

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES

Federal Funding at the State-Level

The Effects of SAMHSA and CDC Funding on the Opioid Crisis in Michigan and the Crucial Corrective Role of Data

Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Session Objectives

Improve **implementation of interventions** at the community level with a fuller understanding of the influence of funders

Improve **monitoring of interventions** at the community level with a fuller understanding of the impact on funding

Improve **data collection and analysis** at the local level with an emphasis on real-time dissemination and proactive reporting

Improve **responses to data that result in corrective changes** in the implementation and monitoring of interventions at the local level

Jan Fields EdD PhD Program Coordinator/Evaluator MDHHS Injury and Violence Prevention Section



PREVENTION:

Promote awareness Reduce supply & demand Improve IT analytics & surveillance

1°

Reduce opioid pill counts Multimedia campaign Take back programs Improve health data sharing



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EARLY INTERVENTION:

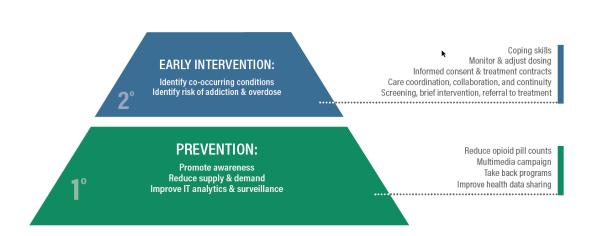
Identify co-occurring conditions Identify risk of addiction & overdose

...

2°

Coping skills Monitor & adjust dosing Informed consent & treatment contracts Care coordination, collaboration, and continuity Screening, brief intervention, referral to treatment







TREATMENT:

Increase treatment services

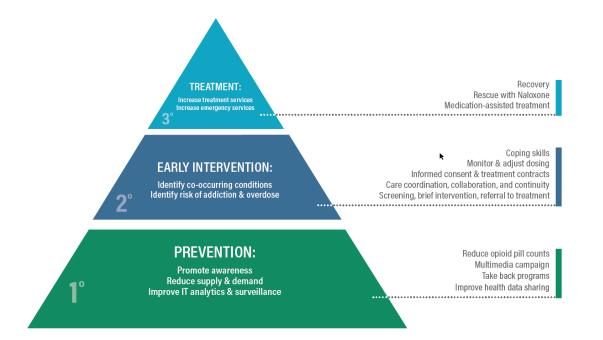
Increase emergency services

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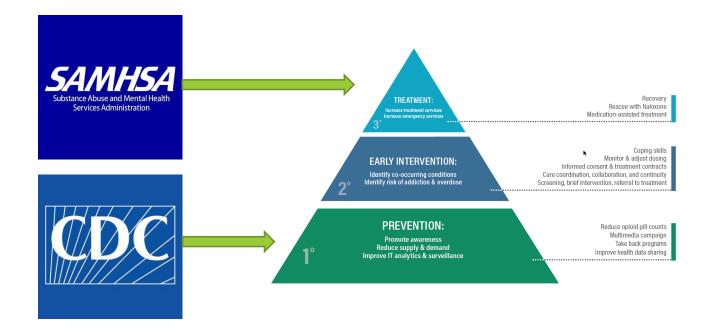
3°

