



Federal Policy: The New Normal

(or....”Where did all this money come from???”)

CCAPP

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Introduction

- Andrew Kessler, JD
- Slingshot Solutions, LLC
- 23 years federal policy experience (18 in behavioral health)

Getting back to “Normal?”

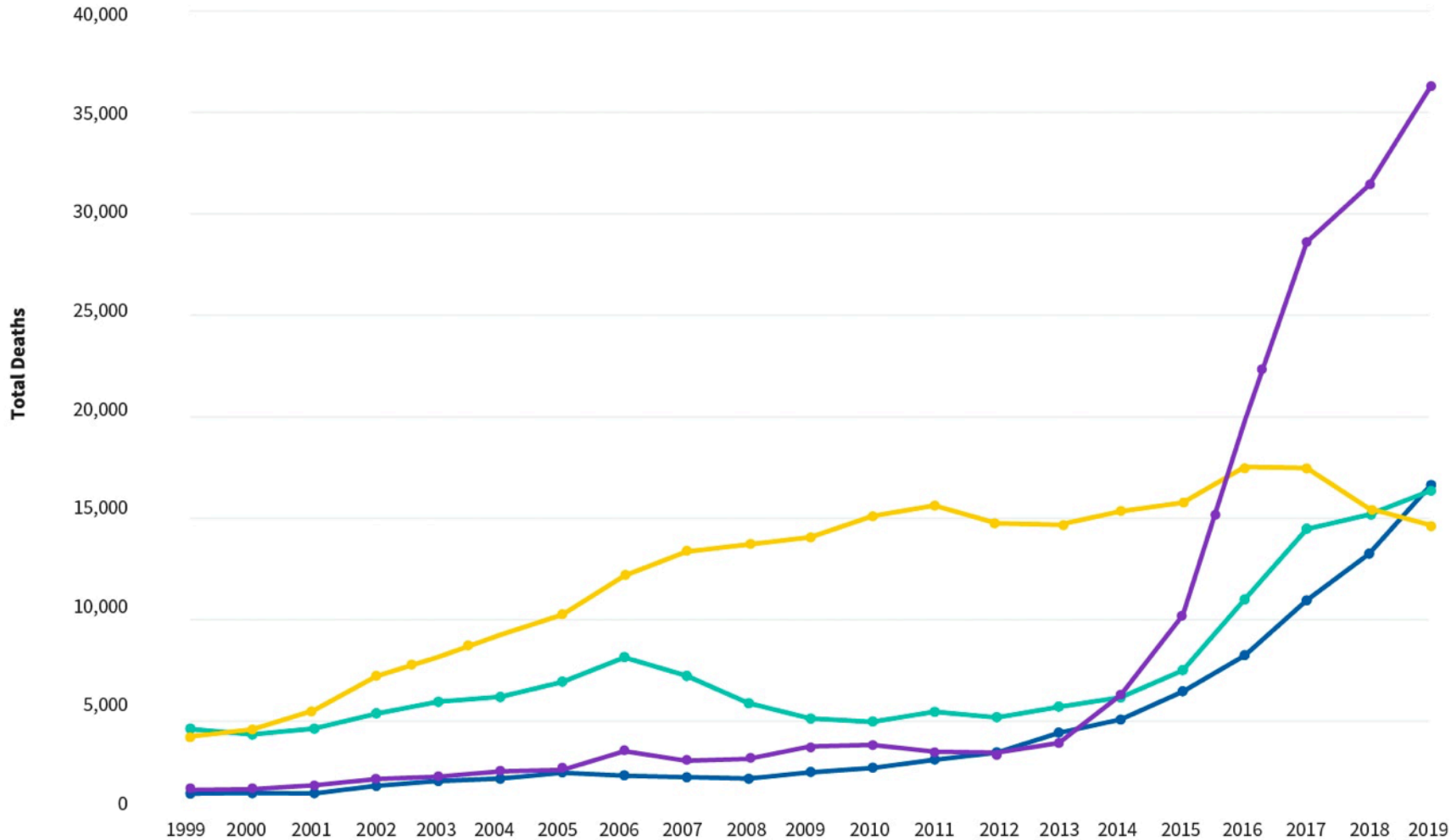
- Legislation being introduced (but not really moving...)
- White House is engaging
- Progress still moderate/slow
 - *(which is the absolute definition of “normal” in Washington...)*

Policy in a Post Covid World

- COVID-19 impact on Behavioral Health was substantial
- Not like we had all the resources we needed beforehand....
- Not like things were under control before hand....

