



State Opioid Response

Quarterly Evaluation Summary
Project Year 1 Quarter 3
April 1 – June 30, 2019



WAYNE STATE
School of Social Work



This quarterly report summarizes the Statewide Opioid Response (SOR) grant funded prevention, treatment, and recovery activities of the 10 Prepaid Inpatient Health Plan (PIHP) regions, tribes, and other funded projects.

Prevention activities include:

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

Treatment activities include:

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

Recovery activities include:

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

Youth and Family Oriented Prevention Evidence Based Practices

Each PIHP was able to choose two youth and/or family oriented evidence based or promising practice programs to fund during the first grant year. Available programs include Guiding Good Choices (GGC), Project Towards No Drug Abuse (PTNDA), Botvin LifeSkills Training (LST), and Prime For Life (P4L).

Region 2

The Health Department of Northwest Michigan facilitated three LST programs at Charlevoix Montessori Academy of the Arts, East Jordan Middle School, and Boyne Falls, for 34 students.

Catholic Human Services (CHS) hired two P4L facilitators, contracted with an existing staff member, and sought to hire a fourth facilitator. CHS received verbal approval to provide programming in four different city schools and collaborated with six other schools to provide additional resources. CHS began four LST programs for 96 students.

Region 3

Three different agencies implemented P4L for 45 individuals. Three facilitation attended a P4L training.

Six cohorts with 175 individuals completed the LST program. An additional four cohorts began LST this quarter. Facilitators from the Kent County Health Department planned additional programs for the 2019-2020 academic year. Four high schools, one alternative school, and one juvenile detention center registered to provide the curriculum.

Region 4

One hundred and seventeen individuals attended one of three PTNDA trainings and 11 families attended one GGC training.

Region 5

Two facilitators attended the P4L training and sought certification, and another individual registered to receive the training. Various meetings occurred with school districts to discuss implementing P4L as part of the School Discipline and Athletic Code.

Five staff attended the PTNDA facilitator training.

Region 6

Eleven participants completed a GGC program. Eastern Michigan University and Region 6 hired P4L facilitators.

Region 7

Mariners Inn, Central Care Management, and City of Westland's Youth Assistance Program implemented six LST training to 87 individuals.

Hegira Health provided a PTNDA training for 141 individuals.

Meetings have led to partnerships with multiple schools for implementing prevention activities in the 2019-2020 academic year.

Region 8

This region is waiting for training before beginning implementation.

Region 9

Forty-nine families attended one of four P4L programs this quarter. Three school districts met with providers to discuss the implementation of P4L. Three staff completed the P4L training.

Region 10

Three staff from Flint Odyssey House attended the P4L facilitator training.

392 students participated in Botvin LifeSkills.

94 families participated in Prime For Life.

258 individuals participated in Project Towards No Drug Abuse.

22 families participated in Guiding Good Choices.

Overdose Education and Naloxone Distribution with Harm Reduction

The SOR grant awarded PIHPs funds for additional naloxone purchasing and training opportunities that include harm reduction activities.

Region 1

Region 1 conducted four OEND trainings, distributed 191 naloxone kits, and purchased an additional 80 kits. Region 1 hired a new coordinator to provide additional trainings. The region also released funding notices to help both develop programming and expand existing programming.

Region 2

The medical director for AuSable Valley Community Mental Health signed the standing order for Naloxone on April 19. Region 2 conducted twelve OEND trainings for 197 individuals, purchased 600 naloxone kits, and distributed 452 naloxone kits.

Region 3

Region 3 met with local emergency departments to clarify the details and procedures that would allow for the expansion of OEND in. The region held nine OEND trainings for 173 individuals, distributed 136 naloxone kits, and reported six lives were saved.

Region 4

Region 4 held eight OEND trainings for 132 individuals, distributed 132 naloxone kits, and reported four lives were saved.

Region 5

Region 5 held two OEND trainings for 45 individuals, purchased an additional 300 hundred nasal kits and 1,500 injectable kits, and distributed 388 kits. The region also held three OEND Train-the-Trainer events.

