

To: NASADAD / NPN / NTN Members
From: Robert Morrison, Executive Director
Cc: Flo Stein (N.C.), President
Date: Monday, February 1, 2010
RE: Proposed FY 2011 Budget HHS Priority Programs

Proposed FY 2011 Budget Released – Includes 3.1 percent Increase for SAMHSA

The Administration released its proposed budget for FY 2011 today that includes a 3.1 percent increase compared to FY 2010 for the Substance Abuse and Mental Health Services Administration (SAMHSA). Below is a breakdown of significant items in the FY 2011 proposed budget:

SAPT Block Grant: \$1,798,591,000 or level funding compared to the FY 2010.

Center for Substance Abuse Treatment (CSAT): \$486 million for an increase of \$34 million compared to the FY 2010 level of \$452.6 million.

Co-occurring State Incentive Grant (Co-SIG): The CSAT portion of the Co-SIG grant would be \$4,113,000 for a decrease of \$150,000 compared to FY 2010. The portion from the Center for Mental Health Services (CMHS) share would be \$3,611,000 for an increase of \$1.4 million compared to the FY 2010 level of \$2,168,000.

Screening and Brief Intervention and Referral to Treatment (SBIRT) would receive \$37,106,000 for an increase of \$8 million compared to the FY 2010 level of \$29,106,000.

Of this proposed amount,

- \$15 million would fund new grants for the Mental Health/substance Abuse SBIRT program,
- \$3 million would fund the development of a new pilot based on the Physician Clinical Support System,
- \$0.5 million would go to “...monitor and encourage State-wide SBIRT code adoption and implementation in collaboration with the Centers for Medicare and Medicaid Services (CMS) on the design, collection and reporting of data for this initiative” and
- \$0.7 million would go to (1) enhance and expand CSAT’s State financing academies, (2) promote State-wide adoption of SBIRT via code adoption and (3) secure inclusion of SBIRT into health care credentialing policies.

Targeted Capacity Expansion Grants – General would receive \$28,481,000 which represents a decrease of \$0.5 million compared to FY 2009. Within this amount \$6 million would “...fund new grants under the new *Performance Contracting Program*, funded under the TCE-General program line.

The new Performance Contracting program are grants to State and Tribal authorities which will be used to enhance overall drug treatment quality by incentivizing treatment providers to achieve specific performance targets. Examples could include supplements to existing grantees for treatment providers who are able to connect higher proportions of detoxified patients to continuing recovery-orientated treatment or outpatient providers who are able to successfully retain greater proportions of patients in active treatment participation for longer periods of time.

The Criminal Justice Activities portfolio would be funded at \$84,191,000 which would represent an increase of \$16.5 million compared to FY 2010.

Within this amount,

- \$56,438,000 would be dedicated to drug treatment courts, representing an increase of \$12,556,000 compared to the FY 2010 level of \$43,882,000. Within this \$56.4 million, \$5 million would be set aside for grants to Family Dependency Treatment Drug Courts. This is level funding compared to FY 2010.
- In addition, there would be \$23,200,000 for ex-offender reentry, representing an increase of \$5,000,000 compared to the FY 2010 level of \$18,200,000.

The *Children and Families* line was funded at \$30,488,000 representing an decrease of \$190,000 compared to the FY 2010 level of \$30,678,000. This portfolio includes adolescent treatment coordination grants and other programs.

Residential treatment programs for pregnant and postpartum women program would receive \$17,350,000 which represents an increase of \$1,350,000 compared to the FY 2010 level of \$16,000,000.

Access to Recovery Voucher Program: The proposal would provide \$108,854,000 representing an increase of \$9,900,000 compared to the FY 2010 level of \$98,954,000.

Recovery Community Services Program would receive \$5,236,000 representing level funding compared to FY 2010.

National All Schedules Prescription Electronic Reporting System (NASPER) would receive \$2 million which represents level funding compared to FY 2010.

Addiction Technology Transfer Centers (ATTCs) would receive \$9,081,000 representing level funding compared to FY 2010.

Opioid Treatment Programs would receive \$8,903,000 or level funding compared to FY2010.

Special initiatives and outreach activities would receive \$2,420,000 which is an increase of \$20,000 compared to the FY 2010 level of \$2,400,000.

Information dissemination would be level funded at \$4,353,000 or a decrease of \$200,000 compared to FY 2010.

Minority AIDS Program would be funded at \$65,888,000 or a decrease of \$100,000 compared to the FY 2010 level of \$65,988,000.

Treatment Systems for the Homeless would be funded at \$47,360,000 for a proposed increase of \$4,610,000 compared to the FY 2010 level of 42,750,000.

