

Leveraging Prevention Funding for States

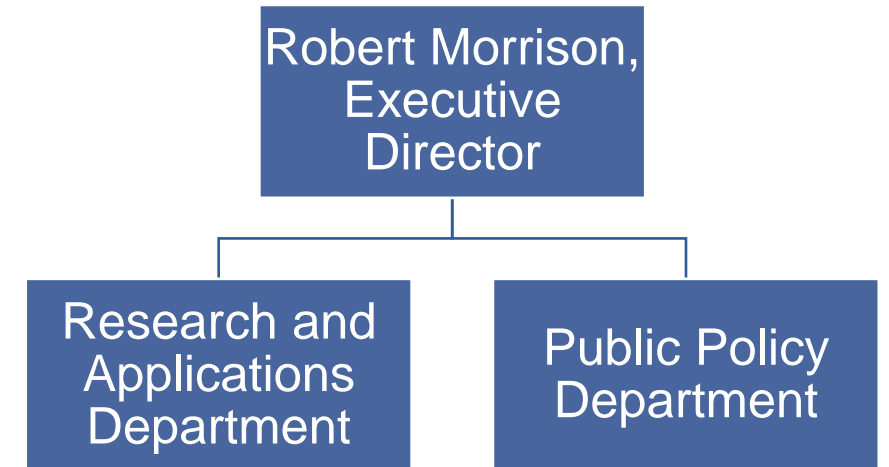
NGA: Optimizing the Continuum of Care and Settlement Funds for Overdose Prevention

Robert Morrison, Executive Director, NASADAD
(Rmorrison@nasadad.org)

March 23, 2023

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
 - Houses component groups: prevention, treatment, women's services, and State Opioid Treatment Authorities (SOTAs)
 - Public Policy Department
- Governed by Board of Directors
 - Sara Goldsby (SC), President
 - Cassandra Price (GA), Public Policy Committee Chair



Role of State Alcohol and Drug Agencies

NASADAD National Association of State Alcohol and Drug Abuse Directors September 2022

The Role of State Alcohol and Drug Agencies

The Single State Agency (SSA) is the lead agency in each State or jurisdiction responsible for managing federal funds dedicated to addressing substance use prevention, treatment, and recovery. These agencies are governed by different statutes and regulations, vary in terms of their exact functions, size, and placement within State government. Yet these same agencies also share common characteristics as well. The development of effective federal policy requires an awareness and appreciation of the important role State alcohol and drug agencies play in managing our nation's prevention, treatment, and recovery system.

Managing the Substance Abuse Prevention and Treatment (SAPT) Block Grant: The SAPT Block Grant is a \$1.9 billion federal formula grant that is allotted to NASADAD members. By statute, twenty percent of the SAPT Block Grant must be dedicated to critical substance use prevention programming.

Managing opioid-specific grants to States: NASADAD members manage the State Opioid Response grants (\$1.525 billion in FY 2022) which address the opioid crisis by increasing access to treatment and reducing opioid overdose deaths through prevention, treatment, and recovery activities. SSAs previously managed the State Targeted Response grants in their State. These grants supplement existing opioid-related services being led by the State alcohol and drug agencies.

Promoting effectiveness through planning, oversight, and accountability: States work with stakeholders to craft and implement annual plans for State-wide service delivery. In the process, they employ mechanisms to ensure public programs are effective. State agencies use tools such as performance data management and reporting, contract monitoring, corrective action planning, on-site reviews, and technical assistance.

www.nasadad.org

<https://nasadad.org/role-of-ssas/>

Placement in State government varies: May be Departments of Health, Human Services, Social Services, Cabinet Level, and so on

Develop annual **State plans** to provide prevention, treatment, and recovery services

Manage the Substance Use Prevention, Treatment, and Recovery Services Block Grant

Manage opioid-specific grants to States

Promote effectiveness through planning, oversight, and accountability

Report Data

Promote and ensure quality

Encourage coordination across state government

Work with the provider community

Spotlight: Working with providers across prevention, treatment, recovery

- **Convene** provider community to ensure communication and awareness; seek and acquire input
- **Support training** to help support providers with education on evidence-based practices related to programs, practices and policies
 - Includes help translating research-to-practice
 - Includes facilitating a dialogue about practice-to-research possibilities
- Lead on issues related to **workforce recruitment, training, and retention**
- **Ensure oversight** of the prevention system through guidance to those deploying policies, programs and practices
- Assist providers in leveraging opportunities offered by **federal partners**

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS)

(formerly Substance Abuse Prevention and Treatment Block Grant [SAPT or SABG])

&

State Opioid Response (SOR) Grant



Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS)

- Distributed by formula to all States, Territories, Jurisdictions, and the Red Lake Band of Chippewa Indians (referred to as “States”).
- Administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).
- The Block Grant supports treatment for 2 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.

The required populations and service areas for activities include:

1. Primary prevention services;
2. Tuberculosis (TB) services involving TB screening, counseling, and referral for medical evaluation and treatment for individuals in SUD treatment services;
3. Early intervention services for HIV/AIDS for individuals in SUD treatment services in designated states;
4. Services for substance using pregnant women and women with dependent children; and
5. Services for persons who inject drugs.

SUPTRS Block Grant – Funding:

