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Testimony Before the
House Committee on Energy and Commerce Subcommittee on Health
Hearing entitled: *Lives Worth Living: Addressing the Fentanyl Crisis, Protecting Critical Lifelines, and Combatting Discrimination Against Those with Disabilities*
February 1, 2023

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Good morning. Thank you, Chair Guthrie, Ranking Member Eshoo, and members of the Energy and Commerce Health Subcommittee for inviting me to testify during this hearing focused on fentanyl.

My name is Dr. Neeraj Gandotra, and I serve as the Chief Medical Officer for the Substance Abuse and Mental Health Services Administration, also known as SAMHSA. SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. SAMHSA envisions that people with, affected by, or at risk for mental health and substance use conditions receive care, thrive, and achieve wellbeing.

I am pleased to be here, along with my colleagues from the White House Office of National Drug Control Policy and the United States Drug Enforcement Administration to discuss fentanyl and rising overdose deaths.

We are here today because rising overdoses continue to be a challenge for this country. Synthetic opioids like illicitly manufactured fentanyl, and the use of other substances, particularly stimulants such as cocaine and methamphetamine, have led to significant increases in overdose deaths.[1] Over the past few years, we have seen the opioid overdose epidemic evolve. We are now faced with the reality that illicitly manufactured fentanyl, and substances contaminated with illicitly manufactured fentanyl, are far more deadly than other opioids or stimulants alone.

Our country faces an unprecedented crisis among people of all ages and backgrounds. The COVID-19 pandemic has exacerbated an already tragic situation, with drug overdose deaths reaching a historic high, devastating families and communities.[2] The 2021 National Survey on Drug Use and Health found that among people who used prescription fentanyl products for any reason in the past year, 20.9 percent misused them.[3] Moreover, findings from SAMHSA's analysis of 2021 data from drug-related emergency department visits show that fentanyl-related emergency department visits rose throughout 2021.[4] Provisional data from the CDC

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[1] Spencer MR, Miniño AM, Warner M. Drug overdose deaths in the United States, 2001–2021. NCHS Data Brief, no 457. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: https://dx.doi.org/10.15620/cdc:122556

[2] Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data

[3] Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health (HHS Publication No. PEP21-07-01-003, NSDUH Series H-56). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data

[4] Substance Abuse and Mental Health Services Administration. (2022). Drug Abuse Warning Network: Findings from Drug-Related Emergency Department Visits, 2021 (HHS Publication No. PEP22-07-03-002). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

predicts that more than 107,000 Americans died due to a drug overdose in the 12-month period ending in August 2022. Of these drug overdoses, the same source predicts that 81,231 of these fatalities involved opioids, and approximately 73,102 were attributable to fentanyl and other synthetic opioids (excluding methadone).[5]

Addressing addiction and the overdose epidemic was one of the four pillars of the Unity Agenda the President outlined in last year's State of the Union Address. Building on the Unity Agenda, the Biden-Harris Administration thanks Congress for its partnership in the work being done to address the overdose epidemic head-on. This bipartisan, bicameral work includes last year's Bipartisan Safer Communities Act (P.L. 117-159) as well as significant behavioral health investments included in the Consolidated Appropriations Act, 2023 (P.L. 117-328).

At the beginning of the Biden-Harris Administration, U.S. Department of Health and Human Services Secretary Xavier Becerra released the comprehensive HHS Overdose Prevention Strategy (Strategy), which is designed to increase access to primary substance use prevention activities for at-risk populations as well as increasing access to the full range of care and services for individuals who use substances that cause overdose, and their families. The Strategy prioritizes four key areas: primary prevention, harm reduction, evidence-based treatment, and recovery support.

Throughout this testimony, I will expand on what SAMHSA is doing to implement the Strategy and how we are working to advance the President's goal of reducing both fatal and non-fatal overdoses.

