



# **Federal programs supporting the purchase of overdose reversal medications**

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**National Governors Association (NGA)**

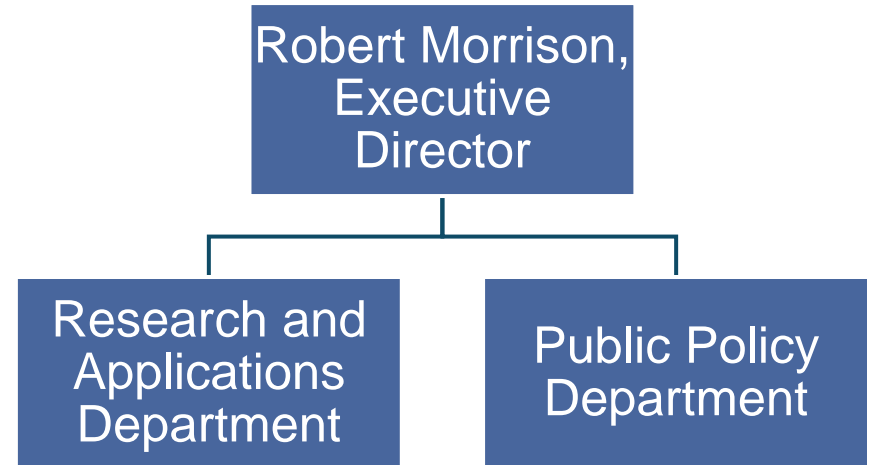
**July 8, 2024**

**Salt Lake City, Utah**

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# 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
  - Public Policy Department
- **Governed by Board of Directors**
  - Sara Goldsby (SC), President
  - Val Mielke (N.J.), Vice President
  - Cassandra Price (GA), Public Policy Committee Chair



# What do we do at NASADAD?



Serve as the national voice of State substance use agencies



Foster partnerships among States, federal agencies, and 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 substance use prevention, treatment, and recovery processes and services

**In addition to State Directors, NASADAD serves as an umbrella group for Staff focused on a population or part of the continuum**



Prevention Coordinators  
(National Prevention Network)



Treatment Coordinators  
(National Treatment Network)



Women's Services Coordinators  
(Women's Services Network)



State Opioid Treatment Authorities (SOTAs)  
Opioid Treatment Network (OTN)



Youth Coordinators



HIV Coordinators

# 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](http://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 **State plans** to provide prevention, treatment, and recovery services

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

Manage opioid-specific grants to States – including State Opioid Response (SOR) Grant

Promote effectiveness through planning, oversight, and accountability

Report Data

Promote and ensure quality and evidence-based services

Encourage coordination across State government

Work with the provider community

# **Federal programs supporting purchase of, and training regarding, use overdose reversal medications with emphasis on EMS**

- **\*\*First Responders Comprehensive Addiction and Recovery Act's (FR-CARA) - SAMHSA**
- **\*\*Rural Emergency Medical Services Training Grant - SAMHSA**
- **Improving Access to Overdose Treatment - SAMHSA**
- **Rural Communities Opioid Response Program - HRSA**

# First Responders Comprehensive Addiction and Recovery Act's (FR-CARA) - SAMHSA

- **Eligible applicants/managers:** States, Tribes, local government entities “*including but not limited to municipal corporations, counties, cities, boroughs, incorporated towns, and townships*”
- **Federal agency home:** SAMHSA
- **Establishment/Purpose:** Congress established the program through the Comprehensive Addiction and Recovery Act (P.L. 114-198) in 2016. The purpose is to ***provide resources to support first responders*** and members of other key community sectors on training, administering, and distributing ***...FDA-approved overdose reversal medications.***”

# First Responders Comprehensive Addiction and Recovery Act's (FR-CARA) - SAMHSA

- **Funding information:** Approximately \$6 million was listed available for the most recent round of applications due April 15, 2024.
  - \$4 million for non-rural and \$2 million for rural communities
- **Amount per award:** Between \$300,000.00 and \$800,000.00
- **Project period:** Up to 4 years
- **Number of awards:** Up to 15 awards anticipated to start September 2024



# First Responders Comprehensive Addiction and Recovery Act's (FR-CARA) - SAMHSA

- Allowable but not required use of funds (taken directly from the application):

***“Facilitate field initiation of low-threshold medication (e.g. buprenorphine) intended to reduce the risk of withdrawal symptoms and overdose death per applicable local, state, and federal regulations.”*** Applicants proposing to implement this allowable activity must submit Letters of Commitment, a Statement of Certification, and outline their training and field initiation protocol...”

