Foundation *for* Opioid Response Efforts

03/26/25

Medicaid's Ongoing Critical Role in the U.S. Response to the Opioid and Overdose Crisis

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RAND CORPORATION

LAC LEGAL ACTION CENTER

NASHP NATIONAL ACADEMY FOR STATE HEALTH POLICY

Introduction

02

Karen A. Scott, MD, MPH

President

Foundation for Opioid Response Efforts

Agenda

1. **Introduction and Webinar Logistics**
   Karen A. Scott, MD, MPH – President, *FORE*
2. **Sustainability Pathways for Programs that Support Families Affected by Substance Use Disorder**
   Jocelyn Guyer, MPP – Senior Managing Director, *Manatt Health*
3. **Tracking Changes in Buprenorphine Treatment in the Early Months after Medicaid Unwinding**
   Bradley Stein, MD, PhD – Director of the Opioid Policy, Tools, and Information Center (OPTIC), *RAND*
4. **Disrupting Cycles of Chronic Illness and Incarceration**
   Gabrielle de la Guéronnière, JD – Vice President of Health & Justice Policy, *Legal Action Center*
5. **Challenges and Opportunities in State Policy to Address the Opioid and Substance Use Crisis**
   Katie Greene, MPP – Director of Public Health, *National Academy for State Health Policy (NASHP)*
6. **Questions and Answers Session**
   Moderated by Ken Shatzkes, PhD – Program Director, *FORE*

FORE

Webinar Logistics

1. The webinar is being recorded and will be available on www.ForeFdn.org shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
    - If you have a similar question, please upvote using the thumbs up button on the question.
    - We will read as many questions live as time permits.
4. There will be a brief survey immediately following the webinar. Please provide us with feedback!

FORE

About FORE

Founded in 2018, the **Foundation for Opioid Response Efforts (FORE)** is a 501(c)(3) private, national, grantmaking foundation focused on one urgent public health emergency – **the opioid crisis**.

Vision

To inspire and accelerate action to end the opioid crisis

Mission

To convene and support partners advancing patient-centered, **evidence-based solutions** addressing the opioid crisis

Focus

With **patients at the center**, our focus includes promoting excellence in:

Professional education

Payer & Provider strategies

Policy initiatives

Public awareness

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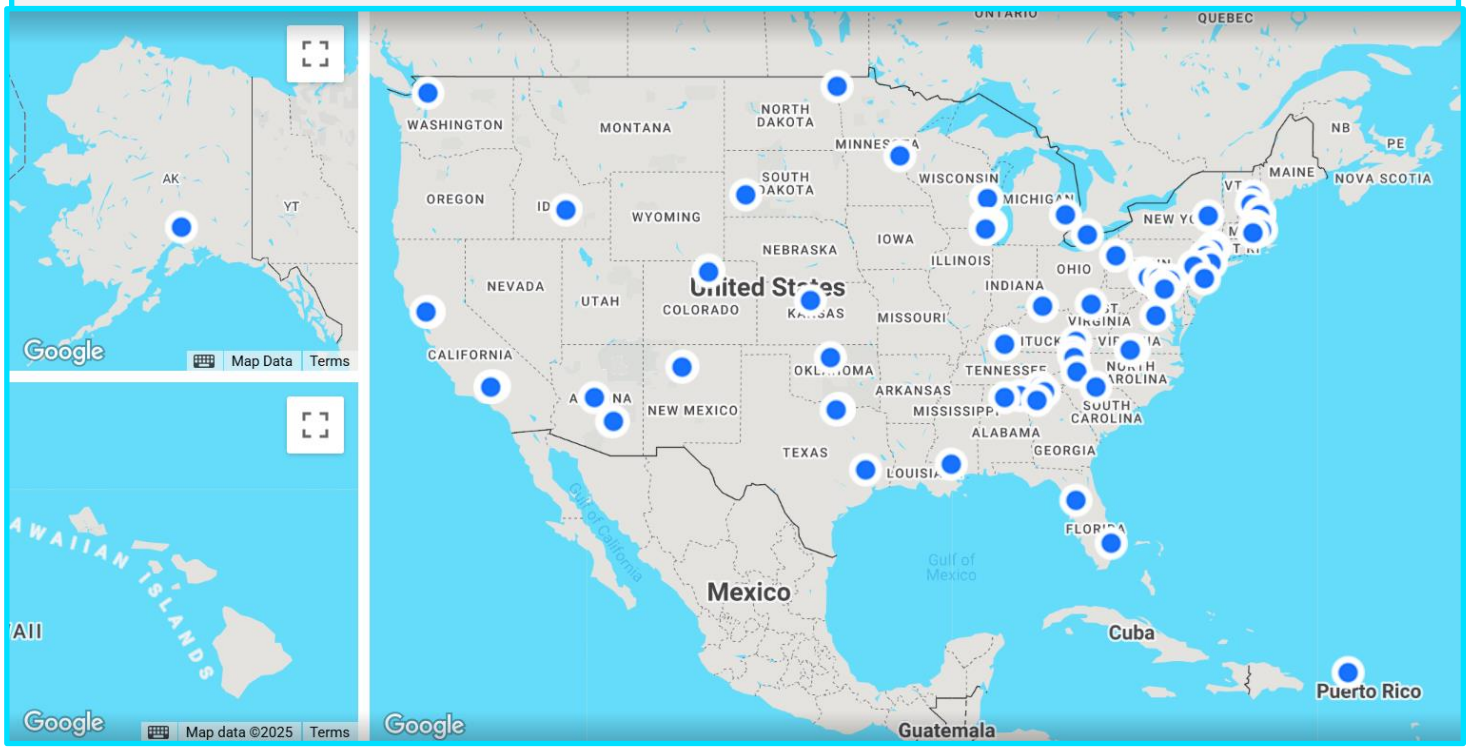
FORE Grantee Portfolio

Grants to date: 113

Amount awarded: $45.3M



See all FORE Grantees on our website:
https://www.ForeFdn.org/Our-Grantees/

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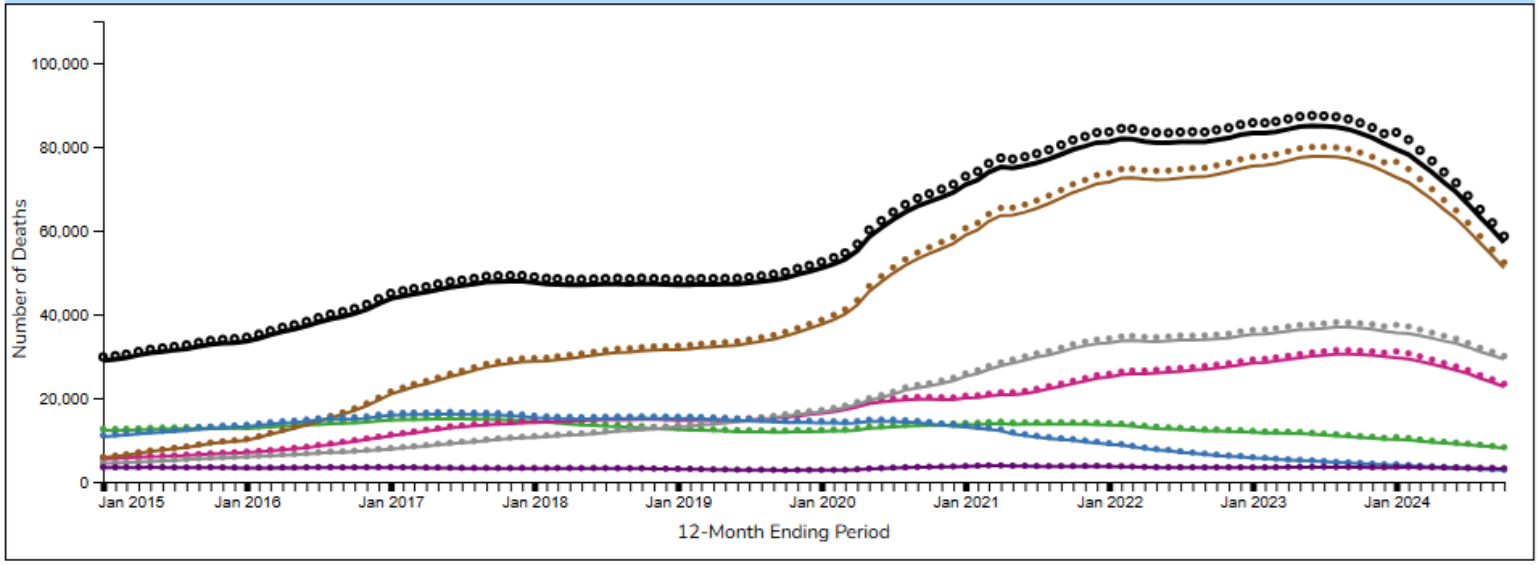
Fentanyl Overdoses Have Declined at Historic Rate Over the Past Year

