

# OVERVIEW OF SELECTED FEDERAL LEGISLATIVE AND REGULATORY PRIORITIES

2019 ARCO NATIONAL LEADERSHIP SUMMIT

ARLINGTON, VA

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# TOPICS TO COVER

- Intro to NASADAD
- Recent legislative milestones
  - Comprehensive Addiction and Recovery Act of 2016
  - 21<sup>st</sup> Century Cures Act of 2016
  - Family First Prevention Services Act of 2018
  - SUPPORT for Patients and Communities Act of 2018
- Federal budget and appropriations
  - Final appropriations for FY 2019
  - Budget and appropriations for FY 2020
- What to expect next

# OVERVIEW OF



- **Mission:** To promote effective and efficient State substance use disorder prevention, treatment, and recovery systems.
  
- Office in Washington, D.C. with Policy Department and Research Department.
  - Research Department houses component groups: prevention, treatment, women's services, and SOTAs
  - Policy Staff: Shalini Wickramatilake and Emily Diehl
  
- Governed by Board of Directors
  - Cassandra Price (GA), President
  - Mark Stringer (MO), Public Policy Chair

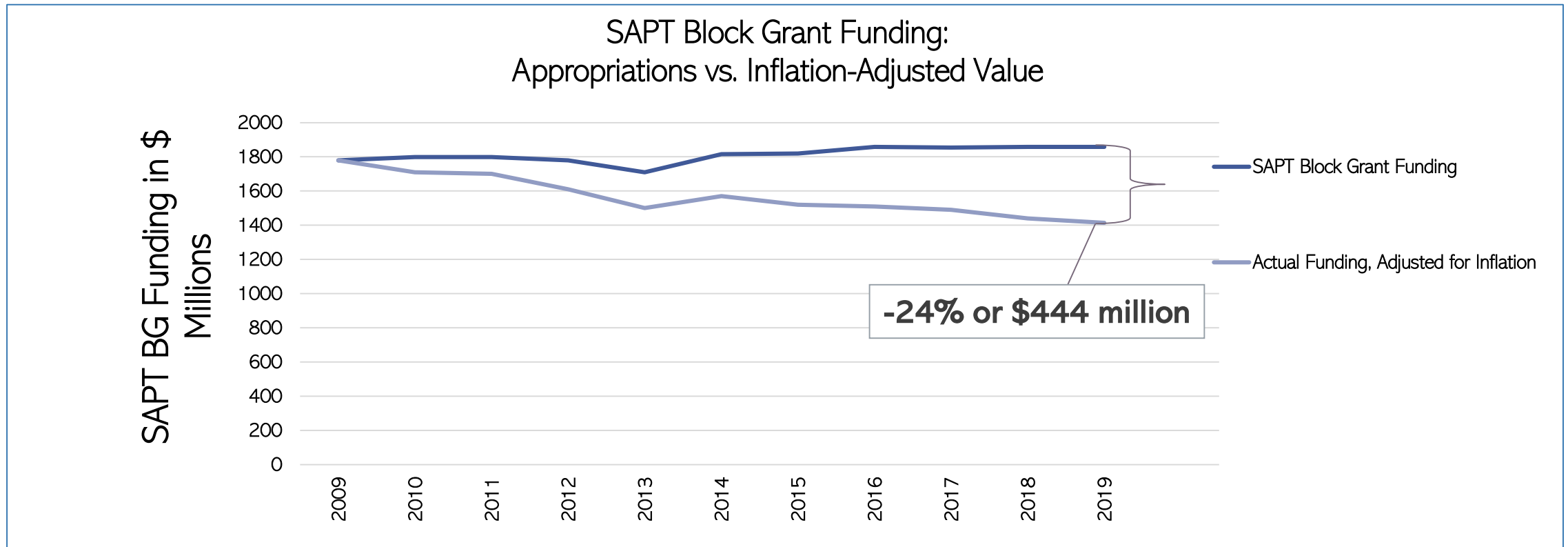
# ROLE OF STATE ALCOHOL & DRUG AGENCIES

- **Placement in State government – varies by State**
  - May be in Departments of Health, Human Services, Social Services, etc.
- Develop annual **State plans** to provide prevention, treatment, and recovery services
- Ensure **service effectiveness, quality, improvement and coordination**
- Collaborate with other State agencies
  - Child welfare; criminal justice; drug courts; medical system; transportation; job training/placement, etc.
- Represent **key link to substance use disorder program/provider/recovery community**
- Convene stakeholder meetings
- Manage the Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant
- Manage STR Grant and SOR Grant

# SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPT) BLOCK GRANT

- \$1.8 billion formula grant administered by SAMHSA
- Supports treatment for 1.5 million Americans per year
- 20% 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

WITHOUT ANY SIGNIFICANT FUNDING INCREASES OVER THE PAST DECADE, THE SAPT BLOCK GRANT HAS LOST 24% OF ITS PURCHASING POWER





# **RECAP: CARA, CURES, AND SUPPORT**

SERIES OF LEGISLATIVE MILESTONES IMPACTING THE SUD FIELD



## CARA OF 2016

- CARA signed into law on July 22, 2016.
- Provisions related to prevention and education, treatment, recovery, law enforcement, and services for women, families, and veterans, among others.
  - Primarily HHS and DOJ programs
- Provisions that NASADAD tracked closely:
  - Improving Treatment for Pregnant and Postpartum Women
  - Opioid Use Disorder Treatment Modernization (Buprenorphine Prescribing)
- CARA did not include funding for treatment of opioid use disorders.



# 21<sup>ST</sup> CENTURY CURES ACT

- 21<sup>st</sup> Century Cures Act
  - Originally focused on expanding innovations in medical research
  - Became vehicle for other legislation:
    - Funding for opioids
    - MH reform; SAMHSA reauthorization
    - STOP Act



## GRANTS TO STATES TO ADDRESS THE OPIOID CRISIS

CURES authorized account for State Targeted Response (**STR**) to the Opioid Crisis Grants:

- \$500 million in FY 2017 (year 1)
- \$500 million in FY 2018 (year 2)

Additionally, in FY 2018, appropriators allocate, above and beyond year 2 of STR, "\$1 billion in new funding for grants to States to address the opioid crisis"--the State Opioid Response (**SOR**) grants.

- \$1 billion in FY 2018
- \$1.5 billion in FY 2019

Administration and House Appropriations Committee recommend \$1.5 billion (level funding) for SOR in FY 2020



SUBSTANCE USE-  
DISORDER PREVENTION  
THAT PROMOTES OPIOID  
RECOVERY AND  
TREATMENT ("SUPPORT")  
FOR PATIENTS AND  
COMMUNITIES  
ACT SIGNED INTO LAW IN  
OCTOBER 2018

## SUPPORT ACT COVERS A RANGE OF ISSUES...

- State Targeted Response to the Opioid Crisis (STR) reauthorization
- Comprehensive Opioids Recovery Centers (CORCs)
- Recovery coaches in ERs
- Student loan repayment for SUD treatment professionals
- Recovery housing
- PPW reauthorization
- Patient limit for buprenorphine prescribing
- DATA waiver
- IMD exclusion
- PDMPs
- ONDCP reauthorization
- Medicare and MAT
- Regional Centers of Excellence in SUD Education
- Loan Repayment Program within HRSA

# IMD EXCLUSION (SECTIONS 5051, 5052)

- **Overview:** Allows State Medicaid programs to apply, under a State Plan Amendment, to receive federal reimbursement for up to 30 days of care for patients in an IMD

“...but only to the extent that such services are furnished for not more than a period of 30 days (whether or not consecutive) during such 12-month period.”

- **Time period for program:** October 1, 2019 to September 30, 2023
- **Eligible individual (definition):**
  - is enrolled for medical assistance under the State plan or a waiver of such plan;
  - at least 21 and under 65 years of age; and
  - has at least 1 substance use disorder

# IMD EXCLUSION

- **Eligible Institutions for Mental Diseases (definition):**
  - “follows reliable, evidence-based practices”
  - “offers at least 2 forms of medication-assisted treatment for substance use disorders on-site, including, in the case of medication-assisted treatment for opioid use disorder, at least one antagonist and at least one partial agonist”
- **Process:**
  - “Not less than 8 months after the date of enactment...Secretary shall establish a process...”
  - E.g. “Dear State Medicaid Director” letter?