# Rural Emergency Medical Services Training Grant - SAMHSA

- **Eligible applicants/managers:** Rural emergency medical service agencies operated by a local or tribal government and rural non-profit emergency service agencies.
- **Federal agency home:** SAMHSA
- **Establishment/Purpose:** The purpose is to ***recruit and train EMS personnel in rural areas*** with a particular focus on addressing substance use disorders (SUD) and co-occurring disorders (COD) substance use and mental disorders. Recipients will be expected to train EMS personnel on SUD and COD, trauma-informed, recovery-based care for people with such disorders in emergency situations and, as appropriate, to maintain licenses and certifications relevant to serve in an EMS agency.

# Rural Emergency Medical Services Training Grant - SAMHSA

- **Funding Information:** Approximately \$10.4 million was available for FY 2024 where applications were due March 2024. Next application date anticipated in March 2025.
- **Amount per award:** Up to \$200,000.00 per year
- **Project period:** Up to two years
- **Number of awards:** 52

# Rural Emergency Medical Services Training Grant - SAMHSA

## **Required activities (list not exhaustive)**

- Train EMS personnel on mental and substance use disorders...and people with such disorders in emergency situations.
- Acquire emergency medical services equipment
- Train EMS personnel on the use of Naloxone, and/or other FDA-approved opioid reversal medications, in emergency opioid overdose situations;
- Train EMS personnel, provide resources, and implement procedures on connecting those who have undergone overdose reversal to substance use disorder treatment;
- Train EMS personnel on the use of motivational interviewing to engage those individuals who use substances, and/or who suffer mental health conditions, and to provide referrals to treatment and harm reduction services;
- Train EMS personnel on working with local peer-support specialists on warm hand-offs
- Develop procedures to ensure all overdoses are reported

# Rural Emergency Medical Services Training Grant - SAMHSA

## **Allowable but not required use of funds (list is not exhaustive)**

- **Purchase FDA-approved medication or devices for emergency reversal of known or suspected opioid overdose;**
- Purchase, distribute, and train on the use of FDA approved fentanyl and xylazine test strips;
- **Purchase buprenorphine and train EMS personnel on the use of this medication in the field, as directed by an appropriately licensed and trained medical practitioner with prescribing authority, after overdose reversal, to treat opioid withdrawal and bridge individuals into treatment;**
- Recruit and train EMS personnel, which may include volunteer personnel;
- Develop new ways to educate emergency health care providers using technology-enhanced educational methods

## Other Programs to note but less direct focus on EMS

- **Improving Access to Overdose Treatment – SAMHSA:** Eligible applicants are Federally Qualified Health Centers (FQHCs) Opioid Treatment Programs (OTPs) and practitioners that can prescribe.
  - \$1.5 million total in FY 2024 within SAMHSA.CSAP
  - 7 awards of \$200,000.00 per year per award up to 5 years (March 2023)
- **Rural Communities Opioid Response Program – HRSA:** Eligible applicants are public and private entities with focus on substance use disorder treatment and recovery. Includes emphasis on MAT.
  - \$145 million in FY 2023
  - Most recently broken into different categories focused on (1) MAT and (2) Adolescent among other areas of concentration

# Federal programs supporting purchase of, and training regarding, use overdose reversal medications

- \*\*State Opioid Response (SOR) Grant – SAMHSA
- \*\*Substance Use Prevention, Treatment, Recovery Services (SUPTRS) Block Grant – Substance Abuse Mental Health Services Administration (SAMHSA)
- Grants to Prevent Prescription Drug / Opioid Overdose-Related Deaths
- Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) – DOJ

