



National Academy for State Health Policy State SUD Policy Institute

State Substance Use Disorder (SUD) Policy Institute: Leveraging Federally Qualified Health Centers (FQHC) to Address SUD 2018 – 2020

Request for Applications for Technical Support

The National Academy for State Health Policy (NASHP) is launching the State SUD Policy Institute: Leveraging FQHCs to Address SUD, supported through a cooperative agreement with the Health Resources and Services Administration (HRSA).¹ The institute will support up to five state teams to develop innovative strategies to increase access to and quality of SUD treatment, recovery, and preventive services for Medicaid beneficiaries in FQHCs.

- **What’s in it for states?** Flexible 18-month technical support period that includes individualized review of state policy and regulatory barriers, development of FQHC SUD action plan including state-specific support and resources, and opportunities to learn from peers, state, federal, national experts, and NASHP staff.
- **Team composition:** A core team including a senior Medicaid official, a senior state behavioral health agency or division official; a senior representative from the state primary care association (PCA), and one FQHC representative. Additional team members may be included as needed.
- **To apply:** NASHP will competitively select up to five state teams. Applications must be emailed to Hannah Dorr (hdorr@nashp.org) by **5 p.m. (EST) on Tuesday, July 31, 2018**.
- **More information:** Interested states and partners are encouraged to participate in an informational webinar from **1 to 2 p.m. (EST) on Thursday, July 12, 2018**, and/or to email Hannah Dorr with questions. Register [here](#).

Key Dates

July 31, 2018

Applications due to NASHP

Mid-August 2018

Notification of selection to states

Sept. 1, 2018

Institute begins

A Time of Opportunity

Only 3.8 million of the 21 million Americans who needed SUD treatment received any SUD services in 2016.² As the largest funder for SUD services, state Medicaid agencies have been hard hit by the opioid crisis and other SUDs. State Medicaid spending on SUD treatment topped \$7 billion in 2014.³ Identifying innovative and cost-effective solutions to expand access to SUD prevention, treatment, and recovery services, especially in rural and other underserved areas, continues to be a top priority for state policymakers. Across the country, states are leading the way. Initiatives such as Vermont’s [Hub and Spoke](#) model, Virginia’s comprehensive [Medicaid SUD Treatment Benefit](#), and California’s [Drug Medi-Cal Organized Delivery System](#), provide

promising examples of state policies to improve access to SUD services and supports through innovative care delivery models.

Concurrently, the federal government has increased funding to support state SUD treatment and prevention initiatives since 2016, including most recently allocating [\\$930 million](#) for states, to expand or enhance medication assisted treatment, provide training, leverage health information technology, and increase the workforce to provide additional mental health and SUD treatment services.

As trusted providers of comprehensive and coordinated care, FQHCs present a unique opportunity for states to increase access to and quality of services, particularly in rural and underserved areas. Most FQHCs are recognized as patient-centered medical homes, provide integrated care, and are an important source of care for Medicaid beneficiaries. In September 2017, HRSA committed [\\$200 million](#) to health centers in all 50 states and Washington, D.C. to increase access to SUD and mental health services, and will award another [\\$350 million](#) in September 2018. Based on health center Uniform Data System data from 2016, health centers are already engaging over 400,000 individuals with a SUD.⁴ While FQHC Prospective Payment System requirements remain a perennial challenge for Medicaid agencies, there is increasing state interest in leveraging these critical safety net providers to implement cost-effective and value-driven strategies to combat SUD.

What's in It for States?

The institute offers states the opportunity to improve access to and quality of SUD care for state Medicaid beneficiaries, leveraging FQHC capacity to meet these goals. Guided by an analysis of state policy and regulatory barriers and a state-specific action plan, states will benefit from both individualized and peer-to-peer learning opportunities on issues such as:

- Supporting a continuum of SUD services within FQHCs;
- Improving care coordination and linkages;
- Data sharing and confidentiality;
- Administrative barriers to care: licensing, payment and regulatory hurdles;
- Billing and reimbursement;
- Integrated care models and practice transformation;
- Innovations in rural health and SUD;
- Telehealth; and
- Promoting value and cost-effectiveness.

