

# LENAWEE OPIOID RESPONSE PROJECT

2019 Gaps and Needs Assessment



**LENAWEE  
SUBSTANCE ABUSE  
PREVENTION COALITION**



**Lenawee  
Health Network**

## Abstract

The Lenawee Substance Abuse Prevention Coalition (LSAPC) and Lenawee Health Network (LHN) have conducted a countywide survey related to opioid and substance abuse as perceived by Lenawee County residents. This gaps and needs assessment serves as the foundation of the strategic planning process for Lenawee stakeholders to prioritize and finalize a comprehensive strategic plan for Lenawee County that will reduce the morbidity and mortality associated with opiate and substance abuse.

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## **Introduction**

Lenawee County is a rural community located in southeast Michigan, neighboring Ohio's northern border. In a county containing a 2016 population of 98,673 residents across 750 square miles, it is not uncommon to see the barriers many face in accessing resources or rather, the lack there of. Lenawee was historically recognized for its rich agricultural, automotive, and manufacturing industries that supported a significant portion of the county's economy. As the 2008 economic recession set in, a loss of automotive and manufacturing businesses caused a domino effect of higher unemployment and demand for resources supporting residents' basic needs. Although resources may be limited, Lenawee County is very fortunate to have dedicated residents, stakeholders, agencies and organizations committed to improving the health and well-being of all individuals that call Lenawee home.

What many do not recognize is that Lenawee County has a large framework of passionate and committed coalitions working together to address community needs. Through collaborations and resource alignments, key community stakeholders, organizations, and agencies identify community gaps and needs, secure partnerships, develop strategic plans, secure and align resources, implement evidence-based models, and evaluate the results to address unmet needs that Lenawee County residents experience. The Lenawee Substance Abuse Prevention Coalition and Lenawee Health Network are examples of collaborative platforms coordinating grant strategies and funds to implement and sustain pilot projects. Lenawee coalitions and networks work together under the umbrella of a Collective Impact Core (CIC). The CIC consists of five sub-groups that are focused on addressing a variety of factors and variables that affect the overall well-being of the county.

Our community has a regional focus to continue building infrastructure and capacities to increase availability, accessibility, and utilization of resources. With the award of the Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Project (RCORP), the LSAPC and LHN are driven to utilize the results of this gaps and needs analysis complemented by the results of the 2019 Lenawee County Opioid Assessment, to develop a comprehensive strategic plan and sustainability plan to secure and align resources with

community partners to increase resources and supports in relation to opioid use and substance abuse.

### **Vision/Mission/Planning Values**

The LSAPC was formed in 2004 in response to the growing substance abuse trends within the county. Then in 2011, the LHN formed as a platform to conduct county health assessments every three years to support the strategic planning process leading to the implementation of collaborative evidence-based models. The LSAPC and community coalitions utilize county health assessment and secondary data sources, in addition to community feedback, to make data driven decisions on plan development. This serves as a means to gain the community's perspective and to ensure that any plans that are developed align with the thoughts, perceptions, and needs of residents.

The LSAPC's mission is to reduce substance use and abuse among youth through collaborative planning, program development, community development and public education. The coalition values a family approach to address the substance use and abuse among youth so that their surrounding environment is supportive to assisting that individual in their journey to eliminate use of substances. In many instances, substance abuse may be one of many health behaviors requiring change in individuals. Recognizing this importance, the LSAPC values collaboration with the CIC subgroups so that individuals have linkages to resources.

In 2018, the LSAPC collaborated with the LHN and formed three Opioid Taskforce work groups to identify the gaps/needs that exist in Lenawee. Throughout 2019, the taskforce work groups developed action plans and reported out information on a quarterly basis. The three work groups are focused on Medical/Treatment/Recovery, Prevention, and Public Safety. The work conducted in 2019 laid the foundation for our coalitions to pursue HRSA grant funding and to analyze the community's needs at a much deeper level.

To gather this deeper knowledge, HRSA RCORP Grant, branded as the Lenawee Opioid Response Project, subcontracted Bowling Green State University to conduct interviews with

business professionals and family members affected by the opioid epidemic and substance abuse. Community input is valued and crucial to the development of community strategic plans.

The overall LSAPC vision with the Lenawee Opioid Response Project is to establish mutually beneficial reinforcing strategies within a comprehensive strategic plan to empower community coalitions to align efforts of impacting policy, systems, and environmental changes aimed at reducing opioid addiction and abuse among Lenawee County residents. The twelve objectives of the Lenawee Opioid Response Project support the overarching goal to reduce morbidity and mortality associated with opioid overdoses in the county by strengthening the organizational and infrastructural capacity of the LSAPC to address prevention, treatment and recovery needs.