Figure 2. 12 Month-ending Provisional Number of Drug Overdose Deaths by Drug or Drug Class: United States



Legend for Drug or Drug Class

- Cocaine (T40.5)
- Heroin (T40.1)
- Methadone (T40.3)
- Natural & semi-synthetic opioids (T40.2)
- Opioids (T40.0-T40.4,T40.6)
- Psychostimulants with abuse potential (T43.6)
- Synthetic opioids, excl. methadone (T40.4)

---- Reported Value

O Predicted Value

Source: U.S. Centers for Disease Control and Prevention

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Medicaid is the Largest Payer of Opioid Use Disorder Treatment in the U.S.

Medicaid covers an estimated 40% of adults under the age of 65 who are accessing treatment for their opioid use disorder, and plays additional roles in supporting recovery services by funding peer recovery coaches and health-related social needs, and prevention initiatives such as school-based health services.

Corresponding to the increasing magnitude of the opioid and overdose crisis, Medicaid spending for treatment of opioid use disorder has progressively increased over the past decade:

- 2013: $9.4 billion
- 2019: $23 billion
- 2023: $29 billion (estimated)

Emergency department (ED) visits for opioid related problems

Year	Total ED/OUD Visits	Medicaid visits	Uninsured visits
2012	459,550	141,350 (30.7%)	133,350 (29.0%)
2021	753,700	362,000 (48.0%)	146,350 (19.4%)

Source: AHRQ HCUP Nationwide Emergency Department Sample: July 30, 2024

BROOKINGS

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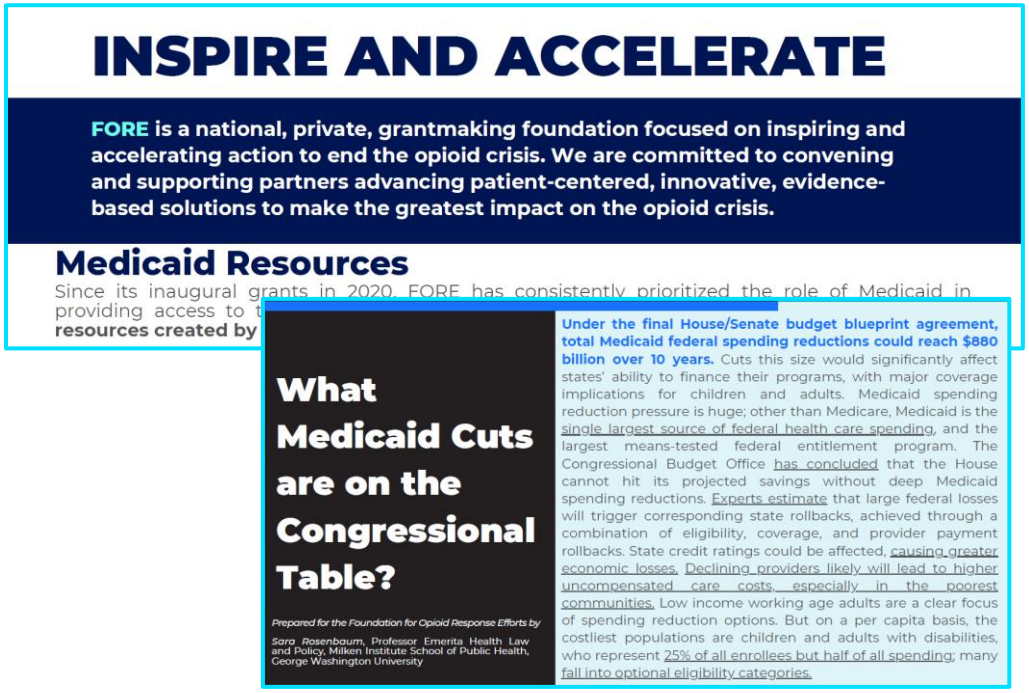
FORE Resources

Through issue and policy briefs, webinars, and articles, we continue to contribute to current vital information to inform communities, providers, and policymakers on best practices and solutions.

FORE Medicaid Resources



Medicaid resources will be shared in **the chat for immediate download** and posted on our website with all webinar materials *after the session concludes*.

See all FORE Grantees on our website:
https://ForeFdn.org/Resources/

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Webinar Speakers

Jocelyn Guyer, MPP
Senior Managing Director
Manatt Health

Bradley Stein, MD, PhD
Director of the Opioid Policy, Tools, and Information Center (OPTIC)
RAND

Gabrielle de la Guéronnière, JD
Vice President of Health & Justice Policy
Legal Action Center

Katie Greene, MPP
Director of Public Health
National Academy for State Health Policy (NASHP)

Sustainability Pathways for Programs that Support Families Affected by Substance Use Disorder

Jocelyn Guyer, MPP
Senior Managing Director
Manatt Health

Impact of Potential Medicaid Cuts

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State Medicaid and Children's Health Insurance Programs (CHIP) play a crucial role in supporting children and families affected by substance use despite uncertainty regarding federal changes.

- **Medicaid is the largest source of coverage** and funding for substance use disorder (SUD) treatment for children and families.
    - Medicaid and CHIP cover close to 42 million children
- Direct changes to **Early and Periodic Screening, Diagnostic, and Treatment** (EPSDT), the benefit standard for children and youth, is unlikely.
- But **Medicaid cuts of the magnitude under consideration in Congress** would shift costs to states and make it more difficult to sustain or adopt new initiatives for children and families.
- Even if cuts are not explicitly directed at children and youth covered through Medicaid, **they may be affected by cuts aimed at adults** (e.g., work requirements, changes to federal medical assistance percentage for Medicaid expansion).

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Medicaid's Supportive Role

- ✓ **Many of the coverage requirements for children and youth are legislatively required under Title XIX of the Social Security Act.**
  - States must cover children and pregnant women meeting specified income levels in Medicaid.
  - States must provide continuous enrollment for 12 months for children aged 19 and younger enrolled in Medicaid and CHIP.
  - States can expand pregnancy-related coverage during the post-partum period beyond the required 60 days to 12 months.
- ✓ As the SUD crisis has worsened, CMS has publicized existing **coverage pathways, as well opened new flexibilities** to allow states to improve access to care
  - Section 1115 waiver opportunity to support re-entry
- ✓ CMS and states have also **broadened the range of providers** eligible to provide and be reimbursed for covered services
  - Peers, Community based organizations, Community mental health workers –

What is CHIP?

An optional state coverage program for uninsured children and pregnant individuals in families with incomes above Medicaid eligibility limits that are not able to access private, coverage. States have flexibility in the design of their programs:

- **Separate CHIP:** State programs are separate from Medicaid where services may match Medicaid 's package.
- **Medicaid Expansion CHIP:** A state receives federal funding to expand Medicaid eligibility to more children.
- **Combination Separate CHIP and Medicaid Expansion CHIP**: A mix of the two noted above.