DON'T FORGET ABOUT CHILD WELFARE LEGISLATION

# **Family First Prevention Services Act**

## CHILD WELFARE PROVISIONS IN 2018 BUDGET DEAL

**Family First Prevention Services Act** was included in the Bipartisan Budget Act that passed in March of 2018

- **Addresses issues related to child welfare and substance use.**
- Was included as part of 21<sup>st</sup> Century Cures Act of 2017, but removed prior to passage.
- Alters the allowable uses of Title IV-E [foster care] funding so it can be used to pay for services before children need to be removed from their home.
- Allows foster care maintenance payments to be made for children who live with a parent while the parent is in residential treatment for SUD.
- Amends the Regional Partnership Grant (RPG) program...



## REGIONAL PARTNERSHIP GRANTS

- RPG program is managed by the Administration for Children and Families (ACF) within HHS.
- **Originally created** to support regional partnerships that improve the well-being, permanency, and outcomes of children who are in, or at risk of, out-of-home placement as a result of a parent's or caregiver's **methamphetamine use**.
- SSA historically listed as an **optional partner** in the regional partnerships with State child welfare agencies.
- Grants address a variety barriers to optimal family outcomes (e.g. parental engagement/retention in treatment, professional training, coordinating timeframes for outcomes across agencies, etc.)

### How did the Budget Act change RPG?

- Language updated to reflect current opioid/heroin crisis.
- Requires the SSA to be a **mandatory partner** for the RPG, in addition to State CW agency.



**RECOVERY SUPPORT SERVICES:  
HIGHLIGHTS FROM STR AND SOR**





## GEORGIA

GA DBHDD has partnered with providers to perform the following services:

- A **warm line** that is open 365 days a year from 8:30am – 11pm
- **Training for all recovery residences** that are a member of the Georgia Associated Recovery Residences on the many pathways to recovery
- Recovery coaches in 8 emergency rooms
- Operational support of 5 recovery community organizations
- Approximately 8,000 individuals have received recovery support services
- **Medication Supported Recovery peers** – have trained 18 peers that have been or are in a medication-assisted treatment program

# CALIFORNIA

Recovery support services are an integral component of CA's MAT Expansion Project services and include initiatives such as:

- **California Hub and Spoke System**, where patients receive access to a continuum of services, including substance use education, transportation, and relapse prevention services.
- **Emergency Department Bridge Program**, which establishes referral services between emergency departments and outpatient providers to deliver sustained treatment for patients not currently enrolled in MAT maintenance.
  - This program provides life skills, child care, education, and employment support services through the use of a Substance Use Navigator.

**MAT Expansion Project efforts have led to 12,500 individuals receiving recovery support services.**

- Recovery support has led to a substantial increase in **patients receiving integrated services, culturally responsive services, transportation services, life skills education, child care and housing assistance services, employment and job training services, and case management services.**

# CONNECTICUT

- Providing **on-call Recovery Coaches at twelve hospital emergency departments.**
- Implementing **Law Enforcement Assisted Diversion (LEAD)** to address the needs of individuals whose contact is through police departments.
- Supporting families with education and support groups.
- Supporting harm reduction, outreach, and engagement at an **inner city “drop-in center”.**
- Addressing youth substance misuse in collaboration with the Department of Children and Families by offering SMART (Smart Management and Recovery Training) Recovery, SMART family and friends, and Alternative Peer Groups.
- Providing **temporary housing support** to individuals in early recovery who are in urgent need of safe housing.

Outcome (as of April 2019):  
5,288 receiving recovery support services.

