MICHIGAN YOUTH TREATMENT IMPROVEMENT AND ENHANCEMENT (MYTIE)

FINANCIAL MAP - MICHIGAN'S STATE YOUTH TREATMENT IMPLEMENTATION (SYT-I)

FY 2018

Michigan's State Youth Treatment Implementation (SYT-I)

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE DECEMBER 2018

INTRODUCTION

The purpose of the Michigan Youth Treatment Improvement and Enhancement (MYTIE) grant is to increase access to quality substance use disorder (SUD) treatment and recovery services for Michigan residents, age 16 to 21 years old. One step in this process is the improvement of the service delivery infrastructure. To achieve this goal, there is a need for collaboration among State of Michigan departments, Prepaid Inpatient Health Plans (PIHPs), and publicly funded treatment centers, as well as youth and families. A step in this collaboration is the completion of a map of federal and state fiscal resources supporting treatment and recovery supports for the target population. Thus, the first goal of the financial map is to identify and understand the funding streams that support substance use disorder (SUD) treatment and recovery services for adolescents and transitional youth ages 16-21. This will allow the state to make the best decisions about treatment infrastructure enhancement strategies for individuals ages 16-21 in Michigan. In addition to understanding the funding sources, the financial map will identify overlaps and gaps in funding, if any exist. The information will be used to determine areas for potential changes to increase efficiency and improve service delivery for young adults. The current treatment system in Michigan consists of assessment, case management, withdrawal management, medication assisted treatment, outpatient, intensive outpatient, residential and recovery support services. Michigan is grappling with several SUD service system challenges. The 2015-2016 National Survey on Drug Use and Health data showed 3.2 percent of adolescents (12-17) and 7.0 percent of young adults (18-25) in Michigan needed illicit drug use treatment but did not receive specialty treatment; while 2.0 percent of adults aged 26 and older needed but did not receive treatment for illicit drug use. Currently, if an adolescent or transitional aged youth is placed in a residential level of care, there is often very little connection between the residential program and supportive services upon the youth's return to their home community. Also, although SUD services are available for all age groups, both treatment and recovery support services for adolescents and youth are not prevalent across the state. By building an infrastructure that will support all levels of care for adolescent and transitional aged youth, Michigan can expand treatment and recovery support services to better meet the needs of youth and their families and support their progress in recovery upon returning to their home communities.

While a higher percentage of transitional youth aged 16-21 in foster care and juvenile justice were identified as having a substance abuse or mental health concern as compared to

the general population, they are typically already connected to other service providers who will optimally facilitate their access to needed SUD services. Transitional youth, age 16-21, not already connected to a state agency, are harder to reach and a strategy for getting them involved in services is a goal of this project.

Another identified population of concern are the transitional youth aged 16-21 with a co-occurring substance use and mental health disorder who are not involved in a service or being served by a state agency. This population is also harder to reach. The Office of Recovery Oriented Systems of Care (OROSC) has begun building connections to other state agencies who deal with transitional age youth with an identified mental health disorder to expand our network and reach to those individuals who may also have a substance use disorder.

METHODOLOGY

To create a comprehensive financial map and to meet the requirements of the State Youth Treatment – Planning grant, stakeholders in adolescent and transitional age youth SUD treatment were brought together to form an Interagency Council (IAC). From the IAC members, a Financial Mapping Subcommittee was created. The Financial Mapping Subcommittee includes representatives 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; Prepaid Inpatient Health Plans (PIHPs); Michigan Department of Corrections (MDOC); Michigan Department of Education (MDE); and the State Court Administrative Office (SCAO). After the creation of the first financial map, the committee continued to meet regularly to collaborate on ways to expand and clarify the data collected from the various divisions of that state.

Under the Implementation grant, the Financial Mapping Subcommittee transitioned to the Substance Abuse Financing Subcommittee (SAFS) with the charge of managing the mapping. The SAFS gathered and reviewed documents related to the data and tracked progress, process and barriers. In the following years we will continue to report out these findings in a Financial Map. This will include the filtering of individuals presenting with substance use disorders and individuals presenting with co-occurring disorders. The continued need to separate, where applicable and available, individuals receiving SUD services ages 16-17 and those ages 18-21 will continue to be defined as they are two distinct service populations.

DATA COLLECTION

OFFICE OF RECOVERY ORIENTED SYSTEMS OF CARE

The data on spending for Michigan's Community Grant comes from the Treatment Episode Data Set (TEDS) and the annual legislative report that OROSC completes. Michigan's Community Grant is comprised of Federal Substance Abuse Block Grant (78 percent) and State General Funds (22 percent) that are blended and dispersed to the PIHPs. The publicly funded system supported by OROSC served 4,658 adolescent and transitional youth aged 16-21 during fiscal year 2016. TEDS data was used to identify actual spending for individuals' ages 16 to 21 by ASAM Level of Care or service and age groups (16-17 and 18-21). To further identify spending by federal vs. state funds, it was necessary to identify the percentage of federal and state funding that comprise Michigan's Community Grant (78 percent federal, 22 percent state) and Medicaid funding (65.6 percent federal, 34.4 percent state). Healthy Michigan funds are 100 percent Federal fund and therefore were not split. Spending on SUD services was broken down based on the total expended amount identified for each Level of Care, and the percentage of federal and state funds was determined using the previously identified rate. Several of the service categories in TEDS were merged into a single category in the annual legislative report, and as a result the formula for these service categories used the average percentage from those service types with unique percentages.

Table 1 reflects federal funds expended for all levels of care, and accounts for most of the spending for SUD treatment for this population in Michigan. Both Medicaid and the Substance Abuse Block Grant flow through regional entities to contracted SUD providers. OROSC manages the Substance Abuse Block Grant, and the Medical Services Administration manages Medicaid funding. In Michigan, foster children and wards of the state may stay on Medicaid through age 21, but a young adult aged 18-21 who is newly applying for Medicaid may alternatively be placed in the Medicaid Expansion program. Child sitting and transportation costs are included in this table, as a small portion of the target population was eligible for Pregnant and Parenting Women program services, which include transportation and child sitting.

