

Monroe County Use of Funds Plan of Implementation-National Opioid Settlement-February 2023

Action Plan#	Program	Organization	Description	Target Audience	Goal/Outcome	Annual Funding Available- \$305,000/Allocated	One-Time Cost	On-Going/ Annual Cost
#1	Community Recovery Peer Based Support for long term recovery of Substance Use Disorder SUD afflicted individuals	Catholic Charities of Southeast Michigan & Recovery Advocacy Warriors	Recovery Advocacy Warriors (RAW) is a Recovery Community Organization. The action plan will coordinate & organize community based events & educational workshops. Events to be performed quarterly. Leverage existing RAW funding with resources provided under this plan.	Individuals with substance Use Disorder (SUD) seeking or sustaining recovery	Provide coordination of services within community connecting individuals to resources for sustaining long-term recovery outcomes	Annual Funding: \$10,000	\$ -	\$ 10,000
OSP			Strategy #9					
Exhibit E			Schedule B (C) 15					
#2	Intensive Outpatient (IOP) Substance Abuse Program	Partnership with Salvation Army Harbor Light & Monroe County Community Mental Health Authority to provide/fund clinical staff	<p>For this action plan, Salvation Army Harbor Light will provide clinical staff to treat individuals within the Monroe Jail and while transitioning out of the jail. A focus will be on those with misdemeanor offenses. Currently only intensive outpatient programs exist for male felony offenders. In 2023, Monroe Community Corrections estimates 30 people with misdemeanors will be eligible.</p> <p>Program would fill an identified gap in our community and would help community members find recovery and reduce recidivism. The identified problem is when individuals come to the Monroe County Jail with Opioid Use Disorders (OUD), and other Substance Use Disorders (SUD), with misdemeanor offenses, or pending felony offenses in which they undergo a lengthy 4-6 month court process only for their felony case to be pled down to a misdemeanor case and then subsequently released with no treatment.</p> <p>Program will also focus on coordinating services between a Clinical Case Manager at MCCMHA and the SAHL Clinical staff to serve individuals connected through Monroe Veteran's Affairs Office at the Bedford Veteran's Center & Veteran's Outreach referred from Ann Arbor VA to Monroe Veterans. Monroe Veteran's Court & Jail Diversion will make cross referrals & include the PIHP to access available resources that include a full time Veteran's Navigator & Peer Support Specialist who can help Veteran and their families for SUD & MH. Under the plan, SAHL will provide a clinician to implement IOP services & CMH will provide a clinical case manager who will act as the IOP Boundary Spanner focusing on successful re-entry into the community and include supporting services at these additional facilities beyond the jail: -Paula's House -Oaks Village -Philadelphia House -Little Blessings</p> <p>MCMHA will provide a clinical case manager to focus on successful re-entry efforts. This has been a focus of other jail diversion efforts & is important to help address basic needs of individuals so they can concentrate on the treatment they need. Coordinate with Catholic Charities of Southeast Michigan to secure and distribute Narcan Kits and fentanyl test strips.</p>	<p>Individuals with opioid use disorder & co-occurring SUD/mental health disorder with little criminal history. Individuals in jail & the same persons upon release.</p> <p>Based on data from New England Journal of Medicine, death from overdose is 129 times more likely within two (2) weeks of release from incarceration v. the general population occurrence rate.</p>	<p>Participants will complete 9 hours/week of evidence based SUD treatment. Completion of the program and progress thru treatment activities toward sustained recovery from SUD.</p> <p>Provide proactive programs & services to those in community afflicted. Provide community education to reduce stigma of SUD, promote distribution of Narcan & use of safe syringe program. Use of supply costs to further support existing safe syringe program (SSP).</p> <p>The goal is to create a program through community partnerships that will work to be proactive in its approach to implement treatment early, rather than waiting for someone to receive a felony to intervene. Create re-entry plans for all eligible individuals, transportation from jail release or to IOP appointments, assess & connect to mental health as needed & coordinate with jail medical, primary care physician, MAT prescriber & psychiatrist to ensure continuity of medications from jail into community.</p>	<p>\$84,500 clinical staff \$10,000 supplies \$1,300 travel \$8,680 support services \$1,600 technology Total Annual: \$106,080 Funding to SAHL for one (1) clinician</p> <p>\$100,000 IOP Boundary Spanner \$5,000 Transportation \$360 Technology \$2,000 Training \$10,000 Supplies Adm \$10,936 (10%) Total Annual: \$128,296 Funding to MCCMHA for one (1) clinical case manager</p> <p>One time - Vehicle \$35,000 Technology \$1,500 Total One Time \$36,500</p>	\$36,500	\$234,376
OSP			Strategies #8,11 & 12					
Exhibit E			Schedule A (C) (F)					
Exhibit E			Schedule B (C) 10, (D), (E)					
#3	Engagement Center/Facility alternative to hospital admittance or incarceration	St. Joseph Center of Hope	Action plan is based on following evidence-based Recovery Oriented Systems of Care philosophy. It assesses all individuals in the Stages of Change model. This plan utilizes a variety of techniques & interventions to match individual stages of change to appropriate services & referrals. Individuals are monitored by peer support specialist for up to 23 hours. Goal will be transitioning to the appropriate treatment facility.	Individuals suffering from substance use disorder & mental health crisis. Connect & support them into treatment and resources to reduce the number of overdoses in the Community. Also, increase Naloxone distributions & distribute fentanyl strips, provide HIV/HEP screening, testing & treatment options/referrals. As applicable, refer individuals to wound care treatment and other service providers.	Annually support 1,000 admissions to 400 unduplicated individuals. Connect and provide transportation to 500 admissions to treatment and/or recovery resources. Have minimum of 6 staff certified in CAN thru Monroe County Community College.	Annual Funding: \$20,000	\$ -	\$ 20,000
OSP			Strategies #12 & #13					
Exhibit E			Schedule B (C)					