Medicaid Coverage Pathways

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- Medicaid has a range of service categories within its Medicaid State Plan benefit package.
- State Medicaid agencies are required to cover a range of service categories within their benefit package like:
  - Hospital services, rural health clinic services, federally qualified health center services.
- They have the option of covering other benefits (e.g., rehabilitative services, clinic services).
- States also have broad flexibility in defining what they'd like to cover within each benefit class.
- In addition to Medicaid State Plan pathways, states can obtain flexibility through Section 1115 demonstrations

Select Pathways	Description
Preventive Services	Services to prevent disease, disability, and other health conditions or their progression prolong life and promote physical and mental health and efficiency
Federally Qualified Health Center (FQHC)	States must cover ambulatory FQHCs services included in their Medicaid State Plan. Required services must include preventive and primary care services such as family or internal medicine, obstetrics, gynecology, and pediatric care and enabling services such as transportation and outreach
Rehab Option	This option offers states the flexibility to deliver recovery-oriented behavioral health (i.e., mental health and SUD services) with a greater range of professionals and settings
Targeted Case Management	Services that assist individuals to access to medical, social, educational, and other services.

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Deeper Dive on EPSDT

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In September 2024, CMS released federal guidance to states affirming EPSDT requirements, and lifting recommended strategies to states to improve the services they provide to children/youth

EPSDT for children and youth under 21 – including parents under 21 – requires states to cover all medically necessary care needed to "correct or ameliorate" an identified condition that could be covered within the state's Medicaid State Plan regardless of whether they are covered.

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified, and
- **Treatment:** Controlling, correcting or reducing health problems

EPSDT applies to all coverage categories in Section 1905(a) of the Medicaid State Plan, and all medically necessary care that would fall into a particular service category.

To date: EPSDT remains a requirement on all state Medicaid programs, and changes to EPSDT have not been raised.

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Project Overview

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At the request of FORE, Manatt Health analyzed the extent to which multi-generational SUD prevention programs, including seven FORE-funded programs, could secure federal Medicaid and/or Children's Health Insurance Program (CHIP) matching funds to sustain key elements.

- **A wide-range of providers with different levels of Medicaid sophistication, run these programs,** including health systems, universities and a community-based organization.
- These programs provide **screening, dyadic SUD treatment, case management, OB GYN** across a range of settings.

FORE Grantees
• Morgan County Partnership • University of Washington: Northwest Center for Family Support • University of California, San Francisco, Project Lily • Denver Health and Hospitals Foundation • University of North Dakota • University of North Carolina Horizons Program • University of South Florida

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Deeper Dive: Multi-Generational SUD Prevention Programs

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- Prevention and treatment services for families and their children affected by substance use disorders help **break the cycle of intergenerational trauma and substance use**
- SUD multi-generational programs can **focus on improving or expanding evidence-based and/or leading prevention strategies for children and families**.
- Key activities they provide, include:
  - **School-based screening and treatment services**, focused on adverse childhood experiences (ACEs), social determinations of health, parent education
  - **Home and community-based child-parent therapy** using evidence-based practices of Parent Child Interaction Therapy, Families Facing the Future, Cognitive Behavioral Therapy
  - **Provider training and technical assistance** on evidence-based practices
  - **Trauma-informed team-based-care, including OB-GYN, SUD treatment and wraparound services** for pregnant and postpartum people affected by SUD, including those who are incarcerated

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Sustainability Pathways for Multi-Generational SUD Programs

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SUD prevention programs could be covered under multiple Medicaid pathways

Service	Medicaid Sustainability Pathways			
	Preventive Services	FQHC	Rehab Option	Targeted Case Management
Screenings • ACES • SDOH • Screening Brief, Intervention and Treatment (SBIRT)	✓	✓		
Medications for Opioid Use Disorder		✓	✓	
Parent Child Interaction Therapy Families Facing the Future Cognitive Behavioral Therapy		✓	✓	
Training*	✓	✓	✓	
Case management		✓	✓	✓
OB-GYN	✓	✓		
Doula	✓	✓		

*State Medicaid agencies can use administrative match to contract with vendors to conduct provider training that improves the delivery of a Medicaid service. States can build the cost of attending training into the reimbursement rate for providers to deliver a service.

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Grantee Spotlight: Team Lily at University of California San Francisco

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Team Lily provides comprehensive care during pregnancy and postpartum, including integrated case management, pregnancy services, mental health services and support, SUD treatment and navigation/linkage to community resources (housing, food, etc.).

- Team Lily currently receives Medicaid reimbursement for many of the components of its FORE grant, including:
  - Enhanced case management
  - Substance use disorder treatment
  - Pregnancy and post-partum care
  - Mental health treatment
- While Team Lily has pieced together Medi-Cal (California's Medicaid program) pathways to maximize funding, current pathways do not cover the cost of the outpatient evidence-based, team-based approach.

UCSF
University of California San Francisco

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Key Steps to Obtain Medicaid Coverage

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Review existing Medicaid covered services

Determine whether program can be delivered by "qualifying providers" consistent with state clinical requirements

Advocate with Medicaid to:

- Secure pathway
- Pilot coverage
- Adjust rates through bundle or enhanced rate

Enroll/affiliate with Medicaid program

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Wrap Up

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Medicaid sustainability pathways should exist for many multi-generational SUD prevention and treatment programs. The activities undertaken by these programs may generally be covered under Medicaid services and should be reimbursed by the state for Medicaid and Child Health Insurance Program (CHIP) enrollees.

Effort required to turn these opportunities into sustainable funding. To secure new or additional Medicaid funding, most programs will need to work with state Medicaid agencies to address issues to determine whether grantees can be paid for the covered services.

Some costs will remain uncovered. Medicaid likely could most of these program's costs, but some costs cannot be covered because the client is not eligible for Medicaid, the service is not a recognized Medicaid service, or the setting is excluded from coverage.

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Thank You!

Jocelyn Guyer
Senior Managing Director, Manatt Health

Ashley Traube
Director, Manatt Health

Tracking Changes in Buprenorphine Treatment in the Early Months after Medicaid Unwinding

Bradley Stein, MD, PhD
Director of the Opioid Policy, Tools, and Information Center (OPTIC)
RAND

About OPTIC

RAND-USC Schaeffer Opioid Policy Tools and Information Center (OPTIC)

Our mission is to be a national resource, fostering innovative research in opioid policy science, and disseminating methods, tools, and information to the research community, policymakers, and other stakeholders.

RAND Opioid Policy Tools and Information Center USC Schaeffer

Funded by the National Institute on Drug Abuse (P50 DA046351)

Medicaid plays a crucial role in treatment for opioid use disorder (OUD)

- Medicaid covers ~40% of treatment for OUD
- Medicaid expansion associated with…
  - … increased coverage of OUD treatment, including buprenorphine
  - … improved buprenorphine access improves outcomes, including reduced mortality
- During COVID, federal government prevented states from disenrolling individuals from Medicaid…
  - … substantial increase in the number of Medicaid enrollees receiving care for OUD
  - …. likely helped support relatively stable rates of buprenorphine treatment

Continuous enrollment provision ended March 31, 2023

- States began process of disenrolling individuals (Medicaid unwinding)
- Little research has examined how disenrollment affected buprenorphine treatment
- This study: how did Medicaid unwinding affect starting and ending…
  - … of Medicaid-reimbursed episodes of buprenorphine treatment
  - … of buprenorphine treatment overall

