

Federal Funding for Substance Use Disorder Services:

*Budget/Appropriations Process;
Key Federal Programs;
Trends/observations*

Robert Morrison,
Executive Director/Director of Legislative and Regulatory Affairs
National Association of State Alcohol and Drug Abuse Directors
(NASADAD)



Healthcare Financing - Professor Boss

Georgetown University

July 14, 2022

Topics to Cover

Introduction to NASADAD/Role of SSAs

Big picture facts about federal spending overall and substance use disorder spending

Overview of budget and appropriations process

Key federal programs

Observations

OVERVIEW OF NASADAD

- NASADAD's mission is to promote effective and efficient publicly funded State substance use disorder prevention, treatment, and recovery systems.
- Office in Washington, D.C.
 - Research and Program Applications Department
 - Research Department houses component groups: prevention, treatment, women's services, and SOTAs
 - Public Policy Department
- Governed by Board of Directors
 - Sara Goldsby (SC), President
 - Cassandra Price (GA), Chair, Public Policy Committee
 - Cindy Seivwright (VT), Vice Chair, Public Policy Committee

ROLE OF STATE ALCOHOL & DRUG AGENCIES



What do we do at NASADAD?



Serve as the national voice of State substance use agencies



Foster partnerships among States, federal agencies, and other key national organizations



Develop and disseminate knowledge of innovative substance use programs, policies, and practices



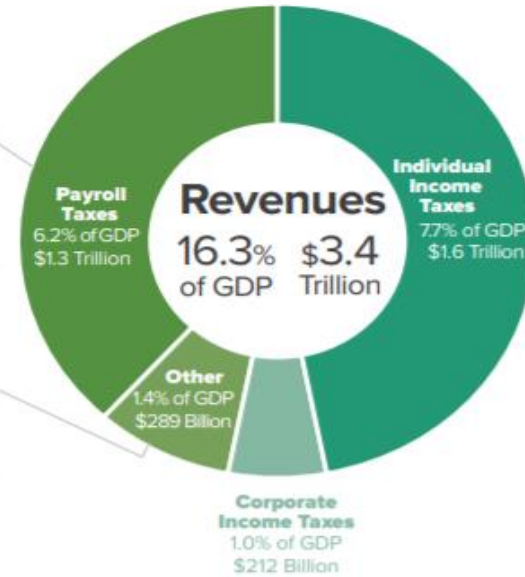
Promote key competencies of effective State substance use agencies



Promote increased public understanding of prevention, treatment, and recovery processes and services

Big Picture: Overall Government Spending

THE FEDERAL BUDGET IN FISCAL YEAR 2020



Mandatory Spending

21.8% of GDP
\$4.6 Trillion

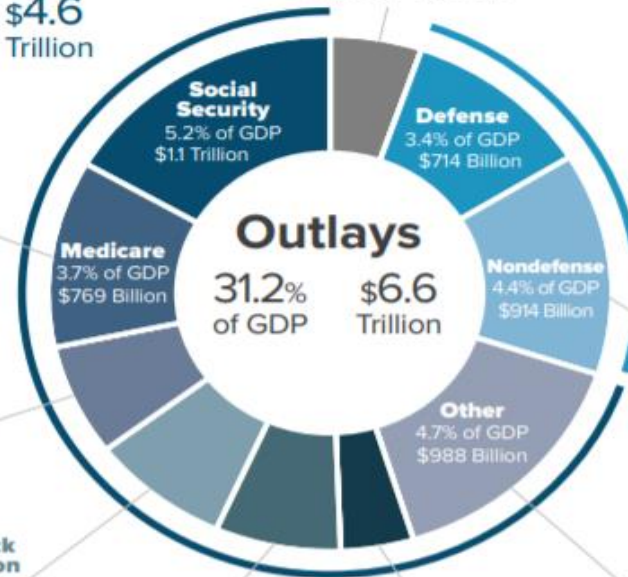
Outlays for Medicare minus income from premiums and other offsetting receipts

