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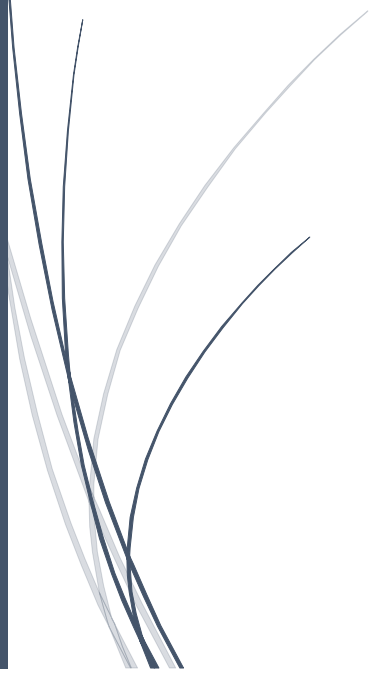
MODA Evaluation Report

Year 1 of the
CDC OD2A Cooperative Agreement



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Executive Summary

Program Description

Michigan went from 455 opioid-related overdose deaths in 1999 to 2,036 in 2018. In 2018 alone, Michigan experienced 21.1 opioid-related overdose deaths per 100,000 persons above the national rate (age-adjusted) (Source: MDHHS). The United States is now in the fourth wave of the epidemic; we are seeing a rise in polysubstance use alongside opioids, causing overdose deaths on a national level as well as within Michigan.

To address this ongoing opioid epidemic, Michigan's Opioids Task Force has developed and is implementing a MDHHS 2020 Opioids Strategy. One aspect of that strategy is the Michigan Overdose Data to Action (MODA) program which is funded by the CDC's Overdose Data to Action (OD2A) cooperative agreement. The OD2A cooperative agreement integrates work funded through three previous CDC funding opportunities: Prescription Drug Overdose Prevention for States (PfS), DDPI, and ESOOS. For the 2019 to 2022 agreement period, Michigan is slated to receive $14,001,666 to fund the MODA Program. The MODA Program consists of ten strategies: three surveillance strategies and seven prevention strategies.

Strategy 1: Collect and disseminate timely emergency department (ED) data on suspected all drug, all opioid, heroin, and stimulant overdoses.
Strategy 2: Collect and disseminate descriptions of drug overdose death circumstances using death certificates and medical examiner/coroner data
Strategy 3: Implement innovative surveillance to support NOFO interventions
Strategy 4: Increase PDMP registration and use
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Strategy 6: Establishing linkages to care
Strategy 7: Providers and health systems support
Strategy 8: Partnerships with public safety and first responders
Strategy 9: Empowering individuals to make safer choices
Strategy 10: Prevention innovation projects

Evaluation Questions

For the surveillance strategies (Strategies 1-3), the following evaluation questions were addressed for each strategy. It is likely that these questions will continue to focus the evaluation of the surveillance strategies throughout the life of the cooperative agreement.

To what extent was the state of Michigan covered?
To what extent has the data quality improved?
To what extent was data used, disseminated, and influential?

For the prevention strategies (Strategies 4-10), the following evaluation questions were addressed for each strategy. These are standard questions taken from the process component of the evaluation profiles of each major activity within the prevention strategies. It is likely that these questions will continue to focus the evaluation of the prevention strategies throughout the life of the cooperative agreement. Beginning in Year 2, evaluation questions taken from the outcomes component of the evaluation profiles will also be used to focus evaluation efforts.

To what extent did contextual factors influence the implementation of MODA initiatives?
To what extent have MODA initiatives been implemented as planned?
To what extent have MODA initiatives reached the intended audience?
How successful was the implementation of the MODA initiatives?

Design Description

The surveillance and prevention evaluation questions were addressed using a mixed-methods approach. The surveillance questions were addressed using archival documents such as past and current surveillance reports and the minutes of meetings with prevention team members and contractors who were consulted about the use and usefulness of provided data. The surveillance questions were also addressed using survey methodology to ascertain the use, dissemination, and influence of the provided data.

The prevention questions were addressed using the same archival documents mentioned above, as well as using key informant interviews with prevention contractors and contract managers. The analysis of these qualitative approaches consisted of discerning how well the prevention activities were implemented and why each activity was so implemented. This analysis process was initiated by the program evaluators and validated by the contract managers. This analysis process will continue through Years 2 & 3 of the cooperative agreement with greater involvement by contractor team members. Also, quantitative methods (surveys, pre- and post-tests, etc.) will be added to the evaluation design once evaluation questions from the outcomes component of the evaluation profiles are included in the evaluation plan.

Strategies	Key Findings	Action Steps
1 - 3	• The team largely met their goals for strategy 1. • Improvements were made to each of the fatal overdose tracking systems, however SUDORS abstraction was lower than desired. • The MiCelerity system was able to detect all drug overdoses better than opioid overdoses, SUD and OUD.	Increase the percent of abstracted death records that makes up the SUDORS system. Outreach to hospitals submitting data to MHA but not MiCelerity should be done to improve data quality.
4	• Provision of MAPS training to providers was curtailed by Covid and a delay in the contractual agreement • Provision of MAPS indicators to MODA stakeholders did not occur	Improve collaboration with LARA to focus training on prescribers having difficulties with using MAPS Ensure regular provision of MAPS indicators to MODA stakeholders and evaluate the benefit of the indicators
5	• A data protocol for OFRs was developed • A MODA stakeholder action plan was not developed • The multisite evaluation of DDPI-funded communities was completed early, and a strategy-wide evaluation was also conducted • Training for FQHC practitioners was curtailed by Covid and a virtual training series was started toward the end of Y1 • A community strategy guide to build resilience to overdose events was completed • An RFP process was successfully used to select 7 community organizations to develop QRTs • 2700 Michigan Model for Health opioid curriculum manuals were distributed to schools in Michigan • A mini-grant process was successfully used to assess 59 community agencies and provide mini-grant funding for 15 of those agencies • An evaluation of SOS data use by a community to address the opioid crisis was successfully conducted	Continue to collaborate with MPHI and MSP to develop OFR teams Continue to work with MODA stakeholders to develop an action plan Use the rubrics developed during the strategy evaluation to evaluate other community agencies Continue to develop online alternatives for training practitioners and evaluating the use of data to address the opioid crisis at the local level

6	• Two phases of a naloxone standing order policy evaluation were completed using online technology • Effort to increase awareness of area service providers and current evidence-based treatment space/capacity were curtailed by Covid • An opioid module for the MDHHS community paramedicine program was developed • A QRT was developed, recruited, and implemented in a local community • The Azara Data Reporting and Visualization System (DRVS) system was implemented in more FQHCs; now 32 of the 45 FQHCs have this system in place	Continue developing policy evaluation tools and data visualizations Continue developing regional workbooks and contact lists to increase awareness of recovery services Consider how best to evaluate the impact of QRTs Consider how best to evaluate the Azara controlled substance management (CSM) modules
7	• A total of five MAT training sessions have been held for a total of 163 attendees in Y1 • Course content and an online engagement process for academic detailing (AD) trainees have been developed and 15 providers have been recruited/trained • An implementation guide that complements a previously developed clinician/administrator-facing dashboard has been developed for prescribers • Protocols and toolkits have been developed for providing post-overdose care in the ED, including distribution of naloxone and initiating MAT	Consider how best to evaluate chronic pain management training and the effectiveness of AD ambassadors Consider how best to evaluate the impact of the implementation guide on individual prescriber behavior Consider how best to evaluate the utility and feasibility of the protocols and toolkits developed for providing post-OD MAT in EDs
8	• Efforts to support connections with drug courts or linkages to care programs in jail and prison settings were curtailed by Covid • Funding was provided to support MAT services in correctional facilities and to support the provision of ODMAP throughout the State, but these activities were not evaluated	Explore ways to support connections in the face of barriers put up by Covid-19 Consider evaluating activities funded by the program even if not managed by the program
9	• Plans for completing an annual report that included the assessment of the use evidence-based practices (EBPs) in syringe services programs (SSPs) was curtailed by Covid • A harm-reduction specific media campaign was delayed by Covid but eventually conducted at the end of Year 1 • A harm-reduction summit was delayed due to Covid but eventually held online	Consider how best to evaluate whether the legacy SSPs are using EBPs, and if not, to ascertain why there is a gap in the quality of care provided by the SSPs. Consider evaluating whether attendees of the summit are using the resources provided during the summit or made network connections as a result of the summit
10	• Due to Covid, no musical performances were given, and no toolkits were provided. • An advisory group of lived experience MODA stakeholders has been assembled and has been undergoing training	Consider evaluating the impact of lived experience stakeholders on the MODA stakeholder workgroups

Purpose and Intended Use

The purpose of the Michigan Overdose Data to Action (MODA) Program is to pursue higher quality, more complete, and timelier data on opioid prescribing, substance use disorder, and overdoses, and to use those data to inform prevention and response. As established in the CDC's OD2A Notice of Funding Opportunity (NOFO), the MODA Program is expected to implement comprehensive and rigorous evaluations of its program activities using timely data from a variety of sources.

The purpose of this evaluation report is to describe the "What," the "How," and the "Why It Matters" questions about the MODA Program.

> The "What" describes the Program and how its purpose and activities are linked with the intended outcomes.
>
> The "How" addresses the process for implementing the Program and provides information about whether it is operating with fidelity to its design. It helps to clarify whether and why changes were made during implementation.
>
> The "Why It Matters" provides the rationale for the Program and its impact on public health. The ability to demonstrate that the Program has made a difference is crucial to program sustainability.

The intended use of this evaluation report is to relay information from the evaluation to program staff, stakeholders, and funders to support program improvement and decision making. This information can be used to facilitate support for continued or enhanced program funding, create awareness of and demonstrate success (or lessons learned from program failures), and promote sustainability.

The intended users of this evaluation report include the sub-recipients being supported by the MODA Program. It is also expected that workgroups formed by the MODA stakeholder group will use the report to inform the implementation of the stakeholder action plan.

During the first year of this cooperative agreement, the MODA Program did not have an evaluation stakeholder workgroup (ESW). This is because much of the first year was needed to establish contractor workplans and budgets, and to lay the groundwork for the activities undertaken by the contractors.

Beginning with the second year of the cooperative agreement, the Program will have an ESW that includes members who have a stake, or vested interest, in the evaluation findings. This ESW will include those who are the intended users of the evaluation results and those who can benefit most directly from the evaluation, as well as others who have a direct or indirect interest in program implementation. The ESW will play a prominent role in the effective dissemination and use of the Y2 evaluation results. This may include participating in interpretation meetings, facilitating dissemination of success stories or interim reports, and participating in the distribution of surveys.

Describe the Program

The purpose of this section is to create a shared understanding of the program, as well as provide the basis for the evaluation questions and how they are prioritized. This program description is represented in the MODA Program logic model found in the appendix.

Background

Michigan went from 455 opioid-related overdose deaths in 1999 to 2,036 in 2018. In 2018 alone, Michigan experienced 21.1 opioid-related overdose deaths per 100,000 persons above the national rate (age-adjusted) (Source: MDHHS). The United States is now in the fourth wave of the epidemic; we are seeing a rise in polysubstance use alongside opioids, causing overdose deaths on a national level as well as within Michigan.

While illicit and prescription opioids appear to be the main contributing factors in the increasing fatal and nonfatal overdose rates in Michigan, it is important to note that toxicology reports suggest increased death rates are often polysubstance. Michigan went from 834 polydrug deaths in 2012 to 1,830 in 2018, an 119% increase in 6 years. Michigan was also one of 23 states to see a statistically significant increase (7%) in drug overdose deaths largely caused by illicit and prescription opioids from 2016 to 2017.

Such a complex and variable crisis requires a calculated, comprehensive approach. The burden of the drug overdose affects all aspects of society and its constructs. These include, but are not limited to, increased opioid-related hospitalizations, cases of neonatal abstinence syndrome, and healthcare/substance abuse treatment costs, as well as higher rates of homelessness and incarceration among Michigan residents—further signifying the need for a comprehensive, interdisciplinary public health approach to prevention and response efforts. The MODA Program is bolstering its surveillance system, making it more accurate and timelier, expanding state and local public health efforts surrounding data and research evidence, and ensuring that programs of care, health systems, insurers, and communities are efficiently linked to surveillance data.

From 2016 to 2019, MDHHS received funding via the CDC Data-Driven Prevention Initiative (DDPI) for $2,850,000 to address the opioid crisis. These funds were used to support the Prescription Drug Overdose (PDO) Prevention Program which had two components. One component consisted of a planning strategy and a data strategy. The other component consisted of a strategy to enhance and maximize PDMPs, a strategy to implement insurer and healthcare interventions at the community or systems level, and a strategy to evaluate laws, policies, or regulations.

MDHHS also received funding from 2017 to 2019 via the CDC Enhanced State Opioid Overdose Surveillance (ESOOS) initiative for $679,959. These funds were used to support the Michigan Opioid-Involved Morbidity and Mortality Surveillance System (MOMMSS).

The Overdose Data to Action (OD2A) cooperative agreement integrates work funded through three previous CDC funding opportunities: Prescription Drug Overdose Prevention for States (PfS), DDPI, and ESOOS. For the 2019 to 2022 agreement period, Michigan is slated to receive $15,580,158 to fund the MODA Program.

The MODA Program has two components: a surveillance component and a prevention component. The surveillance component consists of three strategies. The prevention component consists of seven strategies. Each of the strategies are briefly described below.

Surveillance Component

Enacting a multi-pronged approach, surveillance systems are being created, enhanced, and expanded to meet the data needs of prevention programs. Each of the surveillance strategies are comprised of one or more activities.

Strategy 1: **Collect and disseminate timely emergency department (ED) data on suspected all drug, all opioid, heroin, and stimulant overdoses.** This strategy is comprised of two primary surveillance activities:

Syndromic system enhancement. By onboarding more EDs, improving the data feed quality, and developing an overdose syndrome definition and an overdose cluster alerting mechanism for key staff at the local, regional, and state levels.

Surveillance system validation. Acquire quarterly statewide ED discharge data to support quarterly reporting of ED overdose visits to the CDC, add to MiTracking (a public query portal), and assess the accuracy and completeness of MSSS and potentially other data sources.

Strategy 2: **Collect and disseminate descriptions of drug overdose death circumstances using death certificates and medical examiner/coroner data.** This strategy is comprised of two primary surveillance activities:

Improve ME reporting. Death records are abstracted and entered into the State Unintentional Drug Overdose Reporting System (SUDORS) database. To enhance forensic identification of opioid overdose deaths in the state, the program selected several high burden ME offices to fund contractors working directly with drug poisoning deaths. Further, to establish and evaluate a standardized, fatal overdose case definition that can be sued across medical examiner (ME) offices, a case definition will be agreed upon and validated with a newly created Rapid Overdose Death Detection system (RODD)

Expand STORM testing. Swift Toxicology of Opioid-Related Mortalities (STORM) is a third-party program that performs toxicology tests for 83 different substances, covers 51 counties, and can return results within 72 hours. Funds are being allocated to expand STORM to include more counties and enhance the STORM drug profile and consequent reports to include benzodiazepine and stimulants.