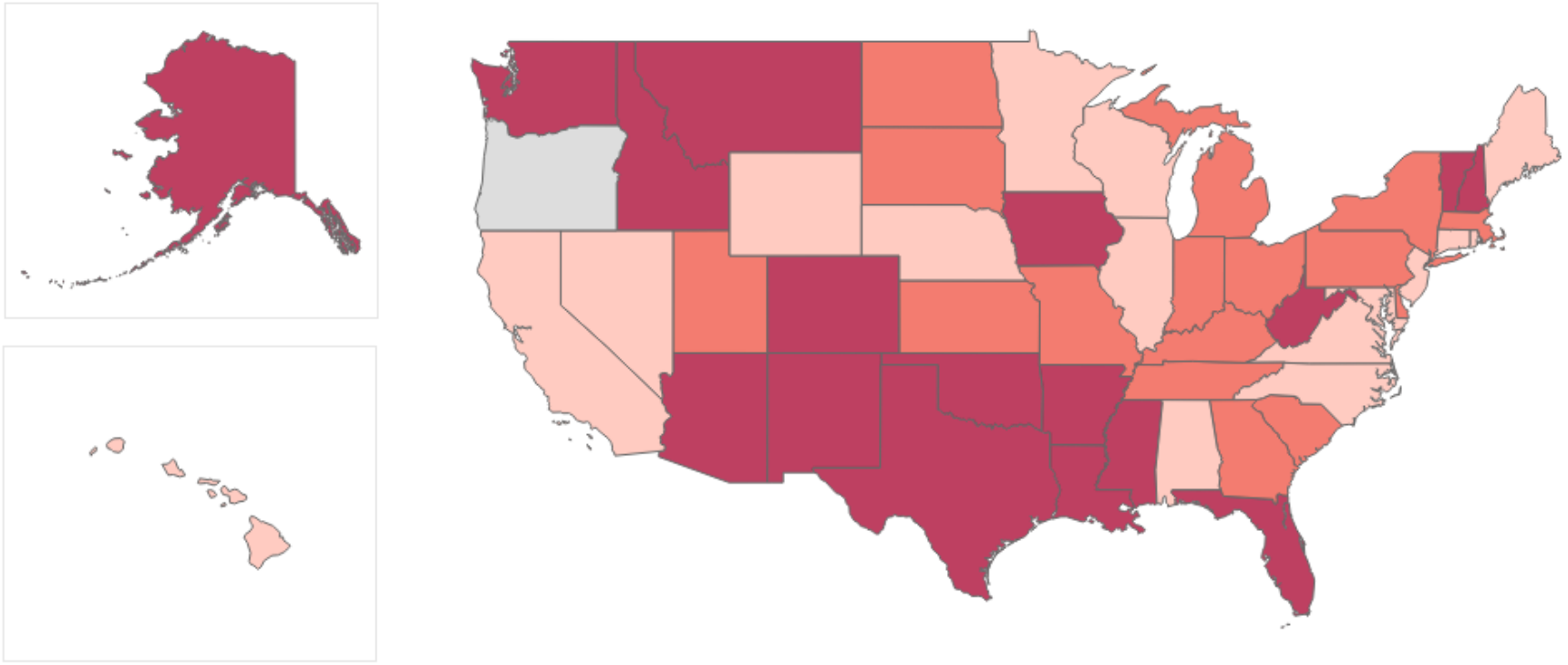
Study Methods and Data

- Identified buprenorphine prescriptions using national 2021-2023 IQVIA data, capturing 92% of all prescriptions dispensed at retail pharmacies
- Defined buprenorphine treatment episodes
  - Episodes started with the first dispensed buprenorphine prescription following a 30-day buprenorphine-free period.
  - Episodes ended when the days' supply of buprenorphine was exhausted, followed by at least 30 days with no new dispensed buprenorphine.
- We identified primary payer
  - Payer of first prescription for new episodes
  - Payer of last prescription for ending episodes
- Other data
  - Effective dates of unwinding from Kaiser Family Foundation
  - Calculated magnitude of unwinding in each state, using Medicaid enrollment data by month from Centers for Medicare and Medicaid Services and state population from the Census Bureau

Analysis

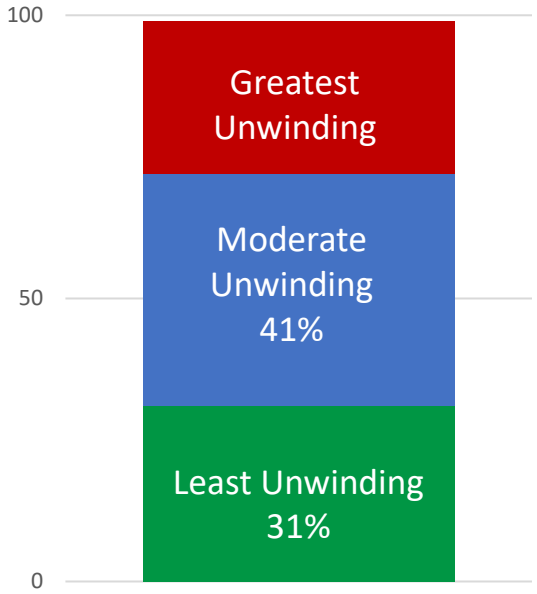
- Compared state Medicaid enrollment rate, defined as the monthly share of the state population enrolled in Medicaid, in the month before unwinding began to December 2023 enrollment rate, creating terciles for the magnitude of unwinding
- Calculated number of buprenorphine episodes starting and ending in each month January 2021 to December 2023
- For each state, calculated the relative change in new and ending buprenorphine episodes six months before and six months after unwinding, overall and by payer
- Stratified event-time analyses examined differences in new buprenorphine episodes and buprenorphine episodes ending in states with greatest, moderate and smallest decline in Medicaid enrollment

Extent of Medicaid unwinding varied across states

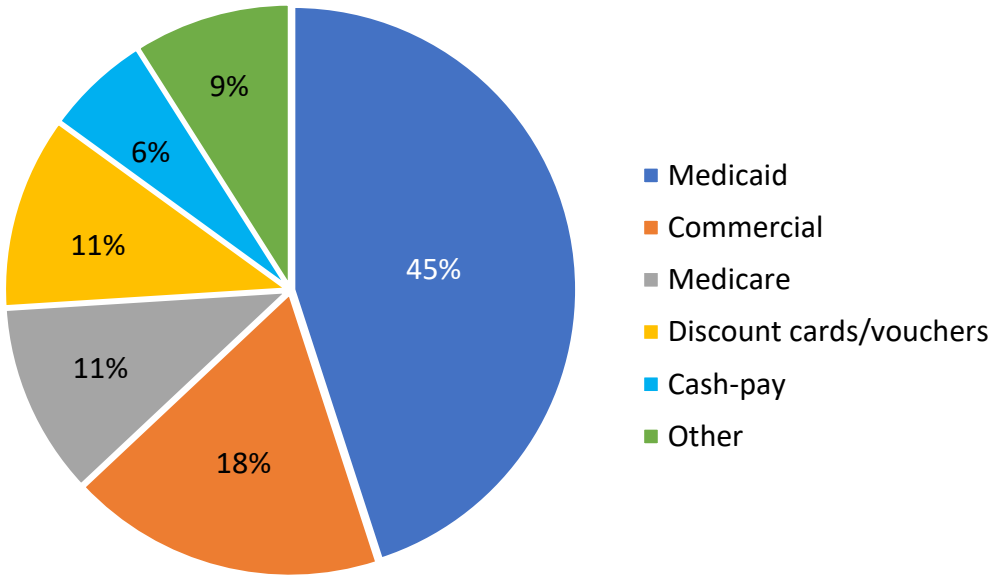


Results

We identified 3.6 million buprenorphine treatment episodes among 2.2 million individuals.

