TESTIMONY, HOUSE BEHAVIORAL HEALTH SUBCOMMITTEE HEARING ON SUD, MAY 25, 9AM, 5th Floor House Office Building, 124 N Capitol Ave, Lansing, MI 48933

I am Dr. Kanzoni Asabigi, Vice President of the Detroit Recovery Project (DRP) and a member of The Michigan Association of Substance Addiction Providers. MIASAP was created in 2014 to promote prevention, treatment, and recovery services for Michigan individuals and families through empowerment, education, and quality service delivery.

The Detroit Recovery Project (DRP) is a Certified Community Behavioral Health Clinic (CCBHC). DRP is a non-for-profit organization formed in 2005 to provide Substance Use Disorder (SUD) services in Wayne County.

We appreciate the invitation to appear before the House Behavioral Health Committee.

In Wayne County alone, over 75 (SUD) providers at 125 locations provide prevention, treatment, Detox, Residential, Intensive Outpatient(IOP), Medication Assisted Therapy (MAT) Crisis, Outpatient, and recovery services for youth to seniors. These providers, mainly small nonprofit organizations, contract through the Detroit Wayne Integrated Health Network, one of ten Prepaid Inpatient Health Plans (PHIP) created by state law to receive state funding to administer behavioral health and SUD services.

## Our challenge.

With 3,000 drug overdose deaths reaching an all-time high in 2021 in Michigan (CDC), Substance Addiction Providers are experiencing increased demand for services, severe staffing shortages, and additional barriers standing in the way of people seeking our services.

These individuals often face challenges in receiving appropriate and effective treatments. Some don't want treatment with the stigma attached to getting it. Others cannot make it to appointments without access to transportation or telehealth, and others call for help but sometimes wait 14 days or more in Wayne County before they get service. They are also more likely to sit in jail and experience homelessness. Additionally, nearly half of those who experience a substance use disorder have mental health challenges and vice versa.

Suppose there is something we should all agree on. In that case, let's ensure that individuals struggling with substance use disorders can get the necessary support and treatment and access the tools to prevent overdoses and other crises. Because if we don't fix the problem, our morgues, jails, and emergency rooms will continue to be at capacity, children will grow up without parents, and our homeless situation will worsen.

To avoid these problems, here is our call to action,

## Fix the Disparities Between SUD and Mental Health

There are tremendous disparities in our state in terms of how we address addiction. The state sets the rates SUD providers can charge far below what mental health providers charge for the same service. For example, an MH Outpatient vs. SUD outpatient full session is 108%, or an MH 15 min Med Review vs. SUD 15 min Med Review is 66.7%.

We need your help to bring parity between mental health and SUD treatment and prevention. At these current rates, many nonprofits in Michigan are operating at a loss, which is not sustainable.

[Other examples to choose from, MH Psych eval vs. SUD Psych eval 37.5% (less pay for SUD); MH Group vs. SUD group session 48% (less pay for SUD); or MH Crisis Residential vs. SUD withdrawal management 63%. (less pay for SUD)]
These inequities indicate the stigma that remains with addiction and reflect the legislature's failure to acknowledge addiction as a disease. The disparities in our state are likely caused by the historical differences in how the systems of care developed, with mental health developing through a medical model psychiatric system and substance use services at its onset being a self-help-oriented, paraprofessional field.

Address the workforce shortage.

Our system will continue to have gaps in access to care if we do not adequately address staff recruitment and retention. When teachers were lacking, the legislature stepped in to provide immediate relief. The legislature did the same to attract mobility workers. But for SUD providers, the MDHHS creates workgroups to look at the issue; over a year later, there is no relief.

We need to do a lot more recruitment in the workforce at all levels so the people providing the services look like those they serve. From our experience, the best people to help local communities are people who came out of those communities and knew firsthand the nature of the challenges. Peer work around the country is an excellent example of this proposition working in practice.

Credentialing/Licensure

A perfect exemplification of this work is the success of recovery coaches that walk into emergency rooms. When they sit at the bedside of somebody who has just overdosed, they can tell that person, "Not that long ago, I was exactly where you are now. I was lying in a bed in this hospital after a drug overdose. I found out, and I am here today as a person in recovery to show you how I did it and how you can do it as well." But discrepancies in licensure between LARA and McBAP limit people coming out of recovery to work as peer support specialists.

Resolving this is important. We can also bring immediate relief to gaps in the workforce if the state allows Licensed Counselors (LCS) to screen their patients and either treat people with mild and moderate substance misuse to prevent them from developing an addiction or refer those with severe disorders to specialized treatment settings. We encourage the legislature to pass legislation allowing LCS to screen and treat patients, similar to the law Whitmer signed in December that provides school support staff to teach as substitute teachers as a "temporary stopgap."