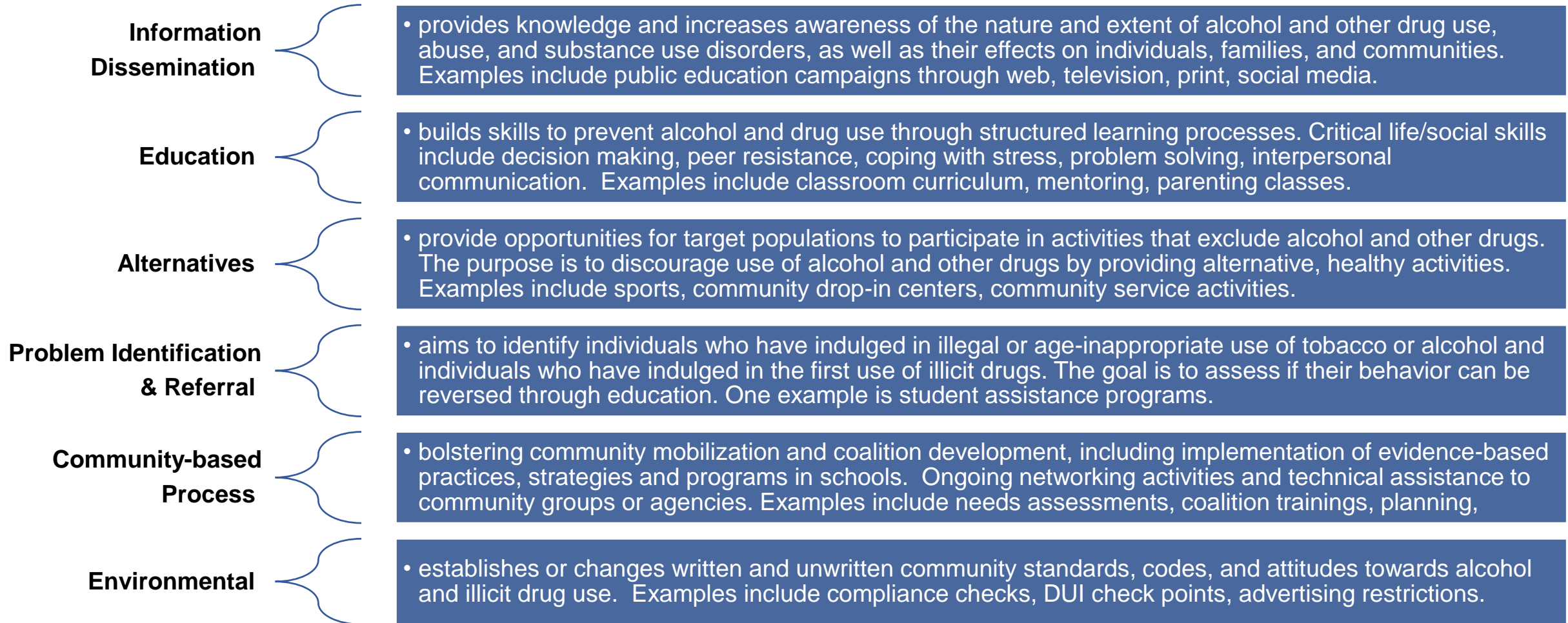
\$356.5 million for prevention set-aside portion

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	President's FY 2024 Request	FY 2024 vs. FY 2023
SUPTRS Block Grant	\$1,858,079,000	\$1,858,079,000	\$1,858,079,000	\$1,908,079,000	\$2,008,079,000	\$2,708,079,000	+\$700,000,000

COVID-19 Relief Supplemental Funding	Consolidated Appropriations Act, 2021 (Coronavirus Relief Package, December 2020)	The American Rescue Plan Act of 2021 (March 2021)
SUPTRS	\$1,650,000,000	\$1,500,000,000

SUPTRS – Prevention Set-Aside

Federal statute requires States to direct at least 20 percent of the SUPTRS Block Grant toward primary prevention services. The program must include, but is not limited to, the following primary prevention strategies:



SOR & STR Grants - Overview

“The purpose of this program is to address the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD).

The SOR program also supports the continuum of care for stimulant misuse and use disorders, including for cocaine and methamphetamine. The SOR program aims to help reduce unmet treatment needs and opioid-related overdose deaths across America.”

Opioid Block Grant Distribution

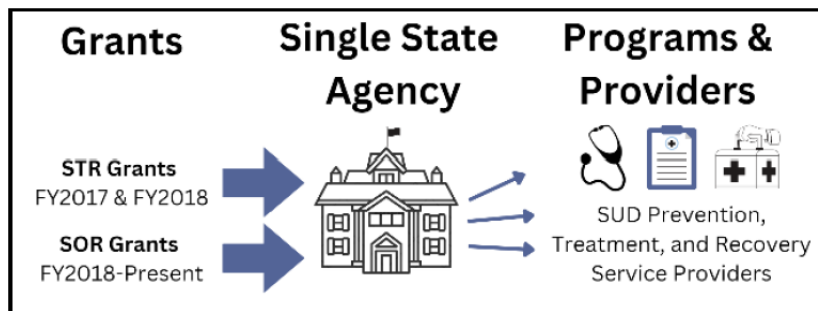
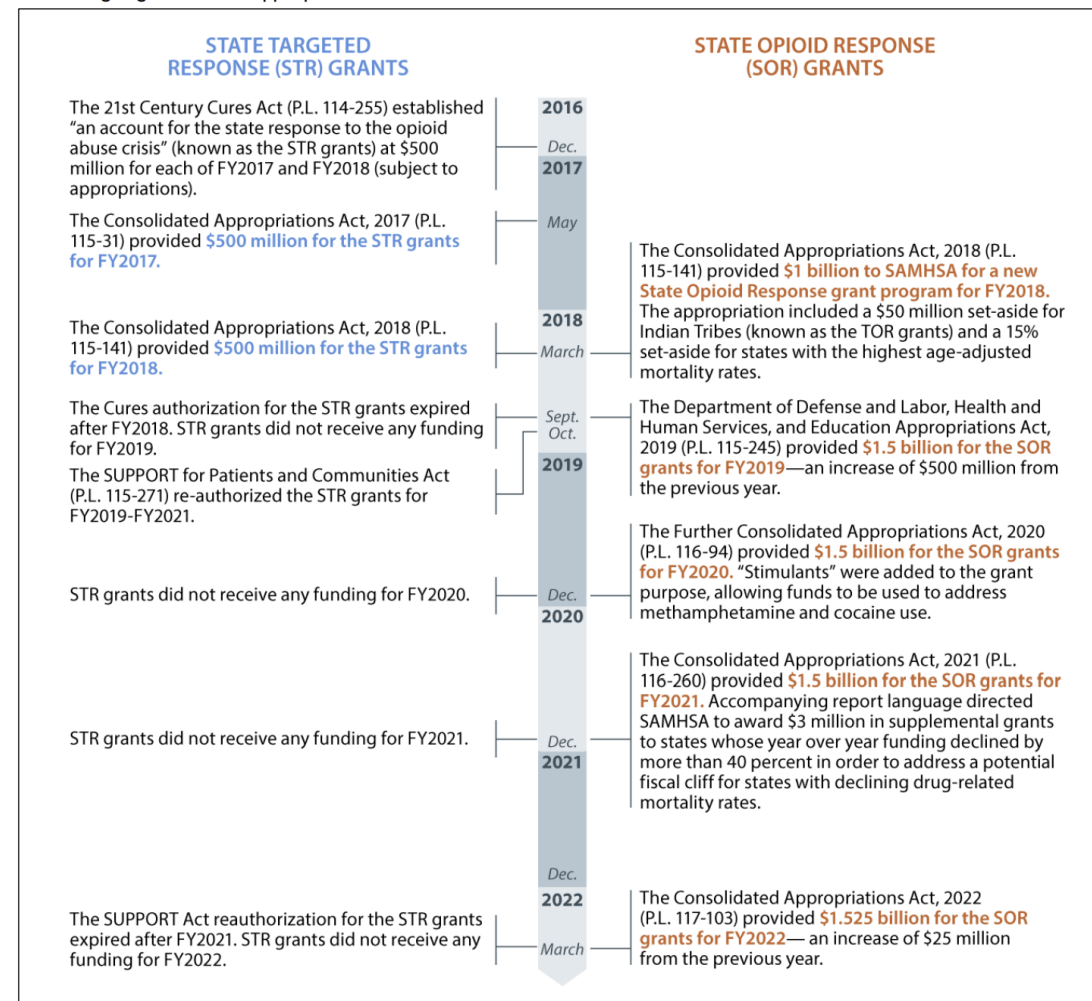


Figure 2. Opioid Block Grant Timeline

Authorizing Legislation and Appropriations Levels over Time for the STR, SOR, and TOR Grants



Source: Congressional Research Service.