Table 1: Federal Funds for All Youth Ages 16-21			
Service Type	**Substance Abuse Block Grant**	**Medicaid**	**Healthy Michigan Plan (Medicaid Expansion)**
Treatment Services			
Screening (AMS)	$483	$384	$668
Assessment/OP	$52,839	$70,323	$77,646
Case Management	$17,369	$101	$1,941
Withdrawal Management	$18,168	$40,346	$129,366
IOP	$25,289	$38,223	$63,471
OP	$529,729	$765,958	$480,074
Psych Evaluation	$2,957	$5,048	$7,835
Residential	$171,095	$1,096,368	$615,365
Domiciliary	$112,725	$91,953	$97,466
Medication Assisted Treatment			
Buprenorphine	$0	$169,143	$152
Methadone	$13,842	$27,628	$48,606
Drug Screen	$3,383	$2,734	$3,460
Recovery Services			
Peer Recovery	$1,704	$8,430	$22,489
Recovery Services/ Recovery Support	$6,088	$6,783	$11,565
Recovery Housing	$0	$1,372	$5,579
Ancillary Services			
Child Sitting	$515	$289	$0
Transportation	$342	$609	$1,016
Total	**$962,616**	**$2,332,475**	**$1,578,264**

Table 2 below identifies Medical Services Agency administered state funds used to support SUD treatment for adolescent and transitional youth age 16-21. As above, this table also includes the ancillary services of transportation and child sitting, reflective of the small number of individuals who were eligible for Pregnant and Parenting Women programming. During fiscal year 2016, Michigan's Medicaid Expansion, Healthy Michigan, was completely supported by federal funds and therefore is not included in Table 2.

Table 2: State Funds for All Youth Ages 16-21		
Service Type	**State General Fund Spent**	**State Medicaid**
Treatment Services		
Screening (AMS)	$146	$199
Assessment/OP	$14,903	$36,877
Case Management	$4,899	$53
Withdrawal Management	$5,124	$21,157
IOP	$7,133	$20,044
OP	$149,411	$401,661
Psych Evaluation	$834	$2,647
Residential	$48,258	$574,925
Domiciliary	$31,794	$48,220
Medication Assisted Treatment		
Buprenorphine	$0	$77
Methadone	$3,904	$14,488
Drug Screen	$954	$1,434
Recovery Services		
Peer Recovery	$481	$4,421
Recovery Services/Recovery Support	$1,717	$3,557
Recovery Housing	$0	$719
Ancillary Services		
Child Sitting	$145	$151
Transportation	$96	$320
Total	**$269,800**	**$1,130,947**

Table 3 identifies the combined federal and state funds for all youth ages 16-21. Medicaid and the Healthy Michigan Plan are designed to work seamlessly for individuals needing health insurance. Medicaid covers children through their 18th year and can cover foster children and permanent wards of the state through age 26. For those who apply for coverage at age 18 and over, their eligibility is assessed, and they may be placed under the Healthy Michigan Plan based on their income. Those individuals will receive Early and Periodic Screening, Diagnostic and Treatment or EPSDT screenings (allowable up to age 18) and subsequent assessments and be referred for specialty SUD services as appropriate. Michigan's SUD services are a Medicaid carve out, and as a result, all publicly funded SUD services are managed and reported through the regional PIHPs.

Table 3: Combined Federal and State Funds for All Youth Ages 16-21						
Service Type	**Total Spent**	**Substance Abuse Block Grant Spent - Federal Split**	**Substance Abuse Block Grant - State Split**	**Federal Medicaid**	**State Medicaid**	**Healthy Michigan Plan (Medicaid Expansion)**
Treatment Services						
Screening (AMS)	$1,880	$483	$146	$384	$199	$668
Assessment/OP	$252,588	$52,839	$14,903	$70,323	$36,877	$77,646
Case Management	$24,363	$17,369	$4,899	$101	$53	$1,941
Withdrawal Management	$214,161	$18,168	$5,124	$40,346	$21,157	$129,366
IOP	$154,160	$25,289	$7,133	$38,223	$20,044	$63,471
OP	$2,326,832	$529,729	$149,411	$765,958	$401,661	$480,074
Psych Evaluation	$19,321	$2,957	$834	$5,048	$2,647	$7,835
Residential	$2,506,010	$171,095	$48,258	$1,096,368	$574,925	$615,365
Domiciliary	$382,159	$112,725	$31,794	$91,953	$48,220	$97,466
Medication Assisted Treatment						
Buprenorphine	$375	$0	$0	$146	$77	$152
Methadone	$108,468	$13,842	$3,904	$27,628	$14,488	$48,606
Drug Screen	$11,965	$3,383	$954	$2,734	$1,434	$3,460
Recovery Services						
Peer Recovery	$37,526	$1,704	$481	$8,430	$4,421	$22,489
Recovery Services/Recovery Support	$29,710	$6,088	$1,717	$6,783	$3,557	$11,565
Recovery Housing	$7,670	$0	$0	$1,372	$719	$5,579
Ancillary Services						
Child Sitting	$1,100	$515	$145	$289	$151	$0

Table 3: Combined Federal and State Funds for All Youth Ages 16-21						
Service Type	**Total Spent**	**Substance Abuse Block Grant Spent - Federal Split**	**Substance Abuse Block Grant - State Split**	**Federal Medicaid**	**State Medicaid**	**Healthy Michigan Plan (Medicaid Expansion)**
Transportation	$2,383	$342	$96	$609	$320	$1,016
Total	**$6,080,670**	**$956,528**	**$269,800**	**$2,156,695**	**$1,130,947**	**$1,566,699**

Tables 4 and 5 further break out the funding shown in **Table 3** to display both federal and state funding spent on individuals ages 16-17 (**Table 4**) and individuals ages 18-21 (**Table 5**).

Table 4: Combined Federal and State Funds for All Youth Ages 16-17						
Service Type	**Total Spent**	**Substance Abuse Block Grant Spent - Federal Split**	**State General Fund Spent**	**Federal Medicaid**	**State Medicaid**	**Healthy Michigan Plan (Medicaid Expansion)**
Treatment Services						
Screening (AMS)	$2,199	$205	$58	$1,270	$666	$0
Assessment/OP	$55,271	$9,135	$2,577	$28,509	$14,950	$100
Case Management	$5,410	$4,220	$1,190	$0	$0	$0
Withdrawal Management	$1,461	$0	$0	$958	$503	$0
IOP	$32,546	$0	$0	$21,350	$11,196	$0
OP	$1,027,964	$165,402	$46,652	$534,372	$280,219	$1,319
Psych Evaluation	$3,666	$1,229	$347	$1,371	$719	$0
Residential	$1,316,027	$0	$0	$863,314	$452,713	$0
Domiciliary	$141,739	$36,688	$10,348	$62,125	$32,577	$0
Medication Assisted Treatment						
Buprenorphine	$0	$0	$0	$1,036	$0	$0
Methadone	$0	$0	$0	$0	$0	$0
Drug Screen	$2,199	$205	$58	$1,270	$666	$0
Recovery Services						
Peer Recovery	$80	$0	$0	$52	$28	$0