Region 6

Region 6 held four OEND training-of-trainers 11 individuals and one community OEND training 35 high school students. The region purchased 720 naloxone kits were and distributed 215 naloxone kits during this quarter.

Region 7

Region 7 held 22 OEND trainings, purchased 696 naloxone kits were, and distributed 616 naloxone kits during this quarter.

Region 8

Region 8 held 17 OEND trainings for 632 individuals, purchased 500 naloxone kits, and distributed 329 naloxone kits during this quarter.

Region 9

Families Against Narcotics (FAN) and CARE of Southeast Michigan held 26 OEND trainings for 436 individuals.

2,459 naloxone kits were distributed this quarter.

Michigan Collaborative Addiction Resources and Education System

The goal of the Michigan Collaborative Addiction Resources and Education System (MI CARES) initiative is to create a curriculum to train physicians to attain accreditation in Addiction Medicine (AM) via the practice pathway during the transitional phase as the American Board of Preventive Medicine creates an AM subspecialty. Additionally, MI CARES will begin development of a curriculum for medical students on addiction medicine.

Physician Recruitment

The MI CARES team formed partnerships with Spectrum Health Center for Integrative Medicine, Upper Great Lakes Family Health Center, InterCare Community Health Network, Lakeland Care Network, and Munson Healthcare for recruitment of doctors to participate in programs to fulfill the requirements of the American Board of Medical Specialties practice pathway. Thirty-eight physicians indicated their interest in the program this quarter. MI CARES used this time to

finalize marketing and communication designs to aid in recruitment efforts and launched their website at <https://micares.msu.edu/>. Fifteen physicians officially registered for the program including eight family physicians, four internal medicine physicians, two emergency physicians, and one maternal-fetal physician.

Curriculum Development

Faculty members and subject matter experts at Wayne State University, University of Michigan, and Michigan State University met and refined the curriculum. The American Board of Preventive Medicine requires 1,920 hours of addiction medicine experience in the areas of direct patient care, research, teaching, and administration. The curriculum includes 18 modules and 8 sub-modules for individual substances.

Older Adult Prevention Evidence Based Practices

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

Mindfulness

MSUE delivered four Mindfulness series of trainings in Jackson, Lincoln, Bad Axe, and Grand Rapids for 32 individuals.

Chronic Disease Self-Management

MSU E delivered one full Chronic Disease Self-Management training for seven individuals.

Chronic Pain Self-Management

Eleven Michigan State University Extension staff received Chronic Pain Self-Management facilitator training.

Optimizing Pain Management and Opioid Prescribing During Procedural Care

The SOR grant funded University of Michigan's Michigan Opioid Prescribing Engagement Network (MI OPEN) to facilitate the Optimizing Pain Management and Opioid Prescribing during Procedural Care project. This initiative will make further advances in opioid prescribing practices after surgery and dentistry by developing perioperative care pathways, refining and implementing prescribing recommendations through Collaborative Quality Initiatives, educating dentists by creating a new CDE curriculum, and coordinating an interprofessional network focused on improving opioid stewardship and coordinated care.

Refine & Implement Prescribing Recommendations

MI OPEN hired the Continuous Quality Improvement (CQI) Coordinator, research CQI platforms, and held meetings with Blue Cross Blue Shield of Michigan Cardiovascular Consortium Vascular Surgery coordinators, Michigan Bariatric Surgery Collaborative, and Integrated Michigan Patient-Centered Alliance on Care Transitions Collaborative. MI OPEN began work with the new CQI Obstetrics Initiative to start data collection and develop prescribing recommendations.

Transitions of Care

MI OPEN developed brief information sheets on naloxone and pain management for high-risk patients, a communication tool, patient screening tool, and a Washtenaw County resource list. They held meetings with stakeholders and subject experts to integrate the care pathway into the Electronic Medical Records (EMR) system. MI OPEN established the qualitative interview guide for anesthesia, primary care, and surgical providers and recruited 10 physicians for early July. MI OPEN staff completed three interviews. MI OPEN is transcribing, and coding completed interviews to identify themes. Moving forward, MI OPEN will develop resource lists for counties other than Washtenaw and develop a plan for qualitative analysis.