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#4	Website for opioid information and available resources	Catholic Charities of SE Michigan and Recovery Advocacy Warriors	Action plan will create a Website focused on opioid prevention & treatment information for the target audiences. It will be used to host information on resources, programs, treatment sites, etc. Map locations of available resources/services for SUD and OUD for connecting to providers. Provide links to other resources and connections including: -Providers Clinical Support System www.pcssnow.org -Michigan Opioid Collaborative www.michiganopioidcollaborative.org -micounties.org/opioid-settlement-resource-center	Audience of community partners & community organizations. Additionally, individuals searching for resources & assistance & the general public who need information or help and resources and where to find them.	For the community have ready access to information and resources at all times via website supporting community prevention efforts. Share the same platform for single point of information/repository of resources.	Domain name \$70 Domain registr. \$42 Privacy Protect \$30 Website buildout \$312/year Website maint. \$150/month Annual Funding: \$2,254	\$ -	\$ 2,254
OSP			Strategies #1, #4 & #8					
Exhibit E			Schedule A (G)					
Exhibit E			Schedule B (C) 15 (G)					
#5	Website for opioid information	Catholic Charities of SE Michigan and Recovery Advocacy Warriors	The action plan will capture and report metrics have been identified & two years' worth of data previously collected. A dashboard has been created with these metrics & data and ongoing data will be shared to report activities with the use of opioid funds and outcomes achieved. This is required under the settlement agreement. The intent is to feature this on the knowmoremonroe.com. Data will continue to be collected & the dashboard will be updated annually. A company was secured by the Monroe County Health Department to create the dashboard & they have committed to updating this each year with the data provided.	Community partners, community organizations, individuals searching for resources & assistance & general public. Additional interest from stakeholders and decision makers who can use the dashboard information to understand outcomes and future programs & funding allocations.	Use the dashboard and metrics to monitor and help evaluate funding, programs and service outcomes. Create a single repository of resources and information available at any time.	Annual Funding: \$500	\$ -	\$ 500
OSP			Strategies #1 & #4					
Exhibit E			Schedule A (G), (I)					
Exhibit E			Schedule B (C) 15 (J)					
#6	Substance Use Disorder Resource Guides	County of Monroe with Catholic Charities of SE Michigan and Recovery Advocacy Warriors	The action plan leverages existing partner agencies and the Monroe County Substance Abuse Coalition MCSAC facilitates the Opioid Task Force. One of the identified strategies was to create a <i>Substance Use Disorder Resource Guide</i> . A workgroup of the Task Force initially created this guide. A special grant through CCSEM covered the cost of hard copies & were distributed in the Monroe community in September 2021. Future updated guides and printing costs are identified to continue along with providing the resource in the community to all groups including high school students.	Community partners, community organizations, individuals searching for resources & assistance & general public	A printed resource for distribution and making it available at multiple locations and sites in the community including homeless shelters, transitional housing, jail and other partner locations. Community partners will provide input on the most impactful locations for accessing the Resources Guide and of the most important and updated information to include. Resources Guide will provide access to information and resources in easy reference printed document. 28 pages, self-cover, 100# Gloss Cover and 100# Gloss Text, Full Color, Full Bleed, Folds to 5.5 x 8.5, Saddle Stapled, Carton Packed	Printed Material: 1,000=\$3,490 (\$3.49/ book) + delivery \$326 2,500=\$4,420 (\$1.76 per book) + delivery \$326 5,000 = \$5,950 (\$1.19/book) + delivery \$456 10,000=\$9,622 (.96¢/book) + delivery \$475 *Will order 1,000 or 2,500 depending on need Annual Funding: Up to \$6,000	\$ -	\$ 6,000
OSP			Strategy #2					
Exhibit E			Schedule A (A), (G), 1					
Exhibit E			Schedule B (C)					