Strategy 3: **Implement innovative surveillance to support NOFO interventions**. This strategy is comprised of one primary surveillance activity:

Assess ADT system. Assess utility of ADT data for potential data linkages, timely alert system, and granular geographic reports. Real-time ADT data, with identifiable information, has the potential to be a rich source of data to both MDHHS and local health departments (LHDs).

Prevention Component

Prevention efforts, made more effective by surveillance data, are working to increase awareness of opioid and all drug overdose and decrease stigma of addiction and seeking help, increase referrals to and engagement in evidence-based treatment, strengthen public safety partnerships, support provider and health systems, and empower individuals to make safer choices. Each of the prevention strategies are comprised of one or more major activities and each major activity is broken down into one or more activities.

Strategy 4: **Increase PDMP registration and use.** This strategy is comprised of one major activity that is broken down into two prevention activities.

Major Activity 4.1: Ensuring that PDMPs are easy to use and access by providers

Provide MAPS training and educational packets to providers throughout Michigan. LARA is providing training related to the Michigan Automated Prescription System (MAPS), including electronic health record (EHR) integration, and PDMP enhancements. Educational packets include UM Injury Prevention Center Toolkit and M-OPEN prescribing recommendations.

Provide quarterly MAPS indicators as an infographic report to MODA stakeholders. LARA is running indicator reports on Michigan patient prescription opioid use and the surveillance team is creating infographic reports for the MODA stakeholders.

Strategy 5: **Integration of state and local prevention and response efforts**. This strategy is comprised of three major activities that are broken down into nine prevention activities.

Major Activity 5.1: Explicit efforts to better integrate state and local prevention efforts

Develop a data protocol for conducting overdose fatality reviews (OFRs). The data protocol is being developed by the Michigan State Police with the support of the MODA prevention team. This data protocol will be used by OFR teams that are developed and implemented during Y2 of the cooperative agreement.

Major Activity 5.2: Capacity building for more effective and sustainable surveillance and prevention efforts

Develop a MODA stakeholder action plan. Several stakeholder meetings are being convened to facilitate the development of an action plan. The action plan will guide the development of stakeholder workgroups.

Conduct a multisite evaluation of the PDO Prevention Program pilot communities. The multisite evaluation was concluded early in Y1. WMU Evaluation Center is now interviewing contractors engaged in Strategy 5 activities and developing rubrics that may be used in subsequent evaluations of prevention activities.

Provide support for practitioners implementing evidence-based interventions in high-burden communities and counties. MPCA is providing regional trainings to substance use providers and care teams on safe prescribing, clinical decision support, harm reduction, co-occurring conditions, provider burnout, and Michigan Automated Prescription System. Also, MPCA is utilizing current peer recovery coaches in Michigan health centers to improve substance use disorder prevention strategies and engagement of care.

Major Activity 5.3: Prevention and response strategies at the state and local level

Develop a strategic guide for community organizing around health and safety. WSU Center for Urban Studies is engaging in planning, preparation, and information-gathering to support the development of the Groundwork strategic guide.

Using the RFP process, implement community-level interventions in high burden/spike areas. An RFP process was used to select and fund local organizations that are intending to address the opioid crisis in their communities in Y2 by developing and implementing quick response teams.

Distribute the Michigan Model for Health opioid curriculum to schools in Michigan. The opioid curriculum was distributed to 2700 schools using MODA funds. An evaluation is being conducted in nine schools located in high risk areas to evaluate the impact of the opioid misuse prevention content of the MMH.

Provide mini grants to communities to build capacity. Using a health equity-based selection process, Prevention Network distributed several mini grants to local organizations. PN also developed a web-app

containing an organizational capacity assessment tool and other capacity-building resources for local organizations addressing the opioid crisis.

Evaluate the utility of SOS data in one county. UM Injury Prevention Center is evaluating how near real-time opioid overdose data (i.e. SOS data) may inform public health and public safety planning and response to opioid overdoses in one county.

Strategy 6: **Establishing linkages to care.** This strategy is comprised of three major activities that are broken down into five prevention activities.

Major Activity 6.1: Enhance programs and policies

Conduct an evaluation of the naloxone standing order policy. CU Center for Social Research is engaging with Kent County stakeholders to identify (a) criteria of success for the Michigan naloxone standing order, (b) barriers to the standing order's full implementation and maximum effectiveness, and (c) other evaluation questions of interest to stakeholders.

Efforts to increase awareness of area service providers and current evidence-based treatment space/capacity. MPCA is building community partnerships between FQHCs and existing substance use disorder treatment services.

Major Activity 6.2: Increase and improve coordination

Support the development of an opioid module for the MDHHS paramedicine program. MDHHS BETP is using a Community Paramedic Coordinator to develop a community paramedic substance use disorder curriculum module and plan activities related to expansion of community paramedicine programs to address the opioid crisis.

Develop and implement a response team model based on the Comeback Quick Response Team model. FAN is recruiting first responders, medical/mental health professionals and those with lived experience for implementation of an Opioid Overdose Response Team. FAN is also developing a protocol that includes identified resources, data tracking and best practices for teams implementing the Opioid Overdose Response Team.

Major Activity 6.3: Integrate technology

Use technology (i.e. Azara Data Reporting and Visualization System or DRVS) to facilitate connections to care. MPCA is using the Azara DRVS system in FQHCs to engage providers and patients to improve substance use disorder treatment connections to care.

Strategy 7: **Providers and health systems support.** This strategy is comprised of two major activities that are broken down into four prevention activities.

Major Activity 7.1: Guideline implementation, clinical education, and training

Provide MAT training. MiCCSI is providing five provider MAT training sessions in multiple regional areas to increase the number of providers available throughout the state to prescribe buprenorphine to patients with substance use disorders. MiCCSI is also providing practitioner MAT start up and patient management toolkits to each participant of one of the MAT training sessions.

Develop and implement an academic detailing program. MCRH is recruiting 15 ambassadors from health systems to be trained by Vlasic & Roth in academic detailing. Along with MHA, MCRH is also implementing QICC tool.

Major Activity 7.2: Insurers and health system support

Support the continued development of a clinician/administrator-facing dashboard. M-OPEN is developing a framework to enhance the ability of Michigan hospitals to address high opioid prescribing within their network and minimize excess pills in communities. M-OPEN is also enhancing the technical assistance provided to MSQC sites and providers on supporting and implementing localized data dashboards, prescribing guidelines, and patient education on safe storage and disposal.

Support the development of an ED post-overdose MAT protocol. UM Injury Prevention Center is convening appropriate stakeholders to understand the current practices for post-overdose care in the Emergency Department. UMIPC is also developing a standardized protocol with the aid of stakeholders for post-overdose care in the ED.

Strategy 8: **Partnerships with public safety and first responders.** This strategy is comprised of one major activity that is broken down into three prevention activities.

Major Activity 8.1: Programmatic partnerships

Support connections with drug courts or linkages to care programs in jail and prison settings. MPCA is building partnerships among health centers, correctional facilities, and drug courts in order to improve education and link patients to substance use disorder services during pre-and post-release transitions.

Support MAT services in correctional facilities. MDHHS OROSC is using MODA funds to support MAT services in select jails/prisons.

Support HIDTA in providing ODMAP throughout the state. HIDTA is using MODA funds to introduce ODMAP in high burden areas of the state.

Strategy 9: **Empowering individuals to make safer choices.** This strategy is comprised of two major activities that are broken down into three prevention activities.

Major Activity 9.1: Partner with syringe service programs to offer comprehensive services

Develop and implement a survey for the four legacy SSPs to assess EBPs. MDHHS Viral Hepatitis Unit is implementing a survey to assess EBPs, including types of referrals, number of naloxone kits distributed, opioid overdose prevention education, and barriers to care.

Major Activity 9.2: Partner with harm reduction organizations to implement strategies

Conduct a harm-reduction specific media campaign. MDHHS Viral Hepatitis Unit is conducting a harm-reduction media campaign in Y1.

Convene a harm-reduction summit. MDHHS Viral Hepatitis Unit is convening a harm-reduction summit in Y1.

Strategy 10: **Prevention innovation projects.** This strategy is comprised of one major activity that is broken down into two prevention activities.

Major Activity 10.1: Projects that allow states to respond to emerging threats and to promote innovative prevention approaches and practices

Support the performance of a musical called Painless: The Opioid Musical. UM School of Music is presenting a musical which tells real stories of people who have experienced or impacted by substance use disorder and

stories of recovery. M-OPEN is developing a toolkit to accompany the musical. This toolkit will be an enhancement to the Michigan Model for Health opioid misuse prevention curriculum.

Form an advisory group of lived-experience stakeholders. This is an innovative approach to increase awareness of the intersectionality of the opioid crisis. This advisory group is meeting monthly to prepare for contribution to the efforts of the MODA stakeholder workgroups in Y2.

Strategy 11: **Peer to peer learning coordinators.** This strategy is comprised of one major activity that is broken down into one prevention activity. This strategy was not evaluated in Y1.

Major Activity 11.1: Create a peer-to-peer learning program to build evaluation capacity for jurisdictions funded by the OD2A grant

Develop and maintain an online community of practice (CoP) for OD2A evaluators. The MODA program has designed and launched the OD2A Eval CoP online platform. This is the hub for all shared CoP materials, including regular blog posts, structured and unstructured webinars, a resource library, and a newsletter that highlights information shared on the website including upcoming events, webinars, blog posts, and resources.

Stage of Program Development

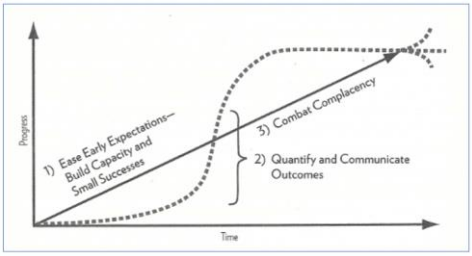
According to the CDC guideline, Developing an Effective Evaluation Report, there are three stages of program development: program planning, program implementation, and program maintenance. If a program has been in effect for less than a year (as is the case with the MODA Program), it is considered to be in the stage of program implementation.

It is important to understand that programs are dynamic and change over time. Progress is affected by many aspects of the political and economic contexts. When it comes to evaluation, the stages of development are not always a once-and-done sequence of events. Therefore, though the MODA Program should move into the stage of program maintenance going into Y2, some of the activities within the Program may operate as though they are still in the stage of program implementation.

The stages of development complement the logic model. This means that posing the most useful and feasible evaluation questions requires attention to the logic model while respecting the developmental stage of the program. The ability to answer key evaluation questions will differ by stage of development; the report audience needs to be aware of what the evaluation can and cannot answer.

According to Systems Thinking for Social Change (Stroh, 2015), there are three systemic phases of program management and evaluation that roughly correspond with the stages of program development: (1) build capacity, (2) measure and communicate outcomes, and (2) combat complacency. (See Figure 1.1)

Figure 1.1



In Y1 of the MODA Program, the emphasis has been on building capacity. This includes:

- Developing common ground (e.g., defining shared aspirations, agreeing on a common understanding of current reality, etc.)
- Developing systemwide relationships (between the Program, stakeholders, and contractors)
- Developing organizational capacities (infrastructure, business skills, etc.)

During the systemic phase of building capacity, it is necessary to focus more on process evaluation than outcome evaluation. During Y2, it will become more important to focus on outcome evaluation while maintaining a continued focus on process evaluation.

MODA Logic Model

Michigan Overdose Data to Action (MODA) Logic Model

	Strategies and Activities	Short-term Outputs/Outcomes	Intermediate Outcomes	Long-term Outcomes
Component 1: Surveillance	**Strategy 1 – Collect and disseminate timely emergency department data on suspected all drug, all opioid, heroin, and stimulant overdoses** **Strategy 2 – Collect and disseminate descriptions of drug overdose death circumstances using death certificates and medical examiner/coroner data** **Strategy 3 – Implement innovative surveillance to support NOFO interventions**	**Strategies 1-3 – Timely and actionable surveillance data disseminated by recipients** > To enhance the implementation of NOFO interventions > To Michigan's stakeholders working to reduce drug overdoses > To CDC to rapidly inform the public and key regional and national stakeholders > Timely and actionable surveillance data is disseminated > Routine linkage of ADT data to Medicaid > Identify opportunities for improvement across overdose morbidity data systems	Strategies 1-3 – NOFO surveillance data contributed to improvements in drug overdose interventions > NOFO surveillance data contributed to improvements in drug overdose data products > Increased capacity to rapidly identify and respond to potential drug overdose clusters/outbreaks > Data gaps identified which contributes to quality improvement work	Decreased rate of opioid misuse and opioid use disorder Increased provision of evidence-based treatment for opioid use disorder Decreased rate of ED visits due to misuse or opioid use disorder Decreased drug overdose death rate, including prescription and illicit opioid overdose death rates
Component 2: Prevention	**Strategy 4 – Prescription Drug Monitoring Program** Ensuring that PDMPs are easy to use and access by providers	**Strategy 4** > Increased measurable collaboration and communication	**Strategy 4** > Increased use of PDMP by providers and pharmacists	
	Strategy 5 – Integration of State and Local Prevention and Response Efforts Explicit efforts to better integrate state and local prevention efforts Capacity building for more effective and sustainable integrated surveillance prevention and response efforts Prevention and response strategies at the state and local level	**Strategy 5** >Increased understanding of context, resources, and needs in city/county/state > Increased understanding of evidence-based, scalable response approaches >Increased local and state capacity for sustainable surveillance and prevention efforts	**Strategy 5** >Greater awareness of drug and opioid overdose epidemic by state health departments, with respect to burden and resources, including at the city/county level > Increased preparedness and response at the local level	
	Strategy 6 – Establishing Linkages to Care Enhance programs and policies Increase and improve coordination Integrate technology	**Strategy 6** > Increased awareness and coordination of linkages to care	**Strategy 6** > Increased referrals to and engagement in evidence-based treatment	
	Strategy 7 – Providers and Health Systems Support Guideline, Implementation, Clinical Education and Training Insurers and health system support	**Strategy 7** > Provider, health system, and payer awareness of and supports for guideline-concordant opioid prescribing, non-opioid medications, and non-pharmacologic treatments	**Strategy 7** > Decrease in high risk opioid prescribing	
	Strategy 8 – Partnership with Public Safety and First Responders Programmatic Partnerships	**Strategy 8** > Increased opportunities/processes to link individuals to care	**Strategy 8** > Improved utilization of evidence-based approaches to prevention, intervention and referral to treatment	
	Strategy 9 – Empowering Individuals to Make Safer Choices Partner with harm reduction organizations to implement strategies Partner with syringe service programs to offer comprehensive services	**Strategy 9** > Awareness of the risks of prescription and illicit opioids	**Strategy 9** > Decreased initiation of opioid use and misuse	
	Strategy 10 – Prevention Innovation Projects Promote innovative opioid-related prevention project in Michigan schools	**Strategy 10** > Promoted the development of novel prevention strategies	**Strategy 10** > Expanded opioid prevention activities	

Focus Evaluation Design

Evaluations are limited by the number of questions that can be asked and answered realistically, the methods that can be employed, the feasibility of data collection, and the resources available. These issues are at the heart of Step 3 in the CDC Framework: Focus the Evaluation Design. The scope and depth of any program evaluation is dependent on program and stakeholder priorities, available resources including financial resources, staff and contractor skills and availability, and amount of time committed to the evaluation.