Table 4: Combined Federal and State Funds for All Youth Ages 16-17

Service Type	Total Spent	Substance Abuse Block Grant Spent - Federal Split	State General Fund Spent	Federal Medicaid	State Medicaid	Healthy Michigan Plan (Medicaid Expansion)
Recovery Services/Recovery Support	$2,525	$1,502	$424	$394	$206	$0
Recovery Housing	$0	$0	$0	$0	$0	$0
Ancillary Services						
Child Sitting	$0	$0	$0	$0	$0	$0
Transportation	$62	$37	$11	$9	$5	$0
Total	**$2,591,148**	**$218,624**	**$61,663**	**$1,516,030**	**$794,448**	**$1,419**

Table 5: Combined Federal and State Funds for All Youth Ages 18-21

Service Type	Total Spent	Substance Abuse Block Grant Spent - Federal Split	State General Fund Spent	Federal Medicaid	State Medicaid	Health Michigan Plan (Medicaid Expansion)
Treatment Services						
Screening (AMS)	$1,880	$483	$146	$384	$199	$668
Assessment/OP	$197,317	$43,704	$12,327	$41,814	$21,927	$77,546
Case Management	$18,953	$13,149	$3,709	$101	$53	$1,941
Withdrawal Management	$212,700	$18,168	$5,124	$39,388	$20,654	$129,366
IOP	$117,274	$21,905	$6,178	$16,872	$8,848	$63,471
OP	$1,289,643	$358,751	$101,186	$231,586	$121,441	$476,678
Psych Evaluation	$15,655	$1,728	$488	$3,676	$1,928	$7,835
Residential	$1,064,741	$73,406	$20,704	$233,055	$122,212	$615,365
Domiciliary	$240,420	$76,037	$21,446	$29,829	$15,642	$97,466
Medication Assisted Treatment						

Table 5: Combined Federal and State Funds for All Youth Ages 18-21						
Service Type	**Total Spent**	**Substance Abuse Block Grant Spent - Federal Split**	**State General Fund Spent**	**Federal Medicaid**	**State Medicaid**	**Health Michigan Plan (Medicaid Expansion)**
Buprenorphine	$375	$0	$0	$168,107	$77	$152
Methadone	$108,468	$13,842	$3,904	$27,628	$14,488	$48,606
Drug Screen	$9,766	$3,178	$896	$1,464	$768	$3,460
Recovery Services						
Peer Recovery	$37,126	$1,455	$410	$8,378	$4,393	$22,489
Recovery Services/Recovery Support	$27,185	$4,586	$1,294	$6,389	$3,351	$11,565
Recovery Housing	$7,670	$0	$0	$1,372	$719	$5,579
Ancillary Services						
Child Sitting	$1,100	$515	$145	$289	$151	$0
Transportation	$2,321	$305	$86	$600	$315	$1,016
Total	**$3,352,595**	**$631,212**	**$178,044**	**$810,931**	**$337,165**	**$1,563,204**

In Michigan, public funds are distributed regionally to the PIHPs that function as managed care organizations for individuals needing treatment for substance use and misuse. Allocations to each region are determined using a formula that includes the region's population, Medicaid eligible individuals, income levels and several other factors. There are extreme differences in spending across regions, as noted in Table 5 below. This is related to income level differences across regions, participation in private insurance and additional health and population disparities. Some differences may also be credited to the ability of the region to identify and facilitate referrals to treatment for the target population.

CHILD WELFARE

The Michigan Department of Health and Human Services, Children's Services Agency (CSA) indicated that any foster child living in the community receiving SUD treatment would use Medicaid to pay for treatment, thus these treatment dollars would be included in the Medicaid/Community Grant data. The CSA was able to determine the amount that was spent on all residential placements in the two state-run facilities (Shawano and Bay Pines) in fiscal

year 2016; which includes placements for behavioral, mental health, and substance use disorder needs. This is due to a switch in data collection systems.

In addition, CSA was able to determine how many youths were placed in each of the contracted residential facilities with an identified SUD treatment program and the cost of care for these youth.

Table 6: Total Spending - Child Welfare			
Fiscal Year	**Number of Youth Served in Residential**	**Amount Spent**	**Average Amount Spent per Youth**
2016	433	$20,977,560.60	$48,447.02

JUVENILE JUSTICE

Youth involved in the justice system are treated by a variety of agencies, dependent upon their status as a ward of the court or the state and whether supervision is provided by the court or Michigan Department of Health and Human Services. Most of the delinquent youth in Michigan are court wards served by the local court probation system. Courts have the option of referring or committing delinquent youth to the Michigan Department of Health and Human Services for care and supervision. Court jurisdiction of delinquent youth typically is terminated when a youth turns 19 years of age; although it can be extended until the age of 21 based on the seriousness of the offense. Youth sentenced as an adult may be sentenced to adult probation, jail or committed to the Michigan Department of Corrections.

MDHHS JUVENILE JUSTICE

The MDHHS Juvenile Justice Program provides care and supervision for juveniles referred to MDHHS as court wards or committed to MDHHS as a public ward. MDHHS funds treatment for community-based services for youth and contracts for private juvenile justice residential treatment facilities using county, state and federal Title IV-E funds. Juvenile Justice Programs that access services in the community via an outpatient provider are funded through the youth's Medicaid Health Plan. The type of crime, age of the individual and discretion of the court determine whether a youth will be charged as a juvenile or adult. The MDHHS Juvenile Justice Program accounts for approximately 6 percent [1]of the youth in Michigan involved with Juvenile Justice.

[1] Erroneous data excluded from calculation for 19 participants

The Juvenile Justice Program has access to up to 44 contracted substance abuse rehabilitation services residential beds for females and 50 for males[ii]. These beds are in licensed child care facilities and are not always licensed SUD providers. As a result, data and spending for this group are basic averages. Based on a six-year average, it is estimated that Juvenile Justice uses 22 beds per year. Historical reviews of the language in the residential provider contracts, indicates that Juvenile Justice Treatment should be categorized as Clinically Managed Medium-Intensity Residential Services for the purposes of this report. This information was previously collected with a now non- operational system. The current method of collecting this data is the MiSACWIS system which has no capacity to pull reports like the previous system. This, we believe, has created under- or misreporting of the number of individuals collecting treatment within this population for a SUD. As the system is more widely used and updated, we hope this information will become more well-defined.