Recovery Rescue with Naloxone Medication-assisted treatment

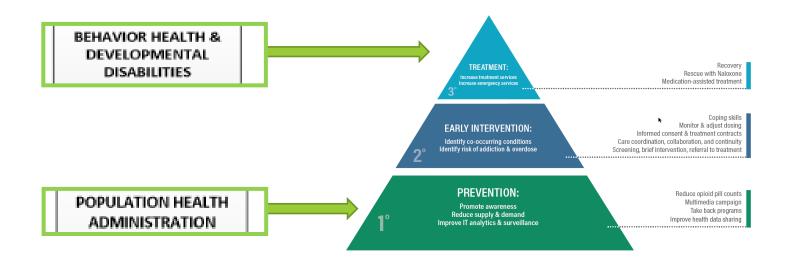






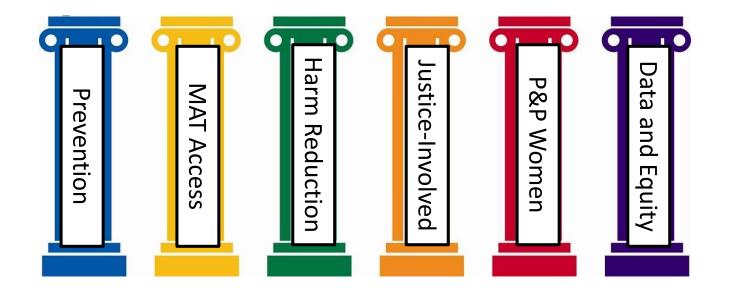




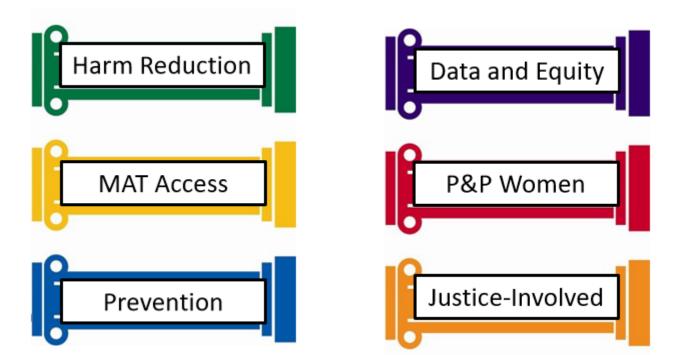
















SAMHSA Funding and the Opioid Crisis in Michigan

Logan O'Neil Project Coordinator – State Opioid Response MDHHS Office of Recovery Oriented Systems of Care



State Targeted Response (STR) to the Opioid Crisis



Funding released to states by Substance Abuse and Mental Health Services Administration (SAMHSA)

\$16,372,680 per grant year for two years

April 1, 2017 - March 31, 2019
Currently in a one year No Cost Extension

Initiatives in prevention, treatment, and recovery



State Opioid Response (SOR) to the Opioid Crisis



Funding released to states by Substance Abuse and Mental Health Services Administration (SAMHSA)

\$27,914,639 per grant year for two years

Subsequently awarded \$14,121,158 in Supplemental SOR funding

October 1, 2018 - September 30, 2020

Expansion of prevention, treatment, and recovery initiatives started under STR, with additional programming





Michigan's 10 Prepaid Inpatient Health Plans (PIHP's)

- Evidence-based prevention programming for youth and families
- Overdose education and naloxone distribution with harm reduction
- Expanding access to Medication Assisted Treatment (MAT)
- Peer recovery support services
- Recovery housing





Michigan State University

- Older adult prevention
- Collaborative Addiction Resources and Education System (CARES)

University of Michigan

- Opioid Prescribing Engagement Network (OPEN)
- Michigan Opioid Collaborative (MOC)

Wayne State University

- Evaluation
- Center for Behavioral Health and Justice





MDHHS Office of Communications

• Anti-stigma campaigns

Michigan State Police

• Angel Program

Michigan Department of Licensing and Regulatory Affairs

Prescription Drug Monitoring Program





Inter-Tribal Council of Michigan

Increase access to MAT and peer recovery support

Michigan Opioid Partnership

- Ensuring warm handoff from emergency department to outpatient provider
- MAT in jails

Michigan Public Health Institute

- Hope Not Handcuffs expansion
- Provision of contractual staff





CDC Funding and the Opioid Crisis in Michigan

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Overdose Data to Action (OD2A) Grant

