Abstract

CSAP/CSAT State Opioid Response – TI-18-015

In 2016, 2,376 individuals died from a drug overdose in Michigan. Opioids were involved in 75% of these deaths. Between 1999 and 2015, opioid-involved overdose deaths increased more than 10 times; the sharpest increase occurring since 2012. In 2016, the American Indian/Alaskan Native (AI/AN) population had the highest rate of death due to opioid involved overdose. During the same year, adults aged 25 to 34 showed the highest overdose death rates, and male overdose death rates were higher than female.

The purpose of the Michigan State Opioid Response (SOR) project is to increase access to Medication-Assisted Treatment (MAT) for the three FDA-approved medications; reduce unmet treatment need; and reduce opioid overdose-related deaths through the provision of prevention, treatment and recovery activities for Opioid Use Disorders (OUD). Michigan aims to accomplish these goals with the following objectives: 1) improve the state infrastructure for individuals with an OUD; 2) train regional administration on infrastructure improvements, and train clinical staff on evidence based interventions and fidelity measures; 3) implement evidence based prevention and treatment interventions with accompanying fidelity instruments to ensure that the quality of the intervention is consistent across the provider network; 4) train providers in addiction medicine to increase provider capacity; 5) expand overdose education to include harm reduction methodologies; 6) educate high level opioid prescribers, surgical and dental specialists on proper prescribing protocols; 7) implement a service delivery model to stabilize OUD patients in a specialized treatment setting focused on the care and treatment of OUD and associated conditions such as mental and physical illness; 8) expand the availability of MAT in rural communities through telehealth support; 9) increase supports to the jail and prisoner re-entry population with an OUD; 10) expand the use of peers in Federally Qualified Health Centers (FQHC) and primary care settings; 11) increase recovery housing and peer support services for individuals with OUD; and 12) disseminate a statewide media campaign for the purpose of public education and stigma reduction.

The Michigan SOR initiative primary target is 25-34 year olds with OUD, additional populations of focus are AI/ANs, youth and older adults. Michigan's SOR will: improve awareness of the risks associated with using opioid based medications as well as illegal opioids; increase the availability of prevention focused evidence based interventions; educate physicians on the CDC Prescriber Guidelines for responsible opioid prescribing; increase access to MAT, residential treatment and recovery support services for individuals with OUDs; improve the quality of services for individuals with OUDs; increase treatment and support services available to individuals with an OUD re-entering the community from prison.

Wayne State University, School of Social Work, will serve as the evaluator for the project.

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Section A: Population of Focus and Statement of Need

A1. In 2016, 2,376 individuals died from a drug overdose in Michigan. Opioids were involved in 75% (n=1,786) of these deaths (source: Michigan Death Files). The AI/AN population had the highest rate of death due to opioid involved overdose in 2016 at 28.1 per 100,000 followed by the white population at 19.6 per 100,000 and the black/African American population at 18.5 per 100,000 (source: CDC Wonder). Adults 25 to 34 showed the highest overdose death rates at 39.5 per 100,000 and overdose death rates were higher in males than in females (25.4 per 100,000 vs 11.7 per 100,000 respectively). As a result, Michigan's primary target is 25-34 year old Michigan citizens with an OUD, additional populations of focus are AI/ANs, youth and older adults.

The Prepaid Inpatient Health Plans (PIHPs) with the three highest opioid overdose death rates per 100,000 individuals include Wayne County; Macomb County; and Genesee, Lapeer, Sanilac, and St. Clair counties – altogether a mix of urban and rural communities. High opioid prescription rates are also concerning and indicate potential for abuse. The counties with the highest rates of opioid prescriptions per 100 individuals are Genesee, Lapeer, Sanilac, St. Clair with 132.3 prescriptions per 100 individuals; the 21 northernmost counties of the lower peninsula with 123.6; and Wayne with 118.2. As part of planning process for the Michigan Opioid Health Home Model, a county need prioritization ranking was developed by the Michigan Department of Health and Human Services (MDHHS). The highest need counties identified with this methodology were: Baraga, Marquette, Delta, Schoolcraft, Otsego, Alpena, Grand Traverse, Kalkaska, Crawford, Oscoda, Wexford, Roscommon, Iosco, Clare, Gladwin, Bay, Monroe, Livingston, Macomb, Genesee, and St. Clair. The incarcerated and re-entry populations are also populations of focus as the Michigan Department of Corrections (MDOC) estimates 40% of parole violations result from the use of opioids or other criminal activity that supports opioid use.