STATE COURT ADMINISTRATIVE OFFICE (SCAO)

While the Juvenile Drug Courts only serve a small portion of Michigan's population of focus (16-year-olds who enter the juvenile justice system) an additional piece of information was the State Court Administrative Office (SCAO) that service a larger age range.

The SCAO participants in a juvenile drug court program that were active during fiscal year 2016 (10/01/2015 – 9/30/2016) (N=284) among 15 courts averaged the following number of SUD treatment hours over the course of their participation. The amount of grant funds budgeted for SUD treatment by the eleven juvenile drug courts funded by MDCGP for fiscal year 2016 was $68,868.84.

Table 7: Juvenile Drug Court Type of Services, Hours, and Funding

Type of Service	Average Hours of Substance Abuse Services[1]	%
Outpatient Services	32 hours	67%
IOP	157 hours	26%
Residential*	669 hours	16%
Withdrawal Management Level 1	0 hours	0%
Withdrawal Management Level 3 – 3.2	0 hours	0%

MICHIGAN DEPARTMENT OF CORRECTIONS (MDOC)

The Michigan Department of Corrections reported that an estimated $431,670 was spent on treating those individuals incarcerated in FY 2016 or were under supervision status for SUD treatment. Youth who were sentenced under Michigan's Holmes Youthful Training Act (HYTA) could not be included as they are not identified in MDOC's data collection systems. Also, the cost for treatment services are estimated because MDOC's databases and financial reports do not capture the age of the individual in SUD services. For Prison Based Services a database was queried for individuals that received outpatient prison- based treatment (Phase II). There were no individuals aged 16-17 served and nine individuals aged 18-21. For Intensive Outpatient Prison Based (ASAT) services there were no individuals aged 16-17 served and two individuals aged 18-21. For Person Based Residential Services (RSAT) there were no 16-17 or individuals aged 18-21. For prison- based services the cost was per therapist hour but considered that there were approximately 14 group members in each group so each session cost approximately $7.20. For individuals on community supervision there was one individual 16-17 years of age who was placed in residential treatment and we estimated that 5 percent of our placements are 18-21 years of age. For individuals who participated in outpatient treatment, 1 percent were between the ages of 16 and 17 and 3 percent were between 18 and 21.

The MDOC collects data through the following methods:

1. ACCESS database that records residential referrals and placements.
2. Contractor prepared daily census reports.
3. Contractor prepared admissions and discharge reports entered by MDOC substance abuse services (SAS) staff in OMS.
4. OMNI and OMS for birth dates and SUD treatment completion reports.
5. Staff calculating average contract fee for type of service by OMS and OMNI list of offenders in age range.

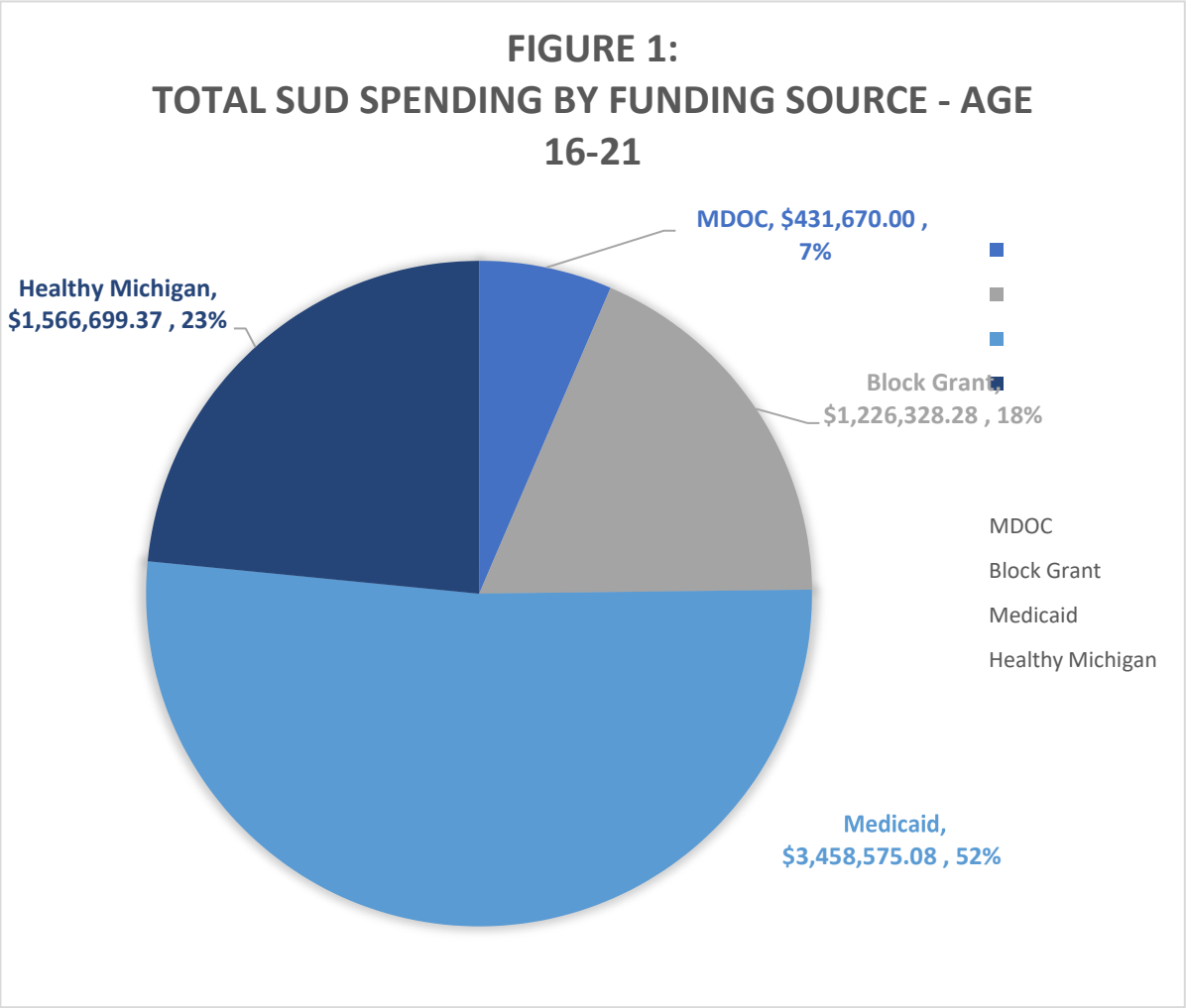
Table 7: Total Spending - Michigan Department of Corrections		
Treatment Type	**16-17 Years Old**	**18-21 Years Old**
Residential	$3,000	$191,936
Outpatient	$93,995	$140,993
Prison Based Intensive Outpatient	$0	$1,746
Group Counseling	$0	$7,857
Total	**$96,995**	**$342,532**

