



# Opioid Settlement: Draft Kent County Spending Plan Years 1 and 2

**April 2024**

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# Background

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## ***A. Introduction***

This draft plan recommends the first two years of initial investments of the opioid settlement funds allocated to Kent County and a strategy for planning the future spending. Based on the terms of the existing settlement agreements with various opioid manufacturers and distributors, a total of \$11,996,000 will be distributed to Kent County in annual payments through 2038.

All the community needs across the continuum of substance use disorder services cannot be addressed with this single funding source. This proposal represents one piece of a larger effort to respond to the opioid epidemic. Work to identify additional funding sources is underway to sustain settlement-funded programs and expand the scope of services available in Kent County beyond the settlement spending.

The proposal was built on priorities identified by the Kent County Opioid Task Force (KCOTF), the Kent County Overdose Fatality Review (OFR) and county departments with experience in substance use disorder. It recommends continuing and improving existing evidence-based services and innovative solutions and programs to make an even greater impact than past efforts.

## ***B. Development of the Draft Plan***

This document was built on Kent County Health Department opioid data, priorities of the KCOTF, OFR, and County departments/offices, and information from opioid settlement briefings hosted by the Michigan Association of Counties. The proposed spending aims to address needs across a continuum of services to prevent substance use disorder (SUD), protect individuals suffering from SUD, support recovery and treat SUD (Attachment A).

# Background

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Potential investments of settlement funds and an approach to ongoing decision making were discussed at KCOTF meetings and meetings with the Health Department, Sheriff's Office, Prosecutor's Office, Corporate Counsel, and Network180. An initial draft proposal was distributed to stakeholders in November 2023 followed by a feedback session to discuss the potential recommendations and document stakeholders' suggestions. A summary of the feedback shared was distributed to the KCOTF and OFR in December. An updated final draft proposal was discussed at the February KCOTF meeting and reviewed by county government partner departments/offices. The Kent County Community Health Advisory Committee (CHAC) received briefings and discussed the settlement uses during two committee meetings.

## ***C. Opioid Epidemic in Kent County***

**The Kent County Health Department collects and reports data on the opioid epidemic monthly and annually. Highlights from 2022 annual data include:**

- 108 Kent County residents died from a drug overdose. 89 (82%) of those involved an opioid; of those, 81 involved fentanyl (91%).
- The average age of opioid-involved deaths was 38.9 years, with 76% males and 24% females.
- The opioid-involved deaths included 60 White residents, 18 Black residents and 7 Hispanic residents. The death rate per 100,000 population in 2022 was 11.6 for White residents and 28.9 for Black residents.
- Kent County organizations ordered 72,180 naloxone kits from MDHHS in 2023.
- 70% of naloxone administrations occurred in Grand Rapids, 7.9% in Wyoming, 6.5% in Kentwood and 3.3% in Comstock Park.
- Community reported reversals of overdose using naloxone totaled 152.

Maps indicating the locations where overdose deaths occurred and where individuals who deceased from an overdose resided between 2013 and 2022 are provided (Attachment B).

# Background

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## ***D. Opioid Settlement Distributions to Kent County***

The opioid settlements are the result of over 2,000 federal lawsuits filed by government entities against opioid-related defendants, including manufactures and distributors. Each settlement defines the eligible uses of the funds and the schedule of distribution of the funds. Each settlement also includes additional requirements of the defendants.

### **The general categories of eligible uses for the settlements to date include:**

- Treatment - Treat opioid use disorder; Support people in treatment and recovery; Connect people who need help to the help they need; Address the needs of criminal justice-involved persons; Address the needs of pregnant or parenting women and their families, including babies with neonatal abstinence syndrome.
- Prevention - Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids; Prevent misuse of opioids; Prevent overdose deaths and other harms (Harm Reduction).
- Other Strategies - First Responders; Leadership, Planning and Coordination; Training; Research.

Table 1 below summarizes the settlements to date awarded to Kent County government. The dollars are deposited in a special revenue fund (Opioid Settlement Fund) dedicated to the uses defined in the settlements. Additional suits are in progress and could result in more settlements with distributions to Kent County.

Townships and cities in Kent County also receive opioid settlement dollars. The draft spending plan was shared with those municipalities to consider partnering by investing funds in some or all of their settlement allocations into Kent County's proposed programs. Conversations about those potential partnerships will continue after the Board of Commissioners approves a settlement spending plan.

# Background

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**Table 1. Opioid Settlements with Awards to Kent County**

<b>Entity</b>	<b>Total Amount Awarded</b>	<b>Years of Distribution</b>	<b>Amount Received (as of 11/1/23)</b>
Janssen	\$1,799,000	2023 – 2031	\$1,348,000
Distributors Combined <sup>1</sup>	\$7,834,000	2023 – 2038	\$695,000
Mallinckrodt	\$168,000	2023	\$168,000
Walgreens Combined <sup>2</sup>	\$2,175,000	2026 – 2038	\$0
<b>Total<sup>3</sup></b>	<b>\$11,976,000</b>		<b>\$2,211,000</b>

<sup>1</sup> Johnson & Johnson, Amerisource, McKesson, Cardinal

<sup>2</sup> Allegan, CVS, Teva, Walmart, Walgreens

<sup>3</sup> The funds received to date have earned approximately \$20,100 in interest.

## ***E. State of Michigan Opioid Settlement Planning***

The Legislature created the Michigan Opioid Healing and Recovery Fund for the settlement dollars and established the Opioid Advisory Commission (OAC) to make recommendations for spending the dollars. Along with specific recommendations for state level work, the OAC developed principles and strategic priorities (Attachment C) that are best practices in decision making on opioid spending and the implementation of those investments.

The State of Michigan’s investments are in the categories of prevention, treatment, recovery, harm reduction, prioritizing vulnerable populations, and maximizing impact. The state’s FY24 and FY25 opioid spending plans are summarized in Attachment D.

# Recommendations

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This draft plan recommends year 1 and year 2 spending of county settlement dollars, with implementation beginning upon approval of the Board of Commissioners. The proposal also recommends a strategy for monitoring spending and developing additional spending proposals for the Board of Commissioners through the exhaustion of the settlement funds.

## ***A. Guidelines for Monitoring and Future Decision Making***

**Guidelines for monitoring Board-approved settlement spending and developing future spending recommendations for the Board of Commissioners include:**

1. Continue to use the Health Department's data and the expertise of the KCOTF and OFR to identify and prioritize service gaps and emerging needs across the continuum of SUD services.
2. Secure other funds for services to expand investments in SUD and ensure sustainability of settlement-funded activities. Maintain flexibility to adjust Kent County spending when other funds become available.
3. Collect data and monitor effectiveness of investments. Engage stakeholders and people with lived experience ongoing to assess needs and value of the investments.
4. Provide regular updates to the Board of Commissioners on the funded initiatives, any changes in the opioid epidemic in Kent County and efforts to secure additional funds.
5. Implement a process for bringing future recommended spending to the Board that includes the Health Department engaging the KCOTF, OFR, and other county departments in:
  - Examining the current state of the opioid epidemic in Kent County,
  - Reviewing the results to date of settlement-funded programs, additional funding sources secured for SUD services, and lessons learned/best practices from the state and other entities,
  - Engaging community organizations, people with lived experience, local units of government and other stakeholders,

# Recommendations

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- Re-prioritizing needs in Kent County,
- Developing a draft spend plan for two additional years,
- Present an update on the settlement initiatives and the draft plan to the Board of Commissioners.

## ***B. Draft Year 1 and 2 Spending Plan***

The plan includes a table summarizing the recommended first two years of spending and detailed descriptions of each item recommended for funding. Several items in the table do not include a dollar amount. Those items were identified as high priorities and require additional investigation to determine the most effective approach to addressing the need and a recommended amount of future settlement funds and/or other resources.

These initial recommendations take into account that the settlement funds will be received by Kent County over the course of multiple years (as far out as 2038) and the amount distributed will vary from year to year (limiting the amount available each year). The programming for each year must align with the dollars available in the opioid special revenue account. For sustainability, it is critical to continually plan for the conclusion of settlement distributions by identifying other funding sources for ongoing needs.

## ***Highlights***

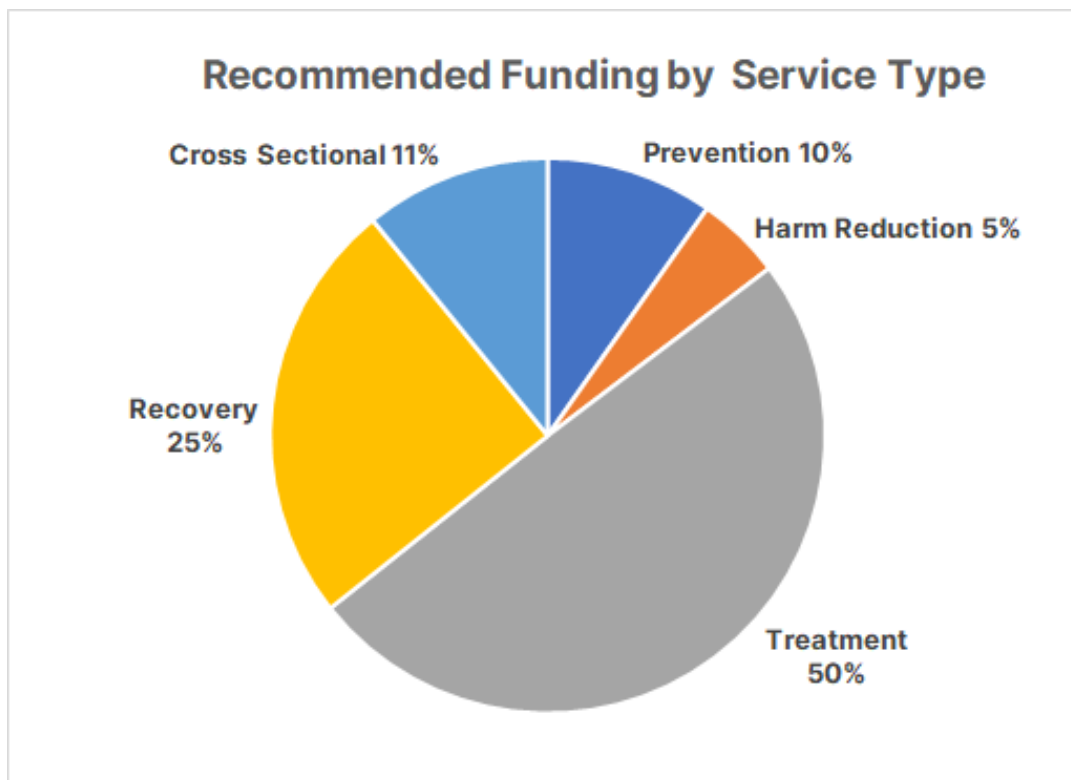
### **Items of note from the proposed spending table include:**

- The draft is based on KCOTF priorities summarized in the table on page 10.
- The draft pending across the continuum of services is summarized in the chart on page 9.
- A partnership underway with the Michigan State University, through state-funded technical assistance for local governments, enhances engagement with people with lived experience and the black and brown community to further inform settlement decision making.



# Recommendations

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- A significant investment is proposed for the Medication Assisted Treatment (MAT) program at the Correctional Facility. Efforts are already underway to identify a sustainable funding source for a program that can be scaled to meet the demand for the service over time.
- State funding will be pursued whenever possible. Several high priority items are on the State of Michigan 2024/2025 spend plan, including transportation, innovative prevention services, and workforce development.
- The table includes draft measures of performance and outcomes of funded initiative. Overarching intended outcomes of the investments include: increased awareness and understanding of SUD risks, prevention, and service option; reduction in overdoses; decrease in the percent of overdose deaths that involve fentanyl and xylazine; increase in community reported overdose reversals; increase in the number of publicly-insured individuals receiving treatment services.

# Recommendations

- Upon approval to proceed with a year 1 and 2 opioid plan, staff's upcoming engagement with the Board of Commissioners will include:
  - Quarterly reports on implementation activity beginning in October 2024,
  - Report of results from the collaboration with MSU on engagement with people with lived experience and people of color in November 2024,
  - Formal update on the opioid epidemic, the initial settlement investments, and presentation of draft plan for years 3 and 4 settlement spending.

