Sub-Committee on Substance Abuse and Mental Health Services - SAMSHA Reauthorization
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Witness:
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Testimony:
Mr. Chairman, Ranking Member Kennedy, and Members of the Subcommittee, my name is Dr. Lewis Gallant and I am the Executive Director of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). First, I would like to recognize you, Mr. Chairman, for your leadership in helping millions of people across the country with addiction problems. The substance abuse field truly appreciates your dedication and commitment to these issues. In turn, thank you for calling this hearing to discuss the reauthorization of the Substance Abuse and Mental Health Services Administration (SAMHSA) - the Nation's lead federal agency on addiction and mental health. We sincerely appreciate your outreach to States and look forward to working closely with you and the Subcommittee. I would also like to recognize the Ranking Member, Senator Kennedy, for his tireless efforts to improve our nation's substance abuse system. Thank you for your work and valuable leadership. Finally, I would like to thank the other members of this Subcommittee. I look forward to working with you.
President Bush: Substance Abuse Services Must be a National Priority
I would like to commend the President for his personal commitment to substance abuse issues. NASADAD is extremely grateful that President Bush identifies addiction as a top priority and is moving forward to elevate addiction treatment and prevention issues to the forefront of our national agenda.
We do not take for granted, at all, the significance of the President's leadership, and the leadership of Mr. Charles Curie, Administrator of SAMHSA, and Mr. John Walters, Director of the Office of National Drug Control Policy (ONDCP). We do not take for granted the President's action to dedicate substantial resources to close the treatment gap. In particular, the President moved forward to dedicate an additional $1.6 billion over five years for substance abuse treatment. This has included significant increases to the Block Grant, his proposed "Access to Recovery Program," and other initiatives. Indeed, this is historic.
Nor do we underestimate the power of the bully pulpit. We are very fortunate that the President is using this bully pulpit -- this national stage -- to share with the American public a simple yet extremely powerful message: substance abuse prevention and treatment works.
As the President once noted, "In this struggle, we know what works. We must aggressively and unabashedly teach our children the dangers of drugs. We must aggressively treat addiction wherever we find it. And we must aggressively enforce the laws against drugs at our borders and in our communities… America cannot pick and choose between these goals. All are necessary if any are to be effective." I could not agree more.

We are also pleased that the President has surrounded himself with leaders in his Administration who truly care about substance abuse and are working to make a difference. We heard today from Mr. Charles Curie, Administrator of SAMHSA. It has been a pleasure to work with Mr. Curie over the past few years. Administrator Curie is an energetic, knowledgeable and innovative leader. As a former State official. Mr. Curie has made outreach to NASADAD a top priority. Mr. Curie has met with NASADAD's Board on a number of occasions, attended our Annual Meetings, held systematic meetings with me as Executive Director, held meetings with our members and much, much more. Mr. Curie and his staff have worked very hard to listen to the concerns of States. We appreciate this outreach and believe this partnership will continue to remain strong.

I would like to acknowledge the excellent work of Tommy Thompson, Secretary of the Department of Health and Human Services (HHS). As a former Governor, he knows first hand the challenges States face in providing services to those with addiction problems. Secretary Thompson has been relentless in his promotion of helpful policies related to substance abuse.

NASADAD would also like to thank ONDCP Director John Walters for his work and leadership. Director Walters has been tireless in laying out a path to meet the President's goals of reducing illegal drug use by 10 percent over 2 years and 25 percent over 5 years. In the process, Mr. Walters has been reminding us all to "push back" against those who promote drug use and experimentation as a normal part of life.

Scope of Addiction in the U.S.

Addiction has a devastating impact on our society. SAMHSA's 2001 National Household Survey on Drug Abuse (NHSDA) found that an estimated 16.6 million persons age 12 or older were classified with substance dependence on or abuse. The survey noted that of these 16.6 million persons, 2.4 million were classified with dependence or abuse of both alcohol and illicit drugs, 3.2 million were dependent or abuse illicit drugs but not alcohol, and 11 million were dependent on or abused alcohol but not drugs. The number of persons with substance dependence or abuse increased from 14.5 million in 2000 to 16.6 million in 2001.

