

# Strategic Plan

## Beyond the Save: Opioid Abuse Response Consortium

Marlette, MI

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	Michigan Rural EMS Network	
	NorthCare Network, Inc	

## Strategic Plan

### A. Assessment Summary

According to statistics from the Center for Disease Control (CDC), Michigan was one of 22 states with the highest rates of drug overdose deaths: 24.4/100,000 (2016). The state experienced significant annual increases of 13.3% in 2015 and 19.6% in 2016 and ranks fourth in number of drug overdose deaths with 2347 deaths in 2016. Michigan is also one of thirteen states with the highest opioid prescription rate.

During the RCORP Planning project, Consortium Members determined that there was a range of significant needs and broad gaps in services in all fifteen counties in Michigan's Upper Peninsula (U.P.) Counties fell into three categories: High, Medium, and Lower Need/Risk:

- High Need/Risk: Marquette, Iron, Dickinson, Luce, Baraga, Schoolcraft
- Medium Need/Risk: Menominee, Chippewa, Alger, Delta, Mackinac
- Lower Need/Risk: Ontonagon, Houghton, Keweenaw, Gogebic

Data considered in this categorization of need included:

- Five of the 13 counties with high rates for opioid related hospital stays in Michigan are in the U.P. Average rate of hospital stays/discharges per 100,000 for the U.P. is 240.21. Michigan's rate for the same time period was 186.48
- For the 2015-2017 time period, there was an annual average of 109 drug overdoses. Using data that shows 75% of drug overdoses in Michigan are due to opioids, there were 82 opioid overdoses in the U.P. annually
- In 2017 drug poisoning rates were over 20/100,000
- In 2017, two counties in the U.P. had opioid death rates that were over 14.6/100,000, and four of the counties in the U.P. had an opioid death rate between 11.2 and 14.2/100,000
- In 2017, Iron County had a heroin overdose rate of 26.8/100,000 and a treatment admission rate of 142.92/100,000

In addition to geographic categorization of need, the consortium considered data that provided insight into risk populations such as neonatal abstinence syndrome, child neglect/abuse data, behavioral risk factor survey data, and community readiness assessments.

One of the most striking indicators of prevalence for OUD in the U.P. is the rate of neonatal abstinence syndrome. Based on an analysis of Michigan inpatient data from the Michigan Department of Health and Human Services, the U.P. has the highest Neonatal Abstinence Syndrome rate/100,000 births than any other region in Michigan. The U.P. has held that unenviable position for the past seven years; the rate has consistently been about three times the Michigan rate. From 2010 to 2016 the rate increased 207% from 1425/100,000 births to 2943/100,000 births.

The number of prescriptions written for opioids is one factor contributing to OUD. One half to three quarters of IV drug users report misusing a prescription opioid first<sup>1</sup>. Michigan ranks tenth highest in the nation for the number of opioid prescriptions per

<sup>1</sup> NIDA Research Report, February 2014 Pollini RA et al Substance Abuse Rehabil 2(1):173

person. In 2016, the average number of prescriptions per person in the U.P. was 81.9, just below the overall Michigan rate of 84.9. Disaggregated data at county level shows that one-third of the counties in the U.P. have a higher prescription rate than Michigan, ranging from 101.8 to 132.8. Additionally, one third of the counties (range 73.5-83.9) had rates below Michigan, but above the national average of 66.5 (CDC). Trend data indicates that the rate of prescriptions is decreasing<sup>2</sup>. This is a hopeful sign for long term decreases in OUD. However, in the short term as the supply for prescription opioids decreases, those who are addicted are turning to other sources of opioids such as heroin.

Beyond the Save has a distinct focus on the role of first responders in addressing SUD/OUD. In a survey of 120 first responders, they clearly reported experiencing an increase in behavioral health related calls. 21% of providers surveyed indicated that the incidence of mental health related calls has increased “a lot” and 38% indicated that it had increased “some”. Thirty-eight percent of providers surveyed indicated that the incidence of substance abuse related calls has increased “a lot” and 39% indicated that it had increased “some”.

## B. Problem Statement

As the needs assessment was reviewed, consortium members developed 13 problem statements. As part of strategic planning, these problem statements were prioritized. The following four problem statements were selected and represent the full continuum of prevention, treatment, and recovery.

1. Prevention Problem Statement: There are gaps in the referral and early intervention service continuum.
2. Treatment Problem Statement 1: After an overdose, people lack adequate follow up supports.
3. Treatment Problem Statement 2: There are not enough Certified SUD professionals in the UP.
4. Recovery Problem Statement: Services and supports for affected others are almost non-existent.

