

THE CONTINUUM OF CARE FOR OPIOID USE DISORDER, FINANCING, AND HOW PEOPLE GET TO PUBLIC TREATMENT

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NCSL OPIOID FELLOWS
MEETING

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2 TOPICS TO COVER

- Overview of State Alcohol and Drug Agency Directors
- Overview of NASADAD
- The public substance use disorder treatment system
- Sources of payment for SUD treatment
- The continuum of care for opioid disorders
- How those with opioid use disorder get to treatment

3 ROLE OF STATE ALCOHOL & DRUG AGENCIES

- Develop annual State plans for SUD prevention, treatment, and recovery
- Fund SUD treatment for uninsured/underinsured (NOT private or Medicaid)
- Fund prevention and recovery services for everyone
- Regulate/license providers & practitioners to promote effectiveness & quality
- Designated Agency to manage the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant managed by the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Budgets \$5 billion: \$3b State, \$2b federal (SAPT=\$1.8b)
- Placement in State government – varies by State
 - May be in Departments of Health, Human Services, Social Services, or Cabinet

4 OVERVIEW OF NASADAD

- Membership association of State alcohol and drug agencies (aka Single State Authorities [SSAs]). Nonprofit. Does not lobby. All States currently are members.
- Mission to promote effective and efficient State substance use disorder prevention, treatment, and recovery systems by providing technical assistance to SSAs.

Promote collaboration and dialogue between NASADAD, the Federal Government and others active in the field (e.g., providers, counselors, CFS, CJ (Drug Courts)).

- Office in Washington, D.C.
 - Research and Program Applications Department
 - Public Policy Department

5 MANAGEMENT OF THE SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT

- \$1.8 billion formula Block Grant administered by SAMHSA
 - Treatment funding for community-based providers, not hospitals
 - May be used for recovery supports, not recovery housing
- 20% set-aside for primary prevention
- SAPT allows each State to direct resources for prevention, treatment and recovery to meet their own needs (set asides)
- Required to collect & report data on persons served
- With State \$, supports treatment for 2+ million people/year

6 STATE CONTINUUM OF CARE FOR OPIATES- PART I

(DATA FROM 2015 SAMHSA'S DASIS TREATMENT EPISODE DATA SET/TEDS; VALUES ARE ROUNDED)

- Tot. admissions (1.5m, 527k) to State Funded Providers
- Detoxification (335k, 136k)
 - Residential: (291k, 119k)
 - Hospital: (44k, 17k)
- Residential (rehabilitation):
 - Hospital rehab: (4k, 1k)
 - Short term (<30 days; Medicaid <14 days) (147k, 49k)
 - Long term (>30 days) (109k, 34k)
- Outpatient (rehabilitation):
 - Detoxification (17k, 11k)
 - Standard (734k, 245k)
 - Intensive (190k, 40k)
- Medication assisted treatment (197k, 183k)

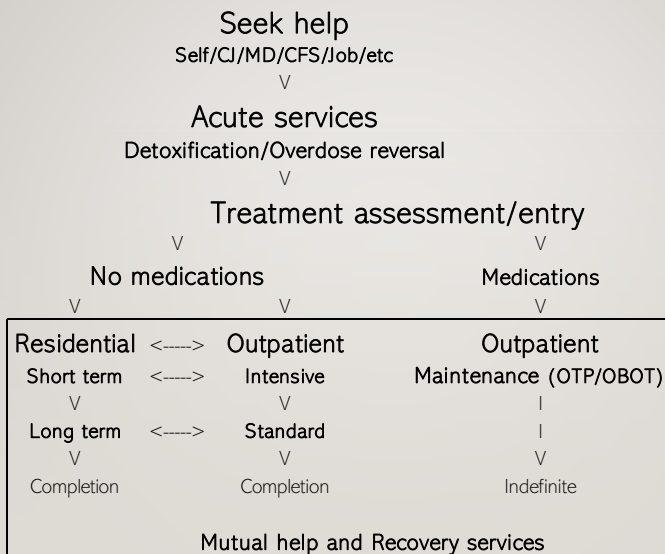
7 STATE CONTINUUM OF CARE FOR OPIATES- PART 2

(DATA FROM 2015 SAMHSA'S DASIS TREATMENT EPISODE DATA SET/TEDS; VALUES ARE ROUNDED)

