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Advocating for Harm Reduction Funding Sustainability

Featuring **Brett Beckerson**
and **Becky Tinney**

Thursday, December 7th 3:00 pm – 4:30 ET

Today's Presenters



Brett Beckerson, MSW
Senior Director, Public Policy & Advocacy
National Council for Mental Wellbeing



Becky Tinney LMSW, LCDC, CPS
Director of Special Projects
Recovery Resource Council

Agenda

Topic: Advocating for Harm Reduction Funding Sustainability

- Overview of Health Care Funding
 - Federal, state, and local funding
 - Parameters for funding types
- Example Harm Reduction Funding
 - Opioid settlement funds
 - The CCBHC model
- Advocacy
 - How to advocate
- Q&A



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Overview of Health Care Funding

Types of Health Care Funds



- Medicare
- Medicaid

Rivers & Streams



- Grants (e.g., block grants)
- Opioid settlement funds
- Public-Private partnerships

Ponds & Lakes



- Philanthropic funds
- Line-item Funding (Pilot projects)

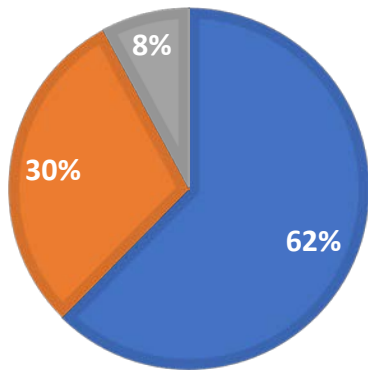
Pools & Puddles

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Federal Health Care Funding

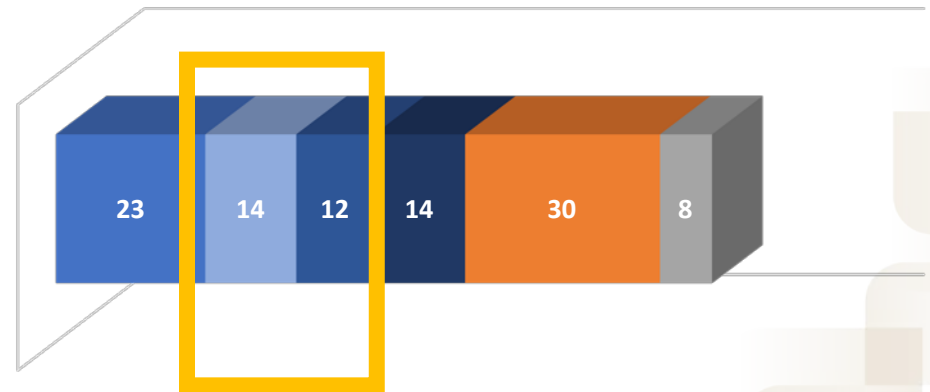
TYPES OF FEDERAL SPENDING

- Mandatory
- Discretionary
- Net Interest



COMPONENTS OF FEDERAL SPENDING

- Social Security
- Medicare
- Medicaid
- Other
- Discretionary
- Net Interest



Source: <https://www.cbpp.org/research/policy-basics-introduction-to-the-federal-budget-process>

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Medicare & Medicaid (Payors)

Medicare

- Administered federally
- Federally funded
- Enrollees
 - People 65+
 - Some people with disabilities under 65
- Consistent nationally
- Primary payor

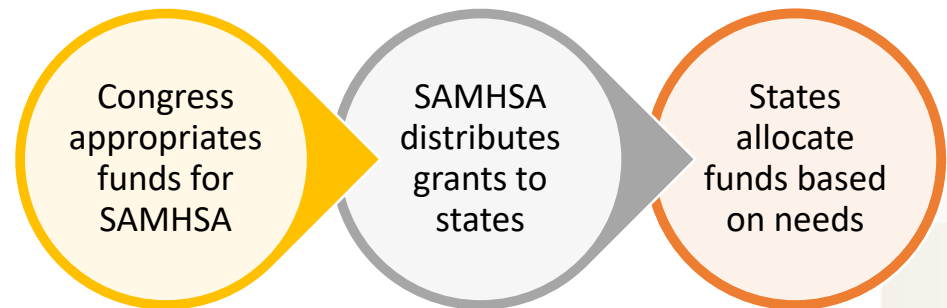
Medicaid

- Administered by the state
- Jointly state and federally funded
- Enrollees
 - Low-income adults
 - Pregnant persons
 - Children (CHIP)
- Varies by state
- Payor of last resort

