Michigan State Opioid Response (SOR) Financial Map Fiscal Year 2019

OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE
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INTRODUCTION

The opioid epidemic has had a devastating impact on a statewide and national level. With the prevalence of opioid related deaths increasing dramatically, federal and state level government officials are calling for improved collaboration. Historically, federally funded grants have taken a more singularly focused approach in the substance use disorder (SUD) epidemic; solely funding a prevention, treatment or recovery series of initiatives. However, an effective strategy is multi-faceted; implementing prevention, treatment and recovery strategies simultaneously. The integration of these approaches enables increased access to medication assisted treatment (MAT), therapeutic counseling, and evidence-based programming while reducing opioid morbidity and mortality. A step in this collaboration is the completion of a map of federal, state and local fiscal resources supporting treatment and recovery supports for the target population.

The purpose of the Michigan State Opioid Response (SOR) Financial project is to create a comprehensive map of the funding coming into the State of Michigan to address Michigan's opioid crisis. This financial map will begin the process of collecting and sharing funding data leveraged within the state that can serve as a strategic planning tool. A compilation of this data will aid Michigan in identifying areas of potential collaboration and assist in addressing this epidemic in a systematic manner. There is a need for collaboration among State of Michigan departments, Prepaid Inpatient Health Plans (PIHPs), University partners, local health departments as well as youth and families. With similar goals and objectives, it is critical to align similar activities for congruent system delivery and the mitigation of service gaps.

METHODOLOGY

The first goal of the financial map is to identify and understand the funding streams that support opioid use disorder (OUD) prevention, treatment and recovery initiatives across the lifespan. With several funding streams flowing into the state to a multitude of stakeholders, there is a need to identify the distinction between federal, state and local funders. Funding and support services historically have been provided to the states by larger federal entities such as the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute

of Health (NIH), Health Resources and Services Administration (HRSA), Center for Disease Control and Prevention (CDC) and Drug Free Communities (DFC). Recently, newer funding entities have provided both public and private dollars to building state and community-based infrastructure. The financial map will identify overlaps and gaps in funding, if any exist, which will be used to determine potential areas for changes that would increase efficiency and improve service delivery.

Identification of stakeholders addressing the crisis was the first step in identifying funding streams. Existing state-level workgroups such as the Opioid Workgroup, the Strategic Committee, State Epidemiological Outcomes Workgroup, serve in an advisory capacity for stakeholder recruitment and engagement. These groups are a collection of state partners from: the Michigan Department of Health and Human Services (MDHHS), Office of Recovery Oriented Systems of Care (OROSC), Children's Services Agency (CSA), Juvenile Justice, and Population Health; PIHPs; Michigan Department of Corrections (MDOC); and the Policy and Planning Division. Data needs have been identified with an emphasis on service delivery, infrastructure development, and service gaps.

The SOR Financial Project team created a financial data collection template, modeling an existing financial mapping instrument created by the Michigan Youth Treatment Infrastructure Enhancement (MYTIE) project. Stakeholders from advisory workgroups used the template to collect fiscal data regarding OUD prevention, treatment, recovery, and administration funding. Templates were completed by workgroup stakeholders as well as those with a developed relationship to workgroup members. All templates were submitted electronically to the SOR Financial Project team with follow-up meetings conducted as needed for additional information. In additional to stakeholder completed templates, online resources were also investigated. The Health and Human Services Tracking Accountability in Government Grants System (TAGGS), SAMHSA, CDC, HRSA and DFC websites were reviewed for Michigan-specific OUD funding information. Reports were created using the keywords "opioid", "prescription drug", "heroin", "medication assisted treatment", "MAT", "buprenorphine", "naloxone", "naltrexone" to capture awards granted outside of our most immediate stakeholders.

The mapping template had drop-down menus that allowed stakeholders to select the area each initiative belonged to (prevention, treatment, recovery, administration) and the type of initiative. Seven initiative types were provided: 1) Improve Health Data Sharing and Surveillance; 2) Multimedia Campaigns and Community Outreach; 3) Workforce, Resilience, and Programmatic Training; 4) Medication Assisted Treatment and Case Management; 5) Overdose Education & Naloxone Distribution with Rescue; 6) Recovery and Peer Support Services; and 7) Other. Initiative types were created by assessing current opioid-related activities that fall under the areas of prevention, treatment, recovery, and administration, and establishing links between each activity to allow for grouping into a broader initiative. The potential overlap between initiatives was considered when labeling each one; specific examples of activities that would fall under each initiative were provided in an instruction document.