National Registry of Evidence-based Programs and Practices would receive \$893,000 or level funding compared to FY 2010.

Center for Substance Abuse Prevention (CSAP): \$223 million, representing an increase of \$21 million compared to FY 2010.

Strategic Prevention Framework State Incentive Grant (SPF-SIG) would receive \$103,511,000 which represents an decrease of \$8,266,000 compared to the FY 2010 level of \$111,777,000.

Within this amount,

- \$33,829,000 would be dedicated to the State and Community Performance Incentive program (Partnerships for Success) representing an increase of \$22,163,000 compared to the FY 2010 level of \$11,666,000.

Prevention Prepared Communities, a new program, would receive \$22,600,000 in FY 2011. We have included details of the proposal as provided in a SAMHSA budget document:

The Prevention Prepared Communities program will assist communities in developing and implementing effective mental illness and substance abuse prevention practices, strategies, and policies that will promote the wellness of individuals aged 9-25 and the communities in which they live. The program builds on scientific evidence that a common set of risk and protective factors contributes to a range of mental, physical, and behavioral problems, including substance abuse and other unhealthy behaviors. Thus, targeting early risk factors and promoting protective factors can prevent substance abuse as well as other negative outcomes. The goal of Prevention Prepared Communities is to improve community and individual level wellness, and health promotion outcomes. Performance measures will be collected at both the community and individual level. Measures will include population-based indicators of community wellness and at an individual level will include measures of positive mental health, absence from substance abuse, and improved academic achievement.

Under this program, communities will use the Strategic Prevention Framework to utilize epidemiologically-based needs assessment approaches to identify their predominant substance abuse and related mental health issue(s), and will select and implement evidence-based strategies to target the identified risk and protective factors contributing to these issues. Evidence-based strategies may include individual- and family-focused prevention programs and practices, environmental strategies, community-wide public education campaigns, school-based curricula, and parenting, social and life skills training. Grantees will collaborate with appropriate service providers for ages 9-25 to ensure the utilization of best practices for universal, selected and indicated populations.

The Centers for the Application for Prevention Technologies (CAPTs) would receive \$8,511,000 from CSAP's PRNS line, representing level funding compared to FY 2010.

The STOP Underage Drinking Act would receive a total of \$8,000,000 for an increase of \$1 million compared to the FY 2010 level of \$7,000,000.

Within this amount,

- \$6 million would be directed to community-based coalition enhancement grants representing an increase of \$1 million compared to the FY 2010 level of \$5 million;
- \$1 million would be directed to the National Adult-Orientated Media Public Service Campaign or level funding compared to FY 2010, and
- \$1 million for the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD) for level funding compared to FY 2010.

Fetal Alcohol Spectrum Disorders program would receive \$9,821,000 or level funding compared to FY 2010.

Science and Service program Coordination (formerly Best Practices Program Coordination) would receive \$4,789,000 or level funding compared to FY 2010.

National Registry of Evidence-based Programs and Practices would receive \$650,000 or level funding compared to FY 2010.

News from Other Agencies

National Institute on Alcohol Abuse and Alcoholism (NIAAA): The budget would provide \$475 million representing an increase of \$12 million compared to FY 2010.

National Institute on Drug Abuse (NIDA): The budget would provide \$1,094,000,000 for an increase of \$35 million compared to FY 2010.

Health Resources and Services Administration (HRSA): Budget documents note that the Administration is proposing \$25 million in HRSA funds to support “HRSA Behavioral Health Grants.” We believe this money would be in HRSA’s budget that would be earmarked for substance abuse and mental health services but provided to community health centers. We will provide more information on this initiative when details become available.

Overall Budget Terminations and Reductions Proposed

The Administration proposed 126 terminations or reductions, which, according to budget documents, would generate a savings of \$23 billion in FY 2011. In all, the budget seeks to eliminate or reduce 78 discretionary programs that would generate \$10 billion in savings in FY 2011. To see an overview of these reductions, visit [://www.whitehouse.gov/omb/budget/fy2011/assets/trs.pdf](http://www.whitehouse.gov/omb/budget/fy2011/assets/trs.pdf)

Next Steps: Long Road to Final Finding Levels

The introduction of the budget represents the first step in a long budget and appropriations process. Next, House and Senate Budget Committees will hold hearings and hear from Administration officials on the spending plan. Each chamber will then work to draft and clear a Budget Resolution will serves as a blueprint for FY 2011 funding.

Should you have any questions or require additional information, please do not hesitate to contact NASADAD Public Policy Staff at (202) 293-0090 or email @nasadad.org or @nasadad.org.