



WAYNE STATE
School of Social Work



STATE TARGETED RESPONSE (STR) TO THE OPIOID CRISIS GRANT

Grant Year 2 Report

May 1, 2018 - April 30, 2019

INTRODUCTION

The opioid epidemic has had and continues to have a devastating impact on the lives of Michigan residents. From 2016 to 2017, the synthetic opioid-involved death rate increased 48.5 percent. In 2017, there were 2,686 drug overdose deaths in Michigan, 76.4 percent involving some type of opioid (*Drug Overdose Deaths in Michigan 2016-2017*, MDHHS, Published March 2019).

The increased death rate prompted Congress to pass the *21st Century CURES Act* that provided funding to various federal agencies, including the *Substance Abuse and Mental Health Services Administration (SAMSHA)*. In 2017, through the *Office of Recovery Oriented Systems of Care (OROSC)*, the *Michigan Department of Health and Human Services (MDHHS)* applied to SAMSHA for the *State Targeted Response (STR)* to the Opioid Crisis grant. Michigan was awarded \$32,745,360 to support prevention, treatment, and recovery initiatives across the state from May 1st, 2017 through April 30th, 2019. This funding has been distributed amongst the State of Michigan's Prepaid Inpatient Health Plans (PIHP) and seven non-PIHP grantees. Evaluation for this grant was conducted by the *School of Social Work at Wayne State University*.

Michigan's 83 counties are divided regionally into 10 Prepaid Inpatient Health Plans that function as managed care organizations for publicly funded substance use disorder programming. Each PIHP was awarded funding for two years of prevention, treatment, and recovery programming to fit their population's needs. Prevention activities included the Strengthening Families Program (SFP) 10-14 Iowa Model and Overdose Education and Naloxone Distribution (OEND). Treatment and Recovery Activities included the Alcohol & Substance abuse Services, Education and Referral to Treatment Project (Project ASSERT); Motivational Interviewing (MI); Medication Assisted Treatment (MAT) Enhancement/Incentivization; and Medication Assisted Recovery Specialist (MARS) Training. All trainings required for program implementation were facilitated by the Community Mental Health Association of Michigan (CMHAM).

In addition to the PIHP grantees, non-PIHP grantees were awarded funding for prevention, treatment, and recovery initiatives. Funding for prevention initiatives was awarded to the following grantees: Michigan Opioid Prescriber Engagement Network II (MI-OPEN II), Michigan State Police (MSP), Michigan Department of Licensing and Regulatory Affairs (LARA), a statewide media campaign through the MDHHS Office of Communications and the Inter-Tribal Council (ITC) in supporting the Tribal Opioid Prevention (TOP). Funding for treatment and recovery initiatives was awarded to the following grantees: the Inter-Tribal Council of Michigan (ITC) for the implementation of the Tribal Opioid Treatment and Recovery Project (TOTR), Maintaining Independence and Sobriety through Systems Integration Outreach and Networking-Criminal Justice (MISSION-CJ) Michigan Re-Entry Program (MI-REP), and Michigan Opioid Collaborative (MOC).

During Grant Year 1 (May 1, 2017 - April 30, 2018), STR grantees successfully implemented all prevention, treatment, and recovery initiatives. Partnerships were forged between state and local stakeholders; processes and procedures were put in place; and workforce development was prioritized through hiring and training. For Grant Year 2 (May 1, 2018 - April 30, 2019), significant progress was made towards improving the awareness of the opioid crisis, especially

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report

May 1, 2018 - April 30, 2019

on the risks associated with opioids misuse. Efforts to disseminate information through state and local channels have brought the opioid crisis to the forefront of public attention and increased stakeholder engagement. While challenges and barriers have arisen, Grant Year 2 allowed time to monitor progress, provide feedback, improve processes, and provide technical assistance. Significant progress was also made with naloxone training and distribution, provider education, community engagement, and workforce development.

This report will provide brief narratives, outcome and financial data, and highlights from the second year of the STR grant. Additionally, comparison data between Grant Year 1 and Grant Year 2 is included to demonstrate both programmatic growth and community impact.

METHODOLOGY

To create a comprehensive report and to meet the requirements of the grant, grantees were requested to compile information at different benchmarks of the grant year to submit for evaluation. Key reporting requirements included data collection on a monthly basis, quarterly, mid-year and annual. All reporting reminders were sent electronically to all current Substance Use Prevention and Treatment (SAPT) Directors with separate links and documents. The grant evaluator, Wayne State University, utilized Qualtrics surveys, an online survey software, to collect the monthly data from the PIHP grantees. Non-PIHP grantees send monthly qualitative and quantitative reports through email to OROSC administrative staff. For the quarterly, mid-year and annual report, separate detailed word documents were emailed 30 days prior to each due date. Those documents included data collection tables on prevention, treatment and recovery activities and delineated expenditure reporting tables.

Monthly, quarterly, mid-year, and annual reports were collected for 6 prevention activities. The PIHPs reported on two prevention activities. For the Strengthening Families Program 10-14, data collection consists of the number of individuals trained by PIHP, number of individuals enrolled versus completed, observational fidelity tool, and pre and post tests for parents and youth. Overdose Education and Naloxone Distribution data collection consists of the number of kits distributed, number of kits purchased, number of new communities with distribution, and number of people trained. MI-OPEN II staff submitted data on the number of opioid analgesic prescriptions (Michigan Automated Prescription System), brochure downloads, prescribers and support staff educated, and dental practices involved in Collaborative Quality Initiative (CQI). MSP data reported on meetings and conferences attended, technical assistance, program processes, barriers, next steps and NARCAN distribution. Data from the LARA NarxCare software reported on the number of presentations to various groups on MAPS updates (including NarxCare overview, integrations, and legislation), NarxCare Outcomes Study, statistics on MAPS Integrations (in-production and pending production), and statistics on MAPS Online Registered Users. ITC reported a detailed number of people trained, satisfaction surveys after trainings, number of naloxone kits purchased and distributed, and the number of participants in evidence-based programming and number of people reached by media campaigns. The last prevention activity, the statewide media campaign delivered reports annually with information including mode of delivery, number of campaigns delivered, number of people reached and pre and post survey outcomes.