SUPPORTING THE SUBSTANCE USE CARE CONTINUUM

Two of SAMHSA's largest formula-based substance use programs, both of which were recently reauthorized through the Consolidated Appropriations Act, 2023 (P.L. 117-328), allow funding to be tailored to the specific state, territory, or Tribal Nation to be used for activities related to prevention, treatment and recovery. These programs, the State and Tribal Opioid Response Grants and the Block Grants for Substance Use Prevention, Treatment, and Recovery Services, are detailed below.

State and Tribal Opioid Response Grants

SAMHSA would like to thank Congress for investing $1.575 billion in the State Opioid Response Grants to states and territories to help address the Nation's addiction and overdose crisis. To assist states, territories, Tribes and Tribal Nations in addressing the nation's overdose crisis, SAMHSA administers the State Opioid Response (SOR) and Tribal Opioid Response (TOR) grant programs. Recognizing that illicitly manufactured fentanyl is driving overdose deaths across much of the country, often in combination with stimulants, both programs focus on opioids and stimulants. As such, the core aims of the SOR and TOR grant programs continue to involve: increasing access to the three Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid-

[5] Id.

related overdose deaths by supporting the full continuum of prevention, harm reduction, treatment, and recovery support services. These programs also support the continuum of care for those states and communities across the country that are dealing with rising rates of stimulant use, in addition to opioids, and the associated negative health, social and economic consequences of substance misuse. Like the SOR program, the TOR grant program provides dedicated resources for these activities to Tribes and Tribal Nations.

As an example, in partnership with the Seattle Indian Health Board, Washington State provided low barrier treatment with medications for opioid use disorder and related services to urban American Indian and Alaskan Native individuals who are experiencing homelessness with opioid use disorder (OUD). Low Barrier Treatment is a model of providing care to patients with OUD that increases access to treatment by creating patient-centered programs that are easy to access, offer a high quality of care, and eliminate hurdles to access or stay in care for OUD. Low Barrier Treatment achieves this by providing treatment in non-traditional settings (jails, SSPs, etc.), same-day treatment, and other flexibilities.

Block Grants for Substance Use Prevention, Treatment, and Recovery Services
SAMHSA would also like to thank Congress for appropriating $2.0 billion for the Block Grants for Substance Use Prevention, Treatment, and Recovery Services (BGSU). BGSU funds help all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity in addressing substance use disorder (SUD) treatment and prevention needs. States use BGSU funds to support activities including prevention, treatment, and recovery systems' infrastructure and capacity building, thereby increasing availability of services and development and implementation of evidence-based practices. States use this funding for services not covered by public or private insurance, as well as for non-clinical activities and services that address the critical needs of state substance use service systems and treatment needs.

Primary Prevention
Prevention is critical to reducing overdoses and overdose deaths. SAMHSA's activities in this area are designed to invest in the vital community infrastructure necessary to prevent harms related to substance use. In addition to the twenty percent set-aside in the BGSU, examples of SAMHSA's activities in support of the Strategy's primary prevention goal are below.

First Responder Training for Opioid Overdose-Related Drugs
SAMHSA's First Responders – Comprehensive Addiction and Recovery Act (FR-CARA) program is an important part of our response to the overdose crisis. The FR-CARA program trains and equips firefighters, law enforcement officers, paramedics, emergency medical technicians, and volunteers in other organizations to respond to adverse overdose-related incidents, including how to administer naloxone. This program also establishes processes, protocols, and mechanisms for referral to appropriate treatment services and recovery communities. FR-CARA's broader eligibility and rural-set asides ensure that vital services reach rural and tribal areas. During the program's recent project period, each state developed a strategic action plan for combatting opioid misuse and deaths related to heroin and illicit fentanyl.

As of January 19, 2023, FR-CARA grantees have distributed 339,964 naloxone kits with grant funds and administered naloxone 157,361 times. Also as of last month, FR-CARA grantees have conducted 41,150 trainings and trained 188,076 individuals on how to respond to overdose-related incidents.

