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KEY RECOMMENDATIONS:

- 1) Work directly with State substance abuse agencies to implement components of the PPACA related to substance use to coordinate services to reduce overall costs and improve outcomes.
- 2) The data infrastructure developed by State substance abuse agencies should serve as the foundation for the National Health Care Quality Strategy as it relates to substance use disorders.
- 3) Intensify efforts to ensure core components of health information technology include data elements related to substance use disorders.
- 4) Maintain the current structure of the Substance Abuse Prevention and Treatment (SAPT) Block Grant and immediately authorize the purchase of recovery support services.
- 5) Create technical assistance opportunities in order to assist State substance abuse agencies with health reform planning and implementation.

POLICY BRIEF: HEALTH REFORM IMPLEMENTATION PRIORITIES

OVERVIEW

On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (PPACA), to overhaul the nation's health system. Many provisions under the law will benefit individuals with a substance use disorder. Specifically, PPACA:

- Expands Medicaid coverage to childless adults and individuals at or below 133% of the Federal Poverty Level (FPL).
- Includes addiction services in the minimum benefits package for State Health Insurance Exchanges (Exchanges) and the Medicaid expansion benchmark plan.
- Requires mental health and substance use disorder benefits to be offered at parity to medical and surgical benefits in the Exchanges and Medicaid expansion.
- Requires coverage of alcohol screening for adults and substance use screening for adolescents.
- Integrates mental health and substance use disorder services with primary care.

State substance abuse directors (SSAs) are responsible for a State's substance abuse infrastructure; prevention, treatment and recovery capacity; performance outcome measurements; and standards of care. Our members are a valuable partner in implementing the above provisions and all other addiction related components of PPACA. As States develop Exchanges, expand Medicaid, and adopt electronic health records, our members should be given a prominent role to ensure the needs of individuals with substance use disorders are met.

Substance Abuse Facts:

Scope of the Problem:

- The National Survey on Drug Use and Health (NSDUH) shows the overall rate of current illicit drug use in the United States rose from 8.0 percent of the population aged 12 and older in 2008 to 8.7 percent in 2009.
- Nearly 45% of high school students report consuming alcohol in the past 30 days, and over 60% of those who drink report binge drinking (consuming 5 or more drinks on an occasion) within the past 30 days.
- Alcohol is the third leading cause of preventable deaths with 79,696 deaths per year.
- Annually, about 5,000 deaths among individuals under 21 are attributable to underage drinking.
- Approximately 40 percent of teens and an almost equal number of their parents think abusing prescription painkillers is safer than abusing "street" drugs.

LESSONS LEARNED ABOUT HEALTH REFORM IMPLEMENTATION

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a necessary source of safety net funding during and after health reform implementation. A NASADAD study, *"Effects of State Health Care Reform on Substance Abuse Services in Maine, Massachusetts, and Vermont: Considerations for Implementation of the Patient Protection and Affordable Care Act (PPACA)* found even with the expansion in coverage through Medicaid and private insurance, the uninsured rate among those with substance use disorders remained high.

Providers and State substance abuse agencies in Maine, Massachusetts, and Vermont report that many of those who are uninsured when seeking admission to substance abuse treatment at public facilities are episodically uninsured. These gaps in insurance coverage may stem from the non-completion of re-enrollment forms (Medicaid) or the nonpayment of premiums (private insurance). These gaps may also correspond with the client's increased alcohol or drug use or following incarceration.

- MA: 2009- The overall uninsured rate was 2.6 percent but 22 percent of individuals receiving substance abuse treatment in a public facility were uninsured.
- ME: 2007 – The overall uninsured rate was 10.3 percent but 31 percent of individuals receiving substance abuse treatment in a public facility were uninsured.
- VT: 2009 – The overall uninsured rate overall was 7.6 percent but 30 percent of individuals receiving care in a substance abuse treatment in a public facility were uninsured.