Dental Prescribing Guidelines

MI OPEN finalized the curriculum survey, recorded a dental Continuing Education (CE), and began filming for a Massive Open Online Course (MOOC). They are negotiating a contract with Delta Dental to create a CE for nationwide use. During the reporting period, transitions in the School of Dentistry leadership delayed survey administration until September.

Developing an Interprofessional Multidisciplinary Network

The second interdisciplinary forum was held on April 5. The Harvard Interprofessional Summit brought 351 in-person attendees and 281 web attendees, and 40 individuals attended the Statewide Tribal Opioid Summit. The Implementation Coordinator obtained input from community members and medical professionals on the advisory board proposal and recruitment process and held additional meetings to establish the mission and vision. MI OPEN's barriers included determining which organizations and who to contact at these organizations; difficulty defining the composition, roles, and operating standards of the board and board members within the context of MI OPEN; and difficulty finding board members outside of southeast Michigan. Next steps include continuing outreach and meetings with potential board members, as well as planning for the Rural Opioid Summit in October.

Peers in Federally Qualified Health Centers, Urgent Care, and Other Outpatient Settings for Screening, Brief Intervention, and Referral to Treatment

The PIHPs received funding to implement Peer Recovery Coach (PRC) services and Screening, Brief Intervention, and Referral to Treatment (SBIRT) in outpatient settings such as Federally Qualified Health Centers (FQHC), Urgent Care, and other outpatient settings.

Region 1

Two PRCs worked 20 hours per week at Keweenaw Bay Indian Community's Health Center.

Region 2

Region 2 and Charlevoix Hospital staff met to determine which outpatient facility is best suited for this initiative.

Region 3

The SOR coordinator worked to install a peer in a local jail setting to conduct SBIRT.

Region 4

Two PRCs worked at InterCare and Covered Bridge Healthcare, for 30 and 40 hours a week respectively. The PRC at Covered Bridge completed SBIRT training and other staff will train at the end of June.

Region 5

Region 5 met with Recovery Pathways and Catholic Charities in Corunna to pursue delivery of services at the agencies and to strategize an increase in PRC services at the Corunna OP location.

Region 6

One PRC worked 40 hours per week at Packard Health/Home of New Vision and one PRC worked 18 hours per week at Family Medical Center.

Region 7

Detroit Community Health Connection is staffed 12.5 hours per week, Western Wayne Family Health Center is staffed 20 hours per week, Wayne County Health Communities is staffed 8-12 hours per week, and Central City is staffed 14 hours per week. Region 7 is still awaiting an MOU with Henry Ford Wyandotte Hospital. The PRC at Western Wayne Family Health Center quit and they are in process of hiring another.

Region 9

CARE of Southeastern Michigan held meetings with clinic administrators from two Alliance Health sites to discuss this initiative.

Region 10

One PRC worked 20 hours per week at Hamilton Community Health Center.

15 peer recovery coaches are employed through this initiative.

Mobile Care Units

The SOR grant funded three regions to implement Mobile Care Unit (MCU) services including substance use disorder screening, drug screening, counseling, overdose education, referrals to treatment, and basic primary care supports.

Region 3

Region 3 has completed a contract amendment with Red Project to begin using their existing MCU to distribute naloxone throughout the region.

Region 5

Region 5 selected a service provider and proposed a contract to the Board of Directors on July 9. They are currently receiving bids from specialty vehicle companies to custom build the unit.

Region 7

Abundant Community Health and Quality Behavioral Health provided services via two MCUs. The following number of individuals received the specified service from a MCU during this quarter: 144 received SUD screening, 122 received peer supports, 71 received SUD counseling, 71 received OEND, 57 received referral to SUD treatment, 46 received basic primary care supports, 44 were referring to ancillary services, and 24 received drug screening. Quality Behavioral Health is in the process of adding seven additional sites for their mobile unit.

Jail-Based Medication Assisted Treatment Expansion

PIHPs received funds to expand the development of jail-based Medication Assisted Treatment (MAT) programs in their regions.

Region 1

Great Lakes Recovery Centers (GLRC), Chippewa County Jail, and Marquette County Jail met to discuss this initiative. GLRC staff met with each sheriff to review programming goals and identify specific details that must be resolved before program implementation.

