

# Community Foundation

FOR SOUTHEAST MICHIGAN

# Michigan Opioid Partnership

## IMPACT REPORT

August 1, 2018 – July 30, 2020

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### TABLE OF CONTENTS

<b>1. Introduction</b>	1
<b>2. Issue Statement</b>	2
<b>3. Response to Opioid Epidemic</b>	2
<b>4. Stigma, Culture Change, and the Patient Experience</b>	5
<b>5. A Blueprint for a Successful Intervention</b>	5
<b>6. From Assessment to Implementation: The Hospital Journey</b>	7
<b>7. Jail-Based MOUD Implementation</b>	9
<b>8. MOP Philanthropic Grantmaking</b>	10
<b>9. On the Horizon</b>	12
<b>10. Conclusion</b>	13

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For more information about the  
Michigan Opioid Partnership, visit:  
[cfsem.org/initiative/opioid](http://cfsem.org/initiative/opioid)

## 1. Introduction

In 2017, five health-focused Michigan-based funders joined together to create an initiative to help address the opioid epidemic through prevention, harm reduction and treatment provision. The project, "Taking Action on Opioid and Prescription Drug Abuse in Michigan by Supporting Community Responses," funded community coalitions with action plans to combat the effect of opioid and prescription drug misuse in their communities.

The success of that initiative led to the funders' desire to continue the partnership, and after meeting with the Michigan Department of Health and Human Services (MDHHS), it was determined that addressing the provision of medication for opioid use disorder, particularly in hospitals, was a primary goal of the state. With the addition of more health-focused funders joining and the new support from MDHHS, the Michigan Opioid Partnership (MOP) was created in 2018. As part of its structure, the MOP members created workgroups dedicated to diving deeper into grantmaking that concentrated on culture change within certain areas of focus. Workgroups included Hospital, Jail, and Evaluation. MOP members took part in workgroups based on interest and availability.

### Organizations of the Michigan Opioid Partnership

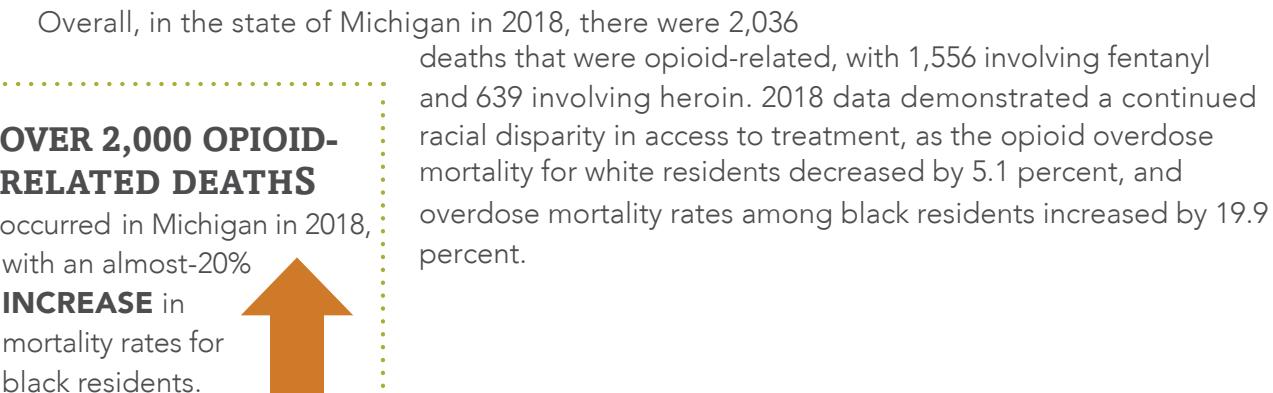
- Blue Cross Blue Shield of Michigan
- Blue Cross Blue Shield of Michigan Foundation
- Community Foundation for Southeast Michigan
- Ethel and James Flinn Foundation
- The Jewish Fund
- Michigan Department of Health and Human Services
- Michigan Health Endowment Fund
- Superior Health Foundation

The Community Foundation for Southeast Michigan (CFSEM) serves as the administrative and fiscal home for the MOP. This report, the first Annual Report for the MOP Partners and interested constituents, focuses on progress made through July 30th, 2020.