The following evaluation questions address each of the major activities that comprise the surveillance and prevention strategies. Given that the MODA Program is in the stage of program implementation, and that much of the prevention activities have focused on building capacity, the prevention evaluation questions addressed in Y1 are primarily process evaluation questions. Applying the evaluation profile approach, these questions will primarily address the context, fidelity, reach, and implementation of prevention activities. Conversely, the evaluation of the surveillance activities will primarily address the extent to which the State of Michigan was represented by surveillance data, the extent to which the quality of that data improved, and the extent to which the data was used, disseminated, and influential.

Strategy 1: Morbidity

Michigan Syndromic Surveillance System:

1. To what extent was the state of Michigan covered?
    a. #/% of hospitals submitting enhanced feed messages
    b. Percent of rural hospitals submitting enhanced feed messages
2. To what extent has the data quality improved?
    a. #/% of incidents missing chief complaint
    b. #/% of incidents missing diagnoses
3. To what extent was data used, disseminated, and impactful?
    a. Number of tailored reports
    b. GovDelivery metrics

Michigan Health & Hospital Association Database:

1. To what extent was the state of Michigan covered?
    a. #/% of acute care hospitals that did not report data for current quarter
2. To what extent has the data quality improved?
    a. #/% of records with invalid and/or implausible values for each field
    b. #/% of records with missing data for each field (excluding optional fields)
    c. #/% of records with value of 'unknown' for each field (excluding optional fields)
3. To what extent was data used, disseminated, and impactful?
    a. Number of tailored reports
    b. Number of persons trained to use MHA dataset for substance use disorder related work
    c. Percent of quarters to date with completed Read Me (i.e., metadata) files

Strategy 2: Mortality

Rapid Overdose Death Detection Data:

1. To what extent was data collection system initiated?
    a. Case definition created
    b. All four ME offices selected and onboarded to EGrams
    c. All four ME offices have submitted the requested data to date and by the weekly deadline
    d. % of submissions that used correct format/all data elements that were requested
2. To what extent was toxicology work improved?
    a. Reported improvements as per workplan reports

3. To what extent was data used, disseminated, and impactful?
    a. Was data submitted to CDC on time?
    b. Could RODD data be used to provide timely opioid mortality data to MDHHS upper management?

State Unintentional Drug Overdose Reporting System (SUDORS)

1. To what extent was the state of Michigan covered?
    a. % of population covered
    b. % of counties that had drug overdose deaths that made records available for abstraction
2. To what extent has the data quality improved?
    a. % of records abstracted by the deadline
    b. CDC-hosted annual abstractor trainings completed
    c. Re-abstraction completion and results
3. To what extent was data used, disseminated, and impactful?
    a. Number of tailored reports
    b. Number of statewide reports

Swift Toxicology for Opioid Related Mortalities (STORM)

1. To what extent was the state of Michigan covered?
    a. #/% of counties participating in STORM
2. To what extent has the data quality improved?
    a. Number of drugs added to STORM's testing profile
    b. Equipment validation completed
3. To what extent was data used, disseminated, and impactful?
    a. Number of tailored reports
    b. GovDelivery metrics
    c. Described utility in outbreak detection (value of information provided, speed of report time, ease of system use)
    d. Number of times identified drug that resulted in outbreak response

Strategy 3: Innovative Surveillance System

MiCelerity:

1. To what extent was the state of Michigan covered?
    a. % of hospitals submitting to MHA
    b. Discrepancies in the number of events between MiCelerity and MHA ED data
        i. Total SUD, total OUD, total overdoses, total opioid overdoses
2. To what extent has the data quality improved?
    a. % of blank, invalid, or missing data
3. To what extent was data used, disseminated, and impactful?
    a. #/% of LHDs onboarded
    b. Description of usability from LHDs
    c. # of linkages to other data sources

All strategies:

1. To what extent was data used, disseminated, and impactful?
    a. Feedback from prevention team on usability
    b. Description of impact by prevention team

Strategy 4: **Increase PDMP registration and use**

Major Activity 4.1: Ensuring that PDMPs are easy to use and access by providers

To what extent did contextual factors influence the implementation of MODA initiatives to ensure that MAPS is easy to use and access by providers?

To what extent have MODA initiatives to ensure that MAPS is easy to use and access by providers been implemented as planned?

To what extent have MODA initiatives to ensure that MAPS is easy to use and access by providers reached the intended audience?

How successful was the implementation of the MODA initiatives to ensure that MAPS is easy to use and access by providers?

Strategy 5: Integration of State and Local Prevention and Response Efforts

Major Activity 5.1: Explicit efforts to better integrate state and local prevention efforts

To what extent did contextual factors influence MODA initiatives to better integrate state and local prevention efforts?

To what extent have MODA initiatives to better integrate state and local prevention efforts been implemented as planned?

How successful was the implementation of the MODA initiatives to better integrate state and local prevention efforts?

Major Activity 5.2: Capacity building for more effective and sustainable integrated surveillance prevention and response efforts

To what extent did contextual factors MODA influence initiatives to build capacity for more effective and sustainable surveillance and prevention efforts?

To what extent have MODA initiatives to build capacity for more effective and sustainable surveillance and prevention efforts been implemented as planned?

To what extent have MODA initiatives to build capacity for more effective and sustainable surveillance and prevention efforts reached the intended audience?

How successful was the implementation of the MODA initiatives to build capacity for more effective and sustainable surveillance and prevention efforts?

Major Activity 5.3: Prevention and response strategies at the state and local level

To what extent did contextual factors influence MODA initiatives to implement prevention and response strategies at the state and local level?

To what extent have MODA initiatives to implement prevention and response strategies at the state and local level been implemented as planned?

To what extent have MODA initiatives to implement prevention and response strategies at the state and local level reached the intended audience?

How successful were the MODA initiatives to implement prevention and response strategies at the state and local level?

Strategy 6: Establishing Linkages to Care

Major Activity 6.1: Enhance programs and policies

To what extent did contextual factors influence MODA initiatives to enhance programs and policies?

To what extent have MODA initiatives to enhance programs and policies been implemented as planned?

To what extent have MODA initiatives to enhance programs and policies reached the intended audience?

How successful was the implementation of the MODA initiatives to enhance programs and policies?

Major Activity 6.2: Increase and improve coordination

To what extent did contextual factors influence MODA initiatives to increase and improve coordination?

To what extent have MODA initiatives to increase and improve coordination been implemented as planned?

To what extent have MODA initiatives to increase and improve coordination reached the intended audience?

How successful was the implementation of the MODA initiatives to increase and improve coordination?

Major Activity 6.3: Integrate technology

To what extent did contextual factors influence MODA initiatives to integrate technology?

To what extent have MODA initiatives to integrate technology been implemented as planned?

To what extent have MODA initiatives to integrate technology reached the intended audience?

How successful was the implementation of the MODA initiatives to integrate technology?

Strategy 7: Providers and Health Systems Support

Major Activity 7.1: Guideline, Implementation, Clinical Education and Training

To what extent did contextual factors influence MODA initiatives to provide guideline implementation, clinical education, and training?

To what extent have MODA initiatives to provide guideline implementation, clinical education, and training been implemented as planned?

To what extent have MODA initiatives to provide guideline implementation, clinical education, and training reached the intended audience?

How successful was the implementation of the MODA initiatives to provide guideline implementation, clinical education, and training?

Major Activity 7.2: Insurers and health system support

To what extent did contextual factors influence MODA initiatives to provide insurers and health system support?

To what extent have MODA initiatives to provide insurers and health system support been implemented as planned?

To what extent have MODA initiatives to provide insurers and health system support reached the intended audience?

How successful was the implementation of the MODA initiatives to provide insurers and health system support?

Strategy 8: Partnerships with Public Safety and First Responders

Major Activity 8.1: Programmatic Partnerships

To what extent did contextual factors influence MODA initiatives to establish programmatic partnerships?

To what extent have MODA initiatives to establish programmatic partnerships been implemented as planned?

To what extent have MODA initiatives to establish programmatic partnerships reached the intended audience?

ow successful was the implementation of the MODA initiatives to establish programmatic partnerships?

Strategy 9: Empowering Individuals to Make Safer Choices

Major Activity 9.1: Partner with harm reduction organizations to implement strategies

To what extent did contextual factors influence MODA initiatives to partner with syringe service programs to offer comprehensive services?

To what extent have MODA initiatives to partner with syringe service programs to offer comprehensive services been implemented as planned?

How successful was the implementation of the MODA initiatives to partner with syringe service programs to offer comprehensive services?

Major Activity 9.2: Partner with syringe service programs to offer comprehensive services

To what extent have MODA initiatives to partner with harm reduction organizations to implement strategies been implemented as planned?

Strategy 10: Prevention Innovation Projects

Major Activity 10.1: Projects that allow states to respond to emerging threats and to promote innovative prevention approaches and practices

To what extent did contextual factors influence MODA initiatives to promote innovative prevention approaches and practices?

To what extent have the MODA initiatives to promote innovative prevention approaches and practices been implemented as planned?

How successful was the implementation of the MODA initiatives to promote innovative prevention approaches and practices?

Gather Credible Evidence

This section addresses the indicators linked to the evaluation questions, data collection methodology, and data sources. For each major activity in the prevention strategies, an evaluation methods table has been created and can be found in Appendix I. Each table includes the indicators, data collection methodology, and data sources.

Indicators

For each evaluation question in an evaluation results table, one or more indicators are listed. Indicators are operationalized inputs, activities, outputs, and outcomes that can be used for both monitoring and evaluation purposes. A good way to use indicators is by building an evaluation profile. An evaluation profile is complete set of indicators for a particular strategy or major activity.

For the surveillance strategies, indicators were selected based on expectations for data quality, use & utility, and dissemination and impact. Outcome and process evaluation are both done at the system-level. For the prevention strategies, process evaluation includes context indicators, fidelity indicators, reach indicators, and implementation indicators. Outcome evaluation includes individual-level outcome indicators, system-level outcome indicators, and unintended outcome indicators.

Each of the tables in Appendix I represents an evaluation profile for a particular major activity from a prevention strategy. Since only process evaluation questions are being considered for Y1 of the cooperative agreement, only process evaluation indicators are included in the evaluation methods table.

Data Collection Methodology

The two general types of data collection methodology are qualitative methodology and quantitative methodology. Qualitative methodology makes use of key informant interviews, focus groups, archival documentation, and observation to gather data. Quantitative methodology makes use of surveys and tests to gather data. Quantitative methodology also makes use of secondary data sources like surveillance data. Generally speaking, qualitative methodology is useful for answering how and why questions, while quantitative methodology is useful for answering what, when, where, and who questions.

For the prevention strategies (4 through 10) we are considering only process evaluation questions in the Y1 evaluation plan, therefore qualitative methodology is sufficient for answering those questions. Surveillance strategies, 1 through 3, are evaluated via a mix of process and outcomes evaluation questions. Data sources for prevention process evaluation are limited to contractor and MODA staff, key informant interviews will be used to answer all of the process evaluation questions.

Data Sources

As mentioned above, for the purpose of answering process evaluation questions, we focused on key informants to gather data for the context, fidelity, reach, and implementation indicators assigned to the process evaluation questions. Going into Y2 of the evaluation plan, more data sources will be considered to gather data for the process questions in addition to addressing outcome questions.

Outcome evaluation questions, which for year 1 are all asked under strategies 1 through 3, leverage the entire range of data sources utilized by the MODA Surveillance team. Evaluation questions and their status are displayed together in the Justify Conclusions section.

Justify Conclusions

In this section, the results gathered by collecting data from select data sources are presented. The results from the evaluation of the Surveillance strategies are presented first, followed by the results from the evaluation of the Prevention strategies.

Status Key:

Over 90% completed or completed better than planned: 🟢

70-90% completed as planned: 🟡

40-69% completed as planned: 🟠

<40% completed as planned: 🔴

Strategy 1 **Collect and disseminate timely emergency department (ED) data on suspected all drug, all opioid, heroin, and all stimulant overdoses**			
Michigan Syndromic Surveillance System			
Indicator	**Status/Change from November 2019 to June 2020**		**Goal**
#/% of hospitals submitting enhanced feed messages	🟢	Increased from 117 to 119	134
#/% of rural hospitals submitting enhanced feed messages	🟢	Increased from 72% to 74%	100%
#/% of incidents missing chief complaint	🟢	Decreased from 2% to 1.5%	0%
#/% of incidents missing diagnoses	🟢	Decreased from 19% to 16%	0%
Number of tailored reports	🟢	Nonfatal report sent via GovDelivery Data used in press release and sent to Viral Hepatitis	2+
GovDelivery metrics	🟢	Increase from 451 to 1,826 recipients	Increase
	🟠	Decrease from 32% to 14% unique opens	Increase
Michigan Health & Hospital Association Data			
Indicator	**Change from 2019 Q1 to Q4**		**Goal**
#/% of acute care hospitals that did not report data for current quarter	🟢	Decrease from 7.3% to 4.2%	0%
#/% of records with invalid and/or implausible values for age, gender, and suspected drug, opioid heroin and stimulant overdose fields~~each field~~	🟢	Stayed under 0.01%	0%
#/% of records with missing data for the age, gender, and suspected drug, opioid heroin and stimulant overdose fields	🟢	Stayed under 1% for all drug, opioid, heroin, and stimulant visits	0%

(excluding optional fields)			
#/% of records with value of 'unknown' for the age, gender, and suspected drug, opioid heroin and stimulant overdose fields ~~each field~~ (excluding optional fields)	🟢	Stayed under 3% for all drug, opioid, and heroin Stayed under 5% for stimulant	0%
Number of tailored reports	🟢	School-aged youth data for Strategy 10 Jail/Prison data for Strategy 8 in planning Priority counties identified for RFP (Strategy 5)	2+
Percent of quarters to date with completed read me files	🟢	100%	100%
Strategy 2 **Collect and disseminate descriptions of drug overdose death circumstances using death certificates and medical examiner / coroner data**			
Rapid Overdose Death Detection Data:			
Indicator	**Status**		**Goal**
Case definition created	🟢	Yes	Done
All four ME offices selected and onboarded to EGrams	🟢	Yes	Done
All four ME offices have submitted the requested data to date and by the weekly deadline	🟡	One office submitted data inconsistently but did not interfere with the CDC deadline; 3 of 4 were consistent.	Consistent submissio n by all 4
Improvements in toxicology work	🟢	Included additional training for medical examiner investigators, the purchase of toxicology equipment, and toxicology work cost reduction.	-
Was data submitted to CDC on time?	🟢	~~Due October 30; ready for submission~~Submitted on time	Ready or done
State Unintentional Drug Overdose Reporting System (SUDORS)			
Indicator	**Status/Change from**		**Goal**
% of population covered	🟢 🟡	Jan-June 2019: 90.8% July-Dec 2019: 82.0%	100%
% of counties	🟡 🟡	Jan-June 2019: 86.7% July-Dec 2019: 85.5%	100%
% of records abstracted by the deadline	🟢 🟡	Jan-June 2019: 92.3% July-Dec 2019: 74.1%	100%
Annual trainings completed	🟢	All trainings completed.	Done.
Re-abstraction completion and results	🟠	In progress.	Done.
Number of tailored reports	🟡	*Comprehensive report in review* Used in support of the OFR creation	2+

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Swift Toxicology for Opioid Related Mortalities (STORM)			
Indicator	**Change from August 2019 to August 2020**		**Goal**
#/% of counties participating in STORM		Increase from 41 to 51	83
Number of drugs added to STORM's testing profile		12 (Mitragynine, Xylazine Amphetamine, Methamphetamine Benzoylecgonine (Cocaine Metabolite), Phencyclidine, Barbiturates Benzodiazepines, Cannabinoids (Marijuana Metabolite), Dextromethorphan, Meprobamate, Zolpidem)	NA
Validation work complete		Yes	Done
Number of tailored reports		Reports distributed via GovDelivery, none tailored for Prevention	2+
GovDelivery metrics		Between February and September 2020: 7 recipients were added 7% decrease in unique opens.	-
Described utility in outbreak detection		Basic demographic information included with each case on a weekly basis. The system is easy to use but does not include all the necessary drugs nor does it cover the entire state.	-
Strategy 3 **Implement innovative surveillance to support NOFO interventions**			
MiCelerity			
Indicator	**Status**		**Goal**
Correlation with MHA data (Visits by day) Total overdose Total opioid overdose Total SUD Total OUD		 0.80 0.73 0.74 0.66	1
Number of facilities submitting		129/183 (70.5%) MHA facilities	100%
% of records received within 5 days of admission date (for manual event entry)		NA	-
#/% of LHDs onboarded		15 (33%)	45 (100%)
Description of usability from LHDs		All very positive, this system fills a data gap for many local health departments.	NA
Strategies 1-3 Overall:			
Indicator	**Results**		
Feedback from prevention team on usability	See responses below.		

