs to implement the OHH model. Region 1 and its HHPs completed a two-day virtual kick-off training with sessions consisting of MAT best practices, interplay between partners, health home care model deliveries, and billing and payment methodology. Additional trainings such as the Waivers Support Application identified and detailed the accountability of each LE and HHP, and the need to register OHH potential beneficiaries into services. Region 1 implemented a regional media campaign designed to target potential OHH beneficiaries with radio advertisements, billboards, and social media.

Regions 4 and 9 utilized SOR supplemental funding to plan OHHs in their regions and media campaigns aimed at increasing awareness of OHH services. Region 4 executed contracts with Summit Pointe and Victory Clinic Services and hired a regional OHH coordinator. Region 9 executed contracts with Gammons Medical, MyCare Health Center, Quality Behavioral Health, and Sacred Heart Rehabilitation Center. Region 9's OHH providers enrolled 58 individuals.

At the end of grant year two, the Medicaid State Plan Amendment was updated to include OHH services in Region 1, 4, and 9, allowing for sustained care coordination beyond the life of the SOR grant. Region 1 was able to identify a list of more than 1,700 potential beneficiaries that will qualify for OHH services.

Recovery Activities

SOR funded recovery activities include:

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

Recovery Housing

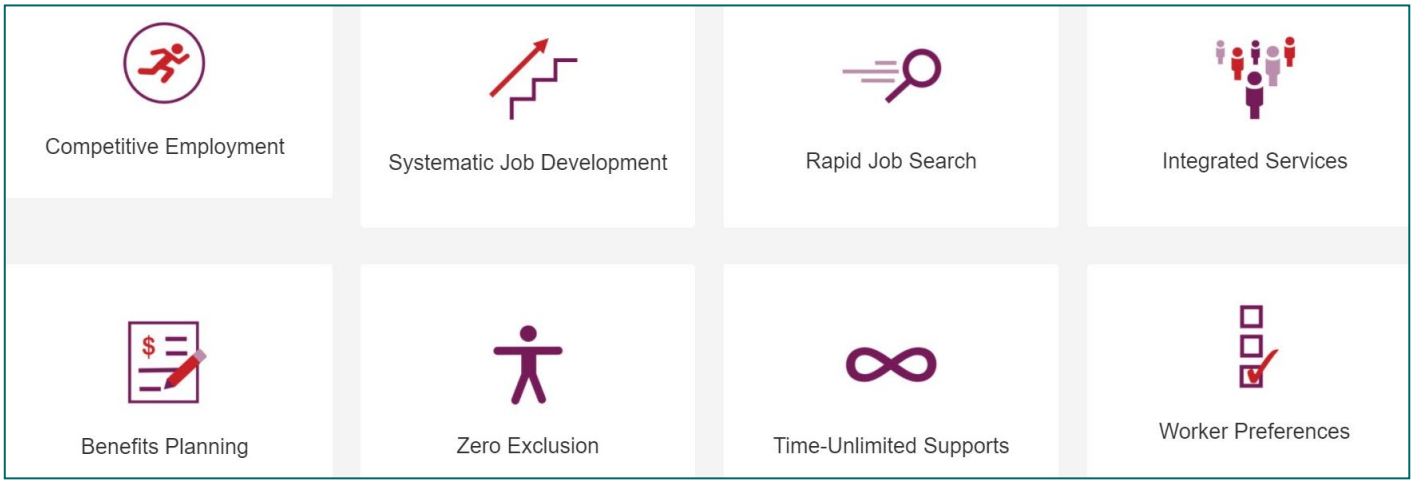
Recovery housing refers to safe and healthy living environments that are free from substances and support individuals as a part of their treatment and recovery plan. This housing consists of a structured environment with case management services, life skills training, consistent peer supports, and connections to other recovery supports like medical consultations and counseling services. This type of housing has proven effective for reducing substance use and promoting long term recovery.

PIHPs distributed SOR grant funds to recovery homes to pay the wages of essential personnel and costs associated with housing residents with OUD. Recovery homes also used funds for necessary home repairs and purchases essential to making the home a livable space, such as beds and mattresses, furnace repairs, hot water heaters, roof repairs, or window installation. Finally, recovery homes utilized SOR funds to obtain 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. MARR certified 162 recovery residences in the second grant year.

In the second year of the SOR grant, nine regions received funding for over 40 different recovery homes with plans for engaging with additional recovery homes. However, COVID-19 delayed certification for many houses, and many had to adapt programming for COVID-19 concerns and were unable to continue engagement for MARR certification. Among the homes supported through SOR funds, over 30 were implementing services and 25 were MARR certified. Agencies utilized funds for MARR certification, housing repairs like roofing and water heating repairs, as well as client stays. Like MARR certification, the number of clients stays were reduced in the second year.

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 the eight domains shown below.



SOR funds in Michigan were used to pilot this program with clients aged 18 and older who had co-occurring mental health disorders and OUD. Four regions of Michigan were identified because of the number of individuals in the identified age range that were entering behavioral health treatment without employment. In the second year of the SOR grant, one region ended programming due to receiving only four referrals and participants. Among the three regions that implemented IPS throughout the second year, over 200 referrals were received, over 100 clients were served, and over 25 clients were placed in jobs.