Data Driven Prevention Initiative 2016 – 2019 \$2,850,000

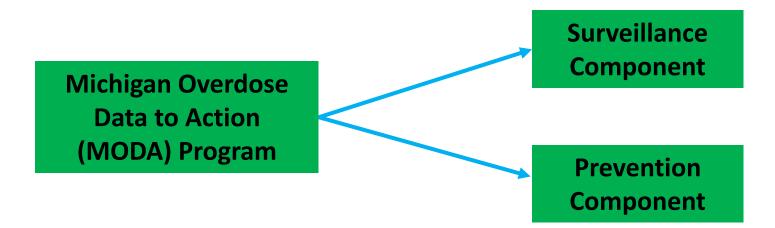


Overdose Data to Action OD2A Grant 2019 - 2022 \$15,580,158

Enhanced State Opioid Overdose Surveillance 2017 - 2019 \$679,959

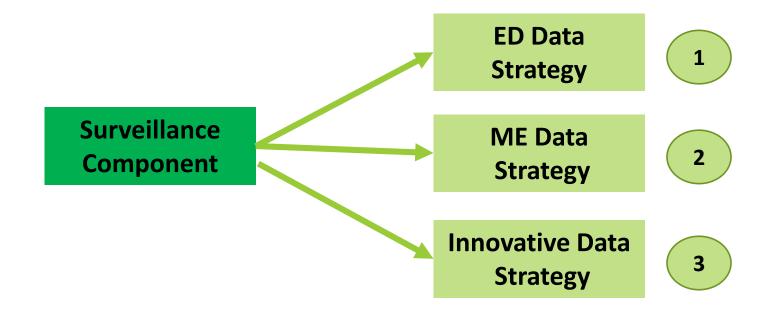






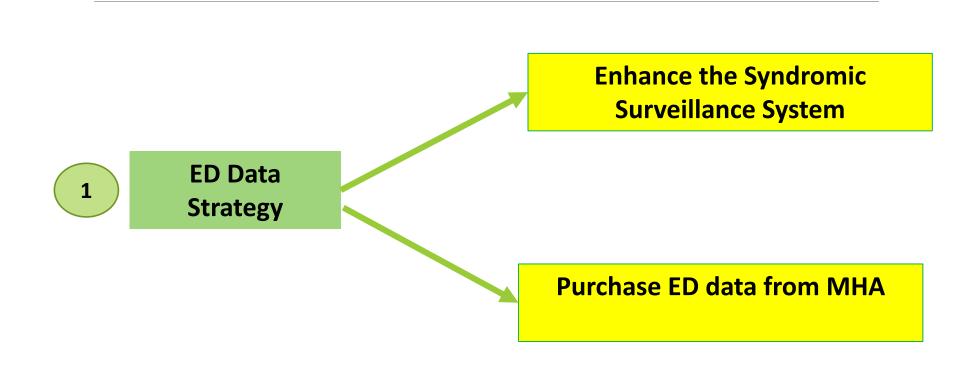






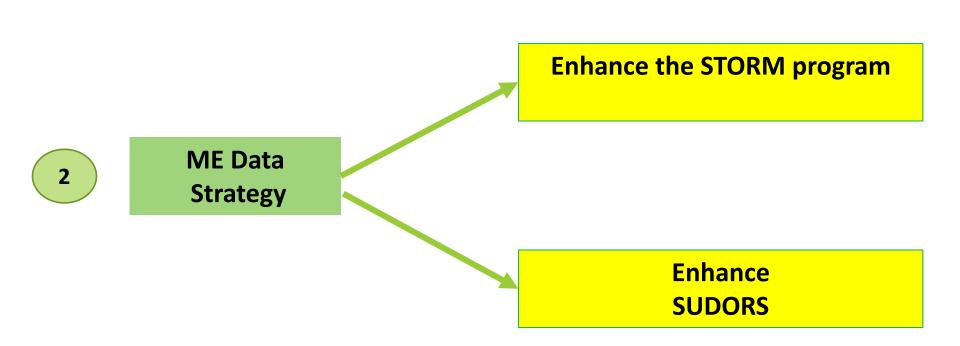






