

## **Program Narrative (Attachment 2)**

### **1: Description of the Issue:**

The opioid overdose epidemic continues to devastate communities throughout the United States and has killed 484,712 people from 1999-2019.<sup>1</sup> The majority (70%) of opioid overdose deaths are due to synthetic opioids and other polysubstance use, particularly psychostimulants.<sup>2</sup> Moreover, the COVID-19 pandemic has worsened the existing opioid epidemic with an increase in fatal drug overdoses before and during the pandemic.<sup>3</sup> These national trends in fatal overdose rate driven by synthetic opioids are also seen in Michigan. From 1999-2018, Michigan has experienced a 17-fold increase of the total number of drug-related overdose deaths from 99 to 2,591.<sup>4</sup>

Although Michigan experienced a 13.2% decrease in opioid-related mortality in 2019<sup>5</sup>, whatever ground was gained has now been lost in the pandemic. The social isolation and disruptions in health care the pandemic has only exacerbated the deadly opioid epidemic.<sup>6</sup> From January to August 2020, an increase of 12.7% for all overdose deaths was seen compared to the same time period in 2019.<sup>5</sup> Moreover, the drug overdose deaths have disproportionately affected communities of color. While the age-adjusted drug overdose rates fell for white residents from 2018 to 2019, black residents experienced an increase, from 30.6 deaths per 100,000 to 35.1 deaths.<sup>7</sup> In addition, Michigan lacks access to medication-based substance use treatment programs, an effective treatment for substance use disorders (SUDs). One-third (35%) of Michigan counties had no access to medication-based substance use treatment programs<sup>8</sup> and ranks in the 12<sup>th</sup> lowest percent compared to other states in the United States.<sup>9</sup> Even if patients access treatment, the mean number of days to treatment in Michigan is 6 days in 2020.<sup>10</sup> The alarming racial/ethnic disparities in overdose mortality coupled with increases in fatal overdoses,

and disruptions in access to healthcare services for SUD treatment before and during the pandemic, require communities to think holistically to develop innovative models of care and expand overdose prevention efforts to reduce drug-related morbidity and mortality.

The Michigan State Police (MSP) is the State Administrative Agency for the Byrne Justice Assistance Grant, DNA Backlog Reduction Program, Residential Substance Abuse and Treatment Program, and Paul Coverdell Forensic Science Improvement grant. In 2017, the Department of Justice (DOJ), Office of the Chief Financial Officer (OCFO) conducted a Financial Site Monitoring Visit on 16 DOJ grant awards administered by the MSP. The site visit resulted in eight recommendations, all of which have been closed as of March 8, 2018, with no questioned costs or additional action required by MSP. With a history of federal funding and evidence of successfully implementing innovative projects throughout the state to reduce overdose mortality, **MSP is well-positioned as the Single State Agency (SSA) responsible for overseeing the development and implementation of the project proposed on this grant by the different counties.**

MSP has worked closely with the local agencies from the seven counties in diverse geographical locations throughout Michigan to identify key overdose prevention activities for their regions. The selected counties, listed in Table 1, are a mix of urban and rural counties geographically located across diverse areas in Michigan. In 2019, Genesee (#2) and Muskegon (#6) were in the top ten of the highest fatal opioid overdose rates in Michigan<sup>6</sup>. Historically, accessing SUD treatment has been limited in both rural jurisdictions and in northern Michigan, represented by four of the counties we are focusing on in the current proposal, Grand Traverse,

Lake, Newaygo, and Shiawassee Counties. In addition, Grand Traverse County has reported a 7-fold increase in number of overdose deaths from 2008-2017.<sup>11</sup>

