



2018 POLICY IN REVIEW

WEBINAR FOR C4 RECOVERY FOUNDATION

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INTRODUCTIONS

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WHAT YOU MAY ALREADY KNOW

- **Drug overdose deaths tripled** between 2000 and 2015 (with a total of 52,400 deaths in 2015), with rural community opioid-related death rates increasing seven-fold. Provisional data shows drug overdoses could exceed 64,000 in 2016, with fentanyl deaths alone accounting for 21,000 of these deaths.
- Recent projections put the 2017 number at over 70,000

OVERDOSE

- **Alcohol-induced deaths increased 37 percent** between 2000 and 2015, reaching a 35-year high at 33,200 deaths in 2015. This excludes alcohol-attributable deaths related to injury and violence.
- **Suicide deaths increased by 28 percent** between 2000 and 2015 to more than 44,000 deaths (as of 2015). Rural suicide rates are 40 percent higher than in metro areas.

THE BIG KAHUNA

- Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act” or the “SUPPORT” Act (HR 6)
- Passed by the House and Senate. Signed by the President.
- I will need your patience and understanding- the law is close to 700 pages and we still have questions about many of the programs it creates.

WHATS IN THE BILL?



Recovery language



Recovery support services



Peer support



Research



Training & technical assistance



Grant programs



Recovery Community Organizations

STATE TARGETED RESPONSE/STATE OPIOID RESPONSE

- Opioid grants- \$1.5 billion
- Same as FY '18
- Grant based on population (with a “cherry on top...”)
- Single State Agencies will have discretion

WORKFORCE DEVELOPMENT

- LOAN REPAYMENT PROGRAM FOR SUBSTANCE USE DISORDER TREATMENT WORKFORCE.
- Secretary of HHS enters into agreements with individuals to make payments in accordance on the principal of and interest on any eligible loan; and
- the individuals each agree to the requirements of service in substance use disorder treatment employment

LOAN REPAYMENT

- **SERVICE IN A SHORTAGE AREA.**—The Secretary shall pay—for each year of obligated service by an individual pursuant to an agreement $\frac{1}{6}$ of the principal of and interest on each eligible loan of the individual which is outstanding on the date the individual began service and for completion of the sixth and final year of such service, the remainder of such principal and interest.
- **MAXIMUM AMOUNT.**—The total amount of payments under this section to any individual shall not exceed **\$250,000**.

MEDICAID SERVICES

- STATE MEDICAID PROGRAM INNOVATION
- The Secretary of Health and Human Services shall work with States on innovative strategies to help individuals who are inmates of public institutions and otherwise eligible for medical assistance under the Medicaid program under title XIX of the Social Security Act transition, with respect to enrollment for medical assistance under such program, seamlessly to the community.
- Limited to ten states. To be selected via application process.

SOBER LIVING/RECOVERY HOUSING

- The Secretary, in consultation with the individuals and specified entities shall identify or facilitate the development of best practices, which may include model laws for implementing suggested minimum standards, for operating recovery housing.
- SAMHSA will be the lead agency for this effort.

RECOVERY HOUSING

- The term ‘recovery housing’ means a shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services that promote sustained recovery from substance use disorders.
- To carry out this section, there is authorized to be appropriated \$3,000,000 for the period of fiscal years 2019 through 2021.

DETECTING FRAUD

- IDENTIFICATION OF FRAUDULENT RECOVERY (HOUSING OPERATORS)
- The Secretary, in consultation with the individuals and entities described paragraph (2), shall identify or facilitate the development of common indicators that could be used to identify potentially fraudulent recovery housing operators.
- the Secretary shall consult with, as appropriate, experts in the field as well as with the Attorney General

SEEKING OUT FRAUD

- the Secretary shall consider how law enforcement, public and private payers, and the public can best identify and report fraudulent recovery housing operators.
- In carrying out the activities, the Secretary shall identify or develop indicators, which may include indicators related to—
 - unusual billing practices;
 - average lengths of stays;
 - excessive levels of drug testing (in terms of cost or frequency); and
 - unusually high levels of recidivism.

FRAUD PREVENTION

- Will be unlawful to engage in an unfair or deceptive act or practice with respect to any substance use disorder treatment service or substance use disorder treatment product.
- Violations shall be treated as a violation of a rule under section 18 of the Federal Trade Commission Act (15 U.S.C. 57a) regarding unfair or deceptive acts or practices.

