REPORT OF THE MSHN DEPUTY DIRECTOR
TO THE MSHN SUBSTANCE USE DISORDER OVERSIGHT POLICY BOARD
(SUD OPB)
April/May

MSHN/REGIONAL MATTERS

SUD Oversight Policy Board – Bylaws
There has been some discussion as noted below from the Michigan Association of Counites regarding the Open Meetings Act to allow for remote participation and voting.

Mid-State Health Network is still monitoring any newly proposed legislation prior to presenting any changes to the bylaws. MSHN will present an amendment to the SUD OPB in accordance with Section 7.2 as follows: "These bylaws may be amended by the members of the Board acting in accordance with the voting requirements set forth in Section 4.8. The agenda of the meeting shall set forth a summary of the proposed amendment(s) at *least fourteen (14) days prior to the date of the meeting*. *An affirmative vote to amend the Bylaws must be approved by the Board of Directors of MSHN.* Any amendment of these bylaws must be consistent with the Michigan law, the Code and the Intergovernmental Contract.

MSHN is planning to present an overview of the SUD Oversight Policy Board Bylaws and review any proposed edits, now expecting to take place in the summer/fall.

24th Annual Substance Use and Co-Occurring Disorder Conference
The 24th Annual Substance Use and Co-Occurring Disorder Conference will take place this year on September 25-26, 2023. This year's theme is "Supporting Wellness in Individuals, Communities and Systems". MSHN sponsors board members to participate and provides reimbursement for travel related costs. SUD Oversight Policy Board members interested in attending, should contact myself or Sherry Kletke.

Efforts to Increase Use and Understanding of Data
MSHN will be offering Regional Data Workgroup sessions designed specifically for Substance Use Disorder Providers. The intent of the workgroup sessions will be to inform providers of key performance measures collected and reported by the PIHP, to assist providers in understanding their specific data and performance level and to allow providers an opportunity to work with MSHN's data experts. In addition, the workgroup will also provide discussions around quality of data and share quality initiatives to improve performance. The initial meeting is scheduled for Tuesday June 13th from 11am-12pm.

Annual Disclosure of Ownership, Controlling Interest, and Criminal Convictions
MSHN is contractually responsible for monitoring ownership and control interests within its provider network and disclosing criminal convictions of any staff member, director, or manager of MSHN, any individual with beneficial ownership of five percent or more, or an individual with an employment, consulting, or other arrangement with

MSHN. Therefore, Oversight Policy Board Members must complete an annual disclosure statement that ensures MSHNs compliance with the contractual and federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions.

In short order, Board Members will receive an email from Sherry Kletke, with a request to complete and electronically sign a disclosure form (via DocuSign). The form can be completed on a smart phone or computer. Common questions that arise when completing the form:

- *Do I have to provide my social security number?* 42 CFR § 455.104 requires names, address, Date of Birth (DOB), and Social Security numbers in the case of an individual.

- *How will my information be kept confidential and secure?* MSHN maintains policies and practices that protect the confidentiality of personal information, including Social Security numbers, obtained from its providers and associates in the course of its regular business functions. MSHN is committed to protecting information about its providers and associates, especially the confidential nature of their personal information. Access to this, and other confidential documentation, is limited to MSHN staff who need to access information in order to perform their duties, relative to monitoring disclosures.

- *What does MSHN do with the information it obtains through disclosure statements?* MSHN is required to ensure it does not have a 'relationship' with an 'excluded' individual and must search the Office of Inspector General's (OIG) exclusions database to ensure that the provider entity, and any individuals with ownership or control interests in the provider entity (direct or indirect ownership of five percent or more or a managing employee), have not been excluded from participating in federal health care programs. MSHN must search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time new disclosure information is provided.

If Board Members have questions about the disclosures or need assistance completing the electronic form, please feel free to reach out to Sherry or myself.

SUD OPB Mileage
Please note the mileage reimbursement for February and April was paid at 2022's IRS rate of $.625 rather than the 2023 rate of $.655. MSHN will process the correction with the June mileage reimbursement. If board members have questions, please contact Sherry Kletke at sherry.kletke@midstatehealthnetwork.org.