Kent County Opioid Task Force Priorities	Draft Year 1 and 2 Settlement Investments	
	Year 1	Year 2
1. Expand follow-up recovery coach services	\$200,000	\$200,000
2. Increase funding to jails to provide treatment	\$400,000	\$400,000
3. Greater community distribution of naloxone	\$30,000	\$30,000
4. Transportation assistance to clinic	Identified as a high priority for research and identification of a settlement investment in a future year(s)	
5. Harm reduction resources and improved access to fentanyl test strips	\$10,000	\$10,000
	Includes fentanyl and xylazine test strips	
6. Fund syringe service programs	No proposal in Year 1 or 2	
7. Increased capacity of a multi-disciplinary quick response team to respond to overdoses within 24-72 hours	No dedicated proposal in Year 1 or 2 but a possible component of the proposed recovery coach service	
8. Evidence based substance use disorder prevention for middle and high school students	\$0	\$125,000

# Summary Table

Initiative	Prevention			Target Audience	Description	Next Steps	Metrics & Outcomes
	Year 1	Year 2	Year 3				
Campaign to Enhance Awareness, Increase Education, and Reduce Stigma	\$22,000	\$10,000		General public, people experiencing SUD, family/friends, and specific target populations as determined by Health Dept., KCOTF and stakeholders	Kent County and KCOTF conduct an information campaign and develop a dedicated substance use disorder web page to drive the community to information and education to destigmatize SUD, support prevention, reduce risk of overdose, keep people alive and increase use of SUD services.	Build a webpage on accessKent as a single comprehensive source of information for county residents. Secure professional services to design the first outreach and education campaign specific to the needs of a target audience selected by the Health Department and KCOTF.	<ul style="list-style-type: none"> <li>Number of visits to the site</li> <li>User feedback on the site experience</li> <li>Number of social and other media posts/information sharing</li> <li>Number of in-person education/outreach interactions</li> <li>Number of individuals reporting increased awareness/understanding of opioids</li> </ul>
Prevention Education Expansion in Schools		\$125,000		Elementary, middle, and high school students	Kent County Health Dept. add one FTE Health Educator to expand Botvin LifeSkills to 7 more schools to provide SUD prevention education to youth.	Hire an additional Health Educator, determine the highest priority schools to serve, monitor demand from school districts for additional capacity and monitor other prevention programming strategies that meet evolving needs of youth.	<ul style="list-style-type: none"> <li>Increase the number of participating schools from 30 to 43</li> <li>Increase the number of youth educated annually from 2,386 to 3,286</li> <li>Increase participating students' perception of risk as measured by matched pre- and post-tests</li> <li>Increase teacher satisfaction of program as measured by teacher survey</li> <li>Increase number of 7th, 9th, and 11th graders who take the MIPHY (MI Profile for Healthy Youth) to monitor prevalence of substance use by youth over time</li> </ul>
<b>Harm Reduction</b>							
Naloxone/Test Strip Distribution Boxes	\$30,000	\$30,000	\$30,000	People experiencing SUD, general public, family/friends	Contract with a partner organization for the purchase, install and maintenance of newspaper box-style distribution of naloxone and test strips in new locations county-wide, focusing on areas where substances are more likely to be used	Issue an RFP and engage in a contract to install new 50 boxes each year (\$354/box) and to monitor, restock and maintain the boxes (\$10K/annually).	<ul style="list-style-type: none"> <li>Increase naloxone distribution locations in the community from 25 to 125</li> <li>Increase the number of naloxone kits distributed</li> <li>Feedback from box 'hosts' on the value of the resource</li> </ul>

# Summary Table

Harm Reduction Continued						
Initiative	Description	Target Audience	Year 1	Year 2	Next Steps	Metrics & Outcomes
Fentanyl and Xylazine Test Strip Distribution to Care Providers	Purchase 6,500 fentanyl test strips and 6,500 xylazine test strips for treatment care providers to distribute to reduce exposure to contaminated substances containing fentanyl (present in 90% of Kent County opioid overdoses) and xylazine (present in 17% of Kent County overdoses and growing)	Treatment care providers, people experiencing SUD	\$10,000	\$10,000	Collect information on which treatment care providers need the test strips, identify a source of the strips, and develop a distribution process.	<ul style="list-style-type: none"> <li>Number of organizations receiving test strips</li> <li>Increase the number of fentanyl test strips distributed annually from 6,000 to 12,000</li> <li>Number of xylazine test strips distributed</li> </ul>
Harm Reduction Training	Increase knowledge of harm reduction strategies among care providers, recovery coaches, and outreach specialists to improve care and reduce harm for individuals with opioid use disorder	Service providers across Kent County			Further explore the demand for training and the training content and format. Consider recommending a specific investment in a future year.	
FTIR Drug Testing	Continue drug testing program currently funded with a grant from the Bureau of Justice Comprehensive Opioid and Stimulant Substance Abuse Program to reduce risk of overdose	People with SUD			Monitor availability of future funding source for FTIR with 2025 conclusion of the current Bureau of Justice grant.	
Medication Assisted Treatment (MAT) Program Expansion in the Kent County Correctional Facility	To accommodate the current demand for MAT services, add Therapists (2 FTE), Recovery Coaches (2 FTE), MAT Nurse (1 FTE), Psychiatric Nurse Practitioner (0.4 FTE) and Supervisor (0.5 FTE) capacity to the program staff	Incarcerated individuals experiencing SUD	\$400,000	\$400,000	Bring the additional personnel into the program and identify future funding sources to maintain the program.	<ul style="list-style-type: none"> <li>Increase the number of individuals served from 50 to 100</li> <li>Increase the number of individuals who begin MOUD treatment within the jail</li> <li>Increase the timeliness of medication distribution</li> <li>Increase the number of one-on-one interactions recovery coaches and therapists have with each MAT participant</li> <li>Increase the number of hand offs to community-based care post incarceration</li> </ul>

# Summary Table

Treatment Continued					
Initiative	Description	Target Audience	Year 1	Year 2	Metrics & Outcomes
Transportation	Enhance existing transportation programs or develop new transportation resources for travel to harm reduction, treatment, recovery services or other SUD related medical services	Individuals participating in treatment who experience transportation as a barrier			This was identified as a priority need and supports successful treatment and recovery. Use 2024 and 2025 to research transportation strategies and best practices to consider funding in future years.
Community-Based Recovery Coaching	Add 2 community-based recovery coaches and a part-time coordinator to serve individuals who are at highest risk for return to substance use and overdose	Recovering individuals at high risk of return to substance use and/or overdose	\$200,000	\$200,000	<ul style="list-style-type: none"> <li>Number of participants reconnected to treatment after dropping out</li> <li>Number of participants experiencing an overdose during engagement with a peer recovery coach</li> <li>Number of participants visiting an emergency department during engagement with a peer recovery coach</li> <li>Results of participant satisfaction survey</li> </ul>
<b>Cross Sectional</b>					
Enhance Engagement of People with Lived Experience and Kent County's Diverse Communities	Learn the specific needs and priorities of Kent County's diverse communities and people with lived experience (including family and caregivers) to inform future settlement investments	People with lived experience and their families, black and brown communities	Funded by the State of Michigan	Funded by the State of Michigan	<ul style="list-style-type: none"> <li>Number of participants</li> <li>Participant feedback on the experience</li> <li>Demographic data on the participants</li> <li>Measure of inclusion of participant input in future settlement investments</li> </ul>
Evaluation	Assess the effectiveness of the funded initiatives to report results to the community and inform decision making on future investments	To be determined	\$35,000		<ul style="list-style-type: none"> <li>Conduct focus groups and interviews during summer 2024 through the Michigan State University's College of Human Medicine's opioid technical assistance resource. Develop a plan for ongoing involvement of people with lived experience in the KCOTF and settlement spending.</li> <li>Issue an RFP and contract with an organization to lead data collection and evaluation of settlement investments over a five-year period of implementation</li> </ul>
Innovations in opioid use prevention, harm reduction, treatment, and recovery	Recognize that strategies to date have not resolved the opioid epidemic and explore innovative approaches that are eligible under the settlement, including strategies learned from enhanced community engagement			\$20,000	Use the results of the work with the MSU College of Human Medicine, Opioid Task Force, Overdose Fatality Review, and Kent County departments to identify innovative interventions to propose in future spend plans to the Board of Commissioners.

# Summary Table

Cross Sectional Continued					
Initiative	Description	Target Audience	Year 1	Year 2	Next Steps
Emerging Needs	Address unanticipated needs that arise due to the evolving nature of the opioid epidemic or changes in expenses of approved initiatives.	To be determined	\$30,000	\$30,000	Monitor the KCHD surveillance reports and experiences of stakeholders for unexpected changes in the opioid epidemic that could be addressed with an investment of settlement funds upon approval by the Board of Commissioners.
Health Department Staff Support for Implementation	Provide staffing to implement the Board-approved initiatives, including develop RFPs and contracts, monitor contractors, prepare updates for the Board and public, track and report data for the Board and public, conduct research to support decisions on future initiatives, and support the content development for the awareness/ education campaign	Health Department, Administration, Board of Commissioners, KCOTF, OFR, other stakeholders	\$30,000	\$30,000	Recruit a part time staff person with expertise in SUD, community health, and project management.
Workforce Needs	Examine opportunities to invest in workforce challenges in opioid use disorder fields, such as formally engage nursing, medical, and social work students in OUD as a career path, develop pathways for people with lived experience to work in OUD fields, ensure adequate salaries, fund required certifications and ongoing trainings, address secondary trauma and compassion fatigue in the workforce	Individuals considering and currently working in opioid use disorder careers			This was identified as a priority need. Use 2024 and 2025 to identify the highest priorities and to identify strategies and best practices that are eligible uses of settlement funds.
<b>Total</b>			<b>\$757,000</b>	<b>\$855,000</b>	

# Proposal Details

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## PROPOSAL: CAMPAIGN TO ENHANCE AWARENESS, INCREASE EDUCATION, AND REDUCE STIGMA

### PROPOSAL SUMMARY

As is evidenced by the participation of 50+ organizations in the Kent County Opioid Task Force, Kent County has a wealth of information, resources, and services dedicated to mitigating the opioid epidemic. However, focus groups conducted during the summer of 2023 identified a gap in information about the opioid epidemic among community members in Kent County and a need to promote available resources. This proposal outlines two components of an informational campaign that will increase understanding of overdose and reduce risk, promote prevention, keep people actively using substances alive and increase utilization of available services. All aspects of the campaign will also tackle the stigma associated with substance use with an aim to make it safe to talk about the disorder and for everyone to seek help.

Currently, no single Kent County-specific webpage exists dedicated to hosting community resources across the continuum of response, which includes prevention, harm reduction, treatment, recovery, and cross-sectional matters. The proposed new webpage will be embedded in [www.accesskent.com](http://www.accesskent.com) and opioid settlement dollars will support the design and build out of the page.

The webpage will be a trusted source of comprehensive information and decrease community confusion and overwhelm when searching for information about overdose and substance use disorder. The webpage will include educational resources, information about local organizations, local events and meetings, as well as information designed for targeted community members, such as parents, youth, and people who use drugs or care for someone who uses drugs. To enhance transparency of county activities related to the opioid epidemic, information about the opioid settlement (e.g., spend plans, initiative monitoring and evaluation, etc.), Kent County Opioid Task Force, and Overdose Fatality Review will also be included on the webpage.

The website [MIRecovery.org](http://MIRecovery.org), developed in 2016, compiles West Michigan recovery resources for substance use disorder and addiction. The site will be a component of the proposed education and awareness campaign targeting individuals seeking treatment and recovery in West Michigan. The proposed new webpage will link to MI Recovery for the treatment and recovery component of the continuum of response. The focus on recovery may deter individuals not looking for that information; thus, it's important to create a separate landing page that is all encompassing of the continuum, while acknowledging MI Recovery.

To jumpstart information sharing and promote the new webpage, an opioid informational campaign specific to the needs and priorities of the community will be launched. The Health Department and KCOTF will select the target audience of the campaign and opioid settlement funds will support contracted professional services to design and implement the campaign. It is vital that the informational campaign and webpage are available in English and Spanish and at an accessible comprehension level. In addition, the campaign should provide messaging that is relevant to communities that are disproportionately impacted by the epidemic.

Based on feedback provided by focus group participants in 2023, the primary objectives of the informational campaign will be the following:



1. Reduce stigma: challenge preconceived ideas associated with substance use disorder to create an environment within Kent County that encourages individuals to seek help without fear of judgment.
2. Provide education: disseminate accurate information and resources to the community about harm reduction and overdose, emphasize prevention strategies, recognize signs of overdose, how to access SUD treatment and use of Narcan to reverse overdose.
3. Promote the webpage: facilitate access to existing services by driving community to a centralized webpage that serves as a hub for information, resources, and assistance.

Studies show that informational campaigns do make a difference in reducing stigma and promoting information sharing. Young adults who were presented with an opioid awareness campaign were more likely to report lower levels of opioid-related stigma and higher intentions to share information with a friend about the epidemic (Rath, et al., 2022). Similarly, college students who were shown a campaign from the Centers for Disease Control and Prevention had decreased reduced stigmatizing attitudes, perceived public stigma, and increased empathy toward people with opioid use disorder after viewing the campaign (Yang & Mackert, 2023).

#### POTENTIAL BARRIERS

- Difficulty assessing the specific impact of the campaign and web presence on the numbers of overdoses, numbers of individuals seeking treatment and changes in stigma
- Confusion between the Kent County opioid/substance use disorder webpage and MiRecovery.org
- Increased cost over time of professional services for campaign design and implementation

#### ESTIMATED COST

The cost to incorporate the design and content of the new webpage into [www.accesskent.com](http://www.accesskent.com) and develop and implement one targeted informational campaign is projected at \$32,000 over two years.

#### POTENTIAL METRICS

- Number of visits and unique visitors to webpage
- Click-through rate on webpage
- Number of minutes spent on the site each visit
- User feedback
- Extent of informational campaign coverage
- Extent of media coverage
- Number of users reporting increased awareness/understanding

#### APPROVED OPIOID SETTLEMENT USES

##### SCHEDULE A – CORE STRATEGIES G. Prevention programs

1. Funding for media campaigns to prevent opioid use (similar to the FDA’s “Real Cost” campaign to prevent youth from misusing tobacco).

## SCHEDULE B – APPROVED USES

### G. Prevent misuse of opioids

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction.

### J. Leadership, planning, and coordination

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

## RECOMMENDATIONS FROM KENT COUNTY OPIOID TASK FORCE AND OVERDOSE FATALITY REVIEW

This proposal was not identified in the original prioritization sessions. Rather, this was identified as a priority through community focus groups facilitated by the Grand Rapids African American Health Institute, NAACP, and West Michigan Hispanic Center. Community members mentioned they had no awareness of fentanyl or the current issues with the overdose epidemic. They suggested distributing information to community to increase awareness. Thoughts included sharing the information on the news, radio, email, town halls, and social media, as well as making the information available in Spanish.

## REFERENCES

- Rath, J. M., Perks, S. N., Vallone, D. M., Barton, A. A., Stephens, D. K., Simard, B., & Hair, E. C. (2022). Educating Young Adults about Opioid Misuse: Evidence from a Mass Media Intervention. *International Journal of Environmental Research and Public Health*, 22.
- Yang, J., & Mackert, M. (2023). The Effectiveness of CDC's Rx Awareness Campaigns on Reducing Opioid Stigma: Implications for Health Communication. *Health Communication*, 38(5), 925-934. doi:<https://doi.org/10.1080/10410236.2021.1982561>

## PROPOSAL: PREVENTION EDUCATION EXPANSION IN SCHOOLS

### PROPOSAL SUMMARY

Historically, healthcare responds to crises after they occur. When crafting an adequate response to the opioid epidemic, there is a need to prioritize prevention. One effective strategy to mitigate impacts associated with the insidious web of addiction is to provide youth with substance use prevention education. While such an educational program is offered by the Kent County Health Department to several Kent County schools, the growing demand for this service far exceeds the health department's current capacity. At this time, the provision of evidence-based substance use prevention education is limited to students from 30 Kent County schools, equating to only 12% of all the schools in the County.