Trends in U.S. Drug Overdose Deaths (1999 - 2019)

The overdose crisis has evolved over time and is now largely characterized by deaths attributable to illicitly manufactured synthetic opioids, including fentanyl, and, increasingly, stimulants. Since 1999, the rate of overdose deaths has increased by over 250%.



Synthetic opioids excluding methadone overdose deaths increased **50-fold**

Psychostimulants with abuse potential (primarily methamphetamine) overdose deaths increased **30-fold**

Cocaine overdose increased **4-fold**

Rx opioid overdose deaths increased **4-fold**

Impact of COVID

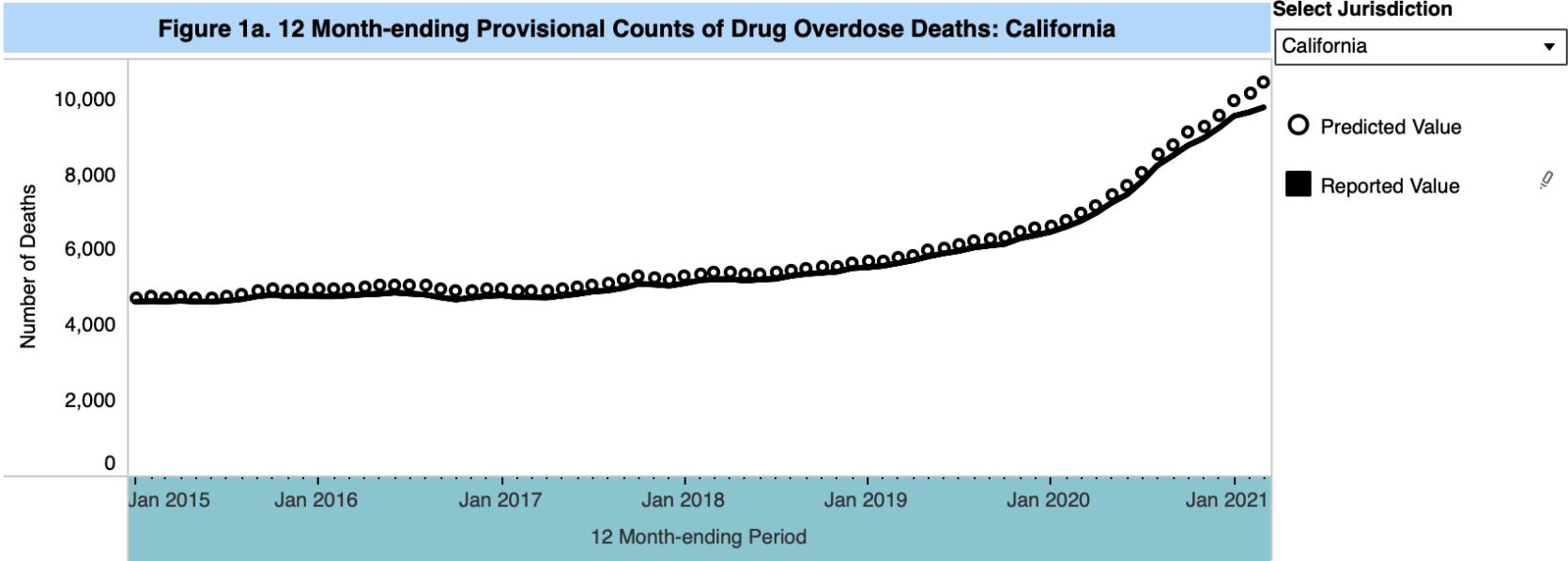
- A new study by the nonprofit research institute RTI International found that addiction treatment providers in **California saw a 28% drop in patients initiating treatment in the eight months after the start of the COVID-19 pandemic relative to the year before.** By October 2020 treatment initiations had still not returned to pre-pandemic levels. The study was published in the Journal of the American Medical Association.

