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
• 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

- Placement in State government varies: May be Departments of Health, Human Services, Social Services, some Cabinet Level
- Develop annual State plans to provide prevention, treatment, and recovery services
- Ensure service effectiveness, quality, improvement and coordination of programming
- Collaborate with other State agencies, NGOs and sectors representing child welfare; housing; criminal justice; primary care/medical system; transportation; job training/placement, etc.
- Support the 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 and many other discretionary grants
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

Revenues
16.3% of GDP
$3.4 Trillion

Payroll Taxes
6.2% of GDP
$1.3 Trillion

Individual Income Taxes
7.7% of GDP
$1.6 Trillion

Other
1.4% of GDP
$289 Billion

Corporate Income Taxes
10% of GDP
$212 Billion

Outlays
31.2% of GDP
$6.6 Trillion

Mandatory Spending
21.8% of GDP
$4.6 Trillion

Social Security
8.2% of GDP
$1.3 Trillion

Medicare
3.7% of GDP
$769 Billion

Medicaid
2.2% of GDP
$458 Billion

Unemployment Compensation
2.3% of GDP
$473 Billion

Recovery Rebates
1.3% of GDP
$275 Billion

Paycheck Protection Program
2.5% of GDP
$526 Billion

Defense
3.4% of GDP
$714 Billion

Nondefense
4.4% of GDP
$894 Billion

Other
4.7% of GDP
$988 Billion

Net Interest
1.6% of GDP
$345 Billion

Outlays for Medicare minus income from premiums and other offsetting receipts

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

Languages:

- English

- English
Non-defense discretionary programs include spending for investments

2020 Total Outlays: $6,550 Billion

- Mandatory 70%
- Net Interest 5%
- Defense Discretionary 11%
- Non-defense Discretionary 14%

2020 Outlays for Non-defense discretionary programs: $913 billion

- Health 3%
- Transportation 2%
- Education 2%
- All Other Non-defense Discretionary 8%

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.

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Overall Spending on Substance Use Disorders
Mental health and substance use disorder spending – 2015
Total: $212 billion


- 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


• 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)


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)


<table>
<thead>
<tr>
<th>Source</th>
<th>2006</th>
<th>2015</th>
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<tbody>
<tr>
<td>Other State and local:</td>
<td>30%</td>
<td>17%</td>
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<tr>
<td>Other Federal</td>
<td>15%</td>
<td>11%</td>
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<tr>
<td>Medicaid</td>
<td>19%</td>
<td>25%</td>
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<td>Medicare</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Other Private</td>
<td>3%</td>
<td>5%</td>
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<tr>
<td>Private Insurance</td>
<td>19%</td>
<td>29%</td>
</tr>
<tr>
<td>Our of pocket</td>
<td>9%</td>
<td>10%</td>
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</table>

Percentages approximate and may not add up to 100%
Annual Budget Process
Flowchart

OMB provides guidelines to agencies → President submits budget request to Congress → OMB reviews drafts → Federal Agencies revise drafts

Federal Agencies 1st budget drafts → OMB compiles final budget

OMB provides guidelines to agencies → OMB reviews drafts → Federal Agencies revise drafts

12 House Appropriations subcommittee hearings and markups → 12 Senate Appropriations subcommittee hearings and markups

House Budget Committee reviews request → Senate Budget Committee reviews request → Senate Committee on Appropriations reviews and approves

President of the United States signs into law → Senate final reviews → House of Representatives final reviews → House Committee on Appropriations reviews and approves
The Federal Budgeting and Appropriations Process

**July – February**
**Executive Branch Process**

- **BUDGET FORMULATION**
  - OMB gives guidance to federal agencies about levels of funding and priorities.
  - The agencies work within those guidelines to structure a budget proposal.
  - OMB makes final decisions about the agencies’ proposed budget.

- **BUDGET SUBMISSION**
  - Generally, the President’s Budget Request is submitted to Congress on or about the 1st Monday in February.

- **HOUSE AND SENATE BUDGETS**
  - The House and Senate develop their own budget resolutions to set spending levels. These will often deviate from each other as well as from the President’s request. These resolutions are NOT signed into law.

- **APPROPRIATIONS**
  - The House and Senate Appropriations Committees, through their 12 subcommittees, hold hearings to examine the budget requests and needs of federal spending programs.

**March – June**
**Legislative Process**

- **APPROPRIATIONS CONT.**
  - The House and Senate then produce appropriations bills to fund the federal government.
  - These bills are “marked-up,” amended as needed, and approved by the Appropriations Committees.

**July – October**
**Congress Finalizes Spending Levels**

- **FLOOR CONSIDERATION**
  - After approval by the Appropriations Committees, the bills head to the House and Senate floors where they may be further amended and eventually passed.
  - Most times, the bills passed by the House and Senate differ in some significant ways and must be reconciled.