Strategic Prevention Framework for Prescription Drugs Grant Program
The Strategic Prevention Framework for Prescription Drugs (SPF-Rx) program focuses on bringing prescription drug use prevention activities and education to schools, communities, parents, prescribers, and their patients. Grantees have also worked with the pharmaceutical and medical communities to raise awareness about the dangers of sharing medications and to ensure that prescribers understand the risks of overprescribing opioids to young adults. SAMHSA's SPF-Rx also assists grantees in developing capacity and expertise in the use of data from state run prescription drug monitoring programs (PDMPs). SAMHSA notes positive trends in reductions in opioid overdoses and the incorporation of prescription drug monitoring data into needs assessments, as well as strategic plans, as indicators of program success.

Data from the evaluation of the first cohort of SPF-Rx grantees show that grantees implemented 565 prevention activities in communities across the country. These SPF-Rx grantee prevention activities include support for media campaigns, webinars, disposal lockboxes, and direct training of health care professionals. Our first cohort of grantees, which took place from FY17-FY19, reached an estimated 33 million persons indirectly (through media channels, etc.) and 122,000 persons directly through trainings, educational programs, events, and screenings.

Additional findings showed that while there were over 95 million opioid prescriptions written across all grantees in 2017; that number dropped to just over 80 million in 2019. Among the grantees reporting, the number of prescribers registered for their state's PDMP rose from 378 in 2017 to 499 in 2019.

Harm Reduction
Evidence-based harm reduction strategies minimize the negative consequences of drug use for both individuals and communities. Therefore, providing funding and support for innovative harm reduction services is a key pillar of the Strategy. The activities below highlight the substantial steps that SAMHSA has taken to advance the adoption and use of evidence-based harm reduction approaches where not prohibited by law.

Harm Reduction Grant Programs
Last year, SAMHSA launched its first-ever Harm Reduction grant program and issued $30 million in grant awards to organizations working to expand access to harm reduction strategies where not prohibited by law. This grant opportunity, authorized and funded by the American Rescue Plan Act, aims to help increase access to a range of community harm reduction services and supports harm reduction service providers as they work to help prevent overdose deaths and reduce health risks often associated with drug use. This funding is allowing organizations to

expand their distribution of overdose-reversal medications and fentanyl test strips, provide overdose education and counseling, and manage or expand syringe services programs (SSP), which help prevent transmission of HIV, hepatitis C virus, and other causes of infectious disease.

As summarized by our colleagues at the Centers for Disease Control and Prevention (CDC)[6], SSPs are supported by almost 30 years of research indicating that they are safe, effective and produce cost-savings.[7,8] In addition to being highly evidence-based, data also show that SSPs reduce the transmission of infections like viral hepatitis and HIV, and do not increase use of illegal drugs or contribute to a rise in crime.[9,10] Finally, data on SSPs also show that users of these services are five times more likely to start treatment for their SUD and about three times more likely to cease use of illegal substances than their counterparts who do not participate in SSPs.[11]

In October 2022, Impact Life, the recipient of a 3-year SAMHSA Harm Reduction grant based in Delaware, partnered with Walgreens to offer harm reduction services to underserved and high-risk communities across the state. Their partnership allows the Impact Life team to occupy space at 11 Walgreens locations throughout the state. These locations are in areas that have high rates of fatal overdose and high substance use activity.

This partnership works with the Delaware Department of Health and Social Services' Divisions of Public Health Substance Abuse and Mental Health to identify "hot spots" to tailor outreach schedules to provide services in the highest-need areas. At each location, the Impact Life team offers harm reduction resources such as risk reduction screenings, distribution of naloxone and drug deactivation and disposal pouches, and fentanyl test strips. Impact Life also distributes wound care kits, provides linkages to behavioral health services including medication treatment for OUD, physical health services and social service organizations.