Federal Grants

Populations served by block grants

- (MHBG) Comprehensive community-based mental health services for adults with SMI and children with SED
- (SUPTRS) Services for persons with or at risk of having SUD
- (SUPTRS) Services for persons with SUD who are at risk of contracting communicable diseases
- (SUPTRS) Services for individuals in need of substance use primary prevention



<https://www.samhsa.gov/sites/default/files/fy24-25-block-grant-application.pdf>

American Rescue Plan Act (ARPA)

Unprecedented \$30M for Harm Reduction Grant: Access to a range of community harm reduction services and support harm reduction service providers as they work to help prevent overdose deaths and reduce health risks often associated with drug use.

- **Anticipated Total Available Funding:** Up to \$9,750,000 per year or \$29,250,000 over 3 years
- **Anticipated Number of Awards:** 25 awards
- **Anticipated Award Amount:** Up to \$400,000 per award per year
- **Length of Project:** Up to 3 years

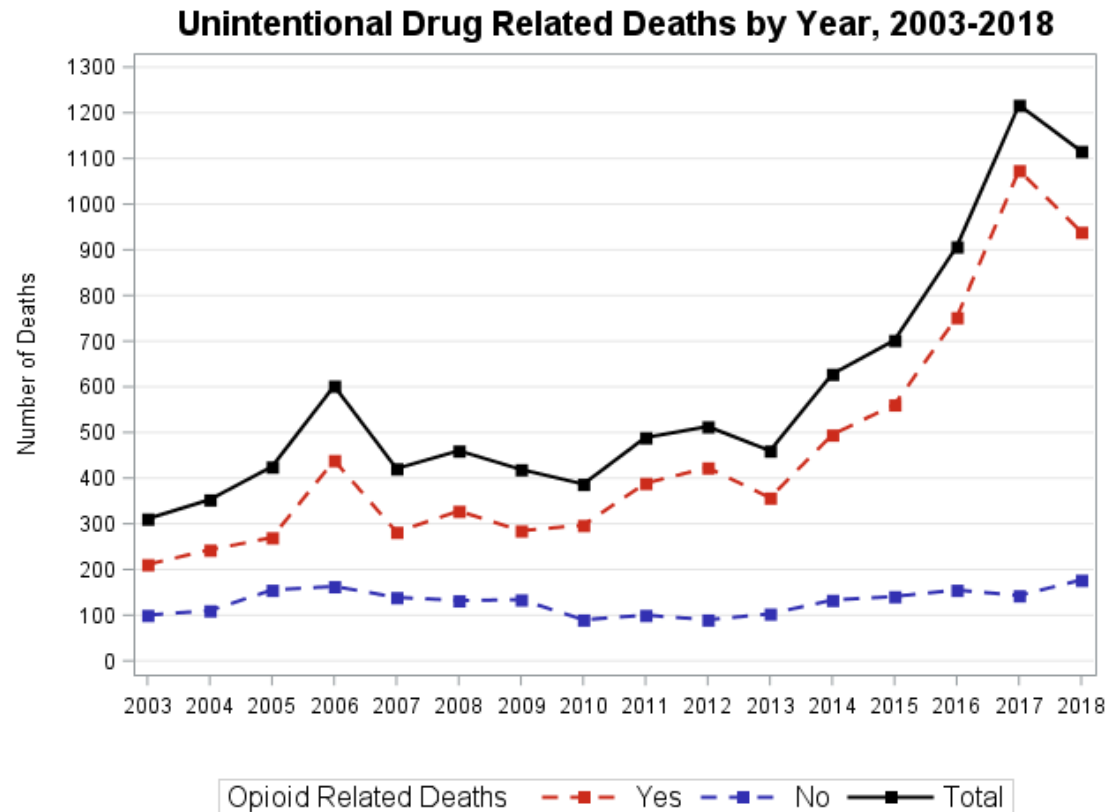
Award Number	Organization	City	State	Amount	Award FY	NOFO	
SP083017-01	LOST DREAMS AWAKEN CENTER	NEW KENSINGTON	PA	\$398,158	2022	SP-22-001	+
SP083038-01	MILE HIGH COUNCIL ON ALCOHOLISM AND DRUG ABUSE	DENVER	CO	\$398,960	2022	SP-22-001	+
SP083053-01	LAKEVIEW CENTER, INC.	PENSACOLA	FL	\$350,259	2022	SP-22-001	+
SP083061-01	VIP COMMUNITY SERVICES	BRONX	NY	\$398,960	2022	SP-22-001	+
SP083111-01	NEW ORLEANS AIDS TASK FORCE, INC.	New Orleans	LA	\$398,960	2022	SP-22-001	+
SP083119-01	TARZANA TREATMENT CENTERS, INC	TARZANA	CA	\$398,960	2022	SP-22-001	+
SP083148-01	KANSAS CITY CARE CLINIC	KANSAS CITY	MO	\$398,960	2022	SP-22-001	+
SP083149-01	IMPACT LIFE INC.	NEWARK	DE	\$398,960	2022	SP-22-001	+

