

Medically appropriate Treatment Options for Opioid additions-Status Report

(FY2018 Appropriation Act - Public Act 107 of 2017)

October 1, 2017

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.



Michigan Department of
Health & Human Services

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Executive Summary

MDHHS coordinates with many state agencies, Medicaid health plans, and other stakeholders to promote Medication Assisted Treatment (MAT). MDHHS is part of the Prescription Drug and Opioid Abuse Commission that is responsible for implementing the task force recommendations and developing new recommendations. MDHHS is leading a statewide prescription 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. MDHHS is also promoting MAT by our public awareness campaign. Finally, MDHHS is promoting MAT by working with non-profits to help improve access in local communities.

Coordination

Addressing the opioid crisis requires a multi-faceted approach. MDHHS is working with other state agencies to meet and address these goals by participating in the Prescription Drug and Opioid Abuse Commission, 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 Commission: MDHHS serves on the Prescription Drug and Opioid Abuse Commission (PDOAC) with the Department of Licensing and Regulatory Affairs (LARA), Michigan State Police, and the Attorney General's office. MDHHS is a participant in the Commission's efforts and active partner in developing the Commission's action plan. MDHHS meets monthly with LARA to coordinate an action plan for the PDOAC. In addition, MDHHS participates in the prevention and treatment subcommittees. As the state agency responsible for most prevention and treatment task force recommendations, MDHHS offers key input on strategic efforts and activities.

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 is developing a Michigan action plan to identify and coordinate opioid surveillance and data systems and improve provider practices and behaviors related to prescription opioids. This workgroup has three subcommittees that are developing the action plan. These subcommittees are: 1) support of Michigan Automated Prescription System (MAPS) education, training, and outreach to providers; 2) enhancement of opioid-related data sources and surveillance methods; and 3) promotion of evidence-based prescriber guidelines for prescribing opioids. MDHHS continues to work LARA and other state agencies.

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 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 with Medication-

Assisted Treatment (MAPS) improvements. The STR grant also allows MDHHS to fund Naloxone for the Michigan State Police’s “Angel” Program known as Hope, Not Handcuffs. 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.

The Center for Disease Control (CDC) also awarded MDHHS funding for surveillance efforts. MDHHS was awarded \$750,000 per year for three years. This grant initiative will build partnerships at the state and local levels to enhance surveillance of prescription drug overdose, promote MAPS, and provide education regarding CDC guidelines for prescribing opioids for chronic pain. The funding helped to support LARA’s MAPS improvements, as well as promote the use of MAPS. MDHHS continues to work with LARA throughout the course of this grant.

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 MATs 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. Below is a table offering more information on STR treatment initiatives.

STR Treatment Initiatives	Agency Responsible
Provision of Statewide Training and Expansion of Motivational Interviewing: Increasing the availability of Medication Assisted Treatment (MAT) 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.	Michigan Association of Community Mental Health Boards (MACHMB) for training Prepaid Inpatient Health Plans (PIHP) for implementation of the practice

STR Treatment Initiatives	Agency Responsible
Enhanced Medication Assisted Treatment (MAT): Statewide Implementation of MAT Guidelines to include training, promising practices, implementation of MAT standard of practice (via PIHP) • 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 diagnosed with co-occurring mental health disorders • Provision of funds for prescription medication for medical and psychiatric disorders for persons enrolled in MAT programs	MDHHS Staff for training PIHPs for Implementation of enhancements
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.	University of Michigan for consultation services
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	MDHHS/Michigan Department of Corrections (MDOC)/PIHPs Academic partners of Michigan State University and University of Massachusetts Medical School

STR Treatment Initiatives	Agency Responsible
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.	
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	PIHPs for project implementation MACMHB for statewide training
Angel Project (Hope not Handcuffs): Provision of Naloxone to Michigan State Police Posts to prevent opioid overdose. Individuals suspected of committing a drug offence 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.	MDHHS/Michigan State Police
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.	Michigan Intertribal Council

Media Campaign: MDHHS launched a statewide media campaign on opioid abuse. 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 new website, michigan.gov/stopoverdoses. One of the key points of this website is the importance of MAT. The website offers overview information on MAT, 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.

