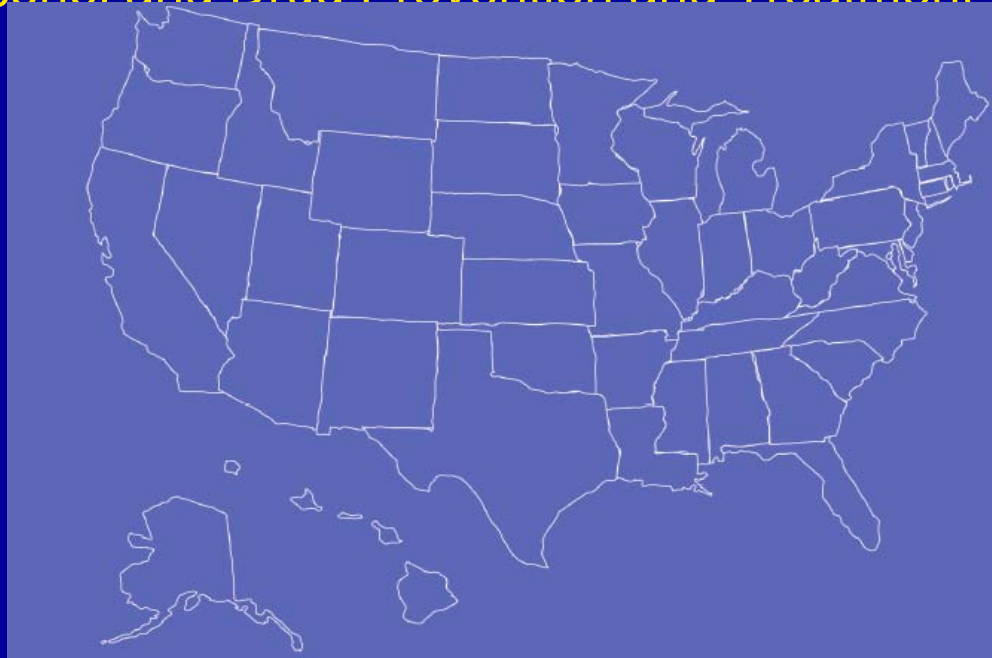


BLUEPRINT FOR THE STATES

Policies to Improve the Ways States Organize and
Deliver

Alcohol and Drug Prevention and Treatment



Findings and Recommendations of a National Policy Panel



BACKGROUND

Previous National Policy Panel Reports

- ⇒ *Ending Discrimination Against People with Alcohol and Drug Problems, 2003*
- ⇒ *Rewarding Results: Improving the Quality of Treatment for People with Alcohol and Drug Problems, 2003*

ENDING DISCRIMINATION

Recommendations

Health Care

- ⇒ Cover substance use disorders at parity with other illnesses
- ⇒ Do not deny insurance claims for trauma injuries
- ⇒ Provide treatment that is appropriate for each individual

Employment

- ⇒ Do not dismiss people seeking voluntary treatment
- ⇒ Consider past alcohol or other drug use only when relevant

Public Benefits

- ⇒ Repeal the Drug-Free Student Aid Act
- ⇒ Allow women with drug convictions to receive TANF
- ⇒ Help people get treatment before banning them from public housing
- ⇒ Reinstate SSDI and SSI for people with substance use



REWARDING RESULTS

Recommendations

- ⇒ The federal government should drive expansion of systems for measuring performance and outcomes.
- ⇒ State and local treatment agencies should not wait for federal leadership on measurement issues.
- ⇒ Agencies that refer clients for treatment should seek effective care management for results.

REWARDING RESULTS

Recommendations

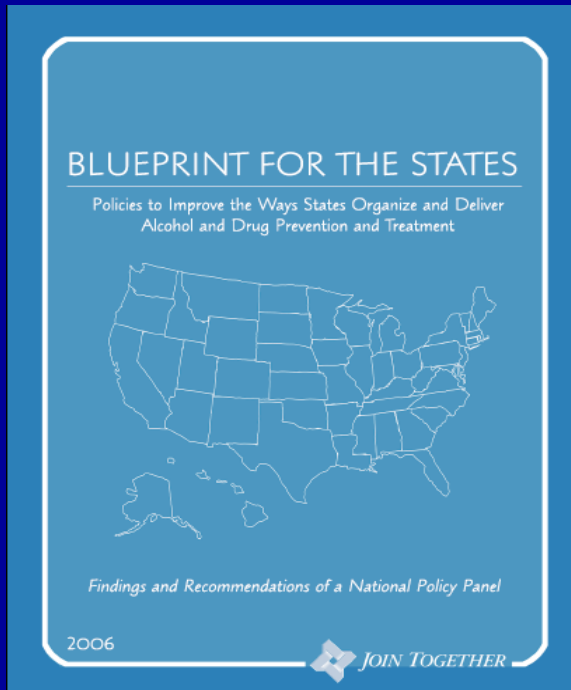
- ⇒ Employers should work together and with managed care organizations to strengthen results in managed behavioral health care.
- ⇒ Foundations and agencies that fund research should support development of results-oriented systems.
- ⇒ Community leaders should advocate for comprehensive results-oriented treatment systems.