Medicaid
2.2% of GDP
\$458 Billion

Paycheck Protection Program
2.5% of GDP
\$526 Billion

Unemployment Compensation
2.3% of GDP
\$473 Billion

Recovery Rebates
1.3% of GDP
\$275 Billion

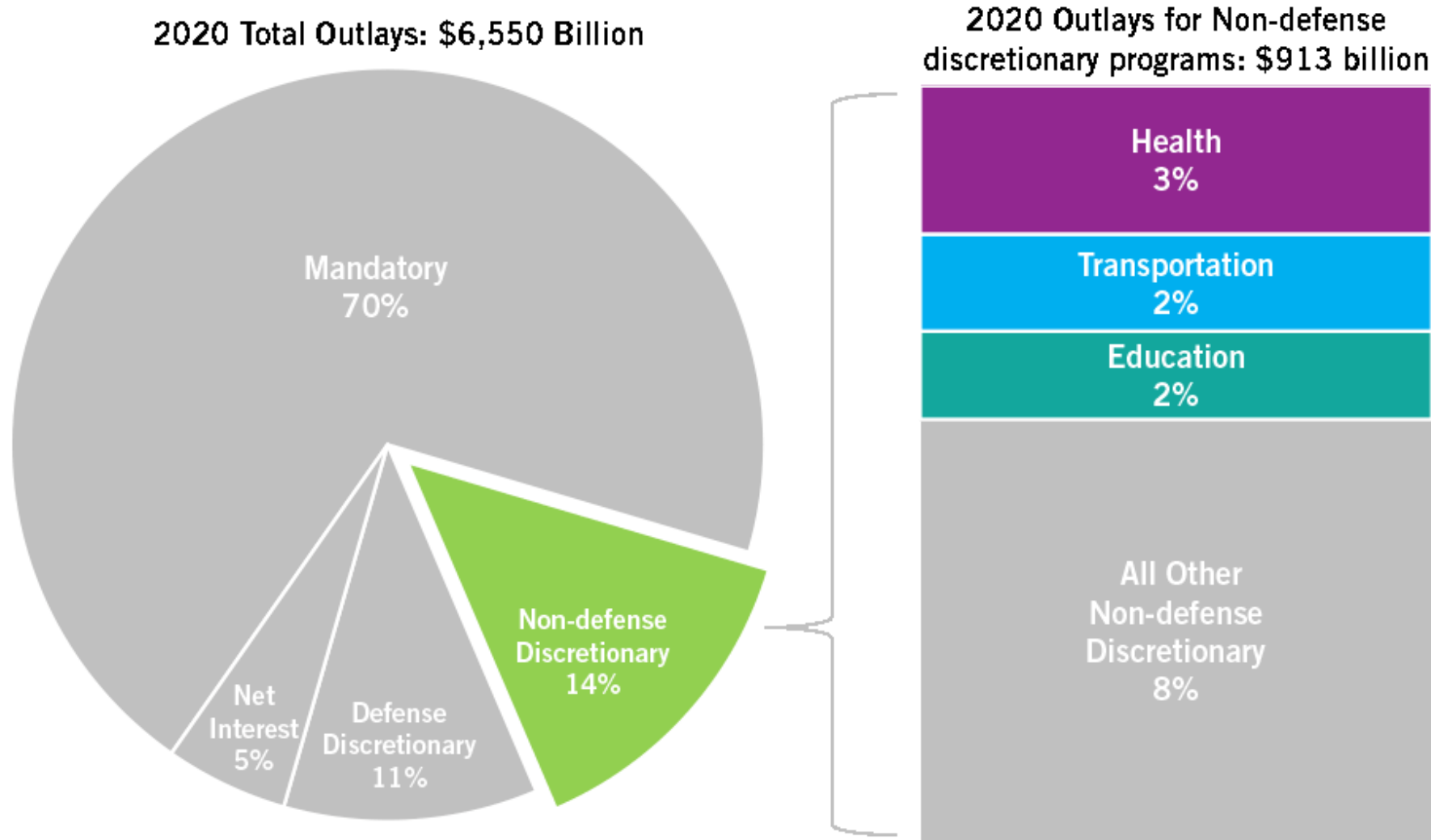


Discretionary Spending

7.8% of GDP
\$1.6 Trillion

Outlays for many programs related to health, transportation, education, veterans' benefits, housing assistance, and other activities

Outlays for federal civilian and military retirement, some veterans' benefits, the earned income and child tax credits, the Supplemental Nutrition Assistance Program, and other mandatory programs, minus income from offsetting receipts



SOURCE: Office of Management and Budget, *Historical Tables, Budget of the United States Government: Fiscal Year 2022*, May 2021.

NOTES: Discretionary health programs include National Institutes of Health, Centers for Disease Control and Prevention, veterans' healthcare, administrative costs for Medicaid, and Indian Health Service. In 2020, spending on health programs was boosted by programs to address the pandemic.