Table 1. List of Counties in which FY21 COSSAP funds will be utilized

County	Rural-Urban	Geographic Region	2019 Population	2019 Fatal Overdose/100K	2018 Nonfatal Overdose/100K
Genesee	Urban	Central	405,813	35.4	435.3
Grand Traverse	Rural	Northern	93,088	9.9	152.0
Kent	Urban	Western	656,955	12.94	172.1
Lake	Rural	Northwestern	11,853	*	295.8
Muskegon	Urban	Western	173,566	26.0	292.1
Newaygo	Rural	Western	48,980	20.7**	245.2
Shiawassee	Rural	Central	68,122	17.62	265.6

\* = Suppressed value, rate could not be calculated

\*\* = 2017 mortality rate due to suppressed values in later years

Current funding through the state is insufficient to meet the needs and demands of innovative prevention programs to support the local counties to reduce morbidities and mortalities associated with drug overdoses. Thus, MSP is seeking federal COSSAP funding to support the counties with **new evidence-based strategies and expansion of outreach programs to better meet the needs of people who use drugs (PWUD) and their loved ones.**

## 2: Project Design and Implementation

The MSP is submitting a Category 2 COSSAP application on behalf of seven counties in partnership with local public health departments, community organizations, and law enforcement

agencies (see Table 2). University of Michigan School of Nursing (UM) will serve as the evaluation research partner.

Table 2: COSSAP Funding Proposed Programs by County

County	Partner Agencies	QRT	LEAD	LEESW	Naloxone	DCS	MAT	Take Back
Genesee	Greater Flint Health Coalition				X		X	X
Grand Traverse	Traverse City PD	X			X			
Kent	Red Project	X*				X		
Lake	Red Project					X		
Muskegon	HealthWest		X*	X				
Newaygo	Red Project					X		
Shiawassee	Owosso PD Shiawassee Health and Wellness Prosecutor’s Office	X	X		X			

\* = Expansion of current programs

PD = Police Department                      LEESW = Law Enforcement Embedded Social Workers

QRT = Quick Response Teams              LEAD = Law Enforcement Assisted Diversion

DCS = Drug Checking Services              MAT = Medications for Addiction Treatment in Jail

Take back = Take-Back program

***Rationale Summary for Site Selections:*** In each county, the sites were selected based on their readiness to implement innovative prevention program, expand their current programs, and prior history of collaboration with MSP. In addition, the community organizations and law enforcement agencies selected were well-established in their respective communities in working with people suffering from SUDs and providing support to their family/friends. Furthermore, the community organizations selected were not only impacting their own cities but had greater reach

in providing services to the smaller surrounding rural counties. For instance, Red Project is headquartered in Kent County, but also serves eight other mostly rural counties. **None of the selected sites have current BJA COAP funding and were selected based on the need, geographic location, and availability to implement overdose prevention activities within the required time frame of the grant.** The overall aim for this grant is to **reduce the impact of drug-related overdoses including fatalities through comprehensive, collaborative, and innovative community prevention programs.**

*Law enforcement and other first responder diversion programs, Quick Response Teams-* QRTs for SUD were first started in 2015 in Colerain, Ohio and have since spread nationally.<sup>12</sup> QRTs are composed of multi-disciplinary members from local communities. While the composition of each QRT is different, the singular purpose of each team is to connect overdose survivors to recovery support and treatment services within 24-72 hours post-overdose and follow up with the survivors in the community.<sup>12</sup> The immediate goal of QRT is to support overdose survivors and to support family members struggling to cope with a loved one's addiction or others in the household who have SUDs. Current evidence suggests that QRTs have achieved success rates of 14-80% in immediate enrollment of individuals in treatment options once contacted by the QRT.<sup>12,13</sup>

As support and treatment service options are limited in rural communities, MSP will grant subawards to Shiawassee and Grand Traverse to develop and implement new QRTs and will grant a subaward to Kent County in order to expand their existing QRT. The Owosso Public Safety department will work with Shiawassee Health and Wellness to develop the QRT. Shiawassee Health and Wellness is a community mental health agency that is part of larger

network, Mid-State Health Network, to deliver mental health and SUD services to residents in Shiawassee County. Similarly Traverse City Police Department (TCPD) will partner with the Northern Lakes Community Mental Health Authority (NLCMH). The NLCMH provides SUD services to six counties across Northern Michigan. Due to the remote nature of Northern Michigan, one hospital within Traverse City serves a large majority of residents across five individual counties.<sup>50</sup> By selecting Traverse City as a site for a QRT, the police department and hospital systems can work together to serve a much wider geographical area than would normally be accessible to a single city QRT.