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[6] Summary of information on the safety and effectiveness of syringe service programs (SSPs). (2023, January 11). Cdc.gov. https://www.cdc.gov/ssp/syringe-services-programs-summary.html

[7] Martin, N. K., Hickman, M., Hutchinson, S. J., Goldberg, D. J., & Vickerman, P. (2013). Combination interventions to prevent HCV transmission among people who inject drugs: modeling the impact of antiviral treatment, needle and syringe programs, and opiate substitution therapy. Clin Infect Dis, 57 Suppl 2, S39-45. doi:10.1093/cid/cit29

[8] Aspinall, E. J., Nambiar, D., Goldberg, D. J., Hickman, M., Weir, A., Van Velzen, E., . . . Hutchinson, S. J. (2014). Are needle and syringe programs associated with a reduction in HIV transmission among people who inject drugs: a systematic review and meta-analysis. Int J Epidemiol, 43(1), 235- 248. doi:10.1093/ije/dyt243

[9] Id.

[10] Bernard, C. L., Owens, D. K., Goldhaber-Fiebert, J. D., & Brandeau, M. L. (2017). Estimation of the cost-effectiveness of HIV prevention portfolios for people who inject drugs in the United States: A model-based analysis. PLoS Med, 14(5). doi:10.1371/journal.pmed.1002312

[11] Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER, "Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors", Journal of Substance Abuse Treatment, 2000; 19:247–252.

Fentanyl Test Strips

HHS announced in April 2021 that grantees in certain programs, such as SOR grants and the BGSU program, may use grant funds to purchase rapid fentanyl test strips to help curb the dramatic spike in drug overdose deaths largely driven by strong synthetic opioids, including illicitly manufactured fentanyl, in jurisdictions where they are not prohibited by law.[12,13]

Reports from states such as California, Arizona, Nevada, and Alaska note that fentanyl test strips funded through SOR have become an important component of syringe service programs; education and awareness building toolkits; and innovative, low-threshold, on-demand treatment programs. As of January 28, 2023, 49 states have reported distributing 824,048 fentanyl test strips.

Evidence-based Treatment

Evidence-based treatments for SUD can reduce substance use, related health harms, and overdose deaths, as well as increase positive outcomes for long-term recovery. Beyond improving public health outcomes, they also enhance public safety outcomes. In addition to SAMHSA's SOR/TOR and BGSU programs, below are examples of other SAMHSA efforts and programs that support evidence-based treatment.

Flexibilities to Increase Access to Medications for Opioid Use Disorder

The Consolidated Appropriations Act, 2023 (P.L. 117-328) included provisions that amended the Controlled Substances Act (P.L. 91-513) to eliminate the requirement for qualified practitioners to first obtain a special waiver (also referred to as the X-waiver) to prescribe schedule III-V controlled medications, namely buprenorphine, for the treatment of OUD. This action, which we are currently working with our colleagues at the DEA to implement, ends a decades-long requirement that impeded access to vital lifesaving treatment for OUD. In addition to removing the X-waiver requirement, the new law also removed associated patient limits. It is important to note that though Congress removed the X-waiver via the Consolidated Appropriations Act, 2023 (P.L. 117-328), some states currently maintain additional requirements for providers to prescribe buprenorphine. The removal of both requirements, obtainment of the federal X-waiver and patient limits, will make it easier for practitioners to prescribe buprenorphine to more patients. This builds on the HHS Overdose Prevention Strategy and delivers on the call to action in President Biden's Unity Agenda to address the overdose and addiction crisis.

Removal of X-waiver requirements will expand access to a lifesaving medication. SAMHSA saw this with release of the updated buprenorphine practice guidelines in April 2021. Indeed, prior to implementation, training and certification requirements were often cited as a barrier to

[12] Centers for Disease Control and Prevention, "Federal Grantees May Now Use Funds to Purchase Fentanyl Test Strips", (April 7, 2021).

[13] SAMHSA 2021 Report to Congress on the State Opioid Response Grants (SOR). https://www.samhsa.gov/sites/default/files/2021-state-opioid-response-grants-report.pdf

treating more people.[14] We know that treatment with buprenorphine decreases opioid-related overdose mortality by over 50 percent,[15,16] and that the revision to the Practice Guidelines for the Administration of Buprenorphine[17] saw an increase in the number of practitioners submitting a Notice of Intent to prescribe buprenorphine.[18] These Notices of Intent are no longer required for practitioners to prescribe the medication. Removal of X-waiver requirements may further reduce geographic disparity in access to buprenorphine and provides opportunities to fully integrate this important intervention into routine medical care.