Existing funding streams including Substance Abuse Block Grant (SABG), Medicaid, Liquor Tax funds, State Targeted Response (STR), and others will be coordinated by local PIHP-level SOR coordinators and the State Opioid Coordinator to prevent duplication of services in these populations.

A2. In FY17, a total of 71,207 publicly funded Substance Use Disorder (SUD) treatment admissions were reported to Michigan's Behavioral Health Treatment Episode Data Set (BH TEDS). Heroin or other opiates were reported as the primary substance of abuse for 43% of BH TEDS admissions age 12 and older. Nineteen percent of primary heroin or other opiates admissions had no prior treatment episode, and 20% had been in treatment five or more times previously. Medication assisted opioid therapy was identified for 61% of heroin or other opiates admissions. MAT capacity in Michigan is growing but gaps still exist. Eighteen counties, primarily in the northern rural/remote areas do not have any MAT providers. As of July 2018, Michigan has 5 new Opioid Treatment Programs (OTP) in development, but a net loss of one program since 2016. Increased treatment capacity is especially important regarding polysubstance abuse as 66% of primary heroin or other opiate admissions reported abuse of an additional substance, with cocaine reported by 28%, marijuana by 19% and alcohol by 14%. According to the 2015-2016 National Survey on Drug Use and Health (NSDUH), 7.3% of all individuals (n=615,000) in Michigan 12+ were estimated to be needing treatment for SUD but did not receive it, with 14.4% of individuals (n=159,000) aged 18 and 25 reporting unmet

treatment needs. These data indicate a need for improvements to the treatment system to reduce unmet treatment need and increased quality of treatment services with further recovery support integration.

Section B: Proposed Implementation Approach

B.1. The purpose of the proposed project is to: 1) increase access to MAT; 2) reduce unmet treatment needs; and 3) reduce opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD. The goals of the Michigan SOR project related to the purpose are as follows:

- Reduce the stigma associated with OUD, including the risks associated with using opioid based medications, as well as illicit opioids.
- Increase the availability of prevention focused Evidence-Based Practices (EBP) for individuals considered to be part of the selected or indicated portion of the population.
- Educate opioid prescribers on responsible opioid prescribing based on the CDC Prescriber Guidelines.
- Increase statewide treatment and recovery capacity to address gaps in treatment needs.
- Increase access to MAT using the three FDA-approved medications.
- Increase availability of treatment and recovery support services for individuals with OUDs.
- Improve the quality of services for individuals with OUDs by providing training on EBPs, to promote positive treatment outcomes and long-term recovery.
- Increase treatment and support services available to individuals currently incarcerated and re-entering the community from prison.

With this grant, we propose to serve 3,300 individuals per project year; 6,600 individuals for the life of this grant.

B.2. Michigan aims to accomplish these goals with the following objectives: 1) improve the state infrastructure for individuals with an OUD; 2) train PIHP and provider administration on infrastructure improvements, and train provider staff on evidence based interventions and fidelity measures; 3) implement evidence based prevention and treatment interventions with accompanying fidelity instruments to ensure that the quality of the intervention is consistent across the provider network; 4) train providers in addiction medicine to increase provider competency and capacity; 5) expand overdose education to include harm reduction methodologies; 6) educate high level opioid prescribers, surgical and dental specialists on proper prescribing protocols; 7) implement a service delivery model to stabilize OUD patients in a specialized treatment setting focused on the care and treatment of OUD and associated conditions such as mental and physical illness; 8) expand the availability of MAT in rural communities through telehealth support; 9) increase supports to the jail and prisoner re-entry population with an OUD; 10) expand the use of peers FQHCs and primary care settings; 11) increase recovery housing and peer support services for individuals with OUD; and 12) disseminate a statewide media campaign for the purpose of public education and stigma reduction.

Michigan will implement the objectives with the following required activities, as indicated in the funding opportunity announcement.

