

Sustainability Plan

Beyond the Save: Opioid Abuse Response Consortium

Marlette, MI

October 15, 2019

Table 1: Consortium Information

Grantee Organization	Michigan Rural EMS Network	
Grant Number	G25RH32454	
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Consortium Members and Stakeholders	Dial Help, Inc.	
	Great Lakes Recovery Center	
	Marquette-Alger Medical Control Authority	
	Michigan Rural EMS Network	
	NorthCare Network, Inc	

Table 2: Sustainability Plan

Sustainability Plan (Goals, Objectives, Outcomes, Strategies/Activities)

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 first¹. Michigan ranks tenth highest in the nation for the number of opioid prescriptions per 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 decreasing². 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”.

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.

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

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

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

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%.
- 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%.

Goal and Objectives

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

Objective 1: Implement anti-stigma campaign as it relates to OUD/SUD

Objective 2: Strengthen the prevention, treatment, and recovery service system.

Objective 3: Leverage resources by maintaining engagement of consortium members.

Long-Term Outcome (Define the change you are seeking)

- 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
- By August 30, 2023 decrease the neonatal abstinence syndrome rate by 10%
- By August 30, 2023 increase capacity and utilization of treatment services, as indicated by an increase in safety net referrals, by 25%
- 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)

Long-Term Outcome Indicators (List the numeric or measurable indicators that will demonstrate you are making progress toward your goal)

- Hospital Stays
 - August 2020- 230/100,000
 - August 2021- 210/100,000
 - August 2022- 205/100,000
 - August 2023- 100/100,000
- NAS Data
 - August 2020- 2% decrease
 - August 2021- 5% decrease
 - August 2022- 8% decrease
 - August 2023- 10% decrease

- Safety Net Referrals
 - August 2020- 10%
 - August 2021- 15%
 - August 2022- 20%
 - August 2023- 25%
- Drug Overdose Deaths
 - August 2020-78%
 - August 2022-75%
 - August 2023-68%
 - August 2024-66%

Table 3: Goals and Strategies

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					
Objective #1: Implement anti- stigma campaign as it relates to OUD/SUD					
Strategy: Equip first responders with the information and practices to effectively address the increase in substance use issues.					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Mental Health First Aid Training for first responders	Nov 2019	Sept. 2022	Great Lakes Recovery Centers	Needs: Books; Instructor time; available audiences Resources: RCORP Implementation Funding Sustainability: Community sponsorships of local trainings; Vendor sponsorships at conferences	75% of first responders who participate in programs indicate they are better prepared for behavioral health calls, according to presentation evaluations
First Responder Training: Addictions 101 and Addictions 201	Nov 2019	Sept. 2022	Dial Help	Needs: Updated presentation; Instructor time; available audiences Resources: RCORP Implementation Funding Sustainability: Recording of trainings; Community sponsorships of local trainings; Vendor sponsorships at conferences	75% of first responders are better able to link OUD/SUD clients to resources according to presentation evaluations
First Responder awareness training programs (other)	Jan 2020	Sept. 2022	Michigan Rural EMS Network	Needs: Copies of materials; Instructor time; available audiences Resources: RCORP Implementation Funding Sustainability: Community sponsorships of local trainings; Vendor sponsorships at conferences	Change protocol at 5 EMS agencies to include distribution of Naloxone
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	Needs: Templates; EMS Toolkits; Program Coordinator Time; support from MCA; interested EMS Agencies Resources: RCORP Implementation Funding Sustainability: Recorded trainings; community sponsorships of local trainings; vendor sponsorships at conferences	

Strategy: Develop and implement a comprehensive Marketing Plan					
Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	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	Needs: Marketing Plan and meeting time Resources: RCORP Implementation Funding Sustainability: Consortium continues to review plan.	Annual review of plan reflects increased insights into the impact of marketing activities. 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.
Development of SOAR website	Nov 2019	Feb 2020	Dial Help-NorthCare Network	Needs: Consortium member time; contractor for website Resources: RCORP Implementation Funding Sustainability: Research potential for moving site to be hosted on another webpage	
Implement marketing campaign	Feb 2020	Sept 2022	Michigan Rural EMS Network-First Responders Dial Help	Needs: Printed materials; CTC assistance with distribution Resources: RCORP Implementation Funding Sustainability: Posting of printed materials online; Local sponsorships for advertising; Cost of promotion of services met through local agency budgets; identification of most effective messages and materials to continue with funding from local sources	

Objective #2: Strengthen the prevention, treatment, and recovery service system.