## C. Target Population

The U.P. is comprised of 15 rural counties. The largest cities are Marquette, Sault Ste. Marie, Escanaba, Menominee, Houghton, and Iron Mountain. While there is some small-scale farming, the land and climate are not conducive to agriculture because of the short growing season and long harsh winters. Historically, the economy has been based on logging, copper and iron mining, and tourism. Most mines have closed but the land is heavily forested, and logging remains a major industry. The following data describes key characteristics of the population served by the Beyond the Save Project.

- **Total Population: 310,000**
- The overall uninsured rate for the U.P. is about the same as the state of Michigan at 9%. However, of the fifteen counties in the U.P., nine of the counties have rates higher than Michigan ranging from 9-13.2%.

<sup>2</sup> <https://www.cdc.gov/drugoverdose/maps/rxcounty2017.html>

- Eight of the counties have a higher rate of poverty than Michigan (16.7%). Range for these counties is 17%-21.4%.
- In 2018, 13 of the 15 counties had a higher unemployment rate than Michigan's 4.1%. Counties with rates higher than Michigan ranged from 4.9-9.7%.

#### **D. Goals**

- Goal 1: Opioid use is reduced
- Goal 2: Neonatal abstinence syndrome rate is reduced
- Goal 3: Increase capacity and utilization of treatment services
- Goal 4: Decrease overdose deaths

#### **E. Long-Term Outcomes**

1. By August 30, 2023 decrease the rate of OUD hospital stays/discharges per 100,000 for the U.P. from 240 to 200, a 17% decrease
2. By August 30, 2023 decrease the neonatal abstinence syndrome rate by 10%
3. By August 30, 2023 increase capacity and utilization of treatment services, as indicated by an increase in safety net referrals, by 25%
4. By August 30, 2023 decrease overdose deaths from an annual average of 82 opioid overdoses to 66, a 20% decrease (calculated using data that shows 75% of drug overdoses in Michigan are due to opioids)

#### **F. Long-Term Outcome Indicators**

1. Hospital Stays
  - August 2020- 230/100,000
  - August 2021- 210/100,000
  - August 2022- 205/100,000
  - August 2023- 100/100,000
2. NAS Data
  - August 2020- 2% decrease
  - August 2021- 5% decrease
  - August 2022- 8% decrease
  - August 2023- 10% decrease
3. Safety Net Referrals
  - August 2020- 10%
  - August 2021- 15%
  - August 2022- 20%
  - August 2023- 25%
4. Drug Overdose Deaths
  - August 2020-78%
  - August 2022-75%
  - August 2023-68%
  - August 2024-66%

## Objective: Implement anti-stigma campaign as it relates to OUD/SUD

### Intermediate Outcomes:

- Increase knowledge of the nature of addiction, available resources, and action steps that support people with OUD/SUD.

### Intermediate Outcome Indicators:

- Participation and evaluation of education programs indicate that 75% of participants have increased knowledge and self-efficacy regarding SUD/ODU.
- Communities that Care Coalitions indicate that the level of stigma has decreased (3 or 4 on a four point scale) from 2019 to 2022.

**Strategy: Equip first responders with the information and practices to effectively address the increase in substance use issues.**

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Mental Health First Aid Training for first responders	Nov 2019	Sept. 2022	Great Lakes Recovery Centers	Train 540 first responders in MHFA	75% of first responders who participate in programs indicate they are better prepared for behavioral health calls, according to presentation evaluations  75% of first responders are better able to link OUD/SUD clients to resources according to presentation evaluations  Change protocol at 5 EMS agencies to include distribution of Naloxone
First Responder Training: Addictions 101 and Addictions 201	Nov 2019	Sept. 2022	Dial Help	100 first responders participate in online webinar or in-person training	
First Responder awareness training programs (other)	Jan 2020	Sept. 2022	Michigan Rural EMS Network	1 annual major event, 2 trainings, geographically dispersed	
Train and provide TA to EMS agencies on how to go “Beyond the Save” when responding to an overdose call	April 2020	Sept. 2022	Michigan Rural EMS Network	10 EMS Agencies are trained; 50 Naloxone kits distributed by EMS	

**Strategy: Develop and implement a comprehensive Marketing Plan**

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Review and finalize the comprehensive marketing campaign developed during RCORP planning grant	Sept 2019	Sept 2022	Consortium Members	Plan is reviewed annually and adjusted as needed.	Annual review of plan reflects increased insights into the impact of marketing activities.