Region 2

Wexford and Roscommon Counties were in the planning phase of this project.

Region 3

Family Outreach Center provided MAT services at the Muskegon County Jail. This quarter, four patients received methadone, three patients received naltrexone, and seven patients received post-release follow up. The program expanded to include groups of Smart Recovery, Seeking Safety, and Thinking Matters.

Region 4

Victory Clinic readied to provide MAT at Kalamazoo County Jail and waited for referrals.

Region 7

Hegira Health provided Peer Recovery Coach services in the William Dickerson Detention Facility. During this quarter, they provided services to 19 individuals, six of whom received post-release follow up. Hegira worked on implementing naltrexone in this facility.

Region 8

Sacred Heart served 22 individuals at the Oakland County Jail during this quarter. Seventeen individuals received buprenorphine, five individuals received methadone, and nine individuals received post-release follow up.

Region 9

Sacred Heart began providing physicians, therapists, and peers for jail-based MAT services at Macomb County Jail on July 8.

Opioid Use Disorder Treatment Costs

PIHPs had funding awarded to cover the costs of uninsured or under-insured patients for opioid use disorder (OUD) treatment services, as well as the salary and wages of essential positions like Recovery Coaches (RC) who provide these services.

Region 2

Region 2 covered costs for treatment services, specifically case management, for 38 patients at four County Jails: Alpena, Charlevoix, Emmet, and Missaukee. Alpena County Jail conducted a survey with 39 responses assessing case management needs.

Region 3

Region 3 covered the cost of case management services for one patient.

Region 4

Region 4 covered the cost of a RC and navigator for 29 patients seen through the jail or court system. Most patients continued with RCs and engaged in patient navigation with the program counselor after the initial contact.

Beginning in May, staff conducted outreach at the County Courthouse to engage individuals in pre-trial conferences. Staff were also present on the local Amnesty Day. Staff continue to conduct outreach for pre-trial conferences, as well as respond to calls from the Circuit Court, other courts, and the Kalamazoo County Jail.

Region 6

Region 6 covered the costs of case management, drug testing supplies and lab costs, as well as web-based treatment services for 74 patients. Fourteen of these patients received the medication buprenorphine.

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) worked with Workit Health to become a provider in the OUD system and expand the pilot program with the supplemental SOR funding.

Region 7

Region 7 covered the costs of drug testing and lab costs for three patients.

Telehealth to Support Rural Communities

The Michigan Opioid Collaborative (MOC) telehealth project will conduct a needs assessment, establish nurse care-manager led care coordination, offer telehealth-based psychotherapy, and create a dissemination toolkit.

Needs Assessment

The MOC telehealth team received 24 completed needs assessments. MOC is summarizing helpful information from these needs assessments to inform future protocol development. Sites who have completed the need assessment have been identified for recruitment.

Feasibility Requirements & Planning

The telehealth team has identified a training plan to on-board new sites for implementing telehealth services and finalized the institutional review board (IRB) proposal necessary for data collection.

Intervention Protocols

The team has completed their manual of operations, tele-counseling protocol, and submitted this information to the IRB.

Engagement & Implementation

Two sites have submitted letters of support and the team is identifying three additional sites for project implementation. Implementation will begin as soon as the IRB approves the project proposal.

Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking– Michigan Reentry Program Expansion

The Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking– Michigan Reentry Program (MI-REP 2) provides specialized services to individuals with OUDs who are re-entering the community from a prison within Michigan. The MI-REP 2 expansion allows these services to expand beyond Oakland, Macomb, and Wayne counties, to Kent and Monroe County.

Implementation & Enrollment

MI-REP 2 implementation occurred in four facilities in 2 counties. In Monroe County, the participating facilities were Monroe County Jail (MCJ) and the Women's Huron Valley Correctional Facility (WHV). In Kent County, the participating facilities were Bellamy Creek Correctional Facility (IBC) and Kent County Correctional Facility (KCCF).

MI-REP 2 received 39 referrals from the MCJ and WHV, screened seven individuals, and successfully enrolled five individuals.