# State Opioid Response (SOR) Grant

- **Eligible applicants/managers:** State alcohol and drug agency directors
- **Federal agency home:** SAMHSA
- **Establishment/Purpose:** Created by Congress through the 21<sup>st</sup> Century Cures Act in 2016 (P.L. 114-255) to help States address the opioid crisis (and stimulants added in 2019) through prevention, treatment, recovery, overdose reversal. Early intense emphasis on expanding access to medications for opioid use disorder.
- **Funding level:** \$1,575,000,000.00 in FY 2024– Most recent round of applications were due July 1, 2024



# State Opioid Response (SOR) Grant and Overdose Reversal Medications

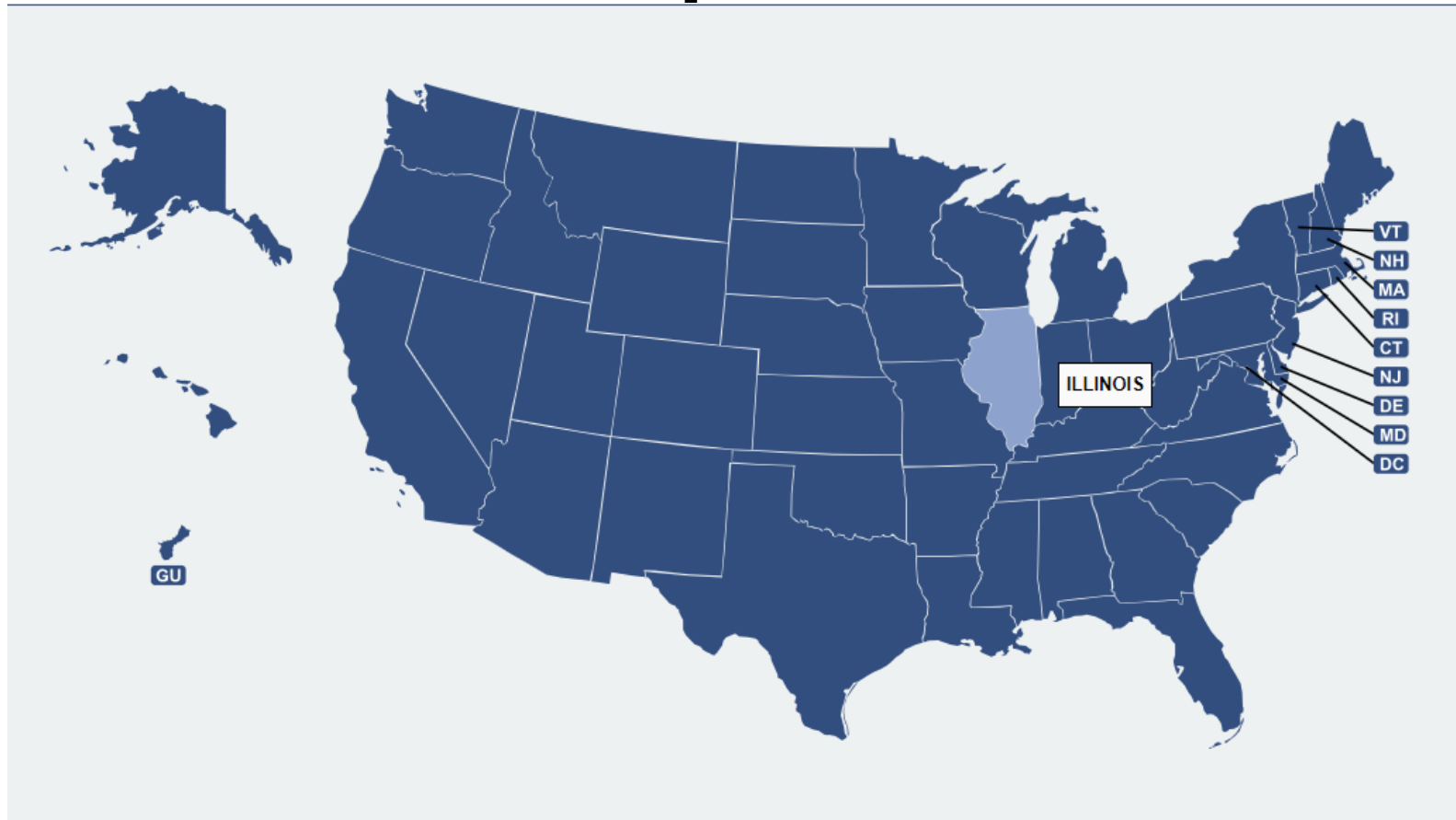
- **Allowable use:** Purchase and distribution of overdose reversal medications  
Training of first responders
- **Requirement:** “An updated distribution and saturation plan particularly focused on areas within your state...with high rates of mortality.” Plan must include information on distribution strategy, partnerships and leveraging other funding sources (including FR CARA), etc.
- **FYI:** SAMHSA is sponsoring Overdose Reversal Medication Saturation Policy Academies to take a deeper dive on strategies to purchase and distribute overdose reversal medications

