

Behavioral Health is Essential To Health

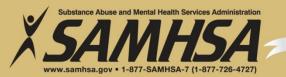
Prevention Works





Treatment is Effective







Financing Recovery Support Services (RSS)

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SERVING PEOPLE BY IMPROVING SYSTEMS





Welcome & Overview

- Welcome to SAMHSA's Partners for Recovery webinar on Financing Recovery Support Services (RSS)
- Today's presenters are:

Melanie Whitter, Abt Associates

Luisa Fundora, Massachusetts Bureau of Substance Abuse Services

April Johnson, Oregon Health Authority-Addictions Policy Analyst

Matthew Pearl, Oregon Health Authority-Project Director, Access to Recovery (ATR) Treatment Grant & Recovery Support Services



Training Objectives

Objectives:

- **1)** Discuss the purpose of RSS, describe RSS, review the barriers to financing RSS, and highlight major funding streams for RSS.
- 2) Provide State examples of innovative methods to finance RSS.
- **3**) Offer RSS financing resources.



What are Recovery Support Services?

- Recovery support services (RSS) are nonclinical services that assist individuals and families to initiate, stabilize, and maintain long-term recovery from substance use and mental health conditions.
- RSS are wide-ranging and provided based on a person's individualized recovery plan
- RSS are provided by professionals, peers and volunteers; and are delivered through a variety of community, faith-based, treatment, and recovery community organizations.



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Range of Recovery Support Services

Recovery Support Services incorporate a **full range** of human and supportive services that facilitate recovery and wellness. They include but are not limited to:

- Recovery coaching
- Employment coaching
- Housing support
- HIV/AIDS services
- Social and athletic activities
- Child care
- Spiritual support
- Transportation assistance
- Legal assistance

- Financial assistance
- Peer to peer mentoring
- Life skills training
- Case management
- Parent education/Child development
- Recovery checkups



Barriers to Financing Recovery Support Services

- RSS are often **insufficiently funded** throughout the continuum of care due to funding constraints.
- Many funding sources establish eligibility **categorically** and are limited to specific populations or geographic areas.
- Other funding sources prescribe a particular **funding mechanism**, e.g., vouchers.
- Certain funding sources create **restrictions** by specifying who the provider of RSS should be or what services are covered.



Major Funding Streams and Provision of Peer Support Services - Medicaid

• The Center for Medicare and Medicaid will fund peer support services through the Medicaid program.

Medicaid

- Each state operates its Medicaid program and determines if they will cover RSS for MH, SUD clients, or both in their state plan.
- To be eligible for reimbursement, states must describe the service, the provider, their qualifications, utilization review procedures and reimbursement methodologies.

Major Funding Streams and Provision of RSS - Medicaid (cont'd)

Funding Stream	Description
Medicaid Rehab Option	 Under this option, States can cover "other diagnostic, screening, preventative, and rehabilitative services" States are required to identify what services will be offered, not all RSS are covered. Services can be covered through a state plan amendment.
Medicaid Managed Care/ Freedom of Choice Waivers	 Section 1915(b) waivers allow for States to implement managed care systems for Medicaid beneficiaries. Provides states with flexibility in determining what services should be offered to best meet the needs of individuals. Offering the services cannot cost more than the program would have cost without the waiver.

Major Funding Streams and Provision of RSS -SABG Block Grant

Funding Stream	Description							
SABG Block Grant	 The SABG legislation and regulation includes both prescriptive and prohibitive language. If an activity or service is neither prescribed or prohibited, the states have the flexibility to obligate and expend SABG funds for recovery support services. The EX 2014-2015 Uniform Application (Behavioral Health) 							
	 The <u>FY 2014-2015 Uniform Application</u> (Behavioral Health Assessment and Plan) recommends that the SABG be directed toward: 							
	 To fund priority treatment and <u>support services</u> for individuals without insurance or for whom insurance is terminated for short periods; 							
	 To fund priority treatment (Essential Health Benefits (EHB)) and <u>support services</u> not covered by Medicaid, Medicare, or private insurance for low and moderate income individuals and that demonstrate success in improving outcomes and or supporting recovery (non-EHB covered treatments 							