SOR & STR Grants - Overview

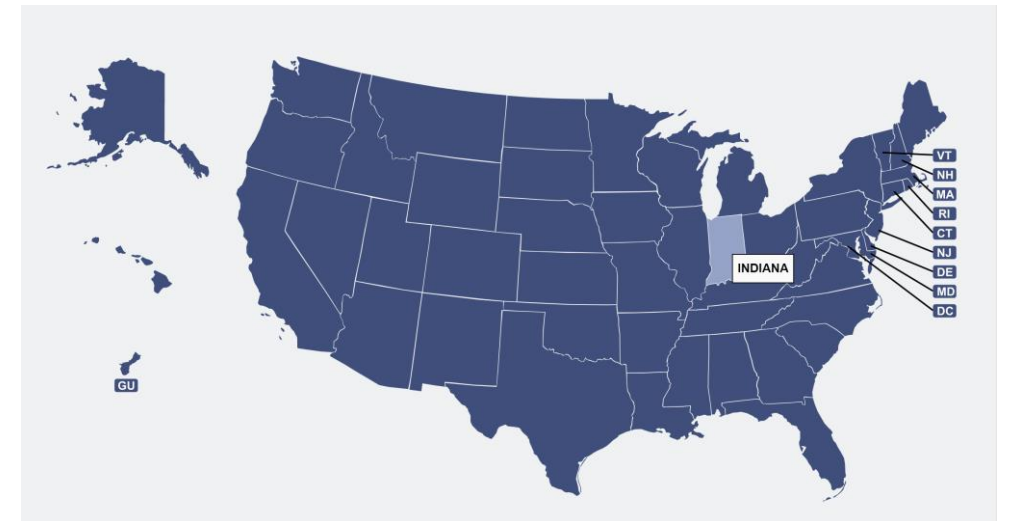
Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	President's FY 2024 Request	FY 2024 vs FY 2023
State Opioid Response (SOR) Grants	\$1,500,000,000	\$1,500,000,000	\$1,500,000,000	\$1,525,000,000	\$1,575,000,000	\$2,000,000,000	+\$425,000,000

SOR & STR Grants – State Spending Briefs

To understand how grantees have used SOR/STR funds, NASADAD developed in 2019 and 2021, individual **State** and **Territorial briefs** that describe highlights of each State alcohol and drug agency's use of STR/SOR funds across the continuum of care.

Thematic briefs were also developed to analyze common strategies and services states have implemented in dealing with the opioid and stimulant misuse and use disorders. The briefs cover:

- Crisis Support Services
- Special Populations Initiatives
- Initiatives to Build Workforce Capacity
- Demonstrating Outcomes for a Healthier Future
- **Prevention Initiatives**
- Treatment Initiatives
- Overdose Reversal Initiatives
- Recovery Support Initiatives



States' Most Common Prevention Initiatives With STR/SOR Funds

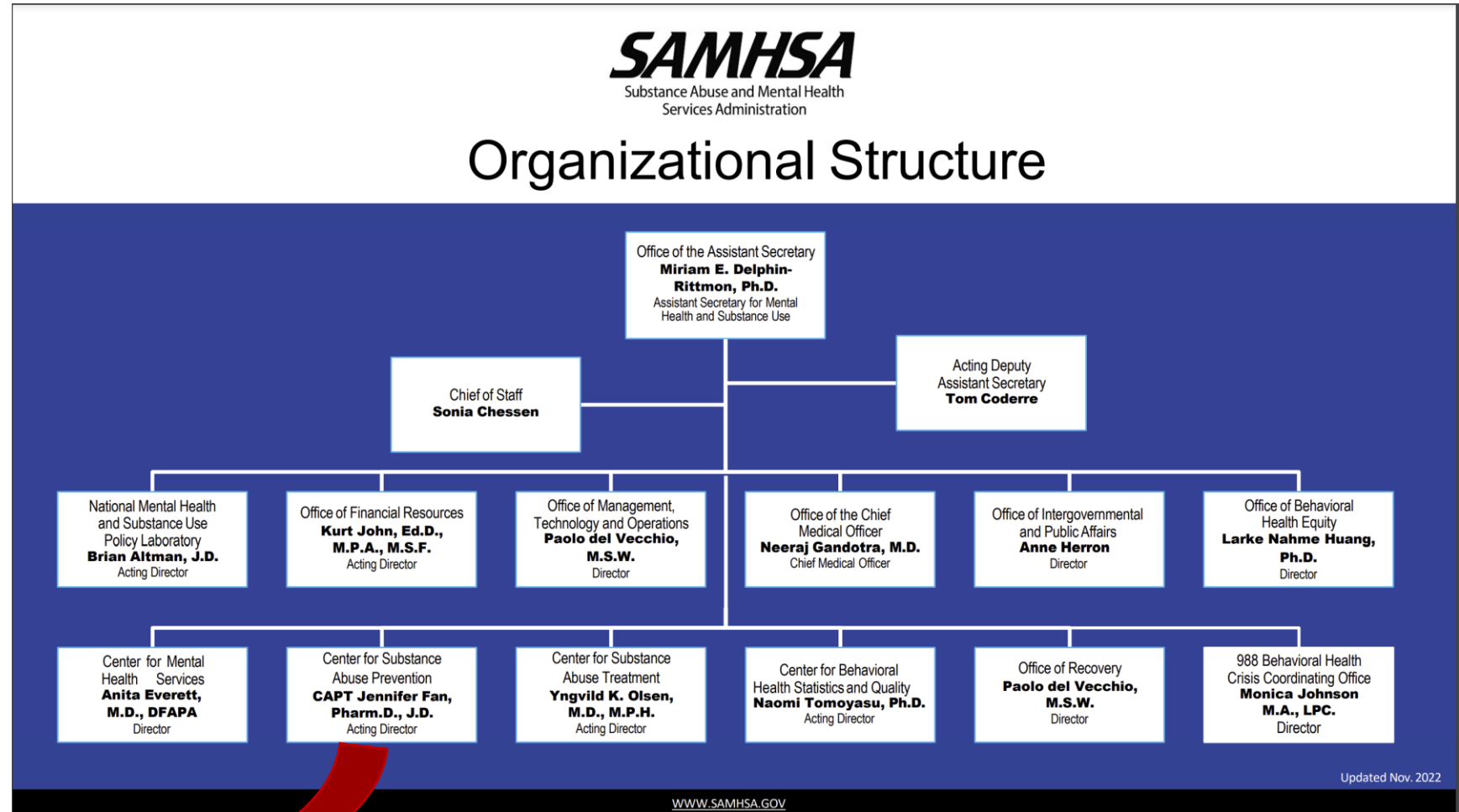
Prevention Initiatives Provided	Specific Activities	Percentage of State Respondents (n=50)
Educational Programs	Delivering evidence-based curriculum; prescriber education	94% (47)
Information Dissemination	Media campaigns; community health fairs; speaking engagements; material distribution	92% (46)
Community-based Processes	Coalitions and task forces; state meetings; community forums; collaboration	84% (42)
Environmental Strategies	Prescription Drug Monitoring Programs (PDMPs); drug deactivation pouches and medication lockboxes; take back events; policy changes	48% (24)
Problem Identification and Referral	Screening, Brief Intervention, and Referral to Treatment (SBIRT)	38% (19)
Alternative Activities	Non-opioid pain medications; sober activities; provider training	14% (7)

