

# 2018 NASADAD Public Policy Survey:

## *A Summary of Results*

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### **Purpose of the Survey:**

This survey is intended to “take the pulse” of State Directors and component group leadership regarding their federal funding and legislative priorities. This is used exclusively for the Public Policy Department and is strictly separate from the work of the Research and Program Applications Department. The survey is also designed to acquire feedback on the services and products provided by the Policy Department. Policy staff use the survey results as both a guide to preparing for 2018 and as a “living document” to guide adjustments that may be necessary should conditions change throughout the year.

The survey covers members’ appropriations and legislative priorities and asks members to evaluate the Public Policy Department. Due to continued attention on the opioid crisis at the federal level, this year we once again asked specifically about priorities related to funding to address opioids. This document provides the raw survey responses, as well as summary information for each section or topic area.

We sincerely appreciate members’ responses and will continue to make improvements to the Public Policy Department’s products and services.

**Response Rate:** Overall, 38 State Directors, as well as the President of the NPN and President of the NTN completed the 2017 Annual Public Policy Survey – a total of **40 responses**. Response rates were higher this year compared to 2017, which yielded 32 responses, and 38 responses in 2016.

## Appropriations Priorities

**Programs in the Department of Health and Human Services (HHS):** The Substance Abuse Prevention and Treatment (SAPT) Block Grant remains the top priority of members, followed by the Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Prevention (CSAP). Two new priorities include the co-location of primary care with SUD and MH services, as well as the Administration for Children and Families (ACF; child welfare). The National Institute on Drug Abuse (NIDA), which was a priority in 2017, was not ranked as highly this year.

### Funding for programs within HHS, complete results

Priorities	ACF	ATTCs/ CAPT	CDC	CSAP	CSAT	Co-Locating Primary Care w/ SUD & MH (ACA)	Grants to Schools Training SA/MH Providers	HRSA Comm. Health Centers	Nat'l All Schedules Rx Electronic Reporting Act (NASPER)	NIAAA	NIDA	Office of Nat'l Coord. for Health IT (ONC)	Prev. and Public Health Fund (ACA)	SAPT Block Grant
Priority 1 (n=40)	0%	0%	0%	2.5% (1)	2.5% (1)	0%	2.5% (1)	0%	0%	0%	0%	0%	0%	92.5% (37)
Priority 2 (n=40)	0%	0%	5.0% (2)	30.0% (12)	40.0% (16)	7.5% (3)	2.5% (1)	0%	2.5% (1)	2.5% (1)	5.0% (2)	2.5% (1)	0%	2.5% (1)
Priority 3 (n=40)	0%	7.5% (3)	2.5% (1)	42.5% (17)	25.0% (10)	2.5% (1)	2.5% (1)	5.0% (2)	2.5% (1)	0%	2.5% (1)	0%	5% (2)	2.5% (1)
Priority 4 (n=34)	5.9% (2)	14.7% (5)	11.8% (4)	5.9% (2)	11.8% (4)	17.6% (6)	2.9% (1)	0%	5.9% (2)	0%	11.8% (4)	2.9% (1)	8.8% (3)	0%
Priority 5 (n=31)	16.1% (5)	12.9% (4)	9.7% (3)	0%	6.5% (2)	9.7% (3)	9.7% (3)	6.5% (2)	3.2% (1)	0%	9.7% (3)	3.2% (1)	12.9% (4)	0%

**Programs in the Department of Justice (DOJ):** Similar to the past several years, **Drug Courts** are the top priority program within DOJ. Other priorities include the Second Chance Act, Byrne/Justice Assistance Grants, the Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA) program, and the Hal Rogers Prescription Drug Monitoring Program (PDMP).

### Funding for programs within DOJ, complete results

Priorities	Community Oriented Policing Services (COPS) Program	Drug Courts	Enf. Underage Drinking Laws (EUDL)	Hal Rogers Rx Drug Monitoring Program (PDMP)	Byrne/Justice Assistance Grants	Mentally Ill Offender Trmt Crime Reduc. Act (MIOTCRA)	Residential Substance Abuse Treatment (RSAT)	Second Chance Act Programs (Offender Reentry)
Priority 1 (n=38)	2.6% (1)	42.1% (16)	2.6% (1)	15.8% (6)	5.3% (2)	5.3% (2)	10.5% (4)	15.8% (6)
Priority 2 (n=35)	0%	22.9% (8)	17.1% (6)	5.7% (2)	8.6% (3)	8.6% (3)	14.3% (5)	22.9% (8)
Priority 3 (n=35)	6.1% (2)	6.1% (2)	6.1% (2)	18.2% (6)	12.1% (4)	18.2% (6)	15.2% (5)	18.2% (6)
Priority 4 (n=27)	0%	14.8% (4)	7.4% (2)	14.8% (4)	29.6% (8)	11.1% (3)	11.1% (3)	11.1% (3)
Priority 5 (n=25)	12.0% (3)	0%	20.0% (5)	8.0% (2)	8.0% (2)	24.0% (6)	16.0% (4)	12.0% (3)

