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D.C. Update: Check out our STR-SOR Timeline, read about State spending increases, and more

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News from NASADAD



NASADAD releases timeline of funding for States to address the opioid crisis

Over the past several months, NASADAD has received an increasing number of questions about the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs, which are administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). In response, we have created a [timeline of STR and SOR](#) that outlines key dates, such as: when grants were authorized; when Congress appropriated funds; when funding opportunity announcements (FOAs) were released; funding award periods for States for each of the grant programs; and more.

Around the Agencies

SAMHSA blog post in honor of National Native American Heritage Month

The Substance Abuse and Mental Health Services Administration (SAMHSA) has published a blog post in honor of National Native American History Month, "[Honoring Culture: A Public Health Approach](#)." The blog post highlights the Kickapoo Tribe of Oklahoma and their use of SAMHSA funds to bring together health care and mental health and substance use services for tribal members. The piece also emphasizes the importance of culturally appropriate evidence-based practices and assuring that recovery services are part of the continuum of care.

ASPE brief on MAT in the child welfare context

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) within the Department of Health and Human Services (HHS) has released a new research [brief](#) on medication-assisted treatment (MAT) in the child welfare context. The brief describes four key challenges related to the use of medication-assisted treatment (MAT) in child welfare contexts for parents with opioid use disorder:

1. **Limited availability of appropriate treatment.** Quality treatment programs for parenting women are in short supply in many communities. In addition, limits on insurance coverage, including Medicaid coverage in some locations, often prevent sufficient treatment duration.
2. **Misunderstanding of MAT.** MAT is not always well understood by stakeholders, who may encourage tapering of MAT prematurely and do not insist that medications be accompanied by necessary psychosocial and recovery support services, undermining clients' opportunities for success. Divergent understanding and views of MAT also mean that parents with opioid use disorder receive mixed messages about appropriate treatment, which may undermine referral and treatment engagement efforts.
3. **Limited interaction between child welfare agencies and MAT providers.** The

opioid crisis has prompted new entrants to the substance use disorder treatment community who are not familiar with child welfare agencies, are often unaccustomed to the needs of child welfare system clients, and may be resistant (even with appropriate client consent) to providing the feedback on parents' treatment progress needed for child welfare proceedings.

- 4. Need for alignment of systems and stakeholders with different perspectives and objectives.** Child welfare outcomes related to safety, permanency, and well-being depend on multiple stakeholders who may have different perspectives on MAT and different objectives regarding client outcomes.

Collaboration between State child welfare agencies and State alcohol and drug agencies has been a longtime priority of NASADAD. One of NASADAD's component groups, the [Women's Services Network \(WSN\)](#), is an organization of State alcohol and drug agency representatives dedicated to the delivery of prevention, treatment, and recovery services that address the unique needs of women and their families, including families involved in the child welfare system. NASADAD and our Women's Services Network have worked closely with the [National Center on Substance Abuse and Child Welfare \(NCSACW\)](#) for many years, including by collaborating with NCSACW on the 2011 report, [Therapeutic Services for Children Whose Parents Receive Substance Use Disorder Treatment](#). Additionally, many NASADAD Annual Meetings have featured sessions related to substance use disorder services for families involved in the child welfare system.

In the News

State governments will spend more than a combined \$2 trillion this fiscal year

The National Association of State Budget Officers (NASBO) estimates that States will spend more than a combined \$2 trillion in FY 2018. This is the first time State spending has exceeded \$2 trillion. In NASBO's [2018 State Expenditure Report](#), they found that State government spending rose by 4.6 percent during FY 2018, slightly higher than the previous year's growth but below a three-decade average of 5.6 percent growth. Transportation, Medicaid, and K-12 education all experienced strong spending growth from State funds in FY 2018. Spending on Medicaid and K-12 education account for the largest shares of State budgets, with Medicaid accounting for nearly 30 percent and K-12 programs taking up about 20 percent. The report includes a breakdown of State Medicaid expenditures (pg. 55) in each of FY 2016-2018, as well as Medicaid expenditures as a percent of total expenditures (pg. 56).

Federal Court in MA orders jail to provide methadone

Earlier this week a federal court in Massachusetts granted a preliminary injunction, requiring that the [Plaintiff](#) in the case be provided continued access to methadone treatment for his opioid use disorder while incarcerated. The [Legal Action Center \(LAC\) issued a statement](#) applauding the court's decision, which requires a jail in Essex County, MA to provide medication-assisted treatment (MAT) to a man who is about to be sentenced for conduct that occurred two years ago, before he entered into recovery. According to LAC, the court stated that even though the jail offers counseling and injectable naltrexone (one of the three FDA approved treatments), these other options did not undermine the Plaintiff's claims because he had tried both naltrexone and buprenorphine (another FDA approved medication to treat opioid use disorder) in the past and had not found them effective for him.