STATE OF MICHIGAN/STATEWIDE ACTIVITIES

Proposed Policy: Coverage of Office Based Substance Use Treatment Services
Michigan Department of Health and Human Services (MDHHS) announced on June 2, 2023 proposed policy 2310-OBSUT-P that includes coverage of office based substance use treatment services. The purpose of this policy is to expand access to services by updating and expanding reimbursement policy for Substance Use treatment provided by primary care providers in an office-based setting (i.e., providers who do not have a specialty substance use disorder (SUD) benefit services contract with the PIHP). To ensure beneficiary access for these essential services, effective October 1, 2023, primary healthcare providers will be reimbursed for services provided in an office-based primary care setting related to Substance Use Treatment Services through the

Medicaid Fee-for-Service (FFS) program or through the Medicaid Health Plan (MHP) depending upon beneficiary program enrollment status.

The following primary care office-based services related to Substance Use treatment will qualify for FFS reimbursement when a beneficiary meets ASAM level of care criteria for outpatient treatment, and has a primary diagnosis of substance use disorder (use, abuse or dependence) as classified by the International Classification of Diseases Version 10 (ICD-10):

Services all primary healthcare providers may submit for reimbursement:
- Evaluation and Management services (e.g., 99202-99205, 99211-99215)
- Consultation services (e.g., 99241-99245)
- Psychotherapy services (e.g., 90785, 90791, 90792, 90832, 90834, 90836, 90847)
- Psychiatric Collaborative Care Management services (e.g., 99492-99494, G0512)
- Behavioral Health Care Management (99484)
- Screening, Brief Intervention and Referral to Treatment (SBIRT) (e.g., 99408, 99409, G0396, G0397, G2011)
- Medications for Substance Use Treatment

Federally Qualified Health Centers (FQHCs), Regional Health Centers (RHCs) and Indian Health Centers (IHCs) may submit the following services for reimbursement:
- Alcohol and/or Drug Assessment (H0001)
- Behavioral health (Alcohol/Drug screening for Admission into treatment program (H0002)
- Behavioral Health Counseling and Therapy, per 15 minutes (H0004)
- Alcohol and/or Drug Services, Group Counseling by a Clinician (H0005)

A listening session is scheduled for June 12, 2023, for MDHHS/PIHPs to discuss the proposed policy. Comments are due July 13, 2023, to Laura Kilfoyle at KilfoyleL@michigan.gov.

MDHHS Opioid Settlement Presentation
Jared Welehodsky from MDHHS presented the attached slides that include the states key initiatives related to the states portion of the opioid settlement funds.   The initiatives include the following five pillars:
1. Prevent Opioid Addiction
2. Prevent harms associated with Opioid Use Disorder (OUD)
3. Promote treatment of OUD
4. Prevent deaths associated with OUD
5. Support long-term recovery

To receive updates on the status of settlements, resources, investments and monitoring the state has developed a website: https://www.michigan.gov/ag/initiatives/opioids. Questions can also be directed to MDHHS-opioidssettlemnthelp@michigan.gov.

Overdose Prevention and Response- Train the Trainer
Attached to this report is a brochure for Overdose Prevention and Response - Train the Trainer for Law Enforcement and First Responders. This training prepares Prescription Drug Overdose (PDO) grant subrecipients to train law enforcement officers and first responders to facilitate Opioid Education and Naloxone Distribution training within their communities. The training will discuss overdose education and naloxone use with individuals at risk of experiencing or witnessing an opioid overdose. It's designed to provide basic information that can be shared with all community sectors. After completion of this course, participants will be given

resources to present all materials to others. This will be an interactive course that will teach attendees how to train community members and clients how to prevent and reverse opioid overdoses using Naloxone.

Training will be in person and on the following dates:
Wayne County: July 13, 2023 – Dearborn
Calhoun County: July 24, 2023 – Battle Creek
Genesee County: Aug. 17, 2023 – Flint

Training Objectives:
Describe 4 phases of the opioid epidemic and the implications for overdose reversal and response.
Demonstrate appropriate overdose response utilizing the 3As and naloxone rescue kits.
Discuss the legal environment surrounding overdose and naloxone administration in Michigan.