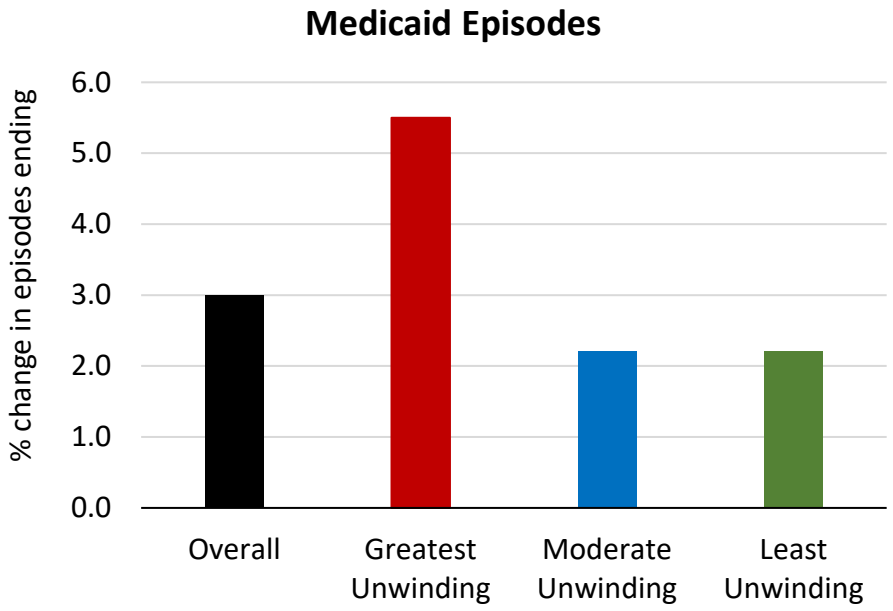


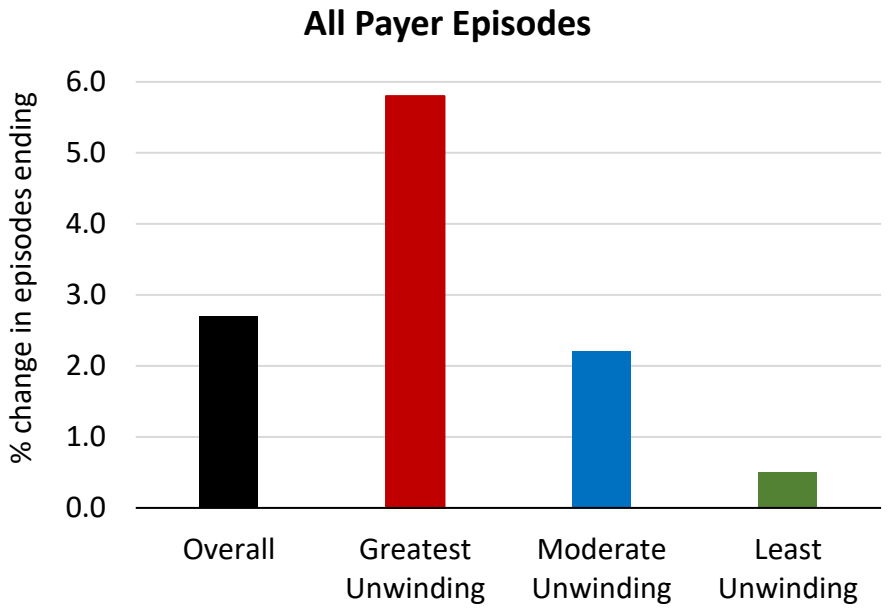
State Distribution



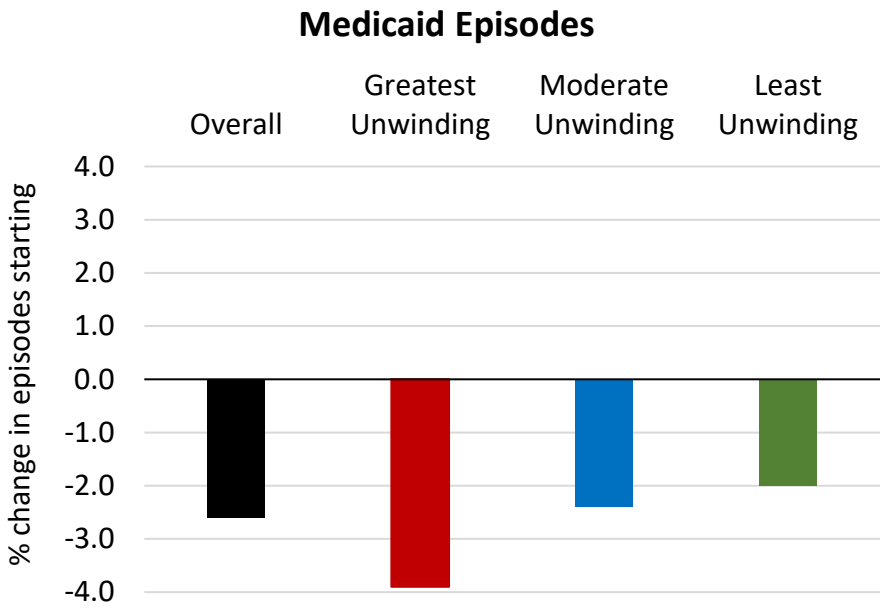
Payer Distribution

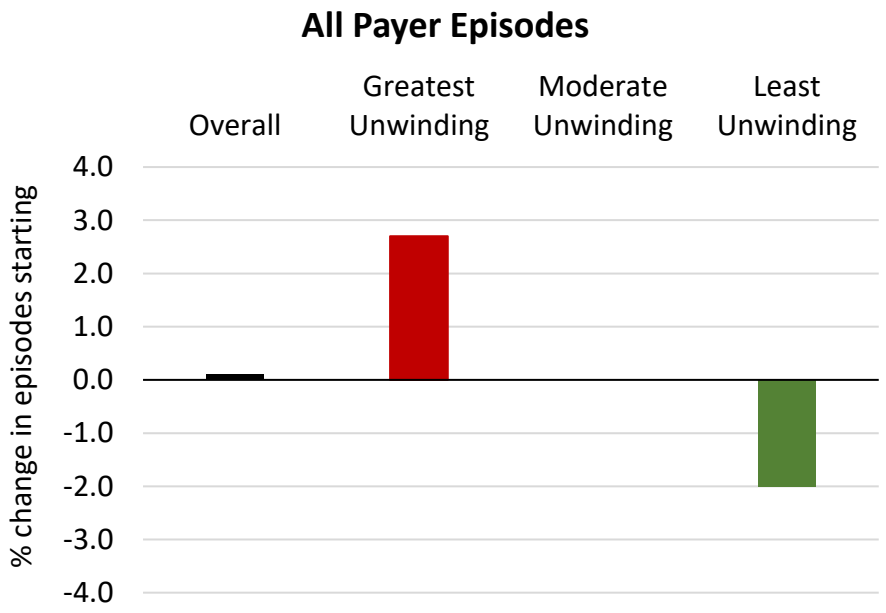
States with most unwinding had greatest increase in number of Medicaid and All Payer buprenorphine episodes ending





States with most unwinding had greatest decrease in number of Medicaid buprenorphine episodes starting





Unwinding associated with an increase in Medicaid episodes ending and decrease in new episodes

Limitations and considerations

- We only observe retail buprenorphine prescriptions dispensed in the initial months after Medicaid unwinding began through December 31, 2023
- Start of unwinding disenrollment varied across states ranging from April through October of 2023; 39 states (n=39) implemented unwinding by June 2023 providing six months of post-unwinding data
- We do not know if our findings are generalizable to pharmacies not captured in the IQVIA data or non-pharmacy settings dispensing buprenorphine

Takeaways

Medicaid continues to be primary payer for buprenorphine treatment of opioid use disorder

Medicaid disenrollment was associated with more episodes ending and fewer starting

Impact was greatest in states with the highest rates of disenrollment

Changes in Medicaid buprenorphine episodes appears not to be compensated for by changes among other payers: overall increase in episodes ending and negligible increase in new episodes

Thanks and Contact Information

Email: stein@rand.org

OPTIC website:

Disrupting Cycles of Chronic Illness and Incarceration

Gabrielle de la Guéronnière, JD
Vice President of Health & Justice Policy
Legal Action Center

What We'll Discuss Today

- The significant unmet health, including substance use disorder, care needs of people in the criminal legal system
  - The role of Medicaid in advancing better health and reentry outcomes
    - The Medicaid Reentry initiative
      - Our learnings so far
      - Opportunities to leverage and challenges to navigate
- Questions, discussion, and next steps

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The Health Needs of People in the Criminal Legal System

Setting the Context

Most people leaving prisons/jails have significant unaddressed health needs, including substance use disorders (SUD)

Behind the walls, effective health interventions are seriously under resourced and largely unavailable

- Community-based providers are largely unable to provide in-reach health care services to incarcerated people due to the Medicaid “inmate exclusion” provision

Black and brown people are overrepresented at every stage of the criminal legal system and, coupled with systemic racism in the health care system, have disproportionate unaddressed health needs

In addition to worsening health outcomes, many people are rearrested and reincarcerated because of unmet SUD and mental health care needs

Coverage/Care Disruptions at Reentry Increase the Likelihood of Harm

Disruptions in health coverage and critical care access at reentry are extremely dangerous to people returning home

- Within the first two weeks of release, reentering people are 120 times more likely than other people in the community to die of an overdose
- People who have spent time in prison were 62% more likely to die by suicide than people who had not been incarcerated
- People leaving incarceration have higher rates of HIV/AIDS and hepatitis C, which also has an impact on the health of families and the community.