# State Opioid Response (SOR) Grant and Overdose Reversal Medications

**States must report the following data related to SOR actions:**

- Dollars dedicated to overdose medication purchase
- Number of overdose reversals
- Trainings including first responders

# NASADAD's State Opioid Response (SOR) Interactive Map



## Illinois Initiative Brief

### Addressing Opioid Misuse and Disorders: The Impact of State Targeted Response and State Opioid Response Grants

#### Background on State Targeted Response and State Opioid Response Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. The STR program was designed to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)-approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SAMHSA SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of \$1 billion through STR. From FY 2018 through FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

#### Single State Agency (SSA): Illinois Department of Human Services (DHS) Division of Substance Use Prevention and Recovery (SUPR)

In FY 2017 and 2018, the Illinois Department of Human Services (DHS) Division of Substance Use Prevention and Recovery (SUPR) received a total of \$32.6 million in STR funds. From FY 2018 through FY 2020, the state received a total of \$109.8 million in SOR funding.

#### Overview of Illinois' efforts to address opioid misuse and disorders

The State Overdose Action Plan (SOAP) forms the strategic framework for addressing the opioid epidemic in Illinois, setting a statewide goal of reducing opioid-related deaths by one-third in 3 years and formulating a set of evidence-based strategies to achieve this goal. The SOAP focuses on efforts falling into three pillars:

1. **Prevention:** preventing people from using opioids;
2. **Treatment and recovery:** providing evidence-based treatment and recovery services to Illinois citizens with an OUD; and
3. **Response:** avoiding death after overdose.

The programs supported through STR/SOR are designed to address the range of serious opioid-related problems and issues that are being experienced among residents across Illinois. These programs primarily

<https://nasadad.org/2022/09/interactive-map-impact-of-state-targeted-response-state-opioid-response-grants/>

**Thematic briefs** describe some of the most pressing issues faced by the SSAs in responding to the opioid crisis and stimulant misuse and use disorders, common strategies to address them, and innovative programs. 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

## STR/SOR ISSUE BRIEF

### Crisis Service Initiatives

#### BACKGROUND AND OVERVIEW

The Substance Abuse and Mental Health Services Administration (SAMHSA) previously administered the State Targeted Response to the Opioid Crisis (STR) grant program and currently administers the State Opioid Response (SOR) grant program. The STR program was designed to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)-approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.



The Opioid Response Network (ORN) is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR Technical Assistance (TA) grant, the ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. This issue brief was developed as a form of TA so states can share strategies and learn from one another, as well as seek ORN TA when needed.

The National Association of State Alcohol and Drug Abuse Directors (NASADAD), through its partnership with the ORN, sent an inquiry to the Single State Agencies (SSAs) for alcohol and other drug services in March 2021 requesting information on how they were using the STR and SOR grants to address the opioid crisis in their states. A total of 52 state and territorial responses were received. The results of the inquiry were summarized into state-specific briefs highlighting service delivery models; workforce activities; prevention, treatment, and recovery initiatives; services for special populations; and service outcomes. State briefs generally covered a reporting time frame between FY 2017 and FY 2020.

This issue brief provides a summary of states' crisis services initiatives in addressing the opioid crisis. These initiatives provide crisis interventions to stabilize persons experiencing a substance use-related crisis and serve as pivot points of care to longer-term treatment and recovery support. The final section of the brief highlights examples of innovative state initiatives in crisis services.



