

SJR 73 STUDY OF STRATEGIES AND MODELS FOR THE PREVENTION AND TREATMENT OF SUBSTANCE ABUSE

MONDAY, OCTOBER 18, 2010
OLD DOMINION UNIVERSITY
NORFOLK, VIRGINIA

Members Present: Senator Emmett W. Hanger, Jr., Senator Mamie E. Locke, Delegate Charniele L. Herring, John Shinholser, Mr. Terry R. Tinsley, Mr. Martin D. Brown (Department of Social Services), Mr. Michael Whipple, Mr. John Pezzoli (Department of Behavioral Health and Developmental Services).

Members Absent: Delegate John M. O'Bannon, III, Delegate David A. Nutter, Dr. Sherman Masters.

The third meeting of the SJR 73 Joint Subcommittee Studying Strategies and Models for the Prevention and Treatment of Substance Abuse was held on Monday, October 18, 2010, at Old Dominion University in Norfolk, Virginia. Following introductions and opening remarks, the joint subcommittee heard presentations on implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, health care reform and Medicaid, Recovery-Oriented Systems of Care, and the activities of the SJR 73 work group, and received public comment.

Implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA)

Ms. Carol McDaid, Co- Founder and Principal, Capitol Decisions, provided an overview of implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act. Ms. McDaid reported that regulations implementing the act became effective July 1, 2010, and will apply to all plans beginning plan years after that date. Regulations establishing additional requirements, including requirements related to the scope of services covered, may be promulgated in the future. Ms. McDaid also identified several issues that may affect the effectiveness of the MHPAEA, including the fact that currently mental health and substance abuse services are not mandated benefits, so that plans may opt not to provide any services rather than comply with parity requirements; certain practices like medical necessity criteria, utilization review, and provider authorization requirements may still limit parity in practice; and a lack of clarity in the test applied to determine compliance may allow some providers to avoid compliance. Also, the fact that many providers remain unaware of the requirements of the new law may result in noncompliance. Despite these issues, Ms. McDaid noted that while early research findings from other states indicate that the quality of mental health and substance abuse services remains unchanged despite implementation of the MHPAEA, implementation does appear to have eased pressures on state budgets as more people are covered by private insurance rather than public services. Additional education of providers and consumers, and continued state attention to implementation and compliance may increase compliance with the requirements of the MHPAEA and benefits to the Commonwealth.

Following her discussion of the MHPAEA, Ms. McDaid also provided additional information about the impacts of federal health care reform on Medicaid, highlighting the expansion of Medicaid to newly eligible populations, increased federal match for these populations, new service requirements including requirements for substance abuse and mental health services, and the potential benefits of increased coverage for public health.

Health Care Reform and Medicaid

Ms. Ilana Cohen, Senior Health Policy Associate with the National Association of State Medicaid Directors/American Public Human Services Association provided an overview of health care reform resulting from the Patient Protection and Affordable Care Act. She highlighted the expansion of Medicaid, private insurance reforms including prohibitions on exclusion of pre-existing conditions and annual or lifetime limits on care, the requirement of guaranteed issue/renewal, and new required benefits, which include behavioral health and substance abuse services. Ms. Cohen noted that Medicaid is currently the largest payer for behavioral health services in the country, and that Medicaid expansion will increase the number of people eligible for publicly funded behavioral health and substance abuse services. She also stated that the new federal health policy emphasizes integration and coordination of behavioral health and primary care systems, and will focus on ensuring that behavioral health and substance use conditions are treated as chronic health care conditions similar to other health care problems. Finally, Ms. Cohen identified several opportunities for states resulting from federal health policy changes in the area of behavioral health and substance abuse services, including the opportunity to establish chronic health care homes to integrate health care services, grants to fund service development, and increased federal match for newly eligible Medicaid populations.