However, research has shown that access to Medicaid at reentry, a critical means of accessing health care, can reduce recidivism

- With the ACA's expansion of Medicaid eligibility, most incarcerated people are eligible for Medicaid

Landscape of Recent Medicaid Reentry Activity

Policymaker Interest in Better Leveraging Medicaid to Improve Health/Justice Outcomes

State and local policymakers and stakeholders around the country have led the way in adopting reforms aimed at improving health coverage and care access at reentry; this activity and interest drove federal policymaking

- Includes health, corrections, and law enforcement leadership

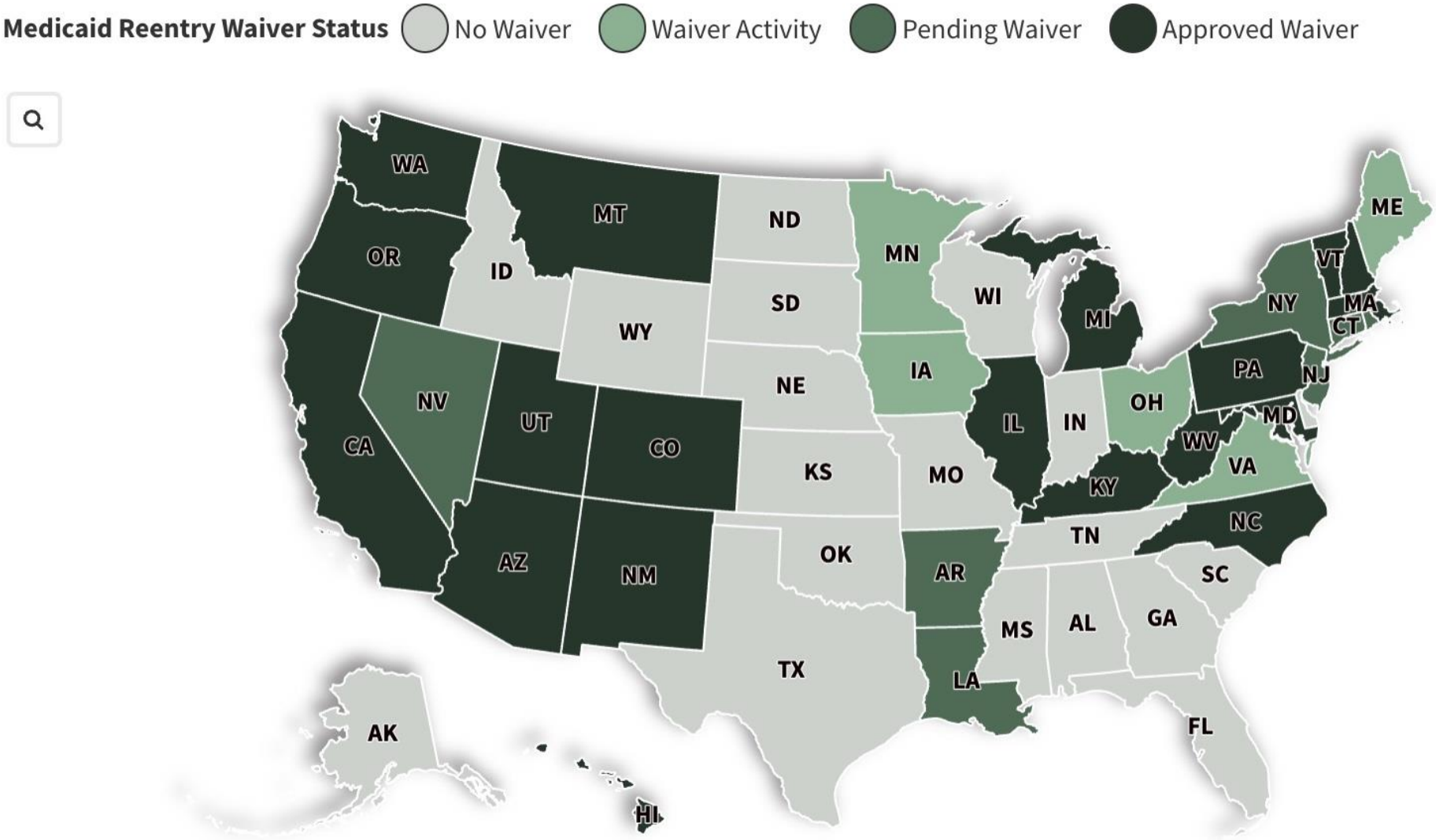
Recent federal policy developments

- 2018 *SUPPORT Act* provisions which led to the 2023 CMS section 1115 Medicaid reentry opportunity
- Youth reentry provisions in *the Consolidated Appropriations Act of 2023*
- Provisions in *the Consolidated Appropriations Act of 2024* to require states to suspend, not terminate, Medicaid, and that HHS issue state planning grants
    - None of these provisions would have become law without bipartisan support

More on the Recent Medicaid Reentry Opportunity

- Encourages states to develop demonstrations aimed at strengthening care transitions for people preparing to leave incarceration
    - Preventing overdose and expanding SUD care access at reentry are central goals
- Required covered services:
    - Medications for opioid use disorder
    - 30 days of medications post-release
    - Case management services
        - An important employment opportunity for peers
- For the first time allows for federal Medicaid dollars to finance care provided to people who are preparing to return home from incarceration up to 90 days prior to release
    - Opportunity for 90% federal reimbursement for people eligible under the ACA Medicaid coverage expansion

Medicaid Reentry State Waivers



State Medicaid Reentry Activity: Themes

- **Nineteen diverse states** have received federal approval for their Medicaid reentry waivers, with several others in process
- Geographic diversity
  - Includes states from the Northeast, Southwest, West, Southeast and Midwest
- Political diversity
  - Includes six states with Republican governors
- States with rural areas and large urban centers
- Includes states with the most and least racially diverse populations
- However:
  - All are states that have expanded Medicaid
  - Few of the states with the highest incarceration rates are included

What We Know and What Might Be Next

- There is strong varied interest in Medicaid reentry around the country
- Even in states without Medicaid expansion, there is significant work to strengthen access to SUD and other needed health care for people coming home from incarceration
    - It is important to learn from the strategies they have developed
- Implementation is very complex and we are still in the early days
- Although there is significant uncertainty at the federal level, we do anticipate that the approved Medicaid reentry waivers will continue to move forward
- Any Medicaid cuts, changes to the structure of the program, or policies that would restrict eligibility, including through work requirements or by effectively ending the Medicaid expansion, would harm people with SUD and put people, including those leaving incarceration, at even greater risk for death by overdose or suicide
- There is strong consensus about the need to strengthen reentry and health outcomes and about Medicaid's critical role in that work. We must continue to emphasize these shared goals.

Challenges and Opportunities in State Policy to Address the Opioid and Substance Use Crisis

Katie Greene, MPP
Director of Public Health
National Academy for State Health Policy (NASHP)

About NASHP

The National Academy for State Health Policy (NASHP) is a not-for-profit organization committed to developing and advancing state health policy innovations and solutions.

NASHP provides a unique forum for the productive exchange of strategies across state government, including the executive and legislative branches.

Mission: To improve the health and well-being of all people across every state.

