



COLLABORATING WITH STATE ALCOHOL AND DRUG AGENCIES TO ADDRESS THE OPIOID CRISIS

NATIONAL CONFERENCE OF STATE LEGISLATURES (NCSL)
OPIOID POLICY FELLOWS MEETING
NEW ORLEANS, LA
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National Association of State Alcohol and Drug Abuse Directors (NASADAD)

TOPICS TO COVER

- Background on NASADAD
- Role of State alcohol and drug agencies
- NASADAD actions and products related to opioid crisis
- State initiatives supported by STR grants
- State innovations in treatment and recovery
- Collaboration between State legislators and State alcohol and drug agencies

OVERVIEW OF NASADAD

- **Mission:** To promote effective and efficient State substance use disorder prevention, treatment, and recovery systems.
- Office in Washington, D.C. with Policy Department and Research Department.
- Governed by Board of Directors
 - Cassandra Price (GA), President

ROLE OF STATE ALCOHOL & DRUG AGENCIES

- Placement in State government – varies by State
 - May be in Departments of Health, Human Services, Social Services, etc.
- Develop annual **State plans** to provide prevention, treatment, and recovery services
- **Collaborate** with other State agencies
 - Child welfare; criminal justice; drug courts; medical system; transportation; employment; etc.
- Manage the **Substance Abuse Prevention and Treatment (SAPT) Block Grant**
 - \$1.8 billion formula grant administered by SAMHSA
 - SAPT Block Grant funds provide treatment for 1.5 million Americans per year
 - 20% set-aside for prevention

BENEFITS OF WORKING WITH STATE SUBSTANCE ALCOHOL & DRUG AGENCIES

- Ensure service **effectiveness/quality**, service **improvement**, service **coordination** – along with accountability
- Represent the key link to **provider community**
- **Convene** stakeholder meetings
- Provide **technical assistance/sponsor trainings**

NASADAD ACTIONS RELATED TO OPIOID CRISIS

- Board of Directors established opioid issue as top priority in 2009
- 2012 membership inquiry on non-medical prescription drug use
- 2013 NASADAD approved a policy statement supporting the use of medications in treatment
- 2014 membership inquiry on prescription drug and heroin use
- 2014 NASADAD issued policy statement supporting strategies to prevent overdose deaths
- 2017 article on State alcohol & drug agencies' efforts to tackle the opioid crisis

21ST CENTURY CURES: STATE TARGETED RESPONSE (STR) TO THE OPIOID CRISIS GRANTS

- Cures Act created \$1 billion account to address opioids
 - Allocates \$500 million in each FY 2017 and 2018
- SAMHSA released application in December 2016
- State alcohol and drug agency directors identified as eligible applicants
- 80 percent required to go to treatment/recovery
- Remaining 20 percent allowed for prevention, other initiatives

WHAT ARE STATES DOING WITH STATE TARGETED RESPONSE TO THE OPIOID CRISIS (STR) FUNDING?

NASADAD acquired Opioid STR budgets from 41 States plus DC, and is currently analyzing the use of the grant funds.

- Opioid STR grants are being used for a wide variety of purposes, with a typical State funding over 10 different types of initiatives, some >20.
- Over 80% of funds are going to treatment
- Approximately 16% to prevention
- Approximately 6% to recovery

WHAT ARE STATES DOING WITH STATE TARGETED RESPONSE TO THE OPIOID CRISIS (STR) FUNDING?

- All States are focusing on expanding availability of treatment.
- Greatest number of treatment initiatives are working to expand **medication-assisted treatment (MAT)** – mostly through expansion of office-based opioid treatment (OBOT).
- Most States proposed to **improve effectiveness of OBOT** care through ensuring linkage with counseling; care management assistance; and recovery support specialists.

WHAT ARE STATES DOING WITH STATE TARGETED RESPONSE TO THE OPIOID CRISIS (STR) FUNDING?

- Second most common type of treatment-related initiative is developing/expanding **“hub & spoke”** model.
- Nearly every State has a **reentry/treatment initiative for CJ-involved populations** with opioid use disorders (OUD).
- All States proposed at least one **prevention** initiative.
- Nearly all States proposed at least one **overdose/naloxone** initiative that provides naloxone, supports training about opioid misuse, safe/appropriate use of opioid medications, and use of naloxone to reverse effects of overdose.
- Most common recovery-related initiative is **peer recovery supports**.