Kent County Health Department (KCHD) health educators use the Botvin LifeSkills Training (LST) curriculum to educate students and program evaluations indicate improvement in participating students' knowledge and perception of risk related to substance use. The Lakeshore Regional Entity has funded the current health educators under renewed five-year grant agreements with the Health Department since 2014. All the direct service hours of LST educators are currently covered by the grant received from the Lakeshore Regional Entity.

Wedgwood Christian Services is the only other agency in Kent County that provides substance use prevention education within Kent County schools. The number of schools that partner with Wedgwood is significantly smaller than those that partner with KCHD. KCHD and Wedgwood coordinate on schools served to minimize duplication of services.

Although it is imperative to provide services to those already in the throes of addiction, it is equally crucial to move upstream, reducing the next generation's risk of developing a substance use disorder (SUD) or experiencing overdose death. An individual's risk for developing SUD is multifactorial, and although not all factors are preventable, many are. Providing supportive measures in childhood may strengthen resiliency, improve youth perception of risk and their ability to navigate social pressures.

This proposal requests to add one FTE KCHD health educator, thus increasing the number of Kent County youths exposed to substance use prevention education. With the addition of one FTE health educator, KCHD would expand the projected number of participating schools from 30 to 42, and the number of youths educated annually from to 2,386 to approximately 3,286.

The additional health educator time will be assigned to schools that have expressed interest in the LST curriculum and that exhibit the highest risk of student experimentation with substances. These schools will be a mix of elementary, middle, and high schools. Substance misuse is a challenge for youth in every area of Kent County. For this reason, our educators provide LST in both rural and urban schools.

All KCHD health educators hold positions in the field of public or community health education. These professionals organize, develop, implement, and present public health educational programs. They also disseminate knowledge to individuals, community groups, and/or health department staff using strategies such as health awareness, health risk assessment, and group behavior change/risk reduction.

Botvin LifeSkills Training (LST) is an evidence-based curriculum specifically designed to prevent substance misuse. As an evidence-based curriculum, Botvin LST has demonstrated international benefit over the past 30 years. Schools that have participated since KCHD began the program in 2019 are listed below, along with data on the numbers of classes participating. Data on the Botvin Life Skills education results from Kent County participants in 2022 are also presented below.

As an effective means of primary prevention, Botvin LST does not claim to prevent overdose deaths or treat individuals already living with SUD. This curriculum supports students in developing the tools needed to make wise and informed decisions prior to experimenting with substances. Over 8 to 12 instructive sessions, health educators address some of the underlying factors that place youth at risk for unsafe behaviors, including:

- Communication skills,
- Decision making skills,
- Self-esteem,
- Social skills (friendship, peer pressure, conflict resolution),
- Assertiveness, and
- Healthy ways to cope with stress.

#### LIFE SKILL EDUCATION RESULTS – KENT COUNTY SCHOOLS 2022

- 23% increase in perception of risk for youth marijuana use at least once per week
- 22% increase in perception of risk for youth prescription drug use without a doctor’s approval
- 19% increase in perception of risk for use of tobacco
- 24% increase in perception of risk for use of e-cigarettes
- 24% increase in perception of risk for youth binge drinking
- 32% increase in perception of risk for opioid use without a doctor’s approval

#### POTENTIAL BARRIERS

- Teaching the Botvin LST curriculum requires a Certified Prevention Specialist or Certified Health Educator Specialist endorsement. The pool of qualified individuals is limited since other agencies also hire these professionals for a variety of tasks.
- It could be challenging to achieve the goal of hiring people of color to have a workforce reflective of the diverse student body served.
- Participation with KCHD’s health education program is voluntary. School districts have the option of accepting the educational offering or not.
- Staff retention and job satisfaction may pose challenges based on student behavior, participation, and/or degree of school administrative support.

#### ESTIMATED COST

The annual cost of salary, benefits, overhead, supervision, materials, and training for one health educator equals \$125,000.

## POTENTIAL METRICS

- Number of participating school districts
- Number of classes taught
- Number of students who receive education
- Pre-/post- tests results measuring knowledge of risk
- Student satisfaction following the end of the course
- Classroom teacher feedback
- MiPHY (Michigan Profile for Healthy Youth) results focusing on prevalence of substance use experimentation overtime

## APPROVED OPIOID SETTLEMENT USES

Core Strategies:

G. Prevention Programs

2. Funding for evidence-based programs in schools

## RECOMMENDATIONS FROM KENT COUNTY OPIOID TASK FORCE AND OVERDOSE FATALITY REVIEW

Recommendation 8. Evidence based substance use disorder prevention for middle and high school students; expanded Life Skills education in focused areas.

## REFERENCES

For more information, please visit Substance Abuse and Mental Health Services Administration (SAMHSA) at [www.samhsa.gov](http://www.samhsa.gov) and SAMHSA's Evidence-Based Practices Resource Center at <https://www.samhsa.gov/resource-search/ebp>



**TOTAL  
CLASSES**

**Charter Schools**

**431**

**Private Schools**

**365**

**Classes By Special Programs**

Juvenile Courts	Kent ISD	DA Blodgett St. John's	Summer Programs
243	142	33	37

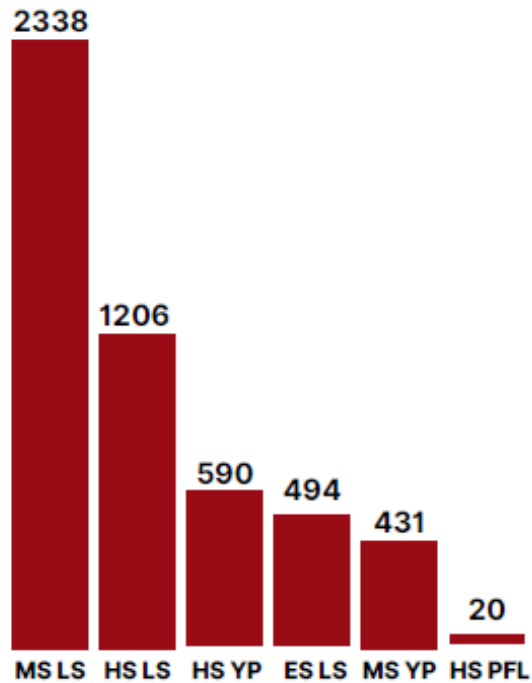
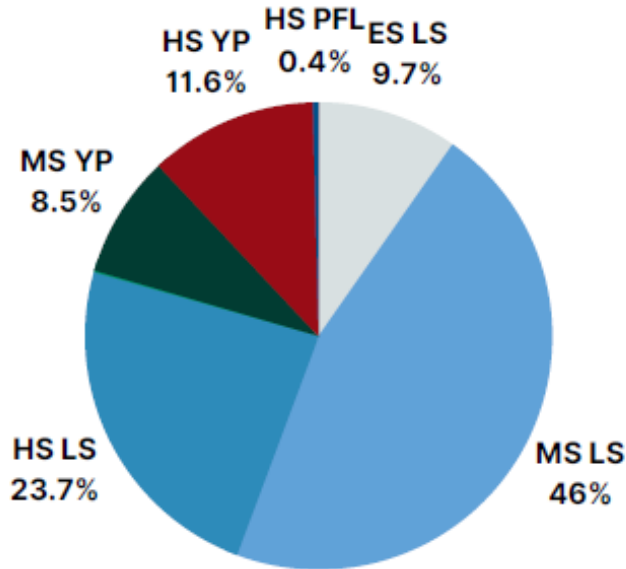
**Classes By School District**

Grand Rapids Public Schools	1390	Rockford Public Schools	72
Wyoming Public Schools	756	Cedar Springs Public Schools	70
Kentwood Public Schools	352	Godwin Heights Public Schools	61
Lowell Area School District	293	Grandville Public Schools	48
Sparta Area Schools	225	Comstock Park Public Schools	30
Northview Public School District	199	East Grand Rapids Public Schools	8
Kent City Community Schools	188	Kenowa Hills Public Schools	3
Kelloggsville Public Schools	139		

## Total Classes By School Name

Aberdeen Academy	6	Grand Rapids Public Museum Middle School	53	Southwood Elementary	3
Alger Middle School	164	Grand Rapids University Preparatory Academy	43	Sparta Middle School	225
AnchorPoint Christian School	44	Grandville Middle School	30	St. Paul the Apostle School	25
Brookside Elementary	51	Harrison Park Academy	21	St. Thomas the Apostle	103
Burton Middle School	78	Hope Academy	91	Townline Elementary	23
Byron Center Charter School	68	Innovation Central High School	220	Union High School	256
Cedar Springs Middle School	70	Kelloggville Middle School	139	Valleywood Middle School	235
Challenger Elementary School	2	Kenowa Hills Middle School	3	Westwood Middle School	56
Chandler Woods Charter Academy	31	Kent City High School	41	Wyoming High School	123
Coit Creative Arts Academy	6	Kent City Middle School	147	Wyoming Junior High	622
Crestwood Middle School	13	Lighthouse Academy	228		
Crossroads Middle School	27	Lowell Middle School	293		
Cummings Elementary	18	Martin Luther King Jr. Leadership Academy	77		
Dickinson Middle School	35	MtI Creek Middle School	30		
East Kentwood High School	13	Nextech High School	13		
East Middle School	8	Northview High School	172		
East Rockford Middle School	72	Ottawa Hills High School	45		
Olenwood Elementary	33	Pinewood Middle School	30		
Oodwin Heights High School	61	Riverside Middle School	74		
Grand Rapids Christian High School	193	Sherwood Park Global Studies Academy	15		
Grand Rapids Montessori High School	8	Southwest Community Campus	61		
Grand Rapids Public Museum High School	104	Southwest Middle High School	17		

## Classes by SUD Program



Total Classes by SUD Program

Elementary School LifeSkills  
494

Middle School LifeSkills  
2338

High School LifeSkills  
1206

Middle School Yo Puedo  
431

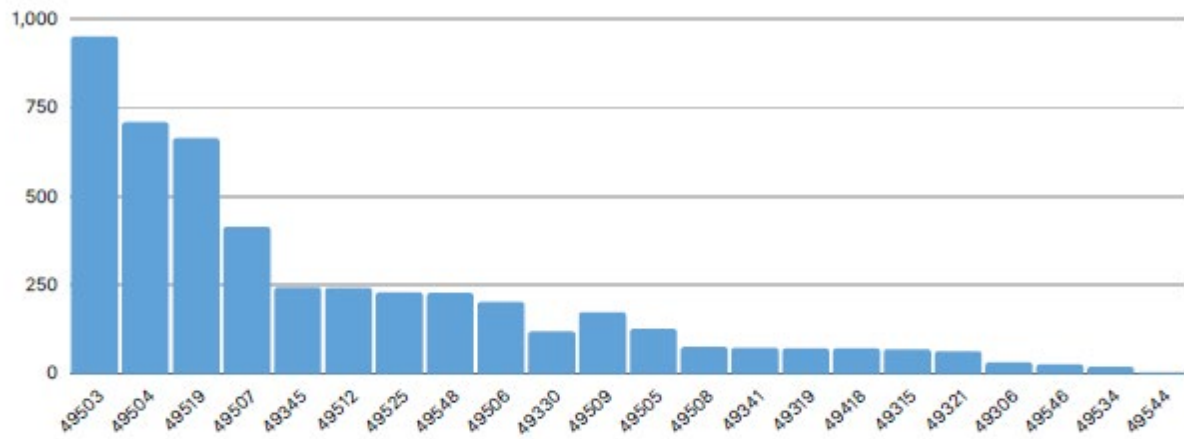
High School Yo Puedo  
590

Transitions LifeSkills  
6

High School Prime for Life  
20



## Total Classes by Zip Code



Zip Code	Total Classes
49503	949
49504	708
49519	663
49507	413
49345	242
49512	241
49525	228
49548	226
49506	201
49330	118
49509	172

Zip Code	Total Classes
49503	949
49504	708
49519	663
49507	413
49345	242
49512	241
49525	228
49548	226
49506	201
49330	118
49509	172



# Middle School LifeSkills Survey

How harmful are the following for youth to use?

1. Tobacco products	<b>A.</b> <b>Extremely harmful</b>	<b>B.</b> <b>Somewhat harmful</b>	<b>C.</b> <b>Unsure</b>	<b>D.</b> <b>A little harmful</b>	<b>E.</b> <b>Not at all harmful</b>
2. Vapes	<b>A.</b> <b>Extremely harmful</b>	<b>B.</b> <b>Somewhat harmful</b>	<b>C.</b> <b>Unsure</b>	<b>D.</b> <b>A little harmful</b>	<b>E.</b> <b>Not at all harmful</b>
3. Binge drinking alcohol	<b>A.</b> <b>Extremely harmful</b>	<b>B.</b> <b>Somewhat harmful</b>	<b>C.</b> <b>Unsure</b>	<b>D.</b> <b>A little harmful</b>	<b>E.</b> <b>Not at all harmful</b>
4. Marijuana	<b>A.</b> <b>Extremely harmful</b>	<b>B.</b> <b>Somewhat harmful</b>	<b>C.</b> <b>Unsure</b>	<b>D.</b> <b>A little harmful</b>	<b>E.</b> <b>Not at all harmful</b>
5. Prescription drugs without a doctor's approval	<b>A.</b> <b>Extremely harmful</b>	<b>B.</b> <b>Somewhat harmful</b>	<b>C.</b> <b>Unsure</b>	<b>D.</b> <b>A little harmful</b>	<b>E.</b> <b>Not at all harmful</b>
6. Opioids	<b>A.</b> <b>Extremely harmful</b>	<b>B.</b> <b>Somewhat harmful</b>	<b>C.</b> <b>Unsure</b>	<b>D.</b> <b>A little harmful</b>	<b>E.</b> <b>Not at all harmful</b>

7. I have healthy skills to help me relax and handle stress	<b>A.</b> <b>Strongly Agree</b>	<b>B.</b> <b>Agree</b>	<b>C.</b> <b>Neither agree nor disagree</b>	<b>D.</b> <b>Disagree</b>	<b>E.</b> <b>Strongly Disagree</b>
8. I have a group of people (big or small) who support me and who I interact with often	<b>A.</b> <b>Strongly Agree</b>	<b>B.</b> <b>Agree</b>	<b>C.</b> <b>Neither agree nor disagree</b>	<b>D.</b> <b>Disagree</b>	<b>E.</b> <b>Strongly Disagree</b>

**9. All of these are ways to improve your self-image EXCEPT:**

- a. Only stick to activities that went well in the past
- b. Work on improving in areas where you are weak
- c. Believe people when they give you a compliment
- d. Be proud of your strengths and accomplishments

**10. Who or what influences the decisions teens make?**

- a. Media (TV, music, movies, video games, social media)
- b. A and D are correct
- c. No one. You can only influence yourself.
- d. Friends, Family, Teachers, Celebrities, etc.