Funding amount, source, grant name, target population, and funding start and end dates were left blank to allow for stakeholders to enter their specific data. Examples such as “general population”, “OUD clients” and “the LGBTQ community” were provided as guidance.

DATA COLLECTION

The financial mapping process findings reveal a total of $152,651,897 in federal, state and local funds currently being utilized within Michigan to address the opioid crisis. This data is a collection of public and private funding sources with a large majority within the public sector. All initiatives reported are currently being implemented within the existing federal fiscal period. Funding award periods were traced back to Fiscal Year 2010 with projected completion dates through Fiscal Year 2022. The largest portion of funding was awarded in Fiscal Year 2018, accounting for 36 percent of the total amount reported.

In Chart 1, funding is split into prevention, treatment, recovery and administration. Over 50% of programming funds are allocated to treatment; the designation of treatment includes the provision of treatment services, covering individuals that are uninsured and underinsured, and developing a larger workforce for treatment service delivery. This outcome aligns with the SAMHSA guidelines for both the State Targeted Response (STR) and SOR grants, requiring an 80/20 funding split for treatment and prevention initiatives.

Apart from the 6% allocation for administrative oversight and project management, recovery appears to the be least funded category. Many recovery-based services include the use of peer recovery coaches, specialists, support services, and recovery housing. Historically, a larger emphasis has been placed on increasing treatment services, providing recovery services with a much smaller operating budget. There is currently a large federal movement to increase resources and support for recovery initiatives. Mitigating socioeconomic barriers to recovery services, such as housing and transportation, proliferating into more federal awards with less prescriptive categorical allotments.