Opioid Use Disorder (OUD) Recovery Services Costs

PIHPs provided agencies with SOR funding 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 peer recovery coaches (PRC) and peer support specialists (PSS) who provide recovery services. The types of services that were covered included case management, intake assessments, outreach, skill based groups, support groups, and transportation.

In year two of the SOR grant, seven regions utilized funds for OUD recovery service costs. Six regions used funds to cover salary and wages for various positions including community navigators, house managers, PRC, therapists, and program coordinators. Six regions used funds to cover recovery services for over 1,200 clients. Most often these services included transportation support to access services, mental health services (e.g. referrals to treatment, counseling), case management, sober social activities, and recovery meetings, skills training like problem solving and conflict resolution, as well as basic needs such as housing and food.

Peer Recovery Support in Tribal Communities

The Inter-Tribal Council of Michigan (ITC), Anishnaabek Healing Circle utilizes a culturally tailored and evidence-based model of peer recovery support for clients with co-occurring mental health and SUD. This model integrates peer recovery support services with culturally responsive and trauma informed treatment, as well as naloxone distribution.

In the second year of the SOR grant, two tribes, Keweenaw Bay Indian Community and the Lac Vieux Desert Band of Lake Superior Chippewa Indians, worked toward implementation of peer recovery supports. This is in addition to the four tribes already offering these services: Bay Mills Indian Community, Grand Traverse Band of Ottawa and Chippewa Indians, Hannahville Indian Community, and the Pokagon Band of Potawatomi. All tribes provided peer recovery support services for 230 individuals and distributed 268 naloxone kits.

The ITC established contracts with five different tribes to provide telehealth services: Bay Mills Indian Community, Grand Traverse Bay Band of Ottawa/Chippewa Indians, Little River Band of Ottawa/Chippewa Indians, Lac Vieux Desert Band of Lake Superior, and the Pokagon Band of Potawatomi Indians. An additional contract is pending with the Keweenaw Bay Indian Community.

The ITC also used funds to establish Tribal Action Plans. Tribal action plans are strategic plans that outline the goals of a tribe in responding to opioid use and misuse. Historically few tribes have established Tribal Action Plans, however, these plans are important for partnering with federal agencies. The status of Tribal Action Plans are shown below.

Tribal Action Plans	
Community	**Status**
Grand Traverse Band of Ottawa and Chippewa Indians	In process
Hannahville Indian Community	In process
Keweenaw Bay Indian Community	In process
Little River Band of Ottawa Indians	In process
Saginaw Chippewa Indian Tribe	Complete
Sault Ste. Marie Tribe of Chippewa Indians	Complete

Government Performance and Results Act (GPRA)

The Government Performance and Results Modernization Act of 2010 (GPRA) requires all SAMHSA grantees to collect and report performance data. In practice, GPRA refers to the CSAT GPRA Client Outcome Measures for Discretionary Programs instrument. The GPRA is a series of three interviews conducted at program intake, six months following intake, and discharge. Only clients who receive treatment or recovery services funded by the SOR grant are required to complete the GPRA series of surveys. GPRA data is not representative of the population of OUD treatment recipients throughout Michigan. Individuals receiving treatment funded by SAMHSA Substance Abuse Block Grant, Public Act 2, Healthy Michigan Plan, private insurance, or private pay are not required to complete GPRA data collection.

Statewide Summary

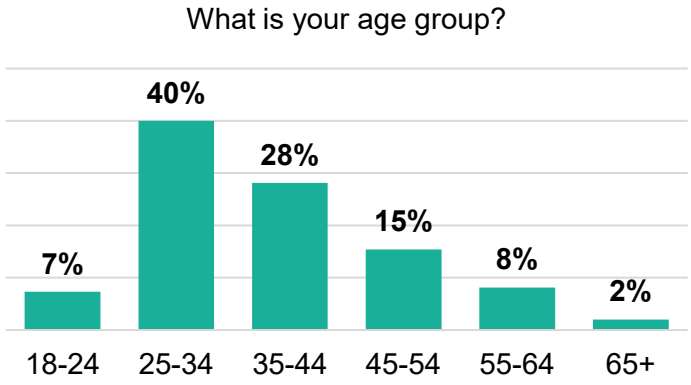
Provider staff at SOR funded agencies completed GPRA intakes for 1,572 individuals in the second grant year. Providers completed 407 discharge GPRAs and 553 six-month follow-up (6MFU) GPRAs. Not all intake GPRA interviews were eligible for a six-month follow-up at the time of this report.

GPRA Submissions by Interview Type		
Intake	**Discharge**	**6-Month Follow-Up**
1,572	407	553

Intake

Demographics

The GPRA collects demographic data on all clients including gender, race and ethnicity, education, and age group. Clients report these data points at every phase of the GPRA interview process. Demographic data indicates that at intake 62% of clients are male, 97% are not Hispanic or Latino, and 76% are white, 11% reported none of the above races, and 8% are black or African American. The most common age range for GPRA clients is between 25 and 34 years old. Additional age breakdown can be seen in the chart above.