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#7	Community 1st Responders and Family/Community Organizations Training/Education Program	County of Monroe and Partner Community Agencies	<p>The action plan provides an essential annual training and education program to ensure key individuals and organizations have the latest information on managing and providing solutions to the opioid mitigation programs throughout the County.</p> <p>Develop a curriculum on the most essential information to educate on and train for. Curriculum will consider existing evidence-based or evidence-informed curricula as part of the training outline. For example, existing evidence based data includes the Overdose Response Network, funded by SAMHSA, provides free technical assistance to all communities, organizations, and individuals and may be able to provide training and facilitate meetings. There will also be learning communities and webinar series on best-practice provided by MDHHS and the universities within the next few months to source for the curriculum. This plan will consult with Dr. Gina Dahlem from U of M on training on overdose prevention & naloxone use.</p> <p>Program will include family-centered treatment best practices and referral sources of service providers. Trainers and instructors would be both from within the community and external experts to help to best inform. Secure larger auditorium facility to provide ample capacity for a series of training sessions.</p>	<p>Individuals with responsibilities that put them in contact with individuals suffering from opioid use disorder, substance use disorder, and/or co-occurring SUD/MH disorder.</p> <p>Includes but is not limited to 1st responders, staff of community human service agencies and families who have the potential or are currently providing support to a family member afflicted by any of the disorders.</p>	<p>Provide education and safety training to ensure individuals have awareness of proper procedures and practices.</p> <p>Also, to inform on programs, providers and resources available to best coordinate services enhance the network among the community partners treating or supporting opioid use disorders.</p>	Annual Funding: \$30,000	\$ -	\$ 30,000
OSP			Strategy #2 & #4					
Exhibit E			Schedule A (A), (G), 1					
Exhibit E			Schedule B (C), (G) (I), (K)					
#8	SUD Treatment and case management in community employing mobile service delivery	Recovery Mobile Clinic	<p>This action plan will leverage the resources of Recovery Mobile Clinic who is a provider of SUD treatment in the community employing medication assisted treatment (MAT) and Naloxone distribution. This program plan encompasses opioid use disorder (OUD) treatment, offers support to people in recovery and treatment with direct connection to services. Program provides Vivitrol treatment, case management and patient education. Based on current service levels, the service program anticipates a 20% increase in individuals/patients who are uninsured, homeless and who have transportation barriers to in-office treatment. The funding provided will cover the 20% increase of patients who will need this service and are unable to pay.</p>	Individuals who suffer from SUD/OUD and are homeless, uninsured or have transportation barriers to access in-office/facility treatment and are unable to pay for services.	<p>Provide treatment, case management and education to an estimated 686 individuals in 2023 and 824 in 2024 who are homeless, uninsured and have transportation barriers that prevent or hinder access to treatment. Increase Vivitrol access via same day appointment. Provide a Opiate/Addictive free recovery.</p>	Annual Funding: \$35,375	\$ -	\$35,375
OSP			Strategy #2					
Exhibit E			Schedule A (A), (B), (E)					
Exhibit E			Schedule B (A), (B) (C), (H)					