https://www.samhsa.gov/grants/grants-dashboard?f%5B0%5D=by_nofo_number%3ASP-22-001&page=0%2C1

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Line-item Funding (Locally)

- “The number of fatal unintentional drug related overdoses would be higher if not for availability of the overdose reversal drug, naloxone.” - [2019 Philadelphia Opioid Misuse and Overdose Report](#)
- In 2018, the Mayor appropriated “Funds for the distribution of naloxone by City agencies and community partners to directly save lives from overdose”



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Additional Insights for Providers on Health Care Funding



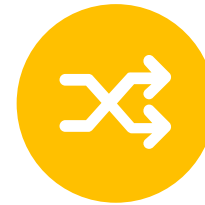
Medicare & Medicaid
follows the person



Grants and payors have
requirements for
compliance



Partnership & local funds
support community-
tailored approach



Blending & Braiding
funding at the provider
level is key

Example Harm Reduction Funding



Opioid Settlements

Settlement overview and background:

- A [settlement of \\$26 billion](#) was reached in late July.
 - there's \$21 billion from McKesson, Cardinal, and AmerisourceBergen, which is to be distributed to states over 18 years; and
 - \$5 billion from Johnson and Johnson over 9 years.
- National Council is part of a [group of public health organizations](#) that worked to craft principles for use of these settlement dollars. In the settlement agreement are “approved uses,” which reflect these principles.

Use of these dollars by states:

- 70% of these dollars must be used for future treatment for persons with opioid use challenges (i.e., opioid remediation),
- The remaining amounts may be used for debt caused by the opioid crisis and for related funds.
- These nuances and flexibilities of these funds may vary state-by-state given [plans that states have for those dollars](#).

Calculation of settlement amounts:

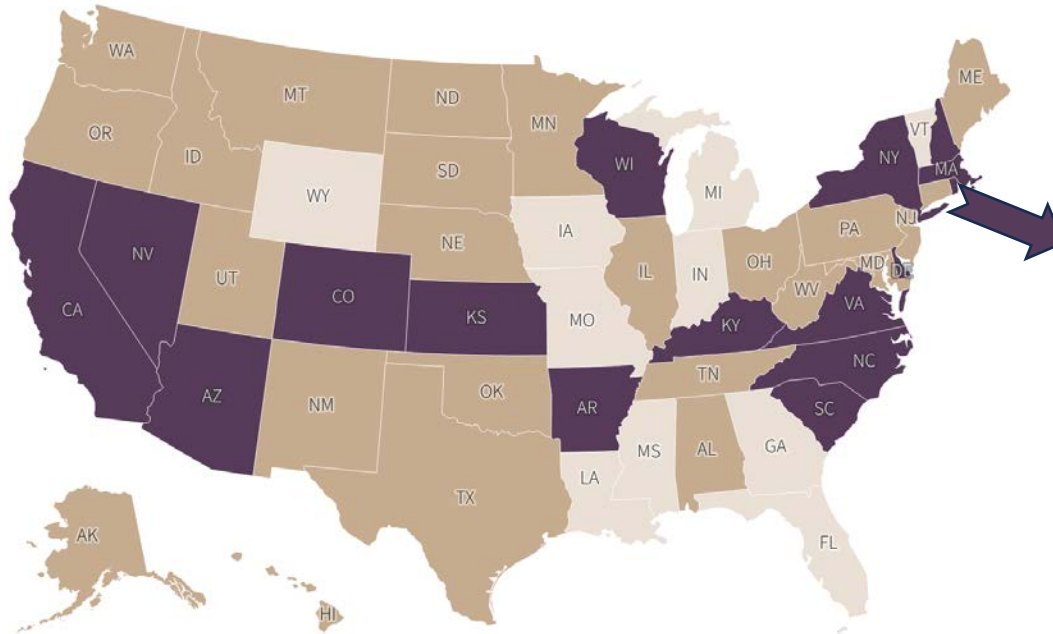
- The calculation is based off populations with a current opioid use disorder (33%), population of people who have died from an opioid-related overdose (33%), and amount of these pain relievers prescribed in the state (33%).

<https://www.opioidsettlementtracker.com/settlementspending>

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Where can you apply for opioid settlement funds?

Reuters reached out to all 50 states and the District of Columbia to ask whether they had a process for organizations to apply for funding from the settlements. It also looked for information available online about funding applications.



● Has a public application process ● Does not have a public application process ● Did not respond

Source: Reuters survey as of June 16, 2023. <https://www.reuters.com/business/healthcare-pharmaceuticals/groups-fighting-us-opioid-crisis-settlement-money-can-be-hard-come-by-2023-06-17/>

Solicitation of Interest: Provision of Harm Reduction Services Via Telemedicine

Overview: Funding for a not-for-profit licensed medical practice to increase access to low-threshold harm reduction services via telemedicine, especially for areas of NYS with a lack of available services for PWUD

Funding Amount: \$1,000,000 for two years

Status: RFA released and closed; applications under review



Request for Applications: Expanding Harm Reduction Services for Priority Populations Who Use Drugs

Purpose: Enhance culturally-informed harm reduction services for Black, Indigenous, and other People of Color (BIPOC); Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, (LGBTQI+) individuals; pregnant and parenting individuals; adolescents and young adults (age 15-24); older adults; (age 50+); veterans; houseless/homeless; and individuals who are involved with the criminal legal system

Required workforce element: Employ staff/peers that represent the priority population and are people of recent lived/living experience of using drugs

Eligible entities: Syringe exchange programs, drug user health hubs, OASAS licensed programs, OMH licensed programs, community-based organizations, local government and public health agencies, hospitals, health care systems, primary care networks, and academic institutions

Funding Amount: \$7,500,000 for two years

Status: 43 applications received and under review



<https://oasas.ny.gov/system/files/documents/2023/10/doh-settlement-funding-overview-101323.pptx>

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The CCBHC Model



Staffing



Availability & Accessibility of Services



Care Coordination



Scope of Services



Quality & Other Reporting



Organizational Authority, Accreditation & Governance

A CCBHC is a specially-designated clinic that receives flexible funding to expand the scope of mental health and substance use services available in their community to ensure health equity and high-quality care for underserved populations.