<https://nasadad.org/opioid-state-targeted-response-map/> see "Thematic Briefs"



Center for Substance Abuse Prevention (CSAP)

CAPT Jennifer Fan, Pharm.D., J.D., Acting Director of the Center for Substance Abuse Prevention (CSAP)



CSAP Programmatic Budget

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President's FY 24 Request	FY 2024 vs FY 2023
CSAP PRNS TOTAL	\$205,469,000	\$206,469,000	\$208,219,000	\$218,219,000	\$236,879,000	+\$18,660,000	\$245,738,000	+\$8,859,000
At-Home Prescription Drug Disposal Demonstration	Not funded	Not funded	Not funded	Not funded	Not funded	N/A	Not funded	N/A
Center for the Application of Prevention Technologies (CAPT)	\$7,493,000	\$7,493,000	\$7,493,000	\$7,493,000	\$9,493,000	+\$2,000,000	\$11,993,000	+\$2,500,000
Federal Drug-Free Workplace/Mandatory Drug Testing	\$4,894,000	\$4,894,000	\$4,894,000	\$4,894,000	\$5,139,000	+\$245,000	\$5,139,000	Level
Minority AIDS Initiative	\$41,205,000	\$41,205,000	\$41,205,000	\$41,205,000	\$43,205,000	+\$2,000,000	\$43,205,000	Level
Minority Fellowship Program	\$321,000	\$321,000	\$321,000	\$321,000	\$1,321,000	+\$1,000,000	\$2,680,000	+\$1,359,000
Science and Service Program Coordination	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	\$4,072,000	Level	\$4,072,000	Level
Sober Truth on Preventing Underage Drinking (STOP Act)	\$8,000,000	\$9,000,000	\$10,000,000	\$12,000,000	\$14,500,000	+\$2,500,000	\$14,500,000	Level
<i>National Adult-Oriented Media Public Service Campaign</i>	\$1,000,000	\$1,000,000	\$2,000,000	\$2,000,000	\$2,500,000	+\$500,000	\$2,500,000	Level
Strategic Prevention Framework-Partnerships for Success	\$119,484,000	\$119,484,000	\$119,484,000	\$127,484,000	\$135,484,000	+\$8,000,000	\$140,484,000	+\$5,000,000
Strategic Prevention Framework Rx	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	Level	\$15,000,000	+\$5,000,000
Tribal Behavioral Health Grants	\$20,000,000	\$20,000,000	\$20,750,000	\$20,750,000	\$23,665,000	+\$2,915,000	\$23,665,000	Level

Strategic Prevention Framework- Partnerships for Success Program (SPF-PFS)

- SPF-PFS is designed to help state, community, and tribal organizations reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of substance misuse prevention and mental health promotion services.
- The program extends established cross-agency and community-level partnerships by connecting substance misuse prevention programming to departments of social services and their community service providers.
- Beginning in 2019, both states and communities were eligible for SPF-PFS funds.
- SPF-PFS helps states, tribes, and communities address locally identified prevention priorities through a data-driven process. Common priorities include underage drinking, as well as marijuana and other drug misuse among youth and young adults aged 12 to 20.
- In FY 2022, SAMHSA awarded 12 new SPF-PFS grants (5 states and 9 communities) and supported the continuation of 234 existing SPF-PFS grants in FY 2022.

Funding History:

Program	FY 2019	FY 2020	FY 2021	FY 2022	Final FY 2023	FY 2023 vs FY 2022	President's FY 24 Request	FY 2024 vs FY 2023
Strategic Prevention Framework-Partnerships for Success	\$119,484,000	\$119,484,000	\$119,484,000	\$127,484,000	\$135,484,000	+\$8,000,000	\$140,484,000	+\$5,000,000

Drug-Free Communities (DFC) Support Program

- Created in 1997 by the Drug-Free Communities Act, administered by the White House Office of National Drug Control Policy (ONDCP), and managed through a partnership between ONDCP and Centers for Disease Control (CDC).
- The DFC Support Program funds community-based coalitions that engage multiple sectors of the community to prevent youth substance use.
- The program provides grants up to \$125,000 per year for five years to community coalitions to strengthen the infrastructure among local partners to create and sustain a reduction in local youth substance use.
- The DFC Support Program significantly reduces substance use amongst youth, the target population.