Major Funding Streams and Provision of Recovery Support Services- Federal Discretionary Grants

Access to Recovery (ATR)	 A SAMHSA/CSAT discretionary grant program that provides individuals vouchers to purchase treatment or RSS based on individual choice. Virtually every type of support service is allowable under the ATR voucher system.
Recovery Community Services Program	 This SAMHSA/CSAT discretionary grant program was designed to deliver peer support services. This program does not fund treatment. Allowable services include peer-led recovery support, recovery coaching, peer case management, substance free activities , etc

Major Funding Streams and Provision of RSS

Funding Stream	Description					
State and Local Funding	 States have appropriated funds for RSS. The types of services, target populations, services requirements, is determined on a state by state basis. The TANF program is a federal block grant, which funds states to provide temporary assistance to individuals to gain employment and gain self-sufficiency. TANF funds may offer "Pro-Family" expenditures to individuals to meet overarching TANF goals. "Pro-Family" activities remove obstacles to employment (e.g., child care, transportation, etc) Some states and local agencies use private donations and foundation grants to help fund RSS. 					
Temporary Assistance for Needy Families (TANF)	 expenditures to individuals to meet overarching TANF goals. "Pro-Family" activities remove obstacles to employment (e.g., 					
Private Funding						

Major Funding Streams and Provision of RSS – Drug Courts

Funding Stream	Description
Drug Courts: State and Local Funding	 Many Drug Court programs are funded through state and local revenue streams. States and localities have flexibility in designing the components of their drug court program to included RSS when using local resources.
Drug Courts: SAMHSA Funding	 This program was created to enhance treatment for substance use conditions and RSS in "problem solving courts". Allows states to fund wraparound services/RSS to drug court participants.
Drug Courts: DOJ Funding	 DOJ funds discretionary grant awards up to \$200,000 to state, local, and tribal governments to establish or enhance drug courts. Allowable services include housing; educational and vocational training; transitional housing; social and recreational activities, etc.





Recovery Support Services Massachusetts

Luisa Fundora Bureau of Substance Abuse Services MA Department of Public Health





Recovery Support Centers

- In 2008 the MA legislature appropriated \$2 million specifically for the funding of six regional recovery support centers.
- The MA legislature has a Joint Committee of Substance Abuse and Mental Health comprised of both Senators and Representatives. This committee has been supportive in funding substance abuse recovery services and assisted with the legislation for the funding of the recovery support centers.

Recovery Support Centers

- The first recovery support center in MA, Recover Project, was funded in 2003 by a CSAT grant.
- The Bureau of Substance Abuse Services (BSAS) decided to model the recovery support centers after the federally funded Recover Project.
- BSAS-funded recovery support centers follow the participatory process and promote peer-led, peerdriven activities.



Recovery Support Centers

- Initially, the recovery support centers were funded solely through state appropriations since the state legislature added funding specifically for the recovery support centers.
- BSAS continued to fund the recovery support centers, adding federal block grant dollars to those contracts. The majority of the funding still comes from state funding.



- Recovery high schools provide young people in recovery from alcohol and drug use with a supportive environment to help them maintain their recovery and complete their education.
- BSAS funds four recovery high schools located in Boston, Brockton, Beverly and Springfield.



- In 2004, the MA legislature appropriated funding to support a number of recovery high schools.
- BSAS continued to fund the recovery high schools adding federal block grant dollars to the mix.



- Recovery High Schools are a collaborative effort between the Department of Elementary and Secondary Education, BSAS, and local educational collaboratives/school systems.
- District funding pays for the students' education while BSAS funding covers the recovery support services such as a recovery counselor in each school.



- BSAS funding also allows the recovery high schools to provide an extended class day and school year.
- BSAS recommends that the recovery high schools partner with their local educational collaborative or school system which allows them access to other in-kind resources.



Community Education

- MA Organization for Addiction Recovery (MOAR)'s mission is to organize recovering individuals, families and friends into a collective voice to educate the public about the value of recovery from alcohol and other addictions.
- MOAR holds regular meetings throughout the state in addition to coordinating Recovery Month events statewide. MOAR hosts the annual Recovery Day at the statehouse in collaboration with BSAS.