WHAT ARE STATES DOING WITH STATE TARGETED RESPONSE TO THE OPIOID CRISIS (STR) FUNDING?

- Half of States proposed initiatives focused on opioid **prescribers** (e.g. cancer, pain and primary care docs; PAs) with training on SUDs: alternatives to opioid pain meds, safe and effective prescribing practices, and effective treatment for OUD.
- Half of States proposed **outreach efforts** to the persons with opioid use disorders, provide expedited access to treatment (often MAT), and/or make strong efforts to engage them in treatment.

PULSE CHECK

Questions so far?

Comments?

Issues to cover?

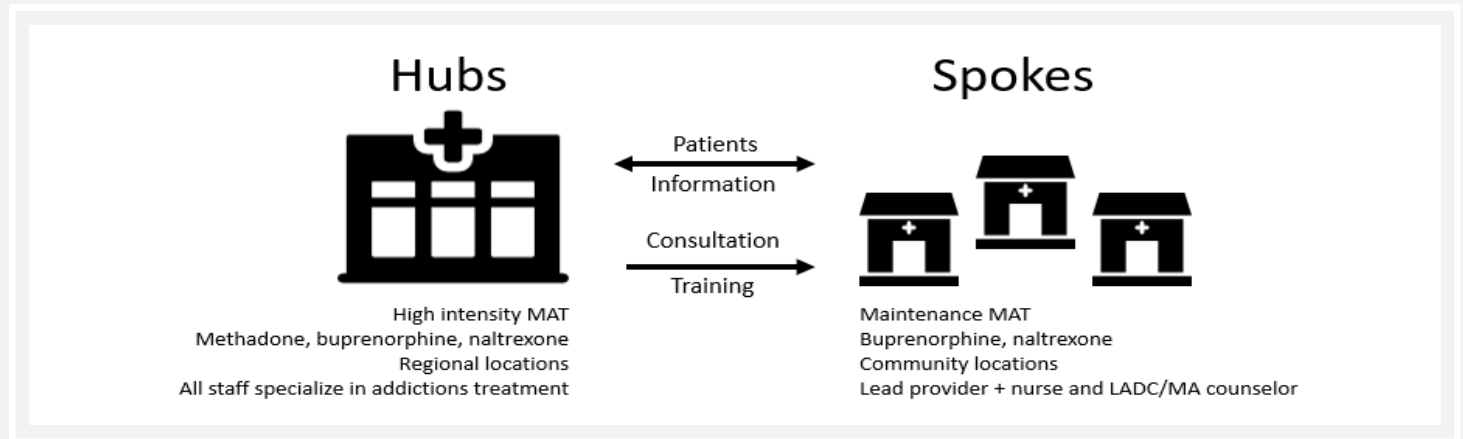
STATE INNOVATIONS IN TREATMENT AND RECOVERY: VERMONT

REP. ANN PUGH

FORMER STATE
DIRECTOR BARBARA
CIMAGLIO

TRACY DOLAN,
INTERIM STATE
DIRECTOR

- “Hub and Spoke” is VT’s system for delivering MAT
 - 9 Regional “Hubs” offer daily support for patients with SUDs.
 - 75 local “Spokes” include teams of doctors, nurses, and counselors who offer ongoing OUD treatment that is integrated with general healthcare services.
- Hub and Spoke system has been implemented statewide – Increased access to treatment
 - It has led to increases in VT’s OUD treatment capacity. In 2012, pre-hub & spoke, VT had 650 methadone patients and 1,837 OBOT patients, for a total of **2,487**.
 - More than 6,000 people now participating in the program (140% increase in Vermonters receiving MAT)



Retrieved from: <http://blueprintforhealth.vermont.gov/about-blueprint/hub-and-spoke>

VERMONT COLLABORATION:
BARBARA CIMAGLIO/TRACY DOLAN, STATE
ALCOHOL/DRUG AGENCY
REPRESENTATIVE ANN PUGH

- Representative Pugh, Chair, House Committee on Human Services
- **Issue highlight: Impact of the opioid crisis on child welfare system**
 - Over 500 children aged 5 years or younger in State custody – more than half of the cases involved opioids (2016)
 - Rep. Pugh promoted certified **screeners in child welfare agencies** to screen for alcohol and drug problems to facilitate appropriate early identification and referral to treatment
 - Rep. Pugh supported/promoted efforts of **coordination of services** between State child welfare agency and alcohol/drug agency to help enhance services for **Pregnant and Postpartum Women (PPW)**
 - Includes **family treatment** where mother and child can receive services together as a family
 - Federal Regional Partnership Grant (RPG) helped supported these efforts within the Federal Administration for Children and Families (ACF)
 - Legislation pending to reauthorize the program and require State alcohol/drug agency as joint-applicant