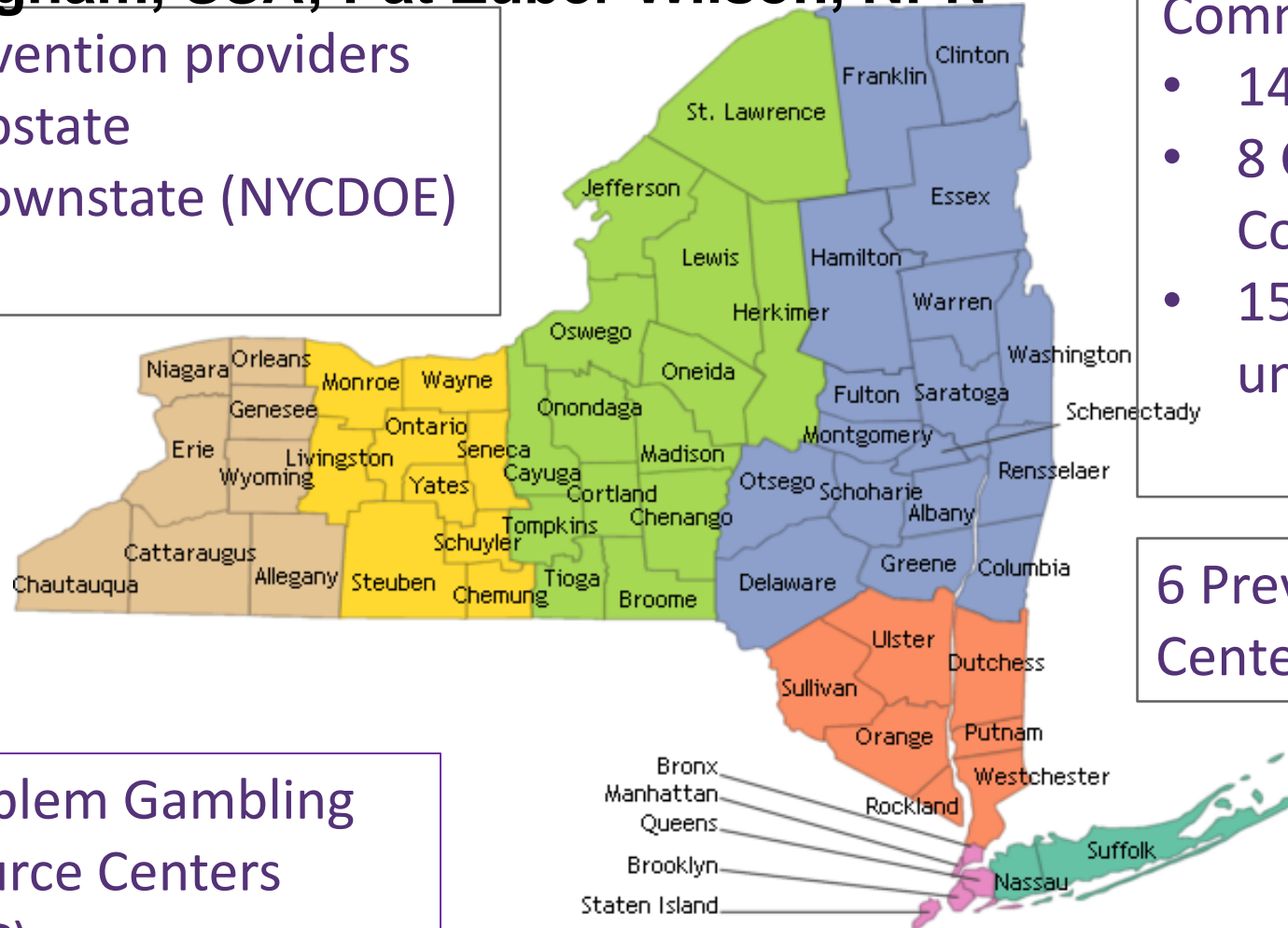
The DFC program goals are to:

- **Establish and strengthen collaboration** among communities, public and private non-profit agencies, and Federal, state, local and tribal governments to support the efforts of community coalitions working to prevent and reduce substance use among youth.
- **Reduce substance use among youth** and, over time, reduce substance use among adults by addressing the factors in a community that increase risk for substance use and promoting factors that minimize risk for substance use.

N.Y. Office of Addiction Services and Supports (OASAS): Dr. Chinazo Cunningham, SSA; Pat Zuber Wilson, NPN

154 prevention providers

- 83 upstate
- 71 downstate (NYCDOE)



Community Coalitions

- 14 Special Populations
- 8 Community Coalition Collaboratives
- 150 local coalitions (funded and unfunded)

6 Prevention Resource Centers (PRC)

7 Problem Gambling Resource Centers (PGRC)

9 Regional Addiction Resource Centers



Office of Addiction Services and Supports

State Epidemiological Workgroup (SEW)

- Goal: Use data collaboratively to inform and enhance state decisions regarding prevention programs, practices, and policies

Risk & Protective
Factor Data

Consumption
Data

Consequence
Data

Service Delivery
Data

- Meet quarterly with a network of data gatekeepers from related agencies

- Department of Health
- Office of Mental Health
- Office of Cannabis Management
- State Liquor Authority
- Office of Children and Family Service
- National Guard
- Governor's Traffic Safety Council

- Council of Children and Families
- Division of Criminal Justice Services
- Gaming Commission
- NYS State Police
- Prevention Providers and Coalitions
- Local Government Units
- NYC Department of Health and Mental Hygiene



**Office of Addiction
Services and Supports**



Office of Addiction Services and Supports

OASAS. Every Step of the Way.



