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## Addressing the Opioid Crisis Federal Funding and Opportunities for Health and Housing Collaboration

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### Introduction

Health centers are increasingly addressing the social determinants of health for their patient population through partnerships and linkages to local housing and service resources. There are a variety of state and federal resources available to aid health centers in providing services and housing connections to patients they treat with Opioid and substance use disorders. This brief will describe the role of single state authorities (SSAs) who are responsible for managing the publicly funded substance abuse prevention, treatment and recovery system, new federal funding targeting the opioid crisis and opportunities for collaboration in your community.

### Single State Authorities

In the last few years, there has been an increased amount of federal funding available to states to address the opioid crisis.<sup>1</sup> All states and territories have an SSA to oversee and manage the publicly funded substance use and alcohol treatment system.<sup>2</sup> SSAs often regulate and fund private services as well. The SSA could be a Cabinet level agency, within the state Medicaid agency, or embedded in a behavioral health, mental health or public health agency. Their primary role is to promote and ensure the highest quality of care by licensing treatment and recovery services and certifying professionals who provide these services. SSAs also develop annual state plans, needs assessments, gaps analyses, and manage substance use treatment funding and block grants.<sup>3</sup>

SSAs, through the agencies they fund, provide:

#### Prevention

- Public Awareness Campaigns
- Life Skills Training
- Community Coalitions
- Naloxone Education Programs
- Prescription Drug Education

#### Treatment

- Residential Services
- Outpatient Care
- Inpatient Care
- Medication-Assisted Treatment

#### Intervention

- Outreach Programs
- Naloxone Distribution
- Syringe Service Programs
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Detoxification Programs

#### Recovery

- Recovery Coaching
- Recovery Housing
- Mutual Aid Groups
- Childcare Services
- Re-entry Support Programs

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<sup>1</sup> <https://www.hhs.gov/about/news/2019/09/04/state-opioid-response-grants-by-state.html>

<sup>2</sup> <https://nasadad.org/ssa-web-sites/>

<sup>3</sup> <https://nasadad.org/state-fact-sheets/>

## Federal Funding Targeting the Opioid Epidemic

SSAs manage the funding streams for the substance use disorder (SUD) system, which is financed by a federal substance abuse prevention and treatment block grant, state general revenue funds, Medicaid, special funds or tax earmarks, foundation grants, and discretionary grants from the Center for Medicare and Medicaid Services (CMS), U.S. Department of Housing and Urban Development (HUD) and Substance Abuse and Mental Health Services Administration (SAMHSA).<sup>4</sup> State Opioid Response (SOR) grants, for example, are intended to increase access to Medication Assisted Treatment (MAT), reduce unmet treatment needs and reduce opioid overdose related deaths. States have flexibility within these funding streams to address local needs.

In November 2018, Congress passed the “Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act” or the “SUPPORT for Patients and Communities Act.” The SUPPORT Act for the first time mandated Medicaid to provide coverage for MAT as well as:

- Counseling and behavioral health services related to MAT;
- Providing substance use disorder treatment via telehealth;
- Providing options for treating and managing beneficiaries’ pain through non-opioid options;
- Promoting harm reduction strategies;
- Requiring the U.S. Department of Health and Human Services (HHS) to provide technical assistance to states to develop and coordinate housing related supports and services under Medicaid for enrollees with substance use disorders;
- Requiring HHS to issue best practice guidelines for recovery housing facilities; and
- Authorizing pilot and demonstration pilots for states to experiment with ways to expand health provider capacity.

### The Support Act of 2018

[H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment \(SUPPORT\) for Patients and Communities Act](#)

The Support Act also expanded Medicare coverage to include opioid treatment programs for the purpose of delivering MAT to Medicare beneficiaries. Currently, opioid treatment programs are not recognized as Medicare providers, meaning that Medicare beneficiaries receiving MAT must pay out-of-pocket for that treatment.

Of particular note, the Support Act authorized \$6 million for Federally Qualified Health Centers (FQHCs) and \$2 million to Rural Health Clinics to expand access to addiction treatment including prevention, intervention, treatment and recovery services.

From FY 2016 through FY 2019, the Health Resources and Services Administration (HRSA) awarded \$844 million in targeted, ongoing grant funding for the expansion of substance use disorder and mental health services to health centers. This includes \$200 million, awarded through the FY 2019 Integrated Behavioral Health Services (IBHS) supplement in August 2019, to 1,208 health centers across the nation. IBHS funding will increase access to high quality, integrated behavioral health services, including mental health and SUD prevention and treatment services. Because of these investments, the number of health center providers eligible to prescribe MAT increased nearly 190 percent and the number of patients receiving MAT increased 142 percent.

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<sup>4</sup> For more information on SSAs and federal funding, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) is a non-profit organization whose basic purpose is to foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every State. [www.nasadad.org](http://www.nasadad.org).

This HRSA supplemental funding is an opportunity to:

- Expand addiction treatment and recovery services;
- Hire and train staff with more SUD expertise;
- Adapt service models to facilitate recovery;
- Build in telehealth;
- Get new equipment;
- Pay for patient's transportation; and
- Purchase buprenorphine.<sup>5</sup>

These additions will enhance the opportunity to create partnerships with the substance use disorder system.