Description of impact by prevention team (Responses were allowed to be anonymous)	Impact was mixed. Some contractors incorporated data into their programs, some did not. There was not a marked difference in success observed between the two groups in year 1. The groups who did incorporate data into their work were happy with the collaboration and felt the partnership supported their work. The partnership with Surveillance was perceived as fruitful and valuable, however the ability to share raw data was identified as a barrier.

For each major activity in the prevention strategies, analyses and conclusions in this section are based on the evaluation results tables in Appendix I. The tables have been bookmarked so that they can be accessed using the links in this section. *Use the control key and click on the Major Activity link in the tables below to see the evaluation results for that major activity*.

Also included in this section are reports of how surveillance support has informed the major activities of the prevention strategies. For reference, the short-term outcomes from the program logic model are provided for each major activity in the prevention strategies.

Strategy 4 **Increase PDMP registration and use**		
Major Activity 4.1 **Ensuring that PDMPs are easy to use and access by providers**		
Desired Short-term Outcome	Increased measurable collaboration and communication between state agencies to ensure that MAPS is easy to use and access by providers	
Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 4.1 in Appendix I	
Surveillance Support	Staff support – Created a MAPS one-pager infographic for Prevention stakeholders.	
Analysis	How	**Activity 4.1.1**: **Provide MAPS training and educational packets to providers throughout Michigan.** • Only two MAPS trainings were provided to providers in Y1, and both training sessions involved just a few providers (15 and 6 respectively). Neither training session was implemented based on data-driven decision-making. **Activity 4.1.2: Provide quarterly MAPS indicators as an infographic report to MODA stakeholders** • No MAPS indicators were provided to MODA stakeholders in Y1.
	Why	There were two primary reasons why these activities were not sufficiently implemented. • There was a significant delay in signing the IA agreement. This delay occurred for a variety of reasons, including communication issues, team turnover at MDHHS, and an ongoing discussion about recruiting and coordinating responsibilities. • The ongoing pandemic caused LARA to curtail much of its outreach activities due to Michigan Stay-at-Home orders.
Conclusions/ Recommendations	Neither of the two activities associated with this major activity was sufficiently implemented. • **For Activity 4.1.1**, it is recommended that the MODA Program improve collaboration with LARA to focus training on prescribers that are actually having difficulties with using MAPS and/or accessing MAPS. • **For Activity 4.1.2**, it is also recommended that the MODA Program ensure regular provision of MAPS indicators to MODA stakeholders and to evaluate whether those stakeholders are actually benefitting from the provision of MAPS indicators.	
Strategy 5 **Integration of State and Local Prevention and Response Efforts**		
Major Activity 5.1 **Explicit efforts to better integrate state and local prevention efforts**		
Desired Short-term Outcome	Increased understanding of context, resources, and needs in city/county/state to better integrate state and local prevention efforts	

Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 5.1 in Appendix I	
Surveillance Support	Staff support – in collaboration with MSP regarding the development of an Overdose Fatality Review (OFR). This includes the sharing of SUDORS data.	
Analysis	How	**Activity 5.1.1**: **Develop a data protocol for conducting overdose fatality reviews (OFRs)** • A REDCap database was developed by the Michigan State Police (MSP) and evaluated by the University of Michigan School of Nursing. CANVAS is a support site that is currently being used for technical support for the REDCap database. This database and support site comprises the data protocol that will be used for conducting OFRs in Michigan.
	Why	**Activity 5.1.1**: **Develop a data protocol for conducting overdose fatality reviews (OFRs)** • This activity was sufficiently implemented because the MSP took the lead in the implementation process. The MODA Program did not dedicate any funding towards this activity except to support one of its contract managers (Amy Moore) to provide TA to the MSP.
Conclusions/ Recommendations	The success of its implementation was primarily due to MSP's efforts and secondarily due to TA provided by the MODA Program. • For **Activity 5.1.1**, it is recommended that the MODA Program continue to provide TA to the Michigan Public Health Institute (MPHI) to actually develop OFR teams in selected sites in Michigan. It is also recommended that the MODA Program continue to collaborate with the MSP, which will also be developing OFR teams in selected sites in Michigan. Finally, it is recommended that the MODA Program work with other MDHHS divisions to create a centralized medical examiner system that would standardize mortality data to enhance the OFR data protocol	
Major Activity 5.2 **Capacity building for more effective and sustainable integrated surveillance prevention and response efforts**		
Desired Short-term Outcome	Increased understanding of evidence-based, scalable response approaches for more effective and sustainable integrated surveillance prevention and response efforts	
Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 5.2 in Appendix I	
Surveillance Support	Staff support – participated in the stakeholder meetings.	
Analysis	How	**Activity 5.2.1**: **Develop a MODA stakeholder action plan** • An action plan was not developed by the MODA stakeholder group in Y1. • A December meeting was convened to ascertain how community groups might assess Strategy 5 and how health systems workgroups might address Strategy 7. • A July meeting was convened to ascertain how stakeholder workgroups could address issues associated with health equity. **Activity 5.2.2: Conduct a multisite evaluation of the PDO Prevention Program pilot communities** • The multisite evaluation was completed early in Y1 by conducting key informant interviews in each of the three pilot communities funded by the DDPI cooperative agreement. • This activity was expanded to evaluate three activities that represent each of the three major activities in Strategy 5. The external evaluator

		(WMU EC) developed rubrics from this expanded evaluation that can be used to evaluate other prevention activities funded by OD2A. **Activity 5.2.3**: **Provide support for practitioners implementing evidence-based interventions in high-burden communities and counties** • MPCA convened one community transitions workshop in February and provided two virtual training sessions toward the end of Y1 via MiCCSI. No other regional trainings were provided to substance use providers and care teams. It is unclear the extent to which OD2A funds were used to support peer recovery coaches in FQHCs to improve substance use disorder prevention strategies and engagement of care.
	Why	**Activity 5.2.1**: **Develop a MODA stakeholder action plan** • The MODA stakeholder action plan was not developed because there was a delay in the hiring of the program coordinator and because the Michigan Stay-at-Home orders disrupted the normal scheduling of stakeholder meetings. **Activity 5.2.3**: **Provide support for practitioners implementing evidence-based interventions in high-burden communities and counties** • The pandemic also necessitated a change in the mode of support for practitioners in FQHCs. By the time new arrangement were made with MiCCSI to provide virtual training, it was near the end of Y1.
Conclusions/ Recommendations	Only **Activity 5.2.2** was fully implemented in Y1. • For **Activity 5.2.1**, it is recommended that the health systems and community workgroups convene regularly to develop the stakeholder action plan. The deliverables in the action plan should complement the activities established in the MODA Program. • For **Activity 5.2.2**, it is recommended that the rubrics developed in Y1 be included in the evaluation of the FAN QRT and the WSU CUS strategy guide. It is further recommended that the QRT evaluation results be considered in the evaluation of the other QRTs in the MODA Program. • For **Activity 5.2.3**, it is recommended that the impact of the MiCCSI training on the FQHC providers be evaluated as well as the implementation of the training.	
Major Activity 5.3 **Prevention and response strategies at the state and local level**		
Desired Short-term Outcome	Increased local and state capacity for sustainable surveillance and prevention efforts to improve prevention and response strategies	
Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 5.3 in Appendix I	
Surveillance Support	Provided data to be used during the RFP process, both to potential grantees as well as the Prevention team regarding high-burden areas. Provided substance use characteristics for urban vs rural areas to WSU Center for Urban Studies to be used in their strategic guide. Staff support – created a data-driven decision-making course (Prevention Network Dashboard) for grantees. Staff support – provided TA to counties evaluating SOS.	
Analysis	How	**Activity 5.3.1: Develop a strategic guide for community organizing around health and safety** • The Groundwork strategy guide was developed as planned **Activity 5.3.2: Using the RFP process, implement community-level interventions in high burden/spike areas**

		• The RFP process was successfully used to select seven (7) contractors to develop and deploy quick response teams. However, it was not determined whether the areas served by these contractors are the highest burden areas. **Activity 5.3.3: Distribute the Michigan Model for Health opioid curriculum to schools in Michigan** • 2700 manuals were successfully distributed to schools statewide. However, an evaluation to determine impact of the manuals had not been completed by the end of Y1. **Activity 5.3.4: Provide mini grants to communities to build capacity** • 59 community agencies were assessed using the Organizational Capacity Assessment tool. 15 community agencies received funding via mini-grant process. **Activity 5.3.5: Evaluate the utility of SOS data in one county** • SOS data was shared with Genesee County stakeholders for a specified period of time, after which interviews, a focus group, and a survey were used to determine how the SOS data informed the response and prevention activities of the county stakeholders.
	Why	**Activity 5.3.1: Develop a strategic guide for community organizing around health and safety** • Despite delays in the EGrAMS process and delays associated with Covid-19, the guide was created as planned **Activity 5.3.2: Using the RFP process, implement community-level interventions in high burden/spike areas** • Though the RFP process was successfully implemented, the criteria for determining highest burden was not conclusive, nor was it the main determinant of which contractors were selected. **Activity 5.3.3: Distribute the Michigan Model for Health opioid curriculum to schools in Michigan** • Though the distribution of the manuals was not delayed by Covid-19, the evaluation of the impact of these manuals was delayed by Covid-19. **Activity 5.3.4: Provide mini grants to communities to build capacity** • The distribution of funds occurred toward the end of Y1 due to delays because of Covid-19 and personnel changes at Prevention Network. **Activity 5.3.5: Evaluate the utility of SOS data in one county** • Despite restrictions due to Michigan Stay-at-Home orders, this activity was fully implemented using online technology.
Conclusions/ Recommendations	All five activities were sufficiently implemented. • For **Activity 5.3.1**, it is recommended that consideration be given to the impact of the strategy guide, which populations are most likely to be impacted, and how impact might be evaluated. • For **Activity 5.3.2**, there is no recommendation since this activity will not continue into Y2. • For **Activity 5.3.3**, it is recommended that the evaluation conducted for Y1 be repeated for Y2 once the curriculum is converted into digital format and distributed. • For **Activity 5.3.4**, there is no recommendation since this activity will not continue into Y2. • For **Activity 5.3.5**, it is recommended that UMIPC collaborate with Calvin University CSR to develop best practices for stakeholder analysis and engagement.	

Strategy 6 **Establishing Linkages to Care**		
Major Activity 6.1 Enhance programs and policies		
Desired Short-term Outcome	Increased awareness and coordination of linkages to care to enhance opioid-related programs and policies	
Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 6.1 in Appendix I	
Surveillance Support	Staff support – provided naloxone standing order data for evaluation purposes.	
Analysis	How	**Activity 6.1.1: Conduct an evaluation of the naloxone standing order policy** • There were two phases to the policy evaluation planned for Y1. The first phase entailed gathering info from key stakeholders and the second phase entailed using this info to develop policy evaluation tools and data visualizations. The second phase was not fully implemented. **Activity 6.1.2: Efforts to increase awareness of area service providers and current evidence-based treatment space/capacity** • The plan included the development of regional workbooks with resources that health centers can use, and contact lists to build relationships and partners in regional areas. Both the workbooks and contact lists have been delayed due to Covid-19.
	Why	**Activity 6.1.1: Conduct an evaluation of the naloxone standing order policy** • The first phase of the Y1 evaluation process was delayed by Covid-19. This left insufficient time to complete the second phase. **Activity 6.1.2: Efforts to increase awareness of area service providers and current evidence-based treatment space/capacity** • The events for the MODA grant were going as planned until COVID-19 shut down centers and in-person meetings. Health centers were short staffed and focused on COVID-19 and emergency response plans to the pandemic, so virtual events were not able to happen until August. The regional meetings were either canceled or COVID-19 focused so we were unable to discuss SUD services at the meetings until the end of Y1.
Conclusions/ Recommendations	Neither of the two activities associated with this major activity was completely implemented. • For **Activity 6.1.1**, it is recommended to continue developing policy evaluation tools and data visualizations. It is also recommended that these tools be used to determine the impact of the naloxone policy. • For **Activity 6.1.2**, it is recommended to continue developing regional workbooks and contact lists and then developing outcome evaluation questions to ascertain the impact of these tools.	
Major Activity 6.2 Increase and improve coordination		
Desired Short-term Outcome	Increased awareness and coordination of linkages to care to enhance opioid-related programs and policies	
Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 6.2 in Appendix I	
Surveillance Support	Staff support – Created EMS heat maps to support FAN's quick response teams.	
Analysis	How	**Activity 6.2.1: Support the development of an opioid module for the MDHHS paramedicine program**

		• The Opioid Abuse Follow-Up protocol was developed for use with CP programs to help guide follow up using the opioid modules. Now developing modules for more than just community paramedic programs. There are modules for naloxone in anticipation of a reinterpretation of the naloxone standing order. There are 11 modules. **Activity 6.2.2: Develop and implement a response team model based on the Comeback Quick Response Team model** • Recruited and trained a QRT for Sterling Hts., MI. Developed QRT protocol that included identified resources, data tracking, and best practices.
	Why	**Activity 6.2.1: Support the development of an opioid module for the MDHHS paramedicine program** • Though this activity was successfully implemented, there were some significant barriers. Covid-19 prevented on-site visits which are necessary for building working relationships; also decreased delivery of modules for review. Stigma is a big barrier to adopting opioid curricula and on-site visits are best for decreasing stigma. **Activity 6.2.2: Develop and implement a response team model based on the Comeback Quick Response Team model** • Though this activity was successfully implemented, there were delays due to data collection, legal agreements, concerns from EMS staff and the delay in FAN receiving an executed contract and delayed payments by MDHHS and the E-GrAMS system.
Conclusions/ Recommendations	Both of the two activities associated with this major activity were successfully implemented. • For **Activity 6.2.1**, it is recommended that consideration be given to how best to evaluate the impact of these new modules. • For **Activity 6.2.2**, it is recommended that consideration be given to how best to evaluate the impact of this new QRT, plus the other QRTs that will be developed and implemented in Y2. It would be helpful to develop an evaluation approach that could be used for all QRTs so that effectiveness and efficiency can be compared between QRT models.	
Major Activity 6.3 Integrate technology		
Desired Short-term Outcome	Increased awareness and coordination of linkages to care to enhance opioid-related programs and policies	
Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 6.3 in Appendix I	
Surveillance Support	None.	
Analysis	How	**Activity 6.3.1: Use technology (i.e. Azara DRVS system) to facilitate connections to care** • As of January 2020, there are 45 FQHCs in Michigan, and through previous investments by MDHHS IVP, 32 have Azara and 21 of those are utilizing the controlled substance management (CSM) module.
	Why	**Activity 6.3.1: Use technology (i.e. Azara DRVS system) to facilitate connections to care** • One major barrier was COVID-19 halting health center services and in-person events. The planned activities were delayed and the implantation starting the end of August. Another barrier is that data intended for this year is pushed back due to delayed activities.