It is designed to provide an overview of the history of the MOP to date, the grantmaking strategy, and an overview of funds that have been deployed.

## 2. Issue Statement

The overdose epidemic is one of the most pressing issues in the United States, with over half a million deaths in the past 10 years and two-thirds of these deaths associated with opioids. Between 1999 and 2016, the total number of overdose deaths involving any type of opioid increased more than 17 times in Michigan, from 99 to 1,689 per year, according to the Michigan Department of Health & Human Services.



## 3. Michigan Opioid Partnership Response to the Opioid Epidemic

In just two short years, the Michigan Opioid Partnership (MOP) has established itself as one of Michigan's most vital facilitators of change when it comes to tackling the opioid crisis. Acting in accordance with its mission of "decreasing the growing number of opioid overdoses and deaths in Michigan," the partnership has leveraged the funds, knowledge, and leadership of its member organizations to help grantees develop impactful initiatives to provide evidence-based care for a severely underserved population. The MOP's work up to this point aims to reach this goal by continuing its work to shift hospital and jail culture regarding opioid use disorder (OUD) and to increase access to evidence-based treatment.

With thousands of patients with opioid use disorder flowing through local emergency rooms and jails every year, hospitals and jails were identified early on as critical access points to reach and treat this population.

### MOP MISSION:

- ✓ Decrease the growing number of opioid overdoses and deaths in Michigan.

Jails have long lacked the capacity to develop a continuity of care during custody, and many hospitals have historically cared for patients with OUD through a “treat and street” approach—reversing an overdose, encouraging a change in behavior, and seeing the patient off with a few phone numbers for treatment providers. In the past few years, medication for opioid use disorder (MOUD) programs have become the gold standard to reduce opioid use and retain patients in treatment. Combining MOUD administration with behavioral therapy and support provided by community based providers has shown to improve outcomes and reduce costs for patients with opioid use disorder. These FDA-approved medications used to treat opioid use disorder include methadone, buprenorphine, and naltrexone.



While these medicines have been shown to reduce cravings, minimize withdrawal symptoms, and prevent overdose, they are not available to patients who are not receiving treatment through licensed providers. Increasing access to these medicines by initiating MOUD in hospitals has been piloted with great success in California, Massachusetts, and Iowa. This is done by starting MOUD in emergency rooms and connecting patients directly to managed treatment for continued care. In addition, a growing number of state legislatures and governors, through executive orders, have mandated MOUD in their correctional facilities. For example, last year, Maryland passed legislation that requires facilities to assess incarcerated individuals’ substance use status, treat those with OUD with MOUD, and provide follow-up treatment and care coordination after release. In Michigan, the Department of Corrections is working to reach its goal of making MOUD available in all its prisons by 2023.

## Grantmaking

To leverage the State of Michigan’s goal of reducing opioid overdoses in the state, the MOP has focused its attention on supporting some of the state’s leading hospital systems, correctional facilities and organizations, with a priority of utilizing state-sourced dollars first. In just over a year, considerable strides have been made toward that goal, with grants having been made to support MOUD initiatives at five hospitals and four jails.

MOP partners were crucial in starting the culture change in hospitals and jails across the state. What started as a request for proposal procedure quickly developed into a lengthy process of engaging communities long resistant to medication for opioid use disorder. MOP partners facilitated difficult discussions regarding opioid use and treatment, traveled long distances to address any concerns, and provided hands-on technical assistance to physicians as they developed grant proposals. These efforts were vital to ensuring that each initiative met the unique needs of the community as well as any programmatic elements required by MDHHS.



## Grant Totals

Beaumont*	\$956,142.00
Munson Medical Center	\$400,000.00
St. Joseph Mercy Ann Arbor	\$173,654.00
Sparrow Hospital	\$191,648.00
War Memorial Hospital	<i>In process</i>
Muskegon County Jail	\$351,150.00

Spectrum Foundation	\$400,000.00
Schoolcraft Memorial Hospital (in partnership with Schoolcraft County Jail)	\$176,558.00
Wayne State University Center for Behavioral Health and Justice	\$450,959.00
Jackson County Jail	\$372,344.00
Wayne County Jail	\$350,000.00

\* Multiple locations

## 4. Stigma, Culture Change, and the Patient Experience

**There has long been a culture in the medical community that regards opioid addiction not as an illness, but as a moral failing,** which leads medical personnel to deflect patients with opioid use disorder rather than giving them the treatment they sorely need. This culture drives stigma, which prevents a vulnerable population of patients from receiving access to life changing treatment.