## Health Center Collaboration with the Primary Care and the Substance Use Disorder System

Health centers provide comprehensive primary care, preventive services, chronic disease management and support services to underserved populations. Health Care for the Homeless (HCH) grantees are required to offer addiction services. Because health centers serve as safety net providers across the country, they are uniquely positioned to provide treatment to high needs clients. Primary Care Associations (PCAs) provide training and technical assistance to safety net providers. <https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/associations.html>. It is highly encouraged that health centers collaborate with PCAs in their region to ensure comprehensive best practice addiction services.

The HCH model of care incorporates harm reduction, low barrier access to treatment, integrated care, a comfort level with behavioral health issues and substance use disorders, and familiarity with trauma. Health centers can leverage this expertise by collaborating with traditional substance use providers, hospitals and insurers who may struggle with high-need clients.

Alameda County HCH developed a StreetHealth Team using HRSA funding. The multi-disciplinary team works out of a small mobile unit lead by a psychiatrist and includes a substance use credentialed nurse and outreach workers. The team developed close partnerships with the county hospital's emergency department and MAT clinic and organizations which have similar philosophies regarding harm reduction and care for people experiencing homelessness. Please click on this link below to learn the steps Alameda County HCH took to implement this program:

<https://bphc.hrsa.gov/qualityimprovement/promising-practices/alameda-county-health-care>

For those health centers who are not already providing MAT or other substance use disorder treatment, they may need to consider adding or maximizing MAT services, using the full care team for addiction treatment, complementing the work of clinical providers, and overcoming internal stigma with clinical staff who may not want to, or feel capable of, treating patients with addiction disorders.

### **Opportunities for Collaboration**

- Get to know your state's substance abuse system, its regulatory requirements and substance use disorder (SUD) service providers.
- Look for opportunities to build relationships with single state authorities (SSAs) and SUD providers, such as serving on advisory boards or applying for requests for proposals.
- Participate in local needs assessments.
- Determine what SUD services you can provide, especially for high-need clients.
- Partner with community SUD providers and provide training and mentoring for their staff.
- Work with your regional PCA.

<sup>5</sup> <https://www.hhs.gov/about/news/2019/08/08/hhs-awards-nearly-400-million-to-combat-opioid-crisis.html>

Health centers can access MAT waiver training and mentoring through SAMSHA/PCSS:  
<https://pcssnow.org/>

## Health Center and Homeless System Connections

Health centers are serving many individuals who have a connection to the homeless system. Health centers can improve communication and care coordination with Continuum of Care (CoC)<sup>6</sup> funded shelter and housing providers for tenants who are receiving addiction treatment. Health centers can provide accurate information to housing and shelter providers on the treatment needs of tenants; for example, when an individual needs to have access to medication that a shelter might otherwise ban. Because the need for addiction treatment is so great in many places, health centers can expand access to evidence-based addiction treatment and work with supportive housing providers to expand harm reduction based programs.

Daily Planet Health Services in Richmond, VA expanded its MAT program after seeing a rise in opioid-related deaths. They started a pilot for a shared medical appointment SUD treatment group and created weekly psychotherapy groups with behavioral health therapy as the cornerstone of treatment. Using HRSA funding, they expanded their program, and hired a certified peer recovery specialist to support peers in recovery. They also partnered with housing organizations, shelters, prison re-entry programs and SUD/recovery-focused organizations to actively serve people who could benefit from the MAT program. <https://bphc.hrsa.gov/qualityimprovement/promising-practices/daily-planet-health-services>.

### *Health and Housing Connections*

*Health care providers can* – obtain provider waivers; incorporate MAT into treatment; overcome internal stigma and discomfort; maximize full care team; work with hospitals and insurers; and communicate with patients' shelter/housing providers.

*Housing providers can*– ensure clients are engaged in care; identify and support health-related goals; allow/store medications; be flexible to allow for treatment/therapy groups; be sensitive to triggers/relapses; and communicate with client's health care providers.

The SUPPORT Act also makes it clear individuals can leave residential treatment to enter a recovery housing option. Long-term affordable housing options will be needed for many of the people served by these expanded opportunities. Leaders in the addiction treatment field will become more motivated to ensure safe affordable housing options for the people they serve, either post addiction treatment and/or post recovery housing. COCs and other housing leaders will need to leverage strong pathways of collaboration with health centers for addiction treatment and behavioral health services, at the systems, programs, and person-centered levels.

## Conclusion

The confluence of federal funding targeted to treating opioid addiction and enhanced HRSA funding for health centers makes this an opportune time to work closely with CoC funded providers and other mainstream services to expand treatment options for individuals who are homeless.

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<sup>6</sup> <https://www.hudexchange.info/programs/coc/>

## ABOUT CSH

CSH is the national champion for supportive housing, demonstrating its potential to improve the lives of very vulnerable individuals and families by helping communities create over 335,000 real homes for people who desperately need them. CSH funding, expertise and advocacy have provided \$1 billion in direct loans and grants for supportive housing across the country. Building on nearly 30 years of success developing multi and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. Visit us at [csh.org](http://csh.org).

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To learn more about HRSA's SUD and Opioid efforts, please visit the HRSA Opioid webpage:

<https://www.hrsa.gov/opioids> and the BPHC/SUD webpage:

<https://bphc.hrsa.gov/qualityimprovement/clinicalquality/substance-use-disorder-primary-care-integration>