### **Needs Assessment Methodologies**

The needs assessment and county opioid survey methodologies are cross sectional, as the data was gathered only at a specific point in time. The Lenawee Opioid Response Project team contracted the Hospital Council of Northwest Ohio (HCNO) to conduct the Lenawee County Opioid Assessment and facilitate strategic planning with community partners to gain input from a variety of perspectives. Researchers from the University of Toledo and staff from HCNO identified reliable survey instruments deemed appropriate for the opioid survey from the Substance Abuse and Mental Health Services Administration (SAMHSA) and for the National Survey on Drug Use and Health (NSDUH). The survey items were then reviewed with the LSAPC and LHN leadership teams to identify specific survey questions to include in the Lenawee County Opioid Assessment. Thirty-four survey questions were selected by Lenawee County stakeholders and then were reviewed and approved by the researchers at the University of Toledo. HCNO utilized an online Survey Monkey survey tool to disseminate the anonymous survey to Lenawee County residents.

LSAPC and LHN members then deployed a dissemination plan that shared the link to the Lenawee opioid survey through the local 2-1-1, LSAPC social media, 2,000 post cards containing QR codes, and email blasts to CIC subgroups, county Representatives, and a variety of other organizations. Through these channels of communication, 394 survey responses were

submitted. Individual responses were anonymous and only group data is available. HCNO staff conducted a preliminary analysis of the data and utilized crosstabs to calculate descriptive statistics that were presented to the community on October 29, 2019 and October 30, 2019.

Gathering feedback from the community via the survey tool aided the LSAPC and Opioid Taskforce work groups in expanding the list of identified gaps and needs. Sessions on October 30, 2019 focused on reviewing the data and modifying a list of gaps and needs within each of the workgroups. A comprehensive list was developed and will now provide a quantitative and qualitative data driven approach to the coalition in developing a robust strategic plan.

### **Overview of Results/Findings**

The primary target population is comprised of Lenawee County residents living in poverty that experience substance/opioid abuse challenges. The secondary target population is all of Lenawee County residents facing substance/opioid abuse challenges. All target populations are in need of prevention, treatment, and recovery resources that empower individuals to recover from OUD and SUD.

#### *Community Perspective Assessment*

Quantitative data from the 2019 Lenawee County Opioid Assessment reveals valuable information about the community's perceptions of substance and opioid use and abuse.

Assessment results reported the following perceptions:

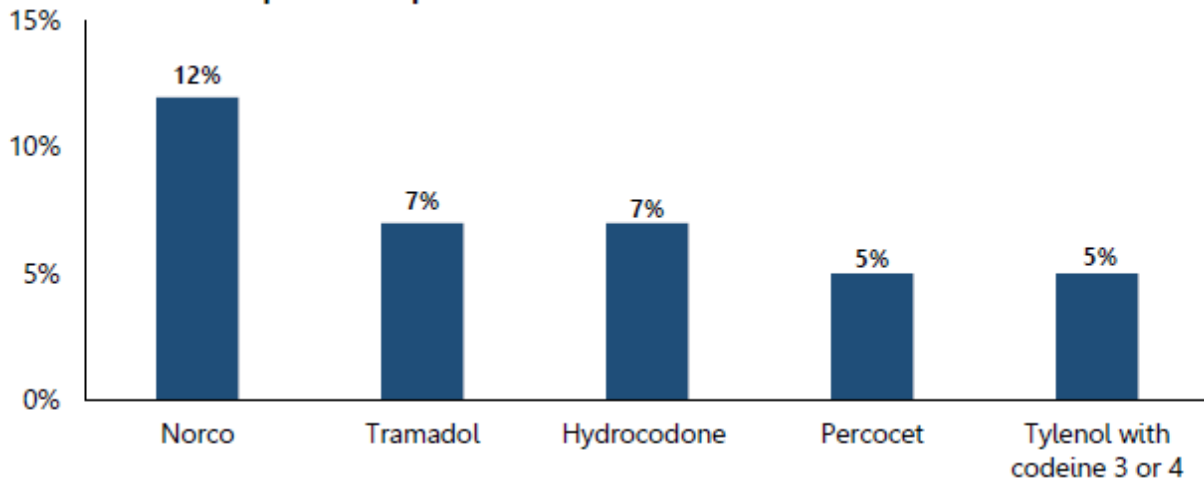
- Seventy-nine percent (79%) of Lenawee County adults strongly agreed (48%) or agreed (31%) that drug and alcohol addiction are diseases.
- Ninety-nine percent (99%) of adults strongly agreed (78%) or agreed (21%) that an individual can become addicted to prescription pain medications.
- Eighty-nine percent (89%) of adults disagreed (37%) or strongly disagreed (52%) that it is acceptable to share prescription pain medications with family and/or friends if they need it.
- Seventy percent (70%) of adults disagreed (39%) or strongly disagreed (31%) that it is acceptable to keep unused prescription medications that they no longer need to take.