MI-REP 2 received 115 referrals from IBC and KFFC, screened 29 individuals, and successfully enrolled 18 individuals.

Wayne State University project coordinators met with the Kent and Monroe County teams bi-weekly and conducted weekly update calls.

Monroe County sought a Peer Support Specialist.

Training

MI-REP 2 clinical teams attended overdose “Train the Trainer” with Red Project and will begin training clients on overdose prevention and distribute a naloxone kit upon release from Kent County Correctional Facility (KCCF).

Kent and Monroe County clinical teams attended a Risk-Needs-Responsivity training led by Dr. Pinals that reviewed the RNR framework and utilized the principles along with the MISSION RNR Treatment Support Planning Tool.

Direct Provider Support for Medication Assisted Treatment

This project allows the Michigan Opioid Partnership (MOP), which includes six philanthropic organizations in Michigan, to establish mini grants. MOP will distribute these grants to hospitals to develop and initiate, enhance or expand, and address barriers to comprehensive Medication Assisted Treatment (MAT) services.

After reviewing applications, the MOP funded two hospitals:

- Beaumont Hospital Foundation at Royal Oak Beaumont in partnership with CARE of Southeast Michigan.
- Munson Medical Center at Traverse City in partnership with Traverse City Health Clinic.

These hospitals will utilize the funds to address significant administrative and programmatic barriers to offering MAT to their patients. Both hospitals are in the process of finalizing MOUs and hiring project coordinators.

Initially, MOP made an offer to fund a project at OSF St. Francis Hospital. However due to changes in leadership, OSF St. Francis Hospital will not be implementing the project and formally declined the grant.

MOP was in the process of recruiting future applicants for the next round of funding proposals.

Hope Not Handcuffs Expansion

Hope Not Handcuffs (HNN) is an initiative started by Families Against Narcotics (FAN) to bring PIHPs and community organizations together to find viable treatment options for individuals with OUDs. SOR funds are utilized to expand the program to eight additional counties.

Engaging New Sites

Coordinators of HNN presented the HNN program to all 21 FAN chapters at the April FAN conference.

Genesee County: HNN Coordinators held an initial meeting with Burton Police Department to discuss HNN.

Grand Traverse County: HNN met with a Traverse City board member, Traverse City Police Chief, and the Angel Coordinator to discuss final steps in launching HNN. Three local law enforcement agencies and Region 2 are in support of the initiative.

Kent County: The Grand Rapids FAN chapter is launching the HNN program.

Marquette County: HNN Coordinators met with the Drug Enforcement Administration, local police departments, coalitions, treatment providers, and the Federal Bureau of Investigation to discuss launching a FAN chapter and HNN.

Midland County: Coleman Police Department committed to launch the HNN program.

Monroe County: HNN Coordinators met with multiple local coalitions, Monroe County Sheriff, and local judges to discuss bringing FAN and HNN to the county.

Sanilac and Tuscola counties: HNH Coordinators met with representatives from FAN Chapters and community leaders to start the planning phase of HNH in their area.

St. Clair County: HNH Coordinators met Blue Water FAN to discuss the launch of HNH.

Wayne County: HNH Coordinators spoke at a Wayne Community College workshop to discuss a possible HNH site on campus.

The main concern raised in planning discussions this quarter is treatment bed shortage. Multiple areas including Washtenaw, Marquette, Chippewa, the Blue Water area, and Grand Rapids brought up this challenge. The Brighton Center for Recovery has been engaged to implement possible solutions to the bed shortage in Washtenaw County.

Volunteer/Angel Recruitment and Training

HNH staff held trainings in Traverse City with 20 attendees, Macomb County with 24 attendees, and Genesee County with six attendees.

Participant Engagement and Follow-up

During this quarter, volunteers made 116 successful placements. In June, HNH was able to connect with over 82 percent of new participants.

Genesee County: nine placements, eight attempted follow ups, eight contacts made.

Great Lakes Bay Region: five placements, five attempted follow ups, five contacts made. Lapeer

County: two placements, two attempted follow ups, two contacts made.

Macomb County: 86 placements, 80 attempted follow ups, 69 contacts made.