For many patients with OUD, a hospital visit or time spent with a jail medical provider look all too similar. Traditionally, patients are observed briefly, told (sometimes more than once) about the need to stop their drug use, given a list of referral numbers, and finally are sent on their way. With no recognition of their disease and no action plan for treatment, they are often treated as “addicts” and left to manage their disease on their own.

**To combat this culture** within systems, an evidence-based model has been developed that focuses on treating the disease, and includes providers who can offer peer support, help shift attitudes, and champion viable medical treatment with a no-wrong-door approach.

### COMBATING STIGMA WITH PROVIDERS WHO CAN:

- ✓ TALK TO THEIR PEERS
- ✓ SHIFT ATTITUDES
- ✓ CHAMPION VIABLE MEDICAL TREATMENT
- ✓ USE A NO-WRONG-DOOR APPROACH

## 5. A Blueprint for a Successful Intervention and the role of a “Champion”

In the ideal scenario, and in an increasing number of hospitals and jails across the state of Michigan, a patient who presents to an emergency department or a jail with OUD or following an overdose will be greeted by providers who understand addiction as a disease.

**In the first step,** patients would/will receive proper assessment and screening and engage with physicians who have been trained to provide them evidence-based care.

**The next step** in this model is the administration of medication that is vital to addressing the symptoms of withdrawal and begins the patient’s treatment journey. The initial dose of medication helps the patient to listen, think clearly, and focus on more than just the indescribable pain of opioid withdrawal.

**The final step** is to connect the patient to a peer recovery coach or social worker, who supports them in connecting directly to an outpatient provider. This is essential to ensuring the patient has access to community-based and long-term treatment.

This model, although uniquely designed with the needs of each individual facility, provides the backbone of all MOP-funded initiatives in hospitals and jails.

