



“Addressing Substance Abuse Treatment Needs as Part of Health Care Reform”

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“...our current economic crisis has only heightened the urgency of our health care challenge.”

*March 2, 2009
Washington, DC*

President Barack Obama



“At the Department of Health and Human Services we have a simple mission: protect the health of the American people and provide essential human services, especially for those who are least able to help themselves.”

Kathleen Sebelius
Secretary
U.S. Department of Health & Human Services

May 5, 2009

SAMHSA's Role in Fighting Drug Misuse and Abuse

- At a policy level, SAMHSA works to ensure that science, rather than ideology or anecdote, forms the foundation for the Nation's addiction treatment system.
- SAMHSA and its component Centers serve health professionals and the public by disseminating scientifically sound, clinically relevant information on best practices in the treatment of addictive disorders, and working to enhance public acceptance of that treatment.

SAMHSA & CSAT Missions

Substance Abuse & Mental Health Services Administration (SAMHSA) Mission:

- To build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness.

Center for Substance Abuse Treatment (CSAT) Mission:

- To improve the health of the nation by bringing effective alcohol and drug treatment to every community.

SAMHSA's Goals

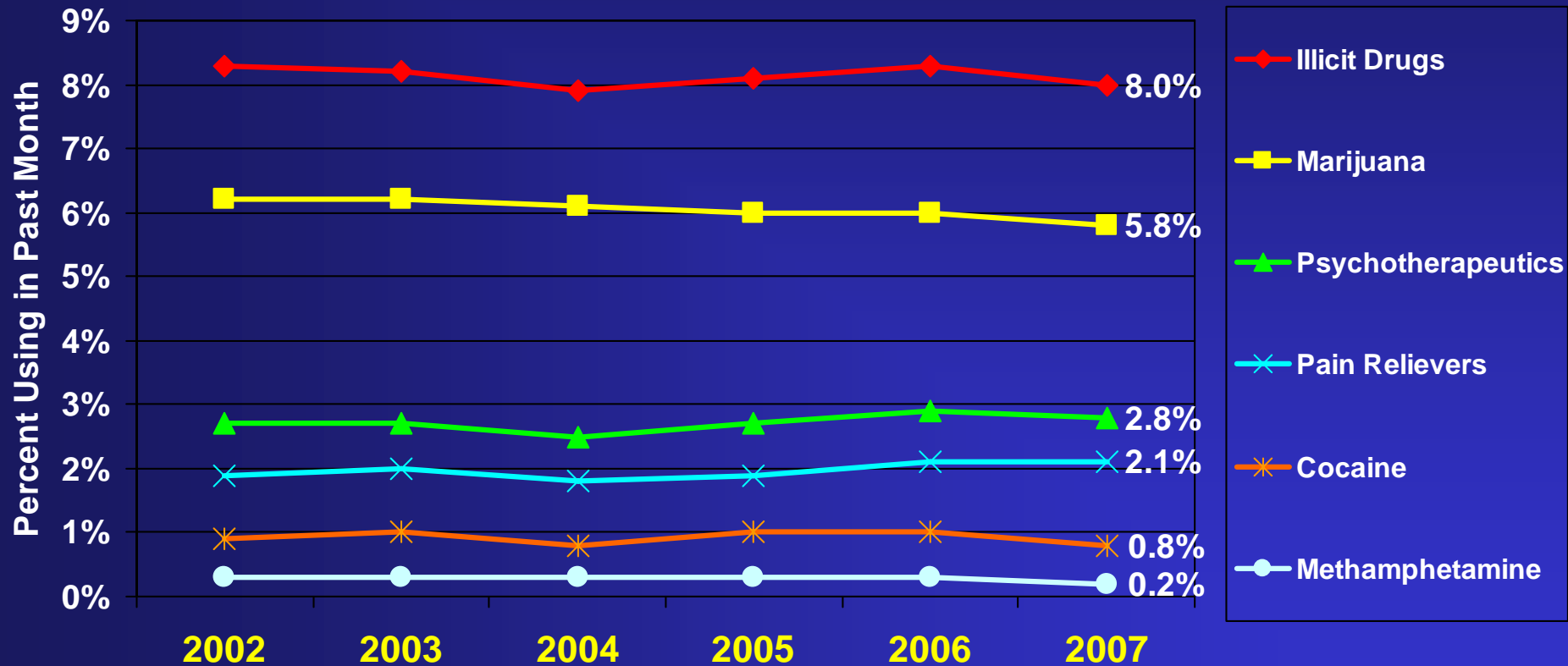
- Promoting Accountability: Establish systems to measure performance and ensure accountability.
- Enhancing Capacity: Build, enhance, and maintain treatment infrastructure and capacity.
- Assuring Effectiveness: Enable all communities and providers to deliver effective treatment services.

Past Month Alcohol Use - 2007

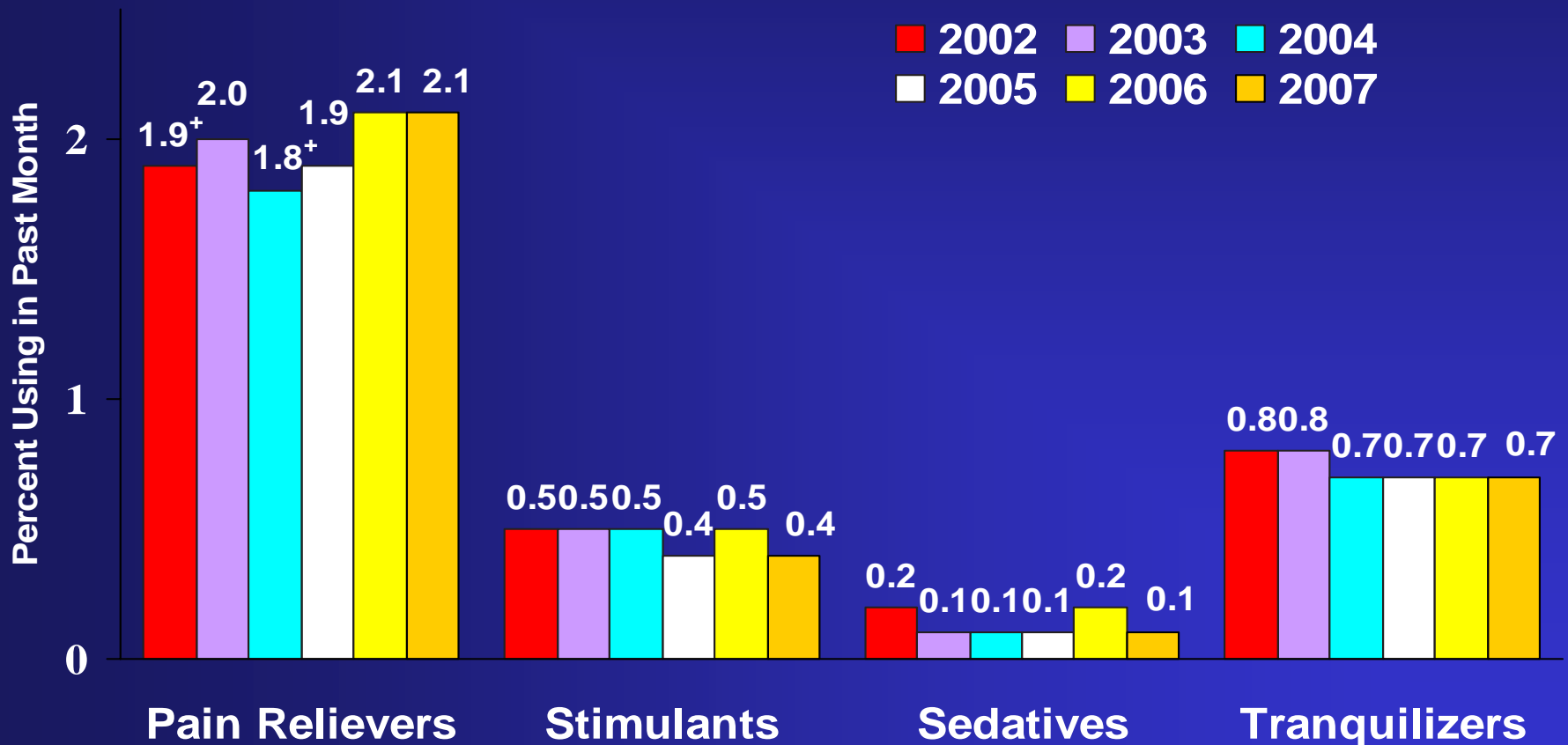
- Any Use: 51% (127 million)
- Binge Use: 23% (58 million)
- Heavy Use: 7% (17 million)