Projections in drug abuse treatment need made by the NHSDA are extremely compelling. Specifically, the study found that if current initiation rates continue at the same levels we are experiencing now, demand for drug treatment will more than double (an increase of 57%) by 2020. Even if we managed to cut current initiation rates by 50%, demand for treatment would simply remain constant. Needles to say, we must work together to step up our prevention efforts. In addition, efforts must be made to expand access to substance abuse treatment services.

Addiction is an equal opportunity disease that does not discriminate by age, gender or race. For example, the NHSDA found that 10.8 percent of youths ages 12 to 17 were current drug users in 2001. Another study by SAMHSA found that there is an "invisible epidemic" taking place among our senior citizens, where an estimated 17% of our seniors have a substance abuse problem.

An acute problem is the link between substance abuse and our child welfare system. Research has found that 70% of families with a child in protective care struggle with addiction.

The disease of addiction has a huge economic impact on our country. Studies have shown that alcohol and other drug addiction cost the nation as much as $400 billion per year.

These costs stem from lost job productivity, health care needs, crime, accidents, welfare and child welfare and other factors.

But of course no statistic or gross dollar estimate can ever adequately capture the toll addiction takes on citizens and their families each and every day. We all know a friend, family member, co-worker or even celebrity impacted by substance abuse. As the President said, "Addiction crowds out friendship, ambition, moral conviction, and reduces all the richness of life to a single destructive desire."

Substance Abuse Treatment Works! Substance Abuse Prevention Works!

Although we face incredible challenges, tremendous gains have been made over the years to help address the treatment needs of our nation. We know, for example, that criminal activity decreases by as much as 80% when treatment is administered. We know that infants whose mothers receive substance abuse treatment avoid low birth weight, premature delivery and death at rates better than the national average. We know that welfare recipients who need addiction treatment, and undergo a complete treatment cycle, are more likely to get a job and earn more money than those who receive only minimal treatment services. Simply put - we know treatment works.

We also know that prevention works. For example, we have seen that federally funded substance abuse programs for "high-risk youth" yield reduced rates of alcohol, tobacco and marijuana use. Prevention is also cost-effective. A 2001 study by the Center for Substance Abuse Prevention (CSAP) estimated a savings of up to $20.00 for each dollar invested in prevention services.

There is no doubt that we must constantly strive to improve our substance abuse system. In fact, Governors in States across the country demonstrate this commitment as they implement innovative and exciting initiatives addressing addiction. Legislation reauthorizing SAMHSA provides us with an excellent opportunity to make important improvements. With this in mind, I wold like to highlight some key themes as we begin to examine SAMHSA reauthorization.

SAPT Block Grant: The Foundation of Our Addiction System

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a crucial program that assists States in maintaining a foundation for their respective service delivery systems. In particular, Block Grant funds help vulnerable populations - including youth and pregnant and parenting women - who either have, or at risk of having, a substance abuse problem. Also, the Substance Abuse Block Grant creates and maintains linkages with other public programs to maximize the impact of available resources.

These linkages are vital due to the competing year-to-year pressures impacting State substance abuse systems. For example, States across the country are facing severe budget cuts due to the economy, homeland security costs related to the tragic events of September 11 and other issues. The National Governors' Association (NGA) and the National Association of State Budget Officers (NASBO) recently announced the results of the latest Fiscal Survey of the States. Specifically, NGA & NASBO found that "thirty-seven states were forced to reduce already enacted budgets by nearly $14.5 billion - the largest spending cut in the history of the 27-year-old Fiscal Survey."