- Eighty-seven percent (87%) of adults disagreed (29%) or strongly disagreed (58%) that it is safer to get high on prescription medications than illegal street drugs.
- Lenawee County adults reported they knew the following about medications disposal sites in their community:
  - Aware of at least one medication disposal location (54%)
  - Aware that medication disposal sites exist, but were unsure of a specific location (27%)
  - Not aware of any medication disposal sites in their community (17%)
  - Did not know what a medication disposal site is (2%)

| <b>Community Perceptions</b>                                                                       | <b>Strongly Agree</b> | <b>Agree</b> | <b>Disagree</b> | <b>Strongly Disagree</b> |
|----------------------------------------------------------------------------------------------------|-----------------------|--------------|-----------------|--------------------------|
| <b>Drug and alcohol addiction are diseases</b>                                                     | 48%                   | 31%          | 16%             | 5%                       |
| <b>An individual can become addicted to prescription pain medications</b>                          | 78%                   | 21%          | 1%              | <1%                      |
| <b>It is acceptable to share prescription pain medications with family/friends if they need it</b> | 2%                    | 9%           | 37%             | 52%                      |
| <b>It is acceptable to keep unused prescription medication(s) they no longer use</b>               | 5%                    | 25%          | 39%             | 31%                      |
| <b>It is safer to get high on prescription medications than illegal street drugs</b>               | 2%                    | 11%          | 29%             | 58%                      |

- Twenty-two percent (22%) of Lenawee County adults reported they kept their unused prescription medications. Thirteen percent (13%) of adults reported they took their unused prescription medications to a medication collection program.

### Top 5 Prescription Pain Relievers Used in the Past Year



- Among adults who used prescription pain medications in the past year, 9% of adults reported they experienced problems with their emotions, nerves, or mental health and 6% experienced physical health problems that were probably caused or made worse by their use of prescription pain relievers.
- Three percent (3%) of Lenawee County adults reported they repeatedly got in trouble with the law in the past year as a result of using prescription pain relievers.

*The table below indicates correlations between adults who misused and did not misuse prescription pain relievers in the past year. An example of how to interpret the information includes: 28% of adults who misused prescription pain relievers in the past year used cannabidiol (CBD) oil compared to 19% of adult who did not misuse prescription pain relievers.*

| Drugs Used in Past Year                                                           | Did Not Misuse Prescription Pain Relievers in the Past Year | Misused Prescription Pain Relievers in the Past Year |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------|
| Cannabidiol (CBD) oil                                                             | 19%                                                         | 28%                                                  |
| Wax, oil with THC, or edibles                                                     | 8%                                                          | 28%                                                  |
| Recreational marijuana or hashish                                                 | 9%                                                          | 17%                                                  |
| Marijuana for medicinal purposes                                                  | 11%                                                         | 11%                                                  |
| Amphetamines/methamphetamines/                                                    | 1%                                                          | 6%                                                   |
| Cocaine, crack, or coca leaves                                                    | <1%                                                         | 6%                                                   |
| Synthetic marijuana/K2                                                            | 0%                                                          | 6%                                                   |
| Bath salts (used illegally)                                                       | <1%                                                         | 0%                                                   |
| Ecstasy or E, or GHB                                                              | <1%                                                         | 0%                                                   |
| Inappropriate use of over-the-counter medications, such as cold or cough medicine | 1%                                                          | 0%                                                   |
| LSD, mescaline, peyote, psilocybin, DMT, or mushrooms                             | <1%                                                         | 0%                                                   |

*Note: Misuse of prescription pain relievers is defined as use in any way not directed by a doctor, including without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor.*

The LSAPC and community stakeholders reviewed this information and gained consensus that prevention and education strategies will be crucial in the comprehensive strategic plan to reach the individuals to influence perceptions supporting prevention, treatment and recovery so that a culture shift can be instilled in Lenawee County. None of our residents should face stigma or negative perceptions for seeking and utilizing resources or preventative measures to support their journey toward recovery.

Qualitative data collection is to occur throughout the month of November with interviews conducted by Dr. Stacey Rychener from Bowling Green State University Centers for Assessment and Evaluation. Interviews will ask participants a series of questions pertaining to their perceptions of OUD and SUD as well as the affects they have experienced as Human Resource professionals or families of a loved one experiencing SUD/OUD.

Specific gaps identified in prevention and education include:

1. Education and awareness on prescription drug use, drug disposal methods and locations, and alternative therapies.
2. Education and awareness of opioid addiction and the underlying factors relating to the provision of prevention services in the county.
3. Awareness and education among physicians and other health care providers concerning alternative therapies and drug disposal.