We encourage the legislature to look at relaxing other certification and testing requirements to help relieve our workforce.

Remove barriers to care and build a better system to support an individual's road to recovery.

To help remove some of the barriers to care, we support the MDDHS efforts to expand the number of Certified Community Behavioral Health Care Centers (CCBHC) across the state. The Detroit Recovery Project is one of the SMHSA-funded grantees, and supporting expansion efforts is critical to removing barriers to care.

The legislature could focus on additional efforts to remove even more barriers. This includes expanding telemedicine, improving the authorization process; expanding and enhancing recovery support services, including recovery housing and job training; and developing a marketing campaign to reduce the stigma associated with SUD, focused on men and children.

## The Opioid Settlement

I will conclude with the opioid settlement. With the various settlements from the opioid litigation, we are very concerned about transparency and accountability in how the money will be used. We encourage the legislature to adopt the recommendations outlined in the Opioid Advisory Commissions Report and provide direction to the state and local governments on how to spend the settlement funds in a way that creates systemic change.

Michiganders deserve a system that is accessible, innovative, person-centered, and community-driven; fosters whole person and whole population health; address the social determinants of health; is a vital member of the community; and is fiscally and clinically strong. Thank you!

**On Behalf of MIASAP**
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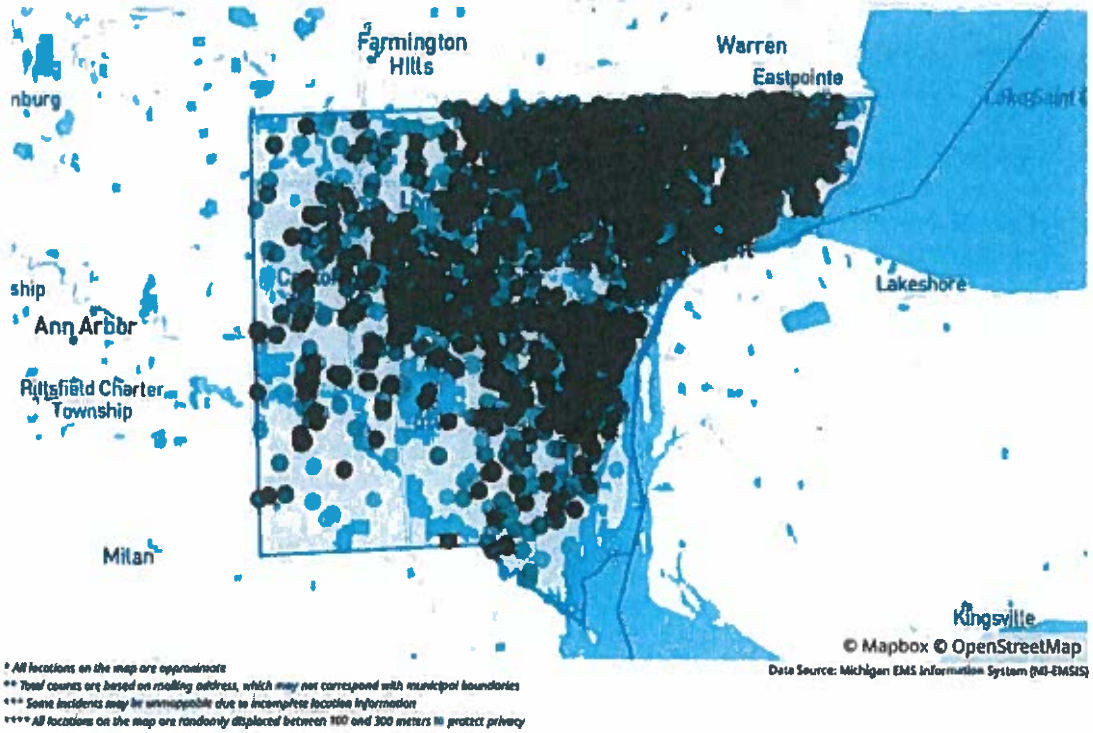
MIASAP - https://miasap.org

**MEMBER ORGANIZATIONS**
All Well Being Services
Beginning Steps
Center for Urban Youth and Family Development
Community Care Services
Detroit Recovery Project
Elmhurst Home
Hegira Health, Inc.
NCADD – GDA
Personalized Nursing Light House
Positive Images
Quality Behavioral Health
Sacred Heart Center
SHAR, Inc.
Sobriety House
Wellspring Lutheran