RSS Funding Sources

- SAPT Block Grant
- State General Funds
- Access to Recovery (ATR) federal grant



Substance Abuse Prevention & Treatment (SAPT) Block Grant

- SAPT funds provide Treatment and Recovery Support Services through County Financial Assistance Agreements (CFAA), and intergovernmental agreements with Federally Recognized Tribes in Oregon.
- Oregon spends approximately \$16M annually on prevention, treatment and recovery support services.



SAPT Allocations

SAPT Grant									
\$ 16,214,407.00	х	75%	=	\$	12,160,805.25	Treatm	ent		
\$ 16,214,407.00	х	20%	=	\$	3,242,881.40	Prevention, minimum 20%			
\$ 16,214,407.00	х	5%	=	\$	810,720.35	Admini	stration, r	maximum	5%
\$ 16,214,407.00	х	3%		\$	486,432.21	Medicai	d Expansi	ion Alloca	tion Max 3%
				\$	16,214,407.00	_			

Priority treatment and recovery support services goes to pregnant women and women with children, IVDU, TB Screening, and HIV early intervention. Special 3% allocation to assist providers with enrolling new Medicaid members



SAPT

In 2011, AMH developed a global budget (Flex Funding) that includes SAPT funding. Flex funding gives Community Mental Health Program (CMHP) directors greater flexibility in purchasing Peer Delivered Services.



Intensive Treatment & Recovery Support Services (ITRS-SGF)

History:

The 2007-2009 legislative session provided \$10.4million of **State General Funds** toward the treatment of substance use disorders for parents receiving services in the Children, Adults and Families (CAF) Division of the Department of Human Services (DHS). This money was primarily aimed at helping uninsured parents in the Child Welfare system get the addiction treatment they needed to have their children safely remain with them or returned to them after an allegation of child abuse or neglect.



ITRS Population Focus

Original population focus:

AMH and CAF originally focused on parents with a higher level of treatment need (Level II) and possibly being at risk of abusing or neglecting their children.

The ITRS focus has been:

- 1. CAF referred parents
- 2. No other funds to support treatment
- 3. Needing intensive (Level II) outpatient or residential treatment

Expanded Focus:

The expanded referral base enables treatment programs to deliver services to the following groups – in this priority:

1. Original focus non-OHP Level II CAF clients.

2. Non-OHP CAF referred clients

needing Level I services.

 Any person needing addiction treatment parenting children under 18 without the Oregon Health Plan or who are underinsured.



ITRS

- ITRS serves 2251 parents per year.
- Providers must meet utilization and length of stay requirements to receive performance incentives.
- ITRS is available in all 36 Oregon Counties



ITRS Support Services

- Child Care
- Transportation
- Housing
- Parenting Classes
- Mental Health Services
- Case Management
- Shares SAPT Required Waitlist Support Services to Pregnant Women, Individuals with HIV, and IVDU's.



Access to Recovery (ATR)