KEY RECOMMENDATIONS

- 1) **Work directly with State substance abuse agencies to implement components of the PPACA related to substance use to coordinate services to reduce overall costs and improve outcomes.**

State substance abuse agencies represent the best portal through which the federal government should work to affect addiction policy change and improvement at the community level. NASADAD members employ a number of mechanisms to ensure services are effective and efficient – including performance contracting and outcomes data management and reporting; contract monitoring; technical assistance; and more. State substance abuse agencies also promote and ensure quality through standards of care; patient placement criteria; training and other tools. As work moves forward to expand Medicaid and develop State Exchanges, State substance abuse agency directors should have a key role in developing substance use services included in the essential benefits package and crafting outreach strategies to support enrollment in private and public insurance.

- 2) **The data infrastructure developed by State substance abuse agencies should serve as the foundation for the National Health Care Quality Strategy as it relates to substance use disorders.**

SSAs and NASADAD have worked collaboratively with SAMHSA to develop and implement National Outcome Measures (NOMS). NASADAD has created a Performance Data Work Group (PDWG) to ensure a consistent forum for dialogue on complex data issues that require State specific considerations and recommended adjustments. We urge for NASADAD and the federal government as data collection and performance performance measures related to substance use disorders are reevaluated to ensure they align with the National Health Care Quality Strategy. We believe the data infrastructure State substance abuse agencies have implemented should be used as a foundation to be built upon and evolve over time to reflect changes in technology and knowledge gained through practical experience and research.

SAPT Block Grant Changes:

As the Affordable Care Act is implemented and more individuals have access to coverage for addiction services, the uses of the SAPT Block Grant should be carefully and deliberately evaluated.

In Maine, Massachusetts and Vermont, following State-level health reform implementation, the SAPT Block Grant transitioned to pay for individuals not enrolled in an insurance program and for services that were underinsured or not covered at all. Examples include residential care and social-model detox, as well as recovery support services – including such services as psychosocial services, housing assistance and employment counseling.

Based on the experiences of Maine, Massachusetts, and Vermont, any potential change needs to be done in partnership with SSAs and other stakeholder groups, taking into consideration:

- The minimum benefits package for Medicaid and the Exchanges
- State conducted financial modeling
- Limitations to Medicaid in each State (enrollment caps, managed care, presumptive eligibility)
- The unique financing structure in each State

By understanding these and other factors, variances in States' financing can be taken into account to ensure potential SAPT Block Grant changes would not disrupt a State's ability to provide life saving services.

3) Intensify efforts to ensure core components of health information technology include data elements related to substance use disorders.

An important aspect for an efficient health system is the implementation of health information technology (HIT) and the use of electronic health records (EHRs). Many PPACA provisions promote the integration of substance use and mental health disorders with primary care such as screening, brief intervention, and referral to treatment (SBIRT), patient-centered health homes, Accountable Care Organizations (ACO's) and bundled payments. These initiatives will require the coordination and communication between substance use disorder providers and facilities and the primary care system. These programs will be most effective if an interoperable system exists to share information between substance use disorder providers and other health care settings.

We encourage a strong role for the Substance Abuse and Mental Health Services Administration (SAMHSA) in helping promote web-based data systems given the important nature of HIT and work on standards and creation of EHRs. In addition, we recommend that SAMHSA partner with the National Data Infrastructure Improvement Consortium (NDIIC). NDIIC (www.ndiic.com) is a non-profit organization that supports States, sub-State entities and community-based organizations consider web-based data solutions pertaining to substance abuse and mental health. NDIIC's activities seek to (1) reduce costs; (2) increase efficiency; (3) improve security by addressing HIPPA and 42 CFR Part 2 issues and (4) improve accuracy, validity and overall quality of data used for reporting, clinical decision-making and management.

4) Maintain the current structure of the Substance Abuse Prevention and Treatment (SAPT) Block Grant and immediately authorize the purchase of recovery support services.

Between State and Federal deficits and health reform implementation, SSAs are in the midst of many challenges and unknowns that must be carefully considered and navigated in order to build a stronger substance abuse infrastructure in all States. The PPACA provides many opportunities to improve substance abuse prevention, treatment and recovery support services, particularly by including substance use disorder services in the essential benefits package required to be offered by plans in State Exchanges and the Medicaid benchmark plan. To fully take advantage of the PPACA, a strong Federal, State, and local planning process must begin now. NASADAD and our members believe it is of great importance to work together with all levels of government and other agencies to understand how the Medicaid expansion and Health Insurance Exchanges will be operationalized in each State and how the SAPT Block Grant funds can be most effectively used.

