

NASADAD:

Background; Priorities; Partnerships

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Outline of Key Topics

- ▶ **Background on NASADAD**
- ▶ **NASADAD Priorities**
- ▶ **Partnerships**



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- ▶ Non-profit, membership-based Association founded in 1971 to serve State and Territorial Substance Abuse Agencies
 - ▶ SSA's administer and manage – in collaboration with county governments – public substance abuse treatment, prevention and recovery systems – anchored by the SAPT Block Grant (\$1.7 billion)
 - ▶ Mr. Mark Stringer, Missouri, NASADAD President
 - ▶ Janice Petersen, North Carolina, National Prevention Network (NPN) President

Basics of NASADAD: Background and Mission



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- ▶ 14 full time employees
 - ▶ 1 Center for Substance Abuse Prevention (CSAP) Fellow
 - ▶ 1 to 2 Interns
 - ▶ Located in downtown Washington, D.C.

Basics of NASADAD: Background and Mission



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- ▶ Components of **NASADAD** include
 - ▶ National Prevention Network
 - ▶ National Treatment Network
 - ▶ Components of **National Treatment Network:**
 - ▶ Women's Services Network
 - ▶ State Opioid Treatment Authorities
 - ▶ State HIV/AIDS Coordinators
 - ▶ **NASADAD Committees:**
 - ▶ Public Policy
 - ▶ Research
 - ▶ Criminal Justice

Basics of NASADAD: Structure



Key NASADAD Committee

Public Policy



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- ▶ Public Policy Committee Chair: Flo Stein (N.C.)
 - ▶ Since 2004, Policy Program is helped driven by Annual Public Policy Survey
 - ▶ Survey asks members to prioritize topics for federal level action
 - ▶ Policy program and priorities must be flexible and match current environment

Basics of NASADAD: Public Policy



▶ Sample of 2011 Policy Priorities:

▶ ACA Implementation

- ▶ Responding to regulations
- ▶ Educating regarding the shape of funding opportunities

▶ Issues around SAPT Block Grant:

- ▶ Maintaining funding level and current structure
- ▶ Mapping out future potential policy changes – including recovery services

▶ Increase work with Centers for Medicare and Medicaid (CMS)

- ▶ Linking SSAs to CMS, Medicaid Directors to educate and dialogue

Basics of NASADAD: Public Policy



▶ Sample of 2011 Policy Priorities (cont'd):

- ▶ Within Department of Justice (DOJ), top programs of interest:
 - ▶ Drug courts, Enforcing Underage Drinking Laws (EUDL) and Residential Substance Abuse Treatment (RSAT) Program
- ▶ Health Information Technology Discussed During Members Only Policy Day
- ▶ Substance Abuse Prevention
 - ▶ Underage drinking

Basics of NASADAD: Public Policy



Key Committee

Research



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- ▶ Research Committee Chair: Barbara Cimaglio (VT)
 - ▶ Examine topics relevant to the members and their mission
 - ▶ Recent examples:
 - ▶ Tobacco cessation and State substance abuse authorities (2010)
 - ▶ Technical Assistance Needs of SSAs regarding returning veterans (2010)
 - ▶ SSAs and criminal justice issues (2009)
 - ▶ Inventory of State Cost Offset Studies (2008)

Basics of NASADAD: Research



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- ▶ The Effects of Health Reform on Access to, and Funding of, Substance Abuse Services in Maine, Massachusetts and Vermont (2010)
 - ▶ Site visits to each state, plus secondary data acquisition
 - ▶ Interviews examined changes over the past ten years in:
 - ▶ Financing patterns; Organization of TX system
 - ▶ Access to care
 - ▶ Utilization of SA services

Basics of NASADAD: Research



What did health reform look like in the three States?

