

THE FY 2012 BUDGET:
THE ADDICTION PREVENTION, TREATMENT AND RECOVERY FIELD 2012 FUNDING
REQUESTS AND ANALYSIS OF SAMHSA'S PROPOSED BUDGET

The President's FY 2012 budget includes a number of proposals to restructure certain programs within the Substance Abuse and Mental Health Services Administration (SAMHSA). Below are the field's FY 2012 Funding Requests for core SAMHSA programs and a summary of the proposed changes to SAMHSA programming in 2012.

Field Requests for FY 2012

- 1) **Fund SAMHSA at the President's FY 2012 request of \$3,649.3 million**, an overall increase of approximately \$67 million above the FY 2010 enacted level.
- 2) **Maintain the existing structure of the Substance Abuse Prevention and Treatment (SAPT) Block Grant**, with the mandated 20 percent set aside for substance abuse prevention, and increase total funding for the SAPT Block Grant by \$50 million, from \$1,798.5 million in FY 2010 to \$1,848.5 million in FY 2012.
- 3) **Maintain, at a minimum, funding level to FY 2010 for the Center for Substance Abuse Treatment (CSAT) at \$454.6 million.**
 - Within CSAT, maintain funding level to FY 2010 for the Recovery Community Services Program (RCSP), \$5.7 million.
- 4) **Maintain, at a minimum, funding level to FY 2010 for the Center for Substance Abuse Prevention (CSAP) at \$202.2 million.**
 - Within CSAP, maintain funding level to FY 2010 for the Strategic Prevention Framework State Incentive Grant (SPF-SIG) program and its spinoff grant program Partnerships for Success, \$111.7 million.

Field Recommendations for Priority SAMHSA Programs and
A Review of the President's FY 2012 Budget

- ❖ **SAMHSA's FY 2012 Budget Proposal: Increase overall SAMHSA funding by \$67 million over FY 2010 to \$3,649.3 million**

- **FY 2012 Field Request:**
Fund SAMHSA at the overall level proposed in the President's FY 2012 Budget, \$3,649.3 million

Rationale for Field Position:

Strong SAMHSA funding is needed to prevent substance use, to treat drug and alcohol addiction, and to provide recovery support to help people stay well over their lifetime. In these difficult economic times, the Obama Administration's proposal to increase SAMHSA's overall budget demonstrates recognition of how critically important and how needed these services are.

- ❖ **SAMHSA's FY 2012 Budget Proposal: Change the SAPT Block Grant by separating it into two grant programs: 1) the Substance Abuse State Prevention Grant, a new substance abuse prevention program created from SAPT prevention set-aside money and redirected CSAP funds, and 2) a Substance Abuse Block Grant**

SAMHSA's FY 2012 budget proposes to break apart the Substance Abuse Prevention and Treatment (SAPT) Block Grant and to create two separate grants:

- 1) **The Substance Abuse State Prevention Grant (SA-SPG)** would be created by removing \$343 million in statutorily required substance abuse prevention set-aside funds from the SAPT Block Grant and combining those funds with \$51 million in redirected funds from certain CSAP programs (described below). Under the 2012 SAMHSA budget, the SA-SPG would receive \$395 million which would include the SAPT Block Grant prevention set-aside funds and redirected CSAP funds.

SAMHSA describes this proposed SA-SPG program as a discretionary grant program for States and Territories. Funds would be allocated based on a formula that considers population and prevention needs. SAMHSA budget documents state that the allocation formula would ensure that States would receive no less than the amount of SAPT Block Grant prevention set-aside funds from FY 2010. SAMHSA is seeking a one-year congressional waiver of the statutory requirement for 20 percent of SAPT block grant dollars to create this SA-SPG program, through the appropriations process.

- 2) **The Substance Abuse Block Grant (SABG)** would consist of the remaining SAPT Block Grant funds, less the \$343 million in prevention set-aside dollars SAMHSA proposes to move to a new SA-SPG. Under the proposed budget, this program would be titled the Substance Abuse Block Grant (SABG) and would receive \$1.494 billion under SAMHSA's 2012 budget. The current SAPT Block Grant received \$1.798.5 billion in FY 2010. While the FY 2012 proposal indicates a proposed increase of \$39.6 million to the new SABG, budget documents label this funding as a "comparability adjustment." Specifically, the additional proposed dollars would be directed to a required Public Health Service evaluation rather than to States. Therefore, service dollars for substance abuse services would not increase under the Administration's FY 2012 proposal.