MICHIGAN DEPARTMENT OF EDUCTION (MDE) & MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES, POPULATION HEALTH

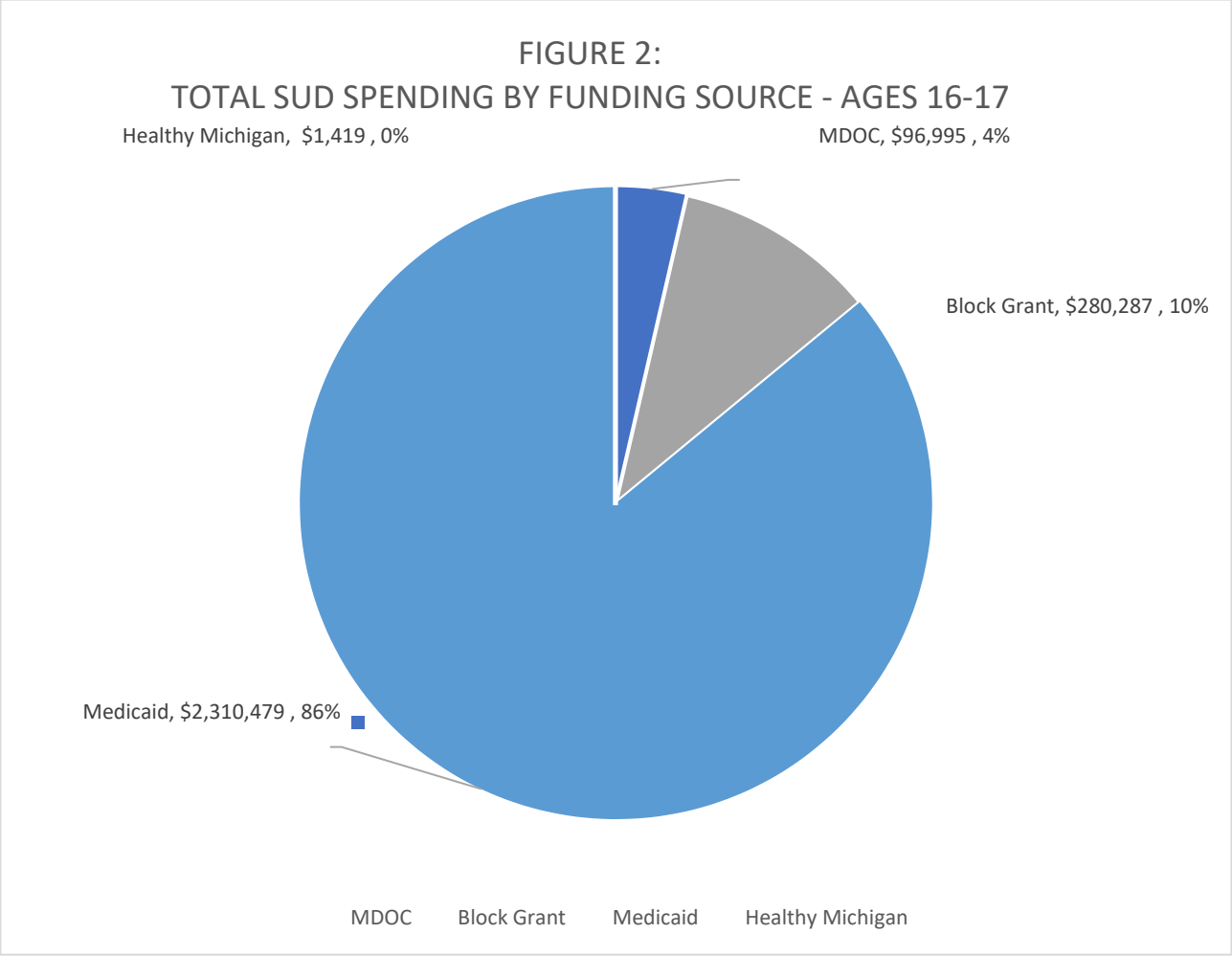
Previously, MDE, MDHHS, Population Health, collected data regarding Child and Adolescent Health Centers and their assessments, referrals and early intervention for those with a SUD. However, this information is no longer collected, and therefore it is unable to be obtained.

DISTRIBUTION OF SPENDING & LEVEL OF CARE FIGURES

Below, **Figure 1** displays combined federal and state funding for SUD treatment for individuals ages 16 to 21 years old by funding source. This chart only includes data from MDOC, Medicaid, Healthy Michigan Plan and Community Grant (funding from other areas was unable to be broken down by level of care).



Below, **Figure 2** displays combined federal and state funding for SUD treatment for individuals ages 16 to 17 years old by funding source. This chart only includes data from MDOC, Medicaid, Healthy Michigan Plan and Community Grant (funding from other areas was unable to be broken down by level of care).



Below, **Figure 3** displays combined federal and state funding for SUD treatment for individuals ages 18 to 21 years old by funding source. This chart only includes data from MDOC, Medicaid, Healthy Michigan Plan and Community Grant (funding from other areas was unable to be broken down by level of care).