Overall Spending on Substance Use Disorders

Mental health and substance use disorder spending – 2015

Total : \$212 billion

SAMHSA. Behavioral Health Spending & Use Accounts 2006-2015. HHS Pub. No. (SMA) 19-5095

- Substance use disorder spending: \$56 billion in 2015
 - \$47 billion in 2014
 - \$40 billion in 2013
 - \$32 billion in 2012
 - \$28 billion in 2011
 - \$23 billion in 2010

- Mental health spending: \$156 billion in 2015
 - \$151 billion in 2014
 - \$143 billion in 2013
 - \$138 billion in 2012
 - \$137 billion in 2011
 - \$131 billion in 2010

Mental health and substance use disorder spending – 2015

SAMHSA. Behavioral Health Spending & Use Accounts 2006-2015. HHS Pub. No. (SMA) 19-5095

- Substance use disorder spending represented 1.8 percent of all health spending in 2015.
 - Substance use disorder spending represented 0.9 percent in 2006-2010.
- Mental health spending represented 5.1 percent of total health spending.
 - Mental health spending represented This compares to 5.6 percent in 2006.

Substance use disorder spending: Public vs. Private (2015)

SAMHSA. Behavioral Health Spending & Use Accounts 2006-2015. HHS Pub. No. (SMA) 19-5095

In 2006:

- 69 percent of SUD spending came from public sources
- 31 percent of SUD spending came from private sources

In 2015:

- 57 percent of SUD spending came from public sources
- 43 percent of SUD spending came from private sources

Source of substance use disorder spending for both public vs. Private (2015)

SAMHSA. Behavioral Health Spending & Use Accounts 2006-2015. HHS Pub. No. (SMA) 19-5095

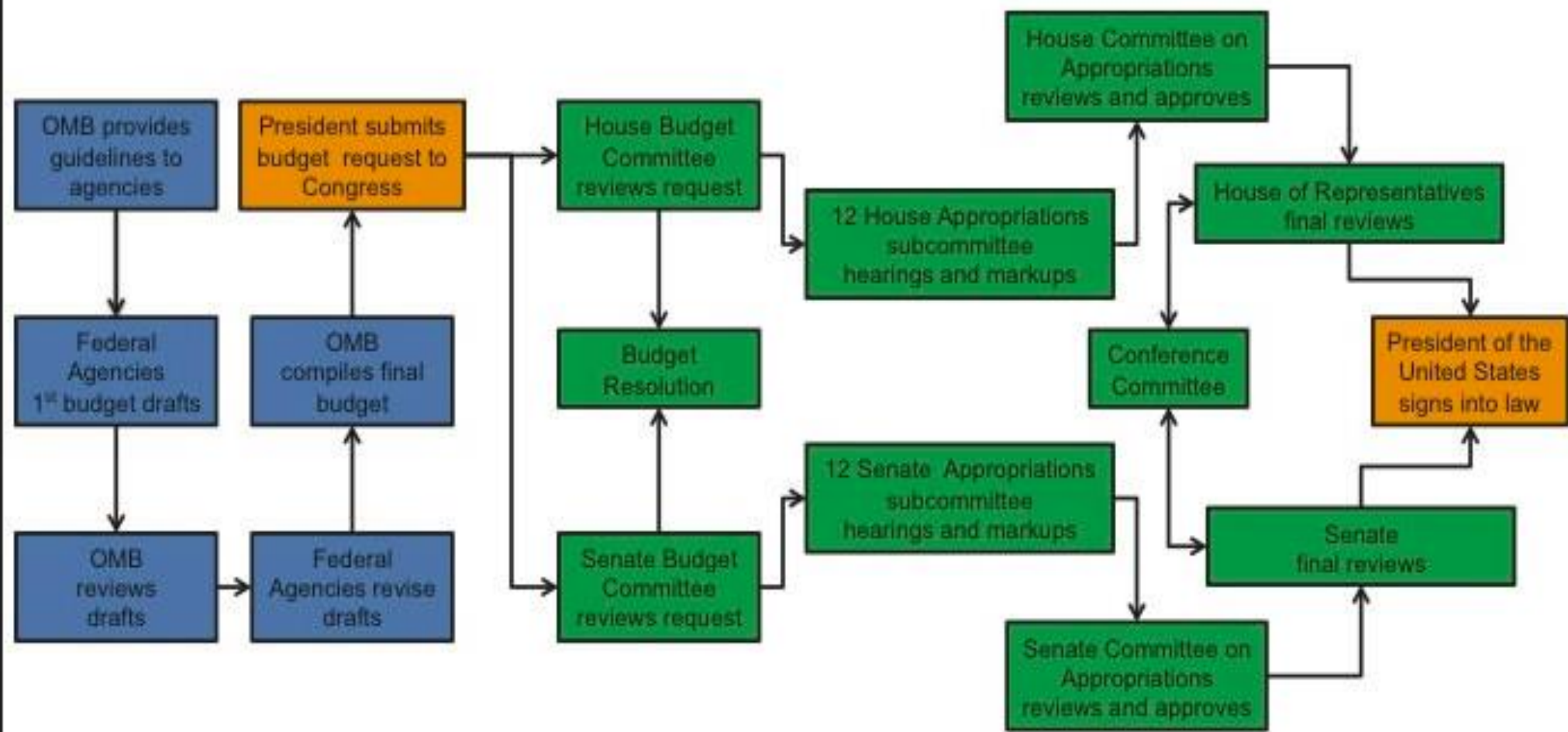
	2006	2015
Other State and local:	30%	17%
Other Federal	15%	11%
Medicaid	19%	25%
Medicare	5%	5%
Other Private	3%	5%
Private Insurance	19%	29%
Our of pocket	9%	10%