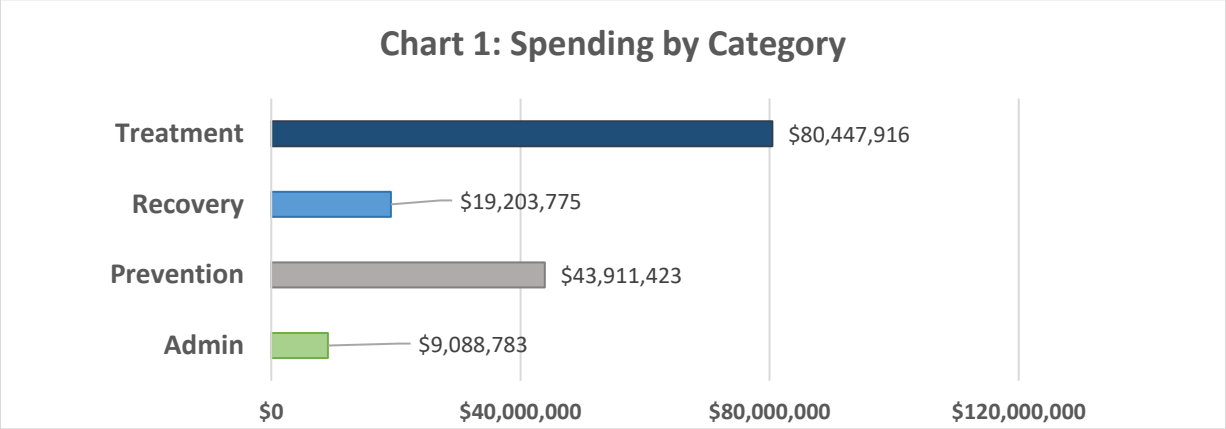


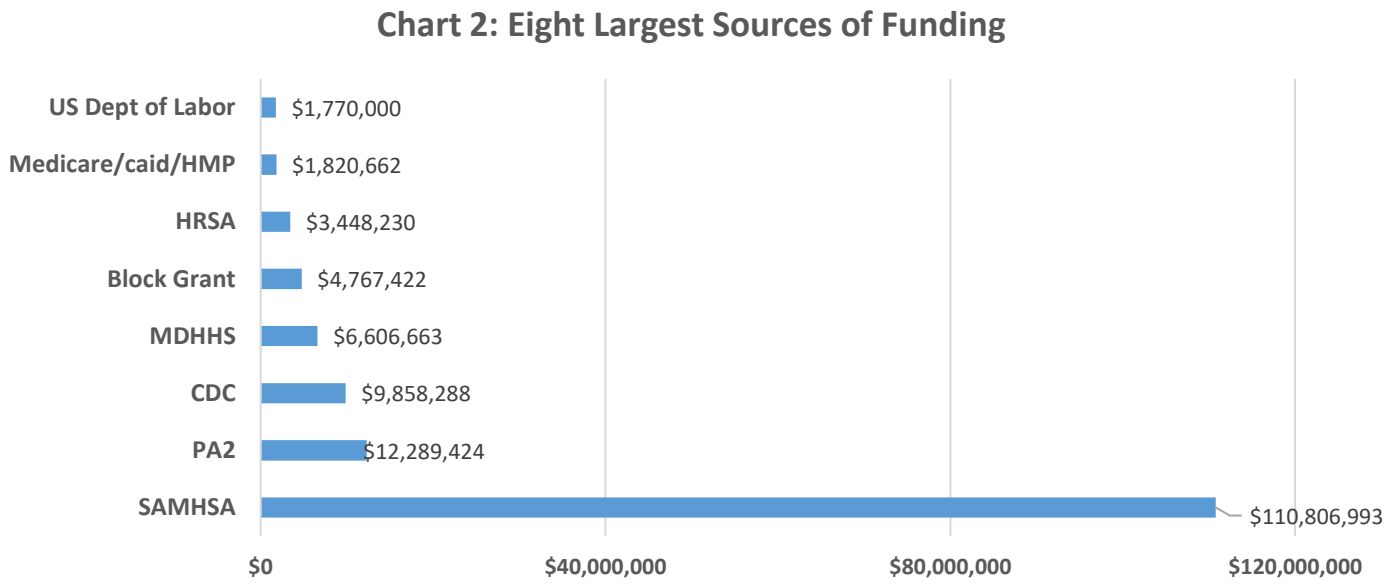
Table 1 further breaks down the four categorized allocations into seven overarching initiative types. The largest allocation of funds is being allocated to providing and improving access to Medication Assisted Treatment (MAT) and Case Management. MAT is classified by the dissemination of three federally approved medications for the treatment of OUD; Naltrexone, Buprenorphine, and Methadone. Accounting for nearly 40% of all funding allocations are MAT and Case Management initiatives, which is consistent with SAMHSA's recommendations on effective methodology for addressing overdose related deaths. In conjunction with the push towards increasing MAT is a call to action to increase the OUD workforce. The second largest funding allocations is split between Workforce, Resilience, and Programmatic Training; Other initiatives or the combination of initiative activities; and Recovery and Peer Support Services. The least amount of funding is being allocated towards Improving Health Data Sharing and Surveillance and Overdose Education and Naloxone Distribution with Rescue.

Table 1: Funding Allocated Per Initiative	
Initiative	**Funding Allocated**
Improve Health Data Sharing and Surveillance	$4,454,417
Medication Assisted Treatment and Case Management	$61,862,258
Multimedia Campaigns and Community Outreach	$8,301,520
Other	$25,625,021
Overdose Education & Naloxone Distribution with Rescue	$6,150,588
Recovery and Peer Support Services	$20,686,917
Workforce, Resilience, and Programmatic Training	$25,571,176
Grand Total	**$152,651,897**

Table 2 displays allocated funding throughout the state by source and incorporates both public and private funding on a federal, state and local level. With the release of multiple large opioid related grants from SAMHSA, the public federal funding agencies are currently the largest funder within the state targeting prevention, treatment, recovery and administrative opioid initiatives. Federal funding outpaced both state and local funding significantly.

Table 2: Amount of Funding by Source	
Funding Source	**Funding Allocation**
Block Grant	$4,767,422
CDC	$9,858,288
DFC	$45,000
HRSA	$3,448,230
Lakeshore Regional Entity	$600,000
MDHHS	$6,606,663
Medicare/Medicaid/HMP	$1,820,662
MHEF	$500,000
Northern Michigan Regional Entity	$11,000
PA2	$12,289,424
PFS	$53,215
SAMHSA	$110,806,993
Title V	$75,000
US Dept of Labor	$1,770,000
Grand Total	**$152,651,897**

Chart 2 identifies the largest awarders of funding. The release of SAMHSA's OUD funding opportunities, STR, SOR, SOR Supplemental, and Tribal Opioid Response Grant (TOR), made it the largest funding agency. Collectively, SAMHSA funding accounts for over 72% of all awarded funding which is in part due to the nearly $2 billion federal budget allocations approved to address the opioid crisis. Prior to the end of the Obama Administration, $500 million was approved in the federal budget to create the STR grant for the period of three fiscal periods. The Trump Administration approved an additional $1.5 billion dollars for two fiscal periods to continue and expand new and innovative approaches. Federal funding continues to be approved for the remaining administrative term to maintain newly established infrastructures and work towards long term behavioral health changes.