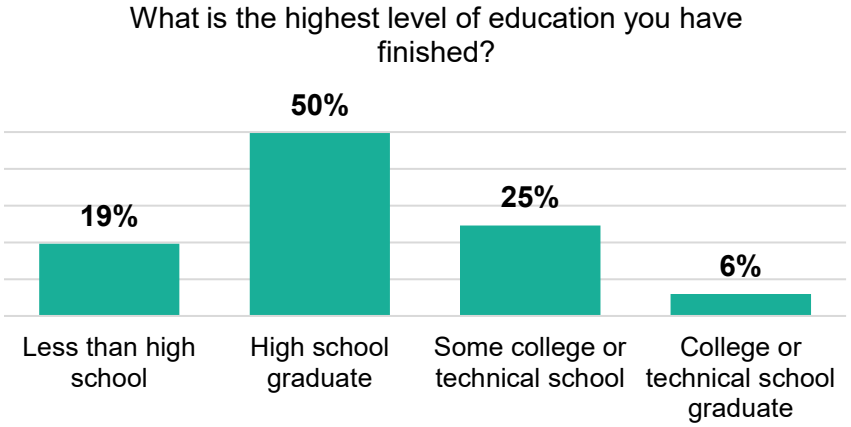


Pregnancy

The GPRA collects data on pregnancy from all clients identifying as female, transgender and/or other. Reported pregnancy rates remain consistent throughout the GPRA interview timeline. At intake, 2% indicated they were currently pregnant.

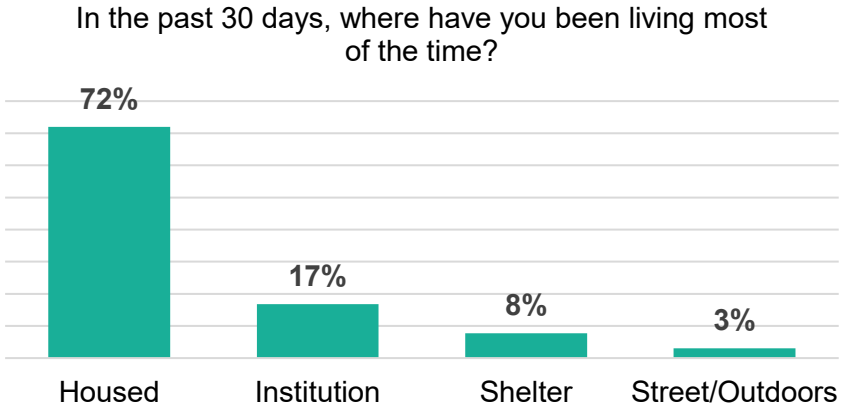
Education

All clients completing the GPRA are asked their highest completed level of education. Almost half (49.7%) have completed high school. Few clients (6%) obtained a bachelor's degree or vocational or technical degree.



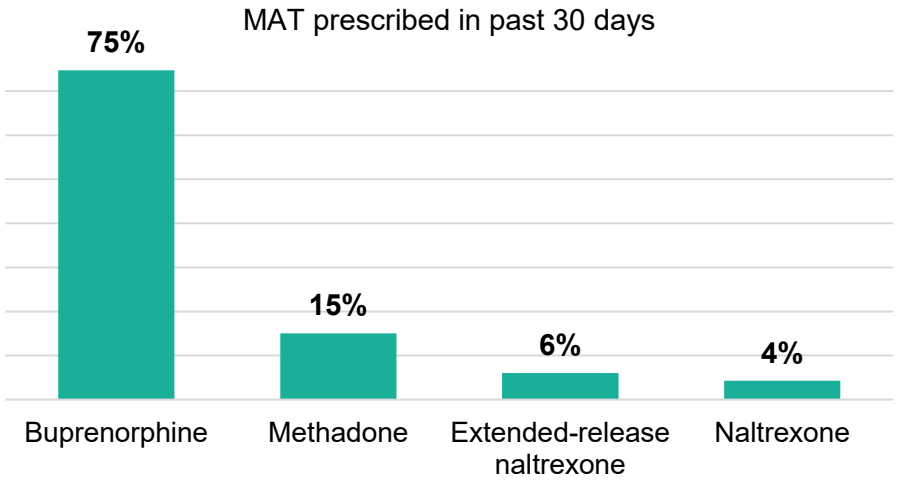
Housing

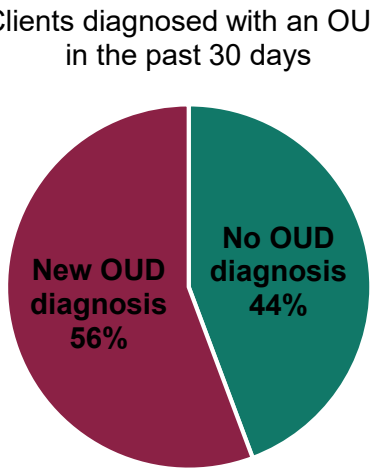
The GPRA collects data on the housing status of clients within the past 30 days of each interview. SAMHSA defines housing status as residing in one location for at least 14 days. At intake, most clients were housed (72%), although 17% were living in an institution, and another 11% were living in a shelter or on the streets.