SAMHSA has also learned from the substance use disorder-related treatment flexibilities that were implemented at the beginning of the COVID-19 pandemic. For example, we have seen how telehealth can expand access to care in certain populations, overcome geographic inequality in the provision of services, and reduce stigma associated with accessing life-saving medications such as buprenorphine.[19] Providers and patients have overwhelmingly supported integration of telehealth into the care of those with OUD, since it offers: flexibility in delivery and receipt of treatment; a means for those living in rural or remote areas to better access care; improvement in the provider-client relationship through flexible scheduling; greater care coordination activities; maximization of workforce productivity; reduction in burnout; and a reduction in service delivery costs by allowing remote work and provision of care.[20] The COVID-19 pandemic also necessitated flexibilities in how patients accessed methadone in opioid treatment programs (OTPs) for take-home administration. SAMHSA's regulatory flexibilities related to methadone take home medication implemented at the beginning of the pandemic have been met with positive feedback from patients, providers, and researchers. Recent

[14] Substance Abuse and Mental Health Services Administration, "HHS Releases New Buprenorphine Practice Guidelines, Expanding Access to Treatment for Opioid Use Disorder" (April 27, 2021). https://www.samhsa.gov/newsroom/press-announcements/202104270930

[15] Substance Abuse and Mental Health Services Administration Results From the 2018 National Survey on Drug Use and Health (2019) https://www.samhsa.gov/data/

[16] Sordo, Barrio, Bravo, Indave, Degenhardt, Wiessing, Ferri, Pastor-Barriuso, Mortality Risk During and After Opioid Substitution Treatment: Systematic Review and Meta-analysis of Cohort Studies (Apr. 2017), available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5421454/

[17] Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder; Health and Human Services Department Notice, 86 Fed. Reg. 22439 (April 28, 2021).

[18] United States Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation. (2022, December 2). Early Changes in Waivered Clinicians and Utilization of Buprenorphine for Opioid Use Disorder After Implementation of the 2021 HHS Buprenorphine Practice Guidelines. https://aspe.hhs.gov/reports/early-changes-after-2021-hhs-buprenorphine-practice-guidelines

[19] Guille, C., Simpson, A. N., Douglas, E., Boyars, L., Cristaldi, K., McElligott, J., Johnson, D., & Brady, K. (2020). Treatment of opioid use disorder in pregnant women via telemedicine: A nonrandomized controlled trial. JAMA Network Open, 3(1), e1920177-e1920177.

[20] King, V. L., Brooner, R. K., Peirce, J. M., Kolodner, K., & Kidorf, M. S. (2014). A randomized trial of web-based videoconferencing for substance abuse counseling. Journal of Substance Abuse Treatment, 46(1), 36-42.

research has found that these increases in methadone take-home doses have not been associated with increases in overdoses or other negative impacts.[21,22]

For these reasons, on December 16th of last year, SAMHSA published a Notice of Proposed Rulemaking (NPRM) to update 42 CFR Part 8, the federal regulation that governs opioid use disorder treatment standards, as well as OTP accreditation and certification standards. Through the NPRM, SAMHSA proposes action to improve Americans' access to and experiences with OUD treatment, with a specific focus on OTPs. The proposed changes reflect over 20 years of evidence, as well as stakeholder feedback, that supports (1) greater autonomy among OTP practitioners to provide patient-centered care, (2) a positive and productive recovery, and (3) making telehealth and take-home related flexibilities that were implemented at the start of the nation's COVID-19 Public Health Emergency permanent.

In 2022, SAMHSA certified 151 new OTPs, new brick and mortar medication units, as well as new mobile units to expand treatment access across the nation. As of December 2022, there were 1,994 active OTPs with 80 having affiliated brick and mortar medication units, and 24 with mobile locations.