- CCBHCs are **required to serve everyone** regardless of insurance status or diagnosis
- CCBHCs must meet **timeliness of access standards**, including **immediate response for crisis needs** and access within 10 days or less for routine needs
- CCBHCs must **directly provide or ensure access to an array of crisis response services and supports**, including 24/7 mobile crisis response and crisis stabilization
- CCBHCs must **partner and coordinate with other entities involved in crisis response** (e.g., law enforcement, emergency departments)

<https://www.thenationalcouncil.org/our-work/ccbhc/>

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Updated Criteria Areas of Focus

Crisis Care

- Required coordination with 988 crisis center serving the CCBHC service area
- Updated crisis service requirements to align with SAMHSA's National Guidelines, including coordination with area air traffic control and urgent care/crisis walk-in capacity, aligned mobile crisis response with guidelines

Responding to Overdose Epidemic

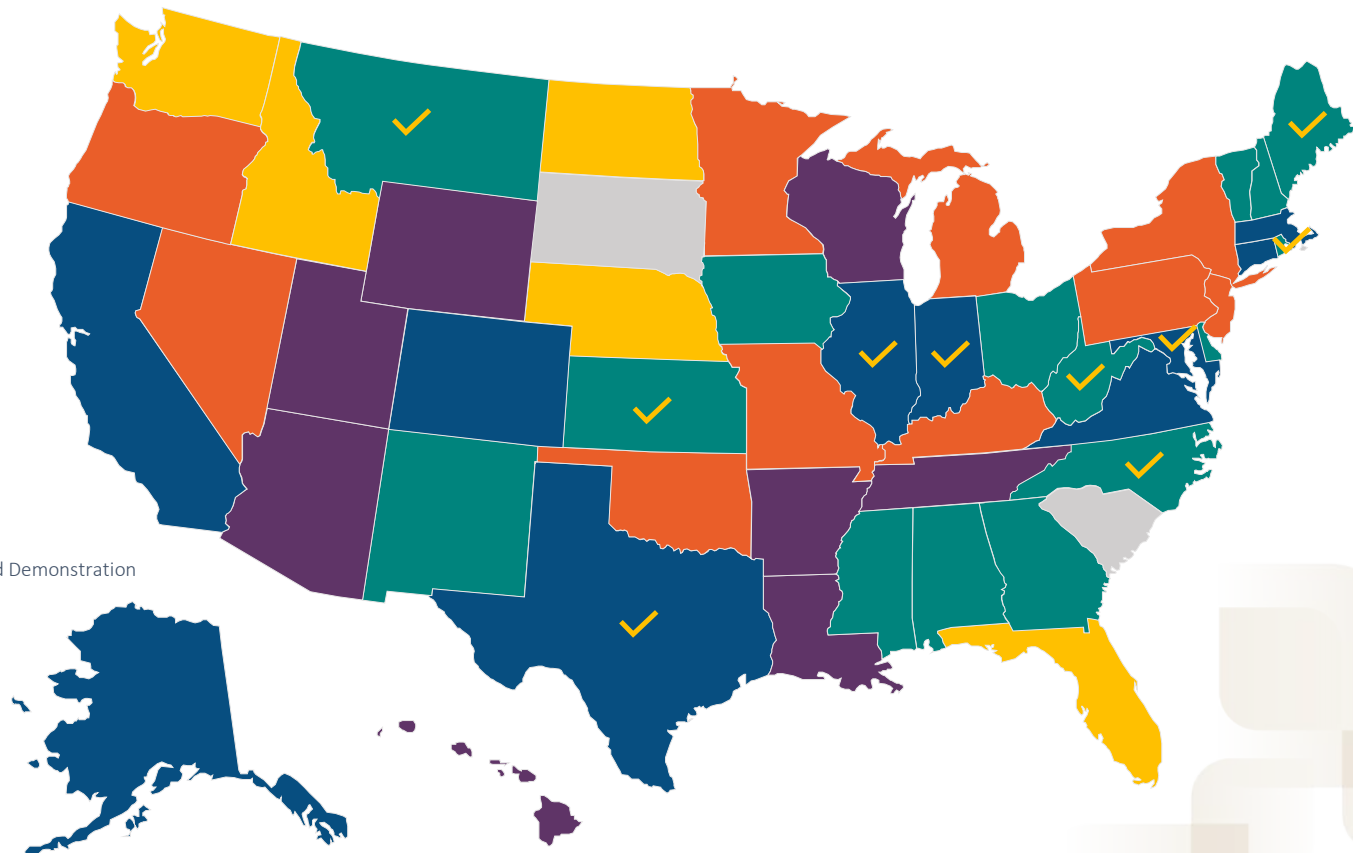
- Must have addiction medicine staffing or consultation
- Placed stronger emphasis on the ability to prescribe buprenorphine and coordinate with OTPs (if not an OTP)
- Included requirement to provide intensive outpatient services for SUD
- Added provisions to strengthen ability to address overdose risk
- Added focus on harm reduction and motivational techniques
- Requires quality improvement plans to address fatal and non-fatal overdoses