STR TO THE OPIOID CRISIS GRANT

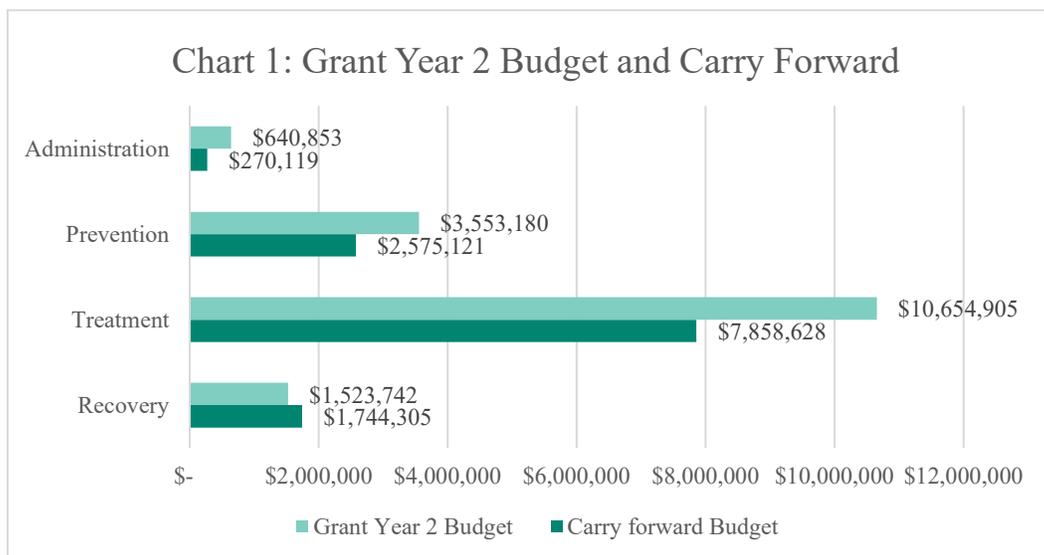
Grant Year 2 Report

May 1, 2018 - April 30, 2019

Monthly, quarterly, mid-year, and annual reports are collected for 6 treatment and recovery activities. The PIHPs reported on Project ASSERT, MAT Enhancement, and Motivational Interviewing. Project ASSERT information was collected on the number of peers hired, hospitals engaged referrals and types of referrals (such as referrals to peer educators, specialized treatment, primary care and linkages to care), screenings, Brief Negotiation Interviews, and successful follow ups. MAT Enhancement data reported the number of providers implementing MAT, types of providers and services, number of clients accessing the MAT Program, and the number of individuals served by each MAT initiative. Training data collected for Motivational Interviewing included the number of individuals trained via sign in sheets, satisfaction surveys, summary of MIFAST fidelity reports, and VASE-R scores. ITC TOTR reported types of treatment services provided for persons with Opioid Use Disorder (OUD) and the number of individuals served. MOC data collected the number and types of consultations to providers, providers/clinics enrolled, tele-psychiatry and consultant services for complex clients, and new MAT providers. Lastly, the MISSION MI-REP team reported the number of inmates eligible and enrolled inmate, types and number of available treatment services, MAT initiation, number of referrals made to community services, relapse of inmates, recidivism of inmates, and mental health symptoms of inmates.

FINANCIAL REVIEW

The Michigan STR grant was awarded \$16,372,680 over the course of two years for a total of \$32.6 million. Upon completion of Grant Year 1, a balance of \$12,448,173 remained from unspent funds. Those funds were requested through a carryforward request to SAMHSA for continued programming and initiative expansion. Activities specified in the carryforward request included: increasing the capacity of evidence-based programming to include more participants, purchasing additional naloxone for distribution, increasing outreach capacity for prescriber education, hiring more programmatic staff, and increasing treatment accessibility. Michigan was awarded those additional funds, creating a new Grant Year 2 award amount of \$28,820,853. Synonymous with Grant Year 1, funding was allocated across the categories of administration, prevention, treatment and recovery. This allocation is reflective in **Chart 1**.



Several tracking mechanisms were deployed to monitor allocation and spending across the diverse programmatic partners. Financial Status Reports (FSR) and PIHP expenditure reports are collected on a monthly and quarterly basis to monitor current spending patterns and assess for future funding needs. Due to the planning and start up time needed to begin implementation during Grant Year 1, a significant increase in spending was prevalent in Grant Year 2. **Chart 2** highlights expenditures reported from Grant Year 2. The largest quantity of funds was spent on treatment initiatives, responsible for over 55 percent of the total expenditures. Prevention initiatives were the second largest area of funding with an expenditure total of 30 percent. The fewest expenditures were in the administration category which correlated with this being the smallest grant allocation.

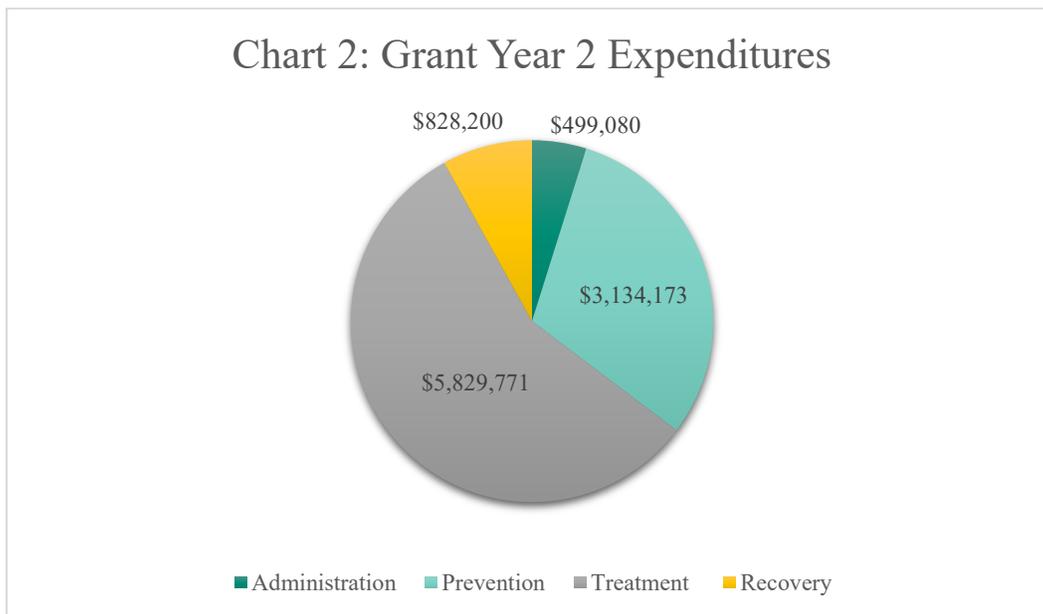


Chart 3 demonstrates the increased spending patterns that occurred within Grant Year 2. The largest change is the increase of spending for treatment initiatives. With this typically being the largest category of funding allocated and expended, a vast increase in Grant Year 2 expenditures for this section is expected. The most significant increase in spending occurs within the recovery initiatives. With this category of initiatives being the second to smallest allocated, such a drastic increase in spending is noteworthy. This increase may be contributed to by the number of individuals that were able to receive treatment services during Grant Year 1 and were able to start utilizing recovery services during Grant Year 2.

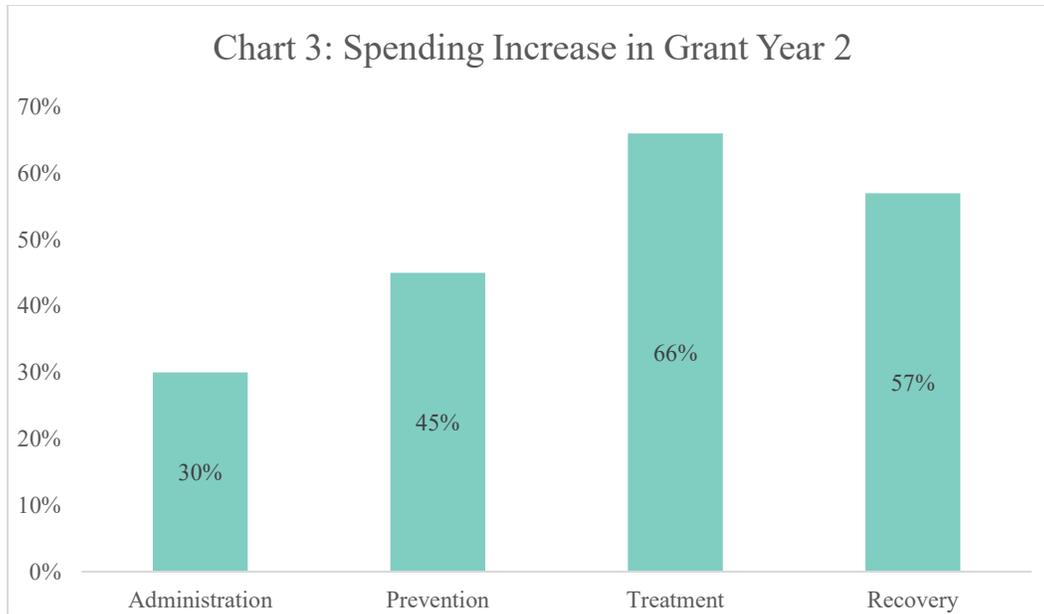


Table 1 shows prevention, treatment and recovery key accomplishments from STR initiatives from Grant Year 1, Grant Year 2 and both years.