**Training &
Technical
Assistance**

~150 Community Coalitions

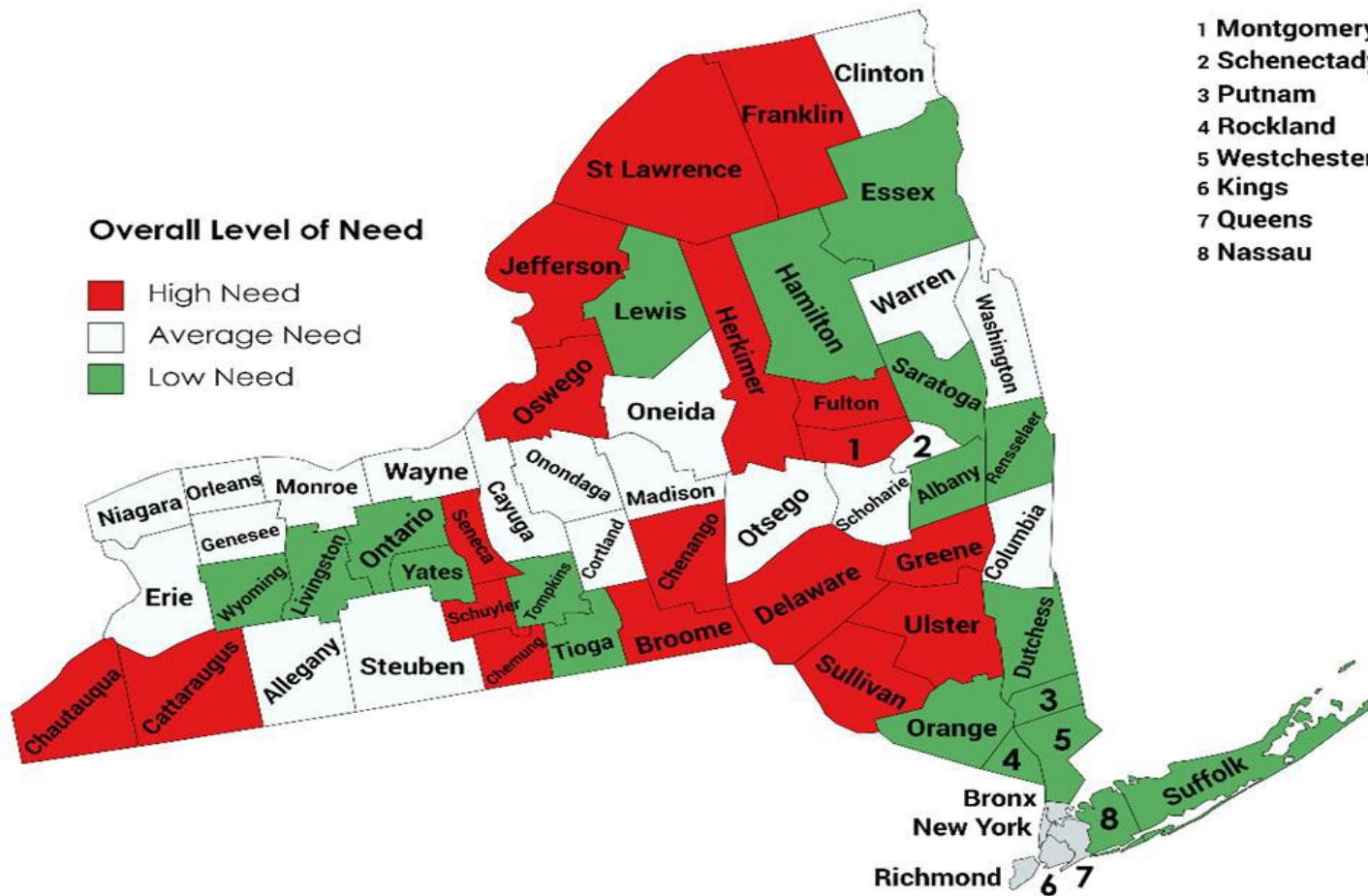


OVERALL LEVEL OF NEED
(TOTAL OF ALL DATA INDICATORS)

Need Category	Total Risk Score
High Need	42 – 59
Average Need	33 – 41
Low Need	11 – 32

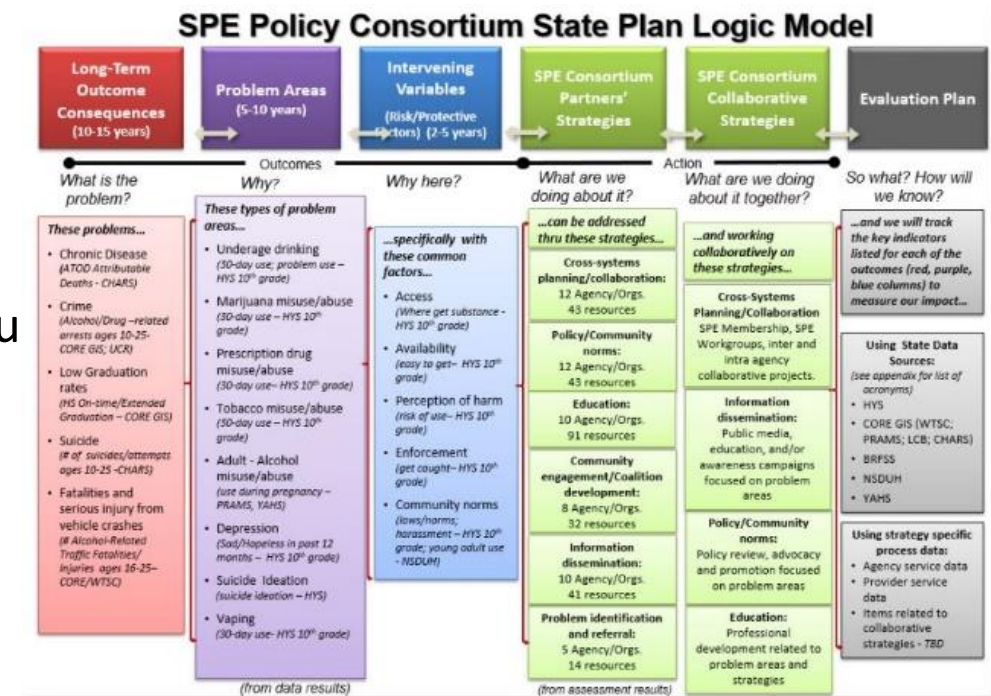
COUNTY	SCORE	COUNTY	SCORE
Chautauqua	59	Otsego	36
Sullivan	57	Schoharie	36
Chemung	55	Allegany	35
Broome	51	Madison	35
Fulton	51	Warren	35
Greene	51	Oneida	34
Oswego	51	Clinton	33
Montgomery	50	Genesee	33
Chenango	47	Wayne	33
Delaware	47	Yates	32
Franklin	45	Rensselaer	30
Schuyler	45	Essex	29
Cattaraugus	44	Lewis	29
Herkimer	43	Dutchess	26
Saint Lawrence	43	Hamilton	25
Seneca	43	Albany	24
Ulster	43	Orange	24
Jefferson	42	Wyoming	24
Steuben	41	Ontario	23
Niagara	40	Tompkins	23
Orleans	40	Suffolk	22
Columbia	39	Livingston	21
Cortland	39	Putnam	17
Onondaga	39	Tioga	17
Erie	38	Rockland	15
Schenectady	38	Saratoga	15
Washington	38	Westchester	13
Cayuga	37	Nassau	11
Monroe	37		

Level of Need



Washington State – Michael Langer, Single State Authority (SSA); Sarah Mariani, Prevention Coordinator (NPN): State Prevention Enhancement (SPE) Policy Consortium

- **What is the SPE?** Responsible for the state-level planning and implementation of collaborative strategies to address substance use disorder prevention and mental health promotion comprised of representatives from 26 state and tribal agencies and organizations.
- **SPE Workgroups:**
 - Opioid Prevention Workgroup
 - Young Adults Cannabis Prevention Workgroup
 - WHY Coalition
 - Mental Health Promotion/Suicide Prevention Workgroup
 - Commercial Tobacco and Vapor Products Workgroup
 - State Epidemiological Outcomes Workgroup (SEOW)