(Current, Binge, and Heavy Use estimates are similar to those in 2002-2006)

Past Month Use of Specific Illicit Drugs among Persons Aged 12 or Older: 2002-2007

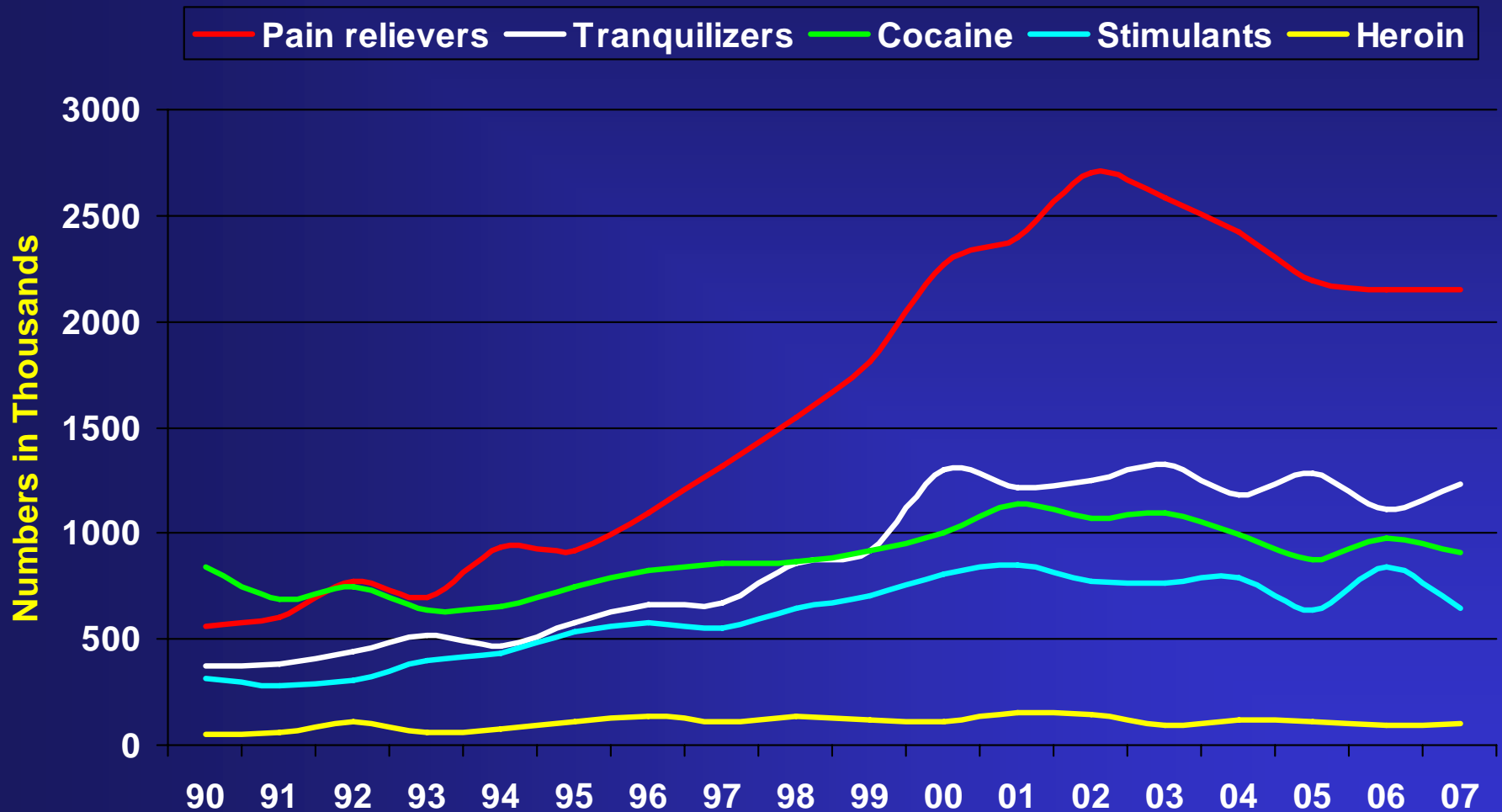


Past Month Nonmedical Use of Prescription Drugs (Psychotherapeutics) among Persons 12+:2002-2007



⁺ Difference between this estimate and the 2006 estimate is statistically significant at the .05 level.

Estimated numbers of new nonmedical users in past year by type of drug, US, 1990-2007

