SAMSON TEKLEMARIAM: Hello everyone and welcome today's webinar on Updates on Federal SUD Funding session 2 of our advocacy series presented by Robert Morrison from NASADAD. My name is Samson Teklemariam and I'm the director of training and professional development for NAADAC. I will be the organizer for the training experience. The NAADAC webinars go to the web page www.naadac.org/webinars. Bookmark this webpage you can stay up-to-date on what we are offering.

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We are using GoTo Webinar for this live event. Notice the control panel looks just like the one you see on my slide. A few important instructions. You have entered into listen only mode which means your mic is automatically muted to prevent disruptive background noise. If you have trouble hearing the presenter consider switching to the phone line using the audio option next to the orange arrow in your GoTo Webinar panel. Use that orange arrow anytime to minimize or maximize the control panel and if you have questions for the presenter just type them into the questions box. Will gather these questions and I will post them to the presenter during the live Q&A.

Any questions we do not get to we will collect directly from the presenter and post the questions and answers on our website at a later date.

Let me introduce you to today's presenter Robert Morrison is the Executive Director and Director of legislative affairs for NASADAD. Robert came to NASADAD in 1988 as public policy associate and served as associate director of government relations at Smith, Bockland, and Associates from 1999-2001 and return to NASADAD as director of public policy and went on to become Executive Director in 2009 pretty came to Washington in 1993 to work for the late Senator Frank Lautenberg. He completed graduate work in American government at John Hopkins University. NAADAC is truly delighted to provide this webinar in the series to you. So Robert, if you're ready I will hand this over to you.
>> ROBERT I.L. MORRISON: Thank you very much. I really appreciate it, Samson and I want to recognize NAADAC and your partnership, as I always do. It’s a real privilege and pleasure to take time and talk with you all will provide care and make our system go, truly. Without a long relationship with NAADAC, extremely important stakeholder. Would like to recognize Cynthia for her leadership as Executive Director. Allison and Samson have been fantastic on this project, but I know they do so many other tasks across NAADAC. And I want to recognize Julie Troyer in the government relations team. They are top-notch critters talking to her yesterday and have known her for quite some time, she’s been doing this work in Washington DC. Addressing issues related to health for a number of years. And does it well.

Our partnership could not be stronger and during these uncertain times we need all the partners we can have to navigate and help folks who are providing the care they in and day out it is tough enough without all the issues we are dealing with now as a nation and field. So it is a privilege to be with you today to talk a bit about federal funding supporting SUD prevention treatment and recovery. And today we will focus more on the annual preparations process, the federal funding process that comes from the federal government annually. But also we know there are specific initiatives that were generated as a result of the COVID-19 crisis so we will talk about that as well.

Finally just a little note to you all, to be aware of, I am a person who is in a family impacted by substance use disorders. For a number of years, I did this type of work in Washington DC. Really blind to what it is like to have a family member involved in this. Until a family member asked for help I thought I was aware of our system and what to do and how to help people but I realized I knew a lot about federal statutes, regulations, different funding levels that we will talk about today.

But when it came time to truly help somebody, and when it came time to navigate the system, I had a whole lot to learn. SUD counselors were a critical place for my family members journey into recovery. And I am forever in your debt and will never forget it. When that experience comes to play, this work looks very different. And that is why I cannot say enough how much I appreciate the partnership and what you do. And they really look different to me as they do to you when they translate into help.

So moving on, here is what we will talk about. We will talk a little bit about NASADAD, my association. And then the process itself, what moves forward and how does a budget move forward to the end product, that actually gets money out the door for folks to help support people do the work we then we will get a little granular and look at what happened last year to set up where we stand this year. And we did as I mentioned have some COVID-19 specific legislation and finally your timing is great. We anticipate action in the House Appropriations Committee as early as Monday for specific proposed funding levels in the chamber which is one
part of the process. We will take time as we move forward through pulse period and get to questions from me directly. Not only at the end, but throughout the presentation.

Our association, you can see our mission and we represent state outbound drug agencies. Prevention, treatment and recovery. In every state in the country, territories, our members as well. We are proud of that and work really hard to ensure all folks are members. That expense our reach and truly helps us ensure that we have all voices helping us understand the different challenges and successes we are seeing across the country. We are located in Washington DC and have a research program applications to our contract work. And under the work of the agency directors themselves we developed over time component groups.

These are staff that work for the state directors. And focus in a particular part of the continuum. We have prevention coordinators, treatment coordinators, women's services, coordinators SOTA's who oversee the opioid treatment programs across the country through a very specialized role, it is a very important group that we have been relying on, in particular as of late during COVID-19 issues.

Our leader is Cassandra Price. And when it comes to public policy, the chair of that committee is Mark Stringer.

To review our folks and what they do day in and day out it often I get asked, where are they housed typically, in terms of the state bureaucracy? And often I say with a number of questions, it depends on the state because it is very. It may be in the Department of Health, or they may not. Often they can be found in social services, some are cabinet level and some are not. Some are co-located with other agencies such as child welfare in some instances.