Conclusions/ Recommendations	Neither of the two activities associated with this major activity was sufficiently implemented. • For **Activity 6.3.1,** it is recommended consideration be given to evaluating the impact of these controlled substance management (CSM) modules. One approach would be to compare FQHCs with the modules to FQHCs without the modules.	
Strategy 7 **Providers and Health Systems Support**		
Major Activity 7.1 **Guideline, Implementation, Clinical Education and Training**		
Desired Short-term Outcome	Enhanced provider, health system, and payer awareness of and supports for guideline-concordant opioid prescribing, non-opioid medications, and non-pharmacologic treatments through the use of guideline implementation and clinical education/training	
Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 7.1 in Appendix I	
Surveillance Support	Staff support – providing mapped data (Source: ArcGIS) to inform the location of future training sessions.	
Analysis	How	**Activity 7.1.1: Provide MAT training** • A total of five training sessions have been held for a total of 163 attendees. The September 2020 session was converted to a virtual training event in response to the COVID-19 pandemic. **Activity 7.1.2: Develop and implement an academic detailing program** • Course content and an online engagement process for AD trainees have been developed by V&R. 15 providers have been recruited by MCRH/MHA and trained by V&R.
	Why	**Activity 7.1.1: Provide MAT training** • There has been excellent response and participation in training sessions. The network of collaborative organizations has been proven to be very robust. **Activity 7.1.2: Develop and implement an academic detailing program** • There have been significant delays due to the state grant management system. COVID-19 has prevented in-person training.
Conclusions/ Recommendations	Both of the activities associated with this major activity were adequately implemented. • For **Activity 7.1.1**, it is recommended that both the implementation and impact of chronic pain management training be evaluated in Y2. It is also recommended that MiCCSI engage in discussions with third-party payers re: reimbursement of alternative approaches to pain management. • For **Activity 7.1.2,** it is recommended that consideration be given to using data to select prescribers for academic detailing and follow-up visits/calls to evaluate impact on prescribers receiving academic detailing.	
Major Activity 7.2 **Insurers and health system support**		
Desired Short-term Outcome	Enhanced provider, health system, and payer awareness of and supports for guideline-concordant opioid prescribing, non-opioid medications, and non-pharmacologic treatments through the use of insurer and health system support	
Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 7.2 in Appendix I	
Surveillance Support	None.	

Analysis	How	**Activity 7.2.1: Support the continued development of a clinician/administrator-facing dashboard** • Development of the implementation guide pivoted during this project year due to a re-assessment of the needs of prescribers in Michigan, how to best build on the other ongoing work of Michigan OPEN, and the COVID-19 pandemic. The content of this work plan has moved from a toolkit containing the dashboard itself as described in previous work plans to a set of resources – collectively referred to as the implementation guide - that serves to compliment the dashboard created during previous funding years and being piloted using other funding mechanisms. **Activity 7.2.2: Support the development of an ED post-overdose MAT protocol** • The drafted naloxone and MAT protocols have been developed and shared with the stakeholder group for feedback. Protocols will be finalized before the launch of the toolkit. The post overdose toolkit has also been developed and shared with the stakeholder group for feedback. The toolkit will be disseminated after final reviews.
	Why	**Activity 7.2.1: Support the continued development of a clinician/administrator-facing dashboard** • The most significant barrier to creating the implementation guide was the COVID-19 pandemic. This pandemic changed both our logistical ability to meet with providers in person for qualitative feedback as originally planned but also changed potential willingness of providers to meet with us to discuss the materials due to time constraints. • Another identified barrier to the development of the Guide was how to address provider's resistance to change that is not based on any clear rationale, but rather prescriber personality or resistance to change. **Activity 7.2.2: Support the development of an ED post-overdose MAT protocol** • Naloxone and MAT protocols for Michigan EDs have been created based on the feedback received at the two in-person Fall and Winter summits. These summits were both great successes, bringing together 100 and 80 stakeholders, respectively.
Conclusions/ Recommendations	Neither of the two activities associated with this major activity was sufficiently implemented. • For **Activity 7.2.1,** it is recommended that consideration be given to evaluating the impact of the implementation guide on individual prescriber behavior. • For **Activity 7.2.2,** it is recommended that consideration be given to evaluating the utility and feasibility of the protocols and toolkits developed by UMIPC.	
Strategy 8 **Partnerships with Public Safety and First Responders**		
Major Activity 8.1 **Programmatic Partnerships**		
Desired Short-term Outcome	Increased opportunities/processes to link individuals to care through the use of programmatic partnerships	
Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 8.1 in Appendix I	

Surveillance Support	Staff support in establishing a partnership with HIDTA. Use of the MHA data is being explored in informing connections in jails and prisons.	
Analysis	How	**Activity 8.1.1: Support connections with drug courts or linkages to care programs in jail and prison settings** • The plan to facilitate connections to care programs was not implemented. No post-release resource guidebooks were produced in Y1. **Activity 8.1.2: Support MAT services in correctional facilities** • This activity was not evaluated in Y1. **Activity 8.1.3: Support HIDTA in providing ODMAP throughout the state** • This activity was not evaluated in Y1.
	Why	**Activity 8.1.1: Support connections with drug courts or linkages to care programs in jail and prison settings** • One major barrier was COVID-19 halting health center services and in-person events. Another barrier is that data intended for this year is pushed back due to delayed activities. **Activity 8.1.2: Support MAT services in correctional facilities** • This activity was not evaluated in Y1. **Activity 8.1.3: Support HIDTA in providing ODMAP throughout the state** • This activity was not evaluated in Y1.
Conclusions/ Recommendations	One of the activities associated with this major activity was not implemented and the other two were not evaluated. • For **Activity 8.1.1**, it is recommended both the implementation and the impact of the activity be evaluated in Y2. • No recommendations for **Activity 8.1.2** and **Activity 8.1.3**	
Strategy 9 **Empowering Individuals to Make Safer Choices**		
Major Activity 9.1 **Partner with syringe service programs to offer comprehensive services**		
Desired Short-term Outcome	Increased awareness of the risks of prescription and illicit opioids by partnering with syringe service programs to offer comprehensive services	
Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 9.1 in Appendix I	
Surveillance Support	Nonfatal overdoses by month (EMS and Syndromic) provided to strategy 9 staff to provide information about overdoses during COVID.	
Analysis	How	**Activity 9.1.1: Develop and implement a survey for the four legacy SSPs to assess EBPs** • All four SSPs are conducting ongoing surveys as a matter of standard operating procedure. The results of these surveys will be compiled toward the end of the first year of the grant period. However, an SSP annual report was not produced for Y1.
	Why	**Activity 9.1.1: Develop and implement a survey for the four legacy SSPs to assess EBPs** • We had plans to develop an SSP annual report to cover our activities, but COVID derailed plans to have that done in FY20.
Conclusions/ Recommendations	The activity associated with this major activity was not sufficiently implemented. • For **Activity 9.1.1**, it is recommended the SSP annual report be compiled so that it is clear whether the legacy SSPs are indeed using the most up-to-date EBPs, and if not, to ascertain why there is a gap in the quality of care provided by the SSPs. •	

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Major Activity 9.2 **Partner with harm reduction organizations to implement strategies**		
Desired Short-term Outcome	Increased awareness of the risks of prescription and illicit opioids by partnering with harm reduction organizations to implement strategies	
Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 9.2 in Appendix I	
Surveillance Support	Staff support – MODA Surveillance attended parts of the harm reduction summit.	
Analysis	How	**Activity 9.2.1: Conduct a harm-reduction specific media campaign** • Media campaign was delayed but eventually conducted toward the end of Y1. **Activity 9.2.2: Convene a harm-reduction summit** • The harm-reduction summit was delayed due to COVID-19 but was eventually held in September 2020.
	Why	**Activity 9.2.1: Conduct a harm-reduction specific media campaign** • Covid-19 had a significantly disruptive effect on the operations of the Viral Hepatitis Unit. **Activity 9.2.2: Convene a harm-reduction summit** • Having to switch to a virtual setting was a huge endeavor that took extra time to implement.
Conclusions/ Recommendations	Neither of the two activities associated with this major activity was sufficiently implemented. • For **Activity 9.2.1**, there is no recommendation since this activity will not be continued in Y2. • For **Activity 9.2.1**, it is recommended that the attendees of the summit be evaluated on whether they used the resources provided during the summit or made network connections as a result of the summit.	
Strategy 10 **Prevention Innovation Projects**		
Major Activity 10.1 **Projects that allow states to promote innovative prevention approaches and practices**		
Desired Short-term Outcome	Development of novel prevention strategies by allowing for innovative approaches and practices	
Results	In Y1, only the implementation of this major activity is being evaluated. See evaluation results for Major Activity 10.1 in Appendix I	
Surveillance Support	Provided school-age overdose data to inform the selection of musical performance location (EMS and MHA data sources).	
Analysis	How	**Activity 10.1.1: Support the performance of a musical called Painless: The Opioid Musical** • No Painless performances were given, and no Painless toolkits were provided. **Activity 10.1.2: Form an advisory group of lived-experience stakeholders** • This activity was not evaluated in Y1.
	Why	**Activity 10.1.1: Support the performance of a musical called Painless: The Opioid Musical** • The Governor of Michigan closed schools due to COVID-19. **Activity 10.1.2: Form an advisory group of lived-experience stakeholders** • This activity was not evaluated in Y1.
Conclusions/ Recommendations	Neither of the two activities associated with this major activity was sufficiently implemented.	

	• For **Activity 10.1.1**, it is recommended to support M-OPEN efforts to fully evaluate the impact of this musical and the accompanying toolkits on high school students. • For **Activity 10.1.2**, it is recommended that consideration be given to evaluate the impact of lived-experience stakeholders on the MODA stakeholder workgroups.

Ensure Use and Share Lessons

Sharing Lessons

This report will be shared with the MODA stakeholders at the next stakeholder meeting on October 28, 2020. This sharing will be accomplished by

- Providing an executive summary just before the stakeholder meeting
- Presenting an overview of the report during the stakeholder meeting
- Posting the full report on the MDHHS IVP website and providing access to the MODA stakeholders

Ensuring Use

To ensure that the report is actually used to drive decision-making and make program improvements during Y2 of the cooperative agreement, the following action steps will be taken.

- The results, analyses, and conclusions will be discussed during the contractor meetings in November 2020. The contractor team and the MODA contract manager will develop recommendations for program improvement based on evaluation findings.
- Coordinate, document, and monitor efforts of program staff and contractors to implement improvement recommendations.
- Review evaluation findings and recommendations with the evaluation stakeholder workgroup (ESW) and make needed adjustments to the Y2 evaluation plan by December 1, 2020.

Appendix I: Evaluation Results Tables

<table>
<tr><th colspan="4">Strategy 4: Increase PDMP registration and use
Major Activity 4.1: Ensuring that PDMPs are easy to use and access by providers</th></tr>
<tr><th>Questions</th><th colspan="2">Indicators/Method/Source</th><th>Results</th></tr>
<tr><td rowspan="3">To what extent did contextual factors influence the implementation of MODA initiatives to ensure that MAPS is easy to use and access by providers?</td><td colspan="2">Description of state laws and policies that most influence the use of MAPS data</td><td rowspan="2">Michigan has laws in place that favorably influence initiatives to ensure that MAPS is used and accessed by providers, including requirements for
• Prescribing to a minor
• Having a bona fide prescriber-patient relationship
• Using MAPS if > 3-day prescription
• Providing SUD treatment info
• Not prescribing more than a 7-day supply for acute pain
• Providing OUD treatment for Medicaid patients
• Providing K-12 curriculum on dangers of opioids</td></tr>
<tr><td>Interview</td><td>LARA Staff</td></tr>
<tr><td colspan="2">Description of how health care practices and pharmacies are using MAPS data to improve patient care</td><td rowspan="2">Evidence that health care practices and pharmacies are using MAPS data to improve patient care include
• Pharmacists do not have to use MAPS though many do.
• Providers have to use MAPS if giving opioids in excess of 3 days.
• The NarxCare score tells the provider the risk of OD for a patient.
• MAPS is integrated into EMR for about 2/3 of providers (50,000/75,000).</td></tr>
<tr><td>Interview</td><td>LARA Staff</td></tr>
<tr><td colspan="2">Description of partnerships with the MAPS administrator (LARA)</td><td>Through MAPS, LARA continues to engage partners around safe prescribing. Engagement efforts include education and technical assistance. The following partnerships are those with which LARA has good, consistent relationships:
• Michigan State Medical Society
• Michigan Primary Care Association
• Michigan Health and Hospital Association
• Spectrum Health- West side
• University of Michigan</td></tr>
</table>

	Interview	LARA Staff	• Michigan Academy of Family Physicians • Michigan Pharmacist's Association • Michigan Dental Association • Michigan Center for Clinical Systems Improvement • Michigan Association of Medical Assistants • Michigan Veterinarian's Medical Association • Institute of Continuing Legal Education (Michigan) • Wayne State University School of Pharmacy
	Description of the resources available to the prescribers receiving MAPS training		CDC Guideline for Prescribing Opioids for Chronic Pain
	Interview	LARA Staff	
To what extent have MODA initiatives to ensure that MAPS is easy to use and access by providers been implemented as planned?	Description of changes in plans to provide MAPS training		The interagency (IA) agreement was not signed till the end of Y1, so MAPS training was not implemented as planned. Still, LARA did provide training during this time period for those agencies that made specific requests for training and educational packets before COVID-19.
	Interview	LARA Staff	
	Description of changes in plans to provide MAPS indicators		The interagency (IA) agreement was not signed till the end of Y1, so MAPS indicators were not disseminated as planned. MAPS indicators for the four quarters in FY20 were sent to the MODA program on August 4, 2020. An infographic of the MAPS indicators is being created by the MODA surveillance team and will be distributed to the MODA stakeholder group at the next stakeholder meeting on October 28, 2020.
	Interview	MODA Staff	
To what extent have MODA initiatives to ensure that MAPS is easy to use and access by providers reached the intended audience?	Number and percentage of intended providers receiving MAPS training		Reach was not determined in Y1
	Interview	LARA Staff	
	Number and percentage of MODA stakeholders receiving MAPS indicator reports on a quarterly basis		Reach was not determined in Y1
	Interview	MODA Staff	