The next largest quantity of funding within the state is local Public Act (PA2) dollars distributed to the PIHPs. Due to the local distribution of the PA2 dollars, they are not restricted to proving services targeting the opioid crisis and therefore address all aspects of SUD. PIHPs utilize needs assessments conducted within their region to create individualized funding formulas. The effects of the crisis impact different geographic localities within the state with varying severity. The prevalence of OUD related morbidity and mortality are higher within the Southeastern portion of the state, particularly within Wayne County, requiring a larger allocation of funds.

Table 3 identifies several target populations receiving funds for opioid related activities. The largest amount is allocated to target all populations within the state. With a large focus being placed on prescriber and community-based education, this finding is reflective of those efforts. Persons with OUD is another population largely targeted for funding which is to be expected. The least targeted population are individuals within the emergency department. It may be possible that these individuals are receiving services upon discharge within the community and therefore would be incorporated into other categories.

Table 3: Spending Per Population	
Target Population	**Funding Allocation**
12 to 24 y/o	$53,215
Adolescents	$127,500
Adults	$2,162,854
Adults in criminal justice system	$89,000
Adults/Adolescents	$104,227
Adults/Girls	$236,491
Adults/Youth	$160,775
All populations	$72,128,155
Behavioral health professionals	$9,084,542
Coalition Members	$108,001
Co-occurring SUD/MH clients	$75,925
ER patients	$20,000
Incarcerated/reentering persons	$1,942,223
LGBTTQQIAAP/Provider	$500,000
Medical/Dental Providers	$2,042,377
Older adults	$962,328
Parents	$79,900
People suffering with Chronic Pain	$57,678
Persons in Recovery	$3,032,985
Persons in Recovery in Tribal Communities	$1,341,862
Persons with OUD	$50,357,240
Persons with SUD	$3,059,438
Pharmacists	$330,000
Pregnant women	$575,000
Prescribers - high risk	$3,080,400
Recovery homes	$735,744
Women	$204,036
Grand Total	**$152,651,897**

Several funding streams, especially from federal sources, require initiatives to focus on a subset of individuals within a population. Additionally, evidence-based initiatives may be created to only target a specific population such as the prison reentry population, adolescents, or persons with

co-occurring substance use and mental health disorders. Population-specific programming is useful in addressing portions of the general population that may face a significant number of health disparities and inequity, placing them at greater risk for OUD.

LIMITATIONS

Several limitations play a contributing role in the collection and analysis of the financial map data. One was that information is only reported by stakeholders and collaborative partners within the advisory workgroups. While these are diverse groups, there were several other organizations not represented. There was limited interaction with local opioid coalitions and taskforces. Currently there are over 30 different opioid related coalitions and taskforces spread throughout all 83 counties in Michigan. Lack of direct collection in the field limited the amount of detailed information collected from the local sector.

Another limitation is in the structured funding sources. This list is inclusive of federal, state and local dollars that are either awarded through an official Request for Funding or Funding Opportunity Announcement process. Data was not collected on special interest funding, private sponsorship, or in-kind donations. Local business and corporations may be providing funding to their local communities targeting the opioid crisis based upon person interest that would not be facilitated through an official process.

Classification of initiatives also presented as a limitation to the map. Aligning the map with the initiative classifications within the SAMHSA opioid funding opportunities aided in standardizing the varying information received. This contributed to the need for the classification of seven main funding initiatives to organizing the numerous activities being implemented around the state. Understanding that not all activities would fall within these seven categories, an “Other” category was needed to accommodate. A large focus for this map was placed on service delivery activities thus excluding many research-based initiatives. There are some projects with partnering universities that are also addressing the opioid crisis, however, due to them being predicated in research, they were not included in the collected data.

Timing of this project was impactful to the data collected. An extensive look into all funding being allocated to address this crisis would require several months of organizing the collection plan, community outreach, in person field collection, follow up group meetings, extensive data mining and analysis. To create a real time snapshot of what is being implemented so that strategic planning for FY20 can be conducted, this project was truncated. With more time to do a more in-depth collection process and formal creation of a financial mapping workgroup, this financial map may be able to collect a more robust set of data.