Register by following the links included in the flyer. Feel free to share with anyone in your community network.

<u>FEDERAL/NATIONAL ACTIVITIES</u>

<u>Substance Abuse and Mental Health Services Administration (SAMHSA) Announcements</u>
SAMHSA has "posted an Executive Summary of the August 2022 *Recovery Now! Summit* that the agency hosted for 200 in-person and virtual participants to collaborate on the Office of Recovery's National Recovery Agenda. Representatives included persons with lived experience of mental health or substance use challenges and recovery, substance use preventionists, harm reductionists, treatment and recovery support providers, researchers, staff of federal and state partners, and other allies. There were eight Common Themes Across Dialogue Sessions that emerged from the RNS:

1. **Specificity matters in thinking and talking about recovery-related concepts.** Many of the conversations during the RNS involved establishing common vocabularies. There were two concepts that participants thought merited extended dialogue: the distinction between *treatment, recovery,* and *recovery support services*; and defining lived experience.
2. **Recovery happens in community.** Throughout the RNS, participants noted that recovery happens in community through interactions with persons with (similar) lived experience. Supportive interpersonal relationships—that is, peers helping peers—foster recovery.
3. **Structural racism and classism impede recovery and recovery community-building.** A growing body of research indicates that structural discrimination resulting from the racial discourse of the War on Drugs is a fundamental cause of mental health and substance use disorder disparities among Black, Indigenous, and other people of color (BIPOC) and low-income persons. To address them requires intentional enactment of equity-focused policies and practices.
4. **Lived experience should be at the center of helping systems—but centering is more than just adding peers.** Centering lived experience is an equity-focused practice that addresses implicit and structural bias in care systems that are built around control.
5. **Peer integration is only as effective as the organizational culture and infrastructure that supports the work.** The integration of peers into diverse settings is only as effective as the organizational culture and infrastructure that supports the work. For peer work to be authentic and effective, organizations must, at minimum, align organizational policies and practices with peer principles and practice, develop specific roles and job descriptions that draw upon peer core competencies, provide supervision that is appropriate to peer work, and offer equitable pay to peer staff.

6. **Lived experience-based jobs/roles have expanded, but stigma keeps them from being fully valued.** The range and type of settings in which peer work is happening has expanded greatly over the past 2 decades— and there is an increasing body of research that demonstrates the value of peer support.
7. **Structural racism, classism, and stigma impede the growth of community-based, peer-run, peer-led organizations.** All things being equal, peer-led/peer-run/peer-governed organizations would have the resources they need to fulfill their role as the gold standard of recovery support services.
8. **Systems transformation is an incomplete, never-ending process."**

The Summary is available at https://www.samhsa.gov/sites/default/files/recovery-summit-executive-summary.pdf.

Health and Human Services, "through SAMHSA has launched FindSupport.gov, a new user-friendly website, designed for the general public, to help people identify available resources, explore unbiased information about various treatment options, and learn how to reach out to get the support they need for issues related to mental health, drugs, or alcohol. The website helps people navigate through common questions when they are at the start of their journey to better behavioral health, such as how to ask for help, how to help others and how to search for a health care professional or support program that meets their needs. The website provides information on how to find treatment and support based on insurance status, including Medicaid, Medicare, U.S. Department of Veterans Affairs health care, TRICARE, private insurance, and no insurance. And the website features resources on how to set up an appointment so that when people meet with a health care professional, they can feel confident that they are taking the right steps."

Additional information is available at https://www.samhsa.gov/newsroom/press-announcements/20230504/hhs-launches-new-website-help-people-find-support-issues-mental-health-drugs-alcohol.