<table>
<tr><td rowspan="8">How successful was the implementation of the MODA initiatives to ensure that MAPS is easy to use and access by providers?</td><td colspan="2"># of educational packets disseminated; # of trainings provided</td><td rowspan="2">Two trainings were provided
• 1/10/2020 Project Echo (webinar): 15 attendees
• 03/25/2020 Spectrum Health (webinar): 6 attendees
No educational packets were disseminated</td></tr>
<tr><td>Interview</td><td>LARA Staff</td></tr>
<tr><td colspan="2">Description of barriers and facilitators to providing MAPS training</td><td rowspan="2">The primary barrier to implementing this activity in Y1 is the delay in signing the IA agreement. This delay occurred for a variety of reasons, including communication issues, team turnover at MDHHS, and an ongoing discussion about recruiting and coordinating responsibilities. Also, there has not been a lot of new info about MAPS, so agencies are unlikely to ask for training two years in a row.</td></tr>
<tr><td>Interview</td><td>LARA Staff</td></tr>
<tr><td colspan="2"># of Infographic reports of MAPS indicators disseminated</td><td rowspan="2">There were no infographic reports of MAPS indicators disseminated</td></tr>
<tr><td>Interview</td><td>MODA Staff</td></tr>
<tr><td colspan="2">Description of barriers and facilitators to providing MAPS indicator reports</td><td rowspan="2">The primary barrier to implementing this activity in Y1 is the delay in signing the IA agreement. This delay occurred for a variety of reasons, including communication issues, team turnover at MDHHS, and an ongoing discussion about recruiting and coordinating responsibilities. Also, stakeholder
meetings where the reports were to be disseminated were suspended due to COVID-19.</td></tr>
<tr><td>Interview</td><td>MODA Staff</td></tr>
<tr><td colspan="4">Return to Major Activity 4.1 in the Justify Conclusions section of the report</td></tr>
<tr><td colspan="4">Strategy 5: Integration of State and Local Prevention and Response Efforts
Major Activity 5.1: Explicit efforts to better integrate state and local prevention efforts</td></tr>
<tr><td>Questions</td><td colspan="2">Indicators/Method/Source</td><td>Results</td></tr>
<tr><td rowspan="2">To what extent did contextual factors influence MODA initiatives to better integrate state and local prevention efforts?</td><td colspan="2">Description of existing and accessible data sources that would be useful for developing and implementing OFR teams</td><td rowspan="2">This indicator has not been addressed in Y1.</td></tr>
<tr><td>Interview</td><td>MSP Staff</td></tr>
</table>

	Description of potential partners and services offered that would be helpful to developing and implementing OFR teams		MSP and MODA staff developed partnerships at the 2019 National Overdose Fatality Review Conference and worked in national OFR teams after the conference. MSP contracted with the University of Michigan School of Nursing for external evaluation. MSP and MODA staff are also working with medical examiners and EMS agencies to investigate what data would be available for collection into the OFR data system. Other partnerships include Wayne State University, M-OPEN, and Families Against Narcotics (FAN). CANVAS is a support site that is currently being used for technical support for the REDCap database.
	Interview	MSP Staff	
	Description of existing policies that could act either as a barrier or a facilitator to developing and implementing OFR teams		OFR stakeholders are currently investigating the extent to which individual agency policies could influence OFR data protocol. One major barrier is that Michigan does not currently have a centralized medical examiner system. Because there is no centralized ME system in MI, there is a lack of coordination and consistence in death reporting in Michigan.
	Interview	MSP Staff	
To what extent have MODA initiatives to better integrate state and local prevention efforts been implemented as planned?	Description of adherence to the original plan to develop an OFR data protocol		This indicator has not been addressed in Y1.
	Interview	MSP Staff	
How successful was the implementation of the MODA initiatives to better integrate state and local prevention efforts?	Creation of an OFR data protocol		This indicator has not been addressed in Y1.
	Interview	MSP Staff	
	Description of barriers and facilitators to developing the OFR data protocol		This indicator has not been addressed in Y1.
	Interview	MSP Staff	
Return to Major Activity 5.1 in the Justify Conclusions section of the report			
Strategy 5: Integration of State and Local Prevention and Response Efforts **Major Activity 5.2: Capacity building for more effective and sustainable integrated surveillance prevention and response efforts**			
Questions	**Indicators**		**Results**
To what extent did contextual factors MODA influence initiatives to build capacity for	Description of data sources used to drive decision-making for MPCA's activity		MPCA uses EHR data from FQHCs. They also use overdose data from MDHHS and the CDC, as well as SUD data from the Azara SUD module.

more effective and sustainable surveillance and prevention efforts?	Interview	MPCA Staff	
	Description of potential partners and services offered for MPCA's activity		Using the MODA Stakeholder list, MPCA staff identified those in the sectors mentioned and mapped them with the FQHC regions and created a state-wide resource listing. Also, MPCA staff used Mi-CCSI's subject matter expert for trainings.
	Interview	MPCA Staff	
	Description of the resources available to the FQHC substance use providers and care teams being trained by MPCA		MPCA staff researched best practice education for providers and staff. They also used SUD needs assessment to see what education was needed by staff working with SUD. And they participated in coalitions aligning with SUD populations.
	Interview	MPCA Staff	
To what extent have MODA initiatives to build capacity for more effective and sustainable surveillance and prevention efforts been implemented as planned?	Description of adherence to the plan to develop a MODA stakeholder action plan		A MODA stakeholder action plan was not developed in Y1. The stakeholder group met in December 2019 and in July 2020 but did not yet begin developing an action plan. Stakeholder workgroups were formed which will be assigned the task of developing an action plan in Y2.
	Interview	MODA Staff	
	Description of adherence to the plan to conduct a multisite evaluation		The WMU Evaluation Center began Y1 by completing the multisite evaluation (MSE) of pilot communities that started during the DDPI cooperative agreement period. Initially, it was expected that WMU EC would expand that MSE to include other pilot communities. When that approach seemed unfeasible and not useful, the evaluation plan was modified to expand efforts to evaluate Strategy 5 as a whole. For the rest of Y1, WMU EC evaluated three activities representing the three major activities of Strategy 5. That evaluation has completed the first 4 steps in the CDC evaluation framework. The last two steps, justify conclusions and share lessons learned, will be completed in Y2.
	Interview	WMU EC Staff	
	Description of adherence to the plan to provide TA and other supports for FQHCs		MPCA has selected Mi-CCSI for the trainings. The trainings will be a 12-month commitment for the health centers and will include live webinars and pre-recorded webinars. However, training had to be pushed back because of COVID-19. Also, health centers were short staffed and focused on COVID-19 and emergency response plans to the pandemic, so virtual events were not able to happen until August.
	Interview	MPCA Staff	

To what extent have MODA initiatives to build capacity for more effective and sustainable surveillance and prevention efforts reached the intended audience?	Number and percentage of intended FQHC substance use providers and care teams included in the training sessions		All activities or trainings are sent out to the MPCA SUD listserv. This network consists of SUD partners at a majority of our health centers. The Mi-CCSI training participants that have currently signed the commitment form and are starting training in August are health centers SUD workforce, the intended audience. The trainings are now going to be virtual trainings given COVID-19 gathering restrictions so more health centers will be able to join.
	Interview	MPCA Staff	
How successful was the implementation of the MODA initiatives to build capacity for more effective and sustainable surveillance and prevention efforts?	Number of stakeholder meetings		Two stakeholder meetings
	Interview	MODA Staff	
	Description of barriers and facilitators to developing the action plan		There was a delay in hiring the Program Coordinator who responsibility is to lead the work with the MDHHS MODA stakeholders. As a result, the second meeting was delayed Another major barrier in the development of a stakeholder action plan is the ongoing COVID-19 pandemic. Instead of meeting four times in Y1, the group met only twice, with the second meeting being online.
	Interview	MODA Staff	
	Multisite evaluation report		One preliminary evaluation report (up to step 4 in the CDC evaluation framework)
	Interview	WMU EC Staff	
	Description of barriers and facilitators to conducting the multisite evaluation		For completing the original multisite evaluation, the challenge was in the sampling of stakeholders to interview. Not all of them were familiar with the intervention and only a few of them were actually directly involved with the intervention. Still, we feel that we were able to get enough good information to develop criteria and rubrics for the next step of the evaluation. For the expansion of the evaluation to Strategy 5, there were variable response rates by agencies assisting with the evaluation. Also, COVID-19 prevented onsite interviews and focus groups.
	Interview	WMU EC Staff	
	Number of workshops; Number of trainings; Number of media campaigns		No media campaign due to COVID-19 One Community Transitions Workshop in February Two virtual training sessions toward the end of Y1
	Interview	MPCA Staff	
	Description of barriers and facilitators to providing TA and other supports for FQHCs		One major barrier was COVID-19 halting health center services and in-person events. The planned activities were delayed and the implantation starting the end of August. A facilitator during MODA activities was health center staff being very enthusiastic about

	Interview	MPCA Staff	the events that we were hosting. Events about SUD tend to get good attendance, participation, and feedback.
Return to Major Activity 5.2 in the Justify Conclusions section of the report			
Strategy 5: Integration of State and Local Prevention and Response Efforts **Major Activity 5.3: Prevention and response strategies at the state and local level**			
Questions	**Indicators**		**Results**
To what extent did contextual factors influence MODA initiatives to implement prevention and response strategies at the state and local level?	Description of resources available to community agencies addressing the opioid epidemic		This indicator has not been addressed in Y1.
	Interview	PN Staff	
	Description of established data use agreement(s) and data sharing agreements set up with partnering organizations at the community level		At this point, it is unclear whether data use agreements (for external access) or data sharing agreements (for internal access) have been set up for the specific purpose of informing decision-making in this major activity. In Y2, this indicator will be monitored more closely with each of the contractors and partners involved with these activities.
	Interview	PN Staff	
	Description of potential partners and services offered to community agencies addressing the opioid epidemic		Partnerships include, but are not limited to, Health Endowment Fund, MAPS, Regional sources, county, public health, SSP, Intermediate School Districts, Community Mental Health Authorities, Prepaid Inpatient Health Plans, Emergency Medical Systems, and law enforcement sources.
	Interview	PN Staff	
	Description of power imbalances between established agencies and newer (and usually smaller) agencies that find it difficult to obtain funding for important work that they are doing		To address power imbalances, Prevention Network connected grassroot organizations, nonprofits, and coalitions with one another to strengthen prevention work being done throughout the state of Michigan. PN gave many organizations the opportunity to apply for state/federal funding for the first time to raise the capacity of work being done by these organizations.
	Interview	PN Staff	

To what extent have MODA initiatives to implement prevention and response strategies at the state and local level been implemented as planned?	Description of adherence to the plan to develop a strategic guide		The initial plan for Activity 5.3.1 was to engage in planning, preparation, and information-gathering to support the development of the Groundwork strategic guide. To date, an outline of the strategic guide has been created. By the end of Y1, WSU CUS staff will produce an electronic and print version of the Groundwork strategic guide.
	Interview	WSU CUS Staff	
	Description of adherence to the plan to implement community-level interventions in state "hot spots" or high burden/spike areas using an RFP process		The initial plan for Activity 5.3.2 was to send an RFP to local public health, tribal agencies, community and faith-based organizations, or other entities that can demonstrate capacity and reach to address opioid overdose-prevention activities. The activity was completed as planned, with the selection of the following agencies: • Home of New Vision: Washtenaw, Ypsilanti • Greater Flint Health Coalition: Flint, Genesee • Flint Odyssey House: St. Clair • Oakwood Healthcare Inc: Taylor, Lincoln Park • W.A. Foote Memorial Hospital: Jackson • Michigan Health Improvement Alliance: Saginaw • City of Detroit: Detroit
	Interview	MODA staff	
	Description of adherence to the plan to distribute the Michigan Model for Health opioid curriculum to schools in Michigan		The initial plan for Activity 5.3.3 was to provide funding to disseminate a revised Michigan Model for Health curriculum that includes opioid misuse prevention lessons. With MODA funding, the curriculum was provided free of charge to 2700 schools throughout the state. The activity was implemented as planned. In collaboration with the University of Michigan School of Public Health an evaluation will be conducted in nine schools that reside in high risk areas, to evaluate the impact of the opioid misuse prevention content of the MMH. The evaluation report is due to be released at the end of September 2020.
	Interview	ASH Unit Staff	
	Description of adherence to the plan to provide mini grants to communities to build capacity		The initial plan for Activity 5.3.4 was to develop a web-app to enhance collaboration between agencies addressing the opioid epidemic at the community level and to provide townhall discussions and training modules for increasing the capacity of agencies to address the opioid epidemic. The plan also included the implementation of a mini-grant process to build the capacity of local agencies to address the opioid epidemic. The activity was implemented as planned.
	Interview	PN Staff	

	Description of adherence to the plan to evaluate the utility of SOS data and the opioid tool kit		The initial plan for Activity 5.3.5 was to conduct a project evaluating how near real-time opioid overdose data may inform public health and public safety planning and response to opioid overdoses in Genesee County. SOS data was shared with Genesee County stakeholders for a specified period of time, after which interviews, a focus group, and a survey were used to determine how the SOS data informed the response and prevention activities of the county stakeholders. Transcribed interviews and focus group are currently being analyzed using the RADAR method.
	Interview	UMIPC Staff	
To what extent have MODA initiatives to implement prevention and response strategies at the state and local level reached the intended audience?	Number and percentage of identified community agencies addressing the opioid epidemic that have participated in Prevention Network capacity building activities		There are 107 individuals committed to overdose-prevention registered on the moda.community web-app (in 2 months) and this number is growing. A total of 59 agencies took the Organization Capacity Assessment (OCA). In June and July 9 agencies were funded with mini-grants that range from $1,000 - $40,000 and a total of $143,567 was re-granted.
	Interview	PN Staff	
How successful were the MODA initiatives to implement prevention and response strategies at the state and local level?	Number of strategy guides		One strategy guide has been created
	Interview	WSU CUS Staff	
	Description of barriers and facilitators to developing the strategic guide		The contract management tool, E-GrAMS caused an initial delay in execution of contracts between several agencies and MDHHS IVP. This contract with WSU-CUS was executed 1/3/2020. Another delay was caused by COVID-2019 when a work from home order was issued by the Governor of Michigan.
	Interview	WSU CUS Staff	
	Number of community agencies receiving a sub-grant via the RFP process		7 community agencies received funding to create and implement quick response teams

