


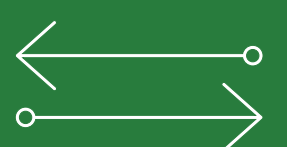



State Funding Resources for Substance Use Disorder Treatment

States have more funding resources for substance use disorder (SUD) treatment than ever before — but using them strategically can be challenging. This infographic summarizes the major sources of SUD treatment funding for states. [Get more details about each funding source.](#)

SOURCE	MEDICAID	SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANTS (SABG)	STATE OPIOID RESPONSE (SOR) GRANTS	LEGAL SETTLEMENTS
Administrator of Funds 	Centers for Medicare and Medicaid Services (CMS)	Substance Abuse and Mental Health Services Administration (SAMHSA)	Substance Abuse and Mental Health Services Administration (SAMHSA)	Global \$26B settlement Purdue Pharma bankruptcy \$6B settlement Several others active and pending
Funds are required or recommended to be used for: 	SUD treatment and supportive services All FDA-approved forms of medications for opioid use disorder	SUD treatment and prevention planning, implementation, and evaluation Treatment for people who are un- or under-insured	SUD prevention, treatment, and recovery services Providers receiving funds must obtain buprenorphine waiver	Will vary by state; can fund activities and infrastructure that federal grants cannot Core strategies of treatment, prevention, harm reduction, and coordination
Funds cannot be used for: 	Services for people who are not eligible for Medicaid Treatment for people who are incarcerated Generally, services in behavioral health facilities with 16+ beds Housing/Room and board Services that other available insurance will cover	Inpatient hospitalization Treatment for people who are incarcerated No more than 5% for administration No less than 20% for primary prevention	No more than 5% for administration Programs that deny services for people on MOUD Buprenorphine waiver training"	Must be used to address opioid and SUD related needs; states can impose further limitations
Coordination with Medicaid 	n/a	May use to supplement but not supplant Medicaid treatment services, e.g.: Medicaid should be billed first, but SABG can be used for non-Medicaid covered or limited services or insurance cost-sharing	May use to supplement but not supplant Medicaid treatment services, e.g.: Medicaid should be billed first, but SOR can be used for non-Medicaid covered or limited services	May be used to cover treatment for uninsured individuals as well as people who are incarcerated; may be used for workforce training, infrastructure and equipment supports for service delivery
Funding totals 	Vary across states	\$3.5B in FFY22	Non-competitive, two-year federal grants totaling \$1.5B in FFY21 and \$2.25B in FFY22	~\$33 billion currently