CONCLUSION

As the first document of its kind in the State of Michigan, the 2019 SOR financial map provided significant insight into the types of initiatives currently being funded. There continues to be a large amount of resources being dedicated to treatment activities and interventions. Recovery activities remains the least funded category and could be an area that would benefit from ramped efforts. This highlights a significant deficit in the area of recovery services. In order to provide the most comprehensive response to the opioid crisis in Michigan, more funding will need to be expended to increase recovery housing, enhance the viability of recovery community organizations, and expand the use of peer recovery support specialists.

An emphasis on treatment specific funding is also prevalent in the breakdown of initiative-based funding. Over 40 percent of all funding has been dedicated to expanding access to MAT and case management services, making it the highest funded initiative in the state. The second most popular initiative type selected by stakeholders was the “Other” category, which was included as a catch-all for initiatives not singularly identifiable as MAT and Case Management, Multimedia Campaigns and Community Outreach, etc. The popularity of this category may suggest that stakeholders have elected to take a more wholistic approach to addressing the opioid crisis, integrating aspects prevention, treatment, recovery, and administration as appropriate.

The financial map also highlights the deficit in funding being allocated to programs that enhance data collection, surveillance, and the sharing of best practices among behavioral health professionals. While the creation of this financial map was intended to help address this lack of data sharing, there is still significant progress to be made. Overdose Education & Naloxone

Distribution with Rescue is another area for growth in future programming. With the increasing national emphasis on overdose death reversals and providing law enforcement, first responders, community agencies, families, friends, teachers, and community members with Naloxone, there is a need for increased efforts within this area.

SAMHSA continues to be the largest funder for opioid crisis response and related grants aimed at addressing SUD prevention and treatment. Accounting for 73 percent of all funding addressing the crisis, it seems reasonable that initiative-based spending trends would align with the goals and objectives presented federally. Persons with OUD and all-inclusive populations represent 80 percent of funding allocated based upon target populations. There may be room for a more targeted approach to future initiatives in collaboration with needs-based assessment. Health disparate and high-risk populations may benefit from increased targeted initiatives as actions begin to develop beyond awareness and focus on stigma as well as availability of services.

Significant work is being done within the State of Michigan to address the opioid crisis. The information presented captures a moment in time regarding the actions and initiatives being implemented from a state and local perspective. The crisis is ever evolving as are the action steps being implemented to tackle it. New funding opportunities are constantly being released at both the federal and state level with more anticipated soon. The financial map will be considered a living document, subject to additions or modifications as necessary.

DEFINITIONS

Case Management: A process to coordinate behavioral health care resources used in the provision of care and services.

Medication Assisted Treatment (MAT): commonly uses one of three medications: methadone, buprenorphine (both deceive the body into thinking it is still getting the substance of use/abuse without getting the individual high or put into an altered state) and naltrexone (blocks the effect of opioids).

Buprenorphine: comes in pill form. Taken daily or every other day from a treatment center or as prescribed by a specially licensed physician.

Methadone: comes in pill, wafer, and liquid form. Taken daily and dispensed from a licensed treatment facility.

Naltrexone: comes in pill form. Taken daily at first; can taper to once every three days. Taken at a treatment facility or as prescribed by a specially licensed physician.

Naltrexone (brand names- Vivitrol and Revia): once monthly shot administered by a licensed physician. Used as treatment for opioid and alcohol dependence.

Naloxone: A medication approved by the Food and Drug Administration (FDA) to prevent overdose from opioids, both illicit and prescription. It blocks opioid receptor sites, reversing the toxic effects of the overdose.

Opioid Use Disorder: Those disorders in which repeated use of opioids, both illicit and/or prescription drugs, results in significant adverse consequences. Opioid dependence and opioid abuse are both considered substance use disorders.

Prevention: Early efforts to intervene when an individual is seen as being at risk or in the early stages of use (not yet indicating a need for treatment).

Peer: A person in a journey of recovery who identifies with an individual based on shared background and life experience.

Recovery: Non-clinical services designed and delivered by individuals and families in recovery. These community-based services are included to strengthen and enhance those offered through the service delivery system to help prevent relapse and promote long-term recovery.

Substance Use Disorders: Those disorders in which repeated use of alcohol and/or other drugs results in significant adverse consequences. Substance dependence and substance abuse are both considered substance use disorders.

Treatment: An array of services whose intent is to enable the individual to cease substance abuse in order to address the psychological, legal, financial, social, and physical consequences that can be caused by abuse or dependence.

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