By the end of the technical support period, states will have made progress on key policy and programmatic milestones that will move their state's SUD priorities forward.

SUD Policy Institute Activities

One in-person site visit to each state, including an individualized assessment of state policy and regulatory barriers.

Development of state FQHC SUD action plans to support key state priorities.

Individualized technical support from NASHP staff, and expert consultation from national, state, and federal leaders.

In-person workshops, including support for state travel.

Facilitated discussions and webinars open only to institute state teams.

About NASHP

NASHP has a long track record of convening states to share innovations and best practices, supporting state policymakers in making concrete and sustainable health system reform, most recently through its Value-Based Payment Reform Academy. Through NASHP's unique cross-agency approach and deep policy expertise, states participating in previous technical support initiatives have made progress on key policy or programmatic milestones such as:

- Developing and/or submitting a Medicaid state plan amendment (SPA);
- Identifying and selecting new performance measures;
- Identifying and developing new financing mechanisms; and
- Implementing pilot projects to test and refine state policy approaches.

For more information, visit NASHP's [website](#).

Application Guidelines

Team Composition

State applicants must identify a core team of four team members to participate in the institute, including:

- Senior Medicaid leadership;
- Senior behavioral health division or agency leadership;
- Senior PCA leadership; and
- A FQHC representative.

Interested states may also include additional team members relevant to the state's project focus, such as substance use services and mental health agency officials, local organizations, and health/hospital systems, as appropriate.

In the application, each team must identify a team lead who can provide overall leadership and serve as the primary point of contact for NASHP. The team lead must be a state official.

Letters of Support

It may not always be feasible for the Medicaid and/or behavioral health division or agency directors to be directly involved in the institute. In these cases, a letter of support is encouraged.

Application Evaluation Criteria

NASHP staff will review all state applications. Applications will be evaluated on the extent that they demonstrate the following four criteria. All four criteria will be weighed equally.

- **Partnerships:** Strong candidate states will demonstrate a history of multi-sector partnerships, including through a safety net (e.g., standing meetings between Medicaid and the state's PCA, and PCA/FQHC engagement on a Medicaid SPA or waiver implementation).
- **Progress:** Strong candidates will demonstrate at least foundational planning for Medicaid policy changes to address SUD (e.g., a governor's taskforce, planning meetings, legislation, and/or pending or approved SPA or waiver).

- **Transformation:** Strong candidates will describe how developing systems of care in FQHCs to provide SUD services will improve quality and access for people living with or at risk for SUD.
- **Commitment:** Strong candidate states will describe their short-term (within 18 months) and longer-term goals, and how their teams will make progress toward achieving those goals during the institute.

To apply to participate in the State SUD Policy Institute, please download and complete a short application, which can be found on the State SUD Policy Institute informational webpage. Please answer the questions succinctly, but with sufficient information to assess your state’s initiative against the criteria listed above.

The application and any accompanying letters of support must be submitted electronically to Hannah Dorr (hdorr@nashp.org) by **5 p.m. (EST) on Tuesday, July 31, 2018**. Interested state teams are encouraged to participate in an informational [webinar](#) from **1 to 2 p.m. (EST) on Thursday, July 12, 2018**. For questions or inquiries, please contact Hannah Dorr. NASHP will notify each state of the status of its application no later than **mid-August 2018**.

Notes

¹ The State SUD Policy Institute is supported through a cooperative agreement with the Health Resources and Services Administration of the U.S. Department of Health and Human Services (Grant number: UD3OA22891).

² Rebecca Ahrnsbrak, et. al., *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2017).

<https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm>.

³ Substance Abuse and Mental Health Services Administration, *Behavioral Health Spending and Use Accounts, 1986-2014* (Washington, DC: U.S. Department of Health and Human Services, 2016).

<https://store.samhsa.gov/shin/content/SMA16-4975/SMA16-4975.pdf>.

⁴ Health Resources and Services Administration, “Table 6A - Selected Diagnoses and Services Rendered,” accessed June 12, 2018. <https://bphc.hrsa.gov/uds/datacenter.aspx?q=t6a&year=2016&state>.