- Emergency/overdose services (first responders, hospital emergency departments): # not known
- Medication assisted treatment with buprenorphine, methadone or depot naltrexone:
 - opiate treatment providers (OTPs: all medications); regulated by State, SAMHSA, DEA (197k, 183k)
 - office based opioid treatment (OBOT: buprenorphine); regulated by SAMHSA & DEA (# not known)
 - Primary care practitioners (depot naltrexone) not regulated (# not known)
- Recovery services: (# not known)
 - Support services (practitioners are State credentialed)
 - Housing (State regulation under way)

The Continuum of Care

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9 FINANCING IN THE PUBLIC SUD TREATMENT SYSTEM

(DATA FROM 2015 SAMHSA'S DASIS TREATMENT EPISODE DATA SET/TEDS; VALUES ARE ROUNDED)

Insurance	All Drugs	Opioids	Expctd Primary Src Payt	All Drugs	Opioids
None	40%	28%	Self-pay	10%	6%
Medicaid	41%	57%	Medicaid	39%	51%
Private insurance	7%	4%	Medicare	1%	2%
Blue Cross/Blue Shield	2%	1%	Other government payment	32%	29%
HMO	3%	2%	No charge	4%	3%
Medicare	2%	2%	Blue Cross/Blue Shield	2%	1%
Other	6%	6%	Other health insurance	4%	3%
			Other	9%	6%

10 SOURCES OF TREATMENT REFERRAL

(DATA FROM 2015 SAMHSA'S DASIS TREATMENT EPISODE DATA SET/TEDS; VALUES ARE ROUNDED)

Primary Referral Source	All drugs	Opiates
Self	41%	59%
Court/criminal justice system	30%	15%
Other community referral	11%	8%
Substance abuse care referral	10%	13%
Other health care provider	7%	5%
School (educational)	1%	0%
Employer/EAP	1%	0%

11 CIVIL COMMITMENT OF OPIATE MISUSERS

- 37 States plus DC have Civil Commitment laws of different natures alcohol/drug problems: laws date back to 19th Century
 - *U.S. Supreme Court ruling Robinson v. California*, **370 U.S. 660**, 665 & n.7 (1962):“civil commitment was justified, but only for the protection and treatment of the individual and the protection of the public, and only if it had a rehabilitative focus” (Jennifer Honig, Boston Bar Journal, 2015)
 - General Law Chapter 123, Section 35 in **Massachusetts** (1970); Marchman Act in Florida (1993); Casey’s Law in **Kentucky** (2004)
 - MA and FL have about 5k and 10k “requests to use” annually; vast majority of States rarely or never use these laws
 - Notably, Civil Commitment wasn’t addressed by the CC President’s Commission on Combating Drug Addiction and the Opioid Crisis, even though one of the Commissioners was the Attorney General of Florida

12 CIVIL COMMITMENT OF OPIATE MISUSERS

- Judicial proceeding required, with rights of representation
- Habeas corpus applies; patients have right to release when stabilized (days or weeks)
- Requires secure facility or hospital with therapeutic orientation & services, not just incarceration or incapacitation; cost implications
- Civil Commitment typically lasts several days to weeks
- Little/no medical evidence that Civil Commitment changes post release drug use
- Federal addiction facilities in Lexington KY and Ft Worth, TX; U.S. established as “Narcotic Farms,” renamed in 30’s the U.S. Public Health Service Hospital, then in 1967 became the “National Institute of Mental Health, Clinical Research Center.” (1935 to 1974; became BOP Psychiatric facility; closed in 1998)
 - Initial home of the Addiction Research Center, in 1974 became the clinical research core of the National Institute on Drug Abuse, moved to Baltimore, MD
 - In excess of 80 percent quickly relapsed upon return to community, no matter what services were provided
- REFERENCES (available on the internet; accessed 1/15/2019)
 - Nature and utilization of Civil Commitment for Substance Abuse in the United States, Christopher PP, Pinals DA, Stayton T, et al. *Journal of the American Academy of Psychiatry and the Law* 43: 313–320, 2015
 - Involuntary Commitment for Individuals with a Substance Use Disorder or Alcoholism, The National Alliance for Model State Drug Laws, 100 ½ E. Main Street, Manchester, Iowa 52057, August 2016
 - Civil Commitment for Opioid and Other Substance Use Disorders: Does It Work? Abhishek Jain, M.D., Paul Christopher, M.D., Paul S. Appelbaum, M.D. *Psychiatric Services* 69:4, April 2018