Submitted by:

Amanda L. Ittner

Finalized: 6.9.23

Attachments:

MDHHS Opioid Settlement Presentation
Brochure: Overdose Prevention and Response

Key Initiatives

Emphasis on EQUITY in all pillars

Prioritizing the needs of vulnerable groups (pregnant/parenting, justice-involved, high SVI)

Data driven (MODA Dashboard, MI-SUVI, Fatal/Non-Fatal OD Data)

Prevent opioid addiction

- Mandated Michigan Automated Prescription System (MAPS)
- Expanded Physician Education
- Funded Primary Prevention Programming

Prevent harms associated with OUD

- Expanded Syringe Service Programs (SSPs)

Promote treatment of OUD

- Increased treatment access with the Healthy Michigan Plan
- Support for the SUD workforce
- Removed of Medicaid MOUD prior authorization

Prevent deaths associated with OUD

- Launched Naloxone Portal
- Passed Naloxone Standing Orders for individual and community organization access

Support long-term recovery

- Expand support Recovery Community Organizations (RCOs)
- Increase recovery housing
- Increase workplace supports

Treatment of Opioid Use Disorder

What's been done?

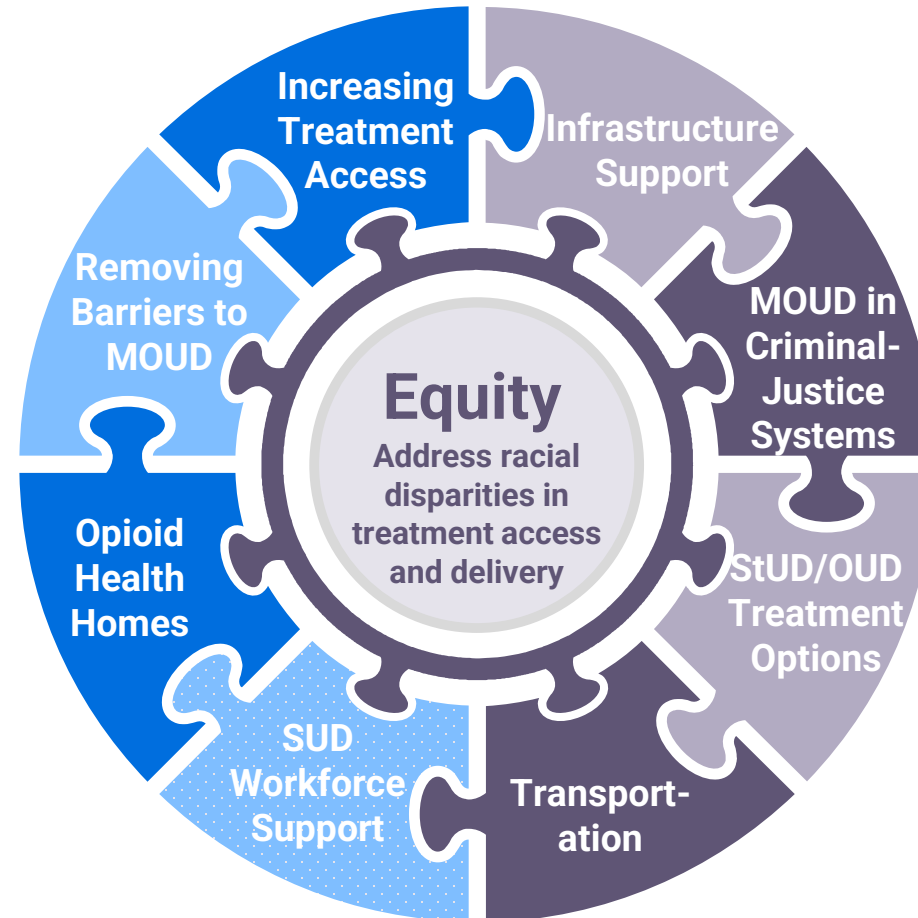**Increasing treatment access through the Healthy Michigan Plan**

2014 Medicaid expansion has allowed for more individuals to receive SUD services.

Removing Medicaid MOUD Prior Authorization

Removed a key barrier in prescribing MOUD and helped increase access and prevent treatment delays.

Opioid Health Homes

Provide higher level of care management for qualifying individuals with OUD/Co-occurring Disorders.

Equity
Address racial disparities in treatment access and delivery

(Increasing Treatment Access · Infrastructure Support · MOUD in Criminal-Justice Systems · StUD/OUD Treatment Options · Transport-ation · SUD Workforce Support · Opioid Health Homes · Removing Barriers to MOUD)

What's next/continuing?

