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Robert I. L. Morrison

August 30, 2012

Ms. Summer King  
SAMHSA Reports Clearance Officer  
Room 2-1057  
One Choke Cherry Road  
Rockville, MD 20857

Dear Ms. King:

The National Association of State Alcohol and Drug Abuse Directors (NASADAD) appreciates the opportunity to comment on the proposed Substance Abuse Prevention and Treatment (SAPT) Block Grant Uniform Application FFY 2014-15 and Instructions (OMB No. 0930-0168)—Revision, published in the *Federal Register*, Volume 77, Number 135, Friday, July 13, 2012. The SAPT Block Grant is the cornerstone of States' substance abuse prevention, treatment and recovery systems. It accounts for approximately 40 percent of expenditures by State substance abuse agencies across the country, and on average 64 percent of States' substance abuse prevention expenditures. The SAPT Block Grant is a vital safety net service for individuals with or at risk of a substance use disorder.

We certainly support the Substance Abuse and Mental Health Services Administration's (SAMHSA) goal of improving and modernizing the SAPT Block Grant application. We have a proven track record of working in partnership with SAMHSA on data and SAPT Block Grant application matters. We are concerned, however, that the Federal Register Notice (FRN) seems to indicate that the proposed changes in the draft SAPT Block Grant application were based on NASADAD recommendations. While SAMHSA did seek input from NASADAD and individual State substance abuse directors, the proposed draft changes does not reflect NASADAD recommendations.

We have reviewed the proposed 2014/2015 SAPT Block Grant Application and appreciate that there is an option for State substance abuse agencies to submit a separate SAPT Block Grant application and report. We have also highlighted our concerns with the proposed application, and note our remaining concerns from the 2012/2013 SAPT Block Grant application that were not addressed. We also include a summary of our concerns and recommendations for the final application.

We are concerned with the following provisions in the proposed FY 2014/2015 SAPT Block Grant application:

- **Deadline for Submission:** States are increasingly concerned about the April 1 deadline for the SAPT Block Grant application, which will coincide with State legislative sessions.
- **Behavioral Health Barometers and Data Collection:** The proposed SAPT Block Grant application does not identify what measures will be included in the barometer, which makes planning difficult.
- **Multiple Goals and Purposes of the Proposed SAPT Block Grant Application:** Multiple divergent purposes for the revision requests place a heavy burden on States.

We remain concerned about the following provisions we highlighted in the FY 2012/2013 SAPT Block Grant application:

- **Requested Information/Compliance Requirements:** The application should better identify what information is required versus requested. In addition, SAMHSA should identify which sections may be submitted after the statutory deadline, and what SAMHSA will deem as compliant as this has caused confusion and a delay in the approval of applications.
- **Planning Steps:** The draft SAPT Block Grant application requests States outline actions in their State plan pertaining to a significant number of new populations. We note that this request for expanded activities or services comes at a time when the Administration cut funding for the SAPT Block Grant and proposed further cuts in FY 2013 through the Public Health Evaluation “tap.”
- **Joint Planning:** The joint planning request should maintain and endorse clinical, financial, and programmatic integrity of prevention and treatment for substance use disorders.
- **Terminology:** We are concerned that the application uses the generic term “States” and identifies the Substance Abuse Prevention and Treatment (SAPT) Block Grant as the Substance Abuse Block Grant (SABG).
- **Corrective Action Plans:** We believe criteria should be developed to help assess whether or not a State has taken “reasonable” actions with regard to its corrective action plan.
- **FY 2012 and FY 2013 Budget Request:** We are concerned that the proposed application discusses a proposed policy change to the SAPT Block Grant that has not been approved by Congress. This mention could cause confusion.

### **NASADAD Recommendations**

Again, we would like to reiterate our commitment to improving the SAPT Block Grant as a path toward better service delivery. We also recognize SAMHSA’s need to streamline elements contained in the SAPT Block Grant application. We are concerned however, about the State burden resulting from the changes to the SAPT Block Grant Application. As a result, we urge that the following recommendations be considered for the final application:

**Deadline for Submission:** States are increasingly concerned about the April 1 deadline for the application. This coincides with States’ legislative session. State substance abuse agencies must be attentive to legislative requests, which include preparing budget requests, testifying before legislative committees, and tracking State legislation. It will be a challenge to complete the application with competing demands, particularly for the small States and State substance abuse agencies that have suffered reductions in staff as a result of economic hardships.