CDC overdose numbers

- Overdoses in California
- 2020: 6,948
- 2021 (est.) : 10,408

12 Month-ending Provisional Number of Drug Overdose Deaths

Based on data available for analysis on: 10/3/2021



- So...

- What were those COVID relief bills REALLY about?

“Why do you rob banks?”



- Because THAT'S WHERE THE MONEY IS
- Think of COVID relief bills as special interest banks....

December- COVID 19 Economic Relief Bill

- Most \$\$\$ went to the SAMHSA block grants
- States receive money based on population
- \$1.75 billion total to SAMHSA SAPTBG
- \$238 million SAPT Block Grant to CA

American Rescue Act (March)

- \$1.5 B for the SAPT Block grant
- \$205.947 million for California
- 6 CCBHCs in CA funded (total of \$25 million)



“A BILLION
HERE, A
BILLION
THERE....”

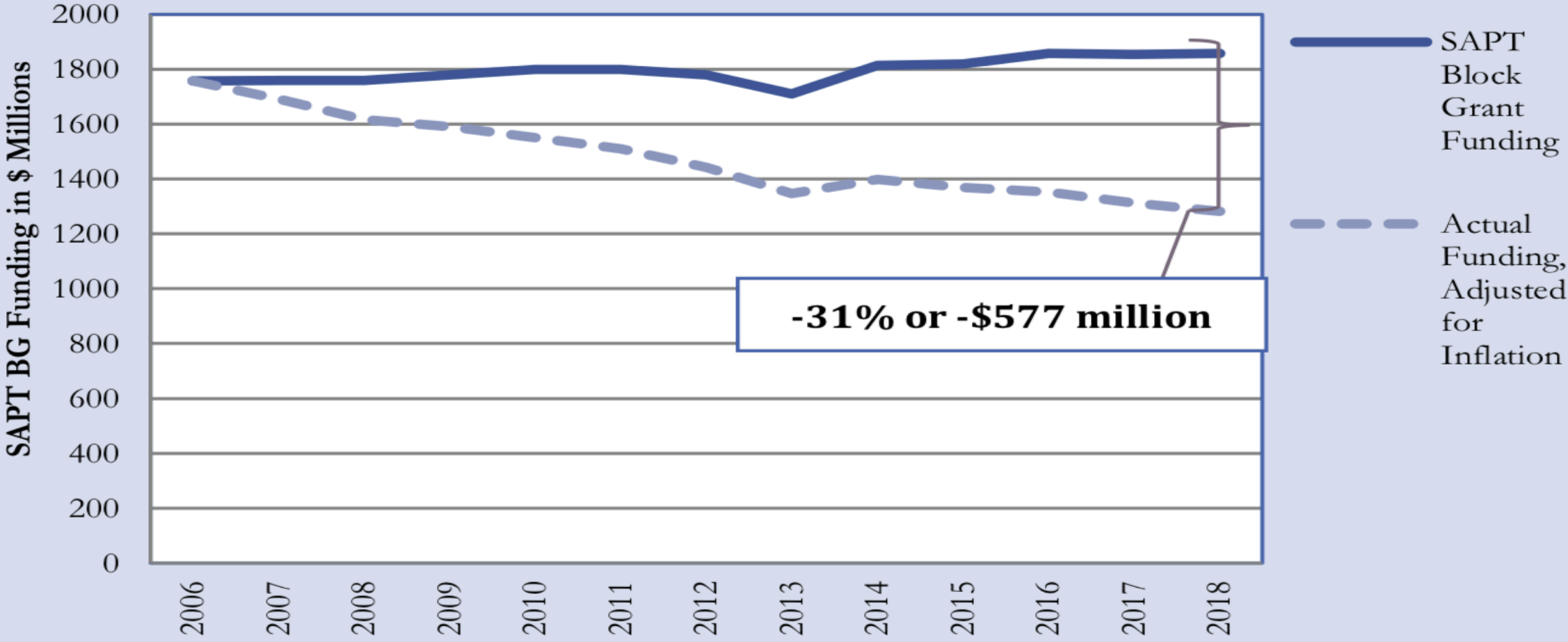
SAMHSA awards to CA (FY 2021)