Table 1: Key Accomplishments			
Data Collected	Grant Year 1	Grant Year 2	Total
People trained in evidence-based practices	468	1,270	1,738
Reported overdose reversals using naloxone	30	255	285
New opioid treatment program admissions	191	1,014	1,205
New office-based opioid treatment admissions	54	266	320
People served by a program funded by the STR Grant	12,204	16,860	29,064

PROGRAMMATIC ANALYSIS

STRENGTHENING FAMILIES PROGRAM – IOWA STATE UNIVERSITY MODEL: FOR PARENTS AND YOUTH 10-14

The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) is a 7-week family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10 to 14-year-olds. In Grant Year 2, a large emphasis was placed on mitigating barriers to program completion and family recruitment. Consistent

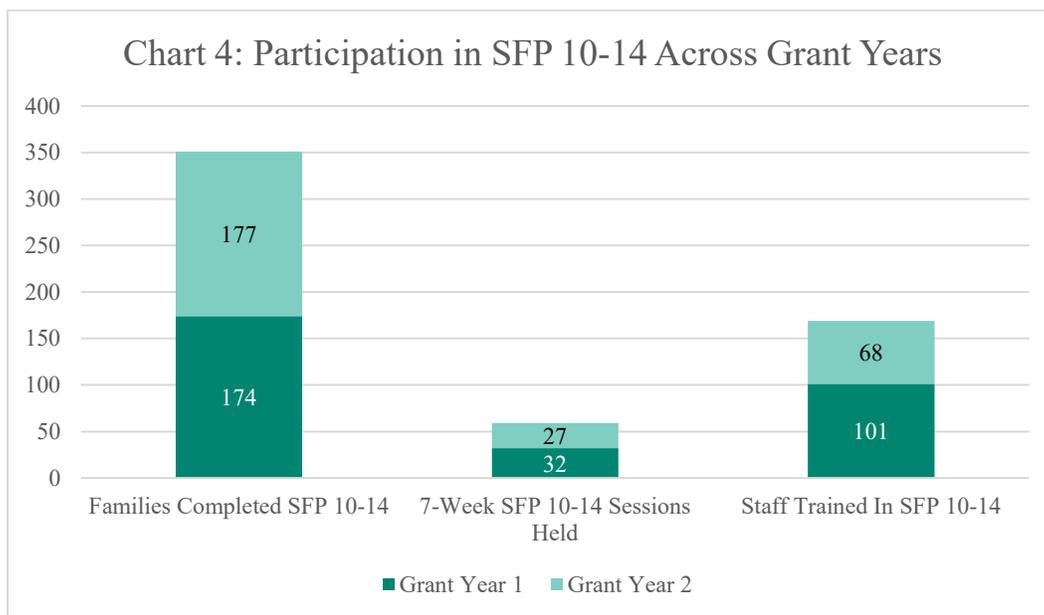
STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report

May 1, 2018 - April 30, 2019

attendance throughout the 7-week programs was also cited as a barrier for many of the regions. Many programs offered transportation assistance via gas cards, childcare, and incentives to participants to address program attendance and entice participation. Providers also expanded family recruitment efforts to include churches, community organizations, child welfare, substance use disorder treatment providers, and social media. With these efforts implemented, some barriers were mitigated while program participation rates remained consistent.

In **Chart 4**, participation in the Strengthening Families Program 10-14 is analyzed across grant years based on three categories: number of families who completed the program, number of 7-week sessions held, and number of staff trained. In Grant Year 2, the number of staff trained decreased due to multiple reasons such as individuals were already trained in Grant Year 1 and fewer individuals required training. The total number of 7-week sessions completed and number of families who completed the program remained consistent over both grant years. Despite the barriers presented in implementation, several PIHPs reported the program as very successful and plan to continue programming utilizing other funds after completion of the STR grant.



OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION

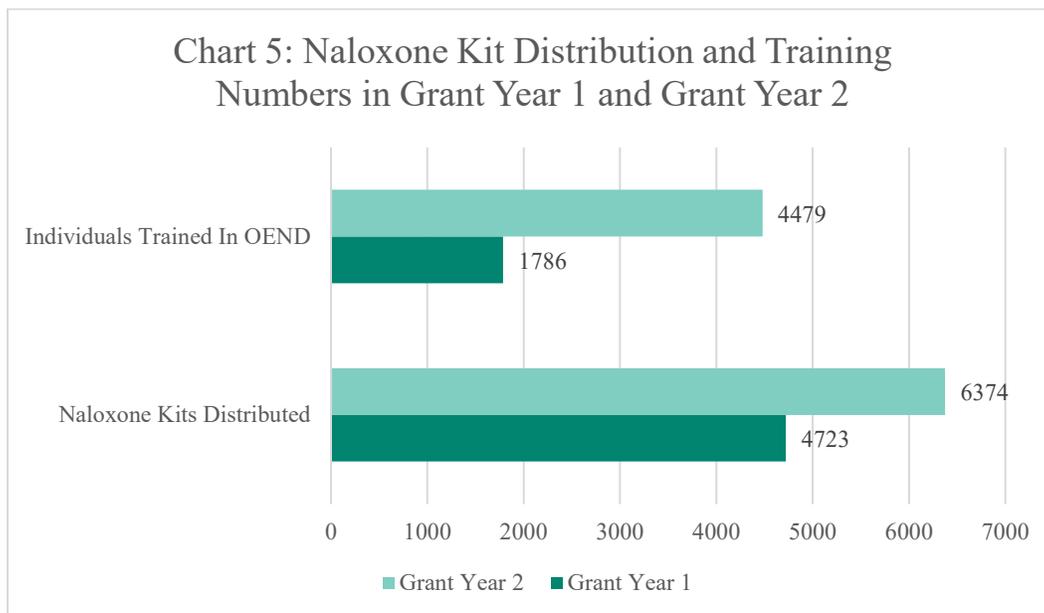
Overdose Education and Naloxone Distribution (OEND) is the provision of education surrounding signs and symptoms of opioid overdose, the distribution of naloxone, and how to administer the naloxone kit. OEND initiatives have been implemented throughout Michigan to a wide audience, including but not limited to persons with opioid use disorder, friends and family, individuals in recovery, substance use disorder service providers, community centers, health departments, public establishments and law enforcement. Grant Year 2 expanded upon the relationships built between community agencies, first responders, and the PIHPs in Grant Year 1 to extend the reach of services. Due to this expansion, there was an increase in the number of trainings and naloxone kits distributed throughout the state. Community satisfaction and kit utilization also showed a significant increase. All ten PIHP regions reported positive community

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report
 May 1, 2018 - April 30, 2019

feedback regarding outreach and trainings with many of the OEND trainees in Grant Year 2 being family members of a person with an opioid use disorder. PIHPs that have partnered with law enforcement agencies are successfully implementing tracking protocols for numbers of kits used and numbers of lives saved. In Grant Year 2, 255 lives were saved through the administration of naloxone.

In **Chart 5**, the information identifies the number of naloxone kit distributions and training numbers in Grant Year 1 and 2. As all PIHPs reported continued positive experiences in Grant Year 2, both annual numbers saw increases between both years. There were 1,651 more naloxone kits distributed from Grant Year 1 to Grant Year 2 and individuals trained in OEND nearly tripled at a difference of 2,693 from Grant Year 1 to Grant Year 2.