But what is common to the members is they develop state plans regarding prevention treatment, recovery services and have different structures to help develop that and have different processes that require input.

But the other common bond as they seek service effectiveness, efficiency with an eye on utilizing tools for quality improvement. And coordination, their ability to reach out to meet with and convene with other agencies at the state level, given the reach of SUD issues. It is a critical role that helps them, the programming side, and service delivery at the state level.

We always remind people -- and the critical role is to their role link to the provider community. So this leads to the ability convene, to meet, to train, to provide technical assistance and that is where we help our members as well. As states help each other with different approaches such as working with providers to ensure clinically appropriate care.
Help of federal programs -- our folks manage the substance abuse prevention and treatment block rapid and more recently creation of the state opioid response grant where resources came specifically to the opioid crisis. We will talk about that more, but those are created as the cures, 21st century cures bill was passed, it was authorized the support act. And all of this is to say there's been a lot more state agencies to consider and manage.

Here's where we have a polling question. Going to go ahead and read this. What Samson will do and the folks at NAADAC will do is tabulate the results and I might ask them to show what they are. I will give you a minute to answer.

One question is, have you reached out to your congressional delegation on SUD funding issues? We are not asking when but we do know there is an alert that was sent recently that Julie talked about. So we are curious about the extent to which you have reached out to folks that represent you on SUD issues. I will let you answer that and take a moment to tabulate those so we can see the results.

>> SAMSON TEKLEMARIAM: Yes, you'll see the pop up on the screen and already 50% of you have responded. I will give you 10 more seconds and as you enter the first polling question, remember any questions that you have for the present or, you consented to the questions box of the GoTo Webinar control panel. We have about 65%, five more seconds for you guys to answer.

So I will close the results and if I close the poll ensure the results. And I will turn this back over to your presenter.

>> ROBERT I.L. MORRISON: Thank you, I appreciate that, Sampson. And as you can see, 1/4 of those who answered seemed to reach out, we have 60% that did not. And folks who are unsure make up the rest of the poll.

I know Julie will run a webinar in August, hope you all can make that, she will talk more about issues related to health resources regarding loan or payment issues you have been working on and we have been supporting. Really encourage you to connect with her, connect with Cynthia, about the importance of the way to reach out to your delegation on issues of common concern. And I think there are opportunities, plenty of them, in the near term to make sure NAADAC's voice is heard. You have a long history of doing this and doing it well.

Go to the next slide.

Second polling question. This is something we talked about as well with NAADAC. Do you know if you received federal funding from any of the programs below? We are in Washington educating the people about programs and help people do the work. These programs are listed
below and I let Sampson talks about the next step. But these are the programs most helpful to you all and to the extent that you do not know, we have work to do to help you get to know those federal funding dreams most helpful. Samson?

>> SAMSON TEKLEMARIAM: We launch the poll and half of you have already answered the question. Do you receive federal funding from any of these following programs to support your work?

You will see five answer options and we will give you about 10 seconds to answer the poll.

You will see a questions box questions to in your GoTo Webinar control panel. Any questions that you have for the present or, feel free to send them into that box and we will ask them in the order in which they are received during two designated Q&A breaks during the webinar paradigm will go ahead and close the poll, and shared the results and turns back over to Rob.

>> ROBERT I.L. MORRISON: Thank you, Samson, and you can see the response there. In the first iteration of that, state targeted response -- the opioid crisis grant. We can always improve the education of ourselves about what programs you received help you do the work. And if this is not known, we just have more work to do to educate on that side of the house.

Appreciate you taking the time to answer those questions.

So, as an association, we here at NASADAD are the voice of the drug agencies be bad we cannot do that without coordinating and chatting with, and without being aware of the work of other organizations like NAADAC. We also work to disseminate knowledge. You can see the programs and what we do is we utilize the states helping states approach, where states talk to each other about practices to be helpful. It is wonderful to see this type of dialogue lead to tangible action. Across states, on any given issue, across the continuum.

Will also help new or state directors talk with state directors on different tricks of the trade that are difficult to know unless you know someone that has been in a position before. Some mentoring, and we find this is helpful as well.

Finally, we, like made at, contribute to the voice that we all know is needed to get back to the basics of educating the public about the nature of addiction and the benefits of services.

What you indicated on the poll, a number of you are supported by substance abuse prevention block grant. And that's a big priority of ours. And for those of you who do not know, it is about $1.8 billion formula grant administered by SAMHSA, led by Dr. Katz, and it supports treatment, the data demonstrates we are about 1.5 million Americans per year.
Within that block grant, overall, it is designed to be a flexible program for states to allocate and direct resources based on their own unique needs across any issue or drug -- it is not a drug specific grant. It is meant to be flexible across the continuum.

There is a minimum payment requirement when it comes to allocation of resources for primary prevention for that is 20%, as you can see. But we promote benefits from the that are flexible so particular state can demonstrate the trends and work with their systems to the extent as which a it is a county system as well. It may or may not fit with what the state is presented with as well.

