



National Association of State Alcohol and Drug Abuse Directors

**Combatting an Epidemic:
Legislation to Help Patients with Substance Use Disorders**

Testimony to:

House Energy and Commerce Subcommittee on Health

The Honorable Anna Eshoo, Chairwoman
The Honorable Michael Burgess, MD, Ranking Member

Submitted By:

Robert I.L. Morrison
Executive Director

National Association of State Alcohol and Drug Abuse Directors
(NASADAD)

1919 Pennsylvania Avenue, NW, Suite M-250
Washington, D.C. 20006

Email: rmorrison@nasadad.org

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Chairwoman Eshoo, Ranking Member Burgess, members of the Subcommittee, my name is Robert Morrison and I serve as Executive Director of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Thank you for the opportunity to testify before the Subcommittee today.

About NASADAD: NASADAD is a private, not-for-profit educational, scientific and informational organization originally incorporated in 1971 and located in Washington, D.C. NASADAD’s mission is to promote effective and efficient State substance use disorder prevention, treatment and recovery systems. NASADAD seeks to:

- Serve as the national voice of State alcohol and drug agencies,
- Foster partnerships among States, Federal agencies and other key national organizations,
- Develop and disseminate knowledge of innovative substance use disorder programs policies and practices,
- Promote key competencies of effective State alcohol and drug agencies,
- Support a “States-helping-States” approach to program, policy and service improvement,
- Promote increased public understanding of substance use disorder prevention, treatment and recovery processes and services.

The President of NASADAD’s Board of Directors is Cassandra Price (Georgia). The rest of the Board includes Arlene Gonzalez-Sanchez (New York), Mark Stringer (Missouri), Doug Thomas (Utah), Rosie Andueza (Idaho), Jennifer Smith (Pennsylvania), Michael Langer (Washington State), Sarah Mariani (Washington State), Valerie Mielke (New Jersey), Sarah Goldsby (South Carolina), Janice Williams (Louisiana), Danielle Kirby (Illinois), Linda Mahoney (Rhode Island), Sheri Dawson (Nebraska) and Edward Mersereau (Hawaii).

NASADAD works closely with the National Governors Association (NGA). Governors across the country have been providing critical leadership regarding the opioid crisis in particular, and substance use disorders in general. We very much appreciate and value NGA’s work and partnership.

Further, we are pleased to coordinate with other State-based groups, such as the Association of State and Territorial Health Officials (ASTHO), National Association of Medicaid Directors (NAMD), Safe States Alliance, the National Association of State Mental Health Program Directors (NASMHPD), National Criminal Justice Association (NCJA) and many others.

Critical role of the State alcohol and drug agency: Each State’s alcohol and drug agency plays a critical role in overseeing and implementing the publicly funded prevention, treatment and recovery service system.

Planning, oversight and accountability: To begin, State alcohol and drug agency directors work to craft and implement annual plans for Statewide program and service delivery. In the process, our



members capture data and information describing top challenges, populations served, and the types of services provided. State alcohol and drug agencies use such tools as performance management and reporting, contract monitoring, corrective action planning, on-site technical reviews and technical assistance.

Promoting quality: State agencies work to ensure quality services through State established standards of care. NASADAD members are dedicated to continuous quality improvement and participate in initiatives to promote innovative practices and programs. For example, State Directors use data described above to help advance these practices and drive management decisions. State directors also work to translate cutting edge discoveries from the National Institute on Drug Abuse (NIDA) and National Institute on Alcohol and Alcohol Abuse (NIAAA) and implement these practices into the publicly funded system. The Substance Abuse and Mental Health Services Administration's (SAMHSA) Addiction Technology Transfer Centers (ATTCs) and the Prevention Technology Transfer Centers (PTTC) are key partners in helping develop and strengthen our nation's workforce focused on prevention, treatment and recovery.

Management of the Substance Abuse Prevention and Treatment (SAPT) Block Grant: An important role played by NASADAD members is the management and oversight of the SAPT Block Grant – a \$1.8 billion federal formula grant that is allotted to NASADAD members. By statute, at least twenty percent of the SAPT Block Grant must be dedicated to critical primary substance use prevention programming. We have attached a two-page issue brief for the Committee's convenience that provides additional details regarding the SAPT Block Grant.

Promoting coordination across State government: NASADAD members promote cross-agency collaboration given the impact of alcohol and other drug use has on other sectors. For example, State directors engage with criminal justice entities on issues like offender reentry, drug court programs and diversion initiatives. State alcohol and drug agencies also coordinate with sectors related to child welfare, transportation, employment, education and others.

Unique relationship with the provider community: State alcohol and drug agencies have a very unique and important relationship with the service provider community. State agencies observe that this connection is critical given the increased pressures on those delivering prevention, treatment and recovery services. NASADAD members assist providers by offering training, continuing education, oversight and other support.

Reporting data: The management of the SAPT Block Grant requires States to collect and report data describing the services and programs funded by this important funding stream. This data includes information on the number of people served by the SAPT Block Grant. In addition, States collect and report data to help demonstrate the positive impact services have on (1) reducing the use of alcohol and other drugs, (2) increasing employment status, (3) decreases in criminal justice involvement and more.

State alcohol and drug agencies appreciate action taken by Congress to address the opioid crisis: NASADAD is appreciative of this Committee, along with Congress and the Administration in general, for work to address the opioid crisis. We applaud passage of the 21st Century Cures Act which created an account for the State opioid response to the opioid crisis (Section 1003). This \$1 billion fund for



FY 2017 and FY 2018 helped State alcohol and drug agencies to significantly enhance treatment, prevention, recovery services along with overdose reversal activities. This funding, initially known as the State Targeted Response to the Opioid Crisis Grants (STR), now known as the State Opioid Response Grants (SOR), provided a substantial level of support for innovative and lifesaving programs in States across the country. The Substance-Use Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act re-affirmed the importance of grants to States to address the opioid crisis through Section 7181. State alcohol and drug agencies received annually \$1.5 billion in FY 2018, 2019 and 2020 from this account.