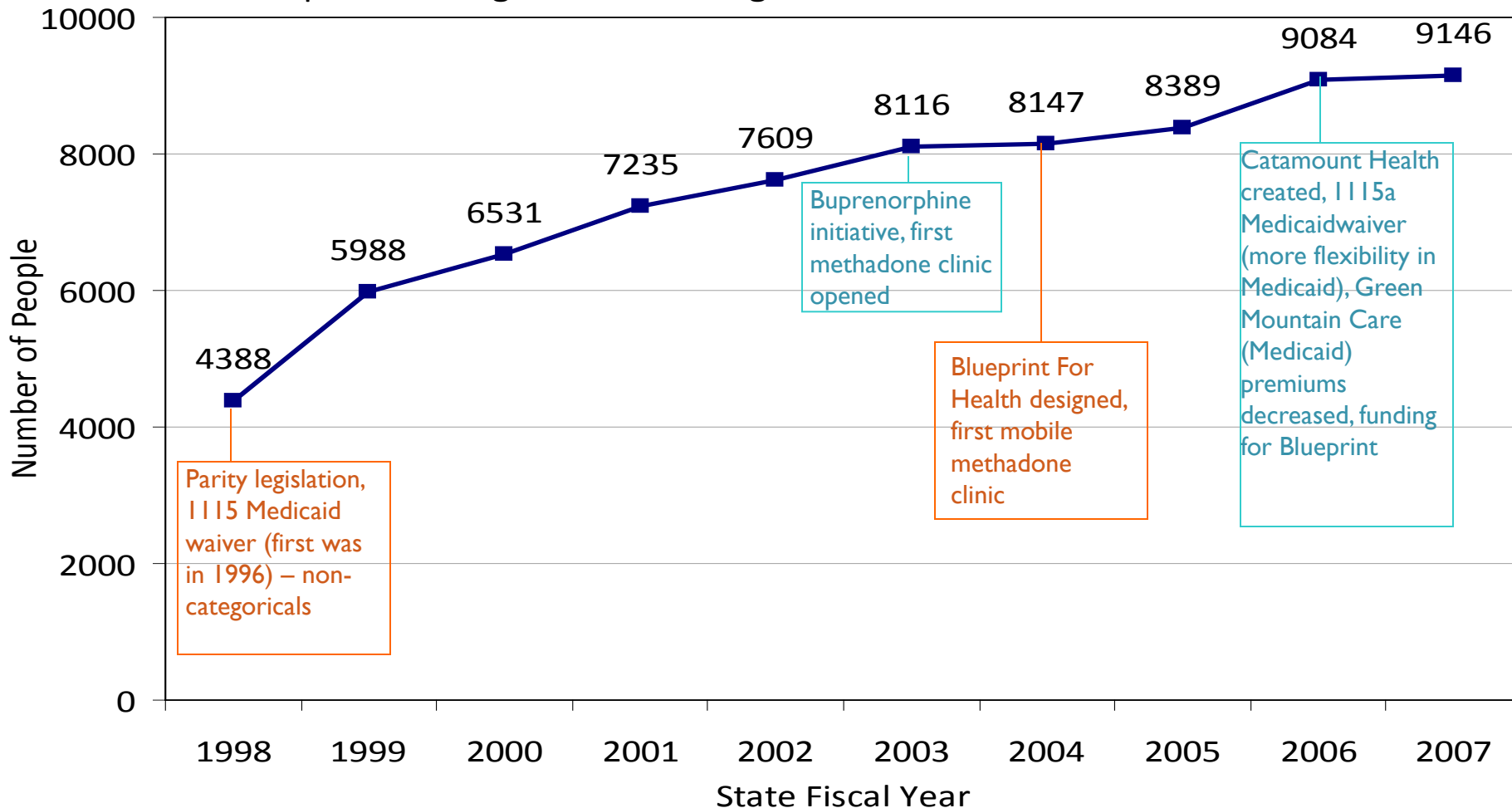
- ▶ Extend **insurance coverage** by: Medicaid, subsidized health plans, private insurance (3 states)
- ▶ Promote collaboration of primary care, chronic care, and prevention (3 states).
- ▶ For the substance abuse sector
 - ▶ Mandated coverage & **Parity** (ME, VT, MA June 09)
 - ▶ Private plans, subsidized plans, Medicaid
 - ▶ **Managed care** for Medicaid carve-out (ME and MA);
 - ▶ Process improvement initiatives (3 states)
 - ▶ Workforce initiatives (3 states)
 - ▶ Performance contracting/**pay-for-performance** (MA, ME)