OUD Diagnosis and MAT

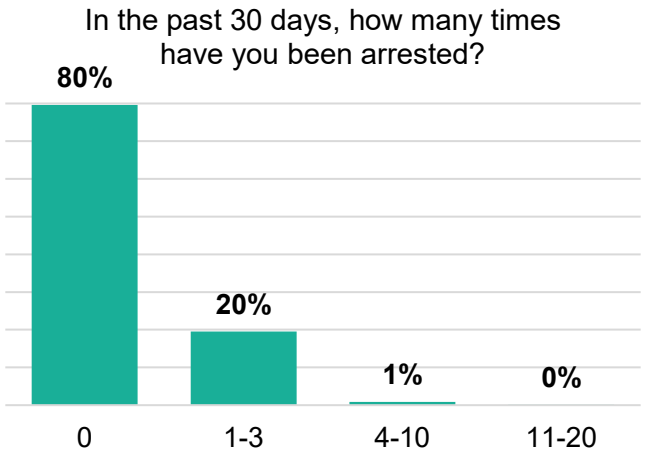
At each GPRA interview, clinicians ask clients whether they have been diagnosed with an OUD in the past 30 days. If a client indicates they have been diagnosed with an OUD, a follow up question asks if the client was prescribed an FDA-approved medication to treat the OUD in the past 30 days. Of those individuals who were prescribed MAT, most were prescribed buprenorphine.

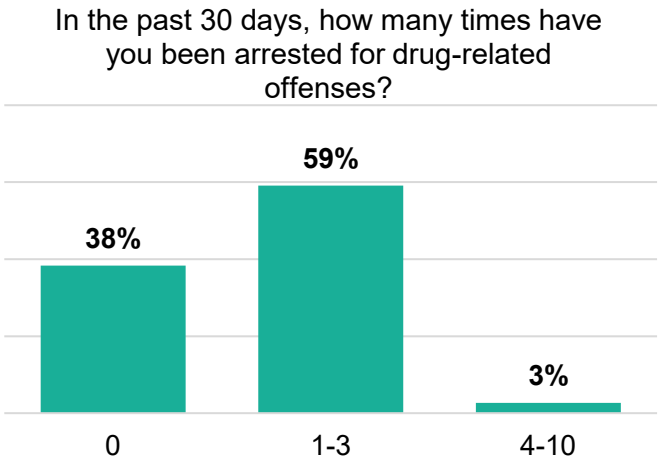




Crime and Criminal Justice

The GPRA collects data on clients' experience with crime and the criminal justice system. At intake, most (80%) clients report no arrests in the past 30 days and 79% report spending zero days in jail or prison in the past 30 days. For the past 30 days, 38% indicated they had no arrests for drug-related offenses, 59% report 1-3 arrests due to drug-related offenses, and 3% percent report 4-10 drug related arrests. Most clients report at intake they are not awaiting charges, trial or sentencing (72%), nor on parole or probation (67%).



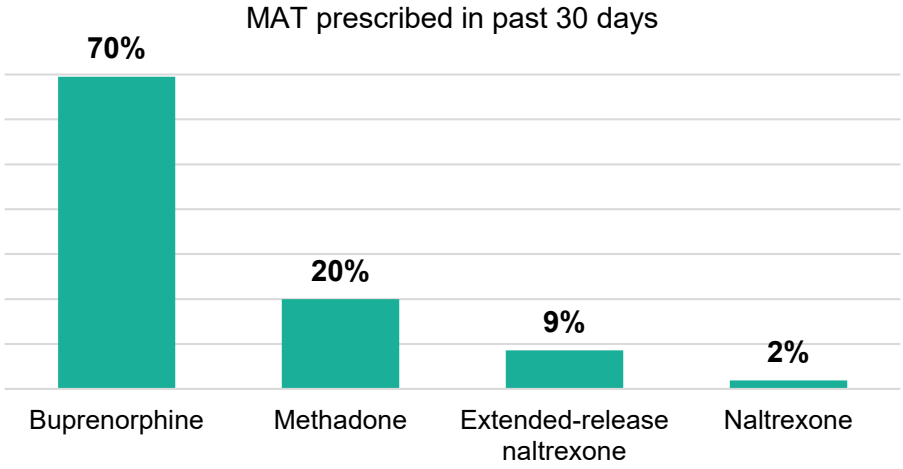


Discharge

GPRA providers conduct the discharge GPRA at the conclusion of providing SOR funded services to the client.

MAT

Fewer clients reported being prescribed MAT within the last 30 days at discharge compared to intake. Among clients who reported being prescribed an FDA-approved medication for OUD within the last 30 days at discharge (n = 105), most were prescribed buprenorphine.