	Interview	MODA staff	
	Description of barriers and facilitators to using the RFP process to implement community-level interventions in state “hot spots” or high burden/spike areas		There were no significant barriers to using the RFP process to distribute $1.3 million to seven community agencies to develop QRTs in their communities.
	Interview	MODA staff	
	Number of Michigan Model for Health curriculum manuals providing opioid misuse prevention lessons disseminated to schools statewide		2700 manuals distributed to schools statewide
	Interview	ASH Unit Staff	
	Description of barriers and facilitators to distributing the Michigan Model for Health opioid curriculum to schools in Michigan		There were no barriers to the distribution of the Michigan Model for Health opioid curriculum to schools in Michigan
	Interview	ASH Unit Staff	
	Number of community agencies assessed; Number of community agencies funded		59 community agencies assessed using the Organizational Capacity Assessment 15 community agencies received funding via mini-grant process
	Interview	PN Staff	
	Description of barriers and facilitators to providing mini grants to communities to build capacity		The need to hire new staff delayed the process, and COVID delayed implementation of the process, resulting in a delay in the dissemination of funding
	Interview	PN Staff	

	SOS data use evaluation report		One (1) SOS data use evaluation report
	Interview	UMIPC Staff	
	Description of the barriers and facilitators to evaluate the utility of SOS data in one county		There have been no significant barriers to evaluating the utility of SOS and the utility of an opioid toolkit. Meetings were moved online with the pandemic and focus groups are going to be conducted using online technology.
	Interview	UMIPC Staff	
Return to Major Activity 5.3 in the Justify Conclusions section of the report			
Strategy 6: **Establishing Linkages to Care** **Major Activity 6.1: Enhance programs and policies**			
Questions	**Indicators**		**Results**
To what extent did contextual factors influence MODA initiatives to enhance programs and policies?	Assessment of resources of the given population to create referral and case management systems		The MPCA staff is utilizing Azara to assess the resources of FQHCs to create care management and SUD modules. It is also enhancing services in health centers by aligning work with these SUD needs.
	Interview	MPCA Staff	
	Description of data sources used to drive decision-making for this MPCA activity		MPCA uses EHR data from FQHCs. They also use overdose data from MDHHS and the CDC, as well as SUD data from the Azara SUD module.
	Interview	MPCA Staff	
	Description of partners with services related to substance use treatment, social services, and wraparound services		Within their communities, FQHCs partner with community health centers, healthcare systems, health payers, SSPs, and justice-involved organizations
	Interview	MPCA Staff	
To what extent have MODA initiatives to enhance programs and policies been implemented as planned?	Description of adherence to the plan for conducting a policy evaluation		Our original plan included two primary phases of work. In the first phase, we planned to conduct individual interviews and focus groups with stakeholders to gather information and feedback that would direct the second phase of our work. Specifically, we sought to learn from stakeholders how they would measure the successfulness of the naloxone standing order, and we planned to design ways to assess these outcomes in the second phase of our work through policy evaluation tools such as additional interviews, focus groups, surveys, and so forth. Our original plan also specified that we

	Interview	CU CSR	would identify, acquire, and created preliminary data visualizations of relevant existing data sets. Due to several external factors that caused delays, the focus groups that were planned for the first phase of our work had to be pushed back from late 2019 to July 2020. Without the information from the focus groups, designing other policy evaluation tools has also been delayed.
	Description of adherence to the plan to increase awareness of area service providers/treatment capacity		MPCA has actively engaged health centers in learning about the barriers to treatment for clients. Surveys of CHW and Peer Recovery Coaches as well as feedback to Azara training staff led to the development of a training bid. The training that was identified were two main topics: identifying regional treatment providers to build more access to patients seeking SUD treatment; and increasing access to harm reduction services for clients at health centers across Michigan. MPCA has issued an RFP for the training package and has selected the vendor. The events for the MODA grant were going as planned until COVID-19 shut down centers and in-person meetings. Health centers were short staffed and focused on COVID-19 and emergency response plans to the pandemic, so virtual events were not able to happen until August. The regional meetings were either canceled or COVID-19 focused so we were unable to discuss SUD services at the meetings until recently (August).
	Interview	MPCA Staff	
To what extent have MODA initiatives to enhance programs and policies reached the intended audience?	Number and percentage of intended stakeholders involved in awareness building activities		All activities or trainings are sent out to the MPCA SUD listserv. This network consists of SUD partners at a majority of our health centers. If it were not for COVID-19, our reach would have met expectations.
	Interview	MPCA Staff	
How successful was the implementation of the MODA	Preliminary policy evaluation report		One (1) preliminary evaluation report
	Interview	CU CSR	

initiatives to enhance programs and policies?	Description of barriers and facilitators to conducting the policy evaluation		The biggest barriers to conducting the policy evaluation were external factors that affected the timing of our work. First, we expected our work to begin on September 1, 2019, but the grant start date was delayed until November 1, 2019. Second, we did not receive our contract until late February 2020. Although we worked on several aspects of the evaluation before we received the contract, we were not able to schedule and conduct focus groups with stakeholders until the contract was in place because we couldn't risk paying participants incentives for their time without reimbursement. Third, as soon as we were gearing up to conduct in-person focus groups in early March, the COVID-19 pandemic forced us stop. Within a month, it became clear that we would need to transition to online focus groups.
	Interview	CU CSR	
	Regional workbooks with resources that health centers can use; Contact list to build relationships and partners in regional areas		Both the workbooks and contact lists have been delayed due to COVID-19
	Interview	MPCA Staff	
	Description of barriers/ facilitators to increasing awareness		One major barrier was COVID-19 halting health center services and in-person events. The planned activities were delayed and the implantation starting the end of August. Another barrier is that data intended for this year is pushed back due to delayed activities.
	Interview	MPCA Staff	
Return to Major Activity 6.1 in the Justify Conclusions section of the report			
Strategy 6: Establishing Linkages to Care **Major Activity 6.2: Increase and improve coordination**			
Questions	**Indicators**		**Results**
To what extent did contextual factors influence MODA initiatives to increase and improve coordination?	Assessment of resources of the community where the QRT will be implemented		This indicator was not addressed in Y1.
	Interview	FAN Staff	
	Description of data sources used to drive decision-making for this FAN activity		This indicator was not addressed in Y1.

	Interview	FAN Staff	
	Description of partners involved with the development of the opioid module for the community paramedic programs		MDHHS Opioid Group (MODA, Policy /Planning, Viral Hepatitis) Northern Michigan Opioid Regional Consortium Michigan Center for Rural Health Med Star EMS in Macomb Co.
	Interview	BTEP Staff	
	Description of partners with services related to substance use treatment, social services, and wraparound services		FAN chapters Local public safety organizations MDHHS BTEP/IVP sections Community opioid coalitions
	Interview	FAN Staff	
To what extent have MODA initiatives to increase and improve coordination been implemented as planned?	Description of adherence to the plan for supporting the development of an opioid module for a paramedicine program		In Michigan there are 26 Community Paramedicine (CP) Programs. The Opioid Abuse Follow-Up protocol was developed for use with CP programs to help guide follow up using the opioid modules. Now developing modules for more than just community paramedic programs. There are modules for naloxone in anticipation of a reinterpretation of the naloxone standing order these modules can be used for all professions along the EMS spectrum. There are 11 modules. At a start, the 6 committed agencies will receive training.
	Interview	BTEP Staff	
	Description of adherence to the plan to develop and implement a quick response team model		Recruited and trained a QRT for Sterling Hts., MI. Developed QRT protocol that included identified resources, data tracking, and best practices.
	Interview	FAN Staff	
To what extent have MODA initiatives to increase and improve coordination reached the intended audience?	Number and percentage of community paramedic programs receiving the opioid module		This indicator was not addressed in Y1.
	Interview	BTEP Staff	
How successful was the implementation of the MODA	Number of opioid modules		11 modules created
	Interview	BTEP	

initiatives to increase and improve coordination?		Staff	
	Description of barriers and facilitators to developing an opioid module		There have been no real barriers to the development of these modules. We have had several facilitators provide information and key resources as subject matter experts in various areas during development. Covid-19 prevented on-site visits which are necessary for building working relationships; also decreased delivery of modules for review. Stigma is a big barrier to adopting opioid curricula and on-site visits are best for decreasing stigma.
	Interview	BTEP Staff	
	Number of quick response teams		One QRT in Sterling Hts.
	Interview	FAN Staff	
	Description of barriers and facilitators to developing and implementing a QRT model		There have been several obstacles to achieving the success of this activity. Some obstacles have been: data collection, legal agreements, concerns from EMS staff and the delay in FAN receiving an executed contract and delayed payments by MDHHS and the E-GrAMS system.
	Interview	FAN Staff	
Return to Major Activity 6.2 in the Justify Conclusions section of the report			
Strategy 6: Establishing Linkages to Care Major Activity 6.3: Integrate technology			
Questions	**Indicators**		**Results**
To what extent did contextual factors influence MODA initiatives to integrate technology?	Assessment of resources of the FQHCs receiving Azara technology		Best practice education has been provided to providers and staff. A SUD needs assessment was conducted to see what education was needed by staff working with SUD. FQHC's participated in coalitions aligning with SUD populations. Trainers utilized best practices in the trainings offered to health centers.
	Interview	MPCA Staff	
	Description of data sources used to drive decision-making for this activity		Health centers EHR data MDHHS overdose and SUD data CDC overdose and SUD data
	Interview	MPCA Staff	
	Number of organizations with services related to substance use treatment, social services, and wraparound services		MPCA are actively engaged with MDHHS OROSC, staff in PIHP regions, health center staff, community health workers, peer support specialists, MCBAP, Syringe Service Programs (SSP), FAN chapters, providers within the

	Interview	MPCA Staff	community mental health system and credentialed staff. All of these partners are engaged in regional meetings where treatment services are discussed.
To what extent have MODA initiatives to integrate technology been implemented as planned?	Description of adherence to the plan to use technology to facilitate connections to care		In this activity the target population are providers at health centers in Michigan with the Azara and CSM module. Receiving input from MPCA staff, the MDHHS physician with experience with Azara, and health center staff currently using Azara were all contacted by MPCA staff to hear input on next steps in rolling out the modules.
	Interview	MPCA Staff	
To what extent have MODA initiatives to integrate technology reached the intended audience?	Number and percentage of FQHCs receiving Azara technology		As of January 2020, there are 45 FQHCs in Michigan, and through previous investments by MDHHS IVP, 32 have Azara and 21 of those are utilizing the controlled substance management (CSM) module.
	Interview	MPCA Staff	
How successful was the implementation of the MODA initiatives to integrate technology?	Number of Azara modules implemented		9 modules implemented
	Interview	MPCA Staff	
	Description of barriers and facilitators to using technology to facilitate connections to care		One major barrier was COVID-19 halting health center services and in-person events. The planned activities were delayed and the implantation starting the end of August. Another barrier is that data intended for this year is pushed back due to delayed activities. A facilitator during MODA activities was health center staff being very enthusiastic about the events that we were hosting. Events about SUD tend to get good attendance, participation, and feedback.
	Interview	MPCA Staff	
Return to Major Activity 6.3 in the Justify Conclusions section of the report			
Strategy 7: **Providers and Health Systems Support** **Major Activity 7.1: Guideline, Implementation, Clinical Education and Training**			
Questions	**Indicators**		**Results**
To what extent did contextual factors influence MODA initiatives to provide guideline implementation, clinical education, and training?	Description of potential partners, their ability to collaborate and assist with supportive activities re: the MiCCSI activity		ASAM provides curriculum. MOC is the co-hosting organization and MOC faculty participate as trainers in co-hosted waiver training events. Health system partners/member organizations refer providers for waiver training based on organizational initiatives. MHA/MCRH has recently agreed to

	Interview	MiCCSI Staff	collaborate to refer providers to training events during academic detailing visits. As a value-add to this initiative (but funded outside of this grant) Mi-CCSI is partnering with MPCA to test new approaches to improve MAT training impact with a Team-Based Care approach. The learnings from this engagement will be shared with MDHHS and others to inform future directions for optimal impact. Patients with lived experience.
	Description of current education opportunities provided in the jurisdiction for clinicians re: the MiCCSI activity		Michigan Safer Opioid Prescribing Toolkit (U of M Injury Prevention Center/MDHHS) Mi-CCSI Treating Pain & Addiction MOC hosted or co-hosted waiver courses and resources MNI Great Lakes ECHO sessions Michigan Collaborative Addiction Resources and Education System (CARES)
	Interview	MiCCSI Staff	
	Description of data sources used to drive decision-making for the MiCCSI activity		This indicator has not been addressed in Y1.
	Interview	MiCCSI Staff	
	Description of laws or policies relevant to the providing of MAT and chronic pain management re: the MiCCSI activity		This indicator has not been addressed in Y1.
	Interview	MiCCSI Staff	
	Description of potential partners, their ability to collaborate and assist with supportive activities re: the MCRH activity		The primary partners in this activity are health systems. Michigan Center for Rural Health (MCRH) has existing working relationships with every critical access hospital in Michigan. Michigan Health and Hospital Association (MHA) has existing working relationships with 10 major urban health systems in Michigan. Both MCRH and MHA used those existing relationships to engage these health systems.
	Interview	MCRH Staff	
	Description of current education opportunities provided in the jurisdiction for clinicians re: the MCRH		Michigan Safer Opioid Prescribing Toolkit (U of M Injury Prevention Center/MDHHS) Mi-CCSI Treating Pain & Addiction MOC hosted or co-hosted waiver courses and resources MNI Great Lakes ECHO sessions

	Interview	MCRH Staff	Michigan Collaborative Addiction Resources and Education System (CARES)
	Description of data sources used to drive decision-making for the MCRH activity		MCRH and MHA used their existing networks to determine where recruitment for AD ambassadors should take place. Going forward, more specific and objective data such as the MAPS data dashboard and payer/provider data will guide AD efforts.
	Interview	MCRH Staff	
	Description of laws or policies relevant to opioid misuse and/or overdose in the jurisdiction re: the MCRH activity		This indicator was not addressed in Y1.
	Interview	MCRH Staff	
To what extent have MODA initiatives to provide guideline implementation, clinical education, and training been implemented as planned?	Description of adherence to the plan for providing MAT training		A total of five training sessions have been held for a total of 163 attendees. A breakdown of dates, locations, and attendee counts is as follows: 11/18/19, Ann Arbor: 47 attendees 1/31/20, Lansing: 43 attendees 2/7/20, Kalamazoo: 24 attendees 3/2/20, Muskegon: 23 attendees 9/21/20, Virtual: 26 attendees
	Interview	MiCCSI Staff	
	Description of adherence to the plan for developing and implementing an AD program		List of organizations were developed and distributed within AD Core Team (MHA/MCRH) for review (approved by team). AD target recruitment list has been finalized and will be used to begin recruitment. Recruitment email developed and ready to be utilized. First round of communications for recruitment of participants were sent out March 2nd. Positive response thus far. (17 potential participants were contacted by email). Course outlines and Social media content for Academic Detailing was developed by V&R. Course outlines and Social media content for Academic Detailing and QICC Tool was developed by V&R. 15 total participants completed the Academic Detailing training curriculum throughout the month of August. This included the completion of the online AD and QICC Tool training through the V&R Learning Management System, three capstone webinars,
	Interview	MCRH Staff	

			and 3 one on one simulations. So far, over half of the trainees completed their attestation form stating that they have conducted their first AD visit with a provider.
To what extent have MODA initiatives to provide guideline implementation, clinical education, and training reached the intended audience?	Number and percentage of intended providers trained in MAT		Intended cohort: 20 providers per training session, with no specification of provider type. Total participants (through 4 training sessions): 137 Breakdown by credentials: • Physician (DO/MD): 86 • NP: 19 • RN: 9 • PA: 9 • MSN: 7 • Unknown: 7 Mi-CCSI will be updating these numbers after analyzing the data from the fifth virtual training.
	Interview	MiCCSI Staff	
	Number and percentage of intended providers recruited and trained for the AD program		The target population is prescribers. MCRH worked with health systems to spread the word about the training. The recruitment was beyond expectations, so it seems that the engagement process was effective. The target population is prescribers embedded in health systems. The engagement process begins by connecting with the leadership of health systems. These leaders have existing relationships with prescribers and are able to engage them through those existing relationships, including pay incentives. In total, MCRH trained 15 participants in the AD training and placed 8 individuals on the waitlist for Year 2 training.
	Interview	MCRH Staff	
How successful was the implementation of the MODA initiatives to provide guideline implementation, clinical education, and training?	Number of providers receiving MAT training		Total participants (through 5 training sessions): 163
	Interview	MiCCSI Staff	
	Description of barriers and facilitators to MAT training		Successes: Excellent response and participation in training sessions. Network of collaborative organizations has been proven to be very robust. Challenges: There has been some overlap of services between MiCCSI and MOC. MiCCSI has worked out a way to decrease that overlap and increase collaboration. MDHHS is addressing the situation.
	Interview	MiCCSI Staff	
	Number of AD ambassadors recruited and trained		15 ambassadors received virtual academic detailing training through an online training curriculum, capstone webinars, and online simulations.
	Interview	MCRH Staff	

