EVALUATION REPORT:
DETROIT COMMUNITY
OPIOID RESPONSE
INITIATIVE (DCORI)

DETROIT, MICHIGAN
Detroit Community Opioid Response Initiative (DCORI)

Programmatic evaluation findings for DCORI grant years 1 – 3, prepared by the University of Michigan Injury Prevention Center in partnership with the University of Michigan Prevention Research Center and the Detroit Health Department

Over 4 years, provide 4,000 key community members with training and resources serve as first responders who can administer naloxone for emergency treatment to reverse an opioid overdose

1. Over 4 years, provide 4,000 key community members with training and resources serve as first responders who can administer naloxone for emergency treatment to reverse an opioid overdose

2. Establish 150 naloxone access points across the city of Detroit (e.g., pharmacies, academic institutions, community organizations, etc.)

3. Establish processes, protocols, and mechanisms for referral to appropriate treatment and wraparound recovery support services

Opioid Overdose Deaths in Detroit (2020)

More suspected overdose deaths than car accident deaths in Wayne county

The rate of suspected opioid overdose deaths in the US

The rate of suspected opioid overdose deaths in the state of Michigan

In collaboration with the Detroit Health Department (DHD) and DCORI program partners, data were collected on implementation activities across the first three years of the grant period. The University of Michigan (U of M) evaluation team analyzed implementation and short-term outcome data to assess delivery of the primary program objectives:
Naloxone First Responder Training

Over the three years, a total of 5,394 community members received naloxone training at 132 trainings, far surpassing the goal of training 4,000 community members over the entire grant period. Additionally, over 5,941 naloxone kits were distributed to trainees, which included 547 replacements for expired Narcan. The DCORI naloxone training team also distributed 2,040 Deterra bags, drug deactivation pouches for the disposal of unwanted prescription pills.

Naloxone Training Attendees

Naloxone training attendees represented four major stakeholder sectors:

- Community outreach (e.g., youth organizations, churches)
- Academic institutions (e.g., school nurses, university students)
- Clinical and treatment providers
- Police and government

Community Outreach (n=1,717)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community (open)</td>
<td>498</td>
</tr>
<tr>
<td>Community org. (adults)</td>
<td>450</td>
</tr>
<tr>
<td>Community org. (youth)</td>
<td>435</td>
</tr>
<tr>
<td>Faith-based</td>
<td>301</td>
</tr>
<tr>
<td>Internal (DCORI team)</td>
<td>33</td>
</tr>
</tbody>
</table>

Clinical & Treatment (n=108)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33%</td>
</tr>
<tr>
<td></td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>45%</td>
</tr>
</tbody>
</table>

Academic Institution (n=734)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Schools</td>
<td>412</td>
</tr>
<tr>
<td>University</td>
<td>322</td>
</tr>
</tbody>
</table>

Police & Government (n=1,235)

<table>
<thead>
<tr>
<th>Sector</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Enforcement</td>
<td>950</td>
</tr>
<tr>
<td>Government (state &amp; municipal)</td>
<td>285</td>
</tr>
</tbody>
</table>

Note. Some training attendees choose not to report stakeholder sector.
Naloxone trainees completed pre- and post-training quizzes on how to identify and reverse an overdose using naloxone nasal spray.

The U of M evaluation team identified statistically significant knowledge gains between pre-test (mean=9.38) and post-test (mean=12.21) scores from a paired sample of trainees (n=1,054), including participants trained virtually and in-person.

Participants were asked to complete a satisfaction survey immediately following the naloxone training. Most participants reported high satisfaction with 90% or more participants reporting they agree or strongly agree (highest rating) with statements affirming that the training met its objectives, contained organized content, and was led by a knowledgeable and well-prepared trainer.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The time allotted for the training was sufficient</td>
<td>5%</td>
<td>10%</td>
<td>85%</td>
</tr>
<tr>
<td>The training objectives were met</td>
<td>1%</td>
<td>14%</td>
<td>85%</td>
</tr>
<tr>
<td>The trainer was well prepared</td>
<td>2%</td>
<td>9%</td>
<td>89%</td>
</tr>
<tr>
<td>The trainer was knowledgeable about the training topics</td>
<td>1%</td>
<td>14%</td>
<td>85%</td>
</tr>
<tr>
<td>This training experience will be useful in my work</td>
<td>5%</td>
<td>10%</td>
<td>85%</td>
</tr>
<tr>
<td>The content was organized and easy to follow</td>
<td>1%</td>
<td>14%</td>
<td>85%</td>
</tr>
<tr>
<td>The topics covered were relevant to me</td>
<td>1%</td>
<td>14%</td>
<td>85%</td>
</tr>
<tr>
<td>Participation and interaction were encouraged</td>
<td>1%</td>
<td>14%</td>
<td>85%</td>
</tr>
<tr>
<td>The objectives of the training were clearly defined</td>
<td>1%</td>
<td>10%</td>
<td>89%</td>
</tr>
</tbody>
</table>
As a result of DCORI training activities, **119 new naloxone access points** were established in Detroit and the surrounding metro area. These sites include local community organizations, police precincts, and healthcare facilities where naloxone trainees have access to naloxone kits. Additionally, **56 pharmacists** received one-on-one academic detailing about the Michigan’s Naloxone Standing Order, Good Samaritan Law, and naloxone prescribing practices.