- SAPT Block Grant + December Stimulus + ARP:
- \$705 million
- (FY 2020- \$234 million)

Appropriations

- **“Article I, Section 9, Clause 7:** No Money shall be drawn from the Treasury, but in Consequence of Appropriations made by Law; and a regular Statement and Account of the Receipts and Expenditures of all public Money shall be published from time to time. ”
- Or as some say in Washington....
- “The President Proposes....And Congress Disposes!”
- Or....put another way....there are three kinds of politicians in D.C....

SAPT Block Grant Funding: Appropriations vs. Actual, 2006-2017

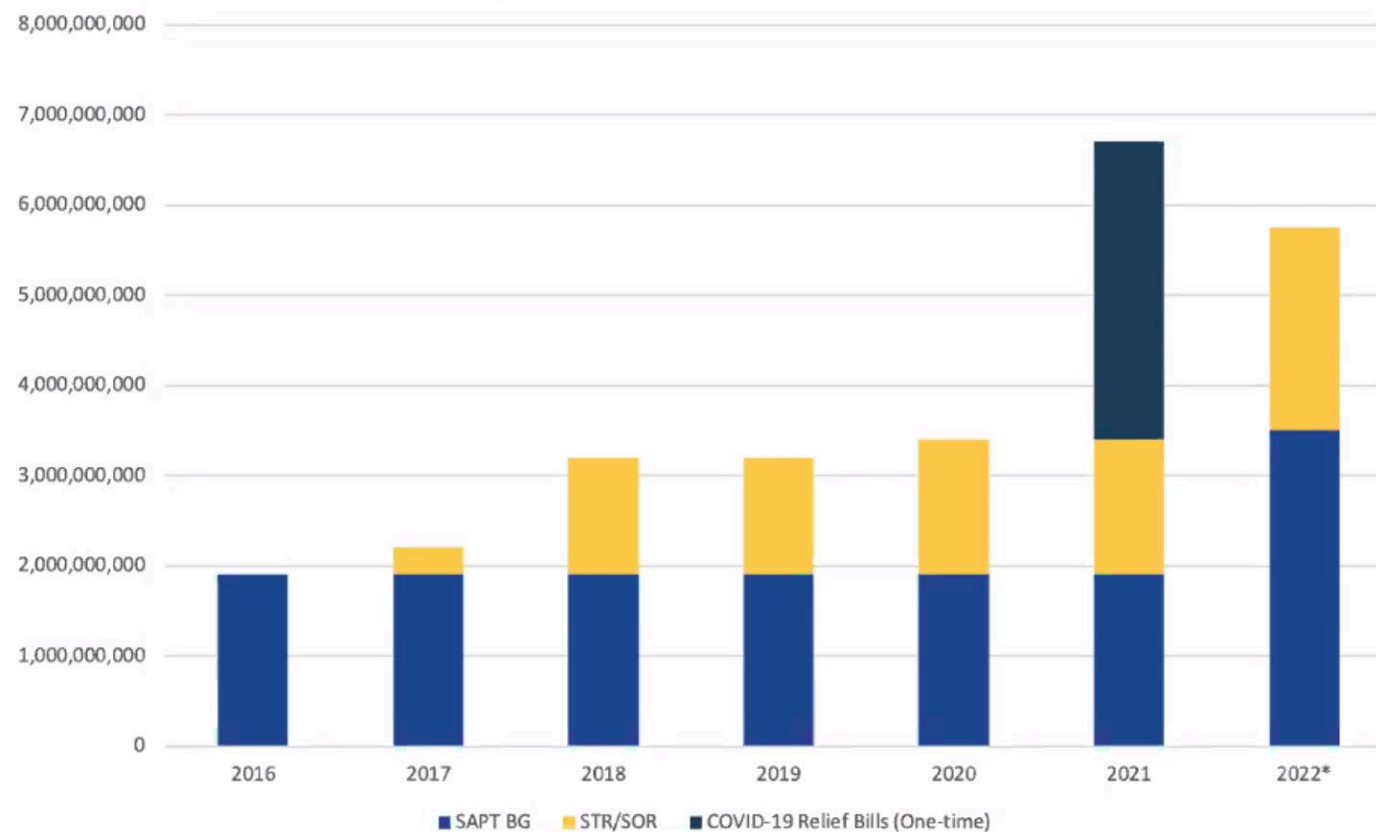


FY 2022 Appropriations

- The President recommended an increase in the SAPT block grant from \$1.8 billion to \$3.5 billion.
- The House of Representatives appropriated a final number of \$2.8 billion
- The Senate has approved a final number of \$3 billion
- Would be the first increase in the block grant in 13 years.

Substance Use Funding Passed Through To States

SAMHSA's Single State Authority
Federal Substance Use Funding



President's Plan

- The White House recommended a 10% set aside in the block grant for Recovery Support Services
- The House of Representatives agreed and authorized the change
- As of last week, so has the Senate

Recovery “Set aside”

- (1) develop local recovery community support institutions including but not limited to recovery community centers, recovery homes, and recovery schools or programs to mobilize resources within and outside of the recovery community
- (2) provide peer-based recovery coaching, individual or group supports, to individuals and families led by those with lived experience with SUD, delivered in person or using technology;
- (3) provide ancillary community-based supports necessary to sustain recovery, including access to transportation, job training, and educational services;
- (4) provide activities to reduce SUD recovery-related stigma and discrimination at the local level;
- (5) provide technical assistance to organizations principally governed by people in recovery from SUD through facilitating financing, business functions and cross-training on evidence informed practices within the recovery community.

Recovery

- Funds from the recovery set-aside will support operating costs for organizations that provide above services, prioritizing those with leadership, staffing and governance structures that include representation from those identified as in long-term recovery and impacted family members who reflect the community served.