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

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	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	Needs: Membership notification, relationship with collaborative, staff time Resources: RCORP Implementation Funding Sustainability: Participation continued through communication structures developed	By August 2022, There are at least three instances of cooperative work with the perinatal collaborative. Increase in number diversion programs in operation.
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	Needs: Connections with law enforcement; support from law enforcement and community, volunteers, staff time Resources: RCORP Implementation	

				Funding Sustainability: Once workgroups are established, identify team leaders that will be able to sustain the workgroup	There are at least five examples of how SOAR and OHH have worked together (e.g. toolkit contents)
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	Needs: Relationships with other grant providers; report at consortium meeting Resources: RCORP Implementation Funding Sustainability: Insurance reimbursement models for care management, and incentives for opioid health homes	

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

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	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	Needs: Marketing campaign; program coordinator time; outreach to potential candidates Resources: RCORP Implementation Funding Sustainability: Integrate recruitment into agency activities to ensure level of workforce is maintained	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	Needs: Connections with recovery community; staff time; outreach activities Resources: RCORP Implementation Funding Sustainability: Maintain recruitment through existing human resource roles	

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

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	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	Needs: Safety net infrastructure; outreach and recruitment of providers; policies and protocols, staff time to coordinate and implement. Resources: RCORP Implementation Funding Sustainability: Use of block grant funding; grants to scale up programs; insurance reimbursement for Opioid Outreach education; Assist with insurance enrollment	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	Needs: Expanded treatment services; qualified staff time; outreach and marketing of services Resources: RCORP Implementation Funding Sustainability: System change will be self-sustainable	Participants indicated services were helpful. Plans are in place for a second facility if there is documented need.
Include affected others in the enhanced outpatient treatment pilot program	Nov 2019	Sept. 2022	NorthCare Network	Needs: Processes for implementing families activities; qualified staff time; outreach and marketing of supports Resources: RCORP Implementation Funding Sustainability: Use return on investment to advocate for insurance reimbursement and/or apply for grants	
Monitor community support groups and post on website	Dec 2019	Aug. 2022	Dial Help	Needs: Staff time to monitor supports and post resources Resources: RCORP Implementation Funding Sustainability: Integrate responsibility into existing safety net structure.	
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	Needs: Interest and support from local jails; staff time to coordinate and implement programs. Resources: RCORP Implementation Funding Sustainability: Use evaluation data to seek local funding; scale up through grants; funds from partnerships with local law enforcement/jails and county officials	
Explore the need for a second Family Centered Women's Recovery Center	May 2020	April 2021	Great Lakes Recovery Centers	Needs: Partner and staff time; feasibility study Resources: RCORP Implementation Funding Sustainability: Seek USDA or other bricks and mortar funding.	
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	Needs: Processes need to be in place for partners and those who are providing direct services to assist with Medicaid/insurance enrollment and accessing block grant funding through the PIPH.	

Objective 3: Leverage resources by maintaining engagement of consortium members.

Strategy: Develop meaningful roles for consortium members and added value for their participation.

Activities	Timeline		Who Is Responsible?	Financial/Nonfinancial Resources	Short-Term Outcomes
	Start Date	End Date			
Engage consortium members in designing strategies and program responses for funding applications	May 1, 2019	Ongoing	All consortium members	Needs: Access to funding opportunities, staff time Resources: RCORP Implementation Funding; additional grant funds. Sustainability: Participation continued through existing staff roles, supplemental funding.	By August 2022, There are at least three examples of funding applications designed by members.
Develop program implementation and reporting structures that meet funding requirements, bring value to individual consortium members, and communicate the return on investment of time and funding.	Sept 2019	Aug. 2022	Michigan Rural EMS Network with input from consortium members	Needs: Project management software, reporting forms and reports, staff time Resources: RCORP Implementation Funding Sustainability: Once the process is established, it can be modified for other projects.	Processes are in place and regular reports are provided to consortium members starting in January 2020.
Evaluate the consortium structure and create plans for future activities.	Sept 2020	Aug. 2022	All consortium members	Needs: Consortium meeting time Resources: RCORP Implementation Funding Sustainability: Staff time of consortium members; supplemental funding	The consortium strategic plan and sustainability plan are updated by August 2022.