Provider infrastructure support

Enhancements and expansion of SUD providers physical infrastructure will increase capacity to serve clients needing services.

MOUD in criminal justice systems

Expansion of MOUD treatment to jails and prisons can prevent overdose risk and build connections to community treatment for individuals post-release.

Expansion of evidence-based treatment options for StUD & OUD

A rise in stimulant and polysubstance use has called for expansion of treatment options to include Contingency Management, the only evidence-based treatment for StUD.

Transportation

Reliable transportation is a significant barrier to treatment access and retention and better options need to be supported.

Support the SUD Workforce

Direct care wage increases, loan repayment programs for SUD professionals, and addiction fellowships implemented to support SUD workforce, **but more efforts needed under the Settlement to address continued workforce capacity challenges.**

Opioids Settlement: Spending timeline

- ✓ July 2022: Legislature approved funding authorization

- ✓ October 2022: Notified of delayed payment due to Ottawa County litigation

- ✓ December 2022: First payment received by the State of Michigan from the Distributors

- ✓ January 2023: First payment received by the State of Michigan from Janssen

Opioid Settlement FY23 Spend Plan Initiatives ($39 million)

Prevention
FY23: $4.5 million

- Adverse Childhood Experiences (ACEs) initiatives.
- Awareness campaigns.
- Quick Response Teams.

Treatment
FY23: $9.1 million

- Staffing incentives.
- Infrastructure grants.
- Expanding capacity to treat stimulant and polysubstance use.

Recovery
FY23: $7.6 million

- Recovery Community Organization grants.
- Recovery housing.
- Additional recovery supports.

Harm Reduction
FY23: $8.5 million

- Naloxone Portal.
- Syringe Service Programs Operations.

Other Initiatives
FY23: $9.3 million

- Medications for opioid use disorder in prisons and jails.
- Overdose surveillance system improvements, maintenance, and rapid toxicology from medical examiners.
- High Touch High-Tech screening expansion for pregnant individuals.
- Rooming-In for infants born with Neonatal Abstinence Syndrome (NAS).
- Technical assistance to local governments on best practices.
- Projects related to opioids task force Racial Equity Workgroup.

The Michigan Opioid Settlement Technical Assistance Collaborative
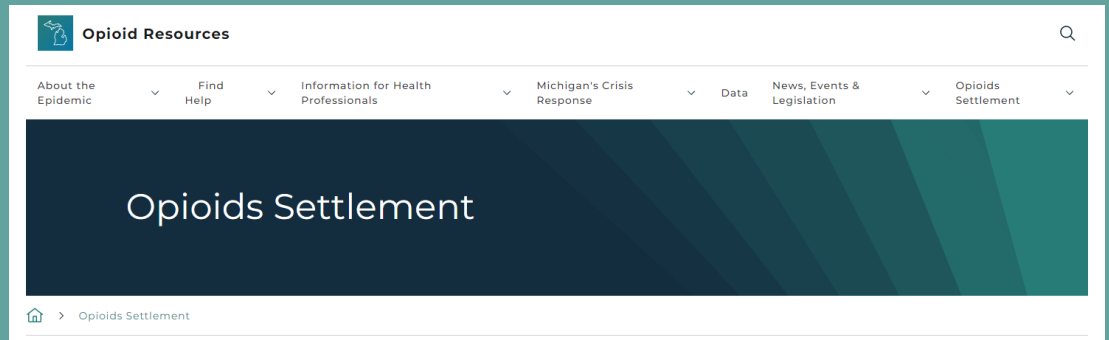
- ✓ In 2023, MDHHS contracted 3 universities to assist in providing technical assistance to county governments as they plan for investing Opioid Settlement funds

- ✓ Michigan State University, Wayne State University, and the University of Michigan will provide individualized technical assistance to priority counties

- ✓ Universities will also host learning collaboratives, and provide other resources, that will be made available to all local governments

Opioid Settlement Website

Goal launch date: May 2023

Website content will include:

- Overview and status of settlements
- Resources to support implementation of local opioid abatement strategies
- Allowable uses for funds and resources to aid in creation of strategies and spend plans
- A request form for accessing no-cost technical assistance for local governments
- A detailed description of state opioid abatement investments
- Program monitoring and evaluation dashboard for state initiatives
- Information on equity specific investments and equity considerations in all investments
- Contact information, including a link to a settlement-specific inbox at: MDHHS-opioidsettlementhelp@michigan.gov

Attention PDO grant subrecipients and Community Partners!