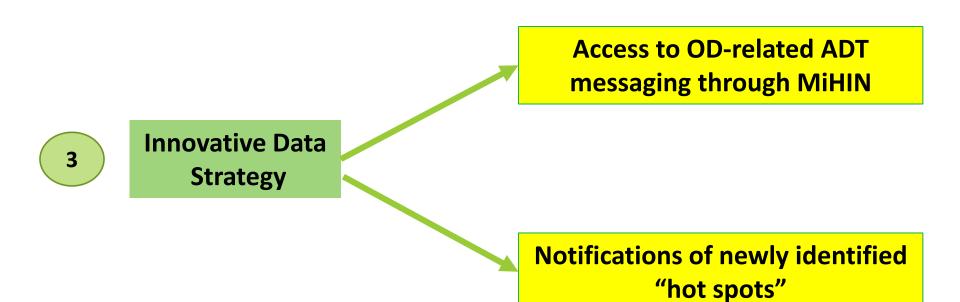






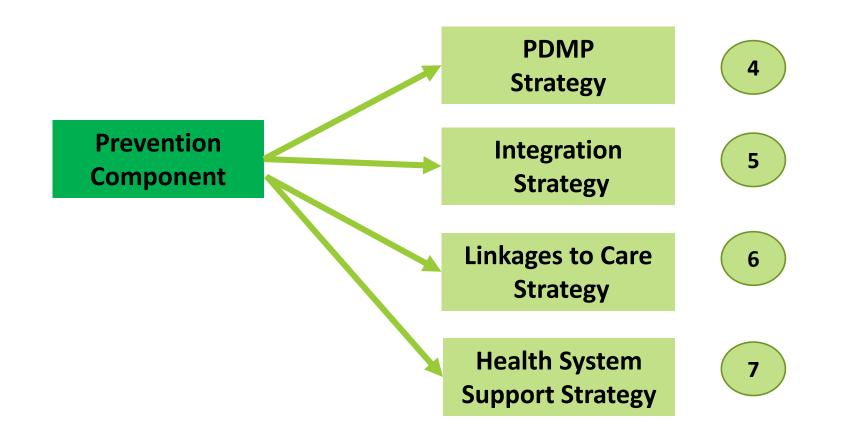


CDC



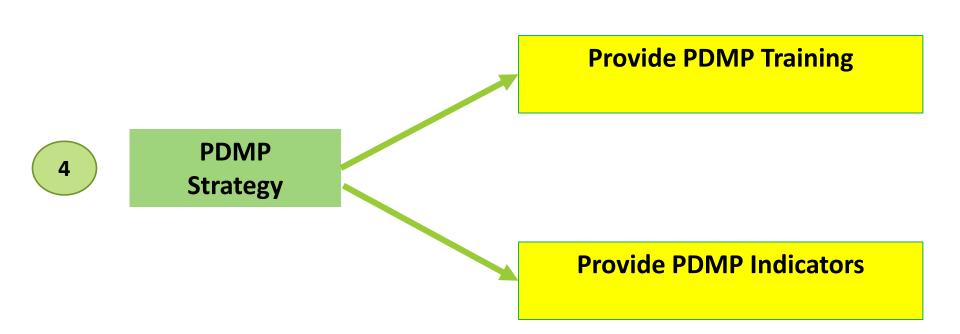






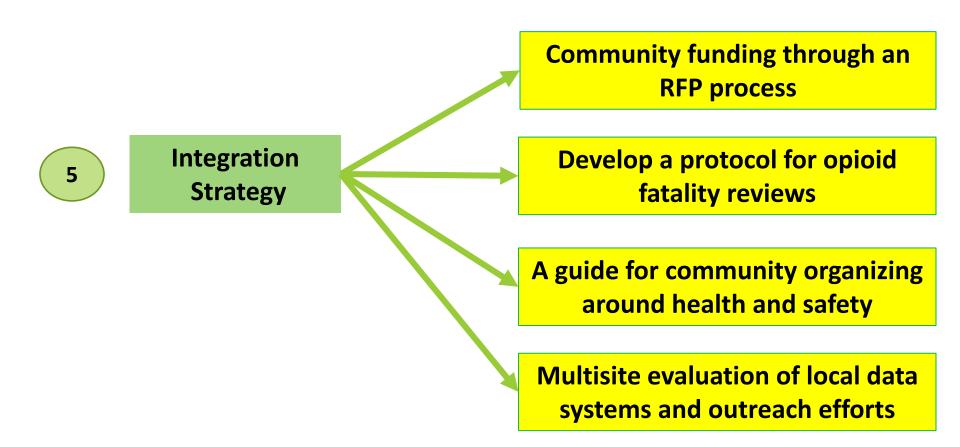
















Linkages to Care Strategy

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Support the use of AZARA SUD abuse module for FQHC

Develop a curriculum for training community paramedics