In Kent County, the Red Project seeks to expand its current QRT model, Proactive Response to Overdose and Appropriate Connections to Treatment (PROACT). The PROACT team has engaged with 321 individuals after overdose reversals since October 2017 with 40 people engaged with services.<sup>14</sup> With hundreds of people being served through PROACT, additional recovery coach is needed to improve access to services and support for individuals seeking recovery. In addition to the PROACT team, the Red Project provides recovery coaching, safe syringes, naloxone distribution, and community outreach to connect active drug users to recovery support and treatment services.

***Law enforcement and other first responder diversion programs, Law Enforcement Assisted***

***Diversion (LEAD) Teams*** - The MSP will provide subawards to support the development of LEAD programs. LEAD programs have been developed and utilized by law enforcement agencies to improve outcomes for individuals experiencing SUD and who are involved in the criminal justice system. Individuals who are arrested for low-level offenses are given an opportunity to enter the LEAD program and then be connected to harm-reduction-oriented case

managers for referrals to services.<sup>15,16</sup> LEAD programs have been shown to reduce misdemeanor and felony arrests,<sup>15,16</sup> reduce the number of days in jail for participants,<sup>17</sup> and reduce legal costs incurred from legal system utilization.<sup>17</sup> The goals of these teams are to reduce rates of entry and reentry into the criminal justice system, strengthen collaboration between public safety and public health, and to improve the overall mental and physical health of LEAD participants.<sup>18</sup>

The LEAD program will be implemented in one county, Shiawassee, and expanded in Muskegon County. The Owosso Public Safety department has a strong relationship with the community mental health organization for the county, Shiawassee Health and Wellness, and the Shiawassee Prosecutor's Office. They will leverage these relationships to create a LEAD program that will serve Owosso. Owosso is the largest city in Shiawassee County. A local program coordinator, whose time will be split between the QRT and LEAD programs, will work to implement memorandums of agreement between agencies, develop LEAD protocols, train officers on the LEAD program, and screen and enroll participants. Shiawassee Health and Wellness will provide case managers to support LEAD participants and the Shiawassee County Prosecutor will work with participants to divert them away from the normal procedures of the criminal justice system and into the LEAD program.

Muskegon County LEAD has been operating since March, 2021 in partnership with HealthWest. HealthWest is a community mental health organization in Muskegon County that serves over 7,000 individuals with disabilities, mental illness, or substance use problems. Current evaluation of the LEAD standard operating procedures has identified a gap in services delivered by the LEAD team.<sup>18</sup> Therefore, COSSAP funds will be used to pay for two additional members,

a clinical social worker and a medical assistant, to process LEAD intakes and perform client engagement.

*Law enforcement and other first responder diversion programs, Law Enforcement Embedded Social Workers (LEESW)* - The MSP will provide a subaward to embed social workers and peer support specialists within law enforcement offices, following the Police Assisted Addiction and Recovery Initiative (PAARI) Outreach Initiative. The PAARI Outreach Initiative was started in Massachusetts in 2015 with the goal of increasing access to naloxone, inpatient and outpatient SUD treatment options, and expanding access to medications for opioid use disorders.<sup>19</sup> The idea of LEESW has been around since the 1970's,<sup>20</sup> but there has been a recent renewed vision for police departments to implement LEESW programs.<sup>21,22,23</sup> Studies have demonstrated that LEESW programs decrease crime<sup>24,25</sup> and increase enrollment to inpatient treatment programs.<sup>24</sup>