<u>In-Person Training:</u>

Overdose Prevention and Response - Train the Trainer for Law Enforcement and First Responders

July 13, 2023 – Dearborn
July 24, 2023 – Battle Creek
Aug. 17, 2023 – Flint

8:15 a.m. – 12:15 p.m. EST

Registration Fee: $25/person

MDHHS, through CMHA, has provided funding for this initiative through the SAMHSA's PDO Grant.

Training Description

This training prepares Prescription Drug Overdose (PDO) grant subrecipients to train law enforcement officers and first responders to facilitate Opioid Education and Naloxone Distribution training within their communities. The training will discuss overdose education and naloxone use with individuals at risk of experiencing or witnessing an opioid overdose. It's designed to provide basic information that can be shared with all community sectors. After completion of this course, participants will be given resources to present all materials to others. This will be an interactive course that will teach attendees how to train community members and clients how to prevent and reverse opioid overdoses using Naloxone.

Who Should Attend?

This training is for PDO grant subrecipients and their community partners.

Objectives
- Describe 4 phases of the opioid epidemic and the implications for overdose reversal and response.
- Demonstrate appropriate overdose response utilizing the 3As and naloxone rescue kits.
- Discuss the legal environment surrounding overdose and naloxone administration in Michigan.

Presenter

Catherine Kelly, Overdose Education Program Coordinator; Recovery Coach; Technical Assistance Coordinator

Catherine Kelly is a CCAR and MDHHS certified Recovery Coach who has been working with the Grand Rapids Red Project since 2020. She is passionate about expanding access to low-barrier healthcare and looks for ways to combat inequalities among people who use drugs. Currently, Catherine operates a mobile harm reduction service in a rural county, provides overdose prevention and anti-stigma education to service professionals and community members, and provides technical assistance to new and existing syringe service programs across the state.

Agenda

8 a.m.	Registration and continental breakfast
8:15 a.m.	Presentation vs. Facilitation Harm Reduction 101 The stigma surrounding drug use The importance of overdose education and naloxone distribution Overdose risk factors
9:45 a.m.	Break
10 a.m.	The 3 A's of overdose response • Discuss takeaways • Naloxone legalities • Storage • Review
11 a.m.	Group member mock OD training
11:45 a.m.	Questions and Answers
12:15 p.m.	Training Concludes

No Continuing Education Credits

Please note that this training does NOT qualify for continuing education credits.

Registration: $25/Person

- Payment will be required at the time of registration via a major credit card.
- Checks and purchase orders will not be accepted.
- Refunds will not be given for registrants who do not participate in the training for which they have registered ("no-shows").

Cancellation & Substitution Information: Cancellations must be received in writing at least 10 business days prior to the training for a full refund less a $15 administrative fee. If cancellation is received less than 10 business days prior to the training, no refund will be given. Substitutions are permitted three days before the event date. Send cancellation or substitution email to cward@cmham.org.

Registration closes three business days prior to the training.

Register for July 13, 2023 – Dearborn
Register for July 24, 2023 – Battle Creek
Register for Aug. 17, 2023 – Flint

Training Locations
July 13, 2023
Leaders Advancing and Helping Communities
5275 Kenilworth Street Dearborn, MI 48126
1-888-315-5242
Parking lot is located on Kenilworth street shared with M & M Early Learning Center.
Parking is not permitted on the street.

July 24, 2023
Courtyard Battle Creek
12765 Harper Village Dr, Battle Creek, MI 49014
Complimentary parking is available.

Aug. 17, 2023
Genesee Health System
Children's Center for Integrated Services
Room 108
1402 S. Saginaw Street, Flint, MI 48503
Parking is available in the overflow parking lot.

Questions? Contact Chris Ward at cward@cmham.org or 517-237-3143.