Recently, the Senate Appropriations Committee issued a report to accompany the bill funding the Departments of Labor, Health and Human Services (HHS), Education and Related Agencies (Senate Report 108-81). The Report noted

The Committee wishes to express its strong support for preserving the current block grant and future PPG as the foundation of our publicly funded substance abuse system in every State and territory in the United States. Similarly, the Committee is concerned with any effort that could erode the strength of the current and future block grant. At a time when States are facing fiscal crises, with some cutting substance abuse services, the maintenance of treatment infrastructure and capacity at the local level is extremely important.

We believe this is an important pillar to keep in mind as SAMHSA reauthorization is considered.

Transition from the Current Substance Abuse Prevention and Treatment (SAPT) Block Grant to a Performance Partnership Grant (PPG)

NASADAD views the transition from the current SAPT Block Grant to a Performance Partnership Grant (PPG) as the top priority for SAMHSA reauthorization. In fact, we would recommend a separate hearing on this vital and very complicated issue.

In general, the transition to PPG is designed to provide States more flexibility in the use of funds while instituting a system of improved accountability based on performance. NASADAD has been working with SAMHSA on this transition over the past few years. As part of the transition, the Children's Health Act of 2000 required the Secretary of Health and Human Services (HHS) to submit a plan to Congress on issues pertaining to this complicated process. In particular, Public Law directed the report to include

(1) a description of the flexibility States need;
(2) performance measures that would be used for accountability;
(3) the definitions for the data elements to be used under the plan;
(4) obstacles to implementation of the plan;
(5) resources needed to implement the performance partnerships; and
(6) an implementation strategy complete with any recommended legislation.

Federal Funding Needed for PPG Implementation - Specific Need for Data Management & Infrastructure Development

While I understand that this panel is not the Appropriations Committee, I must touch on one aspect of the report that is due to Congress - the resources needed for the PPG. Data infrastructure development and management are the basic ingredients to success in our efforts to plan for, and implement, the PPG. Although stakeholders have unanimously agreed that States will require fiscal and technical assistance in order to help significantly adjust, or in some cases, overhaul, their data collection systems, the development and refinement of performance measures has shown how much work needs to be done. Resources are needed to help States build the systems that will collect, track, refine, manage, analyze and disseminate accurate data in accordance with the anticipated new requirements in the PPG. Funds are needed to help States evaluate current data collection and reporting capabilities against the many new data requirements. Resources are also needed to help address the costs that States are facing in order to reach compliance with certain provisions in the Health Insurance Portability and Accountability Act (HIPAA). The implementation of the PPG is predicated on the current system of providing adequate and baseline funding levels to each State for substance abuse prevention and treatment services.

Assessment of State Reporting Capabilities - As Called for in Public Law 106-310

Part C, Subpart I, Section 1971 (a) of Public Law 106-310 (SAMHSA Reauthorization)

notes that "The Secretary will establish criteria for determining whether a State has a fundamental basis for the collection, analysis, and reporting of data." With this in mind, NASADAD strongly believes that SAMHSA must work to help States determine their own unique data reporting capabilities related to the new and expanded requirements generated by the PPG.

Need for More Localized Data

NASADAD also recommends work to re-establish an initiative consistent with the goals of the State Treatment Needs Assessment Program (STNAP). Similarly, we also support initiatives that will help assess the need for prevention services at the local level. While the NHSDA may provide a useful national overview, we recommend working to identify a mutually acceptable system of measurement that would capture relevant data at the sub-State level. This type of data collection is critical in order to have better access to "real-time" information that describes unmet need in our States and communities. In addition, this data is also needed to accurately and efficiently measure our progress in reaching the President's 2 and 5-year goals to reduce drug use as we seek to close the treatment gap.

A Concern with Timing of PPG Implementation

NASADAD is extremely concerned with the timing of PPG implementation. Every effort should be made to begin to implement a workable system, within a reasonable timeframe, that is clear and efficient for the purposes of helping States with their substance abuse services delivery system and of course, improving the lives of the clients they serve. As a result, many questions will undoubtedly remain regarding performance measures, data elements, methodologies and other details of the PPG.

