

## Michigan SOR Initiatives

### Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

This brief was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in collaboration with the Opioid Response Network (ORN) as part of a series of state reports intended to showcase initiatives across the continuum of care that states have implemented with SOR funds. The ORN is a SAMHSA-funded technical assistance and training center that works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to support efforts to address the opioid and stimulant crisis.



### Single State Agency (SSA): Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration

From FY18 through FY23, the Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration received \$180,159,654 in SOR funds. For FY23–FY24, it received \$38.1 million.

The purpose of the Michigan SOR project is to increase access to MOUD using the three FDA-approved medications; reduce unmet treatment needs; reduce overdose-related deaths through prevention, treatment, harm reduction, and recovery activities for opioid use disorder (OUD) and StUD; and improve treatment quality for individuals with StUD and OUD. Michigan aims to accomplish this with the following objectives:



1. Improve state infrastructure for individuals with OUD and StUD
2. Train Prepaid Inpatient Health Plan (PIHP) and provider administration on infrastructure improvements, train provider staff on evidence-based interventions and fidelity measures, and increase educational opportunities for certified peers
3. Implement evidence-based prevention and treatment interventions with accompanying fidelity instruments to ensure consistent intervention quality across the provider network



4. Expand overdose education and harm reduction services, including naloxone distribution
5. Increase supportive peer services to probationers and parolees
6. Support use of peers in medical and community settings
7. Expand recovery-friendly communities that include housing and employment support
8. Improve access for racial and ethnic minorities
9. Disseminate educational messaging regarding anti-stigma, OUD, and StUD

## Preventing Opioid and Stimulant Misuse Before It Starts

Michigan has used SOR to implement a range of substance use prevention programs, including evidence-based programs for youth and statewide media campaigns.

### Youth and Family Oriented Evidence-Based Programs

Evidence-based prevention programs for youth and families are being implemented in schools and community settings in Michigan using SOR funding. Botvin LifeSkills, Guiding Good Choices, and Project Toward No Drug Abuse have been used with universal populations, and Prime for Life has been used for selected and indicated populations for youth who receive school suspensions or are involved in the juvenile justice system.

### Statewide Media Campaigns

Michigan has supported three statewide media campaigns aimed at reducing OUD stigma, reducing stigma around harm reduction (Change At Your Own Pace), and elevating the voices of individuals in recovery (Recovery Begins With We). Targeted ads were used in geographic areas experiencing a high number of overdoses. Ad placements included bus stops, gas station pump screens, and billboards, as well as digital advertising on Facebook, Instagram, and YouTube.

## Overdose Reversal Efforts: Saving Lives

Michigan has used SOR to support its overdose reversal medication distribution and education initiatives.

### Overdose Education and Naloxone Distribution (OEND)

OEND programs educate laypersons on recognizing and responding to an overdose. Community organizations and prevention and treatment providers have employed them in various settings, including schools, bars/restaurants, neighborhood centers, family support groups, and police/fire departments.

### NARCAN Direct

NARCAN Direct is a program where harm reduction organizations, law enforcement, treatment providers, schools, and other community organizations can order NARCAN directly from the state at no cost to their agency. It was developed to expand NARCAN access beyond the typical SOR-funded agencies (e.g., Medicaid managed care organizations, local health departments). Agencies may place a request directly with the state, and in partnership with Emergent Biosolutions, NARCAN is shipped directly to the organization in multiples of 12. While the program is supported by multiple funding sources, the majority of orders were completed using SOR funds.

From its launch in January 2020 through the end of September 2023, 663,108 kits have been requested and distributed through NARCAN Direct.

### **Vending Machine Expansion**

Michigan has used SOR to increase the number of vending machines and converted newspaper boxes designed to dispense naloxone and other harm reduction supplies in a low-barrier, anonymous manner. Vending machines and distribution boxes have been placed in high-impact locations, including jail lobbies, health departments, syringe service programs (SSPs), outpatient treatment provider agencies, and township/government buildings.

### **Mobile Care Units**

Mobile care units are retrofitted vans or buses that bring physical and behavioral health services closer to individuals in need. This initiative has been implemented in urban areas, such as Detroit and Flint, as well as rural areas in northern Michigan, including the Upper Peninsula, where individuals may live more than an hour's drive from the closest SUD treatment provider. Agencies with mobile care units partner with local organizations, including health departments, churches, or private businesses, to park the bus on their property at designated times. Offered services include SUD screening and counseling, peer recovery coaching, OEND, MOUD prescribing, and connection to ancillary resources, including housing, clothing, or food pantries.