# Wayne County

EMS Naloxone Administrations

May 24, 2022 to May 23, 2023




* All locations on the map are approximate

** Total counts are based on mailing address, which may not correspond with municipal boundaries

*** Some incidents may be unmappable due to incomplete location information

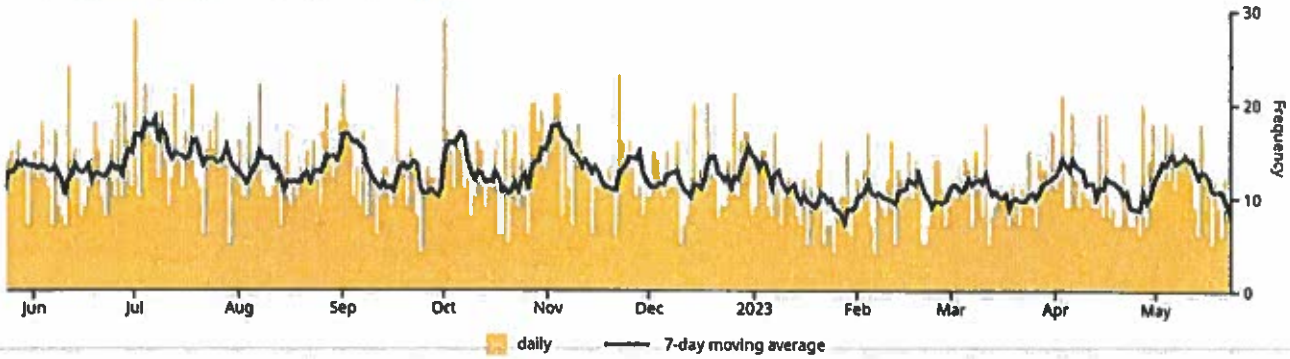
**** All locations on the map are randomly displaced between 100 and 300 meters to protect privacy