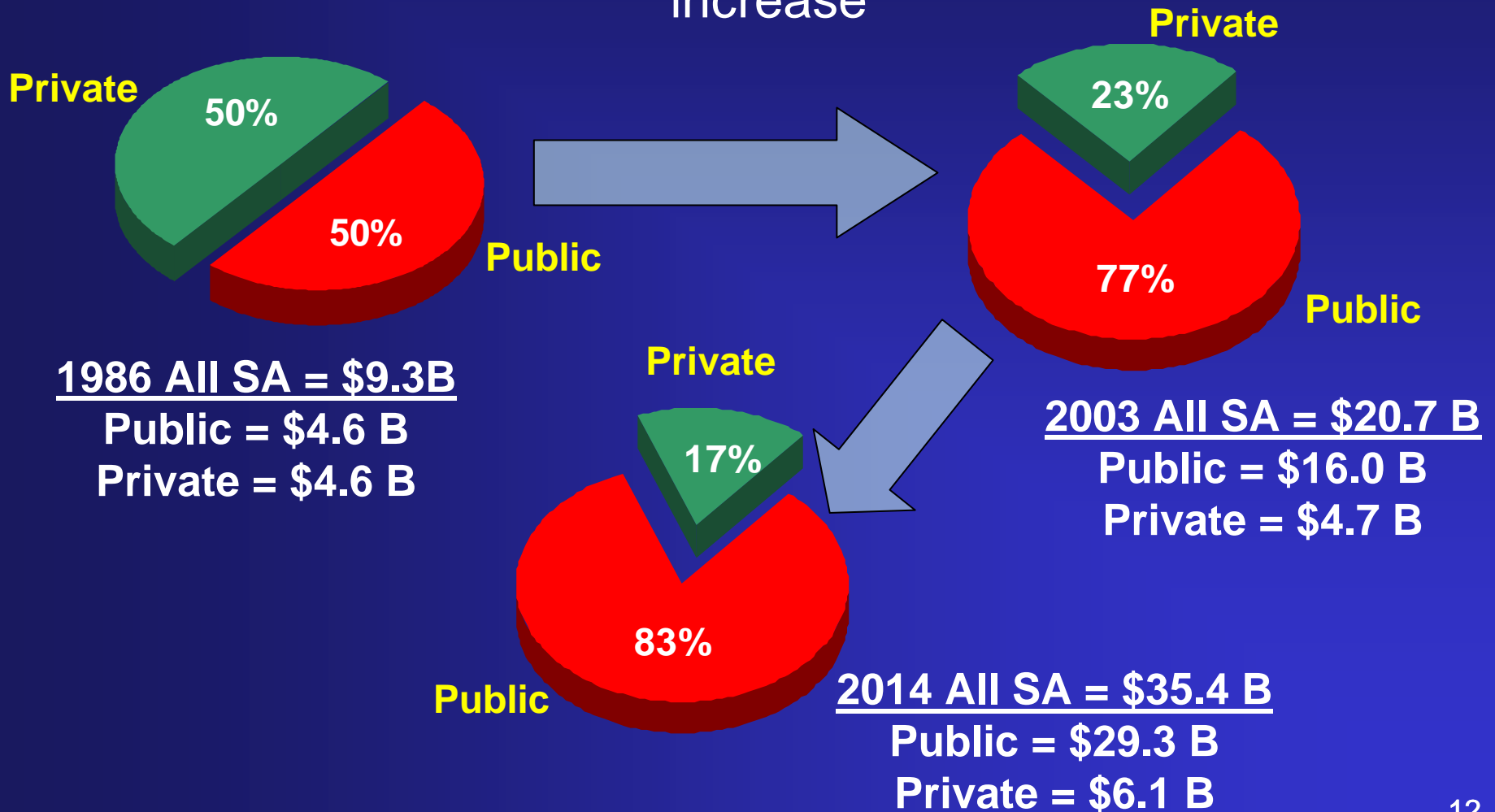


We Face Multiple Challenges

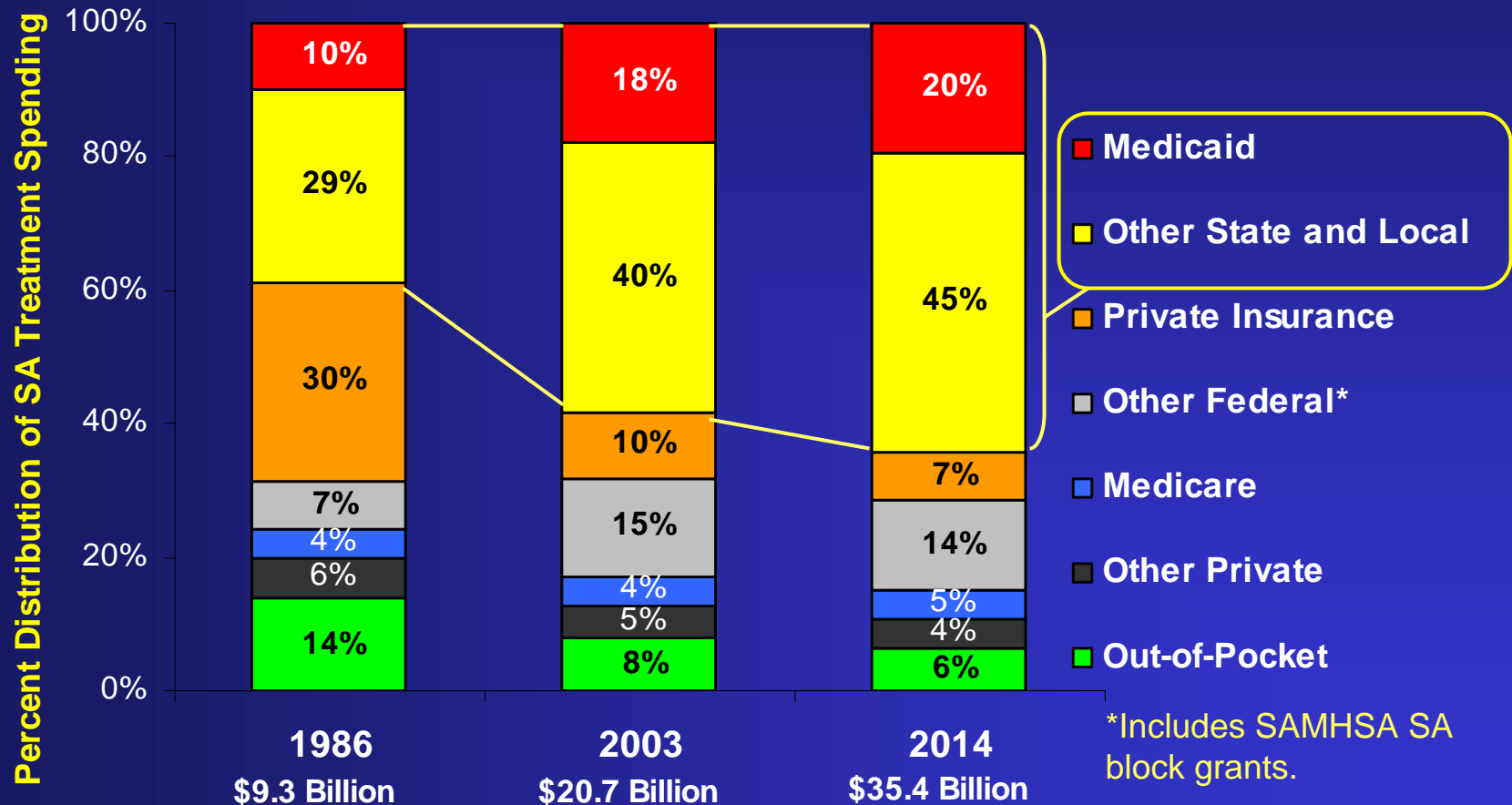
- Reaching those in need of services
- Providing adequate resources
- Developing culturally-appropriate, evidence-based interventions
- Building and sustaining a qualified workforce
- Integrating substance use disorder services into the public health paradigm

Greater Burden on Public Sector

Projections indicate that the burden on the public sector will continue to increase



Other State/Local Government and Medicaid Projected to Fund Most SA Treatment



A Greater Burden & Tighter Budgets

At the same time that a larger percentage of substance abuse treatment costs are being placed on the public sector, states are facing tighter budgets:

- According to the Center on Budget and Policy Priorities, **at least 48 states addressed or still face shortfalls in their budgets for FY 2010 – with shortfalls totaling \$166 billion.**
- At least 29 states have prepared estimates for the 2011 fiscal year..
 - Initial estimates of these shortfalls total almost \$38 billion.
 - As the full extent of 2011 deficits become known, shortfalls are likely to equal \$160 to \$180 billion.



