

Medically Appropriate Treatment Options for Opioid Addictions-Status Report

(FY2020 Appropriation Act - Public Act 67 of 2019)

October 1, 2019

Sec. 1151. The department shall coordinate with the department of licensing and regulatory affairs, the department of the attorney general, all appropriate law enforcement agencies, and the Medicaid health plans to work with local substance use disorder agencies and addiction treatment providers to help inform Medicaid beneficiaries of all medically appropriate treatment options for opioid addiction when their treating physician stops prescribing prescription opioid medication for pain, and to address other appropriate recommendations of the prescription drug and opioid abuse task force outlined in its report of October 2015. By October 1 of the current fiscal year, the department shall submit a report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on how the department is working with local substance use disorder agencies and addiction treatment providers to ensure that Medicaid beneficiaries are informed of all available and medically appropriate treatment options for opioid addiction when their treating physician stops prescribing prescription opioid medication for pain, and to address other appropriate recommendations of the task force. The report shall include any potential barriers to medication-assisted treatment, as recommended by the Michigan medication-assisted treatment guidelines, for Medicaid beneficiaries in both office-based opioid treatment and opioid treatment program facility settings.



Boilerplate 1151

Sec. 1151. From the funds appropriated in part 1 for health policy administration, the department shall dedicate 1.0 FTE position to coordinate with the department of licensing and regulatory affairs, the department of the attorney general, all appropriate law enforcement agencies, and the Medicaid health plans to work with local substance use disorder agencies and addiction treatment providers to help inform Medicaid beneficiaries of all medically appropriate treatment options for opioid addiction when their treating physician stops prescribing prescription opioid medication for pain, and to address other appropriate recommendations of the prescription drug and opioid abuse task force outlined in its report of October 2015. By October 1 of the current fiscal year, the department shall submit a report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office on how the department is working with local substance use disorder agencies and addiction treatment providers to ensure that Medicaid beneficiaries are informed of all available and medically appropriate treatment options for opioid addiction when their treating physician stops prescribing prescription opioid medication for pain, and to address other appropriate recommendations of the task force. The report shall include any potential barriers to medication-assisted treatment, as recommended by the Michigan medication-assisted treatment guidelines, for Medicaid beneficiaries in both office-based opioid treatment and opioid treatment program facility settings.

Executive Summary

MDHHS coordinates with many state agencies, Medicaid health plans, and other stakeholders to promote medication assisted treatment (MAT). MDHHS leads the new Opioids Task Force to develop a statewide opioid strategic plan across state government departments. MDHHS is leading a statewide drug overdose prevention workgroup that is creating a statewide action plan. MDHHS is helping to fund and coordinate activities statewide based on grants received.

MDHHS is promoting MAT through our Medicaid program and Substance Abuse and Mental Health Services (SAMHSA) block grant. In addition, MDHHS is promoting MAT by initiatives funded by the State Targeted Responses (STR) grant and State Opioid Response (SOR) grants. MDHHS is also promoting MAT by our public awareness campaign. MDHHS is promoting MAT by working with non-profits to help improve access in local communities. Finally, MDHHS is working to increase access to MAT in treatment courts.

Coordination

Addressing the opioid crisis requires a multi-faceted approach. MDHHS is working with other state agencies to meet and address these goals by leading the new Michigan Opioids Task Force, facilitating a stakeholder workgroup on prescription drug overdose prevention, and providing grant coordination. The efforts help the State of Michigan develop a coordinated response to address opioid abuse, including the promotion of MAT.

MDHHS and Opioid Task Force: MDHHS leads the new Opioid Task Force with Licensing and Regulatory Affairs (LARA), Michigan State Police (MSP), Labor and Economic Growth (LEO), Environment, Great Lakes and Energy (EGLE), Department of Insurance and Financial Services (DIFS), Michigan Department of Education (MDE), and the Attorney General's office. MDHHS is leading the effort to develop a

statewide opioid strategic plan across state government departments. The Task Force will meet frequently to develop this plan.