Treatment Services

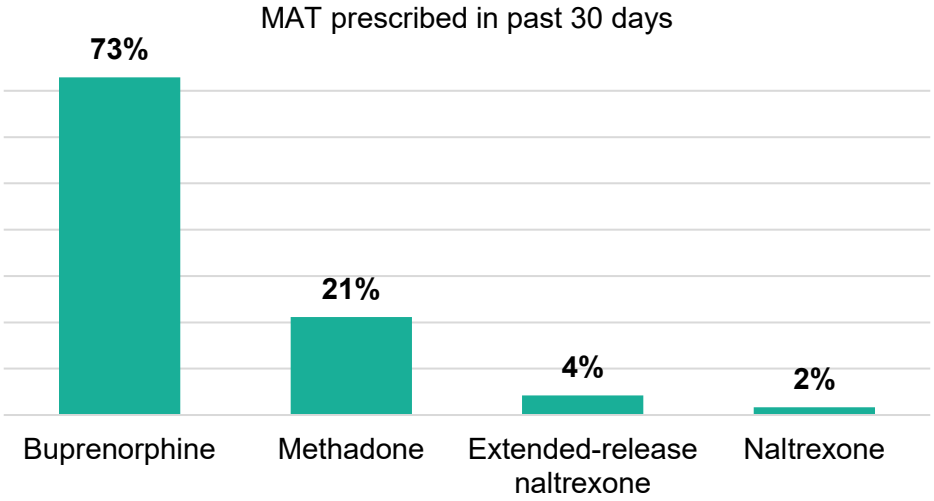
The discharge GPRA asks providers to select any treatment service received by the client during their SOR funded treatment period. Discharge GPRA data indicates that peer coaching or mentoring (80%) and recovery support (78%) are treatment services provided most often by SOR funded agencies. There is variation among the remaining treatment services offered on the discharge GPRA. Recovery coaching was reported on 57% of discharge GPRA. Assessment (31%) and treatment/recovery planning (31%) followed as the most often reported treatment service received.

Six-Month Follow-Up

The 6MFU GPRA is conducted six months after the initial intake interview is conducted. SAMHSA allows for a three month window to complete the 6MFU that opens at five months from the intake interview date and closes at eight months after the intake interview date.

MAT

Among clients who reported being prescribed an FDA-approved medication for OUD at 6MFU (n = 118), most were prescribed buprenorphine.

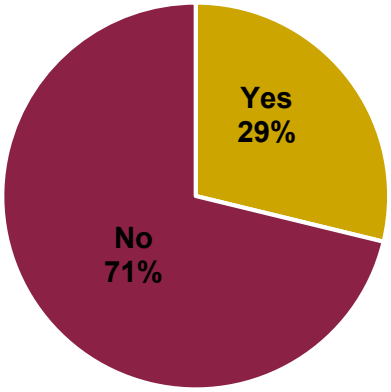


Crime and Criminal Justice

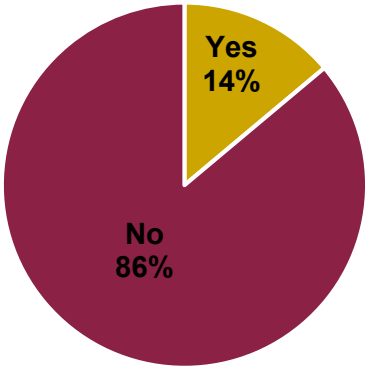
At 6MFU, clients report their experience with crime and the criminal justice system in the past 30 days. Ninety-four percent of clients report at six months that they had no arrests in the past 30 days, 5% report 1-3 arrests in

that time frame and 1% represent 4-10 arrests. If a client indicates any arrests in the past 30 days, they are asked whether any arrests were drug-related offenses. At 6MFU 57% of clients report zero arrests for drug-related offenses, while 38% report that 1-3 arrests were due to drug related offenses and 5% report 4-10 arrests were for drug related offenses. Additionally, 86% of clients report they are not awaiting charges, trial or sentencing and 72% report they are not on probation or parole.

Are you currently on parole or probation?