## **Implementing Harm Reduction Strategies**

Michigan has expanded access to allowable harm reduction services through SOR-funded initiatives.

### **Syringe Service Programs**

SSPs provide harm reduction resources and education to individuals using drugs. SSPs have been shown to reduce overdose deaths and transmission of communicable diseases (e.g., hepatitis and HIV) and increase the number of individuals accessing treatment or recovery services. Michigan has 103 SSP locations in 58 of its 83 counties. While multiple funding sources support SSPs, SOR has assisted with staffing, naloxone purchase, and costs related to new program implementation.

### **Michigan Opioid Collaborative Provider Consultation**

The Michigan Opioid Collaborative provides free same-day consultation services to physicians and other healthcare providers treating patients with a co-occurring diagnosis of OUD and hepatitis C. This program has enhanced provider knowledge of hepatitis C and improved outcomes for individuals enrolled in outpatient OUD treatment programs.

## **Increasing Access to Treatment**

Michigan has used SOR to increase access to treatment services, including MOUD and opioid health homes.

### **MOUD Expansion**

Michigan contracts with 10 Medicaid managed care organizations, known as PIHPs, to support SUD service delivery in its 83 counties. SOR has supported the cost of OUD and StUD treatment services for individuals who are uninsured or underinsured.

### MOUD in Correctional Settings

Michigan has supported the implementation and expansion of MOUD for individuals in jails and prisons. Additionally, it supported technical assistance efforts for local county jails as they implement OUD screening tools, naloxone distribution upon release, and MOUD service offerings.

From October 2018 through September 2023, more than 2,500 individuals received SOR-funded buprenorphine, methadone, or naltrexone in correctional settings.

### Opioid Health Home Expansion

Modeled after Vermont’s hub-and-spoke model, Michigan supported implementation of the Opioid Health Home model, where Medicaid beneficiaries with a diagnosed OUD and complicating co-occurring condition can access both MOUD and therapeutic interventions through their primary care provider “home.” SOR paid for services and associated staffing needs at provider agencies while the State Plan Amendment underwent updates to allow for Medicaid billing of these services in each PIHP region. Currently, 8 of Michigan’s 10 PIHP regions bill for Opioid Health Home services.

### Emergency Department MOUD Initiation

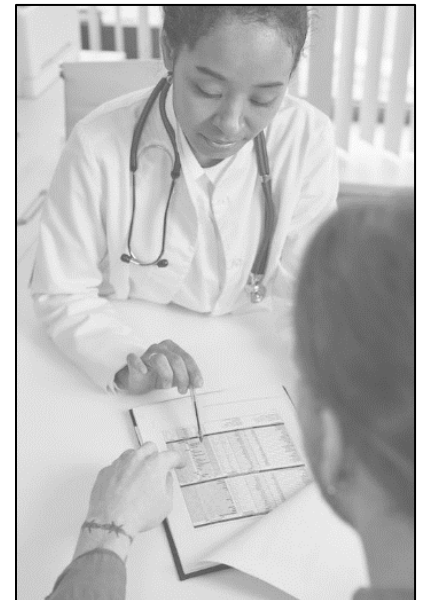
The Michigan Opioid Partnership, a group of community foundations and nonprofits in southeast Michigan, used SOR to support hospital systems as they implemented training and protocol for buprenorphine initiation in the emergency department for individuals who exhibit overdose symptoms. Connections between hospitals and SUD treatment agencies were made to ensure a warm handoff for the individual following discharge. Hospital systems experiencing the most overdose-related emergency department visits were targeted first, though the program has expanded to multiple hospital systems statewide.

### Contingency Management

Michigan used SOR to train providers in contingency management, the evidence-based treatment modality for StUD. Michigan’s model provides four sessions in one month, with up to six months of follow-up technical assistance and community of practice support to providers as they implement the program.

### Mobile Care Units

Mobile care units, described in a previous section, have allowed Michigan to reach traditionally underserved communities and provide a “one-stop shop” for individuals to receive multiple services in one location with the use of braided funding and community partnership.



## Supporting Long-Term Recovery

To help individuals reach and maintain long-term recovery, Michigan has implemented support services like recovery housing, recovery-friendly workplaces, and recovery community organizations.

