

Substance Use Disorder Services						
Policy #	Policy Recommendations	Current State	Barriers	Required Change/ Recommended Action	Due Date	Status
2.a.1.	MDHHS should ensure that citizens are <u>universally screened</u> for substance use disorders problems at all points of health <u>care system</u> encounters using a consistent battery of state-defined screening instruments.	The group noted that screening for substance use disorders is currently reimbursable under the Medicaid program. The group also explained that funding for the SBIRT approach had recently been made available through block grant and STR grant funding. The group also provided overviews of some of the different types of assessments that are being implemented by PIHPs to support screening for substance use disorders (e.g. DASS-CRAFT, GAIN, etc.). MDHHS is supportive of continuing current efforts to improve SUD access, screening and assessment.	Available funding Competency assessment and readiness Network adequacy SUD Waiver approval	1) MDHHS will continue to evaluate funding opportunities and develop a plan based on available funding. a) Additional SBIRT Training provided to FQHCs will occur until July 2018 funded by FY 18 Block Grant dollars via training contract with Community Mental Health Association of Michigan. b) BHDDA/OROSC will apply for State Targeted Response Grant (STR) continuation application funding for opioid prevention and treatment initiatives by January 30, 2018. c) BHDDA has secured State General Fund and will pursue enhanced Medicaid Match funding via Section 2703 of the ACA to employ Opioid Health Homes (OHH) in the Northern Lower Peninsula region (PIHP Region 2).	SBIRT Training Contract—through July 2018 STR Continuation Application – January 30, 2018 OHH start date – July 2018 (tentative)	In Process
2.a.2.	MDHHS should ensure that citizens have <u>on-demand access to the full array of substance use disorder services, supports, and/or treatment</u> delineated in the American Society for Addiction Medicine (ASAM) criteria regardless of where they live in Michigan. Similar item under Uniformity in Service Delivery	The group noted that requirements to provide access to substance use disorder services are already incorporated into the PIHP contracts and will be further expanded through the 1115 waiver. The group also noted that the department is providing training on the ASAM criteria to the PIHPs. MDHHS is supportive of continuing current efforts to improve SUD access, screening and assessment.		2) MDHHS will review also consider needed changes to contract language, additional access to billing codes, addition of related quality measures considered, and any related fiscal implications a) Amend FY 18 contract language, billing codes and quality measures. b) Finalize FY 19 contract language, billing codes, and quality measures.	3.2018 6.2018	In Process
2.a.3.	Moved to Peer Supports					
2.a.4.	The Michigan Legislature and MDHHS should increase the <u>investment in community-based prevention</u> activities.	The group highlighted different ways that the department is currently using federal grants (e.g. block grant, STR, etc.) in partnership with the PIHPs to develop capacity for service delivery. The group noted that PIHPs are required to develop and implement plans to create prevention-prepared communities. The group explained that the PIHPs are required to identify community-based needs, build capacity, engage in strategic planning with partners, implement evidence-based practices, monitor/evaluate outcomes, and recalibrate their approach. MDHHS Position: MDHHS staff are supportive of expanding funding for community-based prevention. PIHPs have received expanded Block Grant allocations and discretionary grant funding to implement prevention prepared communities and to engage in SAMHSA's Strategic Planning Framework.	Funding	1) MDHHS will improve monitoring and reporting efforts to more objectively measure and communicate investment in prevention activities (including historical trending). • Review and provide feedback on semi-annual Block Grant Strategic Prevention Initiatives Reports submitted by PIHPs • Review and provide feedback on discretionary grant reports on prevention programs (STR and PFS) • Review and provide feedback on PIHP reports on expenditures by prevention strategy • Review and provide feedback on PIHP reports on percentage of prevention programming that is evidence-based 2) MDHHS will improve communication about new opportunities for available funding for expanded prevention services. • Include new funding opportunities for prevention initiatives on OROSC website: www.michigan.gov/bhrecovery . • Report on new funding opportunities in ROSC Transformation Steering Committee, Prevention Workgroup and Behavioral Health Advisory Committee Meetings 3) MDHHS will work with the legislature to determine appropriate levels of funding. 4) MDHHS will define opportunities to increase prevention services and seek funding as indicated. • The State Epidemiological Outcomes Workgroup (SEOW) will continue to collect and report on epidemiological data essential to determining need and resources for the expansion of prevention services. • The State Epidemiological Profile and related reports developed by the SEOW will be employed to leverage, enhance and expand funding from the Federal Substance Abuse Block Grant and discretionary grants for prevention services	1.30.18 and 9.30.18 Quarterly 4.30.18 12.1.18 On a quarterly basis – January 30th; April 30th; July 30th; and September 30th 3.2018 9.1.18	In Process

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2.a.5.	Moved to Financial Incentives					
2.a.6	<p>MDHHS should align all health care (broadly defined to include physical health, behavioral health and substance use disorders) services and supports around substance use disorders...</p> <p>Similar item under Uniformity in Service Delivery</p>	<p>The group noted that some of the issues that are included in this recommendation are duplicative of other recommendations. The group noted that the department had recently issued a new policy on Medication Assisted Treatment, which should help expand access to services for individuals with substance use disorders. The group indicated that more work is necessary to educate the workforce and encourage delivery of services to individuals with SUD. The group also explained that additional work is critical with expanding services to priority populations such as parents at risk, pregnant women, and IV drug users. Finally, the group reiterated that PIHPs must form prevention communities which can (1) identify risk and resiliency factors for substance use disorders in the community and (2) develop strategies to address these factors and strengthen community-based prevention.</p> <p>MDHHS Position: MDHHS believes the department is already substantially meeting this recommendation but also noted that more work can be done to encourage the adoption of a risk and protective factor model, which included efforts around addressing Adverse Childhood Events (ACE).</p>		<p>1) Assess current performance against the policy recommendation to further clarify current state.</p> <p>2) Recommend contract, policy and practice changes that can improve performance.</p> <p>3) Establish monitoring and communication of results from planned changes.</p>	<p>3.1.18</p> <p>4.1.18</p> <p>4.1.18</p>	In Process
2.a.7.	Moved to Financial Incentives					