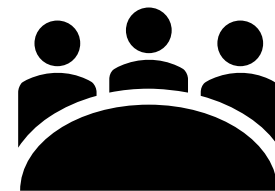
# FLORIDA

- Recovery support services provided by certified specialists are part of the comprehensive array of treatment services available to individuals served under STR/SOR. Over 2,100 individuals received recovery support services through STR.
- SOR funds are being used to implement **Recovery Community Organizations (RCOs)** with training and technical assistance and start-up funds to help them develop into organizations that are accredited by the Association of Recovery Community Organizations and that have mission statements, strategic plans, independent governance by-laws, Department-approved standards of care, and a sustainable infrastructure.
  - RCOs work closely with community treatment providers and other stakeholders to provide outreach services, information and referral, wellness recovery centers, harm reduction services, and recovery support services.
  - RCOs use the recovery capital assessment scale as a component of the recovery planning process for individuals receiving services.
  - SOR seed funds are used to support the South Florida Wellness Network and Rebel Recovery Florida, two peer-operated providers, to become certified RCOs.
  - SOR funds are also allocated to the Peer Support Coalition of Florida to help develop 4 additional RCOs in the other regions of the state.
  - Faces and Voices, the lead agency for Recovery Community Organization (RCO) development, is responsible for training and technical assistance to help establish and implement recovery community organizations and recovery support services throughout the state. Faces and Voices has begun assessments of existing and emerging RCO's and recovery support services in each region across the state.
- **Sixty new Oxford Houses** will be established throughout the state using SOR funds. Oxford Houses provide housing for individuals in recovery from substance use disorders that is structured, peer-supported, and provides as much time a person needs to relearn values and responsible behavior. Oxford Houses require start-up funds, but over time household expenses are paid by the residents.

# KENTUCKY: SPOTLIGHT ON EMPLOYMENT

## Strategic Initiative for Transformational Employment (SITE)

- KY has partnered with the Eastern Kentucky Concentrated Employment Program to train and support individuals in recovery seeking (re)employment and employers seeking to engage prevention, treatment, and recovery supports in the workplace.
  - Place a Job Entry and Retention Support Specialist (JERSS) in each of the 12 comprehensive Kentucky Career Centers (KCC) to collaborate with KCC case management and business service teams, educate and train employers, and help in the development of six Employer Resource Networks (ERNs).
  - **Each ERN comprised of employers that support the implementation of recovery-friendly policies for hiring and retaining employees recovering from OUD.**
  - A visit to a KCC offers services that bridge the gap between recovery and productive participation in the workforce, where the JERSS assists with procuring job placement.
  - At the workplace, a SITE Success Coach works to ensure the job placement is successful for both the employee and the employer.



# KENTUCKY'S EMPLOYMENT SUPPORT EFFORTS (CONTINUED)



## Opioids and the Workplace

An Employer Toolkit for Supporting Prevention, Treatment, and Recovery

Version 1.0

### Reentry Employment Program Administrators (REPAs)

- In partnership with DOC, 5 REPAs are placed at probation and parole offices throughout the State to provide **employment supports to individuals in recovery that are reentering their communities from correctional settings**.
- Five additional REPAs are being hired to increase capacity to provide these services.
- **Outcome (as of April 2019):** 781 individuals involved in justice system served

### Employer Toolkit

- The Kentuckiana Health Collaborative has developed “Opioids in the Workplace: An Employer Toolkit for Supporting Prevention, Treatment, and Recovery”.
- This toolkit was developed to help employers better support employees through increased knowledge of OUD, treatment options, and the impact of insurance and workplace policies on recovering employees.
- This interactive, online toolkit is available here: <https://www.khcollaborative.org/opioid-employer-toolkit/>



# MISSOURI

- DMH, in partnership with the Missouri Coalition of Recovery Support Providers (MCRSP) and the National Alliance for Recovery Residences (NARR), has certified 65 recovery houses, with over 700 beds available in MAT-friendly recovery houses across the State.
  - To be accredited, houses must pass the NARR accreditation process and indicate their willingness to serve clients receiving all forms of medical treatment for OUD.
- STR has funded 4 Recovery Community Centers (RCCs) to provide OUD recovery support services.
  - RCCs are independent non-profit organizations that mobilize resources to increase the prevalence and quality of long-term recovery.
  - Recovery coaching, telephone-based recovery services, recovery meetings, employment support, life skill groups, and other services are offered.
  - There are two RCCs in St. Louis, one in Springfield, and one in Kansas City.
- “Recovery Lighthouse” provides Family Recovery services through SOR. This program includes open support groups for families, family education workshops, and connection to treatment.
- Missouri has expanded the Certified Peer Specialist workforce by providing trainings every month across the state. Treatment agencies, Recovery Community Centers, and housing providers have increased the utilization of peer support specialists to engage individuals in meaningful recovery.
- The RCCs have provided over 4,000 activities to participants to over 12,000 individuals with OUD and 1,700 family members of individuals with OUD. 400 Peer Specialists have been certified and there are 10 upcoming trainings this year. There are over 65 medication-friendly houses with over 700 beds available.