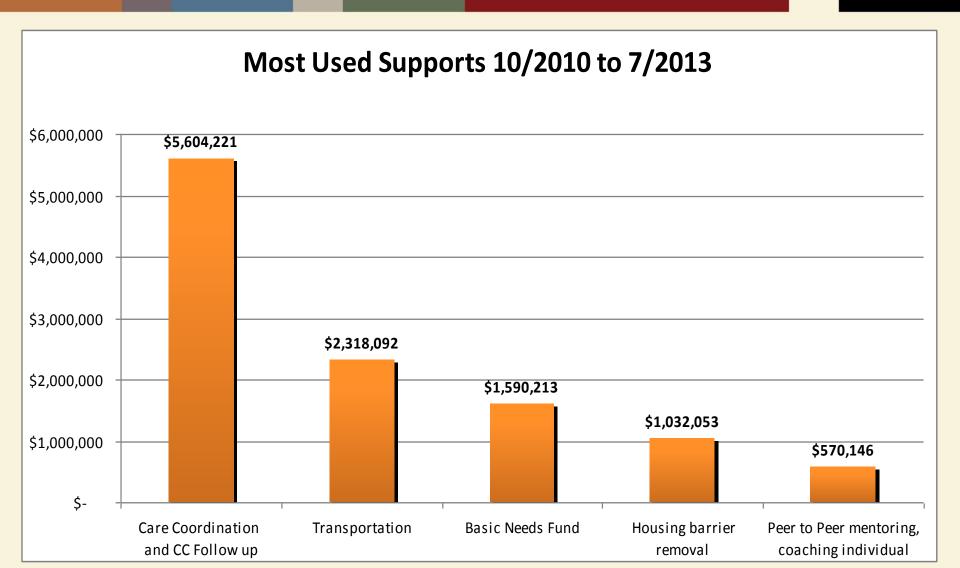
- 4-year federal initiative supported by SAMHSA/CSAT
- Supports a *recovery oriented system of care* comprised of treatment & recovery supports including faith-based resources
- Client choice key in identifying and prioritizing needs
- Clients access funding directly through vouchers
 Providers use web-based system for reimbursement
- Outcomes measured at intake and discharge by administering Government Performance and Results Act (GPRA) instrument

ATR Criteria

- Past or present diagnosis of a substance use disorder
- Priority populations:
 - Parents of children in the custody of child welfare
 - Veterans
 - Individuals transitioning out of incarceration
- Available in 6/36 counties for a maximum of 6 months



Most utilized supports



Sustaining Peer Support Specialists

- Medicaid funding
 - Currently reimbursable as an "optional" service in managed care using HCPCS code H0038
 - Working on making it part of the benefit package by amending the State Medicaid Plan, Rehabilitative Services Option which will authorize fee-for-service billing for this HCPCS code



Sustaining Peer Support Specialists

- Oregon's health system transformation and the federal Affordable Care Act have emphasized the essential role of non-traditional health workers in promoting health and delivering care.
- State legislation defines the types of non-traditional health workers: Community Health Workers, Peer Wellness Specialists, Personal Health Navigators, & Doulas.
- The Oregon Health Authority (OHA) is implementing the law by promulgating new administrative rules that govern certification and registry enrollment pathways for non-traditional health workers.



Sustaining Peer Support Specialists

- The administrative rules include *peer support specialists* as a type of non-traditional health worker. Recovery mentors are peer support specialists in recovery from a substance use disorder.
- To qualify for reimbursement by the Oregon Health Plan (Medicaid), non-traditional health workers must be certified by OHA through successful completion of an approved training program and enrolled in the state's central registry.



RSS Financing Resources

SAMHSA's Financing Recovery Support Services

 <u>http://www.friendsofrecoveryvt.org/wp-content/uploads/Partners-for-Recovery-RSS_financing_report.pdf</u>

Guide to Using Medicaid in Financing Supportive Housing

<u>http://www.csh.org/wp-content/uploads/2011/12/Tool_LeveragingMedicaid.pdf</u>

CMS Guidance Letter : Financing Peer Support Services under the Medicaid program.

• <u>http://downloads.cms.gov/cmsgov/archived-</u> <u>downloads/SMDL/downloads/SMD081507A.pdf</u>

Oregon Community Addiction Services Investment Strategy

<u>http://www.oregon.gov/oha/amh/Documents/addictions-strategic-plan.pdf</u>

State Policy Options for Increasing Access to Alcohol and Drug Treatment Through Medicaid & TANF

<u>http://www.lac.org/doc_library/lac/publications/lac_resources_for_recovery.pdf</u>



RSS Financing Resources:

The Role of Recovery Support Services in Recovery-Oriented Systems of Care

<u>http://store.samhsa.gov/shin/content/SMA08-4315/SMA08-4315.pdf</u>

About Oregon ATR:

• <u>http://www.oregon.gov/oha/amh/pages/access2recovery/index.aspx</u>

About the NTHW Administrative Rule:

<u>http://www.oregon.gov/oha/oei/Pages/nthw-committee.aspx</u>

About Peer Delivered Services:

<u>http://www.oregon.gov/oha/amh/pages/peer.aspx</u>



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