How NASHP Supports State Leaders in Addressing the Opioid and Substance Use Crisis

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How NASHP works with states

- Track state policies and identify innovations at the state level
- Facilitate forums for state-to-state exchange and problem solving
- Provide technical assistance and support for state leaders
- Identify and share best practices

SOS Network: Ongoing forum with **41 states** for state-to-state learning and discussion of the opioid settlement spending process

Discuss emerging challenges and promising practices related to opioid settlement administration, such as:

- Strategies for collaborating with local and tribal partners
- Promoting transparency and accountability of funding
- Ensuring that settlement funding supports evidence-based practices
- Using settlement funds to advance substance use priorities

State Policy Landscape for SUD/OUD

States are advancing policies to strengthen prevention, treatment, recovery, and harm reduction systems across the continuum of care.

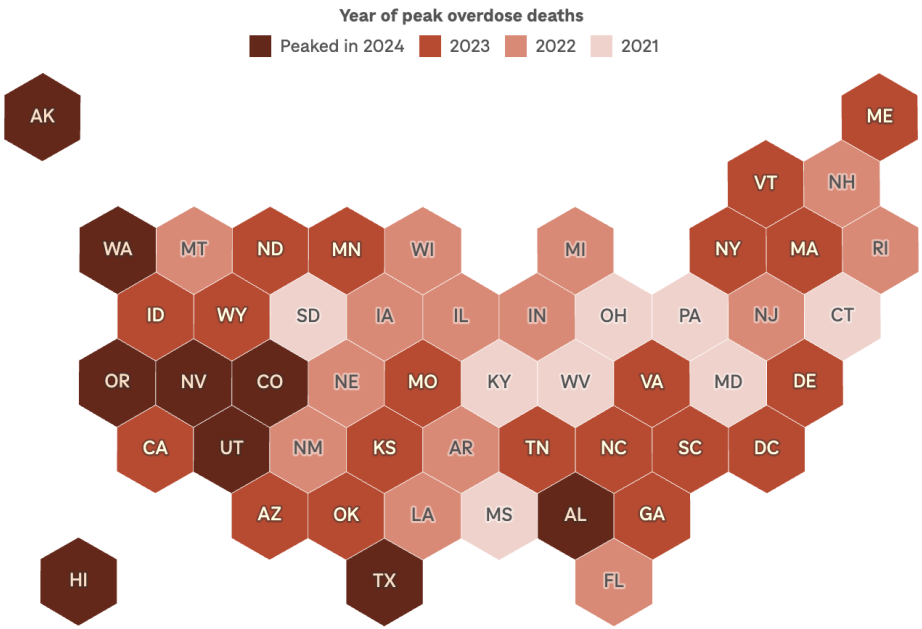
Key challenges and priorities include:

- **Adapting to an evolving crisis and emerging threats (fentanyl, xylazine, etc.)**
- **Improving the health of all communities**
- **Ongoing challenges to the behavioral health workforce**
- **Integrating SUD into systems of care (crisis continuum, CCBHCs, primary care)**
- **Coordination across health and social service agencies and multiple priorities**
- **State budget challenges and funding uncertainty**

What Does the National Drop in Opioid Deaths Tell Us?

Drug overdose deaths peaked at different times across the U.S. They're now down everywhere

A band of states across Appalachia — Kentucky, West Virginia, Ohio, Pennsylvania and Maryland — all saw overdose deaths peak in 2021. West Coast states peaked more recently, but deaths are falling there too.



Source: Nabarun Dasgupta, University of North Carolina at Chapel Hill, based on provisional overdose data compiled by the Centers for Disease Control and Prevention

Credit: Brent Jones/NPR

Map data: Tilegrams/NPR

- 24% decline in overdose deaths nationally between 2023 and 2024
- Reductions not uniform across geography, race and ethnicity
- Causation is tricky – both supply and demand factors
- Action is still needed!

The Growing Role of Medicaid in Addressing the Substance Use Crisis

- Medicaid is the largest payer of SUD/OUD treatment
- Medicaid's covers 40% of people with OUD nationally (KFF)
- Trends driving growth in Medicaid coverage of SUD/OUD services:
  - Medicaid expansion
  - Expanded eligibility
  - Increased coverage of optional SUD services

TABLE 1

Beneficiaries treated for OUD by eligibility category

Eligibility category	Number of beneficiaries	Percentage
Adults	427,867	23.5%
Children	19,893	1.1%
Pregnant women	18,476	1.0%
Aged blind disabled	412,627	22.7%
Expansion adult	930,910	51.2%
Unknown	2,537	<1
Total	**1,816,865**	**100.0%**

Source: Report to Congress: Substance Use Disorder Data Book: Treatment of SUD in Medicaid 2021, December 2023

Note: The 2024 report has not yet been released.

BROOKINGS

FORE

How States Have Used Medicaid to Drive Investment and Innovation

Expanded coverage to priority populations	•People reentering the community from incarceration •Pregnant and postpartum women •Low-income adults
Broadened covered services across the continuum of care	•SUPPORT Act: State Medicaid programs required to cover all 3 forms of MOUD •37 states have implemented SUD-related Section 1115 Demonstration Waivers •States added covered treatment across the continuum of care, including OTP services, contingency management, and recovery support services
Invested in whole person models of care	•States used Medicaid flexibility to advance innovative models of care that support coordination of physical, behavioral, and socials needs of people with SUD •New care delivery models and additional covered services support care navigation, case management, peer supports
Invested in housing and other social supports	•Twenty one states and DC pursued HRSN waivers to allow Medicaid to cover health-related services the support social needs and impact health outcomes •States used waivers and other authorities to cover services related to housing, supported employment, recovery coaches, and other recovery supports
Strengthened behavioral health workforce	•States worked with Medicaid Managed Care Organizations (MCOs) to improve provider networks •In 2024, 34 states reported increasing payment rates for at least one type of behavioral health provider •48 states cover peer recovery support services through Medicaid

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State Medicaid Priorities: Certified Community Behavioral Health Clinics (CCBHCs) and Behavioral Health Integration

CCBHCs are community behavioral health clinic that provide a comprehensive set of mental health and substance use disorder services

- 87% of CCBHCs offer one form of MOUD vs. 64% of treatment facilities nationwide

CCBHCs serve an estimated 3 million people, and serve everyone regardless of insurance status

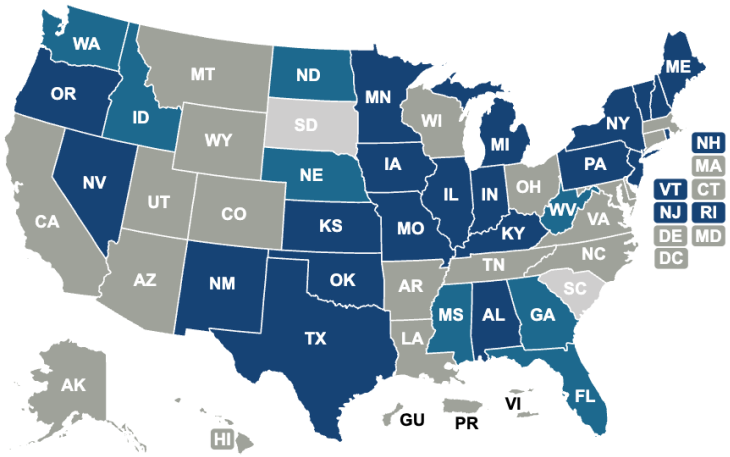
There are over 500 CCBHCs operating across 46 state, DC and Puerto Rico

CCBHCs are funded through Medicaid Demonstration Programs, SAMHSA grants, or are implemented independently through a Medicaid state plan amendment or waiver

CCBHCs play an important role in state 988 and efforts to build crisis continuum

Source: National Council for Mental Well-Being 2024 CCBHC Impact Report

CCBHC Clinics by State



For more info: National Council CCBHC Success Center

The Role of Opioid Settlements in State SUD/OUD Systems

The National Picture: An estimated **$55 billion to states, locals, & tribes** over 18 years.

Unique processes in each state for deciding how funds are spent and who gets to decide.