Percentages approximate and may not add up to 100%



Federal Budget and Appropriations Process

Annual Budget Process Flowchart



The Federal Budgeting and Appropriations Process





12 Appropriations Subcommittees with jurisdiction over particular agencies

1. Agriculture, Rural Development, Food and Drug Administration, and Related Agencies;
2. Commerce, Justice, Science, and Related Agencies;
3. Defense;
4. Energy and Water Development, and Related Agencies;
5. Financial Services and General Government;
6. Homeland Security;
7. Interior, Environment, and Related Agencies;
- 8. Labor, Health and Human Services, Education, and Related Agencies (“Labor-H”);**
9. Legislative Branch;
10. Military Construction, Veterans Affairs, and Related Agencies;
11. State, Foreign Operations, and Related Programs; and
12. Transportation, Housing and Urban Development, and Related Agencies.

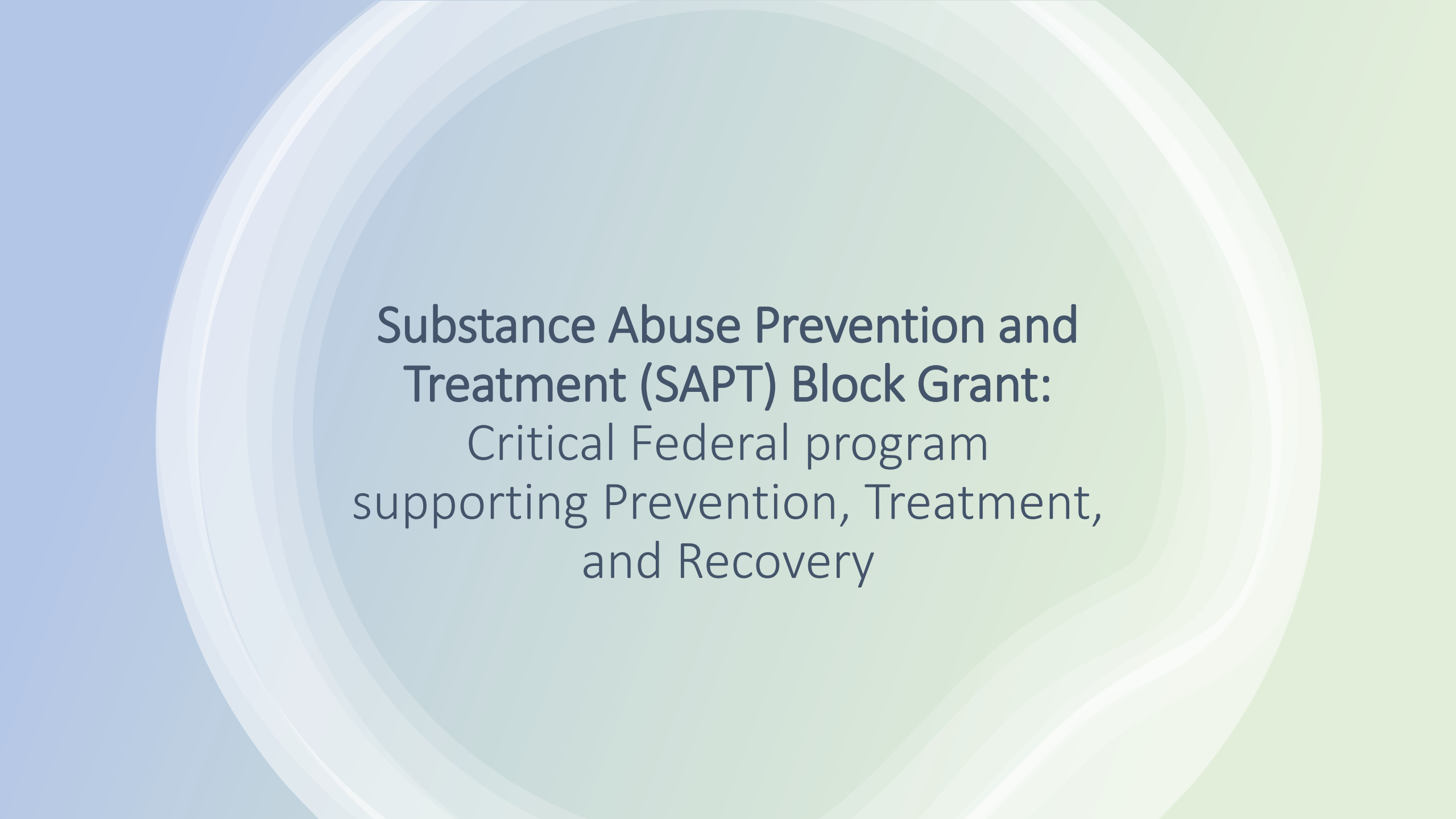
Labor-HHS Subcommittees have jurisdiction over...