### *Service Systems Assessment*

Quantitative data revealed valuable information about the community's use of alternative pain management therapies to opioids. Data provides LSAPC and the community with information that will assist in establishing meaningful strategies to support availability and accessibility of prevention, treatment and recovery service systems. The 2019 Lenawee County Opioid Assessment results found that:

- Among adults who took prescription pain medications in the past year, 25% of adults wanted to or tried to cut down or stop using prescription pain relievers. Seventy-two



percent (72%) of adults were able to cut down or stop using prescription pain relievers every time they wanted to or tried to.

- Lenawee County adults reported they had the following symptoms that lasted longer than a day after they cut back or stopped using prescription pain relievers: trouble sleeping (14%); had cramps or muscle aches (10%); felt kind of blue or down (7%); felt sweaty, had enlarged eye pupils, or had body hair standing up on their skin (5%); diarrhea (4%); had teary eyes or a runny nose (3%); vomited or felt nauseous (2%); yawning (2%); and fever (0%).
- Among adults who had used prescription pain medication in the past year, 4% reported they needed treatment or counseling for their use of prescription pain medications. Five percent (5%) of adults were currently receiving treatment or counseling for their use of prescription pain medications. The last time adults needed treatment, 90% of adults reported they did not receive treatment or counseling for their use of prescription pain medications.
- As a result of using prescription pain relievers, 4% of adults reported they regularly failed to fulfill obligation at work or home, 4% had been placed in dangerous situations, 4% had experienced legal problems, 3% had failed a drug test, 2% had overdosed and required EMS/hospitalization, 2% had administered Narcan or nasal naloxone, and 2% had received Narcan or nasal naloxone.
- As a result of using prescription pain relievers, 13% of adults reported their family member regularly failed to fulfill obligation at work or home, 13% had been placed in dangerous situations, 12% had experienced legal problems, 11% had failed a drug test, 10% had overdosed and required EMS/hospitalization, 4% had received Narcan or nasal naloxone, and 2% had administered Narcan or nasal naloxone.
- In the past year, 6% of Lenawee County adults misused prescription pain relievers (used in any way a doctor did not direct them to use it).

The LSAPC and community stakeholders reviewed the data and identified the following gaps in medical, treatment and recovery service systems requiring action in the comprehensive strategic plan:

- Barriers to alternative therapy (cost, not covered with most insurance).
- Integration of clinical linkages between resources and agencies.
- Infrastructure of services.
- Treatment services (no detox, residential or transitional housing in county).
- Lack of recovery meetings (recovery meeting primarily available in Adrian; recovery meetings outside of Adrian are mostly AA).
- Transportation (availability and reliability).
- Medication Assisted Treatment (MAT) in the jail.
- Peer Recovery Coaches.
- No crisis stabilization services available in the county.
- Lack of resources for family members affected by opioid/substance use disorders.

Qualitative data collection is to occur throughout the month of November with interviews conducted by Dr. Stacey Rychener from Bowling Green State University Centers for Assessment and Evaluation. Interviews will ask participants a series of questions pertaining to their perceptions of OUD and SUD as well as the affects they have experienced as Human Resource professionals or families of a loved one experiencing SUD/OUD.

### Workforce Assessment

Through the strategic planning process, LSAPC has reinforced that there is a physician shortage in our community. Furthermore, there is a lack of physician awareness of and engagement in the development of community initiatives.

As indicated in the gaps related to treatment, the workforce infrastructure to support and sustain treatment options and resources, including peer recovery coaches, detoxification, residential housing, transitional housing and crisis stabilization services, are severely lacking. In many instances, programs are closing because of the infrastructural inadequacies and lack of clinical linkages to provide mutually beneficial partnerships in supporting patient health needs.

The LSAPC and community stakeholders recognize that the lack of resources for the infrastructure of behavioral health workforce is likely a crux to the overarching barriers, gaps,

and challenges presented in Lenawee County. Through this project, the LSAPC is driven to develop proposed models for behavioral health workforce pipeline programs or similar models to address the workforce needs of highest priority presently and ongoing scaling to meet the community's needs.

Qualitative data collection is to occur throughout the month of November with interviews conducted by Dr. Stacey Rychener from Bowling Green State University Centers for Assessment and Evaluation. Interviews will ask participants a series of questions pertaining to their perceptions of OUD and SUD as well as the affects they have experienced as Human Resource professionals or families of a loved one experiencing SUD/OUD.