**11. Which of the following products contain nicotine?**

- a. Only cigarettes
- b. Cigarettes and Chewing Tobacco
- c. Cigarettes, Vapes, Cigars, and Chewing Tobacco
- d. Cigarettes and Cigars

**12. Which of the following has more alcohol?**

- a. 12 ounce can/bottle of beer
- b. 5-ounce glass of wine
- c. 1 ½ ounce shot of liquor
- d. All of them have the same amount of alcohol

**13. What is a factor that determines how quickly a person may feel the effects of alcohol on their body and mind?**

- a. How fast they drink
- b. Their body sizes
- c. A and B are correct
- d. How tough they are

**14. Using THC (from marijuana) in the following forms is healthy for young people:**

- a. Smoking
- b. Edibles
- c. No form of marijuana is safe for young people
- d. Vaping

**15. What rules do you think are important for safe use of prescription drugs?**

- a. Only take medications prescribed for you by your doctor
- b. Don't share your prescription medications with others
- c. Always follow medication directions closely
- d. All the above

**The MAIN purpose of Advertising is to:**

- a. Give us all the information about the product
- b. Tell us where to get the product
- c. Show us what the product looks like
- d. Persuade us to buy their products

**17. Which is a sign of anxiety?**

- a. Butterflies in the stomach
- b. Rapid heartbeat
- c. Difficulty concentrating
- d. All the above

**18. Which of the following is a healthy (or positive) way to deal with anxiety?**

- a. Ignoring it
- b. Taking it out on people
- c. Talking to a trusted, supportive person
- d. Using drugs (such as alcohol or marijuana)

**19. What could happen to someone if they do not cope with their intense emotions (anxiety, anger, grief) in a healthy way?**

- a. B, C, and D are correct
- b. Depression
- c. Using drugs (such as alcohol or marijuana)
- d. Relationship problems

**20. What is the most assertive way to express your thoughts and feelings?**

- a. Even if you're uncomfortable, just let your thoughts and feelings go
- b. Go with the flow, but make others feel guilty
- c. Stand up for yourself by expressing your needs and wants, while respecting others
- d. Be loud and intimidating

**21. How can someone overcome being shy?**

- a. Mental rehearsal
- b. Create a script for an upcoming situation
- c. Use calming coping skills (such as deep breathing)
- d. All the above

**22. What is appropriate during a conversation?**

- a. Answer a phone call or text
- b. Say things like, "Yeah", "Uh huh", "Sure" and "Wow, that's cool"
- c. Try and tell a better story than the person just told
- d. Cut the person off and end the conversation if it's too boring or someone more interesting comes up to

**23. What is the best way to tell someone you are not interested in doing something?**

- a. Be honest with the other person
- b. Make it clear that you do not want to go in a respectfully assertive way
- c. Make sure the other person knows that you are saying no, and tell them why
- d. All the above

<b>24.</b> You should only work on your goal when you have time.	<b>True (T)</b>	<b>False (F)</b>
<b>25.</b> A drug is safe to use because it is legal.	<b>True (T)</b>	<b>False (F)</b>
<b>26.</b> The liquid components in vapes are natural flavoring and water.	<b>True (T)</b>	<b>False (F)</b>
<b>27.</b> Vaping can be addictive.	<b>True (T)</b>	<b>False (F)</b>
<b>28.</b> Binge drinking is having 5 or more drinks in two hours or less.	<b>True (T)</b>	<b>False (F)</b>
<b>29.</b> Using marijuana is not as dangerous as using tobacco.	<b>True (T)</b>	<b>False (F)</b>
<b>30.</b> Marijuana use helps take away all stress and anxiety.	<b>True (T)</b>	<b>False (F)</b>
<b>31.</b> Prescriptions drugs can be just as dangerous as illegal drugs, like heroin or cocaine.	<b>True (T)</b>	<b>False (F)</b>
<b>32.</b> Giving a compliment is an effective way to start a conversation.	<b>True (T)</b>	<b>False (F)</b>
<b>33.</b> Only talking about yourself will keep a conversation going.	<b>True (T)</b>	<b>False (F)</b>

## PROPOSAL: NALOXONE DISTRIBUTION

### PROPOSAL SUMMARY

Naloxone, also known by the brand name Narcan, is an FDA-approved medication that has proven to be highly effective in reversing opioid overdoses, providing a crucial lifeline for individuals in crisis. An individual experiencing an overdose cannot administer naloxone to themselves; thus, it is important for friends, family, and community members to have naloxone available. Naloxone is a safe medication for community distribution as it is easy to administer and does not have an effect if someone is not experiencing an opioid overdose.

Access to naloxone remains a significant challenge, particularly in communities where the opioid epidemic has hit hardest. Despite a state standing order and new over-the-counter status, naloxone remains expensive and inaccessible for many. Further, studies have found that stigma and medical mistrust create a barrier for Black people who use drugs to access overdose prevention resources (Dayton, et al., 2020). Currently in Kent County, the overdose death rate among Black residents is three times higher than White residents; thus, investing in programs that increase access to overdose prevention resources in communities disproportionately impacted by the opioid epidemic is vital.

Currently, naloxone is available via several outdoor vending machines and indoor distribution boxes, as seen on the [map on accessKent](#). The map shows most of the distribution locations are in greater Grand Rapids, however, Health Department data indicates overdoses occur well outside the urban core. The existing vending machines are more expensive and have not yet met the need in Kent County, as is evidenced by the continued high incidence of overdoses and stagnant overdose death rate.

Many communities have begun to utilize refurbished newspaper boxes to distribute naloxone as a cost-effective alternative to vending machines (Gustafson, 2023). These boxes can hold naloxone kits, testing strips, educational material, and other supplies deemed necessary for overdose prevention.

While other formulations are available, boxes deployed through this program will contain 4mg intranasal Narcan for a few reasons. First, the Michigan Department of Health and Human Services makes Narcan freely accessible for community distribution. Second, higher doses of naloxone, such as the 8mg Kloxxado, do not increase the likelihood of survival but do increase withdrawal symptoms (Payne, Stancliff, Rowe, Christie, & Dailey, 2024). Third, the intranasal formulation promotes greater community acceptability and interest in obtaining naloxone, as it non-invasive, avoids needlestick injury, and requires less training than intramuscular naloxone.

Kent County will secure a partner through an RFP process with experience developing and maintaining a naloxone distribution system to secure the doses from the State of Michigan, obtain distribution boxes and educational material, deploy the boxes and keep them stocked.

To ensure a targeted and impactful distribution, the Kent County Opioid Task Force will assess geographic data from the Michigan Emergency Services Information System and the Office of the Medical Examiner. These data will help identify priority areas within Kent County with a high



incidence of overdoses, which may include gas stations, hotels located near highways, and other key sites. In these identified priority areas, organizations will be strongly encouraged to submit applications for a naloxone distribution box, thereby focusing resources where they are most urgently needed. This approach ensures a strategic and data-driven distribution of naloxone to maximize its impact on saving lives in the areas most affected by the opioid epidemic.

Instructions for using Narcan are available within the distribution box. Many videos are available online and links to these and other educational materials will be made available via QR codes or in a similar manner on the naloxone distribution box.

#### POTENTIAL BARRIERS

- Acceptability: cultural factors and stigma may impact the acceptance and effectiveness of naloxone distribution programs within certain communities. Tailoring outreach efforts to specific cultural contexts is essential.
- Liability concerns: organizations may be concerned about legal ramifications of distributing naloxone at their location. However, MCL 691.1503 of the Michigan Legislature protects establishments from any liability regarding the supply of Narcan to community members.
- Lack of awareness in the general public about the ease of use, availability and importance of having naloxone on hand for an emergency. The proposed education and outreach campaign can address this need.

#### ESTIMATED COST

Several companies refurbish newspaper boxes, one of which is Impact Racks (<https://impactracks.com/collections/custom-made-boxes>). The cost to purchase eight custom-painted newspaper boxes with graphics is \$2,831.60 with shipping included (\$353.95 per box). Purchasing and distributing 50 boxes will cost approximately \$18,000. Naloxone will be acquired free of charge through the Michigan Department of Health and Human Services.

#### POTENTIAL METRICS

- Number of naloxone distribution boxes deployed
- Number of naloxone kits distributed
- Feedback from box 'hosts' on the value of the tool

#### APPROVED OPIOID SETTLEMENT USES

##### SCHEDULE A – CORE STRATEGIES

A. Naloxone or other FDA-approved drug to reverse opioid overdoses

1. Expand training for first responders, schools, community support groups and families; and
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

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## SCHEDULE B – APPROVED USES

### H. Prevent overdose deaths and other harms (harm reduction)

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

## RECOMMENDATIONS FROM KENT COUNTY OPIOID TASK FORCE AND OVERDOSE FATALITY REVIEW

Recommendation 3. Greater community distribution of naloxone; free naloxone vending machines; NaloxBoxes in areas of high overdose frequency; use retired newspaper boxes for Narcan near high trafficked areas; free mail order naloxone; naloxone in all public facilities and transportation systems; naloxone stored near AEDs; more community education on naloxone; criminal justice.

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# PROPOSAL: FENTANYL AND XYLAZINE TEST STRIP DISTRIBUTION TO CARE PROVIDERS

## PROPOSAL SUMMARY

The current drug supply in the United States has become increasingly contaminated with fentanyl (Centers for Disease Control and Prevention, 2023) and xylazine (Kariisa, O'Donnell, Kumar, Mattson, & Goldberger, 2023), often unbeknownst to the person who is using the drug.

Fentanyl is a synthetic opioid that is 50 times stronger than heroin and 100 times stronger than morphine. Fentanyl does have therapeutic use when prescribed by doctors; however, fentanyl most often identified in overdoses is illicitly manufactured fentanyl (IMF). It can be sold as powder, dropped on blotter paper, in eyedrops or nasal sprays, or pressed into illicit pills. Due to its potency, fentanyl is extremely dangerous when the person using drugs is unaware of its presence and underestimates the dose of opioids they are taking. Fentanyl has also been increasingly present in the illicit stimulant supply, including cocaine and methamphetamine, which places people who are opioid naïve at a high risk of overdose (Nyeong Park, et al., 2021). In 2015 in Kent County, fentanyl was present in less than 20% of opioid-involved overdose deaths; current data show that it is now present in approximately 90% of deaths.

Xylazine is a sedative analgesic that is approved for veterinary use and has no FDA-approved use in humans. It is most often found mixed with fentanyl; the Drug Enforcement Administration (DEA) laboratory system identified the substance in 23% of fentanyl powder and 7% of fentanyl pills in 2022 (Centers for Disease Control and Prevention, 2023). Xylazine can cause sedation, difficulty breathing, dangerously low blood pressure, slowed heart rate, wounds that can become infected, severe withdrawal symptoms, and death. Since May 2023, samples submitted to the drug checking lab at the University of North Carolina through the Grand Rapids Red Project's drug checking program have consistently revealed that 40-60% of samples contain xylazine.

Drug checking test strips for fentanyl and xylazine provide people who use drugs with vital information at the time of use to make informed decisions to reduce the risk of overdose (Centers for Disease Control and Prevention, 2022). Test strips are low-cost and easy to use, making them an effective harm reduction strategy to mitigate overdose death and other drug complications. Preventing overdose deaths reduces the strain on emergency services and healthcare systems. The economic burden of overdose healthcare costs and emergency interventions outweighs the low cost of providing test strips.

The organizations that receive distributions of test strips will determine how to provide them to their clients. For example, some health systems may wish to have strips available in a lobby area, while others will ask providers to distribute the strips directly to interested clients. The treatment care provider will educate clients on the use of the strips.

To use the test strip, an individual should place a small amount of the substance and water into a container, mix them, and then immerse one end of the strip into the water, allowing it to absorb for 15 seconds. Afterward, they should remove the strip from the water and position it on a flat surface for 2-5 minutes before interpreting the result, indicated by either one or two lines.

Studies have confirmed that people who have access to drug checking strips use them and change their behavior based on the results of the test strips. One study in Rhode Island found that one month after being provided ten test strips, 77% of participants used at least one test strip, 98% reported confidence in their ability to use the strips, and 95% wanted to continue using them in the future (Krieger, et al., 2018). Importantly, after receiving a positive result, participants reported using smaller amounts, going slower with use, using with someone else, or using a small test dose to determine how the drug feels.

#### POTENTIAL BARRIERS

- Distribution: ensuring convenient access to fentanyl and xylazine test strips for people who need them may involve logistical hurdles, such as organizational policies.
- Fear of legal consequences: while testing strips are considered drug paraphernalia in some states, they are legal in Michigan; this needs to be clearly communicated to the public (Putnam, 2023).

#### ESTIMATED COST

Estimates indicate that wholesale programs for non-profit institutions price fentanyl test strips at \$0.65 per strip and xylazine test strips at \$0.85 per strip. The Grand Rapids Red Project distributed 6,512 fentanyl test strips in Kent County in 2023. The persistent overdose rate in Kent County shows that there are many people who still need access to test strips who may not access a syringe service program; thus, it is necessary to expand access across the county. Matching Red Project's distribution would equal a cost of \$4,232.80 for fentanyl test strips and \$5,535.20 for an equal number of xylazine test strips, for a total cost of \$9,768 annually.

#### POTENTIAL METRICS

- Number of fentanyl test strips distributed
- Number of xylazine test strips distributed
- Number of organizations participating in distribution
- Number of overdose deaths that involve fentanyl and/or xylazine

#### APPROVED OPIOID SETTLEMENT USES

##### SCHEDULE B – APPROVED USES

- H. Prevent overdose deaths and other harms (harm reduction).
- 9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

#### RECOMMENDATIONS FROM KENT COUNTY OPIOID TASK FORCE AND OVERDOSE FATALITY REVIEW

Recommendation 5. Harm reduction resources and improved access to fentanyl test strips.