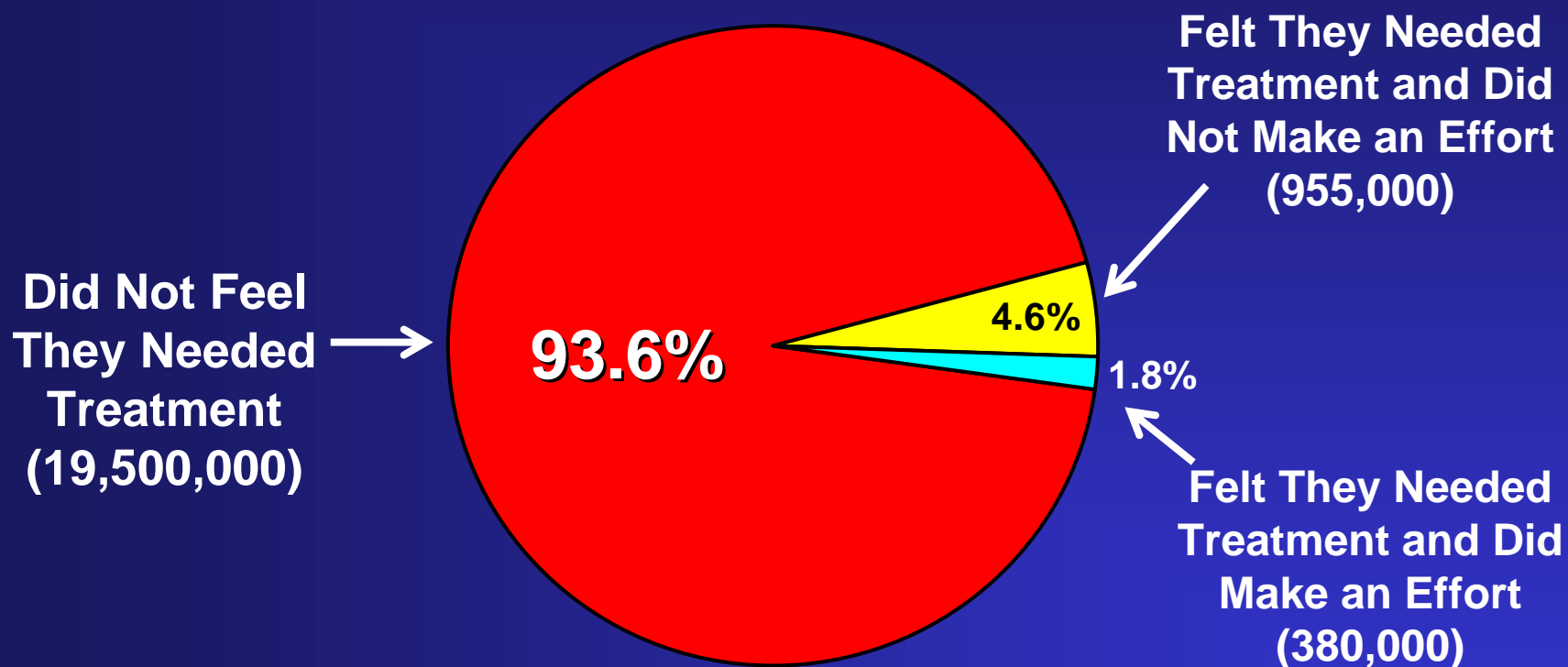
Economic Impact on Programs

- At least 21 states have implemented cuts that will affect low-income children's or families' eligibility for health insurance or reduce their access to health care services.
- At least 22 states and the District of Columbia are cutting medical, rehabilitative, home care, or other services needed by low-income people who are elderly or have disabilities – or are significantly increasing the cost of those services.
- At least 41 states and the District of Columbia have made cuts reducing the size or work time of state government employees.

The Challenges Remain

- Despite tightening budgets, the challenges of alcohol and substance abuse remain. According to the 2007 National Survey on Drug Use and Health (NSDUH):
 - In 2007, an estimated 19.9 million Americans aged 12 or older were current (past month) illicit drug users.
 - 2.7 million of them were first time users during the past 12 months – an average of more than 7,000 initiates per day.

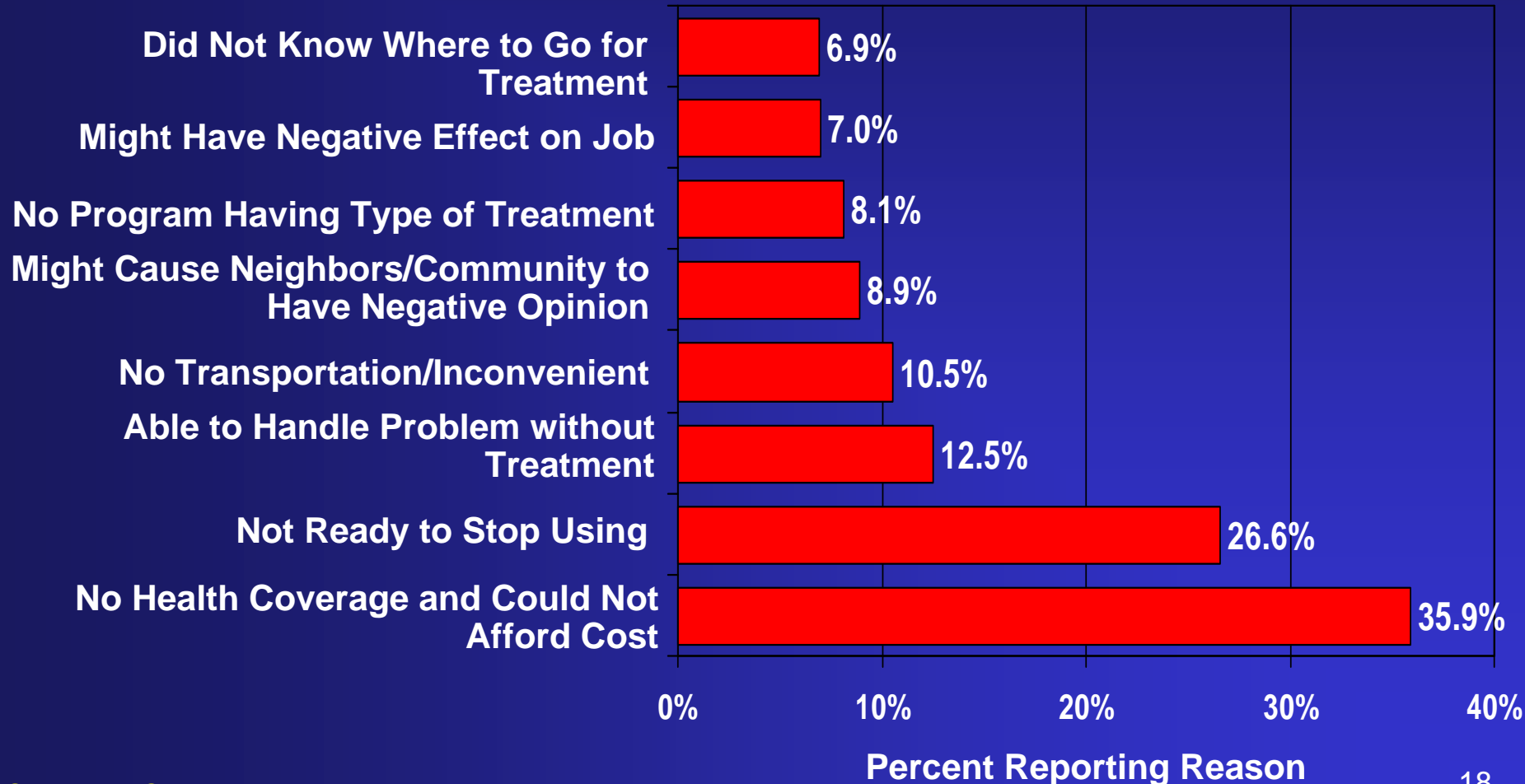
Past Year Perceived Need for and Effort Made to Receive Treatment among Persons Aged 12+ Needing But Not Receiving Specialty Treatment for Illicit Drug or Alcohol Use: 2007