Medication-Assisted Treatment for Prescription Drug and Opioid Addiction
The Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA) program addresses treatment needs of individuals who have an OUD by expanding/enhancing treatment system capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based medications for opioid use disorder (MOUD) and recovery support services. With support from MAT-PDOA funding, some grantees have provided outreach to faith-based communities through radio programming. Utilizing community outreach teams, these grantees connect with faith-based leaders to ensure that they are supported, and that information regarding treatment and recovery services is appropriately communicated to congregations. These grantees have also provided recommendations to religious leaders on effective methods of conveying information to congregants on the array of services that are available for persons with an opioid use disorder either virtually (during COVID) or through the distribution of flyers and pamphlets (provided by the grantee) to their parishioners and members of their local communities. The latest Notice of Funding Opportunity for the next five-year MAT-PDOA grant program was released last month along with four other SUD-related SAMHSA grants. We expect to be able to fund about 24 MAT-PDOA grantees in our next cohort starting later this year. SAMHSA thanks Congress for increasing funding for this effective program by providing $111.0 million through the Consolidated Appropriations Act, 2023 (P.L. 117-328).

[21] Jones CM, Compton WM, Han B, Baldwin G, Volkow ND. Methadone-Involved Overdose Deaths in the US Before and After Federal Policy Changes Expanding Take-Home Methadone Doses From Opioid Treatment Programs. JAMA Psychiatry. 2022;79(9):932–934. Available at: doi:10.1001/jamapsychiatry.2022.1776.
[22] Mary C. Figgatt, Zach Salazar, Elizabeth Day, Louise Vincent, Nabarun Dasgupta, (2021). Take-home dosing experiences among persons receiving methadone maintenance treatment during COVID-19. Journal of Substance Abuse Treatment, (123) e. 108276. Available at: https://doi.org/10.1016/j.jsat.2021.108276.

Comprehensive Opioid Recovery Centers

The Comprehensive Opioid Recovery Center (CORC) program provides grants to nonprofit substance use disorder treatment organizations to operate comprehensive centers which provide a full spectrum of treatment and recovery support services for opioid use disorders. Grantees are required to provide outreach and the full continuum of treatment services including MOUD; counseling; treatment for mental health disorders; testing for infectious diseases, residential treatment, and intensive outpatient services; recovery housing; peer recovery support services; job training, job placement assistance, continuing education; and family support services such as childcare, family counseling, and parenting interventions. CORC grantees have been utilizing funding in a variety of ways. They have used their grant funding for improving systems of comprehensive MOUD care at the county level; improving follow up with clients who have experienced overdose reversals; and removing barriers to MOUD in residential treatment. Other ways CORC grantees have used their funding include engaging with special populations, such as homeless persons, people on probation, and LGBTQ+ persons, and meeting the needs of underserved areas.

Certified Community Behavioral Health Clinics Expansion Grants

The Certified Community Behavioral Health Clinic (CCBHC) Expansion program includes CCBHC Planning, Development, and Implementation (PDI) grants and Improvement and Advancement (IA) grants. CCBHC PDI grants support organizations in planning, developing, and implementing a CCBHC that meets the CCBHC Certification Criteria, while the CCBHC IA grants support current CCBHCs that already meet the Criteria to increase access to and improve the quality of community mental health and SUD treatment services. CCBHCs funded under this program must provide access to services for individuals with serious mental illness or SUD, including OUD; children and adolescents with serious emotional disturbance; and individuals with co-occurring mental health and SUDs. This program improves the mental health of individuals by providing comprehensive community-based mental health and SUD services; improving treatment of co-occurring disorders; advancing the integration of mental health/SUD treatment with physical health care; utilizing evidence-based practices on a more consistent basis; and promoting improved access to high quality care.