In **Table 2**, the kit distribution numbers for Grant Year 1 and Grant Year 2 are displayed by PIHPs and The Inter-Tribal Council (ITC).

	Grant Year 1	Grant Year 2	Total
PIHPs	4,723	6,374	11,097
ITC	223	387	610

MICHIGAN OPIOID PRESCRIBING ENGAGEMENT NETWORK II

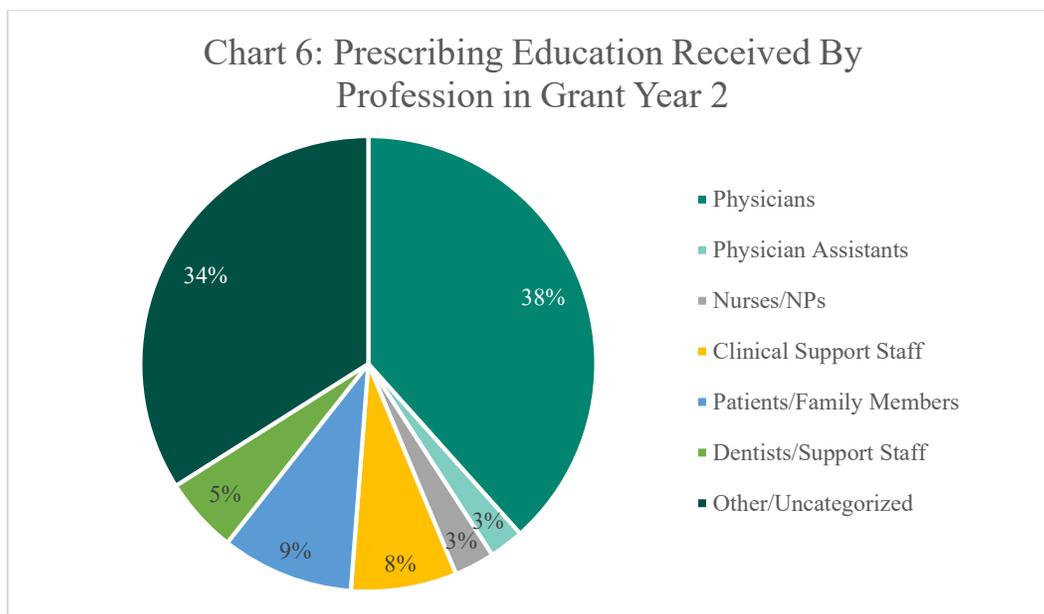
Michigan Opioid Prescribing Engagement Network (MI-OPEN) is a collaborative, statewide program designed to identify best practices in opioid prescribing for common acute surgical procedures through the University of Michigan. The STR grant created a second iteration of this project, MI-OPEN II, to further optimize patient care for vulnerable patients, highlight opioid

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report
 May 1, 2018 - April 30, 2019

alternatives, develop best practices during transitions of care, and ensure accessible options for safe opioid disposal and storage. Additionally, MI-OPEN II is partnering with the Michigan Dental Association to optimize opioid prescribing for the dental community. This includes post procedural care for both Oral and Maxillofacial dental procedures. In Grant Year 2, MI-OPEN II continued to deliver education and training on prescribing guidelines to 130 different audiences. MI-OPEN II’s dental brochures were downloaded 3,000 times and the 4 Evidence-Based Reasons to Change Opioid Prescribing Practices brochure was downloaded 2,096 times. The MI-OPEN II team also coordinated a Drug Take Back event on April 27, 2019 with 57 sites.

The information in **Chart 6** shows individuals, by profession, who received prescribing education in Grant Year 2. The chart lists the following professions: Physicians, Physician Assistants, Nurses/NPs, Clinical Support Staff, Patients/Family Members, Dentists/Support Staff, and Other/Uncategorized. Physicians topped the list at 38 percent with Other/Uncategorized following at 34 percent.



MICHIGAN STATE POLICE: ANGEL PROGRAM

The Michigan State Police (MSP) Angel Program is a partnership between law enforcement, PIHPs, and community volunteers to assist any person seeking treatment for an opioid use disorder and increase the ability to respond to potential overdose emergencies. The program allows an individual to walk into any of MSP’s 30 police posts during regular business hours and request assistance, without fear of being charged for possession of substances or paraphernalia. The Angel Program has served 143 participants with an 80 percent Angel Program placement rate. The posts are also equipped with naloxone for rapid emergency response. In Grant Year 2, an additional 300 kits were deployed to the posts to replenish kits that were used or may have expired. During this time, MSP reported 16 overdose reversals. Increased collaboration between law enforcement and behavioral health providers necessitated the instatement of an Angel Program Liaison. The liaison has become the statewide resource for

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report
 May 1, 2018 - April 30, 2019

collaboration and person-centered support service within this program. Bridges between agencies, families, and persons with OUD have been strengthened and continue to develop into a strong support network.

LICENSING AND REGULATORY AFFAIRS: NARXCARE INTEGRATION

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

The use of NarxCare supplements ongoing activities that LARA has implemented in the area of monitoring, regulation, notification to practitioners of duplicative prescriptions, and identification of practitioners who are over prescribing, over dispensing and involved or engaging patients in drug diversion. In Grant Year 2, there was a significant increase in the number of health care providers and systems utilizing NarxCare. Over 20 hospitals, health systems, physicians' offices, and pharmacies integrated the analytical tool with their existing electronic health record system.

Since the implementation of NarxCare in Michigan, Appriss Health reported a decrease of 70.4 percent in the number of patients obtaining prescriptions for all controlled substances from 4 or more prescribers and filling those at 4 or more pharmacies in a single month. On average, 14.7 fewer narcotics were prescribed per day while the percentage of filled prescriptions for narcotics decreased by 11.1 percent. For patients considered high risk for misuse based on the number of prescribers, dispensers, and amount of medications used, the average number of prescriptions received daily decreased by 19.8 percent (Appriss Health, 2018).

MEDIA CAMPAIGN

MDHHS contracted with Brogan & Partners to create a statewide media campaign promoting awareness of the opioid crisis and reducing stigma towards individuals with an opioid use disorder. Through the Michigan Association of Broadcasters, the campaign utilized traditional radio, cable spots in high impact areas, digital engagement units, ads on the music streaming site Pandora, social media ads through Facebook, and targeted ads through Google Search. Telephone surveys were conducted with 500 people pre-media campaign and 500 people post-campaign (age 25-44 years). The number of respondents strongly agreeing with the statement "Prescription painkiller addiction can affect anyone that is prescribed painkillers, even for a short period of time" increased from 47.6 percent to 52.4 percent. The media campaign was directed towards all Michigan residents, but it was most effective within the African American community. Respondents were asked to rate on a scale of 1 (not a problem) to 10 (a crisis) how big of an issue abuse of prescription painkillers and other opioids including heroin was in Michigan. The average rating for African American respondents increased from 7.1 pre-campaign to 7.8 post-campaign. African American respondents also went from 21.7 percent

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report

May 1, 2018 - April 30, 2019

agreeing with “prescription painkiller addiction was most likely to affect people in suburban areas” to only 6.9% agreeing. Post-campaign African American respondents went from 46.4% to 58.3% being aware there is a drug to reduce overdoses (Glengariff Group, 2018).