Basics of NASADAD: Research



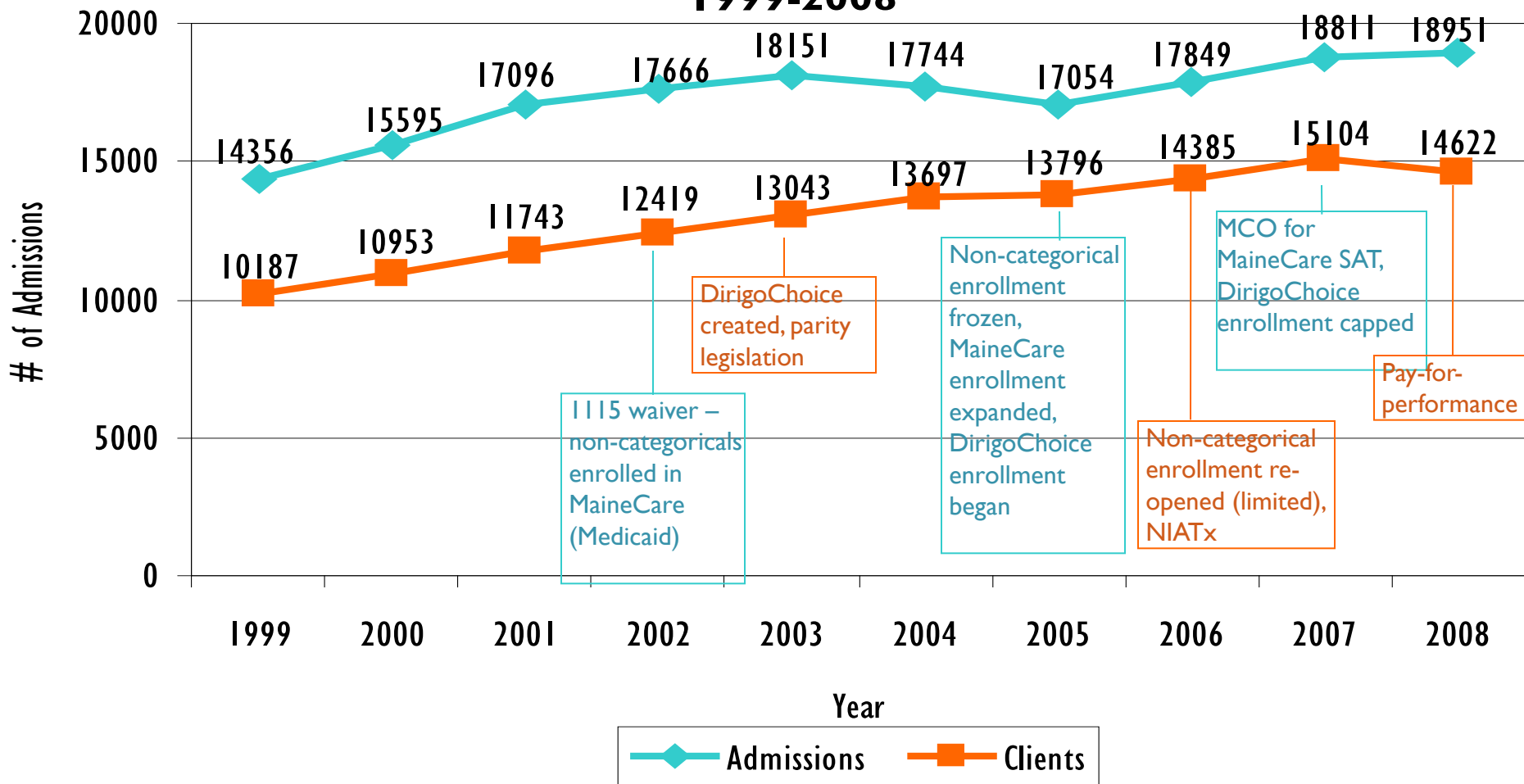
Vermont (↑ in admissions by 100% from 1998 to 2007)