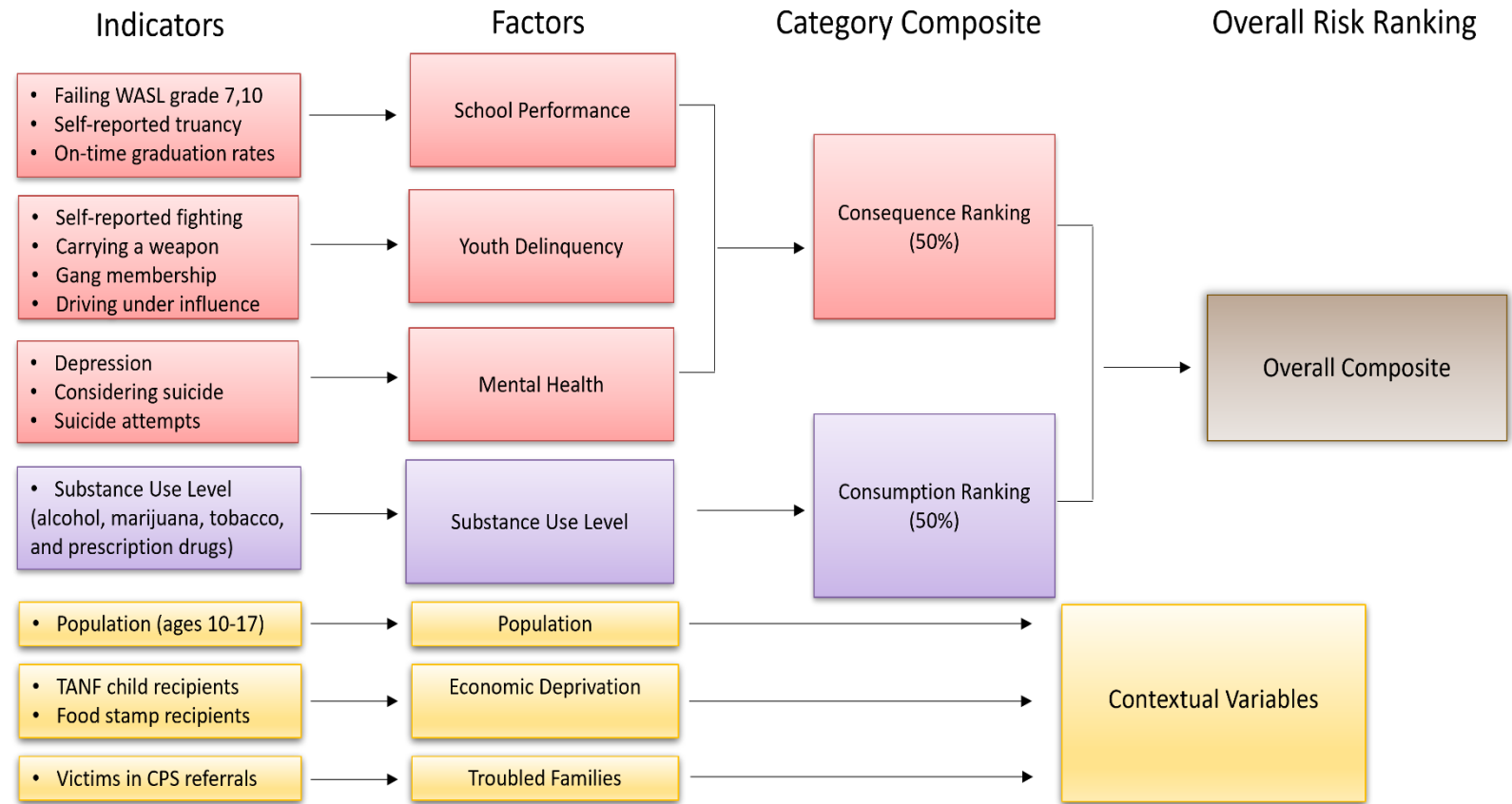


Risk Scoring

Methodology

- A single ***risk score*** is computed for each ***school district or HSAA***. School districts and HSAA are then ***ranked statewide*** and assigned a percentile ranking
- Risk ranking is based on Healthy Youth Survey and other measures (variables)

Figure 1. Substance Use Risk Ranking Methodology



County Community Risk Profiles

PIERCE COUNTY	RISK RANKING			RISK CATEGORY RANK		CONTEXTUAL INDICATORS	
	Population: Age 10-17*	Rank for Variable	Indicators with Data	ATMO Consumption	Consequence	Economic Deprivation	Troubled Family
School District							
Bethel	13,961	56	22	Average	Average	Average	Average
Clover Park	6,907	41	22	Low	Average	High	High
Eatonville	1,420	69	22	Average	Average	Average	Average
Fife	2,312	33	22	Average	Average	High	No Data
Franklin Pierce	5,222	57	22	Average	Average	Low	Low
Orting	1,794	67	22	Low	No Data	Average	Low
Peninsula	7,129	15	3	No Data	No Data	Low	Low
Puyallup	15,284	.	3	Average	Average	Low	Average
Steilacoom Historical	2,169	38	22	Average	Low	Average	Low
Sumner	5,982	42	3	No Data	No Data	Low	Low
University Place	3,218	.	3	Average	Average	Average	Average
White River	2,830	.	.	No Data	No Data	Low	Low

NOTES:
 * This is a 5-year average value.
 This risk profile reflects the risk levels of this county as of May 2022. School districts with no high schools are not included in this summary. Please note risk levels and risk rankings may change over time.
 This risk profile reflects the risk levels of this county as of May 2022. School districts with no high schools are not included in this summary. Please note risk levels and risk rankings may change over time.
 The ATMO consumption risk score is calculated from prevalence of alcohol, tobacco, marijuana, and prescription opioids use. The consequence risk score is calculated from school performance, youth indicators. The overall risk ranking is not computed if either consumption or consequence score is missing.
 A Risk Category Rank of "Very High" indicates the referenced School District Risk Score was in the top 10% of School Districts in the risk category.
 A Risk Category Rank of "High" indicates the referenced School District Risk Score was in the top 25% of School Districts in the risk category.
 A Risk Category Rank of "Average" indicates the referenced School District Risk Score was in the bottom 25% and 75% of School Districts in the risk category.
 A Risk Category Rank of "Low" indicates the referenced School District Risk Score was in the bottom 10% of School Districts in the risk category.
 A Risk Category Rank of "Very Low" indicates the referenced School District Risk Score was in the bottom 10% of School Districts in the risk category.

Review Considerations
 1) To get an overall sense of risk severity for both consumption and consequence, examine the "Risk Percentile". It reflects what % of School District had a Risk Score LOWER than the referenced 5.
 2) To ensure that the risk score is meaningful, examine the "Indicators with data" column. Risk scores based on few indicators should be interpreted with caution. In total, 23 indicators were used.
 3) To consider other contextual information, examine the "Population: Age 10-17", "economic deprivation" indicator, and the "troubled family" indicator. Note the "Population 10-17 year olds" enrollment as it accounts for kids not in school as well as those in private schools.