## Appropriations Priorities

**Funding for Opioids:** Congress and the Administration have taken various actions to address the opioid crisis in recent years, such as authorizing the State Targeted Response to the Opioid Crisis (STR) grant program in the 21<sup>st</sup> Century Cures Act of 2016. In light of this increased attention on opioid use disorders, this year we once again asked members about what facets of the opioid crisis they think the Association should prioritize with regard to funding. The highest priority is continued funding for the **opioid STR grant program**. Other priorities are **expansion of MAT, warm handoff**, including a bridge with recovery coaches, and the **Strategic Prevention Framework (SPF)-Partnerships for Success (PFS)** program. Last year, members selected services for individuals involved in the criminal justice system, naloxone access, and the National All Schedules Prescription Electronic Reporting (NASPER) as high priorities, but did not rank them as highly for 2018.

### Funding to address opioids

Priorities	NASPER (PDMP)	Opioid overdose reversal medication (naloxone) access	Creation/expansion of prescription drug takeback programs	Services for individuals involved in criminal justice system	Expansion of MAT	Family-based services for PPW in residential and non-residential settings	Expand veterans treatment court programs	Warm handoff-bridge with recovery coaches	Opioid STR Grants	SPF-Partnerships for Success Grants
Priority 1 (n=40)	0%	0%	0%	2.5% (1)	10.0% (4)	2.5% (1)	0%	0%	<b>80.0% (32)</b>	5.0% (2)
Priority 2 (n=39)	0%	7.7% (3)	2.6% (1)	2.6% (1)	<b>38.5% (15)</b>	10.3% (4)	0%	0%	5.1% (2)	33.3% (13)
Priority 3 (n=38)	5.3% (2)	7.9% (3)	0%	15.8% (6)	<b>18.4% (7)</b>	13.2% (5)	0%	18.4% (7)	5.3% (2)	15.8% (6)
Priority 4 (n=34)	5.9% (2)	14.7% (5)	0%	5.9% (2)	5.9% (2)	20.6% (7)	2.9% (1)	<b>26.5% (9)</b>	2.9% (1)	14.7% (5)
Priority 5 (n=31)	12.9% (4)	16.1% (5)	0%	19.4% (6)	3.2% (1)	16.1% (5)	3.2% (1)	6.5% (2)	0%	<b>22.6% (7)</b>

## Legislative Priorities

**Substance Abuse Prevention, Treatment, and Recovery Related Legislative and Policy Priorities:** Similar to the past few years, changes to the **SAPT Block Grant** remains a top priority, followed by **integration of substance use disorder services in primary care settings** and **opioid use disorder prevention and treatment**. Other priorities for 2018 include recovery support services and SSA collaboration with State criminal justice agencies. Topics that are not as highly ranked as last year include medication-assisted treatment (MAT) and housing and homelessness.

### Legislative priorities for SUD P, T, and R, results (most results\*)

Priorities	Budget Issues (MOE, State & Local)	Criminal Justice Agency and SSA Collab.	Integ. of SUD Services in Prim. Care Settings	MAT	Methamphetamine Prevention and Treatment	Opioid Use Disorder Prevention and Treatment	Recovery Support Services	SAPT BG Changes
Priority 1 (n=40)	10.0% (4)	0%	10.0% (4)	15.0% (6)	5.0% (2)	15.0% (6)	2.5% (1)	<b>20.0% (8)</b>
Priority 2 (n=40)	7.5% (3)	7.5% (3)	<b>12.5% (5)</b>	10.0% (4)	0%	10.0% (4)	7.5% (3)	7.5% (3)
Priority 3 (n=39)	0%	5.1% (2)	2.6% (1)	10.3% (4)	7.7% (3)	<b>12.8% (5)</b>	7.7% (3)	0%
Priority 4 (n=37)	10.8% (4)	5.4% (2)	5.4% (2)	5.4% (2)	2.7% (1)	5.4% (2)	<b>18.9% (7)</b>	2.7% (1)
Priority 5 (n=36)	0%	<b>11.1% (4)</b>	2.8% (1)	2.8% (1)	2.8% (1)	5.6% (2)	<b>11.1% (4)</b>	8.3% (3)