STR/SOR dollars at work: In September 2019, NASADAD released State profiles summarizing actions moving forward with support from STR/SOR on prevention, treatment, recovery and overdose reversal. NASADAD is now working to update this information over the coming weeks and months. We included below of some specific State examples of STR/SOR grant dollars at work for the Subcommittee's awareness:

- *New Jersey:* New Jersey's key objectives for STR and SOR funding are to increase access to medication-assisted treatment (MAT), reduce unmet treatment need, and reduce opioid-related deaths. To reduce opioid utilizations, funding has been made available to hospitals to develop and implement a program to reduce the use of opioids in emergency departments (EDs) and the subsequent prescribing of opioids at ED discharge. New Jersey is increasing access to MAT by supporting DATA waiver trainings and has trained 640 practitioners to date. Additionally, the State is partnering with two universities to provide medication and other ancillary services for individuals with an OUD who are below the 350% Federal Poverty Level (FPL) but are not eligible for Medicaid. STR and SOR grant funds are also supporting a collaboration with county correctional facilities to initiate MAT prior to release, establish pre-release plans, and connect individuals with community-based MAT upon release. Funds have also been used to provide training and naloxone kits to individuals, their families, fire departments, Emergency Medical Service (EMS) teams, school districts, and community health clinics. To date, more than 3,000 naloxone kits have been distributed and more than 2,000 individuals were reversed from an opioid overdose. The State is also using STR and SOR funding to enhance recovery support services, including peer support services. For example, the Support Team for Addiction Recovery (STAR) program provides case management services and recovery support for individuals with OUD, including 10 STAR programs that serve individuals recently released from the criminal justice system.
- *Oregon:* Oregon is focusing its opioid use disorder (OUD) related efforts in rural and frontier regions. The SOR grant has been used to support OUD treatment workforce expansion and development in these rural regions. For example, the State has established 4 new opioid treatment programs (OTP) in rural areas with one more in development. In addition, 219 rural providers have received training on OUD through Project ECHO, including buprenorphine waiver certification. STR and SOR funds have also allowed the State to purchase and distribute 44,000 naloxone kits with 3,378 overdose reversals reported. The Oregon Health Authority has collaborated with the Rural Provider Network and Oregon tribes to implement services among populations experiencing disparities. High-risk counties are assigned Prescription Drug Overdose (PDO) coordinators to create multi-disciplinary teams to address the opioid crisis, including collaboration with community partners. In addition, SOR is supporting pain

management education efforts targeted towards providers and patients. The State is also supporting an educational campaign to empower Oregonians to request non-opioid pain management solutions.

- *California:* California is using STR and SOR funds to implement the California Medication-Assisted Treatment (MAT) Expansion Project to increase access to MAT, reduce unmet treatment need, and reduce opioid overdose deaths. The State's opioid use disorder (OUD) prevention activities are aimed at rural, American Indian, Alaska Native, perinatal, and youth populations. Using SOR funds, the State is adapting materials to specific health care settings where special population patients are most likely to be receiving services. The California Hub and Spoke System (H&SS), intended to increase access to MAT, is composed of 18 Hub and Spoke networks and more than 200 Spoke locations. To date, the State has created 650 new access point locations where patients can receive treatment services for OUD and more than 20,000 patients have been treated in the H&SS. California also launched the Tribal MAT Project, which address the culturally unique needs of American Indian and Alaska Native populations. Several projects have been developed to increase access to naloxone, prevent suicide, increase the number of tribal and Urban Indian prescribers, and tele-health MAT services. STR and SOR funds were used to implement the Naloxone Distribution Project (NDP), enabling the State to distribute nearly 300,000 units to various organizations. Additionally, more than 9,500 overdose reversals were reported by recipient organizations. The funds are supporting the MAT Access Point project, an initiative that funds MAT start-up activities or enhancement efforts in 270 community-based settings, such as primary care practices, emergency departments, and tribal health centers.
- *Texas:* In Texas, STR and SOR funding is supporting several prevention projects including an awareness campaign, safe drug disposal initiatives, increased utilization of the Prescription Monitoring Program, prescriber education and online training to increase safe prescribing practices. The State is also using funding to increase access to medication-assisted treatment (MAT) in a variety of settings including clinic-based treatment and office-based treatment. Office based treatment initiatives aim to increase the number of physicians providing buprenorphine and extended release naltrexone, expanding opportunities for physicians to obtain DATA 2000 waiver training, and the creation of a professional peer mentoring network. Clinic based treatment initiatives aim to increase access to all three FDA approved medications for opioid use disorders and support clinics to treat both primary OUD along with co-morbid conditions such as hepatitis. In FY 2019, Texas served 9,560 people with OUD. Texas is also using SOR funds to expand peer recovery support services throughout the State and provides opportunities for enhanced training in medication-assisted recovery for the peer support workforce. Funding is also being used for job development and supported employment services along with resources to increase recovery housing. Texas collaborates with local entities to support access to care through Outreach Screening Assessment & Referral Services, Mobile Crisis Outreach Teams, and overdose prevention community drop-in sites.
- *Oklahoma:* Oklahoma is using STR and SOR funds to contract with 12 community-based prevention agencies, 8 higher education campuses, and a Statewide 600-member faith-based organization to provide prevention education, training, and outreach services. Additionally, a local non-profit organization is delivering training to assist local coalitions to build capacity for

the expansion of resources to better serve rural communities. Oklahoma is working to expand access to treatment services through contracts with all Certified Addiction Recovery Centers and Community Mental Health Centers. The State requires that all contracted providers offer medication-assisted treatment (MAT), case management, and supportive housing and employment services. STR and SOR funding is also supporting telehealth MAT services for individuals in rural areas and for those facing access, transportation, or capacity barriers. Currently, 33 counties have access to telehealth-based MAT with an additional 21 counties coming online by March of 2020. Naloxone training and distribution has been provided to over 15,000 Oklahomans and to more than 300 law enforcement agencies statewide. In addition, 90 overdose prevention hubs serve communities through distribution of naloxone at no cost. STR and SOR funding has also been utilized to enhance recovery support services. For example, the State adopted the Individual Placement and Support (IPS) model of supported employment for individuals with opioid use disorder. Currently, 11 teams provide supported employment and education in 19 counties, and 75 individuals have been trained in IPS.