## NEW YORK: FOCUS ON YOUTH



- Centers of Treatment Innovation Certified Recovery peer advocates have engaged 4,280 individuals in community (as of April 2019).
- Implemented a youth and young adult recovery movement branded **'Youth Voices Matter'**, generating over **18,000 hits on Facebook, Instagram, and Twitter**.
- Establishing six Youth Recovery Community Organizations across the State that enable young people in recovery to support each other and provide social and recreational activities.
- Supported recovery coach trainings, sober fun nights, gardens, recovery celebration events, creation of youth advisory boards, and peer mentors that engaged over 980 youth.
- Developing five Collegiate Recovery Programs where colleges provide supportive environments that reinforce the decision to engage in a lifestyle of recovery from substance use disorder.

## NEW YORK: FOCUS ON YOUTH (CONTINUED)

- Implemented a **Recovery Center/Youth Clubhouse at the Saint Regis Mohawk Tribe** that is currently serving 100 individuals, most of whom are under age 18.
- Among the First Nation communities, OASAS is supporting the establishment of **two new Recovery Centers and four new Youth Clubhouses that will provide targeted recovery supports and messaging to the Native American community.**
- Two State University campuses will hold **recovery events on campus** to support college students in recovery. This will create opportunities for students to participate in sober social activities and build a peer network. The anticipated target population is 150 students over two semesters in each location.
- Youth Voices Matter and University of Youth Power will collaborate with Friends of Recovery to offer a **youth leadership conference to build community organizing and leadership skills among youth.** Together they will provide a recovery track workshop to enhance the Youth leadership conference promoting recovery, health, and wellness and motivating youth to make positive life decisions by developing a bi-monthly newsletter; conducting youth outreach, focus, and social groups; and maintaining youth recovery leaders.

# SOUTH CAROLINA

- Thousands of Recovery Coaching sessions are occurring in SC's growing regional Recovery Community Organizations (RCOs) each month.
- **Over the past six months, 14,837 Peer Support Service encounters were provided in county alcohol and drug abuse authorities** by a growing workforce of South Carolina-trained CPSS Peer Recovery Service providers, representing a sea change in the efficacy of SC's recovery-oriented systems of care and recovery to practice.
- CPSS's have made significant impacts in emergency department pilot programs, and their success is now being implemented on a broader scale.
- Thanks to the allocation of STR and now SOR funding, DAODAS has been able to leverage our recovery communities' use of the Oxford House model in both urban and rural areas across South Carolina. Targeted response to recovery housing needs for reentry and recovery enhancement have generated a dramatic **71% increase in availability and occupancy over the past 18 months.**

## The numbers:

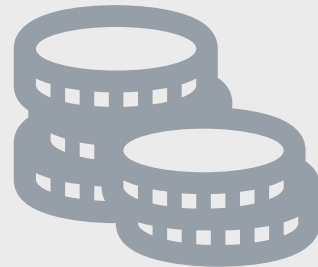
- Recovery Community Organizations (RCOs): 7,495
- Recovery Housing (Oxford House): 2,665
- Collegiate Recovery (University of South Carolina): 273
- Certified Peer Support Specialists / Recovery Coaches: 14,837
- Peer Support Specialists in Emergency Departments: 598
- Peer Support Specialists at the Department of Corrections: 457



**SOUTH CAROLINA CERTIFIED**  
**PEER SUPPORT SPECIALIST**  
OFFERING HOPE THROUGH LIVED EXPERIENCE

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# FY 2020 BUDGET AND APPROPRIATIONS