Addressing Health Equity

- Updated training requirements to align with National Cultural and Linguistically Appropriate Services (CLAS) standards
- Included stronger focus on outreach to underserved populations as required activity
- Added including stronger focus on SDOH and community and social supports in comprehensive diagnostic and treatment planning evaluation
- Required that quality improvement plans have an explicit focus on populations experiencing health disparities (including racial and ethnic groups and sexual and gender minorities) and that CCBHCs disaggregate data to track and improve outcomes for populations facing health disparities

Federal & State Actions Across the Country

- Established the CCBHC Model through Medicaid Demonstration
- CCBHC Planning Grant (2016)
- CCBHC Planning Grant (2023)
- No CCBHC Actions
- State Legislation to Pursue the CCBHC Model
- CCBHC Clinic-level SAMHSA Grant
- CCBHC State Legislation or Appropriations



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Advocacy

Is Advocacy Necessary?

1. Have we leveraged available funding by blending and braiding resource?
2. Do we have data that show the need as well as evidence it will be successful?
3. Is there already funding that needs to be increased or better defined?
4. Do we know what our ask would be on funding amount and methods?
5. Is the ask possible?



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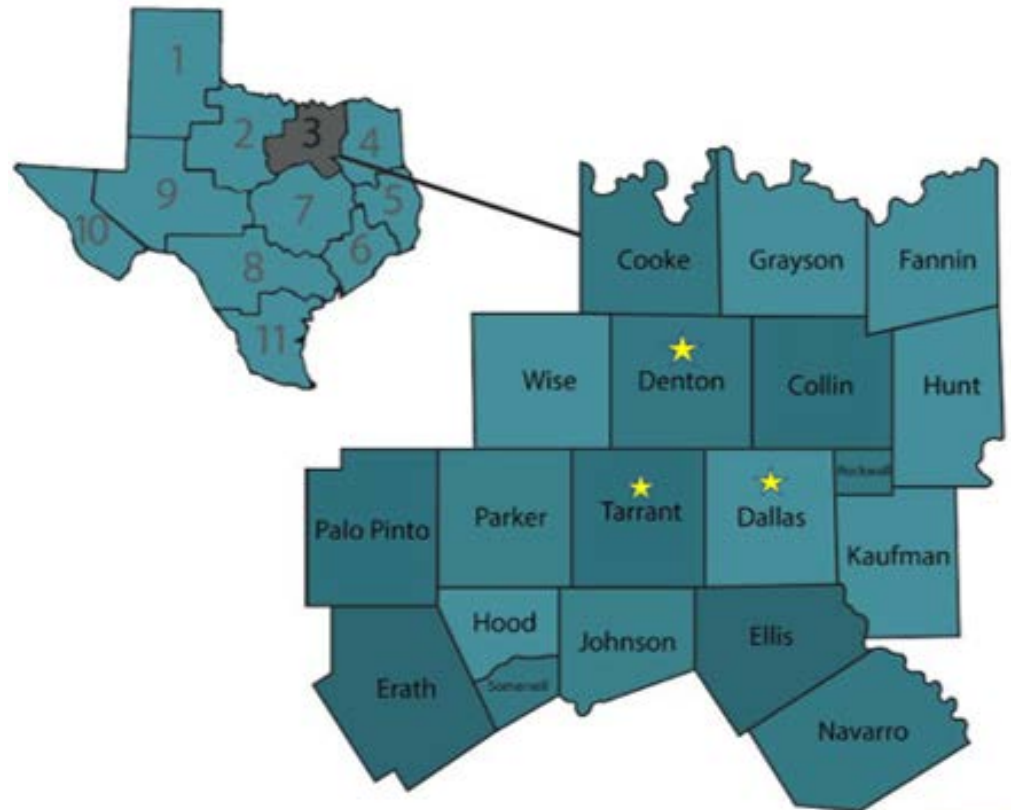
Questions?