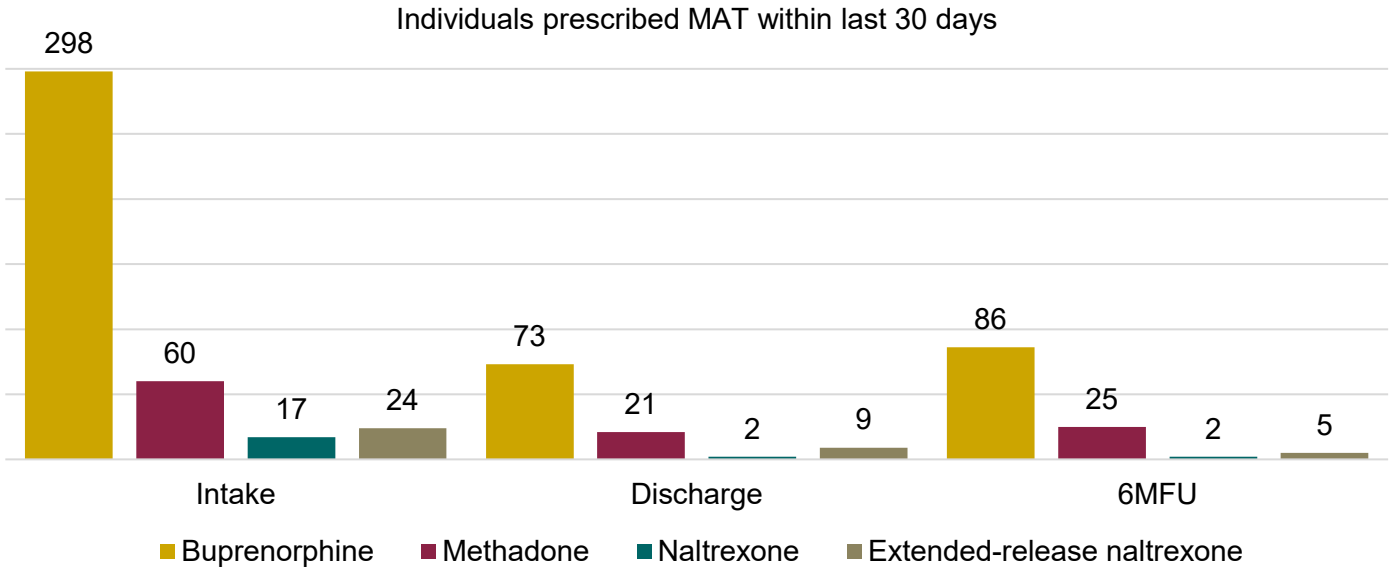


Are you currently awaiting charges, trial or sentencing?

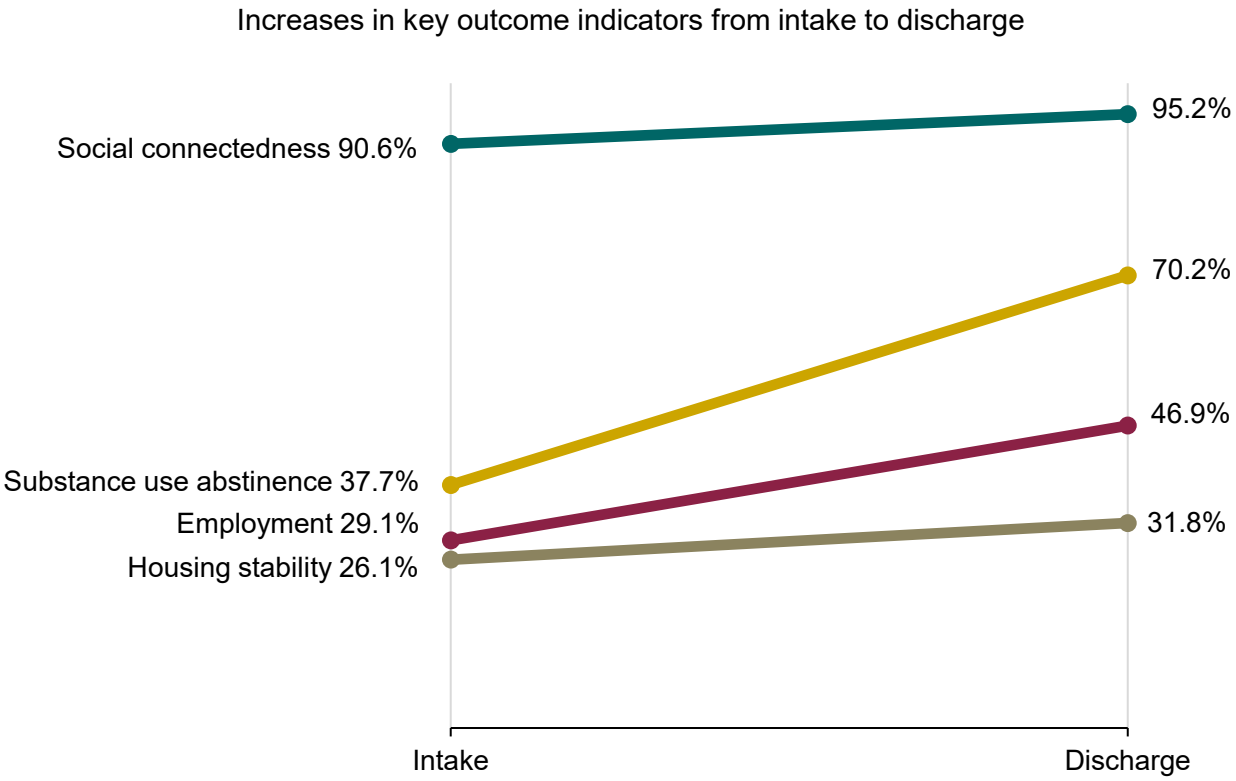


Changes across Time

The number of clients with new MAT prescriptions decreased substantially after intake. Regardless of the time point, buprenorphine remained the most commonly prescribed medication for OUD.



A higher percentage of clients responded positively on key outcome measures from intake to discharge including having a sense of social connectedness, abstaining from substance use, having employment, and having stable housing.