## SAMHSA PROGRAMS

- \$1.858 billion for the Substance Abuse Prevention and Treatment (SAPT) Block Grant (level compared to FY 2019)
- \$1.5 billion for the State Opioid Response (SOR) Grant (level)
- \$430 million for the Center for Substance Abuse Treatment (CSAT), a \$30 million cut
- \$144 million for Programs of Regional and National Significance (PRNS) within the Center for Substance Abuse Prevention (CSAP), a \$61 million cut

## SAMHSA's Center for Substance Abuse Treatment (CSAT)

Program	FY 18	FY 19	President's FY 20 Request	FY 20 Request vs. FY 19	House Approps FY 20	House FY 20 vs. FY 19
<b>CSAT TOTAL</b>	\$403,427,000	\$458,677,000	\$429,888,000	<b>-\$28,789,000</b>	\$472,177,000	<b>+\$21,500,000</b>
<b>Addiction Technology Transfer Centers (ATTCs)</b>	\$9,046,000	\$9,046,000	\$9,046,000	Level	\$9,046,000	Level
<b>Building Communities of Recovery</b>	\$5,000,000	\$6,000,000	\$6,000,000	Level	\$6,000,000	Level
<b>Children and Families</b>	\$29,605,000	\$29,605,000	\$29,605,000	Level	\$29,605,000	Level
<b>Comprehensive Opioid Recovery Centers</b>	N/A	N/A	N/A	N/A	\$10,000,000	<b>+\$10,000,000</b>
<b>Criminal Justice Activities</b>	\$89,000,000	\$89,000,000	\$89,000,000	Level	\$89,000,000	Level
<i>Drug Courts</i>	<i>\$70,000,000</i>	<i>\$70,000,000</i>	<i>\$70,000,000</i>	<i>Level</i>	<i>\$70,000,000</i>	<i>Level</i>
<b>First Responder Training*</b>	\$36,000,000	\$36,000,000	\$36,000,000	Level	\$36,000,000	Level
<i>Rural Focus*</i>	<i>\$18,000,000</i>	<i>\$18,000,000</i>	<i>\$18,000,000</i>	<i>Level</i>	<i>\$18,000,000</i>	<i>Level</i>
<b>Grants to Develop Curricula for DATA Act Waivers</b>	N/A	N/A	\$4,000,000	+\$4,000,000	\$4,000,000	<b>+\$4,000,000</b>
<b>Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths*</b>	\$12,000,000	\$12,000,000	\$12,000,000	Level	\$12,000,000	Level
<b>Improving Access to Overdose Treatment</b>	\$1,000,000	\$1,000,000	\$1,000,000	Level	\$1,000,000	Level

\*Previously funded within CSAP until FY 2019

CSAT (continued)

Program	FY 18	FY 19	President's FY 20 Request	FY 20 Request vs. FY 19	House Approps FY 20	House FY 20 vs. FY 19
<b>Minority Fellowship</b>	\$4,539,000	\$4,789,000	Not funded	<b>-\$4,789,000</b>	\$4,789,000	Level
<b>Opioid Treatment Programs/Regulatory Activities</b>	\$8,724,000	\$8,724,000	\$8,724,000	Level	\$8,724,000	Level
<b>Peer Support Technical Assistance Center</b>	N/A	N/A	N/A	N/A	\$2,000,000	<b>+\$2,000,000</b>
<b>PPW</b>	\$29,931,000	\$29,931,000	\$29,931,000	Level	\$29,931,000	Level
<b>Recovery Community Services Program</b>	\$2,434,000	\$2,434,000	\$2,434,000	Level	\$2,434,000	Level
<b>SBIRT</b>	\$30,000,000	\$30,000,000	Not funded	<b>-\$30,000,000</b>	\$31,000,000	<b>+\$1,000,000</b>
<b>Strengthening Community Crisis Response Systems</b>	N/A	N/A	N/A	N/A	\$2,500,000	<b>+\$2,500,000</b>
<b>Targeted Capacity Expansion (TCE)</b>	\$95,192,000	\$100,192,000	\$100,192,000	Level	\$100,192,000	Level
<b><i>MAT-PDOA</i></b>	<i>\$84,000,000</i>	<i>\$89,000,000</i>	<i>\$89,000,000</i>	<i>Level</i>	<i>\$89,000,000</i>	<i>Level</i>
<b>Treatment Systems for Homeless</b>	\$36,386,000	\$36,386,000	\$36,386,000	Level	\$38,386,000	<b>+\$2,000,000</b>