- *Massachusetts:* In Massachusetts, three media campaigns have been implemented under SOR: a public information campaign to reduce stigma against medication-assisted treatment (MAT), a campaign to reach high-risk populations, and a marketing and outreach campaign to advertise the newly updated MA Helpline. The State is also implementing a community-based intervention program for underserved youth at high risk for opioid use disorder (OUD) using screening, brief intervention, and referral to treatment (SBIRT) and the Adolescent Community Reinforcement Approach (A-CRA). With STR and SOR funding, Massachusetts is expanding access to medication-assisted treatment (MAT) by implementing a Hub and Spoke model and increasing office based opioid treatment (OBOT) in areas of high-need and high-risk populations. The State has funded seven sites to provide overdose training and education and has served over 3,950 individuals. With SOR funds, eight additional locations have been funded and have provided services to 6,879 individuals. To date, over 15,063 naloxone kits have been distributed using SOR funds. Recovery support service programs have also been developed using STR and SOR funds. For example, the Opioid Access to Recovery (ATR) project provides support for basic needs, job readiness and employment training, and recovery coach for individuals in early recovery. In addition, Massachusetts funded six Recovery Support Centers (RSC) to improve access to MAT for pregnant, postpartum, and parenting women. With SOR funds, a total of 4,087 individuals have received recovery support services. Under the SOR grant, the State has collaborated with Native American tribes and tribal organizations to increase access to culturally responsive evidence-based treatment and expansion of culturally sensitive opioid overdose prevention initiatives.
- *New York:* The State of New York is using SOR funds to add or enhance the prevention, treatment, and recovery service delivery system. For example, 93 community organizations partnered with prevention providers to deliver prevention evidence-based practices (EBPs) to 4,797 underserved, hard-to-reach youth. Pre- and post- surveys showed increases in protective factors and decreases in risk factors after completing the program. Under SOR, New York will continue to deliver a targeted prevention media campaign to Native American communities,



Latino communities, and pregnant women across the State. To increase access to MAT, ten existing Federally Qualified Health Centers (FQHCs), in partnership with an addiction treatment program, will begin to provide MAT utilizing all FDA-approved medications. Additionally, five hospital emergency departments are implementing models for initiating buprenorphine with active linkage to peer support and community-based follow up care. The State is also using funding to enhance overdose reversal efforts. To date, 11,783 persons have been trained to respond to overdoses and use naloxone in 28 high-need counties. Using STR and SOR funds, New York established 14 new Recovery Centers and engaged 3,905 individuals in the first year of SOR. In addition, funding was used to implement three Recovery Centers and four Youth Clubhouses specifically for the Native American community.

- *Illinois:* The Illinois Department of Human Services (IDHS)/Substance Use Prevention and Recovery (SUPR) is using STR/SOR grant funds to address the range of serious opioid-related problems and issues that are being experienced among residents across the State. These programs primarily aim to address the opioid crisis by expanding the availability of medication-assisted treatment (MAT), improving the quality of the MAT provided, reducing opioid overdose related deaths, and increasing public awareness of opioid-related problems and access to the resources that are available to address these problems. The range of public awareness, prevention, outreach, MAT, and recovery support programs that are supported by these grants include a focus on the problematic use of prescription opioids as well as the use of illicit opioids such as heroin. Hospital Warm Hand-off Services involve robust, evidence-based screening and referral to treatment. Peer recovery support specialists “warm up” the referral to MAT services by going beyond providing a written referral or scheduling an appointment. This involves establishing a collaborative relationship with the patient, providing practical, personalized support for entering and adhering to treatment, and, in coordination with treatment providers, delivering ongoing recovery support services based upon patient needs. Three have been contracted to provide STR and SOR grant-supported co-located screening and warm hand-off services for individuals with opioid use disorders in Illinois hospitals. Services have been initiated at 15 hospitals and multiple Cook County Health (CCH) locations, with 5,139 patients served through January 20, 2020. Of these 5,139 patients, 73.4% (3,772) were admitted by the community-based treatment providers to which they were referred following discharge. Illinois’ STR and SOR grant funds are also used for naloxone purchase, training, and distribution to traditional first responders like law enforcement officers and fire departments, as well as non-traditional first responders like bystanders, friends, family members of heroin or other opioid dependent persons, and others. As of December 31, 2019, there have been 60,202 first responders trained. As of December 31, 2019, there were over 57,200 naloxone kits distributed and 3,628 overdose reversals through these STR and SOR supported services.
- *Missouri:* The Missouri STR and SOR projects have expanded access to integrated prevention, treatment, and recovery support services for individuals with OUD throughout the State. The primary goals of the Opioid STR/SOR projects include: 1) Increase provider and student-focused opioid use and overdose prevention initiatives and programs; 2) Increase access to