Workforce Loan Repayment

- *Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program.*—The Committee includes \$28,000,000 for this program, \$12,000,000 above the fiscal year 2021 enacted level and the same as fiscal year 2022 budget request. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the national average.

Treatment, Recovery, and Workforce Support

- The Committee includes an increase of \$3,000,000 for Treatment, Recovery, and Workforce Support, as authorized by section 7183 of the SUPPORT Act (P.L. 115–271). This program will help implement evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. (House)
- Senate concurs, but with \$6 million increase, bringing potential total to \$12 million

CARA 3.0

- Follow up to Comprehensive Addiction Recovery Act of 2016
- A little more “comprehensive” in my book...
- Investments in treatment, recovery, prevention, criminal justice system

CARA 3.0

- Workforce
- Authorizes such sums as necessary under the Substance Abuse and Mental Health Services Administration (SAMHSA) to support training and employment opportunities in positions for substance use professionals, including peer recovery specialists.
- Authorizes \$55 million for the Health Resources Services Administration's Mental and Behavioral Health Workforce Education and Training program to retain substance use disorder professionals, with dedicated funding set aside for retention efforts.

CARA 3.0

- Establishes a pilot program through SAMHSA to address substance use disorder prevention workforce challenges. Directs SAMHSA to study existing challenges and barriers and to make recommendations.

CARA 3.0

- Recovery housing
- Requires SAMHSA, along with national accrediting entities and reputable providers of recovery housing services, to develop guidelines for states to promote the availability of high-quality recovery housing. Provides grants to states to implement these guidelines and promote high-quality housing. Requires the National Academy of Sciences to study the current availability of high-quality recovery housing, as well as make recommendations for increasing availability, improving data collection, improving inclusivity for individuals who take MAT, and report on state or local allegations or legal actions regarding the opening and operation of recovery housing.