SAPT Block Grant: Accountability

An independent study of the SAPT Block Grant, released in June 2009, found the program to be effective in a number of areas, including (1) positive outcomes as measured by increased abstinence from alcohol and other drugs; increased employment; decreased criminal justice involvement and other indicators; (2) improvement of State infrastructure and capacity; (3) development and maintenance of State agency collaborations; (4) and effective planning, monitoring and oversight.

For example, in FY 2008, at discharge from treatment, 73.7% of individuals treated were abstinent from illicit drug use; 78.2% were abstinent from alcohol use; and 92% had no involvement with the criminal justice system.

The SAPT Block Grant is a critical resource that State substance abuse agencies rely on to provide services for addiction and maintain a comprehensive, accountable system of care. This vital program serves our nation's most vulnerable, low income populations – those with HIV/AIDS, pregnant and parenting women, youth, homeless and others – by ensuring access to substance abuse services.

The SAPT Block Grant accounts for, on average, 40% of funding managed by State substance abuse agencies across the country. The program provided treatment services for approximately 2.3 million client admissions in Fiscal Year 2008. As health reform is implemented, more services will be provided as a result of the Medicaid expansion but the SAPT Block will play an important role as a safety net program to ensuring individuals receive a continuum of care,

Recovery support services are non-clinical services that help people and their families working toward recovery from substance use disorders. As noted by the Legal Action Center (LAC), recovery support services are wide-ranging, unique to each person, and “...may be provided before, during, or after formal clinical treatment or may be provided to individuals who are not in treatment but need and seek services (LAC, 2008).” Examples include peer coaching, peer mentoring, housing assistance, employment counseling and more. NASADAD recommends altering the statute governing the SAPT Block Grant to explicitly authorize the purchase of recovery support services for substance use disorders. NASADAD also recommends regulatory action flow from this change that would help systematically shape definitions to help ensure effectiveness and accountability.

A cornerstone of States’ funding is the twenty percent set-aside of the SAPT Block Grant that must go toward substance abuse prevention activities. The prevention set-aside represents 64 percent of State-coordinated prevention funding. In 21 States, the prevention set-aside equals 75 percent or more of the State agency’s prevention budget. Studies show effective prevention can delay the initial use of substance use and help make a positive impact on lives across the country. However, substance abuse prevention programs are underfunded and much work needs to be done to change individuals’ beliefs and attitudes about substance use, particularly alcohol.

5) Create technical assistance opportunities, including financial modeling, in order to assist State substance abuse agencies with health reform planning and implementation.

NASADAD strongly supports Federal and State efforts to prepare for and implement the PPACA. We embrace the goals of the Act – which are to expand access to quality, affordable health care – including substance use disorder services. As we move forward, technical assistance to State substance abuse agencies that will assist with health reform implementation will be invaluable. One specific tool that will be of benefit is the development of financial modeling tools that can be applied to each State’s own substance abuse system in order to gauge the number of those currently without services; the number of those who may be covered under the Act; and the array of services needed in order to ensure a continuum of care.

NASADAD MEMBERSHIP

State Substance Abuse Agency Directors (SSAs) NASADAD members include the State Substance Abuse Directors from the 50 States and five U.S. Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation’s publicly funded substance abuse prevention, treatment and recovery systems. SSAs have a long history of providing effective and efficient services – with the Substance Abuse Prevention and Treatment (SAPT) Block Grant serving as the foundation of these efforts. State Directors also provide leadership to continually improve the quality of care; expand access to services; improve client outcomes; increase accountability and nurture new and effective service initiatives.

The National Prevention Network (NPN) The NPN is composed of State Prevention Coordinators who provide guidance and leadership to national, State, and local efforts in the use of evidence-based strategies to reduce the incidence and prevalence of alcohol and other drug problems, promote health and reduce risk in all age groups and populations.

The National Treatment Network (NTN) The NTN is composed of State Substance Abuse Agency Treatment Coordinators who are dedicated to the promotion of effective programs and the adoption of evidence-based practices in the treatment of and recovery from substance use disorders.



NASADAD’s mission is to promote effective and efficient State substance abuse service systems.

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