20.8 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use

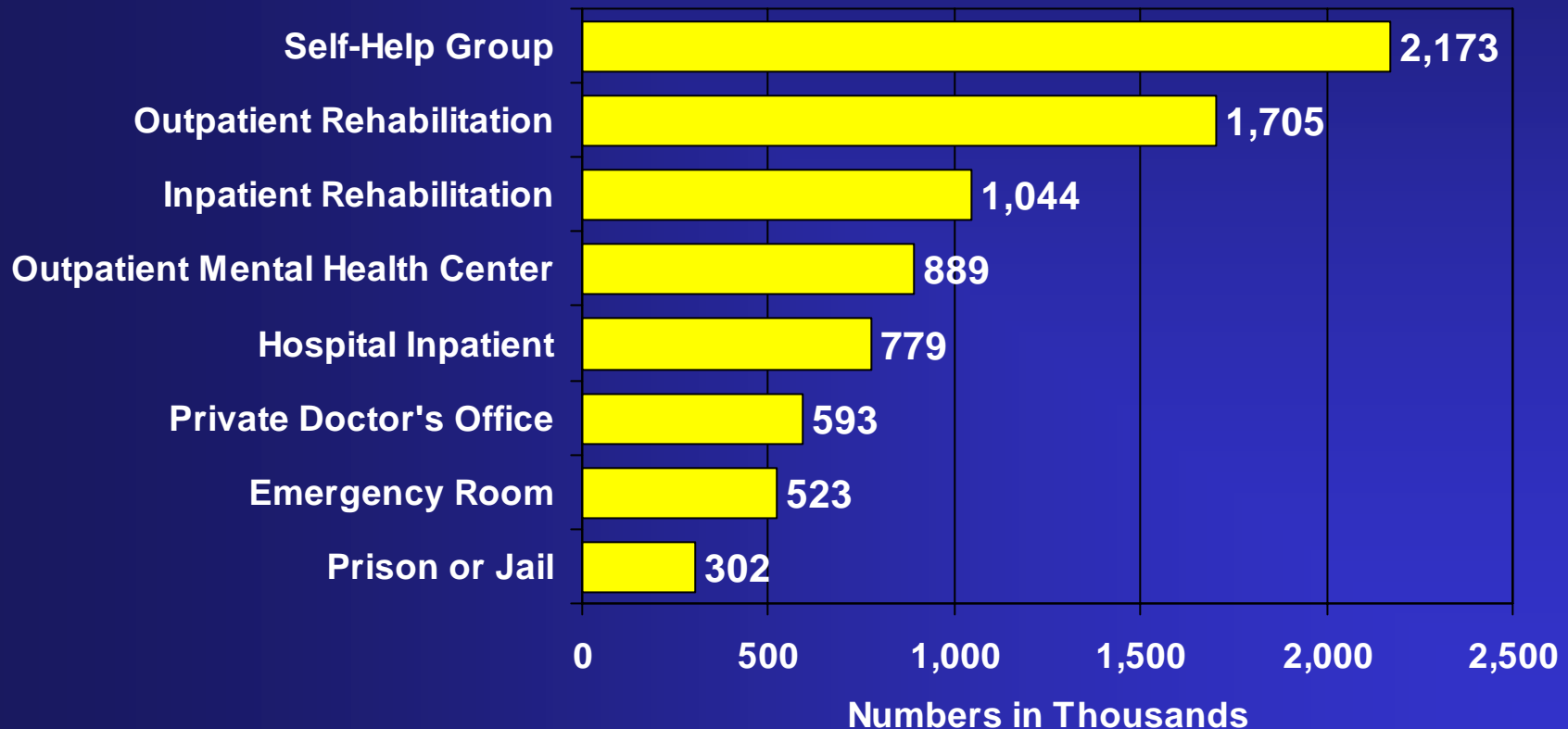
Reasons for Not Receiving Substance Use Treatment: Persons Aged 12+

**Those who Needed & Made the Effort to Get Treatment
But Did Not Receive Specialty Treatment**



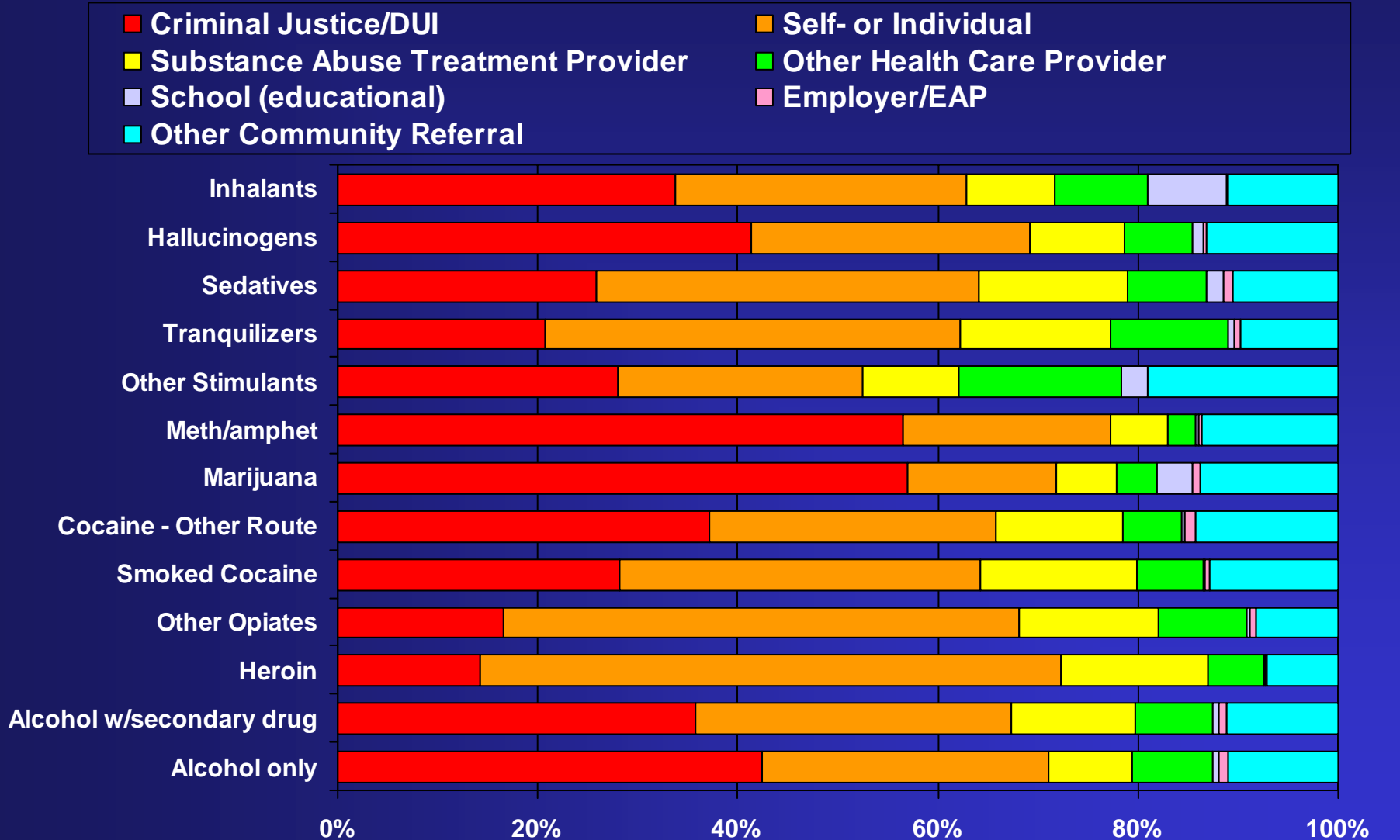
Of Those Who Received Treatment...

Locations where past year substance use treatment was received (persons 12 and over):
2007:



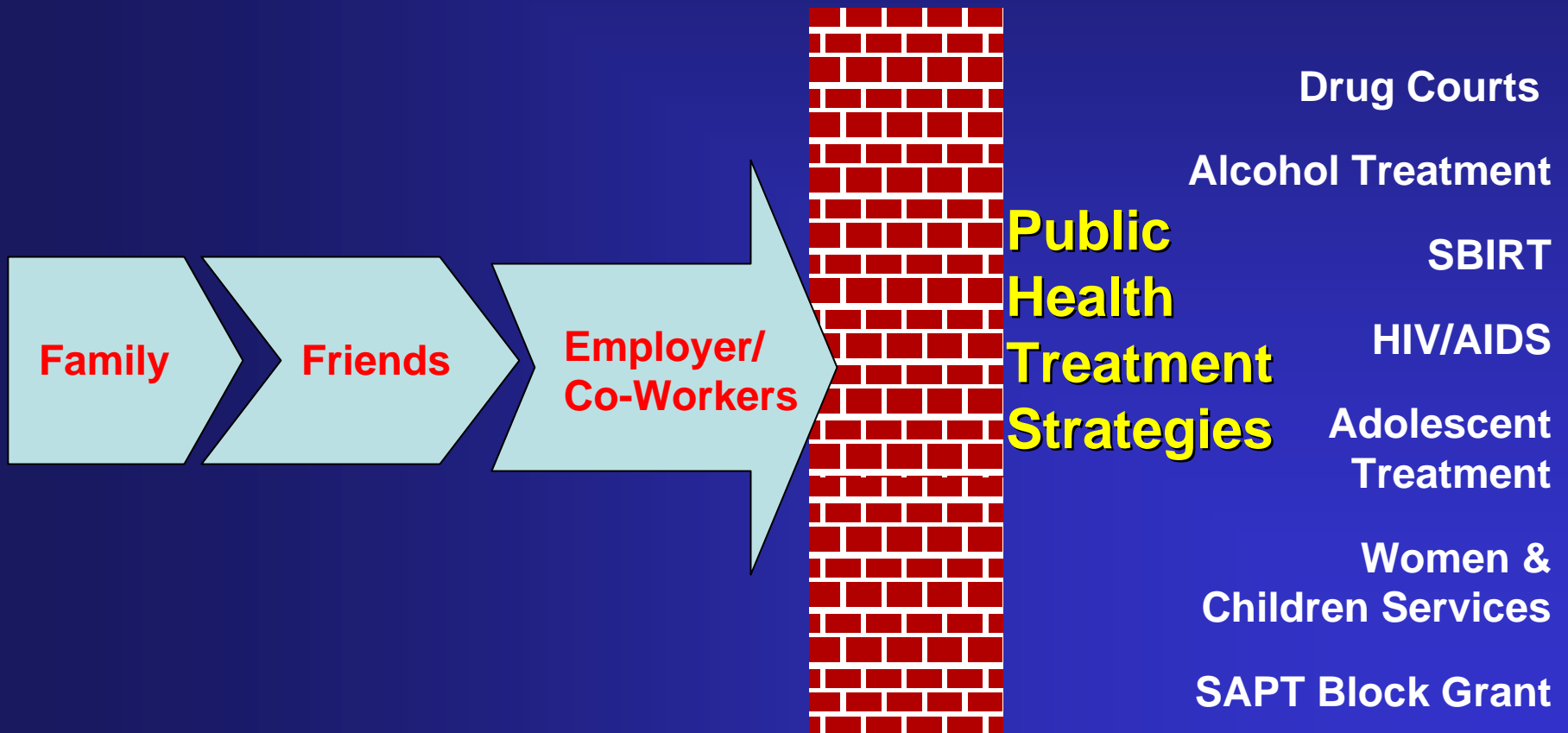
Sources of Referral

Admissions by primary substance of abuse, 2007



Identifying & Treating Substance Abuse

Substance abuse is often observed, but ignored or excused, before the client is identified as needing treatment.



New York State Highway Crash

An unfortunate example of the consequences of ignoring, excusing, or not noticing potential substance abuse is the recent crash on New York's Taconic Highway.

- The driver's blood alcohol level was 0.19% - more than twice the legal limit and equal to about 10 shots of alcohol.
- The level of THC in her system indicated she had smoked marijuana within an hour of the crash.
- Despite this, her family insists that she did not have a substance use disorder.
- Is this a case of denial by family and friends?
- Were other medical conditions involved (claims of a severe dental abscess, possible stroke, diabetes, etc.)?
- Was there a co-occurring mental health disorder that should have been diagnosed and treated?

LaGuardia Airport Bomb Threat

- August 1: Port Authority Police arrested a man at LaGuardia Airport for placing a “false bomb” in the facility and “making a terrorist threat.”
- Officials described him as “acting crazy,” wearing ragged clothes, and carrying a bag containing batteries and wires.
- The man, who supposedly suffers from catatonic schizophrenia, was on his way to visit his mother.
- How much did perception have to do with the actions taken by the authorities?
- How differently would the man have been perceived by a mental health worker?
- Why was he alone – attempting to complete a complex task without assistance or support?

The Potential Impact of New Programs and Legislation

Will new and pending legislation and programs help to expand the reach of needed substance abuse treatment services?

- Health Parity and Addiction Equity Act
 - Will parity encourage more people to use treatment services if covered by insurance?
- Health Care Reform
 - Does making health care available to all people mean making mental health and substance abuse treatment available?
- Integrated Care Model
 - With effective communication and case management, can integrated care identify “red flags” and provide appropriate treatment and services before the client hits the “brick wall”?

The Paul Wellstone & Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

- Signed into law October 3, 2008
- Under the new Law:
 - 149 million people will now have non-discriminatory addiction and mental health coverage under employer based plans, SCHIP and Medicaid.
 - Includes 82 million new individuals under ERISA plans who previously lacked parity protections, since they are not covered by State parity laws.

Impact of Parity on the Specialty Substance Use Disorder Treatment System

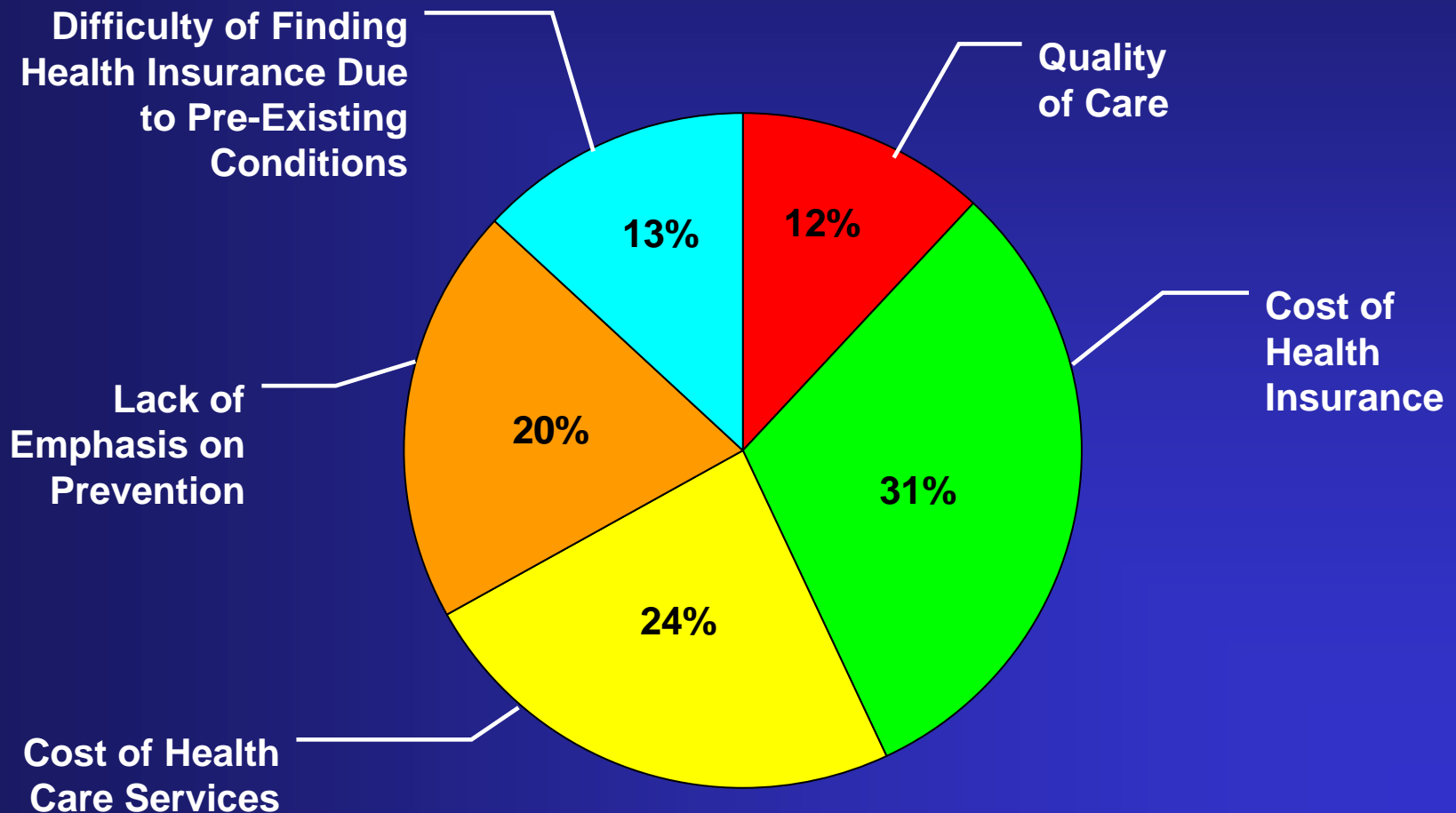
- Increased emphasis on cost containment, cost management and cost effectiveness
- Uncertain benefit to therapeutic communities & residential treatment programs
 - May have indirect benefits as a part of disease management strategies with associated cost and quality controls in place
- May require greater accreditation, certification & licensure of participating specialty programs