We have heard from you day in and day out and that is operating under a thin margin is difficult when it comes to your budget. So having reliable infrastructure and having reliable source of funding, we are not wondering whether resources will come in or not over a period of time. It has been critical, and that is something the block grant brings.

I will talk a little about the process itself. It can be a little mystifying but we do our best to explain, the process and how it is planned to work. The challenge comes when deviations come throughout the year on how it actually works.

So as you can see, we have a president administration typically in February submit to Congress a proposed budget for the coming fiscal year. This includes funding for SUD programs and includes what we call discretionary programs, programs that can change annually. They are not entitlement programs but those proposals impact entitlement programs like Medicare, and they are in the budget as well.

In the end, we are talking today about the annual process that looks at federal funding supporting SUD programs. And this whole process begins in February. And us and Julie and others scramble to provide you in short order the different parts of the federal government and their proposed funding levels for the next fiscal year. That come from a lot of different agencies. And it is a large task. But an important one.

From there, soon after the budget is released, again, it is a proposal. This is a beginning step in the dialogue. The committees of jurisdiction in Congress, Congress is broken into committees and they talk about it. It's a lot to go through. And that dialogue is important in considering what the committees have is a talk more with the agency leaders regarding the budget and ask questions and keep informed about their plans.

There is a budget resolution. This is a document that Congress traditionally tries to pass, the just sets overall spending targets. This is important because it gives something to shoot for in terms of funding levels. And in the end, it is a fixed piece of pie that each committee of jurisdiction has to spend. So if and when Julie talks about the budget resolution, just know it is
an overall spending target across the federal government and we want that number to be as high as possible. For all programs.

Here are the different subcommittees. I talked about committee process and there's one Appropriations Committee. Both in the Senate and the house. And to give you a sense of how large and how many agencies have to be discussed and considered in terms of the proposed budget after this proposed and what Congress plans to actually do, the breakup -- they organize themselves into 12 different subcommittees.

Though subcommittees each have jurisdiction -- where their job is to determine funding levels for different agencies.

The agency refocus on his the subcommittee on mental health administration and those within the department of Health and Human Services and we have highlighted that, it is the subcommittee of labor, Health and Human Services and education. This is a subcommittee that provides that first step in marking up or actually considering what funding levels will be and then they pass it to the full committee.

The full committee meets this Monday in the house and will give their view of what funding levels should be for agencies like SAMHSA and CDC. This is an important step and you are in the big event in this presentation should provide more background on what to expect.

As I mentioned, here are the different subcommittees -- different agencies within the labor subcommittee that demonstrate the broad portfolio they have to think about including CDC, NIH, and the like.

The full committee will go and then the Senate has to do the same process. In this case, to let you know, the Senate subcommittee -- there is dialogue about what and how they will proceed. In theory both chambers do the work and in the end, both chambers after compromise and work with each other and pass the same exact language. Sometimes that is not fully understood either, but the bottom line is while they go through their separate processes, there needs to be one bill in the end.

That building has to be signed by the president. So it is a long process. At times, it can be stalled. At times some of the steps might be skipped. At times they need more time. And you'll hear this term, and I will go back one. A continuing resolution. What that means is we need more time beyond the deadline of October 1. They passed a bill that says, we are going to fund the agencies at the same amount as the previous fiscal year to give us time to figure this out. The CR can last a week, day, months, depends.
But that process we recognize is very difficult for you all to plan. To count on dollars, where there is a constant set of uncertainties around how much and when you will receive resources. Especially if there are proposed cuts. All that to say, what happened last year? Well within SAMHSA we saw the same amount for the Epson APD block grant and it has been holding study for the past couple years. And you can see this chart demonstrating around $1.8 billion.

What you see underneath, is the state opioid response grant. And don't get too worried about where it says not funded, basically, the state targeted response, the opioid response is more worked into the SOR grant. But the bottom line is there is still 1.8 billion dollars allocated by Congress for the opioid process. And that has been moving forward, as some of you have indicated, you are receiving resources from that particular program.

Within the center for substance abuse treatment, this -- overall, there was an increase of about $20 million, some of that came within an initiative focused on emergency departments. And another piece came regarding the building communities and recovery programs. You can see the rest of the programs mostly -- including the addiction technology centers, we rely on us quite a bit.

And also, different initiatives that came about from the 21st century Cures Act.

Continuing with CSAT. Minority fellowship programs were fully funded. The pilot program regarding pregnant postpartum women. But also a large investment, about $90 million, above and beyond SOR with medication treatment for prescription drug and opioid addiction. I mention this because it is right above treatment recovery and workforce support, which was offered, initiated on the prevention side, the story here it remained low although we saw an increase last year and we hope that is repeated again this year.

We also note programs within the Department of Justice. And just wanted to make sure and you can look at this after the presentation and ask any questions. We make sure we coordinate with the criminal justice community as an important intersection that we know exists. Particularly looking at programs such as drug courts and we work closely with the national association of drug court professionals. We track the second chance offender reentry, not the program that NAADAC has a long history with as well, given folks will return to the community, and that handoff and coordination with jails and Department of Corrections is absolutely critical.