Prevention Activities

Michigan Anti-Stigma, Drug and Opioid Abuse Campaign: The objectives of the campaign include: 1) Reduce the stigma associated with OUD and MAT; 2) Increase awareness of OUD treatment options and support resources available within Michigan; and 3) Increase awareness of supports for persons with OUD as well as loved ones. The primary target population includes individuals 25 – 44 years in Michigan, although messaging will be created to also resonate with a younger cohort, as well as their parents. The campaign will be a statewide initiative with focus on counties with high rates of opioid-involved deaths.

Michigan CARES: Michigan is currently home to fewer than 200 addiction medicine/addiction psychiatry specialists. To help improve the knowledge base of physicians entering the workforce, Michigan State University will increase training of board-certified Addiction Medicine providers by providing didactic training through a consortium of medical schools across the state. A curriculum and training plan will be developed that closely follow the American Board of Preventive Medicine blueprint for the sub-specialty certification exam and offered to providers with the intent to build an infrastructure that can be used for future public health crises.

Youth/Older Adult/Family Oriented Evidence-Based Programs: In complement to the Strengthening Families Program Iowa 10-14 from Michigan's Opioid STR grant, four evidence-based youth prevention programs will be approved for training and implementation. PIHPs will have the opportunity to choose two of the following programs to expand efforts to middle and high school age youth: Botvin's Life Skills; Guiding Good Choices; Prime for Life; and Project Towards No Drug Abuse. Additionally, there will be an added focus on prevention efforts for older adults (55 and older) with high risk behaviors that may lead to OUD through Michigan State University Extension.

Medicaid Drug Utilization Review: Michigan was 1 of 16 states with a prevalence of opioid addiction of 750– 1,500 per 100,000 within the Medicaid population. In 2015, Michigan providers wrote 96.1 opioid prescriptions per 100 persons (9.5 million prescriptions). To target high prescribing practices, providers who are opioid-prescribing outliers based on prescribing patterns of ≥ 90mg MME for the Medicaid fee for service population (estimated N = 1,200-1,600) will be evaluated by a Physician Review Panel consisting of a pain/addiction specialist, physician specialist, and a Michigan Peer Review Organization Chief Medical Officer. Upon review, the physicians will be provided an intervention plan that include peer monitoring, individualized and group education and any plan of correction as directed by the MDHHS Office of Medical Affairs.

Opioid Education and Naloxone Distribution (OEND) with Harm Reduction: To enhance existing OEND efforts through the STR grant, increased outreach will be done at the PIHP level regarding safe prescription opioid use. Included in that effort, harm reduction will be integrated to include Naloxone kits for the re-entry population, referral to other community agencies for infectious disease testing and immunizations, and fentanyl testing strips. At the end of the STR grant, SOR funding will begin supporting the purchase and distribution of naloxone kits to homes at risk for an opioid overdose and for community distribution.

Hospital/Emergency/Dental Prescriber Education: Education efforts will be expanded to include pilot programs at Emergency Departments (EDs) and hospitals to address missed opportunities to engage patients with SUD including screening and assessment, support for integration of

addiction/behavioral health services, initiation of appropriate treatment and/or referrals, and managing care transitions when patients leave the ED or the hospital. Prescriber education will also be enhanced for dentists and oral surgeons to include both traditional and online teaching models for safe prescribing.

Treatment Activities

Project Alcohol & Substance abuse Services, Education and Referral to Treatment (ASSERT) for FQHCs: Project ASSERT is a SBIRT model implemented under Michigan's Opioid STR for peer recovery coaches within EDs. This project will expand its efforts to include the use of peers in FQHC and Urgent Care facilities to reduce opiate use through peer engagement and education.

MAT Expansion in Rural Communities with Telehealth and Mobile Care Units: Expanding upon the work done under Opioid STR, rural communities will be a large focus for increasing MAT and associated care accessibility. Two Mobile Care Units will be purchased per project year to provide behavioral health services to individuals with an OUD. This will include services such as therapy, counseling, urinalysis, case management and harm reduction. Additionally, telehealth will be expanded both on the mobile units and to provider agencies to increase accessibility to treatment.

Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking-Criminal Justice (MISSION-CJ) Michigan Re-Entry Program (MI-REP) Expansion: is an evidence-based, integrated behavioral intervention developed specifically to meet the unique needs of criminal justice-involved individuals for Michigan. This program will be an expansion of the services provided under Michigan's Opioid STR Grant to include additional prisons and county jails. MISSION-CJ staff will play a key role in assisting clients with accessing and engaging in MAT pre-release and post-release, while also offering ongoing support in the community. Prior to jail/prison release, all eligible participants are eligible for their initial dose of Vivitrol. Once released, all participants will be linked to CMH/PIHP and MAT providers, with the MISSION-CJ team providing the primary linkage and support.

Angel Project (AP)/Hope Not Handcuffs (HNH): The Michigan State Police (MSP) AP and the HNH program will collaborate to reduce dependency on opioids and help people access the treatment they need. It is designed so that any person struggling with addiction can voluntarily enter any partnering police department to seek help. By partnering together and leveraging experience and resources, MSP's AP will be strengthened, and HNH will expand into ten additional communities.

Opioid Health Home (OHH): Modeled after Vermont's Hub and Spoke model, OHH will be piloted in Michigan's Upper Peninsula where there is a shortage of MAT providers. The OHH model targets Medicaid beneficiaries with a diagnosed OUD and a complicating co-occurring condition or risk for one. Beneficiaries will be reassigned to an OHH for primary care and will be able to access both MAT and therapeutic interventions through their primary care home.

Recovery Activities

Recovery Services: Recovery Housing and 24-hr Peer Support: Following the National Alliance for Recovery Residencies (NARR) guidelines, recovery housing will be increased within the state for OUD clients. OROSC will partner with the Michigan chapter of NARR to provide oversight of recovery residences in the state. Each PIHP region will be provided funding to either update existing recovery homes to meet NARR standards or establish new homes in

partnership with community partners. A 24-hour peer support line will also be created to provide support and linkages to services.

Individualized Placement and Support (IPS) 18-25: IPS is an evidence-based model of supported employment for individuals with a mental health disorder that is being modified to serve OUD clients. This program will launch four IPS pilot sites to support persons with SUD primarily in southeast MI. Eight to ten well-trained employment specialists will work with 160 to 200 individuals with a goal of achieving an average employment rate of 40%. An experienced IPS lead will provide initial development support and ongoing technical support for each site. In addition, quarterly data will minimally track hours, wages, longevity of employment, and correlation to impact on sustained recovery.

Inter-Tribal Council Peer Recovery Support (ITC/PRS): The Inter-Tribal Council of Michigan (ITC), Anishnaabek Healing Circle will provide trauma informed, evidence based, and culturally responsive peer recovery support services to AI/AN with an OUD, ages 18 and older. This project will provide the resources to support three new pilot sites in the first year and an additional four new tribes in the second year.

These activities align with the current MDHHS Strategic Plan and the Governor's Opioid Commission. OROSC will use the activities, goals and objectives of the SOR project to help fulfill the expectations of the Opioid STR Strategic Plan and Opioid Commission Recommendations. Upon the completion of this grant, efforts will be sustained through the leveraging of existing funding streams include the SABG, Medicaid and local Liquor Tax funding.

B.3. Project Timeline

Key Activities	**Responsible Staff**	**Year 1**				**Year 2**			
		Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Design, Implement, Enhance and Evaluate Primary and Secondary Prevention using Evidence-based Methods	Project Coordinator, evaluators								
Implement or Expand Access to Clinically Appropriate EBPs	Project Coordinator								
Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment cost for under-and uninsured patients	Project Coordinator								
Provide treatment and recovery support services to patients reentering communities from criminal justice settings or other rehabilitative settings	Project Coordinator								
Enhance or support the provision of peer and other recovery support services designed to improved treatment access and retention and support long-term	Project Coordinator								
Train substance use, mental health care practitioners, specialists, and opioid prescribers on proper prescribing practices	Project Coordinator, SOTA, State Medical Director								