## PHYSICIAN CHAMPIONS ARE KEY

### Patient Journey

#### Goal with MOUD Services:

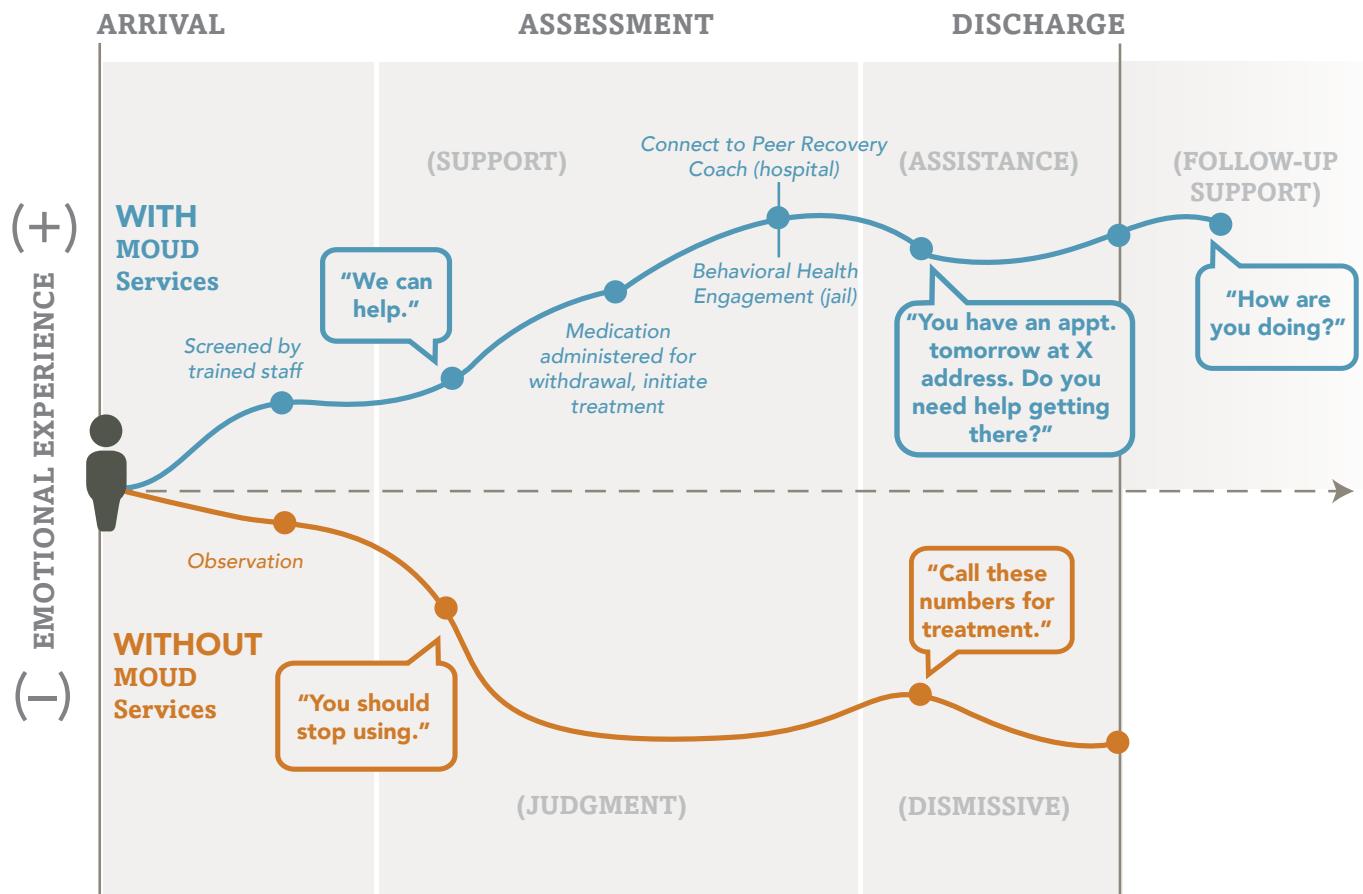
Support patient into sustainable treatment

*Person-focused, long-term mission*

#### Goal without MOUD Services:

Process patient out of facility

*Process-focused, short-term mission*



Key to spurring this evidence-based approach to care for patients with opioid use disorder and to changing the culture within facilities, is the selection of key physicians who take up the responsibility of being “champions” for this work. These physician champions are acutely aware of the dangers perpetuated by stigma and are particularly situated within the system, with an ability to influence change. Dr. Cara Poland, Principal Investigator for the MOP-funded initiative at Spectrum Hospital, is one of several such champions who can speak to the impact that results

*"Because of the MOP's funding, we can surround (patients) in support. That wouldn't be possible otherwise."*

—Dr. Cara Poland, Spectrum Hospital

from the combination of MOP support and physicians who care. "We have enough doctors available now so we can look patients in the eye and say 'I will see you next week and get that buy-in,'" she says, "and recovery coaches who can say 'I will meet you at your methadone appointment'. Because of the MOP's funding, we can surround them in support. That wouldn't be possible otherwise."

As observed over the past two years of the MOP's operation, the challenge of getting the right conversations with decision-makers and providers can prove difficult to navigate, but is critical for progress. Therefore, overcoming the barriers of both stigma and the resulting negative culture is of the utmostmost importance. It is only through the incremental attitudinal changes at each level of the medical and social machines that we will **create a network of motivated, open-minded, and barrier-averse**

leadership that can successfully enact change in our health system.

And with these passionate leaders at the forefront, each team is poised to make an unprecedented impact on OUD outcomes.

## 6. From Assessment to Implementation: The Hospital "Journey"

To implement a culture of increased access to MOUD, each hospital followed a similar path in the process of setting up a successful program. Each project champion began by assessing their hospital's needs, structuring the grant, planning trainings, developing or refining outpatient provider partnerships, and developing a protocol for implementation.