➤ **FY 2012 Field Request:**

Maintain the existing structure of the SAPT Block Grant and increase funding by \$50 million in FY 2012

Rationale for Field Position:

As Congress considers extremely severe budget cuts, the FY 2012 budget proposal to create a new substance use prevention grant program by breaking apart the SAPT Block Grant puts the funding for the foundation of our system at risk. Creating another Block Grant structure outside of the current statutorily-required Block Grant program in these tenuous budget times represents an unnecessary, burdensome, and potentially risky approach.

The SAPT Block Grant currently provides all States with consistent and reliable formula-based funding for substance abuse prevention services through its statutorily required 20 percent prevention set-aside. The SAPT Block Grant is the cornerstone of the States' substance abuse prevention, treatment and recovery systems. State substance abuse agencies have worked for a number of years to ensure that the services funded by prevention set-aside dollars are effectively and efficiently managed. Under the current SAPT Block Grant structure, State agencies engage in community assessment and planning, performance contracting and data management and reporting, contract monitoring, corrective action planning, on-site reviews, technical assistance and more.

As noted by SAMHSA in FY 2012 budget documents, the SAPT Block Grant (1) supports effective services, with SAPT Block Grant funded clients demonstrating high abstinence rates at discharge from both illegal drug (73.7 percent) and alcohol (78.2 percent); (2) has been successful in expanding treatment capacity by supporting 2.3 million admissions to treatment programs receiving public funding, and (3) received high marks in an independent evaluation that

demonstrated how States leverage the statutory requirements of the SAPT Block Grant to expand capacity and improve coordination of services with other State systems. Substance abuse stakeholders welcome a dialogue to improve and expand substance abuse prevention services using the streamlined and coordinated approach of the current SAPT Block Grant format.

❖ **SAMHSA's FY 2012 Budget Proposal: End current prevention programs and redirect funding to the newly proposed Substance Abuse State Prevention Grant**

As discussed above, SAMHSA's FY 2012 budget proposes to remove \$343 million in prevention set-aside funds from the SAPT Block Grant and to combine those funds with \$51 million redirected from the Center for Substance Abuse Prevention (CSAP), which would constitute the newly proposed Substance Abuse State Prevention Grant (SA-SPG). To go into effect, the new SA-SPG program requires a congressional waiver from the current statutory requirement that 20 percent of the money appropriated in the SAPT Block Grant be used for substance abuse prevention. SAMHSA's FY 2012 budget requests that the appropriators in Congress grant this one-year waiver.

SAMHSA's FY 2012 budget indicates, under "Programs Proposed for Elimination/Programs Proposed for Reduction," intent to reduce or reallocate the \$111.7 million that currently supports the Strategic Prevention Framework Program and the Partnerships for Success Program. Specifically, the budget notes, "Much of the funding from the Strategic Prevention Framework program has been redirected to the Substance Abuse – State Prevention Grant..." SAMHSA budget documents suggest that the Strategic Prevention Framework and Partnerships for Success programs would be terminated in FY 2012, as no additional funding is requested in FY 2012 for these programs. This would represent a \$60 million reduction in funding for the SPF SIG/Partnership for Success programs.

➤ **FY 2012 Field Request:**
Maintain funding level to FY 2010 for the Strategic Prevention Framework (SPF) and Partnerships for Success Programs, \$111.7 million

Rationale for Field Position:

SAMHSA's FY 2012 budget proposal seeks to restructure the way prevention is funded in SAMHSA. The newly proposed SA-SPG would be funded by reallocating and partially reducing the two largest sources of funds in SAMHSA that currently exist for substance abuse prevention. In these turbulent budget times, this proposal for a one-year congressional waiver through the appropriations process would not establish a stable foundation for a long term SA-SPG program, which is proposed to replace the bulk of SAMHSA's presently funded substance abuse prevention portfolio.