Increases in key outcome indicators from intake to discharge
Social connectedness 90.6%
Substance use abstinence 37.7%
Employment 29.1%
Housing stability 26.1%
95.2%
70.2%
46.9%
31.8%
Intake
Discharge

Evaluation Methods

Program/Activity	Indicators and Data	Source
Youth/Family Oriented Prevention EBP	• # of providers trained • # participants enrolled	PIHPs: monthly
OEND with Harm Reduction	• # of naloxone kits purchased • # of naloxone kits distributed • # of new communities/sites with distribution • # of individuals trained • # of kits used; # of saves (if possible)	PIHPs: monthly
Statewide Trainings for Prevention and Treatment EBPs	• # of providers trained • # of new agencies trained & location • Trainee demographics	Community Mental Health Association of Michigan (CMHAM): as requested/ quarterly
Statewide Media Campaign	• Mode of delivery • Status of campaign creation • # of views/hits	Brogan & Partners: as requested
Michigan CARES	• Track meetings and progress • Curriculum updates • # of participants enrolled • Post participation satisfaction survey	MI CARES: monthly
Older Adult Prevention EBPs	• Type of program • # of programs delivered • # of participants & location	MSUE: monthly
Michigan OPEN	• Materials developed • # of trainings delivered • Track meetings and progress • Hospital partners • # naloxone kits distributed to EDs	Michigan OPEN: monthly
Local Health Department Access to Overdose Data	• Status of local health departments' statement of work • Status of evaluation development in local health departments	MDHHS Public Health: quarterly
Syringe Service Programs	• # of clients seen • # of clients referred to substance use treatment • # of naloxone kits distributed • # of overdoses reversed • # of HIV tests conducted • # of HIV positive tests • # of HCV tests conducted • # of HCV tests positive • # of HAV vaccinations provided • # of HBV vaccinations provided	MDHHS Public Health: monthly
Michigan Automated Prescription System (MAPS)	• # of MAPS integrations • # of MAPS integrations pending • # of MAPS online registered users • # of total MAPS users	LARA: quarterly

Peers in FQHCs, Urgent Care, and other out-patient settings for SBIRT	• # 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	• # of people served • # of services delivered by type • Days/hours of service • Geographic area covered	PIHPs: monthly Michigan Primary Care Association: monthly
OUD Treatment Services	• # of individuals served • Services paid for by type	PIHPs: monthly
Opioid Health Homes	• Status of contracting process with providers • # of clients served	PIHP Regions 1, 4, 9: monthly
Direct Provider Support for MAT	• Track meetings and progress • # patients initiated • # patients referred to outpatient treatment • # patients received prescriptions	MOP: monthly
Jail-Based MAT Expansion	• # of people served • Services provided by type • # of trainings conducted • Client status of post release MOUD services	PIHPs and MOP: monthly
Telehealth to Support Rural Counties	• Status of program implementation • # of individuals served & location • Services provided by type	MOC: monthly
MISSION MI-REP Expansion	• # of individuals served & location • Services provided • Staffing updates	MI-REP: monthly
HNH	• # of intakes conducted • # of referrals • # of individuals engaged in treatment	HNH: monthly
Angel Program	• # of MSP posts • # of naloxone kits distributed • # of overdose referrals	MSP: quarterly
Recovery Housing	• # of individuals served • Type of services received	PIHPs: monthly
IPS	• # of participating sites • # of individuals enrolled • # of individuals who secure employment	PIHPs: monthly
OUD Recovery Services	• # of individuals served • Services paid for by type	PIHPs: monthly
ITC Peer Recovery Support	• # of individuals served • Status of Tribal Action Planning	ITC: quarterly

Financial Overview

The SOR grant awarded Michigan $27,914,639 per year for two years. In June of 2019, Michigan also received a one-time supplemental allocation of $14,571,442. 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 supplemental funds allocated to them. Upon receipt of the funding, sub grantees were required to submit Financial Status Reports on a monthly basis to document their expenditures.

SOR Prime & Supplemental Award Allocations			
Allocation	**SOR Prime**	**SOR Supplemental**	**Total**
Prevention	$8,136,625	$4,243,283	$12,379,908
Treatment	$14,912,831	$8,920,603	$28,833,434
Recovery	$2,959,831	$1,000,000	$3,959,831
Administration, Grant Evaluation, & Data Collection	$1,906,001	$407,556	$2,313,557

In April of 2020, MDHHS received approval to use $17,540,509 in unspent funds from the first year of the SOR and SOR Supplemental grants. Funding was allocated to existing projects according to need. Additionally, the MDHHS Bureau of Epidemiology and Public Health received funding to support harm reduction and overdose prevention efforts at the community level.

SOR FY 2019 Carryover Allocations	
Allocation	**SOR Prime**
Prevention	$6,729,619
Treatment	$9,156,030
Recovery	$1,263,673
Administration, Grant Evaluation, & Data Collection	$391,187

Program Strengths and Challenges

COVID-19 had a significant impact across prevention, treatment, and recovery programming throughout the state. Beginning in March 2020 due to COVID-19, there was a significant increase in the demand for basic needs (e.g. housing and employment), as well as personal protective equipment (PPE) (e.g. masks, gloves, hand sanitizer). As such, treatment activities like mobile care units began providing PPE alongside SUD services. Many other programs also began incorporating PPE distribution into their programming. Activities related to basic needs like individualized placement and support programming faced challenges locating employment opportunities.