Oakland County: nine placements, nine attempted follow ups, seven contacts made.

Wayne County (Canton): four placements, three attempted follow ups, three contacts made.

Wayne County (Downriver): one placement, one attempted follow up, one contact made.

116 placements were made across all locations.

50 volunteers received HNH Angel Training.

Recovery Housing

The SOR grant funded recovery housing initiatives to cover the costs of housing for residents with opioid use disorder, costs of home repairs, and costs associated with obtaining the Michigan Association of Recovery Residences (MARR) certification.

Region 1

Great Lakes Recovery Centers, Inc. in Sault Ste. Marie conducted home repairs and hired staff.

The Keweenaw Bay Indian Community in Baraga opened June 1st after construction, and they were in the process of hiring a care manager and determining occupancy. Both projects will work toward MARR certification within 12 months of opening. They are currently working with a start-up in Marquette to establish men's recovery housing.

Region 2

Region 2 worked with three agencies: Addiction Treatment Services, Nathan's House, and Project Unity. All three agencies implemented home repairs and obtained their MARR Certification. Nathan's House also engaged in resident reimbursement.

Region 3

Region 3 met with Conexxion Point in Ludington to discuss funding needs and MARR Certification. Region is funded resident stays at Recovery Roads in Grand Rapids, as well as Randy's House in Greenville, at a per diem rate. Implementation and home repairs occurred at Building Men for Life in Holland. Region 3 funded home repairs at Randy's House. All three locations are MARR certified. Region 3 met with community stakeholders in Grand Haven to start women's recovery housing. They identified a potential site and community partner.

Region 4

Region 4 worked with the following sites to compile and revise lists of home repairs: GFM The Synergy Center in Kalamazoo, two Recovery Services Unlimited Homes in Battle Creek, and six homes through Community Health Centers: Bethany in Kalamazoo, Healthy House in Kalamazoo, Healing House in Kalamazoo, Hope House in Sturgis, New Beginnings in Kalamazoo, and Star of Hope in Niles. All nine homes applied for MARR certification this quarter and the two RSU homes completed their site visit at the end of June and anticipate certification.

Region 5

Randy's House worked with MARR to schedule site visits and obtain certification. Houses in Newaygo have been prepared with residents moved in and working with Recovery Coaches.

Region 6

The Community Mental Health Partnership in Southeast Michigan (CMHPSM) met with Marie's House of Serenity in Ypsilanti, as well as with the MARR certified Brighton Center for Recovery. Region 6 met with Dawn Farm in Ann Arbor/Ypsilanti and Paula's House in Monroe. Family Self Sufficiency housing began at Touchstone in Monroe, which is MARR certified. Home of New Vision in Ann Arbor worked to create a contract at one location, signed a lease, and posted a Care Manager position at the other location. Both locations worked toward MARR certification.

Region 7

Abundant Community Services in Detroit, Mariners Inn in Detroit, and New Light Recovery in Detroit provided services this quarter. Abundant Community Services waited on the MARR certificate. The Abundant Communities Housing Readiness curriculum was implemented, and 70 percent of participants completed the program and were in the process of applying for Michigan State Housing Development Authority (MSHDA) housing supports. Mariners Inn implemented services with 50 individuals and awaited an inspection date to obtain MARR certification. New Light Recovery conducted home repairs, recruitment, provided case management and peer services, and planned to meet with a MARR representative for certification.

Region 9

Both the men and women's Sacred Heart houses in Eastpointe sought referrals through the Macomb County Office of Substance Abuse and the Macomb County Access Center. Sacred Heart agreed to seek MARR Certification.

Region 10

Flint Odyssey House, Inc. and Sacred Heart in Port Huron conducted home repairs. Vision Quest in Port Huron worked on contract finalization.

Seven recovery homes received Michigan Association of Recovery Residences certification.

Individualized Placement and Support

Individualized Placement and Support (IPS) provides training and employment placements for individuals aged 18 to 25 with an OUD. This involves funding Employment Specialists (ES) to facilitate the IPS program.

