Expanding Access to Treatment

*NCSL Opioid Policy Fellows Kickoff*

Robert Morrison, Executive Director, NASADAD
(Rmorrison@nasadad.org)

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Overview of NASADAD

• NASADAD’s mission is to promote effective and efficient publicly funded State substance use disorder prevention, treatment, and recovery systems.

• Office in Washington, D.C.
  • Research and Program Applications Department
    ➢ Houses component groups: prevention, treatment, women’s services, and State Opioid Treatment Authorities (SOTAs)
  • Public Policy Department

• Governed by Board of Directors
  • Sara Goldsby (SC), President
  • Cassandra Price (GA), Public Policy Committee Chair
Agenda

- Role of State Alcohol and Drug Agencies
- Opioid Treatment Programs
- Federal Funds that Support State Substance Use Disorder System Infrastructure
- Tools to Help Share Information on State Actions to Expand Access to Treatment
- Brief Mention: Workforce
Role of State Alcohol and Drug Agencies
Role of State Alcohol and Drug Agencies

The Single State Agency (SSA) is the lead agency in each State or jurisdiction responsible for managing federal funds dedicated to addressing substance-use prevention, treatment, and recovery. These agencies are governed by different statutes and regulations, vary in terms of their structures, roles, and placement within State government. Yet these same agencies also share common characteristics as well. The development of effective federal policy requires an awareness and appreciation of the important role State alcohol and drug agencies play in managing our nation’s prevention, treatment, and recovery system.

- Develop annual **State plans** to provide prevention, treatment, and recovery services
- Manage the **Substance Abuse Prevention and Treatment (SAPT) Block Grant**
- Manage opioid-specific grants to States
- Promote effectiveness through planning, oversight, and accountability
- Report Data
- Promote and ensure quality
- Encourage coordination across state government
- Work with the provider community

Placement in State government varies: May be Departments of Health, Human Services, Social Services, Cabinet Level, and so on

https://nasadad.org/role-of-ssas/
Spotlight: Working with providers across prevention, treatment, recovery

- **Convene** provider community to ensure communication and awareness; seek and acquire input
- **Training** to help support providers with education on best practices related to programs, practices and policies
  - Includes help translating research-to-practice
- Develop and issue **guidance** to providers
- Lead / contribute to staff and facility **licensing and certification** activities
- Assisting providers to leverage opportunities offered by **federal partners**
- Critical **partner** when considering action **regarding workforce crisis**
Your State’s SSA

Idaho: Rosie Andueza, Division of Behavioral Health Operations Program Manager, Department of Health and Welfare, rosie.andueza@dhw.idaho.gov

Oregon: Steve Allen, Behavioral Health Director, Health Systems Division, steven.j.allen@dhs.oa.state.or.us

South Dakota: Tiffany Wolfgang, Chief of Behavioral Health Services, Division of Behavioral Health, Department of Social Services, tiffany.wolfgang@state.sd.us

Nevada: Stephanie Woodard, DHHS Senior Advisor on Behavioral Health, Division of Public and Behavioral Health, Bureau of Behavioral Health, Prevention, and Wellness swoodard@health.nv.gov

Utah: Eric Tadehara, Assistant Director, Division of Substance Abuse and Mental Health, Department of Human Services, erictadehara@utah.gov

Hawaii: John Valera, Acting Administrator, Alcohol and Drug Abuse Division, Department of Health, John.valera@doh.Hawaii.gov

Montana: Jami Hansen, Program Manager, Addictive and Mental Disorders Division Jami.Hansen@mt.gov

Arkansas: Boyce Hamlet, Drug Director, Arkansas Department of Human Services, boyce.hamlet2@dhs.arkansas.gov

Kentucky: Britney Allen, Director, Division of Behavioral Health, Department for Behavioral Health, Developmental and Intellectual Disabilities, Cabinet for Health and Family Services, britney.allen@ky.gov