People Receiving Alcohol or Drug Treatment in Vermont 1998-2007



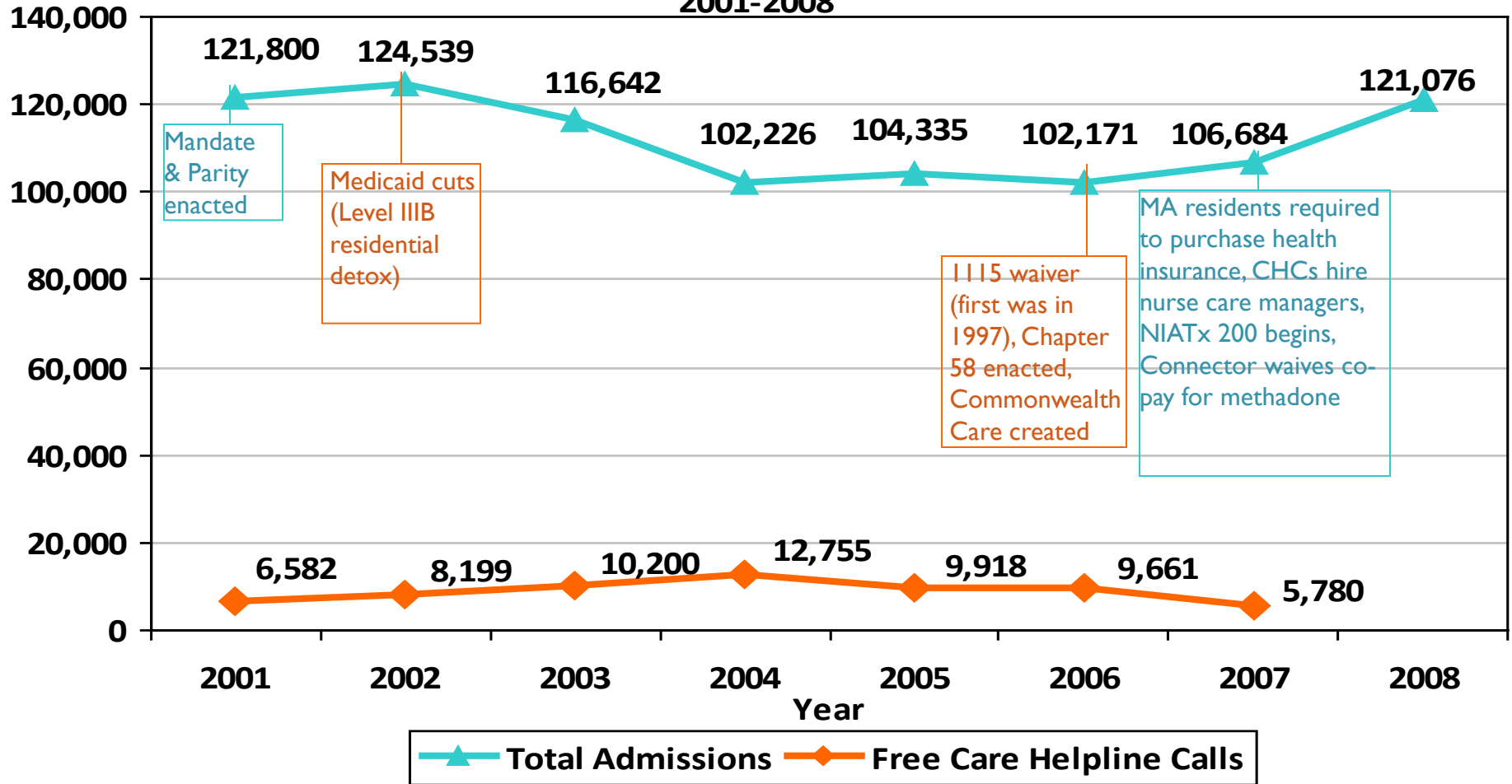
Maine (↑ in admissions by 50% 1999-2008)

Admissions to Substance Abuse Treatment in Maine, 1999-2008



Massachusetts

**Total BSAS Admissions and Free Care Calls to the Helpline,
2001-2008**



Under HCR

Percent of total population of uninsured **dropped**

- ▶ ME - 13% in 2002 to 10.3% in 2007
- ▶ MA - 11.7% in 2004 to 2.6% in 2009
- ▶ VT - 9.8% in 2006 to 7.6% in 2009
- ▶ SAT admissions **rose**; public funding **increased**
 - ▶ **Medicaid expansions** appear more significant than subsidized/private health plans (need to analyze claims)
- ▶ Opiate epidemic – impacted type of care needed
 - ▶ Medication-Assisted Treatment (MAT)