### Recovery Housing Expansion

Michigan uses SOR to support the cost of overnight stays for individuals in recovery homes. The Michigan Association of Recovery Residences, a state affiliate of the National Association for Recovery Residences (NARR), receives funding to certify Michigan homes according to NARR standards. This practice ensures that

individuals receive quality services appropriate for their level of need, and that SOR supports evidence-based programming.

### **Recovery-Friendly Workplace Program**

Following the New Hampshire Recovery-Friendly Workplace model, Michigan is using SOR to develop a training and certification program for employers to become designated as recovery-friendly workplaces. The program will focus on educating employers about stigma and the characteristics of SUD, as well as how to best support employees through provision of personal leave time, second-chance programs, and other recovery-oriented policies. This initiative is expected to have statewide impact, with a focus on employers that serve a high number of individuals with SUD, such as the construction and restaurant industries. The program will also connect individuals in collegiate recovery communities to designated employers upon graduation.

### **OUD/StUD Recovery Support**

SOR funding is provided to Michigan's 10 PIHP regions to support local recovery community organizations, peer recovery coaches, and other recovery-oriented services.

### **Medication-Assisted Recovery Supports (MARS)**

MARS training has been offered to peer recovery coaches through SOR. It provides education on evidence-based MOUD and challenges related stigma. Peers working with multiple PIHP regions have indicated increased knowledge after the training and more confidence supporting treatment program participants.



### **Recovery Community Organization Expansion**

Michigan has used SOR for the start-up costs of new recovery community organizations and a support staff person to provide these agencies with technical assistance as they begin offering services. Training and technical assistance has included guidance on grant writing and sustainability practices, data collection, relationship building with other local organizations, and how to expand service offerings to more individuals. Through these efforts, Michigan has expanded recovery community organizations statewide, including in rural areas, such as the Upper Peninsula, where previously no recovery community organization existed.

## **Reaching & Serving Populations of Focus**

Michigan has implemented programs targeted at serving populations of focus, including Tribal communities, individuals on parole or probation, and pregnant and parenting women.

### **Inter-Tribal Council MOUD and Peer Expansion**

Michigan is home to 12 federally recognized Tribal nations. SOR funding has been provided to the Inter-Tribal Council, a nongovernmental convening body that works on behalf of the tribes to advocate for their needs. The council has subcontracted with multiple tribes to support treatment costs for Tribal citizens who are uninsured or otherwise in need of SUD treatment services. Four tribes have additionally used SOR to support peer recovery coaches from the Tribal community and work in Tribal health centers. Traditional healing practices are also supported.

### Inter-Tribal Council Neonatal Abstinence Syndrome Support

SOR has supported the cost of Tribal care coordinators who provide services to expecting mothers and families in select Tribal communities. Care coordinators provide connection to SUD treatment resources in the surrounding community and offer culturally responsive care and support.

### Saginaw Chippewa Tribe MOUD Expansion

The Saginaw Chippewa Indian Tribe of Michigan received SOR funding to support transportation services for individuals in their outpatient treatment programs. The tribe has additionally placed naloxone distribution boxes at strategic areas around the reservation and has supported the cost of a traditional healer and sweat lodge offerings. SOR funding has increased retention in treatment among individuals in this Tribal nation.

### Peers in Parole and Probation Offices

The Michigan Department of Corrections has used SOR for peer recovery coaches at parole and probation offices. Coaches provide lived experience support and connection to community resources and work closely with parole officers to ensure that formerly incarcerated individuals are successful upon discharge.

### Rooming In and High-Tech, High-Touch Expansion

SOR has supported three hospital systems in Sault Ste Marie, Flint, and the 21-county region of northern Michigan as they implement “Rooming In” and “Eat, Sleep, Console” programming for birthing mothers and infants who may be at risk for neonatal abstinence syndrome. Rooming In allows for these infants to stay in the hospital room with their mothers, thereby decreasing costly neonatal intensive care unit stays. The High-Tech, High-Touch screening tool has been implemented in primary care settings to assist providers with identifying patients who may be at risk for OUD. Together, these programs have enhanced service delivery and treatment access for women in traditionally health-disparate areas of Michigan.



**About the Opioid Response Network (ORN):** ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA’s SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. **Visit the ORN website [here](#) or request training or TA [here](#).**

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