One area that every hospital identified as a priority is the development and facilitation of trainings geared specifically towards numerous hospital staff roles. This education has included a critical push to increase the number of DATA 2000 (X) waivered physicians in each hospital, often through peer to peer education and encouragement. This federal certification is required for physicians to prescribe medications for opioid use disorder and is an important tool in moving culture change and increasing hospitals' capacities to treat all patients with opioid use disorder seeking care. Although barriers to training still exist,

### Six Actions Towards MOUD Implementation



each hospital has significantly increased their number of waivered physicians, and the MOP is developing creative solutions to support an increase in the number of waivered physicians in counties in desperate need across the state.

### A UNIVERSAL PRIORITY:

Development and facilitation of trainings geared towards numerous hospital staff roles.

Christina Eickenroth, RN, Clinical Coordinator for the Munson Medical Center initiative, reports that doctors in rural areas such as theirs had serious opposition to prescribing medication to treat OUD due to fear of medication diversion. "That was the first wall we had to break down, and it was a major challenge to our work," she says. As a result, education became a larger part of the project, with the goal of easing the fears of doctors in the area and promoting culture change. "Further, there is a notable knowledge gap between nurses and providers that needs to be filled if a sustainable boost in quality of care is to be achieved."

## Hospital Journeys Towards MOUD Services

*Incorporating MOUD services is a process that can begin with any of the six actions. Below you can see our partner sites' various stages of completion.*



Beaumont Hospital Royal Oak



Munson Medical Center, Traverse City



Sparrow Hospital, Lansing



Spectrum Hospital, Grand Rapids



War Memorial Hospital, Sault Ste. Marie



St. Joseph Mercy, Ann Arbor

A large part of why the preparation stage has been so significant (and taken so long) for these initiatives is because much of the work being done—the unique relationships, processes, and even financial procedures — is some of **the first of its kind**. This is another area where the role of champion comes into play; these physicians have the positions, skills, and negotiating power necessary to align all the moving parts needed to realize these programs.

At this time, three out of the six hospitals being funded by the MOP have completed the work necessary to take their respective initiatives from preparation to the implementation stage, all starting with the selection of their champions. All hospital initiatives were championed by hospital staff, and under their guidance, each hospital was able to develop its own unique initiative targeting OUD patients in either emergency and/or inpatient departments. The hospitals have focused their efforts on creating their project frameworks, building relationships with the right entities, and beginning the culture change led by their champions to pave the way for these practices to be implemented and refined.

## 7. Jail-Based MOUD Implementation

With funding from MOP, the Center for Behavioral Health and Justice (CBHJ) at Wayne State University School of Social Work has developed the Opioid Treatment Ecosystem (OTE) initiative, a technical assistance framework aimed at strengthening community-based substance use disorder treatment at the intersection of criminal/legal systems—including initiatives involving first responders and post-overdose response. Key to the framework is the implementation of MOUD in correctional settings. Leveraging a grant to CBHJ provided by the Michigan Health Endowment Fund (a MOP partner), five counties (Kent, Monroe, Muskegon, Jackson, and Wayne) are involved in this pilot of implementing the OTE MOUD in jails model.

The CBHJ's four-pronged approach for treating MOUD in jails is a comprehensive measure to seal the gaps in care available to the target population from the day of incarceration to beyond the day of release. Patients are first screened using the RODS (Rapid Opioid Dependence Screen) and TCUDS-V (Texas Christian University Drug Screen V) assessment tools to determine the scope of the opioid use problem within the jail. Once accurately identified, patients are treated with the most appropriate medication; thus, having all three medications available to patients is a critical component of the approach. This comprehensive approach to medication, combined with adjunctive psychosocial services, most effectively reduces fatal overdose rates upon re-entry into the community. The method culminates with the establishment of reentry

*"Walking through the jail doors is already a traumatic event... but being able to tell people that there is help waiting for them inside can be the first step... to rehabilitation."*

—Heather Wiegand, HealthWest

services to aid the patients' reintroduction to the public upon release, so that they not only leave the jail healthier than they arrived but leave equipped with a robust system of care that can ensure that they stay healthier as they move forward.

Grantee jails have had to overcome the barriers of culture and stigma due to long-seated beliefs of the jail staff and the nature of the jail population. Patients in the jail population face the combined stigma of being OUD sufferers and being incarcerated, leading to a sentiment among officers that these individuals forfeited any rights to treatment or rehabilitation services the day they committed a crime.