BrettB@TheNationalCouncil.org

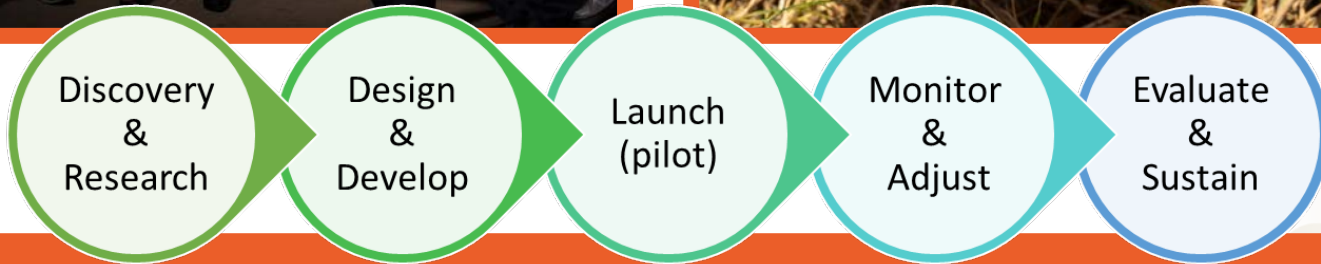
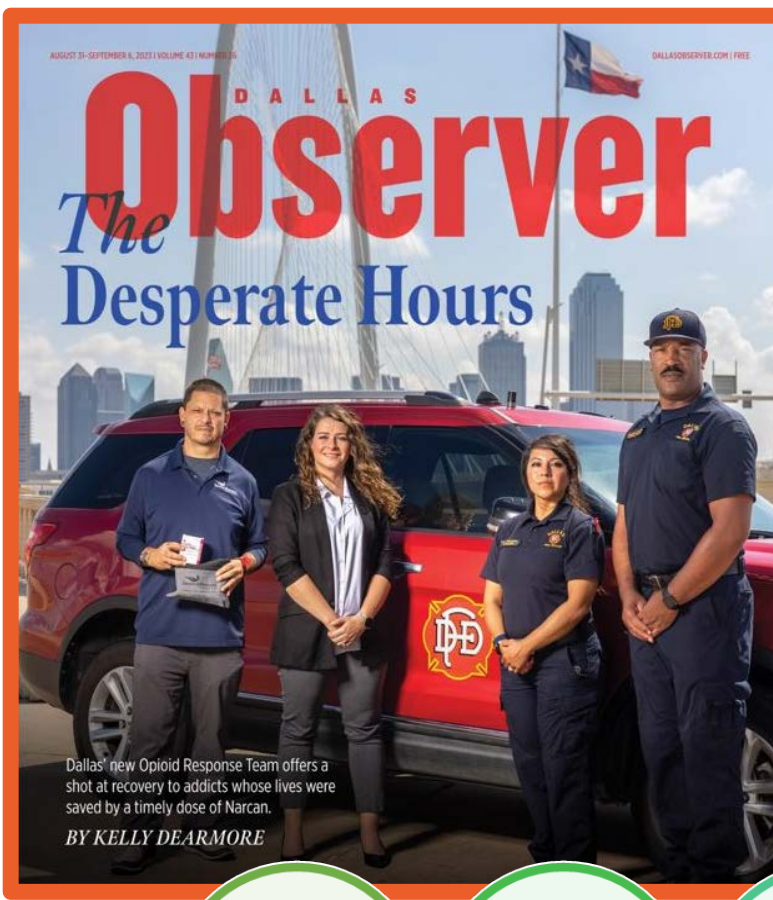
Overview...