\*Topics that received 3 or fewer votes (adolescent/youth treatment; alcohol advertising/marketing; American Indian/Alaska Native Populations; child welfare collaboration; co-occurring disorders; EUDL; gambling; hepatitis C; HIV/AIDS; housing/homelessness; juvenile justice; LGBTQI populations; marijuana prevention/treatment; neonatal abstinence syndrome; offender treatment & recovery; PDMPs; PPW; returning veterans; Second Chance Act; suicide prevention; SYNAR; TANF; tobacco cessation; transportation agency collaboration; trauma; underage drinking; women's treatment) are not included in the chart above.

**Health Reform-Related Legislative and Policy Priorities:** **Healthcare workforce development** is ranked the highest priority, followed by **parity implementation**, integration of community health centers, health information technology/electronic health records, and quality measures. Last year's top priority, Medicaid expansion, was not ranked as highly for 2018.

### Legislative priorities for health reform, complete results

Priorities	Account. Care Orgs. (ACOs)	Benefit Access for CJ Populations	Data Sharing (SSA, Medicaid, Exchanges)	DSH (hospital) Payments	Essent. Health Benefits for Exchanges	Health IT/ EHRs	Health Homes	Health Workforce	Integration (Comm. Health Centers)	Medicaid Alt. Benefit Plans (EHB Benchmark Plans)	Medicaid Expansion	Parity Implementation	State Insurance Marketplaces	Quality Measures
Priority 1 (n= 40)	5.0% (2)	2.5% (1)	12.5% (5)	0%	7.5% (3)	2.5% (1)	5.0% (2)	<b>22.5% (9)</b>	0%	2.5% (1)	20.0% (8)	10.0% (4)	0%	10.0% (4)
Priority 2 (n= 40)	2.5% (1)	12.5% (5)	12.5% (5)	0%	0%	5.0% (2)	5.0% (2)	12.5% (5)	5.0% (2)	0%	15.0% (6)	<b>20.0% (8)</b>	2.5% (1)	7.5% (3)
Priority 3 (n= 37)	0%	10.8% (4)	13.5% (5)	2.7% (1)	5.4% (2)	5.4% (2)	10.8% (4)	13.5% (5)	<b>16.2% (6)</b>	0%	2.7% (1)	13.5% (5)	0%	5.4% (2)
Priority 4 (n= 35)	5.7 (2)	11.4% (4)	8.6% (3)	0%	0%	<b>17.1% (6)</b>	2.9% (1)	8.6% (3)	14.3% (5)	2.9% (1)	2.9% (1)	14.3% (5)	2.9% (1)	8.6% (3)
Priority 5 (n= 28)	0%	21.4% (6)	14.3% (4)	0%	7.1% (2)	0%	3.6% (1)	10.7% (3)	7.1% (2)	0%	0%	3.6% (1)	3.6% (1)	<b>28.6% (8)</b>

## Evaluating NASADAD's Public Policy Department

**Public Policy Updates:** Public Policy Updates are an important service of the Public Policy Department. We will continue to compile relevant stories and information and do our best to clearly highlight the most important information. We will also prioritize information that we receive from States.

How often do you read the Public Policy Updates (weekly and special)?

- Always (33%)
- **Most of the Time (53%)**
- Sometimes (15%)
- Rarely (0%)
- Never (0%)
- Not Aware of Them (0%)

How important is it to you to receive special updates on timely issues that impact the membership when they occur?

- **Essential (49%)**
- Very Important (46%)
- Somewhat Important (5%)
- Not Important (0%)
- Did Not Receive (0%)

Public Policy Updates (weekly and special) keep the membership informed on policy developments.

- **Strongly Agree (74%)**
- Agree (26%)
- Neutral (0%)
- Disagree (0%)
- Strongly Disagree (0%)
- Do Not Read (0%)
- Do Not Receive (0%)

Ideas and Recommendations for the Public Policy Updates:

- Keep them coming!
- Federal funding and policy changes that impact the State's decision-making and federal reporting requirements.
- I rely on and appreciate the public policy updates.
- Please include the Block Grant managers in all emails and communications with the SSA.
- More focus on overcoming the behavioral health workforce shortage.
- More information on prevention science and collaboration with groups like CADCA, SPR, etc.