And we make sure we keep an eye on that each year.

We also want to promote the importance of the office of national drug control policy. ONDCP. They have often spoke with NAADAC. And we need a strong ONDCP. Fantastic job is been done there to keep the dialogue going and communicate with state operated drug agencies.
And we appreciate the work of the staff to keep the agency level coordination going here in Washington DC.

So, all that to say -- and it is a lot to track and we understand that. But we also had special legislation come down the pike to address COVID-19. We note this was difficult to track because it happened very quickly. You can see that back in March 2 trillion dollar package and there were different packages moving. But this package included $425 million per SAMHSA with half that money dedicated to certified health clinics that have worked with an urgent folks at the national Council. They represent providers that promoted the idea of certified behavioral health clinics to provide a comprehensive care, in particular outpatient settings, with across the board metal health and SUD services. Additional items that folks have to meet in terms of criteria for what they offer.

There’s also $100 million for SAMHSA for research grants and emergency response grants. The use of those grants, first they went to states for about $2 million each state submitted a plan and what they would do with those dollars. The allowable use was for SUD, and I have not seen those applications and have not seen ultimately what the resources will do. But that was another part of what happened in that CARES Act money.

CDC received resources as well as the Department of Justice. And I will note that the program is the equivalent of the SAPT block grant but on the just decide and it supports areas such as SUD for course and allowable use, action teams to investigate issues for SUD is also for allowable use.

After the previous bill I mentioned the CARES Act past, there seem to be momentum for another package that would address issues regarding COVID-19, because we were asked by Congress what else would be helpful if there would be another package.

So from April until now we continue to talk about these issues, both the house and Senate have talked about what the next package would look like read the house considered and passed their ideas. And their ideas are encapsulated in the HEROS Act. You see there some provisions in this proposed package to address COVID. I think it would be -- the fifth such package. And in that package, the house is proposing a $1.5 billion supplement to the SAPT block grant.

We were thrilled with the development it is the first time in a crisis that Congress acknowledges allocating resources through and to the block grant -- it is an efficient way to get money out the door, not requiring new applications, not requiring more bureaucracy that could hold up -- that could delay resources given the fact that we already have systems in place to apply and comes in place for the data. This also affords flexibility, and is not preordained which drugs must be addressed. It is intended to address addiction and it includes the prevention set aside as well. So we were thrilled about that.
We also asked for more flexibility in the allocation of those resources to ensure states could purchase items that may be questionable in terms of their current statute and allowable use. Or provider payments that would in particular be for PPP our provider payments for those providers that do not have a large operating budget to rely on, that exists over time. We know a number of providers are struggling. We are recommending that the SAPT block grant would be allowed to help them, to help tide them over during this period, where it is very tough financially. And the states themselves face tough times as well, both through reduced taxes and budget cuts that are being considered.

This was something past. There are a ton of other provisions passed as part of the HEROS Act. You can see both the Department of Justice the Ryan White program and the like. So there was a lot in there. And we will see if the Senate picks up the same amount across different programs and the funding amounts. But it is something we will watch closely and keep in touch with you all as we move forward.

That's a lot right there. Last year, what was included in the COVID bill folks may have had questions coming in and I will pause and ask Samson to manage the next phase of interaction would get some Q&A's maybe and engage in a dialogue.

>> SAMSON TEKLEMARIAM: Thank you so much, Rob, and everyone thank you for the questions you are sending in. Continue to feel free to send in questions and the questions box. I will see it right under your audio tab in that panel a little orange arrow that opens and minimizes and maximizes, that panel. So we will see if he can get in at least three questions.

Rob, the first question comes from Melinda from Tennessee. Linda asks, are there any new initiatives for pregnant women seeking SUD treatment services and care?

>> ROBERT I.L. MORRISON: Let me make sure I am off mute and I think I am. Thank you for the question. Our state director there is Terrence, and she's great to work with but we appreciate all her advice and appreciate the question.

Couple programs we work on. One is newer and one has been around for years. One program from the Center for substance abuse treatment is pregnant postpartum women's program that that helps provide resources directly to providers for pregnant and postpartum women that is designed to help support family services.

As you know better than I do, is an approach where the entire family, the pregnant female or the woman with a newborn can get care as a family unit. And a comprehensive set of services. That has been around forever and you can follow but that funding level, it is in the chart we
reviewed. But a newer program was authorized as part of the comprehensive addiction recovery act.

That was a pilot program that recognized the benefits of company as of services, and family services in particular. Because the previous program I mentioned, is by statute focused on residential services. Our members said we love the program and need more of that program, but we also need support for family centered services across the continuum, including family centered services that can be done in outpatient settings. We need help with enhancing our work in recovery. We need a bunch of other service delivery assistance, using the family centered approach paid

In a comprehensive addiction recovery act, the pilot program was established for states to help in family centered services that ways work for them to address gaps, but do not focus on residential. They can build upon what the residential service is doing but this is a relatively new program in our third or fourth year and I'm happy to get information to you about the grantees to date, and the funding amount, and the extent to which that program is operating in Tennessee. So I appreciate the question. It is a very important program to our members and something we have worked on a great deal.

