

A FEW WORDS FROM WASHINGTON (ABOUT THE NEW WORLD ORDER...)

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INTRODUCTIONS

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FIRST, THE GOOD NEWS!

- From 2014 to 2016, we saw unprecedented growth in federally funded addiction prevention, treatment, and recovery efforts
- This was fueled in large part due to the opioid epidemic
- We had the ear of Congress (both chambers, both parties) and the White House
- This included the passage of CARA, and \$1 billion in extra funding for opioids as part of 21st century cures.

CH-CH-CHANGES...

- What's changed recently?
- Well, we still have the ear of congress...

ALL ABOUT THE BENJAMINS

- FY 2017 budget was recently completed (only seven months late!)
- SUD and MH services fared well
- This was built off the last budget of the Obama administration
- Included was \$485 million for the opioid crisis (Illinois share was \$16 million)

SKINNY BUDGETS, “REAL” BUDGETS

- Coming up soon- the FY 2018 White House budget (only three months late)
- Based on what has been hinted at and leaked, we face an uphill battle

FLOWS FROM THE TOP DOWN

- How do federal programs impact Illinois?
- Most of these federal funds are disbursed to state agencies- then distributed to providers and communities as state funds
- In reality, most of the state funds you receive start out as federal funds

THE FEDERAL BUDGET IS VAST

- SAMHSA Block Grants & Discretionary Grants (\$117.1 million for Illinois)
- HRSA (FQHCs- 44 in Illinois)
- CDC (\$1 million for overdose reporting data)
- NIH
- ONDCP

State Summaries FY 2015/2016

Illinois

[This is a summary, click here for Discretionary Funds in Detail.](#)

Formula Funding

Substance Abuse Prevention and Treatment Block Grant	\$67,210,630
Community Mental Health Services Block Grant	\$17,158,047
Projects for Assistance in Transition from Homelessness (PATH)	\$2,704,000
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	\$1,075,584
Subtotal of Formula Funding	\$88,148,261

Discretionary Funding

Mental Health	\$12,896,280
Substance Abuse Prevention	\$5,474,331
Substance Abuse Treatment	\$10,614,173
Subtotal of Discretionary Funding	\$28,984,784

Total Funding

Total Mental Health Funds	\$33,833,911
Total Substance Abuse Funds	\$83,299,134
Total Funds	\$117,133,045

PROPOSED CUTS FOR FY 18

- Health and Human Services (-23 percent);
- Departments of Agriculture (-29 percent);
- Department of Justice (-4 percent)

- The bulk of the HHS cut is at NIH, HRSA, and CDC...For now.

ONDCP

- The Office of Management and Budget will recommend eliminating many of ONDCP's programs, including funding for Community Anti Drug Coalitions.
- 95% of the office's budget is slated for elimination (potentially)
- The President's creation of an "Opioid Commission" does not seek to break any new ground

OPIOID COMMISSION

- The commission is charged with the following:
 - assess the availability and accessibility of drug addiction treatment services and overdose reversal throughout the country and identify areas that are underserved
 - identify and evaluate existing Federal programs to prevent and treat drug addiction for their scope and effectiveness, and make recommendations for improving these programs;

OPIOID COMMISSION

- "identify and describe existing Federal funding used to combat drug addiction and the opioid crisis;"
- identify and report on best practices for addiction prevention, including healthcare provider education and evaluation of prescription practices, and the use and effectiveness of State prescription drug monitoring programs;

ACA REPEAL

- There are two potential impacts to Medicaid
- Expansion population
- Change to a per-capita cap or block grant formula
- The latter could cost Illinois over \$1.5 billion in FY 2019 alone

MEDICAID

- “States that have expanded Medicaid have seen dramatic results for people with SUDs. The share of people with substance use or mental health disorders who were hospitalized but uninsured fell from about 20 percent in 2013 to 5 percent by mid-2015. The Medicaid expansion has been particularly beneficial in states hit hardest by the opioid epidemic,”- Center for Budget and Policy Priorities

- Past block grants have been based on state’s historical spending in a base year, adjusted annually for population growth and general inflation. **Health care costs, however, rise faster than inflation.** With the aging of the population, Medicaid enrollment is expected to grow faster than the rate at which the overall population increases.
- States would face large and growing federal funding shortfalls, due to faster growth in per-beneficiary costs and the aging of the population. Under a block grant, states would be responsible for all costs due to higher-than-anticipated enrollment, as occurs in every recession.

- The federal government and the states *share* in such unanticipated health care costs. Under a per capita cap, states *alone* would bear those costs once they exceeded the cap amount. In states with disproportionate health problems- including states with large opioid epidemics amongst smaller populations such as New Hampshire, Vermont, or Kentucky, for example.

WHAT'S THE FEDERAL/STATE NEXUS?

- Protect Medicaid at state level
- Changes could result in tremendous shortfall- for ALL public health services

PUBLIC HEALTH CONTINUUM

- Cuts to Medicaid will impact all areas of public health, which in turn impact SUD/MH services
- Consumers who receive SUD/MH services require other health care services if they are to remain healthy
 - Heart disease
 - Hepatitis/HIV
 - Nutrition
 - Etc.

CULTURE CHANGE

- One of our biggest accomplishments in the past ten years is changing the culture
- Public Health focus, not criminal justice
- That could be coming to an end

WAR ON DRUGS 2.0

- Attorney General Jeff Sessions is not a fan of the public health model- or diversion or rehabilitation.
- He is not in favor of reforming mandatory minimum sentencing laws, even for non-violent offenders.
- Marijuana is an issue once again.

ANOTHER BRICK IN THE WALL

- And let's not forget the centerpiece of Mr. Trump's drug policy is a border wall...
- Enforcement is back on top

IN CONCLUSION

- Our recent success needs to be built on
- Medicaid Medicaid Medicaid