### Naloxone Access Point Map

In collaboration with the DCORI implementation team, the U of M evaluation team established a naloxone access points map. DHD and University of Michigan will continue to develop this map throughout the four years of the DCORI grant period.

Note. Not all DCORI naloxone access points are mappable in the City of Detroit.
Referral & Response

The Wayne State University School of Medicine & Center for Urban Studies developed warm handoff protocols for referrals to treatment following a suspected or confirmed opioid overdose requiring hospitalization. All Detroit hospitals are now implementing warm hand-off referral protocols. These protocols include clinician-supported assessment of patient interest in medications for opioid use disorders (MOUD) (e.g., buprenorphine or methadone) with referral to a MOUD provider, direct connection to Detroit Wayne Integrated Health Network (DWIHN), and a prescription for naloxone.

Trauma Training Series

In partnership with various community organizations, DHD developed the Building Communities of Recovery (BCOR) and Trauma-Informed Leaders (TIL) initiatives. BCOR is a set of free trauma-responsive workshops that promote, support, and mobilize community recovery organizations and peer recovery support services. TIL is designed to support faith-based leaders as they work to raise awareness, combat stigma, and respond to crises like opioid overdose in their communities.

Over the three grant years, 754 participants were trained in one or more BCOR sessions and an additional 356 participants were trained through TIL. Participants represented four key stakeholder sectors: community outreach prevention, academic institutions, treatment providers, and law enforcement.
U of M Injury Prevention Center (IPC) maintains a near real-time System for Opioid Overdose Surveillance (SOS) in partnership with the Michigan High Intensity Drug Trafficking Areas (HIDTA). The goals of SOS are to:

- Create a set of opioid overdose response strategies and recommendations
- Evaluate community member needs to inform a community-driven response
- Develop public health and public safety collaboration to promote opioid overdose rapid response strategies

The DCORI team leverages SOS reports to inform program strategies. The map below captures one month within year three of the grant period.

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**Detroit**
EMS Naloxone Administrations
May 1, 2021 to May 31, 2021

232 total
5 unmappable incidents

2,408 naloxone administrations by EMS in year 3 of the DCORI programmatic period (10/1/2020-9/30/2021)

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**Opioid Overdose Response by Naloxone Trainees**

18 trainee reports of successful opioid overdose reversal via naloxone administration

“I Saved A Life” cards are included inside naloxone kits distributed at trainings. Trainees are encouraged to anonymously notify the DHD naloxone training team when they have administered naloxone resulting in an opioid overdose reversal.
DCORI Partnerships

DCORI has over **60 trusted organizational partners** who work to support the communities most vulnerable to the opioid crisis. They are change-makers, community leaders, and neighbors. DCORI partners represent three major stakeholder groups:

- **Influencers** advocate for effective opioid overdose prevention through community mobilization and action.
- **Decision-makers** implement policies, provide funding, and support systems to address the opioid crisis and related behavioral health disparities.
- **Community Allies** champion the use of naloxone as emergency medication and promote referrals to substance use disorder treatment and recovery support services.

DHD Behavioral Health Resource Guide

The DCORI team is developing the **Behavioral Health Resource Guide**, a print and digital tool for frontline workers, first responders, and behavioral health allies. The resource guide lists details on local resources like treatment centers, clinics, and wrap around services, including:

- Health & recovery services
- Food & clothing
- Housing support
- Financial & legal services
- Family services
- Employment & education support

U of M Opioid Overdose Response Toolkit

The U of M IPC developed an **Opioid Overdose Response Strategies Toolkit** in partnership with DHD and other Detroit partner organizations. The toolkit provide details on the signs of an opioid overdose, naloxone use, and Michigan’s Naloxone Standing Order and Good Samaritan Law.

Key stakeholders and community partners received the Opioid Response Strategies Toolkit.