

Blueprint for the States: Policies to Improve the Way States Organize and Deliver
Alcohol and Drug Prevention and Treatment

**Single State Authorities for Treatment and Prevention
of Alcohol and Drug Disorders: State Models
Testimony**

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Governor Dukakis and Panel Members:

Thank you for the opportunity to testify. I directed the Massachusetts State authority for alcohol and drug abuse prevention and treatment from 1989 to 1995 during Governor Dukakis' last term. It's nice to cross paths again. Currently, I am a Professor at Oregon Health and Science University and I work at the nexus of policy, practice and research for the treatment of alcohol and drug disorders. I serve as the Principal Investigator for the Oregon/Hawaii Node of the National Drug Abuse Treatment Clinical Trials Network, the evaluation of the Network for the Improvement of Addiction Treatment, and on studies assessing the adoption of medication for the treatment of alcohol and drug disorders. I have three points for the panel to consider:

- Authorization legislation can empower State authorities;
- Effective leadership is essential;
- Access to services remains the most critical need.

Based on my experience as a State director, I suggest that the panel focus on the ability of State Authorities to implement policies that shape and guide prevention and treatment services for alcohol and drug disorders rather than on how and where the State authority is located and organized. **A best model for organizing and locating State authorities does not exist.** Each State is idiosyncratically shaped by history, resources, and

personalities. The model that works most effectively in one state may not be appropriate in another State.

Enabling Legislation

The key variable is not the model for the organization of services but the roles and responsibilities assigned to the state authority and its ability to fill those roles. Roles and responsibilities have varied over time and states have codified state authority obligations and powers in different ways. Enabling legislation is often a key mechanism. In some states, unfortunately the enabling legislation may have eroded or may have been forgotten. Revitalization may require that the legislation be revisited.

The Uniform Act was model legislation enacted in many States during the 1970s to:

- decriminalize public intoxication,
- create a state authority that funds, regulates and coordinates treatment and prevention
- establish a Governor's Advisory Board
- require a comprehensive system of licensed treatment facilities
- affirm the confidentiality of treatment records, and
- authorize public funds for treatment services for indigent women, men and children.

Similarly, State Authorities were codified in Federal legislation in the early 1970s and enabled the authorities to accept and distribute Federal funds for community prevention and treatment services. Subsequently, the Omnibus Budget Reconciliation Act of 1981 catalyzed change and shifted funding to Block Grants. Block Grant requirements for services to women, HIV services, TB services, peer review, loans for low-income housing, and enforcement of tobacco control legislation created additional roles for the State alcohol and drug prevention and treatment agency. The Substance Abuse Prevention and Treatment Block Grant is currently the primary resource for treatment and prevention of alcohol and drug disorders in many states. **Reauthorization of the Federal Block Grant may be an opportunity to strengthen the role of the State authorities.**

Overtime, the state authorities for alcohol and drug disorders have been combined and continue to evolve. Contemporary service systems serve women and men, adults and adolescents, treat injection drug use, intervene to reduce the spread of HIV and HCV infection, and tend to emphasize outpatient systems of care. **States should be encouraged to revisit and update their controlling legislation to assure that the State authority can continue to respond to contemporary needs.**

Effective Leadership.

State authorities benefit from skilled and stable leadership that knows their system of care and understands the demands on care providers. In the absence of effective leadership, the state authority is likely to flounder regardless of its location in state government. Unfortunately, tenure in the position tends to be brief and the position is sometimes filled with appointments that have little experience in the field. Reorganization efforts that strip experienced personnel from the authority can jeopardize the State's ability to finance services and to compete effectively for Federal awards. Inexperienced leadership and staff, moreover, may misinterpret complex Federal block grant requirements and destabilize Federal funding. **The Panel has an opportunity to advocate for experienced leadership and stable staffing in State authorities.**

Access to Care

Financing prevention and treatment services is the primary responsibility for State authorities. States tend to use a public health perspective in assessing eligibility for services – medically indigent individuals with service needs are eligible for care. Service needs are differentiated through levels of care and individuals with more severe needs are triaged to more intense services. Unlike Medicaid, where health care benefits are an entitlement for individuals who meet Federal eligibility criteria, State systems of care are capped by the available resources. Publicly funded systems of care, consequently, struggle with unmet needs. In the US about 3 million individuals pre year are treated in the specialty alcohol and drug abuse treatment system. More than 21 million individuals however could benefit from treatment. Most of these individuals appear in primary care settings. **Better linkages between health care and alcohol and drug treatment systems would enhance access to care.** Increased availability of prescription medications is related to increased drug use among adolescents and school systems need

assistance addressing these problems. The criminal justice system demands increased access to care. Mental health advocates argue that addiction treatment resources should be obligated to caring for individuals with serious mental illness and co-occurring alcohol and drug disorders. Clearly, there are multiple demands for limited resources.

The challenge is to implement strategies to train more individuals to intervene in alcohol and drug disorders. State authorities support increased training in medical schools and allied health programs. They encourage women and men in psychology and social work to address alcohol and drug problems more effectively in their patient populations. State authorities also work with probation and parole to assure that they have appropriate skills to support alcohol and drug treatment.

Reorganizing State agencies is not going to close the treatment gap. Increased resources are a more effective strategy than reorganization of state agencies. Some States still do not include benefits for alcohol and drug disorders in their State Medicaid Plan. **Panel recommendations to maintain a public health approach to eligibility and increased coverage under Medicaid benefits would be helpful. Increases in alcohol excise taxes are long overdue and a portion of those revenues could be allocated to prevention and treatment services.**

Because resources are limited there is always competition for those dollars. The danger in reorganization is that it is harder to protect and allocate resources. Reorganizations are often excuses to divert resources. Invariably treatment and prevention for alcohol and drug disorders is a less favored priority. The general public health and welfare benefits most, however, when access to alcohol and drug services is as broad as possible and not restricted to special classes of individuals. **It is important to assure that services continue to be provided to indigent women and men in need of alcohol and drug treatment services.**

Conclusion

This Panel has an opportunity to reaffirm the value of the State authority for the prevention and treatment of alcohol and drug disorders. The panel can lay out expectations rather than prescriptions: broad access to care, effective leadership, and strong support from the State's administrative and legislative branches are essential.

Thank you for your interest in this critical topic. I will be glad to respond to questions.