Legend: [Hyper Links Below](#)

OSP-Monroe County Opioid Strategic Plan
Exhibit E-Allowable Uses Under Settlement Agreement
Schedule A-Core Strategies
Schedule B-Approved Uses

Definitions:

- SUD-Substance Use Disorder
- OD-Substance Use Disorder
- ODU-Opioid Use Disorder
- SBIRT-Screening, Brief Intervention & Referral to Treatment
- NAS-Neonatal Abstinence Syndrome
- MAT-Medical Assisted Treatment
- SPP-Safe Syringe Program
- IOP-Intensive Outpatient Program

Annual Average Available	\$305,000
Allocated	-\$338,505
One-Time	\$36,500
Balance	-\$33,505

Additional Clarifying Plan of Action Notes:

As outlined in the Jail Diversion Services breakdown, clinical positions are currently sustained or have some plans or means of sustainability. This is due in part to prior outcomes and community partners recognizing the important work and stepping up to assist in funding. What our current plans are lacking is funding for a population that comes and goes from the jail in a short-term stay or pass by programs are they have been charged with misdemeanors and do not meet eligibility for services or interventions or attempts to prevent further incarcerations. This program builds on that unmet need and constructs a community collaborative to fill that gap, to be more preventative rather than reactive.

SAHL will provide the clinician to implement the Intensive Outpatient Substance Abuse Program (IOP) services, and Monroe Community Mental Health Authority (MCMHA) will provide a Clinical Case Manager that we identify as the "IOP Boundary Spanner" to focus on successful re-entry into the community for this specific population. This critical role of re-entry has been a focus of MCMHA in our overall Jail Diversion efforts and we understand its importance. A treatment modality is only as good as the level of participation of those receiving the service. Through the IOP Boundary Spanner, we can ensure all the individual's basic needs are met within the community so the individual can focus on the treatment they need for success.

Critical Roles of the MCMHA IOP Boundary Spanner:

- *Create a re-entry plan for all individuals eligible for the proposed IOP program
- *Provide coordination of any basic needs identified, food, housing, clothing, Medicaid, employment, etc.
- *Provide transportation when necessary either from jail release, or to IOP appointments.
- *Assess additional needed services such as mental health services and get them connected if appropriate
- *Coordinate with Jail Medical, Primary Care Physician, Medication Assisted Treatment prescriber (if applicable), and Psychiatrist (if applicable), to ensure continuity of medications from jail into the community
- *Ensure Crisis and/or Safety plans are in place for all participants to assist with their safety in the community
- *Provide community education to work on reducing the stigma of SUD and promote the distribution of Narcan and use of the Safe Syringe Program
- *Distribute Recovery Backpacks to ensure higher likelihood of continued recovery