## How states are using State Targeted Response (STR) and State Opioid Response (SOR) funds to make a difference

### PREVENTION INITIATIVES

In April of 2019, the National Association of State Alcohol and Drug Abuse Directors (NASADAD) sent an inquiry to the Single State Agencies for alcohol and other drug services requesting information on how they were using the State Targeted Response (STR) and State Opioid Response (SOR) grants to address the opioid crisis in their states. The results of the inquiry were summarized into state-specific profiles highlighting prevention, treatment, overdose reversal, and recovery support efforts. State profiles generally covered a reporting timeframe between May 2017 - April 2019. A total of 50 state responses were received. Washington D.C. and U.S. Territories did not respond to the inquiry. Below is a brief analysis of the most common ways states have used STR/SOR funds for primary prevention initiatives, as well as select examples of innovative prevention initiatives.



## STR/SOR ISSUE BRIEF

### Initiatives to Build Workforce Capacity

#### BACKGROUND AND OVERVIEW

The Substance Abuse and Mental Health Services Administration (SAMHSA) previously administered the State Targeted Response to the Opioid Crisis (STR) grant program and currently administers the State Opioid Response (SOR) grant program. The STR program was designed to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)-approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.



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## STR/SOR OUTCOMES SNAPSHOT

### Demonstrating Outcomes for a Healthier Future

#### Background and Overview

The Opioid Response Network (ORN) is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR Technical Assistance (TA) grant, the ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. This snapshot captures national data on three common state outcomes: naloxone kits distributed; overdose reversals reported; and individuals who received medication for opioid use disorder (MOUD). It also provides two examples of state-specific outcomes. The snapshot was developed as a form of TA so states can share strategies and learn from one another, as well as seek ORN TA when needed.

#### Nationwide Estimates\*

**3.1 million** naloxone kits distributed (46 states reporting)

**167,982** overdose reversals reported (25 states reporting)

**294,978** individuals received medication for opioid use disorder (MOUD) (38 states reporting)

\*Estimates were developed with data voluntarily reported by states. These estimates include data reported from 2017 to 2021. Some states did not report data for all years.

#### Example of State Programmatic Outcomes: California Department of Health Care Services

California has substantially increased access to treatment and other services for opioid and stimulant use disorder with STR/SOR funding.

As of June 2021, more than 48,000 individuals have received treatment through the state's Hub and Spoke System (otherwise known as the Medication Assisted Treatment (MAT) Expansion Project), with significant expansions in treatment availability in the northern and central parts of the state, where individuals and communities have been most impacted by the opioid crisis.

Through STR/SOR investments, over 48,000 individuals have been connected to substance use navigators in emergency departments to reduce obstacles and facilitate access to treatment; 24,191 individuals have been identified with opioid use disorder (OUD); and 10,471 individuals have received MOUD during their encounter.

Additionally, as of March 2021, over 10,748 individuals have been treated with MOUD in county jails. This number is quickly growing.

The state has distributed more than 600,000 units of naloxone to law enforcement, first responders, harm reduction organizations, community organizations, county behavioral health agencies, schools, and homeless service programs. More than 37,000 overdose reversals have been reported. To learn more about the 30 projects in the California MAT Expansion Project, visit <http://www.cdhsformat.org>.

#### Outcomes Across the Continuum of Care: Maryland Department of Health Behavioral Health Administration

Prevention	Treatment	Recovery
<ul style="list-style-type: none"> <li>Public awareness campaigns have made 392,719,634 impressions on the public, increasing knowledge of the opioid crisis and where to get help.</li> <li>114,968 individuals have been trained to provide evidence-based prevention programs.</li> <li>In hospital emergency departments, 248,879 individuals were screened for OUD, and 2,961 were referred to treatment.</li> </ul>	<ul style="list-style-type: none"> <li>11,317 individuals received substance use treatment.</li> <li>Seven counties have established crisis stabilization centers, serving 4,731 individuals to date.</li> <li>8,205 individuals have received MOUD. Of these individuals, 3,227 were referred to MOUD through Screening, Brief Intervention, and Referral to Treatment (SBIRT).</li> </ul>	<ul style="list-style-type: none"> <li>15,161 individuals who are at high risk of an overdose or are high utilizers of the emergency department have received intensive care coordination and recovery support services.</li> <li>50,776 individuals have received critical peer recovery services.</li> </ul>