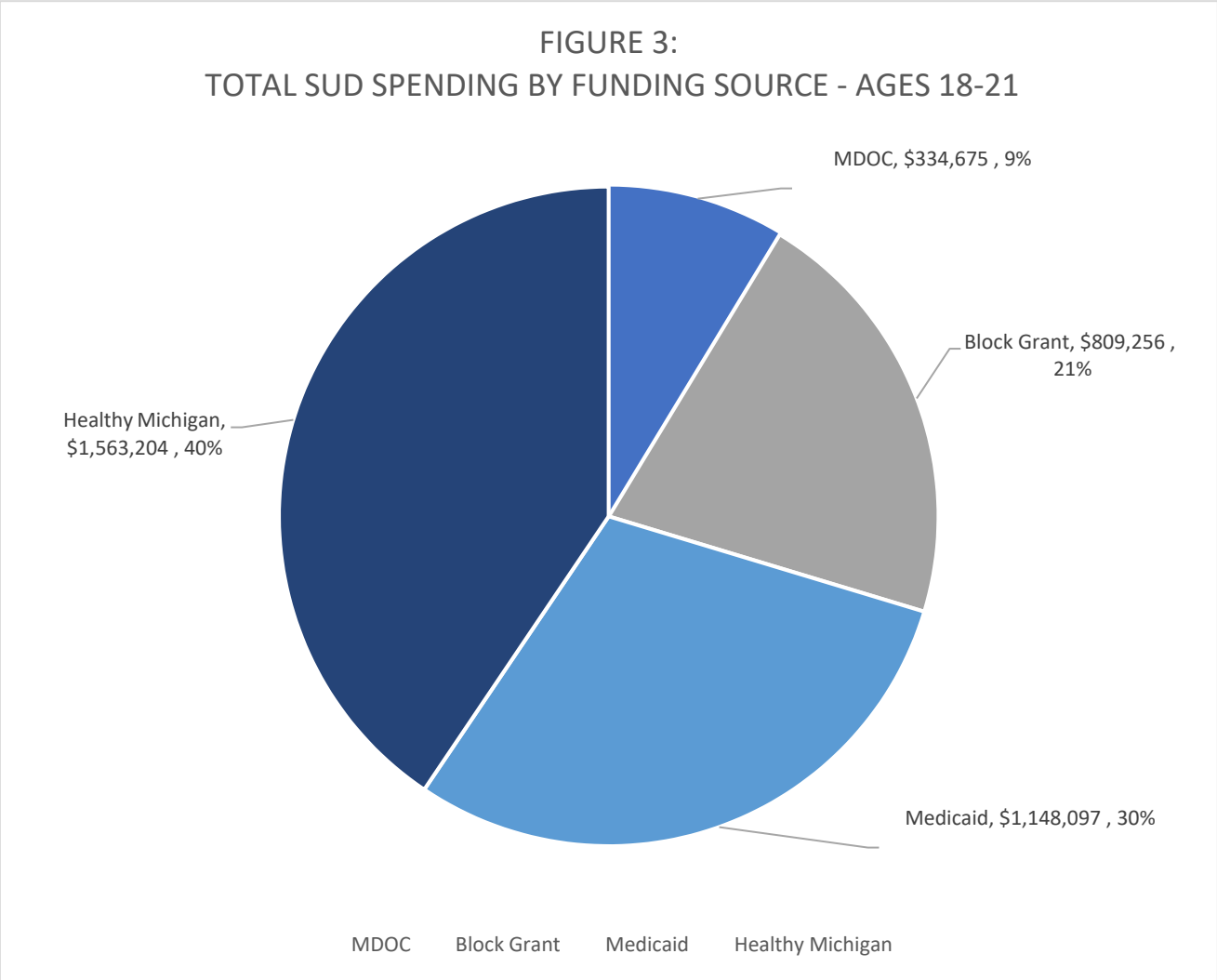


Figure 4 below displays the funding for SUD treatment for individuals aged 16 to 21 years old by level of care. This chart only includes data from MDOC, Medicaid, Healthy Michigan Plan and Community Grant (funding from other areas was unable to be broken down by level of care). This figure highlights that 97 percent of all funding is spent on treatment services, while Medication Assisted Treatment, Recovery Services and Ancillary Services account for the other 3 percent (2 percent, 1 percent and 0 percent, respectively). One goal of this project is to increase services, particularly recovery services to individuals with a SUD following treatment.