Evaluation of the naloxone standing order policy





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Provide MAT and chronic pain management training

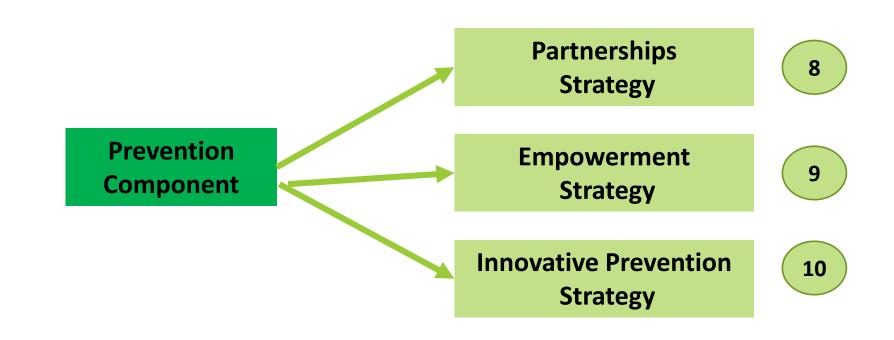
Develop and implement an academic detailing program

Implement the CDC QI and Care Coordination tool

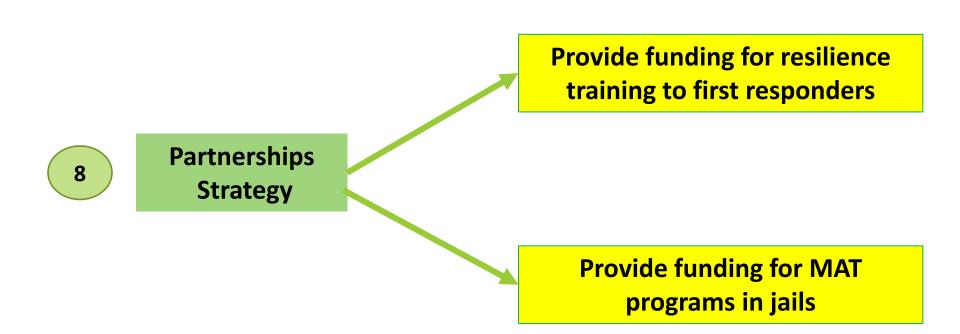
> Develop a post-overdose guideline for EDs