The SPF and Partnerships for Success programs are multi-year grants that promote evidence-based, public health approaches to substance abuse prevention. The SPF program has been extended to most States across the country. The Partnerships program continues the momentum created by the SPF by (1) requiring States to use data to plan and implement services as identified by needs within the State, (2) directing 80 percent of its resources directly to communities, (3) requiring the use of evidence-based practices, and (4) promoting results through the use of incentives. In FY 2010, SPF-SIGs and Partnerships for Success received \$111.7 million.

SAMHSA's FY 2012 Budget proposes to eliminate and reallocate funding for SPF SIG/Partnerships for Success and terminate grants in 20 States mid cycle. Furthermore, federal substance abuse prevention funding was cut by 41.6 percent between 2005 and 2010 and drug use, specifically prescription drug misuse and marijuana use in youth, is increasing. Substance use prevention is unique, effective and works. Fully-funded prevention activities reduce access to and availability of alcohol, tobacco, and drugs; change social norms; raise awareness about the cost and consequences of substance use; and build skills in youth, parents, and communities to deal with substance use issues effectively.

Without funding for these programs, it appears that the proposed budget would represent approximately a \$60 million cut in substance use prevention funds, and would indicate an end to the SPF SIG and Partnerships for Success programs.

❖ **SAMHSA's FY 2012 Budget Proposal: \$69.4 million for the Center for Substance Abuse Prevention (CSAP)**

Under the FY 2012 budget, programs formerly categorized in each of SAMHSA's three Centers as Programs of Regional and National Significance would be reorganized into a single Innovation and Emerging Issues budget line. SAMHSA's FY 2012 budget also includes a number of SAMHSA-wide initiatives in the new Innovation and Emerging Issues portfolio, totaling \$56.6 million. SAMHSA budget documents do not indicate which of the three Centers would administer these programs.

Under the FY 2012 proposed budget, SAMHSA's Center for Substance Abuse Prevention (CSAP) would receive \$69.4 million. This includes requests for \$7 million for the **STOP (Sober Truth on Preventing Underage Drinking) Act**, funding level to FY 2010, and \$41.4 million for the **Minority AIDS Initiative**, funding level to FY 2010.

➤ **FY 2012 Field Request:**
\$202.2 million for CSAP, funding level to FY 2010

Rationale for Field Position:

CSAP provides critical leadership that benefits States, communities and other federal agencies. Some examples of CSAP's significant initiatives include the development of new practice knowledge; the promotion of effective models; and the dissemination of science-based approaches to prevention. CSAP administers grants to States to prevent the onset and reduce the progression of substance abuse, including underage drinking; to reduce substance abuse problems in communities; and to build prevention capacity and infrastructure at the State and community levels. These grants give States the flexibility to decide how to spend funds based on local need derived from data to ensure funds are used effectively. CSAP's continued leadership is needed to maintain the recent success in reducing the number of youth using alcohol and other drugs – and address new and emerging trends.

❖ **SAMHSA's FY 2012 Budget Proposal: \$392 Million for the Center for Substance Abuse Treatment (CSAT), funding level to FY 2010**

As mentioned above, SAMHSA's FY 2012 budget reorganizes a number of programs formerly categorized in each of SAMHSA's three Centers as Programs of Regional and National and would establish a number of SAMHSA-wide initiatives.

Programming through SAMHSA's Center for Substance Abuse Treatment (CSAT) would receive \$392.9 million under SAMHSA's FY 2012 budget. This includes the following program funding requests:

- \$2.45 million for the **Recovery Community Services Program (RCSP)**, which designs and delivers peer-to-peer recovery support services, *a cut of \$3.22 million from FY 2010*
- \$98.5 million for the **Access to Recovery (ATR)** grant program to States and tribal organizations for addiction treatment and recovery support services through a voucher-based system, *a cut of \$900,000 from FY 2010*
- \$30.68 million for **Children and Family programs**, *an increase of \$102,000 from FY 2010*

- \$67.6 million for **Criminal Justice programs**, *an increase of \$500,000 over FY 2010*. This portfolio includes:
 - \$43.7 million for the Treatment Drug Courts program, *an increase of \$100,000 over FY 2010*
 - \$22.5 million for Ex-Offender Reentry programming, *a \$4.3 million increase over FY 2010*
- \$29.1 million for **Screening, Brief Interventions and Referral to Treatment** services in medical and other community settings, *funding level to FY 2010*
- **FY 2012 Field Request:**
\$454.6 million for the Center for Substance Abuse Treatment (CSAT), funding level to FY 2010

Rationale for Field Position:

A strong CSAT is vital. Addiction is at the root of many other health and social problems (child welfare, criminal justice, medical problems, motor vehicle crashes, and more). A well funded CSAT is needed in order to lead improvements in the capacity, quality and effectiveness of services for substance use disorders throughout the country. In addition to alcoholism, in other drug-related problems ranging from methamphetamine to the misuse and abuse of prescription drugs, CSAT has provided important leadership to help more Americans get the help they need to recover. CSAT is working with States to use performance data to improve outcomes and ensure the delivery of effective services.