However, grantees have already observed a marked change in both the patients and officers directly resulting from the MOP-supported MOUD initiatives in jails.

Grant partner Heather Wiegand, Access and Corrections Supervisor with HealthWest, working in partnership with Muskegon County Jail, has seen firsthand the direct effect of this funding in the jail setting. "Walking through the jail doors is already a traumatic event, whether it's the first time or the 100th," she says, "But being able to tell these people that there is help waiting for them inside can be the first step on the path to both social and medical rehabilitation." In the Muskegon jail, there has been a marked change in attitude among the jail staff. "They don't go to work to be guards anymore," says Wiegand, "they go to be guardians."

*"They don't go to work to be guards anymore—they go to be guardians."*

Matt Costello, Project Manager for Wayne State University Center for Behavioral Health and Justice, is familiar with the importance of navigating the intricacies of organizational relationships given CBHJ's role in MOP's jail work. "CBHJ's role is to facilitate conversations so that all entities involved in the initiative know what's going on and the MOP has pushed CBHJ toward making sure those relationships happen."

Addressing the institutional culture and championing the adoption of new processes and protocols for MOUD are two of the most important pieces to increasing access to evidence-based, life-saving treatment for opioid use disorder and ensuring a sustainable model.

## 8. MOP Philanthropic Grantmaking

In late 2018, MDHHS provided a grant of \$2 million dollars for MOUD efforts in hospitals and jails. Around the same time, the MOP partners contributed \$800,000 in philanthropic funds to address the State's opioid crisis and leverage the State dollars. Soon after MDHHS granted an additional \$2.34 million to expand the work. With the influx of funds through the State, the MOP prioritized utilizing MDHHS-sourced dollars first. Throughout the next 18 months, the MOP worked with MDHHS to identify funding gaps that could be filled with philanthropic dollars. With such a large and rapid influx of funds that had a short utilization timeline, this process was somewhat complex.

With intense close coordination with MDHHS, the MOP continues to identify opportunities for support. Three initial initiatives were identified for support with philanthropic pooled funds and the MOP is poised to engage in additional projects in the coming months.

**The three initiatives included the following:**

1. Hospital Evaluation Initiative (\$115,431)
2. COVID-19 Impact Response: Telehealth Initiative (\$119,750)
3. Upper Peninsula Technical Assistance (\$50,000)

### **Hospital Evaluation Initiative**

Early in the process of recommending grants to hospital and jails, MOP partners identified a need to focus additional efforts on evaluation. Through a competitive process, Lansing-based Public Sector Consultants was selected as the external evaluator for the MOP's six hospital-based initiatives.

**INTERVIEWS**

**SURVEYS**

**QUANTITATIVE  
ANALYSIS**

Public Sector Consultant's work expands on MDHHS' evaluation efforts for all its State Opioid Response funded projects and includes regular calls with project champions, interviews with project staff and community-based provider partners, surveys of hospital staff, and the collection and analysis of quantitative program data. The hospital evaluation activities will end with

the culmination of a final report. (*Note: Wayne State University Center for Behavioral Health and Justice was already incorporating evaluation into their project management and technical assistance for the jail-based work.*)

### **Response to COVID-19 Impact: Jail MOUD Access through Telehealth Initiative**

When COVID-19 hit Michigan, jails scrambled to react quickly and protect staff and incarcerated individuals from this very contagious virus. In order to reduce the likelihood of COVID-19 entering and spreading in jails, county sheriffs put strict restrictions in place that drastically reduced the number of external entities coming into the jail. This resulted in a reduction of many services accessible to the jail population, such as OUD and other behavioral health services.

The MOP responded to this gap in critical care by providing additional funds to Wayne State University Center for Behavioral Health and Justice to utilize readily available technology to establish and enhance telehealth services (i.e., the provision of healthcare remotely by means of telecommunications technology) in county jails across the State. As of the beginning of June, telehealth capacity has expanded in 17 county jails.