Health Care Reform

- Parity may be a serendipitous precursor to Health Care Reform
- A number of proposals are on the table:
 - Single payer, HR 676 (Conyers)
 - Market, Purchasing and Tax Reform (McCain)
 - Incremental Reform (Baucus, Obama)
 - National benefit for all (Wyden, Bennett)
 - Republican Patient Choice Act, May 21
- Key themes
 - Access
 - Prevention
 - Cost Containment/Cost Management
 - Electronic Health Records/Personal Health Records

Health Care Reform

- Top concerns of White House-sponsored Health Care Community Discussion participants (December 2008)



Health Care Reform & Substance Use Disorders or Mental Illness

Questions must be answered about how health care reform:

- applies to alcohol, drug misuse or mental illness, in general.
- addresses Recovery Oriented Systems of Care.
 - Particularly those services not traditionally a part of the health care delivery system
 - Particularly those providers not traditionally a part of the health care reimbursement system
- addresses the interests of the criminal justice and child welfare systems.

Health Care Reform: SAMHSA's Core Consensus Principles

- SAMHSA has gathered input from hundreds of stakeholders and consumer groups – as well as national and international experts in the field of mental illness and substance abuse – regarding critical issues facing today's U.S. population.
- The goal is to identify opportunities to ensure that health reform efforts include mental health and substance abuse prevention and treatment.
- Based on this input, SAMHSA has drafted 9 Core Consensus Principles.
- These principles are in draft form, and we continue to gather input on how to improve them.

SAMHSA's Core Consensus Principles

SAMHSA's 9 core principles are:

- Articulate a National Health and Wellness Plan for all Americans.
- Legislate universal coverage of health insurance with full parity.
- Achieve improved health and long-term fiscal sustainability.
- Eradicate fragmentation by requiring coordination and integration of care for physical, mental, and substance use conditions.

SAMHSA's Core Consensus Principles

SAMHSA's 9 core principles (cont'd):

- Provide for a full range of prevention, early intervention, treatment, and recovery services that embodies a whole-health approach.
- Implement national standards for clinical and quality outcomes tied to reimbursement and accountability.
- Adopt and fully utilize health information technology (HIT).
- Invest in the prevention, treatment, and recovery support workforce.
- Ensure a safety net for people with the most serious and disabling mental and substance use conditions.

Integrated Health Care

- Individuals with co-occurring substance abuse/medical problems randomized to integrated care had significantly lower total medical costs than those in independent care. *(Parthasarathy, Mertens, Moore & Weisner, 2003).*
- Integrated and collaborative care has been shown to optimize recovery outcomes and improve cost-effectiveness. *(Smith, Meyers & Miller, 2001; Humphrey & Moos, 2001).*

What Does Integrated Care Mean for the Addictions Field?

- Integrated Care is certain to impact the addictions treatment field.
- Among issues to be determined are:
 - The role of the addictions treatment workforce in an integrated care structure.
 - The impact of evidence-based practices on measuring success.
 - The certifications and compensation appropriate or required for services and treatment.

CSAT Priorities

SAMHSA's Core Consensus Principles are reflected in CSAT's priorities, which include:

- Promoting the inclusion of substance abuse treatment services in health care reform through:
 - Health IT
 - Promoting Accountability & Performance Measures
 - Evidence-based Practices
 - Expanding capacity
 - Integrating Substance Abuse Treatment (recovery, health & wellness) into primary care
- Expanding access to Medication-Assisted Treatment
- Continuing and enriching our partnership with State agencies to advocate for our mutual concerns and initiatives throughout the Federal government.

Health Information Technology (HIT)

“We'll computerize our health care system, at last, to save billions of dollars and countless lives as we reduce medical errors.”

...President Barack Obama

HIT allows comprehensive management of medical information and its secure exchange between health care consumers and providers. HIT will result in many public health benefits, including:

- Early detection of infectious disease outbreaks around the country,
- Improved tracking of chronic disease management, and
- Evaluation of health care based on value -- enabled by the collection of de-identified price and quality information that can be compared.

Health IT Initiative

- Goal: Accelerate the use of effective health information technology to improve care outcomes, safety, and value.
 - Reduce duplication and enhance coordination.
 - Facilitate standards, recommended care, reporting and transparency.
- Stimulus Funding - Health Information Technology (HIT) Resources
 - HHS Department-wide \$2.0 billion
 - NIST for standards and conformance testing (\$20 million)
 - Regional/local grants (\$300 million)

Accountability & Performance

- In these challenging economic times the value of substance abuse treatment programs and services must be clearly demonstrated through delivery and performance.
- National Outcome Measures data (NOMS) are used by CSAT to monitor the effectiveness of our programs and progress toward achieving national goals.
- Such data help identify areas for improvement and provide evidence of success.

Evidence Based Practices

National Quality Forum (NQF) Standards for the Treatment of Substance Use Conditions

- NQF is a public-private healthcare partnership that endorses performance measures and other standards to improve healthcare
- In 2007, NQF approved a set of eleven fully specified, evidence based practices for treatment of substance use conditions
- Standards developed have Federal legal status in accordance with the National Technology Transfer and Advancement Act of 1995

Evidence Based Practices

National Quality Forum
Consensus Standards for the
Treatment of Substance Use Conditions

**Identification of
Substance Use
Conditions**

Screening Case
Finding

Diagnosis/Assessment

**Initiation and
Engagement in
Treatment**

Brief Intervention
Supportive Services

Withdrawal Management

**Therapeutic
Interventions to
Treat Substance
Use Illness**

Psychosocial

Pharmacotherapy

**Continuing Care
Management of Substance
Use Illness**

Long-term, coordinated
management of SA and

coexisting conditions

Expanding Treatment Capacity

- Only 10.4% of those (12 and older) who needed treatment for a drug or alcohol use problem in 2007 received it at a specialty facility.
- That leaves 89.6% (20.8 million) without treatment -- most because they don't feel they need it.
- Our challenge is to reach them through expanding treatment capacity into areas that are underserved – or not served at all – with culturally appropriate services and materials.

Targeted Capacity Expansion Grants

- TCE grants were developed in FY 1998 to help communities bridge gaps in treatment services.
- TCE funding supports grants to State and local governments & tribal entities to expand &/or enhance treatment capacity through evidence-based treatment practices and culturally relevant treatment & recovery services.
- Since 1998, TCE grants have targeted:
 - American Indian/Alaska Natives
 - Asian Americans/Pacific Islanders
 - Rural areas
 - Methamphetamine abuse
 - E-therapy
 - Grassroots partnerships, and
 - Minority HIV, and other populations

TCE Grants

- In FY 2008, CSAT awarded 97 new TCE grants.
 - 49 TCE – HIV/AIDS grants
 - 3 TCE-Asian American/Pacific Islander grants
 - 11 TCE-American Indian/Alaska Native grants
 - 9 TCE Recovery-Oriented Systems of Care grants.
 - 25 TCE-General grants
- In FY 2009, CSAT is funding up to 13 new TCE-Local ROSC grants, totaling up to \$5.1 million over 3 years.