BACKGROUND

What are the barriers to the implementation of these 2 reports:

- ⇒ States have the power and authority to make all of this happen
- ⇒ Impossible under current state organization and delivery systems

The Need for a Blueprint



Recommendations to states for ways to better organize and deliver alcohol and drug prevention and treatment

The Need for a Blueprint

- ⇒ States pay for the nation's failure to treat and prevent—about 13% of all state spending
- ⇒ States are primary funders for prevention and treatment—only about 1.5% of state spending

The Cost to the States

State Agency	% Spent on Alcohol & Drug problems	Positive Impact on Prevention & Treatment
Child Welfare	70%	Children whose families receive treatment are less likely to remain in foster care
Criminal Justice	77%	Re-arrests dropped from 75% to 27% when inmates received addiction treatment
Mental Health	51%	Families receiving addiction treatment spent \$363 less a month on medical care

The Process

- ⇒ Reviewed the research
- ⇒ Heard oral testimony during 2 hearings
 - 36 presentations
 - Gov. Richardson (NM); Hope Taft, First Lady of Ohio; Tom McLellan, Director, UPenn Treatment Research Institute; John Coppola, former SAAS director
 - Other community coalition and recovery org. leaders, researchers, providers, and state directors
- ⇒ Reviewed written testimony-29 submissions



PANEL MEMBERS

- **Michael Dukakis** (Chair), former MA Gov.
- **Diana Bontá**, VP, Public Affairs, Kaiser Permanente's Southern (California) Region
- **Barbara Cimaglio**, Deputy Commissioner, Alcohol and Drug Abuse Programs, Vermont
- **Judge Karen Freeman-Wilson** (ret.), CEO, NADCP
- **Sidney L. Gardner**, President, Children and Family Futures, H
- **Hon. Pat George**, Member, Kansas House of Representatives



PANEL MEMBERS

- **Patricia Kempthorne**, First Lady of Idaho
- **Tom McHale**, Board Member, Faces and Voices of Recovery
- **Katie McQueen**, MD Medical Director, Harris County Hospital District's Screening Brief Intervention, Referral and Treatment program
- **Paul Roman**, Director, Institute for Behavioral Health Research, Univ. of Georgia
- **Ken Stark**, Former Director, WA Division of Alcohol and Substance Abuse



CONSENSUS THAT GUIDES THE RECOMMENDATIONS

- ⇒ Alcohol and drug problems occur in the context of families and communities
- ⇒ Addiction is treatable; Recovery is possible
- ⇒ Individuals committing crimes under the influence of alcohol or drugs should be treated and reintegrated
- ⇒ Treatment and prevention saves money and families
- ⇒ IOM Quality Report calling for patient centered care should be adopted as a goal



IOM RECOMMENDATION

“Improving the quality of Mental and Substance Use healthcare depends upon the effective collaboration of all mental, substance-use, general health care, and other human service providers to coordinate the care of their patients”

⇒ Organizations should adopt models that can deliver mental, substance-use, and primary health care through clinically integrated practices



LEADERSHIP

“If we had to sum up our entire report in one word, it would be leadership.”

⇒ Mike Dukakis



LEADERSHIP

- ⇒ Governors, legislative leaders and chief judges must provide continuous personal leadership
- ⇒ Relegating Prevention and treatment to a mid level agency will not achieve population level reductions



STRUCTURE

- ⇒ Governor should direct Statewide strategy involving all state agencies spending money on alcohol and drug related problems
- ⇒ Prevention and Treatment entity should
 - report directly to the governor
 - have direct access to the state legislature
 - have power to convene other agencies

STRUCTURE

Currently:

⇒ 4 Cabinet Level (CT, NY, OH, SC)

⇒ 26 integrated within a mental health agency

⇒ 8 within a public health agency

⇒ 40 within a large superagency such as the Dept. of Health or the Dept. of Human Services





RESOURCES

Money

- ⇒ Annual spending report; all affected agencies
- ⇒ Raise alcohol taxes if more money is needed

	5 states with the Highest beer tax	5 states with the lowest beer tax
Average tax	70 cents	6 cents
% of 18-20 year olds who binge drink	17.3	31.8

Medicaid Coverage for State Substance Use Services

Substance Use Services	Number of State Providing Coverage
Inpatient hospitalization	40
Inpatient detoxification only	6
Opioid Treatment	28
Extensive Outpatient Rehabilitation	25

RESOURCES

Skilled Practitioners

- ⇒ Use licensing and education to improve and retain the workforce
- ⇒ Require identification and referral training for all frontline health/social service workers



MEASUREMENT ACCOUNTABILITY

⇒ Hold agencies and contractors
accountable

- Reward those that meet or exceed outcome targets
- Penalize those that fail to meet targets

Delaware Pay for Performance Model

⇒ Increased funding based on:

- Engagement/utilization
- Active participation
- Program completion

⇒ Results:

- Increased usage of evidence based practices
- Improved client access



LEGISLATION

⇒ Review and update laws

- Authorizing legislation
- Alcohol Control Board

⇒ Repeal laws that impede recovery

⇒ Review sentencing to include treatment

The Uniform Accident and Sickness Policy Provision Law (UPPL)

- ⇒ Entitles insurers to deny claims if affected by alcohol or narcotics at time of the injury
- ⇒ Physicians reluctant to screen, impeding referral to treatment
- ⇒ 32 states still have laws explicitly allowing insurers to use alcohol exclusion



SUSTAIN STATE FOCUS and ATTENTION

Every state should have:

- ⇒ An advisory board with staff and public reporting authority
- ⇒ Community coalitions
- ⇒ Recovery organizations