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Our lead stories this week look at the primary place 42 CFR Part 2 (confidentiality) plays in treatment in the face of immigration enforcement, and how funding decreases are affecting the recovery field.
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2019 recipient of Henrick J. Harwood and Robert E. Anderson Award in Recognition of an Individual's Distinguished Service in the Field of Addiction Research, Training, and Evaluation.

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Treatment center guidance: How to respond when ICE comes in your doors

The Legal Action Center last week released a guide to help substance use disorder (SUD) treatment providers respond if they are approached by immigration enforcement. The basics: the confidentiality regulation protecting patients in SUD treatment is still intact. Nothing has changed. You are responsible for protecting your patients under 42 CFR Part 2. Still, patients are now fearful, and so are providers.

In January after President Trump was inaugurated, the Department of Homeland Security rescinded previous guidance that limited immigration enforcement in healthcare (and various other) settings.

The Legal Action Center has released a guide to help programs covered by the federal privacy law for SUD treatment records. That law has not changed. And staff can use the guide to prepare for potential immigration enforcement, to provide reassurance to patients, and to understand their legal obligations to maintain confidentiality.

> ### Bottom Line...
> *The Legal Action Center has issued a helpful guide for treatment centers and patients who may be confronted by immigration enforcement in their non-public areas: 42 CFR Part 2 is still the law of the land.*

In the event of an immigration enforcement action or inquiry at a

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National leader CCAR's funding woes reverberate across recovery field

The difficulty the Connecticut Community for Addiction Recovery (CCAR) is experiencing in securing funding to maintain operations that were launched with a one-time congressional appropriation is hitting home well beyond the state's borders. In a current environment in which all sources of public support appear to be in peril, advocates for recovery community organizations worry that the services they have implemented could be especially vulnerable to severe cuts.

> ### Bottom Line...
> *The Connecticut Community for Addiction Recovery has so far been unable to secure a long-term state funding source that would allow it to continue its newest recovery community center operations.*

CCAR has announced that recovery community centers in the Connecticut communities of New London, Torrington and Danbury are in danger of permanently closing. Other services, including a program supporting young people in early recovery, also could be discontinued. The single state agency in Connecticut has offered emergency funding to keep these operations open, but that infusion will last only through June.

CCAR had been advised that monies from the state's share of opioid settlement funds could represent

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Transgender, Queer, Intersex, and Agender/Asexual Plus (LGBTQIA+) Status)
- Institutional inequities (Upstream – Law and Regulation, Organizations, Media)
- Living conditions (Upstream – Social Determinant of Health: Physical Environment, Economic & Work Environment, Social Environment, Service Environment)
- Individual level factors (Downstream – overdose, polysubstance use, co-morbidities, mortality)

Key findings from the NACCHO report, which, again, is linked on the CDC website:
- Most sources focused on inequities along racial or ethnic lines.
- Many demographic factors are being researched in silos without consideration for intersectional impacts on drug overdoses.
- Policy was identified as a tool to change institutional-level factors that affect differences in overdoses.

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their best chance for receiving extended funding, but the organization has not even been able to get on the agenda of the committee that reviews applications for funding.

"We're still in an epidemic. It did not go away because we're not talking about it anymore," Stacy Charpentier, who became CCAR's executive director last October, told *ADAW*. "There are still people out there who need these lifelines. Our centers give people a reason to get up in the morning."

CCAR has had a prominent national profile for years, largely built during the tenure of longtime executive director Phil Valentine. Its recovery training center has trained tens of thousands of individuals in its recovery coach curriculum.

"This is very concerning to hear — and especially for CCAR which has been a national leader in addiction recovery support services innovation and implementation."

John F. Kelly, Ph.D.

"This is very concerning to hear — and especially for CCAR which has been a national leader in addiction recovery support services innovation and implementation," John F. Kelly, Ph.D., the Elizabeth R. Spallin Professor of Psychiatry at Harvard Medical School and the director of Massachusetts General Hospital's Recovery Research Institute, told *ADAW*. "Given what we've learned in the past 20 years regarding the clinical and public health utility and cost-effectiveness of peer recovery support centers and services, we need to be doing exactly the opposite — appropriating much higher proportions of federal and state funding toward these highly cost-effective services that help people who often have the highest degrees of clinical severity and chronicity to initiate and sustain remission."

New CCAR servicss in danger

Charpentier said CCAR used the $1.5 million congressional appropriation in fiscal 2024 to establish the three now-endangered recovery community centers, adding to the five centers it already operates in the state. It also was able to add staffing to extend into evenings and weekends the hours of operation at several of the centers. The extended hours at the centers now could be scaled back.

CCAR also has warned that without the emergence of a long-term funding source, its statewide Young People Family Services program will have to be discontinued. Charpentier said the program employs four coordinators who work with young people aged 18 to 30 and their family members to help navigate the challenges of early recovery.