evidence-based medication-assisted treatment (MAT) for uninsured individuals with OUD through provider training, direct service delivery, healthcare integration, and improved transitions of care; 3) Increase the number of individuals with an OUD who receive recovery support services; and 4) Enhance sustainability through policy and practice changes as well as demonstrated clinical and cost effectiveness of grant-supported protocols. Missouri's STR/SOR team, in consultation with local, State, and national experts, developed and disseminated the Medication First treatment approach based. Agencies that provide OUD treatment services through the grant are required to deliver treatment in accordance with Medication First core principles: providing pharmacotherapy as quickly as possible, prior to lengthy assessments and treatment planning sessions; without arbitrary tapering or time limits; continually offering but not requiring psychosocial service participation; and not discontinuing pharmacotherapy unless it is worsening the patient's condition. This approach was adopted by health care providers throughout the State and has gained national attention for succinct framing of evidence-based OUD treatment practices. Under this approach, STR episodes of care (EOC) were more likely to involve OUD treatment medication than EOCs in the year prior, and approximately 84% of STR EOCs involved medications for OUD compared to only 40% in the year prior to STR. There have been significant decreases in the overall time to receive medication for STR EOCs relative to the year prior.

- *Indiana:* Indiana is using STR/SOR grant funds to prevent opioid misuse, reduce stigmatization of substance use disorders, increase prevention efforts in schools, expand access to medication-assisted treatment (MAT), increase access to recovery support services, and more. Resources have been used to educate the general public about opioid use disorders and bring targeted educational efforts in schools. The State alcohol and drug agency contracted with Indiana Department of Education to award 15 school systems with funds to implement evidence-based prevention programs, including Botvin's Life Skills, Too Good for Drugs, Project Alert, and others. In the spring of 2019, approximately 15 school systems across rural Indiana began implementing these programs to further prevention efforts in the State. As of January 2020, over 11,500 students and staff have been trained in school-based prevention programs that are supported by the STR grant. Additionally, screening, brief intervention, and referral to treatment (SBIRT) trainings are being implemented on college campuses across the State to address students' needs and ensure that young people have access to the care they need as early as possible.

The public may access NASADAD's STR/SOR profiles for all 50 States at <https://nasadad.org/2019/09/state-str-sor-profiles/>.

More on the importance of Comprehensive Addiction and Recovery Act (CARA), 21st Cures Act, and SUPPORT Act: As previously noted, NASADAD appreciates the work of this Committee, Congress and the Administration to secure passage of the 21st Century Cures Act, CARA and the SUPPORT Act. We highlight a few of the many programs created below:

Reauthorization of SAMHSA authorities (21st Century Cures Act, Titles VI, VII and VIII): The 21st Century Cures Act included provisions to reauthorizing programs within SAMHSA. These provisions included the reauthorization of programs within SAMHSA's Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), Center for Behavioral Health Statistics and



Quality (CBHSQ), and the creation of the National Mental Health and Substance Use Policy Laboratory. NASADAD supports actions to ensure a strong SAMHSA and appreciates the leadership of Dr. Elinore McCance-Katz, who serves as Assistant Secretary for Mental Health and Substance Use – a position created by the 21st Century Cures Act.

Community Coalition Enhancement Grants (CARA, Section 103): This section authorized the Office of National Drug Control Policy (ONDCP), that currently coordinates with SAMHSA, to make grants to community anti-drug coalitions to implement community-wide strategies to address their local opioid and methamphetamine problem. States work with community anti-drug coalitions on a daily basis to engage in key primary prevention efforts at the local level.

Building Communities of Recovery (CARA, Section 302): The BCOR initiative authorized SAMHSA to award grants to recovery community organizations (RCOs) to develop, expand and enhance recovery services. RCO's across the country are doing an excellent job of helping persons in recovery regain positive and productive relationships with their families, employers and communities. NASADAD is a strong partner of Faces and Voices of Recovery and its Association of Recovery Community Organizations (RCO) as efforts are made to expand access to recovery support services in the publicly funded system.

Improving Treatment for Pregnant and Postpartum Women (CARA, Section 501 and SUPPORT Act, Section 7062): CARA reauthorized the Residential Treatment for Pregnant and Postpartum Women program to help support comprehensive, family-centered treatment services – where women and their children can receive the help they need together in a residential setting. CARA also created a pilot program to afford State alcohol and drug agencies flexibility in providing new and innovative family-centered substance use disorder services in non-residential settings. The SUPPORT Act reauthorized both programs from 2019 – 2023 and increased the funding level from an authorization of \$16.9 million to \$29.9 million. Virginia, Massachusetts, New York, North Carolina, North Carolina, Georgia and Tennessee have received funds for this important PPW Pilot Program. We applaud SAMHSA for their work on this important initiative.

Medicare Coverage of Certain Services Furnished by Opioid Treatment Programs (Section 2005, SUPPORT Act): This section amended the Social security Act to expand Medicare coverage to include treatment services provided by SAMHSA-certified opioid treatment programs (OTPs). The covered services include medication assisted treatment (MAT), counseling, drug testing, along with individual and group therapy.

Plans of Safe Care (SUPPORT Act, Section 406): This provision amended the Child Abuse Prevention and Treatment Act (CAPTA) to make grants to help State child welfare agencies, State alcohol and drug agencies and others facilitate collaboration in developing, updating and implementing plans of safe care. Plans of safe care are tools that inventory and direct services and supports to ensure the safety and well-being of an infant impacted by substance use disorders, withdrawal, or FASD, including services for the infant and their family/caregiver. The grant funds may also be used to support developing agency-to-agency memoranda of understanding (MOUs), training, developing and updating technology to improve data collection and more.



Loan Repayment Program for Substance Use Disorder Treatment Workforce (Section 7071, SUPPORT Act): This section authorized the Health Resources and Services Administration (HRSA) to carry out a loan repayment program for individuals who complete a period of service in a substance use disorder treatment job in a health professional shortage area or in a county where the drug overdose death rate is higher than the national average.