MDHHS and Prescription Drug Overdose Prevention Workgroup: MDHHS formed a prescription drug overdose prevention workgroup. This workgroup is made of stakeholders from across the state representing healthcare, law enforcement, non-profits, and others. This workgroup developed a Michigan action plan to identify and coordinate opioid surveillance and data systems and improve provider practices and behaviors related to prescription opioids. MDHHS continues to work with stakeholders and other state departments on this effort.

MDHHS grants coordination: MDHHS received several grants that allowed MDHHS to assist other state agencies in their efforts to reduce opioid abuse. MDHHS received a \$16 million a year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The State Targeted Response (STR) grant allows MDHHS to significantly increase prevention and treatment services across the state. In effect, MDHHS was able to offer funding to related programs and projects, including programs from other state agencies. Specifically, MDHHS has allocated support to LARA to help integrate MAPS with electronic health records. The STR grant also allowed MDHHS to fund Naloxone for the Michigan State Police's Angel Program. The program is a pilot program that allows those with a substance use disorder (SUD) to turn in their drugs to a Michigan State Police post and to be connected to treatment services without fear of prosecution. MDHHS is supporting the Michigan Department of Corrections to provide peer supports and MAT for prisoners re-entering the community via STR grant funds.

MDHHS received a \$28 million a year grant from SAMHSA called State Opioid Response (SOR). This grant can be used for prevention, treatment, and recovery. Activities for this grant include providing additional training for physicians on pain management and the treatment of SUD. Funding is also being used to support innovative treatment practices. SOR funds the use of jail-based MAT to provide treatment for patients in justice settings. Funding is also used to support telehealth in rural counties through a partnership with the University of Michigan. SOR also will be funding mobile treatment units to remove patient barriers to access to care. In addition, SOR is funding the expansion of Families Against Narcotics' Hope Not Handcuffs program that helps connect people to treatment.

The Centers for Disease Control and Prevention (CDC) also awarded MDHHS funding for surveillance efforts. MDHHS was awarded \$750,000 per year for three years. This grant initiative allowed MDHHS to build partnerships at the state and local levels to enhance coordination of systems of surveillance arounds opioids and improve provider prescribing practices for opioids. The funding helped to support LARA's Michigan Automated Prescription System (MAPS) improvements, as well as promote the use of MAPS. This grant ended August 2019.

CDC funded MDHHS' application for the Michigan Overdose Data to Action (MODA) in 2019. This grant provides MDHHS over \$7 million a year for three years for opioid prevention and surveillance activities. This continues funding activities from other CDC grants that have expired and new programs to improve prevention and surveillance. These activities will include continuing to work with LARA on MAPS improvements.

Promoting MAT

MDHHS is committed to promoting the use of MAT as a necessary and effective treatment strategy for opioid addiction. MDHHS is promoting MAT by increasing funding and access to programs through Medicaid funding, a SAMHSA block grant, and other grants. MDHHS funds three types of MAT including methadone, buprenorphine, and naltrexone. As of this year, the federal STR grant provides a significant amount of funding (over \$12.4 million) for additional treatment resources in Michigan. The federal SOR provides even more funding (nearly \$14.7 million) for treatment services in Michigan.

Below are tables offering more information on STR and SOR treatment initiatives.

STR Treatment Initiatives	Agency Responsible
<p>Provision of Statewide Training and Expansion of Motivational Interviewing: Increasing the availability of Medication Assisted (MAT) Treatment Program clinicians trained in Motivational Interviewing methodology. Encourage use of Motivational Interviewing in MAT programs by increasing the rate of reimbursement offered to programs that complete the training and implement activities related to the intervention.</p>	<p>Michigan Association of Community Mental Health Boards (MACHMB) for training</p> <p>Prepaid Inpatient Health Plans (PIHP) for implementation of the practice</p>
<p>Enhanced Medication Assisted Treatment (MAT): Statewide Implementation of MAT Guidelines to include training, promising practices, implementation of MAT standard of practice (via PIHP)</p> <ul style="list-style-type: none"> • Increase the MAT rates to programs that employ MAT Guidelines • Provide training to Peer Support Specialists to be imbedded in MAT Programs • Provide funding for Peer Navigators and Peer Recovery Coaches in MAT programs • Provide additional funding for Vivitrol and Suboxone in rural areas of the state where access to MAT services is limited • Provide funding for transportation to clinics for dosing in communities where access to transportation and access to MAT services is limited • Increase access to psychiatric services for persons enrolled in MAT programs 	<p>MDHHS Staff for training</p> <p>PIHPs for Implementation of enhancements</p>