**4490**

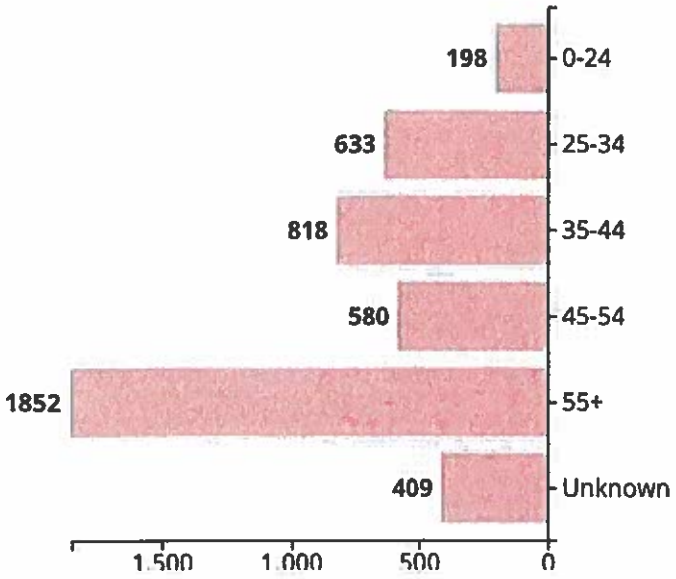
total

246

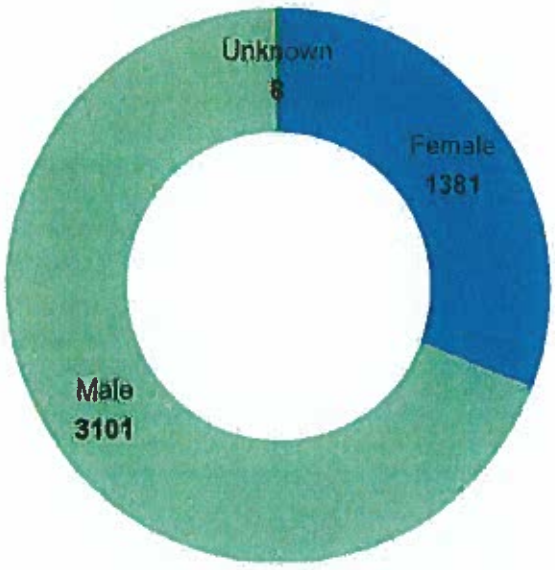
unmappable incidents



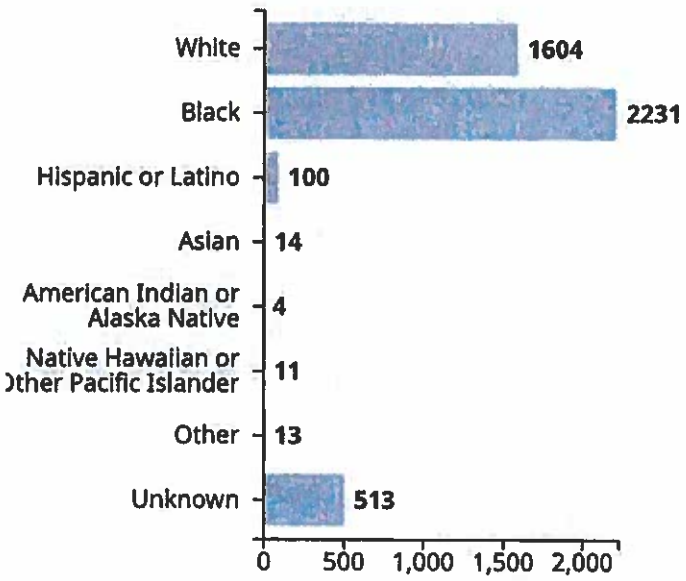

## Age




## Gender



## Race

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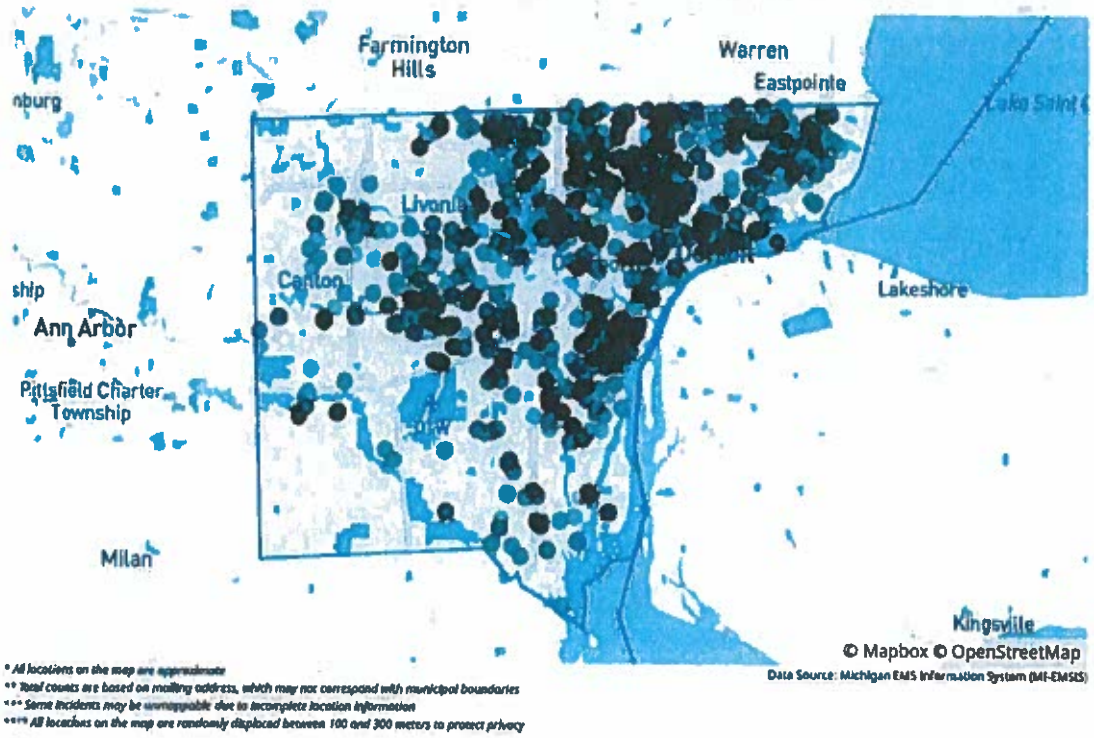
# Wayne County