INTER-TRIBAL COUNCIL: OPIOID PREVENTION PROJECT & TREATMENT AND RECOVERY PROJECT

The Inter-Tribal Council (ITC) of Michigan provides representation for the twelve federally recognized tribes in Michigan. Providing support, coordination and evaluation, the ITC oversaw the implementation of the Tribal Opioid Prevention (TOP) initiative in eleven of the twelve tribal communities. Many of the prevention initiatives implemented focused on building awareness surrounding the opioid crisis at the local level. Tribes used STR funding to create culturally relevant local media campaigns and implement evidence-based programming including Families of Tradition, Life Skills Prevention, and trauma informed care. Integration of spiritual and cultural teachings, including traditional healing and talking circles, increased community responsiveness within the tribes. In Grant Year 2, data from the first iteration of prevention programming was collected and analyzed for process evaluation and future strategic planning. There was also a noted increased need for overdose prevention education and naloxone distribution throughout the tribes. Additional naloxone trainings were conducted by the ITC and several local tribes with an increased distribution of naloxone kits within the community.

The Tribal Opioid Treatment and Recovery Project (TOTR) provided funding to Tribal Access and Care Coordination Centers for all 12 federally recognized tribes in Michigan. The Tribal Access and Care Coordination centers provided comprehensive care and coordination of services for uninsured or underinsured individuals with an opioid use disorder (OUD). A target service goal of 250 persons served was set for each year of the STR grant. In Grant Year 1 that target was exceeded, with service being provided to 315 tribal members. This exceeded level of service provision reduced the Grant Year 2 target number to 185 people. Like the results seen the first year, Grant Year 2 recorded services rendered to 213 people, exceeding both the Grant Year 2 total and the overall target service goal. A total population of 528 individuals with OUD were served.

PROJECT ASSERT

The PIHPs continued to use their funding to implement Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment) in their PIHPs’ emergency departments during Grant Year 2. Project ASSERT is a program that implements Peer Wellness Advocates in emergency room departments to work with patients who screened positive for opioid use disorder by determining a patient’s risk level and actively working with the participant on a plan for change. Grant Year 2 allowed for the expansion of additional hospitals across the state and additional peers trained in this program. With the additional experiences provided by Grant Year 2, hospitals gained a better understanding of the program and there was improvement in the workplace environment and working relationships with peers. At the end of Grant Year 2, twenty-five hospitals are implementing Project ASSERT and the number of peers working in them more than doubled. PIHP 4 was able to use their ER success to expand to medical floors at their local hospitals. Staff routinely respond to both hospitals, as well as

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report

May 1, 2018 - April 30, 2019

medical offices, and the local homeless shelters. PIHP 4 also had 34 police officers go through Project ASSERT training to gain a better understanding of the Peers' work. Peers in PIHP 9 were able to successfully follow-up with 52 percent of patients. They also partnered with Uber Health to transport people to treatment from the hospital. Peers in PIHP 7 were able to successfully follow-up with 66 percent of patients

In **Chart 7**, the number of peers working in hospitals in Grant Year 1 is compared to those working in hospitals in Grant Year 2. Chart 4 also shows the number of people trained in Project ASSERT in Grant Year 1 and Grant Year 2. Overall, the number of peers employed, and people trained in Project ASSERT greatly increased in Grant Year 2.

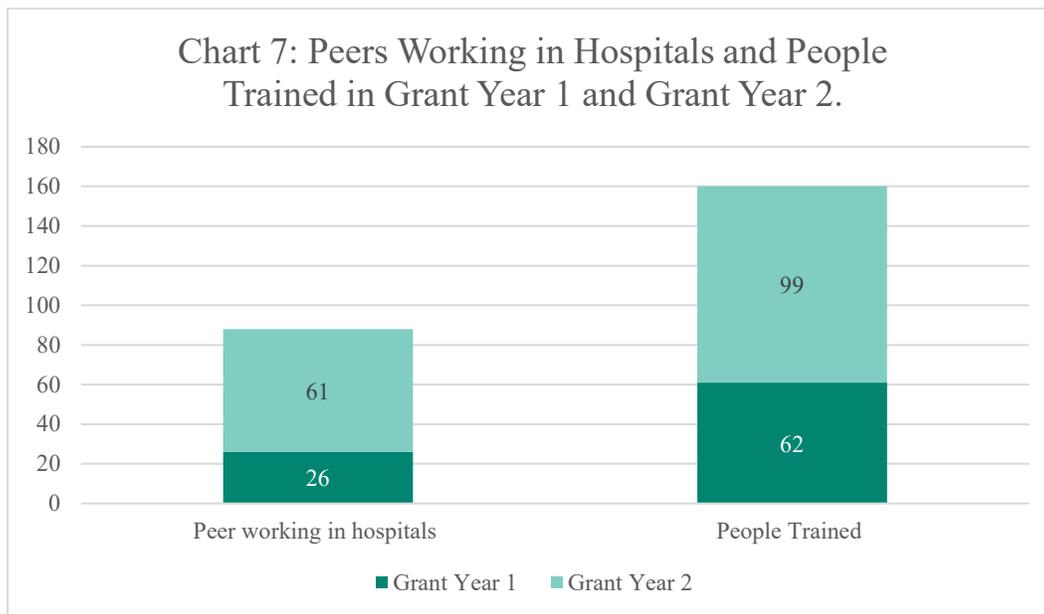


Table 3 lists the 25 hospitals with Project ASSERT trained peers at the end of Grant Year 2.

PIHP	Name of Hospital	City
1	War Memorial Hospital	Sault Sainte Marie
2	McLaren Northern Michigan	Petoskey
3	Spectrum Health Butterworth Hospital	Grand Rapids
4	Bronson Methodist Hospital	Kalamazoo
4	Ascension Borgess Hospital	Kalamazoo
4	Bronson Battle Creek Hospital	Battle Creek
4	Oaklawn	Marshall
5	Sparrow Lansing	Lansing
5	McLaren Lansing	Lansing
5	Hillsdale	Hillsdale
5	Spectrum United	Greenville
5	Lakeview Spectrum Kelsey	Lakeview

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report

May 1, 2018 - April 30, 2019

6	University of Michigan (UM) Psychiatric Emergency Services (PES)	Ann Arbor
6	ProMedica Monroe Regional Hospital	Monroe
7	Detroit Receiving Hospital	Detroit
7	Wellness Plan	Detroit
7	Detroit Medical Center (DMC)	Detroit
7	Sinai Grace	Detroit
7	Ascension St. John Hospital at Moross	Detroit
7	Henry Ford Hospital	Detroit
9	Ascension St. John Hospital Health	Warren
9	Henry Ford Macomb	Clinton Township
9	McLaren Hospital	Mount Clemens
10	Lake Huron Medical Center	Port Huron
10	McLaren Hospital	Port Huron