Development of SOAR website	Nov 2019	Feb 2020	Dial Help-NorthCare Network	Website published and available	Goal of 150 website visits per month by August 2022.  By 2022, survey of first responders indicates that they feel more prepared to address behavioral health calls as compared to baseline survey data from 2019.
Implement marketing campaign	Feb 2020	Sept 2022	Michigan Rural EMS Network-First Responders  Dial Help	500 print materials are distributed; 30 social media posts; 4 displays at events 10,000 print materials including referral cards/ magnets and 150 social media posts	

**Objective: Strengthen the prevention, treatment, and recovery service system.**

**Intermediate Outcomes:**

- There is an increase in the array of services.
- There is a decrease in barriers to services.

**Intermediate Outcome Indicators:**

- There is increase coordination of leveraging of services as indicated through analysis of the 2019 Needs Assessment and resources in 2023.
- Data related to the number of substance abuse professionals increases.

**Strategy: Coordinate efforts with other collaborative groups that are addressing SUD/ODD.**

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Participate in the Perinatal Collaborative to support existing efforts and leverage funding	Sept 2019	Sept. 2022	Michigan Rural EMS Network	Representation at 15 meetings; collaborate on educational opportunities	By August 2022, There are at least three instances of cooperative work with the perinatal collaborative.
Develop a workgroup for first responders to identify ways to expand Angel Program and add pre-arrest diversion programs	Oct 2019	Sept. 2020	Michigan Rural EMS Network	Four workgroups meetings are held	Increase in number diversion programs in operation.
Work with regional Opioid Health Homes (OHH) project to promote care management services and leverage funds. Includes activities that promote insurance enrollment and use of PIHP funds for the low income uninsured.	Sept 2020	Aug. 2022	NorthCare Network	OHH and SOAR share updates at least quarterly to ensure coordination	There are at least five examples of how SOAR and OHH have worked together (e.g. toolkit contents)

**Strategy: Increase the number of peer recovery coaches utilized in treatment and recovery settings.**

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Assist Opioid Health Homes Project with recruitment of Community Health Workers and Peer Recovery Coaches; encourage first responders to apply for CHW positions	Jan 2020	Sept 2022	Michigan Rural EMS Network	Opportunities are promoted through trainings and presentations, outreach at events, email blasts, and website posts	Three first responders are functioning as community health workers in the region by August 2022.  10 new Peer Recovery Coaches trained by August 2022.
Peer Recovery Coach recruitment and coordination	Nov 2019	Sept 2022	NorthCare Network	Outreach performed; coordination of new and existing coaches	

**Strategy: Increase access to prevention, treatment, and recovery services and supports especially for those that are under-served.**

Activities	Timeline		Who Is Responsible?	Process Indicators	Short-Term Outcomes
	Start Date	End Date			
Promote Safety Net referrals and pilot utilization of SOAR Resource Teams for follow up visits	Nov 2019	Sept. 2022	Dial Help/NorthCare Network	SOAR Resource Team provides assistance for 300 people 100 individuals served	By August 2022, increase Safety Net utilization by 25%  Affected others have increased support as indicated by surveys of participants.
Monitor and promote enhanced outpatient treatment to better serve those who fall through the cracks	Nov 2019	Sept. 2022	NorthCare Network	Enhanced outpatient treatment available in pilot counties	Participants indicated services were helpful.
Include affected others in the enhanced outpatient treatment pilot program	Nov 2019	Sept. 2022	NorthCare Network	150 families served	
Monitor community support groups and post on website	Dec 2019	Aug. 2022	Dial Help	Resources posted on website.	Plans are in place for a second facility if there is documented need.
Expand current offender success program for prison inmates prior to release. Pilot program in one county for inmates released from local jails; establish pilot program in Chippewa county for individuals released from local jail to help them locate housing, employment and assist them in other ways as necessary for successful independent living	Planning- Nov 2019  Program Nov 2020	Planning- Oct 2020  Program Aug 2022	Great Lakes Recovery Centers	100 individuals as they transition from jail to independent living	

Explore the need for a second Family Centered Women's Recovery Center	May 2020	April 2021	Great Lakes Recovery Centers	Work with partner agencies to develop the infrastructure to work with mothers and drug exposed infants	
For all direct services under this objective, promote insurance enrollment and use of PIHP funds for the low income uninsured. Navigation will include assistance with enrollment as needed.	Nov 2019	Sept. 2022	Dial Help/NorthCare Network	Dial help will track and report numbers referred for insurance assistance.	