Key Activities	Responsible Staff	Year 1				Year 2			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Address barriers to receiving treatment by reducing the cost of treatment, developing systems of care to expand access to treatment, engaging and retaining patients in treatment, implementing telehealth services, and addressing discrimination associated with accessing treatment, including discrimination that limits access to MAT	Project Coordinator, Contractors								
Train OUD prevention and treatment providers, such as physicians, nurses, NPs, Pas, counselors, social workers, care coordinators and case managers	Project Coordinator and Training Contractor								
Support innovative telehealth in rural and underserved areas to increase the capacity of communities to support OUD prevention and treatment	Project Coordinator								
Design and disseminate statewide media campaign addressing stigma and awareness to support OUD client population	Project Coordinator								
Implement a service delivery model pilot to provide OUD patients integrated OUD, physical and mental health treatment services	Project Coordinator								
Establish and/or enhance statewide and community-based recovery support systems, including recovery housing, peer support in FQHCs, Urgent Care, and primary care	Project Coordinator								
Monitor opioid funding within the state system and targeted activities	SOC and Project Coordinator								

Section C: Evidence-Based Practices (EBP)

C.1. Michigan has identified 4 youth-focused prevention oriented EBPs that the will be available for training and implementation. Each PIHP region will have the opportunity to identify up to 2 of these EBPs for use within their region. The first is Botvin's Life Skills, which has been used in conjunction with other EBPs as well as independently for several years. It has been shown to be effective across all ages, and greater effects with individuals at higher risk for substance use. The second identified EBP is Prime For Life, designed for individuals who may be making high-risk choices, and can be used across universal, selective and indicated audiences. It has been shown to be effective for youth and college students and works to change substance use behaviors by changing beliefs, attitudes, risk perceptions, motivation and the knowledge of how to reduce their risk of substance related problems throughout their lives. The third EBP

is Guiding Good Choices, a parenting program whereby parents will learn specific strategies to help their children avoid drug use and other adolescent problem behaviors and develop into healthy adults by setting clear family guidelines on drugs, as well as learn and practice skills to strengthen family bonds, help their children develop healthy behaviors, and increase children's involvement in the family. The final EBP, Project Towards No Drug Abuse, is a classroom-based program targeted at high school age youth that focuses on 3 factors: motivation, skills and decision making to stop or reduce the use of cigarettes, alcohol, marijuana and other drugs.

Increasing evidence indicates that older and aging adults are particularly vulnerable to developing OUD based on their growing need for medications, risk of chronic pain, and changes in body functions that impact the metabolism of medications. The EBPs that will be implemented are: 1) The Wellness Initiative for Senior Education (WISE), a curriculum-based health promotion program that aims to help older adults increase their knowledge and awareness of issues related to health and the aging process, and understand how these affect the metabolism of alcohol and medications; 2) Chronic Disease Self-Management which has been proven to help older adults better manage their chronic conditions, improve their quality of life, and lower health care costs; and 3) Stress Less with Mindfulness has shown that practicing mindfulness is effective in reducing stress-related symptoms such as worry, depression and physical tension, and may be helpful in managing chronic conditions such as pain, cardiac disease and diabetes. None of the prevention related EBPs will be modified.

Much of Michigan's data shows that individuals entering into the publicly funded treatment system have a significant history of trauma, and this impacts their ability to implement change in their lives and sustain long-term recovery. To help manage some of the effects of these traumas, Michigan will offer Dialectical Behavior Therapy (DBT) training to the SUD treatment field. The skills related to the training include mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. DBT-SUD includes the same treatment strategies and protocols as standard DBT, while adding skills, targets, and treatment strategies specific to substance use-related behaviors and will be used with individuals in MAT.

As an adjunct to traditional therapy, Michigan will: 1) increase the number of clinicians in Michigan using Acudetox, the National Acupuncture Detoxification Association (NADA) protocol through training and reimbursement. Acudetox increases the success of treatment interventions by reducing anxiety, cravings and other symptoms typically associated with substance dependence. The NADA protocol has also been shown to be effective for harm reduction; and 2) offer clinicians across the state the opportunity to engage in Mindfulness training. Meditation is a valuable technique for SUD-affected persons, whose condition is often associated with unwanted thoughts, emotions and sensations. Mindfulness is also a component of maintaining lifestyle balance, with meditation-acquired skills complementing and enhancing therapeutic effects for SUDs.