Specific programs and populations were impacted more than others by COVID-19. In March 2020, Governor Gretchen Whitmer passed an executive order (2020-29) that limited in-person access to various services and locations. This order also encouraged the diversion of incarcerated individuals away from jail and prison to lessen the likelihood of spreading COVID-19 in carceral facilities. This was particularly impactful for jail-based MAT and the MISSION MI-REP expansions because teams were allowed limited, if any, access to jails and prisons. They also encountered unanticipated discharges from jail and prison that impacted the ability to provide services. Additionally, programs like Hope Not Handcuffs lost access to most police departments, which is the primary source to obtain new clients. Access to medical facilities was also limited, which did not allow implementing peers in FQHCs, urgent cares, and other out-patient settings for SBIRT.

While COVID-19 created numerous challenges for prevention, treatment, and recovery programming, it also created an opportunity to expand programming to communities that may not typically have access. For example, youth and family-oriented prevention EBPs, OEND with harm reduction, and older adult prevention EBP, transitioned online. This provided access to people who may not typically be able to access services for reasons like proximity to services and transportation. This emphasizes the important of offering telehealth services and other virtual programming to reach a greater proportion of people. Many provider agencies once hesitant about integrating technology and telehealth found it necessary to adapt their services. This will have lasting positive impacts to OUD treatment accessibility throughout the state.

Program/Activity	Strengths	Challenges
Youth/Family Oriented Prevention EBP	• Shifting to online implementation is beneficial for reaching clients that previously had limited access due to their proximity to services	• Difficult to measure impact • Fidelity to programs
OEND with Harm Reduction	• Kits are easy to distribute and have a quantifiable impact (number of lives saved) • Naloxone Portal greatly increases the accessibility of naloxone for all organizations	• Difficult to track when a kit is used
MI CARES	• Many physicians from a variety of practices enrolled • One on one assistance provided to physicians applying to sit for exam	• Bottleneck in publishing curricula through MSU's learning management system
Older Adult Prevention EBP	• Shifting to online implementation is been beneficial to reach individuals in rural areas • Single session trainings are a great gateway for persons who are interested in the curricula but may not have the time, ability, or willingness to participate in a multi-session course	• Persons do not always want to commit to a multi-session course

Program/Activity	Strengths	Challenges
MI OPEN	• Creating practical tool for use with preoperative patients	• Tracking uptake of prescribing recommendations is slow and limited to partner networks
Statewide Media Campaign	• Addresses stigma to obtain better outcomes for persons with OUD	• Difficult to measure impact
Local Health Department Access to Overdose Data	• Identifies high risk areas in need of OUD services	• Local health departments had to redirect efforts to addressing COVID-19
Syringe Service Programs	• Reduces harm from substance use • Provides a variety of services	• COVID-19 limited access to the community • Difficult to track when a kit is used
Michigan Automated Prescription System (MAPS)	• Increases the integration of health care providers • Assesses patient risk to prevent drug abuse	• Difficult to enforce laws requiring prescribers to utilize MAPS prior to prescribing controlled substances
Peers in FQHCs, Urgent Care, and other out-patient settings for SBIRT	• Addresses a critical access point for persons needing SUD treatment services	• Peer coaching model relies on independent contractors, which hampers the ability to have a standardized program model
Mobile Care Units	• Removes a barrier to treatment for persons lacking transportation • Provides a variety of services	• Units needed to provide for more urgent client needs (hygiene, masks) due to COVID-19
Jail-Based MAT Expansion	• Provides for continuation of services for persons who are prescribed MAT prior to being incarcerated • Increases linkages with community MAT providers	• New programs take many months to implement; requires support from many parties
OUD Treatment Services	• Fills a gap in treatment for persons who are uninsured or underinsured	• Many eligible clients are already covered by Medicaid and Healthy Michigan funding
Telehealth to Support Rural Communities	• Fills a gap in virtual MAT service provision due to COVID-19	• IRB and legal approval processes delayed implementation
MISSION MI-REP Expansion	• Provides critical case management and care services to a vulnerable population	• Finding clients that met eligibility criteria • Unforeseen client discharges
Direct Provider Support for MAT	• Addresses a critical gap in service delivery for persons with OUD	• Need to enact culture change in the ED setting
HNH Expansion	• Shifting to some online programming reaches audiences who may not be comfortable entering police departments • Establishes new points of entry to OUD treatment	• Establishing chapters and programming across Michigan, particularly west Michigan • Not having enough volunteers to meet the demand for services
Angel Program	• Garners support from law enforcement for OUD programming	• COVID-19 limited access for the community
OHHs	• Sustainable through Medicaid funding	• Limited to specific counties
Recovery Housing	• Addresses housing needs for a vulnerable population including services offered along a continuum of care	• Not enough recovery housing across the state to meet the demand

Program/Activity	Strengths	Challenges
		• Houses are not always in convenient locations for clients • Houses do not always accept persons obtaining MAT
IPS	• Equips persons with essential life and employment skills • Connects persons with OUD to meaningful employment	• Some employers will not hire persons with a history of substance use
OUD Recovery Services	• Provides persons with OUD critical services that will encourage long-term recovery	• Currently not enough recovery services/resources in Michigan to meet needs of population
ITC Peer Recovery Support	• Provides culturally tailored, trauma-informed peer support to a critical population • Shifting to some online programming reaches rural audiences	• Different tribal communities have specific cultural aspects • Stigma may prevent persons from seeking treatment and recovery services for OUD