MOTIVATIONAL INTERVIEWING

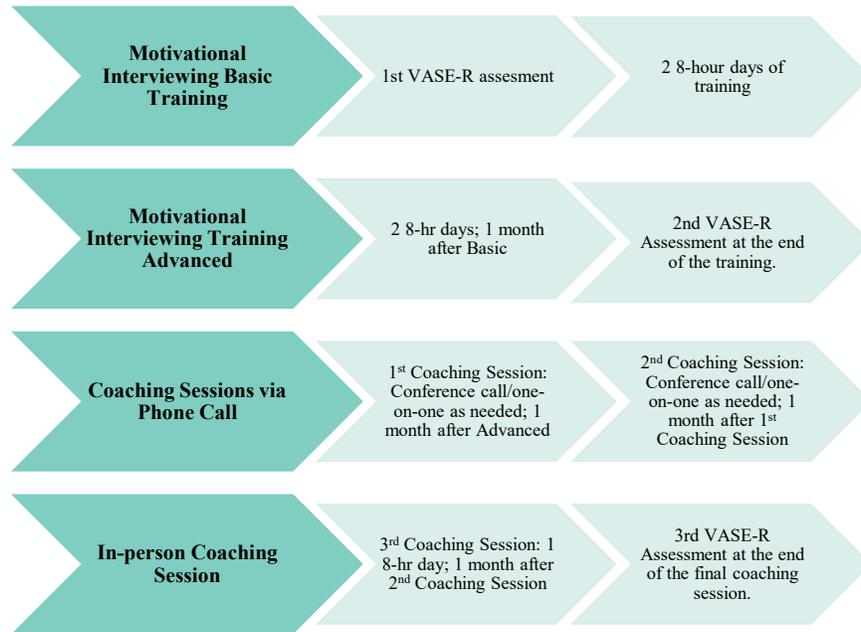
Motivational Interviewing (MI) is an evidence-based counseling methodology that provides clinicians and peer support specialists to facilitate the change process in persons with OUD. Built fundamentally on meeting each client where they are at, MI is not merely an adjunct to other therapeutic approaches, but a counseling method that can help resolve the ambivalence that prevents clients from realizing personal goals. In Grant Year 2, programming was continued in six PIHP regions utilizing the five-month program adaptation. This included a two-day basic training, a two-day advanced training, two telephonic counseling sessions, and a one-day follow up session. **Chart 8** provides a detailed breakdown of the program. Several of the regions completed the five-month training model through the Community Mental Health Association of Michigan (CMHAM) at the state of the Grant Year 2 and was able to implement the counseling sessions in several facilities. Expanding on this training and monitoring for fidelity was the next focal point for this grant year. Fidelity VASE-R tests were administered through the PIHPs to providers that were trained during the first two years in order to evaluate fidelity of the model and assess needs for additional training. Throughout the state, 193 clinicians were trained in MI in Grant Year 2. Seven MAT programs are now using MI techniques for the first time.

STR TO THE OPIOID CRISIS GRANT

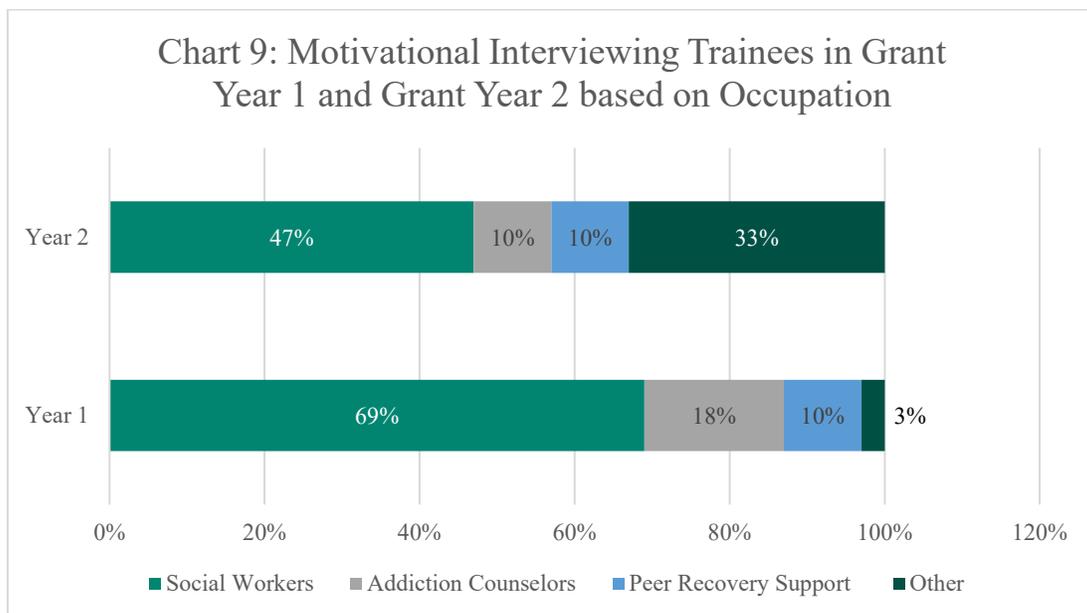
Grant Year 2 Report

May 1, 2018 - April 30, 2019

Chart 8: Motivational Interviewing Breakdown



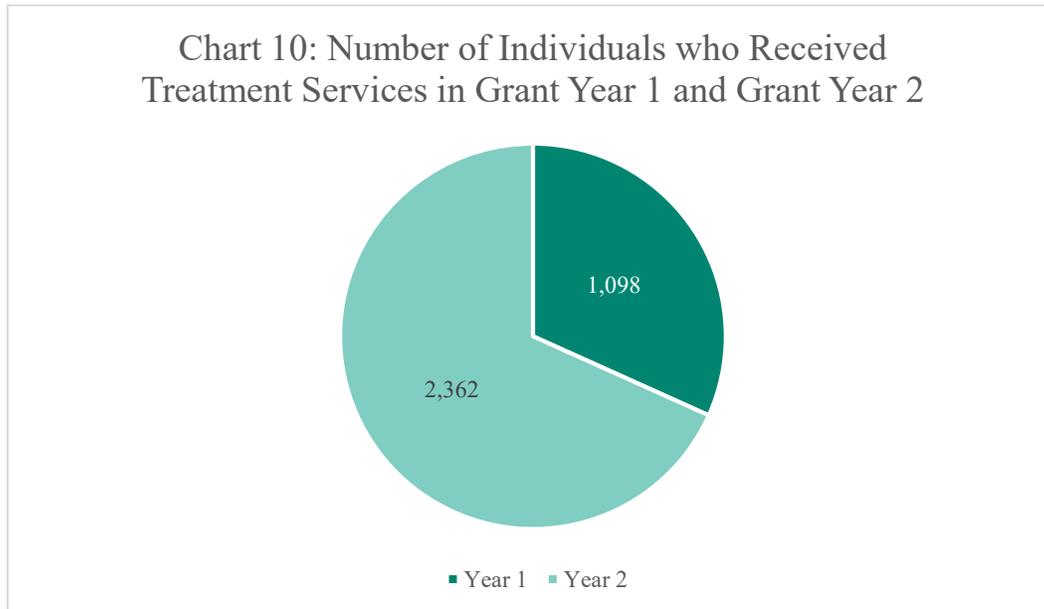
In **Chart 9**, the information identifies those trained in Motivational Interviewing in Grant Year 1 and Grant Year 2 organized by their profession. These professions include: Social Workers, Addiction Counselors, Peer Recovery Support and other. The chart demonstrates that Year 2 had a wider variety of trainee occupations than in Grant Year 1. The number of Social Workers trained in Grant Year 1 was over half of the total amount at 69 percent. However, in Grant Year 2, there is a smaller gap with the number of Social Workers trained (47%) versus others (53%).



MEDICATION ASSISTED TREATMENT (MAT) ENHANCEMENT

Medication Assisted Treatment (MAT) enhancement initiative focused on increasing statewide access and utilization of OUD treatment services. Professional and community collaborations in expanding the availability of MAT ensured barriers were recognized and addressed regarding training, implementation, and the sustainability of direct services. In Grant Year 2, all 10 PIHP regions accepted funding for MAT enhancement initiatives. Many PIHPs continued to fund transportation to MAT clinics and worked with existing and new providers to expand MAT services, continue trainings, fund contingency management, telemedicine and other proposed initiatives. Several PIHPs also implemented jail-based MAT programs to provide treatment services to persons that were incarcerated and reentry general population.