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## PROPOSAL: MEDICATION ASSISTED TREATMENT (MAT) PROGRAM EXPANSION IN THE KENT COUNTY CORRECTIONAL FACILITY

### PROPOSAL SUMMARY

Research indicates a high prevalence of opioid use disorder (OUD) among people in prisons, jails, and detention centers and that during the first two weeks after release the risk of opioid overdose is 40 times higher for those who were incarcerated compared to the general population. As a result, correctional facilities play an important role in ensuring appropriate treatment for people suffering from OUD.

Medication Assisted Treatment (MAT) for substance use disorder (SUD) is not a required service in correctional facilities in Michigan. Correctional facilities are required to provide standard medical care and medications, which includes managing substance use withdrawal symptoms. The Kent County Sheriff's Office MAT program in the County Correctional Facility provides a higher level of support that extends well beyond medical care for withdrawal to provide treatment of multiple layers of needs (including emotional and psychological care) and preparation for safe release to the community.

This MAT program allows individuals who receive medications for opioid use disorders prior to incarceration to continue the medication. It also screens, educates, and offers to begin treatment for individuals new to medication for opioid use disorder treatment and transitions them to community treatment providers upon leaving the Correctional Facility. In that manner, it is creating a new access to treatment within the community.

The MAT program began in 2018 as a pilot with the 61st District Drug Court and Network180 to accommodate approximately 50 participants (demographic data is included at the end of this proposal). The demand for program participation exceeds the current capacity, and the pilot has brought to light opportunities to enhance staff expertise and improve program quality. The extent of the current demand means that individuals who need medication assisted treatment may have to wait weeks before beginning treatment. The proposed opioid settlement investment would increase program capacity from 50 to 100 individuals to address current demand, and the revised staffing model will add specialists in prescribing and administering substance use disorder medication.

The current and proposed program staffing is summarized in Table 1. Personnel totaling 4.5 FTEs are currently dedicated to the program to provide management, initial screening, opioid use disorder medication distribution, case management, one-on-one SUD therapy, prevention education, recovery assistance and discharge planning.

To accommodate twice the number of participants, the proposed staff model doubles the FTEs in the roles of supervisor/jail coordinator, therapist, and recovery coach. The additional therapist and recovery coach positions would be obtained by expanding the current agreement for services with Network180.

To improve the quality of service, two new roles of Psychiatric Nurse Practitioner and a MAT Nurse would manage SUD medication distribution that is currently managed by the Facility's psychiatric physician. The psychiatric physician currently works part time and is responsible for a variety of roles in the Correctional Facility, including seeing all inmates prior to continuing or starting certain medications and meeting with inmates who need psychiatric services. The doctor's capacity to meet the variety of inmate needs can cause delays in the delivery of medication. Additionally, prescribing SUD medications is not the psychiatric physician's specialty.

Having a psychiatric nurse practitioner who specializes in the field of SUD medication distribution to oversee medication administration with the support of a MAT nurse will improve the prescribing and timely provision of

medications, resulting in better outcomes for inmates. These two new medical personnel would be secured by amending the existing contract with Vital-Core.

To improve post-release outcomes, the number of recovery coaches under contract with the MAT program is proposed to double to increase capacity for discharge planning, connection to community-based SUD services and ongoing coaching after release.

**Table 1. Current and Proposed Staffing Model**

Position	Duties	Current	Proposed
Supervisor/Jail Coordinator	Oversight, data collection and reporting, quality control	0.5 FTE Sheriff's Office employee	1.0 FTE Sheriff's Office employee
Therapist	One-on-one SUD therapy, discharge planning support	2.0 FTE under contract with Network180	4.0 FTE under contract with Network180
Recovery Coach	Peer support, advice and education, discharge planning, recovery assistance post-discharge	2.0 FTE under contract with Network180	4.0 FTE under contract with Network180
Psychiatric Physician	Prescribe and distribute MAT medication. Primary role is psychiatric care for inmates with the most severe mental health needs.	Portion of 1.0 FTE under contract with Vital Core	
Psychiatric Nurse Practitioner	Oversee SUD medication		0.4 FTE under contract with Vital Core
MAT Nurse	Distribute SUD medication		1.0 FTE under contract with Vital Core
<b>Total</b>		<b>4.5 FTE</b>	<b>10.4 FTE</b>

The investment of opioid settlement funds to expand and improve the MAT program supports the goal to provide quality support for individuals in the County's care while housed at the Correctional Facility and as they exit the facility. Scientific evidence has firmly established that medications to treat opioid use disorder save lives. By providing access to medications and behavioral health services based on national standards, detention facilities can reduce deaths, improve long-term health outcomes, interrupt the cycle of recidivism, and minimize litigation.

A modeling study showed that 1,840 lives could be saved annually in the United States if all people with OUD received appropriate medication for opioid use disorder in jails and prisons (Macmadu et al., 2020). While the prevalence of OUD is similar by race and ethnicity (Shearer et al., 2020), Black and Brown people are more often incarcerated and more often have their treatment interrupted by incarceration (Pro et al., 2020), thus exposing people of color to higher death rates.

In addition, Federal Courts have ruled that jails and prisons are bound by Title II of the Americans with Disabilities Act (ADA) and the Eighth Amendment to provide access to all three FDA-approved medications for the initiation or continuation of medication during incarceration. Failure to provide immediate and equal access to people who are incarcerated or under community supervision may put a jurisdiction at risk of significant financial or legal liability.

## POTENTIAL BARRIERS

Timeliness of assessment for new MAT participants – Community mental health clinic providers complete an initial assessment of new program participants prior to beginning MAT services. Understaffing at those agencies has resulted in wait times for assessments, which delay an inmate starting MAT after entry to the Facility.

Data collection – Two data management systems within the Correctional Facility track data relevant to the MAT Program. The Jail Management System includes information about the inmate and details about their time in incarceration. The medical system includes information specific to inmate participation in MAT and their health care. Efficient and effective reports on MAT require combining data held in these two separate systems.

## ESTIMATED COST

The total annual expense of the proposal to enhance the existing MAT program is approximately \$400,000, for a total MAT program annual cost of approximately \$740,000. The current program components would be funded through Network180, and the new \$400,000 expense to increase the number served with an improved staffing model is proposed to be funded with opioid settlement funds in years 1 and 2.

Recognizing that settlement funds and grants are short term solutions, the MAT program cannot rely indefinitely on those sources and will require a strategic and sustainable financing strategy. Staff is examining other short- and long-term funding sources, including state opioid settlement funding.

## POTENTIAL METRICS

- Number of MAT program participants
- Number of new users of medication for opioid use disorder who had not received the medication prior to incarceration
- Demographics of MAT participants
- Types of drugs used and length of drug use prior to incarceration
- Number of medications distributed
- Timeliness of medication distribution
- Number of one on one interactions recovery coaches and therapists have with each MAT participant
- Number of discharge plans completed and measure of post-incarceration outcomes

## APPROVED OPIOID SETTLEMENT USES

Core Strategies:

### F. Treatment for Incarcerated Populations

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system
2. Increase funding for jails to provide treatment to inmates with OUD

## RECOMMENDATIONS FROM KENT COUNTY OPIOID TASK FORCE AND OVERDOSE FATALITY REVIEW

Recommendation 2. Increase funding to jails to provide treatment to inmates with opioid use disorder and should include staff training and a focus on reducing stigma.

## RESOURCES

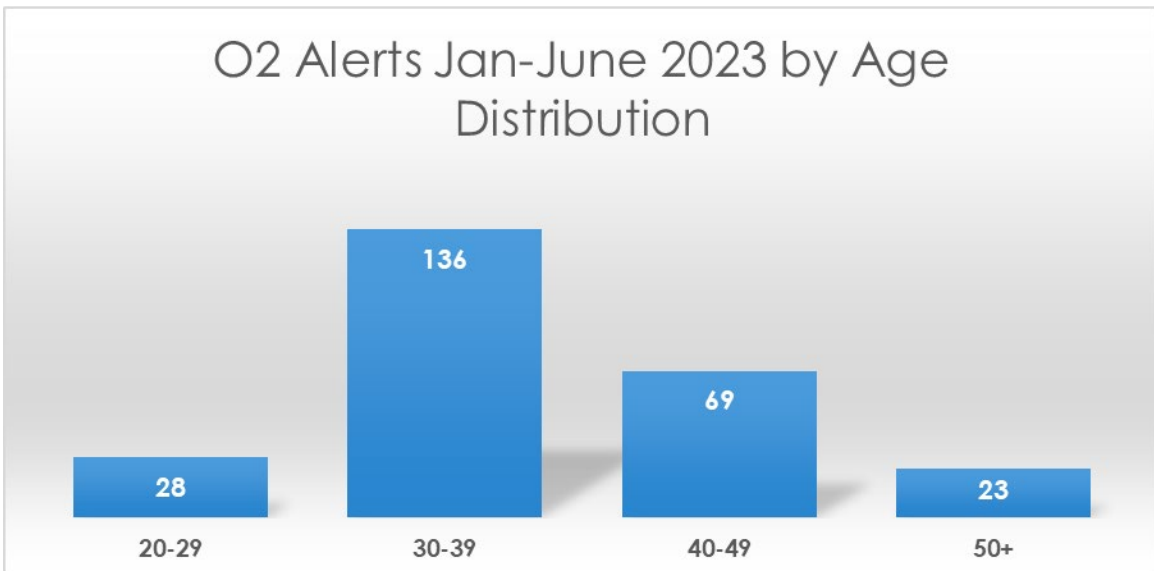
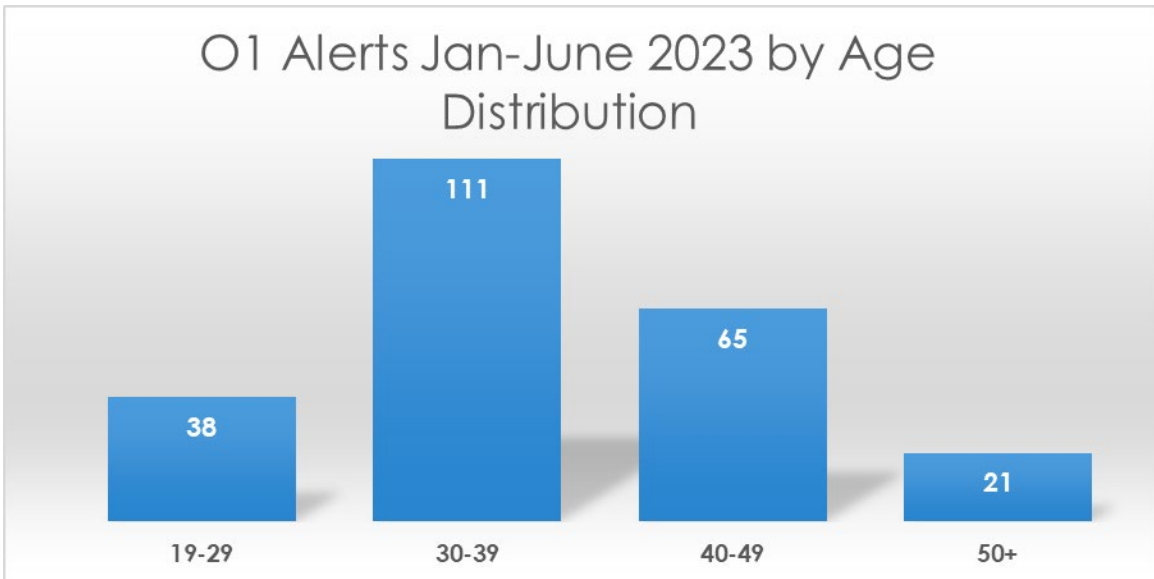
[Opioid Use Disorder Treatment in Correctional Settings \(2021\) - National Commission on Correctional Health Care \(ncchc.org\)](#); [Effective Treatment for Opioid Use Disorder for Incarcerated Populations \(naco.org\)](#); [Opioid Use Disorder Treatment in Jails and Prisons | The Pew Charitable Trusts \(pewtrusts.org\)](#)