The MSP will grant a subaward to HealthWest to pilot LEESW programs in four departments across Muskegon County. These departments include the City of Muskegon Police Department, Muskegon Township Police Department Muskegon heights Police Department, and the Norton Shores Police Department. From October, 2019 - September, 2020, Muskegon County experienced 76 fatal overdoses and 320 EMS naloxone administrations.<sup>25,26</sup> While the LEESWs will not be deployed to every department that serves Muskegon County, the four departments who will pilot the LEESW program cover a geographical range that encompasses 70 of the 76 fatal overdoses and 282 of the 320 naloxone administrations experienced by Muskegon residents in 2019-2020.<sup>25,26</sup>

LEESW will work directly with departments to respond to non-emergent 911 calls, either immediately or through next day follow-up. This allows LEESWs to assess a person's needs and



connect them to services that may better address their needs as compared to a law enforcement officer.

*Naloxone for law enforcement and other first responders* – The MSP will provide subawards to supply law enforcement with naloxone. Previous research has shown that naloxone administration by first responders or bystanders corresponds with a decrease in the rate of fatal overdose deaths.<sup>27,28</sup> Additionally, when trained, law enforcement officers are capable of identifying opioid overdoses and safely administering naloxone.<sup>29,30</sup>

Subawards will be made to three counties to purchase naloxone: Genesee, Grand Traverse, and Shiawassee. In Shiawassee, Owosso PD will equip all officers with naloxone for use in the routine activity of their positions. While in Genesee, the subaward will be distributed to Greater Flint Health Coalition, a non-profit organization with a mission to improve the health status of Flint & Genesee County residents and to improve the quality and cost effectiveness of the health care system in the community. Greater Flint Health Coalition is a multi-disciplinary group from leaders in many sectors of society such as public health, hospitals, health insurers, community organizations, education, etc. Genesee County has suffered one of the greatest overdose burdens in the state (#2) and ranked 80 out of 83 counties in overall state health outcomes.<sup>39</sup> In addition, there is a wide gap in racial/ethnic disparities in overdose mortality of African Americans as compared Whites (59.4/100K vs. 37.1/100K)<sup>10</sup>. Over 50% of the population in Flint are African Americans and Genesee County has a greater percentage of Blacks than the rest of Michigan (20.2% vs 13.9%).<sup>51</sup> Therefore, Genesee County in partnership with Greater Flint Health Coalition is a key strategic location to address the racial/ethnic disparities in overdose mortality in Michigan.

All three counties will purchase additional doses to be packaged as leave behind kits. For Genesee County, the 2021 Opioid Awareness Survey indicated that 88.7% of Genesee County residents knew the function of naloxone, but only 43.5% knew how to access naloxone.<sup>40</sup> Thus, additional implementation efforts are needed in Genesee County. These leave behind kits will increase naloxone access to residents in Genesee County and will be available for the overdose survivor and for family/friends after a reversal. This is particularly important if the overdose survivor does not wish to be transported to the emergency department post-overdose. Along with naloxone, the leave behind naloxone kit will include an educational brochure with contact information for harm reduction and SUD treatment resources in the community, and a pair of non-latex gloves.

*Comprehensive, real-time, regional information collection, analysis, and dissemination* – The MSP will offer a subaward to implement drug checking services (DCS) in coordination with harm reduction services already available. Previously, DCS have been utilized to understand recreational drug trends in Australia and across Europe.<sup>31,32,33</sup> Recently, DCS have been implemented in hopes of providing real-time data on the drugs and adulterants circulating within a community of habitual drug users.<sup>34,35</sup> The goals of DCS are to: 1) Provide information to the drug type/amount and adulterants in a given sample for people who use drugs and to law enforcement and 2) Connect people who use drugs with harm reduction services.