Reauthorization of the Office of National Drug Control Policy (ONDCP), SUPPORT Act, Section 8208): ONDCP plays a critical role in shaping our nation's drug policy through the development of the National Drug Control Strategy. In addition, ONDCP works across government agencies to ensure efforts to address the drug problem are efficient and coordinated. NASADAD appreciates the work of ONDCP Director James Carroll and his work on prevention, treatment, recovery and enforcement.

States are now working diligently to implement these provisions and many others authorized in CARA, Cures and SUPPORT Act.

NASADAD's overarching recommendations:

Ensure provisions work through State alcohol and drug agencies to promote coordination and avoid creating parallel, duplicative, or bifurcated systems of care: As noted earlier, State alcohol and drug agencies play a critical role in overseeing and implementing a coordinated prevention, treatment and recovery service system. These agencies develop annual Statewide plans to ensure an efficient and comprehensive system. Further, State alcohol and drug agencies promote effective systems through oversight and accountability.

A core recommendation for the Subcommittee's consideration is to ensure federal programs and policies designed to address substance use prevention, treatment and recovery flow through the State alcohol and drug agency. This approach allows federal initiatives to enhance and improve State systems and promotes an effective and efficient approach to service delivery. Federal policies and programs that do not flow through or at least coordinate with the State agency run the risk of creating parallel or even duplicative publicly funded systems and approaches.

Work to ensure any new federal initiatives complement and build from the current system. In addition, provide Federal and State agencies adequate resources – including bolstered support for human capital – to effectively administer current and future legislative initiatives: As noted above, Congress has worked diligently to enact a number of important measures addressing prevention, treatment, recovery, overdose reversal, practitioner education, training/workforce, public education, improvements in child welfare services, criminal justice initiatives, rural outreach, research, and much more. We certainly appreciate these initiatives and have been partnering with Congress, the Administration and non-governmental organizations to implement these many new provisions. It is safe to say that all stakeholders place a premium on directing resources to actual program delivery to save lives, help families, and heal communities. Similarly, we all maintain high expectations for program management/implementation, data collection/reporting, and the engagement in the many day to day activities that ensure programs are managed effectively and efficiently. As a result, we recommend policies to ensure resources are directed to the effective administration of these life-saving initiatives at the Federal, State and local levels– including the human capital to manage these critical initiatives.



Ensure adequate resources to avoid a financial cliff... As indicated earlier, NASADAD appreciates the resources provided by Congress to support prevention, treatment and recovery services. State alcohol and drug agencies appreciate the \$1 billion in STR grants initially authorized in the 21st Century Cures Act. NASADAD applauded Congress for its previous work to raise the spending caps and pass the Bipartisan Budget Act of 2018 which paved the way to clear a final FY 2018 omnibus appropriations bill. This bill included the second installment of STR grants and added \$1 billion for States to continue this critical work through SOR. Since this time, Congress allotted \$1.5 billion to States in FY 2019 and FY 2020 in SOR funding. We appreciate the sustained commitment to maintain the overall level of investments to States through SOR in the Administration's proposed FY 2021 budget.

...and promote sustained and predictable allocation of funds through three to five-year grants. In addition to adequate resources, State alcohol and drug agencies note that sustained and predictable resources are absolutely critical. The predictable and sustained provision of resources allow States to partner with sub-State entities, providers and others to plan activities in a systematic manner. One and two-year programs, with only a short-term commitment, can create an environment of uncertainty related to the future of a critical initiative that provides lifesaving services. It can be difficult if not impossible to successfully plan and operate programs with an eye on continuity of services if providers are not confident that resources will be available to serve their patients. NASADAD strongly supports NGA's call to extend the duration of federal grants beyond the typical one- or two-year funding cycle to either a three- or five-year cycle.

Continue to work to address the opioid crisis but also elevate efforts to address all substance use disorders, including those linked to alcohol and other substances. This work to enhance flexibility includes a gradual transition from directing funds to opioid specific grants to the SAPT Block Grant: The opioid crisis is one of the worst public health tragedies in our nation's history. The sheer volume of death linked to this epidemic is difficult to grasp. We also know this country faces distinct challenges related to other substances. According to SAMHSA's National Survey on Drug Use and Health (NSDUH), 14.8 million individuals 12 and older had an alcohol use disorder in 2018. The same survey revealed that 4.4 million individuals 12 and older had a marijuana use disorder. As we look at those receiving treatment, 40.6 percent of all admissions to treatment had an alcohol use disorder and 30 percent had a marijuana use disorder (NSDUH, 2018). State directors are also observing State-level data indicating increases in stimulant use – including methamphetamine and cocaine. As a result, NASADAD promotes policies that can be flexible yet also address the specific needs associated with the current opioid crisis. The flexibility afforded in the SAPT Block Grant allows States the opportunity to target resources to address all substances.

Maintain a strong SAMHSA: We support maintaining investments in SAMHSA as the lead agency within HHS focused on substance use disorders in general, and opioid use disorders particular. The nation benefits from a strong SAMHSA given the agency's longstanding leadership in the field and the stewardship of Assistant Secretary McCance-Katz. NASADAD appreciates the role Assistant Secretary McCance-Katz plays in coordinating work across HHS to promote a coordinate federal response to the opioid crisis.

NASADAD also appreciates SAMHSA's focus on a healthy State-federal partnership as the cornerstone of sound public policy. This theme is demonstrated through several important State-based



programs support by SAMHSA in addition to the SAPT Block Grant. One example is the Strategic Prevention Framework (SPF) Partnerships for Success (PFS) Grants. These five-year grants, administered by SAMHSA/CSAP, help States strengthen prevention capacity and infrastructure at the State level while addressing the State's top prevention priorities. The grants use a five-step model (assessment, capacity, planning, implementation, evaluation); promote the principles of cultural competency and sustainability; and enhance the link between State alcohol and drug agencies and community anti-drug coalitions to promote local solutions.