**TELEHEALTH CAPACITY  
HAS EXPANDED IN  
17 COUNTY JAILS**

## Upper Peninsula Technical Assistance Initiative

The MOP is committed to ensuring resources are devoted to addressing the opioid epidemic in Michigan's upper peninsula, a predominantly rural area of the state. This is a complicated process due to the increased stigma around medication for opioid use disorder in the upper peninsula. Experiences and fear of diversion (selling medications) and replacing one "drug" with "another" has caused the effort of culture change to be much slower than other parts of the state. Through the expertise of local funders and stakeholders, the best practice is to develop a model of technical assistance aimed at increasing access to medication for opioid use disorder through rural hospitals.

### THE GRANT SUPPORTS:

- *Assessing readiness to expand services*
- *Increasing awareness and education*
- *Reducing provider stigma.*

To that end, the MOP is in the process of recommending a grant from philanthropic pooled funds to Great Lakes Recovery Centers (GLRC) for its Phase 1 Technical Assistance Initiative, with the goal of assisting upper peninsula hospitals expand the continuum of care and access to medication for opioid use disorder (MOUD). This grant supports assessing readiness to expand services to include MOUD, to increase awareness and education, and to serve as a beginning for the reduction of provider stigma.

This first phase of technical assistance encompasses a team of at least three GLRC staff members who provide a multiprong review of each health system's capabilities and resources. This assessment includes executive level and hospital staff interviews and surveys, centered around cultural and change readiness, needs, resources and service delivery effectiveness, and health system infrastructure. Following each hospital assessment, GLRC will create customized action plans and timelines, including physician training sessions and financial incentives.

## 9. On the Horizon

MDHHS has prioritized addressing racial disparities and high overdose death rates, which has resulted in a targeted planning effort for hospitals in Wayne and Genesee counties, two of the highest need counties in the state when it comes to addressing these disparities and tragedies. With additional funding from MDHHS for this project, hospitals with emergency departments in Wayne and Genesee counties are being engaged to participate in grants for ED-initiated medication for opioid use disorder, with a direct handoff to community-based treatment. In addition to bringing on hospital partners, a vital part of the work is the engagement of community-based providers with a capacity to quickly receive patients, engage them in outpatient treatment, and address social determinants of health needs. Many of the conversations with hospitals began prior to COVID-19 and were slowed due to the incredible burden it placed on the hospitals during March, April and May. Discussions are now resuming as hospital teams refocus their attention on non-COVID-19 needs.

Prioritizing  
addressing racial  
disparities and  
high overdose  
death rates

To compliment the MDHHS-funded work and with the collaboration and support of MDHHS, Vital Strategies has provided funding for the development of a technical assistance initiative to support the MOUD implementation in Wayne and Genesee county emergency departments. Included in that technical assistance model is access to consultants/physician champions who have unique experience implementing successful emergency department MOUD models in Wayne or Genesee counties and who are driven to share their experience and learnings with peers and colleagues. **These consultants/physician champions are providing peer-to-peer support and consulting, as well as organizing and facilitating trainings for hospital staff in Wayne and Genesee counties.** The grant from Vital Strategies has also included Johns Hopkins University Bloomberg School of Public Health, a Vital Strategies contracted evaluation partner (an in-kind service to the project), to co-create a hospital readiness assessment available to all grant partners in Wayne and Genesee counties. Multiple hospitals expressed interest in an assessment of this type.

**The MOP is also planning additional funding in areas of its work, including:**

- ✓ HARM REDUCTION SERVICES
- ✓ EXPANDED SUPPORT FOR JAIL BASED MOUD
- ✓ PLACE-BASED EFFORT IN THE UPPER PENINSULA

Harm reduction is an evidence-based public health strategy that is aimed at saving lives and minimizing negative health, social, and legal impacts associated with substance use. Harm reduction encompasses a range of health and social services and practices.

## 10. Conclusion

Through our state and philanthropic grantmaking, collaborative efforts, and strong relationships with communities across the state, the MOP's efforts have contributed to a collective culture change taking place. With this momentum and collective culture change comes opportunity for the MOP to continue its current work, exploring community-wide programming, harm reduction services, and statewide systems change. As a collective body, the Michigan Opioid Partnership continues to develop its structure, strategic framework, and program investments.

The process of addressing stigma and overcoming cultural barriers to program implementation will continue for some time to come, but the MOP has laid the groundwork for considerable success in increasing access to MOUD and addressing some of the greatest challenges in this crisis.