

In order for Addictions Treatment services to be effectively delivered to communities across the United States, NAADAC feels strongly that it is essential for SAMHSA's Substance Abuse Prevention and Treatment Block Grant (SAPT) to be kept separate and "non-blended" from the Community Mental Health Services Block Grant. This is an essential first step when the re-evaluation of this agency comes before Congress.

Though the Mental Health Community may attempt to make a case for the blending of this block grant due to co-occurring disorders, there are several factors that are important to note related to this issue. Unlike the Mental Health community, where the majority of the funds are derived from Medicare and/or Medicaid, the lion's share of Addictions Treatment Funding comes from the SAPT Block Grant. In light of the fiscal crises at both the state and local level, this stream of federal funding has become even more critical that it was in the year 2000, during the previous reauthorization of SAMHSA.

Though NAADAC advocates for a flexible carve-out that will fund both Mental Health and Addictive Disorders, it has become increasingly apparent that keeping the funds separate is the best method of ensuring the efficiency and effectiveness of the funding.

NAADAC asserts that the development of Performance Partnership Grants (PPG), an initiative that would provide states increased flexibility with their funds in return for improved accountability based on performance, will cost recipients a significant amount of money on federal, state, and county levels. Significant resources (approximately \$35 million in 2004 dollars) should be appropriated for strengthening the infrastructure and staff needs for reporting the results needed for evaluation. If additional funding for these needs are not met, grantees will be forced to shift funding from these scarce dollars away from serving consumers into a transfer for the administrative costs needed to carry out the accountability measurements. PPG's should be held accountable for their funding; however, federal authorities need to remember the difficulty in reconciling accountability with documented data that outlines success rates. The PPGs need to preserve current set-asides and the funds need to be targeted for preserving prevention and treatment services.

Finally, NAADAC is generally supportive of President Bush's initiative to dedicate more dollars for addictions treatment through the new faith-based program entitled "Access to Recovery." The program, administered through SAMHSA, will be funded at the \$100 million level in FY 2004. Though NAADAC is supportive of the President's wishes to increase substance abuse funding, it feels strongly that the only way effective implementation can be achieved is through

faith based providers and professionals adhering to the same set of licensure and certification requirement that secular counselors have had in place for decades. Congress echoed this opinion in its FY 2004 final budget document which directed all providers participating in the new initiative to be accountable in using the same standards of care, licensure, and certification requirements. NAADAC hopes that this language will extend to addictions professionals and NAADAC looks forward to working with SAMHSA, the White House Office of National Drug Control Policy (ONDCP) and other stakeholders to clarify licensure and certification requirements in the near future.