>> SAMSON TEKLEMARIAM: Thank you, Rob. Linda, thank you for the question and will add it into the questions Q&A document that way if there are additional resources or emails or links to add, we will work with Robinson theater get those listed in the Q&A document paid let's try to get to know more questions but

The next question comes from Richard from New York. He asks, how has the pandemic affected admissions and funding for inpatient treatment?

>> ROBERT I.L. MORRISON: I will begin with the latter part, which I know a little bit more and that is to say on the federal funding front, what I have reviewed by way of the special COVID-19 package is what the response has been to date that would help with inpatient or residential -- on the appropriations front. So there was 250 million offered for certified community behavioral health clinics. The hundred million dollars offered, I don't know about the applications and therefore I don't know the extent to which inpatient is being supported through those grants that went to states. They were allowable for mental health and addiction so it depended upon the plan that each state submitted.

Under the SAPT block grant if HEROES were to be passed it would be an eligible use of funding, now and many states it is a vital source of funding for inpatients.

In terms of your first question, -- oh, and I will also mention, I know you are all aware that there were other payments offered through the paycheck protection program where different
providers could apply for resources if they met certain criteria. But criteria seem to be based on certain Medicare data that may or may not have been reflected of the type of services you provided.

So there were concerns about the fact that certain SUD providers were not able to access some of those funds. So groups got together and articulated the benefit of trying to make clearer the ability of SUD providers, mental health providers, be able to apply for any resources that come about for COVID-19 through other mechanisms, including Medicaid providers. We have not seen an updated set of guidance specific to mental health and SUD providers but I was talking to Julie just the other day to ensure keep each other informed and in turn, get your question of within that application, would providers of inpatient treatment be eligible. We would of course a, that would be important.

Moving to what is being proposed, the block grant would be able to support the residential services. And finally, I have not seen data from our members at least from the census, in terms of the impact and access to residential services, so I'm happy to ask our folks to see if they have specific data on a drop in admissions treatment -- are different policies or the difficulties associated with those who are sick, that they have an adequate place to be without spreading the virus. Those kind of issues bid that has been front and center on our states minds. As I know they are with you all.

So I will just have to see if the data is available.

>> SAMSON TEKLEMARIAM: And so this last one will be pretty quick it is from Julie, Julie said, earlier you mentioned STR and SOR, what do those stand for?

>> ROBERT I.L. MORRISON: The 21st century CARES Act asked the same year as the comprehensive addiction recovery act, there was an intense amount of legislating in years before that hearings and discussions that were designed to address the opioid crisis particularly. 21st century CARES Act was to address states in the opioid crisis. In the first two years of that program, the state targeted response to the opioid crisis, SDR, and this was managed by the substance abuse services administration.

A couple of years later, the name changed and some of the program requirements, and you can argue whether it is a totally different program or not, but it is still money to states to address the opioid crisis but the name one from SDR to SOR-- the state opioid response grants bid the important thing to know is it is $1.5 billion. And it is money from the federal government to states to address the opioid crisis, with an emphasis on those practices rooted in evidence based care to help people across the continuum. But that is a great point because it is confusing to keep track of.
Any other questions?

>> SAMSON TEKLEMARIAM: We do but we will save those till the end.

>> ROBERT I.L. MORRISON: Sure. Those are great questions. They help make sure that -- if we release information it addresses questions that are repeatedly aspirate I will send Samson an info graphic that my colleague which describes STR and SOR and helps answers questions like yours.

We talked about what happened and what is happening. What we did not talk about was the proposal for this coming fiscal year.

Like I said, each February, the administration gets to put forward their plan, the recommendation for federal funding across the government. This includes both discretionary non-defense programs. And what you see here is a figure to help keep things in a large perspective. The proposal was an overall cut of 6% of this non-defense discretionary part of the federal budget.

So what you see is what 6% equals in this non-defense or nonmilitary budget. So this matter if you are doing this work in Washington DC, to help make sure you begin with a minimum, the same amount that you had in the previous year.

However, if there is discussion about those cuts -- and again budgets are tight, and tough decisions have to be made -- it is up to each sector to help make the case for the particular area, and why it is important to invest.

What do we see for the proposal in previous years? We saw proposed budget to stay level, that is important given other parts of the budget have proposed cuts. So that's a helpful thing for those interested in the S APD block grant. Same thing for the state opioid response grant, the state proposed an increase, which is a nod and recognizing the importance of addressing the opioid crisis and SUD in general. Which is really important.

And then one change we saw last year, and what the administration wants to keep doing this year is adding as an allowable use to SOR, the opioid response grants, the ability to address methamphetamine and other stimulants. So that there's more flexibility in what the resources can do to address problems in their backyard. This happened last year and was already in effect. This was initiated by Congress.