In **Chart 10**, the pie chart compares number of individuals who received Medication Assisted Treatment in Grant Year 1 and 2. Twice as many individuals received treatment in Grant Year 2 with an increase of 1,264 individuals.



Michigan was also able to continue providing Medication Assisted Recovery Services (MARS) trainings to educate peer recovery specialists. Training focused on building peer led recovery support services to patients undergoing MAT for opioid use disorder. Upon completion of the MARS training, peers were able to conduct peer-to-peer sessions that addressed the challenges of continuing in recovery and support to maintain sobriety. Forty-nine peers were trained on Medication Assisted Recovery Services in Grant Year 2.

MISSION-CJ MICHIGAN RE-ENTRY PROGRAM

The Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking-Criminal Justice (MISSION-CJ) Michigan Re-Entry Program (MI-REP) served incarcerated individuals with co-occurring opioid use disorders and mental health conditions

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report

May 1, 2018 - April 30, 2019

reentering general population. In Grant Year 2, programming continued in the Detroit Reentry Center (DRC) and Women’s Huron Valley (WHV) within three counties; Wayne, Oakland and Macomb. Each county maintained a PIHP team with one case manager and one peer support specialist per facility. Caseloads were also regulated to include 15 – 20 participants per team. This enabled the PIHP team to allocate enough time with each participant and boost enrollment into the program. **Table 4** shows participant data from Grant Year 2.

Table 4: MISSION-CJ MI-REP Grant Year 2	
Referrals	416
Screens	243
DRC Participants	32
WHV Participants	49
Disenrolled	69
Enrolled	81

One of the key outcomes of this project in Grant Year 2 was the creation of a re-entry checklist to serve as a guide to ensure services are established. Items on this check list include providing the participant with a naloxone kit; education on Medication Assisted Treatment (MAT) options; medical, psychiatric and MAT appointments with documented dates; and a contact phone tree for continued engagement. MDHHS will continue to receive and track the checklists upon completion. At the end of Grant Year 2, 47 participants successfully graduated from the MI-REP Program.

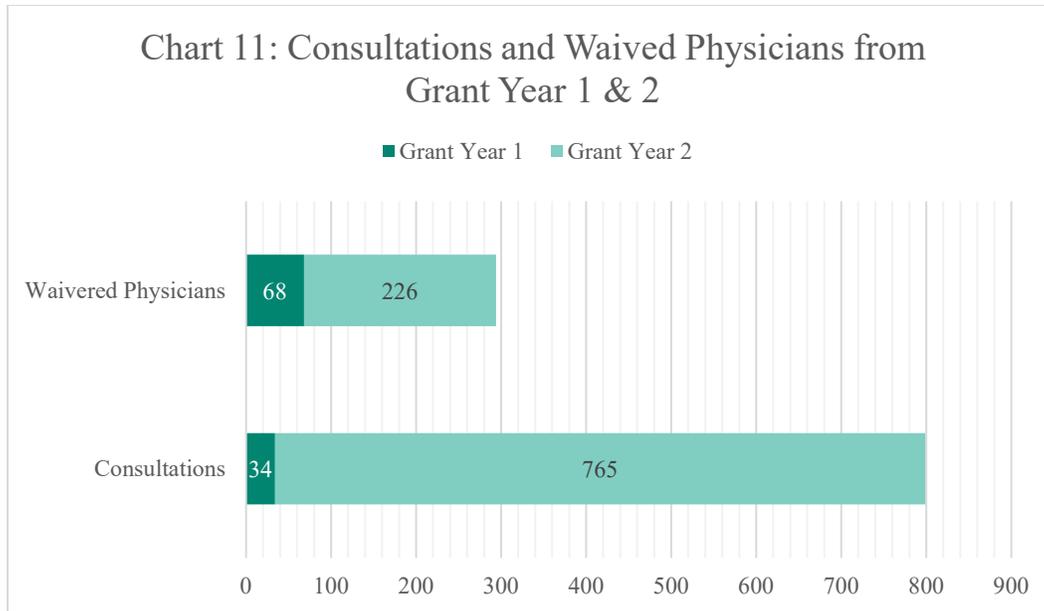
MICHIGAN OPIOID COLLABORATIVE

The University of Michigan (U of M) established a treatment consultation program to assist with increasing the number of Drug Addiction Treatment Act (DATA) 2000 waived physicians prescribing buprenorphine throughout the State of Michigan. This new program, the Michigan Opioid Collaborative (MOC), provided consultation to both currently waived physicians as well as newly interested providers and addressed barriers to MAT delivery in both the addictions specialty settings and in other clinical settings. Community based Behavioral Health Consultants (BHCs), were utilized to connect providers to the MOC services. In Grant Year 2, MOC increased the number of BHCs assigned to counties in both the Lower and the Upper Peninsula as well as a floater that could cover geographic gaps. With this increase, the program provided support to providers/prescribers with in-person and telephone-based consultations to support MAT service delivery by aiding on prescribing guidelines, clinical processes, training, and resources in 35 counties throughout 10 PIHP regions. From those consultation, MOC has enrolled 307 clinics and 225 physicians into a resource database of waived physicians as a reference source for MAT providers struggling with challenging OUD cases. This database enabled peer to peer consultations between physicians while reducing the apprehensions surrounding newer physicians becoming DATA 2000 waived.

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report
 May 1, 2018 - April 30, 2019

The data in **Chart 11** demonstrates the number of DATA waived physicians and the amount of consultations delivered from Grant Year 1 to Grant Year 2. There was a significant increase in both numbers with waived physicians, nearly tripling the amount from Grant Year 1 to Grant Year 2 and consultations over 20 times the amount from over both grant years.



CHALLENGES AND SUCCESSES

Many of the grantees on this grant faced common challenges with implementation throughout both Grant Years. Mutual obstacles such as participant attendance, recruitment, tracking and overcoming the stigma that is associated with OUD were consistently present. With challenges impeding upon successful implementation of grant activities, creative and innovation solutions had to be created. Increased provisions for technical assistance were needed as well as more peer-to-peer learning.

There were numerous challenges to implementing and sustaining SFP 10-14. Several PIHPs reported that recruiting and retaining families was a challenge. Inclement weather, such as rain and heavy snowfall, created a significant barrier to families attending sessions, especially in the northern part of the state. The seven-week duration of the program also presented as a challenge for program retention. Long term commitment was often difficult and not feasible for certain families. Though this model was truncated from the traditional 14 week Strengthening Families Program, it was still considered a large weekly commitment with limited flexibility for missed sessions. Implementing the family meal portion of the program was also a significant hurdle to overcome. Due to the federal restrictions of the grant, funding for food was limited to \$3.00 per person. The PIHPs were challenged with the task of finding alternative ways to prepare the family meal for each session.

To address these challenges, best practices were developed and incorporated throughout the grant year. Incentives were provided to families to encourage participation and retention

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report

May 1, 2018 - April 30, 2019

including gas cards and gift cards. Bus tokens were also provided to families in case transportation was an issue and central locations within the community were selected to decrease the commute. PIHPs created a collection of culturally competent educational materials in Spanish. These materials aided with the recruitment and retention of Spanish speaking families. Prevention providers also worked to leverage existing community resources to fill in where programmatic funding gaps were present. Assistance from local churches, sponsorship, and families were common resources amongst PIHPs to support areas of this program that STR was not able to fund.

Tracking and collecting information on a community level was also a barrier in numerous initiatives. Naloxone kits disseminated within the community was often difficult to collect data on. Follow-up on when kits were utilized by persons other than first responders and emergency personnel was a common challenge for the PIHPs. Monthly technical assistance conference calls were held to troubleshoot challenges like tracking. All 10 PIHPs attended these meetings and were able to speak with one another about shared challenges, lessons learned, and brainstorm effective methodologies for collecting community level data. At the end of Grant Year 2, almost all PIHPs had a system in place for tracking naloxone kits that has been implemented.