NASADAD's observations on certain proposals before the Subcommittee: NASADAD offers the following observations on certain proposals before the Subcommittee based in part on those principles described above.

Opioid Response Grant Authorization Act by Rep. Trone of Maryland (H.R. 2466): This bill would authorize \$1 billion in funding for the State Opioid Response Grants through Fiscal Year 2024. The legislation notes that the resources would be allocated "...in the same manner and subject to the same conditions as were applicable to such grants for fiscal year 2018."

NASADAD observations: NASADAD wishes to express appreciation for the work of Rep. Trone and his leadership of the Freshman Working Group on Addiction. The Association agrees with the principle that predictable and sustained funding is needed in order to address the opioid crisis in particular and substance use disorders in general. NASADAD also strongly supports the approach of routing these resources to SAMHSA and then to State alcohol and drug agencies in order to ensure a coordinated system of care. As noted above, State alcohol and drug agency directors have expressed support for grants that run three or five years in length in order to help address questions regarding predictability and sustainability. In addition, NASADAD has noted a preference to eventually transition investments from drug specific initiatives to the SAPT Block Grant in order to afford States the flexibility to address their own unique needs based on local and regional conditions.

Respond to the Needs in the Opioid War (Respond NOW) Act by Rep. Kuster of New Hampshire (H.R. 2922): NASADAD wishes to recognize Rep. Kuster for her leadership as Co-Chair of the Bipartisan Heroin Task Force. This particular bill proposes to establish an Opioid Epidemic Response Fund for fiscal years 2020-2024. The fund would allocate portions of the fund to SAMHSA, Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), National Institutes of Health (NIH), Health Resources and Services Administration (HRSA), Administration for Children and Families (ACF). In a separate title, the proposal seeks to increase funding for Regional Partnership Grants (RPG) program.

NASADAD observations: Once again, NASADAD enthusiastically agrees with the principle that predictable and sustained funding is needed in order to address the opioid crisis in particular and substance use disorders in general. We reiterate the benefits of directing predictable resources to SAMHSA and then to State alcohol and drug agencies to support the continuum of prevention, treatment and recovery. The Association has not done a sufficient analysis to understand the underpinnings of the fund and impact on government operations. It is important to note that



NASADAD strongly supports the proposal to adequately invest in ACF's Regional Partnership Program (RPG). The RPG program is designed to help support partnerships between State child welfare agencies, State alcohol and drug agencies and others improve the safety and well-being of children who are in or at risk of out of home placements due to a parent or caregiver's substance use disorder. The RPG supports family-centered treatment, family and parenting support, peer services, medication assisted treatment and more.

Budgeting for Opioid Addiction Treatment Act by Rep. Norcross of New Jersey (H.R. 4792): This bill would impose a fee of 1 cent per milligram sold "...of any active opioid by the manufacturer, producer, or importer..." The proposal appears to allocate a certain amount of resources generated by the fee to the Substance Abuse Prevention and Treatment (SAPT) Block Grant. Further, the bill amends the SAPT Block Grant statute to require that the added resources from the fee be directed exclusively for a variety of treatment-related activities. Some examples include establishing new addiction treatment facilities, establishing sober living facilities, employment and housing services, expanding access to long-term residential treatment programs and others).

NASADAD observations: We appreciate Rep. Norcross for recognizing the importance of investments in substance use disorder treatment, recovery housing, workforce support, assistance with housing and employment and much more. The Association also appreciates the recognition that investing in the SAPT Block Grant represents an effective and efficient approach to allocating resources to States for service delivery. It should be mentioned that NASADAD has not traditionally commented on tax policy proposals. In addition, NASADAD has historically noted the benefits of affording States the flexibility to determine how to allocate resources to address the continuum of prevention, intervention, treatment and recovery based on the needs at the ground level.

Family Support Services for Addiction Act of 2020 by Rep. Trone of Maryland (H.R. 5572): This proposal would authorize a grant program in the Department of Health and Human Services (HHS) that would be directed to family community organizations to "develop, expand, and enhance evidence-based family support services." The grants would help provide a support network for families, reduce stigma, educate regarding evidence-informed interventions, and other activities.

NASADAD observations: NASADAD applauds Rep. Trone for seeking to help families and their loved ones struggling with a substance use disorder. There is no doubt that many families remain unaware of the resources that may be available to help a family member struggling with addiction. Further, families and their loved ones benefit from education regarding the disease of addiction, linkages to community resources, assistance with navigating treatment and recovery systems, a connection to peer groups and much more. NASADAD promotes the benefits of coordinating federal initiatives related to addiction with State alcohol and drug agencies. We will work to learn more about current efforts by NASADAD members to support families and engage in a dialogue with Rep. Trone and the Committee.

NASADAD's additional considerations: NASADAD appreciates the tremendous amount of work being led by this Subcommittee. We offer the following thoughts for consideration:



Loan repayment/scholarships for Certified Prevention Professionals/Specialists: As noted earlier, NASADAD strongly supported provisions in the 21st Century Cures Act and the SUPPORT Act designed to help bolster our nation's substance use disorder treatment workforce. There is no doubt more support is needed to increase the number of substance use treatment professionals across the country. We also know that more work is needed to increase the number of substance use disorder prevention professionals across the country as well. Certified Prevention Specialists are professionals that use specific knowledge and skills to design, implement and evaluate programs preventing the use and misuse of alcohol and other drugs. This certification is a critical step to help demonstrate competency in substance use disorder prevention. We look forward to working with Congress and the Administration on potential ways to increase support for prevention professionals across the country.