PEER SUPPORT ENHANCEMENT AND EVALUATION REVIEW.

A report will be issued on the provision of peer support services under the Medicaid program

- (i) the mechanisms through which States may provide such coverage, including through existing statutory authority or through waivers;
- (ii) the populations to which States have provided such coverage;
- (iii) the payment models, including any alternative payment models, used by States to pay providers of such services; and
- (iv) where available, information on Federal and State spending under Medicaid for peer support services.

PEER SUPPORT ENHANCEMENT AND EVALUATION REVIEW

- Report shall include recommendations, including recommendations for such legislative and administrative actions related to improving services
 - peer support services
 - access to peer support services under Medicaid

PEER SUPPORT TECHNICAL ASSISTANCE CENTER

- National Peer-Run Training and Technical Assistance Center for Addiction Recovery Support
- Provide technical assistance and support to recovery community organizations and peer support networks
- Best practices for the delivery of recovery support services

CAREER ACT

Improves resources and wrap-around support services for individuals in recovery from a substance use disorder who are transitioning from treatment programs to independent living and the workforce

Hire case managers, care coordinators, providers of peer recovery support services, or other professionals, as appropriate, to provide services that support treatment, recovery, and rehabilitation, and prevent relapse, recidivism, and overdose

Preventing Overdoses While in Emergency Rooms (POWER)

Program to support coordination and continuation of care for drug overdose patients.

The use of recovery coaches, as appropriate, to encourage individuals who experience a non-fatal overdose to seek treatment for substance use disorder and to support coordination and continuation of care

YOUTH PREVENTION AND RECOVERY

- Establish a resource center to provide technical support to recipients of grants
- A program to provide support for communities to support the prevention of, treatment of, and recovery from, substance use disorders for children, adolescents, and young adults.
- A recovery program that includes peer-to-peer support delivered by individuals with lived experience in recovery, and communal activities to build recovery skills and supportive social networks.
- Provides \$15 million to HHS to replicate a “recovery coach” program for parents with children in foster care due to parental substance use.

BUILDING COMMUNITIES OF RECOVERY (BCOR)

- Award grants to recovery community organizations to enable such organizations to develop, expand, and enhance recovery services.
- 'Recovery Community Organization' means an independent nonprofit organization that—
- (1) mobilizes resources within and outside of the recovery community, which may include through a peer support network, to increase the prevalence and quality of long-term recovery from substance use disorders; and
- (2) is wholly or principally governed by people in recovery for substance use disorders who reflect the community served.

- \$5,000,000 for each of fiscal years 2019 through 2023

PILOT PROGRAM TO HELP INDIVIDUALS IN RECOVERY FROM A SUBSTANCE USE DISORDER BECOME STABLY HOUSED


- Assistance to States to provide individuals in recovery from a substance use disorder stable, temporary housing for a period of not more than 2 years or until the individual secures permanent housing, whichever is earlier.

IMD EXCLUSION

- Five year "reprieve"
- Bed limit lifted
- 30 day limit for inpatient treatment over course of 12 months
- States can still impose own restrictions- or waivers

GOOD IS NOT THE ENEMY OF PERFECT

- Let's be honest
- More than half the bill focused on two things:
- Overprescribing
- Medicare part B

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- So...
 - Life “after opioids”

WHAT DOES THE FUTURE HOLD


- Renewed focus on methamphetamine
- Cocaine
- Fentanyl
- Marijuana is again vying for attention

OTHER \$\$\$

- \$120 million focused on responding to the opioid epidemic in rural communities. According to the Centers for Disease Control and Prevention, drug-related deaths are 45 percent higher in rural communities, with rural states more likely to have higher rates of overdose deaths.
- Maintains \$476 million at CDC for opioid overdose prevention and surveillance as well as a public awareness campaign. The bill includes \$5 million for a new initiative in CDC to combat infectious diseases directly related to opioid use;
- \$150 million, an increase of \$50 million for Certified Community Behavioral Health Centers;
 - But this program expires next calendar year...

CRIMINAL JUSTICE

- Fight is ongoing in the lame duck session
- Key provisions pertaining to narcotics sentencing

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- There was addiction before overprescribing
 - There will be addiction after it is curbed
 - Be careful of a “Siren’s Song”

QUESTIONS

- Thank you!