# OPIOID ALERT DATA

**O1:** Inmates that have been identified as using opioids with no treatment.

**O2:** Inmates that have been identified as using opioids and receiving MAT Therapy

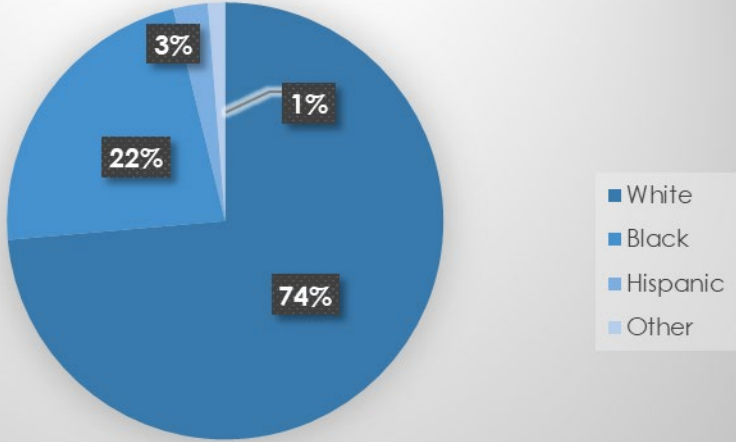
## AGE DISTRIBUTION



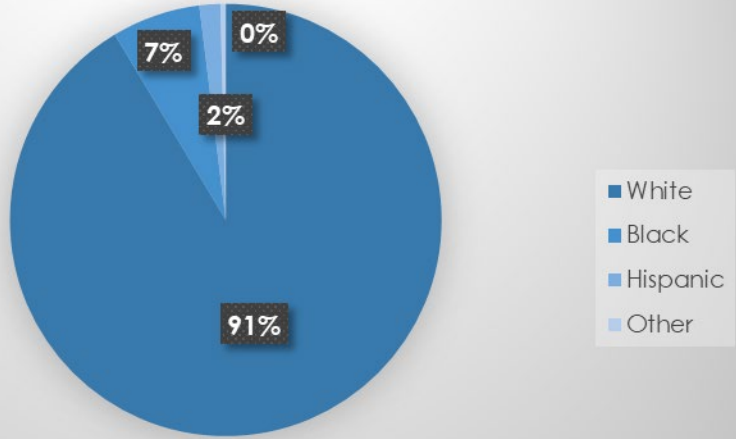


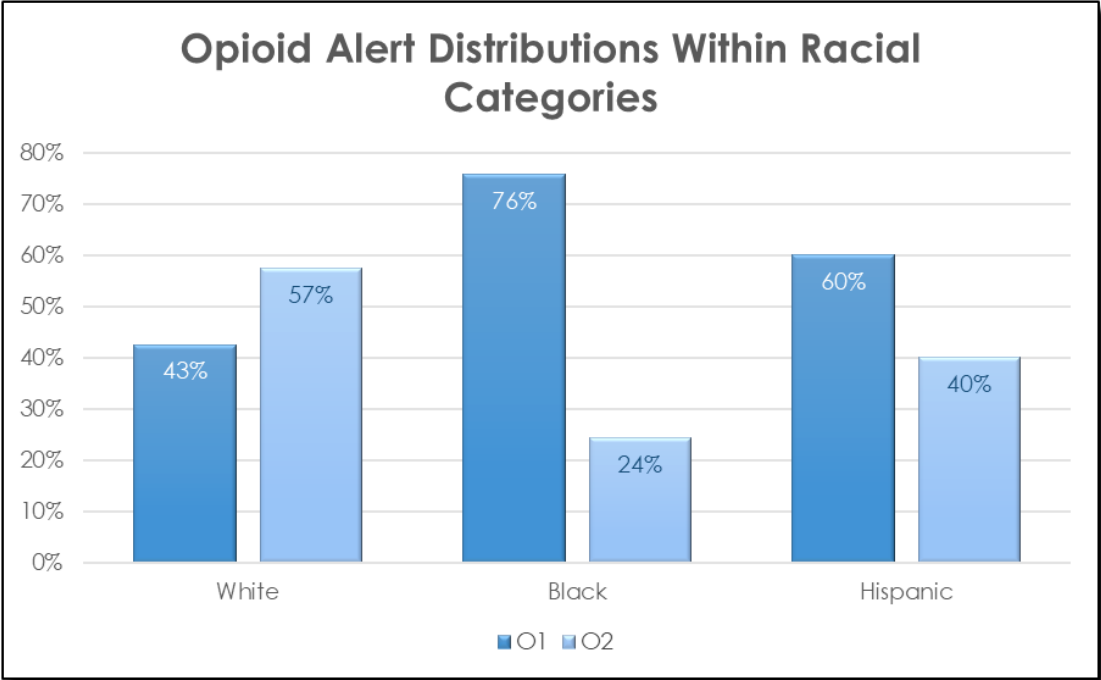
# DISTRIBUTION BY RACE

## O1 Alerts Jan-June 2023 by Race

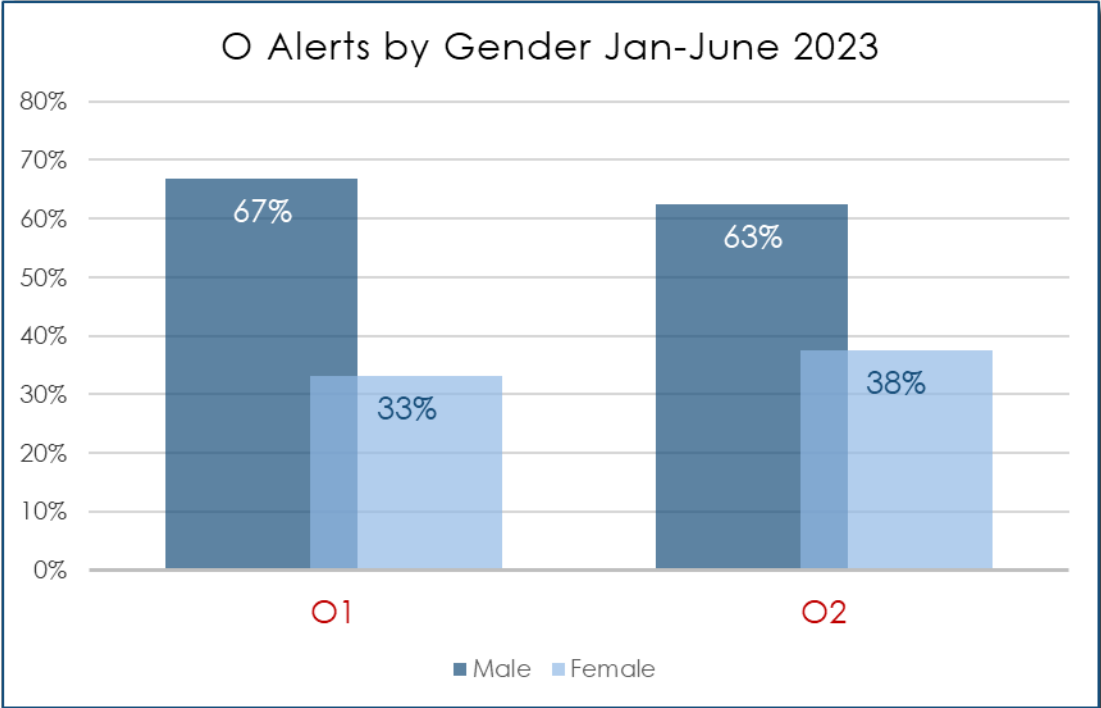


## O2 Alerts Jan-June 2023 by Race

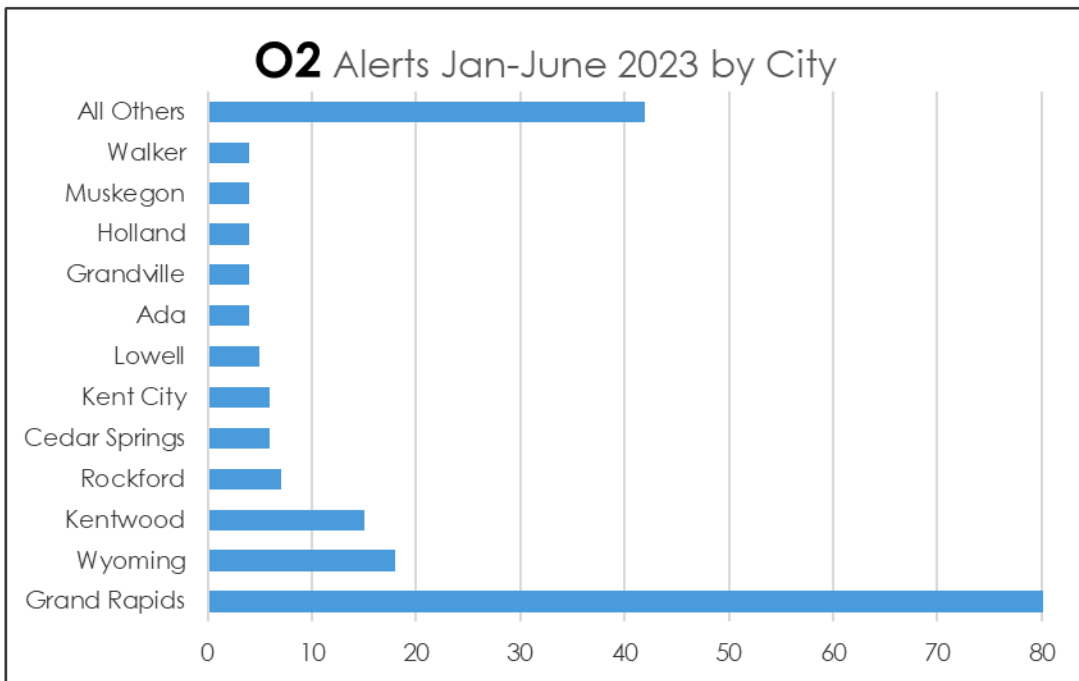
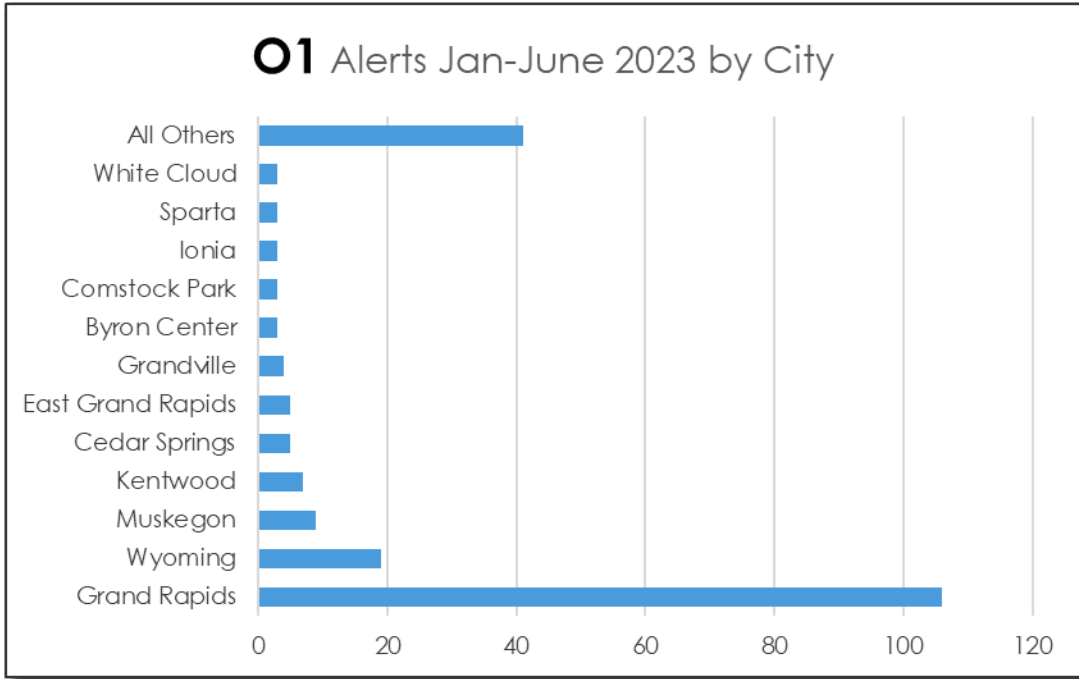




## DISTRIBUTION BY GENDER



# DISTRIBUTION BY CITY



## PROPOSAL: COMMUNITY-BASED PEER RECOVERY COACHES

### PROPOSAL SUMMARY

Individuals with opioid use disorder (OUD) require a multidimensional network of supports to pursue recovery. An effective recovery network includes physicians, peer recovery coaches, and social service agencies collaborating to assess needs, provide medical care, address legal challenges, and offer continuous support and education. The demand for such a support network in Kent County exceeds the current capacity, and existing services don't address the full range of needs that many individuals require to successfully recover.

The Substance Abuse and Mental Health Services Association (SAMHSA) describes peer recovery coaching as the process of walking side by side with an individual to give and receive non-clinical assistance to support long-term recovery from substance use disorders. Peer recovery coaches help people to create and adhere to their own recovery plans and develop their own recovery pathways.

This proposal establishes a community-based approach to peer recovery coaching that targets those most vulnerable to returning to substances and/or to an overdose through:

- two new full time Recovery Coaches (Coaches) to provide and arrange direct services across multiple service providers, and
- a part time Peer Recovery Coach Supervisor (Supervisor) to coordinate the Coaches and other providers in the wide recovery network.

This team would identify and engage with individuals with a high need for services, broaden service coverage to address wellness, social and financial needs, and enhance effectiveness through a more comprehensive and cooperative network. The proposed priority population for coaching engagement will be patients who fall into one or multiple of the following categories:

- Have abruptly stopped treatment
- Experienced an overdose reversal in the community
- Experienced an overdose and presented to the emergency department
- Are high utilizers of the emergency department
- Are pregnant
- Were recently discharged from jail
- Express interest in accessing services outside of the traditional medical system referrals

Peer recovery coaches play a pivotal role in engaging and guiding individuals with OUD. They build trust with clients due to their shared lived experience with substance use disorder, which enhances engagement and retention. They provide coping mechanisms that lower relapse rates and improve outcomes. Coaches also connect clients to vital resources such as housing, transportation, employment, and family support, ultimately preventing overdoses, expensive hospitalizations, and co-occurring illnesses. To further prevent overdoses, coaches educate individuals about overdose prevention strategies, such as recognizing the signs of overdose, administering naloxone (Narcan), and knowing when to seek medical help.

Peer recovery coaches understand the challenges and stigma associated with addiction. By providing a nonjudgmental and empathetic approach, they create an environment where individuals feel comfortable seeking help, reducing the risk of isolation and overdose.

The two proposed Coaches will support patients in the recovery journey by assessing needs, setting goals, referring to appropriate services, securing assistance with legal matters, and supporting and encouraging consistent work toward meeting goals based on their lived experience. To move from a reactive model to a proactive model, Coaches should have the ability to follow patients across health systems, clinics, and community-based organizations and to engage with folks where they are (e.g., churches, community organizations, barber shops, etc.). In doing so, this program must be intentional about hiring Coaches that represent the communities in which they will be working.

Coaches can also provide support to the community through the compilation and management of a community resource guide. In the creation of this guide, Coaches can foster engaged partnerships with community services, build community collaboration, and work with other peer recovery coaches to identify systemic needs. Organizations and community members will also have access to this resource guide, creating a more streamlined and connected network.

For a community-based peer recovery coach program to work, there needs to be community support across multiple systems. The Supervisor will assist in developing relationships across systems and facilitating that support and collaboration. The Supervisor will ensure that Coaches have the training and support they need to be successful, and that organizations within Kent County are aware of the program and services offered. The Supervisor will have weekly meetings with the Coaches, connect Coaches with community event opportunities, and facilitate conversations around barriers and successes with the Opioid Task Force.

A Request for Proposals will be distributed to identify a provider of the Coach and Supervisor roles.

Feedback from KCOTF and KCOFR highlights a need for accessible OUD recovery with comprehensive and coordinated support that reaches beyond medical systems of care. This initiative addresses existing gaps, as many peer recovery coaches primarily assist clients already engaged in care. By focusing on individuals who may not yet be connected to care, have dropped out of care, or have had a relapse experience, the program aims to quickly recapture into recovery and avoid overdose.