MISSION MI-REP is an EBP based on the MISSION CJ model developed by the University of Massachusetts Medical School. It was developed to meet the unique issues of individuals with SUD and mental health disorders, and in Michigan, specifically intended for the prisoner re-entry population. This intervention has been used successfully in 2 Michigan prisons and will be expanded to an additional prison facility, as well as 2 county jail settings within the state. It provides a peer/case manager team to inmates up to 3 months pre-release, and up to 9 months

post release. The teams work closely with inmates and parolees/probationers to ensure they are receiving needed services to support their successful recovery, including MAT.

OHHs are modeled after Vermont's Hub and Spoke model and will be piloted in Michigan's Upper Peninsula where there is a shortage of MAT providers. The OHH model targets Medicaid beneficiaries with a diagnosed OUD and a complicating co-occurring condition or risk for one. Beneficiaries will be reassigned to an OHH for primary care and will be able to access both MAT and therapeutic interventions through their primary care home.

Michigan will use a modified approach to Project ASSERT to provide peer recovery coach connections to individuals in Federally Qualified Health Centers and other primary care locations. Coaches will employ a basic SBIRT technique to engage individuals who screen at risk for a SUD and connect them with needed services in their community. Project ASSERT is the only treatment intervention that will be modified.

Michigan will contract with the Michigan Alliance for Recovery Residences (MARR) to ensure that recovery homes receiving funding through this grant are following the National Alliance for Recovery Residences (NARR) standards, meet certification and are providing the supports necessary for the identified NARR level.

Medication Assisted Recovery Support Project (MARS) fights stigma related to treatment of SUDs with medication by educating and providing support services to show addiction professionals and patients themselves that real recovery is possible with medication. MARS is designed to enhance treatment and recovery efforts with structured peer recovery support, MAT education and a holistic approach to foster a recovery-oriented system of care.

IPS has traditionally been a model used for individuals with a mental health disorder. However, Michigan will pilot this intervention with 18-25-year-olds in 4 areas of the state identified because of the high number of individuals in the identified age rage entering treatment without employment. IPS will assist these emerging adults with education, technical training, and regular employment to help build the individual's recovery capital.

Section D: Staff and Organizational Experience

D.1. OROSC, as the Single State Authority (SSA), is responsible for the administration and coordination of the SABG, the Opioid STR, Partnerships for Success (PFS) 2015-2020, and State Youth Treatment-Implementation grant and as such, has experience managing the financial responsibilities and implementing programmatic improvements. OROSC allocates SABG and other grant funding through ten regional PIHPs located throughout the state. PIHP responsibilities include planning, administering, funding, and contracting with SUD provider agencies to maintain the provision of substance abuse prevention, treatment and recovery support services for all 83 counties in Michigan. All PIHPs have Substance Abuse Prevention and Treatment Directors as a point of contact and additional coordinators who provide technical assistance to providers and local communities. The OROSC regional treatment provider network currently serves individuals with OUDs across the lifespan and has access to a network of 42 MAT providers. Recovery support services are offered through traditional SUD treatment providers as well as stand-alone recovery programs. Independent of PIHP-based SUD services, there are connections to the OUD population through the Office of Medical Affairs, Michigan

Department of Corrections (MDOC), Michigan State Police (MSP), and the ITC which represents the 12 federally recognized tribal governments in Michigan and includes a behavioral health office that interfaces with the state and tribal governments. MDOC has experience working with re-entry programs for individuals with OUD through the STR grant. MSP also developed programming to connect individuals with OUD to treatment services, partially through the STR grant. Wayne State University (WSU) School of Social Work is an existing partner of OROSC and is the anticipated evaluator of this project. WSU has worked with OROSC for many years as an evaluator for STR, PFS, and MYTIE.