In the Federal Register Notice (FRN) related to the PPG transition, a section on performance measures noted that "all States will begin submitting some of the prevention information for the FY 2005 application, and all States will be able to submit all the data by FY 2006 applications." Further, in its discussion of the treatment performance measures, the FRN says, "[S]ome States will be able to report on the performance data in time for the FY 2005 application. Other States will be asked for a plan of implementation on the collection and reporting on the data." NASADAD remains very concerned with this portion of the FRN.

NASADAD is also concerned with language included in the House Appropriations Committee Report accompanying the bill providing funding for the Departments of Labor, Health and Human Services (HHS), Education and Related Agencies (Report number 108-188). The Report notes

It is the Committee's expectation that SAMHSA will begin integrating performance measurement into the Substance Abuse Prevention and Treatment Block Grant in Fiscal Year 2004 as States prepare to move to the Performance Partnership Grant. As data become available on the development of performance guidelines and of the actual performance of these programs, the Committee strongly urges SAMHSA to provide Congress periodic updates.

NASADAD recommends that any changes in the Block Grant application, and thus the reporting and implementation of performance measures, only begin after the following move forward:

- An assessment by the Secretary of HHS of States' readiness to report PPG data,

- The allocation of new and additional resources to assist with data infrastructure and other administrative costs, and
- A process whereby any legislation passed by Congress, and signed by the President, reflects an agreement that incorporates the input of Governors, NASADAD, and other stakeholders.

Other Issues Related to Reauthorization

Policies Relating to Co-occurring Mental Health and Substance Use Disorders

A top priority for NASADAD relates to policies that impact the provision of services to those persons with co-occurring substance use and mental health disorders. NASADAD would like to note that any policy recommendations made should flow from, and be consistent with, the collaborative work done by NASADAD and the National Association of State Mental Health Program Directors (NASMHPD). This includes the National Dialogue on Co-occurring Mental Health and Substance Abuse Disorders and subsequent findings by the NASADAD - NASMHPD Joint Task Force on Co-occurring Disorders. This work, made possible in part due to the generous support of SAMHSA, was formally adopted by the Board of Directors of both NASADAD and NASMHPD, and presented to the membership of both organizations during a combined meeting in Reno, Nevada in 2000.

As this Committee considers reauthorization issues, NASADAD would offer the following considerations as discussions move forward:

- The Promotion of and Use of Common and Consistent Language: We believe it is vital to work together to promote the use of common and consistent language as policies regarding services to populations with co-occurring mental health and substance use disorders are examined. For example, we recommend that more work be done to advance a consistent definition and understanding of the term "integrated treatment" by using the NASADAD - NASMHPD Joint Conceptual Framework Documents.
- More Research and Data Presentation: We would like to work with SAMHSA to generate better data regarding those with co-occurring mental health and substance use disorders. Policy recommendations should then flow from subsequent findings contained in the research using appropriate and consistent terms and definitions. Policy recommendations, in our view, should not precede the research. In examining the larger picture, we would like to work with SAMHSA to develop a concrete plan and vision for data issues. As the lead federal agency for substance abuse and mental health services, for example, SAMHSA could help encourage other Federal agencies that fund addiction services to work with States and others in the development of a coordinated data plan.
- Workforce: We can not improve services to those with mental health and substance use disorders without an adequate number of appropriately trained, licensed, experienced and fairly compensated professionals. We recommend the establishment of workforce initiatives and a National Workforce Development Office within SAMHSA.

Synar Provision

Another issue we believe requires attention is the Synar provision. The goal of Synar is to reduce tobacco sales to minors. NASADAD members and Governors are strongly committed to reducing youth smoking and restricting underage access to tobacco. In turn, States have committed substantial resources and time for the enforcement of the Synar provision. The Synar provision required States to enact laws prohibiting tobacco sales to minors and to achieve an 80% compliance rate among tobacco vendors. HHS issued

regulations for Synar enforcement that established baseline annual target rates for each State. The penalty for noncompliance with Synar is a severe 40% cut to the State's Substance Abuse and Prevention Treatment Block Grant.