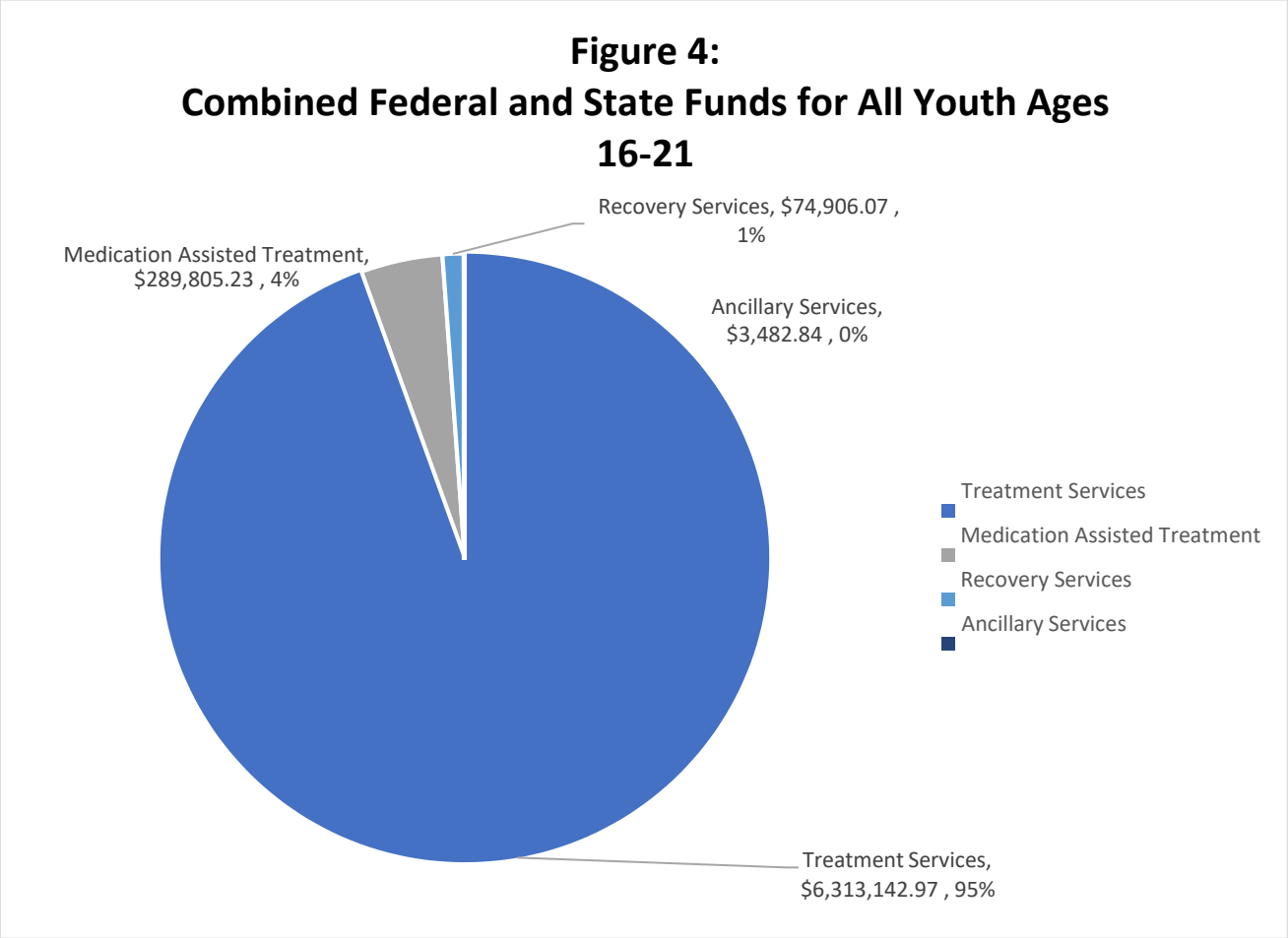
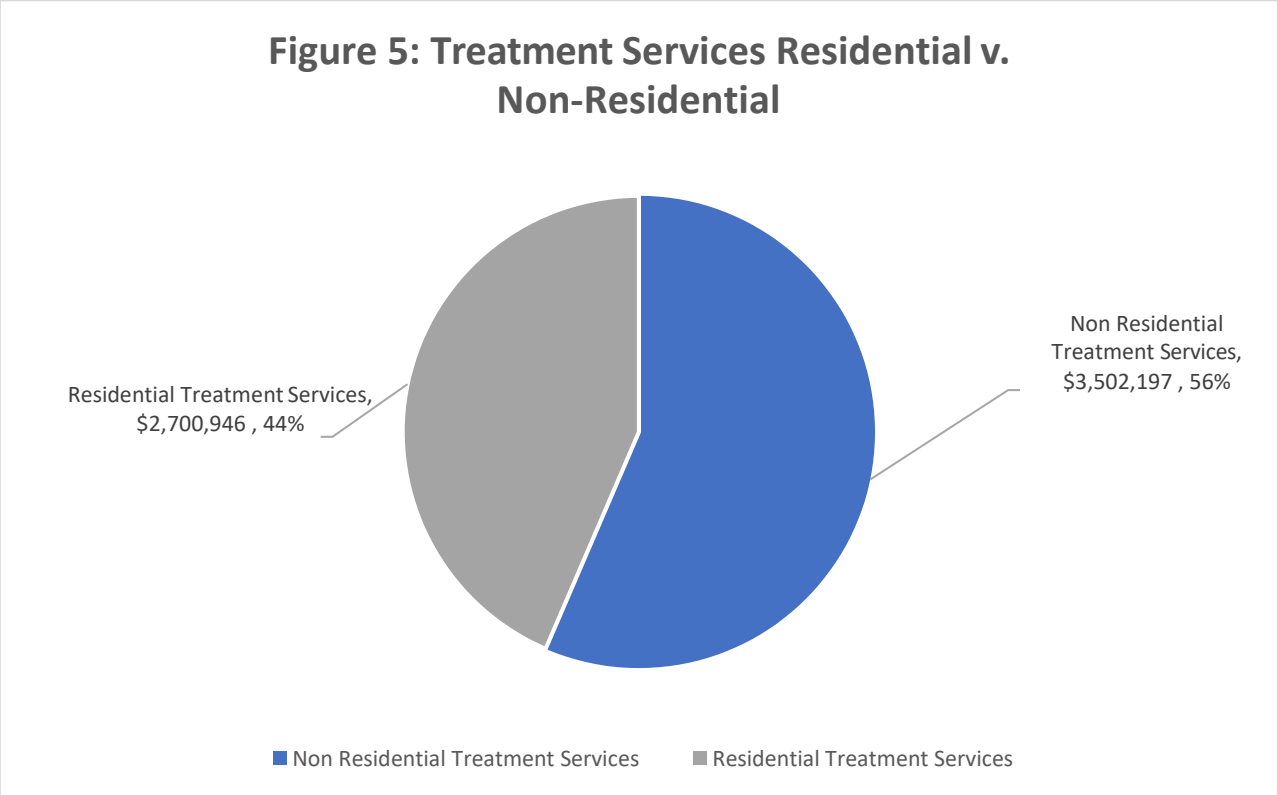


Figure 5 below displays the split in SUD residential and non-residential treatment services provided for individuals aged 16 to 21 years old across all funding streams (MDOC, Medicaid, Healthy Michigan Plan and Community Grant). This figure highlights the amount of resources spent on residential services ($2,700,946, or 44 percent of funding) as opposed to all other treatment services available ($3,502,197, or 56 percent), which includes screening, assessment, case management, withdrawal management, intensive out patient, outpatient,

psychological evaluation and domiciliary. It is our hope that as more resources are shifted to the other areas of treatment, there will be an increase in sustained recovery and a decrease in time spent in a residential facility.



IMPLICATIONS

The financial mapping process continues to highlight the State of Michigan's data collection deficits. The two greatest barriers in data collection this year and last year were the switching of systems from Juvenile Justice On-line Technology (JJOLT) to the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) case management system and current federal data collection obligations that are taking precedence over the gathering of data for adolescent and transitional aged youth SUD treatment and funding. The previous financial map also called attention to stakeholders, providers and State of Michigan systems to recognize and implement change in the current system of care. Addressing not only those within a residential treatment center, but also those who are involved in community outreach and outpatient care while strategizing how best to reach those who are not being treated for an ongoing disorder is being discussed across many levels of the state. Increasing a continuum of care and holistic treatment of individuals begins with knowledge of the issues.

This and future reports will continue to highlight barriers to treatment as well as resources already in place. The sharing of information and best practices has continued to be communicated and disseminated throughout the state. This collaboration across levels of care, counties and providers will strengthen the current system and bring forth the change Michigan needs to become a leader in future SUD treatment for adolescents and transitional age youth.