Data from intake of most recent reassessments for individuals served in the CCBHC program demonstrate that as of January 2023, enrollees have achieved a 74-percent reduction in hospitalization and a 69-percent reduction in emergency department visits, as well as a 31-percent increase in mental health functioning in everyday life. Additionally, the data demonstrated a 15-percent increase in employment or school enrollment. SAMHSA appreciates Congress including support for CCBHC planning grants and technical assistance in the Bipartisan Safer Communities Act (P.L. 117-159) and the Consolidated Appropriations Act, 2023 (P.L. 117-328).

Pregnant and Postpartum Women Program

The Pregnant and Postpartum Women program (PPW) uses a family-centered approach to provide comprehensive residential SUD treatment, prevention, and recovery support services for pregnant and postpartum individuals, their minor children, and for other family members.

The family-centered approach includes partnering with others to leverage diverse funding streams, encouraging the use of evidence-based practices, supporting innovation, and developing workforce capacity to meet the needs of these families. The PPW program provides services not covered under most public and private insurance. SAMHSA continues to prioritize states that support best-practice collaborative models for treatment, as well as provide support to pregnant individuals with OUD. The Comprehensive Addiction and Recovery Act (P.L. 114-198) increased accessibility and availability of services for pregnant individuals by expanding the authorized purposes of the program to include the provision of outpatient and intensive outpatient services.

Recovery

SAMHSA has a long history of advancing recovery supports dating back to the 1980s with the Community Support Program and the 1990s, when the first Recovery Community Support Programs were funded. SAMHSA defines recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

Establishing an Office of Recovery and Advancing Peer Supports

Recovery support is a key pillar of the HHS Overdose Prevention Strategy. That is why, during Recovery Month in the fall of 2021, SAMHSA announced that it would be establishing a new Office of Recovery. This office promotes the involvement of people with lived experience throughout agency and stakeholder activities, fosters relationships with internal and external organizations in the mental health and addiction recovery fields, and identifies health disparities in high-risk and vulnerable populations to ensure equity for support services across the nation.

We know that recovery is enhanced by peer-delivered support services. These services have proven to be effective in sustaining recovery over the long term.[23,24] Investing in peer support services is critical, given the significant workforce shortage throughout the continuum of behavioral health clinicians and providers. That is why, as part of the President's Strategy to Address Our National Mental Health Crisis, SAMHSA is updating and expanding existing compendia[25] of state-by-state peer specialist certifications and is convening stakeholders to create a new set of model national standards for peer specialist certification.

BGSU Recovery Set-Aside

[23] Mental Health America. (2018). *Evidence for Peer Support.* May 2018. Retrieved January 25, 2023, from https://mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202018.pdf

[24] Substance Abuse and Mental Health Services Administration. (n.d.). *Value of Peers Infographic: General Peer support. Resource Details.* Retrieved January 25, 2023, from https://peerrecoverynow.org/resources/resourceDetails.aspx?resourceID=10

[25] Peer Recovery Center of Excellence, Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States, January 2022 https://www.peerrecoverynow.org/documents/Comparative%20Analysis_Jan.31.2022%20(003).pdf

Though not included in the Consolidated Appropriations Act. 2023 (P.L. 117-328), the 2023 Budget proposed a ten percent set-aside within the BGSU for recovery support services aimed at significantly investing in the continuum of care both upstream and downstream. This proposed set-aside would support the development of local recovery community support institutions such as recovery community centers, recovery homes and recovery schools. In addition, the funding from this set-aside would be used by states to develop strategies and educational campaigns, trainings, and events to reduce addiction/recovery-related stigma and discrimination at the local level. Further, the recovery set-aside would require states to provide addiction recovery resources and support system navigation; make accessible peer recovery support services that support diverse populations and that are inclusive of all pathways to recovery; and collaborate and coordinate with local private and non-profit clinical health care providers, the faith community, city, county, state, and federal public health agencies, and criminal justice response efforts.

CONCLUSION

On behalf of my colleagues at HHS and SAMHSA, thank you for your interest in, and support for, our programs, and for supporting the nation's behavioral health. I would be pleased to answer any questions that you may have.