CDC



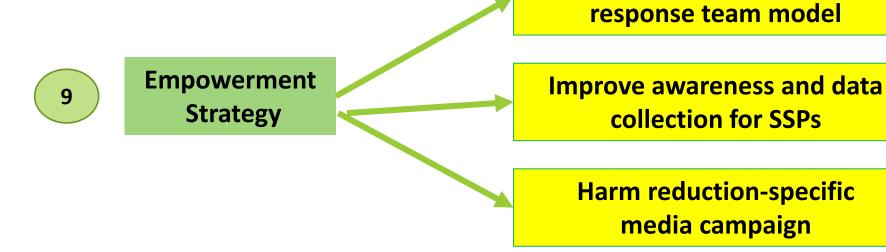






CDC

Develop and implement a





CDC

MODA Strategies

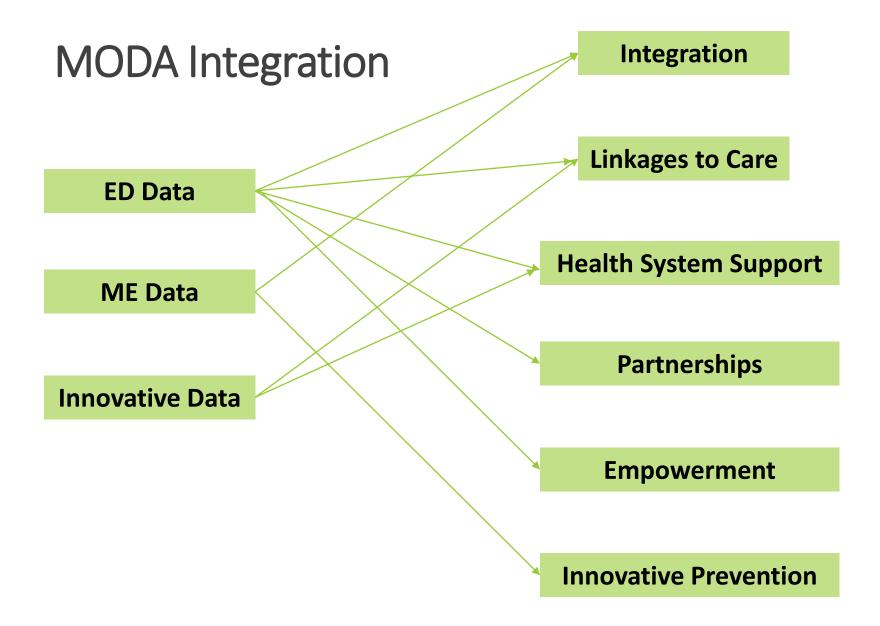


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Fund a musical that will address stigma and the risks of opioid misuse and abuse

Create a lived experiences advisory council as part of the MDHHS Stakeholder Workgroup



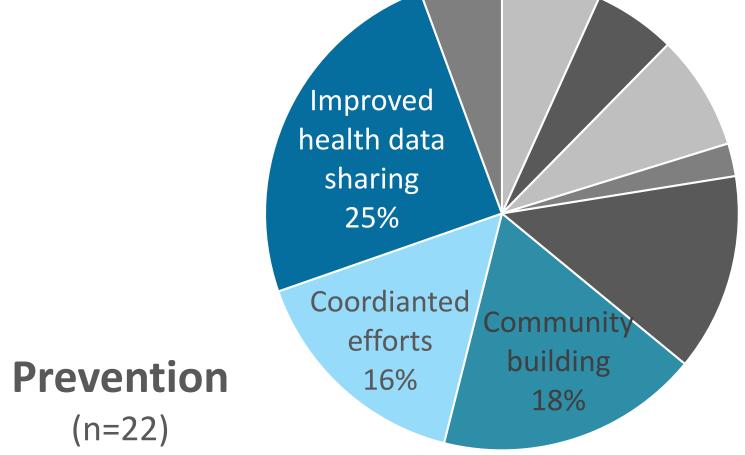


The Crucial Role of Data in Local Public Health

Rita Seith Opioid Surveillance Evaluation Coordinator MDHHS Bureau of Epidemiology and Population Health