## Evaluating NASADAD's Public Policy Department

**Public Policy Calls:** The All States Public Policy calls are generally useful to State Directors and Component Group Presidents and a majority of members participate at least most of the time. Time conflicts consistently come up as the top reason that members aren't able to participate. We will continue to find speakers and topics that will be useful to the membership, and welcome suggestions from members for future speakers and topics.

How often do you participate in the All States Public Policy calls?

- Always (18%)
- **Most of the Time (38%)**
- Sometimes (33%)
- Rarely (13%)
- Never (0%)
- Not Aware of Them (0%)

If you don't participate in the Public Policy calls, why not?

- **Time Conflict (68%)**
- Not Interested in the Topic (3%)
- Not Aware of Them (0%)
- N/A (30%)

The Public Policy calls cover relevant, timely, and useful information.

- Strongly Agree (40%)
- **Agree (55%)**
- Neutral (5%)
- Disagree (0%)
- Strongly Disagree (0%)
- N/A (0%)

The Public Policy calls are valuable at the State level.

- Essential (23%)
- **Very Valuable (63%)**
- Somewhat Valuable (15%)
- Not Valuable (0%)
- Do Not Participate (0%)

Ideas for future Public Policy call topics:

- Integration of peers into the treatment environment and general health care environment -- legal and policy implications.
- Institutions for Mental Disease (IMD) Exclusion.
- Strategies to increase the behavioral health workforce.
- Measuring success for the State Targeted Response to the Opioid Crisis (STR) grant.
- For States that have expanded Medicaid, what enhancements have they done in prevention and recovery supports?
- Sustainability and business model development for SSAs and prevention & treatment programs.

## Evaluating NASADAD's Public Policy Department

**Public Policy Products:** Public Policy products, such as fact sheets, letters, and PowerPoint presentations, are useful to the membership. We continue to brainstorm ideas and topics that would be beneficial to the members, particularly at the State level, and we welcome topic ideas submitted by the members.

The Public Policy products (PowerPoints, fact sheets, letters, etc.) cover relevant, timely and useful information.

- **Strongly Agree (51%)**
- Agree (49%)
- Neutral (0%)
- Disagree (0%)
- Strongly Disagree (0%)
- N/A (0%)

Information presented in Public Policy products (PowerPoints, fact sheets, letters, etc.) are communicated in a clear manner.

- Strongly Agree (43%)
- **Agree (57%)**
- Neutral (0%)
- Disagree (0%)
- Strongly Disagree (0%)
- N/A (0%)

Public Policy Staff has created and distributed a number of products; how valuable are these for you?

- Essential (24%)
- **Very Valuable (65%)**
- Somewhat Valuable (11%)
- Not Valuable (0%)
- Have Not Read Them (0%)

The Public Policy products are valuable at the State level.

- Essential (18%)
- **Very Valuable (68%)**
- Somewhat Valuable (13%)
- Not Valuable (0%)
- Have Not Read Them (0%)

## Evaluating NASADAD's Public Policy Department

**Public Policy Membership Services:** A majority of members have reached out to Public Policy staff during the past year. We will continue to promote the Department as a resource for the members on policy issues and investigate other methods to engage with States and provide assistance.

Have you or your staff requested policy-related assistance and/or information in the past year?

- **Yes (46%)**
- **No (46%)**
- Don't Know (8%)

Members' requests for policy-related assistance and/or information are answered in a timely manner.

- Strongly Agree (32%)
- **Agree (35%)**
- Neutral (0%)
- Disagree (0%)
- Strongly Disagree (0%)
- N/A (32%)

The Public Policy Department offers adequate opportunities for membership input in developing products for policy positions.

- **Strongly Agree (48%)**
- Agree (42%)
- Neutral (10%)
- Disagree (0%)
- Strongly Disagree (0%)
- N/A (0%)

Ideas and suggestions to improve the Public Policy Department:

- NASADAD's ongoing solicitation of member input is highly valued. The updates are timely and useful.
- Continue to work with State Directors on developing policies that will further guide the implementation of behavioral health efforts in concert with federal priorities and as a tool to improve outcomes.
- Keep up the great work!
- The NASADAD public policy team is fantastic. They have always been helpful and responsive.
- Continue to have prevention, treatment, and recovery support-focused public policy calls and options.