Legacy of tobacco settlement:

- Role of cities/counties
- Must be spent on opioid remediation
- High visibility/public pressure

Trends in Early Settlement Spending

- Community-focused grants
- Harm reduction
- Expanding access to treatment and wrap-around services
- Integration of SUD into primary care, emergency departments, and other settings
- MOUD in corrections and reentry

Check out NASHP's 50-State Tracker: State Opioid Settlement Spending Decisions

State Funding Resources for Substance Use Disorder Treatment

States have a variety of funding resources to support SUD treatment, but using them strategically can be challenging. This infographic summarizes the major sources of SUD treatment funding for states. Get more details about each funding source.

SOURCE	MEDICAID	SUBSTANCE USE PREVENTION, TREATMENT, AND RECOVERY SERVICES BLOCK GRANT (SUBG)	STATE OPIOID RESPONSE (SOR) GRANTS	LEGAL SETTLEMENTS
Administrator of Funds	Jointly financed by states and the federal government and administered by states within broad federal rules.	SAMHSA	SAMHSA	Varies by state (see NASHP's State Opioid Settlement Spending Decisions Tracker)
Funds are required or recommended to be used for:	Federal law requires Medicaid coverage of certain SUD treatment and supportive services for certain populations[1] and requires coverage of all FDA-approved forms of medications for opioid use disorder. For SUD services not federally required, states have the option to determine what other SUD services will be covered in that state, ideally opting to cover the full continuum of SUD services.	SUD treatment and prevention planning, implementation, and evaluation treatment for people who are un- or under-insured	SUD prevention, treatment, and recovery services	Will vary by state; can fund activities and infrastructure that federal grants cannot. Core abatement strategies oftreatment, prevention, harm reduction, and coordination.
Funds cannot be used for:	Services for people who are not eligible for Medicaid. With exceptions noted below, services in behavioral health facilities with 16+ beds. Services that other available insurance will cover.	Inpatient hospitalization treatment for people who are currently incarcerated. No more than 5% for administration. No less than 20% for primary prevention.	No more than 5% for administration of programs that deny services for people on medications for opioid use disorder.	Must be used to address opioid and SUD-related needs; states can impose further limitations.
Coordination with Medicaid	N/A	May use to supplement but not supplant Medicaid treatment services, e.g.: Medicaid should be billed first, but SUBG can be used for non-Medicaid covered or limited services, individuals not covered by Medicaid, or insurance cost-sharing. Cannot be used for infrastructure.	May use to supplement but not supplant Medicaid treatment services, e.g., Medicaid should be billed first, but SOR can be used for non-Medicaid covered or limited services.	May be used flexibly to fill gaps in opioid and SUD-related programs and services.
Funding totals	Varies by state based on covered services and eligible populations	$2 billion in federal fiscal year (FFY) 2024	$1.6 billion in FFY 2024	Approximately $55 billion to states, localities, and Tribes over 18 years

[1] See the section below on Medicaid for additional details about required and optional services.

Considerations for States in a Shifting Policy Landscape

- Importance of coordination across funding streams, blending and braiding of resources
- Demonstrating ROI: emphasis on cost effective, high-impact strategies
- Opioid settlement funds: supplanting vs. sustaining key programs
- Role of waivers in continued flexibility

NASHP Report: Federal & State Funding Sources for Substance Use Disorder Treatment

FORE

Thank You!

Learn more: NASHP Publications related to opioid settlement funding & SUD

[Responding to the Evolving Substance Use Crisis: Key Takeaways from NASHP's Annual Conference]

[Case Studies: State-Level Strategies for Supporting Community-Level Harm Reduction]

[Prevention 101: State Strategies for Preventing Substance Use and Overdose Among Youth and Adolescents]

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Questions and Answers Session

Moderator: Ken Shatzkes, PhD – Program Director, FORE

Jocelyn Guyer, MPP
Senior Managing Director
Manatt Health

Bradley Stein, MD, PhD
Director of the Opioid Policy, Tools, and Information Center (OPTIC)
RAND

Gabrielle de la Guéronnière, JD
Vice President of Health & Justice Policy
Legal Action Center

Katie Greene, MPP
Director of Public Health
National Academy for State Health Policy (NASHP)

Take Care of Yourself!
Thank You For Your Work!

General inquiries: info@ForeFdn.org

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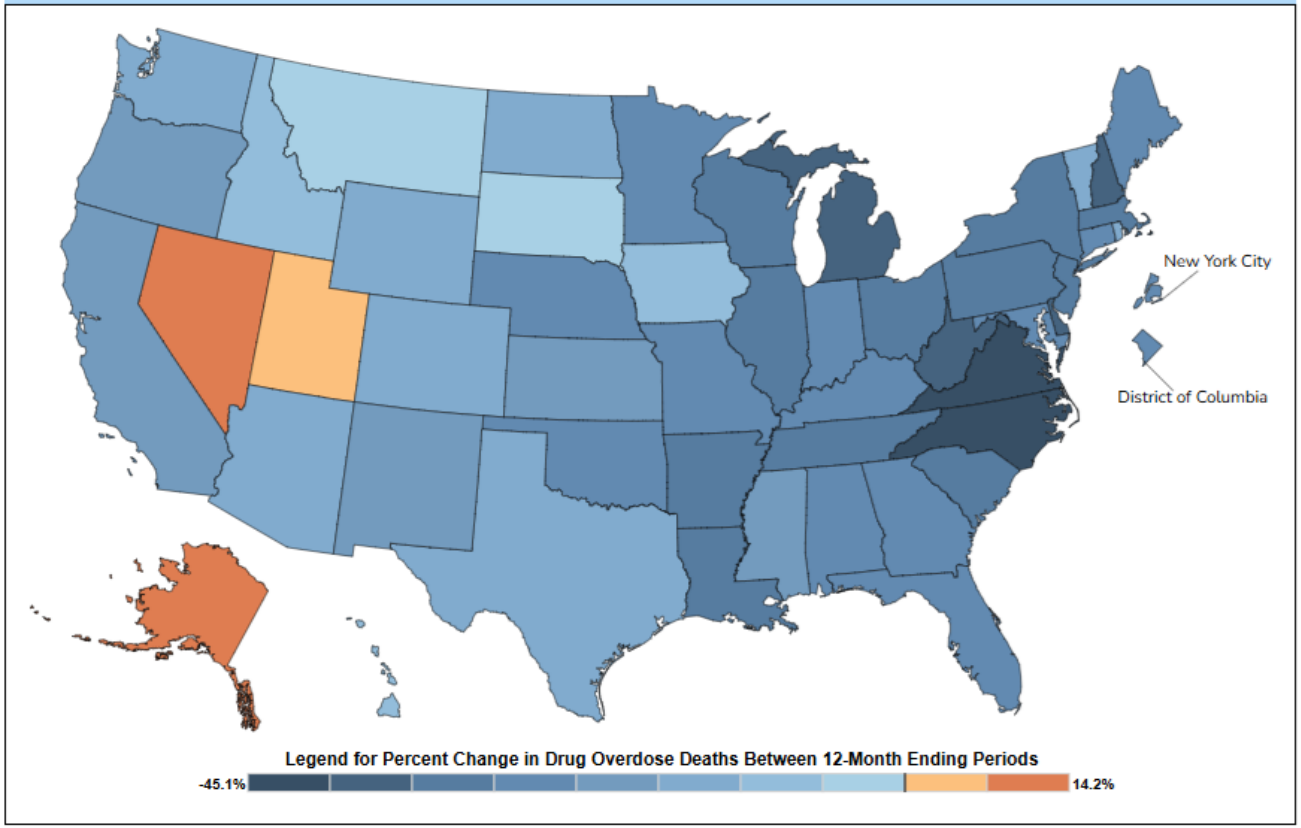
Fatal Drug Overdoses Have Declined at Historic Rate Over the Past Year

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: October 2023 to October 2024



Select predicted or reported number of deaths

- (●) Predicted
- ( ) Reported

Percent Change for United States

-25.5

Source: U.S. Centers for Disease Control and Prevention

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