Furthermore, CSAT's Recovery Community Services Program (RCSP) funds community-based organizations to support peer recovery support services that help people initiate and/or sustain recovery from addiction to alcohol and other drugs. RCSP grantees are dramatically improving opportunities for individuals to experience long-term recovery from addiction by linking professional treatment and the criminal justice systems with peer and other recovery support services for people seeking or newly in recovery and in some cases, their family members. The RCSP program embodies the philosophies of the Administration's Office of National Drug Control Policy's new addiction recovery focus and CSAT's recovery-oriented systems of care initiatives.

Additional Information about the FY 2012 Proposed SAMHSA Budget

PROPOSAL TO ESTABLISH THREE PREVENTION GRANT PROGRAMS: As mentioned above, SAMHSA's FY 2012 budget proposes to create three new prevention grants. The Substance Abuse Prevention Grant program is described above. SAMHSA's FY 2012 budget also proposes to establish:

- **The Behavioral Health-Tribal Prevention Grant (BH-TPG)**, which would receive \$50 million under the FY 2012 budget. The BH-TPG, which would be funded through Affordable Care Act Prevention Trust Funds allocated to SAMHSA, would focus on preventing alcohol and substance abuse and preventing suicides in the 565 federally recognized Tribes. According to SAMHSA budget documents, BH-TPG funds could be used for service and service-related activities, development and dissemination of prevention messages, and provider development and linkage building.
- **The Mental Health-State Prevention Grant (MH-SPG)**, which would receive \$90 million under the FY 2012 budget. The MH-SPG would provide funding for all States and Territories for evidence-based practices to promote protective factors for mental health in children and youth and reduce risk factors for mental illness and substance abuse, to prevent or delay the onset of mental illnesses and prevent suicide, and to build mental health promotion and mental illness prevention capacity and infrastructure.

INNOVATION AND EMERGING ISSUES PORTFOLIO: Under the FY 2012 budget, programs formerly funded in each of SAMHSA's three Centers as Programs of Regional and National Significance would be reorganized into a single Innovation and Emerging Issues budget line for all of SAMHSA.

SAMHSA-WIDE INITIATIVES: The SAMHSA FY 2012 budget includes funding requests for a number of SAMHSA-wide initiatives. SAMHSA budget documents do not indicate which of the Centers would administer these programs. Proposals for agency-wide initiatives in the FY 2012 budget include:

- A new \$10 million **Military Families Initiative**
- A new \$4 million **Health IT Demonstration Project**
- \$20 million in continued funding for the **Primary and Behavioral Health Care Integration program**. This CMHS program has focused on providing primary care services to consumers with serious mental illness.

NEW SAMHSA-ADMINISTERED REGULATORY AND OVERSIGHT FUNCTIONS PORTFOLIO: Under SAMHSA's FY 2012 proposal, certain programs currently administered and funded by the three Centers would be realigned under a new budget line, "Regulatory and Oversight Functions," that would be administered at the SAMHSA level. Realigned programs would include:

- **Mandatory Drug Testing** (currently CSAP)- \$5.2 million
- **Opioid Drug Treatment Regulatory Activities** (currently CSAT)- \$8.9 million
- **Prescription Drug Monitoring**, aka NASPER (currently CSAT)- \$2 million

FUNDING FROM THE AFFORDABLE CARE ACT: Under the President's FY 2012 budget, SAMHSA would receive \$92.6 million from the Affordable Care Act's Prevention and Wellness Trust Fund. These funds would be allocated to:

- The Primary and Behavioral Health Care Integration program (\$20 million)
- The Prevention Prepared Communities program (\$22.6 million)
- Behavioral Health-Tribal Prevention Grants (\$50 million)