The 2018 financial map content increased in usefulness by separating spending into federal vs. state contributions (where applicable). Additionally, the Level of Care tables are very helpful in identifying where most of the funding for SUD treatment and recovery services for individuals from ages 16-21 is being used. Residential services consumed the most funding in fiscal year 2016. The community-based system, including recovery supports, previously identified as needing to be expanded to keep youth in the community when possible and to provide step-down services for youth returning from residential care, is currently being targeted to implement services to this population. We will continue to investigate new evidence-based treatment services and supports will lead us to explore additional strategies to reduce reliance on residential care. Medication assisted treatment is underutilized for youth; this is due in part to policy restrictions at the federal level that a minor is required to have non-successful attempts of drug free treatment twice before MAT services can be provided. We anticipate this being addressed as the opioid crisis is spotlighted and the desire to decrease the number of overdose related deaths and morbidity of the disease is a focus of lawmakers. The need to expand recovery support services in Michigan is a concentration of the MYTIE grant through the creation of a model for peer supports for adolescents. It is anticipated that this will promote long-term recovery success in youth.

The financial mapping process continues to highlight issues, barriers and strengths within the service array provided. The PIHPs all manage their provider panel independently, and as a result the continuum of care in each region can vary greatly and lead to disparities. Many PIHP regions contract with the adolescent residential providers across the state, but few have targeted efforts to expand recovery supports within their region or ensure that community-based treatment is meeting the needs of the population. As underage youth (16-17) transition to adult services, some of the supports and robust coverage of services is lost, and this continues to be a focus of the IAC.

When averaged, Michigan's SUD system was billed $1,400,747 for 4,658 individuals between the ages of 16-21 in a SUD treatment program. Last year's financial map showed

that SUD system spent $1,078 per adolescent and transitional aged youth between the ages of 16 and 21; with state spending accounting for approximately $200 for each youth. In FY16, the SUD system spent $301 per adolescent and transitional aged youth. State spending increased to $301.

This underscores an opportunity for the state to continue to make an investment in the lives of these individuals and secure more funding for their treatment and recovery services. As we move forward in our efforts to expand treatment and recovery supports to adolescents and transitional age youth 16-21, and report on our efforts to curb the rise of opioid use in this population to our Director, Governor and Legislature, we will use this financial mapping report to show areas where the state could improve its ability to offer youth SUD treatment and support.

CONCLUSION

In its second year, Michigan's 2018 Financial Map continues to highlight progress, gaps, barriers and successes regarding adolescent and transitional aged youth SUD treatment. The MYTIE grant has allowed for expansion of EBP specifically designed for this population which was requested and wanted from providers across the state. Momentum and enthusiasm regarding assisting these individuals are high as we move into the second year of the grant. One of the state's biggest barriers currently remains the workforce turnover for adolescent and transitional aged youth providers. OROSC maintains their position to remove this barrier and place infrastructure and incentives in place to promote longevity within this field.

Data is pulled from multiple sources and therefore can have differing codes and ways to break out the information. We are encouraged that we can pull as much data as we have been and look for ways in which to streamline this information. Improvements in collection and storage of this information continues to be a focus especially as the state switches systems in different departments.

We continue to see differences in the type of data collected across departments. Some identify use of a therapist's hours as opposed to a service category for billing, which can lead to difficulty in quantifying cost for SUD services across agencies. For example, in group therapy, the number of participants in the group may vary. Also, it was determined that in some areas, financial data were not readily divided so that substance abuse specific services, age of

participants or whether the individual had a co-occurring disorder were clearly delineated as a separate service category.

The IAC and Financial Mapping Subcommittee are reviewing spending annually to track residential, community-based treatment, recovery support services, and medication assisted treatment expenditures across different age groups as well as those living with a co-occurring disorder. Ideally, the amount of state and federal funds invested in residential services will decrease as the recovery supports and medication assisted treatment expenditures increase as we have seen in the adult system.

As a committee and a whole, the IAC members will continue to discuss all the financial mapping findings. A possible solution to the unreliable data is to begin asking for the data more regularly going forward. By asking for the data at regular and planned intervals, we hope to encourage data system changes that might allow easier identification of how much is spent on SUD treatment.

Finally, it would be helpful to have access to treatment spending for those youth receiving services through private insurance. Collecting this information will ensure that all Michigan residents, ages 16 to 21 years old who receive SUD treatment, are represented in our financial map, providing a clearer and more accurate picture of the SUD services provided to these individuals.

[i] Source: SCOA 2016 statistical caseload report and SEL JJ query.
[ii] Source: September 2018 905-5

Definitions

Assessment: The process of interviewing an individual to obtain the sociological background, psychological makeup, education and work history, family and marriage difficulties, and medical issues to better identify an individual's needs.

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

Continuum of Care: An available range of service types utilized to address the level of needs individuals have over time.

Early Intervention: (two definitions)

> **Prevention** "Early Intervention" is a term generally used to describe those 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).
>
> **Treatment** "Early Intervention" refers to specifically focused programs, including stage-based intervention for persons with substance use disorders, as identified through a screening or assessment process, including individuals who may not meet the threshold of abuse or dependence.

Medication-Assisted Recovery: The use of specific medications, in combination with counseling and/or other components of recovery.

Outpatient Therapy: Outpatient treatment is an organized, non-residential treatment service or an office practice with clinicians educated/trained in providing professionally directed alcohol and other drug treatment. The treatment occurs in regularly scheduled sessions, usually totaling fewer than nine contact hours per week, but when medically necessary can total over 20 hours in a week. Most of the programs involve individual or group counseling. It is a program where individuals are treated, while residing at home or in another supportive environment.

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

Recovery Centers: Places where recovery support services are designed, tailored, and delivered to individuals within local communities.

Recovery Coach: An individual who links the recovering persons to the community, serves as a personal guide or mentor in the process of personal and family recovery, and helps remove personal and environmental obstacles.

Recovery Support Services: 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.

Residential Treatment Program: Services that are provided in a full or partial residential setting where individuals reside while receiving services. Such services may be supplemented with diagnostic services, counseling, vocational rehabilitation, work therapy, or other services that are judged to be valuable to clients in a therapeutic setting. Levels of residential services are defined by the American Society of Addiction Medicine.

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.

Treatment Episode Data Sets (TEDS): SAMHSA's Treatment Episode Data Set (TEDS) is a major national data collection system from SAMHSA's Office of Applied Studies that produces an annual report of the demographic characteristics and substance abuse problems of the individuals admitted to substance abuse treatment facilities. In addition, trend data are provided for monitoring changing patterns in substance abuse treatment admissions and discharges. This system also provides treatment outcomes data.

Withdrawal Management: A set of interventions performed within a treatment program aimed at managing acute intoxication and withdrawal. It denotes to a clearing of toxins from the body of the patient who is acutely intoxicated and or dependent on substances of abuse.

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