STR Treatment Initiatives	Agency Responsible
<p>diagnosed with co-occurring mental health disorders</p> <ul style="list-style-type: none"> • Provision of funds for prescription medication for medical and psychiatric disorders for persons enrolled in MAT programs 	
<p>Michigan Opioid Collaborative (MOC): Facilitation of increasing access to MAT to rural areas of the state through: in person behavioral health consultation services; telemedicine; tele-mentoring of MAT program physicians; increase the workforce of physicians prescribing the medications used in MAT; increase clinician access to training on counseling services related to medications; provision of linkages to other opioid treatment in the community. The counties selected to participate in Year 1 of the STR project include: Livingston, Monroe, Lenawee and Washtenaw. Other counties will be added for Year 2.</p>	<p>University of Michigan for consultation services</p>
<p>MISSION MI-REP: Michigan Re-entry Program utilizing the Maintaining Independence and Sobriety through Systems Integration, Outreach and Networking (MISSION) Program, an evidence-based practice – A Criminal Justice model to provide peer recovery support and MAT services to offenders in prisons and to persons re-entering the community. MISSION MI-REP will provide services including: critical time intervention; dual recovery treatment; peer support; vocational support; trauma informed care; risk, needs, responsivity treatment planning; and Vivitrol. MISSION- MI-REP will be employed for persons who are re-entering their communities in Wayne, Oakland and Macomb Counties after a period of incarceration.</p>	<p>MDHHS/Michigan Department of Corrections (MDOC)/PIHPs Academic partners of Michigan State University and University of Massachusetts Medical School</p>

STR Treatment Initiatives	Agency Responsible
<p>Project Assert: Screening, Brief Intervention, and Referral to Treatment in Health Clinics or Emergency Rooms. Wellness advocates will be imbedded in health clinics and emergency rooms across the state provide screening, brief intervention and referral to persons entering the clinics and emergency rooms for routine medical care that are screened positive for opiate use. Wellness advocates will provide peer support services and referral to an appropriate substance use disorder treatment programs</p>	<p>PIHPs for project implementation MACMHB for statewide training</p>
<p>Angel Project: Provision of Naloxone to Michigan State Police Posts to prevent opioid overdose. Individuals suspected of committing a drug offense who present themselves to State Police Posts on a volunteer basis, will have the ability to access substance use disorder treatment services without fear of prosecution. The State Police Post will employ officers and/or peer recovery support specialists who will serve as “Angels” with the charge of assisting the individual in their path to accessing treatment services.</p>	<p>MDHHS/Michigan State Police</p>
<p>Native American Access to Recovery Project – Opioid Specific - Provision of the Anishnaabek Healing Circle model including: enrolling persons through 12 Tribal Access and Care Coordination Centers; training of a network of clinical and recovery support providers; administration of an electronic voucher system; and the employment of MAT services, cognitive behavior therapy, motivational interviewing and motivational enhancement therapy, all within a trauma informed and culturally relevant service system.</p>	<p>Michigan Intertribal Council</p>

SOR Treatment Initiatives	Agency Responsible
<p>PIHP Administrative Needs: Mandate that each PIHP hire an SOR Coordinator for the duration of the grant to coordinate SOR activities and prevent overlapping efforts with STR. Half the position (0.5 FTE) will be funded with prevention funds and half (0.5 FTE) will be funded with treatment funds.</p>	<p>PIHPs</p>