ATTENTION! HYS 2021 is different from past surveys in several ways, so caution should be used when comparing HYS 2021 results to prior survey years/trends:
 • The pandemic has likely influenced student behaviors and responses to the survey.
 • There was a three-year gap (2018 to 2021) instead of the usual two-year gap - delaying the survey by a year changed the group/cohort of students being surveyed.
 • This was the first time the survey was administered electronically - ~2% of students took a paper-and-pencil survey, and ~2% of students took the survey remotely (not on school property).
 • Future HYS cycles will tell us more about which changes or trends will continue and which were unique to 2021.

DSHS | Research and Data Analysis Division
 Community Outcome and Risk Evaluation (CORE), May, 2022

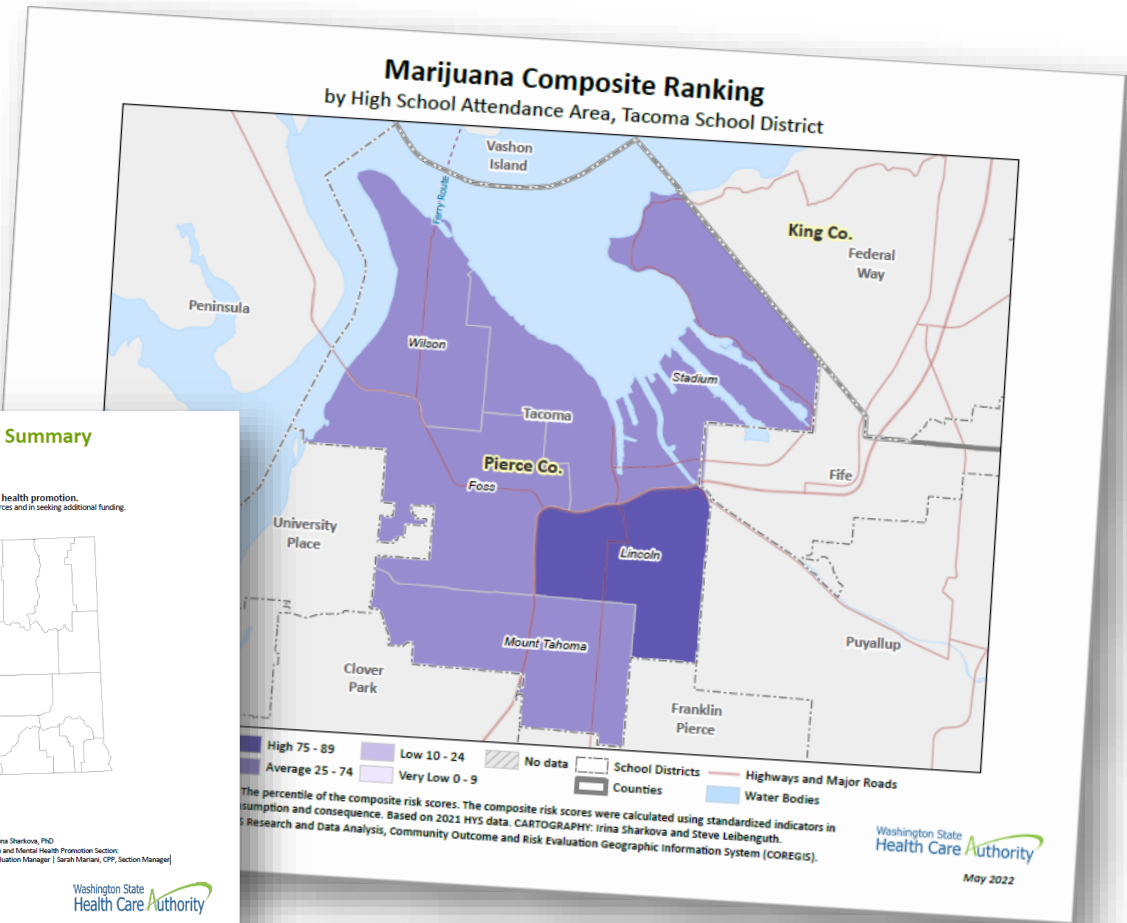
2022 Community Risk Profile Summary Pierce County

May 2022

Indicators associated with substance use prevention and mental health promotion.
 Presented at the State, County, and School District level for use by communities in directing their resources and in seeking additional funding.

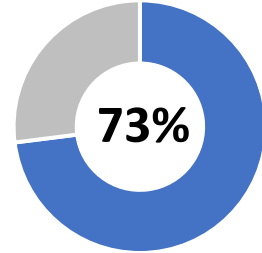
CONTRIBUTORS
 DSHS Research and Data Analysis Division: Aileen Daniels, MA | Grace Hong, PhD | Irina Sharkova, PhD
 In collaboration with the HCA Division of Behavioral Health and Recovery, Substance Use Disorder Prevention and Mental Health Promotion Section:
 Katelyn Katic, MSW, Policy and Program Supervisor | Sandy Salvarius, MEd, MPH, Epidemiological Prevention Research and Evaluation Manager | Sarah Mariani, CPT, Section Manager

Washington State Health Care Authority
 Transforming lives

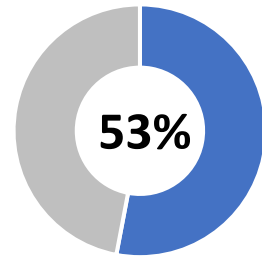


Community-level change: Substance use

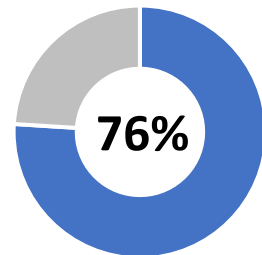
94% of CPWI communities had significant decreases or remained neutral across most substance use outcomes (>80%)



of CPWI communities showed reductions in **heavy drinking** among youth



of CPWI communities showed reductions in youth **access to alcohol**



of CPWI communities showed reductions in youth **access to cigarettes**



Final thoughts: Workforce, workforce, workforce

- Substance use prevention field needs support like other professionals working in other parts of the substance use disorder continuum (treatment, recovery)
- Workforce needs related to
 - Certified prevention professionals
 - Coalition leaders
 - Researchers

Questions?

Robert I.L. Morrison
Executive Director/Director of Legislative Affairs
National Association of State Alcohol and
Drug Abuse Directors (NASADAD)
Suite M 250, 1919 Pennsylvania Avenue, NW
Washington, D.C. 20006
Phone: (202) 292-4862
Email: rmorrison@nasadad.org
Web Page: www.nasadad.org