Stigma is often associated with working with and providing services for persons with OUD. Many grantees faced this challenge throughout both grant years. Project ASSERT trained peers confronted stigma from hospital staff while working within the Emergency Departments. Peers were often seen as non-essential due to them not being medical personnel, leading to them being ostracized and excluded. To combat this issue, consultation calls were held with PIHPs, hospitals, and peers to help clarify the peer's role and credentials. Champions from hospitals who supported the model were leveraged to reduce the stigma held from other hospitals and address any concerns that may be contributing to the work relationship barrier.

Stigma was also a huge challenge in the provision of OEND statewide. Naloxone distribution was a large component of the prevention activities implemented for this grant. However, there was a lot of stigma surrounding the distribution and use of naloxone. Lacking knowledge on what naloxone was, why it was used, and potential effects on non-opioid users made it difficult for dissemination in some of the most vulnerable places. A lot of education was provided locally by the PIHPs, the ITC, MOC and community agencies to combat any misconceptions and alleviate fears.

IMPLICATIONS

The STR Grant will leave a lasting impact on infrastructure, partnerships, workforce development, and community members across the State of Michigan. This collaboration across levels of care, counties and providers will strengthen the current system and bring forth the change Michigan needs to become a leader in the future. It is anticipated that the Prescription Drug Monitoring Program System (PDMP), MI-OPEN, MISSION CJ MI-REP, OEND and MOC will continue to encourage long term prevention, treatment and recovery to those with an OUD.

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report

May 1, 2018 - April 30, 2019

The STR grant expanded the use of the state's PDMP system and provided for the integration of the NarxCare platform. The use of the NarxCare platform is ongoing and instrumental in analyzing prescription information and data sharing to providers who make clinical decisions. Analytics, tools, and technology continue to support patient needs and provide resources for a continuum of care for individuals with an OUD. This program allowed providers and pharmacies to take a risk assessment of individuals before prescribing medication. Providers are starting to become more conscious of the number of opioids they are prescribing and overall prescribing patterns. This technology will continue to help identify and decrease the number of individuals who may be prescription shopping and prescribers that may be overprescribing.

The grant has not only assisted providers in prescribing opioid medications but has also helped in expanding prescriber education within the dental community to reduce excess opioid prescribing. The MI-OPEN II guidelines and recommendations will continue to live on their website for sustained use statewide. Medical and dental practices will maintain the ability to request documents for patient and practice dissemination while ensuring alignment with the CDC prescriber guidelines. With the original intent to expand to include dental practices, the program has changed the thought process behind how dental practices prescribe opioids following oral surgical procedures. A movement towards not prescribing opioids within the dental community has begun and will continue moving forward.

In the past, the relationship between corrections and behavioral health was not cohesive due to the difference in how each system interacted with individuals with OUD. MISSION CJ MI-REP helped strengthen the collaborative partnership between the Michigan Department of Corrections (MDOC) and the MDHHS. This program requires constant communication and teamwork with both entities which aids in the development of an effective and collaborative communication chains. The overall integration benefits clients with an OUD by creating a well-rounded approach that focuses on sustained long-term change. The collaborative partnership resulted in more lives saved, increased access to MAT treatment options, and recovery services to mitigate recidivism and promote health and wellbeing. MISSION CJ MI-REP created new, lasting, and positive interagency relationships.

The widespread diversion and misuse of opioid pain medications is now leading to more conversation and education around OUD and naloxone. OEND throughout Michigan has provided education to community members on ways to reduce opioid related deaths. In addition to this, the education and training provided during the grant helped reduce stigma and break down silos in the community and workforce. STR provided funds for training and distributed kits that will remain in the community, facilities, and law enforcement agencies for continued live saving support of those struggling with an OUD. Addressing the stigma surrounding this disease aids in creating an environment conducive to individuals requesting help and treatment. The intent of this initiative is that people will continue to have the conversation about naloxone and not be afraid to ask for help when it is needed.

Increasing accessibility to treatment across the state, MOC has built a statewide program of education, training, and support for physicians. In order to provide continued support, this network of BHCs have communicated with physicians and patients, so that they can be a resource for referrals and guidance. They have also assisted providers in obtaining the DATA

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report

May 1, 2018 - April 30, 2019

2000 waiver, to prescribe buprenorphine to individuals with an OUD and provide in person training and peer to peer learning in order to have programs and to provide supportive services for new and existing MAT providers. The MOC program continues to provide a process for referrals and linkages to other treatment and other resources in the community so that we can increase access to MAT for OUD individuals.

These initiatives, partnerships and collaborations, formed over the course of the grant will continue to reduce opioid use, opioid overdoses, and risks associated with opioid use disorder in Michigan.

CONCLUSION

Michigan was deeply impacted by the opioid crisis but has made significant progress with the STR Grant implementation. Michigan has used a wide range of prevention, treatment and recovery initiatives through the implementation of the STR grant to tackle this crisis. The STR grant was a short-term multimillion-dollar grant that was implemented through the 10 PIHPs and seven non-PIHP grantees. The STR annual report provides significant insight into the types of initiatives that were funded through this federal grant and their outcomes. At the end of Grant Year 2, significant progress was made with improvements to infrastructure, programming and system delivery.

Grant funded activities ranged from providing OEND and evidence-based programs for prescribers and community members to helping incarcerated individuals with an OUD re-enter the community. There was a significant increase in spending in Grant Year 2, specifically within the treatment and recovery initiatives. Some individuals who were not able to start utilizing recovery services in Grant Year 1, were able to in Grant Year 2. In Grant Year 2, twice as many individuals received evidence-based prevention programming as well as MAT services. This grant also enabled 8 times as many overdose reversals due to the saturation of naloxone throughout the state. MOC demonstrated increases with waived physicians nearly tripling the amount between grant years and consultations were 20 times the amount. With an aim of 250 individuals served each year, ITC surpassed the amount at 528 at the end of Grant Year 2 and continue to meet target goals. Overall, 16,860 individuals were served by a program that was funded under the STR grant in Grant Year 2.

Technical assistance, peer-to-peer learning and developing best practices were a key component of Grant Year 1 and 2 to troubleshoot common implementation barriers. Mutual challenges amongst grantees such as attendance, recruitment, tracking, and stigma required innovation solutions that leveraged community resources beyond the grant. At the end of Grant Year 2, many of these barriers were addressed and continue to be implemented within the community. allowed for twice as many individuals to receive training in evidence-based program. With the grant initiatives, there was help to identify and lower the number of individuals who could have been prescription shopping and prescribers that could have been overprescribing. They continued to strengthen the collaborative partnerships between state agencies and gave people a way to continue to have conversations about naloxone and not be afraid to ask for help when it is needed. They also offered processes for referrals and linkages to help with treatment and other resources in the community. By working collaboratively and expanding existing regional efforts,

STR TO THE OPIOID CRISIS GRANT

Grant Year 2 Report

May 1, 2018 - April 30, 2019

Michigan has been able to develop a more complete continuum of care that will continue long after the completion of STR funding.

CONTACT INFORMATION

Michigan Department of Health and Human Services

Office of Recovery Oriented Systems of Care

320 South Walnut Street

5th Floor

Lansing, Michigan 48933

Phone: 517-335-2300

Email: mdhhs-bhdda@michigan.gov

Website: www.michigan.gov/bhrecovery

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.