STATE INNOVATIONS IN TREATMENT AND
RECOVERY: **RHODE ISLAND**
BECKY BOSS, STATE ALCOHOL/DRUG AGENCY DIRECTOR
SENATOR JOSHUA MILLER

- AnchorED program started in June 2014, and is now a statewide, 24/7 service.
 - Connects overdose survivors with peer recovery coaches hospital emergency departments.
 - Recovery coaches share their own stories to engage those in crisis.
 - Provide continued follow-up and connection.
- Over 1,600 individuals have agreed to accept a meeting with a peer recovery specialist.
 - **82% of them have accepted a referral to treatment.**
- The AnchorMORE (Mobile Outreach Recovery Efforts) program is a statewide peer outreach effort.
 - Opioid hotspots are identified through data, and peers visit these locations (bus stations, homeless encampments, and needle exchange programs, etc.) to connect people with treatment.
 - Peers create community overdose prevention trainings, which offer education and free Naloxone.
 - Over 4,000 one-on-one contacts in opioid hotspots.

RHODE ISLAND COLLABORATION:
BECKY BOSS, STATE ALCOHOL/DRUG AGENCY DIRECTOR
SENATOR JOSHUA MILLER

- **Senator Miller Chairs Health and Human Services Committee**
 - Oversaw confirmation hearing of Director Boss
- **Senator Miller will talk about work related to**
 - Governors Task Force
 - mental health and substance use disorder insurance parity;
 - Emergency Room Diversion program for individuals with chronic alcohol use disorders.

And more!...

UTAH COLLABORATION
DOUG THOMAS/BRENT KELSEY/CRAIG POVEY, STATE
ALCOHOL AND DRUG AGENCY
REPRESENTATIVE BRADLEY DAW

- Representative Daw serves on the Health and Human Services Committee
- **Issue highlight: Importance of primary prevention**
- People who start drinking before the age of 15 are 4 times more likely to meet the criteria for alcohol dependence at some point in their lives (NIAAA, 2006).
- Rep. Daw provides leadership in a **community anti-drug coalition** in Utah County – Substance Misuse and Abuse Reduction Team or SMART. The coalition includes multi-sector representatives such as youth, parents, law enforcement, educators/schools, faith-based groups and others.
- State alcohol and drug agency supports community coalitions through TA, guidance, funding.
- The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant represents the largest source of primary prevention funding. On average, the SAPT Block Grant represents close to 70 percent of State alcohol/drug agencies budgets for prevention.

ADDITIONAL EXAMPLES OF COLLABORATION

- **Washington State:** Representative Eileen Cody (House Health Care and Wellness Committee) working with Chris Imhoff, State agency director
 - Prioritizing seamless care and increased access to treatment
 - Worked with the Governor's office on opioid package legislation
- **Hawaii:** Senator Rosalyn Baker (Commerce, Consumer Protection and Health Committee) and Representative Mizuno (Human Service Committee) working with Edward Mersereau, State agency director
 - Worked collaboratively with ADAD on the State's opioid initiative
 - Legislation to increase access to naloxone
- **Missouri:** Representative Keith Frederick, MD, working with Mark Stringer, State agency director
 - Consultation on impact of draft legislation
 - Utilization of the State agency's data regarding admissions to treatment, unmet need, top challenges

FINAL THOUGHT:
WHAT'S NEXT AFTER STATE TARGETED RESPONSE TO
THE OPIOID CRISIS (STR) GRANTS?

THE CASE FOR THE SAPT BLOCK GRANT

- Hill proposing bills for year 3 and beyond
- **Consideration: Invest in Substance Abuse Prevention and Treatment (SAPT) Block Grant**
 - Flexible program that allows each State to direct resources to meet their own needs
 - Infrastructure is already in place for efficient and effective management and allocation of funds

THANK YOU

Questions/Comments?

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