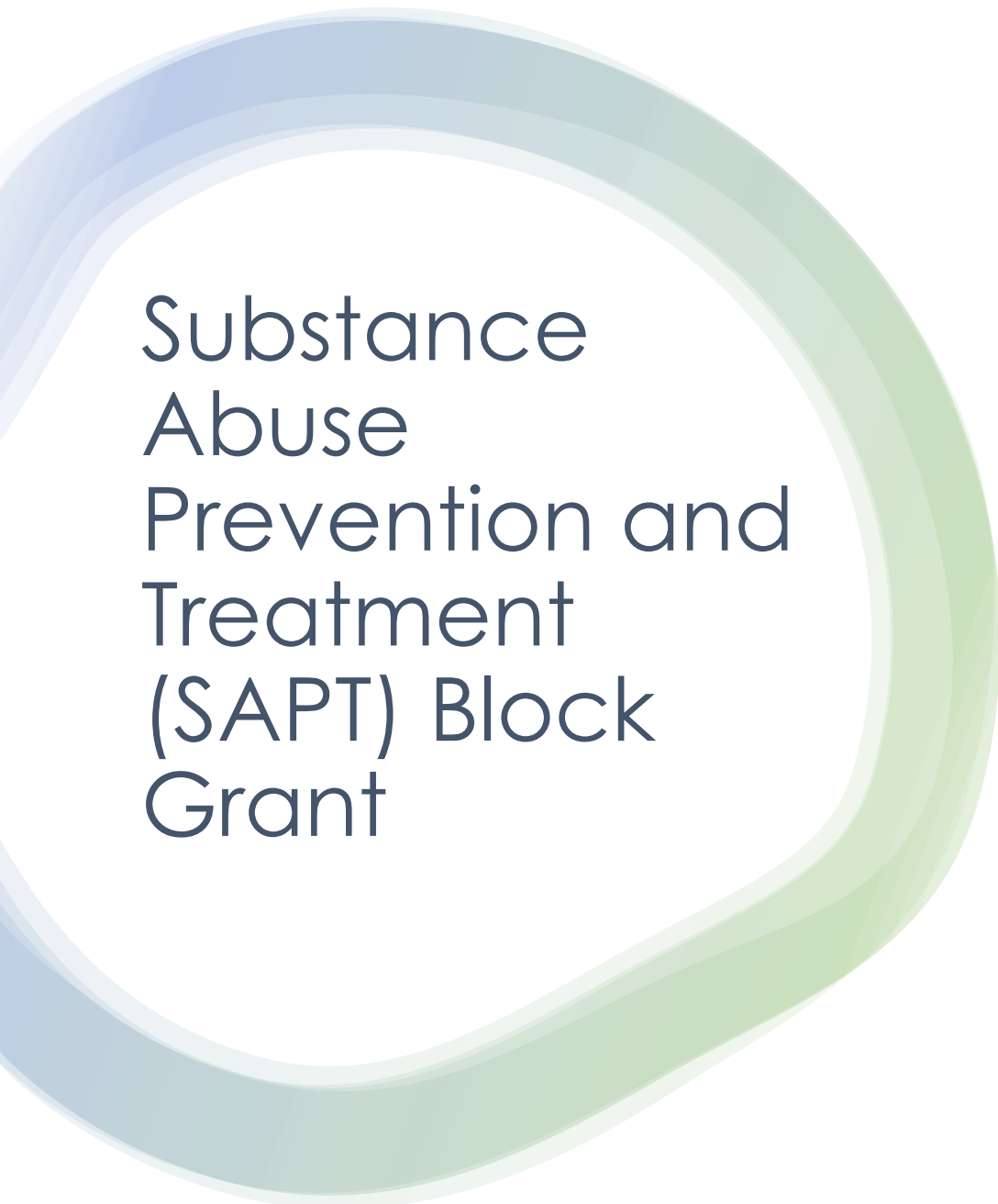
National Institute
on Drug Abuse



...and more.