The MSP will provide a subaward to the Red Project, a harm reduction organization, for the implementation of DCS pilot sites. **These would be the first sites in Michigan to implement a DCS.** Prior interviews with PWUD have shown that anonymity, speed of sample testing, type and amount of substance information available, and judgement free attitudes as

being important to them when accessing a DCS.<sup>34</sup> For these reasons, the testing services will be made available through an existing harm reduction organization. The Red Project will have one stationary site, located at their headquarters in Kent County, and one mobile location that will serve Lake and Newaygo Counties. Due to the number of overdoses in an urban area as compared to more rural populations, a full-time technician will be hired to staff the Kent County location. A part-time technician will be hired to staff the mobile location that will move around both Lake and Newaygo counties. Technicians will be trained in sample identification using paired Fourier-transform infrared spectroscopy (FTIR) and fentanyl testing strips. Once sample testing is completed, technicians will convey results and connect clients with any additional harm reduction services needed.

***Identifiable and accessible take-back programs for unused controlled substances*** – Take-back programs began to limit the environmental impact of improperly disposed medications.<sup>36</sup> Recently, communities have utilized these programs to limit the number of diverted prescriptions, particularly opioid analgesics.<sup>37,38</sup>

The MSP will provide a subaward to Greater Flint Health Coalition to conduct take back events across Genesee County. Despite multiple law enforcement and pharmacy locations within Genesee County, 2021 the Greater Flint Health Coalition Opioid Awareness Survey data still indicates only 57.7% of Genesee County residents dispose of unused, unwanted, or expired prescription medications through prescription drug drop boxes.<sup>40</sup>

Monthly pop-up prescription take-back events will be held in partnership with law enforcement agencies in communities with significant numbers of naloxone administrations and suspected overdose deaths. The Greater Flint Health Coalition will utilize Genesee County

opioid surveillance data from the University of Michigan's System for Opioid Overdose Surveillance to assess the communities with the highest levels of suspected overdose deaths. To address observed gaps in existing take back efforts in Genesee County, sharps, liquids, and patches will be accepted for disposal in addition to traditional pills from prescriptions. Law enforcement and EMS partners engaged in the Genesee County QRT and physician partners will work together to oversee the collection and disposal process. Take back programs will conform to rules and regulations set forth in 21 CFR part 1317, Disposal of Controlled Substances. In addition to the take back services, free naloxone kits and training, fentanyl testing strips, at-home disposal kits, and substance use prevention and treatment resources will be available. A QRT peer recovery coach will also be on site at the take back events to offer support and connection to social and treatment services.

***Evidence based treatment including MAT as well as recovery support services*** - The MSP will offer a subaward to the Greater Flint Health Coalition to provide jail-based MAT and case management for incarcerated individuals experiencing substance use disorder (SUD in the Genesee County jail. Prior research has shown that jail-based MAT treatment has a positive impact on individuals who are within the criminal justice system and using drugs.<sup>41</sup> One model used successfully within jail-based populations is the Recovery Oriented Service model.<sup>42</sup> Recovery Oriented Service models work by creating individualized treatment plans, often blending peer recovery support services with clinical treatment for a holistic approach to a client's recovery.<sup>43,44,45</sup> The Recovery Oriented Service model will be used to improve care coordination for jail-based populations in Genesee County jail.

Peer recovery coaches and a project coordinator will be integrated exclusively to serve individuals engaged in the Genesee County Jail system. This team will coordinate access to SUD treatment screening and assessments, make referrals for SUD treatment, provide ongoing peer recovery coach services, ensure access to harm reduction services, and make referrals for other identified social determinants of health needs. The team will also work collaboratively with jail-based staff to identify and address system gaps and barriers to SUD and social determinants of health resources for incarcerated populations. The peer recovery coaches and project coordinator will provide treatment care coordination for individuals multiple access points including pre-booking, incarceration, pre-release, and post-release/re-entry. As this will be our only local site to implement a jail-based recovery support program, we will connect local partners with national TTA, if needed.