Maine: Sarah Squirrell, Acting Director, Office of Behavioral Health, Department of Health and Human Services, sarah.squirrell@maine.gov

Massachusetts: Deirdre Calvert, Director, Bureau of Substance Addiction Services, Department of Public Health, Deirdre.C.Calvert@mass.gov

Rhode Island: Linda A Mahoney, State Opioid Treatment Authority, Administrator III, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals Behavioral Healthcare Division, linda.mahoney@bhddh.ri.gov

Pennsylvania: Jennifer Smith, Secretary, Department of Drug and Alcohol Programs, jensmith@pa.gov

Maryland: Lisa, Burgess, Interim Deputy Secretary, Maryland Department of Health, Behavioral Health Administration, LisaA.Burgess@Maryland.Gov

North Carolina: Dave Richard, Director, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, dave.richard@dhhs.nc.gov

Georgia: Cassandra Price, Executive Director, Division of Addictive Disease, Department of Health and Developmental Disabilities, Cassandra.Price@dbhdd.ga.gov

Oklahoma: Carrie Slatton-Hodges, Commissioner, Oklahoma Mental Health and Substance Abuse Services, chodges@odmhssas.org
Quick Background on Opioid Treatment Programs
Opioid Treatment Programs

• Provide outpatient, community-based treatment for opioid use disorder using medications regulated by the Controlled Substances Act (methadone and buprenorphine), as well as counseling and other supports
• Regulated by SAMHSA and the Drug Enforcement Agency (DEA), as well as States/territories
• Staffed by physicians trained and experienced in addiction medicine, nurses, pharmacists, licensed substance use disorder and mental health health professionals and individuals in recovery
• Over 1,800 OTPs certified by SAMHSA/DEA serve over 500,000 patients
Who are the State Opioid Treatment Authorities (SOTAs)?

• Housed within State alcohol and drug agency to be responsible for and exercise authority over the use of medications for the treatment of opioid use disorder (MOUD).
• Usually assigned to one person who may be assisted by other staff
• Serves as the liaison between the opioid treatment program (OTP) and SAMHSA, Drug Enforcement Agency (DEA) other State agencies (e.g., Board of Pharmacy, State substance use disorder licensing) by providing information to the OTPs and advising SAMHSA on quality of care, compliance with regulations and other critical issues.
Census of Opioid Treatment Programs (OTP): Background & Purpose

- Funded by SAMHSA’s State Opioid Response (SOR) Technical Assistance grant
- Partnership between American Association for the Treatment of Opioid Dependence (AATOD) and NASADAD
- AATOD members include Opioid Treatment Programs (OTPs)
- Census conducted between April and December of 2021, with the assistance of the State Opioid Treatment Authorities (SOTAs)
- Data collected from 1,547 of the 1,826 OTPs providing treatment to patients in SAMHSA certified OTPs across the states and territories (85% response rate)
- Determine the number of patients receiving medications for opioid use disorders (MOUD) in opioid treatment programs (OTPs)
- The types of federally approved medications used by patients in treatment and formulations of medications taken among patient population

https://nasadad.org/2022/12/technical-brief-census-of-opioid-treatment-programs/
Census Findings: Patients in Opioid Treatment Programs (OTPs)

- Most patients captured in the census are using methadone to treat their OUD
  - (476,763 or 93%)
- Buprenorphine was the second most frequently reported medication used
  - (33,473 or 7%)
- Naltrexone was the least reported medication in use
  - (1,988)
Census Key Points: Patients in Opioid Treatment Programs (OTPs)

