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
MDHHS Public Health Approach to the Opioid Crisis

Jan Fields EdD PhD
Program Coordinator/Evaluator
MDHHS Injury and Violence Prevention Section
MDHHS Public Health Approach to the Opioid Crisis

1. PREVENTION:
   - Promote awareness
   - Reduce supply & demand
   - Improve IT analytics & surveillance

   - Reduce opioid pill counts
   - Multimedia campaign
   - Take back programs
   - Improve health data sharing
MDHHS Public Health Approach to the Opioid Crisis

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Reduce opioid pill counts
Multimedia campaign
Take back programs
Improve health data sharing
MDHHS Public Health Approach to the Opioid Crisis

EARLY INTERVENTION:
- Identify co-occurring conditions
- Identify risk of addiction & overdose

Coping skills
- Monitor & adjust dosing
- Informed consent & treatment contracts
- Care coordination, collaboration, and continuity
- Screening, brief intervention, referral to treatment
MDHHS Public Health Approach to the Opioid Crisis

**EARLY INTERVENTION:**
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- Identify risk of addiction & overdose

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1°
2°
MDHHS Public Health Approach to the Opioid Crisis

TREATMENT:
- Increase treatment services
- Increase emergency services

Recovery
- Rescue with Naloxone
- Medication-assisted treatment
MDHHS Public Health Approach to the Opioid Crisis

**1°  PREVENTION:**
- Promote awareness
- Reduce supply & demand
- Improve IT analytics & surveillance

**2°  EARLY INTERVENTION:**
- Identify co-occurring conditions
- Identify risk of addiction & overdose
- Screening, brief intervention, referral to treatment
- Care coordination, collaboration, and continuity
- Informed consent & treatment contracts
- Monitor & adjust dosing

**3°  TREATMENT:**
- Increase treatment services
- Increase emergency services
- Rescue with Naloxone
- Medication-assisted treatment
- Recovery

- Coping skills
- Take back programs
- Improve health data sharing
- Multimedia campaign
- Reduce opioid pill counts
MDHHS Public Health Approach to the Opioid Crisis

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- Rescue with Naloxone
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Coping skills
- Monitor & adjust dosing
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Reduce opioid pill counts
- Multi-mood campaign
- Take-back programs
- Improve health data sharing
MDHHS Public Health Approach to the Opioid Crisis
MDHHS Public Health Approach to the Opioid Crisis

- Prevention
- MAT Access
- Harm Reduction
- Justice-Involved
- P&P Women
- Data and Equity
MDHHS Public Health Approach to the Opioid Crisis

- Harm Reduction
- MAT Access
- Prevention
- Data and Equity
- P&P Women
- Justice-Involved
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
STR and SOR Grantees and Initiatives

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
STR and SOR
Grantees and Initiatives

MDHHS Office of Communications
  ◦ Anti-stigma campaigns

Michigan State Police
  ◦ Angel Program

Michigan Department of Licensing and Regulatory Affairs
  ◦ Prescription Drug Monitoring Program
STR and SOR
Grantees and Initiatives

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

Jan Fields EdD PhD
Program Coordinator/Evaluator
MDHHS Injury and Violence Prevention Section
Overdose Data to Action (OD2A) Grant

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

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

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

Michigan Overdose Data to Action (MODA) Program

- Surveillance Component
- Prevention Component
MODA Strategies

Surveillance Component

- ED Data Strategy (1)
- ME Data Strategy (2)
- Innovative Data Strategy (3)
MODA Strategies

1. Enhance the Syndromic Surveillance System
   - ED Data Strategy
   - Purchase ED data from MHA
MODA Strategies

1. ME Data Strategy
   - Enhance the STORM program
   - Enhance SUDORS
MODA Strategies

1. Innovative Data Strategy

   - Access to OD-related ADT messaging through MiHIN
   - Notifications of newly identified “hot spots”
MODA Strategies

Prevention Component

- PDMP Strategy
- Integration Strategy
- Linkages to Care Strategy
- Health System Support Strategy
MODA Strategies

PDMP Strategy

Provide PDMP Training

Provide PDMP Indicators
Integration
Strategy

Community funding through an RFP process

Develop a protocol for opioid fatality reviews

A guide for community organizing around health and safety

Multisite evaluation of local data systems and outreach efforts
MODA Strategies

- Support the use of AZARA SUD abuse module for FQHC
- Develop a curriculum for training community paramedics
- Evaluation of the naloxone standing order policy
Health System Support Strategy

- 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
MODA Strategies

Prevention Component

- Partnerships Strategy
- Empowerment Strategy
- Innovative Prevention Strategy
MODA Strategies

- Provide funding for resilience training to first responders
- Provide funding for MAT programs in jails
MODA Strategies

Empowerment Strategy

- Develop and implement a response team model
- Improve awareness and data collection for SSPs
- Harm reduction-specific media campaign
Innovative Prevention Strategy

- 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.

**Prevention**
(n=22)

- Improved health data sharing: 25%
- Coordinated efforts: 16%
- Community building: 18%
Early Intervention
(n=22)

- Case management: 33%
- Screening: 22%
- Syringe Service Programs: 28%

Treatment
(n=22)

- MAT: 36%
- BH counseling: 17%
- Naloxone rescue: 34%
What challenges do you have in addressing drug abuse in your work?

Funding

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

Coordination

Across LHDs
Sustainable programming
Time to plan

Staff
Trained in substance abuse
Social workers
Tech assistance; data analysis

Gap in services for adolescents
Botvin in schools
Treatment can’t admit u17

Data
Outdated, inaccurate, lacking ER visits
Private insurance
Are we effective?

Stigma
Especially faith-based communities & law enforcement
Parents won’t take kids to treatment
What populations do you most need more data on regarding drug abuse/overdose?

- School-aged youth: 19%
- Young adults: 18%
- Individuals in substance use treatment and recovery: 11%
Select your top 3 individual and community level categories regarding your data needs.

**Individual level** (n=22)
- Treatment: 14%
- Risk: 22%
- Use: 17%
- Morbidity: 14%

**Community level** (n=22)
- Protective factors: 26%
- Cost: 21%
- Impact: 20%
- Risk: 25%
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?
Contact Info

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