***Recommendation:** Work with NASADAD to address the concerns of State substance abuse agencies as a result of the April 1 deadline.*

**Behavioral Health Barometers and Data Collection:** The proposed SAPT Block Grant application does not identify all measures that will be included in the behavioral health barometer. State substance abuse agencies are concerned some of the data elements identified in the document for collection, are current data points not currently collected. States vary considerably in their data capabilities and any change to their data system could be challenging.

In addition, we are concerned by the use of the term “behavioral health.” We believe precise language is critical given the large impact federal statutes and regulations have on State systems. We also understand the stigma and discrimination that can be attached to certain terms. The use of precise terminology is particularly important as we consider, develop, and implement measures and data elements.

***Recommendation:** SAMHSA should provide more clarity on how the agency intends to incorporate “behavioral health barometers,” and how they will work with the National Outcome Measures (NOMs) and States’ current data collection efforts. We also urge SAMHSA to provide State substance abuse agencies flexibility based on a State substance abuse agency’s data infrastructure and capabilities. We recommend SAMHSA work directly with NASADAD on data collection issues.*

*In addition, we recommend using language that recognizes and reinforces the fact that addiction is indeed a unique, distinct, and primary disease. We recommend unique measures that are appropriate for the prevention, treatment, and recovery of substance use disorders; prevention, treatment, and recovery of mental illness; and elements appropriate for both substance use disorders and mental illness. We believe this will help better position State to use the data to improve service delivery.*

**Multiple Goals and Purposes of the Proposed SAPT Block Grant Application:** Multiple, divergent purposes for the revised application place a heavy burden on State substance abuse agencies. The introduction in the application states that the proposed revisions are to “expand the areas of focus.” Furthermore, the stated purpose is to meet SAMHSA’s need to “assess the extent to which states plan for and implement the ACA.” Finally, the scope of the revision is to determine whether SAPT Block Grant funds are being directed toward the four recommended purposes of the grant, which are different from the statutorily required goals of the program. Significant year-to-year changes by SAMHSA to the application can undermine enthusiasm and dilute progress on any one area of focus or goal. Every change, especially additional requirements without corresponding eliminations, spreads resources too thin and risks reducing effectiveness and impact.

***Recommendation:** If absolutely necessary, one new area of attention might be highlighted every two years. States require sufficient time to shape plans, implement programs and strategies, and to monitor change.*

**Optional and Required Information:** As mentioned previously, given the number of new topic sections and requests, it is very important for SAMHSA to identify the information that is requested and the information that is required. NASADAD appreciates that SAMHSA has

identified on page 16 the information that is requested. However, a more detailed explanation about the expectation for each section would provide better clarity, particularly for sections of the SAPT Block Grant and Community Mental Health Services (CMHS) Block Grant that have different statutory requirements.

***Recommendation:*** *Clearly identify in each section or in a table in the final SAPT Block Grant Application what new sections are required and what sections are optional and what information is required for the CMHS Block Grant and separately the SAPT Block Grant.*

**Compliance Requirements:** Given the numerous changes to the SAPT Block Grant application, we recommend more thorough and clear guidance for completing each section. We also recommend the inclusion of criterion for distinguishing required timeframes and sections where flexibility may be afforded to States as they complete the application. As indicated in our comments last year, the lack of common and clear criteria for all to follow increases the potential for delays in the final approval process. State substance abuse directors note that they submitted “requested information” (as opposed to “required information”) and were told to provide yet more information before the application was ultimately approved. This process has caused confusion and an unnecessary burden to State substance abuse agencies.

***Recommendation:*** *A clear set of consistent criterion must be included in the final document for both State substance abuse agencies and SAMHSA project officers to use when submitting and evaluating the application and more information for completing each section.*

**Planning Steps:** The direction of the proposed application appears to be increasingly prescriptive in what SAPT Block Grant funds may purchase instead of being more flexible. NASADAD has had a long-standing concern with any efforts to increase the prescriptiveness of the SAPT Block Grant.