- In 2020, 347,223 patients received care through OTPs
- In 2021, 512,224 patients received through OTPs
- This census also discovered that more patients were being treated with methadone in 2021 (476,001) compared to (311,531) to 2020
- Patients receiving buprenorphine increased slightly in 2021 compared to 2020 (32,652 to 31,864, respectively, and patients receiving naltrexone decreased between 2021 and 2020 (1,904 to 3,828, respectively)
- These changes may reflect the potency of illicit fentanyl and that it is often mixed with other substances, making it both extremely dangerous and clinically challenging to treat
- Increase in the number of OTPs across the country
- Initial indications are that methadone maybe preferable in treating fentanyl to relieve withdrawal symptoms and cravings and retaining patients in treatment
Federal Funds That Help Support State Substance Use Disorder System Infrastructure
Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant

(Formerly Substance Abuse Prevention and Treatment [SAPT] Block Grant)

- $2 billion formula grant administered by SAMHSA
- 20 percent set-aside for front-end primary prevention
- Flexible program that allows each State to direct resources for prevention, treatment, and recovery to meet their unique own needs
- Critical funding that supports infrastructure of each State’s substance use disorder system – including services not reimbursed

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 2019</th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>FY 2022</th>
<th>Final FY 2023</th>
<th>FY 2023 vs. FY 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPTRS Block Grant</td>
<td>$1,858,079,000</td>
<td>$1,858,079,000</td>
<td>$1,858,079,000</td>
<td>$1,908,079,000</td>
<td>$2,008,079,000</td>
<td>+$100,000,000</td>
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</table>
Program managed by the Substance Abuse and Mental Health Services (SAMHSA) that helps States with prevention, treatment, overdose reversal, and recovery needs linked specifically to the opioid crisis and stimulant use disorders.

Recent areas of emphasis:

- Increasing access to treatment including FDA-approved medications for the treatment of opioid use disorder (MOUD)
- Increasing access to overdose reversal medications
- Increasing access to recovery support services
- Increasing primary prevention efforts

### Grants

<table>
<thead>
<tr>
<th>Grants</th>
<th>Single State Agency</th>
<th>Programs &amp; Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>STR Grants</td>
<td>FY2017 &amp; FY2018</td>
<td>SUD Prevention, Treatment, and Recovery Service Providers</td>
</tr>
<tr>
<td>SOR Grants</td>
<td>FY2018-Present</td>
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### Figure 2. Opioid Block Grant Timeline

Authorizing Legislation and Appropriations Levels over Time for the STR, SOR, and TOR Grants

<table>
<thead>
<tr>
<th>STATE TARGETED RESPONSE (STR) GRANTS</th>
<th>STATE OPIOID RESPONSE (SOR) GRANTS</th>
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</thead>
<tbody>
<tr>
<td>The 21st Century Cures Act (PL. 114-255) established “an account for the state response to the opioid abuse crisis” (known as the STR grants) at $500 million for each of FY2017 and FY2018 (subject to appropriations).</td>
<td>The Consolidated Appropriations Act, 2018 (PL. 115-141) provided $1 billion to SAMHSA for a new State Opioid Response grant program for FY2018. The appropriation included a $50 million set-aside for Tribal health programs.</td>
</tr>
<tr>
<td>The Consolidated Appropriations Act, 2017 (PL. 115-31) provided $500 million for the STR grants for FY2017.</td>
<td>The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 (PL. 115-245) provided $1.5 billion for the SOR grants for FY2019—an increase of $500 million from the previous year.</td>
</tr>
<tr>
<td>The Consolidated Appropriations Act, 2018 (PL. 115-141) provided $500 million for the STR grants for FY2018.</td>
<td>The Further Consolidated Appropriations Act, 2020 (PL. 116-94) provided $1.5 billion for the SOR grants for FY2020. &quot;Stimulants&quot; were added to the grant purpose, allowing funds to be used to address methamphetamine and cocaine use.</td>
</tr>
<tr>
<td>The Cures authorization for the STR grants expired after FY2018. STR grants did not receive any funding for FY2019.</td>
<td>The Consolidated Appropriations Act, 2021 (PL. 116-260) provided $1.5 billion for the SOR grants for FY2021. Accompanying report language directed SAMHSA to award $3 million in supplemental grants to states whose year over year funding declined by more than 40 percent in order to address a potential fiscal cliff for states with declining drug-related mortality rates.</td>
</tr>
<tr>
<td>The SUPPORT for Patients and Communities Act (PL. 115-271) reauthorized the STR grants for FY2019-FY2021.</td>
<td>STR grants did not receive any funding for FY2020.</td>
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<tr>
<td>STR grants did not receive any funding for FY2020.</td>
<td>STR grants did not receive any funding for FY2021.</td>
</tr>
<tr>
<td>The SUPPORT Act reauthorization for the STR grants expired after FY2021. STR grants did not receive any funding for FY2022.</td>
<td>The Consolidated Appropriations Act, 2022 (PL. 117-130) provided $1.525 billion for the SOR grants for FY2022— an increase of $25 million from the previous year.</td>
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Source: Congressional Research Service.
# State Opioid Response (SOR) Funding