What the administration is saying is that we will continue this or we are proposing to continue this for the next fiscal year. FY21 that begins October 1 of 2020.
The thing to know is right now the SOR grants managed by state run agencies and they cannot only address open eyes but can now address stimulants. The administration is extremely interested in hearing about state-level, local level initiatives and to make sure the issues are addressed as quickly as possible, knowing our field has gone through this already, back in the early 2000s. At that point, it was not this level of resources available for stimulant use, compared to what we are seeing this proposal continue on.

This also fits with our theme of flexibility and the proposal is to keep this going.

We also see proposed cuts. We see an increase in the SOR program, as you see we have a proposed cut of $150 million to the Senate proposed substance abuse treatment. So this is an overall cut coming from non-defense use programs. It would eliminate screening programs at $30 million. And in the program I mentioned earlier that helps support medication and treatment for opioid reuse disorders. This would bolster the program with an increase in SOR. And there's something promoted for over a decade now and the idea is to move to other practices that are needing an extra bump inattention bad

But in the end, what we see is resources within the center for substance abuse treatment. And so that is something for us to be aware of and navigate.

This describes more about what they specifically said about this MAT-PDOA program. Medications and increasing the uptake in the use of medications for SUD writ large, has been a priority of Dr. Katz, who is constantly talking about the need for MAT and evidence-based care. That is language recut and pasted from SBIRT, and we also want to highlight the cut in CSAP. This is something we are very concerned about because this prevention framework, whose money goes to state drug agencies. It helps provide the other piece of the puzzle, the block grant money for prevention and this is our puzzle for intervention in the states and are helpful that Congress provides the resources to sustain the program at last year's levels.

Here is the specific language to ensure people can see what was in the actual proposed budget. And go from there.

ONDCP, we want to make trip people are aware of the proposals related to ONDCP. What you see is a proposal to redirect money from ONDCP, and have the money go to CDC to be managed at CDC to help support drug-free communities program. This is a prevention program.

Right now what we see is ONDCP having the money and then they actually contract with another federal agency to do the day to day work. Before they contracted with SAMHSA to do the day-to-day work and now they are contracting with CDC to do the day to day work.
First in 4 months, the money goes to ONDCP. Here you see a proposal to have the money go to the CDC directly, and then manage the program day today as well. So that explains those cuts.

Here is a long storyline, you can review that later if you would like. But in essence, it reads as I just described in terms of the proposed budget.

The Center for mental health services, you can review this at your discretion after the webinar. But we wanted to highlight the overall decrease in CMHS so people understood -- as we start the process, it is important for people to know that there is a need to just get back to level funding. And then seek increases.

So when a proposed budget begins with cuts, it can intensify the need for outreach and intensify the need for voices to ensure people know your priorities.

Here are additional pieces within the SM HS and I will highlight one, the community mental health services Block Grant. It is managed by our partners at the state mental health program directors, and that was proposed for an increase.

We are also proposing a set aside to deal with crisis systems. And it is our belief that the House will comply with the request which would, like the prevention set aside, require states to focus on crisis systems. We propose to maintain flexibility in the block grant.

So that is a lot what is next. [Laughter]. It is lot to follow and sit there but it is important to do so. And I know NAADAC has done a fantastic job talking to about priorities and getting your voices heard. The biggest development now is -- it is two full.

COVID-19 specific passage great news that the House will give the SAPT block grant.

The regular process I talked about the begins in February, we will learn more as soon as Monday about what the Houses proposing. So predicting the future is always dangerous and difficult, especially given COVID-19, there are a number of considerations, including just how Congress operates. Moving to Zoom meetings, limiting the number of folks that can go into a hearing room. Right now it is closed other than to those folks who work there and those folks who are witnesses for example of hearings. Mostly we are seeing online work. And so it has taken a different flavor doing this type of government relations work. So we will see what we get for both the COVID-19 special package and the appropriations process but NAADAC will be on it as a partner as you always are. And we love partnering with you to talk about these important issues.

But even more, we love the dialogue, the questions and SAMHSA as ask for questions and we are happy to dive into those. So thank you.
SAMSON TEKLEMARIAM: Thank you so much, Rob, for this excellent presentation and your expertise and guidance, they are really complicated numbers and funding processes so were getting a lot of questions from the audience. Thank you for the questions. We will start with a brief live Q&A here. I think we will be able to get in some good questions. I will start with our first question from Robin Texas.

Robin from Texas asks, do any of these DOJ grants support implementation of the SIM model in communities? I think have to remember what that is. Rob I think you are still muted.

ROBERT I.L. MORRISON: That is a great question number one and number two, I don’t know their current grants helping support resources on SIM in particular but we will work with you to get you that information within the Bureau of Justice assistance. Within the larger office justice programs. It has been an area that is built into other programs. And we have heard there are resources that are priority as I’m sure it is with you. But I will get that information out to you. It is a great question.

SAMSON TEKLEMARIAM: How can we state more informed and up-to-date on how block grant funding and federal dollars are actually being spent and used locally?