Partnering with non-profits: MDHHS continues to work with non-profits 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/stopoverdoses. MDHHS also advised foundations that fund community organizations on strategies to help local organizations promote MAT. Some foundations provided grants to community based organizations throughout 2017.

Task Force Recommendations

MDHHS is responsible for the implementation of 12 prevention and treatment recommendations of the Prescription Drug and Opioid Abuse Task Force. MDHHS is working with the legislature, other state agencies, and other external stakeholders to accomplish the outlined goals. MDHHS completed or is in progress on all relevant Task Force recommendations. The following table identifies the progress and status of the recommendations:

MDHHS Opioid Recommendations Document 9-1-17

Recommendation	Progress	Status
Prevention		
Encourage the development and maintenance of relationships among state and local agencies to provide necessary information regarding prescription drug abuse, prevention and treatment.	Ongoing Prescription Drug and Opioid Abuse Commission created. This serves as the venue for ongoing efforts to address opioid and prescription drug abuse.	Complete/ongoing
Collaborate with local coalitions, pharmacies, health profession boards, state agencies and the DEA to increase availability of prescription drug drop-off bins.	Drop-off bins located at Michigan State Police posts. Private pharmacies also have drop-off bins available. Maps of drop-off bins are available through DEQ and University of Michigan.	In progress
Review successful state and local collection programs for possible replication and expansion.	MDHHS provides funding to local groups. MDHHS maintains a list of dozens of community groups. These groups either currently or previously received funding. Federal STR grant will provide increased opportunity for community prevention strategies.	In progress
Review programs and parameters established within the Medicaid system as well as actions taken by other states to determine the best	MDHHS is working on a complete review of its benefits monitoring program. Health Plan contract language strengthened to increase use of benefits	In progress

route forward to eliminate doctor and pharmacy shopping.	monitoring program, beneficiaries are connected to treatment resources, and software improvements are ongoing.	
Review pharmacy "lock-in" programs already in use in Tennessee and Washington to determine how their systems operate and if any of those systems would work in Michigan.	MDHHS researched and our program is very similar to Washington.	Complete
Develop a multifaceted public awareness campaign to inform the public of the dangers of abuse, how to safeguard and properly dispose of medicines, publicize improper prescribing practices, and reduce the stigma of addiction. The state should try to partner with pharmaceutical companies on this campaign.	Public awareness campaign launched.	In progress
Treatment		
Allow pharmacists to dispense Naloxone to the public in a similar fashion to how pseudoephedrine is dispensed.	Legislation signed to allow standing order for Naloxone. Standing Order now implemented. As of 9/1/17, 944 pharmacies now participating.	Complete
Create a public awareness campaign about the laws that limit civil and criminal liabilities for administering Naloxone.	Public awareness campaign launched.	In progress
Explore the possibility of limited statutory immunity for low-level offenses involved in reporting an overdose and seeking medical assistance.	Good Samaritan legislation signed.	Complete
Explore ways for the state to increase access to care, including wraparound services and Medication Assisted Treatment, as indicated by national and state guidelines for treatment.	Medical Services Administration policy 15-56 went into effect 1/1/16. This established reimbursement policy regarding office-based opioid treatment services. Physician and non-physician practitioner services related to opioid dependence may be reimbursed through Fee-For-Service Medicaid. Federal STR grant will allow increased funding for MAT, increased training and support for providers of MAT, increased funding for peer supports, and increased funding for tribal supports.	Ongoing
Explore ways to increase the numbers of addiction specialists practicing in Michigan.	Behavioral Health and Developmental Disabilities Administration of MDHHS reestablished a Workforce Development	In progress

	Workgroup to create a workforce development plan for the purpose of increasing the substance use disorder prevention and treatment specialist workforce.	
Review current guidelines for reducing the development of neo-natal abstinence syndrome caused by prescription drug and opioid abuse.	MDHHS granted money to Pre-Paid Inpatient Health Plans (PIHPs) to develop innovative strategies to reduce neo-natal abstinence syndrome. All 10 PIHPs are participating. MDHHS participating in a Substance Abuse and Mental Health Services Administration (SAMHSA) policy academy on strategies to reduce neo-natal abstinence syndrome.	In progress