We agree with the National Governors Association (NGA) in noting that Congress has taken an important first step by inserting language into the FY 2000, 2001, 2002 and 2003 appropriations bills that would save States that commit substantial resources to the goals of Synar from suffering severe penalties to their Block Grant. NASADAD strongly supports NGA in calling for substantial, long-term changes in the administration of the law and the statute itself. These changes are needed in order to ensure that States and the federal government work together to meet their common goal of reducing tobacco sales to minors without penalizing populations in need of substance abuse prevention and treatment services. NASADAD also strongly supports NGA's position that calls for the establishment of a Synar enforcement structure that does not threaten, interrupt or eliminate critical substance abuse prevention and treatment services.

Inclusion of States in SAMHSA Grants

As you may know, each State crafts a State-level plan for addiction services. These plans are based on State-level studies that assess targeted prevention and treatment service needs. States are in the best position to determine how to effectively utilize and distribute resources. With this in mind, we would ask that discussions move forward during the reauthorization process that examine SAMHSA funded programs that do not incorporate State systems during the planning and implementation stages. Grants that are developed without examining their impact on State systems can create situations where entities eventually turn to States for resources when the grant expires -- without giving the State agencies adequate time to plan to consider the support of such requests. In turn, States often have a difficult time providing funds to these programs because of the lack of communication, coordination and planning.

NASADAD believes that State systems must be directly considered and involved in any SAMHSA grant program to ensure that resources are distributed in coordination with State planning processes. We believe, for example, that States should be eligible to apply for all Targeted Capacity Expansion (TCE) program grants. In sum, we believe State involvement will prevent the creation of programs that become redundant, inefficient, disconnected and at times, discontinued.

Programs within the Center for Substance Abuse Prevention (CSAP)

The State Incentive Grant (SIG) program has proven to be a successful program. The competitive grants (there have been 41 funded to date) flow directly through the Governors' Offices, through various divisions of State government, and ultimately down to the level of grassroots coalitions. It is an effective mechanism designed to "bridge" formerly disparate government entities (e.g., the State AOD agency, the criminal justice agency, the child welfare agency, the education agency) who share the common vision of substance abuse prevention.

The Decision Support System – launched three years ago – has already proven to be a remarkable, cutting-edge tool that makes use of the World Wide Web platform. This user-friendly interactive system enables the individual to access not only the registry of effective model programs (described below), but also offers general technical assistance, information on State-supported prevention systems (via State "portals"), and assessment tools relevant to the measurement of risk and protective factors within a target

population. In an era of increased accountability and performance-based reporting, such an interactive Web-based tool becomes invaluable to the substance abuse prevention community.

The dissemination of model programs is proving to be a useful mechanism in assisting States and communities in replicating and adopting evidence-based practices that are specifically tailored to various demographic target populations. The database created by CSAP, the National Registry of Effective Programs, is the primary national repository for scientifically validated drug, tobacco and alcohol prevention programs.

CSAP and its contractors have developed a programmatic portfolio of valuable prevention-based programs aimed at targeting youth entering life "transitions" (e.g., the beginning of adolescence, entering college). Also, comprehensive work-based programs target the nearly three-fourths of illicit drug users who are in the workforce. States have come to rely on CSAP's identification and dissemination of evidence-based scientifically validated prevention programs. Progress achieved to date through this programmatic portfolio should continue.

Development and training of an effective prevention workforce is particularly vital as the Nation's economy has taken a downturn and many States are under increasingly stricter financial constraints. To date, many States and Territories have relied heavily on the successful CSAP-funded Centers for the Application of Prevention Technology (CAPTs), of which there are six (6) regional centers. Training, technical assistance with workforce development, and access to state-of-the-art model prevention programs comprise the CAPTs' aggregate portfolio.

Conclusion

Thank you very much for listening to my testimony. Again, I look forward to working with the Committee, SAMHSA, NGA and others as we the reauthorization process moves forward. I would be happy to address any questions the Committee may have.