### Strategic Planning Prioritization

There is a strong need for communities to align resources and efforts to experience population health improvements for targeted populations. All too often, agencies are stuck in individual impact or coalitions are stuck in coordinated impact. In Lenawee, our vision is to align efforts and resources as part of a true collective impact and strategic approach to reduce opioid addiction, abuse and the associated morbidity and mortality. To guide this process, our team contracted HCNO to not only conduct the county opioid survey but also to guide our local team in facilitating the strategic planning process with the community.

The LSAPC Executive Committee and members have gained consensus on priority selection through the formation of the Opioid Task Force work groups. The LSAPC and LHN participated in a county visioning process, which gained community feedback that there are gaps and resources needed to support Medical/Treatment/Recovery, Public Safety, and Prevention of opioids and substance use and abuse. Through the award of the HRSA RCORP Lenawee Opioid Response Project, our team has been able to reinforce consensus and identify additional gaps or needs by analyzing the results of the 2019 Lenawee County Opioid Assessment to make data informed decisions with strategy selection.

From October 29 and October 30 strategic planning sessions, the LSAPC analyzed the data and found the following needs, issues, feasibility and potential strategies within each of the priority areas formulated within each Opioid Task Force work group:

*Medical, Treatment, Recovery:*

The Medical, Treatment and Recovery Opioid Task Force work group is co-chaired by Sue Lewis, Executive Director of Catholic Charities of Jackson, Lenawee, and Hillsdale Counties and Frank Nagle, Manager Population Health at ProMedica Bixby and Herrick Hospitals, Chairperson of the Lenawee Health Network and Vice Chairperson to the LSAPC.

To position the community for strategic planning, this Opioid Task Force work group began to compile a resource inventory of current programs supporting the medical, treatment, and recovery needs of Lenawee County residents. These resources include:

- Outpatient treatment for individuals, groups and case management.
  - Adults – Family Medical Center, McCullough Vargas, Catholic Charities and Parkside.
  - Adolescents – Parkside.
- Adult Drug Court
- Inpatient Treatment (McCullough Vargas)
  - Short- and Long-term for women
  - Short-term for men
- Inpatient/ Detox/ Residential Authorization (LCMHA)
- Engagement Center (Pathways)
- Peer Recovery Groups (Pathways, HALO)
- Engagement Groups (McCullough Vargas, Catholic Charities, Parkside)
- Narcotics Anonymous (Catholic Charities, HALO)
- Celebrate Recovery
- Jail-based Engagement Groups (McCullough Vargas)
- Medication-assisted Treatment (Family Medical Center, Victory Clinic)
- Michigan Opioid Collaborative

- PATH Program (Family Medical Center, Area Agency on Aging)
- ProMedica Emergency Room Engagement Social Worker
- Community Narcan Training (McCullough Vargas, HALO, LCMHA, Catholic Charities)

Participants then identified the following gaps and potential strategies from facilitated sessions on October 29 and 30:

1. Lenawee County adults reported multiple barriers to accessing and utilizing alternative treatment methods instead of prescription pain relievers. Results reported adults experienced barriers of (30%) cost, (28%) insurance does not cover alternative therapies and (6%) cannot get time off work to schedule appointments.

A potential strategy to support access, availability and utilization of alternative therapies is to collaborate with local physicians that can refer patients and employers that can support their workforce in need of alternative methods of treatment instead of prescription opioids. Through awareness, education, and collaboration, our community feels it is feasible to develop mutually beneficial workflows to address the barriers Lenawee adults experience in accessing alternative treatment methods.

2. Lenawee residents lack access to Medication Assisted Treatment (MAT). Family Medical Center, a local Federally Qualified Health Center (FQHC), launched MAT services with four providers that completed proper training. With these resources concentrated to Family Medical Center in Adrian, Michigan, it is a goal of the LSAPC to expand awareness and collaborations with local physicians to prescribe MAT for their patient populations in need. Potential strategies include increased awareness of existing treatment providers in the county. A second potential strategy is to improve accessibility of MAT offerings in Lenawee by having providers complete the MAT waiver training ability to prescribe. The LSAPC will analyze accessibility and continue to work towards scaled resources for the region.
3. A community barrier that presents itself across virtually all of our community coalitions is the need for clinical linkages between medical based organizations and organizations

providing treatment and recovery resources to adolescents and adults. In a digital and electronic world that lacks abilities for information systems to communicate efficiently or effectively between organizations, it has been a long challenge of developing community linkages from organizations at the point of identification of residents in need of resources and a warm hand-off to resources supporting the individual's medical needs. The LSAPC proposes strategies to:

- a. Assist agencies in developing programs linking medical providers with community resources and alternative therapies.
  - b. Increase awareness of community resources to medical providers, specifically pain management providers.
4. Evidence-based Peer Recovery models have long demonstrated their effectiveness when supporting an individual toward the road of recovery. In Lenawee County, many individuals have received training to be certified as a Peer Recovery Coach, 72 to be exact. Unfortunately, we experience a gap in the availability of Peer Recovery coaches to support a model that links available Peer Recovery Coaches to individuals identified in need of resources. The LSAPC has proposed strategies to recruit and train certified peer recovery coaches. Once the community builds the infrastructure of available peer recovery coaches, the LSAPC will then connect Peer Recovery Coaches with clinical linkage processes with community organization so that individuals have a Peer Coach to support them through their journey. Finally, ProMedica Bixby and Herrick Hospitals will collaborate with certified peer recovery coaches through the Pathways Engagement Center to implement the Project ASSERT model so that patients in the emergency room diagnosed with SUD/OD are directly connected to a certified Peer Recovery Coach.
5. As the nation has experienced shortages in resources for behavioral and mental health as well as substance abuse, the same has been true within Lenawee County. The community lacks treatment programs providing individuals in need with detoxification and transitional housing or residential treatment. To build treatment options in the

community, an infrastructure must be established to support a sustainable future. For that reason, the LSAPC has proposed strategies to expand current treatment services including outpatient therapy and Suboxone/Vivitrol and to determine the feasibility of bringing detox and transitional or residential housing in the county. For clinical linkages to be successfully integrated, an adequate treatment infrastructure is needed to ensure residents have resources needed to overcome opioid addiction and abuse.

6. Due to the lack of Peer Recovery Coaches within Lenawee County, a lack of recovery meetings across the region exists as a gap. Currently, the recovery meetings offered are concentrated in Adrian, Michigan. In rural community experiencing barriers to access, it is crucial that our vision be to build the availability of peer coaches to address the four need identified and then to build into expanding recovery meetings across our county. Outside of Alcoholics Anonymous meetings, there are no other recovery meetings occurring in the outlying areas of Lenawee County. The proposed strategy to address this is specifically to expand recovery meetings to outside the City of Adrian with more of a focus on substance/opioid use disorder.
7. Lastly for Medical, Treatment, Recovery, a gap in transportation resources and services has been identified as a barrier that could inhibit one's abilities to access and utilize resources supporting non-emergency medical, treatment, and recovery needs. The LSAPC has proposed to consider a partnership with a third party transportation provider to provide transportation services. An additional strategy is to map out proposed transportation routes related to treatment and recovery needs.

A summary of the Medical, Treatment, and Recovery gaps and potential strategies is as follows:

***Medical Treatment and Recovery***

| Gaps                                                                                                                          | Potential Strategies                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Barriers to alternative therapy (cost, not covered with most insurance,                                                    | <ul style="list-style-type: none"> <li>• Efficacy of alternative therapies a concern among some physicians. Education physicians.</li> </ul>                                                                                                                                               |
| 2. Availability of treatment providers that provide Medication Assisted Treatment (MAT)                                       | <ul style="list-style-type: none"> <li>• Increase awareness of existing treatment providers in the county</li> <li>• Location of providers a concern, consider finding ways to improve accessibility</li> </ul>                                                                            |
| 3. Clinical linkages                                                                                                          | <ul style="list-style-type: none"> <li>• Assist agencies in developing a program linking medical providers with community resources and alternative therapies</li> <li>• Increase awareness of community resources to medical providers, specifically pain management providers</li> </ul> |
| 4. Infrastructure of services                                                                                                 | <ul style="list-style-type: none"> <li>• Implement Project Assert</li> <li>• Recruit and train certified peer recovery coaches</li> <li>• Link peer recovery coaches with individuals who have a SUD/ODD</li> </ul>                                                                        |
| 5. Treatment services (no detox, residential or transitional housing in county)                                               | <ul style="list-style-type: none"> <li>• Expand current treatment services including outpatient therapy and Suboxone/Vivitrol</li> <li>• Determine the feasibility of bringing detox and transitional housing in the county</li> </ul>                                                     |
| 6. Lack of recovery meetings (recovery meeting primarily available in Adrian; recovery meetings outside Adrian are mostly AA) | <ul style="list-style-type: none"> <li>• Expand recovery meetings to outside the city of Adrian with more of a focus on substance/opioid use disorder</li> </ul>                                                                                                                           |
| 7. Transportation (availability and reliability)                                                                              | <ul style="list-style-type: none"> <li>• Consider a partnership with Bedford Health Van to provide transportation services</li> <li>• Map out routes for treatment needs</li> </ul>                                                                                                        |

***Prevention and Education***

The Prevention and Education Opioid Task Force Work Group is chaired by Martha Hall, Health Officer of Lenawee County and Chairperson of the LSAPC. Throughout 2019, participants developed a resource inventory of current programs to support prevention and education in the community. These resources include:

- 10 RED BOX Medication Disposal Bins located throughout the County
- 2 Annual DEA Medication Take Back Events
- Michigan Automated Prescription System (MAPS)
- Senior Citizen Education/ Information Dissemination (Catholic Charities, Area Agency on Aging)



- Family Support, Education and Engagement Groups (HALO)
- Support Group for Children of Parents with Addiction (Parkside)
- Student Prevention Leadership Teams (SPLT) in 7 of 11 Districts
- School presentations/education (HALO)
- School-based Health Curriculum
- Legislation that mandates prescribing protocols and patient education
- Narcan (naloxone) training (Madison Fire Department)
  - Law Enforcement/ First Responders
  - Community
- School-based screening in Madison District (Family Medical Center)
- Handle with Care Program in Madison and Adrian Districts

Participants then identified the following prevention and education gaps and potential strategies:

1. As mentioned previously, a collective approach for education and awareness on prescription drug use, disposal methods, disposal locations, and alternative therapies is needed to have a common message across the county. By collaborating with community agencies on a collective plan, our agencies can align resources in an effort to reduce duplication and to increase collaboration to reach a much larger percentage of the county than we would individually. The strategies proposed to address the gap identified are to increase awareness of Red Barrel collection and disposal sites through consistent messaging to yield a measureable result of increased program utilization. Furthermore, a collective plan will be developed to educate the community to dispose of unused medications based on data showing the community's perception is it is okay to hold onto those medications.
  
2. Education specifically pertaining to the general awareness of opioid addiction and underlying factors related to provision of prevention services in the county is severely lacking. Potential strategies have yet to be identified until evidence-based programs and models have been reviewed. The perceived result of this gap is a culture within the community that associates stigma with substance and opioid use disorders. When

reviewing the data, the actual picture is that many people are experiencing the same situations and could progress through their journey to recovery if the community's perceptions and culture were supportive toward individuals in need of SUD/ODU resources.

3. The last gap identified in prevention and education is the need for collaborations with medical professionals, providers, and physicians to increase awareness and education among the professions and other health care providers about alternative therapies and drug disposal. Proposed strategies to address this gap include providing education to physicians and other health care providers about drug disposal methods and alternative therapies, to encourage physicians to consider other forms of treatment like alternative therapies instead of prescription pain relievers, to integrate a list of resources related to safe drug disposal and alternative therapies into electronic medical records/electronic health records and lastly, to encourage physicians to prescribe a drug disposal bag (i.e. Detera) with prescriptions..

A summary of gaps and proposed strategies can be summarized on the following table:

***Prevention and Education***

| Gaps                                                                                                                                     | Potential Strategies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Education and awareness on prescription drug use, drug disposal methods and locations, and alternative therapies                      | <ul style="list-style-type: none"><li>• Increase Red Barrel disposal use</li><li>• Educate the community about not keeping or sharing prescription medications</li><li>• Increase awareness of drug disposal locations and methods, making sure to deliver consistent messaging/information in an efficient and effective manner that is accessible to all of the community</li></ul>                                                                                                                                        |
| 2. Education and awareness of opioid addiction and the underlying factors relating to the provision of prevention services in the county | <ul style="list-style-type: none"><li>• None noted</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3. Awareness and education among physicians and other health care providers concerning alternative therapies and drug disposal           | <ul style="list-style-type: none"><li>• Educate physicians and other health care providers about drug disposal methods and alternative therapies</li><li>• Encourage physicians to consider other forms of treatment like alternative therapies instead of prescribing prescription pain relievers</li><li>• Integrate list of resources (relating to safe drug disposal, alternative therapies) into the EHR/EMR</li><li>• Encourage physicians to prescribe a drug disposal bag (i.e., Detera) with prescription</li></ul> |

***Public Safety***

The Public Safety Opioid Task Force Work Group is chaired by Troy Bevier, Sherriff of the Lenawee County Sherriff’s Department. Throughout 2019, participants developed a resource inventory of current programs reinforcing public safety in Lenawee County. These resources include:

- Recovery Support Groups are held in the jail
- Angel Program has been authorized (need peers to assist)
- 10 RED BOX Medication Disposal Bins located throughout the County
- 2 Annual DEA Medication Take Back Events

- All first responders in the County have been trained in, and are equipped with, Narcan (naloxone).
- Substance Abuse education series in the jail by United to Face Addiction
- Sobriety Court
- Drug Court

Participants then identified the following gaps and needs related to public safety:

1. As we discuss a lack of MAT in the community, there is also a lack of MAT services within the local jail. The proposed strategy is to continue working on the implementation of MAT services within the jail and to see implementation takes place.
2. A reoccurring theme and seam across all three groups is that there is a significant gap in the availability of Peer Recovery Coaches. The work group did not identify strategies to propose. This is an opportunity for collaboration on strategies identified across the three work groups and to ensure implementation and coordination of linkages across each.
3. The public safety work group noted that Lenawee does not contain crisis stabilization services for Lenawee County residents in need. The proposed strategies include consideration for the emergency department to be used as a source of crisis care because there is not an “in-between” option available. The second option is to consider implementation of the Angel Program which will need Peer Recovery Coach support to operate.
4. The fourth gap identified is the lack of resources for family members affected by opioid/substance use disorders. Proposed strategies include researching and implementing different family treatment models, encouraging substance use disorder provider agencies to provide resources to family members.