ROBERT I.L. MORRISON: One is to make sure communication with Julie is up to date and constant. As we are recommitted to setting up periodic calls, like we do with Cynthia on a range of issues but specific to the policy side with Julie. Number two, happy to get you the information for your state alcohol and drug agency director, and states have different mechanisms. Information including state reports, their webpage, etc., and for those interested in the allocation of SOR dollars, for example we did a state-by-state overview that we are updating now, that gives a thumbnail sketch of what states are doing with SOR dollars on treatment, primary prevention, overdose, and recovery in all 50 states.

In addition, we stepped back and did a summary of our summary on treatment recovery in overdose in primary prevention and I will give that to Samson so you can see trends across the states.

But bottom line on SAPT block grant, we did that some time ago but need to do it again. And I’m happy to get from Samson your particular state, to see if I have any ready-made materials. And then connect you with the state director. And then we will keep chatting with Julie.

SAMSON TEKLEMARIAM: That is great. Thank you, Rob. Everyone was asking about Julie. Julie Troyer is who Rob is referring to. And will talk with Cynthia in a future webinar about the practical steps of putting things together locally in your state area. So she will be presenting on August 7, 2020.
Rob brought up SOR, and yes there was a lot of interest so I want to ask two SOR questions. Daniel asks if it will continue in its funding. And May asks, do anticipate that SOR grants will continue to increase or will they start decreasing, and may be the focus will move away from opioids in the future?

>> ROBERT I.L. MORRISON: Great questions. So, couple things. I do anticipate SOR will be funded for the next fiscal year. If they can get a darn bill out. Or at minimum, my guess would be that they will be level funded through the continuing resolution mechanism.

Second, anticipate they will keep the inclusion of the allowable use for stimulus in addition to the opioids and there's even talk of adding another substance, alcohol, into that mix.

What we have been trying to do is educate people on the benefits of a gradual transition from SOR to the SAPT block grant because that's the main artery for the infrastructure for providers yourself where the infrastructure is already set and we have a process and we know the providers and know the system and we know the data requirements. We have efficiencies there.

But if Congress is committed to resources and committed to the mechanism, we just want to make sure it continues like we said and think it will through next fiscal year. November will determine the debate next steps for SOR given the potential for a different administration. But this administration has been very focused to make sure continued funds are therefore SUD. And we are appreciative of that and I think it will continue about that paid the president himself has talked about the importance of prevention retreatment and recovery.

>> SAMSON TEKLEMARIAM: Both questions asked about the future of SOR and where it will go. And if it is increasing or decreasing or staying the same. I think that was the concern. A few people asked the same question.

>> ROBERT I.L. MORRISON: My sense is it will stay the same level, it is a fairly high number, it is looked upon as being fairly high. We, everyone on the call, we have started out in the basement being very underfunded.

We recognize that but when you look at the federal programs within SAMHSA, it is one of the largest, to the tune of 1.5 billion. The entire block grant is $1.8 billion bad so you put the two together, and it is the lion's share of SAMHSA's budget.

>> SAMSON TEKLEMARIAM: There were a lot of questions about special populations. It is the same question but about different groups, there were three different groups mentioned. How does funding differ with people with special needs? Same question, how does funding
differ from those who are incarcerated or in the process of reentry? And that same question for those in poverty-stricken communities. Is there a difference in funding and grants that people can reach out for those unique populations? Again, those who are special needs, those incarcerated or in the process of reentry and those in poverty-stricken communities?

>> ROBERT I.L. MORRISON: I will start incarcerated. It's a program and the Department of Justice called the residential substance abuse treatment program that goes to every state via a formula and it is an absolute shame how little money there is that goes to support state Department of Corrections to help with SUD in prisons.

We begin there. There's a statute that requires people in prison and incarcerated folks and that they receive healthcare but we also know the budget supporting folks incarcerated for services are thin. There are proposals to allow Medicaid coverage to continue once a person goes into jail, prison, because now that is not allowed. And there's a proposal to at least allow Medicaid to turn on 30 days before departure to help the reset process.

Different states have tried different approaches to help make the transition out of corrections smoother by having -- not suspending or not terminating but just suspending Medicaid so when you come out it is an easier process to get covered. But for reentry, there are programs at the department of justice. And then there are reentry dollars within the substance abuse and mental health services administration. It is small but combined with the Department of Justice reentry programs under the larger label of second chance act, those propose the lion's share., But really it is the counties who get hit hard with their budgets and they manage the jails.

We have seen some work across states that look at their larger set of budgets under something called Justice reinvestment. The idea they are being, they are already spending a lot of money on justice across the board. Are there ways to reorient the dollars and how they are spent to invest in the issues that can cost more money down the road. I work with SAMHSA for information that would be helpful for you to be aware of those programs and how to apply, including reentry.

Special needs -- the type of -- special need may trigger eligibility for Medicaid, Medicare, or what you call that might be duals for both programs. Both programs. And from there we see on the discretionary side, at least within SAMHSA, there are special populations targeted. As I mention pregnant postpartum women is one. There are programs designed to address adolescents, families within SAMHSA, and also the administration for children and families.