***Role of MSP as the Coordinating Site:***

Upon receipt of the award, the MSP program coordinator will convene a large group meeting with all key stakeholders to review timelines, processes, data collection, and establish the collaborative learning community with all the subrecipients. Within the first three months of the award, MSP program coordinator will meet with program coordinators from each agency to ensure processing of subaward contracts, establish data use agreements, and to identify any consulting and technical assistance from MSP.

With QRT, and LEAD programs, there are existing programs from other sites that can provide guidance for the counties that are developing new programs. For instance, MSP will facilitate peer-to-peer learning between the Muskegon County LEADs and the Shiawassee County LEAD Facilitator. The new QRT teams can learn from Kent County as they are currently

undergoing an expansion of their QRT. In addition, the UM evaluator, Dr. Dahlem has expertise in naloxone distribution and training<sup>47</sup> and has implemented a successful QRT in southeast Michigan.<sup>48</sup> Dr. Dahlem is able to provide naloxone training to Owosso Public Safety Department.

As each county is in different phases of implementation, MSP will work with each site to provide training and technical assistance, collect performance data, and provide any support needed throughout the grant period. The MSP Program Coordinator will meet monthly with each site to assess their progress and will coordinate biannual meetings across all sites to promote cross-site training and peer-to-peer learning. Furthermore, MSP will work with the partner agencies and UM to ensure data collection is completed and provide an annual summary of each project and their major accomplishments. MSP will assist in developing implementation manuals for the prevention programs so that other counties can replicate these prevention activities.

### **3. Capabilities and Competencies**

The MSP is well structured to meet the requirements of a Category 2 COSSAP applicant per the solicitation while providing high quality grant administration. The MSP has years of successful experience managing and implementing federal grant awards from multiple federal agencies, including several discretionary awards. Over the past five years, the Grants and Community Services Division at MSP has managed over \$62,000,000 in federal grant money. For grants related to the opioid epidemic, MSP received an Office of Community Oriented Policing Services Anti-Heroin Taskforce grant to eliminate prescription opioid diversion throughout Michigan and became the first state police agency in the nation to implement the Angel Program statewide. Furthermore, in 2018, the MSP was awarded a COAP grant to start

Overdose Fatality Review (OFR) Teams. For the FY2021 COSSAP grant, all partners have provided a letter of support.

**MSP:** Mr. Matt Opsommer is a Grant Manager for the MSP Grants and Community Services Division. Mr. Opsommer has 18 years of federal grant management experience and currently manages multiple federal awards, including Byrne JAG, Coronavirus Emergency Supplemental Funding, COAP, COPS-Anti-Heroin Task Force, SAKI, Office for Victims of Crime Law Enforcement Victim Specialist Program, and Opioid Affected Youth Initiative. He has been integral to the development of collaborative partnerships with federal, state, and local agency partners to ensure successful implementation of multiple statewide initiatives for MSP. Mr. Opsommer will provide project oversight and management of MSP employees who will work on FY2021 COSSAP.

Ms. Rebecca Egbert is MSP's COAP project coordinator. Ms. Egbert has been in her project coordinator role with MSP since April 2019. Ms. Egbert will continue to work with the UM to evaluate programs funded with COSSAP as well as liaising with local sites to provide support and facilitate peer-to-peer learning activities. She will report to Mr. Opsommer and will be responsible to: 1) manage the grant application and award process, 2) oversee all subrecipient programs and budget activity, 2) oversee program development and reporting, 3) collaborate with subrecipients to collect and submit the performance measures. Prior to working for MSP, Ms. Egbert spent four years working for MSU as a project manager and has five years of federal grant administration experience.