	Description of barriers and facilitators to developing and implementing an AD program		Successes: V & R has an excellent track record in training. MHA and MCRH have an excellent working relationship. Challenges: There have been significant delays due to the state grant management system. COVID-19 has prevented in-person training.
	Interview	MCRH Staff	
Return to Major Activity 7.1 in the Justify Conclusions section of the report			
Strategy 7: Providers and Health Systems Support **Major Activity 7.2: Insurers and health system support**			
Questions	**Indicators**		**Results**
To what extent did contextual factors influence MODA initiatives to provide insurers and health system support?	Description of the current best practices promoted for clinicians in the jurisdiction on opioid prescribing the M-OPEN activity		Our comprehensive Administrative Implementation Guide was designed to be a standalone compilation of materials to encourage elimination of over-prescribing practices. The materials were chosen for inclusion intentionally to provide resources for not only the individual prescriber to seek out and review but also for a physician leader (both formal and informal) to leverage in providing guidance to their peers. The provider education materials encompass a broad range of topics including how to speak to a patient, how to use motivational interviewing, and outlining the evidence that decreased opioid prescribing does not lead to increased refill requests or decreased patient satisfaction. Our materials include best practice information on the use of over-the-counter acetaminophen and ibuprofen as equally effective pain analgesia with significantly reduced risk.
	Interview	M-OPEN Staff	
	Description of data sources used to drive decision-making for the M-OPEN activity		This indicator has not been addressed in Y1.
	Interview	M-OPEN Staff	
	Description of potential partners, their ability to collaborate and assist with supportive activities re: the M-OPEN activity		At this time M-OPEN is collaborating with Michigan Surgical Quality Initiative (MSQI), University of Michigan Injury Prevention Center (UM IPC), Michigan Primary Care Association (MODA Contractor) and other overdose-reduction projects initiated by the State of Michigan, Michigan Department of Health and Human Services.
	Interview	M-OPEN Staff	
	Description of laws or policies relevant to opioid misuse and/or		This indicator was not addressed in Y1.

	overdose in the jurisdiction the M-OPEN activity		
	Interview	M-OPEN Staff	
To what extent have MODA initiatives to provide insurers and health system support been implemented as planned?	Description of adherence to the plan for continuing to develop the M-OPEN dashboard		Development of the implementation guide pivoted during this project year due to a re-assessment of the needs of prescribers in Michigan, how to best build on the other ongoing work of Michigan OPEN, and the COVID-19 pandemic. The content of this work plan has moved from a toolkit containing the dashboard itself as described in previous work plans to a set of resources – collectively referred to as the implementation guide - that serves to compliment the dashboard created during previous funding years and being piloted using other funding mechanisms. COVID-19 has provided the opportunity to restructure the delivery of this implementation guide to one that will be available as a no-cost, downloadable resource on Michigan OPEN's website. While not our original plan, we believe that this may be an opportunity to reach a broader audience and in a more equitable manner (i.e. all you need to access the resources is an internet connection).
	Interview	M-OPEN Staff	
	Description of adherence to the plan to develop an ED post-overdose MAT protocol		The original plan for Activity 7.2.2 was to develop ED naloxone and MAT protocols for Michigan, which were drafted based on input from Fall and Winter Summits. These protocols are included in the forthcoming post-overdose care toolkit, along with information on screening for OUD in the ED, linkages to services, and opioid-related stigma. The drafted naloxone and MAT protocols have been developed and shared with the stakeholder group for feedback. Protocols will be finalized before the launch of the toolkit. The post overdose toolkit has been developed and shared with the stakeholder group for feedback. It will be disseminated to the public after final reviews. The Michigan Safer Opioid Prescribing Toolkit has been live since November 2019. We are still doing work to promote this toolkit. Identify appropriate stakeholders to review and evaluate the toolkit and develop electronic surveys to receive feedback. The activity was implemented as planned.
	Interview	UMIPC Staff	

To what extent have MODA initiatives to provide insurers and health system support reached the intended audience?	Number and percentage of intended providers assisted with the utilization of dashboards		In consultation with our partners at MDHHS, we made the decision to be sensitive and pivot to an online version of the implementation guide in order to be sensitive to the fact that providers may be particularly overwhelmed during the grant year with respect to COVID-19 patients and/or additional patient care requirements. Michigan OPEN is currently working with Phire Group to update this Guide to present more professionally, while enhancing visuals, copy, and content throughout. The Guide will be accessible both in print and electronic format at Michigan-open.org. At that time, it will be available to the providers and the public.
	Interview	M-OPEN Staff	
How successful was the implementation of the MODA initiatives to provide insurers and health system support?	Number of Administrative Implementation Guides		One (1) Administrative Implementation Guide
	Interview	M-OPEN Staff	
	Description of barriers and facilitators to developing the dashboard		The most significant barrier to creating the implementation guide was the COVID-19 pandemic. This pandemic changed both our logistical ability to meet with providers in person for qualitative feedback as originally planned but also changed potential willingness of providers to meet with us to discuss the materials, even if discussed via a web platform such as Zoom due to the increased patient care burden on providers - particularly at less-resourced health systems - during the pandemic. Another identified barrier to the development of the Guide was how to address provider's resistance to change that is not based on any clear rationale, but rather prescriber personality or resistance to change. At the other end of the spectrum, Michigan OPEN's various materials, already developed, were well suited to persuade change based on evidence.
	Interview	M-OPEN Staff	
	ED protocol for providing naloxone and MAT; Evaluation report of Michigan Safer Opioid Prescribing Toolkit		Two (2) ED protocols for providing naloxone and MAT One (1) Evaluation report of Michigan Safer Opioid Prescribing Toolkit
	Interview	UMIPC Staff	

	Description of barriers and facilitators to developing an ED post-overdose MAT protocol		Naloxone and MAT protocols for Michigan EDs have been created based on the feedback received at the two in-person Fall and Winter summits. These summits were both great successes, bringing together 100 and 80 stakeholders, respectively. Emergency physicians who are integral to the development of the post-overdose protocols are currently on the front lines of the ongoing COVID-19 crisis. This has not yet hindered our ability to complete the work plan activities, and we are monitoring the ongoing public health crisis.
	Interview	UMIPC Staff	
Return to Major Activity 7.2 in the Justify Conclusions section of the report			
Strategy 8: **Partnerships with Public Safety and First Responders** **Major Activity 8.1: Programmatic Partnerships**			
Questions	**Indicators**		**Results**
To what extent did contextual factors influence MODA initiatives to establish programmatic partnerships?	Description of the current best practices promoted for public safety in the jurisdiction on addressing the opioid epidemic		Communicate best practice and most up to date laws and regulations through SUD listserv
	Interview	MPCA Staff	
	Description of data sources used to drive decision-making for this activity		MPCA uses EHR data from FQHCs. They also use overdose data from MDHHS and the CDC, as well as SUD data from the Azara SUD module.
	Interview	MPCA Staff	
	Description of potential partners and services offered		MPCA has coordinated services with MDHHS Viral Hepatitis, M-OPEN, and Families Against Narcotics (FAN).
	Interview	MPCA Staff	
	Description of laws and policies in your jurisdiction related to the involvement of public safety in addressing the opioid epidemic		This indicator was not addressed in Y1.
	Interview	MPCA Staff	

To what extent have MODA initiatives to establish programmatic partnerships been implemented as planned?	Description of adherence to the plan to facilitate connections to care programs		The events for the MODA grant were going as planned until COVID-19 shut down centers and in-person meetings. Health centers were short staffed and focused on COVID-19 and emergency response plans to the pandemic, so virtual events were not able to happen until August. The plan to facilitate connections to care programs was not implemented.
	Interview	MPCA Staff	
To what extent have MODA initiatives to establish programmatic partnerships reached the intended audience?	Number and percentage of intended agencies engaged in partnerships		None of the intended agencies were engaged in partnerships in Y1.
	Interview	MPCA Staff	
How successful was the implementation of the MODA initiatives to establish programmatic partnerships?	Number of post-release resource guidebooks		No post-release resource guidebooks were produced in Y1
	Interview	MPCA Staff	
	Description of barriers and facilitators to forming partnerships		One major barrier was COVID-19 halting health center services and in-person events. Another barrier is that data intended for this year is pushed back due to delayed activities.
	Interview	MPCA Staff	
Return to Major Activity 8.1 in the Justify Conclusions section of the report			
Strategy 9: Empowering Individuals to Make Safer Choices **Major Activity 9.1: Partner with harm reduction organizations to implement strategies**			
Questions	**Indicators**		**Results**
To what extent did contextual factors influence MODA initiatives to partner with syringe service programs to offer comprehensive services?	Description of the current best practices promoted for SSPs in the jurisdiction		This indicator was not addressed in Y1.
	Interview	VH Unit Staff	
	Description of data sources used to drive decision-making for the SSP activity		At this point, it is unclear whether data use agreements (for external access) or data sharing agreements (for internal access) have been set up for the specific purpose of informing decision-making in this major activity. In Y2, this indicator will be monitored more closely with each of the contractors and partners involved with these activities.
	Interview	VH Unit Staff	

	Description of potential partners and services offered re: the SSP activity		This indicator was not addressed in Y1.
	Interview	VH Unit Staff	
	Description of laws or policies relevant to opioid misuse and/or overdose in the jurisdiction re: the SSP activity		This indicator was not addressed in Y1.
	Interview	VH Unit Staff	
To what extent have MODA initiatives to partner with syringe service programs to offer comprehensive services been implemented as planned?	Description of adherence to the plan to assess EBPs		All four SSPs are conducting ongoing surveys as a matter of standard operating procedure. The results of these surveys will be compiled toward the end of the first year of the grant period.
	Interview	VH Unit Staff	
How successful was the implementation of the MODA initiatives to partner with syringe service programs to offer comprehensive services?	SSP annual report		An SSP annual report was not produced for Y1 because of COVID-19.
	Interview	VH Unit Staff	
	Description of barriers and facilitators to providing EBPs at targeted EBPs		We use SSP Utilization data as a way to monitor sites for use of EBPs. We have access to data all of the time and can pull data on a quarterly basis to share with partners. We also have plans to develop an SSP annual report to cover our activities, but COVID derailed plans to have that done in FY20.
	Interview	VH Unit Staff	
Return to Major Activity 9.1 in the Justify Conclusions section of the report			
Strategy 9: Empowering Individuals to Make Safer Choices **Major Activity 9.2: Partner with syringe service programs to offer comprehensive services**			
Questions	**Indicators**		**Results**
To what extent have MODA initiatives to partner with harm reduction organizations to implement strategies been implemented as planned?	Description of adherence to the plan to conduct a media campaign		Media campaign was delayed but eventually conducted toward the end of Y1
	Interview	VH Unit Staff	

	Description of adherence to the plan to convene a harm-reduction summit		The harm-reduction summit was delayed due to COVID-19 but will be held in September 2020.
	Interview	VH Unit Staff	

Return to Major Activity 9.2 in the Justify Conclusions section of the report

Strategy 10: **Prevention Innovation Projects**

Major Activity 10.1: Projects that allow states to promote innovative prevention approaches and practices

Questions	Indicators		Results
To what extent did contextual factors influence MODA initiatives to promote innovative prevention approaches and practices?	Description of current education opportunities provided in the jurisdiction for high school students		Michigan students are required to take one semester of health class in high school.
	Interview	M-OPEN Staff	
	Description of potential partners and services offered		MIOPEN developed the painless toolkit to connect elements of the musical to the classroom led curriculum and assisted in the communication, planning, and coordination of casting and performances in tandem with the School of University of Michigan School of Musical Theatre and Dance has created, led and performed full performances of Painless and has organized student casts for in-school performances. University of Michigan School of Public Health has spearheaded the delivery of the curriculum and school participation. They are the primary contact for the Michigan Department of Health and Human Services, public schools, and health coordinators. Health Coordinators from the MDOE recruited teachers from schools across Michigan. Teachers provided programmatic information through the Teacher Interviews.
	Interview	M-OPEN Staff	

To what extent have the MODA initiatives to promote innovative prevention approaches and practices been implemented as planned?	Description of adherence to the plan to support the performance of a musical called Painless: The Opioid Musical		By March 2020, we had recruited nine schools and were working to recruit the remaining schools. We had two schools schedule performances of Painless. We were working with the remaining schools to schedule performances of Painless. Our supplemental activities manual was at the printer. On March 12, Michigan's governor announced the closing of all Michigan schools due to the Corona Virus. Schools stayed closed for the balance of the school year. We could not provide performances nor distribute the supplemental guides.
	Interview	M-OPEN Staff	
How successful was the implementation of the MODA initiatives to promote innovative prevention approaches and practices?	Number of Painless performances; Number of Painless toolkits provided		No Painless performances No Painless toolkits provided
	Interview	M-OPEN Staff	
	Description of barriers and facilitators to support the performance of a musical called Painless: The Opioid Musical		In the last six months U of M School of Music and School of Public Health have made many advances on this project and were on track for successful implementation of the proposed work plan prior to the COVID19 outbreak. They have connected with nine state contracted Health Coordinators to recruit schools from across Michigan. They recruited eleven schools to participate. Two schools elected not to enroll in the project. In addition, successfully recruited eight schools; one school had not finalized the enrollment process at the time that the Governor of Michigan closed schools due to the COVID-19 virus. The Health Coordinators were confident that they could recruit two additional schools; however, this was also affected by school closures.
	Interview	M-OPEN Staff	
Return to Major Activity 10.1 in the Justify Conclusions section of the report			