Enhancing School-based Substance Use Prevention Through Coordination Between State Alcohol and Drug Agencies and State Educational Agencies: Substance use prevention programs and activities are critical given the benefits of delaying the use of alcohol and other drugs during adolescence. For example, compared to youth who wait until their 20's to initiate alcohol use, adolescents who initiate by 15 years of age are five times more likely to misuse alcohol or become dependent (Grant & Dawson, 1997). State alcohol and drug agencies recognize the fact that the education system represents an important partner given the importance of school-based prevention activities. We recommend a dialogue regarding ways to promote additional collaboration between State alcohol and drug agencies and State educational agencies to enhance their capacity to support the implementation of effective, school-based substance use prevention activities. This would also help support a comprehensive planning process in addition to the implementation of evidence-based programs.

Thank you: Thank you very much for inviting NASADAD to testify. We look forward to working with the Subcommittee as the process moves forward.

Substance Abuse Prevention and Treatment (SAPT) Block Grant

SAPT Block Grant Funding

- FY 2019: \$1.858 billion
- FY 2018: \$1.858 billion
- FY 2017: \$1.858 billion
- FY 2016: \$1.858 billion
- FY 2015: \$1.820 billion
- FY 2014: \$1.820 billion
- FY 2013: \$1.710 billion (after 5% sequestration cut)
- FY 2012: \$1.779 billion (Congress appropriated \$1.8 billion, but HHS redirected \$21.5 million to other programs)
- FY 2011: \$1.783 billion
- FY 2010: \$1.799 billion
- FY 2009: \$1.779 billion

Overview

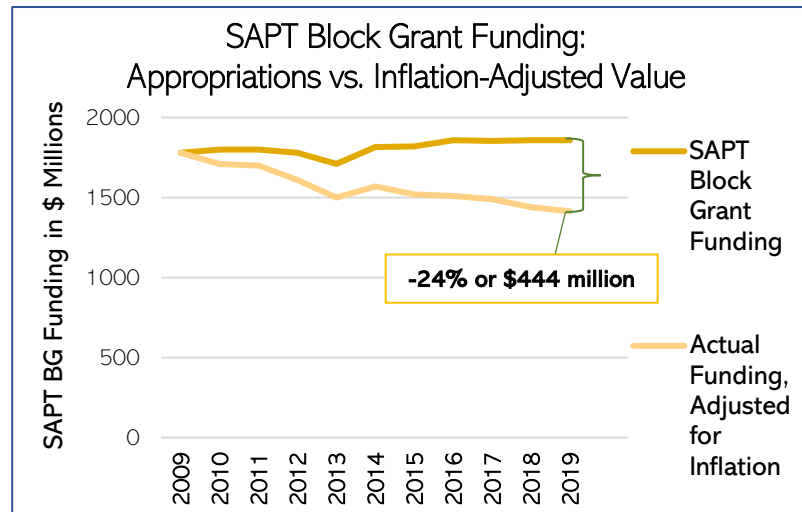
The Substance Abuse Prevention and Treatment (SAPT) Block Grant is distributed by formula to all States, Territories, Jurisdictions, and the Red Lake Band of Chippewa Indians (referred to as "States"). **It is the cornerstone of States' substance use prevention, treatment, and recovery systems.** The SAPT Block Grant is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services (HHS).

SAPT Block Grant Outcomes

The **SAPT Block Grant funds annually provide treatment services for 1.5 million Americans** (SAPT Block Grant Program Profile, 2018). At discharge from Block Grant-funded programs, 76% of clients demonstrate abstinence from alcohol use, and 57% are abstinent from illicit drug use. Additionally, of clients discharged from treatment, 89% have stable housing, and 93% have had no arrests.

Funding Decreasing Over Time

The SAPT Block Grant is a critical safety net program. **Over the past decade, SAPT Block Grant funding has not kept up with health care inflation, resulting in a 24% decrease in the real value of funding by FY 2019 (to \$1.414 billion).** As inflation increases, the actual purchasing power of the same funding decreases. In order to restore the SAPT Block Grant's 2009 purchasing power, Congress would need to allocate an additional \$444 million for FY 2020. As States work to maintain their systems with fewer resources, the demand for services continues to rise. According to the latest National Survey on Drug Use and Health (NSDUH, 2018), past month use of illicit drugs has been on the rise over the past decade, increasing from 8.3% of individuals aged 12 or older in 2006 to 10.6% in 2017.



Financial Burden of Substance Use Disorders

According to NSDUH, in 2017, approximately 19.7 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year. During the same year, only 4 million received treatment for such a problem. As a result, over 16 million Americans needed but did not receive services for a substance use problem in 2017. The economic impact of SUDs is staggering. The National Institute on Drug Abuse (NIDA) estimates that **illicit drugs, alcohol and tobacco cost society roughly \$740 billion every year:** \$193 billion for illegal drugs, \$249 billion for alcohol, and \$300 billion for tobacco. Additionally, prescription opioid misuse and addiction costs us \$78.5 billion per year.

Substance Use Disorders Represent Tiny Fraction of Overall Health Expenditures

According to SAMHSA's 2016 report, *National Expenditures for Mental Health Services and Substance Abuse Treatment, 1986-2014*, spending on SUDs decreased as a share of all healthcare spending from 2.0 percent in 1986 to 1.1 percent in 2002, and remained stable ever since. **Expenditures for substance use disorder services represented only 1.2% of all healthcare expenditures** in 2014. That translates to approximately \$34 billion for SUDs vs. \$3.2 trillion for all health expenditures.

Investments in Services for Substance Use Disorders Saves Money

In 2016, NIDA noted that for every dollar spent on substance use disorder treatment programs, there is an estimated \$4 to \$7 reduction in costs associated with drug related crimes. When healthcare costs are included, total savings can exceed costs by 12 to 1. Substance use prevention is also a cost-effective way to reduce the financial burden of substance misuse and SUDs. According to the Surgeon General's 2016 *Report on Alcohol, Drugs, and Health*, every \$1 spent on effective, school-based prevention programs can save an estimated \$18 in costs related to problems later in life.