**Evaluation Partner:** The UM evaluation team is comprised of a unique and multi-disciplinary combination of experts in substance use research who have sustained partnerships with

community organizations and implemented programs to reduce opioid morbidity and mortality and in research evaluation methodologies and analyses. The UM team is comprised of Dr. Gina Dahlem and Dr. Rob Ploutz-Snyder as well as programmers from the University of Michigan School of Nursing Applied Biostatistics Laboratory and Data Management Core (UMSN ABL/DMC). Dr. Dahlem is a Clinical Associate Professor in the School of Nursing at UM. Of relevance to the current proposal, she is the lead PI on the BJA COAP grant to evaluate OFR teams with MSP. Furthermore, Dr. Dahlem has worked with multiple law enforcement agencies throughout Michigan, local health departments, emergency departments, and community organizations to lead naloxone trainings, provide technical support for train the trainer overdose prevention programs, establish protocol and policy recommendations on post-overdose response for organizations since 2013.<sup>45,46,47,48,49</sup>

The UM COSSAP team is further strengthened by Dr. Ploutz-Snyder. Dr. Ploutz-Snyder is a team-science oriented Research Professor of Nursing, Accredited Professional Statistician by the American Statistical Association, and the Director of the UMSN ABL/DMC. He brings extensive experience in research design and statistical expertise to the proposed study. Dr. Ploutz-Snyder has been working as an applied biostatistician for over 20 years in Schools of Medicine and Nursing at the SUNY Upstate Medical University and UM, and in government at NASA's Human Research Program, Johnson Space Center. The UMSN ABL/DMC specializes in creating a 'one stop shop' environment for applied statistics, data management, database design, and consulting services.

Both Drs. Dahlem, Ploutz-Snyder, and the UMSN ABL/DMC have worked together to evaluate a QRT program<sup>48</sup> and currently evaluating OFR teams. They will work closely with



MSP project coordinator and the key stakeholders from each of the 6 counties to identify actionable and measurable outcomes per objective, establish program-level evaluation plans, develop a secure, HIPAA-compliant data management system, and provide the annual summary reports for each site.

**4: Plan for Collecting Data Required for this Solicitation’s Performance Measures**

The MSP, in close collaboration with UM, will coordinate the collection of all performance level data throughout the project performance period. The MSP utilizes a performance measurement process to evaluate projects in five areas: efficiency, effectiveness, quality, productivity, and quantity. Specific performance measures for each objective identified will be monitored by the project coordinator and UM evaluation team. As a starting point, outcomes shown below will be collected and evaluated per objective.

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**Objective One – Support local law enforcement and public health agencies to develop quick response teams (QRTs).**

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- % of Individuals referred to QRTs
  - % of individuals engaged with QRTs
  - Enrollment Completion Rates
  - % and type of individuals connected to social, medical, and SUD services
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**Objective Two – Support local law enforcement agencies to develop law enforcement assisted diversion (LEAD) teams.**

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- % of individuals referred to LEAD program
  - % of individuals engaged with LEAD
  - % of individuals completing treatment regimens
  - % of follow-ups completed
  - % of type of individuals connected to social, medical, and SUD services
  - Reductions in recidivism, arrests
- 

**Objective Three– Support local law enforcement agencies to hire and embed social workers into their departments (LEESW).**

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- % social workers trained
  - % of individuals referred to LEESW
  - % of follow-ups completed
  - % and type of individuals connected to social, medical, and SUD services
- 

**Objective Four– Provide naloxone to first responders.**

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- # of Naloxone doses purchased
- # of Naloxone doses administered by law enforcement
- # of Naloxone dose reversals

# of Naloxone leave behind kits handed out  
Naloxone Training Confidence, Competence & Readiness  
Naloxone Training Qualitative Feedback

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**Objective Five– Create regional real time information collection system by utilizing drug checking services (DCS) to monitor type of drugs and adulterants in communities.**

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# of Clients utilizing DCS  
# of Mobile locations where DCS were deployed  
# of Samples tested  
Report on aggregate drug data – type of expected substances, number of samples containing expected substances, number of samples with adulterants, common types of adulterants, etc.  
Client decisions following testing  
Surveys in communities where DCS was deployed RE Acceptability

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**Objective Six– Identifiable and accessible take back programs.**