A summary of gaps and proposed strategies is summarized in the following table:

***Public Safety***

| Gaps                                                                               | Potential Strategies                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Medication Assisted Treatment (MAT) in the jail                                 | <ul style="list-style-type: none"><li>• Currently in the process of being done</li></ul>                                                                                                                                   |
| 2. Peer recovery coaches                                                           | <ul style="list-style-type: none"><li>• None noted</li></ul>                                                                                                                                                               |
| 3. No crisis stabilization services available in the county                        | <ul style="list-style-type: none"><li>• Emergency room being used as source of crisis care, no "in-between" option available</li><li>• Consider implementing the Angel Program (will need a peer recovery coach)</li></ul> |
| 4. Lack of resources for family members affected by opioid/substance use disorders | <ul style="list-style-type: none"><li>• Research and implement different family treatment models</li><li>• Encourage substance use disorder provider agencies to provide resources to family members</li></ul>             |

***Sustainability Planning***

In follow-up to strategic planning, Lenawee County stakeholders will continue collaborative efforts to align resources and funding to support the LSAPC in taking action. With this vision in mind, the Lenawee Opioid Response grant team has contracted Strategic Innovations Group LLC. to conduct monthly in-depth sustainability planning sessions from the months of February through May. The Lenawee Opioid Response grant team is drawn to Strategic Innovations Group LLC. because of their vision in plan development that emphasizes resource alignments rather than sole reliance on grant funded opportunities. Lenawee has demonstrated a strong ability to collaborate on grant projects and now the community would like to take the next step in achieving true collective impact by aligning funding and resources toward an initiative to be the primary driving force in model implementation.

A secondary source of funding to accelerate the implementation of the comprehensive strategic plan will consist of grant funding at federal, state, and local levels. Securing federal and state grant funding will provide our rural community with resources needed to implement the infrastructural components that are currently lacking. In many cases, the infrastructural components are the most costly and difficult to complete, thus award of grant funding coupled with technical assistance would be invaluable to Lenawee County.

Recognizing the value such grants provide, ProMedica Bixby Hospital, on behalf of the LSAPC, submitted an application to the Bureau of Justice Rural Responses to the Opioid Epidemic

funding opportunity. Notice of award communications are anticipated early in December, 2019. If awarded, this project would provide the community with \$750,000 to support planning and implementation over a 24 month period. Implementation requirements of the project include:

- Strengthening epidemiologic surveillance and public health data infrastructure (see grant solicitation for specific activities).
- Implementing effective community-level opioid overdose prevention activities (see grant solicitation for specific activities).
- Establishing or enhancing public health, behavioral health and public safety collaborations (see grant solicitation for specific activities).
- Optional Funding Category: Expanding peer recovery and recovery support services that help people start and stay in recovery (see grant solicitation for specific activities).

The LSAPC continues to research HRSA RCORP Implementation grant funding and fully intends on submitting an application in 2020. Technical assistance provided by HRSA and JBS International has provided our community with expertise and perspectives that were missing in community planning and development meetings related to opiate and substance abuse. Lenawee stakeholders are committed and eager to support a sustainable model through in-kind resource alignments, potential monetary alignments, and pursuit of grant funded opportunities to accelerate the implementation of the comprehensive strategic plan for Lenawee County. The LSAPC and ProMedica Grants department will continue to research grants available from MDHHS, SAMSHA, Michigan Health Endowment Fund, Bureau of Justice, and other agencies to support the implementation of Lenawee County's strategic plan.

### **Discussion/Conclusion**

The HRSA RCORP grant has guided our community through the strategic planning process specifically related to opioids for the first time. This process has been invaluable to the LSAPC's abilities to bring the community together in developing a plan for the county. The project has brought opportunity for our community to sustain the work of the Opioid Task Force through

ongoing participation in the development of Lenawee’s comprehensive strategic plan. Overall, Lenawee agencies have recognized the urgency and magnitude of importance resource alignments and collaborative efforts will have in on abilities to address the gaps and needs identified through survey responses from Lenawee residents. It is our goal to lead the development of this vision by secure resource alignments and funding opportunities to accelerate the implementation of the comprehensive strategic plan.