<table>
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<tr>
<th>Program</th>
<th>FY 2019</th>
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<tr>
<td>State Opioid Response (SOR) Grants</td>
<td>$1,500,000,000</td>
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<td>$1,500,000,000</td>
<td>$1,525,000,000</td>
<td>$1,575,000,000</td>
<td>+$50,000,000</td>
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Medication-Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA)

Grant program within the Substance Abuse and Mental Health Services Administration (SAMHSA) to help States and locals expand/enhance access to Medications for Opioid Use Disorder (MOUD).

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA)</td>
<td>$89,000,000</td>
<td>$89,000,000</td>
<td>$91,000,000</td>
<td>$101,000,000</td>
<td>$111,000,000</td>
<td>+$10,000,000</td>
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Tools On State Actions To Expand Access To Treatment
State Opioid Response (SOR) grants were/are a major source of funding to address the opioid crisis and stimulants disorders.

To understand how grantees have used these funds, NASADAD developed in 2019 and 2021, individual state and territorial briefs that describe highlights of each state alcohol and drug agency’s use of STR/SOR funds across the continuum of care.

Thematic briefs were also developed to analyze common strategies and services states have implemented in dealing with the opioid and stimulant misuse and use disorders.
Thematic briefs describe some of the most pressing issues faced by the SSAs in responding to the opioid crisis and stimulant misuse and use disorders, common strategies to address them, and innovative programs. The briefs cover:

- Crisis Support Services
- Special Populations Initiatives
- Initiatives to Build Workforce Capacity
- Demonstrating Outcomes for a Healthier Future
- Prevention Initiatives
- Treatment Initiatives
- Overdose Reversal Initiatives
- Recovery Support Initiatives
Select a state or territory in the map or dropdown menu to access their STR/SOR Brief.
Link to Access Map

https://nasadad.org/
Workforce
NASADAD Workforce Recommendations to Congress

Congress should ensure SAMHSA’s current legal authority to address workforce issues is matched with programmatic initiatives.

NASADAD worked with the authors of CARA 3.0 to develop a grant authorized within SAMHSA to State alcohol and drug agencies that would support substance use disorder prevention workforce initiatives.

NASADAD has called on Congress to explicitly add workforce activities as an allowable use of the SAPT Block Grant.

“Provide SAMHSA the authority and resources to help address the nation’s substance use disorder workforce crisis.”

Sara Goldsby’s (Feb. 1) & Cassandra Price’s (April 5) Testimony
# NASADAD Federal Recommendations:
New workforce-related allowable use of Substance Abuse Prevention and Treatment (SAPT) Block Grant