CARA 3.0

- Authorizes \$50 million in grants to peer recovery services to provide continuing care and ongoing community support for individuals to maintain their recovery. These organizations are nonprofits that mobilize resources within and outside the recovery community to increase long-term recovery and that are wholly or principally governed by people in recovery who reflect the community served.

ONDCP priorities

- Expanding access to evidence-based treatment;
- Advancing racial equity issues in our approach to drug policy;
- Enhancing evidence-based harm reduction efforts;
- Supporting evidence-based prevention efforts to reduce youth substance use;
- Reducing the supply of illicit substances;
- **Advancing recovery-ready workplaces and expanding the addiction workforce; and**
- **Expanding access to recovery support services.**

Advancing recovery-ready workplaces and expanding the addiction workforce

- *Identify ways* in which the federal government can remove barriers to employment and create employment programs for people in recovery from addiction;
- *Conduct a landscape review* of existing programs, and subsequently conduct outreach to State and local governments, employers, and members of the workforce. This outreach could include offering grant opportunities that support recovery in the workplace and remove hiring and employment barriers, and providing recommendations to ensure all communities (including rural and underserved areas) have access to the programs;
- *Identify a research agenda* to examine existing recovery-ready workplaces;

- ***Request agencies to support*** training for clinicians in addiction with special emphasis on: community-based services in underserved areas, such as federally qualified health centers
- (FQHCs); the Veterans Health Administration; and the Indian Health Service;
 - o Identify authorized, evidence-based vocational programs that can expand the addiction workforce but that have not yet secured appropriations; and
 - o Explore opportunities for training bilingual immigrants who were addiction professionals in their home countries to become case managers;
- ***Produce guidelines*** for federal managers on hiring and working with people in recovery from a substance use disorder;

Expanding access to recovery support services.

- *Work with federal partners, State and local governments, and recovery housing stakeholders* to begin developing sustainability protocols for recovery housing, including certification, payment models, evidence-based practices, and technical assistance;
- *Develop interagency support* for Recovery Month activities in September; and *Engage persons with “lived experience”* in the development of drug policy.

HHS Overdose Prevention Plan

- On October 27 (i.e. TWO DAYS AGO!) HHS Secretary Xavier Becerra released the HHS plan to address opioid overdose.
- Four areas of focus

HHS Overdose Prevention Plan

- Prevention
- Evidence based treatment
- Harm reduction
- Recovery Support Services

Prevention

- Support research and surveillance to develop and improve delivery of prevention interventions.
- Facilitate the implementation of evidence-based primary prevention across the lifespan.
- Support development of and promote evidence-based treatments to effectively manage pain.
- Reduce clinically inappropriate prescribing of medications with misuse potential

Treatment

- Support research on and development of new treatments and strategies to improve engagement and retention in care.
- Broaden access to evidence-based care that increases willingness to engage in treatment.
- Increase the uptake of evidence-based treatment delivery that improves engagement and retention in care.
- Promote evidence-based integrated care for people with co-occurring conditions across lines of service and care settings

Harm Reduction

- Advance research and demonstrations on innovative harm reduction approaches.
- Promote evidence-based harm reduction services, including those that are integrated with health care delivery.
- Expand sustainable funding strategies for harm reduction services.
- Develop educational materials and programs to reduce stigma.

Recovery Support

- Enable access to and encourage use of recovery support services.
- Improve the quality of recovery support services.
- Strengthen the recovery support services workforce.
- Research and identify best practices for recovery support services and strategies to sustain these services.

SAMHSA

- Office of Recovery
- Announced 9/30/21
- “Recovery is enhanced by peer-delivered services. These peer support services have proven to be effective as the support, outreach and engagement with new networks help sustain recovery over the long term. Peer services are critical, given the significant workforce shortages in behavioral health. ”

Build Back Better

- This just came out yesterday (while I was at 30,000 feet, no less...)
- The BBB plan will allocate \$50 million for the behavioral health workforce
- \$25 million for Recovery Community Organizations and Peer Support Specialists.

Conclusions

- New White House, new priorities?
- Presents us with potential opportunity
- The impact of COVID
- Advocacy is a parallel to recovery.