Providing hope, conquering addiction, healing families.



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Program Overview

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Diversify

SO YOU CAN

Sustain

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RELATIONSHIPS ARE KEY!

Traditional

- Grant Opportunities
- LOS/LOC

Non-Traditional

- It's who you know AND what you know
- “By invitation only”

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Funding Diversification & Sustainability



Traditional RFP

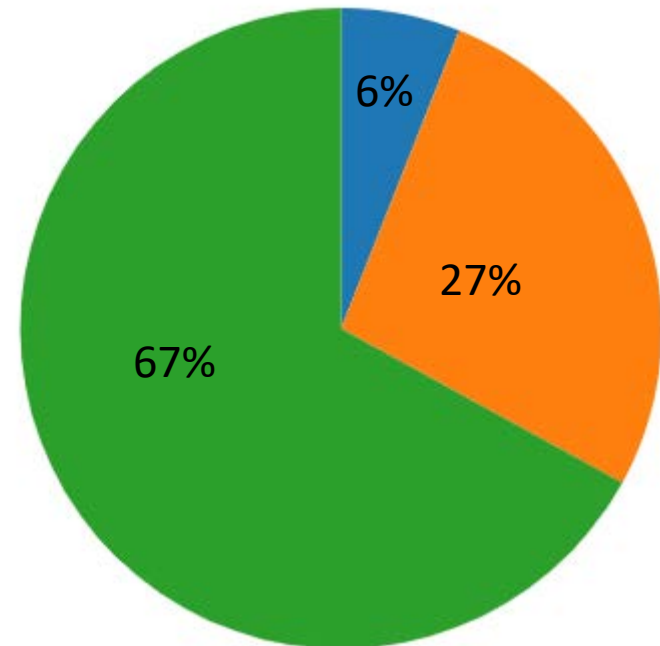


Traditional RFP, but needed relationship



Awarded because of relationship

- National Council for Mental Wellbeing
- University of Baltimore
- University of San Antonio (UTSA)
- HIDTA Discretionary Funds
- County Commissioner Court Discretionary Funds
- UTSA and Sherriff's Depts. (In-kind)
- DA's Office-Asset Forfeiture Funds*
- Overdose Data to Action (CDC)*



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How do I know who I need to know?

Approach #1- general

- County Commissioners
- Congress Reps
- City Council
- Senators/local staffers
- Public Safety Officials (Fire, EMS, Police)
- Mayor
- DA's Office
- City Manager
- Judges
- OTHER organization leaders

Approach #2- specific

- Define your program
- Identify who you need at the table
- Figure out how to connect with them

Relationships lead to opportunities for funding diversification and sustainability!

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You have your list. Now what?

How to find them...

- Meet them where they are
 - Follow them on Social Media/Linked In
 - Look on your city's community pages
 - Attend public meetings (EX: City Council)
- Short and sweet meet and greet
 - BUSINESS CARDS!
 - 24-hour follow-up
- You've secured a meeting
 - Have an agenda
 - Know your audience
 - Bring something to leave-behind

How to keep them...

- Keep them updated, but don't spam them
- Invite them to events
- Keep showing up to their events, say hi
- Say YES if/when called upon
 - YOU ARE the subject matter expert
 - The more you say yes [and do a good job] the more they will call
- Leverage the relationship
 - Real-life Linked-In

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Questions?

B.tinney@recoverycouncil.org
recoverycouncil.org

Please drop any questions you have in the chat or unmute yourself to speak.

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Thank You!

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<https://www.surveymonkey.com/r/GB5PH8K>