Region 1

Great Lakes Recovery (GLRC) in Sault Ste. Marie began implementation with GLRC sites as the sources of referrals (e.g. residential New Hope Men and New Hope Women programs, and New Hope Outpatient). GLRC hired a Project Coordinator on May 13. Three individuals enrolled in the program. GLRC contacting multiple other employment sites for additional implementation.

Region 8

Oakland Community Health Network (OCHN) hired 2 ESs in May. The official IPS program launched June 3 and had not yet had any referrals, although a detailed recruitment and referral process has been established. The ESs worked with the OCHN Communications Team to help promote IPS.

Region 9

CARE of Southeast Michigan hired an ES at the end of May and received training on the IPS model. The Macomb County Access Center provided referrals.

Opioid Use Disorder Recovery Services Costs

The SOR grant funded initiatives to cover the costs of uninsured or under-insured patients that require opioid use disorder (OUD) recovery services and the salary and wages of essential positions like Peer Recovery Coaches (PRC) and Peer Specialists (PS) who provide these services.

Region 1

Region 1 met with area providers to provide funding assistance for patient medication costs and transportation needs. Region 1 also funded a PRC position for the agency Dial Help, Inc. During this quarter, funds were initially used for this position at .25 FTE and progressed to fund the position at .5 FTE. This PRC attended training and became certified. An additional PRC trained and began implementing services in four different counties in the western area of the region.

Region 2

The Recovery Community Alliance in Petoskey opened a Recovery Community Organization (RCO) and met with Centra Wellness in Manistee and Benzie counties to discuss plans to begin an RCO.

Region 4

Region 4 funded 2 FTEs at Community Healing Center's (CHC) Carol's Hope. Other funding provides the salaries of other PRCs but in combination this allowed for a Manager and 12 PRCs to staff the program 24/7.

SOR funds also covered 31 new intake patients, 32 walk-in patients, eight returning patients, and six calls from patients. Specific services included referrals to community services, family support services, outreach, support groups, and treatment. Funds were also used to provide respite services for PRCs.

The region hosted Smart Recovery and Narcotics Anonymous meetings on site, as well as conducted outreach at the local soup kitchen through flyers and brochures. Other outreach efforts included 11 group meetings and presentations to community members and organizations.

Region 6

Region 6 utilized funds for the following salaries and wages: an RCO PS at .275 FTE for Home of New Vision, a Peer and Mental Health Assistant at Livingston Community Mental Health (CMH) paid hourly, a Recovery Peer Support at .17 FTE for Catholic Charities of Southeast Michigan, as well as a PRC at .5 FTE at the Lenawee CMH Pathways/Engagement Center. The Region also used funds to cover the cost of recovery services for one patient.

The region engaged in outreach events including the CCAR training in April for 30 attendees, Recovery Is training for 75 attendees in April, Rally for Recovery event in June with almost 500 attendees, Awareness Walk and Rally in June with 60 attendees, and sober social activities like a euchre night at the end of May at the Livingston Engagement Center. The region also scheduled a Celebrate Recovery Family Picnic for September.

Region 7

Region 7 utilized funds to cover recovery services for four patients at Elmhurst Home including anger management and conflict resolution, case management, money management, stress and time management. Detroit Rescue Mission Ministries hired two PRCs and were planned implementation.

Region 8

Region 8 funded the salary of one PS at 1.0 FTE for the jail-based MAT program.

Peer Recovery Support in Tribal Communities

The Inter-Tribal Council of Michigan (ITC) received funding to implement a culturally tailored, evidence-based model that integrates peer recovery support services with culturally responsive and trauma informed treatment for clients with co-occurring mental health and substance abuse disorders.

Bay Mills Indian Community hired two Peer Recovery Coaches who are receiving training in tribal-focused treatment and recovery planning.

Grand Traverse Bay Band hired two Peer Recovery Coaches.

Pokagon Band of Potawatomi hired one Peer Recovery Coach and is conducting a community readiness assessment.

Hannahville Indian Community have two Peer Recovery Coaches that provided technical assistance to newly hired coaches in other tribes.

Inter-Tribal Council (ITC) worked to develop a statewide strategic plan to combat opioid misuse in tribal communities.

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