Recovery-Oriented Systems of Care

Ms. Lynne Cramer, Chair, Virginia Association of Community Services Boards, provided an overview of Recovery-Oriented Systems of Care (ROSC), the philosophy of this approach to substance abuse services, and potential opportunities for the Commonwealth in this area. Ms. Cramer began by noting that ROSC is about delivering both professionally directed and peer-based recovery support services and other necessary supports in a combined and sequenced manner to enhance long-term recovery outcomes. She stated that the ROSC model is based on principles of recovery management using peer-based support services. ROSC systems are networks of formal and informal services developed and mobilized to support and sustain long-term recovery for individuals and families impacted by substance use disorders. ROSC systems should include pre-recovery identification and engagement, recovery initialization and stabilization, long-term recovery maintenance, and quality of life enhancements for individuals and families. These systems include primary medical and psychiatric care, addiction treatment, peer-based recovery support services and recovery coaches, and other ancillary services including case management, transportation, day care, housing, financial counseling, educational services, vocational services, and legal counseling. Post-treatment monitoring and support including saturated support during the first 90 days and "recovery check-ups" thereafter help individuals maintain recovery. Ms. Cramer noted that research on ROSC shows that over half of people completing specialized addiction treatment in the U.S. resume use within one year of finishing treatment, 50% of people who complete substance abuse treatment will reenter treatment within two years, the effects of treatment diminish over time so that the likelihood of

relapse increases as more time passes after a person leaves treatment, and stability of recovery is not reached for four or five years. Research also shows that post-treatment monitoring and support can improve outcomes for adults and adolescents, the length of service contact is the single best indicator of post-treatment addiction recovery, and ROSC systems can provide the support and assistance necessary to address many problems that lead people to relapse.

Update on SJR 73 Work Group Activities

Ms. Sarah Stanton, Senior Attorney, Division of Legislative Services, provided an update on the activities of the SJR 73 work group. She stated that the work group had met for a third time, and developed preliminary recommendations to the joint subcommittee, which were included in the members' materials. A fourth meeting of the work group would be held prior to the last meeting of the joint subcommittee in November. At that meeting, the work group will develop final recommendations to be presented to the joint subcommittee at its last meeting.

Public Comment

Ms. Jennifer Faison with the Virginia Association of Community Services Boards stressed the need to remain aware of the changes in services that would result from federal health care reform. She noted the need to focus on prevention, treatment and recovery services, and to take steps to implement recovery-oriented systems of care in the Commonwealth. She recommended investing in local capacity to reduce waiting times for services, improve access for services, and make sure services are available to all persons in need of substance abuse services at the time they are ready to access services. Ms. Faison noted the impact of substance abuse on the criminal justice system, and the high costs of substance abuse and use in the area of corrections. She suggested that the Commonwealth might consider the sequential intercept model as a strategy for addressing substance use and abuse and the model's impact on the criminal justice system. Finally, Ms. Faison stressed the need to treat substance abuse like the chronic health issue that it is, and to integrate primary care and substance abuse services.

Mr. Vince Sawyer with The Haven in Lynchburg spoke about the need for community-based services for persons with substance abuse disorders, particularly the need for a model like that of the Healing Place. He described The Haven as a service based on the Healing Place model, which addresses the housing and treatment needs of people with substance abuse problems and is effective in terms of both costs and outcomes. This model, which has been implemented in many other states, has been shown to reduce incidences of substance abuse, with approximately 70% of participants avoiding relapse, at a cost of approximately \$30 per day. Mr. Sawyer recommended that the Commonwealth provide funds to establish services based on the Healing Place model in the Commonwealth. He also recommended that the Commonwealth dedicate funding for prevention services through community services boards.

Ms. Claudia Gooch of the Hampton Roads Planning Council spoke about the need for services that address both homelessness and substance abuse, which are often linked. She seconded the recommendation for adoption of a model based on the Healing Place model, and recommended that the Commonwealth provide funding for this purpose.

Ms. Angela Kellam, Vice President of Resource Development and Community Solutions with the United Way of South Hampton Roads, also spoke about the benefits of a model based

on the Healing Place model, and reiterated support for funding for this model in the Commonwealth. She noted that a number of agencies in the Hampton Roads area had studied the issue of homelessness and substance abuse, and concluded that the Healing Place model provided the best opportunity for addressing these two related problems. She stated that a system that linked programs based on the Healing Place model with other treatment and recovery services would provide significant benefit for the Commonwealth.

Next meeting

The next meeting of the SJR 73 Joint Subcommittee Studying Strategies and Models for the Prevention and Treatment of Substance Abuse will be held on Tuesday, November 16, 2010, at Youth For Tomorrow in Bristow, Virginia. The meeting will begin at 10:30 a.m.