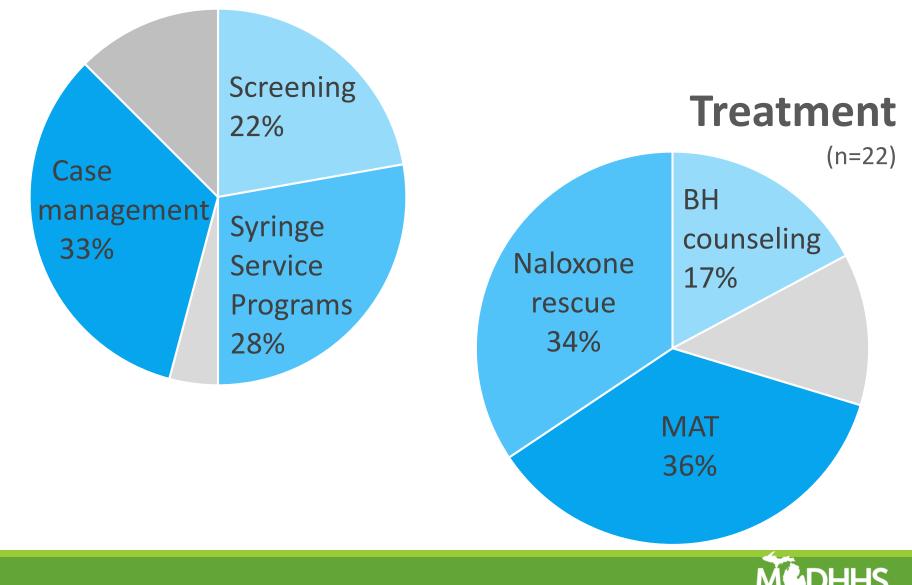


Rank your priorities based on how much of your department or organization's resources are focused in this area.





Early Intervention (n=22)



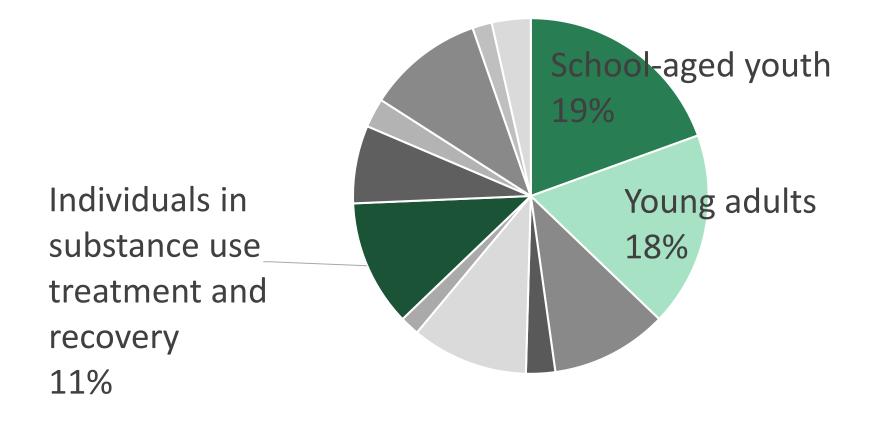
Michigan I

What challenges do you have in addressing drug abuse in your work?

We need reliable, flexible funding Harm reduction and naloxone funding restrictions make our work difficult MiPHY needs more, regular funding		
Barriers to youth Reluctant parents	FQHCs only refer themselves Across LHDs Coordination Time Sustainable to plan programming	Trained in substance abuse Staff Tech Social assistance; workers data analysis
Botvin in schools Gap in services for adolescents Treatment can't admit u17	Outdated, inaccurate, lacking <i>ER visits</i> Data <i>Private</i> Are we <i>insurance</i> effective?	Especially faith-based communities & law enforcement Stigma Parents won't take kids to treatment



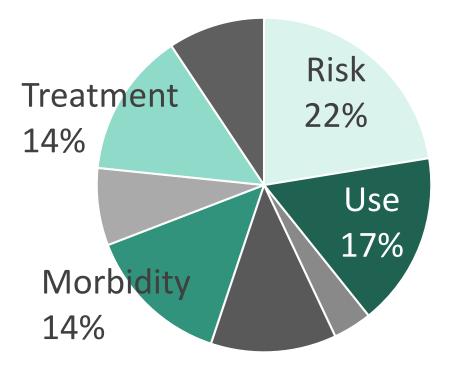
What populations do you most need more data on regarding drug abuse/overdose?





Select your top 3 individual and community level categories regarding your data needs.

Individual level (n=22)





Cost

21%



Impact

20%

What you can expect from our team

Support...

- Via coordination with other local public health organizations/departments
- Funding that is more flexible (where possible) and better tailored to your goals
- Data products that reflect your data gaps

Questions?



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