Finding 1: Still Many Uninsured Seeking SAT Services

- ▶ Uninsured rate dropped, admissions rose, but many SAT clients still **without health insurance**
 - ▶ MA 2009 – 22% (down from 61% in 2005)
 - ▶ ME 2008 – 31% (steady since 2005)
 - ▶ VT 2007 – 30% (steady since 2005)
- ▶ Services paid for by safety net/SAPT funds
 - ▶ Without insurance or safety net funds, clients turned away/put on waitlist



Finding 1: Still Many Uninsured Seeking SAT Services (cont'd)

- ▶ **Many uninsured due to “gaps” in coverage**
 - ▶ Non-completion of re-enrollment forms (Medicaid)
 - ▶ Non-payment of premiums (private insurance)
 - ▶ May correspond with the client’s increased alcohol/drug use
 - ▶ Incarceration
- ▶ **For future research:**
 - ▶ Medicaid files to better understand/quantify gaps in coverage
 - ▶ Link data between Medicaid, CJ, SSA



Finding 2: Parity

- ▶ Parity laws alone **do not ensure** that insurance companies will cover and reimburse SA/MH services at appropriate levels
 - ▶ Mandate in MA, ME and VT
 - ▶ How are the parity laws enforced?
- ▶ Even when insurers **comply** with parity regulations:
 - ▶ Co-pays and deductibles
 - ▶ Provider challenges to work with private plans
 - ▶ Requirements for credentialed staff
- ▶ For future research: examine utilization of SAT services by state subsidized plans (Connector data, etc.)



Finding 3: HCR motivated efficiency initiatives can achieve some cost savings

- ▶ HCR more expensive than expected in MA, ME, VT
- ▶ **Cost savings** within SA system:
 - ▶ Managed Care Organizations implemented for Medicaid in ME (2008), MA (1992)
 - ▶ Cost savings
 - ▶ “Double-edged sword”
- ▶ Engagement and retention demonstration projects in all three states
 - ▶ Popular
 - ▶ Increased efficiency
 - ▶ **No data on effect of demonstrations on quality**
- ▶ Pay-for-performance (ME) increased efficiency
 - ▶ MA beginning to implement



Finding 4: Role of the SAPT Block Grant

- ▶ **Remains critical to SSA, providers** - funds services not covered by others, fills gaps in services
- ▶ **Flexibility** to address new challenges, services
 - ▶ Opiate epidemic (previously, cocaine)
 - ▶ Buprenorphine, methadone
- ▶ **Safety net**
 - ▶ Services for the uninsured
 - ▶ Services that “traditional” insurance will not cover
- ▶ **Prevention** – **primary/only funder** in these states
- ▶ **Criminal Justice**
- ▶ **Workforce Development**



▶ Understanding the Baseline: Publicly Funded Substance Abuse Providers and Medicaid (June 2011)

- ▶ Investigate this common concern:
 - ▶ Too few substance abuse providers are enrolled to receive Medicaid reimbursement

- ▶ Sources of Information:
 - ▶ Recent “SAPT Block Grant Addendum” asked about States encouragement of providers’ enrollment in Medicaid

 - ▶ National Survey of Substance Abuse Treatment Services (N-SSATS)

Basics of NASADAD: Research



Understanding the Baseline: Publicly Funded Substance Abuse Providers and Medicaid (June 2011)

Findings through the [SAPT Block Grant Addendum](#)

- ▶ 15 States said all SA providers are enrolled in Medicaid
- ▶ 10 States said “majority” are enrolled in Medicaid
- ▶ 5 States said “some” are enrolled in Medicaid

Basics of NASADAD: Research



Understanding the Baseline: Publicly Funded Substance Abuse Providers and Medicaid (June 2011)

Findings from N-SSATS:

- ▶ Annual census of SA providers (as of March 2009)
- ▶ In 2009, there were 12,700 facilities delivering SUD treatment
- ▶ Of these, 7,833 facilities accepting public funds
- ▶ Of publicly funded providers, 64 percent (4,999) reported Medicaid as an accepted source of payment