Network180 currently pays for 15-16 peer recovery coaches in Kent County, although these are always aligned with programs that fill a need within that specific health system. There is currently no program with community-based peer recovery coaches that can extend services beyond the system through which they are employed. In addition, there are no sufficient billing mechanisms through Medicaid to reach populations in need of a service that can meet them where they are. Billing codes do not support outreach to individuals who may require assistance in achieving connection to a program. Our current system referrals are provided through our Community Mental Health systems; if a client isn't referred to a specific program, no one is necessarily responsible for the follow-up for that individual.

This initiative can serve as a pilot for future expansion if data and feedback indicate its value and the demand for the service continues. Sustained funding for this type of community-based peer recovery coach program is lacking. If the opioid settlement-funded initiative proves valuable, the KCOTF and partners can explore opportunities for cost-sharing with other organizations to secure long-term program investment. Collaboration with these organizations can contribute to the financial sustainability of the initiative while fostering a shared commitment to its continued success.

## POTENTIAL BARRIERS

A few barriers warrant consideration in the implementation of this program:

- Participating organizations must meet the prerequisite of holding a substance use disorder (SUD) treatment license and demonstrating experience in supervising peer recovery coaches.
- Potential challenges may arise from organizational hiring practices, such as policies regarding felony employment, which could impede the identification of suitable peer recovery coaches.
- Adequate capacity of the identified Supervisor to manage the Coaches is essential.
- The pervasive stigma surrounding substance use disorders can impact the warmth with which Coaches are received by organizations and the receptiveness of individuals needing assistance.

## ESTIMATED COST

The deployment of two Coaches is estimated to require an investment of \$15-18 per hour, with an annual cost of approximately \$65,000 per Coach when accounting for benefits. For the engagement of two Coaches, the total expenditure would amount to around \$130,000. Additionally, the role of the Supervisor is anticipated to be at a 0.25 Full-Time Equivalent (FTE). The deployment of two Coaches is estimated to require an investment of approximately \$18-20 per hour, with an annual cost of \$65,000 per Coach or approximately \$130,000 annually. The remaining \$70,000 would fund a Supervisor (at 0.25 Full-Time Equivalent), training, mileage, supplies, materials and miscellaneous fees and expenses.

## POTENTIAL METRICS:

- Number of unique patients receiving support and number of interactions with each patient
- Number of patients reconnected with treatment
- Number/Percent overdose during engagement with the peer recovery coach
- Number/Percent visiting emergency department during engagement with the peer recovery coach
- Number of patients connected with instrumental support (e.g., housing, employment, legal services, etc.)

- Results of participant satisfaction survey
- Demographics of patients engaged with peer recovery coach

## APPROVED OPIOID SETTLEMENT USES

### SCHEDULE A – CORE STRATEGIES

#### E. Expansion of warm hand-off programs and recovery services

1. Expand services such as navigators and on-call teams to begin medications for opioid use disorder (MOUD) in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

### SCHEDULE B – APPROVED USES

#### A. Treat opioid use disorder (OUD)

1. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

#### B. Support people in treatment and recovery

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
4. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

#### C. Connect people who need help to the help they need (connections to care)

1. Expand services such as navigators and on-call teams to begin MOUD in hospital emergency departments.
2. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MOUD, recovery case management or support services.

3. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
4. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
5. Expand warm hand-off services to transition to recovery services.

## RECOMMENDATIONS FROM KENT COUNTY OPIOID TASK FORCE AND OVERDOSE FATALITY REVIEW

Recommendation 1. Expand follow-up recovery coach services to follow up and engage with individuals who drop out of treatment, are treated for an overdose in the ED; run funds through a local non-profit to connect recovery coaches with folks with OUD to increase success with MOUD, follow-up to their appointments and pharmacy, etc.; give higher pay to recovery coaches.

Recommendation 7. Creation of or increased capacity of a multi-disciplinary quick response team to respond to overdoses within 24-72 hours. County-wide system for access with an integrated network of support with both behavioral health and SUD services for persons considering use or misusing substances.

## REFERENCES

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# PROPOSAL: ENHANCE ENGAGEMENT OF PEOPLE WITH LIVED EXPERIENCE AND KENT COUNTY'S DIVERSE COMMUNITIES

## PROPOSAL SUMMARY

The Kent County Health Department and Medical Examiner's Office have extensive quantitative data on the opioid epidemic in the county. That information is reported monthly and annually in surveillance reports posted online and discussed by the Overdose Fatality Review and Opioid Task Force. Those two groups provide exceptional knowledge and insights from a wide range of organizations working on substance use disorder in non-profits, medical systems, local and state government, and other venues.

An identified gap in information to help tackle the opioid epidemic is qualitative data and feedback from individuals with lived experience of opioid use disorder, and specifically individuals from the Black and Brown communities. That includes individuals suffering from the disorder and those most closely impacted as family, caregivers and friends. More formal engagement of these critical groups in data collection, strategy development and decision making is beginning to increase across various local government service areas. The opioid settlement work is an opportunity to make positive strides in that direction in Kent County.

This proposal engages the Michigan State University (MSU) College of Human Medicine in collecting information from people with lived experience with substance use disorder, family, friends, caregivers and the culturally diverse communities in the county who are most impacted by the epidemic. This proposal has no financial impact on the Kent County opioid settlement plan because MSU is funded through State of Michigan settlement dollars to provide this type of technical support to local governments.

Work with the MSU team began in December 2023. The intent is to collaborate with MSU to collect information from the target populations and use that information to further guide Kent County's use of opioid settlement dollars. This type of engagement is recommended to be repeated every 2 to 4 years to maintain relevant data as the opioid epidemic evolves. It has not been determined how long the State of Michigan will fund MSU's technical assistance for local governments.

MSU will use a combination of focus groups and one-on-one interviews to gather information. They will design that engagement around the specific and complex needs of individuals in the target groups. They will analyze the information collected and prepare a final report for the County. MSU de-identifies all data reported to the County to protect confidentiality and they can share the report with everyone who participates in focus groups and interviews.

In terms of process, MSU begins by learning what information the client wants to collect and working with the client organization to develop questions for use in focus groups and interviews. Kent County is engaging the Opioid Task Force (KCOTF) in this effort. The draft high level schedule of the engagement with MSU involves:

April 2024

- o KCOTF leadership begins defining the topics and key guiding questions to pose during focus groups and/or interviews.
- o MSU team meets with the KCOTF leadership to discuss and revise the topics and key guiding questions.

May 2024

- o MSU team meets with the full KCOTF to facilitate a discussion of the draft guiding questions.

May – June 2024

- o MSU team develops the final questions to pose during focus groups and interviews.

July 2024

- o MSU team conducts the focus groups and interviews.

November 2024

- o MSU delivers a report of the raw data and analysis of the data to the county.

An important component of this work is engaging community organizations, service providers, faith communities, local units of government, and other stakeholders in sharing countywide the opportunity to participate in the focus groups and one-on-one interviews with MSU. That outreach will ensure that people with lived experience and their family/caregiver/friends can participate and the final report is as representative of Kent County residents' experiences as possible.

## POTENTIAL BARRIERS

- Effectively notifying the target populations about the opportunity to participate
- Creating confidence that confidentiality will be maintained and the information shared will be used
- Establishing a safe and comfortable environment for individuals/groups to come together with MSU for honest sharing
- Having enough participants and collecting enough data to accurately reflect the experience and needs of the target population

## POTENTIAL METRICS

- Number of participants
- Participant feedback on the experience
- Demographics data of the participants

## APPROVED OPIOID SETTLEMENT USES

Schedule B

J. Leadership, Planning and Coordination

1. local planning to identify root causes of addiction and overdose, goals for reducing harms, and areas and population with the greatest needs

## PROPOSAL: OPIOID SETTLEMENT SUPPORT STAFF

### PROPOSAL SUMMARY

The opioid settlement presents a unique opportunity for Kent County to begin addressing the harms caused by the opioid epidemic. In order to ensure that (1) these funds are allocated in alignment with current data and community concerns, (2) initiatives are monitored and evaluated for their effectiveness in mitigating the opioid epidemic, and (3) the Board of Commissioners and community is informed of current spending outcomes and involved in decision-making for future spending, it will be important to fund part-time staff support during settlement implementation. The initial opioid proposal development has been managed by the Kent County Administrator's Office and the Kent County Health Department. As the project progresses into implementation, evaluation, reporting, and further spend plan development, it is evident that the existing staff will lack the necessary capacity to effectively manage the complexities of the project. A part time dedicated position is essential to streamline the process, enhance efficiency, and ensure the success of the initiatives funded through the opioid settlement.

Responsibilities of the position would include:

- Participate in implementing approved investments (e.g., advise on content for new website or information campaign, etc.).
- Assess barriers to implementation and explore solutions or alternatives.
- Work with KCHD leadership and community partners to develop metrics to monitor the progress of contracted community partner initiatives.
- Monitor emerging strategies that may be included in future strategic and spending plans.
- Utilize current opioid surveillance and evaluation data to work with KCHD and community partners to develop recommendations and reports.
- Communicate with community partners to identify spending priorities and provide updates on ongoing assessments of current projects/initiatives.

Although the exact position title and description is yet to be determined, the current need aligns with the role of a public health analyst. Public health analysts collect and analyze qualitative and quantitative data and use this information to help programs make data-driven decisions. Activities of the public health analyst identified in this current proposal will include implementing the Board-approved initiatives, preparing updates for the Board and public, developing Requests for Proposals (RFPs) and contracts, collecting and evaluating data, monitoring current research to support decisions on future initiatives, and supporting county-specific initiatives, such as the information campaign and website content.

Other jurisdictions have posted similar positions to assist in the management and evaluation of opioid settlement spending (City of Detroit, 2023) (Johnston County, North Carolina, 2024) (Boston Public Health Commission, 2024).

## POTENTIAL BARRIERS

A few barriers warrant consideration in the implementation of this program:

- Identifying and hiring an individual with the appropriate skills for the position in the challenge current job market.
- Onboarding the individual to become familiar with the history of the opioid epidemic in Kent County, the current opioid settlement spend plan, and community partners.

## ESTIMATED COST

The positions identified in the proposal summary above indicate a starting salary range from \$54,000-\$75,000. With a starting salary of \$60,000 and an FTE of 0.5, this position will cost \$30,000 plus benefits.

## APPROVED OPIOID SETTLEMENT USES

### SCHEDULE A – CORE STRATEGIES

I. Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state.

### SCHEDULE B – APPROVED USES

J. Leadership, planning and coordination:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (2) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with opioid use disorder (OUD) and any co-occurring substance use disorder/mental health (SUD/MH) conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. Training

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any cooccurring SUD/MH conditions, or implement other strategies to abate the opioid

epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, prescription drug monitoring programs [PDMPs], etc.).

L. Research

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

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# Attachments

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# OPIOID USE DISORDER CONTINUUM OF RESPONSE



- Programming for school-aged children
- Community-based education and stigma reduction initiatives
- Health care provider education and support
- Reducing toxic stress for children; supporting families with young children
- Addressing structural inequities and social determinants of health

- Syringe access
- Naloxone distribution
- Drug checking services, including fentanyl and xylazine test strips and FTIR (Fourier transform infrared spectroscopy)
- HIV and hepatitis C testing and treatment
- Wound treatment

- Integration of harm reduction within treatment-based settings
- Quick response to overdose and re-engagement with folks who leave treatment
- Referrals and access to medications for opioid use disorder (MOUD), including full panel availability in Kent County Correctional Facility

- Availability of peer recovery coaches to support folks in their recovery
- Referral to auxiliary services that address social determinants of health, including transportation, legal aid, housing, job assistance, etc.



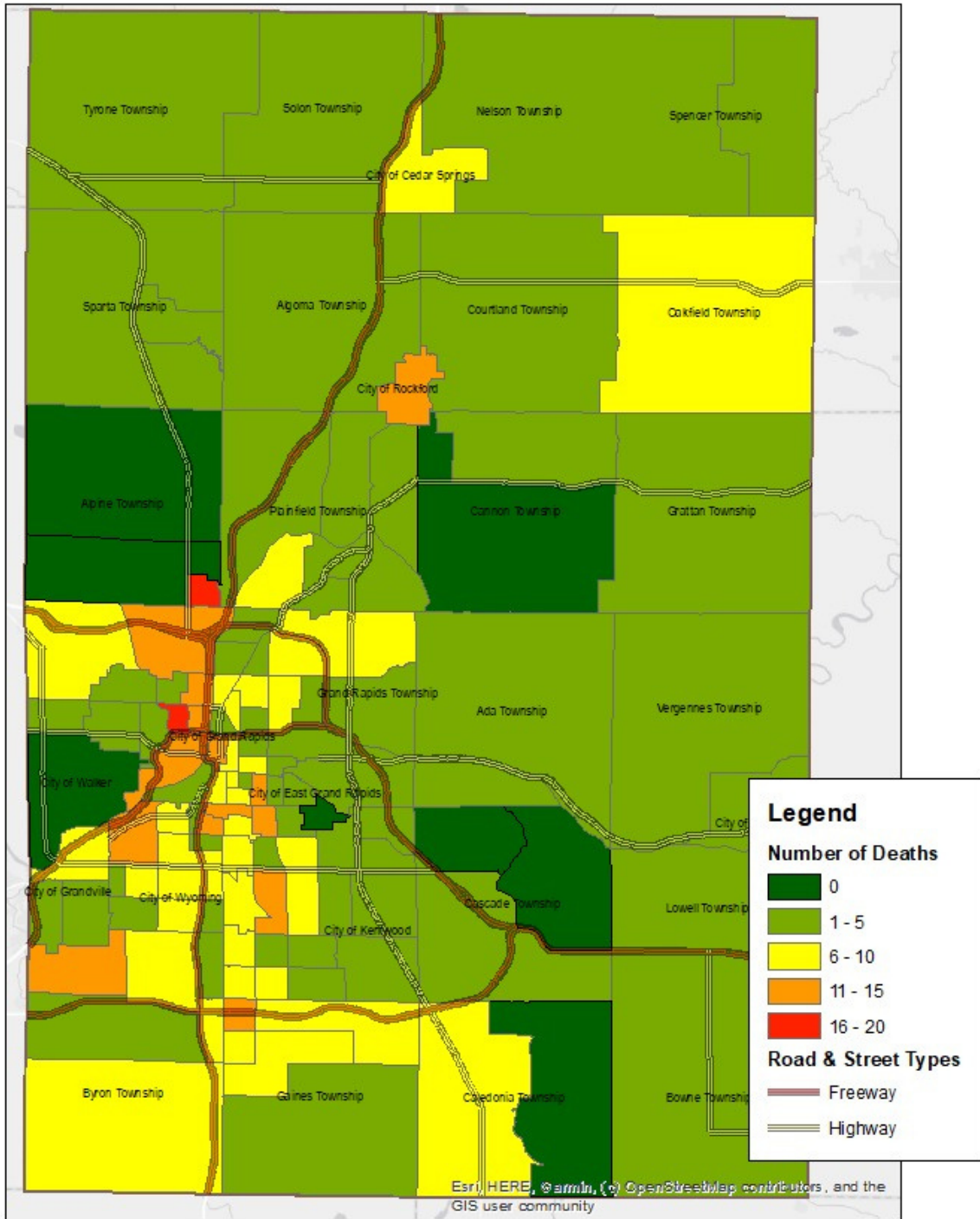
## Cross Sectional

- Elevate the voice of people who use drugs in program development and evaluation
- Build trust with and prioritize inclusion of communities disproportionately impacted by the opioid epidemic
- Ensure inclusion of diverse voices within Kent County