**Substance Abuse Prevention and
Treatment (SAPT) Block Grant:**
Critical Federal program
supporting Prevention, Treatment,
and Recovery



Substance Abuse Prevention and Treatment (SAPT) Block Grant

- \$1.9 billion formula grant administered by SAMHSA
- Supports treatment for 1.5 million Americans per year
- **20 percent set-aside for primary prevention**
- Flexible program that allows each State to direct resources for prevention, treatment, and recovery to meet their own needs
- Infrastructure for efficient and effective management and allocation of funds



President's FY 2023 Proposed Budget

Released on March 28, 2022

THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

Substance Abuse Prevention and Treatment (SAPT) Block Grant

Program	FY 2020	FY 2021 regular appropriation*	FY 2022	President's FY 2023 Request	FY 2023 vs. FY 2022
SAPT Block Grant	\$1,858,079,000	\$1,858,079,000	\$1,908,079,000	\$3,008,079,000	+\$1,100,000,000

Additional Opioids Allocation

Program	FY 2020	FY 2021	FY 2022	President's FY 2023 Request	FY 2023 vs FY 2022
State Targeted Response (STR) to the Opioid Crisis Grants	Not funded	Not funded	Not funded	Not funded	N/A
State Opioid Response (SOR) Grants	\$1,500,000,000	\$1,500,000,000	\$1,525,000,000	\$2,000,000,000	+\$475,000,000

SAMHSA'S CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)

Program	FY 2020	FY 2021	FY 2022	President's FY 2023 Request	FY 2023 vs FY 2022
CSAT PRNS TOTAL	\$479,677,000	\$496,677,000	\$521,517,000	\$566,364,000	+ \$44,847,000
Addiction Technology Transfer Centers (ATTCs)	\$9,046,000	\$9,046,000	\$9,046,000	\$9,046,000	Level
Building Communities of Recovery	\$8,000,000	\$10,000,000	\$13,000,000	\$20,000,000	+ \$7,000,000
Children and Families	\$29,605,000	\$29,605,000	\$29,605,000	\$30,197,000	+ \$592,000
Comprehensive Opioid Recovery Centers	\$2,000,000	\$4,000,000	\$5,000,000	\$6,000,000	+ \$1,000,000
Criminal Justice Activities	\$89,000,000	\$89,000,000	\$89,000,000	\$124,380,000	+ \$35,380,000
Drug Courts	\$70,000,000	\$70,000,000	\$70,000,000	\$105,000,000	+ \$35,000,000
Emergency Dept. Alternatives to Opioids	\$5,000,000	\$6,000,000	\$6,000,000	\$9,000,000	+ \$3,000,000
First Responder Training*	\$41,000,000	\$42,000,000	\$46,000,000	Not funded	N/A
Rural Focus*	\$23,000,000	\$24,000,000	\$26,000,000	Not funded	N/A
Grants to Develop Curricula for DATA Act Waivers	N/A	Not funded	Not funded	Not funded	N/A
Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths*	\$12,000,000	\$12,000,000	\$14,000,000	Not funded	N/A
Improving Access to Overdose Treatment *	\$1,000,000	\$1,000,000	\$1,000,000	Not funded	N/A
Minority AIDS	\$65,570,000	\$65,570,000	\$65,570,000	\$66,881,000	+ \$1,311,000
Minority Fellowship	\$4,789,000	\$5,789,000	\$5,789,000	\$7,136,000	+ \$1,347,000
Opioid Response Grants**	N/A	\$3,000,000	Not funded	Not funded	N/A
Opioid Treatment Programs/Regulatory Activities	\$8,724,000	\$8,724,000	\$8,724,000	\$13,086,000	+ \$4,362,000
Peer Support Technical Assistance Center	\$1,000,000	\$1,000,000	\$1,000,000	\$1,500,000	+ \$500,000
Pregnant and Postpartum Women (PPW)	\$31,931,000	\$32,931,000	\$34,931,000	\$49,397,000	+ \$14,466,000
Recovery Community Services Program	\$2,434,000	\$2,434,000	\$2,434,000	\$5,151,000	+ \$2,717,000
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	\$30,000,000	\$30,000,000	\$31,840,000	\$30,560,000	- \$1,280,000
Targeted Capacity Expansion (TCE) General	\$100,192,000	\$102,192,000	\$112,192,000	\$147,916,000	+ \$35,724,000
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT- PDOA)	\$89,000,000	\$91,000,000	\$101,000,000	\$136,500,000	+ \$35,500,000
Treatment, Recovery, and Workforce Support	\$4,000,000	\$6,000,000	\$10,000,000	\$9,000,000	- \$1,000,000
Treatment Systems for Homeless	\$36,386,000	\$36,386,000	\$36,386,000	\$37,114,000	+ \$728,000