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# of Pop-up take back events (TBE)  
Number of participating organizations  
Total amount of prescriptions collected per event  
# of Harm reduction kits distributed  
Surveys in communities where TBEs deployed was deployed RE Acceptability

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**Objective Seven– Recovery Support in county jail.**

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% of Referrals  
% of Clients utilizing peer recovery coaching  
% of Individuals receiving opioid overdose education.  
% of Naloxone kits provided to recently released individuals  
% of individuals referred to MAT-based treatment, and type of social services  
% of Individuals receiving post-release follow-up services

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The UM team will be tasked with creating a secure, on-line database for collecting all identified outcomes, with data entry personnel identified at each participating site. UM will create, administer, and manage surveys and evaluations electronically to sites/participants through an online, HIPAA compliant electronic data capture system (REDCap). The MSP and the UM project coordinator will work together directly with subaward recipients to convey what information must be collected and maintained for each project, establish data use agreements, train each site on our data collection products, and will report on all measurable outcomes quarterly. The MSP plans to conduct annual site-visits for the combined purposes of performance and/or financial reviews of subrecipients and sharing interim reports to inform our community partners of progress made, challenges, and opportunities. **Any research conducted as part of**

**the evaluation will apply for a privacy certificate pursuant to 28 CFR Part 22 and approval through the University of Michigan Institutional Review Board (IRB).**

Our UM partner will be tasked with conducting an independent statistical analysis of quantitative outcomes relevant to these performance measures (and others identified during program development), and qualitative analysis of related data. All statistical analyses will emphasize detailed descriptive statistics of outcomes and effects with appropriate measures of central tendency and dispersion. Some of our proposed/anticipated outcomes will be collected pre and post training, or before and after an initiative, while others are collected over time. All repeated outcomes will be evaluated relative to baseline, with statistical comparisons utilizing 2-tailed  $\alpha=0.05$  and an emphasis on effect magnitude.

We anticipate statistical analyses to include methods appropriate for negative binomial distributions for our count outcomes (ex. number of clients utilizing peer recovery coaching), Gaussian based methods for normally distributed outcomes (ex. pre/post comparisons of competence, confidence and readiness scores associated with LEAD or LEESW training, survey data), log-normalized analysis of financial data, and detailed descriptive statistics appropriate for all data types. Process evaluation through qualitative interviews of key stakeholders and program participants will be used to determine if the program is being implemented according to plan, how well it is functioning overall, which specific strategies are working well or not well, and barriers to efficient and smooth operations, as well as data accuracy and completeness. Changes to the implementation will occur based on our interviews and quantitative data analyses.

An expected barrier to data collection is data privacy regarding SUD treatment data. The MSP will work with UM to seek IRB approval, including an informed consent to collect SUD

records, from individuals who enroll in the COSSAP programs. Our UM partners are accustomed to collecting and protecting the security and anonymity of sensitive research data and will utilize HIPPA-compliant data management strategies. **Refusal to participate in research or sign an informed consent will not disqualify an individual from receiving any services.** We recognize that this may result in incomplete data sets. For any reporting purposes, only aggregate data will be shared, any personal identifying information will be de-identified prior to data sharing, and the confidentiality of all participants will be protected.

Proper sustainability planning is crucial to the success of this project. With federal funding to develop and expand innovative programs along with experienced research evaluators, MSP believes the program outcomes will support the sustainability of these projects to secure additional local and state funding beyond the COSSAP grant.

The drug overdose epidemic has continued to worsen over the past ten years and requires a solution that is effective, efficient, and sustainable. MSP has a long history of partnership with the agencies in this grant which are in diverse regions throughout Michigan that have largely been impacted by drug overdoses. The innovative programs proposed such as the drug checking services would be the first program in Michigan to be piloted. MSP has a history of obtaining and managing federal funding and is well-positioned as a SSA to coordinate and oversee the management of the grant. The MSP is committed to sustaining newly developed partnerships to continue to increase public knowledge about substance use disorder and the continued effects it has on families and communities.