# Kent County Opioid-involved Overdose Fatality Maps

Source: Kent County Medical Examiner, 2013-2022

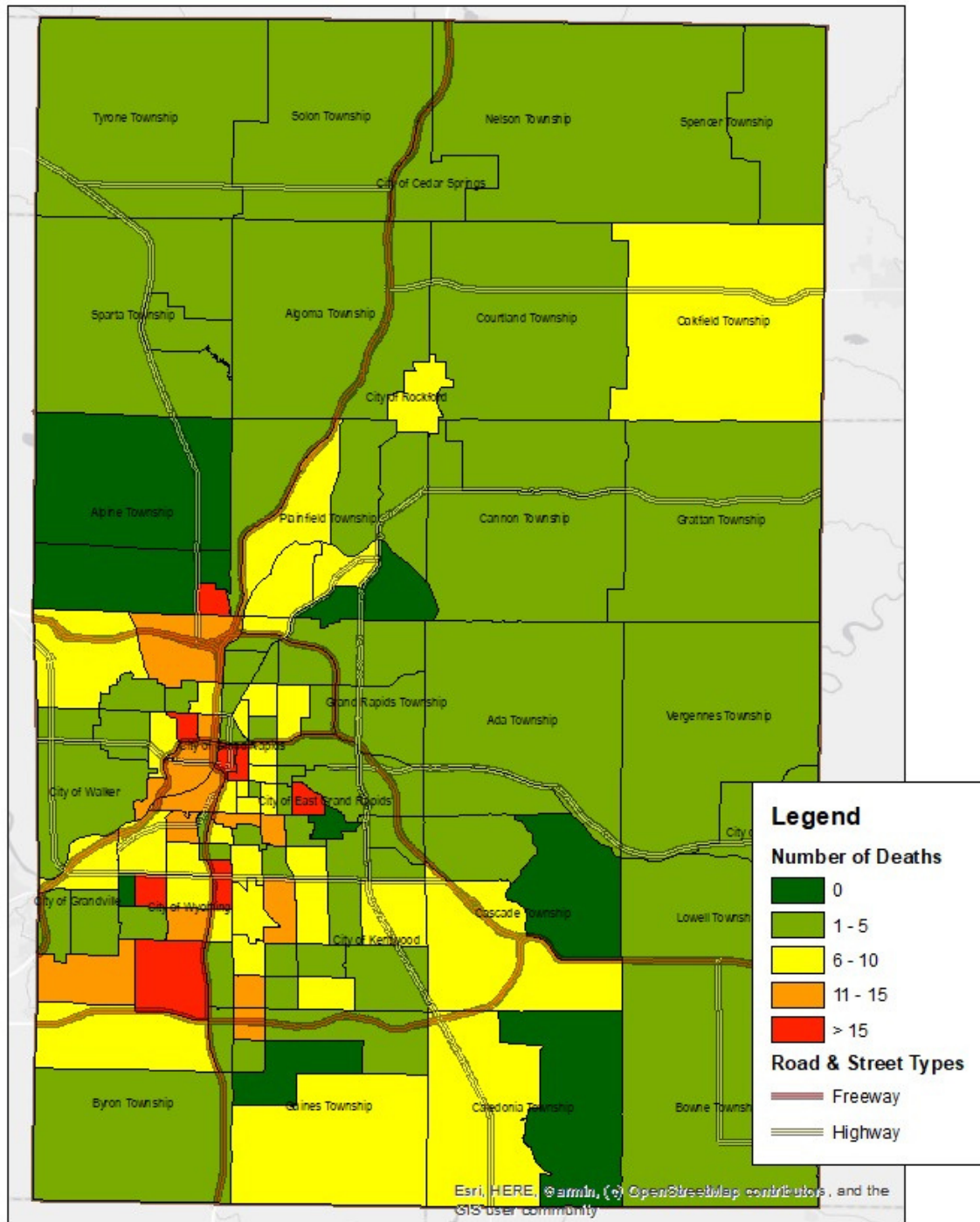
Map 1. Number of opioid-involved overdose deaths by census tract of residence, Kent County, 2013-2022



Notes: This map includes only fatalities with a known residence within Kent County.



Map 2. Number of opioid-involved overdose deaths by census tract of occurrence, Kent County, 2013-2022



Notes: This map includes all fatalities occurring within Kent County. Overdoses were able to be mapped if the location of the fatality was known.

OAC PLANNING CONSIDERATIONS

# GUIDING PRINCIPLES

Adopted in tandem with the Bloomberg/Hopkins Principles, the OAC has developed the following guiding principles to help drive strategic planning, policy and funding recommendations



advance  
**health equity**

**Ensure** that everyone has a fair and just opportunity to be as healthy as possible  
*Robert Wood Johnson Foundation*



effect  
**stigma change**

**Promote** strategies to eliminate stigma associated with substance use disorders, mental health conditions and co-occurring disorders, by way of education, outreach, advocacy, engagement, training, collaboration and inclusion of voices with lived experience



expand  
**cross-system collaboration**

**Develop and maintain** community partnerships across systems and sectors that enhance integrated care, advance health equity and reduce disparities in service access and delivery



enhance  
**whole person care**

**Consider** the whole person, including regard for the individual, their biology, life experiences, circumstances, and connections, to better understand adverse health impacts, better support individual health needs and better promote positive health outcomes



promote  
**service innovation**

**Support** creative, novel and promising approaches that advance health equity and meaningfully address substance use disorders, mental health conditions and co-occurring disorders

## Authentic Community Engagement as principles to action

With legislative recommendations that include expanding community engagement activities for FY 2024, the OAC regards "authentic community engagement" [126] as principles to action. The following represents "Principles of Authentic Community Engagement" [127] as envisioned by the Minnesota Department of Health and as supported by the OAC. It has been included in this document as a planning consideration for projects anticipated FY 2024-2025 and as a way to emphasize the value the OAC places on community engagement as a means to informing settlement planning and implementation efforts for the state.

1. Immerse yourself in the community
2. Listen deeply
3. Recognize different kinds of groups
4. Understand the historical context of previous attempts of engagement
5. Notice assets
6. See different experiences

### Support community-led solutions

*Ensure the population impacted by the problem is involved in co-creating solutions.*

7. Work with communities
8. Agree on the process
9. Understand each partner's individual and community interests
- 10. Allocate resources for community members to be active participants, so that community engagement is valued for its contribution to the process**

### Public health improvement requires social change

- Foster trust**
11. Balance Power
  12. Share power
  13. Create positive experiences of contribution
  14. Recognize the contributions of the community
  15. Leave the community stronger
  16. Stay in it for the long term
  17. Address racism
  18. Remember that self-determination is a right
  19. Expect tension
  20. Address challenges
  21. Welcome new accountabilities and opportunities to transform practice
  22. Strengthen relationships among participating

Items (above) have been adapted from the Minnesota Department of Health "Principles for Authentic Community Engagement" [128]. The OAC also values national guidance from the CDC/ATSDR /NIH/DHHS/CTSA Principles of Community Engagement (2015) [129]

OAC PLANNING CONSIDERATIONS

# STRATEGIC PRIORITIES

To develop meaningful recommendations for abatement of Michigan's opioid crisis, the OAC has identified the following strategic priorities: Prevention, Treatment, Recovery and Harm Reduction.

These priorities align with statutory language that guides the OAC (PA 84 of 2022) and broadly cover a landscape of all services, supports, strategies and interventions aimed to address substance use disorders (SUD), mental health conditions (MHC) and co-occurring disorders (COD).

The priorities are intended to provide a foundation for all recommendations of the Commission, present and future. While the OAC recommends annual re-assessment of strategic priorities to best reflect the unique and changing needs of Michigan's communities, the hope is that any focus areas recommended by future commissions, find relevance to the foundational priorities, contained herein.

## SUBSTANCE USE, MENTAL HEALTH AND CO-OCCURRING DISORDERS



### prevention

Any strategy which helps educate, identify and prevent negative health or social outcomes from substance misuse, substance use disorders, mental health conditions or co-occurring disorders



### treatment

Any intervention intended to treat symptoms, improve functioning, and support positive health and social outcomes for individuals with substance use disorders, mental health conditions or co-occurring disorders



### recovery

Any non-clinical support which helps promote positive change and sustainable life outcomes for individuals with substance use disorders, mental health conditions or co-occurring disorders



### harm reduction

Any effort intended to help reduce the negative health impacts and social harms associated with substance use and substance overdose (overdose prevention)

## EQUITY

Significant disparities exist in health outcomes, access to health services and rates of service-engagement, among individuals of color, ethnic minorities and populations with basic needs insecurity.

Systemic racism, discriminatory policies and practices, and inequities in social determinants of health, have served to marginalize certain populations, creating barriers to equitable and just care.

The OAC acknowledges that not all Michigan residents have access to the same opportunities; that limitations in social and economic opportunity as well as limited access to essential resources, have real and adverse impacts on health and wellbeing. The OAC understands that individuals of color and those experiencing economic insecurity, are unfairly and disproportionately impacted.

For these reasons, equity, with emphasis on racial and socioeconomic equity, exists as an anchor for all priorities, principles and recommendations of the OAC.

## DATA & POLICY

Data and policy are integral to all priorities, principles and recommendations of the OAC.

When data is complete, accurate, timely and accessible, it enables sound analyses, driving wise public policy, program, and procedural decisions.

Data and resultant information serve to:

- Identify needs and service gaps
- Inform public policy
- Assess interventions and program efficacy
- Identify best practices and promising strategies
- Evaluate the worth and value of demonstrations, pilots, and creative new approaches

Fair and just care for all Michigan residents remains a key strategy for abating the harms of the opioid epidemic. The OAC will use data and policy with purpose, in the pursuit of addressing service gaps, achieving equitable healthcare, and offering sustainable solutions to improve outcomes for all people of Michigan.

# Opioid Settlements FY24 Spend Plan Initiatives (\$41.2 million)



<p><b>Prevention</b> \$2.3 million</p>	<ul style="list-style-type: none"> <li>• Quick Response Teams.</li> <li>• Adverse Childhood Experiences (ACEs) initiatives.</li> <li>• Overdose fatality reviews.</li> <li>• Community coalitions trainings.</li> <li>• Prevention request for proposal (RFP) for innovative services.</li> </ul>
<p><b>Treatment</b> \$9.8 million</p>	<ul style="list-style-type: none"> <li>• Transportation support.</li> <li>• Expanding capacity to treat stimulant and polysubstance use.</li> <li>• Emergency Dept. MOUD access.</li> <li>• Treatment RFP for high need locations.</li> <li>• Continued infrastructure, workforce support.</li> </ul>
<p><b>Harm Reduction</b> \$9 million</p>	<ul style="list-style-type: none"> <li>• Naloxone Portal.</li> <li>• Syringe Service Program operations.</li> </ul>
<p><b>Recovery</b> \$5.2 million</p>	<ul style="list-style-type: none"> <li>• Recovery housing.</li> <li>• Recovery Community Organizations.</li> <li>• Recovery RFP for additional supports.</li> </ul>
<p><b>Prioritizing Vulnerable Populations</b> \$10.4 million</p>	<ul style="list-style-type: none"> <li>• Opioid Task Force Racial Equity Workgroup projects.</li> <li>• MOUD in prisons/jails and criminal justice supports.</li> <li>• Peer supports and programs for families engaged with Children’s Services.</li> <li>• Expansion of screenings for pregnant individuals and Rooming In for infants born with Neonatal Abstinence Syndrome (NAS).</li> </ul>
<p><b>Maximizing Impact</b> \$4.5 million</p>	<ul style="list-style-type: none"> <li>• Incentives for local governments.</li> <li>• Training &amp; technical assistance for local governments.</li> <li>• Evaluation.</li> <li>• Overdose surveillance</li> <li>• Improvements/maintenance. Communications.</li> <li>• Administration.</li> </ul>

# FY25 Opioid Settlement Proposed Spend Plan = \$23.2 million



**Primary Prevention**  
**\$2.25 million**

- Primary prevention request for proposal (RFP) for innovative services.
- Neighborhood Wellness Centers.
- Faith-based Learning Collaborative.

**Harm Reduction**  
**\$7.75 million**

- Naloxone Portal.
- Syringe Service Program operations.
- Quick Response Teams.

**Treatment**  
**\$8.10 million**

- Transportation for treatment.
- Expanding capacity to treat OUD and Stimulant Use Disorder through the Medicaid Recovery Incentives Pilot.
- Continued SUD treatment and recovery infrastructure and workforce support.

Supports for pregnant and/or parenting individuals through the Dept. of Maternal and Infant Health. Programs for families engaged with Children's Services Administration. MOUD programs and technical assistance for jails.

**Recovery Support**  
**\$850K**

- Transportation for recovery supports.
- Expansion of recovery support services.

**Maximizing Impact**  
**\$4.23 million**

- Training and technical assistance for local governments.
- Overdose data surveillance improvements/maintenance.
- Funding for tribes.

Administration.



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