Further, these priority areas that are proposed to be requested in a State plan are not included in statute or regulations. It also changes the intent of the SAPT Block Grant, which is to allow States flexibility to identify their own needs using State data.

***Recommendation:*** *We recognize the request for information on how States are addressing these new populations and areas is optional. We urge that this request be clearly labeled in the application as optional. We also urge SAMHSA to indicate that the State’s award will not be impacted in any way should the section not be completed.*

**Overall Comments on Joint Planning:** We support the concepts and ideas behind coordinated planning with many sister State agencies, including mental health departments. Our support is based on the premise that SAMHSA will maintain and endorse clinical, financial and programmatic integrity of substance use disorders prevention and treatment services.

**Joint planning on prevention:** We understand and support SAMHSA’s work to elevate issues pertaining to prevention. We also note that much work remains to better define and establish common terminology regarding substance abuse prevention and mental health promotion. To protect prevention funding, we caution SAMHSA not to broaden prevention requirements and expectations far beyond the statutory requirements guiding their allowable use.

**Recommendation:** *We recommend that work first move forward to establish common definitions pertaining to substance abuse prevention, mental health promotion, and other relevant and related terms. We recommend working through NASADAD on this topic.*

**Joint planning on recovery services:** We understand the interest in gathering additional information regarding “recovery services.”

**Recommendation:** *We recommend SAMHSA work with stakeholders to define “recovery services.” In particular, we recommend that SAMHSA work with NASADAD to draft a definition. Recovery services for populations with substance use disorders and recovery services for those with mental illness will be identical in some cases but in others may be quite different. For instance, it is essential that individuals recovering from addiction have access to alcohol and drug free housing. In addition, a revised SAPT Block Grant application could ask SSAs to identify recovery services funded by SAPT Block Grant as a starting point using common definitions/categories.*

**Terminology:** The document refers to the generic term “States,” and changes the term for the SAPT Block Grant to Substance Abuse Block Grant (SABG).

**Recommendation:** *We recommend specific references to the term State substance abuse agency. We also seek assistance from SAMHSA to ensure that SSAs have a strong leadership role in federal ACA dollars from sources other than SAMHSA [e.g. Health Resources and Services Administration (HRSA)] and not currently going through SSA.*

*We also recommend using the term for the SAPT block grant identified in statute, which is the Substance Abuse Prevention and Treatment Block Grant.*

In addition to our previous comments, we urge you to consider and include in the final application the following comments:

**Corrective Action Plan:** On page 54, the proposed application notes that States should be held accountable for meeting the goals and performance indicators established in their plan. In addition, the proposed application includes that States shall develop a corrective action plan if that State has failed to take reasonable steps to achieve its goals as stated in the application and approved by SAMHSA. Finally, the proposed application notes that SAMHSA may direct the State authority responsible for the program to change the State plan to ensure goals are met.

NASADAD supports enhanced accountability in return for more flexibility in how SAPT Block Grant funds are spent. We support a close working relationship between State substance abuse agencies and SAMHSA staff to discuss progress, identify barriers and develop solutions. We also believe, however, that the State and SAMHSA may have different interpretations of what constitutes “reasonable steps” the State has taken to address deficiencies.

**Recommendation:** *We believe criteria should be developed to help assess whether or not a State has taken “reasonable” actions with regard to its corrective action plan. We also recommend the development of a formalized consultation process that would convene SAMHSA and the impacted State should any disagreements develop with regard to goals, corrective action plans, and success in taking “reasonable” steps to improve services.*

**FY 2012 and FY 2013 Budget Proposal:** For the second year in a row, the draft SAPT Block Grant application references initiatives that are included in SAMHSA's proposed budget for FY 2013. This approach sends mixed messages to State substance abuse agencies since SAMHSA's budget proposal requires Congressional action. Given the number of changes State substance abuse agencies are managing, direction should be given by Congress to SAMHSA before changes are included in the application, particularly since Congress opposed the changes last year.

***Recommendation:** We recommend that SAMHSA remove information that references the FY 2013 Budget proposal in the application.*

Thank you for your consideration of these comments. Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Morrison". The signature is fluid and cursive, with a large initial "R" and "M".

Robert Morrison  
Executive Director