Access to Recovery (ATR)

- ATR has proven successful in helping to reach those in need of substance abuse services through:
 - the expansion of treatment capacity,
 - a voucher system that allows most grantees to choose their target populations and geographic area(s) of coverage, and
 - the inclusion of non-traditional substance abuse treatment providers, such as faith- and community based organizations

Access to Recovery (ATR)

- ATR-I (FY 2004-2006): 15 (3 year) grants to 14 states, 1 tribal organization. (210,000 clients served)
- 2007 PART Score: Moderately Effective.
- ATR-II (FY 2007-2009): 24 (3 year) grants to 18 states, 5 tribal organizations, District of Columbia.
 - \$98 Million in new Access to Recovery grants has been awarded to the second cohort of grantees.
 - A number of the grantees in this cohort will target services to methamphetamine users.

The Success of ATR

ATR programs have proven to be effective foundations for building service delivery infrastructures through:

- Electronic voucher management systems that centralize & streamline complex activities across systems.
- Expanded capacity resulting from a trained network of clinical treatment and RSS providers.
- Increased efficiency, accountability and quality services supported by training, policies, protocols, and administrative processes.
- Enhanced and expanded workforce, including many recovery-oriented and peer-based services.

ATR-II Outcomes Data

The ATR-II program has served 104,665 clients through May 19, 2009

Clients reporting...	At Intake	6-Month Follow-up	Difference
No substance use	54.4%	80.0%	↑ 47.2%
Being employed	37.0%	51.1%	↑ 38.2%
Being housed	38.0%	46.2%	↑ 21.5%
No arrests	91.6%	95.6%	↑ 4.4%
Being socially connected	88.2%	90.6%	↑ 2.8%

Looking Ahead: 2010 President's Budget Request – ATR-III

- \$99 million for ATR to support 26 new grants to States and Tribal organizations (ATR-III) -- same level as in the 2009 Omnibus bill.
- ATR-III will refine the efficiency measure to accomplish more benefit for the same amount of resources.
- Project period will be increased to 4 years.
- CSAT is recommending a target of 225,000 clients for the 4-year cohort (with no-carve-outs)
 - Approximately 33,000 to be served in the first year.
 - 70,000 to be served in the extra full-capacity year (year 4).

Integrating SA Treatment into Primary Care

- People with depression and/or substance use disorders utilize medical treatment more and have higher health care costs (\$1,766) than people without those conditions.
- Community health centers are playing an increasingly central role in providing mental health/substance abuse (MH/SA) treatment services in the U.S.
- Fragmented services or silo approaches in MH and SA systems result in redundancies and lack of communication.
- However, due to insufficient training, and organization, primary care physicians are less likely to identify people with and at risk for substance use disorders.

Emergency Departments and Primary Care Facilities as Screening Settings

- Illicit drug users are significantly more likely to be treated in emergency facilities or urgent care centers compared with nonusers.
- In 2005, in the U.S., over 1.4 million visits were associated with drug misuse or abuse – 816,696 of which involved illicit drugs.
- Because such a large population is seen in general medical care settings, there is a great potential to reduce the number of individuals with drug problems.

Screening, Brief Intervention & Referral to Treatment (SBIRT)

- SBIRT has great future potential for promoting changes to the entire primary care medical service delivery system.
- Embedding screening, brief intervention, referral & treatment of substance abuse problems within primary care settings such as emergency centers, community health care clinics, and trauma centers helps to:
 - Identify patients who don't perceive a need for treatment,
 - Provide them with a solid strategy to reduce or eliminate substance abuse, and
 - Move them into appropriate services.

SBIRT Performance Outcomes

The SBIRT program has served 851,881 clients as of March 2009.

Of Clients who screened positive...	At Intake	6-Month Follow-up	Difference
No substance use	14.3%	40.2%	↑ 181.1%
Being employed	33.3%	40.1%	↑ 20.4%
Being housed	50.1%	53.5%	↑ 6.8%
No arrests	92.9%	94.8%	↑ 2.0%
Being socially connected	73.9%	72.5%	↓ 1.9%

SBIRT – FY 2010

- FY 2010 President's Budget Request includes \$29.1 Million for SBIRT – the same level of funding as the FY 2009 Omnibus.
- The request will support 19 continuation grants and one continuation contract.
- Continued expansion of the SBIRT program is expected to include dentistry, pediatrics, and adolescent care organizations, community health and mental health agencies, and other locations where primary care services are offered.

Expanding Access to Medication-Assisted Treatment

- As of May 15, 2009, 22,457 physicians have been trained by a Drug Addiction Treatment Act of 2000 (DATA) recognized medical organization.
- 17,132 physicians have received a waiver to prescribe buprenorphine. 9,839 (57%) of these are listed on the Buprenorphine Physician Locator System.
- 3,342 physicians have indicated their intent to treat up to 100 patients.

Medication Assisted Treatment is Important to CSAT's Mission

- MAT is effective – 86% abstinent from illicit opiates when treated with buprenorphine
- MAT is cost-effective – every dollar spent on methadone treatment saves \$12 on societal costs.
- Buprenorphine products are available to treat heroin and prescription narcotics in individuals age 15 and above – consistent with “upstream approach” - early screening and intervention. (Methadone is approved for 18 and older)

CSAT's Prescription Drug Abuse Initiative – FY 2010

- FY 2010 President's Budget Request includes funding level with 2009 Omnibus:
 - \$8.0 Million for Opioid Treatment Programs/Regulatory Activities, and
 - \$2 Million for Prescription Drug Monitoring (NASPER)

The Importance of Sustainability

- In the current economic climate, we cannot depend on past successes to sustain us into the future.
- Program value must be clearly demonstrated through delivery and performance.
- Sustainability depends on more than dollars – it relies on partnerships, skills, networks,
- and innovation
 - learning from successes and applying them to benefit other programs, and
 - Embracing new ideas, processes, & relationships.

Health Care Reform is Waiting in the Wings

- We can't wait until Health Care Reform steps onto the stage to determine what role substance abuse treatment will play.
- We need to utilize our partnerships now to ensure that substance abuse treatment services and systems have a lead role – and not just a bit part.
- Case Management will be critical:
 - How will performance quality and effectiveness of the delivery system be audited?
 - Who will promote essential linkages with other agencies such as Child Welfare, Criminal Justice, Mental Health?
 - How will enhance the relationships with the State Health Insurance Commissioners to ensure collaboration?

Recovery Month – September 2009

Goals:

- Support the administration's goal of reducing demand and promoting the message that recovery is possible
- Generate momentum for hosting state and local community-based events
 - Enhance knowledge, Improve understanding, Promote support for addiction treatment
- Publicize messages that:
 - Reduce the stigma & discrimination associated with addiction
 - Encourage those in need to get treatment
 - Support those who are already in recovery

Get involved in *Recovery Month*

Help bring hope and healing to others

- Visit the *Recovery Month* Web site at www.recoverymonth.gov
- Use the tools to spread the *Recovery Month* message:
 - Toolkits, presentations, giveaways, public service announcements, and more
- Join thousands of individuals and organizations by hosting a *Recovery Month* event in your community
- Educate others about the effectiveness of treatment and the hope of recovery
- For more information call 1-800-662-Help

SAMHSA Resources

- SAMHSA Website: [www:samhsa.gov](http://www.samhsa.gov)
- CSAT Website: <http://csat.samhsa.gov/>
- National Registry of Evidence-based Programs and Practices: <http://www.nrepp.samhsa.gov>
- SAMHSA Substance Abuse Treatment Facility Locator at <http://findtreatment.samhsa.gov>
- SHIN 1-800-729-6686 for publication ordering or information on funding opportunities
 - 1-800-487-4889 – TDD line
- 1-800-662-HELP – SAMHSA's National Helpline (average # of tx calls per mo.- 24,000)