SAPT Block Grant Produces Results

An independent study of the SAPT Block Grant, released in June 2009, found that the program was effective in:

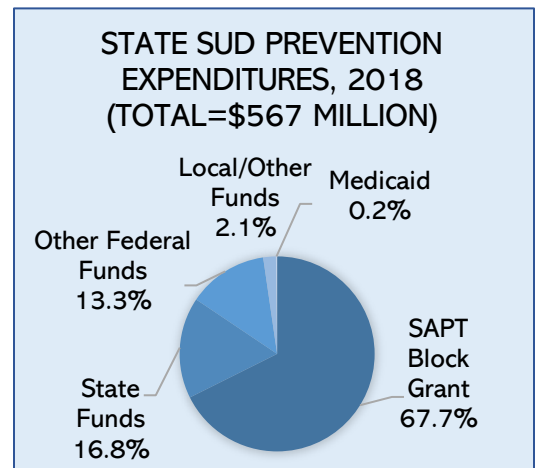
- 1) Producing positive outcomes as measured by increased abstinence from alcohol and other drugs, increased employment, decreased criminal justice involvement, and other indicators;
- 2) Improving States' infrastructure and capacity;
- 3) Fostering the development and maintenance of State agency collaboration; and
- 4) Promoting effective planning, monitoring, and oversight.

Prevention Matters: SAPT Block Grant Prevention Set-Aside

Federal statute requires States to direct at least 20% of SAPT Block Grant funds toward primary prevention of substance use. This “prevention set-aside” is managed by the Center for Substance Abuse Prevention (CSAP) within SAMHSA, and is a core component of each State’s prevention system. On average, **SAPT Block Grant funds make up 68% of primary prevention funding in States** (SAPT Block Grant State Agency Reported Expenditures by Target Activity within Source of Funds, 2018). In 20 States, the prevention set-aside represents 75% or more of the State agency’s substance use prevention budget. In 6 of those States, the prevention set-aside represents 100% of the State’s primary prevention funding.

SAPT Block Grant and Vulnerable Populations

States using SAPT Block Grant funds must provide additional protections and/or funding for certain vulnerable populations that are identified in statute. Priority populations include: pregnant and parenting women, persons who inject drugs, individuals with or at risk for HIV/AIDS, and individuals with or at risk for tuberculosis (TB).



Pregnant and Parenting Women

Pregnant women must be given priority in treatment admissions, and those that are referred to the State for treatment must be placed within a program or have interim arrangements (e.g., education on communicable diseases, counseling on effects of substance use on the fetus, referral to prenatal care, etc.) made within 48 hours. Further, States are required to allocate a dedicated amount of SAPT Block Grant funds to support pregnant and parenting women.

Persons Who Inject Drugs

SAPT Block Grant funded treatment programs that serve persons who inject drugs must keep the State informed about their admissions capacity. This allows the State to monitor whether individuals are placed into treatment in a timely manner or provided with interim services if an opening is temporarily unavailable.

Individuals with HIV/AIDS

For States with AIDS infection rates of 10 or more per 100,000, early HIV intervention services must be provided to individuals undergoing SUD treatment. These services are to be available in the areas of the State with the highest disease burden. Early intervention services include pre-testing counseling, testing, post-testing counseling, and appropriate treatment.

Individuals with Tuberculosis (TB)

SAPT Block Grant funded treatment programs must directly (or through arrangements) make TB services available to everyone who receives treatment. TB services include counseling, testing, and clinically appropriate treatment.

SAPT Block Grant Funds Treatment Services: Prescription Drug and Heroin Use on the Rise (TEDS, 2016)

As noted below, over one-third (34.1%) of individuals admitted to treatment in the publicly-funded system cited heroin or prescription opioids as their primary substance of use in 2016. That year, admissions for heroin addiction exceeded admissions for alcohol alone as primary substance of use. In addition to the troubling increase in treatment admissions, opioid overdose deaths have also been on the rise; in 2017, over 47,600 Americans lost their lives to a prescription opioid or heroin overdose.

Primary Substance	% (estimate)	Age at Admission	% (estimate)	Race/Ethnicity	% (estimate)
Heroin	26.2% (445,443)	12-17	3.9% (66,059)	White	62.2% (1,037,557)
Alcohol only	18.4% (312,497)	18-24	14.3% (243,437)	Black/Afr American	16.7% (278,128)
Marijuana	13.4% (228,391)	25-29	18.2% (309,399)	Am Ind/AK Native	2.3% (38,666)
Amphetamines	10.6% (180,161)	30-34	16.3% (276,873)	Asian/Pac Islander	1.0% (16,885)
Other Opiates	7.9% (134,085)	35-39	12.4% (210,957)	Hispanic	13.4% (223,826)
Cocaine (smoked)	3.0% (50,970)	40-44	8.7% (148,119)	Other	4.3% (71,916)
Cocaine (other route)	1.9% (32,417)	45-49	8.9% (151,639)		
PCP	0.3% (4,868)	50-54	8.3% (140,139)	Gender	% (estimate)
Hallucinogens	0.1% (1,986)	55-59	5.4% (91,662)	Male	65.1% (1,104,318)
Inhalants	0.1% (885)	60 and older	3.4% (58,364)	Female	34.9% (591,479)

Role of State Alcohol and Drug Agencies

NASADAD represents State alcohol and drug agency directors from the fifty States, the District of Columbia, and Territories. States work with counties and local communities to ensure that public dollars are dedicated to effective programs using tools such as: performance data management and reporting, contract monitoring, corrective action planning, onsite reviews, and technical assistance to community coalitions. State alcohol and drug agencies work with providers to use evidence-based prevention practices.