D.2. Although not directly funded by this project, OROSC Director, Larry Scott Ed.S will provide oversight and guidance to the SOR project as the Project Director. Director of OROSC, Mr. Scott has over 30 years' experience in SUD services; communicable disease; surveillance and research analysis; training and certification coordination; state team leader for peri-natal substance abuse prevention; state methadone authority; and National Prevention Network (NPN) Representative for the central region. Mr. Scott's involvement in this project will be on an in-kind basis, estimated at .10 FTE. The State Opioid Coordinator position will be funded by this project and will be staffed by Brittany Leek, MPH. Ms. Leek is the current Opioid STR Program Coordinator and has 4 years of experience working on coalition enhancement projects and collaboration research. Elizabeth Agius will be the principal investigator (PI) at .15 FTE. Ms. Agius, through WSU, currently serves as the PI on the STR grant and has also been the evaluator for prior CSAP-funded projects in Michigan. Eva Petoskey, M.S., (.25 FTE TOTR Director) will be responsible for coordinating the programmatic and fiscal activities for the ITC. Ms. Petoskey has 40 years' experience as an administrator and evaluator in tribal communities. She has over 20 years of successful experience with SAMHSA grants. Additional significant personnel who will provide guidance to the project but will not be funded by this grant include: the OROSC Prevention and Treatment Section Manager Angie Smith-Butterwick, MSW; the MDHHS Medical Director of Behavioral Health and Forensic Programs Dr. Debra Pinals M.D.; and the State Opioid Treatment Authority Lisa Miller B.A. OROSC will also hire a Project Coordinator for the SOR project at 1.0 FTE, one Project Assistant at 1.0 FTE, and one Care Manager at 1.0 FTE.

Section E: Data Collection and Performance Measurement

E.1. In response to Section 2.2, the evaluation team will partner with FEI Systems Inc. to support compliance with collecting and reporting all required Government Performance and Results Act (GPRA) data. S AMHSA's Performance Accountability and Reporting System (SPARS) reporting will be regularly used to apprise the implementation process and identify areas for improvement. Beyond GPRA, evaluators will work with individual programs to develop specific evaluation plans.

Table 1: Data Collection for Performance Measures and Goals

Performance Measure & Goals	Data Source	Data Collection Frequency	Responsible Staff	Evaluator Data Analysis Method
Reduce the stigma associated with OUD	Surveys; monitoring tools	Quarterly	Provider Staff; WSU	Summaries, changes over time

Increase the availability of prevention focused EPBs for selected or indicated populations	Surveys; monitoring tools	Quarterly	Provider Staff; WSU	#'s by quarter
Educate opioid prescribers on the CDC Prescriber Guidelines	Surveys; monitoring tools	Quarterly	Provider Staff; WSU	#'s by quarter
Increase statewide tx and recovery capacity to address gaps in treatment needs	Surveys; monitoring tools	Quarterly	Provider Staff; WSU	#'s by quarter, changes over time
Increase access to MAT using the three FDA-approved medications	Surveys; monitoring tools	Quarterly	Provider Staff; WSU	#'s by quarter, changes over time
Increase availability of tx and recovery support services to individuals with OUDs	GPRA	Intake, 3m, 6m, discharge.	FEI Systems Inc., WSU	#'s by quarter, changes over time
Improve the quality of services for individuals with OUDs for positive tx outcomes and long-term recovery	GPRA	Intake, 3m, 6m, discharge.	FEI Systems Inc., WSU	#'s by quarter, changes over time
Increase tx and support services available to individuals currently incarcerated and re-entering the community from prison	GPRA	Intake, 3m, 6m, discharge.	FEI Systems Inc., WSU	#'s by quarter, changes over time

Data Management: The evaluator will interface with FEI Systems Inc. to collect GPRA data requirements; analyze data to assess performance and outcome measures for GPRA; and use SPARS and FEI Systems Inc. to provide providers and OROSC with regular reporting and feedback on GPRA. Quarterly, the evaluation team will provide descriptive statistics on all variables. Bi-variate and multivariate analyses to look at how the clients performed and met their intended outcomes. Data is stored on computers with dual factor authentication for security.

Performance Assessment: Evaluators will attend project meetings, track progress (process & outcome) and provide feedback to assist the staff to make adjustments. Annual reports and a final project report will be created for OROSC and will include assessments of fidelity, process, outcomes and lessons learned.

Quality improvement: We will use the Plan, Do, Study, Act (PDSA) model. This continuous improvement model allows us to implement plans and review them shortly after (Study) to determine if implementation was successful. We can then Act to make changes as needed.