Funding for this initiative was made possible in part by grant no. 14Y010843 from SAMHSA. The information contained in this brief was provided and verified by the data/producers. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

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

- **Applicants/managers:** State alcohol and drug agencies
- **Federal agency home:** SAMHSA
- **Establishment/Purpose:** Created by Congress in 1992 as a flexible program that allows each State to direct resources for prevention, treatment, recovery, and overdose reversal to meet their own needs. It is the foundation of the system.
- **Funding level:** Approximately \$2,000,000,000.00

# SUPTRS Block Grant and Overdose Reversal Medications

- **September 2014:** Guidance sent by SAMHSA to State alcohol and drug agency directors clarifying SUPTRS Block Grant funds may purchase overdose reversal medications.
  - SUPTRS Block Grant funds “...(*other than primary prevention set-aside funds*) may be utilized to purchase naloxone...and the necessary materials to assemble overdose kits to cover the costs associated with the dissemination of such kits.”
- **Current SUPTRS Block Grant application:** SUPTRS Block Grant funds may be used to
  - “...*distribute opioid overdose reversal medications (e.g. naloxone) to individuals at risk of overdose, or to those who might respond to an overdose.*”

# SUPTRS Block Grant: Allowable use for Buprenorphine and EMS Program

- There is, however, a major emphasis on medications for substance use disorders, including medications for opioid use disorders.
- There is no specific reference to the allowable use of SUPTRS Block Grant funds for EMS buprenorphine initiatives.
- The SUPTRS Block Grant is known for its flexibility in allowable use of funds where States are constant communicating with SAMHSA on spending plans

# Grants to Prevent Prescription Drug / Opioid Overdose-Related Deaths – SAMHSA/CSAT

- **Applicants/managers:** State alcohol and drug agencies
- **Federal agency home:** SAMHSA/CSAT
- **Establishment/Purpose:** Reduce the number of opioid overdose-related deaths and adverse events “by training first responders and other key community sectors on the prevention of ...opioid related deaths and implementing secondary prevention strategies, including the purchase of naloxone to first responders.”



# Grants to Prevent Prescription Drug / Opioid Overdose-Related Deaths – SAMHSA/CSAT

- **Funding Information:** Approximately \$111.4 million was available for FY 2021 where applications were due March 2021.
- **Amount per award:** Up to \$850,000.00 per year
- **Project period:** Up to 5 years
- **Number of awards:** 13

# Grants to Prevent Prescription Drug / Opioid Overdose-Related Deaths (PDO)– SAMHSA/CSAT

- **Funding Information:** Approximately \$111.4 million was available for FY 2021 where applications were due March 2021.
- **Amount per award:** Up to \$850,000.00 per year
- **Project period:** Up to 5 years
- **Number of awards:** 13

# Grants to Prevent Prescription Drug / Opioid Overdose-Related Deaths (PDO)– SAMHSA/CSAT

## Required activities (partial list)

- Develop and disseminate an overdose reversal medication distribution plan and form a PDO Council
- ***Purchase overdose reversal medications for first responders and others in high-need communities***
- Pay for expenses incurred from naloxone distribution
- Coordinate with agencies to identify entities serving communities in high need, such as treatment, emergency medical services agencies, community health...
- **Under allowable use**, no reference to EMS buprenorphine initiatives.

# Quick Review

## Likely best targets for direct federal funding:

- FR CARA
- Rural Emergency Medical Services Training Grant

## Largest federal funding managed by State alcohol/ddrug agency:

- State Opioid Response (SOR) Grant (focused on opioids and stimulants)
- SUPTRS Block Grant (flexible for prevention, treatment, recovery)

# Quick Reminder: State Alcohol and Drug Agencies

- **NASADAD is happy help foster connections**
- Different States provide different avenues for input (Commissions, Advisory Boards, and planning processes)
- **State financing systems are very different**
  - County based systems and States that are not county-based systems
  - Medicaid expansion States and Non-expansion States
  - Approaches to allocate State general revenue dollars
  - Involvement of State legislatures

# Thank you

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