Suspected Drug Related Deaths

May 20, 2022 to May 19, 2023

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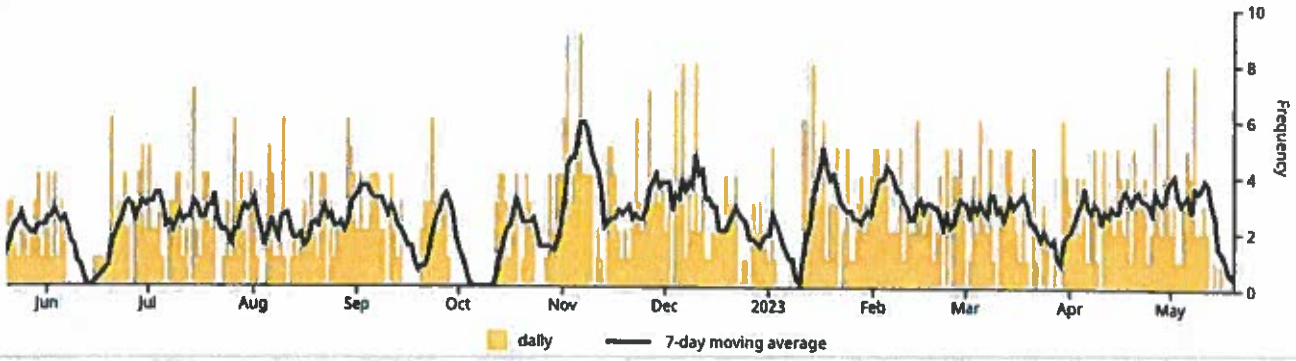
**904**

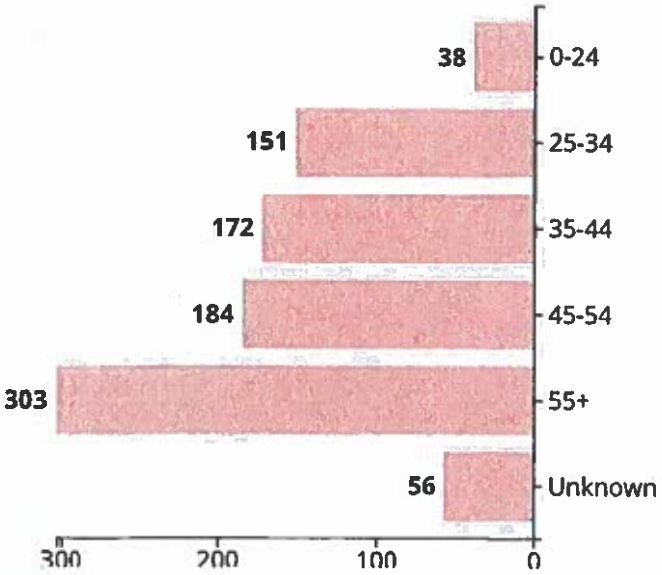
total

97

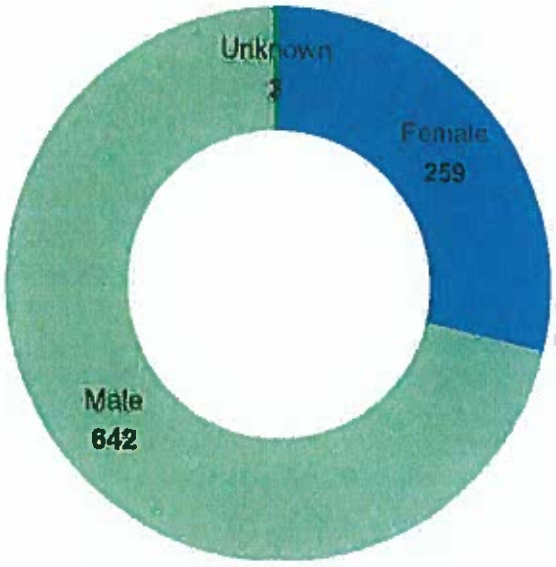
unmappable incidents



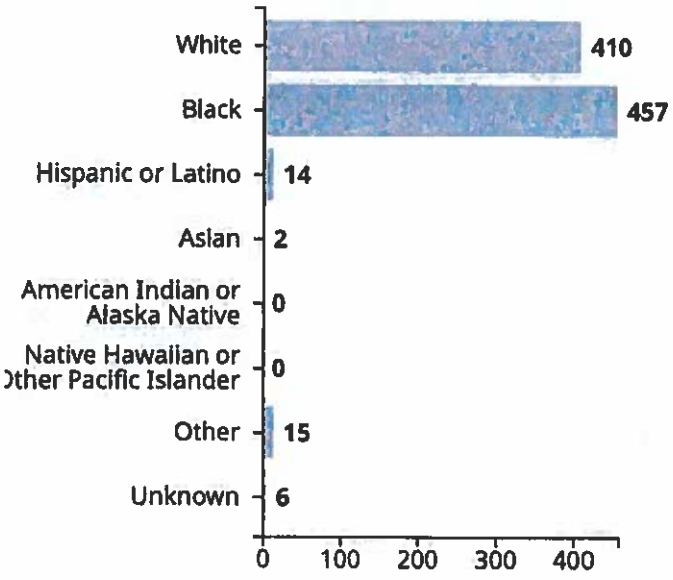

## Age




## Gender



## Race

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