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Details</th>
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<tbody>
<tr>
<td>Enhancing or developing current training curricula</td>
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<tr>
<td>Partnering with elementary schools, middle schools, high schools, or institutions of higher education to generate early student interest in careers related to substance use disorders</td>
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<tr>
<td>Creating short and longer-term pipeline initiatives through training, mentoring, coaching, tuition assistance, and stipends for students enrolled in substance use disorder-related educational programs</td>
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<tr>
<td>Enhancing or establishing initiatives related to credentialing or other certification processes recognized by the State alcohol and drug agency, including scholarships or support for certification costs and testing</td>
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<tr>
<td>Establishing or enhancing initiatives that promote recruitment, professional development, and access to education and training that increase the State’s ability to address diversity, equity, and inclusion in the workforce, including communication initiatives or campaigns designed to draw interest in a career in substance use disorder prevention, treatment, and recovery</td>
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<tr>
<td>Establishing or enhancing internships, fellowships, apprenticeships, and other career opportunities</td>
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<tr>
<td>Providing substance use prevention, treatment, and recovery staff with retention payments, bonuses, hazard pay and staff differential pay</td>
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<tr>
<td>Retention initiatives that may include training, leadership development or other educational opportunities.</td>
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Comprehensive Workforce Investments Designed to Improve Access to & Quality of Care:

A State Example Oregon Health Authority
Legislative Initiatives from 2021-22 Sessions

• Workforce Strengthening and Diversification: (HB2949 - 2021)

• Workforce Stabilization: Recruitment/Retention Payments (HB4004 - 2022)

• Provider Rate Increases (HB5202 – 2022)
Workforce Strengthening and Diversification: (HB2949 – 2021)

Increases the recruitment and retention of substance use and mental health providers who are people of color, tribal community members, or residents of rural areas, in order to provide culturally responsive care. It specifically provides the following:

- $60 million to develop a diverse workforce in licensed and non-licensed occupations through workforce incentives (e.g., scholarships, loan repayment, housing stipends, childcare subsidies)

- $20 million for a grant program to licensed SU and MH providers to provide paid supervised clinical experience to associates or other individuals so they may obtain a license to practice.
Workforce Stabilization: Recruitment/Retention Payments (HB4004 - 2022)

$132 Million to be awarded

- Offers provider flexibility to design and apply compensation strategies, as long as 75% is directed toward wages, benefits, bonuses and incentives

- A qualified entity must be licensed or certified by Oregon Health Authority, Oregon Department of Human Services or Oregon Youth Authority per the statutory language
Provider Rate Increases

$154.5 million in total funds

- Increases to fee-for-service schedule post-CMS approval retroactive to July 1, 2022
- Increases to Managed Care (Coordinated Care Organization) capitation rates (effective Jan 1, 2023)

Priorities for FFS increases:

- Parity between SU and MH rates
- 22% rate differential for providers that offer culturally and linguistically specific services directly (10% additional for rural providers)
- Rate increase from $17.70 to $24.78 for peer support specialists wages
Issue(s) from Yesterday: Costs related to substance use disorders

• Facing Addiction in America: Surgeon General’s Report on Alcohol, Drugs, and Health (2017):  
  • Alcohol costs the nation $249 billion annually  
  • Illicit drugs cost the nation $193 billion annually


• SAMHSA’s Spending Estimates cite that the U.S. spent  
  • $56 billion on substance use disorder programs and services  
  • $156 billion on mental illness programs and services

Issue(s) from Yesterday: Programs for Pregnant and Postpartum Women

- Utilizing a comprehensive family-centered approach for treatment

- Women reside in a facility to receive substance use treatment where the children reside with them during treatment to receive services including:
  - Counseling; medications to treat substance use disorders;
  - Prenatal and postpartum care; parenting skills; counseling on HIV/AIDS; domestic violence
  - Help with employment
  - Therapeutic services for the children
  - Case management for all
Questions?

Robert I.L. Morrison  
Executive Director/Director of Legislative Affairs  
National Association of State Alcohol and Drug Abuse Directors (NASADAD)  
Suite M 250, 1919 Pennsylvania Avenue, NW  
Washington, D.C. 20006  
Phone: (202) 292-4862  
Email: rmorrison@nasadad.org  
Web Page: www.nasadad.org