Basics of NASADAD: Research



Understanding the Baseline: Publicly Funded Substance Abuse Providers and Medicaid (June 2011)

N-SSATS: Percent of State's Facilities Accepting Medicaid in '09:

- ▶ 7 States had 90 percent or above
- ▶ 20 States had between 70 percent and 89.9 percent
- ▶ 14 States had between 50 percent and 69.9 percent
- ▶ 7 States had between 30 percent and 49.9 percent
- ▶ 3 States had between 0 percent and 29 percent

Basics of NASADAD: Research



EXAMPLES OF PARTNERING

NASADAD/NASMHPD Working Together



NASADAD – NASMHPD Partnering

- ▶ NASADAD-NASMHPD Joint Framework on Co-occurring Mental Health and Substance Use Disorders
 - ▶ **Quarterly Meetings of Public Sector State-based Associations:** NASADAD, NASMHPD, National Association of States United on Aging and Disabilities (NASUAD), National Association of Medicaid Directors (NAMD), National Association of State Directors of Developmental Disability Services (NASDDDS); Association of State and Territorial Health Officers (ASTHO)
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NASADAD – NASMHPD Partnering

- ▶ NASADAD – NASMHPD Joint Meeting with National Association of Insurance Commissioners (NAIC) (Winter 2010)
- ▶ Joint Board Meeting (2010)
- ▶ Joint Statement Issued January 2011
- ▶ Collaboration with the Council of State Governments' (CSG) Criminal Justice Center: Developing a Framework for Responding to Adults with Mental Illness, Addictions and Co-occurring Disorders (May 2011)



NASADAD – NASMHPD Partnering

- ▶ Jointly served on Planning Committee for State Policy Academies on Returning Veterans (2009, 2010, 2011)
- ▶ Coalition Work
 - ▶ Mental Health Liaison Group
 - ▶ Coalition for Whole Health (ACA Implementation)
- ▶ Joint visits to Capitol Hill on benefits of SAMHSA funding:
 - ▶ FY 2011 appropriations
 - ▶ FY 2012 appropriations



Opportunities for Partnerships

- ▶ Joint New State Director Training
- ▶ Joint work on recovery services
- ▶ Joint work on ACA implementation
- ▶ Joint work on prevention – including more common understanding / agreement on terminology



Importance of Partnering

Federal Resources are Shrinking



The Numbers: A Breakdown of Obama's Fiscal 2011 Budget

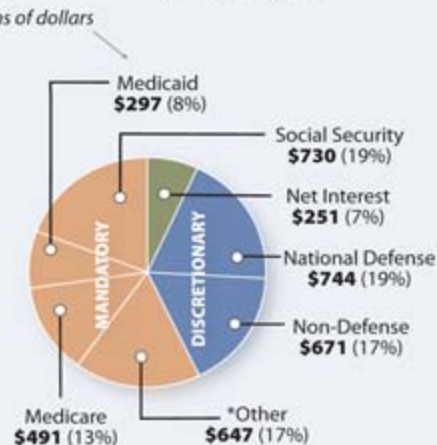
The president's fiscal 2011 budget proposes \$3.7 trillion in new appropriations, or budget authority. Actual outlays, which include spending approved in prior years, are estimated at \$3.8 trillion. Federal revenue is projected to stay below outlay levels, resulting in large budget deficits well into the future.

	Fiscal years, in billions of dollars				
	2009	2010	2011	2012	2013
Budget Authority	\$4,077	\$3,601	\$3,691	\$3,722	\$3,943
Outlays	3,518	3,721	3,834	3,755	3,915
Revenues	2,105	2,165	2,567	2,926	3,188
DEFICIT	-\$1,413	-\$1,556	-\$1,267	-\$828	-\$727

Fiscal 2011 Revenue Estimates:
\$2.57 trillion



Proposed Outlays:
\$3.83 trillion



*Includes farm payments, food stamps, earned-income tax credit, unemployment insurance and federal worker benefits.

SOURCE: Office of Management and Budget.

Thank you!

Questions/Discussion

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