- **FINAL PASSAGE**
  - Once a final bill has been negotiated between the two chambers, it must then pass the House and Senate and be signed by the President.
  - If Congress cannot agree on new funding levels before Oct. 1, a continuing resolution is required.
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
Labor-HHS Subcommittees have jurisdiction over...

FDA

CDC

SAMHSA

NIH National Institute on Drug Abuse

NIH National Institute on Alcohol Abuse and Alcoholism

CMS Centers for Medicare & Medicaid Services

HRSA Health Resources & Services Administration

&

ACF

...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
## Substance Abuse Prevention and Treatment (SAPT) Block Grant

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 2020</th>
<th>FY 2021 regular appropriation*</th>
<th>FY 2022</th>
<th>President’s FY 2023 Request</th>
<th>FY 2023 vs. FY 2022</th>
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## Additional Opioids Allocation

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<th>President’s FY 2023 Request</th>
<th>FY 2023 vs FY 2022</th>
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<td>Building Communities of Recovery</td>
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<td>Comprehensive Opioid Recovery Centers</td>
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<td>Emergency Dept. Alternatives to Opioids</td>
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<td>First Responder Training*</td>
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<td>Rural Focus*</td>
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<td>Grants to Prevent Prescription Drug/Opioid Overdose Related Deaths*</td>
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<td>Improving Access to Overdose Treatment *</td>
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<td>Opioid Response Grants**</td>
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<td>Opioid Treatment Programs/Regulatory Activities</td>
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<td>Peer Support Technical Assistance Center</td>
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<td>Pregnant and Postpartum Women (PPW)</td>
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<td>$32,931,000</td>
<td>$34,931,000</td>
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<td>Recovery Community Services Program</td>
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<td>Screening, Brief Intervention, and Referral to Treatment (SBIRT)</td>
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<td>Targeted Capacity Expansion (TCE) General</td>
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<td>$102,192,000</td>
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<td>MEDICATION-ASSISTED TREATMENT FOR PRESCRIPTION DRUG AND OPIOID ADDICTION</td>
<td>$99,000,000</td>
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<td>Treatment, Recovery, and Workforce Support</td>
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<td>Treatment Systems for Homeless</td>
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<td>FY 2021</td>
<td>FY 2022</td>
<td>President’s FY 2023 Request</td>
<td>FY 2023 vs FY 2022</td>
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<tr>
<td>CSAP PRNS TOTAL</td>
<td>$206,469,000</td>
<td>$208,219,000</td>
<td>$218,219,000</td>
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<td>Center for the Application of Prevention Technologies (CAPT)</td>
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<td>Federal Drug-Free Workplace/Mandatory Drug Testing</td>
<td>$4,894,000</td>
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<td>Minority AIDS</td>
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<td>$41,205,000</td>
<td>$41,205,000</td>
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<td>Science and Service Program Coordination</td>
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<td>Sober Truth on Preventing Underage Drinking (STOP Act)</td>
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<td>$12,000,000</td>
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<td>Strategic Prevention Framework-Partnerships for Success</td>
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## Appropriations for the White House Office of National Drug Control Policy (ONDCP)

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>FY 2022</th>
<th>President’s FY 2023 Request</th>
<th>FY 2023 vs FY 2022</th>
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<tr>
<td>Drug Free Communities (DFC)</td>
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<td>$5,200,000</td>
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## Appropriations for Department of Justice (DOJ)

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<thead>
<tr>
<th>Program</th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>FY 2022</th>
<th>President’s FY 2023 Request</th>
<th>FY 2023 vs FY 2022</th>
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<tr>
<td>Drug Enforcement Administration</td>
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<td>Office of Justice Programs (OJP): Research, Evaluation, and Statistics</td>
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<td>OJP: State and Local Law Enforcement Assistance</td>
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<td>Byrne Justice Assistance Grants</td>
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<td>Comprehensive Opioid, Stimulant, and Substance Abuse Program</td>
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<tr>
<td>Veterans Treatment Courts</td>
<td>$23,000,000</td>
<td>$25,000,000</td>
<td>$29,000,000</td>
<td>$25,000,000</td>
<td>-$4,000,000</td>
</tr>
<tr>
<td>Prescription Drug Monitoring</td>
<td>$31,000,000</td>
<td>$32,000,000</td>
<td>$33,000,000</td>
<td>$33,000,000</td>
<td>Level</td>
</tr>
<tr>
<td>Community Oriented Policing Systems (COPS)</td>
<td>$343,000,000</td>
<td>$386,000,000</td>
<td>$511,744,000</td>
<td>651,000,000</td>
<td>+$139,256,000</td>
</tr>
<tr>
<td>Juvenile Justice Programs</td>
<td>$320,000,000</td>
<td>$346,000,000</td>
<td>$360,000,000</td>
<td>$760,000,000</td>
<td>+$400,000,000</td>
</tr>
</tbody>
</table>
State targeted response (STR) and State opioid response (SOR) grants

- Created in the 21\textsuperscript{st} 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) \textbf{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
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”
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.
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.
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?

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