SAMHSA'S CENTER FOR SUBSTANCE ABUSE PREVENTION (CSAP)

Program	FY 2020	FY 2021	FY 2022	President's FY 2023 Request	FY 2023 vs FY 2022
CSAP PRNS TOTAL	\$206,469,000	\$208,219,000	\$218,219,000	\$311,912,000	+\$93,693,000
Center for the Application of Prevention Technologies (CAPT)	\$7,493,000	\$7,493,000	\$7,493,000	\$11,993,000	+\$4,500,000
Federal Drug-Free Workplace/Mandatory Drug Testing	\$4,894,000	\$4,894,000	\$4,894,000	\$5,139,000	+\$245,000
Minority AIDS	\$41,205,000	\$41,205,000	\$41,205,000	\$42,029,000	+\$824,000
Minority Fellowship	\$321,000	\$321,000	\$321,000	\$1,340,000	+\$1,019,000
Science and Service Program Coordination	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	Level
Sober Truth on Preventing Underage Drinking (STOP Act)	\$9,000,000	\$10,000,000	\$12,000,000	\$10,000,000	-\$2,000,000
Strategic Prevention Framework-Partnerships for Success	\$119,484,000	\$119,484,000	\$127,484,000	\$126,674,000	-\$810,000
<i>Strategic Prevention Framework Rx</i>	\$10,000,000	\$10,000,000	\$10,000,000	\$15,000,000	+\$5,000,000
Tribal Behavioral Health Grants	\$20,000,000	\$20,750,000	\$20,750,000	\$23,665,000	+\$2,915,000

Appropriations for the White House Office of National Drug Control Policy (ONDCP)

Program	FY 2020	FY 2021	FY 2022	President's FY 2023 Request	FY 2023 vs FY 2022
Drug Free Communities (DFC)	\$101,250,000	\$102,000,000	\$106,000,000	\$106,000,000	Level
High-Intensity Drug Trafficking Area (HIDTA) Program	\$285,000,000	\$290,000,000	\$296,600,000	\$293,500,000	-\$3,100,000
Community-Based Coalition Enhancement Grant to Address Local Drug Crises	\$4,000,000	\$5,000,000	\$5,200,000	\$5,200,000	Level

Appropriations for Department of Justice (DOJ)

Program	FY 2020	FY 2021	FY 2022	President's FY 2023 Request	FY 2023 vs FY 2022
Drug Enforcement Administration	\$2,722,295,000	\$2,819,132,000	\$2,933,181,000	\$3,104,600,000	+\$171,419,000
Office of Justice Programs (OJP): Research, Evaluation, and Statistics	\$79,000,000	\$82,000,000	\$70,000,000	\$88,000,000	+\$18,000,000
OJP: State and Local Law Enforcement Assistance	\$1,892,000,000	\$1,914,000,000	\$2,213,000,000	\$2,518,000,000	+\$305,000,000
<i>Byrne Justice Assistance Grants</i>	\$348,800,000	\$360,100,000	\$381,900,000	\$533,500,000	+\$151,600,000
<i>Comprehensive Opioid, Stimulant, and Substance Abuse Program</i>	\$180,150,000	\$185,000,000	\$185,000,000	\$190,000,000	+\$5,000,000
<i>Drug Courts</i>	\$80,000,000	\$83,000,000	\$88,000,000	\$95,000,000	+\$7,000,000
<i>Justice and Mental Health Collaboration [MIOTCRA]</i>	\$33,000,000	\$35,000,000	\$40,000,000	\$40,000,000	Level
<i>Residential Substance Abuse Treatment (RSAT)</i>	\$31,160,000	\$34,000,000	\$40,000,000	\$35,000,000	-\$5,000,000
<i>Second Chance Act/Offender Reentry</i>	\$90,000,000	\$100,000,000	\$115,000,000	\$125,000,000	+\$10,000,000
<i>Veterans Treatment Courts</i>	\$23,000,000	\$25,000,000	\$29,000,000	\$25,000,000	-\$4,000,000
<i>Prescription Drug Monitoring</i>	\$31,000,000	\$32,000,000	\$33,000,000	\$33,000,000	Level
<i>Community Oriented Policing Systems (COPS)</i>	\$343,000,000	\$386,000,000	\$511,744,000	651,000,000	+\$139,256,000
Juvenile Justice Programs	\$320,000,000	\$346,000,000	\$360,000,000	\$760,000,000	+\$400,000,000