<p>Government Performance and Results Act (GRPA) Incentives: Incentives to encourage providers to complete required GPRA data collection.</p>	<p>PIHPs</p>
<p>Peers in Federally Qualified Health Centers (FQHC), Urgent Care, and other out-patient settings for Screening Brief Intervention and Referral to Treatment (SBIRT): This project would serve to implement Peer Recovery Coaching services in outpatient settings such as FQHC's or Urgent Care.</p>	<p>PIHPs</p>
<p>Mobile Care Units: These units would bring counseling/therapy and physical health services to Opioid Use Disorder (OUD) patients. The units would be retrofitted vans/buses with at least one private room for counseling. There would also be an area for intake/scheduling. There is the potential to have a bathroom incorporated for urine screening. Harm reduction activities could be incorporated with the mobile care units. The units could also have a telehealth component. 3 mobile care units will be awarded in the first grant year.</p>	<p>PIHPs</p>
<p>OUD Treatment Costs: This would be funding awarded specifically to cover the costs of uninsured/under-insured patients for OUD treatment services. Patients receiving these services must have data collected relevant to the GPRA Act. Treatments will need to be defined and reported on.</p>	<p>PIHPs</p>
<p>Opioid Health Homes (OHH) Expansion: Expand the OHH program currently set to start in Region 2 to Region 1.</p>	<p>PIHP – Region 1 only</p>
<p>Jail-Based MAT Expansion: Expand the development of jail-based MAT programs. PIHPs would need to demonstrate that expansion of jail-based MAT programs through SOR are distinct from those under STR.</p>	<p>PIHPs</p>
<p>Telehealth to support rural counties: MOC will conduct a needs assessment, establish nurse care-manager led care coordination, offer telehealth-based psychotherapy, and create a dissemination toolkit.</p>	<p>Michigan Opioid Collaborative – Dr. Amy Bohnert (University of Michigan)</p>
<p>MISSION MI-REP Expansion: Expand the MISSION MI-REP program to Kent and Monroe Counties. Expand to both jails and prisons.</p>	<p>Wayne State University, UMass, MDOC, PIHPs</p>

<p>Culture Change in Hospitals and Emergency Rooms Project and Direct Provider Support for Medication Assisted Treatment (MAT): Allows the Opioid Funders Collaborative to support initiatives to launch 2 or more pilot programs at emergency departments and hospitals to address missed opportunities to engage patients with SUD (such as screening and assessment; support of integration of addiction and behavioral health services; initiation of appropriate treatment; managing care transitions) as well to create a grant-making program for MAT providers.</p>	<p>Opioid Funders Collaborative</p>
<p>Dialectic Behavioral Therapy (DBT) Training and Patient Follow Up: Provide training on DBT and request follow up on utilization and patient outcomes</p>	<p>Community Health Association of Michigan (CMHAM)</p>
<p>Acute Detox Training: Provide training on acute detox and request follow up on utilization and patient training.</p>	<p>CMHAM</p>
<p>Mindfulness Training: Provide training on mindfulness and request follow up on utilization and patient outcomes.</p>	<p>CMHAM</p>
<p>Hope Not Handcuffs Expansion: Support the expansion of Hope Not Handcuffs to 8 new counties.</p>	<p>Families Against Narcotics, MSP</p>

MDHHS Media Campaign: MDHHS is in the third year of a statewide media campaign on opioid misuse. The campaign is aimed at the general public, providers, pharmacists, and community groups. The call to action in this campaign directs the audience to our website, michigan.gov/opioids. One of the key points of this website is the importance of MAT. The website offers overview information on MAT and its different types and its important role in opioid treatment. In addition, the website provides links to more information including in depth information for prescribers and connects visitors to information on where to receive treatment services. There were over 100,000 page views on the website in the first year.

Partnering with non-profits: MDHHS continues to work with non-profits and foundations across the state to address the opioid crisis and promote the use of MAT. MDHHS is promoting local and statewide strategies on our new website, michigan.gov/opioids. MDHHS partnered with Blue Cross Blue Shield of Michigan, Blue Cross Blue Shield of Michigan Foundation, the Community Foundation for Southeast Michigan, the Ethel and James Flinn Foundation, The Jewish Fund, the Michigan Health Endowment Fund and the Superior Health Foundation to form the Michigan Opioid Partnership. The Michigan Opioid Partnership funds the use of MAT in hospital emergency departments.

Partnership with Michigan Association of Treatment Court Professionals: MDHHS is working with the Michigan Association of Treatment Court Professionals, Michigan State Medical Society, and other professional associations to increase education and training for judges about MAT. MAT is growing in acceptance by treatment court judges. However, there are opportunities to increase MAT access by treatment courts. MDHHS is working to increase MAT in treatment courts as part of ongoing efforts.