## PREGNANT AND POSTPARTUM WOMEN


- House Appropriations Committee report:

“The Committee provides \$29,931,000 for Pregnant and Postpartum Women. The Committee recognizes SAMHSA for its work managing the Pregnant and Postpartum Women program which utilizes a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children and for other family members. A provision in the Comprehensive Addiction and Recovery Act (CARA) authorizes SAMHSA to allocate a portion of these resources for a pilot program to State alcohol and drug agencies to support outpatient, intensive outpatient and related services in a family-centered approach. **The Committee encourages SAMHSA to fund an additional cohort of States above and beyond those pilots already funded.**”

## SAMHSA's Center for Substance Abuse Prevention (CSAP)

Program	FY 2019	President's FY 20 Request	FY 20 Request vs. FY 19	House Appropriations FY 20	House FY 20 vs. FY 19
<b>CSAP TOTAL</b>	\$205,469,000	\$144,090,000	<b>-\$61,379,000</b>	\$212,469,000	<b>+\$7,000,000</b>
<b>CAPT</b>	\$7,493,000	\$7,493,000	Level	\$7,493,000	Level
<b>Federal Drug-Free Workplace/Mandatory Drug Testing</b>	\$4,894,000	\$4,894,000	Level	\$4,894,000	Level
<b>Minority AIDS</b>	\$41,205,000	\$41,205,000	Level	\$46,205,000	<b>+\$5,000,000</b>
<b>Minority Fellowship</b>	\$321,000	Not funded	<b>-\$321,000</b>	\$321,000	Level
<b>Science and Service Program Coordination</b>	\$4,072,000	\$4,072,000	Level	\$4,072,000	Level
<b>Sober Truth on Preventing Underage Drinking (STOP Act)</b>	\$8,000,000	\$8,000,000	Level	\$10,000,000	<b>+\$2,000,000</b>
<i>National Adult-Oriented Media Public Service Campaign</i>	<i>\$1,000,000</i>	<i>N/A</i>	<i>N/A</i>	<i>\$2,000,000</i>	<i>+\$1,000,000</i>
<b>SPF-PFS</b>	\$119,484,000	\$58,426,000	<b>-\$61,058,000</b>	\$119,484,000	Level
<i>Strategic Prevention Framework Rx</i>	<i>\$10,000,000</i>	<i>\$10,000,000</i>	<i>Level</i>	<i>\$10,000,000</i>	<i>Level</i>
<b>Tribal Behavioral Health Grants</b>	\$20,000,000	\$20,000,000	Level	\$20,000,000	Level

**Note:** Administration proposed moving Drug-Free Communities (DFC) program from ONDCP to CSAP; House Appropriations Committee did not recommend moving DFC into CSAP.



What's next?

## INTEREST FROM FRESHMEN OFFICES

- 100 newly-elected freshmen in House and Senate
- High interest in addressing opioids specifically, and addiction more broadly
- In House, Rep. David Trone (D-MD) is leading Freshmen Addiction Working Group
  - ~60 freshmen Members of Congress
- “What can we do to address SUDs?”
  - Background on CARA, CURES, SUPPORT
  - Education about publicly-funded system
  - Importance of full continuum: prevention, treatment, and recovery
  - Congress has accomplished a lot legislatively, and now States are in implementation mode (especially with STR/SOR)

## FOCUS ON ALL SUBSTANCES OF CONCERN

- Recognition of the importance of focusing on SUDs more broadly—including and beyond opioid use disorders
- Prior to facing potential fiscal cliff for opioid-specific programs, **transition federal funds from drug specific grants to the SAPT Block Grant**

## ON THE HORIZON

- CARE Act
- Tobacco 21
- FY 2020 Seeking funding for/implementation of
  - Comprehensive Addiction and Recovery Act (CARA)
  - 21<sup>st</sup> Century Cures Act
  - SUPPORT Act

# QUESTIONS?



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