State targeted response (STR) and State opioid response (SOR) grants

- Created in the 21st Century Cures Act (P.L. 114-255) that established “an account for the state response to the opioid crisis (STR)” at \$500 million for each FY 2017 and FY 2018. Bill signed in December 2016
- **FY 2017:** \$500 million actually provided for FY 2017 in Consolidated Appropriations Act of 2017 (P.L. 115-31) signed in May 2017
- **FY 2018:** \$500 million for STR in the FY 2018 Consolidated Appropriations Act of 2018 (P.L. 115-141) **THEN ADDITIONAL** \$1 billion provided in the same bill for a new State Opioid Response Grant program (SOR) signed March 2018





**PROPOSED
NAME CHANGES
AT SAMHSA**

PROPOSED NAME CHANGES AT SAMHSA

The President's Proposed FY 2023 Budget, as outlined in congressional justification (CJ) for SAMHSA, proposed several name changes within the agency.

Current name:

**Substance Abuse and Mental Health
Services Administration (SAMHSA)**

-

Proposed new name:

**Substance use And Mental Health
Services Administration (SAMHSA)**

Current name:

**Center for Substance Abuse
Treatment (CSAT)**

-

Proposed new name:

**Center for Substance Use Services
(CSUS)**

Current name:

**Center for Substance Abuse
Prevention (CSAP)**

-

Proposed new name:

**Center for Substance Use Prevention
(CSUP)**

PROPOSED NAME CHANGES TO SAPT BLOCK GRANT

Current name:

**Substance Abuse Prevention and
Treatment Block Grant**

Proposed new name:

**Block Grants For Substance Use Prevention,
Treatment, And Recovery Services**

Other proposed changes:

- “Substance Abuse” to “Substance Use” or “Substance Use Disorder”
- “abuse of alcohol and other drugs” to “use of substance”
- “prevent and treat substance use disorders” to “prevent, treat, and provide recovery support services for substance use disorders”
- “Tuberculosis And Human Immunodeficiency Virus” and inserting “Tuberculosis, Viral Hepatitis, And Human Immunodeficiency Virus”

H.R.7235 - Substance Use Prevention, Treatment, and Recovery Services Block Grant Act of 2022

117th Congress (2021-2022) | [Get alerts](#)

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Sponsor: [Rep. Tonko, Paul \[D-NY-20\]](#) (Introduced 03/28/2022)

Committees: House - Energy and Commerce

Latest Action: House - 03/28/2022 Referred to the House Committee on Energy and Commerce. ([All Actions](#))

Tracker: 📌 **Introduced** > Passed House > Passed Senate > To President > Became Law

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EFFORTS TO
ADDRESS
THE
WORKFORCE
SHORTAGE

NASADAD included recommendations regarding workforce development in Sara Goldsby's testimony before the Senate HELP Committee and Cassandra Price's testimony before the House Energy and Commerce Committee

NASADAD Policy Staff reviewed current loan repayment programs available through HRSA. Policy Staff then held a call with HRSA, NAADAC, IC&RC, and the National Council for Mental Wellbeing to discuss potential improvements to current initiatives.

NASADAD Policy Staff have prioritized the workforce issue in meetings with Capitol Hill and relevant stakeholders

NASADAD WORKFORCE RECOMMENDATIONS

Adjust current statute to give SAMHSA general authority to take all actions necessary to address the workforce crisis.

Adjust the statute governing the SAPT Block Grant to allow States to allocate SAPT Block Grant funds on substance use disorder workforce issues.

Authorize a grant in SAMHSA to State alcohol and drug agencies to help address substance use workforce issues across the continuum.

988 AND CRISIS SERVICES

In 2020, the National Suicide Hotline Designation Act of 2020 was signed into law and incorporated 988 as the new National Suicide Prevention Lifeline (NSPL)

SAMHSA has been working with stakeholders to prepare for the July 2022 launch of 988

NASADAD recommends specifically referencing substance use disorders as a core focus of work related to crisis response efforts

Questions?



rmorrison@nasadad.org



www.nasadad.org



(202) 293-0090