If resources beyond June for the recovery community centers are severely limited, Charpentier said the organization likely will have to look closely at each center's performance metrics to determine where limited dollars could most effectively go.

Charpentier was quick to point out that the overall concerns around sustained funding preceded the atmosphere of cost-cutting in the early weeks of the Trump administration. However, the news out of Washington has state leaders across the country increasingly worried about the potential effect on their states' budgets, and what they can reasonably commit to local programs at this time.

"Everyone is trying to figure out what to do if funds do get cut at the federal level," Charpentier said. "I'm sure it's not helping."

Recovery support organizations always tend to be subject to more scrutiny from funders than treatment programs, which with their more established history have forged stronger relationships with government agencies, said Bill Stauffer, executive director of the Pennsylvania Recovery Organization Alliance (PRO-A). When that scrutiny intensifies, funders may lose sight of the strong evidence

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backing recovery support services, Stauffer told *ADAW*.

"Because it's relatively new, funders may see it as an 'extra,'" Stauffer said. "It's not."

Making the case

The evidence base supporting recovery support services might not be as prominent in the industry as the research supporting treatment's effect on reducing health care and other costs, but it is still compelling. "You're reducing the number of people who will need services," Stauffer said. "This is a relatively inexpensive support," he said, and without enough of it, other government costs will inevitably increase.

PRO-A's impact on the community has been demonstrated in numerous ways. It was the only recovery community organization among 10 recipients of a five-year workforce support grant from the Substance Abuse and Mental Health Services Administration, and it is projected by the end of the grant period to exceed its original goal of supporting 750 individuals in living-wage employment.

"When people in recovery are employed, and engaged in good citizenship, these are things you anticipate wanting to do more of," Stauffer said.

Kelly said, "To the extent that recovery support organizations around the country are dependent on federal funding, it is a time for concern, action and advocacy to ensure funding levels are maintained and ideally increased."

Stauffer believes the overall direction coming from Washington is having a demoralizing effect at the local level, with a lack of acknowledgement of the value of important community-based efforts. "We have to get out story out," he said.

But the mindset cannot be one of pitting treatment and recovery support against each other in the pursuit of funding, Stauffer said. "We have to make each other's cases," he said. "We need all of these things." •

Coming up…

The **Collaborative Perspectives on Addiction Meeting** will be held **April 3-5, 2025** in Providence, Rhode Island. For more information, go to **https://addictionpsychology.org/conventions/cpa/2025-collaborative-perspectives-addiction-meeting**

The **Rx and Illicit Drug Summit** will be held **April 21-24, 2025** in Nashville, Tennessee. For more information, go to **https://www.hmpglobalevents.com/rx-summit**

The **American Society of Addiction Medicine annual conference** will be held **April 24-27, 2025** in Denver, Colorado. For more information, go to **https://www.asam.org/education/signature-courses/live-conference-events**

The **National Association of Addiction Treatment Providers** (NAATP) National Conference will be held **May 18-20, 2025** in Seattle, Washington. For more information, go to **https://www.naatp.org/events/national-addiction-leadership-conference/naatp-national-2025**

The annual meeting of the **American Psychiatric Association** will be held **May 17-21 2025** in Los Angeles. For more information, go to **https://www.psychiatry.org/psychiatrists/meetings/annual-meeting**

Briefly Noted

How budget proposals would affect NJ Medicaid

Last week the New Jersey Department of Human Services released a model of the impact of proposals by Congress to cut Medicaid. The proposed changes would have a significant negative impact on provider pay, eligibility and benefits.

The loss of federal matching funds for Medicaid would have a major effect. By law, the match rate has a ceiling of 83% and a floor of 50%. New Jersey is one of 10 states which benefits from the statutory 50% floor. In the absence of this floor, the per capita income formula would set a matching rate for New Jersey of around 38%.

Current federal rules allow taxes to total up to 6% of provider revenue; Congress would lower 6% cap or forbid such taxes altogether.

In New Jersey, 700,000 people would lose healthcare altogether. One scenario involves work requirements. Another increases the frequency of Medicaid member checks on eligibility from once a year to once every 6 months. For the modeling impact, go to https://nj.gov/humanservices/news/publications/FEB%202025%20-%20Human%20Services%20Modeling%20Impact%20to%20NJ%20Medicaid%20of%20Congressional%20Budget%20Proposals.pdf •

In case you haven't heard…

More than 10% of the Substance Abuse and Mental Health Services Administration staff have been fired, CBS reported last week. This was due to the DOGE cuts ordered by Elon Musk. Affected were 100 workers who had been there for less than a year. They included recently hired directors of SAMHSA's regional offices and staff working the 988 hotline, which is for people facing drug or mental crises, including addiction and overdoses. A quarter of the communications staff is gone. There is now a feeling of a "doom loop" at the agency, which attracts workers who want to help those with mental or addiction problems.

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