But I would like to learn more about the specific special needs you might be referring to. And those will help track back to eligibility to federal programs that might trigger support, depending on what their circumstances are. It is a great question and a complicated one but I am happy to work with you.
SAMSON TEKLEMARIAM: Thank you, Rob. I'm going to see if we can get in just one more question here. One or two more questions. I texted you, Rob, this question because it is pretty long and maybe a lot of words. I texted this to if you see it pop up. The question is from Tessa, how can I create a platform to address funding for women with children and single women therapeutic communities? Specifically reentry, reintegration, and it sounds like she is more specific about the state of Hawaii. There's only one program in very limited sober living homes for this population.

ROBERT I.L. MORRISON: Very tough. Thank you for the question. Hawaii has been a wonderful member. A guy named Eddie Mercer is there along with others, in the state office. We lost a staff member coordinating with the agency from the University in Hawaii a wonderful resource as well. And a fantastic guy, so to your question, the program I mentioned, the postpartum pregnant women program I think would be a match. And we hear that often. That we need more support for for women going into treatment with the kids.

And the therapeutic services to be given to the kids as well. I'm happy to work with SAMHSA on the program. And in the housing situation. So we are working with the national association of recovery residences. They are working to help put structure behind different recovery housing modalities. Where interventions and treatment activities might be involved -- to no treatment at all, it depends. I will double check Hawaii was beginning to look at working with the agency. But if you haven't connected with the state drug agency, I am happy to facilitate that and work with them first. And along those lines, support the information you are looking for at the federal level on what might be available for what you are looking to support.

And it is tough. I do site visits across the country. And cobbling together different federal funds with different allowable uses is really difficult. But I'm happy to work with you and appreciate the question.

SAMSON TEKLEMARIAM: Thank you so much for just a final note, we had a few questions coming in. Julie Smith asked and a few others as well, who do they contact for consultation on navigating this information. But I will let you speak to that.

ROBERT I.L. MORRISON: Folks can email me. And you can communicate with you state alcohol and drug agency in your respective backyard. I think it is helpful and what they there for. The contact person within that state, it might be the state director or person that focuses on part of the continuum, the criminal justice or women services member, and issues regarding support, and looking at reentry. We help navigate that. That is part of our job. So people should feel free to email rmorrison@nasadad.org and we will help you navigate the process. With all the work you do it is important for us to support it. You can email me there and that is probably the best way.
SAMSON TEKLEMARIAM: Thank you so much, Rob, for your expertise on this. As a reminder, every NAADAC webinar has its own webpage that houses everything you need to know about that particular webinar. So immediately following the live event, you will find the online CE quiz link on the same website used to register for this webinar.

That means everything you need to know will be permanently hosted at www.naadac.org/advocacy-federal-sud-funding-webinar-trade

You will notice two important links and one is the online CE quiz link. When you click on that link it will immediately take you to another survey you can also fill out. Both surveys are helpful, one is to help shape the webinar process. This CE quizzes for the CE continuing education process buried underneath is a hyperlink you can click on to teach her how to access the online CE quiz and in our new system, you can earn-- immediately earn access to your earned CE certificate after passing the quiz.

Here's the schedule for upcoming webinars. Next week Wednesday and Friday to July 15 and 17th 2020, you can bookmark the webpage. www.naadac.org/cultural-humility-webinars to stay up-to-date on the newest in our series. On Friday, July 17 will have Doctor Janice Stephenson, world renowned expert on trauma, foster care, cultural humility and the use of self in the therapeutic environment.

Please visit our COVID-19 resources page and the website is on the slide here. NAADAC has been fortunate to provide six free excellent webinars covering top concerns in the addiction profession. And presented by leading experts in the field. We also have two specialty online training series. The first is clinical supervision in the addiction perfection bad this series as a reminder, even the most experience clinical supervisors in the field admit that clinical supervision in the addiction profession is much more complex than the general supervision. There is a wide array of variables to consider and this series provides the most up-to-date research as a complement to the newest workbook now available in our NAADAC bookstore. This training series and the workbook is led by Doctor Thomas Durham, protégé and close friend of the late Dr. David Powell. The second series is treatment in that military and veteran culture. These are often our most vulnerable. Those with trauma related symptoms and history of substance use are reexperiencing triggers and the series is presented by retired combat that Duane France.

To learn more about the exclusive content you can visit the webpage of the bottom of the slide. www.naadac.org/military-vet-online-training-series bad

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webinars are free to view an axis but if you wish to get a CE there's a processing fee. You will get our Advances in Addiction and Recovery magazine. And there are more benefits which we will talk about an upcoming webinars. Note the short survey will pop up at the end and take time to give us feedback and share notes for the presenter and for us, and how we can improve your learning experience for your feedback is super important to us, and thank you for participating in this webinar. Rob, NASADAD, thank you for your expertise in leadership, and your support in the addiction profession. Please browse our website and learn how NAADAC helps others. You can stay connected on LinkedIn, Twitter and Facebook. Have a great day.